

Q3

2021-2022



NDIS Quarterly Report to disability ministers

31 March 2022

ndis

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Introduction

The NDIA has continued to support participants, providers, staff and partners through the COVID-19 pandemic, including assisting with the vaccine roll-out and distribution of Rapid Antigen Tests.

The NDIA has continued to adapt and enhance its response to support participants, providers, staff and partners during the COVID-19 pandemic. As the COVID-19 pandemic continued to evolve and impact participants and communities across all states and territories during this quarter, the NDIA has introduced new COVID support initiatives and extended a number of current measures to ensure continuity of essential supports for NDIS participants.

This has included ongoing work across Government¹ as part of an interagency taskforce led by the Department of Social Services (DSS). A core focus of the taskforce is supporting participants to be fully vaccinated and preparing for the 2022 winter season.

A number of existing COVID support measures have been streamlined to reduce the administrative burden for providers, while others have been extended to continue to support providers and participants:

- The NDIA no longer requires providers to submit quotes for meal preparation and delivery, transitioning this measure to a new business as usual process.
- The extension of the direct billing arrangement for Supported Independent Living (SIL) providers to directly claim for Rapid Antigen Tests (RATs) for support workers required to undergo COVID-19 testing for continued service provision until 31 August 2022.
- Consolidation of the participant vaccine measures to establish a single new measure that provides for a payment of \$75 to eligible providers whenever they support a participant to receive any COVID-19 vaccination, irrespective of whether it is a primary or booster vaccination.
- A new direct billing arrangement for providers who are supporting participants in SIL where a participant is required to self-isolate or quarantine. This payment recognises that providers of SIL supports will sometimes incur additional costs when supporting participants in these circumstances.

¹ Including the Department of Social Services (DSS), the NDIS Quality and Safeguards Commission (the Commission), Services Australia, the Department of Health, and State/Territory governments.

Rapid Antigen Tests

The NDIA recognises the importance of RATs to help manage outbreaks and in early detection in accordance with Australian Health Protection Principal Committee (AHPPC) guidance for participants and providers during the COVID-19 pandemic. In February 2022, to support participants and providers, the NDIA commenced the distribution of RATs to eligible providers of SIL. From 3 February 2022, the Australian Government provided an initial distribution of more than 1.2 million RATs to disability providers delivering SIL services to NDIS participants across the country. The NDIA will distribute a total of 5.5 million RATs Australia-wide in fortnightly deliveries to the end of the financial year to support participants and workers in SIL settings. As at 31 March 2022, more than 2.95 million RATs have been distributed to SIL providers supporting three or more participants across all States and Territories.

The NDIA has also worked with Aboriginal Controlled Community Health Organisations and the Remote Community Connector network to distribute RATs to participants in remote and very remote locations.

This measure complements the Commonwealth program to provide free RATs for concession card holders, the temporary NDIS measure for eligible SIL providers to claim up to \$12.50 per RAT which is now available until 31 August 2022, as well as eligible NDIS participants' ability to purchase RATs with NDIS plan funding from their core budget. Approximately 80 per cent of NDIS participants aged 21 and over are recipients of the disability support pension and are eligible for a concession card, and hence would be eligible for free RATs under the initiative.

Workforce supports

The NDIA has extended its workforce support arrangements until December 2022 for providers experiencing significant workforce disruptions because of the pandemic. This support includes peer-coaching and advice to assist individual providers to mitigate crises and maintain services, and assistance in sourcing additional workforce where available and absolutely required.

A number of workforce management presentations have also been delivered nationally for providers and state/territory government representatives, to share learnings and evolving strategies on preparing for COVID outbreaks and associated management strategies. These are also intended to help the sector further plan and prepare contingencies for the 2022 winter season.

The clinical first response service for SIL providers also continues to be available Australia-wide until 30 June 2022. This service includes clinical support and advice on infection control in the case of a positive COVID-19 diagnosis or outbreak in residential disability accommodation.

The NDIS website should be consulted for the latest information on [COVID-19 – Coronavirus \(COVID-19\) information and support | NDIS](https://www.ndis.gov.au/coronavirus).²

² <https://www.ndis.gov.au/coronavirus>

Supporting flood-affected participants

The NDIA would like to acknowledge the hard work and commitment of the disability support organisations and support workers in delivering essential supports to participants affected by the recent Queensland and New South Wales (NSW) floods. The NDIA closely monitored the flooding and severe weather events in Queensland and NSW and worked collaboratively with the sector to establish initiatives to provide immediate support for participants and providers directly affected by the floods.

These initiatives included:

- The NDIS National Contact Centre (NCC) prioritised calls from participants affected by the floods to ensure staff were able to immediately connect with participants and provide urgent support. As at 31 March 2022, the NCC have made 545 outbound calls to participants in flood affected Local Government Areas (LGAs). More than 70 per cent of participants contacted were not affected by the floods, 5 per cent were affected but are safe, and 9 per cent lost homes, have been evacuated or experienced other property damage.
- Enabling NCC staff authorisation over the phone to help flood-affected participants access to funds for urgent repairs and replacement of Assistive Technology (AT). Further, as at 31 March 2022, the NCC received 22 calls related to AT requests or repairs required. Find out more about [urgent AT repairs](#).³ Further, as of 28 February 2022, the NDIA are making it easier and faster for participants to have access to mid-cost AT by raising the upper limit from \$5,000 to \$15,000. This means participants no longer need to provide quotes for AT under \$15,000. For participants affected by the recent floods, the change allows for ease of access to, and replacement of AT they require.
- The NDIA conducted urgent plan reviews where there was a need for additional supports, such as short-term and medium-term accommodation, or adjusting funding to cover the cost of emergency accommodation.
- Working directly with providers and support coordinators where participants have been displaced due to the floods. The NDIA also worked with the Department of Health and Aged Care providers to support NDIS participants in residential aged care facilities in flood affected areas.

³ <https://ndis.gov.au/participants/assistive-technology-explained/assistive-technology-repairs-maintenance-and-replacement/urgent-repairs>

Co-design projects have commenced strengthening the NDIA's engagement process

Delivering on engagement and co-design processes

The NDIA remains committed to working closely with participants, their families and carers, and strengthening our relationship with the disability community. The NDIA continues to prioritise listening to, and learning from, participants and the disability community, acknowledging that it is fundamental to improving the NDIS.

This quarter, the NDIA has collaborated with both Disability Representative and Carers Organisations (DRCOs) and the Independent Advisory Council (IAC) to finalise the NDIS Engagement Framework. The NDIS Engagement Framework has been developed to ensure the views and experiences of people with disability are included in the decisions the NDIA makes. Input from the disability community is critical in continuing to improve services provided by the NDIA. Through the guidance and advice of the Co-design Advisory Group we have drafted an NDIS Engagement Framework and Roadmap that explains what participants can expect of NDIS engagement and the Roadmap shows how this will happen, highlighting phases of co-design and opportunities for engagement with the disability community. [The NDIA Engagement Framework⁴](#) was published on 31 March 2022.

During the March quarter, the NDIA engaged The Australian Centre for Social Innovation (TACSI) to support the expanded adoption of co-design, coach NDIA staff in the practice of co-design, and review and improve current processes.

During this time the work of the co-design Advisory Group has continued, and the group have met twice, providing strategic advice on the NDIS Engagement Framework and Roadmap, as well as advice on membership of the Steering Committees for the co-design projects. TACSI also presented at the 7th co-design Advisory Group meeting, sharing insights on their contribution to the NDIA and how 'co' processes for working could apply to the NDIA's co-design projects.

The NDIA would again like to acknowledge the contribution of the members of the Co-design Advisory Group during this period of engagement.

The NDIS Engagement Framework commits the NDIA to learn by doing, and to listen, understand and respond to advice about how the NDIA can improve and adjust processes to enable improvements. In the spirit of 'learning by doing', the NDIA has set up and convened Steering Committees for four of the six priority co-design projects. The four committees include: Information gathering for access and planning, Home and Living, Participant safety, and Support for decision making. All four Steering Committees have met at least once this quarter.

The NDIA would like to also acknowledge the contribution of the members of the Co-design Steering Committees during this set up phase.

The Culturally and Linguistically Diverse (CALD) Strategy refresh team held a successful roundtable with a range of stakeholders to review the information gained in the Discovery Phase of the co-design of that strategy. Work continues on bringing together what was heard and co-designing goals and actions for a refreshed CALD Strategy. The NDIA would like to acknowledge and thank those stakeholders involved in the CALD Roundtable held during the March quarter.

Preliminary work on the First Nations Strategy refresh has begun. This work involves early engagement with key internal and external stakeholders to listen and learn. This has included observing IAC Equity and Inclusion reference group workshops where leaders from First Nations communities have shared their perspectives and challenges.

⁴ <https://www.ndis.gov.au/news/7603-our-new-engagement-framework>

Further engagement has been paused based on feedback from stakeholders about the impact of the ongoing COVID-19 pandemic in First Nation communities.

Subject to further engagement with key stakeholders about the co-design approach, initial public engagement about the First Nations Strategy refresh will commence in the June 2022 quarter before moving to co-design and concluding with delivery of a refreshed strategy by early 2023.⁵

Disability Representative and Carer Organisation (DRCO) CEO Forum

In early March, the NDIA hosted our first DRCO CEO forum for 2022 which was well attended with 25 CEOs from across the disability sector. The meeting was attended by the NDIA CEO and other senior executives to share the progress of key NDIA activities, such as the upcoming Partners in the Community (PiTC) tender; re-designing processes and systems to improve the participant experience; and update of the status of co-design projects. In addition, TACSI presented and conducted an open question and answer session.

Annual Financial Sustainability Report workshops

Following the release of the 2021 NDIS Annual Financial Sustainability Report (AFSR) in October 2021, the NDIA hosted several events to build awareness of the report and present key findings relating to Scheme sustainability with key stakeholders. The report provides a comprehensive financial picture of the NDIS based on the Scheme Actuary's projections.

The NDIA hosted a briefing session in October 2021 with the IAC and 27 DRCOs, and then delved deeper into the data with five small group workshops across November and December. The small group sessions were another opportunity to identify further areas and specific breakdowns of data to be provided by the NDIA.

The NDIA addressed these requests in an updated briefing on 7 March 2022, with DRCOs and members of the IAC. The NDIA responded to questions raised by the sector during the workshops and presented the additional analyses conducted as requested by workshop attendees. The NDIA will continue to expand the data available to the sector through quarterly reports and the data.ndis.gov.au website.

NDIS legislation amendments

On 30 March 2022, the NDIS Amendment (Participant Service Guarantee and Other Measures) Bill 2021 passed both houses of Parliament, and received Royal Assent on 1 April 2022. The legislation focuses on improving participant experience and builds on the recommendations of the 2019 Tune Review.

This amendment to the NDIS Act 2013 establishes the Participant Service Guarantee, which will improve the experience and outcomes for people with disability who engage with the Scheme. Furthermore, it embeds the principle of co-design and ensures the consideration of people with disability or lived experience with disability for NDIA board appointments.

You can read more about these changes to the NDIS Act on the [Parliament of Australia website](https://www.parliament.gov.au).⁶

⁵ Timelines may change to allow the necessary time to build trusted relationships.

⁶ https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bId=r6806

This report

This report is a summary of the performance and operations of the NDIA for the three months from 1 January 2022 to 31 March 2022, as required by Section 174 of the NDIS Act 2013.

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

- A list of key definitions of the terms used in this report (Appendix A)
- A comparison of key metrics across each State and Territory (Appendix N)
- The number of active participants, the participation rates by age group, the annual average plan budget, and average payment per participant, in each service district (Appendix O)
- The number of active participants in each service district receiving Specialist Disability Accommodation (SDA) and SIL, along with data on the number and types of dwellings in each statistical geographical area. Data on the demand for SDA within the NDIS is also included (Appendix P)
- A comparison of utilisation by service district (Appendix Q)
- Waiting times for access decisions and plan approvals by State/Territory (Appendix R)

Lastly, this report contains new analysis which has not been presented in previous quarterly reports. These analyses are:

- Participation rates – showing the proportion of the general population who are NDIS participants by age and gender (section 1.3)
- Rates of participation in community and social activities and work reported in more granularity, specifically, 10-year age bands (section 2.1)
- Data on the number of plan reviews that occur each quarter, data on the number of home and living applications received (and the time taken to process these applications), outcomes of Reviews of Reviewable Decisions, and additional information on the number of open and closed Administrative Appeals Tribunal (AAT) cases (section 3.2)
- The number of registered and unregistered providers supporting participants who use plan managers, which is in addition to data on the payments received by registered and unregistered providers (section 4.4)
- Additional detail on the change in plan budgets that occur both at plan review and within the duration of the plan to more accurately reflect plan changes (section 5.3)



Caleb ‘plates up’ career dream with NDIS support

Alfredton NDIS participant, **Caleb**, can’t believe he’s on his way to becoming an apprentice chef after APM Employment Services helped him secure regular employment, as a kitchen hand, at the Ballarat Leagues Club.

Caleb, 22, who has a mild intellectual disability, said like many others he found securing a job challenging, but after working with APM employment consultant, Rhonda Macumber, who matched his abilities and interests to a job, he’s now in reach of achieving his goal to be a chef.

“I absolutely love cooking. I’ve wanted to be a chef since I was five years old, but I didn’t think I would get this far in this workplace,” he said. “Then one night at work, my boss came up to me and started talking to me about doing a Chef’s apprenticeship. I couldn’t believe it. I was so happy.”

Ballarat Leagues Club manager, Lee Prentice, said Caleb surprised her with his excellent work ethic and willingness to do any task to support her back-of-house team. “Caleb’s very enthusiastic. He’s always there in plenty of time before his shifts and he always checks with me or our head chef, first, to make sure he’s doing the right thing. He has exceeded all our expectations and moved along in leaps and bounds to the point where he has been offered this apprenticeship,” she said.

Caleb receives NDIS funding to support him to travel to and from work. He’s also keen to complete his Responsible Service of Alcohol (RSA) certificate so he can serve behind the bar to be even more valuable to Lee and her team.

“I feel really supported,” Caleb said. “Rhonda calls me every week to check in on how I’m doing and if I need anything. She’s also in regular contact with Lee, who is lovely, so the whole experience has been great,” he said.

1

Participants and their plans



1

Participants and their plans

More than half a million participants are receiving supports from the NDIS.

1.1 Number of participants in the Scheme

At 31 March 2022, 518,668 participants had an NDIS plan, and 19,556 participants entered the Scheme during the quarter.

At 31 March 2022, 518,668 participants had approved plans.⁷ This represents a three per cent increase from last quarter (an additional 19,556 participants).

Further, the NDIA undertook 102,556 plan reviews in the quarter, averaging 7,977 reviews per week. Of the 102,556 plan reviews conducted, 85,527 were initiated by the Agency and 17,029 were requested by participants. Agency initiated reviews occur as plans are due to expire, and a new plan is required.

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

	2013 -14	2014 -15	2015 -16	2016 -17	2017 -18	2018 -19	2019 -20	2020 -21	2021-22 to date
Active participants	7,285	17,155	29,719	89,610	172,333	286,015	391,999	466,619	518,668
Yearly increase ⁸		9,870	12,564	59,891	82,723	113,682	105,984	74,620	52,049
% increase in active participants		135%	73%	202%	92%	66%	37%	19%	11%

⁷ 27,571 participants with approved plans had exited the NDIS as at 31 March 2022.

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

1.2 Children in the NDIS (younger than 7)

At 31 March 2022, there were 80,239 children younger than 7 with an NDIS plan, and a further 10,812 accessing early connections.

Of the 518,668 participants with an approved plan at 31 March 2022, 80,239 were children younger than 7 (15 per cent), and of the 19,556 new participants with an approved plan this quarter, 8,700 were children younger than 7 (44 per cent).

In addition to the 80,239 children younger than 7 with an approved plan:

- **4,598** children had met the access criteria under Section 24 of the NDIS Act (Permanent Disability) or Section 25 of the NDIS Act (Early Intervention) and were waiting for an approved plan.
- **2,948** were awaiting an access decision from the NDIA (of which **1,829 (62%)** were accessing early connections from the early childhood approach).
- **11,197** children were supported by the early childhood approach (of which **10,812 (97%)** were accessing early connections). Not all children need to make an access request to the NDIA because some will receive early connections, along with support from mainstream and community services.

The NDIA continues to build on the existing national early childhood approach to ensure the delivery of a world leading model that provides evidence-based, high quality and timely supports to young children and families that are embedded in an integrated and collaborative early childhood ecosystem.

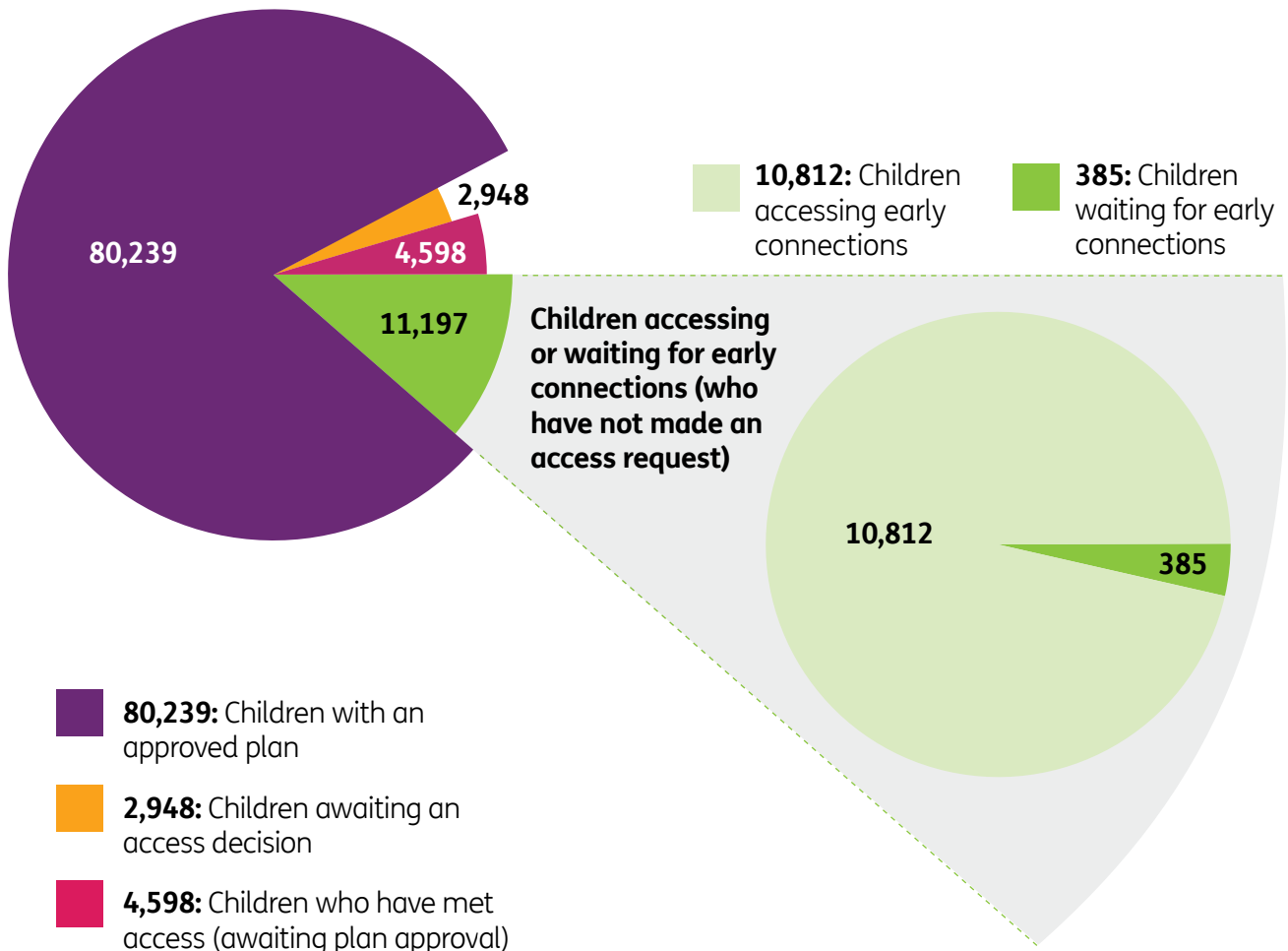
Sector feedback from the recent Early Childhood, Early Intervention (ECEI) Implementation Reset consultation has already strengthened the approach, and the NDIA is making good progress on the recommendations.

Highlights include:

- Enhancing reporting on the progress of participants with developmental delay to assist early childhood providers to improve outcomes.
- Publication of an early childhood approach guide for health services to support GPs, paediatricians and other health professionals connect families and carers with young children to supports and services early.
- Consultation with various external stakeholders to seek feedback on levels of early childhood intervention supports for children on the autism spectrum.
- Collaboration with DSS on the Australian Disability Strategy Early Childhood Target Action Plan with a focus on inclusion for children attending early childhood education and care services.

- Improving the availability of a culturally safe and appropriate developmental screening for Aboriginal and Torres Strait Islander children under 5 years through national training of the Early Childhood Partners in administering the Ages and Stages Questionnaire - Talking about Raising Aboriginal Kids (ASQ-TRAK).

Figure 2: Children in the NDIS



1.3 Participation rates

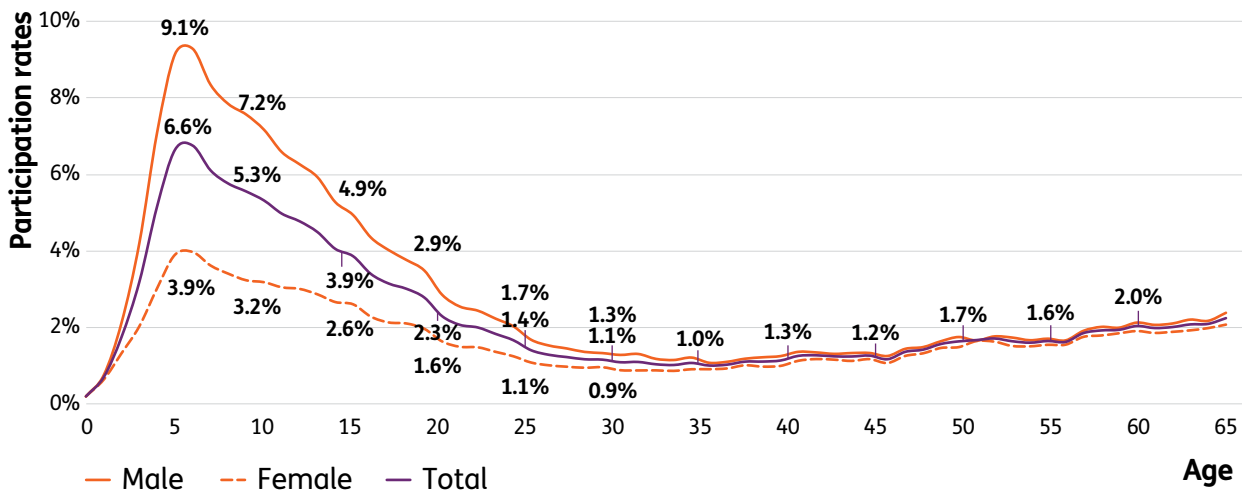
The number of NDIS participants as a proportion of the Australian population peaks between the ages of 5-7, with approximately nine per cent of 5-7 year old males and four per cent of 5-7 year old females being NDIS participants.

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

Overall, the rate of participation in the NDIS rises steeply from age zero, peaking between the ages of 5-7 at around 6 per cent. The rate then declines steadily to just above 1 per cent at around age 30, before increasing slightly again from age 40, rising to a bit above 2 per cent by age 64. The overall pattern reflects the age and disability profile of participants in the Scheme, with nearly half of participants aged 0-18 years. Of those, the most prevalent disability types are autism (54 per cent) and developmental delay (17 per cent).

The participation rates for male and female participants differ considerably at the younger ages. While both peak between the ages of 5-7, the rate of participation for male children is more than double compared to females for this age group, at around 9 per cent and 4 per cent respectively. This is also true for the broader age group of 3-14 years, where the participation rate is around 7 per cent for males and 3 per cent for females. This largely reflects the significant proportion of children with autism and developmental delay in the NDIS, with the prevalence of these disabilities being higher for males than females. As mentioned previously, the NDIA is implementing the recommendations from the ECEI Implementation Reset, which includes collaborating across all areas of government through the Australian Disability Strategy.

Figure 3: Participation rates⁹



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

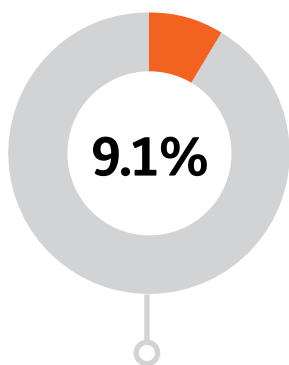
⁹ There were 5,757 participants aged 0 to 64 years with a gender of 'Other' at 31 March 2022. The participation rates for this group are included within the total rates.

1.4 Participant characteristics

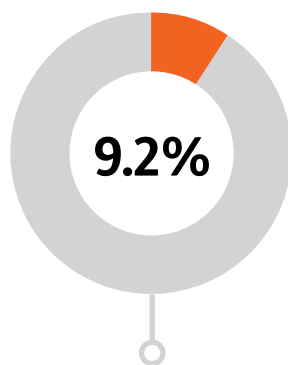
The NDIA continues to monitor and focus on the number of participants entering the NDIS who are Aboriginal and Torres Strait Islander, CALD, and living in remote and very remote areas.

Of the 19,556 participants entering and receiving a plan in the quarter:

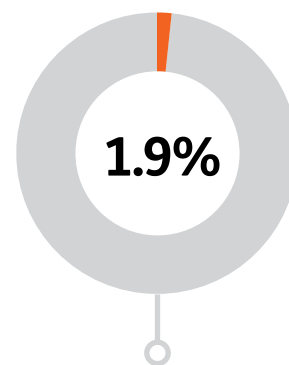
- **9.1%** were **Aboriginal and Torres Strait Islanders**¹⁰
- **9.2%** were **CALD**¹¹
- **1.9%** were from **remote and very remote areas**¹²



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



participants who received a plan this quarter identify as CALD



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

The introduction section of this report includes information on the CALD Strategy and the First Nations Strategy refresh.¹³ Further to that, the Remote and Very Remote Strategy refresh has commenced and will develop a position statement on remote service delivery to further enhance the NDIS experience and outcomes for people with disability living in remote/very remote Australia. Phase 1 of this work is working with stakeholders to map out the current state of service delivery in remote and very remote communities.

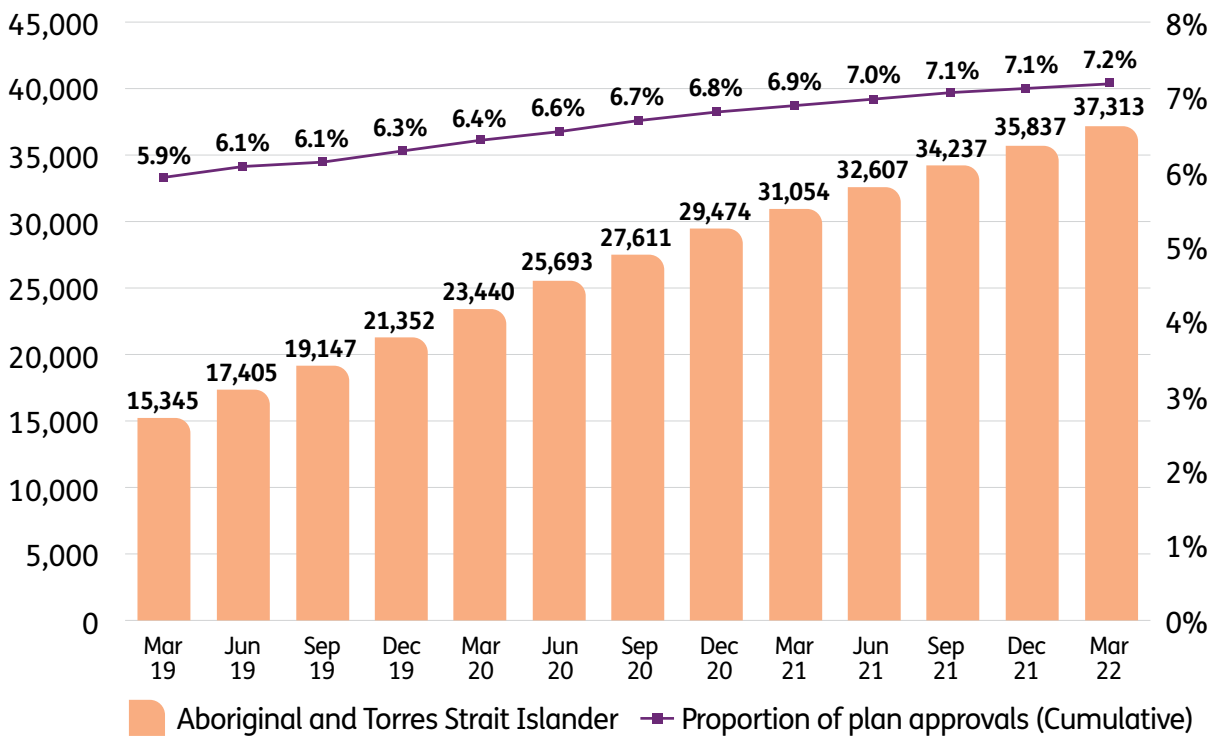
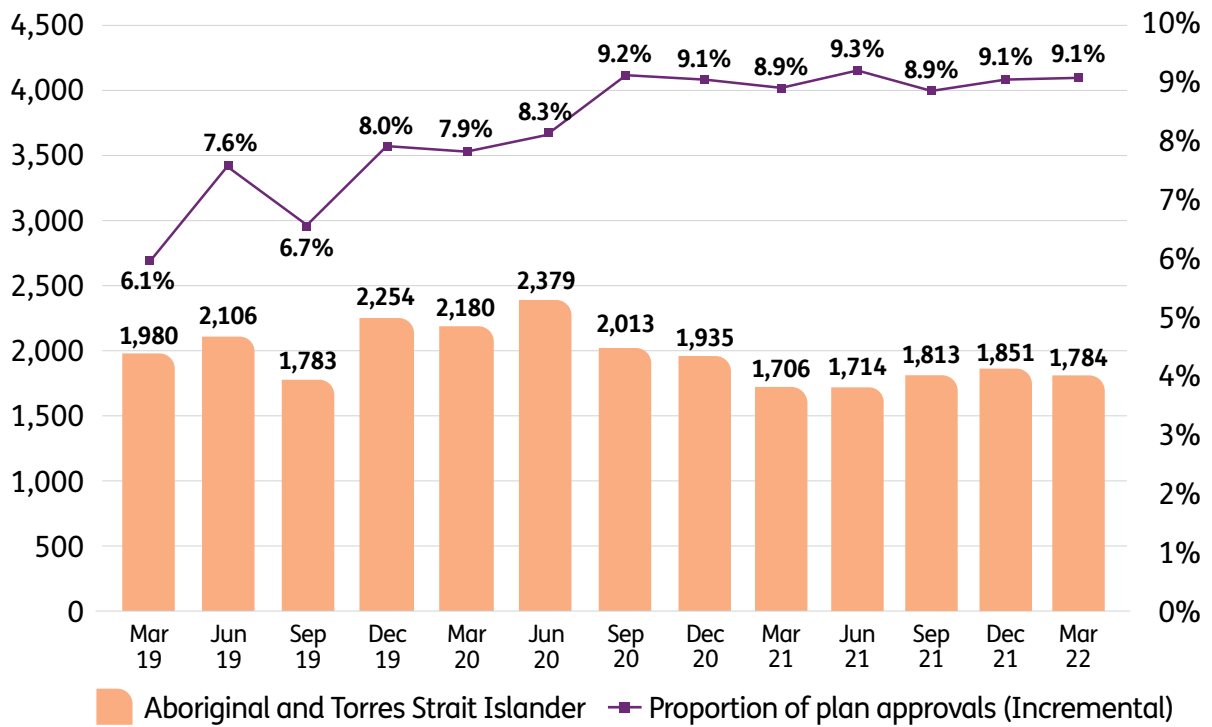
¹⁰ This compares to an expected 7 per cent of the Australian population who classify themselves as Aboriginal or Torres Strait Islander who have a need for assistance. Source: Census of Population and Housing 2016 ("Need for Assistance" variable), Persons Place of Usual Residence, by Indigenous Status.

¹¹ The percentage of CALD participants excludes participants who identify as Aboriginal and Torres Strait Islander. Further, the NDIA published extra analysis on CALD participants in the September 2021 quarterly report (<https://www.ndis.gov.au/about-us/publications/quarterly-reports>). The analysis indicated that it is likely that CALD participants are joining the NDIS but have not been identified as CALD in the data collected, rather than a large number of CALD people with a disability not currently being in the NDIS. With the introduction of the new ICT system, the opportunity to collect improved data on participants should allow better identification of CALD participants.

¹² This compares to 2 per cent of the Australian population living in remote or very remote areas. Source: Census of Population and Housing 2016, Persons Place of Usual Residence, by Remoteness Area.

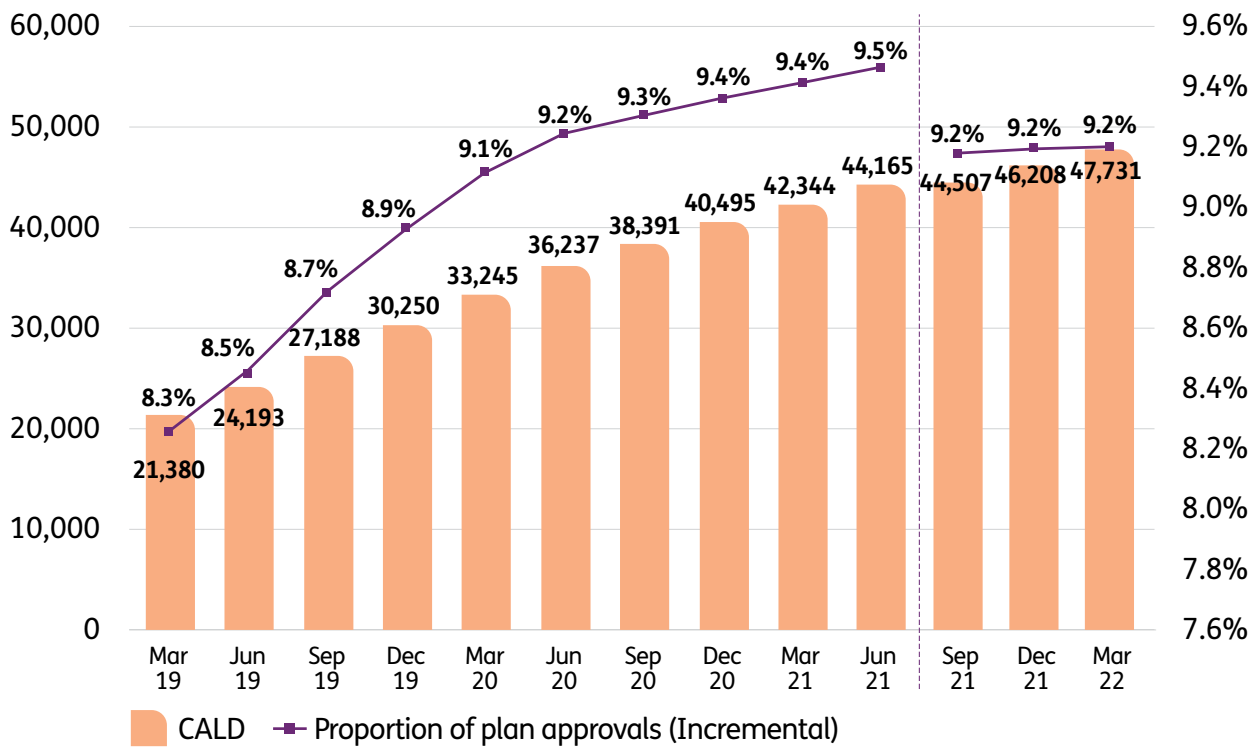
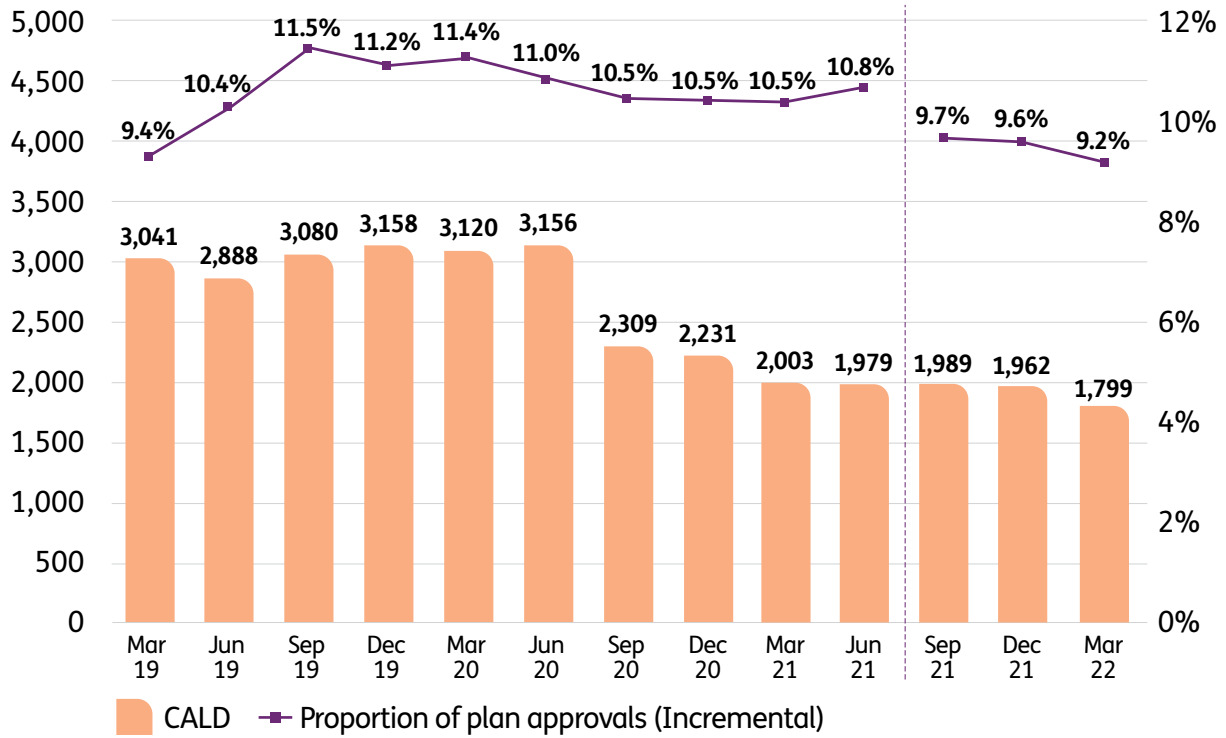
¹³ Further information on these strategies can be found here: <https://www.ndis.gov.au/about-us/strategies/aboriginal-and-torres-strait-islander-strategy> and <https://www.ndis.gov.au/about-us/strategies/cultural-and-linguistic-diversity-strategy>

Figure 4: Number and proportion of Aboriginal and Torres Strait Islander participants over time incrementally (top) and cumulatively (bottom)¹⁴



¹⁴ The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Quarterly results are reported based on a rolling 3 year period.

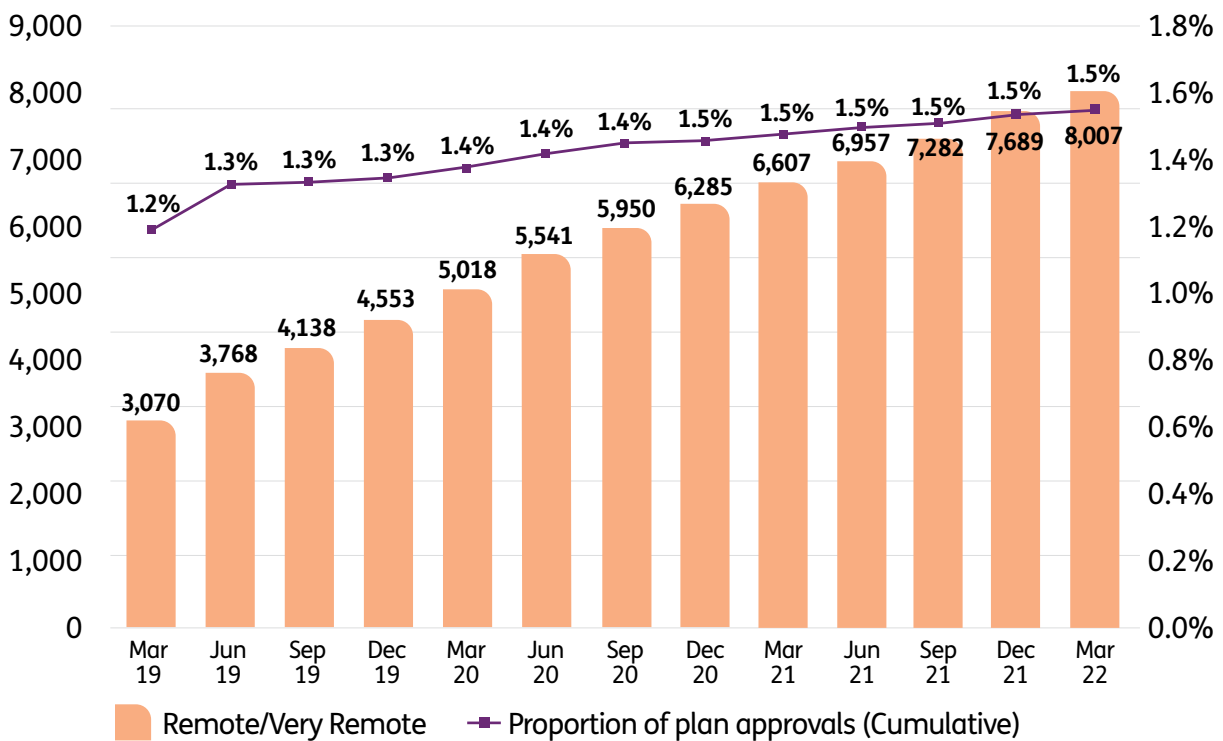
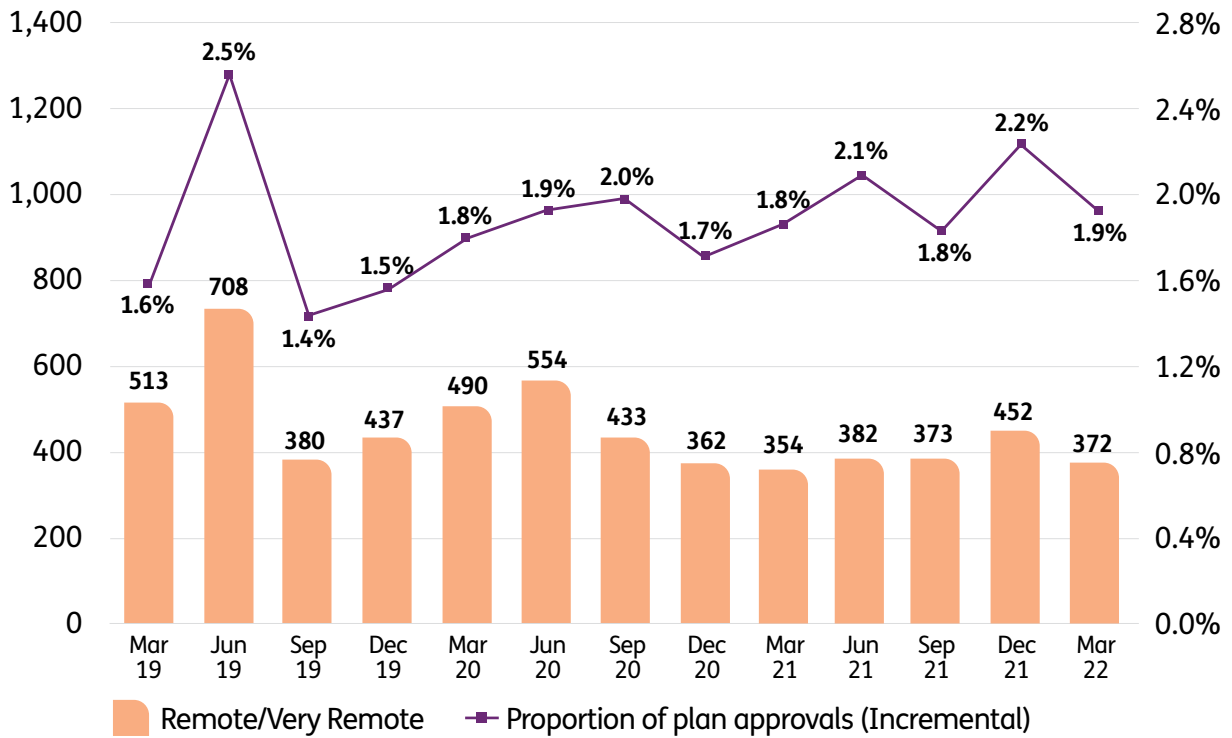
Figure 5: Number and proportion of CALD participants over time incrementally (top) and cumulatively (bottom)^{15,16}



¹⁵ The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Quarterly results are reported based on a rolling 3 year period.

¹⁶ The number of CALD participants from the September 2021 quarter onwards excludes participants who identify as Aboriginal and Torres Strait Islander. In previous reports, Aboriginal and Torres Strait Islander participants were included if their main language spoken at home was not English. This has resulted in a “break” in the time series, meaning the results prior to the September 2021 quarter do not compare to the results since.

Figure 6: Number and proportion of remote/very remote participants over time incrementally (top) and cumulatively (bottom)¹⁷



¹⁷ The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Quarterly results are reported based on a rolling 3 year period.

Age and disability

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

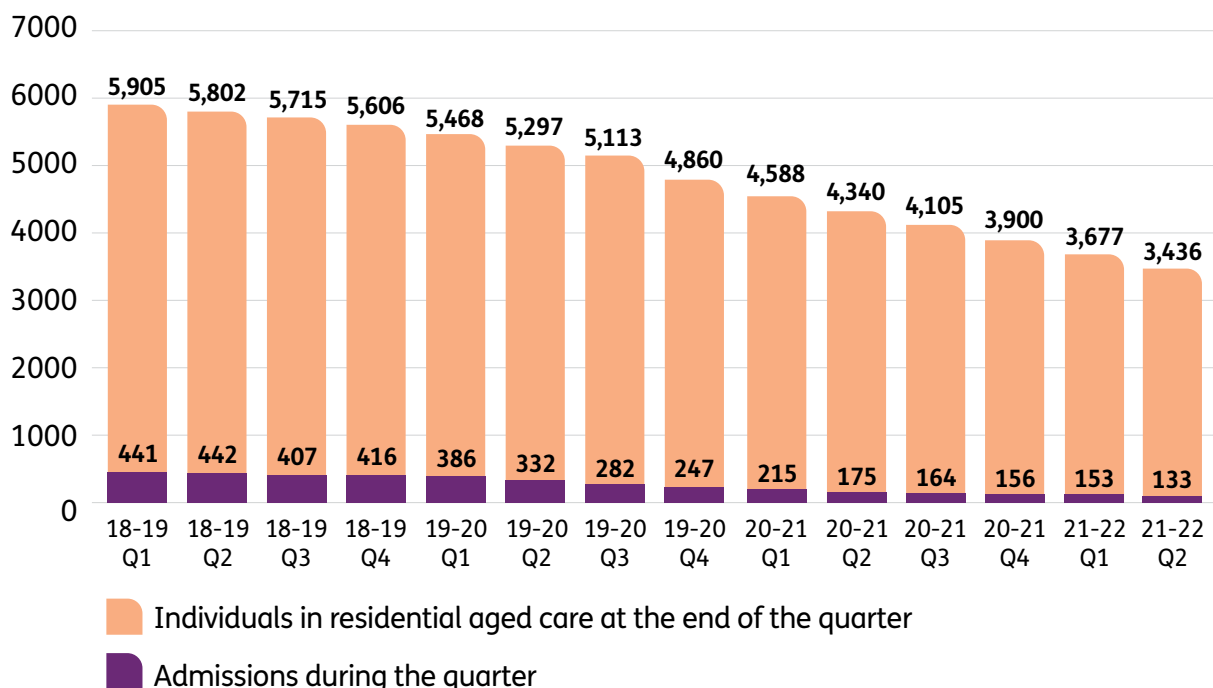
- continuation of a high proportion of children **aged 0-6 years** entering the Scheme (**44.5%** this quarter and **38.4%** in the December 2021 quarter). It is also worth noting that the number of children in the Scheme **aged less than 18 years** was **43.2%** at 31 March 2019 and **47.8%** at 31 March 2022.¹⁸
- consistent with the high numbers of children, a relatively higher proportion of participants with **Developmental Delay** entered the Scheme again this quarter (**30.1%** this quarter and **25.1%** in the December 2021 quarter).
- **Psychosocial Disability: 10.6%** of participants who received a plan in the quarter, compared to **11.9%** in the December 2021 quarter.¹⁹

Younger People in Residential Aged Care (YPIRAC)

The number of people in residential aged care under the age of 65 years, including those who are not participants of the Scheme, has decreased in recent quarters from 5,905 at 30 September 2018 to 3,436 at 31 December 2021 (a 42 per cent decrease).

Also, fewer people under the age of 65 years are entering residential aged care – 441 people under the age of 65 years entered in the September 2018 quarter, compared with 133 in the December 2021 quarter (a 70 per cent decrease).

Figure 7: Number of individuals in residential aged care and admissions to residential aged care (under 65 years), by quarter

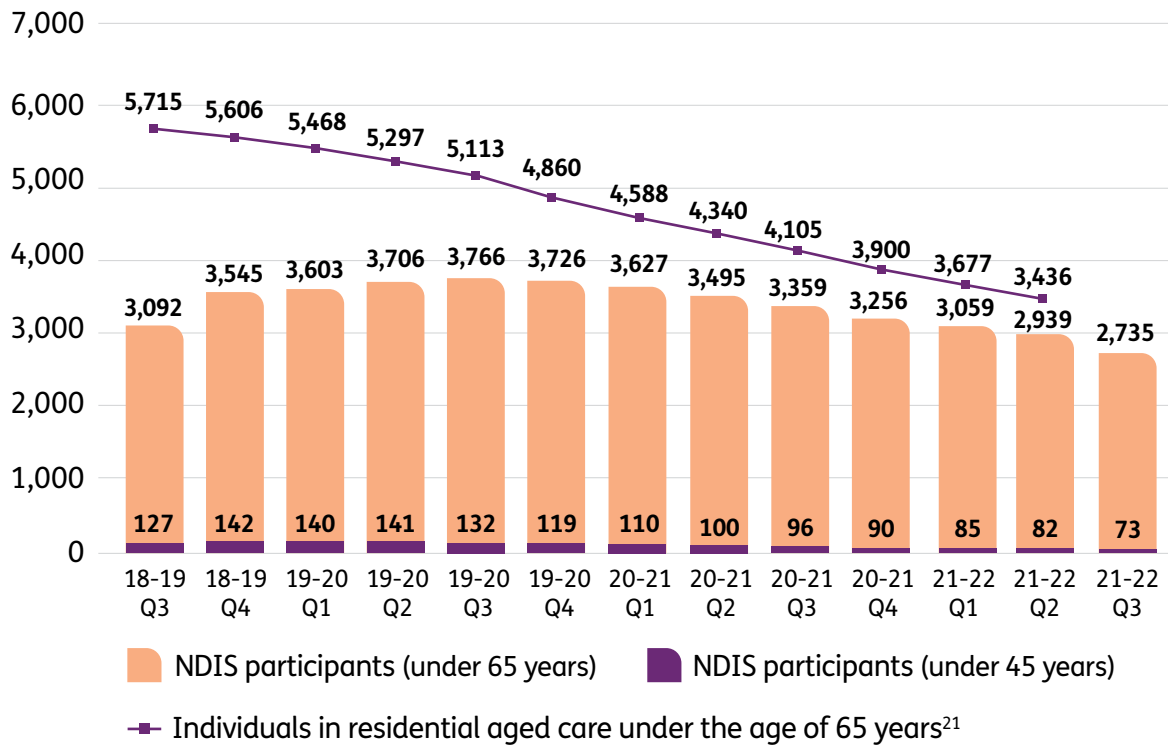


¹⁸ There is further information on the changing mix of participants in the Scheme on page 98. The chart shows the proportion of children in the Scheme has increased over the last four years. Also, Appendix E of this report contains charts showing the distribution of participants by age group over time.

¹⁹ Appendix E contains charts showing the change in participant profile by disability group over time, which includes the proportion of participants with psychosocial disability.

At 31 March 2022, there were 2,735 participants aged under 65 years in residential aged care with an NDIS approved plan.²⁰ In addition to fewer participants entering residential aged care, since 1 July 2016, 782 participants who entered the Scheme and have been in residential aged care have exited the Scheme and relocated to a more appropriate accommodation setting. Of the 2,735 participants in residential aged care under 65 years, 73 were aged under 45 years (2.7 per cent).

Figure 8: Number of NDIS participants in residential aged care (under 65 and under 45), and total number of individuals under age 65 in residential aged care



The YPIRAC Strategy

On 25 November 2019, in response to the Interim report of the Royal Commission into Aged Care Quality and Safety, the Government announced strengthened YPIRAC targets and an intention to develop a strategy to meet those targets.

The Government’s YPIRAC targets, apart from where there are exceptional circumstances, seek to ensure there are:

- a) no people under the age of 65 entering residential aged care by 2022
- b) no people under the age of 45 living in residential aged care by 2022
- c) no people under the age of 65 living in residential aged care by 2025

²⁰ There were a further 1,973 participants with an approved plan aged 65 years or over who are currently in residential aged care.

²¹ Data provided by the Department of Health as at 31 December 2021.

The Joint Agency Taskforce (between DSS, the Department of Health and the NDIA) continues to progress work on the [Younger People in Residential Aged Care Strategy 2020-25](#)²² (the Strategy) that was released on 30 September 2020. The Strategy covers all younger people under the age of 65 living in, or at risk of entering, residential aged care, including providing choice to Aboriginal and/or Torres Strait Islander people between 50 and 64 years of age who are eligible for the aged care system.

The NDIA continues to work on reducing the number of participants entering residential aged care and to support participants already living in residential aged care to move into more age-appropriate accommodation where this is their choice. From 1 January 2021 to 31 December 2021, 201 participants have transitioned from residential aged care into age-appropriate settings. This includes 34 who have exited to their own home (rented or owned), 30 who have exited to SDA, and 103 who have exited to other shared living arrangements using SIL funding or to other group residential settings.

Supporting younger people living in residential aged care

The NDIA continues to support younger participants currently residing in residential aged care to explore alternative home and living options where this is their choice. The NDIA's team of specialist YPIRAC planners hold regular check-ins and dedicated conversations with participants, their families and carers to understand and support a younger participant's home and living goals and ensure decision making is fully informed and current.

NDIS participants with a goal to leave residential aged care are also supported by their NDIS-funded support coordinator to research and source appropriate alternative accommodation. As at 31 March 2022, 704 younger people in residential aged care have a goal to leave residential aged care.

The NDIA continues to work closely with DSS and the Department of Health to implement the YPIRAC Strategy and deliver on the Government's commitment to ensure no younger person (under the age of 65) lives in residential aged care unless they choose to do so, or there are exceptional circumstances. The NDIA is talking to and working with the 73 participants under the age of 45 years still in residential aged care, to make sure they understand their home and living options, as well as assisting the participants who want to move out to do so.

²² <https://www.dss.gov.au/disability-and-carers/programmes-services/for-people-with-disability/younger-people-with-disability-in-residential-aged-care-initiative>



Edward remains connected to country after a stroke

After a stroke, Doomadgee NDIS participant, **Edward**, said he's grateful to the NDIS and remote disability provider, My Pathway, for supporting him to get back to country so he can heal physically and spiritually.

Identifying as a proud Gangalidda and Garawa man, with connections to the Waanyi tribe, the 51-year-old said a year ago he woke up in Townsville hospital, only to discover his stroke had paralysed the entire left-hand side of his body.

"I was told my heart stopped twice, but I pulled through. Doctors said I'd never walk again, but after six months all up in hospital, and three months of rehab, I started to walk again. I proved them wrong. I'm a fighter, and before I knew it I was ready to come home," he said.

"The NDIS and My Pathway play a big part in my healing. When I came home I was wondering how I was going to get back out into country for bush medicines... to get things like sandalwood and healing water to make herbal tea, but My Pathway organised trips to help me do these things.

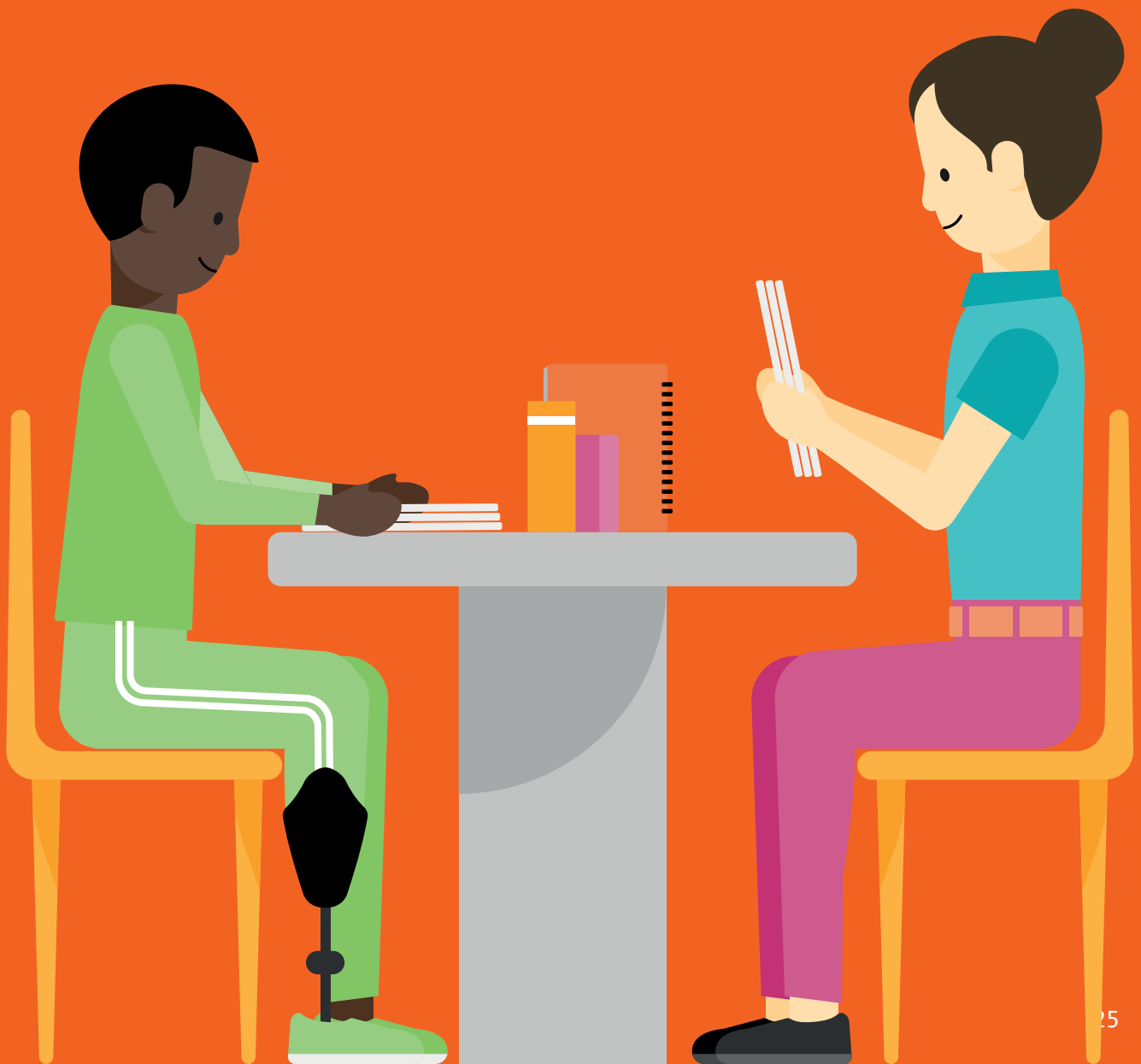
Through his NDIS plan, Edward receives 11 hours of support a week, where five indigenous My Pathway support workers from his community support him at various times.

"I'm so grateful to the NDIS and My Pathway because it's good for us to have connection to our country, when we do it heals us.

"It's our spirits inside which needs to be healed you know. If we can heal our spiritual body, our physical body will come together."

2

Participant experience and outcomes



2

Participant experience and outcomes

Some outcomes continue to improve the longer participants are in the Scheme, but there is still more to do around important areas such as employment.

2.1 Participation in work and community and social activities

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

Participation in community and social activities

For participants who have been in the Scheme for at least two years, their community and social participation has increased since they first entered.²³ Specifically, comparing responses at the most recent plan review (between two to five years after entry) with responses at Scheme entry²⁴:

- **seven** percentage point increase from **34%** to **42%** for participants aged 15–24 years.
- **eleven** percentage point increase from **37%** to **47%** for participants aged 25–34 years.
- **eight** percentage point increase from **37%** to **45%** for participants aged 35–44 years.
- **eight** percentage point increase from **36%** to **43%** for participants aged 45–54 years.
- **six** percentage point increase from **36%** to **42%** for participants aged 55–64 years.
- **six** percentage point increase from **36%** to **42%** for participants aged 65 years and older.
- **eight** percentage point increase from **36%** to **44%** for participants aged 15 years and older.

In addition, for all age groups, the increase in participation in community and social activities has improved the longer participants have been in the Scheme.

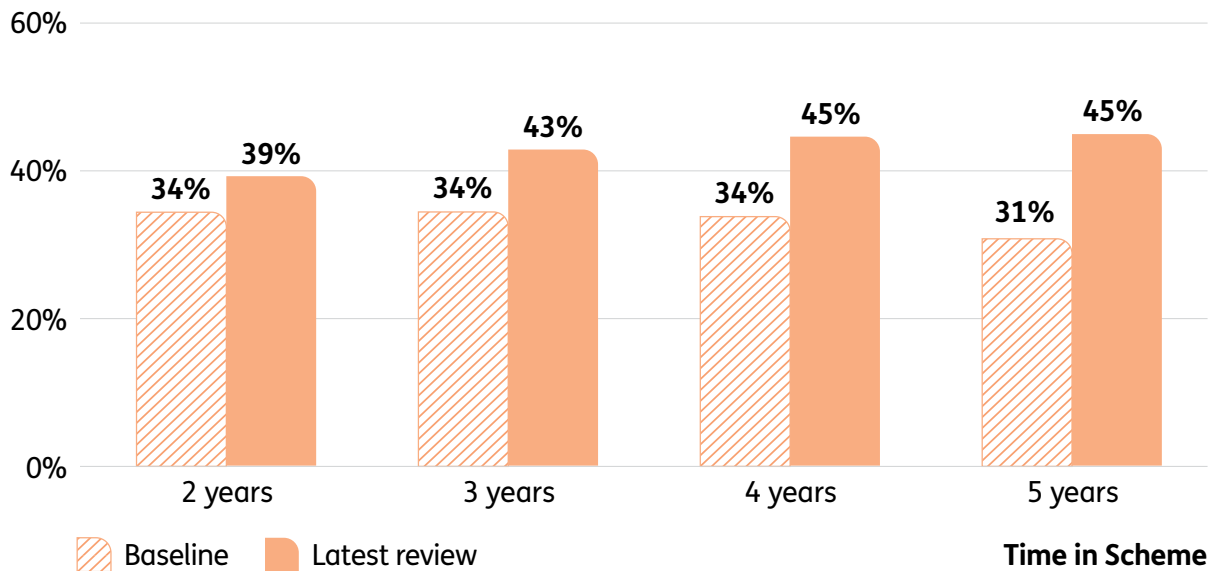
²³ This section compares Baseline indicator results when participants entered the Scheme, with results measured at the most recent participant plan review for each respondent. Trial participants are excluded.

²⁴ Figures have been rounded to the nearest whole percentage.

For participants aged 15 to 24, the increase was 34 per cent to 39 per cent for those who have been in the Scheme for two years, compared with 31 per cent to 45 per cent for those who have been in the Scheme for five years.

Figure 9: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4 or 5 years

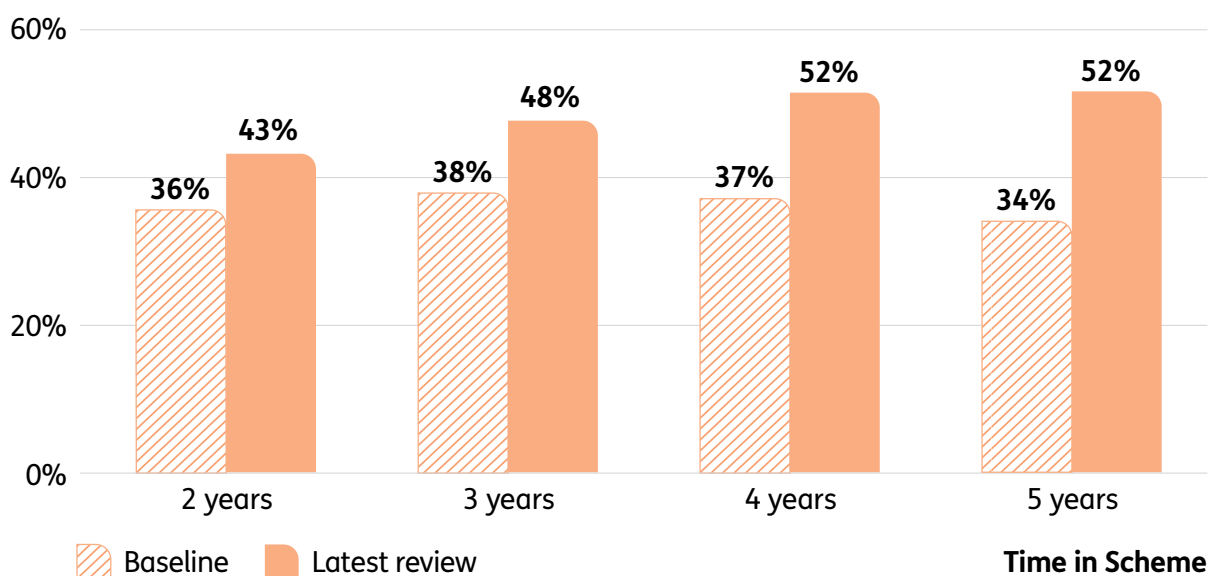
Participants aged 15-24 years



For participants aged 25 to 34, the increase was 36 per cent to 43 per cent for those who have been in the Scheme for two years, compared with 34 per cent to 52 per cent for those who have been in the Scheme for five years.

Figure 10: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4 or 5 years

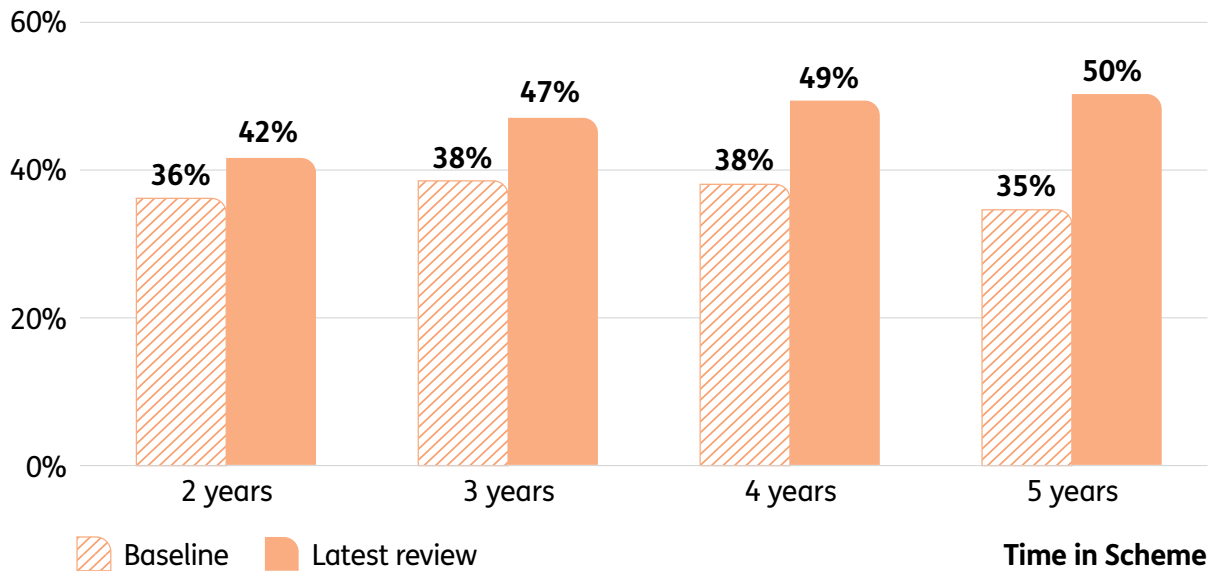
Participants aged 25-34



For participants aged 35 to 44, the increase was 36 per cent to 42 per cent for those who have been in the Scheme for two years, compared with 35 per cent to 50 per cent for those who have been in the Scheme for five years.

Figure 11: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4 or 5 years

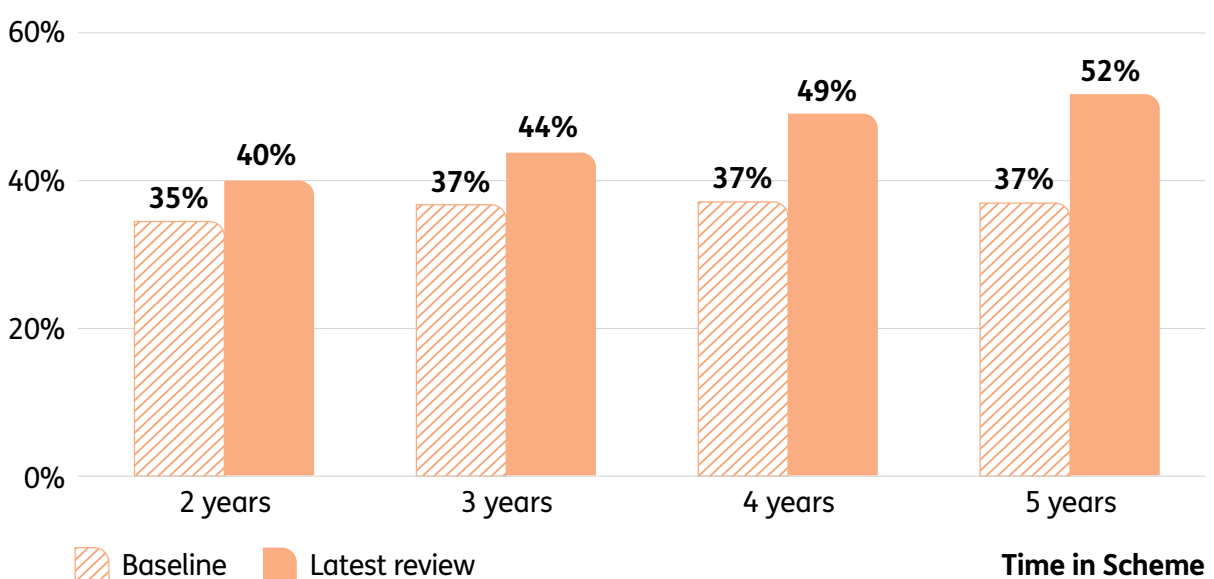
Participants aged 35-44 years



For participants aged 45 to 54, the increase was 35 per cent to 40 per cent for those who have been in the Scheme for two years, compared with 37 per cent to 52 per cent for those who have been in the Scheme for five years.

Figure 12: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4 or 5 years

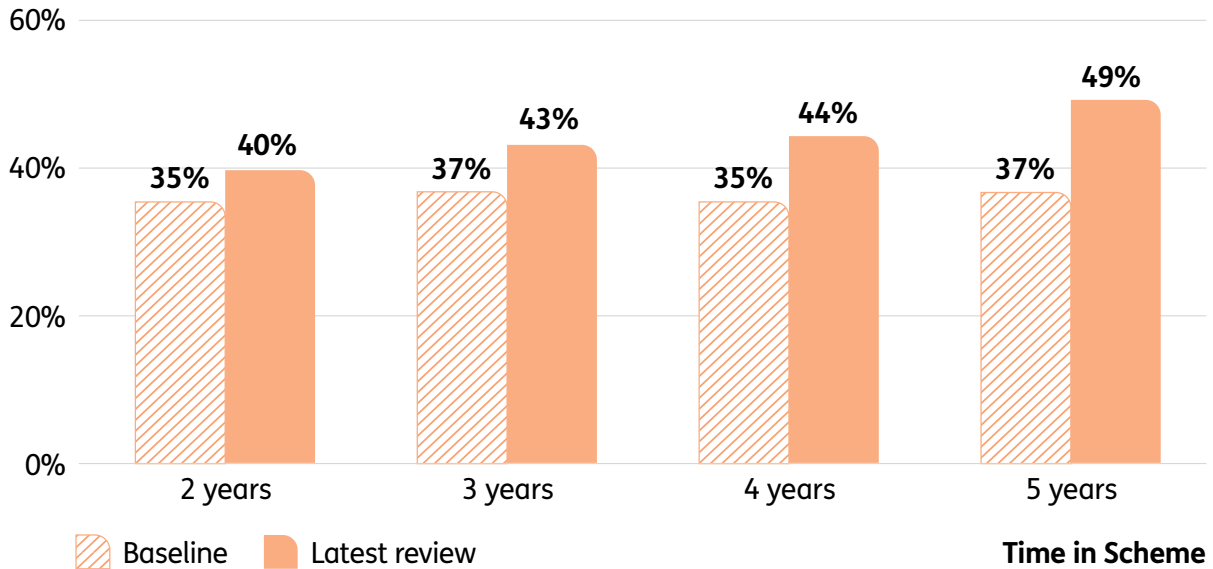
Participants aged 45-54 years



For participants aged 55 to 64, the increase was 35 per cent to 40 per cent for those who have been in the Scheme for two years, compared with 37 per cent to 49 per cent for those who have been in the Scheme for five years.

Figure 13: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4 or 5 years

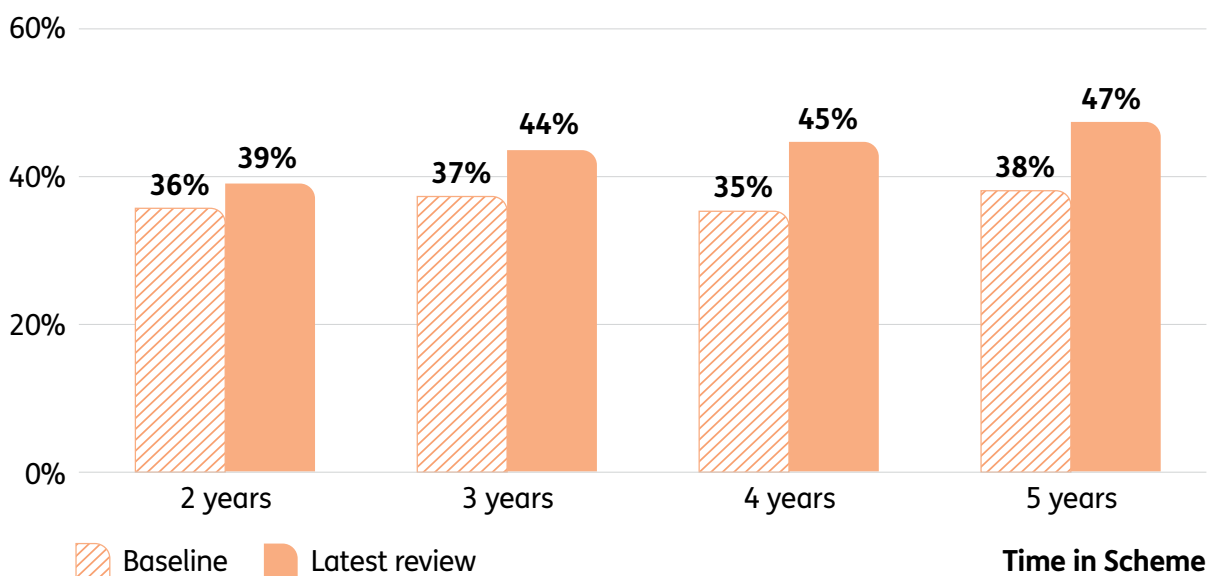
Participants aged 55-64 years



For participants aged 65 and over, the increase was 36 per cent to 39 per cent for those who have been in the Scheme for two years, compared with 38 per cent to 47 per cent for those who have been in the Scheme for five years.

Figure 14: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4 or 5 years

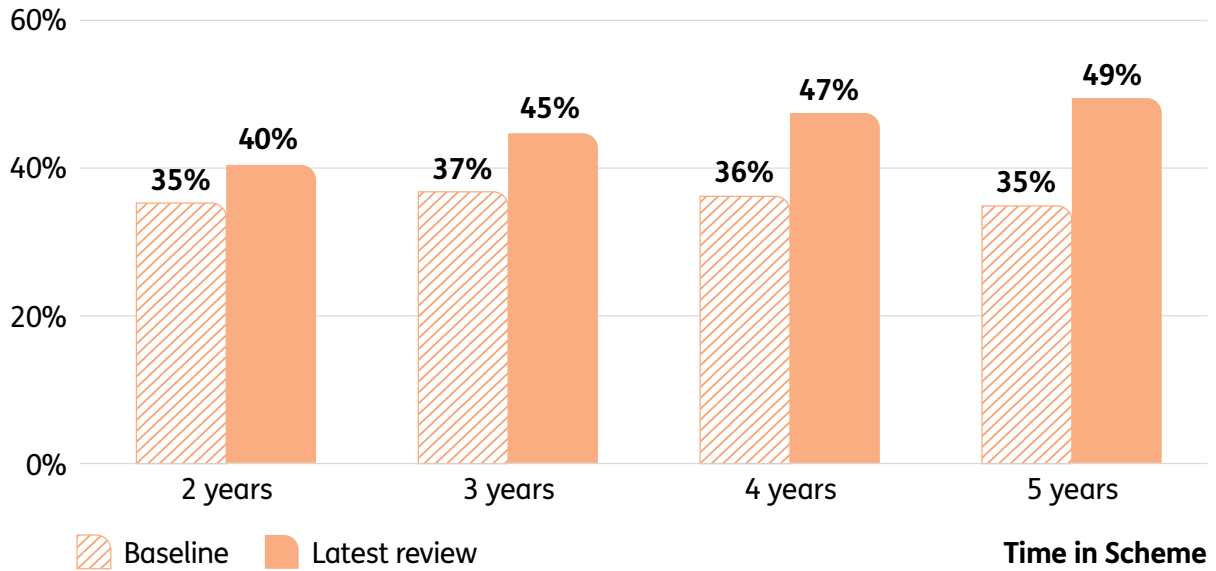
Participants aged 65 years and over



Combining all age groups, the increase for participants who have been in the Scheme for two years was five percentage points (from 35 per cent to 40 per cent), and the increase for participants who have been in the Scheme for five years is 15 percentage points (from 35 per cent to 49 per cent).

Figure 15: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4 or 5 years

Participants aged 15 and over



Participation in work (percentage in a paid job)

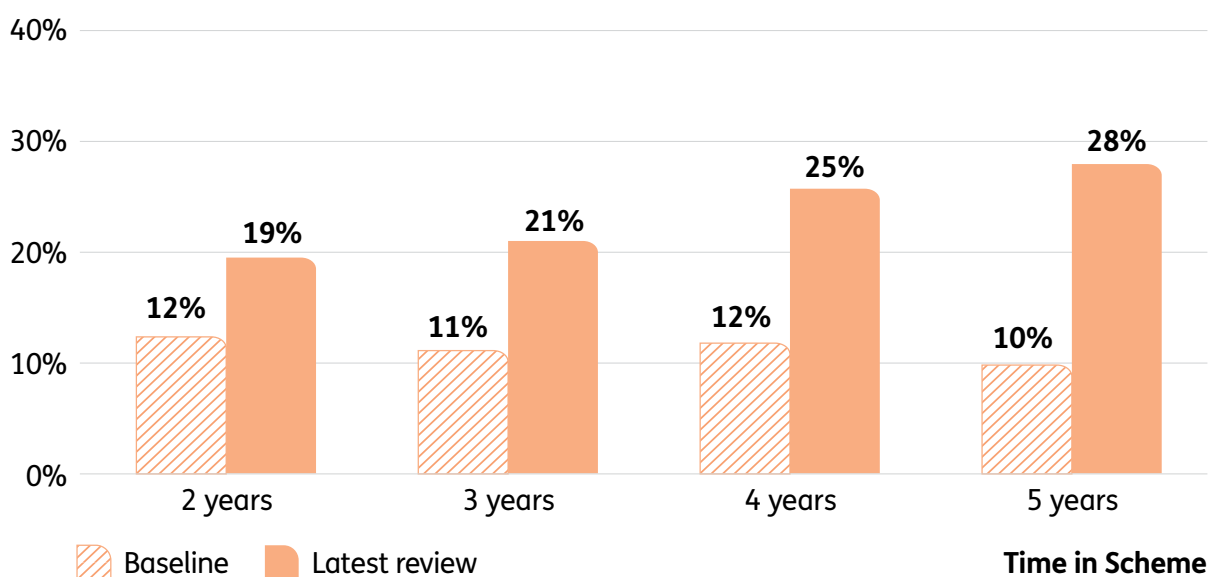
The percentage in a paid job for those in the Scheme for at least two years continues to be relatively stable overall. However, the percentage, and the change over time in the Scheme, differs by age group, with an increase in employment for those in the 15-24 year age group, while employment remains stable or declines for all other age bands. Specifically, comparing responses at the most recent plan review (between two to five years after entry) with responses at Scheme entry²⁵:

- **nine** percentage point increase from **12%** to **21%** for participants aged 15-24 years.²⁶
- **less than 0.5** percentage point increase from **28%** to **29%** for participants aged 25-34 years.
- **one** percentage point decrease from **29%** to **28%** for participants aged 35-44 years.
- **two** percentage point decrease from **26%** to **23%** for participants aged 45-54 years.
- **three** percentage point decrease from **19%** to **16%** for participants aged 55-64 years.²⁷
- **four** percentage point decrease from **12%** to **9%** for participants aged 65 years and older.²⁸
- **one percentage point increase from 21% to 22% for participants aged 15 years and older.**

The increase in participation in work for participants aged 15-24 years has improved the longer participants have been in the Scheme. For participants in the Scheme for two years, the increase was from 12 per cent to 19 per cent, compared with participants who have been in the Scheme for four years, where the increase was from 12 per cent to 25 per cent. Participants who have been in the Scheme for five years have also experienced an 18 percentage point increase, noting the slightly lower starting point for this cohort.

Figure 16: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4 or 5 years

Participants aged 15-24 years



²⁵ Figures have been rounded to the nearest whole percentage.

²⁶ Some of the increase is due to participants leaving school and starting work. As the Scheme matures it will be possible to analyse the extent to which the percentage gap increases.

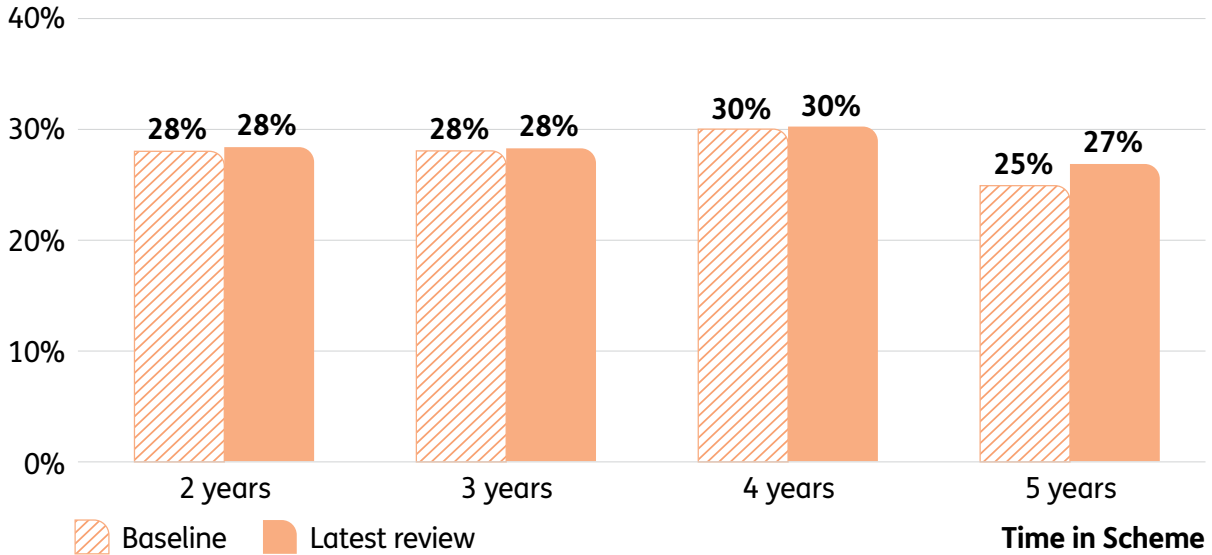
²⁷ Some of the decrease for older age groups is due to participants retiring from the workforce

²⁸ ibid

The percentage in work for participants aged 25 to 34 has not changed for those in the Scheme for less than five years. For participants in the Scheme for two years, the percentage remained at 28 per cent. However, for participants who have been in the Scheme for five years, there was a two percentage point increase, from 25 per cent to 27 per cent.

Figure 17: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4 or 5 years

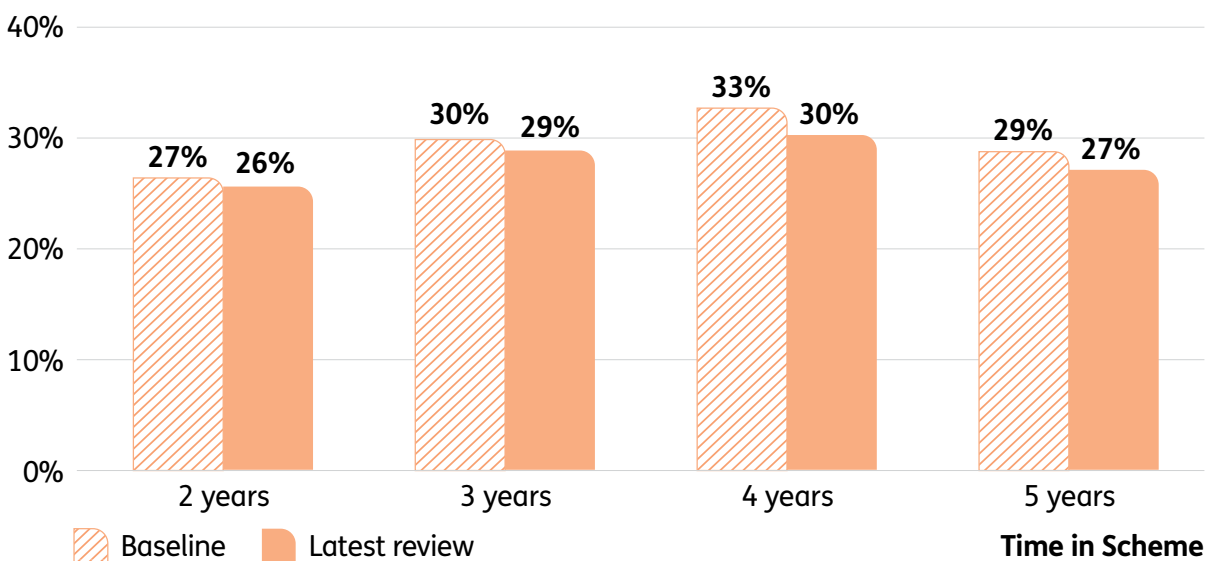
Participants aged 25 to 34



For participants aged 35 to 44, the percentage in work has decreased for all durations by 1 to 2 percentage points. For participants in the Scheme for two years, the decrease was 27 per cent to 26 per cent, compared with participants who have been in the Scheme for five years, where the decrease was 29 per cent to 27 per cent.

Figure 18: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4 or 5 years

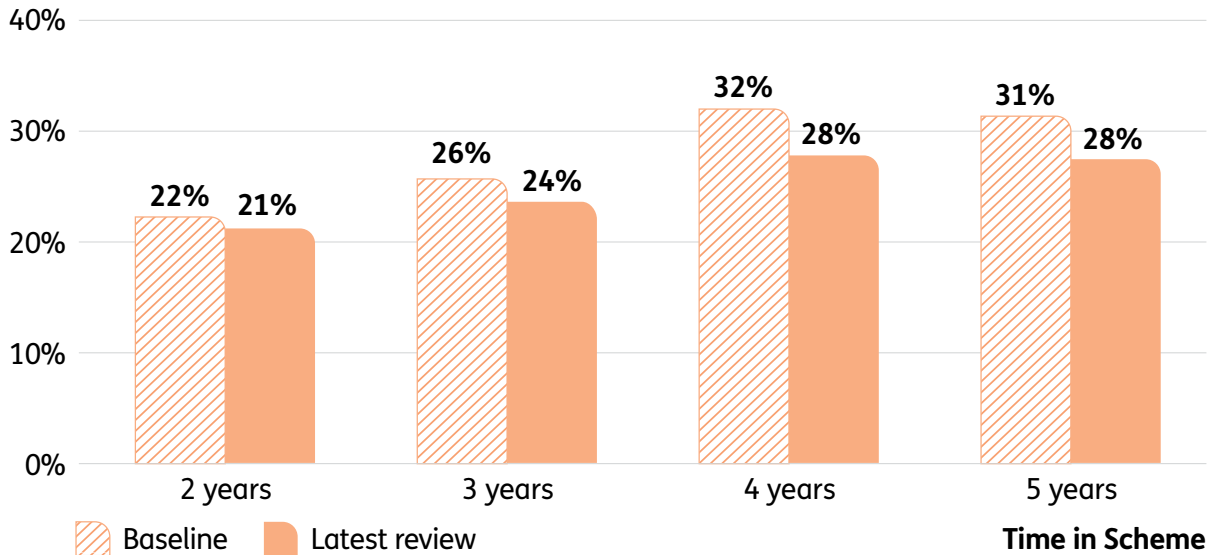
Participants aged 35 to 44



For participants aged 45 to 54, the percentage in work has decreased for all durations by 1 to 4 percentage points. For participants in the Scheme for two years, the decrease was 22 per cent to 21 per cent, compared with participants who have been in the Scheme for five years, where the decrease was 31 per cent to 28 per cent.

Figure 19: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4 or 5 years

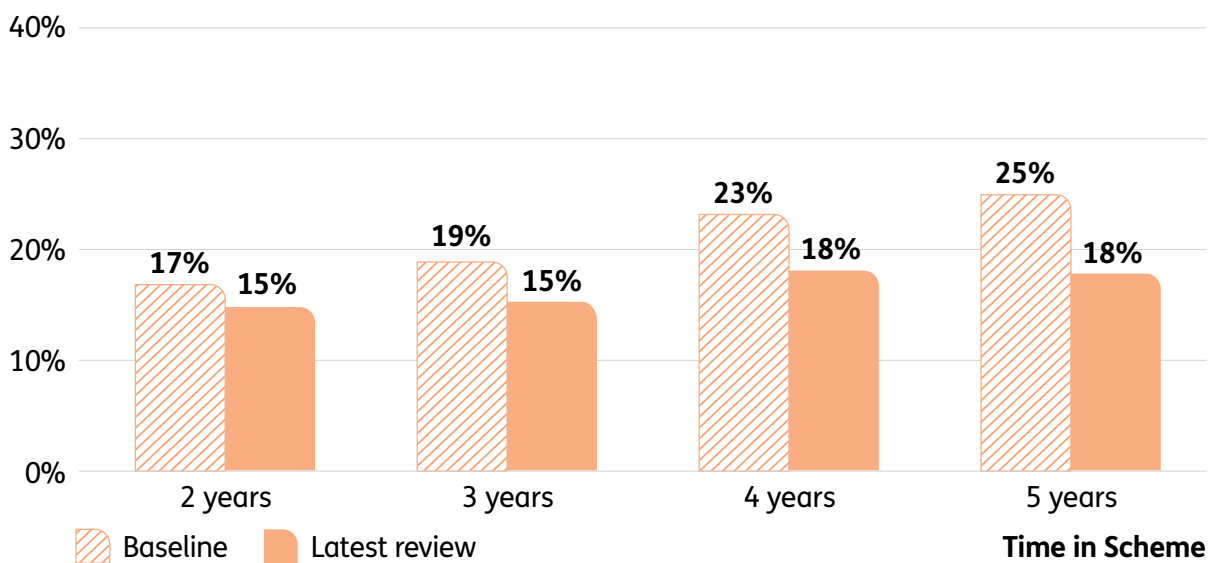
Participants aged 45 to 54



For participants aged 55 to 64, some of whom may be approaching retirement, the percentage in work has decreased for all durations by 2 to 7 percentage points. For participants in the Scheme for two years, the decrease was 17 per cent to 15 per cent, compared with participants who have been in the Scheme for five years, where the decrease was 25 per cent to 18 per cent.

Figure 20: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4 or 5 years

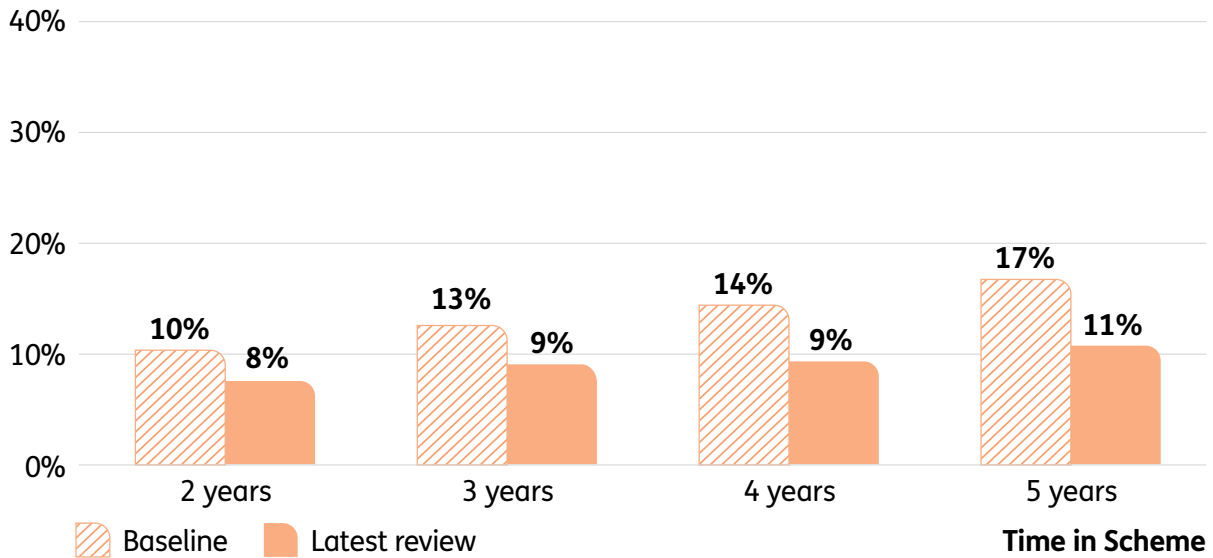
Participants aged 55 to 64



For participants aged 65 and over, many of whom may be approaching retirement, the percentage in work has decreased for all durations by 3 to 6 percentage points. For participants in the Scheme for two years, the decrease was 10 per cent to 8 per cent, compared with participants who have been in the Scheme for five years, where the decrease was 17 per cent to 11 per cent.

Figure 21: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4 or 5 years

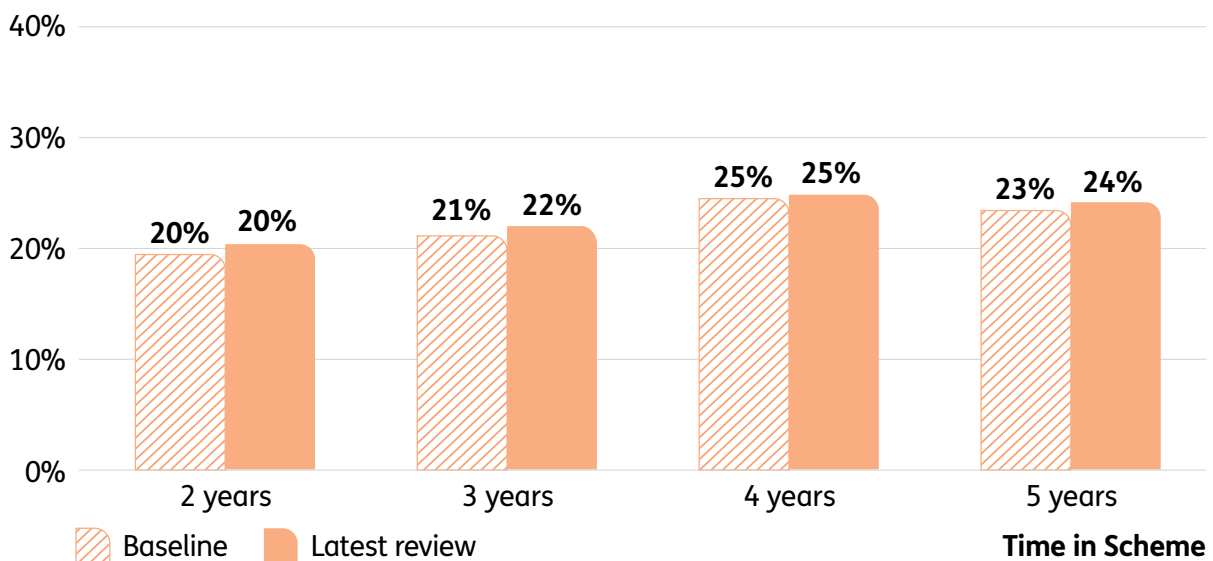
Participants aged 65 and over



Combining all age groups, the percentage of participants in work is unchanged at 20 per cent for those who have been in the Scheme for two years. There has been an increase of one percentage point for participants who have been in the Scheme for five years (from 23 per cent to 24 per cent).

Figure 22: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4 or 5 years

Participants aged 15 and over



NDIS Participant Employment Strategy

The NDIA is implementing the NDIS Participant Employment Strategy's revised Action Plan for 2021-22, which aims to see 30 per cent of working age participants in employment by June 2023.

The revised Action Plan responds to the changed employment environment, and aligns with the outcome areas outlined in Australia's Disability Strategy 2021-2031, and the Employ my Ability – Disability Employment Strategy 2021-2031. The NDIA maintains a shared focus of increasing employment opportunities and outcomes for participants, facilitating the transition from education to employment, and strengthening the autonomy and self-determination of people with a disability to pursue and achieve their employment goals.

The Action Plan consists of 6 priority areas:

Priority Area 1- Evidence-based, participant-centric employment supports

The transition to a new pricing model for Supports in Employment for 15,673²⁹ Australian Disability Enterprise (ADE) employees and their providers was completed by the due date of 31 December 2021.

The new model means support is available to a participant in any workplace, not only in ADEs, increasing the variety of employment options for NDIS participants.

National Disability Services (NDS) initiated a sector-led Communities of Practice for ADEs to share good practice and demonstrate how providers can collaborate with other employers to achieve preferred employment outcomes for participants. Whilst still small in number, the examples shared demonstrate what is possible through different approaches when the right resources are available.

The NDIA will continue to support ADEs to innovate and adapt service models to assist more people with disability to be supported to work in the work environment of their choice.

Priority Area 2 – Strengthening the link between education and employment

The NDIA continues to work closely with State and Territory education sectors to allow young participants the opportunity to develop skills through participation in age-appropriate work-related and/or social and community based activities. A key focus of this engagement is to encourage combining NDIA and mainstream resources to enable a greater number of participants to engage in work experience and develop independent living skills whilst still at school.

The NDIA continues to focus on employment supports for young participants, particularly as they leave school. A review of the employment support available for young participants commenced in this quarter to address the identified shortcomings of school leaver employment supports such as delivery of a set program of interventions, variable performance of providers, a payment system unrelated to provider effort, and participant uncertainty about selecting an effective provider. The NDIA is an active contributor to the review of the Disability Employment Service Program led by DSS, enhancing our ability to work collaboratively throughout the reforms, to increase cohesion and jointly influence expanded employment opportunities for NDIS participants.

Priority areas 3 and 4 – Promoting employment for people with disability through partnerships and the Agency’s purchasing power

The NDIA continues to work with NDS, the Disability Sector and Department of Education Skills and Employment (DESE) on options for the disability sector to increase the numbers of people with lived experience of disability in their workforce. This work will gain momentum during 2022 after a promising initial start in this first quarter.

The opportunity for employers in the sector to meet workforce shortages through targeted activity to attract people with disability has been well received. A number of organisations are already taking advantage of the assistance available through DESE programs to recruit people with disability to fill vacancies. Further opportunities still exist across the continuum of employment services to support employers to employ more people with disability.

Local Area Coordinator (LACs) and Early Childhood Services partner contracts were updated to increase the proportion of staff in the partner who have a disability to 20%. Partners report progress towards this target in their quarterly reports to the NDIA.

Priority Areas 5 and 6 - Facilitating participants’ navigating employment pathways and equipping planners and LACs with the skills and resources to facilitate goal setting and planning.

The National Employment Network continued to increase the awareness and capability of staff and partners in developing plans for NDIS participants to include opportunities to achieve employment outcomes. The Network was established in September 2021 consisting of NDIA planners, LACs, Community and Provider Engagement staff.

The impact of these concerted efforts to improve skills of LACs and planners in conducting conversations about employment has seen the number of employment goals in participant plans increase from 34% at 31 March 2021 to 37% of working age participants by 31 March 2022.

Most notably participants aged 19-24 years with employment goals in their plans increased to 58% by March 2022.

2.2 Analysis of participant outcomes

Participants continue to report positive outcomes.

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

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

From 1 July 2016 to 31 March 2022, for participants who have been in the Scheme for at least two years, the following outcomes have been recorded:

For children aged 0 to before starting school:

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

For children starting school to 14 years:

- **73%** of parents and carers felt their child had become more independent as a result of the NDIS at their most recent plan review, compared to **61%** at their first review.
- **59%** of parents and carers felt the NDIS had improved their child’s relationship with family and friends at their most recent plan review, compared with **50%** at their first review.

For young adults aged 15 to 24 years:

- **49%** of participants felt that their involvement with the NDIS improved their health and wellbeing at their most recent plan review, compared to **43%** at their first review.
- **72%** of participants said the NDIS had helped them with daily living activities at their most recent plan review, compared to **60%** at their first review.

For adults aged 25 and over:

- **60%** of participants felt that their involvement with the NDIS improved their health and wellbeing at their most recent plan review, compared to **51%** at their first review.
- **83%** of participants said the NDIS had helped them with daily living activities at their most recent plan review, compared to **72%** at their first review.

Significant improvements in outcomes are evident the longer a participant has been in the Scheme. Highlights, for participants who have been in the scheme for at least two years, include:

Figure 23: Has the NDIS improved how your child fits into community life?

For children aged 0 to before starting school

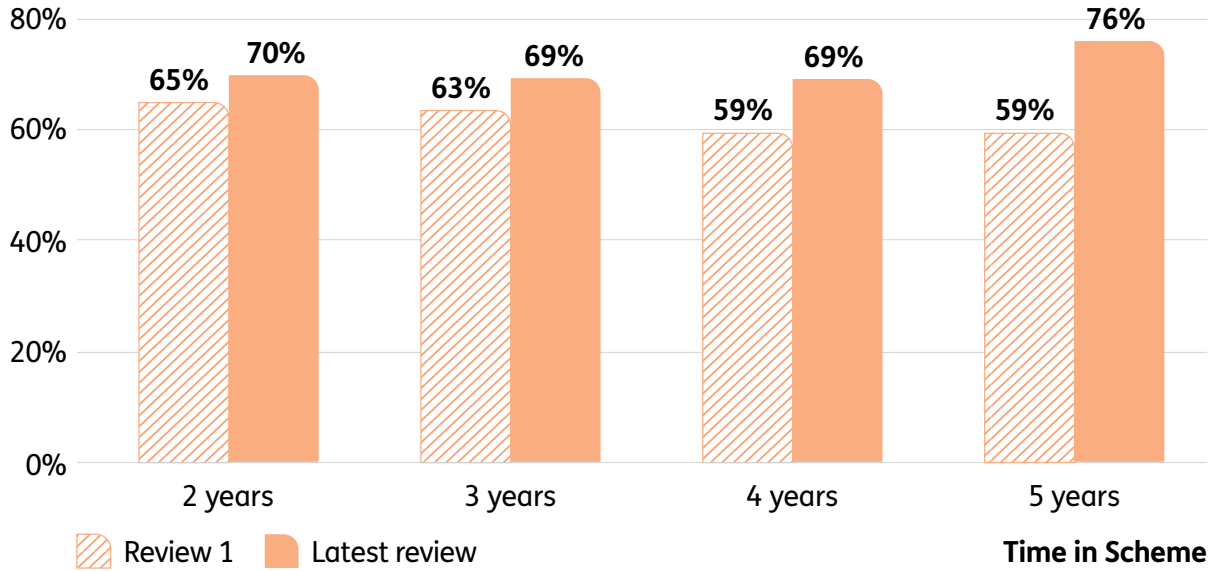


Figure 24: Has the NDIS helped your child to become more independent?

For children starting school to 14 years

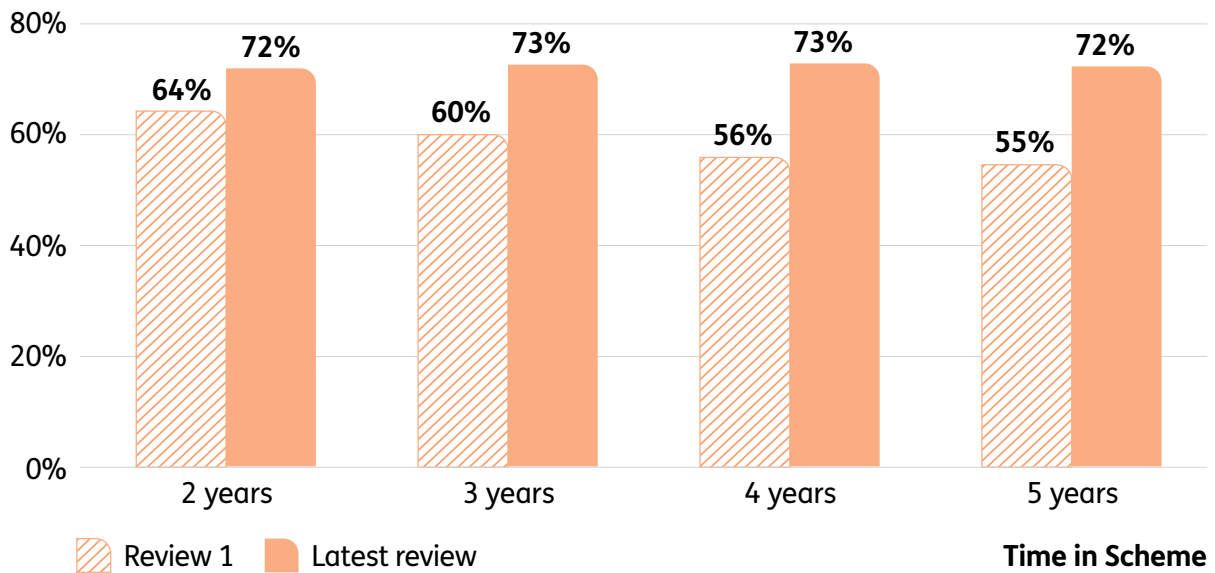


Figure 25: Has the NDIS helped you with daily living activities?

For young adults aged 15 to 24

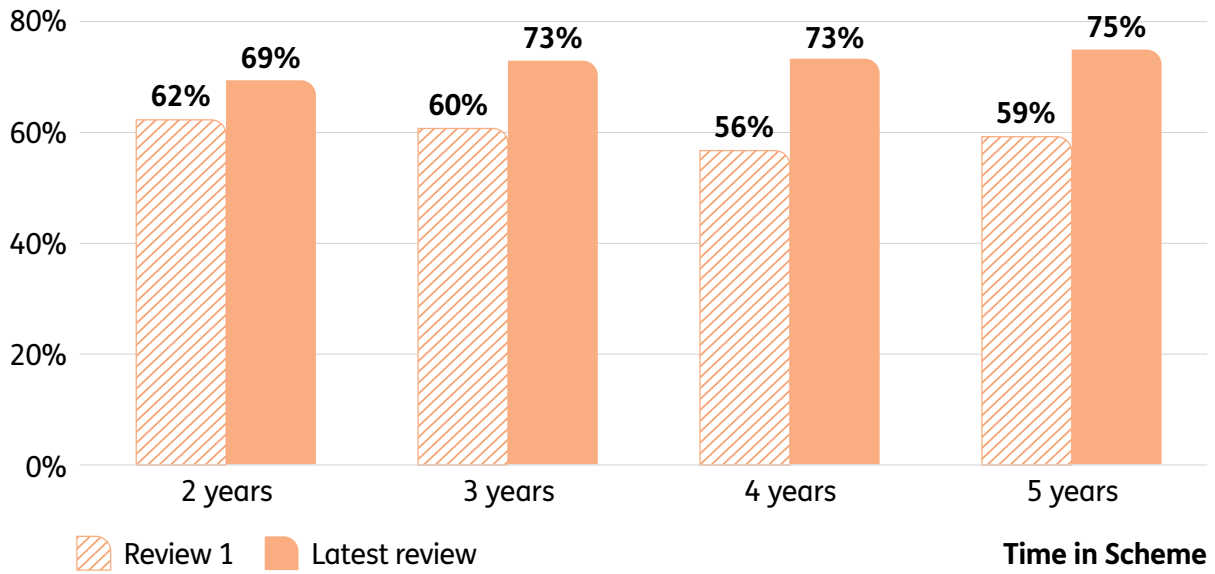
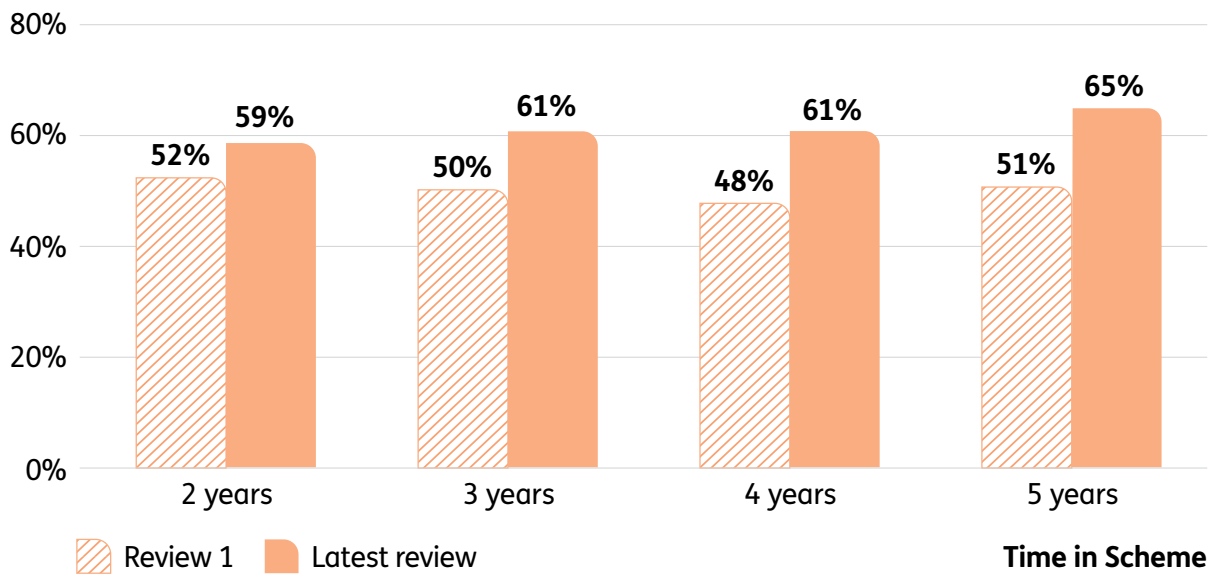


Figure 26: Has your involvement with the NDIS improved your health and wellbeing?

For adults aged 25 and over



While the above results are encouraging, the analysis also indicates that there are areas where outcomes could be improved. For example, after at least two years in the Scheme, only 17 per cent of participants aged 15 to 24 at their most recent plan review agreed that being in the NDIS had helped them find a suitable job, compared to 18 per cent at their first plan review. Similarly, for participants aged 25 and over, after at least two years in the Scheme, only 19 per cent agreed that being in the NDIS had helped them find a suitable job, unchanged from their first plan review. The NDIA is actively working to improve participation in work, as discussed earlier in this section.

2.3 Participant satisfaction

Participant satisfaction has remained in line with satisfaction over the past quarters.

In September 2018, the NDIA expanded on the original participant satisfaction survey (conducted since the start of trial) to allow for a comprehensive understanding of the participant experience at each stage in the pathway. The NDIA gathers responses at the four primary stages of the participant pathway – access, pre-planning, planning and plan review.

In the December 2020 quarter, the NDIA transferred the administration of the survey away from the NCC to another third party supplier, Australian Healthcare Associates. This was in response to the Tune review, which recommended the survey be undertaken as independently as possible from the NDIA. This change in administrator has resulted in a “break” in the time series, meaning quarterly results up to and including the September 2020 quarter, do not compare with quarterly results from December 2020 and onwards.

Also in line with the Tune review, the NDIA worked with the IAC to build on this survey to develop a more comprehensive picture of participant satisfaction. This included input regarding the current approach, and suggested improvements to current questions. The NDIA engaged the Council for Intellectual Disability to undertake consultation on making the surveys more accessible, including for people with complex communication needs.

This quarter, 86 per cent of participants rated the Planning process as either good or very good, with a further 9 per cent rating the experience as neutral. Eighty-one (81) per cent of the participants in the quarter rated the Access process as either good or very good, 78 per cent rated the Pre-Planning process as either good or very good, and 72 per cent of participants rated the Plan Review process as either good or very good. These results are based on 1,153 surveys at Access, 887 at Pre-Planning, 4,908 at Planning and 10,644 at Review, which is 17,592 in total.

Satisfaction with the Review process has remained relatively constant in recent quarters at around 70 per cent, noting this decreased from 76 per cent in the December 2020 quarter. However, there was a slight (2 percentage point) increase in the latest quarter, from 70 per cent to 72 per cent.

The NDIA is focused on making fair and consistent reasonable and necessary decisions. In line with insurance principles, this means some plans increase at review, some remain the same, and some decrease.³⁰

³⁰ Section 5 of the report includes data on changes in plan budgets over time.

Figure 27: Rating of experience with the NDIS (1 January 2022 to 31 March 2022)

Overall, how was your experience with:

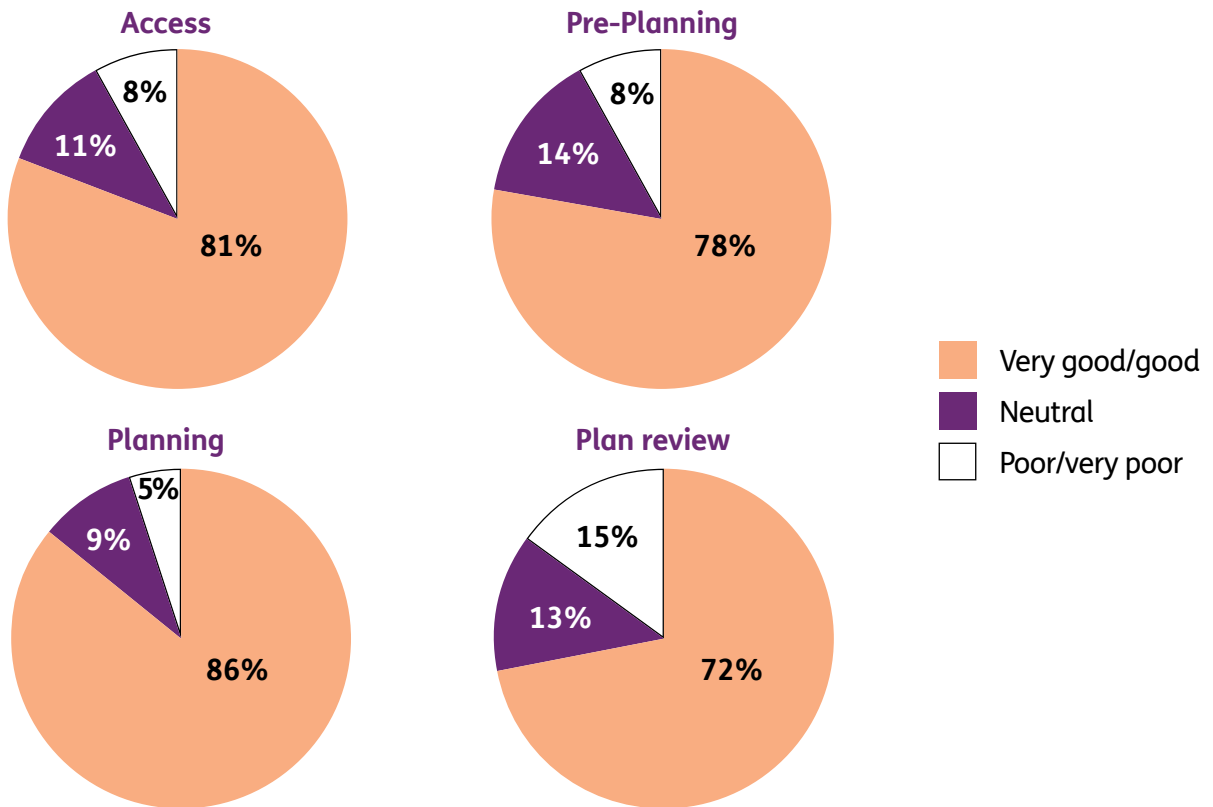
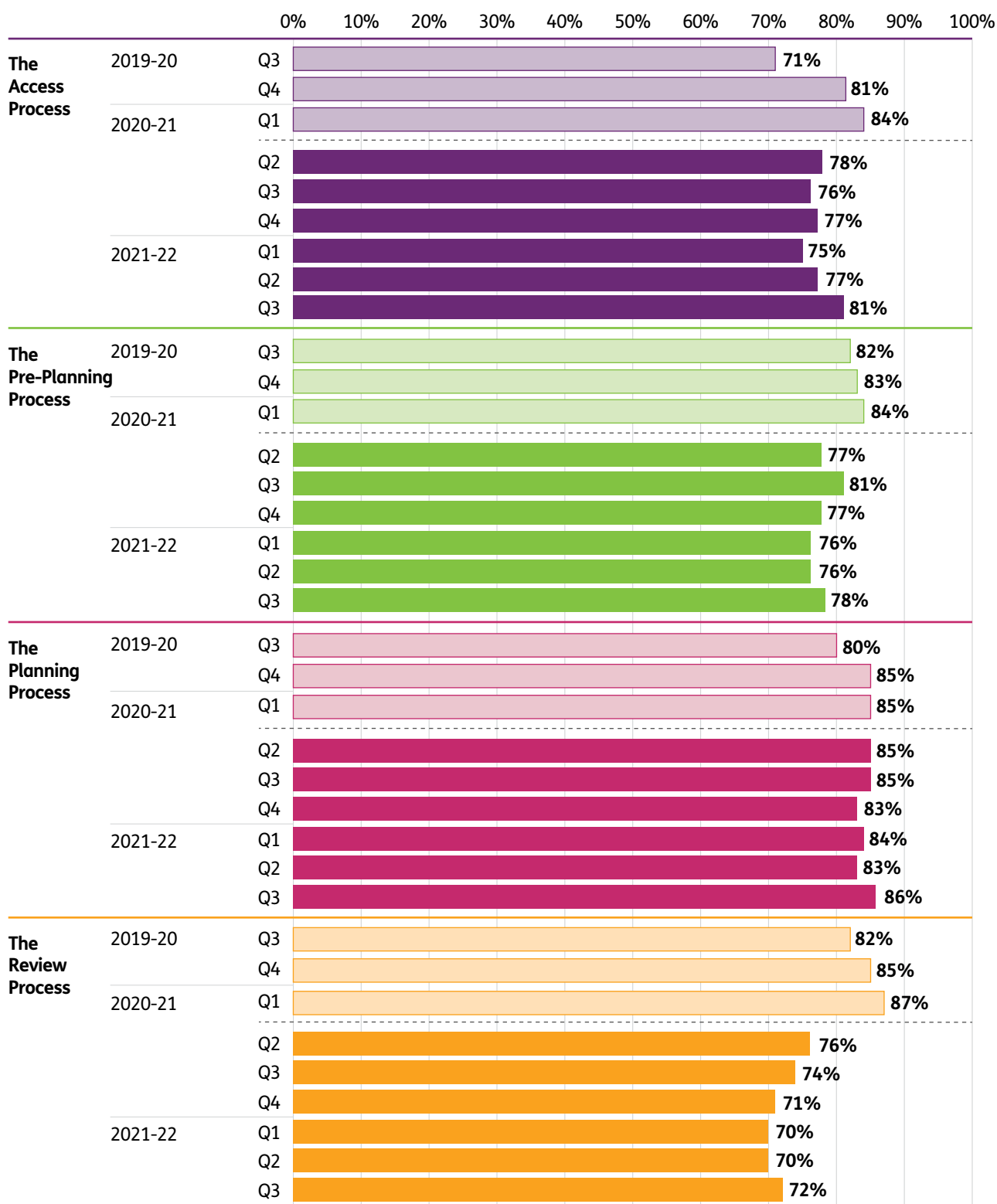


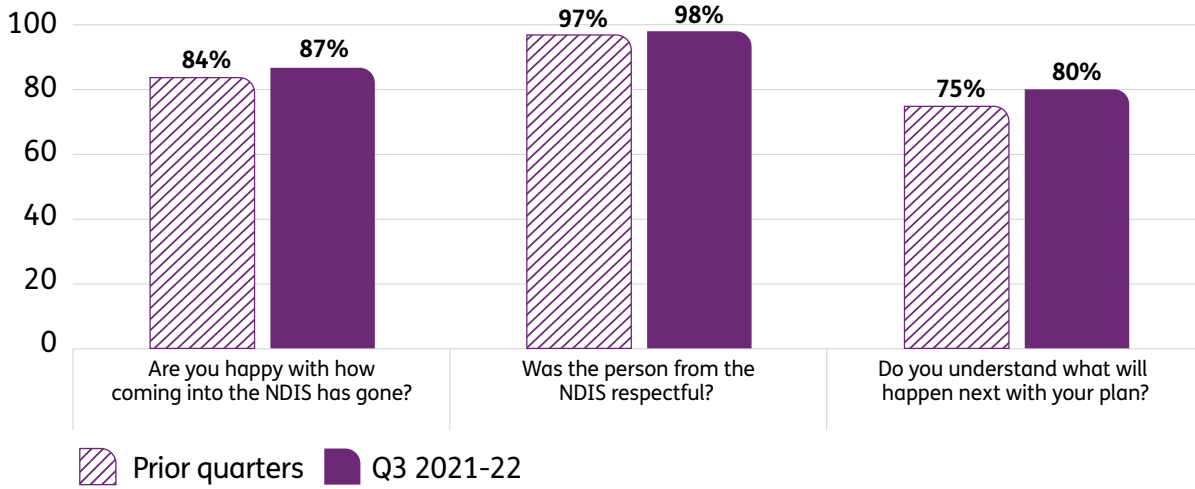
Figure 28: Trend of satisfaction across the pathway (% Very good/good)³¹



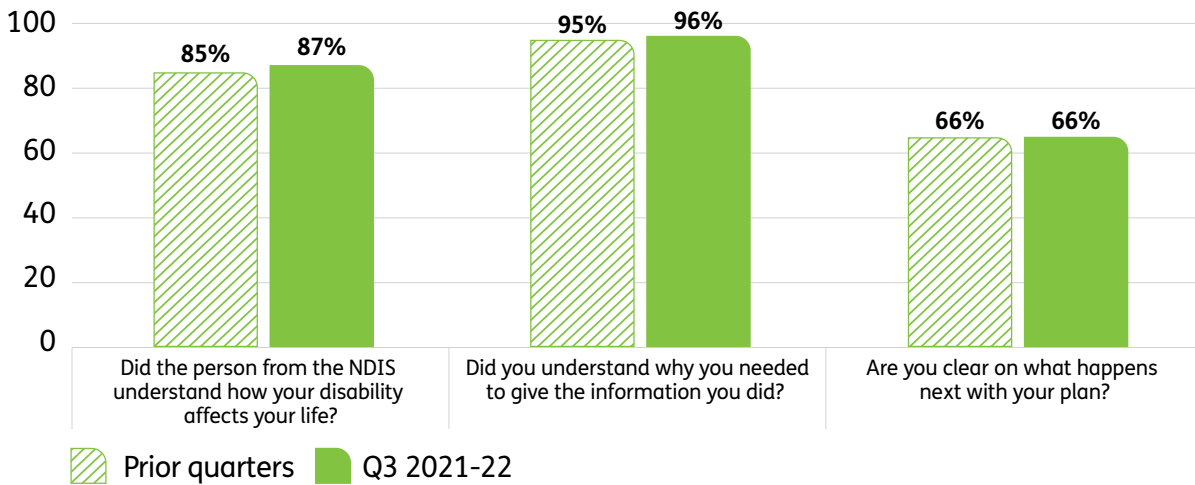
³¹ Participant satisfaction results for prior quarters have been restated using data as at 31 March 2022 due to retrospective changes in the underlying data. These changes mainly arise from lags in data collection.

Figure 29: Satisfaction across the four stages of the pathway³²

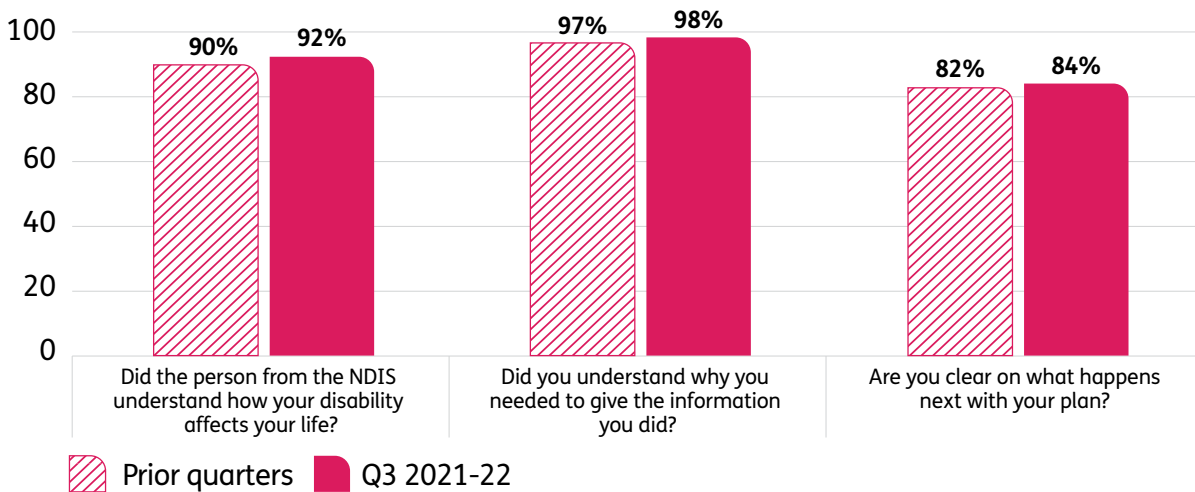
Stage One: Access



Stage Two: Pre-Planning



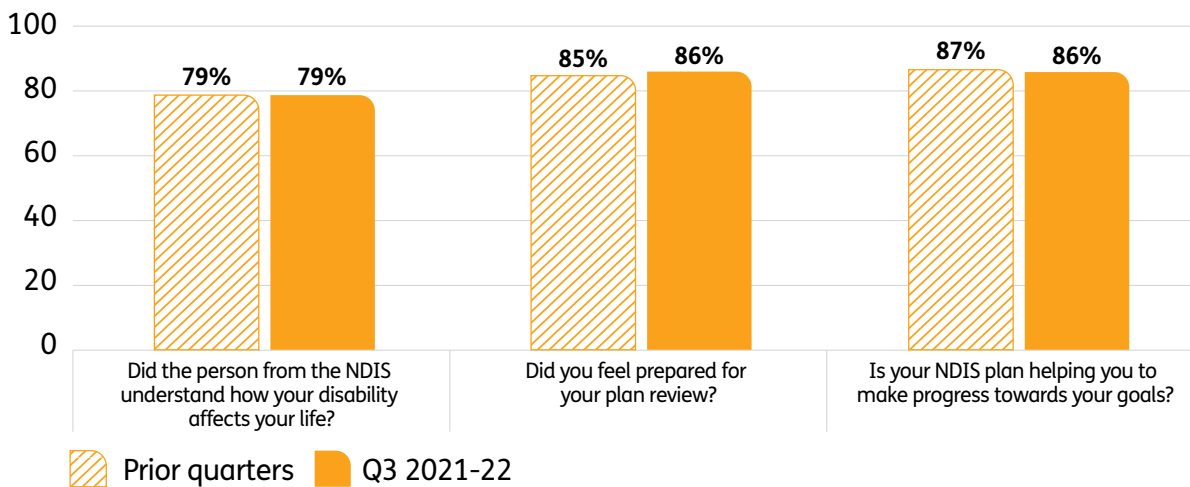
Stage Three: Planning



³² Prior quarters include responses from 1 October 2020.

Figure 29: Satisfaction across the four stages of the pathway³³ (cont.)

Stage Four: Plan Review



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

The results indicate that satisfaction for the March quarter, as measured by these questions, is comparable to prior quarters, being slightly higher for most questions.

For this quarter and historically, the percentage who have a clear understanding of what happens next with their plan in the first three steps of the participant pathway has been lower than the positive response rate for other questions. For example, at planning, 84 per cent were clear on what happens next with their plan (two percentage points higher than for prior quarters), lower than the 89-98 per cent responding positively to other questions about planning.

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

³³ Prior quarters include responses from 1 October 2020.

2.4 The NDIS Contact Centre

Performance was impacted by the COVID-19 pandemic during the quarter, but returned to meeting the key performance indicator in the last month of the quarter (March).

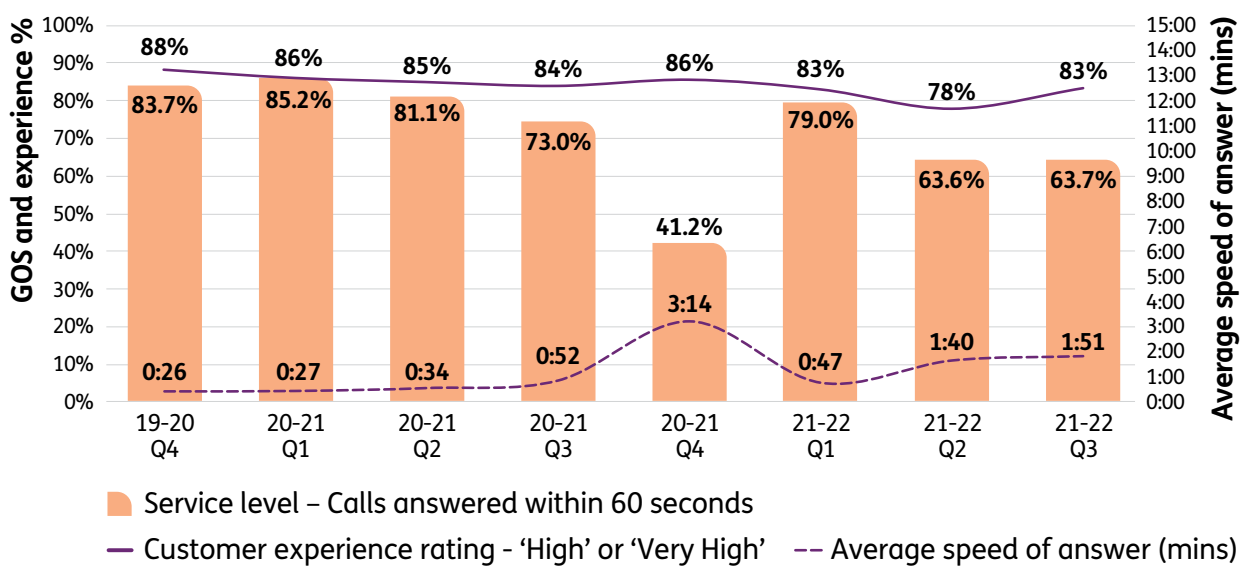
The NDIA NCC provides personal and high-quality services and information about the NDIS for people with disability, their family and carers, and service providers. Serco Citizen Services (Serco) have been delivering the NCC service since June 2018, operating from Dandenong and Newborough in Victoria.

This quarter, performance results were impacted by the Omicron COVID-19 variant. The increase in COVID cases negatively impacted NCC staffing capacity. Virtual Hold was enabled for peak periods, allowing callers on hold to end the call and be automatically called back when a customer service operator was available. Results returned to within our key performance indicator in March 2022, where 83.7 per cent of calls were answered within 60 seconds.

Despite the COVID challenges in this quarter, an average speed of answer of 1 minute and 51 seconds was achieved with 64 per cent of calls answered within 60 seconds.

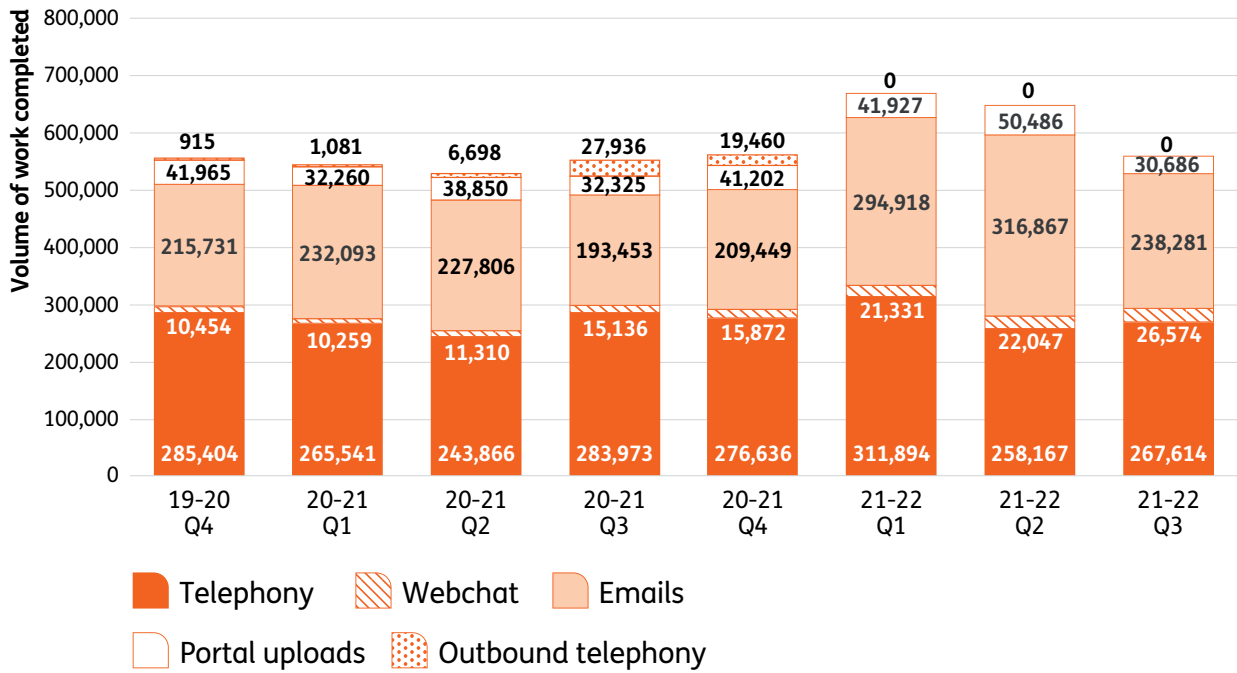
Strong customer experience trends continued across the quarter, with 83 per cent of post call survey respondents scoring their experience with the NCC as 'High' or 'Very High'.

Figure 30: Quarterly telephony grade of service, average speed of answer and customer experience results



The NCC’s webchat channel continues to see significant growth across the financial year to date, with 26,574 webchats answered for the quarter. The below chart demonstrates the volume of work completed by the NCC, highlighting significant workloads actioned outside of the telephony channel. Higher email processing volumes in Q1 and Q2 of 2021-2022 are the result of reducing email queues to within a two-day average wait time in Q3 2022.

Figure 31: Volume of work items completed by NCC per quarter over the past two years





Award-winning dancer back at WOMADelaide with NDIS support

It's been nearly three decades since award-winning dancer, choreographer and artistic director **Michelle Ryan** first danced at World of Music, Art and Dance (WOMAD). This year, Ms Ryan will return to Adelaide's four-day festival WOMAD as Artistic Director of Australia's leading inclusive dance company Restless Dance, knowing she can fully access and enjoy the festival, thanks partly to support from the NDIS.

"When I moved to Adelaide with the Australian Dance Theatre, WOMAD was one of the first performances we did in 1993, so returning is pretty exciting," Ms Ryan said.

Ms Ryan, who has Multiple Sclerosis, will be using an NDIS-funded powered device called a SmartDrive, to assist her to move more freely around the festival grounds at Botanic Park. The device, which attaches to her manual wheelchair, will help her to move up hills and across grass and gravel.

"It will be the first time I can actually go to WOMAD and experience it, as well as working there professionally," Ms Ryan said. "I'll also have a (NDIS-funded) support person with me on those days at WOMAD to make sure that I'm OK and I can get around and I'm safe."

Living with MS, she says working would be a struggle without her NDIS support. "The NDIS has changed my ability to continue to work in a way that I wanted to, and to keep my independence," she said. "If I didn't have that support, I wouldn't be able to continue working full time. And life would be a lot harder, very much harder. One, I wouldn't have the energy to work full time. But also, working gives me pride and a sense of self and self-belief."

"I doubt I would have the amazing opportunities I have to live a fulfilled life today, without the assistance of the NDIS."

3

Participant Service Guarantee and Participant Service Improvement Plan



3

Participant Service Guarantee and Participant Service Improvement Plan

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

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

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

This section provides an update on progress against the PSG and the SIP.

3.1 Participant Service Improvement Plan (SIP)

Progress is being made against the Participant SIP deliverables.

The NDIA's SIP is the key to making real the promises in the Participant Service Charter and PSG.

It sets out what the NDIA and partners are going to do through to 30 June 2023 to deliver an NDIS that meets expectations. The NDIA updated the SIP during the quarter to better reflect the activities underway to deliver on the PSG.

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

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

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

Highlights for this quarter include:

SIP Commitment	What have we delivered?
Our documents will use consistent terms and definitions with less jargon	To ensure consistency of terms and clarity of definitions across the NDIA, the NDIA finalised the NDIS Terms Guide using plain English.
You will be able to manage your plan more easily using a new NDIS mobile app	In December 2021, the Minister for the NDIS announced the release of the myNDIS app. This quarter, work has been completed on the app to enable participants of all plan management types to view their NDIS budget in real time. Self-managed participants now have the capability to view their plan budget and make claims on the go.

Participant Service Improvement Plan (SIP) – Commitments and Progress

The NDIA has introduced a refreshed SIP 2022-23. After SIP 2020-21 came to a close in December 2021, NDIA reviewed the SIP commitments to ensure they closely reflected improvements that participants want to see. The refreshed SIP sets out what the NDIA will do over the next two years to deliver a Scheme that meets participant expectations by making practical changes.

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

Communicating with us

The NDIA has committed to an increased digital experience and commenced work on online forms, and enhancing the website and portal. The way forms are accessed and completed are being designed as part of the NDIA’s new ICT system. In addition, a new participant portal is being piloted to provide clearer and easier use of the portal. Currently, the pilot portal has more than 300 active users.

After consultation with the sector, the NDIA re-opened and refined the commitment of providing accurate and consistent information through the NCC. As part of the SIP 2022-23 refresh, the NDIA is committed to meeting and maintaining a rate of 80 per cent first call resolution, where possible. In March 2022, the NCC resolved 78 per cent of participant enquires on the first call, and is on track to meeting the target.

SIP Commitment	Expected completion
We will put the name of a real person on our letters to you	✓
You will have a current contact name for all your interactions with us	✓
The NCC will give the right information the first time where possible	Jun 22
You will be able to use online forms and services where you want to	Jun 23
You will be able to track where your application or inquiry is up to online	Jun 23
The website and portal will be clearer and easier to use	Sep 23

Getting information from us

The NDIA continues to make guidelines clearer to ensure that there is consistency in how the NDIA make decisions. This quarter, the NDIA finalised the NDIS Terms Guide using plain English language, ensuring the terms and definitions are clear and used consistently across the NDIA.

Furthermore, the NDIA is committed to improving access to information on how the NDIS works. This quarter, the NDIA completed a review of participant information booklets to improve the readability of the documents. The NDIA commenced updating the content on the NDIS website. These updates have received positive feedback, specifically regarding the accessibility, and ease of navigating recent updates to AT, SIL and Individualised Living Options (ILO) content.

Further work is underway to re-write letters and emails to participants on access and planning processes. This is to ensure they are fully informed and clear on what they need to do and what happens next.

SIP Commitment	Expected completion
You will be able to access your personal data and plan details without having to ask through a Freedom of Information (FOI) request	✓
Our documents will use consistent terms and definitions with less jargon	✓
We will be clearer on what reasonable and necessary supports means, with case studies and examples	Jun 22
We will have better guidelines and procedures so there is consistency in how we make decisions; and we will make more of these public	Jun 22
Our guidelines will come with plain English descriptions and more examples	Jun 23
Our decision letters will have reasons for why we have decided something in plain English	Jun 23
We will improve access to information about how our processes work, what to expect and what participants need to do at any stage	Sep 23

Gaining access to the NDIS

Work is underway to implement the recently designed online access requests forms with NDIA's new ICT system. This is part of a broader program of works due for completion in 2023.

SIP Commitment	Expected completion
You will be able to apply to the NDIS in the way you want, including using an online access request form	Jun 23
We will make sure you are connected to other mainstream and community supports and services as well, even if you don't gain access to the NDIS	Jun 23

Making your plan

The NDIA are continuing to support participants in the way that they choose to interact with the NDIS, including continuing face-to-face meetings where that is a participant’s preference. Further work will continue to embed these processes along with the implementation of the NDIA’s new ICT system.

SIP Commitment	Expected completion
We will support more video-conference planning meetings	Sep 22
If you want, you will be able to have a face-to-face meeting with the person who makes a decision about your plan supports and funding ³⁴	Jun 23
We will support you, if you want, to build goals in your plan that are clearly defined, realistic and attainable	Jun 23
We’re working to build more do-it-yourself online plan tools	Jun 24

Using your plan

In December 2021, the Minister for the NDIS announced the release of the myNDIS app. This quarter, work has been completed on the app to enable participants of all plan management types to view their NDIS budget in real time. Self-managed participants now have the capability to view their plan budget and make claims on the go. This allows participants to view and manage their plans easily and conveniently.

Furthermore, the NDIA is committed to providing clarity on funding for support coordination services. The NDIA held a series of webinars and other education sessions for staff, partners and providers in order to increase the awareness and understanding of the role of support coordinators across the sector.

The NDIA continues to prioritise improving thin markets and community connectors, particularly in remote and very remote areas. The NDIA has 26 projects underway focusing on market intervention. The NDIA is working extensively with the community, providers, intermediaries and others to resolve issues such as poor market connections, low demand and other barriers to service provision. Information on all current and concluded market intervention projects are available on the [NDIS website](#)³⁵.

SIP Commitment	Expected completion
Your plan will be longer and ongoing . It will be reviewed when you or we request it – for example, if your circumstances change or something significant happens in your life	✓
There will be a simple and quick process when you need to make minor changes to your plan – it won’t require a full “review”	✓
We will give you more support for using your plan , for finding both disability services and mainstream supports	✓

³⁴ Noting face-to-face meetings with LACs can already be requested.

³⁵ <https://www.ndis.gov.au/providers/market-monitoring-and-intervention>

SIP Commitment	Expected completion
We will check-in with you on how the plan is going, and whether an update or review is needed	✓
You will be able to manage your plan more easily, using a new NDIS mobile app	✓
We will be clearer on what support coordination services we fund, and how it should be separate from other service providers	Jun 22
We will work with communities in remote and very remote areas , and other areas lacking services, to trial new ways of organising services so you can more easily use your support funding	Jun 22
We will make it easier to self-manage your plan, with appropriate data sharing, support and controls in place; and to change easily between self managing and using a plan manager	Jun 23

Payments from your plan

The NDIA is focused on designing and building better processes and systems to ensure efficiency of work and quality experience for participants. Enhancements to the NDIA payment system has commenced and is making a significant improvement in timeliness and accuracy of payments. Further work is in progress to deliver real-time payments capability.

The NDIA is committed to improving the accessibility of making a claim through the participant portal and the participant app. There have been improvements to the claim process through the myNDIS app, such as ‘favourite claims’ which are available for self-managed participants.

SIP Commitment	Expected completion
Payments will be able to be made simply and directly for registered and non-registered providers of services – no more paying first from your own cash and claiming it back	Dec 23
We will have new systems to make sure providers are paid promptly and accurately, so your support is not interrupted	Dec 23
We will make it easier for you to understand how you make a successful claim from your plan	Dec 23

Parts of your plan

The NDIA aims to expand the understanding of ILO as another option for housing arrangements for SIL and SDA participants. Since the release of the ILO Operational Guidelines in April 2021, the guidelines have been further reviewed and refined over time as the evolution, experience and evidence of ILO in the market develops. Further work is underway to update ILO operational guidelines, and other supporting information to better inform participants with home and living goals on ILO as a potential option.

To support participants with employment goals, the NDIA has implemented a Participant Employment Strategy Action Plan. This is aimed at supporting LACs and Planners facilitate conversations about employment goals. Since then, the number of employment goals in participant plans has increased, most notably for participants aged 19-24 years with employment goals in their plans.

SIP Commitment	Expected completion
We will increase the flexibility in living options if you are eligible for SDA	✓
There will be a national SDA-matching website showing all available properties	✓
We will issue new easy-to-understand guidelines for complex home modifications	✓
There will be a standard form and application process for SDA	✓
We will process applications for all supports associated with housing and accommodation issues together and more quickly	✓
You will be able to quickly access AT and home modifications with less red tape. This includes a simpler process for requesting complex and non-standard AT or home modifications	✓
We will focus on your plan and goals supporting you to gain employment if that is what you want	Jun 22
We will encourage ILOs as an alternative to traditional group homes	Mar 23

Support for engaging with us

Work is underway to provide increased support for children and parents. The NDIA has recently published operational guidelines which use simple and familiar language to children, families and carers. Updates to the Early Childhood planning pathway have improved efficiency for Early Childhood Partners, and improved the delivery of early supports.

Furthermore, work is underway to ensure households of participants are given the same NDIS contact for consistency of support. Implementation is planned to commence in late 2022.

SIP Commitment	Expected completion
We will fund specialist community connectors (in remote, CALD, and Aboriginal and Torres Strait Islander communities) to deeply understand how you want to engage with us	✓
Liaison Officers , for Health and Justice especially, will help participants interact with the NDIS in each State and Territory	✓
We will have a NDIS carer connect network for aging parents of people with a disability	✓
We will pro-actively check-in with you, especially if you may be in a vulnerable situation	✓
Our front-line teams will have improved cultural and disability awareness	✓
We want to support and promote children and young people’s voice in their own plans; while also working closely with parents and carers	Jun 22
We will improve our direct support for you if you have complex needs and require critical supports , or are otherwise potentially vulnerable	Jun 23
We will fund early intervention supports for children more flexibly (including before they enter the Scheme)	Jun 23
We will improve the way we provide you support for independent decision-making	Dec 23
Your household will have the same NDIS contact	Dec 23
We will support you if you are a Young Person in Residential Aged Care to live elsewhere	Dec 25

3.2 Participant Service Guarantee

The latest quarter shows consistent service standard experience across the measurable PSG metrics.

Performance against the proposed service standards – March 2022

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

While the NDIA is meeting some of the targets, it is recognised that there is still ongoing work to do to ensure all decisions are made on a timely basis for all participants.

Service type	Description of the service being guaranteed	Service Guarantee	Performance in the March 2022 quarter	Comparison to target of 95%	Change from last quarter
General	Explanation of a previous decision, after a request for explanation is received	28 days	98%	●	N/A
Access	Make an access decision, or request for more information, after an access request has been received	21 days	100%	●	N/A
Access	Allow sufficient time for prospective participants to provide information, after NDIA has requested further information	90 days	99%	●	N/A
Access	Make an access decision, after the final information has been provided	14 days	99%	●	N/A
Planning	Commence facilitating the preparation of a plan, after an access decision has been made	21 days	90%	▲	↔
Planning	Approve a participant’s plan, after an access decision has been made	56 days	83%	■	↔
Planning	Approve a plan for ECEI participants, after an access decision has been made.	90 days	91%	▲	↔
Implementation	Offer to hold a plan implementation meeting, after the plan is approved	As soon as reasonably practical	Reporting will commence in mid 2022		

Comparison to target of 95% ● 95% and over

▲ 85%-95%

■ Less than 85%

Change from last quarter

↑ More than 3 percentage points higher

↔ Within 3 percentage points higher

↓ More than 3 percentage points lower

Service type	Description of the service being guaranteed	Service Guarantee	Performance in the March 2022 quarter	Comparison to target of 95%	Change from last quarter
Implementation	If the participant accepts the offer, hold a plan implementation meeting	28 days	100%	●	N/A
Implementation	Provide a copy of the plan to a participant, after the plan is approved	7 days	Reporting will commence in mid 2022		
Plan review	Commence facilitating a scheduled plan review, prior to the scheduled review date	56 days	27%*	■	↓
Plan review	Decide whether to undertake a participant requested plan review, after the request is received	21 days	100%	●	N/A
Plan review	Complete a participant requested review, after the decision to accept the request is made	28 days	54%†	■	↔
Plan variations	Vary a plan, after the receipt of information that triggers the plan amendment process	28 days	93%	▲	↔
Plan variations	Vary a plan, after receipt of information relating to a complex quote that triggers a plan amendment process	50 days	93%	▲	↔
Plan variations	Provide a copy of the plan to a participant, after the plan is amended	7 days	Reporting will commence in mid 2022		
Reviewable decisions	Complete an internal review of a reviewable decision, after a request is received	60 days	87%	▲	↔
Reviewable decisions	Implement an AAT decision to vary a plan, after receiving notification of the AAT decision	28 days	97%	●	N/A
Nominee	Cancel participant requested nominee	14 days	96%	●	N/A
Nominee	Cancel CEO initiated nominee	14 days	100%	●	N/A

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

† Note: The average time taken to complete a PRR, after the decision to accept the request has been made was 37 days, so the majority of reviews are completed within a reasonable timeframe.

Comparison to target of 95% ● 95% and over ▲ 85%-95% ■ Less than 85%

Change from last quarter ↑ More than 3 percentage points higher ↔ Within 3 percentage points higher ↓ More than 3 percentage points lower

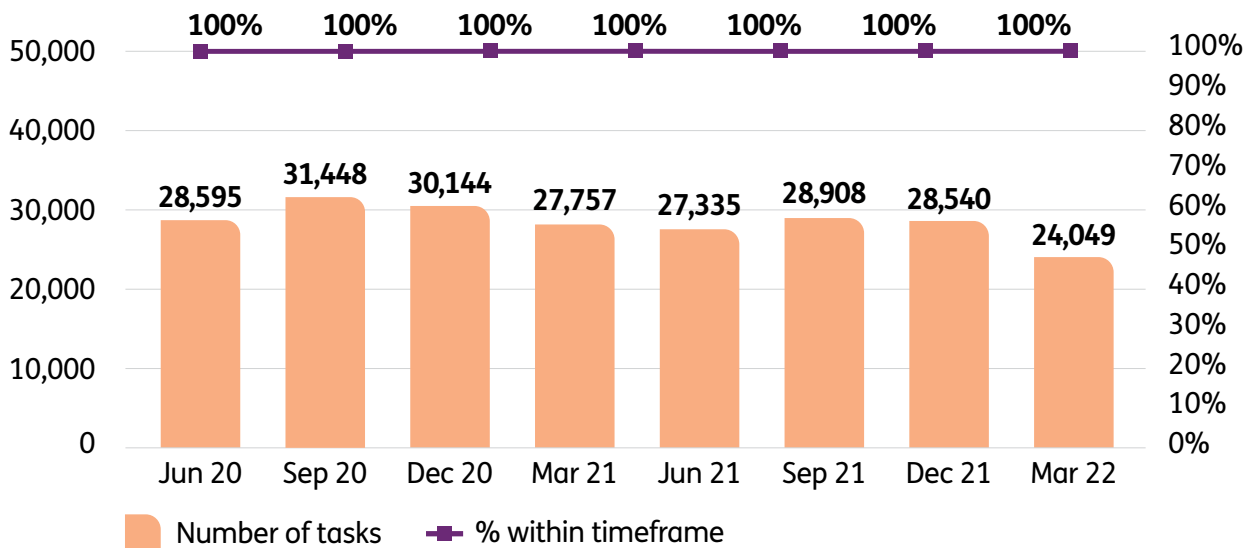
Key trends in PSG metrics

The NDIA has consistently been meeting PSG timeframes for access decisions and first plan approvals (for those aged 0-6) over the last few quarters, and there has been marked improvement compared to 2019.

Access decisions

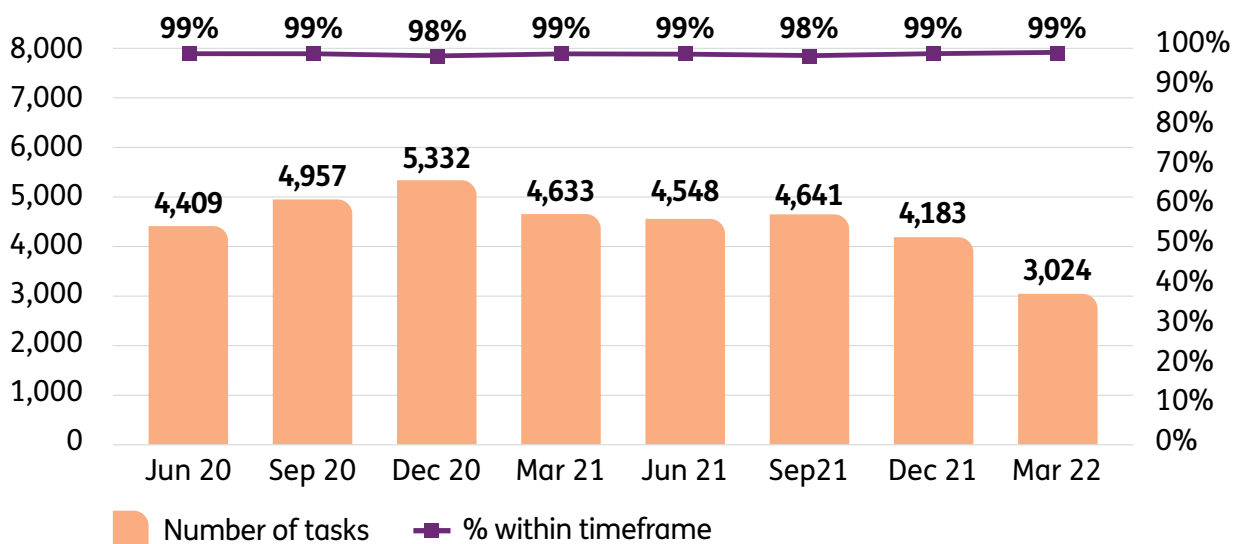
The NDIA has consistently met the 21 day timeframe in respect of access decisions over the last eight quarters.

Figure 32: Access decision made, or further information requested, after receiving access request



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

Figure 33: Make an access decision, after the final information has been provided



Planning

Plan approval timeframes for participants aged 0-6 have improved over the last few quarters, with 91 per cent approved within the timeframe of 90 days in the March 2022 quarter. The target timeframe for the approval of plans for those aged 7 and above was reduced from 70 days to 56 days from the March 2021 quarter and there was a consequent reduction in service level met. However, service levels have continued to improve over the last two quarters and 83 per cent of plans for those aged 7 and above were approved in 56 days in the March 2022 quarter.

Figure 34: Commence facilitating the preparation of a plan, after an access decision has been made³⁶

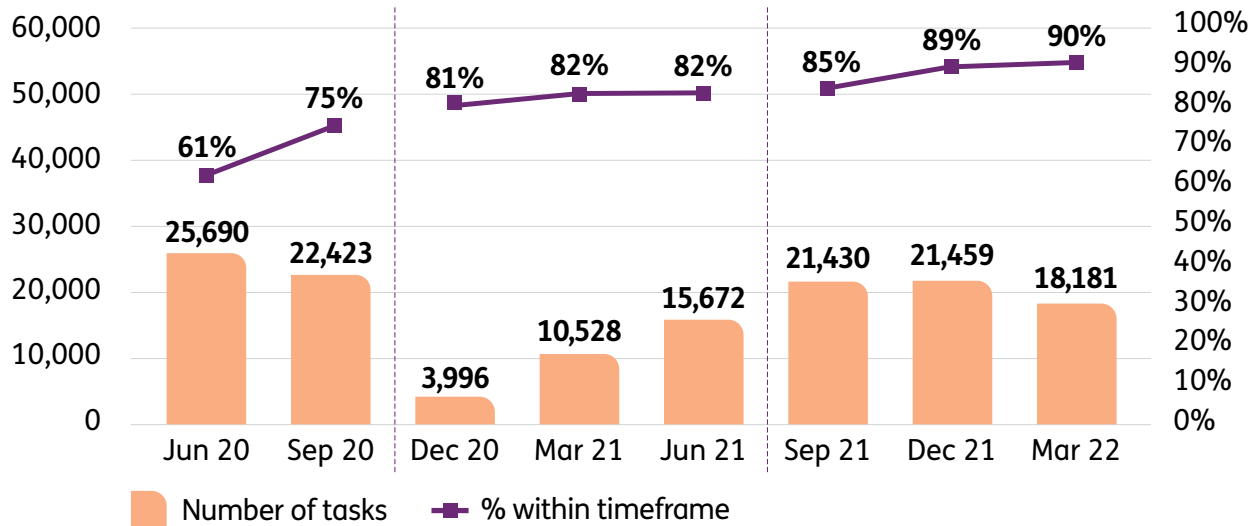
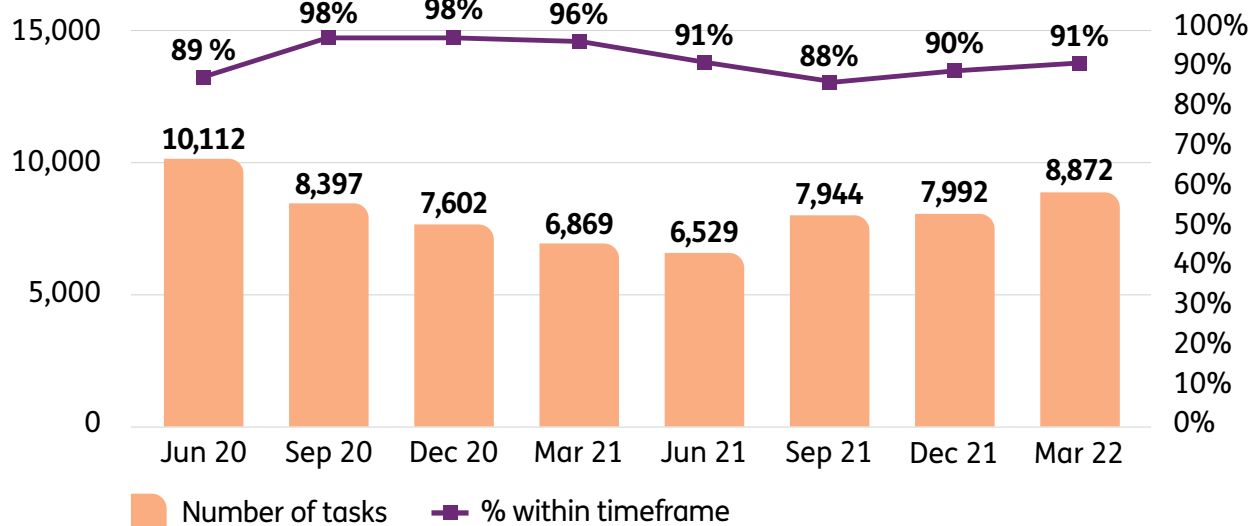
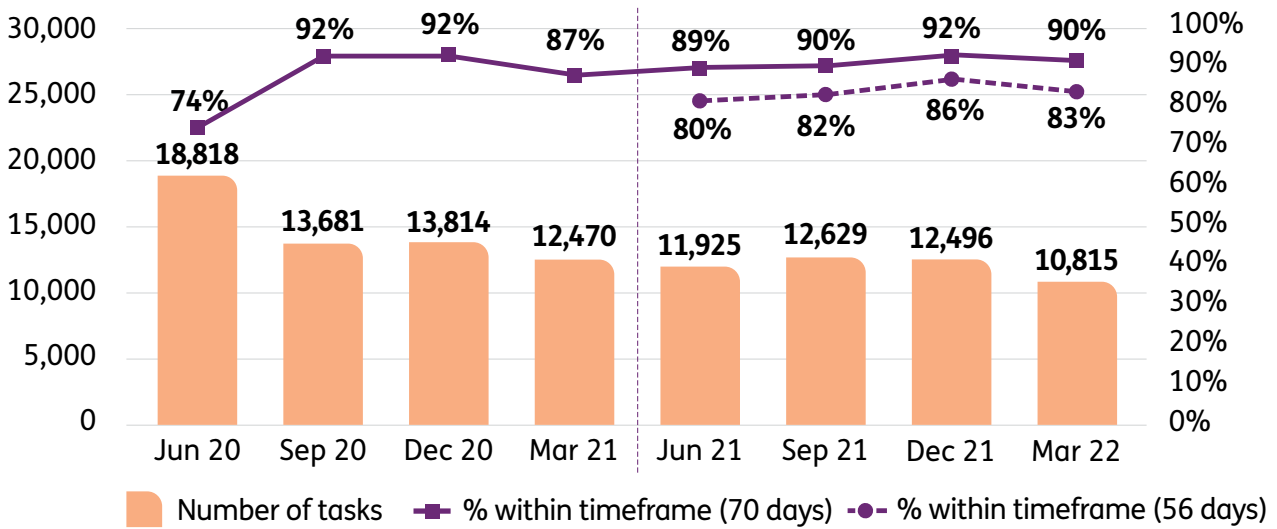


Figure 35: First plan approved after access decision has been made, 0-6 years



³⁶ New business processes have been implemented from December 2020 and again from July 2021.

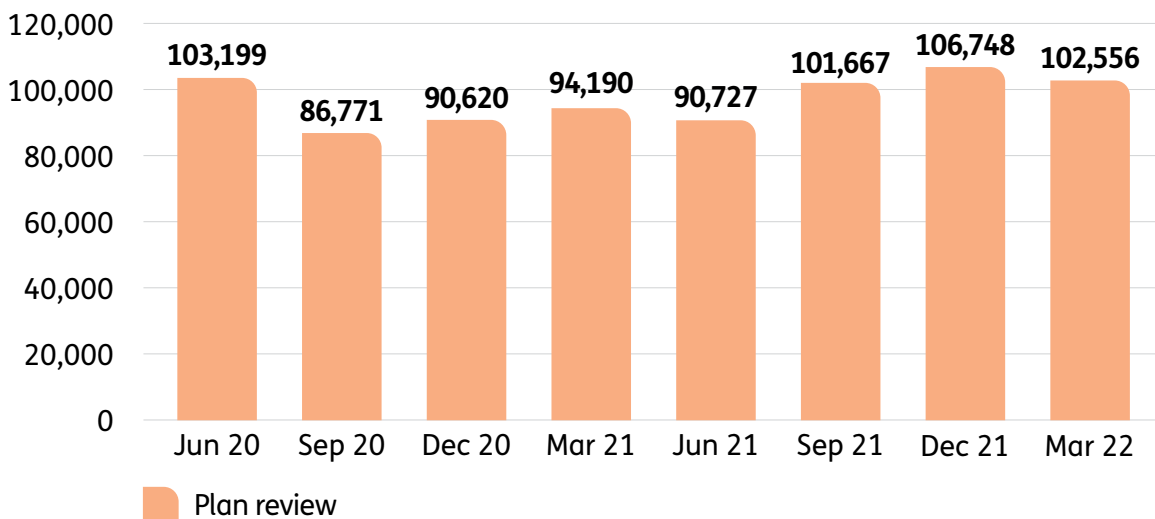
Figure 36: First plan approved after access decision has been made, 7+ years³⁷



Plan review

There were 102,556 plan reviews conducted in the March 2022 quarter, with the average number of plan reviews conducted over the last three quarters being higher than the average over the preceding four quarters. As mentioned in section 1.1, of the 102,556 plan reviews conducted in the March 2022 quarter, 85,527 (83 per cent) were initiated by the Agency and 17,029 (17 per cent) were requested by participants. Agency initiated reviews occur as plans are due to expire, and a new plan is required.

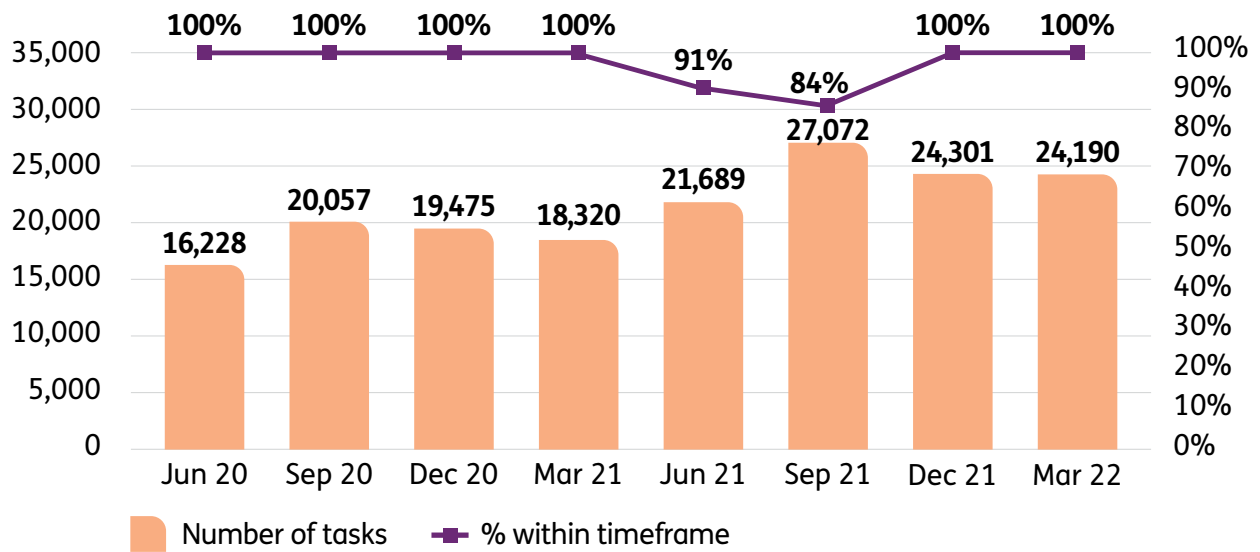
Figure 37: Number of plan reviews by quarter



³⁷ The target timeframe for this metric has been reduced from 70 to 56 days in early 2021.

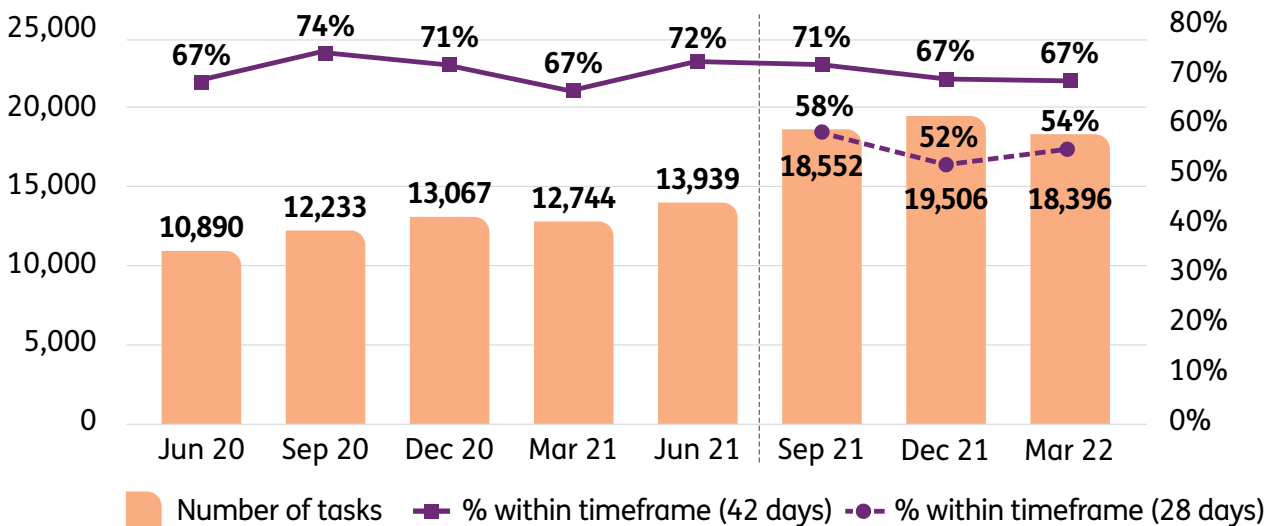
Decisions about whether or not to conduct a Participant Requested Review (PRR) were made within 21 days 100 per cent of the time in the March 2022 quarter.

Figure 38: Decision made to undertake PRR after request is received



PRR timeframes have remained consistent over the last few quarters. The target PRR timeframe was reduced from 42 days to 28 days from the September 2021 quarter and there has been a consequent reduction in service level met (54 per cent). However, based on the 42 day timeframe, service levels have remained relatively stable.

Figure 39: PRR completed after decision made to undertake review³⁸

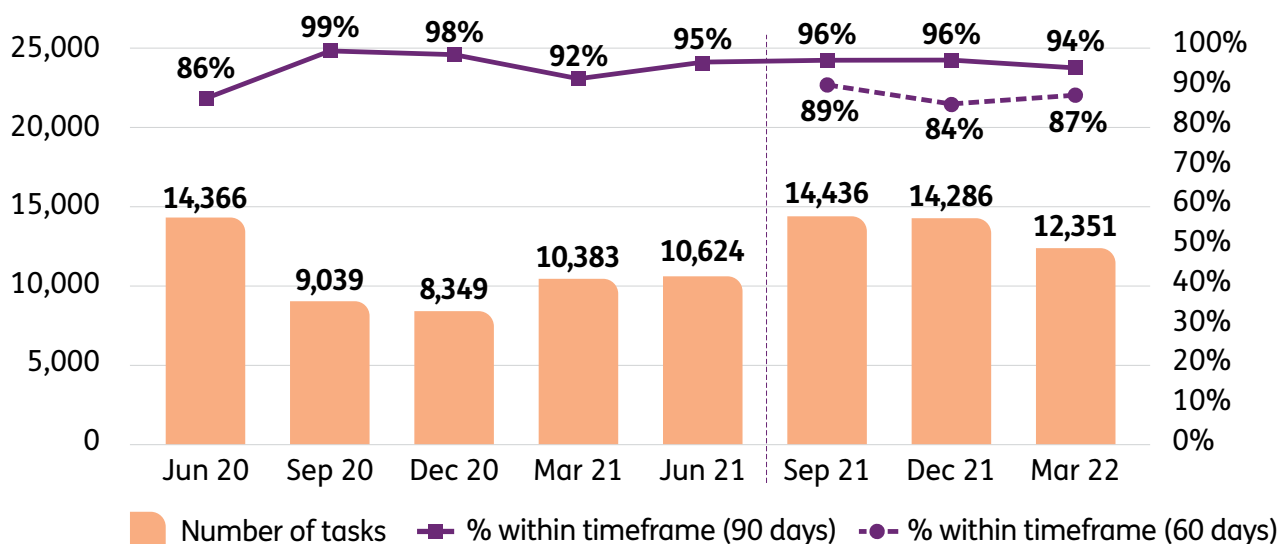


³⁸ In most cases, the results from September 2021 onwards are based on a 28 day timeframe but the results prior to September 2021 are based on a 42 day timeframe.

Reviewable decisions

The target timeframe for completing Reviews of Reviewable Decisions (RoRDs) was reduced from 90 days to 60 days from the September 2021 quarter and there has been a consequent reduction in service level met (87 per cent). However, based on the 90 day timeframe, service levels have remained high and stable.

Figure 40: Complete RoRD after request is received³⁹



Service standards for the National Contact Centre

Service type	Description of the service being guaranteed	Performance
General	Our NCC will answer 80% of calls within 60 seconds.	64% on average throughout the March 2022 quarter (Part 2 in this report discusses further).

Service standards for complaints

Service type	Description of the service being guaranteed	Performance
Complaints	Resolve 90% of complaints within 21 days after we receive it. More complex complaints may take longer to address.	96% in the March 2022 quarter.

³⁹ In most cases, the results from September 2021 onwards are based on a 60 day timeframe but the results prior to September 2021 are based on a 90 day timeframe.

Home and Living decisions

The end-to-end process duration for Home and Living applications tracks the time taken from receipt of a Home and Living application form through to plan implementation.⁴⁰ In future reports, Home and Living applications will start to be reported as a subset of PRR, RoRDs and Agency Initiated Plan Reviews. In the March 2022 quarter, 4,990 Home and Living applications were closed or implemented⁴¹ and 56 per cent were finalised within 90 days. At 31 March 2022, 4,759 applications remained in-progress. 3,157 in progress applications were waiting for a decision from the Home and Living Panel,⁴² while a further 1,602⁴³ were waiting for supports to be implemented in a Plan. Approximately 24 per cent of the open applications have been in progress for 90 days or more.

Figure 41: Numbers of Home and Living Applications by stage in the Plan Implementation process

Cohort	Last period number	New requests in period	Closed in period	On-hold end of period ⁴⁴	Open end of period number		
					Awaiting Panel decision	Awaiting Plan Implementation	Total
H&L Applications	5,172	5,451	4,990	874	3,157	1,602	4,759 ⁴⁵

Figure 42: Number of Home and Living applications by time taken from application to Plan Implementation

Days	Duration of closed applications in period							Duration of open applications in period						
	no data ⁴⁶	<14 days	15 to 30 days	31 to 60 days	61 to 90 days	90+ days	Total	no data	<14 days	15 to 30 days	31 to 60 days	61 to 90 days	90+ days	Total
H&L Applications	897	176	336	1,329	944	1,308	4,990	-	1,082	924	1,244	388	1,121	4,759
%	18%	4%	7%	27%	19%	26%	100%	0%	23%	19%	26%	8%	24%	100%

The NDIS is committed to making significant improvements to this metric in the next quarter, including reducing the number of outstanding 90+ day Home and Living requests to be in line with the performance target of all other PSG metrics. This includes increasing the number of Home and Living decision panels and number of staff on these panels to process the requests. The NDIA is also streamlining the end to end process with the intent of minimising the number of hand-offs which will result in an improvement in the overall timeframe.

⁴⁰ The time taken for Participants to respond to requests for further information (RFI) has been removed from the duration.

⁴¹ An application is considered closed if an application is cancelled or rejected, a Participant is declined all Home and Living supports, or an application won't progress to implementation (e.g. deceased, Participant chooses not to proceed etc.). An application is considered implemented once a Participant has a new approved Plan.

⁴² 313 out of the 3,157 applications the NDIA is waiting on additional information from Participants.

⁴³ The Operations and Support Division are investigating open applications to ensure next steps are underway for Participants. Around 2,561 applications have been reviewed to date and another 172 applications are expected to be reviewed by the end of April 2022.

⁴⁴ Applications where implementation will only occur at a later date or may not occur. Includes Participants in the CSN / Complex pathway, Participants awaiting a Hospital Discharge, YPIRAC / Aged Care, Voluntary Out of Home Care (VOOHC), Justice Involvement, AAT cases and unresolved s100 / s48 cases.

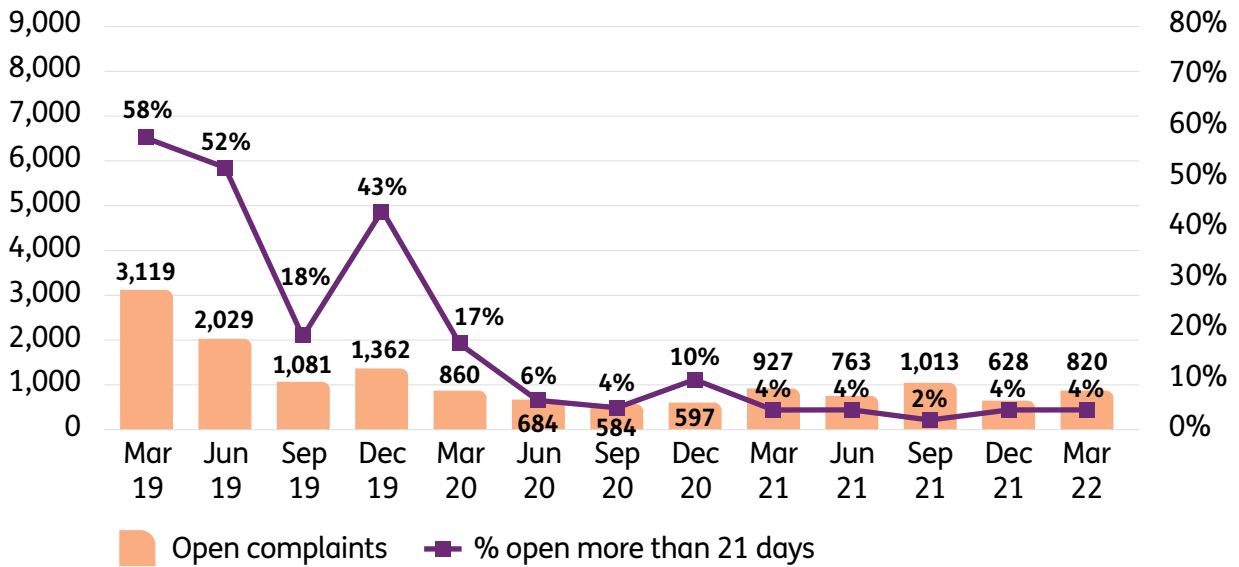
⁴⁵ There are 4,759 home and living applications relating to 4,685 unique participants.

⁴⁶ Current system limitations mean it's not possible to accurately capture an end-date for all closed and implemented applications. System improvements are expected to occur in May 2022.

Key trends in complaints, RoRDs, and AAT cases

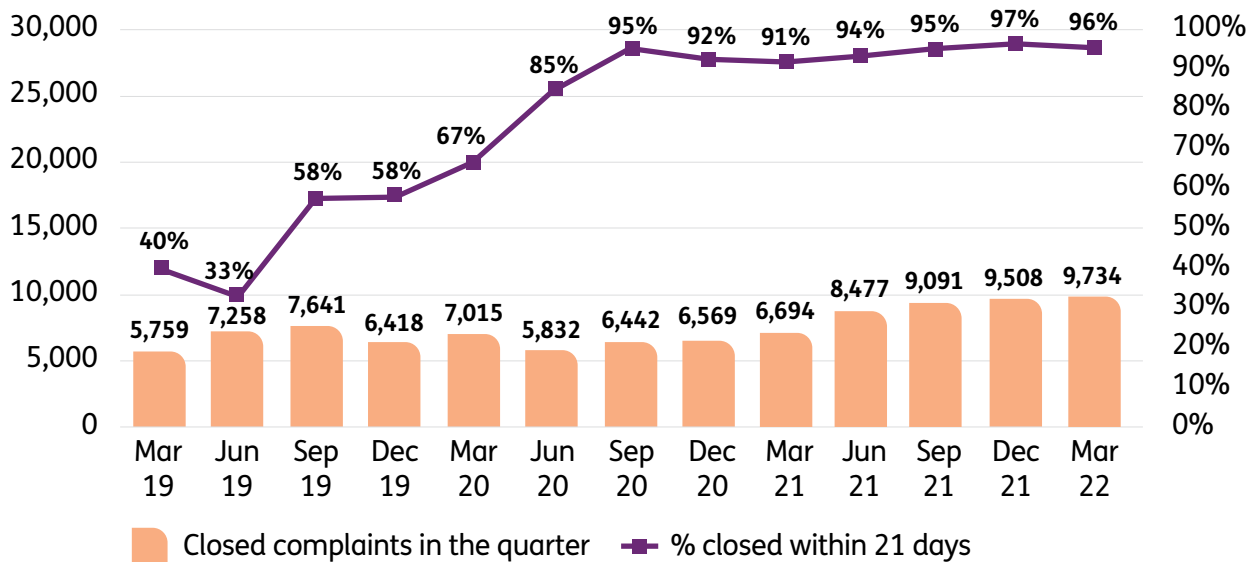
Over recent quarters, the percentage of total complaints that have been open for more than 21 days has remained stable, with four per cent in the March 2022 quarter still open after 21 days.

Figure 43: Open complaints and percentage that have been open for more than 21 days⁴⁷



Around 95 per cent of complaints have been closed within 21 days in the past five quarters.

Figure 44: Closed complaints and per cent completed within 21 day timeframe⁴⁸



⁴⁷ The numbers of complaints reported for the most recent quarter may still increase to the extent there is a lag in data collection. However, any increase is not expected to have a material impact on the results.

⁴⁸ The numbers of complaints reported for the most recent quarter may still increase to the extent there is a lag in data collection. However, any increase is not expected to have a material impact on the results.

There was a significant decline in participant complaints as a proportion of active participants between March 2019 and June 2020. In the four most recent quarters, the number of complaints has increased as a proportion of active participants (7.4 per cent in the March 2022 quarter). The number of complaints received from providers increased during the quarter (Figure 46) with 400 complaints received, which is equivalent to 4.2 per cent of registered providers making a complaint.

Figure 45: Number and proportion of participant complaints over time

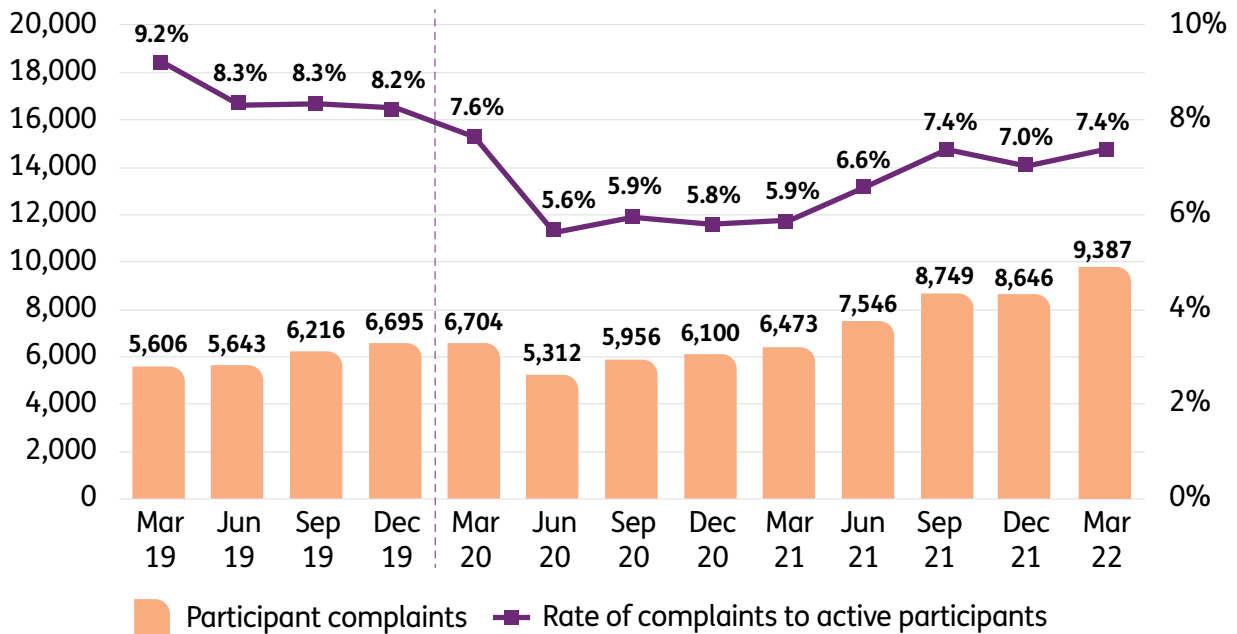
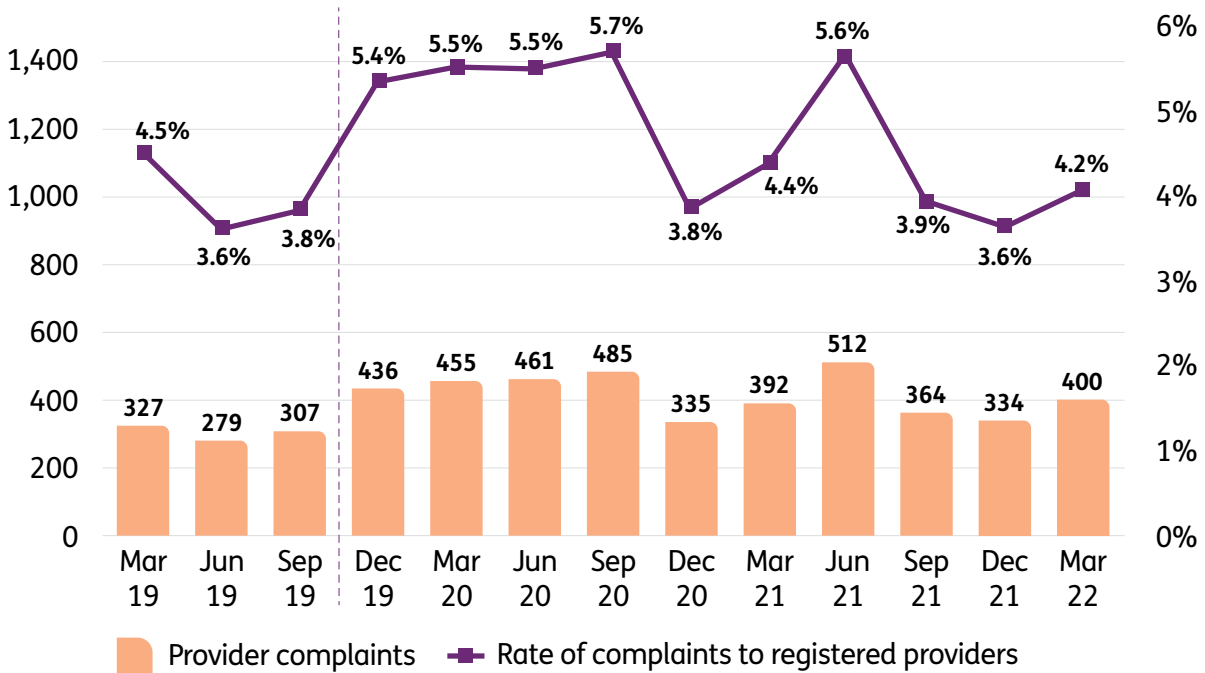


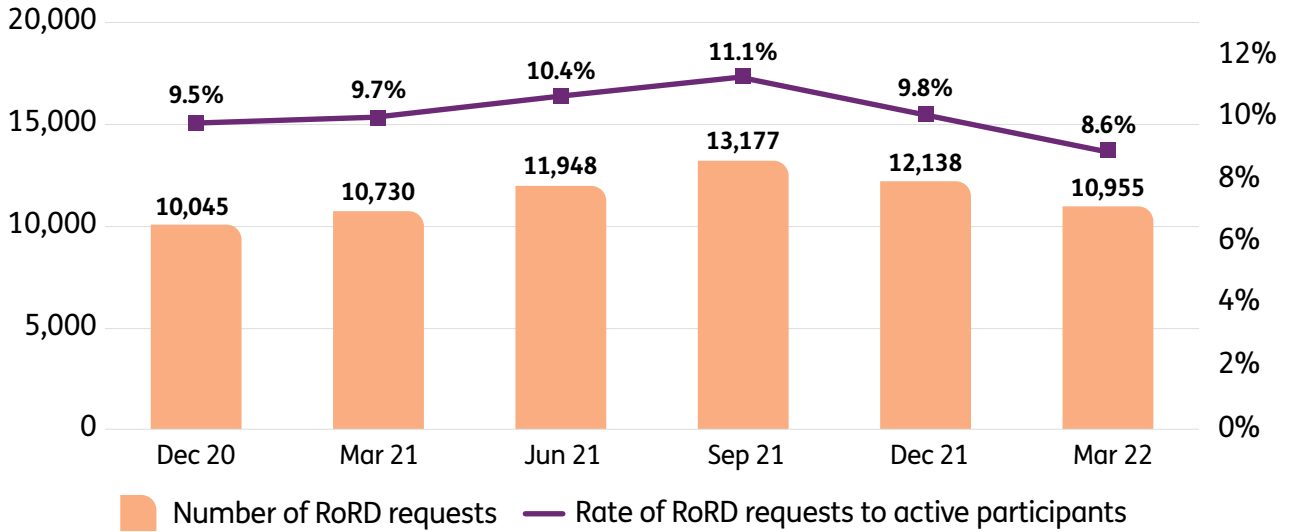
Figure 46: Number and proportion of provider complaints over time⁴⁹



⁴⁹ In the 'My Customer Requests' tile launched in October 2019, it is possible to record multiple related parties as the source of a complaint and in some cases both participants and providers or other parties are linked to a single case. Previously, the single source was often recorded as a participant regardless of whether a provider was associated with the complaint. As a result of using the 'My Customer Requests' tile, the number and rate of provider complaints increased in 2019-20 Q2.

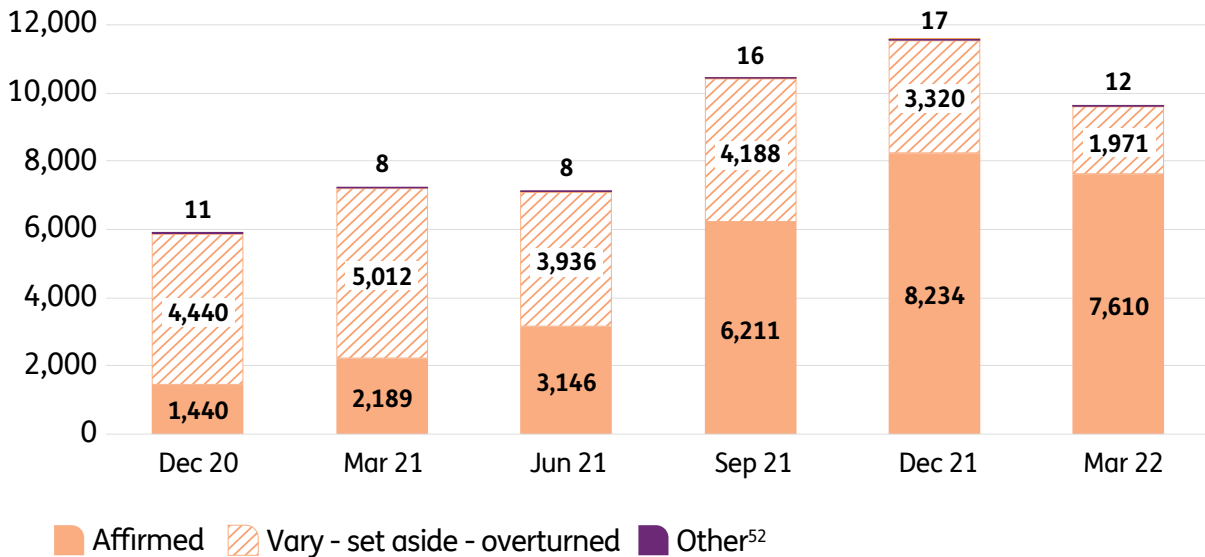
The number of RoRDs as a percentage of active participants increased from 9.5 per cent in the December 2020 quarter to 11.1 per cent in the September 2021 quarter, before decreasing to 8.6 per cent in the March 2022 quarter.

Figure 47: Request for a RoRD – quarterly trend⁵⁰



There were 12,334 RoRDs closed in the March 2022 quarter⁵¹ with 7,610 decisions affirmed, meaning there was no change from the Agency’s decision. Further, there were 1,938 decisions to vary or set aside the decision of the original decision maker, and 33 decisions to overturn the decision of the original decision maker. Decisions are often varied or set aside as further evidence is obtained during the review process.

Figure 48: Closed RoRDs by outcome – quarterly trend



There were 1,583 new AAT cases in the March 2022 quarter, relating to 1,548 participants. The number of AAT cases (as a proportion of active participants) has increased significantly in recent quarters to 1.52 per cent in the December 2021 quarter. In the March 2022 quarter, the rate has decreased to 1.24 per cent, but remains well above the historical average.

⁵⁰ RoRD is a Review of a Reviewable Decision. The numbers of requests have changed compared to the previous report. This is due to additional records which have been retrospectively added to the underlying data. Work to include records entered in the off-system database as well as requests that have been recorded in the NDIA business system continues.

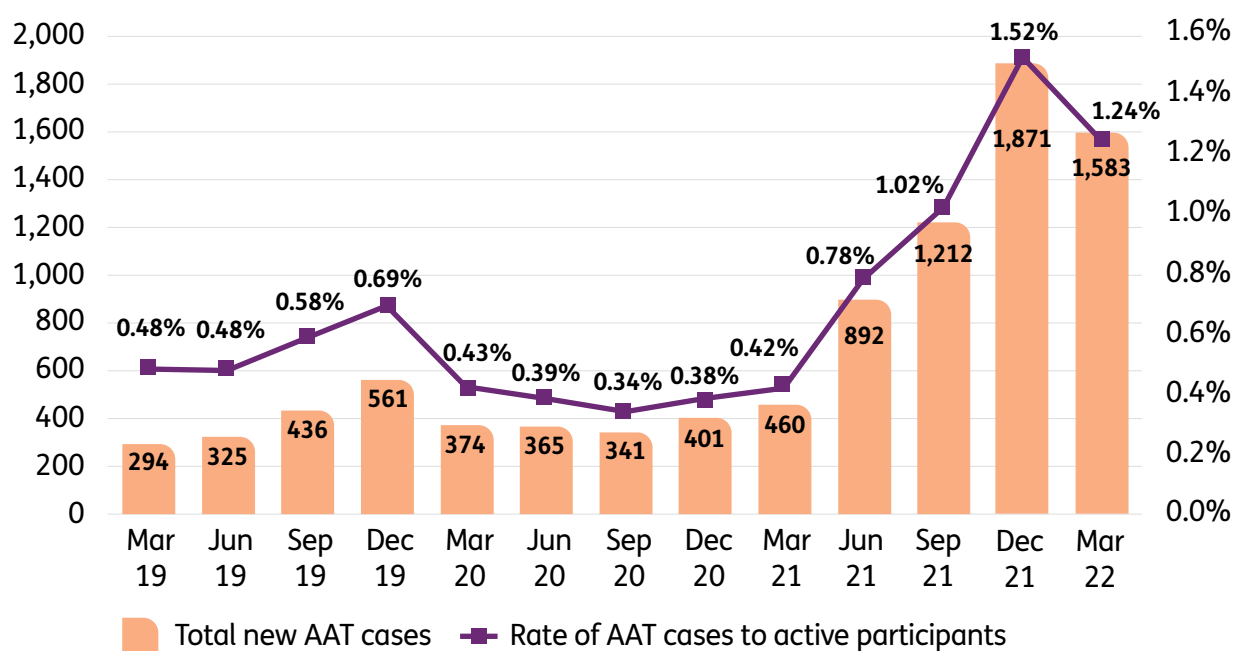
⁵¹ A proportion of closed RoRD outcomes are missing as these requests have been withdrawn. The data on RoRDs will be enhanced with the implementation of the new ICT business system and will improve reporting on RoRD outcomes in future reports.

⁵² Other includes referrals, requests that have been withdrawn and duplicate requests which are very small numbers.

While plans on average have increased significantly at review over the past few years, in recent quarters the average increase has reduced. The NDIA is continuing to make fair and equitable decisions about reasonable and necessary support. This is currently resulting in more planning-related AAT cases seeking to test and clarify the concept of ‘reasonable and necessary’ under s34 of the NDIS Act 2013.

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

Figure 49: Number and proportion of new AAT cases over time



There have been 6,466 AAT cases closed since the commencement of the NDIS. Of those cases, 6,284 were resolved before a (substantive) hearing, with the remaining 182 progressing to (substantive) hearing and receiving a decision on a substantive legal issue.

Figure 50: AAT cases by open/closed and decision

	Number of cases	Number of unique active participants ⁵³
AAT Cases	10,731	9,839
Open AAT Cases	4,265	4,216
Closed AAT Cases	6,466	5,924
Resolved before hearing	6,284	5,768
Gone to hearing and received a substantive decision	182	156

⁵³ As participants may have both open and closed cases, the unique active participants will not sum to the total.

Of the cases no longer before the AAT, approximately 63 per cent were resolved by agreement, 35 per cent were withdrawn by the applicant or dismissed by the AAT and less than 3 per cent proceeded to a (substantive) hearing.

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

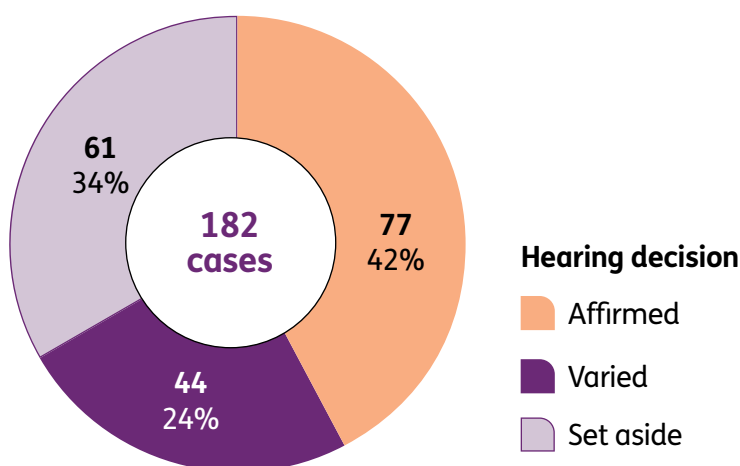
- **Affirmed in 77 cases (42%).** This means the NDIA's original decision was not changed.
- **Set aside in 61 cases (34%).** This means the AAT agreed or partially agreed that the original decision was incorrect. The AAT either replaced the NDIA's original decision to some extent or sent the matter back to the Agency to make a new decision in accordance with specific instructions or recommendations. Where changes to the plan were made by the AAT, this did not necessarily relate to the whole plan. In many cases it was only part of the plan.
- **Varied in 44 cases (24%).** This means the original decision was changed or altered in some way. As above, where changes to the plan were made by the AAT, this did not necessarily relate to the whole plan. In many cases it was only part of the plan.

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

The NDIA is committed to acting as a model litigant in the AAT as required by the Legal Services Directions 2017, and in doing so works with applicants and their legal representatives to resolve their matters as early as possible in the AAT process.

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

Figure 51: AAT cases that have gone to hearing and received a substantive decision⁵⁴



⁵⁴ The Tribunal will affirm the decision under review if it finds that the NDIA has made the correct decision, or vary the decision under review if it finds the NDIA's decision should be altered in some way. The Tribunal will set aside the decision under review if it finds that the NDIA has made a wholly or partially incorrect decision. In this case they can replace the NDIA's decision, or send the case back to the NDIA with considerations to be taken when making a new decision.



Luke's wheeling his way to raising greater A-T awareness

Williamstown NDIS participant, **Luke**, has no shortage of drive and determination as he fulfils one of his biggest goals, to create his first major event, the A-T Wheel-a-thon 2022 on Saturday, March 5.

Luke, 35, was born with a rare condition, called Ataxia-telangiectasia (A-T), which heavily impacts his mobility and speech, but with NDIS funding for home mods, equipment and supports, he's enjoying a full life.

Luke is regularly out with family and friends, tackling all sorts of activities others, with or without disability, wouldn't think of – hiking all types of rugged terrain to explore creeks, lakes and waterfalls, and campaigning for A-T, speaking at, and hosting events.

“Luke just amazes me. His organisational skills... he's just so good at everything. He organised this entire event. It's just been amazing to see it all come together,” his mum, Lee said.

“It wasn't that hard,” Luke added with a smile. The only thing concerning me was where I was going to source the wheelchairs from so people without disability could join in too. “Thankfully a Hoppers Crossing Independent Living service loaned us 12 manual and 10 powered wheelchairs for the event so now we're all set for a fun-filled, action-packed day.”

“It's going to be huge,” he said. “It's also going to give participants a chance to see the world how a wheelchair user sees it. Hopefully they'll get a better understanding of the challenges we face every day, like accessibility. It's a genuine issue. I'm really looking forward to the event. It's going to be so much fun, and I hope people of all ages get behind our cause and join in,” he said.

4

Providers and the growing market



4

Providers and the growing market

The provider market continues to grow.

4.1 Support categories

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

\$20.1bn in support has been provided in the 2021-22 year to date.⁵⁵ The largest support categories are core daily activities (55 per cent of total payments), social and community participation (18 per cent of total payments), and capacity building daily activities (therapy services) (13 per cent of total payments). Core daily activities includes participants in SIL. \$5.0bn of the \$11.0bn payments on core daily activities in the 2021-22 year to date was for payments for participants in SIL.

Figure 52: Total payments from 1 July 2021 to 31 March 2022

Support Category	Total payments (in \$m) Jul-21 to Mar-22	% total payments
Core - daily activities	11,018	54.9%
Core - community	3,675	18.3%
Core - consumables & transport	932	4.6%
Capacity building - daily activities ⁵⁶	2,532	12.6%
Capacity building - other	1,324	6.6%
Capital	598	3.0%
Total⁵⁷	20,084	100.0%

⁵⁵ Includes cash and in-kind payments.

⁵⁶ Includes therapy services.

⁵⁷ Total includes \$6m of payments with no support category

Over the last two years, payments have grown by 59 per cent (from \$4.3bn in the March 2020 quarter to \$6.9bn in the March 2022 quarter). Payments for each of the support categories has grown substantially, particularly for capacity building daily activities (85 per cent). The percentage breakdown by support category has remained relatively stable, noting capacity building daily activities has increased from 10 per cent to 12 per cent.

Figure 53: Total payments (in \$m and %) per quarter – all participants

Support Category	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22
Core - daily activities	2,406	2,912	3,057	3,022	3,267	3,733	3,506	3,627	3,884
Core - community	788	723	832	934	1,028	1,177	1,163	1,246	1,266
Core - consumables & transport	232	247	280	255	291	293	319	304	309
Capacity building - daily activities	435	562	654	683	678	829	854	873	805
Capacity building - other	281	315	346	363	368	418	443	447	434
Capital	195	229	230	209	186	183	200	208	190
Total	4,341	4,988	5,399	5,467	5,818	6,634	6,487	6,707	6,890

Support Category	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22
Core - daily activities	55%	58%	57%	55%	56%	56%	54%	54%	56%
Core - community	18%	14%	15%	17%	18%	18%	18%	19%	18%
Core - consumables & transport	5%	5%	5%	5%	5%	4%	5%	5%	4%
Capacity building - daily activities	10%	11%	12%	12%	12%	12%	13%	13%	12%
Capacity building - other	6%	6%	6%	7%	6%	6%	7%	7%	6%
Capital	4%	5%	4%	4%	3%	3%	3%	3%	3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Payments for participants receiving SIL supports have also grown over the last two years from \$1.7bn in the March 2020 quarter to \$2.2bn in the March 2022 quarter. The SIL component (core daily activities) of the plan represents approximately 80 per cent of total payments.

Figure 54: Total payments (in \$m and %) per quarter – participants in SIL

Support Category	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22
Core - daily activities	1,379	1,561	1,589	1,516	1,628	1,623	1,636	1,622	1,792
Core - community	199	186	195	213	229	264	252	268	269
Core - consumables & transport	21	21	24	23	25	25	28	26	27
Capacity building - daily activities	23	32	35	36	37	44	45	47	44
Capacity building - other	48	53	58	59	57	64	68	68	66
Capital	43	51	50	46	46	45	45	53	50
Total	1,713	1,904	1,951	1,892	2,022	2,065	2,073	2,084	2,248

Support Category	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22
Core - daily activities	81%	82%	81%	80%	81%	79%	79%	78%	80%
Core - community	12%	10%	10%	11%	11%	13%	12%	13%	12%
Core - consumables & transport	1%	1%	1%	1%	1%	1%	1%	1%	1%
Capacity building - daily activities	1%	2%	2%	2%	2%	2%	2%	2%	2%
Capacity building - other	3%	3%	3%	3%	3%	3%	3%	3%	3%
Capital	2%	3%	3%	2%	2%	2%	2%	3%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

4.2 Plan management types

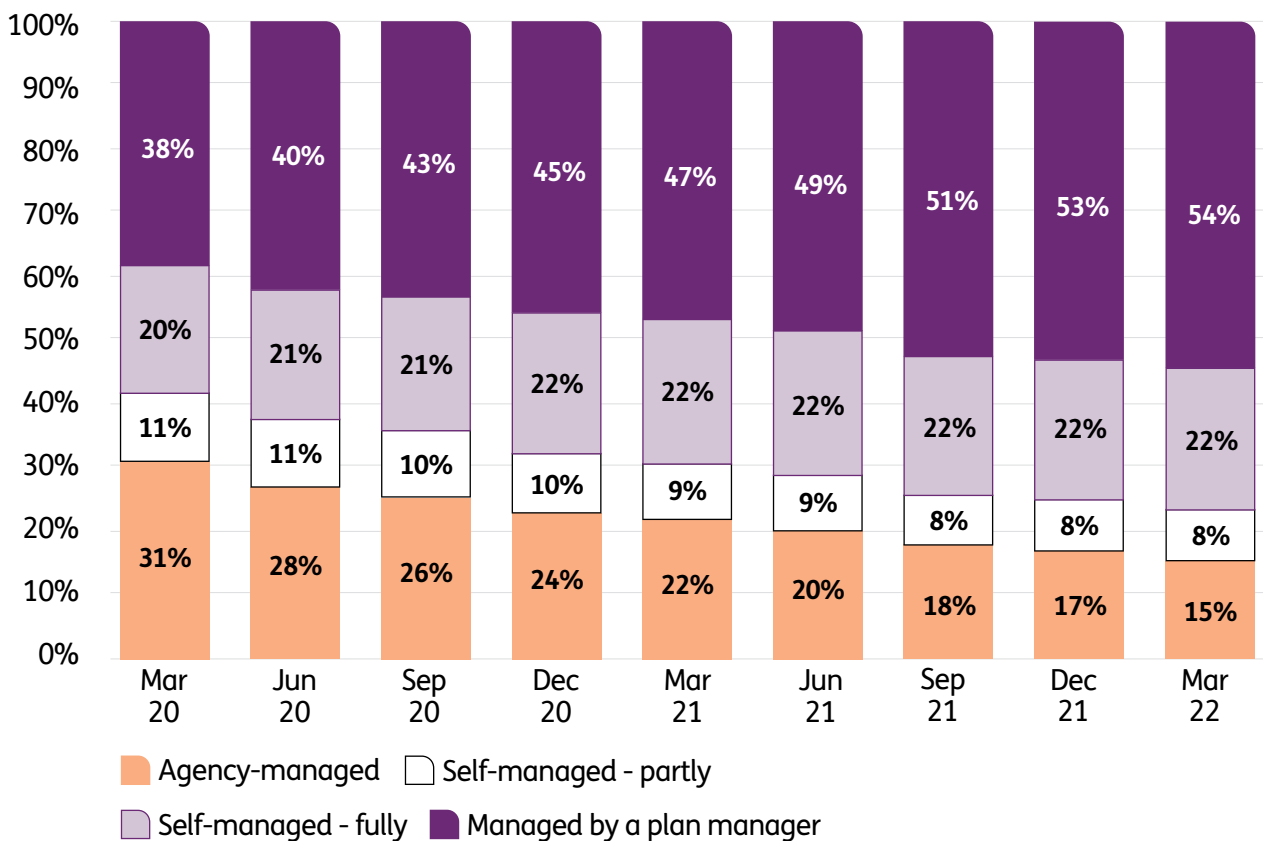
There has been a significant shift in plan management, with an increasing number of participants choosing to use a plan manager rather than have the Agency manage their plan.

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

- **self-manage all or part of** their plan has been stable at about **30%**
- use a **plan manager** has increased from **38%** to **54%**
- have a fully **Agency-managed** plan has decreased from **31%** to **15%**.

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

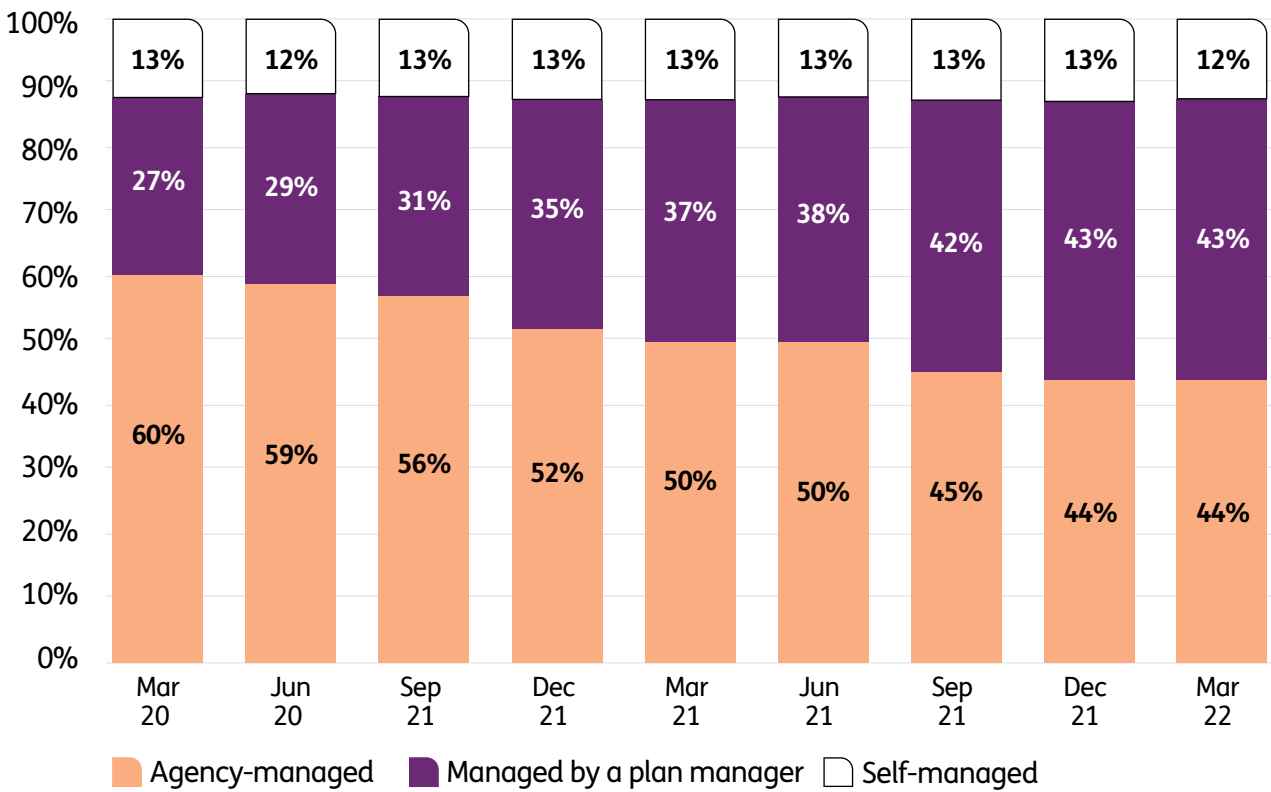
Figure 55: Distribution of active participants by method of financial plan management over time cumulatively – all participants



There have also been changes in payments over the past two years across these three plan management types:

- **self-management** has decreased from **13%** to **12%**
- payments managed by a **plan manager** have increased from **27%** to **43%**
- **Agency-managed** payments decreased from **60%** to **44%**.

Figure 56: Distribution of payments by method of financial plan management over time – all participants

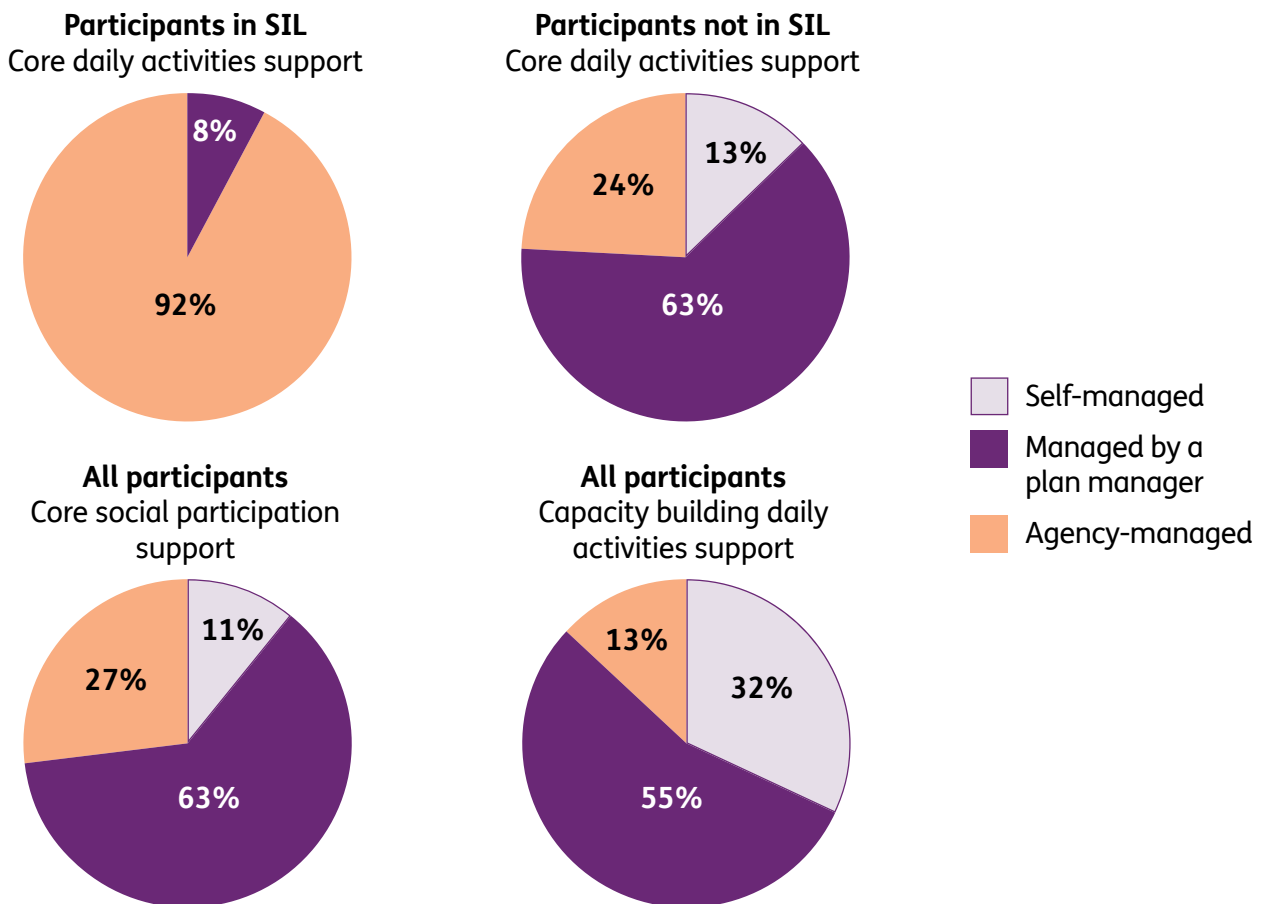


In the third quarter of 2021-22, of the \$6.9bn in payments, \$0.9bn was self-managed (12 per cent), \$3.0bn was managed by a plan manager (43 per cent), and \$3.0bn was Agency-managed (44 per cent).⁵⁸

The proportion of payments self-managed, managed by a plan manager, and Agency-managed differs by support category. In the third quarter of 2021-22:

- payments for **participants in SIL receiving core daily activities support** were **\$1.8bn**. Of this, \$5m was self-managed (**less than 1%**), \$138m was managed by a plan manager (**8%**), and \$1.6bn was Agency-managed (**92%**).
- payments for **participants not in SIL receiving core daily activities support** were **\$2.1bn**. Of this, \$274m was self-managed (**13%**), \$1.3bn was managed by a plan manager (**63%**), and \$507m was Agency-managed (**24%**).
- payments for **participants receiving core social participation support** were **\$1.3bn**. Of this, \$134m was self-managed (**11%**), \$794m was managed by a plan manager (**63%**), and \$337m was Agency-managed (**27%**).
- payments for **participants receiving capacity building daily activities support (therapy supports)** were **\$805m**. Of this, \$259m was self-managed (**32%**), \$441m was managed by a plan manager (**55%**), and \$104m was Agency-managed (**13%**).

Figure 57: Payments for the largest support categories by plan management type for Q3 2021-22



⁵⁸ Includes cash and in-kind payments.

Figure 58: Total payments in Q3 2021-22 by plan management type (\$m)

	Agency-managed	With a plan manager	Self-managed	Total
Core support				
Daily activities - SIL	1,648	138	5	1,792
Daily activities - non-SIL	507	1,312	274	2,093
Social & community participation	337	794	134	1,266
Consumables	14	71	42	127
Transport	80	5	97	182
Total core support	2,586	2,320	553	5,459
Capacity building				
Daily activities	104	441	259	805
Support coordination	143	44	3	191
Other capacity building support	79	144	20	243
Total capacity building support	327	630	282	1,239
Capital				
Specialist disability accommodation (SDA)	45	0	0	45
Assistive Technology	71	37	18	126
Home Modifications	7	9	4	20
Total capital	123	45	22	190
Total	3,038	2,996	857	6,890

Figure 59: Total payments in Q3 2021-22 by plan management type (%)

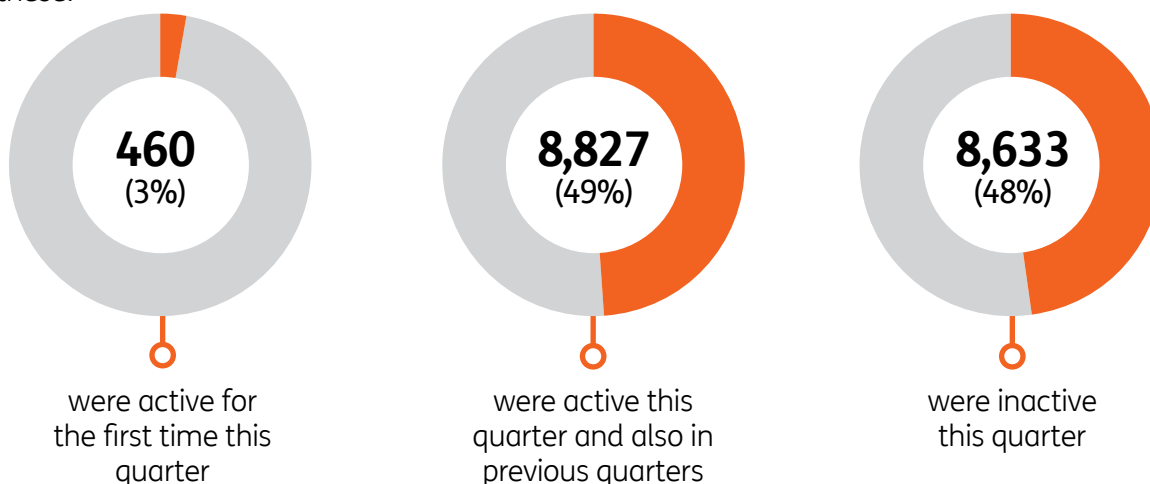
	Agency-managed	With a plan manager	Self-managed	Total
Core support				
Daily activities - SIL	92%	8%	0%	100%
Daily activities - non-SIL	24%	63%	13%	100%
Social & community participation	27%	63%	11%	100%
Consumables	11%	56%	34%	100%
Transport ⁵⁹	44%	3%	53%	100%
Total core support	47%	43%	10%	100%
Capacity building				
Daily activities	13%	55%	32%	100%
Support coordination	75%	23%	2%	100%
Other capacity building support	33%	59%	8%	100%
Total capacity building support	26%	51%	23%	100%
Capital				
Specialist disability accommodation (SDA)	100%	0%	0%	100%
Assistive Technology	56%	29%	15%	100%
Home Modifications	38%	43%	19%	100%
Total capital	65%	24%	12%	100%
Total	44%	43%	12%	100%

⁵⁹ The proportion of plan managed Transport payments of 3% is lower than other support categories because the fortnightly cash transport payments are paid directly to participants' bank accounts, irrespective of their management type, and are therefore considered a self-managed payment.

4.3 Providers supporting Agency-managed participants

While there has been a shift to participants using plan managers, the number of providers supporting Agency-managed participants has continued to grow.

Since the start of the Scheme, 17,920 providers have supported Agency-managed participants.⁶⁰ Of these:



The largest ten providers supporting Agency-managed participants received \$427m in the March 2022 quarter, which was 14 per cent of the total payments to providers supporting Agency-managed participants. These providers also received \$82m in the March 2022 quarter from plan managers (for participants with a plan manager). Additional payments may have also been received by these providers from self-managed participants.

Figure 60: Largest ten providers by payments in Q3 2021-22 – Agency-managed participants⁶¹

ABN	Provider name	Total Agency-managed payments	Additional payments received through plan managers	Total
15101252171	Life Without Barriers	\$90m	\$13m	\$103m
73628264460 ⁶²	Home@Scope Pty Ltd / Scope (Aust) Ltd	\$81m	\$10m	\$91m
31001813403 ⁶³	House With No Steps / Aruma Services / Aruma Foundation Limited / Aruma Services Victoria Limited	\$68m	\$18m	\$87m
87302064152	The Northcott Society	\$34m	\$6m	\$41m
45000062288	Cerebral Palsy Alliance	\$32m	\$3m	\$35m
80009670704	Endeavour Foundation	\$31m	\$8m	\$39m
27009942269	Cpl-Choice, Passion, Life	\$25m	\$10m	\$35m
49133306902	Achieve Australia Limited	\$22m	\$2m	\$25m
29001260153	The Disability Trust	\$22m	\$6m	\$28m
40120240686	Multicap Limited	\$21m	\$5m	\$26m
Total for largest 10 providers		\$427m	\$82m	\$509m

⁶⁰ Self-managed participants and participants with a plan manager can use unregistered providers, and hence the total number of providers supporting participants will be higher than 17,920. Further, some of the 8,633 inactive providers in the quarter will be supporting participants with a plan manager or who self-manage.

⁶¹ Providers supporting Agency-managed participants, noting 92 per cent of SIL payments in the last quarter were to providers supporting Agency-managed participants.

⁶² In addition, the following additional ABN for this provider is included in this analysis - 63004280871.

⁶³ In addition, the following additional ABNs for this provider are also included in this analysis - 59032986751 and 86628265387.

4.4 Plan managers

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

Payments to plan managers was \$3.0bn in the March 2022 quarter. Of this \$3.0bn, \$107m was for the plan management services, and the remainder of \$2.9bn was for plan managers to pay service providers on behalf of participants.

Participants supported by plan managers can use registered or unregistered providers. Across all plan managers, 61 per cent of the \$2.9bn total plan managed payments in the March 2022 quarter (not including plan management fees) were paid to registered providers, and 39 per cent of plan managed payments were paid to unregistered providers. The percentages differ by support category:

- Of the \$138 million in payments for **daily activities for participants in SIL**, **79%** went to registered providers and **21%** went to unregistered providers
- Of the \$1.3 billion in payments for **daily activities for participants not in SIL**, **55%** went to registered providers and **45%** went to unregistered providers
- Of the \$794 million in payments for **social and community participation**, **65%** went to registered providers and **35%** went to unregistered providers
- Of the \$441 million in payments for **capacity building daily activities (therapy services)**, **64%** went to registered providers and **36%** went to unregistered providers

Figure 61: Payments by support category and provider registration in Q3 2021-22 – participants with plan managers (\$m)⁶⁴

	Registered providers	Unregistered providers	Total
Core support			
Daily activities - SIL	109	29	138
Daily activities - non-SIL	721	592	1,312
Social and community participation	519	275	794
Consumables and transport	50	25	75
Total core support	1,399	921	2,320
Capacity building			
Daily activities	281	160	441
Support coordination	29	16	44
Other capacity building support	24	13	37
Total capacity building support	334	189	523
Capital supports	36	9	45
Total	1,769	1,120	2,888

⁶⁴ Excludes \$107m paid to plan managers for plan management services.

Figure 62: Payments by support category and provider registration in Q3 2021-22 – participants with plan managers (%)

	Registered providers	Unregistered providers	Total
Core support			
Daily activities - SIL	79%	21%	100%
Daily activities - non-SIL	55%	45%	100%
Social and community participation	65%	35%	100%
Consumables and transport	66%	34%	100%
Total core support	60%	40%	100%
Capacity building			
Daily activities	64%	36%	100%
Support coordination	64%	36%	100%
Other capacity building support	64%	36%	100%
Total capacity building support	64%	36%	100%
Capital supports	80%	20%	100%
Total	61%	39%	100%

Although only 39 per cent of plan managed payments went to unregistered providers, the market of unregistered providers is large, which means there are many providers receiving smaller total payments. So although only 10 per cent of providers paid through plan managers are NDIS registered providers, they represent 61 per cent of total payments in the quarter. Further, 23 per cent of NDIS registered providers received over \$100k in NDIS funding for the quarter, compared to only 1 per cent of unregistered providers receiving over \$100k in funding.

Figure 63: Number of providers servicing participants through a plan manager in Q3 2021-22

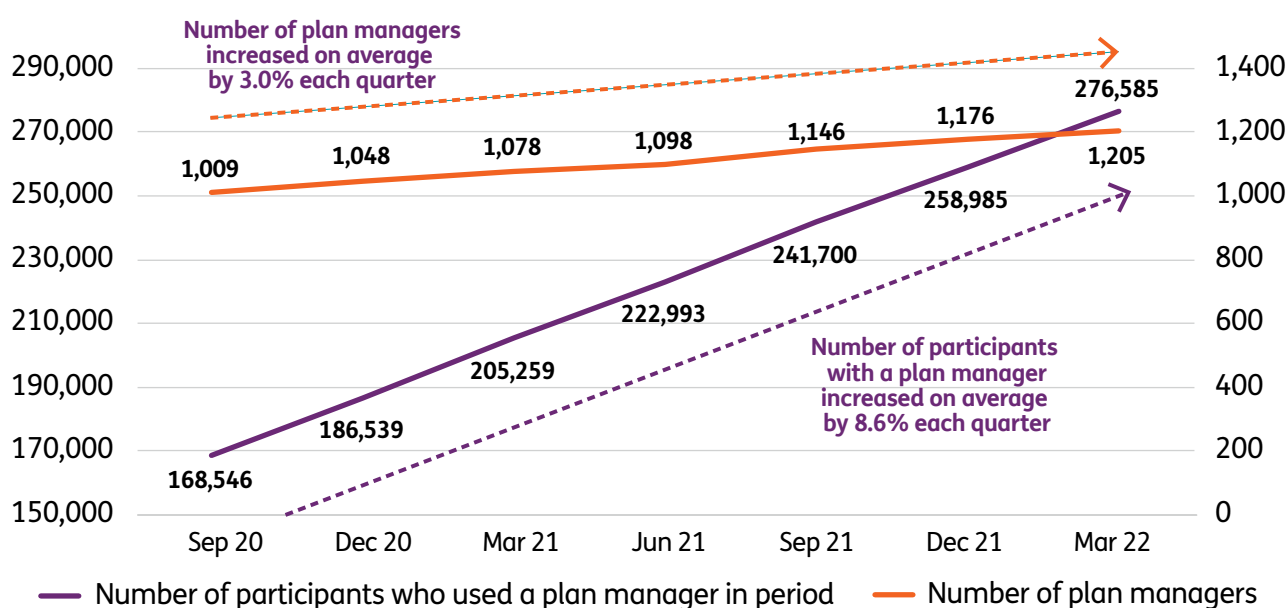
Payment band in quarter	Number of providers - plan managed		Proportion of total payments in quarter	
	NDIS registered ⁶⁵	Unregistered ⁶⁶	NDIS registered (\$m)	Unregistered (\$m)
1. Less than \$1k	1,183	42,400	0%	2%
2. \$1k to \$10k	3,934	50,100	1%	16%
3. \$10k to \$100k	4,852	21,200	9%	46%
4. \$100k to \$1m	2,684	1,300	46%	27%
5. \$1m to \$5m	313	27	32%	3%
6. More than \$5m	27	<11	12%	5%
Total	12,993	115,000	\$1,769	\$1,120
Percentage	10%	90%	61%	39%

Over the past seven quarters, the number of plan managers has increased from 1,009 to 1,205, a quarterly average increase of 3.0 per cent. Over the same time period the number of participants being supported by plan managers has increased from 168,546 to 276,585 - a quarterly average increase of 8.6 per cent. This indicates that while new plan managers are entering the market and increasing the number of plan managers from which participants can choose from, many plan managers are also expanding as the ratio of participants to providers has increased.

⁶⁵ The registration status of the provider has been based on the status at 31 March 2022.

⁶⁶ Ibid.

Figure 64: Participants and providers with a plan manager by quarter – all participants



The largest ten plan managers received \$1.16bn payments in the March 2022 quarter, which is 39 per cent of total plan managed payments in the quarter. The split between registered and unregistered providers is largely consistent between the largest providers.

Figure 65: Payments by provider registration for the largest ten plan managers by payments in Q3 2021-22 (% and \$m)

ABN	Legal Name	Registered providers	Unregistered providers	Plan management	Total
52617963676	My Plan Manager.com.au Pty Ltd	60%	36%	4%	\$291m
54609868993	Plan Management Partners Pty Ltd	61%	36%	4%	\$209m
24619787692	National Disability Support Partners Pty	66%	30%	4%	\$140m
62149233634	Integrated Care Pty Ltd	61%	35%	4%	\$85m
92622499898	Leap In! Australia Ltd	53%	43%	4%	\$85m
16621969337	Peak Plan Management Pty Ltd	66%	30%	4%	\$82m
69624874219	Maple Plan Pty Ltd	59%	37%	3%	\$75m
22729829472	Moira Limited	66%	32%	3%	\$74m
18620281209	Instacare Pty Ltd	57%	40%	4%	\$65m
73624994565	Connect Plan Management Pty Ltd	60%	37%	3%	\$55m
Total largest 10 plan managers					\$1,160m

4.5 Supported Independent Living (SIL)

\$1.8 billion of SIL supports was provided in the third quarter of 2021-22.

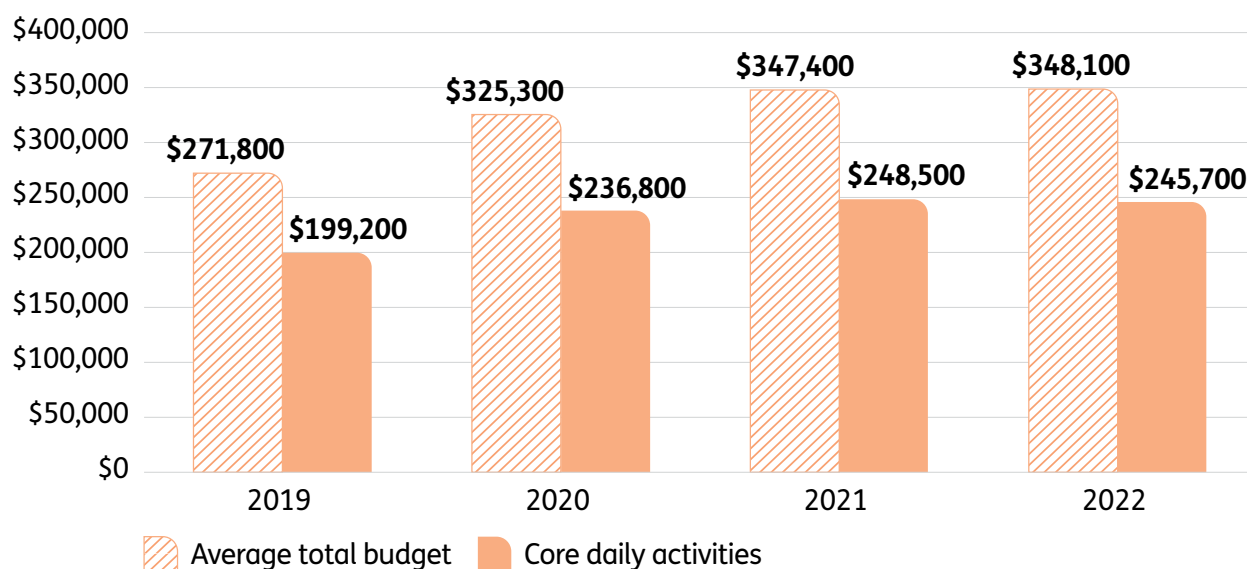
Total payments to participants in SIL has increased by 34 per cent annually over the last three years, from \$3.5bn to \$8.5bn. The number of participants has also increased from approximately 19,329 at 31 March 2019 to 26,623 at 31 March 2022. This in part reflects phasing from the State/ Territory programs into the NDIS.

The average payment per participant for SIL supports has also increased, and comprises a large component of the total average payment for participants in SIL (noting that participants in SIL also receive other supports, such as core support for community participation, employment, and capacity building). The average payment per participant for SIL supports (core daily activities) has increased by 11 per cent annually over the last three years.

Figure 66: Number of participants and payments for years ending 31 March - participants in SIL

Year	2019	2020	2021	2022	% increase (per annum)
Active participants	19,329	22,842	25,037	26,623	
Total payments (\$m)	3,523	6,095	7,769	8,471	34%
Average payment (\$)	230,200	289,100	324,500	327,900	13%
Total payments – core daily activities (\$m)	2,864	4,920	6,294	6,672	33%
Average payment – core daily activities (\$)	187,100	233,300	262,900	258,300	11%

In addition to payments, average plan budgets for participants in SIL have also increased over time, including the component of the plan budget for SIL supports (core support for daily activities). Specifically, there was a 28 per cent increase in average plan budgets, and 23 per cent increase in the average daily activities component of the plan budgets over the three years to 31 March 2022. In the last year, average plan budgets have increased marginally from the previous year, while the daily activities component has decreased slightly.

Figure 67: Average plan budgets over time at 31 March 2022 – participants in SIL

There are ten providers supporting more than 250 participants at 31 March 2022. These providers are listed in the table below along with the total payments received for SIL supports in the last three years⁶⁷, noting that these providers receive payments for other supports in addition to SIL.

Figure 68: Largest ten providers and core daily activities payments – participants in SIL*

Provider ABN	Provider name	Core daily activities payments (\$m)		
		2020	2021	2022
15101252171	Life Without Barriers	161	216	266
31001813403 ⁶⁸	House With No Steps / Aruma Services / Aruma Foundation Limited / Aruma Services Victoria Limited	190	229	243
73628264460 ⁶⁹	Home@Scope Pty Ltd / Scope (Aust) Ltd	55	56	203
80009670704	Endeavour Foundation	95	98	86
87302064152	The Northcott Society	121	118	122
45000062288	Cerebral Palsy Alliance	88	112	112
37020000711 ⁷⁰	Minda Incorporated	67	73	70
29001260153	The Disability Trust	50	72	69
11553592765	Activ Foundation Incorporated	27	47	54
27009942269	CPL - Choice, Passion, Life	60	70	69
Total largest 10 providers		915	1,091	1,295

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

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

⁶⁷ Agency-managed participants only.

⁶⁸ In addition, the following additional ABNs for this provider are also included in this analysis - 59032986751 and 86628265387.

⁶⁹ In addition, the following additional ABN for this provider is included in this analysis - 63004280871.

⁷⁰ In addition, the following additional ABN for this provider is included in this analysis - 49622248908.

4.6 Choice and control, utilisation and market concentration

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

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

– **choice and control**

– **utilisation**

– **market concentration**

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

At an aggregate level, there have been improvements in all the metrics between March 2021 and March 2022.

Choice and control

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

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

Overall, 52 of the 80 service districts (65 per cent) in the analysis were within 5 percentage points of the national average, two service districts (3 per cent) were more than 10 percentage points above the national average, and three service districts (4 per cent) were more than 10 percentage points below the national average.

The two service districts more than 10 percentage points above the national average were Barkly in the Northern Territory and Fleurieu and Kangaroo Island in South Australia. The three service districts more than 10 percentage points below the national average were Darwin Remote, East Arnhem and Katherine in the Northern Territory.

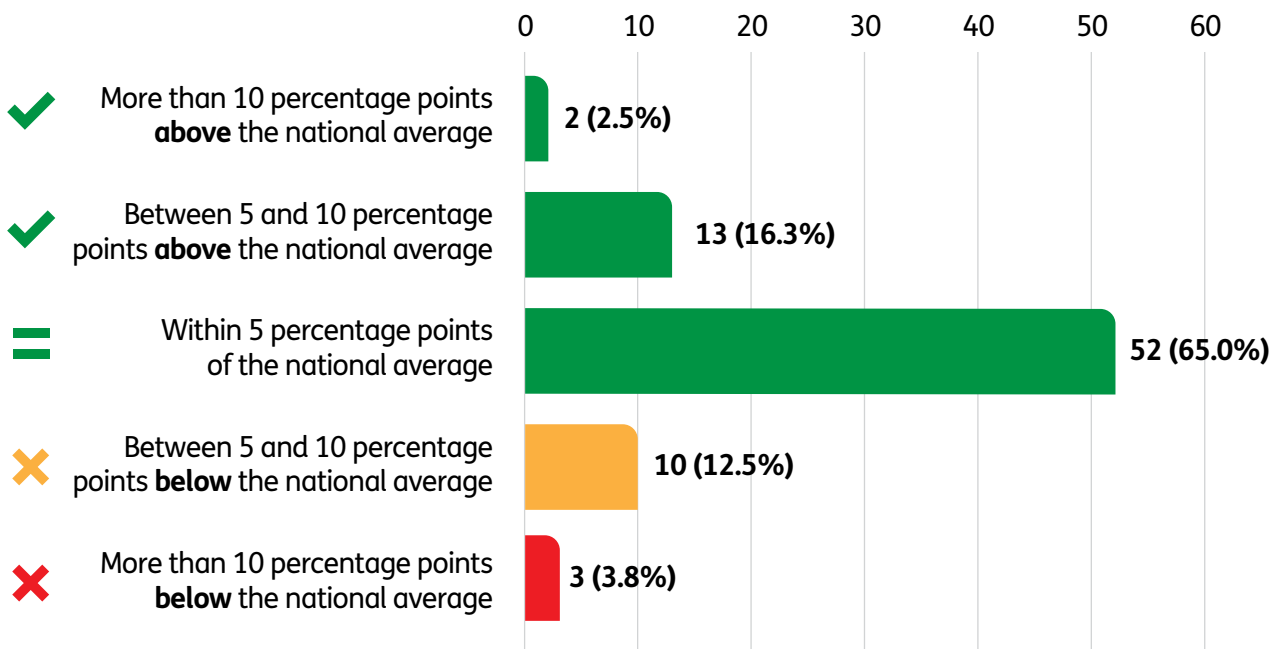
At 31 March 2022:

– **Darwin Remote** had **444** active participants and plan budgets totalling \$31 million

– **East Arnhem** had **210** active participants and plan budgets totalling \$19 million

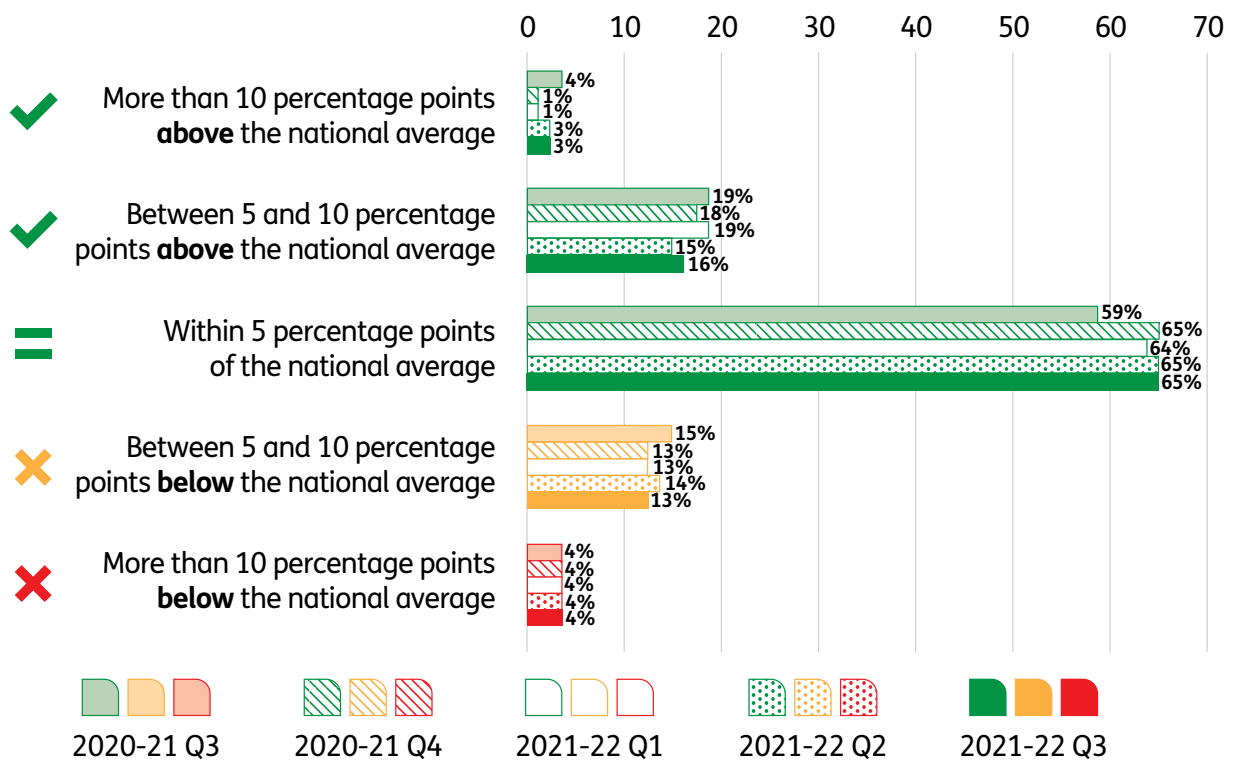
– **Katherine** had **217** active participants and plan budgets totalling \$34 million

Figure 69: Choice and control – number of service districts – gap to benchmark



Over the last year the percentage of service districts more than 10 percentage points below the national average has remained steady at 4 per cent. The number of service districts within 5 per cent of the national average has improved significantly from 47 (59 per cent) to 52 (65 per cent).

Figure 70: Choice and control – number of service districts – gap to benchmark – trend



Utilisation

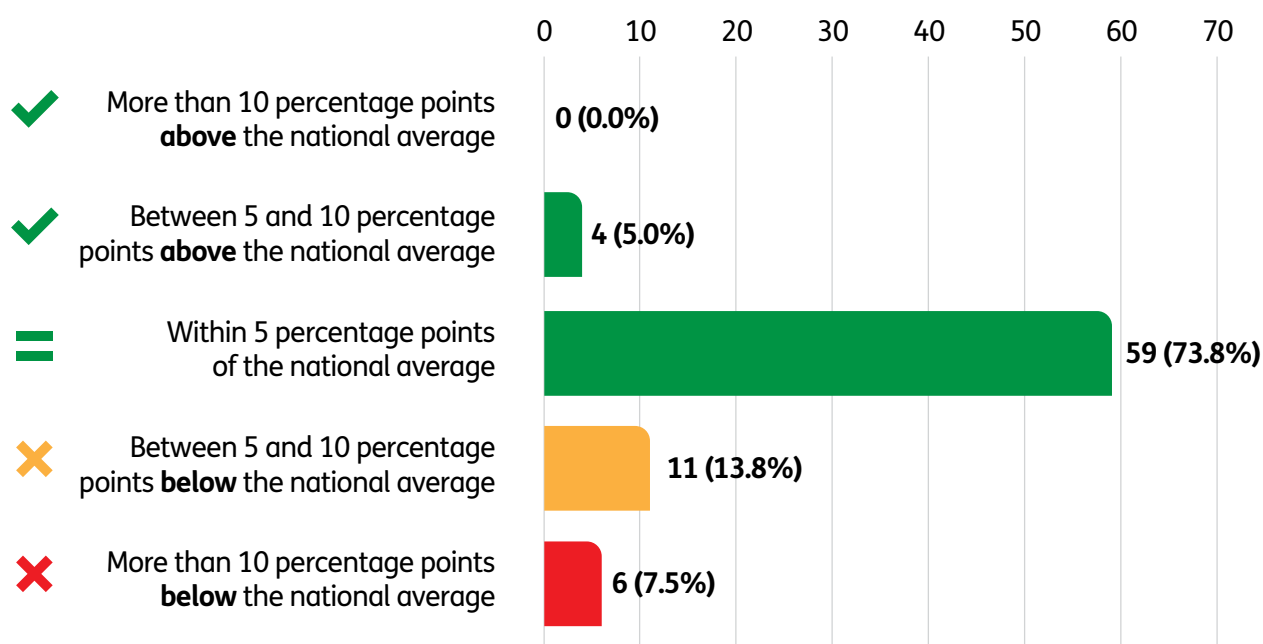
The average payment per participant has increased by 10.8 per cent over the three years from 31 March 2019 to 31 March 2022, and the average plan budget has increased by 3.8 per cent over the same three years. Participants are getting more support over time so understanding differences between plan budgets and payments (utilisation) across geographical regions is important in identifying “hot spots” where participants are getting relatively less support compared with other geographical regions.

Overall, 59 of the 80 service districts (74 per cent) in the analysis are within five percentage points of the national average⁷¹, no service districts were more than 10 percentage points above the national average, and six service districts (8 per cent) were more than 10 percentage points below the national average.

The six service districts more than 10 percentage points below the national average has decreased from eight at 31 December 2021. The six service districts this quarter are Far West in NSW, Eyre and Western and Far North (SA) in South Australia, Darwin Remote and East Arnhem in the Northern Territory and Kimberly-Pilbara in Western Australia.

There are 11 service districts between five and 10 percentage points below the national average – these are also mainly in regional and remote areas.

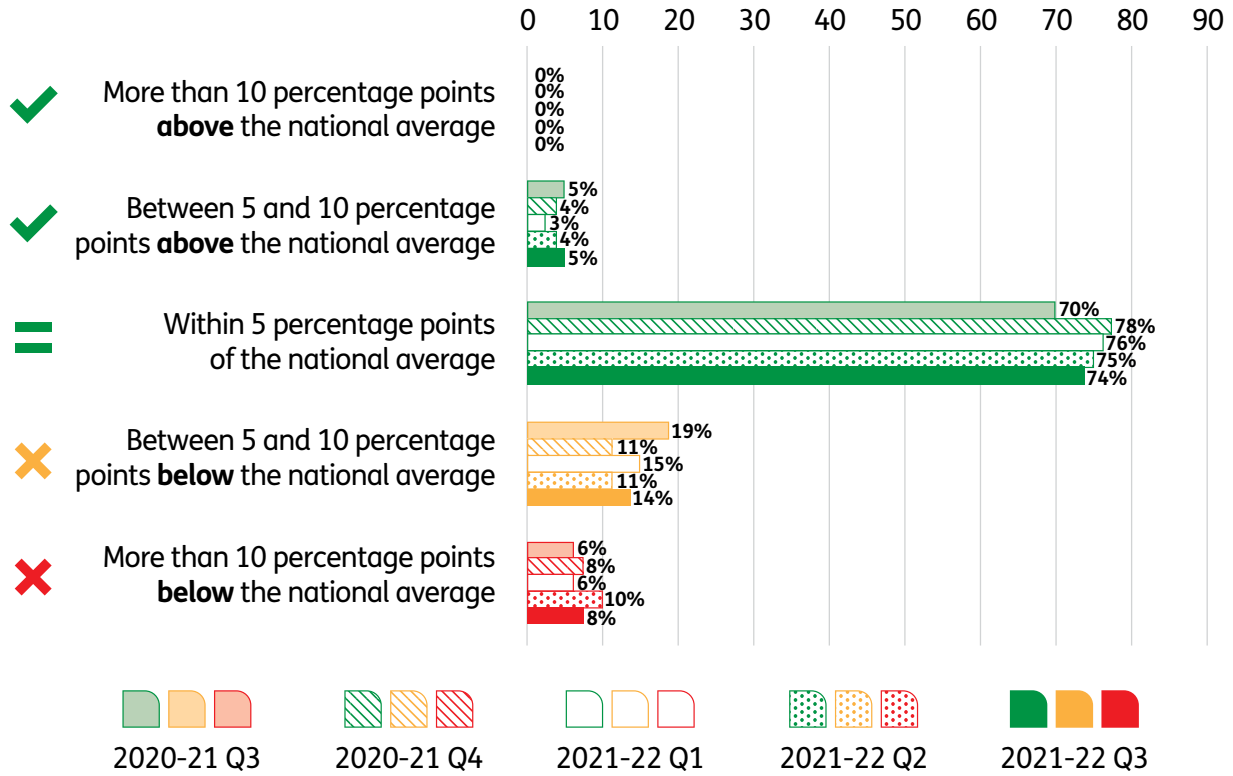
Figure 71: Utilisation – number of service districts – gap to benchmark



⁷¹ Utilisation has been adjusted to account for the differences in the proportion of participants in each service district receiving SIL, along with the time participants have been in the Scheme.

Over the last year, the number of service districts more than 10 percentage points below the national average has increased from five (6 per cent) to six (8 per cent). The number of service districts within 5 percentage points of the national average has increased from 56 (70 per cent) to 59 (74 per cent).

Figure 72: Utilisation – number of service districts – gap to benchmark – trend



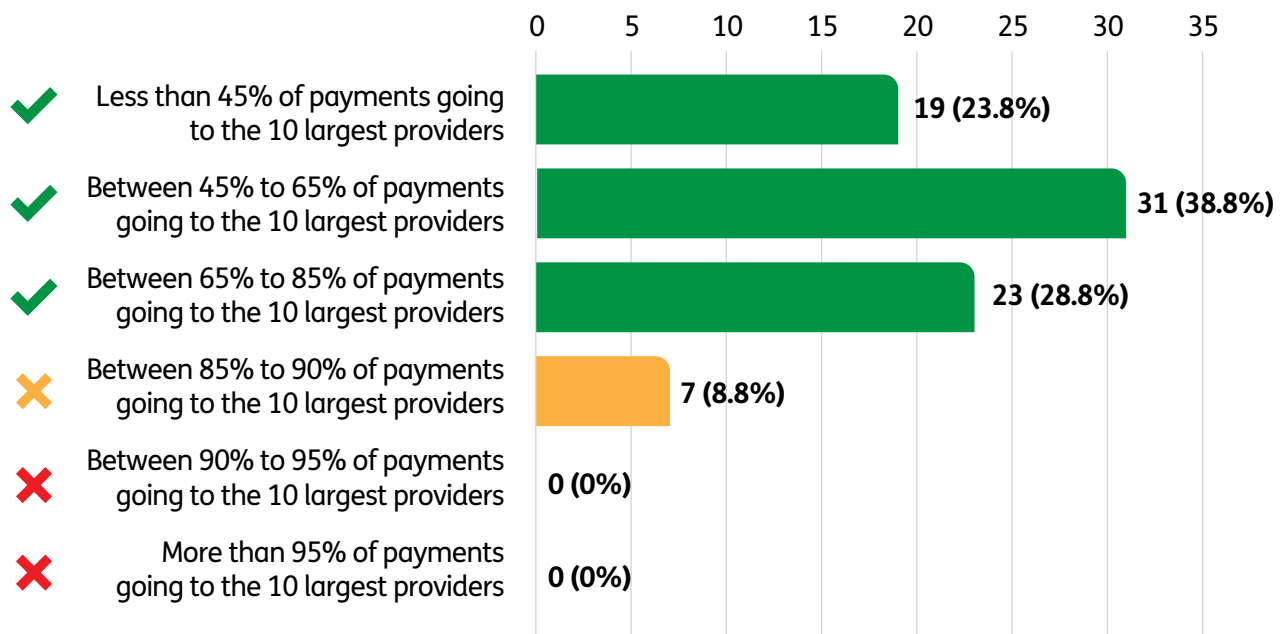
Market concentration

Understanding the distribution of payments to service providers in a service district can indicate whether a small number of providers receive most of the payments from the NDIA, or whether a large number of providers are receiving the payments. Where only a small number of providers are receiving a large amount of the payments, the market is considered to be more concentrated and this could mean that there is less competition in the area. For the March 2022 quarter, 9 per cent of payments⁷² were paid to the largest 10 providers supporting Agency-managed participants.

The analysis below considers payments in the six month period to 31 December 2021 to providers of Agency-managed participants. There are seven service districts where 85 per cent or more of payments go to the largest 10 providers (9 per cent) and 19 service districts where less than 45 per cent of payments went to the 10 largest providers (24 per cent).

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

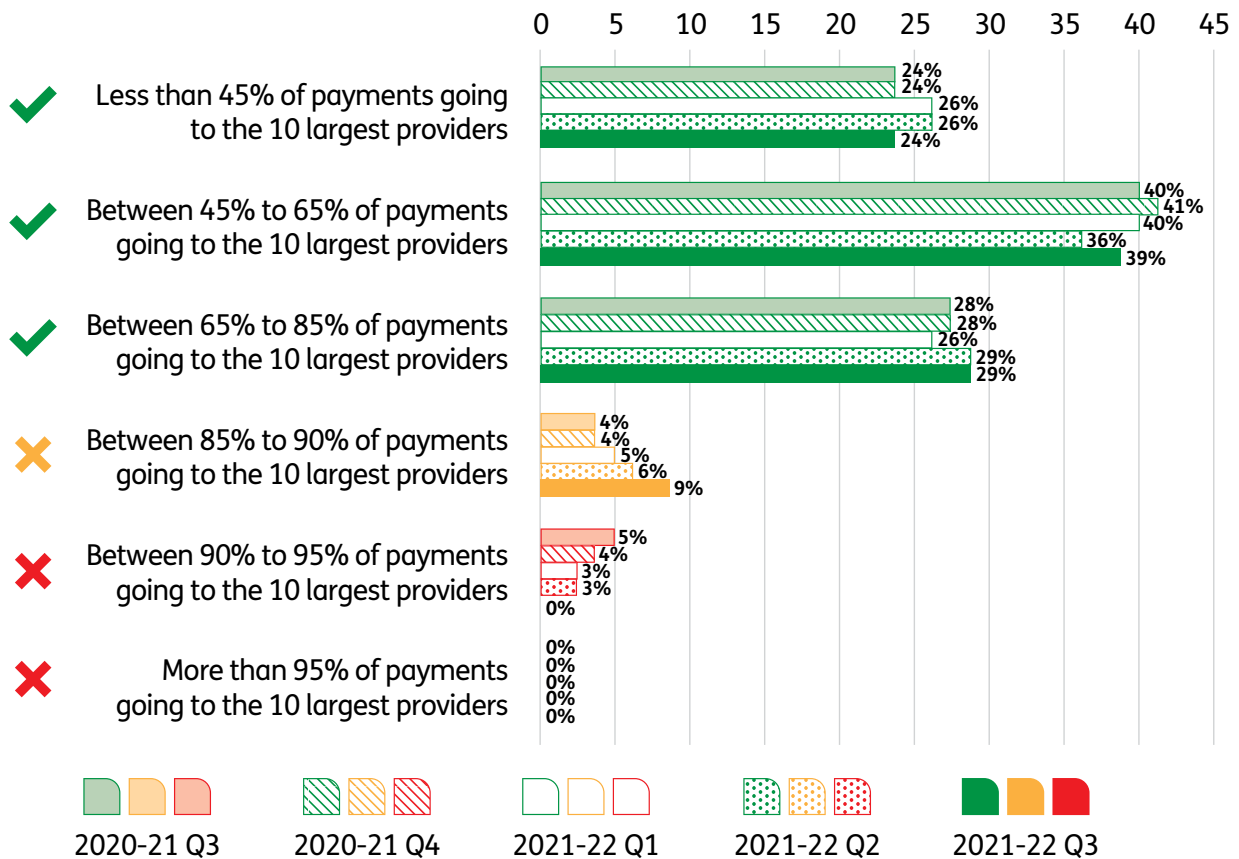
Figure 73: Market concentration – number of service districts by percentage of payments going to the 10 largest providers



⁷² Excludes YPIRAC payments to the Department of Health.

The number of service districts where 85 per cent or more of payments go to the largest 10 providers and where less than 45 per cent of payments went to the 10 largest providers have remained steady over the past year. The number of service districts where between 65 to 85 per cent of payments go to the 10 largest providers has increased from 22 (28 per cent) to 23 (29 per cent). Further, in the March 2022 quarter, there were no service districts where the 10 largest providers received more than 90 per cent of payments. This is the first quarter where this has been the case.

Figure 74: Market concentration – number of service districts by percentage of payments going to the 10 largest providers – trend



4.7 COVID Assistance

As discussed in the key highlights section, COVID support for providers continues.

The ongoing pandemic means that it continues to be challenging for disability service providers to manage COVID-19 outbreaks whilst continuing to provide critical services. As noted in the Introduction section of this report, as COVID-19 cases remained prevalent across all states and territories during this quarter, the NDIA introduced new COVID support initiatives and extended a number of current measures to ensure continuity of essential supports for NDIS participants (refer to the Introduction section of this report for more detail on these initiatives).

4.8 Market Stewardship activities

The NDIA continues to support the developing NDIS market such as developing home and living options and partnering with the sector to improve quality and outcomes of support coordination.⁷³

Home and Living

Over the last quarter, the NDIA has focussed on designing a range of short-term improvements to Home and Living products and practices in collaboration with participant, provider and sector representatives, while continuing the development of a co-designed Home and Living policy to guide longer-term reform.

A project to optimise the **SDA** market commenced in Quarter 3, with a focus on provider and sector input into solutions to support a more effective and efficient market.

The NDIA has developed a decision-making metric which will inform the consistency and timeliness of home and living decisions for participants, and is introducing a point of contact to explain home and living funding decisions which will provide greater clarity for participants.

The Making SIL Better project has resulted in a series of fast-tracked initiatives to improve how SIL supports are delivered to participants.

The improvements include:

- **Simplifying claiming processes:** introducing a simplified weekly claiming process that would make it easier for participants to negotiate directly with providers about how their supports are delivered and reduce administrative burden.
- **Transition approaches:** introducing clear and transparent transition or step down processes for managing material changes to SIL support needs to allow a transition period to new levels of support.
- **Unplanned exits payment:** introducing a new SIL payment to providers for limited circumstances where a participant unexpectedly leaves shared accommodation.

⁷³ <https://data.ndis.gov.au/reports-and-analyses/market-monitoring#specialist-disability-accommodation-sda-quarterly-report>

Home and Living demonstration projects

The NDIA released Round 1 Home and Living demonstration projects through a Market Information Request to invite proposals for alternative approaches to home and living supports in SIL settings. The NDIA received 29 demonstration project proposals to test contemporary ways for participants to pursue their home and living goals.

Themes emerging from Round 1 proposals include participant/family governance, bundled funding and alternative service model change to increase choice and control, encourage better practice and improve the way the NDIA, providers and participants interact.

Successful demonstration projects have progressed to Memorandum of Understanding execution. Final project design is underway and implementation of Round 1 projects is set to begin from April 2022. Work continues on Round 2 of the demonstration projects which will have a broadened scope, considering a range of home and living supports, and placing greater emphasis on participant-led models.

4.9 Thin markets

Thin market intervention projects are underway in all States and Territories.

The NDIA continues to identify and prioritise market intervention projects based on highest participant need. There are currently 26 projects underway. Each market intervention is undertaken in the context of the specific local circumstances. Project teams work with the community to understand local needs, and with providers, intermediaries and others to resolve issues such as poor market connections, low demand and other barriers to service provision.

Impacts of COVID-19 and the wet season in some locations saw temporary pauses and delays of some market intervention projects this quarter. The NDIA is continuing to work with stakeholders to progress projects where possible, and engaging virtually where more appropriate. Two projects have recently been completed in Broome, Western Australia, and Golden Plains, Victoria, with several additional projects also approaching completion:

– In **Broome, Western Australia**, the NDIA facilitated a coordinated funding proposal to deliver orthotics and prosthetic assessments and supports to a group of 19 participants. The project commenced in September 2020 and concluded in November 2021. The project enabled support coordinators to work together to pool participant funds and approach and engage prospective providers, resulting in successful delivery of assessments and services to participants.

– In **Golden Plains, Victoria**, the NDIA undertook a deep dive into NDIS data to review and resolve plan implementation barriers for participants. The NDIA was able to better understand participant readiness to engage with services in the area. The Provider Finder tool was also promoted as a helpful tool for providers and participants to support market connections.

Information on all current and concluded market intervention projects is available on the [NDIS website](#)⁷⁴.

⁷⁴ <https://www.ndis.gov.au/providers/market-monitoring-and-intervention>

4.10 NDIS pricing

The NDIA Board is currently considering the recommendations of the Annual Price Review 2021-22 and will make announcements as soon as possible.

Annual Price Review

The Annual Pricing Review 2021-22 continued over the last quarter with a focus on reviewing the feedback received about NDIS price limits and policy for the 2022-23 financial year through submissions to the consultation phase, sector benchmarking surveys, discussions with various provider representative organisations and sector peak bodies, and deliberations of the expert working groups.

The Review is considering issues such as administrative and quality and safeguarding costs, group-based core supports, therapy or nursing supports, and regional services. The NDIA will also be considering the consistency of pricing across government as part of the pricing review in collaboration with other Commonwealth departments and agencies.

In addition, financial benchmarking surveys focussed on the costs of service coordination, plan management and the supports delivered by Disability Support Workers were conducted throughout Quarter 3 and will be key pieces of evidence to support recommendations towards the final NDIS Pricing Arrangements and Price Limits for 2022-23.

The NDIA Board will be considering the recommendations of this review in Quarter 4, and will make announcements as soon as possible.



Alishia is spreading the word about inclusive communication

Darwin woman Alishia Lindsay admits she had a touch of stage fright when she presented to a group of Allied Health and Clinical Science students at Charles Darwin University last year. But the spirited young disability advocate managed to stay on top of her nerves.

Alishia, 25, is a Health Ambassador for Down Syndrome Australia (DSA) and also a NDIS participant. She's one of 10 self-advocates with Down syndrome nationwide, who are employed by DSA to educate health professionals on how to better communicate with and include people with Down syndrome in their health conversations.

With presentations like the one Alishia made to university students last year, she hopes to help others, especially health professionals, better understand, include and communicate with people with Down syndrome, while also improving her own public speaking skills.

"Yes, I did enjoy it, indeed I did," she says. "There were a lot of questions. We talked about the NDIS, about Carpentaria, about Down syndrome.

Alishia's communication skills and confidence have been growing since she started working in paid employment as a therapy aid assistant with the allied health team at Northern Territory NDIS provider Carpentaria about two years ago. She successfully landed the job after confidently chatting with a therapist during one of her own speech therapy sessions, explaining she was looking for work. "They like my sense of humour," Alishia says, beaming.

Alishia's father says it's thanks to Alishia's NDIS support that she is meaningfully employed and so actively involved in her community. "If Alishia was restricted to her disability pension, she would be doing a fraction of what she's doing now," he says.

5

Financial sustainability



5

Financial sustainability

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

5.1 Participant and cost projections

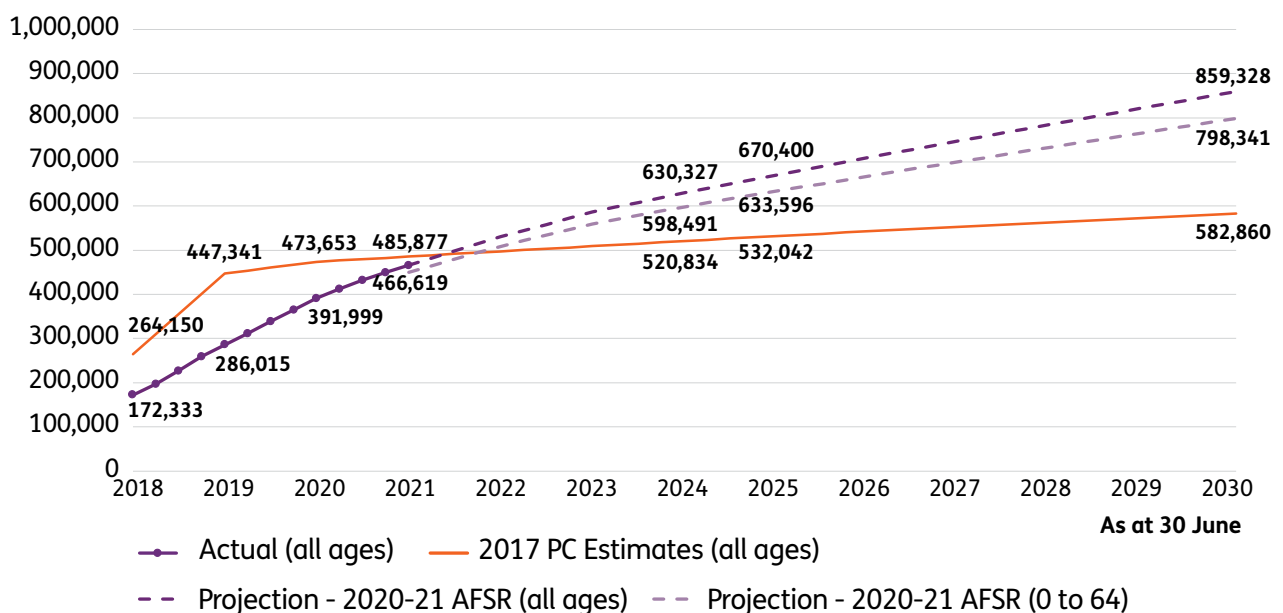
On 8 October 2021, the NDIA Board released both the AFSR, and the Peer Review Report.

The NDIA Board released the 30 June 2021 AFSR on 8 October 2021. The AFSR is prepared by the Scheme Actuary, and provides an assessment of the financial sustainability of the NDIS, as is required under the NDIS Act (Section 180B). It is produced using data at 30 June each year and a summary of each year's AFSR is included in the NDIA Annual Report. The AFSR was independently peer reviewed by the Australian Government Actuary.⁷⁵ A copy of this report was also released on 8 October 2021.

The AFSR projects that:

- There will be 670,400 participants in the Scheme at the end of June 2025 (of which 633,600 are under the age of 65 years), and 859,300 at the end of June 2030 (of which 798,300 are under the age of 65 years). These figures are significantly higher than estimated by the Productivity Commission in 2017. At 31 March 2022, the number of participants in the Scheme was 518,668. This is higher than estimated by the Productivity Commission.

Figure 75: Actual and projected participants (2020-21 AFSR and 2017 Productivity Commission Estimates)



⁷⁵ The Australian Government Actuary currently is the Peer Review Actuary as per the NDIS Act (Section 180D)

- Total participant costs are estimated to be \$29.2 billion in 2021-22, growing to \$41.4 billion in 2024-25, and \$59.3 billion in 2029-30 (on an accrual basis).

Figure 76: Projected participant costs (cash and accrual basis)

Participant costs (\$m)	2021-22	2022-23	2023-24	2024-25	2029-30
Participant costs (cash basis)					
Participant costs (0-64)	26,994	30,965	34,345	37,067	51,471
Participant costs (65+)	1,837	2,464	3,114	3,748	7,012
Total participant costs (cash basis)	28,831	33,429	37,459	40,814	58,483
Participant costs (accrual basis)					
Participant costs (0-64)	27,359	31,386	34,812	37,569	52,169
Participant costs (65+)	1,864	2,501	3,161	3,803	7,115
Total participant costs (accrual basis)	29,223	33,886	37,973	41,373	59,284

More detail is available in the reports located here:

[Interim update to the Annual Financial Sustainability Report⁷⁶](#) – published 3 July 2021

[Annual Financial Sustainability Report⁷⁷](#) – published 8 October 2021

[Independent Actuary Peer Review Report⁷⁸](#) – published 8 October 2021

In addition, State/Territory Disability Ministers commissioned an [external review⁷⁹](#) of the AFSR. This review was undertaken by actuarial firm Taylor Fry and concluded:

- Projections in the 2020-21 AFSR are reasonable, and provide a plausible range of projections of participant costs; noting that the range in projections highlight the high degree of uncertainty in Scheme forecasts, particularly over the longer term horizon to 2029-30.
- Overall, the baseline estimates may represent a moderate underestimate of the expected value of future costs.

⁷⁶ <https://www.ndis.gov.au/news/6590-ndis-financial-sustainability-report-release>

⁷⁷ <https://www.ndis.gov.au/news/6931-ndia-board-releases-annual-financial-sustainability-report>

⁷⁸ <https://www.ndis.gov.au/media/3554/download?attachment>

⁷⁹ <https://www.dss.gov.au/disability-and-carers-programs-services-government-international-disability-reform-ministers-meetings/reports-and-publications>

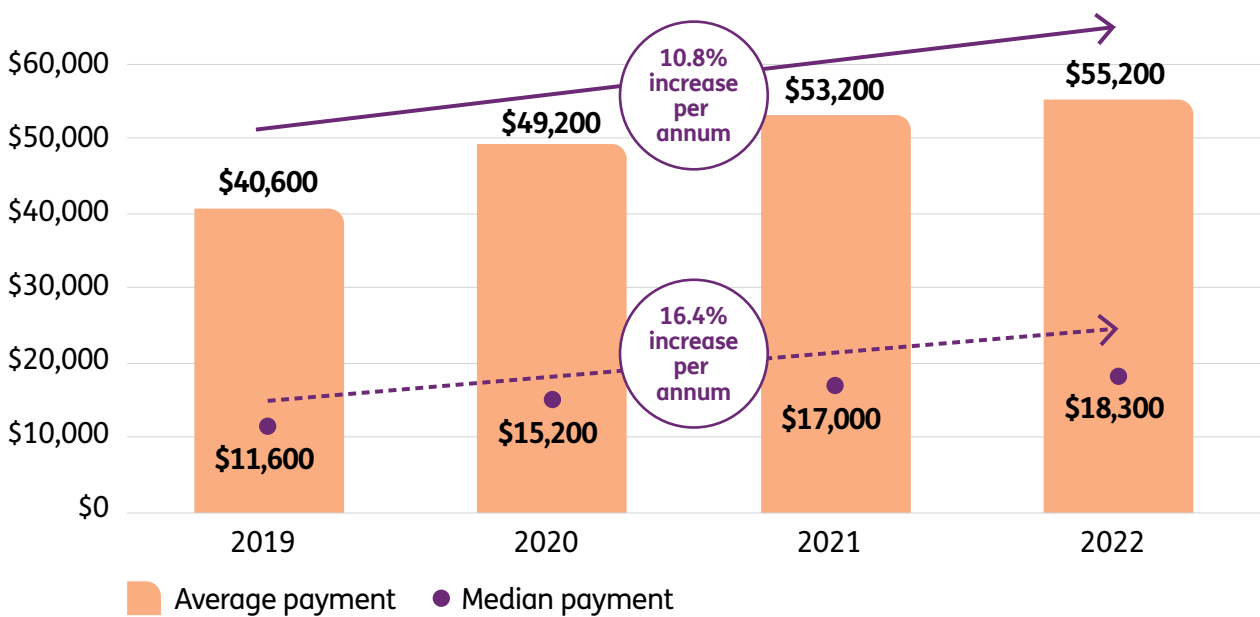
5.2 Average and median payment trends

Average and median payments per participant have increased by 10.8 per cent and 16.4 per cent respectively over the last three years.

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

Trends in average and median payments per participant between 1 April 2019 and 31 March 2022 indicate that average payments have increased by 10.8 per cent per annum, and median payments have increased by 16.4 per cent per annum.

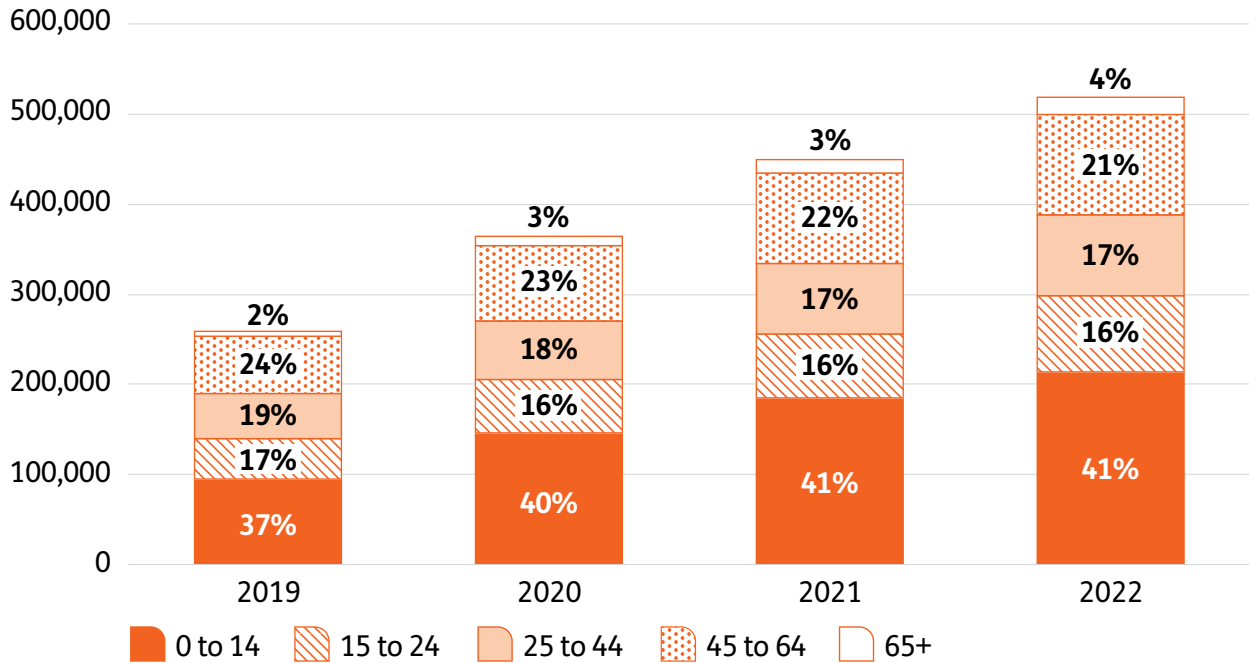
Figure 77: Average and median payments for years ending 31 March - all participants



Trends in average and median payments are affected by changes in the profile of participants in the Scheme over time. Specifically, average payments are much higher for participants in SIL than those not in SIL (\$327,900 versus \$39,700 respectively, in the year to 31 March 2022). Average payments are also higher for adults compared with children (\$60,800 for participants not in SIL aged 25 to 64 versus \$18,700 for those aged 0 to 14, in the year to 31 March 2022). Over the past four years, as the Scheme has rolled out across the country, the proportion of children in the Scheme has increased, and the proportion of participants in SIL in the Scheme has decreased.

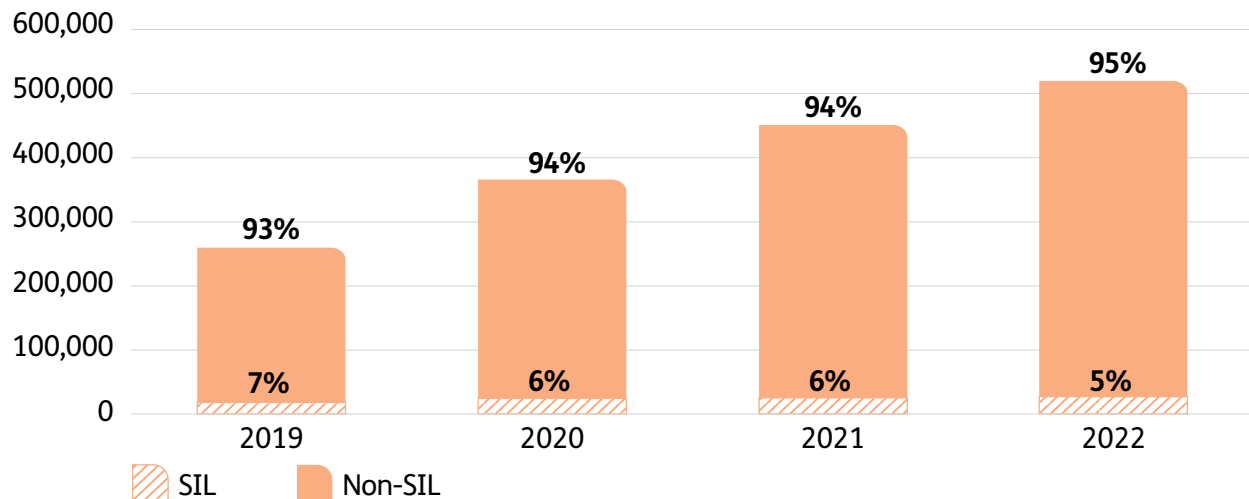
Specifically, the proportion of children in the Scheme aged 0-14 years has increased from 37 per cent at 31 March 2019 to 41 per cent at 31 March 2022. As mentioned above, older participants on average have higher average plan budgets and higher average payments so the impact of this changing mix is significant.

Figure 78: Proportion of participants by age band for years ending 31 March (%) – all participants



Additionally, average plan budgets and average payments for participants in SIL are significantly higher than those not living in SIL. The changing mix of participants living in SIL has changed in the three years to 31 March 2022; reducing from 7 per cent of participants at 31 March 2019 to 5 per cent of participants at 31 March 2022, so the impact of this changing mix is also significant.

Figure 79: Proportion of participants in and not in SIL for years ending 31 March (%) – all participants



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

Participants in SIL and not in SIL

Analysing the change in average and median payment over time by whether or not participants are in SIL, indicates that the average annual increase in average and median payments has been consistently high across both participant groups. Specifically, the average payment has increased for participants in SIL by 12.5 per cent, and the average annual payment has increased for participants not in SIL by 16.4 per cent per year. These averages are higher than the overall average (of 10.8 per cent), as the proportion of participants in SIL has decreased over the period (as discussed earlier).

Also, the median payment has increased for participants in SIL by 15.5 per cent, and the median payment has increased for participants not in SIL by 18.1 per cent per year.

Figure 80: Average and median payments for years ending 31 March - participants in SIL

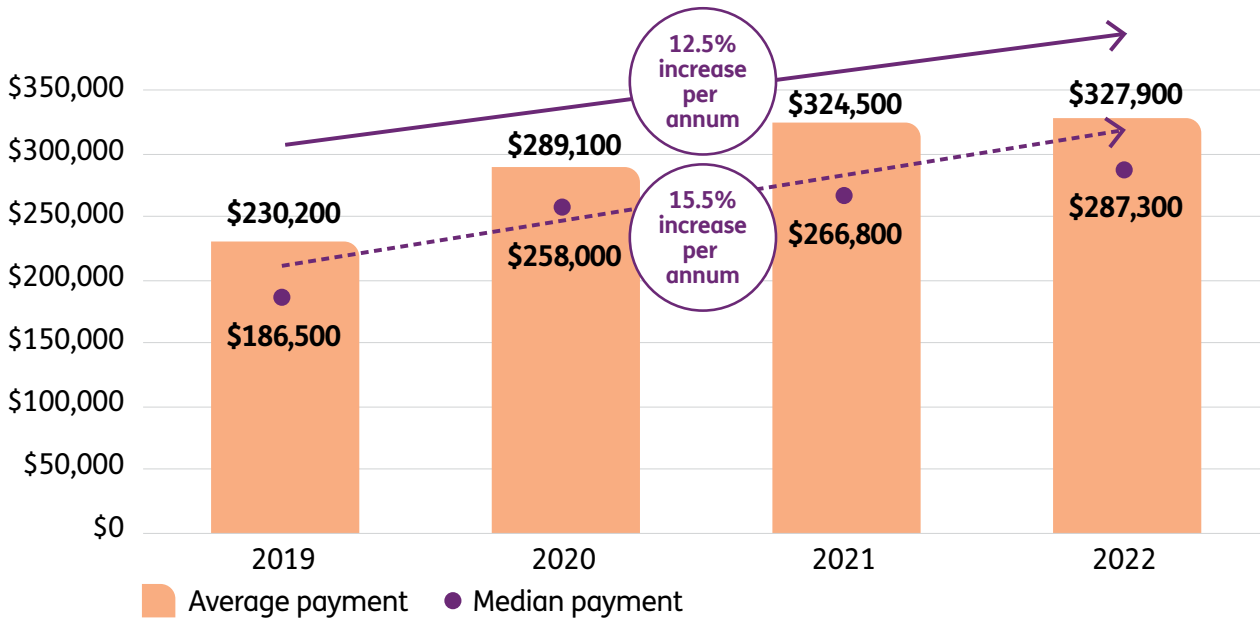
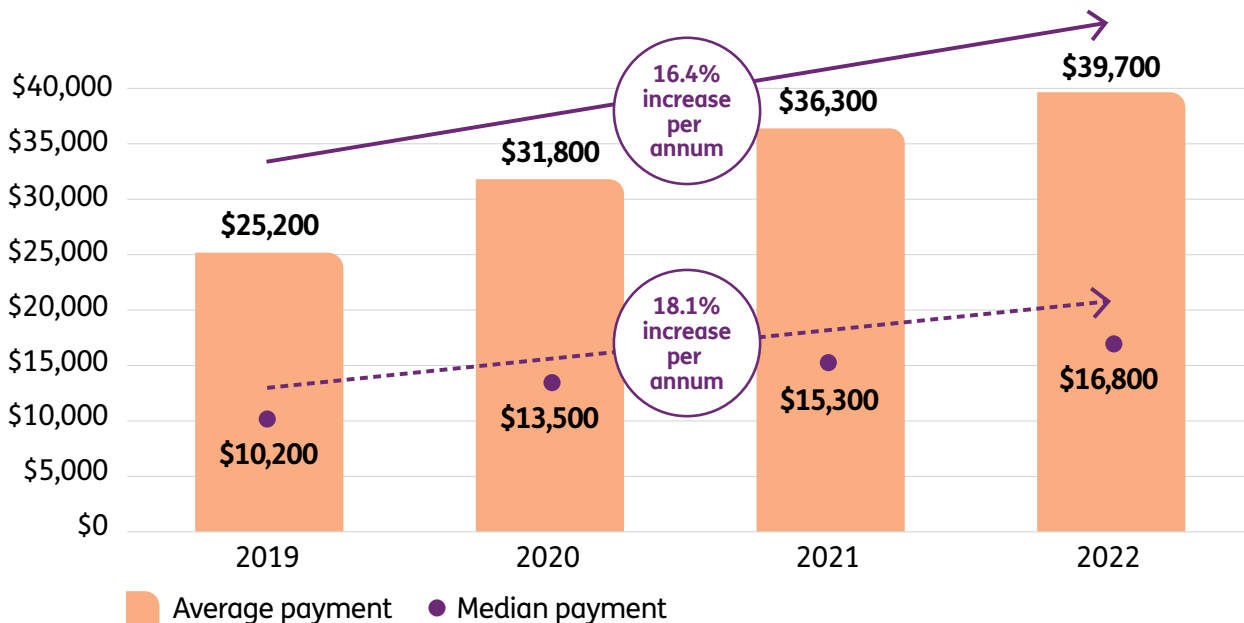


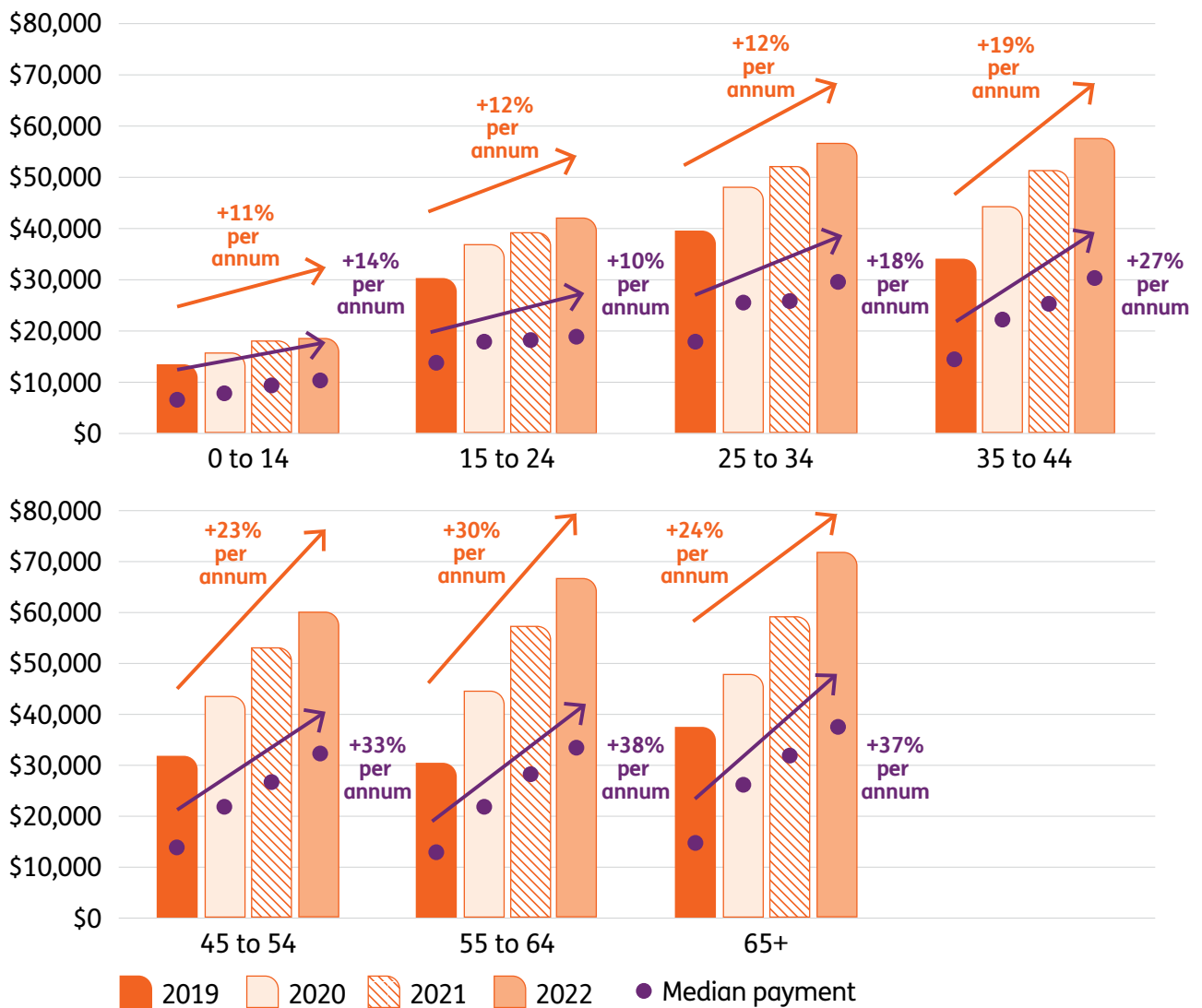
Figure 81: Average and median payments for years ending 31 March - participants not in SIL



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

Notably, although average and median payments have increased for all age groups, younger participants have significantly lower payments compared to older participants. For example, for participants not in SIL, those aged 0 to 14 years had average payments of \$18,700 in the year to 31 March 2022, compared to \$42,500 for those aged 15 to 24 years and \$60,100 for those aged 45 to 54 years. With more younger participants entering the Scheme over time, the overall average and median payments will therefore be lower, partly offsetting the increases otherwise observed.

Figure 82: Average and median payments for years ending 31 March by age group - participants not in SIL



Sustained significant growth in average participant payments will continue to place significant pressure on Scheme sustainability and long-term affordability. As noted elsewhere in this report, the NDIA remains committed to working with the disability sector, and governments on this issue of affordability, so the Scheme remains affordable now and into the future.

5.3 Average plan budget trends

Average plan budgets have also increased over the last three years.

In addition to average payments increasing over time, average plan budgets have also increased over time, noting there has been a slight decrease for participants not in SIL in 2022 (as opposed to average payments which have continued to increase each year). Specifically, over the three year period to 31 March 2022:

- Average plan budgets have increased by **3.8%** per annum for all participants
- Average plan budgets have increased by **8.6%** per annum for participants in SIL
- Average plan budgets have increased by **6.4%** per annum for participants not in SIL.

The slight decrease in the last year for participants not in SIL is driven by new participants that entered the Scheme between 1 April 2021 and 31 March 2022 having lower plan budgets on average. Specifically, the slightly lower average plan budgets were driven by high proportions of participants entering the Scheme who were under the age of 18 (as children have lower plan budgets on average than adults), and participants having lower support needs on average, as participants from the State/Territory disability systems with higher support needs (such as those in SIL) transferred into the Scheme earlier.

Importantly, there was no reduction in the average plan budgets of participants continuing in the Scheme. For these existing participants who were in the Scheme at 31 March 2021 and at 31 March 2022, the average plan budget **increased** from \$70,200 to \$74,000 – an increase of 5.4 per cent. Similarly for participants not in SIL, who were in the Scheme at 31 March 2021 and at 31 March 2022, the average plan budget **increased** from \$53,800 to \$56,500 - an increase of 5.0 per cent.

Figure 83: Average annualised plan budgets for years ending 31 March – all participants

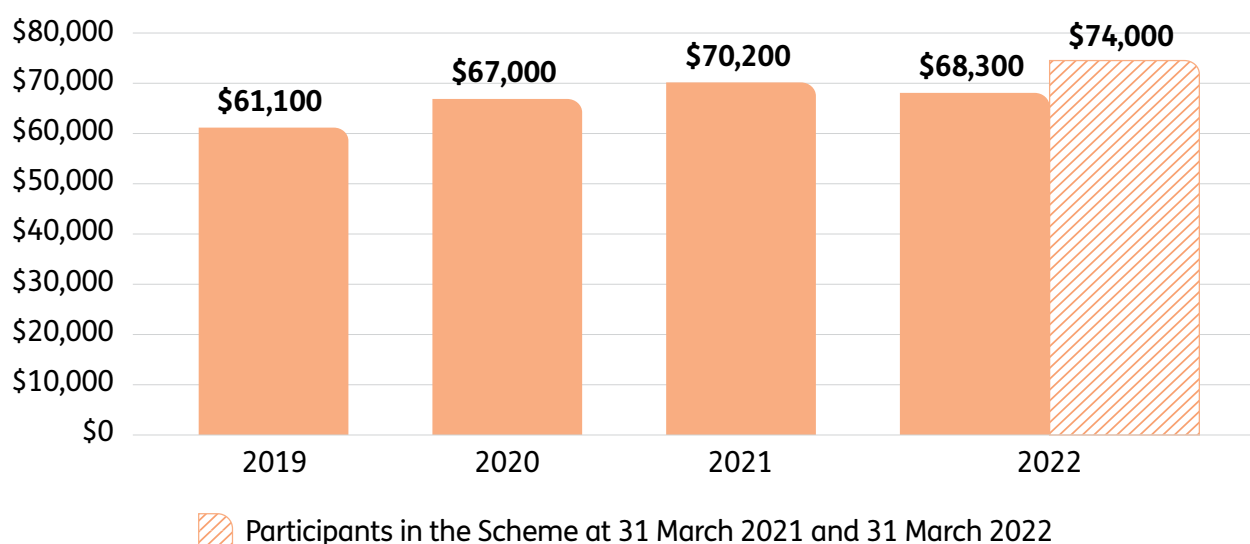


Figure 84: Average annualised plan budgets for years ending 31 March – participants in SIL

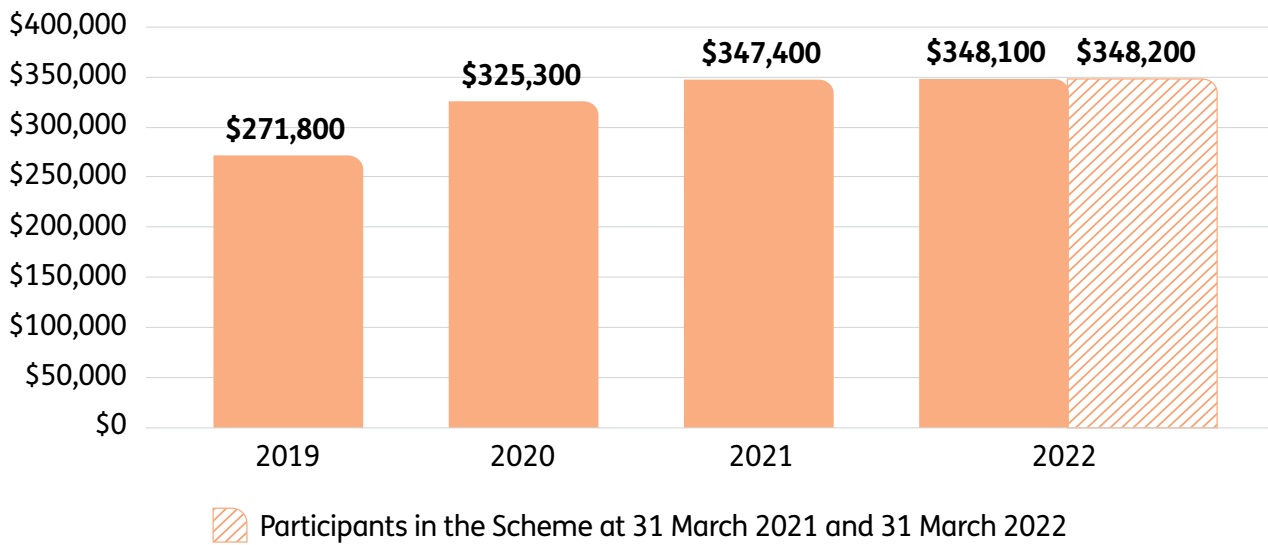
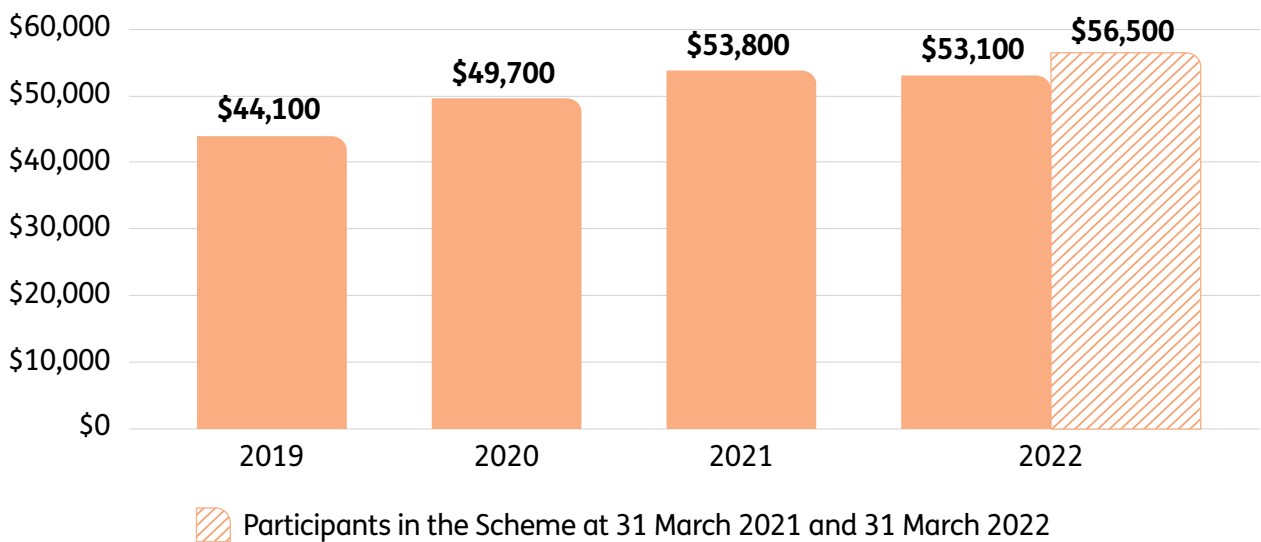


Figure 85: Average annualised plan budgets for years ending 31 March – participants not in SIL



For participants not in SIL, average plan budgets have increased over time for all age groups. The rates of increase were highest for participants aged 65 years and older at 11 per cent per annum, and lowest for participants aged 15 to 34 years at around five to six per cent per annum, with the rates of increase for the remaining age groups being around eight to nine per cent per annum. As previously described, the average plan budgets at the end of the year are slightly lower or steady compared to the values at the start of the year, due to new participants entering the Scheme in this latest year having lower average plan budgets.

Figure 86: Average annualised plan budgets for years ending 31 March by age group – participants not in SIL

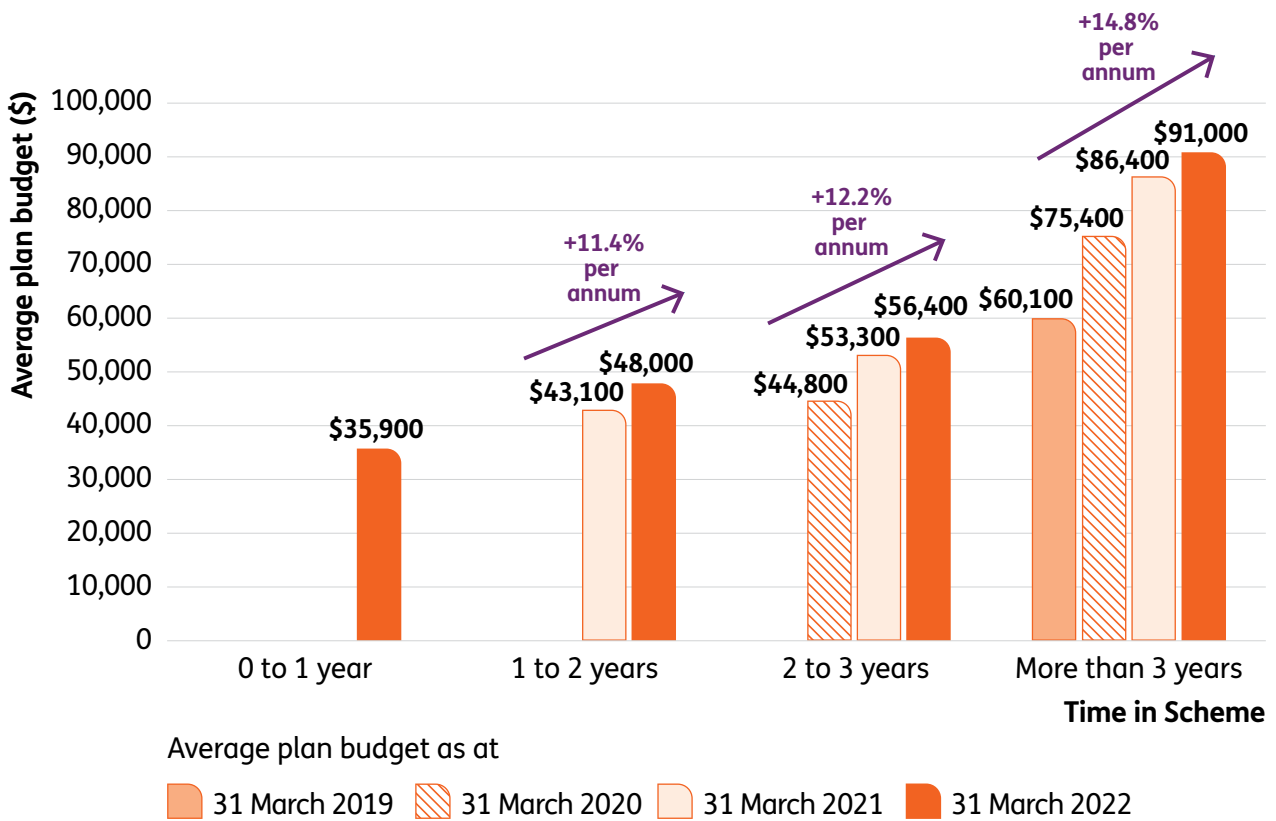


As the mix of participants has changed over time, understanding trends in average plan budgets for the same group of participants over time is important.

In considering participants by when they first entered the Scheme, and tracking the average plan budgets for the same cohort of participants over time, it is evident that the average plan budgets have increased for all participant cohorts each year, including the last year. For example, for participants who have been in the Scheme for three years or more, average plan budgets increased from \$60,100 at 31 March 2019 to \$91,000 at 31 March 2022 (14.8 per cent per annum), and for participants who have been in the Scheme for one to two years, average plan budgets increased from \$43,100 at 31 March 2021 to \$48,000 at 31 March 2022 (11.4 per cent per annum).

On the other hand, the average plan budgets for new participants joining the Scheme have decreased each year, with participants joining in the last year having an average plan budget of \$35,900 at 31 March 2022, compared to \$43,100 for participants joining in the previous year. This reflects the change in the profile of participants in the Scheme over time, with a higher proportion of lower cost participants, especially children and fewer new participants in SIL.

Figure 87: Average plan budget trend by time in the Scheme – all participants



Plan reviews result in plan budgets varying from plan to plan for a variety of reasons – for example, one-off capital items in one plan and not the next. Another example is investment in capacity building (such as behavioural supports) resulting in less need for core support over time. The NDIA has published an Operational Guideline on Plan Reviews which details the reasons why a new plan could be different to a current plan. The Operational Guideline can be accessed [here](#).⁸⁰

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

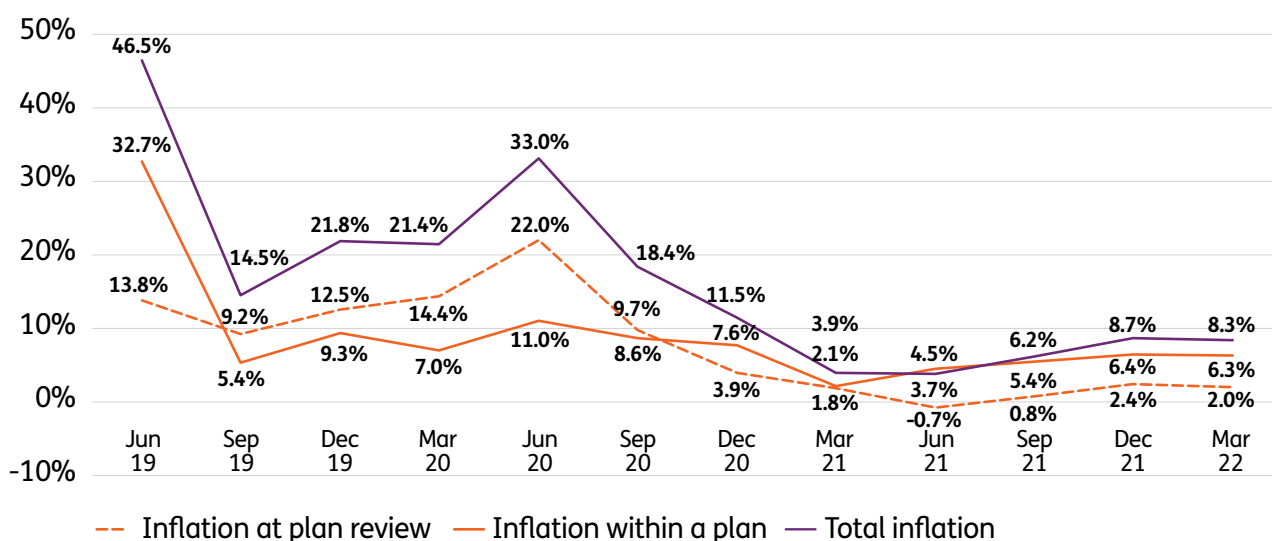
Access to capacity building supports early in a participants’ journey is considered an early investment, and is intended to increase independence, and reduce reliance on NDIS funding over time. If overall funding goes down from one plan to the next, it may be because the same amount of supports are no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

As mentioned above, plan budgets can change at plan review for a number of reasons. Many of the reasons discussed above can also occur before a plan is due to be renewed, and often the plan may be ended early and a new plan put in place because of these reasons – both of these factors contribute to the percentage changes in plan budgets in a quarter. Previously the NDIA has not included the additional percentage changes in plan budgets that occur before a plan is scheduled to be reviewed in reporting this metric, and this has underestimated the extent to which plans have increased both recently and in the past.

In the March 2022 quarter, total plan inflation was 8.3 per cent per annum. Of the 8.3 per cent per annum total plan inflation in the quarter, 2.0 per cent was due to changes at plan review, and 6.3 per cent was due to changes occurring within a plan, between reviews.

The plan inflation of 8.3 per cent per annum in March 2022 compares with plan inflation of 8.7 per cent per annum in December 2021, and 6.2 per cent per annum in September 2021. This is considerably lower than plan inflation in early quarters which regularly exceeded 20 per cent per annum.

Figure 88: Percentage change in plan budgets for active participants



⁸⁰ <https://ourguidelines.ndis.gov.au/your-plan-menu/plan-reviews>

At the individual level, plan budgets can vary significantly. Plans increasing and decreasing is consistent with an early investment insurance approach. When looking at experience in this financial year (from 1 July 2021 to 31 March 2022), taking account of total plan inflation, plans were more likely to increase rather than decrease. Specifically:

- **39%** of plans increased at review by more than 5%
- **26%** decreased by more than 5%
- **35%** remained within 5%

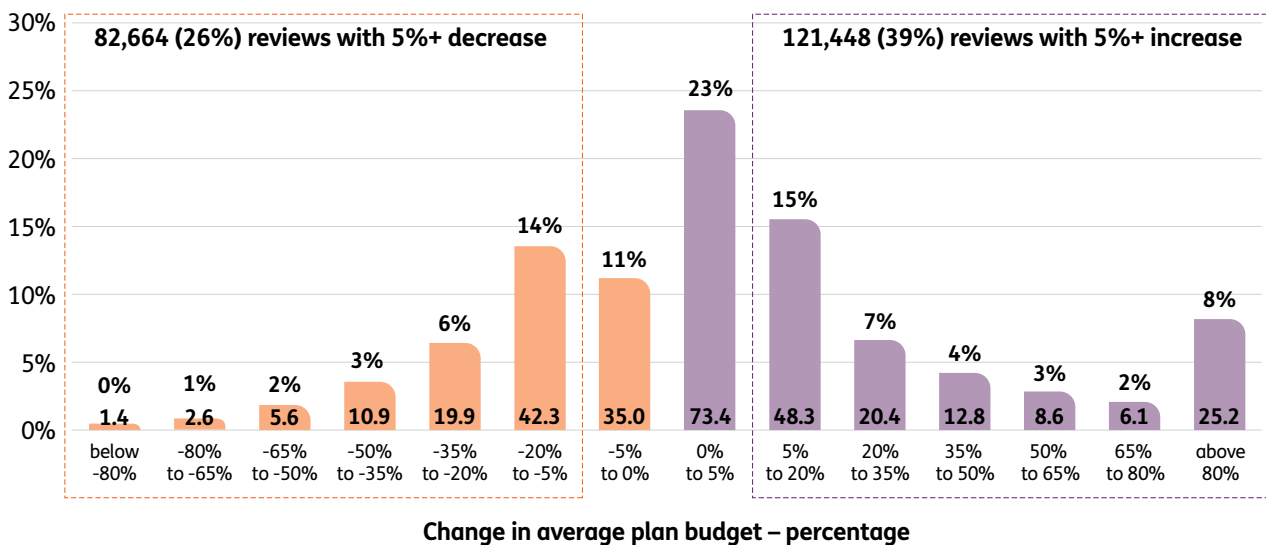
For participants in SIL:

- **31%** increased by more than 5%
- **21%** decreased by more than 5%
- **48%** remained within 5%

For participants not in SIL:

- **39%** increased by more than 5%
- **27%** decreased by more than 5%
- **34%** remained within 5%

Figure 89: Distribution of the percentage change in plan budgets for plans reviewed in this financial year (1 July 2021 to 31 March 2022) – all participants⁸¹



⁸¹ The number of plan reviews (in thousands) in each inflation percentage band is shown at the bottom of each bar in the chart. The corresponding percentage of plan reviews in each band is shown at the top of each bar in the chart.

Figure 90: Distribution of the percentage change in plan budgets for plans reviewed in this financial year (1 July 2021 to 31 March 2022) – participants in SIL⁸²

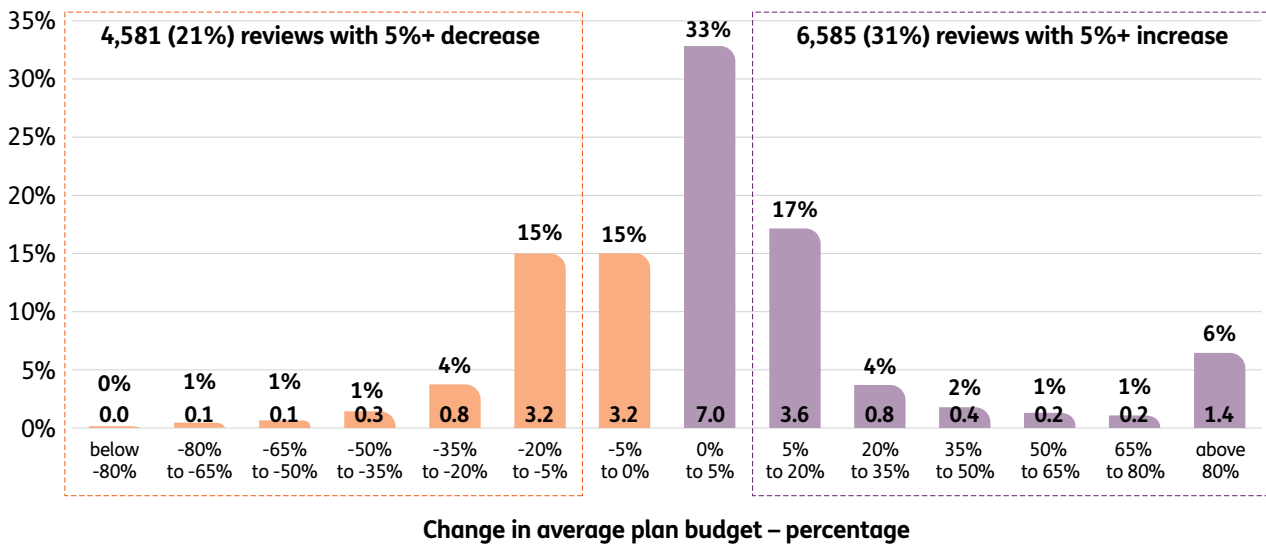
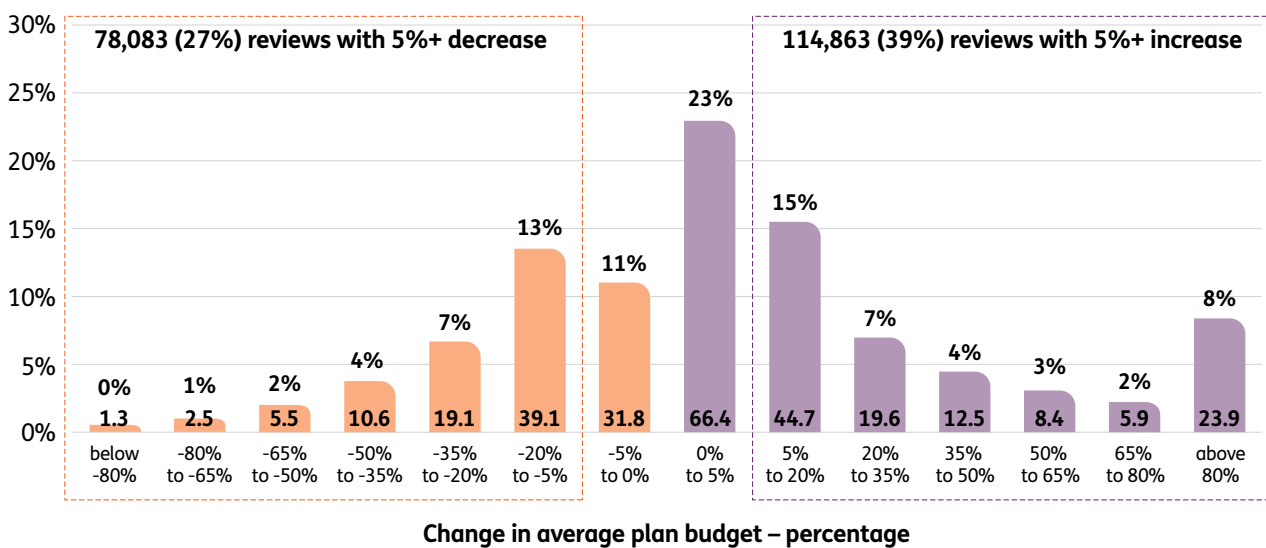


Figure 91: Distribution of the percentage change in plan budgets for plans reviewed in this financial year (1 July 2021 to 31 March 2022) – participants not in SIL⁸³



⁸² The number of plan reviews (in thousands) in each inflation percentage band is shown at the bottom of each bar in the chart. The corresponding percentage of plan reviews in each band is shown at the top of each bar in the chart.

⁸³ *ibid.*

In the two financial years 2019-20 and 2020-21, as well as the financial year to date, plans were more likely to increase rather than decrease. Specifically in 2020-21:

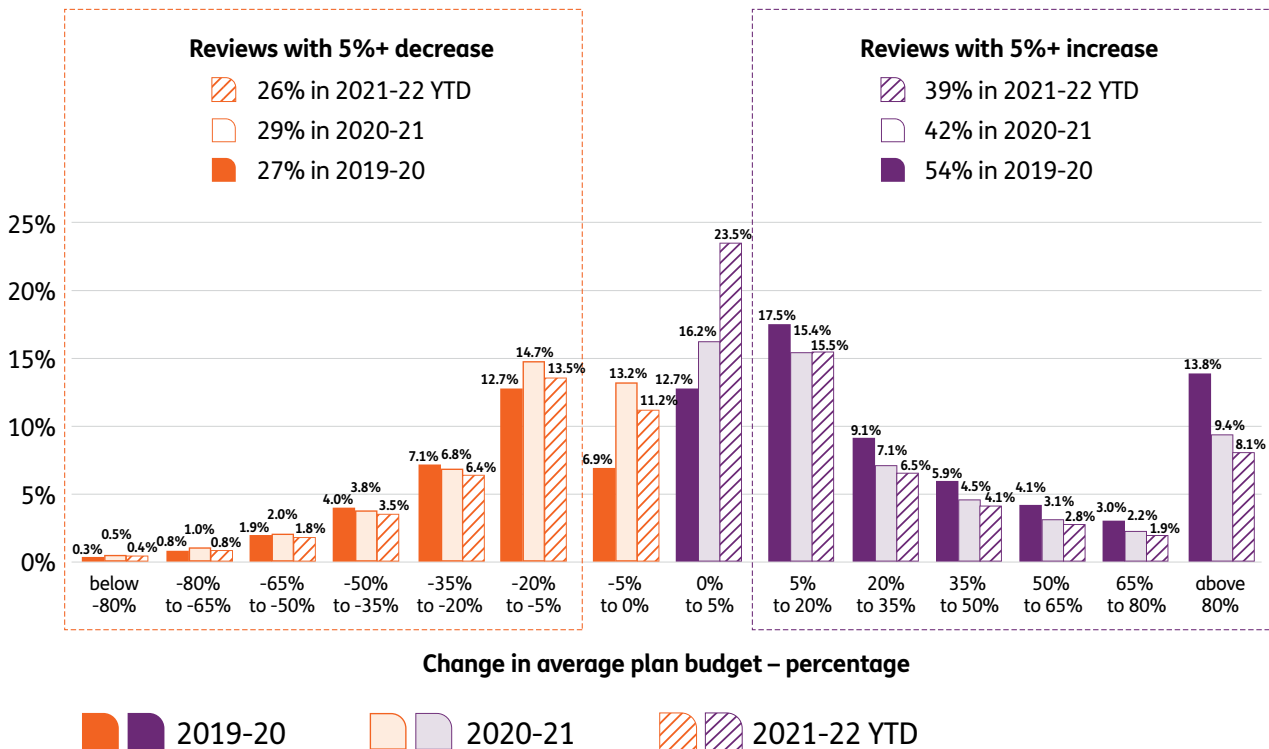
- 42% of plans increased at review by more than 5%
- 29% decreased by more than 5%
- 29% remained within 5%

In 2019-20:

- 54% of plans increased at review by more than 5%
- 27% decreased by more than 5%
- 20% remained within 5%

The following chart shows the distribution of the percentage change in plan budgets for plans reviewed over the last two and three quarter years to 31 March 2022, taking account of total plan inflation.

Figure 92: Distribution of the percentage change in plan budgets for plans reviewed over the two and third quarter years to 31 March 2022 - all participants

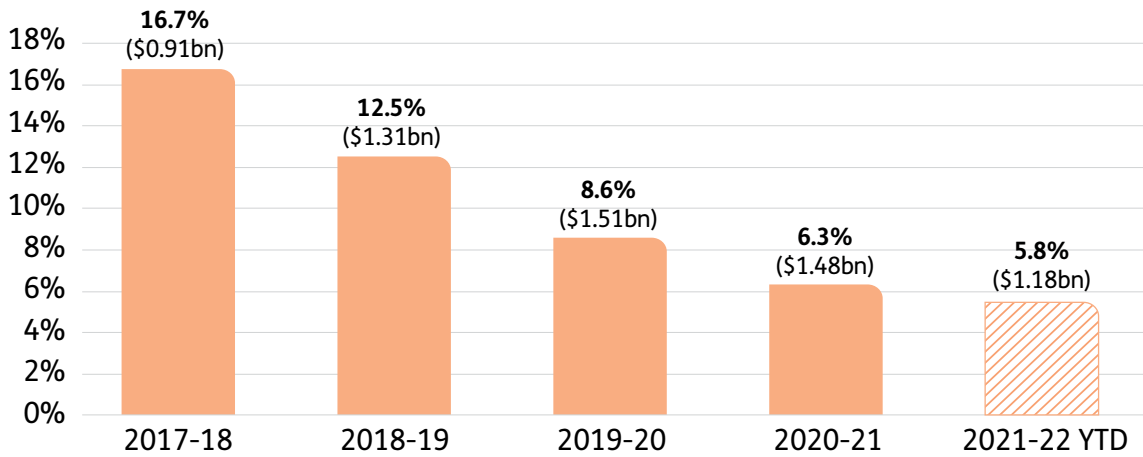


5.4 Operating expenses

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

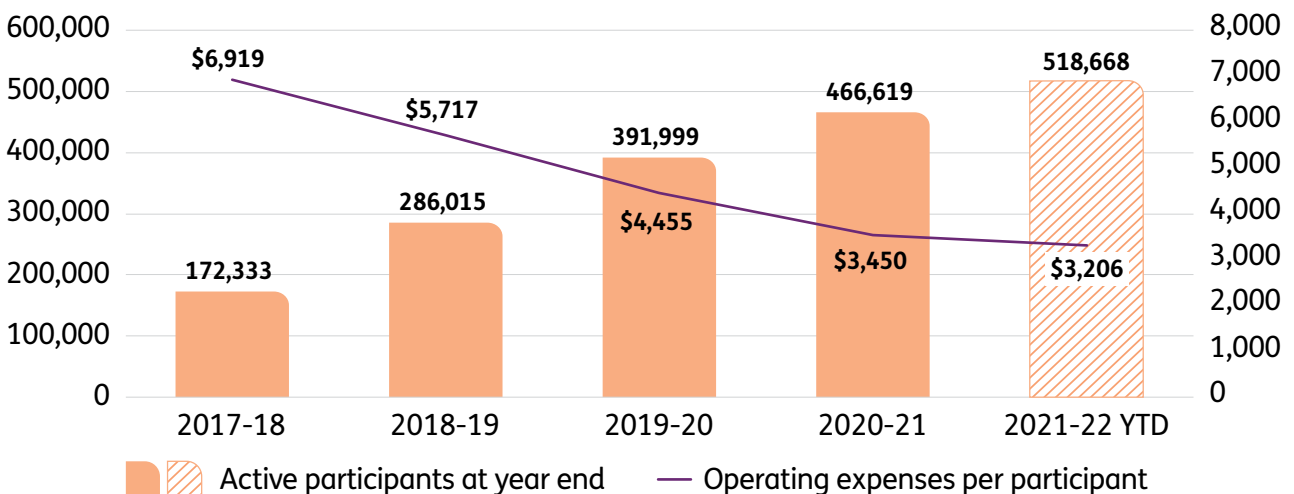
In addition to the money spent through participant plans on supports for participants, the NDIA receives money to run the NDIA, including paying staff wages. This is referred to as the NDIA's operating expenses. NDIA operating expenses have increased from \$906 million in 2017-18 to \$1,481 million in 2020-21. For the first 9 months of 2021-22, NDIA operating expenses have been \$1,185 million. As a percentage of the dollars spent on participants, operating expenses have decreased from 16.7 per cent in 2017-18 to 5.8 per cent for the nine months to 31 March 2022. The Productivity Commission in their 2017 Study report⁸⁴ suggests a range of 7 to 10 per cent as an appropriate amount for NDIA operating costs.

Figure 93: Operating expenses as a percentage of participant costs



Over time, the NDIA has increased efficiency. The annualised operating cost per participant has reduced by 54 per cent since 2017-18, from \$6,919 to \$3,206 for the nine months to 31 March 2022.

Figure 94: Operating expense per participant⁸⁵



⁸⁴ <https://www.pc.gov.au/inquiries/completed/ndis-costs#report>

⁸⁵ Average number of participants is taking a simple average of the two periods (opening and closing) on active participants. Cost per participant uses these average participant numbers divided by Total Operating Expenses. 2022 PBS relates to the figures provided in the most recent March 2022 Budget Estimates (for the 2022-23 Budget)



Louise completes 100 Burnie Parkruns

Burnie NDIS participant, **Louise**, is a fighter, and has just completed 100 Burnie Parkruns.

Louise, 37, has a rare disease, which in the last four years has seen her speech and mobility rapidly decline to the point she now has limited speech and uses a wheelchair.

Parents, Sheree and Paul, said Louise's disease has stunned everyone and left her Royal Melbourne Hospital specialist team puzzled to what it is, but the closest disease with similar symptoms is Kufs – a neuronal condition, affecting the nervous system.

While the couple said they would have moved heaven and earth to provide the right supports and equipment for Louise, they both admitted financially it would have been tough without support from the NDIS. "Louise's Local Area Coordinator, Leanne, has been absolutely wonderful," Paul said.

"One weekend Louise's condition just changed overnight. She couldn't walk anymore and she went from being tentatively mobile to using a wheelchair.

"Zoe, our amazing Support Coordinator, contacted Leanne. Leanne got things moving, and within 48 hours Louise's new plan was all in place, and all the equipment she needed started arriving."

"We're big fans of the NDIS. It's really helped to support Louise, and us, through this incredibly difficult journey," he said.

6

Staff, advisory groups and the NDIS community



6

Staff, advisory groups and the NDIS community

Participant and sector engagement activities continue to be a focus.

The Introduction section to this report highlighted the engagement activities being undertaken by the NDIA, including an update on the co-design process, the release of the NDIS Engagement Framework, the DRCO CEO forum, and AFSR workshops.

6.1 A high performing NDIA

Staff and partners capability development continues.

As at 31 March 2022, the total NDIS workforce was 12,428 including 4,942 APS employees, 1,676 labour-hire workers and contractors and 5,810 people employed by the NDIA's PiTC and Contact Centre Partners.

There was a slight decrease in APS staff within the Participant Experience Delivery group (PED) during the quarter. There are two bulk planner recruitment processes currently underway which should result in growth within the Group, approximately 240 full-time APS by June 2022.

The NDIA 2023 Graduate Program commenced during the quarter, with a multifaceted approach including the Australian Government Graduate Program (AGGP), Indigenous Graduate Pathway (IGP) and targeted Agency recruitment strategies. NDIA has set an aspirational target of 40 graduates in 2023.

During this quarter, the NDIA continued to progress the 'NDIA Employees with Disability: Our commitment to you 2021-23' which outlines the actions the NDIA will take to support our staff with disability, focusing on culture, inclusion, accessibility, workplace adjustments, and learning and development.

After the successful launch of the NDIA LGBTIQ+ Inclusion Plan in December 2021, as part of the NDIA's Inclusion and Diversity Framework, NDIA continues to progress with further actions to build an inclusive workplace for LGBTIQ+ staff. This includes ensuring LGBTIQ+ staff are supported and have a positive employment experience. A highlight was the launch of the inaugural Inclusion and Diversity survey in March 2022, with results being finalised in April 2022.

6.2 Valued input from the Independent Advisory Council

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

The Council continues to work closely with NDIA management and the NDIA Board. The Council will provide formal advice to the NDIA Board during the 2021-22 financial year on:

- Equity in the NDIS: improving access and outcomes for diverse communities
- Behavioural Support⁸⁶
- Participants who are ageing⁸⁷

The Council continues to actively collaborate with the NDIA on a variety of Corporate Plan priorities and the Council's own plan of work, including:

- Self-management
- Research and evaluation
- Remote and Very Remote Strategy Refresh

In addition, the Council continues to work closely with the NDIA on its co-design projects. Members of the Council are part of the Agency's Co-design Advisory Group, and the Agency's Co-design Steering Committees for:

- Information gathering for Access and Planning
- Home and Living
- Support for decision making
- Participant safety

The NDIA would like to acknowledge the significant contribution of Council members in working with the Agency to help strengthen relationships with the disability community.

⁸⁶ Work on this advice will start in Q4 of 2021-22 and Council will present the completed formal advice to the NDIA Board in 2022-23.

⁸⁷ Ibid.

6.3 Public data sharing and the latest release of information

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

On 14 February 2022, the NDIA released Q2 2021-22 NDIS data, refreshing [downloadable data](#)⁸⁸ files and interactive tools on [data.ndis.gov.au](#)⁸⁹ with information up to 31 December 2021.

In February 2022, the NDIA also released easy read versions of the [participant outcomes report](#)⁹⁰ and [family and carer outcomes report](#)⁹¹ to 30 June 2021.

On 31 March 2022, the latest [Market Dashboards](#)⁹² were publicly released. The dashboards compare market indicators, payment activity and participant characteristics to better understand how the NDIS market is operating across Australia. The market updates can also help identify “hot spots” where support provision is generally lower or higher than the rest of the country.

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

Participant groups:

- Participants with autism spectrum disorder (ASD)
- Participants with a psychosocial disability in the NDIS
- Participants with an intellectual disability in the NDIS
- Participants with acquired brain injury, cerebral palsy or spinal cord injury in the NDIS
- Participants with a neurodegenerative condition in the NDIS
- Participants with sensory disabilities in the NDIS
- Aboriginal and Torres Strait Islander participants
- CALD participants
- Analysis of participants by gender
- Young people in the NDIS
- Participants by remoteness classification

⁸⁸ <https://data.ndis.gov.au/data-downloads>

⁸⁹ <https://data.ndis.gov.au>

⁹⁰ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/participant-outcomes-report>

⁹¹ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/family-and-carer-outcomes-report>

⁹² <https://data.ndis.gov.au/reports-and-analyses/market-monitoring>

Outcomes and goals:

- Outcomes report for participants, and an outcomes report for families/carers (30 June 2018, 30 June 2019, 30 June 2020 and 30 June 2021)
- Employment outcomes for NDIS participants (31 December 2020), employment outcomes for families and carers of NDIS participants (31 December 2020), and employment outcomes (30 June 2018).
- People with disability and their NDIS goals
- COVID-19 impact on participants and family/carer outcomes

The NDIS market:

- the NDIS Market (30 June 2019, 31 December 2019, 30 June 2020, 31 December 2020, 30 June 2021, and 31 December 2021)
- the NDIS Market by LGA (31 December 2019, 30 June 2020, 31 December 2020, 30 June 2021, and 31 December 2021)

6.4 Cyber Security and Fraud

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

Over the past two years, the COVID-19 pandemic has brought to the forefront the ever-evolving nature of cyber threats against participants, staff, partners, providers and the NDIA. The transition of staff working from home and returning to the office, the increased utilisation of online tools, web conferencing apps and other essential digital services have increased the threat landscape for the NDIA. This has the potential to open areas of vulnerability to cyber events, or incidents that can have adverse impact.

The most likely sources of risk are foreign state-based actors, organised crime gangs, social activists and other parties who possess or procure the means with which to conduct cybercrime. This may include utilising malware, ransomware, phishing and social engineering to extort funds, expose sensitive information and deny people of online services. The recent events in Ukraine has seen an increase in these activities on a global scale and the upcoming federal election has increased the likelihood of disruption to the NDIA. The NDIA continues to collaborate across Government Agencies and Departments to leverage existing and emerging capabilities, ensuring those risks are addressed and participant and NDIA information is protected.

The NDIA is undergoing significant digital transformation to make online services more accessible for participants, staff, partners, and providers. This digital transformation will result in a more cyber secure and dynamic NDIA, while protecting the interests and information of NDIS participants.

As published in previous quarterly reports, the Australian Secret Intelligence Organisation's (ASIO) notification that health service organisations are targets for cybercrime groups remains in force. This is likely to continue for the foreseeable future as Foreign Intelligence Services seek to obtain Australian health intellectual property.

Continual communication and liaison with partners is essential to raise and maintain cyber awareness, promoting sound cyber hygiene practices outside of the NDIA's immediate control. Additionally, the NDIA conducts regular internal communication and training with staff and partners to maintain awareness of cyber threats and is reviewed regularly to ensure the training and messaging is effective.

Fraud and Compliance

Since the establishment of the Compliance Response Team in July 2021, the NDIA has significantly increased its targeted compliance response to inappropriate claiming behaviour. As at 31 March 2022, the team has contacted more than 4,900 providers where data analytics identified anomalies in claims submitted by these providers. This proactive outreach has resulted in providers cancelling more than 37,300 incorrect or non-compliant payments worth almost \$43.5 million.

The team is continuing to work with providers to raise awareness of their responsibilities and influence changes to ongoing claiming behaviour. Based on data modelling that measures the change in provider behaviour following compliance action, it is estimated that between \$169 million and \$279 million has also been saved.

The COVID-19 pandemic has had negligible impact on the day-to-day workings of compliance operations; however it is acknowledged that many providers have been impacted. To accommodate their individual circumstances, the NDIA has adapted how it engages with providers on compliance matters, including allowing extended time periods to respond to requests for information.

COVID-19 restrictions, in particular travel restrictions, have impacted on the NDIA's investigation work. Alternate remote methods to advance investigations were devised and applied wherever appropriate, however there have been some delays. Operational fieldwork recommenced this quarter as a result of reduced COVID-19 restrictions.

As at 31 March 2022, there were 33 fraud matters under investigation and a further eight matters under preliminary evaluation for investigation. Of these, eleven matters are before the courts under prosecution, with a total alleged fraud value of \$8.7 million. This quarter, four individuals were arrested in Northern Queensland for allegedly defrauding the NDIS of more than \$168,000. It is alleged that the individuals acting as unregistered service providers were claiming for services not provided to a Scheme participant.

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

The NDIA is building a new ICT business system to improve the end to end participant journey and planning process.

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

The new CRM system will deliver business improvements including a number of medium and long term changes to the end-to-end participant journey and planning process. These improvements will enable the NDIA to deliver on many of the commitments in the SIP and ongoing implementation of Tune Review recommendations. The new CRM is being designed to be more user-friendly, and make it easier for NDIA staff and partners to do their job, giving them more time to deliver a quality experience for participants.

Improvements will be delivered over the next two years and will include:

- More options for how a participant's plan can be changed to meet their needs, without lengthy processes
- New ways of capturing goals and clearer referral processes to mainstream and community supports
- Streamlined access processes, with prospective participants being supported by LAC and Early Childhood PiTC
- Integration between the NDIA's systems and Participant Portals, meaning participants can manage more of their own information and monitor progress on their requests
- Automated work-routing for all work, meaning that tasks are more efficiently completed (and matched to staff with the skills required to complete the task)
- New validation of payment requests, including participant verification steps
- Monitoring across the entire ICT system, supporting the NDIA to proactively identify and check-in when it appears a participant may need support

The NDIA is working with participants, providers and staff in the design and build of the new system and this will be progressively rolled out later in 2022.

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