

ndis

Q1
2022-23

NDIS Quarterly report to disability ministers

30 September 2022





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Introduction

This quarter, in addition to all the usual activities the Agency conducts, it has been focused on:

1. Continued support for participants, providers, staff and partners during the COVID-19 pandemic



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



3. Impact of the NDIS legislation amendments that came into effect on 1 July 2022



4. Improving the experience of participants



5. Leadership appointments



On 18 October 2022, the Minister for the National Disability Insurance Scheme (NDIS) announced the Independent Review into the NDIS to improve the wellbeing of Australians with disability and ensure the Scheme's sustainability so that future generations receive the benefit of the NDIS.

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

1 Continued support for participants, providers, staff and partners during the COVID-19 pandemic



The National Disability Insurance Agency (NDIA) continues to deliver COVID-19 response measures to participants, providers, staff, and partners to support continuity of safe services during the pandemic.

Vaccination

As part of an inter-agency taskforce led by the Department of Social Services (DSS), the NDIA has supported the acceleration of participant and worker vaccinations and support measures to maximise vaccination uptakes for winter 2022. Direct billing arrangements for the Enabling Vaccination Boosters for Workers and Participant Vaccination measures have been extended to 31 December 2022, giving providers in the following registration groups an ability to claim \$100 per worker for a booster vaccination:

- 0104 High Intensity Daily Personal Activities
- 0107 Daily Personal Activities
- 0115 Assistance with Daily Life Tasks in a Group or Shared Living Arrangement
- 0125 Participation in Community, Social and Civic Activities

A \$75 per participant payment for eligible providers remains claimable when they support a participant to receive any COVID-19 vaccination including primary or booster dosage.

Inter-agency efforts

From June to September 2022 the COVID-19 and influenza communications and engagement effort was implemented to amplify health promotion initiatives, and policy content across Department of Health (DOH), DSS, NDIS Quality and Safeguards Commission and the NDIA. Geo-targeting social media postings via NDIA's Facebook account has promoted the Disability Gateway across broader communication channels and promotes vaccinations and vaccination pathways, such as pop-up clinics.

Rapid Antigen Tests (RATs)

The distribution of RATs to Supported Independent Living (SIL) providers commenced in February 2022 and at the cessation of this measure on 31 July 2022 more than 6.8 million RATs were successfully delivered nationally, including to rural and remote areas and to flood affected areas. Between 23 December 2021 and 31 August 2022 SIL providers were able to claim \$12.50 per RAT test if a support worker was required to undergo testing to ensure continuity of safe services to participants. With both measures now finished providers can purchase RATs commercially and may access emergency supplies if required through the National Medical Stockpile. Eligible participants can continue to access disability related health supports by purchasing RATs from their current plans.

Workforce supports

The NDIA continues collaborating with the disability sector to maintain three full tiers of response through the National Workforce Support measure to build provider capability in contingency planning and minimise workforce disruptions during COVID-19 outbreaks.

From December 2021 all requests for increased staff assistance have been resolved through peer coaching without the requirement to deploy ready teams and staff.

Aspen Medical continue to deliver a Clinical First Response Service to SIL providers. The introduction of three provider webinars has delivered critical information to providers on infection control and managing COVID-19 outbreaks. Webinars were conducted on 28 July, 25 August and 28 September 2022, attracting 422 attendees. Provider feedback has been overwhelmingly positive, and a recording of the webinar is now published for providers to support training and knowledge transfer. National Workforce Support measures will remain in place until 31 January 2023 to provide support during the peak Christmas 2022 and New Year 2023 period.

In preparation for an anticipated surge of infection rates over winter, the NDIA engaged IPA Personnel Services labour hire to establish a register of skilled former disability workers, students, and retired nominees not currently working in the sector to form the Winter Relief Workforce. Over 330 people nominated their interest at the cessation of this contract on 30 September 2022. This register of deployable workers will be maintained for 12 months as COVID-19 directives and measures transition to general emergency response management. Registered nominees have received a letter thanking them for their interest.

Supporting SIL providers

The SIL Additional Support payments measure prior to August 2021 was available for providers to claim \$1,200 per household for participants who are required to self-isolate or quarantine under state COVID-19 directives. This payment allows for higher intensity support including staffing increases, personal protective equipment (PPE), professional laundering, and any ancillary expenses directly related to the participant's diagnosis. This payment was amended in August 2021 with the payment changing to \$1,200 per participant. With the easing of current pandemic conditions and pricing reviews the Agency is moving to reinstate the payment to \$1,200 per household with the payment to be further reviewed at the end of 2022.

In response to requests from the DSS and sector advocates, the NDIA has developed a pathway for eligible participants to purchase a portable air purifier from existing NDIS plan budgets to further reduce risk of COVID-19 infection. From 1 October 2022 eligible participants will be able to purchase a personal, portable air purifier from their existing plan core funding, leveraging the existing COVID-19 flexible low-cost assistive technology (AT) for continuity of supports policy. Eligible participants are those who have a disability that compromises their breathing placing them at increased risk of acquiring or becoming very unwell if they acquire COVID-19, have an increased risk of acquiring COVID-19 due to daily close personal support needs, and who are unable to effectively minimise the risk of acquiring COVID-19 with regard to health advice such as wearing masks or have poor ventilation in their residence.

2 Co-design projects which are strengthening the NDIA's engagement process



The NDIA believes the people who are impacted by the NDIA's decisions and processes have a right to be involved in designing, implementing, and evaluating those decisions and processes.

Co-design work continues

The NDIA wants to make sure the lived experience of participants, carers and their families is at the core of building a better NDIS.

The NDIA have provided regular updates on how the NDIA engages people with disability and the broader disability community to collectively improve the NDIS.

This quarter the NDIA presented a communications and engagement plan to the Co-design Advisory Group that provides a framework for building co-design and engagement knowledge and capability. The plan focuses on:

- building co-design and engagement knowledge and capability among internal and external audiences
- building confidence and trust in co-design and engagement through storytelling and transparent communications
- raising the profile of our 'learn by doing' approach to co-design and engagement through proactive engagement, media and thought leadership activities, and
- proactively sharing the outcomes and impact of our co-design and engagement work with internal and external audiences.

The NDIA would like to acknowledge and thank the ongoing contribution of the members of the Co-design Advisory Group and the Disability Representative and Carer Organisations (DRCO) forum.

Co-design Advisory Group

The Co-design Advisory Group met three times in Quarter 1 (13 July, 10 August, 13 September)¹. Over this quarter the group:

- reviewed its terms of reference
- was briefed on the Investment Effectiveness Program work
- consulted on the communications and engagement plan, including the 'Have Your Say' website refresh, and
- assisted the NDIA in finalising the Theory of Change for the evaluation of the co-design process.

¹ More information about the Co-design Advisory Group, including regular updates on their discussions, can be found here: <https://www.ndis.gov.au/co-design-advisory-group>

The Co-design Advisory Group membership comprises:

NDIA membership

- General Manager, Communications and Engagement
- General Manager, Policy, Advice and Research
- Additional representatives from the NDIA are invited as required

DRCO membership

- Ross Joyce, Australian Federation of Disability Organisations (AFDO) – Victoria
- Mary Sayers, Children and Young People with Disability Australia (CYDA) – Victoria (up until August 2022)
- Mary Mallett, Disability Advocacy Network Australia (from September 2022)
- Dwayne Cranfield, National Ethnic Disability Alliance (NEDA) – Northern Territory
- Ellen Skladzien, Down Syndrome Australia – South Australia

Independent Advisory Council membership

- Leah Van Poppel – Victoria
- Sharon Boyce – Queensland
- Leighton Jay – Western Australia
- Jennifer Cullen – Queensland

DSS membership

- Branch Manager, NDIS Governance, Policy and Legislation
- Additional representatives from the DSS will be invited as required

DRCO Forum

The DRCO Forum met twice during Quarter 1 (1 July, 26 August). Over this quarter DRCO members were presented with:

- updates on the development of the participant platform PACE, including details of how these improvements are expected to impact a participant's experience
- briefings on the Investment Effectiveness Program
- updates on resolution of AAT cases
- updates on fraud prevention approaches of the NDIA, and
- the opportunity to comment on the participant booklet redesign project and work on the disability dashboard.

The membership of the DRCO forum comprises Agency Representatives and External Members. External Members are invited from key national disability organisations at the request of the Chair.

The membership of the DRCO forum comprises:

Agency Representatives:

- The Chief Executive Officer (CEO) or delegate
- Deputy CEO, Markets, Government and Engagement
- General Manager, Communications and Engagement (Chair)

External Members:

- A4 Autism Aspergers Advocacy Australia
- Australian Autism Alliance
- Australian Federation of Disability Organisations
- Blind Citizens Australia
- Brain Injury Australia
- Carers Australia
- Children and Young People with Disability Australia
- Community Mental Health Australia
- Deaf Australia
- Deafblind Australia
- Deafness Forum of Australia
- Disability Advocacy Network Australia
- Down Syndrome Australia
- First Peoples Disability Network Australia (FPDN)
- Inclusion Australia
- JFA Purple Orange
- Mental Health Australia
- National Disability and Carers Alliance / Every Australian Counts
- National Ethnic Disability Alliance
- National Mental Health Consumer Carer Forum
- People with Disability Australia
- Physical Disability Australia
- ReImagine Australia
- Self Advocacy Resource Unit
- Women with Disabilities Australia
- Young People in Nursing Homes National Alliance

Membership is at the CEO level only.

Stakeholder Engagement themed workshops – DRCO member attendance

During Quarter 1 the Sector Advice and Engagement team continued to offer information sessions to the sector on topics of interest that they nominated. The primary objective of the sessions is to streamline engagement activities in a more meaningful way for sector stakeholders. Since June 2022, the Agency has met with various stakeholders from the sector through themed workshops with topics including:

- **Employment (15 July)** – areas for discussion included the Participant Employment Strategy, reviewing school leaver employment supports and addressing questions in relation to employment.
 - 15 DRCO members attended
- **Data and Insights (4 August)** – the Sector Advice and Engagement Team facilitated this meeting with the Digital Delivery and Insights business area based on sector interest noted in stakeholder interactions.
 - 6 DRCO members attended
- **Operational Guidelines (5 August)** – covered an update on the Operational Guidelines Refresh Project.
 - 15 DRCO members attended
- **School Leaver Employment Supports (20 September)** – areas of discussion included language and nomenclature, consideration of people with low vision and participants with autism, as well as data.
 - 9 DRCO members attended
- **NDIS Participant Employment Strategy (20 September)** – areas of discussion covered prioritisation of work experience in the school system, employment outcomes and building intrinsic motivations that underlie capacity building.
 - 10 DRCO members attended

This quarter the NDIA progressed a number of co-design projects including:

Information Gathering for Access and Planning

The Information Gathering for Access and Planning (IGAP) project will deliver a new person-centred model of information gathering that delivers consistency and equity in access and planning outcomes.

Since June 2022, the NDIA has:

- Completed the first phase of engagement with the disability community, with the aim of understanding people's experiences with current access and planning information gathering processes. The engagement approach included targeted engagement through focus groups, and broad engagement through an online survey.
- Completed two research projects to build an evidence base and shared understanding of the information gathering requirements that arise from the NDIS Act, and the NDIA's clinical advisory function.
- Commenced engagement with medical colleges and peak allied health bodies to understand their perspectives on the challenges with NDIS access and planning processes.

Later in the year, the IGAP Steering Committee will use findings from the engagement with the disability community, the health and allied health professionals and the research projects to develop a forward workplan for the IGAP project in 2023.

Home and Living

The NDIA is developing a policy to inform the way the Scheme supports participants to pursue their home and living goals. The aim is to give participants more choice and control over where they live, who they live with and how they are supported.

The co-designed policy will deliver:

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

To help create the policy, the NDIA has:

- Completed a series of co-design activities with participants, families, carers, sector representatives and providers to design and test policy solutions.
- Engaged a disability organisation to undertake engagement on the policy solutions with people from diverse cohorts including First Nations people, people from Culturally and Linguistically Diverse (CALD) communities, and people who live in rural or remote areas.

Participant Safety

The NDIA is developing an overarching policy on participant safety to guide the work of the NDIA in supporting participants to think about their own safety. In developing this policy, consideration is being given to existing frameworks and evidence-based research, including that provided by the Independent Advisory Council.

To help create this policy, the NDIA has:

- Undertaken engagement activities, including virtual workshops with key target groups including participants, families, carers, providers and NDIA staff and partners.
- Completed a scoping review to identify strategies to safeguard people with a disability against abuse, neglect and exploitation.

Supported Decision Making

The NDIA is developing a policy and implementation plan to guide how the NDIA will support participants to make decisions. The Supported Decision Making policy will aim to:

- increase the opportunity for participants to be actively involved in making decisions about their lives and to exercise real choice and control
- support development of participants' capability in making decisions (and helping participants to explore and make those decisions)
- build the capacity of decision supporters, Agency staff and partners to recognise and enable the will and preference of participants, and
- strengthen a support for decision making approach in the appointment of nominees.

The NDIA developed the Supported Decision Making policy, and is working with Inclusion Australia to review the policy. Inclusion Australia is currently working with disability organisations to hold co-design workshops. A person with disability and NDIS participant is co-facilitating these workshops.

Cultural and Linguistic Diversity (CALD) Strategy

In 2021, the NDIA commenced the co-design of a new CALD Strategy 2023-2027 to support people with disability from CALD backgrounds to achieve access to, and outcomes from, their NDIS Plan on an equal basis with the broader population. By co-designing the Strategy and a corresponding Action Plan, the NDIA is committing to walking alongside CALD participants, families, and carers to address the challenges they face when accessing and using the NDIS.

Since June 2022, the NDIA has:

- Concluded the Discover phase, where the NDIA facilitated workshops, focus groups, individual discussions, and two roundtable events to understand and unpack the challenges facing people when accessing and using the NDIS. From these discussions emerged five themes (infrastructure, staff capability, accessible communications, markets and data) which provided the foundation for the NDIA to develop agreed goals, which is detailed in the Discover Phase Report.
- Commenced activities for the Develop phase. Specifically, the NDIA has launched the expressions of interest process for a further six focus group sessions and coordinated additional community conversations with stakeholders to co-design explore, build and test solutions for the new CALD Strategy.

First Nations Strategy

At the end of 2021, the NDIA began the process of developing a new First Nations Strategy. Through detailed co-design, the NDIA is seeking to answer the question: how can the NDIA measurably improve outcomes for First Nations people living with a disability over the next four years?

Since June 2022, the NDIA has:

- Progressed a detailed desktop review of NDIA data, NDIA and Australian Government First Nations strategies and policies, and conducted internal consultations to support understanding of the current state challenges and preliminary priority areas facing First Nations people living with a disability.
- Progressed a partnership agreement with FPDN to support the NDIA in the co-design of the strategy.
- Engaged with key internal and external stakeholders to discuss their involvement and input in the strategy co-design process.

3 Impacts of the NDIS legislative amendments that came into effect on 1 July 2022



The NDIA has continued implementing changes introduced by the National Disability Insurance Scheme Amendment (Participant Service Guarantee and Other Measures) Bill 2022.

This includes:

- Demonstrating our commitment to co-design across six initiatives currently underway addressing Home and Living, Participant Safety, Supported Decision Making, CALD Strategy, First Nations Strategy and IGAP.
- Establishing a team of specially trained officers to ensure timely responses to participant requests for plan variations and reassessments.
- Expanding the scope of Review of Reviewable Decisions (RoRD) to include any variations or replacement of the original decision requested for review. This gives certainty that the review decision will consider the most up-to-date plan and information.

The NDIA are also progressing work to design and build a new information and communication technology business system which will support staff, partners and participants. This will also enable the Agency to implement further improvements to the service response standards.

The NDIA will continue to design and develop policy, guidance and service initiatives based on the amended legislation to support the Agency to deliver better experience and outcomes for NDIS participants, their families and carers.

4 Improving the experience of participants



The NDIS has been in operation for just over nine years. Over this time, outcomes are improving for many NDIS participants and their families and carers. The NDIA is continuing to focus on improving the experience of participants.

Outcomes are improving for many NDIS participants and their families and carers. The NDIA recognises there is more to do and is focused on improving the experience of participants in the following key areas:

Improving employment opportunities for participants

The NDIA is committed to improving participant employment outcomes and is currently reviewing the Participant Employment Strategy and priorities for 2023. The NDIA will continue to focus on supporting participants to set work goals, improving pathways to work, market development and building the confidence of employers to employ NDIS participants. Further information about the NDIA's Participant Employment Strategy can be found in Part 2 of this report.

Assisting participants leave hospital who are ready to be discharged

The NDIA is implementing an operational plan to reduce the time taken for participants to be discharged from hospital, this includes:

- Increasing the number of dedicated Hospital Discharge staff supporting each state and territory, including additional Hospital Liaison Officers (HLOs) and NDIS hospital discharge planners.
- Increasing the delegation of those staff and streamlining processes to facilitate quicker decision-making.
- A commitment from the NDIA to contact every NDIS participant (or their authorised representative or nominee) within four days of being notified of their admission.
- A commitment from the NDIA that an NDIS discharge plan will be approved within 30 days.
- Enhanced data collection and reporting to measure progress against these commitments and identify reasons for any delay.

Reducing the number of AAT cases

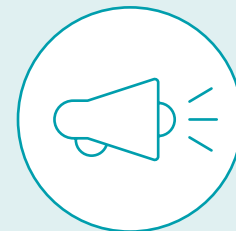
The Australian Government and the Minister for the NDIS, the Hon. Bill Shorten MP, have committed to reducing the number of NDIS cases at the Administrative Appeals Tribunal (AAT) and improving the way the NDIA manages its AAT processes.

The Government is now taking action to reduce the backlog of NDIS cases at the AAT. To improve the experience of participants, the NDIA will:

- Initiate an early resolution approach and directly contact participants who have lodged an AAT application.
- Establish an Independent Expert Review (IER) program to review individual participant cases and disputed supports before they are heard by the AAT.

The NDIA is committed to working more closely with participants, being more transparent and delivering faster and fairer dispute resolution processes. The NDIA will be consulting widely across the sector to hear their views on how the NDIA can improve AAT processes and improve the participant experience.

5 Leadership appointments



Australian Paralympian and disability advocate Kurt Fearnley AO was appointed Chairman of the NDIA Board and commenced on 18 October 2022. He was a serving member of the NDIS Independent Advisory Council during the trial phase of the Scheme from 2013 to 2015.

The NDIA Board also welcomes new members Dr Graeme Innes AM and Ms Maryanne Diamond AO. Led by Kurt Fearnley, who is the first person with a disability to Chair the Board, there are now five people with disability on the NDIA Board, including current board members Leah van Poppel and Meredith Allan, the largest number in its history. Dr Denis Napthine AO, formerly Chair, will return as a Board Member. Graeme Innes, Maryanne Diamond and Denis Napthine commenced on 18 October 2022.

Rebecca Falkingham PSM has been appointed as CEO of the NDIA and commenced on 18 October 2022. Ms Falkingham has extensive experience leading departments and major projects and has a deep understanding of the NDIS through her work in the Victorian and NSW state governments. She joins the NDIS after spending several years as the Secretary of the Victorian Department of Justice and Community Safety in Victoria.

This report

This report is a summary of the performance and operations of the NDIA for the three months from 1 July 2022 to 30 September 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)

The NDIA is considering how to best publish and deliver data to ensure the data is published in a format that is as useful as possible. The following two appendices will be released separately on the [NDIS website](https://www.ndis.gov.au)².

- A comparison of utilisation by service district (Appendix Q)
- Waiting times for access decisions and plan approvals by State/Territory (Appendix R)

² <https://www.ndis.gov.au/about-us/publications/quarterly-reports>



Mary Anne is now a teacher and role model in remote Kununurra



Living with a significant mental health disability has taken **Mary Anne**, 55, to dark places she never imagined.

After experiencing a ‘breakdown’ at 27, Mary Anne found herself in deep despair and far from her people in Miriwoong country, in the East Kimberley of Western Australia.

But today, the proud Jaru woman is happy and living on her family’s property in the remote town of Kununurra where she first moved as a child. Thanks to her positive mindset and specialised supports through the NDIS and local NDIS provider, Patches, Mary Anne has increased her independence and is enjoying life as she always hoped it would be.

Mary Anne recently achieved one of her greatest goals, to find and secure a job. She now teaches art to young children at Kununurra’s Ewin Early Learning Centre, passing on her country’s art and cultural traditions.

“I like the job because I can teach the kids some of what I learned from my elders,” she says.

As well as her new teaching role, Mary Anne has also been pursuing a passion for photography. “Your mind is too much to control and photography for someone with a mental health problem is so easy because you get satisfaction,” she explained.

Every week, she engages with locals and tourists, selling original photographs and prints at the Kununurra Markets. She has self-published a book and markets her work through social media.

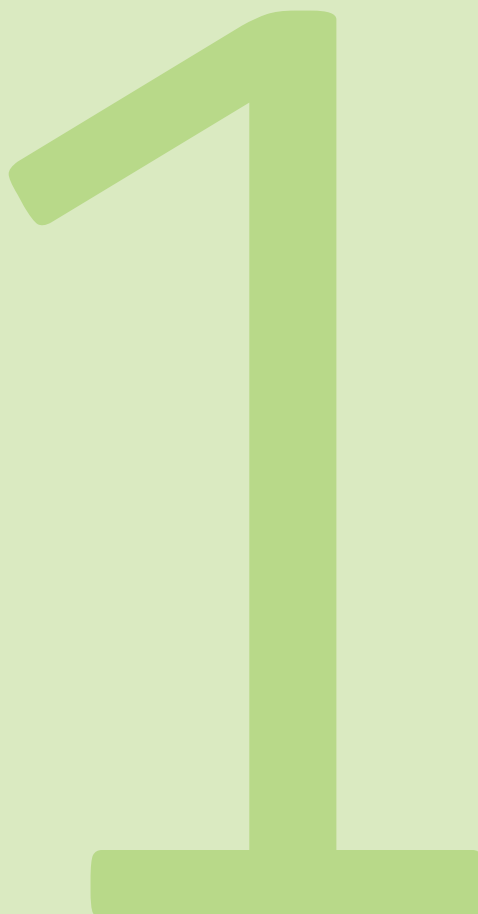
Mary Anne’s NDIS plan also includes psychology supports to help keep her mental health on track. She admits when she first joined the Scheme, she was anxious about how it would work for her.

“But NDIS gives you a support worker and they’re really good,” Mary Ann said, “I’m glad NDIS come on board.”

Section one:



Participants and their plans





More than 550,000 participants are receiving support from the NDIS.

1.1 Number of participants in the Scheme

At 30 September 2022, 554,917 participants had an NDIS plan, and 23,137 participants entered the Scheme during the quarter.

At 30 September 2022, 554,917 participants had approved plans.³ This represents a four per cent increase from last quarter (an additional 20,262 participants).

Further, the NDIA undertook 78,533 plan reassessments⁴ in the quarter, averaging 5,975 reassessments per week. Of the 78,533 plan reassessments conducted, 57,235 were initiated by the Agency and 21,298 were requested by participants. Agency-initiated plan reassessments (AIPR) 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	2022-23 to date
Active participants	7,285	17,155	29,719	89,610	172,333	286,015	391,999	466,619	534,655	554,917
Yearly increase ⁵		9,870	12,564	59,891	82,723	113,682	105,984	74,620	68,036	20,262
% increase in active participants		135%	73%	202%	92%	66%	37%	19%	15%	4%

³ 33,808 participants with approved plans have left the NDIS in the period between 1 July 2013 and 30 September 2022.

⁴ Plan Reviews are now referred to as Plan Reassessments in line with the amendments to the NDIA legislation which came into effect on 1 July 2022.

⁵ This is the net increase in the number of active participants in the NDIS each period noting some participants have left the NDIS.

1.2 Children in the NDIS (younger than 7)

At 30 September 2022, there were 88,617 children younger than 7 with an NDIS plan, and a further 11,800 accessing early connections.

Of the 554,917 participants with an approved plan at 30 September 2022, 88,617 were children younger than 7 (16 per cent), and of the 23,137 new participants with an approved plan this quarter, 11,554 were children younger than 7 (50 per cent).

In addition to the 88,617 children younger than 7 with an approved plan:

- **3,941** 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.
- **3,986** were awaiting an access decision from the NDIA (of which **2,684 (67%)** were accessing early connections from the early childhood approach).
- **12,094** children were supported by the early childhood approach (of which **11,800 (98%)** 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.

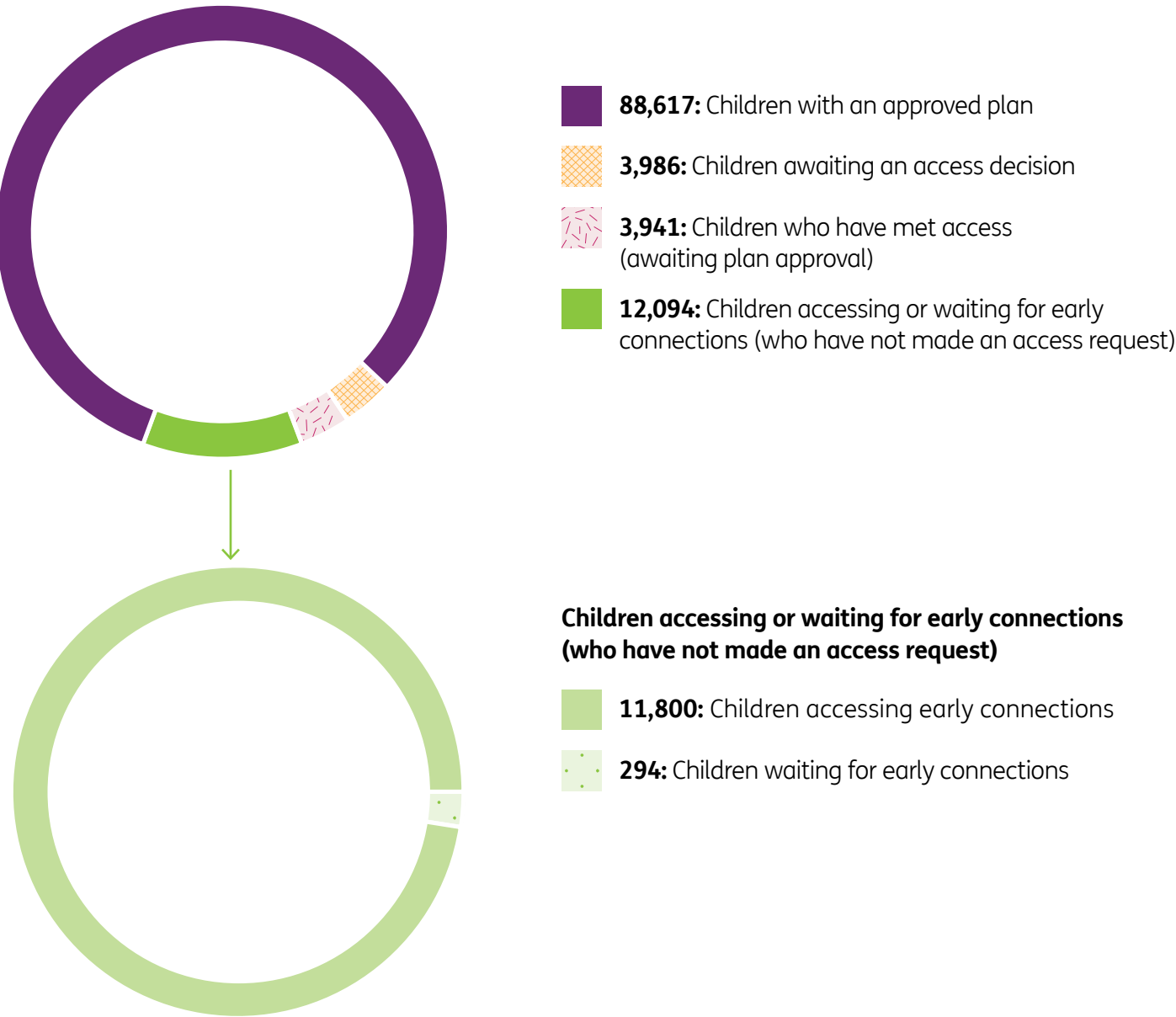
The NDIA continues to build on the existing national early childhood approach to ensure the delivery of a model that provides evidence-based, high quality and timely supports to young children and families that are embedded in an integrated and collaborative early childhood ecosystem.

The NDIA is making progress on implementing the Early Childhood Early Intervention (ECEI) reset recommendations and released web communications in July 2022 to update the sector on the progress to date.

Outcomes achieved include:

- A greater focus on the delivery of Early Support programs by the Early Childhood Partners with increased practice support and resource development.
- Provider uptake and positive feedback on the revised Provider Report Form and new Guidance Tool.
- Consistency in how the application of the developmental delay criteria is being applied by Early Childhood Partners and increased support for understanding the developmental delay pathway in remote and very remote areas.
- Strengthened relationships across governments in collaborative work to improve inclusion in mainstream early childhood services.
- Collaborative relationships are developing with health, educational services and First Nations Peoples' community organisations through the remote and very remote early childhood consultation.
- Commencing a trial of distinct early childhood delegate workforce to ensure reasonable and necessary decision making is more consistent with the age, development and life stage of the child and their family.

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 ten 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 prevalence of different disability types.

Overall, the rate of participation in the NDIS rises steeply from age zero, peaking at roughly seven per cent between the ages of 5-7.

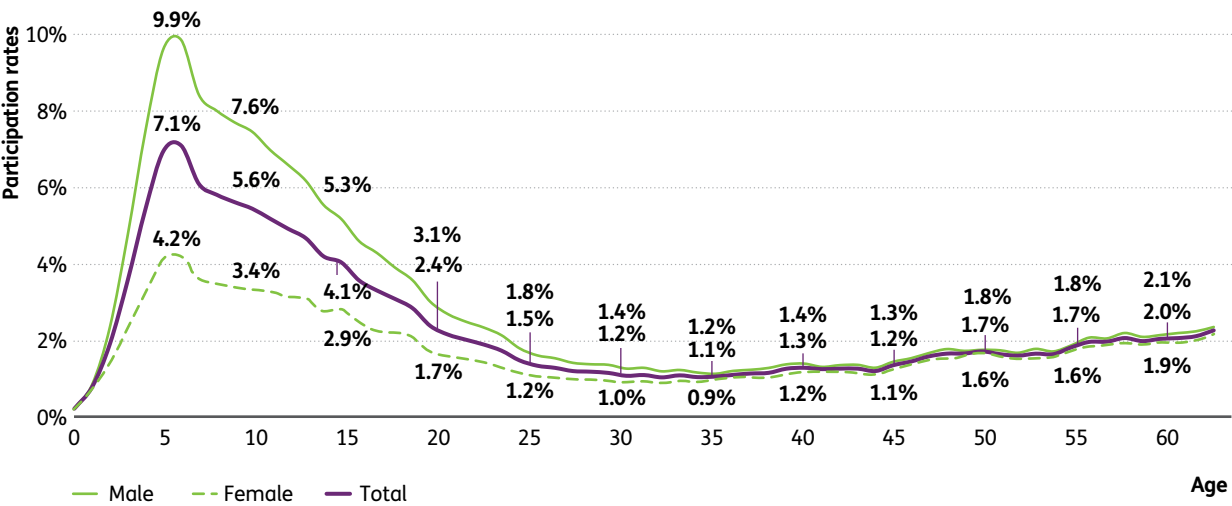
The rate then declines steadily to around one per cent at age 35, before rising gradually to two per cent by age 64. The shape of these participation rates reflects the age and disability profile of participants in the Scheme, with over half of all NDIS participants aged 18 or under.

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

Much of the difference in participation rates by gender can be explained by disability type. For NDIS participants aged 18 or under, the most prevalent disability types are autism (54 per cent) and developmental delay (19 per cent). Both of these disability types have higher prevalence in males than females.

These results are similar to the results presented last quarter, noting that the prevalence rates have increased by between 0.1 to 0.3 percentage points for each age group.

Figure 3: Participation rates⁶



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

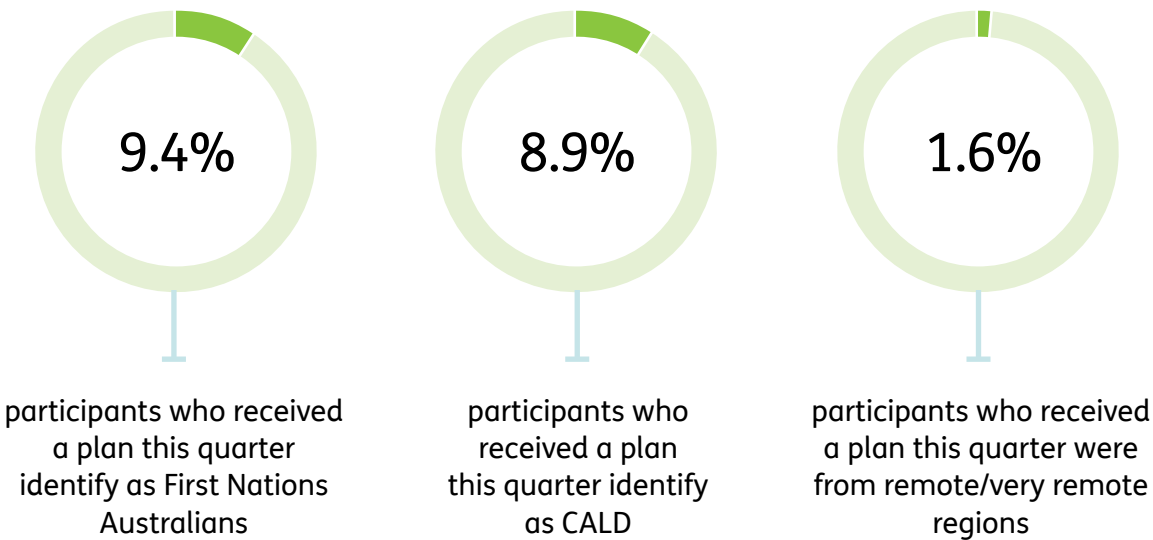
⁶ There were 6,412 participants aged 0 to 64 years with a gender of 'Other' at 30 September 2022. The participation rates for this group are included within the total rates.

1.4 Participant characteristics

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

Of the 23,137 participants entering and receiving a plan in the quarter:

- 9.4% were First Nations participants⁷
- 8.9% were CALD⁸
- 1.6% were from remote and very remote areas⁹



The NDIA is continuing to co-design and develop the CALD Strategy refresh and a new First Nations Strategy.¹⁰ An update on each of these co-design projects was included in the Introduction section of this report.

The NDIA is also undertaking a review of the Remote and Very Remote Strategy with the aim of further enhancing the NDIS experience and outcomes for people with disability living in remote Australia. Phase 1 of this work is to develop a current state snapshot focused on better understanding existing remote and very remote activities, priorities and challenges. This is expected to be released in the coming months. Phase 2 work is concurrently underway, and focuses on delivering short to medium-term improvements based on the gaps and challenges identified.

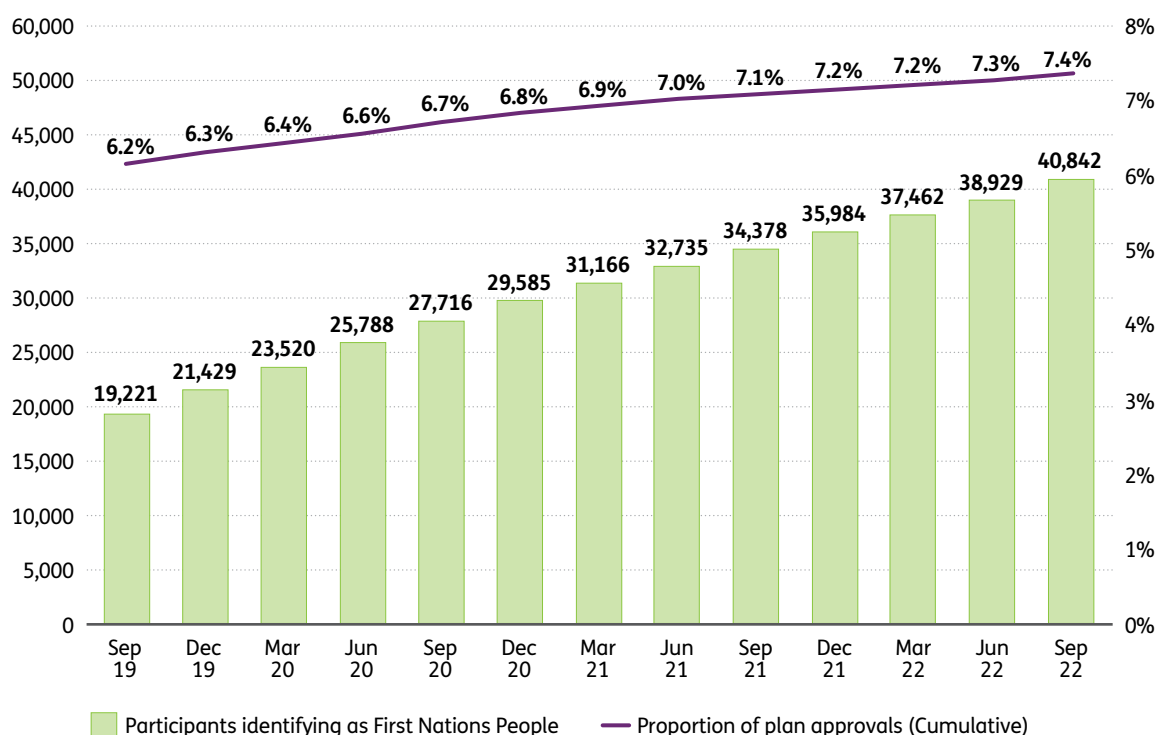
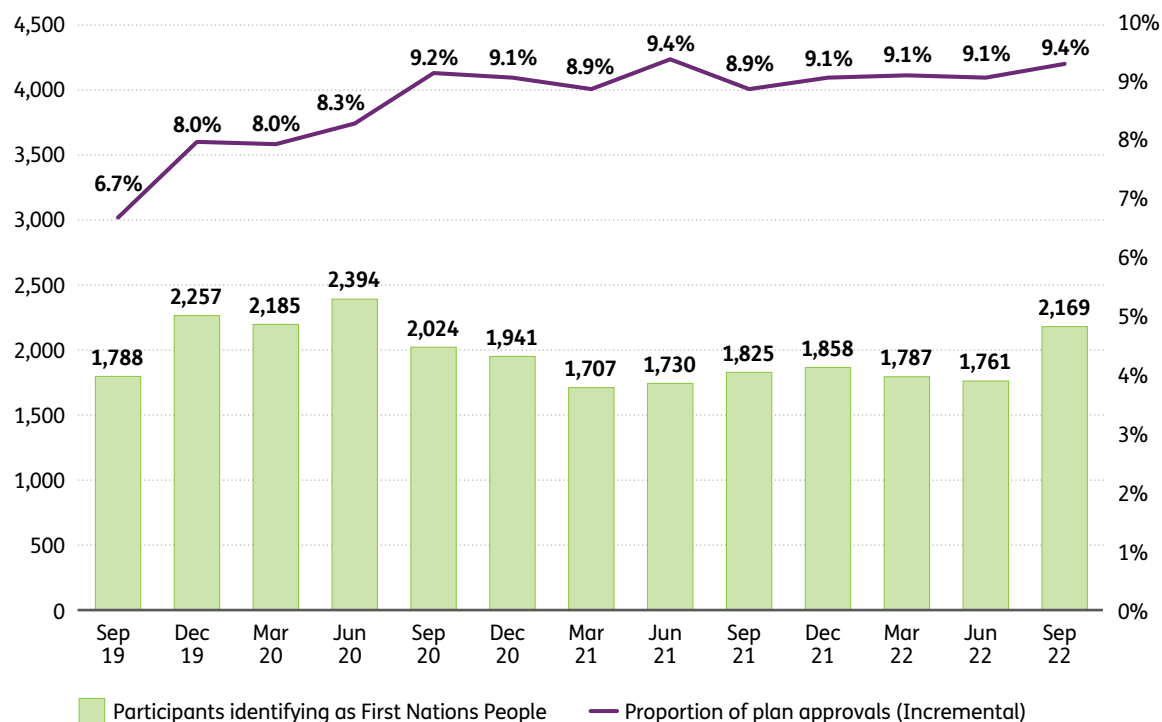
⁷ This compares to 7 per cent of the Australian population identifying as First Nations Peoples who have a need for assistance. Source: Census of Population and Housing 2016 ("Need for Assistance" variable), Persons Place of Usual Residence, by Indigenous Status.

⁸ The percentage of CALD participants excludes participants who identify as First Nations Peoples. Further, the NDIA published extra analysis on CALD participants in the September 2021 quarterly report (<https://www.ndis.gov.au/about-us/publications/quarterly-reports>). The analysis indicated that it is likely that CALD participants are joining the NDIS but have not been identified as CALD in the data collected, rather than a large number of CALD people with a disability not currently being in the NDIS. With the introduction of the new ICT system, the opportunity to collect improved data on participants should allow better identification of CALD participants.

⁹ 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.

¹⁰ 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 First Nations participants over time incrementally (top) and cumulatively (bottom)¹¹



¹¹ The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Quarterly results are reported based on a rolling 3 year period.

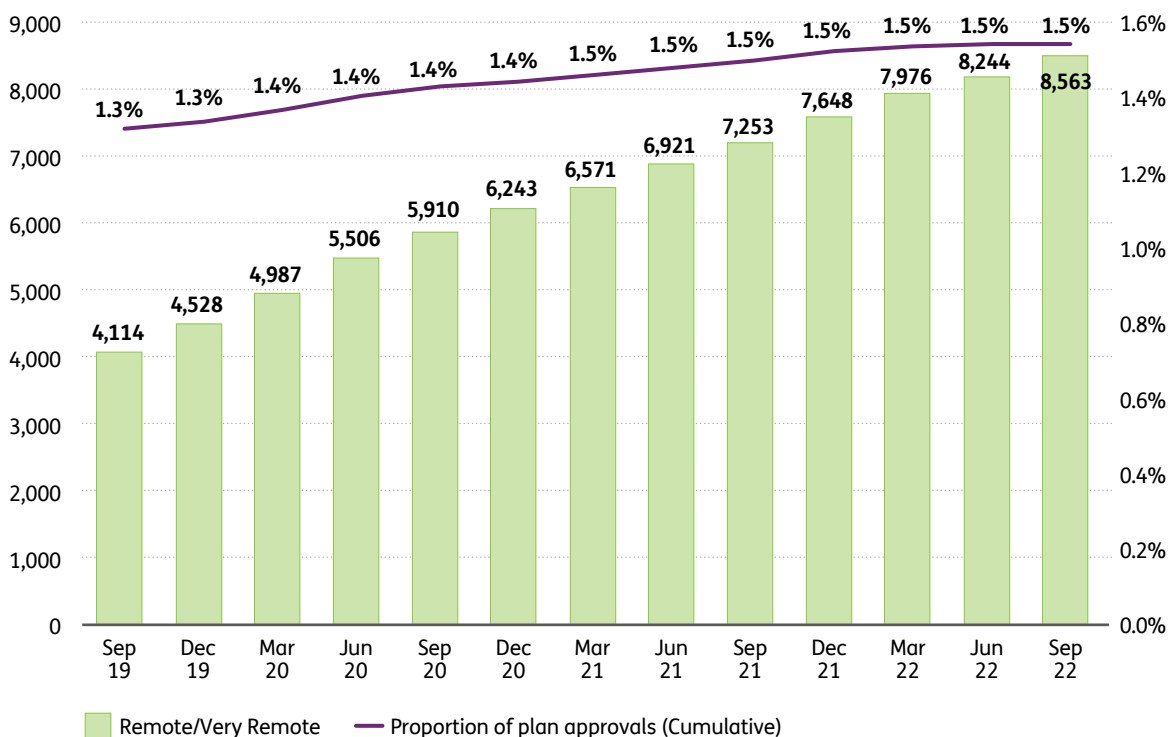
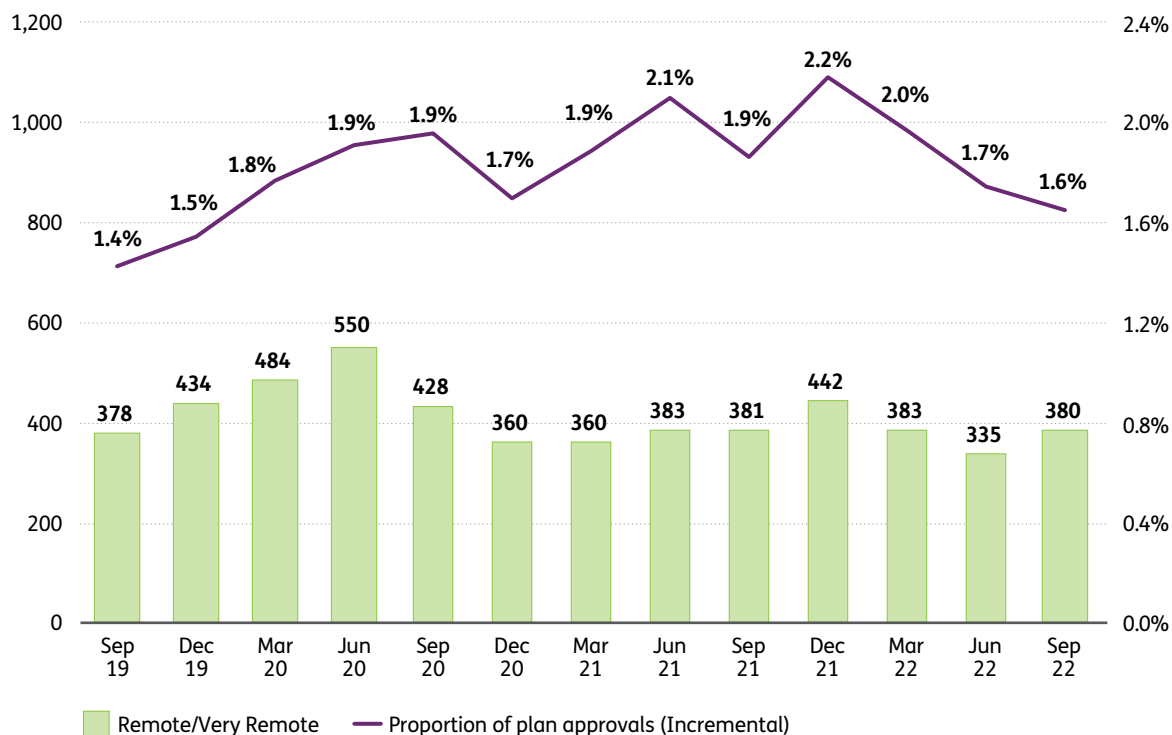
Figure 5: Number and proportion of CALD participants over time incrementally (top) and cumulatively (bottom)^{12,13}



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

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

Figure 6: Number and proportion of remote/very remote 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.

Age and disability

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

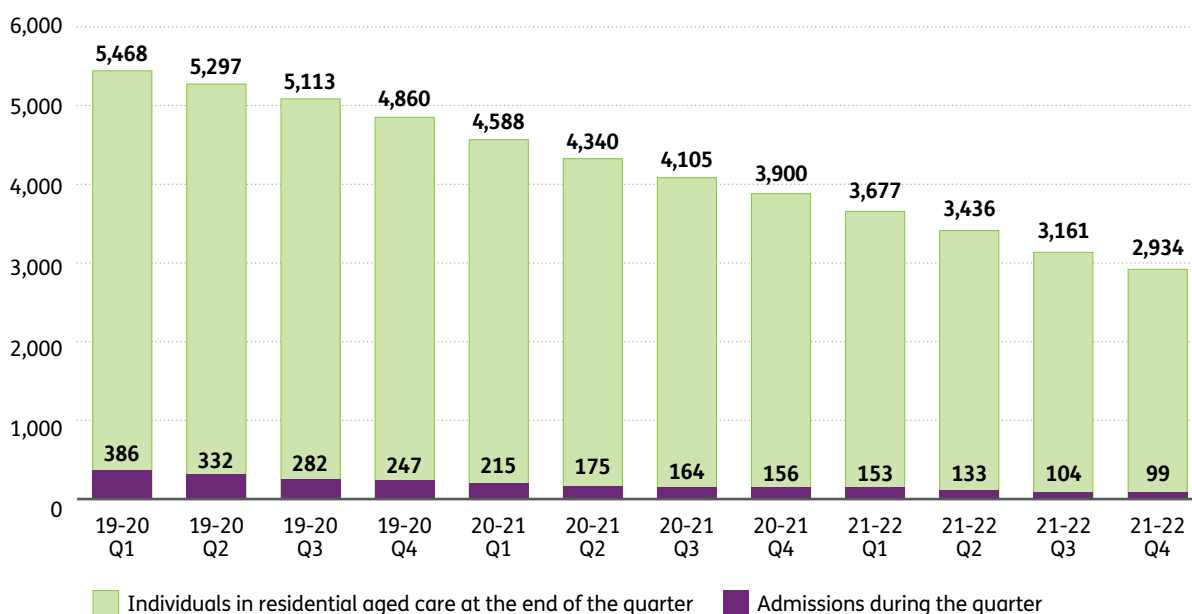
- continuation of a high proportion of children **aged 0-6 years** entering the Scheme (**49.9%** this quarter and **43.6%** in the June 2022 quarter). It is also worth noting that the number of children in the Scheme **aged less than 18 years** was **44.7%** at 30 September 2019 and **48.5%** at 30 September 2022.¹⁵
- consistent with the high numbers of children, a relatively higher proportion of participants with **Developmental Delay** entered the Scheme again this quarter (**35.6%** this quarter and **29.9%** in the June 2022 quarter).
- a consistent proportion of participants entering the Scheme this quarter for the remaining disability types, including **Autism** (**28.4%**), **Psychosocial disability** (**8.2%**) and **Intellectual disability**¹⁶ (**5.8%**).¹⁷

Younger People in Residential Aged Care (YPIRAC)

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

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

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



¹⁵ There is further information on the changing mix of participants in the Scheme on page 115. 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.

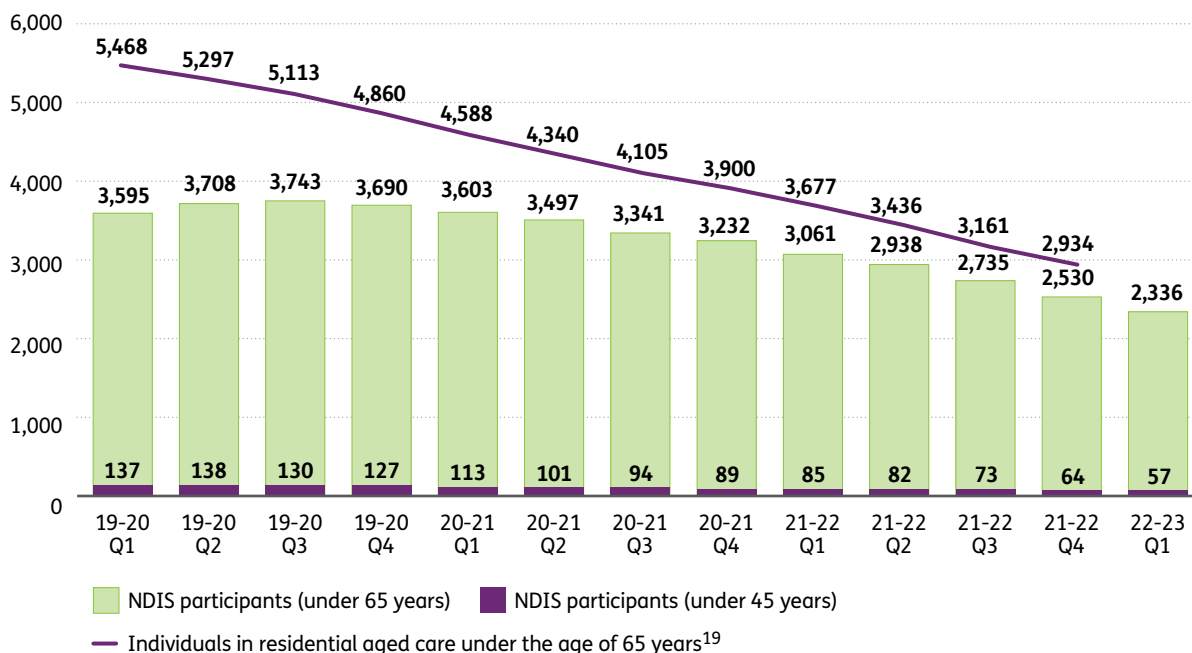
¹⁶ Intellectual disability includes Down syndrome.

¹⁷ Appendix E contains charts showing the change in participant profile by disability group over time.

At 30 September 2022, there were 2,336 participants aged under 65 years in residential aged care with an NDIS approved plan, including 57 who were aged under 45 years (2.4 per cent).

In addition to fewer participants entering residential aged care, since 1 July 2016, 865 participants have left residential aged care and are now in a more appropriate accommodation setting.

Figure 8: Number of NDIS participants in residential aged care¹⁸ (under 65 and under 45), and total number of individuals under age 65 in residential aged care



¹⁸ Represents the number of NDIS participants in residential aged care as per data available on respective quarter-ends.

¹⁹ Data provided by the Department of Health and Aged Care as at 30 June 2022.

The YPIRAC Targets

The Australian Government is committed to achieving the YPIRAC targets which seek to ensure that, apart from where there are exceptional circumstances, there are:

- 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

The Joint Agency Taskforce (JATF) between DSS, Department of Health and Aged Care (DOHAC) and the NDIA, continues to work towards achieving the targets in partnership with the Stakeholder Reference Group (consisting of sector representatives), state and territory governments, and younger people and their families. JATF efforts focus on younger people under the age of 65 living in, or at risk of entering residential aged care, including providing choice to First Nations Australians between 50 and 64 years of age who are eligible for the aged care system.

The NDIA continues to support participants at risk of entering residential aged care, and those already living in residential aged care, to move into more age-appropriate accommodation where they have a goal to do so. From 1 October 2021 to 30 September 2022, 169 participants have transitioned from residential aged care into age-appropriate settings. This includes 19 who have left to their own home (rented or owned), 51 who have exited to SDA, and 91 who have left to other shared living arrangements using SIL funding or to other group residential settings.²⁰

Supporting younger people living in residential aged care

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

As at 30 September 2022, 604 younger people in residential aged care have a goal to leave residential aged care, including 28 under the age of 45.

The NDIA also continues to engage with participants who do not have a goal to leave residential aged care to make sure they understand their home and living options. The NDIA is collaborating with DOHAC-funded System Coordinators to provide intensive support to NDIS YPIRAC participants under the age of 45 who do not currently have a goal to move.

As at 30 September 2022, there were 1,732 NDIS participants under the age of 65 without a current goal to move. Some of the reasons younger people give about why they choose to remain in residential aged care include the location of the facility is close to family and informal supports, the younger person has developed valued and trusted relationships with staff and co-residents, the younger person's support needs and requirements are currently met, the younger person feels secure and happy in their environment and their preferred accommodation type or location may not be available in an area they wish to live.

The NDIA continues to work closely with DSS, DOHAC and disability community and sector representatives to achieve the YPIRAC targets and ensure no younger person lives in residential aged care unless there are exceptional circumstances.

²⁰ There are a further 8 participants in other accommodation settings.



Amanda about to celebrate a year in mainstream employment



Working at one of Ballarat's historic watering holes, The Bunch of Grapes Hotel, **Amanda**, 24, who has an intellectual disability and lives with her dad, said she's never been happier, and after losing her mum she feels like she's gained a second family.

"I do three shifts a week and I just love working there. I pour wine, soft drinks; direct customers to their tables; take orders; deliver meals; help clean up and I've been taught to use the till and the eftpos machine," Amanda said proudly.

Manager, Jamie Morcombe, said after working with APM Employment Services to hire other people with disability, when its employment consultant Zoe Thornell called to ask if Amanda could do a day on-the-job trial he didn't think twice.

"We already had another staff member working with us who has a disability and it's worked out well, so I had no hesitation giving Amanda a go," he said.

"It was only a trial, but she was just amazing. Her personality sold me – she's got a heart of gold, loves people, loves customers and anything we ask her to do she smiles, says okay, and off she goes."

Jamie said Amanda has picked up so many tasks throughout the hotel, even setting up its large function room, and her friendly disposition means she's become popular with all the regulars.

APM employment consultant Zoe said when she received a call from Jamie to say he would like to employ Amanda the entire office was ecstatic.

"It was just a feel-good moment for everyone because we all knew her. We had supported her to redo her Responsible Service of Alcohol (RSA) course, and to complete other work ready courses to help build her confidence and get her ready for work," said Zoe.

Section two:

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.²¹ Specifically, comparing responses at the most recent plan reassessment (between two to six years after entry) with responses at Scheme entry:^{22,23}

- **seven** percentage point increase from **34%** to **41%** for participants aged 15–24 years.
- **ten** percentage point increase from **36%** to **46%** for participants aged 25–34 years.
- **seven** percentage point increase from **37%** to **44%** for participants aged 35–44 years.
- **seven** percentage point increase from **36%** to **43%** for participants aged 45–54 years.
- **six** percentage point increase from **35%** to **41%** for participants aged 55–64 years.
- **six** percentage point increase from **36%** to **42%** for participants aged 65 years and older.
- **seven percentage point increase from 36% to 43% for participants aged 15 years and older.**

In addition, for age groups that are 25 and above, the increase in participation in community and social activities has improved the longer participants have been in the Scheme.

²¹ This section compares Baseline indicator results when participants entered the Scheme, with results measured at the most recent participant plan reassessment for each respondent. Trial participants are excluded.

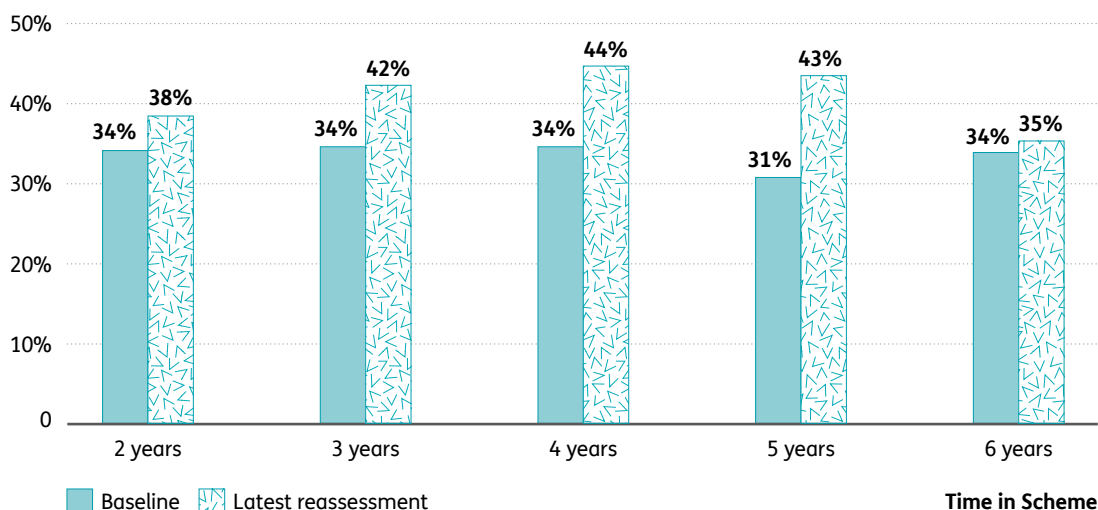
²² Figures have been rounded to the nearest whole percentage.

²³ The participant age reported in this section is as per their latest plan reassessment.

For participants aged 15 to 24, the increase was 34 per cent to 38 per cent for those who have been in the Scheme for two years, compared with 34 per cent to 44 per cent for those who have been in the Scheme for four years. Those that have been in the Scheme for six years increased from 34 per cent to 35 per cent, noting that the number of participants in this group is low and the observed participation rate can be volatile.

Figure 9: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4, 5 or 6 years

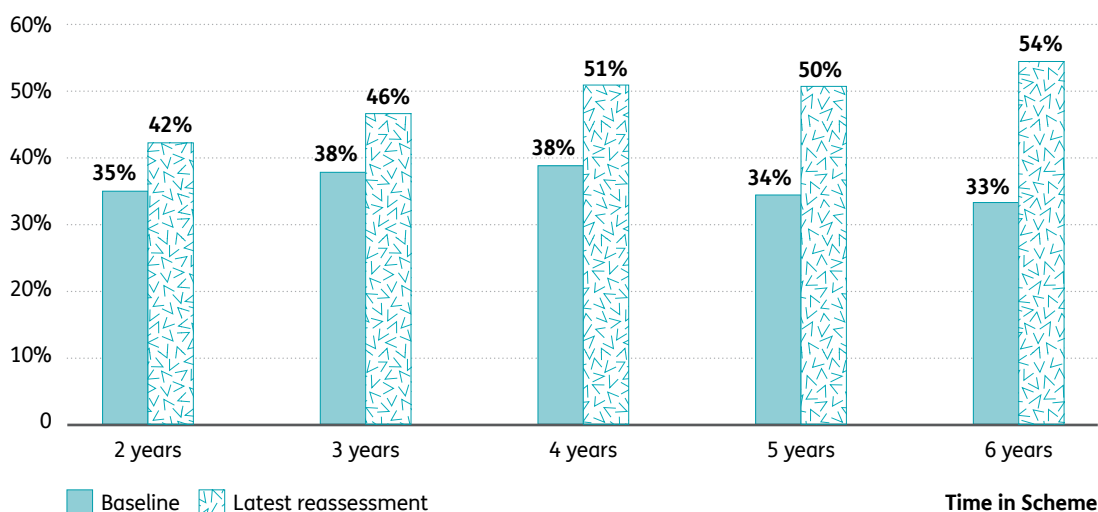
Participants aged 15-24 years



For participants aged 25 to 34, the increase was 35 per cent to 42 per cent for those who have been in the Scheme for two years, compared with 33 per cent to 54 per cent for those who have been in the Scheme for six years.

Figure 10: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4, 5 or 6 years

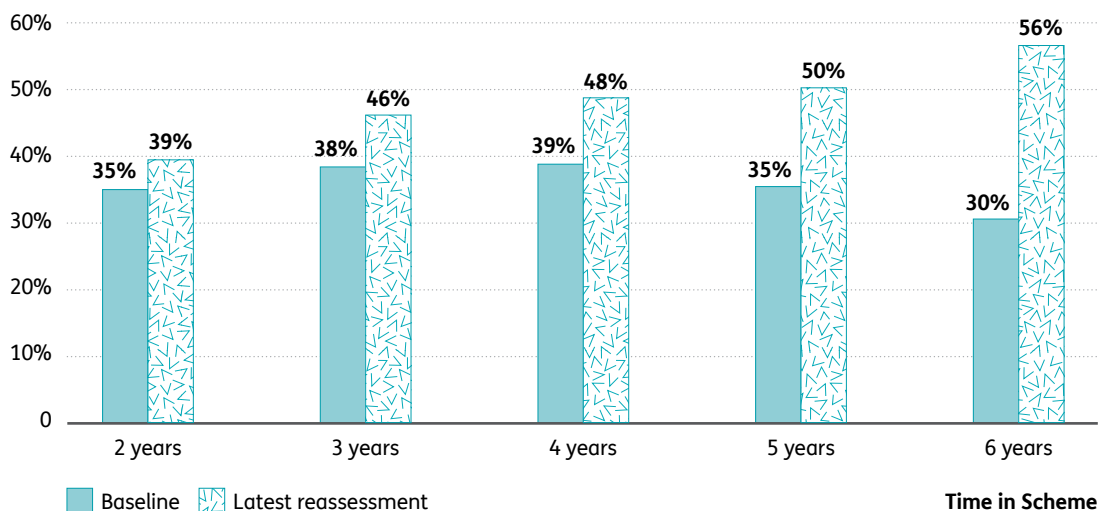
Participants aged 25-34 years



For participants aged 35 to 44, the increase was 35 per cent to 39 per cent for those who have been in the Scheme for two years, compared with 30 per cent to 56 per cent for those who have been in the Scheme for six years.

Figure 11: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4, 5 or 6 years

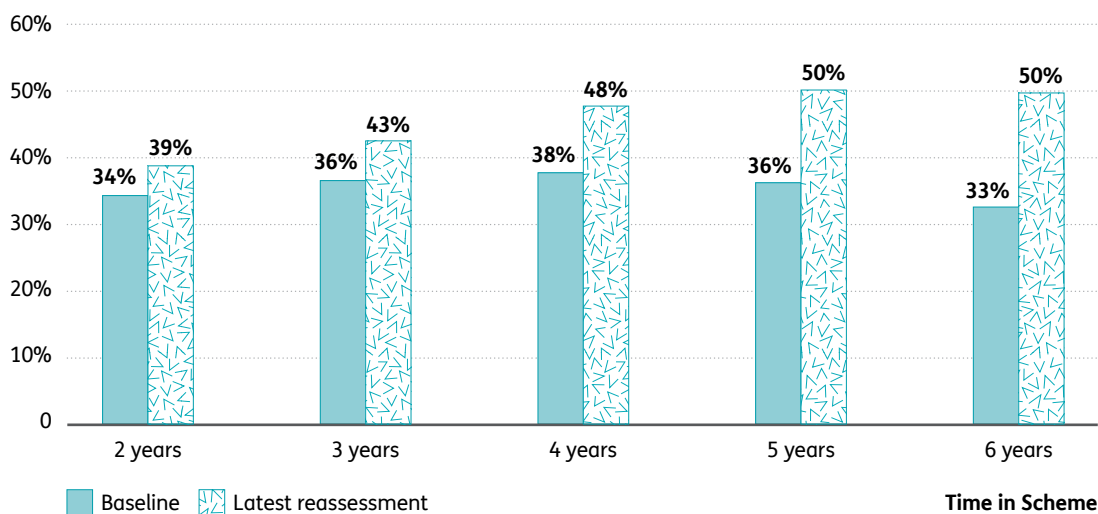
Participants aged 35-44 years



For participants aged 45 to 54, the increase was 34 per cent to 39 per cent for those who have been in the Scheme for two years, compared with 33 per cent to 50 per cent for those who have been in the Scheme for six years.

Figure 12: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4, 5 or 6 years

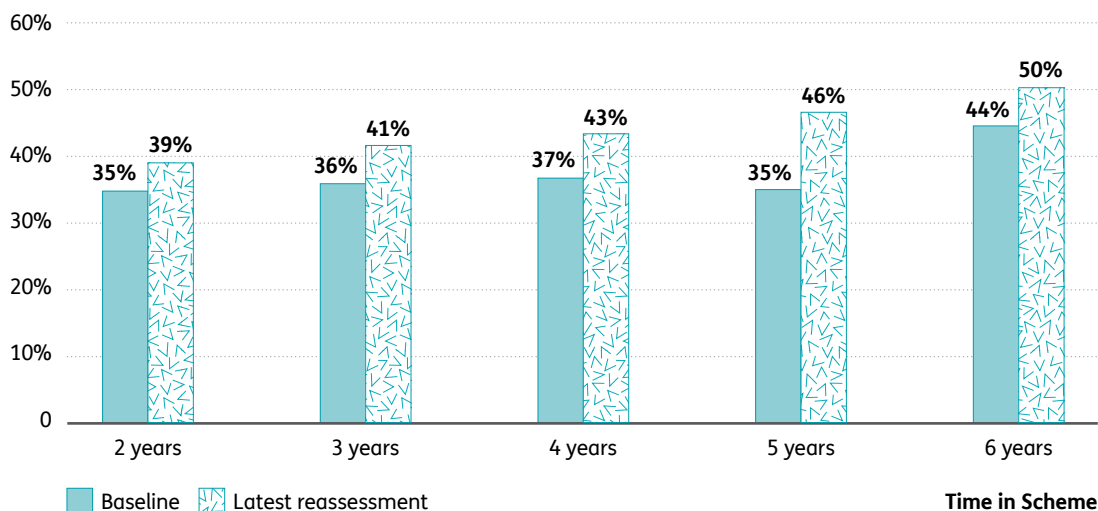
Participants aged 45-54 years



For participants aged 55 to 64, the increase was 35 per cent to 39 per cent for those who have been in the Scheme for two years, compared with 44 per cent to 50 per cent for those who have been in the Scheme for six years.

Figure 13: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4, 5 or 6 years

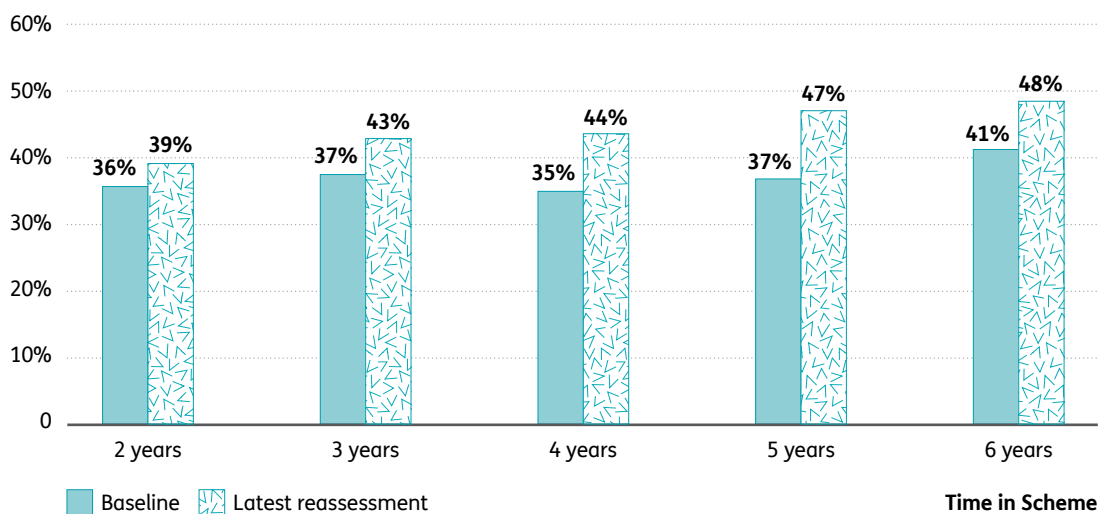
Participants aged 55-64 years



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 41 per cent to 48 per cent for those who have been in the Scheme for six years.

Figure 14: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4, 5 or 6 years

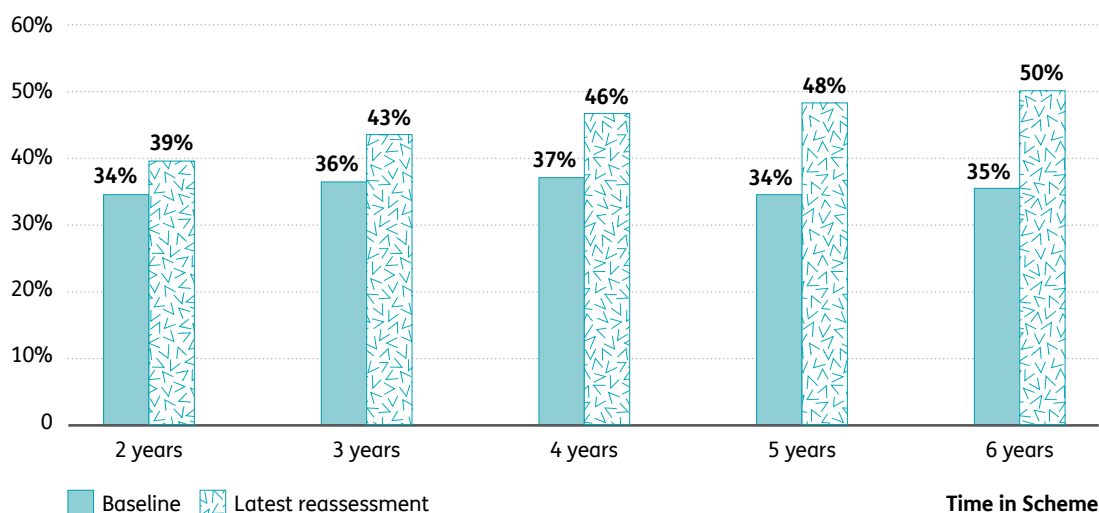
Participants aged 65 years and over



Combining all age groups, the increase for participants who have been in the Scheme for two years was five percentage points (from 34 per cent to 39 per cent), and the increase for participants who have been in the Scheme for six years is 15 percentage points (from 35 per cent to 50 per cent).

Figure 15: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4, 5 or 6 years

Participants aged 15 years and over



Participation in work (percentage in a paid job)

The percentage in a paid job for those in the Scheme for at least two years continues to be relatively stable overall. However, the percentage and the change over time in the Scheme, differs by age group, 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 reassessment (between two to six years after entry) with responses at Scheme entry²⁴:

- **ten** percentage point increase from **11%** to **21%** for participants aged 15-24 years.²⁵
- **one** percentage point increase from **28%** to **29%** for participants aged 25-34 years.
- **one** percentage point decrease from **28%** to **27%** for participants aged 35-44 years.
- **two** percentage point decrease from **25%** to **23%** for participants aged 45-54 years.
- **three** percentage point decrease from **19%** to **16%** for participants aged 55-64 years.²⁶
- **four** percentage point decrease from **13%** to **9%** for participants aged 65 years and older.²⁷
- **one** percentage point increase from **22%** to **23%** for participants aged 15-64 years.

²⁴ Figures have been rounded to the nearest whole percentage.

²⁵ 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.

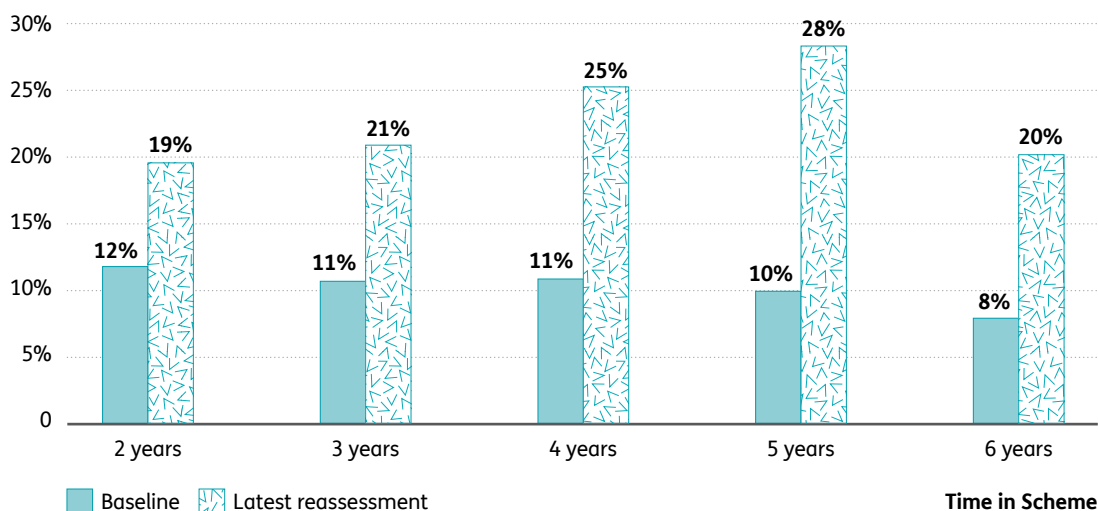
²⁶ Some of the decrease for older age groups is due to participants retiring from the workforce.

²⁷ Ibid.

The increase in participation in work for participants aged 15-24 years and who have been in the Scheme for two to five years has improved the longer participants have been in the Scheme. For participants in the Scheme for two years, the increase was from 12 per cent to 19 per cent, compared with participants who have been in the Scheme for five years, where the increase was from ten per cent to 28 per cent.

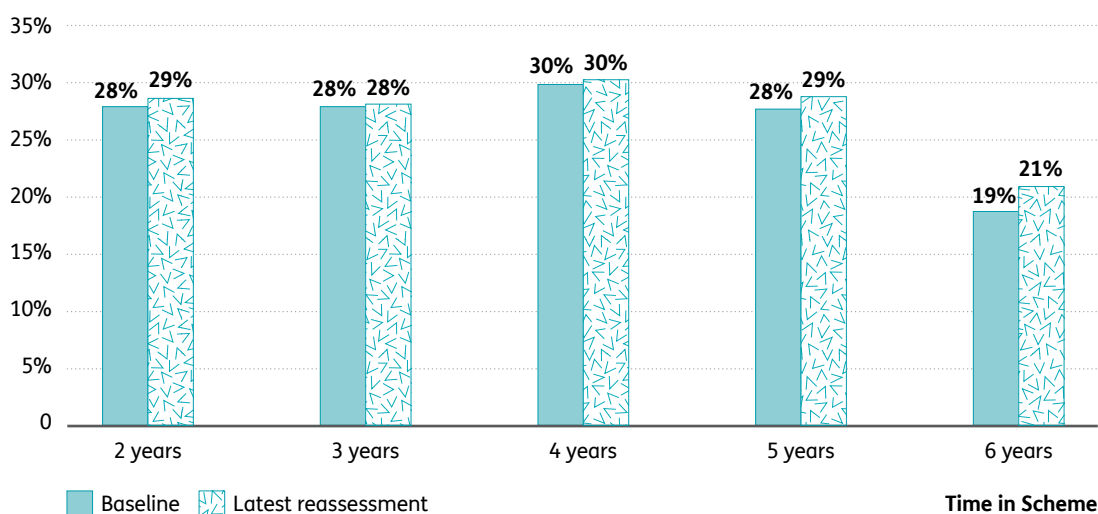
Participants who have been in the Scheme for six years have also increased by 12 per cent, noting the slightly lower starting point for this cohort.

Figure 16: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4, 5 or 6 years
Participants aged 15-24 years



The percentage in work for participants aged 25 to 34 has not changed materially. For participants in the Scheme for two years, the percentage increased from 28 per cent to 29 per cent. For participants who have been in the Scheme for six years, the percentage increased from 19 per cent to 21 per cent.

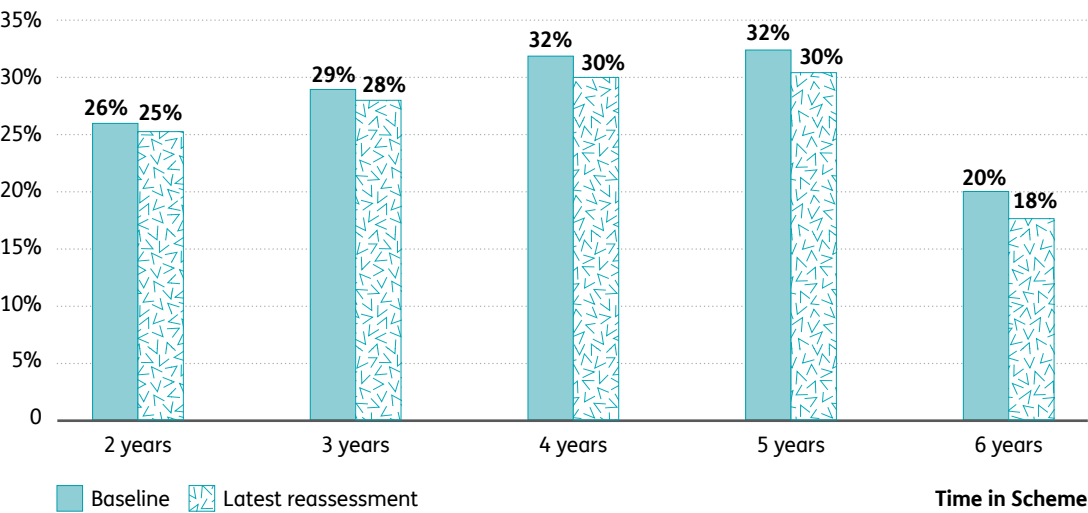
Figure 17: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4, 5 or 6 years
Participants aged 25 to 34 years



For participants aged 35 to 44, the percentage in work has decreased for all durations by one to two percentage points. For participants in the Scheme for two years, the decrease was 26 per cent to 25 per cent, compared with participants who have been in the Scheme for six years, where the decrease was 20 per cent to 18 per cent.

Figure 18: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4, 5 or 6 years

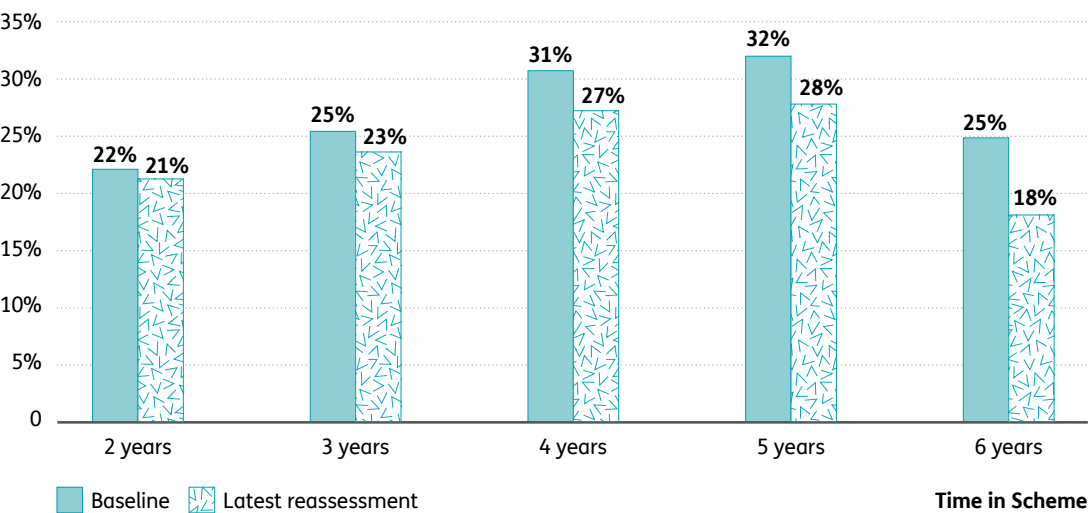
Participants aged 35 to 44 years



For participants aged 45 to 54, the percentage in work has decreased for all durations by one to seven percentage points. For participants in the Scheme for two years, the decrease was 22 per cent to 21 per cent, compared with participants who have been in the Scheme for six years, where the decrease was 25 per cent to 18 per cent.

Figure 19: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4, 5 or 6 years

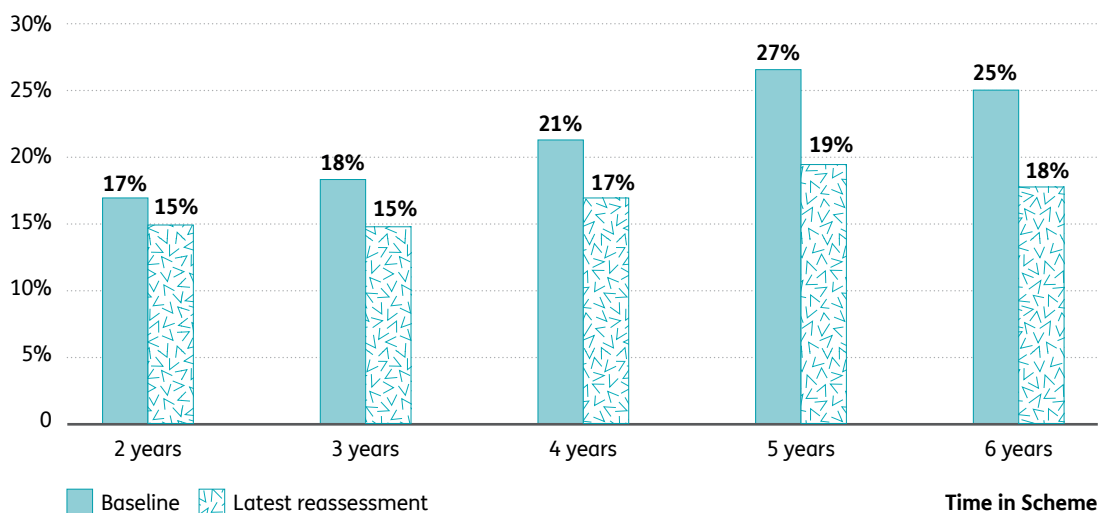
Participants aged 45 to 54 years



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

Figure 20: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4, 5 or 6 years

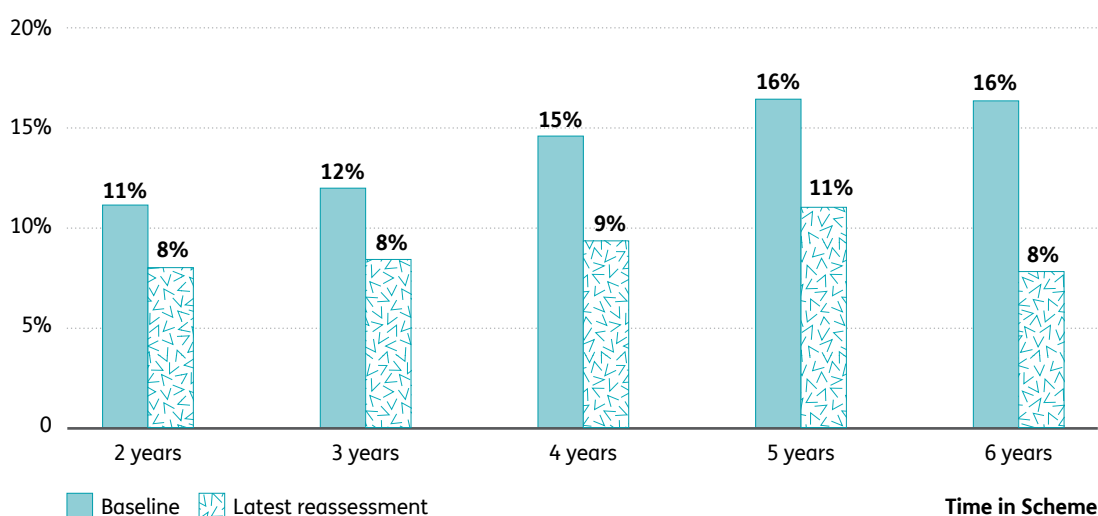
Participants aged 55 to 64 years



For participants aged 65 and over, many of whom may be approaching retirement, the percentage in work has decreased for all durations by three to eight percentage points. For participants in the Scheme for two years, the decrease was 11 per cent to eight per cent, compared with participants who have been in the Scheme for six years, where the decrease was 16 per cent to eight per cent.

Figure 21: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4, 5 or 6 years

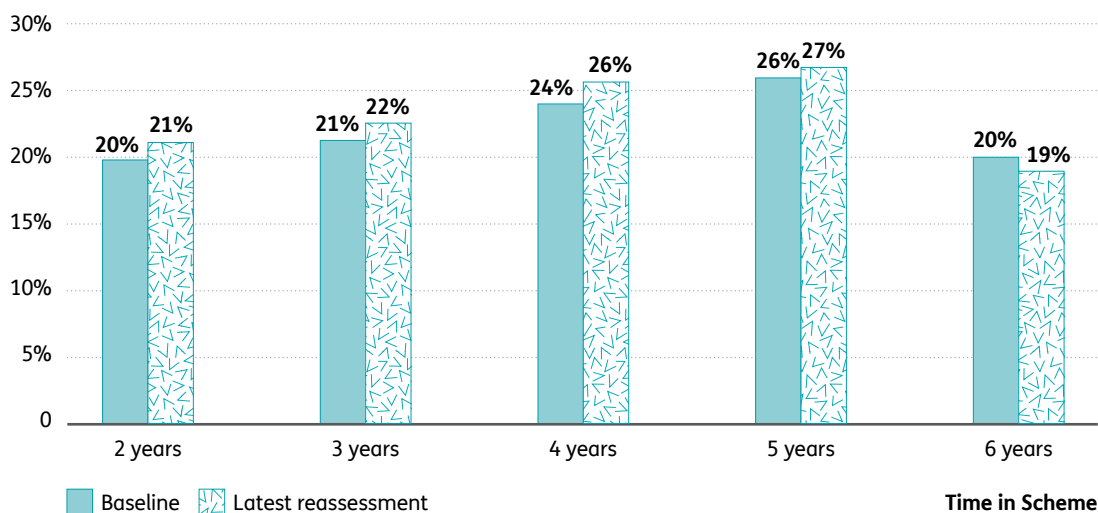
Participants aged 65 years and over



Looking at all participants who are of working age (15 to 64), the percentage of participants in work has increased slightly from 20 per cent to 21 per cent for those who have been in the Scheme for two years. There has been a decrease of one percentage point for participants who have been in the Scheme for six years (from 20 per cent to 19 per cent).

Figure 22: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4, 5 or 6 years

Participants aged 15 to 64 years



NDIS Participant Employment Strategy

The Corporate Plan 2022–2026 affirms the NDIA’s commitment to sustain improvement in participant employment outcomes, and with the National Disability Insurance Scheme Participant Employment Strategy 2019–2022 (the Strategy) concluding in December 2022, the Agency is reviewing the Strategy and priorities for 2023. The refresh of the strategy will be timed to ensure alignment with the broader vision of disability employment, and pending recommendations from the Disability Royal Commission (DRC) review into people’s experience with Australian Disability Enterprises (ADEs) and DSS planned policy development and review of Disability Employment Services (DES) in 2023.

In the interim, to maintain the focus and priority on employment, the NDIA is committed to developing an Action Plan for 2023 by the end of the year.

The Action Plan will contain activities aligned with the focus areas of the Strategy, including supporting participants to set work goals, improving pathways to work, market development and with the Department of Social Services (DSS), contribute to building the confidence of employers to employ NDIS participants. The NDIA is also continuing its commitment to lead by example as an employer of people with disability.

An important focus for 2023 will be delivering on the commitment arising from the NDIA Jobs and Skills forum, to build explicit discussion about employment as a goal into the planning process and to ensure participants who want to work are supported to do so through their plans and other government services. Additionally, the NDIA will continue to focus on the way support is provided to young people to think about work, and make the transition from school to work or further education.

Review of School Leaver Employment Supports

In 2021-2022, the Agency conducted a comprehensive review of School Leaver Employment Supports, consulting with participants, disability representative organisations, providers, education representatives and NDIA staff and partners to understand how these supports can be improved to achieve greater employment outcomes for young participants.

There were several key findings, which will inform future changes to improve outcomes. Key recommendations include:

- Improved guidance for participants and providers on expected outcomes of support
- Alignment with best practice principles
- Better planning conversations about participants' employment goals

Sharing key insights on employment supports for young participants

As part of the review of School Leaver Employment Supports the Agency conducted a survey of participants who received school leaver employment supports in 2018 and/or 2019 to understand their experience of these supports, the outcomes they achieved and how they think supports could be improved. The NDIA also gathered data from providers on the supports they are providing, and the outcomes they achieve. The NDIA has produced reports on the outcomes of both, which will be available by November 2022. The provider report will be published on a quarterly basis and will provide valuable insights to participants and the sector on the outcomes of support and the factors that help young people achieve employment.

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 reassessment, allowing the NDIA to gain valuable longitudinal insights.

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

From 1 July 2016 to 30 September 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:

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

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 reassessment, compared to **61%** at their first reassessment.
- **60%** of parents and carers felt the NDIS had improved their child’s relationship with family and friends at their most recent plan reassessment, compared with **50%** at their first reassessment.

For young adults aged 15 to 24 years:

- **50%** of participants felt that their involvement with the NDIS improved their health and wellbeing at their most recent plan reassessment, compared to **43%** at their first reassessment.
- **72%** of participants said the NDIS had helped them with daily living activities at their most recent plan reassessment, compared to **60%** at their first reassessment.

For adults aged 25 and over:

- **61%** of participants felt that their involvement with the NDIS improved their health and wellbeing at their most recent plan reassessment, compared to **51%** at their first reassessment.
- **83%** of participants said the NDIS had helped them with daily living activities at their most recent plan reassessment, compared to **72%** at their first reassessment.

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?²⁸

For children aged 0 to before starting school

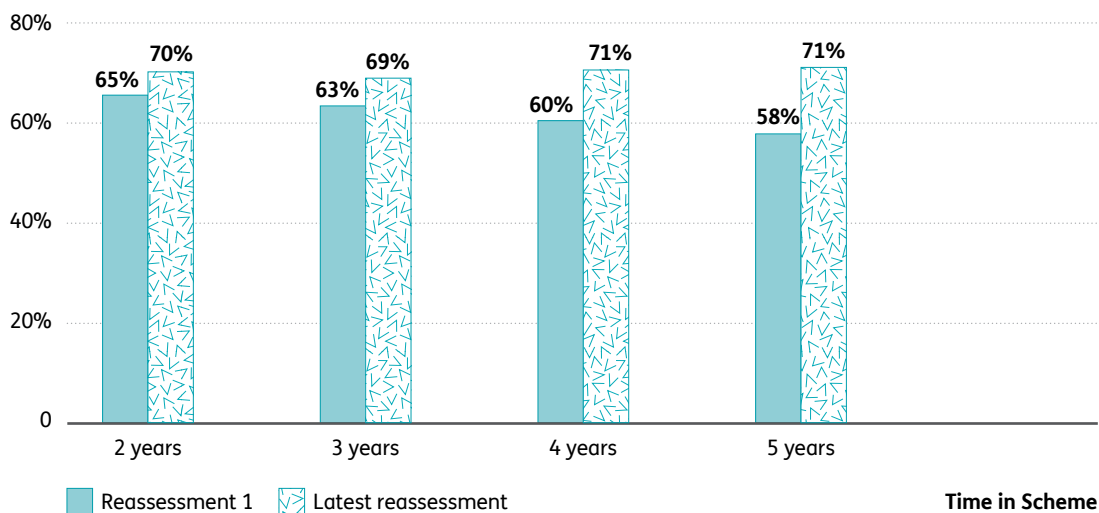
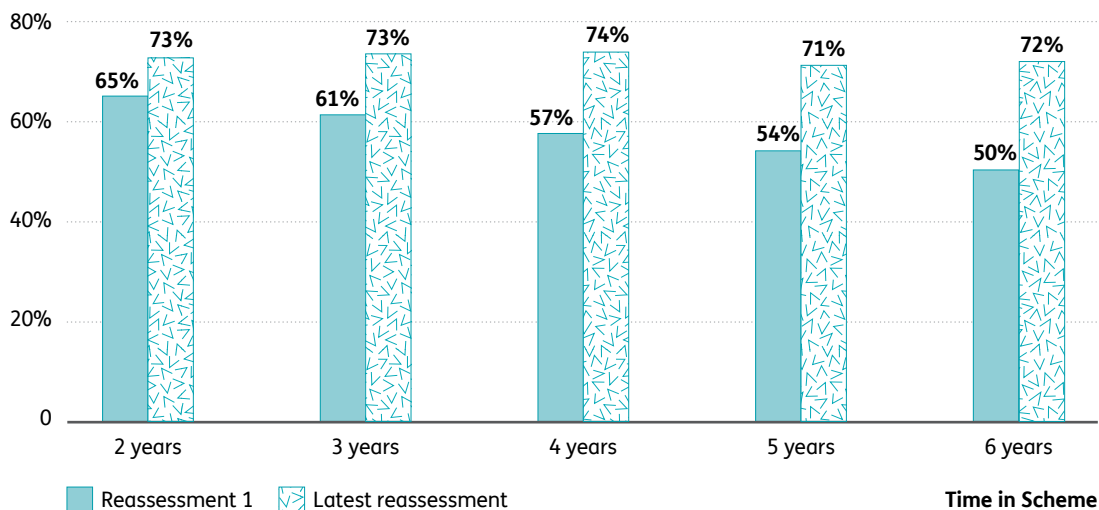


Figure 24: Has the NDIS helped your child to become more independent?

For children starting school to 14 years



²⁸ There were not enough participants in the Scheme for 6 years for the result to be shown.

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

For young adults aged 15 to 24 years

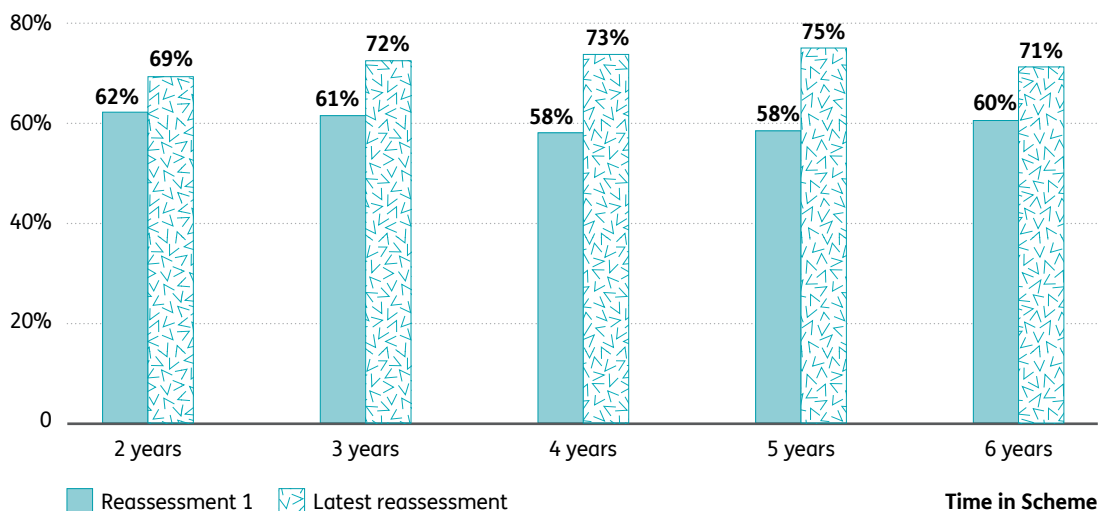
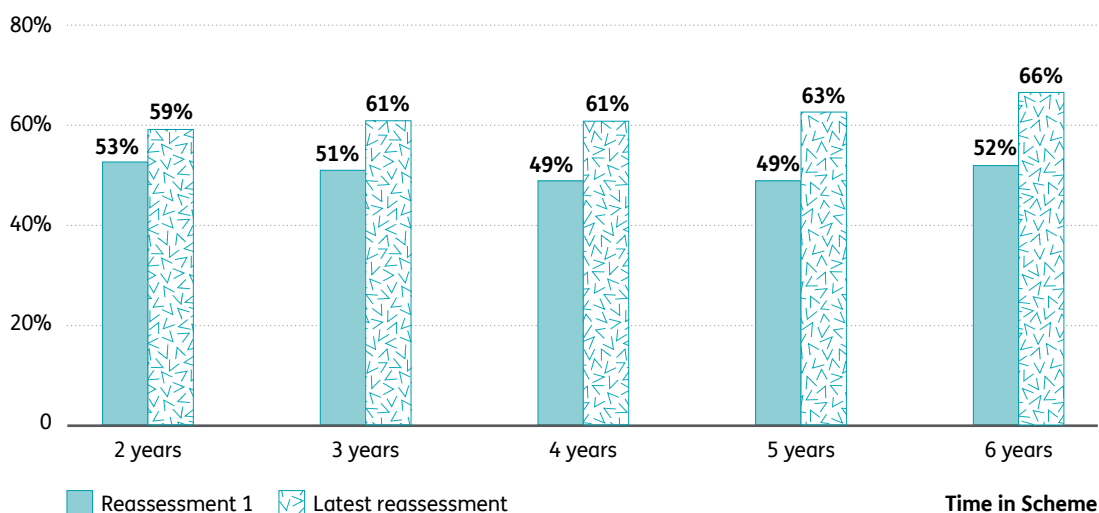


Figure 26: Has your involvement with the NDIS improved your health and wellbeing?

For adults aged 25 years and over



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

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

2.3 Participant satisfaction

Participant satisfaction has remained in line with satisfaction over previous 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 reassessment.

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, 85 per cent of participants rated the Planning process as either good or very good, with a further nine 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, 80 per cent rated the Pre-Planning process as either good or very good, and 69 per cent of participants rated the Plan Reassessment process as either good or very good. These results are based on 1,133 surveys at Access, 1,021 at Pre-Planning, 4,867 at Planning and 10,852 at Reassessment, which is 17,873 in total.

Satisfaction with the Plan Reassessment 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. There has also been a slight (1 percentage point) decrease in the latest quarter, from 70 per cent to 69 per cent.

Figure 27: Rating of experience with the NDIS (1 July 2022 to 30 September 2022)

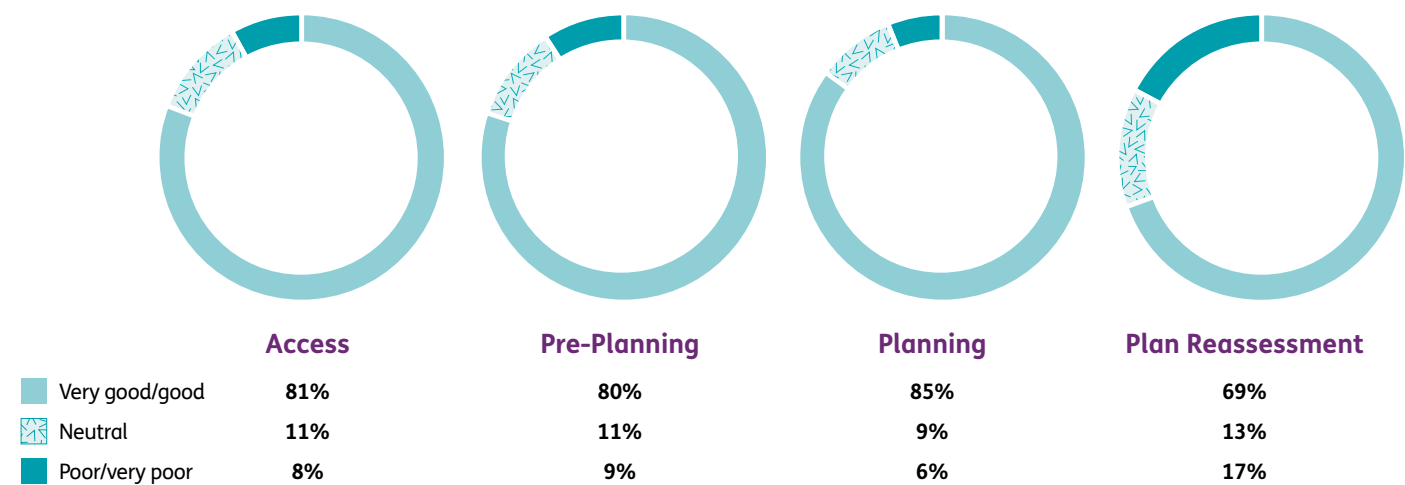
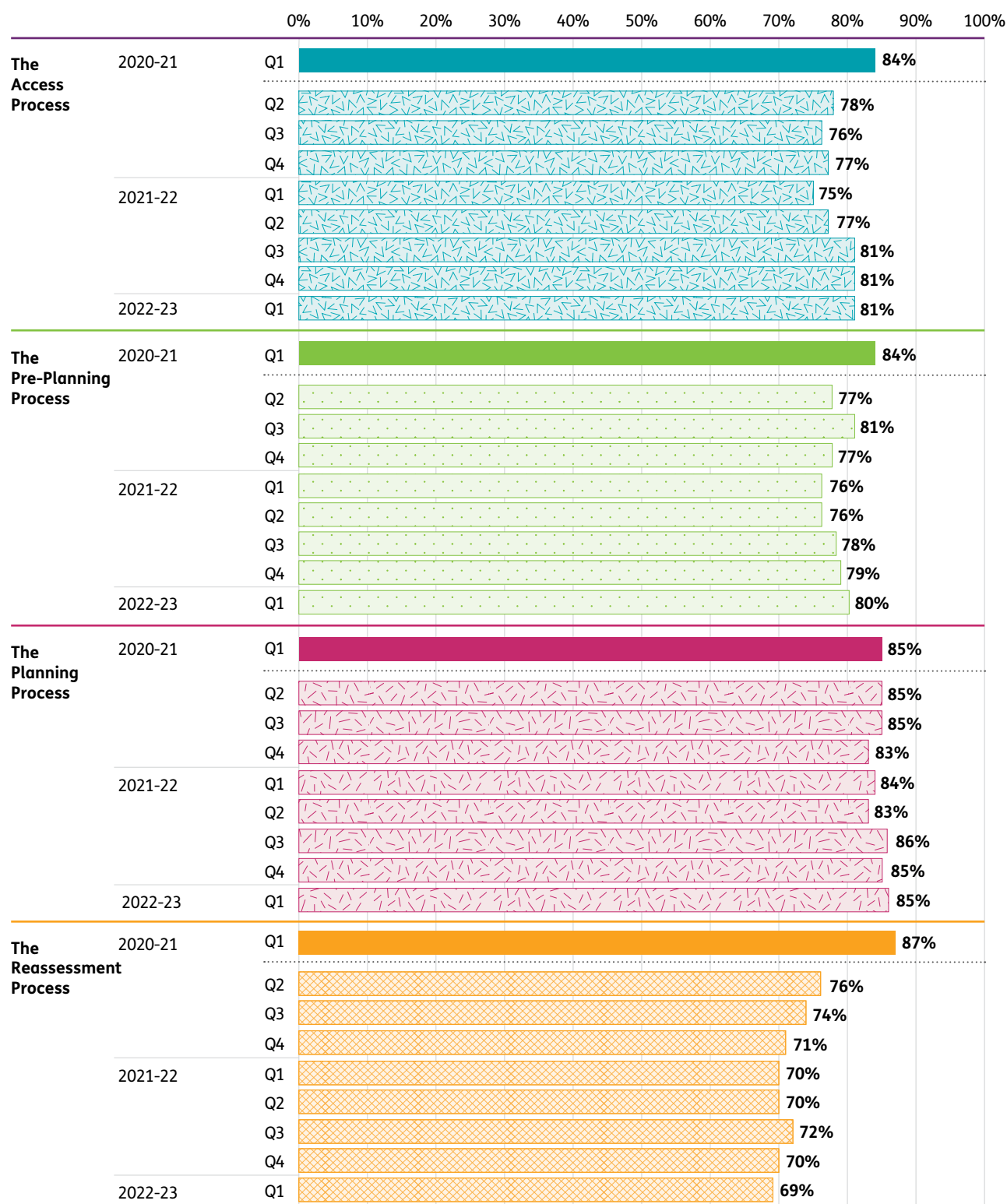
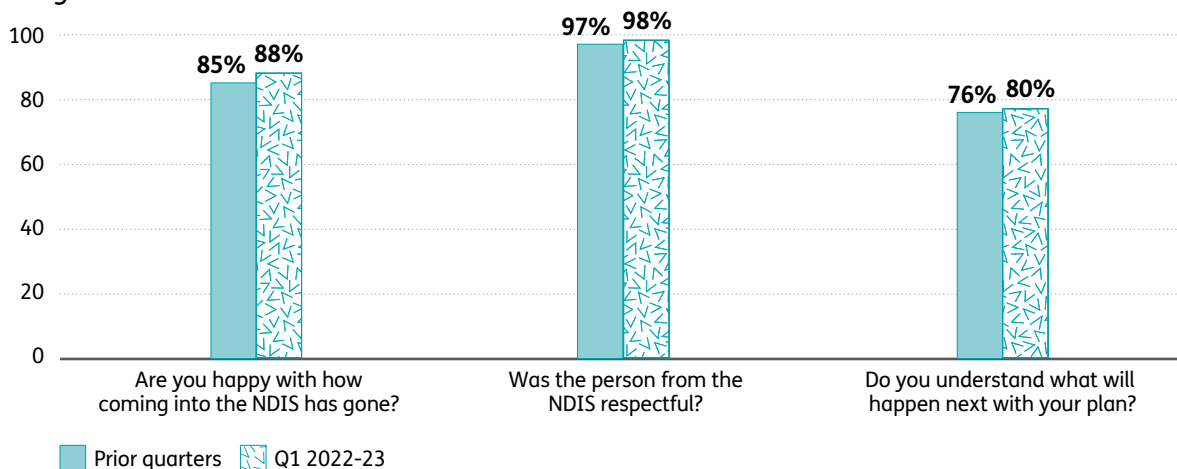


Figure 28: Trend of satisfaction across the pathway (% Very good/good)²⁹


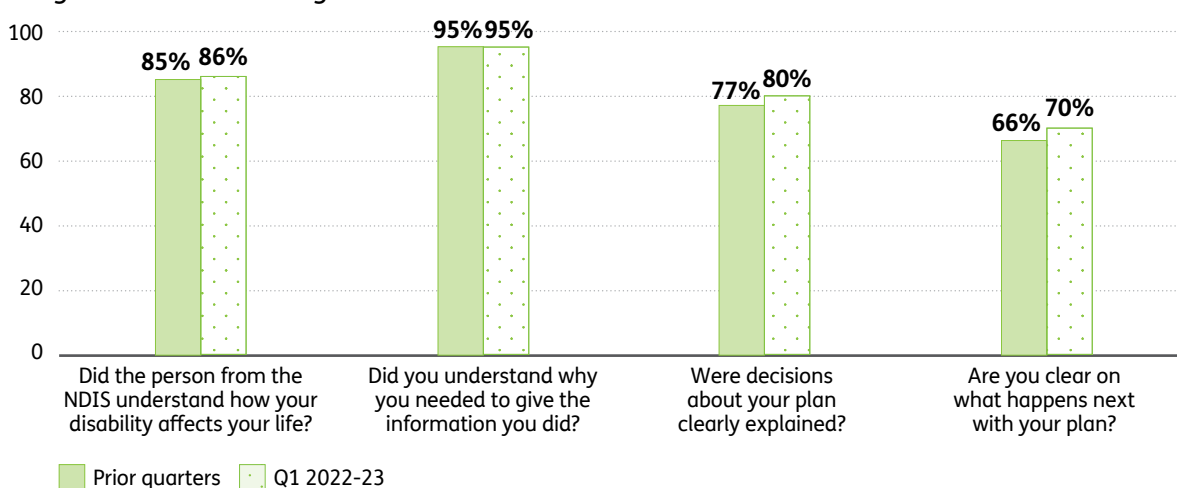
²⁹ Participant satisfaction results for prior quarters have been restated using data as at 30 September 2022 due to retrospective changes in the underlying data. These changes mainly arise from lags in data collection.

Figure 29: Satisfaction across the four stages of the pathway³⁰

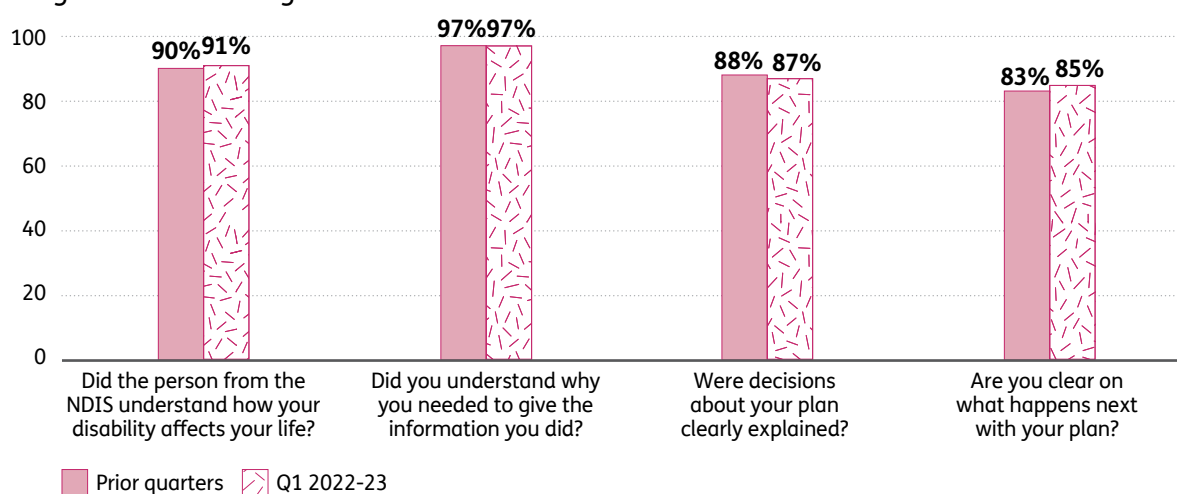
Stage One: Access



Stage Two: Pre-Planning



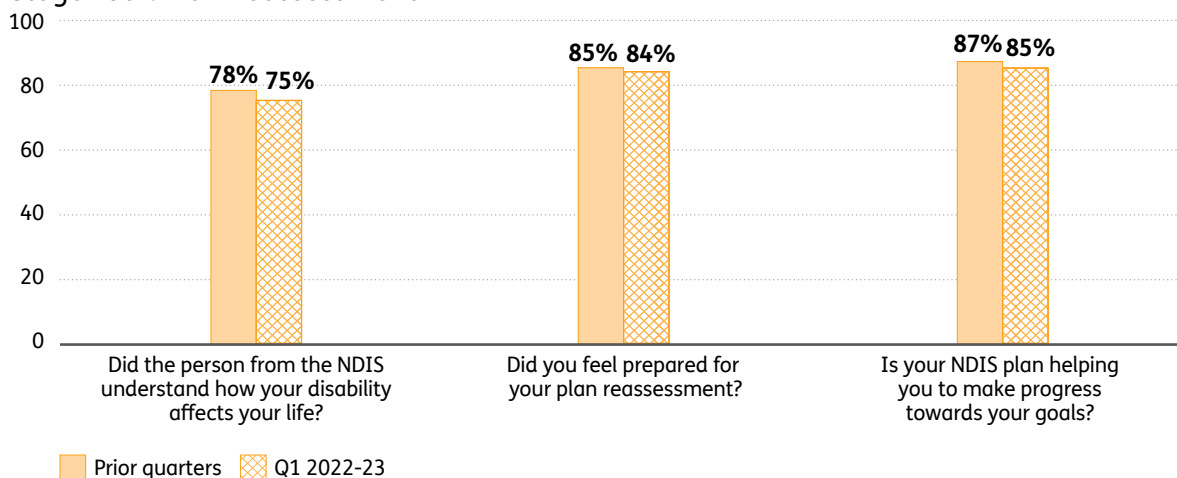
Stage Three: Planning



³⁰ Prior quarters include responses from 1 October 2020.

Figure 29: Satisfaction across the four stages of the pathway³¹ cont.

Stage Four: Plan Reassessment



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

The results indicate that satisfaction for the September 2022 quarter is comparable to prior quarters for most questions, although satisfaction declined slightly in relation to Plan Reassessment.

For this quarter and historically, the percentage who have a clear understanding of what happens next with their plan in the first three steps of the participant pathway has been lower than the positive response rate for other questions. For example, at planning, 85 per cent were clear on what happens next with their plan (two percentage points higher than for prior quarters), lower than the 87-97 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.

³¹ Prior quarters include responses from 1 October 2020.

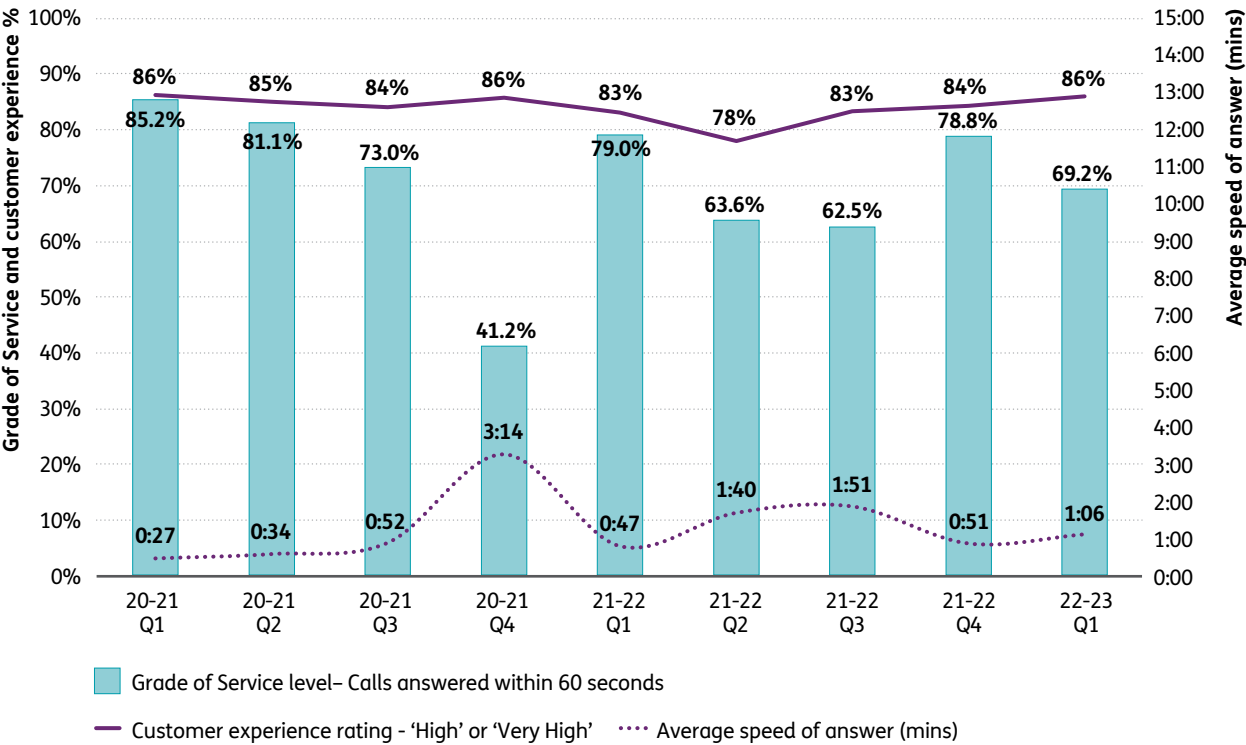
2.4 The NDIS National Contact Centre (NCC)

Although there were higher levels of customer satisfaction this quarter, telephone service metrics slightly reduced, with email workflows remaining relatively stable, and webchat volumes continuing to increase.

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

NCC performance during the quarter declined from the previous quarter, this is due to services being impacted by technical issues and one of the NCC sites experiencing storm damage during August. 69.2 per cent of calls were answered within 60 seconds, reduced from the previous quarter (78.8 per cent). The average speed of answer was 1 minute and 6 seconds, which was longer than the previous quarter result of 51 seconds. First call resolution improved slightly to 79.4 per cent from the prior quarter's result of 78.1 per cent. Customer experience also improved across the quarter, with 85.8 per cent of post call survey respondents scoring their experience with the NCC as 'High' or 'Very High', up from 84.2 per cent in the prior quarter.

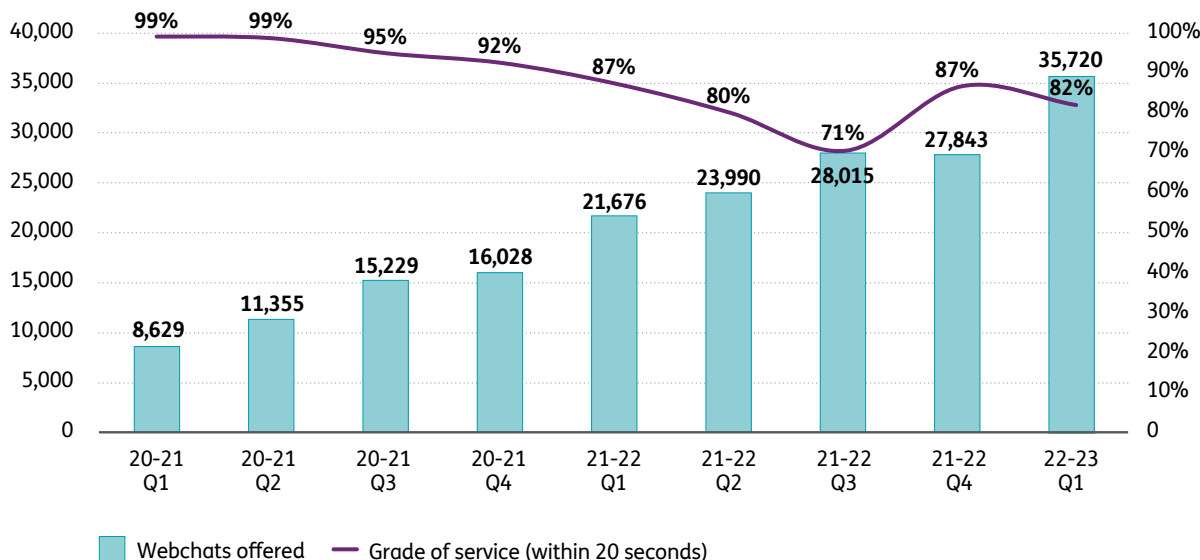
Figure 30: Quarterly telephony grade of service, average speed of answer and customer experience results



The NCC's webchat channel continues to see significant growth across the financial year to date, with 35,720 webchats offered for the quarter, compared to 27,843 received in the previous quarter. Of the webchats received during the quarter, 82 per cent were answered within 20 seconds, above the target of 80 per cent.

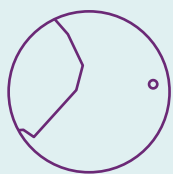
Email work on hand decreased marginally throughout the quarter, with inflow of 227,717 exceeded by outflow of 228,578. Migration of email processing to a new platform has enabled tracking of performance with 76.6 per cent of all email inflow responded to within 48 hours during the quarter.

Figure 31: Quarterly webchat grade of service and offered chat volume





Lleyton building a brighter future with NDIS supports



At just 23, ambitious Norfolk islander, **Lleyton**, has taken up the challenge of building his own log cabin home.

Lleyton, who is on the autism spectrum and lives with global developmental delay, has prospered since he was able to access NDIS supports from his remote island home in 2018. After many months of planning, Lleyton's dream of building a log cabin next to the family home is taking shape. "It is still in the first phase. I plan to have it finished early next year," he said.

Lleyton, who accesses speech therapy and direct support through his NDIS plan, is learning to read and write, and become more independent with daily life skills. He now has his full driver's license, which he uses to drive his truck around town and to the local hardware store to pick up building supplies.

"These days, I have a lot more confidence. I get out more and I am learning to read. I love Harry Potter," he said.

Thanks to those NDIS supports, Lleyton's life has changed for the better after some struggles during his high school years. His mother, Sarah, says the main challenge at school was communication. "Lleyton didn't have very clear speech and it's only in the last year or two that he's actually been able to articulate a lot clearer," Sarah said.

Through weekly speech therapy sessions, Lleyton's communication skills have increased, allowing him to be more social.

Lleyton is now a popular member of the local Men's Shed and has already built a wooden stool at his weekly meetups. "It is all joinery – no screws or nails. It's a masterpiece," Lleyton said.

Meantime, Lleyton will continue helping in the family café but dreams of one day opening his own burger bar.

"He is a very driven young man. He doesn't want to sit at home. He is proud of who he is. We all are," Sarah said.

Section three:



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 Partners in the Community (PiTC) organisations. It provides overall principles for interactions with participants, and clear service standards and timeframes. These are included in the **Participant Service Guarantee (PSG)**.

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

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

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 to deliver an NDIS that meets expectations.³² The NDIA updated the SIP in 2022 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 guidelines will come with plain English descriptions and more examples	All operational guidelines have been reviewed and refreshed in plain English, with examples to ensure they are simple, clear and easy to use. More guidelines will be added as they are developed and released in logical groupings.
We will be clearer on what reasonable and necessary supports means, with case studies and examples	The NDIA has published 37 additional ‘Would we fund it’ examples for topics including: assistive technology, health and wellbeing, consumables, mainstream supports, and early childhood supports. These resources support the goal to provide clearer information on what reasonable and necessary support means for participants, families and carers.

³² Work is currently underway to develop a qualitative measurement framework and dashboard to report on the NDIA’s performance against the engagement principles (and associated ‘we will’ commitments), as set out in the Participant Service Charter.

SIP Commitment	What have we delivered?
We will encourage independent living options as an alternative to traditional group homes	The NDIA has provided clearer information on Individualised Living Options (ILO) to support participants choose where and how they live, and support participants to access the reasonable and necessary supports they need to meet their home and living goals. This quarter, the NDIA has continued to refine and release the ILO product within the ILO improvement pathway, promoting uptake and growth of ILOs for participants as an alternative to less contemporary shared living environments.
We'll fund early intervention supports for children more flexibly	With the amendments to the NDIA legislation, ECEI participants can access funding as soon as possible (i.e before plan approval) if the PSG timeframes are not able to be met. This legislative option may be considered in situations where delays put timely provision of early childhood intervention at risk. The new rules are currently in draft and will undergo testing to accelerate timelines where funding is required.

Participant Service Improvement Plan (SIP) – Commitments and Progress

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

The NDIA and partners will work to deliver on 51 commitments over the next two years. The refreshed 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 continues to commit to an increased digital experience and commenced work on designing online forms. The way forms are accessed and completed are being designed as part of the NDIA's new ICT system and is on track to be delivered at the end of 2023.

In addition, the NDIA is working with participants to improve the online experience of using the myNDIS participant portal. The new participant portal pilot finalised on 24 August 2022. The valuable feedback and shared ideas will be used to guide the direction of building a more accessible and user-friendly portal.

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	✓
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	Jun 23

Getting information from us

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

The NDIA has expanded on the concept of ‘Would we fund it’ examples, which was first implemented to provide more information on what home and living supports might be funded. This quarter, the NDIA has published 37 additional ‘Would we fund it’ examples for other topics, such as assistive technology, health and wellbeing, consumables, mainstream supports, and early childhood supports. These resources support the goal to provide clearer information on what reasonable and necessary support means for participants, families and carers.

Furthermore, participant booklets and web content has been reviewed and updated to reflect the changes to the NDIS Act in July 2022.

This quarter, more than 30 operational guidelines were published. These guides aim to remove outdated procedures and ensure there is consistency in how the NDIA make decisions. Furthermore, all operational guidelines have been reviewed and refreshed in plain English, with examples to ensure they are simple, clear and easy to use. More guidelines will be added as they are developed and released in logical groupings.

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	✓
Our guidelines will come with plain English descriptions and more examples	✓
We will be clearer on what reasonable and necessary supports means, with case studies and examples	✓
Our decision letters will have reasons for why we have decided something in plain English	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	Jun 23
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 23

Gaining access to the NDIS

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

The NDIA is committed to improving ways to connect people with a disability to the supports they require, including mainstream and community supports. This quarter, the NDIA has introduced a new Community Connectors process using the new PACE system. The system will have improved functionality that includes a Community Connections plan for children and adults with disability who approach or are referred to a partner in the pre access phase. This plan will drive discussions on opportunities for greater connections to local community and mainstream services. The new Community Connections plan will be tested in Tasmania from mid-November 2022 and rolled out more broadly 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 is on track to delivering ICT system enhancements to improve the way a participants' statements and goals are recorded in the new ICT system. The enhancements will be tested in Tasmania from November 2022.

In addition, the NDIS has designed and built a process for participants to meet face-to-face with the person who makes decisions about their plan supports and funding. The ICT system enhancements to support this change will be tested in Tasmania from November 2022.

In May 2022, the NDIA developed and launched an initial plan implementation directory, comprising of tools and resources to empower participants to exercise choice and control to effectively use their NDIS plan. On 28 July, a minor update was released with easier access to resources and tools and additional content to support participants, such as user guides for the budget calculator and assistive technology tip sheets. Furthermore, significant participant engagement is currently underway to enhance the Directory with additional links, and other new resources.

Work is also underway to support video-conferencing as an option for planning meetings.

SIP Commitment	Expected completion
We will support more video-conference planning meetings	Jun 23
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 ³³	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

The NDIA aims to provide clarity around the roles and responsibilities on support coordination services and other service providers. As part of the Annual Price Review 2021-22 recommendations, an in-depth review of the roles, functions, responsibilities and accountabilities of support coordinators is due to commence.

The NDIA is committed to providing accessible information for self-managed participants with ongoing work to create resources, guides and training materials.

Through ongoing efforts to improving thin markets and engage in market interventions, the NDIA has supported the development of healthier markets in 23 remote and very remote communities. For instance, the NDIA have completed market interventions in King Island in Tasmania, and Woorabinda and Cloncurry in Queensland, and a further 16 projects are underway in other remote and very remote markets in Western Australia, Northern Territory, Queensland, South Australia, and New South Wales.

³³ Noting face-to-face meetings with LACs can already be requested.

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

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	✓
We will check-in with you on how the plan is going, and whether an update or review is needed	✓
You will be able to manage your plan more easily, using a new NDIS mobile app	✓
We will work with communities in remote and very remote areas , and other areas lacking services, to trial new ways of organising services so you can more easily use your support funding	Dec 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
We will be clearer on what support coordination services we fund, and how it should be separate from other service providers	Jun 23

Payments from your plan

The NDIA is on track to deliver enhancements to the NDIA payment system by implementing a point-of-sale (POS) solution to enhance efficiency and ensure a quality experience for participants. Further work is in progress to deliver real-time payment capabilities. The NDIA continues to consult the sector, participants and providers to improve the payments system.

Furthermore, the NDIA have made improvements to how payment claims are validated to ensure timelines and accuracy of payments to providers. 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 display of both the portal and app, which will commence rollout in late 2022.

SIP Commitment	Expected completion
We will have new systems to make sure providers are paid promptly and accurately, so your support is not interrupted	Dec 22
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	Sep 23
We will make it easier for you to understand how you make a successful claim from your plan	Sep 24

Parts of your plan

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

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 encourage ILOs as an alternative to traditional group homes	✓
We will focus on your plan and goals supporting you to gain employment if that is what you want	✓

Support for engaging with us

Work is underway to improve services for participants with Complex Support Needs (CSN). Through this pathway, participants require extra support from highly experienced and skilled workers to create their plan and to help meet their specific goals and needs. The NDIA is working to deliver a Capability Framework for CSN support staff onboarding training that will achieve an understanding of the different cohorts and criteria for participants entering the CSN pathway.

Furthermore, the NDIA is employing various strategies to meet the goal of ensuring no participant under the age of 65 enters residential aged care or is living in aged care. The NDIA has established specialised teams to focused on supporting participants who have a goal to move out of residential aged care, particularly for participants under the age of 45. For instance, procedures are being established to support participants moving out of residential aged care more efficiently and strategies to identify suitable and vacant accommodation. In addition, resources are being developed to support capacity building for providers of support coordination and the NDIA continues to work with other jurisdictions to address housing support for individuals ineligible for the NDIS.

Early childhood intervention measures continue to be priority for the NDIA. The early childhood approach focuses on maximising the benefits of early intervention at a critical time in a child's development. With the amendments to the NDIA legislation, ECEI participants can access funding as soon as possible (i.e before plan approval) if the PSG timeframes are not able to be met. This legislative option may be considered in situations where delays put timely provision of early childhood intervention at risk. The new rules are currently in draft and will undergo testing to accelerate timelines where funding is required.

SIP Commitment	Expected completion
We will fund specialist community connectors (in First Nations, CALD and remote communities) to deeply understand how you want to engage with us	✓
Liaison Officers , for Health and Justice especially, will help participants interact with the NDIS in each State and Territory	✓
We will have a NDIS carer connect network for ageing parents of people with a disability	✓
We will pro-actively check-in with you, especially if you may be in a vulnerable situation	✓
Our front-line teams will have improved cultural and disability awareness	✓
We want to support and promote children and young people's voice in their own plans; while also working closely with parents and carers	✓
We will fund early intervention supports for children more flexibly (including before they enter the Scheme)	✓
We will improve the way we provide you support for independent decision-making	Dec 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
Where possible, your household will have the same NDIS contact	Sep 24
We will support you if you are a Young Person in Residential Aged Care to live elsewhere	Jun 25

3.2 Participant Service Guarantee

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

Performance against the service standards – September 2022




















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

The NDIA has made notable improvements in meeting some of the targets this quarter across the planning, plan reassessments and reviewable decisions pathways. It is recognised however 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 September 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	99%	●	↔
Access	Make an access decision, or request for more information, after an access request has been received	21 days	100%	●	↔
Access	Allow sufficient time for prospective participants to provide information, after NDIA has requested further information	90 days	100%	●	↔
Access	Make an access decision, after the final information has been provided	14 days	99%	●	↔
Planning	Commence facilitating the preparation of a plan, after an access decision has been made	21 days	97%	●	↔
Planning	Approve a participant's plan, after an access decision has been made	56 days	93%	▲	↔
Planning	Approve a plan for ECEI participants, after an access decision has been made	90 days	98%	●	↔
Implementation	Offer to hold a plan implementation meeting, after the plan is approved	As soon as reasonably practical ³⁴	Reporting will commence in 2023		
<div> <div>Comparison to target of 95%</div> <div> <div>● 95% and over</div> <div>▲ 85%-95%</div> <div>■ Less than 85%</div> </div> </div> <div> <div>Change from last quarter</div> <div> <div>↑ More than 3 percentage points higher</div> <div>↔ Within 3 percentage points</div> <div>↓ More than 3 percentage points lower</div> </div> </div>					

³⁴ The average (mean) timeframe for this PSG metric is 19 days and the median is 4 days.


Section three: Participant Service Guarantee and Participant Service Improvement Plan


Service type	Description of the service being guaranteed	Service Guarantee	Performance in the September 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%		
Implementation	Provide a copy of the plan to a participant, after the plan is approved	7 days	Reporting will commence in 2023		
Plan reassessment	Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date	56 days	85%*		
Plan reassessment	Decide whether to undertake a plan reassessment, after the participant reassessment request is received	21 days	93%		
Plan reassessment	Complete a plan reassessment, after the decision to accept the request is made	28 days	67%†		
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	92%		
Plan variations	Provide a copy of the plan to a participant, after the plan is amended	7 days	Reporting will commence in 2023		
Reviewable decisions	Complete an internal review of a reviewable decision, after a request is received	60 days	94%		
Reviewable decisions	Implement an AAT decision to vary a plan, after receiving notification of the AAT decision	28 days	98%		
Nominee	Cancel participant requested nominee	14 days	100%		
Nominee	Cancel CEO initiated nominee	14 days	100%		

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


† Note: The average time taken to complete a PRR, after the decision to accept the request has been made, was 33 days, so the majority of plan reassessments 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

 More than 3 percentage points lower

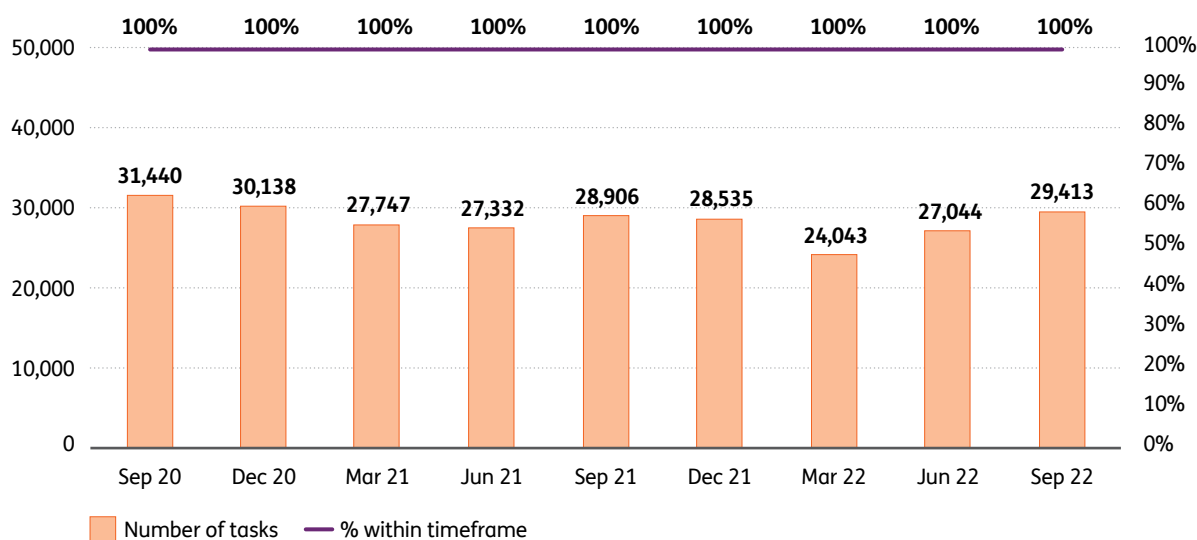
Key trends in PSG metrics

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 2020. In the latest quarter, there have been further improvements in meeting the target timeframes for planning, plan reassessments and reviewable decisions.

Access decisions

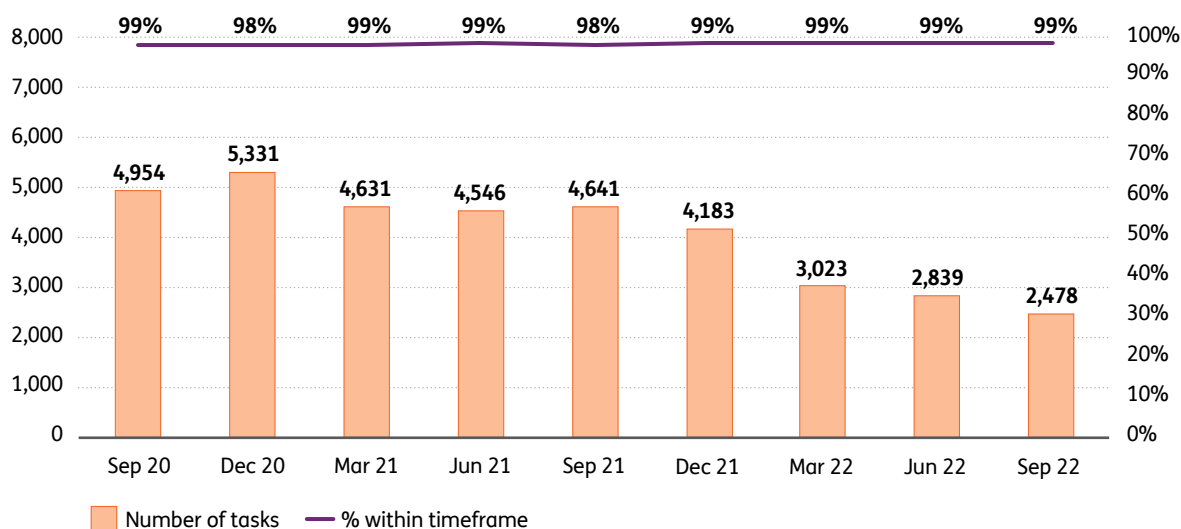
The NDIA has consistently met the 21 day timeframe in respect of access decisions over the last nine quarters.

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 year, with 98 per cent approved within the timeframe of 90 days in the September 2022 quarter. The target timeframe for plan approvals 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 improved notably since the June 2022 quarter reaching levels prior to the change in target timeframe. There was further improvement in the September 2022 quarter with 93 per cent of plans for those aged 7 and above approved in 56 days.

Figure 34: Commence facilitating the preparation of a plan, after an access decision has been made³⁵

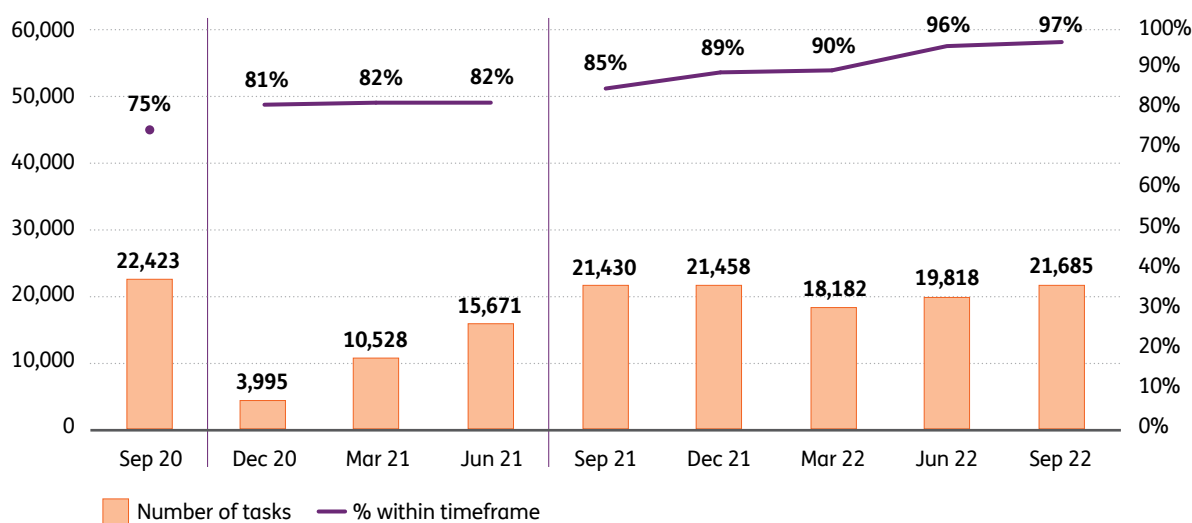
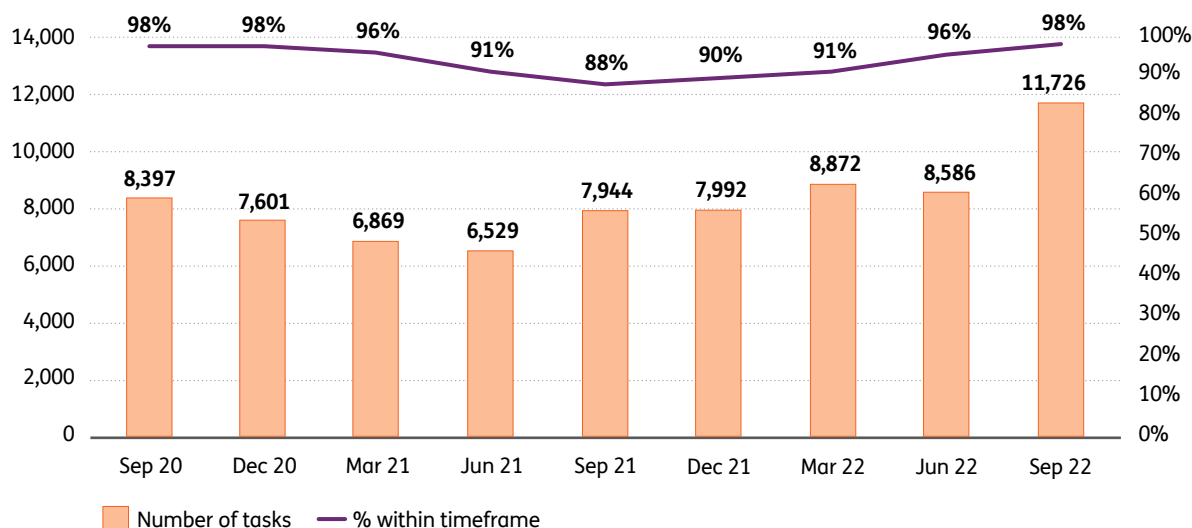
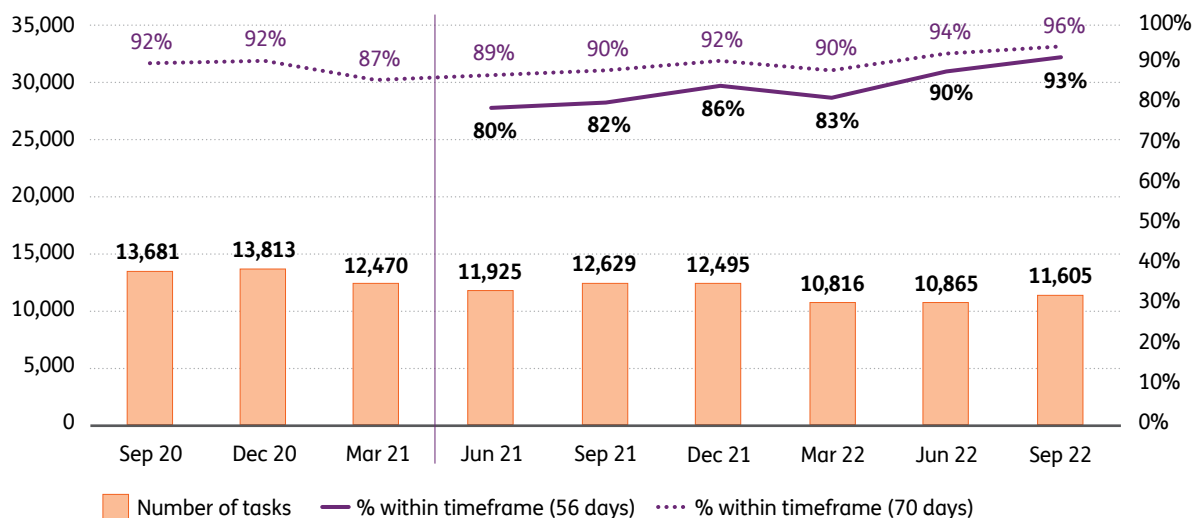


Figure 35: First plan approved after access decision has been made, 0-6 years

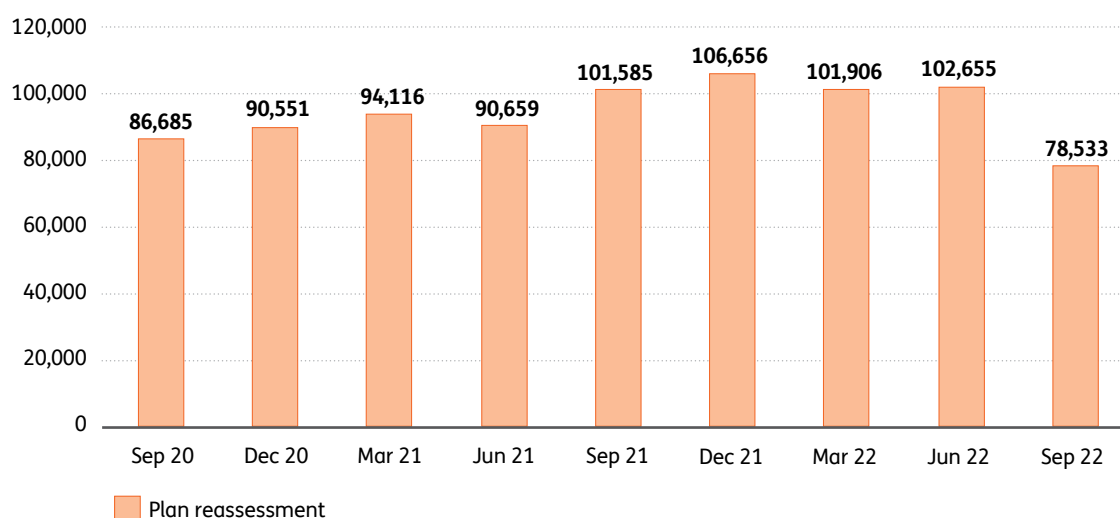


³⁵ New business processes have been implemented from December 2020 and again from July 2021.

Figure 36: First plan approved after access decision has been made, 7+ years³⁶


Plan reassessment

There were 78,533 plan reassessments conducted in the September 2022 quarter, this is a reduction in plan reassessments compared to the preceding four quarters due to a plan continuation strategy which involves communicating with the participant to ensure there have been no significant changes in circumstance and that the participant is in agreement with this approach. This has led to a lower volume of plan reassessments in the quarter. As mentioned in section 1.1, of the 78,533 plan reassessments conducted in the September 2022 quarter, 57,235 (73 per cent) were initiated by the Agency and 21,298 (27 per cent) were requested by participants. AIPRs occur as plans are due to expire, and a new plan is required.

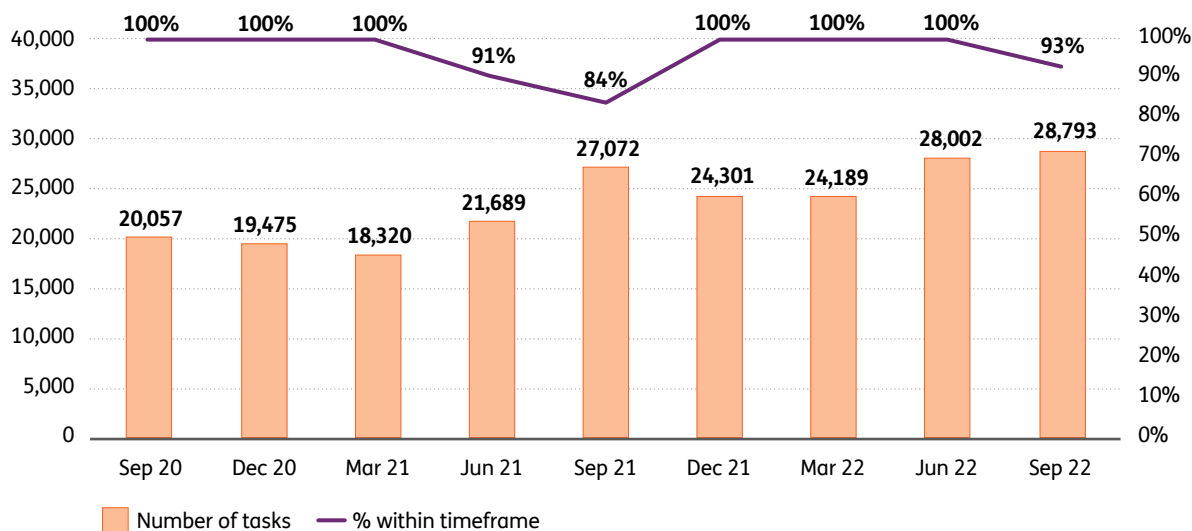
Figure 37: Number of plan reassessments by quarter³⁷


³⁶ The target timeframe for this metric has been reduced from 70 to 56 days in early 2021.

³⁷ Short plans (plans with duration less than or equal 30 days) have been excluded. The number of plan reassessments in historical periods have been updated with retrospective data changes.

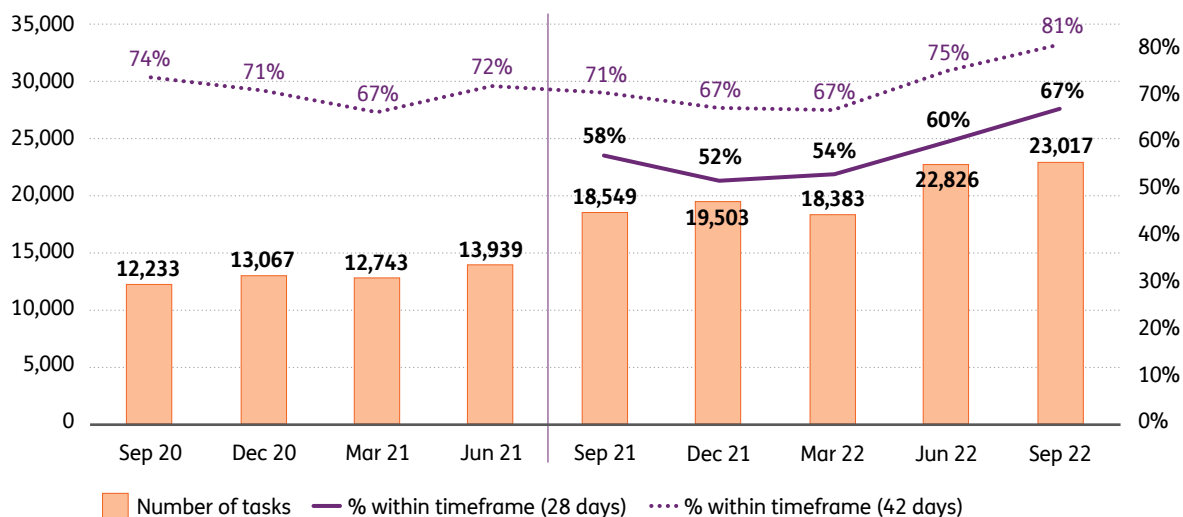
Decisions about whether or not to conduct a Participant Reassessment Request (PRR) were made within 21 days 93 per cent of the time in the September 2022 quarter.

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



The target PRR timeframe was reduced from 42 days to 28 days from the September 2021 quarter and there has been a consequent reduction in service level met. The PRR timeframes have increased since the June 2022 quarter and have reached 67 per cent as at September 2022 based on the 28 day target timeframe, and 81 per cent based on the 42 day target timeframe.

Figure 39: PRR completed after decision made to undertake reassessment³⁸

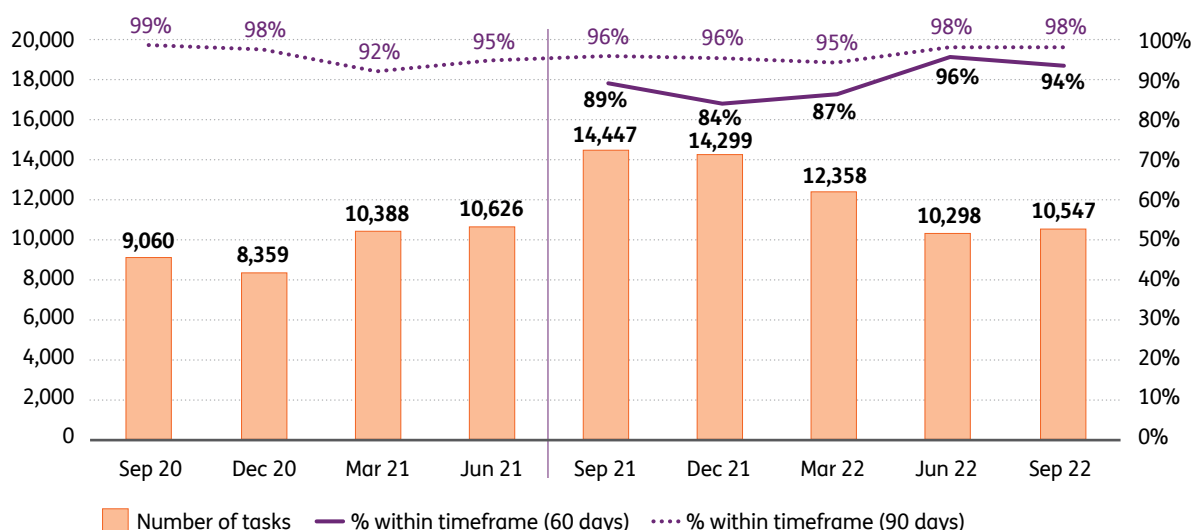


³⁸ In most cases, the results from September 2021 onwards are based on a 28 day timeframe but the results prior to September 2021 are based on a 42 day timeframe.

Reviewable decisions

The target timeframe for completing 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. However, there has been a notable improvement since the June 2022 quarter. The September 2022 quarter has 94 per cent of RoRDs, within the target timeframe of 60 days, on par with levels based on the 90 day timeframe.

Figure 40: Complete RoRDs 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.	69% on average throughout the September 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.	91% in the September 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 Home and Living application form through to plan implementation.⁴⁰

- In the September 2022 quarter, **8,620** Home and Living applications were closed or implemented⁴¹ and **67%** were finalised within 90 days. This compares with 7,616 applications closed or implemented in the June 2022 quarter.
- At 30 September 2022, **2,937** applications remained in-progress, a net decrease of **1,036** applications compared with June 2022. **2,139** in progress applications were waiting for a decision from the Home and Living Panel,⁴² while a further **798**⁴³ were waiting for supports to be implemented in a Plan.
- Approximately **5%** of the open applications have been in progress for 90 days or more, on par with 5% as at 30 June 2022. The number of in-progress applications awaiting plan implementation for 90 days or more has decreased from 129 applications in June 2022 to **116** applications as at 30 September 2022.
- At 30 September 2022, **58%** or **1,702** open applications have been flagged as relating to PRR or RoRD requests.

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	4,479	7,302	8,620	224	2,139	798	2,937 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	2,106	1,114	1,607	1,997	1,025	771	8,620	-	1,121	959	543	167	147	2,937
%	24%	13%	19%	23%	12%	9%	100%	0%	38%	33%	18%	6%	5%	100%

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.

⁴² 305 out of the 2,139 applications the NDIA is waiting on additional information from Participants.

⁴³ The Operations and Support Division are continuing to investigate open applications to ensure next steps are underway for Participants as part of an ongoing process.

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 2,937 open home and living applications relating to 2,916 unique participants.

⁴⁶ System limitations present during the quarter meant it was not possible to accurately capture end-dates for all closed applications. System fixes have now been implemented and future quarters won't be impacted.

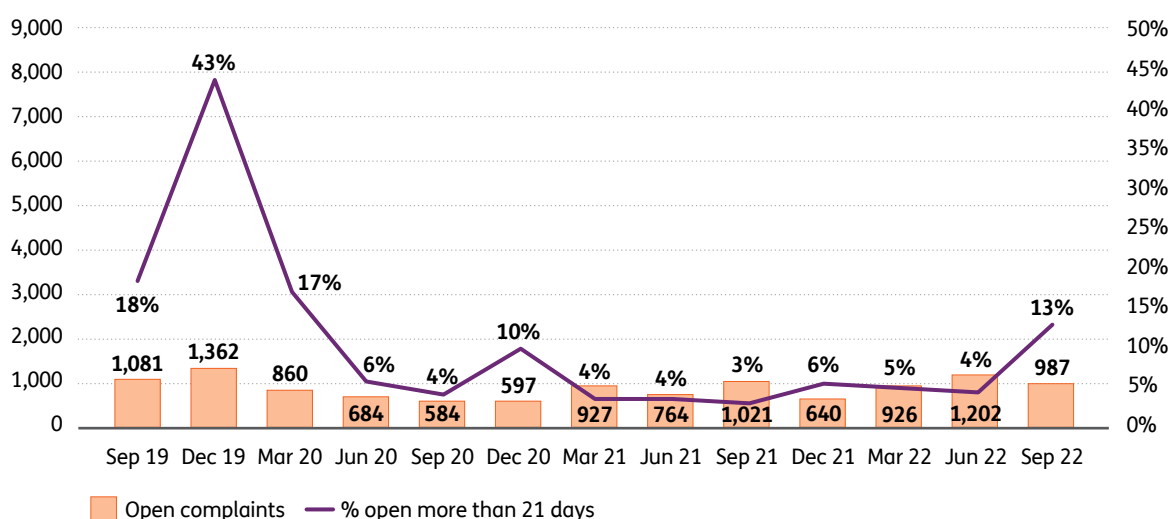
Figure 43: Number of open Home and Living applications by source and time taken from application to Plan Implementation

Application source	Duration of open applications in period						Total	%
	No data ⁴⁷	<14 days	<30 days	<60 days	<90 days	90+ days		
PRR	0	515	512	198	49	29	1,303	44%
RoRD	0	177	102	81	26	13	399	14%
AIPR	0	203	133	78	10	12	436	15%
Other	0	226	212	186	82	93	799	27%
Total	0	1,121	959	543	167	147	2,937	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 continuing to streamline the end-to-end process with the intent of minimising the number of hand-offs which will result in an improvement in the overall timeframe.

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 increased compared to recent quarters with 13 per cent in the September 2022 quarter still open after 21 days.

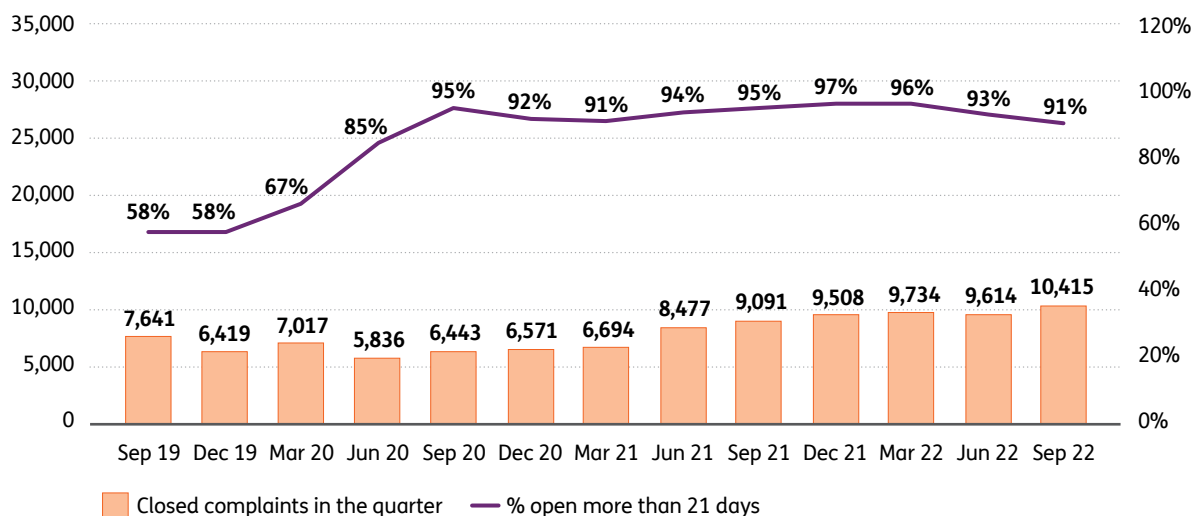
Figure 44: Open complaints and percentage that have been open for more than 21 days⁴⁸

⁴⁷ System limitations present during the previous quarter have been fixed, there are now no instances of inaccurate end-dates for closed applications.

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.

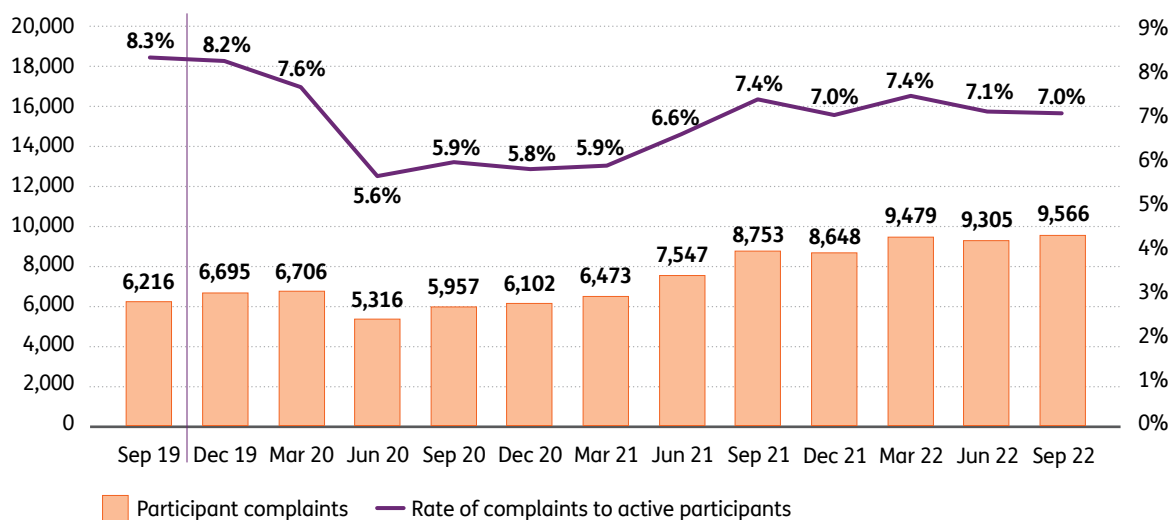
Around 94 per cent of complaints have been closed within 21 days in the past four quarters.

Figure 45: Closed complaints and per cent completed within 21 day timeframe

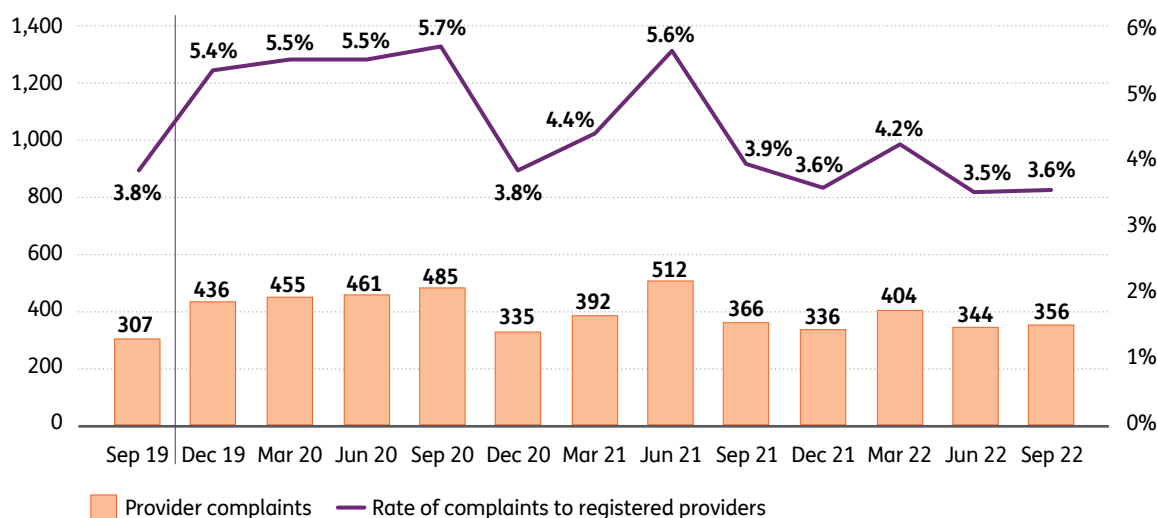


There was a significant decline in participant complaints as a proportion of active participants between June 2019 and June 2020. Over the last five quarters, the number of complaints has increased as a proportion of active participants (7.0 per cent in the September 2022 quarter). The number of complaints received from providers slightly increased during the quarter (Figure 47) with 356 complaints received, which is equivalent to 3.6 per cent of registered providers making a complaint.

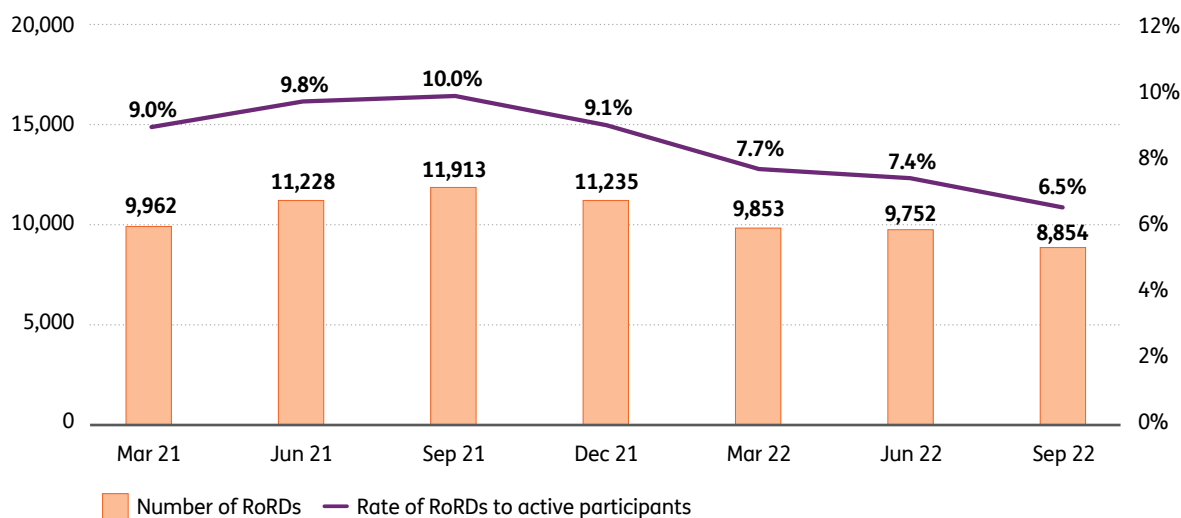
Figure 46: Number and proportion of participant complaints over time⁴⁹



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.

Figure 47: Number and proportion of provider complaints over time⁵⁰


The number of RoRDs as a percentage of active participants increased from 9.0 per cent in the March 2020 quarter to 10.0 per cent in the September 2021 quarter, before decreasing to 6.5 per cent in the September 2022 quarter.

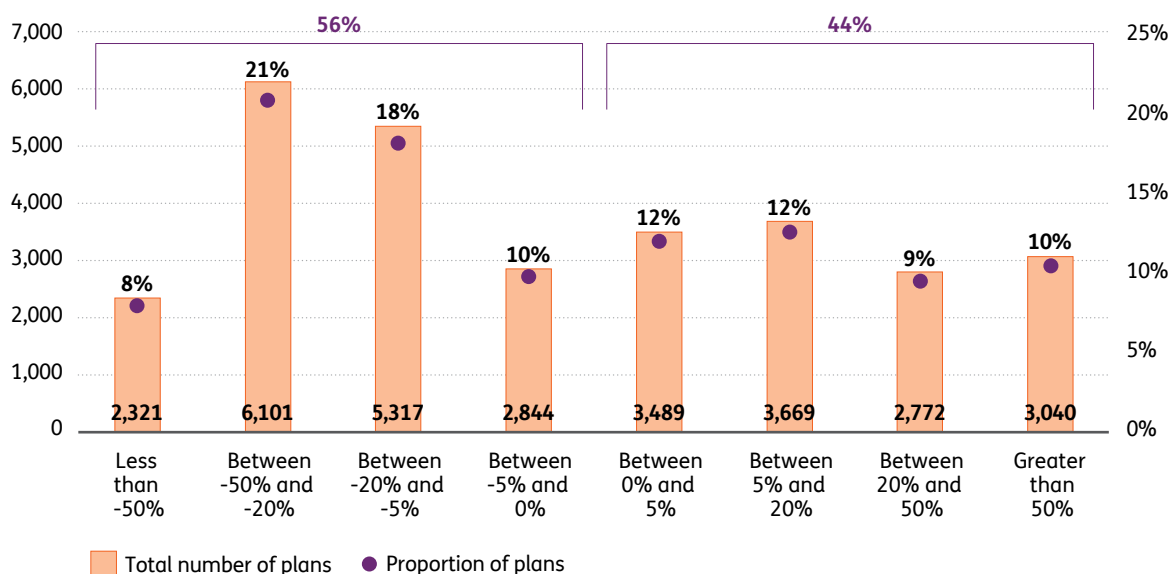
Figure 48: Requests for a RoRD – quarterly trend⁵¹


⁵⁰ 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.

⁵¹ The number of RoRDs have changed compared with the previous report. This is due to additional records which have been retrospectively added/removed from the underlying data. Work to include records entered in the off-system database as well as requests that have been recorded in the NDIA business system continues.

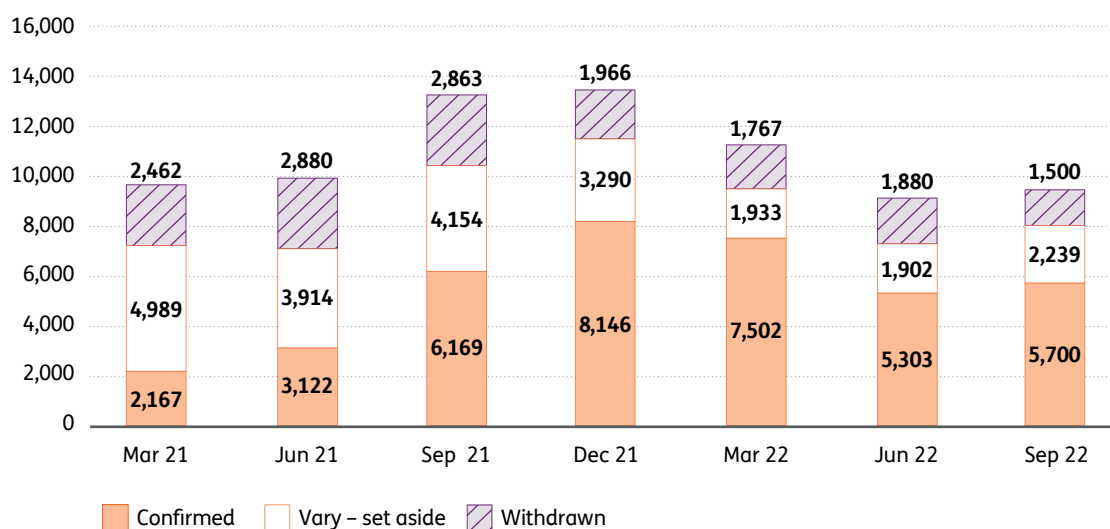
Of the 39,694 RoRDs received over the last year, 29,553 (74 per cent) related to plan reassessment decisions, with the remaining relating to first plan approvals and access decisions. In considering changes in the plan budgets for these plans resulting in a RoRDs, 56 per cent had a decrease in plan budgets and 44 per cent had an increase prior to the RoRD request.

Figure 49: Change in plan budgets for plans resulting in RoRDs received (1 October 2021 – 30 September 2022)



There were 9,439 RoRDs closed in the September 2022 quarter with 1,500 requests withdrawn.⁵² Of the remaining closed RoRDs, 5,700 confirmed the Agency's decision, meaning there was no change from the Agency's decision. Further, there were 2,239 decisions to amend or set aside the decision of the original decision maker. Decisions are often varied or set aside as further evidence is obtained during the review process.

Figure 50: Closed RoRDs by outcome – quarterly trend



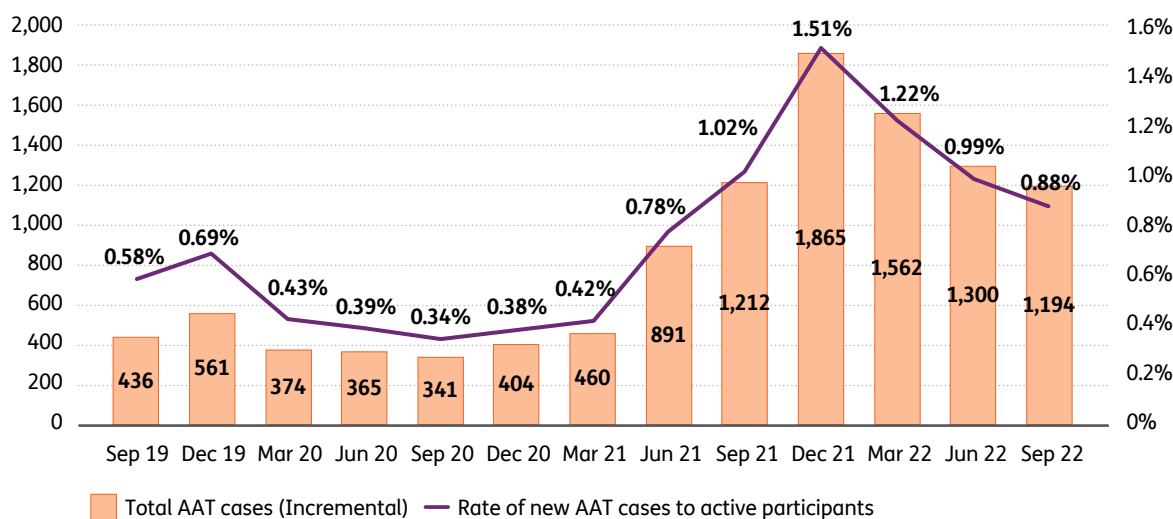
⁵² The number of closed RoRDs have changed compared with the previous report. This is due to additional records which have been retrospectively added/removed from the underlying data. The data on RoRDs will be enhanced with the implementation of the new ICT business system and will improve reporting on Internal RoRDs in future reports.

If a person is not satisfied with the outcome of their review, they may submit an application to the AAT for review of a decision made by a reviewer. The NDIA is committed to acting as a model litigant in the AAT as required by the Legal Services Directions 2017, and in doing so works with applicants and their legal representatives to resolve their matters as early as possible in the AAT process.^{53,54}

There were 1,194 new AAT cases in the September 2022 quarter, relating to 1,176 participants. The number of new AAT cases (as a proportion of active participants) has decreased steadily over the last three quarters after a significant increase in the year to 31 December 2021. In the September 2022 quarter the rate decreased to 0.88 per cent and has decreased since the December peak of 1.51 per cent.

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

Figure 51: Number and proportion of new AAT cases over time

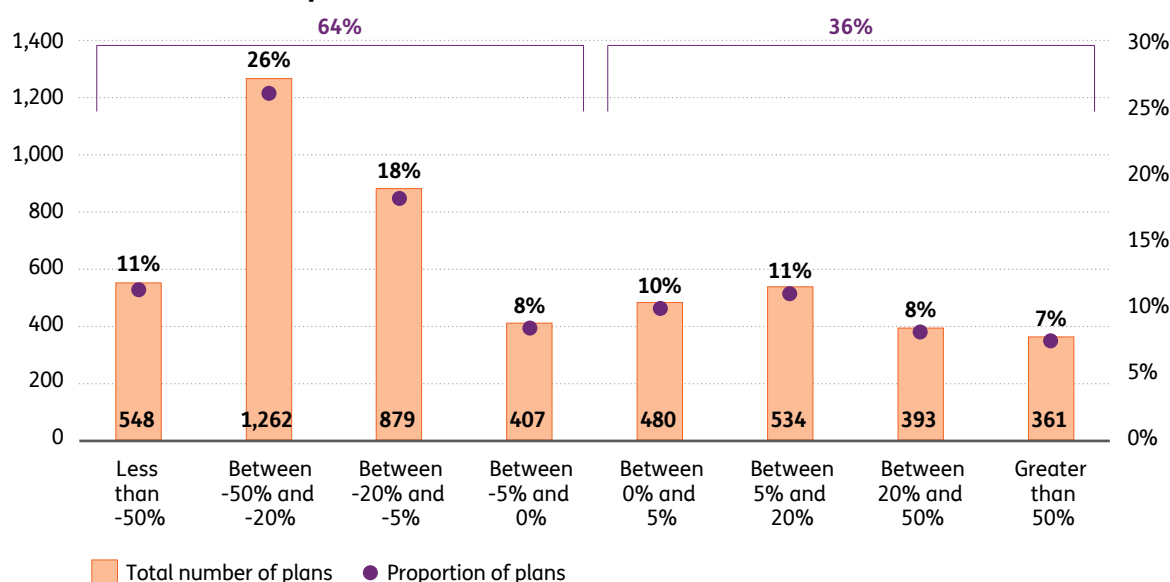


⁵³ As part of the AAT process, it is not uncommon for new requests to be made and for new evidence to be provided by applicants while their matters are in progress. This contributes to NDIS decisions being varied in the AAT.

⁵⁴ Further information about the AAT process can be found on the AAT website: <https://www.aat.gov.au/apply-for-a-review/national-disability-insurance-scheme-ndis/can-we-help>

There were 4,864 plan reassessments that led to an AAT case in the last year. In considering changes in the plan budgets for these plans resulting in an AAT case, 64 per cent had a decrease in plan budgets prior to applying to the AAT and 36 per cent had an increase.

Figure 52: Change in plan budgets for plans resulting in an AAT case received in this financial year (1 October 2021 – 30 September 2022)



There have been 9,165 AAT cases closed since the commencement of the NDIS. Of those cases, 8,901 were resolved before a (substantive) hearing, with the remaining 264 progressing to (substantive) hearing and receiving a decision on a substantive legal issue.

Figure 53: AAT cases by open/closed and decision

	Number of cases	Number of unique active participants ⁵⁵
AAT Cases	13,198	12,081
Open AAT Cases	4,033	4,003
Closed AAT Cases	9,165	8,425
Resolved before hearing	8,901	8,192
Gone to hearing and received a substantive decision	264	233

Of the cases no longer before the AAT, approximately 61 per cent were resolved by agreement, 33 per cent were withdrawn by the applicant or dismissed by the AAT and less than three per cent proceeded to a (substantive) hearing⁵⁶

⁵⁵ As participants may have both open and closed cases, the unique active participants will not sum to the total.

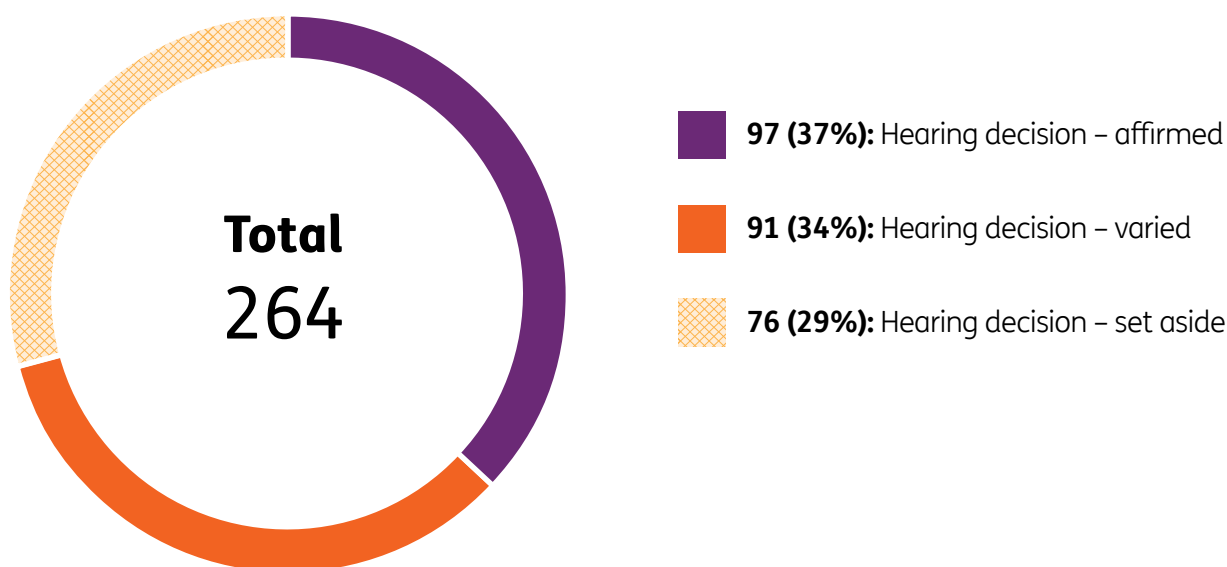
⁵⁶ Less than 4 per cent of cases were related to applications for an extension of time which were declined by AAT or were not opposed by the Agency, matters over which AAT has no jurisdiction and reasons that were unspecified

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

- **Affirmed in 97 cases (37%).** This means the NDIA's original decision was not changed.
- **Set aside in 76 cases (29%).** 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 91 cases (34%).** 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.

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 supports being requested for review by applicants.

Figure 54: AAT cases that have gone to hearing and received a substantive decision⁵⁷

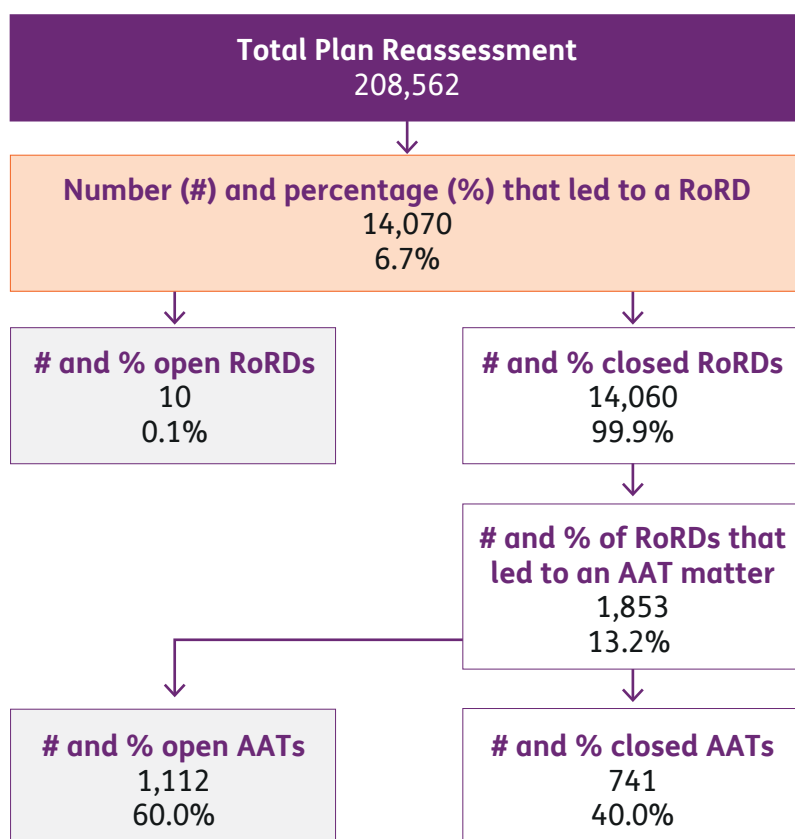


⁵⁷ The Tribunal will affirm the decision under review if it finds that the NDIA has made the correct decision, or vary the decision under review if it finds the NDIA's decision should be altered in some way. The Tribunal will set aside the decision under review if it finds that the NDIA has made a wholly 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.

Pathway from plan reassessments to RoRDs and AAT

After a plan reassessment, a participant may request a RoRD and then further appeal to the AAT. Figure 55 shows the pathway from plan reassessments to RoRDs and AAT cases for plan reassessments conducted between 1 October 2021 and 31 March 2022, tracking the number and proportion that resulted in a RoRD, and then those that resulted in an AAT case at 30 September 2022. Of the 208,562 plan reassessments conducted between 1 October 2021 and 31 March 2022, 14,070 (6.7 per cent) led to a RoRD. Of these, 14,060 (99.9 per cent) were closed at 30 September 2022. Of the closed RoRDs, 1,853 (13.2 per cent) led to an AAT case, and of these, 741 (40.0 per cent) were closed at 30 September 2022.

Figure 55: Pathway from plan reassessment to RoRDs and AAT between 1 October 2021 and 31 March 2022 at 30 September 2022





Katja's supports have world record holder racing ahead



Australian swimmer, **Katja**, is now a world record holder and Commonwealth Games gold medallist, but the 21-year-old is in no rush to race through what she hopes is a long career.

Aided by the NDIS, Katja, who is blind in the right eye and has limited vision in the left due to congenital cataracts and amblyopia, is continuing to build the right supports for more success in and out of the pool.

Katja said using her NDIS funding to access the right supports helped her training and performance leading into Birmingham, after a move to Brisbane from the Sunshine Coast prior to the Commonwealth Games.

"It's no secret the NDIS has been a big help," Katja said. "I can't drive, so I have a good network of support workers to take me to and from training and drive me around. Just having those support workers through the NDIS has been life changing."

Claiming a new women's 50m freestyle S13 world mark and gold medal after stopping the clock at 26.56 at the Commonwealth Games in Birmingham, Katja said the feeling of finding out on live television in an interview with swimming legend, Cate Campbell, was surreal. "I wasn't sure if I'd won gold, I was not even sure where I'd touched in place or time," Katja said.

Katja is continuing to build her capacity for the future and uses NDIS supports to grow her independence.

"I work 2-3 times a week at the Dunlop Park Swimming Pool in Oxley. They've been great with helping me with vision and accessibility. I've also been doing stuff with Vision Australia in mobility and accessibility in the home."

After conquering the Commonwealth, Katja won't put a cap on what she can achieve. With the potential for a shot at Paralympics' gold on home soil, Katja is looking towards long-term success.

Section four:

Providers and the growing market





The provider market continues to grow.

4.1 Support categories

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

\$29.2bn in support has been provided in the 12 months to 30 September 2022⁵⁸. The largest support categories are core daily activities (54 per cent of total payments), core social and community participation (19 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. \$7.2bn of the \$15.8bn payments on core daily activities in the 12 months to 30 September 2022 was for payments for participants in SIL.

Figure 56: Total payments from 1 October 2021 to 30 September 2022

Support Category	Total payments (in \$m)	% total payments
Core - daily activities	15,838	54.2%
Core - community	5,598	19.2%
Core - consumables & transport	1,286	4.4%
Capacity building - daily activities ⁵⁹	3,695	12.7%
Capacity building - other	1,894	6.5%
Capital	892	3.1%
Total⁶⁰	29,211	100.0%

⁵⁸ This represents total payments on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments were \$30.3 billion.

⁵⁹ Includes therapy services.

⁶⁰ Total includes \$7m of payments with no support category.

Over the last two years, payments have grown by 50 per cent (from \$5.4bn in the September 2020 quarter to \$8.1bn in the September 2022 quarter). Payments have grown substantially across the support categories, most notably for core social and community participation (doubling over the period).

This is consistent with one of the main goals of the Scheme to increase social and community participation. The percentage breakdown by support category has remained relatively stable, noting that core daily activities has decreased from 57 per cent to 53 per cent, while core social and community participation has increased from 15 per cent to 20 per cent.

Figure 57: Total payments (in \$m and %) per quarter - all participants

Support Category	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22
Core - daily activities	3,057	3,022	3,267	3,733	3,506	3,627	3,884	4,066	4,261
Core - community	832	934	1,028	1,177	1,163	1,246	1,266	1,447	1,639
Core - consumables & transport	280	255	291	293	319	304	309	331	342
Capacity building - daily activities	654	683	678	829	854	873	805	968	1,050
Capacity building - other	346	363	368	418	443	447	434	490	523
Capital	230	209	186	183	200	208	190	238	256
Total	5,399	5,467	5,818	6,634	6,488	6,707	6,890	7,542	8,072

Support Category	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22
Core - daily activities	57%	55%	56%	56%	54%	54%	56%	54%	53%
Core - community	15%	17%	18%	18%	18%	19%	18%	19%	20%
Core - consumables & transport	5%	5%	5%	4%	5%	5%	4%	4%	4%
Capacity building - daily activities	12%	12%	12%	12%	13%	13%	12%	13%	13%
Capacity building - other	6%	7%	6%	6%	7%	7%	6%	7%	6%
Capital	4%	4%	3%	3%	3%	3%	3%	3%	3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Payments for participants receiving SIL supports have also grown over the last two years from \$1.9bn in the September 2020 quarter to \$2.5bn in the September 2022 quarter. The SIL component (core daily activities) of the plan represents approximately 77 per cent of total payments.

Figure 58: Total payments (in \$m and %) per quarter – participants in SIL

Support Category	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22
Core - daily activities	1,578	1,513	1,633	1,632	1,649	1,634	1,813	1,824	1,944
Core - community	189	205	222	257	245	262	264	304	341
Core - consumables & transport	23	22	24	24	27	26	27	28	32
Capacity building - daily activities	34	35	37	43	44	47	43	51	56
Capacity building - other	56	57	55	64	67	67	66	78	85
Capital	49	45	45	45	45	53	50	56	65
Total	1,930	1,879	2,017	2,066	2,080	2,090	2,264	2,342	2,526

Support Category	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22
Core - daily activities	82%	81%	81%	79%	79%	78%	80%	78%	77%
Core - community	10%	11%	11%	12%	12%	13%	12%	13%	14%
Core - consumables & transport	1%	1%	1%	1%	1%	1%	1%	1%	1%
Capacity building - daily activities	2%	2%	2%	2%	2%	2%	2%	2%	2%
Capacity building - other	3%	3%	3%	3%	3%	3%	3%	3%	3%
Capital	3%	2%	2%	2%	2%	3%	2%	2%	3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

4.2 Plan management types

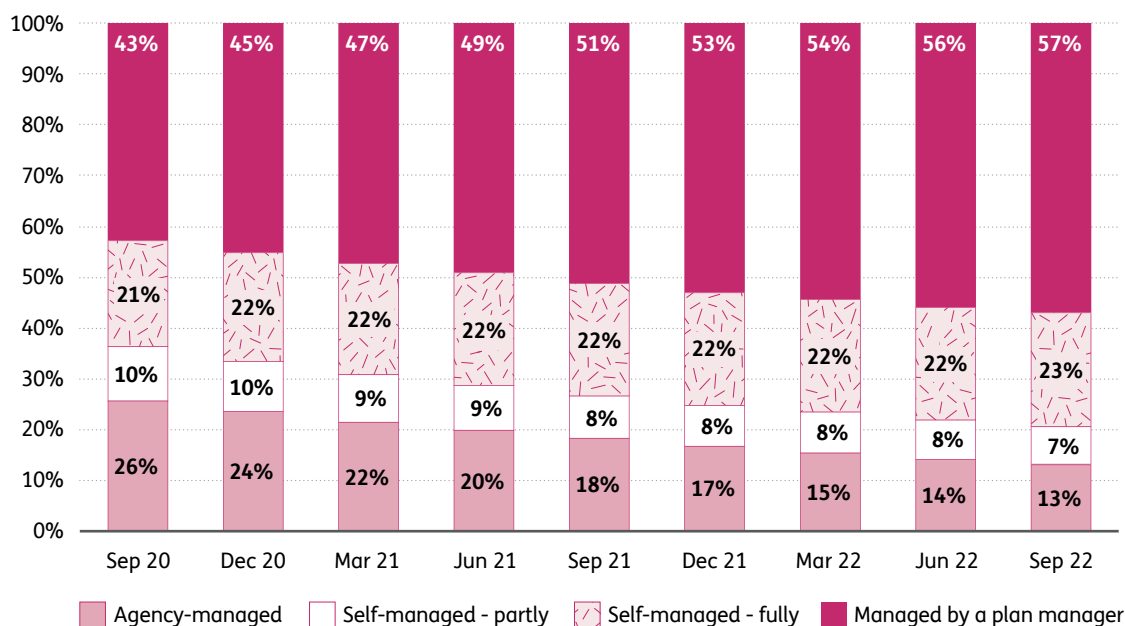
There has been a significant shift in plan management, with an increasing number of participants choosing to use a plan manager rather than have the Agency manage their plan.

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 43% to **57%**
- have an **Agency-managed** plan has decreased from 26% to **13%**.

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

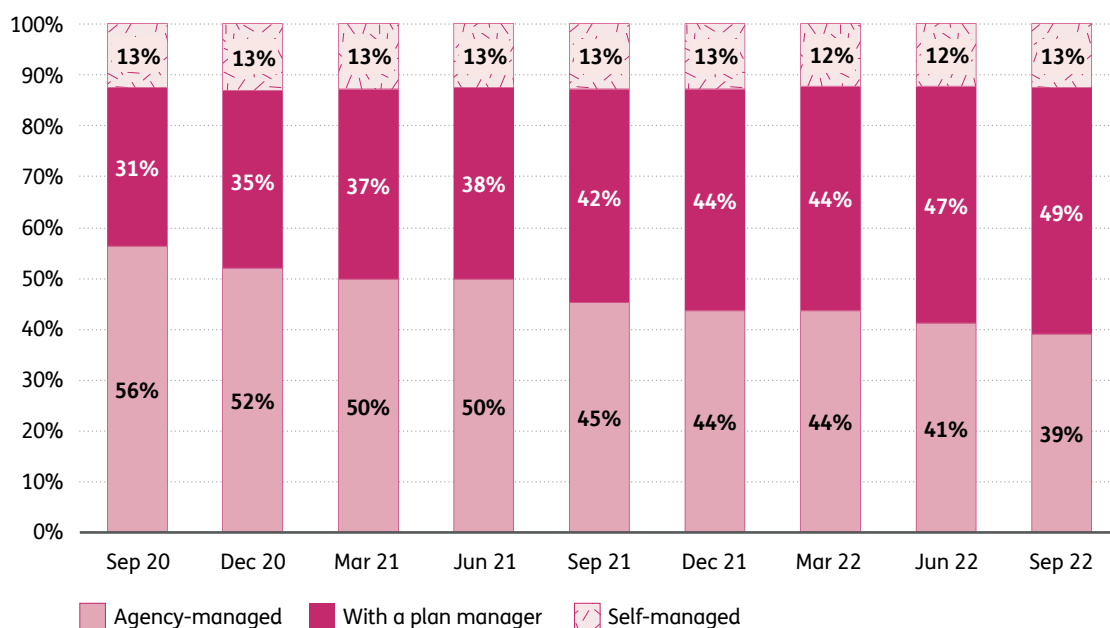


Out of 145,514 active providers in the first quarter of 2022-23, 9,125⁶¹ providers provided support to Agency-managed participants and 144,701⁶² providers provided support to Plan-managed participants. A plan manager may provide support to both Agency-managed and Plan-managed participants. Therefore, there is an overlap of 8,312 providers between these categories and the number of active providers by plan management type add up to more than 100 per cent.

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

- **self-management** has remained around **13%**
- payments managed by a **plan manager** have increased from **31%** to **49%**
- **Agency-managed** payments decreased from **56%** to **39%**.

Figure 60: Distribution of incremental payments by method of financial plan management over time – all participants



61 The number does not include plan managers who received only plan management payment.

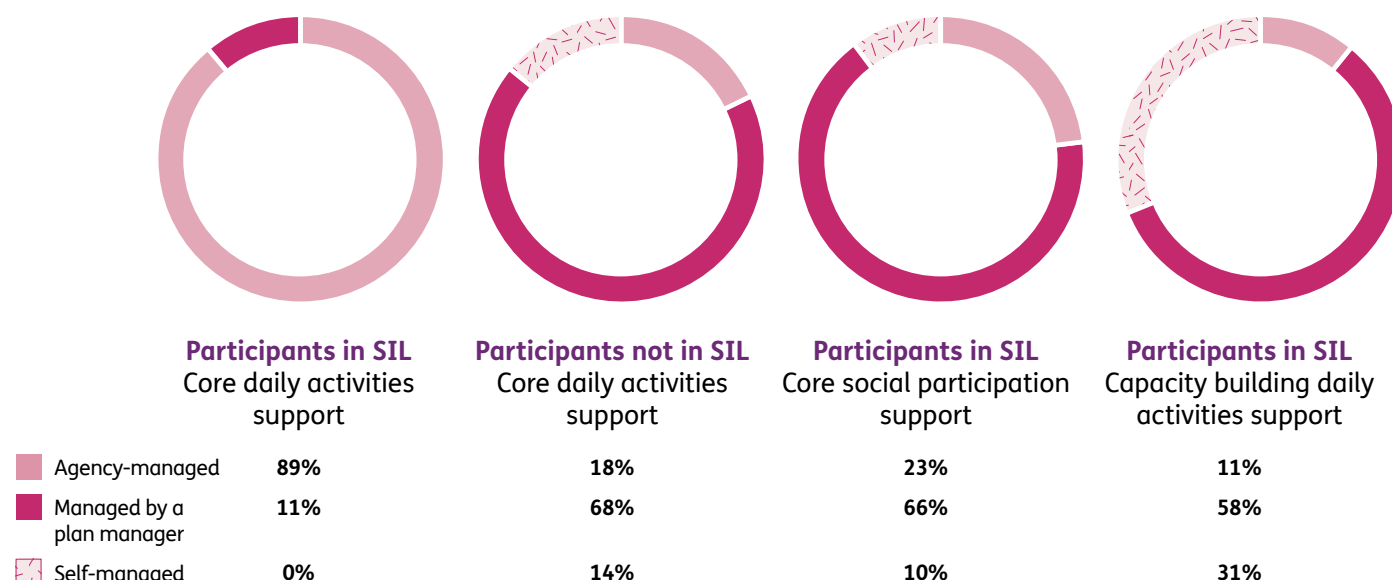
62 The number includes plan managers who are providing agency managed supports.

In the first quarter of 2022-23, of the \$8.1bn in payments, \$1.0bn was self-managed (13 per cent), \$3.9bn was managed by a plan manager (49 per cent), and \$3.1bn was Agency-managed (39 per cent).⁶³

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

- payments for **participants in SIL receiving core daily activities support** were **\$1.9bn**. Of this, \$1m was self-managed (**less than 1%**), \$213m was managed by a plan manager (**11%**), and \$1.7bn was Agency-managed (**89%**).
- payments for **participants not in SIL receiving core daily activities support** were **\$2.3bn**. Of this, \$316m was self-managed (**14%**), \$1.6bn was managed by a plan manager (**68%**), and \$417m was Agency-managed (**18%**).
- payments for **participants receiving core social participation support** were **\$1.6bn**. Of this, \$167m was self-managed (**10%**), \$1.1bn was managed by a plan manager (**66%**), and \$383m was Agency-managed (**23%**).
- payments for **participants receiving capacity building daily activities support (therapy supports)** were **\$1.1bn**. Of this, \$323m was self-managed (**31%**), \$611m was managed by a plan manager (**58%**), and \$115m was Agency-managed (**11%**).

Figure 61: Payments for the largest support categories by plan management type for Q1 2022-23



⁶³ Includes cash and in-kind payments.

Figure 62: Total payments in Q1 2022-23 by plan management type (\$m)

	Agency-managed	With a plan manager	Self-managed	Total
Core support				
Daily activities - SIL	1,729	213	1	1,944
Daily activities - non-SIL	417	1,584	316	2,317
Social & community participation	383	1,089	167	1,639
Consumables	14	84	44	141
Transport	91	6	103	200
Total core support	2,635	2,976	631	6,242
Capacity building				
Daily activities	115	611	323	1,050
Support coordination	158	67	4	229
Other capacity building support	105	165	24	294
Total capacity building support	379	843	350	1,572
Capital				
Specialist disability accommodation (SDA)	55	1	0	56
Assistive Technology	58	84	31	173
Home Modifications	8	15	5	28
Total capital	121	99	36	256
Total	3,136	3,918	1,017	8,072

Figure 63: Total payments in Q1 2022-23 by plan management type (%)

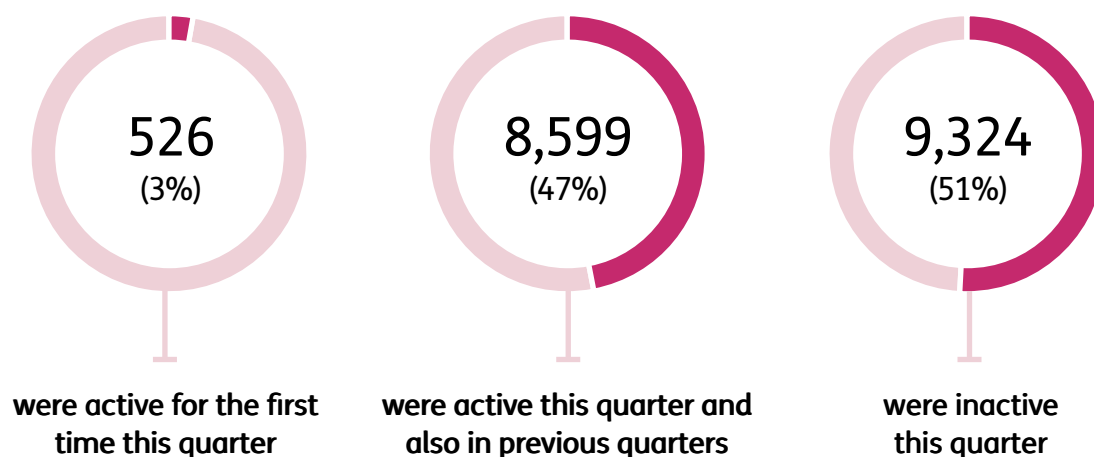
	Agency-managed	With a plan manager	Self-managed	Total
Core support				
Daily activities - SIL	89%	11%	0%	100%
Daily activities - non-SIL	18%	68%	14%	100%
Social & community participation	23%	66%	10%	100%
Consumables	10%	59%	31%	100%
Transport ⁶⁴	46%	3%	51%	100%
Total core support	42%	48%	10%	100%
Capacity building				
Daily activities	11%	58%	31%	100%
Support coordination	69%	29%	2%	100%
Other capacity building support	36%	56%	8%	100%
Total capacity building support	24%	54%	22%	100%
Capital				
Specialist disability accommodation (SDA)	98%	2%	0%	100%
Assistive Technology	34%	48%	18%	100%
Home Modifications	29%	52%	19%	100%
Total capital	47%	39%	14%	100%
Total	39%	49%	13%	100%

⁶⁴ The proportion of plan managed Transport payments of 3% is lower than other support categories because the fortnightly cash transport payments are paid directly to participants' bank accounts, irrespective of their management type, and are therefore considered a self-managed payment.

4.3 Providers supporting Agency-managed participants

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

Since the start of the Scheme, 18,449 providers have supported Agency-managed participants.^{65,66} Of these:



The largest ten providers supporting Agency-managed participants received \$455m in the September 2022 quarter, which was 15 per cent of the total payments to providers supporting Agency-managed participants. These providers also received \$111m in the September 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 64: Largest ten providers by total payments in Q1 2022-23 (Agency-managed)⁶⁷

ABN	Legal name	Total payment amount (\$m)	Total payments received from Plan Managers for plan managed supports	Total payments
31001813403 ⁶⁸	Aruma Services / Aruma Services Victoria Aruma Foundation / House With No Steps	\$127m	\$24m	\$150m
15101252171	Life Without Barriers	\$81m	\$19m	\$100m
73628264460 ⁶⁹	Home@Scope Pty Ltd / Scope (Aust) Ltd	\$66m	\$11m	\$77m
45000062288	Cerebral Palsy Alliance	\$34m	\$6m	\$41m
87302064152	The Northcott Society	\$33m	\$8m	\$41m
80009670704	Endeavour Foundation	\$32m	\$12m	\$44m
29001260153	The Disability Trust	\$22m	\$8m	\$30m
37020000711 ⁷⁰	Minda Incorporated, Minda Housing	\$21m	\$6m	\$27m
27009942269	CPL – Choice, Passion, Life	\$21m	\$9m	\$30m
14005304432	Yooralla	\$20m	\$9m	\$28m
Total for largest 10 providers		\$455m	\$111m	\$567m

⁶⁵ 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 18,449. Further, some of the 9,324 inactive providers in the quarter will be supporting participants with a plan manager or who self-manage.

⁶⁶ The total excludes 465 providers who received only plan management fees. These 465 providers are included in the tables in appendices as they received payments directly from the Agency.

⁶⁷ Providers supporting Agency-managed participants, noting 89 per cent of SIL payments in the last quarter were to providers supporting Agency-managed participants.

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 are also included in this analysis - 63004280871.

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

4.4 Plan managers

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

In the first quarter of 2022-23, 144,701 providers have supported Plan-managed participants out of which 13,973 were registered at some point during the quarter. Registration status of a provider may move between registered and unregistered over the quarter.

Payments to plan managers were \$3.9bn in the September 2022 quarter. Of this \$3.9bn, \$114m was for the plan management services, and the remainder of \$3.8bn 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, 60 per cent of the \$3.9bn total plan managed payments in the September 2022 quarter (not including plan management fees) were paid to registered providers, 39 per cent of plan managed payments were paid to unregistered providers and one per cent of plan managed payments were paid to providers with unknown registration. The percentages differ by support category:

- Of the \$213 million in payments for **daily activities for participants in SIL**, **78%** went to registered providers, **22%** went to unregistered providers and **0%** went to providers with unknown registration.
- Of the \$1.6 billion in payments for **daily activities for participants not in SIL**, **53%** went to registered providers, **46%** went to unregistered providers and **1%** went to providers with unknown registration.
- Of the \$1.1 billion in payments for **social and community participation**, **64%** went to registered providers, **36%** went to unregistered providers and less than **1%** went to providers with unknown registration.
- Of the \$611 million in payments for **capacity building daily activities (therapy services)**, **62%** went to registered providers, **37%** went to unregistered providers and **1%** went to providers with unknown registration.

Figure 65: Split of payments by support category and provider registration in Q1 2022-23 – plan managers (\$m)⁷¹

	Payments to registered providers (\$m)	Payments to unregistered providers (\$m)	Payments to providers with unknown registration (\$m)	Total
Core support				
Daily activities - SIL	166	47	0	213
Daily activities - non-SIL	833	735	17	1,584
Social and community participation	693	392	4	1,089
Consumables and transport	60	22	8	90
Total core support	1,751	1,196	29	2,976
Capacity building				
Daily activities	381	225	5	611
Support coordination	42	24	0	67
Other capacity building support	33	17	0	51
Total capacity building support	457	267	6	729
Capacity supports				
SDA	1	0	0	1
AT	75	8	1	84
HM	7	7	0	15
Total capital supports	83	15	1	99
Total	2,291	1,478	35	3,804

Figure 66: Split of payments by support category and provider registration in Q1 2022-23 – plan managers (%)

	Payments to registered providers (%)	Payments to unregistered providers (%)	Payments to providers with unknown registration (%)	Total
Core support				
Daily activities - SIL	78%	22%	0%	100%
Daily activities - non-SIL	53%	46%	1%	100%
Social and community participation	64%	36%	0%	100%
Consumables and transport	67%	25%	9%	100%
Total core support	59%	40%	1%	100%
Capacity building				
Daily activities	62%	37%	1%	100%
Support coordination	63%	36%	0%	100%
Other capacity building support	65%	34%	1%	100%
Total capacity building support	63%	37%	1%	100%
Capacity supports				
SDA	99%	1%	0%	100%
AT	90%	9%	1%	100%
HM	49%	48%	3%	100%
Total capital supports	84%	15%	1%	100%
Total	60%	39%	1%	100%

⁷¹ Excludes \$114m paid to plan managers for plan management services.

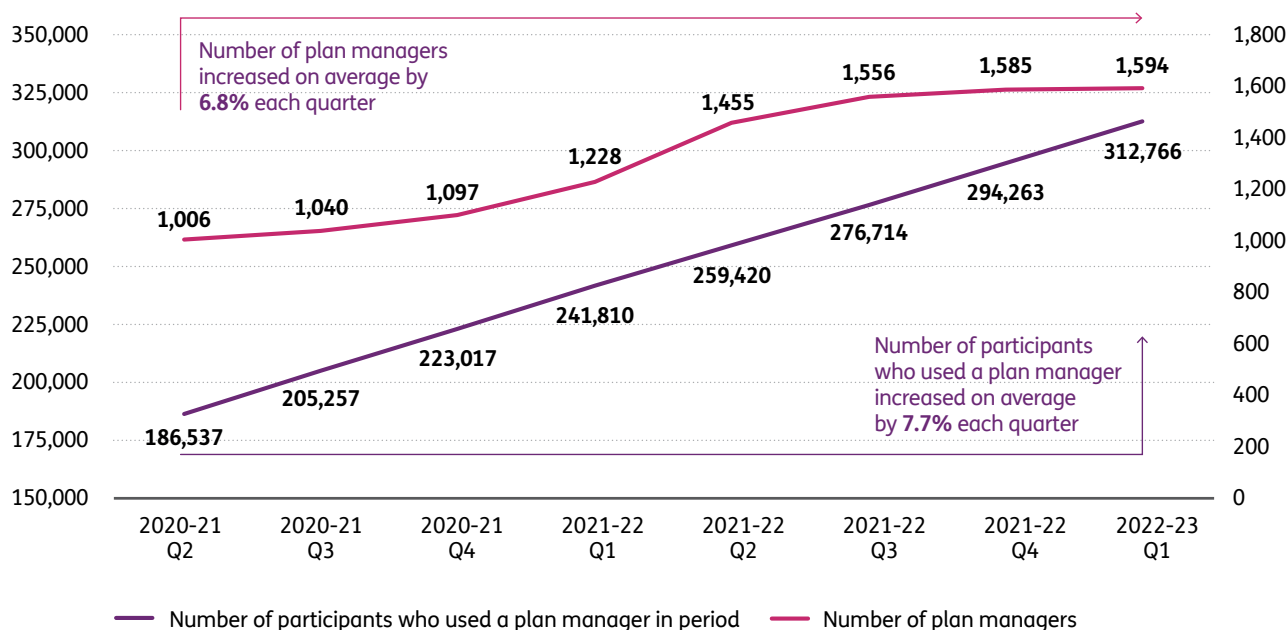
Although only 39 per cent of plan managed payments went to unregistered providers, the market of unregistered providers is large, which means there are many providers receiving smaller total payments. So although only ten per cent of providers paid through plan managers are NDIS registered providers, they represent 60 per cent of total payments in the quarter. Further, 26 per cent of NDIS registered providers received over \$100k in NDIS funding for the quarter, compared to only two per cent of unregistered providers receiving over \$100k in funding.

Figure 67: Number of providers servicing participants through a plan manager in Q1 2022-23

Payment band in quarter	Number of providers - plan managed		Proportion of total payments in quarter	
	NDIS registered ⁷²	Unregistered ⁷³	NDIS registered ⁷²	Not registered ⁷³
1. Less than \$1k	1,152	44,509	0%	1%
2. \$1k to \$10k	3,822	56,847	1%	14%
3. \$10k to \$100k	5,348	27,924	8%	47%
4. \$100k to \$1m	3,180	1,930	43%	31%
5. More than \$1m	471	45	48%	6%
Total	13,973	131,255	\$2,291m	\$1,478m
Percentage	10%	90%	61%	39%

Over the past eight quarters, the number of plan managers has increased from 1,006 to 1,594, a quarterly average increase of 6.8 per cent. Over the same time period, the number of participants being supported by plan managers has increased from 186,537 to 312,766 – a quarterly average increase of 7.7 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.

72. Registration Status is determined as at posting date of payment. Some providers may be counted more than once if they changed registration status during the quarter.
73. \$35m of payments made to providers with “unknown” registration have not been included in this table.

Figure 68: Participants and providers with a plan manager by quarter – all participants


The largest ten plan managers received \$1.5bn payments in the September 2022 quarter, which is 38 per cent of total plan managed payments in the quarter. The split between registered and unregistered providers is largely consistent between the largest providers.

Figure 69: Payments by provider registration for the largest ten plan managers by payments in Q1 2022-23 (% and \$m)

ABN	Legal Name	Payments to registered providers	Payments to unregistered providers	Payments to providers with unknown registration	Payments to plan managers	Total Payment Amount (\$m)
52617963676	My Plan Manager.com.au Pty Ltd	57%	38%	1%	3%	\$374m
54609868993	Plan Management Partners Pty Ltd	58%	37%	2%	3%	\$271m
24619787692	National Disability Support Partners Pty	62%	35%	0%	3%	\$185m
62149233634	Integrated Care Pty Ltd	58%	38%	1%	3%	\$116m
16621969337	Peak Plan Management Pty Ltd	62%	35%	0%	3%	\$111m
92622499898	Leap In! Australia Ltd	51%	46%	0%	3%	\$103m
69624874219	Maple Plan Pty Ltd	54%	42%	0%	3%	\$92m
22729829472	Moirra Limited	62%	35%	1%	2%	\$92m
18620281209	Instacare Pty Ltd	53%	42%	2%	3%	\$82m
73624994565	Connect Plan Management Pty Ltd	55%	42%	0%	2%	\$70m
Total largest 10 plan managers						\$1,496m

4.5 Supported Independent Living (SIL)

\$2.5 billion of SIL supports was provided in the first quarter of 2022-23.

Total payments to participants in SIL have increased by 25 per cent annually over the last three years, from \$4.8bn to \$9.2bn. The number of participants has also increased from 21,654 at 30 September 2019 to 28,018 at 30 September 2022. This in part reflects phasing from the State/ Territory programs into the NDIS.

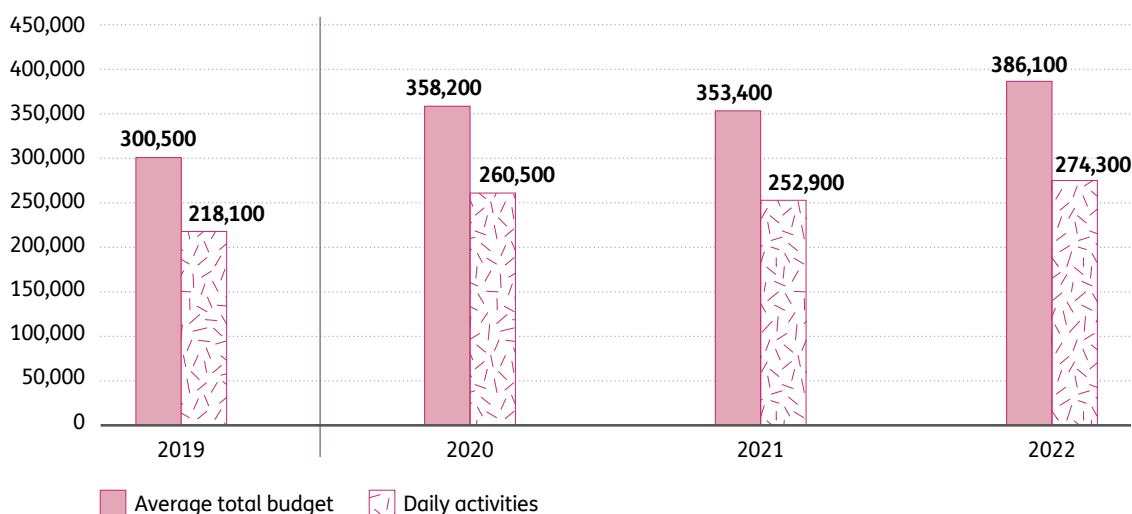
The average payment per participant for SIL supports has also increased, and comprises a large component of the total average payment for participants in SIL (noting that participants in SIL also receive other supports, such as core support for community participation, employment, and capacity building).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

Figure 70: Number of participants and payments for years ending 30 September - participants in SIL⁷⁴

Year	2018	2019	2020	2021	2022	% increase (per annum)
Active participants	14,025	21,654	23,558	25,028	28,018	9%
Total payments (\$m)		4,778	7,138	8,042	9,222	25%
Average payment (\$)		267,900	315,800	331,000	347,700	9%
Total payments – core daily activities (\$m)		3,905	5,790	6,427	7,215	23%
Average payment – core daily activities (\$)		218,900	256,100	264,600	272,000	8%

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 26 per cent increase in the average daily activities component of the plan budgets over the three years to 30 September 2022.

⁷⁴ Due to operational changes since July 2020, there has been an issue with identifying SIL in plans as they are being completed. A temporary and manual solution was implemented to estimate the number of active participants who should be identified as having SIL in their plans but do not appear as such on the Agency's system. From May 2022, an automated and more accurate method has been applied in identifying participants in SIL leading to a restatement in the number of participants in SIL from July 2020 to April 2022. Given the basis for identifying participants in SIL has changed since July 2020, the comparison between 2020 and 2021 is not entirely on a like for like basis.

Figure 71: Average plan budgets over time for years ending 30 September – participants in SIL


The top ten providers of participants identified as receiving SIL (by payment volumes) are listed in the table below along with the total payments received for SIL supports in the last three years⁷⁵, noting that these providers receive payments for other supports in addition to SIL.

Figure 72: Largest ten providers and core daily activities payments in years ending 30 September – participants in SIL⁷⁶

Provider ABN*	Provider name	Core daily activities payments (\$m)		
		2020	2021	2022
15101252171	Life Without Barriers	209	243	288
31001813403 ⁷⁷	Aruma Services / Aruma Services Victoria / Aruma Foundation / House With No Steps	221	243	261
73628264460 ⁷⁸	Home@Scope Pty Ltd / Scope (Aust) Ltd	63	110	260
87302064152	The Northcott Society	134	121	115
45000062288	Cerebral Palsy Alliance	103	115	113
80009670704	Endeavour Foundation	103	93	89
37020000711 ⁷⁹	Minda Incorporated / Minda Housing Limited	71	72	74
27009942269	CPL - Choice, Passion, Life	69	69	73
14005304432	Yooralla	59	63	72
29001260153	The Disability Trust	70	71	70
Total largest 10 providers		1,103	1,200	1,416

*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.

⁷⁵ Includes plan-managed participants where the data is available identifying the support provider rather than payee (i.e. the plan manager for plan managed payments). This data is complete for the 2022 year, but is not complete for earlier years. This may mean payments to these providers are understated in earlier years where payments received via another payee are not traced to this provider.

⁷⁶ This analysis does not include in-kind payments. However, analysis of in-kind shows that two State governments have received in-kind offsets in the 2021-22 year that are comparable to the top 10 cash providers as follows: (1) Queensland \$146m and (2) South Australia \$128m.

⁷⁷ In addition, the following additional ABNs for this provider are also included in this analysis - 59032986751 and 86628265387.

⁷⁸ In addition, the following additional ABN for this provider is included in this analysis - 63004280871.

⁷⁹ In addition, the following additional ABN for this provider is included in this analysis - 49622248908.

4.6 Specialist Disability Accommodation (SDA)

The total number of enrolled SDA dwellings continues to increase.

The number of active participants with SDA supports has increased by 15 per cent annually over the last three years, reaching 20,920 as at 30 September 2022. The average plan budgets for SDA supports have also increased by around 11 per cent per annum, leading to an increase in total SDA supports in participant plans by around 28 per cent per annum, from \$144 million as at 30 September 2019 to \$306 million as at 30 September 2022.

Total SDA payments have increased by 45 per cent annually over the last three years, from \$67 million to \$205 million.⁸⁰ The average SDA payments per participant have also increased, by 24 per cent per annum.

Figure 73: Number of participants, plan budgets and payments for years ending 30 September – participants with SDA supports

Year	2019	2020	2021	2022	% increase (per annum)
Active participants	13,581	15,240	16,347	20,920	15%
Total SDA supports (\$m)	144	185	214	306	28%
Average SDA supports (\$)	10,619	12,139	13,071	14,613	11%
Total SDA payments (\$m)	67	113	146	205	45%
Average SDA payments (\$)	5,839	7,813	9,233	11,001	24%

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

⁸⁰ SDA provider payments have not been handled in a timely fashion due to issues with service bookings. This has resulted in a large backlog of payments. To address the problem, the NDIA has introduced a new SDA line item from 1 July 2022 to ensure providers have an easier way to claim for services delivered to participants. The NDIA has also addressed historic outstanding SDA payments by making off-system payments to providers directly. The \$205m total SDA payments made in the year ending on 30 September 2022 includes off-system payments of \$10.5 million made in June 2022.

Figure 74: Largest ten providers and SDA payments – participants in SDA^{81,82}

Provider ABN*	Provider name	SDA support item claiming in year ending 30 September		
		2020	2021	2022
64617052383 ⁸³	Home4life Limited / Compass Housing Services Co Ltd	\$6m	\$13m	\$15m
97824335975 ⁸⁴	The Trustee for Summer Housing SDA Trust / The Trustee for Summer Housing Pavilions SDA Trust / The Trustee for Summer Housing Impact SDA Trust	\$1m	\$9m	\$13m
69118571547	Disability Housing Limited	\$2m	\$3m	\$5m
85236978396	The Trustee for The Disability Housing Trust of South Australia	\$3m	\$5m	\$5m
65152013913	Ability SDA Pty Ltd	\$2m	\$4m	\$4m
33931811019	Julia Farr Housing Association Inc	\$2m	\$3m	\$4m
66647041988	Hume Community Housing Association Co Ltd	\$3m	\$3m	\$3m
40007008853	Singleton Equity Housing Ltd	\$0m	\$1m	\$3m
49616736059	Disability Housing Solutions Pty Ltd	\$0m	\$1m	\$3m
70630278527	Enliven Housing Pty Ltd	\$0m	\$1m	\$3m
Total largest 10 providers		\$20m	\$42m	\$59m

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

The total number of enrolled SDA dwellings at 30 September 2022 was 7,334⁸⁵, up by 28 per cent annually over the last three years, and by 773 dwellings (12 per cent), compared to a year ago at 30 September 2021. This increase was observed across all design categories, except for Basic stock which saw a two per cent reduction (48 dwellings). The largest relative increase was for dwellings of the High Physical Support category (35 per cent, 514 dwellings), followed by dwellings of the Robust design category (35 per cent, 137 dwellings). All States and Territories excluding Western Australia, Tasmania and Northern Territory saw increases in enrolled dwellings.

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

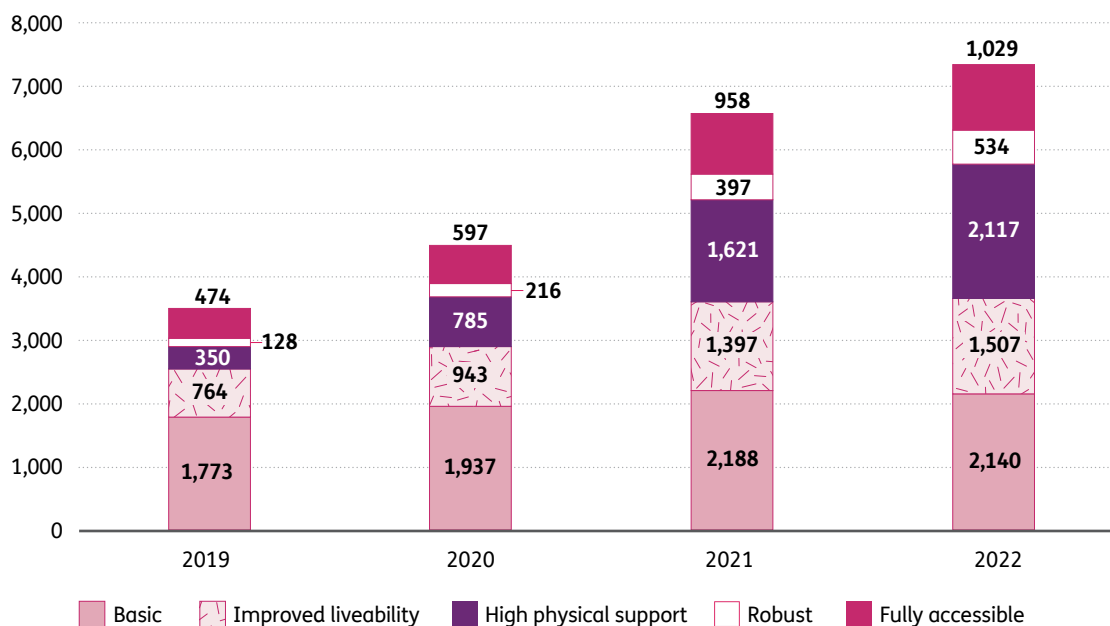
82 The analysis excludes government owned providers. In particular, the Department of Health and Human Services (Victoria) claimed \$24m in cash in the 2021-22 year.

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

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

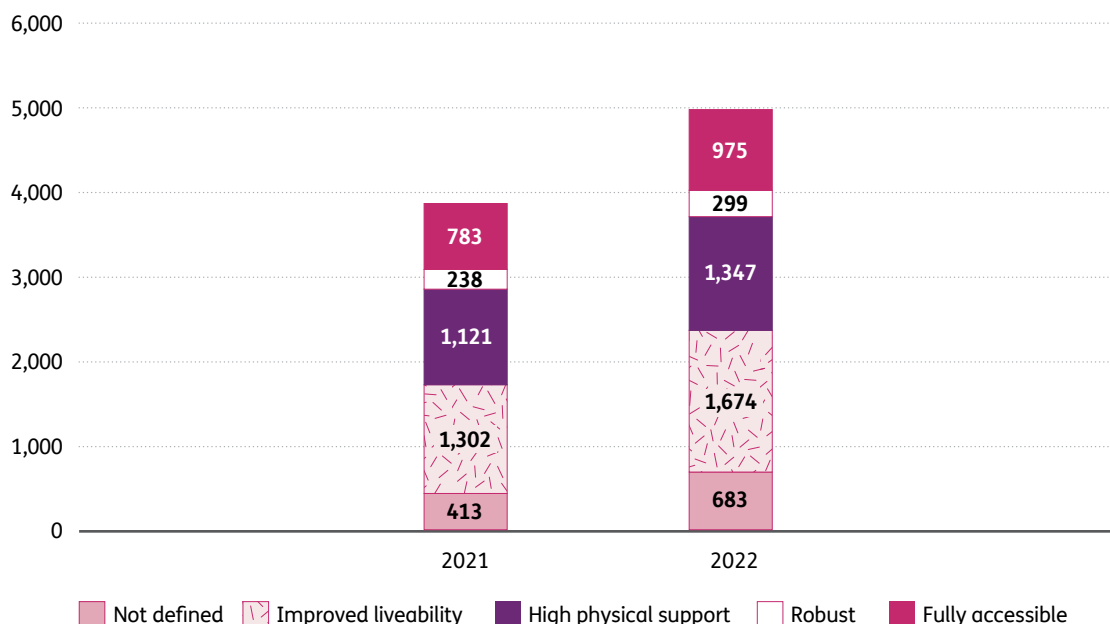
85 This includes dwellings funded via “cash” arrangements only. An additional 203 dwellings are funded under in-kind arrangements, bringing the total number of SDA dwellings to 7,537 at 30 September 2022.

Figure 75: Enrolled SDA dwellings (excluding in-kind) by design category for years ending 30 September



As at 30 September 2022, there were 3,419 participants in an SDA dwelling seeking an alternative dwelling and an additional 1,559 participants who were not in an SDA dwelling seeking a vacancy. Of the combined 4,978 participants seeking SDA dwellings, 1,674 (34 per cent) were for the Improved Liveability design category and 1,347 (27 per cent) were for High Physical Support.

Figure 76: Number of participants seeking SDA dwelling by design category for years ending 30 September



4.7 Choice and control, utilisation and market concentration

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

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

- **choice and control**
- **utilisation**
- **market concentration**

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

Between September 2021 and September 2022, the utilisation and choice and control performance metrics improved marginally.

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.

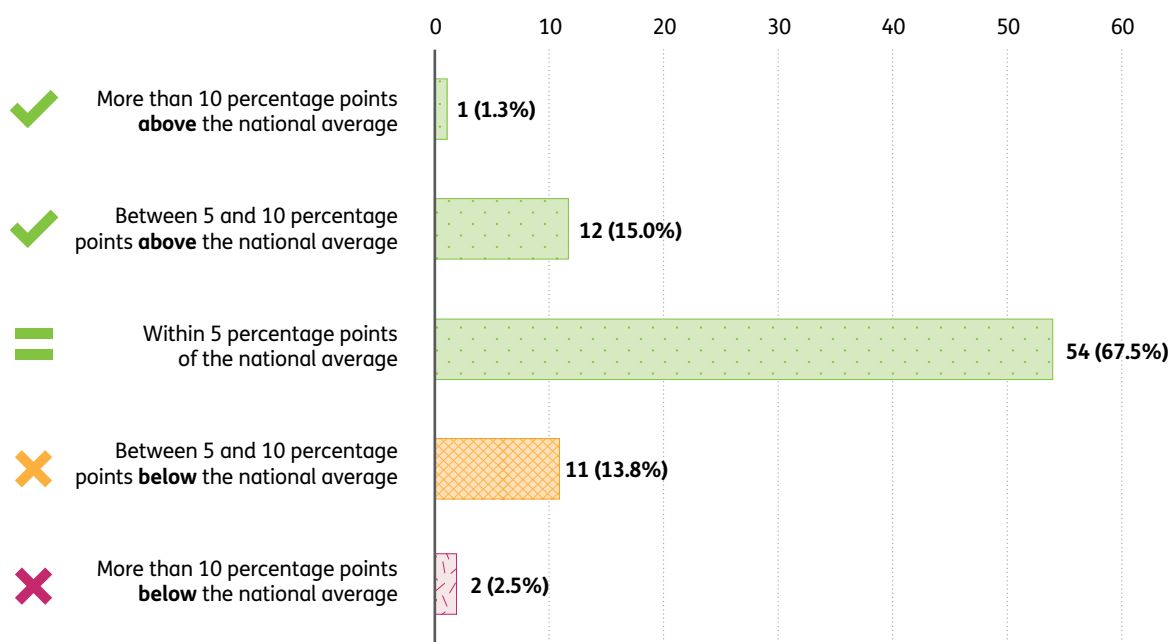
Overall, 54 of the 80 service districts (68 per cent) in the analysis were within five percentage points of the national average, one service district (one per cent) was more than ten percentage points above the national average, and two service districts (three per cent) were more than ten percentage points below the national average.

The service district more than ten percentage points above the national average was Barkly in the Northern Territory. The two service districts more than ten percentage points below the national average were Darwin Remote and East Arnhem in the Northern Territory.

At 30 September 2022:

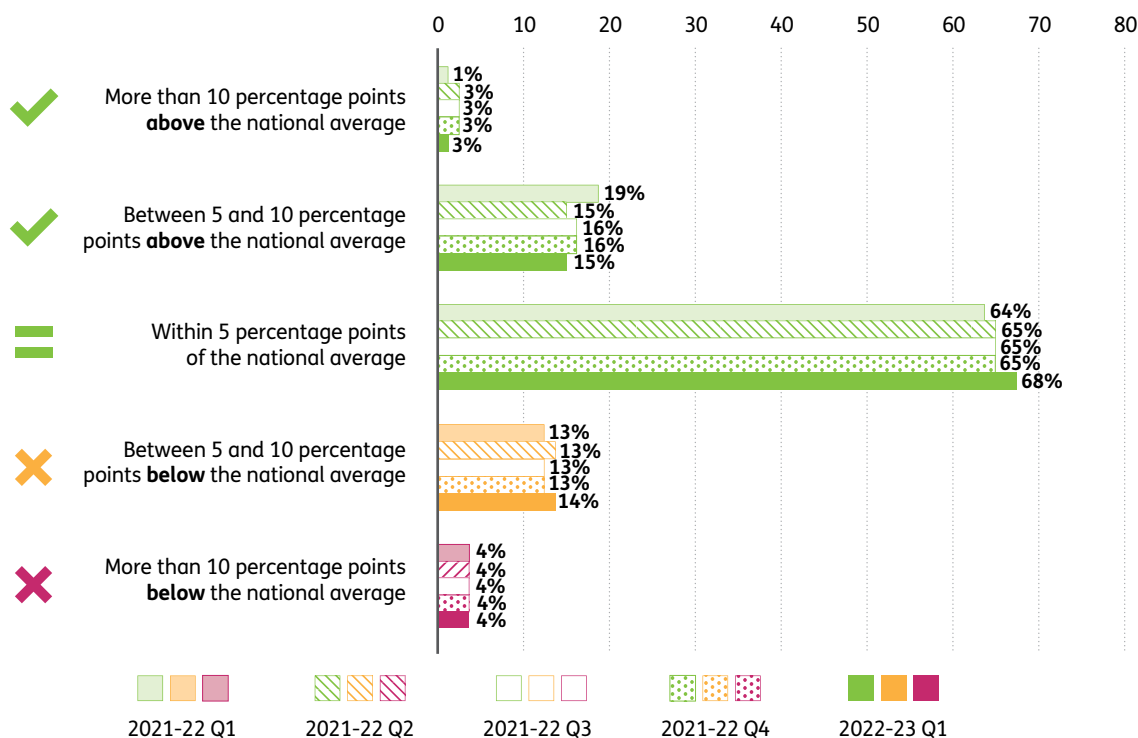
- **Darwin Remote** had **457** active participants and plan budgets totalling \$31 million
- **East Arnhem** had **208** active participants and plan budgets totalling \$20 million

Figure 77: 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 decreased from four per cent to three per cent. The number of service districts within 5 per cent of the national average has increased from 64 per cent to 68 per cent.

Figure 78: Choice and control – number of service districts – gap to benchmark – trend



Utilisation

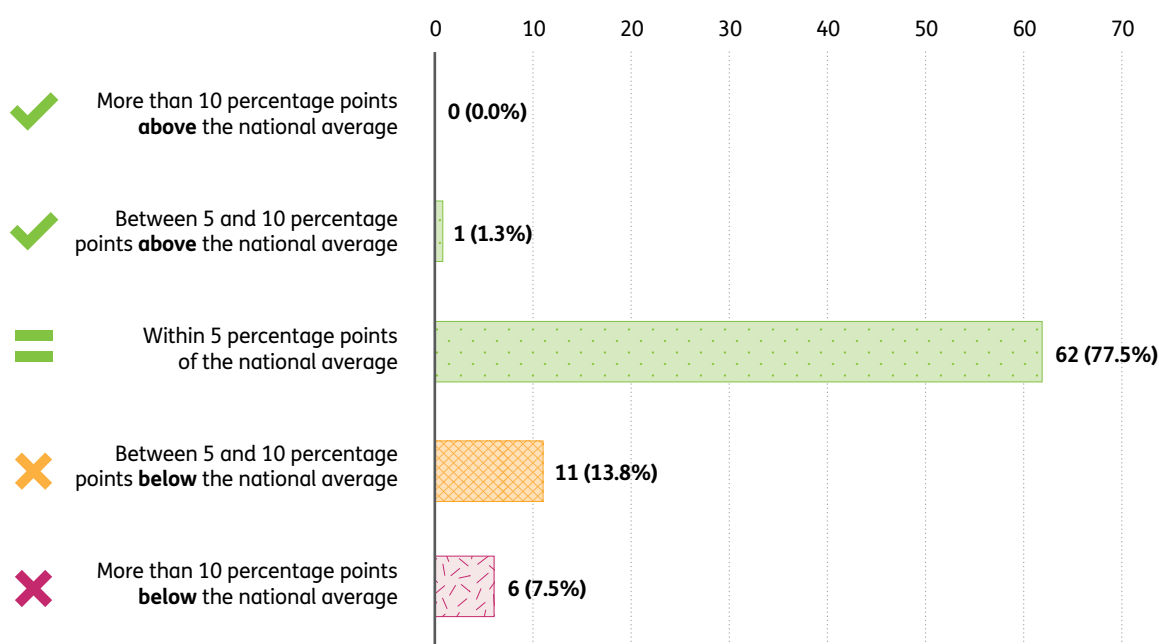
The average payment per participant has increased by 11.6 per cent over the three years from 30 September 2019 to 30 September 2022, and the average plan budget has increased by 3.5 per cent over the same three years. Participants are getting more support over time so understanding differences between 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, 62 of the 80 service districts (78 per cent) in the analysis are within five percentage points of the national average⁸⁶, no service districts were more than ten percentage points above the national average, and six service districts (eight per cent) were more than ten percentage points below the national average.

The number of service districts more than ten percentage points below the national average has increased from five at 30 June 2022 to six this quarter. The six service districts this quarter are Eyre and Western and Far North (SA) in South Australia, Darwin Remote and East Arnhem in the Northern Territory and Kimberly-Pilbara and Midwest-Gascoyne in Western Australia.

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

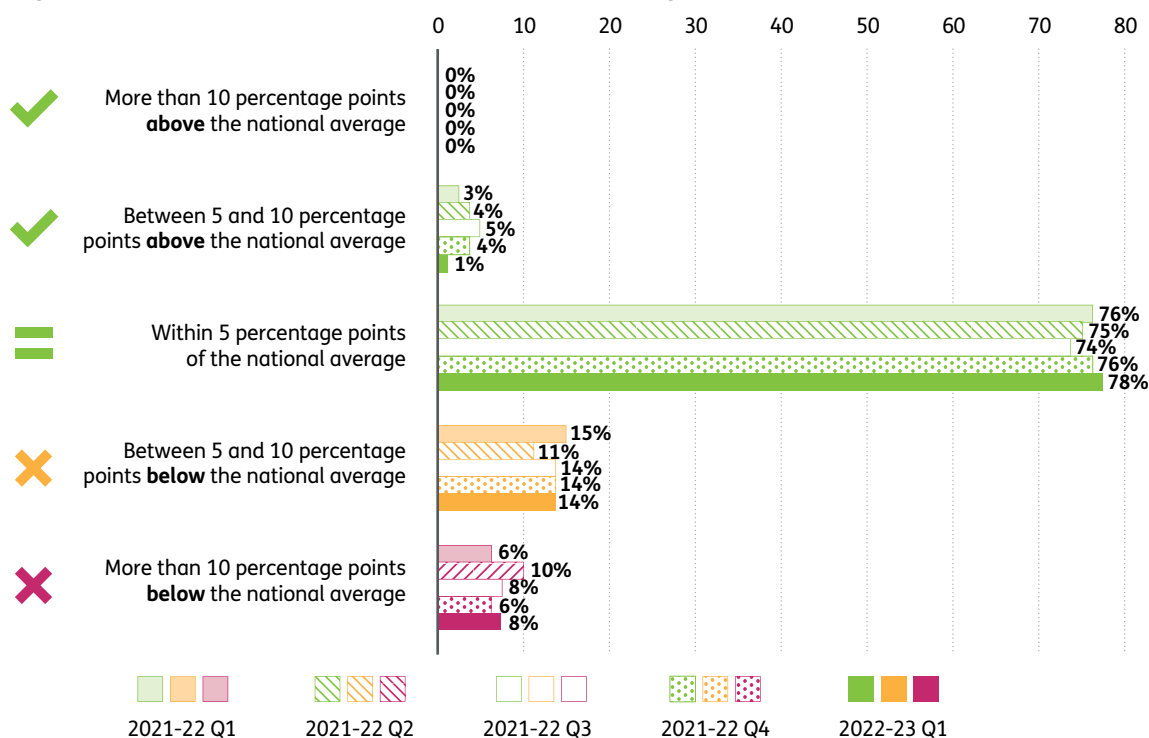
Figure 79: Utilisation – number of service districts – gap to benchmark



⁸⁶ 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 ten percentage points below the national average has increased from five (six per cent) to six (eight per cent). The number of service districts within five percentage points of the national average has increased from 61 (76 per cent) to 62 (78 per cent). The number of service districts between five and ten percentage points below the national average has decreased from 12 (15 per cent) to 11 (14 per cent) over the last year.

Figure 80: Utilisation – number of service districts – gap to benchmark – trend



Market concentration

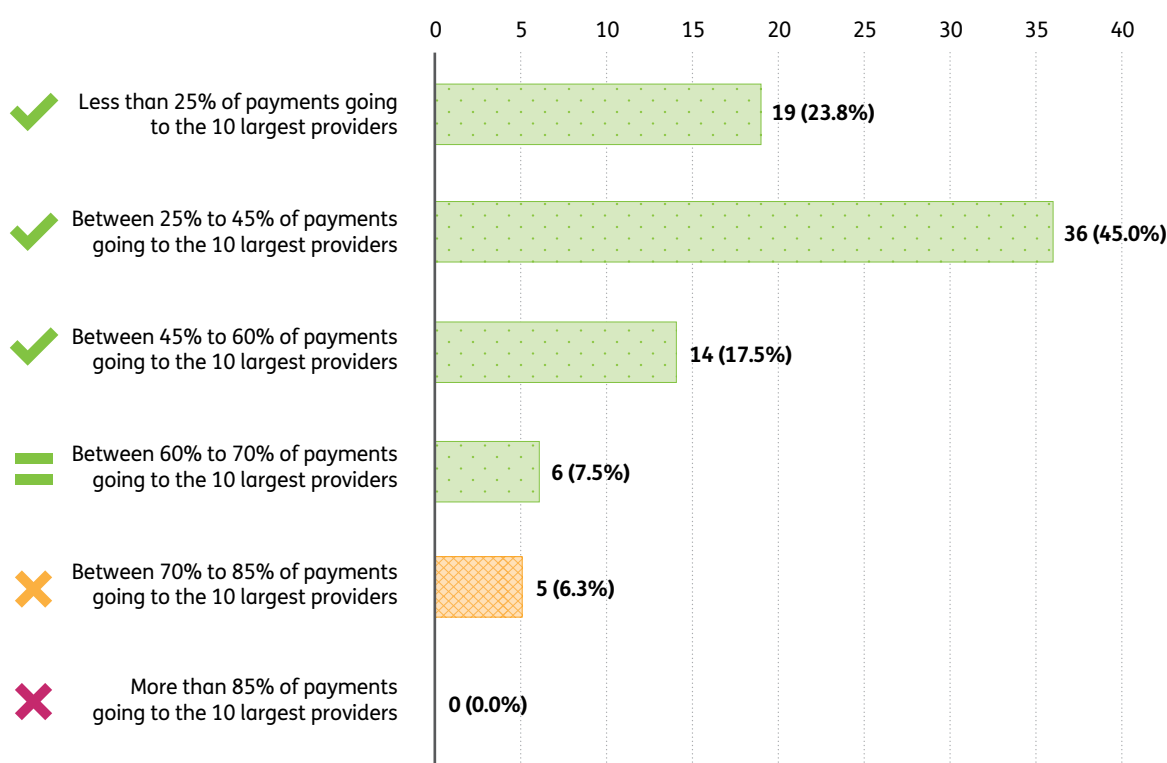
Understanding the distribution of payments to service providers in a service district can indicate whether a small number of providers receive most of the payments from the NDIA, or whether a large number of providers are receiving the payments. Where only a small number of providers are receiving a 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.

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

As at 30 September 2022, for the six month period to 30 June 2022, **seven** per cent of NDIS payments across Australia were paid to the largest ten service providers, excluding providers paid through self-managed payments.

The analysis below considers payments to providers in the six month period to 30 June 2022. There are five service districts where 70 per cent or more of payments go to the largest ten providers (six per cent) and 55 service districts where less than 45 per cent of payments went to the ten largest providers (69 per cent)⁸⁷.

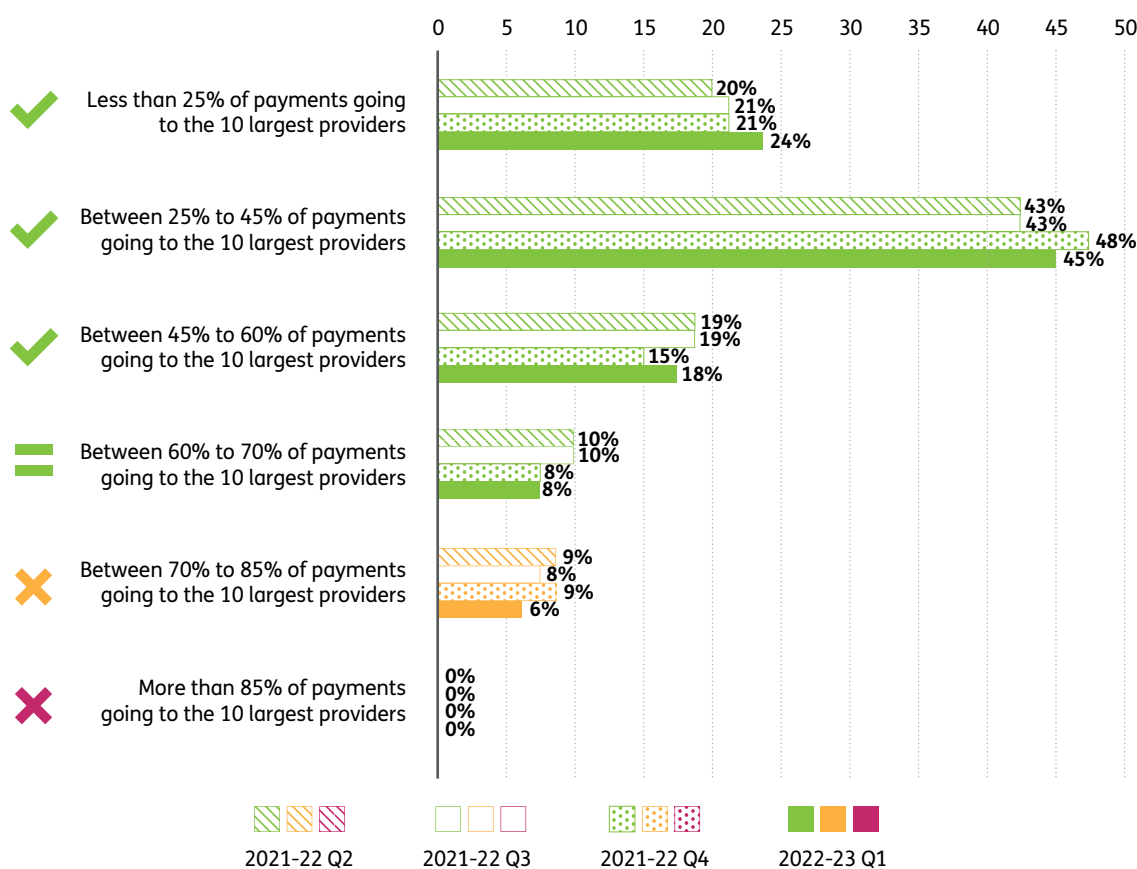
Figure 81: Market concentration – number of service districts by percentage of payments going to the 10 largest providers



⁸⁷ Using the previous method of calculating the payment to the 10 largest providers, 21 service districts had more than 70 per cent of payments paid to the 10 largest providers.

The number of service districts where 60 per cent or more of payments go to the largest ten service providers has decreased and where less than 45 per cent of payments went to the ten largest providers has increased over the past year. This reflects the shift away from Agency management towards plan management which allows participants to access both registered and unregistered providers. The number of service districts where between 60 to 85 per cent of payments go to the ten largest providers has decreased from 15 (19 per cent) to 11 (14 per cent). Further, in the September 2022 quarter, there were no service districts where the ten largest providers received more than 85 per cent of payments. This is the fourth quarter where this has been the case.

Figure 82: Market concentration – number of service districts by percentage of payments going to the 10 largest providers – trend



4.8 COVID-19 Assistance

As mentioned in the Introduction section, COVID-19 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 essential services. As noted in the Introduction section of this report, the NDIA 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).

4.9 Market Stewardship activities

The NDIA continues to support the developing NDIS market such as developing home and living options and partnering with the sector to improve quality and outcomes of support coordination.⁸⁸

Home modifications

Home modifications is an important support funded under the NDIS. It enables participants to remain in their current home safely and to realise improved social and economic participation.

Analysis of NDIA data indicates most participants needing home modification require relatively standard solutions generally costing less than \$20,000.

As at 30 June 2022, \$141 million of home modification support was approved in 14,928 participant plans. This is an increase from the previous 12 months. Further, 6,781 participants received a payment for a home modification with a total value of \$91.3 million in the 12 months to 30 June 2022. This reflects utilisation of approximately 64% which indicates that delays in access to supply of approved home modifications remains a barrier for a significant proportion of participants.

As a result the Agency is releasing a new approach to how approvals and funding for home modifications are included in plans. From the end of September, eligible NDIS participants will no longer need to provide a builder's quote when submitting their requests for non-structural modifications that cost under \$20,000, ensuring faster access to people needing minor works to their home. The Agency will continue working with participants and others in the home modification sector to also deliver better and quicker outcomes for those with more complex home modification needs in the future.

⁸⁸ <https://data.ndis.gov.au/reports-and-analyses/market-monitoring#specialist-disability-accommodation-sda-quarterly-report>

SDA Pricing Review

The Terms of Reference for the SDA Pricing Review required under the SDA Pricing and Payments Framework was released on 22 August 2022.

The release of the Terms of Reference signalled the beginning of a series of activities for the Review which are now progressing including:

- A procurement process for technical advice and analysis services;
- The approach and appointment of an independent Expert Panel;
- The release of the SDA Pricing Review Consultation paper.

As part of the SDA Pricing Review, the NDIA will examine, through deep engagement, submissions, consultations, research and analysis, whether the existing assumptions that underpin SDA prices will support a sustainable SDA market.

The SDA Pricing Review process is on schedule and will be finalised in 2023 for implementation from 1 July 2023.

Home and Living demonstration projects

The NDIA is testing and evaluating alternative models of contemporary home and living supports through the establishment of Home and Living Demonstration Projects. Selected Round 1 Demonstration Projects are being used to identify and develop new ways of delivering and funding SIL supports to support improved outcomes for participants. These projects will focus on trialling bundled funding to improve service design/delivery alignment, flexibility and outcome accountability, service model change and family/participant governance models.

Round 1 Demonstration Projects are being progressively implemented throughout the second half of 2022 in accordance with provider and participant readiness, level of complexity and degree of deviation from standard practice. The NDIA Research and Evaluation Branch are evaluating the projects over a 2-year period, supported by an Evaluation Framework with targeted outcomes for providers, participants, and the NDIS.

To support the work, the NDIA has established a Community of Practice with project providers to share learnings on better practice and flexible service models to promote greater participant choice and control and service design. The Community of Practice is intended to support the expansion of knowledge of innovative practice within home and living options, foster collaboration and share information and learnings.

The NDIA has committed to further rounds of demonstration projects and is preparing for the release of Round 2 opportunities in late 2022.

4.10 Thin markets

Market development projects continue to support participants across Australia.

Market indicators are continuing to improve year on year, however participant access to timely and quality supports remains a key priority for the NDIA.

The trialling of a new collaborative approach to market facilitation has been underway in three key regional areas of Victoria and NSW. In partnership with Boosting the Local Care Workforce (BLCW), the NDIA has run a series of place-based forums in the Local Government Areas of Mildura/Wentworth (cross border), Hindmarsh and East Gippsland. The forums focused on connecting local NDIS stakeholders to build a stronger support and care workforce and improve participant connection with providers. These targeted forums are in response to feedback received from NDIS providers in regional areas continuing to highlight workforce recruitment and retention as a major barrier to meeting participant demand, and to organisational expansion. Guest speakers included representatives from Aboriginal Community Controlled Organisations, local councils, Australian Apprenticeships, Workforce Australia, Local Jobs Program and registered training organisations, along with the NDIA, PiTC and BLCW. The feedback received from attendees indicated the events achieved the aims of better networked markets, increased awareness of participant demand, workforce opportunities and solutions being offered locally.

Another market intervention project has recently been completed in Katherine, Northern Territory. In Katherine, the NDIA undertook a coordinated funding proposal to support a cohort of 14 NDIS participants with low utilisation of their plan budgets. The focus was on increasing access to assistive technology (AT) supports for these participants, many of whom identify as First Nations Participants. This project commenced in October 2021 and concluded in July 2022. The project resulted in enabling all 14 participants to move efficiently through the process of purchasing their AT equipment by identifying a single provider to carry out their assessments. The pooling of need across 14 participants made this a viable opportunity for the selected provider.

NDIA representatives attended the National Aboriginal Community Controlled Health Organisation (NACCHO) NDIS Ready Yarning Circle in Darwin to further promote NDIS market opportunities with the Aboriginal Community Controlled Health Organisations (ACCHO) sector. The yarning circle was an opportunity for the NDIA to engage with First Nations organisations and offer guidance on becoming a provider and pursuing opportunities in the NDIS.

4.11 NDIS pricing

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

The NDIA released an updated NDIS Pricing Arrangements and Price Limits 2022-23 Guide on 1 October 2022 after the conclusion of the Annual Pricing Review 2021-22. The recommendations from the review were based on extensive feedback received about NDIS price limits and policy 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.

As part of the new pricing arrangements, some key updates this quarter include:

- the release of the [Assistive Technology, Home Modifications and Consumables Code guide 2022-23](#)⁸⁹ (Code guide) to provide further information on the specific pricing arrangements for these types of supports.
- introduction of a new SDA support item to help eligible participants living as sole occupants in SDA-enrolled dwellings where onsite shared support arrangements are in place.
- creation of a new support item to specifically support the implementation of the Home and living Demonstration projects, for use by NDIS providers with a Memorandum of Understand (MoU) to deliver the Round 1 demonstration project.
- updates to language in the price limits guide on some early childhood terms to support ECEI reset recommendations. The NDIA have also included a reference to the NDIS Practice Standards and Quality Indicators, which apply to professionals specifically relevant to early childhood supports.

The NDIA regularly reviews and makes changes to pricing arrangements to ensure the NDIA's approach:

- better meets the needs of participants, their families, carers and providers
- remains affordable and in place for future generations of Australians.

More information about NDIS pricing arrangements can be found [here](#).⁹⁰

⁸⁹ <https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/providing-assistive-technology#Atcodeguide>

⁹⁰ <https://www.ndis.gov.au/providers/pricing-arrangements>



Mark uses his own experience of living with disability to help others



Mark knows what it's like to face barriers. Born Deaf, he has used hearing aids for most of his 61 years, and in the past has struggled to find people who wanted to employ him. Now working in the disability sector, Mark is using his own lived experience to help others.

Mark works as a Local Area Coordinator on the New South Wales Central Coast for NDIS Partner in the Community, Social Futures.

"I work with NDIS participants to help develop their plans, support them to get linked to mainstream community services, and help them achieve their goals through NDIS funded supports," he said.

"When I am working with Deaf NDIS participants, I'm able to help them understand their NDIS plan, because Deaf people who communicate in Auslan interpret information differently," he said.

"NDIS plans need to be explained to Deaf people in a different way. Auslan and English are different languages, so I can communicate in their language."

He also performs an important advocacy role in the community.

"Another part of my role is Community Capacity Building, doing community projects, and raising awareness about inclusion to mainstream businesses and community services," Mark explained.

"Currently I'm working to get open captioned movies shown in cinemas on the Central Coast."

For Mark, the job is enjoyable, and the work is meaningful.

"Being employed makes me feel like I am contributing to society, and it enables me to be more financially independent," he said.

"I had my birthday a few weeks ago, and my colleagues had been secretly practicing singing Happy Birthday in Auslan.

"I was really taken aback by that, it was fantastic. It really brought home how welcome and accepted I was."

Section five:

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

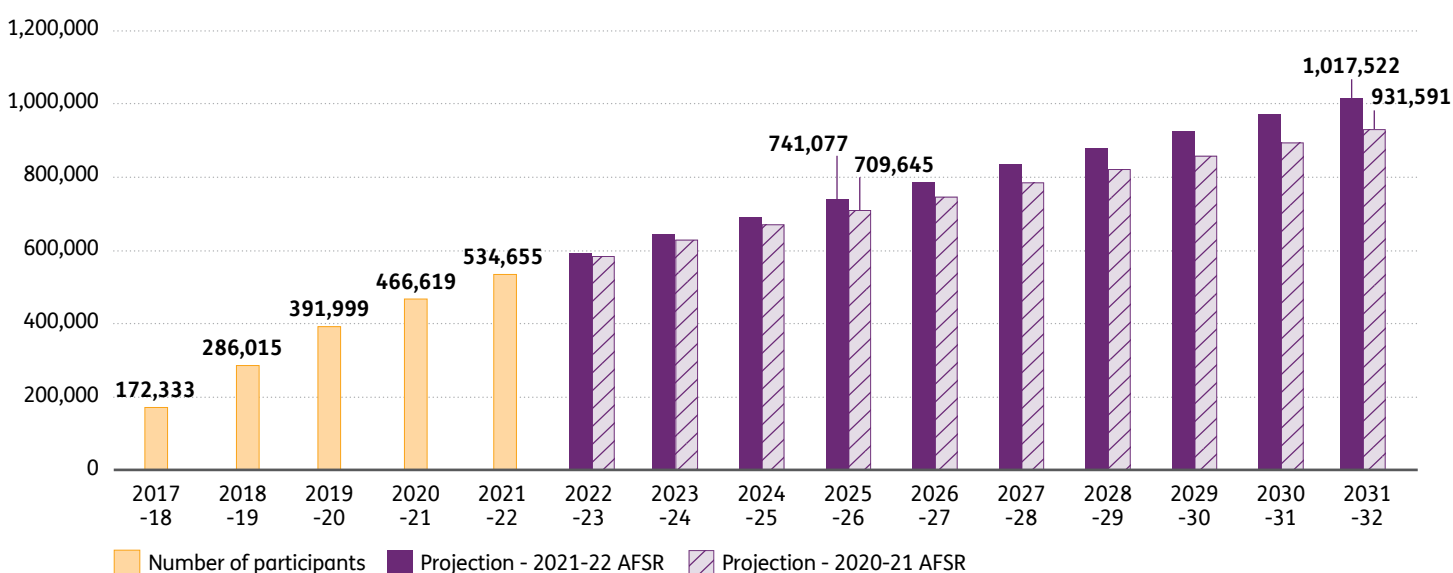
On 4 November 2022, the NDIA Board released both the AFSR, and the Peer Review Report.

The NDIA Board released the 30 June 2022 AFSR on 4 November 2022. The AFSR is prepared by the Scheme Actuary, and provides an assessment of the financial sustainability of the NDIS, as is required under the NDIS Act (Section 180B). It is produced using data at 30 June each year and a summary of each year's AFSR is included in the NDIA Annual Report. The AFSR was independently peer reviewed by the Australian Government Actuary.⁹¹ A copy of this report was also released on 4 November 2022.

The AFSR projects that:

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

Figure 83: Actual and projected participants (2021-22 AFSR and 2020-2021 AFSR)



⁹¹ The Australian Government Actuary currently is the Peer Review Actuary as per the NDIS Act (Section 180D).

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

Figure 84: Projected Scheme expenses

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

More detail is available in the reports located here:

[Annual Financial Sustainability Report⁹²](#) – published 4 November 2022

[Independent Actuary Peer Review Report⁹³](#) – published 4 November 2022

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

⁹² <https://www.ndis.gov.au/about-us/publications/annual-financial-sustainability-reports>

⁹³ Ibid.

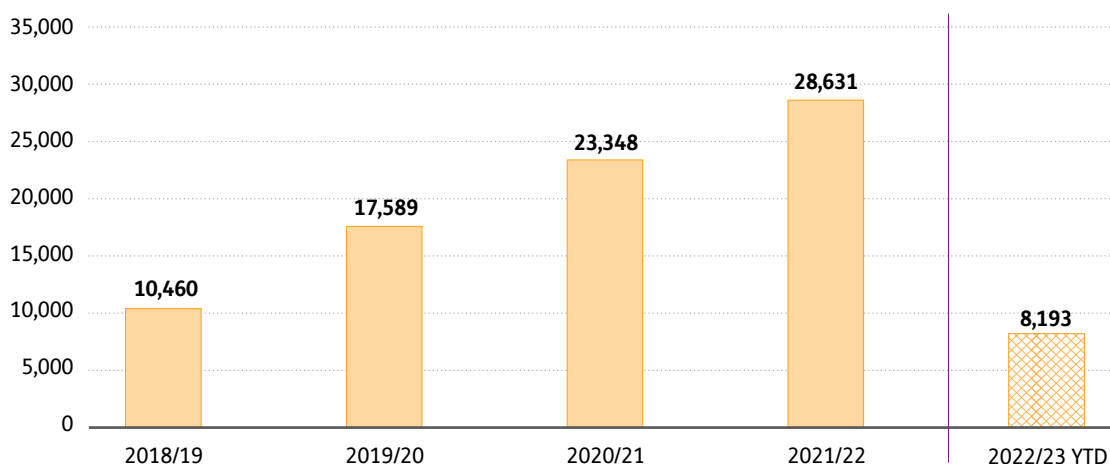
5.2 Total payments

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

Total payments have almost tripled over the last three years, from \$10.5 billion in the year to 30 June 2019 to \$28.7 billion in the year to 30 June 2022, with an average increase of 40 per cent per annum. The payments in the 3 months to 30 September 2022 were \$8.2 billion.

This is in line with a growing Scheme, with an increasing number of participants benefitting from the Scheme. The rate of increase has slowed in recent years, reflecting a relatively steadier rate of new entrants to the Scheme since it became available across Australia.⁹⁴

Figure 85: Total payments (\$m) for financial years ending 30 June and the three months to 30 September 2022⁹⁵



⁹⁴ This compares to \$6.5 billion in the 3 months to 30 September 2021.

⁹⁵ Total payments are based on an accrual basis, sourced from the NDIA Annual Reports. The final figure for 2021-22 has been updated since the previous report.

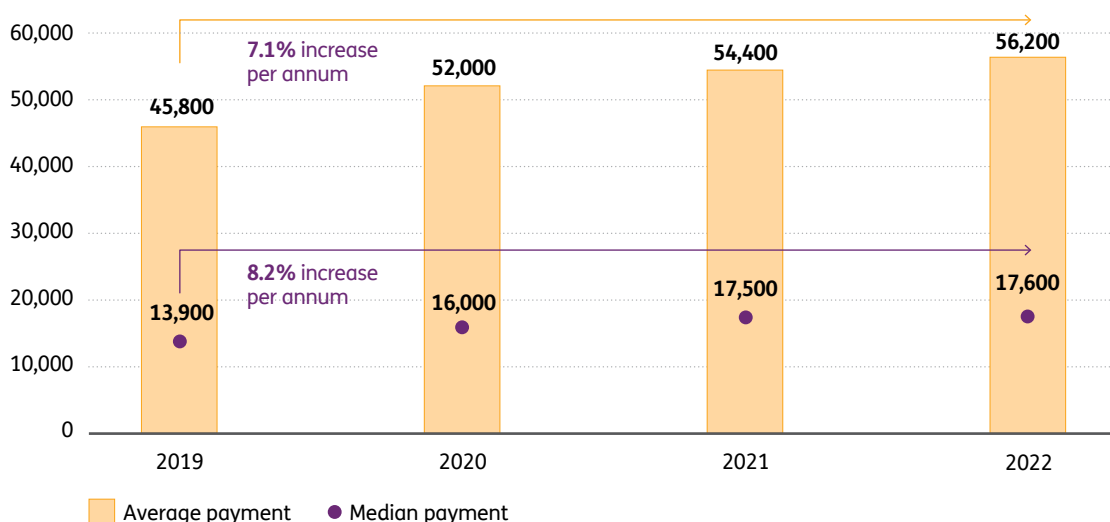
5.3 Average and median payment trends

Average and median payments per participant have increased by 7.1 per cent and 8.2 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 much higher than the median payment because there is a skewed distribution with a small number of participants receiving very high cost supports, and a large number receiving low cost supports.

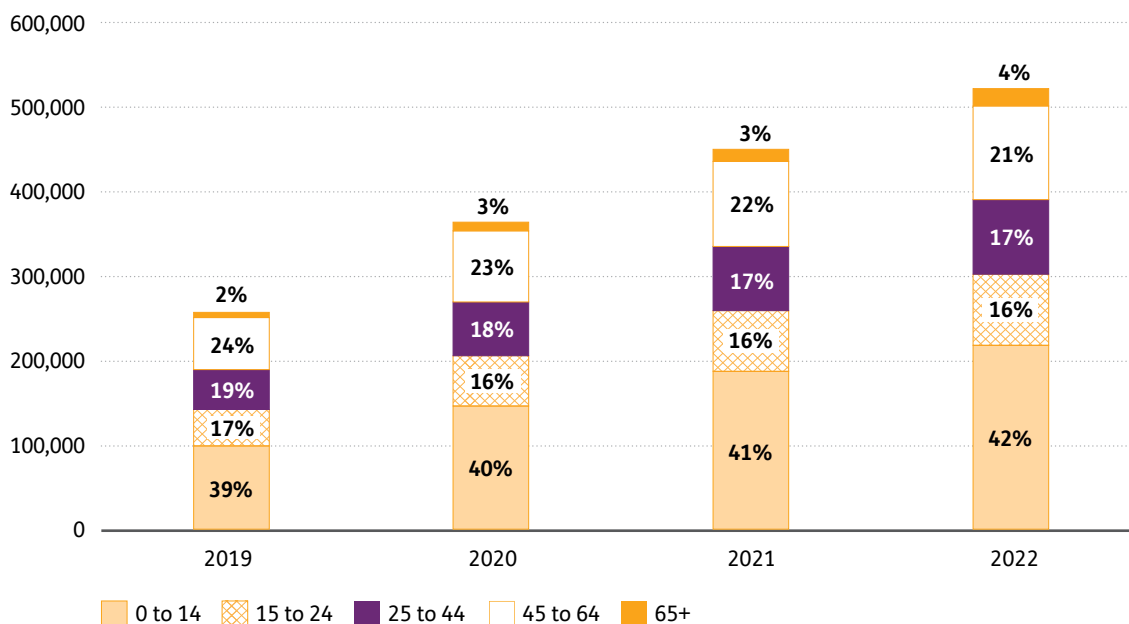
Trends in average and median payments per participant between 1 October 2019 and 30 September 2022 indicate that average payments have increased by 7.1 per cent per annum, and median payments have increased by 8.2 per cent per annum.

Figure 86: Average and median payments for years ending 30 September - all participants

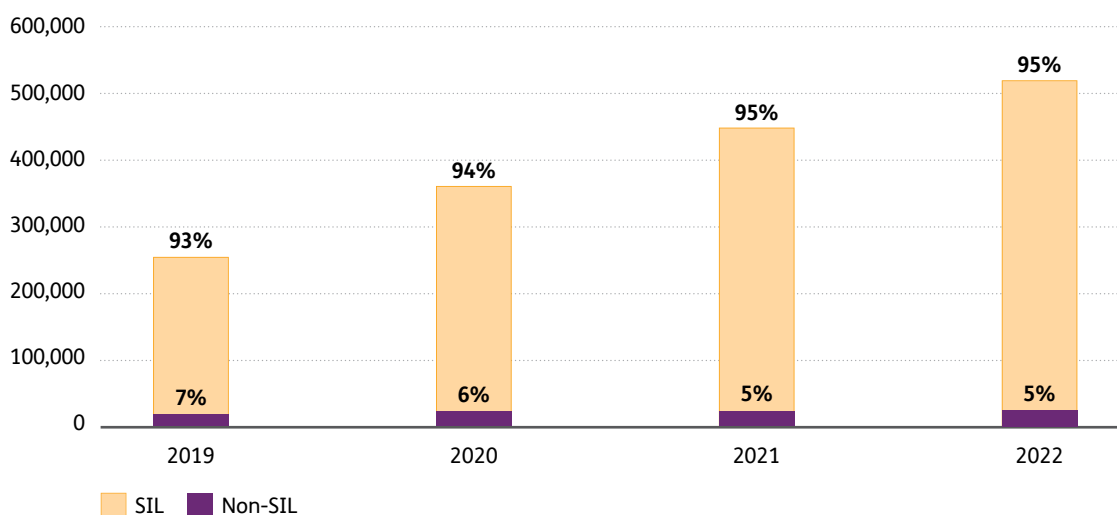


Trends in average and median payments are affected by changes in the profile of participants in the Scheme over time. Specifically, average payments are much higher for participants in SIL than those not in SIL (\$347,700 versus \$40,200 respectively, in the year to 30 September 2022). Average payments are also higher for adults compared with children (\$62,600 for participants not in SIL aged 25 to 64 versus \$18,700 for those aged 0 to 14, in the year to 30 September 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 39 per cent at 30 September 2019 to 42 per cent at 30 September 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 87: Proportion of participants by age band for years ending 30 September (%) – 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 30 September 2022; reducing from seven per cent of participants at 30 September 2019 to five per cent of participants at 30 September 2022, so the impact of this changing mix is also significant.

Figure 88: Proportion of participants in and not in SIL for years ending 30 September (%) – all participants


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

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 9.1 per cent, and the average payment has increased for participants not in SIL by 11.4 per cent per year. These averages are higher than the overall average (of 7.1 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 9.0 per cent, and the median payment has increased for participants not in SIL by 9.6 per cent per year.

Figure 89: Average and median payments for years ending 30 September - participants in SIL

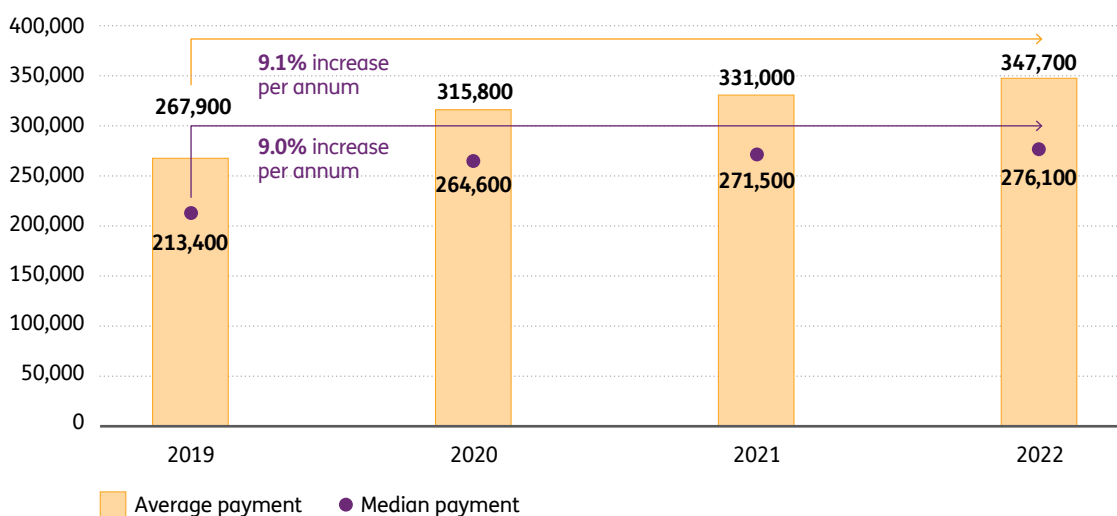
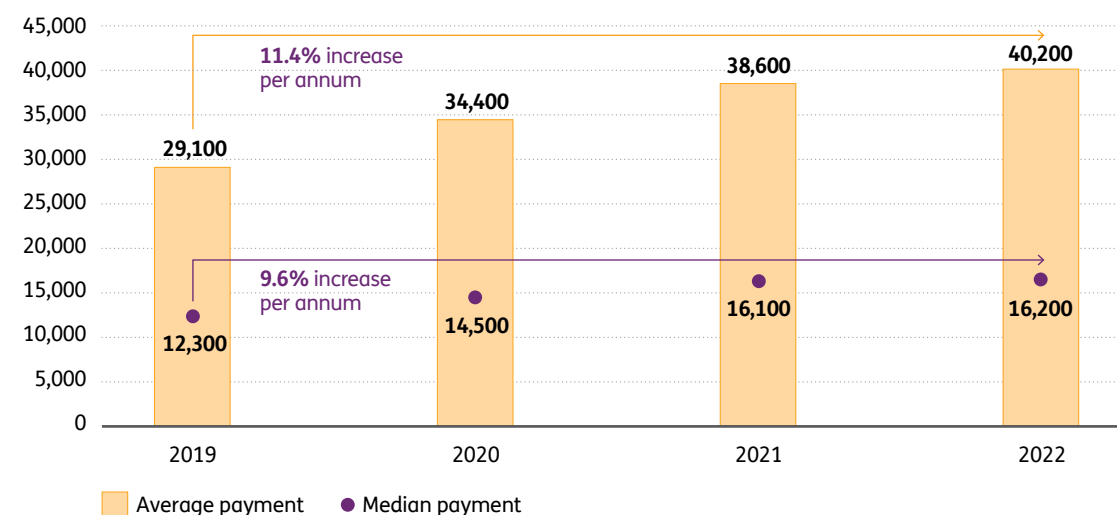


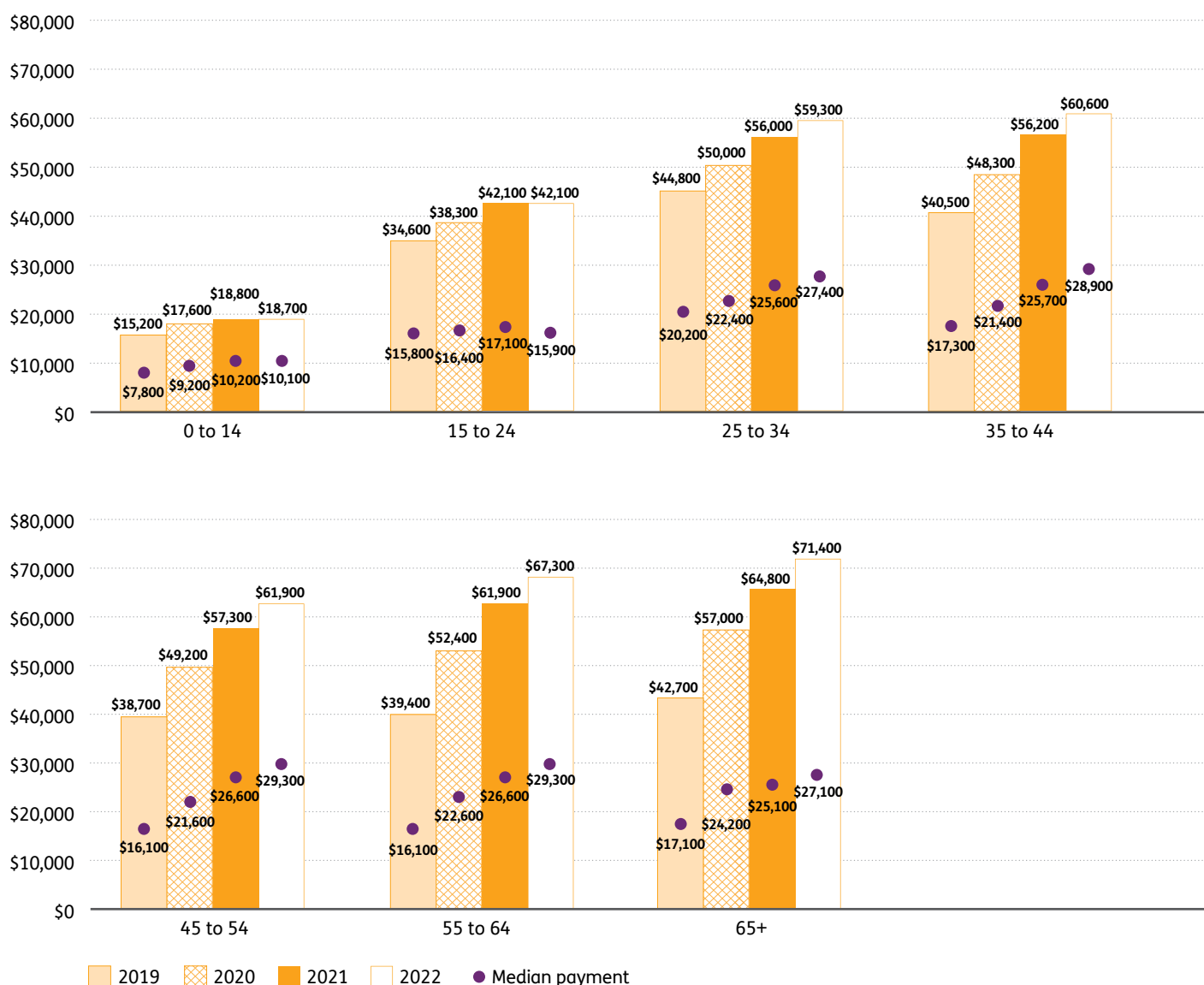
Figure 90: Average and median payments for years ending 30 September - participants not in SIL



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 30 September 2022, compared to \$42,100 for those aged 15 to 24 years and \$61,900 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. Generally increases were largest between 2019 and 2020, compared with more recent years.

Figure 91: Average and median payments for years ending 30 September by age group - participants not in SIL

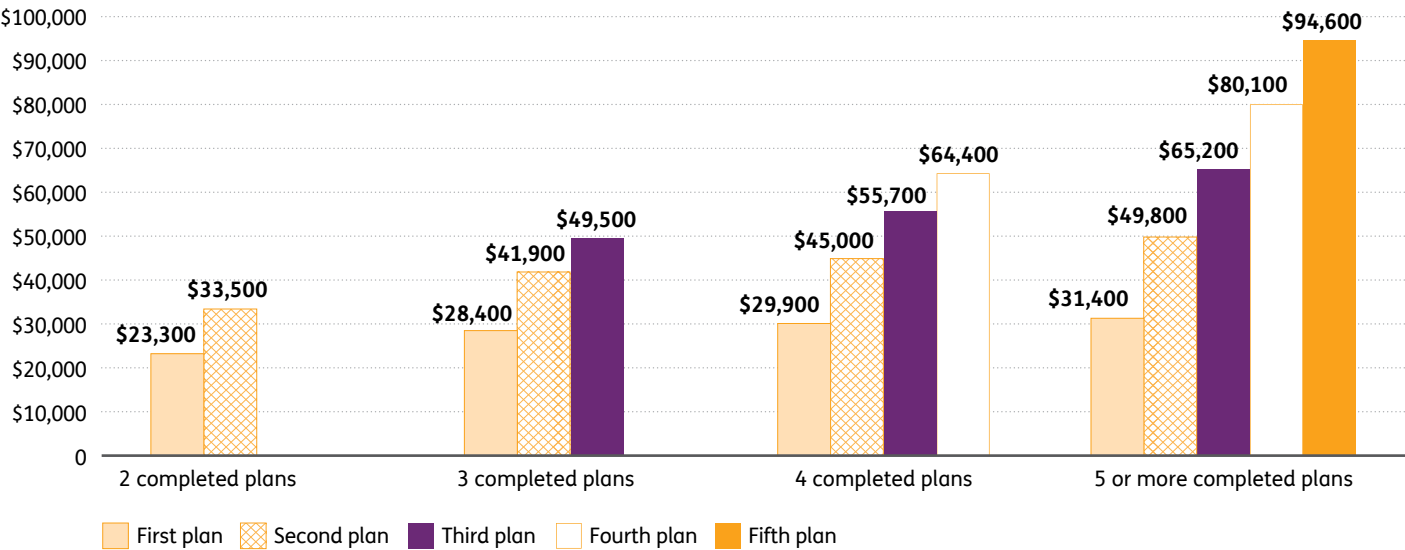


As previously noted, the mix of participants in the Scheme has changed, with proportionally more children in the Scheme, and proportionally less participants in SIL. It is therefore important to understand trends in average payments for the same cohort of participants over time.

Figure 92 shows average payments per participant over time for participants who have had two completed plans, three completed plans, four completed plans and five or more completed plans, since joining the Scheme.

Notably, average payments per participant have increased over time for all participant cohorts having different number of plans since joining the Scheme. For example, for participants who have had three completed plans, average payments increased from \$28,400 for the first plan to \$49,500 for the third plan (32 per cent per plan). Noting however, the rate of increase in average payments to participants is the greatest between the first and second plans, with the rate decreasing over time. For example, for participants with five or more completed plans, the rate of increase between the first and second plans is 59 per cent, compared to 18 per cent between the fourth and fifth plans.

Figure 92: Average payments per participant over time



5.4 Average plan budget trends

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

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

Specifically, over the three year period to 30 September 2022:

- Average plan budgets have increased by **3.6%** per annum for all participants
- Average plan budgets have increased by **8.7%** per annum for participants in SIL
- Average plan budgets have increased by **5.4%** per annum for participants not in SIL.

The slight decreases in the year ending 30 September 2021 is due to new participants that entered the Scheme between 1 October 2020 and 30 September 2021 having, on average, lower plan budgets. This was driven by high proportions of participants entering the Scheme who were under the age of 18 (as children have lower plan budgets on average than adults), and participants having lower support needs on average, as participants from the State/ Territory disability systems with higher support needs (such as those in SIL) transferred into the Scheme earlier.

Importantly, there was no reduction in the average plan budgets of participants continuing in the Scheme. For example, for these existing participants who were in the Scheme at 30 September 2020 and at 30 September 2021, the average plan budget **increased** from \$71,000 to \$74,500 (4.9 per cent). Similarly, for participants who were in the Scheme at 30 September 2021 and at 30 September 2022, the average plan budget **increased** from \$68,600 to \$78,900 (15 per cent).

Figure 93: Average annualised plan budgets for years ending 30 September – all participants

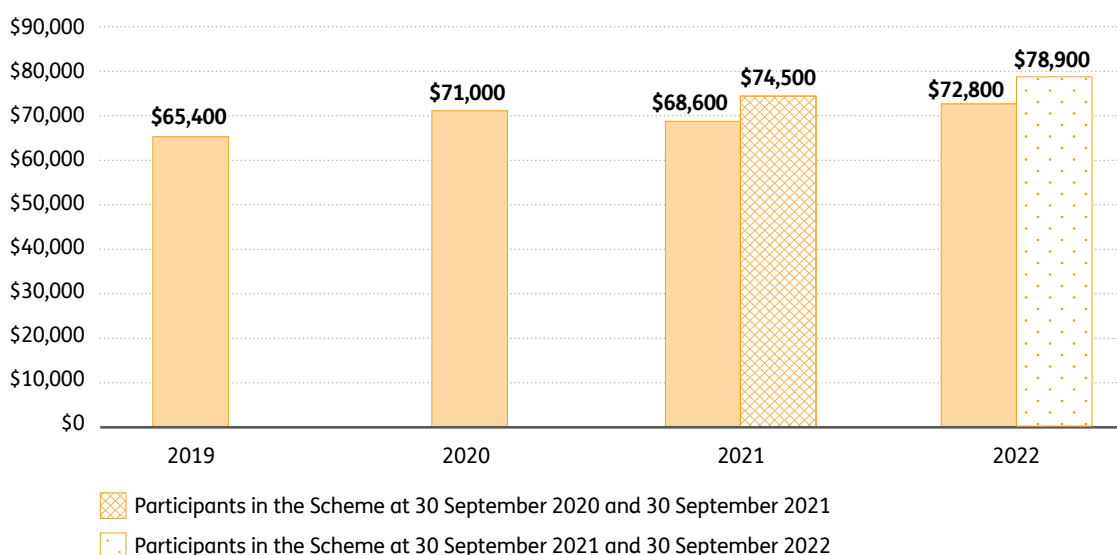


Figure 94: Average annualised plan budgets for years ending 30 September – participants in SIL

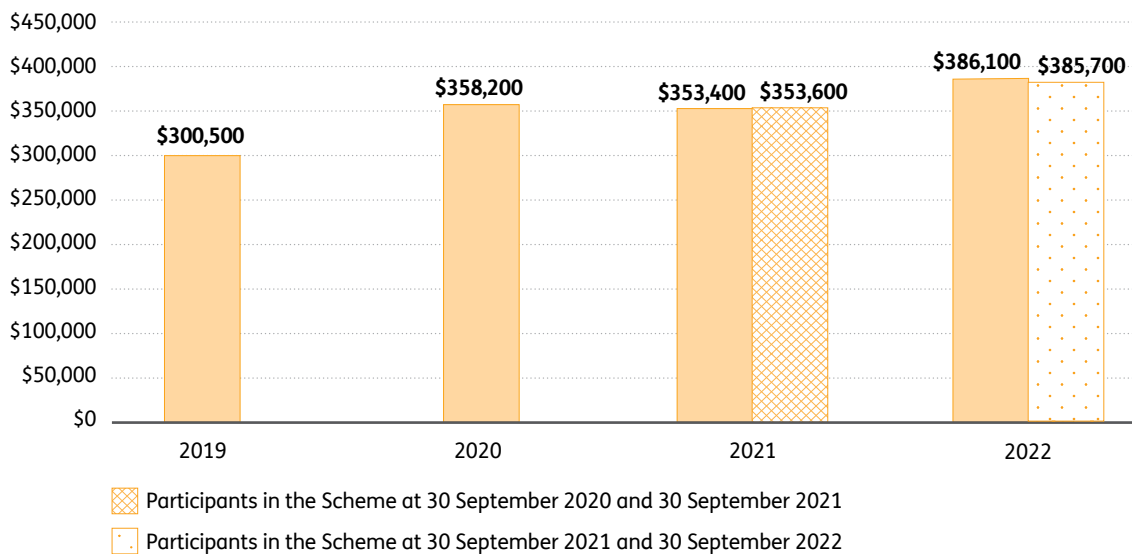
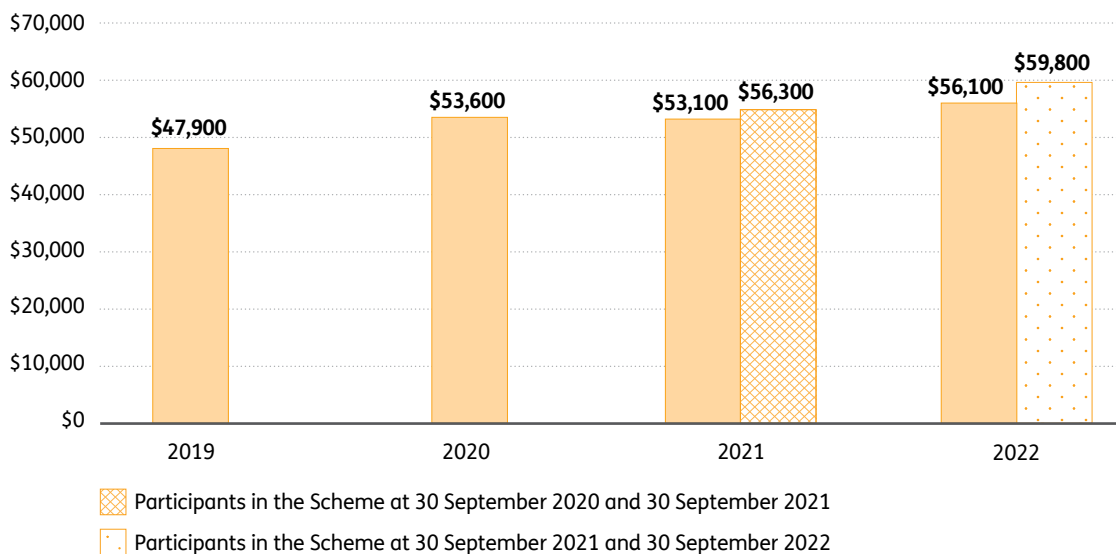
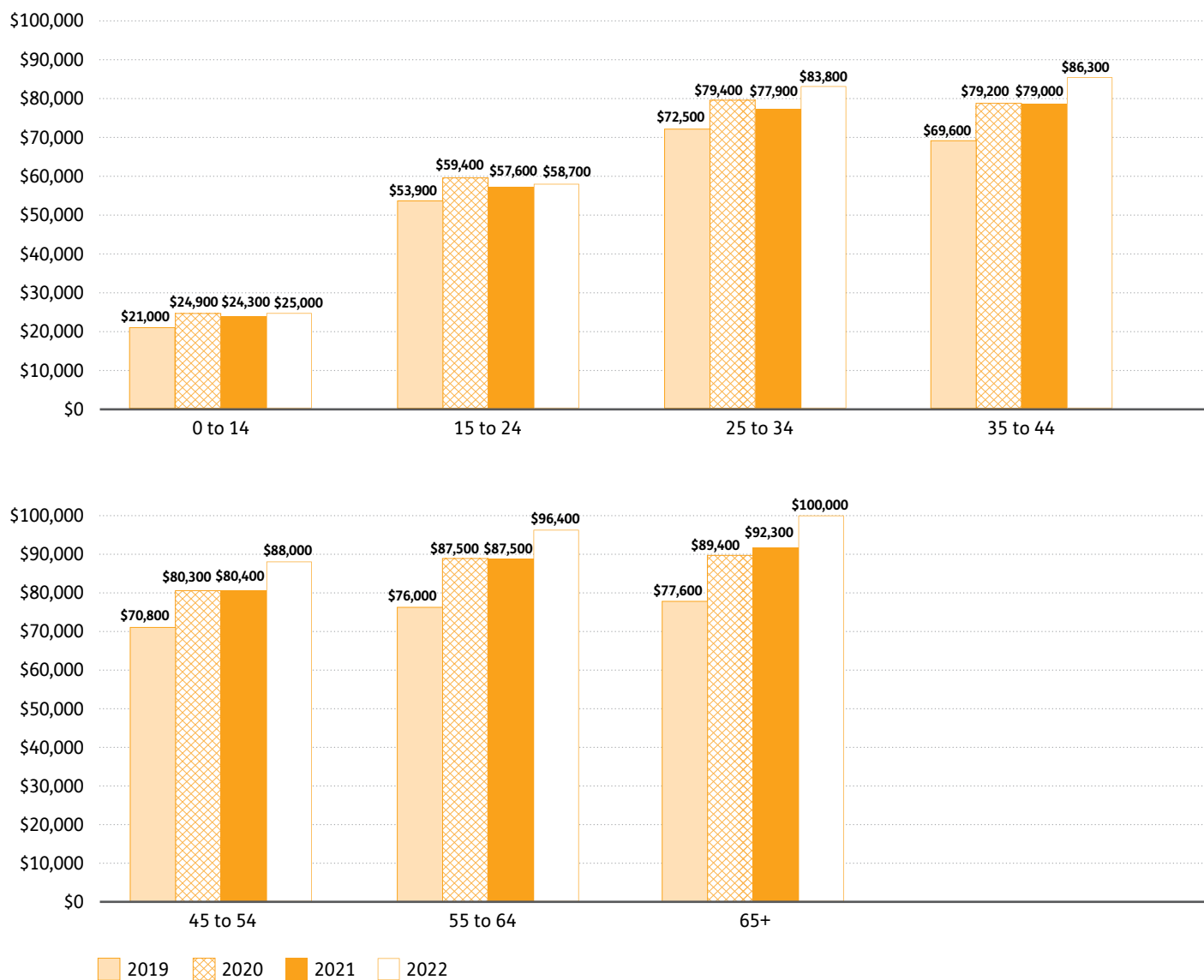


Figure 95: Average annualised plan budgets for years ending 30 September – participants not in SIL



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 nine per cent per annum, and lowest for participants aged 15 to 34 years at around three to five per cent per annum, with the rates of increase for the remaining age groups being around seven to eight per cent per annum. As previously described, the rates of increase were higher between 2019 and 2020 compared to the last two years, due to new participants entering the Scheme having lower average plan budgets.

Figure 96: Average annualised plan budgets for years ending 30 September by age group – participants not in SIL



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

In considering participants by the number of plans they have had since joining the Scheme, and tracking the average plan budgets for the same cohort of participants over time, it is evident that the average plan budgets have increased for all participant cohorts per plan. For example, for participants who have had three plans, average plan budgets increased from \$43,200 for the first plan to \$55,700 for the third plan (14 per cent per plan). Noting however, the rate of increase over the latest plan is lower compared to the rates seen for the earlier plans for all participant cohorts. For example, for participants with six or more plans, the rate of increase between the first and second plans is 20 per cent, compared to ten per cent between the fifth and sixth plans.

On the other hand, the average plan budgets for new participants joining the Scheme have decreased over time, with participants who have had two plans having an average plan budget of \$38,600 for the first plan, compared to \$43,200 for participants who have had three plans. This reflects the change in the profile of participants in the Scheme over time, with a higher proportion of lower cost participants, especially children and fewer new participants in SIL.

Figure 97: Average annualised plan budgets for participants over time



Plan reassessments result in plan budgets varying from plan to plan for a variety of reasons – for example, one-off capital items in one plan and not the next. Another example is investment in capacity building (such as behavioural supports) resulting in less need for core support over time. The NDIA has published an Operational Guideline on Plan Reassessments which details the reasons why a new plan could be different to a current plan. The Operational Guideline can be accessed [here](#).⁹⁶

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

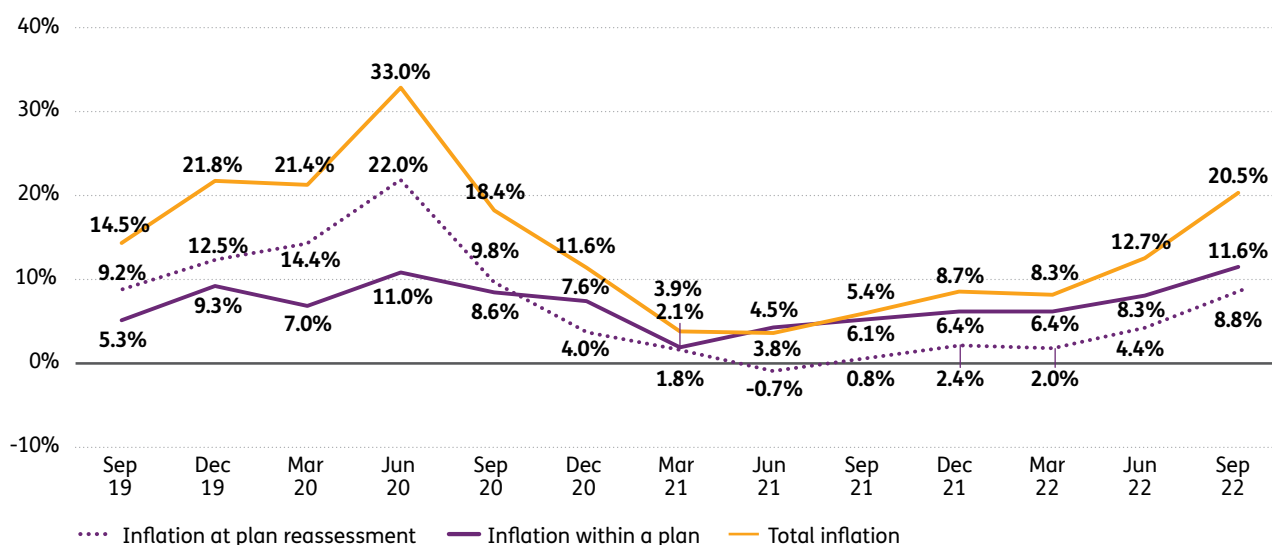
Access to capacity building supports early in a participants' journey is considered an early investment, and is intended to increase independence, and reduce reliance on NDIS funding over time. If overall funding goes down from one plan to the next, it may be because the same amount of supports are no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

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

In the September 2022 quarter, total plan inflation was 8.4 per cent (20.5⁹⁷ per cent per annum). Of the 20.5 per cent per annum total plan inflation in the quarter, 8.8 per cent was due to changes at plan reassessment, and 11.6 per cent was due to changes occurring within a plan between reassessments; the 11.6 per cent is inclusive of a 4.6 per cent one-off impact of the indexation of plans in July following the Annual Pricing Review⁹⁸.

The plan inflation of 20.5 per cent per annum (15.9 per cent excluding indexation) in September 2022 compares with plan inflation of 12.7 per cent per annum in June 2022, and 8.3 per cent per annum in March 2022. Inflation occurring at plan reassessment was 8.8 per cent per annum which compares with 4.4 per cent per annum in June 2022, and 2.0 per cent per annum in March 2022. Inflation occurring within a plan, between reassessments (excluding indexation) was 7.0 per cent per annum which compares with inflation of 8.3 per cent per annum in June 2022, and 6.4 per cent per annum in March 2022.

Figure 98: Annualised percentage change in plan budgets for active participants⁹⁹



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

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

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

99 Ibid.

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 2022 to 30 September 2022), taking account of total plan inflation, plans were more likely to increase rather than decrease.

Specifically:

- **53%** of plans increased at reassessment by more than 5%
- **19%** decreased by more than 5%
- **29%** remained within 5%

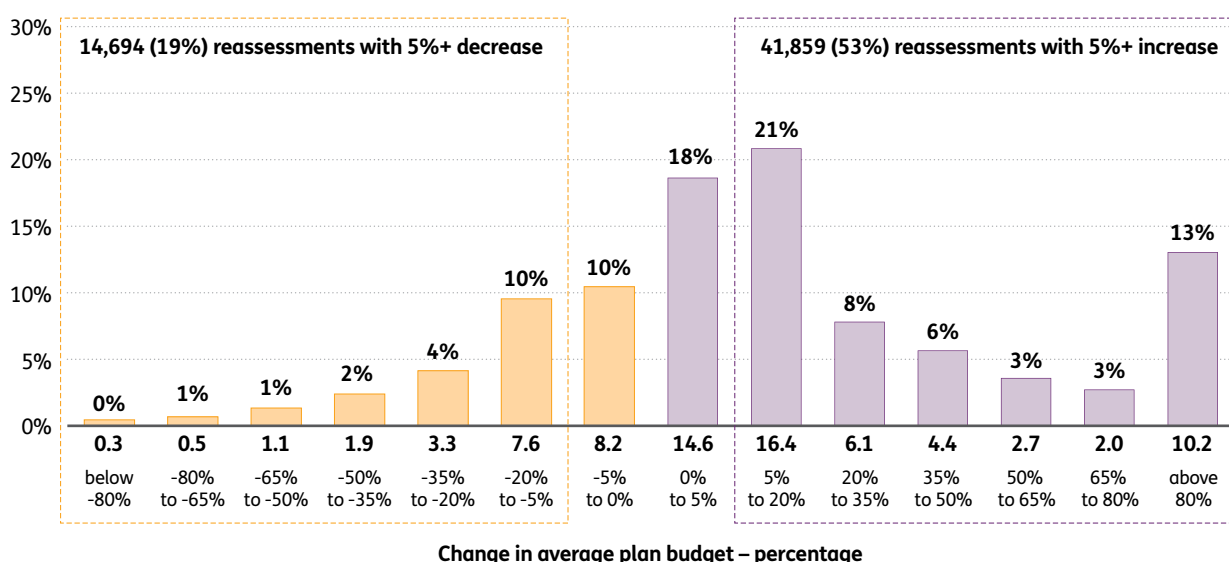
For participants in SIL:

- **61%** increased by more than 5%
- **8%** decreased by more than 5%
- **31%** remained within 5%

For participants not in SIL:

- **52%** increased by more than 5%
- **20%** decreased by more than 5%
- **29%** remained within 5%

Figure 99: Distribution of the percentage change in plan budgets for plans reassessed in this financial year (1 July 2022 to 30 September 2022) – all participants¹⁰⁰



¹⁰⁰ The number of plan reassessments (in thousands) in each inflation percentage band is shown at the bottom of each bar in the chart. The corresponding percentage of plan reassessments in each band is shown at the top of each bar in the chart.

Figure 100: Distribution of the percentage change in plan budgets for plans reassessed in this financial year (1 July 2022 to 30 September 2022) – participants in SIL^{101,102}

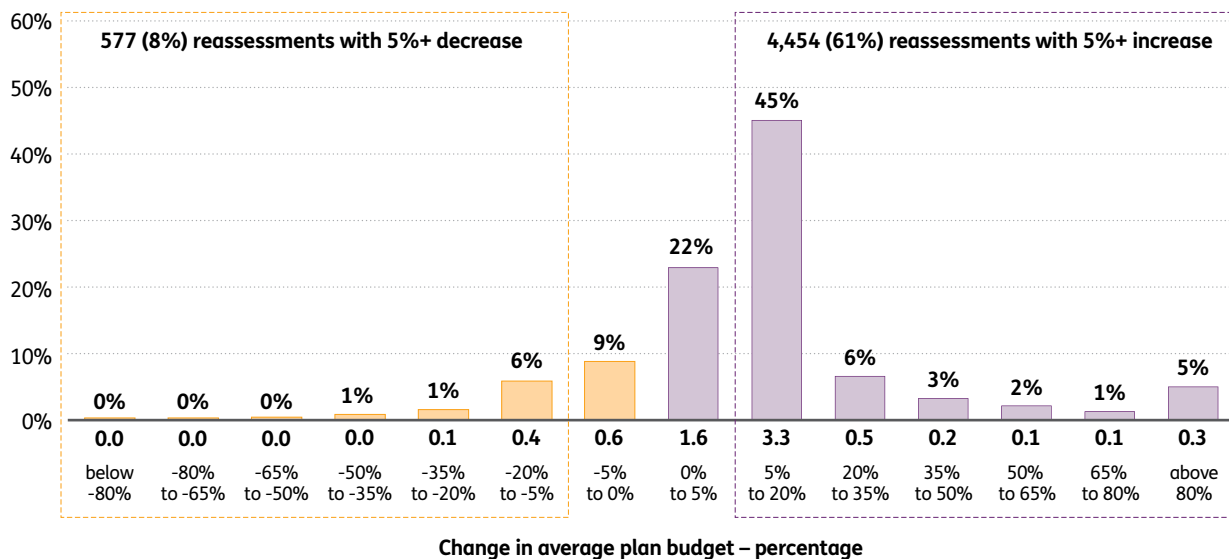
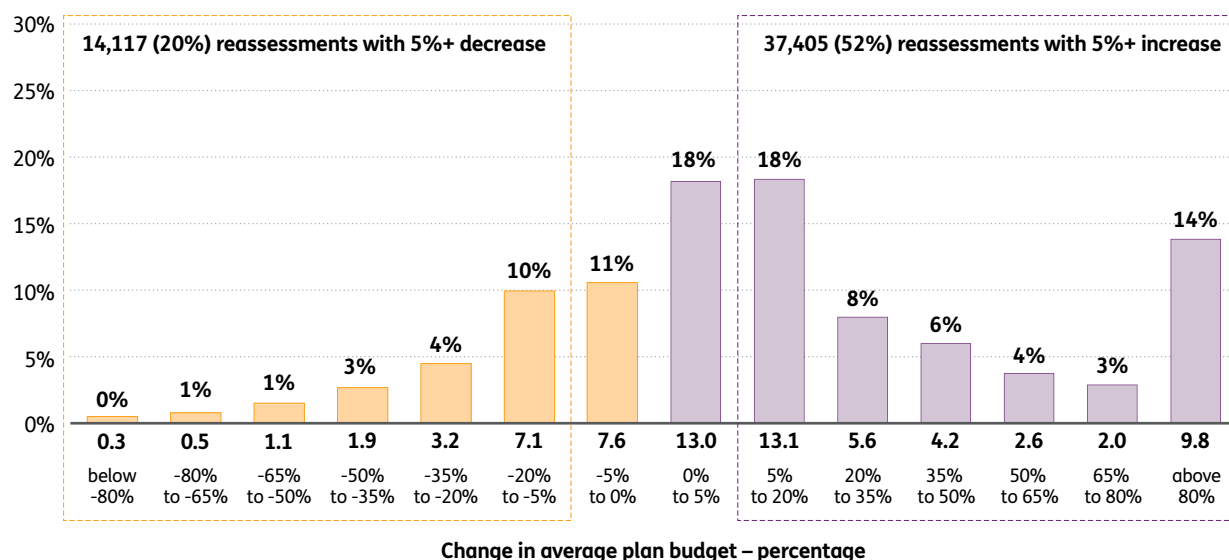


Figure 101: Distribution of the percentage change in plan budgets for plans reassessed in this financial year (1 July 2022 to 30 September 2022) – participants not in SIL¹⁰³



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

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

103 Ibid.

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

In 2021-22:

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

In 2020-21:

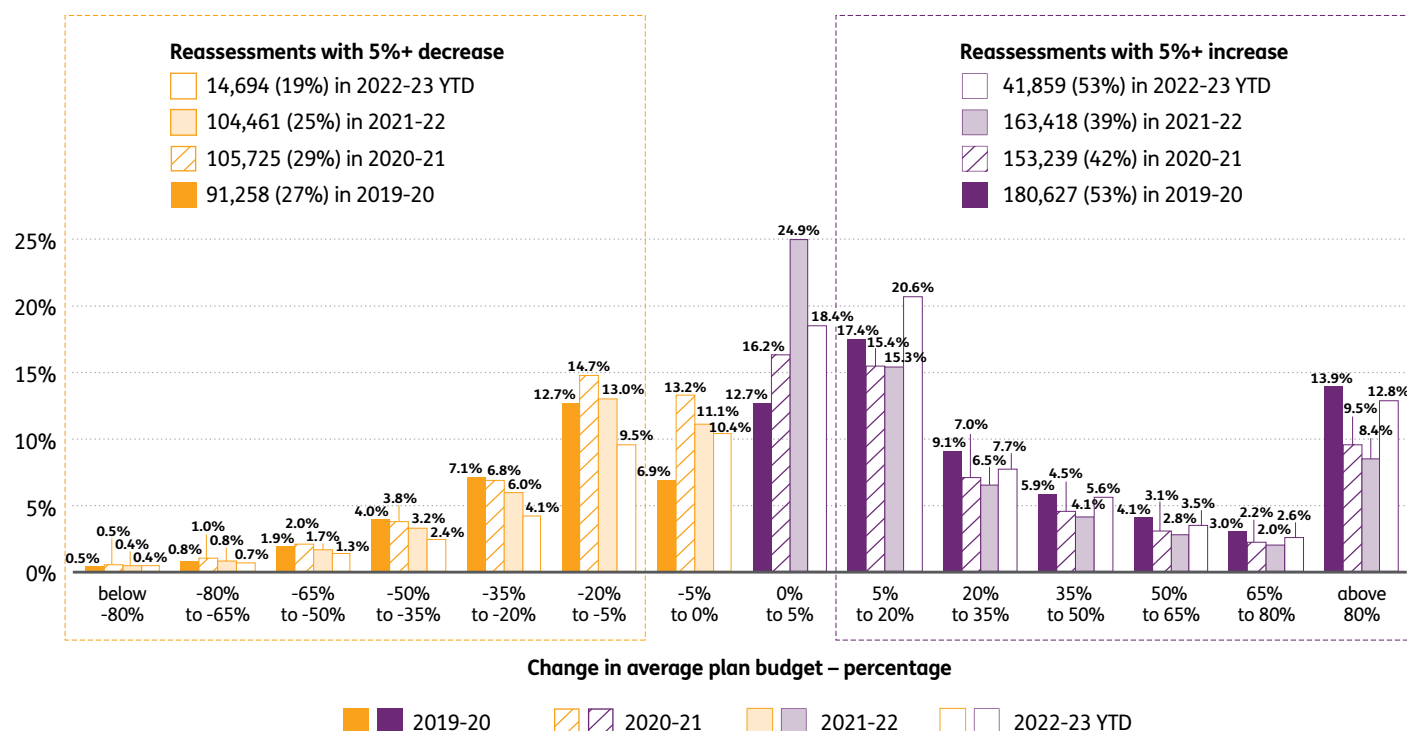
- **42%** of plans increased at reassessment by more than 5%
- **29%** decreased by more than 5%
- **29%** remained within 5%

In 2019-20:

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

The following chart shows the distribution of the percentage change in plan budgets for plans reassessed over the three years and one quarter to 30 September 2022, taking account of total plan inflation.

Figure 102: Distribution of the percentage change in plan budgets for plans reassessed over the three years and one quarter to 30 September 2022 – all participants



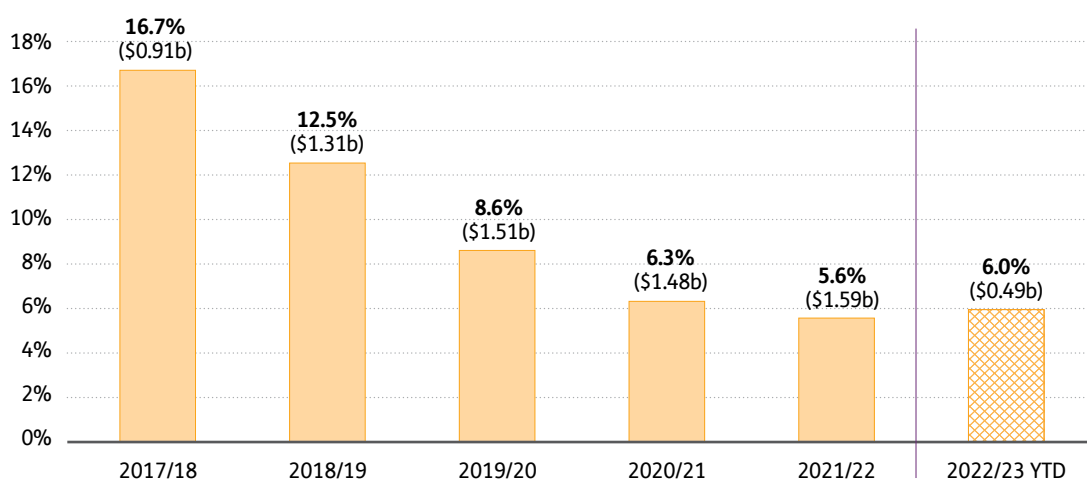
5.5 Operating expenses

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

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

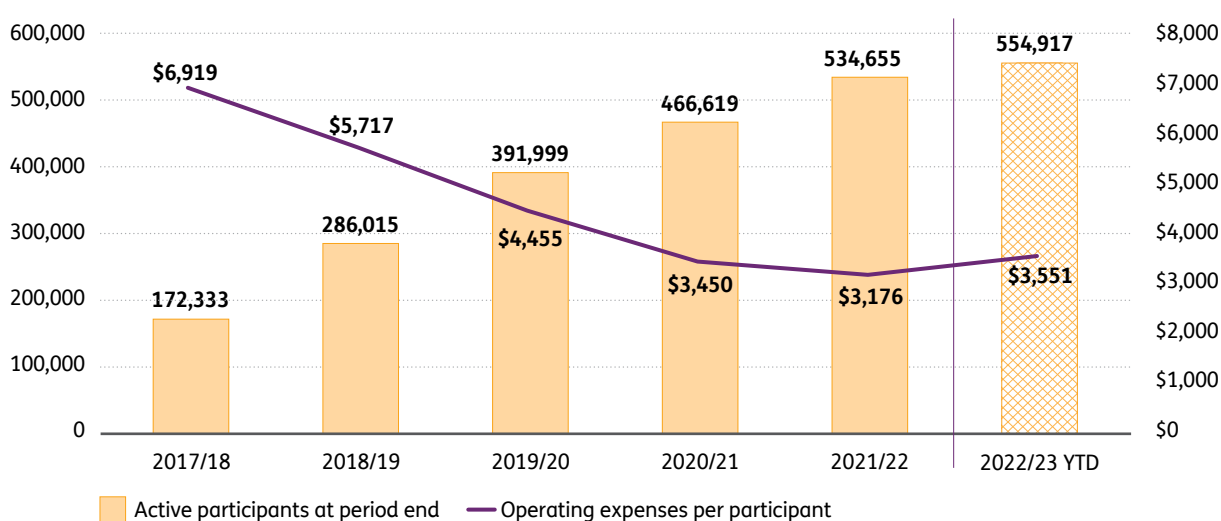
As a percentage of the dollars spent on participants, operating expenses have decreased from 16.7 per cent in 2017-18 to 5.6% in 2021-22. For the three months to 30 September 2022 the expense percentage has increased slightly to 6.0 per cent, however this is expected to drop over 2022/23 as there exists some seasonality in operating expenses. The Productivity Commission in their 2017 Study report¹⁰⁴ suggests a range of seven to ten per cent as an appropriate amount for NDIA operating costs.

Figure 103: Operating expenses as a percentage of participant costs¹⁰⁵



Over time, the NDIA has increased efficiency. The annualised operating cost per participant has reduced by 49 per cent since 2017-18, from \$6,919 to \$3,176 in 2021-22. There is an increase in annualised operating cost per participant to \$3,551 for the three months to 30 September 2022¹⁰⁶.

Figure 104: Operating expense per participant¹⁰⁷



¹⁰⁴ <https://www.pc.gov.au/inquiries/completed/ndis-costs#report>

¹⁰⁵ Total operating expenses are based on an accrual basis, the \$1.59 billion figure has been updated since the previous report.

¹⁰⁶ The annualised operating cost per participant is expected to drop given the seasonality in operating expenses.

¹⁰⁷ Average number of participants is taking a simple average of the two periods (opening and closing) on active participants. Cost per participant uses these average participant numbers divided by Total Operating Expenses for the 2022-23 Budget.



Iopu builds capacity after finding the right supports



From exercise and strengthening in the water, to exploring Torres Strait's Thursday Island, NDIS participant **Iopu** is on a path to achieving his goals. The 26-year-old, who lives with cerebral palsy, has found the right supports for his continued capacity building through the NDIS' rural and remote strategy.

With support workers in the home five-days-a-week, Iopu's mother Ethel is now able to work full-time. Ethel said peace of mind in knowing that Iopu, who is non-verbal with limited mobility, was safe and engaged, was a big relief.

Iopu's NDIS supports are delivered through disability service provider, My Pathway. Iopu has access to assistive technology such as his wheelchair, and he connects with specialists for improved mobility.

Xtremecare Australia coordinator, Sophie, coordinates all the supports Iopu needs, including physiotherapy, speech therapy, and access to a dietician. Iopu and support worker David work on his mobility in the water, through weekly aquatic therapy sessions. "We didn't want him to lose all of his mobility and have him (permanently) in his wheelchair," Ethel said.

"He's up at the pool once-a-week and has been doing really good. There's a lot of improvement, and he's much more stable in his balance. We used to assist and hold him a lot when he was standing, but he's a lot more upright now and moving around a lot faster than before."

A key in Iopu and the family's progress and wellbeing has been the ability to engage with the right supports to suit their individual and cultural needs. While members of the Torres Strait Islander community traditionally pitch in and lend a hand, My Pathway were able to identify, assess, and train suitable candidates for support worker roles.

"It's always been a struggle, but through the NDIS, it's been positive and I'm very happy."

Section six:

Staff advisory groups and the NDIS community



6



Participant and sector engagement activities continue to be a focus.

The Introduction section of this report highlighted the engagement activities being undertaken by the NDIA, including the IGAP project, Home and Living, Participant Safety, Supported Decision Making, CALD Strategy and First Nations Strategy.

On 18 October 2022, the Minister for the NDIS announced the Independent Review into the NDIS to improve the wellbeing of Australians with disability and ensure the Scheme's sustainability so that future generations receive the benefit of the NDIS.

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

6.1 A high performing NDIA

Workforce diversity, inclusion and engagement.

As at 30 September 2022, the total NDIS workforce was 12,772, including 5,118 APS employees, 1,971 labour hire workers and contractors, and 5,683 people employed by the NDIS PiTC and Contact Centre partners.

The NDIA continues to invest in the capacity of the workforce, with a strong focus on planner recruitment. As a result of three large-scale planner recruitment processes in Q1, approximately 250 new APS staff will commence between October and November 2022, the majority of whom will be APS4 planners. These bulk processes align with the NDIA's strategic approach to build capacity in anticipation of future needs.

Each year, the NDIA participates in the Australian Public Service (APS) Census and this year 5,220 people (85 per cent) working at the NDIA completed the survey. The survey captures attitude and opinion data on important issues such as wellbeing, innovation, leadership, learning and development, and engagement of the APS workforce.

There has been significant improvement in NDIA's census results over the last year with 48 questions improving by 5 percentage points or more compared to 2021, 50 questions within 5 percentage points and 2 questions of 5 percentage points or below 2021. The 2022 Census results also indicated improvements to NDIA staff wellbeing and engagement compared to the 2021 census. These results highlight a positive and productive work environment and the emotional connection and commitment employees have to the NDIA.

The NDIA Inclusion and Diversity Framework works towards our strategic objective to be an inclusive employer and building a workforce that is diverse and representative of the community we serve. To support this, the Agency launched its second NDIA First Nations Employment and Inclusion Plan 2022-25 (the FNEIP) and NDIA Disability Inclusion Plan 2022-25 aimed at increasing employment and improving the working experience at the Agency

The FNEIP aims to continue to increase the number of First Nations peoples employed at the NDIA, to improve career development and retention of existing staff and improve the employee experience of First National staff. The FNEIP has three key focus areas: Cultural Integrity, Career Pathways, and Career Development and Advancement. The FNEIP is closely aligned with the Commonwealth Aboriginal and Torres Strait Islander Employment Strategy 2020-24.

The Disability Inclusion Plan 2022-25 aims to increase the number and diversity of people with disability and improve the experience working at the NDIA. The key focus areas within the Disability Inclusion Plan 2022-25 are Accessibility, Employment and Career Development and Inclusive Culture. Delivering these actions will support the NDIA to be a world-leading employer of choice for people with disability.

Over the last year, the Agency has moved ahead of the APS overall in the Census indices for Staff with Disability, First Nations and LGBTIQ+ staff.

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. This quarter, Council welcomed the Hon. Bill Shorten, Minister for the NDIS, to its September meeting. Council and the Minister discussed the priorities for the NDIS and how best to work together.

Council progressed work on the advice 'Positive Behaviour Support', establishing a small subgroup of Members to lead this advice. The Equity in the NDIS advice will progress to the NDIA Board in Quarter 2.

Council's Home and Living and Children, Young People and Families Reference Groups held their first official meetings for 2022-23. The Equity and Inclusion, and Intellectual Disability Reference Groups will have their first meetings during Quarter 2 2022-23.

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

- Research and evaluation
- First Nations and CALD Strategy Refresh

Council discussed its priorities for the year ahead, and endorsed its 2022-23 Work Plan. The Work Plan is scheduled to be released in early October. Work on Council's Annual Report for 2021-22 is also being finalised.

In addition, 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. This quarter they focused on changes to the NDIS website to make it easier for participants and the community to have a say on the future of the NDIS. They also reviewed the Group's Terms of Reference.

Council Members are also involved in the NDIA's Co-design Steering Committees for:

- Information Gathering for Access and Planning
- Home and Living
- Support for Decision Making; and
- Participant Safety

Council are supportive of the pending NDIS Review and keen to provide input as invited.

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

6.3 Public data sharing and the latest release of information

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

On 17 August 2022, the Agency released first quarter NDIS data, refreshing [downloadable data](https://data.ndis.gov.au/data-downloads)¹⁰⁸ and the [explore data](https://data.ndis.gov.au/explore-data)¹⁰⁹ interactive tool on data.ndis.gov.au¹¹⁰ with information up to end of 30 June 2022 quarter.

An analysis on committed supports and utilisation of plan budgets over the period 30 June 2019 to 30 June 2022 was released on 30 September 2022. This report highlights trends in this area across different demographics including age, SIL status, disability status, gender and cultural background.

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

Figure 105: List of reports and analyses released and available at data.ndis.gov.au

Reports and analyses by Participant Group	Data ‘as at’ date
Participants with a neurodegenerative condition in the NDIS	31 March 2021
Participants with sensory disabilities in the NDIS	31 March 2021
Participants with acquired brain injury, cerebral palsy or spinal cord injury in the NDIS	31 December 2020
Participants with an intellectual disability in the NDIS	31 December 2019
Participants with a psychosocial disability in the NDIS	30 June 2019
Participants with autism spectrum disorder (ASD)	31 March 2018
Reports and analyses by Disability Group	Data ‘as at’ date
Young adults in the NDIS aged 15-24 years	30 June 2021
Young people in the NDIS aged 0-14 years old	30 June 2020
Participants by remoteness classification	30 June 2020
Analysis of participants by gender	31 December 2019
Aboriginal and Torres Strait Islander participants	30 June 2019
CALD participants	30 June 2019
Outcomes and goals	
Outcomes report: dashboards and datasets for LGAs and NDIS service districts for participant and an outcomes report for families/carers	30 June 2021, 30 June 2020 30 June 2019, 30 June 2018
Employment outcomes for NDIS participants	31 December 2021
Health and wellbeing of NDIS participants and their families and carers	30 June 2021
Employment outcomes for families and carers of NDIS participants	31 December 2020
COVID-19 impact on participants and family/carer outcomes	30 June 2020
People with disability and their NDIS goals	31 December 2019
Employment outcomes	30 June 2018
The NDIS Market Reports	
The NDIS Market (Market Monitoring)	31 December 2021, 30 June 2021
Dashboards with market summaries, datasets for LGAs and NDIS service districts	31 December 2020, 30 June 2020 31 December 2019, 30 June 2019

¹⁰⁸ <https://data.ndis.gov.au/data-downloads>

¹⁰⁹ <https://data.ndis.gov.au/explore-data>

¹¹⁰ Ibid.

6.4 Cyber Security

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

The NDIA continues to be directly and indirectly impacted by cyber threats from internal and external sources. Apart from direct risk to the NDIA, it is part of a broader ecosystem, interacting with service providers, and other government departments, which raises the level of cyber risk to the NDIA. The NDIA, in conjunction with other partner organisations, manages its risk profile which continues to be targeted by Foreign Intelligence Services and criminal enterprises to gain access to valuable participant data and information.

In addition, social activists and other hacktivists continue to target the NDIA, motivated by political or social change. These threats to the NDIA manifest themselves through the use of malware, ransomware, phishing and social engineering to extort funds, expose sensitive information and deny people of online services. NDIA internal threats present themselves through the misuse of access and information with the intent of causing political and social embarrassment, or supporting criminal enterprise.

The NDIA has embarked on a multi-year technology change agenda which incorporates a significant uplift of cyber threat detection and prevention capabilities, as well as improving the understanding and management of ICT Risk in NDIA. The NDIA is improving its ability to detect and respond to threats to the NDIA systems and data through the Security Operations Centre and through new tool sets. The NDIA Cyber Risk management program currently underway is seeking to implement improved ICT practices and procedures to reduce the risk of complex and interconnected ICT platforms within the NDIA, whilst maintaining the services required for participants and the disability sector.

The NDIA conducts regular internal communication and training with staff and partners to maintain awareness of cyber threats, which is reviewed regularly to ensure the training and messaging is effective.

6.5 Fraud and Compliance

The NDIA continues to identify and respond to compliance risks.

The NDIA continues to proactively monitor and respond to incorrect or unusual claims made by registered providers¹¹¹. Since the establishment of the Compliance Response Team in July 2021, the NDIA has significantly increased its targeted compliance activity.

A key element of the NDIA's compliance approach is to work with registered providers to raise awareness of their responsibilities and to educate on how to be compliant when claiming. This quarter, there was a significant focus on education with over 2,700 registered providers contacted. These engagements are a mechanism for the NDIA to educate registered providers and highlight common claiming mistakes.

The NDIA has also commenced compliance reviews with registered providers and plan management agents, where monitoring of claims against participant plans identified incorrect or unusual claims. Over 2,450 registered providers and plan management agents will be contacted throughout Quarter 2 and asked to review claims for payment where participants may have been overcharged.

Quarter 1 has seen an increase in the number of tip-offs received by the Agency via the Fraud Reporting and Scams Helpline. The NDIA received 3,361 tip-offs in Q1 as compared to 2,320 for the same period in 2021-22. All tip-offs are assessed by a specialist compliance officer to determine the most appropriate action to be taken to address the concerns reported.

As at 30 September 2022, there were 41 fraud matters under investigation and an additional ten matters under preliminary evaluation for investigation. Of these, 13 matters are before the courts under prosecution, with a total alleged fraud value of \$13.6 million. Key investigation activities or outcomes in this quarter included:

- A person was convicted on one count of Dealing in Proceeds of Crime, defrauding the Scheme of \$31,798.
- Another person was convicted for defrauding the Scheme of \$97,589.
- Another person was arrested and with defrauding the Scheme of \$311,700 after claiming for services not provided.
- Strengthened relationships across governments in collaborative work to improve inclusion in mainstream early childhood services.
- Five search warrants were executed across Western Sydney under Operation Alsedo-Pisces, leading to the seizure of cash, gold and luxury goods. Analysis and enquiries continue, with prosecution expected to result.
- A search warrant was conducted on the premises of a Melbourne business in relation to an alleged \$1.1 million in fraud against the Scheme. Analysis is underway to inform a brief of evidence.

¹¹¹ The federal government delivered the Federal Budget on 25 October 2022. The Budget set aside \$126m over four years to establish a Fraud Fusion Taskforce to target fraud and serious non-compliance. The taskforce will bring together the NDIA, Services Australia, law enforcement agencies and regulators, to better enable intelligence sharing, identification and response to fraud perpetrated by serious organised crime entities and others seeking to exploit the Government's system of social supports.

6.6 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 (PACE). PACE is a fit-for-purpose business system and will be ready to replace the NDIA’s current CRM, portal and payment systems. PACE is being designed to be more user-friendly and make it easier for NDIA staff and partners to do their job, giving them more time to deliver a quality experience for participants and providers.

The design and build of PACE have been strongly influenced through our ongoing consultation with participants, staff, partners and providers. It has also been influenced by the outcomes of prior consultation with participants.

NDIA staff have now started testing features of the PACE system. This process will continue over the coming months. In addition, the planning for a real-time test of the PACE system has started, with testing to commence in Tasmania by November 2022. The real-time test will involve NDIA staff and PiTC staff using the new system with current and prospective participants, providers and the wider disability community.

Participants and providers will be supported by NDIA staff and our PiTC through every step during the PACE system test. The NDIA will be able to update and improve the PACE system based on the experience and feedback received during User Acceptance Testing, ongoing consultation and engagement and the testing in Tasmania.

This will make sure PACE works as designed, the training and support is appropriate, and the new system delivers an improved participant experience. The NDIA will make sure a national roll-out of the new system is fit for purpose and incorporates feedback from everyone who engages with us, our partners and the Scheme.

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 a 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, which supports 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.



National Disability Insurance Agency



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