

## Interim Guidance note for NDIS funding for outdoor and nature-based services

### Summary

This guidance note provides evidence-informed recommendations for NDIS participants, outdoor health practitioners, support co-ordinators, plan managers, and policy makers on accessing and delivering quality outdoor and nature-based NDIS support funding, pending review of the term 'wilderness therapy' which has been listed under the current NDIS 'excluded supports' list.

### What is the problem?

- In October 2024, 'Wilderness Therapy' was added to the list of supports excluded for NDIS funding by the Federal government. The guidelines provide no definition of 'wilderness therapy'. The NDIA guideline listed wilderness therapy under 'alternative and complementary therapies' that 'lacked evidence and value for money'.
- Listing 'wilderness therapy' on the list of excluded therapy supports has generated significant confusion in the disability, health and outdoors sectors over what evidence-informed outdoor-based practices can be funded or not. This has resulted in closure of programs, loss of jobs, and significant stress and personal impacts on NDIS participants. The current situation has highlighted a lack of clarity and transparency of the term 'wilderness therapy' which has had significant unintended flow on effects including undermining broader evidence-informed practices that utilise outdoor settings to meet NDIS participants' goals.

### Outdoor Health Australia's response to the NDIS listing of 'wilderness therapy' as 'excluded supports'

- Outdoor Health Australia (OHA) is the national peak body representing providers of evidence-informed, nature-based health and wellbeing services across the country. We advocate for equitable access to outdoor therapeutic supports and promote best practice for services delivered in natural environments.
- During 2025 OHA has:
  - (i) formally submitted its concerns to the Department of Social Services (DSS) in response to the initial consultation (2024) and as part of the current consultation on the NDIS Support Rules;
  - (ii) written to relevant Ministers seeking clarification and review of the decision;
  - (iii) written to the CEO of the NDIA seeking a meeting to clarify terminology, summarise the evidence and propose a co-design process for determining which outdoor and nature-based practices should and should not be funded;

(iv) undertaken a Freedom of Information (FOI) request seeking evidence for the government decision. Through this request it was confirmed that no formal evidence review or definitional analysis of the term ‘Wilderness Therapy’ was conducted by the NDIA prior to this decision.

- In September 2025 OHA received a response from the NDIA that it considers that evidence-based therapeutic supports can only be delivered by an Allied Health Professional and that therapies undertaken by these professionals can be delivered in a range of settings including outdoors. The NDIA also noted that while it believes that ‘wilderness therapy’ may provide some benefits for people it does not recognise ‘wilderness therapy’ as an evidence-based therapy.
- Pending further resolution and clarification of the policy and definitions relating to outdoor based practices that support NDIS participants, OHA has established a set of operating principles below to guide service providers and, participants in how to interpret the NDIA decision.

### **The benefits of outdoor based disability services**

- For many Australians with a disability, outdoor environments provide important therapeutic settings and opportunities that directly support their NDIS Core and Capacity Building goals for improved daily living skills, independence and wellbeing.
- Extensive research<sup>1</sup> shows that when designed and supervised by suitably qualified practitioners, a wide range of outdoor and nature-based interventions can lead to greater inclusion, personal growth, and self-determination through supporting functional improvements across physical, social and emotional domains. These include physical mobility and motor coordination, skill development, emotional regulation, problem solving and executive functioning, interpersonal communication and social interaction, self-identity and community participation.

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<sup>1</sup> For example [https://www1.racgp.org.au/ajgp/2023/april/nature-prescribing-in-general-practice;](https://www1.racgp.org.au/ajgp/2023/april/nature-prescribing-in-general-practice;Ref_OHA_submission_to_DSS;)  
<https://parkrxamerica.org/providers/human-benefits-of-nature.php>  
[https://icasp.org.uk/wp-content/uploads/sites/13/2023/08/Nature-based-interventions-for-health-and-wellbeing\\_evidence-summary-2023.pdf](https://icasp.org.uk/wp-content/uploads/sites/13/2023/08/Nature-based-interventions-for-health-and-wellbeing_evidence-summary-2023.pdf)  
<https://www.participation.com/the-science/publications/>  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC8125471/>  
<https://cupr.rutgers.edu/wp-content/uploads/2023/08/Health-Benefits-of-Outdoors-White-Paper.pdf>  
<https://www.camphillvillagetrust.org.uk/wp-content/uploads/2024/09/GSP.pdf>  
<https://www.h2hmc.com/blog/the-benefits-of-recreational-programs-for-individuals-with-intellectual-disabilities;>  
<https://www.nchpad.org/resources/health-benefits-of-being-outdoors-for-people-with-disabilities/>  
[https://www.researchgate.net/publication/326693891\\_Park-based\\_physical\\_activity\\_interventions\\_for\\_persons\\_with\\_disabilities\\_A\\_mixed-methods\\_systematic\\_review](https://www.researchgate.net/publication/326693891_Park-based_physical_activity_interventions_for_persons_with_disabilities_A_mixed-methods_systematic_review)  
<https://www.who.int/europe/publications/i/item/9789289055666>

- Services that utilise outdoor settings are valuable for people with a range of disabilities such as acquired brain injuries, cerebral palsy, psychosocial disability, neurodivergence, and those experiencing barriers to traditional settings, especially for individuals who are isolated due to disability.
- Additional benefits from outdoor based therapies include improved mental health and emotional regulation (associated with significant reductions in anxiety, stress, and depressive symptoms) as well as improved self-esteem, resilience, and emotional self-regulation across multiple disability types
- Importantly, outdoor-based supports often provide equitable, culturally appropriate and effective alternatives in rural and remote areas, where traditional indoor-based services may be unavailable. They are person-centred, adaptable, and culturally inclusive, and they help reduce long-term service dependence by building participant capacity, confidence, and resilience.

### **Operating principles**

1. There are a wide range of evidence-informed practices and therapies provided around Australia that utilise outdoor and nature-based settings for therapeutic, daily living and functional benefits that align closely with the goals of the NDIS. These practices can occur across a spectrum of outdoor settings, from local urban nature to remote locations, and are provided by practitioners with wide-ranging professional and lived experience backgrounds.

2. In outdoor settings the range of activities practised include:

(a) Structured therapies delivered by Allied Health Professionals that are regulated by the Federal Government including Physiotherapists, Occupational Therapists, Psychologists, and other regulated professionals;

(b) Structured therapies delivered by Allied Health Professionals that are self-regulated such as social workers, psychotherapists, exercise physiologists and counsellors;

(c) Structured and unstructured therapeutically beneficial practices led by professionals and appropriately qualified para professionals such as cultural mentors, outdoor educators, adventure guides, therapeutic horticulturalists and peers or people with lived recovery experience, to name a few.

3. NDIS participants and providers should work closely with NDIS Plan Managers and Support Coordinators to enable funding support for those practices that utilise outdoor and nature-based settings where:

- (i) The activity closely aligns with the NDIS participant's Core and Capacity Building goals (e.g. improve mobility and motor coordination, build new skills, achieve greater independence, improve social skills, improve executive functioning, problem solving, and decision making, connect with community, improve emotional regulation, learn life skills, and live a higher quality of life).

- (ii) The activity is structured, safe and goal centred towards reducing functional impairments across physical, emotional, and social domains, (including communication, learning, socialising, mobility, self management and self-care).
- (iii) The activity is supervised by suitably qualified health and outdoor professionals who meet key competencies<sup>2</sup> and are accountable to relevant professional bodies (e.g. industry regulatory bodies, accreditation bodies and practice standards, including ethical standards and Australian Outdoor Activity Standards). For more details on these qualifications refer to the OHA website <https://outdoorhealth.org.au/>.
- (iv) Quality standards are adhered to based on OHA's Quality Standards Framework (voluntary participation; person-centred practice, cultural respect, safety standards, professional accountability (refer to OHA website).

3. Activities that do not meet the above criteria should not be supported by NDIS funding.

4. In acknowledging the current NDIA position that NDIS approved therapies must be delivered by suitably qualified Allied Health professionals (noting in some cases other practitioners can support these therapy practices if supervised by an Allied Health professional), Allied Health professionals should continue to use their discretion in selecting the best setting (indoors or outdoors) to meet participants' stated needs and goals. Activities and programs supervised by suitably qualified Allied Health professionals that utilise outdoor settings to meet specific NDIS goals should continue to be actively supported in NDIS Plans.

5. Practitioners and paraprofessionals who are suitably qualified and experienced in providing safe and effective therapeutic supports outdoors should continue being able to provide appropriate outdoor and nature-based activities and programs to meet participants' stated needs and goals. However, given that current NDIS funding guidelines specify that therapy practices must be supervised and delivered by Allied Health professionals, activities in outdoor settings that are undertaken by other professionals and paraprofessionals should be generally based around other support categories such as Social and Community Supports or Behaviour Support not 'therapy supports'.

### **Checklist for Assessing Providers of Therapeutic Outdoor Supports**

OHA has drafted an initial checklist (Appendix One) for assessing if Providers of therapeutic outdoor supports are likely to be evidence-informed, safe and effective. This list can be used by NDIS participants, families/carers, Plan managers and Case managers to assess if outdoor or nature-based supports are likely to be beneficial and should be funded.

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<sup>2</sup> OHA Competency Framework includes reference to five competency areas: outdoor, ecological, therapeutic, participant knowledge, and self-knowledge (refer OHA website)

### Next steps

As the national peak body for evidence-informed nature-based health, wellbeing and therapy, OHA, through its research and evidence committee and network of researchers, will continue to make a case to the NDIS, including the NDIS Evidence Advisory Committee, about the current evidence-base and benefits of outdoor and nature based therapies and supports. This includes further advocacy about terminology to clarify current sector confusion.

OHA will continue to seek consultation with the NDIS in developing recommendations for NDIS Inclusion and Exclusion criteria going forwards.

For updates on this issue please refer to the Outdoor health Australia website <https://outdoorhealth.org.au/> including <https://outdoorhealth.org.au/ndis-reform-advocacy/>



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Chair, Outdoor Health Australia

18 November 2025

## Appendix One

### OHA Checklist for Assessing Providers of Therapeutic Outdoor Supports

This checklist is designed to assist NDIS participants, Families/carers, Plan managers and Case managers to assess if outdoor or nature-based supports are likely to be evidence-informed, safe and effective, and therefore beneficial or not.

#### Legitimacy and Experience

1. Is the provider registered or experienced in delivering supports to NDIS clients, with a clear understanding of participant goals and support plans?
2. Does the provider operate within a recognised ethical framework or set of professional standards?
3. Does the provider comply with relevant federal, state, and territory regulations, including child safety and working with vulnerable people?

#### Person-Centred and Context-Oriented Practice

4. Does the provider offer a transparent, voluntary, and person-centred approach that upholds participant choice and control?
5. Is the program tailored to the specific needs, abilities, and cultural background of each participant or group, within their local community and geographical context?
6. Does the provider acknowledge and respect the local cultural history and traditional custodians of the land they operate on?

#### Safety and Risk Management

7. Does the provider comply with the Australian Adventure Activity Standards relevant to their services?
8. Are physical, psychological, and social risks appropriately assessed and managed, with clear emergency and incident response procedures in place?
9. Does the provider hold appropriate insurance coverage for their service type and responsibilities?

#### Qualifications and Supervision

10. Are supervisors qualified in both therapeutic practice and outdoor leadership, and do they hold relevant registrations?
11. Are practitioners suitably qualified, and do they receive regular supervision appropriately matched to the intensity and responsibilities of their practice setting?
12. Are practitioners suitably experienced in supporting people with disability, and do they demonstrate the ability to maintain safe, respectful, and professional boundaries?

### **Therapeutic Integrity**

13. Is there a clear therapeutic framework or evidence-informed model guiding the outdoor activities and interactions?
14. Does the provider integrate a holistic wellbeing approach, including opportunities for reflection, self-assessment, and personal development?
15. Does the provider have systems in place for feedback, complaints, supervision, and ongoing quality improvement, and are they accountable to the participants and communities they serve?