

Q1

2020-2021



NDIS Quarterly Report to disability ministers

30 September 2020

ndis

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The COVID-19 pandemic



COVID-19

The continued priority of the National Disability Insurance Agency (NDIA) through the September 2020 quarter was supporting participants, providers, staff and partners during the COVID-19 pandemic, particularly in Victoria.

Collaboration across Government (including with the Department of Social Services (DSS), the NDIS Quality and Safeguards Commission (NDIS Commission), Services Australia, and State and Territory governments) has continued to ensure that essential supports are still provided to participants. The number of NDIS participants and NDIS workforce testing positive to COVID-19 has been reported daily by Minister Stuart Robert.

Currently, the number of active COVID-19 cases is close to zero amongst participants and workers. Further, the rate of infection amongst participants was much lower than the general Australian population, with the infection rate being approximately two and a half times higher in the general Australian population compared with the NDIS participant population.

Continuing initiatives to support participants, providers, staff and partners

The COVID-19 pandemic has made society acutely aware of the impact on the health and well-being of our citizens. Recognising this, the NDIA has changed the way in which we interact with participants, and also changed the way in which participants can use their plan to meet their changed circumstances. The NDIA is determined to take the important learnings from these initiatives and continue them. Specific initiatives that will be continued are:¹

- Personal Protective Equipment (PPE) supports will be provided where community transmission is evident and there is increased risk to participants who are receiving supports which require close personal contact:
 - For participants - support of up to \$50 per week.
 - For workers - support of up to \$50 per worker per participant per day.
- For participants in Supported Independent Living (SIL) diagnosed with coronavirus (COVID-19) or a participant who is required to self-isolate in SIL:
 - Cleaning services (\$300 per participant to cover the cost of a one-off professional deep cleaning of a residence), and
 - Additional supports (\$1,200 maximum daily rate to cover the costs of higher intensity support related to a participant's diagnosis).
- Support of \$300 for deep cleaning of residences in the event a support worker returns a positive COVID-19 test.

¹ Funding of PPE for participants and workers will continue in Victoria until at least the end of November, while the other measures have been extended nationally until February 2021.

The COVID-19 pandemic



- Flexible approach to low cost Assistive Technology (AT) to allow participants to access up to \$1500 of their plan budget to purchase low cost AT items, such as smart devices and fitness equipment.
- Support for participants who have already been receiving priority home delivery service to continue accessing home delivery services.
- Temporary Support Coordination (Assistance with Daily Life Support) extended indefinitely.
- In exceptional circumstances during the COVID-19 pandemic, where a participant has tested positive to COVID-19, and where no alternative is available, the participant may pay a family member to provide ongoing supports for a time-limited period.

In response to the Australian Government's enacted COVID-19 Emergency Response Plan, the NDIA, along with Partners in the Community (PiTC), have been proactively contacting participants. As part of the Agency's Vulnerable Participant Outbound Call (VPOC) strategy, 6,902 calls were made to participants in lockdown in Victoria during the second wave (in addition to the 65,844 participants contacted in the last quarter).

The NDIA together with the NDIS Commission and DSS, is engaging States and Territories in bilateral discussions about their COVID-19 planning and preparations relating to outbreak prevention and management. These discussions provide an opportunity for learnings from the Victorian experience to be shared and for the Commonwealth agencies to contribute to emerging or existing jurisdiction-specific COVID-19 policies and action plans for people with disability.

Staff and partners have continued to work flexibly to support participants through the pandemic by conducting planning meetings according to the preference of the participant (phone, video-conference, or face-to-face).

The NDIA Board would like to thank staff and partners for their continued commitment to participants over this time.

Conclusion

Notwithstanding the challenges from the COVID-19 pandemic, the NDIA remains committed to improving the participant experience, and creating a Scheme that is simpler, easier, and more reliable.

Key highlights in the recent quarter, along with updates on progress against the Participant Service Guarantee and Service Improvement Plan are included in the next section.

30 September 2020 quarter

Key highlights

412,543

people with disability are being supported by the Scheme

21,961

joined the Scheme this quarter

37%

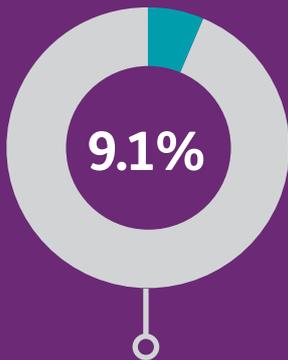
of new participants this quarter were aged 0-6
– **8,206 children**

8,639

children receiving initial supports in the ECEI gateway, a **5%** increase from last quarter



Call centre performance has remained strong with **85%** of calls answered within **60 seconds**.



participants who received a plan this quarter identify as Aboriginal or Torres Strait islander
(noting this is the highest percentage of any quarter)



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



participants who received a plan this quarter were from remote/very remote regions

Key highlights

The NDIA has introduced a **Participant Service Charter** to explain what participants can expect when they deal with us. Highlights this quarter include:

100%

access decisions made within 21 day timeframe, **compared to 74% a year ago**

95%

of complaints are closed within 21 day timeframe, **compared to 58% a year ago**

92%

first plans approved for participants aged 7 and above within 70 day timeframe, **compared to 73% a year ago**

98%

first plans approved for participants aged 0-6 within 90 day timeframe, **compared to 71% a year ago**

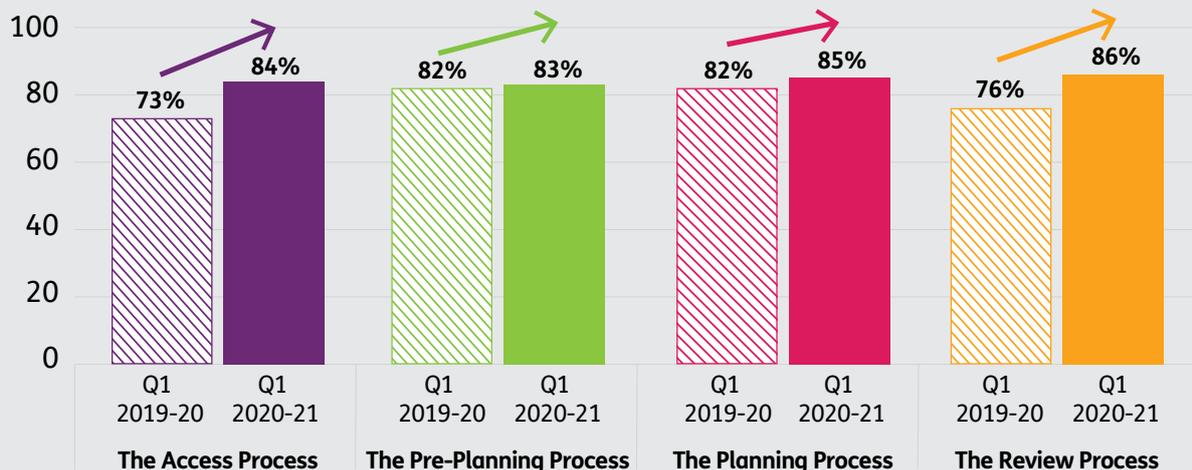
74%

of participant requested reviews completed within 42 day timeframe, **compared to 41% nine months ago**

99%

of Review of Reviewable Decisions completed within 90 day timeframe, **compared to 60% nine months ago**

In addition to improved waiting times, satisfaction rates have improved across the pathway in the last year.



Participant Service Charter and Participant Service Improvement Plan

Progress against the Service Improvement Plan

In addition to introducing the Participant Service Charter, the NDIA Board and management is committed to a simpler, easier and more reliable NDIS. In September 2020, the NDIA released the 2020-24 Corporate Plan and the Participant Service Improvement Plan, which sets out what can be expected from us at the NDIA and our PiTC organisations.

A cohesive and interlinked set of initiatives, that will be introduced, include longer term plans based on life stages; greater flexibility in participants using their supports to provide more choice and control; along with the introduction of independent assessments.

Introducing independent assessments

Under the NDIS Act, the requirement for assessments is integral to initial access decisions, ongoing decisions for reasonable and necessary supports, as well as review decisions initiated either by the participant or by the Agency. As defined under Section 24 of the Act, these decisions are made having regard to the extent of an individual's "functional capacity" in relation to communication, social interaction, learning, mobility, self-care, self-management, and social and economic participation. In other words, it is the extent of functional capacity that is critical to the Agency's decision-making, as it impacts a person's intellectual, cognitive, neurological, sensory or physical impairment, along with "one or more impairments attributable to a psychiatric condition". To put it another way, functional assessments are the bedrock of decision-making in relation to participants, both initially and on an ongoing basis. Such decisions must be evidence based.

The 2011 Productivity Commission, which articulated the blueprint for the NDIS, along with the recent review undertaken by Mr David Tune AO PSM,² indicated the importance of independent assessments,³ including the need to make sure the panel of NDIA providers offered choice to participants.

The Board and management are committed to implementing the original intent of the NDIS, including longer-term plans, greater flexibility in plans, as well as independent assessments, all designed to provide greater choice and control for participants over the supports and services needed for participants to pursue their goals.

The change in the way assessments are undertaken is needed to implement a Scheme that, from a participant's perspective, is more consistent, fairer, and lower cost, bringing the Scheme closer to its envisaged insurance-based principles that improves outcomes for participants.

² <https://www.dss.gov.au/disability-and-carers-programs-services-for-people-with-disability-national-disability-insurance-scheme-2019-review-of-the-ndis-act-and-the-new-ndis-participant-service-guarantee/government-response-to-the-ndis-act-review>

³ <https://www.pc.gov.au/inquiries/completed/disability-support/report>

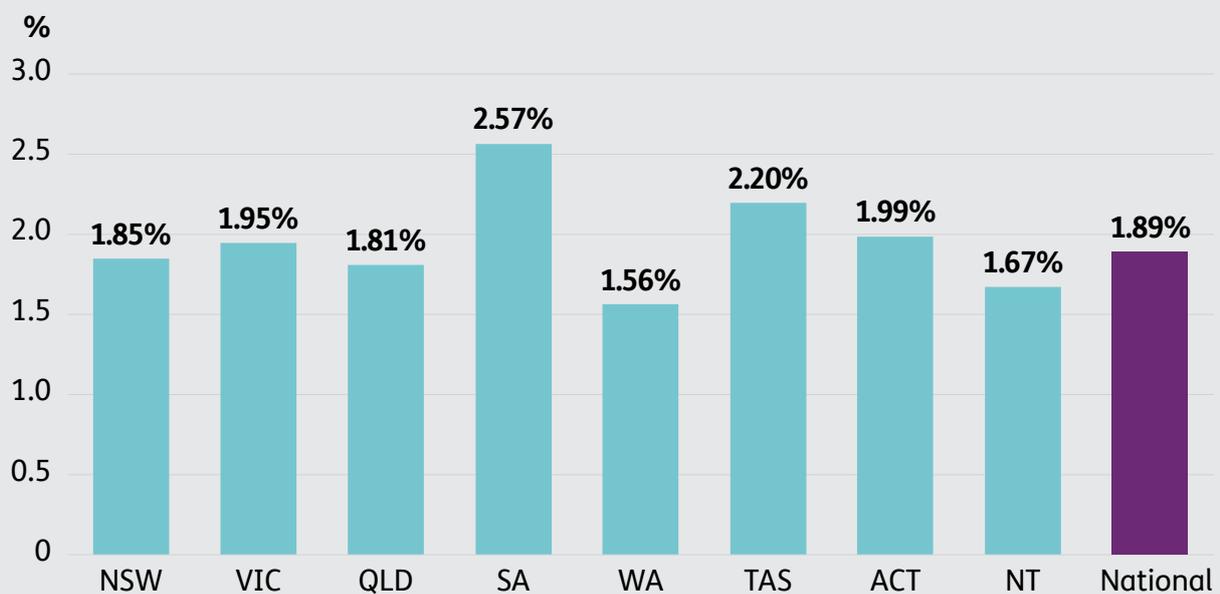
Participant Service Charter and Participant Service Improvement Plan

Greater fairness in decision-making for participants

Currently, because of the way assessments are undertaken, information on a participant's functional capacity is not collected in a consistent way. This has led to inconsistent decision-making.

This can be seen in the proportion of the population (aged 0-64) receiving NDIS supports with results that differ significantly by State and Territory. Population surveys on disability undertaken by the Australian Bureau of Statistics (ABS) do not support these levels of difference.

Figure 1: Percentage of people receiving NDIS supports by State/Territory (0-64 years) – 30 September 2020



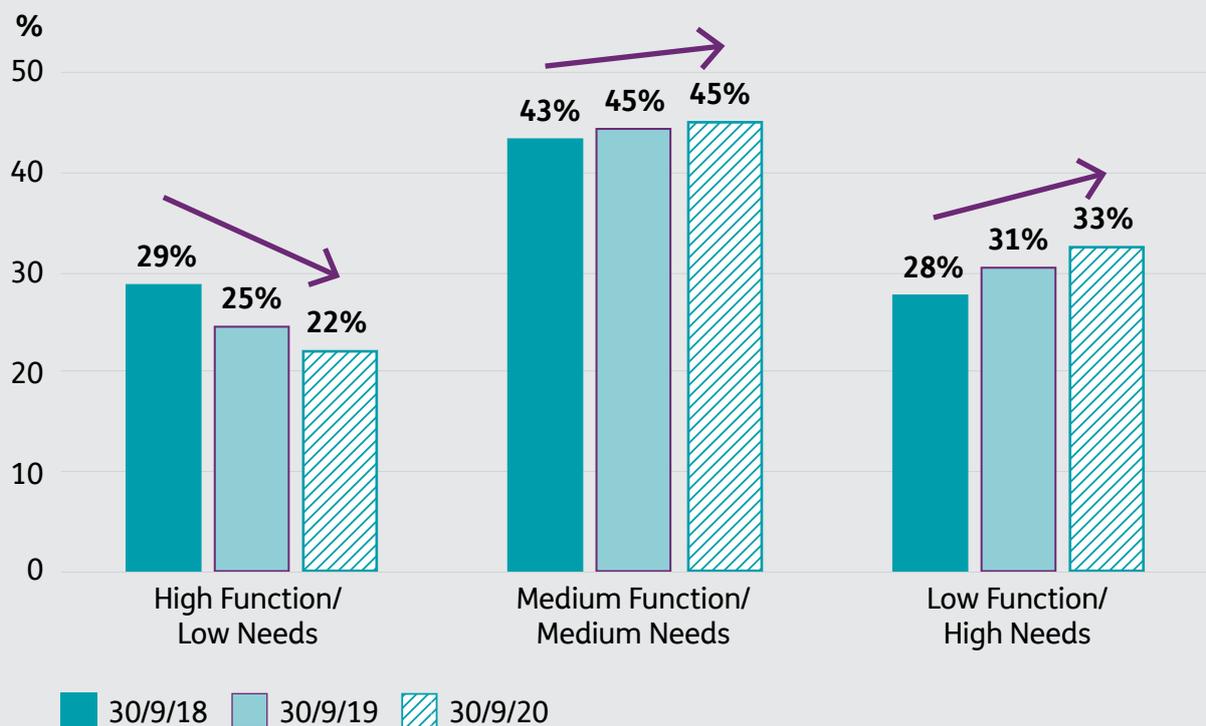
Disability relative to the national rate in population data ⁴						
0.9	0.9	1.1	0.9	0.8	Excluded due to low survey numbers	1.0

⁴ State and Territories have been compared to the national average (1.0) using the ABS Survey of Disability Ageing and Carers (SDAC).² All States and Territories are close to the national average (e.g. NSW is 0.9 compared with 1.0) indicating a disparity between the population data and the large variation in the per cent of NDIS participants receiving supports.

Participant Service Charter and Participant Service Improvement Plan

Inconsistencies can also be seen in the way assessments of the level of functional impairment change over relatively short periods of time. Currently, planners and Local Area Coordinators (LACs) undertake assessments based on a participant's disability and record this data in the ICT system. Results of these assessments are grouped into high function, medium function and low function, and it is this information that is changing over relatively short time periods, indicating potential inconsistencies in the way the assessments are undertaken by planners and LACs.

Figure 2: Difference in functional distribution from 30 September 2019 to 30 September 2020⁵

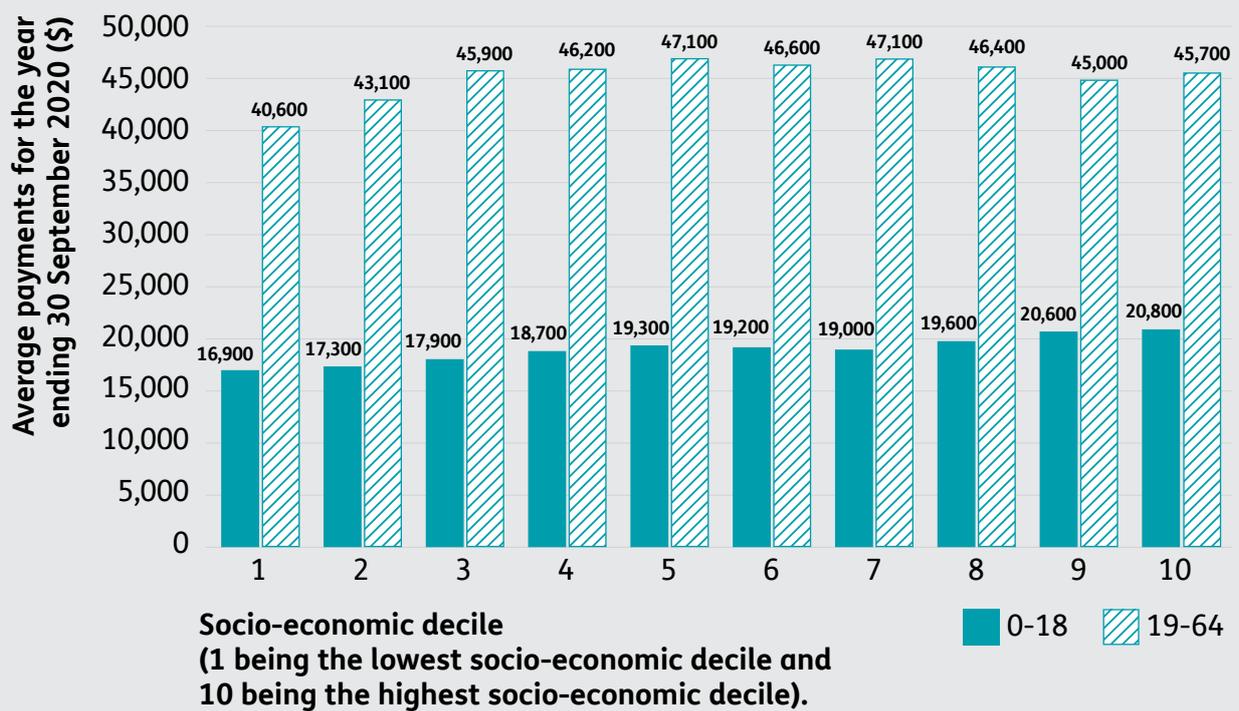


⁵ Functional information on participants has been grouped into three cohorts (high, medium and low, meaning high function results in a lower support need and vice versa). Results at 30 September 2019 and 30 September 2020 also exclude participants who have exited the Scheme as at each date respectively.

Participant Service Charter and Participant Service Improvement Plan

Payments differ by socio-economic areas for both children and adults, with participants living in higher socio-economic areas receiving higher payments on average. Payments are 23% higher in the highest socio-economic decile for children, compared with the lowest and 13% higher for adults.

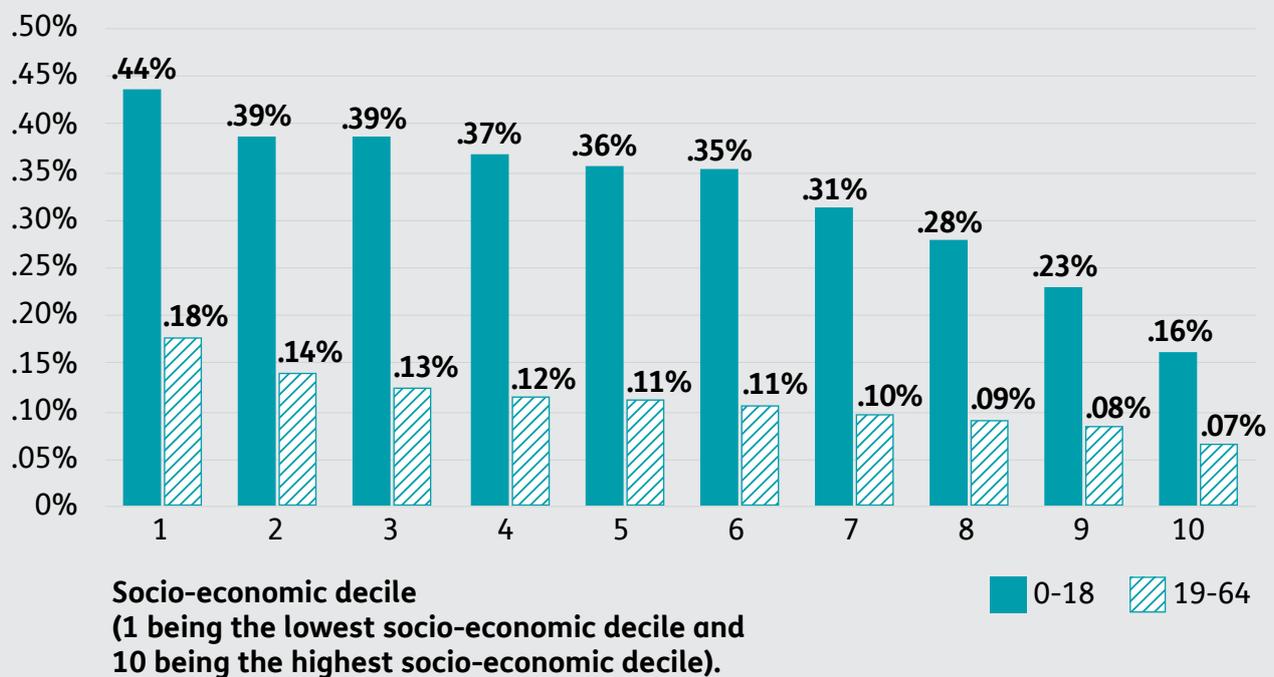
Figure 3: Average annualised payments by the ABS Index of Education and Occupation (IEO) deciles, for non-SIL participants – 30 September 2020



Participant Service Charter and Participant Service Improvement Plan

This has disproportionate effects on the Scheme as the proportion of participants in the NDIS also differs by socio-economic area. The proportion of the population in the NDIS for both children and adults, is higher in low socio-economic areas compared with high socio-economic areas. For example, the proportion of population in the NDIS aged 0-18 years is 0.17% in the highest socio-economic areas, compared with 0.45% in the lowest socio-economic areas (about three times higher). This is also the case with 19-64 year olds, with the proportion of population in the NDIS aged 19-64 years being 0.07% in the highest socio-economic areas, compared with 0.19% in the lowest socio-economic areas (also about three times higher).

Figure 4: Proportion of the population receiving NDIS support by the ABS Index of Education and Occupation (IEO) deciles⁶, for non-SIL participants – 30 September 2020



⁶ <https://www.abs.gov.au/ausstats/abs@.nsf/mf/2039.0>

Participant Service Charter and Participant Service Improvement Plan

Lower cost for participants

Currently, participants incur significant cost in undertaking the assessments required to gain access to the Scheme, and to provide evidence to support reasonable and necessary funding, as well as any review process. Participants who cannot afford those costs are potentially disadvantaged, both in terms of the time it takes to gain access and the quality of advice they receive. Participants, particularly those from lower socio-economic backgrounds, have provided feedback over many years that this process is unfair and places them at a disadvantage.

We know that Australians with disability are currently spending between \$130 million and \$170 million on assessments associated with accessing the NDIS. The advantage of moving to the new approach is that assessments will be provided at no cost to the participant, resulting in a fairer NDIS.

Such assessments will be provided not just at the point of access, but also when an individual's circumstances change, such as a life event or material change in their circumstances, so that they continue to get the supports they need in a timely way. This is also consistent with the other changes in the Scheme that are being implemented: participants will be provided with longer term plans based on life stages and with greater flexibility and more choice and control over their personalised plan budget.

At the same time, prospective participants will be better supported by LACs to connect with community and mainstream supports, and to apply for entry to the Scheme, if required, through the independent assessment process.

Some of the other key features of independent assessments are:

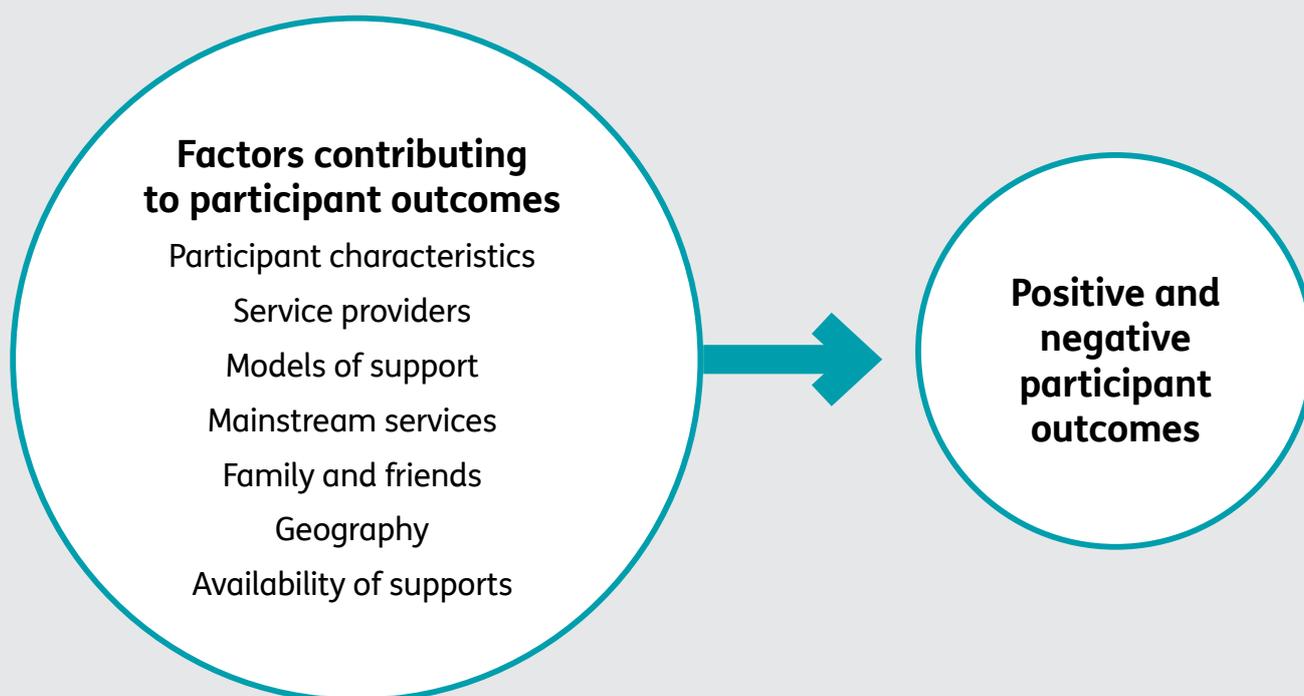
- A panel of assessors including health professionals like occupational therapists, physiotherapists, speech pathologists, clinical and registered psychologists, rehabilitation counsellors and social workers will be created who will work at arm's length from the NDIA. These assessors will all be trained in using the same set of assessment tools to make sure everyone is treated in a fair and consistent way.
- The assessment tools have been designed to assess the capability of people with disability and used all over the world for many years. They take into account particular circumstances and the environment, and the assessment can be done in one session or many. Where possible, prospective or current participants can choose which assessor they want from the panel and whether they prefer a male or female assessor. Assessments can be completed by video call or in person and the prospective or current participant can have someone with them, like a family member, support worker, or current health professional.
- Prospective or current participant's doctor or other health professionals will still be involved in the application to the NDIS, and if further evidence is needed at a plan review. Extra information can be submitted and the NDIA planner or LAC will still talk with the person with disability about their life, including the impact of multiple disabilities, their goals, family supports and living arrangements to make sure that a complete picture of goals and support needs is understood.
- The NDIA will be starting the second pilot again soon, to continue testing the implementation of independent assessments. As part of this, the NDIA will be offering independent assessments for up to 4,000 existing NDIS participants, across all disability types, on a voluntary basis from November 2020. Participants are encouraged to participate in the pilot if invited to do so.

Participant Service Charter and Participant Service Improvement Plan

Better embedding the insurance based principles of the Scheme

The insurance-based approach of the National Disability Insurance Scheme is enshrined in the Objects and Principles of the NDIS Act and is integral to the Objects of the Act. In so doing, the NDIS replaced the welfare approach to disability that had existed for decades in Australia, with a universal insurance scheme. In contrast to that approach, the NDIS takes an insurance-based life-time approach to the supports a participant requires, recognising that such supports and the associated funding may vary over time.

The collection of data on a consistent basis should drive better outcomes for participants over their lifetime. This is particularly important in areas such as employment and social inclusion, where consistent data in areas such as a participant's age, functional capacity, and other environmental factors are likely to influence outcomes. By collecting data in a consistent way across participants, analysis of different models of support and different service providers can be undertaken to determine what works best for participants. Such evidence can then be communicated across the sector to improve outcomes across all participants.



This is consistent with Sections 118 of the Act, where the NDIA Board is charged with collecting, analysing and exchanging data about disabilities and the supports of people with disability, as well as to undertake research relating to disabilities and to better understand the types of supports that will make a difference. Such work cannot be undertaken without a consistent data base.

That approach is also consistent with the NDIA having been charged with delivering a financially sustainable Scheme, with a view to ensuring that it is available to future generations of Australians with disability.

Importantly, the NDIA will continue to work closely with people with disability and the disability sector to successfully implement these reforms.

Participant Service Charter and Participant Service Improvement Plan

Other achievements

In addition to the work to implement independent assessments, the NDIA has made progress against other initiatives within the Service Improvement Plan. Highlights for the quarter are listed below, with the detail on progress against the whole plan in Section 3 of this report.

The **National Call Centre** knowledge base has been enhanced to provide participants and the public with more helpful and consistent information. The Agency is continually monitoring to ensure ongoing performance.

Participant plans are now **enabled for up to 3 years** and will be reviewed when requested (e.g. due to a change of circumstances).

More than 60 **specialist community connectors** (in remote, culturally and linguistically diverse, and Aboriginal and Torres Strait Islander communities) have been engaged and have commenced delivering services to better understand how participants want to engage with us.

A National system of **Health and Justice liaison officers** are working across all States and Territories to help participants interact with the NDIS.

The Agency has commenced **pro-active check-ins** with participants, particularly those who may be in a vulnerable situation. This initiative will be further enhanced in the 2021 financial year.

The Agency has commenced work on ensuring participants have a **current contact** listed. Contact names are now in place for the majority of Participants. The Agency is on track to complete coverage by December 2020.

The Agency is working on new easy-to-understand guidelines for **complex home modifications**, this initiative is on track to be delivered by December 2020.

The Agency has established a **NDIS carer connect network** for ageing parents of people with a disability. Services have commenced in a number of areas and will be rolled out by December 2020.

The Agency has developed a standard form (for all housing-related supports, including Specialist Disability Accommodation (SDA)) and **application process for SDA** which will be fully available in December 2020.

Introduction

This report is a summary of the performance and operations of the NDIA for the three months from 1 July 2020 to 30 September 2020, 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. Data on the demand for SDA within the NDIS in each Statistical Area 4 (SA4) and Statistical Area 3 (SA3) region is also included (Appendix P)
- A comparison of utilisation by region (Appendix Q)
- Waiting times for access decisions and plan approvals by State/Territory (Appendix R)



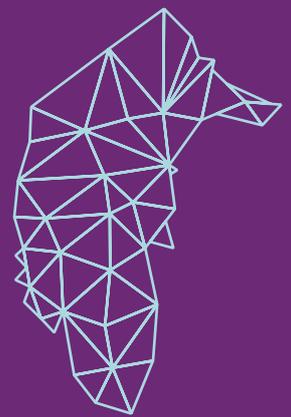
Toby's job ready and raring to go as the lockdown eases

Toby, 23, from Canberra, Australian Capital Territory, has a moderate intellectual disability.

While still at school Toby set her heart on working in the hospitality industry, and since joining the NDIS in 2017 she has been supported in building her skills in this area. She intended to register with a disability employment service (DES) earlier this year to help secure a supported position, then the COVID-19 pandemic hit and her plan went on hold.

This was frustrating for Toby but she was able to maintain her social connections and life skills training when her support service moved activities online during the lockdown.

With cafés and restaurants now reopening across Canberra as restrictions ease, Toby is set to register with a DES and restart her job hunt.



Part One: Participants and their plans



Part One:

Participants and their plans

Just over 412,000 participants are receiving supports from the NDIS, with approximately 8,600 children receiving initial supports in the Early Childhood Early Intervention (ECEI) gateway.

1.1 Number of participants in the Scheme

At 30 September 2020, just over 412,000 participants had NDIS plans, of which approximately 22,000 entered the Scheme during the quarter.

At 30 September 2020, 412,543 participants had approved plans.⁷ This represents a six per cent increase from last quarter (an additional 21,961 participants). Of the 412,543 participants currently supported by the Scheme, 218,566 previously received support from existing State and Territory or Commonwealth programs. Significantly, 193,977 are receiving support for the first time (47 per cent of participants with approved plans).

In addition, the NDIA undertook 87,229 reviews in the quarter. Productivity remained high in Victoria (despite the COVID-19 pandemic), with the number of first plan approvals and plan reviews consistent with the previous quarter.

Figure 5: Active participants with approved plans and percentage increase over time

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21 YTD
Active participants	7,285	17,155	29,719	89,610	172,333	286,015	391,999	412,543
Yearly increase ⁸		9,870	12,564	59,891	82,723	113,682	105,984	20,544
% increase in active participants		135%	73%	202%	92%	66%	37%	5%

⁷ 14,222 participants with approved plans had exited the Scheme as at 30 September 2020.

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 NDIS (aged 0 to 6 years)

At 30 September 2020, there were approximately 66,000 children aged 0 to 6 years with an NDIS plan, and a further 8,600 receiving initial supports in the gateway.

Of the 412,543 participants with approved plans at 30 September 2020, 65,945 were children aged 0-6 (16%), and of the 21,961 new participants with an approved plan this quarter, 8,206 were children aged 0-6 years (37%).

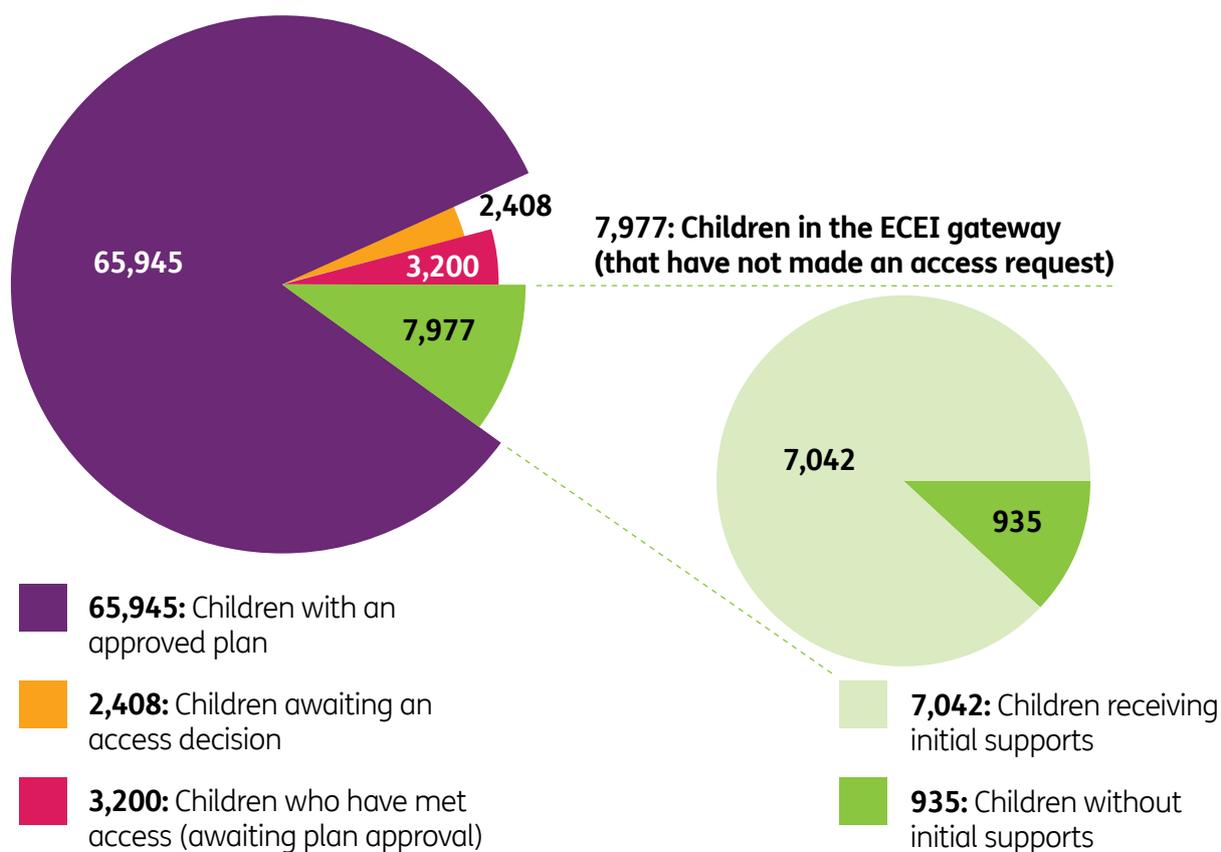
In addition to the 65,945 children aged 0-6 with an approved plan:

- **3,200** children had met the access criteria and were waiting for an approved plan.
- **2,408** were awaiting an access decision from the NDIA (of which **1,597** (66%) were receiving initial supports in the ECEI gateway).
- **7,977** children were in the ECEI gateway (of which **7,042** (88%) 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.

The NDIA has commenced a review of its ECEI approach with families and children. The NDIA ECEI approach is intended to be based on best practice, family-centred early intervention with a focus on providing quality information, research and evidence based advice to families and children with developmental delay or disabilities.

The NDIA acknowledges that the ECEI approach is not being delivered as originally intended. The review will investigate what is working well, understanding the pain points, as well as gaps and issues in the implementation of the ECEI approach. It will build upon recent reviews and reports into ECEI, to ensure previous advice is captured. Survey input will be used to help identify the most important issues for the reset to address, and to guide short, medium and long-term solutions for those issues. We intend to release a detailed consultation and directions paper in the December quarter.

Figure 6: Children in the NDIS



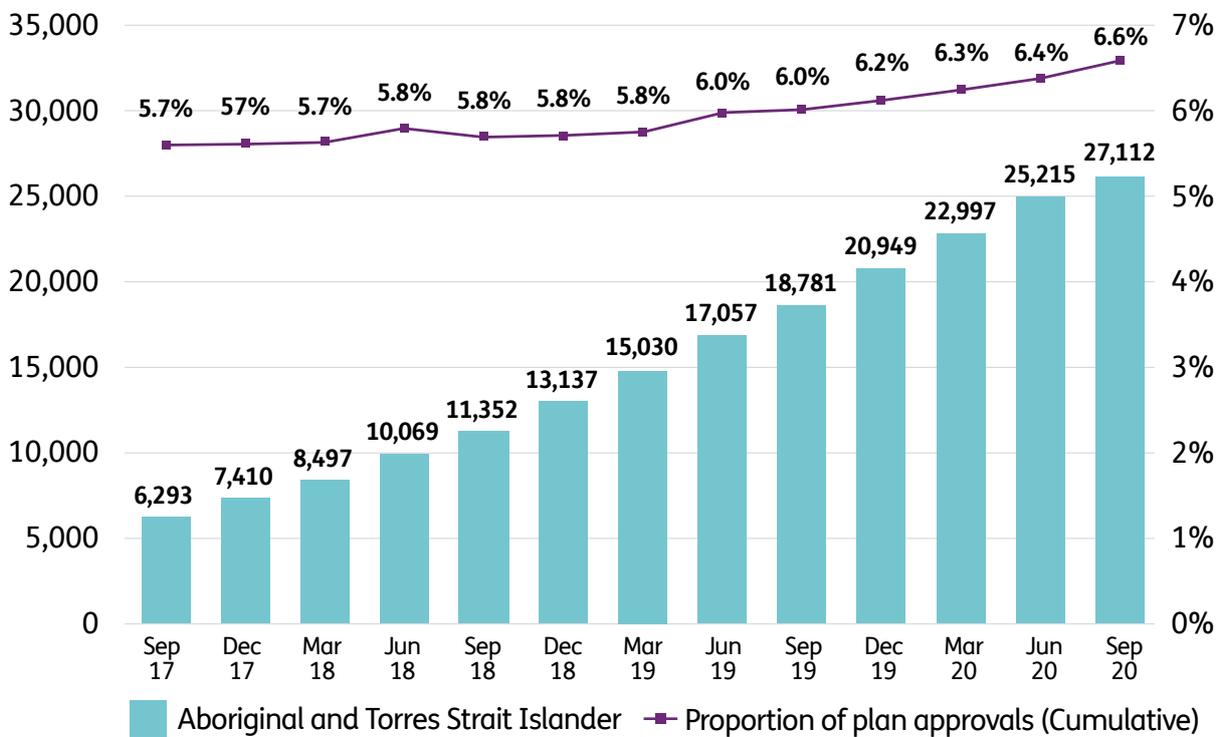
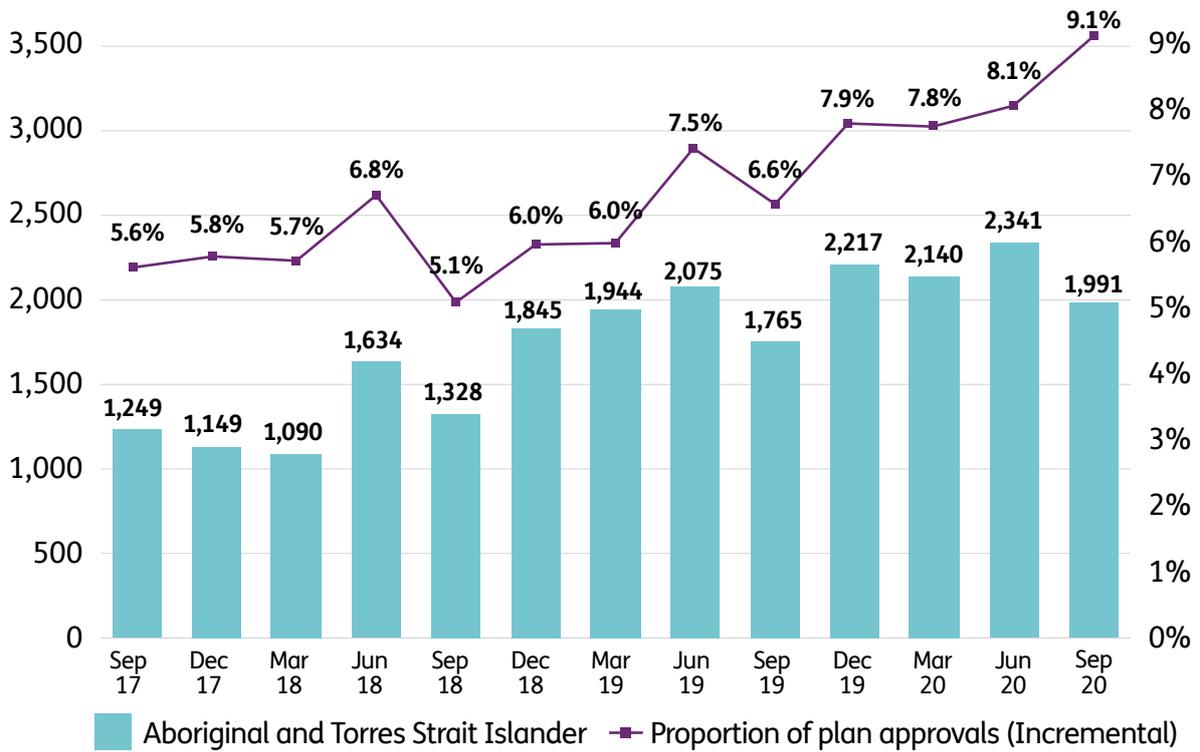
1.3 Participant characteristics

Participant diversity continues with higher proportions of Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) Scheme entrants this quarter.

Of the 21,961 participants entering, there was increased diversity through higher numbers of:

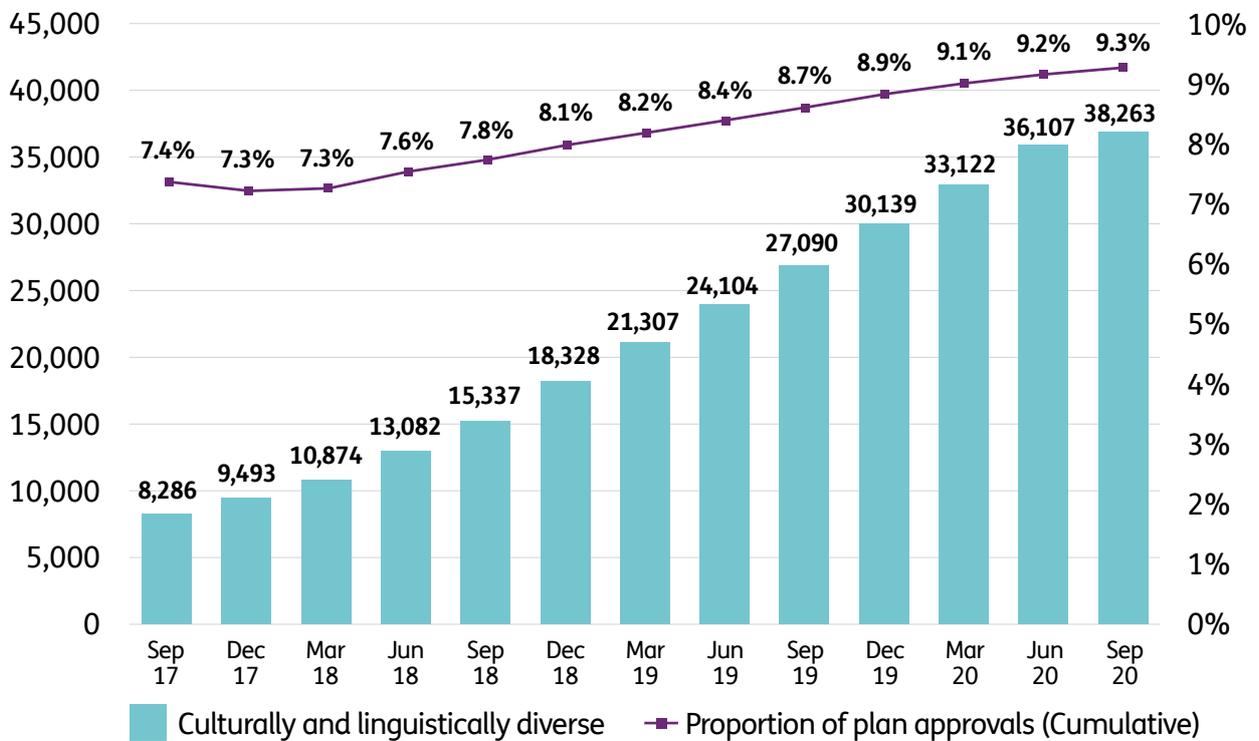
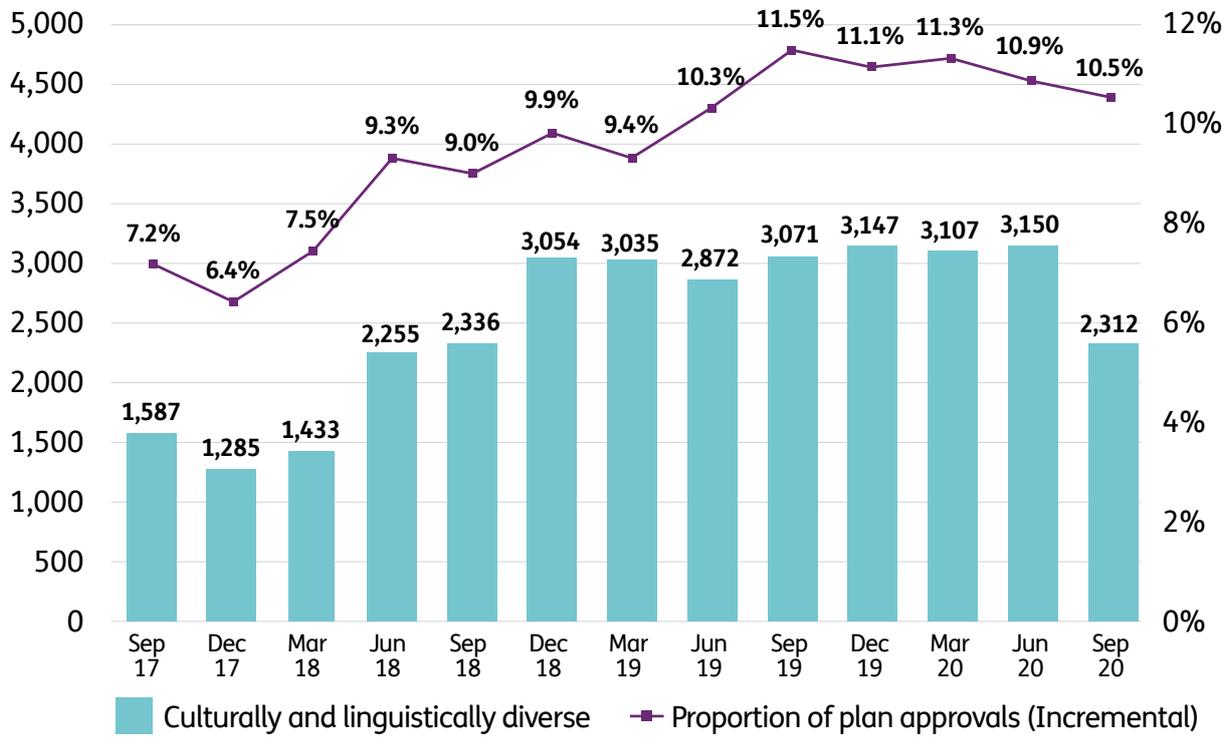
- **Aboriginal and Torres Strait Islanders:** 9.1% of participants who received a plan in the quarter, compared with 6.4% in previous quarters combined. This result is the highest percentage of any quarter.
- **CALD:** 10.5% of participants who received a plan in the quarter, compared with 9.2% in previous quarters combined.
- the number of Scheme participants in **remote and very remote areas** this quarter increased to 2.0% of new entrants, compared with 1.5% in previous quarters combined.

Figure 7: Number and proportion of Aboriginal and Torres Strait Islander participants over time incrementally (top) and cumulatively (bottom)⁹



⁹ 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. Quarterly results are reported based on a rolling 3 year period.

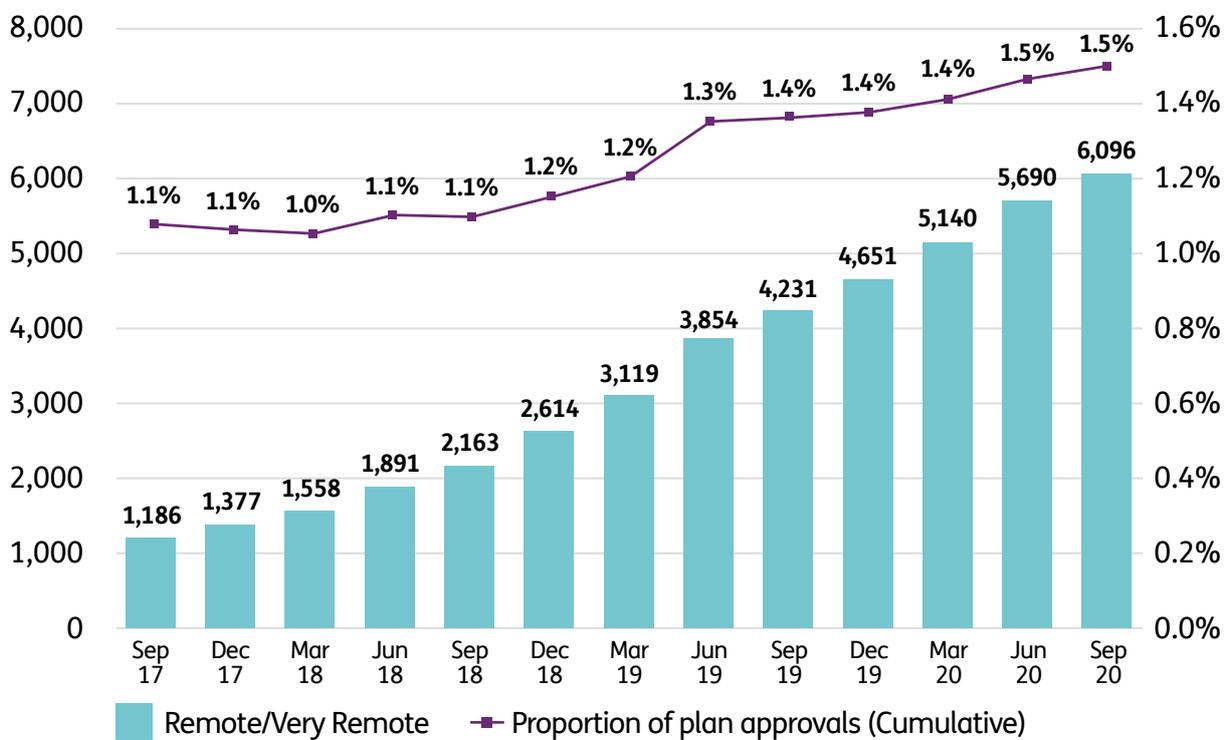
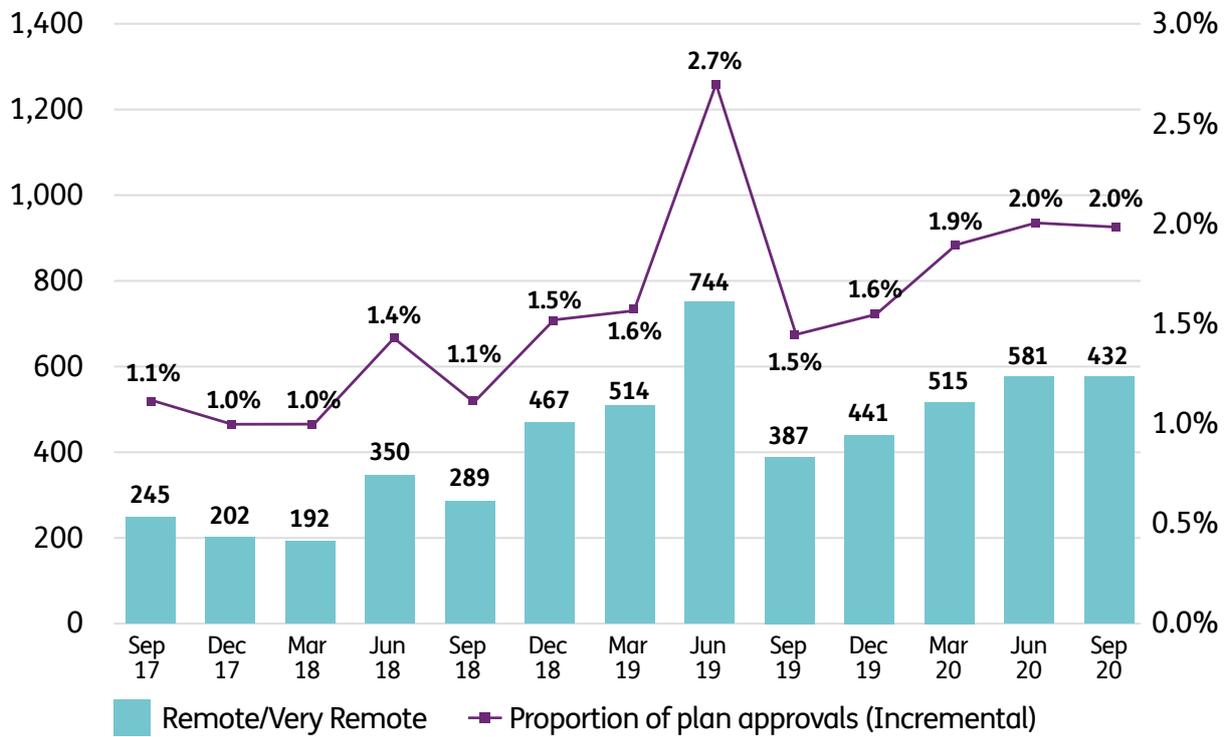
Figure 8: Number and proportion of CALD participants over time incrementally (top) and cumulatively (bottom)¹⁰



¹⁰ 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. Quarterly results are reported based on a rolling 3 year period.

Part One: Participants and their plans

Figure 9: Number and proportion of remote/very remote 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. Quarterly results are reported based on a rolling 3 year period.

Age and disability

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

- continuation of a high proportion of children **aged 0-6 years** entering the Scheme (**37%** this quarter and **34%** in the June 2020 quarter). This compares with **15%** in the previous quarters through to 31 March 2020 combined.
- consistent with the high numbers of children, a relatively higher proportion of participants with **Developmental Delay** entered the Scheme again this quarter (**22.8%** this quarter and **17.7%** in the June 2020 quarter compared with **6.3%** in previous quarters through to 31 March 2020 combined).
- **Psychosocial Disability: 12.8%** of participants who received a plan in the quarter, compared to **9.6%** in the previous quarters combined.

Younger People in Residential Aged Care (YPIRAC)

The Royal Commission into Aged Care Quality and Safety released its interim report on 31 October 2019. The government response to the interim report included the formation of a Joint Agency Taskforce (JATF) between the DSS, Department of Health, and the NDIA. The JATF was established to develop a new strategy that builds on the Younger People in Residential Aged Care Action Plan. The Government response to the interim report included revised YPIRAC targets, which are:

- no people under the age of 65 entering residential aged care by 2022.
- no people under the age of 45 living in residential aged care by 2022.
- no people under the age of 65 living in residential aged care by 2025.

The NDIA has worked with the JATF on the new strategy that provides a roadmap to meet the revised targets. Building on the previous YPIRAC Action Plan, the Strategy and Implementation plan describes concrete actions to reduce the number of younger people entering residential aged care, and to support those already living in aged care to move into more age-appropriate accommodation, where this is their goal. The NDIA has increased its number of dedicated planners to support younger people in aged care to find alternative accommodation.

The **YPIRAC Strategy 2020-25 (the Strategy)** was released on 30 September 2020. The Strategy covers all younger people under the age of 65 living in, or at risk of entering, residential aged care, including providing choice to Aboriginal and/or Torres Strait Islander people between 50 and 64 years of age who are eligible for the aged care system.

The NDIA has also improved the way it collects data to strengthen its understanding of the goals and support needs of younger people living in aged care.

In September 2020 the NDIA published a new Operational Guideline for YPIRAC, providing greater transparency on how the NDIA supports younger people in residential aged care. The NDIA is completing streamlined assessments of housing supports for YPIRAC participants so they can access alternative accommodation sooner.

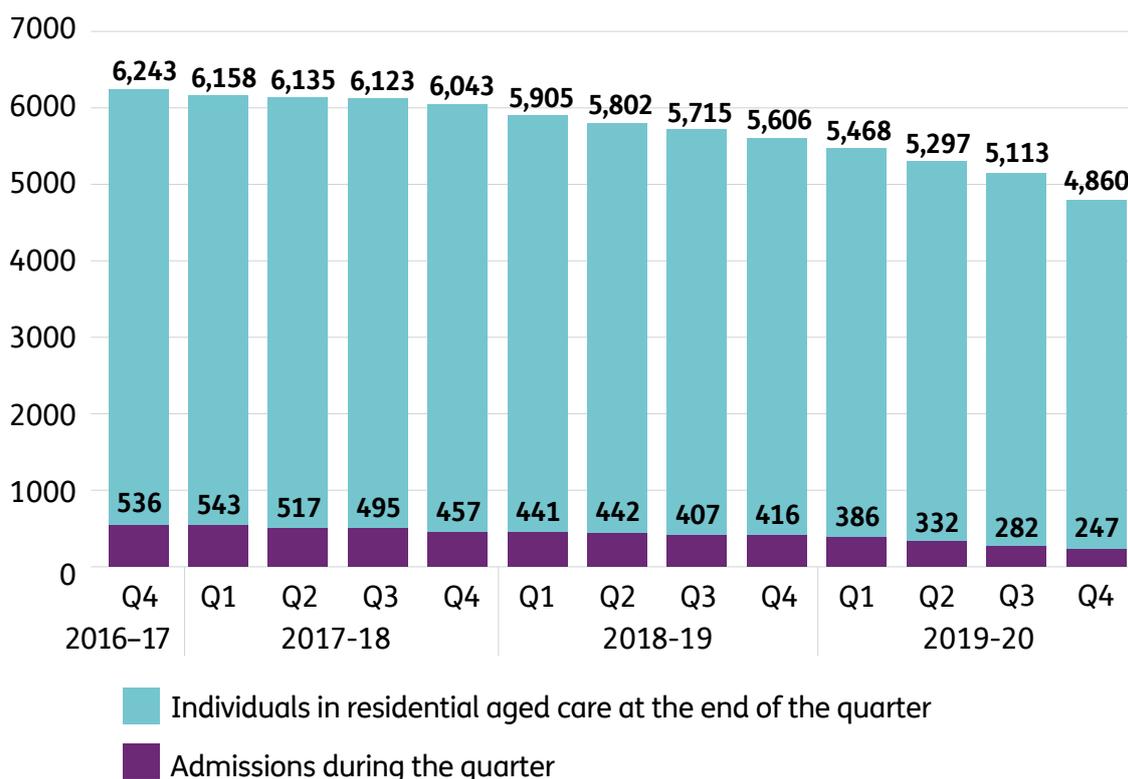
Part One: Participants and their plans

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 4,860 at 30 June 2020 (a 22% 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 247 in the June 2020 quarter (a 54% decrease).

The NDIA, with the Department of Health, is continuing to investigate the reasons why individuals under the age of 65 continue to enter residential aged care.

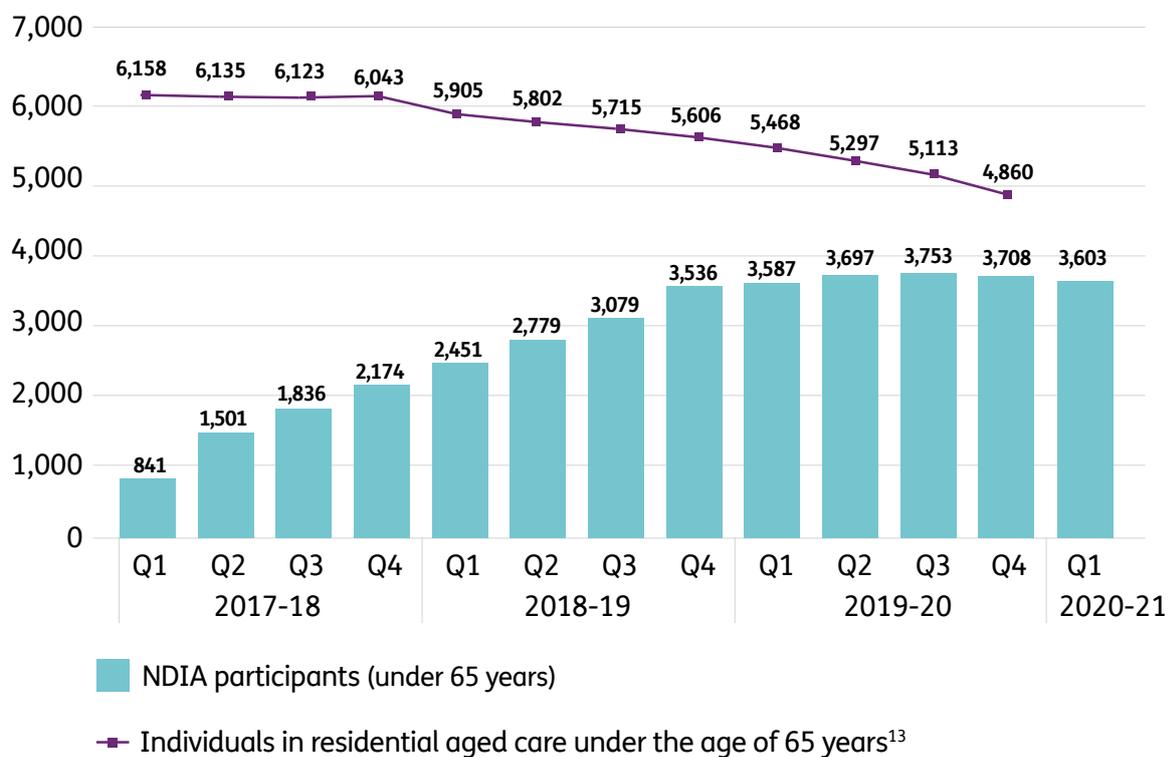
Figure 10: Number of individuals in residential aged care and admissions to residential aged care (under 65 years), by quarter



Part One: Participants and their plans

There were 3,603 participants in residential aged care with an approved plan at 30 September 2020 aged under 65 years. In addition to this, 456 participants who entered the Scheme and have been in residential aged care have exited since 1 July 2016 to a more appropriate accommodation setting.¹² Of the 3,603 participants in residential aged care aged under 65 years, 113 are aged under 45 years (3.1%).

Figure 11: 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



¹² There were a further 1,508 participants with an approved plan aged 65 years or over who are currently in residential aged care.

¹³ Data provided by the Department of Health is at 31 March 2020. 30 June 2020 data will be reported next quarter.



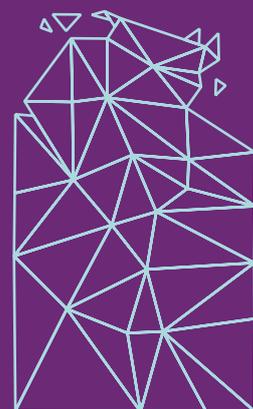
Making music with the Sing Song Signers Choir

The **Sing Song Signers** is a choir of young people, most of whom live with disabilities, including Down syndrome, autism and hearing impairment.

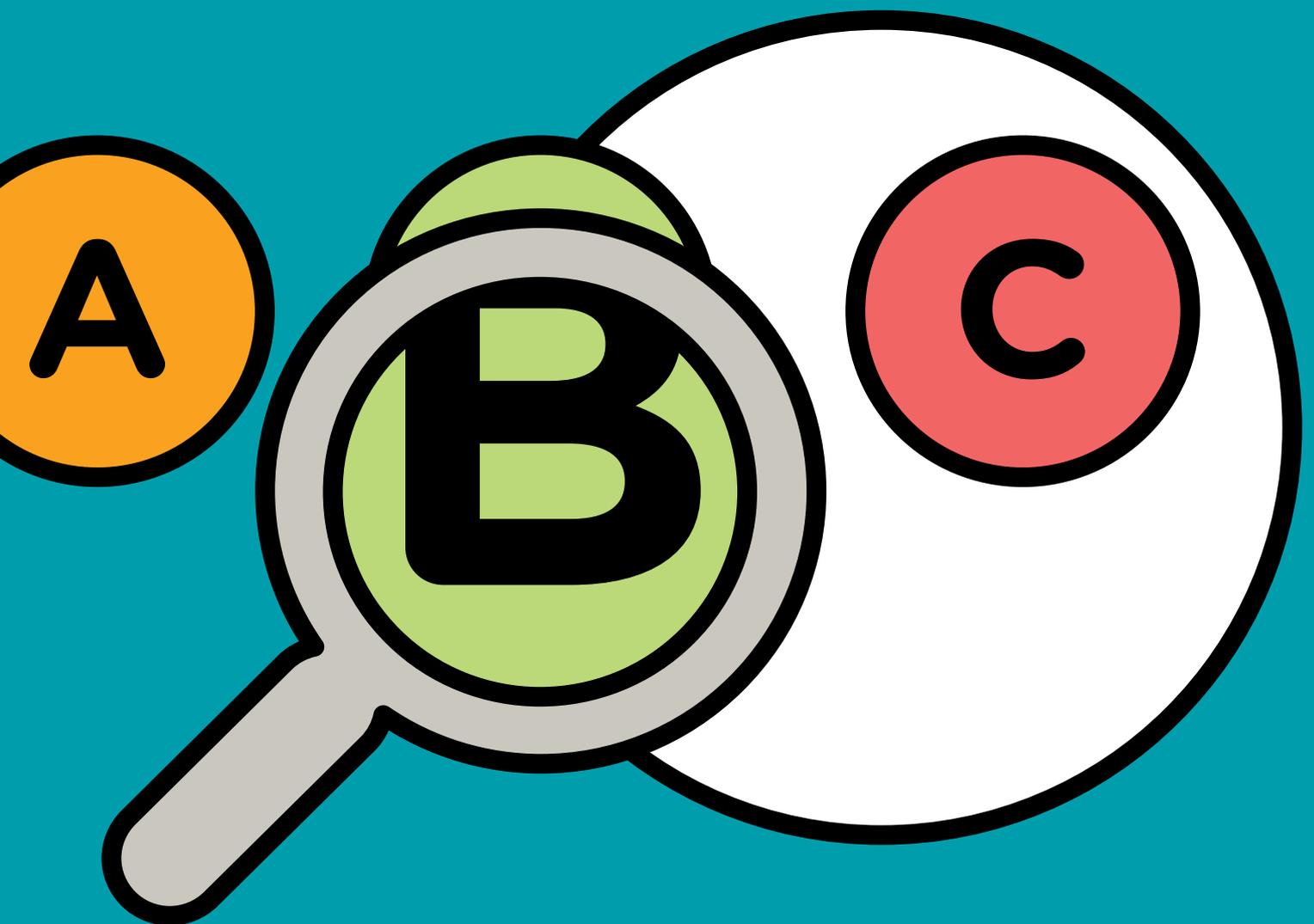
Ms Kroes is Executive Officer of National Disability Insurance Scheme (NDIS) provider, Down Syndrome Association of the Northern Territory (DSANT), which provides signing classes to the choir. She has been teaching the choir to sign for about 20 years.

“Our young choir is doing something on stage the majority of the audience watching cannot do and that’s a levelling experience when you’re watching someone with a disability that you as a person without a disability cannot do,” she said.

“It’s quite a revelation, not just because they are signing but because they are standing up in front of a large audience, which many people wouldn’t do.”



Part Two:
Participant
experience and
outcomes



Part Two:

Participant experience and outcomes

Outcomes continue to improve the longer participants are in the Scheme, with satisfaction across the participant pathway also improving.

2.1 Participant safety and contact

Throughout the past year there have been several tragic cases of participant deaths reported in the media. The Board and management of the NDIA passes on sincere condolences to the family and friends of these participants.

The NDIA is cooperating with all relevant inquiries and continues to review and improve its business operating processes to ensure each participant gets the support they need. The vulnerable participant check-in process used during COVID-19 will be further enhanced over coming months, as one way the NDIS supports vulnerable participants.

2.2 Participation in work and community and social activities

Community and social participation rates have improved, however participation in work remains stable.

Participation in community and social activities

For participants who have been in the Scheme for at least two years, their community and social participation has increased since they first entered¹⁴. There was a:

- **eleven** percentage increase from **33%** 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.

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 two years there have been some marginal increases in employment¹⁵. There was a:

- **eight** percentage increase from **13%** to **21%** for participants aged 15-24 years.¹⁵
- **one** percentage decrease from **25%** to **24%** for participants aged 25+ years.
- **one** percentage increase from **22%** to **23%** for participants aged 15+ years.

¹⁴ This section compares Baseline indicator results when participants entered the Scheme, with results measured at the most recent participant plan review for each respondent. Trial participants are excluded.

¹⁵ Some of the increase is due to participants leaving school and starting work. As the Scheme matures it will be possible to analyse the extent to which the percentage gap increases.

NDIS Participant Employment Strategy

The NDIA is committed to supporting more NDIS participants set and achieve their employment goals, and increasing the number of participants in paid work. During the September 2020 quarter we have continued to make progress against the actions set out in the NDIS Participant Employment Strategy, while considering the ongoing impact of COVID-19 on participants, providers and the labour market.

Planning for Employment

A key focus of the NDIS Participant Employment Strategy is increasing aspirations around work and employment goals in NDIS plans, and ensuring that those goals and aspirations are supported through appropriate plan funding. Between July and September 2020 the NDIA:

- delivered training and updated resources for NDIS planners and LACs to build knowledge around planning for employment
- continued working with DSS on the NDIS and mainstream employment supports interface to help participants access and utilise the full range of supports available with the achievement of their work goals
- commenced work with planners and educators to ensure participants leaving school in 2020 are supported with their school to work transitions

Increasing choice and control for participants in work

On 1 July 2020 the new funding approach for Supports in Employment commenced. This new approach is intended to expand and diversify employment options for NDIS participants, and increase choice and control of their supports at work.

By changing the way supports in employment are funded, the NDIA is making it easier for more participants to access supports to help them meaningfully participate in work, and in the employment of their choice.

The NDIA has delivered 16 sessions to inform the 168 Australian Disability Enterprises (ADEs) of the funding changes and options to manage the transition depending on their business readiness.

Support Coordinators across Australia were invited to attend information sessions to enable them to assist participants understand the changes and to take advantage of the newly available funding for supports in employment. Participants are no longer restricted to receiving support whilst working in an ADE as the funding can be used to support them in any workplace.

Encouraging Innovation

The NDIA has initiated two research projects which will help inform participant choice and drive service innovation. Both focus on people with intellectual disability, autism or psychosocial disability. One project explores the barriers and enablers of employment as job seekers experience them. The other entails a systematic international review of evidence about the effectiveness of interventions to improve employment outcomes.

The outcomes from this research will be available in early 2021 and will be used by the NDIA to inform future approaches to increasing employment opportunities for participants. It will assist in designing information campaigns to influence employment aspirations for participants, educate providers about employment preparation and stimulate employment opportunities.

2.3 Analysis of participant outcomes

Participant continue to report positive outcomes.

Participants who entered the Scheme since 1 July 2016 were asked ‘Has the NDIS helped?’ at each participant plan review, allowing the NDIA to gain valuable longitudinal insights.

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

From 1 July 2016 to 30 September 2020, for participants who have been in the Scheme for at least two years¹⁶, the following outcomes have been recorded:

For children aged 0 to before starting school:

- **95%** of parents and carers thought the NDIS improved their child’s development at their most recent plan review, compared to **91%** at their first review.
- **94%** felt the NDIS improved their child’s access to specialist services at their latest plan review, compared to **89%** at their first review.

For children starting school to 14 years:

- **69%** of parents and carers felt their child had become more independent as a result of the NDIS at their most recent plan review, compared to **56%** at their first review.
- **54%** of parents and carers felt the NDIS had improved their child’s relationship with family and friends at their most recent plan review, compared with **45%** at their first review.

For young adults aged 15 to 24 years:

- **66%** of participants felt the NDIS had helped them have choice and control over their life at their most recent plan review, compared to **59%** at their first review.
- **67%** of participants said the NDIS had helped them with daily living activities at their most recent plan review, compared to **58%** at their first review.

For adults aged 25 and over:

- **75%** of participants believed the NDIS helped them have more choice and control over their lives at their most recent plan review, compared to **66%** at their first review.
- **80%** of participants said the NDIS had helped them with daily living activities at their most recent plan review, compared to **70%** at their first review.

While the above results are encouraging, the analysis also indicates that there are areas where outcomes could be improved. For example, after at least two years in the Scheme, only 16 per cent of participants aged 15 to 24 at their most recent plan review agreed that being in the NDIS had helped them find a suitable job, compared to 18 per cent at their first plan review. Similarly for participants aged 25 and over, after at least two years in the Scheme, only 18 per cent agreed that being in the NDIS had helped them find a suitable job, compared to 19 per cent at their first plan review. The NDIA is actively working to improve participation in work, as discussed earlier in this section.

¹⁶ This section is based on responses provided at the first participant plan review, compared with those from the most recent plan review for participants who have been in the Scheme for at least two years. Trial participants are excluded.

2.4 Participant satisfaction

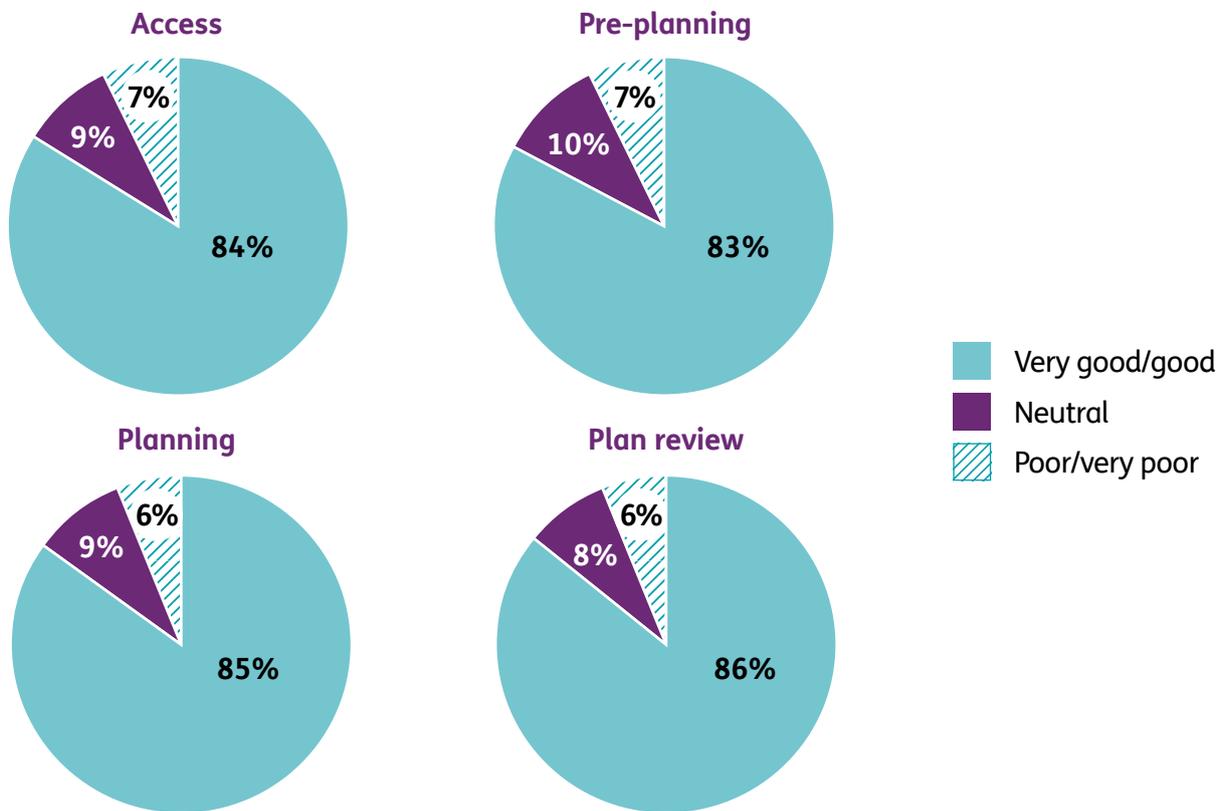
Participant experience across the pathway improved this quarter.

Since September 2018, the NDIA has conducted a participant satisfaction survey to allow for a 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. The NDIA is working with the Independent Advisory Council (IAC) to build on this survey to develop a more comprehensive picture of participant satisfaction.

In the September 2020 quarter, 86 per cent of participants rated the plan review process as either good or very good, with a further 8 per cent rating the experience as neutral. Eighty-four per cent of the participants in the quarter rated the access process as either good or very good, 83 per cent rated the pre-planning process as either good or very good, and 85 per cent of participants rated the planning process as either good or very good.

Figure 12: Rating of experience with the NDIS (30 June 2020 to 30 September 2020)¹⁷

Overall, how was your experience with:

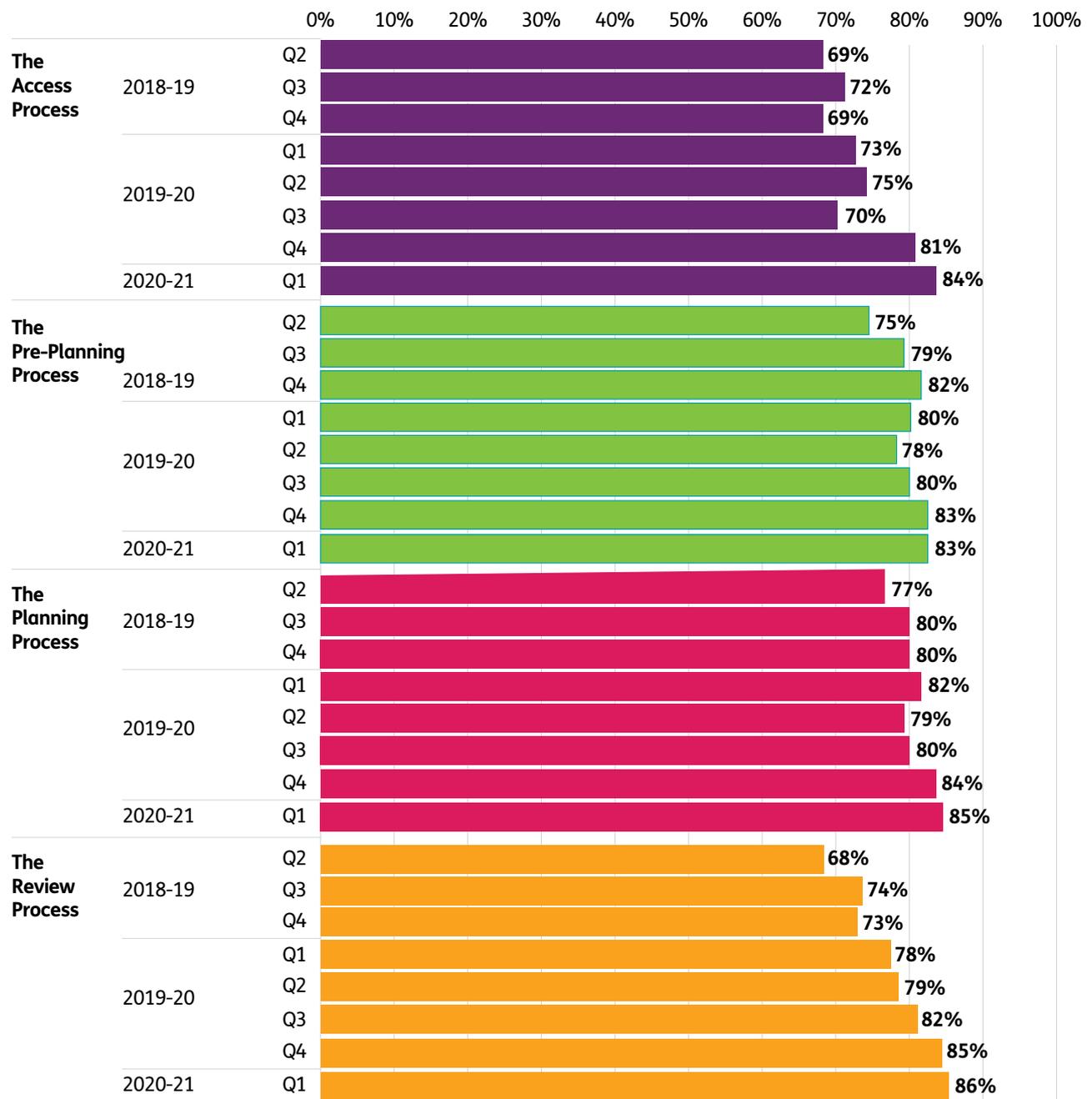


¹⁷ Survey sample was 1,525 surveys at Access, 2,843 at Pre-Planning, 3,573 at Planning and 416 at Review.

Part Two: Participant experience and outcomes

Satisfaction across the pathway has increased over the eight quarters with the other elements across the pathway remaining relatively consistent.

Figure 13: Trend of satisfaction across the pathway (% Very good/good)¹⁸



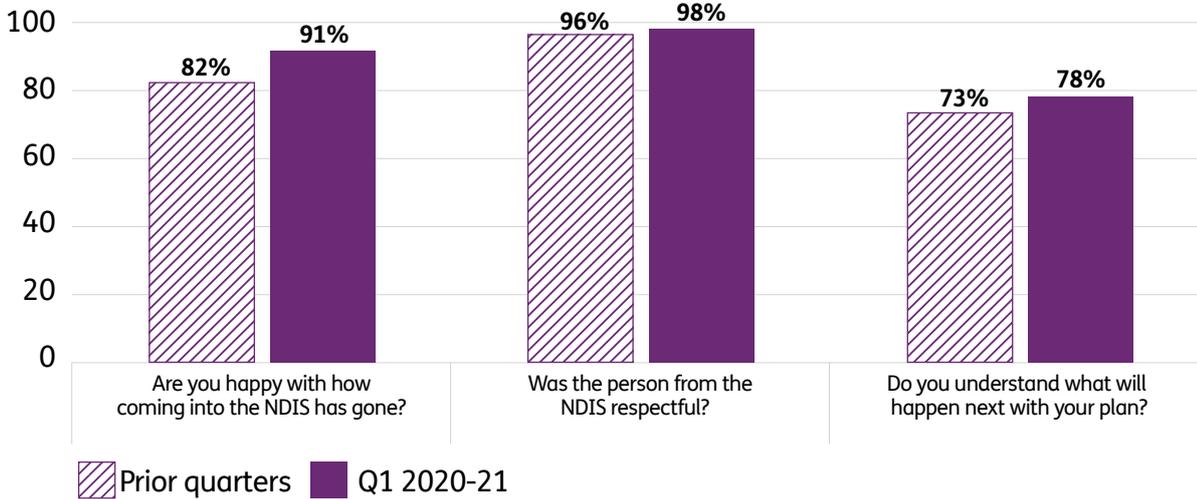
¹⁸ Participant satisfaction results for prior quarters have been restated using data as at 30 September 2020 due to retrospective changes in the underlying data. These changes mainly arise from lags in data collection.

Part Two: Participant experience and outcomes

In addition to the trends outlined above, this survey also provides further insights at each stage of the pathway. A comparison of the previous seven quarters (2018-19 Q2, Q3 and Q4, and 2019-20 Q1, Q2, Q3 and Q4) with the current quarter (2020-21 Q1) indicates continued satisfaction across the four stages of the pathway.

Figure 14: Satisfaction across the four stages of the pathway

Stage One: Access



Stage Two: Pre-planning

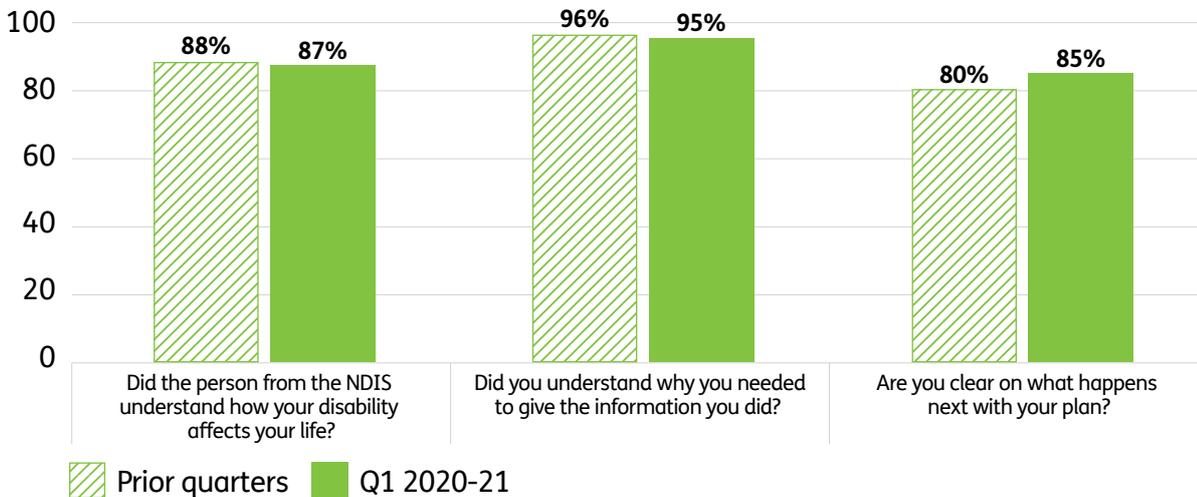
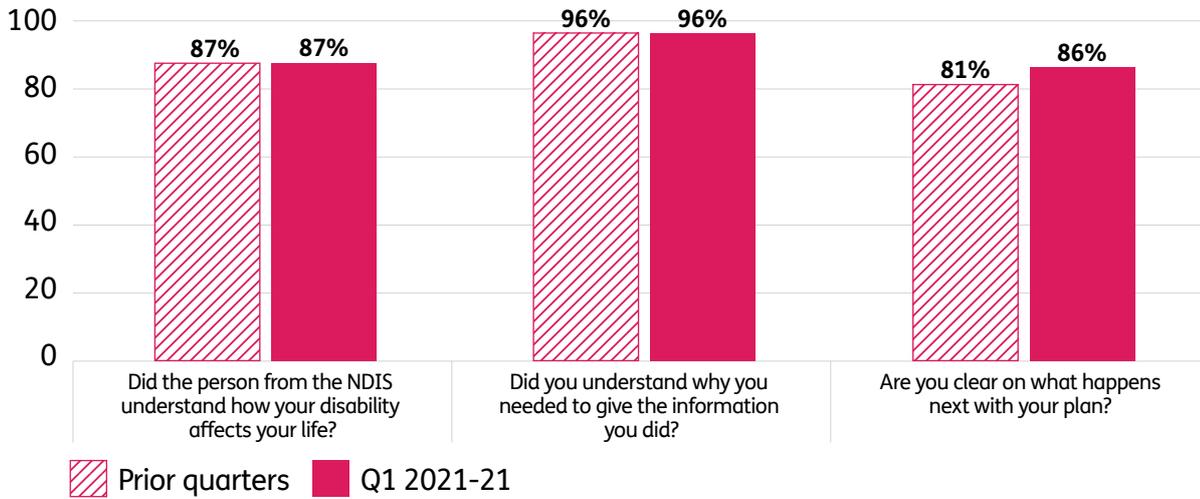
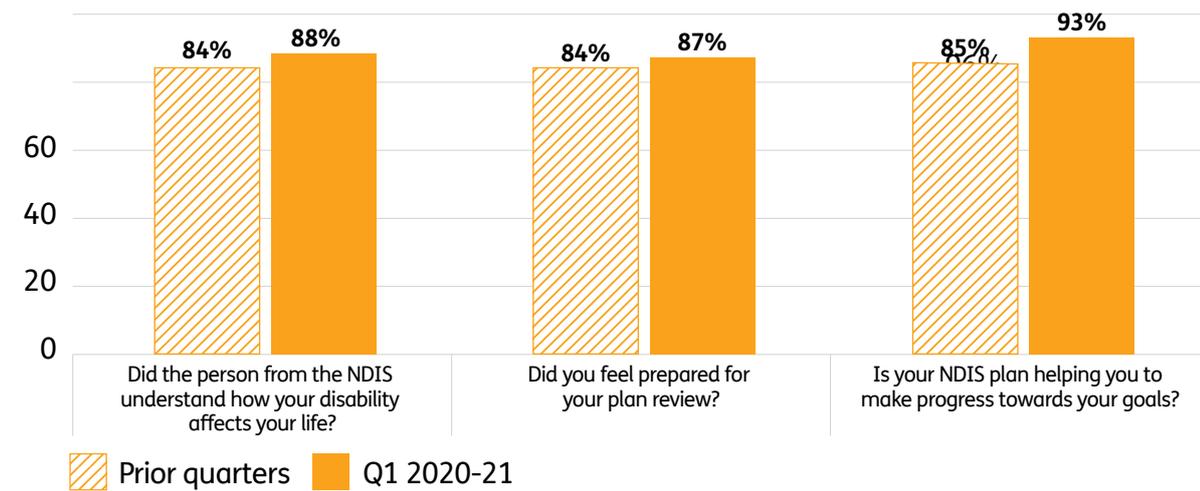


Figure 14: Satisfaction across the four stages of the pathway cont.

Stage Three: Planning



Stage Four: Plan Review



2.5 The NDIS Contact Centre

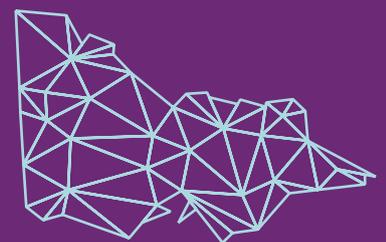
The NDIS contact centre continues to process a high volume of calls in a timely manner

The provider responsible for operating the NDIS Contact Centre has continued to meet service levels with respect to call response times, wait times and abandoned call rates for enquiries made to the NDIS.

- Between 1 July 2020 and 30 September 2020, the Contact Centre answered **265,503** phone calls. The average answer speed is consistently under **30 seconds**. Performance in the quarter averaged **27 seconds**.
- the Contact Centre is contracted to reach a weekly service level of **80%** of calls answered within **60 seconds**. At the end of the September 2020 quarter, NCC was achieving a service level of **85.2%**.
- average abandonment rates are consistently sitting at **1.1%**.
- **10,259** Webchat enquiries were responded to across the quarter, with **99.0%** answered within **10 seconds**.
- Throughout the quarter **215,471** emails were responded to, with **99.9%** progressed within **2 business days** of them being received.
- The rate of enquiries being resolved within the first response to the contact has increased from **73.1%** in June 2020 to **76.6%** for the quarter ending September 2020.



Tom's 9000km cycle to raise young stroke awareness



Tom, 27, from Ascot Vale in Victoria, survived a stroke at age 12.

He was left with an acquired brain injury and weakness down the right-hand side of his body, spent months in hospital and has since worked hard on his recovery.

To mark Stroke Week, and to raise greater awareness about young stroke, Tom announced he would cycle his trike 9000km to the four furthest points of Australia. Tom is busy training now and plans to set off on his epic endurance challenge on 2 August 2021, to mark his 28th birthday. He is inviting anyone interested to join him.

Tom has been with the NDIS for two years and he is grateful for the physio and occupational therapies he receives, which has helped him build his strength and endurance. He is also grateful for the maintenance he receives on his trike and the modifications the NDIS has been able to make to it to suit his needs.

Part Three:

Participant Service
Guarantee and
Participant Service
Improvement Plan



Part Three:

Participant Service Guarantee and Participant Service Improvement Plan

The NDIA is committed to improving how we serve NDIS participants. That's why we've introduced a Participant Service Charter to explain what participants can expect when they deal with us, and the Participant Service Improvement Plan that outlines all the improvements we will make.

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

The Participant Service Charter is also underpinned by the specific tangible actions listed in the **Participant Service Improvement Plan 2020-21**.

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

3.1 Participant Service Charter and Guarantee

The latest quarter shows that service standards are being met across many PSG metrics.

Performance against the proposed service standards – September 2020

Legislation to implement the Participant Service Charter and Guarantee has been delayed due to the COVID-19 pandemic. However, the NDIA has commenced measuring performance against the PSG metrics where possible, and will expand this reporting in future quarters.

Service type	Description of the service being guaranteed	Service Guarantee	Performance	Comparison to target of 95%
General	Explanation of a previous decision, after a request for explanation is received ¹	28 days	Reporting will commence in the 31 March 2021 report	
Access	Make an access decision, or request for more information, after an access request has been received	21 days	100% in the September 2020 Quarter	●
Access	Allow sufficient time for prospective participants to provide information, after NDIA has requested further information	90 days	98% in the September 2020 Quarter	●
Access	Make an access decision, after the final information has been provided	14 days	100% in the September 2020 Quarter	●
Planning	Commence facilitating the preparation of a plan, after an access decision has been made	21 days	75% in the September 2020 Quarter	■
Planning	Approve a participant's plan, after an access decision has been made	70 days	92% in the September 2020 Quarter	▲
Planning	Approve a plan for ECEI participants, after an access decision has been made.	90 days	98% in the September 2020 Quarter	●
Implementation	Offer to hold a plan implementation meeting, after the plan is approved	As soon as reasonably practical	Reporting will commence in the 30 June 2021 report	
Implementation	If the participant accepts the offer, hold a plan implementation meeting	28 days	Reporting will commence in the 30 June 2021 report	

Part Three: Participant Service Guarantee and Participant Service Improvement Plan

Service type	Description of the service being guaranteed	Service Guarantee	Performance	Comparison to target of 95%
Implementation	Provide a copy of the plan to a participant, after the plan is approved	7 days	Reporting will commence in the 31 December 2020 report	
Plan review	Commence facilitating a scheduled plan review, prior to the scheduled review date	56 days	65% in the September 2020 Quarter	
Plan review	Decide whether to undertake a participant requested plan review, after the request is received	21 days	100% in the September 2020 Quarter	
Plan review	Complete a participant requested review, after the decision to accept the request is made	42 days	74% in the September 2020 Quarter	
Plan variations	Vary a plan, after the receipt of information that triggers the plan amendment process	28 days	97% in the September 2020 Quarter	
Plan variations	Vary a plan, after receipt of information relating to a complex quote that triggers a plan amendment process	50 days	Reporting will commence in the 31 December 2020 report	
Plan variations	Provide a copy of the plan to a participant, after the plan is amended	7 days	Reporting will commence in the 31 March 2020 report	
Reviewable decisions	Complete an internal review of a reviewable decision, after a request is received	90 days	99% in the September 2020 Quarter	
Reviewable decisions	Implement an AAT decision to vary a plan, after receiving notification of the AAT decision	28 days	Reporting will commence in the 30 June 2021 report	
Nominee	Cancel participant requested nominee	14 days	Reporting will commence in the 30 June 2021 report	
Nominee	Cancel CEO initiated nominee	14 days	Reporting will commence in the 30 June 2021 report	

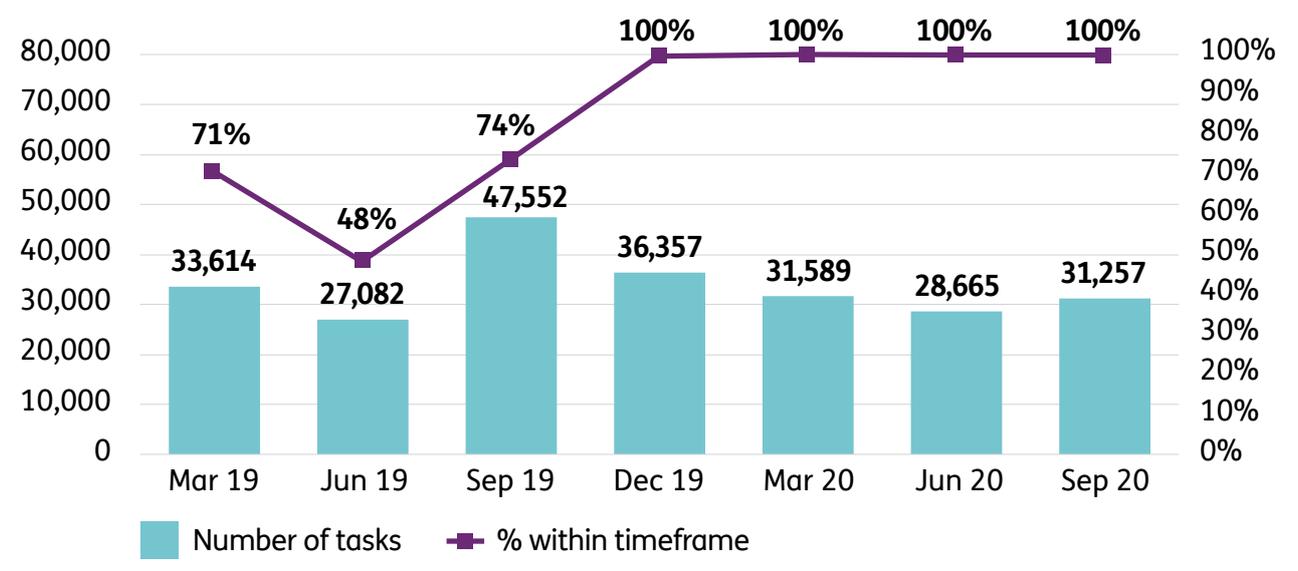
Key trends in PSG metrics

The NDIA has consistently been meeting the PSG timeframes for many of the metrics over the last few quarters, and there has been marked improvement from one year ago.

Access Decisions

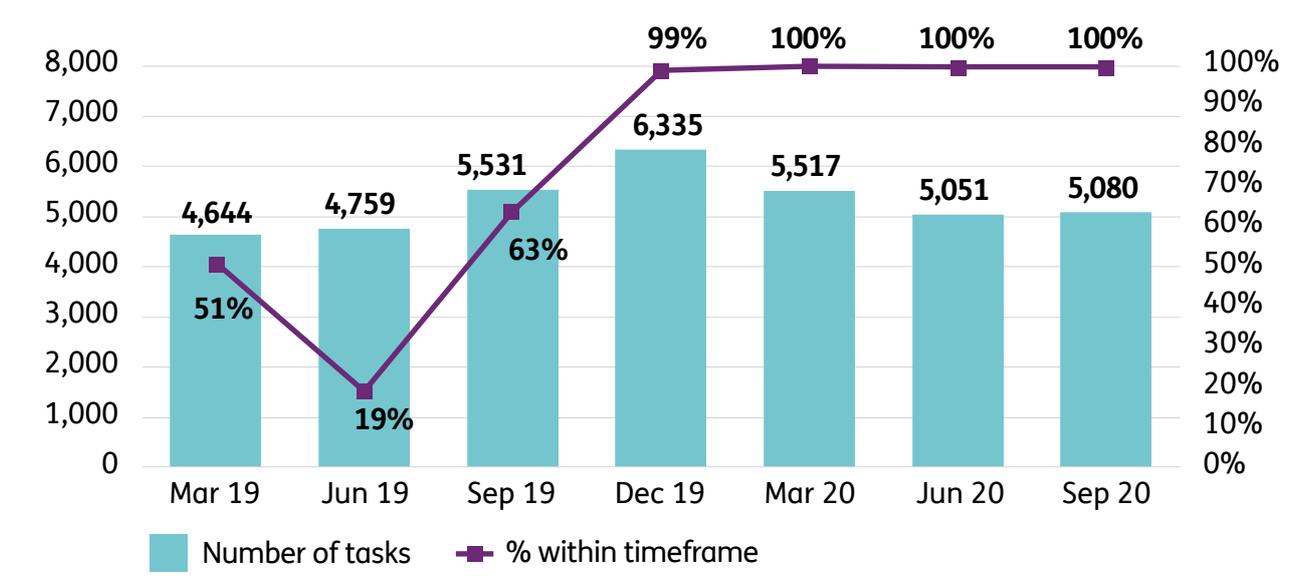
The NDIA has consistently met the 21 day timeframe in respect to access decisions over the last four quarters, which is a big improvement from a year ago, when the percentage met was 74%.

Figure 15: Access decision made, or further information requested, after receiving access request



The NDIA has also consistently met the 14 day timeframe in respect to making an access decision after the final information has been provided. Once again this is a big improvement from one year ago, where only 63% of decisions were made within the timeframe.

Figure 16: Make an access decision, after the final information has been provided



Part Three: Participant Service Guarantee and Participant Service Improvement Plan

Planning

Plan approval timeframes over the last few quarters have improved, with plan approval for participants aged 0 to 6, and participants aged 7 and above, now over 90% within their respective timeframes (90 days and 70 days respectively). Additionally, recent quarters show improvement in timeframes (21 days) for commencement of the preparation of a plan once access has been met.

Figure 17: Commence facilitating the preparation of a plan, after an access decision has been made

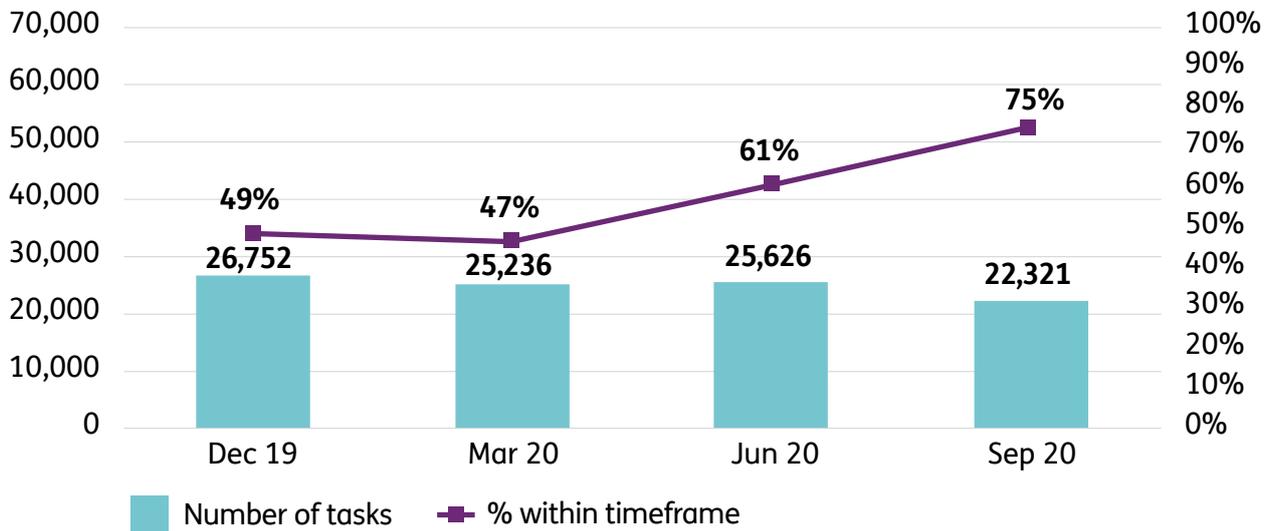


Figure 18: First plan approved after access decision has been made, 7+ years

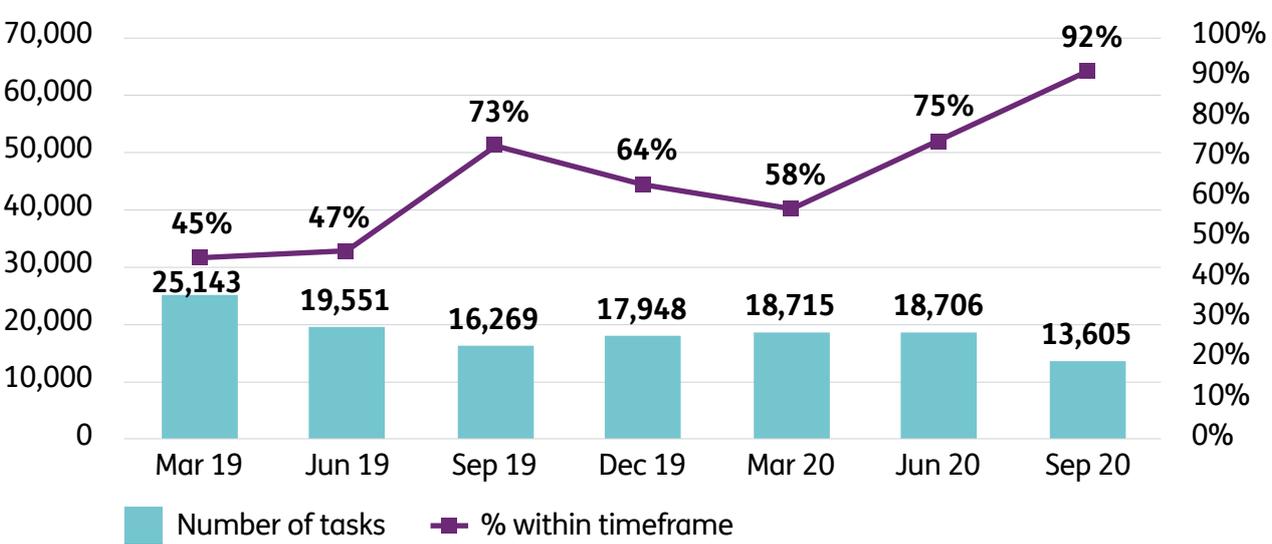
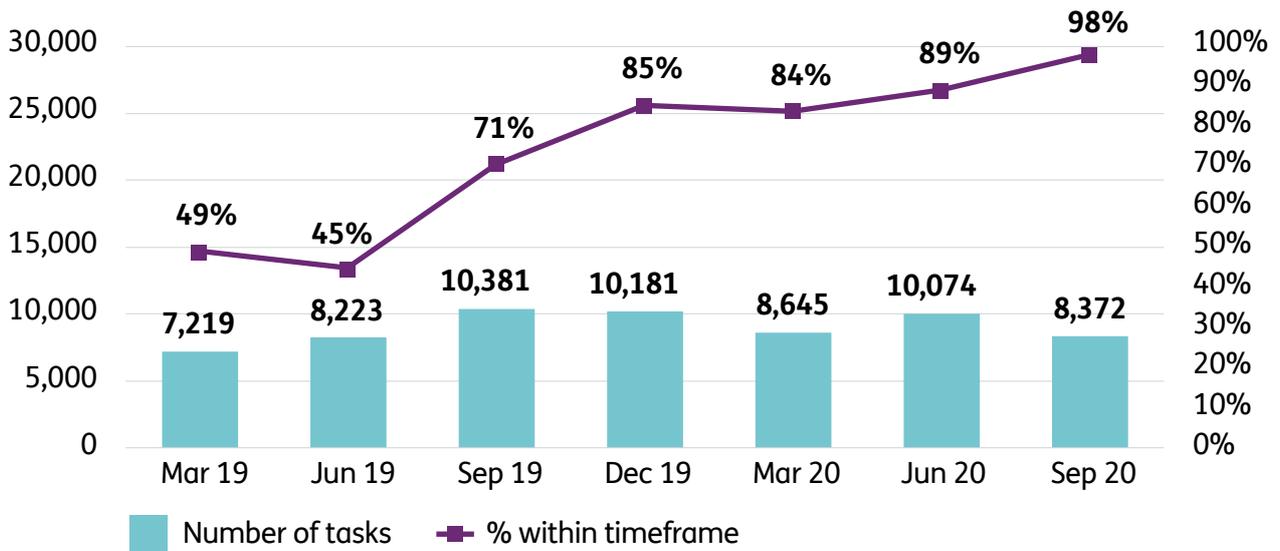


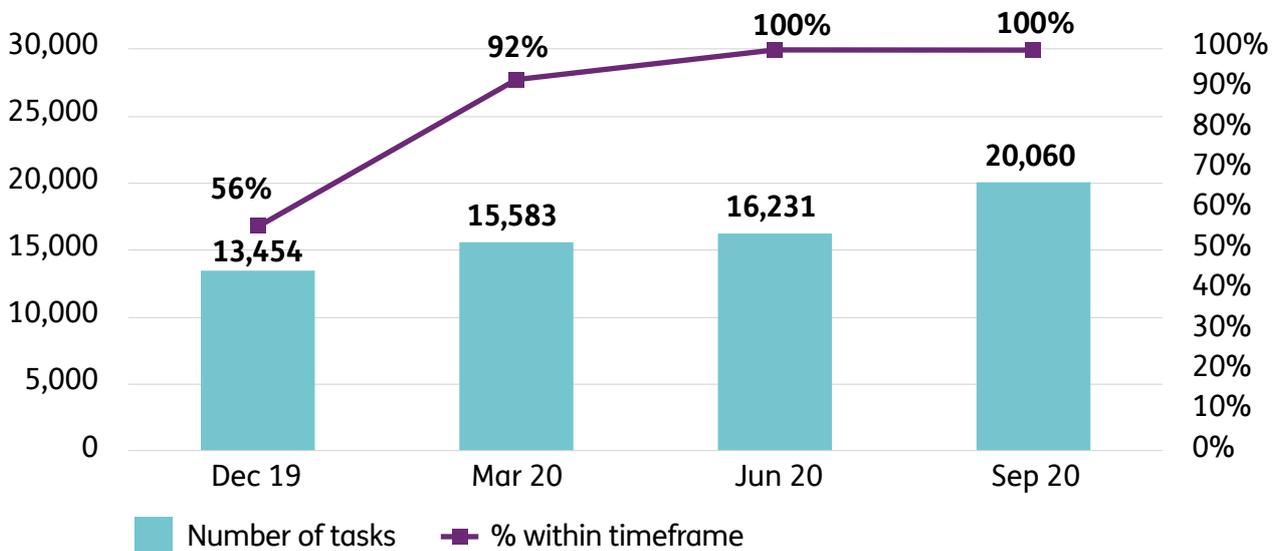
Figure 19: First plan approved after access decision has been made, 0-6 years



Plan Review

Decisions about whether or not to conduct a Participant Requested Review (PRR) are now made within 21 days 100 per cent of the time.

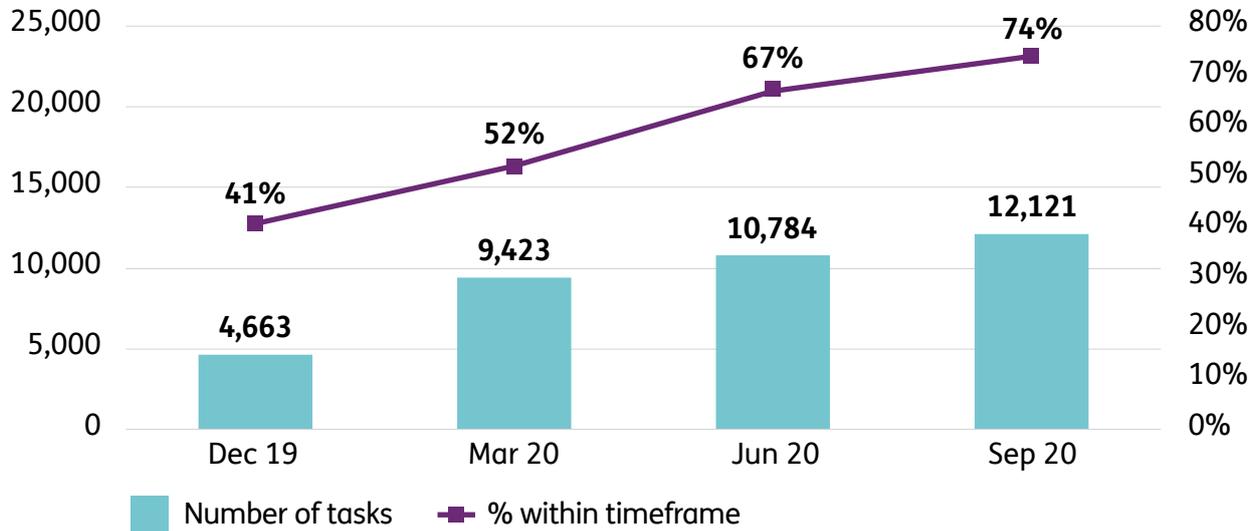
Figure 20: Decision made to undertake PRR after request is received



Part Three: Participant Service Guarantee and Participant Service Improvement Plan

Participant Requested Review (PRR) timeframes have steadily improved over the last few quarters, improving from 41 per cent in the December 2019 quarter to 74 per cent in the September 2020 quarter.

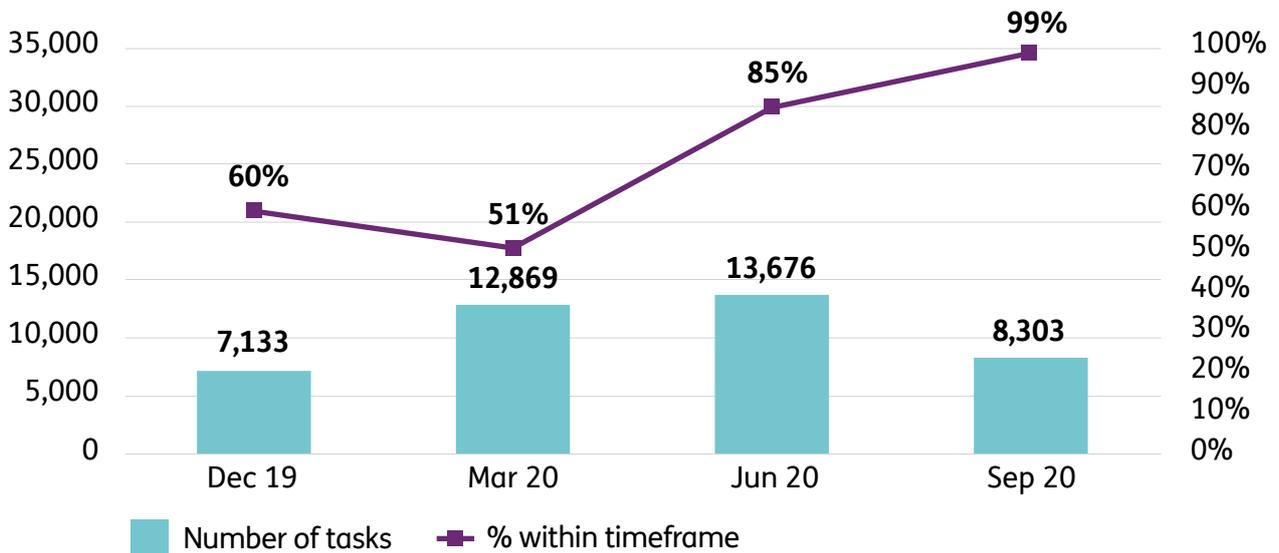
Figure 21: PRR completed after decision made to undertake review



Reviewable Decisions

The NDIA is now completing Reviews of Reviewable Decisions within the 90 day timeframe 99 per cent of the time.

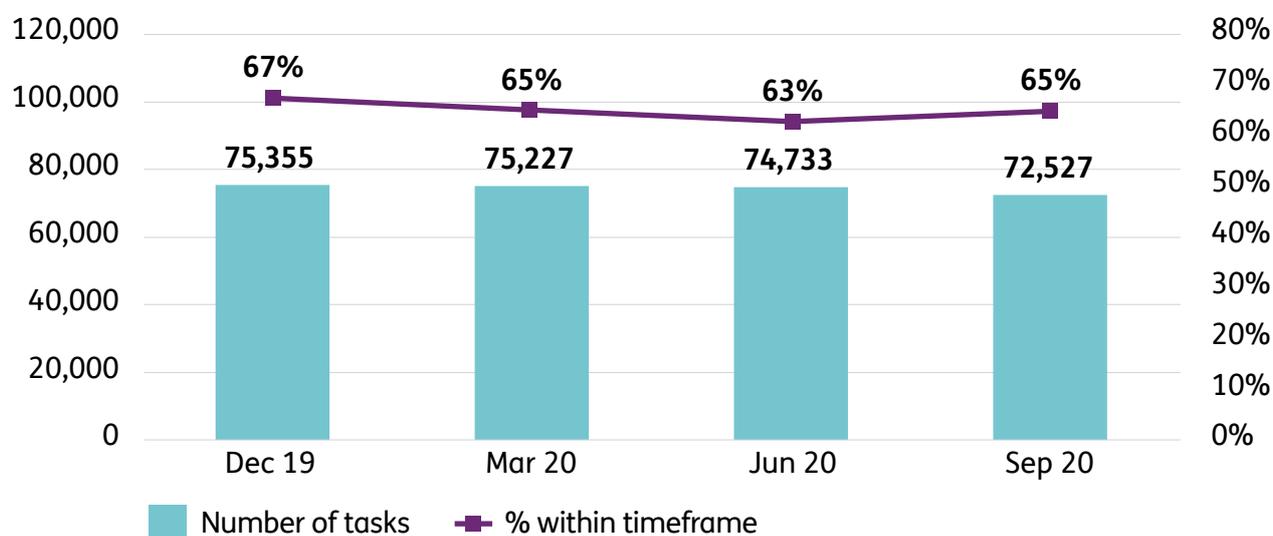
Figure 22: Complete Review of a Reviewable Decision after request is received



Part Three: Participant Service Guarantee and Participant Service Improvement Plan

Whilst progress towards meeting timeframes across most PSG metrics is evident, further improvement is required for some of the PSG metrics.

Figure 23: Commence facilitating a scheduled plan review, prior to the scheduled review date¹⁹



Service standards for the National Contact Centre

Service type	Description of the service being guaranteed	Performance
General	Our National Contact Centre will answer 80% of calls within 60 seconds.	85% in September

Service standards for complaints

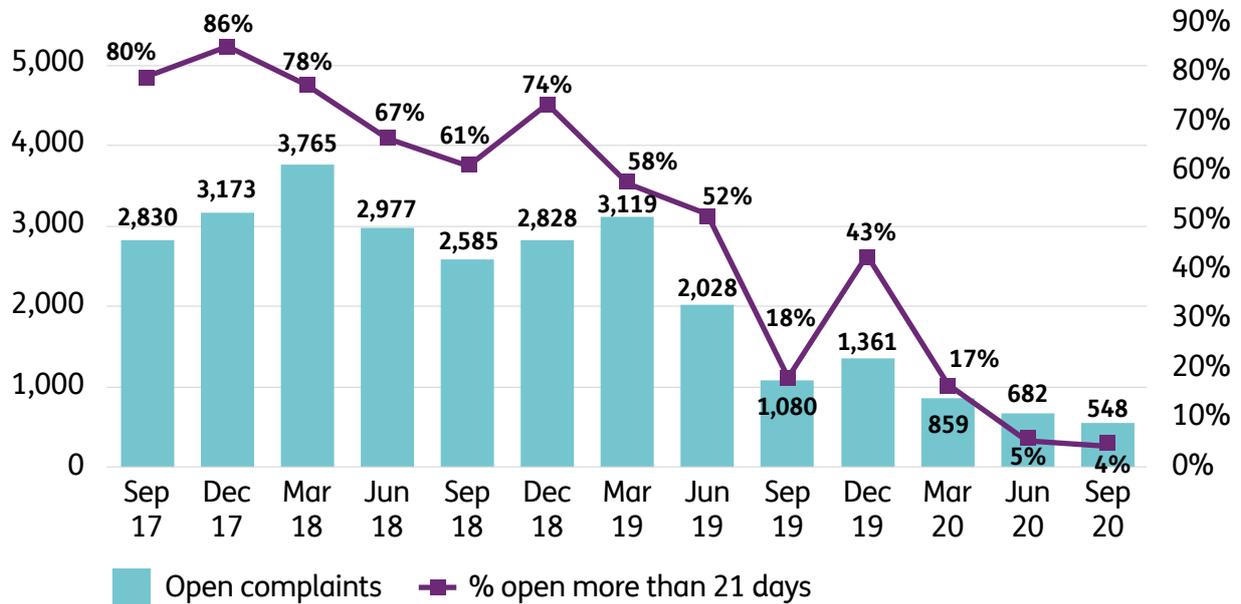
Service type	Description of the service being guaranteed	Service Guarantee	Performance
Complaints	Acknowledge a complaint after we receive it	1 day	Reporting commences in 2021
	Make contact after we receive a complaint	2 days	Reporting commences in 2021
	Resolve 90% of complaints within 21 days after we receive it. More complex complaints may take longer to address.	NA	95% in the September 2020 quarter

¹⁹ Despite current underachievement of this scheduled review target, the NDIA's new participant check-in process ensures that every scheduled review begins with a contact from the planner or partner to discuss review options well before any scheduled review date.

Key trends in complaints

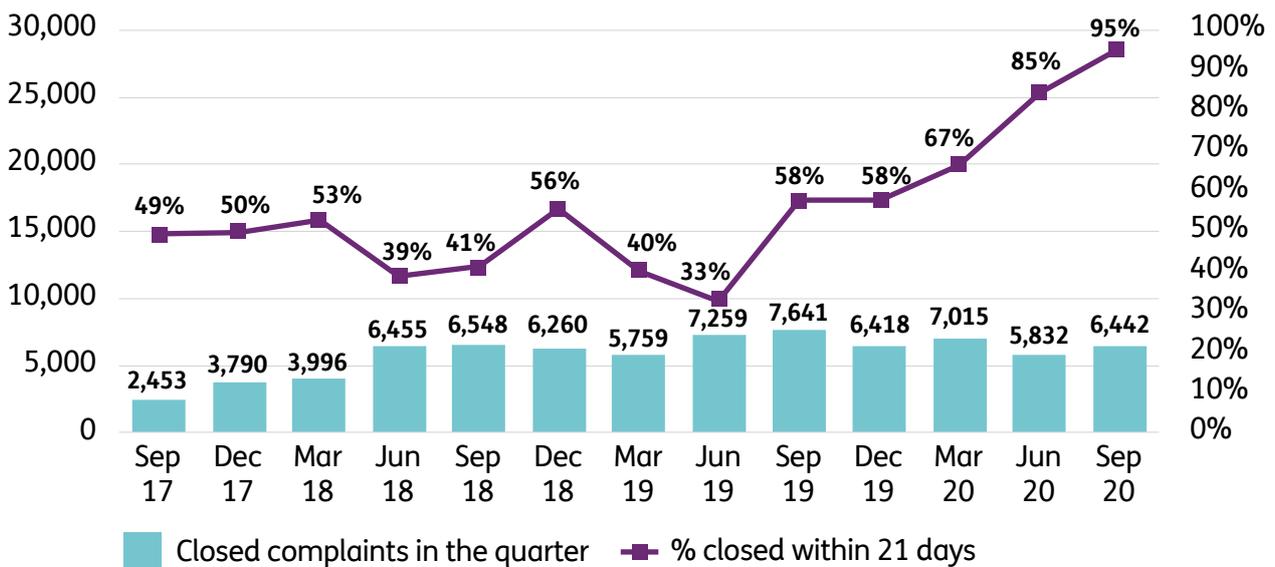
The number of open complaints has reduced significantly over recent quarters and the per cent of total complaints that have been open for more than 21 days has also significantly reduced.

Figure 23: Open complaints and per cent that have been open for more than 21 days²⁰



The number of completed complaints has been consistent over recent quarters despite the significant increase in participant numbers. Additionally, the per cent of complaints that have been closed within 21 days was 95 per cent in the most recent quarter, a significant improvement compared to prior quarters.

Figure 25: Closed complaints and per cent completed within 21 day timeframe²¹



²⁰ The numbers of complaints reported for the most recent quarter may still increase to the extent there is a lag in data collection. However, any increase is not expected to have a material impact on the results.

²¹ *ibid.*

3.2 Participant Service Improvement Plan (SIP)

Progress is being made against the Participant SIP deliverables.

This Service Improvement Plan 2020-21 (SIP) is the key to making real the promises in the Service Charter and Participant Service Guarantee. It sets out what the NDIA and partners are going to do over the next two years to deliver an NDIS that meets expectations.

The Participant SIP is specific and tangible. The Quarterly report to disability ministers will report on progress as set out in the Participant SIP.

Highlights for this quarter include:

SIP Commitment	What have we delivered?
The NDIS Contact Centre will give you more helpful and consistent information.	The National Call Centre now has a single source of truth which provides better information to help you with your requests. The NDIA is now monitoring the impact and measuring KPIs to ensure ongoing performance.
Your plan will be longer and ongoing . It will be reviewed when you or we request it – for example if your circumstances change or something significant happens in your life.	Participant plans are now enabled for up to three years. The participant check-in process has commenced and is being progressively implemented. The participant check-in process is tailored to meet the needs of participants , with some participants needing full plan reviews and other a more light-touch approach if things are going well.
We will increase the flexibility in living options if you are eligible for SDA.	Rule changes have been completed to enable family members to live with participants with SDA.
We will fund specialist community connectors (in remote, culturally and linguistically diverse, and Aboriginal and Torres Strait Islander communities) to deeply understand how you want to engage with us.	Specialist community connectors have been engaged and have commenced delivery services.
Liaison Officers , for Health and Justice especially, will help participants interact with the NDIS in each State and Territory.	Health and Justice liaison officers are in place across all States and Territories.

Service Improvement Plan (SIP) – Commitments and Progress

Communicating with us

By the end of the year (December 2020), we have committed to having a current contact name for each participant, and putting a real name on all of our letters. We are on track to do this, with 160 of our letters having now been amended.

We have also committed to an increased digital experience and have commenced work on online forms, and the website and portal.

SIP Commitment	Progress to date ²⁴	Expected Completion
You will have a current contact name for all your interactions with us		Dec 20
We will put the name of a real person on our letters to you		Dec 20
You will be able to use online forms and services where you want to		Dec 21
You will be able to track where your application or inquiry is up to online		Dec 21
The website and portal will be clearer and easier to use		Dec 21
The NDIS Contact Centre will give you more helpful and consistent information		✓

Getting information from us

The Participant Information Access (PIA) was launched on 1 July 2020, making it easier for participants to access their information, and feedback from participants has been overwhelmingly positive.

SIP Commitment	Progress to date ²²	Expected Completion
Our decision letters will have reasons for why we have decided something in plain English		Jun 21
You will be able to access your personal data and plan details without having to ask through a Freedom of Information (FOI) request		Dec 20
We will have clearer guidelines and procedures so there is consistency in how we make decisions; and we will make more of these public		Dec 21
Our guidelines will come with plain English descriptions and more examples		Dec 21
Our documents will use consistent terms and definitions with less jargon		Jun 22
We will be clearer on what reasonable and necessary supports means, with case studies and examples		Dec 21

²² Represents a qualitative assessment of work undertaken to date, for all of the tables below.

Part Three: Participant Service Guarantee and Participant Service Improvement Plan

Gaining Access to the NDIS

Work has commenced to review the planning process including the use of independent assessments to ensure support funding is more certain, fair and consistent. This is part of a broader program of works due for completion in 2022.

The online access request form is now available on the NDIS website to enable participants to apply for access to the Scheme in the way they choose.

SIP Commitment	Progress to date ²³	Expected Completion
We will increasingly use independent assessments , that we pay for, as a fair and consistent way to determine access to the NDIS		Jun 22
You will be able to apply to the NDIS in the way you want, including using an online access request form		Dec 20
We will make sure you are connected to other mainstream and community supports and services as well, even if you don't gain access to the NDIS		Jun 22

Making your plan

We are working towards supporting participants in the way that they choose to interact with us, including continuing face-to-face meetings where that is a participant's preference. Work has also commenced to enhance video conference capability.

SIP Commitment	Progress to date ²³	Expected Completion
We will use an independent assessment to ensure support funding in total is more certain, fair, consistent and quicker		Jun 22
We will support you, if you want, to build goals in your plan that are clearly defined, realistic and attainable		Jun 22
If you want, you will be able to have a face-to-face meeting with the person who makes a decision about your plan supports and funding		Jun 21
We will also support more video-conference planning meetings		Jun 21
You will get plan summary statements and draft plans before your plan is approved so you can check your information is right and there are no surprises		Jun 21
We're working to build more do-it-yourself online plan tools		Jun 22

²³ Represents a qualitative assessment of work undertaken to date, for all of the tables below.

Part Three: Participant Service Guarantee and Participant Service Improvement Plan

Using your plan

Participant plans are now enabled for up to 3 years. We will check-in with you on how the plan is going and whether an update or review is needed. Further, there will be a simple and quick process when you need to make minor changes to your plan.

Initial work has been completed to make plan budgets more flexible so participants can use their funding as they wish. Further work is underway to enhance plan flexibility further.

We will give you more support in using your plan, for finding both disability services and mainstream supports. Partners are currently providing connections for participants to community and mainstream supports.

SIP Commitment	Progress to date ²⁴	Expected Completion
We will give you more support for using your plan , for finding both disability services and mainstream supports		Jun 21
We will be clearer about support coordination services , and what you should expect		Jun 21
Your plan will be longer and ongoing . It will be reviewed when you or we request it – for example, if your circumstances change or something significant happens in your life		✓
We will check-in with you on how the plan is going, and whether an update or review is needed		Jun 21
There will be a simple and quick process when you need to make minor changes to your plan – it won't require a full "review"		Jun 21
We will make plan budgets more flexible so you can use your funding as you wish		Jun 22
You will be able to manage your plan more easily, using a new NDIS mobile app		Jun 21
We will make it easier to self-manage your plan, with the right support and controls in place; and to change easily between plan and self-managed		Jun 22
We will work with communities in remote and very remote areas , and other areas lacking services, to trial new ways of organising services so you can more easily use your support funding		Jun 22

²⁴ Represents a qualitative assessment of work undertaken to date, for all of the tables below.

Part Three: Participant Service Guarantee and Participant Service Improvement Plan

Payments from your plan

The Agency has finalised its payments strategy and is starting to scope a tender for a simpler point of sale payment mechanism. Enhancements to our current systems have made a significant improvement in timeliness of payments. Further work is in progress to deliver real time payments capability.

SIP Commitment	Progress to date ²⁵	Expected Completion
Payments will be able to be made simply and directly for registered and non-registered providers of services – no more paying first from your own cash and claiming it back		Jun 22
We will have new systems to make sure providers are paid promptly and accurately, so your support is not interrupted		Jun 22

Parts of your plan

Participants will be able to quickly access assistive technology and home modifications with less red tape. This will include a simpler process for requesting complex and non-standard assistive technology or home modifications.

Rule changes have been completed to increase the flexibility in living options for participants who are eligible for SDA. A standard form (for all housing including SDA) has been developed and will be available in Dec 2020. Further work is underway to create an SDA dwelling enrolment function which is scheduled for release later this year.

Work has commenced to ensure that the right goals and supports are included in participant plans. A tool has been published to assist participants who work in ADEs prepare for plan discussions.

SIP Commitment	Progress to date ²⁵	Expected Completion
You will be able to quickly access assistive technology and home modifications with less red tape. This includes a simpler process for requesting complex and non-standard assistive technology or home modifications		Jun 21
We will issue new easy-to-understand guidelines for complex home modifications		Dec 20
We will encourage Individualised Living Options as an alternative to traditional group homes		Jun 22
We will increase the flexibility in living options if you are eligible for SDA		✓
We will process applications for all supports associated with housing and accommodation issues together and more quickly		Jun 21
There will be a standard form and application process for SDA		Dec 20
There will be a national SDA-matching website showing all available properties		Dec 20
We will focus on your plan and goals supporting you to gain employment if that is what you want		Jun 22

²⁵ Represents a qualitative assessment of work undertaken to date, for all of the tables below.

Part Three: Participant Service Guarantee and Participant Service Improvement Plan

Support for engaging with us

The NDIA has engaged specialist community connectors in remote, CALD, and Aboriginal and Torres Strait Islander communities to better engage with participants.

Work has commenced to develop training packages and tools to support work across a range of disability cohorts, CALD and Aboriginal and Torres Strait Islander communities. Training programmes are due to be released to staff throughout 2020-21 to improve cultural and disability awareness of front-line staff.

The NDIA has also established a NDIS carer connect network for ageing parents of people with a disability with services commencing in a number of areas.

SIP Commitment	Progress to date ²⁶	Expected Completion
We will pro-actively check-in with you, especially if you may be in a vulnerable situation		Jun 21
We will improve the way we provide you support for independent decision-making		Jun 22
We want to support and promote children and young people's voice in their own plans; while also working closely with parents and carers		Jun 21
We will improve our direct support for you if you have complex needs and require critical supports , or are otherwise potentially vulnerable		Jun 22
We will fund specialist community connectors (in remote, culturally and linguistically diverse, and Aboriginal and Torres Strait Islander communities) to deeply understand how you want to engage with us		✓
We will also have a NDIS carer connect network for aging parents of people with a disability		Dec 20
Our front-line teams will have improved cultural and disability awareness		Jun 21
Liaison Officers , for Health and Justice especially, will help participants interact with the NDIS in each State and Territory		✓
We will support you if you are a Young Person in Residential Aged Care to live elsewhere		Jun 22
We will fund early intervention supports for children more flexibly		Jun 22

²⁶ Represents a qualitative assessment of work undertaken to date, for all of the tables below.



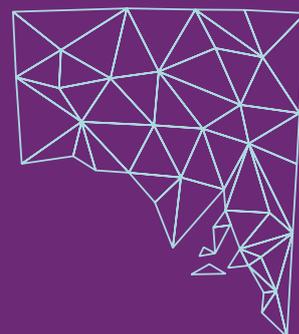
Caleb sets sail for an independent future

Caleb, 20, lives in Port Lincoln, South Australia and has autism.

Since leaving school at the end of 2018, Caleb has been using the School Leaver Employment Supports (SLES) funding in his NDIS plan to build his employment skills with support from provider Eyre Futures.

As well as improving his reading and writing, Caleb has been doing work experience at a local primary school and volunteering at Riding for the Disabled Australia. Caleb says his ultimate goal is to secure mainstream employment as a student support officer.

In his spare time Caleb loves playing guitar and sailing, most recently being part of the two-man team that finished second overall in the 125 class at the Australian sailing championships.



Part Four:

Providers and the growing market



Part Four:

Providers and the growing market

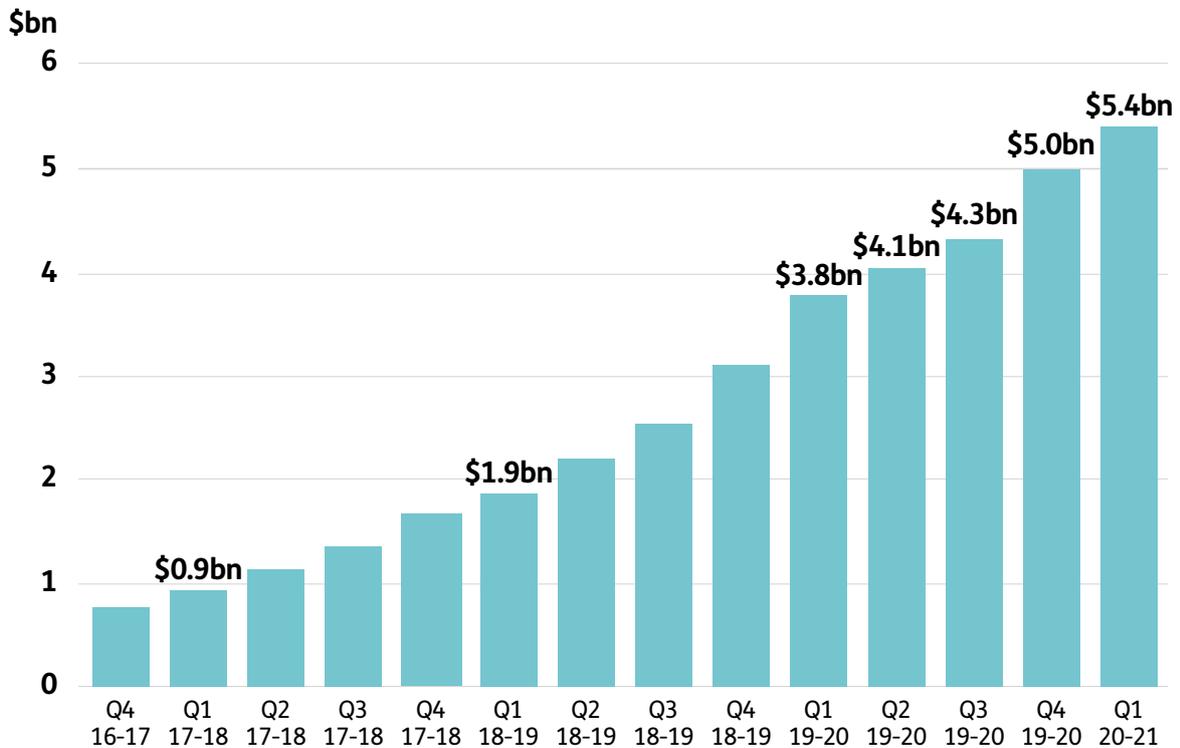
The NDIS market continues to grow each quarter.

4.1 Growth in the NDIS market

Payments for NDIS supports have grown 8 per cent in the last quarter.

The amount paid each quarter for NDIS supports continue to increase. \$5.4 billion was paid in the September 2020 quarter, compared with \$5.0 billion in the June 2020 quarter, and \$4.3 billion in the March 2020 quarter.

Figure 26: Total payments by quarter²⁷

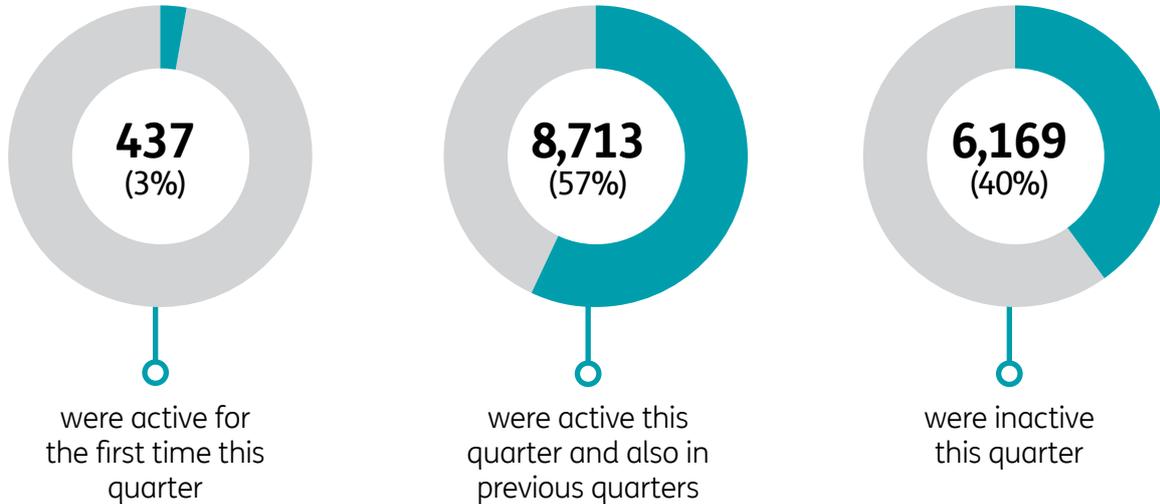


²⁷ The chart represents the amount paid each quarter, regardless of when the support was provided.

4.2 Active providers

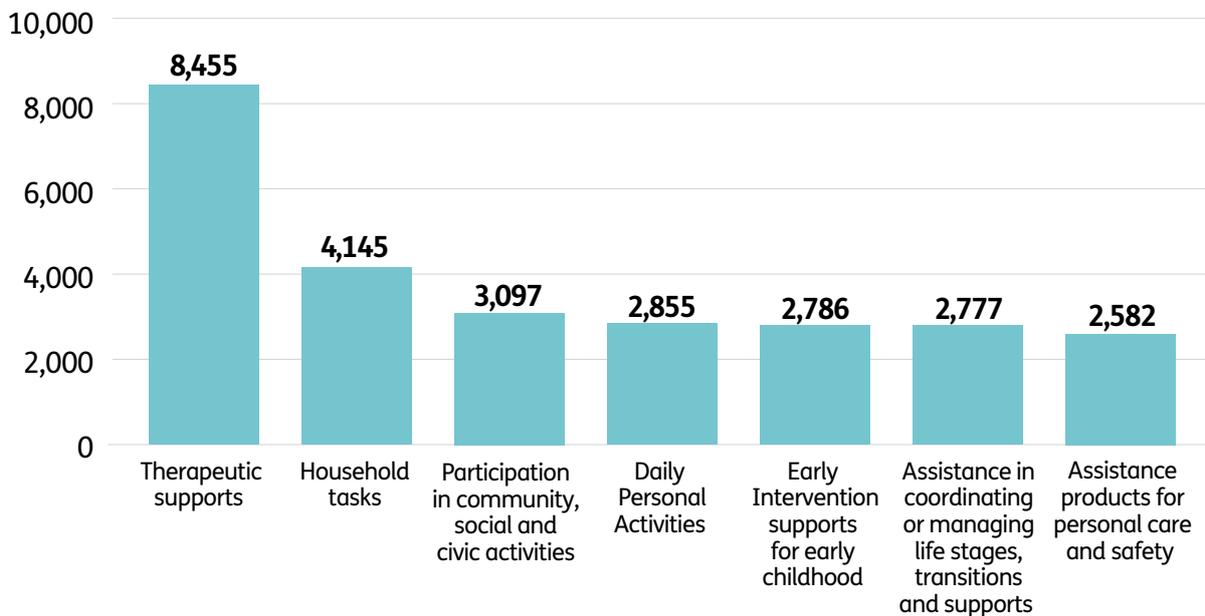
Therapeutic supports continue to be the largest registration group for active providers.

Since the start of the Scheme, 15,319 providers have supported participants²⁸ Of these:



The registration groups with the largest number of active registered providers are therapeutic supports and household tasks.

Figure 27: The largest registration groups for active providers



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 15,319.

4.3 Average plan budgets and average payments

Average plan budgets and average payments to participants continues to increase - however, there is inconsistency in average plan budgets and average payments across States and Territories.

The average payment per participant has increased by almost 50% over the three years from 2017 to 2020, and the average plan budget has increased by 25% over the same three years.

Figure 28: Average Payments per year as at 30 September by year

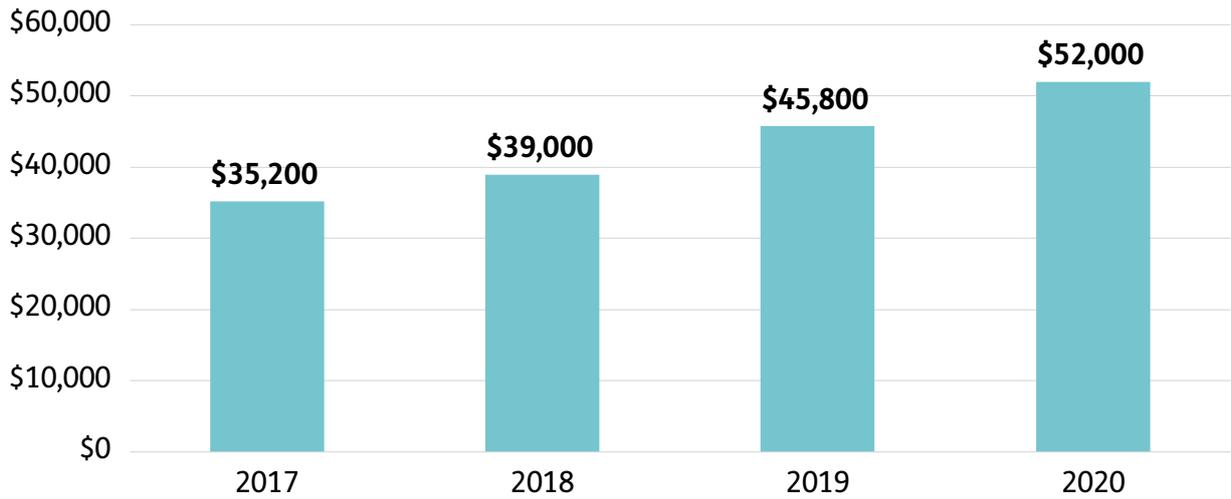
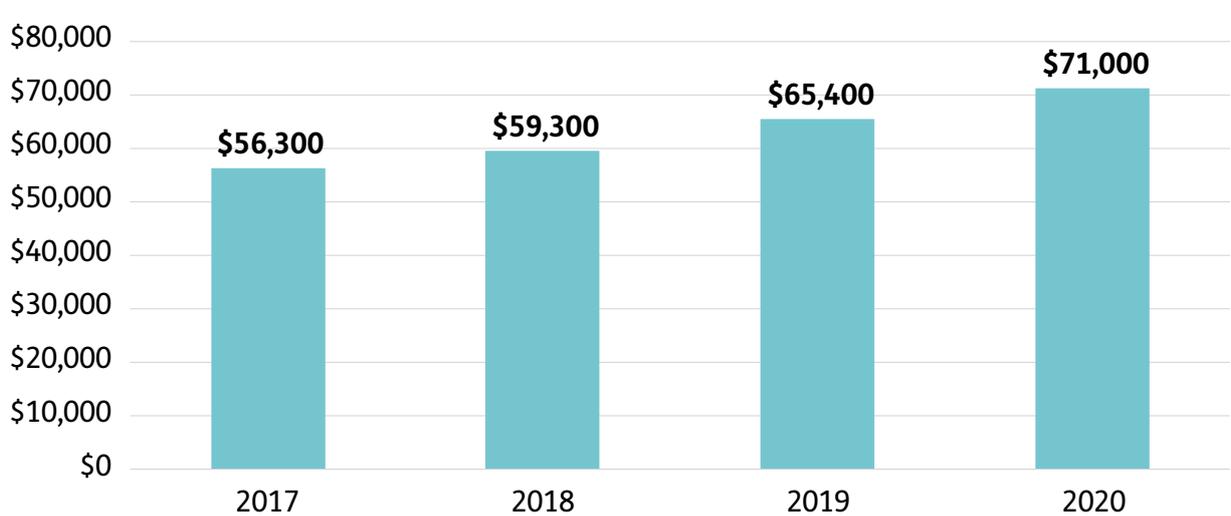


Figure 29: Average annualised committed supports as at 30 September by year



Part Four: Providers and the growing market

Average payments differ by State/Territory for both SIL and non-SIL participants. Payments are particularly high in the Northern Territory compared with other States and Territories.²⁹

Figure 30: Average payment for 2019-20 split by State/Territory and SIL/non-SIL

State/Territory	Participants in SIL	Participants not in SIL	All participants
New South Wales	\$321,000	\$35,000	\$55,000
Victoria	\$302,000	\$33,000	\$46,000
Queensland	\$322,000	\$40,000	\$58,000
Western Australia	\$228,000	\$32,000	\$43,000
South Australia	\$324,000	\$29,000	\$49,000
Tasmania	\$339,000	\$32,000	\$64,000
Australian Capital Territory	\$326,000	\$31,000	\$48,000
Northern Territory	\$535,000	\$45,000	\$99,000
National	\$315,000	\$35,000	\$52,000

Average plan budgets also differ by State/Territory, with Victoria and the Australian Capital Territory having lower plan budgets relative to the other States and Territories and the Northern Territory having higher plan budgets. Independent assessment are being introduced to improve consistency and equity in decision-making.

Figure 31: Average plan budgets as at 30 September 2020 split by State/ Territory and SIL/ non-SIL

State/Territory	Participants in SIL	Participants not in SIL	All participants
New South Wales	\$357,000	\$51,000	\$71,000
Victoria	\$325,000	\$54,000	\$64,000
Queensland	\$364,000	\$60,000	\$77,000
Western Australia	\$314,000	\$58,000	\$74,000
South Australia	\$347,000	\$50,000	\$68,000
Tasmania	\$376,000	\$53,000	\$83,000
Australian Capital Territory	\$367,000	\$46,000	\$63,000
Northern Territory	\$593,000	\$86,000	\$137,000
National	\$352,000	\$54,000	\$71,000

²⁹ After standardising for remoteness category, average payments are still high in the Northern Territory compared with other States and Territories.

4.4 Choice and control, utilisation and market concentration

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

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

– **choice and control**

– **utilisation**

– **market concentration**

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

Choice and control

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

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

Overall, 44 of the 80 regions (55%) in the analysis were within five percentage points of the national average, four regions (5%) were more than 10 percentage points above the national average, and four regions (5%) were more than 10 percentage points below the national average.

The four service districts more than 10 percentage points above the national average were ACT, Barkly in Northern Territory, Barwon in Victoria and Limestone Coast in South Australia. The regions more than 10 percentage points below the national average were Darwin Remote, Katherine and East Arnhem in the Northern Territory, and Goldfields-Esperance in Western Australia.

Part Four: Providers and the growing market

At 30 September 2020:

- Darwin Remote has 352 active participants and plan budgets totalling \$35 million
- Katherine has 177 active participants and plan budgets totalling \$32 million
- East Arnhem has 187 active participants and plan budgets totalling \$25 million
- Goldfields-Esperance had 546 active participants and plan budgets totalling \$46 million

Figure 32: Choice and control – number of bilateral service districts – gap to benchmark

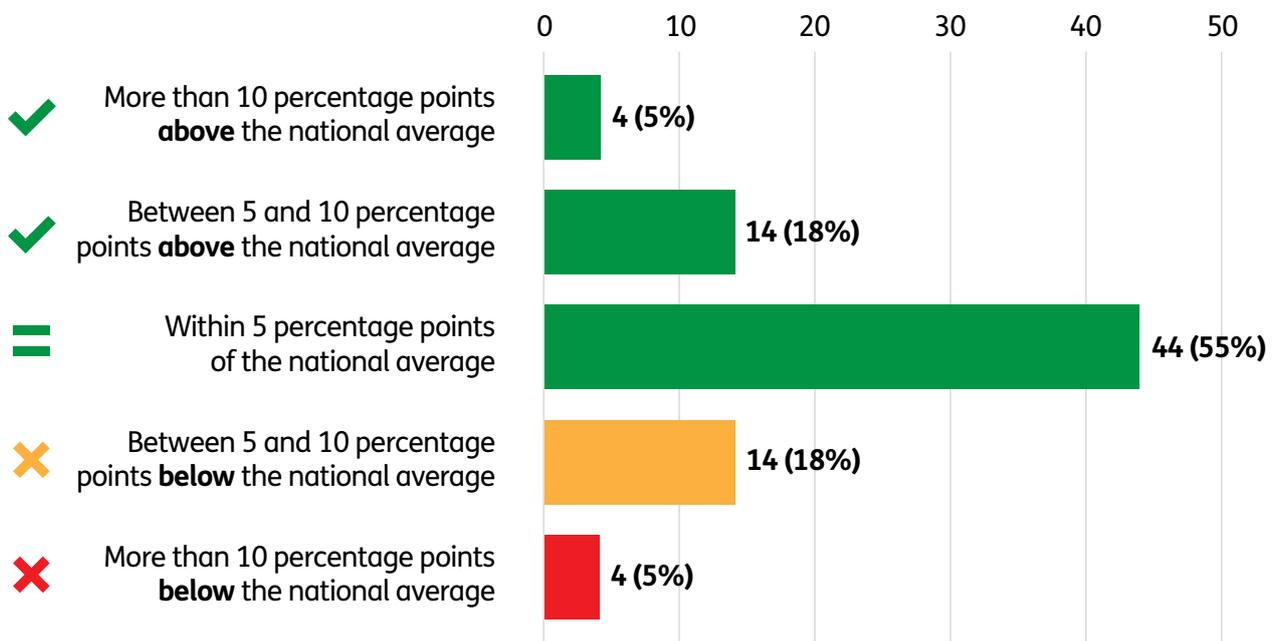


Figure 33: Choice and control service districts breakdown – 30 September 2020

Region	State/Territory	Active participants	Annualised plan budget (\$m)
More than 10 percentage points above the national average			
ACT	Australian Capital Territory	7,906	\$499
Barkly	Northern Territory	160	\$17
Limestone Coast	South Australia	1,227	\$83
Barwon	Victoria	8,493	\$534
Between 5 and 10 percentage points above the national average			
Hunter New England	New South Wales	22,730	\$1,647
Toowoomba	Queensland	5,364	\$419
Barossa, Light and Lower North	South Australia	1,767	\$88
Eastern Adelaide	South Australia	3,191	\$261
Eyre and Western	South Australia	1,148	\$84
Fleurieu and Kangaroo Island	South Australia	972	\$73
Murray and Mallee	South Australia	1,525	\$106
Western Adelaide	South Australia	3,245	\$232
Yorke and Mid North	South Australia	1,484	\$85
TAS North West	Tasmania	2,226	\$179
TAS South West	Tasmania	2,507	\$242
Inner Gippsland	Victoria	4,328	\$256
Outer Gippsland	Victoria	1,939	\$122
South Metro	Western Australia	5,484	\$351
Within 5 percentage points of the national average			
Central Coast	New South Wales	7,585	\$483
Far West	New South Wales	547	\$45
Illawarra Shoalhaven	New South Wales	7,700	\$563
Mid North Coast	New South Wales	5,222	\$370
Murrumbidgee	New South Wales	5,778	\$385
Nepean Blue Mountains	New South Wales	7,781	\$538
Northern NSW	New South Wales	6,119	\$453
Southern NSW	New South Wales	3,790	\$235
Western NSW	New South Wales	5,415	\$425
Beenleigh	Queensland	7,799	\$610
Brisbane	Queensland	14,929	\$1,244
Bundaberg	Queensland	2,463	\$169
Caboolture/Strathpine	Queensland	7,891	\$637
Cairns	Queensland	3,822	\$334
Ipswich	Queensland	6,588	\$465
Mackay	Queensland	2,776	\$183
Maroochydore	Queensland	6,608	\$529
Maryborough	Queensland	3,267	\$266
Robina	Queensland	7,667	\$542
Rockhampton	Queensland	4,410	\$308
Townsville	Queensland	5,203	\$378
Adelaide Hills	South Australia	1,369	\$85

Figure 33: Choice and control service districts breakdown – 30 September 2020 cont.

Region	State/Territory	Active participants	Annualised plan budget (\$m)
Within 5 percentage points of the national average cont.			
Far North (SA)	South Australia	455	\$39
Northern Adelaide	South Australia	12,251	\$772
Southern Adelaide	South Australia	8,078	\$592
TAS North	Tasmania	2,631	\$215
Bayside Peninsula	Victoria	13,374	\$993
Central Highlands	Victoria	4,530	\$270
Goulburn	Victoria	3,238	\$181
Hume Moreland	Victoria	7,436	\$409
Loddon	Victoria	5,941	\$330
Mallee	Victoria	1,791	\$122
North East Melbourne	Victoria	11,015	\$738
Outer East Melbourne	Victoria	8,412	\$594
Ovens Murray	Victoria	2,912	\$160
Western District	Victoria	3,391	\$217
Western Melbourne	Victoria	9,337	\$557
Great Southern	Western Australia	840	\$61
Kimberley-Pilbara	Western Australia	1,069	\$89
South West	Western Australia	2,974	\$186
North East Metro	Western Australia	5,765	\$449
South East Metro	Western Australia	3,765	\$309
Midwest-Gascoyne	Western Australia	711	\$45
Central South Metro	Western Australia	4,440	\$313
Between 5 and 10 percentage points below the national average			
North Sydney	New South Wales	8,872	\$747
South Eastern Sydney	New South Wales	8,302	\$594
South Western Sydney	New South Wales	16,701	\$1,035
Sydney	New South Wales	6,971	\$485
Western Sydney	New South Wales	14,130	\$972
Central Australia	Northern Territory	6,245	\$357
Darwin Urban	Northern Territory	8,033	\$645
TAS South East	Tasmania	9,494	\$552
Brimbank Melton	Victoria	429	\$36
Inner East Melbourne	Victoria	1,887	\$135
Southern Melbourne	Victoria	516	\$114
Wheat Belt	Western Australia	1,985	\$241
Central North Metro	Western Australia	3,413	\$311
North Metro	Western Australia	630	\$41
More than 10 percentage points below the national average			
Darwin Remote	Northern Territory	352	\$35
East Arnhem	Northern Territory	187	\$25
Katherine	Northern Territory	177	\$32
Goldfields-Esperance	Western Australia	546	\$46

Part Four: Providers and the growing market

Utilisation

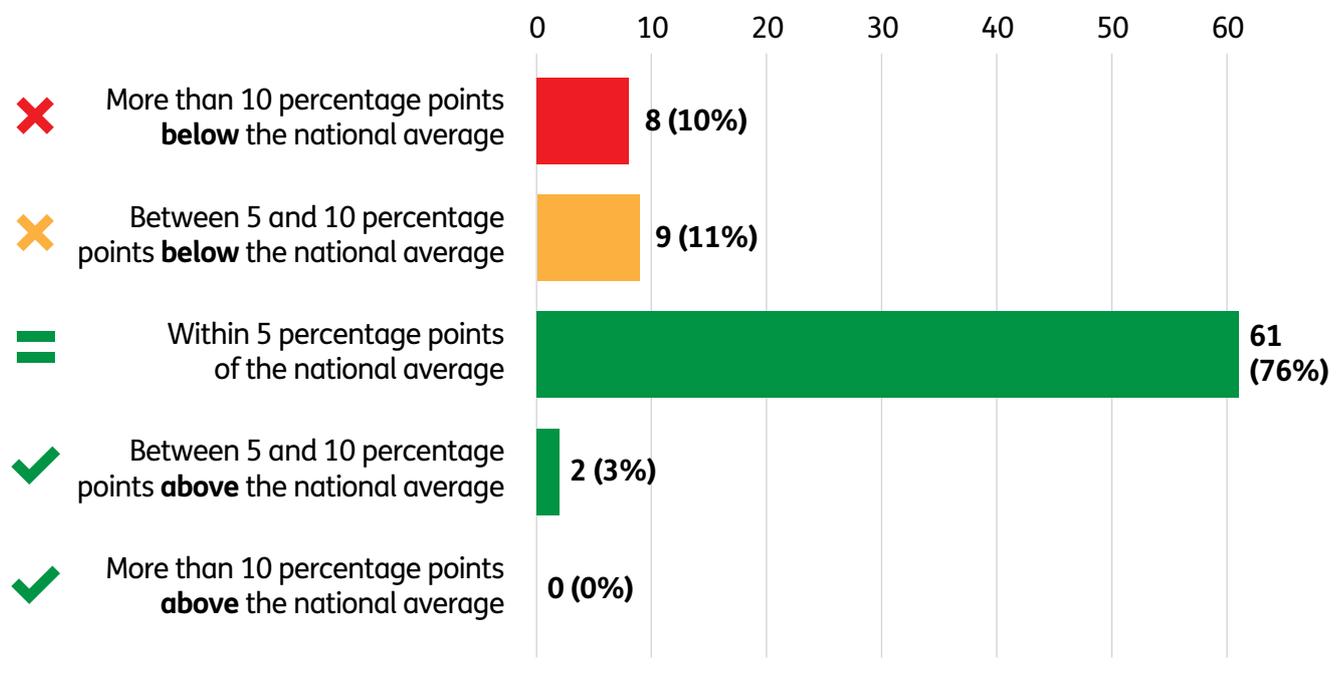
As seen above, average plan budgets and average payments to participants have been increasing over time, indicating that participants are getting more support over time. Understanding differences between plan budgets and payments (utilisation) across geographical regions is important in identifying “hot spots” where participants are getting relatively less support compared with other geographical regions.

Overall, 61 of the 80 regions (76%) in the analysis are within five percentage points of the national average³⁰, no regions were more than 10 percentage points above the national average, and eight regions (10%) were more than 10 percentage points below the national average.

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

There are nine regions between five and 10 percentage points below the national average – these are also mainly in regional and remote areas.

Figure 34: Utilisation – number of service districts – gap to benchmark



³⁰ Utilisation has been adjusted to account for the differences in the proportion of participants in each region receiving SIL, along with the time participants have been in the Scheme.

Figure 35: Utilisation service districts breakdown – 30 September 2020

Region	State/Territory	Active participants	Annualised plan budget (\$m)
More than 10 percentage points below the national average			
Far West	New South Wales	547	\$45
East Arnhem	Northern Territory	187	\$25
Darwin Remote	Northern Territory	352	\$35
Barkly	Northern Territory	160	\$17
Far North (SA)	South Australia	455	\$39
Eyre and Western	South Australia	1,148	\$84
Goldfields-Esperance	Western Australia	546	\$46
Kimberley-Pilbara	Western Australia	1,069	\$89
Between 5 and 10 percentage points below the national average			
Western NSW	New South Wales	526	\$43
Murray and Mallee	South Australia	5,190	\$406
Limestone Coast	South Australia	1,463	\$97
Yorke and Mid North	South Australia	1,432	\$80
Outer Gippsland	Victoria	516	\$114
Inner Gippsland	Victoria	167	\$31
Goulburn	Victoria	990	\$82
Western District	Victoria	818	\$47
Wheat Belt	Western Australia	818	\$47
Within 5 percentage points of the national average			
ACT	Australian Capital Territory	7,906	\$499
Southern NSW	New South Wales	3,790	\$235
Hunter New England	New South Wales	22,730	\$1,647
Murrumbidgee	New South Wales	5,778	\$385
Nepean Blue Mountains	New South Wales	7,781	\$538
Central Coast	New South Wales	7,585	\$483
Illawarra Shoalhaven	New South Wales	7,700	\$563
Mid North Coast	New South Wales	5,222	\$370
North Sydney	New South Wales	9,200	\$780
Sydney	New South Wales	7,244	\$512
Northern NSW	New South Wales	6,119	\$453
Western Sydney	New South Wales	14,785	\$1,040
South Eastern Sydney	New South Wales	8,631	\$629
Katherine	Northern Territory	177	\$32
Central Australia	Northern Territory	551	\$122
Darwin Urban	Northern Territory	2,113	\$260
Rockhampton	Queensland	4,410	\$308
Mackay	Queensland	2,776	\$183
Townsville	Queensland	5,203	\$378
Cairns	Queensland	3,822	\$334
Toowoomba	Queensland	5,364	\$419
Ipswich	Queensland	6,588	\$465

Figure 35: Utilisation service districts breakdown – 30 September 2020 cont.

Region	State/Territory	Active participants	Annualised plan budget (\$m)
Within 5 percentage points of the national average cont.			
Maryborough	Queensland	3,267	\$266
Caboolture/Strathpine	Queensland	7,891	\$637
Brisbane	Queensland	14,929	\$1,244
Bundaberg	Queensland	2,463	\$169
Beenleigh	Queensland	7,799	\$610
Maroochydore	Queensland	6,608	\$529
Fleurieu and Kangaroo Island	South Australia	972	\$73
Barossa, Light and Lower North	South Australia	1,767	\$88
Southern Adelaide	South Australia	8,078	\$592
Eastern Adelaide	South Australia	3,191	\$261
Adelaide Hills	South Australia	1,369	\$85
Northern Adelaide	South Australia	12,251	\$772
Western Adelaide	South Australia	3,245	\$232
TAS North	Tasmania	2,631	\$215
TAS North West	Tasmania	2,226	\$179
TAS South East	Tasmania	1,994	\$141
TAS South West	Tasmania	2,507	\$242
Central Highlands	Victoria	4,530	\$270
Barwon	Victoria	8,493	\$534
Ovens Murray	Victoria	2,912	\$160
Loddon	Victoria	5,941	\$330
Mallee	Victoria	1,791	\$122
Inner East Melbourne	Victoria	8,394	\$681
Outer East Melbourne	Victoria	8,412	\$594
North East Melbourne	Victoria	11,015	\$738
Western Melbourne	Victoria	9,337	\$557
Bayside Peninsula	Victoria	13,374	\$993
Brimbank Melton	Victoria	6,558	\$385
Southern Melbourne	Victoria	10,111	\$600
Hume Moreland	Victoria	7,436	\$409
North East Metro	Western Australia	5,765	\$449
North Metro	Western Australia	4,479	\$301
Midwest-Gascoyne	Western Australia	711	\$45
South East Metro	Western Australia	3,765	\$309
Central North Metro	Western Australia	3,817	\$359
South West	Western Australia	2,974	\$186
South Metro	Western Australia	5,484	\$351
Central South Metro	Western Australia	4,440	\$313
Great Southern	Western Australia	840	\$61
Between 5 and 10 percentage points above the national average			
South Western Sydney	New South Wales	17,572	\$1,121
Robina	Queensland	7,667	\$542

Part Four: Providers and the growing market

Market concentration

Understanding the distribution of payments to service providers in a service district can indicate whether a small number of providers receive most of the payments from the NDIA, or whether a large number of providers are receiving the payments. Where only a small number of providers are receiving a large amount of the payments, the market is considered to be more concentrated and could mean that there is less competition in the area. On average across service districts, 59 per cent of payments go to the largest 10 providers.

There are eight service districts where 85 per cent or more of payments go to the largest 10 providers (10%) and 20 service districts where less than 45 per cent of payments went to the 10 largest providers (25%).

All of the eight service districts where more than 85 per cent of payments go to the 10 largest providers, are regional and remote areas in the Northern Territory, Western Australia and South Australia.

Figure 36: Market concentration – number of service districts – gap to benchmark

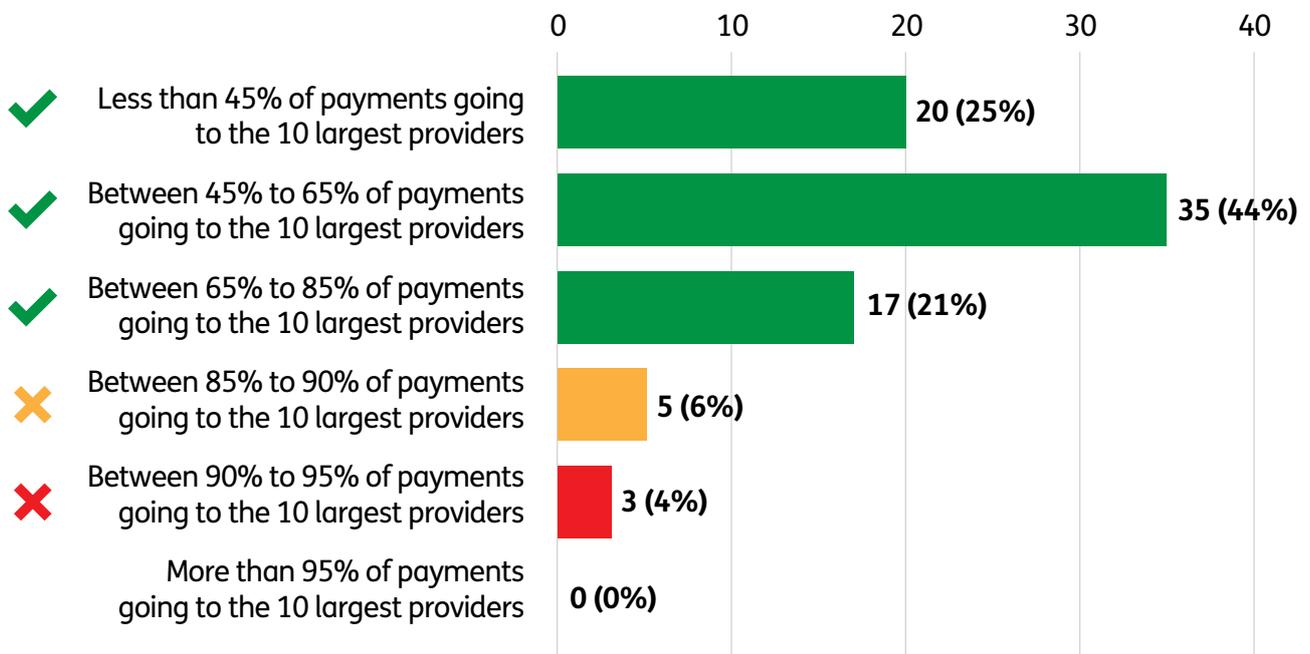


Figure 37: Market concentration service districts breakdown – 30 September 2020

Region	State/Territory	Active participants	Annualised plan budget (\$m)
Less than 45% of payments going to the 10 largest providers			
Central Coast	New South Wales	7,585	\$483
Hunter New England	New South Wales	22,730	\$1,647
Nepean Blue Mountains	New South Wales	7,781	\$538
South Western Sydney	New South Wales	17,572	\$1,121
Sydney	New South Wales	7,244	\$512
Western Sydney	New South Wales	14,785	\$1,040
Beenleigh	Queensland	7,799	\$610
Brisbane	Queensland	14,929	\$1,244
Caboolture/Strathpine	Queensland	7,891	\$637
Ipswich	Queensland	6,588	\$465
Maroochydore	Queensland	6,608	\$529
Robina	Queensland	7,667	\$542
Toowoomba	Queensland	5,364	\$419
Hume Moreland	Victoria	7,436	\$409
North East Melbourne	Victoria	11,015	\$738
Western Melbourne	Victoria	9,337	\$557
South Metro	Western Australia	5,484	\$351
South East Metro	Western Australia	3,765	\$309
Central North Metro	Western Australia	3,817	\$359
North Metro	Western Australia	4,479	\$301
Between 45% to 65% of payments going to the 10 largest providers			
ACT	Australian Capital Territory	7,906	\$499
Illawarra Shoalhaven	New South Wales	7,700	\$563
Mid North Coast	New South Wales	5,222	\$370
Murrumbidgee	New South Wales	5,778	\$385
North Sydney	New South Wales	9,200	\$780
Northern NSW	New South Wales	6,119	\$453
South Eastern Sydney	New South Wales	8,631	\$629
Southern NSW	New South Wales	3,790	\$235
Western NSW	New South Wales	5,415	\$425
Darwin Urban	Northern Territory	2,113	\$260
Cairns	Queensland	3,822	\$334
Mackay	Queensland	2,776	\$183
Rockhampton	Queensland	4,410	\$308
Townsville	Queensland	5,203	\$378
Barossa, Light and Lower North	South Australia	1,767	\$88
Eastern Adelaide	South Australia	3,191	\$261
Northern Adelaide	South Australia	12,251	\$772
Southern Adelaide	South Australia	8,078	\$592
Western Adelaide	South Australia	3,245	\$232
Yorke and Mid North	South Australia	1,484	\$85
TAS North	Tasmania	2,631	\$215
TAS South East	Tasmania	1,994	\$141

Figure 37: Market concentration service districts breakdown – 30 September 2020 cont.

Region	State/Territory	Active participants	Annualised plan budget (\$m)
Between 45% to 65% of payments going to the 10 largest providers cont.			
Barwon	Victoria	8,493	\$534
Bayside Peninsula	Victoria	13,374	\$993
Brimbank Melton	Victoria	6,558	\$385
Central Highlands	Victoria	4,530	\$270
Goulburn	Victoria	3,238	\$181
Inner East Melbourne	Victoria	8,394	\$681
Loddon	Victoria	5,941	\$330
Outer East Melbourne	Victoria	8,412	\$594
Ovens Murray	Victoria	2,912	\$160
Southern Melbourne	Victoria	10,111	\$600
North East Metro	Western Australia	5,765	\$449
Central South Metro	Western Australia	4,440	\$313
Between 65% to 85% of payments going to the 10 largest providers			
Far West	New South Wales	547	\$45
Darwin Remote	Northern Territory	352	\$35
Bundaberg	Queensland	2,463	\$169
Maryborough	Queensland	3,267	\$266
Adelaide Hills	South Australia	1,369	\$85
Eyre and Western	South Australia	1,148	\$84
Fleurieu and Kangaroo Island	South Australia	972	\$73
Limestone Coast	South Australia	1,227	\$83
Murray and Mallee	South Australia	1,525	\$106
TAS North West	Tasmania	2,226	\$179
Inner Gippsland	Victoria	4,328	\$256
Mallee	Victoria	1,791	\$122
Outer Gippsland	Victoria	1,939	\$122
Western District	Victoria	3,391	\$217
Kimberley-Pilbara	Western Australia	1,069	\$89
South West	Western Australia	2,974	\$186
Wheat Belt	Western Australia	855	\$49
Between 85% to 90% of payments going to the 10 largest providers			
Central Australia	Northern Territory	551	\$122
East Arnhem	Northern Territory	187	\$25
Katherine	Northern Territory	177	\$32
Far North (SA)	South Australia	455	\$39
Goldfields-Esperance	Western Australia	546	\$46
Between 90% to 95% of payments going to the 10 largest providers			
Barkly	Northern Territory	160	\$17
Great Southern	Western Australia	840	\$61
Midwest-Gascoyne	Western Australia	711	\$45

4.5 Thin markets

Thin market trials are underway in all States and Territories.

Supported by the NDIA Board and management, the December 2019 meeting of the Disability Reform Council 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.

The NDIA has thin market trials underway in all States and Territories across Australia, while acknowledging challenges during the COVID-19 pandemic.

Northern Territory

- Trials for the Northern Territory are underway and focus on improving utilisation of all NDIS supports in Alice Springs, Barkly, Central Desert and MacDonnell.
- Additional projects to improve plan utilisation have been identified in Katherine (Assistive Technology and Home Modifications), Tiwi Islands (all supports), West Daly (all supports) and West Arnhem (all supports) in the Northern Territory.

Queensland

- Trials in Queensland are focused on improving low plan utilisation rates across all supports in Doomadgee, Mornington, Woorabinda and Cloncurry (focus is on Core Funding, Capacity Building and Assistive Technology).

Western Australia

- WA trial areas include East Kimberly, Broome, Derby-Fitzroy Crossing and Halls Creek across all support types to increase plan utilisation rates.

Other trial areas include:

- SA - Anangu Pitjantjatjara Yankunytjatjara (APY lands)
- VIC - Ararat, Baw Baw, Bass Coast, Latrobe, Wellington, South Gippsland East Gippsland
- TAS - Wynyard-Waratah
- ACT - Canberra
- NSW - Walgett, Brewarrina, Wentworth and Bourke

Trials are already achieving positive results. Strong local networks have been developed, including with state government representatives, and market facilitation has provided support for NDIS participants to receive the services they need and support a more connected local market.

Insights from the trials are informing NDIA's business-as-usual approach to monitoring, identifying, prioritising and intervening in markets. The NDIA approach to delivering market monitoring and intervention will be provided to State and Territory governments later this year.

4.6 NDIS Pricing

Temporary measures to support participants and providers during COVID-19 have been extended.

COVID-19 response

On 2 October 2020, Minister Stuart Robert announced updates to the temporary measures to support participants and providers to control the spread of coronavirus in Australia. The detail of these are discussed in the Executive Summary of this report.

Advance Recovery Payment

On 1 October 2020 the advance payment recovery process will start, as announced 12 June 2020.

For six months, from October 2020 to March 2021, the NDIA will apply offsets against a providers monthly payment requests until 16.67% of the provider's total advance payment has been recovered each month. Any payment requests above 16.67% will then be processed as per normal.

The advance payment recovery will be automatically applied through the provider portal system.



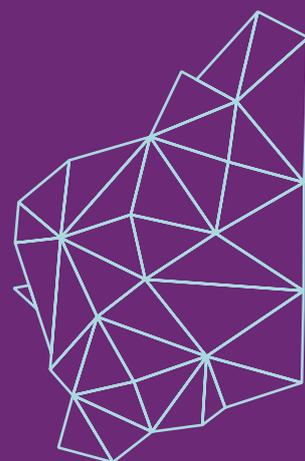
Andie rocks it on stage with help from NDIS

Andie, 10, from Perth, Western Australia, has a rare congenital disorder of the brain – Agenesis of the Corpus Callosum (ACC).

Andie also lives with epilepsy, hypotonia (low muscle tone) and autism spectrum disorder. ACC affects Andie's communication skills, physical strength and mobility. She has trouble with daily activities and sometimes needs a wheelchair when she's tired.

Thanks to NDIS support, Andie is becoming stronger and more independent. She is doing things she loves, including singing and performing with Music Rocks Australia.

Andie has speech, physical, occupational and psychological therapies, managed by WA registered service provider WizeTherapy. Her mum says the NDIS has been life-changing for Andie and her family.



Part Five:
Financial
sustainability



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

2.3% of the Australian population aged 0-64 years are expected to be NDIS participants.

The Scheme is projected to reach about 532,000 participants by 30 June 2023, of which almost 508,000 are expected to be aged 0 to 64. This is equivalent to 2.3 per cent of the projected Australian general population aged 0 to 64, which is slightly higher than the original estimate of the 2011 Productivity Commission (2.1 per cent). The increase in prevalence from the previous quarterly report reflects the continued high levels of participant intake seen in the past year. This is particularly evident for children in the more mature geographical regions (where the scheme has been in place for a relatively longer period than other regions).

Scheme costs for all participants are projected to be about 1.3 per cent of Gross Domestic Product (GDP) for 2020-21, 1.4 per cent in 2022-23, and 1.7 per cent for 2029-30. This includes participants who remain in the Scheme past 65 years, noting that the Commonwealth government has committed to funding these participants. This is higher than previous projections, in part due to cost pressures driving higher numbers of expected participants and higher average future payments, as well as the impact of the COVID-19 pandemic on the economy, which has seen projected GDP fall.

During the second wave of the COVID-19 pandemic in Victoria, underlying payments for support were higher than the levels prior to the pandemic indicating that participants continued to receive supports. Total average weekly payments in Victoria increased from around \$69m per week in January-March 2020, to \$75m per week on average during April-August 2020. Weekly payments on average increased again in September 2020 to an average of \$79m per week. While community and social participation supports reduced due to community restrictions, activities of daily living increased to support participants at home.

Figure 38: Active participants and payments (\$m)

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21 YTD
Active participants	7,285	17,155	29,719	89,610	172,333	286,015	391,999	412,543
Total paid (\$m)	61.3	356.4	674.3	1,935.5	5,091.7	9,711.3	17,226.5	5,399.0 ³¹

³¹ The chart represents the amount paid each quarter, regardless of when the support was provided.

5.2 Current pressures and responses to financial sustainability

Management responses are being implemented to manage current pressures.

The drivers of Scheme costs 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 identify and monitor pressures, and manage them appropriately, using an insurance-based approach to evaluate emerging experience against expectations.

The insurance approach also means taking a lifetime view to supporting people with disability. This includes investing in participants in the short-term to provide better outcomes over their lifetime, as well as to reduce the long term costs of disability support. The achievement of participant outcomes is vital to the financial sustainability of the Scheme.

A range of cost pressures have continued to emerge over 2019-20. These include:

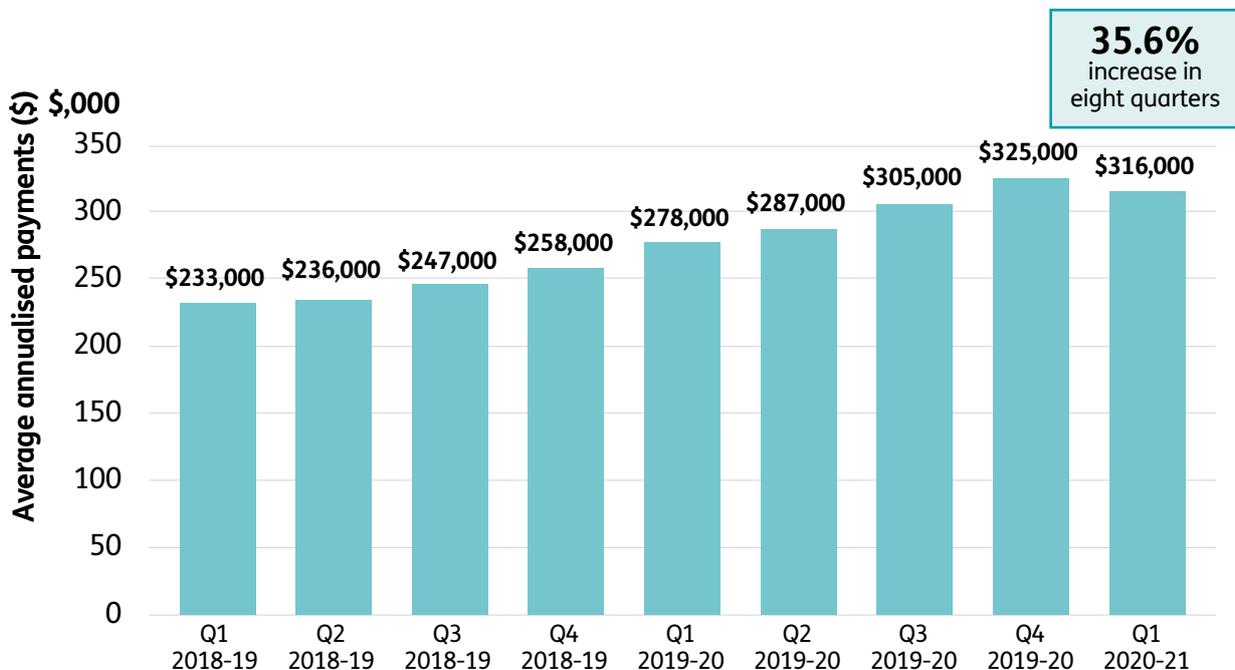
Participant cost pressures

There have been high levels of inflation within the Scheme since its inception. In the early years of the Scheme, this inflation reflected the dynamic and rapidly changing environment of a newly established scheme. However, these high levels of inflation have persisted over time, despite the increasing maturity of the Scheme.

This is particularly evident for participants in SIL. Noting that the support costs for participants in SIL are a material component of Scheme cost. Drivers of SIL inflation have included price increases and increases in the quantum of supports provided, for example higher rosters of care.

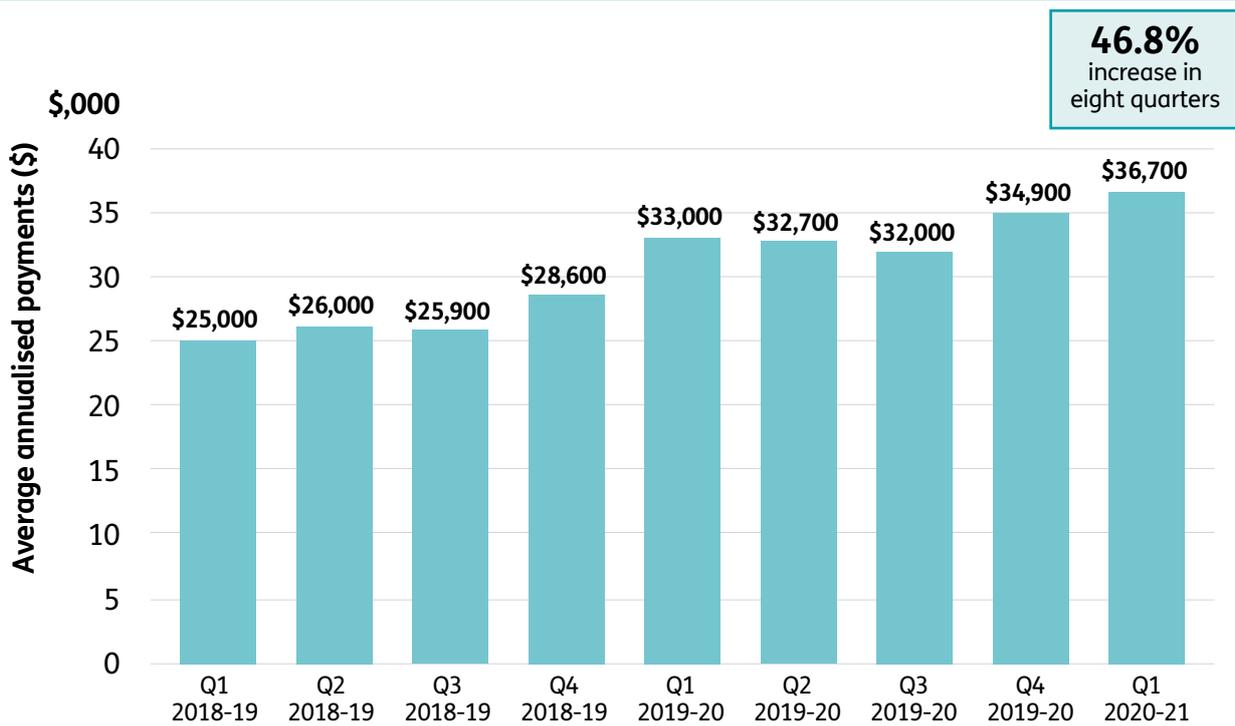
The growth in average annualised payments for non-SIL participants has also been high, and in line with that observed for SIL participants over the past two years. This is due to price increases and increases in the volume of support provided to participants. The management of these cost pressures, while ensuring participant outcomes, is important for continued Scheme sustainability.

Figure 39: Average annualised payments per participant by quarter – SIL participants³²



³² The payments are for all supports provided to participants in SIL (and not just the SIL daily activity payments). Currently there is an issue with recording whether a participant receives SIL or not in the ICT system, resulting in fewer reported participants in SIL. This issue is being rectified.

Figure 40: Average annualised payments per participant by quarter – Non-SIL participants³³



Scheme coverage scope creep

The Scheme is facing a number of pressures around Scheme entry and funding decisions. Many of these are related to operational issues which limit the ability of the Scheme to interact effectively with existing supports across mainstream interfaces, as well as community and informal supports. These pressures require continued management responses so that the Scheme does not become a “funder of first or last resort”, especially where other arrangements may be intended or better suited to provide the required supports.

³³ The payments are for all supports provided to non-SIL participants.

Management responses

Proactive management responses to the pressures identified above include:

- Consistency of decision making: The NDIA is working on improving the consistency and equity in decision making of both access and planning decisions across all participants. There is a focus on better aligning a participant's support package to their circumstances through independent assessments. This will mean the right assessment questions and tools are being used to inform objective access and planning decisions that are more consistent and fair. This is consistent with the 2011 Productivity Commission Report, as well as the 2019 Review of the NDIS Act, which recommends amendments to the NDIS Act to achieve these outcomes. Other initiatives being undertaken to improve consistency of decision-making include:
 - There is significant frontline training underway to improve the capability of the NDIA planners and partners to develop plans and make review decisions that balance the Agency's aspiration for a positive participant experience with responsibility for long term scheme sustainability.
 - More disciplined approaches to frontline management will ensure that 'reasonable and necessary' decisions and participant outcomes are nationally consistent, to a higher standard of quality, which promote participant equity, eliminate avoidable plan reviews and prevent unnecessary plan budget inflation.
 - Participant 'Check In' service delivery options will ensure that participants have access to the depth of review and medium of interaction approach that most suits them. This will enable more 'light touch' plan amendments and plan renewals and extensions to meet participants' needs.
- The NDIA is working to make the NDIS easier to understand and provide clearer information about how we make decisions. One of the first examples of this is a new format for our Operational Guidelines (OGs). Through the refresh of our OGs we will publish all our internal and external guidance about how we make decisions so there is consistent information internally and externally for NDIA staff, participants and stakeholders.

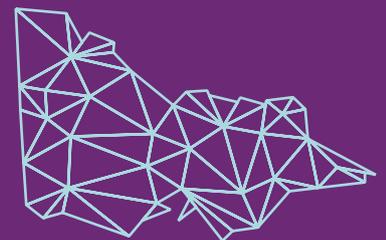
All NDIS operational guidelines will be refreshed over the next 12 months – with all guidelines to be published in the new format by June 2021.
- SIL policy reform
 - The SIL quoting and negotiation process used previously has been replaced with set price limits for SIL supports. Providers are now required to develop a roster of care using the NDIA's current price limits for activities of daily living and submit this to the NDIA for consideration. There will be increased rigour around determining the suitability of rosters of care for participants at first plan and for subsequent plan reviews. Importantly, the new process will ensure input from participants, so participants have more control over their plan budget. Finally, work is underway to determine appropriate price limit, specifically for SIL supports, which will be released in early 2021.
 - Two consultation papers were also released to the sector between September and October 2020 to seek feedback and input on proposed improvements to SIL. These papers were the focus of these included proposed improvements to address operational, sustainability and participant experience challenges, as well as a review of the SIL cost model to determine appropriate price limits specifically for SIL supports - the outcome of which will be released in early 2021.

- The NDIA is looking at innovative housing solutions which include more contemporary options for people who require a high level of support. A number of alternative accommodation options have emerged, known as Individual Living Options (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, improve outcomes and are often more cost effective than traditional SIL arrangements.

The immediate and effective implementation of these management responses is required to both improve participant outcomes and ensure the Scheme is financially sustainable into the future, for the benefit of current and future participants.



Distance no barrier as Wallara moves tuition online



Wallara Inc is a registered service provider based in Melbourne's south-eastern suburbs and has been supporting people with disabilities for 60 years.

When the lockdown hit in March this year it decided to move forward plans to start providing its skills training online, allowing it to reach new clients in regional and rural Victoria.

One young man to benefit is participant Malcolm Roberts, 18, who has autism and a mild intellectual disability and lives in Cockatoo with his family. After initial doubts, Malcolm is now thoroughly engaged in his online maths, Lego, games, communication skills, safety in the workplace, and health and wellbeing activities.

His mother, Ruth, is enjoying witnessing first-hand how engaged her son is in his learning, and is not missing the daily commute to Wallara's Pakenham learning centre.

Part Six:

Staff, advisory groups and the NDIS community



Part Six:

Staff, advisory groups and the NDIS community

The NDIA is continuing to support participants and the disability community through the COVID-19 pandemic.

6.1 A high performing NDIA

Staff and partners continue to support participants remotely, or face-to-face if they choose.

At 30th September 2020, the total NDIS workforce was 11,145, including 4,310 Australian Public Service employees, 1,635 labour-hire contractors and consultants and 5,200 people employed by the NDIA's PiTC. This is a decrease of 3.5 per cent of the total workforce (including PiTC) since the end of the 2019-20 financial year (total workforce decrease of 405). During the quarter, 136 new planners and 110 new LACs commenced.

The NDIA has continued to focus on developing its frontline employees' capability this quarter with several new or refreshed training packages developed and deployed.

A key deliverable was the uplift of frontline leaders and staff capability in making decisions around Reasonable and Necessary (R&N) funded supports and services for participants. The training program has two major components and includes six learning modules:

- 1. R&N Leader as Coach Development Program** (two modules and one eLearning module) for leaders and senior planners. Modules will be deployed in October to 700 staff to support and embed learning related to the R&N Decision Making modules.
- 2. R&N Decision Making Training** (three modules and one eLearning module). The modules were developed and piloted during the quarter ready for deployment between October to December to all planners and LACs.

The participant check-in process training was developed in response to the successful outreach calls to vulnerable participant during COVID-19. The training aimed to further assist our frontline employees have respectful and transparent conversations with participants. It has been successfully deployed for all front-line service delivery staff. The release commenced on the 3rd August with a regular circulation of new materials which Team Leaders use in their team meetings. These materials were designed to reinforce specific concepts and practices each week relating to participant conversations.

In addition, the NDIA has partnered with the Disability Advocacy Network of Australia (DANA) to raise disability awareness amongst staff and help improve the participant experience. Through DANA, the NDIA has worked with groups such as Australian Autism Alliance, Prader-Willi Syndrome Australia and Down Syndrome Australia to build knowledge through real life stories. As a result of this project, the NDIA has produced a number of videos and snapshots on specific disabilities and an eLearning module for staff. Seven more snapshots were developed in quarter 1 and their accompanying videos scheduled for quarter 3 of 2020-21.

The NDIA has continued its specific development of training programs designed to improve planner awareness and understanding, with a specific focus on disability and cultural awareness to improve the service experience for Aboriginal and Torres Strait Islander peoples, LGBTIQ+, and CALD people. The NDIA has especially focused on remote and hard to reach participant areas, through the National Community Connector program.

The Peer Support Officer network is now live. The role was established through the NDIA Enterprise Agreement (EA) 2020-2023. Peer Support Officers (PSOs) are an integral part of the NDIA's commitment to a safe and mentally healthy workplace. They play a key role in supporting a positive and productive workplace for NDIA workers who may be experiencing bullying, harassment, discrimination and/or family and domestic violence at work or home. The network was trained via virtual workshops delivered throughout July.

Components of the NDIA leadership capability development programs "Just Brilliant" have been reviewed to reinforce program effectiveness while our teams are working virtually. This review has highlighted the opportunity to move to a leader-led nomination process and focus on delivering quality outcomes for a targeted group of learners each year. It aims to create a stronger platform for learners to apply and embed the learning and build a flexible suite of offerings to support individual learning journeys.

The Strategic Leadership Program has been designed and is ready for deployment. It was announced on 2 October and will be deployed in 2021 with a focus on Senior Executive Service (SES). The leadership suite of programs are underpinned by our Capability Framework and designed to build high performing teams. High performing teams are critical to enable the NDIA to deliver the scheme for participants.

The NDIA's internal recognition program "Light Up" has a strong emphasis on values and behaviours in action and continues to go from strength to strength, with over 700 nominations forming part of the Annual Awards process in 2020. Light Up Annual Awards Finalists were announced across the NDIA on 2 October and winners will be announced on 16 October. Virtual Agency Group celebrations will follow to further celebrate and recognise winners.

6.2 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 28 September 2020, the NDIA released its sixth update to <https://data.ndis.gov.au>. This release included deep dives on:

- Young people in the NDIS
- Participants by remoteness classification
- An update to the NDIS market work using 30 June 2020 data, including the release of market dashboards by Local Government Areas (LGAs).

All downloadable data was also updated with 30 June 2020 data.

Downloadable data and tables is available on:

- projected participant numbers
- active providers, utilisation of plan budgets and market concentration
- participant splits by Commonwealth Electorate Divisions, Statistical Area 2, Statistical Area 3, Statistical Area 4, and Local Government Areas
- Service District to Local Government Area mapping (2011 LGA boundaries)
- participant numbers by diagnosis
- baseline outcome indicators and longitudinal outcome indicators
- plan management types
- participant goals
- Aboriginal and Torres Strait Islander participants and CALD participants

Part Six: Staff, advisory groups and the NDIS community

In addition, Minister Stuart Robert announced on 27 October 2020 the release of SDA demand and supply data on the NDIS Data and Insights website. This data release is part of the NDIA's commitment to publish additional SDA data for participants and the sector. It supports participants and providers to understand not only the current SDA supply but where the demand for SDA is greatest, and where there are opportunities to increase SDA supply.

Several “deep dive” reports and analyses have also been released in previous quarters, and include:

- participants with autism spectrum disorder (ASD)
- outcomes report for participants, and an outcomes report for families/carers (30 June 2018 and 30 June 2019)
- employment in the NDIS
- people with a psychosocial disability in the NDIS
- the NDIS Market (30 June 2019 and 31 December 2019)
- the NDIS Market by Local Government Area (LGA) (31 December 2019)
- Aboriginal and Torres Strait Islander participants
- CALD participants
- analysis of participants by gender
- people with an intellectual disability in the NDIS
- people with disability and their NDIS goals

6.3 Cyber Security

NDIA Cyber Security is working proactively to identify risks and implement control measures to manage risk.

The COVID-19 pandemic remains an NDIA Cyber Security area of focus. The NDIA is operating at an increased level of cyber risk. Likely sources of increased risk are Interest Motivated Groups (IMGs), organised cybercrime actors and state sponsored actors. The NDIA is working with Services Australia and across Government to ensure that risks are addressed.

The Australian Secret Intelligence Organisation (ASIO) has recently published notification that health services & allied organisations are targets for cybercrime gangs. This is often supported by Foreign Intelligence Services (FIS) and therefore protected from prosecution. FIS support provides advanced capabilities and significantly increases the chance of a successful attack.

The NDIA's most significant external risk is cyber intrusion by nation-state backed entities seeking participant information. Participant information can be used for payment fraud and ransom demands following information theft and encryption (cryptolocking ransomware).

The NDIA Protective & Cyber Security area conducts regular communications with staff and partners to maintain awareness of phishing emails. NDIA Cyber Security are conducting an assurance exercise (anti-phishing email campaign) to determine the effectiveness of these communications and make continual improvements.

NDIA Cyber internal focus has been in support of the delivery of the enhanced CRM system for the NDIA, known as the Alternate Cloud Environment (ACE). The foundational Cyber security assurance of the platform will identify key risks and controls that ultimately will protect participant information.



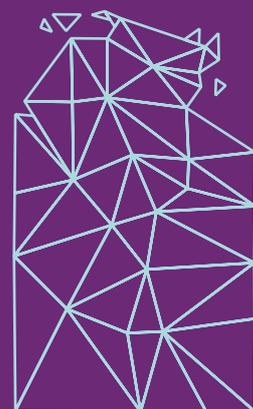
NDIS supports young stroke survivor in recovery

Kaylah, 13, from Woodroffe, Northern Territory, survived a stroke at 11.

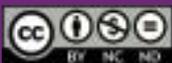
Kaylah was left with an acquired brain injury and weakness down the right-hand side of her body and spent nine weeks in hospital learning how to eat, drink, walk and talk again.

The hospital informed Kylie about the NDIS. It helped her fill out the forms and attach the required reports in the hope Kaylah would have support when she arrived home.

Kaylah did have support when she arrived home, and Kylie couldn't believe how quick the NDIS process was. Kylie said she worried about finding good therapists but her incredible planner and support coordinator sorted it all out. Now Kaylah has regular physio and occupational therapies, psychology and she is doing really well. The family is so grateful, saying they wouldn't have been able to afford these therapies without NDIS support.



ndis



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