Senate Joint Standing Committee

Submission Addendum 4

Deconstructing the I-CAN Sample Report
A Rights-Based Analysis

Prepared by: Peter Gregory
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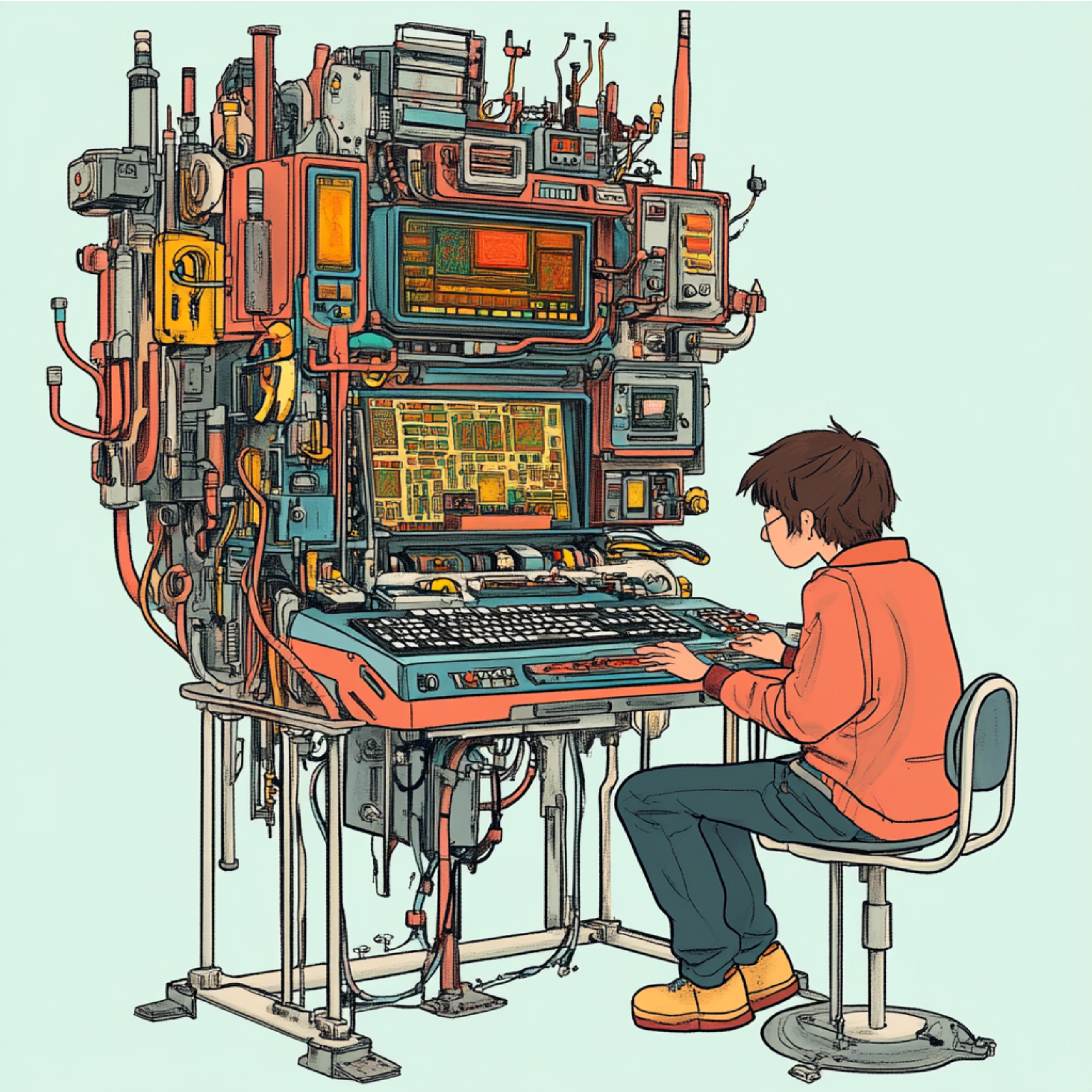

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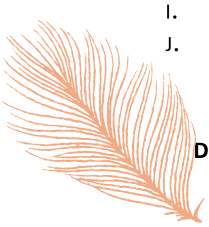


Abstract

This report provides a comprehensive, rights-based deconstruction of the I-CAN v6 Sample Report (John Baker), examining the extent to which its findings, recommendations, and underlying logic align with the obligations of the UN Convention on the Rights of Persons with Disabilities (CRPD). Through detailed analysis, the report demonstrates that many of the tool’s conclusions, though presented as objective and evidence-based, are in fact shaped by interpretive judgments, embedded assumptions, and structural biases inherent in contemporary disability service systems.

The assessment reveals a consistent pattern in which environmental limitations, service-provider routines, staffing constraints, and group-home norms are misinterpreted as individual “support needs.” Emotional expression is frequently pathologised rather than recognised as meaningful communication, while systemic issues are reframed as personal deficits requiring increased supervision or therapy. As a result, the I-CAN report tends to reinforce existing institutional structures rather than enabling autonomy, self-determination, community inclusion, or meaningful participation as required under CRPD Article 19.

This critique highlights the risks of relying on the I-CAN tool as the sole or primary basis for NDIS planning. When contextual factors are overlooked and interpretive assumptions are treated as fact, participants may become locked into service-led, institutionalised arrangements that constrain choice, reduce agency, and overlook opportunities for growth, identity formation, and community belonging. Conversely, a rights-aligned approach foreshadows supported decision-making, environmental redesign, and the creation of meaningful social roles, offering a pathway toward genuinely person-centred, community-based support.

Ultimately, this report argues that the I-CAN tool, as currently operationalised, does not achieve the fairness, simplicity, consistency, or rights-alignment claimed by the NDIA. Instead, it risks deepening institutional patterns unless accompanied by structural safeguards, transparent methodology, lived-experience-led design, and a commitment to rights-based planning grounded in the participants’ will, preferences, and aspirations.

Introduction

The National Disability Insurance Agency (NDIA) has promoted the I-CAN Tool as a central mechanism for achieving a “simpler, fairer, and more consistent” approach to assessing support needs across Australia. Positioned as a replacement for many external assessments, the tool is intended to reduce subjectivity, streamline planning decisions, and ensure that funding aligns with the actual functional needs of participants. In public statements, the Minister and the NDIA have argued that I-CAN offers a more objective, rights-aligned assessment process, one that focuses on what supports a person *needs*, rather than the variability of narrative reports or specialist recommendations.

This report interrogates those claims by undertaking a detailed, rights-based deconstruction of the I-CAN v6 Sample Report for “John Baker” provided on the Centre for Disability Studies I-CAN website. This report can be accessed through the folowing link:

https://cds.org.au/wp-content/uploads/2025/08/I-CAN-v6-Sample-Report.pdf

Rather than analysing the numerical outputs of the tool, this review examines the *logic* embedded within the narrative, the interpretive lens applied by the assessor, and the structural assumptions shaping the recommendations. Through this analysis, the report reveals that much of what appears to be objective assessment is in fact influenced by underlying service-centred paradigms, systemic constraints, and longstanding institutional interpretations of disability.

The purpose of this report is therefore not simply to critique a single assessment, but to expose the deeper patterns of reasoning that may emerge when a standardised tool is applied within a system that is itself shaped by inherited assumptions about risk, service delivery, and the nature of disability. A rights-based perspective, grounded in the UN Convention on the Rights of Persons with Disabilities (CRPD), requires careful scrutiny of these patterns. Without such scrutiny, tools like I-CAN may inadvertently reinforce exactly the forms of institutionalisation, environmental mismatch, and service-dependence that the NDIS was designed to dismantle.

Throughout the analysis, the report distinguishes between three elements often conflated in functional assessments: *objective facts*, *interpretive judgments*, and *assumptions*. This distinction is critical. When the environmental context, provider limitations, or group-home routines are misread as personal deficits or intrinsic support needs, the result is an assessment that does not reflect the person’s will, preferences, or rights. When emotional expression is interpreted as pathology rather than communication, the assessment risks pathologising the individual rather than interrogating the environment. And when systemic constraints are reframed as the participant's “needs,” planning decisions risk entrenching institutional practices rather than enabling genuine autonomy and community inclusion.

This report therefore aims to illuminate the structural factors shaping the I-CAN assessment, to identify the consequences of these interpretive patterns for John’s life, and to present an alternative, rights-aligned framework for understanding his needs. It argues that without careful attention to the assumptions underpinning assessment tools, the promise of a rights-based NDIS cannot be realised. Instead, tools may unintentionally mask the very environmental and relational barriers that the CRPD requires state parties to dismantle.

In doing so, this report provides a foundation for rethinking how assessment should be conducted in a rights-based system: One that centres autonomy, belonging, community participation, and meaningful roles, rather than conformity to existing service structures.

Section One: Assumptions

1. What a Participant Should Reasonably Expect From the Use of the I-CAN Tool

If the NDIA and Minister justify the I-CAN tool on the basis of fairness, simplicity, consistency, and rights-alignment, while reducing reliance on expensive external assessments, then a participant should reasonably expect all of the following outcomes.

a. That results produced by the tool will be equivalent in quality, reliability, and accuracy to external professional reports.

If the tool is replacing external reports, then the participant must expect:

- equal or higher diagnostic accuracy
- equal depth of functional assessment
- equal or better evidentiary strength
- equal acceptance by the NDIA decision-makers

Otherwise the justification fails.

b. That results will identify supports aligned with the UNCRPD, including Article 19 (living independently and being included in the community).

This means:

- identification of supports that maximise autonomy
- recognition of supports that enable community participation
- explicit avoidance of institutionalisation or “group home by default” interpretations
- valuing self-determination and personhood as central assessment outcomes

c. That results will be grounded in objective, transparent criteria: Not personal opinion, guesswork, bias, or assessor interpretation.

This includes expectations that:

- scoring systems are clearly defined and visible
- the participant can understand the rationale behind each rating
- assessors cannot “downgrade” or “minimise” support needs based on subjective views
- participants can challenge or correct factual errors

d. That results will not be influenced by conflicts of interest arising from assessors being NDIA employees.

This means:

- assessors must have professional independence
- internal pressure or incentives to limit funding must not exist
- transparency and auditability are built into the process
- participants have a right to an independent second opinion

e. That results will reflect contemporary rights-based understanding of support and its implementation.

This includes the expectation that the tool:

- incorporates supported decision-making principles
- recognises relational, social, and environmental factors
- is updated regularly to align with modern disability scholarship and grassroots self-direction practices.
- is not frozen in outdated “deficit” or “functional impairment” models

f. That recommendations will be personalised, not based on generic categories or predetermined funding clusters.

Participants should expect:

- personalised justification for every recommended support
- no forced grouping into “standardised” typical support packages
- no predetermined assumptions about shared supports or housing models

g. That the I-CAN tool will be co-designed with people with disability and will remain responsive to lived experience.

Participants should expect:

- involvement of people with lived experience in the tool development
- continuous feedback loops
- transparent documentation on how lived experience informs updates

h. That the assessment will include sufficient time and rapport-building to ensure accuracy.

A fair assessment requires:

- enough time to understand complex needs
- culturally safe and trauma-informed practice
- the option to have trusted supporters involved
- options for multiple sessions if needed

i. That assessors will be highly trained, skilled, and qualified in disability support understanding. Not generalist NDIA staff.

Participants should expect assessors to have:

- specialist disability knowledge
- training in communication support
- cultural competency (especially for First Nations participants)
- training in behaviours of protest and rights-based interpretation

j. That the tool will not be used to deny or reduce supports compared to what external assessments would have justified.

If the tool replaces professional assessments, participants must expect:

- The “no disadvantage” principle is applied
- no funding cuts caused by tool simplification
- no averaging, capping, or normalising of support needs

k. That the results will capture complexity, not oversimplify or reduce nuance.

Participants must expect:

- detailed narrative components
- ability to record context-specific behaviours
- inclusion of fluctuating, episodic, or environmental needs

l. That participants can review, correct, and challenge results before they become the basis for plan funding.

This includes:

- receiving a draft assessment
- having time to correct errors
- obtaining a clear explanation of the scoring
- appeal rights that are meaningful, not tokenistic

m. That the tool will not be used to make categorical assumptions about grouping, shared living, or “efficiencies”.

For example:

- no automatic assumption that a person “can live with 2–3 others”
- no clustering into “1:1 vs 1:3” default ratios
- no assumption that meal preparation, transport, or daily living can be “shared”

n. That the assessment will integrate, rather than ignore, the participant’s own goals, preferences, and self-defined good life.

Including expectations that:

- the tool recognises aspirations, not only impairments
- the participant’s narrative shapes support recommendations

o. That the tool will be transparent, publicly documented, and open to scrutiny.

A fair system requires:

- public access to scoring rubrics
- clarity on how scores translate into funding
- independent evaluation reports being made public

p. That the tool will ensure consistency across assessors and across Australia.

Consistency requires:

- clear guidelines
- calibration across assessors
- audit mechanisms
- random quality checks

q. That the tool will not be used as a substitute for specialist reports when a person's condition requires specialist input.

Participants can expect:

- optional, not mandatory, use of the tool
- ability to submit external evidence when needed
- recognition that complex conditions may require clinical clarification

r. That the tool will not pathologise, criminalise, or misinterpret behaviours of protest.

Participants should expect:

- recognition of trauma, sensory overload, unmet needs
- non-punitive interpretation of distress behaviours
- rights-aligned behaviour support recommendations

s. That results will be trauma-informed, culturally informed, and respectful of diverse ways of communicating.

Including:

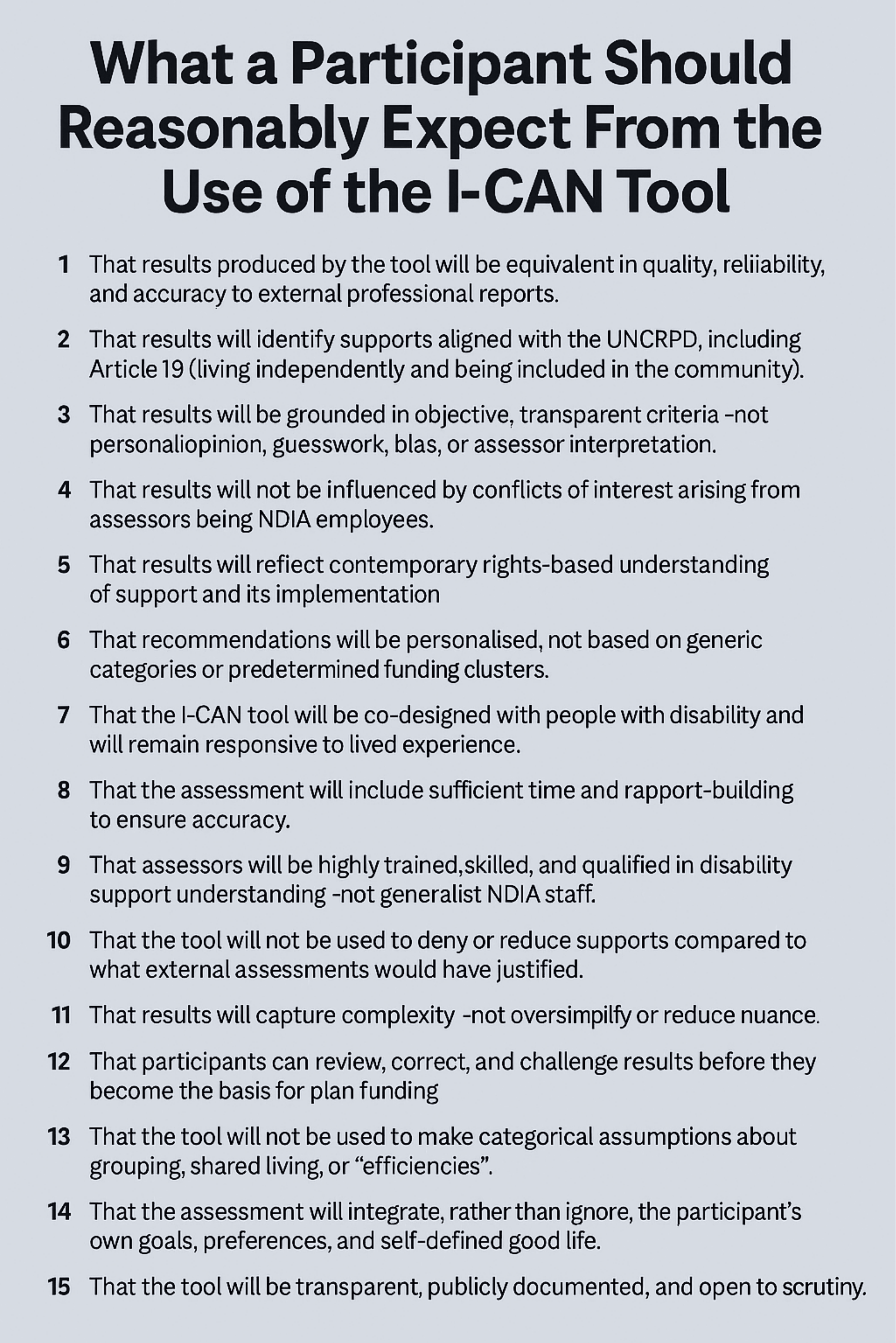
- First Nations cultural frameworks
- neurodiversity-affirming practice
- alternative communication methods
- flexibility for complex communication needs

t. That the tool will not be used to support policy or budgetary decisions at the expense of individual rights.

Participants must expect:

- the tool remains a clinical/functional assessment tool
- not a rationing mechanism
- funding decisions based on need, not budget control

u. Summary Reflection:



What a Participant Should Reasonably Expect From the Use of the I-CAN Tool

1 That results produced by the tool will be equivalent in quality, reliiability, and accuracy to external professional reports.

2 That results will identify supports aligned with the UNCRPD, including Article 19 (living independently and being included in the community).

3 That results will be grounded in objective, transparent criteria -not personaliopinion, guesswork, blas, or assessor interpretation.

4 That results will not be influenced by conflicts of interest arising from assessors being NDIA employees.

5 That results will refiect contemporary rights-based understanding of support and its implementation

6 That recommendations will be personalised, not based on generic categories or predetermined funding clusters.

7 That the I-CAN tool will be co-designed with people with disability and will remain responsive to lived experience.

8 That the assessment will include sufficient time and rapport-building to ensure accuracy.

9 That assessors will be highly trained,skilled, and qualified in disability support understanding -not generalist NDIA staff.

10 That the tool will not be used to deny or reduce supports compared to what external assessments would have justified.

11 That results will capture complexity -not oversimpilfy or reduce nuance.

12 That participants can review, correct, and challenge results before they become the basis for plan funding

13 That the tool will not be used to make categorical assumptions about grouping, shared living, or “efficiencies”.

14 That the assessment will integrate, rather than ignore, the participant’s own goals, preferences, and self-defined good life.

15 That the tool will be transparent, publicly documented, and open to scrutiny.

These are reasonable expectations that Participants can and should have of an Assessment Mechanism that will be used to determine their access to funded supports. Without these expectations being met a tool, such as I-CAN, will be seen as nothing more than a bureaucratic and political device implemented as a cynical exercise aimed at limiting personal budgets at the expense of Participants' actual reasonable and necessary supports.

We can gain some insight into whether the I-CAN Tool is likely to generate a support plan that meets these criteria by reviewing the Sample I-CAN Report published by the Centre for Disability Studies. In undertaking this review, I have been particularly interested in exploring:

- The underlying assumptions that appear to inform the support recommendations.
- Whether the results of the "assessment" are based on facts.
- What questions are raised about the usefulness of this tool in achieving the stated objectives of the Needs Assessment.
- What are the likely consequences for "John Baker" if the I-CAN Tool results were the primary source of information used to develop his Support Plan and personal Budget.
- Is there an alternative interpretation of the information provided that would result in a different service design and NDIS Support plan for John?

2. Underlying Assumptions Informing the Recommendations

a. The assumption that increased support intensity is the primary solution to changes in mood or behaviour

The report frames changes in John's mood, communication, engagement, and emotional expression as indicators that his staffing ratios and support hours must increase. For example, it recommends additional one-to-one support to help him explore activities and manage symptoms of depression, and suggests that higher staffing levels in both his SIL home and community participation programs will help regulate his mood.

The underlying assumption is that behavioural or emotional changes are best addressed by adding more paid support rather than examining relational, structural, or environmental contributors such as boredom, lack of autonomy, incompatibility with housemates, or under-stimulation. This reflects a service-intensity model rather than an approach grounded in relational practice, autonomy, or environmental design.

b. The assumption that John's goals can only be met within existing service structures

The report consistently places John's preferences, such as engaging with horses, gardening, and having more choice, within the limits of available staffing ratios, day program offerings, and provider-controlled routines. Instead of proposing that John be supported to pursue community-based opportunities independently, the report recommends seeking additional funding so the provider can expand internal activities. This reflects the assumption that the disability service system is the natural and appropriate vehicle for meeting John’s goals. It positions his life as something that unfolds within organisational structures rather than in ordinary community contexts, volunteer settings, or natural relationships.

c. The assumption that safety requires staff supervision rather than capability-building or environmental adaptation

The report suggests that John needs constant supervision to manage road safety, medication, community participation, or emotional regulation. It consistently defaults to increased staff presence as the solution. The underlying assumption is that risk must be managed by increasing supervision rather than by building John’s capacity, creating safer environments, or designing flexible routines that promote autonomy. This reflects a risk-averse safeguarding model typical of group homes, rather than a rights-based approach that balances autonomy with thoughtful environmental design.

d. The assumption that group living is the appropriate baseline and should be preserved

Although the report describes John as “settled” in his current SIL accommodation, it simultaneously documents indicators of emotional discomfort such as jealousy, reduced engagement, limited autonomy, and depressive symptoms. Despite these signals, the report does not consider whether the group living environment contributes to his distress. Instead, it assumes that the environment should remain fixed, and that support levels should be adjusted within this structure. This normalises group home living as the default model rather than recognising it as only one of many possible options.

e. The assumption that service providers are reliable sources of truth and aligned with John’s interests

The recommendations depend heavily on information provided by the SIL provider, the community participation program, and allied health professionals, with little critical reflection on how provider interests, operational constraints, or organisational narratives may influence the interpretation of John’s needs. The assumption is that provider-reported concerns and provider-proposed solutions are inherently accurate and aligned with John’s best interests. This disregards the possibility that systemic limitations, such as staffing patterns or program structures, may drive the narrative that “more funding” or “more supervision” is required.

f. The assumption that John’s emotional expression is a problem to be managed rather than communication to be understood

The report labels John's withdrawal, jealousy, reduced communication, and mood fluctuations as "behaviours of concern," "dysregulated mood," or "difficulty engaging." It recommends increased staff redirection and reassurance as core strategies. This rests on the assumption that John's emotional expressions are symptoms to be managed rather than valid communication about unmet needs, environmental mismatch, relational deprivation, or lack of autonomy. A rights-based analysis recognises emotional expression as a form of communication that must be interpreted contextually and respectfully.

g. The assumption that emotional expression must be controlled rather than understood

In the report, John's reduced engagement, withdrawal, and changes in communication are described using clinical and behavioural labels such as "difficulty engaging," "dysregulated mood," and "behaviours of concern." The suggested response to these expressions centres on redirecting him, offering reassurance, and increasing the intensity of staffing support. These strategies are presented as the primary way to manage his emotions.

What is absent, however, is any attempt to unpack the meaning behind John's expression, to explore what unmet needs may be driving his distress, or to consider whether environmental or relational factors are contributing to his emotional state. The underlying assumption is that John's emotional expressions represent symptoms requiring behavioural management rather than meaningful communication signalling an environmental or relational mismatch. A rights-based approach would prioritise understanding and responding to the underlying causes rather than controlling the outward expression.

h. The assumption that increased therapy will compensate for systemic limitations

The report recommends additional therapy, including Speech Pathology and Psychology, to address a range of issues such as communication, depression, and emotional regulation. Therapy in this context is implicitly framed as a tool to help John cope with a restrictive or unfulfilling environment. It is positioned as a mechanism for managing or compensating for systemic limitations rather than as one element of a broader, rights-aligned support system.

The underlying assumption is that clinical intervention can resolve issues that may, in reality, stem from environmental, relational, or structural shortcomings. This viewpoint risks placing responsibility on John to "adjust" to limiting circumstances, rather than examining how the service system itself may need to adapt to support his agency, autonomy, and wellbeing.

i. The assumption that the NDIS exists to reinforce existing service structures

The recommendations throughout the report consistently steer toward increasing funding, expanding staffing hours, increasing one-to-one support, and reviewing existing service inputs. These suggestions do not challenge the fundamental structure of John’s daily life; instead, they support more intensive versions of the existing arrangements. There is no consideration of alternative living models, redesigned daily routines, or expanded opportunities for connection outside paid supports.

The underlying assumption is that the role of the NDIS is to strengthen and reinforce established service models rather than to enable transformative change that supports John’s right to an ordinary life in the community. This service-centred view risks maintaining the status quo even when the current arrangements may be contributing to his distress or limiting his autonomy.

j. The assumption that John’s preferences must conform to service availability

Although the report acknowledges that John enjoys horses, gardening, and music, it nevertheless frames his participation in these activities as dependent on what the service provider can offer within existing programs. His access to meaningful activities is therefore restricted by internal program menus rather than shaped by his interests, community opportunities, or personal preferences.

A rights-based approach would explore options such as visiting local stables, engaging with volunteer organisations, joining gardening clubs, designing individualised weekly routines that reflect his interests, or restructuring supports to give him more direct control. Instead, the report assumes that meaningful participation must occur within the structure of the provider’s existing program offerings.

The underlying assumption is that participation is constrained by what services can deliver, rather than expanded through creative, community-based inclusion.

3. Summary of Deep Structural Assumptions

The recommendations in the I-CAN report reflect several deep structural assumptions that shape how John’s life and needs are interpreted. Collectively, these assumptions promote a service-centred, risk-averse, and clinically framed understanding of John’s support requirements.

a. Service-centred assumptions

The first set of assumptions positions formal disability services as the primary mechanism for meeting John’s needs. This logic asserts that increasing staffing levels will automatically improve outcomes and treats group home settings as the natural, stable baseline for John’s life. Under this view, autonomy, self-determination, and community inclusion are secondary considerations, often overshadowed by the organisation’s operational constraints and staffing structures.

b. Risk-averse assumptions

The second set of assumptions prioritises supervisory control as the primary strategy for managing risk. It suggests that safety can only be achieved through staff presence and that independence is inherently dangerous unless tightly supervised. This approach ignores capability-building opportunities, environmental design, and the CRPD requirement that persons with disabilities be supported to live independently and participate fully in the community.

k. Clinical assumptions

The final set of assumptions interprets John’s emotional expressions and behavioural changes through a clinical or deficit-focused lens. This view suggests that distress primarily originates within John rather than as a response to his environment or unmet needs. As a result, the recommended solutions lean toward therapeutic intervention rather than relational, structural, or community-based strategies that might better support his wellbeing.

A further clinical assumption embedded in the report is the belief that changes in behaviour and emotion originate primarily within John rather than being shaped by his environment, experiences, or the relational context in which he lives. This leads to the recommendation that therapy should compensate for systemic or relational limitations rather than examining how those limitations might be contributing to his distress. Such a framing places the responsibility for adaptation on John instead of holding the environment or service model accountable for creating conditions that undermine his wellbeing.

l. Compliance with system constraints

Another structural assumption evident in the report is the expectation that John’s opportunities must conform to what service providers are already set up to deliver. In this framing, meaningful participation is restricted to the menu of activities, staffing ratios, and program structures defined by the provider. This assumption also manifests in the belief that NDIS funding should flow toward reinforcing existing service arrangements rather than supporting a redesign of John’s living environment, daily routines, or pathways for community inclusion. When support planning is shaped by systemic constraints instead of John’s rights, the resulting recommendations risk entrenching the very limitations that diminish his autonomy.

Section Two: Facts, Fiction or a Bit of Both

1. Objective Facts, Interpretation, and Assumptions

The report's recommendations are not based solely on objective information. Rather, they emerge from a blend of factual observations, subjective interpretations, and systemic assumptions, with interpretation and assumption playing a disproportionate role in shaping the assessor's conclusions. The following section provides a clear breakdown of what in the report constitutes objective fact, what reflects interpretive judgment, and what is rooted in assumption.

a. What counts as objective fact?

Objective facts are statements that are observable, measurable, documented, and not reliant on personal judgment. In John's report, examples of objective facts include: his living in a SIL home with three housemates; his attendance at a community participation program five days a week from 9:00 am to 3:00 pm; his recent diagnosis of depression; his use of built-up cutlery and a Freedom Wheels bike; his use of tap-and-go for purchases under $100; the appointment of Patrick as his financial manager; and his interests in horses, gardening, and music. These facts are based on direct observation or documentation and therefore do not rely on interpretation.

b. What constitutes interpretation?

Interpretation occurs when meaning is assigned to behaviour, when conclusions are drawn from observations, or when needs are framed within the logic of existing service systems. For example, the assertion that John is "settled" in his accommodation is an interpretation rather than a fact. Other interpretive conclusions include the belief that increased staffing will regulate John's mood, the assumption that his reduced engagement is a direct consequence of depression, and the argument that staff are unable to meet his needs because of current staffing ratios. These conclusions may or may not be accurate, but they rely heavily on the assessor's perspective rather than objective evidence. Similarly, the claim that John "needs reassurance and redirection" reflects a staff-centred view of behaviour management rather than a clear articulation of John's own needs.

c. What assumptions underpin the support recommendations?

Assumptions emerge when the report follows traditional service logic without questioning whether that logic aligns with John's rights or best interests. Assumptions are evident when group homes are treated as the default environment, when emotional behaviour is interpreted as an individual clinical issue rather than as a response to structural factors, and when systemic constraints are reframed as individual deficits. Further assumptions arise from the reliance on provider perspectives, which shape many of the recommendations without critical examination of the broader context.

One major assumption is that group living is inherently appropriate for John. The report does not consider whether the environment itself contributes to his emotional distress, nor does it explore alternatives that might better align with his goals, preferences, or wellbeing. Instead, it assumes that the environment must remain unchanged and that modifications should be made to the level of support rather than to the living arrangement itself.

A second key assumption is that increasing staffing will resolve John's emotional or behavioural challenges. This belief overlooks the possibility that his experiences may be shaped by relational deprivation, limited autonomy, or the constraints of group-based living. Additional staffing may simply intensify the service model rather than fostering greater autonomy or inclusion.

d. Additional systemic assumptions embedded in the recommendations

Several further assumptions underpin the report's conclusions and shape how John's needs are interpreted.

One such assumption is the belief that service-industry norms accurately define John's requirements. This assumption is not grounded in objective fact. It may sometimes result in helpful supports, but it can just as easily reinforce systemic issues by prioritising organisational convenience over John's autonomy and rights.

Another assumption is that John's goals must be pursued strictly within existing provider structures. The report does not explore any community-based alternatives or independent pathways that might better reflect John's interests or aspirations. Instead, it assumes that the disability service ecosystem sets the boundaries of what is possible, thereby restricting the scope of John's life to what providers can offer rather than what the community can enable.

A further assumption is that John's depression is solely a clinical issue, rather than a possible response to environmental factors. The report suggests that medication, therapy, and reassurance will resolve his difficulties. However, his symptoms may instead reflect loss of autonomy, social isolation, pervasive boredom, lack of meaningful roles, or the emotional effects of group home living. Without examining these possibilities, the report risks framing an environmental problem as an individual deficit.

Another assumption is that John's behaviour signals impairment rather than communication. This has major implications for his rights. If his actions are treated as symptoms rather than messages about unmet needs or environmental mismatch, the resulting support strategies may become increasingly controlling and restrictive.

2. Are the recommendations based on fact or interpretation?

Overall, the recommendations in the report are primarily interpretive. While objective facts contribute to the assessment, the conclusions flow predominantly from the assessor's

interpretations and service-based assumptions rather than from neutral evidence. The report gives the appearance of objectivity, but the framing is shaped by professional judgment, service norms, and the structural context of John’s current living arrangement. It is therefore essential to recognise that these recommendations represent a subjective reading of John’s situation rather than an unbiased analysis.

If these interpretive conclusions are treated as objective truth within the NDIS planning process, John could be locked into a support arrangement that reflects service-system convenience rather than his rights or aspirations. Decisions about his life would be based on assumptions, such as the belief that group living is appropriate, that staff perspectives reflect his needs, or that emotional distress is a clinical problem, rather than on a holistic understanding of his experiences and goals. Such an approach risks reinforcing institutional practices rather than enabling meaningful autonomy, community inclusion, or choice and control.

In summary, the recommendations in this I-CAN report are not grounded solely in objective fact. They represent a blend of raw observations, interpretive judgments, and systemic assumptions, with interpretation playing a far greater role than factual evidence. As a result, the report does not provide a reliable basis for ensuring a simple, fair, or consistent planning outcome. Instead, it illustrates the ways in which subjective framing and entrenched service logic can shape and distort the assessment of support needs, risking further institutionalisation rather than promoting equitable, person-centred support.

3. Analysis of Key Questions Raised by the Report

a. Does the I-CAN report reduce subjectivity and ensure funding aligns with actual needs?

The report does not reduce subjectivity. Instead, it embeds substantial amounts of interpretation and assumption. Although the Minister claims that I-CAN focuses on support needs rather than subjective narratives, John’s report demonstrates the opposite. Many staff interpretations are presented as if they were factual observations. Provider perspectives are treated as primary evidence. John’s emotional expressions are repeatedly framed as behaviours that require additional staffing rather than as communication about his lived experience. The report assumes that group-home living is inherently appropriate and that increasing support within this environment will meet John’s needs.

As a result, the tool does not function as an objective, needs-based assessment. It is heavily influenced by the assessor’s framing, the limitations of the provider environment, and the structure of John’s current living arrangement. These influences shape the narrative of “need” in ways that reflect systemic constraints rather than John’s genuine rights and preferences.

b. Does the report result in a “simpler, fairer, consistent” approach?

The report does not achieve the simple, fair, and consistent approach that both the Minister and the CEO claim the I-CAN tool delivers. Instead, it reproduces the very variability that the tool is supposed to eliminate. Although the I-CAN is marketed as a standardised assessment instrument, its practical application reveals substantial inconsistency shaped by environmental factors, assessor interpretation, and service-system limitations.

i. Fairness undermined by the group-home paradigm

The report frames John’s needs according to what his Supported Independent Living (SIL) provider can or cannot deliver, rather than according to his rights, preferences, or aspirations for community participation. As a result, his supposed “needs” are defined by organisational capacity rather than by his individual circumstances. If John lived in a different environment with different staffing structures, expectations, or opportunities, the same person would be assessed as having completely different “needs.” Such variability does not reflect fairness. Instead, it reveals a model driven by contextual and environmental factors rather than by consistent principles of individual need.

ii. Consistency is undermined by assessor judgment

The tool’s apparent objectivity is compromised by the high degree of subjective judgment applied by assessors. For example, John’s reduced engagement is interpreted as a symptom of depression, which leads to the conclusion that he needs reassurance and, therefore additional staff. No alternative hypotheses are explored—such as boredom, lack of autonomy, lack of meaningful activities, or an environmental mismatch. Furthermore, the group-home setting is treated as a fixed, unchangeable context instead of a variable that may be contributing to his distress. This approach allows different assessors to reach entirely different conclusions based on their interpretive lens, undermining the claim of consistency.

iii. Simplicity compromised by contradictions between narrative and numerical ratings

The tool’s numerical outputs give the appearance of simplicity and clarity, but this is misleading. The neat numerical scores mask complex underlying factors. For example, the fact that John requires daily or frequent support may stem from a wide variety of causes, including his personal preferences, systemic constraints, staff availability, the design of the day program, or limitations in his environment. The tool does not distinguish between intrinsic need and needs created by service structures or contextual constraints. As a result, the simplified outputs do not reflect the complexity of John’s lived experience. Simplification, in this case, does not equate to accuracy.

c. Does the report ensure funding is aligned with actual needs?

The report repeatedly confuses environmental constraints and provider limitations with John’s own support needs. In doing so, it presents systemic issues as personal deficits, leading to recommendations that may reinforce the existing service structure rather than support John’s growth, autonomy, or participation.

i. Example: “He needs more one-to-one support to regulate mood.”

This conclusion is shaped not by John’s inherent characteristics but by the realities of stretched staffing, rigid routines, group-home ratios, and the lack of meaningful daily activities. These conditions create distress and dysregulation that might not exist in a more appropriate environment. The report frames these systemic barriers as individual needs, thereby misrepresenting the origins of the challenges John faces.

ii. Example: “He needs more support because he is jealous when others receive attention.”

The report interprets John’s jealousy as a need for increased staffing rather than recognising it as a relational issue caused by environmental conditions. Jealousy in a congregate living environment often indicates relational poverty, unmet emotional needs, competition for attention, or lack of personalised connection: All symptoms of the group-home model rather than indicators of disability-related need. Because the I-CAN tool does not differentiate between needs created by disability, needs created by environment, and needs created by service models, it inadvertently reinforces the idea that John’s emotional responses justify more funding for the existing structure, instead of prompting examination of whether the structure itself is harmful.

iii. Example: “He needs increased supports to explore more varied activities.”

This recommendation is driven not by John’s intrinsic support requirements but by the narrow range of activities available within his day program and by the lack of flexibility inherent in the staffing model. The issue is structural, not personal. Presenting it as an individual need misrepresents the situation and creates a false impression that additional funding for the provider is the appropriate solution. Consequently, the funding alignment produced by the I-CAN report is not objective, fair, or reflective of actual support needs. It primarily mirrors the contextual limitations of the specific service environment.

d. Does the report support a rights-based NDIS planning process?

The report does not support a rights-based approach. Instead, it undermines several core principles of the CRPD and the NDIS's commitments to choice, control, community inclusion, and autonomy.

i. Lack of exploration of alternative living arrangements

The report maintains the assumption that John should remain in his current group-home accommodation, despite multiple indicators that the environment may be contributing to his emotional distress. This absence of exploration contradicts the CRPD's requirement to consider a range of living options and to support individuals to live in the community on an equal basis with others.

ii. Lack of exploration of community-based roles or inclusion

Although the report acknowledges John's interests, such as horses, gardening, and music, it defaults to recommending more staffing, more therapy, and more program-based supports rather than exploring pathways for genuine participation in community life. The suggestions reinforce a program-centric model instead of enabling access to ordinary community roles, relationships, and opportunities.

iii. Lack of consideration of whether the environment contributes to distress

The report does not examine whether John's current environment may be creating or intensifying his distress. Instead, it treats the environment as a fixed, unchangeable backdrop against which supports must be adjusted. This assumption undermines fundamental CRPD principles, which require attention to environmental and societal barriers as determinants of disability. By failing to inquire into possible environmental contributors, such as overstimulation, isolation, lack of autonomy, or relational deprivation, the tool neglects a major determinant of wellbeing.

iv. Failure to recognise emotional expression as valid communication

The report consistently treats John's emotional expressions through a clinical or behavioural lens rather than a relational or communicative one. His behaviours are categorised as dysregulation or symptoms, rather than as meaningful expressions of unmet needs, preferences, or discomfort. This directly contradicts the Minister's claim that I-CAN focuses on "actual support needs." In reality, it overlooks crucial indicators of how John experiences his environment and what supports might genuinely enhance his quality of life.

v. Summary Reflection

The report does not provide the simplicity, fairness, consistency, or accurate alignment with support needs that both the CEO and the Minister claim the I-CAN tool offers. Instead, it reflects systemic limitations, subjective interpretations, entrenched service paradigms, and environmental blind spots.

The assessment conflates provider limitations with participant needs, reinforces the group-home model without considering alternatives, and interprets John’s distress through a medical or behavioural framework rather than a rights-based lens. It also ignores environmental factors that may be shaping his behaviour, produces recommendations that appear objective while being highly subjective, and oversimplifies complex human experiences. Furthermore, it fails to meaningfully incorporate John’s goals and risks deepening institutionalisation rather than supporting autonomy. As a result, it does not provide a consistent or equitable foundation for planning or funding decisions.

In conclusion, although the report presents itself as objective, it is grounded in layers of interpretation, assumption, and service-centred logic rather than a genuine, holistic understanding of John’s lived experience and rights.

4. Consequences for John if This Report Determines His Supports

The following section outlines the real-world impacts on John’s autonomy, identity, mental health, safety, and pathways for inclusion if the I-CAN report is used as the sole source of evidence for John’s NDIS planning.

a. John’s life would remain shaped by provider routines instead of his goals

Because the report situates John’s preferences within the constraints of staffing levels, available programs, and existing routines, his weekly activities would continue to be dominated by provider-controlled schedules. His interests, such as horses, gardening, and music, would remain theoretical acknowledgements rather than lived experiences. Opportunities would be defined by what the provider can deliver, not by what John values. This breaches CRPD Articles 19 and 30, which emphasise autonomy and participation in cultural and community life.

b. Increased funding would strengthen the current system, not improve John’s life

The recommendations direct resources toward more one-to-one support, increased SIL staffing, and additional therapeutic input. These measures funnel funding into the same structures that are already contributing to John’s distress. While providers would receive more hours, John would not gain greater autonomy, safety, or connection. Staff attention would continue to be divided among multiple residents with competing needs, reinforcing John’s emotional insecurity. Increased hours may deepen institutional dependence rather than support meaningful community inclusion. This creates a harmful cycle in which distress leads to more funding, which leads to more institutionalisation.

c. John’s distress would continue to be treated as a behavioural problem rather than meaningful communication

The report frames John’s emotional changes as symptoms of mood disorder, behavioural concerns, or triggers requiring intervention. When interpreted through this lens, the NDIS planning process risks medicalising his feelings rather than seeking to understand them.

If decision-makers rely solely on this framing:

- His emotions will be interpreted as clinical problems rather than valid communication.
- Behaviour support plans may become increasingly restrictive, intensifying supervisory control.
- Emotional expression may be categorised as “risk,” prompting further monitoring rather than relational support.
- Staff may prioritise compliance, containment, and de-escalation over understanding or meeting underlying needs.
- John may be positioned as someone who “requires management” rather than someone who “requires choice, voice, and genuine self-determination.”

This fundamentally conflicts with rights-based practice and positions John as an object of service control instead of a person with agency.

d. John’s depression may worsen because root causes remain unaddressed

Although the report identifies John’s depression, it does not explore the environmental, relational, or structural factors that may be contributing to it. His low mood may be linked to the meaninglessness of day program routines, the social deprivation inherent in group living, lack of autonomy, boredom, or under-stimulation. If these root causes are not addressed, the consequences are serious.

John’s mental health is likely to deteriorate further. Clinical intervention may be increased, additional therapy, medication reviews, or behavioural plans, but the environmental contributors remain unchanged. He may be prescribed more medication

while the true drivers of his distress persist. If he continues in environments where he has little choice or control, withdrawal may deepen. It is well-established that depression often worsens in institutional settings characterised by low agency and a lack of meaningful roles.

This approach directly contradicts the CRPD, which emphasises the need for environments that maximise participation, autonomy, and inclusion.

e. John may experience further erosion of emotional safety and stability

When behaviour is understood solely as a clinical or regulatory issue, rather than as communication, John’s emotional needs risk being misinterpreted or overlooked. For example, jealousy may actually signal relational deprivation; withdrawal may signal overstimulation or a lack of meaningful connection; heightened emotions may reflect frustration with routines that deny autonomy. When these expressions are treated as problems requiring control or supervision, rather than as legitimate indicators of unmet needs, John’s emotional safety is compromised.

This produces a cycle in which staff respond to behaviour by increasing monitoring or control, which further decreases John’s agency and reinforces his distress. Such patterns are the opposite of supported decision-making as articulated in CRPD Article 12.

f. John’s relationships may weaken or fail to develop

The report focuses heavily on paid support relationships and gives little attention to natural relationships such as friendships, peer connections, or community belonging. When a person lives in a group home and attends a segregated day program, opportunities for friendship are often limited, and relational deprivation is common. By failing to consider how John might build relationships outside paid support structures, the recommendations risk reinforcing social isolation.

If this framework guides John’s future plan, he may remain dependent on staff for all emotional and social connection. Opportunities to develop friendships, join community groups, or build reciprocal relationships will remain unexplored. This contradicts CRPD Articles 19 and 26, which emphasise social inclusion and community participation.

g. John’s opportunities for meaningful work or volunteering may never materialise

Although the report acknowledges that John has goals related to horses, gardening, and other meaningful roles, it frames his ability to pursue these interests as dependent on increased provider hours, provider willingness to adjust programs, and existing staffing ratios in the group home. In other words, his goals can only be realised if the service system adapts, and only within the boundaries of its current model.

This framing carries significant consequences. John may never be supported to access genuine volunteer opportunities. His passion for horses and gardening may remain unfulfilled, forever treated as an aspirational idea rather than a real possibility. His week may continue to be dominated by service-led, activity-based programs rather than by self-directed roles that align with his interests. Pathways to work or volunteering may become invisible or dismissed entirely.

This represents a breach of CRPD Article 27, which affirms the right to work, including volunteer and community roles.

h. John may become increasingly dependent on paid supports and isolated from community

The report repeatedly highlights John's reliance on paid supporters while offering almost no exploration of alternatives such as peer friendships, community networks, or independent social participation. When support is conceptualised only through the lens of paid staff, people become increasingly dependent on service systems for all aspects of daily life, decision-making, and emotional connection.

In this paradigm, community presence is replaced by community proximity. John may appear to be "out in the community" but will remain socially isolated, accompanied only by paid support workers. This undermines his right to belong, to contribute, and to participate as a valued member of society.

i. John may remain disconnected from natural supports and community networks

The report does not explore opportunities for John to build relationships through local networks, natural supports, mentorship, or community groups connected to his interests. Without efforts to expand these pathways, all of John's relationships risk remaining transactional and mediated by paid staff. Over time, his life may become increasingly professionally managed and less personally connected, reinforcing dependency and reducing autonomy. The absence of natural relational supports may also deepen loneliness and restrict the development of a broader, more resilient social identity.

This outcome violates Article 19(c) of the CRPD, which states that supports must enable full inclusion and participation rather than reinforcing segregation.

j. John's brother will continue carrying the advocacy burden without systemic support

The report positions Patrick, John's brother, as his primary advocate, but it does not propose any structural measures to ensure sustainable or equitable advocacy. There is no discussion of independent advocacy services, supported decision-making strategies, or systemic approaches that strengthen John's own voice. As a result, Patrick is likely to continue shouldering the emotional and logistical responsibilities of ensuring John's rights are upheld, without meaningful support from the disability system.

This dynamic not only risks caregiver fatigue but also conflicts with CRPD Article 12, which emphasises the development of supported decision-making and the centrality of the person's own will and preferences.

k. John's rights may remain theoretical rather than actively enabled

The report lists John's interests and goals, but it does not outline practical steps for enabling them. As a result, his rights to autonomy, inclusion, meaningful occupation, and participation in community life may remain aspirational rather than actionable.

Several key rights impacts follow from the report's underlying assumptions:

- John's ability to design his own life remains limited because the system continues operating according to existing service structures.
- Opportunities for genuine community belonging remain constrained by program-based activities rather than community-driven roles or relationships.
- The development of natural relationships remains overlooked, leaving John embedded in transactional, staff-mediated interactions.
- Autonomy and self-direction remain constrained by group-home routines, staff availability, and organisational priorities.
- His living environment remains misaligned with his emotional needs because distress is treated as behaviour rather than communication.
- Work and volunteering remain theoretical "goals" without concrete pathways toward participation.
- Skill development and personal growth remain secondary to supervision and risk management.
- His right to redesign his life in accordance with his will and preferences is overshadowed by systems that prioritise continuity of provider structures.

Together, these dynamics reveal a system more focused on preserving its own routines and limitations than on enabling John's full citizenship.

m. The system's default patterns will continue unless challenged

The implications of the report suggest a clear trajectory: the system will continue doing what it already does, unless there is intentional intervention grounded in rights-based practice. Without a shift toward supported decision-making, community inclusion, and environmental redesign, John's life will remain shaped by program availability, staffing ratios, and organisational convenience. Rights-based pathways, such as exploring new living arrangements, connecting with natural supports, engaging in meaningful work, or building relationships through community participation, will continue to be overshadowed by provider routines and risk-averse practices.

Section Three: Getting the NDIS Needs Assessment Back on Track

1. Reimagining John’s Future

If the I-CAN report is used as the sole source of evidence to determine John’s NDIS plan, his future will be shaped primarily by the limitations of the service system rather than by his rights, choices, or aspirations. His daily life will continue to be governed by group-home constraints, staffing ratios, provider-defined routines, and institutional logic. His behaviours will be interpreted through a medicalised lens, and his support needs will be framed as deficits requiring increased supervision rather than as expressions of unmet needs or environmental mismatch. Under such a framework, John is likely to experience increased dependence, reduced agency, and a progressive narrowing of his world.

In contrast, a rights-based approach would centre autonomy, inclusion, self-direction, meaningful roles, and deep community belonging. It would recognise that John has the right to shape his life, pursue his interests, and engage in relationships and opportunities that extend far beyond the limits of the provider system.

a. A system-shaped future versus a rights-based future

When support decisions are derived solely from system constraints, John’s life risks becoming increasingly service-led. The report’s framing would lead to greater institutionalisation, heavier reliance on paid supports, and a reinforcement of routines that prioritise provider convenience. This trajectory undermines John’s right to live a life of his choosing.

A rights-based perspective, however, would recognise that John has the right to define his own future and to participate in community life “on an equal basis with others,” as required by the CRPD. It would acknowledge the need for environments that support his agency rather than restrict it. Such an interpretation does not accept institutionalisation as inevitable; instead, it asks how supports can be redesigned to expand John’s opportunities and honour his aspirations.

b. Rights-based questions requiring deeper exploration

A rights-based approach does not stop with reporting symptoms or staffing concerns. It invites a deeper exploration of the context shaping John’s experiences. Several key questions arise:

- Has John outgrown the program he attends five days a week?
- Does the program meaningfully connect to his passions, such as horses, gardening, or music, or does it simply provide activities because they are available within the system?
- Is John attending the Life Choices program because he chooses it, or because it is what the service system offers?

These questions reveal that John’s participation in segregated day programs may be driven more by institutional availability than by personal choice, which represents a breach of CRPD Article 19(b) regarding choice and control over how one lives, and Article 30 regarding participation in recreational and cultural life.

c. Assessment of John’s day program

The Life Choices program offers activities such as pamphlet delivery and group outings, but these activities have little connection to John’s stated interests and strengths. They do not reflect his passion for horses, gardening, or music. The report acknowledges his preferences but continues to frame his participation in the program as an unavoidable reality rather than as an area requiring redesign.

John attends this program because it exists, not because it aligns with his goals. This mismatch has significant rights implications and suggests that the program may no longer serve John’s developmental, emotional, or aspirational needs.

d. Assessment of group-home impacts on John’s wellbeing

The report documents signs of distress, such as jealousy, door-slamming, and heightened emotion when others receive attention, but it does not analyse whether these behaviours may be responses to relational deprivation or a lack of personalised attention inherent in group-home living. These behaviours are interpreted as clinical symptoms rather than as communication about the limitations of the environment.

Competition for limited staff time, rigid routines that fail to accommodate personal rhythms, and reduced opportunities for meaningful roles all contribute to distress. International evidence shows that group homes often create emotional insecurity, limited autonomy, and disproportionate dependence on paid staff. These dynamics align with what John is experiencing.

A rights-based interpretation, therefore, concludes that the environment, not John, is likely contributing to much of the distress documented in the report. This requires a re-examination of his living arrangements, not simply an intensification of the existing model.

e. John’s distress is a rational response, not a personal failing

John’s distress should not be viewed as an individual deficit or pathology. Instead, it is a rational, human response to restricted choice, limited autonomy, and the absence of personalised opportunities. When a person experiences minimal control over their environment, daily expectations, and personal expression, distress is an understandable reaction. This insight reframes John’s emotional experiences as evidence of an unmet need for agency, identity, and belonging, rather than as indicators of impairment.

A rights-based interpretation requires us to understand distress in context and to recognise that the environment may be failing John, rather than John failing to cope with the environment.

f. John’s goals reflect a desire for meaning, identity, and genuine community roles

John’s stated goals, such as volunteering or working with horses and gardening, experiencing more variety, and trying new things by choice, reflect a deep desire for meaningful social roles. These are not simply preferences for “more activities.” They represent aspirations for identity, contribution, and purpose.

Rights-based principles reinforce this understanding. Frameworks such as John O’Brien’s Five Valued Experiences, Social Role Valorisation (SRV), and CRPD Article 27 (employment) highlight that meaningful roles in community life are central to human dignity. John wants a life that has purpose and identity, not merely a schedule filled with provider-led activities.

Under a rights-based lens, the key questions become:

- What volunteer or community roles already exist that align with his interests in horses and gardening?
- How can natural supports or peer networks scaffold his involvement?
- How can his weekly routine be redesigned so that paid supports follow his life, rather than configuring his life around group-home rosters?

These questions shift planning decisions away from service availability and toward John’s aspirations, highlighting the distinction between “attending activities” and “having a meaningful life.”

g. Emotional expression must be understood as communication

The report tends to interpret John’s emotional expression as evidence that he needs more staff to manage his feelings. A rights-based approach requires reversing this logic. Instead of concluding that “John needs staff to control his behaviour,” it is more accurate to understand that “John is communicating the mismatch between the life he is offered and the life he wants.”

This shift acknowledges that emotions are meaningful expressions of need. Distress, withdrawal, frustration, and jealousy may all be signals that the environment is failing to honour John’s preferences or provide fulfilling opportunities. When viewed through this lens, emotional expression becomes a roadmap for improving John’s quality of life rather than a justification for increasing surveillance or supervision.

h. The assumption that group home living is appropriate must be critically examined

The report asserts that John is “settled” in his current group-home environment, yet it simultaneously documents significant indicators of discomfort. These include jealousy

arising from shared staff, increased withdrawal, reduced engagement, mood volatility, emotional dysregulation, and staff reporting difficulty meeting his needs because of limited ratios. The report also notes a lack of personalised, interest-driven activities.

These factors collectively suggest that group-home living may not be the right environment for John. Instead of interpreting these signals as evidence that John needs more staff or behavioural intervention, a rights-based interpretation recognises them as indicators that the environment is not supporting his emotional or developmental needs.

International research consistently finds that group homes often create relational deprivation, limit autonomy, and foster disproportionate dependence on paid staff. The behaviours John exhibits align closely with these well-documented impacts.

Therefore, the assumption that group-home living is appropriate must be interrogated rather than accepted at face value.

i. Group-home distress reflects environmental limitations, not John’s impairment

A rights-based interpretation recognises that the behaviours and emotions described in the report, such as withdrawal, jealousy, fluctuating engagement, and heightened emotion, are classic indicators of the systemic limitations associated with group living. These are not signs of John’s impairment. Rather, they reflect the inherent characteristics of congregate settings, where staff time is divided, routines are rigid, and personalisation is limited.

The CRPD obliges disability systems to ensure independent living, community participation, and freedom from institutionalisation. Even well-run group homes can unintentionally create institutional patterns when people are required to adapt to fixed routines, compete for staff time, or fit their lives around rosters and organisational priorities.

Seen through a rights-based lens, John’s support needs point toward the importance of a more individualised living arrangement, one in which his rhythms, relationships, and choices drive the design of supports, rather than being shaped by the constraints of a shared environment.

j. Real choice requires redesigning supports around John’s life, not increasing hours within existing structures

The report recommends more funding, more staffing hours, and more therapeutic input. While these may provide temporary relief, they do not address the structural issues shaping John’s distress. Real choice cannot be achieved by intensifying the current model; it requires reimagining how supports are designed.

A rights-based perspective shifts the focus from “adding more hours” to asking deeper questions:

- How can John be supported to live in an environment aligned with his will and preferences?
- How can supports follow John’s life, rather than requiring his life to follow service rosters?
- How can community-based opportunities, particularly those aligned with his interests, replace program-led activities?

Choice is only real when the environment offers meaningful alternatives. Under CRPD Article 19, the system must not simply offer more of the same, it must enable John to live in a way that reflects who he is, rather than expecting him to adjust to the limitations of the system.

k. Supporting autonomy requires moving from “fixing the person” to “fixing the environment”

A rights-based interpretation emphasises that autonomy and emotional security are shaped by context. John communicates his needs relationally and emotionally. His preferences emerge through his responses to his environment. He requires support to express his goals, explore possibilities, and reflect on decisions, but these supports must expand his autonomy, not diminish it.

This means shifting the system’s focus from “fixing John” to “fixing the environment.” The CRPD recognises that disability-related barriers often arise not from the person but from the structures surrounding them. John must be central in planning processes, with his brother and other trusted supporters assisting in expressing his will and preferences without overshadowing his voice.

This shift is fundamental to respecting John’s dignity, worth, and decision-making rights.

2. A John-Centred Support Model (Remove the I-CAN Bias)

The following section outlines a comprehensive, rights-based, personalised support model designed specifically around John’s goals, communication, emotional needs, and interests. This model stands apart from traditional group-home or day-program structures and instead embodies:

- CRPD Article 19: Living independently and being included in the community
- UNCRPD General Comment No. 5
- Social Role Valorisation principles
- Supported decision-making
- Co-design methodology
- John’s lived experience, strengths, preferences, and aspirations

This model reframes John not as a “client” within a system but as a person around whom supports must be intentionally designed. It positions John’s identity, rhythms, interests, and relationships at the centre of every decision, rather than service structures, rosters, or provider constraints.

a. Guiding Principles

A John-Centred Support Model is built on the principle that John is the author of his own life. Every decision must begin with what John values, enjoys, and aspires to, not with what the service system is set up to deliver. Supports must respond to John as an individual, rather than requiring him to adapt to fixed service structures.

This model recognises that all of John’s expressions, whether verbal, emotional, or behavioural, are meaningful forms of communication. Changes in mood, shifts in engagement, enthusiasm, and withdrawal are interpreted as important information about his needs and preferences, not as problems requiring management.

A rights-based model also affirms that John has the right to genuine participation in community life. Inclusion is not simulated through program-based group outings; it is enacted through his involvement in community roles, relationships, and spaces as a citizen.

Supports must therefore be flexible, relational, and tailored. Rigid routines dictated by rosters are replaced by arrangements that follow John’s natural rhythms, interests, and needs. Support structures are designed around the person, not the organisation.

The overarching purpose of support is not merely to meet basic needs, but to build identity. John’s life should be filled with valued social roles, friendships, purpose, and belonging, rather than a continuous schedule of program activities.

Finally, natural relationships must be nurtured rather than replaced. Paid support workers play an important role, but they should complement, not overshadow, John’s connections with family, peers, community members, and potential friends.

b. Support Goals from a John-Centred Perspective

A John-centred approach identifies three key domains that shape how support goals are framed and implemented.

i. Community belonging

Belonging is not achieved by attending disability-specific programs; it emerges through participation in ordinary community life. John should be supported to engage in neighbourhood activities, local clubs, volunteer roles, and community-based relationships that align with his interests. His interactions with others should be grounded in reciprocity, not service-based transactions.

ii. Meaningful activity that aligns with identity

Activities in this model are not chosen because they fit staff availability or program timetables. Instead, they are shaped by John’s interests, passions, and personal identity. If John wants to work with horses or be involved in gardening, meaningful roles must be explored through community organisations, local stables, farms, community gardens, or volunteer networks. Activities become expressions of identity, not fillers for the daily schedule.

iii. Emotional security and a sense of home

Support must create an environment where John feels emotionally safe. This includes predictable relationships with a small, consistent team, a sense of privacy, and the freedom to express emotions without judgment. A sense of home emerges when John has control over his routines, environment, and personal space, rather than adapting to the rhythms of a group living structure.

c. Living Arrangement Options Under a John-Centred Model

A rights-aligned approach does not assume that a group home is the best or only option for John. Instead, it explores multiple pathways, each designed to align with his preferences, relationships, and emotional needs.

i. Individual Living Arrangement

Under this model, John would live in his own unit, townhouse, or villa with a small, stable team of chosen support workers. Supports would be entirely flexible and attuned to John’s life rather than dictated by a roster. He would have greater privacy, increased emotional security, and fully personalised routines. This option is explicitly designed to address his desire for autonomy and minimise the structural limitations of group-home living.

ii. Co-residency with Choice

Another pathway involves John living with a compatible housemate, someone chosen based on shared interests, values, or lifestyle rather than assigned by a service provider. The housemate might be a peer who enjoys gardening, music, biking, or horses, or a supportive community member participating in a homeshare arrangement. Co-residency expands relational opportunities while preserving John’s autonomy and sense of home.

iii. Remaining in SIL with intentional structural reform

If staying in Supported Independent Living is the only viable option, then the environment would need to undergo significant structural redesign. This includes personalised routines, a stronger focus on John’s interests, improved relational consistency, greater choice in daily life, and engagement with community opportunities beyond the structure of the group home and day program. While not the preferred option, it can be improved if framed through a rights-based lens.

d. Support Team Structure

A John-centred support model requires a support team that is intentionally built around relational quality, continuity, and shared interests. John benefits from having dedicated, individualised support beyond the constraints of shared group-home ratios. This ensures that his activities can be individually tailored, and that community roles, rather than segregated activities, become the focus of his daily life. The physical and social environment must also be adapted in ways that minimise emotional triggers and foster a sense of personal safety.

i. A small, stable, hand-picked team

John should participate, with support, in choosing the people who work with him. Selection is based on relational warmth, compatibility, and shared interests, particularly in areas such as gardening, music, or horses. Support workers should be strong communication partners who understand and respond to John's expressive style. This ensures emotional attunement and a relationship-centred practice that honours John's communication, preferences, and rhythms.

ii. Continuity and relational stability

A small, consistent team strengthens John's emotional security. When fewer people rotate through his life, trust deepens, communication becomes more effective, and John can feel safe expressing himself. This continuity forms the foundation of supported decision-making because it creates a relational environment in which John feels understood and respected.

iii. Clear team roles grounded in relationship and community

The support team's role is not to supervise or manage John, but to walk alongside him. Their primary responsibilities include enabling meaningful participation, facilitating community connection, interpreting communication, and supporting John to pursue valued social roles. Team members must be skilled in co-design, relational practice, and community facilitation. This reframes their role from "staff delivering program activities" to "partners supporting John's life vision."

e. Meaningful Days and Community Roles

A John-centred model emphasises that daily life should be filled with relationships, valued roles, and moments that contribute to identity and belonging. These moments arise naturally within community settings rather than being manufactured through program schedules.

i. Community opportunities aligned with John’s interests

John’s interests in gardening, horses, music, biking, and social connection become the foundation for designing his week. The focus is on authentic community roles where John contributes, connects, and participates.

For example, his passion for horses may lead to involvement with local stables or riding centres. John could help with feeding, grooming, sweeping, or simply spending time in the environment with people who share his interests. Similarly, his love of gardening can translate into participation in community gardens, neighbourhood projects, or seasonal gardening activities such as planting, harvesting, or tending to garden beds.

Music offers opportunities for attending community club events, meeting local musicians, joining music appreciation groups, or assisting with concert set-up by helping arrange chairs or welcoming attendees. Each of these activities offers an entry point to new relationships and valued roles.

ii. Building a life filled with identity and contribution

These opportunities shift John’s day from program-based attendance to meaningful engagement. Instead of passive participation in scheduled group activities, John takes up roles that express his identity: gardener, horse enthusiast, music community member, helper, contributor, neighbour, and friend.

This is the essence of meaningful participation. Roles that contribute to community life and allow John to be recognised for who he is.

f. Purposeful Support Hours

In this model, every hour of paid support exists for a clear purpose. Support hours are not “filled” with generic activities; instead, they are intentionally designed to develop relationships, strengthen identity, build skills, and foster community belonging. Each hour supports John to experience joy, connection, learning, contribution, or growth.

This reframes the role of support from managing behaviour or filling time to enabling a rich and meaningful life. Purpose-driven hours ensure that John’s days reflect his aspirations, not the limitations of service structures.

g. Emotional and Mental Health Supports

A rights-based model recognises that emotional well-being emerges from meaningful routines, secure relationships, and environments that honour personal rhythms. For John, emotional regulation is best supported through a predictable and fulfilling life structure built around the activities he cares about. When his weekly rhythm is shaped by community roles, valued routines, and trusted relationships, emotional stability develops naturally rather than being imposed through external behavioural strategies.

i. Attuned support

Support workers must be skilled at recognising the early signs of stress, sensory overload, loneliness, or shifts in communication that signal emotional discomfort or depressive episodes. Instead of responding with redirection, distraction, or control, they respond with connection, validation, and co-regulation. This might include offering quiet time in sensory-friendly environments, providing relational reassurance, or gently supporting John to return to meaningful activities that restore equilibrium.

ii. Therapeutic support woven into daily life

Therapeutic practices should be integrated into John’s routines rather than scheduled as isolated clinical appointments. This might involve collaborating with psychologists, occupational therapists, or speech pathologists to embed therapeutic strategies into everyday activities, supporting communication during gardening, building emotional resilience through structured routines at the stables, or enhancing social confidence through community music events. Therapy becomes part of life, not something done “to” John in a clinical setting.

h. Capacity Building and Lifelong Learning

A John-centred approach views capability-building as an ongoing, life-enriching process. Skills are developed organically while engaging in roles and activities that John values. For example, he develops communication skills while interacting with community gardeners or musicians, and he strengthens emotional resilience while working with animals or participating in predictable weekly routines.

Capacity-building is not about independence in a narrow, task-oriented sense. Instead, it focuses on interdependence, building John’s ability to contribute, connect, and participate within community contexts that affirm his identity and strengths.

i. Safety and Safeguarding in a Rights-Based Framework

Safety is achieved through environments and relationships that support autonomy, not through increased surveillance or behavioural control. Under a rights-based model, safeguarding is embedded in context, connection, and collaboration rather than in restrictive routines.

i. Foundational safety through a meaningful life

People are safest when surrounded by trusted supporters, natural relationships, and predictable routines that are intrinsically meaningful. When John experiences belonging, purpose, and emotional security, his vulnerability to harm significantly decreases. A stable support team, community involvement, and consistent relational partners all contribute to this foundation of safety.

ii. Least-restrictive safeguarding

Risks are addressed through environmental design, skill development, collaborative planning, and relational support. Instead of relying on restrictive interventions, the approach focuses on teaching skills, adjusting environments, and building confidence. Surveillance, rigid routines, or controlling behavioural strategies undermined by fear have no place in a rights-based safeguarding framework.

3. Long-Term Vision for John’s Life

The long-term vision for John begins with identity. He should be recognised as a valued member of his community, rather than defined by service systems or diagnostic labels. John’s identity is grounded in his interests, relationships, and contributions, such as gardening, music, horses, cycling, and community involvement. The goal is for John to be known, welcomed, and valued in the places and communities that matter to him.

This vision rejects the notion of John as merely a “client” of services. Instead, it positions him as a neighbour, volunteer, helper, friend, community participant, and contributor.

a. Contribution

In John’s long-term vision, he is not simply a participant in activities, he is someone who contributes meaningfully to the world around him. His interests in horses, gardening, and community life offer natural entry points into roles where he can contribute to stables, community gardens, neighbourhood events, or local initiatives. Contribution enhances identity, builds confidence, strengthens relationships, and affirms John’s valued place in the community.

b. Relationships

A fulfilling future for John involves genuine relationships built over time. This includes friendships grounded in shared interests, ongoing connection with family, and deep trust with a chosen support team. It also includes reciprocal community relationships—people who know John not as a “client,” but as a regular, a volunteer, a helper, or a neighbour. These natural supports form the foundation of social inclusion and emotional security.

c. Purpose

Purpose emerges when John occupies roles that align with his strengths, talents, and interests. Work-like activities that create continuity, emotional satisfaction, and a sense of identity give his life direction and meaning. Purpose is not found in filling time with generic activities. It is found in the cultivation of roles that matter to John and contribute to his long-term well-being.

d. Daily Life

John’s daily life must be shaped by what brings him joy, meaning, and connection. A well-designed day might include time with horses, cycling along familiar neighbourhood paths, tending garden beds, listening to music, or participating in community events. These moments are not superficial activities but meaningful anchors that structure his emotional rhythms, build confidence, and strengthen his sense of place. A John-centred approach ensures that each day contains opportunities for contribution, relationship, and personal expression.

e. Weekly Rhythm Grounded in Autonomy and Meaning

A weekly routine should reflect John’s natural rhythms and aspirations rather than existing service schedules. In a rights-based model, Monday through Sunday are shaped by what John values, visiting stables, participating in music groups, tending community garden plots, or connecting with peers around shared interests. This rhythm provides predictability, emotional security, and opportunities for self-expression. It also ensures that John’s week is grounded in meaning rather than in the operational structure of a day program.

4. Funding Implications of a John-Centred Model

A John-centred approach requires funding that supports autonomy, inclusion, and personalised routines, not increased investment in inflexible service structures. Under the current model, John’s life is shaped by a five-day group program, rigid staffing ratios, provider-controlled routines, and supervision-based support. These environmental constraints drive recommendations for increased hours, reinforcing institutional patterns.

A rights-based model requires the opposite: resources that enable flexibility, autonomy, and community engagement.

a. Flexible Core Supports rather than program-driven funding

To implement a John-centred model, Core Supports must be flexible and responsive. Funding should allow John to make decisions day by day about who supports him, where he goes, when activities occur, and which goals he pursues. This requires a deliberate shift away from fixed program fees, scheduled block supports, and segregated attendance-based funding.

Instead, resources should be directed toward flexible Core, Assistance with Social, Economic, and Community Participation. This shift enables John to build a personalised weekly routine grounded in autonomy, meaning, and community participation, rather than being constrained by pre-set program structures.

b. Moving Away from SIL Block Funding Toward an Individualised Home and Living Model

A John-centred support model requires a shift away from the block-funded, ratio-based structure of Supported Independent Living (SIL) and toward an individualised home and living approach. Under a rights-based framework, John’s supports must reflect his preferences, routines, and aspirations, not the operational requirements of a group home.

This approach emphasises flexible one-to-one support hours, a chosen support team, and the possibility of an Individual Living Option (ILO) or a bespoke support package tailored to John’s needs, even if he remains within SIL during a transition period. The emphasis is on customising his environment and ensuring that his supports are shaped around his life, rather than expecting him to conform to a pre-existing service model.

i. Option A: Transition to an Individual Living Arrangement

One pathway is to support John to move into an Individual Living arrangement, sometimes referred to as a Service-for-One. This involves developing a detailed proposal grounded in co-design and supported decision-making. This process requires collaborative planning with John and his trusted supporters, as well as an exploration of environments that align with his rhythms, interests, and emotional needs.

Funding requirements for this pathway include resources for the ILA design, coordination, and ongoing support hours. If John transitions to an Individual Living Arrangement, SIL block funding would be reduced or eliminated and replaced with an individualised funding package that offers far greater flexibility, autonomy, and personalisation.

ii. Option B: Customised Support Package Within SIL

If John remains in SIL, whether temporarily or long-term, his supports must be redesigned to reflect his rights and preferences. This may involve negotiating a customised support package within the SIL structure that includes more flexible one-to-one hours, a stable and chosen team, and routines tailored to his interests and goals. Although this option is less ideal than an independent or co-residency arrangement, it ensures that even within SIL, John's life is shaped by his needs rather than by group-home routines or rigid staffing ratios.

iii. Integrated, Contextual Therapeutic Supports

Capacity-building supports must transition away from clinic-based, deficit-focused interventions that attempt to "fix" the person. Instead, they must become contextual, functional, and integrated into the meaningful activities John pursues in everyday life. Therapy should be woven into John's natural routines—supporting communication during volunteer roles, building emotional resilience while he engages with horses or gardening, and strengthening social confidence through community interactions.

Funding for improved daily living supports would be directed toward embedding communication strategies, emotional regulation, and real-world skill-building into John's week. Support workers would also receive training to reinforce therapeutic strategies consistently and respectfully.

Additionally, funding for improved relationships would be used to enhance trauma-informed practice, relational skill-building, and gentle positive behaviour support grounded in autonomy, understanding, and collaboration rather than control.

c. The Central Role of Futures Planning and Individual Service Design

i. Summary proposition

To build and maintain a genuinely person-centred and rights-based NDIS, participants with complex lives require more than episodic support coordination or basic system navigation. They need a skilled, ongoing futures-planning and individual service design role that deeply understands who they are, designs and re-designs supports around their evolving life, actively safeguards autonomy, inclusion and self-determination, and remains independent from provider and NDIA conflicts of interest.

Funding this role is not an optional extra; it is a structural requirement if Australia is to meet its obligations under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), particularly Article 19, and to realise the objects and principles of the NDIS Act 2013.

It has been recognised for many decades that the pervasive institutional mindset that has become entrenched in disability care and support will not be broken without Participants and their allies being supported to build the skills, capacity, and confidence to explore, design and implement alternatives to the conservative congregate care support models strongly promoted by service providers, funders and disability policy makers. This capacity building role, over the years, has been variously called a Local Area Coordinator, Support Coordinator and Navigator. However, each time that the role has been accepted, it has been bureaucratised and its intent diminished and eroded. The need is still there. This role is still required, and it needs to exist in the form outlined below, unencumbered by political and bureaucratic interference, attempting to reshape it into an obsolete and compromised capacity-building role existing to meet bureaucratic demands rather than existing to serve the people with disability.

ii. The problem with current roles (Support Coordinator, Navigator, Local Area Coordinator)

Support Coordinators are primarily funded to help implement existing plans, connect participants to services, troubleshoot implementation issues and prepare for plan reviews. Their work is usually time-limited and administratively focused, and they are not funded or mandated to undertake deep life design or long-term futures planning.

Navigators, as proposed under the NDIS Review reforms, are intended to help people understand and navigate the NDIS system and to access supports, but they are not designed to provide sustained, relational, or visionary futures-oriented planning.

Local Area Coordinators (LACs) are expected to support access requests, conduct planning meetings, and provide basic community linking, but they operate within NDIA-structured timeframes and constraints and do not have the scope to undertake meaningful long-term design work.

These roles are episodic rather than ongoing, system-centred rather than person-centred, and largely administrative rather than visionary or relational. They therefore cannot meet the needs of people requiring deep, personalised futures planning.

iii. Why a specialised futures planning and individual service design role is different

A dedicated futures-planning and service-design role offers depth and longevity that current NDIS roles do not provide.

This role provides ongoing, long-term involvement and is not restricted to a single plan cycle. It maintains a continuous relationship with the person as their goals, needs and circumstances evolve.

The role builds a deep, holistic understanding of the person, including their history, culture, trauma experiences, communication methods, sensory profile, relationships, community context and behaviours of protest. This level of understanding is essential for designing supports that genuinely enable autonomy and inclusion.

The role focuses on the long-term future by asking what a good life looks like for the person over time and by designing supports, roles, environments and safeguards that make that life possible.

The role undertakes individual service design by tailoring supports specifically to the person rather than fitting them into existing service structures. It designs bespoke arrangements such as individualised living supports, customised community roles, micro-enterprises or specialised safeguarding frameworks.

The role operates from a rights-based and safeguarding perspective, drawing from the UNCRPD, Article 19, and contemporary disability ethics to ensure that supports are enabling and non-institutional. It proactively works against the drift toward group-based or restrictive settings.

The role remains independent from provider interests, NDIA-defined efficiency pressures and budget-containment priorities, ensuring that the participant’s own goals and preferences remain the central focus.

iv. Alignment with the NDIS Act and UNCRPD obligations

Funding this role directly advances the objects and principles of the NDIS Act and Australia’s obligations under the UNCRPD.

The NDIS Act commits to supporting the independence and social and economic participation of people with disability, enabling them to exercise choice and control, promoting innovative supports, and ensuring high-quality decision-making. A specialised futures-planning role translates these commitments into practice by enabling participants to articulate their goals, pursue valued roles and design supports that reflect their identities and aspirations.

Article 19 of the UNCRPD affirms the equal right of all persons with disabilities to live in the community with choices equal to others. To meet this obligation, supports must be individually designed, and people must be able to choose where, how and with whom they live. A specialised futures-planning and service-design role makes this a reality by creating personalised, community-based support arrangements rather than relying on pre-existing, often institutional models.

v. System-level benefits: cost, quality, and safeguarding

Funding this role is also a prudent and cost-effective policy decision.

In the absence of proactive futures planning, people with complex needs frequently experience crises, placement breakdowns, institutional admission, escalated behaviours of protest, increased restrictive practices and avoidable involvement in justice or forensic systems. These outcomes are extremely costly and harmful. A futures-planning role mitigates these risks by anticipating vulnerabilities, designing stable support arrangements and building community connections that prevent crisis escalation.

This role also improves quality and safeguards by providing an ongoing, person-knowing presence that can recognise early warning signs of harm, neglect or institutional drift. It ensures that the person's will and preferences remain central in all major decisions, which is a key safeguard against abuse.

Furthermore, this role increases efficiency by enabling Support Coordinators, Navigators and LACs to operate more effectively. When a person already has a coherent life plan and well-designed supports, operational roles can function more smoothly and with less duplication of effort.

vi. Equity and fairness

Without funding for this role, only individuals with strong family advocacy, substantial informal support or access to well-resourced agencies will receive high-quality futures planning. Individuals with limited networks, complex communication needs, cultural barriers, or a history of institutionalisation will be systematically disadvantaged.

A funded futures-planning role promotes equity by ensuring that people with the highest complexity and greatest vulnerability receive the support they need to build meaningful lives in the community, rather than being funnelled into generic or restrictive settings.

vii. Implementation options

The NDIS can implement this role through a dedicated line item for Independent Futures Planning and Individual Service Design, through mandated inclusion within individual living arrangements planning, through accreditation of independent designers and micro-enterprises, or through alignment with supported-decision-making frameworks that ensure the person's voice remains central to planning and service design.

If the NDIS is genuinely committed to delivering choice and control, ordinary and community-based lives, Article 19 obligations, and high-quality, sustainable supports, then it must fund a skilled, ongoing futures-planning and individual service-design role.

This role is not an administrative extra; it is a foundational mechanism that transforms funding into a meaningful life.

d. Support Coordination

In addition to the ongoing futures planning and individual service design role mentioned above John will require someone in a Support coordination type role to help implement his existing plan, connect him to services, troubleshoot issues and prepare for plan reviews.

Specialist Support Coordination (Level 3) is likely required, given the complexity of transitioning out of group-based models, addressing mental health considerations, and designing bespoke roles that align with John’s passions, such as horses, gardening, music, and community engagement. Specialist coordination also supports the development and implementation of ILO arrangements or other individualised living models.

Support Coordination in this context is not merely a service; it is a foundational mechanism for protecting John’s rights, enabling autonomy, and ensuring that the system continues to respond to John rather than requiring John to adapt to system limitations.

e. Small, Stable Support Team Built on Continuity

John’s well-being depends on a small, predictable team of supporters who understand his rhythms, communication style, and emotional needs. A stable team enables relational depth and reduces anxiety, as John does not need to continually adjust to unfamiliar staff. Funding must therefore support continuity-of-support loadings, allowing John to build lasting, trusting relationships with the people who support him.

This approach stands in contrast to large rotating teams, roster-driven staffing, or support models where workers change frequently. Predictability and relational consistency are essential for John’s mental health, confidence, and sense of safety.

f. Emotional Security Through Predictability and Attunement

Emotional security is not created through supervision or behavioural management. It emerges from predictable rhythms, relational attunement, and personalised routines. A support worker who knows John well can recognise the subtle shifts that signal stress, joy, curiosity, fatigue, or frustration. They can respond with sensitivity, adjust the environment, or return to familiar grounding activities.

Funding should therefore prioritise supports that promote emotional connection and relational practice rather than control-based strategies. This includes supporting sensory regulation, providing safe spaces for emotional expression, and ensuring consistent relational partners in John's life.

g. Flexible Community Participation Supports

Community participation must be flexible, relational, and tailored to John's goals. Rather than attending program-based outings determined by provider schedules, John should be supported to access community roles, events, and relationships that align with his interests.

This requires flexible funding through Assistance with Social, Economic and Community Participation. Such flexibility enables John to explore gardening clubs, stables, music events, biking routes, or volunteering opportunities. Community participation becomes meaningful because it is grounded in John's identity, not in program availability.

h. Autonomy, Choice, and Supported Decision-Making

A John-centred model ensures that John has real opportunities to exercise choice and control. He must have space to express preferences, explore new opportunities, and make decisions with support. This includes deciding who supports him, which community activities he explores, and how he builds relationships around his interests.

Support workers and coordinators must be skilled in supported decision-making, recognising John's preferences across verbal and non-verbal communication. John is an active participant in shaping his daily life, weekly rhythms, and long-term goals.

This requires flexible funding for autonomy-building, community-based exploration, and the development of spaces where John's voice is central in all planning processes.

i. Transitioning from Institutional Funding to Personalised Funding

A transition to a John-centred model requires a fundamental shift in funding design. Instead of "block-funded style group-home supports", day program fees, program-based community access, and roster-driven routines, John's funding must support individualised, relational, and community-based supports.

Under this personalised model:

- The current operational practice of what is essentially group-home block funding (e.g. Funding based on shared support models.) is replaced by flexible one-to-one supports tailored to John's weekly rhythm.
- Day program fees evolve into personalised community engagement hours aligned with John's interests.
- Program-based access transforms into community-driven roles, relationships, and opportunities.
- Roster-driven staff availability is replaced by a chosen support team with predictable routines.

- High reliance on supervision is replaced by relational practice, capability-building, and community belonging.

John’s funding structure shifts from an institutional model to one that reflects his rights, preferences, and aspirations.

j. Systemic Transformation Required

Transitioning to a truly John-centred model requires more than adjusting the number of support hours or increasing the intensity of staffing. It demands a structural shift in how supports are conceptualised, funded, and delivered. Instead of relying on therapy as a remedial intervention intended to correct deficits, John requires flexible individualised Core Supports that reflect his daily rhythms, interests, and emotional needs.

This transformation involves the integration of psychosocial support with therapeutic insights, ensuring that John’s well-being is supported holistically. It requires funding for community role development, enabling John to explore volunteering, valued social roles, and community-based contributions aligned with his passions. John’s support team must be chosen for compatibility, continuity, and relational alignment, ensuring that daily support is delivered by people he trusts and enjoys spending time with.

To fully realise this shift, John will require a personalised living arrangement that allows his support environment to be shaped around him rather than around group-home structures. This model emphasises real relationships, reciprocal social roles, and the development of natural supports alongside paid assistance.

k. From Maintenance to Growth: A Rights-Based Shift

The transition to a John-centred life reflects a broader move from maintenance to growth. Instead of maintaining John within existing service structures, the focus shifts to enabling his development, identity, and agency. This involves moving from supervision to autonomy, where support workers foster independence, confidence, and self-directed participation rather than monitoring behaviour.

It also reflects a shift from a system-centred model, where services dictate routines and possibilities, to a model centred squarely on John’s preferences, experiences, and aspirations. Participation evolves from segregated, program-based outings to meaningful belonging in real community environments. Instead of relying solely on paid supports, John’s life incorporates natural relationships, shared interests, and genuine connections.

Finally, the shift redefines support hours not as time to be filled with generic activities, but as purpose-driven opportunities for contribution, identity-building, and community engagement.

Conclusion

This report has demonstrated that the I-CAN v6 Sample Report for John Baker, presented by the NDIA as an objective, rights-aligned assessment, contains significant interpretive judgments, structural biases, and entrenched service assumptions that undermine its reliability as a basis for NDIS decision-making. Although framed as an evidence-based tool, the I-CAN assessment often blurs the distinction between objective fact, subjective interpretation, and system-driven assumptions, resulting in recommendations that reflect the logic of the service environment rather than John's will, preferences, or rights.

Across the analysis, a clear pattern emerges: John's emotional expressions, relational experiences, and daily frustrations are routinely conceptualised as symptoms of individual impairment, rather than as meaningful communication about environmental mismatch, relational deprivation, or restricted autonomy. Instead of examining root causes linked to group-home living, program-based routines, or lack of meaningful community roles, the assessment repeatedly recommends increases to staffing intensity, behavioural supervision, or therapeutic input, as though intensifying the existing service model will resolve the limitations of that model. This service-centred framing incorrectly positions system constraints as personal deficits, and in doing so risks deepening institutionalisation rather than enabling inclusion.

From a rights-based perspective grounded in the CRPD, this is a critical failure. The I-CAN report neither explores alternatives to group-home living nor identifies pathways toward community belonging, meaningful roles, natural relationships, or autonomous decision-making. The absence of these considerations means that key obligations under Articles 12, 19, 26, and 30 remain unfulfilled. Instead of designing supports around John's life, the assessment configures John's life around the routines and limitations of service providers.

The consequences for John are profound. If this assessment is adopted as the sole basis for his NDIS plan, he faces a future shaped primarily by provider convenience and risk-averse routines rather than by his identity, interests, or aspirations. His emotional well-being may continue to deteriorate, his opportunities for meaningful participation may remain restricted, and his autonomy may be further eroded. Increased funding, under this paradigm, would strengthen the very conditions contributing to his distress.

Yet the analysis also points clearly to an alternative. A rights-aligned approach begins with John's identity, interests, and aspirations; recognises his emotional expressions as legitimate communication; and prioritises environments that foster belonging, autonomy, and valued social roles. It shifts the focus from "fixing the person" to "fixing the environment," from supervision to relationship, and from program attendance to community participation. Such an approach would enable John to live a life shaped by purpose, connection, and contribution, consistent with the intent of the NDIS and obligations under the CRPD principles.

Ultimately, this report underscores a broader imperative: Assessment tools like I-CAN cannot be considered objective simply because they are standardised. Without transparency, lived-experience governance, and rigorous safeguards against interpretation bias, they risk reinforcing the very institutional patterns the NDIS was created to dismantle. Rights-based assessment demands more:

More nuance, more context, more relational understanding, and more genuine engagement with the participant's voice.

For John, and for thousands of others whose lives may be shaped by similar tools, the question is not merely whether the assessment is consistent, but whether it is just. A truly rights-based NDIS must move beyond system-defined assumptions and toward co-designed, person-led approaches that honour the fullness of each individual's humanity. To that end, this report offers both a critique and a pathway forward.