

**COAG Disability Reform Council**  
Quarterly Report  
30 June 2019



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## Key highlights

### The scale and complexity of the roll-out is unprecedented

The NDIA and partner workforce has grown from **2,300** at July 2016 to over

**11,000**

this quarter

From 1 July 2019 the NDIS is available in

**every region**

of Australia except for Christmas Island & the Cocos Islands

### 298,816 people with disability have joined the Scheme

**27,853**

joined the Scheme this quarter

**99,537**

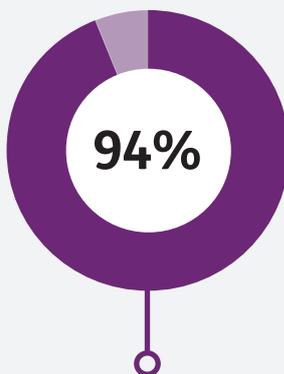
received supports for the first time

The NDIA has met

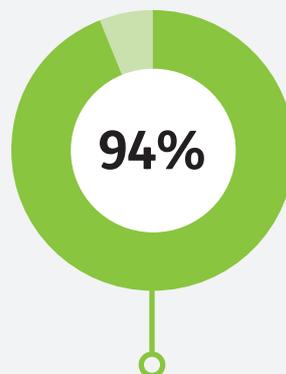
**93%**

of its operational target for the number of participants entering the Scheme in 2018-19

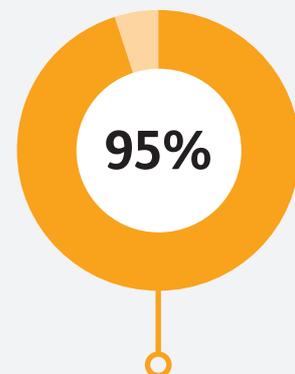
### Overall, participant satisfaction is high at **90%**



said their planner listened to them



said they had enough time to tell their story



said their planning meeting had gone well

## Key highlights

Participants in the Scheme for two years show significantly improved outcomes

↑ **9%**

increase in independence for children aged 7 to 14 years

↑ **7%**

increase in assistance with daily living for participants aged 15 to 25

↑ **7%**

increase in choice and control for participants aged 25 and over

↑ **11%**

increase in accessing community and social activities for participants aged 15 and over



Call centre performance has continued to improve with **83%** of calls answered within **60 seconds**

# Executive Summary

The positive impact that the NDIS continues to have on the lives of Australians with disability and their families and carers is increasingly evident through improved participant outcome and satisfaction results. This report outlines the NDIA's progress - with almost 300,000 Scheme participants being supported since Scheme inception, including close to 100,000 participants who have received supports for the first time.

## 1.1 The NDIS is available to almost all Australians

The accelerating pace of the NDIS roll-out means eligible Australians across almost all areas of Australia have access to the NDIS.

### 1.1 As the NDIS roll-out nears completion almost 300,000 participants have joined the Scheme

The accelerating pace of the roll-out is delivering NDIS funding to a rapidly increasing number of participants. Almost all eligible Australians<sup>1</sup> now have access to the NDIS.

At 30 June 2019, 298,816 people with disabilities, including 5,312 children in the Early Childhood Early Intervention (ECEI) program, had joined the NDIS. This represents an 8% increase over the prior quarter.

An additional 27,853 participants received an approved plan.

### 1.2 Almost 100,000 participants have received supports for the first time

99,537 of the 298,816 participants have received supports for the first time, including 35.8% of participants this quarter. 193,967 previously received support from State/Territory or Commonwealth programs.

## 1.3 The NDIA performed strongly against operational targets

The Agency achieved 93% of its operational target across 2018-19, meaning 108,478 of 116,862 actionable records were processed.<sup>2</sup> Actionable records relate to those people who could be contacted, who met the access requirements and whose records were provided to the Agency.

At 30 June 2019, 72% of the Scheme-to-date bilateral estimate was reached and 61% of the 2018-19 bilateral estimate was met. The availability of data and difficulty contacting transitioning participants from State/Territory and Commonwealth programs are the primary challenges in obtaining actionable records. This has a consequential impact on progress against bilateral estimates. Other reasons include some individuals making a decision not to apply to the Scheme, and others no longer requiring support.

As at 30 June 2019, the NDIA was 83,000 State/Territory and Commonwealth actionable records short of the transition bilateral estimate. However, an additional 27,000 new participants compared with the bilateral estimate have requested access to the Scheme. This results in the NDIA being 57,000 short of the bilateral estimate when both State/Territory, Commonwealth and new people are considered together.

<sup>1</sup> Great Southern, Central North Metro, Midwest-Gascoyne and South East Metro regions of Western Australia transition on 1 July 2019. Christmas Island and Cocos (Keeling) Islands will transition on 1 July 2020.

<sup>2</sup> This excludes people who transferred from the WA NDIS.

## Executive Summary *continued*

### 1.4 Scheme participants are increasingly diverse

Of the 27,853 participants (excluding ECEI) joining the Scheme this quarter, there was an increase in the diversity of the participants, specifically:

- **Aboriginal and/or Torres Strait Islanders:** 7.3% of participants who received a plan in the quarter, compared with 5.6% in previous quarters combined.
- **Culturally and Linguistically Diverse (CALD):** 10.3% of participants who received a plan in the quarter, compared with 8.2% in previous quarters combined.
- **Remote / very remote:** 2.8% of participants who received a plan in the June quarter, compared with 1.2% in previous quarters combined.
- **Young people in residential aged care (YPIRAC):** 2.2% of participants who received a plan in the quarter, compared to 1.6% in the previous quarters combined.
- Twelve percent (12%) of participants who entered this quarter had a **primary psychosocial disability**, compared to 8% of participants in previous quarters combined.
- A high proportion of children aged 0-6 entered the Scheme this quarter with 12% of participants indicating a primary disability of either **Developmental Delay** or **Global Developmental Delay**, compared to 6% in previous quarters combined.

### 1.5 Participants increasingly self-manage their funding

Self-management maximises choice and control as participants can opt for bespoke or innovative supports outside of the specialist disability services and negotiate their own prices.

The proportion of approved plans that are self-managed (either fully or partly) has increased over the last two years, from 19% of plans approved in the quarter to June 2017 to 29% of plans approved in the quarter to June 2019, and the proportion of participants who have a plan manager has increased from 13% to 34%.

### 2. Participants, families and carers reported outcomes are encouraging

Participation in community and work improves the wellbeing of people with disability, and lowers the long-term costs of care and support. For participants aged 15 and above, there is an 11 percentage point improvement in participant involvement in community and social activities after two years in the Scheme.

The employment rate for families and carers of participants under 25 in the Scheme over the first year has increased by 3.1 percentage points and hours worked have also increased, with the proportion of family members/carers working 30 or more hours per week rising from 41% to 43%.

Notwithstanding this improvement, employment rates for participants have only increased modestly from 23% to 24%.

### 3. Utilisation improves with time in the Scheme

The longer a participant has been in the Scheme, the more of their plan they use (that is, the higher the utilisation of their plan). Utilisation for participants who are on at least their fifth plan is 75% nationwide, compared to 47% for first plans.

Core support utilisation is low in very remote areas indicating opportunities to increase core support provision in these areas. Opportunities also exist to increase utilisation in capacity building for adult participants in order to increase independence and participation.

## Executive Summary *continued*

### **4. Continued focus on Early Childhood Early Intervention**

Twenty-seven (27%) of participants who received an approved plan in the quarter were aged 0-6 years, compared with 12% in the previous quarters. The NDIA Board and management are committed to reducing backlogs for children receiving plans and this quarter was a strong start.

Consistent with the NDIA Board and management strategy, the Minister for the NDIS announced a plan to resolve delays and backlogs for children with disability in accessing Early Childhood Early Intervention (ECEI) supports through the NDIS June 2019. The six-month plan will be implemented by the NDIA. The key initiatives include:

- Working with ECEI Partners to secure additional resources to ensure children receive early childhood supports in a timely manner.
- For those children who have been found eligible for the NDIS, but who are likely to experience a wait time of greater than 50 days between an access decision and getting a plan, the NDIA will provide a standardised interim plan for six months.
- Participants with complex support needs will immediately be streamed to an NDIA Early Childhood specialist to develop their plan and appropriate funding package.

### **5. Significant increases in pricing**

Significant price increases have been implemented to increase the availability of supply for the benefit of participants. These increases are the result of comprehensive work undertaken by the NDIA Board and management following extensive consultation with the sector. Highlights include:

- Continued implementation of the 25 recommendations of the Independent Pricing Review

- Increases in therapy prices of up to 28% in psychology and 23% in physiotherapy, and other therapy services of 6%
- Increases in base prices in attendant care of between 7.6% and 10.8%, and a temporary transformation payment of 7.5% in 2019-20
- Remote and very remote loadings will be increased from 20% and 25% to 40% and 50% respectively
- Annual price increases of 4.5% for the categories of Assistance with Daily Activities and Social and Community Participation, 2.1% for capacity building supports, and 1.3% for supports in the Consumables, Assistive Technology and Home Modification and Specialised Disability Accommodation support categories.

### **6. Community engagement ramps up wto improve participant experience**

#### **6.1 The NDIA Board and management continue to do roving visits**

The NDIA Board and management continue to undertake roving visits to Brisbane in May 2019 to meet with key stakeholders and see the implementation of the NDIS on the ground. The Board met with participants, providers, LAC and ECEI providers, as well as NDIA staff.

#### **6.2 Insights Forums**

The NDIA is conducting an initial series of four 'Insights Forums' through July and August 2019 with participant groups, providers, academics and government officials to share NDIS insights and data. These forums have been designed to stimulate conversation about the data and explore future solutions which will enable better outcomes for participants.

## Executive Summary *continued*

### 6.3 Data Sharing

The increasing maturity of the NDIA provides for the collation of valuable data. This gives a better picture of the needs, successes and challenges for Australians who live with disability, those who support them individually, and those who work within the wider sector.

The NDIA is committed to releasing more data, and is progressively releasing more data on the NDIS website, including insight reports, downloadable data, and interactive data. This is designed to improve participant outcomes and assist with market development.

### 6.4 Participant employment taskforce

In November 2018 the Department of Social Services and the National Disability Insurance Agency formed a participant employment taskforce to recommend measures to improve employment outcomes for NDIS participants.

The Taskforce has met with over 250 stakeholders (including participants, parents, carers and advocates, service providers, NDIA Planners and Local Area Coordinators, Federal, state and territory government agencies, educators, employees and peak bodies) who are active in the delivery of NDIS employment supports or invested in improving participant employment outcomes.

The insights from these stakeholder consultations are informing the development of an NDIS Participant Employment strategy. This strategy will guide the NDIA over the next 3-5 years to become a leader and advocate of disability employment, improving employment outcomes for participants and people with disability more broadly.

### 6.5 Autism Advisory Group

The NDIA held two Autism Advisory Group meetings in this quarter (10 April and 14 June). The meetings focused on the NDIA's ECEI approach and developing strategies to resolve delays and backlogs for children with disability in accessing ECEI supports through the NDIS. The Autism Advisory Group was established in 2018 to provide a strong voice on behalf of people with autism who are participating in the NDIS. The group includes autism experts, service providers and people with lived experience of autism.

### 6.6 NDIS Participant Reference Group

The NDIS Participant Reference Group (PRG) continues to be a vital asset to the NDIA, with 20 members representing participants and carers, including people from culturally and linguistically diverse (CALD) communities and Aboriginal and Torres Strait Islander communities. This quarter, the PRG met to discuss:

- improving payment systems to be more seamless and easy to use for participants and providers
- defining simple and consistent language to be used across portal, plans and conversations with NDIS staff
- re-occurring work between PRG members and the NDIA to improve look and feel of the portal and communication products and resources.

### **In conclusion**

The NDIS is available to almost all Australians, with a third of participants who have entered the Scheme having received supports for the first time.

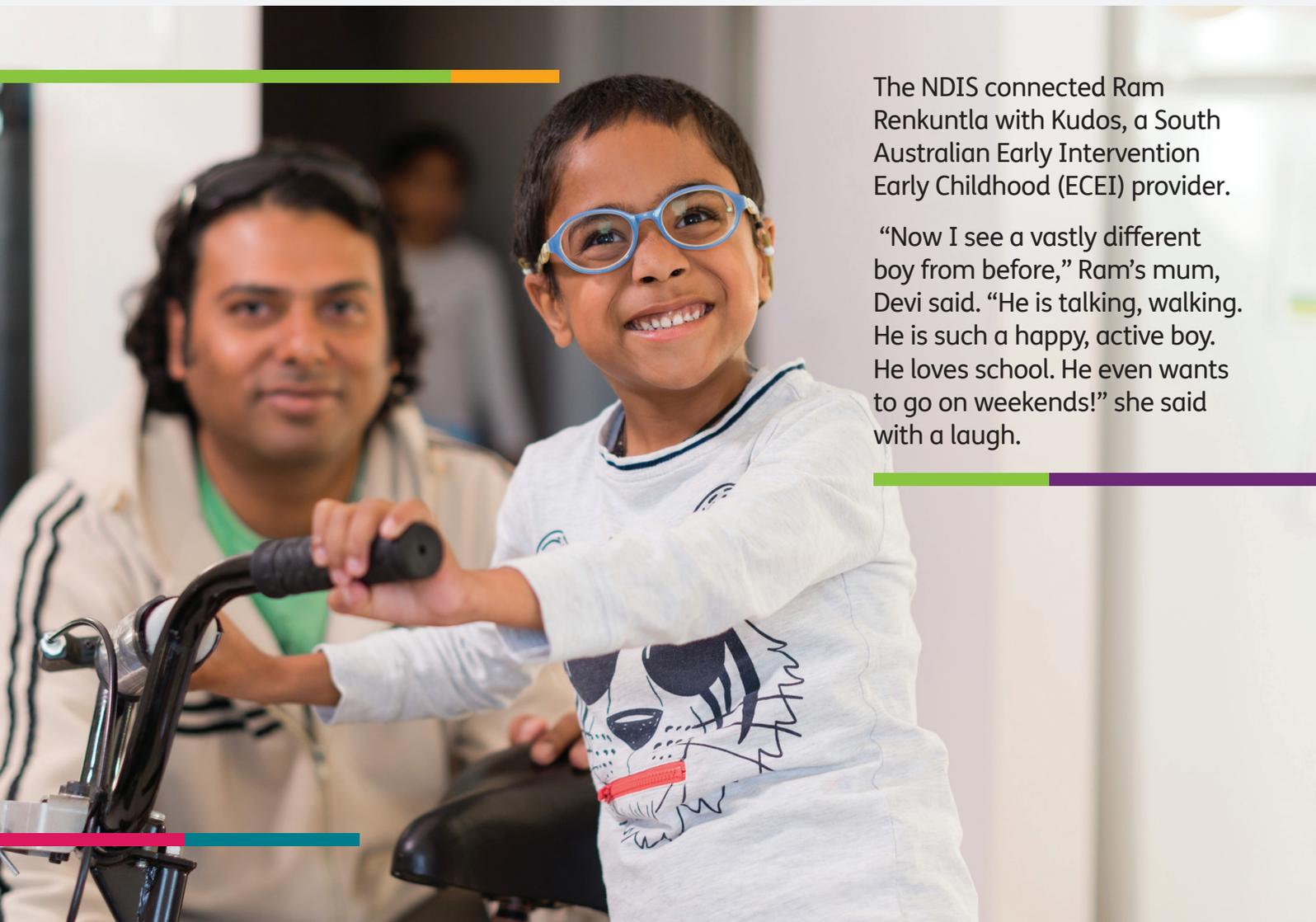
The NDIS is making a fundamental difference to the lives of Australians with disability with improving outcomes and satisfaction.

Engagement strategies are targetted so that the NDIS creates a more accesible and inclusive society for participants, families and carers.

## Introduction

This report summarises the performance and operations of the National Disability Insurance Agency (NDIA) for the 3 months from 1 April 2019 to 30 June 2019, as required by Section 174 of the NDIS Act 2013.<sup>3</sup>

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. A list of key definitions of the terms used in this report is included in Appendix A.



The NDIS connected Ram Renkuntla with Kudos, a South Australian Early Intervention Early Childhood (ECEI) provider.

“Now I see a vastly different boy from before,” Ram’s mum, Devi said. “He is talking, walking. He is such a happy, active boy. He loves school. He even wants to go on weekends!” she said with a laugh.

(Ram’s photo is also on the front cover)

<sup>3</sup>The Board members must prepare a report on the operations of the Agency for each period of three months starting on 1 July, 1 October, 1 January or 1 April; and give the report to the Ministerial Council within one month after the end of the period to which the report relates.



**Liz Ellis thought her dream of securing a suitable property would never happen. Now, as a National Disability Insurance Scheme (NDIS) participant, she is living her dream and enjoying all the great accessible features her newly built apartment has to offer.**

Following recent NDIS reforms, participants have their SDA classification in place. It means they can pre-register and secure new builds.

“SDA is such a wonderful achievement. It’s been an aspiration of mine for so long I now think, ‘I’ve achieved it. What do I do next?’”

# Part One: Participants and their plans

Just under 300,000 participants have been supported by the NDIS since the Scheme started (including children in the ECEI gateway), and just under 100,000 participants have received supports for the first time.

## 1.1 Roll-out and number of participants

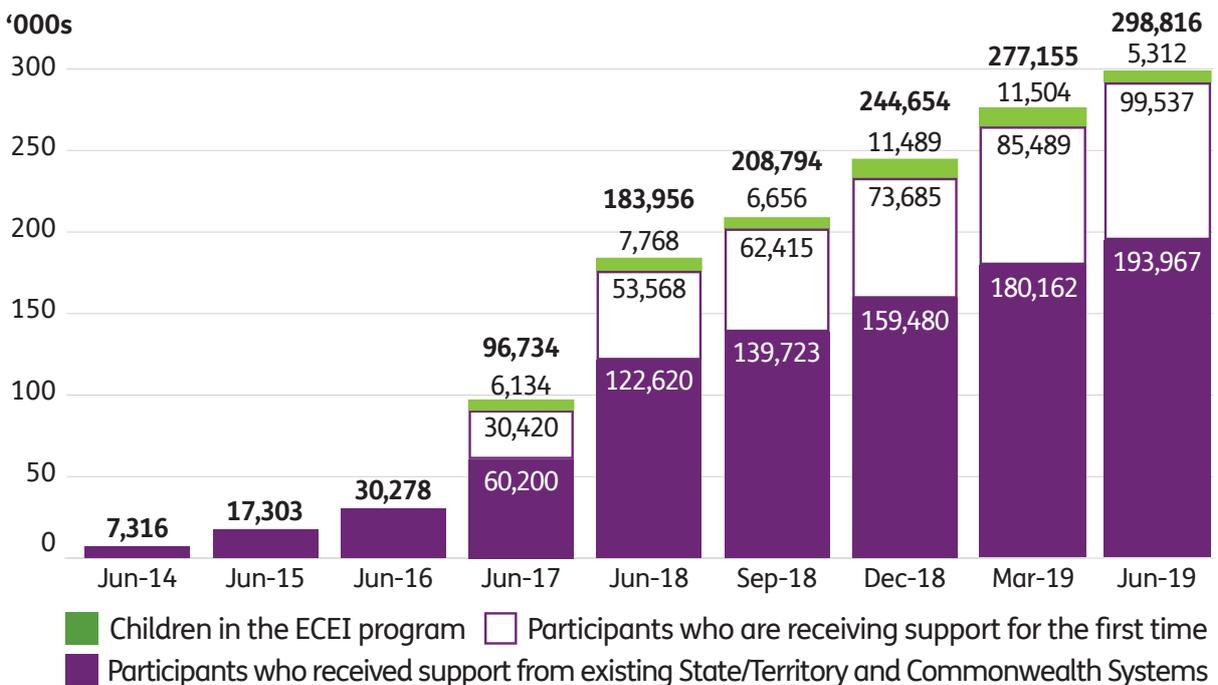
**At 30 June 2019, the NDIS has transitioned to almost all areas of Australia<sup>4</sup> with just under 300,000 Australians with disabilities having been supported by the NDIS.**

At 30 June 2019, 298,816 people with disabilities, including children in the ECEI program, have been supported by the NDIS. This represents an 8% increase in the number of participants (including ECEI) over last quarter. An additional 27,853 participants, excluding children in the ECEI program, received approved plans this quarter.

Importantly, the Scheme is supporting both people from existing State/Territory and Commonwealth systems and people who have not previously received support. Of the 298,816 participants who have been supported by the Scheme, 193,967 previously received support from existing State/Territory or Commonwealth programs and 99,537 received support for the first time. Additionally, as at 30 June 2019, 5,312 children were being supported by the ECEI program. In the June quarter, 35.8% of participants gained support for the first time, compared with 31.6% in previous quarters combined, excluding children supported in the ECEI program.

The number of children in the ECEI program has halved over the quarter, falling from 11,504 to 5,312, as a high proportion of children received approved plans. More specifically, 7,529 children received approved plans (27% of all plans approved in the quarter).

**Figure 1: Growth in participants**



<sup>4</sup> Great Southern, Central North Metro, Midwest-Gascoyne and South East Metro regions of Western Australia transition on 1 July 2019. Christmas Island and Cocos (Keeling) Islands will transition on 1 July 2020.

## 1.2 Operational progress

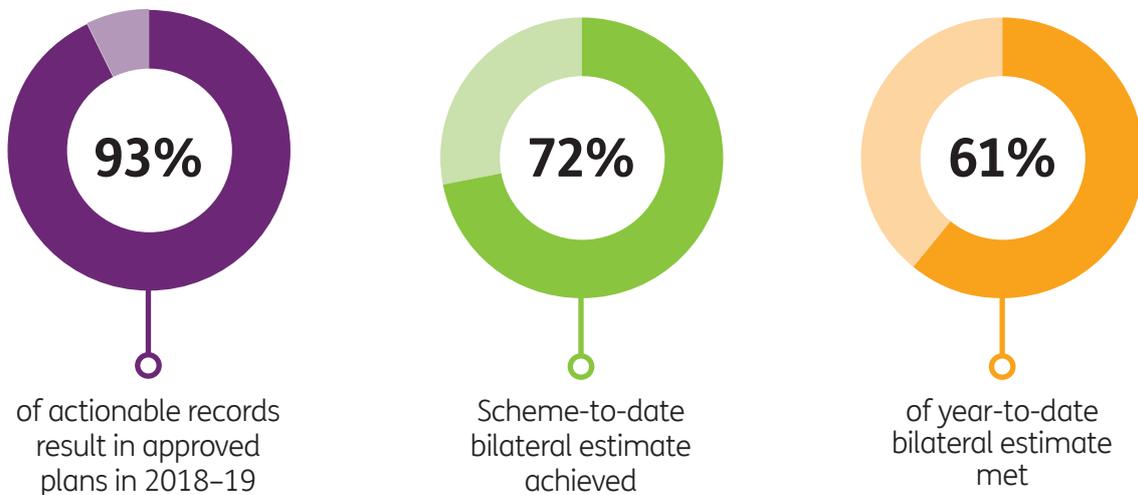
**The NDIA performed strongly across the year, exceeding 90% of its operational target.**

The NDIS is transitioning in sites across Australia in line with phasing schedules bilaterally agreed by State/Territory and Commonwealth governments. The bilateral agreements outline an estimate of the number of people who were predicted to participate in the NDIS from each State/Territory at particular points in time. The estimates are split into people who previously received support from State/Territory programs and those who have not previously received support.

The Agency achieved 93% of its operational target across 2018–19, meaning 108,478 of 116,862 actionable records were processed.<sup>5</sup> Actionable records relate to those people who could be contacted, who met the access requirements and whose records were provided to the Agency.

At 30 June 2019, 72% of the Scheme-to-date bilateral estimate was reached and 61% of the 2018-19 bilateral estimate was met. A total of 298,816 participants had received a plan or connected with an ECEI partner, a further 55,577 persons were available to be actioned towards a plan approval. An actionable record relates to persons of which the NDIA knows, can be contacted, who are waiting on an access decision or met the access requirements.<sup>7</sup> The 30 June 2019 bilateral estimate across the States and Territories was 377,000 which exceeds the 354,393 records that for which the agency has provided or is progressing towards a plan. The difference between bilateral estimates and actionable records includes duplicates, deceased individuals, or information that did not allow the NDIA to identify or contact individual. Post transition bilateral agreements are currently being negotiated with the States and Territories.

**Figure 2: Progress against bilateral estimates**



<sup>5</sup> There were also an additional 7,143 plans approved for participants who transferred from WA in the year.

<sup>6</sup> Detail on the bilateral estimates is included in Appendix C.

<sup>7</sup> There are a significant number of transitioning State/Territory and Commonwealth clients who have not been able to be contacted. The NDIA will attempt to contact an individual four times using the provided details, after which the person is deemed 'unable to contact'. The NDIA communicates these details to the relevant State/Territory for follow-up, and is working proactively with each State/Territory government to connect with as many potential participants as possible.

### 1.3 Participant characteristics

**Over 2,000 participants identifying as Aboriginal and/or Torres Strait Islander joined the Scheme this quarter (7.3% of participants), which is the highest Scheme quarterly representation to date.**

Of the 27,853 participants (excluding ECEI) joining the Scheme this quarter, there was an increase in the diversity of the participants, specifically:

**Aboriginal and/or Torres Strait Islanders:** 7.3% of participants received a plan in the quarter, compared with 5.6% in previous quarters combined.

**Culturally and Linguistically Diverse (CALD):** 10.3% of participants received a plan in the quarter, compared with 8.2% in previous quarters combined.

**Remote / very remote:** 2.8% of participants received a plan in the June quarter, compared with 1.2% in previous quarters combined.

**Young people in residential aged care (YPIRAC):** 2.2% of participants received a plan in the quarter, compared to 1.6% in the previous quarters combined.

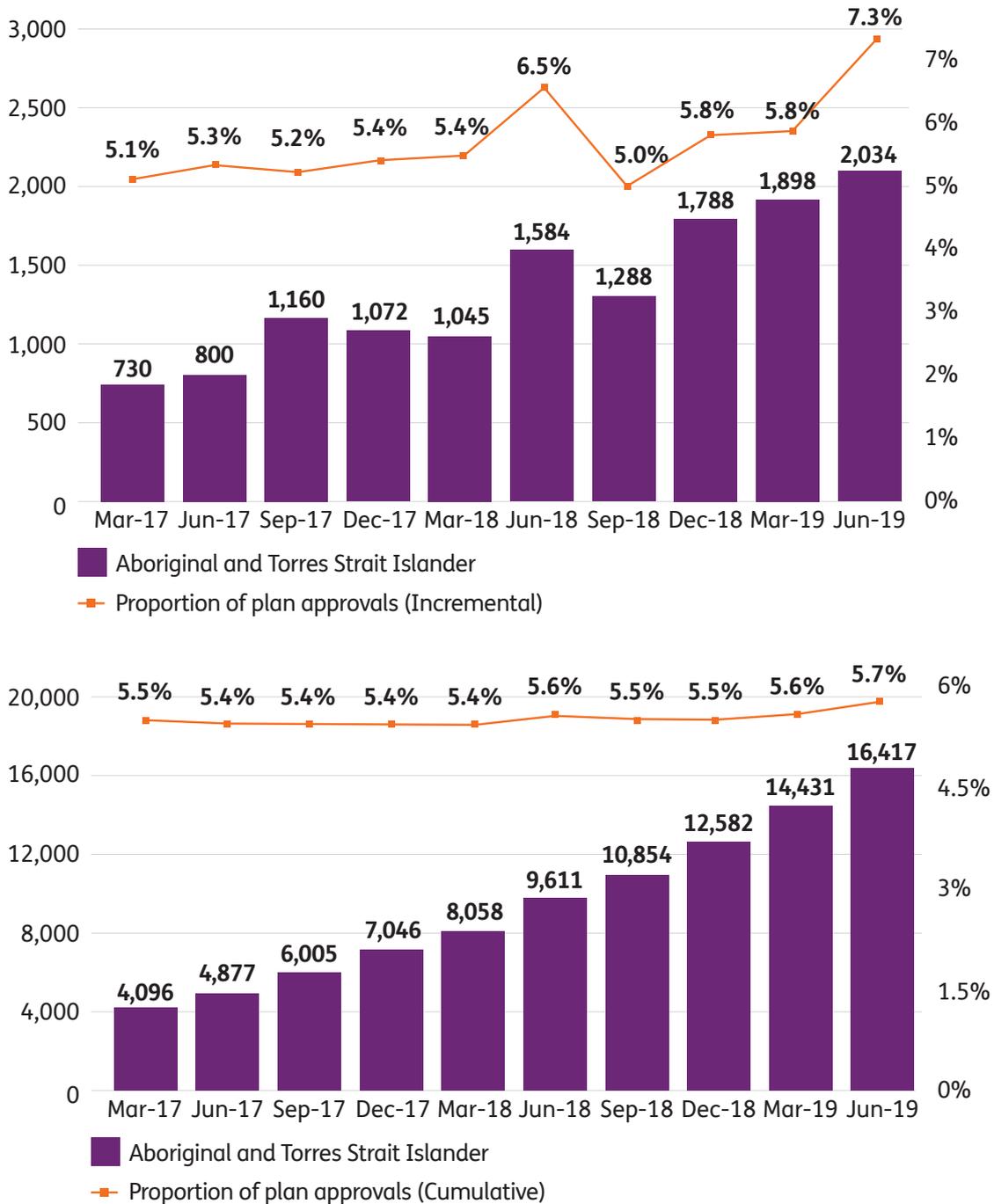
Twelve percent (12%) of participants who entered this quarter had a **primary psychosocial disability**, compared to 8% of participants in previous quarters combined.

Twenty-seven percent (27%) of participants who entered the scheme this quarter were aged **0-6 years** with 12% of participants indicating a primary disability of either **Developmental Delay** or **Global Developmental Delay**, compared to 6% in previous quarters combined.

### Aboriginal and/or Torres Strait Islander

The number of participants identifying as Aboriginal and/or Torres Strait Islander increased by 2,034 in the quarter (7.3% of participants who entered in the quarter) and 7,008 over the past year. The higher proportion of Aboriginal and/or Torres Strait Islander participants entering this quarter was driven by proportional increases in Western Australia, NSW and South Australia. Overall, 16,417 active participants as at 30 June 2019 identified as Aboriginal and/or Torres Strait Islander, which is 5.7% of total Scheme participants.

**Figure 3: Number and proportion of Aboriginal and Torres Strait Islander participants over time incrementally (top) and cumulatively (bottom) – NATIONAL<sup>8</sup>**

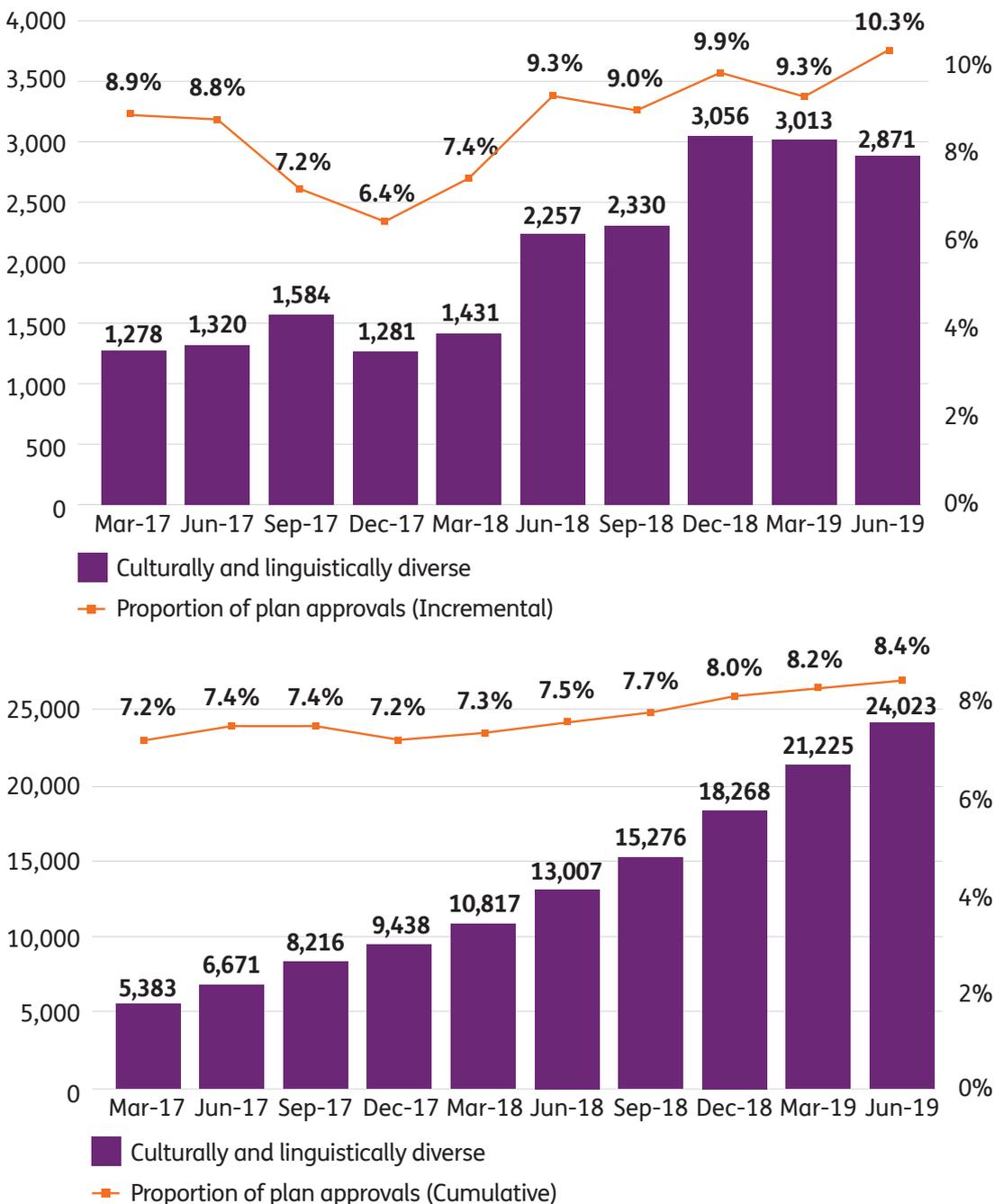


<sup>8</sup> The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Data is not available prior to March 2017.

### Culturally and Linguistically Diverse (CALD)

The proportion of new participants with a CALD background was 10.3% in the June 2019 quarter, with the increase due in part to the significant number of participants phasing into the scheme in metropolitan areas of Victoria. Specifically, 1,506 new participants in Victoria identified as having a CALD background which is 13% of all Victorian new entrants. This compares to the cumulative Victorian average of 9% identifying as CALD entering the Scheme in prior quarters. Increased CALD participants, as a percentage of total participants, were also observed across all other jurisdictions this quarter, except ACT and the NT. Overall, 24,023 active participants identified as CALD, which is 8.4% of total Scheme participants.

**Figure 4: Number and proportion of culturally and linguistically diverse participants over time incrementally (top) and cumulatively (bottom) – NATIONAL<sup>9</sup>**



<sup>9</sup> The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Data is not available prior to March 2017.

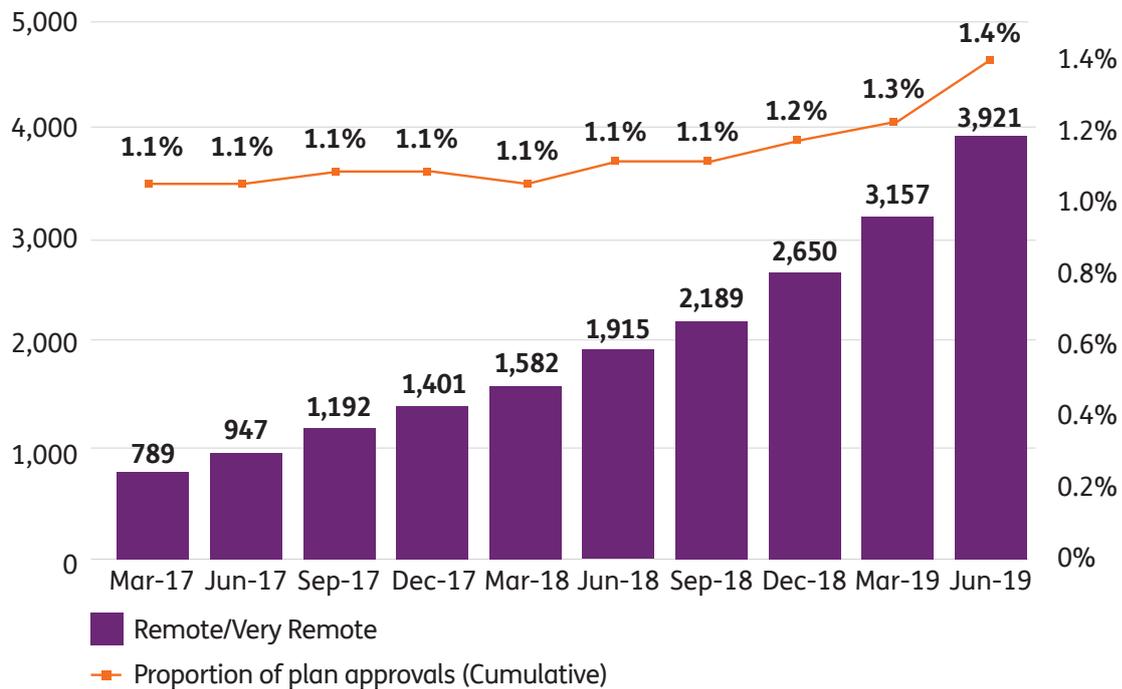
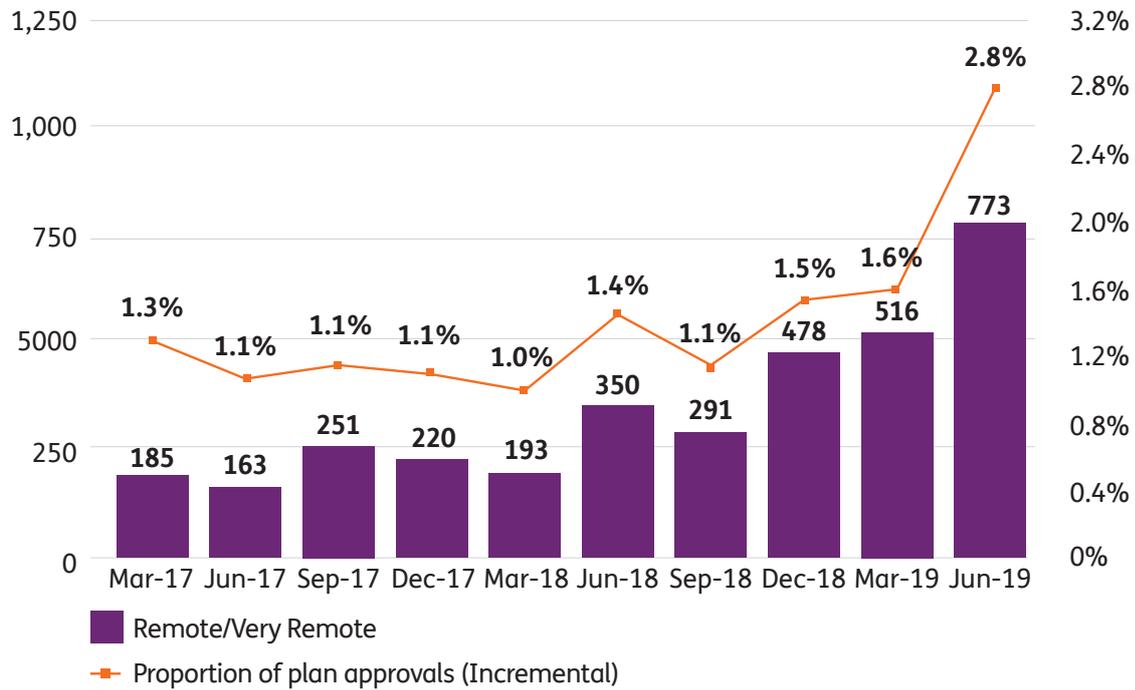
### **Remote / Very Remote**

The proportion of participants living in remote and very remote regions has been increasing over the past year, from 1,915 participants at 30 June 2018 to 3,921 participants at 30 June 2019. There were 773 new participants from remote and very remote regions in the June 2019 quarter, by far the largest number of any quarter to date and representing 2.8% of new participants. The majority of the new participants this quarter were from WA and NT.

During this quarter 452 participants from remote and very remote regions in WA joined the Scheme, as the Scheme expanded into the Kimberley-Pilbara region of Western Australia. 163 participants from remote and very remote regions in the NT also joined the Scheme. Together WA and the NT accounted for 80% of the remote new participants joining the Scheme this quarter and 79% of very remote new participants.

Overall 3,921 active participants as at 30 June 2019 were living in remote regions, which is 1.4% of total Scheme participants.

Figure 5: Number and proportion of remote/very remote participants over time incrementally (top) and cumulatively (bottom) – NATIONAL<sup>10</sup>



<sup>10</sup> The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Data is not available prior to March 2017.

### Young people in residential aged care (YPIRAC)

The number of people in residential aged care receiving support from the NDIS increased by 607 in the quarter, and by 1,599 over the past year. Of the 4,721 active participants in residential aged care as at 30 June 2019, 18 were under the age of 45 years (3%), 760 were aged between 45 and 54 (16%), 2,855 were aged between 55 and 64 (61%), and 929 were aged 65 or over (20%). Some participants in residential aged care entered the Scheme before age 65 years but have since turned 65.

On 22 March 2019 the Minister for Families and Social Services announced a plan to reduce the number of younger people with disability living in aged care facilities. In support of this, the NDIA is expediting access to the Scheme for those who are eligible. Planners in the Complex Support Needs pathway will then, as a priority, work with eligible NDIS participants and their families to look at housing options, which may include funding for home modifications or SDA where required. Key to the success of this plan is the availability of facilities for participants to move into.

### Early Childhood Early intervention (ECEI)

Twenty-seven percent (27%) of participants who received an approved plan in the quarter were aged **0-6 years**, compared with 12% in previous quarters. This higher number of children was also seen in the higher numbers of participants with **developmental delay** and **global developmental delay** entering the Scheme in the quarter (12% compared with 6% in previous quarters).

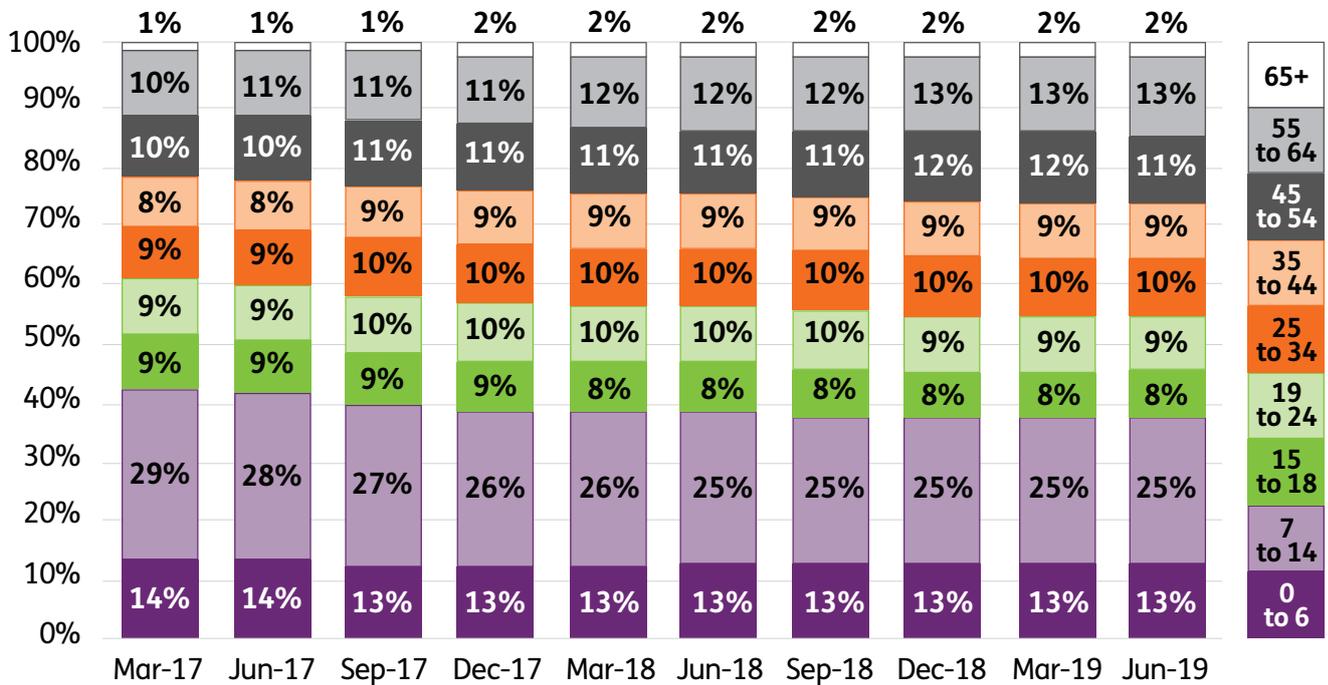
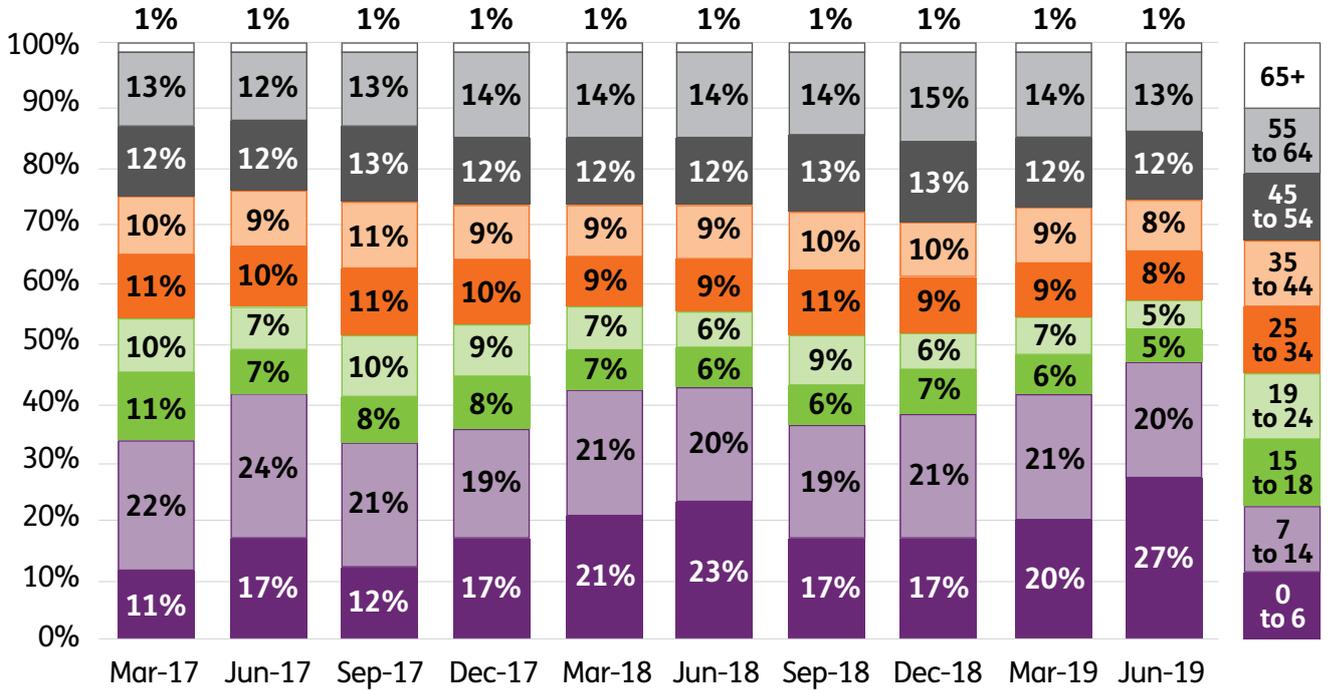
Consistent with the strategy of the NDIA Board and management, the Minister for the NDIS announced a plan for more children to get faster access to NDIS supports<sup>11</sup> and the higher proportion of children entering the Scheme in the quarter is a strong start to implementing this plan (see page 43).

### Psychosocial disability

A higher proportion of participants with psychosocial disability entered the Scheme this quarter (12% compared with 8% in previous quarters). South Australia had 231 participants with psychosocial disability, or 13%, entering the Scheme this quarter compared with an average of 4% in prior quarters. Tasmania also increased to 12% of participants with psychosocial disability entering the Scheme this quarter, compared to 4% previously. The increase in both jurisdictions is driven by the aged-based phasing of their bilateral agreements.

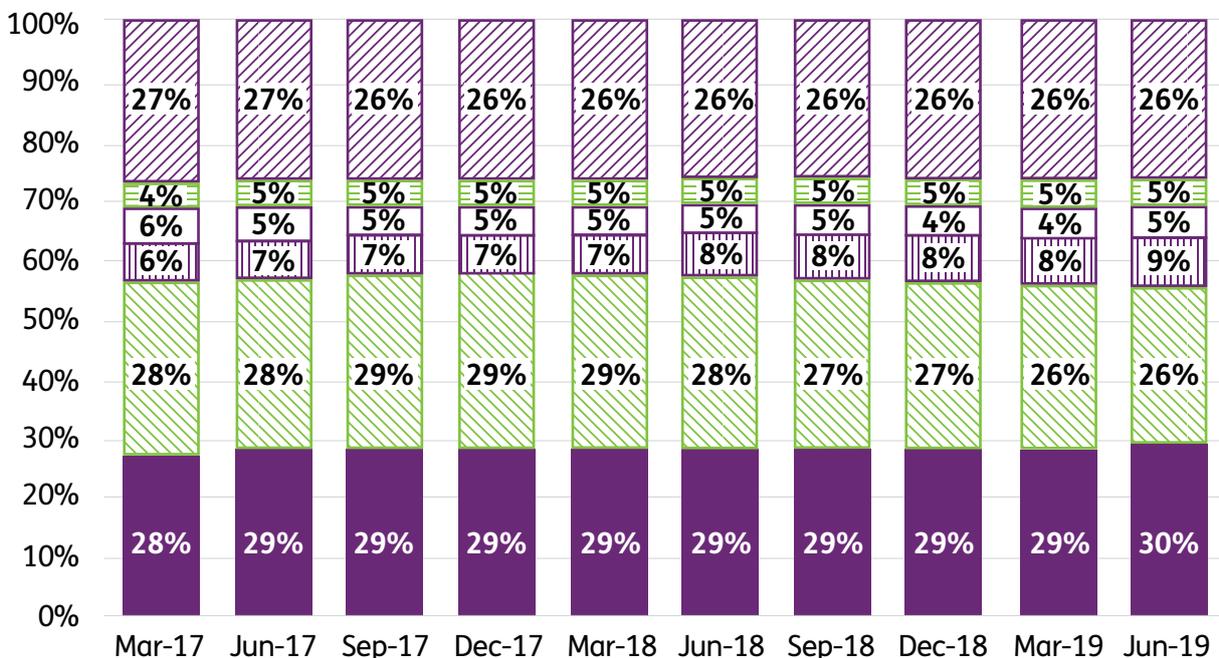
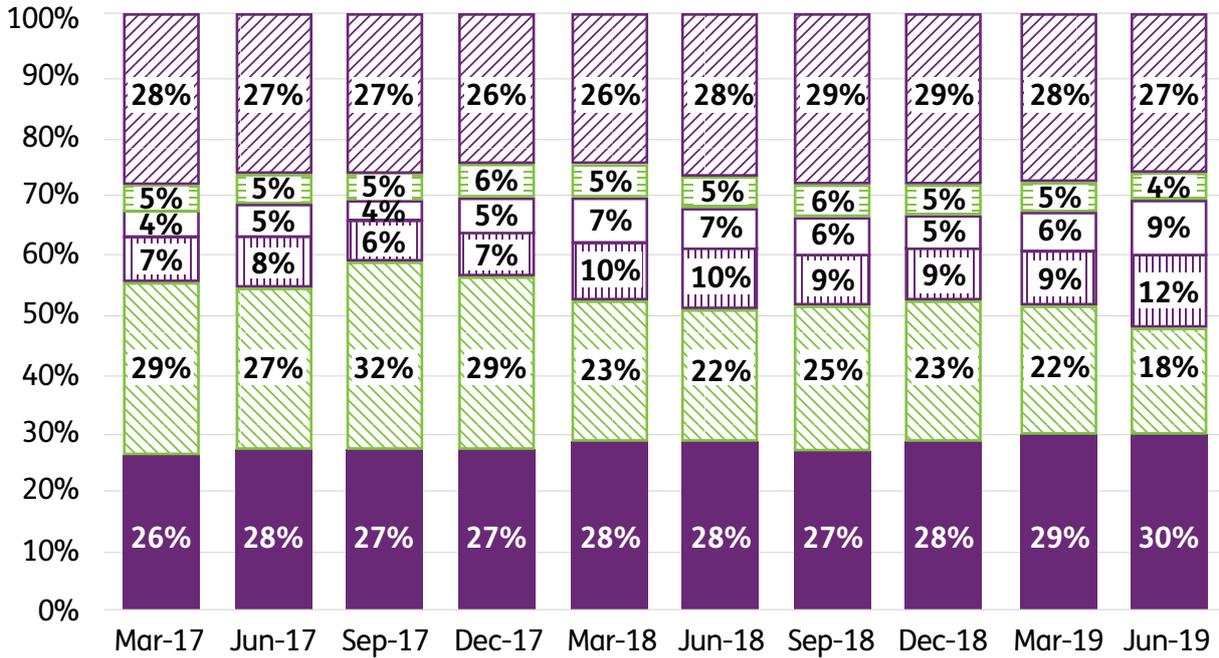
<sup>11</sup> [Children to get faster access to NDIS supports](#) – Media release from the Minister

Figure 6: Participant profile by age group over time incrementally (top) and cumulatively (bottom) – NATIONAL<sup>12</sup>



<sup>12</sup> The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Data is not available prior to March 2017.

Figure 7: Participant profile by disability group over time incrementally (top) and cumulatively (bottom) – NATIONAL<sup>13,14</sup>



<sup>13</sup> The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Data is not available prior to March 2017.

<sup>14</sup> *ibid.*

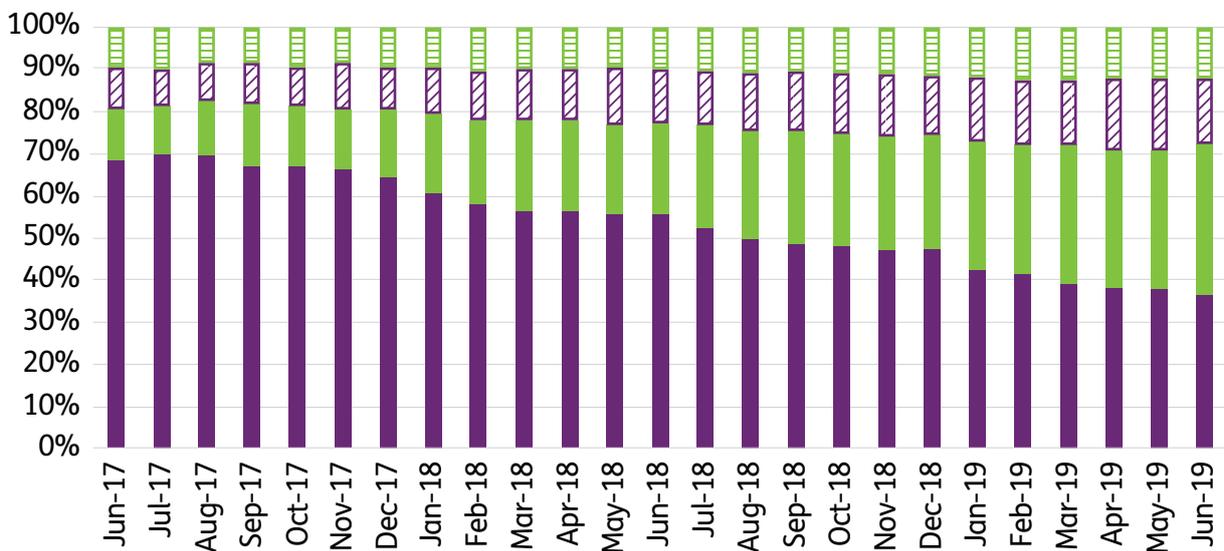
### 1.4 Self-management and plan management

The percentage of plans approved that are self-managed, or that have a plan manager, continues to increase.

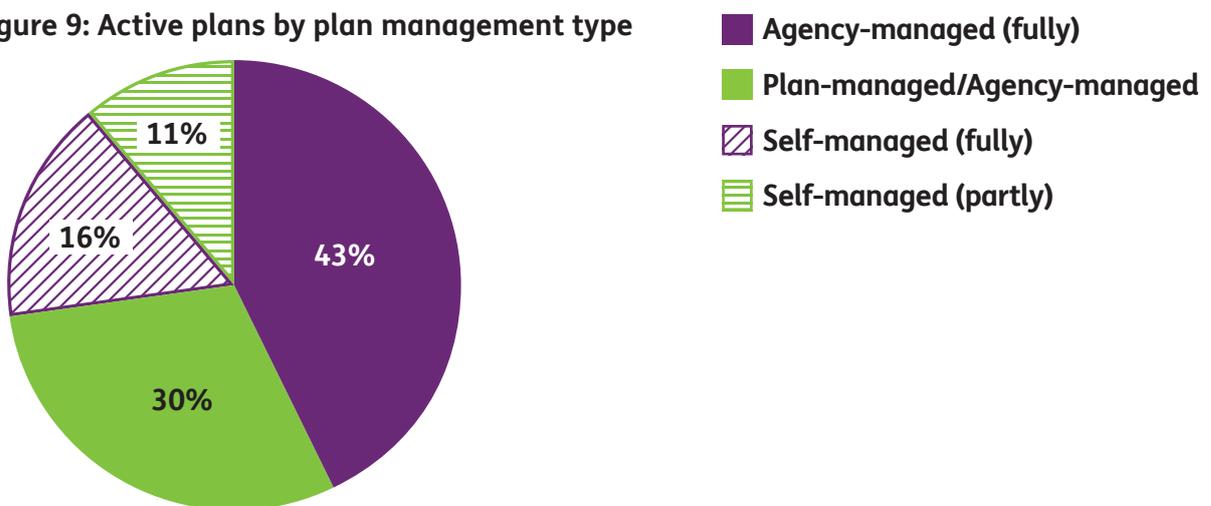
Self-management is an NDIS plan management choice available to participants. Self-managing participants directly manage their own funded supports and services rather than having the Agency or a plan manager make payments on their behalf. Self-management maximises choice and control, as participants can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

The proportion of approved plans that are self-managed (either fully or partly<sup>15</sup>) has increased over the last two years, from 19% of plans approved in the quarter to June 2017 to 29% of plans approved in the quarter to June 2019, and the proportion of participants that have a plan manager<sup>15</sup> has also increased from 13% to 34%.

**Figure 8: Plan management type and month of entry**



**Figure 9: Active plans by plan management type**

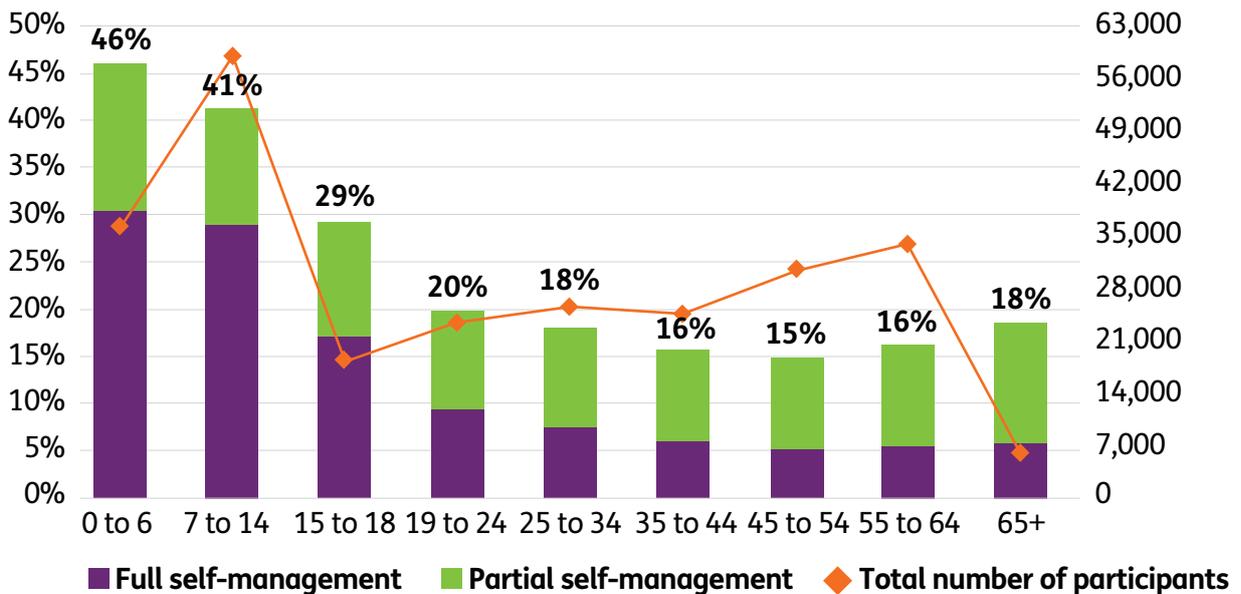


<sup>15</sup> Participants can choose to self-manage part of their plan, but not all of it. For example, some participants choose to self-manage transport and consumables in their plan, but not the other supports. Participants can also choose a plan manager to financially manage their plan. The plan manager makes payments to service providers on behalf of the participant.

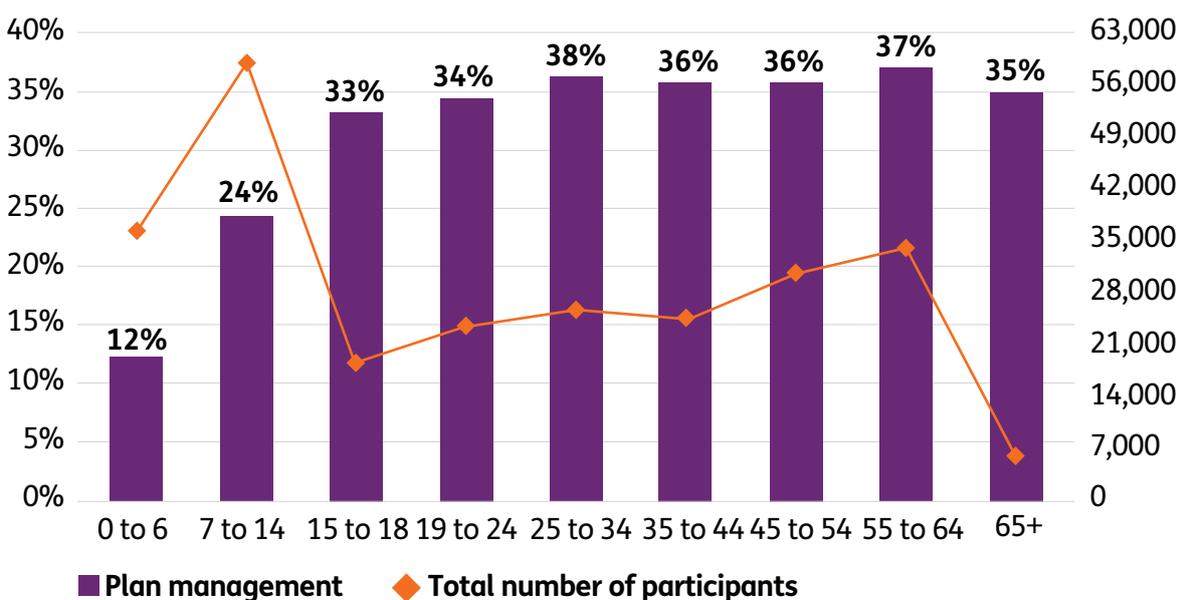
**Younger participants are more likely to be self-managed and adults are more likely to have a plan manager**

There continues to be a much higher rate of full self-management in younger age bands with 30% of participants aged 0-14 being self-managed<sup>16</sup> compared with 6% for 25 years and over. Partial self-management is fairly consistent across age bands (at approximately 11%) and is more common than fully self-managed for adults. Conversely, participants aged 25 years and over are more likely to opt for a plan manager to make payments to providers (approximately 36%), compared to younger participants (approximately 20% for participants aged 0-14 years).

**Figure 10: Self-management by age**



**Figure 11: Plan management by age**



<sup>16</sup> For children, parents/guardians self-manage the plan.

Rates of self-management also differ by disability, with the higher rates of self-management for participants with a hearing impairment (47%), spinal cord injury (41%) and autism (38%). The lowest rates of self-managed are for participants with psychosocial disability (5%), acquired brain injury (12%), and intellectual disability (15%).

Conversely, participants with psychosocial disability (42%), multiple sclerosis (42%) and stroke (41%) are more likely to opt for a plan manager than participants with other disabilities. Plan managers are least common for participants with developmental delay (12%), global developmental delay (13%), and other sensory/speech disabilities (14%).

**Figure 12: Self-management by disability**

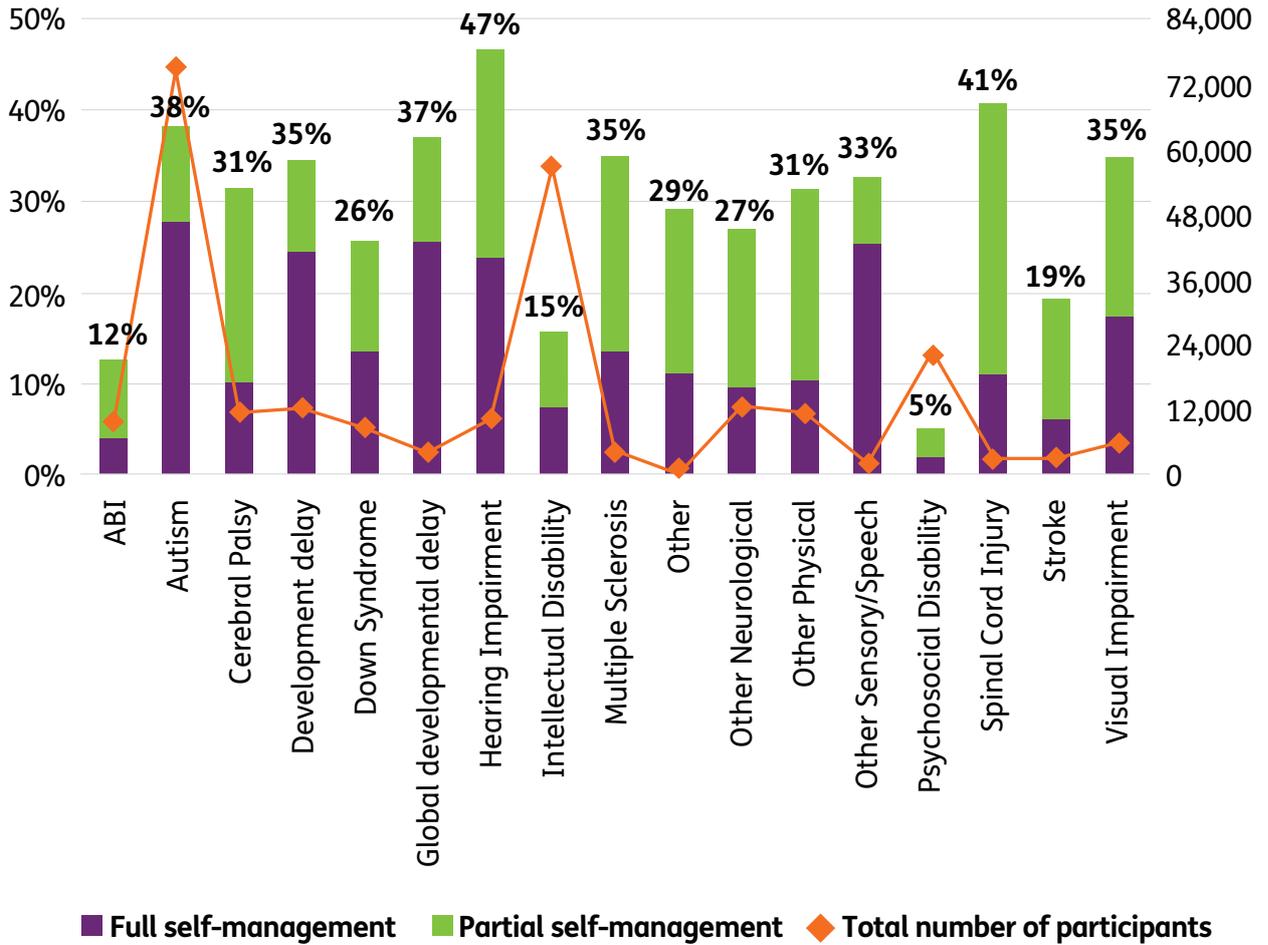
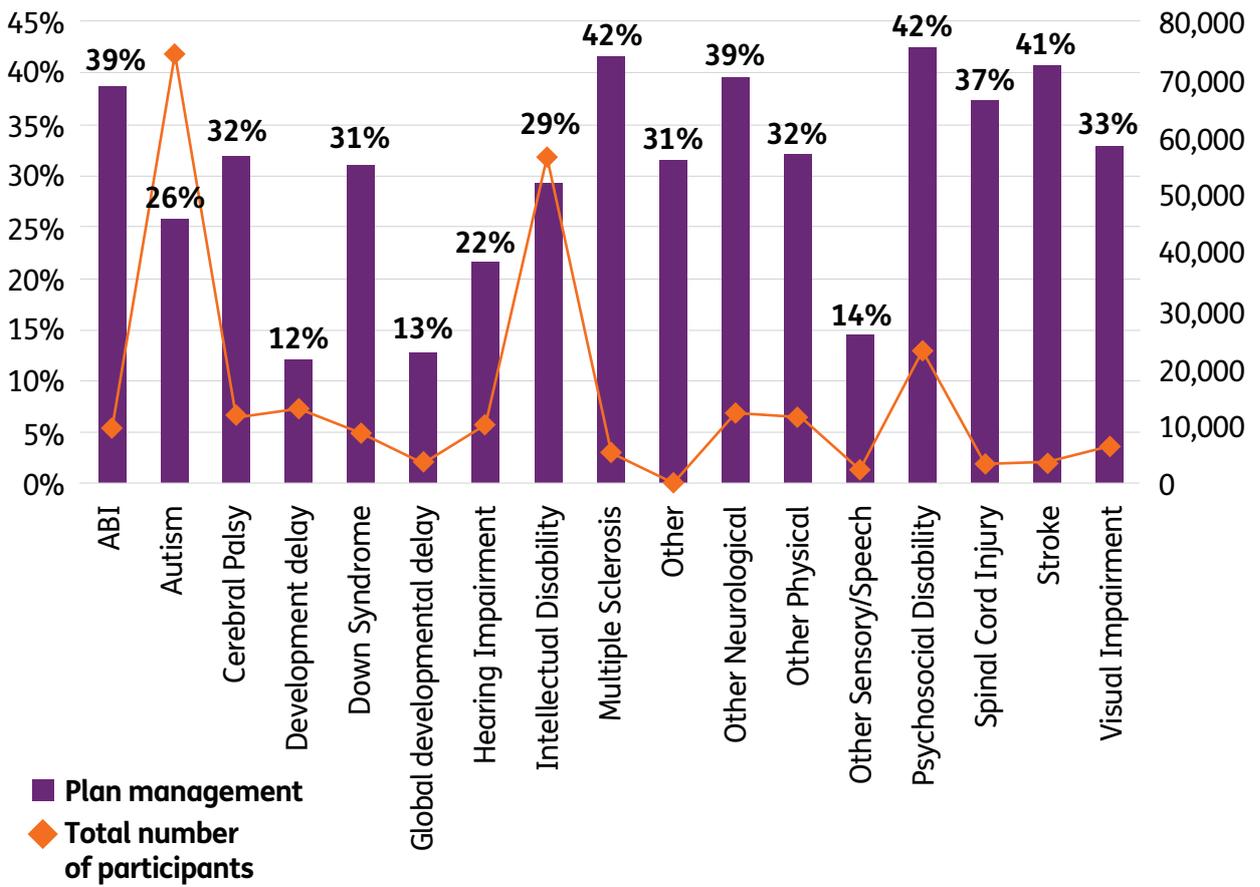


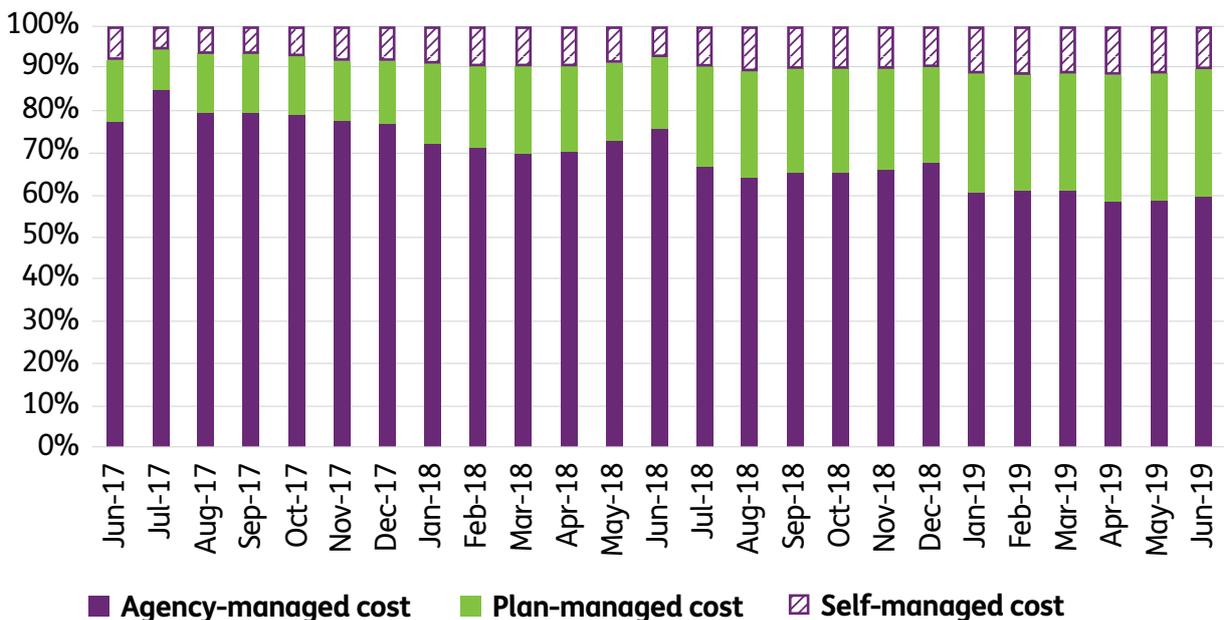
Figure 13: Plan management by disability



The proportion of the plan budgets that are self-managed has increased from 8% in the June 2017 quarter to 11% in the June 2019 quarter.

The proportion of the plan budgets where the participant has a plan manager, has increased significantly from 14% in the June 2017 quarter to 30% in the June 2019 quarter.

Figure 14: Committed Supports by plan management type and month of entry





**Jessie loves life and is on a mission to be the best she can be, dreaming one day of joining the police force.**

Dad, Paul, said his 13-year-old daughter, who has Down syndrome, is certainly a stickler when it comes to anyone in the family breaking the rules.

“I regularly get a stern warning when having a glass of wine on the dangers of drink-driving and ending up on the TV show, RBT,” he said with a laugh.

“Jessie has come a long way since joining the National Disability Insurance Scheme (NDIS) four years ago and I credit the continuity of supports she now receives in her NDIS plan, in particular the fortnightly speech therapy she attends.”

“She’s certainly getting the skills now to have a much better chance of achieving her dream job,” he said.

## Part Two: Participant experience and outcomes

Outcomes for participants and their families continue to improve over time.

### 2.1 Participation in work and community and social activities

**The NDIS is increasing community and social participation, with more participants included after two years in the Scheme. Participation in work after two years in the Scheme remains at similar levels.**

Participation in community and work improves the wellbeing of people with disability, and lowers the long-term costs of care and support. The inclusion of people with disability in the community also benefits the wider community and promotes a more inclusive and diverse society.

The 2018-2022 NDIA's Corporate Plan uses metrics and performance targets to measure achievements against the NDIA's aspirations. The 'quality experience and outcomes for participants' aspiration is measured by the percentage of participants currently employed and the number of participants involved in community and social activities, with initial results collected as participants enter the Scheme.

For people who entered the Scheme between 1 July 2016 and 30 June 2017, participation in community and social activities has increased with time spent in the Scheme. There was a twelve percent increase in the number of participants aged 15 to 24 years old participating in community and social activities, from 31% at baseline to 43% this quarter. For participants aged 25 years or over, the increase was eleven percent from 36% to 47%. The average across both cohorts is an eleven percent increase from 35% to 46%. This result exceeded the NDIA corporate plan target for 2018-19 of 41%.

**Figure 15: Participants in community and social activities compared with the 2018-19 Target (participants who entered the Scheme between 1 July 2016 and 30 June 2017)<sup>17</sup>**

Participants in community and social activities	At Scheme entry (Baseline)	After two years in the Scheme	2018-19 Target
Aged 15 to 24 years	31%	43%	
Aged 25+	36%	47%	<b>41%</b>
Aged 15+ (average)	35%	46%	

Additional insights on the drivers of increased social and community participation were included in the 31 March 2019 report to the COAG Disability Reform Council (pages 25-27).

<sup>17</sup> The corporate target is only relevant for participants aged over 25 years.

Figure 16 shows continued progress against the NDIA’s corporate plan metrics for ‘participants in work’, for people who entered the Scheme between 1 July 2016 and 30 June 2017.

There was a nine percent increase in the number of participants aged 15 to 24 years old in work, from 13% baseline to 22% this quarter. For participants aged 25 years or over, there was a fall of one percent from 26% to 25%. The average across both cohorts was 24%, one percent higher than the baseline result. The target for the number of employed participants in both cohorts is 26% for 2018-19.

**Figure 16: Participants in work compared with the 2018-19 Target (participants who entered the Scheme between 1 July 2016 and 30 June 2017)<sup>18</sup>**

Participants in work	At Scheme entry (Baseline)	After two years in the Scheme	2018-19 Target
Aged 15 to 24 years	13%	22%	
Aged 25+	26%	25%	<b>26%</b>
Aged 15+ (average)	23%	24%	

There is a strong commitment from the Agency and the Department of Social Services to implement an employment strategy to improve job opportunities for people with disability (see page 62). The NDIA is acutely aware of the benefits employment brings to participants and the economy and has prioritised employment options in planning discussions.

Additional insights on the drivers of employment were included in the 31 December 2018 report to the COAG Disability Reform Council (pages 18-20).

<sup>18</sup> The corporate target is only relevant for participants aged over 25 years.

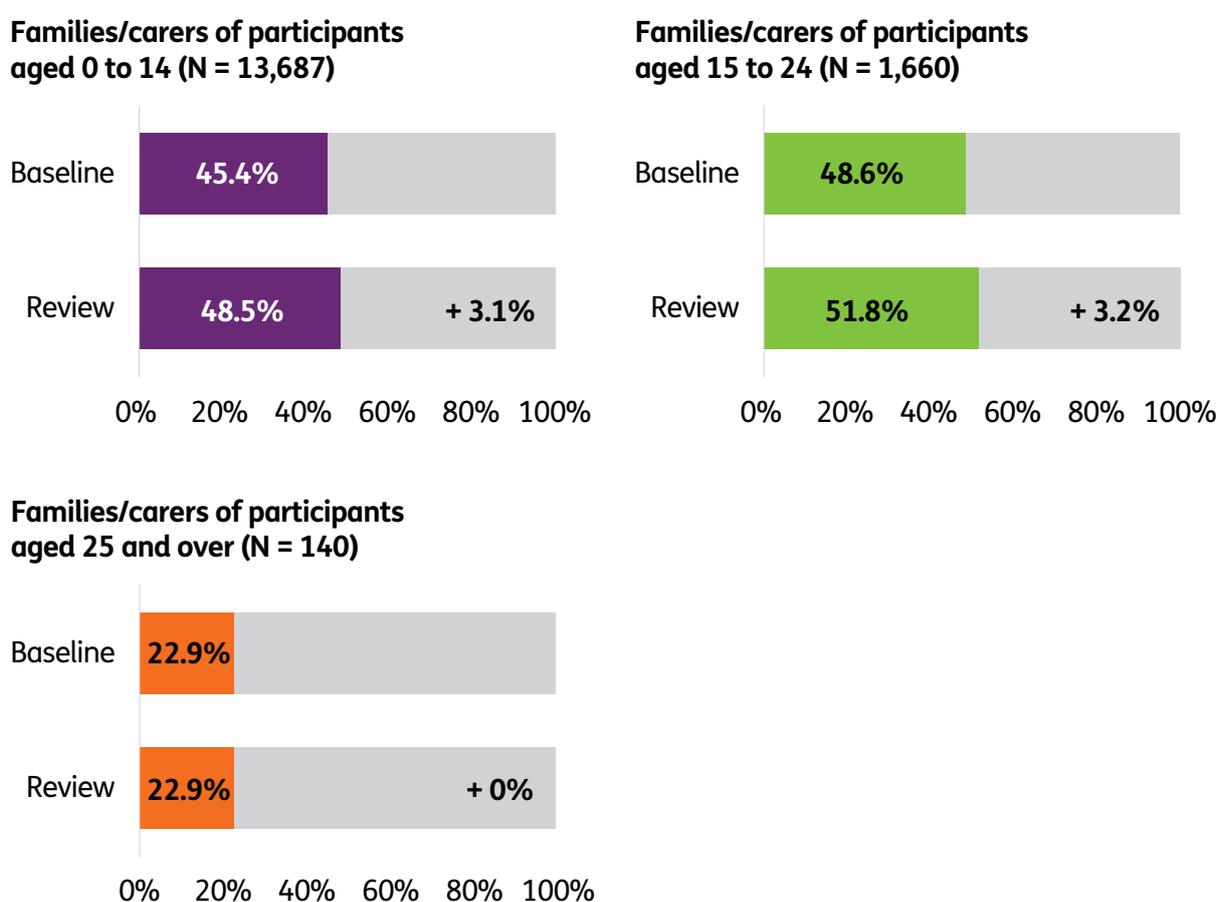
## 2.2 Families and carers in employment

**The employment rate increased for families/carers of participants under the age of 25 after one year in the Scheme, and the number of hours worked increased.**

In addition to the benefits of increasing the rate of employment for participants in the Scheme, there is also benefit in increasing the employment rate for families/carers of participants. In 2011, the Productivity Commission estimated an additional 3.4% of carers entering the workforce, along with increased work capacity for carers already in the workforce, would result in a \$1.5 billion increase to annual real GDP.<sup>19</sup>

The employment rate for families and carers of participants under 25 has increased over the first year in the Scheme by just over 3 percentage points.<sup>20</sup>

**Figure 17: Trend in percentage of families/carers in paid employment, by participant age group**

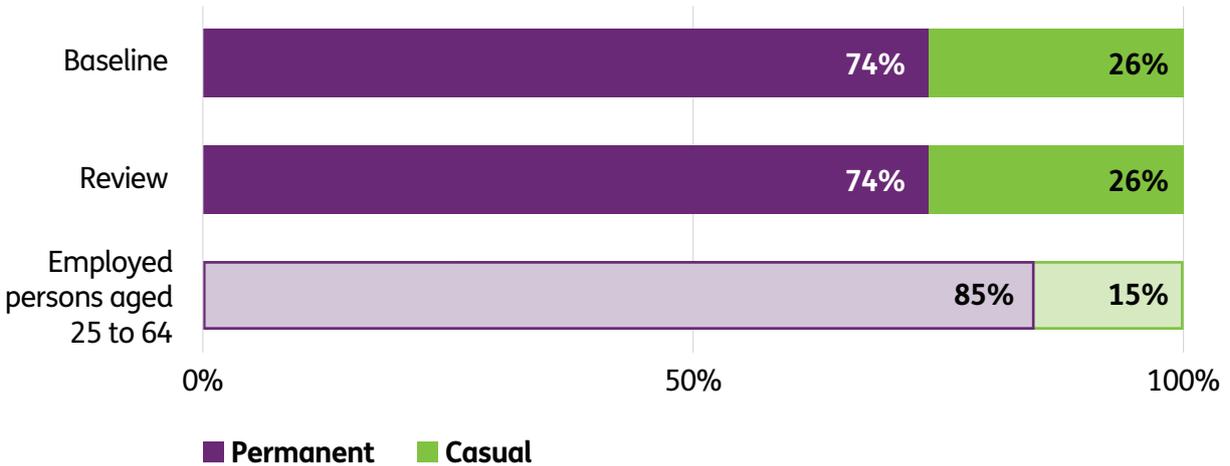


<sup>19</sup> Source: Disability Care and Support Inquiry Report, Productivity Commission, 2011. The estimate is in 2011 productivity levels and prices, and the realisation of this effect will take some time.

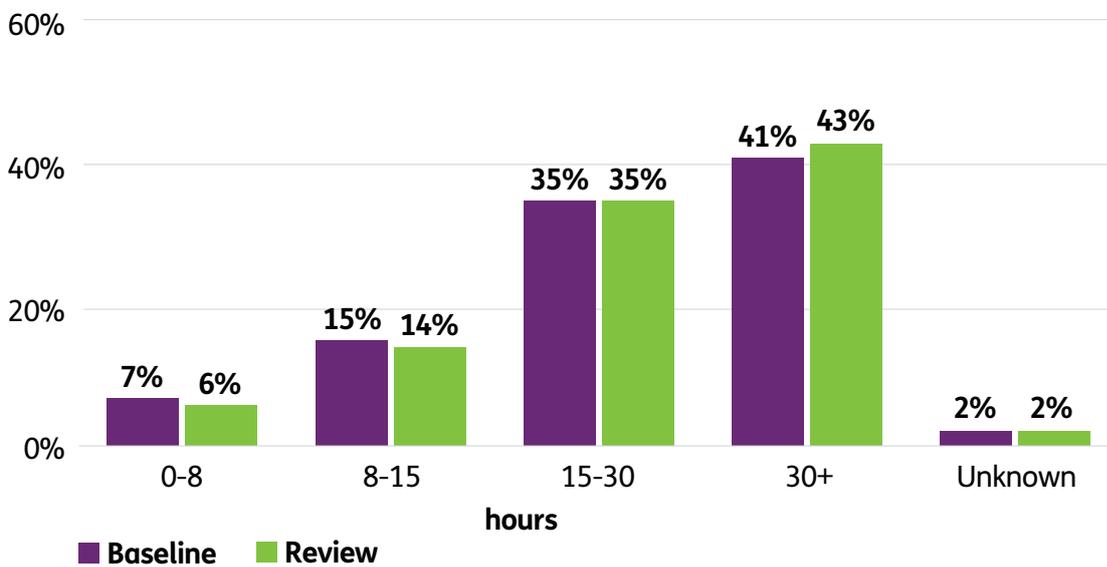
<sup>20</sup> Part of this increase may be attributed to improved Australian labour market conditions. The employment to population ratio for 25 to 64 year olds has increased from 75.9% in July 2016 to 77.0% in June 2018 (source: Australian Bureau of Statistics. 2018. 6202.0 Labour force, Australia, Jun 2018). The majority of respondents to the family and carers survey for participants aged 0 to 24 were the mother or father (95% and 91% for families/carers of participants aged 0 to 14 and 15 to 24, respectively), thus it is assumed that most family/carers will fall broadly in the 25 to 64 age range. However, the significant improvement in employment does not appear to be due to a strengthening job market alone, and may be a result of the impact of the NDIS.

When comparing families/carers or participants in the Scheme who are working with the general population who are working, there are some key differences. Families/carers of NDIS participants work less hours on average compared to the general population, and are more likely to be in casual employment. The average number of hours worked per week has increased slightly between baseline and review. However, the percentage of families/carers in casual employment has remained constant.

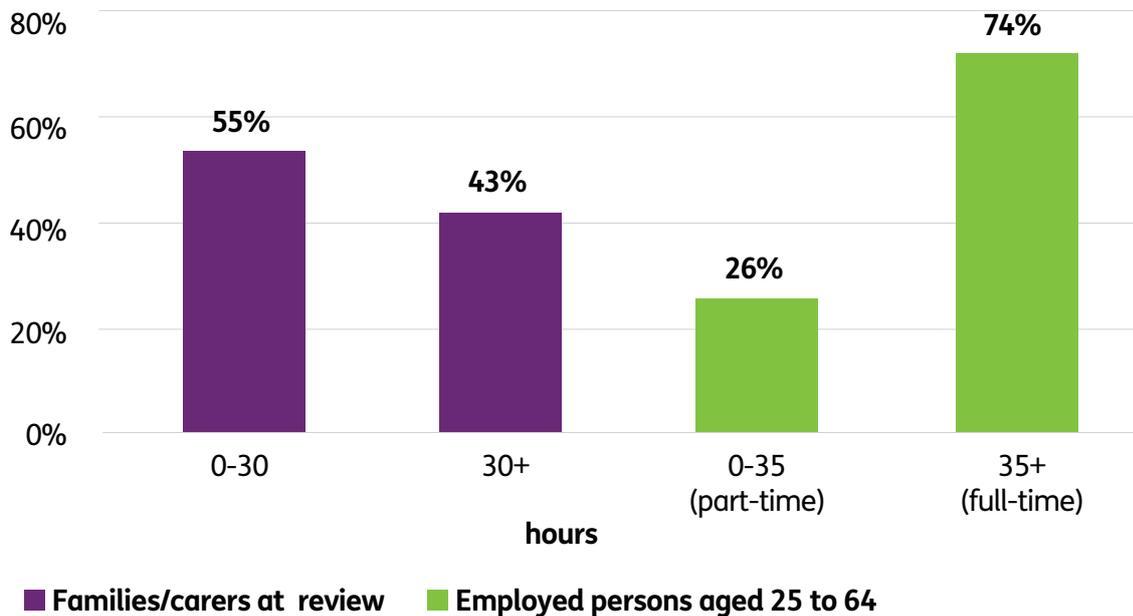
**Figure 18: Type of employment for families and carers in a paid job, compared to the general population**



**Figure 19: Typical hours worked per week for families and carers in a paid job**



**Figure 20: Typical hours worked per week for families/carers, compared to the general population**



Although the increase in the percentage of families/carers (of 0-14 year old participants) in a paid job (+3.1%) and a slightly higher number of typical hours worked per week indicate an improvement, the percentage of families/carers who would like to work more has not changed significantly at review. The situation of a child with disability was most frequently cited as a barrier to working more (90%), followed by insufficient flexibility of available jobs (43%). Similarly, for families/carers of participants aged 15+ years, 91% cited the situation of a child with disability as a barrier to working more, and 38% cited insufficient flexibility of available jobs.

Statistical analysis was undertaken to determine factors which increased the likelihood of getting a job. These included:

- Fully or partly self-managing the participant's plan
- Being able to access services and supports to meet the needs of the participant and family
- Having friends and family who they see as often they would like (and who support them)
- Studying part-time or full-time.

Some factors that decreased the likelihood of employment at review included living in a low socioeconomic area and self-assessed health being fair or poor.

## 2.3 Two-year analysis of participant outcomes

### Analysis of participant outcomes over two years demonstrates the positive long-term impact of the NDIS.

To assess the longitudinal impact of the NDIS, participants who entered in 2016-17 were asked 'Has the NDIS helped?' after one and two years in Scheme, allowing the NDIA to gain a better understanding of the longer-term impact.

Survey results for participants who entered in Quarter 4 of 2016-17, and who have now been in the Scheme for two years, have built on the results of the previous three quarters.

These results support the trend that outcomes are improving as participants spend more time in the Scheme.

From transition to 30 June 2019, for participants that have been in the Scheme for two years, the following outcomes have been recorded:

#### For children aged 0 to before starting school:

- **94%** of parents and carers thought the NDIS improved their child's development, compared to **91%** in their first year.
- **85%** of parents and carers thought the NDIS helped increase their child's ability to communicate what they want, compared to **82%** in their first year.

#### For children starting school to 14 years:

- **65%** of parents and carers felt their child had become more independent as a result of the NDIS in their second year of participation, compared to **56%** in their first year.
- **50%** of parents and carers felt the NDIS had improved their child's relationship with family and friends in their second year of participation, compared to **45%** in their first year.

#### For young adults aged 15 to 24 years:

- **65%** of participants said the NDIS had helped them with daily living activities in their second year of participation, compared to **58%** in their first year.
- **58%** of participants felt the NDIS had helped them improve their participation in community and social activities, compared to **53%** in their first year.

#### For adults aged 25 and over:

- **74%** of participants believed the NDIS helped them have more choice and more control over their lives in their second year of participation in the NDIS, compared to **66%** in their first year.
- **79%** of participants believed the NDIS helped them with daily living activities in their second year of participation, compared to **70%** in their first year.

Apart from the above results, the analysis indicates that there are areas for improvement in the outcomes for participants. After two years in the Scheme, only 18% of participants aged 15 to 24 and 29% of participants aged 25 and over, agreed that being an NDIS participant had helped them to find a home that was right for them.<sup>21</sup> This compared to 22% and 29% respectively in their first year.

<sup>21</sup> Apart from the small proportion of participants estimated to require SDA (approximately 6.5%), the social housing systems play a large role in assisting participants to find a home that is right for them.

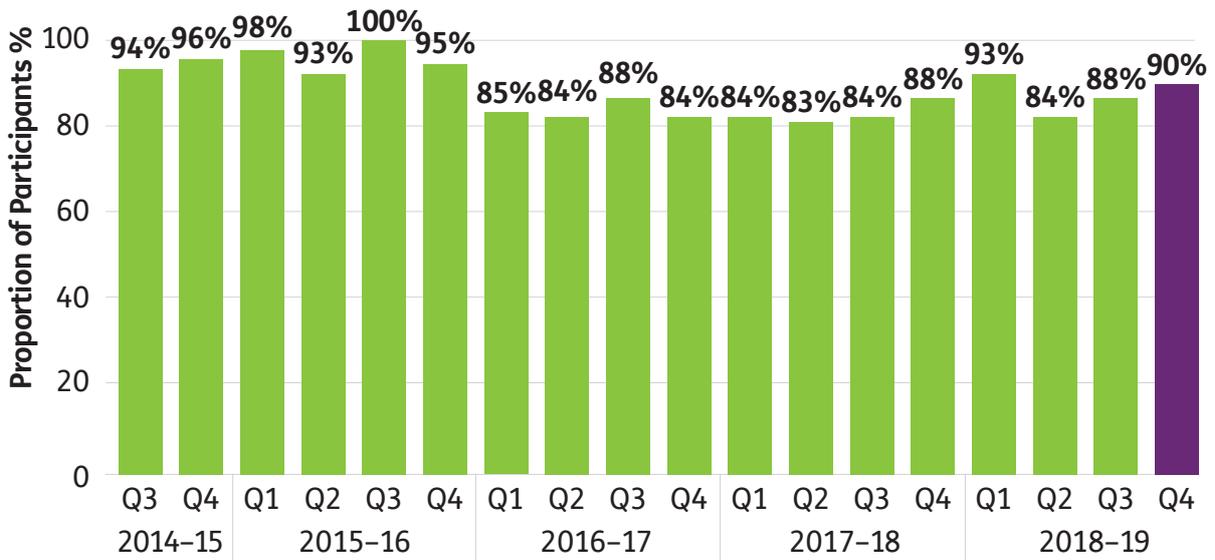
## 2.4 Participant satisfaction

**Participant satisfaction remains high with improvements this quarter compared with the previous quarter.**

Plan development is a key milestone on the participant pathway. To better understand the impact of the NDIS on participants and their families and carers, the Agency conducts satisfaction surveys during the planning process each quarter. This quarter, 90% of participants rated their overall experience with the NDIS planning process as either ‘Very good’ or ‘Good’.

This was an improvement on the last quarter’s satisfaction rate of 88% and the prior quarter’s satisfaction rate of 84%.

**Figure 21: Historical satisfaction rates<sup>22</sup>**



Of the participants surveyed this quarter, 94% felt their planner listened to them, 94% considered that they had enough time to tell their story, and 95% reported that their planning meeting went well. A lower proportion of participants (81%) felt that planners helped them think about their future.

<sup>22</sup> the number of people in the survey for the June quarter.

**Figure 22: Participant satisfaction in 2018-19 Q4**

	Agree/ Strongly agree	Neutral	Disagree/ Strongly disagree
The planner listened to me	94%	4%	2%
I had enough time to tell my story and say what support I need	94%	2%	4%
The planner knows what I can do well	85%	10%	5%
The planner had some good ideas for my plan	88%	6%	6%
I know what is in my plan	85%	10%	5%
The planner helped me think about my future	81%	13%	6%
I think my plan will make my life better	86%	9%	4%
The planning meeting went well	95%	3%	2%

### 2.4.1 New participant satisfaction survey

#### **New survey is providing a comprehensive view of participant experience.**

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

The new survey analyses the experience of different participant groups - for example, differences in age and disability. By gaining greater insight into varying experiences at different stages of the NDIS process, the NDIA will be better positioned to make meaningful and specific improvements to the participant pathway.

A new online version of the survey was launched in June 2019, to complement the existing phone surveys. The online version asks the same questions as the phone survey. Participants receive an SMS or email message asking them to log into the myplace participant portal to complete the survey. Responses are private, and any identifying data is removed.

A comparison of the previous quarters (2018-19 Q2 and Q3) with the current quarter (2018-19 Q4) indicates improvement in satisfaction, particularly in understanding the next stages in the process:

**Stage One: Access**

- **95%** of respondents believed their NDIS contact to be respectful this quarter compared with **94%** across the prior two quarters.
- **76%** of respondents were happy with the process by which they entered the NDIS this quarter compared with **77%** across the prior two quarters.
- **73%** of respondents understood the next stage in their NDIS process this quarter compared with **70%** across the prior two quarters.

**Stage Two: Pre-planning**

- **96%** of respondents understood what information they had to provide to prepare for pre-planning this quarter which was consistent with the prior two quarters.
- **89%** of respondents believed their NDIS contact understood how disability impacts their life compared with **87%** across the prior two quarters.
- **78%** of respondents understood the next stage in their NDIS process this quarter compared with **74%** across the prior two quarters.

**Stage Three: Planning**

- **95%** of respondents understood what information they had to provide for their plan this quarter compared with **96%** across the prior two quarters.
- **88%** of respondents believed their NDIS contact understood how disability impacts their life compared with **86%** across the prior two quarters.
- **77%** of respondents understood the next stage in their NDIS process this quarter compared with **75%** across the prior two quarters.

**Stage Four: Plan Review**

- **84%** of respondents felt prepared for their plan review meeting this quarter compared with **82%** across the prior two quarters.
- **83%** of respondents believed their NDIS contact understood how disability impacts their life this quarter compared with **80%** across the prior two quarters.
- **84%** of respondents believed their NDIS plan was helping them progress with their goals which was consistent with the prior two quarters.

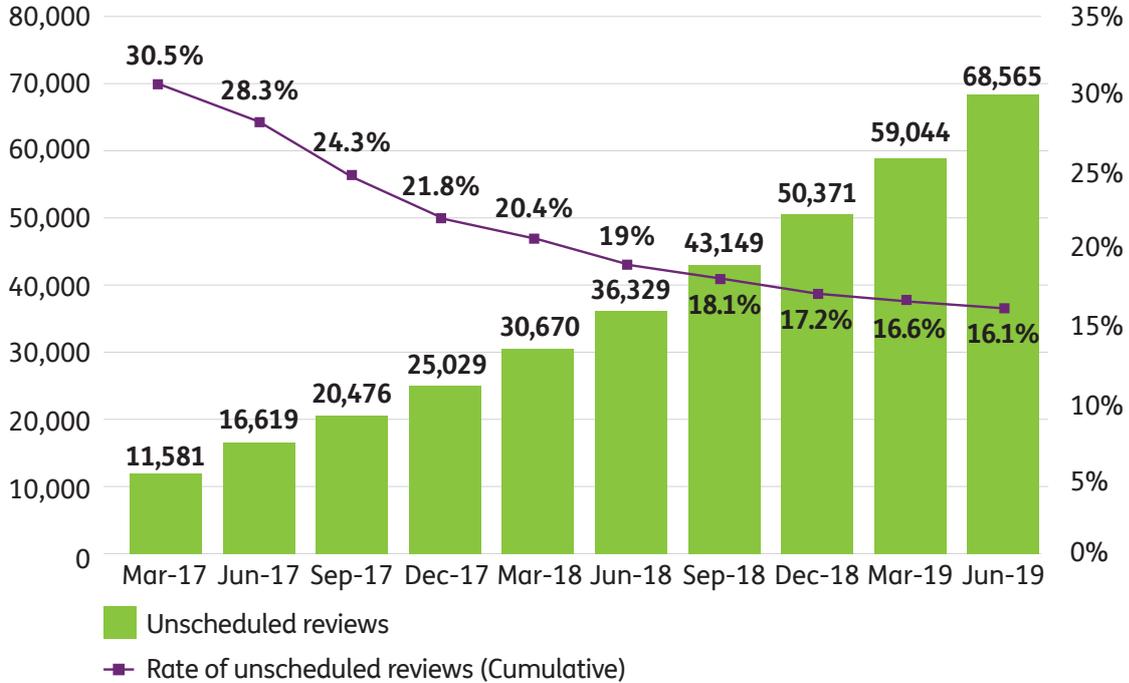
The results show an overall improvement in satisfaction across the four stages.

## 2.5 Unscheduled plan reviews

The rate of unscheduled plan reviews continues to decrease.

The rate of unscheduled plan reviews has fallen for the ninth quarter in succession, indicating improvements in satisfaction with plans.

**Figure 23: Cumulative number and proportion of unscheduled plan reviews over time**



## 2.6 Plan utilisation

Utilisation increases the longer participants have been in the Scheme, and is higher for participants in supported independent living, and for those living in regional areas and major cities.

The extent to which utilisation differs between groups of participants and types of supports in different geographies, provides insight into where markets are thin and also where there are opportunities for providers to expand their support offering.

Analysis of utilisation indicates that the key drivers continue to be:

- **Length of time**
- **Supported independent Living (SIL)**
- **Geographical location**

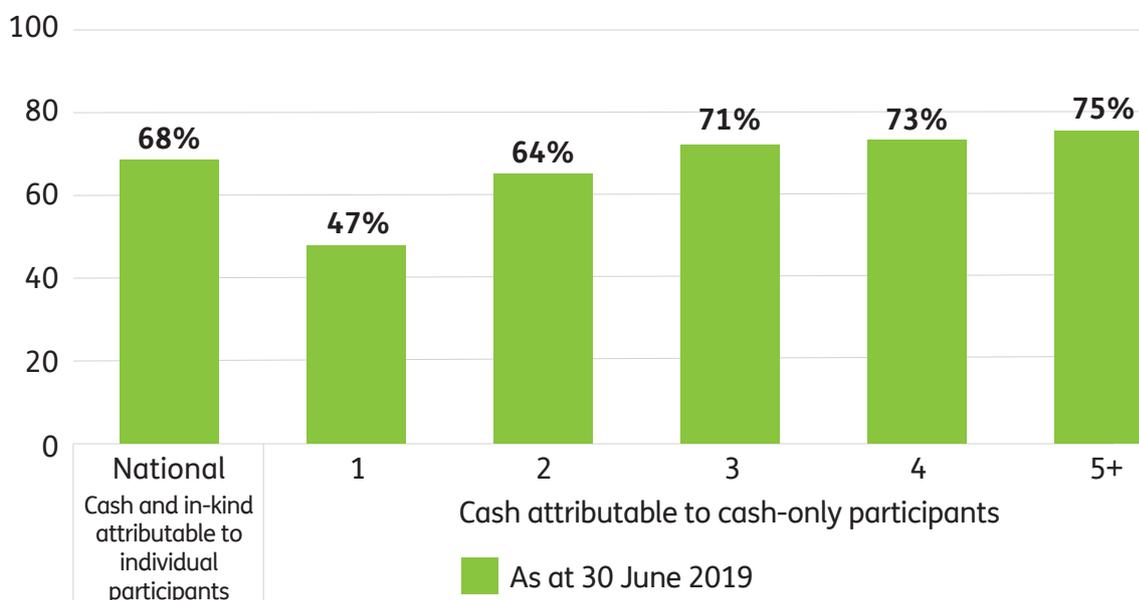
Support in participant plans is broken into core support, capacity building support and capital support. Analysis of utilisation at this support category level indicates:

- **Core support is more utilised than capacity building support for adult participants.**
- **Core support utilisation is low in remote areas**

### Length of time in the Scheme

The longer a participant has been in the Scheme, the higher the utilisation. Across all jurisdictions, participants who have been in the Scheme longer (i.e. on their second or more plan) generally have a higher utilisation rates (Fig 24). Utilisation for participants who are on their fifth plan or greater is at 75% nationwide, compared to 47% for participants on their first plan.<sup>23,24</sup>

**Figure 24: Utilisation of committed supports by plan number for 2018**



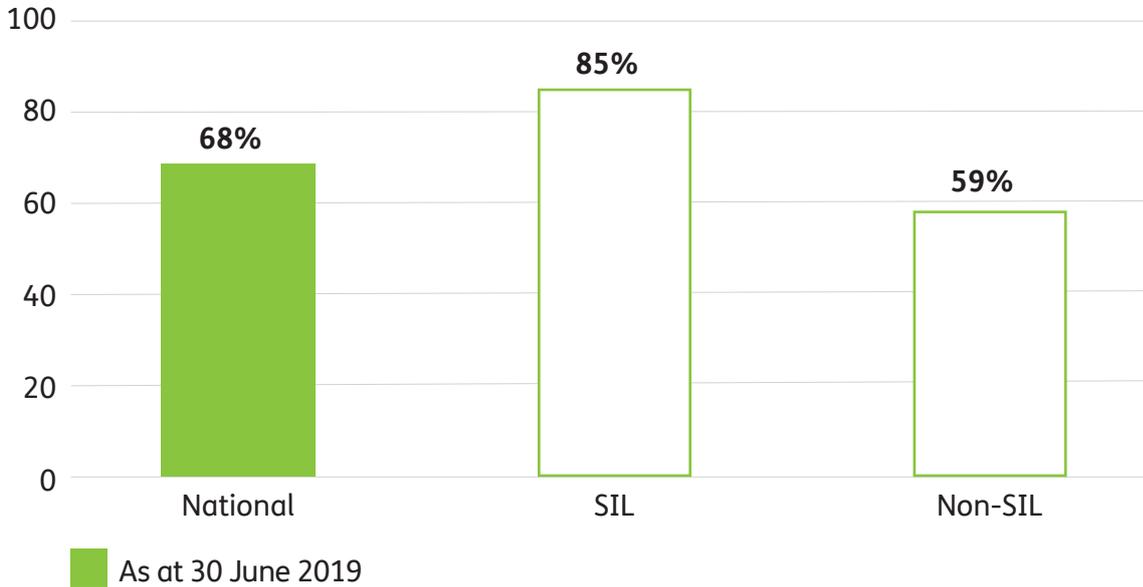
<sup>23</sup> Participants receiving in-kind supports are excluded from this analysis as it is not possible to accurately separate in-kind payments and committed amounts between plans

<sup>24</sup> The utilisation rates shown include experience from January 2018 to December 2018. Due to the increasing levels of total committed supports over time, more recent months have a heavier weighting on the 12-month utilisation rates. December 2018 is the most recent month included in this report and therefore has the highest weighting. The holiday season in December results in a low level of supports being provided relative to other months, and this has the effect of reducing the 12-month utilisation rates compared to what was observed last quarter.

**Supported independent Living (SIL)**

Nationally, 7% of participants were in SIL, and these participants have higher utilisation rates than participants not in SIL - 85% compared with 59% for participants on their second or later plan.

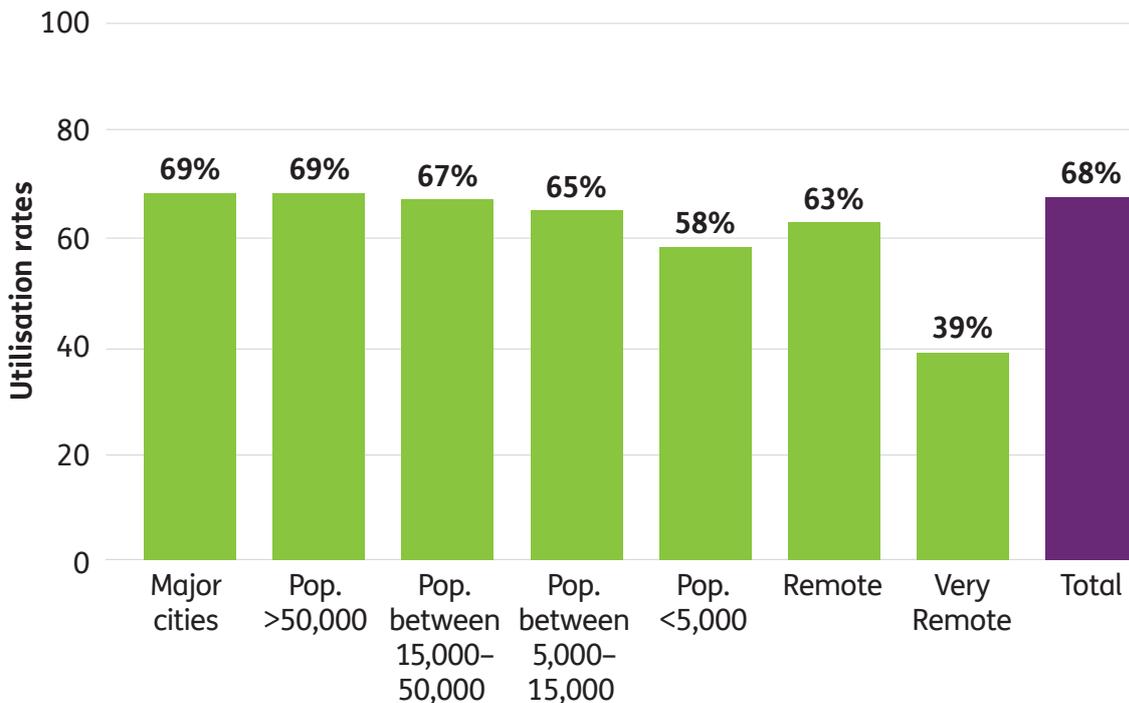
**Figure 25: Utilisation of committed supports by SIL/non-SIL participants for 2018**



**Geographical location**

Very remote areas have lower utilisation than other areas of Australia (39% in very remote areas compared with 69% in major cities).

**Figure 26: Utilisation of supports by location<sup>25</sup>**



<sup>25</sup> Classified according to the Modified Monash Model, which categorises metropolitan, regional, rural and remote areas according to geographical remoteness and town size.

Expanding on the analysis undertaken last quarter, analysis by service district after accounting for whether or not the participant is in SIL, and whether or not the participants is on their first plan or a subsequent plan, highlight some possible thin markets. These include:

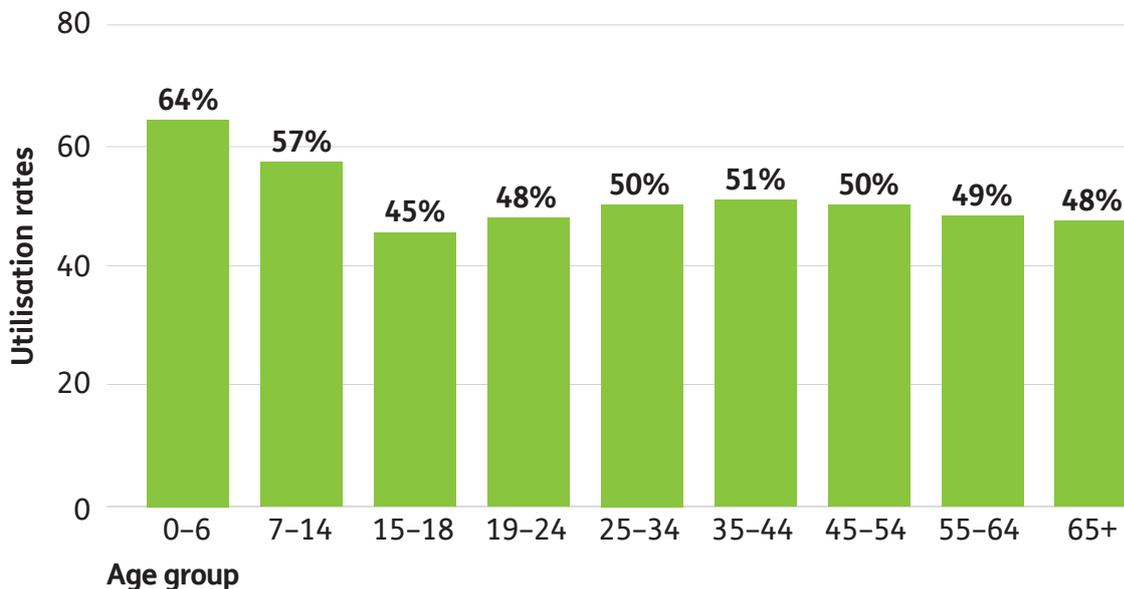
- The Northern Territory – participants who do not live in SIL have relatively low utilisation compared with national levels.
- There are some other regions where utilisation is low for participants who do not live in SIL including:
  - Far West in New South Wales
  - Inner East Melbourne, Inner Gippsland and Ovens-Murray in Victoria
  - Eyre and Western, Fleurieu and Kangaroo Island, Murray and Mallee, Far North and the Limestone Coast in South Australia

It should be noted that several of the service districts only commenced eighteen months ago. Many participants are on their first or second plan, so overall utilisation will increase as participants’ progress onto their third and later plans. Hence, it is the relativity between regions that is important in identifying possible thin markets.<sup>26</sup>

**Core, capacity building and capital supports**

Utilisation of capacity building supports is lower for adults compared with children (decreasing from 64% for 0-6 year olds to between 45% and 51% for age groups 15 to 64). Investing in participants through capacity building support to increase independence, and social and economic participation, and in turn to reduce the need for core support, is key to the NDIS insurance model. Hence, opportunities exist to increase utilisation in capacity building for adult participants.

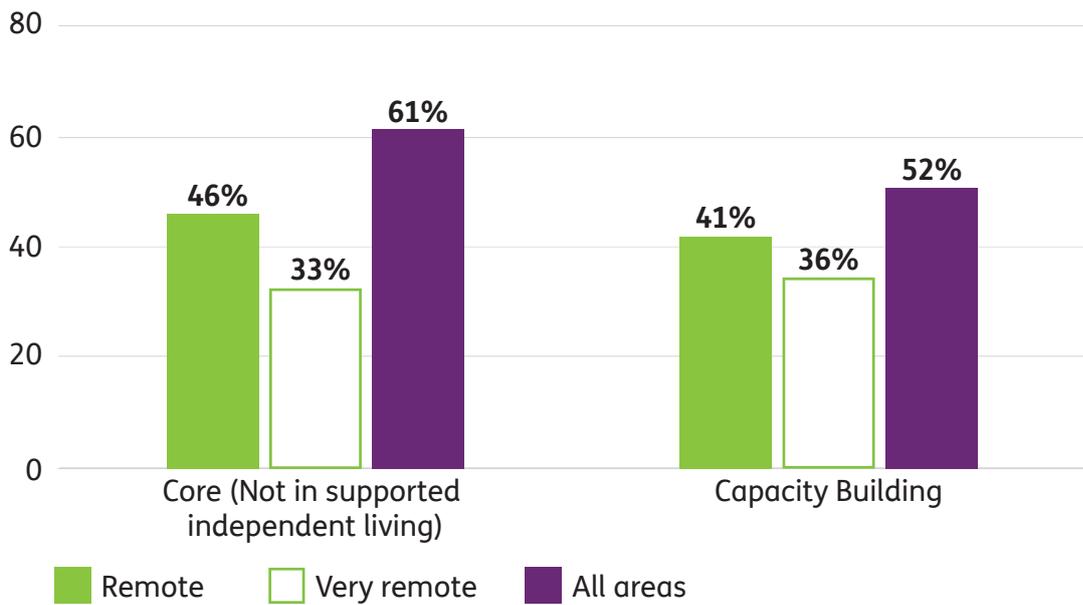
**Figure 27: Utilisation of capacity building supports by age group**



In addition to lower capacity building supports, core support utilisation is also low in remote areas, indicating opportunities to increase core support provision in remote areas.

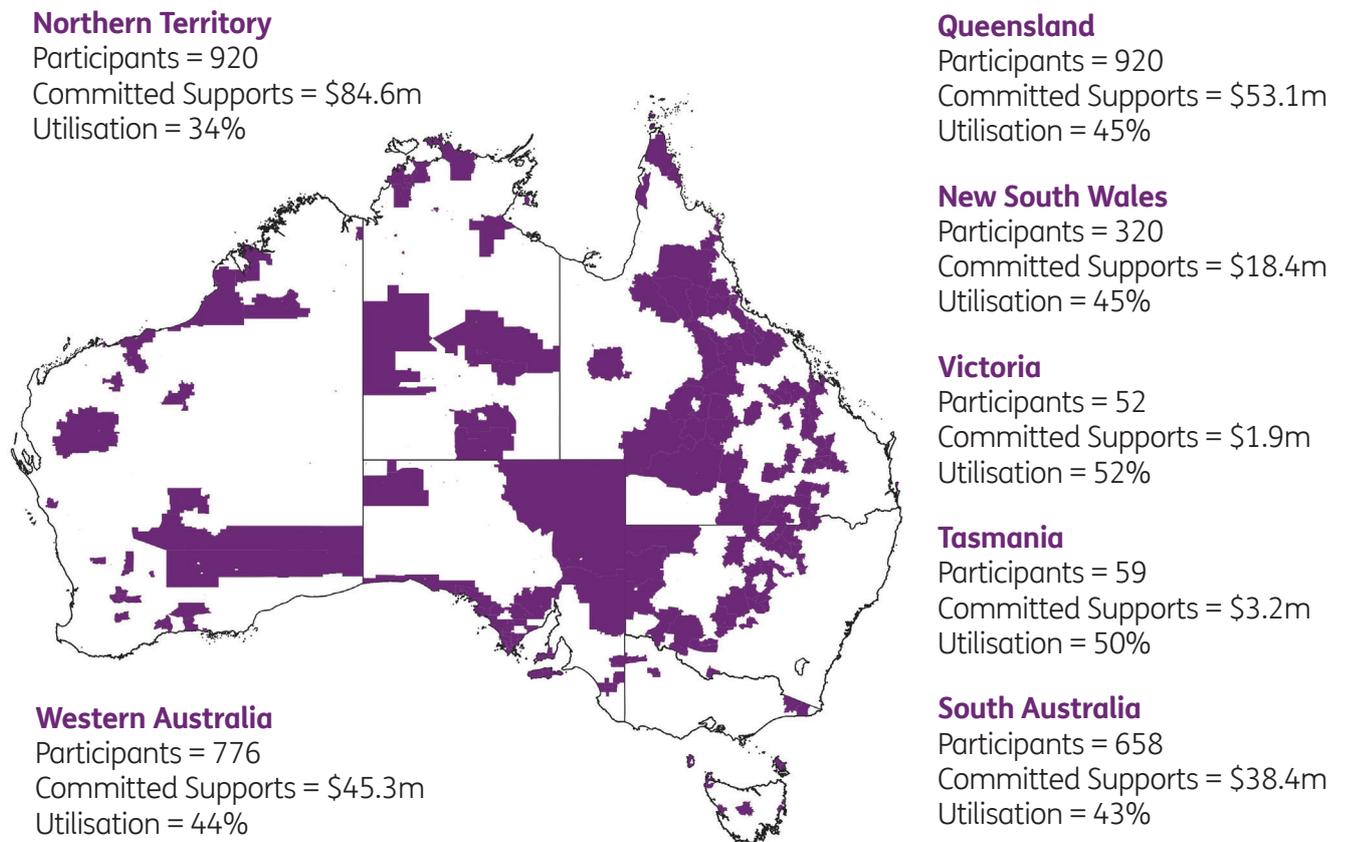
<sup>26</sup> The detailed information is included in Appendix P.

Figure 28: Utilisation by support type in remote and very remote locations



Utilisation for remote areas by State/Territory is depicted in the map below.

Figure 29: Map of Australia depicting remote locations with participants (not in SIL) in the Scheme as at 30 June 2019 – Utilisation for 2018<sup>27</sup>



<sup>27</sup> The utilisation rates shown include experience from January 2018 to December 2018. Due to the increasing levels of total committed supports over time, more recent months have a heavier weighting on the 12-month utilisation rates. December 2018 is the most recent month included in this report and therefore has the highest weighting. The holiday season in December results in a low level of supports being provided relative to other months, and this has the effect of reducing the 12-month utilisation rates compared to what was observed last quarter.

## 2.7 Actions to improve participant experience

### **New pathways are being rolled out across the country to improve the participant experience.**

The NDIA recognises that it is not yet getting it right first time for each and every participant. As a result, the NDIA is delivering a series of improvements, as part of the roll out the participant pathway. The NDIA Board and management team re-designed the participant pathway to provide more empathetic and simplified interactions from a participant's perspective, delivered by more skilled and experienced staff.

Significant ongoing work has been undertaken to improve the participant experience, in consultation with participants, families, carers, providers and sector representatives. Key improvements include:

- Three specific pathways: the NDIS Participant Pathway, Complex Support Needs Pathway, and Early Childhood Early Intervention (ECEI) Pathway.
- Two service streams for psychosocial disability and hearing, to deliver targeted support to provide participants with an experience more suited to their specific disability needs.
- Service enhancements to meet the communication and engagement needs of people from different backgrounds or areas, including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse people, remote and very remote communities, and people who identify as LGBTIQ+.

In June 2019, the NDIA baseline service improvements to the **NDIS Participant Pathway** were rolled-out nationally. These improvements included:

- During pre-planning, a stronger focus on community, other government, informal and employment supports to assist the participant and their families/carers;
- a consistent point of contact for participants;
- enhanced planning communication products in a variety of formats;
- face-to-face pre-planning and plan implementation meetings at the discretion of the participant;
- improved linkages between NDIA planners and the Local Area Coordinators (LAC); and
- improved training for NDIA planners and LACs.

Improved training for staff and partners to support service improvements was implemented on 7 June 2019. Around 2,800 LACs and planners have been trained in the improved service approaches. All new staff will complete this training as part of their standard induction.

The roll out of the pathways is well underway. However, some constraints have impacted and delayed the roll-out. These include the quality and timeliness of records received from jurisdictions which has impacted the NDIA's ability to contact prospective participants in a timely way, some ICT system constraints which have impacted the NDIA Partner's ability to print participant plans, and the availability of suitably qualified planners in the market, particularly for Early Childhood Early Intervention. Initiatives to overcome these constraints and deliver a faster and fairer experience for participants are being pursued.

The **Complex Support Needs Pathway** provides specialised support for people who require additional support to access and engage with the NDIS and who have a greater need for coordination of multiple services, for example people leaving custodial settings or an acute rehabilitation environment or who are in hospital. The Complex Support Needs Pathway is also focused on providing support to young people in residential aged care settings.

The Complex Support Needs Pathway commenced rolling out in March 2019 and is progressively being expanded across all States and Territories. Existing participants assessed as having complex support needs will transition to the Complex Support Needs Branch over the remainder of 2019.

On 26 June 2019, the Minister for the NDIS announced a plan to address delays and backlogs for children with disability accessing **Early Childhood Early Intervention (ECEI)** supports through the NDIS. This is being undertaken in line with recommendations by the NDIA management and Board. The plan includes the following key initiatives:

- Working with ECEI Partners to secure additional resources to ensure children receive early childhood supports in a timely manner.
- For those children who have been found eligible for the NDIS, but who are likely to experience a wait time of greater than 50 working days between an access decision and receiving a plan, the NDIA will provide a standardised interim plan for six months. These interim plans will be replaced by a full NDIS plan no later than six months after being issued.
- Participants with complex support needs, will immediately be streamed to an NDIA Early Childhood specialist to develop their plan and appropriate funding package.

The NDIA will also provide additional support to ECEI Partners in areas experiencing delays by redirecting available NDIA ECEI planners to assist with planning activities.

The NDIA now has 14 ECEI practice leads in place across Australia to provide specialised support and build early childhood capabilities across the NDIS workforce. Practice leads are mobile across their respective states and territories.

There is a continuing focus on **improving supports for people with psychosocial disability**. Foundational psychosocial disability training for planners and LACs was completed in June 2019. This training is focused on making sure staff are better able to support participants with psychosocial disability. Nationally, around 3,460 staff and partners have received this training. All new staff complete this as part of their standard induction training.

From 30 April 2019, **streamlined access for people with psychosocial disability** became available to prospective participants from State programs in all States and Territories. As part of the streamlined access process, prospective participants can:

- verbally begin their access request with a support worker or a trusted other person
- provide consent for their support worker or a trusted other person to be the NDIA contact for the duration of the access process
- re-test access to the NDIS with the support of a trusted person (where required).

The streamlined access process supports the high proportion of prospective participants with mental health conditions that the NDIA has not been able to contact and/or has not received requests for access. The NDIA, with assistance from independent consultants, is evaluating the Tasmanian and South Australia sites streamlined access sites, including seeking feedback from current participants, carers and mental health professionals. This will inform next steps for the roll out of streamlined access.

There was an increased proportion of participants who joined the Scheme in the quarter with psychosocial disability, particularly in Tasmania and South Australia (see page 20).

The NDIA continues work on developing **further hearing streams for participants aged 7 to 64**, including consulting with key external stakeholders in the deaf community to provide input across key life transition points. In addition, work is ongoing to transition eligible clients within the Commonwealth's Hearing Services Program to the NDIS. This commenced in partnership with Hearing Australia at the beginning of March 2019. All eligible clients will transition by the end of June 2020.

The NDIA has been developing further training focussed on improving the **service delivery experience for diverse groups of people with disability**, including for Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse groups, people living in remote or very remote communities, and participants identifying as LGBTIQ+.

The Centre of Cultural Competence Australia and the NDIA's Aboriginal and Torres Strait Islander Employee Network assisted in developing an online learning module for NDIA staff and partners to build Aboriginal and Torres Strait Islander cultural competence and awareness. This training will be available in quarter one of 2020.

In June, the NDIA released an updated disability navigator for staff and partners, following the initial release earlier in the year. The disability navigator is an online portal for staff and partners, providing access to disability awareness resources including disability snapshots and participant videos.

On 1 May 2019, a suite of resources about interpreter services was released. The resources provide information on how to simplify access to, and use of, language and interpreting services for NDIA participants, staff and partners, and providers. The resources were developed in consultations with sector representatives, including Translating and Interpreting Service National, the National Ethnic Disability Alliance, NDIA Participant Reference Group, and Amparo Advocacy.

The NDIA has **commenced implementing joint planning meetings** in South Australia, as a key improvement under the NDIS Pathway Program. Joint planning meetings occur during the planning phase, in between pre-planning and implementation of the plan, and aim to make sure that participants fully understand what is included in their plan prior to its being finalised. The experience in South Australia, which builds on earlier trials of joint planning, will help refine and improve the joint planning experience, and inform the national roll-out approach which will be implemented at pace in the near future.

### 2.7.1 Independent Assessment Pilot (IAP)

#### **High levels of participant engagement to support the NDIA's aim for greater consistency and reliability in access and planning decisions to ensure greater fairness.**

The IAP commenced in November 2018 and closed in April 2019. Its purpose was to better understand and assess the impact of disability for people accessing the NDIS, to improve the consistency, accuracy and reliability of access and planning decisions. People aged 7+ years, with autism spectrum disorder, intellectual disability and psychosocial disability volunteered to take part, undertaking a functional assessment with an independent assessor using standardised assessment tools.

The level of engagement from participants was very positive throughout the pilot. Just over 500 people undertook assessments, at an opt-in rate of 70%. This opt-in rate reflected the benefit that participants saw in the pilot, the cost saving to them, and the level of effort put into communicating its purpose and benefits.

Participant satisfaction after completing assessments was very high (91% were either very satisfied or satisfied). Participants were especially satisfied with the NDIA's decision to choose the assessor and felt that assessors were familiar with their disabilities.

The use of consistent functional assessments resulted in improved decision-making and more equitable plan outcomes for participants with similar characteristics.

Planners and Local Area Coordinators (LACs) reported that information contained in the assessments informed their conversations with participants, which in turn increased their levels of confidence in developing plans. They found that the assessments gave helpful insights and more detailed information about the participant's disability and functioning in different life areas.

The NDIA plans to further test the independent sourcing of functional assessments, with additional cohorts of participants across a wider range of disabilities. This will commence in Quarter 2, 2019-20.

Figure 30: Roll out of revised Pathways is underway (at 30 June 2019)

Initiative	VIC	NSW	SA	ACT	WA	QLD	NT	TAS
<b>1. Pathways</b>								
<b>New NDIS participant pathway</b>								
Roll out of enhanced baseline service improvement training for staff and partners	✓	✓	✓	✓	✓	✓	✓	✓
Roll out of joint planning	✗	✗	⚙️	✗	✗	✗	✗	✗
<b>Complex support needs pathway</b>								
Specialised APS staff progressively being added	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️
<b>Enhanced Early Childhood Early Intervention (ECEI) pathway</b>								
Refinements made (ECEI booklet, ECEI prioritisation framework; ECEI practice leads)	✓	✓	✓	✓	✓	✓	✓	✓
Additional resources under consideration – factsheets and pamphlet	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️
<b>2. Service Stream Improvements</b>								
<b>Psychosocial disability service stream</b>								
Worked with Mental Health Australia	✓	✓	✓	✓	✓	✓	✓	✓
Focused on pre-access, streamlining access	✓	✓	✓	✓	✓	✓	✓	✓
Rolling out enhanced training for staff and partners	✓	✓	✓	✓	✓	✓	✓	✓
<b>Hearing service stream</b>								
New streamlined access for children aged 0-6 with hearing loss	✓	✓	✓	✓	✓	✓	✓	✓
Worked with major hearing providers to redesign pathways for 7+	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️

✓ Complete

⚙️ Underway

✗ Not commenced

Initiative	VIC	NSW	SA	ACT	WA	QLD	NT	TAS
<b>3. Service enhancements</b>								
<b>Aboriginal and Torres Strait Islander</b>								
Extended community connectors					⚙️	⚙️	⚙️	
Rolling out enhanced staff and partner training (in design Tier 1 and Tier 2)	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️
<b>Culturally and Linguistically Diverse</b>								
Developed resources so participants can connect to interpreting services	✅	✅	✅	✅	✅	✅	✅	✅
Rolling out enhanced staff and partner training (Tier 1 and Tier 2)	❌	❌	❌	❌	❌	❌	❌	❌
<b>LGBTIQA+</b>								
Rolling out enhanced staff and partner training (Tier 1 complete)	✅	✅	✅	✅	✅	✅	✅	✅
Rolling out enhanced staff and partner training (Tier 2 to be determined)	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️	⚙️
<b>Remote and Very Remote</b>								
Extended community connectors					⚙️	⚙️	⚙️	

- ✅ Complete
- ⚙️ Underway
- ❌ Not commenced



**When Carmel Zammit reflects on the challenges she and son Brayden Gill have faced in his 17 years, it brings tears to her eyes. But today, a smiling Brayden is finding his confidence and in his mother’s words is finding his “voice”.**

Brayden was born with a mild form of cerebral palsy, and was diagnosed with autism as a child.

The NDIS provided funding for support workers who assist Brayden to engage with his community through basketball, cooking and going to the football. Brayden also receives NDIS funding for speech therapy and occupational therapy, which are helping to improve his conversational skills and his fine and gross motor skills.

With Brayden turning 18 next year and embarking on adulthood, Carmel said her son now has purpose and a promising future ahead. “Brayden’s such an active boy, our long term goal is that he is able to live independently. “It would be lovely to see him have a part time job and just continue to be happy and healthy, it’s now a realistic possibility.”

## Part Three: Providers and the growing market

More providers are supporting participants over time, enhanced by pricing increases and improved data.

### 3.1 Growth and diversity of providers

**The provider network grows, increasing participants' capacity to exercise choice and control.**

Access to a growing, vibrant and competitive provider market is vital to participants achieving their goals. At 30 June 2019, there were a total of 21,510 registered providers, representing 6% market growth on last quarter. Of the total number of providers, 57% (or 12,361) were active<sup>25</sup> at 30 June 2019. There were 12,361 active providers at 30 June 2019 which is a 9% increase for the quarter.

The jurisdictions that experienced the highest level of growth in active<sup>28</sup> providers were Queensland with a 19% increase and Victoria with a 11% increase.

The registration groups in the NDIS, including both active and inactive<sup>28</sup> providers, which experienced the largest growth this quarter were:

- **Daily Personal Activities** from 2,068 to 2,355 (14% increase)
- **Assistance with daily life tasks in a group or shared living arrangement** from 1,438 to 1,631 (13% increase)
- **Development of daily living and life skills** from 2,150 to 2,421 (13% increase)
- **Participation in community, social and civic activities** from 2,367 to 2,649 (12% increase)
- **Assistance in coordinating or managing life stages, transitions and supports** from 2,151 to 2,414 (12% increase)
- **Specialised Disability Accommodation** from 871 to 977 (12% increase)
- **Participation in community, social and civic activities** from 2,367 to 2,649 (12% increase)

Of the total number of registered providers, 46% are individual/sole traders and 54% are organisations/companies.

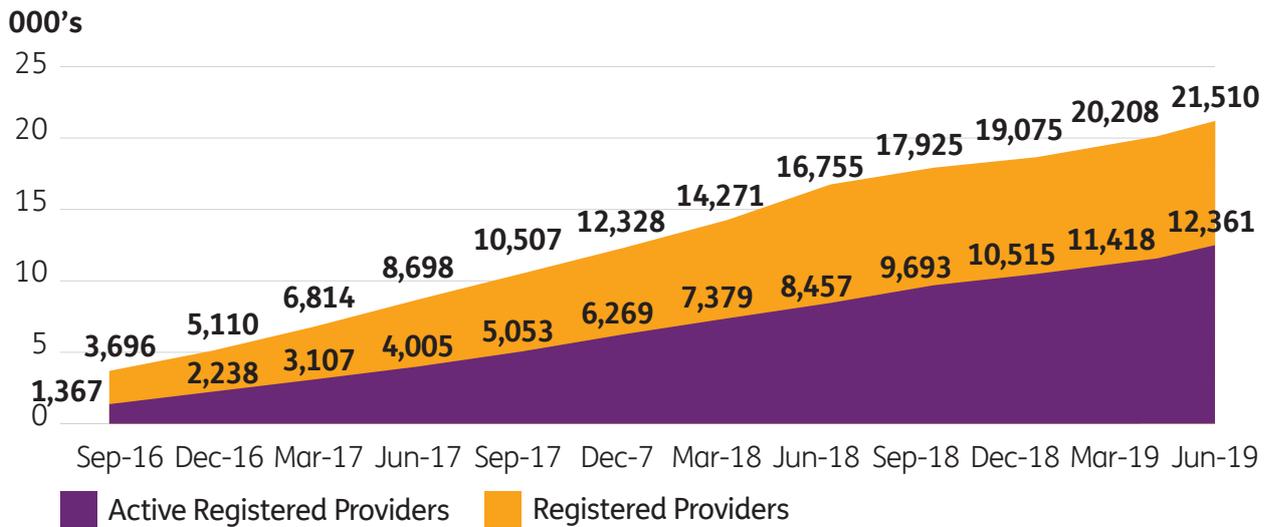
The highest level of growth in active providers was demonstrated in the following registration groups:

- **Specialist Disability Accommodation** from 139 to 166 (19% increase)
- **Innovative Community Participation** from 359 to 412 (15% increase)
- **Home modification design and construction** from 371 to 427 (15% increase)

Specialist Disability Accommodation (SDA) is a fast growing and significant provider registration group. There are currently 13,309 participants with SDA in their plan, representing an increase of 8% since last quarter.

<sup>28</sup> An active provider includes individual or organisation is currently active and those who have been active at some point.

Figure 31: Growth in registered providers



The NDIA recognises the integral role a safe and competitive provider market plays in the success of the Scheme.

From 1 July 2019, the NDIS Quality and Safeguards Commission, which regulates providers, will operate in all Australian states and territories except Western Australia. The NDIS Commission will commence operations in Western Australia from 1 July 2020.

### 3.2 NDIS Pricing

**Significant price increases are designed to help increase the availability of supply for the benefit of participants.**

To ensure participants can utilise their plans, the NDIA Board and management is committed to building market confidence by encouraging market development, particularly in thin markets.

While the longer-term goal of the NDIA is to deregulate prices for disability supports, this is not always possible at the moment given the rapid growth of the market and current areas of immaturity. For this reason, three main pricing approaches are currently adopted. They are:

- No regulation: this approach is adopted in highly competitive markets, such as transport.
- Price limits: The maximum allowable price payable is defined for developing high growth markets, such as attendant care.
- Quotable supports: Quotations are used in highly specialised differentiated supports, where there is no significant competition, such as supported independent living, home modifications and some forms of assistive technology.

Over the past year, the Board and management have undertaken extensive work on pricing following significant consultation with the sector. There have been five major initiatives:

#### Independent Pricing Review

The 25 recommendations of the Independent Pricing Review continue to be rolled out. These relate not just to pricing, but also to broader market settings.

### Therapy Services Review

Following consultation meetings with 52 organisations, over 125 individuals, receipt of 32 submissions, and the endorsement of the Pricing Reference Group, the NDIA Board approved significant price increases in therapy prices from 1 July 2019.

Approved price limit increases are as follows:

**Figure 32: Increase to therapy prices**

States	Psychology		Physiotherapy		Other
	Larger states	Smaller states	Larger states	Smaller states	All states
Existing	\$179	\$179	\$179	\$179	\$179
New	\$210	\$230	\$190	\$220	\$190
<b>Increase</b>	<b>17.1%</b>	<b>28.3%</b>	<b>6.0%</b>	<b>22.7%</b>	<b>6.0%</b>

### Attendant Care Pricing Review

After a more comprehensive data base becoming available, the testing of assumptions with key sector and provider representatives, and the endorsement of the Pricing Reference Group, the NDIA Board approved significant price increases in base rates for attendant care. Providers of attendant care were also made eligible for a temporary transformation payment to assist providers cover the costs associated with transitioning to the NDIS. The new price limits outlined in Figure 33, become effective on 1 July 2019. In 2019-2020, the conditional loading will be 7.5%, reducing 1.5% each year thereafter.

**Figure 33: Increases to attendant care prices**

SCHADS <sup>29</sup> award	Current Base	Current + TSO <sup>30</sup> 2.5%	New Base	New + TSO 7.5%	Increase in Base	Increase in Base+ TSO
<b>Level 1</b>	\$47.02	\$48.14	\$50.57	\$54.37	7.6%	12.9%
<b>Level 2</b>	\$49.61	\$50.73	\$54.04	\$58.09	8.9%	14.5%
<b>Level 3</b>	\$51.86	\$52.98	\$57.45	\$61.75	10.8%	16.6%

### Western Australia Market Review

Recognising that Western Australia had not joined the NDIS when the Independent Pricing Review was undertaken, a separate review was undertaken to determine the appropriateness of pricing for Western Australia participants. Recommendations developed following extensive market consultation were endorsed by the Pricing Reference Group, before gaining Board approval and announced by the Minister on 25 June 2019, for implementation from 1 July 2019.

The following recommendations are being implemented:

- Therapy and attendant care prices recommendations will apply to Western Australia, recognising that it is classified as a “small state” for the purpose of therapy pricing.
- Remote and Very Remote loadings will be increased from 20% and 25% to 40% and 50% respectively. They will also apply nationally.

<sup>29</sup> Social, Community, Home Care and Disability Services Industry Award

<sup>30</sup> TSO – Temporary Support Overheads

- Geographical classifications will be amended so that towns currently classified as “Outer Regional” which are surrounded by “Remote” or “Very Remote” areas will be classified as “Remote”. For instance, this applies in the case of Kalgoorlie.

In addition, other issues will continue to be worked on over the coming months with the Western Australian Government and market to ensure the pricing remains appropriate.

### **Annual Pricing Review**

Recommendations in relation to the Annual Pricing Review were made by Independent Pricing Review after receipt of over 170 submissions, and widespread provider engagement (up to 300 providers—including the Western Australia Market Review).

As a consequence, price limits were indexed effective on 1 July 2019, by:

- 4.5% for the categories of Assistance with Daily Activities and Social and Community Participation, in line with movements in the Fair Work Commission’s Minimum Wage Case and the Equal Remuneration Order.
- 2.1% for capacity building supports, including support co-ordination and therapy, in line with the movement in the Australian Bureau of Statistics Wage Price Index.
- 1.3% for supports in the Consumables, Assistive Technology and Home Modification and Specialised Disability Accommodation support categories, in line with the movement in the ABS Consumer Price Index.

In addition, the following changes have been made:

- Providers of Community and Centre based supports will be eligible for the Temporary Transformation Payment (TTP) announced in March 2019 if they meet the TTP eligibility criteria.
- Billing rules for cancellations and provider travel will be modified as follows:
  - Providers can bill a participant’s plan for short notice cancellation when the cancellation happens;
  - Without two clear business days’ notice, when the support is for less than eight continuous hours and worth less than \$1000; and
  - Without five clear business days’ notice in all other cases.
- The maximum amount of travel time that providers can bill to a participant’s plan in respect of each support will be increased from 20 minutes to 30 minutes for travel in Modified Monash Model (MMM) Areas 1-3, and from 45 minutes to 1 hour in MMM Areas 4-5.

### **3.3 Information to encourage market supply**

The supply of information on market demand is also important to encourage supply.

The NDIA is active in providing such information. Additional information is being provided in the following ways.

- Enhancements to the Provider Finder to assist in connecting participants and providers;
- Release of additional data through Demand Mapping, a project which has been undertaken with DSS;

- The provision of additional data through the COAG Quarterly report. This includes more local data in relation to Supported Disability Accommodation, as well as data on thinner markets provided in this report;
- The forthcoming release of more granular market data that will allow providers to undertake their own deeper analysis based on the NDIA's data sharing policy.

The NDIS, with the Department of Social Services, is undertaking additional work to develop and implement strategies to address the availability of supply in thin and thinner markets, particularly in regional and remote areas.

### **3.4 Specialist Disability Accommodation (SDA)**

Specialist Disability Accommodation (SDA) is a fast-growing and significant provider registration group that experienced a 19% growth in the quarter (139 to 166) for active SDA providers. This coincided with the number of participants with SDA in their plan increasing by 8%. The number of enrolled dwellings grew by 9.5% in the quarter.<sup>31</sup>

The NDIA continues to work with the Department of Social Services on delivering a package of reforms to SDA, following a review of the SDA Pricing and Payments Framework by the Disability Reform Council (DRC) in 2018. The reforms include several key initiatives underway which will further strengthen and improve the SDA market, provide investors with confidence and enable varied and innovative market growth for participants requiring SDA.

These key initiatives include:

- finalisation of the SDA Limited Cost Assumptions Review. The review is aimed at identifying and addressing any pricing disincentives for investment in particular regions, SDA design categories, or building types – noting that the review will not result in a reduction in prices for SDA
- stand-alone Design Standards, which provide improved clarity of SDA design requirements. The Design Standards have been developed in conjunction with Liveable Housing Australia and there will be opportunity for pre-certification at the planning stage to provide assurance to developers, architects and financiers that new SDA dwellings will comply and be able to be enrolled
- an SDA Innovation Plan is under development to increase participants', providers' and supporting stakeholders' understanding and adoption of innovative SDA models. Some activities of the Innovation Plan include the commission and publication of research on innovative SDA designs, the sharing of aggregated data on participant dwelling preferences and establishing a program of innovation showcases.

To support these initiatives as well as the development of the SDA market more broadly, the NDIA has convened an SDA Reference Group. Membership of the Reference Group includes 15 representatives from across the disability sector, including SDA providers (including community housing providers), investors, financiers, developers and research and policy organisations. The Reference Group also includes participants and government representatives. The Reference Group met on a number of occasions during the quarter to provide representative feedback on the SDA work program. Feedback received from the group has been invaluable to the progress of each of the initiatives and activities described above and will continue to inform their implementation.

<sup>31</sup> Figure O.1, Appendix O



**The Gold Coast and Hinterland region is celebrating its first anniversary under the NDIS and one of the many locals benefitting from the NDIS is Tallebudgera Valley man, Nathan Runyan-Tait.**

Nathan was born with a severe form of cerebral palsy and requires 24/7 care, but the 29-year-old is now increasing his independence and is an engaged member of his community.

“One weekend a month Nathan goes away for the weekend and his support workers are able to go with him to support him,” Nathan’s mother Val said.

He also participated in the Commonwealth Games opening ceremony last year, the only person out of 2,000 that had multiple disabilities and was in a wheelchair.

“The NDIS has been fabulous, Val said. In comparison to what things were like for us before it was introduced, Nathan no longer has boundaries, he’s thriving, he’s awake more, he’s engaged and you can see him growing as a young man.”

## Part Four: Information, Linkages and Capacity Building (ILC)

### Information, Linkages and Capacity Building Investment Strategy.

The Information, Linkages and Capacity Building (ILC) component of the National Disability Insurance Scheme (NDIS) aims to build the capacity of people with disability in Australia to achieve their goals and for them to be included in all aspects of community life.

The NDIA has invested \$65.9 million during 2019 through a combination of interim grant rounds and additional bridging support funding to States and Territory Governments to help ensure an orderly transition to the new ILC Investment Strategy, prior to the commissioning of new programs during 2019-20.

The new ILC Investment Strategy sees purposeful investment in evidence-based initiatives and will guide the investment of almost \$400 million in ILC over the next three years. The ILC investment in four strategic programs<sup>32</sup> recognises the importance of peer support, as well as the role of local area coordination, and the broader eco-system of the National Disability Strategy.

There were two national interim grant rounds administered by the NDIA that lay the foundations for the introduction of the ILC Investment Strategy. These two programs were the Disabled People's Organisations and Families Organisations (DPOs/FOs) grant round and the Economic Participation grant round. Both of these enabled testing of components of the investment strategy, particularly the Individual Capacity Building and the Economic and Community Participation Program:

- The Disabled People and Families Organisations (DPFO) grant round allocated \$15.5 million to 114 organisations and 13 priority cohort group organisations across Australia to deliver one year projects from July 2019.
- The Economic Participation grant round will allocate up to \$19.9 million to support organisations to build the capacity of people with disability, and for employers to improve employment outcomes for people with disability. This grant round supports the objectives of the NDIS Participant Employment Taskforce, and while currently under assessment, results will be announced in July 2019.

As part of the ILC Investment Strategy the NDIA will continue the progressive roll out of funding programs throughout 2019. The National Information Program (NIP) opened on Friday 5 April 2019. This round aims to increase the accessibility, quality and consistency of information about disability types, current services and support options available to people with disability, carers and families throughout Australia. This grant round is currently under assessment with results to be announced in August 2019 and is the first full program of the ILC Strategy to be commissioned.

<sup>32</sup> The four programs are the Individual Capacity Building Program, the National Information Program, the Economic and Community Participation Program, and the Mainstream Capacity Building Program.

The second program to be released following the National Information Program will be the **Individual Capacity Building Program** (ICBP). The ICBP, which will be released in August 2019, builds on the extensive evidence base for the use of peer support in building skills for people with disability. The program focuses on a national network of organisations run by and for people with disability, or their families and carers, to become the primary delivery mechanism for peer support, mentoring and other skills building for people with disability, carers and families.

The **Mainstream Capacity Building Program** and **Economic and Community Participation Program**, which will be released September 2019, will seek to build the capacity of the community to create opportunities for people with disability to contribute to community prosperity and participate in community life. The program aims to drive practice change in the delivery of critical mainstream services towards meeting the needs of people with disability, families and carers.



**“I always felt like Haya could do a lot with her future but after this past year, I’m more confident she will go on to do amazing things and help others.”**

Fadi and Nour Dagher moved to Australia in June 2017, looking for a better education and lifestyle for their eight-year-old daughter Haya and her siblings, leaving their native Lebanon and becoming permanent residents.

Haya was born with bilateral optic nerve colobomas in her right eye, where the optic nerves and retinas at the back of both eyes did not develop in utero, and she then developed a retinal detachment in her left eye at a young age.

Nour says the funding from the NDIS has allowed them to find the right equipment to support their daughter now and into her future.

“It’s allowed Haya to be independent and she’s more confident now, she feels like she can do homework like other students in her class. Haya really wants to work when she grows up, and is already chatting about what she wants to do and how she will do it.”

## Part Five: Financial sustainability

A financially sustainable Scheme focuses on outcomes that will support participants now and across their lifetime.

### 5.1 Delivering within budget

#### The NDIS remains within budget.

The NDIS has been within budget each year of its operation and remained within budget for 2018-19.

After almost three years into the full scheme roll out of the NDIS, States and Territories have entered the Scheme on time and according to schedule together with a large number of new participants who have not received funding before.

Payments increased by 147% between 2016-17 and 2017-18 and then by another 72% between 2017-18 and 2018-19.

**Figure 34: Committed supports (\$m) and payments**

	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19
<b>Total Committed</b>	132.7	496.8	939.3	3,236.5	7,746.9	14,537.2
<b>Total Paid</b>	85.8	370.9	704.1	2,181.4	5,387.2	9,289.0
<b>% utilised to date</b>	65%	75%	75%	67%	70%	64% <sup>33</sup>

As at 30 June 2019, the NDIA was 83,000 State/Territory and Commonwealth actionable records short of the transition bilateral estimate. However, an additional 27,000 new participants compared with the bilateral estimate have requested access to the Scheme. This results in the NDIA being 57,000 short of the bilateral estimate when both State/Territory, Commonwealth and new people are considered together.<sup>34</sup>

<sup>33</sup> There is a delay between when support is provided and when it is paid and hence utilisation will increase

<sup>34</sup> The difference between bilateral estimates and actionable records includes duplicates, deceased individuals, or information that did not allow the NDIA to identify or contact individual. Post transition bilateral agreements are currently being negotiated with the States and Territories.

## 5.2 Addressing Scheme pressures

### Pressures on the NDIS have been identified and are being responsibly managed.

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

#### The current primary financial pressures relate to:

##### 1. Scheme access and on-going eligibility

The number of children in the Scheme is higher than expected, and the number of participants transitioning out of the Scheme who have entered under the early intervention criteria is lower than expected.

##### 2. Participant costs

Plan budgets continue to grow by more than expected solely due to inflation and ageing. This is particularly the case for participants in SIL, where costs are higher than expected.

#### Specific management responses are being developed to address the two primary sustainability pressures:

##### Participant Pathway Review

The NDIA is working on strengthening the ‘outcomes focus’ of the Participant Pathway Review to improve participant satisfaction and enable individuals to reach their goals, while also increasing the consistency and reliability of access and plan budget decisions.

##### Reference package and guided planning process

To better align a participant’s support package with their level of function, the NDIA introduced the reference package and guided planning process, which works to ensure that the right assessment questions and tools are being used to inform plan decisions. A review has commenced to incorporate new learnings since the reference package and guided planning process was first implemented.

##### Supported Independent Living (SIL)

The NDIA is working on consistent and equitable decisions for those seeking access to SIL, which constitutes a large proportion of NDIS cost.

The NDIA continues to monitor and address emerging pressures and implement strategies where required. Projects are targeted at improving consistency and equity in decision making (for example, the independent assessment pilot and the guided planning process), improving plan flexibility and monitoring of individual participant goal attainment. Using this insurance approach, the Scheme continues to remain financially sustainable and invested in the experience and outcomes of its participants.



**A twist of fate has led to a special partnership between a Benalla man Tim Arendt, and Geelong disability support worker Bo.**

Tim, who was diagnosed with autism as a four year old, had desires to study at Deakin University in Geelong but for his family this posed a huge challenge.

“Thanks to the NDIS support which allowed Bo to become part of Tim’s life – he has come such a long way”, Tim’s mum Kerrilyn said. Now, in his first year of his degree, Tim is achieving great marks, and living independently on campus in Geelong.

“I am grateful for what the NDIS has given me the opportunity to do. I do consider myself fortunate that I met Bo and now consider him a friend.

“Gratitude is too soft a word to describe how I feel about him and the NDIS, as they’ve both given me the best chance I have to succeed in the future.”

## Part Six: Staff, advisory groups and the NDIS community

A strong and dedicated NDIS community delivers the best possible experience for participants.

### 6.1 Collaborating with NDIS stakeholders

**The NDIS is improving participant experience with the support of the disability community.**

The NDIA Board and management team are working inclusively with stakeholder groups and the disability community to reflect participant needs. Specific sector engagement activities that occurred during the quarter are outlined below.

#### Roving Visits

The Board and NDIS management undertake regular roving visits to locations across Australia to better understand local issues, and hear directly from participants, providers and NDIA service delivery staff and partners.

The NDIA Board undertook a roving visit to Brisbane in May 2019 to meet with key stakeholders and see the implementation of the NDIS on the ground. This followed a prior visit to Melbourne in late March. The Board visited participants at a Youngcare and MS Queensland Specialist Disability Accommodation development, met with LAC and ECEI partners to discuss their work in Queensland, including the work they have undertaken to engage with hard to reach cohorts, and held a roundtable discussion with Queensland based recipients of ILC funding. The Board also met with staff at the NDIA Chermerside office.

The roving visits complement a regular series of engagement activities undertaken by Board members and management, including regular meetings with key participant, provider and sector groups, Commonwealth and State government officials and other key stakeholders. The NDIA and Board have also supported the NDIS Minister and Prime Minister in a series of roundtables for participants, sector and providers held over the last quarter.

#### Insights Forums

The NDIA is conducting a series of 'Insights Forums' through July and August 2019 with participant groups, providers, academics and government officials to share NDIS insights and data. These forums have been designed to include plenary discussions to stimulate conversation about the data and explore future solutions which will enable better outcomes for participants.

Initially four forums have been organised with an expectation that more events will take place over time.

### **Data Sharing**

The increasing maturity of the NDIA provides for the collation of valuable data. This gives a better picture of the needs, successes and challenges for Australians who live with a disability, those who support them individually, and those who work within the wider sector.

Over the coming months, the NDIA will progressively provide access to NDIS data on the NDIA website, including insights reports, downloadable data, and interactive data. This is designed to improve participant outcomes and assist with market development.

The data on the NDIS website will be housed in a range of formats including downloadable reports and spreadsheets, video, analysis and presentations. As new information becomes available it will be added, and over time more features will also be included.

The NDIA will invite participants and stakeholders to explore this data to further their own knowledge of the disability sector, its challenges and the way the NDIS is working to create a more accessible and inclusive society. The NDIA will also take feedback on the data that is provided.

### **Participant Employment Taskforce**

In November 2018 the Department of Social Services and the National Disability Insurance Agency formed a participant employment taskforce to recommend measures to improve employment outcomes for NDIS participants.

Since January 2019 the Taskforce has been engaging with a range of stakeholders who are active in the delivery of NDIS employment supports or invested in improving participant employment outcomes. These have included:

- Participants, Parents, Carers and Advocates
- Service Providers, including Australian Disability Enterprises (ADEs)
- NDIA Planners and Local Area Coordinators (LACs)
- Federal, state and territory government agencies
- Educators
- Employers
- Peak Bodies

The Taskforce has met with more than 250 people through this process, using these consultations as an opportunity to identify, test and refine ideas that will help more people with disability participate in the Australian economy.

The insights from these stakeholder consultations are informing the development of an NDIS Participant Employment strategy. This strategy will guide the NDIA over the next 3-5 years to become a leader and advocate for disability employment, improving employment outcomes for participants and people with disability more broadly.

### **Autism Advisory Group**

The NDIA held two Autism Advisory Group meetings in this quarter (10 April and 14 June). The meetings focused on the NDIA's ECEI approach and developing strategies to resolve delays and backlogs for children with disability in accessing ECEI supports through the NDIS. Building on insights from the Advisory Group, on 26 June, the Minister for the NDIS announced six key initiatives to resolve delays. The Autism Advisory Group was established in 2018 to provide a strong voice on behalf of people with autism who are participating in the NDIS. The group includes autism experts, service providers and people with lived experience of autism.

### Disability Snapshots

Over the last few months, the NDIA worked with Disability Advocacy Network Alliance (DANA), who engaged with approximately 38 stakeholders, to develop training resources to improve staff training and awareness of disability. The improved training resources focus on putting the participant, their families and carers at the centre of all conversations. The NDIA continues its partnership with DANA to develop:

- a Contemporary Disability Rights e-Learning module, which is now available and mandatory for all staff;
- a Disability Navigator, an internal online tool designed as a ‘just in time’ resource, currently focused on 12 specific disability types in written snapshots and participant videos; and
- a ‘Making the Difference’ skills workshop, a facilitated workshop to build on learners’ current skills and knowledge of the disability sector to establish pre-planning strategies and approaches to facilitate inclusive participant planning conversations.

### NDIS Participant Reference Group

The NDIS Participant Reference Group (PRG) continues to be a vital asset to the NDIA, with 20 members representing participants and carers, including people from culturally and linguistically diverse (CALD) communities and Aboriginal and Torres Strait Islander communities. During the last quarter, the PRG met to discuss a variety of topics that will improve the participant experience, including:

- improving payment systems to be more seamless and easier to use for participants and providers;
- defining simple, consistent language to be used across the portal, plans and in conversations with NDIS staff; and
- re-occurring work between PRG members and the NDIA to improve the look and feel of the portal and communication products and resources

### The South East Queensland CALD Community Engagement Initiative

The NDIA has a range of targeted initiatives to ensure that people from a culturally and linguistically diverse background are included in the NDIS. The initiatives are being trialled in Queensland in the Local Government Areas of Logan, Redlands, Brisbane, Ipswich and Moreton Bay between June and October 2019. For example, one targeted initiative includes on-the-ground support from a newly developed community engagement role for a Cultural Community Liaison Worker (CCLW). This initiative will also have input from AMPARO Advocacy, as a local consultant, and includes an evaluation process as part of the approach. Once evaluated the CALD initiative can be scaled across multiple jurisdictions to ensure a focus on CALD participants being supported to access the NDIS.

### Mainstream interfaces

The first Disability Reform Council (DRC) meeting of 2019 was held in Queensland on 28 June 2019.

Based on work undertaken by the NDIA Board and management, in conjunction with Department of Social Services and the states, the most significant outcome for the NDIA was the agreement to clarify boundaries between the NDIS and other health-related services and arrangements for children with disability living in accommodation outside the family home.

From 1 October 2019, the NDIS will begin funding specific **disability-related health supports** where those supports are part of a participant’s daily life and result directly from the participant’s disability. This will include health supports like dysphagia, assistance with breathing, continence supports and others.

From 1 September 2019, for **children who are unable to live at home because of their complex disability related needs**, the NDIS will deliver an improved reasonable and necessary funding model including 24/7 care, staffing (including overnight staffing), disability supports (including home modifications where necessary), and specialist support coordination. States and Territories are expected to continue to provide board and lodging, along with mainstream early intervention and prevention supports.

The NDIA is working closely with the Department of Social Services and states and territories to develop Memoranda of Understanding to support this policy and to manage potential risks for child participants living outside their family home.

At the next meeting scheduled for October, DRC will discuss and seek to resolve the funding and service delivery interface issues between the NDIS and justice systems and also progress transport issues.

DRC also endorsed a **National Hospital Discharge Action Plan** to reduce the number and length of stays in hospital experienced by NDIS participants.

The plan jointly commits the NDIA, the Department of Social Services and State and Territory governments to resolve key discharge delay issues in areas including home modifications, assistive technology, communication, accommodation and clinical supports. A progress report will be presented at the next DRC meeting.

### **South Australian Hospital Discharge Pilot**

The NDIA has been working in collaboration with SA Health and SA Department of Human Services as part of a project Working Group to develop a shared approach to hospital discharge in South Australia. The approach is focused on enabling NDIS participants to be discharged from hospital in a safe and timely way.

A pilot of the approach commenced on 1 April 2019 and will run for six months. The approach will be tested and evaluated, with the intent being to implement a nationally consistent approach to hospital discharge in all jurisdictions.

The pilot includes the introduction of three Health Liaison Officer roles. Each Liaison Officer will work with the local health networks and key hospital staff, providing a single point of contact to improve communication and escalation between SA Health and the NDIA.

The Pilot will test the newly developed assessment templates for home modifications and assistive technology. This will include providing consent for NDIA and SA allied health staff to have direct contact ensuring a more timely, solution focused approach to approving these supports in participants' plans.

Improved data and information sharing is an important part of the Pilot to ensure there is a single source of information for the NDIA and SA Health to manage and escalate through the participant pathway, from access through to discharge.

### **Assistive Technology**

On 8 April 2019, a specialised **Assistive Technology and Home Modifications Assessment Approach** pilot commenced. The pilot will trial a redesigned approach to the assessment and management of planning for participants with complex or non-standard assistive technology or home modification (ATHM) needs.

A participant who opts-in to the pilot, will go through the same plan review process as everyone else, except they will have a specialised ATHM assessment in pre-planning. This assessment will be done by a Specialised ATHM Assessment Panel (pilot Panel) made up of a group of specialised practitioners experienced in the assessment of ATHM.

The pilot Panel will recommend ATHM supports to the NDIA and the participant, including capacity building supports, to be included in the participant's plan. The NDIA will use this report to build and approve a plan and allocate appropriate NDIS funding. Once their plan is approved, participants will work with their chosen service provider/assessor to test and select the most appropriate (specific) ATHM for them.

On 20 June 2019, the NDIA hosted a **one hour assistive technology webinar** on 'Wheelchairs, Aids and Devices', which discussed the recent changes to AT processes and resources, and how to prepare for upcoming planning meetings where AT is needed. 4,000 people registered for the webinar and 2,181 attendees watched the live seminar with thousands more viewing the recorded version once published to the NDIS website. The panel included NDIA staff and sector representatives with substantial experience with the NDIS. The panel discussed recent changes in AT processes and resources, how to prepare for an upcoming planning meeting where AT is needed, and how to escalate urgent AT issues with the NDIA. Viewers were able to ask questions in real time, and hear responses from experts. The Agency also responded directly to participant questions.

A number of minor improvements have been made to improve the AT experience, including:

- Improved assessment **templates** have been released to support better information sharing between professionals and the NDIA.
- **Updated website information for AT and HM** so that it is now easier to find information on how to provide AT and HM assessments and quotes, how to choose an AT or HM provider, and arranging the repair or replacement of AT.
- Updated the **NDIA Assistive Technology and Consumables Code Guide**, which lists the most commonly used supports to assist providers to claim payments using a 'best-fit' approach, and to assist participants with consistent terminology for AT comparison.

## 6.2 NDIS Contact Centre

### Customer experience improves for first point of contact with the NDIS.

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

Between March 2019 and the end of June 2019 the Contact Centre answered over 309,000 phone calls and responded to over 51,000 emails.

The **average answer speed** is consistently at **28 seconds**.

The Contact Centre is contracted to reach a **weekly service level** of 80% of calls answered within 60 seconds. At end of the June 2019 quarter it was achieving a service level of just over **83%**.

Average **abandonment rates** are reliably sitting at 1.5%

The rate of **enquiries being resolved** within the first response to the caller has risen from 83% in March 2019 to **85%** in June 2019.

## 6.3 Building a high performing NDIA

### The NDIA invests in staff training to support Agency growth.

At 30 June 2019 the NDIA workforce was 11,061, including 3,495 Australian Public Service Employees, 2,278 labour hire contractors and 5,288 people employed by NDIA Partners in the Community. This is an increase in the total workforce (including Partners in the Community) for the 2018-19 financial year of 40.5% (increase in head count of 3,189).

The overall increase for the 2018-19 financial year for the Service Delivery NDIA workforce (including Partners in the Community) increased by 29.7% per cent to be total headcount of 7,521 as at 30 June 2019.

Since 31 March 2019, there has been a continued increase in the planning workforce to support the Complex Pathways with an increase from 104 to 121 (17 per cent) and increase in workforce to support resolution of unscheduled reviews with an increase from 253 to 327 (29 per cent). Further recruitment is underway.

In early June 2019, training for service delivery staff (planners and Local Areas Coordinators (LACs) to support the pathways reform implementation concluded, having been rolled out across all States and Territories. During the quarter, training was completed in Victoria, South Australia and Queensland. Over 9,700 hours have been delivered since the national rollout commenced in September 2018. This Service Improvement training addressed key aspects of the pathway improvement program with the aim of embedding a national consistent participant experience.

A further 12,000 hours of Psychosocial Disability Awareness training has been delivered to 3,500 Service Delivery staff since early 2018. This foundation training is the first tier of building increased planner and LAC capability to service participants with a psychosocial disability. It was delivered in conjunction with the national rollout of Service Improvement training, with training in Victoria, South Australia and Queensland being concluded this quarter.

During the quarter, around 765 new planners and LACs have participated in the refreshed 6-week New Starter induction program that covers the key knowledge and skills required for service delivery staff. This means that over 2,600 new planners and LACs have participated in the training since 1 July 2018. Further recruitment, particularly for the complex pathways, will support further training of staff and partners.

Progress continues on increasing disability awareness training available to the NDIA workforce. This includes a further eight videos of people with disability talking about their lived experience, how to use their strengths and how to communicate with them, being added to the Disability Navigator resource available through the NDIS intranet. The website was accessed 1,500 times in the first 3 days of the new content being uploaded, which demonstrates the interest and usefulness of this resource. It is complemented by the 'Contemporary Disability Rights' eLearning module and the 'Making the Difference' face-to-face workshop that is currently being developed and will be deployed nationally in financial year 2019-20.

To coincide with NAIDOC week in early July 2019, the NDIA finalised the development of a new e-learning package for Aboriginal and Torres Strait Islander Cultural Awareness. The NDIA has collaborated with the Centre for Cultural Competence Australia (CCCA) to enable access to components of their e-learning content.

Other indicators of performance this quarter include the Fraud Taskforce's first conviction; improved ANAO outcomes; improved risk awareness and controls including building first and second line assurance.

# ndis



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