



Q2
2019-2020

COAG Disability Reform Council
Quarterly Report
31 December 2019

ndis

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Key highlights

338,982 people with disability are being supported by the Scheme:

28,225

joined the Scheme this quarter

134,455

are receiving supports for the first time

The NDIA has met
106%
of its operational target for participant plans (2019-20 year to date).

Supporting children, earlier:

35%

of new participants this quarter were aged 0-6 –
9,753 children

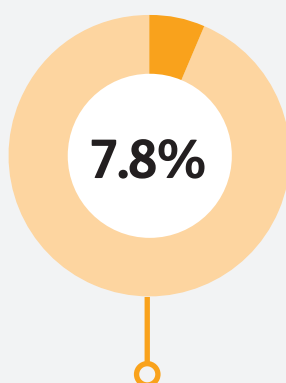


Wait times for children to access the Scheme have **halved** again this quarter

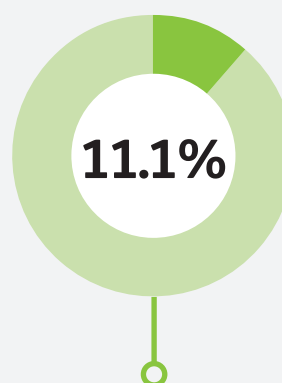
51,345

of all Scheme participants with an approved plan are aged 0-6 years

Participants are increasingly diverse:



participants who received a plan this quarter identify as Aboriginal or Torres Strait islander



participants who received a plan this quarter identify as Culturally and Linguistically Diverse

Key highlights



Average time taken to determine eligibility is now **4 days**.

Wait times, on average:



to get a first plan, are **42%** lower than 6 months ago.

for children

to get a first plan, are **58%** lower than 6 months ago.



Call centre performance has continued to improve with **85%** of calls answered within **60 seconds**.



89% of enquiries resolved within the first response.



↑14%

increase in participation in community and social activities after 3 years (aged 15+).



↑2%

increase in participants in work after 3 years (aged 15+).

Executive Summary

Firstly, the NDIA Board wants to acknowledge the impact that the ongoing bushfire crisis has had on our participants, partners and staff, some of whom have been directly affected. We are committed to supporting people with disability on the long road ahead to recovery and ensuring that participants continue to receive their disability supports. We are using Agency initiated reviews for participants in affected areas to capture changes in circumstances and, where required, plans will be adjusted to provide necessary supports as well as repairs or replacement of equipment.

We are dedicating Agency staff to work with the *Services Australia* Mobile Service Vehicles and Pop-Up Service centres. These are being deployed in affected areas throughout NSW and Victoria.

Some Partners in the Community offices in New South Wales and Victoria were closed due to bushfires, air quality issues and weather conditions. The NDIA has been able to reopen all its offices that were previously closed as a result of the bushfires. The NDIA Board reiterates appreciation to a great number of staff who have worked hard to support our participants, ensure staff safety, and reopen offices.

Introduction

There are now almost 340,000 Australians receiving supports from the Scheme, which is continued growth of more than 2,000 participants per week on average. Scheme participants continue to reflect Australia's diversity and more than 134,000 people are receiving NDIS disability support for the very first time.

Further, reductions in wait times have been sustained. In December 2019, the average time to complete an access decision was four days, and the time between gaining access to the Scheme and receiving a first plan has almost halved in the last six months (and for children under the age of 6, it has fallen by 58%).

However, there is still much more to be done and the NDIA Board and management are committed to improving the experience for participants and their families/carers.

1. Participants

1.1 Participant growth continues

338,982 participants are receiving supports from the NDIS, with another 2,678 children receiving initial supports¹ in the Early Childhood Early Intervention (ECEI) gateway. 134,455 participants are receiving supports for the first time, or 40% of the total participants with an approved plan.

¹ Initial supports include any early childhood therapy supports and/or mainstream referrals.

1.2 Supporting children

In line with last quarter, just over a third of participants joining the Scheme this quarter were aged 0-6 years old. Since 1 July 2019, 19,636 participants aged 0-6 have joined the Scheme.

The number of children waiting more than 50 days for a plan has reduced from 1,686 to 712 over the quarter.² At the beginning of July 2019, 3,314 children were waiting for more than 50 days for their plan. Noting there is still more work to be done, this represents a significant improvement and is reflective of the focus on this work by the NDIA and its partners.

During the quarter, the average wait times for children with a first plan in progress reduced from 54 to 44 days. This is a significant reduction when compared to 104 days at the beginning of July 2019.

During the quarter, the NDIA and partners continued the work on addressing the longer wait times many families and children have been experiencing. One of the key initiatives was to provide a standardised, interim six-month plan for identified participants who have been waiting for 50 days or longer. This began to be implemented nationally in August 2019.

1.3 Waiting times

The amount of time the NDIS takes to determine access to the Scheme and approve a plan has improved over the quarter.

Assessing access to the Scheme –

- It now takes, on average, 4 days to have access to the Scheme assessed, well below the 21 day target. This compares to 12 days at the end of September 2019 and 42 days at 30 June 2019.

- As at 31 December 2019, outstanding access decisions had been in progress for an average of 10 days. This compares with 12 days at the end of September 2019 and 38 days at 30 June 2019.

Getting your first plan –

- First plans completed in December 2019 were completed in 77 days on average compared to 88 days on average at the end of September 2019 and 133 days in June 2019.
- The time for first plans in progress was on average 84³ days at 31 December 2019. This compares to 79 days at 30 September 2019 and 155 days at 30 June 2019.

1.4 Operational target

83% of the Scheme to date bilateral estimate for plan approvals have been met.⁴

Operational targets for plan approvals and reviews are set at the beginning of each quarter by considering the number of actionable records on hand. Actionable records relate to those people who could be contacted and who met the access requirements.

In the financial year to date the NDIA met 106% of the combined operational target for the number of first plans and plans reviews completed.

54,958 first plans were approved in the first half of 2019-20, which is 105% of the operational target of 52,158.

140,021 plan reviews were conducted in the first half of 2019-20 which is 106% of the operational target of 131,712.

² There were 712 children who had been waiting greater than 50 days for their final plan as at 31 December 2019. Over 600 of these participants were in the final stages of their full planning approval process and either already had a planning appointment conducted and were awaiting approval of their plan or had a planning appointment booked in the new year.

³ The small increase in days this quarter is not unexpected due to a number of non-working days over the Christmas holiday period.

⁴ With the exception of WA and NT, there are no bilateral estimates for 2019-20. Therefore, the scheme to date bilateral estimates for WA and NT in the appendices of this report are as at 31 December 2019, and for all other States/Territories are unchanged from 30 June 2019.

1.5 Continued diversity

Recent trends around the diversity of NDIS participants continued this quarter:

- 7.8% of participants who received a plan in the quarter were Aboriginal and/or Torres Strait Islanders, compared with 5.9% in previous quarters.
- 11.1% of participants who received a plan in the quarter were Culturally and Linguistically Diverse, compared with 8.7% in previous quarters.

Initiatives on tailored pathways for participants with psychosocial disability and hearing impairment are achieving results:

- 10.5% of participants who received a plan in the quarter had a psychosocial disability, compared with 9.0% in the previous quarter.
- 8.6% of participants who received a plan in the quarter had a hearing impairment, compared with 4.1% in the previous quarter.

1.6 Fewer people under the age of 65 in aged care

The number of people in residential aged care under the age of 65 years has decreased in recent quarters from 6,243 at 31 March 2017 to 5,468 at 30 September 2019 (a 13% decrease). Also, less people under the age of 65 years are entering residential aged care. 536 people under the age of 65 years entered in the June 2017 quarter, compared with 386 in the September 2019 quarter (a 39% decrease). The need for further reductions is recognised by the NDIA Board and Management.

2. Participant experience and outcomes

2.1 Improved social and community participation

People who entered the Scheme between 1 July 2016 and 31 December 2016 have now been in the Scheme for three years – and for this group of participants, community and social participation has continued to increase over the three year period. For those aged 15 and older, there was a 14 percentage point increase, from 35% to 49%, over the three years in participation.

2.2 Rates of employment remain at similar levels

For those who have been in the Scheme for at least three years there have been marginal increases in employment (two percentage point increase from 20% to 22% for participants aged 15+ years).

In November 2019, the NDIA released the NDIS Participant Employment Strategy which will guide the NDIA toward achieving its Corporate Plan goal of having 30 per cent of working age participants in paid work by 2023.

2.3 The longer participants are in the Scheme, the more they report that the NDIS has helped

From transition at 1 July 2016 to 31 December 2019, for participants that have been in the Scheme for three years, the following outcomes have been recorded:

- Children aged 0 to before starting school: 96% felt the NDIS improved their child's access to specialist services, compared to 92% in their second year and 90% in their first year.

- Children starting school to age 14: 68% of parents and carers felt their child had become more independent as a result of the NDIS in their third year of participation, compared to 64% in their second year and 56% in their first year.
- Participants aged 15-24 years: 69% of participants said the NDIS had helped them with daily living activities in their third year of participation, compared to 66% in their second year and 60% in their first year.
- Participants aged 25 years and over: 78% of participants believed the NDIS helped them have more choice and more control over their lives in the third year of participation in the NDIS, compared to 74% in their second year and 69% in their first year.

2.4 Improving participant experience

Joint Planning

In continuing to build a high performing NDIA and to reduce requests for plan reviews, design work is progressing for the implementation of Joint Planning. Joint Planning supports relationship building between the participant, planner and local area coordinator through face-to-face planning meetings where possible.

The NDIA will commence the national rollout of joint planning meetings and the provision of draft plan summaries from April 2020. Providing a draft plan summary, which is often asked for by participants, will enable them to review and amend their personal details, goals, living arrangements, informal community supports and other community supports, and social and economic participation prior to a plan being developed.

Similarly, joint planning will allow a participant, local area coordinator and NDIA planner to collectively discuss a working version of the plan and included support funding before it is approved as well as leading to a greater understanding for participants about their plan, how it was developed and how to use it.

Independent Assessments to be deployed nationally

Improving the NDIS assessment access and funding process will make the Scheme more fair, consistent and equitable for everyone, ensuring it provides access to eligible participants and the appropriate level of funds for those it was intended to help. In supporting this objective, Minister Stuart Robert announced on 14 November 2019 that the Agency will deploy independent functional capacity assessments nationally. This will commence from 1 July 2020 for prospective participants applying to join the Scheme. Further, the NDIA will pay for these assessments so there is no cost to participants and their families/carers.

In addition, the NDIA will provide simple and transparent resources for prospective participants, their representatives, clinicians and others, to give certainty on the types and sources of evidence needed to support an access request.

Community Connectors

On 14 November 2019, Minister Stuart Robert announced the development of a National Community Connector Program (NCCP), which will support individuals with disability from hard to reach communities to access and navigate the National Disability Insurance Scheme.

The NCCP will be rolled out over two years and will build on existing Agency Community Connector programs (Remote Community Connector Program) and other Community Connector type-initiatives undertaken by the NDIA's Partners in the Community and Local Area Coordinators.

The NCCP will focus on supporting targeted communities, such as Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, ageing parents and carers of children with disability, and people experiencing psychosocial disabilities, to navigate the NDIS and get the services they need.

Improvements to assistive technology

From October 2019, a new option for the funding and supply of nominated AT supports between \$1,500 and \$5,000 was introduced. The NDIA recognised that some assistive technology supports are relatively standard. With appropriate advice from an AT assessor, participants can now purchase specific items using the itemised funding within their plan without Agency review.

Review of legislation and rules

In mid-August 2019, Minister Stuart Robert, announced a review of the NDIS legislation and rules, with a focus on improving waiting times and processes for participants. The review, being led by David Tune AO, was completed in December 2019. These recommendations, which were released on 20 January 2020, will inform the development of the NDIS Participant Service Guarantee, which is due to be in place from July 2020.

3. Providers

3.1 Provider maturity

The number of active providers grew by 4% in the quarter. There was continued relatively higher growth in assistive technology providers including vision, hearing and communication, and information equipment providers.

3.2 Specialist Disability Accommodation

In October 2019, the NDIA released three major initiatives to support growth, innovation and sustainability in the Specialist Disability Accommodation (SDA) market. These are the SDA Design Standard, SDA Innovation Plan and Limited Cost Assumptions Review.

These initiatives were developed through consultation with participants, and other key stakeholders, and demonstrate the Agency's commitment to providing certainty and encouraging innovation in the disability housing sector.

3.3 Thin Markets

Supported by the NDIA Board and management, the December 2019 meeting of the Disability Reform Council (DRC) agreed to use a more flexible approach to address market challenges in the NDIS, recognising that a 'one-size-fits-all' approach to delivering the NDIS is not suitable to address market gaps faced by certain geographic locations, particular cohorts or disability support types.

Initial projects will address thin markets in all jurisdictions, including in the Anangu Pitjantjatjara Yankunytjatjara (APY Lands), North Queensland, the Top End, Wentworth and Walgett in New South Wales, Fitzroy Crossing in Western Australia, and Tasmania.

Projects will also address specific needs such as disability support types, which includes deepening the behavioural support market in Victoria and the Australian Capital Territory, and professional groups such as allied health.

3.4 NDIS Pricing

The NDIA will allow providers to claim for the non-labour costs associated with transporting participants to social activities. The Price Guide will provide guidance to participants and providers about the level of reasonable costs.

The NDIS Annual Price Review 2020–21 is now underway⁵.

4. Sustainability

The number of participants, payments to providers and the amount of support committed in plans, reflects the rapid roll-out of the NDIS. \$6.9 billion has been paid by the NDIA for participant supports in the first six months of the year. This compares with \$10.2 billion paid in the whole of the 2018-19 financial year.

The Scheme is projected to continue to grow and to reach about 500,000 participants within the next three to four years, and is forecast to cost 1.2% of GDP.

Plan budgets and support payments made to participants continue to grow by more than expected. In particular, this is driven by support costs for participants in supported independent living which is a material component of Scheme cost. The NDIA is working on consistent and equitable decisions for those seeking access to Supported Independent Living.

5. Information, linkage and capacity building (ILC)

In line with the ILC Investment Strategy on 11 October 2019, 37 grants totalling \$65 million were announced under the National Information Program. This round focused on increasing the accessibility, quality and consistency of information about disability, current services, and support options available to people with disability, carers and families throughout Australia. These grants will be in place for up to three years (2019-20 through to 2021-22).

On 13 December 2019, 105 grants were announced totalling \$106 million for the Individual Capacity Building Program (ICBP) which builds on the extensive evidence base for the use of peer support in building skills for people with disability. It focuses on a national network of organisations run by and for people with disability, their families and carers, becoming the primary delivery mechanism for the delivery of peer support, mentoring and other skills building for people with disability, their families and carers. These grants will also be in place for up to three years (2019-20 through to 2021-22).

6. A disability sector informed by data insights

The NDIA continues to release world-leading disability data to improve market innovation and inform participant outcomes. In December 2019, the NDIA released its third update to the **Data and Insights** pages on the NDIS website. This release included additional deep-dive reports on Aboriginal and Torres Strait Islander participants and Culturally and Linguistically Diverse participants and new data tables and data visualisations. This builds on extensive market and participant outcomes data released in the previous two tranches.

⁵ This review will examine whether the existing pricing framework and other pricing related policies under the NDIS continue to be appropriate, or whether modifications are required.

7. Engagement

The Prime Minister and Minister Stuart Robert, continued to host roundtables across Australia meeting with participants, carers, sector stakeholders and providers.

On 28 November 2019, the NDIA hosted a webinar focussed on Plan Utilisation for NDIS Participants, titled “How to get the most out of your NDIS plan”. The one hour long webinar was watched by 1,121 people.

The NDIA is committed to nationally consistent delivery of accurate information regarding the Disability Reform Council policies. The NDIA has delivered over 60 information sessions to local and regional mainstream health and justice interface staff in every state and territory with a focus on the roles and functions of new Health and Justice Liaison officers.

8. Training

The NDIA continues to build the capability of staff and partners to ensure experience and expertise to support a better life for participants, their families and carers. This investment included 283 new planners and Local Area Coordinators participating in the New Starter Induction program during the second quarter.

In addition, the NDIA has collaborated with the Disability Advocacy Network of Australia (DANA) to raise disability awareness amongst staff and help improve the participant experience. Through DANA, the NDIA worked with groups such as Australian Autism Alliance, Prader-Willi Syndrome Australia and Down Syndrome Australia to build knowledge and real life stories. As a result of this project, the Agency has produced 12 videos and snapshots on specific disabilities, an eLearning module for staff, and a half day workshop.

Further, the Agency has continued its development of training programs designed to improve planner awareness and understanding, especially in remote hard to reach participant areas. The NDIA is progressively rolling out training programs focused on disability and cultural awareness to improve the service experience for Aboriginal and Torres Strait Islander peoples, LGBTIQ+, and Culturally and Linguistically Diverse people.

There continues to be high engagement with the NDIA Just Brilliant Leadership Series. In quarter two, an additional 134 (588 in total) staff commenced the Learning to Lead program (aimed at entry level team leaders), together with a further 112 (317 in total) commencing the Leadership Excellence program (aimed at senior level leaders). Average satisfaction rating across the leadership programs is 98 per cent. A strategic leadership program for the SES cohort is expected to be launched in the third quarter.

9. New CEO and Board appointments

This quarter also saw the commencement of a new CEO, Mr Martin Hoffman, to lead the Agency. Martin started on 4 November 2019.

Dr Helen Nugent AO will continue for a second term as Chair of the NDIA Board, from 1 January 2020 to 31 December 2021.

Mr Paul O'Sullivan, Ms Robyn Kruk AO, Mr John Langoulant AO, Ms Estelle Pearson, Ms Sandra Birkenleigh, Mr James Minto, Mr Glenn Keys AO and Mr John Walsh AM were also reappointed for further terms.

Professor Jane Burns, currently Mental Health and Wellbeing Innovator at Bupa and Professor of Innovation and Chair of the Centre for Mental Health at Swinburne University, has also been appointed to the NDIA Board.

Andrea Staines OAM and Dr Martin Lavery will depart the Board at the conclusion of their current terms. We thank them for their significant contributions.

Introduction

This report is a summary of the performance and operations of the National Disability Insurance Agency (NDIA) for the 3 months from 1 October 2019 to 31 December 2019, as required by Section 174 of the NDIS Act 2013.

Analysis and key insights are presented in the 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). Also included in the appendices are:

- A list of key definitions of the terms used in this report (Appendix A)
- A comparison of key metrics across each State and Territory (Appendix N)
- The number of active participants in each region, including the number of active participants in each region receiving core, capacity building and capital supports (Appendix O)
- The number of active participants in each region receiving Special Disability Accommodation and Supported Independent Living, along with data on the number and types of dwellings in each region (Appendix P)
- A comparison of utilisation by region (Appendix Q)
- Waiting times for access decisions and plan approvals by State/Territory (Appendix R)



Hannah

sews up Noosa fashion scene

Hailing from the beach paradise of Noosa Heads on Queensland's Sunshine Coast is Hannah Goes Retro, a fashion start-up which is beginning to make waves of its own.

The creative force behind this micro label is Hannah Parkes, 25, a Noosa local who has translated her love of fashion and all things colourful into a growing online business.

Building her brand has been far from easy for Hannah who has an intellectual disability. But with support from her family and now the National Disability Insurance Scheme (NDIS), Hannah is determined to build a career in fashion.

Hannah's mum Jo describes her daughter as "brave and courageous".

"She's had a lot of medical issues over the years, including epilepsy, but she made it through Year 12, got her P's and has worked at McDonalds

since she was in high school," Jo says. "We're very proud of her."

Earlier this year Hannah joined the NDIS and made building her business one of the key goals in her first plan. Jo was able to use Hannah's NDIS funding to employ Paula, a qualified seamstress, as a personal support.

"Hannah has great vision and design skills," Paula says. "I support her with selecting fabrics, working out a plan for what she wants to create, then help with the cutting and sewing.

"Mainly we make the things that Hannah likes – headbands, fluffy clutch bags, micro skirts, beach dresses, cushion covers.

Hannah already has designs on the future. "We've got a plan to move in on the men," Paula says. "Look out for our Versari suits – safari suits with a dash of Versace!"

Part One: Participants and their plans

Almost 340,000 participants are receiving supports from the NDIS, with just under 2,700 children receiving initial supports in the Early Childhood Early Intervention (ECEI) gateway.

1.1 Number of participants in the Scheme

At 31 December 2019, the NDIS was available in all areas of Australia⁶, with almost 340,000 participants receiving supports.

At 31 December 2019, 338,982 participants had approved plans. This represents a 9% increase from last quarter (an additional 28,225 participants).⁷

Importantly, the Scheme is supporting both people from existing State/Territory and Commonwealth systems and individuals who have not previously received support. Of the 338,982 participants currently supported by the Scheme, 204,527 previously received support from existing State/Territory or Commonwealth programs and 134,455 are now receiving support for the first time. This is 40% of participants with approved plans.

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 YTD
Active participants	7,285	17,155	29,719	89,610	172,333	286,015 ⁸	338,982
Yearly increase		9,870	12,564	59,891	82,714	113,682	52,968
% increase in active participants		35%	73%	202%	92%	66%	19%

⁶ With the exception of the Coco Islands and Christmas Island which will phase in from 1 July 2020.

⁷ 9,467 participants with approved plans had exited the Scheme as at 31 December 2019.

⁸ This is the net increase in the number of participants entering the Scheme each period noting some participants have exited the Scheme.

1.2 Children in the ECEI gateway

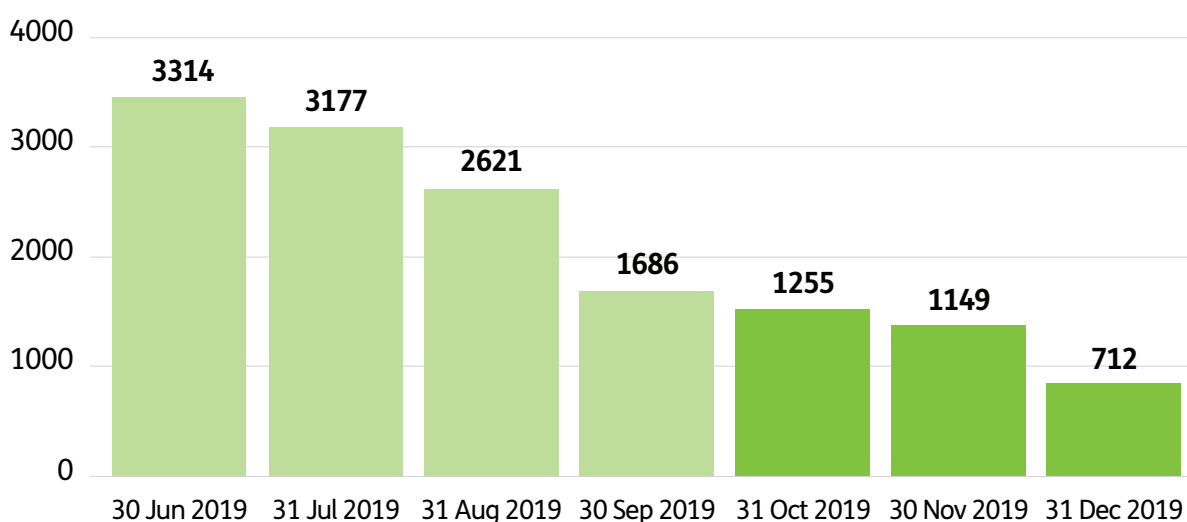
In line with last quarter, just over one third of participants joining the Scheme this quarter were aged 0-6 years old. Since 1 July 2019, 19,636 participants aged 0-6 have joined the Scheme.

Of the 28,225 additional participants with an approved plan this quarter, 9,753 were children aged 0-6 years (35%). This is reflective of the significant continued effort being made by the NDIA and its partners to reduce the number of children who were waiting for supports.

The number of children waiting more than 50 days for a plan has reduced from 1,686 to 712⁹ over the quarter. At the beginning of July 2019, 3,314 children were waiting for more than 50 days. During the same period the average waiting times for children with a first plan in progress reduced from 54 to 44 days. While there is still more work to be done, this is a significant reduction when compared to 104 days at the beginning of July 2019.

At 31 December 2019, there were 51,345 children aged 0-6 years with an approved plan.

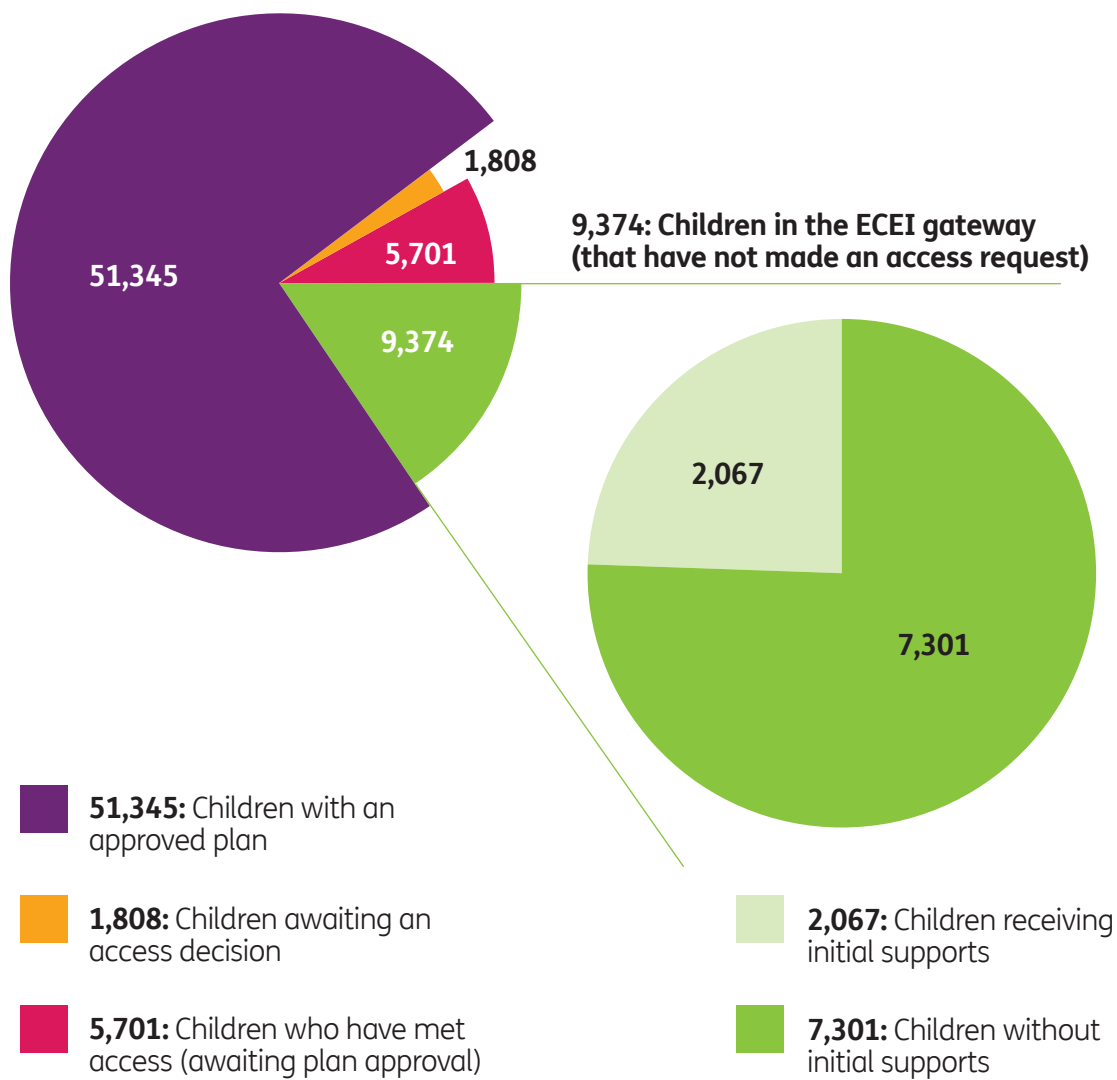
Figure 2: Number of children aged 0-6 years waiting more than 50 days for a plan



- **5,701** children had met the access criteria and were waiting for an approved plan
- **1,808** were awaiting an access decision from the Agency (of which 611 (34%) were receiving initial supports in the ECEI gateway).
- **9,374** children were in the ECEI gateway (of which 2,067 (22%) had already commenced receiving initial supports). Not all children in the gateway will need to make an access request to the NDIA because some will receive support in the gateway, along with support from mainstream and community services.

⁹ There were 712 children who had been waiting greater than 50 days for their final plan as at 31 December 2019. Over 600 of these participants were in the final stages of their full planning approval process and either already had a planning appointment conducted and were awaiting approval of their plan or had a planning appointment booked in the new year.

Figure 3: Children in the NDIS



1.3 Operational progress

106% of the operational targets for first plans and plans reviews have been achieved in the first half of the financial year.

83% of the Scheme to date bilateral estimate for plan approvals have been met.¹⁰

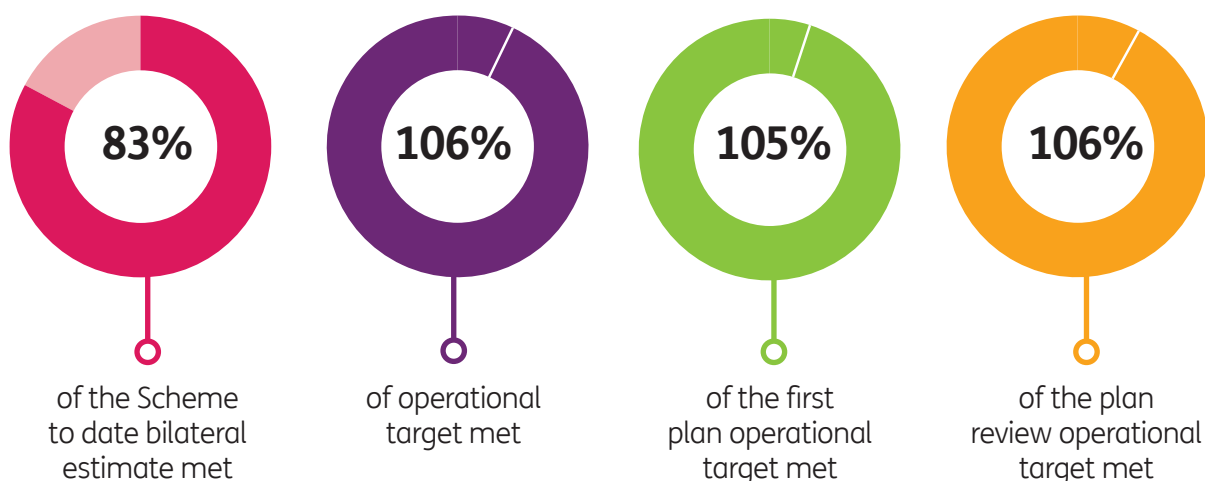
Operational targets for plan approvals and reviews are set at the beginning of each quarter by considering the number of actionable records on hand. Actionable records relate to those individuals who could be contacted and who met the access requirements.

First plan operational targets are set at the beginning of each quarter by considering the number of actionable records on hand at the start of the quarter. Actionable records relate to those people who could be contacted and who met the access requirements. In the first half of 2019-20, 54,958 first plans were approved which is 105% of the operational target of 52,158 for first plans.

The NDIA achieved 106% of its operational target for the number of plan reviews in the first half of 2019-20. 140,021 plan reviews were conducted in the first half of 2019-20 which is 108% of the operational target of 131,712.

The combined progress towards first plans and plan review targets in the first half of 2019-20 is 106%.

Figure 4: Progress against bilateral estimates and operational targets.



¹⁰ With the exception of WA and NT, there are no bilateral estimates for 2019-20. Therefore, the scheme to date bilateral estimates for WA and NT in the appendices of this report are as at 31 December 2019, and for all other States/Territories are unchanged from 30 June 2019.

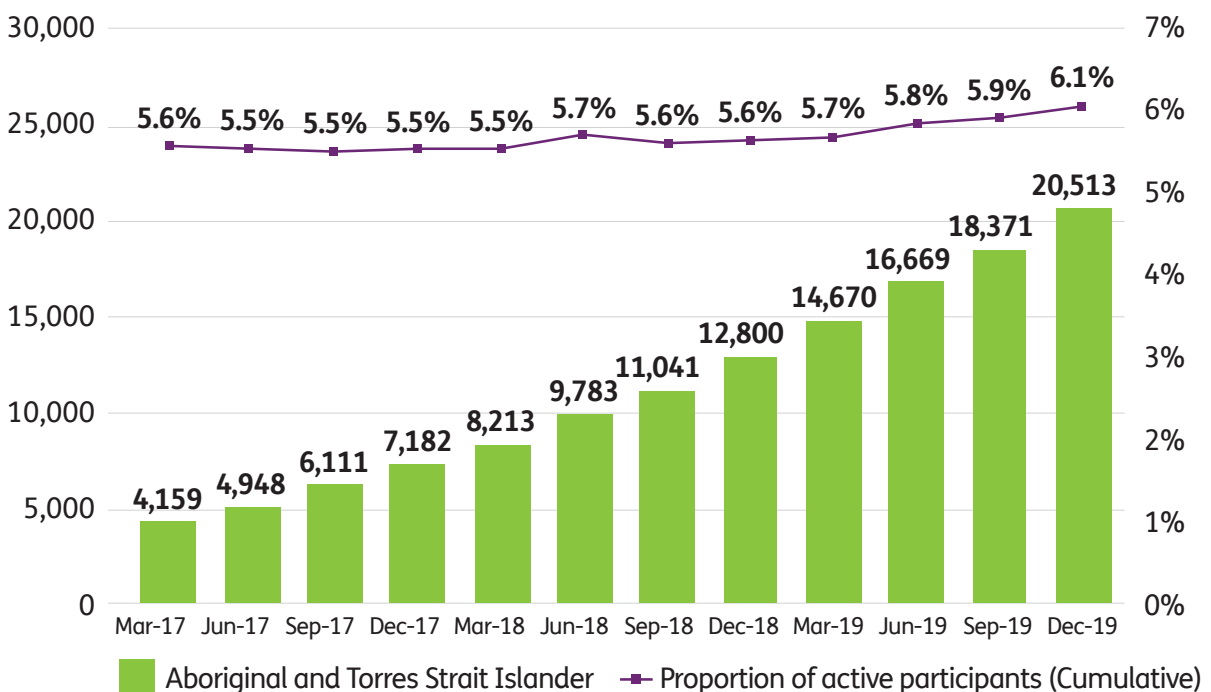
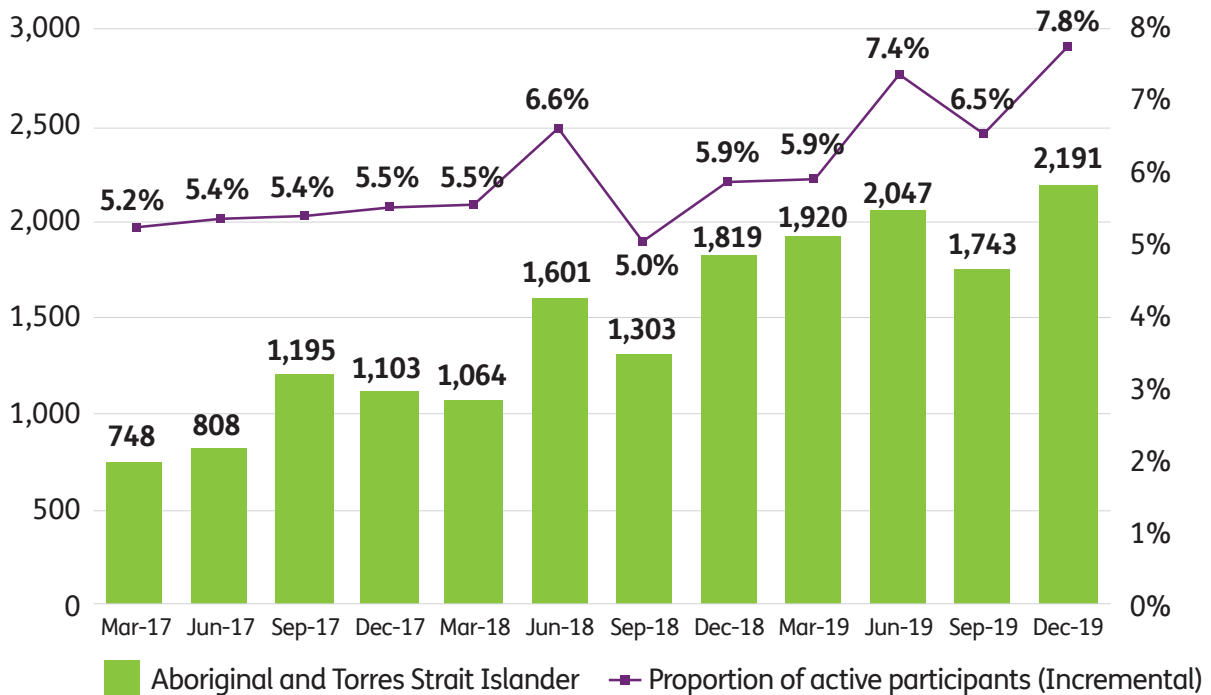
1.4 Participant characteristics

The recent trend of higher proportions of Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) Scheme new entrants continues.

Of the 28,225 participants entering, there was increased diversity through higher numbers of:

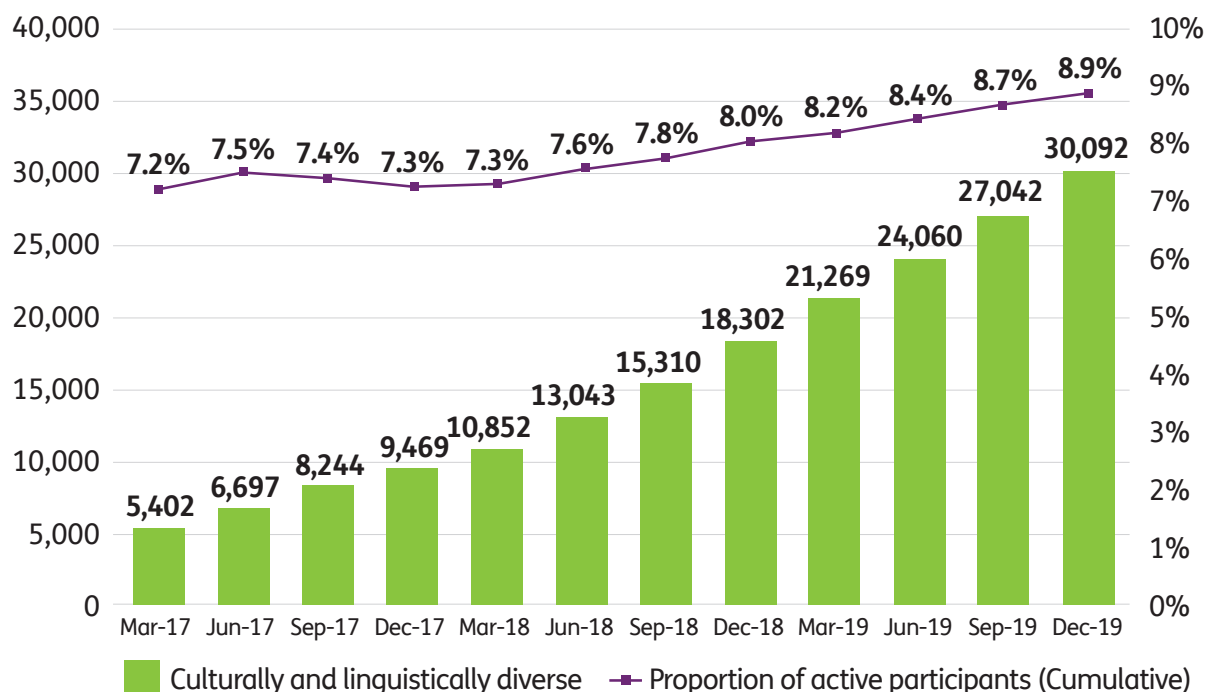
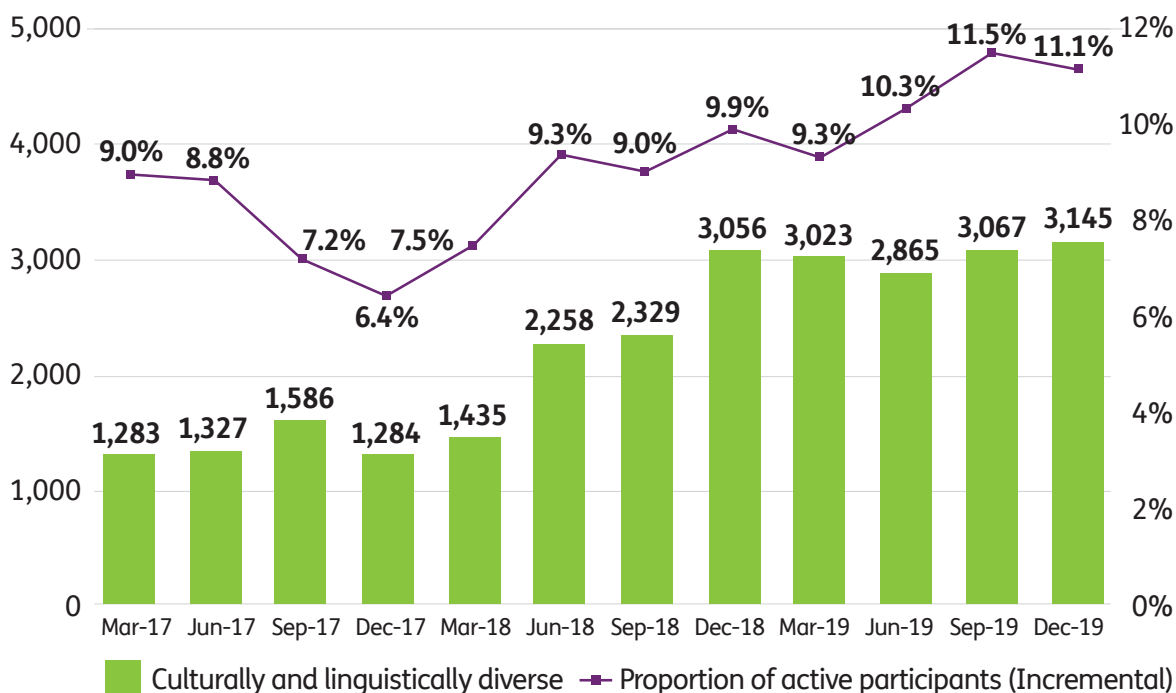
- **Aboriginal and/or Torres Strait Islanders: 7.8%** of participants who received a plan in the quarter, compared with **5.9%** in previous quarters combined.
- **Culturally and Linguistically Diverse (CALD): 11.1%** of participants who received a plan in the quarter, compared with **8.7%** in previous quarters combined.
- The number of Scheme participants in **remote and very remote** areas this quarter increased to **1.6%** of new entrants, compared with **1.4%** in previous quarters combined.

Figure 5: Number and proportion of Aboriginal and Torres Strait Islander participants over time incrementally (top) and cumulatively (bottom)¹¹



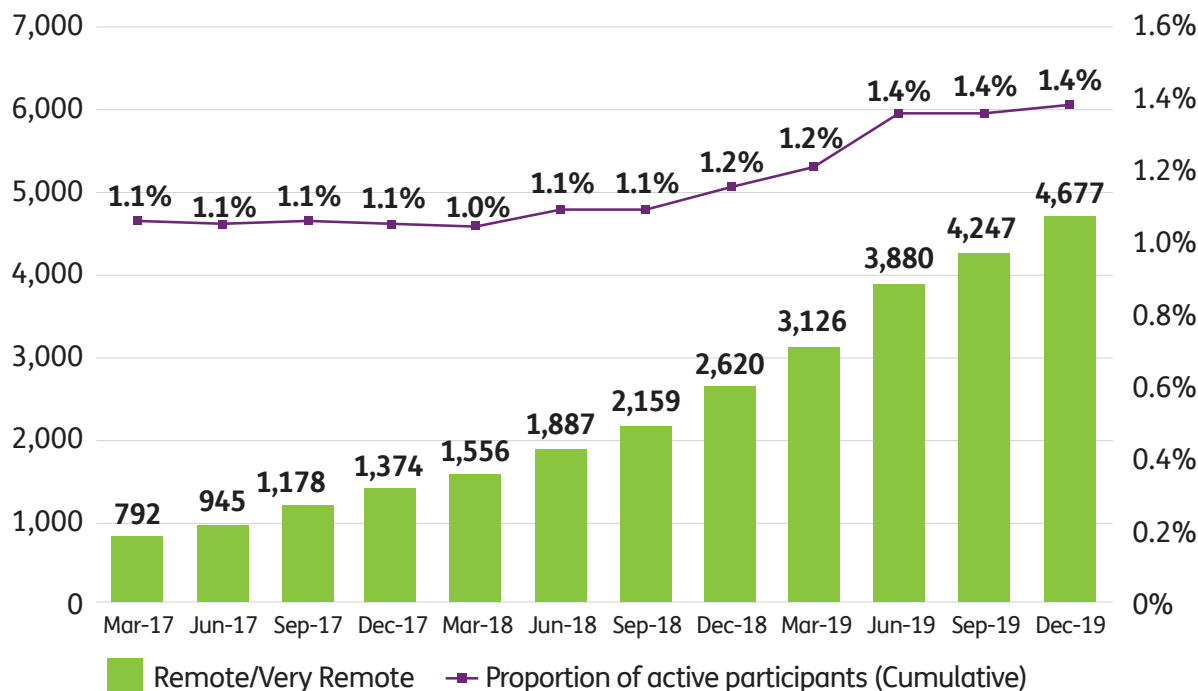
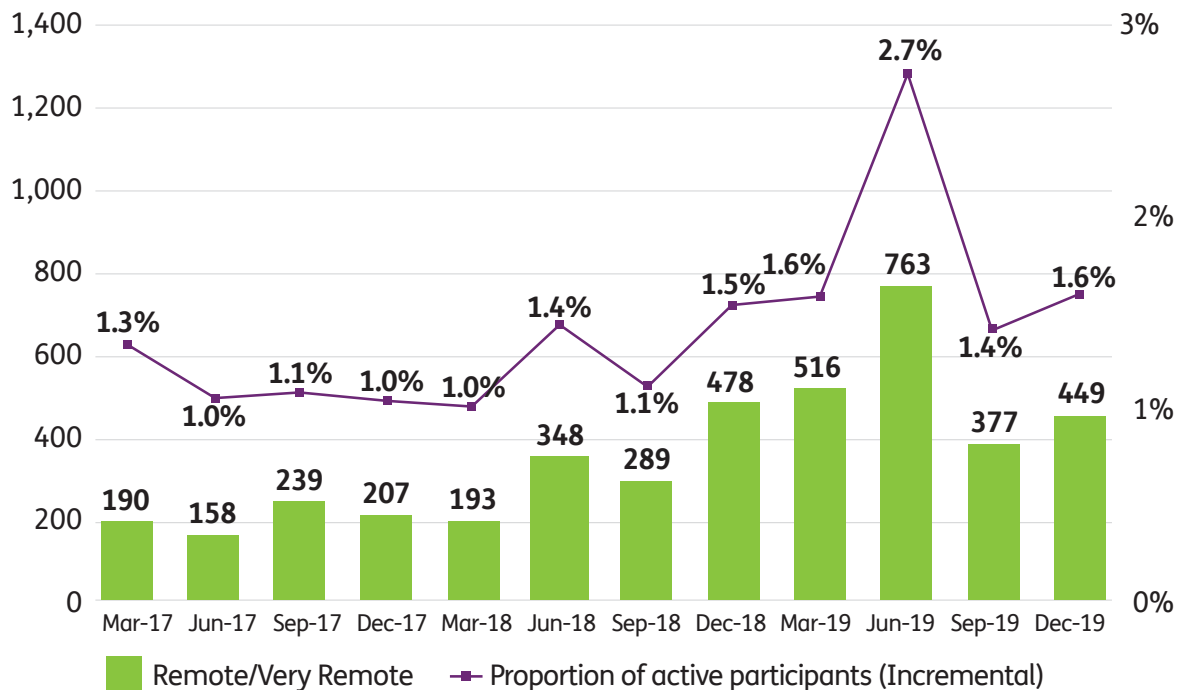
¹¹ The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Data is not available prior to March 2017.

Figure 6: Number and proportion of culturally and linguistically diverse participants over time incrementally (top) and cumulatively (bottom)¹²



¹² 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. Data is not available prior to March 2017.

Figure 7: Number and proportion of remote/very remote participants over time incrementally (top) and cumulatively (bottom)¹³



¹³ 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. Data is not available prior to March 2017.

Age and disability

The breakdown of participants by **age** and **disability** this quarter indicates:

- Higher proportion of children **aged 0-6 years** entered the Scheme (**35%** this quarter and **37%** last quarter). This compares with **12%** in the previous quarters through to 30 June 2019.
- Consistent with the high numbers of children, a relatively higher proportion of participants with **Developmental Delay** entered the Scheme this quarter (**15.0%** this quarter compared with **5.1%** in previous quarters).
- **Psychosocial disability: 10.5%** of participants who received a plan in the quarter, compared to **9.0%** in the previous quarters combined.
- A higher proportion of participants with **Hearing Impairment** also entered the Scheme this quarter (**8.6%** this quarter compared with **4.1%** in previous quarters).

Gender

As at 31 December 2019, 62% of NDIS participants were male and 37% were female.¹⁴ This difference is driven by:

- **Autism:** there are over **3.2 times** the number of male participants with autism compared with females. This is significant because 32% of Scheme participants have a primary disability of autism. The higher prevalence of autism in males compared with females is consistent with studies on Autism prevalence.¹⁵
- **Developmental delay:** there are over **2.5 times** the number of male participants with developmental delay compared with females.
- **Intellectual disability:** there are more male participants with intellectual disability relative to female participants, with **1.3 times** the number of male participants compared with females. Some of this difference is driven by participants having both autism and intellectual disability, noting that autism is higher for males than females. This is also significant because 20% of Scheme participants have an intellectual disability as their primary disability.
- Whilst the number of participants are proportionally smaller as a percentage of total Scheme participants, males are also over-represented in the **acquired brain injury** and **spinal cord injury** categories. This is consistent with accident compensation schemes where rates of injury are higher in males compared with females.

¹⁴ 1% of participants had an indeterminate gender, which includes those where gender is not recorded.

¹⁵ For example, the Center for Disease Control and Prevention (CDC) in the USA found that in 2014, boys were 4 times more likely than girls to be diagnosed with autism - <https://www.cdc.gov/mmwr/volumes/67/ss/ss6706a1.htm>

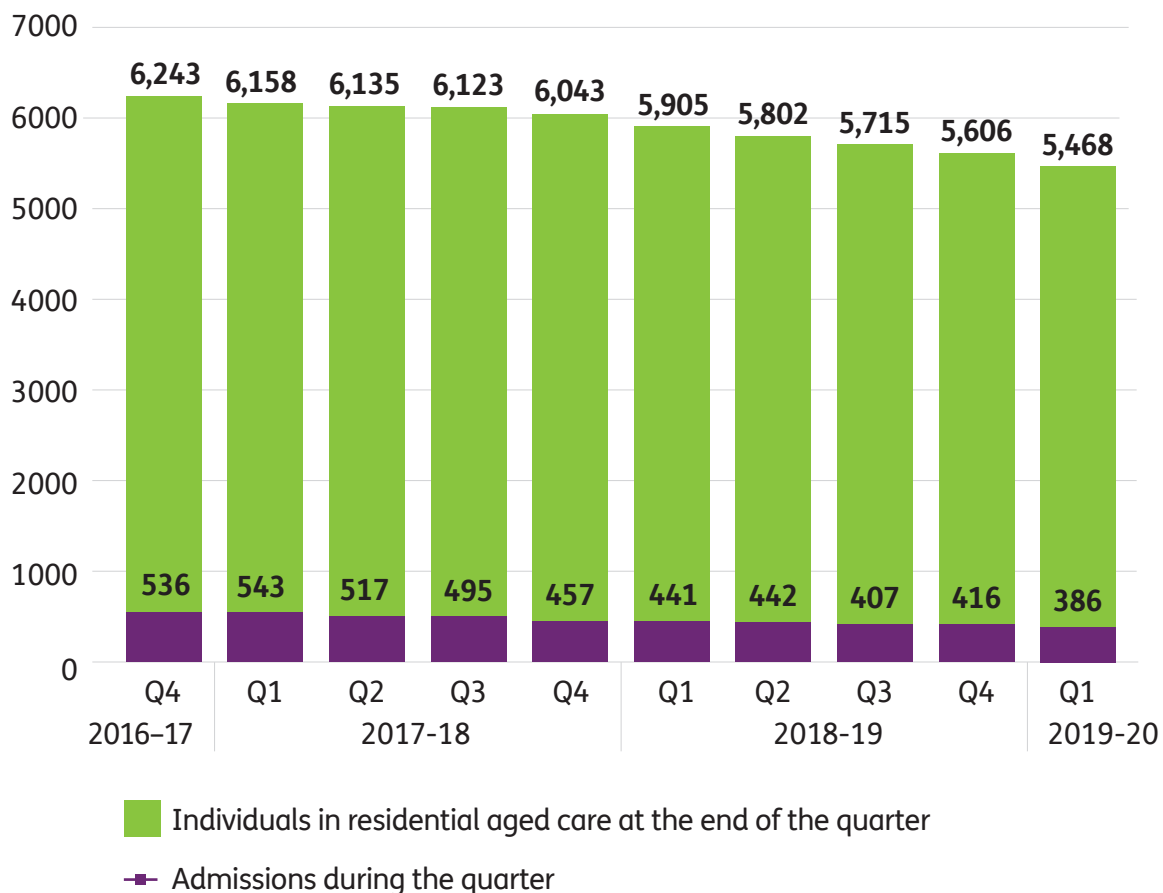
Younger People in Residential Aged Care

On 14 November 2019, Minister Stuart Robert announced in his plan to improve the NDIS a commitment to improve long term outcomes for participants, their families and carers.

The number of people in residential aged care under the age of 65 years has decreased in recent quarters from 6,243 at 30 June 2017 to 5,468 at 30 September 2019 (a 13% decrease).

Also, less people under the age of 65 years are entering residential aged care - 536 people under the age of 65 years entered in the June 2017 quarter, compared with 386 in the September 2019 quarter (a 39% decrease).

Figure 8: Number of individuals in residential aged care and admissions to residential aged care (under 65 years), by quarter¹⁶



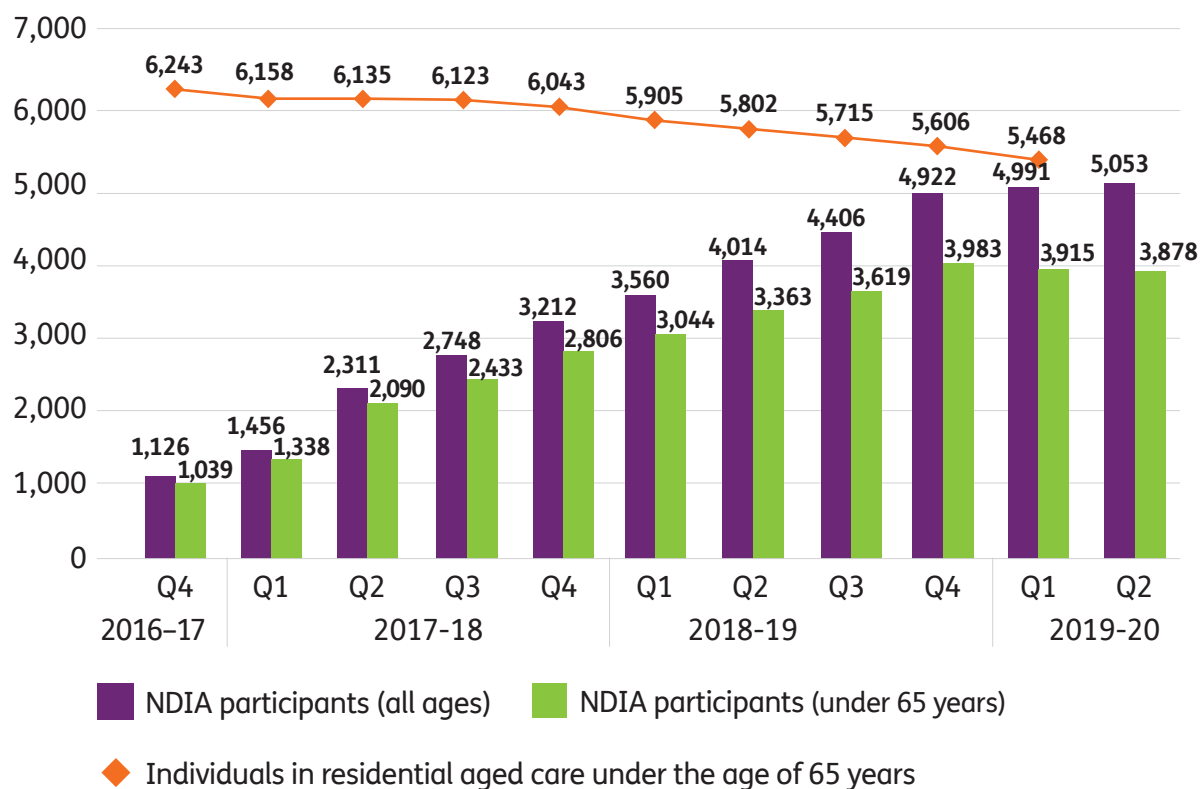
¹⁶ Data is from Department of Health.

There are 3,878 participants in residential aged care with an approved plan at 31 December 2019 aged under 65 years, and there are a further 1,175 participants in residential aged care with an approved plan over 65 years (resulting in 5,053 participants overall in residential aged care). Of the 5,053 participants in residential aged care, 166 are aged under 45 years (3.3%).

Further, of the total number of young people in residential aged care, 72% had an NDIS approved plan at 31 December 2019, compared with 17% at 30 June 2017.

The NDIA is committed to reducing the number of people in residential aged care. A new strategy to support the Commonwealth's revised Younger People in Residential Aged Care Action Plan targets is expected to be finalised by the end of March 2020 (the Strategy). The Joint Agency Taskforce was established on 25 November 2019 between the Department of Social Services, the Department of Health, and the NDIA to develop the Strategy for meeting the new Action Plan targets, and met for the first time on 16 January 2020.

Figure 9: Number of NDIA participants in residential aged care (all ages and under 65), and total number of individuals under age 65 in residential aged care



1.5 Self Management

Participants choosing to self-manage, or appoint a plan manager, continues to increase.

Self-management is an NDIS plan management choice available to participants. Self-managing participants directly manage their own funded supports and services rather than having the Agency or a plan manager make payments on their behalf. Self-management maximises choice and control, as participants can opt for bespoke or innovative supports outside of the specialist disability services and negotiate their own prices. Further, international studies have shown that the benefits of self-management include higher levels of satisfaction, achievement of better outcomes, greater independence, employment opportunities and expanded social networks.

The proportion of approved plans that are self-managed (either fully or partly) has increased over the last two years, from 20% of plans approved in the quarter to December 2017 to 30% of plans approved in the quarter to December 2019, and the proportion of participants that have a plan manager has also increased from 16% to 42%.

Figure 10: Plan management type and month of entry

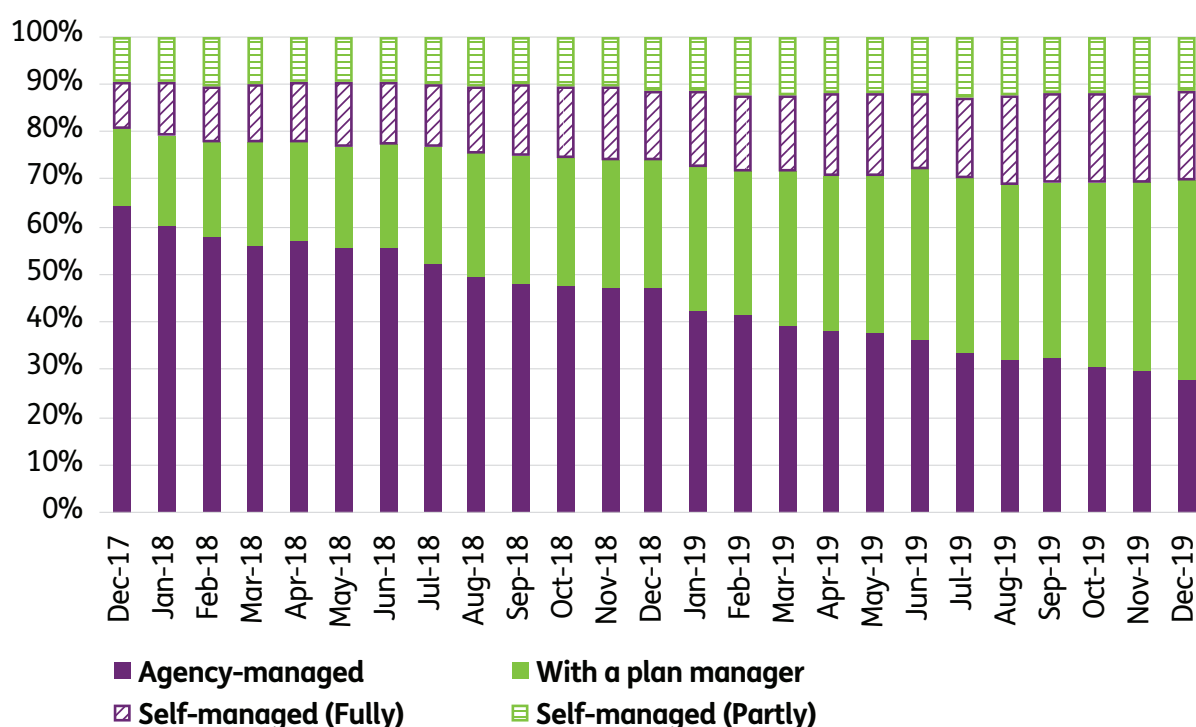
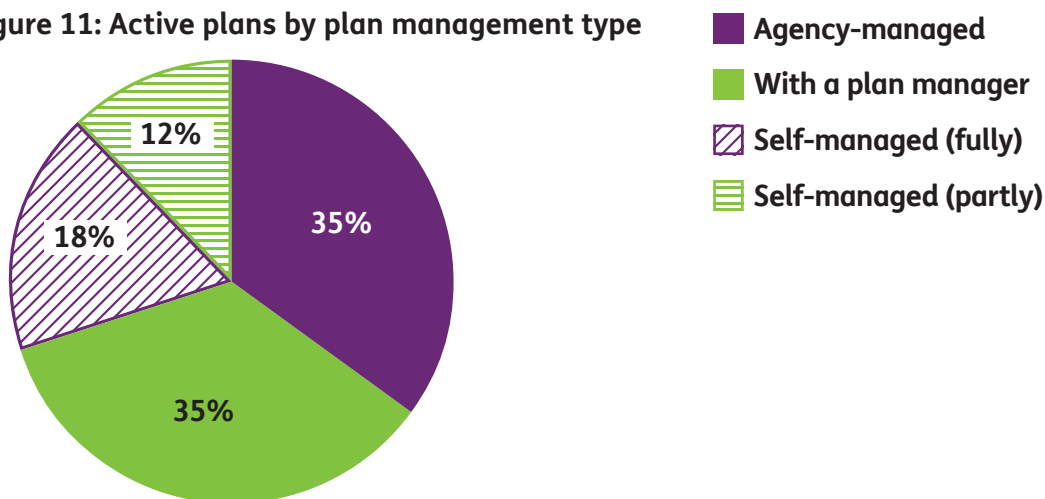


Figure 11: Active plans by plan management type



Younger participants are more likely to be self-managed and adults are more likely to have a plan manager

There continues to be a much higher rate of full self-management in younger age bands with 32% of participants aged 0-14 being self-managed compared with 7% for 25 years and over.

Partial self-management is fairly consistent across age bands (averaging 12%) and is more common than fully self-managed for adults. Conversely, participants aged 25 years and over are more likely to opt for a plan manager to make payments to providers (approximately 43%), compared to younger participants (approximately 25% for participants aged 0-14 years).

Figure 12: Self-management – by age

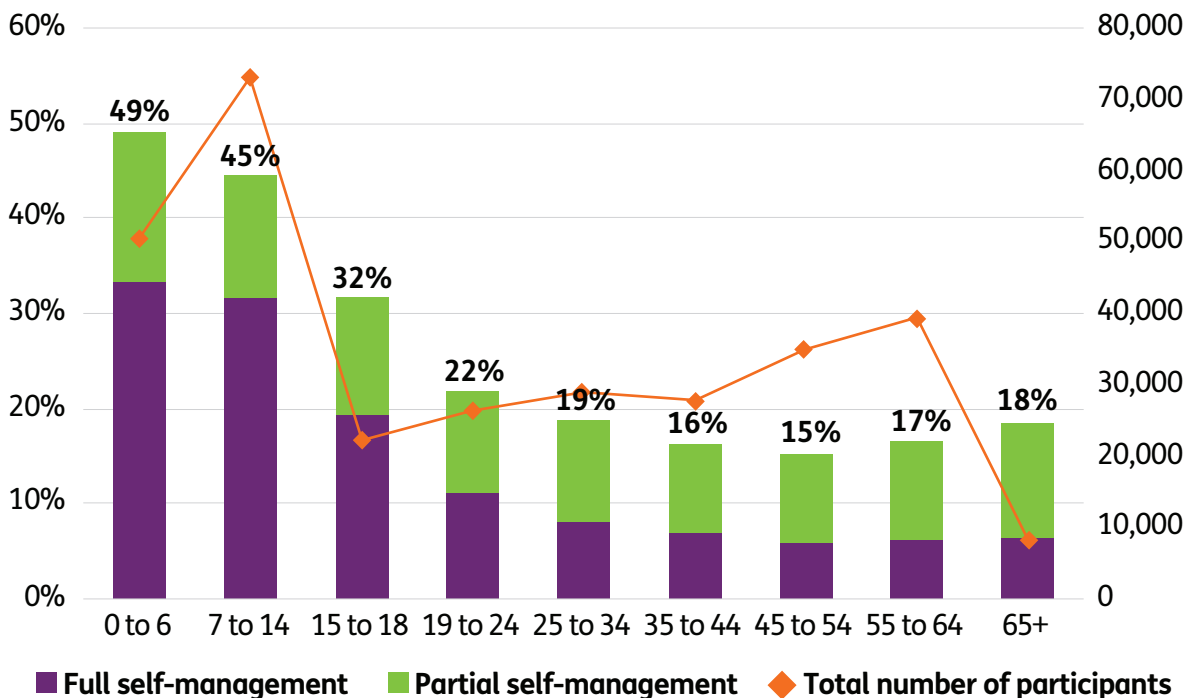
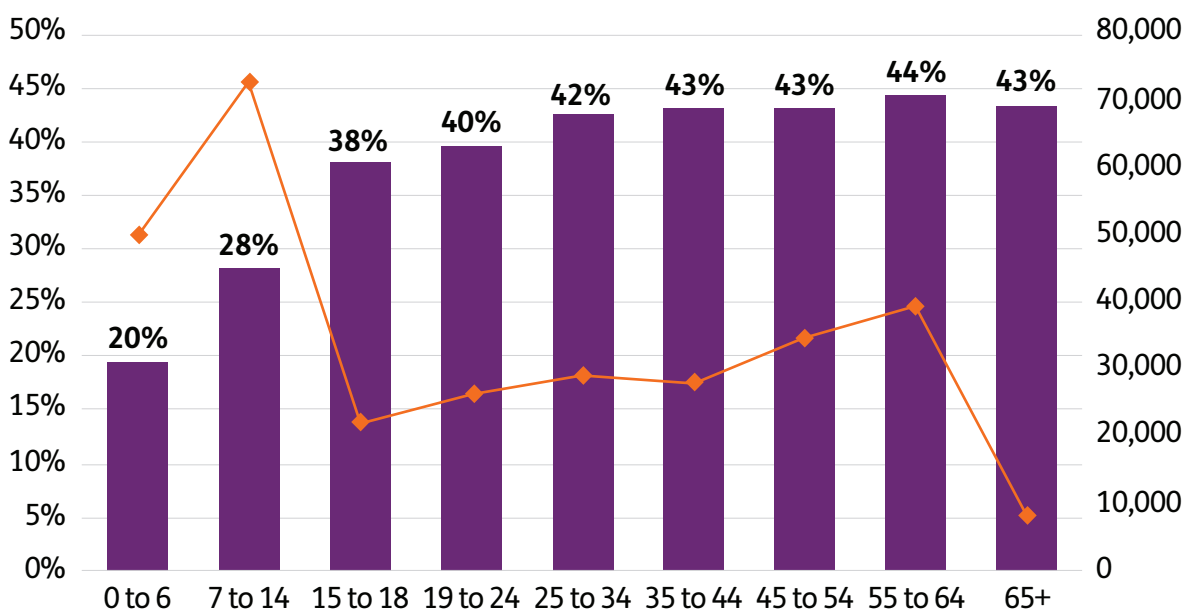


Figure 13: Participants with a plan manager – by age

Rates of self-management also differ by disability, with the higher rates of self-management for participants with a hearing impairment (49%), autism (42%) and spinal cord injury (41%). The lowest rates of self-managed are for participants with psychosocial disability (5%), acquired brain injury (13%), and intellectual disability (17%).

Conversely, participants with psychosocial disability (51%), stroke (49%) and acquired brain injury (47%) are more likely to opt for a plan manager than participants with other disabilities. Participants with multiple sclerosis (46%) and other neurological disability (46%) are also more likely to opt for a plan manager. Plan managers are least common for participants with other sensory/speech disabilities (19%), developmental delay (21%) and global developmental delay (22%).

Figure 14: Self-management – by disability

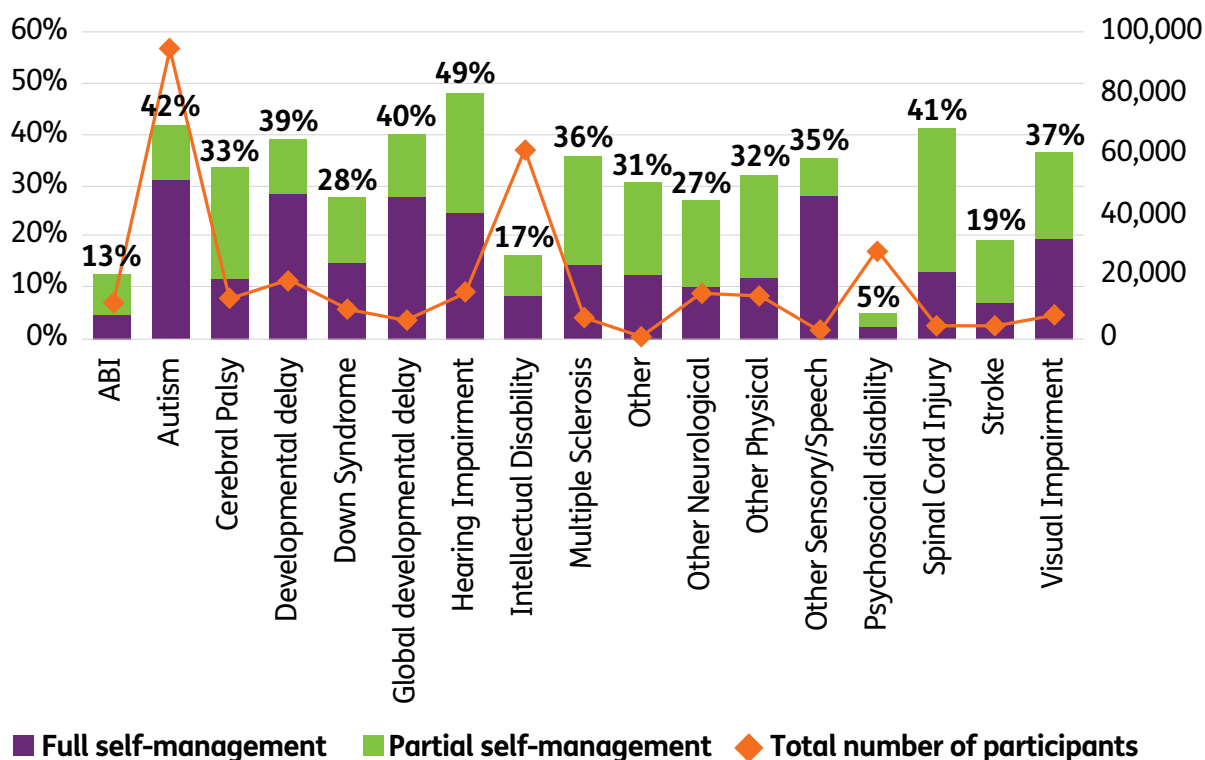
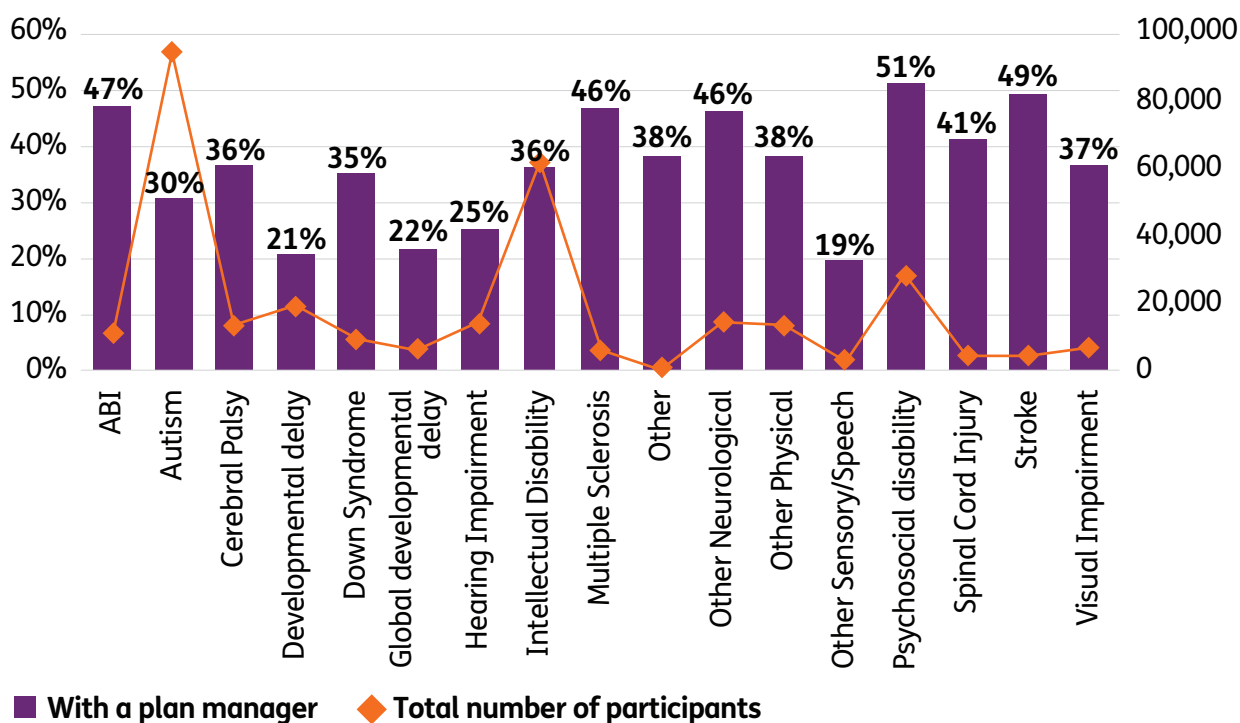


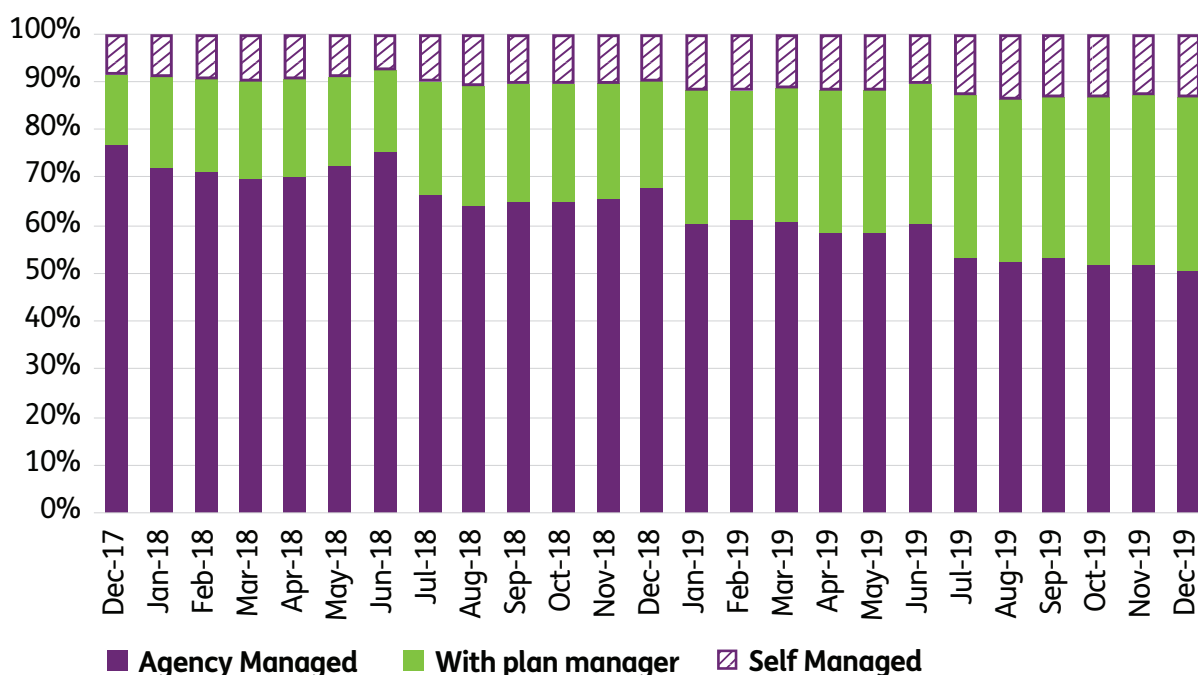
Figure 15: Participants with a plan manager – by disability



In addition to the increase in participants self-managing or using a plan manager, the proportion of plan budgets that are self-managed or with a plan manager has also increased:

- The proportion of plan budgets that are self-managed has increased from 9% in the December 2017 quarter to 13% in the December 2019 quarter.
- The proportion of plan budgets where the participant has a plan manager, has increased significantly from 15% in the December 2017 quarter to 36% in the December 2019 quarter.

Figure 16: Plan budgets – by plan management type and month of entry





Stefan

is riding a wave of success

Stefan Noto is a young man on a mission. At 25, he doesn't waste a waking moment.

When he's not working as a draftsperson and estimator, Stefan is on the water wakeboarding, driving his new speedboat, or at the shooting range, training for the Australian Para Clay Target team.

Stefan, who was born with cerebral palsy and has had more surgeries than he can remember, recently qualified for the team, becoming the only South Australian to compete in shotgun class at a national level.

"One of my goals is to head international and compete overseas and I hope to reach my benchmark soon," he said. "Even though you are competing against other shooters, really you're competing against yourself, and I do like that. I like to push myself harder."

"The NDIS helped with setting up these goals, by planning and connecting me with providers, who say, right, you want to achieve this, what steps do we need to take for you to achieve this goal?" said Stefan, of Angle Vale.

"From my very first plan, I've used it really well and it's been a godsend. My life improved with NDIS."

His growing list of achievements includes joining the board of NDIS provider, Community Bridging Services, and drawing up the plans for his own home.

Participant outcomes continue to improve the longer participants are in the Scheme.

2.1 Participation in work and community and social activities

Community and social participation improvements continue and there are small increases in participation in work, the longer a participant is in the Scheme.

The [NDIS 2019-2023 Corporate Plan](#) uses metrics and performance targets to measure achievements against the NDIA's aspirations. The 'quality experience and outcomes for participants' aspiration is measured by the percentage of participants currently in work and the number of participants involved in community and social activities, with initial results collected as participants enter the Scheme.

Participation in community and social activities

Participants who entered the Scheme between 1 July 2016 and 31 December 2016 have now been in the Scheme for three years – and for this group of participants, community and social participation has continued to increase over the three year period. There was a:

- **Thirteen** percentage increase from **31%** to **44%** for participants aged 15–24 years.
- **Fourteen** percentage increase from **36%** to **50%** for participants aged 25+ years.
- **Fourteen** percentage increase from **35%** to **49%** for participants aged 15+ years

Similar trends are evident for those who entered the Scheme between 1 January 2017 and 31 December 2017, and have been in the Scheme for two years. For this group of participants there was a:

- **Thirteen** percentage increase from **31%** to **44%** for participants aged 15–24 years.
- **Eleven** percentage increase from **36%** to **47%** for participants aged 25+ years.
- **Eleven** percentage increase from **35%** to **46%** for participants aged 15+ years

Figure 17: Participants who have been in the Scheme for at least 3 years, that is, participants who entered between 1 July 2016 and 31 December 2016

Participants in community and social activities	Baseline	Review 1	Review 2	Review 3	2019–20 Target
Aged 15 to 24 years	31%	34%	42%	44%	47%
Aged 25+	36%	40%	47%	50%	
Aged 15+ (average)	35%	38%	46%	49%	

Figure 18: Participants who have been in the Scheme for at least 2 years, that is, participants who entered between 1 January 2017 and 31 December 2017

Participants in community and social activities	Baseline	Review 1	Review 2	2019–20 Target
Aged 15 to 24 years	31%	40%	44%	47%
Aged 25+	36%	43%	47%	
Aged 15+ (average)	35%	42%	46%	

Participation in work

The rate of participation in work for those in the Scheme continues to be stable. However, for those who have been in the Scheme for at least three years there have been some marginal increases in employment.

For participants who entered the Scheme between 1 July 2016 and 31 December 2016 and have been in the Scheme for three years, there was a:

- **Eleven** percentage increase from **13%** to **24%** for participants aged 15–24 years.
- **Two** percentage decrease from **23%** to **21%** for participants aged 25+ years.
- **Two** percentage increase from **20%** to **22%** for participants aged 15+ years.

For participants who entered the Scheme between 1 January 2017 and 31 December 2017 and have been in the Scheme for two years, there was a:

- **Seven** percentage increase from **16%** to **23%** for participants aged 15-24 years.
- **One** percentage decrease from **28%** to **27%** for participants aged 25+ years.
- **One** percentage increase from **25%** to **26%** for participants aged 15+ years.

Figure 19: Participants who have been in the Scheme for at least 3 years, that is, participants who entered between 1 July 2016 and 31 December 2016

Participants in work	Baseline	Review 1	Review 2	Review 3	2019–20 Target
Aged 15 to 24 years	13%	17%	20%	24%	24%
Aged 25+	23%	23%	20%	21%	
Aged 15+ (average)	20%	21%	20%	22%	

Figure 20: Participants who have been in the Scheme for at least 2 years, that is, participants who entered between 1 January 2017 and 31 December 2017

Participants in work	Baseline	Review 1	Review 2	2019–20 Target
Aged 15 to 24 years	16%	19%	23%	24%
Aged 25+	28%	27%	27%	
Aged 15+ (average)	25%	26%	26%	

Employment Taskforce

In November 2019, the NDIA released the NDIS Participant Employment Strategy (the Strategy), which sets out the NDIA's vision, commitment, and action plan for supporting NDIS participants to find and maintain meaningful employment over the next three years. This will guide the NDIA toward achieving the goal of having 30 per cent of working age participants in paid work by 2023.

The Strategy will be delivered through five focus areas:

- Participant employment goals and aspirations in NDIS plans
- Participant choice and control over pathways to employment
- Market developments that improve the path to paid work and support the career development of NDIS participants
- The confidence of employers to employ NDIS participants
- NDIA leading by example as a government employer

The release of the new supported employment pricing framework in October 2019 reflects the NDIA's strong commitment to boost employment opportunities for NDIS participants. The NDIA will continue to work closely with participants and the Australian Disability Enterprise (ADE) sector to support the transition to the new pricing structure from 1 July 2020.

The NDIA has also joined the working group of the Australian Public Service Commission (APSC) to support the Australian Public Service (APS) to achieve its target of 7 per cent of its employees identifying as having a disability. 11.2% of NDIA employees have a disability, as at 31 December 2019, and in the June 2019 APS Census, 16% of respondents identified as having ongoing disability. The NDIA aims to ensure NDIS participants are represented in the overall target of 7 per cent across the APS.

2.2 Analysis of participant outcomes

The longer participants are in the Scheme, the more they report the NDIS has helped.

Participants who entered the Scheme since 1 July 2016 were asked ‘Has the NDIS helped?’ after one, two and three years in Scheme, allowing the NDIA to gain valuable longitudinal insights.

Participants who have been in the Scheme for at least three years

From transition to 31 December 2019, for participants that have been in the Scheme for three years¹⁷, the following outcomes have been recorded:

For children aged 0 to before starting school:

- **96%** of parents and carers thought the NDIS improved their child’s development, compared to **96%** in their second year and **92%** in their first year.
- **96%** felt the NDIS improved their child’s access to specialist services, compared to **92%** in their second year and **90%** in their first year.

For children starting school to 14 years:

- **68%** of parents and carers felt their child had become more independent as a result of the NDIS in their third year of participation, compared to **64%** in their second year and **56%** in their first year.
- **54%** of parents and carers felt the NDIS had improved their child’s relationship with family and friends in their third year of participation, compared with **49%** in their second year and **45%** in their first year.

For young adults aged 15 to 24 years:

- **66%** of participants felt the NDIS had helped them have more choice and control over their life, compared to **65%** in their second year and **61%** in their first year.
- **69%** of participants said the NDIS had helped them with daily living activities in their third year of participation, compared to **66%** in their second year and **60%** in their first year.

For adults aged 25 and over:

- **78%** of participants believed the NDIS helped them have more choice and more control over their lives in the third year of participation in the NDIS, compared to **74%** in their second year and **69%** in their first year.
- **85%** of participants said the NDIS had helped them with daily living activities in their third year of participation, compared to **80%** in their second year and **72%** in their first year.

¹⁷ That is, participants who entered the Scheme between 1 July 2016 and 30 September 2016 and have been in the Scheme for at least three years.

Participants who have been in the Scheme for at least two years

From transition to 31 December 2019, participants that have been in the Scheme for two years¹⁸ also reported the following positive outcomes:

For children aged 0 to before starting school:

- **95%** of parents and carers thought the NDIS improved their child's development, compared to **91%** in their first year.
- **87%** of parents and carers thought the NDIS helped increase their child's ability to communicate what they want, compared to **82%** in their first year.

For children starting school to 14 years:

- **64%** of parents and carers felt their child had become more independent as a result of the NDIS in their second year of participation, compared to **54%** in their first year.
- **49%** of parents and carers felt the NDIS had improved their child's relationship with family and friends in their second year of participation, compared with **43%** in their first year.

For young adults aged 15 to 24 years:

- **64%** of participants felt the NDIS had helped them have more choice and control in their life, compared to **58%** in their first year.
- **65%** of participants said the NDIS had helped them with daily living activities in their second year of participation, compared to **57%** in their first year.

For adults aged 25 and over:

- **74%** of participants believed the NDIS helped them have more choice and more control over their lives in their second year of participation in the NDIS, compared to **65%** in their first year.
- **79%** of participants said the NDIS had helped them with daily living activities in their second year of participation, compared to **69%** in their first year.

Whilst the above results are encouraging, the analysis also indicates that there are areas where outcomes could be improved. For example, after three years in the Scheme, only 15% of participants aged 15 to 24 agreed that being in the NDIS had helped them find a suitable job, compared to 16% after two years and 18% after one year. Similarly for participants aged 25 and over, after three years in the Scheme only 18% agreed that being in the NDIS had helped them find a suitable job, compared to 20% after two years and 20% after one year. As noted above, the NDIA is committed to improving employment outcomes for participants and has developed the NDIS Employment Strategy for this purpose.

¹⁸ That is, participants who entered the Scheme between 1 October 2016 and 30 September 2017 and have been in the Scheme for at least two years.

2.3 Participant goals

79% of participants have a Goal relating to Daily Life in their current plan.

Participant plans are structured around participant goals. During the planning process NDIA Service Delivery staff, Local Area Coordinators (LACs) and Early Childhood Early Intervention (ECEI) partners, work with participants and their families/carers to identify their goals.

Participant goals are grouped into the following life domains:

- **Choice and Control:** Includes independence, decision-making and whether the participant would like to have more choice and control in their life.
- **Relationships:** Relates to whether a participant has someone to call on for practical advice or emotional support, about contact with family and friends and about relationships with staff.
- **Health and Wellbeing:** Relates to health, lifestyle and access to health services.
- **Work:** Explores participants' experiences in the workforce and goals for employment.
- **Daily Life:** Explores how independent participants are in nine areas of daily living, for example shopping and home cleaning.
- **Home:** Relates to participants' satisfaction in their home now and in five years' time, and whether they feel safe.
- **Lifelong Learning:** Includes educational, training and learning experiences.
- **Social and community activities:** Relates to hobbies, volunteering, involvement in community, voting, leisure activities and whether the participant feels they have a voice.

Participants often identify multiple goals for each plan. The goals that appeared most frequently in active plans to 31 December 2019 were, goals relating to:

- **Daily Life** (79% of plans)
- **Social and Community Activities** (56% of plans)
- **Health and Wellbeing** (37% of plans)

Further, 28% of participants aged over 15 years have a goal relating to **Where I live**, and 30% have a goal relating to **Work**, with less participants having goals relating to learning (17%) and relationships (22%). For participants aged 0-14 years, goals on learning (26%) and relationships (33%) are more common.

Figure 21: Number of active plans with different goal types, 31 December 2019

Goal	Age 0–14	Age 15+	Total
Daily life	118,573	147,745	266,318
Social and community activities	48,742	139,252	187,994
Health and wellbeing	33,006	90,732	123,738
Relationships	45,228	43,692	88,920
Learning	35,654	34,270	69,924
Choice and control over my life	14,749	52,305	67,054
Work	913	60,261	61,174
Where I live	1,764	57,075	58,839
Total	135,782	203,200	338,982

Figure 22: Proportion of active plans with different goal types, 31 December 2019

Goal	Age 0–14	Age 15+	Total
Daily life	87%	73%	79%
Social and community activities	36%	69%	55%
Health and wellbeing	24%	45%	37%
Relationships	33%	22%	26%
Learning	26%	17%	21%
Choice and control over my life	11%	26%	20%
Work	1%	30%	18%
Where I live	1%	28%	17%

The types of goals stated by participants varies based on their disability (and within more granular age groups)¹⁹. Variations of note include:

- Participants with Autism identified goals relating to **Relationships** more frequently than **Health and Wellbeing**
- Participants with Psychosocial disabilities and Acquired Brain Injuries were the only cohorts to identify goals relating to **Social and Community Activities** more frequently than goals relating to **Daily Life**
- **Work** related goals are most common amongst participants with Down Syndrome (24%), Acquired Brain Injury (21%), Intellectual Disabilities (30%), Psychosocial Disabilities (29%), and Visual Impairments (25%). Participants with Cerebral Palsy (14%), Developmental Delay (0.1%), Other Neurological (12%), and Other Sensory/Speech (3%) disabilities identified **Work** as a goal less frequently
- Goals relating to **Work** are most commonly included in plans amongst participants aged 19-24 and become progressively less common as participants age
- Goal relating to **Health and Wellbeing, Social and Community Activities** and **Where I live** are included in plans more frequently with age
- **Daily Life** is the most commonly stated goal type across all age groups

Goal Attainment Framework

A Goal Attainment Framework is being implemented to help participants develop goals that are meaningful to them, to measure the extent to which they are achieved, and understand the supports and services that help them reach their best outcomes.

Participants already discuss their personal goals with Local Area Coordinators and Planners before and during planning meetings. The Goal Attainment Framework will provide structure to support these conversations, to assist participants in developing goals that are clear, realistic and measurable. At the end of any given time period the participant can then score the extent to which a goal was met, providing a point of reflection on how well the services and supports they are employing are working to meet their needs.

The Goal Attainment Framework will also provide the NDIA with valuable evidence as to the kinds of supports and service providers that are achieving the best outcomes across all participants. Together with the Agency's research program and growing body of other data, the Framework will over time provide the structure and information participants need to make well informed, evidence-based decisions about their services and supports.

The Framework is currently being tested in a single service delivery area in NSW and is scheduled for national implementation in Q4, 2019-20.

¹⁹ Further information on the types of goals, including splits by disability and age, can be found in the appendices at the back of this report

2.4 Participant satisfaction

Participant experience across the pathway remains consistently high.

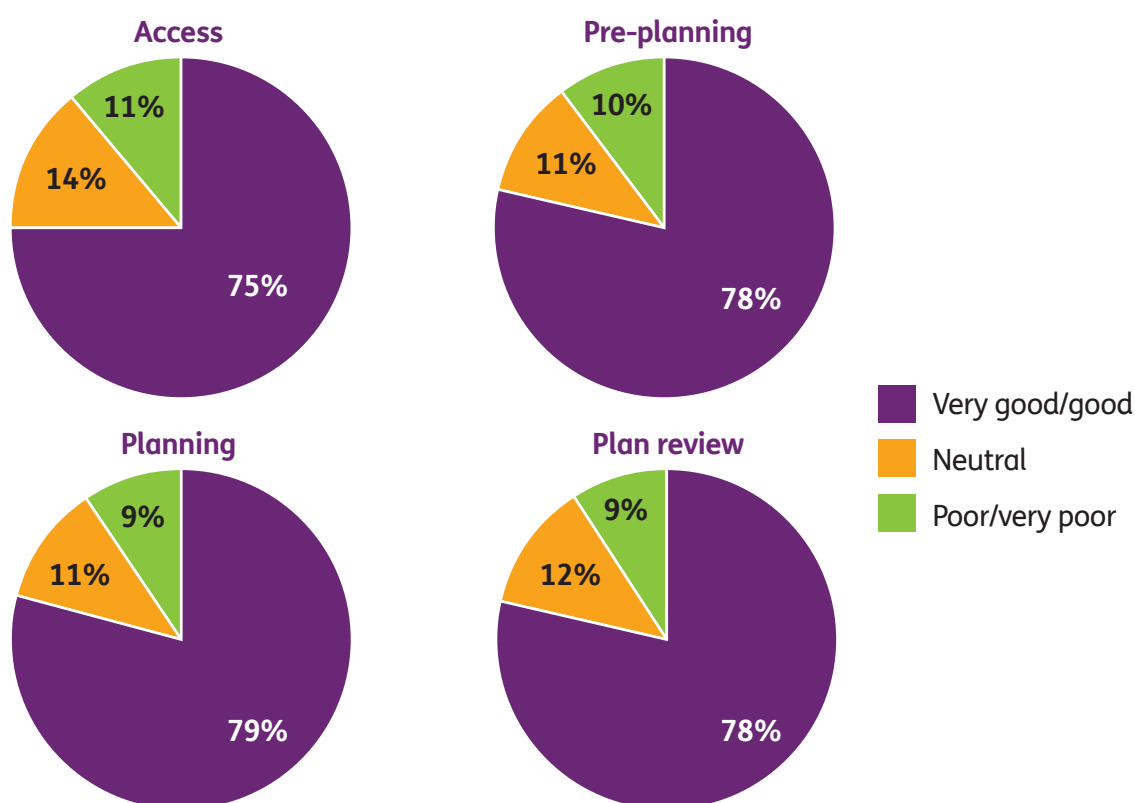
Since September 2018, the Agency has been testing and refining how participant satisfaction surveys are conducted to allow for a more comprehensive understanding of the participant experience at each stage of the pathway. It gathers responses at the four primary stages of the participant pathway – access, pre-planning, planning and plan review – whereas the original survey gathers responses at the planning stage only.

By gaining greater insight into varying experiences at different stages of the NDIS process, the NDIA will be better positioned to make meaningful and specific improvements to the participant pathway.

Under this new survey, a comparison of the previous four quarters (2018-19 Q2, Q3 and Q4 and 2019-20 Q1) with the current quarter (2019-20 Q2) indicates continued and improved satisfaction across the four stages of the pathway.

Seventy-eight percent (78%) of participants rated the plan review process as either good or very good, with a further 10% rating the experience as neutral. Seventy-five percent (75%) of the participants in the quarter rated the access process as either good or very good, 78% rated the pre-planning process as either good or very good, 78% rated the planning process as either good or very good, and 79% of participants rated the planning process as either good or very good.

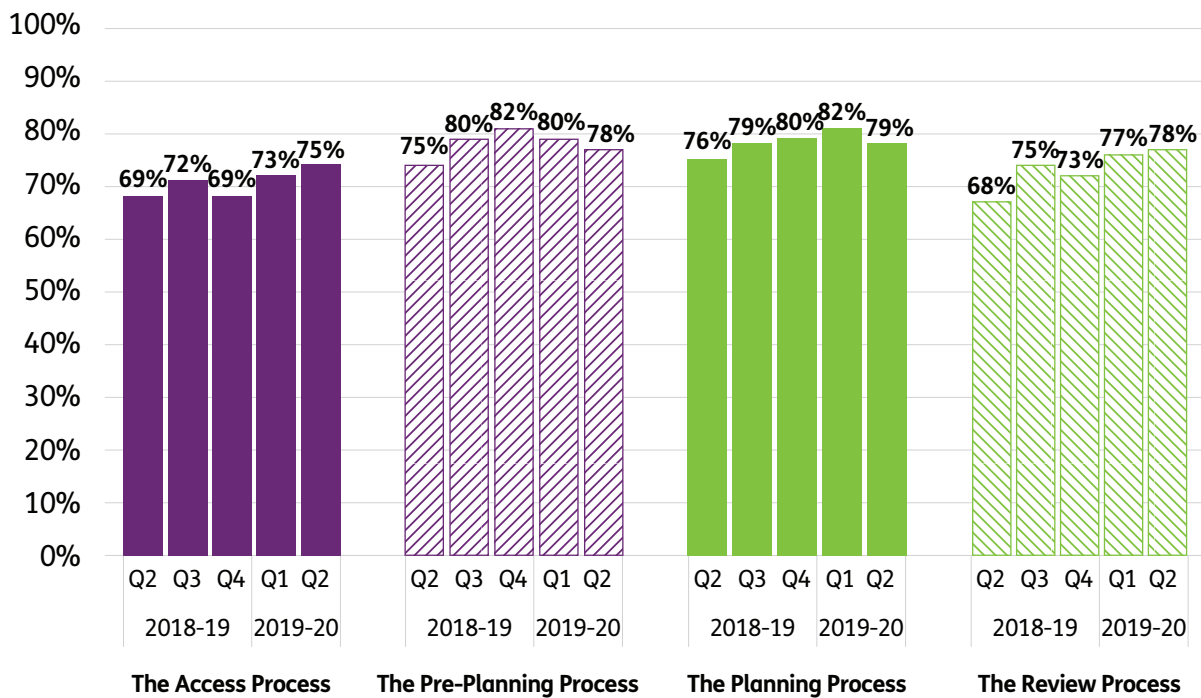
Figure 23: Rating of experience with the NDIS (1 October 2019 to 31 December 2019)²⁰



²⁰ Survey sample was 1,369 surveys at Access, 1,536 at Pre-Planning, 2,480 at Planning and 468 at Review.

Satisfaction with the access and plan review process has increased over the five quarters, with satisfaction with pre-planning and planning remaining consistent.

Figure 24: Trend of satisfaction across the pathway (% Very good/good)²¹



²¹ On average, approximately 1,250 surveys at Access, 1,100 at Pre-planning, 1,400 at Planning and 1,250 at Plan Review are collected each quarter.

In addition to the trends outlined above, the new survey also provides further insights at each stage of the pathway. A comparison of the previous four quarters (2018-19 Q2, Q3 and Q4 and 2019-20 Q1) with the current quarter (2019-20 Q2) indicates continued satisfaction across the four stages of the pathway:

Stage One: Access

- **95%** of respondents believed their NDIS contact to be respectful this quarter which was consistent with prior quarters.
- **84%** of respondents were happy with the process by which they entered the NDIS this quarter compared with **78%** across the prior quarters.
- **72%** of respondents understood the next stage in their NDIS process this quarter which was consistent with prior quarters.

Stage Two: Pre-planning

- **95%** of respondents understood what information they had to provide to prepare for pre-planning this quarter which was consistent with prior quarters.
- **86%** of respondents believed their NDIS contact understood how disability impacts their life which was consistent with prior quarters.
- **80%** of respondents understood the next stage in their NDIS process this quarter compared with **76%** across the prior quarters.

Stage Three: Planning

- **96%** of respondents understood what information they had to provide for their plan this quarter which was consistent with prior quarters.
- **86%** of respondents believed their NDIS contact understood how disability impacts their life which was consistent with prior quarters.
- **85%** of respondents understood the next stage in their NDIS process this quarter compared with **83%** across the prior quarters.

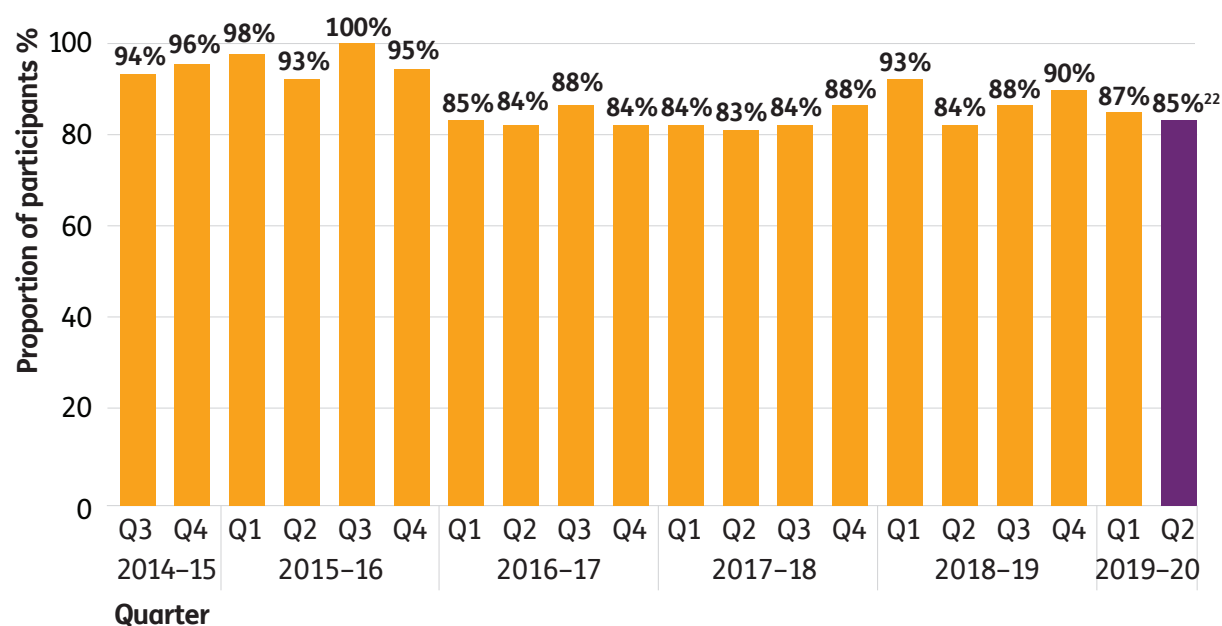
Stage Four: Plan Review

- **84%** of respondents felt prepared for their plan review meeting this quarter which was consistent with prior quarters.
- **84%** of respondents believed their NDIS contact understood how disability impacts their life this quarter which was consistent with prior quarters.
- **85%** of respondents believed their NDIS plan was helping them progress with their goals this quarter which was consistent with prior quarters.

In addition to conducting the survey that assesses the participant experience at each stage of the pathway, the NDIA Quality Team has continued to conduct the satisfaction survey which commenced at the beginning of the Scheme. This survey will be discontinued in 2020 as the participant experience survey across the pathway, which is detailed above, provides a more comprehensive understanding of participant experience.

This quarter, 85% of participants rated their overall experience with the NDIS planning process as either 'Very good' or 'Good'. Plan development is a key milestone on the participant pathway. To better understand the impact of the NDIS on participants and their families and carers, the Agency conducts satisfaction surveys during the planning process each quarter.

Figure 25: Participant satisfaction rates over time



²² The result for 2019-20 Q2 is based on 635 participants who were asked to describe their level of satisfaction with the Agency planning process. Of these participants, 85% rated the process as either good or very good, 11% rated the process as neutral rating and 4% rated the process as poor or very poor.

Of the participants surveyed this quarter, 93% felt their planner listened to them, 92% considered that they had enough time to tell their story, and 90% reported that their planning meeting went well. A lower proportion of participants (81%) felt that planners helped them think about their future.

Figure 26: Participant satisfaction in 2019–20 Q2

	Agree/ Strongly agree	Neutral	Disagree/ Strongly disagree
The planner listened to me	93%	4%	3%
I had enough time to tell my story and say what support I need	92%	4%	4%
The planner knows what I can do well	82%	11%	7%
The planner had some good ideas for my plan	84%	8%	8%
I know what is in my plan	83%	11%	6%
The planner helped me think about my future	81%	10%	9%
I think my plan will make my life better	88%	8%	4%
The planning meeting went well	90%	6%	3%

2.5 Waiting times for access decisions and plans²³

The time taken to make an access decision is, on average, four days.

Access decisions

The amount of time taken to determine access to the Scheme in some months of 2019 was too long. The NDIA invested significant resources to fix the ICT issue that caused the backlog and re-deployed staff to clear the backlog. The time taken, on average, to make an access decision in the most recent month fell to 4 days, well below the 21 day target.

Each quarter a number of access decisions are made, and a number of access requests remain in progress (with a decision still to be made) at the end of the quarter. This analysis considers both the timeframes on the decisions that were made during the quarter, and also for the decisions still to be made, the number of days these decisions have been in progress. As at 31 December 2019, outstanding access decisions had been in progress for an average of 10 days. This compares with 12 days at the end of September 2019 and 38 days at 30 June 2019. Further, access decisions completed in the month of December 2019 were completed in 4 days on average compared to 12 days in September 2019 and 42 days in June 2019.

Figure 27: The average number of days an access decision has been in progress

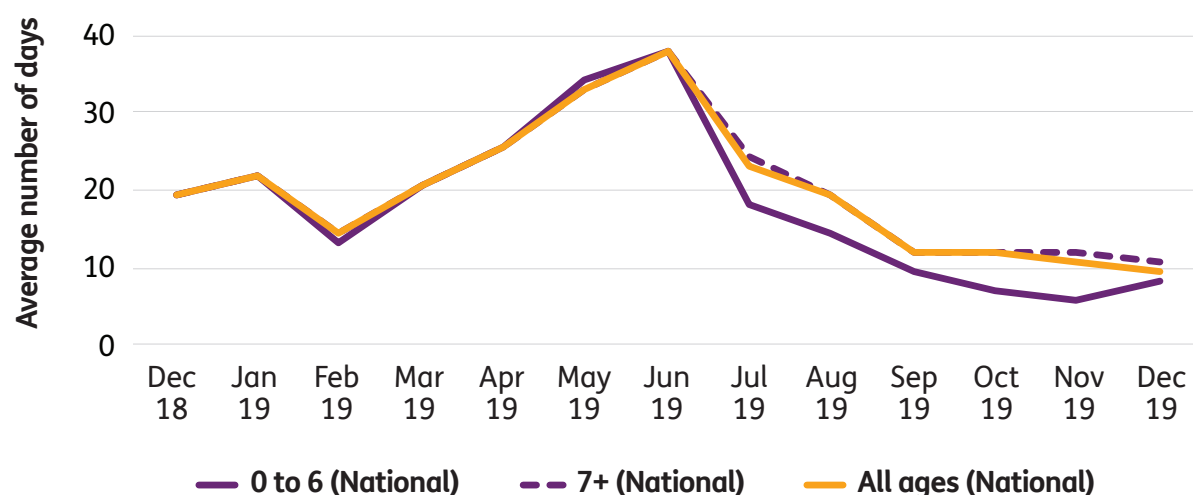
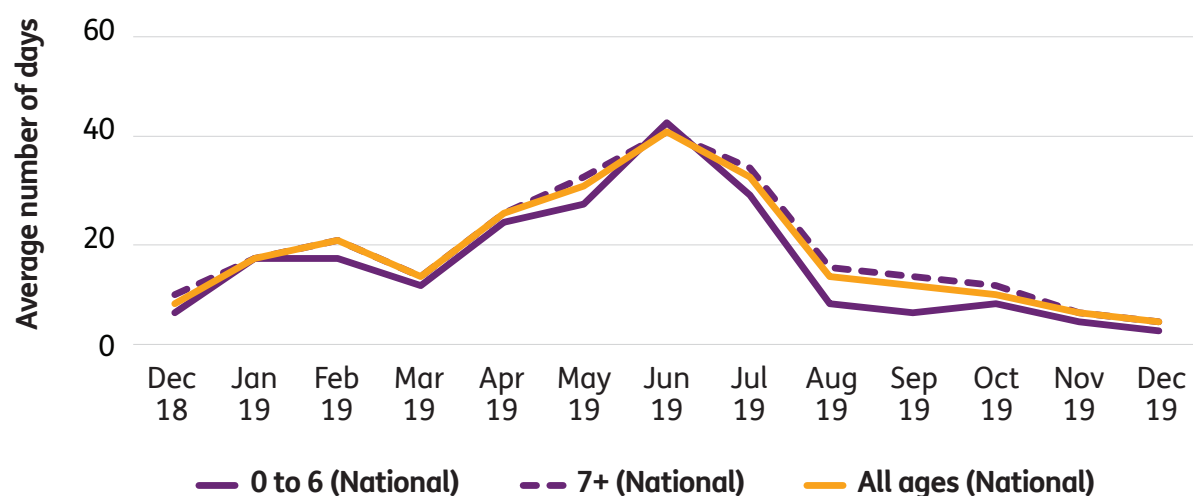


Figure 28: The average number of days taken to complete an access decision



²³ Further detail on waiting times is included in Appendix R.

First plan approvals

The time taken to approve a first plan after an access decision has been made has significantly improved compared to six months ago.

First plans completed in December 2019 were completed in 77 days on average compared to 88 days on average in September 2019 and 133 days in June 2019. First plans that have been in progress for an average of 84²⁴ days at 31 December. This compares to 79 days at 30 September 2019 and 115 days at 30 June 2019.

Figure 29: The average number of days a first plan has been in progress (that is, not yet approved)

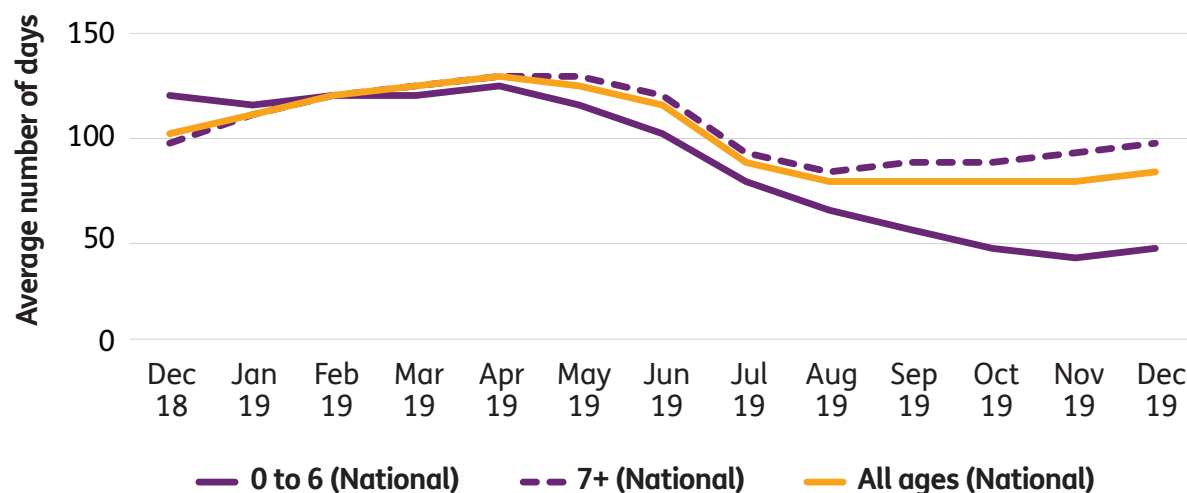
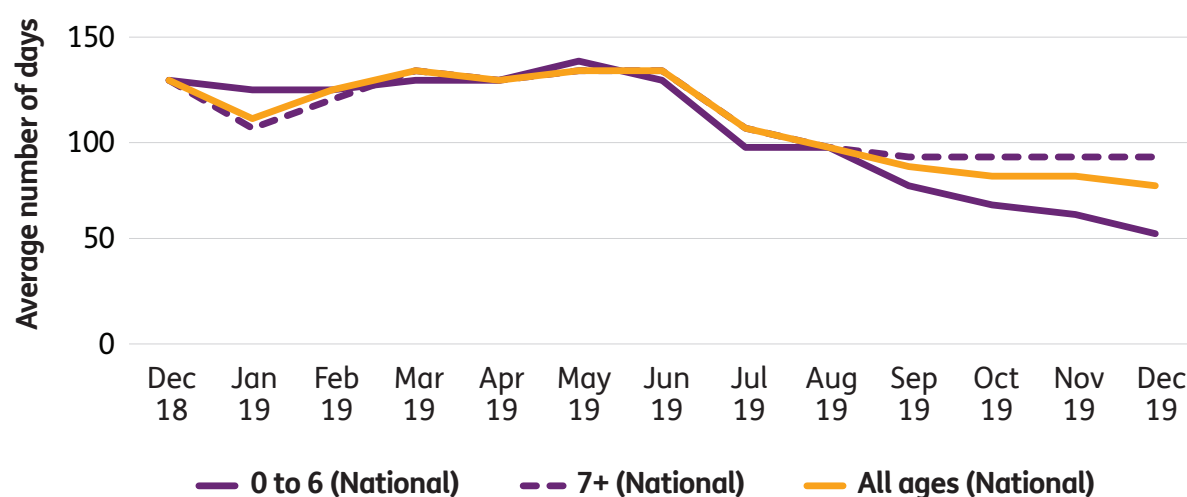


Figure 30: The average number of days taken to complete and approve a first plan



²⁴ The marginal increase in days this quarter is not unexpected due to a number of non-working days over the Christmas period.

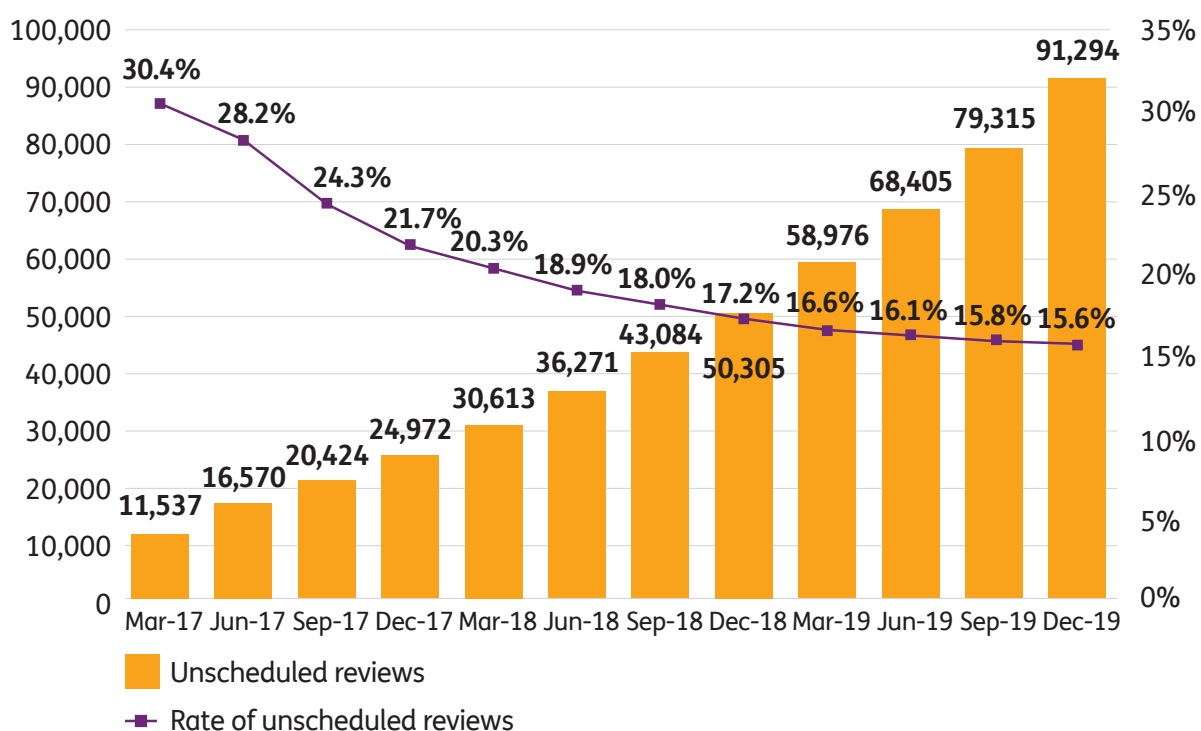
2.6 Unscheduled reviews and complaints

The percentage of plans that result in an unscheduled review has halved over the last three years.

Unscheduled reviews

Unscheduled reviews are plans that were reviewed more than 100 days before the scheduled plan review date. 15.6% of plans resulted in an unscheduled review in the December 2019 quarter compared to 30.4% in the March 2017 quarter.

Figure 31: Cumulative number and proportion of unscheduled plan reviews over time



Complaints

Participant complaints received, as a percentage of access requests in the quarter, were 5.6% compared with 6.9% a year ago. Provider complaints were 3.9% of access requests in the quarter compared with 5.9% a year ago.

Figure 32: Participant complaints received as a proportion of access requests²⁵

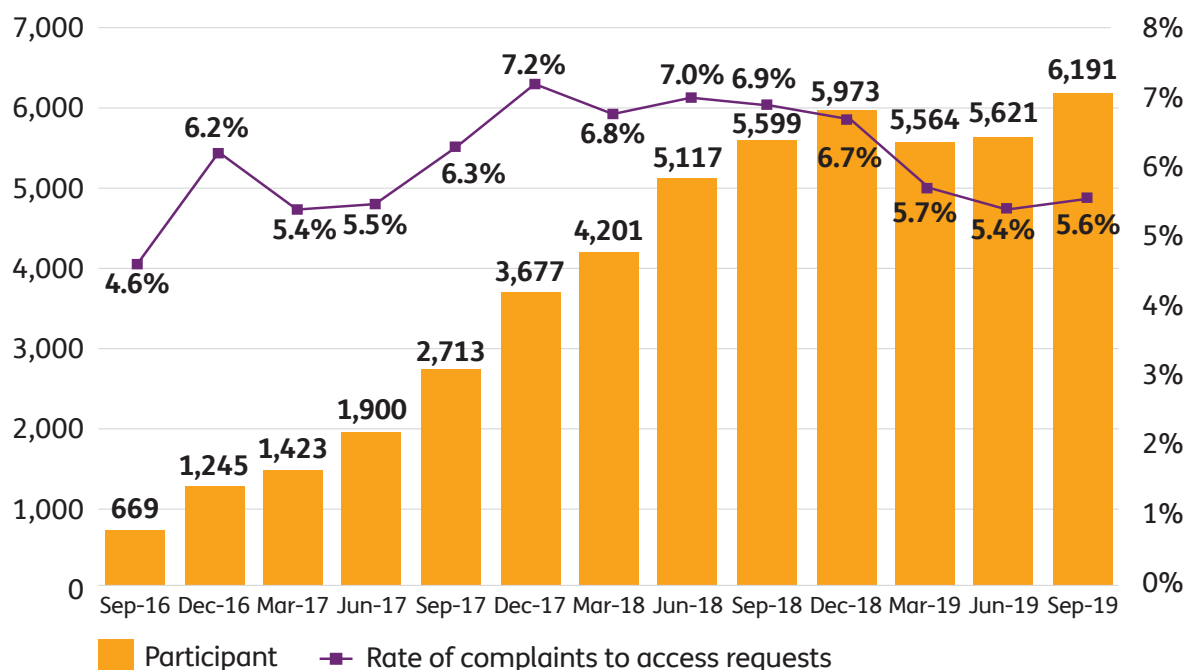
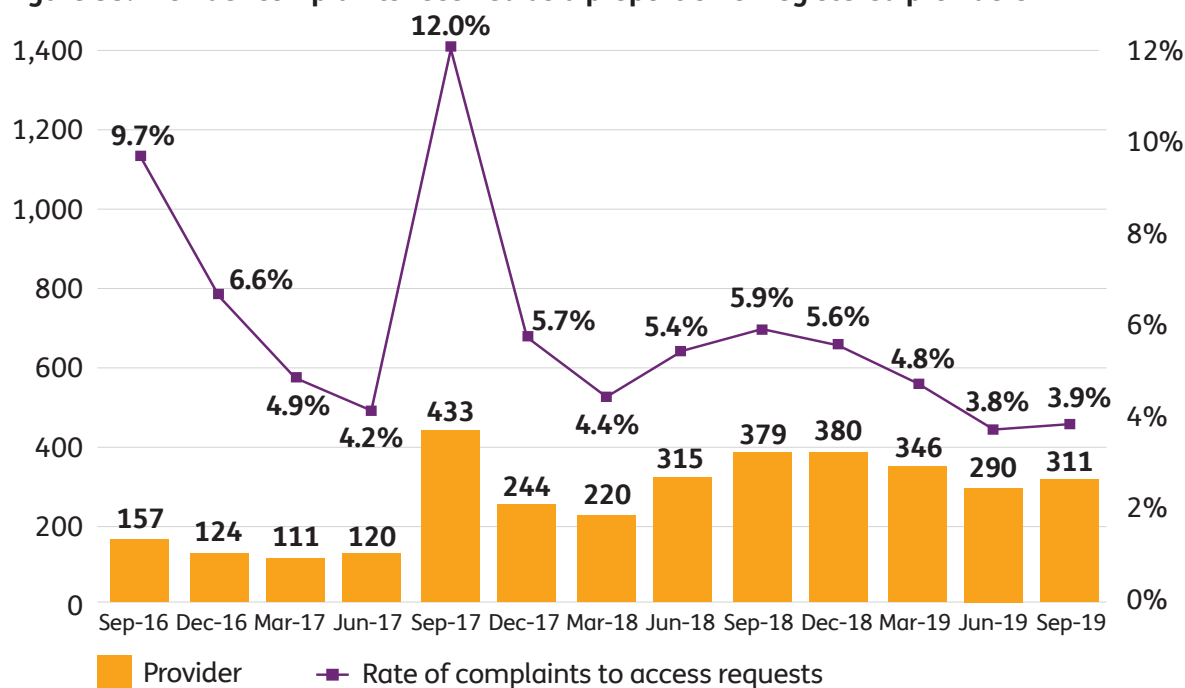


Figure 33: Provider complaints received as a proportion of registered providers²⁴



²⁵ Complaints are reported to 30 September 2019 due to the lag in reporting and hence the December 2019 quarter will be reported in the next quarterly report.

2.7 Actions to improve the participant experience

A series of service enhancements continue to enhance the participant experience.

The NDIA Board and management recognise that the improvements to the participant experience is required for participants to achieve their goals and outcomes. Specifically:

- Waiting times need to be reduced
- Decision making at access and in planning needs to be more consistent, equitable and fair
- Complexity in Agency processes needs to be reduced
- Better connection with hard to reach participants is required

A number of initiatives are underway to address these issues and these are discussed below, noting that many initiatives aim to address more than one initiative.

Reducing waiting times

Standard interim plans for young children

During the quarter, the NDIA and partners continued the work on addressing the longer wait times many families and children have been experiencing. One of the key initiatives was to provide a standardised, interim six-month plan for identified participants who have been waiting for 50 days or longer.

For those children who have been found eligible for the NDIS, but who are likely to experience a wait time of greater than 50 days between an access decision and getting a plan, the NDIA provided a standardised interim plan for six months. These interim plans will be replaced by a full NDIS plan no later than six months after being issued.

This initiative has had success with the number of children waiting more than 50 days for a plan reducing from 1,686 to 712²⁶ over the quarter. At the beginning of July 2019, 3,314 children were waiting for more than 50 days for their plan.

Increasing the number of staff to make planning decisions

During the second quarter of the 2019-20 financial year, the number of service delivery staff increased by 179 (9,234 to 9,413 workforce increase). This has allowed more planning decisions to be made at a faster rate.

Further, the NDIA has concluded the rollout of a new Workload Manager tool that is now available nationally. This will enhance the participant experience through an efficient workload distribution across the service delivery network.

²⁶ There were 712 children who had been waiting greater than 50 days for their final plan as at 31 December 2019. Over 600 of these participants were in the final stages of their full planning approval process and either already had a planning appointment conducted and were awaiting approval of their plan or had a planning appointment booked in the new year.

Hearing Service Stream

The NDIA continues work on developing further the hearing stream for participants aged seven to 64, including consulting with key external stakeholders in the deaf community to provide input across key life transition points. In addition, work is ongoing to support Commonwealth Hearing Services Program clients who may be eligible and choose to seek access to the NDIS. This commenced in partnership with Department of Health and Hearing Australia at the beginning of March 2019.

The success of this initiative is evidenced by the higher proportion of participants with Hearing Impairment entering the Scheme this quarter (8.6% this quarter compared with 4.1% in previous quarters).

Making decisions more consistent, equitable and fair

Independent assessments

Improving the NDIS assessment process will make the Scheme more reliable, consistent and equitable for everyone, ensuring it provides access to eligible participants as well as the appropriate levels of funding for the people it was intended to help. In supporting this objective, Minister Stuart Robert announced on 14 November 2019 that the Agency will deploy independent functional capacity assessments nationally. This will commence from 1 July 2020 for prospective participants applying to join the Scheme.

In addition, the NDIA will provide simple and transparent resources for prospective participants, their representatives, clinicians and others, to give certainty on the types and sources of evidence needed to support an Access request.

An expanded pilot has been running since late November 2019 in a single service delivery area of NSW, testing functional capacity assessment tools across the full range of disability types, ages, cultural backgrounds and circumstances. This pilot will inform the national implementation of assessments from 1 July 2020.

As with the initial pilot, participation is voluntary and assessments are completed by independent allied health professionals at no charge to the participant. There are opportunities throughout for open discussion and feedback, giving those who participate the chance to shape future improvements to NDIS processes.

A tender for independent assessment services is scheduled for release in February 2020, in preparation for the national launch in July 2020.

Joint planning

In continuing to build a high performing NDIA and to reduce requests for plan reviews, work is progressing for the implementation of Joint Planning. Joint Planning supports relationship building between the participant, planner and partner through face-to-face planning meetings where possible.

The NDIA will commence the national rollout of joint planning meetings and the provision of draft plan summaries from April 2020. Providing a draft plan summary, which is often asked for by participants, will enable them to review and amend their personal details, goals, living arrangements, informal community supports and other community supports, and social and economic participation prior to a plan being developed.

Similarly, joint planning will allow a participant, Local Area Coordinator and NDIA Planner to collectively discuss a working version of the plan and included support funding before it is approved and lead to a greater understanding for participants about their plan, how it was developed and how to use it.

Reducing complexity

Collaborative access

Collaborative Access (CA) is a process change that strengthens the connection between prospective participants and their LAC.

In CA, LACs provide more direct support of individuals when completing Access requests, and identify and connect individuals to mainstream supports and other government services (even if they did not qualify for funded supports). It would also help participants understand mainstream supports upon exit from the Scheme.

Intended benefits include accelerating access decisions by ensuring participants have provided the right details, fewer reviews and complaints, and improving participant outcomes by having participants connecting earlier to mainstream supports. CA will also help prospective participants complete independent functional assessments when applying for access to the Scheme.

In 2019 the NDIA tested CA, and it demonstrated that people's experience was enhanced by engaging with a LAC face-to-face about access to the scheme - for people approaching a LAC for the first time and also for those who had previously attempted to apply for access.

With implementation planning underway, it is anticipated that these enhanced measures will be introduced in mid-2020.

Improvements to assistive technology

From October 2019, a new option for the funding and supply of nominated AT supports between \$1,500 and \$5,000 was introduced.

The NDIA recognised that some assistive technology supports are relatively standard. With appropriate advice by an AT assessor, participants can now source items within nine new categories²⁷ using the funding itemised within their plan. Items can then be purchased from the market without agency review.

Disability-related health supports

At its June 2019 meeting, the DRC resolved the key interface issues between the NDIS and the health system. Since 1 October 2019, NDIS participants commenced receiving funding for the disability-related health supports they need as a direct result of their disability, and as part of their daily life, through their NDIS plans.

For the participants who require disability related health supports, most will have these included in their initial NDIS plan or at their next plan review. The Agency has released an Operational Guideline and also updated the 2019-20 Price Guide and Support Catalogue to include around 90 disability-related health supports now funded under the NDIS.

²⁷ www.ndis.gov.au/news/4118-clarification-assistance-technology-support-under-5000

Better connecting with hard to reach participants

National Community Connector Program

Community Connectors are employed as a trusted resource to enable better linkages between people, communities, and services.

On 14 November 2019, Minister Stuart Robert announced the development of a National Community Connector Program (NCCP), which will support individuals with disability from hard to reach communities to access and navigate the National Disability Insurance Scheme.

The NCCP will focus on supporting targeted communities, such as Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, ageing parents and carers of children with disability and people experiencing psychosocial disabilities, to navigate the NDIS and get the services they need.

Community Connectors will be rolled out in locations of need and will target each identified community. The NCCP will see approximately 290 Community Connectors (by FTE) implemented nationally. This figure includes FTE for Remote Community Connector expansion, rural and urban Community Connector deployment in Cultural and Linguistic Diversity and Aboriginal and Torres Strait Islander communities, a provision of FTE Community Connectors to support people with psychosocial disability and an FTE provision to be deployed as part of the Carer Connect to support ageing parents or carers of children with disability.

The NCCP delivers a Community Connector program that will improve the experience for people with disability from particular population groups when engaging with the NDIS. The NDIA will work with peak bodies to roll out community connectors.

LGBTIQA+ Service Enhancements

The NDIA developed Tier 2 training on how to engage appropriately with LGBTIQA+ communities. This training was tested in a webinar format and focussed on LGBTIQA+ inclusiveness in the workplace for service delivery staff.

Culturally and Linguistically Diverse Service Enhancements

The [Language interpreting services](#) page is now available at the NDIS website, allowing potential participants and participants to understand the interpreter services the NDIA offers. This comprises translated resources in 12 languages other than English, and translations of the Cultural and Linguistic Diversity Strategy and NDIA Glossary in Easy English, to support registered providers who assist participants to implement their NDIS plans.

The roll out of Culturally and Linguistically Diverse training has been tabled as the NDIA procures technology to build more accessible e-learning for NDIA staff and partners.

Younger People in residential aged care

As already mentioned in this report, the NDIA Board and Management is committed to the implementation of the Younger People in Residential Aged Care Plan which aims to reduce the number of young people in residential aged care.

Enhanced planning to better respond to the episodic nature of psychosocial disability

The NDIA continues to rollout improvements for people with a psychosocial disability. These have included the implementation of a streamlined access process, the development and sharing of key documents to support access, and delivering training and education regarding NDIS access requirements to the mental health sector. The NDIA commenced these implementation of improvements in Tasmania, South Australia, ACT, New South Wales and Queensland with remaining States/Territories to follow by June 2020.

Indicative of this focus, 10.5% of participants who received a plan in the quarter had a psychosocial disability, compared to 9.0% in the previous quarters combined.

Further, the NDIA is developing a proposed psychosocial disability capability framework with the assistance of experts to define the capability required for NDIA staff and its partners. This framework was initiated to directly address the recommendations made in the Mental Health Australia Pathway Consultation report for the need to build psychosocial capability in the NDIA.

Lastly, a commitment from the Disability Reform Council (DRC) to improve access and experiences for participants with a psychosocial disability was announced following the 10 October 2019 DRC meeting. The NDIA together with Department of Social Services (DSS), and state and territory health department representatives, have established project teams and have commenced working collaboratively on the following key initiatives:

- 1. Undertaking a joint examination of access and eligibility**
- 2. Improving linkages and referral to mental health supports for people not eligible for the NDIS**
- 3. Assertive Outreach, increasing access to the NDIS for people with a psychosocial disability**
- 4. Psychosocial disability recovery approach**
- 5. National approach to concurrent supports.**



Ellie

is in the driver's seat

Tumby Bay teenager Ellie McInerney had been searching for a second-hand car with her Mum and Dad for a while.

The white 2015 Mazda 3 was just the car to start driving herself around and building her independence as she prepares to leave school at the end of the year.

Ellie's new car was also equipped with something else she needed – hand controls.

Ellie lives with an undiagnosed paralysis of her legs, which means doctors don't know what causes the problem with her limbs. It also means she needs a hand-operated brake and accelerator to drive.

The hand controls were provided through Ellie's NDIS plan, which supports her in numerous ways – physical therapy, assistive aids, including leg splints, elbow crutches and a wheelchair for

long distances, and importantly for Ellie, a social worker mentor.

Next year, when Ellie has graduated from secondary school, the NDIS will continue to support and mentor her, this time through School Leavers Employment Supports (SLES), a program designed to help school leavers living with disabilities to transition from school to the workforce.

Port Lincoln NDIS provider Eyre Futures will help Ellie for up to two years as she learns important vocational and life skills to help her find long-term employment and become more independent.

"The NDIS is helping Ellie along her journey in life and to be the best person she can be and not have limitations because of her disability", says Ellie's mum, Nardine.

3

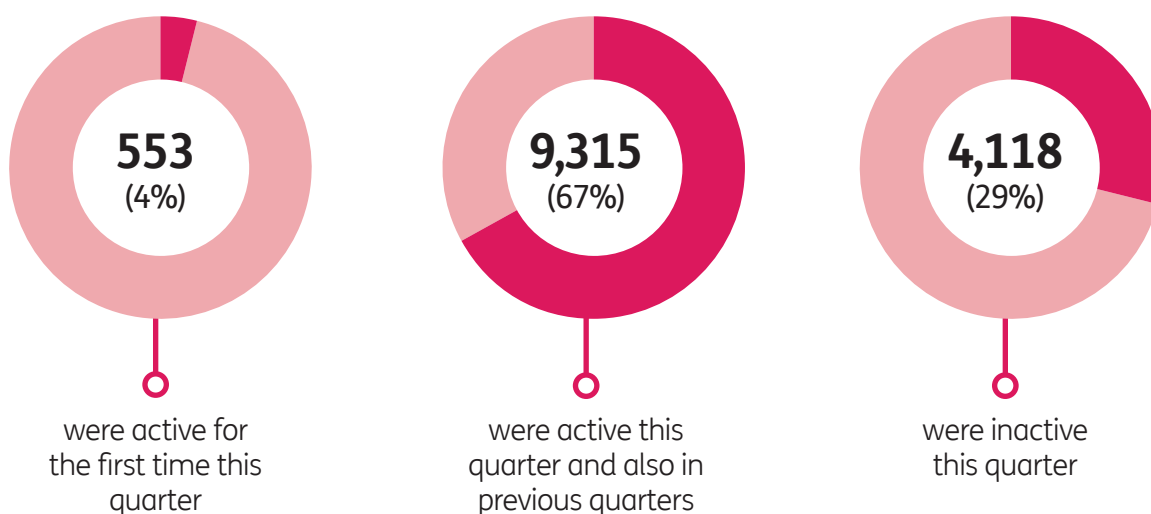
Part Three: Providers and the growing market

The number of providers supporting participants is stabilising as the Scheme matures.

3.1 Active providers

The number of active providers increased by 4% this quarter.

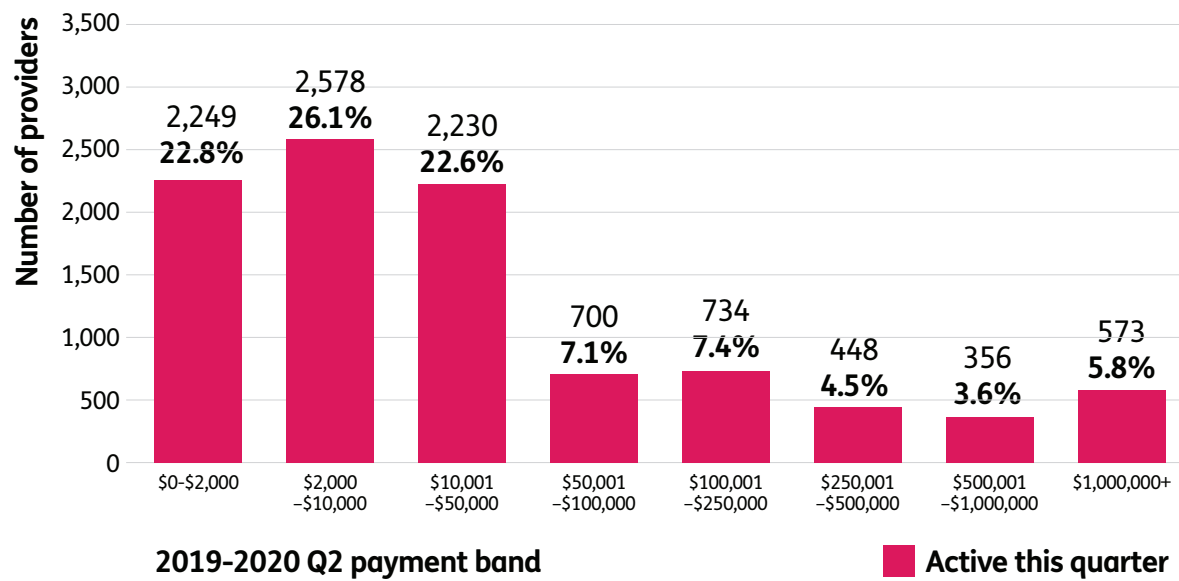
Since the start of the Scheme, 13,986 providers have supported participants.²⁸ Of these:



The size of active providers differs substantially - with many small NDIS providers (just under 50% received less than \$10,000 in the quarter), and also several large providers (14% of providers received more than \$250,000 in the quarter). Of the providers that were inactive in the quarter, almost all of them received less than \$10,000 in previous quarters.

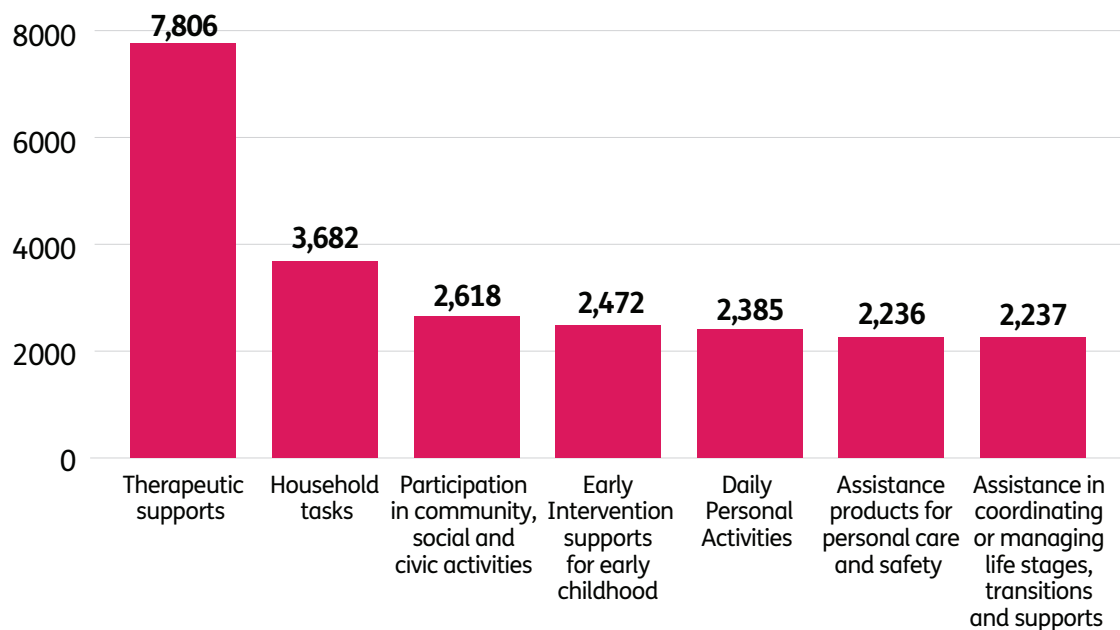
²⁸ This is providers of agency-managed participants. Self-managed participants and participants with a plan manager can use unregistered providers, and hence the total number of providers supporting participants will be higher than 13,986.

Figure 34: Active providers in 2019-20 Q2 by payment band



The registration groups with the largest number of active providers reflect the largest groups of support provided in the Scheme.

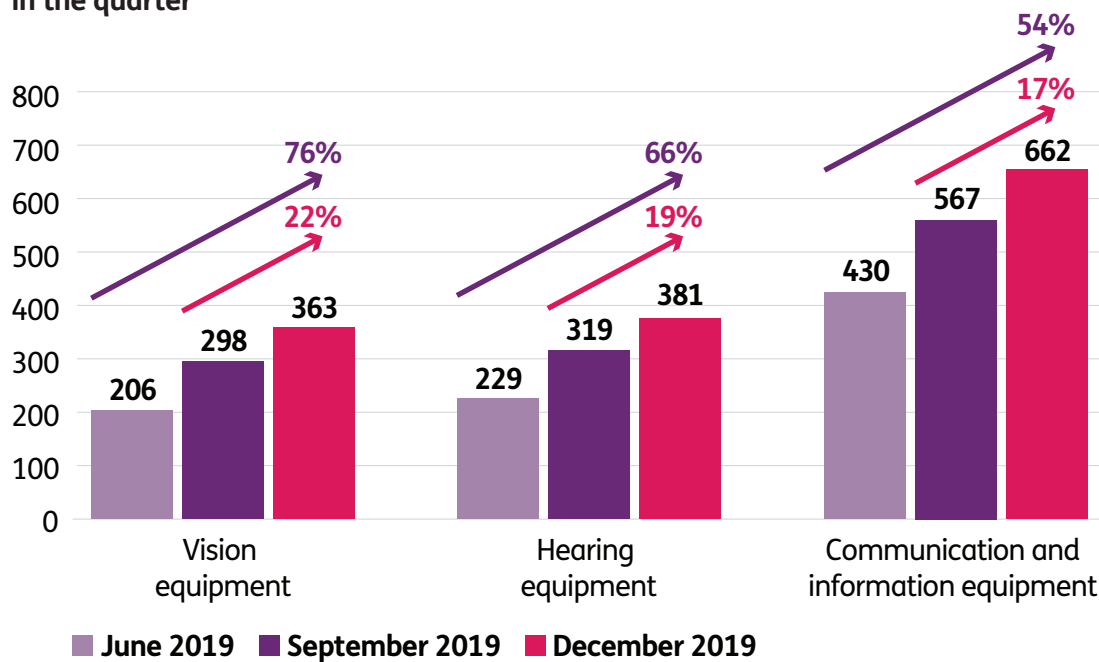
Figure 35: The largest registration groups for active providers



Consistent with last quarter, the number of active providers of Assistive Technology grew the most this quarter; specifically:

- **Vision Equipment** (from 298 to 363 – 22%, and 76% across the first two quarters)
- **Hearing Equipment** (from 319 to 381 – 19%, and 66% across the first two quarters)
- **Communication and information equipment** (from 567 to 662 – 17%, and 54% across the first two quarters)

Figure 36: Registration groups with the largest percentage increase in active providers in the quarter



3.2 Choice and control, utilisation and market concentration

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

In the first two quarters of the 2019-20 financial year \$6.9 billion has been paid by the NDIS for participant supports. This amount will increase further due to the timing delay between when some supports are provided and when they are paid. The majority of these payments were made directly to providers on behalf of participants.

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

– **Choice and control**

– **Utilisation**

– **Market concentration**

All of these indicators are also market KPIs agreed by the COAG Disability Reform Council.

Choice and control

The NDIS outcomes framework questionnaire collects information from participants on whether they choose who supports them. The percentage who indicate 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 supported independent living in each region and the length of time participants had been in the Scheme.

Overall, 43 of the 76 regions²⁹ (57%) in the analysis were within 5 percentage points of the national average, 3 regions (4%) were more than 10 percentage points above the national average, and 2 regions (3%) were more than 10 percentage points below the national average.

The three comparatively better than other regions were ACT, Barkly in Northern Territory and South West in Western Australia. The regions comparatively worse were Katherine and East Arnhem in the Northern Territory.

At 31 December 2019, Katherine has 148 active participants and plan budgets totalling \$26 million, and East Arnhem has 161 active participants and \$19 million in plan budgets.

²⁹ 76 of the 80 geographical regions are included in the analysis as these regions commenced prior to 1 January 2019.

Figure 37: Choice and Control – number of bilateral regions – gap to benchmark

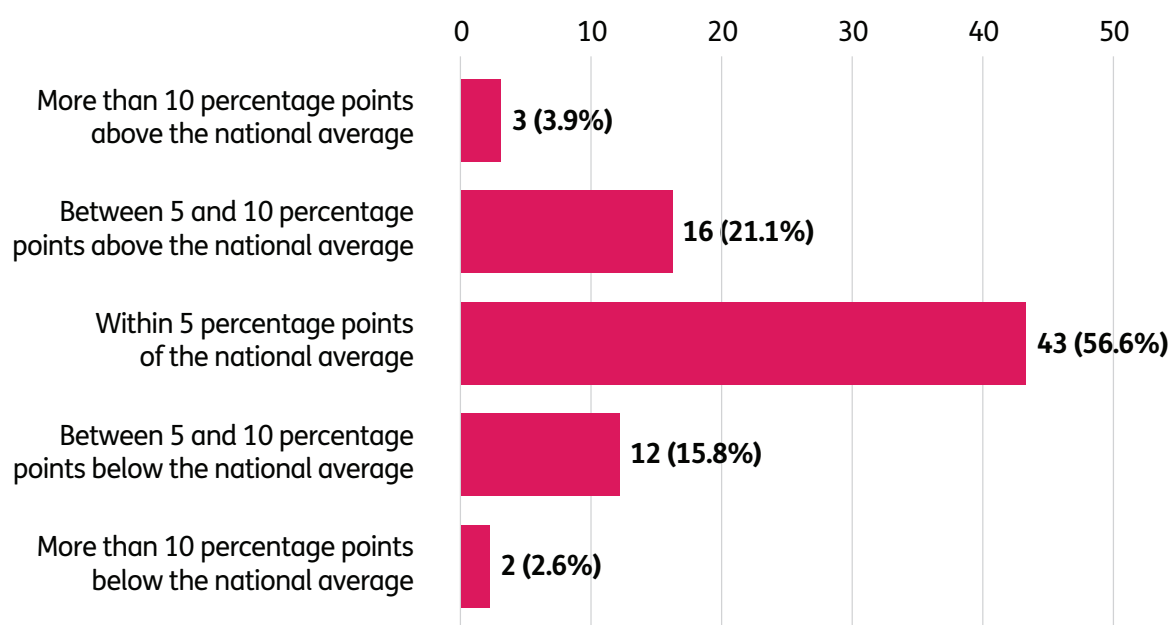


Figure 38: Regions more than 10 percentage points below the national average – 31 December 2019

Region	State/ Territory	Active participants	Annualised plan budget (\$m)
East Arnhem	Northern Territory	161	\$19
Katherine	Northern Territory	148	\$26

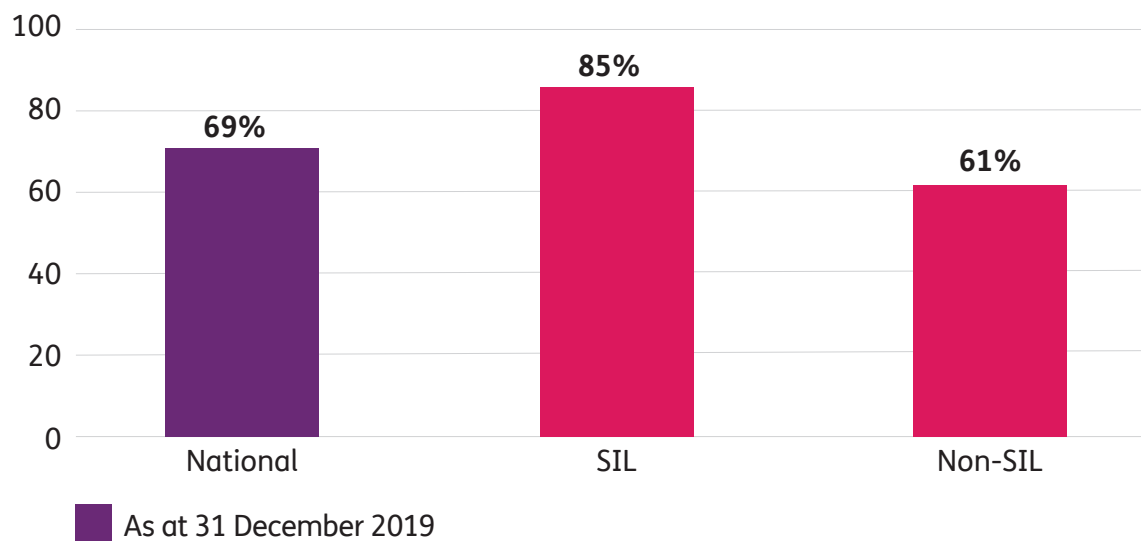
Utilisation

For support provided between 1 April 2019 and 30 September 2019³⁰, data at 31 December 2019 indicated that 69% of support had been utilised nationally. Experience in other Schemes with individual budgets (internationally and in Australia) indicates that plan utilisation is unlikely to be 100%. However, for some participants utilisation should be higher than current level.³¹

The two biggest drivers of utilisation are:

- Whether or not a participant is in supported independent living (SIL) – with participants in SIL utilising more of their plan compared with those not in SIL (**85%** compared with **61%**).

Figure 39: Utilisation of committed supports by SIL status from 1 April 2019 to 30 September 2019³²



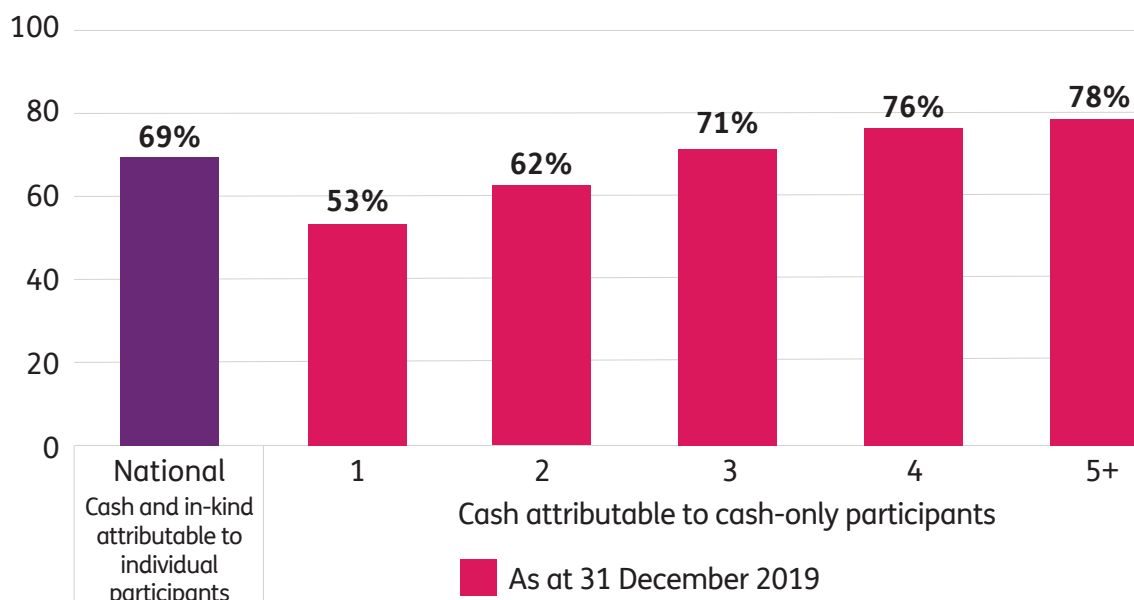
³⁰ This allows for a three month lag between when support was provided and when it had been paid. Utilisation will increase as more payments for this support period are made.

³¹ Some of the reasons for plans being under-utilised include: More support was provided informally through family, friends and community; supports being put in plans "just in case" they are required; participants needing more support to implement their plans; providers needing more support to claim for supports provided; and supports being unavailable in the market.

³² Not all in-kind can be allocated to an individual participant. Only Utilisation of committed supports between 1 April 2019 and 30 September 2019 is shown, as experience in the most recent quarter is still emerging.

- The length of time the participant has been in the Scheme – the longer the participant is in the Scheme the more they utilise their plan (**52%** for participants on their first plans compared with **79%** for participants on their fifth plan). This is true of both SIL and non-SIL participants.

Figure 40: Utilisation of committed supports by plan number from 1 April 2019 and 30 September 2019³²



In addition to these findings, significant insights can be drawn by understanding how utilisation in each geographical region differs from the national average after accounting for the time participants have been in the Scheme and the proportion of participants in SIL.

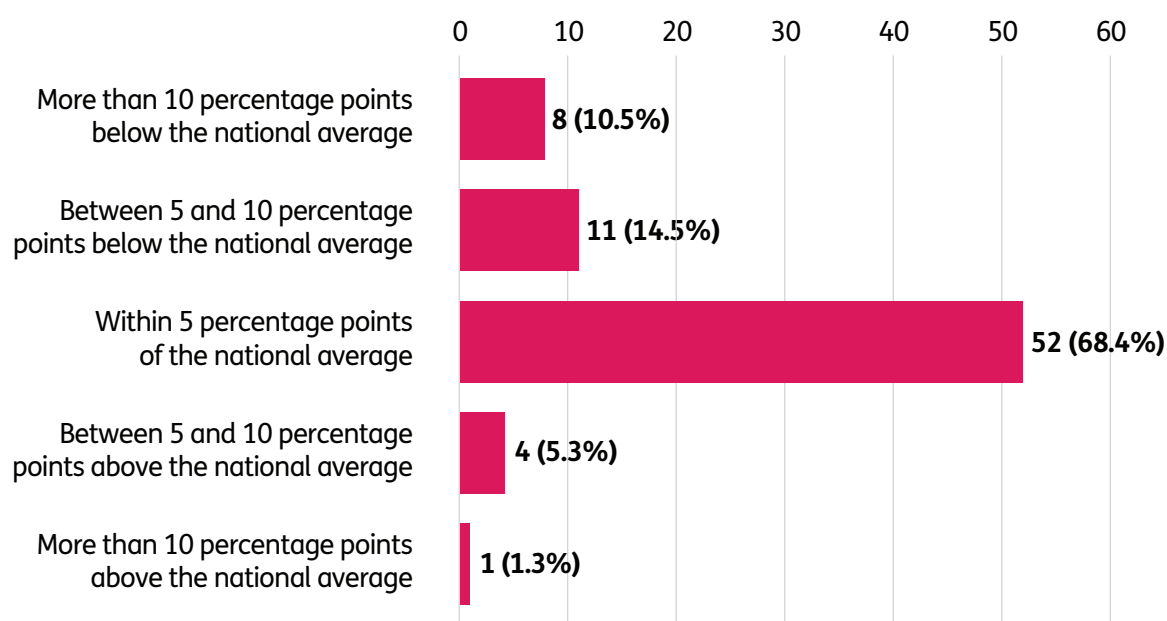
Overall, 52 of the 76 regions (68%) in the analysis are within 5 percentage points of the national average, 1 region (1%) was more than 10 percentage points above the national average, and 8 regions (11%) were more than 10 percentage points below the national average.

The region more than 10 percentage points above the national average was South West in Western Australia.

The eight regions more than 10 percentage points below the national average were smaller regional and remote regions in South Australia, Western Australia, Victoria and the Northern Territory.

There are eleven regions between five and ten percentage points below the national average – these are mainly in regional and remote areas.

³³ Participants receiving in-kind supports are excluded from this analysis as it is not possible to accurately separate in-kind payments and committed amounts between plans. Only Utilisation of committed supports between 1 April 2019 and 30 September 2019 is shown, as experience in the most recent quarter is still emerging.

Figure 41: Utilisation – number of bilateral regions – gap to benchmark³³**Figure 42: Regions more than 10 percentage points below the national average – 31 December 2019**

Region	State/Territory	Active participants	Annualised plan budget (\$m)
Outer Gippsland	Victoria	1,473	\$92
Eyre and Western	South Australia	945	\$64
Far North (SA)	South Australia	354	\$27
Barkly	Northern Territory	151	\$18
Darwin Remote	Northern Territory	277	\$25
East Arnhem	Northern Territory	161	\$19
Kimberley-Pilbara	Western Australia	831	\$62
Goldfields-Esperance	Western Australia	370	\$22

³⁴ 76 of the 80 geographical regions are included in the analysis as these regions commenced on or prior to 1 January 2019.

**Figure 43: Regions between 5 and 10 percentage points below the national average
– 31 December 2019**

Region	State/ Territory	Active participants	Annualised plan budget (\$m)
Far West	New South Wales	466	\$35
Goulburn	Victoria	2,451	\$133
Inner Gippsland	Victoria	3,623	\$201
Barossa, Light and Lower	South Australia	1,541	\$71
Limestone Coast	South Australia	1,033	\$72
Murray and Mallee	South Australia	1,285	\$84
Yorke and Mid North	South Australia	1,311	\$67
Central Australia	Northern Territory	406	\$87
Darwin Urban	Northern Territory	1,613	\$189
Katherine	Northern Territory	148	\$26
Wheat Belt	Western Australia	647	\$34

Plan budgets and utilisation

On average plan budgets have increased for participants the longer they are in the Scheme, and utilisation of these plan budgets has also increased. For participants who have completed four plans (and have a fifth plan), the average plan budget increased from \$64,000 to \$94,000 over the first four plans (and is currently at \$106,000). Utilisation has also increased from 34% to 72%. Hence, the amount of support participants have received on average has increased substantially from \$22,000 in their first plan to \$68,000 in their fourth plan (Fig 44).

Similar observations can be made for participants who have completed three plans (Fig 45), and this is true of participants in SIL and not in SIL, as indicated in Figures 46 to 49.

Figure 44: Plan budgets, utilisation and payments for participants who have received five plans at 31 December 2019

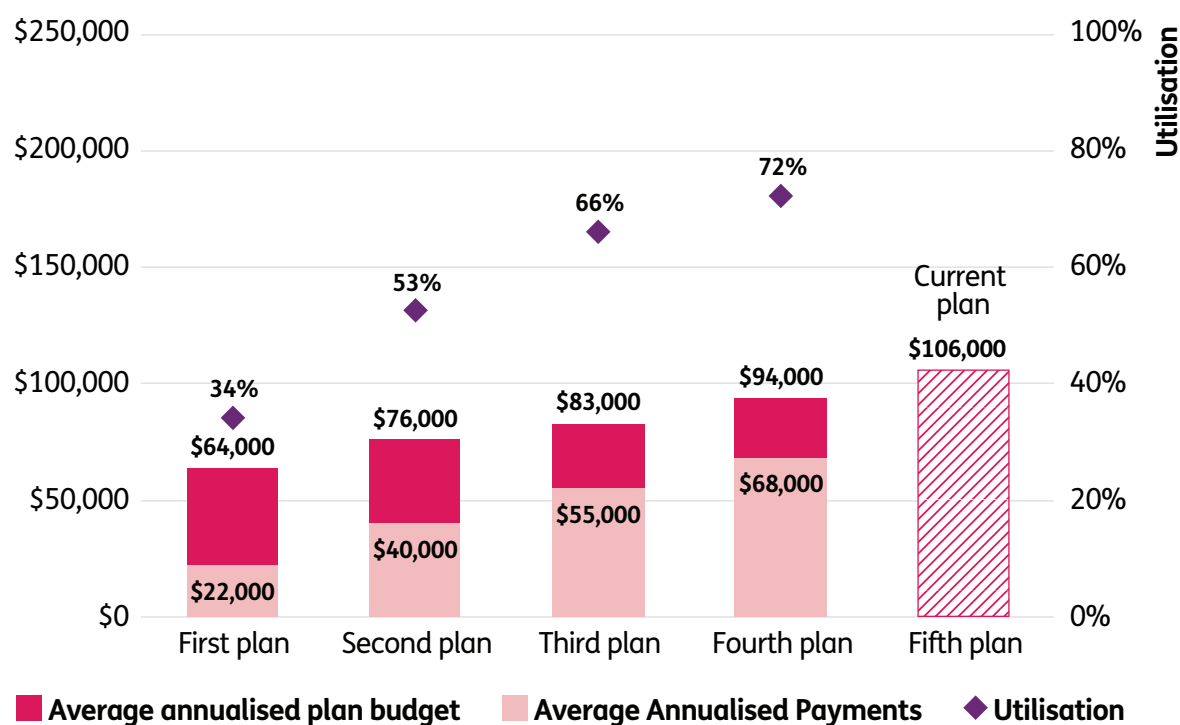


Figure 45: Plan budgets, utilisation and payments for participants who have received four plans at 31 December 2019

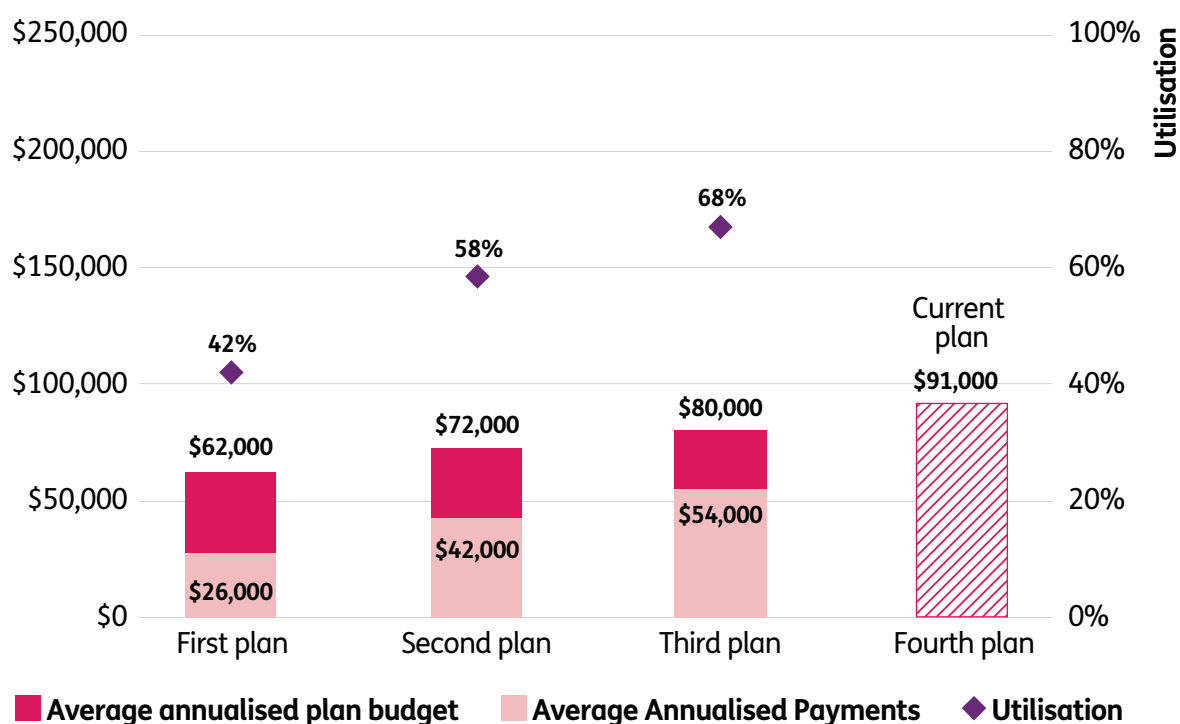


Figure 46: Plan budgets, utilisation and payments for participants who have received five plans at 31 December 2019 – SIL

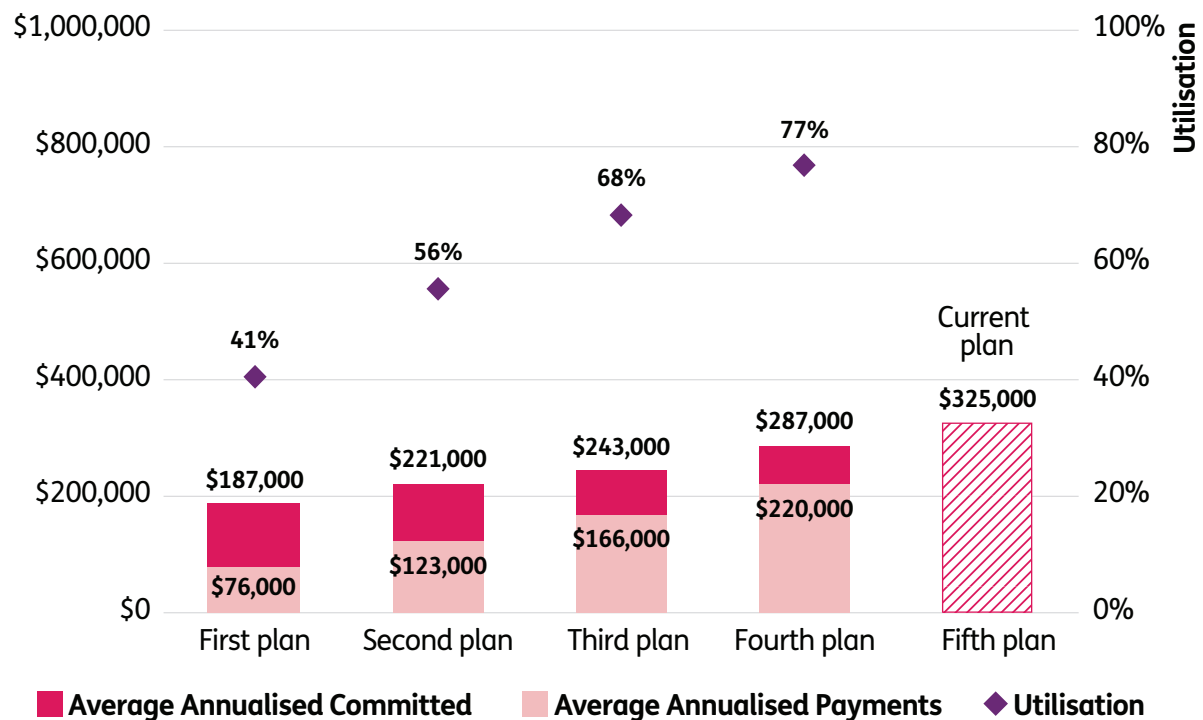


Figure 47: Plan budgets, utilisation and payments for participants who have received four plans at 31 December 2019 – SIL

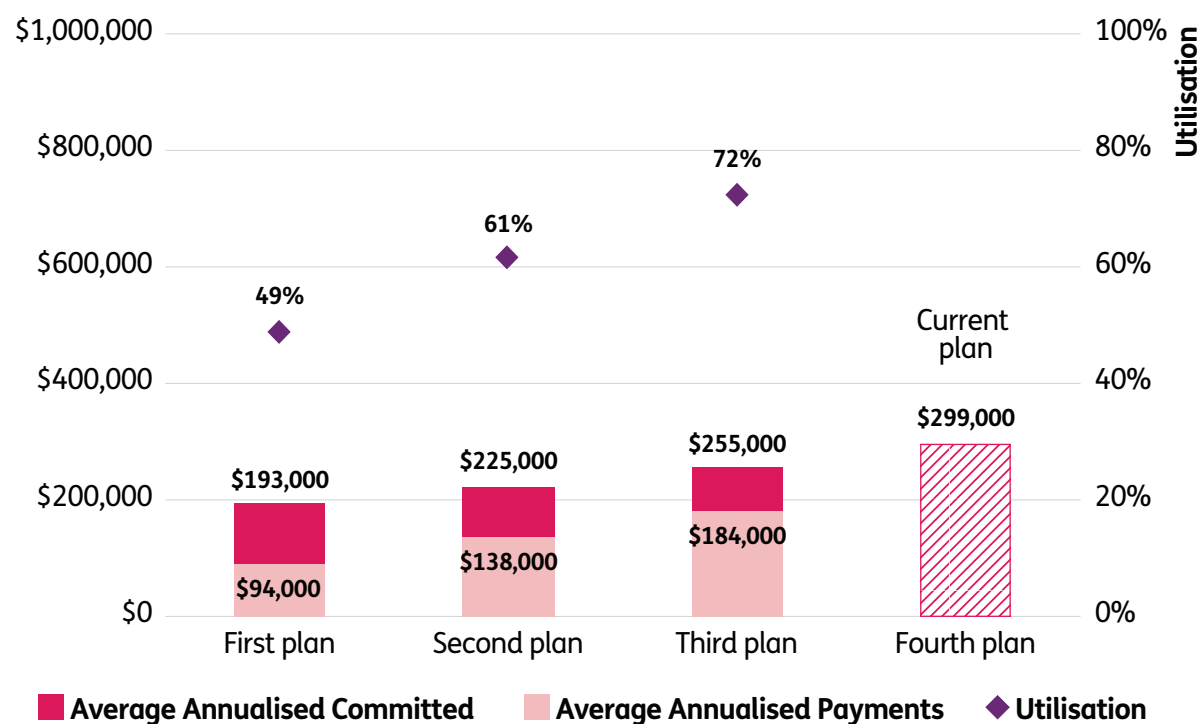


Figure 48: Plan budgets, utilisation and payments for participants who have received five plans at 31 December 2019 – Non-SIL

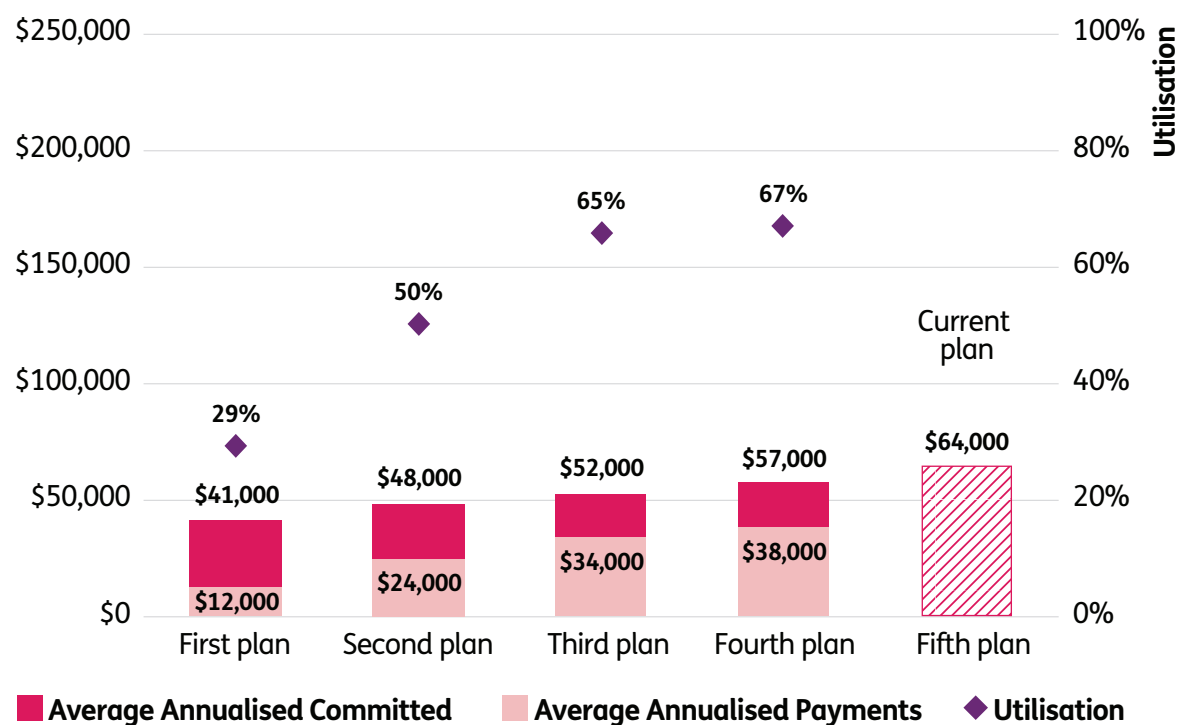
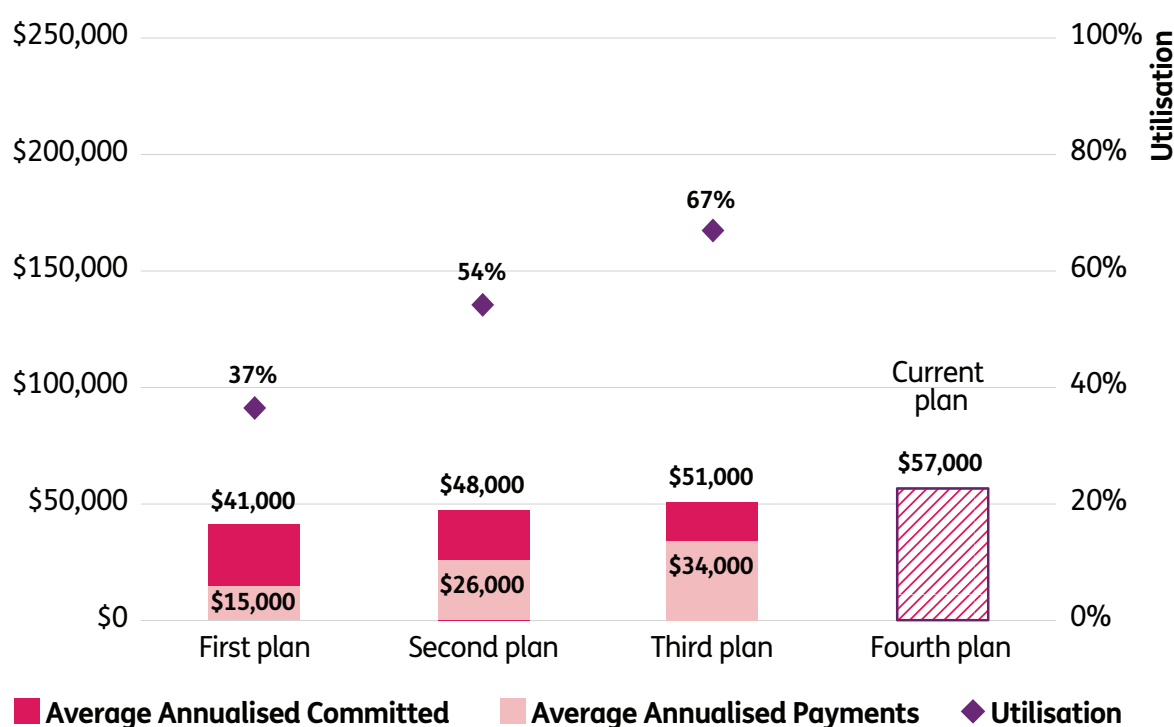


Figure 49: Plan budgets, utilisation and payments for participants who have received four plans at 31 December 2019 – Non-SIL



Market concentration

Understanding the distribution of payments to service providers in a region 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 could mean that there is less competition in the region. On average across regions, 61% of payments go to the largest ten providers.

There are nine regions where 85% or more of payments go to the largest ten providers (12%) and fifteen regions where less than 45% of payments went to the ten largest providers (20%).

All of the nine regions where more than 85% of payments go to the ten largest providers, are regional and remote areas in the Northern Territory, Western Australia and South Australia.

Figure 50: Market Concentration – number of bilateral regions – gap to benchmark³⁵

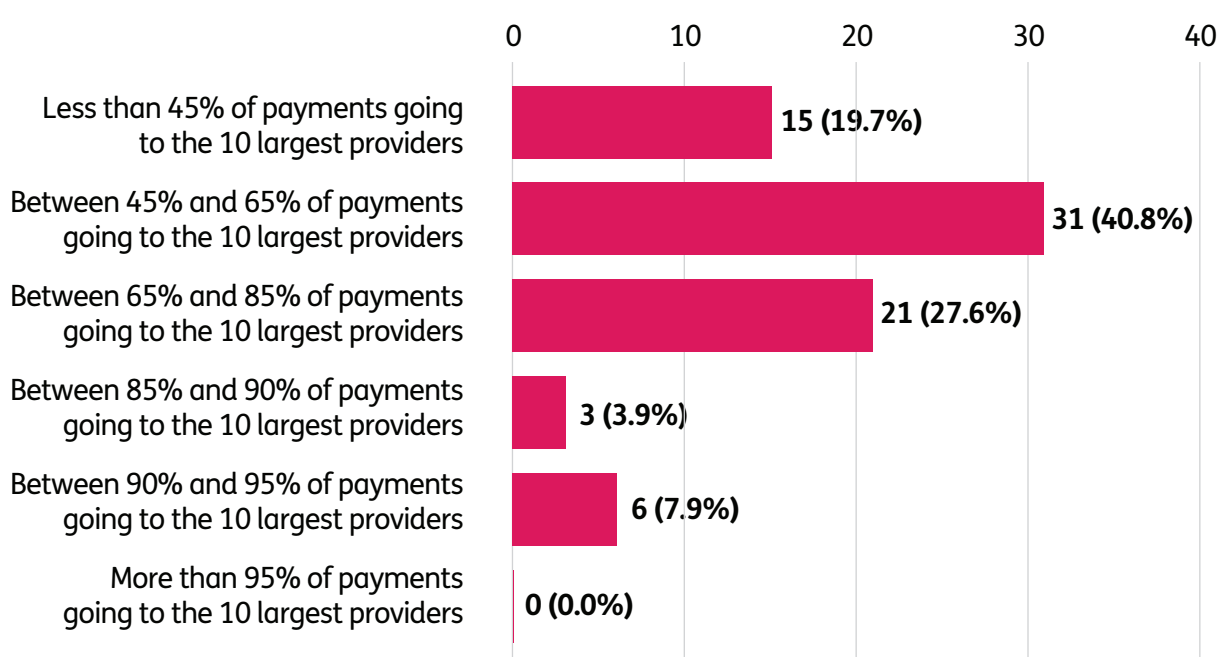


Figure 51: Regions where between 90% to 95% of payments go to the 10 largest providers – 31 December 2019

Region	State/Territory	Active participants	Annualised plan budget (\$m)
Barkly	Northern Territory	151	\$18
Central Australia	Northern Territory	406	\$87
East Arnhem	Northern Territory	161	\$19
Katherine	Northern Territory	148	\$26
Kimberley-Pilbara	Western Australia	831	\$62
Goldfields-Esperance	Western Australia	370	\$22

³⁵ 76 of the 80 geographical regions are included in the analysis as these regions commenced on or prior to 1 January 2019.

Figure 52: Regions where between 85% to 90% of payments go to the 10 largest providers – 31 December 2019

Region	State/ Territory	Active participants	Annualised plan budget (\$m)
Far North	South Australia	354	\$27
Fleurieu and Kangaroo Island	South Australia	858	\$58
South West	Western Australia	2,267	\$117

Overall, the metrics indicate that remote and very remote regions are likely to have thin markets. As part of market stewardship the NDIA has rolled out a number of initiatives to drive market growth including:

- **Pricing increases from 1 July 2019**, including remote loading of 40 per cent (increased from 20 per cent) and very remote loading of 50 per cent (increased from 25 per cent)
- **An increased cap in provider travel** claiming from 45 minutes to 60 minutes in regional areas
- **An hourly rate** for non-face-to-face care activities conducted on behalf of the participant.
- **A range of reforms** to build confidence in the Specialist Disability Accommodation market including changes to rules, policies, pricing and payment settings announced in August.

3.3 Thin markets

Supported by the NDIA Board and management, the December 2019 meeting of the Disability Reform Council (DRC) agreed to use a more flexible approach to address market challenges in the NDIS, recognising that a ‘one-size-fits-all’ approach to delivering the NDIS is not suitable to address market gaps faced by certain geographic locations, particular cohorts or disability support types.

Initial projects will address thin markets in all jurisdictions, including in the Anangu Pitjantjatjara Yankunytjatjara (APY Lands), North Queensland, the Top End, Wentworth and Walgett in New South Wales, Fitzroy Crossing in Western Australia, and Tasmania. Projects will also address specific needs such as disability support types, which includes deepening the behavioural support market in Victoria and the Australian Capital Territory, and professional groups such as allied health. The NDIA is developing a comprehensive roll-out plan.

3.4 NDIS Pricing

Consultation for the Annual Pricing Review is underway.

Annual Pricing Review

The NDIS Annual Price Review 2020–21 is now underway. This review will examine whether the existing pricing framework and other pricing related policies under the NDIS continue to be appropriate, or whether modifications are required.

The Annual Price Review will consider:

- Ways to increase flexibility for participants and reduce administrative burden for providers.
- Suggestions to improve the pricing framework, Price Guide and Support Catalogue to improve requirements under the NDIS.
- Price limits for 1:1 core supports such as how and where disability support workers are utilised, high intensity and standard services and considerations for time of day and day of week.
- Group-Based Supports price limits and how the cost of associated tasks should be applied.
- Capacity Building Supports:
 - the adequacy of current prices and indexation.
 - whether different price limits might be appropriate for different times of day, or days of week.
- Plan Management Supports:
 - and associated costs.
- Regional, remote and very remote areas:
 - application of the Modified Monash Model to the NDIS.
 - the costs of delivering services in outer regional areas.
- Provider claiming:
 - Cancellations, provider travel and establishment fees.

Changes to activity based transport

The NDIA will allow providers to claim for the non-labour costs associated with transporting participants. Several support line items will be created in the community participation support category (one for each relevant registration group) to allow providers to claim for these non-labour costs.

It is proposed that the activity based transport line items are not price limited but that guidance is provided in the Price Guide to participants and providers about the level of reasonable costs, including that a provider could negotiate with the participant to claim for:

- the number of kilometres travelled at up to \$0.85 per kilometre for a vehicle that is not wheelchair accessible or a bus;
- the number of kilometres travelled at up to \$2.40 per kilometre for a vehicle that is wheelchair accessible or a bus; and
- other forms of transport or associated costs up to the full amount (such as road tolls, parking and public transport costs)

Total costs will be shared between participants where more than one participant is transported at the same time.

3.5 Specialist Disability Accommodation (SDA)

Encouraging innovation in specialist disability housing.

In October 2019, the NDIA released three major initiatives to support growth, innovation and sustainability in the Specialist Disability Accommodation (SDA) market. These are the SDA Design Standard, SDA Innovation Plan and Limited Cost Assumptions Review.

The release of the **SDA Design Standard** brings clarity to providers for home design requirements and guidelines to seek pre-certifications for the enrolment of a dwelling as SDA, at both the planning and final-as-built stages. The SDA Design Standard is based on four categories of SDA design, as outlined in the SDA Rules: Improved Liveability, Robust, Fully Accessible, and High Physical Support, and will be incorporated into newly built dwellings. From 1 July 2021, all dwelling enrolment applications for SDA will be required to include a certificate from a third-party accredited SDA assessor. This certificate will nominate the design category the dwelling will satisfy, based on the standard.

The **SDA Innovation Plan** was developed with the input of participants and other stakeholders to identify and promote innovative SDA options, and is based on three key pillars: design in partnership, participants and their community, and promote the leading edge. The Innovation Plan will look to promote and enable the availability of innovative accommodation and ensure the flexibility to discover new and better ways to provide SDA. The NDIA will be undertaking activities throughout 2020 and into 2021 to encourage innovation in SDA and support models.

Commencing in April 2019, the **SDA Limited Cost Assumptions Review** was finalised and published on the NDIS website in October 2019. The review considered if any construction costs and / or other pricing assumptions needed adjustment to promote the development of new SDA across all design categories and locations. The review recommended a number of price limit increases for certain SDA categories and locations, to encourage investment in a diverse range of dwellings and improve the choice of living options for participants eligible for SDA.

These initiatives were developed through consultation with participants, and other key stakeholders, and demonstrate the Agency's commitment to providing certainty and encouraging innovation in the disability housing sector.



Toby

takes centre stage with NDIS

When East Bentleigh local Toby Litwinow takes to the stage, he feels at home.

The eight-year-old has been tap dancing since he was four, after falling in love with the genre watching his older sister reach the podium in a dance competition.

For Toby, who was diagnosed with autism at age six, dance is a place where he feels safe and comfortable.

Earlier this year Toby represented Australia for the second time at the Commonwealth Cup, winning his tap solo and the final gala for prize money, with older sister Maddie taking home silver in her age group.

For Toby and Maddie, who also has autism, dance has been a saving grace.

“It just makes me speechless because these kids are excelling in something they are so passionate about, to get up there and make our country proud, makes me even more proud,” Danielle said.

In 2017, Toby joined the National Disability Insurance Scheme, which funds regular therapies including psychology, occupational therapy and speech therapy.

“It has made a huge difference, Toby is now learning to read and write, and was this year able to write his name for the first time, it’s only four letters but it’s huge progress.

“To me it’s almost unbelievable how much he has grown emotionally and mentally, thanks to our therapists at Kids at Max.

“If it wasn’t for their support I don’t know where Toby would be, and that’s all thanks to the NDIS for helping us, because I couldn’t afford that kind of money.”

Information, linkage and capacity building (ILC)

\$170m in ILC grants were announced this quarter.

4.1 Information, linkage and capacity building

Grants for ILC investment programs were announced this quarter with additional program grants under assessment.³⁶

The Information, Linkages and Capacity Building (ILC) program seeks to build the capacity of people with disability and communities to enable people with disability to achieve their goals and for them to be included in all aspects of a community life. Delivering ILC activities serves as a catalyst for change and is focused on creating greater inclusion for people with disability.

In December 2018, the NDIA introduced the 'ILC Investment Strategy Towards 2022' which guides the investment of ILC funds from 2019-20 to 2021-22. Through the strategy, the NDIA is providing grants to organisations that will deliver activities that enable all people with disability, their families and their carers to benefit from a more inclusive, accessible and connected Australia.

The NDIA has awarded 142 grants totalling \$171.8 million through the first two programs of the ILC investment strategy.

The ILC Investment Strategy sees ILC administered through four discrete, but complementary programs:

- **National Information Program** – providing accessible, quality and consistent information about disability types and service and support options in both community and mainstream settings (complementing the upcoming National Disability Information Gateway)
- **Individual Capacity Building Program** – enabling systematic, nationwide access to peer support, mentoring and other skills building for people with disability, and is to be primarily delivered through a national network of Disabled Peoples Organisations and Families Organisations (DPO/FO)
- **Mainstream Capacity Building Program** – ensuring equity of access to and increase inclusion of people with disability in mainstream services
- **Economic and Community Participation Program** – increasing the social and economic participation, including employment outcomes, of people with disability

In line with the ILC Investment Strategy the NDIA has continued the progressive roll out of these programs throughout 2019.

The **National Information Program (NIP)** opened on Friday 5 April 2019. This round focused on increasing the accessibility, quality and consistency of information about disability, current services, and support options available to people with disability, carers and families throughout Australia. This grant round was the first full program of the ILC Strategy to be commissioned. On 11 October 2019 37 grants totalling \$65 million were announced.

³⁶ Refer to Appendix N for the State and Territory breakdown of the ILC grants that have already been announced.

The **Individual Capacity Building Program (ICBP)** opened on 19 August 2019. The ICBP builds on the extensive evidence base for the use of peer support in building skills for people with disability. It focusses on a national network of organisations run by and for people with disability, their families and carers, becoming the primary delivery mechanism for the delivery of peer support, mentoring and other skills building for people with disability, their families and carers. The outcomes of this grant round were announced on 13 December 2019 with 105 grants announced totalling \$105.9 million provided to disabled persons and family organisations across Australia, alongside organisations led by and for specific cohorts including Aboriginal and Torres Strait Islander, Lesbian, Gay, Bi-sexual, Transgender, Intersex and Queer and Culturally and Linguistically Diverse groups.

The **Economic and Community Participation Program (ECP)** opened on 9 September 2019. The ECP seeks to increase the social and economic participation, including employment outcomes, of people with disability. Applications for the round closed on 21 October 2019 and are currently being assessed.

The **Mainstream Capacity Building Program (MCBP)** opened on 9 September 2019. The MCBP seeks to ensure equity of access to, and increased inclusion of people with disability in, mainstream services. The 2019 round is focussed on building the capacity of mainstream health organisations by making sure they have the knowledge and skills they need to meet the needs of people with disability. Applications for the round closed on 21 October 2019 and are currently being assessed.

Figure 53: Summary of ILC Towards 2022 grant rounds

Task	National Information Program	Individual Capacity Building Program	Mainstream Capacity Building Program	Economic and Community Participation Program
Value of round	\$59m excl. GST <ul style="list-style-type: none"> • 34% allocation in 2019/20 • 33% allocation in 2020/21 • 33% allocation in 2021/22 	Up to \$188m excl. GST <ul style="list-style-type: none"> • 27% allocation in 2019/20 • 37% allocation in 2020/21 • 37% allocation in 2021/22 	Up to \$65m excl. GST <ul style="list-style-type: none"> • 30% allocation in 2019/20 • 35% allocation in 2020/21 • 35% allocation in 2021/22 	Up to \$59m excl. GST <ul style="list-style-type: none"> • 31% allocation in 2019/20 • 35% allocation in 2020/21 • 35% allocation in 2021/22
2019/20 Round 1				
Grant round application period	5 April – 10 May 2019	19 August – 30 September 2019	9 September – 21 October 2019	9 September – 21 October 2019
Assessment period	June – August 2019	September – November 2019	November – December 2019	November – December 2019
Grants announced	October 2019	December 2019	February 2020	February 2020
Grant agreements finalised	November 2019	February 2020	March 2020	March 2020
2019/20 Round 2				
Grant round application period	NA	March – April 2020	May – June 2020	April – May 2020
Assessment period	NA	April – May 2020	June – July 2020	May – June 2020
Grants announced	NA	June 2020	August 2020	July 2020
Grant agreements finalised	NA	July 2020	September 2020	August 2020



Daniel's flair for fashion gives back

Fashion design is a hard gig to break into but Darlington local Daniel Pavlovic has proven that disability is no match when it comes to passion for your work.

Daniel is the owner and designer of daniel(ink.) a successful business which sells t-shirts and caps depicting Daniel's unique designs. He has been selling his wares at a variety of art markets around Perth since debuting his t-shirts at the Darlington Arts Festival seven years ago. His designs can now also be purchased online.

The 26-year-old has cerebral palsy and is mostly reliant on a wheelchair for his mobility. He uses a gopher to walk his dog, a standard wheelchair for daily activities and a specialised sports wheelchair for basketball games.

Daniel joined the National Disability Insurance Scheme (NDIS) four years ago and is able to access a variety of supports to ensure he can continue to achieve both his personal and career goals.

These range from his mobility equipment to physiotherapy and domestic help in his home. A funded support worker assists him at his market stalls and he is also able to go out during the week without having to rely on his family.

"The NDIS has helped me get support helping me become more confident and it has brought me out of my shell," Daniel said.

Ivan is full of praise for the Scheme and the independence it has given Daniel to lead a fulfilled life. Prior to NDIS funding Daniel was solely reliant on family to help out but now he can confidently plan for the future.

"As his dad I do this out of love for him but at some stage I won't be able to. We do have long term plans in place and, hopefully, in the future the business will be able to support him," Ivan said.

A financially sustainable Scheme focuses on outcomes to support participants now and across their lifetimes.

5.1 Participants, committed support and payments across the Scheme

The Scheme is projected to continue to grow and to reach about 500,000 participants within the next three to four years.

The number of participants, payments to providers and the amount of support committed in plans, reflects the rapid roll-out of the NDIS. The Scheme is projected to continue to grow and to reach about 500,000 participants within the next three to four years, of which about 478,000 are expected to be aged 0 to 64. This is equivalent to a prevalence rate of 2.1% of the projected Australian general population aged 0 to 64, consistent with the original estimate by the 2011 Productivity Commission.

Scheme costs for all participants are projected to be about 0.9 per cent of GDP for 2019-20, 1.2 per cent in 2022-23, and 1.4 per cent for 2029-30. This includes participants who remain in the Scheme past 65 years, noting that the Commonwealth has committed to funding these participants.

This projection is in line with the estimates shown in the 2017 Productivity Commission report on National Disability Insurance Scheme Costs at 2022-23, after allowing for costs not included in the Productivity Commission estimate, such as the introduction of school transport, personal care in schools, developmental delay and the incomplete implementation of the National Injury Insurance Scheme.

Figure 54: Committed supports (\$m) and payments

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20 YTD*
Active participants	7,285	17,155	29,719	89,610	172,333	286,015	338,982
Total committed (\$m)	132.7	496.17	939.1	3,234.5	7,740.4	14,585.7	11,090.9
Total paid (\$m)	85.8	370.9	704.3	2,183.2	5,420.2	10,205.2	6,944.1
% utilised to date	65%	75%	75%	67%	70%	70%	

* There is a lag between when support is provided and when it is paid - hence, payments will increase.

5.2 Current pressures and responses to financial sustainability

The drivers of costs to the NDIS include the number of participants, the amount of support allocated to each plan, how that allocated amount will change over time, the utilisation of individual supports, and the rate at which participants exit the Scheme. It is the responsibility of the NDIA to monitor primary pressures, detect any associated risks and manage them appropriately, using the insurance-based structure as a means to evaluate emerging experience against expectations. Some pressures have been identified. These include:

- Plan budgets and support payments made to participants continue to grow by more than would be expected solely due to normal inflation and ageing. For example, the support costs for participants in supported independent living are a material component of Scheme cost that is continuing to increase significantly above normal inflation.
- The Scheme continues to face a number of pressures in entry and funding decisions, particularly in relation to how the Scheme interfaces with mainstream services, and community and informal supports. This is testing the boundaries of who can access the Scheme and what constitutes “reasonable and necessary” supports.

The NDIS is working on consistent and equitable decisions for those seeking access to Supported Independent Living, which constitutes a large proportion of NDIS cost. The NDIA is also working on better aligning a participant’s support package through the reference package and guided planning process, which works to ensure that the right assessment questions and tools are being used to inform plan decisions. A review has commenced to incorporate new learnings since the reference package and guided planning process was first implemented.

In addition, the NDIA is looking at more contemporary options for people who require a high level of support. Traditionally, group homes, congregate living or “supported independent living” are commonly seen as a living arrangement solution for people with a disability who have a high need for ongoing care. However, a number of alternative accommodation options have emerged, and are termed “Contemporary Individual Living Options” or “ILOs”. These ILOs have the potential to create a more tailored solution to care and support needs for the subset of Scheme participants with higher needs. Further, ILOs help to increase choice and control for participants and improve outcomes.



Callee

is living her best life

As a one-year-old, Callee Petropoulous' parents were told by doctors their daughter would have a 'limited' life.

She would never walk, talk and would likely not live beyond the age of 12.

Twenty four years on, Callee is defying the odds.

Callee was diagnosed with Aicardi syndrome, a rare neurological syndrome that predominantly affects females. It is characterised by the partial or complete absence of a key structure in the brain called the corpus callosum, the presence of retinal abnormalities and seizures.

In 2018, Callee joined the National Disability Insurance Scheme (NDIS) and now receives funding towards regular speech therapy and physiotherapy.

"Because of the intensive speech therapy, Callee is now starting to say a couple of words.

Callee also has funding for support workers who help her get ready each morning and take her to regular activities including Zumba, bowling, lunches, to work every Tuesday where she volunteers at a local op shop and to a weekly literacy class for young adults with learning challenges.

"Callee's now living her best life, she's able to do what she wants to do, and there is a lot more freedom for us.

"I said to Jim the other day, 'look how happy she is', seeing her so happy is amazing."

A committed NDIS community and disability sector delivers life-changing participant experiences.

6.1 High performing NDIA

Increased training is being provided to NDIA staff and partners to improve the participant experience

As at 31 December 2019, the total NDIS workforce was 11,532, including 4,066 Australian Public Service employees, 2,052 labour hire contractors and consultants and 5,414 people employed by NDIA's Partners. This is an increase of 4.26 per cent of the total workforce (including NDIA Partners) since the end of 2018-19 financial year (total workforce increase of 471).

The NDIA has continued to deliver in filling the additional 800 Australian Public Service positions for the 2019-20 financial year, as announced by Minister Stuart Robert on 17 October 2019. The number of NDIA Australian Public Service employees has increased by 16.34 per cent (571 employees) since the end of the end of the 2018-19 financial year.

During the second quarter of the 2019-20 financial year, headcount increase for Service Delivery of 179 as at 31 December 2019 (9,234 to 9413 workforce increase). The Service Delivery Workforce comprises total staffing within the Participant Planning Experience Group (Access, Planning and Support), the Participant Focus Group (Reviews and Complaint Resolution), Agency Contact Centre Partners and Partners in the Community.

The NDIA continues to build capability of staff and partners to ensure experience and expertise to support a better life for Participants, their families and carers. This investment included 283 new planners and Local Area Coordinators participating in the New Starter Induction program during the second quarter.

In addition, the NDIA has collaborated with the Disability Advocacy Network of Australia (DANA) to raise disability awareness amongst staff and help improve the participant experience. Through DANA, the NDIA worked with groups such as Australian Autism Alliance, Prader-Willi Syndrome Australia and Down Syndrome Australia to build knowledge and real life stories. As a result of this project, the Agency has produced 12 videos and snapshots on specific disabilities, an eLearning module for staff, and a half day workshop.

Further, the Agency has continued its development of training programs designed to improve planner awareness and understanding, especially in remote hard to reach participant areas. The NDIA is progressively rolling out training programs focused on disability and cultural awareness to improve the service experience for Aboriginal and Torres Strait Islander peoples, LGBTIQ+, and Culturally and Linguistically Diverse people.

There continues to be high engagement with the NDIA Just Brilliant Leadership Series. In quarter two an additional 134 (588 in total) staff commenced the Learning to Lead program (aimed at entry level team leaders), together with a further 112 (317 in total) commencing the Leadership Excellence program (aimed at senior level leaders). Average satisfaction rating across the leadership programs is 98 per cent. A strategic leadership program for the SES cohort is expected to be launched in the third quarter.

6.2 The NDIS contact centre

Customer experience improves for first point of contact with the NDIS

The provider responsible for operating the NDIS Contact Centre has made consistent improvements to call response times, wait times and abandoned call rates for enquires made to the NDIS.

- Between 1 October 2019 and the end of December 2019 the Contact Centre answered 273,943 phone calls. The **average answer speed** is consistently **under 25 seconds** (24 seconds overall for Q2).
- The Contact Centre is contracted to reach a **weekly service level** of 80% of calls answered within 60 seconds. At end of the December 2019 quarter it was achieving a service level of **85.1%**.
- Average **abandonment rates** are consistently sitting at 1.2%.
- Throughout the quarter 171,528 emails were responded to, with 98.1% progressed within 2 business days of them being received.
- The rate of **enquiries being resolved** within the first response to the caller has risen slightly from 88% in June 2019 to **89%** in December 2019.

6.3 Collaborating and Engaging with NDIS stakeholders

The Board and management of the NDIA is actively engaging with disability stakeholders

Engagement with participants, their families and carers, and the sector continued this quarter. The Independent Advisory Council, which provides advice to the Board about the way the Agency performs its functions to support the independence and social and economic participation of people with disability, continues to meet regularly. The NDIA also met with the Autism Advisory Group, and the new CEO of the NDIA, Martin Hoffman, visited every State and Territory³⁷ during the quarter to meet with participants, providers, staff and partners. The CEO Forum which includes CEO's and senior representatives from key disability sector organisations also met in November. Some additional engagement activities that occurred through the December 2019 quarter are detailed below.

Roundtables

The Prime Minister and Minister Stuart Robert continued to host roundtables across Australia meeting with participants, carers, sector stakeholders and providers. These events provide an opportunity for participants and other stakeholders to discuss their NDIS experiences and ideas for further improving the Scheme.

The NDIA Board and management also undertake regular roving visits to locations across Australia to better understand local issues, and hear directly from participants, providers and NDIA service delivery staff and partners. The Chairman and CEO continue to visit all States and Territories to understand and address State/Territory specific issues.

In October, the Minister and the Member for Longman, Mr Terry Young, met with NDIS participants in Caboolture Queensland. The NDIA Board Chairman also met with participants in Tasmania. In November, the Minister and the Member for Banks, Hon David Coleman, and the NDIA CEO, met with service providers in Penshurst NSW to hear firsthand about their NDIS experiences. In December the Minister and the Member for Tangney, Hon Ben Morton met with NDIS participants in Perth, Western Australia. The NDIA Chairman and CEO also met with participants and other stakeholders in Western Australia. The NDIA Chairman and CEO also met with participants and other stakeholders in Western Australia.

Webinar

On 28 November 2019, the NDIA hosted a webinar focussed on Plan Utilisation for NDIS Participants, titled "How to get the most out of your NDIS plan". The one hour long webinar was watched by 1121 people. Online moderators and the live panel answered 229 questions. The panel included NDIA senior officers and participants sharing their lived experiences. A recording of the webinar is available on the NDIS website.

Vision 2020

Reflecting the NDIA's commitment to a strong and engaged stakeholder sector that genuinely collaborates and contributes to the delivery of the scheme, the NDIA hosted a workshop with key stakeholders and members from Vision 2020 to discuss key issues and opportunities related to blindness and low vision service and supports and agree on the priorities for collaborative action. Some issues raised for discussion included access to the NDIS for people with low vision, including clarity when access requests are denied and accessible communication and correspondence for participants. The NDIA has committed to working with these key stakeholders to address these issues.

³⁷ Except the Northern Territory, the CEO will visit the Northern Territory in the coming months.

Community and Mainstream Engagement

The NDIA regularly holds education and information sessions. In this quarter more than 850 community information and education sessions have been held across Australia, including in regional, rural and remote areas. These sessions aim to ensure participants, their families and key stakeholders across all mainstream interfaces and local community networks understand NDIS policies and practices. It is also an opportunity to proactively manage local, regional and state stakeholder relationships, and to communicate stakeholder feedback to relevant business areas in the NDIA.

The NDIA is committed to nationally consistent delivery of accurate information regarding the Disability Reform Council policies. The NDIA has delivered over 60 information sessions to local and regional mainstream health and justice interface staff in every state and territory with a focus on the roles and functions of new Health and Justice Liaison officers.

6.4 Public data sharing and the latest release of information

The NDIA continues to release world-leading disability data to improve market innovation and inform participant outcomes.

On 10 December 2019, the NDIA released its third update to the Data and Insights page.

This release included:

- Two new deep-dive reports ('Aboriginal and Torres Strait Islander participants' and 'Culturally and Linguistically Diverse (CALD) participants').
- New data visualisations, based on previously released datasets ('Utilisation of plan budgets' and 'Market concentration'), which will allow users to filter data directly on the website and visualise it on a map of Australia.
- An update to previously released data cubes and visualisations and three new data cubes ('Baseline outcome indicators' 'Longitudinal outcomes', and 'Plan management types').
- Two new data tables ('Service District to Local Government Area mapping' and 'Participant numbers by diagnosis').

Information was also released on 30 July 2019 and the 30 September 2019. These data releases included the release of downloadable data and tables on:

- Participant numbers and plan budgets, SDA participants and SIL participants
- Provider registration, active providers, utilisation of plan budgets and market concentration
- Participant splits by Commonwealth Electorate Divisions, Statistical Area 2 and Local Government Areas.

‘Deep-dive’ reports and analyses were also released on:

- Participants with autism spectrum disorder (ASD)
- Outcomes report for Participants; families/Carers and Employment summary
- People with a psychosocial disability in the NDIS, and,
- The NDIS Market

Data sharing protocols

The NDIA released its Public Data Sharing Policy on 30 September 2019. The NDIS Public Data Sharing Policy is the NDIA’s statement on what data NDIA will share, and how NDIA makes decisions on releasing that data. The policy covers data sharing and release to the general public.

The NDIS Public Data Sharing Policy is aligned to the draft Data Sharing and Release Act (on track to be legislated in mid-2020).

6.5 New CEO and Board Appointments

This quarter also saw the commencement of a new CEO, Mr Martin Hoffman, to lead the Agency. Martin started on 4 November 2019.

Dr Helen Nugent AO will continue for a second term as Chair of the NDIA Board, from 1 January 2020 to 31 December 2021.

Mr Paul O’Sullivan, Ms Robyn Kruk AO, Mr John Langoulant AO, Ms Estelle Pearson, Ms Sandra Birkenleigh, Mr James Minto, Mr Glenn Keys AO and Mr John Walsh AM will be reappointed for further terms.

Professor Jane Burns, currently Mental Health and Wellbeing Innovator at Bupa and Professor of Innovation and Chair of the Centre for Mental Health at Swinburne University, has also been appointed to the NDIA Board.

Andrea Staines OAM and Dr Martin Laverty will depart the Board at the conclusion of their current terms. We thank them for their significant contributions.



Jeff

gets his life back on a roll

Jeff Wright has packed several lifetimes into his 51 years. Now he's reached another milestone, becoming the first person in North Queensland to take delivery of a high-tech Omeo mobility device.

Townsville-based Jeff is an ex-serviceman, ex-policeman, award-winning building sales consultant and a grandfather. After a road accident in 2015 he was left a paraplegic and needs a wheelchair to get around but, true to form, he has since become an elite wheelchair basketballer and has won gold as captain of the Australian Invictus Rugby team.

Jeff says Omeos are the future for people like himself who are heavy wheelchair users.

Jeff joined the National Disability Insurance Scheme (NDIS) in 2017 and manages his own plan. His Omeo was funded through the NDIS and will come in handy as he builds his budding motorboat brokerage business.

Jeff's entrée to the world of wheelchair basketball started with a series of conversations with an amputee who was doing rehab with him at Townsville Hospital.

That was in April 2016. By July that year Jeff was at the state titles in Brisbane, playing for Townsville.

Since then he has gone on to play regionally and in 2019 played with the Sydney Blues in the national league. He also represented Australia in wheelchair rugby at the Invictus Games in Toronto, Canada in 2017 and in Sydney in 2018, playing in front of sell-out crowds.

ndis



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