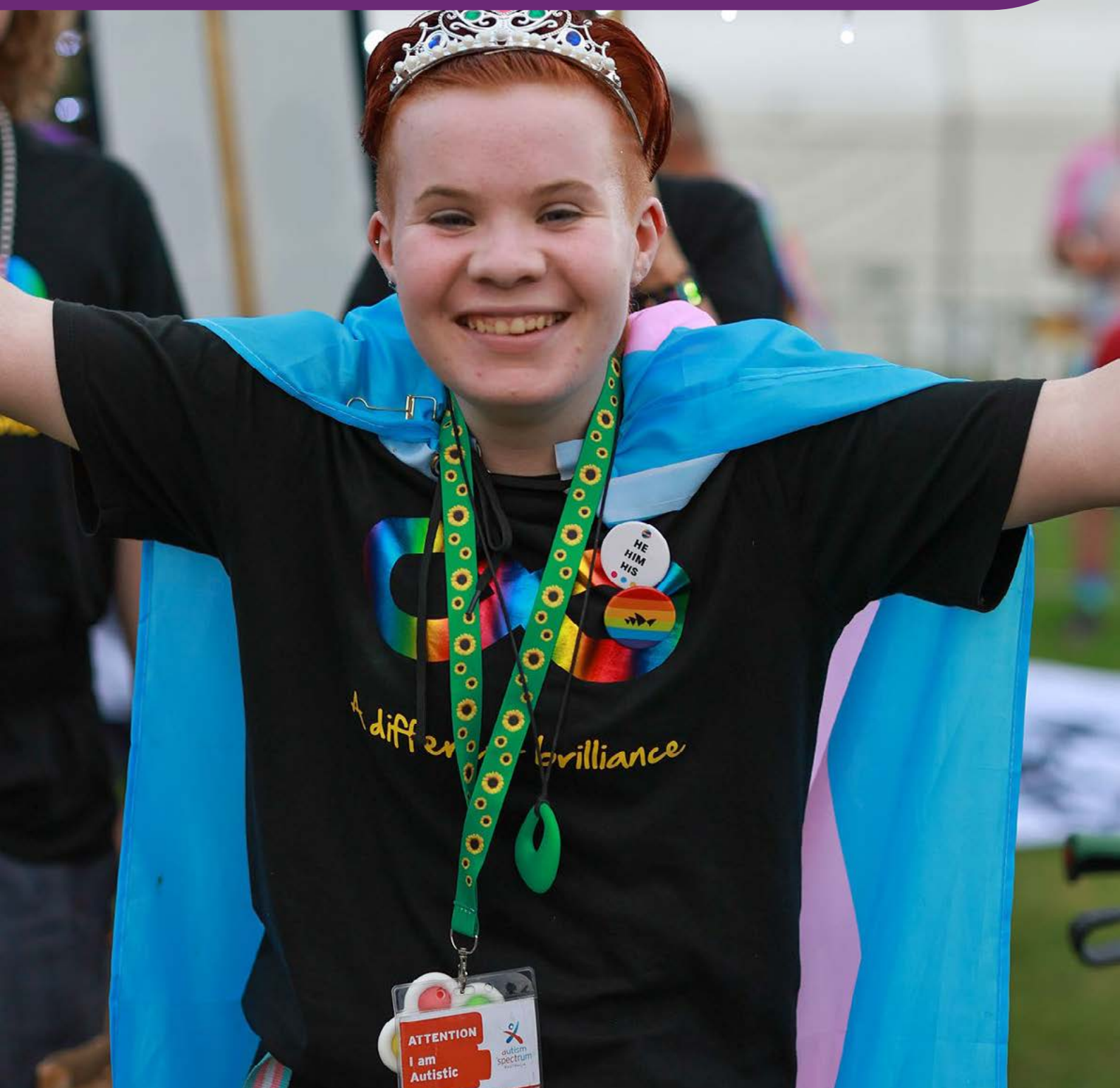


NDIS Quarterly report to disability ministers

31 March 2023





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Introduction

Key highlights for Quarter 3 2022/23

The National Disability Insurance Scheme (NDIS) continued to make a positive difference to participants, their families and carers in the quarter ending 31 March 2023 (Q3 2022–23).

The most recent participant outcome data¹ clearly demonstrates the positive impacts being delivered by the Scheme:

- **Participation in community and social activities** has **increased by seven percentage points** from **35%** to **42%** for all Scheme participants aged 15 years and older.
- **Participation in work (percentage in a paid job)** has **increased by twelve percentage points** from **9%** to **21%** for participants aged 15 to 24 with autism.
- **Participation in work (percentage in a paid job)** has **increased by nine percentage points** from **11%** to **20%** for those aged 15 to 24 for participants with an intellectual disability
- **The percentage of parents and carers in a paid job** for participants who have been in the Scheme for at least two years has **increased by six percentage points**² from **46%** to **51%** for parents/carers of participants aged 0 to 14 years.
- **Positive perceptions of whether the NDIS has helped with choice and control** has **increased ten percentage points** from **67%** to **77%** for participants aged 15 years and older.

¹ <https://data.ndis.gov.au/reports-and-analyses/participant-dashboards>

² The difference is calculated from unrounded metrics.

Scheme financial experience

Since 30 June 2022, payments for participant supports, plan budgets and the number of participants entering the Scheme are above AFSR expectations.

Scheme financial experience is monitored against expectations outlined in the 2021–22 Annual Financial Sustainability Report (AFSR)³. The ASFR was published by the NDIA in November 2022. Since 30 June 2022, payments for participant supports, plan budgets and participant numbers have continued to increase and are above AFSR expectations in the three quarters to date for 2022–23.

Total Scheme expenses for the 9 months to 31 March 2023 were \$25.7bn (on an accrual basis) or 2.8 per cent higher than the estimate from the 2021–22 AFSR of \$25.0bn. There are several drivers of this experience:

More participants in the Scheme

- **More participants in the Scheme** – the total number of Scheme participants at 31 March 2023 was 592,059, which is approximately 13,800 (2.4 per cent) higher than the AFSR expectations.
- **Higher participant plan budgets** – for the 9 months to 31 March 2023, total growth in plan budgets for participants already in the Scheme was 19.5% per annum. Around 6.4% per annum of the total can be attributed to the combined effects of indexation, following the 2021–22 Annual Pricing Review⁴. The remaining 13.1% per annum growth is over and above indexation and pricing impacts.
- **More participants accessing Supported Independent Living (SIL) support** – since June 2022, the number of participants with SIL supports has increased from 26,950 to 31,368 or by 4,418, higher than the expected. On average, participants with SIL supports have higher plan budgets and payments compared with other participants.

The NDIA continues to examine available data to understand the drivers behind the variance from the ASFR. Key insights include:

- Additional children with developmental delay and autism entering the Scheme since June 2022 than expected.
- Plan budgets have increased across most participant cohorts when considering age, primary disability, geography, and whether or not the participant is receiving Supported Independent Living supports. This level of increase exceeds the allowance for additional growth in the AFSR.

³ <https://www.ndis.gov.au/about-us/publications/annual-financial-sustainability-reports>

⁴ This increase reflects changes in the NDIS Disability Support Worker Cost Model including changes the minimum wages specified in the SCHADS Industry Award following the Fair Work Commission's Annual Wage Review and the change in the Superannuation Guarantee Charge.

Co-design and engagement

The NDIA wants to listen and learn from participants and the disability community to improve the NDIS.

People with disability are the experts in their own lives, including how the NDIS benefits them. That is why the NDIA is committed to listening and learning from participants across all backgrounds, and the broader disability community to improve the NDIS through a best practice co-design approach.

Co-design Advisory Group

The Co-design Advisory Group provides strategic oversight and guidance for the NDIA co-design approach. This group comprises of the Independent Advisory Council (IAC), Disability Representative and Carer Organisations (DRCO) and Government representatives.

This quarter, the Co-design Advisory Group has continued to provide valuable input into the NDIA's co-design approach, including meeting with NDIA DCEO Corri McKenzie to advise how the NDIA can further elevate the role of co-design across the NDIA as well as providing input into the NDIA's guiding principles for co-design policy.

In January 2023, the Minister for the NDIS, the Hon Bill Shorten MP announced \$1.4m in funding to be provided to DRCOs to support co-design activities – further reinforcing the commitment to engage with the disability community.

DRCO Forum

In the February 2023 DRCO Forum, both the NDIA's CEO Rebecca Falkingham and DCEO Corri McKenzie facilitated the discussion and expectation around improving how the NDIA works with the disability community to promote improved outcomes for participants. The DRCO and the NDIA have agreed to work together on a revised structure and governance approach to the forum for discussion at the next meeting.

Priority co-design projects

The NDIA continues to work closely with people with disability and the broader disability community on these six priority co-design projects:

- Information Gathering for Access and Planning
- Home and Living
- Participant Safeguarding
- Supported Decision Making
- CALD Strategy
- First Nations Strategy

Further information on the NDIA's co-design approach, including details on each of the priority co-design projects is included in Section 6.2.

Improving the participant experience

The NDIA continues to improve processes to empower participants and their experience.

In this quarter, the NDIA has been improving the experience of participants across the external review process, home and living supports, developing a strategy for First Nations people with disability and promoting continuity of supports.

NDIS appeals

The NDIA has reduced the number of participants waiting for an external review of an NDIA decision at the Administrative Appeals Tribunal (AAT).

Since June 2022, the NDIA has implemented an alternative resolution process that has reduced the number of legacy cases and also reduced the number of new cases heading to the AAT. Since implementing these improvements:

- **4,401** NDIS cases have been resolved at the AAT
- Overall caseload has reduced **27%** since May 2022 (to 3,280)
- **70%** of the 4,501 legacy cases waiting to be heard by the AAT by May 2022 have now been resolved⁵.

Independent Expert Review (IER)

To reduce the number of cases being referred to the AAT, the NDIA has introduced a pilot IER program. This involves a disability expert independent of the NDIA to review an individual case and provide a recommendation to the NDIA.

The IER is a free, voluntary and confidential process that will be conducted within the current legislative requirements of the NDIS legislation.

An Oversight Committee, led by Graeme Innes AM and comprising a range of disability and advocacy sectors who bring their own lived experience, is monitoring the IER trial.

Home and Living demonstration project grants

The NDIA has invited organisations to apply for grants to deliver innovative projects that empower participants to explore and understand home and living opportunities through:

- Testing and evaluating different models for providing participants with high quality information, assistance and connections.
- Support participants to exercise improved choice and control and achieve greater independence.
- Provide accessible information and assistance to participants.

⁵ <https://www.ndis.gov.au/news/8935-media-release-minister-ndis-case-numbers-slashed>

First Peoples Disability Network and NDIA partnership

The NDIA is partnering with the First Peoples Disability Network (FPDN) to co-design a new First Nations Strategy and action plan⁶. FPDN is a national organisation representing and includes First Nations Australians with disability, their families and communities. The NDIA will partner with the FPDN to ensure the First Nations strategy and action plan is:

- culturally appropriate
- promotes self advocacy
- provides value and can be measured
- reflects the goals and hopes of First Nations people with disability.

Together with FPDN, the NDIA has established a First Nations Advisory Council (FNAC) to provide information and strategic direction to improving the NDIS. FNAC members are First Nations people who have lived experience of disability and understand the issues and unique challenges their communities face.

Improved Hospital Discharge

The Australian Government and the NDIA are committed to improving the safe and timely discharge of NDIS participants from hospital. It is our firm commitment that once medically ready, NDIS participants should be supported to discharge safely as soon as possible. The NDIA has already implemented a range of operational improvements to reduce discharge delays and is looking to further develop our Hospital Discharge Case Management System with notable developments including:

- Improving data quality controls and monitoring, and further integrating Hospital Discharge processes into the core Access and Planning workflow of the NDIA.
- More data and digital integration with Hospitals allowing more timely collaboration on cases and removing reliance on manual check-ins.

During the quarter, the performance on two key performance metrics was as follows:

- The NDIA Target of contacting NDIS participants within 4 days of the NDIA being notified remains high at **89%** for the March 2023 quarter, this compares to **87%** in the December 2022 quarter.
- The average days between a NDIS participant being medically ready for discharge and being discharged was **30 days** for the March 2023 quarter, this has reduced from **33 days** in the December 2022 quarter⁷.

Improving plan approval timelines is a key focus moving forward and requires cooperation between State and Territory health systems and the NDIA to ensure the best outcomes for participants. The NDIA is also working with hospitals to hear first-hand the issues impacting hospital discharge, so we can work together with hospitals to resolve these issues.

⁶ <https://www.ndis.gov.au/about-us/strategies/first-nations-strategy>

⁷ As at 31 March 2023 there were 931 participants (excluding long term mental health admissions) in hospital who were medically ready and awaiting discharge according to records held by the NDIA.

Scheme Governance

New Board Appointments

In March 2023, the Minister for the NDIS, The Hon. Bill Shorten announced the appointment of two new members to the NDIA Board, including a First Nations appointee. The new Board members are Ms Joan McKenna Kerr from Western Australia and Dr Richard Fejo from the Northern Territory.

Ms McKenna Kerr has devoted more than 25 years working in the disability sector. She was a member of the NDIS Independent Advisory Council and was a member of the Commonwealth NDIS Advisory Group reporting to the Council of Australian Governments (COAG) Select Council of Ministers and Treasurers.

Dr Fejo is from the Larrakia nation in the Northern Territory and is a person with a disability. He holds an Honorary Doctorate from Flinders University and currently serves as the Chair of the Darwin Waterfront Corporation and Chair of the Australia Day Council NT, is a Senior Elder at Flinders University and sits on the International Relations Committee for the City of Darwin.

Dr Fejo's appointment takes takes the number of people with a disability on the board to six out of 12 – the highest representation in the agency's history. The Board appointments were made with close consultation and unanimous support of the state and territory Disability Ministers, ensuring the nominees met the requisite skills, experience and knowledge. The new Board members will serve a term of three years.

Ministerial Announcements

In April 2023, the Minister for the NDIS outlined a range of challenges facing the NDIS and the opportunity to work with the disability community to deliver better outcomes for people with disability and in the process, help secure the ongoing sustainability of the Scheme.

While the Independent Review of the NDIS (NDIS Review) is continuing, he outlined six-policy directions for immediate action, which the NDIA has already commenced:

1. Investment in the NDIA workforce
2. Long-term planning
3. Addressing spiralling expenses
4. Better outcomes from Supported Independent Living (SIL)
5. Eliminating unethical practices
6. Increasing community and mainstream supports

To support the delivery of the Minister's priorities, the Commonwealth Government will invest more than \$720 million over 4 years from 2023-24 to lift the NDIA's capability, capacity and systems to better support participants.

This investment will go towards 10 key measures developed with the NDIA Board, in consultation with the NDIS Review co-chairs. These include:

1. Investing in improved planner capability for participants with specialised needs.
2. Reducing the frequency of plan reviews where appropriate.
3. Improving the lifetime planning approach to ensure plans are transparent and flexible.
4. Better supporting participants to manage their plan.
5. Partner with communities to improve access to supports in remote and First Nations communities.
6. Work with participants and providers to increase incentives to innovate service delivery.
7. Establish an expert advisory panel to make it easier for participants to access proven evidence-based assistive technology and other supports.
8. Implement preferred provider arrangements.
9. Strengthen guidelines for planners and providing clear minimum standards of evidence for assistance with daily living.
10. Cracking down on fraud and non-compliance, as well as developing a business case for a new system to detect, prevent and reduce non-compliant payments.

National Cabinet has also agreed to an 8 per cent NDIS growth target by 2026 to moderate the growth of the Scheme.

The NDIA is committed to increasing the predictability of NDIS costs and to ensure the best outcomes for people with disability.

This will be done in partnership with the disability community through the development of a comprehensive co-design program, with work already progressing with the Independent Advisory Council (IAC), the Co-design Advisory Group (CAG) and Disability Representatives and Carers Organisations (DRCO).

The co-design program will be centred on amplifying the voice of people with disability – to ensure we get reforms right.

The NDIA welcomes the ongoing investment by Government and the ongoing collaboration with key stakeholders, especially the disability community. The NDIA remains committed to empowering participants to achieve greater outcomes.

This report

This report is an overview of the performance and operations of the NDIA for the three months from 1 January 2023 to 31 March 2023.

The NDIA is committed to ensuring all data around NDIA performance and participant outcomes remains accessible and easy to understand by different audiences.

Analysis and key insights are presented in this report, with detailed supplementary tables included in the appendices. The national results are contained in Appendix E, followed by individual appendices for each State and Territory (Appendices F–M).



WorldPride a parade of inclusion and solidarity for Aspen



For Sydney teenager **Aspen**, two paths connecting to share a message of solidarity and pride with the world is a march worth making.

Aspen – who identifies as queer, is autistic and has 22.q13.32 duplication – will proudly be on Autism Spectrum Australia’s (Aspect) float at Sydney’s WorldPride and Mardi Gras parade.

As a neurodiversity, disability, and LGBTQIA+ advocate, Aspen said helping to shine a spotlight on disability and pride would be an opportunity not to be missed. “Being autistic and queer, there’s a lot of intersections between our communities. A lot of autistic people identify as queer or trans, so, being in the float, really sends a message of inclusion,” Aspen said.

This year marks a third parade for the NDIS participant, who used his funding for a mobility aid last year to help him take part.

After making the decision to leave school, Aspen has been doing advocacy work within the autistic and queer communities for the last two years. “It really picked up last year. I write lots of articles and also work with Aspect Australia and with Twenty10, which is the queer youth service of New South Wales. I’m part of their queer leadership team,” Aspen said.

Aspen uses sensory aids such as noise cancelling headphones and fidget toys to support his sensory needs and emotional regulation.

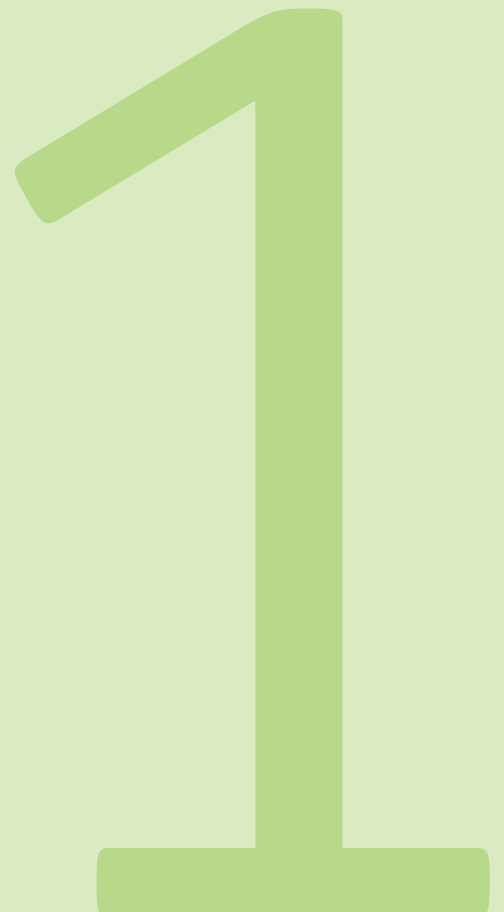
Living with chronic illnesses and 22.q13.32 duplication, which causes a range of issues including persistent pain and an unstable heart rate, Aspen uses a wheelchair part time, as well as other mobility aids.

Aspen said becoming an NDIS participant in 2021 had allowed him to thrive in work and beyond.

“You don’t have to fit into any set label or group, you can be or do whatever you want to be,” Aspen said.

Section one:

Participants and their plans





More than 590,000 participants are receiving support from the NDIS.

1.1 Number of participants in the Scheme

At 31 March 2023, 592,059 participants had an NDIS plan, and 21,179 participants entered the Scheme during the quarter.

At March 2023, 592,059 participants had approved plans.⁸ This represents a four per cent increase from last quarter (an increase of 21,179 participants since December).

Figure 1: Active participants with approved plans and percentage increase over time

	2013 -14	2014 -15	2015 -16	2016 -17	2017 -18	2018 -19	2019 -20	2020 -21	2021 -22	2022-23 to date
Active participants	7,285	17,155	29,719	89,610	172,333	286,015	391,999	466,619	534,655	592,059
Yearly increase ⁹		9,870	12,564	59,891	82,723	113,682	105,984	74,620	68,036	57,404
% increase in active participants		135%	73%	202%	92%	66%	37%	19%	15%	11%

⁸ 38,364 participants with approved plans have left the NDIS in the period between 1 July 2013 and 31 March 2023.

⁹ This is the net increase in the number of active participants in the NDIS each period noting some participants have left the NDIS.

1.2 Children in the NDIS (younger than 7)

At 31 March 2023, there were 95,773 children younger than 7 with an NDIS plan, and a further 13,081 accessing early connections.

Of the 592,059 participants with an approved plan at 31 March 2023, 95,773 were children younger than 7 (16 per cent), and of the 21,179 new participants with an approved plan this quarter, 9,983 were children younger than 7 (47 per cent). The number of children entering the Scheme aged less than 18 years is also high.

In addition to the 95,773 children younger than 7 with an approved plan:

- **4,077** children had met the access criteria under Section 24 of the NDIS Act (Permanent Disability) or Section 25 of the NDIS Act (Early Intervention) and were waiting for an approved plan.
- **4,370** were awaiting an access decision from the NDIA (of which **2,932 (67%)** were accessing early connections from the early childhood approach).
- **13,573** children were supported by the early childhood approach (of which **13,081 (96%)** were accessing early connections). Not all children need to make an access request to the NDIA because some will receive early connections, along with support from mainstream and community services.

Throughout the quarter, the Agency continued to focus on improving access to supports for children and families in remote and very remote areas. This effort contributed to 151 children meeting access criteria to join the NDIS, of which 88 identified as First Nations families. Of the 95,773 children aged younger than 7 with an approved plan as at 31 March 2023, 1,319 were children in remote and very remote areas.

The NDIA is making progress on implementing the Early Childhood Early Intervention (ECEI) Reset recommendations. This program of work is scheduled to be completed by the end of 2023. The NDIA has recently established a Children's Taskforce to accelerate improvements to the early childhood approach working in coordinated progression with the NDIS Review.

1.3 Participation rates

The number of NDIS participants as a proportion of the Australian population peaks between the ages of 5 and 7, with approximately eleven per cent of 5 to 7 year old males and five per cent of 5 to 7 year old females being NDIS participants.

Participation rate refers to the proportion of the Australian population who are NDIS participants. The rate varies by age and gender, reflecting the prevalence of different disability types.

Overall, the rate of participation in the NDIS rises steeply from birth, peaking at roughly eight per cent between the ages of 5 and 7.

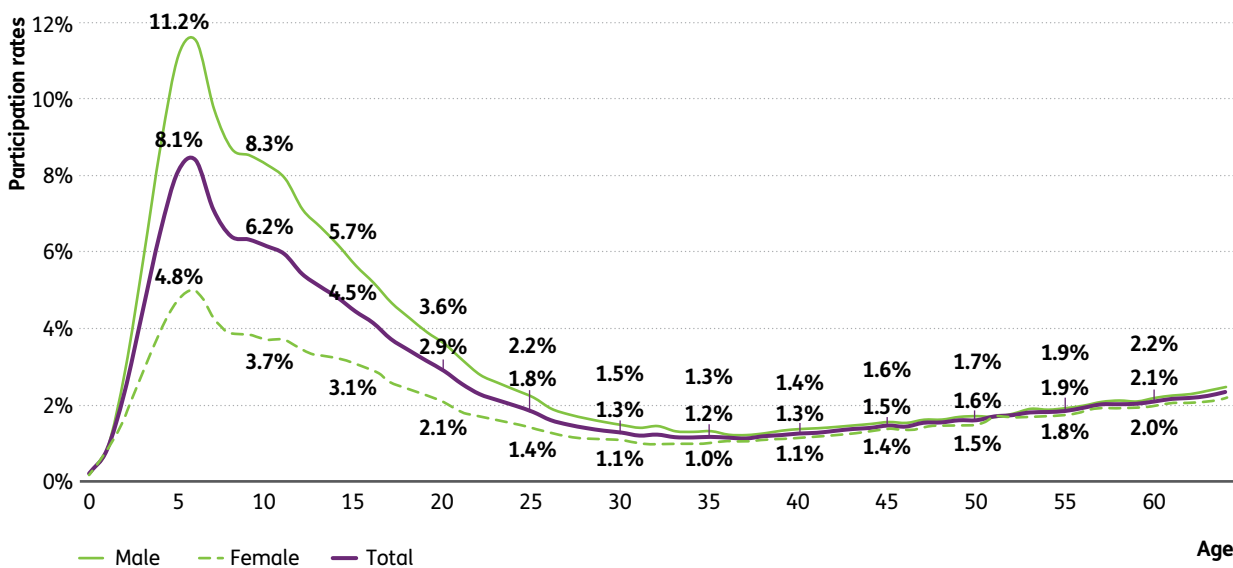
The rate then declines steadily to around one per cent at age 35, before rising gradually to two per cent by age 64. The shape of these participation rates reflects the age and disability profile of participants in the Scheme, with over half of all NDIS participants aged 18 or under.

Participation rates for males and females differ considerably at younger ages. At the peak, between the ages of 5 and 7, the participation rate for males (eleven per cent) is more than double that of females (five per cent). Between ages 3 and 14, participation rates average eight per cent for males and four per cent for females.

Much of the difference in participation rates by gender can be explained by disability type. For NDIS participants aged 18 or under, the most prevalent disability types are autism (54 per cent) and developmental delay (21 per cent). Both disability types have higher prevalence in males than females. Psychosocial disability and Intellectual disability are a high proportion of the remaining disability types.

In this quarter, population estimates were adjusted to reflect updated views of Australia’s current and future population growth.¹⁰ This population update resulted in an increase to participation rates, with the greatest change seen between the ages of 0 and 6, where participation rates increased by 0.3 percentage points. Excluding the effects of the population update, participation rates are slightly higher than last quarter’s results, increasing by between 0.1 to 0.3 percentage points for each age shown.

Figure 2: Participation rates¹¹



The participation rates by age and gender in each service district are shown in Appendix O.

¹⁰ Based on 'Regional population by age and sex' (reference period 2021) from the Australian Bureau of Statistics, and the '2022 Population Statement' from the Centre for Population.

¹¹ There were 7,164 participants aged 0 to 64 years with a gender of 'Other' at 31 March 2023. The participation rates for this group are included within the total rates.

1.4 Participant characteristics

The NDIA continues to monitor the number of participants entering the NDIS who identify as First Nations Australians, CALD, and participants who are from remote and very remote areas.

Of the 21,179 participants entering and receiving a plan in the quarter:

- **9.9%** were **First Nations people**¹²
- **9.2%** were **CALD**¹³
- **1.6%** were from **remote and very remote areas**¹⁴

The NDIA is continuing to co-design and develop the CALD Strategy refresh and a new First Nations Strategy.¹⁵ An update on each of these co-design projects is included in section 6.2 of this report.

Remote and Very Remote

The NDIA is undertaking a review of the Remote and Very Remote Strategy to better understand the existing activities, priorities and challenges, and the NDIA will focus on improvements to address the gaps and challenges identified. The NDIS Review is examining service delivery, and this will inform the long-term strategy.

¹² This compares to 8 per cent of the Australian population identifying as First Nations Peoples who have a need for assistance.

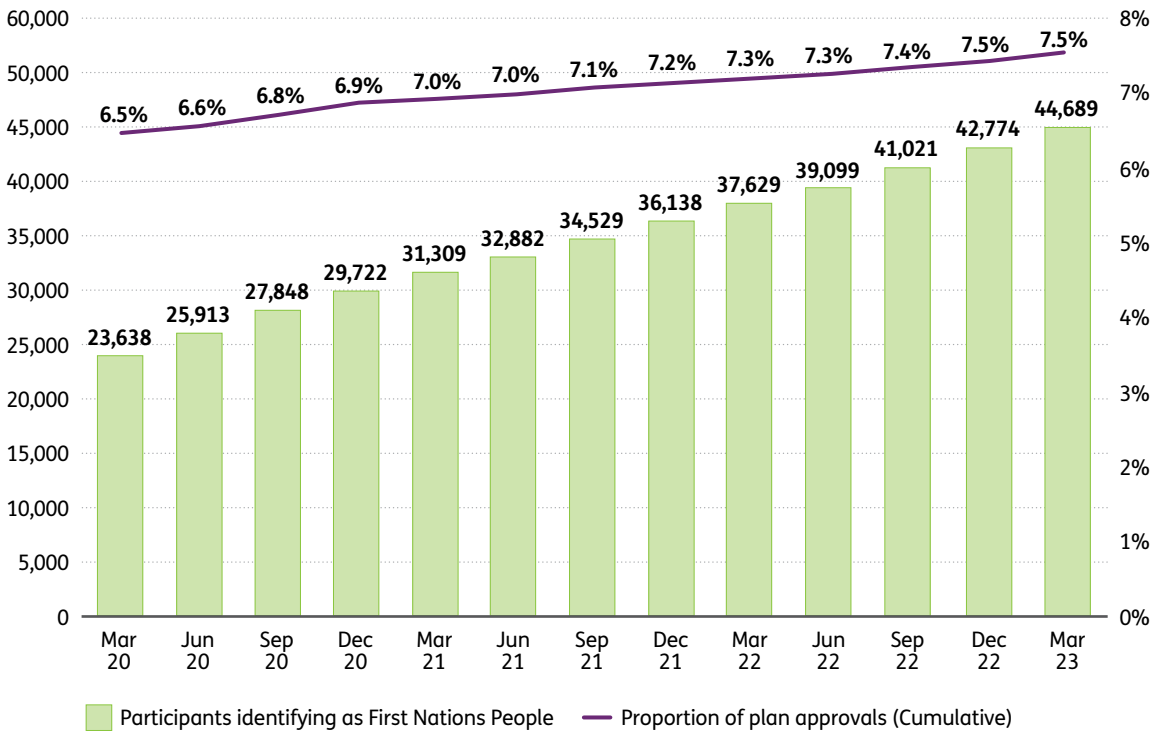
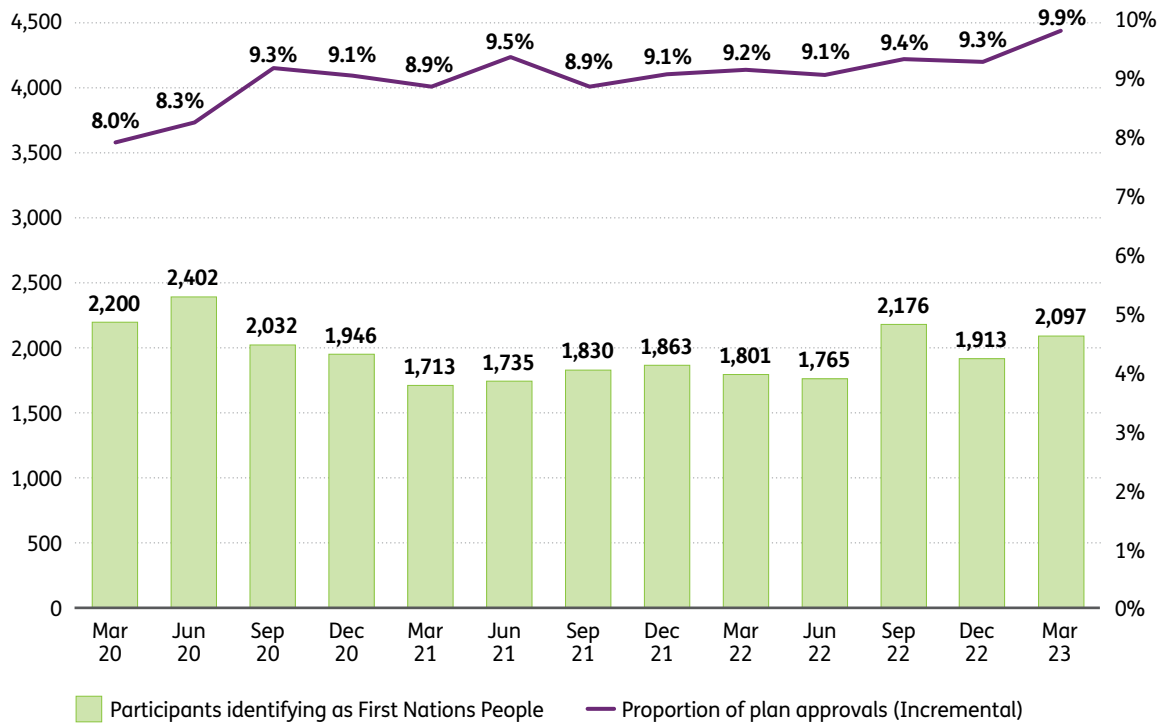
Source: Census of Population and Housing 2021 ("Need for Assistance" variable), Persons Place of Usual Residence, by Indigenous Status.

¹³ The percentage of CALD participants excludes participants who identify as First Nations Peoples. Further, the NDIA published extra analysis on CALD participants in the September 2021 quarterly report (<https://www.ndis.gov.au/about-us/publications/quarterly-reports>). The analysis indicated that it is likely that CALD participants are joining the NDIS but have not been identified as CALD in the data collected, rather than a large number of CALD people with a disability not currently being in the NDIS. With the introduction of the new ICT system, the opportunity to collect improved data on participants should allow better identification of CALD participants.

¹⁴ This compares to 2 per cent of the Australian population living in remote or very remote areas. Source: Census of Population and Housing 2021, Persons Place of Usual Residence, by Remoteness Area.

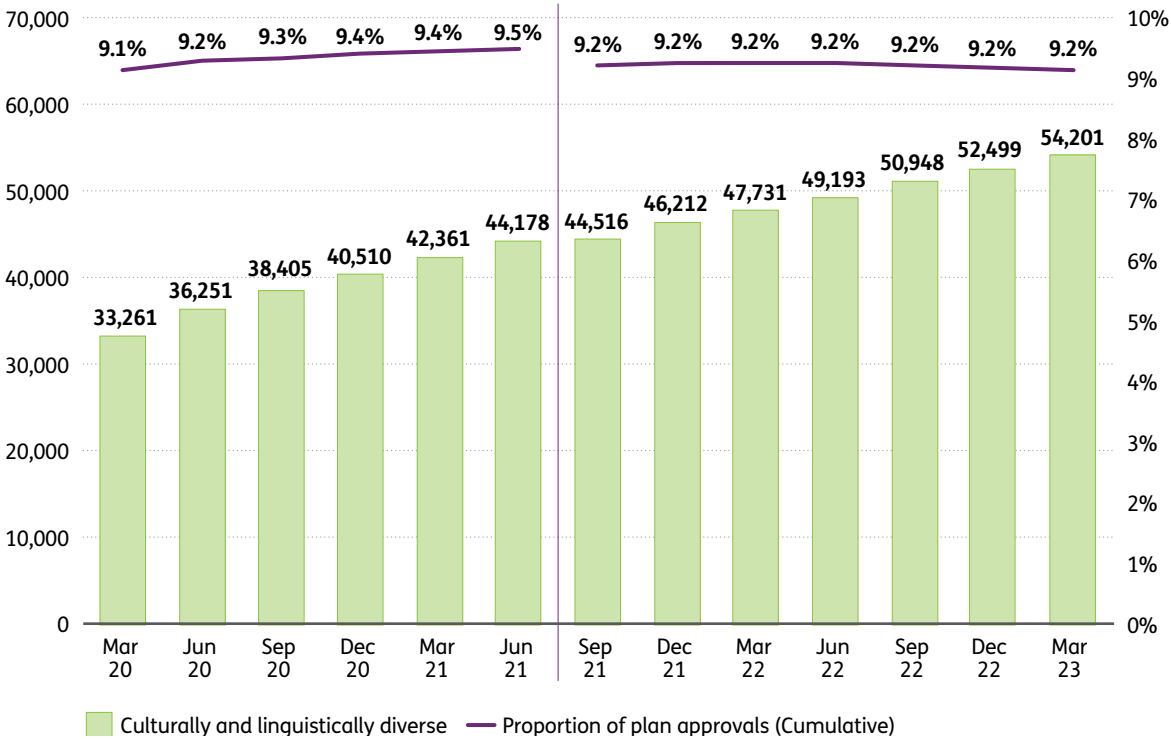
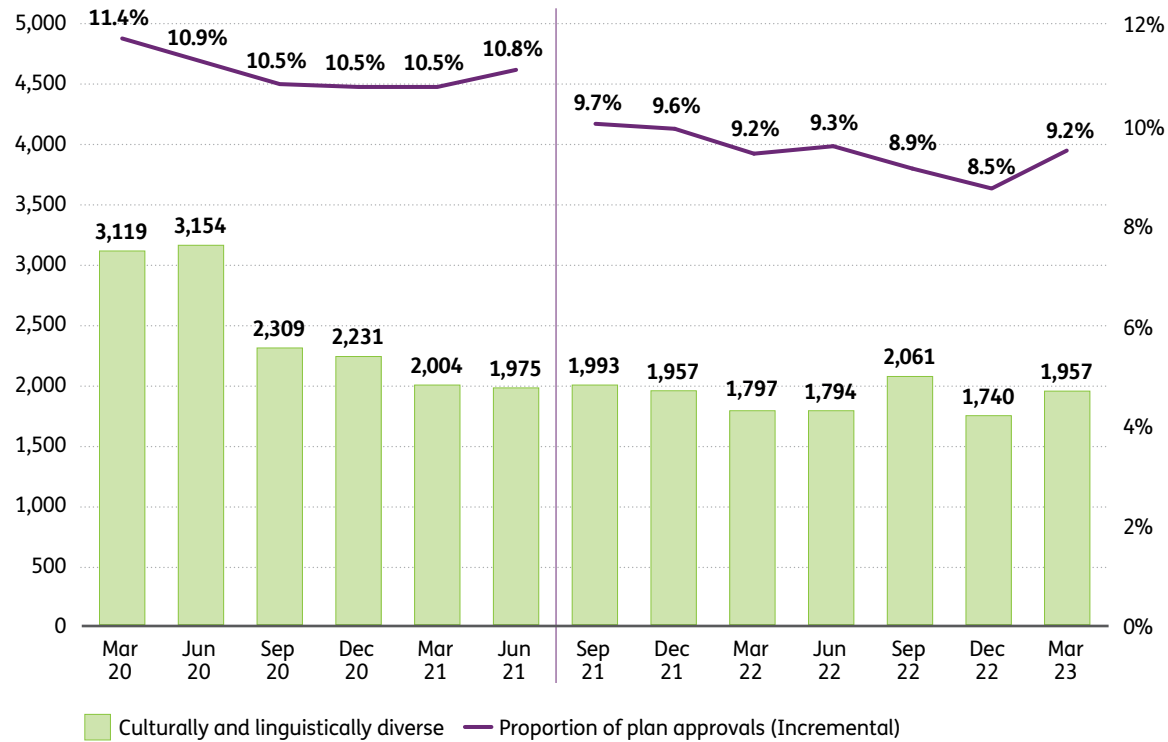
¹⁵ Further information on these strategies can be found here: <https://www.ndis.gov.au/about-us/strategies/first-nations-strategy> and <https://www.ndis.gov.au/about-us/strategies/cultural-and-linguistic-diversity-strategy>

Figure 3: Number and proportion of First Nations participants entering quarterly over time incrementally (top) and cumulatively (bottom)¹⁶



¹⁶ The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time.

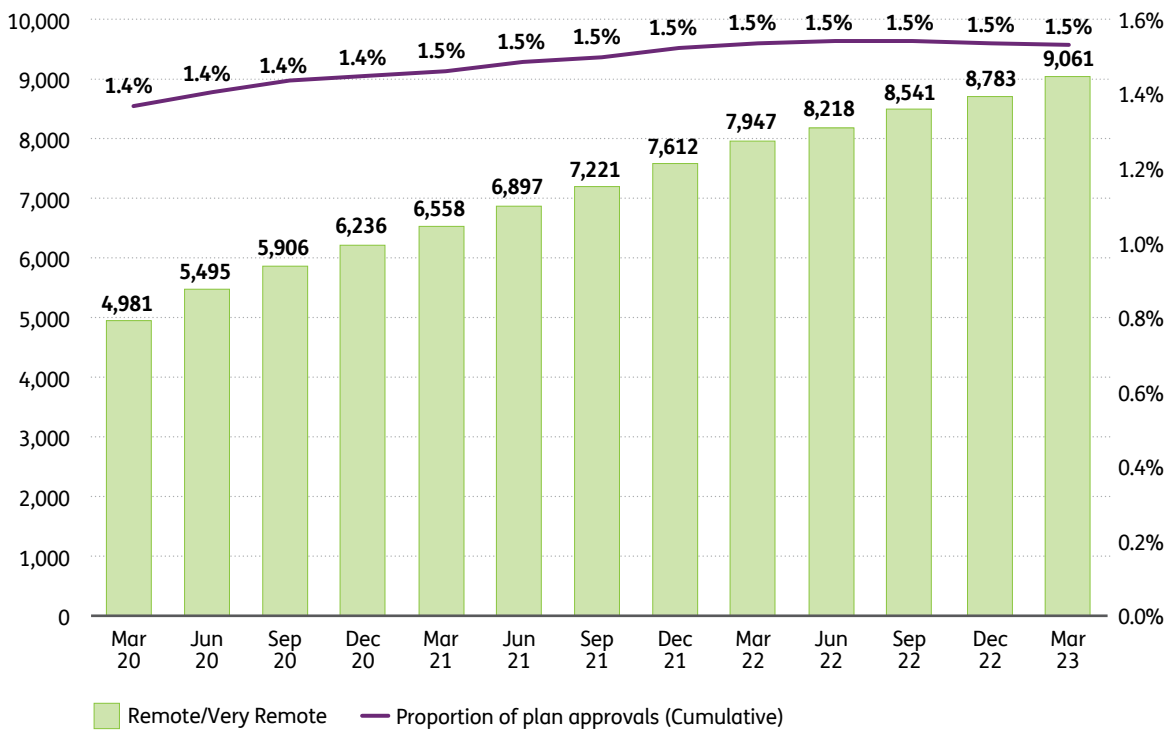
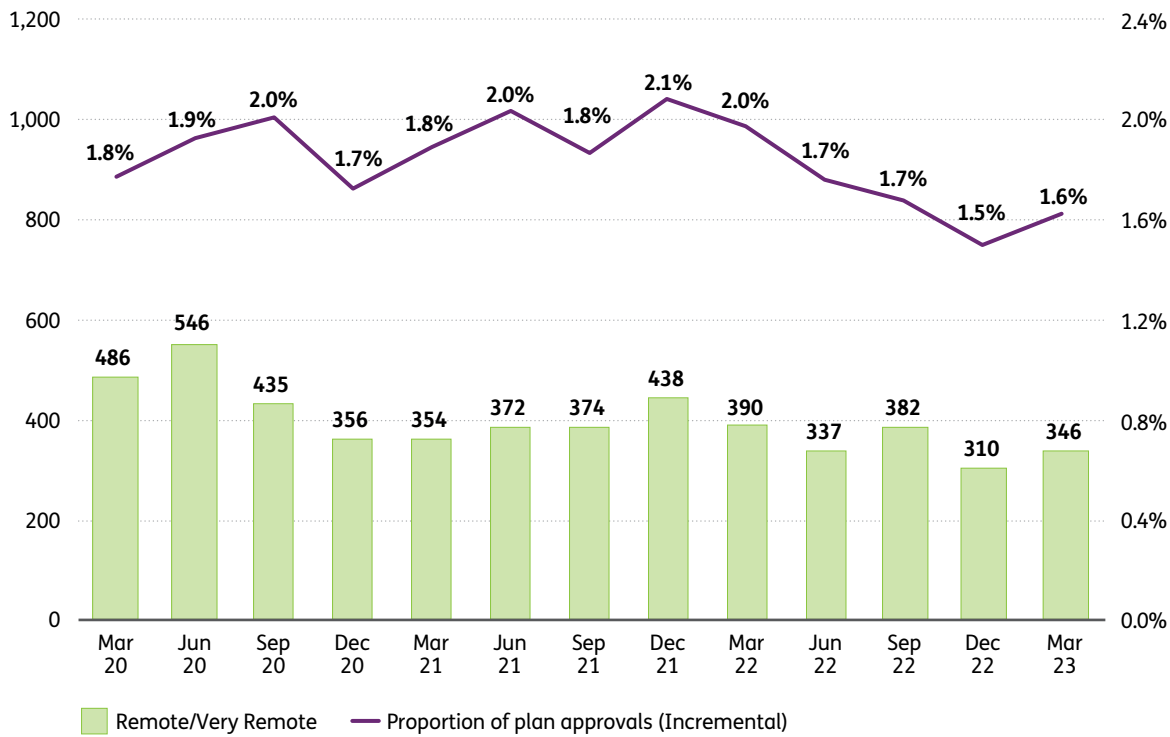
Figure 4: Number and proportion of CALD participants entering quarterly over time incrementally (top) and cumulatively (bottom)^{17,18}



17 The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time.

18 The number of CALD participants from the September 2021 quarter onwards excludes participants who identify as First Nations Peoples. In previous reports, First Nations Peoples participants were included if their main language spoken at home was not English. This has resulted in a “break” in the time series, meaning the results prior to the September 2021 quarter are not directly comparable to the results since.

Figure 5: Number and proportion of remote/very remote participants entering quarterly over time incrementally (top) and cumulatively (bottom)¹⁹



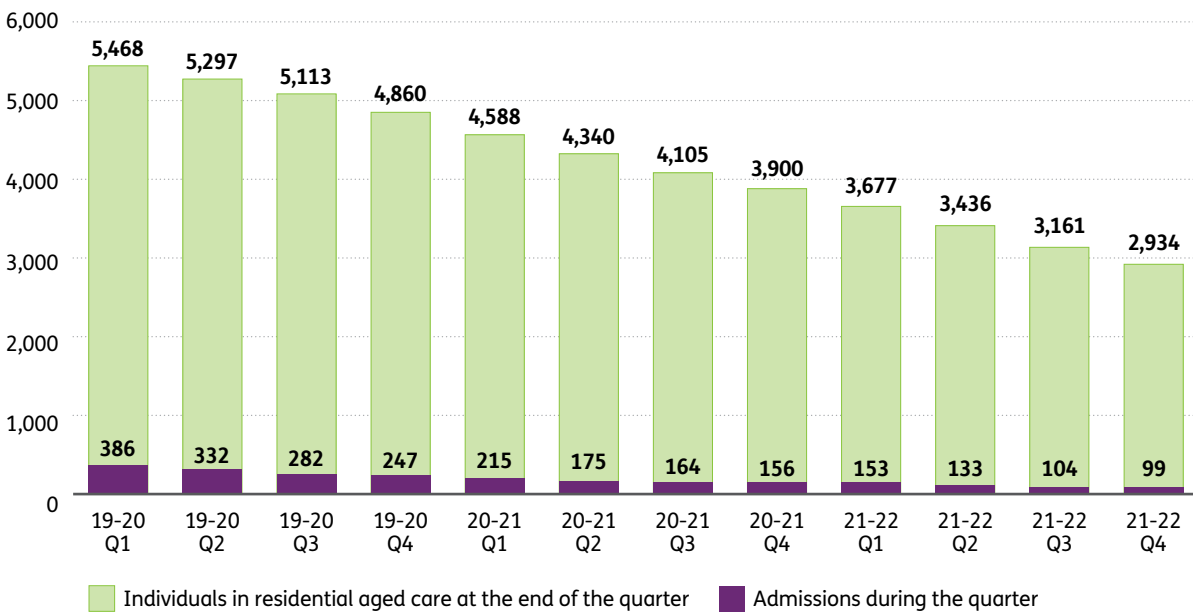
¹⁹ The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time.

Younger People in Residential Aged Care (YPIRAC)

The number of people in residential aged care under the age of 65 years, including those who are not participants of the Scheme, has decreased in recent quarters from 5,468 at 30 September 2019 to 2,934 at 30 June 2022 (a 46 per cent decrease).

Also, fewer people under the age of 65 years are entering residential aged care – 386 people under the age of 65 years entered in the September 2019 quarter, compared with 99 in the June 2022 quarter (a 74 per cent decrease).

Figure 6: Number of individuals in residential aged care and admissions to residential aged care (aged under 65 years), by quarter²⁰



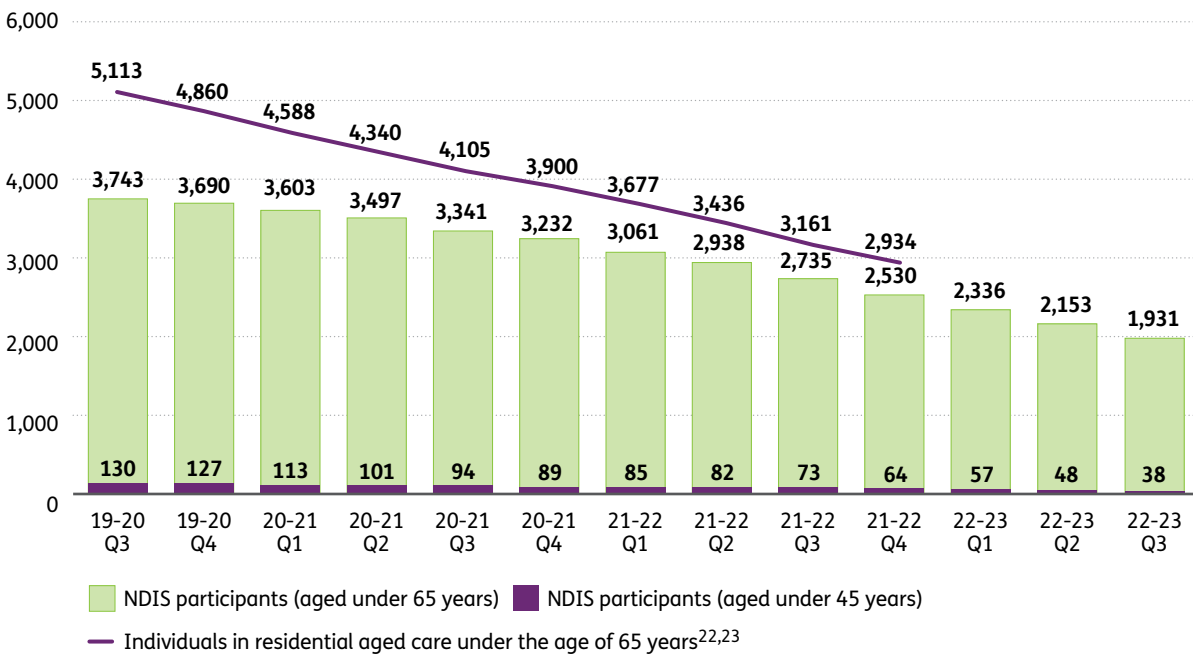
²⁰ This data is current as at 30 June 2022. As at the time of writing, currency updates were delayed following the release of a new residential aged care payment system and this is anticipated to be available from 1 July 2023.

Section one: Participants and their plans

At 31 March 2023, there were 1,931 participants aged under 65 years in residential aged care with an NDIS approved plan, including 38 who were aged under 45 years (2.0 per cent).

In addition to fewer participants entering residential aged care, since 1 July 2016, 1,001 participants have left residential aged care and are now in a more appropriate accommodation setting.

Figure 7: Number of NDIS participants in residential aged care (under 65 and under 45), and total number of individuals under age 65 in residential aged care²¹



²¹ Represents the number of NDIS participants in residential aged care as per data available on respective quarter-ends.

²² Data provided by the Department of Health and Aged Care as at 30 June 2022.

²³ The data is current as at 30 June 2022. As at the time of writing, currency updates were delayed following the release of a new residential aged care payment system but this is anticipated to be available from 1 July 2023.

The YPIRAC Targets

The Australian Government is committed to achieving the YPIRAC targets which seek to ensure that, apart from where there are exceptional circumstances, there are no people under the age of 65 living in residential aged care by 2025.

The Joint Agency Taskforce (JATF) between the Department of Social Services (DSS), Department of Health and Aged Care (DoHAC) and the NDIA, focuses on younger people under the age of 65 living in, or at risk of entering residential aged care.

Younger participants are supported to move into age-appropriate accommodation where they have a goal to do so.

From 1 April 2022 to 31 March 2023, 232 participants have transitioned from residential aged care into age-appropriate settings. This includes 19 who have left to their own home (rented or owned), 72 who have exited to SDA, three who have left to medium term accommodation, one who moved into an Individualised Living Option (ILO), and 131 who have left to other shared living arrangements using SIL funding or to other group residential settings.²⁴

Supporting younger people living in residential aged care

The NDIA's specialist YPIRAC Planners and Accommodation teams continue to provide intensive, proactive, and individualised support to source age-appropriate accommodation and services for NDIS participants under the age of 65 who are currently living in, or at risk of entering, residential aged care.

As at 31 March 2023, 513 younger people in residential aged care have a goal to leave residential aged care, including 17 under the age of 45.

A younger person may choose to remain in residential care for various reasons, including its location, their personal relationships and that the person is happy and secure in their environment. The NDIA also continues to engage with NDIS participants who do not have a current goal to leave residential aged care to make sure they are aware of the home and living options available to them. The NDIA is collaborating with DoHAC-funded System Coordinators to prioritise discussions about alternative accommodation options with NDIS participants under the age of 45.

As at 31 March 2023, there were 1,418 NDIS participants under the age of 65 without a current goal to leave residential aged care. The NDIA is working to gain better understanding about the barriers to exit for participants and their supporters that do not have a current goal to move from residential aged care.

²⁴ There are a further 6 participants in other accommodation settings.



Isaiah proves disability is no barrier to securing work



After volunteering to work at a local café, **Isaiah** has proven how competent, dedicated, and charismatic he is, landing himself two paid four-hour shifts a week.

Excited with the outcome, the 18-year-old, who has an intellectual disability and autism, said he loves working at Hervey Bay's Sea Breeze Café and he's never missed a shift.

One of his highlights is when his employers, Shami Sivan and Sneha Patil, let him experiment with milkshake flavours.

"I'm good at making milkshakes," he said proudly. "I always have new ideas for flavours, and I like getting to name them. I like combining two flavours to make one".

Mum Katrina said her son did have some hospitality skills prior to securing his job. "Isaiah worked at his school's café on Fridays. He learnt how to make coffees, milkshakes, and how to serve customers. That's where it all started and he really enjoyed it," she said.

"When Isaiah left school, his NDIS support coordinator, Matthew Breen from Fraser Coast Support Coordination, linked us with Kelsey Deans, a Busy At Work employment support planner here in Hervey Bay.

"Kelsey has just been wonderful. She worked with us to learn all about Isaiah – his skills, likes and dislikes and what work environment we thought would suit him best."

"When I checked in with Shami and Sneha they were really impressed with Isaiah and how hard he was working," said Kelsey.

As for advice to other employers about hiring people with disability, Shami said, "We all have to start somewhere, so why not give people a chance. This opportunity has enabled Isaiah to become more independent, explore his abilities and contribute to his community socially and economically just like anyone else."

Section two:

Participant and family/carer outcomes





The NDIS is having a positive impact on the lives of participants, and their families and carers.

2.1 Participant outcomes summary

The 31 December 2022 disability dashboards highlighted differences between the outcomes of participants with different primary disability types. This section discusses these differences with respect to participants' participation in work and community and social activities.

The NDIA recently released the 31 December 2022 [participant disability dashboards](#)²⁵. From these dashboards, some common themes have emerged on areas where outcomes differ by participant disability type and age group.

This section compares employment as well as community and social participation outcomes for participants with a primary disability of autism, intellectual disability (not including Down syndrome) or a psychosocial disability, the three largest disability groups in the Scheme, with the Scheme as a whole. It should be noted that these one-way analyses do not control for other participant or plan characteristics.

A brief overview of these findings is provided below.

Participation in community and social activities

For participants with autism, intellectual disability or a psychosocial disability who have been in the Scheme for at least two years, their community and social participation has increased since they first entered. Specifically, comparing responses at the most recent plan reassessment (between two and six years after entry) with responses at Scheme entry^{26,27}:

- **six percentage point increase** from **33%** to **39%** for participants aged 15 years and older with autism.
- **eleven percentage point increase** from **39%** to **50%** for participants aged 15 years and older with intellectual disability.
- **four percentage point increase** from **28%** to **32%** for participants aged 15 years and older with psychosocial disability.
- **seven percentage point increase** from **35%** to **42%** for all Scheme participants aged 15 years and older.

²⁵ <https://data.ndis.gov.au/reports-and-analyses/participant-dashboards>

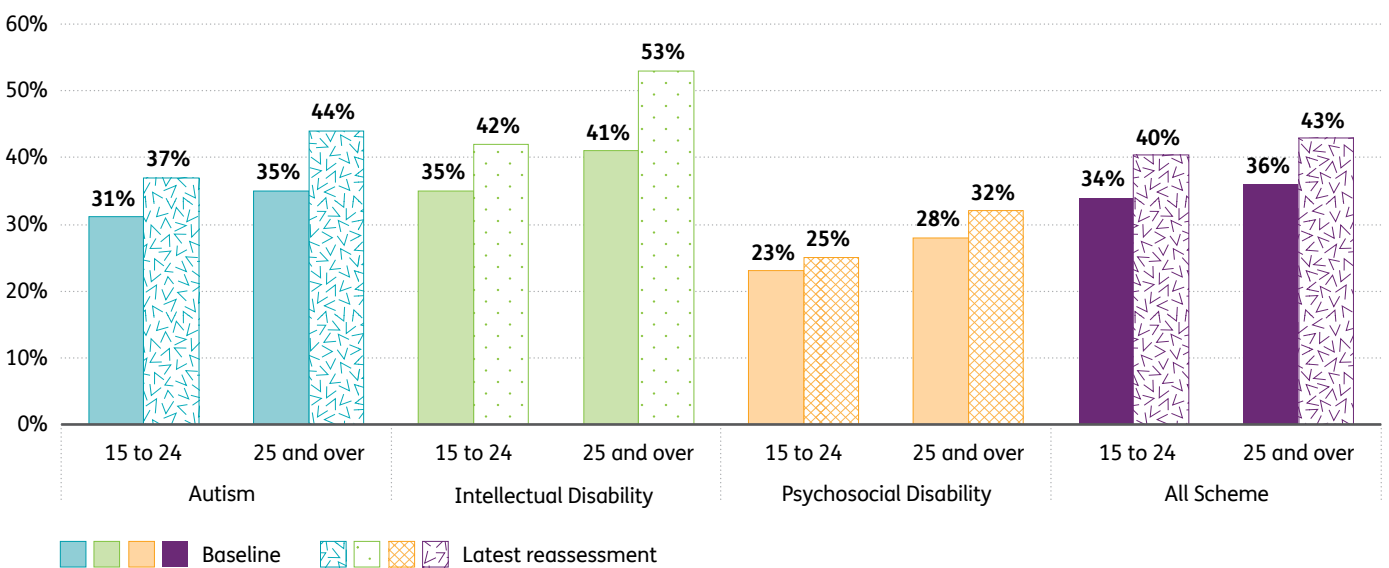
²⁶ Figures have been rounded to the nearest whole percentage.

²⁷ For the individual disability types, the difference is calculated from the rounded metrics. For the Scheme, the difference is calculated from unrounded metrics.

Participants in each of these three primary disability groups saw improvements in the percentage participating in social and community activities from baseline to latest reassessment especially for those aged 25 and over (Figure 8). For example, 53% of participants with intellectual disability aged 25 and over participated in social and community activities at the latest reassessment, compared to 41% at baseline, a 12 percentage point increase.

Participants with psychosocial disability have a lower starting point for this metric compared to the Scheme as a whole. They also show smaller improvements between baseline and latest reassessment than the Scheme overall.

Figure 8: Percentage change in the participation rate in social activities for participants with a primary disability of autism, intellectual disability or psychosocial disability, split by age groups 15 to 24 and 25+, data as at 31 December 2022



Participation in work (percentage in a paid job)

The percentage in a paid job for those in the Scheme for at least two years continues to be relatively stable overall. For the three disability types and the Scheme overall, the changes from baseline to latest reassessment are²⁸:

- **eight percentage point increase** from **15%** to **23%** for participants aged 15 to 64 with autism.
- **one percentage point increase** from **26%** to **27%** for participants aged 15 to 64 with intellectual disability.
- **one percentage point decrease** from **12%** to **11%** for participants aged 15 to 64 with psychosocial disability.
- **one percentage point increase** from **21%** to **23%** for all Scheme participants aged 15 to 64.

²⁸ For the Scheme, the difference is calculated from the unrounded metrics.

The larger improvement for participants with autism likely reflects their younger age distribution. In general and across the three disability types autism, intellectual disability and psychosocial disability:

- The percentage of participants aged 15 to 24 in paid employment has improved to a large degree from baseline to latest reassessment
- The percentage of participants aged 25 to 64 in paid employment has remained the same or decreased slightly from baseline to latest reassessment.

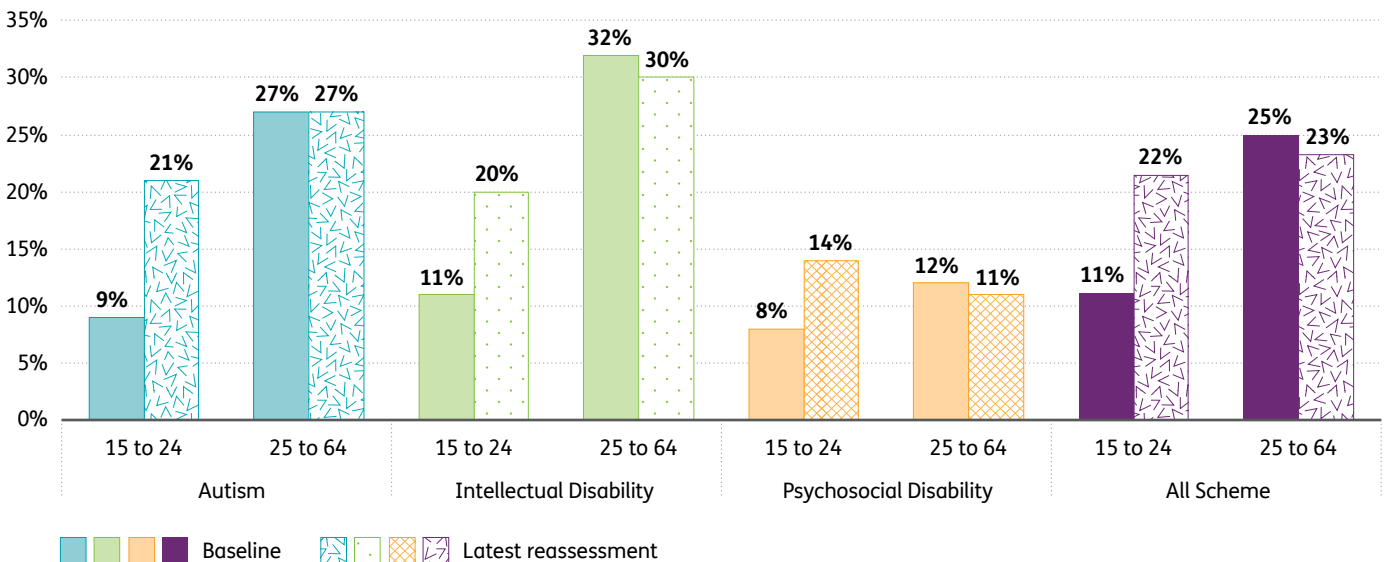
Figure 9 illustrates these results.

For example, the percentage of participants with intellectual disability in paid work:

- **Increased by nine percentage points** from **11%** to **20%** for those aged 15 to 24
- **Decreased by two percentage points** from **32%** to **30%** for those aged 25 to 64.

Also of note is the much lower starting point (compared to the whole Scheme as well as the other two disability types shown) for participants with psychosocial disability aged 25 to 64. Participants with psychosocial disability aged 15 to 24 also experienced a lower increase from baseline to latest reassessment.

Figure 9: Change in the percentage of participants in work who have a primary disability of autism, intellectual disability or psychosocial disability, split by age groups 15 to 24 and 25 to 64, data as at 31 December 2022



2.2 Measuring outcomes

Reports on annual outcomes and specific outcome areas such as employment are publicly available.

Outcomes framework questionnaires

The results shown in this section are based on responses provided by participants and their families and carers to the outcomes framework questionnaires. These questionnaires collect information on how participants and their families and carers are progressing in different areas (domains) of their lives. Responses are collected at Scheme entry (“baseline”) and at subsequent plan reassessments, allowing progress to be tracked over a participant’s time in the Scheme. Responses are also used to monitor Scheme progress, and to compare outcomes for participants with those for the wider population.

In developing the questionnaires, the NDIA talked to many people, including participants and their families and carers, the IAC, disability groups and researchers. Using research done for the IAC about reasonable and necessary supports across the lifespan, four different participant questionnaires, and three different family/carer questionnaires were developed, depending on the age of the participant.

Reporting on outcomes

Information collected from the current outcomes framework questionnaires is used to contribute to a range of publicly available reports, in addition to these Quarterly Reports to Disability Ministers. These reports include:

- Annual outcomes reports ([Participant outcomes report | NDIS²⁹](#), [Family and carer outcomes report | NDIS³⁰](#)) and dashboards by geographical area ([Participant, families and carer outcomes reports | NDIS³¹](#))
- Analysis focussing on specific outcome areas, such as employment ([Employment outcomes – participants, their families and carers | NDIS³²](#)) and health and wellbeing ([Health and wellbeing of NDIS participants and their families and carers | NDIS³³](#)).

In addition, quarterly data cubes are produced containing baseline and longitudinal results for key indicators ([Data downloads | NDIS³⁴](#)).

29 <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/participant-families-and-carer-outcomes-reports>.

30 Ibid.

31 Ibid.

32 <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/employment-outcomes-participants-their-families-and-carers>.

33 <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/health-and-wellbeing-ndis-participants-and-their-families-and-carers>.

34 <https://data.ndis.gov.au/data-downloads>.

2.3 Participation in work and community and social activities^{35,36}

Despite COVID-19, participation rates in community and social activities have increased, while the overall rate of participation in work is stable.

Participation in community and social activities

For participants who have been in the Scheme for at least two years, their community and social participation has increased since they first entered. Specifically, comparing responses at the most recent plan reassessment (between two to six years after entry) with responses at Scheme entry³⁷:

- **six** percentage point increase from **34%** to **40%** for participants aged 15 to 24 years.
- **ten** percentage point increase from **36%** to **45%** for participants aged 25 to 34 years.
- **seven** percentage point increase from **36%** to **44%** for participants aged 35 to 44 years.
- **seven** percentage point increase from **35%** to **42%** for participants aged 45 to 54 years.
- **five** percentage point increase from **35%** to **41%** for participants aged 55 to 64 years.
- **six** percentage point increase from **36%** to **42%** for participants aged 65 years and older.
- **seven percentage point increase from 35% to 42% for participants aged 15 years and older.**

The overall result of 42 per cent compares to a 2022–23 target of 46 per cent.

In general, the increase in participation in community and social activities has improved the longer participants have been in the Scheme.

35 This section compares Baseline indicator results when participants entered the Scheme, with results measured at the most recent participant plan reassessment for each respondent. Trial participants are excluded.

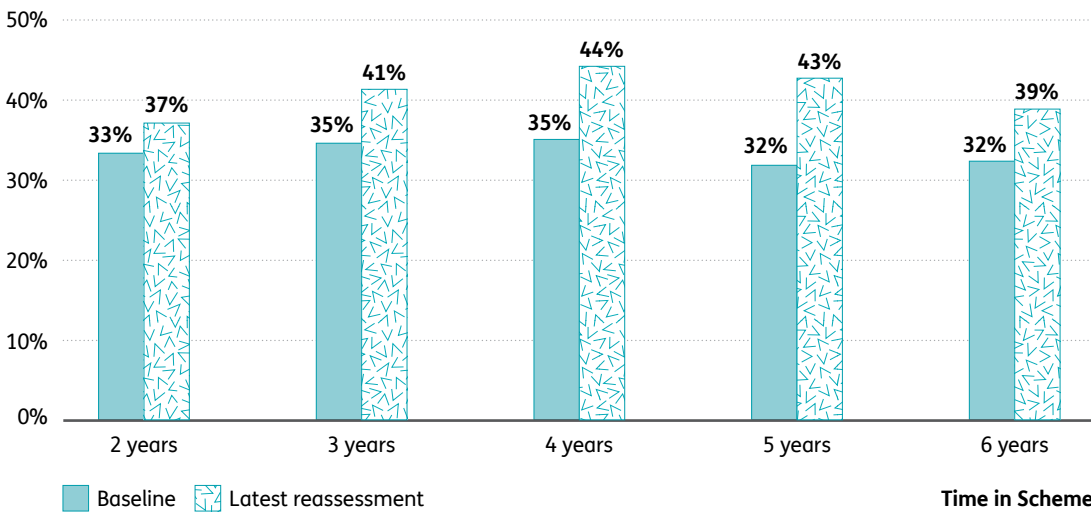
36 The participant age reported in this section is as per their latest plan reassessment.

37 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

For participants aged 15 to 24, the increase was 33 per cent to 37 per cent for those who have been in the Scheme for two years, compared with 32 per cent to 43 per cent for those who have been in the Scheme for five years, and 32 per cent to 39 per cent for those who have been in the Scheme for six years, noting that the number of participants in the 6-year group is lower and the observed participation rate can be volatile.

Figure 10: Percentage change in the participation rate in social activities

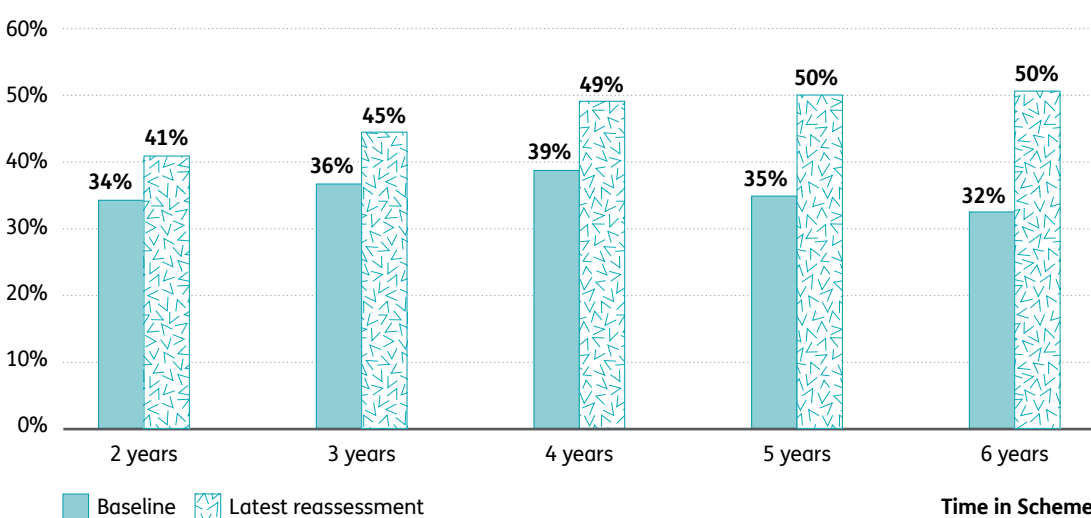
Participants aged 15 to 24 years



For participants aged 25 to 34, the increase was 34 per cent to 41 per cent for those who have been in the Scheme for two years, compared with 32 per cent to 50 per cent for those who have been in the Scheme for six years.

Figure 11: Percentage change in the participation rate in social activities

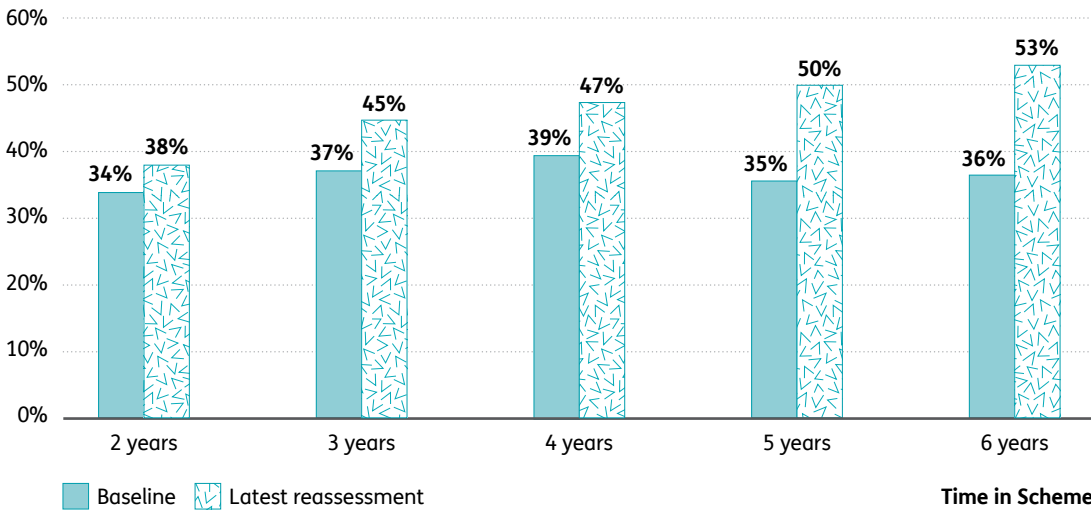
Participants aged 25 to 34 years



For participants aged 35 to 44, the increase was 34 per cent to 38 per cent for those who have been in the Scheme for two years, compared with 36 per cent to 53 per cent for those who have been in the Scheme for six years.

Figure 12: Percentage change in the participation rate in social activities

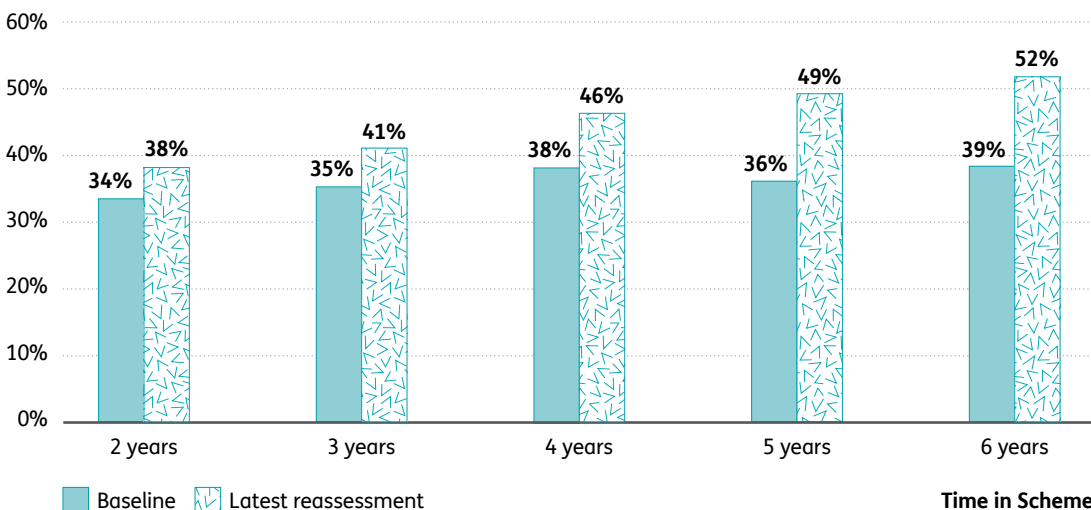
Participants aged 35 to 44 years



For participants aged 45 to 54, the increase was 34 per cent to 38 per cent for those who have been in the Scheme for two years, compared with 39 per cent to 52 per cent for those who have been in the Scheme for six years.

Figure 13: Percentage change in the participation rate in social activities

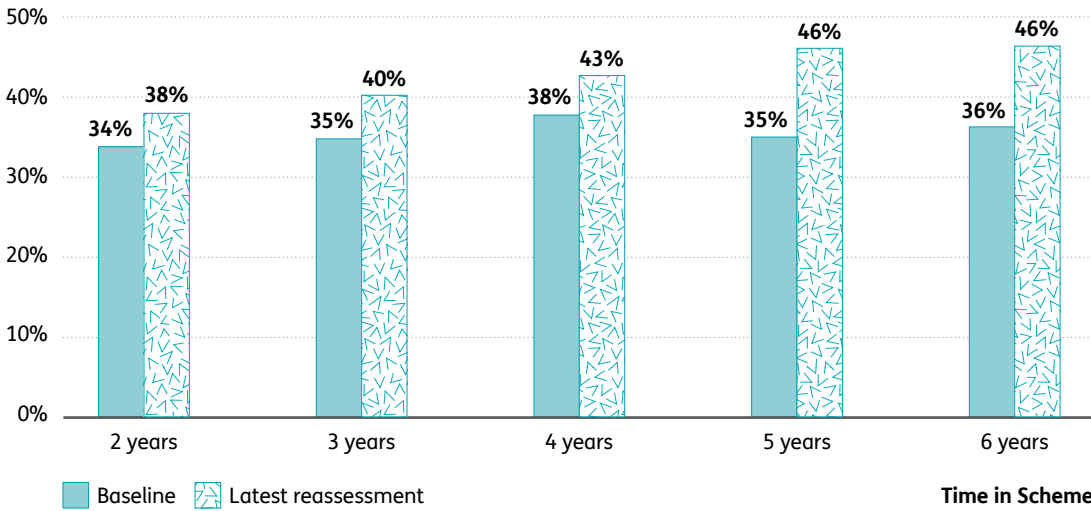
Participants aged 45 to 54 years



For participants aged 55 to 64, the increase was 34 per cent to 38 per cent for those who have been in the Scheme for two years, compared with 36 per cent to 46 per cent for those who have been in the Scheme for six years.

Figure 14: Percentage change in the participation rate in social activities

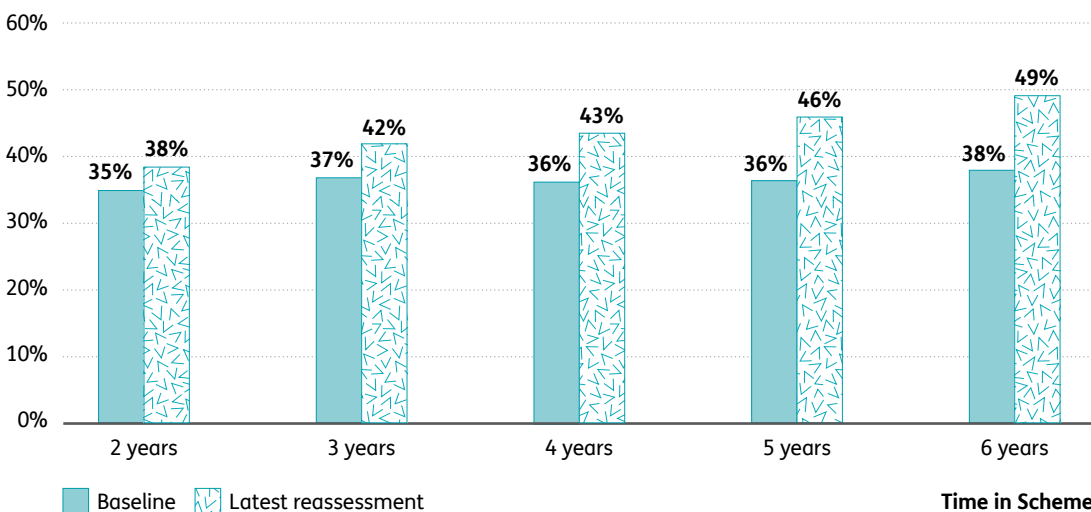
Participants aged 55 to 64 years



For participants aged 65 and over, the increase was 35 per cent to 38 per cent for those who have been in the Scheme for two years, compared with 38 per cent to 49 per cent for those who have been in the Scheme for six years.

Figure 15: Percentage change in the participation rate in social activities

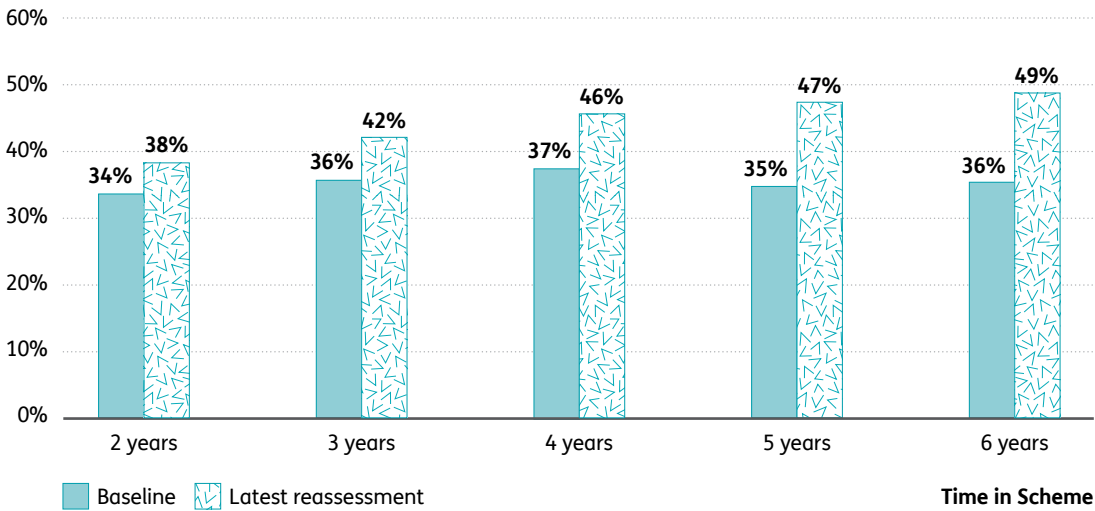
Participants aged 65 years and over



Combining all age groups, the increase for participants who have been in the Scheme for two years was five percentage points (from 34 per cent to 38 per cent), and the increase for participants who have been in the Scheme for six years is 13 percentage points (from 36 per cent to 49 per cent).

Figure 16: Percentage change in the participation rate in social activities

Participants aged 15 years and over



Participation in work (percentage in a paid job)

The percentage in a paid job for those in the Scheme for at least two years continues to be relatively stable overall. However, the percentage and the change over time in the Scheme differs by age group. For instance, the largest percentage increase was for participants in the 15 to 24 age group, consistent with participants entering the workforce for the first time. The percentage in a paid job remains stable or declines for all other age bands. Specifically, comparing responses at the most recent plan reassessment (between two to six years after entry) with responses at Scheme entry³⁸:

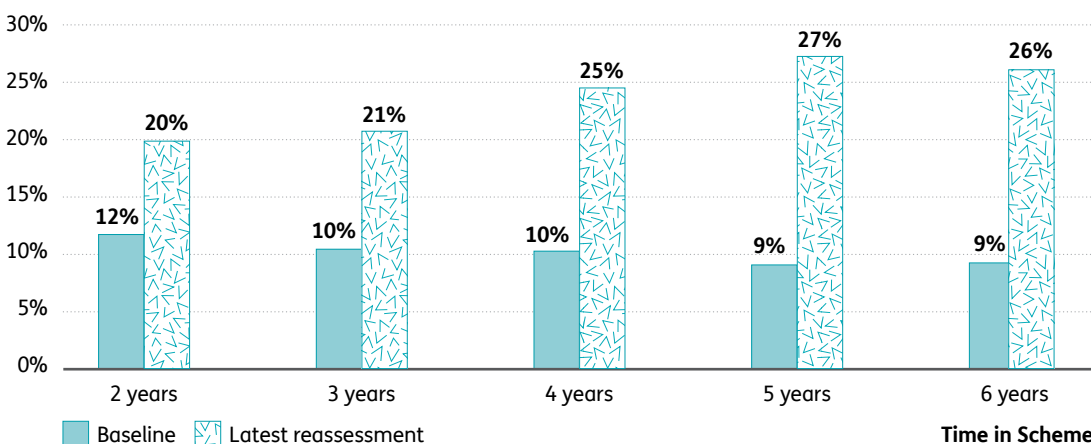
- **eleven** percentage point increase from **11%** to **22%** for participants aged 15 to 24 years.³⁹
- **one** percentage point increase from **28%** to **29%** for participants aged 25 to 34 years.
- **one** percentage point decrease from **28%** to **27%** for participants aged 35 to 44 years.
- **two** percentage point decrease from **25%** to **23%** for participants aged 45 to 54 years.
- **four** percentage point decrease from **19%** to **15%** for participants aged 55 to 64 years.⁴⁰
- **four** percentage point decrease from **13%** to **9%** for participants aged 65 years and older.⁴¹
- **one** percentage point increase from **21%** to **23%** for participants aged 15–64 years.

The overall result of 23 per cent compares to a 2022–23 target of 26 per cent.

The increase in participation in work for participants aged 15 to 24 years and who have been in the Scheme for two to five years has improved the longer participants have been in the Scheme. For participants in the Scheme for two years, the increase was from 12 per cent to 20 per cent, compared with participants who have been in the Scheme for five years, where the increase was from nine per cent to 27 per cent. There was also a large increase for those in the Scheme for six years, from nine per cent to 26 per cent.

Figure 17: Change in the percentage of participants in work

Participants aged 15 to 24 years



³⁸ Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

³⁹ Some of the increase is due to participants leaving school and starting work. As the Scheme matures it will be possible to analyse the extent to which the percentage gap increases.

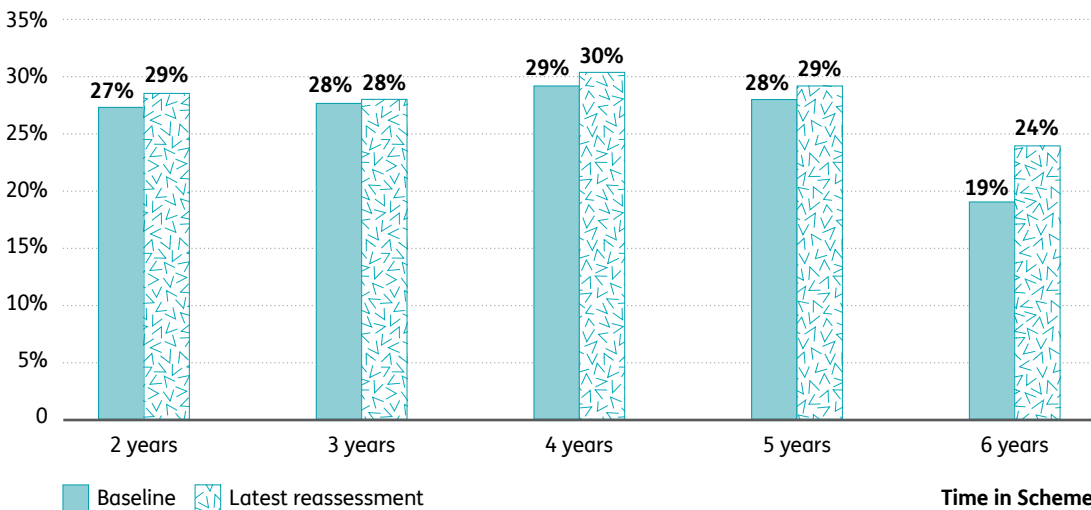
⁴⁰ Some of the decrease for older age groups is due to participants retiring from the workforce.

⁴¹ Ibid.

The percentage in work for participants aged 25 to 34 has not changed materially for participants who have been in the Scheme for two to five years. For those in the Scheme for two years, the percentage increased from 27 per cent to 29 per cent. However, for participants who have been in the Scheme for six years, the percentage increased from 19 per cent to 24 per cent, noting that the number of observations in this group is low relative to other cohorts and the observations may be volatile as a result.

Figure 18: Change in the percentage of participants in work

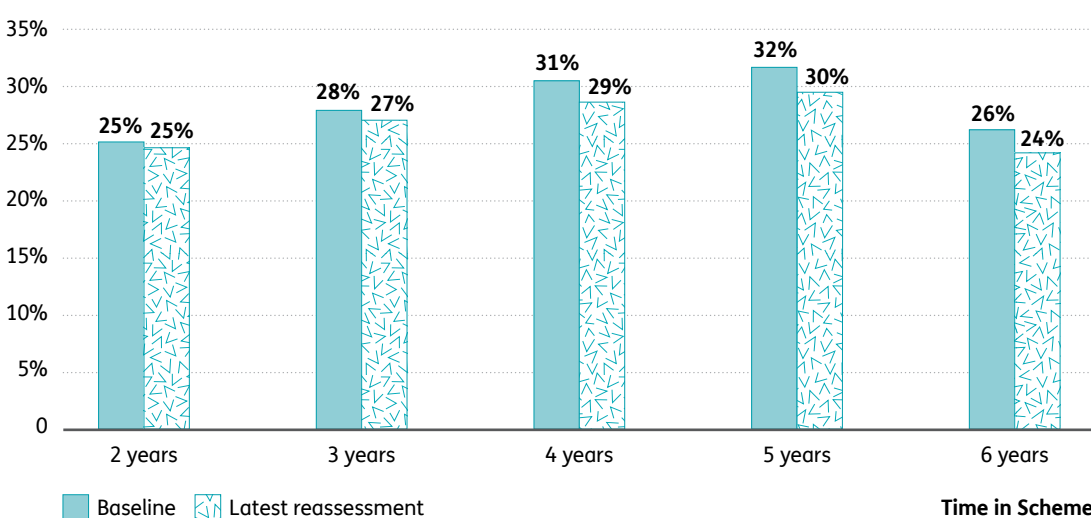
Participants aged 25 to 34 years



For participants aged 35 to 44, the percentage in work has decreased for all durations by up to two percentage points. For participants in the Scheme for two years, the percentage remained at 25 per cent, compared with participants who have been in the Scheme for six years, where the decrease was 26 per cent to 24 per cent.

Figure 19: Change in the percentage of participants in work

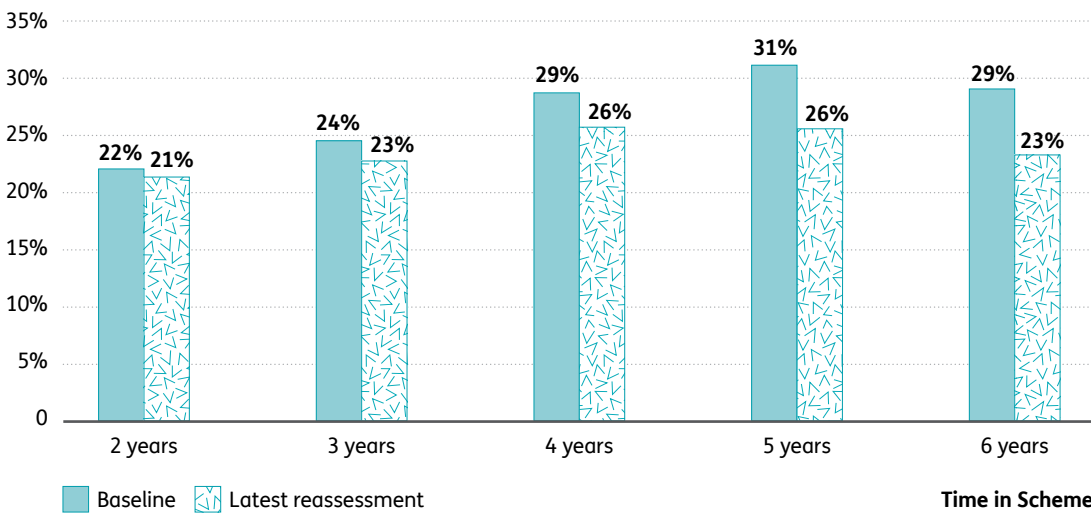
Participants aged 35 to 44 years



For participants aged 45 to 54, the percentage in work has decreased for all durations by one to six percentage points. For participants in the Scheme for two years, the decrease was 22 per cent to 21 per cent, compared with participants who have been in the Scheme for six years, where the decrease was 29 per cent to 23 per cent.

Figure 20: Change in the percentage of participants in work

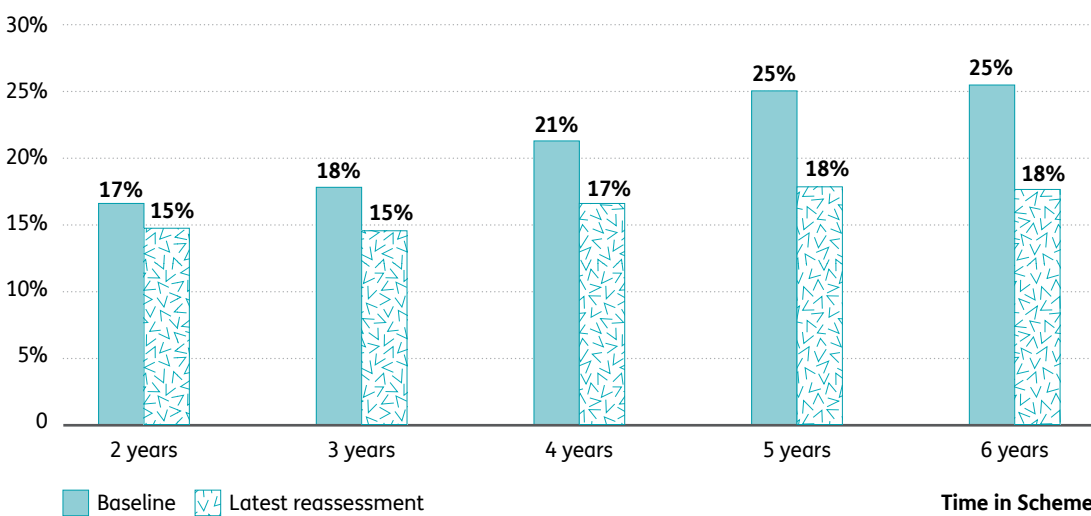
Participants aged 45 to 54 years



For participants aged 55 to 64, some of whom may have retired, the percentage in work has decreased for all durations by two to eight percentage points. For participants in the Scheme for two years, the decrease was 17 per cent to 15 per cent, compared with participants who have been in the Scheme for six years, where the decrease was 25 per cent to 18 per cent.

Figure 21: Change in the percentage of participants in work

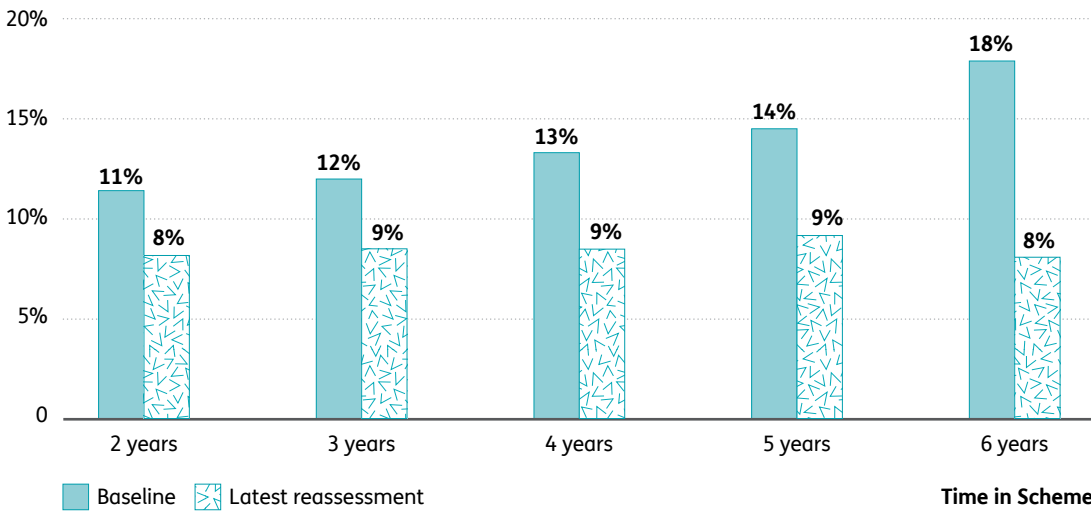
Participants aged 55 to 64 years



For participants aged 65 and over, many of whom may have retired, the percentage in work has decreased for all durations by three to ten percentage points. For participants in the Scheme for two years, the decrease was 11 per cent to eight per cent, compared with participants who have been in the Scheme for six years, where the decrease was 18 per cent to eight per cent.

Figure 22: Change in the percentage of participants in work

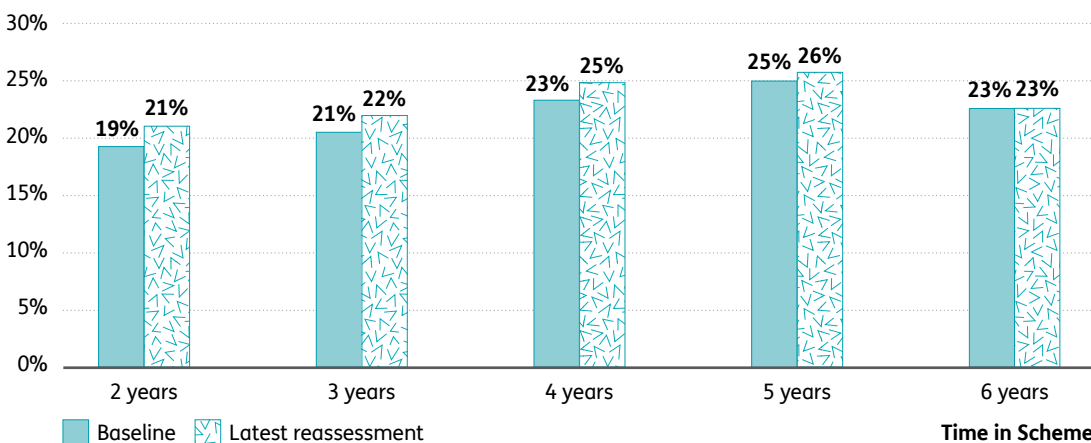
Participants aged 65 years and over



Looking at all participants who are of working age (15 to 64), the percentage of participants in work has increased slightly from 19 per cent to 21 per cent for those who have been in the Scheme for two years. For participants who have been in the Scheme for six years, the percentage of participants in work has been stable, remaining at 23 per cent.

Figure 23: Change in the percentage of participants in work

Participants aged 15 to 64 years



Family/carer employment rate

As for participants, it should be noted that the global COVID-19 pandemic that took hold from early 2020 has had an impact on family/carer employment (and other indicators).

The percentage of parents/carers in a paid job for participants who have been in the Scheme for at least two years has improved over time. Specifically, comparing responses at the most recent plan reassessment (between two and six years after entry) with responses at Scheme entry, there has been a⁴²:

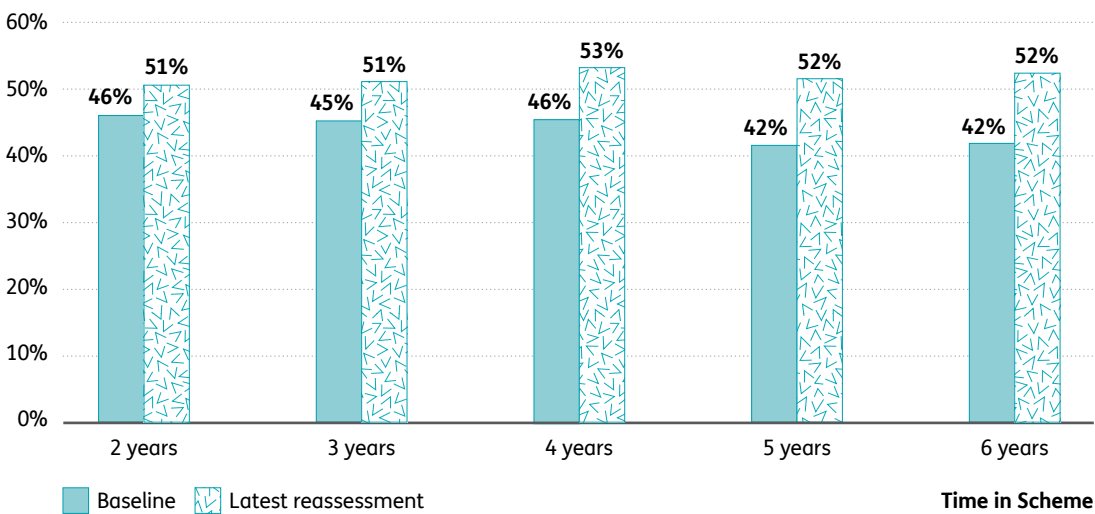
- **six** percentage point increase from **46%** to **51%** for parents/carers of participants aged 0 to 14 years
- **two** percentage point increase from **47%** to **48%** for parents/carers of participants aged 15 years and over.

Overall, for parents/carers of all participants, there has been a four percentage point increase, from 46 per cent to 50 per cent, reaching the 2022–23 target of 50 per cent.

For families and carers of participants aged 0 to 14, the percentage in work tends to improve more the longer the participant has been in the Scheme. For those in the Scheme for two years, the families and carers employment rate increased from 46 per cent to 51 per cent, compared to 42 per cent to 52 per cent for those who have been in the Scheme for both five and six years.

Figure 24: Change in the percentage of families and carers of participants in work

Families and carers of participants aged 0 to 14

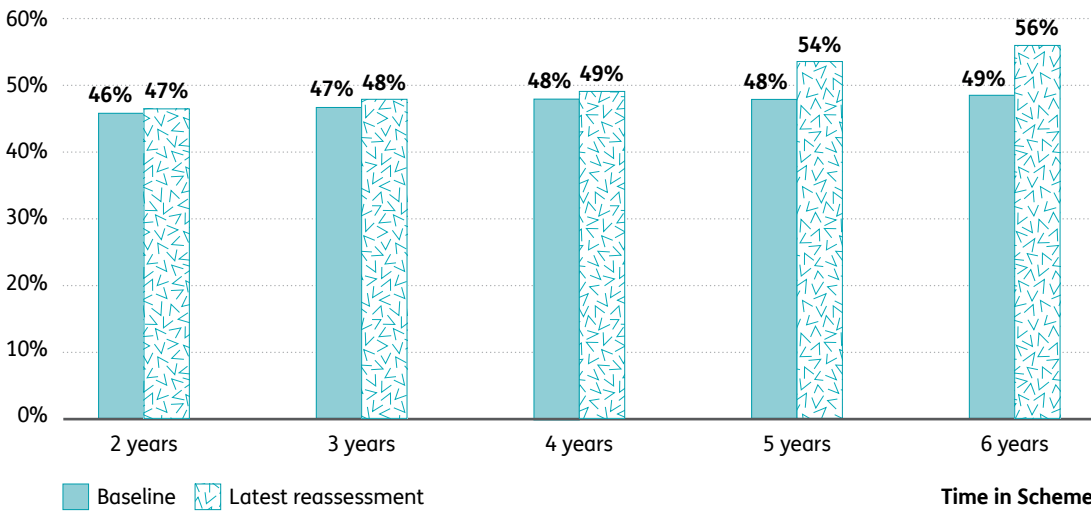


⁴² Figures have been rounded to the nearer whole percentage; differences are calculated from unrounded metrics.

For families and carers of participants aged 15 and over who have been in the Scheme for two to four years, the percentage in work increased marginally (all by one percentage point) from baseline to latest reassessment. Improvements for those in the Scheme for five or six years were larger, at six and seven percentage points, respectively.

Figure 25: Change in the percentage of families and carers of participants in work

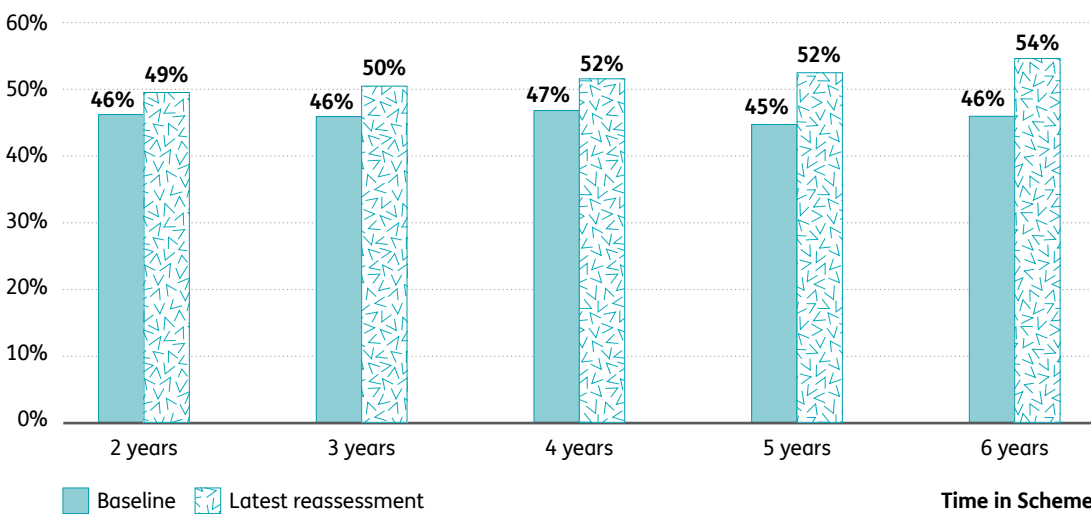
Families and carers of participants aged 15 and over



Considering all families and carers of participants of all ages in the Scheme for at least two years, larger improvements in the percentage in work are seen where the participant has been in the Scheme for longer. For instance, 46 per cent of those who have been in the Scheme for two years were in work at baseline, compared to 49 per cent at second reassessment. Those in the Scheme for six years improved from 46 per cent to 54 per cent.

Figure 26: Change in the percentage of families and carers of participants in work

Families and carers of participants of all ages



NDIS Participant Employment Strategy

Progress against the NDIS Participant Employment Strategy (the Strategy) and 2021–22 Participant Employment Action Plan is being prepared for publication. The Agency intends building on achievements in the last three years in preparation of a new strategy and annual action plans.

We continue to see stability in participant employment with 23 per cent of participants aged 15 and over reporting they are in a paid job. The level increases for younger participants with 27 per cent of the 15–24 age group reporting being in paid work after their 5th plan reassessment. The emphasis in the Scheme on capacity building for young participants is undoubtedly contributing to this better result for young adults.

For those in work, the majority (over 65 per cent) report working in open employment. In addition, participants who are employed in supported employment are being encouraged to consider other employment options. NDIS funding for these participants allows them to receive ongoing support in any type of employment or work location. The Australian Disability Enterprise (ADE) sector is responding to these challenges and looking to assist participants to take advantage of the increasingly diverse employment options now available to them.

Improvements to capacity building supports for young people

The outcomes of the review of school leaver employment supports conducted by the Agency during 2021 and 2022 have been provided to the NDIS Review Panel for consideration. Recommendations from the panel are expected in 2023.

In the meantime, the Agency continues to focus on improvements to capacity building and employment preparation for participants from the time they reach working age.

In accordance with the Minister's direction, guidance for participants, planners, Local Area Coordinators (LACs) and providers is being re-developed to build explicit discussion about employment as a goal into the NDIS planning process. This is intended to facilitate quality planning processes and ensure participants who want to work are supported to do so through their plans and other government services.

The Agency also continues ongoing monitoring of provider performance and participant outcomes by analysis of the quarterly provider reports. In the latest edition available from the NDIS website, the most important factors associated with employment outcomes for participants continue to be providers training employers, helping the participant to develop work skills through on-the-job work experience, customising a job for the individual and assisting them to get a job.

Better connection to DES services for NDIS participants

NDIA is an active contributor to the review of the Disability Employment Service (DES) Program led by DSS. NDIA representation in these initiatives enhances our ability to influence expanded employment opportunities for NDIS participants.

One such initiative is the DES Pathways Pilot, a joint initiative between DSS and NDIA, which aims to improve the way the DES system works with the NDIS and other systems to construct stronger pathways for NDIS participants into sustainable employment.

The pilot which is expected to commence in May 2023 will allow DSS and NDIA to better understand what NDIS supports help a person become job ready and the right time for NDIS participants to commence engaging with a DES provider. The pilot will contribute to a stronger understanding of 'what works' in the context of the DES reform and deepen the understanding of the two agencies and the DES and NDIS providers of the systems changes that will achieve higher employment rates for NDIS participants.

2.4 Perceptions of whether the NDIS has helped

Participants have positive perceptions across most domains and for the different age groups. However, the percentage of positive responses varies by domain and age group.

At each plan reassessment, participants are asked whether the NDIS has helped with areas related to each domain. For these questions, longitudinal change is measured from first plan reassessment, since the Scheme has not had an opportunity to help at baseline. Results shown in this section compare responses provided at the first plan reassessment with those from later reassessments, for participants entering the Scheme since 1 July 2016 and who have been in the Scheme for at least two years.

Participant choice and control

The choice and control metric for participants aged 15 and over is based on the question “Has the NDIS helped you have more choices and more control over your life?”

Positive perceptions of whether the NDIS has helped with choice and control have increased for the latest reassessment compared to the first reassessment across all age bands. Older participants tend to have higher levels of satisfaction. Specifically, the percentage who think that the NDIS has helped them have more choices and more control over their life showed⁴³:

- **nine** percentage point increase from **61%** to **70%** for participants aged 15 to 24 years
- **eleven** percentage point increase from **66%** to **77%** for participants aged 25 to 34 years
- **ten** percentage point increase from **69%** to **79%** for participants aged 35 to 44 years
- **ten** percentage point increase from **69%** to **80%** for participants aged 45 to 54 years
- **ten** percentage point increase from **71%** to **81%** for participants aged 55 to 64 years
- **twelve** percentage point increase from **71%** to **82%** for participants aged 65 years and older
- **ten** percentage point increase from **67%** to **77%** for participants aged 15 years and older.

Overall, for participants aged 15 and over, there has been a ten percentage point increase, from 67 per cent to 77 per cent. This compares to a 2022–23 target of 75 per cent.

⁴³ Figures have been rounded to the nearer whole percentage; differences are calculated from unrounded metrics.

Other “Has the NDIS helped?” questions

For children aged from birth to before starting school, results have improved across all domains.

Figure 27 shows the percentages responding positively at first assessment and at latest reassessment, as well as the change between the two time points.

Figure 27: “Has the NDIS helped?” – participants aged from birth to before starting school⁴⁴

Domain	First review %	Latest review %	Percentage point change
Daily living: child’s development	91	94	+3
Daily living: access to specialist services	91	95	+3
Choice and control (child’s ability to communicate what they want)	83	86	+4
Relationships (fitting into family life)	77	83	+6
Social, community and civic participation (fitting into community life)	63	70	+6

Improvements were slightly stronger for fitting into family and community life (although results for these domains started off at a lower level and hence had more scope to improve).

For children aged from starting school to age 14, results are generally less positive than for the younger age group but show stronger improvement over time.

Figure 28 shows the percentages responding positively at first assessment and at latest reassessment, as well as the change between the two time points.

Figure 28: “Has the NDIS helped?” – participants from starting school to age 14⁴⁵

Domain	First assessment %	Latest assessment %	Percentage point change
Daily living (independence)	61	73	+12
Lifelong learning (access to education)	41	50	+9
Relationships (with family and friends)	50	60	+10
Social, community and civic participation (social and recreational life)	45	53	+7

For young adults aged 15 to 24 years, Figure 29 shows the percentages responding positively at first assessment and at latest reassessment, as well as the change between the two time points.

⁴⁴ Figures have been rounded to the nearer whole percentage; differences are calculated from unrounded metrics.

⁴⁵ Ibid.

Figure 29: “Has the NDIS helped?” – participants aged 15 to 24⁴⁶

Domain	First assessment %	Latest assessment %	Percentage point change
Choice and control	61	70	+9
Daily living	61	72	+11
Relationships	50	54	+5
Home	22	21	-2
Health and wellbeing	43	50	+7
Lifelong learning	36	37	+1
Work	18	17	-1
Social, community and civic participation	55	62	+7

From Figure 29, the largest improvement over time in the Scheme has been observed for the daily living domain (+11 percentage point change). Strong improvements have also been observed for choice and control (+9), relationships (+5), health and wellbeing (+7) and social, community and civic participation (+7). Lifelong learning showed a marginal increase (+1), and there were slight declines for home and work.

For participants aged 25 years and over, perceptions tend to be more positive than for those aged 15 to 24, and the older adult group also shows a stronger improvement over time. Figure 30 shows the percentages responding positively at first assessment and latest reassessment, as well as the change between the two time points.

Figure 30: “Has the NDIS helped?” – participants aged 25 and over⁴⁷

Domain	First assessment %	Latest assessment %	Percentage point change
Choice and control	69	80	+11
Daily living	72	84	+11
Relationships	52	62	+9
Home	30	35	+4
Health and wellbeing	51	61	+9
Lifelong learning	30	32	+2
Work	19	19	0
Social, community and civic participation	59	69	+10

From Figure 30, the largest improvements over time in the Scheme have been observed for daily living (+11 percentage point change), and choice and control (+11). Strong improvements have also been observed for relationships (+9), health and wellbeing (+9) and social, community and civic participation (+10). By contrast with the younger adult group, there was an improvement for the home domain (+4).

Similar to the younger adult group, lifelong learning showed a marginal increase (+2), and there was no material change for work.⁴⁸

⁴⁶ Figures have been rounded to the nearer whole percentage; differences are calculated from unrounded metrics.

⁴⁷ Ibid.

⁴⁸ Noting that the education and housing systems have a major role to play in the lifelong learning and home domains.

Results continue to improve with time in Scheme

Responses tend to become more positive the longer a participant has been in the Scheme. Highlights, for participants who have been in the Scheme for at least two years, include:

Figure 31: Has the NDIS improved how your child fits into community life?⁴⁹

For children from birth to before starting school

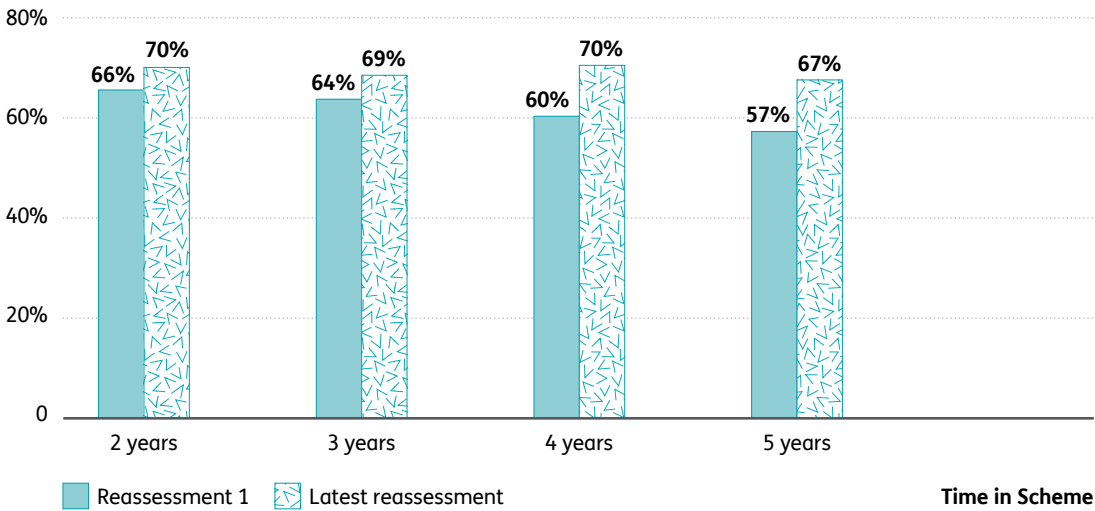
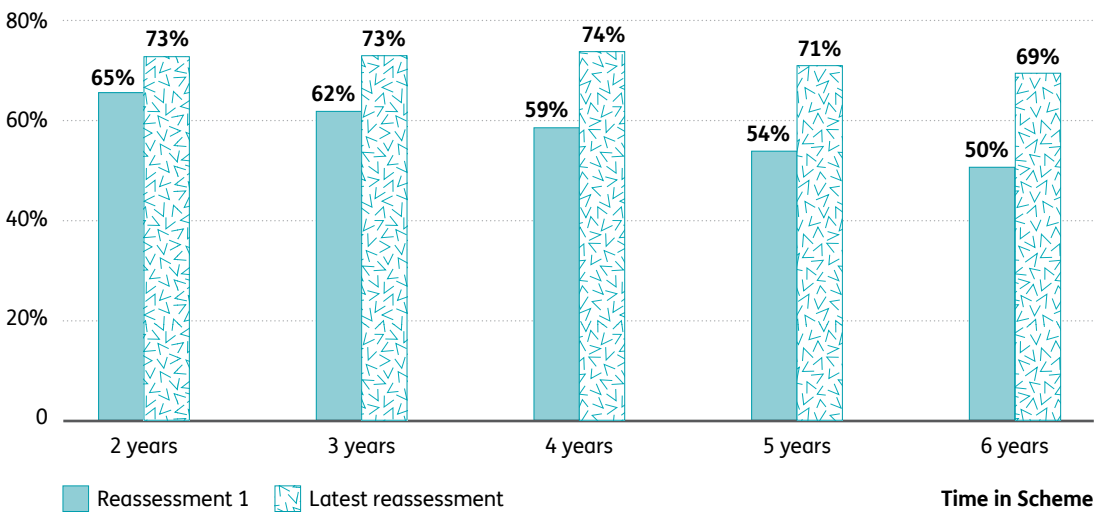


Figure 32: Has the NDIS helped your child to become more independent?

For children starting school to 14 years



⁴⁹ There were not enough participants in the Scheme for 6 years for the result to be shown.

Figure 33: Has the NDIS helped you with daily living activities?

For young adults aged 15 to 24 years

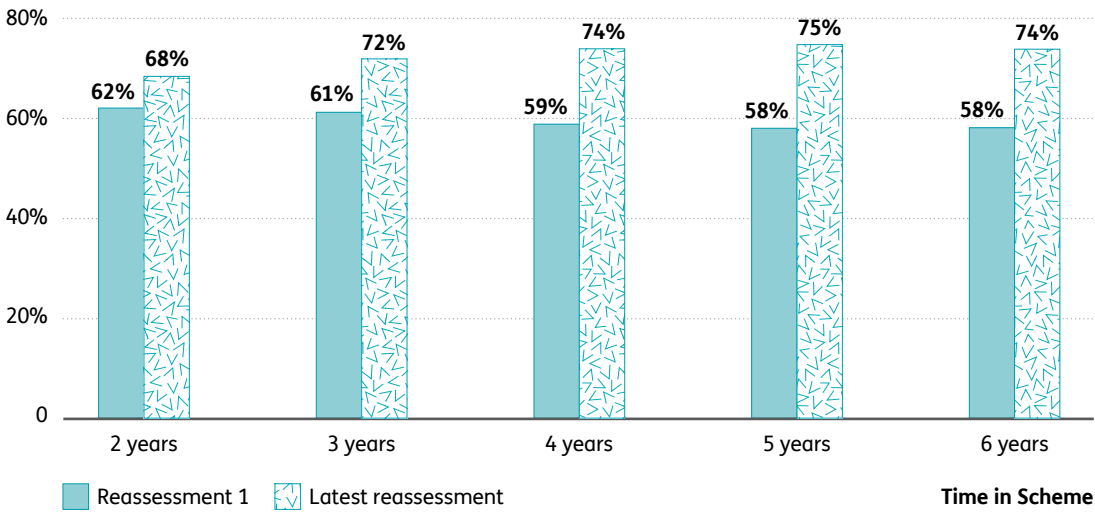
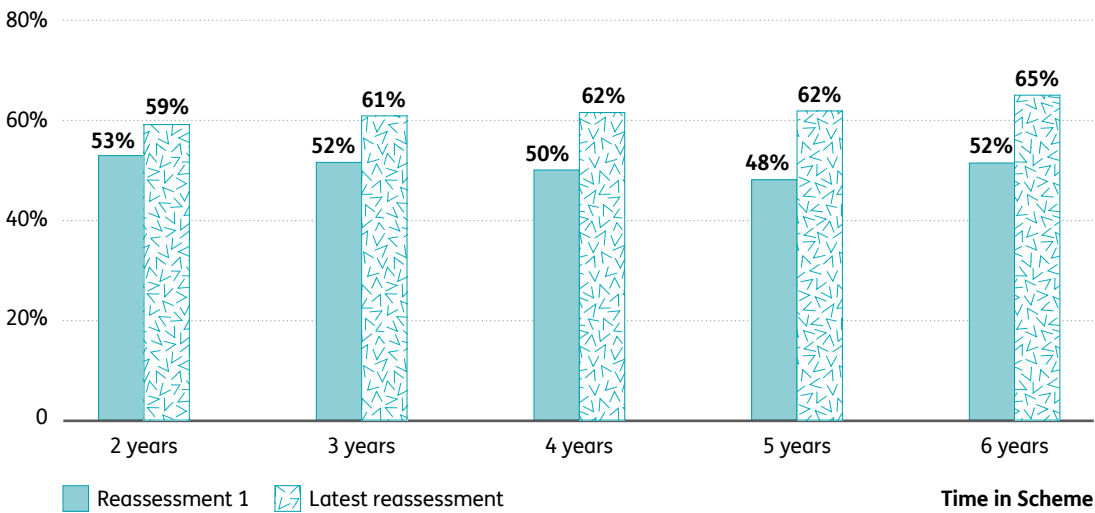


Figure 34: Has your involvement with the NDIS improved your health and wellbeing?

For adults aged 25 years and over



While the above results are encouraging, the analysis also indicates that there are areas where outcomes could be improved. For example, after at least two years in the Scheme, only 17 per cent of participants aged 15 to 24 at their most recent plan reassessment agreed that being in the NDIS had helped them find a suitable job, compared to 18 per cent at their first plan reassessment. Similarly, for participants aged 25 and over, after at least two years in the Scheme, only 19 per cent agreed that being in the NDIS had helped them find a suitable job, almost unchanged from their first plan reassessment.

The NDIA is actively working to improve participation in work, as discussed earlier in this section.



Pharmacist, model, and disability advocate, Sara can now safely pursue her goals



Only a few years ago, 33-year-old pharmacist, model, diversity disability advocate, speaker and bilateral amputee, **Sara**, was struggling to live her best life.

She was falling over two or three times a week as her prosthetic legs didn't give her the stability she needed to walk safely or confidently. It made it hard to leave her house, go to work, or be active.

“My previous legs weren't stable, which led to a lot of falls, it was hard to get around,” says Sara.

Sara's physical vulnerability also affected her confidence and self-esteem. For most of her teenage and adult years, she concealed her prosthetic limbs under cosmetic covers, hiding her disability. “I was always somewhat ashamed of my disability, and I felt unworthy.

Today, with support from the NDIS and Partner in the Community, Carers Queensland, Sara is feeling confident to safely pursue her goals including studying a Master of Public Health while advocating for inclusion and diversity in the workforce and media.

Sara now uses more stable, above-knee microprocessor-controlled prostheses, funded through her NDIS plan. “My quality of life has improved substantially since having access to safer legs,” Sara says. “Thanks to the NDIS, I can set goals that were previously out of my reach.

Sara now embraces her disability – and her legs. She proudly struts her stuff on runways and steps onto stages to share her personal journey.

On International Women's Day, she addressed the Women's Network Australia in Brisbane.

“I spent many years wishing away my disability and I hope sharing my experience of self-acceptance will encourage others to learn to embrace themselves a little more,” she says.

Section three:

Participant experience





The NDIA is committed to improving service for NDIS participants. That is why the NDIA introduced a **Participant Service Charter** to explain what participants can expect when they deal with the NDIA, and the **Participant Service Improvement Plan** that outlines all the improvements the NDIA will make.

The NDIA Participant Service Charter sets out what participants can expect from the NDIA and Partners in the Community (PiTC) organisations. It provides overall principles for interactions with participants, and clear service standards and timeframes. These are included in the **Participant Service Guarantee (PSG)**.

The Participant Service Charter is also underpinned by the specific tangible actions listed in the Participant Service Improvement Plan.

This section provides an update on progress against the Participant Service Improvement Plan and the Participant Service Guarantee.

3.1 Participant Service Improvement Plan

Progress is being made against the Participant Service Improvement Plan deliverables.

The NDIA's Service Improvement Plan is the key to making real the promises in the Participant Service Charter and Participant Service Guarantee. It sets out what the NDIA and partners are going to do to deliver a NDIS that meets expectations.⁵⁰ The NDIA updated the Service Improvement Plan in 2022 to better reflect the activities underway to deliver on the Participant Service Guarantee.

The **Participant Service Charter** is based on five principles for engagement with participants.

Engagement principle	What you can expect
Transparent	We will make it easy to access and understand our information and decisions.
Responsive	We will respond to individual needs and circumstances.
Respectful	We will recognise your individual experience and acknowledge you are an expert in your own life.
Empowering	We will make it easy to access information and be supported by the NDIS to lead your life.
Connected	We will support you to access the services and supports you need.

The tables in this section outline the activities underway as part of the Service Improvement Plan. These activities are aligned to each of the 'what you can expect' statements in the Participant Service Charter. Whilst the list is not exhaustive, the NDIA is continually looking for opportunities to improve our participant service in line with the engagement principles.

Highlights for this quarter include:

Participant Service Improvement Plan Commitment	What have we delivered?
We will have new systems to make sure providers are paid promptly and accurately, so your support is not interrupted	The NDIA have enhanced controls and processes as part of the claims and payments build of the new ICT system. This quarter, the controls for core budget claims are in place, and the payment issues associated with service bookings have been removed. The NDIA will continue to provide ongoing enhancements to ensure support is uninterrupted for participants.

⁵⁰ Work is currently underway to develop a qualitative measurement framework and dashboard to report on the NDIA's performance against the engagement principles (and associated 'we will' commitments), as set out in the Participant Service Charter.

Participant Service Improvement Plan – commitments and progress

The NDIA introduced a refreshed Participant Service Improvement Plan 2022–23 to ensure the Service Improvement Plan closely reflected improvements that participants want to see. The Service Improvement Plan sets out what the NDIA will do over the next two years to deliver a Scheme that meets participant expectations.

The NDIA and partners will work to deliver on 51 commitments over the next two years. The refreshed Service Improvement Plan includes new and refined commitments, representing the NDIA’s ongoing commitment to participants, their families and carers and the disability community. The NDIA remains committed to making improvements that are important to participants.

Communicating with us

The NDIA remains committed to an improved digital experience by delivering more options for participants to access forms and services that support decision making and access to disability supports. The commitments to enable participants to use online forms and to track applications online will be progressed alongside the national roll-out commencing in the second half of 2023.

The NDIA is working with participants to improve the online experience of using the myNDIS participant portal. The new participant portal pilot is due for delivery commencing in the second half of 2023. The valuable feedback received will be used to guide the direction of building a more accessible and user-friendly portal.

Participant Service Improvement Plan Commitment	Expected completion
We will put the name of a real person on our letters to you	✓
You will have a current contact name for all your interactions with us	✓
The National Contact Centre (NCC) will give the right information the first time where possible	✓
You will be able to use online forms and services where you want to	March 2025 ⁵¹
You will be able to track where your application or inquiry is up to online	March 2025 ⁵¹
The website and portal will be clearer and easier to use	March 2025 ⁵¹

⁵¹ Commitments will progressively become available to participants as the ICT national roll-out commences in the second half of 2023.

Getting information from us

The NDIA is committed to ensuring transparency and clarity when making decisions about participant access and plans. Therefore, decision letters have been updated to plain English, and the new letter system is currently undergoing testing in the new ICT system test in Tasmania to improve the ability for staff to communicate reasons for these decisions. Feedback from the Tasmanian test will improve the decision letters and the participant experience overall. Once the national roll-out of the new ICT system commences, all decision letters will have an explanation of decisions made.

Participant booklets and web content have been reviewed and updated to reflect the changes to the National Disability Insurance Scheme Act 2013 (NDIS Act) in July 2022. Improved letters, booklets and fact sheets with clear information and next steps are being evaluated from November 2022 as part of the Tasmania test of our new ICT system. Feedback received from this test will be considered as part of any updates in time for a national roll-out commencing in the second half of 2023.

Participant Service Improvement Plan Commitment	Expected completion
You will be able to access your personal data and plan details without having to ask through a Freedom of Information (FOI) request	✓
Our documents will use consistent terms and definitions with less jargon	✓
Our guidelines will come with plain English descriptions and more examples	✓
We will be clearer on what reasonable and necessary supports means, with case studies and examples	✓
Our decision letters will have reasons for why we have decided something in plain English	March 2025 ⁵²
We will improve access to information about how our processes work, what to expect and what participants need to do at any stage	March 2025 ⁵²
We will have better guidelines and procedures so there is consistency in how we make decisions; and we will make more of these public	March 2025 ⁵²

Gaining access to the NDIS

Work to design new online access request forms continues apace and is due to be released in conjunction with NDIA's new ICT system PACE. This is part of a broader program of work due for delivery commencing in the second half of 2023.

The NDIA is committed to improving ways to connect people with a disability to the supports they require, including mainstream and community supports. This quarter, the NDIA continues to improve and implement the new Community Connectors process using the new ICT system. This system will be rolled out to the broader population outside the test commencing in the second half of 2023, connecting children with a disability to an early connections plan and adults with a disability to a community connections plan in the pre access to NDIA phase. These plans will drive discussions on opportunities for greater connections to local community and mainstream services.

⁵² Commitments will progressively become available to participants as the ICT national roll-out commences in the second half of 2023.

People with disability, who are not yet scheme participants (or will not pursue access) will have the option to develop a community connections plan which supports linkage to community and mainstream services. PACE implementation will provide this functionality. The new PACE system continues to roll out as part of the test in Tasmania.

This includes early connections plans for children and community connections plans for adults with disability who approach or are referred to a partner prior to requesting NDIS access. This is supporting community and mainstream linkages regardless of an access request and/or prior to any access decision.

This functionality is planned for national roll-out commencing in the second half of 2023 and is included in Partners in the Community (PiTC) agreement variations (including forecast activity volumes being negotiated with Partners).

The current process of supporting adults to apply for access will remain in place (i.e., via verbal access request through the contact centre) until the enhanced functionality is rolled out.

Participant Service Improvement Plan Commitment	Expected completion
You will be able to apply to the NDIS in the way you want, including using an online access request form	March 2025 ⁵³
We will make sure you are connected to other mainstream, and community supports and services as well, even if you do not gain access to the NDIS	March 2025 ⁵³

Making your plan

The NDIA is on track to delivering improvements to the way participants' statements and goals are recorded, including a Revised Goal Attainment Framework and ITC system enhancements rolled out across the network.

In addition, the NDIA has designed and built a process for participants to meet face-to-face with the person who makes decisions about their plan supports and funding. Participants will have planning meetings with NDIA delegates rather than Local Area Coordinators as part of the proposed changes. These enhancements are currently being tested and will roll out with other broader system changes commencing in the second half of 2023.

The NDIA is building more do-it-yourself online plan tools, including developing a webpage (in the form of an index, with links to relevant information on the NDIS website) and new resources, tools and calculators available for participants to use.

Work is also underway to support videoconferencing as an option for planning meetings, and options for requirements are being explored with the Office of Chief Information Officer (OCIO), People and Culture, Agency Consultative Network and Community and Public Sector Union.

⁵³ Commitments will progressively become available to participants as the ICT national roll-out commences in the second half of 2023.

Participant Service Improvement Plan Commitment	Expected completion
We will support more video-conference planning meetings	March 2025 ⁵⁴
If you want, you will be able to have a face-to-face meeting with the person who makes a decision about your plan supports and funding ⁵⁵	March 2025 ⁵⁴
We will support you, if you want, to build goals in your plan that are clearly defined, realistic and attainable	March 2025 ⁵⁴
We're working to build more do-it-yourself online plan tools	March 2025 ⁵⁴

Using your plan

The NDIA aims to provide clarity around the roles and responsibilities of support coordination services and other service providers. As part of the Annual Price Review (APR) 2021–22 recommendations and government’s planned review of the design, operations and sustainability of the NDIS, an in-depth review of the roles, functions, responsibilities, and accountabilities of support coordinators has begun.

The NDIA is committed to providing accessible information for self-managed participants with ongoing work to create resources, guides, and training materials. PACE roll-out of the Funds Management Decision Making Framework has been delayed, which poses a significant risk to completing this commitment within the financial year. Work is ongoing to update staff, partner and participant resources, which are on track for publishing in FY23 Q4. This will include updated versions of:

- NDIS Guide to Self-Management
- Guide to directly engaging staff
- Self-Management animation and website content
- ‘Creating Your Plan’ Guideline
- Supports for self-management capacity building and training Standard Operating Procedure

The Agency has partnered with The Growing Space to deliver 4 training packages on self-management for participants and nominees, all expected to be completed by the end of FY23 Q4.

This stemmed from a directive from the then Disability Reform Council, now the Disability Reform Ministerial Council (DRMC). To date, 85 market coordination activities have been initiated in collaboration with stakeholders across 45 locations (formerly described as placed-based market interventions) throughout Australia. This includes locations in metropolitan, regional, and remote communities to address market challenges and build more connected markets.

Market coordination activities are continuing in all jurisdictions including remote and very remote locations of Queensland, New South Wales, South Australia, and Western Australia. A preliminary draft of the Thin Markets Evaluation report has been developed; the NDIA expects to release the report on the NDIS website in mid-2023.

⁵⁴ Commitments will progressively become available to participants as the ICT national roll-out commences in the second half of 2023.

⁵⁵ Noting face-to-face meetings with LACs can already be requested.

In the 2022–2023 financial year, the NDIA will establish a dedicated National Remote Services Branch to support the delivery of improved end-to-end pathway options for participants living in remote and very remote areas. In the delivery of thin market projects, the Agency will continue to drive a place-based approach, collaborating with key stakeholders in the community to achieve better integration and availability of disability support services.

Participant Service Improvement Plan Commitment	Expected completion
Your plan will be longer and ongoing . It will be reviewed when you or we request it – for example, if your circumstances change or something significant happens in your life	✓
There will be a simple and quick process when you need to make minor changes to your plan – it won't require a full "review"	✓
We will give you more support for using your plan , for finding both disability services and mainstream supports	✓
We will check-in with you on how the plan is going, and whether an update or review is needed	✓
You will be able to manage your plan more easily, using a new NDIS mobile app	✓
We will work with communities in remote and very remote areas , and other areas lacking services, to trial new ways of organising services so you can more easily use your support funding	June 2023
We will be clearer on what support coordination services we fund, and how it should be separate from other service providers	March 2024
We will make it easier to self-manage your plan, with appropriate data sharing, support and controls in place; and to move easily between self-managing your plan and using a plan manager	September 2024

Payments from your plan

The NDIA is on track to deliver enhancements to the NDIA payment system by implementing a Claims at Point of Support (C-POS) solution to enhance efficiency and ensure a quality experience for participants. The NDIA continues to test the C-POS in consultation with a small number of participants and providers. This test will ensure we get the most out of our consultation with the Australian community. The consultation work has the aim of allowing participants to claim directly from their plan.

Furthermore, the NDIA have enhanced controls and processes as part of the claims and payments build of the new system. This quarter, the controls for core budget claims have been implemented, and there have been some improvements to payment issues associated with service bookings in the new ICT system. The NDIA will continue to provide ongoing enhancements to ensure support is uninterrupted for participants.

The NDIA released PACE capabilities for the my NDIS mobile app in February 2023 as part of the Tasmanian test, in line with previous improvements made to the portal. We continue to release updates to the my NDIS participant portal and mobile app in response to feedback from participants, child representatives and nominees.

Participant Service Improvement Plan Commitment	Expected completion
We will have new systems to make sure providers are paid promptly and accurately, so your support is not interrupted	✓
Payments will be able to be made simply and directly for registered and non-registered providers of services – no more paying first from your own cash and claiming it back	June 2024
We will make it easier for you to understand how you make a successful claim from your plan	March 2025 ⁵⁶

Parts of your plan

The NDIA has provided clearer information on ILOs to support participants choose where and how they live, and support participants to access the reasonable and necessary supports they need to meet their home and living goals. The ILO product continues to be refined through incremental changes and releases within the ILO improvement pathway, promoting uptake and growth of individualised living options for participants as an alternative to less contemporary shared living environments.

Participant Service Improvement Plan Commitment	Expected completion
We will increase the flexibility in living options if you are eligible for SDA	✓
There will be a national SDA-matching website showing all available properties	✓
We will issue new easy-to-understand guidelines for complex home modifications	✓
There will be a standard form and application process for SDA	✓
We will process applications for all supports associated with housing and accommodation issues together and more quickly	✓
You will be able to quickly access AT and home modifications with less red tape. This includes a simpler process for requesting complex and non-standard AT or home modifications	✓
We will encourage ILOs as an alternative to traditional group homes	✓
We will focus on your plan and goals supporting you to gain employment if that is what you want	✓

Support for engaging with us

The NDIS aims to improve how support is provided for participants with complex support needs and require critical supports. Furthermore, the NDIS is committed to ensuring all participants in aged care are informed about their options to find age-appropriate accommodation through planning conversation and regular check-ins. The NDIA has established new processes focusing on ensuring participants who enter aged care have exhausted all available options to identify suitable housing options before proceeding to aged care accommodation. A new Accommodation Project Team has been established to support the diversion of pathways from aged care.

Supported Decision Making Policy was endorsed by the Board on 31 January 2023 with an Endorsed Communications Plan and further activities being underway to publicly release the policy. We have drafted a Project Management & Change Plan to initiate implementation of the policy. This is expected to be completed by the end of 2023.

⁵⁶ Commitments will progressively become available to participants as the ICT national roll-out commences in the second half of 2023.

Participant Service Improvement Plan Commitment	Expected completion
We will fund specialist community connectors (in First Nations, CALD, and remote communities) to deeply understand how you want to engage with us	✓
Liaison Officers , for Health and Justice especially, will help participants interact with the NDIS in each State and Territory	✓
We will have an NDIS carer connect network for ageing parents of people with a disability	✓
We will pro-actively check-in with you, especially if you may be in a vulnerable situation	✓
Our front-line teams will have improved cultural and disability awareness	✓
We want to support and promote children and young people’s voice in their own plans; while also working closely with parents and carers	✓
We will fund early intervention supports for children more flexibly (including before they enter the Scheme)	✓
We will improve the way we provide you support for independent decision-making	June 2023
We will support you if you are a Young Person in Residential Aged Care to live elsewhere	June 2024
We will improve our direct support for you if you have complex needs and require critical supports , or are otherwise potentially vulnerable	December 2024
Where possible, your household will have the same NDIS contact	End of ICT System

3.2 Participant Service Guarantee

The latest quarter shows notable improvements in the service standard experience across a number of the measurable Participant Service Guarantee metrics.

Performance against the service standards – March 2023

The NDIA commenced measuring performance against the Participant Service Guarantee metrics prior to passing the Participant Service Charter and Guarantee legislation, and these results have been published in prior quarterly reports. On 30 March 2022, the NDIS Amendment (Participant Service Guarantee and Other Measures) Bill 2021 passed in both houses of Parliament and received Royal Assent on 1 April 2022. The legislation focuses on improving participant experience and builds on the recommendations of the 2019 Tune Review. It legislates the Participant Service Guarantee (from 1 July 2022) and introduces changes that provide greater flexibility for participants and the NDIA to vary plans.

It is recognised that there is ongoing work to do to ensure that targets are met across the planning, plan reassessments and reviewable decisions pathways. Initial mapping of principles to PSS questions and other data sources has been undertaken and is underway. This work overlaps with the Office of Commonwealth Ombudsman PSG project. Work is progressing and the project is on track for FY24.

In the March 2023 quarter, 10 out of the 17 (59%) PSG timeframes were met in 95% of cases, compared to 12 out of 17 (71%) in the December quarter and 10 out of 17 (59%) in the September quarter.

PSG	Service type	Description of the service being guaranteed	Service Guarantee	Performance in the March 2023 quarter	Comparison to target of 95%	Change from last quarter
1	General	Explain a previous decision, after a request for explanation is received	28 days	99%	●	↔
2	Access	Make an access decision, or request for more information, after an access request has been received	21 days	96%	●	↓
3	Access	Allow sufficient time for prospective participants to provide information, after NDIA has requested further information	90 days	96%	●	↔
4	Access	Make an access decision, after more information has been provided.	14 days	96%	●	↔
5	Planning	Commence facilitating the preparation of a plan, after an access decision has been made	21 days	94%	▲	↔
6	Planning	Approve a participant's plan, after an access decision has been made (excludes those Early Childhood Approach that have received initial supports)	56 days	93%	▲	↔
7	Planning	Approve a plan for ECA participants, after an access decision has been made	90 days	98%	●	↔

Comparison to target of 95% ● 95% and over ▲ 85%-95% ■ Less than 85%
Change from last quarter ↑ More than 3 percentage points higher ↔ Within 3 percentage points ↓ More than 3 percentage points lower

Section three: Participant experience

PSG	Service type	Description of the service being guaranteed	Service Guarantee	Performance in the March 2023 quarter	Comparison to target of 95%	Change from last quarter
8	Implementation	Offer to hold a plan implementation meeting, after the plan is approved	As soon as reasonably practical ⁵⁷	Reporting will commence in the second half of 2023		
9	Implementation	If the participant accepts the offer, hold a plan implementation meeting	28 days	100%	●	↔
10	Implementation	Provide a copy of the plan to a participant, after the plan is approved	7 days	Reporting will commence in the second half of 2023		
11	Plan reassessment	Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date	56 days	68%*	■	↓
12	Plan reassessment	Decide whether to undertake a Participant Requested Plan reassessment, after the request is received	21 days	79%	■	↔
13	Plan reassessment	Complete a reassessment, after the decision to accept the request was made	28 days	67%	■	↓
14	Plan variations	Amend a plan, after the receipt of information that triggers the plan amendment process	28 days	93%	▲	↔
15	Plan variations	Amend a plan, after receipt of information relating to a complex quote that triggers a plan amendment process	50 days	97%	●	↑
16	Plan variations	Provide a copy of the plan to a participant, after the plan is amended	7 days	Reporting will commence in the second half of 2023		
17	Reviewable decisions	Complete an internal Review of a Reviewable Decision, after a request is received	60 days	94%	▲	↔
18	Reviewable decisions	Implement an AAT decision to amend a plan, after the AAT decision is made	28 days	98%	●	↔
19	Nominee	Cancel participant requested nominee	14 days	100%	●	↔
20	Nominee	Cancel CEO initiated nominee	14 days	100%	●	↔

* Note: The NDIA's new participant check-in process ensures that every scheduled reassessment begins with a contact from the planner or partner to discuss reassessment options well before any scheduled reassessment date. Plans are extended automatically if they have not been reassessed before expiry so participants have continuity of support. That is, participants do not stop receiving supports.

Comparison to target of 95%	● 95% and over	▲ 85%-95%	■ Less than 85%
Change from last quarter	↑ More than 3 percentage points higher	↔ Within 3 percentage points	↓ More than 3 percentage points lower

⁵⁷ The average (mean) timeframe for this Participant Service Guarantee metric is 17 days and the median is 3 days.

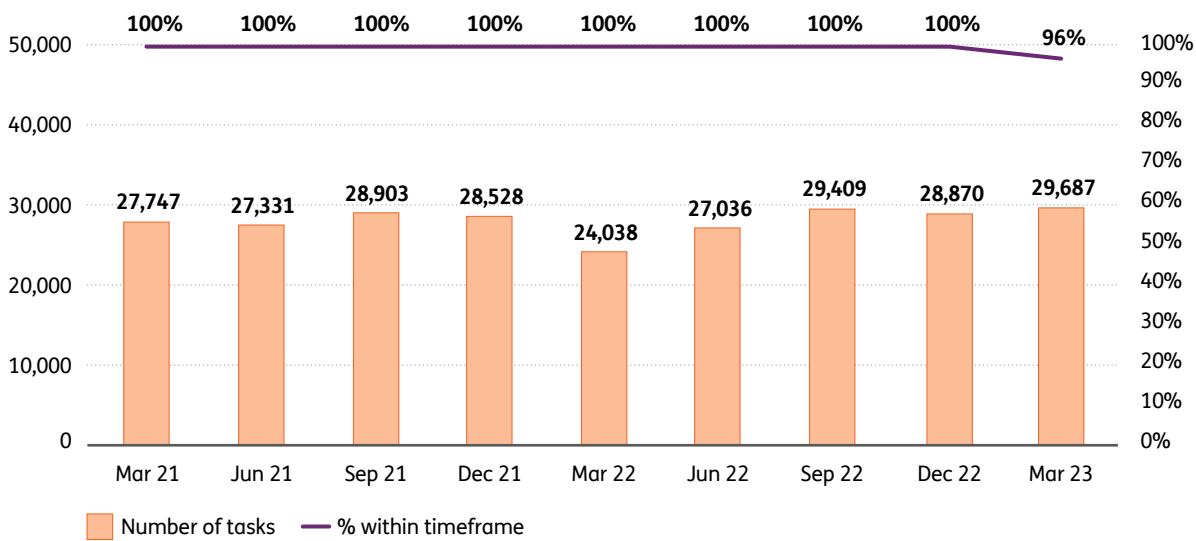
Key trends in Participant Service Guarantee metrics

The NDIA has consistently been meeting Participant Service Guarantee timeframes for access decisions and first plan approvals (for those aged 0–6 years) over the last few quarters, and there has been marked improvement compared to 2020.

Access decisions

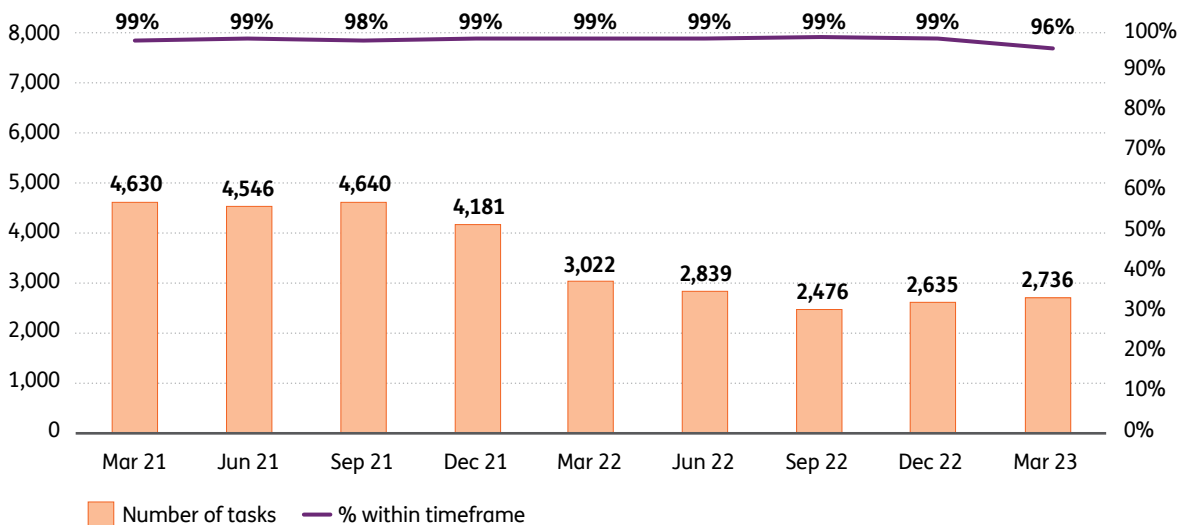
The NDIA has consistently met the 21-day timeframe in respect of access decisions over the last nine quarters. For the March 2023 quarter, there has been a slight reduction across the access PSG metrics due to resourcing constraints impacting the National Access and Review Branch (NARB) in January 2023. These metrics have since recovered post January.

Figure 35: PSG 2 – Access decision made, or further information requested, after receiving access request



The NDIA has also consistently met the 14-day timeframe in respect to making an access decision after the final information has been provided.

Figure 36: PSG 4 – Make an access decision, after the final information has been provided



Planning

Plan approval timeframes for participants aged 0–6 have improved over the last year, with 98 per cent approved within the timeframe of 90 days in the March 2023 quarter (PSG 7). The target timeframe for plan approvals for those aged 7 and above (PSG 6) was reduced from 70 days to 56 days from the March 2021 quarter and there was a consequent reduction in service level met. However, service levels have improved notably since the March 2022 quarter reaching levels prior to the change in target timeframe. The March 2023 quarter has 93 per cent of plans for those aged 7 and above approved in 56 days.

Figure 37: PSG 5 – Commence facilitating the preparation of a plan, after an access decision has been made⁵⁸

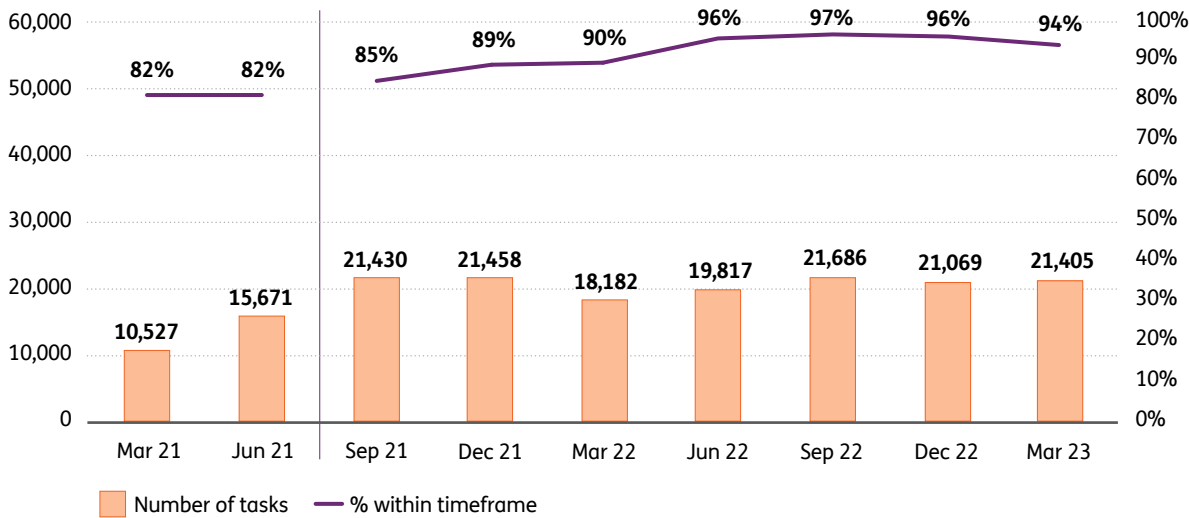
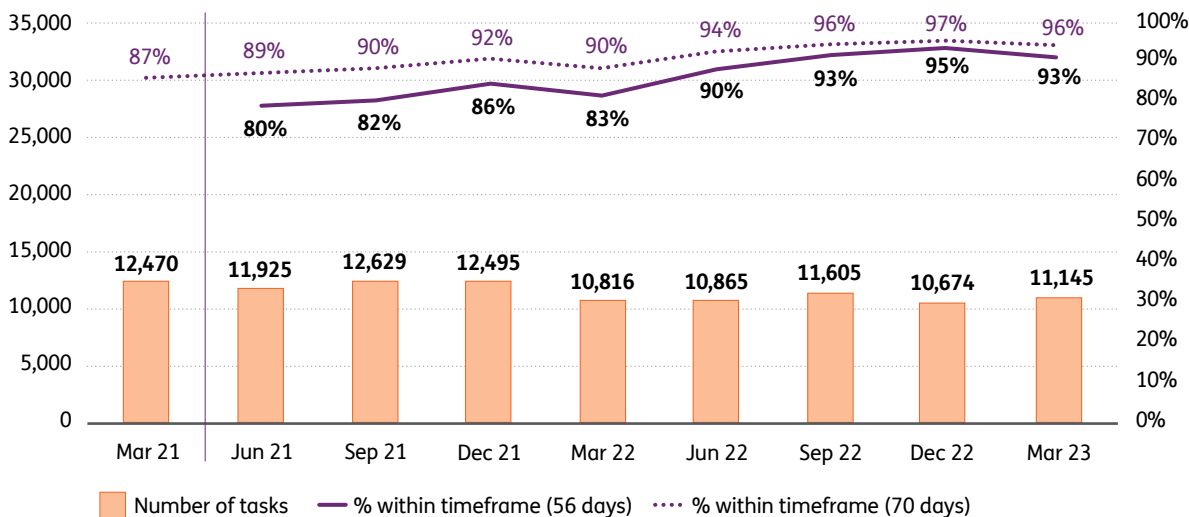


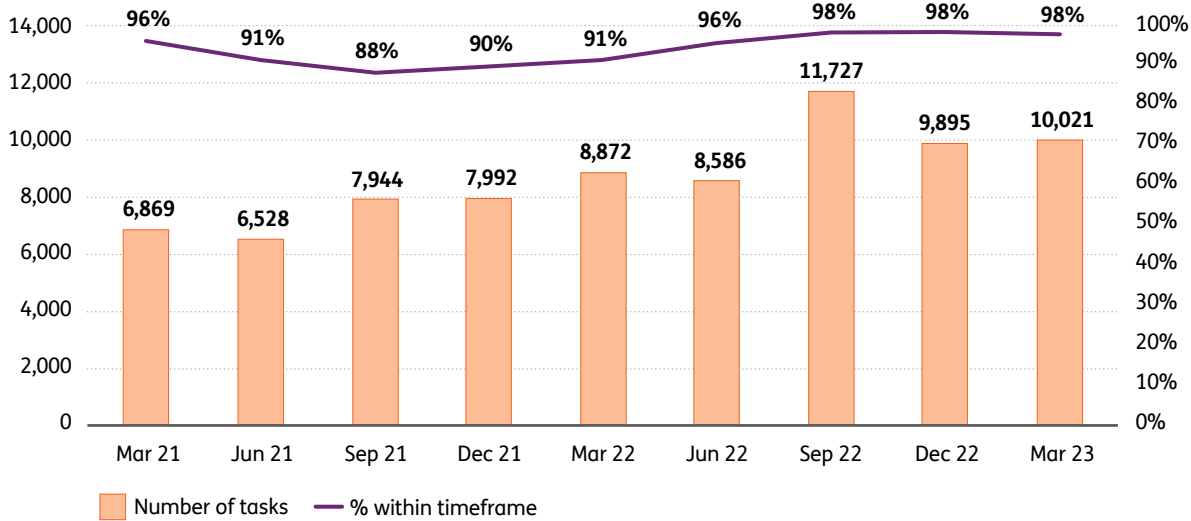
Figure 38: PSG 6 – First plan approved after access decision has been made, 7+ years⁵⁹



58 New business processes have been implemented from July 2021.

59 The target timeframe for this metric has been reduced from 70 to 56 days in early 2021.

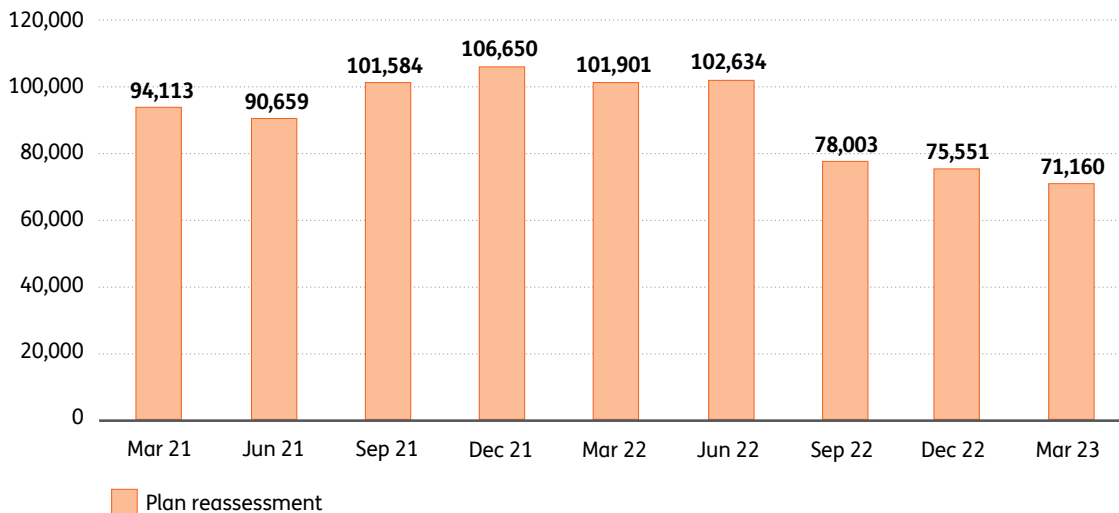
Figure 39: PSG 7 – First plan approved after access decision has been made, 0–6 years



Plan reassessment⁶⁰

There were 71,160 plan reassessments conducted in the March 2023 quarter. There has been a reduction of plan reassessments from the September 2022 quarter compared to the preceding four quarters due to a plan continuation strategy which involves communicating with the participant to ensure there have been no significant changes in circumstance and that the participant is in agreement with this approach. This has led to a lower volume of plan reassessments in the quarter. Of the 71,160 plan reassessments conducted in the March 2023 quarter, 47,142 (66 per cent) were initiated by the Agency and 24,018 (34 per cent) were requested by participants. Agency Initiated Plan Reviews occur as plans are due to expire, and a new plan is required.

Figure 40: Number of plan reassessments by quarter⁶¹

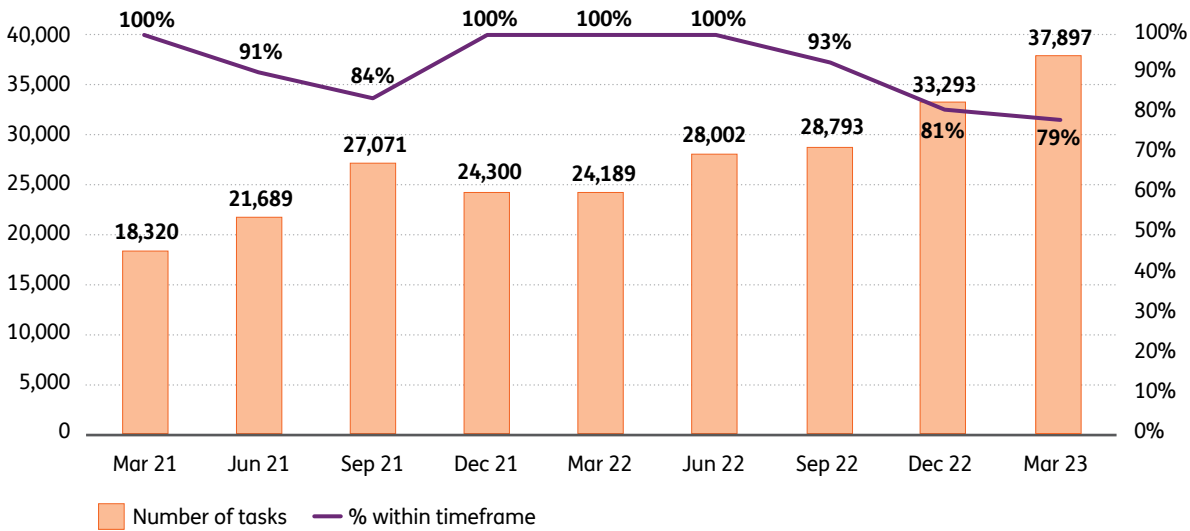


⁶⁰ Plan Reviews are now referred to as Plan Reassessments in line with the amendments to the NDIA legislation which came into effect on 1 July 2022.

⁶¹ Short plans (plans with duration less than or equal 30 days) have been excluded. The number of plan reassessments in historical periods have been updated with retrospective data changes.

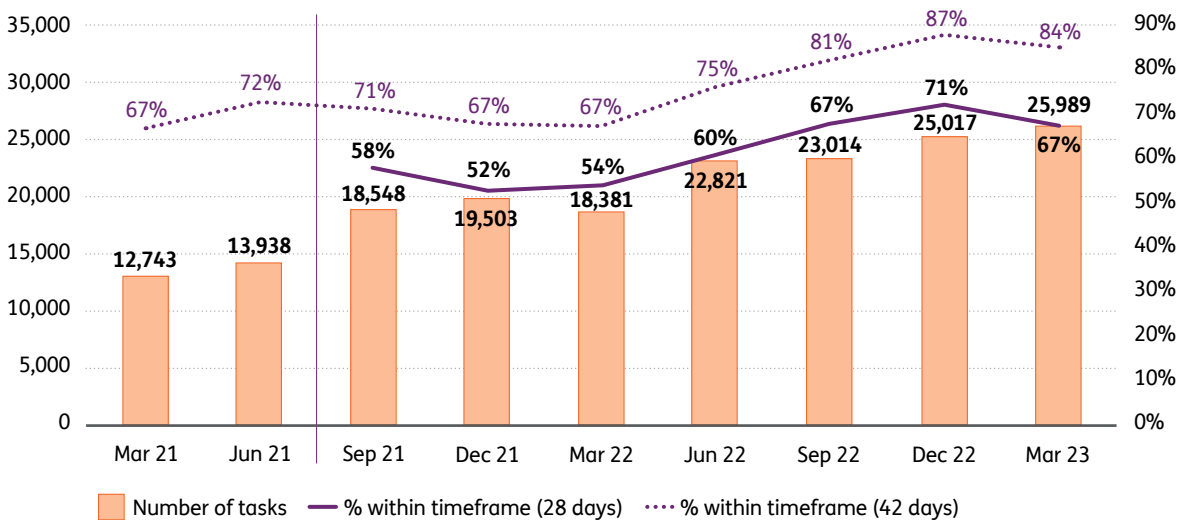
Decisions about whether or not to conduct a Participant Reassessment Request (PRR) were made within 21 days, 79 per cent of the time in the March 2023 quarter.

Figure 41: PSG 12 – Decision made to undertake PRR after request is received



The target PRR timeframe was reduced from 42 days to 28 days from the September 2021 quarter and there has been a consequent reduction in service level met. The PRR timeframes have increased since the March 2022 quarter and have reached 67 per cent as at March 2023 based on the 28-day target timeframe.

Figure 42: PSG 13 – PRR completed after decision made to undertake reassessment²

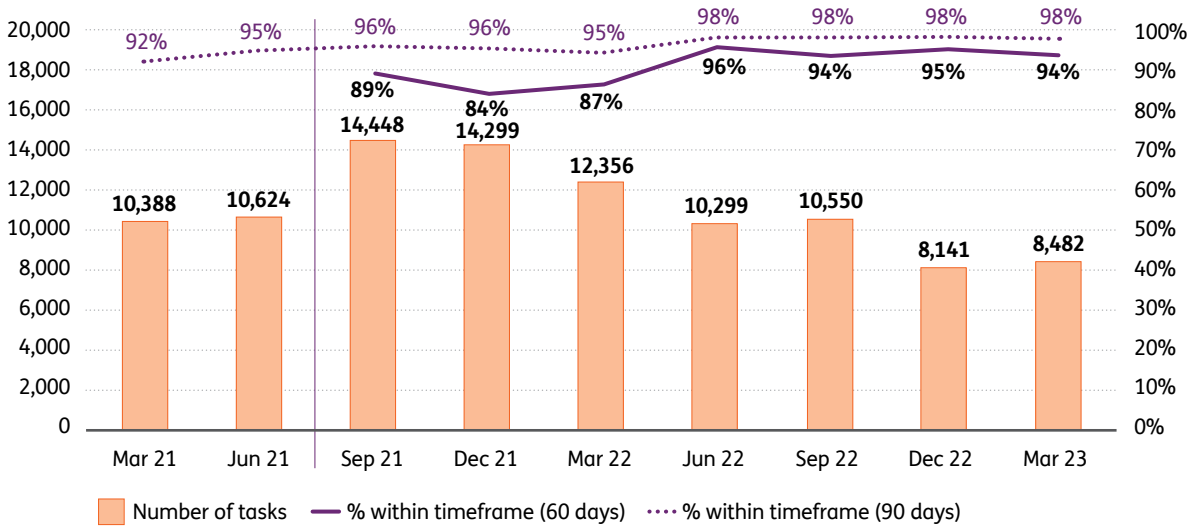


⁶² In most cases, the results from September 2021 onwards are based on a 28-day timeframe but the results prior to September 2021 are based on a 42-day timeframe.

Reviewable decisions

The target timeframe for completing a Review of a Reviewable Decision (RoRD) was reduced from 90 days to 60 days from the September 2021 quarter and there has been a consequent reduction in service level met. However, there has been a notable improvement since the December 2021 quarter. The March 2023 quarter has 94 per cent of RoRDs within the target timeframe of 60 days, on par with levels based on the 90-day timeframe.

Figure 43: PSG 17 – Complete RoRDs after request is received⁶³



⁶³ In most cases, the results from September 2021 onwards are based on a 60-day timeframe but the results prior to September 2021 are based on a 90-day timeframe.

Home and Living decisions

The end-to-end process duration for Home and Living applications tracks the time taken from receipt of Home and Living application form through to plan implementation.⁶⁴

- In the March 2023 quarter, **7,086** Home and Living applications were closed or implemented⁶⁵ and **71%** were finalised within 90 days. This compares with 7,512 applications closed or implemented in the December 2022 quarter.
- At 31 March 2023, **3,724** applications remained in-progress, a net increase of **536** applications compared with December 2022. **3,040** in progress applications were waiting for a decision from a Home and Living delegate,⁶⁶ while a further **684**⁶⁷ were waiting for supports to be implemented in a plan.
- Approximately **8%** of the open applications have been in progress for 90 days or more, an increase from 4% as at 31 December 2022. The number of in-progress applications awaiting plan implementation for 90 days or more has increased from 141 applications in December 2022 to **290** applications as at 31 March 2023.
- At 31 March 2023, **59%** or **2,206** open applications have been flagged as relating to PRR or RoRD requests.
- In the March 2023 quarter, there were **7,725** new requests for Home and Living applications. This compares with a quarterly average of **6,669** new requests over the previous 12 months.

Figure 44: Number of Home and Living Applications by stage in the Plan Implementation process

Cohort	Last period number	New requests in period	Closed in period	On-hold end of period ⁶⁸	Open end of period number			Total
					Awaiting delegate decision	Awaiting Plan Implementation		
H&L Applications	3,134	7,725	7,086	49	3,040	684		3,724 ⁶⁹

Figure 45: Number of Home and Living applications by time taken from application to Plan Implementation

Days	Duration of closed applications in period							Duration of open applications in period						
	no data ⁷⁰	<14 days	15 to 30 days	31 to 60 days	61 to 90 days	90+ days	Total	no data	<14 days	15 to 30 days	31 to 60 days	61 to 90 days	90+ days	Total
H&L Applications	1,765	1,165	1,222	2,131	489	314	7,086	-	1,400	770	927	337	290	3,724
%	25%	16%	17%	30%	7%	4%	100%	0%	38%	21%	25%	9%	8%	100%

64 The time taken for Participants to respond to requests for further information (RFI) has been removed from the duration.

65 An application is considered closed if an application is cancelled or rejected, a Participant is declined all Home and Living supports, or an application won't progress to implementation (e.g. deceased, Participant chooses not to proceed etc.). An application is considered implemented once a Participant has a new approved Plan.

66 506 out of the 3,040 applications the NDIA is waiting on additional information from participants.

67 The Operations and Support Division are continuing to investigate open applications to ensure next steps are underway for Participants as part of an ongoing process.

68 Applications where implementation will only occur at a later date or may not occur. Includes Participants in the CSN / Complex pathway, Participants awaiting a Hospital Discharge, YPIRAC / Aged Care, Voluntary Out of Home Care (VOOHC), Justice Involvement, AAT cases and unresolved s100 / s48 cases.

69 There are 3,724 open home and living applications relating to 3,710 unique participants.

70 Due to system limitations it is not possible to accurately capture timeframes for all closed applications. This limitation predominantly affects timeframes of cancelled applications.

Figure 46: Number of open Home and Living applications by source and time taken from application to Plan Implementation

Application source	Duration of open applications in period					Total	%
	<14 days	<30 days	<60 days	<90 days	90+ days		
PRR	553	480	502	112	70	1,717	46%
RoRD	206	99	112	49	23	489	13%
AIPR	499	74	84	31	22	710	19%
Scheduled Plan Review (SPR)	142	117	226	143	172	800	21%
Missing	0	0	3	2	3	8	0%
Total	1,400	770	927	337	290	3,724	100%

The NDIS is committed to improving this metric, including reducing the number of outstanding 90+ day Home and Living requests to be in line with the performance target of all other Participant Service Guarantee metrics. This includes increasing the number of delegates to make Home and Living decisions and the number of staff to process the requests. The NDIA is also continuing to streamline the end-to-end process with the intent of minimising the number of hand-offs which will result in an improvement in the overall timeframe.

3.3 Key trends in complaints, RoRDs, and Administrative Appeals Tribunal (AAT) cases

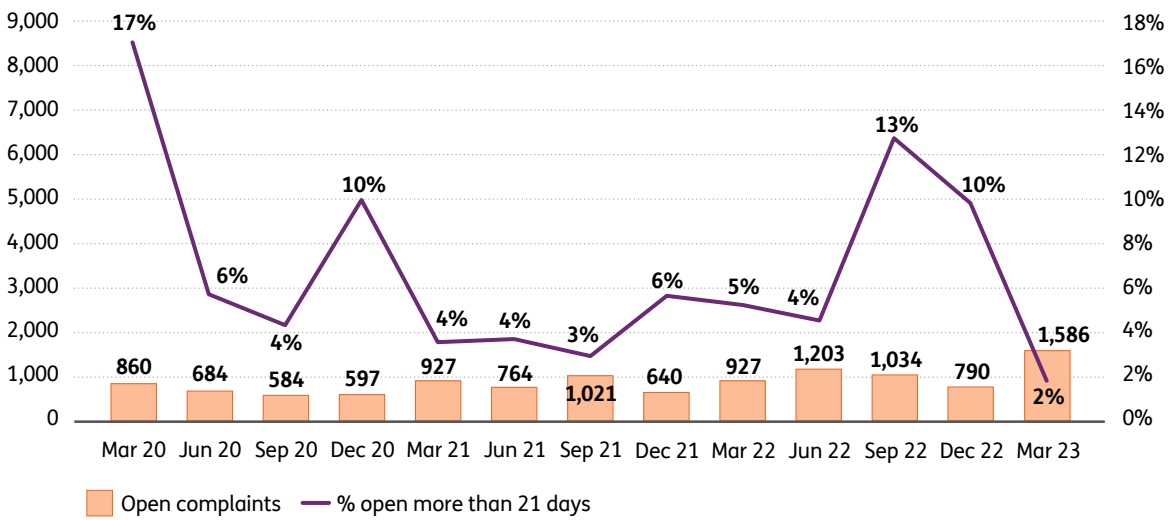
The Agency is seeing an increase in complaints but a decrease in RoRD and AAT cases in recent quarters.

Complaints

The agency maintains a service standard under which it aims to resolve 90 per cent of complaints within 21 days after they are received. In the March quarter this service standard was met at 94 per cent.

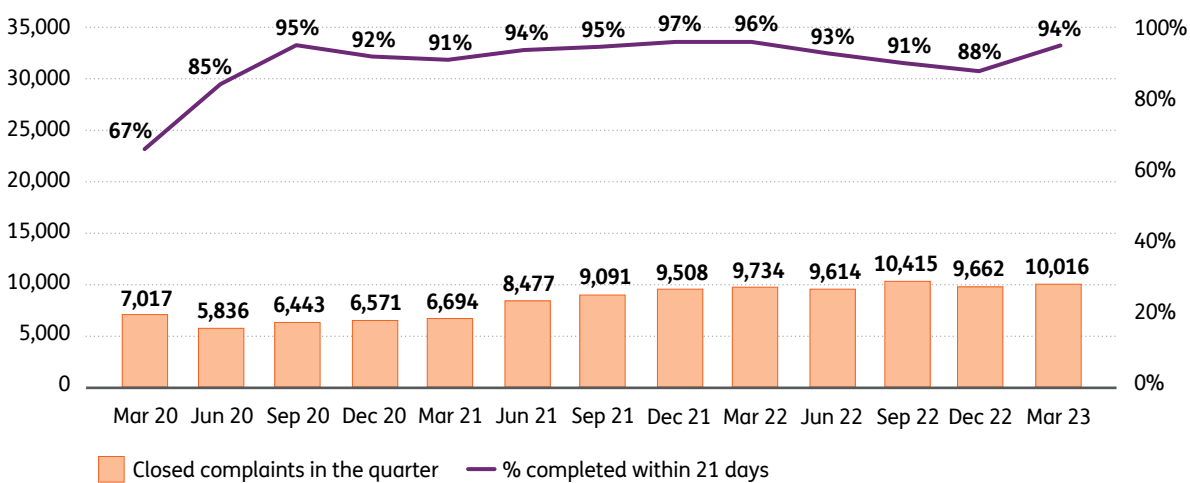
There has been an increase in the total volume of complaints received in the March 2023 quarter, which consequently resulted in a higher volume of open complaints at the end of the quarter. Notwithstanding this increase, the percentage of complaints open for more than 21 days is 2 per cent.

Figure 47: Open complaints and percentage that have been open for more than 21 days⁷¹



Around 91 per cent of complaints have been closed within 21 days in the past four quarters, this proportion has slightly declined from levels seen in 2021.

Figure 48: Closed complaints and percentage completed within 21-day timeframe



⁷¹ The numbers of complaints reported for the most recent quarter may still increase to the extent there is a lag in data collection. However, any increase is not expected to have a material impact on the results.

Section three: Participant experience

In the March 2023 quarter, the number of complaints as a proportion of active participants (7.1%) has now normalised to the previous five quarter number prior to the December 2022 quarter. It is noted that there is a moderate decrease in complaints in the December 2022 quarter.

Further, 241 complaints were received from providers over the quarter, which is equivalent to 2.4 per cent of registered providers making a complaint.

Figure 49: Number and proportion of participant complaints over time⁷²

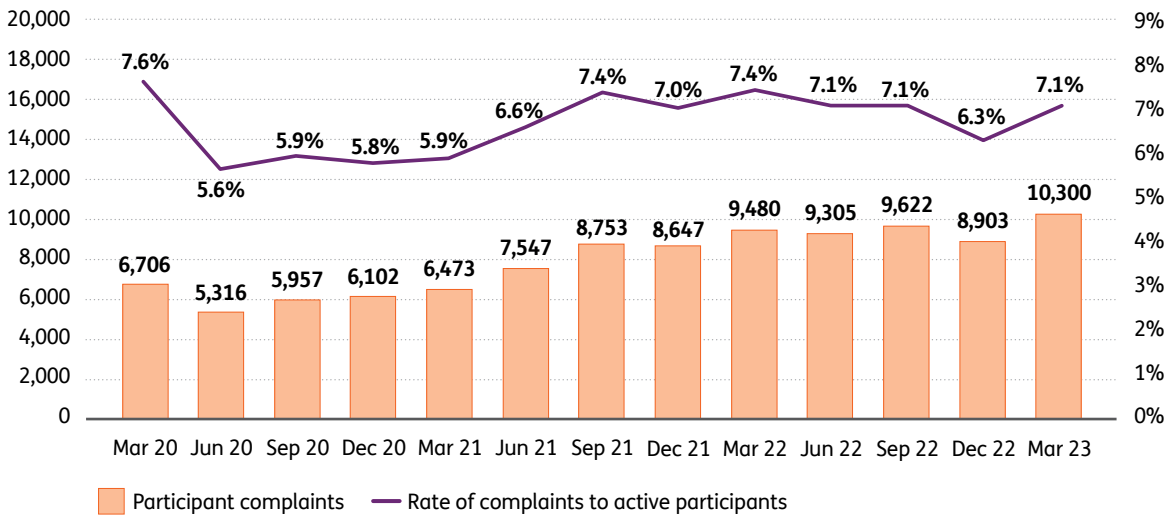
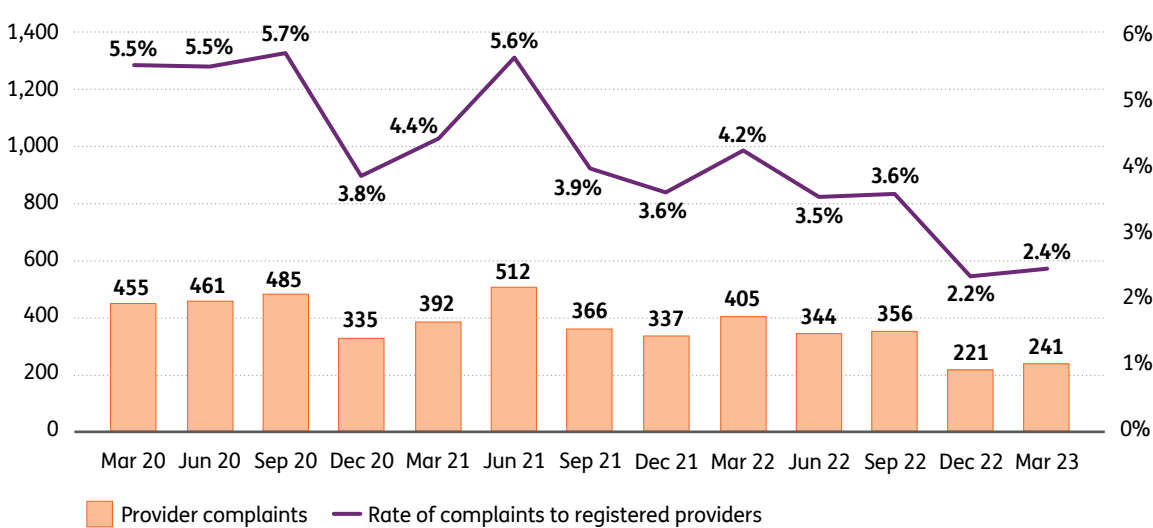


Figure 50: Number and proportion of provider complaints over time⁷³



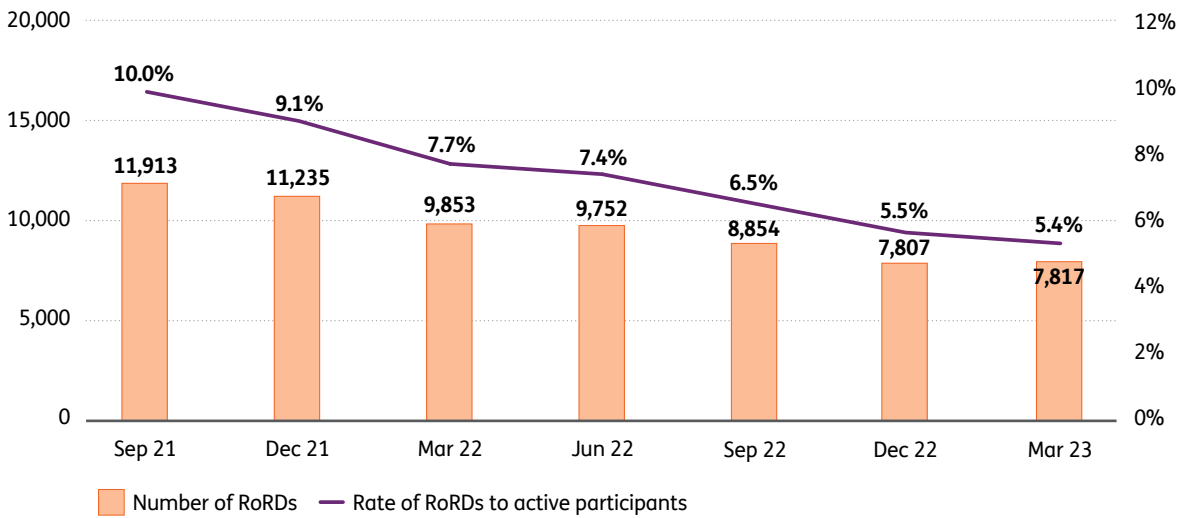
⁷² In the 'My Customer Requests' tile launched in October 2019, it is possible to record multiple related parties as the source of a complaint and in some cases both participants and providers or other parties are linked to a single case. Previously, the single source was often recorded as a participant regardless of whether a provider was associated with the complaint.

⁷³ Ibid

Review of a Reviewable Decision (RoRD)

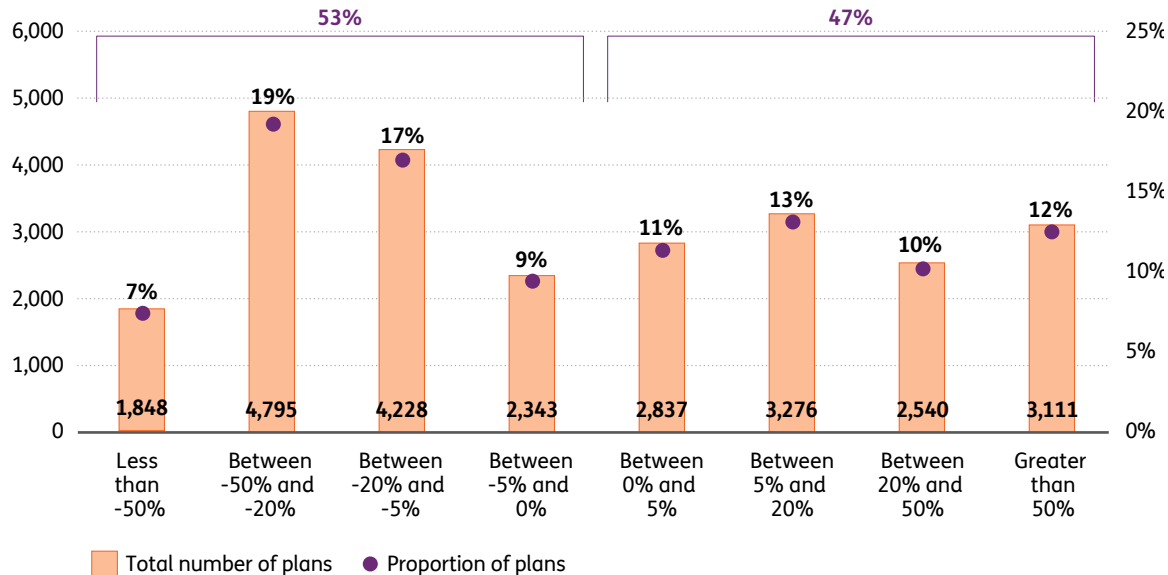
The number of RoRDs as a percentage of active participants has decreased from 10.0 per cent in the September 2021 quarter to 5.4 per cent in the March 2023 quarter.

Figure 51: Requests for a RoRD – quarterly trend⁷⁴



Of the 34,230 RoRDs received over the last year, 24,978 (73 per cent) related to plan reassessment decisions, with the remaining relating to first plan approvals and access decisions. In considering changes in the plan budgets for these plans resulting in a RoRD, 53 per cent had a decrease in plan budgets and 47 per cent had an increase prior to the RoRD request.

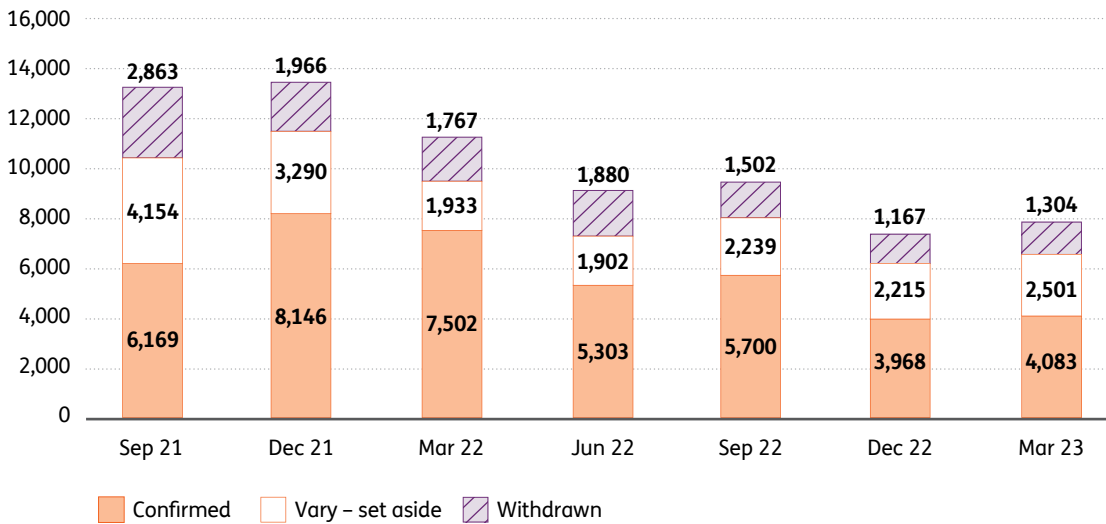
Figure 52: Change in plan budgets for plans resulting in RoRDs received (1 April 2022 to 31 March 2023)



⁷⁴ The number of RoRDs have changed compared with the previous report. This is due to additional records which have been retrospectively added/removed from the underlying data. Work to include records entered in the off-system database as well as requests that have been recorded in the ICT system continues.

There were 7,888 RoRDs closed in the March 2023 quarter with 1,304 requests withdrawn. Of the remaining closed RoRDs, 4,083 confirmed the Agency’s decision, meaning there was no change from the Agency’s decision. Further, there were 2,501 decisions to amend or set aside the decision of the original decision maker. Decisions are often varied or set aside as further evidence is obtained during the review process.

Figure 53: Closed RoRDs by outcome – quarterly trend



Administrative Appeals Tribunal (AAT)

If a person is not satisfied with the outcome of their review, they may apply to the AAT for review of a decision made by a reviewer. The NDIA is committed to acting as a model litigant in the AAT as required by the Legal Services Directions 2017, and in doing so works with applicants and their legal representatives to resolve their matters as early as possible in the AAT process.^{75,76}

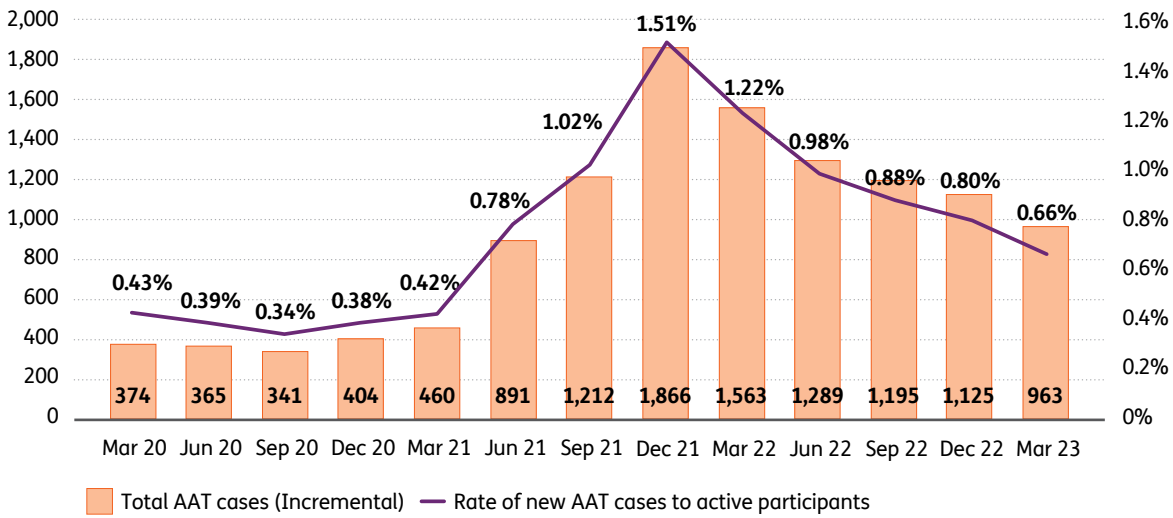
There were 963 new AAT cases in the March 2023 quarter, relating to 944 participants. The number of new AAT cases (as a proportion of active participants) has decreased steadily over the last five quarters after a significant increase in the year to 31 December 2021. The rate has decreased since the December 2021 peak of 1.51 per cent and in the March 2023 quarter the rate decreased further to 0.66 per cent.

While taking into consideration that each decision made in the AAT is merit-based (i.e. specific to the individual facts and circumstances of the particular case leading to a decision before the Tribunal), and thus not a legal precedent, the NDIA is constantly monitoring the issues emerging from its AAT decisions to further develop its policies in supporting a consistent and equitable approach to its funding packages under s34 of the Act and reasonable and necessary supports.

⁷⁵ As part of the AAT process, it is not uncommon for new requests to be made and for new evidence to be provided by applicants while their matters are in progress. This contributes to NDIS decisions being varied in the AAT.

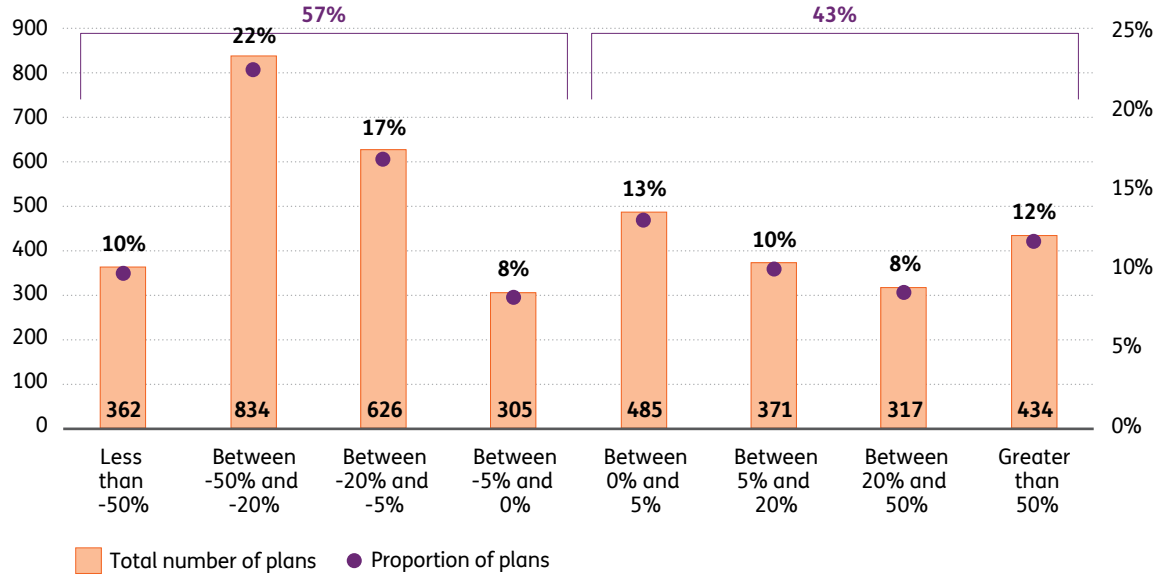
⁷⁶ Further information about the AAT process can be found on the AAT website: <https://www.aat.gov.au/apply-for-a-review/national-disability-insurance-scheme-ndis/can-we-help>

Figure 54: Number and proportion of new AAT cases over time



There were 3,734 plan reassessments that led to an AAT case in the last year. In considering changes in the plan budgets for these plans resulting in an AAT case, 57 per cent had a decrease in plan budgets prior to applying to the AAT and 43 per cent had an increase.

Figure 55: Change in plan budgets for plans resulting in an AAT case received in the past 12 months (1 April 2022 to 31 March 2023)



There have been 12,138 AAT cases closed since the commencement of the NDIS. Of those cases, 11,860 were resolved before a hearing, with the remaining 278 progressing to a substantive hearing and receiving a decision on a substantive legal issue.

Figure 56: AAT cases by open/closed and decision

	Number of cases	Number of unique active participants ⁷⁷
AAT Cases	15,278	13,932
Open AAT Cases	3,140	3,105
Closed AAT Cases	12,138	11,122
Resolved before hearing	11,860	10,878
Gone to hearing and received a substantive decision	278	244

Of the cases no longer before the AAT, approximately 66 per cent were resolved by agreement, 29 per cent were withdrawn by the applicant or dismissed by the AAT and two per cent proceeded to a (substantive) hearing.⁷⁸

Of the cases that went to (substantive) hearing, the NDIA’s original decision was:

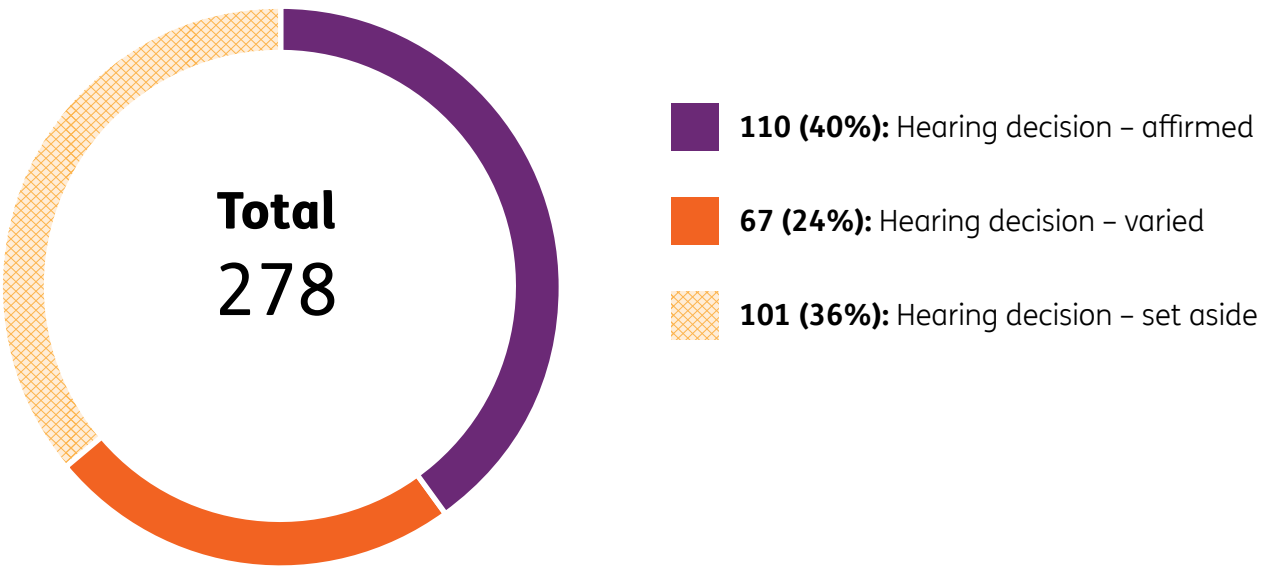
- **Affirmed in 110 cases (40%).** This means the NDIA’s original decision was not changed.
- **Varied in 67 cases (24%).** This means the original decision was changed or altered in some way. As above, where changes to the plan were made by the AAT, this did not necessarily relate to the whole plan. In many cases it was only part of the plan.
- **Set aside in 101 cases (36%).** This means the AAT agreed or partially agreed that the original decision was incorrect. The AAT either replaced the NDIA’s original decision to some extent or sent the matter back to the Agency to make a new decision in accordance with specific instructions or recommendations. Where changes to the plan were made by the AAT, this did not necessarily relate to the whole plan. In many cases it was only part of the plan.

The NDIA is seeing an increasing number of cases proceeding to a (substantive) hearing in most recent quarters, which is consistent with the rising complexity in the multitude of supports being requested for review by applicants.

⁷⁷ As participants may have both open and closed cases, the unique active participants will not sum to the total.

⁷⁸ Less than 3 per cent of cases were related to applications for an extension of time which were declined by AAT or were not opposed by the Agency, matters over which AAT has no jurisdiction and reasons that were unspecified

Figure 57: AAT cases that have gone to hearing and received a substantive decision⁷⁹



Pathway from plan reassessments and first or short plans to RoRDs and AATs

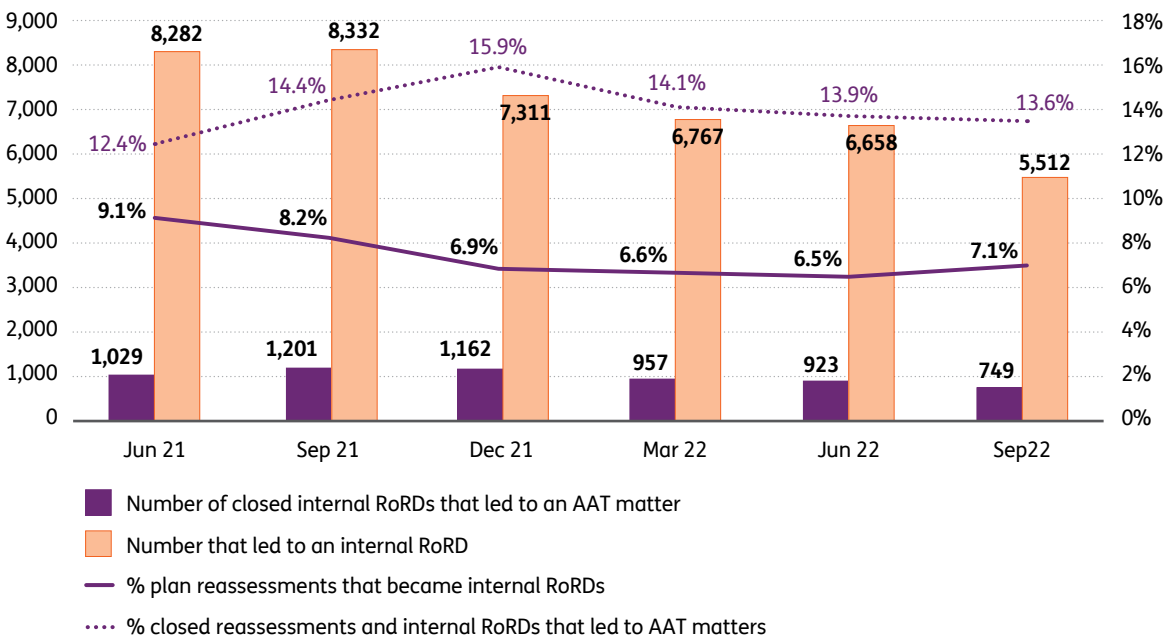
A participant may request a RoRD and then further appeal to the AAT. The following two figures show the pathway from plan reassessments to RoRDs and AAT cases between 1 April 2021 and 30 September 2022.

The proportion of RoRDs, arising from plan re-assessments as well as the proportion of AATs arising from RoRDs has been reducing in recent quarters:

- Plan reassessment related RoRDs have declined from a peak of **9.1%** (**8,282** RoRDs) in the June 2021 quarter to **7.1%** (**5,512** RoRDs) in the September 2022 quarter.
- Plan reassessment related AATs have declined from a peak of **15.9%** (**1,161** AATs) in the December 2021 quarter to **13.6%** (**749** AATs) in the September 2022 quarter.

⁷⁹ The Tribunal will affirm the decision under review if it finds that the NDIA has made the correct decision or vary the decision under review if it finds the NDIA's decision should be altered in some way. The Tribunal will set aside the decision under review if it finds that the NDIA has made a wholly or partially incorrect decision. In this case they can replace the NDIA's decision or send the case back to the NDIA with considerations to be taken when making a new decision.

Figure 58: Pathway from plan reassessment to RoRDs and AAT between 1 July 2021 and 30 September 2022 at 31 March 2023



3.4 Participant satisfaction

Participant satisfaction has remained in line with previous quarters.

This quarter, 87 per cent of participants rated the Planning process as either good or very good, with a further eight per cent rating the experience as neutral. Eighty-one per cent of the participants in the quarter rated the Access process as either good or very good, 82 per cent rated the Pre-Planning process as either good or very good, and 69 per cent of participants rated the Plan Reassessment process as either good or very good. These results are based on 1,133 surveys at Access, 893 at Pre-Planning, 4,497 at Planning and 10,526 at Reassessment, which is 17,049 in total.

Satisfaction with the Plan Reassessment process has increased slightly, by one percentage point in the most recent quarter, following one percentage point decreases in the two prior quarters.

Figure 59: Rating of experience with the NDIS (1 October 2022 to 31 December 2022)

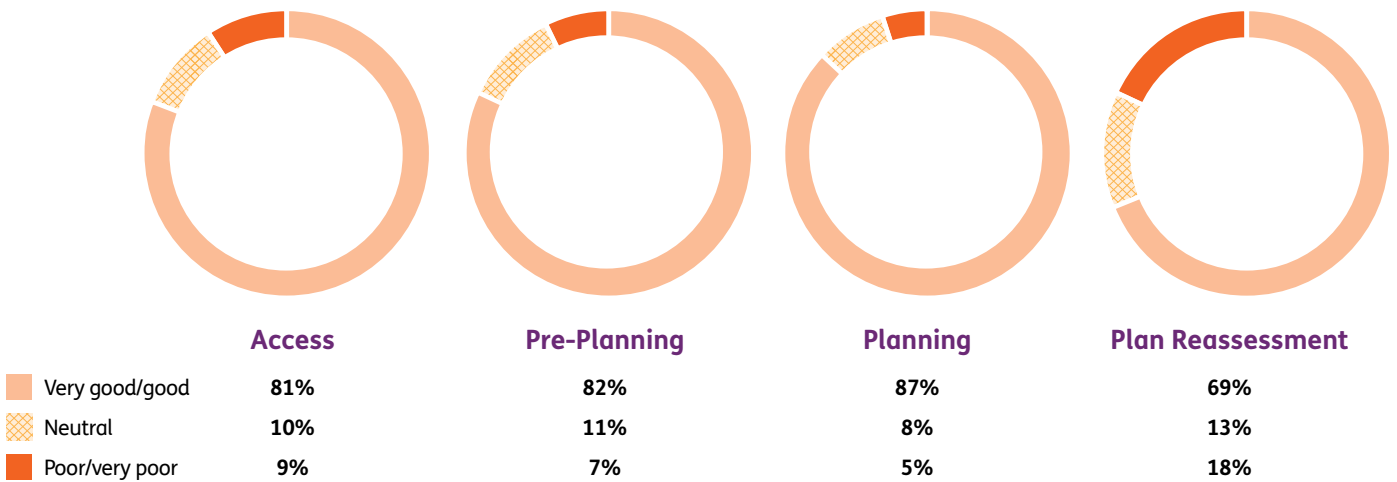
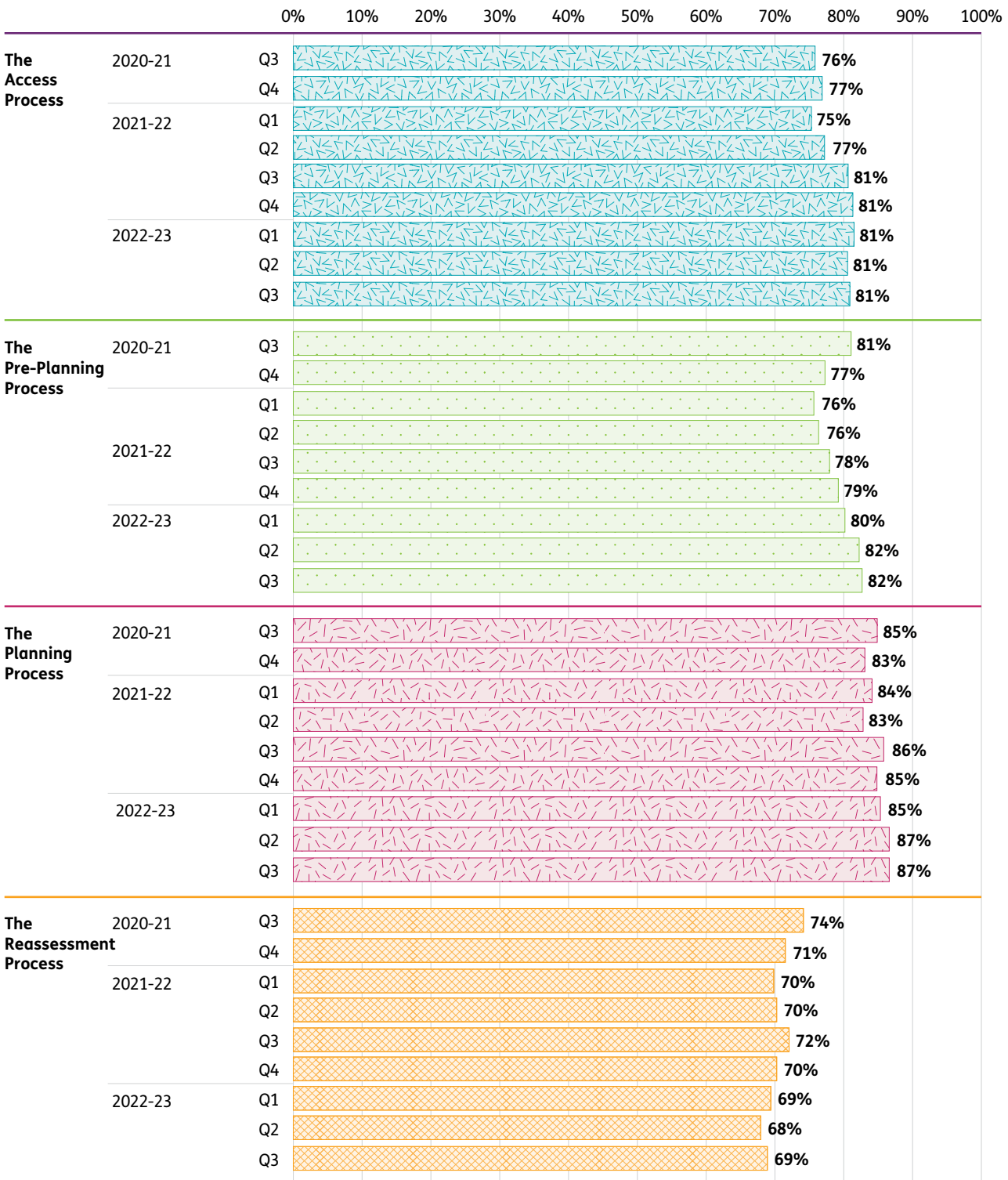


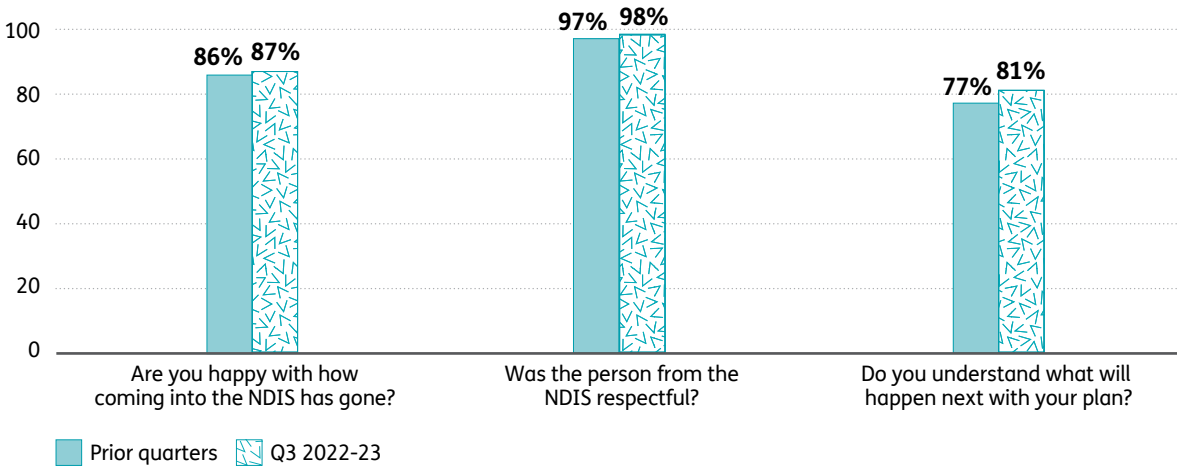
Figure 60: Trend of satisfaction across the pathway (% very good/good)⁸⁰



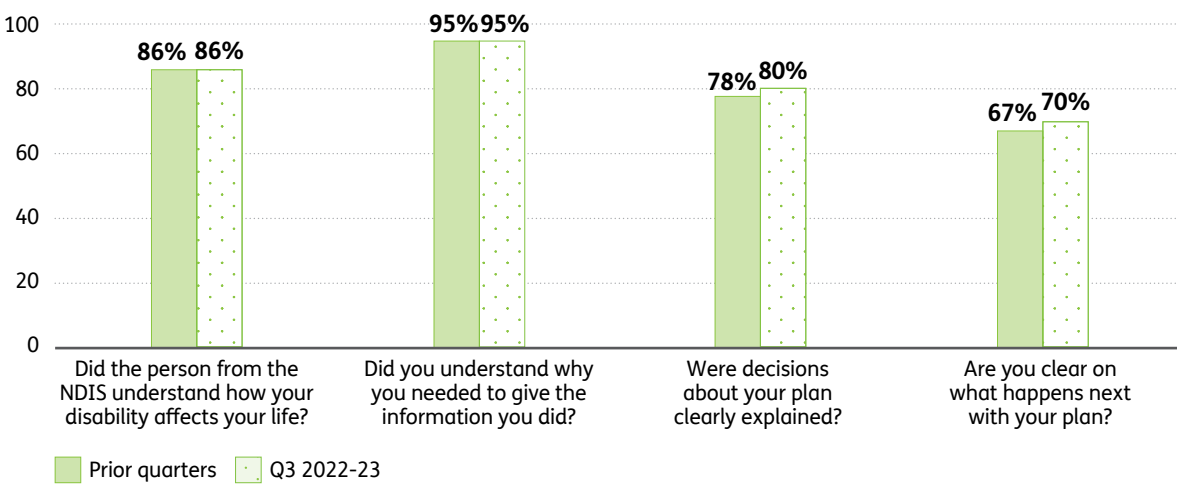
⁸⁰ Participant satisfaction results for prior quarters have been restated using data as at 31 December 2022 due to retrospective changes in the underlying data. These changes mainly arise from lags in data collection.

Figure 61: Satisfaction across the four stages of the pathway⁸¹

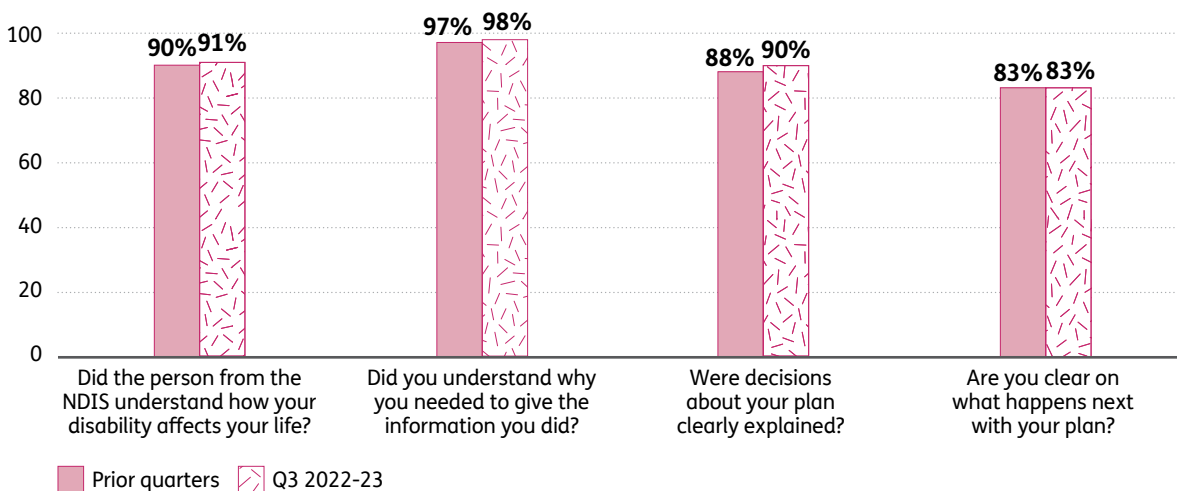
Stage One: Access



Stage Two: Pre-Planning



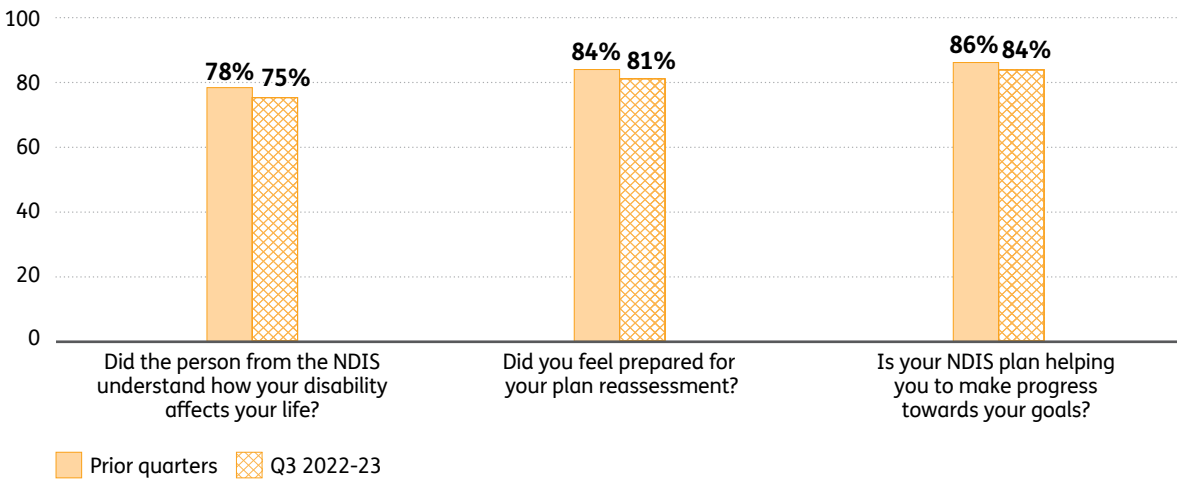
Stage Three: Planning



⁸¹ Prior quarters include responses from 1 October 2020.

Figure 61: Satisfaction across the four stages of the pathway⁸² cont.

Stage Four: Plan Reassessment



The surveys also include questions that provide further insights at each stage of the pathway.

The results (Figure 61) indicate that satisfaction for the March 2023 quarter is slightly more favourable than for prior quarters for most questions about the first three pathway stages, although satisfaction declined slightly in relation to Plan Reassessment.

For this quarter and historically, the percentage who have a clear understanding of what happens next with their plan in the first three steps of the participant pathway has been lower than the positive response rate for other questions. For example, at planning, 83 per cent were clear on what happens next with their plan (same as for prior quarters), lower than the 90–98 per cent responding positively to other questions about planning.

Participants surveyed responded very positively to questions on whether the person from the NDIS was respectful, and to understanding why they needed to provide the information they did.

⁸² Prior quarters include responses from 1 October 2020.

3.5 The NDIS National Contact Centre (NCC)

This quarter the NCC commenced implementation of a transformation to its contact centre operation. This includes the partial insourcing of contact centre staff, significant upgrading and retraining of staff skills and process reengineering. In Quarter 3, customer satisfaction and first contact resolution results remain high.

The agency maintains a service standard where our NCC will answer 80% of calls within 60 seconds. In the March quarter this service standard was at 45 per cent.

The NDIS NCC provides personal and high-quality services and information about the NDIS for people with disability, their family and carers, and service providers. Serco Citizen Services (Serco) have been delivering the NCC service since June 2018, operating from Dandenong and Newborough in Victoria.

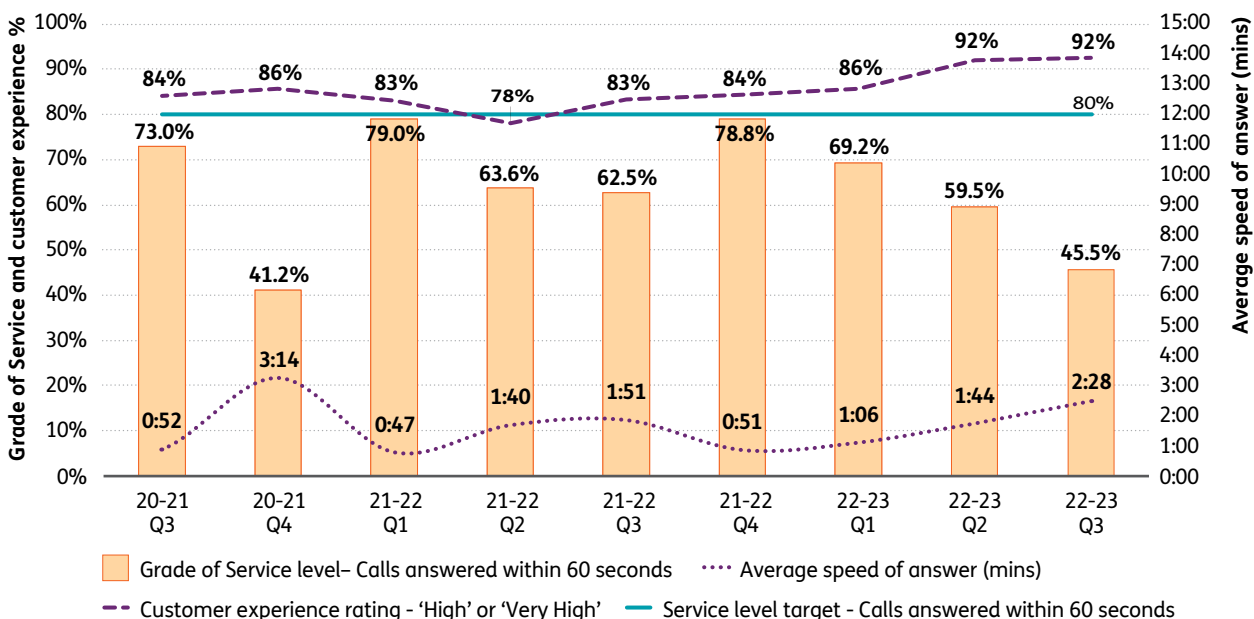
In Quarter 3 the NCC commenced implementation of the transformation strategy. The transformation is creating specialist teams to respond to service requests, supported by improved training and redesigned processes to improve first contact resolution. As part of the transformation, the most complex enquiries will be answered by NDIA staff. A partial insourcing of contact centre staffing is underway to support this, with roles commencing in Dandenong, Victoria in March 2023.

As part of the transformation the NDIA is also implementing a new contact centre technology platform which will enable integration with NDIA’s customer relationship management (CRM) system. The NDIA introduced a streamlined Interactive Voice Response (IVR) design in February 2023 to simplify and fast-track the caller experience.

In this quarter, first contact resolution improved to 86.2 per cent from the prior quarter’s result of 79.4 per cent based on post call survey responses. Customer experience remained consistently strong, with 92 per cent of post call survey respondents scoring their experience with the NCC as ‘High’ or ‘Very High’.

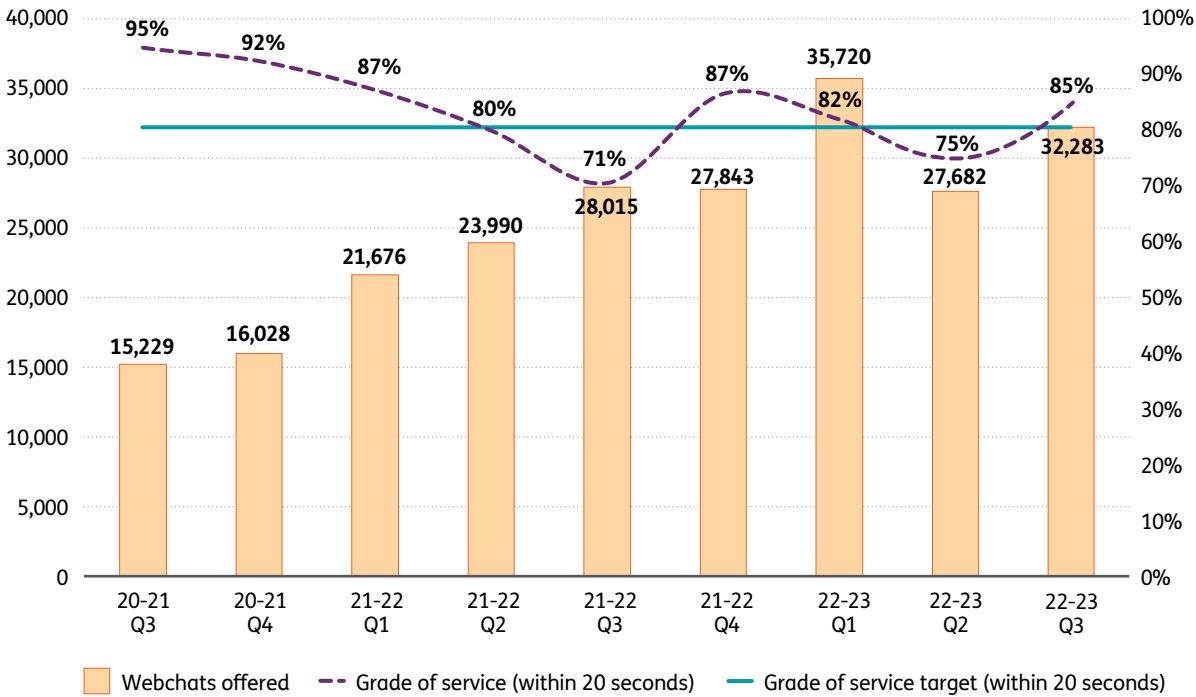
During the quarter call answering performance was impacted by higher-than-expected call demand and staff recruitment challenges at its outsourced partner. This resulted in lower telephony grade of service performance with 45.5 per cent of calls being answered within 60 seconds. The average speed of answer for the quarter was 2 minutes and 28 seconds and the NCC utilised “virtual hold” automatic call back functionality through this period thus removing the need to wait in queue sustaining strong customer satisfaction results. The outsourced contact centre has onboarded 37 additional staff with more recruitment underway.

Figure 62: Quarterly telephony grade of service, average speed of answer and customer experience results



The NCC’s webchat channel continues to see significant growth across the financial year to date, with 32,283 webchats offered for the quarter, increasing from 27,682 in Q2. Of the webchats received during the quarter, 85 per cent were answered within 20 seconds, above the target of 80 per cent.

Figure 63: Quarterly webchat grade of service and offered chat volume



Strong performance continues across email enquiries with 90.4 per cent of emails answered within two business days, email volumes have continued to grow, up nine per cent from Q2.



Surf's up for Hudson thanks to wave of support



There is nothing more precious to a parent than to watch their child grow up, be happy and live their best life.

So it is with Petrea, whose son, **Hudson**, 10, loves to surf with his mates at the Disabled Surfers Association (DSA) on the Gold Coast.

Hudson, who lives with cerebral palsy, has been surfing with the DSA since the age of 3, and while it is his favourite activity, Petrea says it was a challenging time before the NDIS entered their lives.

“I was acting more as a carer than a parent,” Petrea said. “It was exhausting. Being able to watch him in the surf now is just wonderful.”

Petrea is part of the three-fold increase in families and carers who say the NDIS has helped them to better care for their family member (over 5 years in the Scheme).

Apart from his support workers, Hudson also has other help including physiotherapy, occupational therapy and speech pathology sessions.

“All these supports help to make him feel like a regular kid who can more easily participate and access community activities,” Petrea said.

The DSA is a volunteer organisation that hosts several surfing meets a year and has 19 branches across Australia. National and Gold Coast DSA president Ian Gay says the aim of the group is to “put smiles on dials” by taking people of all disabilities out for a surf.

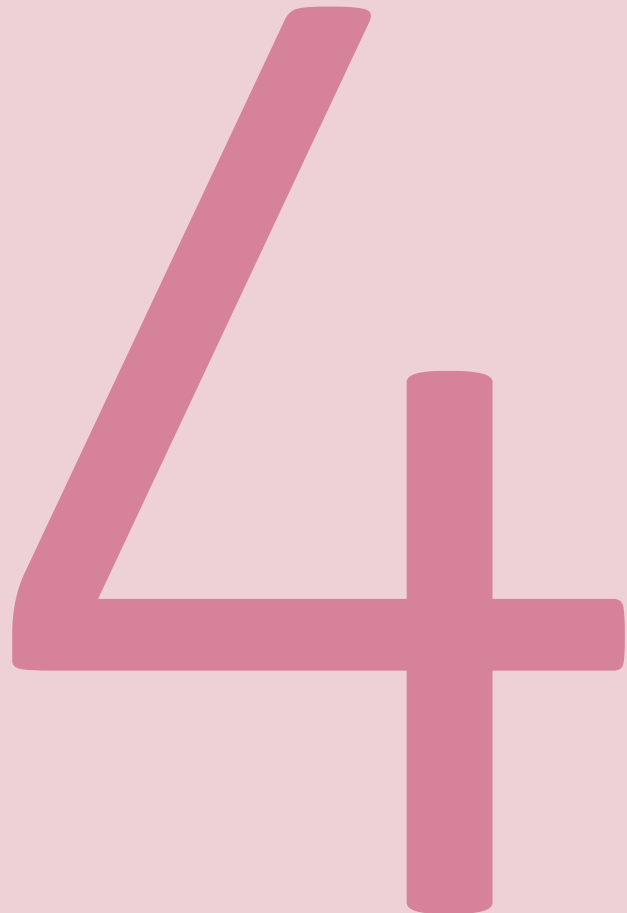
“It gives people like Hudson a chance to feel a part of society, a part of something bigger,” Ian said.

“When he first came surfing with us, Hudson was a shy little boy, but he’s now a big part of our surfing family, as are all the parents, carers and volunteers.”

“I always love a good sausage sizzle after a surf,” Hudson said. “Tomato sauce, hold the onions.”

Section four:

Providers and the growing market





The provider market continues to grow.

4.1 Support categories

The largest support categories are core support for daily activities, core support for social and community participation, and capacity building for daily activities.

\$32.9bn in support has been provided in the 12 months to 31 March 2023.⁸³ The largest support categories are core daily activities (53 per cent of total payments), core social and community participation (21 per cent of total payments), and capacity building daily activities (therapy services) (13 per cent of total payments). Core daily activities includes participants in SIL. \$8.3bn of the \$17.5bn payments on core daily activities in the 12 months to 31 March 2023 was for payments for participants in SIL.

Figure 64: Total payments from 1 April 2022 to 31 March 2023

Support Category	Total payments (in \$m)	% of total payments
Core – daily activities	17,525	53.2%
Core – community	6,818	20.7%
Core – consumables & transport	1,369	4.2%
Capacity building – daily activities ⁸⁴	4,122	12.5%
Capacity building – other	2,091	6.4%
Capital	992	3.0%
Total⁸⁵	32,923	100.0%

⁸³ This represents total payments on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments were \$34.0 billion.

⁸⁴ Includes therapy services.

⁸⁵ Total includes \$7m of payments with no support category.

Over the last two years, payments have grown by 52 per cent (from \$5.8bn in the March 2021 quarter to \$8.9bn in the March 2023 quarter). Payments have grown substantially across the support categories, most notably for core social and community participation (growing by 89 per cent over the period).

This is consistent with one of the main goals of the Scheme to increase social and community participation. The percentage breakdown by support category has remained relatively stable, noting that core daily activities has decreased from 56 per cent to 53 per cent, while core social and community participation has increased from 18 per cent to 22 per cent.

Figure 65: Total payments (in \$m and %) per quarter – all participants

Support category	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23
Core – daily activities	3,267	3,733	3,506	3,627	3,884	4,066	4,285	4,455	4,718
Core – community	1,028	1,177	1,163	1,246	1,266	1,447	1,639	1,792	1,939
Core – consumables & transport	291	293	319	304	309	331	343	338	357
Capacity building – daily activities	678	829	854	873	805	968	1,050	1,065	1,040
Capacity building – other	368	418	443	447	434	490	523	528	549
Capital	186	183	200	208	190	238	256	249	249
Total	5,818	6,634	6,488	6,707	6,890	7,542	8,097	8,430	8,855

Support category	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23
Core – daily activities	56%	56%	54%	54%	56%	54%	53%	53%	53%
Core – community	18%	18%	18%	19%	18%	19%	20%	21%	22%
Core – consumables & transport	5%	4%	5%	5%	4%	4%	4%	4%	4%
Capacity building – daily activities	12%	12%	13%	13%	12%	13%	13%	13%	12%
Capacity building – other	6%	6%	7%	7%	6%	7%	6%	6%	6%
Capital	3%	3%	3%	3%	3%	3%	3%	3%	3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Payments for participants receiving SIL supports have also grown over the last two years from \$2.0bn in the March 2021 quarter to \$3.1bn in the March 2023 quarter. The SIL component (core daily activities) of the plan represents approximately 77 per cent of total payments.

Figure 66: Total payments (in \$m and %) per quarter – participants in SIL

Support Category	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23
Core – daily activities	1,633	1,632	1,649	1,634	1,813	1,824	1,944	2,107	2,382
Core – community	222	257	245	262	264	304	341	378	427
Core – consumables & transport	24	24	27	26	27	28	32	33	38
Capacity building – daily activities	37	43	44	47	43	51	56	61	65
Capacity building – other	55	64	67	67	66	78	85	91	98
Capital	45	45	45	53	50	56	65	64	71
Total	2,017	2,066	2,080	2,090	2,264	2,342	2,526	2,737	3,082

Support Category	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23
Core – daily activities	81%	79%	79%	78%	80%	78%	77%	77%	77%
Core – community	11%	12%	12%	13%	12%	13%	14%	14%	14%
Core – consumables & transport	1%	1%	1%	1%	1%	1%	1%	1%	1%
Capacity building – daily activities	2%	2%	2%	2%	2%	2%	2%	2%	2%
Capacity building – other	3%	3%	3%	3%	3%	3%	3%	3%	3%
Capital	2%	2%	2%	3%	2%	2%	3%	2%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

4.2 Plan management types

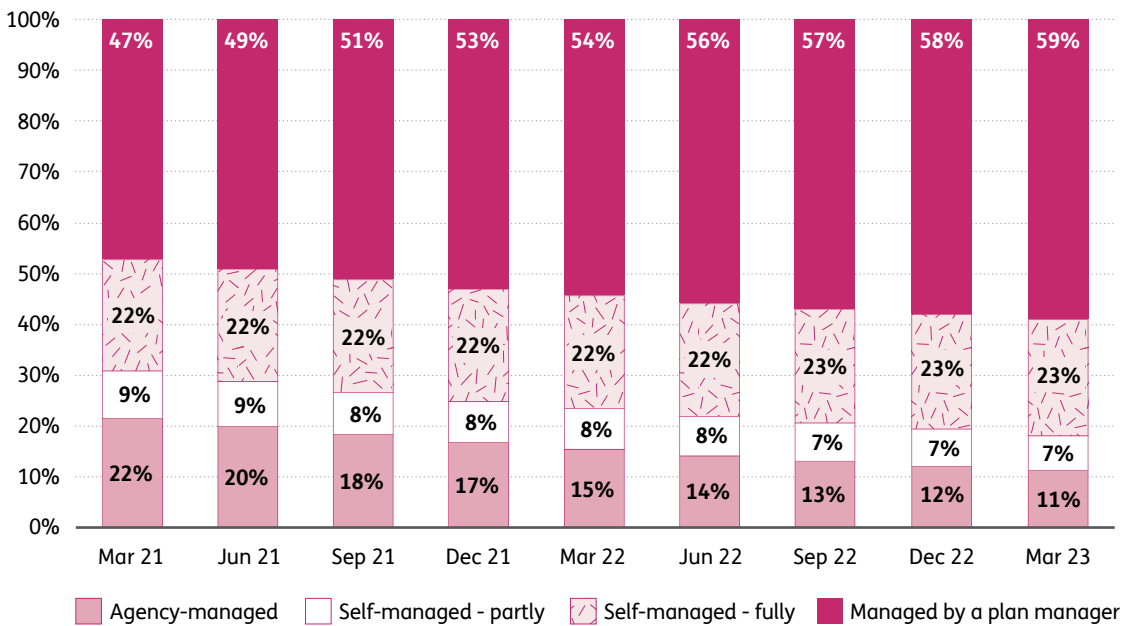
There has been a significant shift in plan management, with an increasing number of participants choosing to use a plan manager rather than have the Agency manage their plan.

Over the past two years, the proportion of participants who:

- **Self-manage all or part of** their plan has been stable at about **30%**
- Use a **plan manager** has increased from **47%** to **59%**
- Have an **Agency-managed** plan has decreased from **22%** to **11%**.

Many participants who have entered the Scheme in more recent years have chosen to use a plan manager for most or some of their supports compared with participants who joined the Scheme earlier. This is a key driver of the increase in the number of participants with plan managers.

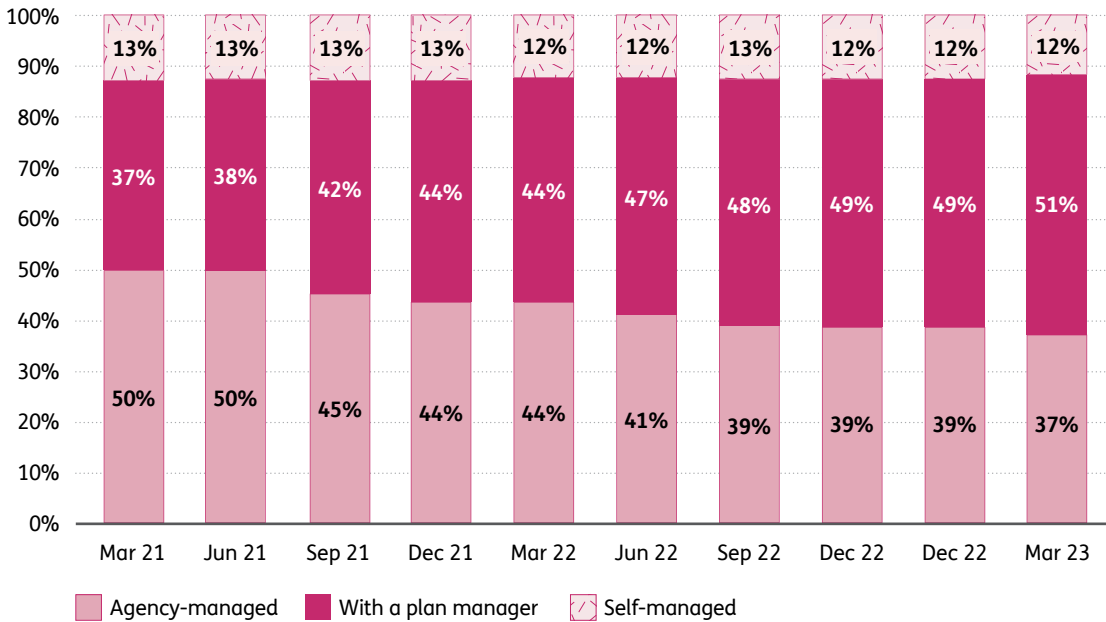
Figure 67: Distribution of active participants by method of financial plan management over time cumulatively – all participants



Out of 160,210 active providers in the third quarter of 2022–23, 8,970⁸⁶ providers provided support to Agency-managed participants and 159,442⁸⁷ providers provided support to plan-managed participants.⁸⁸ There have also been changes in payments over the past two years across these three plan management types:

- **Self-management** has remained between **12%** and **13%**
- Payments managed by a **plan manager** have increased from **37%** to **51%**
- **Agency-managed** payments decreased from **50%** to **37%**.

Figure 68: Distribution of incremental payments by method of financial plan management over time – all participants



⁸⁶ The number does not include plan managers who received only payment for plan management fees.

⁸⁷ The number includes plan managers who are providing Agency-managed supports.

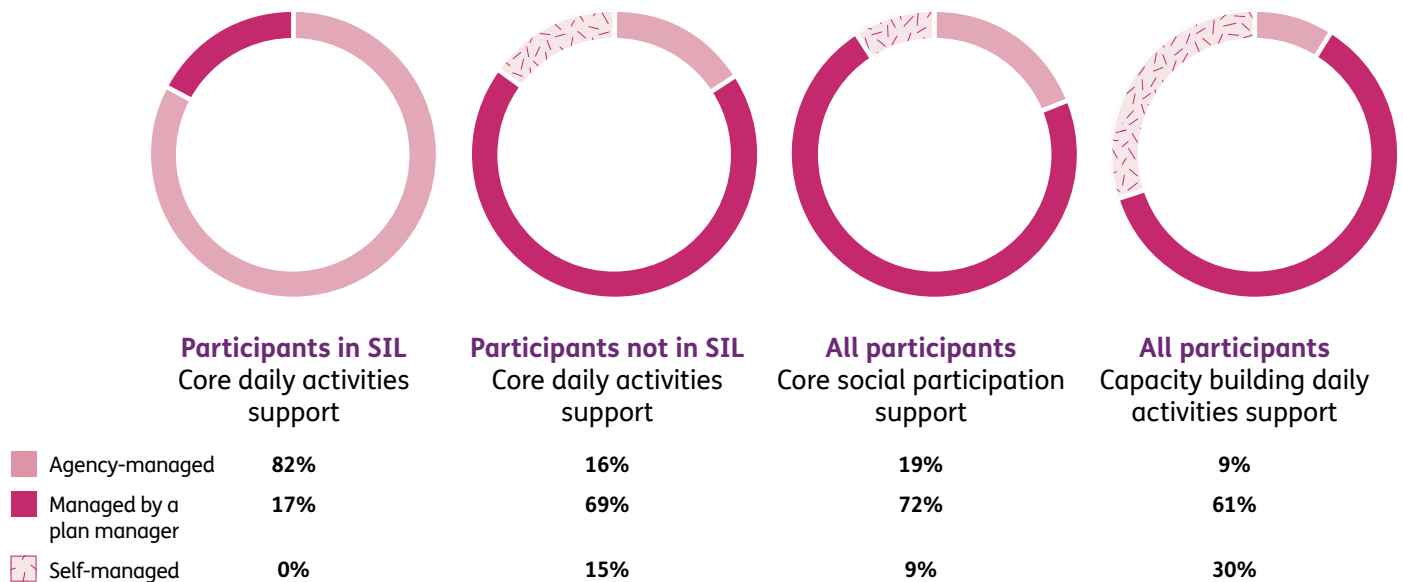
⁸⁸ A plan manager may provide support to both Agency-managed and plan-managed participants. There is an overlap of 8,202 providers between these categories and the number of active providers by plan management type add up to more than 100 per cent.

In the third quarter of 2022–23, of the \$8.9bn in payments, \$1.0bn was self-managed (12 per cent), \$4.5bn was managed by a plan manager (51 per cent), and \$3.3bn was Agency-managed (37 per cent).⁸⁹

The proportion of payments self-managed, managed by a plan manager, and Agency-managed differs by support category. In the third quarter of 2022–23:

- Payments for **participants in SIL receiving core daily activities support** were **\$2.4bn**. Of this, \$2m was self-managed (**less than 1%**), \$415m was managed by a plan manager (**17%**), and \$2.0bn was Agency-managed (**82%**).
- Payments for **participants not in SIL receiving core daily activities support** were **\$2.3bn**. Of this, \$342m was self-managed (**15%**), \$1.6bn was managed by a plan manager (**69%**), and \$376m was Agency-managed (**16%**).
- Payments for **participants receiving core social participation support** were **\$1.9bn**. Of this, \$176m was self-managed (**9%**), \$1.4bn was managed by a plan manager (**72%**), and \$373m was Agency-managed (**19%**).
- Payments for **participants receiving capacity building daily activities support (therapy supports)** were **\$1.0bn**. Of this, \$315m was self-managed (**30%**), \$632m was managed by a plan manager (**61%**), and \$93m was Agency-managed (**9%**).

Figure 69: Payments for the largest support categories by plan management type for Q3 2022–23



⁸⁹ Includes cash and in-kind payments.

Figure 70: Total payments in Q3 2022–23 by plan management type (\$m)

	Agency-managed	With a plan manager	Self-managed	Total
Core support				
Daily activities – SIL	1,965	415	2	2,382
Daily activities – non-SIL	376	1,619	342	2,336
Social & community participation	373	1,391	176	1,939
Consumables	12	98	45	155
Transport	89	6	106	201
Total core support	2,815	3,529	671	7,015
Capacity building				
Daily activities	93	632	315	1,040
Support coordination	150	80	4	234
Other capacity building support	109	182	24	315
Total capacity building support	352	894	343	1,589
Capital				
Specialist disability accommodation	58	1	0	59
Assistive technology	42	89	30	161
Home modifications	7	17	5	30
Total capital	108	106	35	249
Total	3,277	4,529	1,049	8,855

Figure 71: Total payments in Q3 2022–23 by plan management type (%)

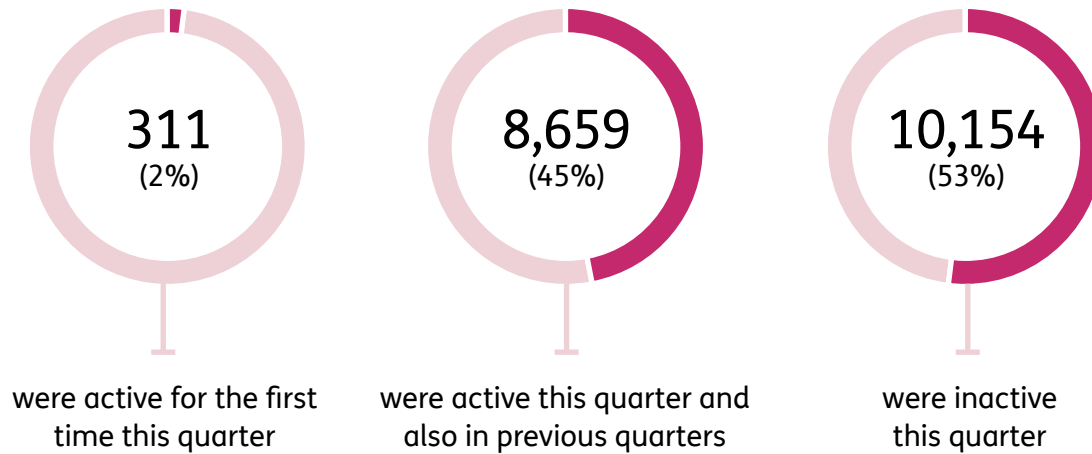
	Agency-managed	With a plan manager	Self-managed	Total
Core support				
Daily activities – SIL	82%	17%	0%	100%
Daily activities – non-SIL	16%	69%	15%	100%
Social & community participation	19%	72%	9%	100%
Consumables	8%	63%	29%	100%
Transport ⁹⁰	44%	3%	53%	100%
Total core support	40%	50%	10%	100%
Capacity building				
Daily activities	9%	61%	30%	100%
Support coordination	64%	34%	2%	100%
Other capacity building support	35%	58%	8%	100%
Total capacity building support	22%	56%	22%	100%
Capital				
Specialist disability accommodation	99%	1%	0%	100%
Assistive technology	26%	55%	18%	100%
Home modifications	25%	57%	18%	100%
Total capital	43%	43%	14%	100%
Total	37%	51%	12%	100%

⁹⁰ The proportion of plan-managed Transport payments of 3% is lower than other support categories because the fortnightly cash transport payments are paid directly to participants' bank accounts, irrespective of their management type, and are therefore considered a self-managed payment.

4.3 Providers supporting Agency-managed participants

While there has been a shift to participants using plan managers, there has also been an increase in the number of providers supporting Agency-managed participants.

Since the start of the Scheme, 19,124 providers have supported Agency-managed participants.^{91,92} Of these:



The largest ten providers supporting Agency-managed participants received \$432m in the March 2023 quarter, which was 13 per cent of the total payments to providers supporting Agency-managed participants. These providers also received \$103m in the March 2023 quarter from plan managers (for participants with a plan manager). Additional payments may have also been received by these providers from self-managed participants.

Figure 72: Largest ten providers by total payments in Q3 2022–23 (Agency-managed)

ABN	Legal name	Total payment amount (\$m)	Total payments received from Plan Managers for plan managed supports (\$m)	Total payments (\$m)
73628264460 ⁹³	Home@Scope Pty Ltd / Scope (Aust) Ltd / Disability Services Australia Limited	88	16	104
15101252171	Life Without Barriers	84	17	101
31001813403 ⁹⁴	Aruma Services / Aruma Services Victoria / Aruma Foundation / House With No Steps	70	13	84
45000062288	Cerebral Palsy Alliance	35	6	42
87302064152	The Northcott Society	33	8	41
80009670704	Endeavour Foundation	29	11	40
27009942269	CPL – Choice, Passion, Life	25	12	38
49133306902	Achieve Australia Limited	23	3	26
29001260153	The Disability Trust	22	8	30
40120240686	Multicap Limited	21	7	28
Total for largest 10 providers		432	103	535

91 Self-managed participants and participants with a plan manager can use unregistered providers, and hence the total number of providers supporting participants will be higher than 19,124. Further, some of the 10,154 inactive providers in the quarter will be supporting participants with a plan manager or who self-manage.
 92 The total excludes 509 providers who received only plan management fees. These 509 providers are included in the tables in appendices as they received payments directly from the Agency.
 93 In addition, the following additional ABN for this provider are also included in this analysis – 63004280871 and 35002507655.
 94 In addition, the following additional ABNs for this provider are also included in this analysis – 59032986751 and 86628265387.

4.4 Plan managers

The number of plan managers in the Scheme continues to grow as more participants choose to use plan managers.

Provider types

Participants supported by plan managers can use registered or unregistered providers. Unregistered providers are used for more "general" support items which are not necessarily disability specific and can be considered more readily available. For the 12 months to 31 March 2023:

- An unregistered provider was used less frequently and has a higher proportion of one-off payments (i.e. the unregistered provider is only used once). On average the frequency of one-off payments was approximately five times lower for registered providers.
- An unregistered provider has a lower average payment amount where the average amount received was approximately 27% of that of a registered provider.

Payment characteristics

In the third quarter of 2022–23, 159,442 providers have supported plan-managed participants out of which 13,585 were registered at some point during the quarter.⁹⁵

Payments to plan managers were \$4.5bn in the March 2023 quarter. Of this \$4.5bn, \$127m was for the plan management services, and the remainder of \$4.4bn was for plan managers to pay service providers on behalf of participants.

Participants supported by plan managers can use registered or unregistered providers. Across all plan managers, 58 per cent of the \$4.4bn total plan managed payments in the March 2023 quarter (not including plan management fees) were paid to registered providers, 41 per cent of plan-managed payments were paid to unregistered providers and one per cent of plan-managed payments were paid to providers with unknown registration. The percentages differ by support category:

- Of the **\$415 million** in payments for **daily activities for participants in SIL**, **74%** went to registered providers, **26%** went to unregistered providers and **less than 1%** went to providers with unknown registration.
- Of the **\$1.6 billion** in payments for **daily activities for participants not in SIL**, **48%** went to registered providers, **51%** went to unregistered providers and **1%** went to providers with unknown registration.
- Of the **\$1.4 billion** in payments for **social and community participation**, **61%** went to registered providers, **39%** went to unregistered providers and **less than 1%** went to providers with unknown registration.
- Of the **\$632 million** in payments for **capacity building daily activities (therapy services)**, **58%** went to registered providers, **41%** went to unregistered providers and **1%** went to providers with unknown registration.

⁹⁵ Registration status of a provider may move between registered and unregistered over the quarter.

Figure 73: Split of payments by support category and provider registration in Q3 2022–23 – plan managers (\$m)⁹⁶

	Payments to registered providers (\$m)	Payments to unregistered providers (\$m)	Payments to providers with unknown registration (\$m)	Total (\$m)
Core support				
Daily activities – SIL	307	107	1	415
Daily activities – non-SIL	781	821	17	1,619
Social and community participation	842	544	5	1,391
Consumables and transport	70	25	10	104
Total core support	2,000	1,496	33	3,529
Capacity building				
Daily activities	368	258	6	632
Support coordination	48	32	0	80
Other capacity building support	34	20	1	55
Total capacity building support	450	311	6	767
Capacity supports				
Specialist disability accommodation	1	0	0	1
Assistive technology	80	8	1	89
Home modifications	9	8	0	17
Total capital supports	89	16	1	106
Total	2,539	1,823	40	4,402

Figure 74: Split of payments by support category and provider registration in Q3 2022–23 – plan managers (%)

	Payments to registered providers (%)	Payments to unregistered providers (%)	Payments to providers with unknown registration (%)	Total (%)
Core support				
Daily activities – SIL	74%	26%	0%	100%
Daily activities – non-SIL	48%	51%	1%	100%
Social and community participation	61%	39%	0%	100%
Consumables and transport	67%	24%	9%	100%
Total core support	57%	42%	1%	100%
Capacity building				
Daily activities	58%	41%	1%	100%
Support coordination	60%	40%	0%	100%
Other capacity building support	62%	37%	1%	100%
Total capacity building support	59%	40%	1%	100%
Capacity supports				
Specialist disability accommodation	100%	0%	0%	100%
Assistive technology	90%	9%	1%	100%
Home modifications	52%	47%	1%	100%
Total capital supports	84%	15%	1%	100%
Total	58%	41%	1%	100%

⁹⁶ Excludes \$127m paid to plan managers for plan management services.

Although only 42 per cent of plan-managed payments went to unregistered providers, the market of unregistered providers is large, which means there are many providers receiving smaller total payments. Although only eight per cent of providers paid through plan managers are NDIS registered providers, they represent 58 per cent of total payments in the quarter. Further, 29 per cent of NDIS registered providers received over \$100k in NDIS funding for the quarter, compared to only two per cent of unregistered providers receiving over \$100k in funding.

Figure 75: Number of providers servicing participants through a plan manager in Q3 2022–23

Payment band in quarter	Number of providers – plan-managed		Proportion of total payments in quarter	
	NDIS registered ⁹⁷	Unregistered ⁹⁸	NDIS registered ⁹⁷	Not registered ⁹⁸
1. Less than \$1k	1,025	46,268	0%	1%
2. \$1k to \$10k	3,371	64,128	1%	13%
3. \$10k to \$100k	5,188	33,388	8%	47%
4. \$100k to \$1m	3,472	2,414	44%	32%
5. More than \$1m	529	63	48%	7%
Total	13,585	146,261	\$2,539m	\$1,823m
Percentage	8%	92%	58%	42%

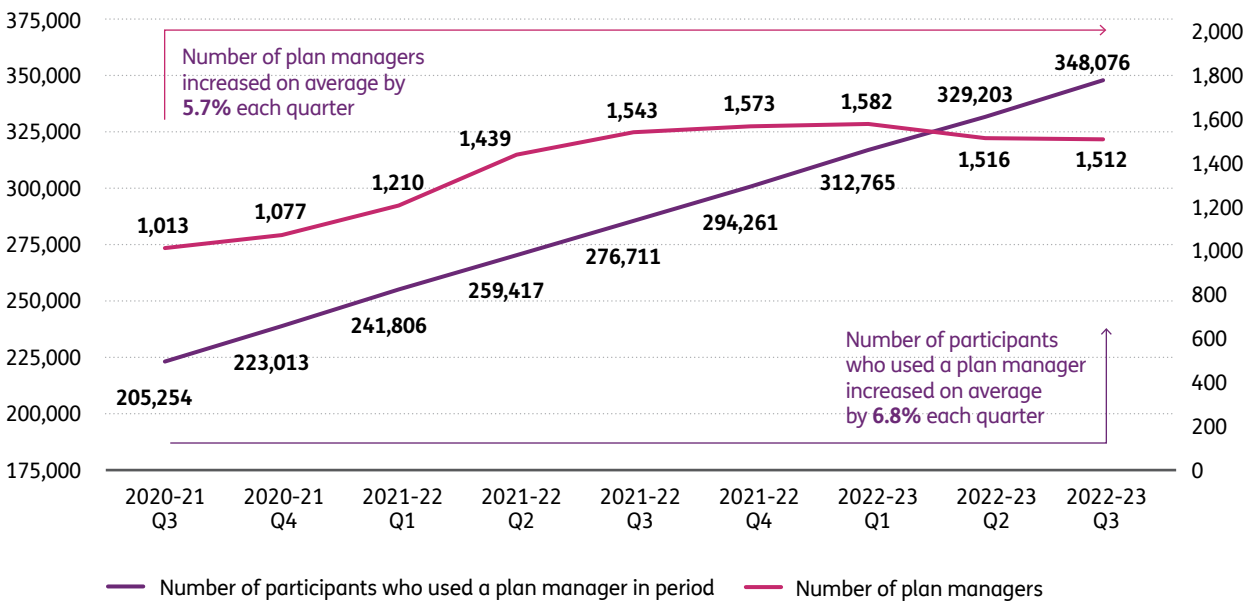
Over the past nine quarters, the number of plan managers has increased from 1,013 at 2020–21 Q3 to 1,516⁹⁹ at 2022–23 Q2 before reducing over the last quarter to 1,512, an overall quarterly average increase of 5.1 per cent. Over the same time period, the number of participants being supported by plan managers has increased from 205,254 to 348,076 – a quarterly average increase of 6.8 per cent. This indicates that while new plan managers are entering the market, increasing the number of plan managers from which participants can choose from, many plan managers are also expanding as the ratio of participants to providers has increased.

97 Registration status is determined as at posting date of payment. Some providers may be counted more than once if they changed registration status during the quarter.

98 \$40m of payments made to providers with “unknown” registration status have not been included in this table.

99 The historical number of plan managers takes into account any revisions in their registration status.

Figure 76: Participants and providers with a plan manager by quarter – all participants¹⁰⁰



The largest ten plan managers received \$1.7bn payments in the March 2023 quarter, which is 38 per cent of total plan managed payments in the quarter. The split between registered and unregistered providers is largely consistent between the largest providers.

Figure 77: Payments by provider registration for the largest ten plan managers by payments in Q3 2022–23 (% and \$m)

ABN	Provider name	Payments to registered providers	Payments to unregistered providers	Payments to providers with unknown registration	Payments to plan managers	Total Payment amount (\$m)
52617963676	My Plan Manager.com.au Pty Ltd	56%	40%	1%	3%	407
54609868993	Plan Management Partners Pty Ltd	57%	39%	1%	3%	336
24619787692	National Disability Support Partners Pty	61%	36%	0%	3%	214
62149233634	Integrated Care Pty Ltd	56%	40%	1%	3%	131
16621969337	Peak Plan Management Pty Ltd	60%	37%	0%	3%	131
92622499898	Leap In! Australia Ltd	48%	49%	0%	3%	115
69624874219	Maple Plan Pty Ltd	54%	43%	0%	3%	106
22729829472	Moira Limited	60%	37%	1%	2%	98
69615948019	Plan Tracker Pty Ltd	57%	38%	2%	4%	94
18620281209	Instacare Pty Ltd	51%	44%	2%	3%	91
Total largest 10 plan managers						1,722

¹⁰⁰ The historical number of plan managers takes into account any revisions in their registration status.

4.5 Supported Independent Living (SIL)

\$3.1 billion of SIL supports was provided in the third quarter of 2022–23.

Total payments to participants in SIL have increased by 21 per cent annually over the last three years, from \$6.1bn to \$10.7bn. The number of participants has also increased from 22,842 at 31 March 2020 to 31,368 at 31 March 2023.

The average payment per participant for SIL supports has also increased, and comprises a large component of the total average payment for participants in SIL (noting that participants in SIL also receive other supports, such as core support for community participation, employment, and capacity building). The average payment per participant for SIL supports (core daily activities) has increased by seven per cent annually over the last three years.

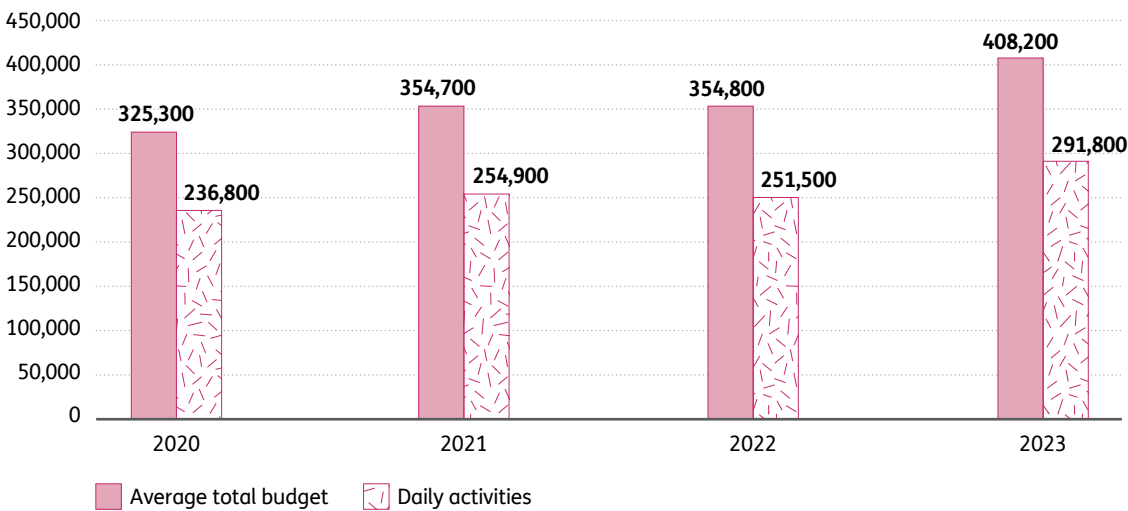
Figure 78: Number of participants and payments for years ending 31 March – participants in SIL¹⁰¹

Year	2019	2020	2021	2022	2023	% increase (per annum)
Active participants	19,329	22,842	24,201	26,122	31,368	11%
Total payments (\$m)		6,094	7,730	8,500	10,687	21%
Average payment (\$)		289,000	328,700	337,800	371,800	9%
Total payments – core daily activities (\$m)		4,922	6,286	6,728	8,257	19%
Average payment – core daily activities (\$)		233,400	267,200	267,400	287,300	7%

In addition to payments, average plan budgets for participants in SIL have also increased over time, including the component of the plan budget for SIL supports (core support for daily activities). Specifically, there was an 8 per cent per annum (or 25 per cent overall) increase in average plan budgets, and a 7 per cent per annum (or 23 per cent overall) increase in the average daily activities component of the plan budgets over the three years to 31 March 2023.

¹⁰¹ Due to operational changes since July 2020, there has been an issue with identifying SIL in plans as they are being completed. A temporary and manual solution was implemented to estimate the number of active participants who should be identified as having SIL in their plans but do not appear as such on the Agency's system. From May 2022, an automated and more accurate method has been applied in identifying participants in SIL leading to a restatement in the number of participants in SIL from July 2020 to April 2022. Given the basis for identifying participants in SIL has changed since July 2020, the comparison between 2020 and 2019 is not entirely on a like for like basis.

Figure 79: Average plan budgets over time for years ending 31 March – participants in SIL (\$)



The top ten providers of participants identified as receiving SIL (by payment volumes) are listed in the table below along with the total payments received for SIL supports in the last three years¹⁰², noting that these providers receive payments for other supports in addition to SIL.

Figure 80: Largest ten providers and core daily activities payments in years ending 31 March – participants in SIL¹⁰³

Provider ABN*	Provider name	Core daily activities payments (\$m)		
		2021	2022	2023
73628264460 ¹⁰⁴	Home@Scope Pty Ltd / Scope (Aust) Ltd / Disability Services Australia Limited	119	274	325
15101252171	Life Without Barriers	220	280	288
31001813403 ¹⁰⁵	Aruma Services / Aruma Services Victoria / Aruma Foundation / House With No Steps	231	259	267
45000062288	Cerebral Palsy Alliance	112	113	115
87302064152	The Northcott Society	120	127	115
80009670704	Endeavour Foundation	100	90	91
27009942269	CPL – Choice, Passion, Life	72	72	78
49133306902	Achieve Australia Limited	79	70	77
29001260153	The Disability Trust	73	72	74
37020000711 ¹⁰⁶	Minda Incorporated / Minda Housing Limited	74	72	74
Total largest 10 providers		1,201	1,429	1,504

*Although these large providers have been identified based on an individual ABN, where it is known that they form part of a related group of entities, the statistics have been modified to include the entirety of those entities.

The top three providers listed in particular have had growth in participants that relate to former Victorian in-kind participants. These arrangements were “cashed out” in 2020–21 and hence these transferred to non-government providers.

¹⁰² Includes plan-managed participants where the data is available identifying the support provider rather than payee (i.e. the plan manager for plan-managed payments). This data is complete for the 2022 and 2023 years, but is not complete for earlier years. This may mean payments to these providers are understated in earlier years where payments received via another payee are not traced to this provider.

¹⁰³ This analysis does not include in-kind payments. However, analysis of in-kind shows that two State governments have received in-kind offsets in the 2021–22 year that are comparable to the top 10 cash providers as follows: (1) Queensland \$146m and (2) South Australia \$128m.

¹⁰⁴ In addition, the following additional ABN for this provider is included in this analysis – 63004280871 and 35002507655.

¹⁰⁵ In addition, the following additional ABNs for this provider are also included in this analysis – 59032986751 and 86628265387.

¹⁰⁶ In addition, the following additional ABN for this provider is included in this analysis – 49622248908.

4.6 Specialist Disability Accommodation (SDA)

The total number of enrolled SDA dwellings continues to increase.

The number of active participants with SDA supports has increased by 18 per cent annually over the last three years, reaching 22,680 as at 31 March 2023. The average plan budgets for SDA supports have also increased by around 12 per cent per annum, leading to an increase in total SDA supports in participant plans by around 31 per cent per annum, from \$156 million as at 31 March 2020 to \$353 million as at 31 March 2023.

Total SDA payments have increased by 36 per cent annually over the last three years, from \$90 million to \$228 million.¹⁰⁷ The average SDA payments per participant have also increased, by 14 per cent per annum.

Figure 81: Number of participants, plan budgets and payments for years ending 31 March – participants with SDA supports¹⁰⁸

Year	2020	2021	2022	2023	% increase (per annum)
Active participants with SDA funding	13,944	15,842	17,693	22,680	18%
Total SDA supports (\$m)	156	197	248	353	31%
Average SDA supports (\$)	11,182	12,466	14,040	15,583	12%
Total SDA payments (\$m)	90	133	166	228	36%
Average SDA payments (\$)	7,689	8,955	9,872	11,282	14%

¹⁰⁷ SDA provider payments have not been handled in a timely fashion due to issues with service bookings. This has resulted in a large backlog of payments. To address the problem, the NDIA has introduced a new SDA line item from 1 July 2022 to ensure providers have an easier way to claim for services delivered to participants. The NDIA has also addressed historic outstanding SDA payments by making off-system payments to providers directly. The \$228m total SDA payments made in the year ending on 31 March 2023 includes off-system payments of \$10.5 million made in June 2022.

¹⁰⁸ A proportion of Participants with SDA funding may never use their SDA funding or only utilise it at a future date and work is underway to better understand this split.

The top 10 providers of participants identified as receiving SDA (by payment volumes) are listed in the table below along with the total payments received for SDA supports in the last three years.

Figure 82: Largest ten providers and SDA payments for SDA support item claiming in year ending 31 March – participants in SDA^{109,110}

Provider ABN*	Provider name	2021 (\$m)	2022 (\$m)	2023 (\$m)
64617052383 ¹¹¹	Home4life Limited / Compass Housing Services Co Ltd	11	13	15
97824335975 ¹¹²	The Trustee for Summer Housing SDA Trust / The Trustee for Summer Housing Pavilions SDA Trust / The Trustee for Summer Housing Impact SDA Trust / Summer Housing Ltd	6	13	17
85236978396	The Trustee for The Disability Housing Trust of South Australia	3	6	5
65152013913	Ability SDA Pty Ltd	3	4	5
33931811019	Julia Farr Housing Association Inc	3	4	5
70630278527	Enliven Housing Pty Ltd	1	2	4
49616736059	Disability Housing Solutions Pty Ltd	1	2	3
69118571547	Disability Housing Limited	2	4	3
66647041988	Hume Community Housing Association Co Ltd	3	3	3
12130704648	Unity Housing Company Ltd	1	1	3
Total largest 10 providers		34	52	64

*Although these large providers have been identified based on an individual ABN, where it is known that they form part of a related group of entities, the statistics have been modified to include the entirety of those entities.

The total number of enrolled SDA dwellings at 31 March 2023 was 7,720¹¹³, up by 23 per cent annually over the last three years, and by 862 dwellings (13 per cent), compared to a year ago at 31 March 2022. This increase was observed across most design categories. The largest relative increase was for dwellings of the Robust category (42 per cent, 187 dwellings) and the High Physical Support design category (37 per cent, 674 dwellings). All states and territories saw increases in enrolled dwellings.

109 The analysis does not include in-kind payments, but does account for \$10.5m in off-system SDA payments made in June 2022.

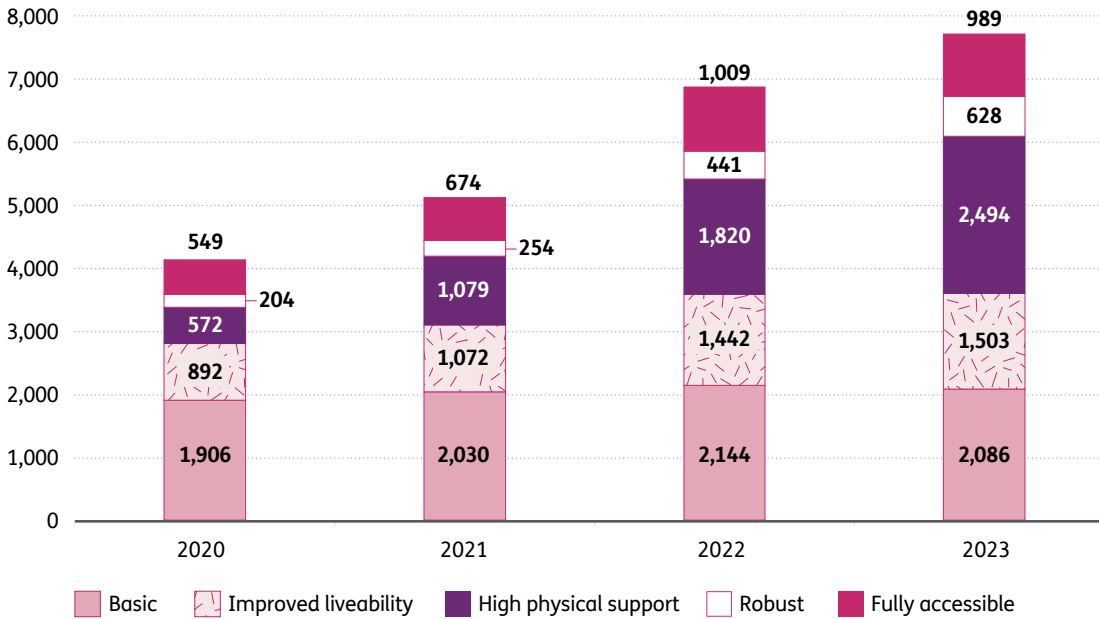
110 The analysis excludes government owned providers. In particular, the Department of Health and Human Services (Victoria) claimed \$24m in cash in the 2021–22 year.

111 In addition, the following additional ABN for this provider is included in this analysis – 84002862213.

112 In addition, the following additional ABNs for this provider are also included in this analysis – 21684858548, 75699253279 and 61617404789.

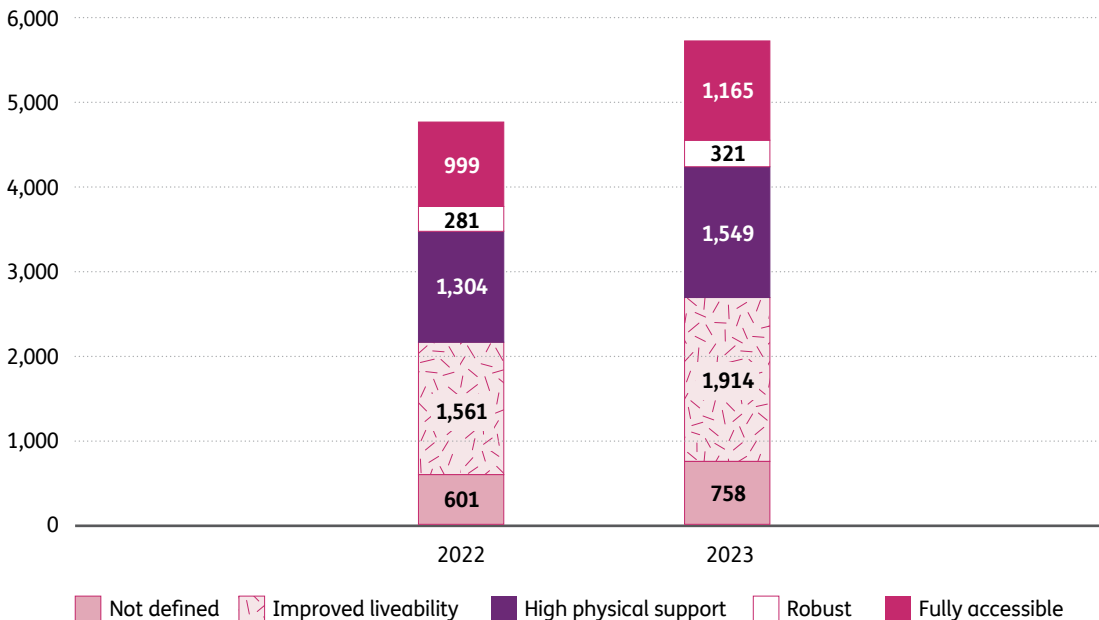
113 This includes dwellings funded via “cash” arrangements only. An additional 203 dwellings are funded under in-kind arrangements, bringing the total number of SDA dwellings to 7,923 at 31 March 2023.

Figure 83: Enrolled SDA dwellings (excluding in-kind) by design category for years ending 31 March¹¹⁴



As at 31 March 2023, there were 4,378 participants in an SDA dwelling seeking an alternative dwelling and an additional 1,329 participants who were not in an SDA dwelling seeking a vacancy. Of the combined 5,707 participants seeking SDA dwellings, 1,914 (34 per cent) were for the Improved Liveability design category and 1,549 (27 per cent) were for High Physical Support.

Figure 84: Number of participants seeking SDA dwelling by design category for years ending 31 March



¹¹⁴ Due to low volumes, 'Multiple Design Category' (16 in 2022, 0 in prior years) has not been shown.

4.7 Choice and control, utilisation and market concentration

Comprehensive data on market effectiveness is being used to improve participant outcomes across all regions through identifying thin markets.

Three key indicators outlined in the NDIA Corporate Plan aspiration of a “Competitive market with innovative supports” are:

- **Choice and control**
- **Utilisation**
- **Market concentration**

Understanding the extent of variation in performance in these indicators across geographical regions assists with identifying “hot spots”.

Between March 2022 and March 2023, the choice and control and market concentration performance metric have improved.

Choice and control

The NDIS outcomes framework questionnaires ask participants “Do you choose who supports you?”. The percentage who indicated that they choose who supports them was compared across geographical regions to identify the regions comparatively better and worse than others.

The ‘benchmark’ in this analysis is the national average after adjusting for the proportion of participants in SIL in each service district and the length of time participants have been in the Scheme.

Overall, 56 of the 80 service districts (70 per cent) in the analysis were within five percentage points of the national average, two service districts (three per cent) were more than ten percentage points above the national average, and two service districts (three per cent) were more than ten percentage points below the national average.

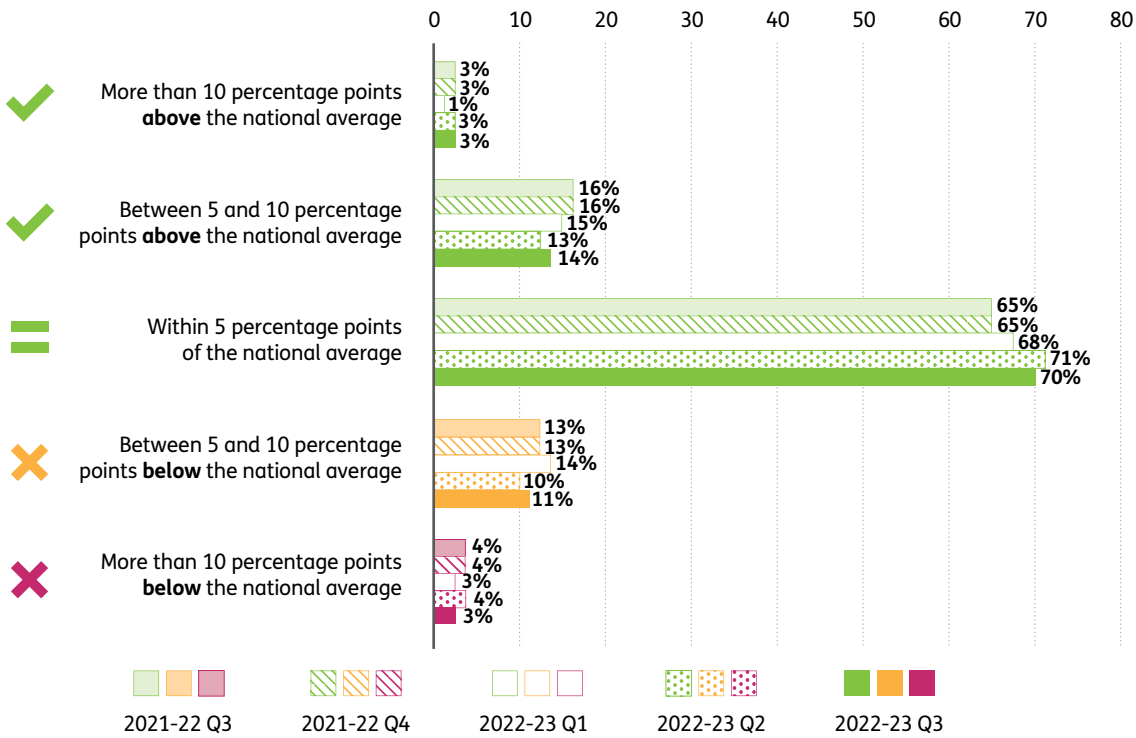
The two service districts more than ten percentage points above the national average were Fleurieu and Kangaroo Island in South Australia and Barkly in the Northern Territory. The two service districts more than ten percentage points below the national average were Darwin Remote and East Arnhem in the Northern Territory.

At 31 March 2023:

- **Darwin Remote** had **490** active participants and plan budgets totalling **\$33 million**
- **East Arnhem** had **222** active participants and plan budgets totalling **\$22 million**

Over the last year the percentage of service districts more than ten percentage points below the national average has stayed consistently between three and four per cent. The number of service districts within five per cent of the national average has increased from 65 per cent to 70 per cent.

Figure 85: Choice and control – number of service districts – gap to benchmark – trend



Utilisation

The average payment per participant has increased by 6.4 per cent per annum over the three years from 31 March 2020 to 31 March 2023, and the average plan budget has increased by 6.0 per cent per annum over the same three years. Participants are getting more support over time so understanding differences between plan budgets and payments (utilisation) across geographical regions is important in identifying “hot spots” where participants are getting relatively less support compared with other geographical regions.

Overall, 61 of the 80 service districts (76 per cent) in the analysis are within five percentage points of the national average¹¹⁵, no service districts were more than ten percentage points above the national average, and five service districts (six per cent) were more than ten percentage points below the national average.

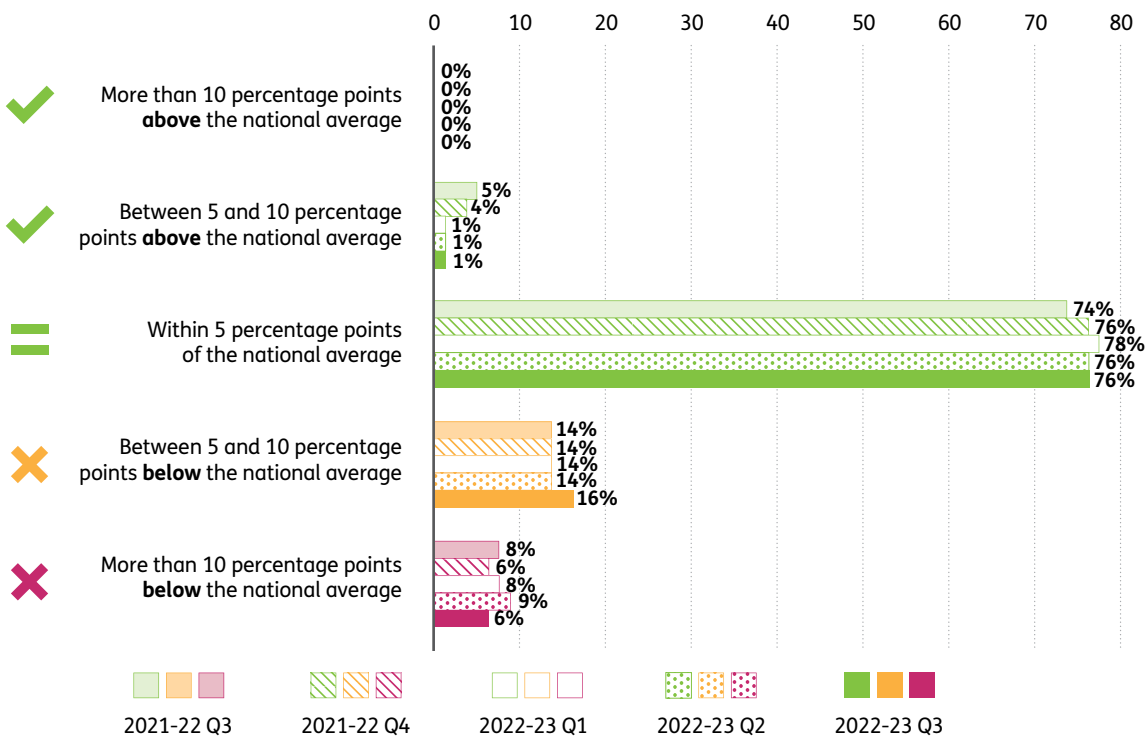
The number of service districts more than ten percentage points below the national average has decreased from seven at 31 December 2022 to five this quarter. The five service districts this quarter are Eyre and Western and Far North (SA) in South Australia, East Arnhem in the Northern Territory and Kimberly-Pilbara and Wheat Belt in Western Australia.

There are 13 service districts between five and ten percentage points below the national average – these are also mainly in regional and remote areas.

Over the last year, the number of service districts more than ten percentage points below the national average has decreased from six (eight per cent) to five (six per cent). The number of service districts within five percentage points of the national average has increased from 59 (74 per cent) to 61 (76 per cent).

The number of service districts between five and ten percentage points below the national average has increased from 11 (14 per cent) to 13 (16 per cent) over the last year.

Figure 86: Utilisation – number of service districts – gap to benchmark – trend



¹¹⁵ Utilisation has been adjusted to account for the differences in the proportion of participants in each service district receiving SIL, along with the time participants have been in the Scheme.

Market concentration

Understanding the distribution of payments to service providers in a service district can indicate whether a small number of providers receive most of the payments from the NDIA, or whether a large number of providers are receiving the payments. Where only a small number of providers are receiving a large amount of the payments, the market is considered to be more concentrated and this could mean that there is less competition in the area.

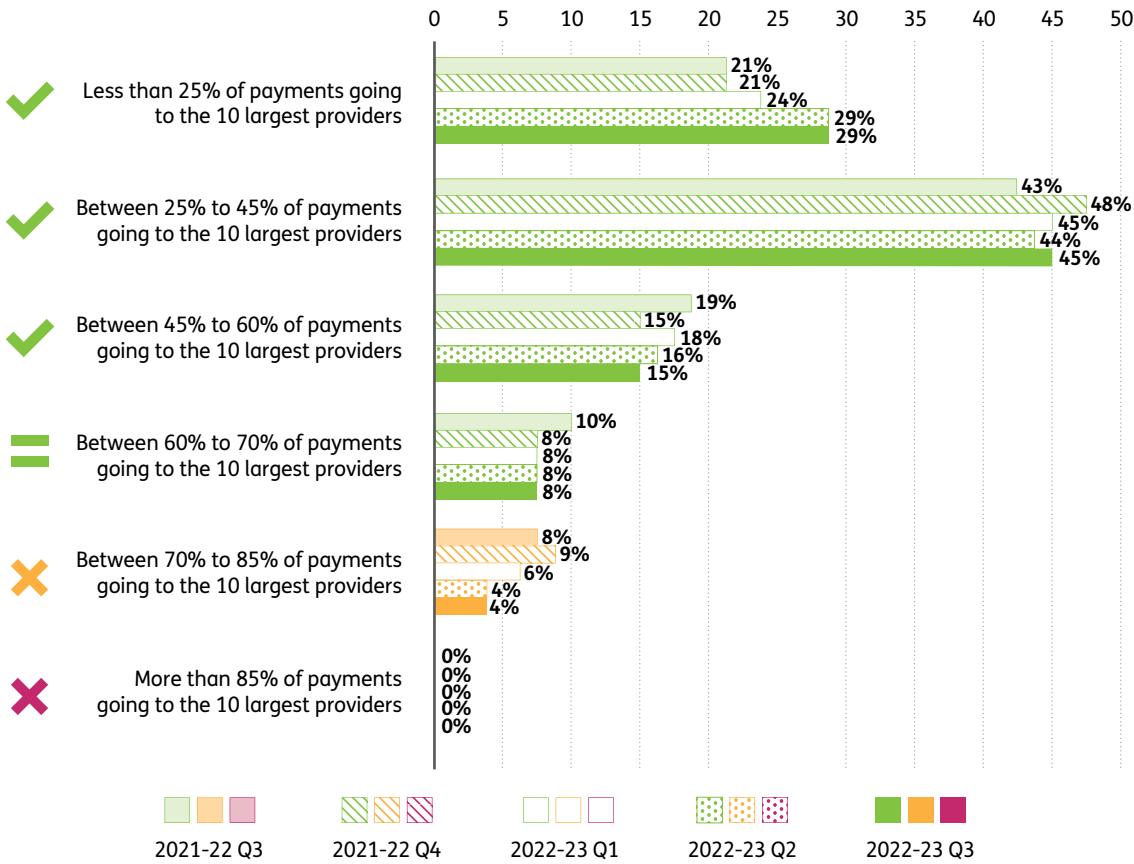
Over the past two years the proportion of participants using plan managers has increased. In many service districts plan managers are some of the largest NDIS providers when measured by the value of payments received. Since the September 2022 quarterly report, the market concentration metric has been updated to reflect the proportion of payments going to the ten largest service providers, with plan managers not included. Payments made to plan managers are reflected in the revenues of the providers ultimately receiving the funds.

As at 31 March 2023, for the six month period to 31 December 2022, six per cent of NDIS payments across Australia were paid to the largest ten service providers, excluding providers paid through self- managed payments.

The analysis below considers payments to providers in the six month period to 31 December 2022. There are three service districts where 70 per cent or more of payments go to the largest ten providers (four per cent) and 59 service districts where less than 45 per cent of payments went to the ten largest providers (74 per cent).

The number of service districts where 60 per cent or more of payments go to the largest ten service providers has decreased and where less than 45 per cent of payments went to the ten largest providers has increased over the past year. This reflects the shift away from Agency management towards plan management which allows participants to access both registered and unregistered providers. The number of service districts where between 60 to 85 per cent of payments go to the ten largest providers has decreased from 14 (18 per cent) to nine (11 per cent). Further, in the March 2023 quarter, there were no service districts where the ten largest providers received more than 85 per cent of payments. This is the sixth quarter where this has been the case.

Figure 87: Market concentration – number of service districts by percentage of payments going to the 10 largest providers – trend



4.8 COVID-19 Assistance

COVID-19 support for providers continues.

The COVID-19 pandemic remains a priority focus for the NDIA to support continuity of and safe access to services for people with disability. The NDIA, with other Commonwealth departments, works with state and territory governments to monitor health advice, vaccination rates and any ongoing impacts of COVID-19 to ensure NDIA support measures are appropriate and respond to the current and evolving pandemic environment. As part of the COVID-19 Portfolio Taskforce, the NDIA has data sharing agreements with Services Australia and the Australian Bureau of Statistics to report on vaccination data and strengthen the portfolio's response to increasing vaccination rates for people with disability.

Participants are encouraged to use their plans flexibly when they are impacted by COVID-19 to optimise access to usual supports and services and achieve positive disability related health outcomes. The NDIA's COVID-19 support measures will continue to be available to eligible participants and providers as we approach the colder months. The NDIA, in collaboration with the Department of Social Services (DSS), will work to amplify messaging to assist people with disability to prepare for and stay COVID-19 safe during winter.

The NDIA reviews COVID-19 measures regularly and offers a range of flexible options for eligible participants, including:

- Purchase of Rapid Antigen Tests (RATs) and Personal Protective Equipment (PPE) with existing NDIS CORE plan funding.
- Low-cost Assistive Technology for support continuity, including enabling eligible participants to elect to purchase a personal, portable air purifier as one way to assist in reducing the risk of transmission of COVID-19.
- Meal preparation and delivery support.
- Vaccination payments of \$75 per participant per vaccination can be claimed directly from the NDIA by providers to improve participant health outcomes and assist in reducing the barriers to participants accessing vaccinations. Participants can use their plan funding to access vaccination outlets, such as transport and community participation funding. These supports can be used for any dose, including initial vaccinations and boosters.

The NDIA makes information available to participants and providers on a range of issues related to COVID-19, including links to the latest vaccination and health advice prepared by the Commonwealth Department of Health and Aged Care (DoHAC). The NDIA shares information with participants and providers through the NDIS website, social media and through participant and provider newsletters. The NDIA also works with First Nations Organisations to reach participants in remote and very remote areas.

Since the declaration of the pandemic, disability service providers have worked to build capability to manage COVID-19 outbreaks while continuing to provide essential services.

The NDIA maintains regular communication with providers including exchanging information about NDIS supports, and disability and health related advice from DoHAC, DSS, NDIS Quality and Safeguards Commission and National Disability Services (NDS). In addition, the NDIA continues to undertake regular reviews of provider measures, policies, and processes to ensure NDIA support measures are appropriate and respond to the current and evolving pandemic environment. The NDIS website¹¹⁶ provides links to a range of useful resources to help participants, their informal and formal supports, and providers to continue managing the impacts of COVID-19.

4.9 Market Stewardship activities

The NDIA continues to support the developing NDIS market such as developing home and living options and partnering with the sector to improve quality and outcomes of support coordination.¹¹⁷

SDA Pricing Review

The Specialist Disability Accommodation (SDA) Pricing Review 2022–23 that examines the way the Agency sets limits for pricing SDA is progressing with a target completion date to have new prices finalised by 1 July 2023. Further SDA sector engagement for this Pricing Review commenced in March 2023 involving stakeholders who submitted responses to the SDA Pricing Review consultation paper. In total, 47 submissions were received from individuals and groups providing valuable insights regarding SDA costs from a market perspective. The purpose of this second round of engagement is to test and validate a number of the ideas and concepts raised during the consultation process and in the submissions.

The SDA Pricing Review Panel of independent experts met on 20 February 2023 with a follow up meeting to be held in April 2023. The SDA Pricing Review Government Reference Group comprised of nominated representatives across jurisdictions is scheduled to hold their second meeting in April 2023.

Home and Living demonstration projects

The NDIA is testing and evaluating alternative models of contemporary home and living (H&L) supports through the establishment of H&L Demonstration Projects. Selected Round 1 Demonstration Projects are identifying and developing new ways of delivering and funding Supported Independent Living supports to support improved outcomes for participants. These projects focus on trialling bundled funding; service model changes and family/participant governance models. Round 1 Projects are being progressively implemented. The NDIA's Research and Evaluation Branch are evaluating the projects over a two-year period.

Round 2 of the H&L Demonstration Projects is currently being delivered through the Empowering Participants: Information, Assistance and Connections Grant Round. The grant round opened on 9 March 2023 and closed on 20 April 2023, with up to \$1.5 million of grant funding available over 2023–24 and 2024–25.

The round will test and evaluate different models of delivering high quality information, assistance and connections support to participants looking to explore their H&L options. It is anticipated that the results of the round will be announced in June, with project delivery to commence around July. Projects will be one-two years in duration.

In 2023, we are also working on a mechanism to enable participant-led innovation to occur. It is envisaged the mechanism will empower and support participants to co-design their H&L supports that best meet their needs.

¹¹⁶ <https://www.ndis.gov.au/coronavirus>

¹¹⁷ <https://data.ndis.gov.au/reports-and-analyses/market-monitoring#specialist-disability-accommodation-sda-quarterly-report>

4.10 Thin markets

Market development projects continue to support participants across Australia.

In December 2019, the Disability Reform Council (DRC), now the Disability Reform Ministers Council (DRMC), agreed that each State and Territory would host a thin market trial in agreed locations. The National Disability Insurance Agency (NDIA) identified other thin markets to implement projects. Since 2020, 86 market coordination activities have been initiated in 46 locations across Australia to enable participant access to timely and quality supports.

Fifty-three market coordination activities have been completed. This includes 35 activities completed in remote or very remote locations of Queensland, New South Wales, Northern Territory, South Australia, Tasmania, and Western Australia. There are 33 ongoing market coordination activities underway in metropolitan, regional, and remote communities.

This includes market activities in 4 remote locations across Central West Queensland, Anangu Pitjantjatjara Yankunytjatjara Lands (South Australia), the Kimberley (Western Australia) and Western NSW. Learnings from the completed Disability Reform Council 2019 Market Trials have been compiled in the Thin Markets Evaluation report, the NDIA expects to release the report on the NDIS website in mid-2023.

At the end of Q2 2022–23, the NDIA delivered targeted information sessions to build support coordinators' knowledge and understanding of their role, specifically in NDIS home and living supports and working in remote communities. Feedback from attendees was that the sessions were helpful. The NDIA will continue to deliver information sessions to improve support coordination capability and awareness throughout 2023.

Throughout Q3 2022–23 the NDIA delivered 17 Coordinated Funding Proposal (CFP) information sessions to a total of 290 internal staff, NDIS providers and support coordinators. These sessions provided detailed guidance on using the CFP toolkit which was publicly released in Q2 2022–23. Targeted place-based CFP sessions for support coordinators to support market coordination activities are planned for Q4 2022–23.

4.11 NDIS pricing

The NDIA has continued to implement the Annual Pricing Review recommendations.

The 2022–23 Annual Pricing Review is currently underway. The NDIA released the Terms of Reference and Consultation Paper in March 2023.

Due to the NDIS Review running concurrently with the 2022–23 APR, this year's APR will be more targeted and focus on the price limits of the following supports:

- supports delivered by disability support workers
- therapy supports
- support coordination
- plan management

This year's annual price review will concentrate on those issues that require attention prior to the conclusion of the broader NDIS Review.

A summary of the findings from the consultations will be published in the APR Report along with the final pricing recommendations in June 2023 for a 1 July 2023 implementation.



Golf star on course to secure her goals



In just 5 years, Brisbane teenager **Natascha** has gone from knowing “absolutely nothing” about golf, to being Australia’s top ranked female golfer with disability.

Holding a club for the first time aged 10, the now 15-year-old and NDIS participant, has secured a list of accomplishments at home and abroad, including a gold medal at the Special Olympics (SO) National Games in Launceston in October last year.

“I did my first lesson and just fell in love with it, and the rest is pretty much history,” Natascha said.

Diagnosed with Autism spectrum disorder (ASD), Tourette syndrome, and a genetic heart condition, which affects her ankles and knees, at 8, Natascha’s mother Kathleen said she was concerned about her daughter’s future when she failed to meet walking and talking milestones and became overly anxious in noisy areas.

“It was very daunting when Tash got first diagnosed, I was anxious and had no idea what her future would be like,” Kathleen said.

When the NDIS arrived in Queensland in 2018, Natascha’s paediatrician advised Kathleen to apply for it, which she did with help from NDIS partner in the community, Carers Queensland.

The NDIS funds Natascha’s psychologist, support workers and occupational therapist (OT). The Scheme also funds physiotherapy to help with her ligamentous laxity, with a focus on strengthening her ankles and her knee joints.

With all her success, Natascha hopes to encourage other young women with disabilities to take part in the sport, particularly since golf is still more male dominated. “Having a disability doesn’t hold you back, if you try hard enough, it can’t hold you back”, she says.

Section five:

Financial sustainability





A financially sustainable Scheme achieves outcomes for participants across their lifetimes, and is affordable now and into the future.

5.1 Participants and cost projections

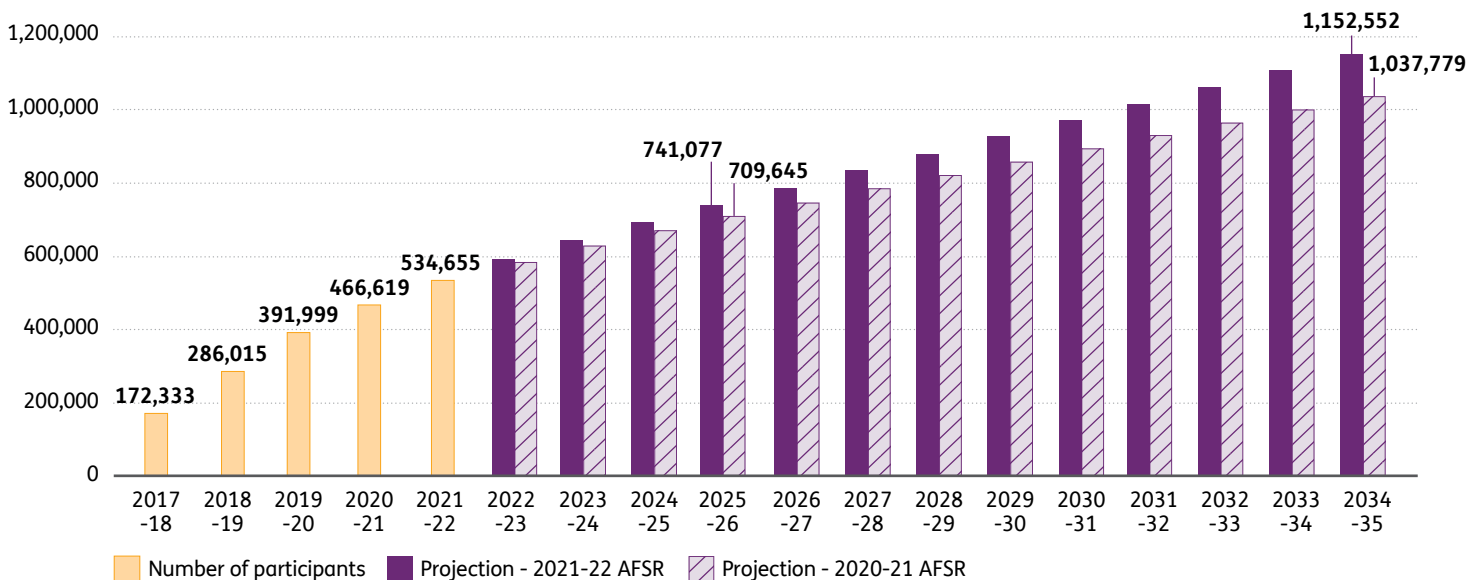
On 4 November 2022, the NDIA Board released both the AFSR, and the Peer Review Report.

The NDIA Board released the 30 June 2022 AFSR on 4 November 2022. The AFSR is prepared by the Scheme Actuary, and provides an assessment of the financial sustainability of the NDIS, as is required under the NDIS Act (Section 180B). It is produced using data at 30 June each year and a summary of each year’s AFSR is included in the NDIA Annual Report. The AFSR was independently peer reviewed by the Australian Government Actuary.¹¹⁸ A copy of this report was also released on 4 November 2022.

The AFSR projects that:

- There will be 741,077 participants in the Scheme at the end of June 2026 (of which 697,469 are under the age of 65 years), and 1,017,522 at the end of June 2032 (of which 942,226 are under the age of 65 years). The current projections indicate a higher rate of growth in projected participant numbers, compared to the 2020–2021 AFSR projections.

Figure 88: Actual and projected participants (2021–22 AFSR and 2020–2021 AFSR)



118 The Australian Government Actuary currently is the Peer Review Actuary as per the NDIS Act (Section 180D).

- Total Scheme expenses are estimated to be \$34.0 billion in 2022–23, growing to \$50.3 billion in 2025–26, and \$89.4 billion in 2031–32 (on an accrual basis).

Figure 89: Projected Scheme expenses

Scheme expenses (\$m)	2022–23	2023–24	2024–25	2025–26	2031–32
Scheme expenses (aged 0 to 64 years)	31,394	34,874	39,955	45,187	77,843
Scheme expenses (aged 65 years and over)	2,582	3,259	4,160	5,157	11,559
Total Scheme expenses	33,976	38,133	44,116	50,344	89,403
Total Scheme expenses (% of GDP)	1.48%	1.61%	1.77%	1.93%	2.55%

More detail is available in the reports located on the NDIS website:

[Annual Financial Sustainability Report¹¹⁹](#) – published 4 November 2022

[Independent Actuary Peer Review Report¹²⁰](#) – published 4 November 2022

It is important to recognise that the projected Scheme expenses are shown in nominal terms, i.e. that future dollars of estimated Scheme expenses include the effects of inflation over time. This impact of inflation increases over the longer term and so is particularly significant for the result in 2031–32. Expressing Scheme expenses as a proportion of GDP is a way of removing the impacts of economic inflation. Scheme expenses are estimated to be 1.48 per cent of GDP in 2022–23, increasing to 2.55 per cent in 2031–32. In considering longer-term projections of Scheme costs it is recommended that users refer to costs as a percentage of GDP rather than nominal dollar figures as these provide a more meaningful measure of Scheme expenses.

119 <https://www.ndis.gov.au/about-us/publications/annual-financial-sustainability-reports>

120 Ibid.

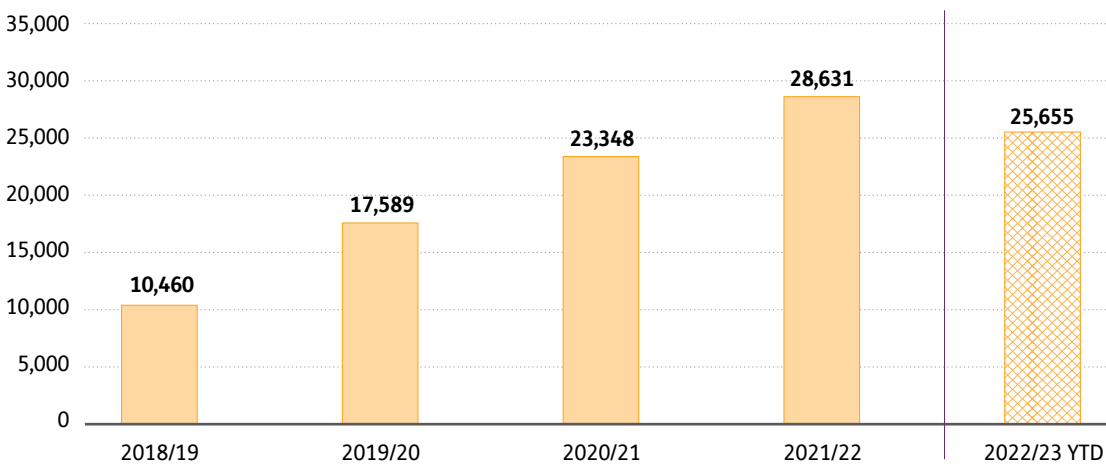
5.2 Total payments

Total payments have grown significantly over the last three years in line with a growing Scheme.

Total payments have increased over the last three years, from \$10.5 billion in the year to 30 June 2019 to \$28.6 billion in the year to 30 June 2022. The payments in the 9 months to 31 March 2023 were \$25.7 billion.¹²¹

This is in line with a growing Scheme, with an increasing number of participants benefitting from the Scheme.

Figure 90: Total payments (\$m) for financial years ending 30 June and the nine months to 31 March 2023¹²²



¹²¹ This compares to \$20.4 billion in the 9 months to 31 March 2022.

¹²² Total payments are based on an accrual basis, sourced from the NDIA Annual Reports.

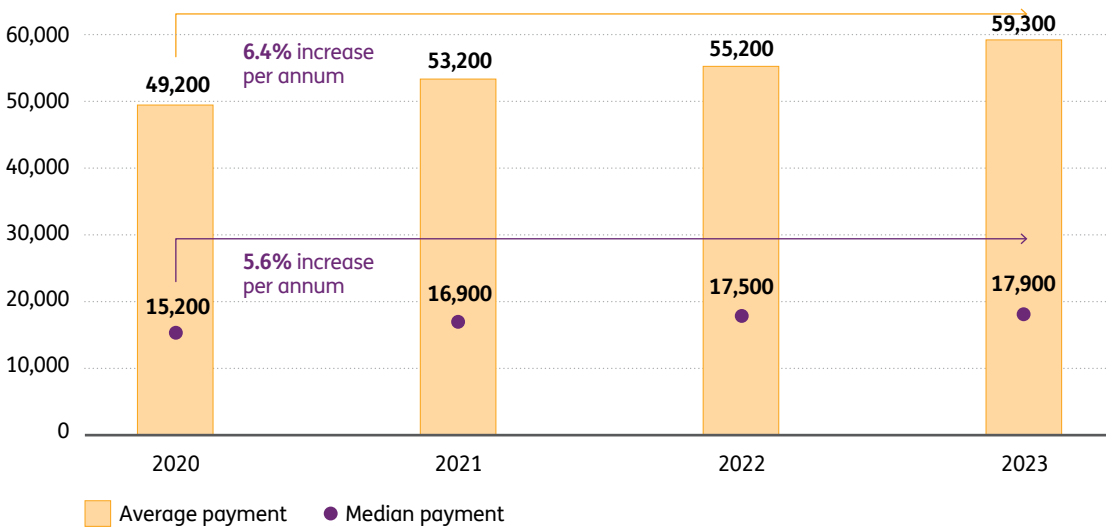
5.3 Average and median payment trends

Average and median payments per participant have increased by 6.4 per cent and 5.6 per cent per annum respectively over the last three years.

Both the average (mean) payment per participant and the median payment per participant provide useful information. In the NDIS, the average payment is much higher than the median payment because there is a skewed distribution with a small number of participants receiving very high cost supports, and a large number receiving low cost supports.

Trends in average and median payments per participant between 1 April 2019 and 31 March 2023 indicate that average payments have increased by 6.4 per cent per annum, and median payments have increased by 5.6 per cent per annum.

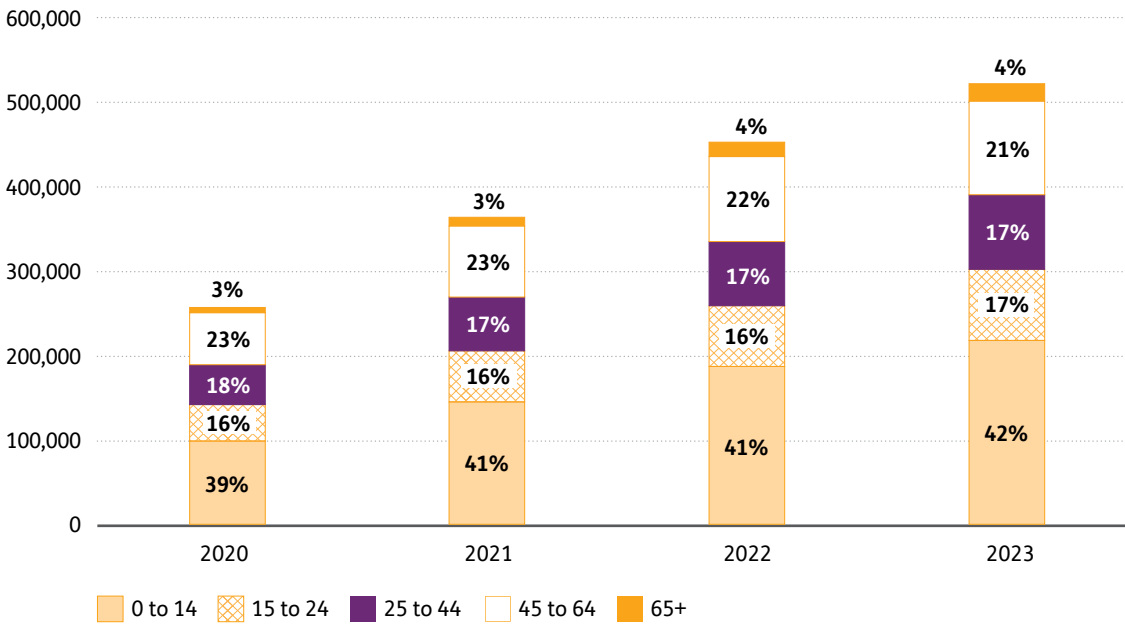
Figure 91: Average and median payments for years ending 31 March – all participants



Trends in average and median payments are affected by changes in the profile of participants in the Scheme over time. Specifically, average payments are much higher for participants in SIL than those not in SIL (\$371,800 versus \$42,000 respectively, in the year to 31 March 2023). Average payments are also higher for adults compared with children (\$66,600 for participants not in SIL aged 25 to 64 versus \$19,300 for those aged 0 to 14 years, in the year to 31 March 2023). Over the past four years, as the Scheme has rolled out across the country, the proportion of children in the Scheme has increased, and the proportion of participants in SIL in the Scheme has decreased.

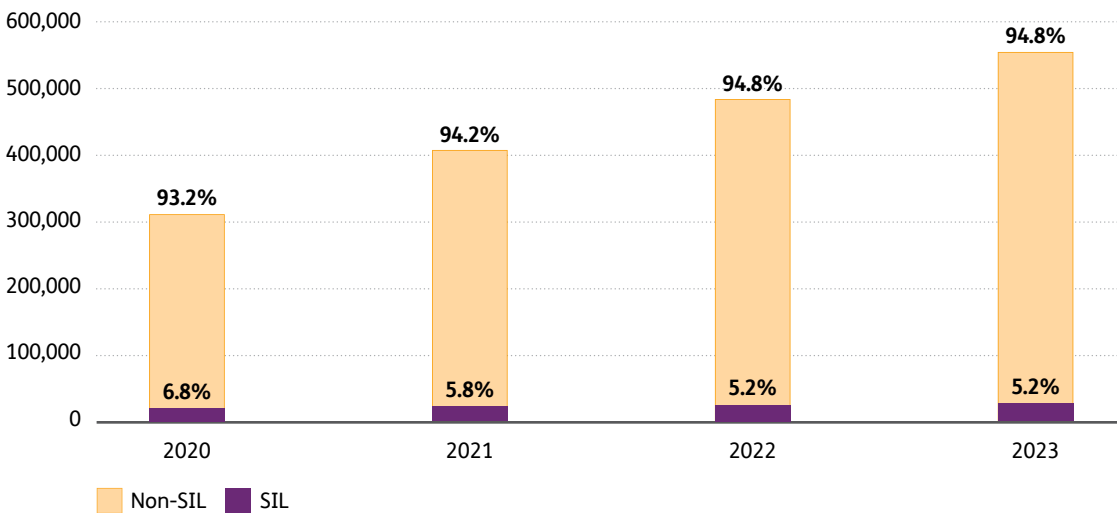
Specifically, the proportion of children in the Scheme aged 0 to 14 years has increased from 39 per cent at 31 March 2020 to 42 per cent at 31 March 2023. As mentioned above, older participants on average have higher average plan budgets and higher average payments so the impact of this changing mix is to reduce the average and median payment, all else being equal.

Figure 92: Average proportion of participants by age band for years ending 31 March (%) – all participants¹²³



Additionally, average plan budgets and average payments for participants in SIL are significantly higher than those not living in SIL. The changing mix of participants living in SIL has changed in the three years to 31 March 2023, reducing from seven per cent of participants at 31 March 2020 to five per cent of participants at 31 March 2023, so the impact of this changing mix is also significant.

Figure 93: Average proportion of participants in and not in SIL for years ending 31 March (%) – all participants



This report presents both average payments trends and average plan budget trends split by participants in SIL and participants not in SIL, and also by age group.

¹²³ Figure contains the average number of participants at 1 April and 31 March of each year.

Participants in SIL and not in SIL

Analysing the change in average and median payment over time by whether or not participants are in SIL, indicates that the average annual increase in average and median payments has been consistently high across both participant groups. Specifically, the average payment has increased for participants in SIL by 8.8 per cent, and the average payment has increased for participants not in SIL by 9.7 per cent per year. These averages are higher than the overall average (of 6.4 per cent), as the proportion of participants in SIL has decreased over the period (as discussed earlier).

Also, the median payment has increased for participants in SIL by 4.0 per cent, and the median payment has increased for participants not in SIL by 7.1 per cent per year.

Figure 94: Average and median payments for years ending 31 March – participants in SIL

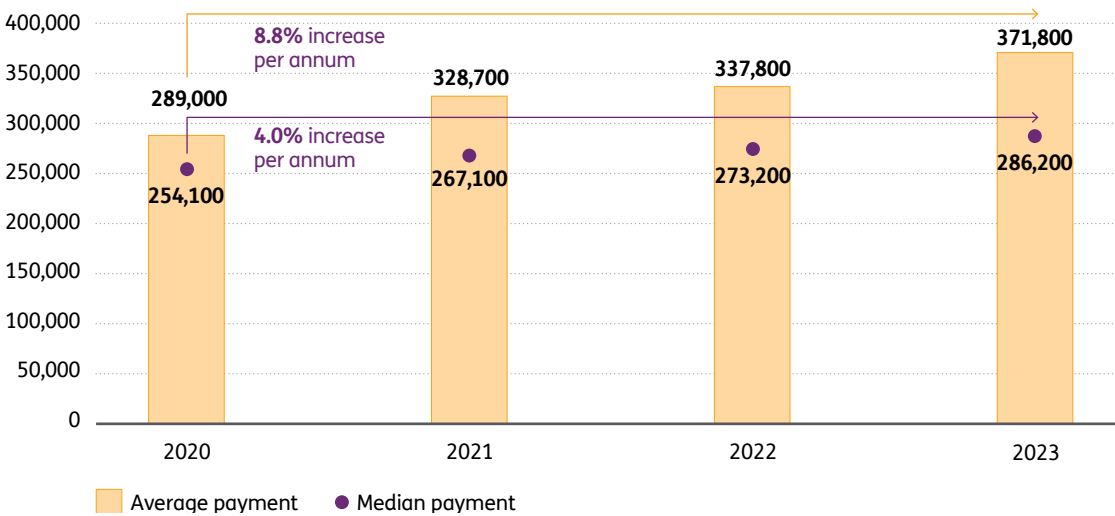
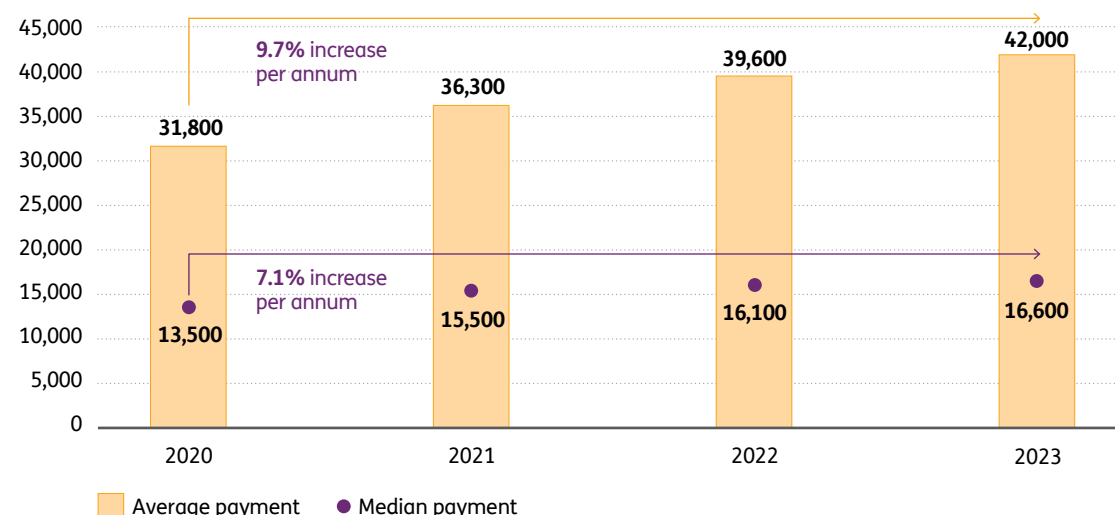


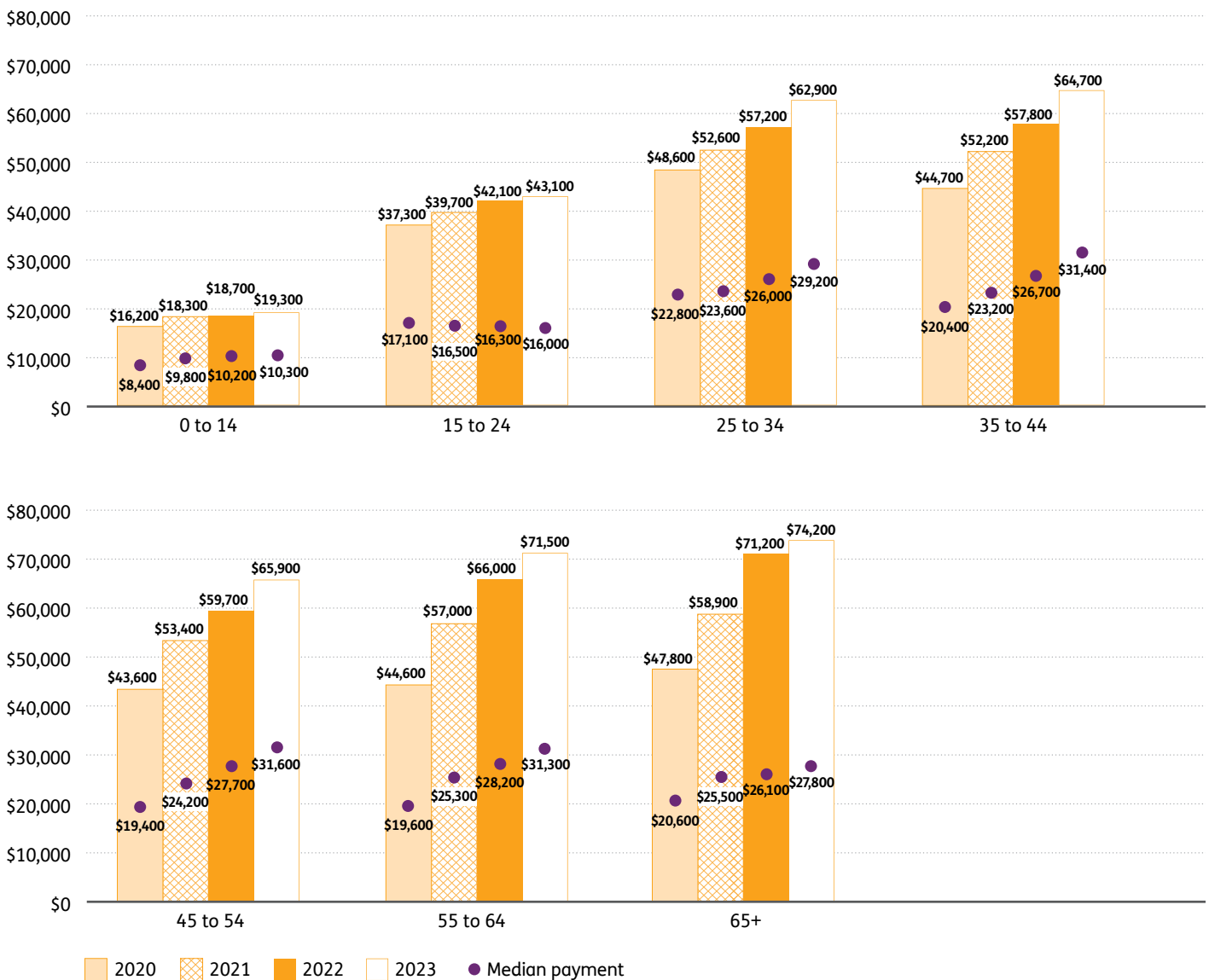
Figure 95: Average and median payments for years ending 31 March – participants not in SIL



For participants not in SIL, average payments have increased at a faster rate for adults (particularly those aged over 35) and reflects a material increase in the hours of attendant care support these participants are receiving over time. Large increases are also evident in the median payment.

Notably, although average and median payments have increased for all age groups, younger participants have significantly lower payments compared to older participants. For example, for participants not in SIL, those aged 0 to 14 years had average payments of \$19,300 in the year to 31 March 2023, compared to \$43,100 for those aged 15 to 24 years and \$65,900 for those aged 45 to 54 years. With more younger participants entering the Scheme over time, the overall average and median payment will reduce or will increase by a lower amount, partly offsetting the increases otherwise observed.

Figure 96: Average and median payments for years ending 31 March by age group – participants not in SIL

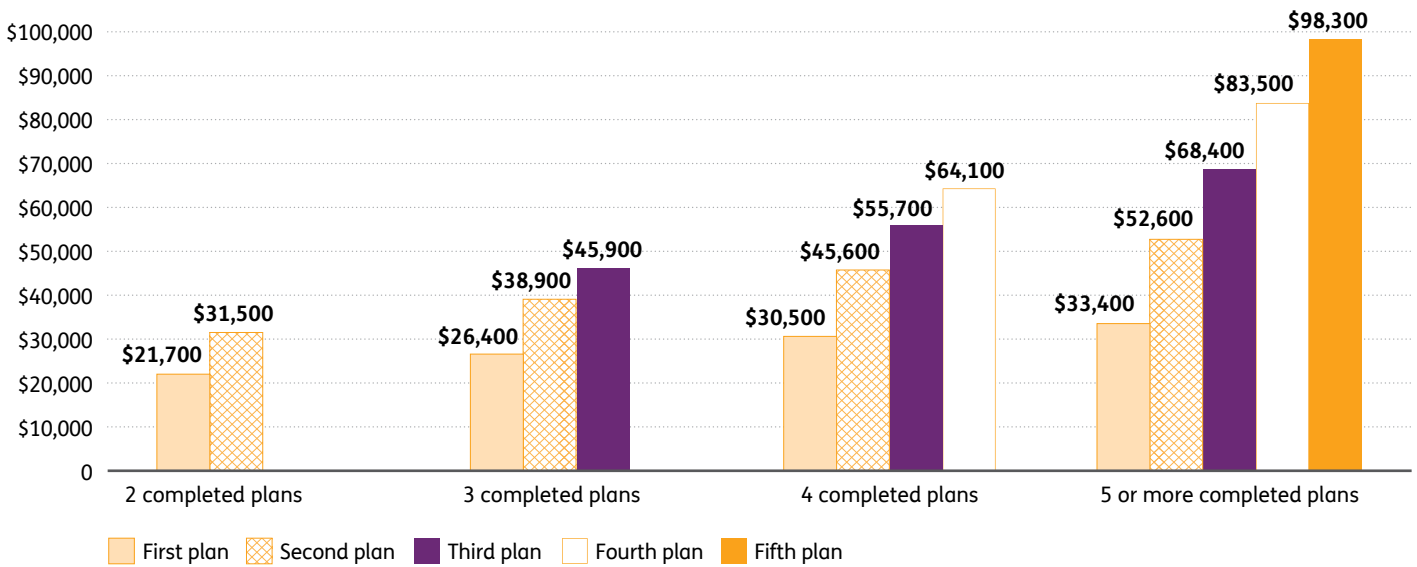


As previously noted, the mix of participants in the Scheme has changed, with proportionally more children in the Scheme, and proportionally less participants in SIL. It is therefore important to understand trends in average payments for the same cohort of participants over time.

Figure 103 shows average payments per participant over time for participants who have had two completed plans, three completed plans, four completed plans and five or more completed plans, since joining the Scheme.

Notably, average payments per participant have increased over time for all participant cohorts having different number of plans since joining the Scheme. For example, for participants who have had three completed plans, average payments increased from \$26,400 for the first plan to \$45,900 for the third plan (32 per cent per plan). Noting however, the rate of increase in average payments to participants is the greatest between the first and second plans, with the rate decreasing over time. For example, for participants with five or more completed plans, the rate of increase between the first and second plans is 57 per cent, compared to 18 per cent between the fourth and fifth plans.

Figure 97: Average payments per participant over time



5.4 Average plan budget trends

Average plan budgets have also increased over time for the same cohort of participants.

In addition to average payments increasing over time, average plan budgets have also increased over time, for both participants in SIL and not in SIL.

Specifically, over the three year period to 31 March 2023:

- Average plan budgets have increased by **3.6%** per annum for all participants
- Average plan budgets have increased by **7.9%** per annum for participants in SIL
- Average plan budgets have increased by **3.9%** per annum for participants not in SIL.

The slight decreases in the year ending 31 March 2022 is due to new participants that entered the Scheme between 1 April 2021 and 31 March 2022 having, on average, lower plan budgets. This was driven by high proportions of participants entering the Scheme who were under the age of 18 (as children have lower plan budgets on average than adults), and participants having lower support needs on average, as participants from the State/Territory disability systems with higher support needs (such as those in SIL) transferred into the Scheme earlier.

Importantly, there was no reduction in the average plan budgets of participants continuing in the Scheme. For example, for these existing participants who were in the Scheme at 31 March 2021 and at 31 March 2022, the average plan budget **increased** from \$70,200 to \$74,000 (5.4 per cent). Similarly, for participants who were in the Scheme at 31 March 2022 and at 31 March 2023, the average plan budget **increased** from \$68,300 to \$80,300 (17.6 per cent).

Figure 98: Average annualised plan budgets for years ending 31 March – all participants

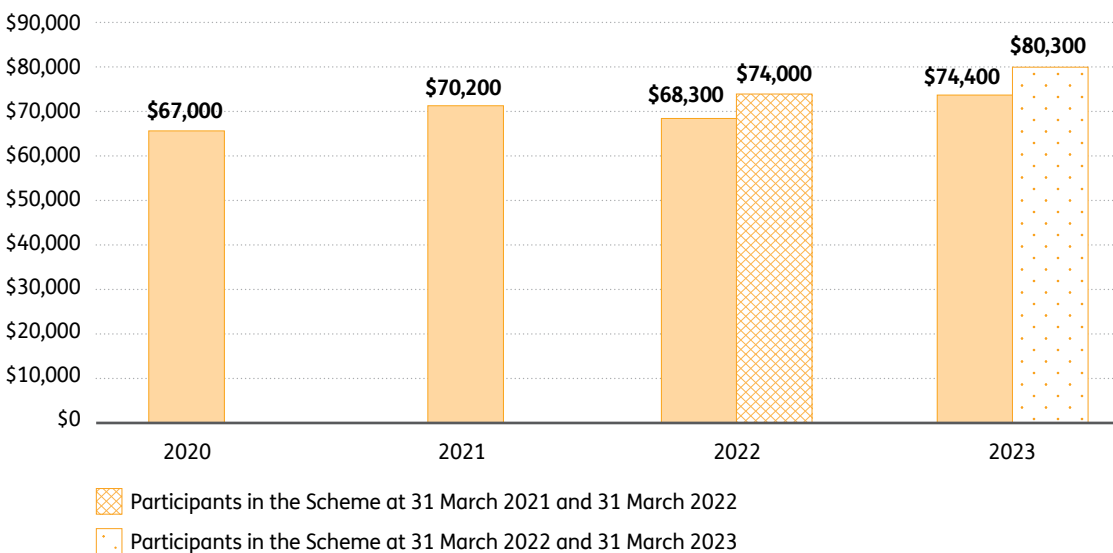


Figure 99: Average annualised plan budgets for years ending 31 March – participants in SIL

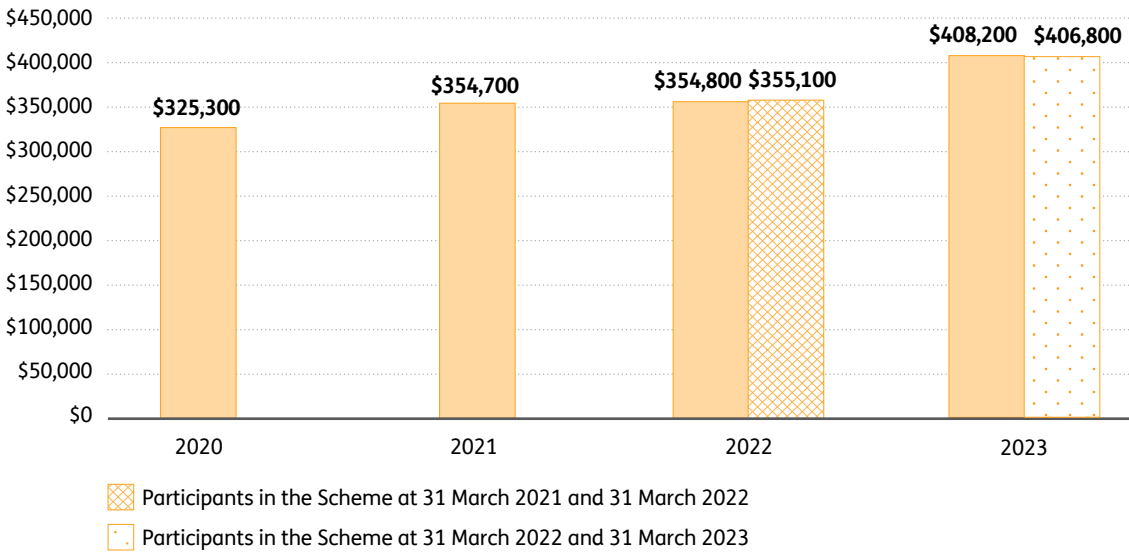
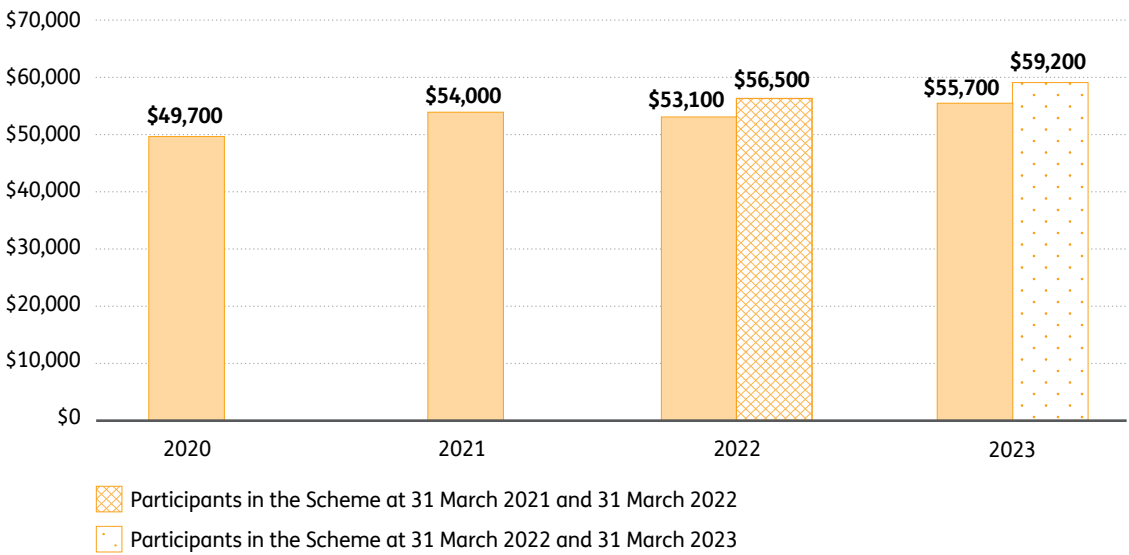
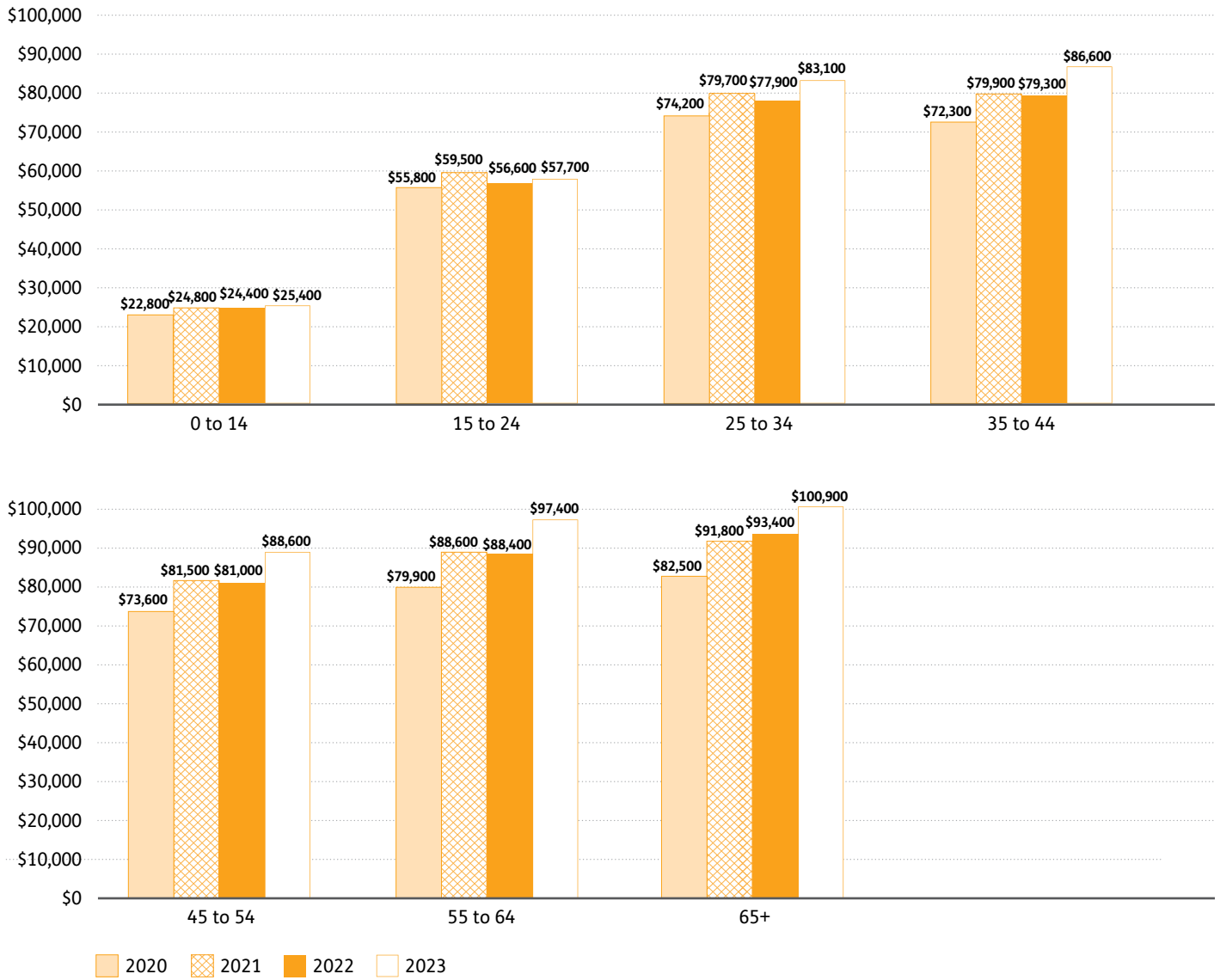


Figure 100: Average annualised plan budgets for years ending 31 March – participants not in SIL



For participants not in SIL, average plan budgets have increased over time for all age groups. The rates of increase were highest for participants aged 65 years and older at seven per cent per annum, and lowest for participants aged 15 to 34 years at around one to four per cent per annum, with the rates of increase for the remaining age groups being around six to seven per cent per annum.

Figure 101: Average annualised plan budgets for years ending 31 March by age group – participants not in SIL



As the mix of participants has changed over time, understanding trends in average plan budgets for the same group of participants over time is important.

In considering participants by the number of plans they have had since joining the Scheme, and tracking the average plan budgets for the same cohort of participants over time, it is evident that the average plan budgets have increased for all participant cohorts per plan. For example, for participants who have had three plans, average plan budgets increased from \$40,700 for the first plan to \$53,800 for the third plan (15 per cent per plan). Noting however, the rate of increase over the latest plan is lower compared to the rates seen for the earlier plans for all participant cohorts. For example, for participants with six or more plans, the rate of increase between the first and second plans is 21 per cent, compared to 11 per cent between the fifth and sixth plans.

On the other hand, the average plan budgets for new participants joining the Scheme have decreased over time, with participants who have had two plans having an average plan budget of \$37,700 for the first plan, compared to \$40,700 for participants who have had three plans. This reflects the change in the profile of participants in the Scheme over time, with a higher proportion of lower cost participants, especially children and fewer new participants in SIL.

Figure 102: Average annualised plan budgets for participants over time



Plan reassessments and plan budgets variations

Plan reassessments result in plan budgets varying from plan to plan for a variety of reasons – for example, one-off capital items in one plan and not the next. Another example is investment in capacity building (such as behavioural supports) resulting in less need for core support over time. The NDIA has published an [Operational Guideline on Plan Reassessments](#)¹²⁴ which details the reasons why a new plan could be different to a current plan.

When a plan reassessment is conducted, information about a participant's goals, situation and support needs are considered. A participant's needs and situation may change over time, which means their NDIS funding is likely to change over that time. Some supports may no longer be required, while for others, disability support needs might increase and the NDIA might consider funding more supports.

Access to capacity building supports early in a participants' journey is considered an early investment, and is intended to increase independence, and reduce reliance on NDIS funding over time. If overall funding goes down from one plan to the next, it may be because the same amount of supports are no longer required. Also, if the capacity building investment has been successful at building independence, support needs may also decrease, for example core supports.

As mentioned above, plan budgets can change at plan reassessment for a number of reasons. Many of the reasons discussed above can also occur before a plan is due to be renewed, and often the plan may be ended early and a new plan put in place because of these reasons – both of these factors contribute to the percentage changes in plan budgets in a quarter.

Plan inflation

In the March 2023 quarter, total plan inflation was 3.1 per cent (12.9 per cent per annum). Of the 12.9 per cent per annum total plan inflation in the quarter, 5.3 per cent was due to changes at plan reassessment, and 7.7 per cent was due to changes occurring within a plan between reassessments.

The plan inflation of 12.9 per cent per annum in March 2023 compares with plan inflation of 15.9 per cent per annum in December 2022, and 20.6¹²⁵ per cent per annum (15.9% per cent excluding indexation) in September 2022¹²⁶.

Inflation occurring at plan reassessment was 5.3 per cent per annum which compares with 8.7 per cent per annum in December 2022, and 9.1 per cent per annum in September 2022. Inflation occurring within a plan, between reassessments was 7.7 per cent per annum which compares with inflation of 7.2 per cent per annum in December 2022 and 11.4 per cent per annum in September 2022. The 11.4 per cent is inclusive of a 4.6 per cent one-off impact of the indexation of plans in July following the Annual Pricing Review¹²⁷.

When considering the year to date inflation, (i.e. for the 9 months to 31 March 2023), the total annualised plan inflation for the period is 19.5 per cent (including indexation) per annum. Of this, 7.6 per cent per annum was due to growth in plan budgets at reassessment and 11.9 per cent (including indexation) was due to growth in plan budgets between reassessments.

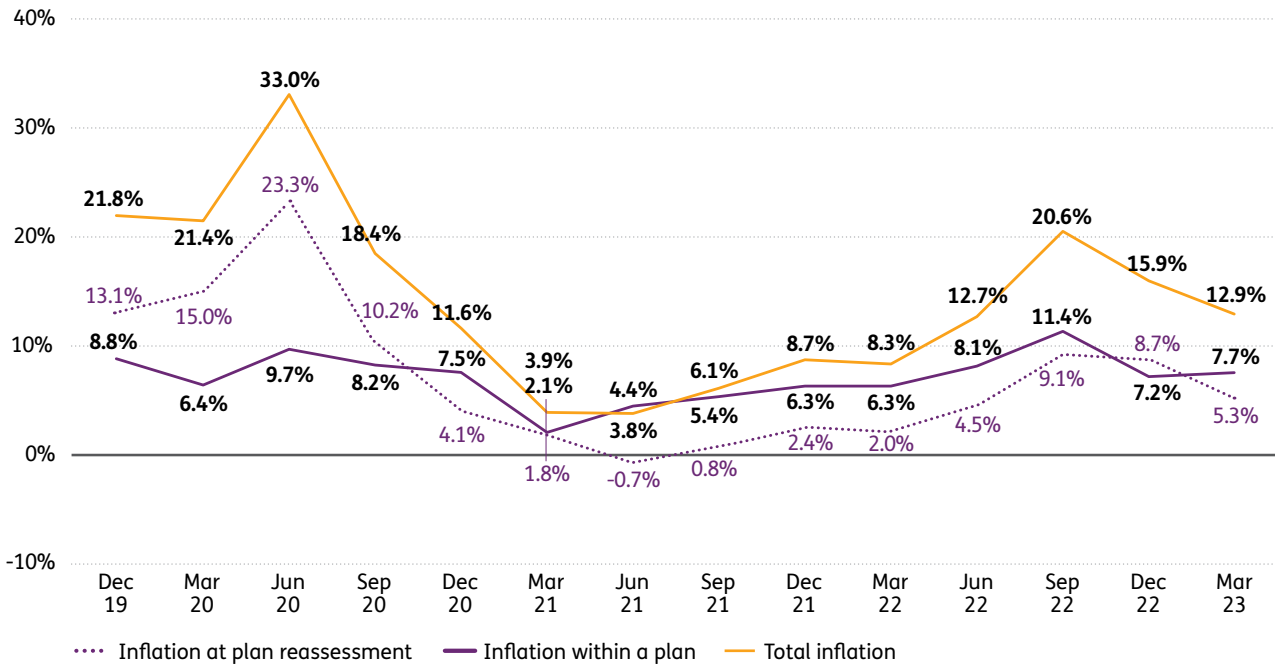
124 <https://ourguidelines.ndis.gov.au/your-plan-menu/changing-your-plan>

125 The annualisation calculation of inflation excludes the impact of plan indexation in July following the Annual Pricing Review. The impact of this indexation is then explicitly added to the annualised calculation being a 4.6% one-off increase.

126 The September 2022 plan inflation has had a minor restatement from 20.5 per cent from the previous report.

127 The Annual Pricing Review saw price limit increases on 1 July where unspent portions of plan budgets were increased in line with indexation rates in early July to maintain the purchasing power of remaining plans. Due to this, there has been a one off increase in intraplan and total inflation during the month of July of 4.6% each.

Figure 103: Annualised percentage change in plan budgets for active participants



At the individual level, plan budgets can vary significantly. When looking at experience in this financial year (from 1 July 2022 to 31 March 2023), taking account of total plan inflation, plans were more likely to increase rather than decrease.

Specifically:

- 52% of plans increased at reassessment by more than 5%
- 19% decreased by more than 5%
- 29% remained within 5%

For participants in SIL:

- 58% increased by more than 5%
- 7% decreased by more than 5%
- 35% remained within 5%

For participants not in SIL:

- 51% increased by more than 5%
- 20% decreased by more than 5%
- 29% remained within 5%

Figure 104: Distribution of the percentage change in plan budgets for plans reassessed in this financial year (1 July 2022 to 31 March 2023) – all participants¹²⁸

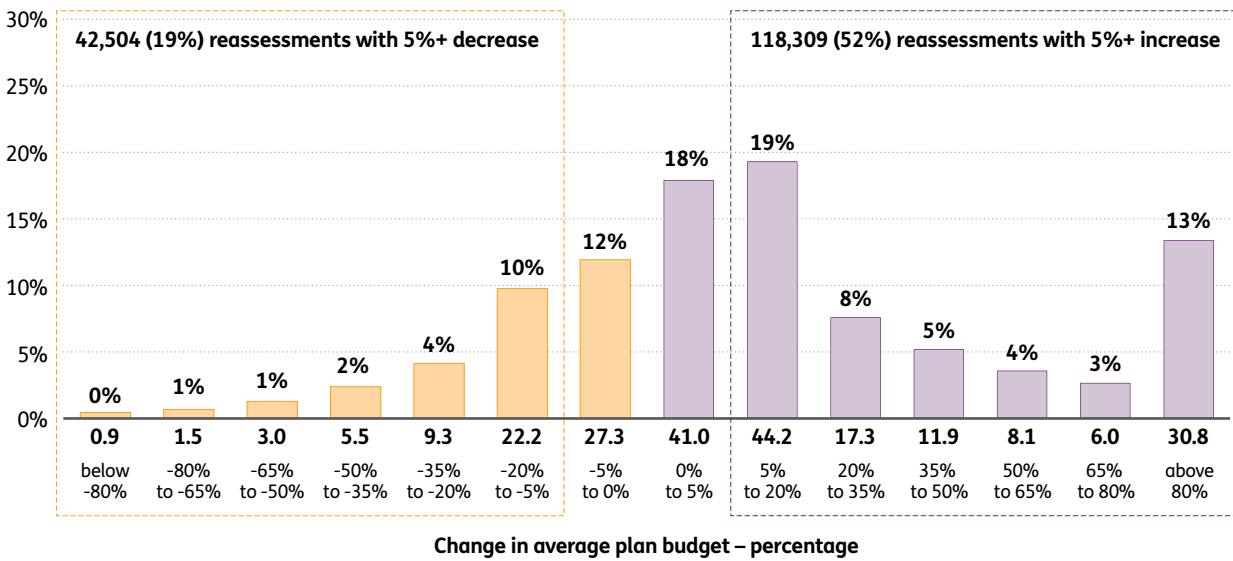
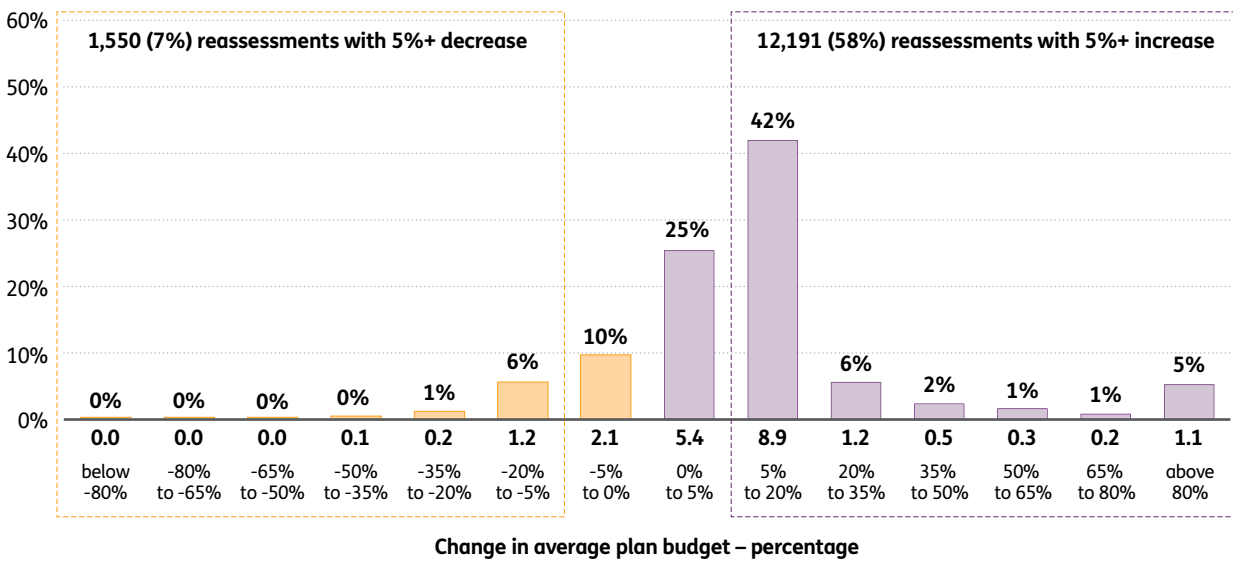


Figure 105: Distribution of the percentage change in plan budgets for plans reassessed in this financial year (1 July 2022 to 31 March 2023) – participants in SIL^{129,130}

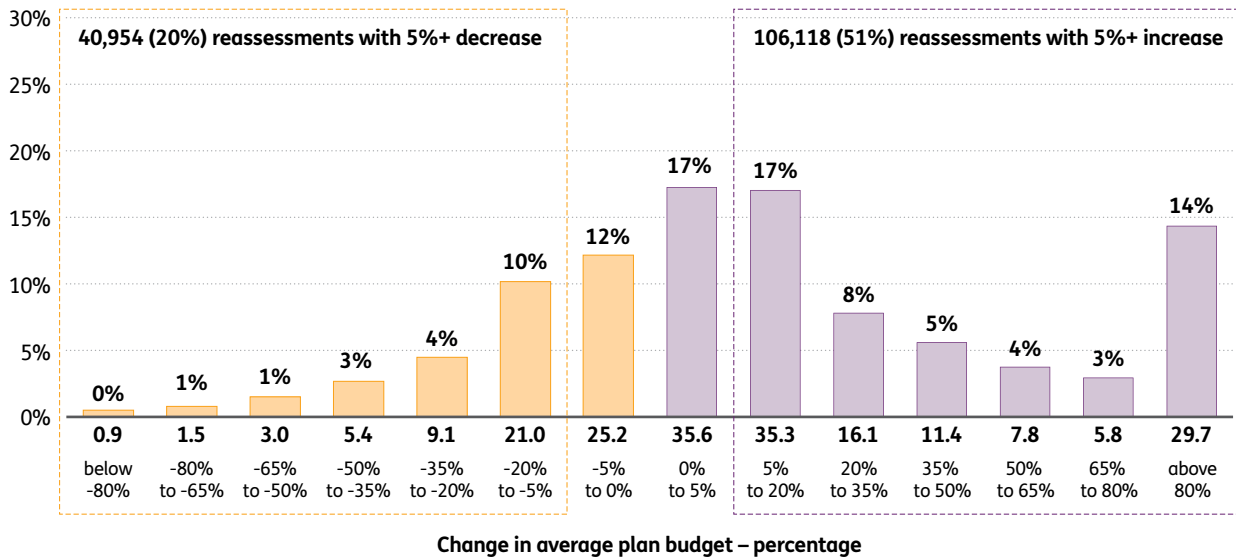


128 The number of plan reassessments (in thousands) in each inflation percentage band is shown at the bottom of each bar in the chart. The corresponding percentage of plan reassessments in each band is shown at the top of each bar in the chart.

129 Ibid.

130 Due to operational changes since July 2020, there has been an issue with identifying SIL in plans as they are being completed. A temporary and manual solution was implemented to estimate the number of active participants who should be identified as having SIL in their plans but do not appear as such on the Agency's system. From May 2022, an automated and more accurate method has been applied in identifying SIL participants leading to a restatement in the number of SIL participants from July 2020 to April 2022. This has resulted in a one-off change in the historical SIL and non-SIL inflation rates.

Figure 106: Distribution of the percentage change in plan budgets for plans reassessed in this financial year (1 July 2022 to 31 March 2023) – participants not in SIL¹³¹



In the financial years 2019–20, 2020–21 and 2021–22, plans were also more likely to increase rather than decrease.

In 2021–22:

- 39% of plans increased at reassessment by more than 5%
- 25% decreased by more than 5%
- 36% remained within 5%

In 2020–21:

- 42% of plans increased at reassessment by more than 5%
- 29% decreased by more than 5%
- 29% remained within 5%

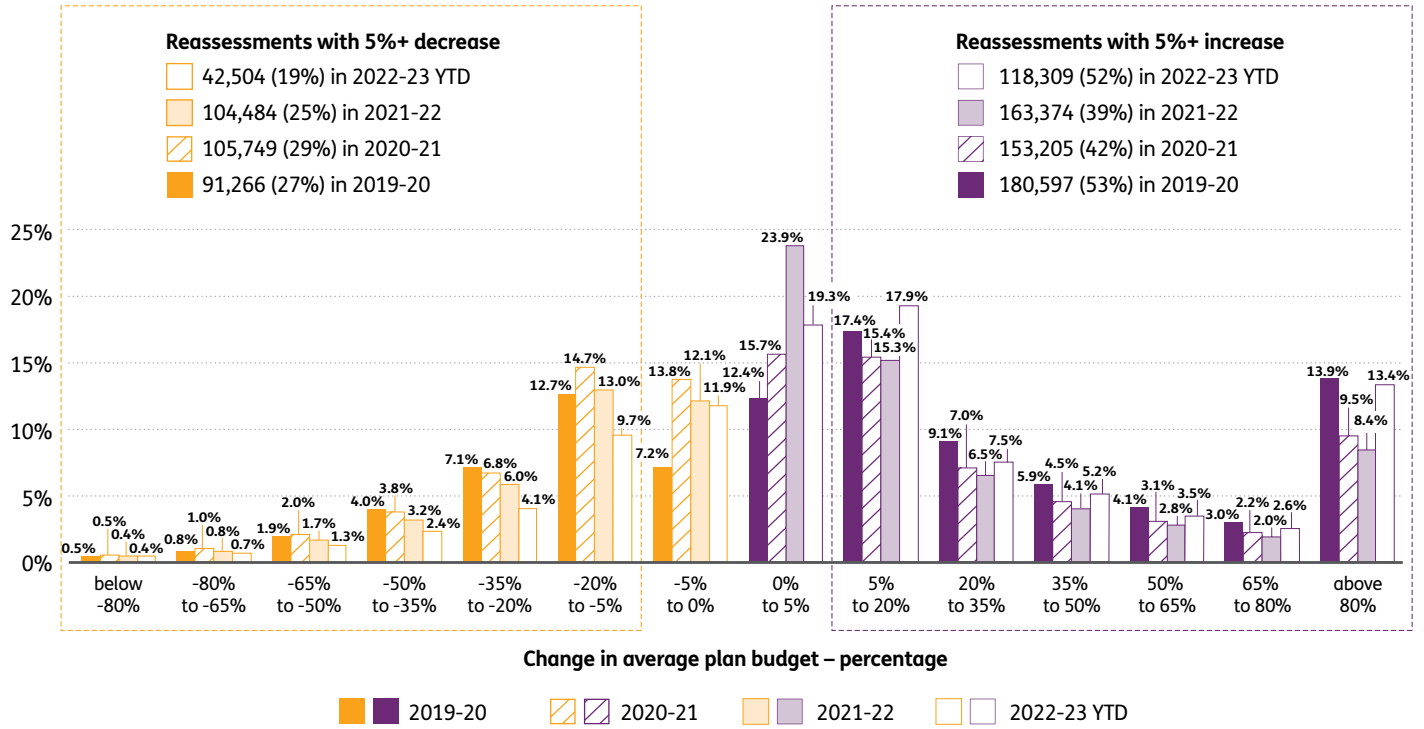
In 2019–20:

- 53% of plans increased at reassessment by more than 5%
- 27% decreased by more than 5%
- 20% remained within 5%

¹³¹ The number of plan reassessments (in thousands) in each inflation percentage band is shown at the bottom of each bar in the chart. The corresponding percentage of plan reassessments in each band is shown at the top of each bar in the chart.

The following chart shows the distribution of the percentage change in plan budgets for plans reassessed over the three years and three quarters to 31 March 2023, taking account of total plan inflation.

Figure 107: Distribution of the percentage change in plan budgets for plans reassessed over the three years and three quarters to 31 March 2023 – all participants



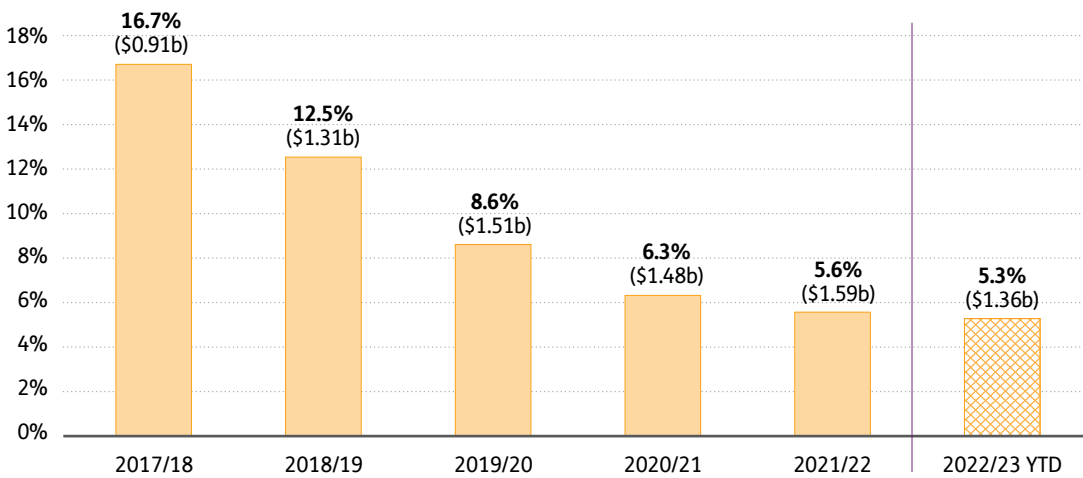
5.5 Operating expenses

Operating expenses per participant have reduced over the last four years.

In addition to the money spent through participant plans on supports for participants, the NDIA receives money to run the NDIA, including paying staff wages. This is referred to as the NDIA’s operating expenses. NDIA operating expenses have increased from \$906 million in 2017–18 to \$1,590 million in 2021–22.

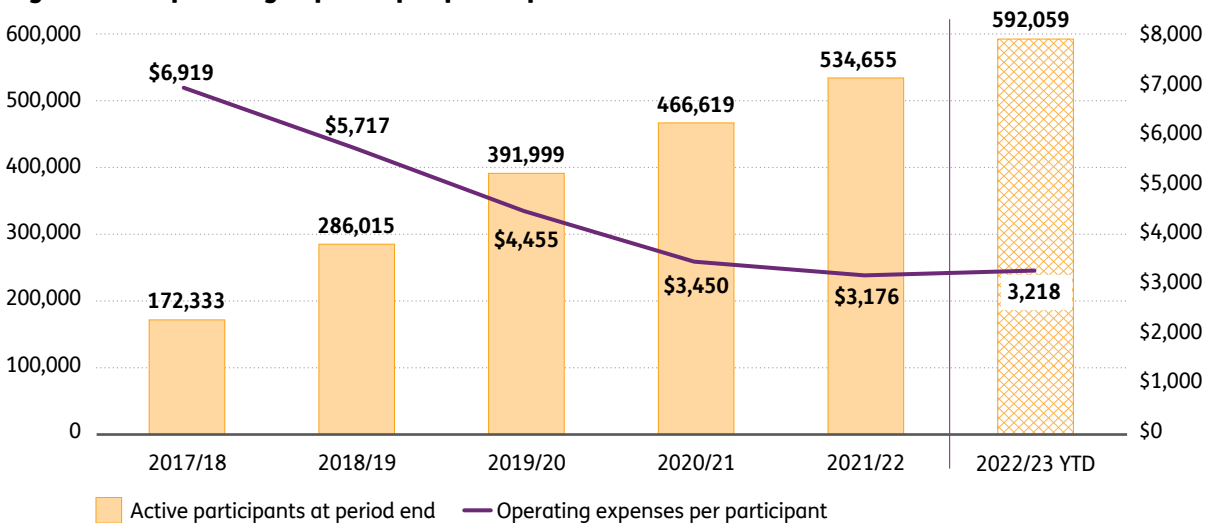
As a percentage of the dollars spent on participants, operating expenses have decreased from 16.7 per cent in 2017–18 to 5.6 per cent in 2021–22. For the nine months to 31 March 2023 the expense percentage has further decreased to 5.3 per cent. The Productivity Commission in their 2017 Study report¹³² suggests a range of seven to ten per cent as an appropriate benchmark for NDIA operating costs.

Figure 108: Operating expenses as a percentage of participant costs



Over time, the NDIA has increased efficiency. The annualised operating cost per participant has reduced by 52 per cent since 2017–18, from \$6,919 to \$3,176 in 2021–22. There is a small increase in annualised operating cost per participant to \$3,218 for the nine months to 31 March 2023, however this is expected to drop over 2022–23 as there exists some seasonality in operating expenses.¹³³

Figure 109: Operating expense per participant¹³⁴



¹³² <https://www.pc.gov.au/inquiries/completed/ndis-costs#report>

¹³³ The annualised operating cost per participant is expected to drop given the seasonality in operating expenses.

¹³⁴ Average number of participants is taking a simple average of the two periods (opening and closing) on active participants. Cost per participant uses these average participant numbers divided by Total Operating Expenses for the 2022–23 Budget.



Tamina walks tall in life and business, thanks to NDIS supports



Mildura cafe owner and business manager Tamina has an important message for other women with disability – it’s okay to ask for help.

“I have always been quite a strong, independent person, and I think you grow up with something like this, you feel you’ve always got to be okay, because it’s easier for others around you,” Tamina said. “But being able to learn to be vulnerable, to then become stronger, has actually been empowering.”

Tamina, 39, was born with spina bifida, a condition that affects the spine and spinal cord. With reduced feeling and nerve function in her feet and legs, Tamina walks with a limp and has problems with balance.

Until she joined the NDIS, Tamina also lived with chronic and debilitating pain. “There’d be days at a time where I would be stuck on the couch and in bed,” she said.

“For a lot of my adult life, I was quite complacent with my own care,” Tamina said. “So, for me, it was a process of having to accept that yes, I have a disability, and that disability is not a bad word. I’m still a mother, I’m still who I am and having a disability doesn’t change that.”

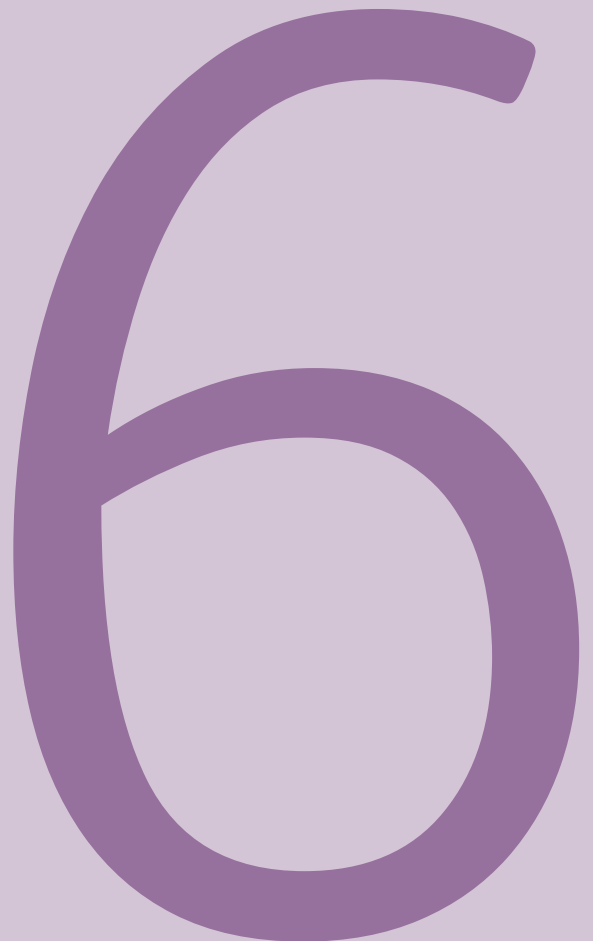
Tamina reached out to the NDIS – and the decision changed her life. “Because of the NDIS, and the supports I now have, I’ve been able to maintain a regular routine of exercise, physio and hydrotherapy, and I’ve been able to build up my strength to keep fit and healthy, so that my body can hold itself up,” Tamina said.

With her increased strength and fitness, Tamina’s pain has all but disappeared. “Now I’m lucky if I have a pain day once a month. It’s incredible,” she said.

“I thought I was an empowered woman before, but I really am now. These extra things I wouldn’t have thought I would be able to do, I can do them because of the NDIS.

Section six:

Staff advisory groups and the NDIS community





Participant and sector engagement activities continue to be a focus.

Section 6.2 of this report highlights the engagement activities being undertaken by the NDIA, including the Information Gathering for Access and Planning (IGAP) project, Home and Living, Participant Safeguarding, Supported Decision Making, CALD Strategy and First Nations Strategy.

On 18 October 2022, the Minister for the NDIS announced the Independent Review into the NDIS (NDIS Review). An overarching goal of the NDIS Review is to put people with disability back at the centre of the NDIS. It aims to help restore trust, confidence and pride in the NDIS.

The NDIS Review involves two parts:

- Part 1 examines the design, operations and sustainability of the NDIS.
- Part 2 examines ways to build a more responsive, supportive and sustainable market and workforce.

The NDIS Review continues to the present and a final report is to be provided by the Independent Review Panel to Disability Reform Ministers by October 2023. More information can be found on the [NDIS Review website](#)¹³⁵.

It is expected that the NDIS Review will lead to changes in the NDIA's work plan. Initiatives and activities described in this report, many of which commenced prior to the announcement of the NDIS Review, should be viewed in that context.

6.1 A high performing NDIA

Workforce diversity, inclusion and engagement.

As at 31 March 2023, the total NDIA workforce was 13,316 including 5,374 APS employees, 2,094 labour hire workers and contractors, and 5,848 people employed by the NDIS PiTC and Contact Centre partners.

During this quarter, the Agency has completed further bulk APS5 and APS4 Planner recruitment processes. These, along with an ongoing strategy to utilise existing Order of Merit pool from the previously completed bulk rounds, has resulted in offers to 383 APS5 roles with start dates throughout Q4. The Agency has implemented several process improvements to drive a better candidate experience and process efficiencies. Due to this, there has been a marked reduction in Time to Fill (TTF) reducing from 17.5 weeks in Nov 2022 to 12.8 weeks in April 2023.

The NDIA continues to progress actions in the Disability Inclusion Plan (DIP), with a key highlight being the findings of the Employees with Disability Workplace Experience Deep Dive being shared with the senior leadership team. The Deep Dive findings will inform prioritisation of further actions under the DIP and other employee experience improvement projects. The Agency has established a dedicated team that will drive transformation and activities to increase levels of inclusion, employment, engagement and the overall experience of People with Disability in the Agency.

¹³⁵ <https://www.ndisreview.gov.au/about/terms-of-reference>

The NDIA First Nation Employment and Inclusion Plan 2022–25 contains 22 actions. As at March 2023, 10 actions are in progress, with the remaining actions listed as future deliverables. One significant deliverable in progress is refreshing and rebuilding the learning and development approaches and solutions to building Cultural Capability.

The NDIA is currently in the final stages of developing its third Reconciliation Action Plan (RAP), a second Innovate level RAP following feedback from Reconciliation Australia (RA). The development of this RAP is a continuation of the Agency’s commitment to realising its reconciliation vision.

The NDIA LGBTIQ+ Inclusion Plan 2021–23 contains 16 actions. As at March 2023, nine of those actions have been delivered, with the remaining actions still in progress. The LGBTIQ+ Champions will soon launch the NDIA Rainbow Statement, a commitment to providing all LGBTIQ+ staff with a safe and supportive workplace. A significant piece of work currently under development is Gender Affirmation Guidelines.

Work on the first NDIA Culturally and Linguistically Diverse (CALD) Inclusion Plan is underway. The CALD Inclusion Group working group has been finalised with focus groups planned for March/April 2023. The four areas of focus include Cultural Competence and Leadership, Inclusive Culture, Inclusive Policy and Practice, and Career Development and Advancement.

6.2 Co-design and engagement

Co-design projects which are strengthening the NDIA’s engagement process.

Refining and embedding our approach to co-design

The NDIA understands the best way to improve the NDIS is to listen to people with lived experience of disability and first-hand experience of the NDIS.

This quarter, the NDIA continued to work together with the disability community to build co-design and engagement capability. The NDIA is also taking a collaborative approach to aligning cross government engagement priorities and initiatives.

The NDIA acknowledges and thanks the members of the Co-design Advisory Group for their ongoing contribution, advice and leadership as we ‘learn by doing’ with co-design.

Co-design Advisory Group

This quarter, the Co-design Advisory Group has continued to provide valuable input into the NDIA’s co-design process, including:

- meeting with NDIA DCEO Corri McKenzie to advise how the NDIA can further elevate the role of co-design across the Agency
- providing input into the NDIA’s guiding principles for co-designing policy in 2023.

After each meeting a communique from the meeting is published on the NDIS website.

More information about the Co-design Advisory Group, including regular updates on their discussions, can be found here: <https://www.ndis.gov.au/co-design-advisory-group>.

DRCO Forum

The DRCO Forum met on 24 February 2023. In this meeting, NDIA CEO Rebecca Falkingham and NDIA DCEO Corri McKenzie led a discussion with attendees about the issues of importance to the disability community and how the NDIA and DRCOs can work closer together in 2023 to deliver better outcomes for NDIS participants.

Members were also provided an update on the Agency's new Information and Communication Technology (ICT) system, including details of the trial being undertaken in Tasmania and how the NDIA will evaluate the trial in Quarter 4.

The membership of the DRCO Forum comprises:

Agency Representatives:

- The CEO or delegate
- Deputy CEO, Service Design and Improvement
- General Manager, Communications and Engagement
- Branch Manager Co-design and Engagement

External Members are invited from key national disability organisations at the request of the Chair. These organisations currently include:

- A4 Autism Aspergers Advocacy Australia
- Australian Autism Alliance
- Australian Federation of Disability Organisations
- Blind Citizens Australia
- Brain Injury Australia
- Carers Australia
- Children and Young People with Disability Australia
- Community Mental Health Australia
- Deaf Australia
- Deafblind Australia
- Deafness Forum of Australia
- Disability Advocacy Network Australia
- Down Syndrome Australia
- First Peoples Disability Network
- Inclusion Australia
- JFA Purple Orange
- Mental Health Australia
- National Ethnic Disability Alliance
- National Mental Health Consumer Carer Forum
- People with Disability Australia

- Physical Disability Australia
- ReImagine Australia
- Self Advocacy Resource Unit
- Women with Disabilities Australia
- Young People in Nursing Homes National Alliance

Membership is at the CEO level only.

Information Gathering for Access and Planning

The Information Gathering for Access and Planning (IGAP) project was established in 2021 following the direction from Disability Ministers to “co-design a new person-centred model that delivers consistency and equity in access and planning outcomes, consistent with legislative requirements for assessments as set out under the NDIS Act.” The project aims to address a range of longstanding issues with Scheme implementation, such as the need to improve the participant experience of NDIS access and planning decisions, and the need for a more robust and structured information gathering process to support more equitable and consistent decisions.

In 2022, the IGAP project engaged in an intensive engagement process, hearing from the disability community including participants, families and carers. This included six NDIA-led focus groups reaching 69 participants, 30 focus groups with six Disability Representative and Carer Organisations reaching more than 200 participants including diverse cohorts such as First Nations and CALD communities, and an online survey receiving 1,112 responses.

Since January 2023, the NDIA has worked with the IGAP Steering Committee to develop a workplan consisting of short/medium and long term improvements to access and planning processes. Short term actions may include incremental improvements such as revising forms and templates. The NDIA is awaiting guidance from the NDIS Review regarding longer-term changes to access and planning processes.

Home and Living

The NDIA is committed to improving the NDIS experience and outcomes for participants who need NDIS funded home and living supports. Our vision is for participants to have an ordinary life at home, where they feel a sense of belonging, safety, and security.

The NDIA is co-designing a Home and Living Framework to inform the way the Scheme supports participants to pursue their home and living goals.

The co-designed framework will deliver:

- A new way to support participants, their families and carers with information, assistance and connections to understand home and living options.
- A new way of gathering information to determine reasonable and necessary home and living funding.
- Flexible budgets that give more choice and control to participants.
- A new home and living approach for participants who need a high level of home and living support.

Since January 2023, the NDIA has been working on an implementation plan to support the framework.

Participant Safeguarding

The NDIA has been co-designing a policy and implementation plan on participant safeguarding. The policy outlines our commitment to support people with disability who engage with the NDIS to create or expand safeguards to improve their safety. It represents a shift to a stronger focus on proactive identification, assessment, and management of risk to minimise the likelihood of violence, abuse, neglect and exploitation.

The policy and implementation plan were endorsed by the NDIA Board in March 2023 and will be publicly released in Quarter 4.

Supported Decision Making

The NDIA has co-designed a policy and implementation plan on supported decision making. Supported decision making is the process of providing support to people to make decisions to remain in control of their lives. We want to show leadership, stewardship and improve how the NDIS supports people with disability in their everyday lives.

The policy and implementation plan were endorsed by the NDIA Board in January 2023 and will be publicly released in Quarter 4.

Culturally and Linguistically Diverse Strategy

The NDIA is co-designing a new Cultural and Linguistic Diversity (CALD) Strategy for 2023–2027, along with a corresponding action plan, in collaboration with CALD participants, nominees, families, carers, providers, and sector stakeholders. The new CALD Strategy aims to provide the NDIA with a clear strategic approach to support CALD participants, families, and carers. The NDIA is committed to a broad national engagement approach to co-design the new CALD Strategy, enabling deep engagement with key CALD stakeholders at the national, state and territory, and local levels.

The NDIA has been partnering with the National Ethnic Disability Alliance (NEDA) and has also established a CALD External Advisory Group to provide strategic advice, governance, and oversight for the co-design and development of the new CALD Strategy. The CALD External Advisory Group and NEDA are responsible for ensuring that the voices of CALD people with disabilities are heard through the co-design process and for reviewing and endorsing the new CALD Strategy.

Since January 2023, the NDIA has:

- Coordinated community conversations with stakeholders at a local level to identify issues, specific cultural needs, and test solutions with CALD communities and individuals with whom the NDIA has not traditionally engaged in an effective manner. These conversations will help articulate and build into the strategy the needs of CALD communities.
- Delivered a series of public online information sessions encouraging members of the public to contribute their ideas on potential solutions and actions that will support the strategy to meet the needs of all people with disabilities from all cultures and communities. Translated information was available to support this process. Individuals were encouraged to submit their ideas by online survey, email or post, in their preferred language.

- Completed consultations with approximately 20 organisations that work with or represent the interests of people with a disability from a CALD background. The purpose of these consultations was to better understand the challenges faced by the communities they work with and represent and to discuss actions and solutions to improve the experience of those from CALD backgrounds when accessing or using the NDIS.
- Hosted a NDIS Cultural and Linguistic Diversity (CALD) Strategy Summit event in February 2023. This event brought together members of our CALD Expert Advisory Group and other NDIA stakeholders, as well as Minister for the NDIS, the Hon Bill Shorten MP. The purpose of the CALD Strategy Summit was to share what the NDIA has learned and heard from CALD communities about the issues that are important to them, and to test proposed actions and solutions in response to these issues. Feedback from the CALD Expert Advisory Group received through the Summit event has been incorporated as the team develop the new CALD Strategy.

First Nations Strategy

The NDIA is progressing the development of a new First Nations Strategy, to replace the 2017 Aboriginal and Torres Strait Islander Strategy. The NDIA has publicly committed to working with First Nations people with disability, participants, the broader First Nations disability community, families, carers, and sector stakeholders to co-design a new First Nations Strategy.

Since January 2023, the NDIA has:

- Signed a partnership agreement with First Peoples Disability Network (FPDN), to work together to co-design the First Nations Strategy, as well as short-term priorities and opportunity areas for the NDIA to support First Nations people with disability.
 - The partnership agreement was announced by the Hon Bill Shorten MP on 28 February 2023.
- Established the First Nations Advisory Council (FNAC), to be co-chaired by the CEO's of the NDIA, Rebecca Falkingham, and FPDN, Damian Griffis.
 - The FNAC will provide strategic advice and ensure development of the First Nations Strategy is governed by First Nations people with disability at the highest level.
 - The inaugural FNAC meeting was held on 10th March 2023.
- Undertaken a series of four internal focus groups with key Agency stakeholders spanning four themes: Access, planning and engagement; Community-controlled sector strengthening; Mainstream interfaces and collaboration, and; Outcomes, research and continuous improvement.
- Recruited a First Nations Cultural Facilitator, to ensure culturally safe and inclusive facilitation of external stakeholder engagement and key governance.

6.3 Valued input from the Independent Advisory Council

The IAC continues to provide valued advice to the NDIA Board and management.

Independent Advisory Council

The Independent Advisory Council to the NDIS continues to provide valued advice to the NDIA Board and management. This quarter, the Scheme Actuary attended Council's February meeting and presented on measurement of adherence to the Participant Service Guarantee recommendations. At this meeting Council also received an update on progress against their advice promoting best practice in early childhood intervention the NDIS and progressed discussion on providing a submission to the NDIS Review Panel.

Council progressed their work on 'Improving Equity in the NDIS' to the Board and continued work on advice related to 'Improving the NDIS for children and young people: the importance of being guided by their voice'. Council continues to actively collaborate with the NDIA on a variety of NDIA's Corporate Plan and co-design priorities and the Council's own plan of work. Council's [Annual Report 2021–2022](#)¹³⁶ provides further information

6.4 Public data sharing and the latest release of information

The NDIA continues to release timely data and analysis to stakeholders.

After experiencing technical issues, the [explore data](#)¹³⁷ tool, an online interactive tool that allows the public to download open access Agency data was reinstated to the data and insights website on 4 January 2023. The latest version of this interactive tool contains more datasets for analysis and download, including being able to compare multiple financial quarters of data.

On 6 January 2023, the latest Participant, families and carer's outcomes reports to 30 June 2022 were publicly released, sharing key results from survey responses gathered from participants, their families and carers about how their lives are changing since becoming involved with the Scheme.

On 2 March 2023, the Agency released second quarter NDIS data, refreshing the [downloadable data](#)¹³⁸ followed by further updates to the [explore data](#)¹³⁹ interactive tool with information to the end of 31 December 2022 quarter.

Building on the December 2022 release of the new Participant dashboards series, a quarterly data only update was released on 21 February 2023, for each of the 13 primary disability types in the Scheme, providing updated data to 31 December 2022.

¹³⁶ <https://www.ndis-iac.com.au/news>

¹³⁷ <https://data.ndis.gov.au/explore-data>

¹³⁸ <https://data.ndis.gov.au/data-downloads>

¹³⁹ <https://data.ndis.gov.au/explore-data>

Several deep dive reports and analyses have been released in previous quarters:

Figure 110: List of reports and analyses released and available at data.ndis.gov.au

Participant dashboards	Data 'as at' date
Acquired Brain Injury	31 December 2022 ¹⁴⁰
Autism	30 September 2022
Cerebral Palsy	
Developmental Delay	
Down Syndrome	
Global Developmental Delay	
Hearing	
Intellectual disability	
Multiple sclerosis	
Psychosocial	
Spinal Cord Injury	
Stroke	
Visual impairment	
Participant reports and analyses	Data 'as at' date
Participants with autism spectrum disorder (ASD)	31 March 2018
Participants with a psychosocial disability in the NDIS	30 June 2019
Participants with an intellectual disability in the NDIS	31 December 2019
Participants with acquired brain injury, cerebral palsy or spinal cord injury in the NDIS	31 December 2020
Participants with a neurodegenerative condition in the NDIS	31 March 2021
Participants with sensory disabilities in the NDIS	31 March 2021
Aboriginal and Torres Strait Islander participants	30 June 2019
CALD participants	30 June 2019
Analysis of participants by gender	31 December 2019
Young adults in the NDIS aged 15–24 years	30 June 2021
Young people in the NDIS aged 0–14 years old	30 June 2020
Participants by remoteness classification	30 June 2020
Outcomes and goals	Data 'as at' date
Outcomes report: dashboards and datasets for LGAs and NDIS service districts for participant and an outcomes report for families/carers	30 June 2022, 30 June 2021, 30 June 2020, 30 June 2019, 30 June 2018
Health and wellbeing of NDIS participants and their families and carers	30 June 2021
Employment outcomes for NDIS participants	31 December 2021
Employment outcomes for families and carers of NDIS participants	31 December 2020
Employment outcomes	30 June 2018
People with disability and their NDIS goals	31 December 2019
COVID-19 impact on participants and family/carer outcomes	30 June 2020

¹⁴⁰ A data-only release of information

The NDIS Market Reports	Data 'as at' date
The NDIS Market (Market Monitoring)	31 December 2021, 30 June 2021
Dashboards with market summaries, datasets for LGAs and NDIS service districts ^{141,142}	31 December 2020, 30 June 2020
	31 December 2019, 30 June 2019

6.5 Cyber Security

NDIA Cyber Security continues to proactively identify the most likely and significant threats to enable the informed implementation of risk mitigation.

NDIA Cyber Security is committed to taking a proactive approach to identifying and addressing the most likely and significant threats facing the Agency, allowing for informed risk mitigation measures to be put in place. As a participant in a wider ecosystem that includes Partners in the Community, digital partners, service providers, and government departments, the NDIA faces cyber risks from both internal and external sources.

To manage these risks, the NDIA collaborates with other cyber security conscious partner organisations to manage risks posed by social activists, criminal enterprises, state actors and other parties with various motivations. These threats often take the form of malware, ransomware, phishing, and social engineering which seek to extort funds, expose personally identifiable information, and deny people of online services. NDIA internal threats present themselves through the misuse of access and information with the intent of causing political and social embarrassment or supporting criminal enterprise.

The NDIA's Insider Threat Team is continuing its uplift with a roadmap to augment the Agency's ability to detect, deter, respond, and disrupt adverse activity from trusted insiders.

The NDIA has embarked on a multi-year technology change agenda which incorporates a significant uplift of cyber threat detection, response, and prevention capabilities, as well as improving the understanding and management of ICT Risk in the NDIA. The NDIA is improving its ability to detect and respond to threats to NDIA ICT systems and data through the Security Operations Centre utilising sophisticated tool sets.

The NDIA Cyber Risk management program is designed to maintain the accessibility of services required for staff, participants, and the disability sector, while reducing the risk of ICT platforms within the Agency. This is achieved through security risk assessments of the Agency's ICT systems in line with the Australian Government Information and Communications Technology Security Manual (ISM) and the Protective Security Policy Framework (PSPF), development of ICT Risk and Compliance Frameworks, strategies, policies, and a regular self-assessment against the Australian Cyber Security Centre's Essential Eight mitigation strategies and the identification and mitigation of supply chain risk.

Furthermore, the NDIA continues to invest in regular internal communication and training with staff and partners. The Agency is conducting phishing campaigns to educate staff to maintain awareness of cyber threats and to detect and respond to cyber threats effectively. The program is reviewed annually to ensure its effectiveness. The Agency remains committed to its ongoing efforts to enhance its cyber security posture and ensure the protection of its ICT systems, data and users.

¹⁴¹ <https://data.ndis.gov.au/data-downloads>

¹⁴² <https://data.ndis.gov.au/explore-data>

6.6 Fraud and Compliance

The NDIA continues to identify and respond to compliance risks.

The National Disability Insurance Agency (NDIA) continues to identify and respond to fraud and compliance risks. The October 2022 Budget set aside \$126 million over four years to establish a Fraud Fusion Taskforce (FFT) to target fraud and serious non-compliance. The FFT brings together the NDIA, Services Australia, law enforcement agencies and regulators, to better enable intelligence sharing, identification and response to fraud perpetrated by serious organised crime entities and others seeking to exploit the Government's system of social supports. The NDIA is working closely with partner agencies to work through the arrangements to establish the FFT.

The NDIA continues to identify and respond to compliance risks and has significantly increased its targeted compliance activity by regularly monitoring and responding to incorrect or unusual claims made by registered providers.

A key element of the NDIA's compliance approach is to collaborate with registered providers to raise awareness of their responsibilities and to educate them on how to be compliant when claiming. During Quarter 3, the proactive compliance cases continued to be progressed, however there was a shift in focus to reactive compliance cases within the Agency that have been raised via the Report a Fraud function.

Quarter 3 continued to see an increase in the number of tip-offs received by the NDIA via the Fraud Reporting and Scams Helpline. The NDIA received 4,633 tip-offs in this quarter as compared to 2,185 for the same period in 2021–22. A total of 11,610 tip offs have been received this financial year, when compared with 6,927 from the same period last financial year.

As of 31 March 2023, there were 38 fraud matters under investigation and an additional 14 matters under preliminary evaluation for investigation. Of these, 14 matters are before the courts under prosecution, with a total alleged fraud value of \$12.9 million. Three matters are scheduled for trial in the forthcoming quarter.

A key investigation outcome for the quarter was the execution of three search warrants across Western Sydney in February 2023, resulting in the charging of three men with fraud offences totalling \$3.3 million.

Other key activities centered on analysis and compilation of evidence to support new and ongoing prosecutions, field work to gather new evidence to support future prosecution action, and recruitment for the FFT.

A new Serious & Complex Non-Compliance team was established in February 2023 to investigate material and intentional non-compliant behaviour that does not meet the threshold for criminal prosecution. Alternate treatments actions apply where fraudulent or non-compliant activity is verified.

6.7 NDIA's new Information and Communication Technology (ICT) system

Real-time testing of the new ICT system in Tasmania.

NDIA is developing a fit-for-purpose ICT system

The NDIA is designing and building a new ICT business system, PACE. PACE is a fit-for-purpose business system and will be ready to replace the NDIA's current CRM, portals and payment systems.

PACE is being designed to be more user-friendly and make it easier for NDIA staff and partners to do their job, giving them more time to deliver a quality experience for participants and providers. The design and build of PACE have been strongly influenced through our ongoing consultation with participants, staff, partners and providers. It has also been influenced by the outcomes of prior consultation with participants.

Real-time testing of the new ICT system and processes in Tasmania.

NDIA real-time testing of improved processes and our new ICT system in Tasmania is progressing, since starting in November 2022.

As at 10 March 2023, more than:

- **1,080** Tasmanian participants now have approved plans in our new ICT system.
- **100** new participants have had their access requests and plans developed in our new ICT system.
- **16,000** payments have been made in our new ICT system, equating to more than \$6 million in payments.

The test in Tasmania is an opportunity to learn from participants, staff, partners, providers and the disability community, to make sure our processes and systems deliver the participant experience we expect.

Through the real-time test, we continue to gradually release new features into the system, which are prioritised based on the experience and feedback received from participants, providers, NDIA staff and NDIS partners in Tasmania.

New system features support NDIA staff and NDIS partners to record, track and progress participant enquiries and requests, helping to keep participants updated and reducing the time it takes to resolve and complete the requests.

Additional functionality has been released in the my NDIS participant portal, and the my NDIS app has been updated to connect to our new ICT system. The my NDIS portal and app improve the information available to participants and their representatives. We will continue to build and deliver more features in the my NDIS portal and app.

The new my NDIS provider portal also continues to be upgraded throughout the real-time test.

Test evaluation and feedback

The NDIA began evaluating the test in Tasmania when it started in November 2022.

We have spent time listening to everyone involved in the Tasmania test to understand their experience, including:

- What worked well?
- What could be improved?
- What we need to do to help the rest of Australia prepare for the introduction of our new computer system and improved processes?

All internal and external feedback from the test is being rolled into our evaluation process. Specific data and insights are being captured from internal and external stakeholders, including:

- Surveys of participants and people interacting with the NDIA in Tasmania from January 2023. From 30 January 2023 to 17 March 2023, we have had 405 responses with 155 responses directly from participants.
- Tasmanian based Disability Representative and Carer Organisation ran 43 focus groups and 26 surveys with a total of 143 participants, families and carers of people with disability during February 2023.
- Provider satisfaction surveys were carried out in February 2023, with more than 140 responses.
- Ongoing NDIA staff and NDIS partners surveys.
- 25 focus groups with providers, NDIA staff and NDIS partners.

In February 2023, we invited Tasmanian NDIS participants, families, carers, and people from the disability community to attend face-to-face ‘open house’ community engagement events and online information sessions. The sessions gave attendees the opportunity to speak with NDIS representatives about the topics that interested them. We received a strong response to the sessions, over 87% of attendees indicated they found the information provided to be useful.

We will share the findings from our evaluation of the Tasmania test and be clear about where we need to make improvements, based on the experience of everyone involved in the Tasmania test. We expect to release the evaluation report in late May 2023.

Insights from the evaluation will help us and the wider disability community consider the design priorities and implementation effort needed to get Tasmania to be fully operational and prepare for national use of our improved processes and new ICT system.

The [NDIS website](https://www.ndis.gov.au/improvements)¹⁴³ has further information about the Tasmania test, including animations and easy read materials explaining how the new ICT system will help us deliver a better participant experience.

¹⁴³ <https://www.ndis.gov.au/improvements>

6.8 Independent Expert Review model for dispute resolution

Independent Expert Review trial.

The National Disability Insurance Agency (NDIA) commenced a trial Independent Expert Review (IER) program as an Alternative Dispute Resolution (ADR) mechanism. The trial is intended to help resolve disputes about NDIA decisions and inform potential broader ADR change to address disputes before they progress to hearing in the Administrative Appeals Tribunal (AAT).

The IER trial is one of a number of NDIA initiatives introduced to address the AAT caseload, and has resolved over 4,800 cases and reduced the overall caseload by approximately 30 per cent since May 2022.

The IER trial has been developed in close consultation with the disability sector to ensure perspectives of people with lived experience of disability are central to the process and outcomes for NDIA decisions including resolution of disputes about NDIA decisions.

Broader stakeholder engagement with the Department of Social Services (DSS), the AAT, the Attorney-General's Department, as well as advocacy groups and legal aid commissions ensures alignment with the government and legislative objectives.

The IER trial is overseen by an Oversight Committee (OC) chaired by Graeme Innes AM with 9 independent members representing the disability sector. The OC provides a forum for stakeholder engagement as well as transparency and accountability of the IER.

The IER trial will be evaluated based on informal and formal feedback, including surveys distributed to participants, disability advocates and Independent Experts. The surveys were developed by the NDIA with input provided by OC members, and will inform the formal evaluation reports in due in May and June 2023.

In addition, DSS is funding an advice, intake and triage phone line operated by the Legal Aid Commissions which has been operating since 16 January 2023 to inform people about how to access the IER and to manage referrals for advocacy or legal advice on the outcome of recommendations.

Background

The IER trial operates together with other NDIA initiatives to help reduce the number of cases going through the AAT appeals process.

Key features of the IER model are:

- IER is a free, voluntary, non-binding and confidential process
- An Independent Expert is appointed to review the information before the AAT for matters referred to the program, and may discuss the matter with the participant and the NDIA to better understand the supports in dispute
- The Independent Expert provides a non-binding recommendation about the outcome to assist the parties to resolve the matter
- If the parties both accept the recommendation, terms of agreement are filed in the AAT and a new plan implemented where appropriate
- The participant's existing AAT rights and application are not deferred or delayed by the IER process

- The IER provides a quicker, fairer, and easier mechanism for resolution of disputes, with reviews usually conducted within a 6-to-8-week timeframe, and recommendations of 10+ pages (on average) provided to the parties
- The NDIA publicly committed to act in good faith and accept Independent Expert recommendations unless it has substantial reasons for not doing so.

All Independent Experts receive induction training on the IER, National Disability Insurance Scheme (NDIS) Act, NDIS Rules, NDIA Operational Guidelines and disability awareness.

Commencement of the trial

The IER trial commenced on 4 October 2022 with over 30 participants invited to take part, and achieved the following objectives:

- Providing a proof of concept for expansion of the IER and reducing the caseload in the AAT
- Providing alternative pathways to resolve disputes
- Improving public trust and confidence in the NDIA with the disability community and broader stakeholders
- Informing longer term reform for resolution of disputes involving NDIA decisions.

Approximately 20 matters were referred to the IER trial by disability advocates who they represented through the process, and 10 participants directly contacted the NDIA requesting to take part, the majority of which were self-represented.

All recommendations received to date have been accepted by the NDIA.

Broadening implementation of the IER trial

The IER trial was broadened in December 2022 supported by an additional 13 Independent Experts and increasing resources within the IER project team.

As at 31 March 2023, over 40 matters have been referred to Independent Experts and over 25 recommendations have been received.

IER numbers through the trial are lower than originally estimated for a variety of reasons including the success of other Agency resolution activities such as case review processes and the introduction of an early resolution team to reduce matters before the AAT.

Many matters that would otherwise have been in the IER trial are resolving prior to referral to an Independent Expert being required. This is considered a positive outcome. As at 31 March 2023, 4,941 NDIS cases have been resolved at the AAT since 1 June 2022.

Although there have been fewer matters through the IER trial than anticipated, there are sufficient numbers progressing through.

IER trial evaluation and learnings

The IER trial is funded to 30 June 2023 and the Agency is conducting an extensive evaluation of all aspects of the IER trial including through surveys, key stakeholder interviews, data analysis and outcomes analysis.

Learnings from the IER trial are being used to inform the Agency’s improvements in its people-centric approach to dispute resolution, use of co-design principles and engagement with the disability community, suggestions to the NDIS Review for legislative reform to assist Agency decision making, and suggestions for reform to the external review process which will replace the AAT.

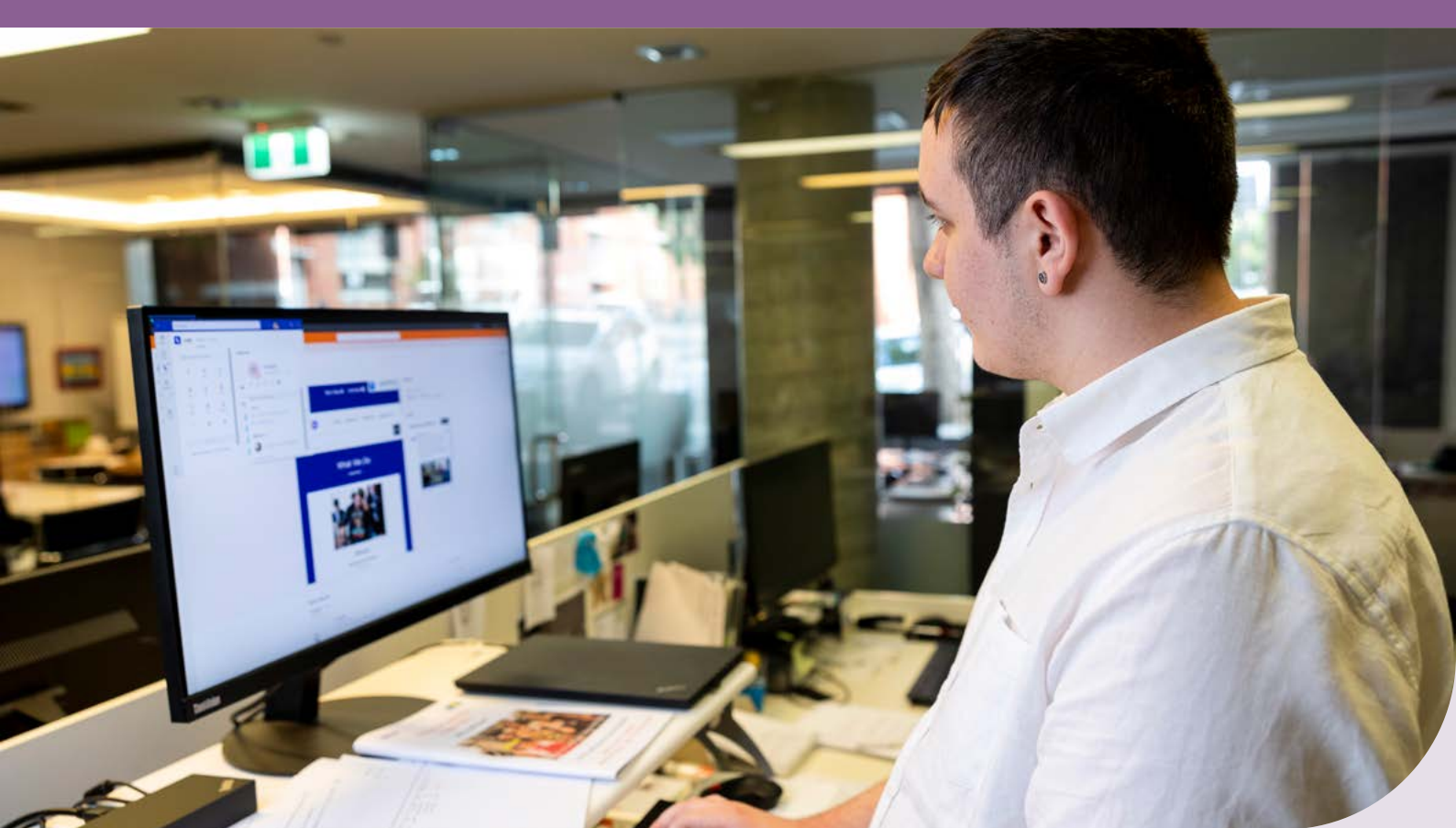
The IER trial also provides important learnings to incorporate into the Agency’s ADR initiatives alongside other dispute resolution options available.

Key data and figures

Figure 111: IER data – Phase 1 & Phase 2 as at 3 April 2023¹⁴³

Independent Expert Review	Invitations sent	Invitations accepted	Referrals to IER	Recommendations received
Phase 2 Total	99	56	44	28
Phase 1 Total	34	20	20	19
Total	133	76	64	47

¹⁴⁴ Key data of Independent Expert Review trial. Data Sources: IER matter tracker v7. Data extraction date: 3 April 2023.



Tobias secures his dream job helping others with disability



Greenvale's **Tobias** said he couldn't wipe the smile off his face when he received a call to say he'd landed a job with the Victorian Advocacy League for Individuals with Disability (VALID).

The 21-year-old said his NDIS funding and his new role at VALID have been life changing and so far, "life is pretty good".

"At VALID my role is to empower self-advocacy for people with disability, develop training tools, information/resources and help plan the annual Having a Say (HaS) conference. As a person with autism I want to use my lived experience to help support others," he said.

Working one day a week at VALID's Collingwood office, Tobias is sent out to visit several people with lived experience of intellectual disability at their homes to capture data and improve self-advocacy and empowerment practices within their accommodation service.

"It's great to be able to visit people with disabilities in their homes and ask them questions about their supports and whether they are working for them or not," he said, "I feel like I'm helping to make a positive difference in people with disability's lives".

VALID Self Advocacy Programs manager, Rick Ruiu said Tobias has settled in quickly and taken on an active role in the team.

"Tobias is a quick learner, always approachable; he joins in and is a really nice person in terms of how he conducts himself in and out of the office," he said.

"Tobias is also a natural when it comes to conducting interviews. He's doing really well and is someone we are thrilled to have on our team," Rick said.

Recent NDIS Annual Participant and Family and Carer Outcomes reports show Tobias is one of many NDIS participants who say their life has improved with NDIS supports.



National Disability Insurance Agency



Telephone 1800 800 110



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