

ndis

Q2
2022–23

NDIS Quarterly report to disability ministers

31 December 2022





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Introduction

This quarter, the key highlights and focus areas for the National Disability Insurance Agency (NDIA) have been:

1. Participant and family/carer outcomes



2. Scheme financial experience since 30 June 2022



3. Co-design and engagement



4. Improving the experience of participants



On 18 October 2022, the Minister for the National Disability Insurance Scheme (NDIS) announced the Independent Review into the NDIS (NDIS Review) 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 NDIS Review will lead to changes in the NDIA's work plan. Initiatives and activities described in this report, many of which commenced prior to the announcement of the NDIS Review, should be viewed in that context.

1 Participant and family/carers outcomes



The NDIA released the annual Outcomes Reports for participants and their families/carers, which highlight the positive effect the Scheme is having on participants and their families/carers.

On 6 January 2023, the NDIA released the Outcomes Reports for NDIS participants and their families and carers based on data as at 30 June 2022, showing how NDIS participants, their families and carers have progressed since entering the Scheme. The reports show the value and benefit of the NDIS in helping participants achieve their goals. Results also show that the NDIS continues to have a positive impact on participants, their families and carers, the longer they have been in the Scheme.

Participant outcomes report

The report is based on the Outcomes Framework which takes a lifespan approach to measuring participant outcomes across four age-based cohorts: birth to starting school, school to 14 years, 15 to 24 years and 25 years and over. The Outcomes Framework survey, which informs the report, assesses participant outcomes at Scheme entry (baseline) and each year thereafter as a participant in the Scheme undertakes their plan reassessment¹. Refer to the [Outcomes Reports](#)² for more information about the framework.

The new data gives valuable insights on how the NDIS is improving the lives of participants in multiple key areas. The report shows significant positive changes since entering the Scheme in areas such as health and wellbeing, choice and control, relationships, and home and community participation.

- For young participants aged 0 to starting school age:
 - **68%** of parents/carers say their child can make friends outside of the family compared to 51% at baseline, a **33%** relative improvement.
 - **84%** of children who participate in community activities feel welcomed or actively included at these activities, a **13%** relative increase over four years compared to 74% at baseline.
 - **67%** of parents/carers of younger children reported improvements in the ability to do everyday tasks, a **27%** relative increase over three years. compared to 53% at baseline.
 - **96%** of parents/carers said that their child used specialist services, a **44%** relative increase compared to 67% at baseline and **99%** said that these services helped their child to gain everyday life skills after five years in the Scheme, a **7%** relative increase compared to 92% at baseline.

¹ 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.

² <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/participant-families-and-carer-outcomes-reports>

- For participants aged 0 to 14 years:
 - **88%** of parents say their child fits better into everyday family life after five years, a **19%** relative increase compared to 75% at baseline.
- For participants aged 15 years and over:
 - **62%** felt satisfied with their life, a **42%** relative improvement compared to 43% at baseline.
 - **78%** reported being able to choose how to spend their spare time, a **34%** relative increase compared to 58% at baseline.
 - **94%** reported having their own doctor who they see regularly, a relative improvement of **10%** over five years compared to 85% at baseline. **75%** had no difficulty accessing health services, an **8%** relative improvement over five years compared to 70% at baseline.

Overall, the results show that participants are experiencing significant increases in community participation, which is central to one of the Scheme's aims to build community inclusion of people with disability.

Families/carers outcomes report

The NDIA also released the [NDIS family and carer outcomes report](https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/participant-families-and-carer-outcomes-reports)³ based on data as at 30 June 2022, which helps to understand how the Scheme is making a difference to families and carers.

For families and carers, improvements were found in the areas of employment, feeling supported, access to services, rights and advocacy, and health and wellbeing. For families and carers:

- **55%** of families/carers are in paid employment, a **21%** relative increase when compared to 46% at baseline. **87%** of those in a paid job are working 15 hours or more – approaching the Australian population benchmark of **88%**.
- **75%** of families and carers feel more confident about the future of their family member with disability under the NDIS, a relative increase of **80%** compared to 41% at baseline.
- **81%** of families and carers agree the NDIS has helped them better care for their family member with disability, a three-fold relative increase compared to baseline (**27%**).

Additional positive results highlighted in the family/carers report indicate that families and carers of younger participants receive support to enable them to help their child develop and learn, and become more independent, while parents and carers of older participants receive support for succession planning. Further, the percentage of parents and carers in paid employment increases with time in the Scheme.

³ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/participant-families-and-carer-outcomes-reports>

2 Scheme financial experience since 30 June 2022



Since 30 June 2022, payments for participant supports, budgets and participant numbers are above AFSR expectations.

Scheme experience is monitored against expectations based on the 2021–22 Annual Financial Sustainability Report (AFSR)⁴ projections which were published by the Agency in November 2022. Since 30 June 2022, payments for participant supports, average plan payments, budgets and participant numbers have each continued to increase and are above AFSR expectations for the first half of 2022–23.

Total Scheme expenses for the 6 months to 31 December 2022 were \$16.8bn (on an accrual basis) or 1.8 per cent higher than the estimate from the 2021–22 AFSR of \$16.5bn. The key drivers of this variance is that there are more participants than expected in the Scheme, and the average payment per participant is also higher than expected.

Increases in payment levels are closely linked to changes in plan budgets over time. For the 6 months to 31 December 2022, total plan inflation for participants already in the Scheme was 20.5 per cent per annum, made up of 8.9 per cent per annum due to inflation at plan reassessment and 11.6 per cent per annum due to inflation within plans between reassessments. About 6.9 per cent per annum of the total can be attributed to the combined effects of indexation in July 2022 following the 2021–22 Annual Pricing Review and pricing impacts at the point of plan reassessment, leaving inflation of 13.6 per cent per annum over and above indexation and pricing impacts.

Since June 2022, the number of participants with Supported Independent Living (SIL) has increased from 26,950 to 29,812 or by 2,862, much higher than the AFSR expectations of approximately 700. On average, participants with SIL have high plan budgets and payments for supports compared with other participants, and so this shift of participants into SIL arrangements has a material impact on Scheme expenses.

The total number of Scheme participants at 31 December 2022 is 573,342 which is approximately 9,500 higher than the AFSR expectations. This is driven by additional numbers of children with developmental delay and autism entering the Scheme since June compared with expected. The short-term impact on total Scheme expenses is low because children with development delay or with autism have relatively small plan budgets and payment levels compared with other participants. However, if a large proportion of these children remain in the Scheme into adulthood, the additional expenses in the longer term compared with expectations are significant.

The Agency is examining the emerging experience to understand the drivers of variances from expectations.

⁴ <https://www.ndis.gov.au/about-us/publications/annual-financial-sustainability-reports>

3 Co-design and engagement



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.

The NDIA understands that listening to and learning from participants and the disability community is fundamental to improving the NDIS. This quarter, the NDIA continued to work together with the disability community to build co-design and engagement capability. The NDIA is also taking a collaborative approach to aligning cross government engagement priorities and initiatives.

Co-design Advisory Group

The Co-design Advisory Group, comprising of Independent Advisory Council (IAC), Disability Representative and Carer Organisations (DRCO) and Government representatives, provides strategic oversight and guidance for the NDIA co-design program. This quarter, the Co-design Advisory Group endorsed the Co-design Evaluation Framework which will support the NDIA to strengthen engagement, improve the relationship between the NDIA and disability community and deliver better outcomes for NDIS participants.

DRCO Forum

The DRCO Forum met on 18 November 2022. In this meeting, NDIA CEO Rebecca Falkingham spent several hours in dialogue with attendees exploring issues of importance to the disability community. Members were also provided with an update on the:

- First Nations Strategy and Culturally and Linguistically Diverse (CALD) Strategy Refresh Strategy co-design projects.
- New Independent External Review (IER) program led by people with disability.
- New Information and Communication Technology (ICT) system, including details of the test being undertaken in Tasmania.

Priority co-design projects

The NDIA continues to work closely with people with disability and the broader disability community on six priority co-design projects:

- Information Gathering for Access and Planning
- Home and Living
- Participant Safeguarding
- Supported Decision Making
- CALD Strategy
- First Nations Strategy

Further information on the NDIA's co-design approach, including details on each of the priority co-design projects is included in section 6.2 of this report.

4 Improving the experience of participants



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. To achieve this, consultation with key stakeholders has already commenced in developing an Action Plan for 2023, with a focus on building participant's employment aspirations and improving employment outcomes under the changed employment landscape.

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. There has been a focus on partnering with the State and Territory education departments, parents and education professionals to assist understanding of the NDIS and mainstream supports available to help young people to successfully transition from school to work. Further information about the NDIA's Participant Employment Strategy can be found in Section 2 of this report.

Assisting participants leave hospital who are ready to be discharged

The Australian Government and the NDIA are committed to improving the safe and timely discharge of NDIS participants from hospital. It is our firm commitment that once medically ready, NDIS participants should be supported to discharge safely as soon as possible. The NDIA has already implemented a range of operational improvements to reduce discharge delays.

Improvements completed⁵

In October 2022, the NDIA shared with Disability Ministers that all the immediate improvements outlined in its Hospital Discharge Operational Plan are complete.

This has delivered streamlined processes and faster decision-making. Participants in hospital now have access to specialised hospital discharge planners with greater decision-making authority, enabling plans to be approved at a local level. These planners work with participants throughout their hospital journey. There are also more Health Liaison Officers (HLOs) working within hospitals to ensure NDIA processes run smoothly and information is shared.

⁵ <https://ministers.dss.gov.au/media-releases/9471>

Performance against targets

Disability Ministers agreed on two key targets for the NDIA to report on. These targets, and the resulting performance from when these new targets commenced are:

- **NDIA Target: Contacting NDIS participants within 4 days of the NDIA being notified of a hospital admission**
 - **85%** of participants met this metric in the period from September 2022 to December 2022.
- **NDIA Target: Ensuring an NDIS plan for discharge is in place within 30 days of the NDIA being notified**
 - **29%** of participants met this metric in the period from September 2022 to November 2022.
 - Additionally, at the end of December 2022, a plan was in place for **61%** of participants who were ready for discharge and for **69%** of participants who were due to discharge within the next 7 days.

Figure 1 : Hospital discharge performance from September 2022

Metric	Sep 22 to Dec 22
NDIA target: Participant contact within 4 days of notification	85%
NDIA target: NDIS discharge plans approved within 30 days	29% ⁶
% Participants due to discharge within 7 days where a plan is in place	69%
% Participants ready for discharge - with a plan	61%

For the majority of participants in hospital, NDIA planning processes are not the key barrier preventing discharge. Improving plan approval timelines is a key focus moving forward and requires cooperation between State and Territory health systems and the NDIA to ensure the best outcomes for participants.

The NDIA is considering further medium to long term policy and operational changes, including a project focusing on participants with a psychosocial disability and their experiences discharging from hospital. The NDIA is also working with hospitals to hear first-hand the issues impacting hospital discharge, so we can work together with hospitals to resolve these issues.⁷

⁶ Data for this metric has a one month lag and is as at November 2022

⁷ <https://www.pm.gov.au/media/meeting-national-cabinet-1>

COVID-19 support for participants

On 1 October 2022, the NDIA expanded the COVID-19 flexible low-cost assistive technology (AT) for continuity of supports policy, enabling eligible participants to purchase a personal portable air purifier or other ventilation device such as a portable extraction fan or pedestal fan. Ventilation remains an important consideration when optimising safe access to NDIS funded supports and COVID-19 management in disability settings. The NDIA is working with the Department of Social Services (DSS) to increase the promotion of key information about this measure.

The NDIA also continues to deliver existing COVID-19 response supports for eligible participants, including:

- Rapid Antigen Tests (RATs) with NDIS plan funding from their core budget.
- Personal Protective Equipment (PPE).
- Meal preparation and delivery support.
- One-off deep clean where a support worker has attended their home and later tests positive to COVID-19.

This report

This report is a summary of the performance and operations of the NDIA for the three months from 1 October 2022 to 31 December 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 full range of tables that were available in the report for Appendices E through N will now be published as a supplementary file to the corresponding appendix for this report. This report includes a streamlined selection of content. The following two appendices will be released separately on the [NDIS website](https://www.ndis.gov.au/about-us/publications/quarterly-reports)⁸:

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

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



Krystal thrives in leadership role for a housing provider with a difference



People have often made the mistake of underestimating **Krystal**, 37. Born with cerebral palsy, Krystal and her family saw no limits for her. But others did.

In high school, a teacher urged Krystal, who uses a wheelchair, not to take part in a childcare activity because she ‘would never become a mother’.

In the workplace, with a degree in Social Work under her belt, Krystal found employers reluctant to take her on. “I’ve had to deal with a lot of people who had preconceived notions of who I was and what I was capable of, purely on the basis that I was in a wheelchair,” Krystal says. But Krystal hasn’t let other people’s low expectations slow her down.

With support from the NDIS, both at work and at home, Krystal is thriving in her chosen profession while balancing the demands of full-time work, parenting, and having a disability.

After a decade working as a social worker with Housing SA, Krystal, recently moved into the leadership role of South Australia State Manager for not-for-profit SDA provider, DEC Housing (DEC).

In addition to her new management role, Krystal is also SA Associate Director for national people with disability advocacy body, Physical Disability Australia, and advocates for a more inclusive society.

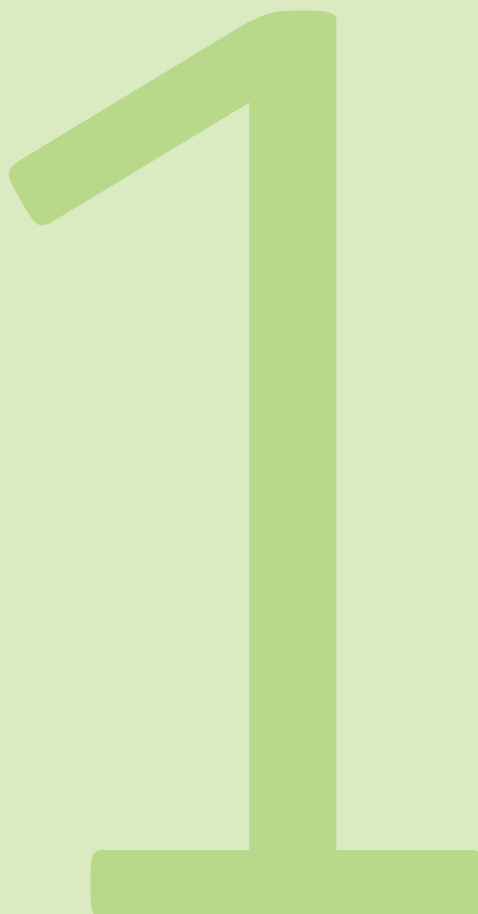
Krystal works full time and is a busy mum to daughters, 3-year-old Zara and 14-year-old Natalie.

Krystal says she couldn’t manage all her roles without the support of the NDIS. “I don’t think I would have been able to progress into a leadership role without the support of the NDIS,” she says.

Section one:



Participants and their plans





More than 570,000 participants are receiving support from the NDIS.

1.1 Number of participants in the Scheme

At 31 December 2022, 573,342 participants had an NDIS plan, and 20,477 participants entered the Scheme during the quarter.

At 31 December 2022, 573,342 participants had approved plans.⁹ This represents a four per cent increase from last quarter (an increase of 20,477 participants since September).

Figure 2 : 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	573,342
Yearly increase ¹⁰		9,870	12,564	59,891	82,723	113,682	105,984	74,620	68,036	38,687
% increase in active participants		135%	73%	202%	92%	66%	37%	19%	15%	7%

⁹ 35,878 participants with approved plans have left the NDIS in the period between 1 July 2013 and 31 December 2022.

¹⁰ 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 31 December 2022, there were 92,368 children younger than 7 with a NDIS plan, and a further 12,175 accessing early connections.

Of the 573,342 participants with an approved plan at 31 December 2022, 92,368 were children younger than 7 (16 per cent), and of the 20,477 new participants with an approved plan this quarter, 9,813 were children younger than 7 (48 per cent).

In addition to the 92,368 children younger than 7 with an approved plan:

- **3,935** 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.
- **4,106** were awaiting an access decision from the NDIA (of which **2,739 (67%)** were accessing early connections from the early childhood approach).
- **12,490** children were supported by the early childhood approach (of which **12,175 (97%)** were accessing early connections). Not all children need to make an access request to the NDIA because some will receive early connections, along with support from mainstream and community services.

Throughout the quarter, the Agency continued to focus on improving access to supports for children and families in remote and very remote areas. This effort contributed to 151 children meeting access criteria to join the NDIS, of which 88 identified as First Nations families. Of the 92,368 children aged younger than 7 with an approved plan as at 31 December 2022, 1,267 were children in remote and very remote areas.

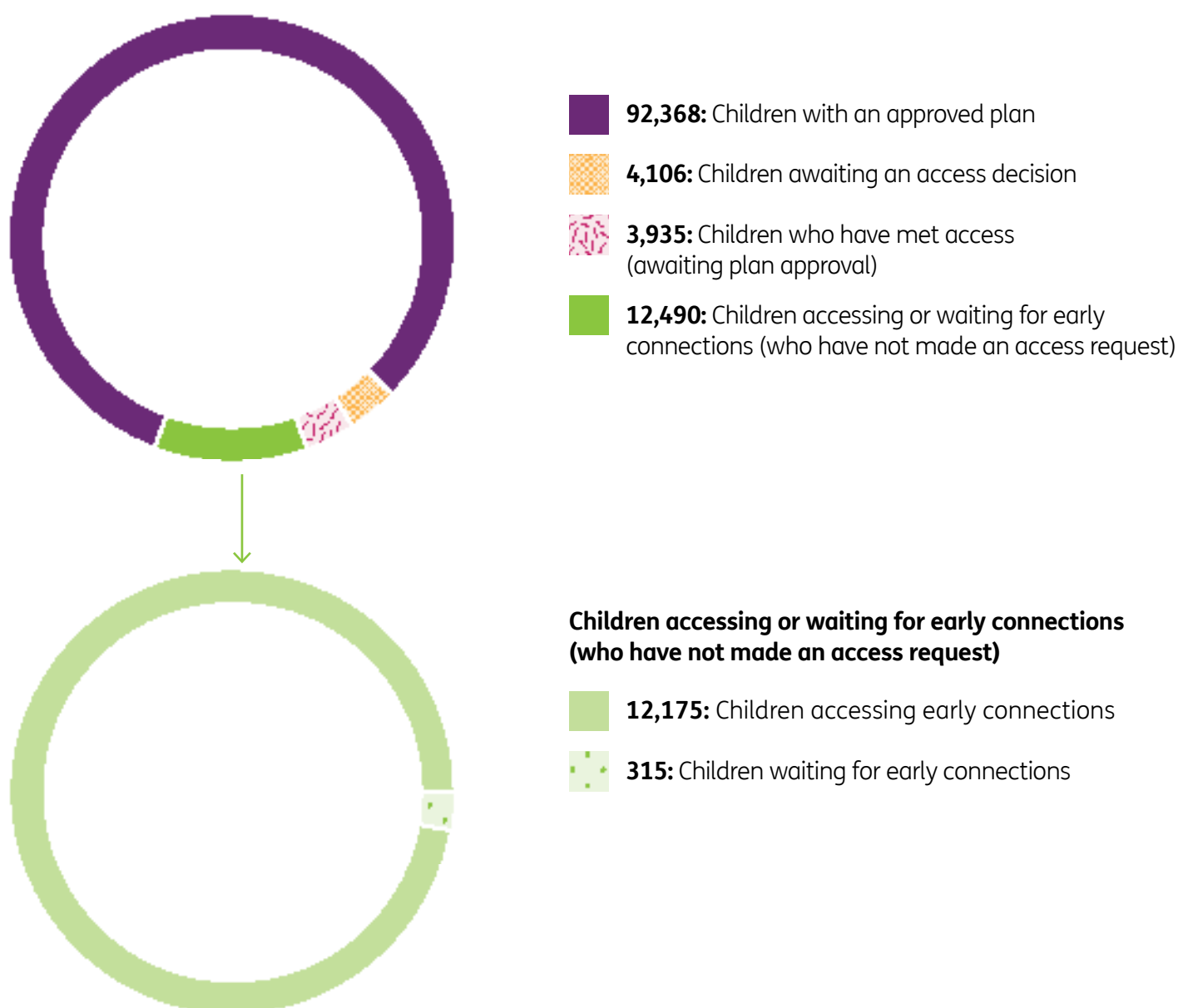
The NDIA continues to build on the existing national early childhood approach to ensure the delivery of a model that provides evidence-based, high quality and timely supports to young children and families that are embedded in an integrated and collaborative early childhood ecosystem.

The NDIA is making progress on implementing the Early Childhood Early Intervention (ECEI) Reset recommendations. 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.
- Improved transparency of information about leaving the NDIS.
- 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 developing with health, educational services and First Nations Peoples' community organisations through the remote and very remote early childhood consultation.
- Commenced 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 3: 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 and 7, with approximately ten per cent of 5 to 7 year old males and four per cent of 5 to 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 and 7.

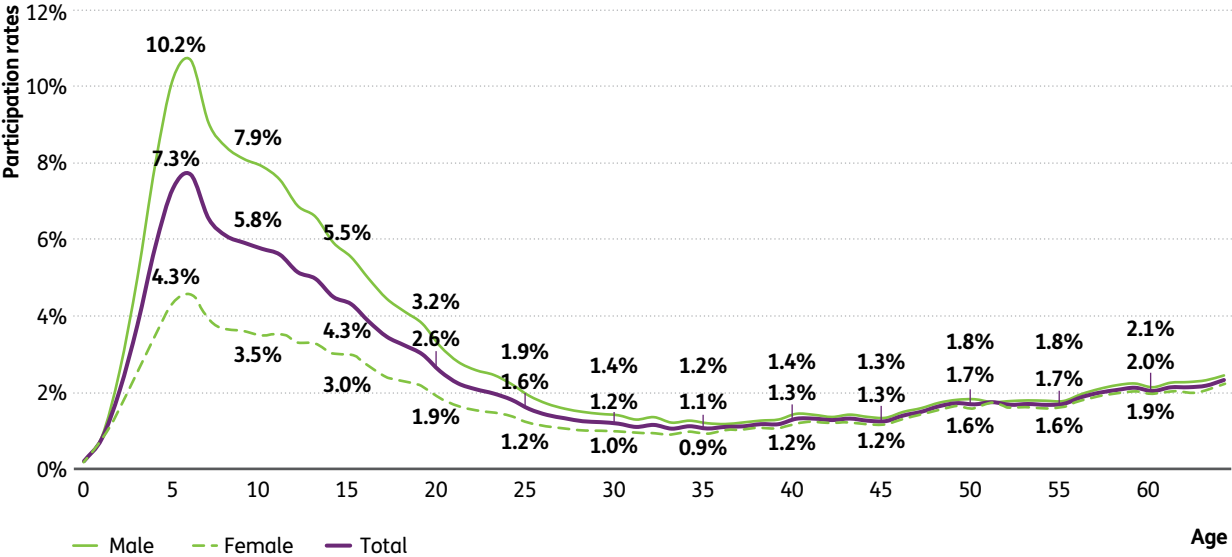
The rate then declines steadily to around one per cent at age 35, before rising gradually to two per cent by age 64. The shape of these participation rates reflects the age and disability profile of participants in the Scheme, with over half of all NDIS participants aged 18 or under.

Participation rates for males and females differ considerably at younger ages. At the peak, between the ages of 5 and 7, the participation rate for males (ten per cent) is more than double that of females (four per cent). Between ages 3 and 14, participation rates average eight per cent for males and four 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 (20 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 0.2 percentage points for each age shown.

Figure 4: Participation rates¹¹



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

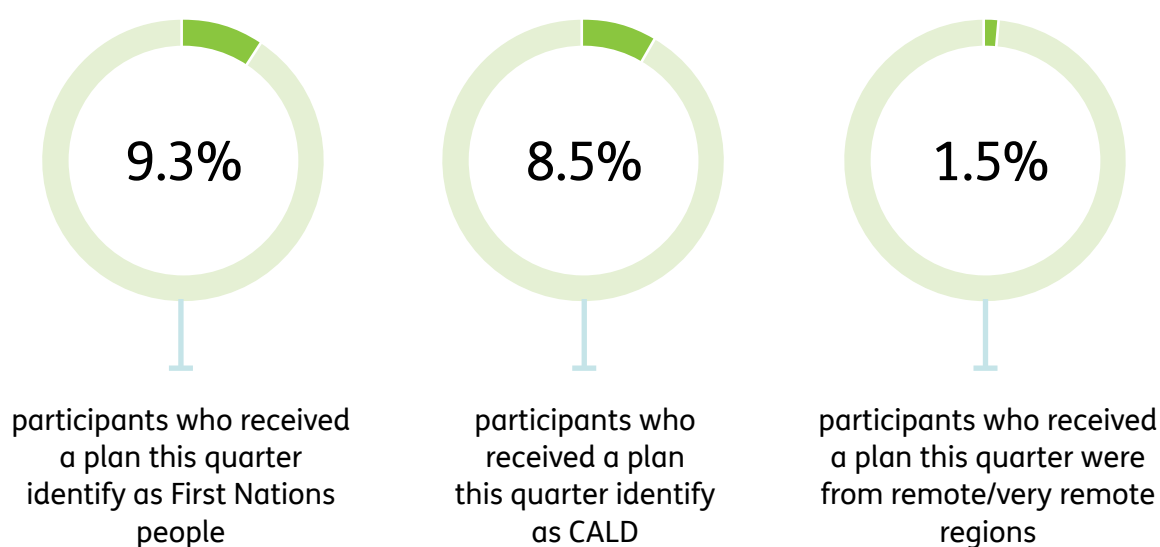
¹¹ There were 6,771 participants aged 0 to 64 years with a gender of 'Other' at 31 December 2022. The participation rates for this group are included within the total rates.

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 20,477 participants entering and receiving a plan in the quarter:

- **9.3%** were **First Nations people**¹²
- **8.5%** were **CALD**¹³
- **1.5%** were from **remote and very remote areas**¹⁴



The NDIA is continuing to co-design and develop the CALD Strategy refresh and a new First Nations Strategy.¹⁵ An update on each of these co-design projects is included in section 6.2 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. Work is underway to develop a current state snapshot focused on better understanding existing remote and very remote activities, priorities and challenges. The NDIA will focus on delivering short to medium-term improvements based on the gaps and challenges identified.

¹² This compares to 8 per cent of the Australian population identifying as First Nations Peoples who have a need for assistance.

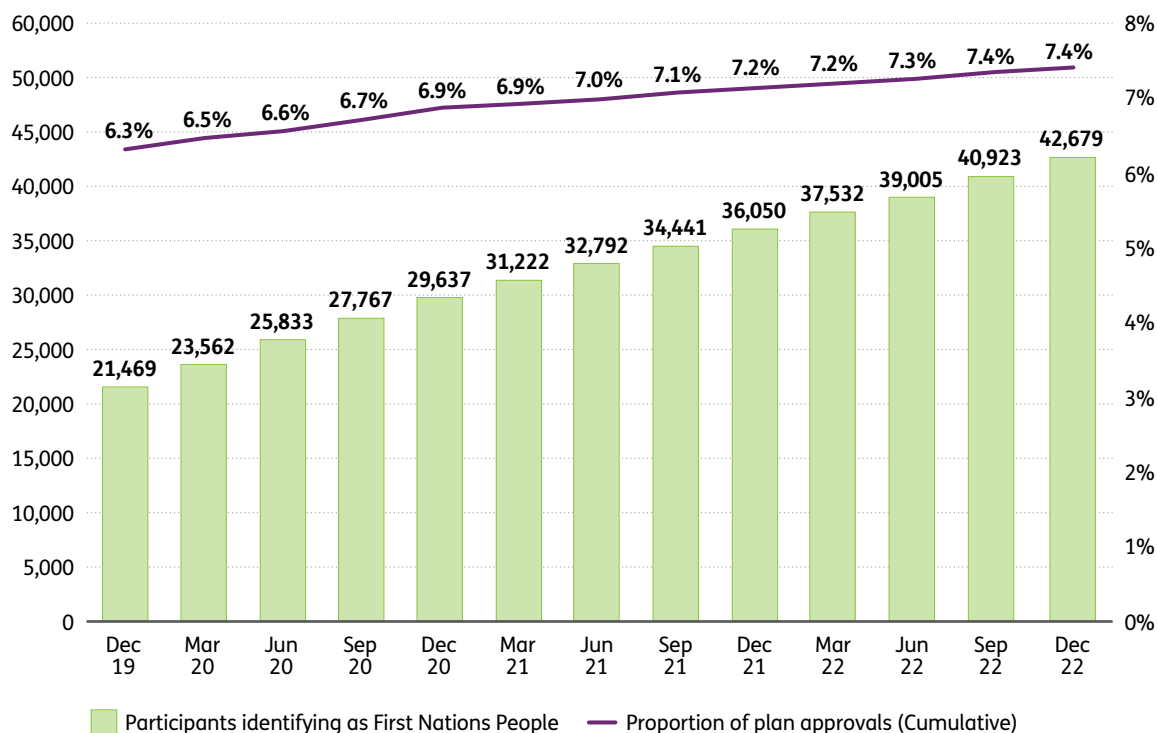
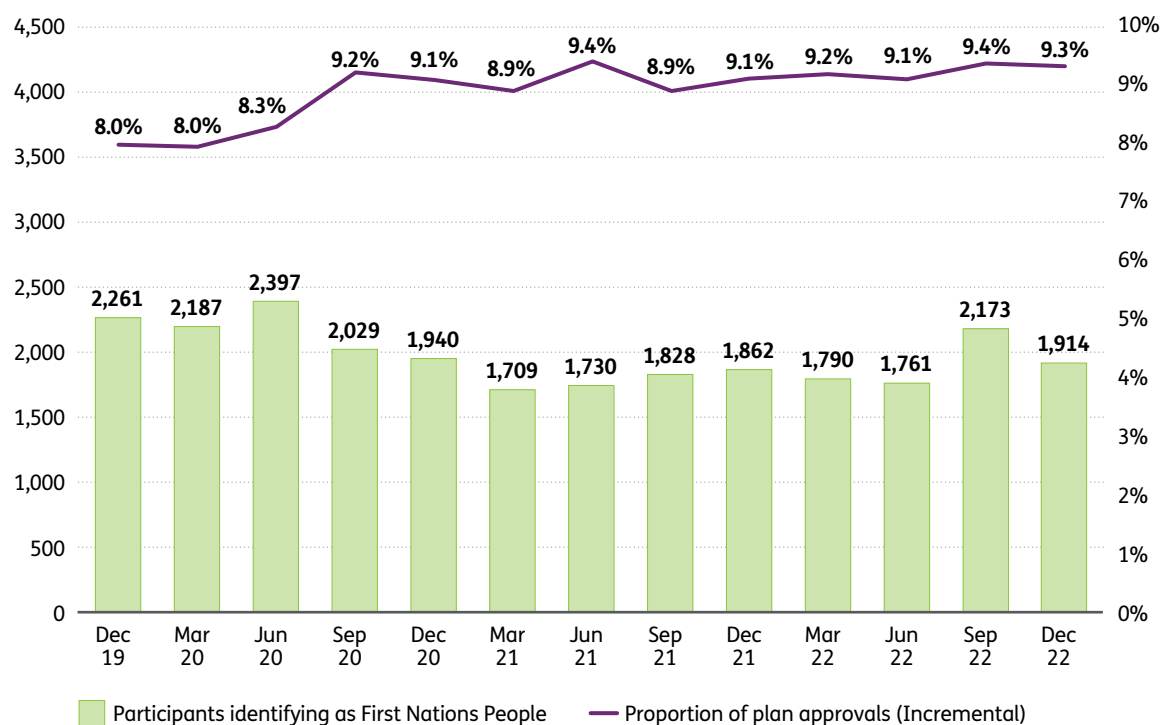
Source: Census of Population and Housing 2016 ("Need for Assistance" variable), Persons Place of Usual Residence, by Indigenous Status.

¹³ 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.

¹⁴ 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.

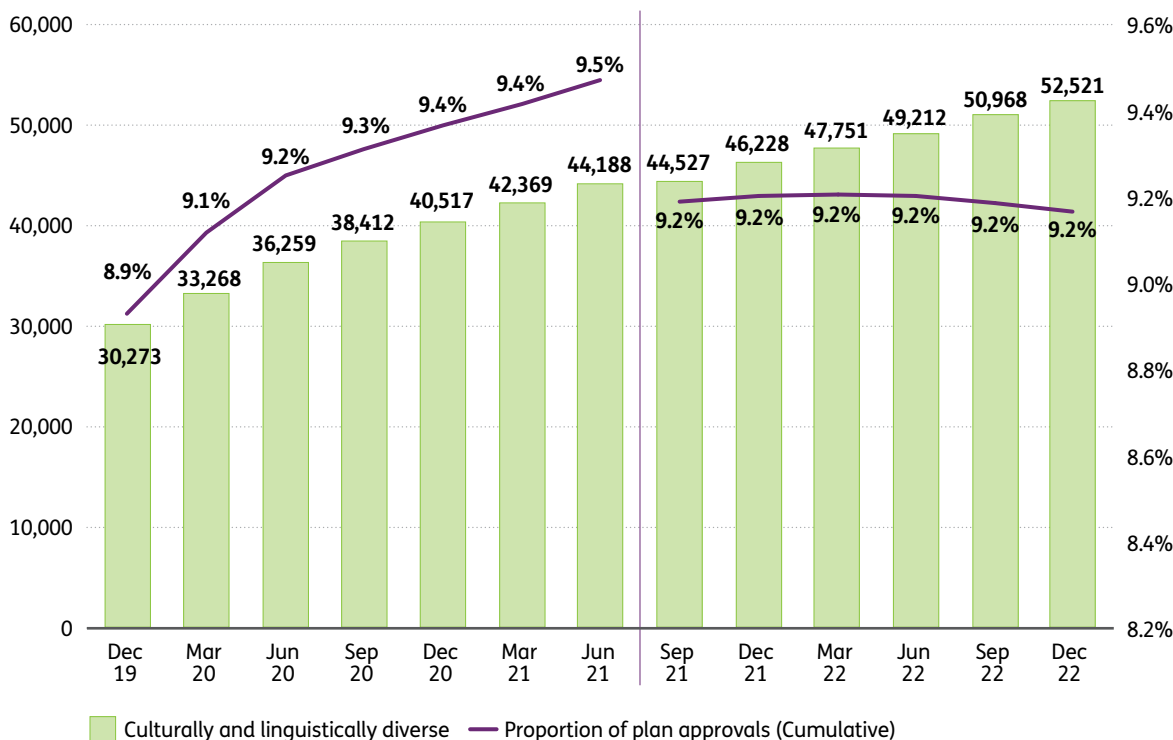
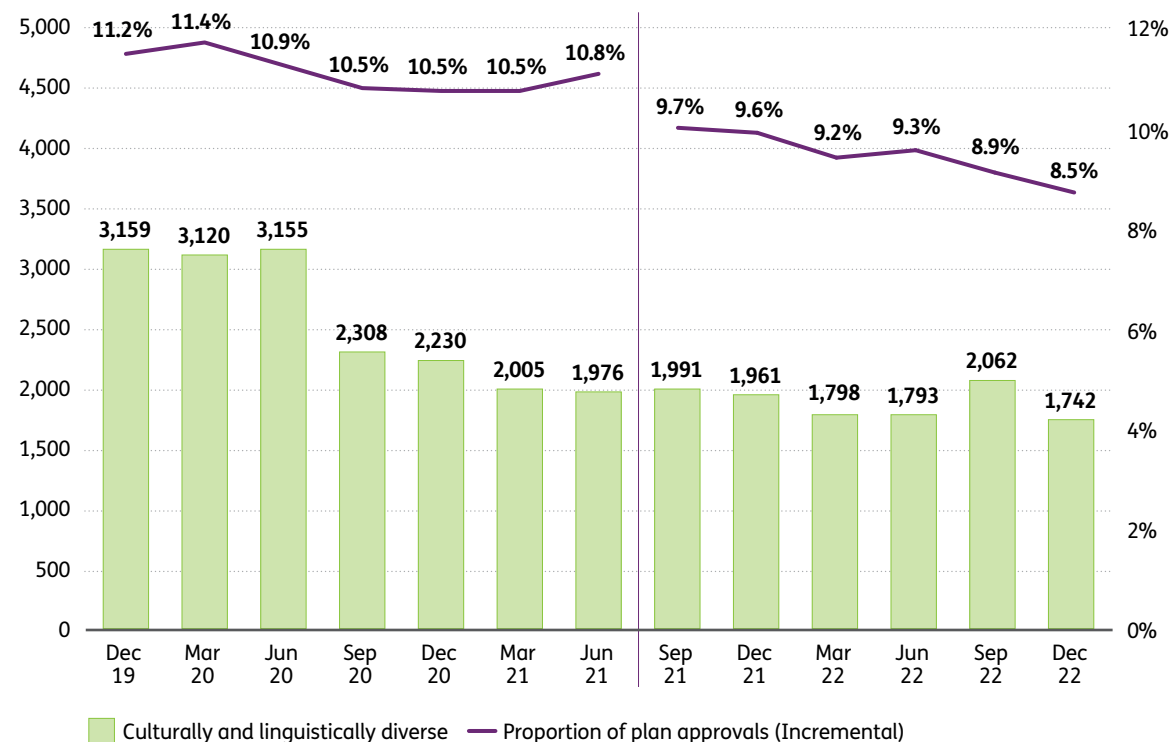
¹⁵ Further information on these strategies can be found here: <https://www.ndis.gov.au/about-us/strategies/first-nations-strategy> and <https://www.ndis.gov.au/about-us/strategies/cultural-and-linguistic-diversity-strategy>

Figure 5: Number and proportion of First Nations participants over time incrementally (top) and cumulatively (bottom)¹⁶



¹⁶ 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.

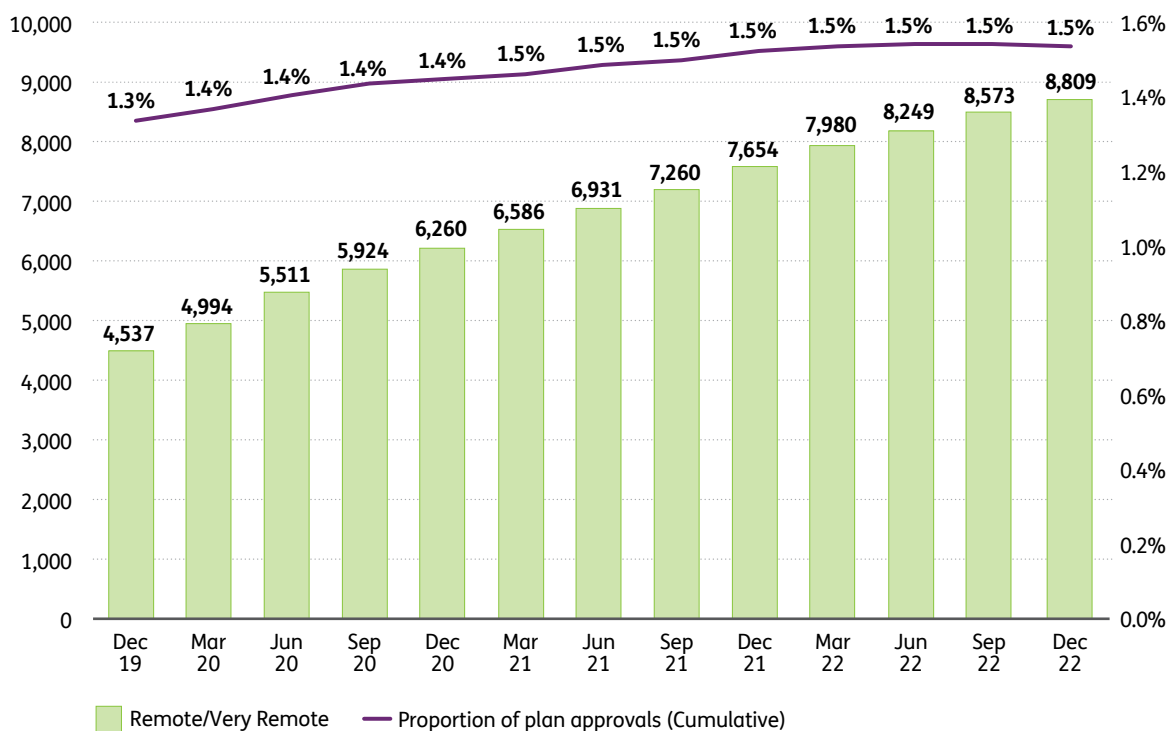
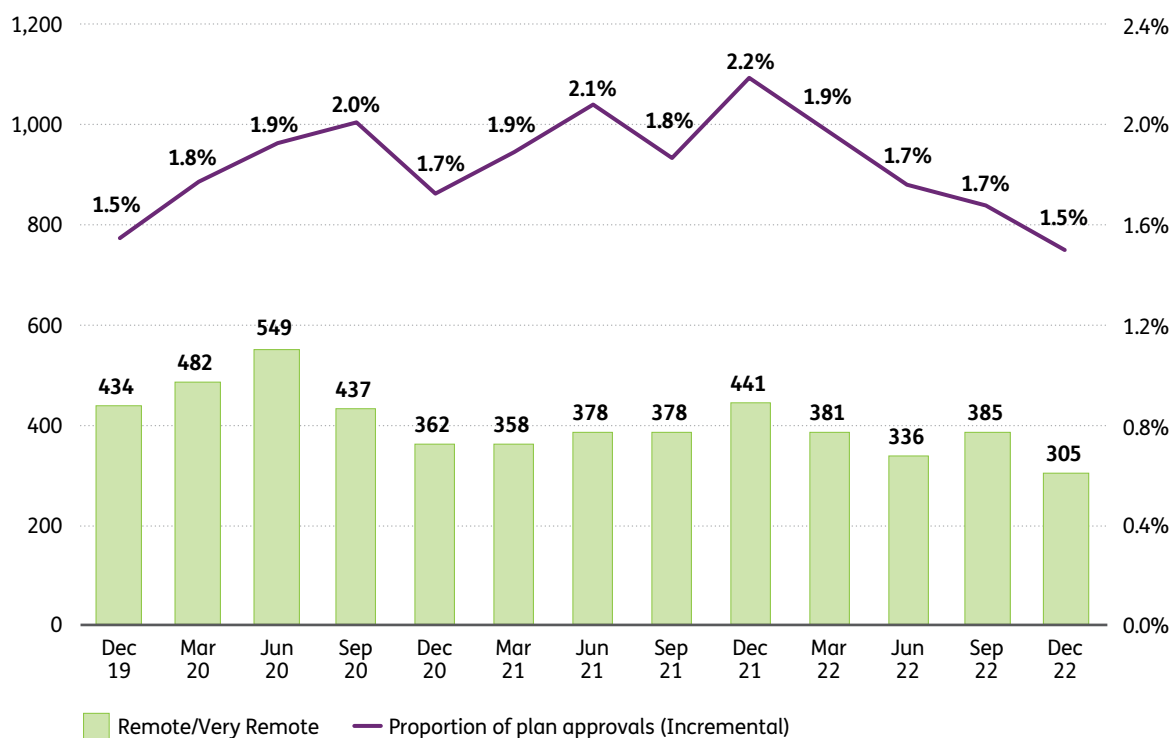
Figure 6: Number and proportion of CALD participants over time incrementally (top) and cumulatively (bottom)^{17,18}



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

18 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 7: Number and proportion of remote/very remote participants over time incrementally (top) and cumulatively (bottom)¹⁹



¹⁹ 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:

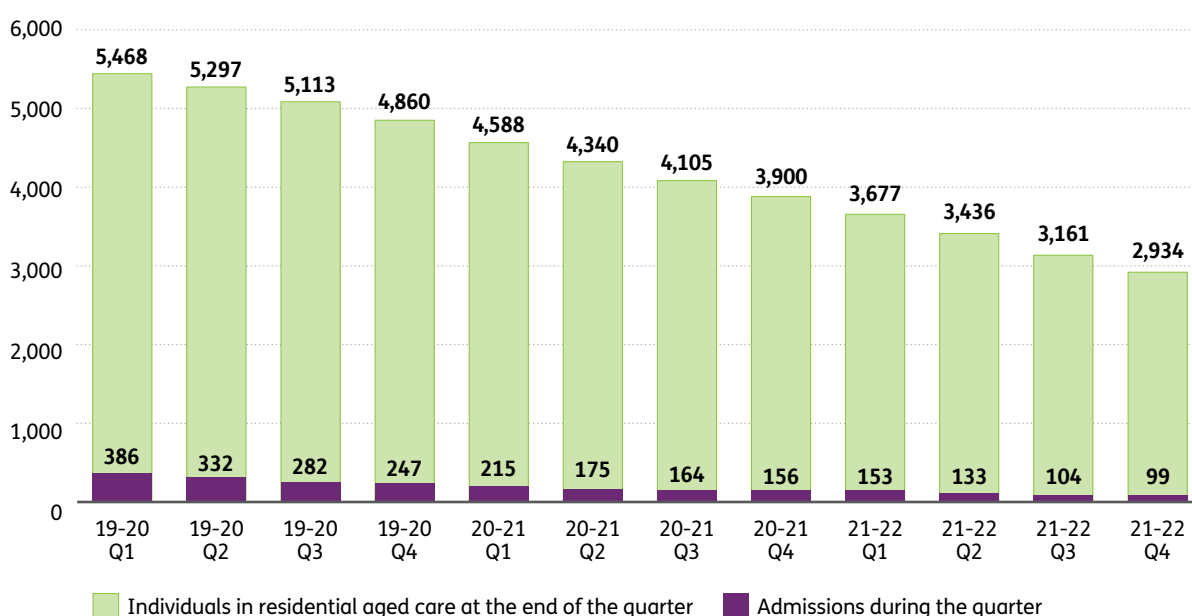
- Continuation of a high proportion of children aged 0 to 6 years entering the Scheme (**47.9%** this quarter and **49.9%** in the September 2022 quarter). It is also worth noting that the number of children in the Scheme **aged less than 18 years** was **45.7%** at 31 December 2019 and **48.9%** at 31 December 2022.²⁰
- Consistent with the high numbers of children, a relatively higher proportion of participants with **Developmental Delay** entered the Scheme again this quarter (**34.3%** this quarter and **35.6%** in the September 2022 quarter).
- A consistent proportion of participants entering the Scheme this quarter for the remaining disability types, including **Autism** (**29.5%**), **Psychosocial disability** (**8.3%**) and **Intellectual disability**²¹ (**5.8%**).²²

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 8: Number of individuals in residential aged care and admissions to residential aged care (aged under 65 years), by quarter²³



²⁰ There is further information on the changing mix of participants in the Scheme on page 118. 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.

²¹ Intellectual disability includes Down syndrome.

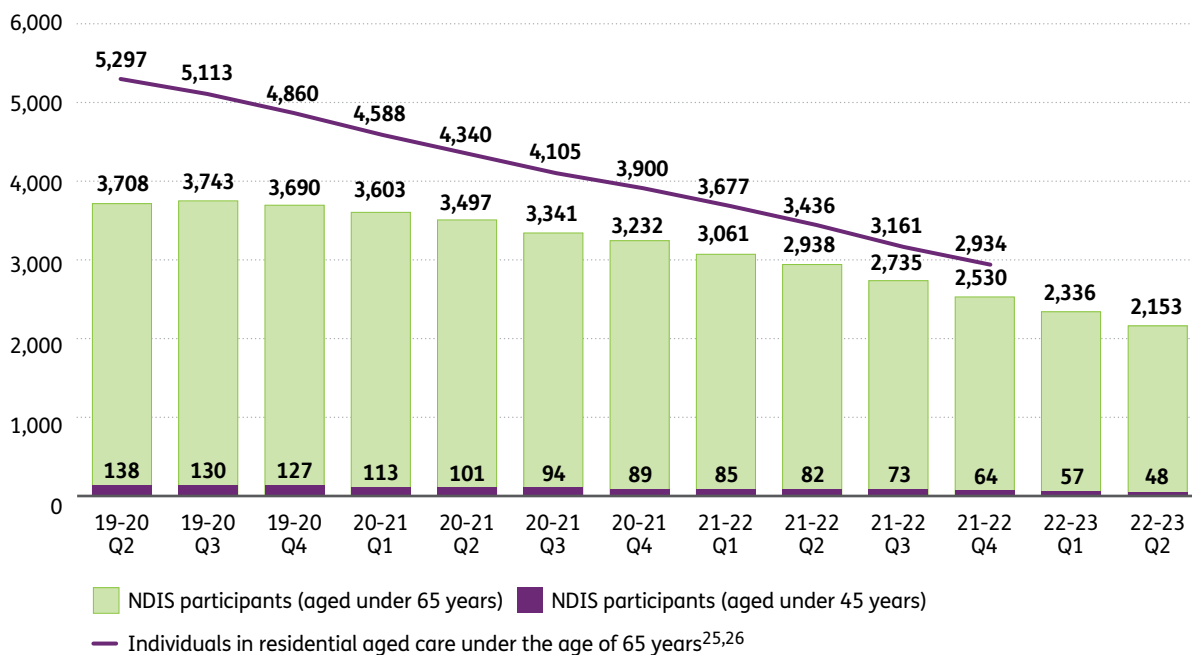
²² Appendix E contains charts showing the change in participant profile by disability group over time.

²³ This data is current as at 30 June 2022. As at the time of writing, more current data is not available for publication due to changes to Services Australia's residential care payment systems.

At 31 December 2022, there were 2,153 participants aged under 65 years in residential aged care with an NDIS approved plan, including 48 who were aged under 45 years (2.2 per cent).

In addition to fewer participants entering residential aged care, since 1 July 2016, 919 participants have left residential aged care and are now in a more appropriate accommodation setting.

Figure 9: Number of NDIS participants in residential aged care (under 65 and under 45), and total number of individuals under age 65 in residential aged care²⁴



²⁴ Represents the number of NDIS participants in residential aged care as per data available on respective quarter-ends.

²⁵ Data provided by the Department of Health and Aged Care as at 30 June 2022.

²⁶ This data is current as at 30 June 2022. As at the time of writing, more current data is not available for publication due to changes to Services Australia's residential care payment systems.

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 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 YPIRAC 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 younger 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 January 2022 to 31 December 2022, 194 participants have transitioned from residential aged care into age-appropriate settings. This includes 17 who have left to their own home (rented or owned), 62 who have exited to SDA, two who have left to medium term accommodation, one who moved into an Individualised Living Option (ILO), and 105 who have left to other shared living arrangements using SIL funding or to other group residential settings.²⁷

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 31 December 2022, 556 younger people in residential aged care have a goal to leave residential aged care, including 22 under the age of 45.

The NDIA also continues to engage with NDIS participants who do not have a current goal to leave residential aged care to make sure they are aware of the home and living options available to them. The NDIA is collaborating with DoHAC-funded System Coordinators to prioritise discussions about alternative accommodation options with NDIS participants under the age of 45 who do not currently have a goal to move but who wish to know more about the options available to them.

As at 31 December 2022, there were 1,597 NDIS participants under the age of 65 without a current goal to leave residential aged care. Some of the reasons younger people give about why they choose to remain in residential aged care include that 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 is working intensively to better understand the complexities surrounding a younger person's desire to remain in residential aged care where they do not have a goal to move.

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

²⁷ There are a further 7 participants in other accommodation settings.



Smart cookie Fritz is a legend in the baking



A growing demand for his cookies has baker **Fritz**, 26, excited about one day opening his own café.

Fritz lives with an intellectual disability, and since joining the NDIS, Fritz has found his dream job baking cookies at Blue Tongue Bakery on the Gold Coast.

As part of provider Tea-cup Cottage's Blue Tongue Adventure program, Fritz became an instant hit baking treats for its hospitality workshop and Blue Tongue were so impressed that they offered Fritz a job at their commercial kitchen on the Gold Coast.

There he bakes their best-selling cookie with Smarties, but Fritz's favourite comes with white chocolate chips. "I like mixing the ingredients the best, and cleaning up afterwards," he said.

Fritz says his interest in cooking comes from his Filipino heritage and watching his dad prepare family meals. "I want to be like my dad," he said. "Cooking helps me to improve myself."

With help from his support worker, Fritz now has the skills and confidence to be able to work extra hours.

"Ever since joining Blue Tongue Adventure's programs, Fritz has shown a love of all areas of hospitality.

"We were delighted to offer him this role in our commercial bakery – it's just one of many employment avenues for participants of our programs."

With his NDIS supports in place, Fritz has a goal of becoming a waiter while also continuing his work in the kitchen. He hopes to use these all-round hospitality skills to open his own café in the future.

"If I work hard, anything is possible," Fritz said.

Section two:



Participant and family/carer outcomes





The NDIS is having a positive impact on the lives of participants, and their families and carers.

2.1 Participant outcomes summary

The 30 June 2022 annual outcomes reports highlighted some common themes have emerged on areas where outcomes are improving for participants of different ages (and their families/carers), as well as areas where more work is required.

The NDIA recently released the 30 June 2022 participant outcomes²⁸ and family/carers outcomes²⁹ reports, the fifth in an annual series of such reports. From these reports, some common themes have emerged on areas where outcomes are improving for participants of different ages (and their families/carers), as well as areas where more work is required. A brief overview of these findings is provided below.

Participants aged 0 to 14

For participants aged from birth to before starting school, there were improvements in the following areas:

- **Specialist services:** an increasing percentage of parents/carers of young children said that their child used specialist services, and that these services helped their child to gain everyday life skills and helped them to assist their child. After five years in the Scheme, 96% used specialist services (a 30 percentage point increase from baseline) and 99% said these services helped their child.
- **Gaining skills to participate in everyday life:** parents/carers are increasingly saying their child is able to do everyday tasks at home and in the community. For example, 67% of those who have been in the Scheme for three years are able to do everyday tasks, a 14 percentage point improvement from baseline.
- **Being welcomed:** children who participate in community activities are increasingly likely to feel welcomed or actively included. This age group also saw strong improvements in making friends with people outside the family.

Improvements for participants aged from starting school to 14 were seen in relation to:

- **Independence:** parents/carers increasingly say their child is becoming more independent (an 11 percentage point increase from 42% at baseline to 53% at fifth reassessment).
- **School:** understanding of children's goals at school shows an increasing trend with time in Scheme.

In addition, children aged 0 to 14 are increasingly likely to fit into family life, particularly those who have recently started school.

²⁸ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/participant-families-and-carer-outcomes-reports>

²⁹ Ibid

On the other hand, results suggest further work is needed to improve outcomes for participants aged 0 to 14 in relation to:

- **Developmental concerns (participants from birth to before starting school):** an increasing percentage of parents/carers report concerns in six or more areas of development, particularly in relation to social interaction, cognitive development, fine motor skills, self-care, and sensory processing. At the same time, as noted above there has been an increasing use of specialist services, and increasing recognition that these services help. Taken together, these results may reflect an increasing awareness of the impacts of their child's disability and the need for, and value of, specialist services.
- **Mainstream schooling:** the percentage of children in a mainstream class at school decreased over time, and children who have been in the Scheme for longer as well as older participants are in general less likely to have attended school in a mainstream class.

Participants aged 15 and over

There have been significant positive changes for participants aged 15 and over since entering the Scheme in the areas of lifelong learning, choice and control, relationships, home, social/community participation and health and wellbeing. For example:

- Participants are increasingly getting opportunities to learn new things, and completing year 12.
- An increasing percentage made more decisions than they did two years ago, and felt able to have a say with their support services. More chose how to spend their free time (a 20-percentage point increase from 58% at baseline to 78% at fifth reassessment).
- Participants report getting more opportunities to see friends and be more satisfied with their relationship with staff.
- Growing percentages of participants chose where they lived and who they lived with.
- Higher proportions of participants spent their free time doing activities that interest them, were involved in community groups and leisure activities in the last 12 months, got to know people in the community, and had opportunities to try new things and have new experiences. They also felt safer walking alone in their local area after dark, and had a greater say in the community.
- There have been improvements in some health and wellbeing indicators. Participants are more likely to have a doctor they see regularly (9 percentage point increase from 85% at baseline to 94% at fifth reassessment), less likely to have difficulty accessing health services, less likely to have attended hospital in the last 12 months, and more likely to be vaccinated against the flu.

There are a few areas where there has been a deteriorating trend over time for the older age cohorts – particularly in relation to advocacy, employment and self-rated health:

- Participants have become less likely to feel able to advocate for themselves over time in the Scheme. Younger adults are less likely than older adults to feel able to advocate for themselves. Participants continue to express an increasing desire for more choice and control.
- Overall, for participants aged 15 and over there has been little change in the percentage in a paid job over time in the Scheme. However, the results vary considerably by age group, with younger participants showing strong increases in this employment outcome.
- Self-rated health has deteriorated over time, across all age groups and duration cohorts. Older participants are typically less likely to rate their health as “Excellent”, “Very Good” or “Good”. There has also been a decline in dentist visits.
- Participants express an increasing desire to see friends and family more often.

Families and carers

Improvements were observed in the areas of employment, feeling supported, access to services, rights and advocacy, and health and wellbeing. Families/carers of younger participants help their child develop and learn, and become more independent. Families/carers of older participants get support for succession planning. For example:

- **Employment:** improvements in employment outcomes (having a paid job, working 15 or more hours per week, and being employed in a permanent position) have been observed for families and carers of participants aged 0 to 14, and to a slightly lesser extent, those aged 15 to 24.
- **Access to services:** increasingly families/carers across all participant age groups are reporting that services used are listening to them and are meeting their needs.
- **Health and wellbeing:** increasing percentages of families and carers feel that services and supports have helped them to better care for their family member with disability. Respondents are more confident about the future of their family member with disability under the NDIS.

On the other hand, areas where further work is needed to improve outcomes include:

- Family/carer self-rated health has declined over time.
- There are some poorer outcomes over time relating to families feeling supported, particularly: having friends they can see as often as they would like, having people they can ask for practical help as often as they need, and having people they can ask for childcare as often as they need.
- For families and carers of participants aged 0 to 14 there has been deterioration in social and community involvement.

The remainder of this section contains more detail on outcomes as at 31 December 2022, including:

- Longitudinal results for the four NDIA corporate plan metrics:
 - Participant employment
 - Participant social, community and civic participation
 - Participant choice and control
 - Family/carer employment
- Perceptions of whether the NDIS has helped

2.2 Measuring outcomes

Reports on annual outcomes and specific outcome areas such as employment are publicly available.

Outcomes framework questionnaires

The results shown in this section are based on responses provided by participants and their families and carers to the outcomes framework questionnaires. These questionnaires collect information on how participants and their families and carers are progressing in different areas (domains) of their lives. Responses are collected at Scheme entry (“baseline”) and at subsequent plan reassessments, allowing progress to be tracked over a participant’s time in the Scheme. Responses are also used to monitor Scheme progress, and to compare outcomes for participants with those for the wider population.

In developing the questionnaires, the NDIA talked to many people, including participants and their families and carers, the IAC, disability groups and researchers. Using research done for the IAC about reasonable and necessary supports across the lifespan, four different participant questionnaires, and three different family/carer questionnaires were developed, depending on the age of the participant.

Reporting on outcomes

Information collected from the current outcomes framework questionnaires is used to contribute to a range of publicly available reports, in addition to these Quarterly Reports to Disability Ministers. These reports include:

- Annual outcomes reports ([Participant outcomes report | NDIS³⁰](#), [Family and carer outcomes report | NDIS³¹](#))
- Analysis focussing on specific outcome areas, such as employment ([Employment outcomes - participants, their families and carers | NDIS³²](#)) and health and wellbeing ([Health and wellbeing of NDIS participants and their families and carers | NDIS³³](#)).

In addition, quarterly data cubes are produced containing baseline and longitudinal results for key indicators ([Data downloads | NDIS³⁴](#)).

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

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

32 <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/employment-outcomes-participants-their-families-and-carers>.

33 <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/health-and-wellbeing-ndis-participants-and-their-families-and-carers>.

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

2.3 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.³⁵ Specifically, comparing responses at the most recent plan reassessment (between two to six years after entry) with responses at Scheme entry^{36,37}:

- **six** percentage point increase from **34%** to **40%** for participants aged 15 to 24 years.
- **ten** percentage point increase from **36%** to **46%** for participants aged 25 to 34 years.
- **eight** percentage point increase from **36%** to **44%** for participants aged 35 to 44 years.
- **seven** percentage point increase from **36%** to **43%** for participants aged 45 to 54 years.
- **six** percentage point increase from **35%** to **41%** for participants aged 55 to 64 years.
- **six** percentage point increase from **36%** to **42%** for participants aged 65 years and older.
- **seven percentage point increase from 35% to 42% for participants aged 15 years and older.**

The overall result of 42 per cent compares to a 2022–23 target of 46 per cent.

In general, the increase in participation in community and social activities has improved the longer participants have been in the Scheme.

³⁵ 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.

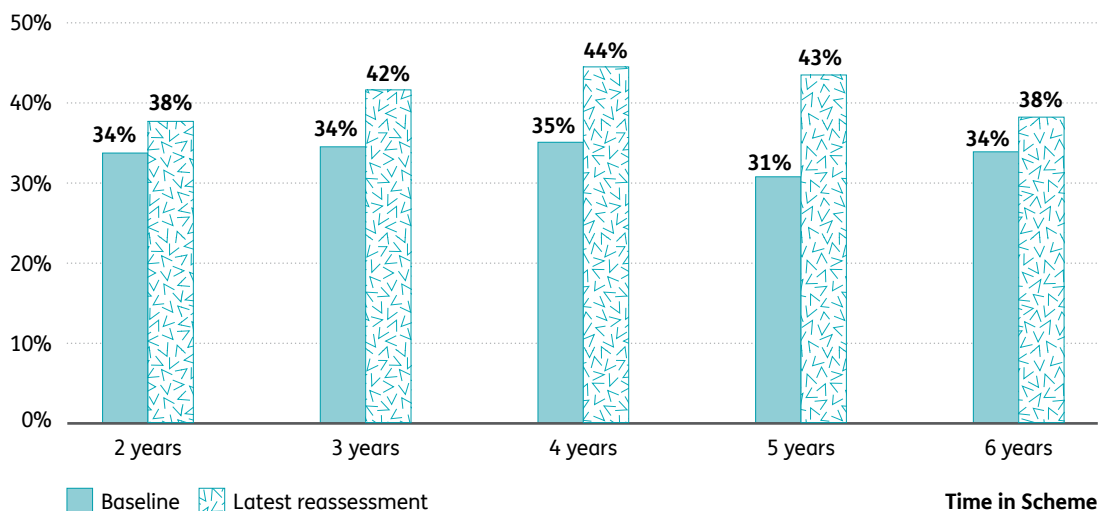
³⁶ Figures have been rounded to the nearest whole percentage.

³⁷ 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 31 per cent to 43 per cent for those who have been in the Scheme for five years. However for this age group the increase for those who have been in the Scheme for six years was the same as for those who have been in the Scheme for two years (from 34 per cent to 38 per cent), noting that the number of participants in this group is low and the observed participation rate can be volatile.

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

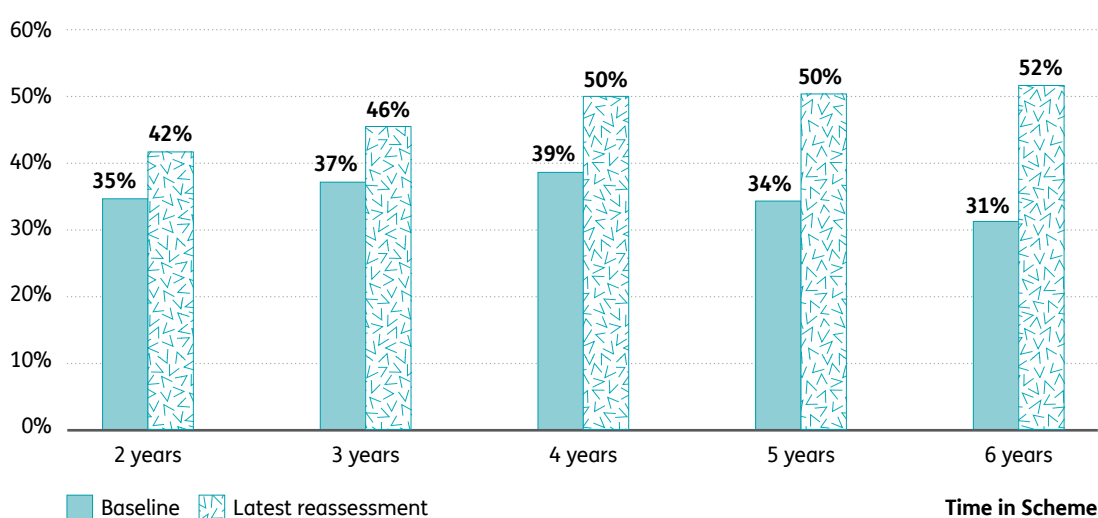
Participants aged 15 to 24 years



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 31 per cent to 52 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

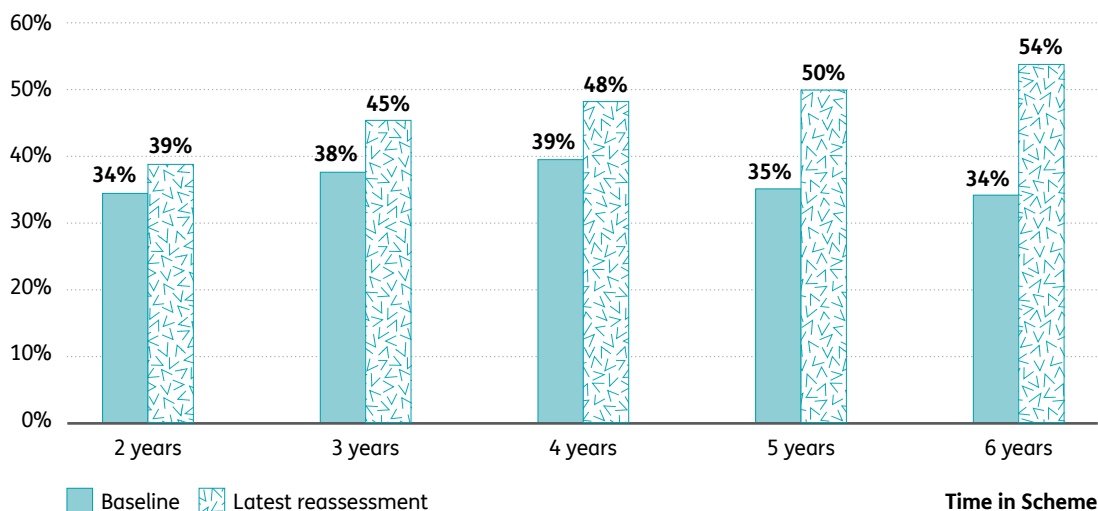
Participants aged 25 to 34 years



For participants aged 35 to 44, the increase was 34 per cent to 39 per cent for those who have been in the Scheme for two years, compared with 34 per cent to 54 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

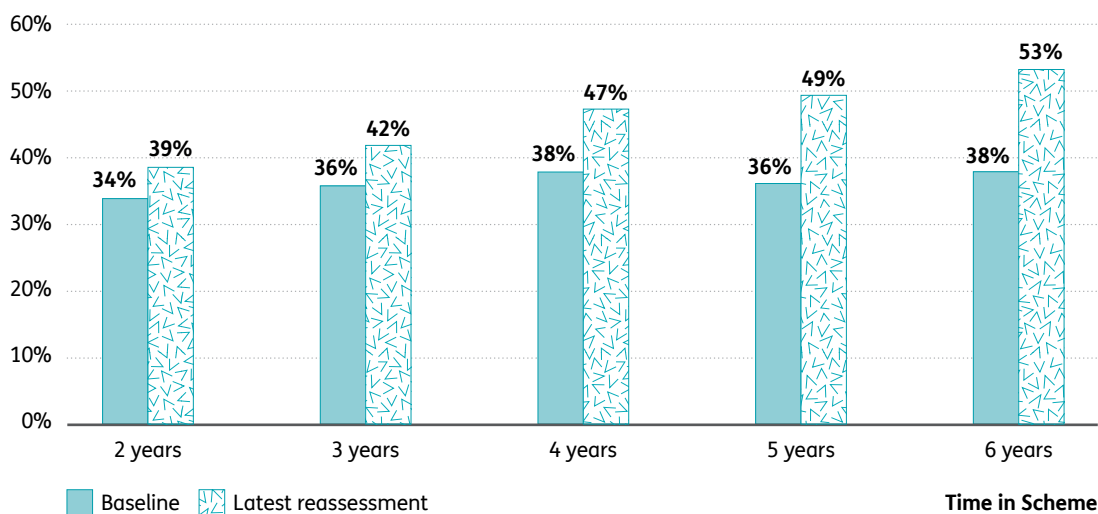
Participants aged 35 to 44 years



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 38 per cent to 53 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

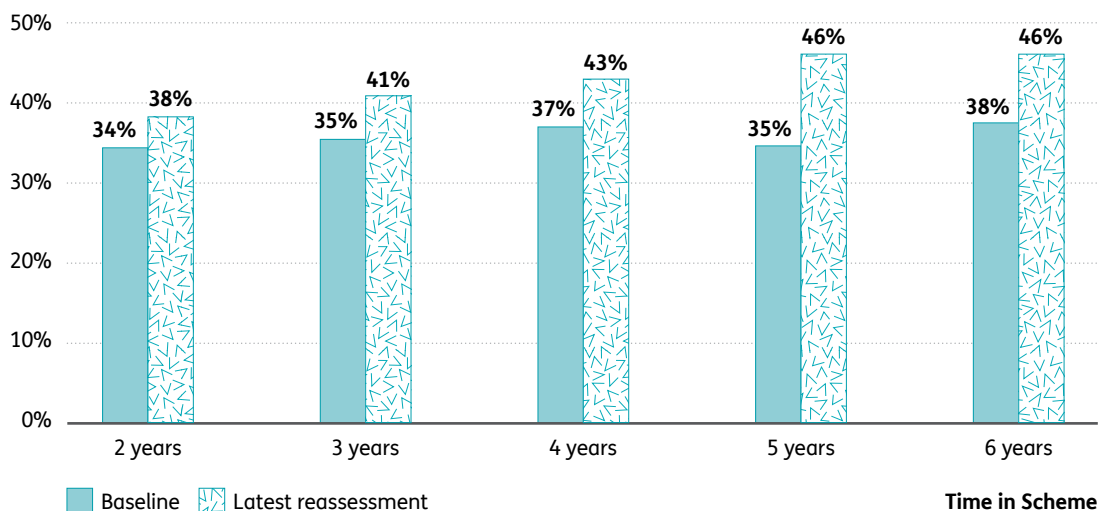
Participants aged 45 to 54 years



For participants aged 55 to 64, the increase was 34 per cent to 38 per cent for those who have been in the Scheme for two years, compared with 38 per cent to 46 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

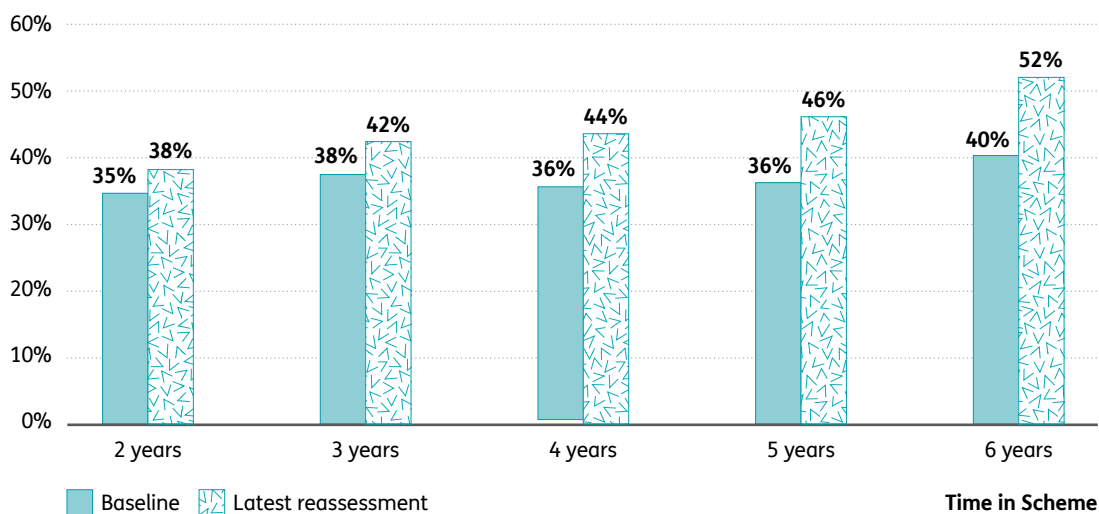
Participants aged 55 to 64 years



For participants aged 65 and over, the increase was 35 per cent to 38 per cent for those who have been in the Scheme for two years, compared with 40 per cent to 52 per cent for those who have been in the Scheme for six years.

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

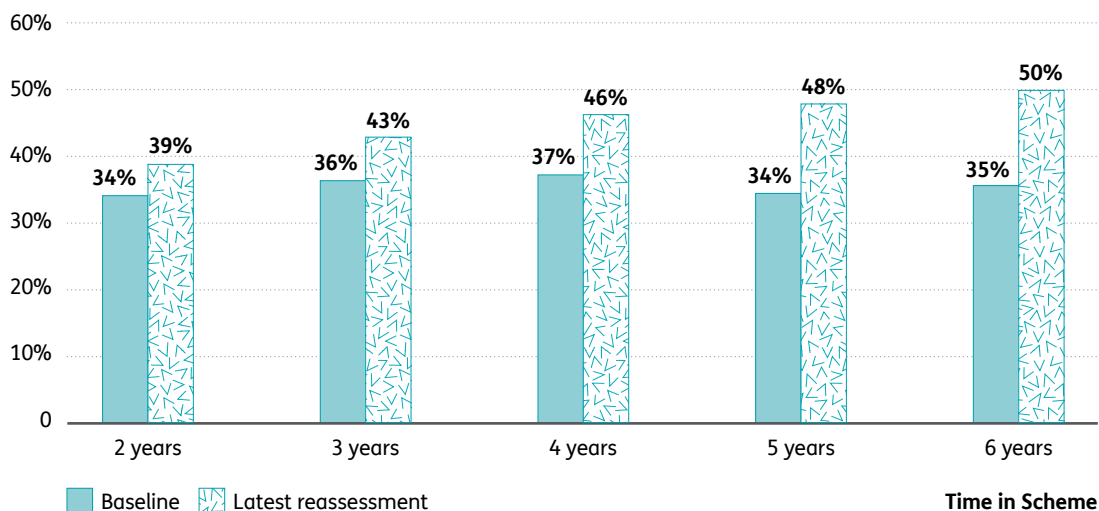
Participants aged 65 years and over



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 16: 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. For instance, the largest percentage increase was for participants in the 15 to 24 age group, consistent with participants entering the workforce for the first time. The percentage in a paid job 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 entry³⁸:

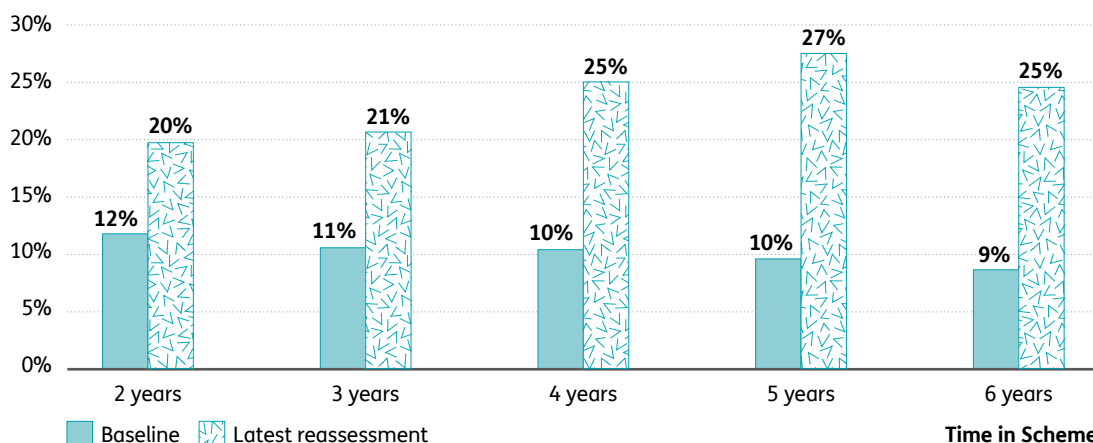
- **eleven** percentage point increase from **11%** to **22%** for participants aged 15 to 24 years.³⁹
- **one** percentage point increase from **28%** to **29%** for participants aged 25 to 34 years.
- **one** percentage point decrease from **28%** to **27%** for participants aged 35 to 44 years.
- **two** percentage point decrease from **25%** to **23%** for participants aged 45 to 54 years.
- **four** percentage point decrease from **19%** to **15%** for participants aged 55 to 64 years.⁴⁰
- **four** percentage point decrease from **13%** to **9%** for participants aged 65 years and older.⁴¹
- **one** percentage point increase from **21%** to **23%** for participants aged 15–65 years.

The overall result of 23 per cent compares to a 2022–23 target of 26 per cent.

The increase in participation in work for participants aged 15 to 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 20 per cent, compared with participants who have been in the Scheme for five years, where the increase was from 10 per cent to 27 per cent. There was also an increase for those in the Scheme for six years, from 9 per cent to 25 per cent (so a slightly lower increase than for those in the Scheme for five years, although there is more volatility for the six year cohort due to the lower number of responses).

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 15 to 24 years



³⁸ Figures have been rounded to the nearest whole percentage.

³⁹ 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.

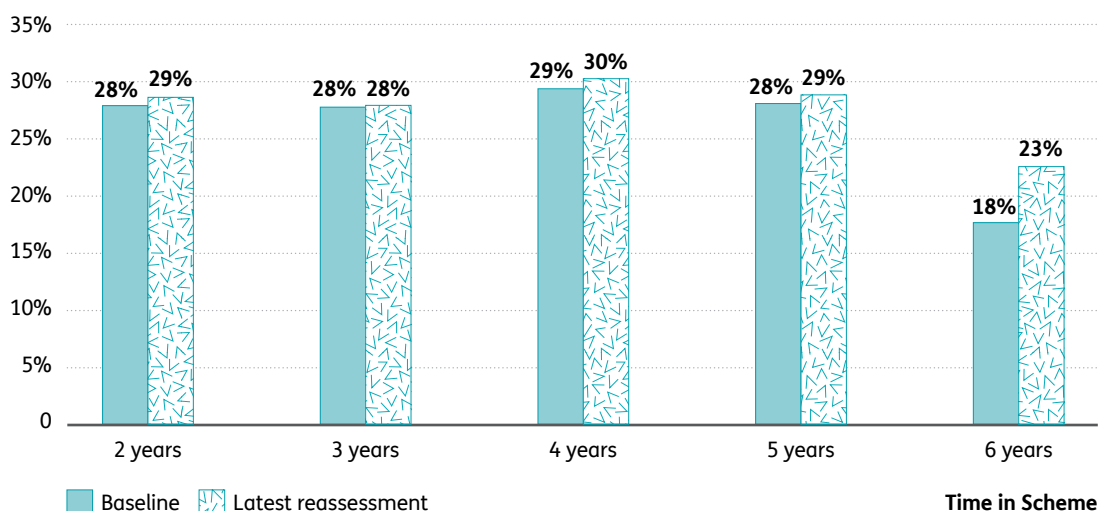
⁴⁰ Some of the decrease for older age groups is due to participants retiring from the workforce.

⁴¹ Ibid.

The percentage in work for participants aged 25 to 34 has not changed materially for participants who have been in the Scheme for two to five years. For those in the Scheme for two years, the percentage increased from 28 per cent to 29 per cent. However, for participants who have been in the Scheme for six years, the percentage increased from 18 per cent to 23 per cent, noting that the number of observations in this group is low relative to other cohorts and the observations may be volatile as a result.

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

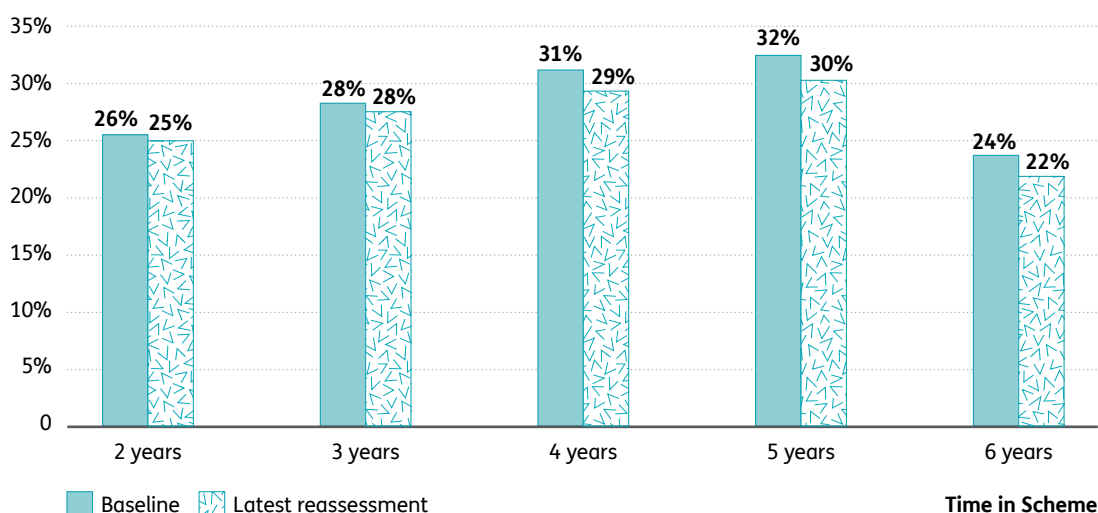
Participants aged 25 to 34 years



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 24 per cent to 22 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

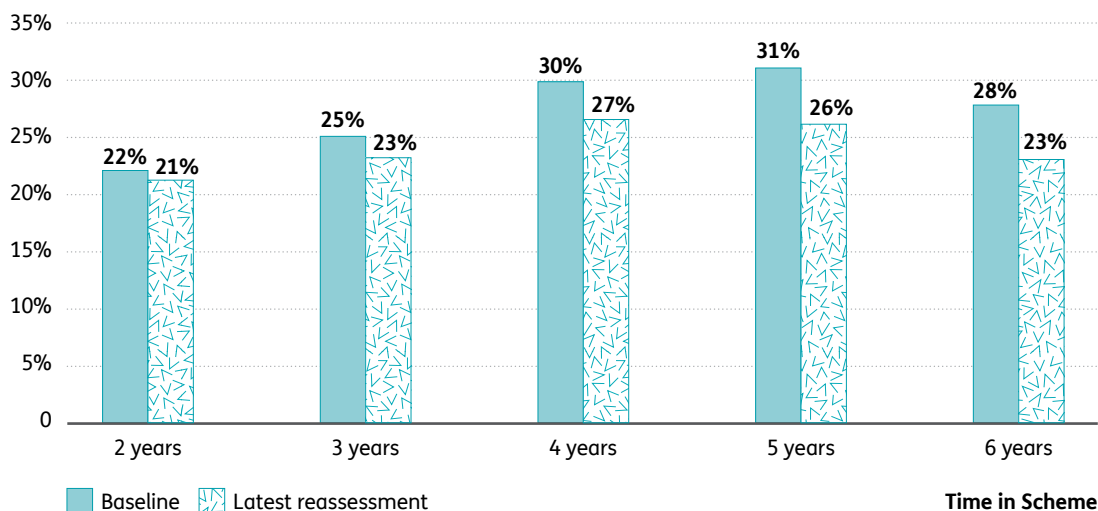
Participants aged 35 to 44 years



For participants aged 45 to 54, the percentage in work has decreased for all durations by one to five 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 28 per cent to 23 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

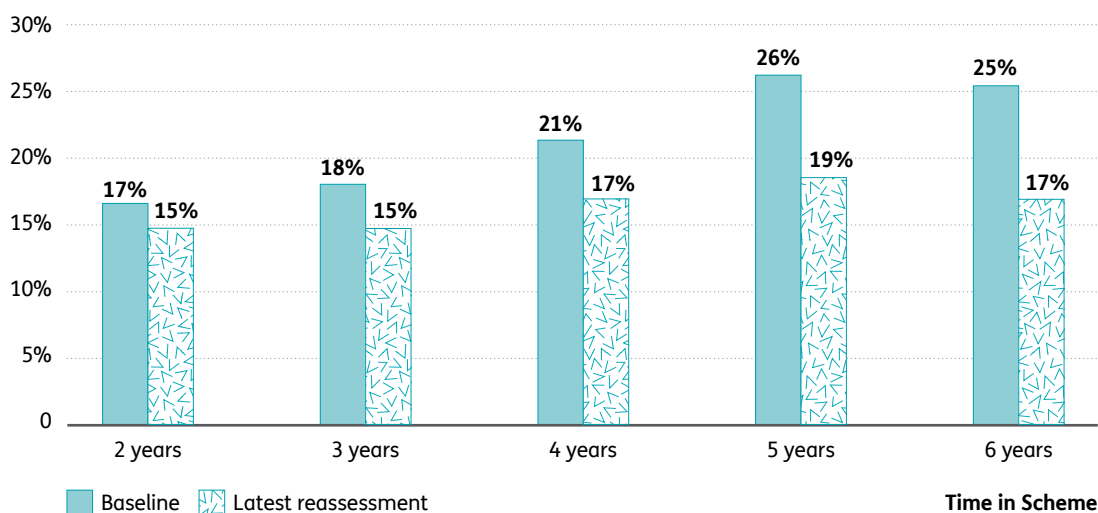
Participants aged 45 to 54 years



For participants aged 55 to 64, some of whom may have retired, 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 17 per cent.

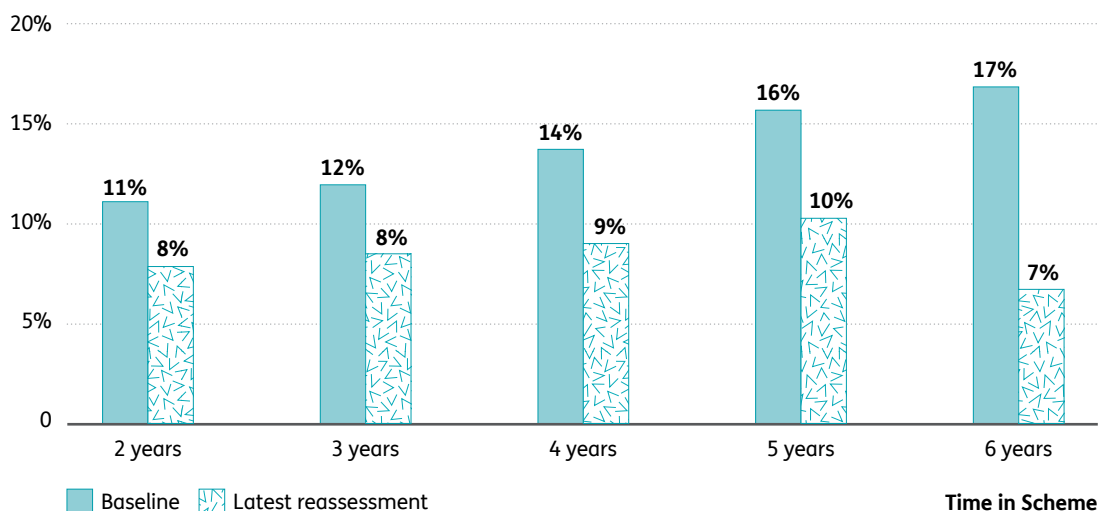
Figure 21: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4, 5 or 6 years

Participants aged 55 to 64 years



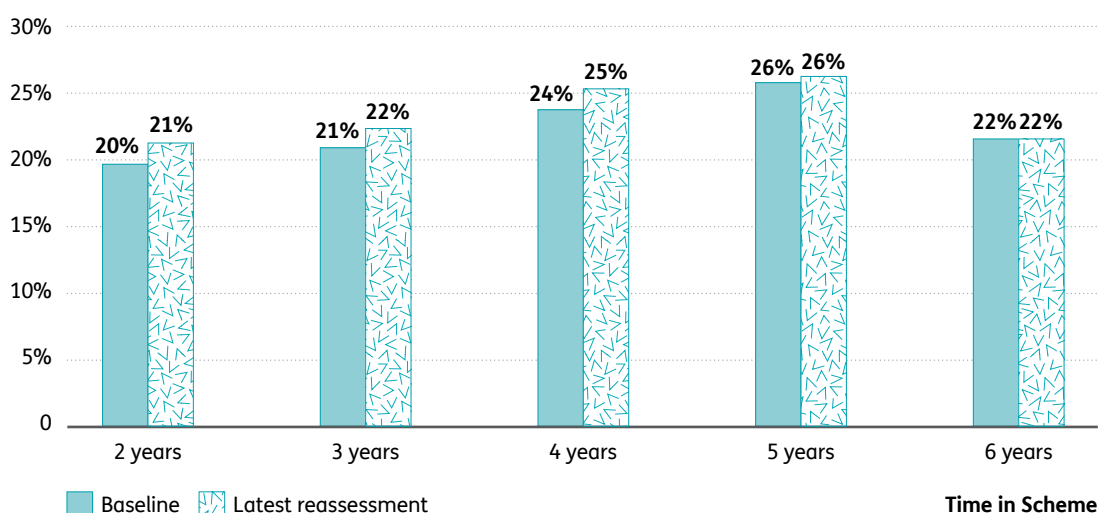
For participants aged 65 and over, many of whom may have retired, the percentage in work has decreased for all durations by three to ten percentage points. For participants in the Scheme for two years, the decrease was 11 per cent to eight per cent, compared with participants who have been in the Scheme for six years, where the decrease was 17 per cent to seven 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 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. For participants who have been in the Scheme for six years, the percentage of participants in work has been stable, remaining at 22 per cent.

Figure 23: 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



Family/carer employment rate

As for participants, it should be noted that the global COVID-19 pandemic that took hold from early 2020 has had an impact on family/carer employment (and other indicators).

The percentage of parents/carers in a paid job for participants who have been in the Scheme for at least two years has improved over time. Specifically, comparing responses at the most recent plan reassessment (between two and six years after entry) with responses at Scheme entry, there has been a:

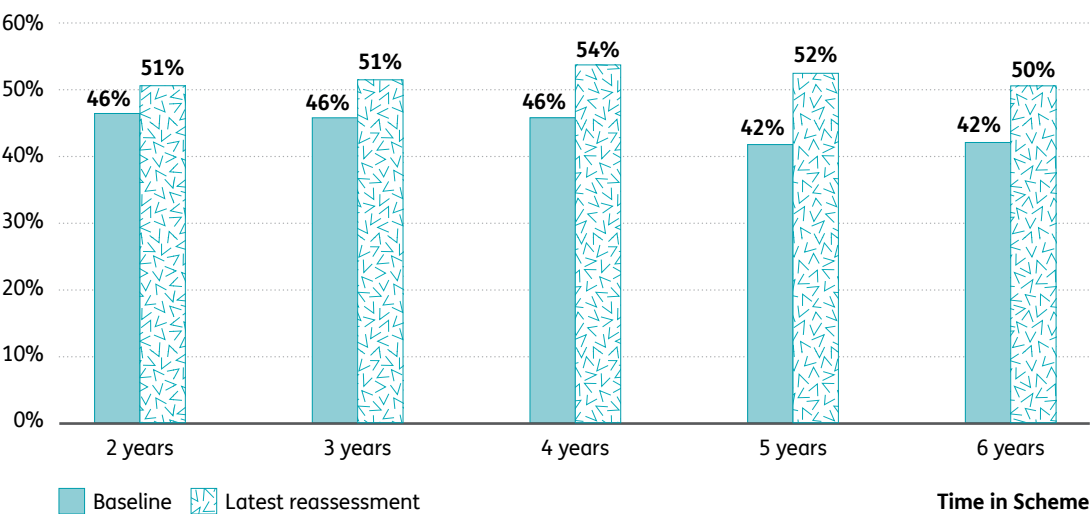
- **five** percentage point increase from **46%** to **51%** for parents/carers of participants aged 0 to 14 years
- **one** percentage point increase from **47%** to **48%** for parents/carers of participants aged 15 years and over.

Overall, for parents/carers of all participants, there has been a four percentage point increase, from 46 per cent to 50 per cent. This compares to a 2022–23 target of 50 per cent.

For families and carers of participants aged 0 to 14, the percentage in work tends to improve more the longer the participant has been in the Scheme. For those in the Scheme for two years, the families and carers employment rate increased from 46 per cent to 50 per cent, compared to 42 per cent to 52 per cent for those who have been in the Scheme for five years, and 42 per cent to 50 per cent for those in the Scheme for six years.

Figure 24: Change in the percentage of families and carers of participants in work who have been in the Scheme for 2, 3, 4, 5 or 6 years

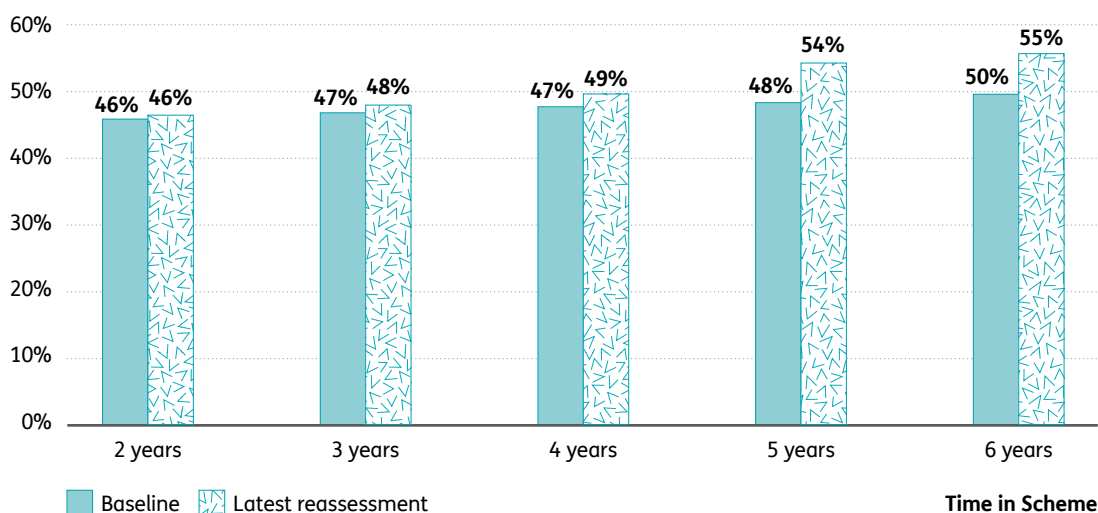
Families and carers of participants aged 0 to 14



For families and carers of participants aged 15 and over who have been in the Scheme for two to four years, the percentage in work increased marginally (by one to two percentage points) from baseline to latest reassessment. Improvements for those in the Scheme for five or six years were larger, at six percentage points.

Figure 25: Change in the percentage of families and carers of participants in work who have been in the Scheme for 2, 3, 4, 5 or 6 years

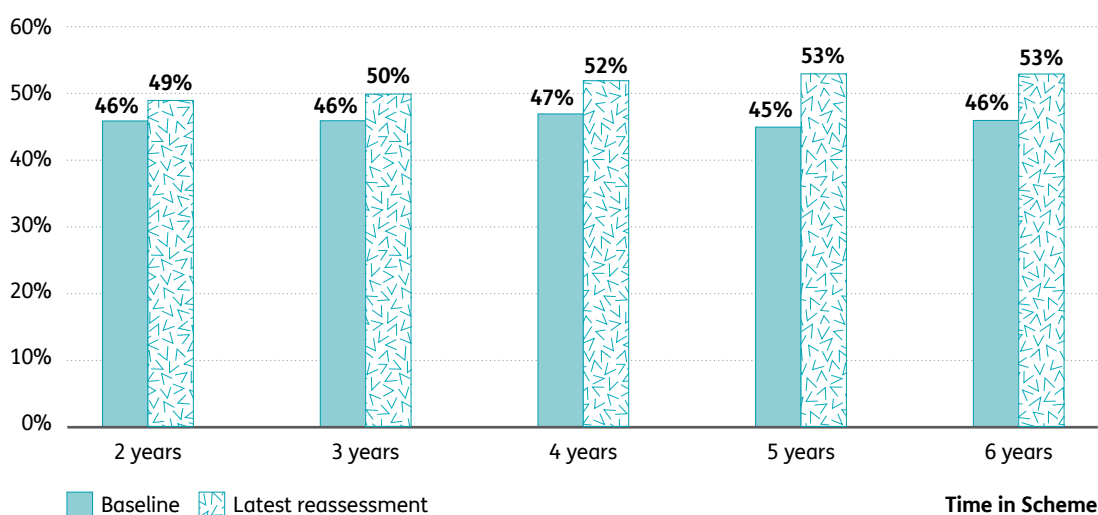
Families and carers of participants aged 15 and over



Considering all families and carers of participants in the Scheme for at least two years, larger improvements in the percentage in work are seen where the participant has been in the Scheme for longer. For instance, 46 per cent of those who have been in the Scheme for two years were in work at baseline, compared to 49 per cent at second reassessment. Those in the Scheme for five years improved from 45 per cent at baseline to 53 per cent at latest reassessment, and those in the Scheme for six years improved from 46 per cent to 53 per cent.

Figure 26: Change in the percentage of families and carers of participants in work who have been in the Scheme for 2, 3, 4, 5 or 6 years

Families and carers of participants of all ages



NDIS Participant Employment Strategy

The NDIS Participant Employment Strategy and 2021–22 Participant Employment Action Plan concluded in December 2022. In setting priorities for 2023 and beyond, the Agency will:

- Review the outcomes over the last three years to assess progress.
- Confirm the Agency's commitment to improving employment outcomes for participants and responding to the changed employment landscape.
- Develop an Action Plan for 2023, to maintain our focus on employment outcomes.

Consultation with key stakeholders including the NDIA Participant Reference Group has commenced and further consultation on the development of the Action Plan for 2023 is planned for early 2023. The Action Plan will be underpinned by greater alignment with the Australian Disability Strategy and the Department of Social Services Employ My Ability – Disability Employment Strategy, both released in 2021.

Building aspiration for employment and achieving outcomes remains a key focus for the NDIA. There has been an increase in employment goals in participant's plans to 37 per cent by 30 June 2022. For participants aged 19 to 24 years, employment goals in participant's plans have increased to 59 per cent by 30 June 2022. The participant employment rate has increased to 23 per cent for people who have been in the Scheme for two or more years.

Sharing key insights on employment supports for young participants

In October 2022, the Agency published the School Leaver Participants Employment Survey Outcomes Report detailing the experience of participants who received school leaver employment supports in 2018 and/or 2019. The report is based on the results of a survey to understand participant's experience of these supports, the outcomes they achieved and how they think supports could be improved.

The first Provider Quarterly Report – School Leaver Employment was also published in October 2022 and contains the aggregated data received from Providers from January to December 2021. The Provider Quarterly Report will be released on a regular basis to provide valuable insights on participants experience and outcomes achieved and the factors that contributed towards positive employment outcomes.

Improving pathways from school to work

The Agency's Codesign and Engagement teams have worked in partnership with State and Territory education departments to deliver 33 Pathways to Post School Life information sessions across the country.

These sessions assist students with disability, their parents and carers and education professionals to understand the NDIS and mainstream supports available to help young people to successfully transition from school to work. They also facilitate connections with Local Area Coordinator partners to ensure people can navigate and connect to appropriate supports.

2.4 Perceptions of whether the NDIS has helped

Participants have positive perceptions across most domains and for the different age groups. However, the percentage of positive responses varies by domain and age group.

At each plan reassessment, participants are asked whether the NDIS has helped with areas related to each domain. For these questions, longitudinal change is measured from first plan reassessment, since the Scheme has not had an opportunity to help at baseline. Results shown in this section compare responses provided at the first plan reassessment with those from later reassessments, for participants entering the Scheme since 1 July 2016 and who have been in the Scheme for at least two years

Participant choice and control

The choice and control metric for participants aged 15 and over is based on the question “Has the NDIS helped you have more choices and more control over your life?”

Positive perceptions of whether the NDIS has helped with choice and control have increased for the latest reassessment compared to the first reassessment across all age bands. Older participants tend to have higher levels of satisfaction. Specifically, the percentage who think that the NDIS has helped them have more choices and more control over their life showed:

- **nine** percentage point increase from **61%** to **70%** for participants aged 15 to 24 years
- **eleven** percentage point increase from **66%** to **77%** for participants aged 25 to 34 years
- **ten** percentage point increase from **69%** to **78%** for participants aged 35 to 44 years
- **ten** percentage point increase from **69%** to **79%** for participants aged 45 to 54 years
- **ten** percentage point increase from **71%** to **81%** for participants aged 55 to 64 years
- **eleven percentage point increase from 71% to 82% for participants aged 65 years and older.**

Overall, for participants aged 15 and over, there has been a ten percentage point increase, from 66 per cent to 77 per cent. This compares to a 2022–23 target of 75 per cent.

Other “Has the NDIS helped?” questions

For children aged from birth to before starting school, results have improved across all domains.

Figure 27 shows the percentages responding positively at first review and at latest review, as well as the change between the two time points.

Figure 27: “Has the NDIS helped?” – participants aged from birth to before starting school⁴²

Domain	First review %	Latest review %	Percentage point change
Daily living: child’s development	91	94	+3
Daily living: access to specialist services	91	95	+3
Choice and control (child’s ability to communicate what they want)	83	86	+4
Relationships (fitting into family life)	77	83	+6
Social, community and civic participation (fitting into community life)	63	70	+7

Improvements were slightly stronger for fitting into family and community life (although results for these domains started off at a lower level and hence had more scope to improve).

For children aged from starting school to age 14, results are generally less positive than for the younger age group but show stronger improvement over time.

Figure 28 shows the percentages responding positively at first review and at latest review, as well as the change between the two time points.

Figure 28: “Has the NDIS helped?” – participants from starting school to age 14

Domain	First review %	Latest review %	Percentage point change
Daily living (independence)	61	73	+12
Lifelong learning (access to education)	41	50	+9
Relationships (with family and friends)	50	60	+10
Social, community and civic participation (social and recreational life)	45	53	+8

For young adults aged 15 to 24 years, Figure 29 shows the percentages responding positively at first review and at latest review, as well as the change between the two time points.

⁴² Figures in this section have been rounded to the nearest whole percentage.

Figure 29: “Has the NDIS helped?” – participants aged 15 to 24

Domain	First review %	Latest review %	Percentage point change
Choice and control	61	70	+9
Daily living	60	72	+12
Relationships	50	54	+4
Home	22	21	–1
Health and wellbeing	43	50	+7
Lifelong learning	36	37	+1
Work	18	17	–1
Social, community and civic participation	55	62	+7

From Figure 29, the largest improvement over time in the Scheme has been observed for the daily living domain (+12 percentage point change). Strong improvements have also been observed for choice and control (+9), relationships (+4), health and wellbeing (+7) and social, community and civic participation (+7). Lifelong learning showed a marginal increase (+1), and there were slight declines for home and work⁴³.

For participants aged 25 years and over, perceptions tend to be more positive than for those aged 15 to 24, and the older adult group also shows a stronger improvement over time. Figure 30 shows the percentages responding positively at first review and at latest review, as well as the change between the two time points.

Figure 30: “Has the NDIS helped?” – participants aged 25 and over

Domain	First review %	Latest review %	Percentage point change
Choice and control	69	79	+10
Daily living	72	84	+12
Relationships	52	62	+10
Home	30	35	+5
Health and wellbeing	51	61	+10
Lifelong learning	30	32	+2
Work	19	19	0
Social, community and civic participation	59	69	+10

From Figure 30, the largest improvements over time in the Scheme have been observed for daily living (+12 percentage point change), and choice and control (+10). Strong improvements have also been observed for relationships (+10), health and wellbeing (+10) and social, community and civic participation (+10). By contrast with the younger adult group, there was an improvement for the home domain (+5). Similar to the younger adult group, lifelong learning showed a marginal increase (+2), and there was no material change for work.⁴⁴

⁴³ Figures in this section have been rounded to the nearest whole percentage.

⁴⁴ Noting that the education and housing systems have a major role to play in the lifelong learning and home domains.

Results continue to improve with time in Scheme

Responses tend to become more positive 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 31: Has the NDIS improved how your child fits into community life?⁴⁵

For children aged 0 to before starting school

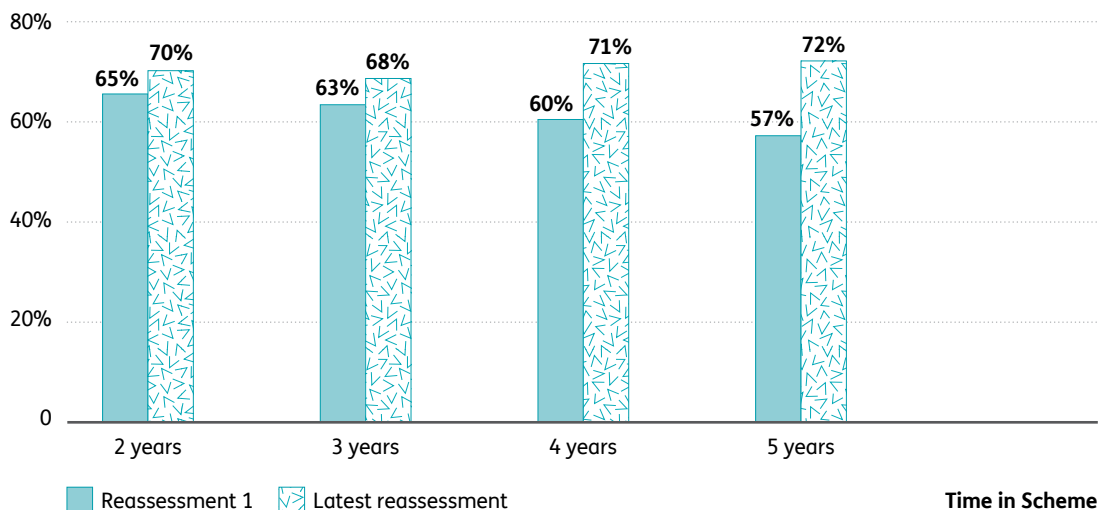
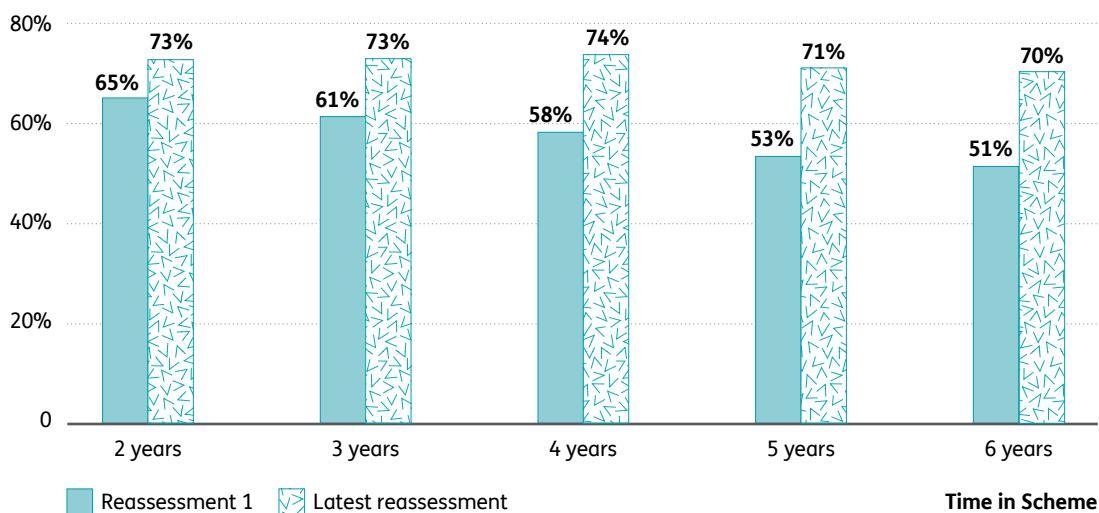


Figure 32: Has the NDIS helped your child to become more independent?

For children starting school to 14 years



⁴⁵ There were not enough participants in the Scheme for 6 years for the result to be shown.

Figure 33: Has the NDIS helped you with daily living activities?

For young adults aged 15 to 24 years

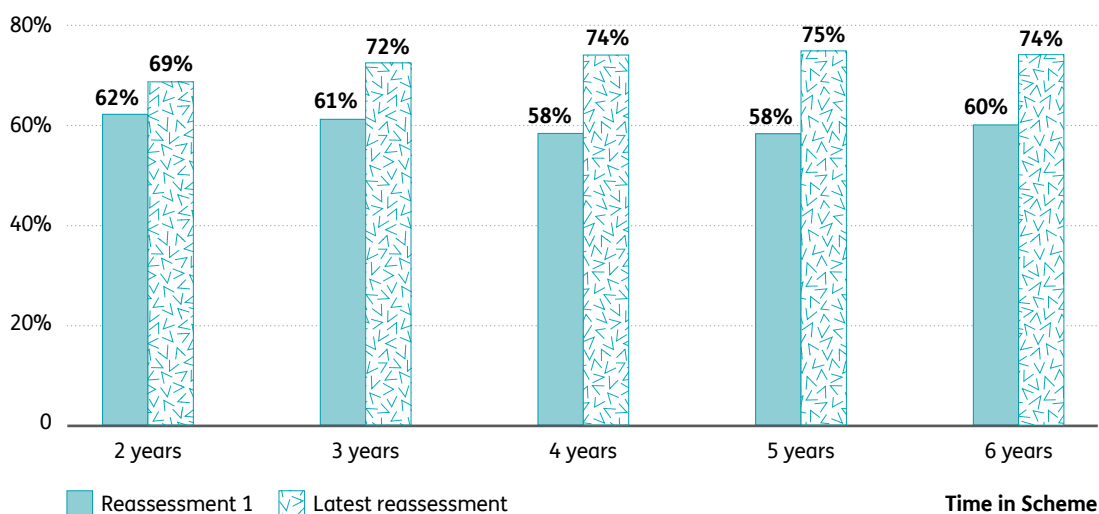
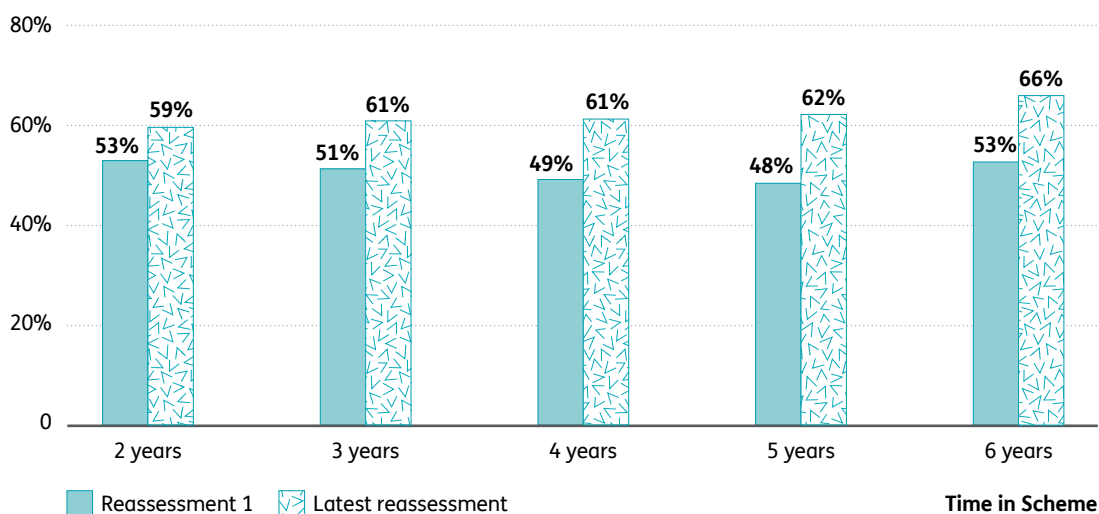


Figure 34: Has your involvement with the NDIS improved your health and wellbeing?

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.



Justin's paid employment role provides strong sense of purpose



Nearly 6 years after **Justin**, 24, first started working at the Glenwood Public School, he continues to be a valued employee and an important member of the school community.

"Justin is a very positive presence in our school. He lifts people's spirits and is part of our school community," Glenwood Public School Principal Jay McInney says.

Justin, who lives with a moderate intellectual disability and autism, began working at Glenwood Public School in 2016 after he set himself the goal of finding a job after leaving school.

With School Leaver Employment Support funded through the NDIS, Justin connected with local employment provider JobSupport.

The provider worked with Justin to help build his skills and confidence before supporting Justin to secure an ongoing position at the school.

Today, Justin is a well-known and much-loved member of school staff who is passionate about his work and has built solid connections with other staff.

"I love working at the school," Justin says. "Everyone is nice. I have a staff uniform and a name badge. I like doing different jobs like laminating and organising the books. It makes me happy."

Justin's employment continues to be supported through his NDIS plan, which also provides funding for support workers and transport assistance to and from work.

Justin's mother Carmen says her son's work provides him with a daily routine and strong sense of purpose he might otherwise not have.

"He feels important that he's working because he feels that he's doing something good, which makes him very happy," Carmen says.

Section three:

Participant experience





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** 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 Participant Service Improvement Plan.

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

3.1 Participant Service Improvement Plan

Progress is being made against the Participant Service Improvement Plan deliverables.

The NDIA’s Service Improvement Plan is the key to making real the promises in the Participant Service Charter and Participant Service Guarantee. It sets out what the NDIA and partners are going to do to deliver a NDIS that meets expectations.⁴⁶ The NDIA updated the Service Improvement Plan in 2022 to better reflect the activities underway to deliver on the Participant Service Guarantee.

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 Service Improvement Plan. 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:

Participant Service Improvement Plan Commitment	What have we delivered?
We will have new systems to make sure providers are paid promptly and accurately, so your support is not interrupted	The NDIA have enhanced controls and processes as part of the claims and payments build of the new ICT system. This quarter, the controls for core budget claims have been implemented, and there have been some improvements to payment issues associated with service bookings in the ICT system. The NDIA will continue to provide ongoing enhancements to ensure support is uninterrupted for participants.

⁴⁶ 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.

Participant Service Improvement Plan – commitments and progress

The NDIA introduced a refreshed Participant Service Improvement Plan 2022–23 to ensure the Service Improvement Plan closely reflected improvements that participants want to see. The Service Improvement Plan 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 Service Improvement Plan 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 remains committed to an improved digital experience by delivering more options for participants to access forms and services that supports decision making and access to disability supports. The commitments to enable participants to use online forms and to track applications online will be progressed alongside the national roll-out of the new ICT system due for delivery in 2024.

The NDIA is working with participants to improve the online experience of using the myNDIS participant portal. The new participant portal pilot will be completed throughout 2023. The valuable feedback received will be used to guide the direction of building a more accessible and user-friendly portal.

Participant Service Improvement Plan 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 National Contact Centre (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 24
You will be able to track where your application or inquiry is up to online	Jun 24
The website and portal will be clearer and easier to use	Jun 24

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 test in Tasmania to improve the ability for staff to communicate reasons for these decisions. Feedback from the Tasmanian test will improve the decision letters and the participant experience overall. Once the national roll-out of the new ICT system commences, all decision letters will have an explanation of decisions made.

Participant booklets and web content have been reviewed and updated to reflect the changes to the National Disability Insurance Scheme Act 2013 (NDIS Act) in July 2022. Improved letters, booklets and fact sheets with clear information and next steps are being evaluated from November 2022 as part of the Tasmania test of our new ICT system. Feedback received from this test will be considered as part of any updates in time for a national roll out planned for mid-2023.

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 makes 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. Only a few guidelines remain to be updated and they will be added as they are developed and released in logical groupings.

Participant Service Improvement Plan 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 apace 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 continues to improve and implement the new Community Connectors process using the new ICT system. This system will be rolled out to the broader population outside the test in the middle of 2023, connecting children with a disability to an early connections plan and adults with a disability to a community connections plan in the pre access to NDIA phase. These plans will drive discussions on opportunities for greater connections to local community and mainstream services.

People with a disability who are not granted access to the NDIS are still connected to a community partner who can facilitate connection to mainstream and community services. This will mean that all participants who ultimately do not gain access to the Scheme are still offered and provided with opportunities to link them to community supports.

Participant Service Improvement Plan 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 do not gain access to the NDIS	Jun 23

Making your plan

The NDIA is on track to delivering ICT system enhancements to improve the way participants' statements and goals are recorded in the new ICT system.

In addition, the NDIA 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. These system enhancements are currently being tested and will roll out with other broader system changes in the middle of 2023.

The NDIA is building more do-it-yourself online plan tools, including developing a digital resource to enable participants to find relevant information to help them use their NDIS plan more effectively, which includes useful tools and calculators.

Work is also underway to support videoconferencing as an option for planning meetings.

Participant Service Improvement Plan Commitment	Expected completion
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 ⁴⁷	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 23
We will support more video-conference planning meetings	Dec 23

⁴⁷ Noting face-to-face meetings with LACs can already be requested.

Using your plan

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 engaging in market interventions in collaboration with stakeholders, the NDIA has supported the development of healthier markets in 25 remote and very remote communities. The NDIA have completed 4 market interventions, and a further 21 projects are underway in remote and very remote markets in Western Australia, Northern Territory, Queensland, South Australia, and New South Wales.

In October 2022, the Commonwealth, State and Territory disability ministers discussed the need to address barriers to NDIS access and service delivery in thin markets, including for particular support types, First Nations and culturally diverse communities, and regional and remote Australia. The ministers agreed to continue to engage with communities, and State and Territory governments to use more flexible approaches to address thin markets.

These projects have commenced evaluation, with an Evaluation Report to be released in 2023. The findings of the evaluation and the NDIS Review will inform our approach to delivering better NDIS services in remote and very remote communities.

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, collaborating with key stakeholders in the community to achieve better integration and availability of disability support services.

Participant Service Improvement Plan 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	Jun 23
We will make it easier to self-manage your plan, with appropriate data sharing, support and controls in place; and to move easily between self-managing your plan 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 Claims at Point of Support (C-POS) solution to enhance efficiency and ensure a quality experience for participants. A dedicated team has commenced pilot consultation with a small group of participants to refine the approach before consultation with a wider group of participants, providers, and the sector. This consultation will support design work with Commonwealth Bank of Australia (CBA) to ensure the C-POS system delivered suits the needs of the Scheme. The consultation work is due to commence early 2023 with the aim of allowing participants to claim directly from their plan.

Furthermore, the NDIA have enhanced controls and processes as part of the claims and payments build of the new system. This quarter, the controls for core budget claims have been implemented, and there have been some improvements to payment issues associated with service bookings in the new ICT system. The NDIA will continue to provide ongoing enhancements to ensure support is uninterrupted for participants.

The NDIA has started rolling out improvements in functionality to the myNDIS participant portal in Tasmania, with similar improvements due to be rolled out in the myNDIS app in early 2023. Furthermore, simplification and improvements to language on these platforms are underway.

Participant Service Improvement Plan Commitment	Expected completion
We will have new systems to make sure providers are paid promptly and accurately, so your support is not interrupted	✓
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	Jun 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. The 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.

Participant Service Improvement Plan 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

The NDIS aims to improve how support is provided for participants with complex support needs and require critical supports. Design work is currently underway to develop a new Support Coordination Model with the aim of providing more focused and quality support coordination to address complex support needs in a timely manner.

Furthermore, the NDIS is committed to ensuring all participants in aged care are informed about their options to find age-appropriate accommodation through planning conversation and regular check-ins. The NDIA has established new processes focusing on ensuring participants who enter aged care have exhausted all available options to identify suitable housing options before proceeding to aged care accommodation. A new Accommodation Project Team has been established to support the diversion of pathways from aged care.

The NDIS will ensure that participants will have regular engagement with a consistent NDIS contact, and a single NDIS contact for households with more than one NDIS participant. The process for ensuring participants have regular and consistent contacts has been deployed in the new ICT system in Tasmania in November 2022.

Participant Service Improvement Plan 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 an 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	Mar 23
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	Jun 24
We will support you if you are a Young Person in Residential Aged Care to live elsewhere	Jun 24














3.2 Participant Service Guarantee

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

Performance against the service standards – December 2022











The NDIA commenced measuring performance against the Participant Service Guarantee 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 Participant Service Guarantee (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 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.

PSG	Service type	Description of the service being guaranteed	Service Guarantee	Performance in the December 2022 quarter	Comparison to target of 95%	Change from last quarter
1	General	Explain a previous decision, after a request for explanation is received	28 days	99%		↔
2	Access	Make an access decision, or request for more information, after an access request has been received	21 days	100%		↔
3	Access	Allow sufficient time for prospective participants to provide information, after NDIA has requested further information	90 days	97%		↔
4	Access	Make an access decision, after more information has been provided.	14 days	99%		↔
5	Planning	Commence facilitating the preparation of a plan, after an access decision has been made	21 days	96%		↔
6	Planning	Approve a participant's plan, after an access decision has been made (excludes those Early Childhood Approach that have received initial supports)	56 days	95%		↔
7	Planning	Approve a plan for ECA participants, after an access decision has been made	90 days	98%		↔
8	Implementation	Offer to hold a plan implementation meeting, after the plan is approved	As soon as reasonably practical ⁴⁸	Reporting will commence in the second half of 2023		
<div> <div>Comparison to target of 95%</div> <div>  95% and over  85%-95%  Less than 85% </div> </div> <div> <div>Change from last quarter</div> <div>  More than 3 percentage points higher  Within 3 percentage points  More than 3 percentage points lower </div> </div>						

⁴⁸ The average (mean) timeframe for this Participant Service Guarantee metric is 19 days and the median is 3 days.

Section three: Participant experience

PSG	Service type	Description of the service being guaranteed	Service Guarantee	Performance in the December 2022 quarter	Comparison to target of 95%	Change from last quarter
9	Implementation	If the participant accepts the offer, hold a plan implementation meeting	28 days	100%		↔
10	Implementation	Provide a copy of the plan to a participant, after the plan is approved	7 days	Reporting will commence in the second half of 2023		
11	Plan reassessment	Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date	56 days	77%*		↓
12	Plan reassessment	Decide whether to undertake a Participant Requested Plan reassessment, after the request is received	21 days	81%		↓
13	Plan reassessment	Complete a reassessment, after the decision to accept the request was made	28 days	71%		↑
14	Plan variations	Amend a plan, after the receipt of information that triggers the plan amendment process	28 days	94%		↔
15	Plan variations	Amend a plan, after receipt of information relating to a complex quote that triggers a plan amendment process	50 days	97%		↑
16	Plan variations	Provide a copy of the plan to a participant, after the plan is amended	7 days	Reporting will commence in the second half of 2023		
17	Reviewable decisions	Complete an internal Review of a Reviewable Decision, after a request is received	60 days	95%		↔
18	Reviewable decisions	Implement an AAT decision to amend a plan, after the AAT decision is made	28 days	97%		↔
19	Nominee	Cancel participant requested nominee	14 days	100%		↔
20	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.

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

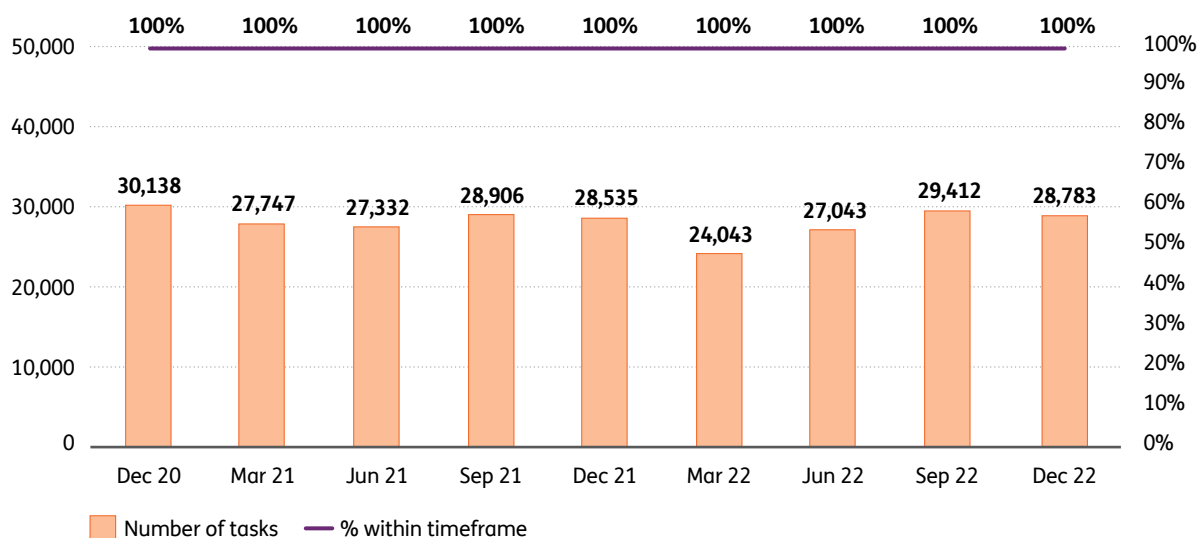
Key trends in Participant Service Guarantee metrics

The NDIA has consistently been meeting Participant Service Guarantee timeframes for access decisions and first plan approvals (for those aged 0–6 years) 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

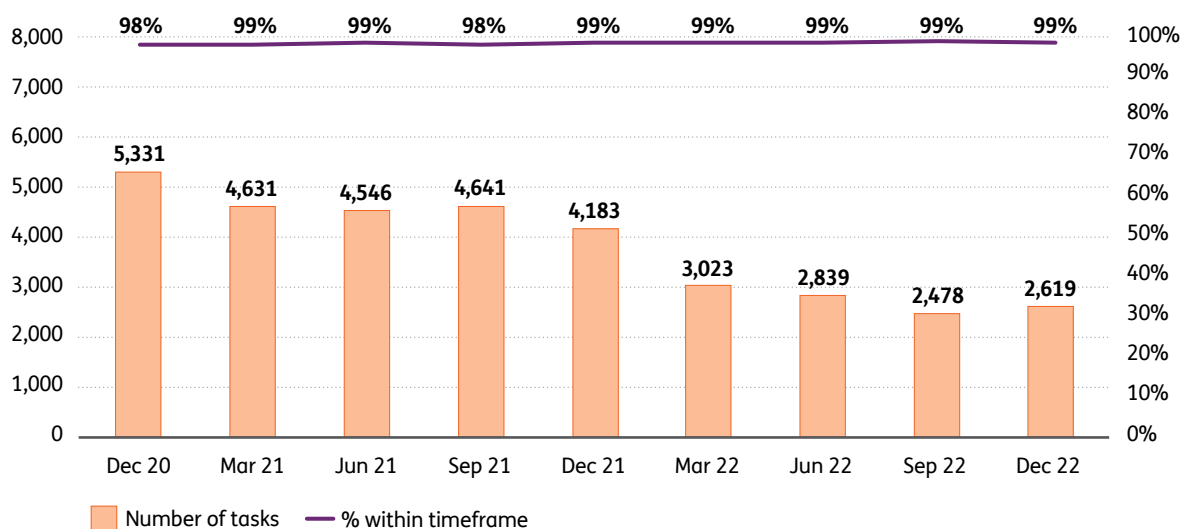
The NDIA has consistently met the 21-day timeframe in respect of access decisions over the last nine quarters.

Figure 35: PSG 2 - 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 36: PSG 4 - 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 December 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 March 2022 quarter reaching levels prior to the change in target timeframe. There was further improvement in the December 2022 quarter with 95 per cent of plans for those aged 7 and above approved in 56 days.

Figure 37: PSG 5 - Commence facilitating the preparation of a plan, after an access decision has been made⁴⁹

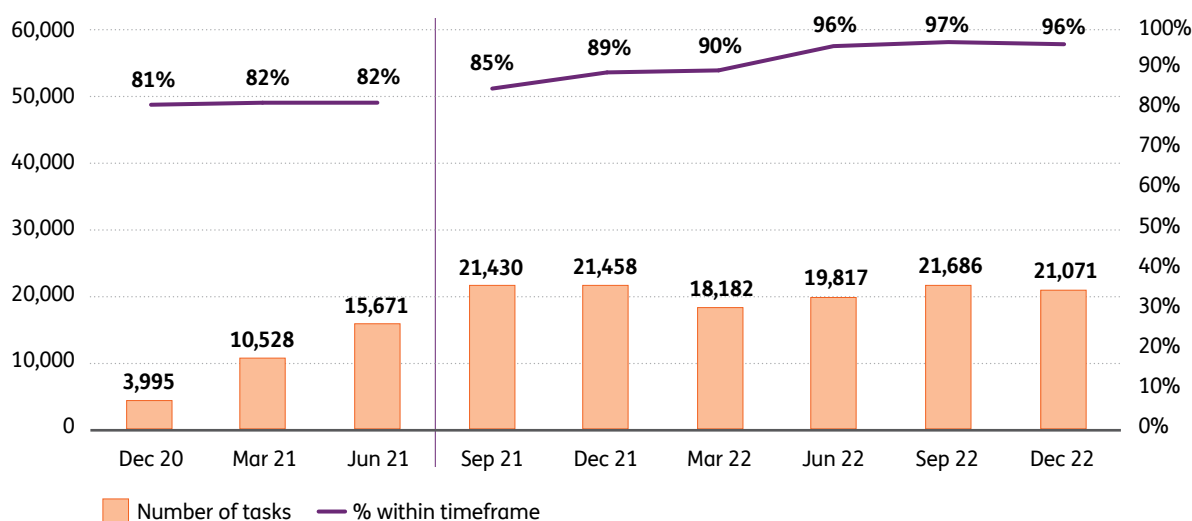
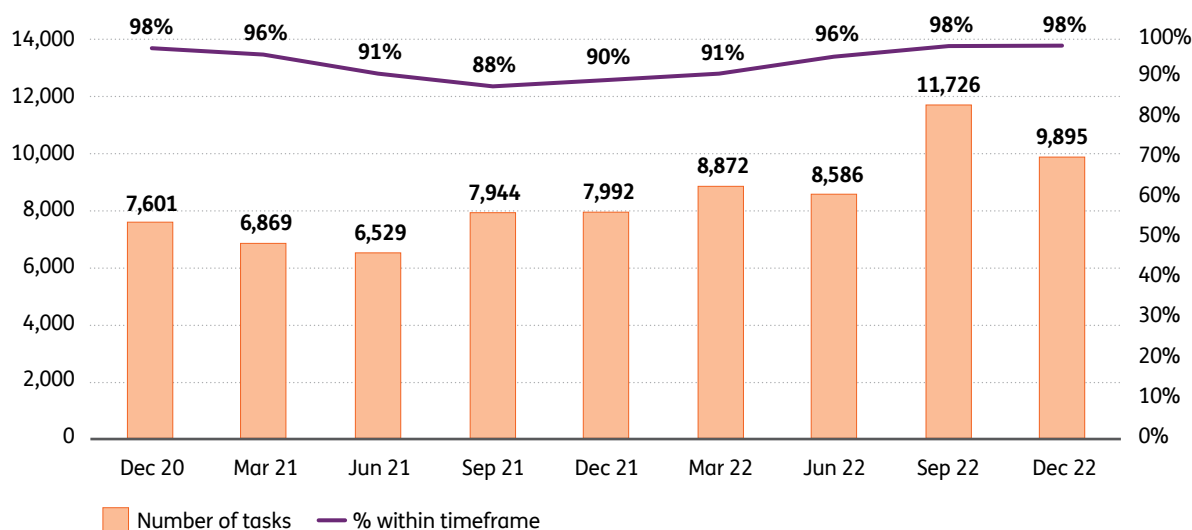
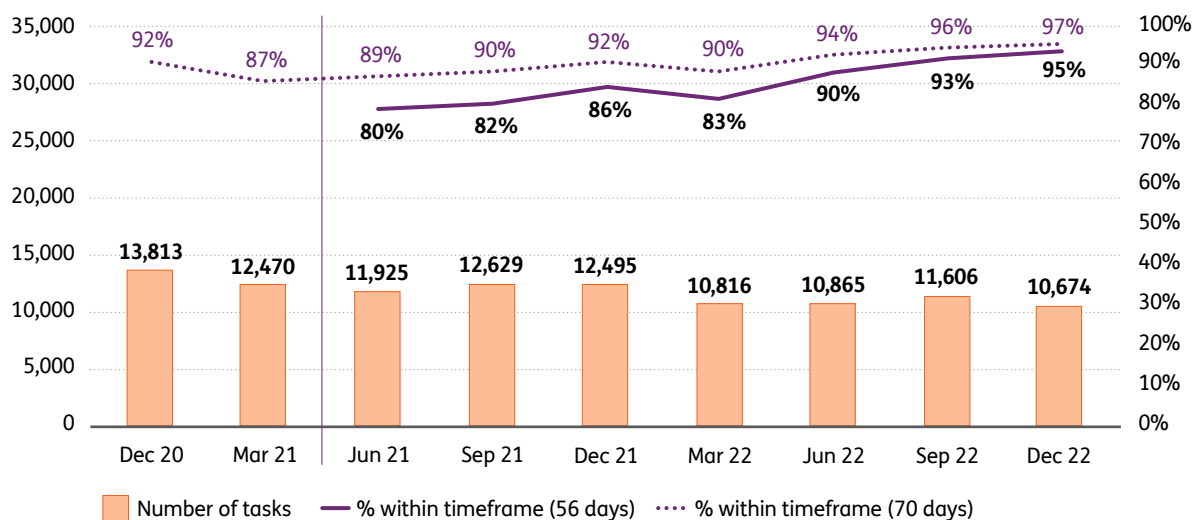


Figure 38: PSG 7 - First plan approved after access decision has been made, 0-6 years

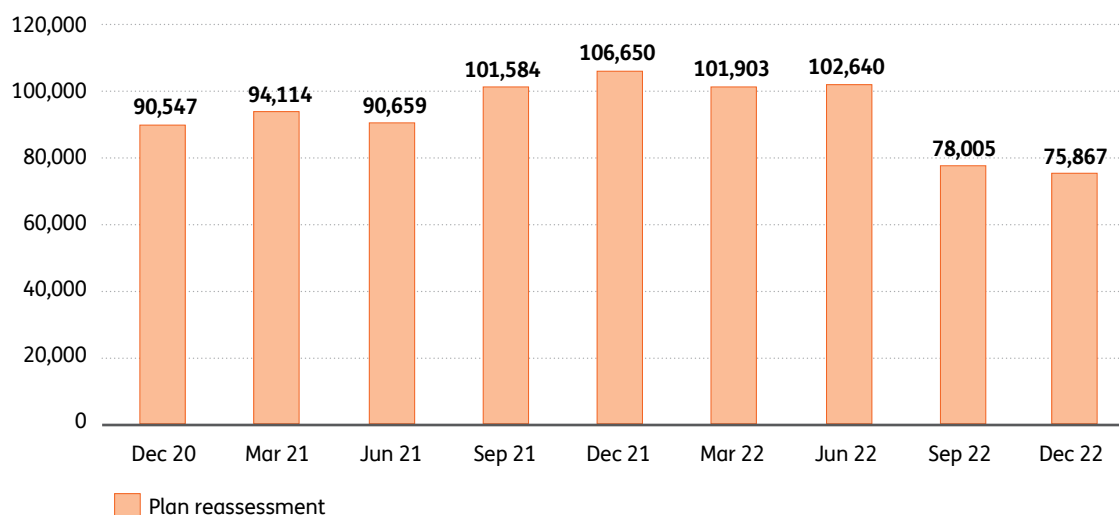


⁴⁹ New business processes have been implemented from July 2021.

Figure 39: PSG 6 - First plan approved after access decision has been made, 7+ years⁵⁰


Plan reassessment⁵¹

There were 75,867 plan reassessments conducted in the December 2022 quarter. There has been a reduction of plan reassessments from the September 2022 quarter 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. Of the 75,867 plan reassessments conducted in the December 2022 quarter, 52,669 (69 per cent) were initiated by the Agency and 23,198 (31 per cent) were requested by participants. AIPRs occur as plans are due to expire, and a new plan is required.

Figure 40: Number of plan reassessments by quarter⁵²


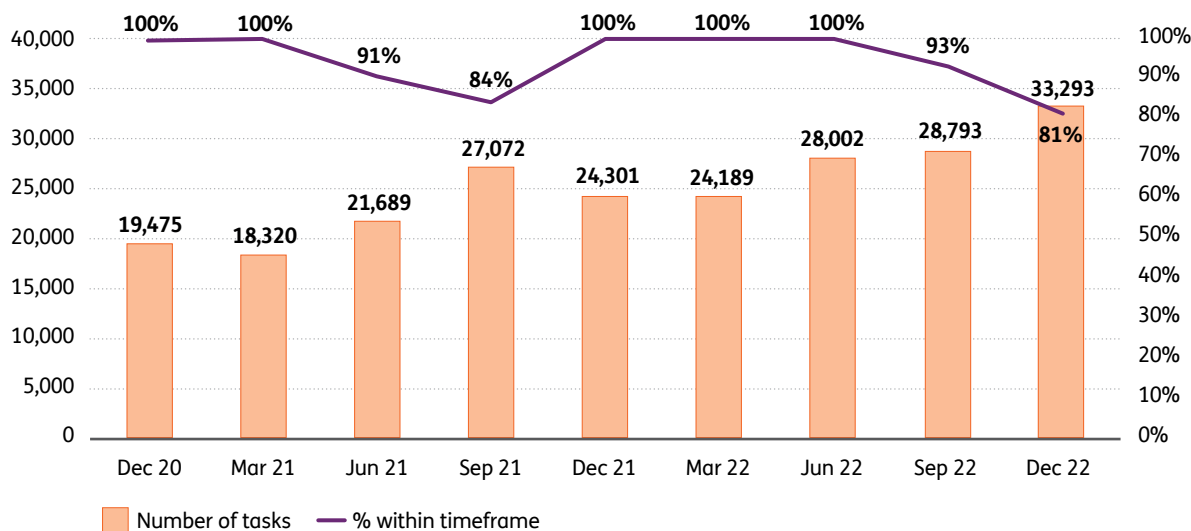
⁵⁰ The target timeframe for this metric has been reduced from 70 to 56 days in early 2021.

⁵¹ 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.

⁵² 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.

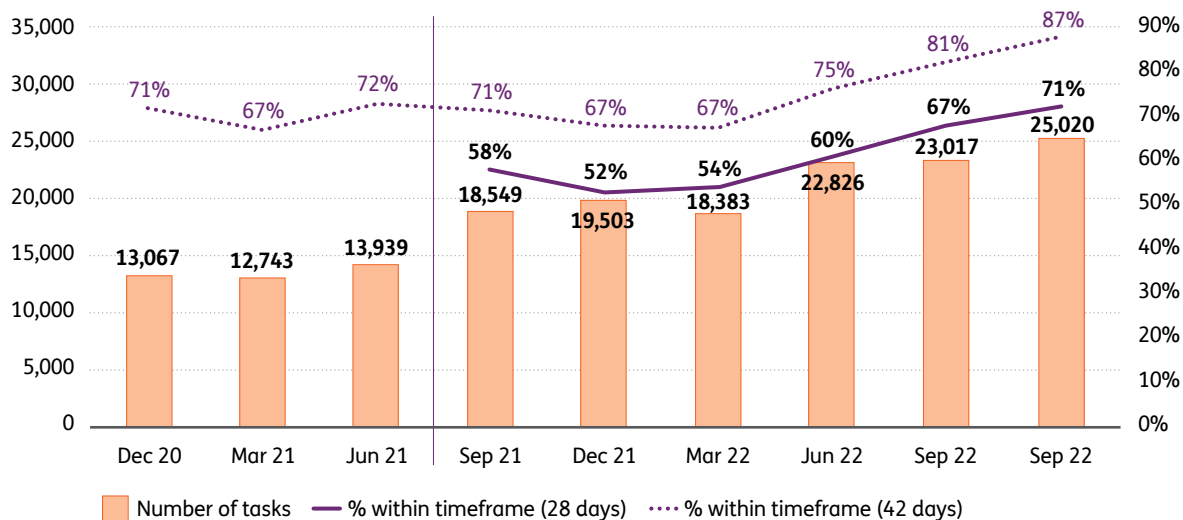
Decisions about whether or not to conduct a Participant Reassessment Request (PRR) were made within 21 days, 81 per cent of the time in the December 2022 quarter.

Figure 41: PSG 12 - 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 March 2022 quarter and have reached 71 per cent as at December 2022 based on the 28-day target timeframe, and 87 per cent based on the 42-day target timeframe.

Figure 42: PSG 13 - PRR completed after decision made to undertake reassessment⁵³

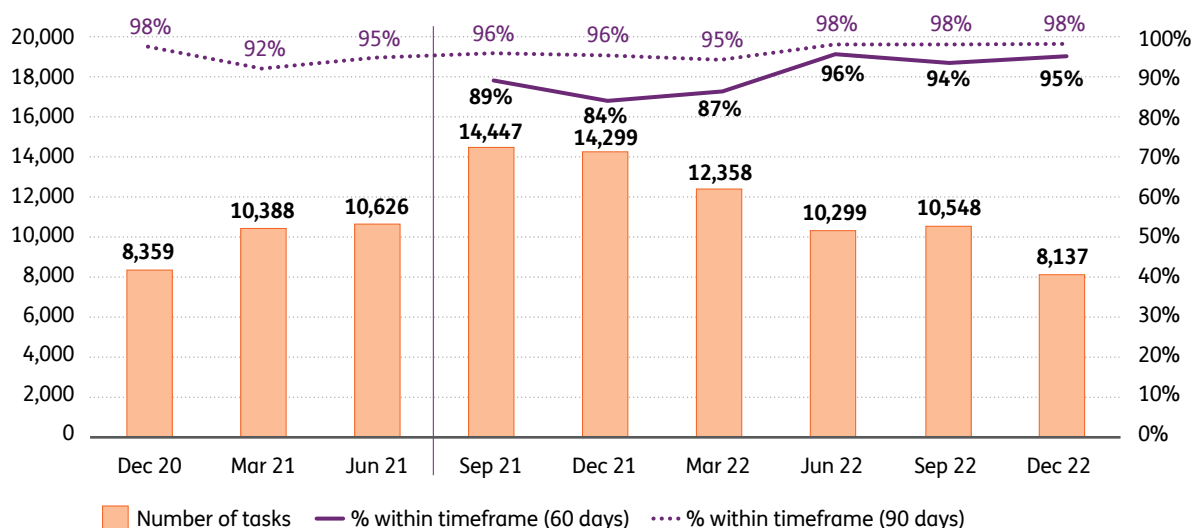


⁵³ In most cases, the results from September 2021 onwards are based on a 28-day timeframe but the results prior to September 2021 are based on a 42-day timeframe.

Reviewable decisions

The target timeframe for completing a Review of a Reviewable Decision (RoRD) 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 December 2021 quarter. The December 2022 quarter has 95 per cent of RoRDs within the target timeframe of 60 days, on par with levels based on the 90-day timeframe.

Figure 43: PSG 17 - Complete RoRDs after request is received⁵⁴



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.	60% on average throughout the December 2022 quarter (Section 3.4 in this report discusses this 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.	88% in the December 2022 quarter.

⁵⁴ 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.⁵⁵

- In the December 2022 quarter, **7,512** Home and Living applications were closed or implemented⁵⁶ and **72%** were finalised within 90 days. This compares with 8,620 applications closed or implemented in the September 2022 quarter.
- At 31 December 2022, **3,188** applications remained in-progress, a net decrease of **251** applications compared with September 2022. **2,614** in progress applications were waiting for a decision from a Home and Living delegate,⁵⁷ while a further **574**⁵⁸ were waiting for supports to be implemented in a plan.
- Approximately **4%** of the open applications have been in progress for 90 days or more, a decrease from 5% as at 30 September 2022. The number of in-progress applications awaiting plan implementation for 90 days or more has increased from 116 applications in September 2022 to **141** applications as at 31 December 2022.
- At 31 December 2022, **56%** or **1,792** open applications have been flagged as relating to PRR or RoRD requests.

Figure 44: Number 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 ⁵⁹	Open end of period number		
					Awaiting delegate decision	Awaiting Plan Implementation	Total
H&L Applications	3,092	7,691	7,512	83	2,614	574	3,188 ⁶⁰

Figure 45: 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 ⁶¹	<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	1,812	1,175	1,269	2,285	687	284	7,512	–	870	1,148	785	244	141	3,188
%	24%	16%	17%	30%	9%	4%	100%	0%	27%	36%	25%	8%	4%	100%

⁵⁵ The time taken for Participants to respond to requests for further information (RFI) has been removed from the duration.

⁵⁶ 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.

⁵⁷ 83 out of the 2,614 applications the NDIA is waiting on additional information from participants.

⁵⁸ 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.

⁵⁹ 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.

⁶⁰ There are 3,188 open home and living applications relating to 2,753 unique participants.

⁶¹ Due to system limitations it is not possible to accurately capture timeframes for all closed applications. This limitation predominantly affects timeframes of cancelled applications.

Figure 46: Number of open Home and Living applications by source and time taken from application to Plan Implementation

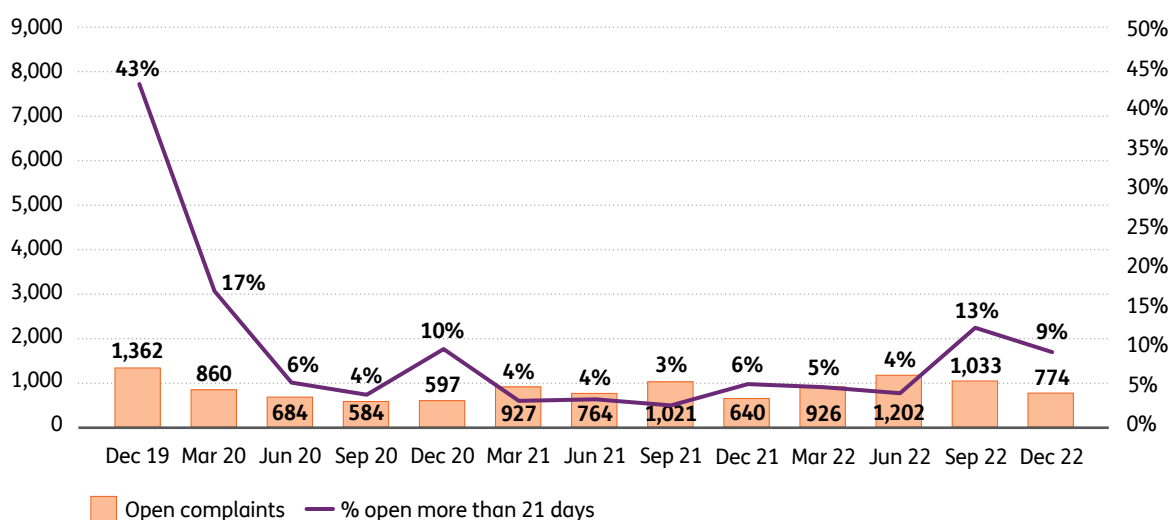
Application source	Duration of open applications in period					Total	%
	<14 days	<30 days	<60 days	<90 days	90+ days		
PRR	303	626	273	52	27	1,281	40%
RoRD	113	142	175	40	41	511	16%
AIPR	327	134	92	27	25	605	19%
Scheduled Plan Review (SPR)	127	246	241	120	35	769	24%
Missing	0	0	4	5	13	22	1%
Total	870	1,148	785	244	141	3,188	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 Participant Service Guarantee metrics. This includes increasing the number of delegates to make Home and Living decisions and the number of staff 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 Administrative Appeals Tribunal (AAT) cases

Over recent quarters, the percentage of total complaints that have been open for more than 21 days has increased in the last two quarters compared to recent prior quarters with 9 per cent in the December 2022 quarter still open after 21 days.

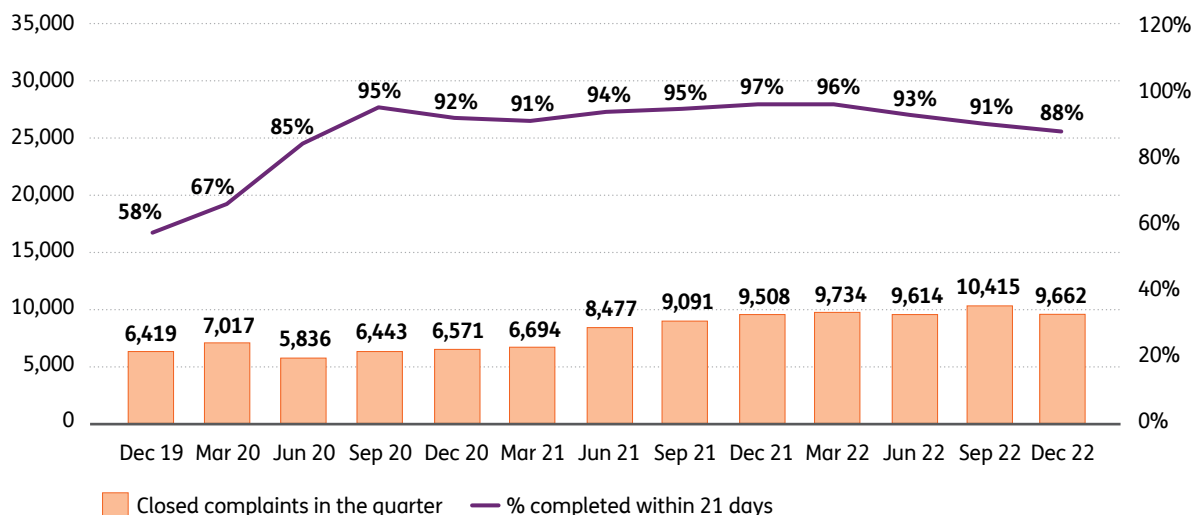
Figure 47: Open complaints and percentage that have been open for more than 21 days⁶²



⁶² 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.

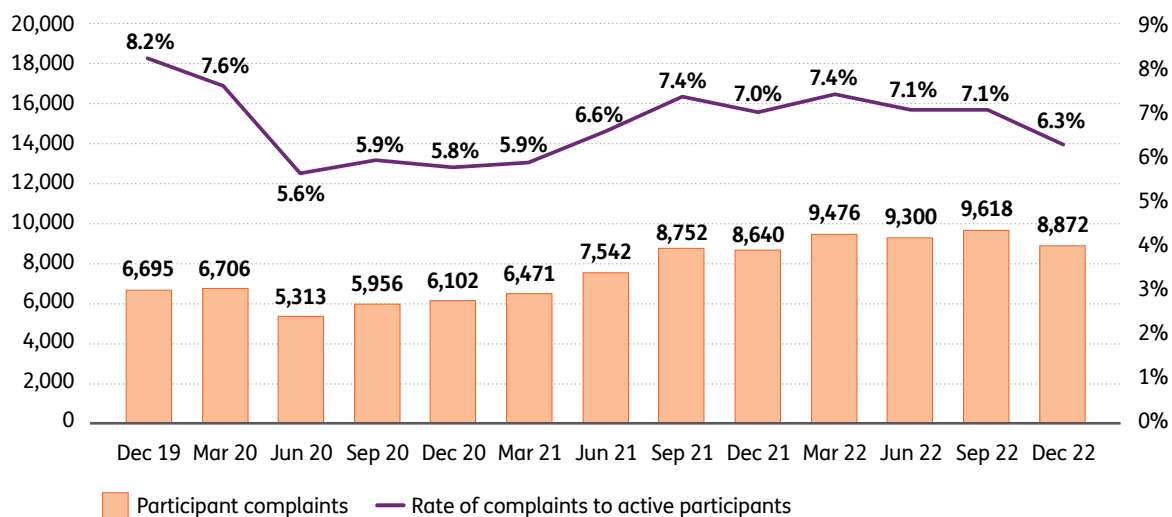
Around 92 per cent of complaints have been closed within 21 days in the past four quarters. However, this proportion has declined from levels seen in 2021.

Figure 48: Closed complaints and percentage completed within 21-day timeframe

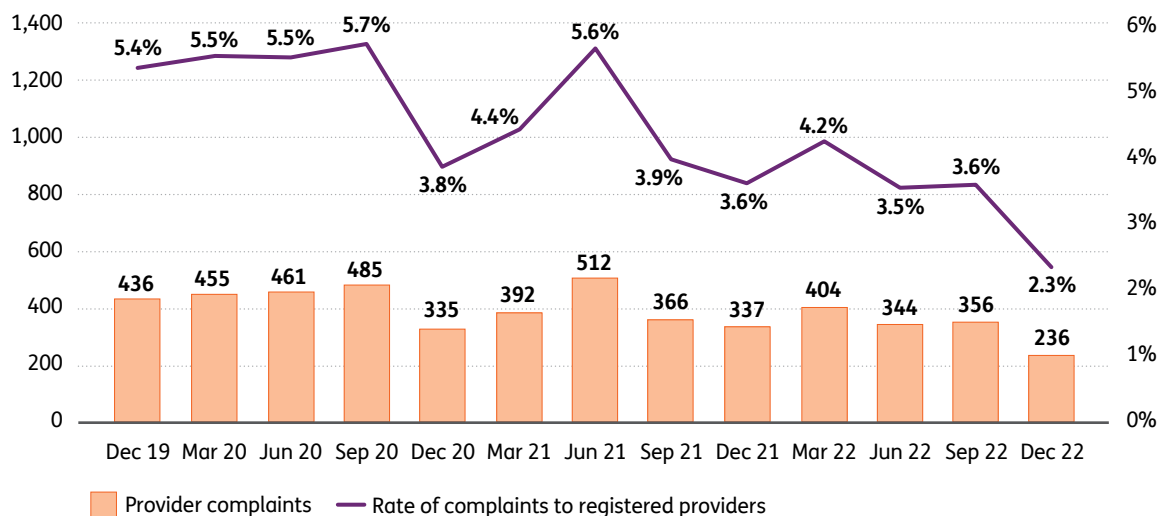


There was a significant decline in participant complaints as a proportion of active participants between March 2020 and June 2020. Over the last five quarters, the number of complaints has increased as a proportion of active participants (6.3 per cent in the December 2022 quarter). The number of complaints received from providers decreased during the quarter (Figure 49) with 236 complaints received, which is equivalent to 2.3 per cent of registered providers making a complaint.

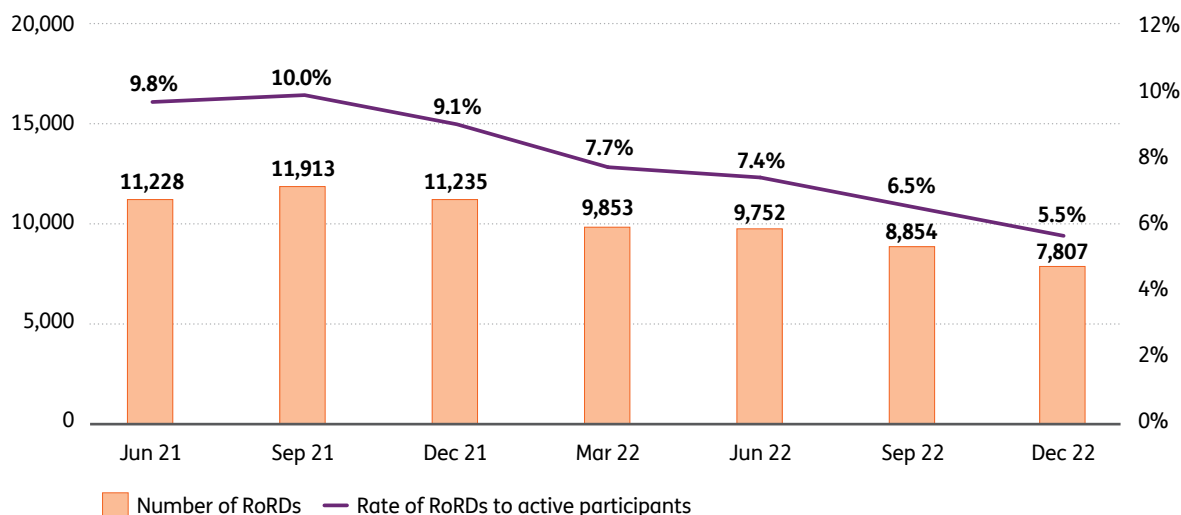
Figure 49: Number and proportion of participant complaints over time⁶³



⁶³ 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 50: Number and proportion of provider complaints over time⁶⁴


The number of RoRDs as a percentage of active participants has decreased from 10.0 per cent in the September 2021 quarter to 5.5 per cent in the December 2022 quarter.

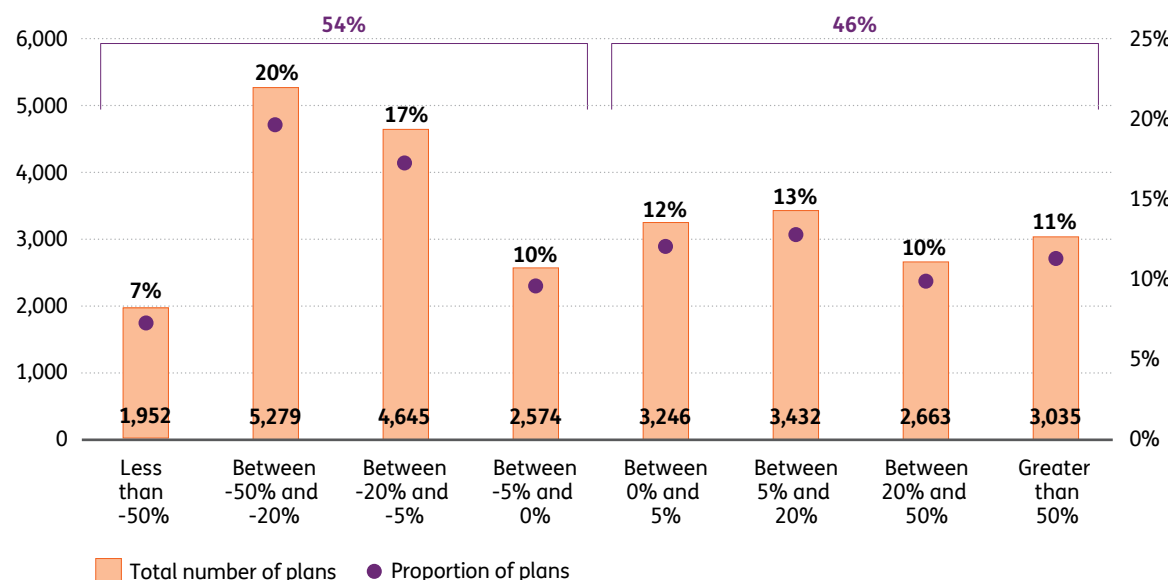
Figure 51: Requests for a RoRD – quarterly trend⁶⁵


⁶⁴ 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.

⁶⁵ 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 ICT system continues.

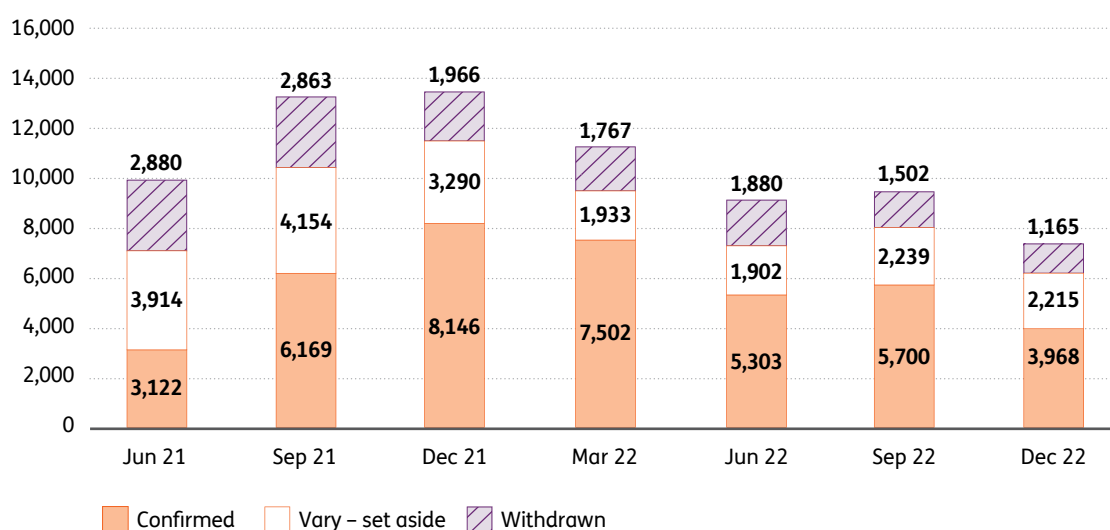
Of the 36,266 RoRDs received over the last year, 26,826 (74 per cent) related to plan reassessment decisions, with the remaining relating to first plan approvals and access decisions. In considering changes in the plan budgets for these plans resulting in a RoRD, 54 per cent had a decrease in plan budgets and 46 per cent had an increase prior to the RoRD request.

Figure 52: Change in plan budgets for plans resulting in RoRDs received (1 January 2022 to 31 December 2022)



There were 7,348 RoRDs closed in the December 2022 quarter with 1,165 requests withdrawn.⁶⁶ Of the remaining closed RoRDs, 3,968 confirmed the Agency's decision, meaning there was no change from the Agency's decision. Further, there were 2,215 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 53: Closed RoRDs by outcome – quarterly trend



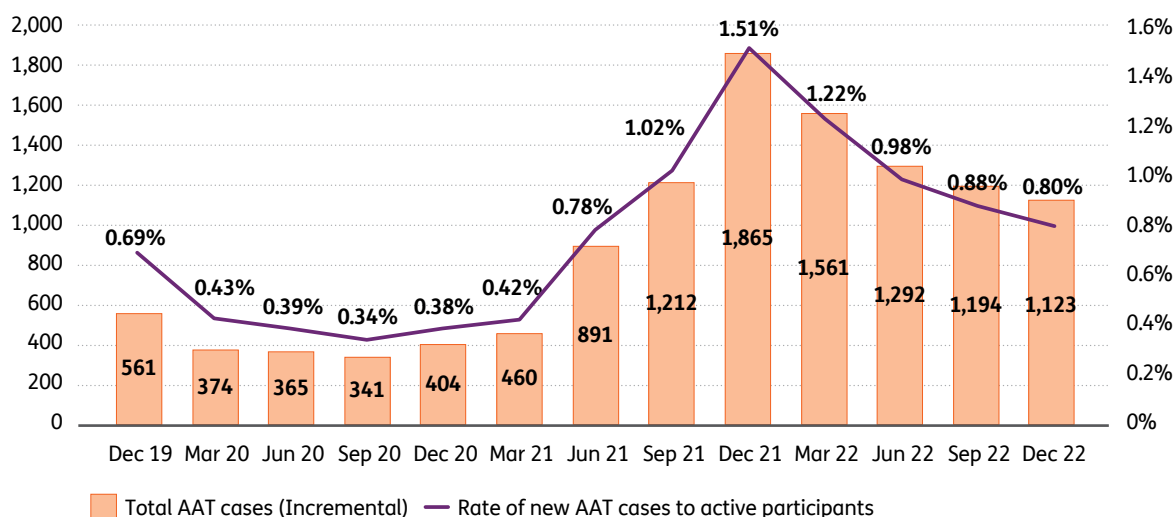
⁶⁶ The number of closed RoRDs have changed compared with the previous report. This is due to additional records which have been retrospectively added/removed from the underlying data. The data on RoRDs will be enhanced with the implementation of the new ICT system, and will improve reporting on Internal RoRDs in future reports.

If a person is not satisfied with the outcome of their review, they may apply 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.^{67,68}

There were 1,123 new AAT cases in the December 2022 quarter, relating to 1,105 participants. The number of new AAT cases (as a proportion of active participants) has decreased steadily over the last four quarters after a significant increase in the year to 31 December 2021. In the December 2022 quarter the rate decreased to 0.8 per cent and has decreased since the December 2021 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 54: Number and proportion of new AAT cases over time

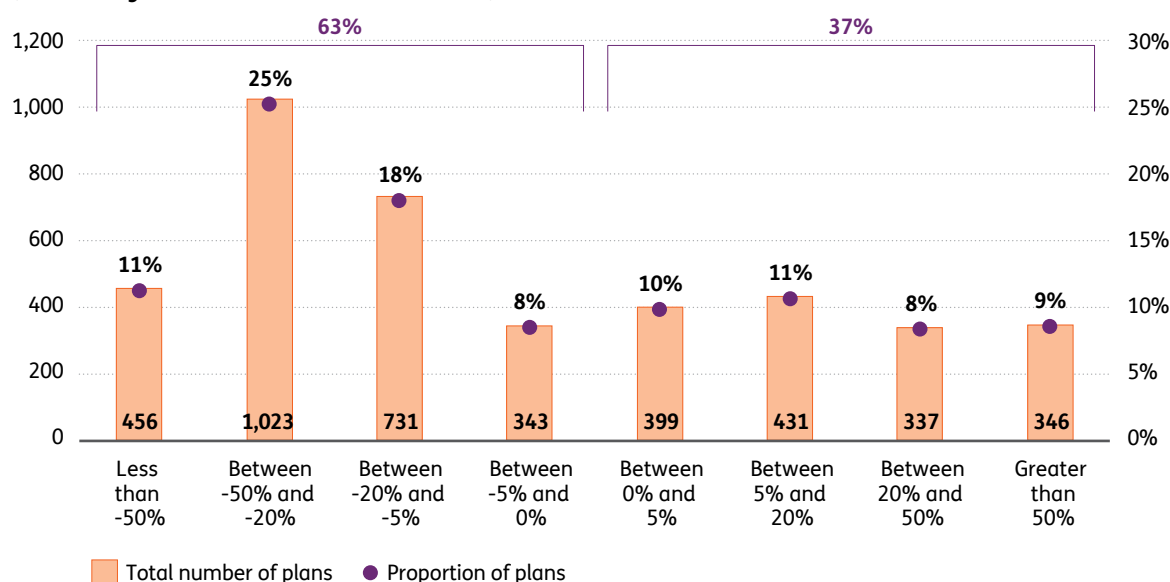


⁶⁷ As part of the AAT process, it is not uncommon for new requests to be made and for new evidence to be provided by applicants while their matters are in progress. This contributes to NDIS decisions being varied in the AAT.

⁶⁸ 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 4,066 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, 63 per cent had a decrease in plan budgets prior to applying to the AAT and 37 per cent had an increase.

Figure 55: Change in plan budgets for plans resulting in an AAT case received in this calendar year (1 January 2022 to 31 December 2022)



There have been 10,621 AAT cases closed since the commencement of the NDIS. Of those cases, 10,370 were resolved before a hearing, with the remaining 251 progressing to a substantive hearing and receiving a decision on a substantive legal issue.

Figure 56: AAT cases by open/closed and decision

	Number of cases	Number of unique active participants ⁶⁹
AAT Cases	14,312	13,086
Open AAT Cases	3,691	3,657
Closed AAT Cases	10,621	9,756
Resolved before hearing	10,370	9,535
Gone to hearing and received a substantive decision	251	221

Of the cases no longer before the AAT, approximately 64 per cent were resolved by agreement, 31 per cent were withdrawn by the applicant or dismissed by the AAT and two per cent proceeded to a (substantive) hearing.⁷⁰

⁶⁹ As participants may have both open and closed cases, the unique active participants will not sum to the total.

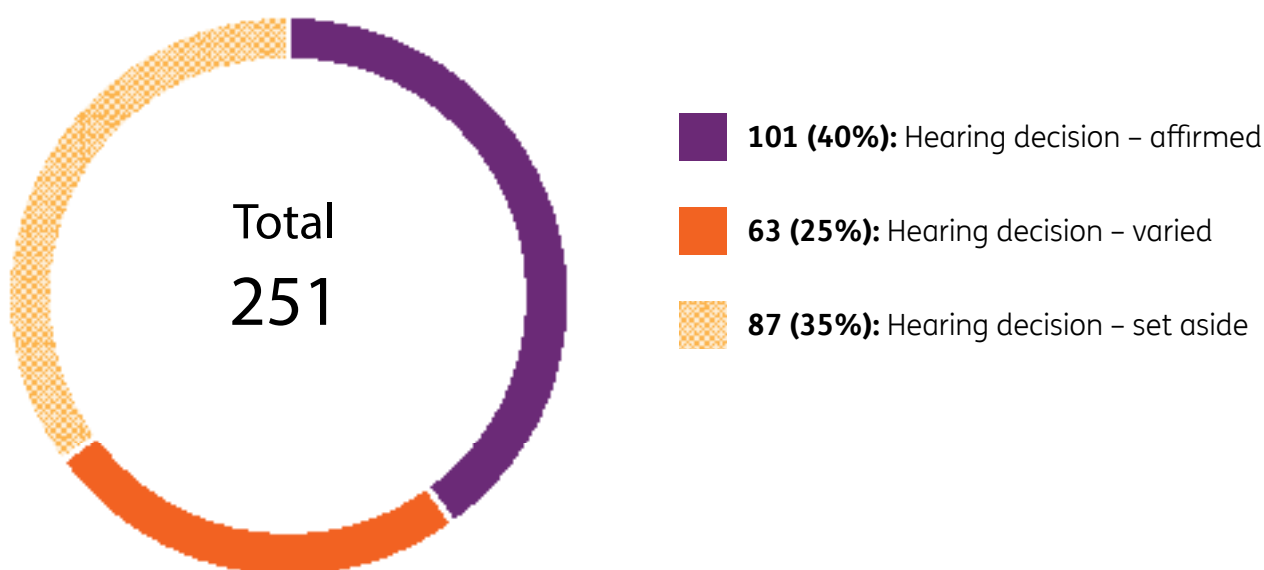
⁷⁰ Less than 4 per cent of cases were related to applications for an extension of time which were declined by AAT or were not opposed by the Agency, matters over which AAT has no jurisdiction and reasons that were unspecified

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

- **Affirmed in 101 cases (40%).** This means the NDIA's original decision was not changed.
- **Varied in 63 cases (25%).** 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.
- **Set aside in 87 cases (35%).** 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.

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

Figure 57: AAT cases that have gone to hearing and received a substantive decision⁷¹



⁷¹ 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 and first or short plans to RoRDs and AATs

A participant may request a RoRD and then further appeal to the AAT. The following two figures show the pathway from plan reassessments and first or short plans to RoRDs and AAT cases between 1 April 2021 and 30 June 2022.

The proportion of RoRDs, arising from both plan re-assessments and first or short plans, has been reducing in recent quarters.

- Plan reassessment related RoRDs have declined from a peak of **9.1%** (**8,282** RoRDs) in the June 2021 quarter to **6.5%** (**6,636** RoRDs) in the June 2022 quarter
- First or short plan related RoRDs have declined from a peak of **5.5%** (**1,208** RoRDs) in the June 2021 quarter to **4.3%** (**1,046** RoRDs) in the June 2022 quarter

The proportion of AATs arising from RoRDs, for both plan re-assessments and first or short plans, has been reducing in recent quarters.

- Plan reassessment related AATs have declined from a peak of **15.9%** (**1,161** AATs) in the December 2021 quarter to **13.7%** (**907** AATs) in the June 2022 quarter
- First or short plan related AATs have declined from a peak of **8.3%** (**106** AATs) in the September 2021 quarter to **5.3%** (**55** AATs) in the June 2022 quarter.

Figure 58: Pathway from plan reassessment to RoRDs and AAT between 1 April 2021 and 30 June 2022 at 31 December 2022

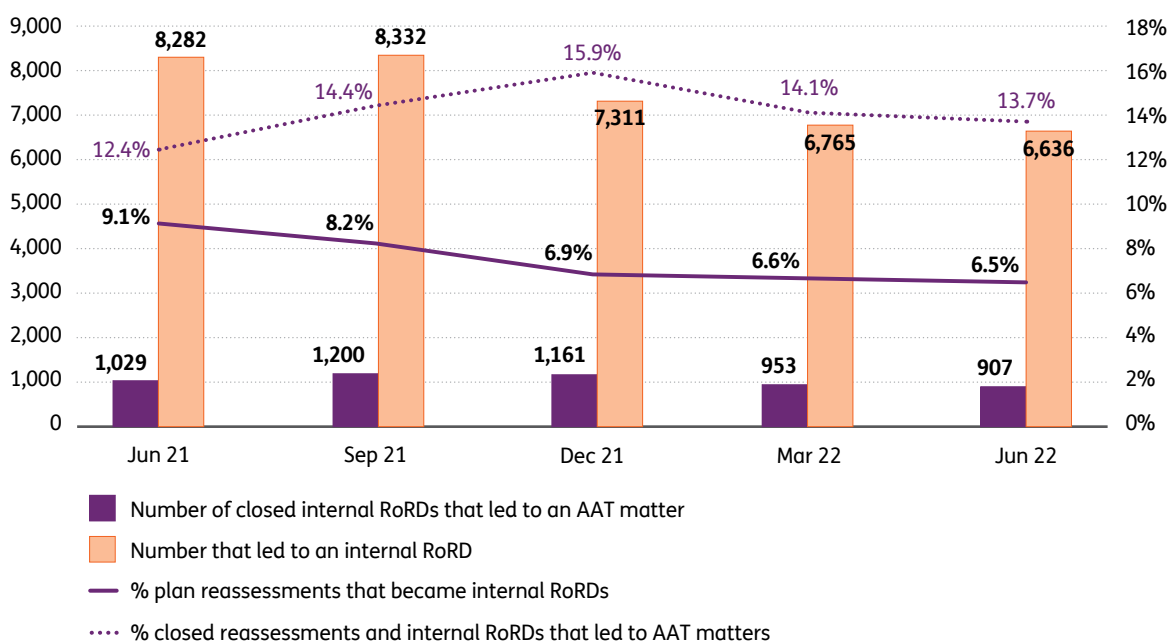
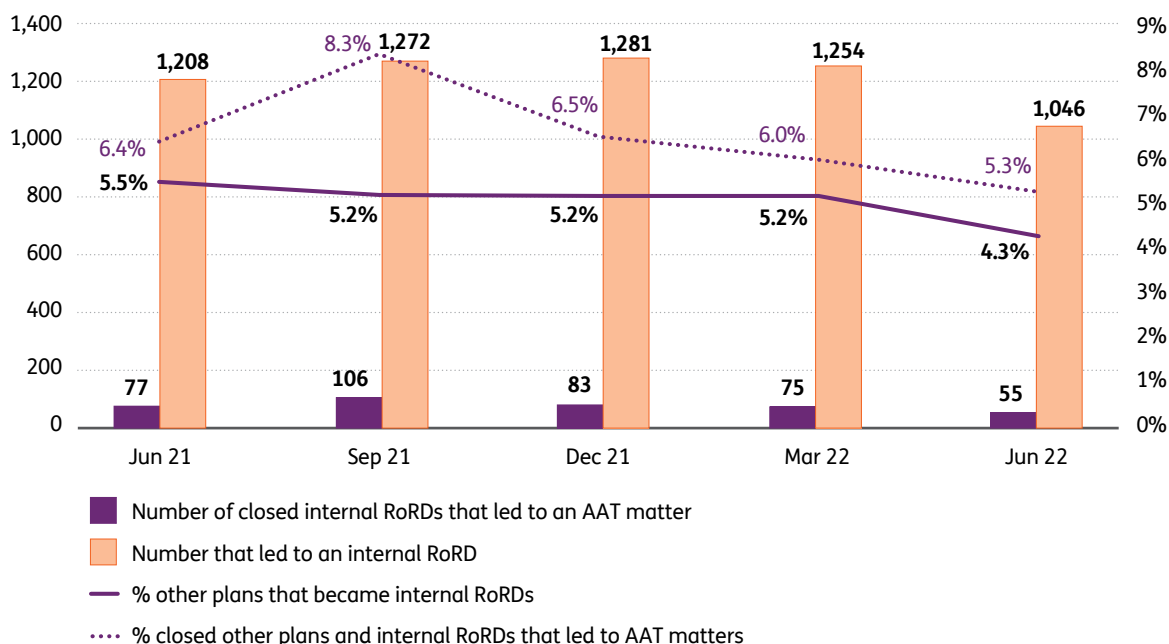


Figure 59: Pathway from first or short plans to RoRDs and AAT between 1 April 2021 and 30 June 2022 at 31 December 2022



3.3 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, 87 per cent of participants rated the Planning process as either good or very good, with a further eight per cent rating the experience as neutral. Eighty-one per cent of the participants in the quarter rated the Access process as either good or very good, 82 per cent rated the Pre-Planning process as either good or very good, and 68 per cent of participants rated the Plan Reassessment process as either good or very good. These results are based on 1,075 surveys at Access, 914 at Pre-Planning, 4,565 at Planning and 10,080 at Reassessment, which is 16,634 in total.

Satisfaction with the Plan Reassessment process has started to trend down very slightly, with a one percentage point decrease in the two most recent quarters, after stabilising in the 2021–22 year.

Figure 60: Rating of experience with the NDIS (1 October 2022 to 31 December 2022)

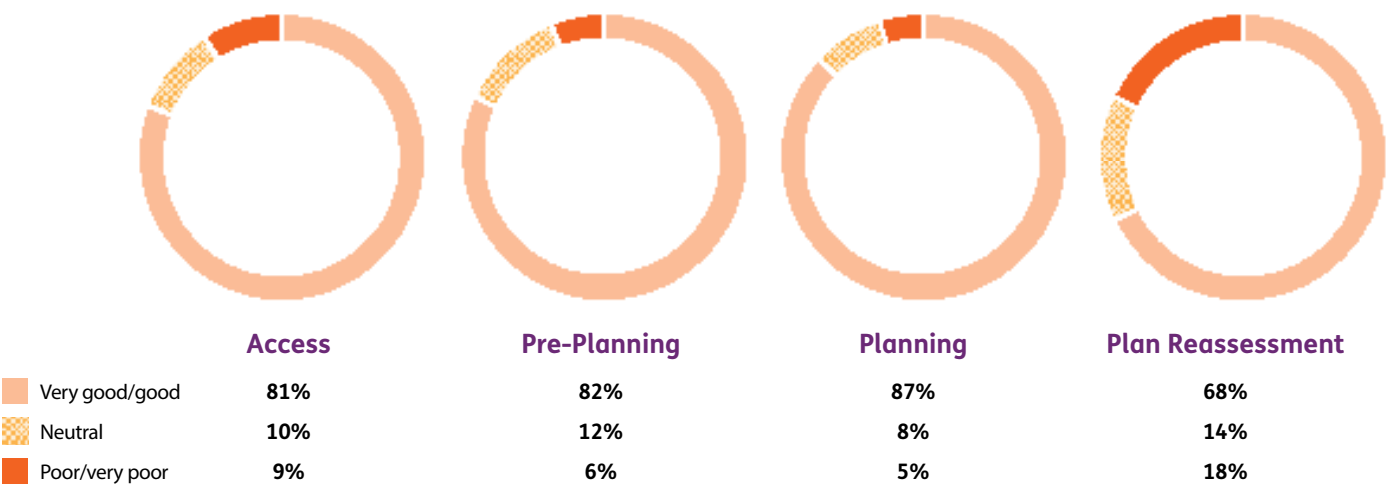
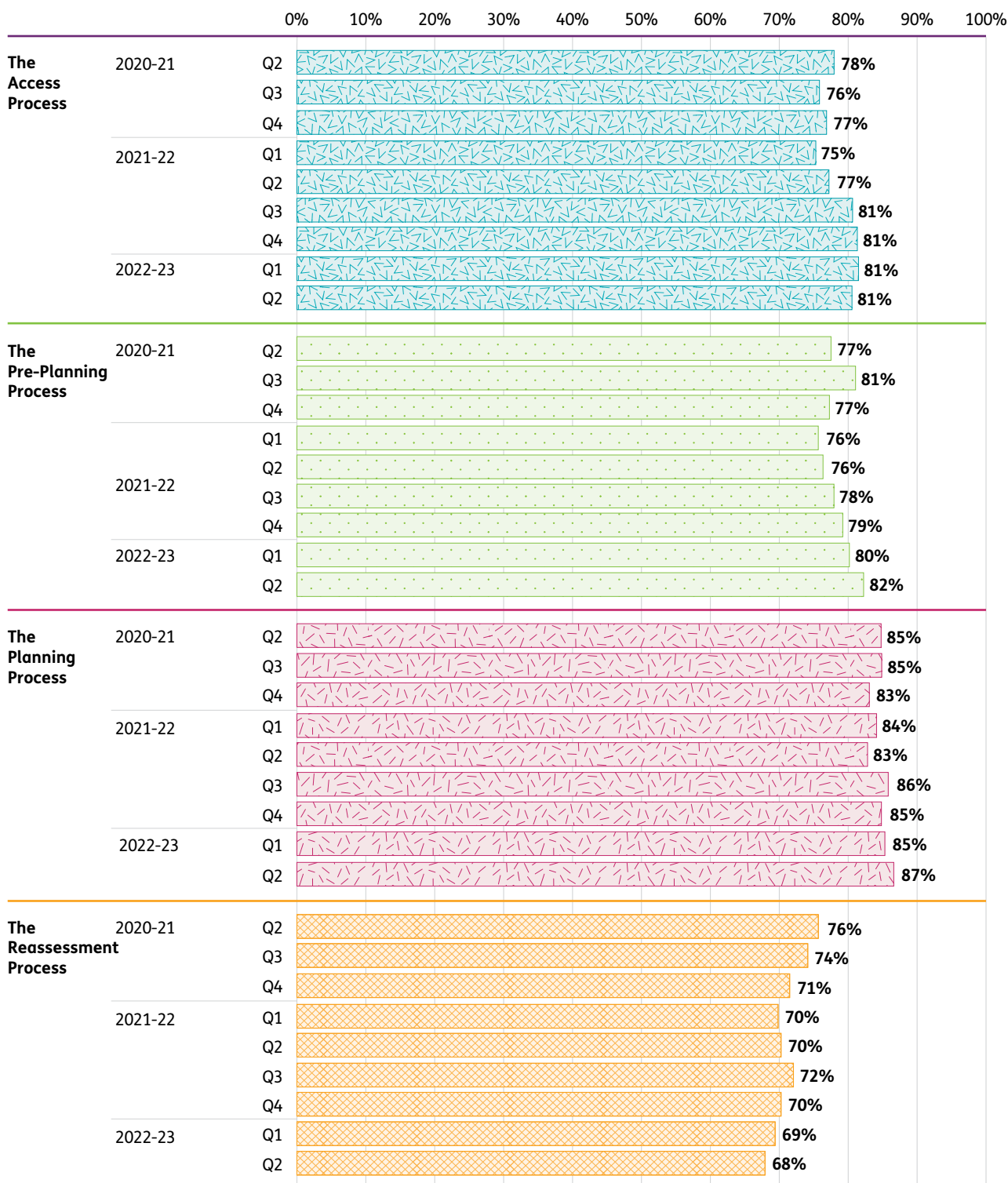
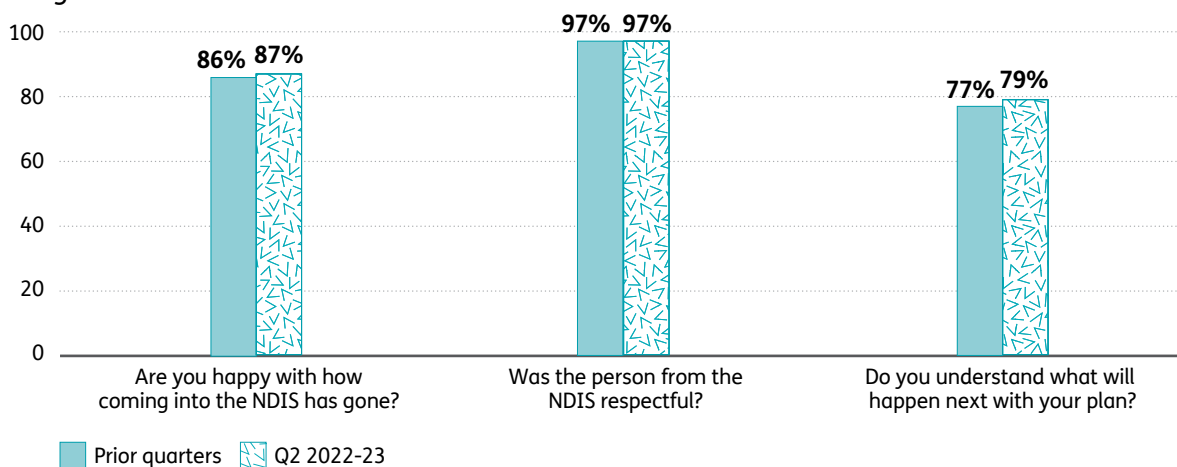


Figure 61: Trend of satisfaction across the pathway (% very good/good)⁷²


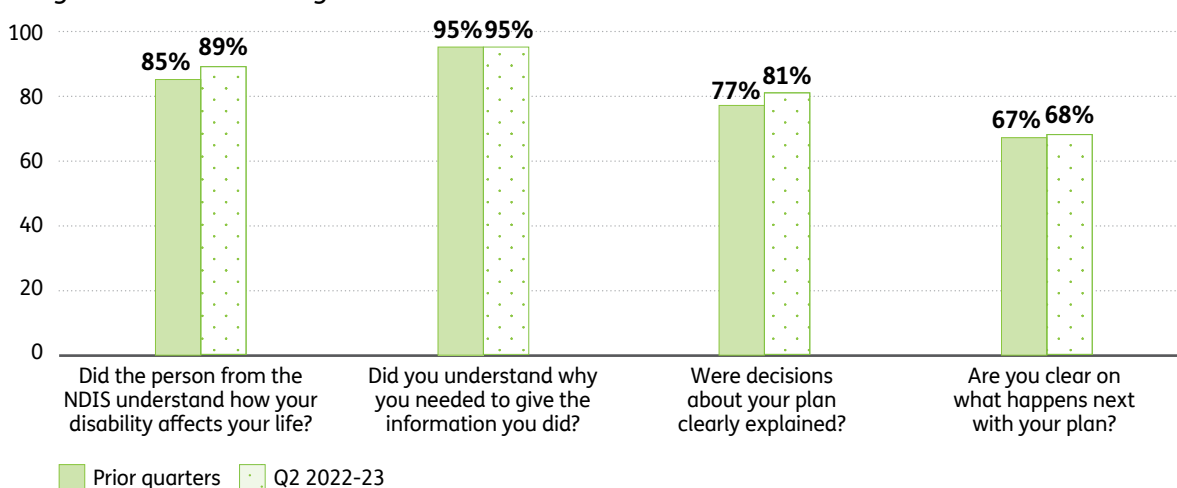
⁷² Participant satisfaction results for prior quarters have been restated using data as at 31 December 2022 due to retrospective changes in the underlying data. These changes mainly arise from lags in data collection.

Figure 62: Satisfaction across the four stages of the pathway⁷³

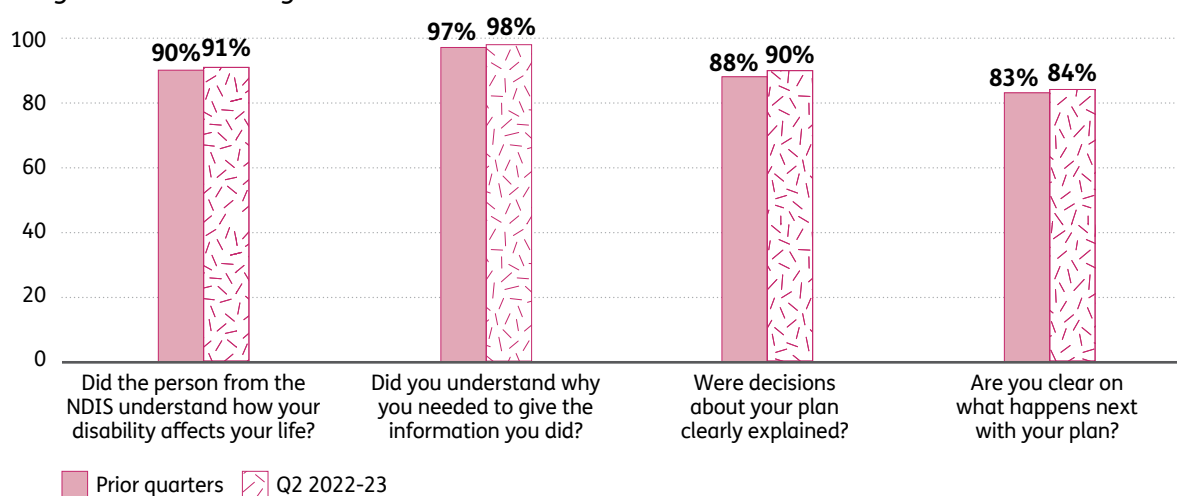
Stage One: Access



Stage Two: Pre-Planning



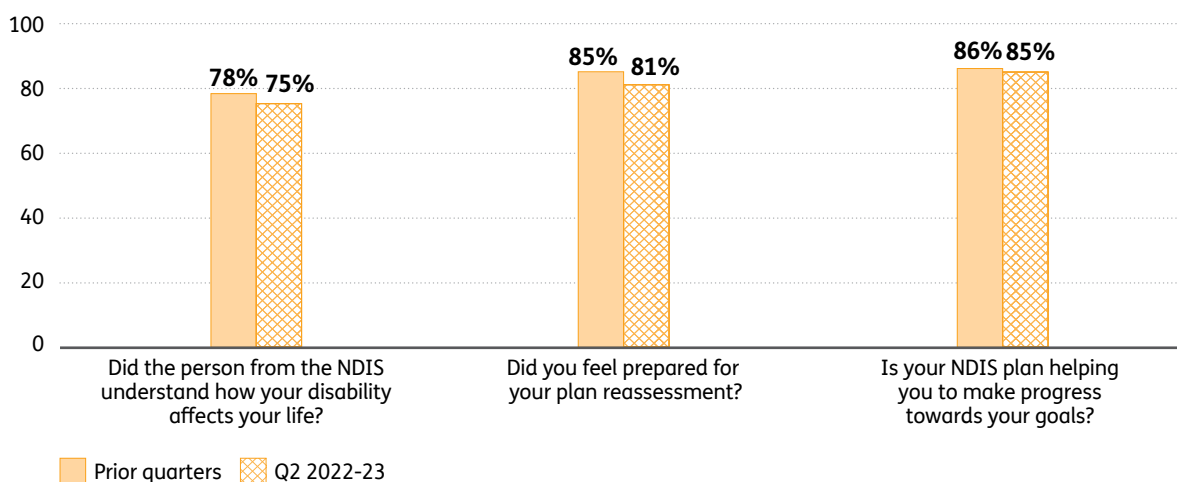
Stage Three: Planning



⁷³ Prior quarters include responses from 1 October 2020.

Figure 62: Satisfaction across the four stages of the pathway⁷⁴ cont.

Stage Four: Plan Reassessment



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

The results (Figure 62) indicate that satisfaction for the December 2022 quarter is slightly more favourable than for prior quarters for most questions about the first three pathway stages, 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, 84 per cent were clear on what happens next with their plan (one percentage point higher than for prior quarters), lower than the 90–98 per cent responding positively to other questions about planning.

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

⁷⁴ Prior quarters include responses from 1 October 2020.

3.4 The NDIS National Contact Centre (NCC)

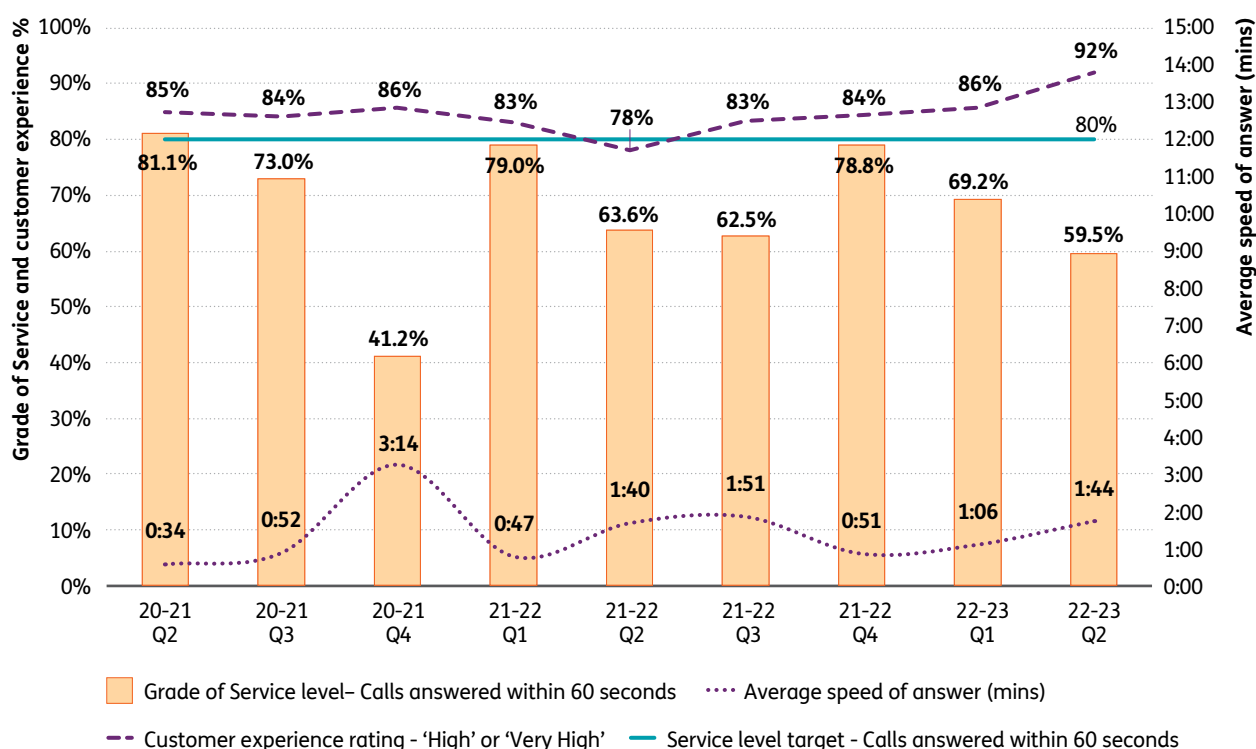
This quarter saw the NCC commence transition to the new ICT system requiring officers to deliver frontline services for participants in two different systems. Customer satisfaction and first contact resolution results continue to remain high.

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.

During the quarter, the NCC commenced transitioned to the new ICT system. The new system will enable the NCC to continue to improve service quality and customer experience. First call resolution improved to 85.7 per cent from the prior quarter's result of 79.4 per cent. Customer experience also improved across the quarter, with 91.9 per cent of post call survey respondents scoring their experience with the NCC as 'High' or 'Very High', up from 85.8 per cent in the prior quarter.

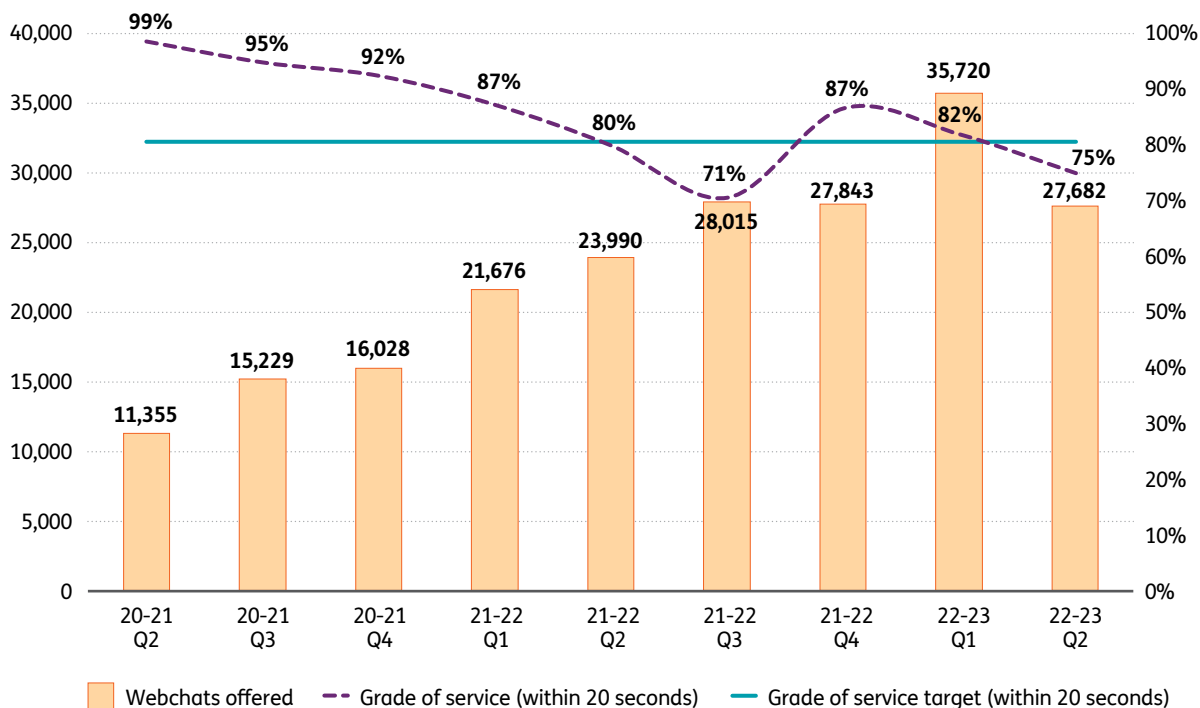
NCC services were impacted by increased COVID-19 cases through the NCC workforce and technical issues from the new ICT system migration impacting email processing. These challenges contributed to a reduction in telephony grade of service performance with 59.5 per cent of calls being answered within 60 seconds, reduced from the previous quarter (69.2 per cent). The average speed of answer was 1 minute and 44 seconds, which was longer than the previous quarter result of 1 minute and 6 seconds, however still within expected levels. A small backlog of emails resulting from operational challenges has been cleared.

Figure 63: 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 27,682 webchats offered for the quarter. Of the webchats received during the quarter, 75 per cent were answered within 20 seconds, slightly below the target of 80 per cent.

Figure 64: Quarterly webchat grade of service and offered chat volume





Jackie is a proud role model to other First Nations peoples



Something magical happened for contemporary First Nations artist **Jackie**, 32, when the global pandemic forced her indoors.

“During COVID I was just doodling in my journal and I liked it, so I thought I would try it on canvas, and I developed a new style,” Jackie says.

Jackie’s doodlings turned into some of her most creative and powerful works yet. The proud Ngarrindjeri and Wirangu woman won the 2020 Dawn Slade-Faull Award which supported her first solo exhibition, showcasing her new ‘big, bright and bold’ large-scale works. Within hours of opening her first solo exhibition, *Salt & Sand*, she’d sold several of her new pieces.

Since then, Jackie has been busy taking part in group exhibitions and collaborating with other emerging and established South Australian artists.

“Other people love my art, I’ve had a lot of compliments. A lot of people look up to me and I want to be a role model because I do good things in my life,” she says.

Jackie, lives with Fetal Alcohol Spectrum Disorder (FASD) and her disability impacts her in many ways, including learning, communication and memory difficulties, anxiety, social problems, and distressing mood swings.

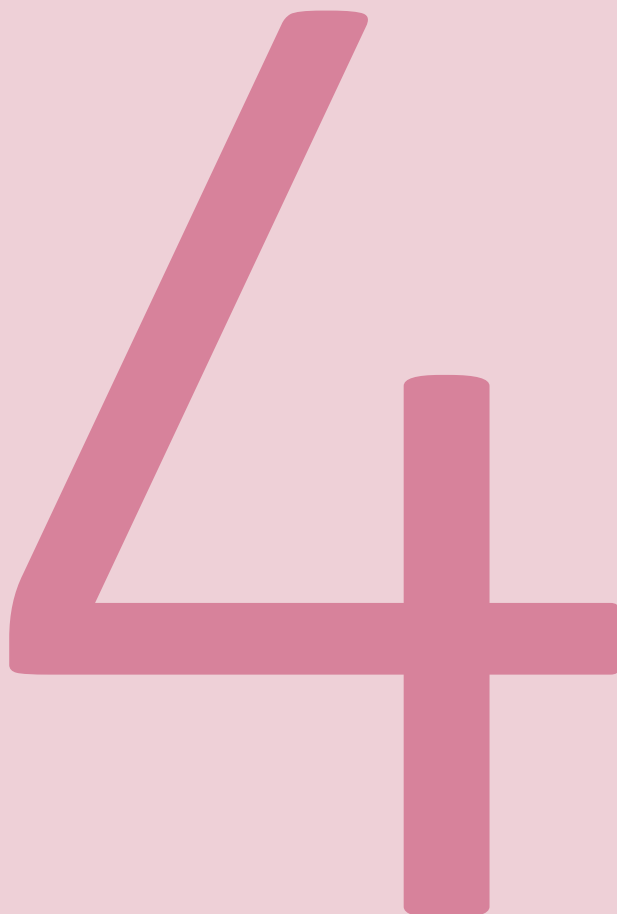
Jackie is supported in her career as an artist by the NDIS. She attends a funded Visual Arts program with registered NDIS provider Tutti Arts, which helps her with professional career development.

“Life has improved because I’m getting the supports I need through the NDIS,” Jackie says. “I’m a role model to young Indigenous people and I want to keep that going to show them if you put your mind to it, you can achieve your dreams.”

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.

\$31.0bn in support has been provided in the 12 months to 31 December 2022.⁷⁵ The largest support categories are core daily activities (54 per cent of total payments), core social and community participation (20 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. \$7.7bn of the \$16.7bn payments on core daily activities in the 12 months to 31 December 2022 was for payments for participants in SIL.

Figure 65: Total payments from 1 January 2022 to 31 December 2022

Support Category	Total payments (in \$m)	% of total payments
Core - daily activities	16,691	53.9%
Core - community	6,144	19.8%
Core - consumables & transport	1,321	4.3%
Capacity building - daily activities ⁷⁶	3,888	12.6%
Capacity building - other	1,975	6.4%
Capital	933	3.0%
Total⁷⁷	30,959	100.0%

⁷⁵ This represents total payments on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments were \$32.1 billion.

⁷⁶ Includes therapy services.

⁷⁷ Total includes \$7m of payments with no support category.

Over the last two years, payments have grown by 54 per cent (from \$5.5bn in the December 2020 quarter to \$8.4bn in the December 2022 quarter). Payments have grown substantially across the support categories, most notably for core social and community participation (growing by 92 per cent 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 55 per cent to 53 per cent, while core social and community participation has increased from 17 per cent to 21 per cent.

Figure 66: Total payments (in \$m and %) per quarter - all participants

Support category	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22
Core - daily activities	3,022	3,267	3,733	3,506	3,627	3,884	4,066	4,285	4,455
Core - community	934	1,028	1,177	1,163	1,246	1,266	1,447	1,639	1,792
Core - consumables & transport	255	291	293	319	304	309	331	343	338
Capacity building - daily activities	683	678	829	854	873	805	968	1,050	1,065
Capacity building - other	363	368	418	443	447	434	490	523	528
Capital	209	186	183	200	208	190	238	256	249
Total	5,467	5,818	6,634	6,488	6,707	6,890	7,542	8,097	8,430

Support category	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22
Core - daily activities	55%	56%	56%	54%	54%	56%	54%	53%	53%
Core - community	17%	18%	18%	18%	19%	18%	19%	20%	21%
Core - consumables & transport	5%	5%	4%	5%	5%	4%	4%	4%	4%
Capacity building - daily activities	12%	12%	12%	13%	13%	12%	13%	13%	13%
Capacity building - other	7%	6%	6%	7%	7%	6%	7%	6%	6%
Capital	4%	3%	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 December 2020 quarter to \$2.7bn in the December 2022 quarter. The SIL component (core daily activities) of the plan represents approximately 77 per cent of total payments.

Figure 67: Total payments (in \$m and %) per quarter – participants in SIL

Support Category	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22
Core - daily activities	1,513	1,633	1,632	1,649	1,634	1,813	1,824	1,944	2,107
Core - community	205	222	257	245	262	264	304	341	378
Core - consumables & transport	22	24	24	27	26	27	28	32	33
Capacity building - daily activities	35	37	43	44	47	43	51	56	61
Capacity building - other	57	55	64	67	67	66	78	85	91
Capital	45	45	45	45	53	50	56	65	64
Total	1,879	2,017	2,066	2,080	2,090	2,264	2,342	2,526	2,737

Support Category	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22
Core - daily activities	81%	81%	79%	79%	78%	80%	78%	77%	77%
Core - community	11%	11%	12%	12%	13%	12%	13%	14%	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	2%	2%	2%	2%	3%	2%	2%	3%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

4.2 Plan management types

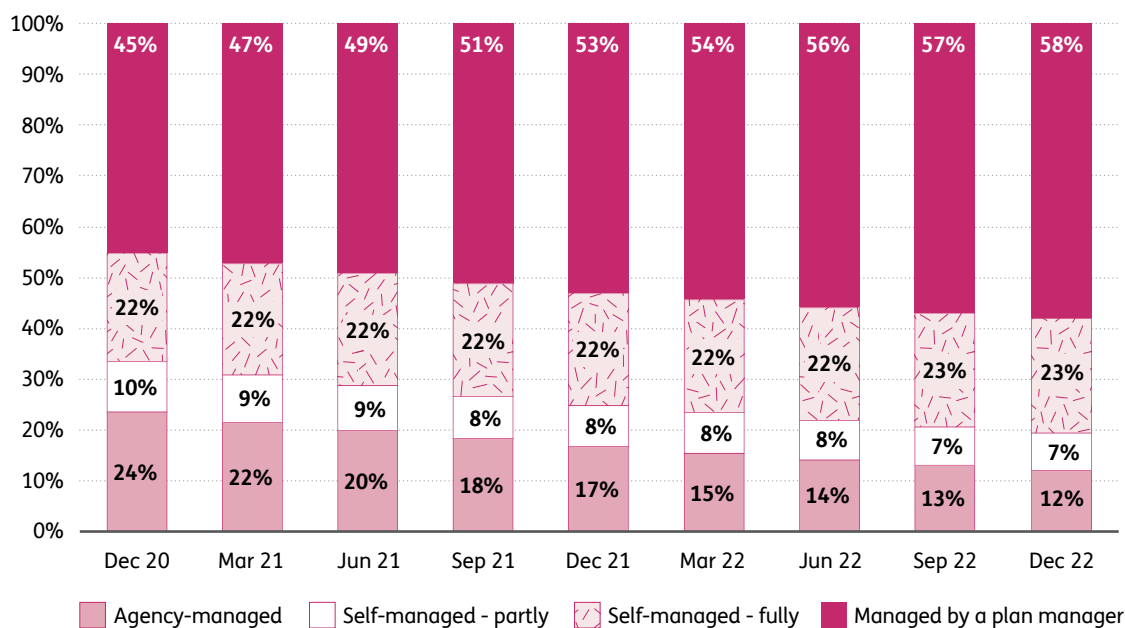
There has been a significant shift in plan management, with an increasing number of participants choosing to use a plan manager rather than have the Agency manage their plan.

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

- **Self-manage all or part of** their plan has been stable at about **30%**
- Use a **plan manager** has increased from **45%** to **58%**
- Have an **Agency-managed** plan has decreased from **24%** to **12%**.

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

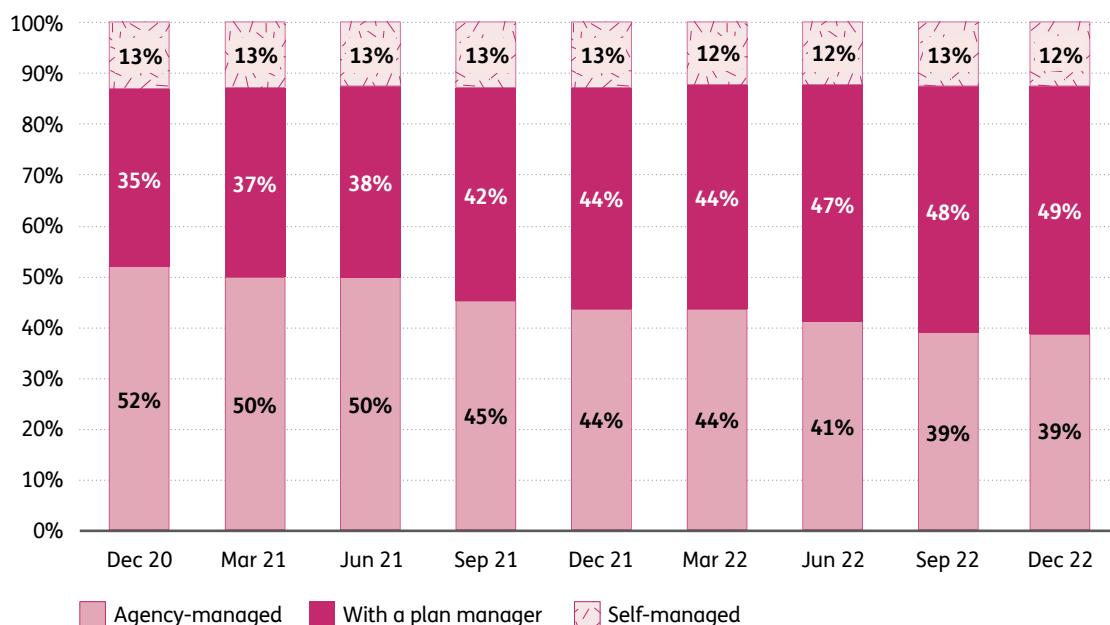


Out of 151,629 active providers in the second quarter of 2022–23, 9,118⁷⁸ providers provided support to Agency-managed participants and 150,812⁷⁹ providers provided support to plan-managed participants.⁸⁰

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

- **Self-management** has remained between **12%** and **13%**
- Payments managed by a **plan manager** have increased from **35%** to **49%**
- **Agency-managed** payments decreased from **52%** to **39%**.

Figure 69: Distribution of incremental payments by method of financial plan management over time – all participants



⁷⁸ The number does not include plan managers who received only payment for plan management fees.

⁷⁹ The number includes plan managers who are providing Agency-managed supports.

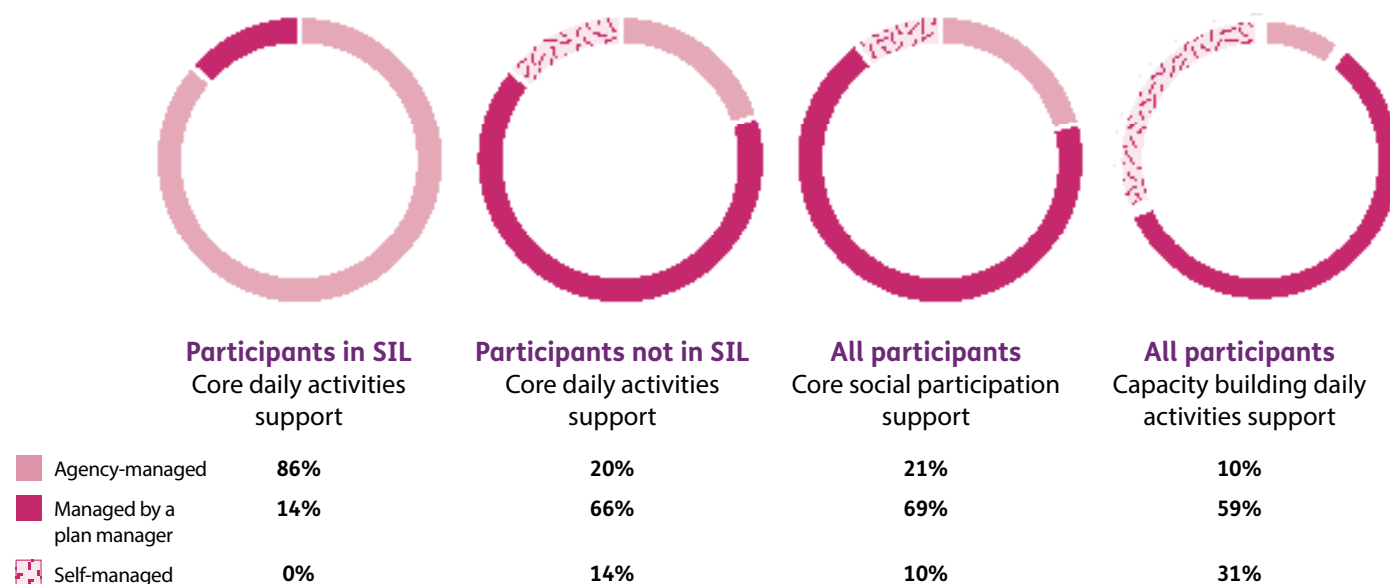
⁸⁰ A plan manager may provide support to both Agency-managed and plan-managed participants. Therefore, there is an overlap of 8,301 providers between these categories and the number of active providers by plan management type add up to more than 100 per cent.

In the second quarter of 2022–23, of the \$8.4bn in payments, \$1.0bn was self-managed (12 per cent), \$4.1bn was managed by a plan manager (49 per cent), and \$3.2bn was Agency-managed (39 per cent).⁸¹

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

- Payments for **participants in SIL receiving core daily activities support** were **\$2.1bn**. Of this, \$1m was self-managed (**less than 1%**), \$293m was managed by a plan manager (**14%**), and \$1.8bn was Agency-managed (**86%**).
- Payments for **participants not in SIL receiving core daily activities support** were **\$2.3bn**. Of this, \$334m was self-managed (**14%**), \$1.5bn was managed by a plan manager (**66%**), and \$468m was Agency-managed (**20%**).
- Payments for **participants receiving core social participation support** were **\$1.8bn**. Of this, \$175m was self-managed (**10%**), \$1.2bn was managed by a plan manager (**69%**), and \$381m was Agency-managed (**21%**).
- Payments for **participants receiving capacity building daily activities support (therapy supports)** were **\$1.1bn**. Of this, \$330m was self-managed (**31%**), \$629m was managed by a plan manager (**59%**), and \$107m was Agency-managed (**10%**).

Figure 70: Payments for the largest support categories by plan management type for Q2 2022–23



⁸¹ Includes cash and in-kind payments.

Figure 71: Total payments in Q2 2022–23 by plan management type (\$m)

	Agency-managed	With a plan manager	Self-managed	Total
Core support				
Daily activities - SIL	1,813	293	1	2,107
Daily activities - non-SIL	468	1,546	334	2,348
Social & community participation	381	1,235	175	1,792
Consumables	14	92	46	153
Transport	90	6	90	185
Total core support	2,766	3,173	647	6,586
Capacity building				
Daily activities	107	629	330	1,065
Support coordination	154	72	4	230
Other capacity building support	107	167	24	298
Total capacity building support	367	868	358	1,594
Capital				
Specialist disability accommodation	53	1	0	54
Assistive technology	49	84	32	165
Home modifications	9	16	5	30
Total capital	110	101	37	249
Total	3,246	4,143	1,042	8,430

Figure 72: Total payments in Q2 2022–23 by plan management type (%)

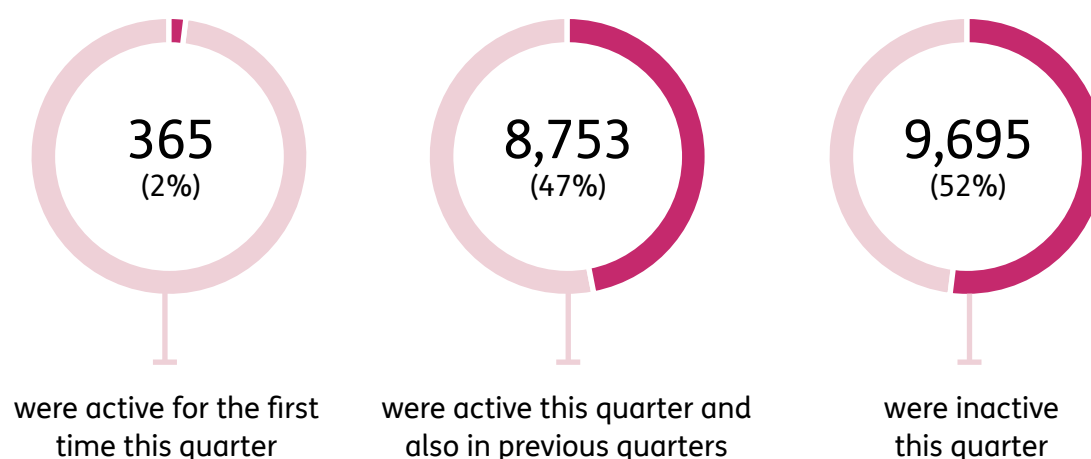
	Agency-managed	With a plan manager	Self-managed	Total
Core support				
Daily activities - SIL	86%	14%	0%	100%
Daily activities - non-SIL	20%	66%	14%	100%
Social & community participation	21%	69%	10%	100%
Consumables	9%	60%	30%	100%
Transport ⁸²	48%	3%	48%	100%
Total core support	42%	48%	10%	100%
Capacity building				
Daily activities	10%	59%	31%	100%
Support coordination	67%	31%	2%	100%
Other capacity building support	36%	56%	8%	100%
Total capacity building support	23%	54%	22%	100%
Capital				
Specialist disability accommodation	98%	2%	0%	100%
Assistive technology	30%	51%	19%	100%
Home modifications	29%	54%	18%	100%
Total capital	44%	41%	15%	100%
Total	39%	49%	12%	100%

⁸² 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, 18,813 providers have supported Agency-managed participants.^{83,84} Of these:



The largest ten providers supporting Agency-managed participants received \$415m in the December 2022 quarter, which was 13 per cent of the total payments to providers supporting Agency-managed participants. These providers also received \$91m in the December 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 73: Largest ten providers by total payments in Q2 2022–23 (Agency-managed)

ABN	Legal name	Total payment amount (\$m)	Total payments received from Plan Managers for plan managed supports (\$m)	Total payments (\$m)
73628264460 ⁸⁵	Home@Scope Pty Ltd / Scope (Aust) Ltd / Disability Services Australia Limited	82	18	100
15101252171	Life Without Barriers	78	13	92
31001813403 ⁸⁶	Aruma Services / Aruma Services Victoria / Aruma Foundation / House With No Steps	72	11	83
80009670704	Endeavour Foundation	32	10	42
87302064152	The Northcott Society	31	7	37
45000062288	Cerebral Palsy Alliance	29	6	35
27009942269	CPL – Choice, Passion, Life	25	10	34
49133306902	Achieve Australia Limited	23	3	26
85097999347	Lifestyle Solutions (Aust) Ltd	22	4	26
29001260153	The Disability Trust	22	9	31
Total for largest 10 providers		415	91	506

⁸³ 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 18,813. Further, some of the 9,695 inactive providers in the quarter will be supporting participants with a plan manager or who self-manage.

⁸⁴ The total excludes 487 providers who received only plan management fees. These 487 providers are included in the tables in appendices as they received payments directly from the Agency.

⁸⁵ In addition, the following additional ABN for this provider are also included in this analysis - 63004280871 and 35002507655.

⁸⁶ In addition, the following additional ABNs for this provider are also included in this analysis - 59032986751 and 86628265387.

4.4 Plan managers

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

Provider types

Participants supported by plan managers can use registered or unregistered providers. Unregistered providers are used for more "general" support items which are not necessarily disability specific and can be considered more readily available. For the 12 months to 31 December 2022:

- An unregistered provider was used less frequently and has a higher proportion of one-off payments (i.e. the unregistered provider is only used). On average the frequency of one-off payments was five times lower for registered providers.
- An unregistered provider has a lower average payment amount where the average amount received was approximately two and a half times less than a registered provider.

Payment characteristics

In the second quarter of 2022–23, 150,812 providers have supported plan-managed participants out of which 13,638 were registered at some point during the quarter.⁸⁷

Payments to plan managers were \$4.1bn in the December 2022 quarter. Of this \$4.1bn, \$114m was for the plan management services, and the remainder of \$4.0bn 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, 58 per cent of the \$4.1bn total plan managed payments in the December 2022 quarter (not including plan management fees) were paid to registered providers, 41 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 **\$293 million** in payments for **daily activities for participants in SIL**, **75%** went to registered providers, **25%** went to unregistered providers and **less than 1%** went to providers with unknown registration.
- Of the **\$1.5 billion** in payments for **daily activities for participants not in SIL**, **49%** went to registered providers, **49%** went to unregistered providers and **1%** went to providers with unknown registration.
- Of the **\$1.2 billion** in payments for **social and community participation**, **62%** went to registered providers, **38%** went to unregistered providers and **less than 1%** went to providers with unknown registration.
- Of the **\$629 million** in payments for **capacity building daily activities (therapy services)**, **60%** went to registered providers, **39%** went to unregistered providers and **1%** went to providers with unknown registration.

⁸⁷ Registration status of a provider may move between registered and unregistered over the quarter.

Figure 74: Split of payments by support category and provider registration in Q2 2022–23 – plan managers (\$m)⁸⁸

	Payments to registered providers (\$m)	Payments to unregistered providers (\$m)	Payments to providers with unknown registration (\$m)	Total (\$m)
Core support				
Daily activities - SIL	218	74	1	293
Daily activities - non-SIL	764	765	17	1,546
Social and community participation	763	468	5	1,235
Consumables and transport	65	25	9	98
Total core support	1,811	1,331	31	3,173
Capacity building				
Daily activities	378	245	5	629
Support coordination	45	28	0	72
Other capacity building support	34	19	1	54
Total capacity building support	456	292	6	755
Capacity supports				
Specialist disability accommodation	1	0	0	1
Assistive technology	76	7	1	84
Home modifications	8	8	0	16
Total capital supports	85	15	1	101
Total	2,352	1,638	38	4,029

Figure 75: Split of payments by support category and provider registration in Q2 2022–23 – plan managers (%)

	Payments to registered providers (%)	Payments to unregistered providers (%)	Payments to providers with unknown registration (%)	Total (%)
Core support				
Daily activities - SIL	75%	25%	0%	100%
Daily activities - non-SIL	49%	49%	1%	100%
Social and community participation	62%	38%	0%	100%
Consumables and transport	66%	25%	9%	100%
Total core support	57%	42%	1%	100%
Capacity building				
Daily activities	60%	39%	1%	100%
Support coordination	61%	38%	0%	100%
Other capacity building support	63%	36%	1%	100%
Total capacity building support	60%	39%	1%	100%
Capacity supports				
Specialist disability accommodation	100%	0%	0%	100%
Assistive technology	91%	8%	1%	100%
Home modifications	47%	50%	2%	100%
Total capital supports	84%	15%	1%	100%
Total	58%	41%	1%	100%

⁸⁸ Excludes \$114m paid to plan managers for plan management services.

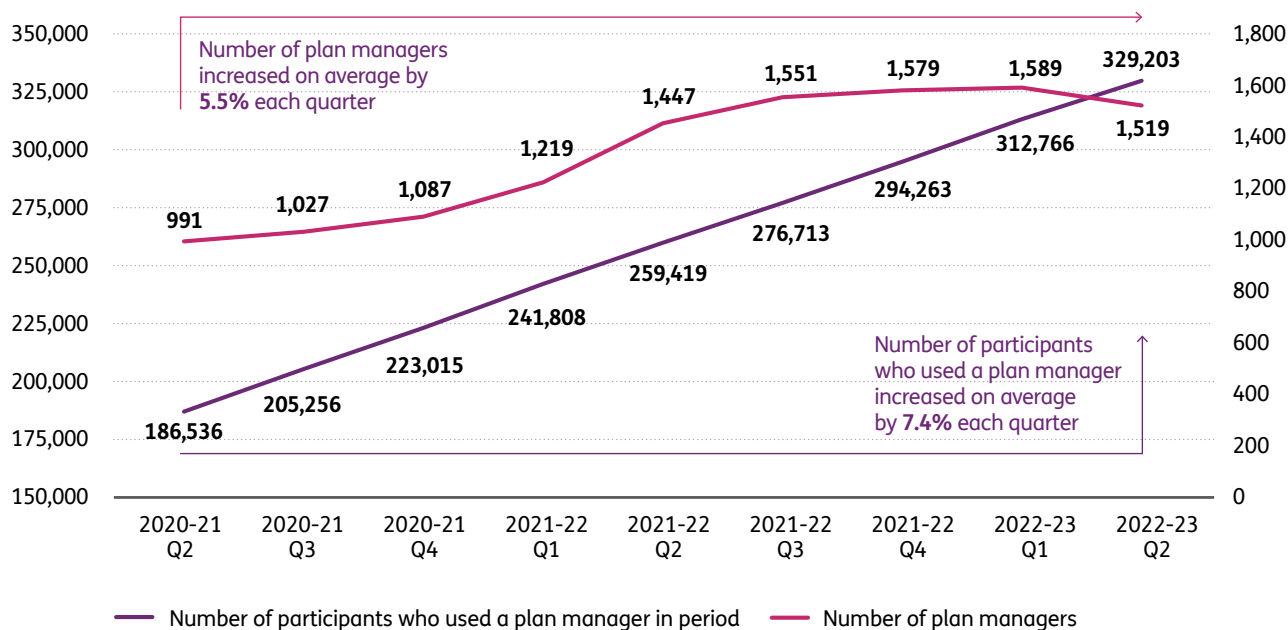
Although only 41 per cent of plan-managed payments went to unregistered providers, the market of unregistered providers is large, which means there are many providers receiving smaller total payments. Although only nine per cent of providers paid through plan managers are NDIS registered providers, they represent 59 per cent of total payments in the quarter. Further, 28 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 76: Number of providers servicing participants through a plan manager in Q2 2022–23

Payment band in quarter	Number of providers - plan-managed		Proportion of total payments in quarter	
	NDIS registered ⁸⁹	Unregistered ⁹⁰	NDIS registered ⁸⁹	Not registered ⁹⁰
1. Less than \$1k	1,039	44,107	0%	1%
2. \$1k to \$10k	3,549	60,380	1%	14%
3. \$10k to \$100k	5,265	30,754	8%	48%
4. \$100k to \$1m	3,290	2,108	44%	31%
5. More than \$1m	495	50	47%	6%
Total	13,638	137,399	\$2,352m	\$1,638m
Percentage	9%	91%	59%	41%

Over the past nine quarters, the number of plan managers has increased from 991 at 2020-21 Q2 to 1,589 at 2022-23 Q1 before reducing over the last quarter to 1,519, an overall quarterly average increase of 5.5 per cent. Over the same time period, the number of participants being supported by plan managers has increased from 186,536 to 329,203 – a quarterly average increase of 7.4 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.

89 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.
90 \$38m of payments made to providers with “unknown” registration status have not been included in this table.

Figure 77: Participants and providers with a plan manager by quarter – all participants


The largest ten plan managers received \$1.6bn payments in the December 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 78: Payments by provider registration for the largest ten plan managers by payments in Q2 2022–23 (% and \$m)

ABN	Provider 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%	40%	1%	2%	396
54609868993	Plan Management Partners Pty Ltd	56%	40%	2%	3%	271
24619787692	National Disability Support Partners Pty	61%	36%	0%	3%	199
62149233634	Integrated Care Pty Ltd	56%	39%	1%	4%	125
16621969337	Peak Plan Management Pty Ltd	61%	35%	0%	3%	123
92622499898	Leap In! Australia Ltd	49%	48%	0%	3%	110
69624874219	Maple Plan Pty Ltd	54%	43%	0%	3%	100
22729829472	Moirra Limited	61%	36%	1%	2%	93
18620281209	Instacare Pty Ltd	52%	43%	2%	3%	87
73624994565	Connect Plan Management Pty Ltd	54%	44%	1%	2%	76
Total largest 10 plan managers						1,581

4.5 Supported Independent Living (SIL)

\$2.7 billion of SIL supports was provided in the second quarter of 2022–23.

Total payments to participants in SIL have increased by 22 per cent annually over the last three years, from \$5.5bn to \$9.9bn. The number of participants has also increased from 22,277 at 31 December 2019 to 29,812 at 31 December 2022. This in part reflects phasing from the State/Territory programs into the NDIS.

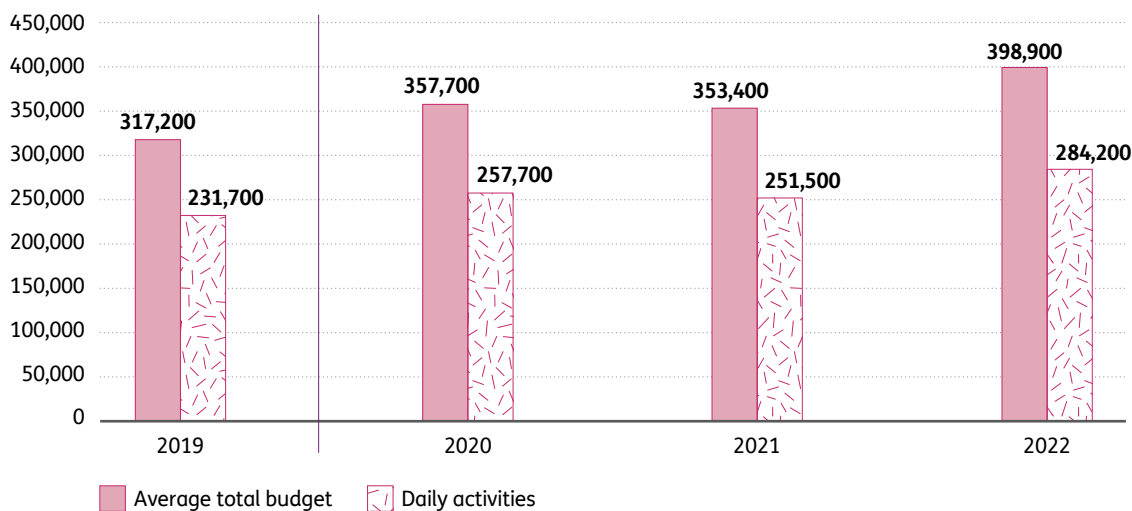
The average payment per participant for SIL supports has also increased, and comprises a large component of the total average payment for participants in SIL (noting that participants in SIL also receive other supports, such as core support for community participation, employment, and capacity building).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

Figure 79: Number of participants and payments for years ending 31 December – participants in SIL⁹¹

Year	2018	2019	2020	2021	2022	% increase (per annum)
Active participants	16,880	22,277	23,853	25,433	29,812	10%
Total payments (\$m)		5,469	7,426	8,253	9,869	22%
Average payment (\$)		279,400	322,000	334,900	357,300	9%
Total payments – core daily activities (\$m)		4,445	6,032	6,548	7,688	20%
Average payment – core daily activities (\$)		227,000	261,500	265,700	278,300	7%

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 26 per cent increase in average plan budgets, and 23 per cent increase in the average daily activities component of the plan budgets over the three years to 31 December 2022.

⁹¹ 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 2019 is not entirely on a like for like basis.

Figure 80: Average plan budgets over time for years ending 31 December – 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 years⁹², noting that these providers receive payments for other supports in addition to SIL.

Figure 81: Largest ten providers and core daily activities payments in years ending 31 December – participants in SIL⁹³

Provider ABN*	Provider name	Core daily activities payments (\$m)		
		2020	2021	2022
73628264460 ⁹⁴	Home@Scope Pty Ltd / Scope (Aust) Ltd / Disability Services Australia Limited	120	207	333
15101252171	Life Without Barriers	214	252	290
31001813403 ⁹⁵	Aruma Services / Aruma Services Victoria / Aruma Foundation / House With No Steps	233	249	265
87302064152	The Northcott Society	127	125	115
45000062288	Cerebral Palsy Alliance	107	120	110
80009670704	Endeavour Foundation	102	91	90
27009942269	CPL - Choice, Passion, Life	68	71	76
29001260153	The Disability Trust	72	70	74
14005304432	Yooralla	60	64	73
37020000711 ⁹⁶	Minda Incorporated / Minda Housing Limited	75	72	72
Total largest 10 providers		1,178	1,322	1,499

*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.

⁹² 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.

⁹³ 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.

⁹⁴ In addition, the following additional ABN for this provider is included in this analysis - 63004280871 and 35002507655.

⁹⁵ In addition, the following additional ABNs for this provider are also included in this analysis - 59032986751 and 86628265387.

⁹⁶ 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 17 per cent annually over the last three years, reaching 22,069 as at 31 December 2022. The average plan budgets for SDA supports have also increased by around 12 per cent per annum, leading to an increase in total SDA supports in participant plans by around 31 per cent per annum, from \$148 million as at 31 December 2019 to \$334 million as at 31 December 2022.

Total SDA payments have increased by 41 per cent annually over the last three years, from \$76 million to \$214 million.⁹⁷ The average SDA payments per participant have also increased, by 19 per cent per annum.

Figure 82: Number of participants, plan budgets and payments for years ending 31 December – participants with SDA supports

Year	2019	2020	2021	2022	% increase (per annum)
Active participants	13,683	15,667	16,972	22,069	17%
Total SDA supports (\$m)	148	198	231	334	31%
Average SDA supports (\$)	10,848	12,666	13,617	15,120	12%
Total SDA payments (\$m)	76	124	158	214	41%
Average SDA payments (\$)	6,574	8,429	9,688	10,953	19%

⁹⁷ 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 \$214m total SDA payments made in the year ending on 31 December 2022 includes off-system payments of \$10.5 million made in June 2022.

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.

Figure 83: Largest ten providers and SDA payments for SDA support item claiming in year ending 31 December – participants in SDA^{98,99}

Provider ABN*	Provider name	2020 (\$m)	2021 (\$m)	2022 (\$m)
64617052383 ¹⁰⁰	Home4life Limited / Compass Housing Services Co Ltd	9	13	16
97824335975 ¹⁰¹	The Trustee for Summer Housing SDA Trust / The Trustee for Summer Housing Pavilions SDA Trust / The Trustee for Summer Housing Impact SDA Trust / Summer Foundation Ltd	2	11	14
85236978396	The Trustee for The Disability Housing Trust of South Australia	3	6	5
69118571547	Disability Housing Limited	2	4	5
33931811019	Julia Farr Housing Association Inc	3	3	5
65152013913	Ability SDA Pty Ltd	2	4	4
70630278527	Enliven Housing Pty Ltd	0	1	3
66647041988	Hume Community Housing Association Co Ltd	3	3	3
49616736059	Disability Housing Solutions Pty Ltd	0	2	3
40007008853	Singleton Equity Housing Ltd	0	2	2
Total largest 10 providers		25	49	60

*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 31 December 2022 was 7,451¹⁰², up by 24 per cent annually over the last three years, and by 687 dwellings (10 per cent), compared to a year ago at 31 December 2021. This increase was observed across all design categories, except for Basic stock which saw a four per cent reduction (95 dwellings). The largest relative increase was for dwellings of the High Physical Support category (33 per cent, 566 dwellings) and the Robust design category (33 per cent, 146 dwellings). All states and territories excluding Western Australia, Tasmania and Northern Territory saw increases in enrolled dwellings.

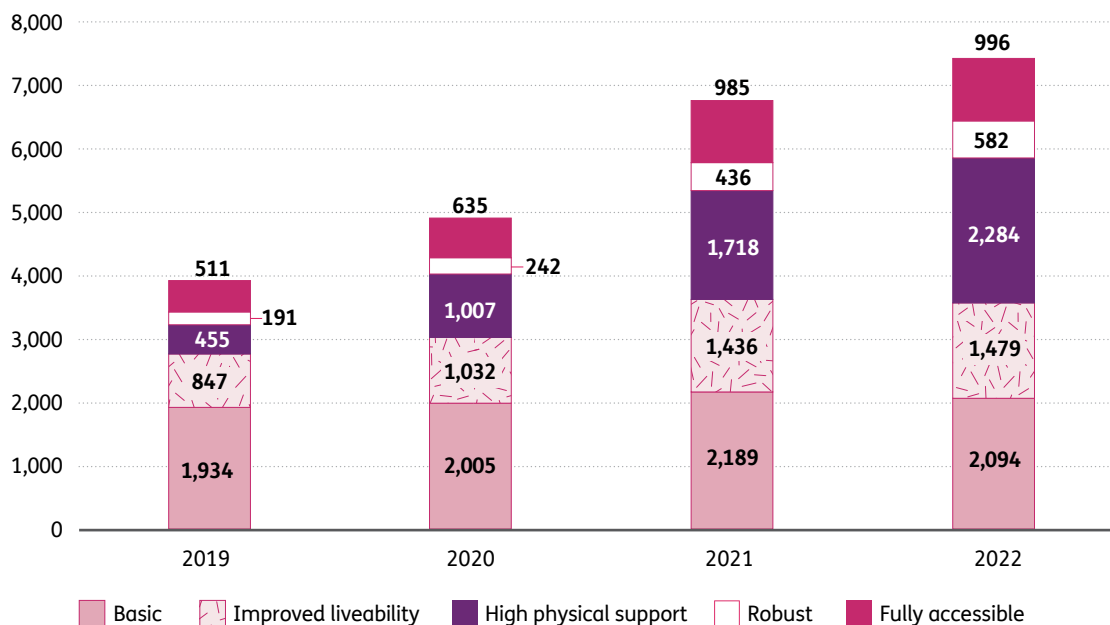
⁹⁸ The analysis does not include in-kind payments, but does account for \$10.5m in off-system SDA payments made in June 2022.

⁹⁹ 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.

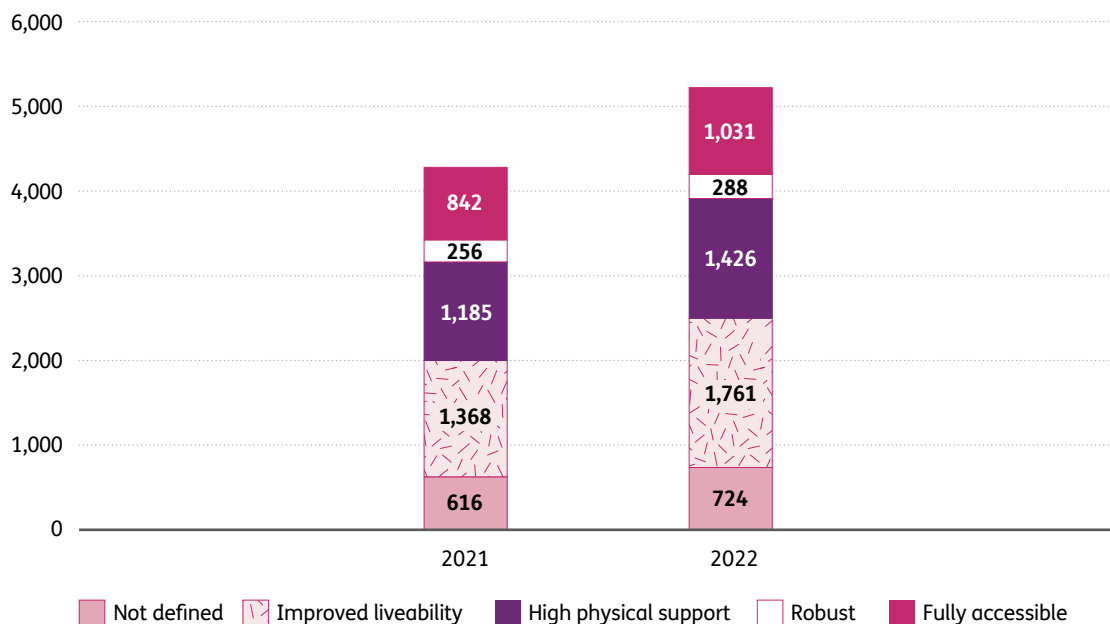
¹⁰⁰ In addition, the following additional ABN for this provider is included in this analysis – 84002862213.

¹⁰¹ In addition, the following additional ABNs for this provider are also included in this analysis – 21684858548, 75699253279 and 90117719516.

¹⁰² 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 7,654 at 31 December 2022.

Figure 84: Enrolled SDA dwellings (excluding in-kind) by design category for years ending 31 December¹⁰³


As at 31 December 2022, there were 3,848 participants in an SDA dwelling seeking an alternative dwelling and an additional 1,382 participants who were not in an SDA dwelling seeking a vacancy. Of the combined 5,230 participants seeking SDA dwellings, 1,761 (34 per cent) were for the Improved Liveability design category and 1,426 (27 per cent) were for High Physical Support.

Figure 85: Number of participants seeking SDA dwelling by design category for years ending 31 December


¹⁰³ Due to low volumes, 'Multiple Design Category' (16 in 2022, 0 in prior years) has not been shown.

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 December 2021 and December 2022, the market concentration performance metric has improved and choice and control performance metric has remained stable.

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.

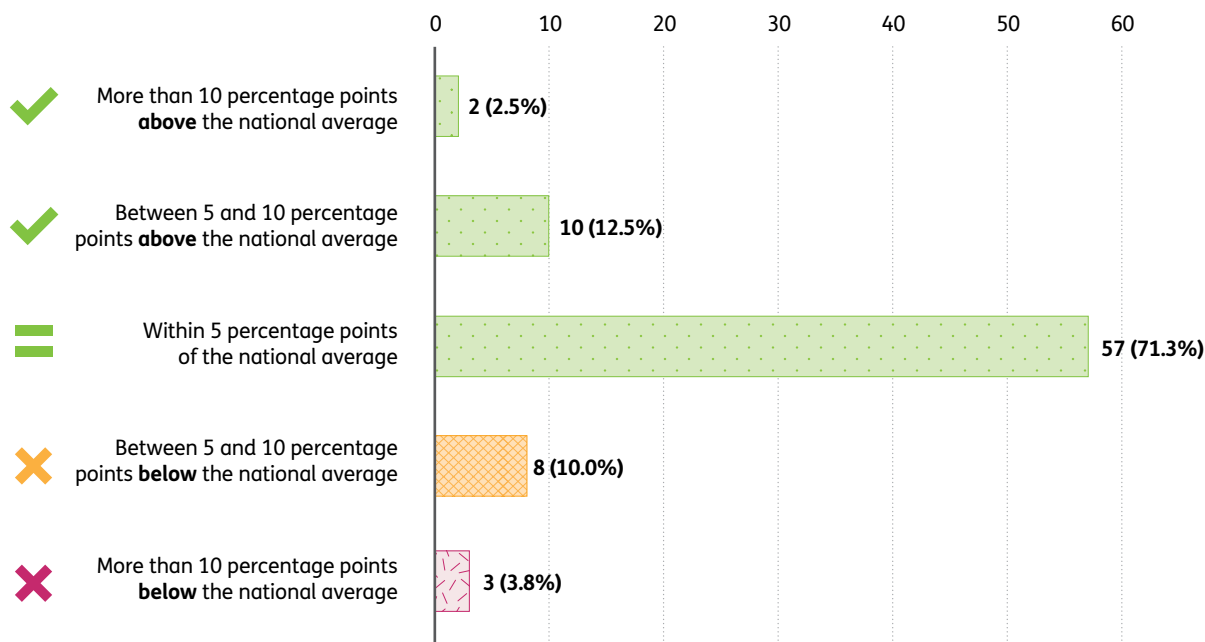
Overall, 57 of the 80 service districts (71 per cent) in the analysis were within five percentage points of the national average, two service districts (three per cent) was more than ten percentage points above the national average, and three service districts (four per cent) were more than ten percentage points below the national average.

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

At 31 December 2022:

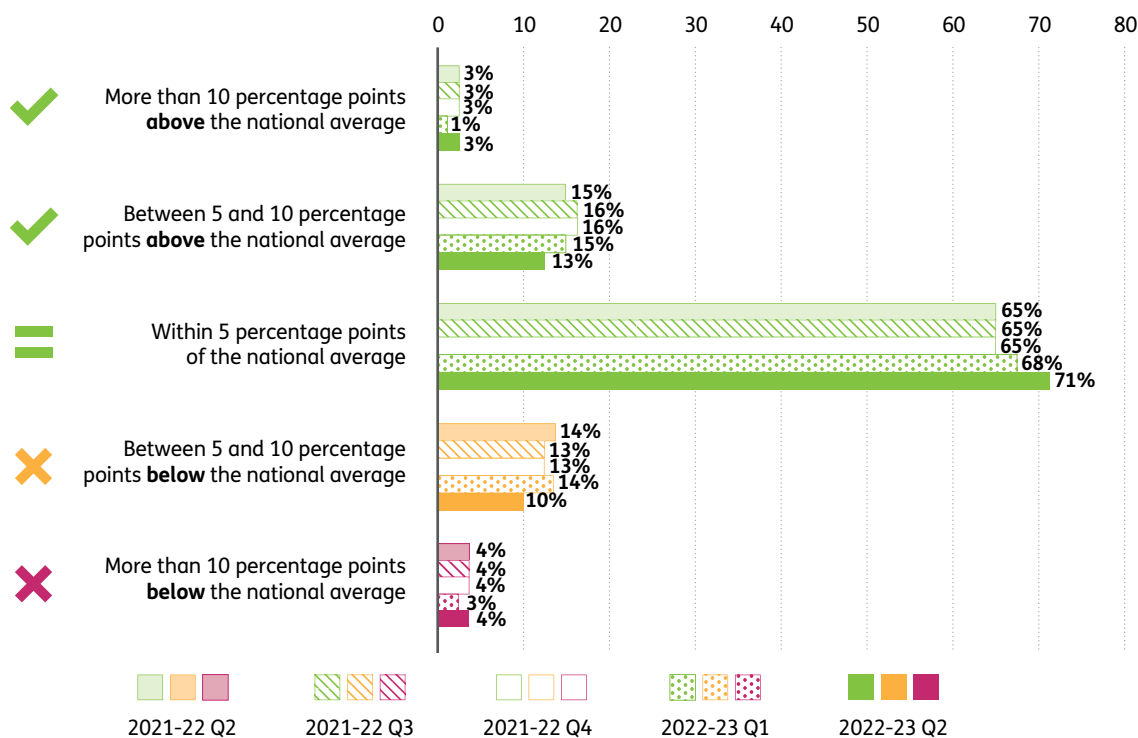
- **Darwin Remote** had **467** active participants and plan budgets totalling **\$32 million**
- **East Arnhem** had **222** active participants and plan budgets totalling **\$23 million**
- **Goldfields-Esperance** had **793** active participants and plan budgets totalling **\$64 million**

Figure 86: 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 stayed consistently between three and four per cent. The number of service districts within 5 per cent of the national average has increased from 65 per cent to 71 per cent.

Figure 87: Choice and control – number of service districts – gap to benchmark – trend



Utilisation

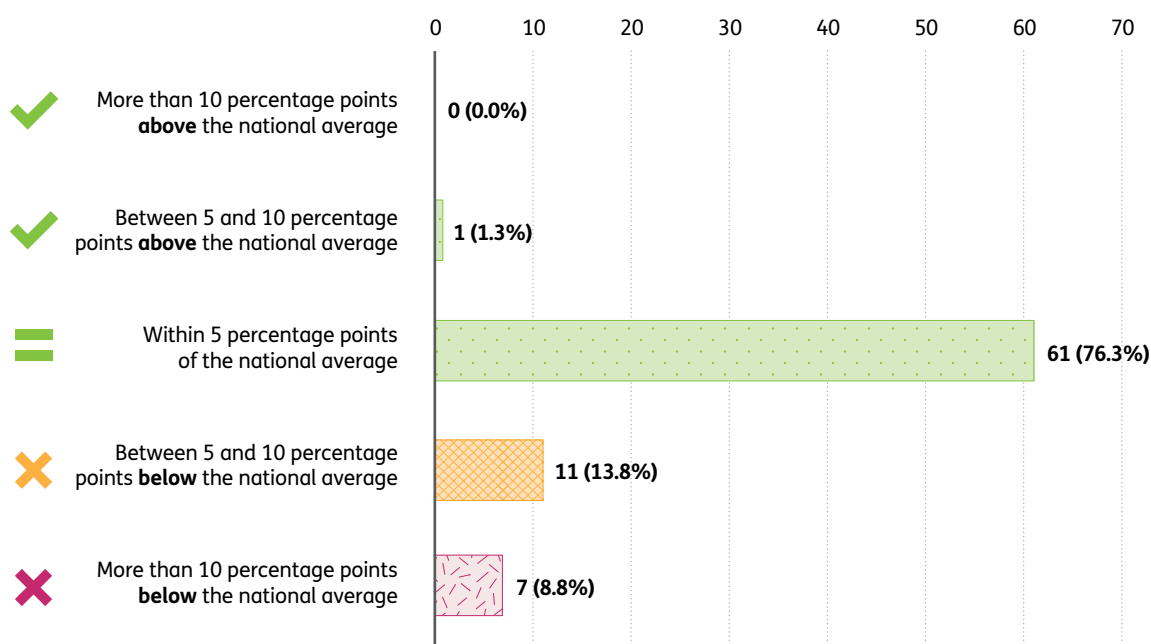
The average payment per participant has increased by 6.4 per cent per annum over the three years from 31 December 2019 to 31 December 2022, and the average plan budget has increased by 3.9 per cent per annum over the same three years. Participants are getting more support over time so understanding differences 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, 61 of the 80 service districts (76 per cent) in the analysis are within five percentage points of the national average¹⁰⁴, no service districts were more than ten percentage points above the national average, and seven service districts (nine 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 six at 30 September 2022 to seven this quarter. The seven 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, Wheat Belt 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 88: Utilisation – number of service districts – gap to benchmark

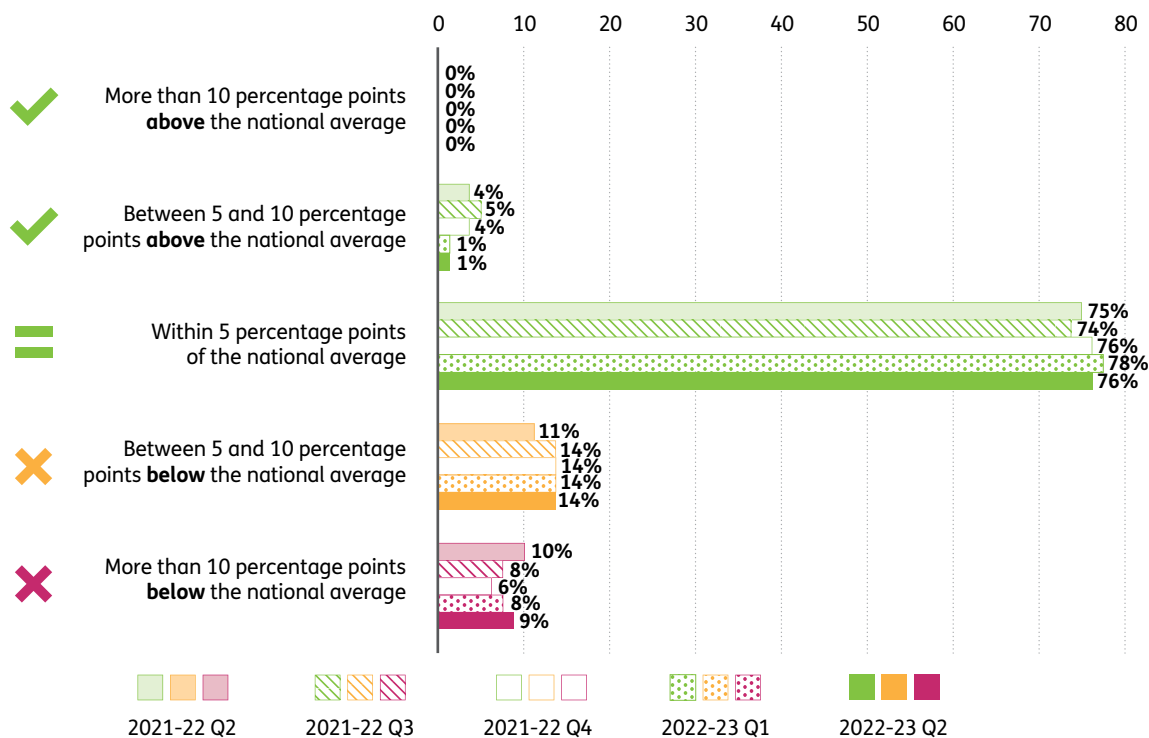


¹⁰⁴ Utilisation has been adjusted to account for the differences in the proportion of participants in each service district receiving SIL, along with the time participants have been in the Scheme.

Over the last year, the number of service districts more than ten percentage points below the national average has decreased from eight (ten per cent) to seven (nine per cent). The number of service districts within five percentage points of the national average has increased from 60 (75 per cent) to 61 (76 per cent).

The number of service districts between five and ten percentage points below the national average has increased from 9 (11 per cent) to 11 (14 per cent) over the last year.

Figure 89: Utilisation – number of service districts – gap to benchmark – trend



Market concentration

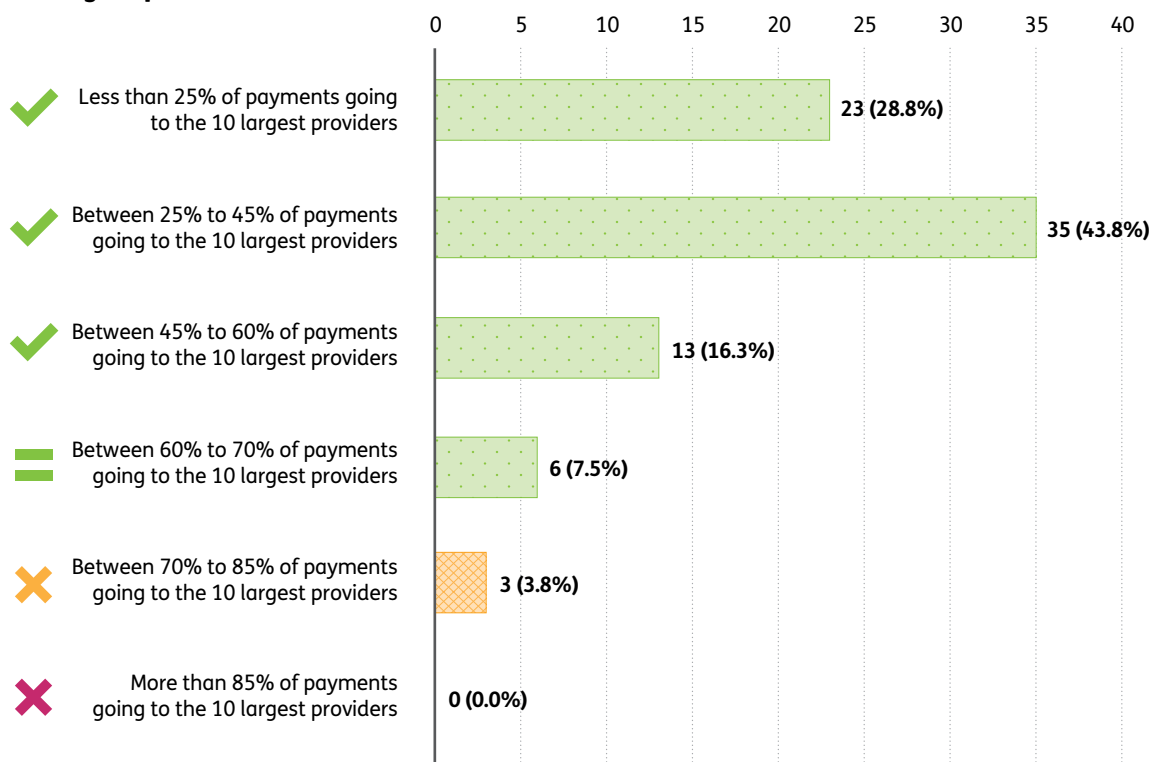
Understanding the distribution of payments to service providers in a service district can indicate whether a small number of providers receive most of the payments from the NDIA, or whether a large number of providers are receiving the payments. Where only a small number of providers are receiving a 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 the previous 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 31 December 2022, for the six month period to 30 September 2022, seven per cent of NDIS payments across Australia were paid to the largest ten service providers, excluding providers paid through self-managed payments.

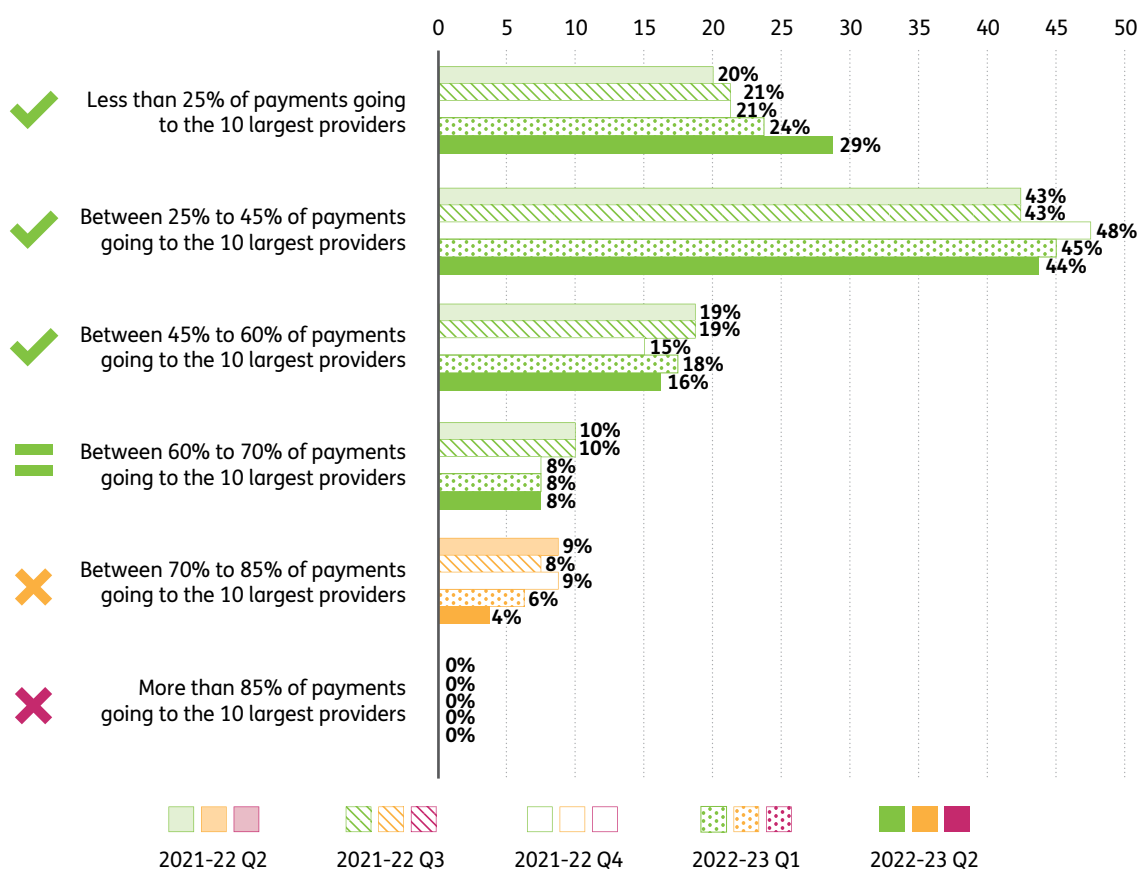
The analysis below considers payments to providers in the six month period to 30 September 2022. There are three service districts where 70 per cent or more of payments go to the largest ten providers (four per cent) and 58 service districts where less than 45 per cent of payments went to the ten largest providers (73 per cent).

Figure 90: Market concentration – number of service districts by percentage of payments going 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 nine (11 per cent). Further, in the December 2022 quarter, there were no service districts where the ten largest providers received more than 85 per cent of payments. This is the fifth quarter where this has been the case.

Figure 91: Market concentration – number of service districts by percentage of payments going to the 10 largest providers – trend



4.8 COVID-19 Assistance

COVID-19 support for providers continues.

The ongoing pandemic means that there still exists challenges for disability service providers to manage COVID-19 outbreaks, whilst continuing to provide essential services. The NDIA extended current measures to ensure continuity of essential supports for participants.

The NDIA continues to support providers to manage the impact of the COVID-19 pandemic. The NDIA maintains regular communication with providers, sharing information about NDIS supports, disability and health related advice from a range of peak bodies including DoHAC, DSS, NQSC and National Disability Services (NDS), increasing emergency response awareness and building future capability.

The SIL Additional Support payments measure continues, allowing providers to claim \$1,200 per household. This support recognises that providers of SIL will sometimes incur additional costs in providing supports to participants when they are required to self-isolate or quarantine in accordance with relevant COVID-19 health advice, and to ensure their personal safety and wellbeing.

Where additional cleaning and associated costs are incurred due to participant related COVID-19 infections, providers can continue to access payments for deep cleaning services.

National Workforce Support measures continued throughout Q2 2022–23, however, there have been no requests for support since September 2022. Feedback has indicated providers are managing well, despite fluctuating COVID-19 infection rates seen across the country.

Webinars conducted between July and August 2022 have been published for providers to access to support ongoing training and knowledge transfer.

The NDIA continues to monitor and review COVID-19 measures to ensure they remain fit for purpose and responsive to changing COVID-19 conditions. The [NDIS website](https://www.ndis.gov.au/coronavirus)¹⁰⁵ provides links to a range of useful resources to help participants, their families and support providers/workers to develop emergency response plans to manage the impacts of critical events, including COVID-19.

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.¹⁰⁶

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.

¹⁰⁵ <https://www.ndis.gov.au/coronavirus>

¹⁰⁶ <https://data.ndis.gov.au/reports-and-analyses/market-monitoring#specialist-disability-accommodation-sda-quarterly-report>

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.

SDA Pricing Review

The Specialist Disability Accommodation Pricing Review 2022–23 that examines the way the Agency sets limits for pricing SDA is progressing and on schedule for completion by June 2023.

A procurement process for a supplier of technical advice and analysis services resulted in the appointment of Ernst & Young on 25 October 2022.

The first tranche of SDA Pricing Review engagement involving key SDA and sector stakeholders has concluded with more than 100 organisations and individuals consulted via a series of workshops and other sessions. In parallel to this sector engagement, the SDA Pricing Review Consultation Paper was released triggering the commencement of a public submissions process that concluded on 9 December 2022. The submissions are currently being reviewed and will inform the final SDA Pricing Review report recommendations.

As required under the SDA Pricing Framework, a panel of independent experts has been established with six individuals with expertise in their fields. A key role of the SDA Pricing Review Panel is to ensure the Review process is comprehensive and transparent. In addition, Disability Ministers nominated representatives from each State and Territory jurisdiction to participate on the SDA Pricing Review Government Reference Group. The introductory meeting for this group occurred on 6 December 2022, with further engagement to continue in January 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 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 two 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 supports the expansion of knowledge of innovative practice within home and living options, fosters collaboration and sharing of information and learnings.

The NDIA has committed to further rounds of demonstration projects and is preparing for the release of Round 2 opportunities in early 2023.

4.10 Thin markets

Market development projects continue to support participants across Australia.

To date, over 40 placed-based market interventions have been undertaken in communities across Australia to enable participant access to timely and quality supports. Twenty-five of the market interventions have been delivered in remote or very remote locations, with 21 now complete. Four of the remote projects remain active. These include one in the Kimberley, one on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands and two in Western NSW. In all but one of the 21 completed projects the average payments per participant have increased. This indicates an uptake of services by participants in the project locations. Participants in these markets have been supported to connect with new services through a mix of Coordinated Funding Proposals (CFP), direct commissioning, and facilitation activities. The remaining 15 market intervention projects are spread across metropolitan, regional, and remote Australia.

The NDIA will release its Thin Market evaluation report in 2023. The report focused on the Thin Market trials undertaken in the locations identified by the Disability Reform Council and the effectiveness of the market intervention tools used in the projects. The evaluation identified some positive outcomes, and the Agency is committed to refining the tools and scaling up intervention work.

Participants, their families, and support networks will benefit with the public release of the CFP toolkit in Q2 2022–23. The toolkit includes templates and guidance to support participants to pool their funds and attract providers into underservices locations. The NDIA will deliver “CFP 101” training sessions in 2023 for participants, their support networks, and providers.

During quarter two, the collaborative approach to market facilitation has continued with the NDIA and the Boosting the Local Care Workforce (BLWC) holding two forums. The sessions were well attended and feedback from attendees provided valuable local context to market challenges. Further forums are planned to be held in 2023.

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 on 1 October 2022 after the conclusion of the Annual Pricing Review 2021–22. More information about NDIS pricing arrangements can be found on the [NDIS website](https://www.ndis.gov.au/providers/pricing-arrangements)¹⁰⁷.

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.

The NDIS Pricing Arrangements Reference Group (formerly known as the Pricing Reference Group) will be meeting in early 2023 to discuss 2022–23 NDIS pricing activities acknowledging the heightened cost of living pressures and the recent NDIA Scheme projections.

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



Now and forever with guitar in hand



Life for singer-songwriter **Steve**, 48, changed forever when he received a Christmas present from his parents as an wide-eyed 10-year-old.

“For Christmas in 1984, my parents bought me my first guitar,” the 48-year-old from Brisbane’s bayside said. “Music has always played a major part in my life.”

Steve, who was born blind after contracting Norrie disease, knew what he wanted out of life the moment he picked up that guitar.

“Before the guitar, I had some keyboards, which I was really bad at,” Steve said. “The keyboards were a chore. But when I got the guitar, that changed everything. It was never practice – it became an obsession.

Still in school, Steve formed a duo, The Sparrows, with sister Michelle. They performed at country music festivals both here and abroad before Steve went solo in the 1990s.

When he’s not performing in pubs, clubs and festivals around southeast Queensland, Steve works with other artists at Sparrow Sound Studio, his home recording rooms.

He also works as a producer for Reading Radio, a not-for-profit organisation servicing southeast Queensland’s vision-impaired and blind communities.

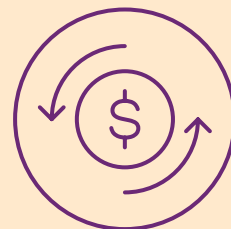
Steve is in the throes of finishing a new album called *Now and Forever*. It should be available early in the new year.

An NDIS participant since 2019, Steve uses assistive technology such as a screen reader and has help with transportation as well as domestic duties around the family home.

“My quality of life has improved in many ways since joining the NDIS,” the father of one said. “It’s a helping hand that can make a world of difference.”

Section five:

Financial sustainability





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

5.1 Participants and cost projections

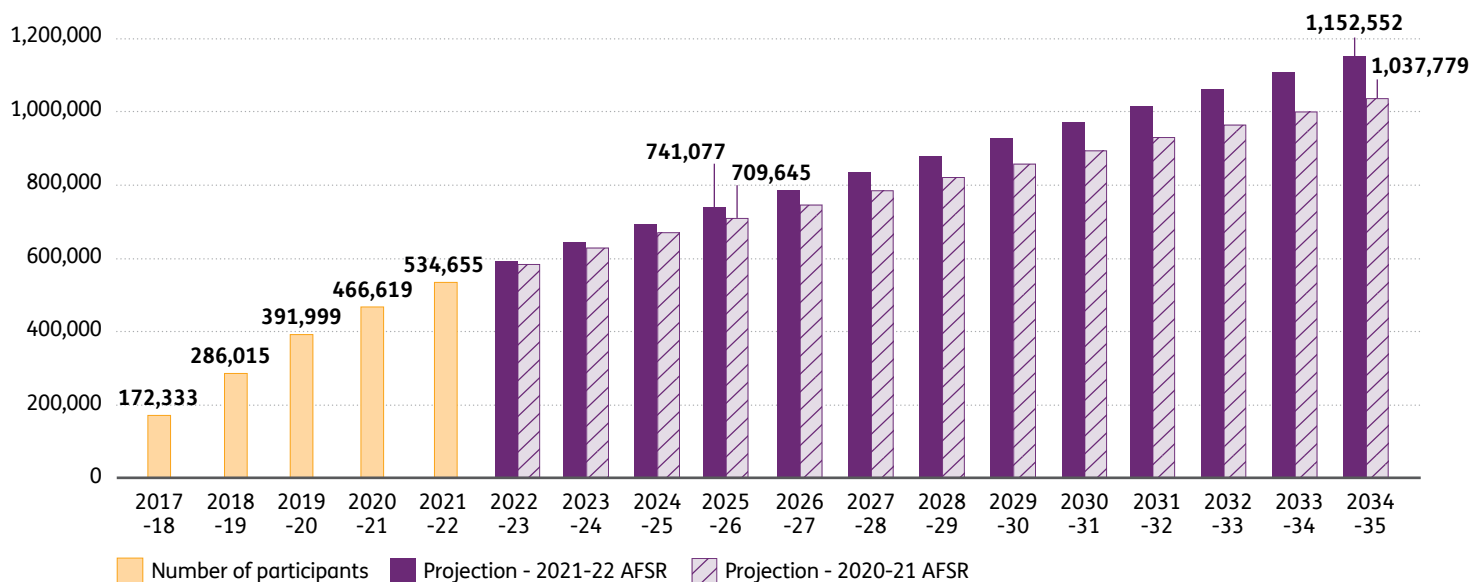
On 4 November 2022, the NDIA Board released both the AFSR, and the Peer Review Report.

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.¹⁰⁸ 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 92: Actual and projected participants (2021–22 AFSR and 2020–2021 AFSR)



¹⁰⁸ 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 93: Projected Scheme expenses

Scheme expenses (\$m)	2022–23	2023–24	2024–25	2025–26	2031–32
Scheme expenses (aged 0 to 64 years)	31,394	34,874	39,955	45,187	77,843
Scheme expenses (aged 65 years and over)	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 on the NDIS website:

[Annual Financial Sustainability Report](#)¹⁰⁹ – published 4 November 2022

[Independent Actuary Peer Review Report](#)¹¹⁰ – 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.

¹⁰⁹ <https://www.ndis.gov.au/about-us/publications/annual-financial-sustainability-reports>

¹¹⁰ Ibid.

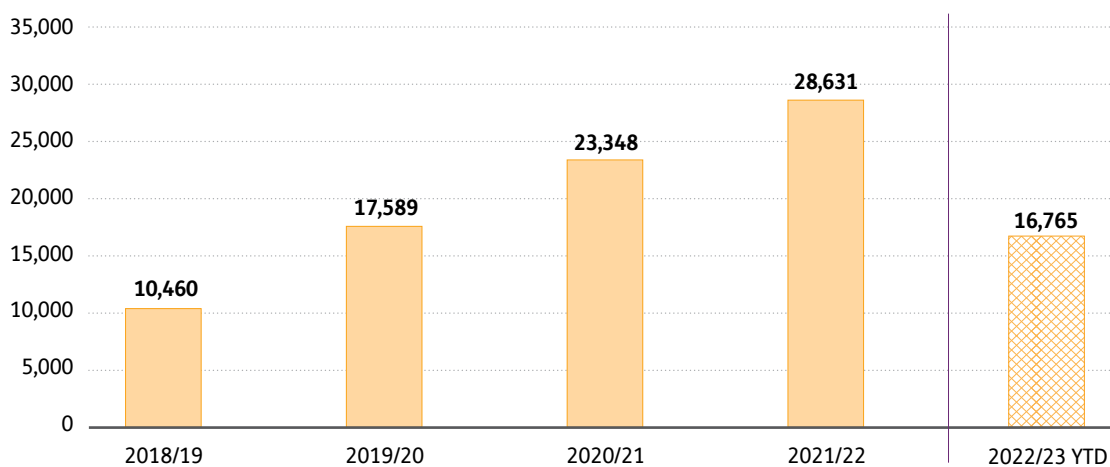
5.2 Total payments

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

Total payments have increased over the last three years, from \$10.5 billion in the year to 30 June 2019 to \$28.6 billion in the year to 30 June 2022. The payments in the 6 months to 31 December 2022 were \$16.8 billion.¹¹¹

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.

Figure 94: Total payments (\$m) for financial years ending 30 June and the six months to 31 December 2022¹¹²



¹¹¹ This compares to \$13.2 billion in the 6 months to 31 December 2021.

¹¹² Total payments are based on an accrual basis, sourced from the NDIA Annual Reports.

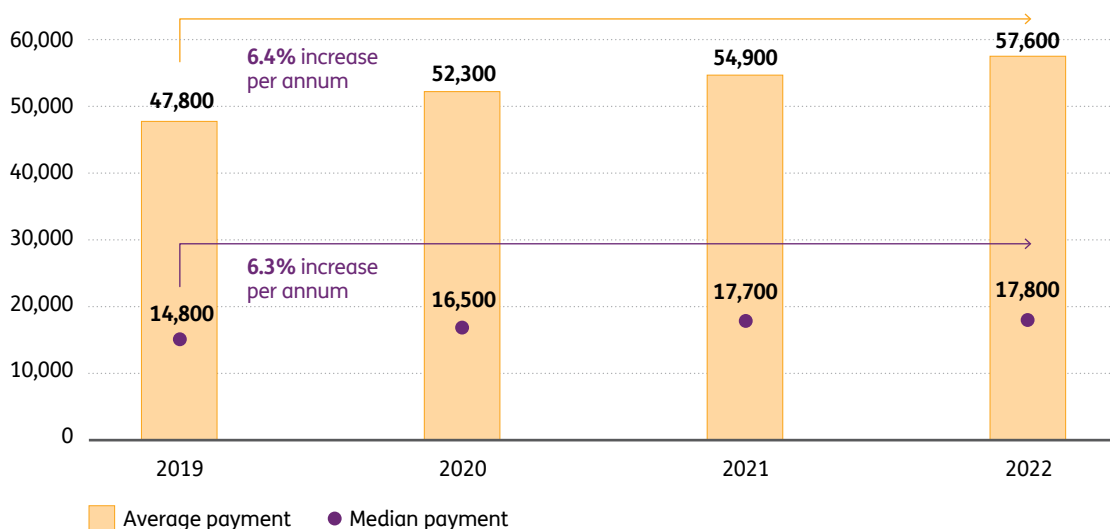
5.3 Average and median payment trends

Average and median payments per participant have increased by 6.4 per cent and 6.3 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.

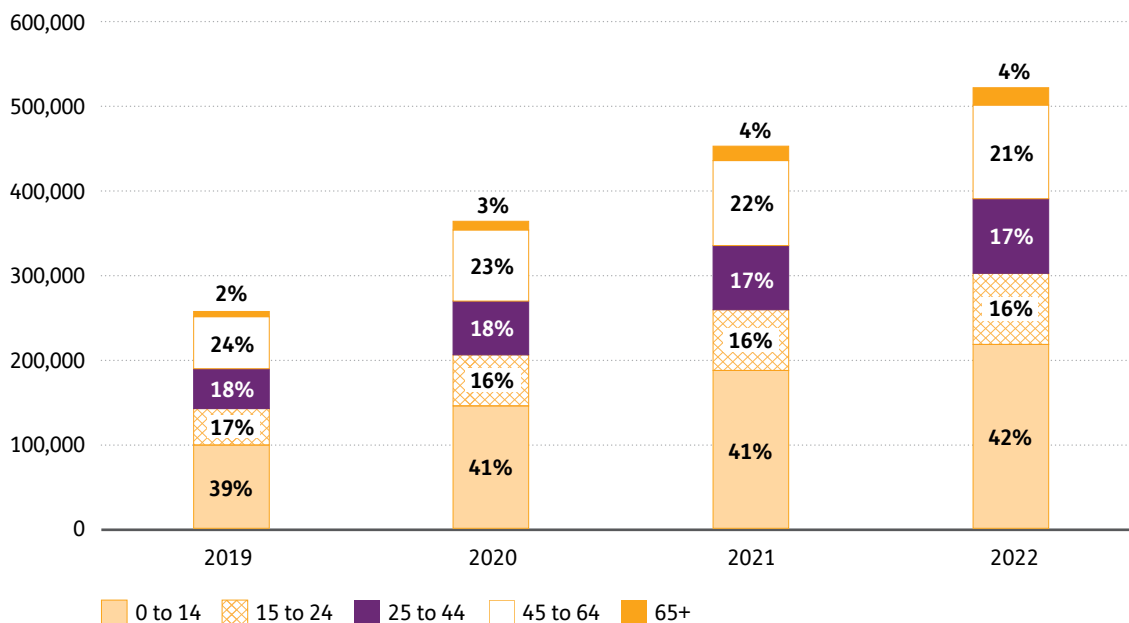
Trends in average and median payments per participant between 1 January 2019 and 31 December 2022 indicate that average payments have increased by 6.4 per cent per annum, and median payments have increased by 6.3 per cent per annum.

Figure 95: Average and median payments for years ending 31 December - all participants

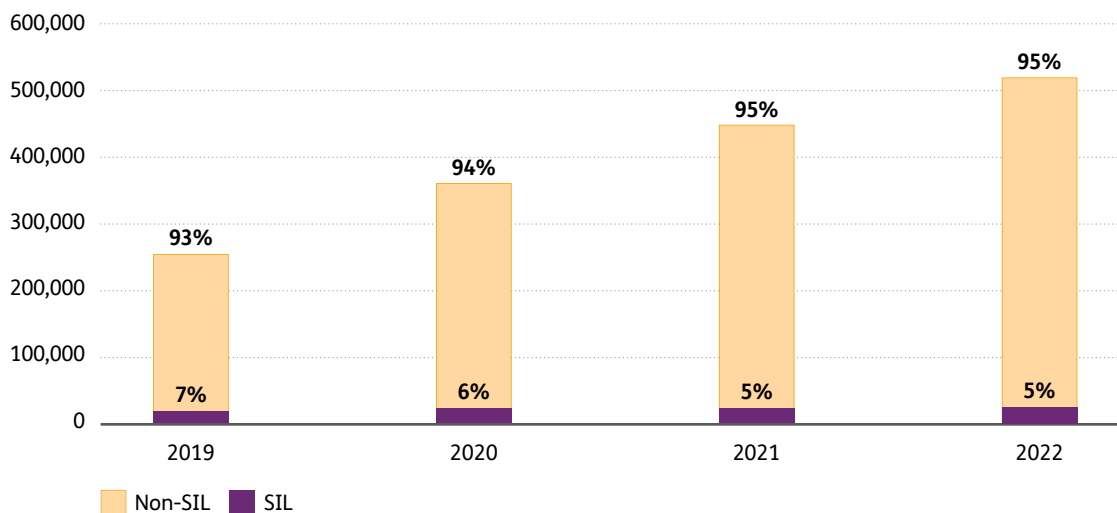


Trends in average and median payments are affected by changes in the profile of participants in the Scheme over time. Specifically, average payments are much higher for participants in SIL than those not in SIL (\$357,300 versus \$41,000 respectively, in the year to 31 December 2022). Average payments are also higher for adults compared with children (\$64,400 for participants not in SIL aged 25 to 64 versus \$18,900 for those aged 0 to 14 years, in the year to 31 December 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 to 14 years has increased from 39 per cent at 31 December 2019 to 42 per cent at 31 December 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 96: Average proportion of participants by age band for years ending 31 December (%) – all participants¹¹³

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

Figure 97: Average proportion of participants in and not in SIL for years ending 31 December (%) – 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.

¹¹³ Figure contains the average number of participants at 1 January and 31 December of each year.

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 8.5 per cent, and the average payment has increased for participants not in SIL by 10.1 per cent per year. These averages are higher than the overall average (of 6.4 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 5.7 per cent, and the median payment has increased for participants not in SIL by 7.7 per cent per year.

Figure 98: Average and median payments for years ending 31 December - participants in SIL

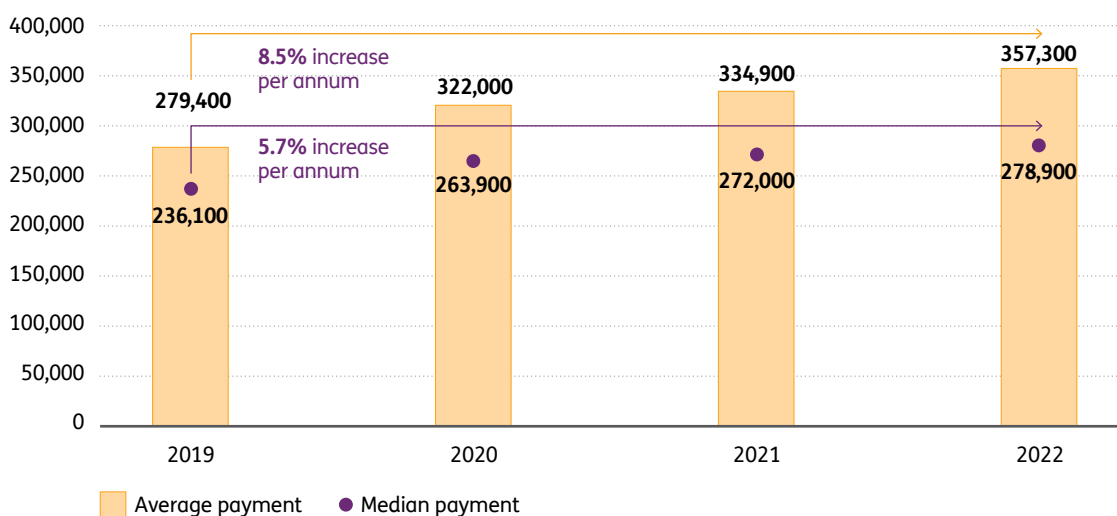
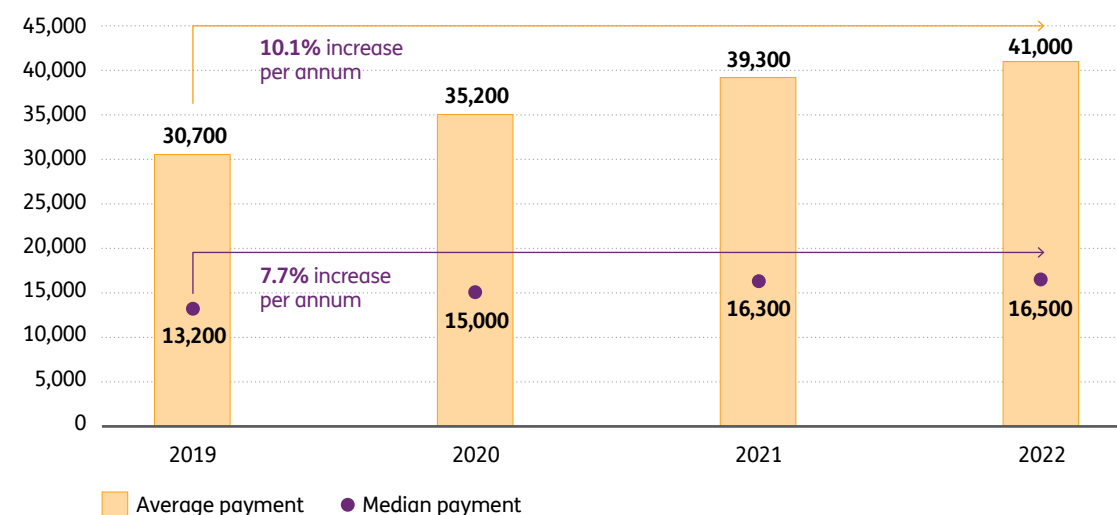


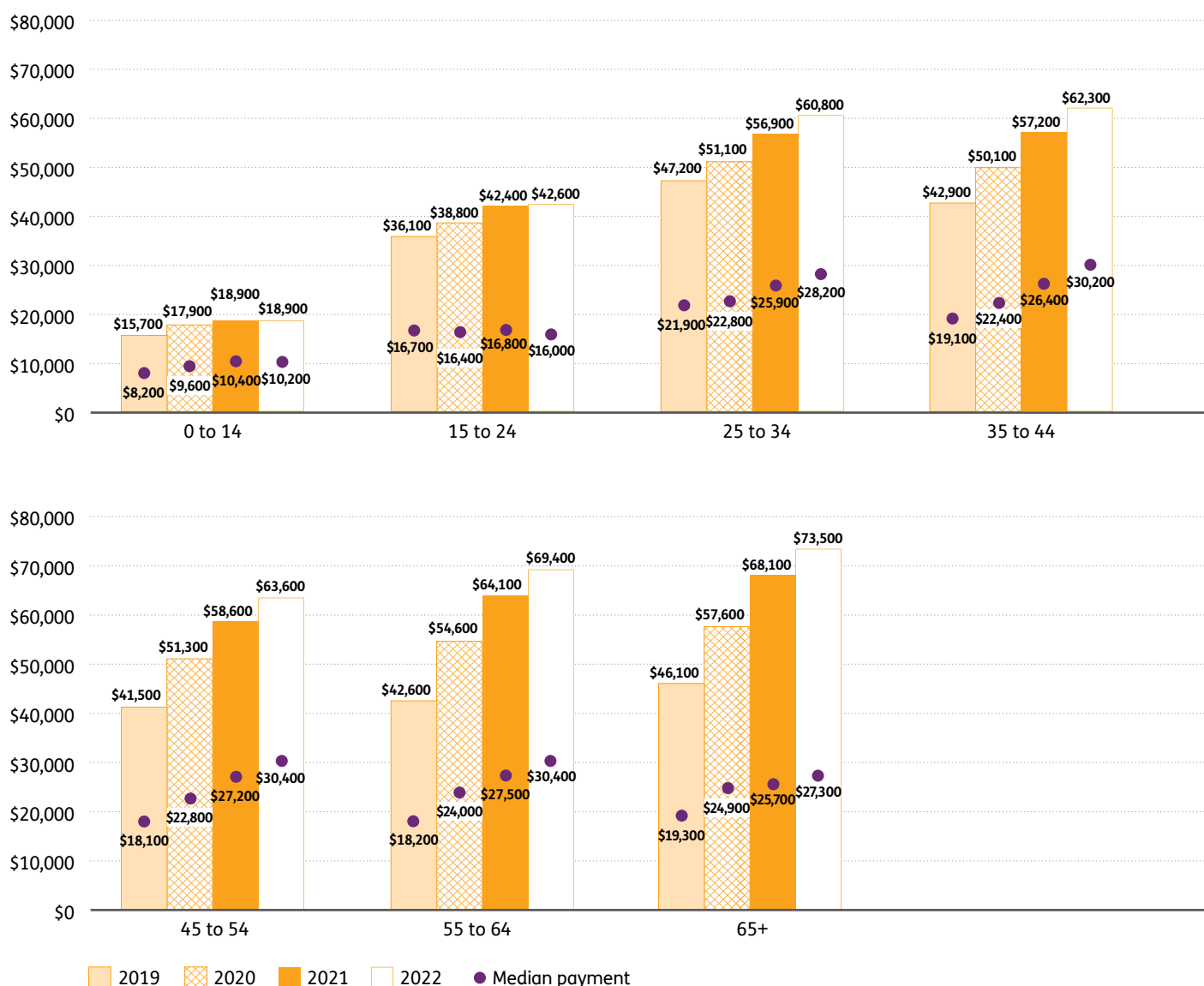
Figure 99: Average and median payments for years ending 31 December - participants not in SIL



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 \$18,900 in the year to 31 December 2022, compared to \$42,600 for those aged 15 to 24 years and \$63,600 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 100: Average and median payments for years ending 31 December by age group - participants not in SIL

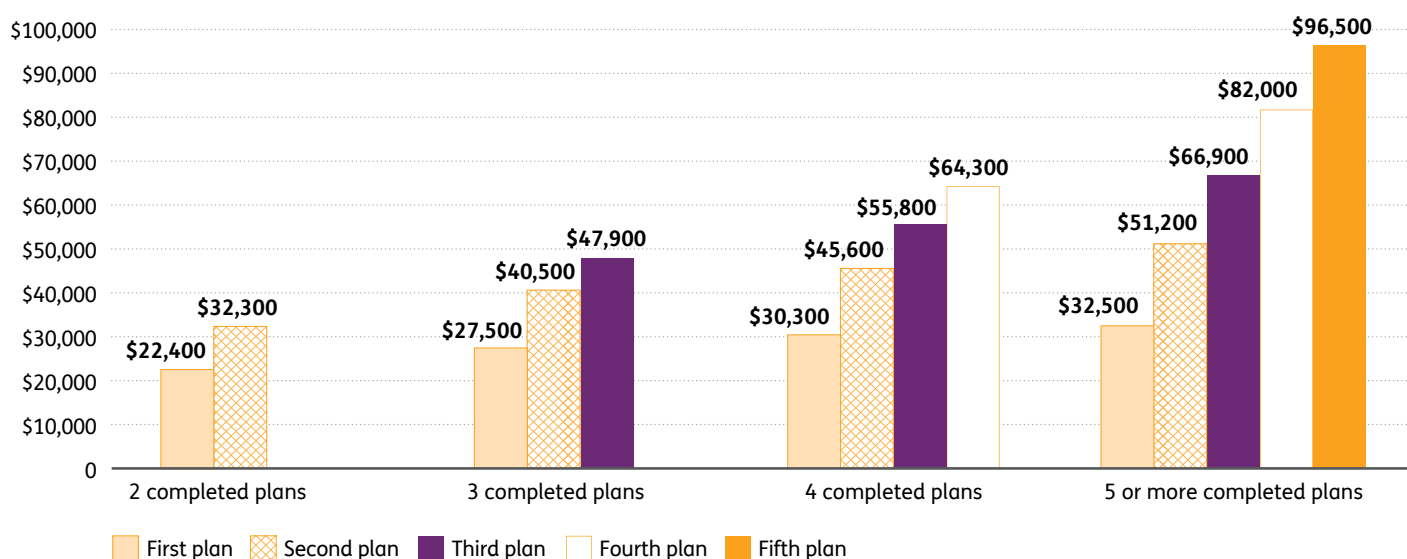


As previously noted, the mix of participants in the Scheme has changed, with proportionally more children in the Scheme, and proportionally less participants in SIL. It is therefore important to understand trends in average payments for the same cohort of participants over time.

Figure 101 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 \$27,500 for the first plan to \$47,900 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 58 per cent, compared to 18 per cent between the fourth and fifth plans.

Figure 101: 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 31 December 2022:

- Average plan budgets have increased by **3.9%** per annum for all participants
- Average plan budgets have increased by **7.9%** per annum for participants in SIL
- Average plan budgets have increased by **5.1%** per annum for participants not in SIL.

The slight decreases in the year ending 31 December 2021 is due to new participants that entered the Scheme between 1 January 2021 and 31 December 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 31 December 2020 and at 31 December 2021, the average plan budget **increased** from \$71,200 to \$74,200 (4.2 per cent). Similarly, for participants who were in the Scheme at 31 December 2021 and at 31 December 2022, the average plan budget **increased** from \$68,500 to \$79,800 (16.5 per cent).

Figure 102: Average annualised plan budgets for years ending 31 December – all participants



Figure 103: Average annualised plan budgets for years ending 31 December – participants in SIL

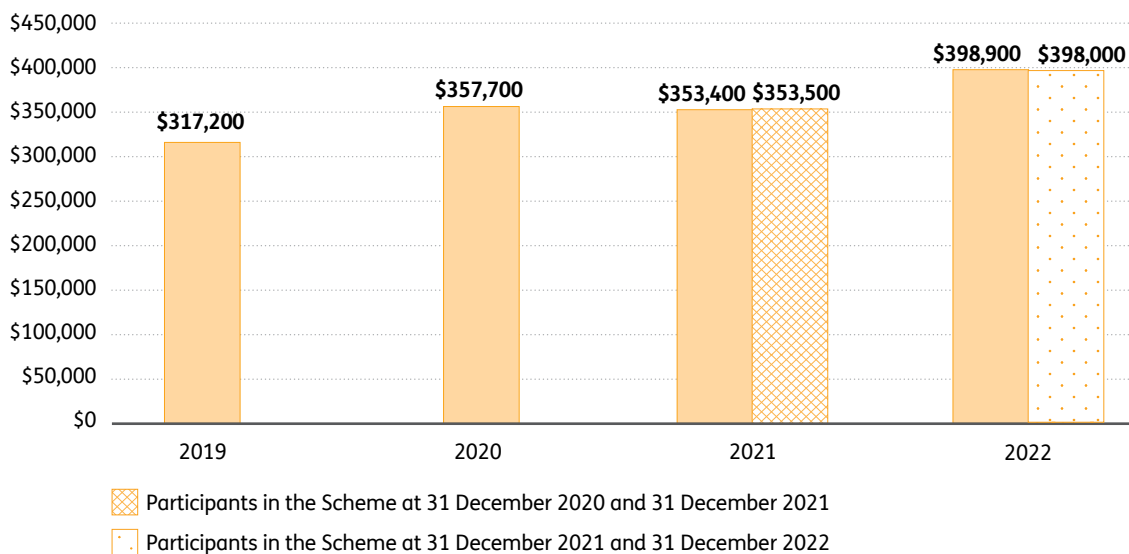
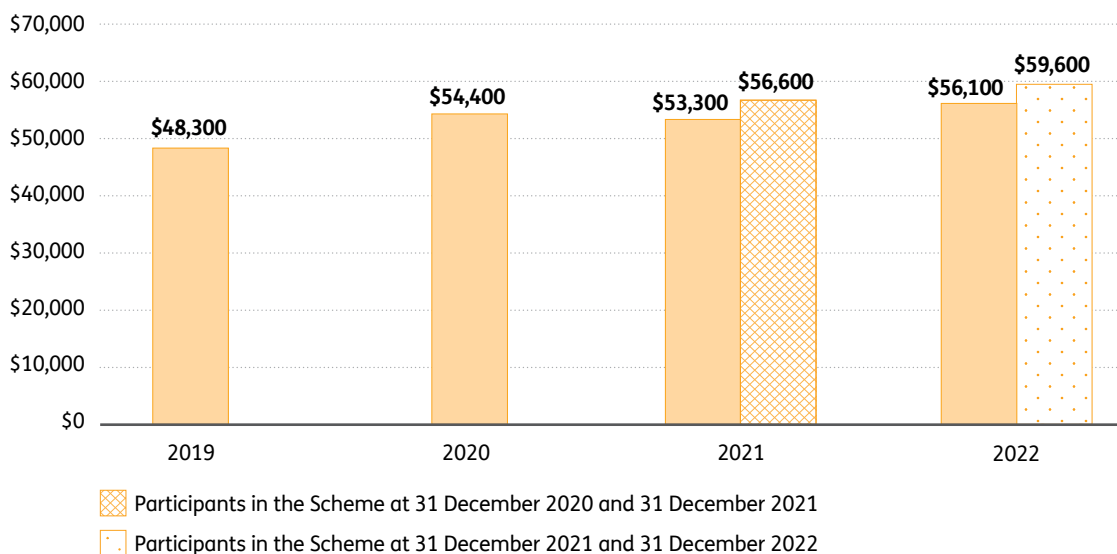
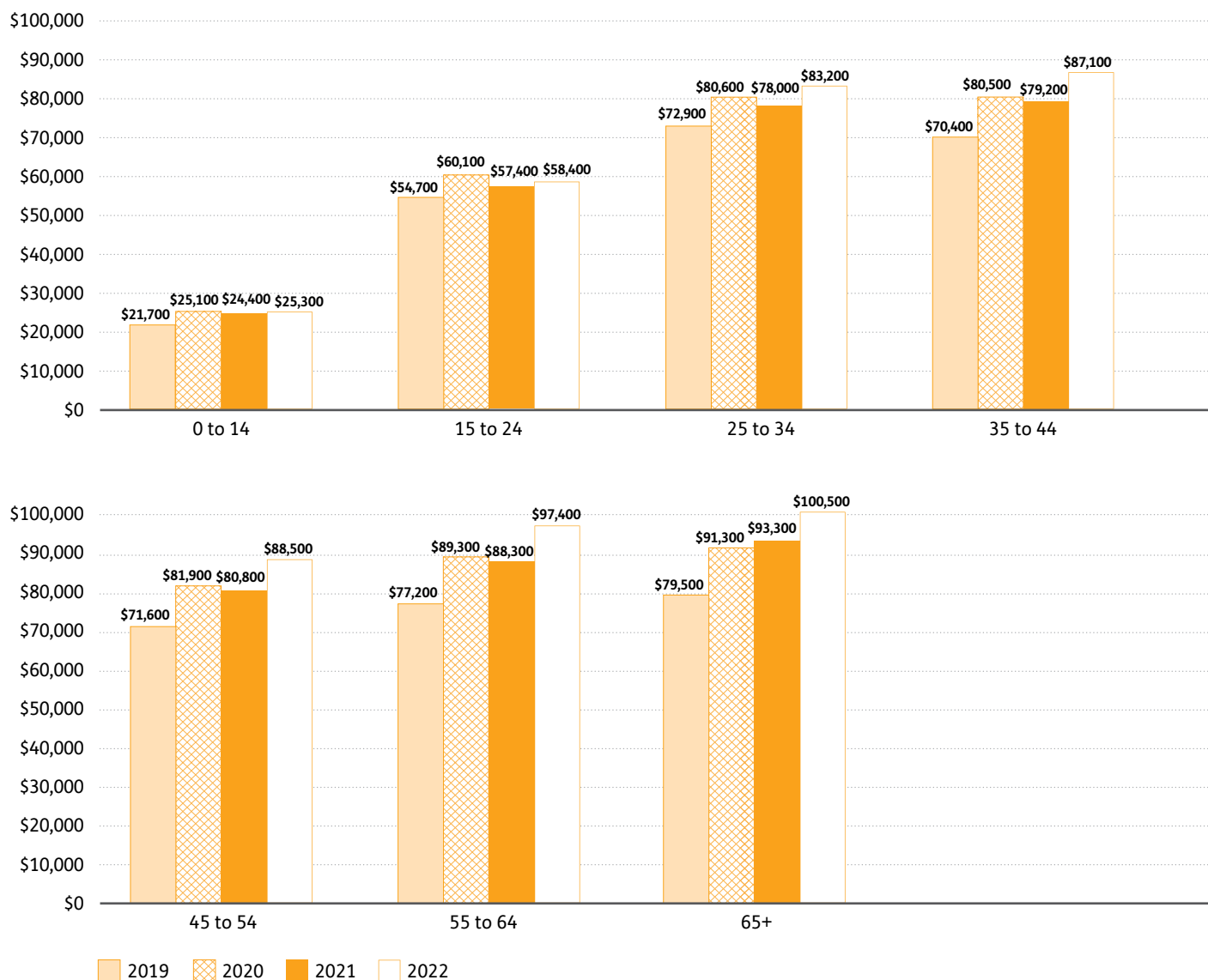


Figure 104: Average annualised plan budgets for years ending 31 December – participants not in SIL



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 eight per cent per annum, and lowest for participants aged 15 to 34 years at around two 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 105: Average annualised plan budgets for years ending 31 December by age group – participants not in SIL

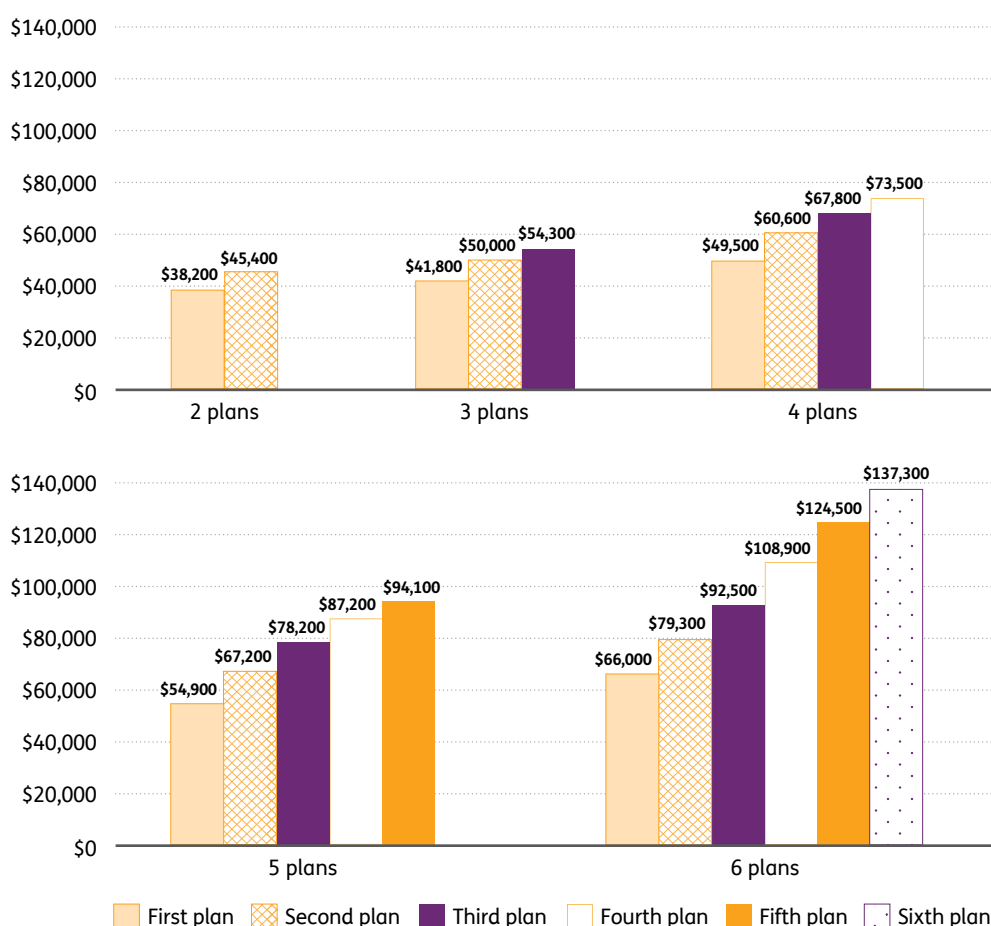


As the mix of participants has changed over time, understanding trends in average plan budgets for the same group of participants over time is important.

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 \$41,800 for the first plan to \$54,300 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 \$38,200 for the first plan, compared to \$41,800 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 106: Average annualised plan budgets for participants over time



Plan reassessments and plan budgets variations

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](#)¹¹⁴ which details the reasons why a new plan could be different to a current plan.

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.

Plan inflation

In the December 2022 quarter, total plan inflation was 3.8 per cent (15.9 per cent per annum). Of the 15.9 per cent per annum total plan inflation in the quarter, 8.7 per cent was due to changes at plan reassessment, and 7.2 per cent was due to changes occurring within a plan between reassessments.

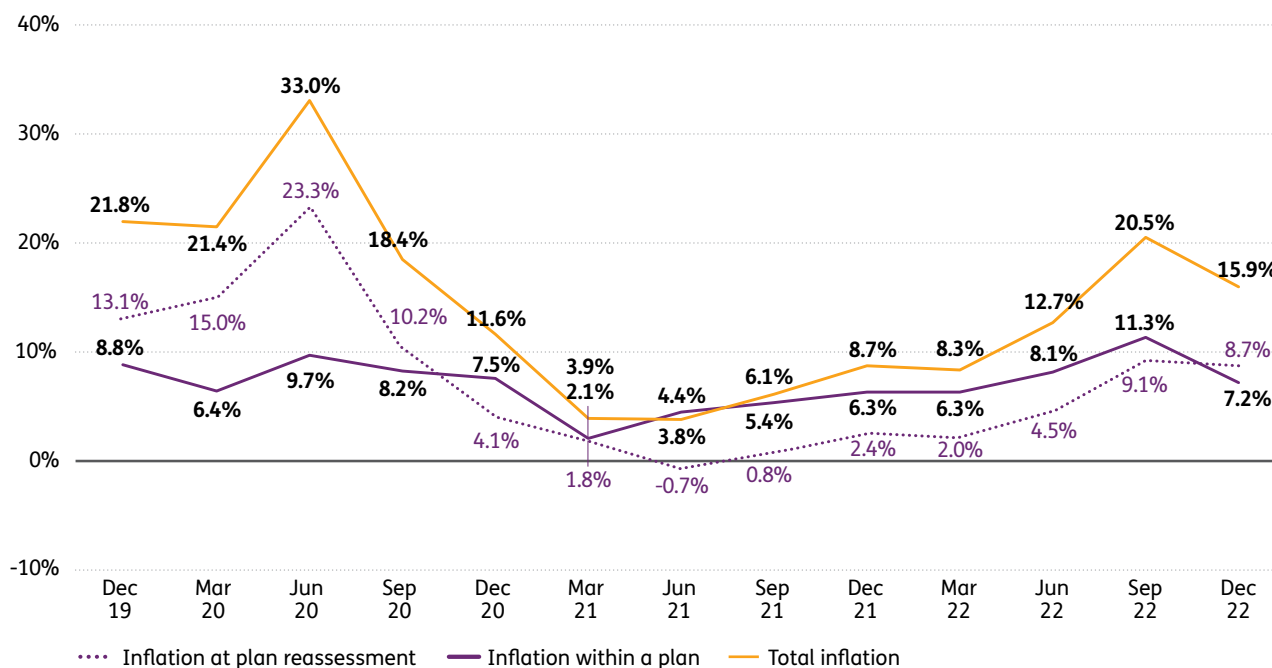
The plan inflation of 15.9 per cent per annum in December 2022 compares with plan inflation of 20.5¹¹⁵ per cent per annum (15.9 per cent excluding indexation) in September 2022, and 12.7 per cent per annum in June 2022.

Inflation occurring at plan reassessment was 8.7 per cent per annum which compares with 9.1 per cent per annum in September 2022, and 4.5 per cent per annum in June 2022. Inflation occurring within a plan, between reassessments was 7.2 per cent per annum which compares with inflation of 11.3 per cent per annum in September 2022, the 11.3 per cent is inclusive of a 4.6 per cent one-off impact of the indexation of plans in July following the Annual Pricing Review¹¹⁶, and 8.1 per cent per annum in June 2022.

¹¹⁴ <https://ourguidelines.ndis.gov.au/your-plan-menu/changing-your-plan>

¹¹⁵ 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.

¹¹⁶ 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.

Figure 107: Annualised percentage change in plan budgets for active participants^{117,118}

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

Specifically:

- **52%** of plans increased at reassessment by more than 5%
- **19%** decreased by more than 5%
- **30%** remained within 5%

For participants in SIL:

- **60%** increased by more than 5%
- **7%** decreased by more than 5%
- **33%** remained within 5%

For participants not in SIL:

- **51%** increased by more than 5%
- **20%** decreased by more than 5%
- **29%** remained within 5%

¹¹⁷ 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.

¹¹⁸ Rescaling adjustments have been applied to how the total inflation is split into inflation at plan reassessment and inflation within a plan. This has resulted in small one-off changes in historical values, the overall total inflation has not changed.

Figure 108: Distribution of the percentage change in plan budgets for plans reassessed in this financial year (1 July 2022 to 31 December 2022) – all participants¹¹⁹

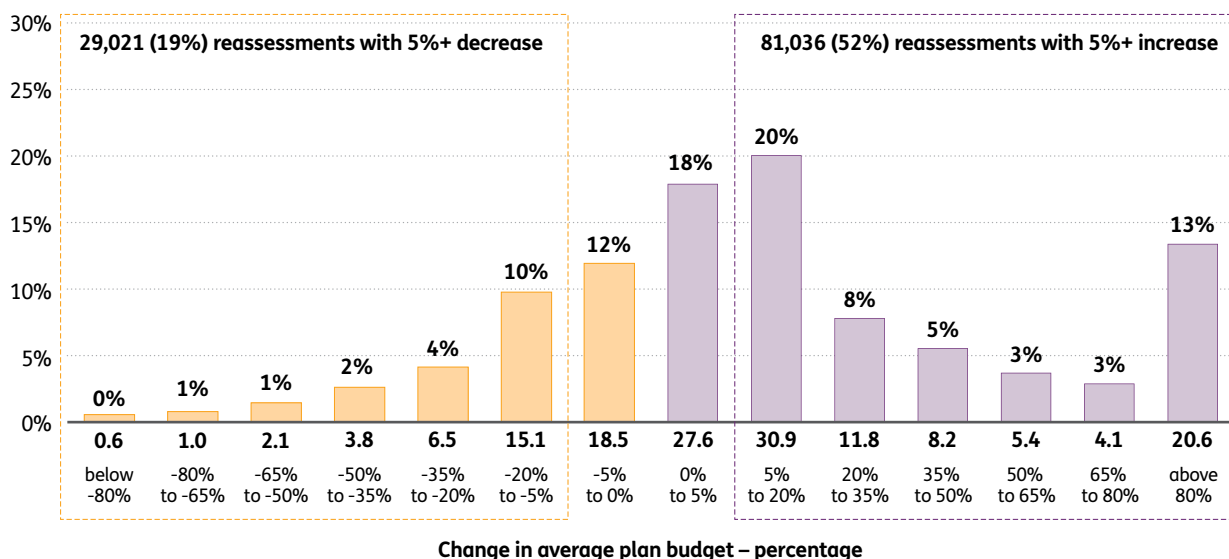
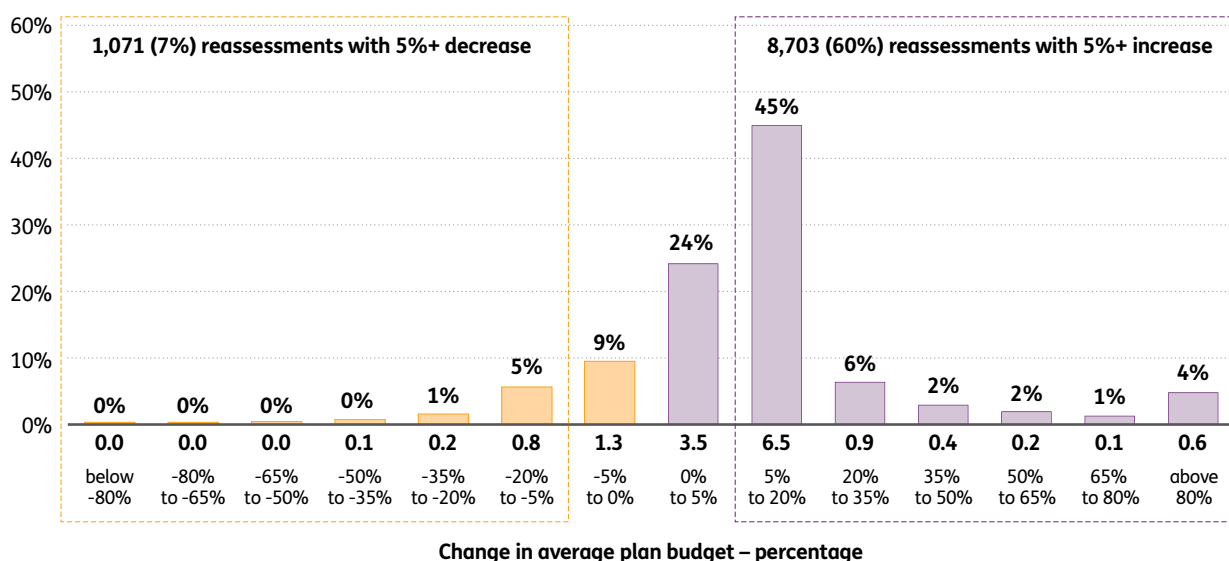


Figure 109: Distribution of the percentage change in plan budgets for plans reassessed in this financial year (1 July 2022 to 31 December 2022) – participants in SIL^{120,121}

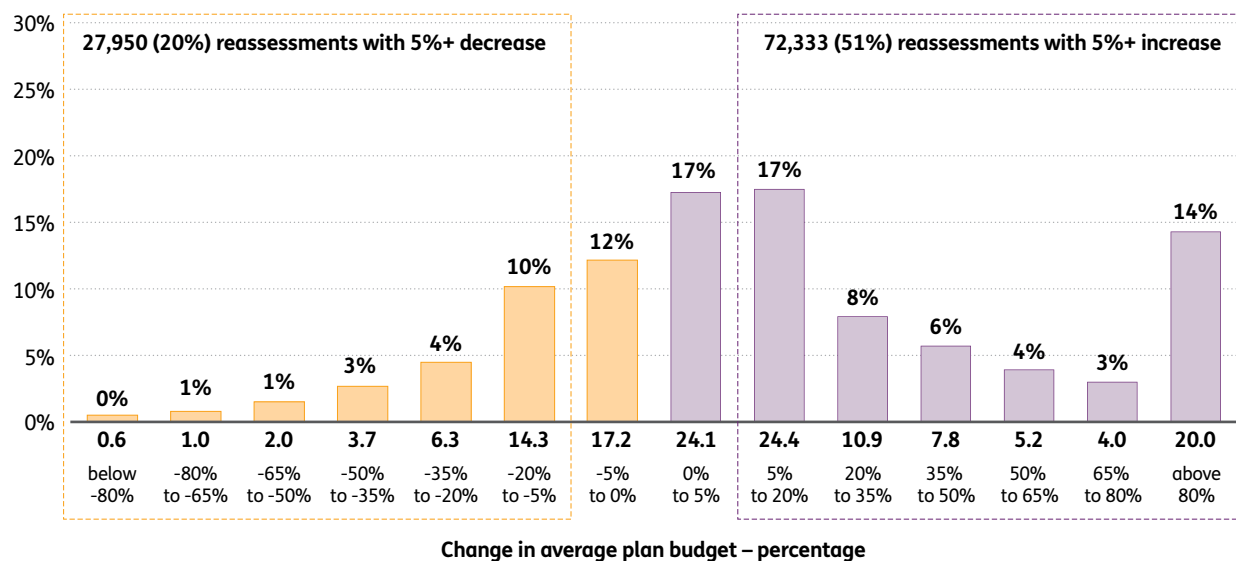


¹¹⁹ The number of plan reassessments (in thousands) in each inflation percentage band is shown at the bottom of each bar in the chart. The corresponding percentage of plan reassessments in each band is shown at the top of each bar in the chart.

¹²⁰ Ibid.

¹²¹ 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.

Figure 110: Distribution of the percentage change in plan budgets for plans reassessed in this financial year (1 July 2022 to 31 December 2022) – participants not in SIL¹²²



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%

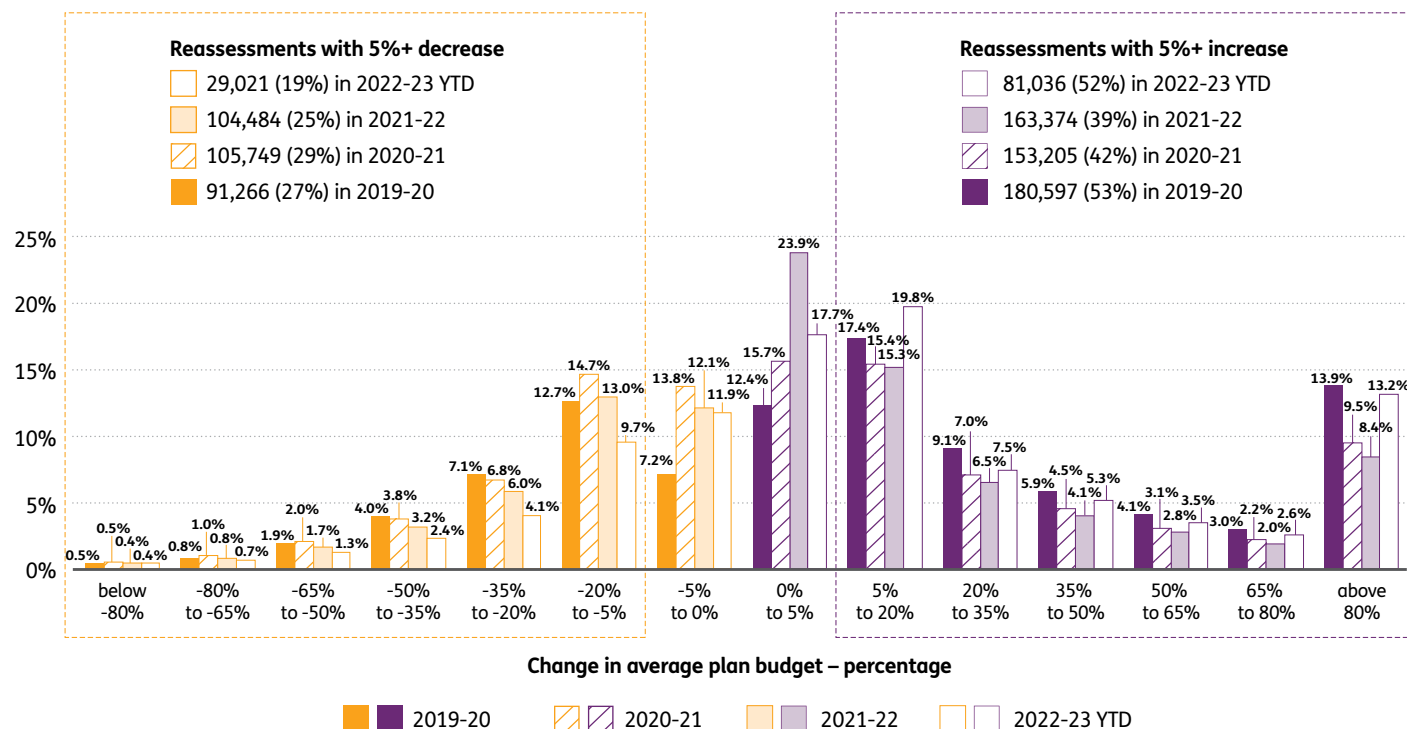
In 2019–20:

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

¹²² 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.

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

Figure 111: Distribution of the percentage change in plan budgets for plans reassessed over the three years and one quarter to 31 December 2022 – all participants¹²³



123 There is a one-off change in historical values due to the removal of rounding in the calculations.

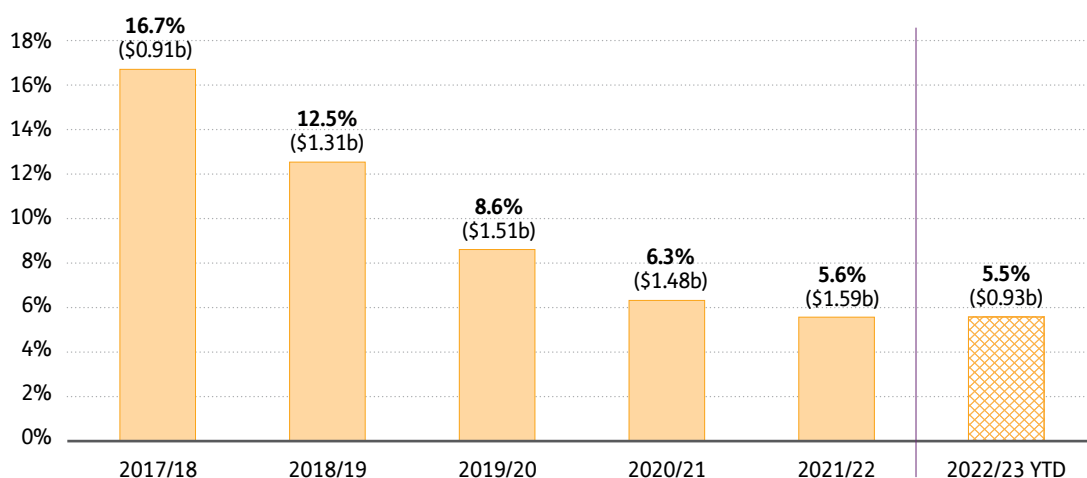
5.5 Operating expenses

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.

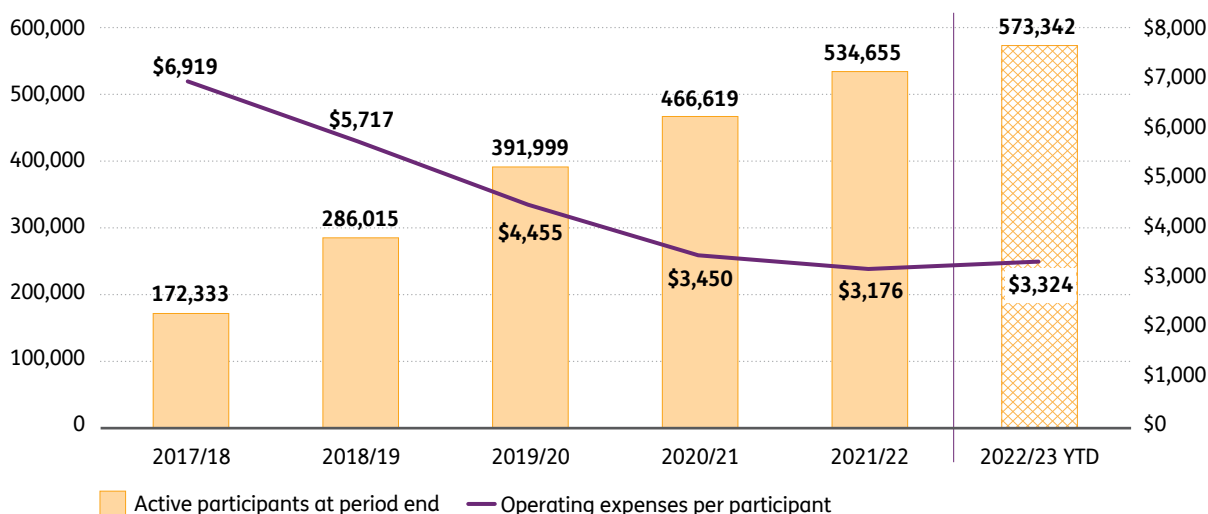
As a percentage of the dollars spent on participants, operating expenses have decreased from 16.7 per cent in 2017–18 to 5.6 per cent in 2021–22. For the six months to 31 December 2022 the expense percentage has decreased slightly to 5.5 per cent. The Productivity Commission in their 2017 Study report¹²⁴ suggests a range of seven to ten per cent as an appropriate amount for NDIA operating costs.

Figure 112: Operating expenses as a percentage of participant costs



Over time, the NDIA has increased efficiency. The annualised operating cost per participant has reduced by 52 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 \$3,324 for the six months to 31 December 2022, however this is expected to drop over 2022–23 as there exists some seasonality in operating expenses.¹²⁵

Figure 113: Operating expense per participant¹²⁶



¹²⁴ <https://www.pc.gov.au/inquiries/completed/ndis-costs#report>

¹²⁵ The annualised operating cost per participant is expected to drop given the seasonality in operating expenses.

¹²⁶ 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.



Planting and nurturing help Lewis to grow his life skills



Coconut Island local, **Lewis**, 36, is in his happy place, planting and watching his garden grow fresh produce for him, his family, and his Torres Strait Islander community to cook and eat.

Lewis uses his funding to engage with a culturally appropriate Indigenous support worker, Ivy from My Pathway, in March 2022. Together they have grown Lewis' skills, not only in the garden but doing other activities – cooking, meal preparation, arts and craft, cleaning, and other general household duties.

"I'm helping Lewis work towards reaching his NDIS goals," Ivy said. "He wants a job on the Island and to become independent enough to move into his own place on the mainland. Working one-on-one with him is really helping to help build his life skills and confidence."

With Lewis's love of gardening, Ivy has supported him to harvest his produce. She is also teaching him how to make a wide variety of dishes for himself and his family.

"Lewis loves cooking," Ivy said. "He's even made a recipe scrapbook. It's good to see him making healthy meals for himself and his family and to see how proud it makes him feel."

Ivy said Lewis is in his garden every day, watering and weeding to keep it at its best.

"The garden is not only helping Lewis to grow healthy produce, but it's also supporting him to build social skills and to connect more to his community," she said.

With newfound confidence and renewed growth, Ivy said she can see Lewis' confidence, communication skills and independence growing day-by-day.

"I have no doubt in the near future Lewis will become independent enough to achieve his goals."

Section six:



Staff advisory groups and the NDIS community

6



Participant and sector engagement activities continue to be a focus.

Section 6.2 of this report highlights the engagement activities being undertaken by the NDIA, including the Information Gathering for Access and Planning (IGAP) project, Home and Living, Participant Safeguarding, 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 (NDIS Review) 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 NDIS Review will lead to changes in the NDIA's work plan. Initiatives and activities described in this report, many of which commenced prior to the announcement of the NDIS Review, should be viewed in that context.

6.1 A high performing NDIA

Workforce diversity, inclusion and engagement.

As of 31 December 2022, the total NDIS workforce was 12,993, including 5,272 Australian Public Service (APS) employees, 1,977 labour hire workers and contractors, and 5,744 people employed by the NDIS PiTC and NCC partners.

Recruitment has continued to build the service delivery workforce in this quarter. Volume recruitment activities have been completed at the APS4, APS5 and APS6 level that will result in 152 new starters in this quarter and 93 expected in the next quarter. The increase in service delivery workforce will result in an uplift to the Agency's operational performance and meet our participant service guarantee measures.

During November, the Agency held the Annual Light Up Awards. The awards are NDIA's top tier of recognition and acknowledge exceptional contributions made by individuals, groups or teams who demonstrate a clear contribution to the Agency through living the values and going over and above the expectations of their role.

Census Action Plans were finalised across the Agency in this quarter. Key themes from local action plans include immediate supervisors' skills in effective communication and building trust, the strong connection and pride staff have for the Agency, appropriate wellbeing supports in place and an inclusive workplace culture.

Actions under the Agency's Disability Inclusion Plan (DIP) progressed in this quarter. The Agency held the first Employees with Disability Workplace Experience Deep Dive, which saw a total of 41 listening sessions held with staff and leaders across the Agency with additional written responses received. Findings of the Deep Dive will inform prioritisation of further actions under the DIP and other employee experience improvement projects.

In November 2022, the Agency supported 50 First Nations staff attend the First Nations Employee Network (FNEN) annual conference. The theme of the conference was: Healing, Connecting, Empowering, and sought to increase engagement with First Nations staff. During the conference the attendees actively worked to progress several action items contained in the NDIA First Nations Employment and Inclusion Plan

2022–25, as well as attending sessions focussed on career development and advancement, and wellbeing. The highlight of the conference was the attendance of guest speaker Senator the Hon Malarndirri McCarthy, Assistant Minister for Indigenous Australians, and Assistant Minister for Indigenous Health, who shared with attendees her personal journey with disability and the important role the NDIS plays in supporting individuals with disability.

In October 2022, the Agency welcomed the latest cohort of participants in the Indigenous Australian Government Development Program (IAGDP). The Agency participates in the IAGDP, and the Indigenous Apprenticeship Program (IAP) annually, with the 2022 cohort across both programs increasing the number of First Nations staff by nine. Participation in these programs provides entry level career pathways for First Nations peoples, and the NDIA is proud of its continued engagement with these programs

6.2 Co-design and engagement

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

Refining and embedding our approach to co-design

The NDIA understands the best way to improve the NDIS is to listen to people with lived experience of disability and first-hand experience of the NDIS.

This quarter, the NDIA continued to work together with the disability community to build co-design and engagement capability. The NDIA is also taking a collaborative approach to aligning cross government engagement priorities and initiatives.

The NDIA acknowledges and thanks the members of the Co-design Advisory Group for their ongoing contribution, advice and leadership as we 'learn by doing' with co-design.

Co-design Advisory Group

The Co-design Advisory Group met twice during the December quarter (11 October and 12 December).¹²⁷

In October 2022, the Group welcomed the Minister for the NDIS, the Hon Bill Shorten to their meeting. Minister Shorten held a closed discussion with external members of the Co-design Advisory Group, responded to the IAC and DRCO members' queries and sought feedback regarding the NDIS Review.

Over this quarter, the Group have endorsed the Co-design Evaluation Framework which will support the NDIA to build trust, strengthen engagement, improve the relationship between the NDIA and disability community and deliver better outcomes for NDIS participants. A pilot evaluation phase will commence shortly.

After each meeting a communique from the meeting is published on the [NDIS website](https://www.ndis.gov.au)¹²⁸.

In the December communique the Co-design Advisory Group extended their deepest thanks and gratitude to the hundreds of people involved in co-design throughout 2022 as well as acknowledging the work of NDIA staff and partners to deliver the co-design projects and their commitment to 'learn by doing' in partnership with the disability community. IAC and DRCO members of the Co-design Advisory Group also expressed the view that this year has been the best year in terms of working together constructively to create a positive future for the NDIS.

¹²⁷ 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>

¹²⁸ <https://www.ndis.gov.au/co-design-advisory-group>

DRCO Forum

The DRCO Forum met once during this quarter on 18 November 2022. In this meeting, NDIA CEO Rebecca Falkingham spent several hours in dialogue with attendees exploring issues of importance to the disability community. Members were also provided with an update on the:

- First Nations Strategy and CALD Refresh Strategy co-design projects.
- New Independent External Review (IER) program led by people with disability.
- New ICT system, including details of the testing being undertaken in Tasmania.

The membership of the DRCO Forum comprises:

Agency Representatives:

- The CEO or delegate
- Deputy CEO, Markets, Government and Engagement
- General Manager, Communications and Engagement
- Branch Manager Co-design and Engagement

External Members are invited from key national disability organisations at the request of the Chair. These organisations currently include:

- 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
- 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

This quarter, the NDIA held a number of sessions to the sector on nominated topics of interest:

- NDIS App Session 1 (12 October 2022) and Session 2 (16 November 2022). The myNDIS app was created because participants and their families told the Agency that the myplace participant portal was confusing and difficult to navigate. The presentations covered the following:
 - How the app was co-designed
 - Some of the features and accessibility improvements the Agency have added since the release of the app
 - To discuss plans for the app and seek feedback about how to get more participants to utilise it

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 October 2022, the NDIA has:

- Finalised a summary report that provides an overview of the first phase of co-design and engagement with the disability community. The report details peoples' 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.
- Engaged with medical colleges and peak allied health bodies, to understand their perspectives on the challenges with NDIS access and planning processes.
- Held a planning workshop with the IGAP Steering Committee to commence the development of a forward workplan to progress short and medium term improvements through the IGAP project in 2023, alongside the work of the NDIS Review.

Home and Living

The NDIA is co-designing a Framework 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 Framework will deliver:

- A new way to support participants, their families and carers with information, assistance and connections to understand home and living options.
- 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.

Since October 2022, the NDIA has:

- Worked with the sector to complete testing of the policy solutions with diverse cohorts, including First Nations people, people from CALD communities, people with intellectual disability and complex communication and access supports needs, people from rural and remote areas and people living in crisis settings.
- Undertaken further engagement on the Framework with the:
 - Home and Living Policy Steering Committee
 - IAC
 - Intellectual Disability Reference Group
 - Home and Living Reference Group
 - DRCO CEO Forum
 - Industry Chief Executive Forum
- Commenced development of an implementation plan to support the Framework.

Participant Safeguarding

The NDIA is co-designing an overarching policy and implementation plan on participant safeguarding 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, as well as advice provided by the IAC.

To help create this policy, since October 2022 the NDIA has:

- Completed various engagement activities, including virtual workshops with key target groups including participants, families and carers, providers and NDIA staff and partners.
- Completed tailored engagement with key population and diverse cohorts including First Nations people, LGBTQIA+, people from CALD communities and people with complex needs.
- Completed a scoping review to identify evidence for strategies to safeguard people with a disability against abuse, neglect and exploitation.
- Undertaken further engagement on the draft policy with the:
 - Participant Safeguarding Steering Committee, consisting of participant and carer representatives, DRCO representatives, NDIA representatives, States and Territories, the NDIS Quality and Safeguards Commission, and DSS
 - IAC
 - National Mental Health Sector Reference Group
 - Participant Reference Group
 - DRCO Forum

Supported Decision Making

The NDIA is co-designing a policy and implementation plan to guide how the NDIA supports NDIS 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.
- Strengthen a support for decision making approach in the appointment of nominees.

To help develop this policy, since October 2022 the NDIA has:

- Completed all planned co-design engagement activities. These engagements were undertaken in partnership with Inclusion Australia.
- Undertaken further engagement on the draft policy with the:
 - Supported Decision Making Steering Committee
 - IAC
 - Intellectual Disability Reference Group
 - Academics, public advocates and Disabled Peoples' Organisations
 - DRCO Forum

Culturally and Linguistically Diverse Strategy

In 2021, the NDIA commenced working alongside CALD participants, nominees, families, carers, providers and sector stakeholders to commence the co-design of the new CALD Strategy 2023–2027. The new CALD Strategy will enable the NDIA to have a clear strategic approach to supporting CALD participants, families and carers. It also supports people with disability from CALD backgrounds to have the same opportunity to access the NDIS and use their plan as the broader population. In co-designing the new CALD Strategy, the NDIS is committed to a broad national engagement approach which allows for deep engagement with key CALD stakeholders at a national, state and territory and local level.

The NDIA has established a CALD External Advisory Group to provide strategic advice, governance and oversight for the co-design and development of the new CALD Strategy. The CALD External Advisory Group is responsible for ensuring that the voices of CALD people with disability are heard through the co-design process, and for reviewing and endorsing the new CALD Strategy.

Since September 2022, the NDIA has:

- Delivered a range of focus group sessions to listen to the challenges that impact CALD participants and to co-design potential solutions and actions that will inform the new CALD Strategy.
- Coordinated additional community conversations with stakeholders at a local level. Community conversations provide an opportunity to engage with participants from communities and backgrounds that are unlikely to contribute through more formal settings (i.e. online focus group sessions), and provides them with an opportunity to contribute towards the development of the new CALD Strategy.
- Commenced activities to deliver the CALD Strategy Summit in February 2023. This event will bring together members of the Advisory Group and will provide an opportunity for the NDIA to share learnings and hear from CALD communities about the issues that are important to them. This event will also provide an opportunity for the NDIA to test proposed actions with that will inform the new CALD Strategy with the Advisory Group for feedback.

First Nations Strategy

At the end of 2021, the NDIA began the process of developing a new First Nations Strategy, to replace the 2017 Aboriginal and Torres Strait Islander Strategy.

The NDIA has publicly committed to working with First Nations people with disability, participants, the broader First Nations disability community, families, carers, and sector stakeholders to co-design a new First Nations Strategy to close the gap between NDIS outcomes for First Nations people and the broader population.

The NDIA has developed a Current State Snapshot report, identifying preliminary issue and priority areas for First Nations people with disability. The report will be used as a starting point to guide the broader consultation and co-design process to develop the First Nations Strategy.

Since September 2022, the NDIA has:

- Signed a partnership agreement with First Peoples Disability Network (FPDN) to work together on the First Nations Strategy, as well as short-term priorities and opportunity areas for the NDIA to support First Nations people with disability.
- Progressed the establishment of a First Nations Advisory Council, to provide strategic advice to inform actions, programs and initiatives that the Agency is delivering. The First Nations Advisory Council will ensure the Agency's actions to support and improve outcomes for First Nations people with disability are guided by First Nations peoples and sector representatives.
- Commenced recruitment for a First Nations Strategic Advisor to 'walk alongside' the project team to develop the First Nations Strategy.
- Commenced planning for a broader public engagement consultation and co-design phase, to be undertaken with First Nations people with disability, participants, communities, representative organisations and service providers.

6.3 Valued input from the Independent Advisory Council

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

The IAC continues to work closely with NDIA management and the NDIA Board. This quarter, Council welcomed the co-Chairs of the NDIS Review, Professor Bruce Bonyhady AM and Ms Lisa Paul AO PSM, to its November meeting. Council looks forward to working with and receiving regular updates from the NDIS Review panel.

Council progressed work on the drafting of advice ‘Improving the NDIS for children and young people: the importance of being guided by their voice’ and the draft statement for ‘Operationalising Intersectionality’. The ‘Improving Equity in the NDIS’ advice will progress to the NDIA Board in Quarter 3.

Council’s Intellectual Disability and Equity and Inclusion Reference Groups held their first official meetings for 2022–23. The Home and Living Reference Group held their second meeting during this quarter 2022–23.

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

- Home and Living Framework
- Supported Decision Making Policy
- Participant Safeguarding Policy
- Development of new First Nations and CALD strategies

Council released its Work Plan in this quarter, which discusses its priorities for the year ahead. Council’s Annual Report for 2021–22 is scheduled for release in the next quarter. The workplan can be found [NEWS — Independent Advisory Council](https://www.ndis-iac.com.au/news)¹²⁹.

129 <https://www.ndis-iac.com.au/news>

6.4 Public data sharing and the latest release of information

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

On 4 November 2022, the [Annual Financial Sustainability Report \(AFSR\)](#)¹³⁰ for 2021–22 was publicly released, providing an assessment of the financial sustainability of the NDIS using data to 30 June 2022. This was preceded by the [release of AFSRs and peer review reports](#)¹³¹ from previous years commencing from 2013–14 to the current financial year.

On 15 November 2022, the Agency released first quarter NDIS data, refreshing [downloadable data](#)¹³² on [data.ndis.gov.au](#) with information up to 30 September 2022.

An updated version of [explore data](#)¹³³, an online interactive tool that allows the public to download open access Agency data, was released on 24 November 2022. The updated tool includes more datasets and improved functionality, including being able to compare multiple financial quarters of data.

Following a technical issue, the tool was removed to make some necessary data adjustments and reinstated in early January 2023.

On 22 December 2022, a new series of reports on the 13 primary disability types in the Scheme were publicly released. The [participant dashboard series](#)¹³⁴ contain key insights about demographics, supports, outcomes, and providers data for NDIS participants within each of the 13 primary disability types.

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

Figure 114: List of reports and analyses released and available at [data.ndis.gov.au](#)

Participant dashboards	Data ‘as at’ date
Acquired Brain Injury	30 September 2022
Autism	
Cerebral Palsy	
Developmental Delay	
Down Syndrome	
Global Developmental Delay	
Hearing	
Intellectual disability	
Multiple sclerosis	
Psychosocial	
Spinal Cord Injury	
Stroke	
Visual impairment	

130 <https://ndis.gov.au/about-us/publications/annual-financial-sustainability-reports>
131 <https://data.ndis.gov.au/reports-and-analyses/previous-annual-financial-sustainability-reports>
132 <https://data.ndis.gov.au/data-downloads>
133 <https://data.ndis.gov.au/explore-data>
134 <https://data.ndis.gov.au/reports-and-analyses/participant-dashboards>

Participant reports and analyses	Data 'as at' date
Participants with autism spectrum disorder (ASD)	31 March 2018
Participants with a psychosocial disability in the NDIS	30 June 2019
Participants with an intellectual disability in the NDIS	31 December 2019
Participants with acquired brain injury, cerebral palsy or spinal cord injury in the NDIS	31 December 2020
Participants with a neurodegenerative condition in the NDIS	31 March 2021
Participants with sensory disabilities in the NDIS	31 March 2021
Aboriginal and Torres Strait Islander participants	30 June 2019
CALD participants	30 June 2019
Analysis of participants by gender	31 December 2019
Young adults in the NDIS aged 15 to 24 years	30 June 2021
Young people in the NDIS aged 0 to 14 years old	30 June 2020
Participants by remoteness classification	30 June 2020
Outcomes and goals	Data 'as at' date
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
Health and wellbeing of NDIS participants and their families and carers	30 June 2021
Employment outcomes for NDIS participants	31 December 2021
Employment outcomes for families and carers of NDIS participants	31 December 2020
Employment outcomes	30 June 2018
People with disability and their NDIS goals	31 December 2019
COVID-19 impact on participants and family/carers outcomes	30 June 2020
The NDIS Market Reports	Data 'as at' date
The NDIS Market (Market Monitoring)	31 December 2021, 30 June 2021
Dashboards with market summaries, datasets for LGAs and NDIS service districts ^{135,136}	31 December 2020, 30 June 2020 31 December 2019, 30 June 2019

¹³⁵ <https://data.ndis.gov.au/data-downloads>

¹³⁶ <https://data.ndis.gov.au/explore-data>

6.5 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. Additionally, the NDIA is part of a broader ecosystem, interacting with community partners, service providers, and other government departments, which raises the level of cyber risk to the NDIA.

The NDIA, in conjunction with other cyber security conscious partner organisations, manages against risk and continues to be targeted by social activists, criminal enterprises, state actors and other parties with various motivations. 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 now established an Insider Threat Team to understand and counter the threats from trusted insiders. This capability is beginning its uplift with a roadmap to enhance the Agency's ability to detect, deter, respond, and disrupt adverse activity from trusted insiders.

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 NDIA systems and data through the Security Operations Centre utilising sophisticated tool sets. The NDIA Cyber Risk management program seeks to implement improved ICT practices to reduce the risk of ICT platforms within the NDIA, whilst maintaining the accessibility of services required for staff, 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.

6.6 Fraud and Compliance

The NDIA continues to identify and respond to compliance risks.

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.

The NDIA continues to identify and respond to compliance risks. Since the establishment of the Compliance Response Team in July 2021, the NDIA has significantly increased its targeted compliance activity. The NDIA regularly monitors and responds to incorrect or unusual claims made by registered providers.

A key element of the NDIA's compliance approach is to collaborate with registered providers to raise awareness of their responsibilities and to educate them on how to be compliant when claiming. This quarter, there was a significant focus on proactive compliance engagements with over 1,700 registered providers contacted and asked to review claims for payment where participants may have been overcharged. This included discussions with several providers to encourage them to review their claiming processes and business drivers that may contribute to non-compliant claiming.

Quarter 2 continued to see an increase in the number of tip-offs received by the Agency via the Fraud Reporting and Scams Helpline. The NDIA received 3,792 tip-offs in this quarter as compared to 2,422 for the same period in 2021–22. A total of 7,125 tip offs have been received this financial year, when compared with 4,742 from the same period last financial year. This represents an 55% increase in the volume of tip-offs in 2022–23. A specialist compliance officer assesses all tip-offs, to determine the most appropriate action to be taken to address the concerns reported.

As of 31 December 2022, there were thirty-nine fraud matters under investigation and an additional ten matters under preliminary evaluation for investigation. Of these, thirteen matters are before the courts under prosecution, with a total alleged fraud value of \$13.4 million. Key investigation activities or outcomes in this quarter included:

- A Western Australian woman was charged with two counts of dealing in the proceeds of crime, and two counts of obtaining a financial advantage by deception, related to alleged fraud against the Scheme of \$247,484. Further charges are anticipated, with subsequent enquiries uncovering a total of \$1.175m in confirmed fraud.
- An additional five offenders have been referred to the CDPP in relation to Operation Pyxis. Offences include conspiracy to commit fraud, obtaining financial advantage by deception and dealing in the proceeds of crime. Total established fraud: \$2.1m.
- \$2m in assets were identified and restrained by AFP's Criminal Assets Confiscation Team in relation to Operation Pyxis.
- A Newcastle woman was found guilty of defrauding the Scheme of \$556,328 and sentenced to five years, 4 months' imprisonment.

- In October, a Melbourne man was sentenced to a term of imprisonment for unrelated fraud offences committed in Queensland. On his release on 5 July 2023, he will be sentenced for NDIA fraud totalling \$169,438 committed in Victoria.
- Two warrants were executed simultaneously in Western Australia and New South Wales with evidence seized. Analysis of seized devices is underway.
- One investigation has been referred into the newly formed Fraud Fusion Intelligence Centre.
- The NQSC, working in close collaboration with NDIA Fraud Investigations issued a total of ten banning orders on individuals and Provider organisations the subject of NDIA investigations.

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

Real time testing of the new ICT system in Tasmania.

The NDIA started real-time testing of our new ICT system and improved processes in Tasmania in November 2022. From 14 November, new NDIS participants approaching and joining the Scheme experienced the new ICT system and processes, existing NDIS participants started to use the new system from 28 November 2022.

Our new ICT system has been informed by ongoing extensive consultation with participants, NDIA staff, NDIS partners and providers. A key design principle of the system has been to minimise any changes for external stakeholders. Collaborating with our stakeholders has helped us understand what they want and need and how the features of new system can help us provide a better experience for participants.

The Tasmania real-time test involves people with disability, people applying to access the Scheme, new and existing participants, NDIA staff, Tasmanian Partners in the Community (local area coordinators and early childhood partners), providers, and the disability community. Results of this initial test will help inform a larger national rollout expected to begin in 2023.

Real-time testing involves participants and providers being supported by NDIA staff and our Tasmanian Partners in the Community through every step of their journey.

The test means the NDIA will be able to update and improve the system based on the experience and feedback received. It will also make sure that system works as designed, the training and support is appropriate, and the new system delivers an improved participant experience.

It has also allowed us to fully test the end-to-end access, planning and implementation process with Tasmanian participants plus increased early support and community connections from our Partners in the Community.

Throughout the test in Tasmania, the NDIA will gradually release new features and test additional improvements to the new ICT system.

The NDIA are capturing feedback, data and insights that will contribute to an evaluation of the test in Tasmania. The NDIA expects to release a summary of the evaluation in April 2023.

Test milestones

As of 31 December 2022:

- The NDIA have worked with eighty-eight children, families and people approaching the NDIS to provide early support and community connections
- More than thirty access decisions have been made, and
- Over 160 plan reassessments (formerly called plan reviews) have been undertaken as well as twenty-one first plans for new participants.

The NDIA now have providers and participants registered and starting to use the new my NDIS participant and provider portals. Participants submit claims through a new accessible and easy to use portal while providers continued to manage all payments through the existing myplace provider portal.

Features of the new my NDIS provider portal such as request for service for support coordination and viewing parts of a participant's plan with a participant's consent are also being tested. Feedback from providers has been received and further improvements will be added in early 2023.

It's expected that more existing Tasmanian NDIS participants will begin using the new ICT system as their current NDIS plan ends and they go through a plan reassessment.

External Engagement Activity

From August to December 2022, the NDIA held over 150 external engagement activities relating to the new ICT system and improved NDIS processes.

Current engagement activities have told us that external stakeholders want:

- A focus on Plain English language and accessible communication.
- More information about how Partners in the Community support community connections and connecting with mainstream and other government services.
- Assurance on claims and payments with the removal of service bookings.

Future engagement activities will continue in 2023 and include a strong emphasis on listening and making improvements based on feedback.

The [NDIS website](https://www.ndis.gov.au/improvements)¹³⁷ has further information about the Tasmania test, including animations and easy read materials explaining why and what the NDIA are testing in Tasmania and how the new ICT system will help us deliver a better participant experience.

¹³⁷ <https://www.ndis.gov.au/improvements>



National Disability Insurance Agency



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