



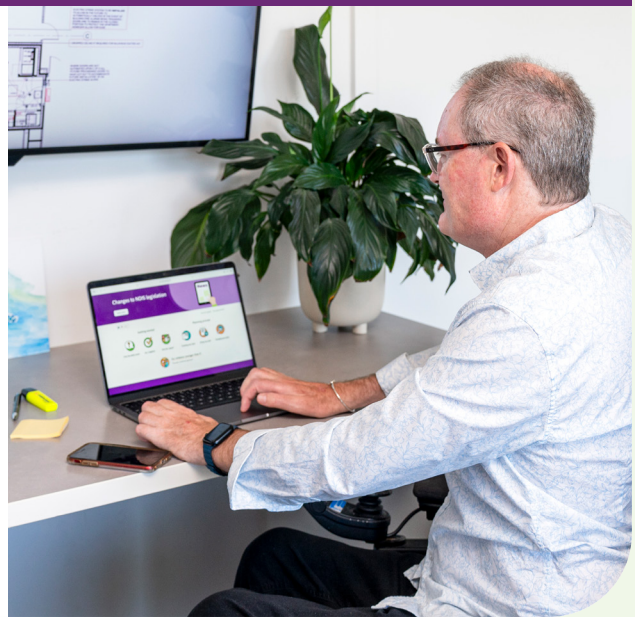
Delivered by the  
National Disability  
Insurance Agency

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# Quarterly Report Q2 2024-25



## James is working on co-design to help the NDIS evolve



James is passionate about building a better NDIS, so he takes every opportunity to improve it, including attending any NDIS co-design workshops or working groups.

‘I’m doing my bit to help the Scheme evolve faster and become better,’ he said.

When he was 46, the now-52-year-old from Belmont acquired a rare neurological condition.

‘I woke up one day paralysed from the waist down. Within 24 hours I was paralysed from head to toe,’ James said.

Prior to that, James was working for the New South Wales health department. He had also worked in aged care and local government, and he was CEO of a community housing provider.

‘That’s why I’m keen to be part of initiatives like co-design. It’s a great opportunity to connect with change-makers and speed up improvements to the NDIS,’ he said. ‘Also, involving people with lived experience of disability is something money just can’t buy.’

For the past year, James, who lives in specialist disability accommodation, has been involved in an NDIS home and living options working group, which just finished up.

**‘For me, personally, it was an excellent experience, and I feel it provided insight and valuable learnings for NDIA staff too.’**

NDIS home and living supports is a complex area, and involves several business processes. ‘It’s a large part of the Scheme and it’s costly. Life-changing decisions are being made, involving lots of staff, with complex considerations,’ James said.

Months were spent brainstorming, workshopping and teasing out critical information and processes about home and living options to pinpoint priority areas for change.

‘Valuable discussions were had, and it took co-design forward,’ he said. ‘I applaud the NDIA for its commitment to improve the Scheme with participants through co-design.’

[Read James’s full story on our website.](#)

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## Acknowledgement of Country

The NDIA acknowledges the Aboriginal and Torres Strait Islander peoples of this nation and the Traditional Custodians of the lands across which our Agency conducts our business. We pay our respects to the custodians of the land on which we work as well as their ancestors and Elders, past and present.

The NDIA is committed to honouring Aboriginal and Torres Strait Islander peoples' unique cultural and spiritual relationships to the land, waters, seas and their rich contribution to society.

Artwork 'Belonging' by Charmaine Mumbulla.

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## This report

This report is an overview of the performance and operations of the National Disability Insurance Agency (NDIA) for the 3 months from 1 October 2024 to 31 December 2024.

The NDIA is committed to ensuring all data around NDIA performance and participant outcomes remains accessible and easy for different audiences to understand.

This report presents analysis and key insights. Key figures and comparisons of state and territory statistics can be found in the appendices.

As part of streamlining the report, some appendices are available as supplements on the [NDIS website](#):

- national, state and territory statistics
- participants by service district and support type, and committed supports and payments by service district
- specialist disability accommodation (SDA).

## Key highlights for quarter 2, 2024–25

### Implementation of legislation

Following the passing of the National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No.1) Bill by Parliament in August 2024, new laws for the NDIS took effect from 3 October 2024.

The NDIA understands how important it is that everyone is kept informed about these changes. To ensure participants, their families and the broader disability sector is supported through this period of reform, the NDIA undertook its largest ever communications activity, including direct communications with participants, online and in person information sessions, social media posts, website information and more. The NDIS website is regularly updated in response to questions from participants, the disability community and sector, and information is released in a range of formats, including Easy Read and Auslan.

The NDIS continues to grow, with participant numbers and NDIS plans increasing. However recent reforms show the growth rate of the Scheme is on track to meet the target set by National Cabinet.

The recent legislation changes are designed to improve the NDIS for all participants, while protecting its long-term sustainability. The changes are designed to:

- put participants at the heart of the NDIS
- ensure every NDIS dollar gets to those who the NDIS was intended to support.

As part of these changes, the Government has made a rule defining ‘an NDIS support’. This makes it clear for NDIS participants and providers what plan funding can and cannot be used for.

Many changes will come through new NDIS Rules. These rules are based on current practices already in place at the NDIA.

These rules explain how the NDIS operates. Some changes will happen right away, while others will start later as we design and implement them.

The new rules were made in December and detail the factors that must be considered when determining fund management requests. The rules provide greater clarity about how the NDIA makes plan management decisions, ensuring funds are spent only on NDIS supports for the participant and in accordance with their plan. This includes new considerations relating to unreasonable risk. These changes will not alter the way most participants experience the NDIS. We are updating our operational guidelines and ‘Would we fund it’ guides to support the implementation of these new rules.

The rules have been informed through consultation by DSS and the NDIA with people with disability, families and carers, the disability community, and the sector. Over the last quarter, the NDIA has held more than 70 co-design and consultation sessions involving more than

620 participants and members of the disability community, and coordinated over 30 targeted consultation sessions with more than 90 external stakeholders to inform legislative rules and implementation.

### New Board and Independent Advisory Council members

The Australian Government recently announced 2 appointments to the NDIA Board and 5 appointments to the NDIS Independent Advisory Council (IAC). These appointments bolster the number of people with disability and bring strong lived and professional experience into key leadership positions for the NDIS.

These appointments continue to strengthen the capability of the NDIA Board and strengthen the quality of advice to the Board from the IAC during this critical period of NDIS reforms.

Dr Rhonda Galbally AC and Ms Leah van Poppel have commenced new terms on the NDIA Board, with Ms van Poppel continuing as Principal Member for the IAC.

Five new members will join the IAC, representing the interests of NDIS participants and advising the NDIA Board on opportunities and issues impacting participants and their families and carers. The IAC plays a key role in co-design and consultation in the NDIA, and the diverse and lived experience these individuals bring will continue to strengthen this work.

Vaughn Bennison, Associate Professor Lorna Hallahan, Dr Gill Hicks AM MBE, Andrew Vodic and Jane Wardlaw will all join the IAC, each bringing the experience of a lengthy career within the disability sector, as well as their own lived experience as people with disability.

These new members will play a critical role as the NDIS undergoes significant reform to ensure it can best support people with disability now and into the future.

Minister for the NDIS Bill Shorten thanked outgoing NDIA Board members Meredith Allan and Dr Peta Seaton AM, and outgoing IAC members Sylvana Mahmic, Adjunct Associate Professor Jennifer Cullen AM, James Manders and Dr George Taleporos.

The new board and IAC members will each serve a term of three years.

### Disability action plan

The NDIA strives to be a world-leading employer of choice for people with disability and a pioneer in access and inclusion. By ensuring staff are well supported, the NDIA can provide the best possible service to participants, providers and the wider disability community.

The Chair of the NDIA Board and the CEO recently launched the Disability Action Plan, which outlines practical steps to foster a more inclusive and accessible workplace for all NDIA staff. This initiative builds on the NDIA's ongoing commitment to staff with disability and is an integral part of the NDIA's Inclusion and Diversity Framework.

The NDIA is now delivering DAP initiatives, training, and co-design workshops. This quarter, the NDIA launched:

- the Project Sunflower initiative, which allows staff to share that they have a hidden disability on a voluntary basis and allies to show support, and
- an Auslan interpreter pilot to make it easier for staff who need Auslan interpreters to access interpretation services inhouse by staff employed at the Agency.

## Mid-Year Economic and Fiscal Outlook

In December 2024, the Government announced \$280 million in funding for the NDIA to develop a fairer and more consistent approach to understanding participants' needs for NDIS supports in developing their plans, and \$4.527 million over 2 years to design a new early childhood pathway to better support children younger than 9 years old.

A key recommendation of the NDIS Review was the need for a clear and fair way to understand participants' needs for NDIS supports. This includes a strengths-based assessment that focuses on a participant's support needs rather than their functional capacity.

The \$280 million will be used to assemble and train a dedicated, 1,000-person strong workforce to understand participants' support needs in the future. This means the Government will pay for assessments, not people with disability.

The NDIA will continue to work with participants, staff and the disability community to develop this new approach. Benefits for participants will include:

- no longer needing to source their own reports and provide evidence that they need a range of supports, which imposes costs and time burdens
- more equitable and fair budgets, reflecting individual support needs
- increased flexibility – greater choice and control to determine their preferred support arrangements.

In the first half of 2025, the NDIA will approach the market to identify relevant tools to understand the needs of participants for NDIS supports.

The NDIA will continue to work with the disability community to design and implement assessment and budgeting reforms, including future workforce requirements, that support participants and improve their experience with the NDIS.

The NDIA will also work with children and families with lived experience, experts and the disability community to design an improved approach to providing supports for children younger than 9.

The design will include:

- best practice early childhood approaches
- early intervention packages to support children with disability and developmental delay and their families
- the development of a 'lead practitioner' model recommended by the NDIS Review.

The pathway will reflect best practice early childhood interventions to help children reach their goals and improve lifelong outcomes.

## Peer Support and Capacity Building grants

In June 2024, the former Minister for the National Disability Insurance Agency, the Hon Bill Shorten MP, announced an open competitive peer support and capacity building grant opportunity in recognition of the valuable role peer support and capacity building programs play.

This grant opportunity was announced to complement the Department of Social Services (DSS) Information, Linkages and Capacity Building (ILC) Grant Round: Grant ID GO6407. As such, recipients of funds from the DSS ILC grant round were not eligible to apply.

Applicants were assessed against the following assessment criteria:

- **Criterion 1:** Delivery of Service (Capability and Capacity) 30%
- **Criterion 2:** Peer Impact (Quality and Outcomes) 40%
- **Criterion 3:** Individual Cohort (Experience) 30%

In addition to the assessment criteria the assessment team also considered other factors to ensure value for money holistically across the funding. This included factors such as selecting a variety of disability cohorts and geographical locations.

In December 2024, [the NDIA announced the list of disability support organisations](#) that had been awarded funding to provide community-based self-advocacy and peer support programs over 2 years, with an option to extend for one additional year. The list outlines the number of successful organisations with representation across each state and territory. The NDIA is delivering these grants so that people with disability can keep accessing supports while governments and the disability sector work together to design foundational supports.

The grants will help many smaller organisations continue to provide important peer-led and peer support to people with disability, enabling them to connect with capacity building support and other lifelong opportunities to build decision-making skills and experience. Successful organisations will deliver a combination of local, state-based, national and online programs.

The peer support and capacity building grants inject funding into the community, so people with disability can continue to shape how they are supported.

## Quarter 2 updates

1. Participant outcomes
2. Scheme financial experience
3. Key areas of improvement
4. Resolving participant requests
5. Eligibility reassessments and participants leaving the NDIS

## Participant outcomes

Improvements in outcomes continue to highlight the difference the NDIS is making for participants and their families and carers.

- Of participants aged 15 years and older who have been in the NDIS for 2 years or more, **43%** reported increased participation in community and social activities – a relative increase of **22%**.
- Participation in work has more than doubled from **10%** at baseline to **23%** at latest reassessment for participants aged 15 to 24 years who have been in the NDIS for 2 years or more.
- For participants who have been in the NDIS for 2 years or more, there has been a 6 percentage point increase in families and carers reporting paid employment, from **47%** at baseline to **52%** at latest reassessment.
- More than three-quarters of all participants aged 15 years and older who have been in the NDIS for 2 years or more reported the NDIS has helped them to have greater choice and control in their lives. There has been a 12 percentage point increase, from **67%** at entry to the NDIS to **80%** at reassessment.

## Scheme financial experience

Projections in the Annual Financial Sustainability Report (AFSR) highlight recent legislative changes and reforms are ensuring the NDIS remains on track to improve its financial sustainability, while becoming stronger and placing participants at the centre of the scheme.

Total Scheme expenses for the 6 months to December 2024 were \$22.9 billion (on an accrual basis), which is \$390 million below the June 2024 projections.

The number of people joining the NDIS continues to grow, as does the average payments received by participants.

Importantly, the AFSR projections showed the NDIA is on track to gradually meet National Cabinet's NDIS growth target: from 12% in 2024–25 to 8.4% in 2025–26, reaching 8% by 2026–27. Data as at December 2024 has the year-on-year growth rate at 11.9%, slightly lower than the growth rate of 12% projected in the AFSR.

Recent reforms have ensured the NDIA is getting better at managing plan growth, by providing clarity on what NDIS funding can and cannot be used for and ensuring every NDIS dollar goes towards participant outcomes.

While new legislation establishes a platform for much of this important work, the NDIA has been implementing other measures designed to strengthen the NDIS and provide a better experience for all participants and their families.

This includes improving planning processes, leading to more consistent decision making; proactively contacting participants who are at risk of their plan funds running out; and continuing to progress payment integrity initiatives through the Crack Down on Fraud program.

The AFSR projections build on the positive trends in NDIS cost stabilisation including:

- A considerable improvement in Scheme expenses for the 12 months to 30 June, to be approximately \$600 million less than the 2024–25 Budget estimate.
- Fewer participants at risk of overspending their plans.

These results show that we are improving the financial sustainability of the NDIS to not only deliver a fairer and more consistent NDIS for participants, but ensure the NDIS is here to stay in the future.

## Key areas of improvement

### Continued focus on working with the disability community

The NDIA is committed to working with people with disability and the disability community to design and implement reforms to the NDIS.

Over the last quarter the NDIA has:

- held over 70 co-design and consultation sessions, involving more than 620 participants and members of the disability community.
- coordinated over 30 targeted consultation sessions with over 90 external stakeholders to inform legislative rules and implementation.
- established the new Self-Management Advisory Group to ensure the unique needs of participants who self-manage their funding are considered in NDIS reforms.
- reconvened the culturally and linguistically diverse (CALD) expert advisory group to oversee the NDIA's ongoing implementation of the CALD Strategy.

In October, the NDIA launched an education campaign to ensure participants and their families and carers can learn and ask questions about changes to the NDIS Act.

The campaign included:

- Direct emails and text messages to as many participants as possible.
- Over 30 information sessions for participants, their families and carers, with over 3,650 people attending. This included targeted information sessions for health professionals, parliamentary staff, young people, Deaf participants and advocates.

- Emails to all registered providers and information sessions for providers and plan intermediaries.
- Paid media advertisements (print, radio and online) targeting CALD and First Nations communities.
- Partnering with disability representative and carer organisations to deliver targeted information sessions to their members – with 8 sessions delivered.
- A social media campaign.
- Frequently asked questions added to the NDIS website. These are updated regularly based on questions from participants.

The NDIA is also in the process of establishing:

- new and improved ways to co-design with people with intellectual disability, children and young people, and participants from CALD backgrounds
- new advisory groups on rural and remote and supported decision making
- a new First Nations Reference Group under the Independent Advisory Council.

### First Nations Reference Group

The IAC has progressed the establishment of a First Nations Reference Group. Members will convene from February 2025. The reference group will comprise only First Nations peoples with disability and will provide a strong voice for First Nations peoples with disability in the NDIA. It will report to the IAC and NDIA Board with independent advice on NDIS and reform issues affecting First Nations peoples.

### Improved NDIA performance

The NDIA continues to improve the planning experience for participants. Recent improvements to the planning process this quarter include:

- Improved timeframes for approving first plans and continued focus on reducing the backlog of unscheduled reassessments.
- More than 23 system updates to the new computer system to ensure we can support participants and staff who deliver the NDIS, including:
  - alignment with legislation changes that came into effect 3 October 2024
  - improved ability to identify when a participant may face a shortage of funds, with NDIS plans automatically extending to ensure continuity of supports when a participant's plan is set to expire.
  - enhanced visibility of how plans are being used so NDIS staff can proactively work with participants, ensuring they receive the right outcomes and supports from their plans.
- Continued improvement in the timeframes for completing an internal review of a reviewable decision.
- Improved timeframes for closing complaints, with 74% closed within 21 days in the quarter, compared with 54% in the previous quarter.

- Added more than 300 staff to frontline service delivery teams, in addition to the 500 staff added in the previous quarter, to better support participants and help reduce waiting times.
- Improved performance of the National Contact Centre (NCC), while experiencing increased demand across all contact channels. The average speed of answering calls improved, and the customer satisfaction rate of 93% exceeded the 90% target. The NCC continued to improve the first contact resolution program this quarter, adding 93 staff trained in handling delegate processes. This program reduces the referral of enquiries to other areas of the NDIA.
- Improved hospital discharge processes. The average number of days between an NDIS participant being medically ready for discharge and being discharged was 21 days, an improvement over the past 21 months from 30 days in the March 2023 quarter.
- The number of participants younger than 65 in aged care reduced from 911 to 811, excluding participants who meet the exceptional circumstances criteria.

## Crack Down on Fraud program and Fraud Fusion Taskforce

### Crack Down on Fraud program

In November 2024, the Australian Government announced a further \$110.4 million investment in the Crack Down on Fraud (CDoF) program. The funding boost follows an initial \$83.9 million investment made earlier in 2024, designed to improve the NDIA's ability to better detect and prevent the exploitation of participants and the NDIS. The additional funding will enable the CDoF program to:

- implement a new fraud case management system that will interact with other enforcement agencies
- build new IT systems to connect with other agencies, providers and banks so transactions can be actioned faster with fewer errors
- improve the systems that assess, process and pay over 400,000 NDIS claims per day
- improve identity proofing systems to increase safety and privacy
- improve the NDIS mobile app and online interfaces.

The CDoF system enhancements delivered to date have greatly improved the effectiveness of other work within the NDIA and the Fraud Fusion Taskforce.

## **Fraud and integrity**

In Q2 there is continued focus on increasing safety and outcomes for participants by improving the integrity of providers and the NDIS.

The Fraud Fusion Taskforce (FFT) is working to find and stop fraud in the NDIS and other government programs. Since it was established in November 2022, the FFT has launched more than 500 investigations and referred 50 people to court.

The NDIA has also identified more than 15,000 NDIS participants who may have been impacted by fraudulent providers and supported thousands to transition to safer arrangements, including by changing providers.

The NDIA continues to work to ensure NDIS participants and providers find it easier to get it right and harder to get it wrong. In quarter 2, the following improvements were implemented:

- requesting mandatory evidence for claims
- improving the NDIS portal, app logins and myGov authentication
- a new integrity management system.

## **Resolving participant requests**

The NDIA has taken measures to resolve the high number of requests we continue to receive from participants, and we are making good progress to reduce the increased volume.

A key focus for the NDIA in recent quarters has been reducing the large number of requests in the areas of first plans and unscheduled plan reassessment requests.

The NDIA has also focused on reducing waiting times in several key areas, including first plans, reviews and complaints and, as a result, the number of outstanding items has reduced.

The NDIA continues to prioritise urgent change of circumstances requests, especially where there is any potential risk to the participant.

It is also important to note that a participant's plan will not expire, irrespective of any delay to a scheduled plan reassessment.

The Agency now has an increased capability to detect when a participant might be at risk of over-utilising their NDIS plan, and is actively contacting participants to ensure they can better manage their spending to ensure their NDIS plan lasts its duration.

Improvements to NDIA systems mean that participants awaiting a scheduled plan reassessment should not run out of funding, with plans automatically extending with the same level of funding. This means participants are not left without supports.

## Eligibility reassessments and participants leaving the NDIS

Eligibility reassessments are not new and are normal practice in the NDIS that predate recent legislative changes to the Scheme. They have been a part of the Scheme since the beginning.

The purpose of an eligibility reassessment is to check if a participant's support needs are being met or have changed, particularly if they have received early investment supports (NDIS Early Intervention criteria - Section 25).

Some children receiving Early Intervention supports will go on to become participants and require further NDIS supports later in life. However if EI supports prove effective, the child may exit the EI pathway. In these successful instances, a child may either no longer require support or may receive less intensive supports outside the NDIS, from community or mainstream services.

The NDIA employs a team of trained staff who undertake these reviews, whose absolute priority remains participant welfare. Our approach is to support any participant during the eligibility reassessment process.

The NDIA recognises there is work to be done with participants and the disability sector to improve the process. We are working to strengthen our approach through:

- better communication with participants and families about what is involved during an eligibility reassessment
- providing more time for people to supply the agency with relevant information about their support needs and whether they have changed
- improving the communication and resources participants receive when they undergo the reassessment process.



## Section 1

# Participants and their plans



## Alecia shines in a supportive and flexible working environment



Alecia can't believe she's working for the NDIA – a government agency she has found 'supportive and flexible'.

'A year ago, I had no idea I was going to be employed in a workplace where I could actually work full-time and have the support and flexibility I needed,' she said.

At work, Alecia can speak openly about her autism and the ways she works best. 'I prefer written instructions over verbal, so just simple changes like that can really help. Being able to work like this in a respectful and inclusive environment has been life changing,' she said.

'I was 28 when I got my official diagnosis,' she said. 'When I was growing up, Mum thought I had autism, but I didn't present like others who had it.'

Going undiagnosed had a significant impact on how Alecia was treated growing up. She developed mental health-related challenges, one being agoraphobia, which meant she rarely left home for over 8 years.

'In my early adulthood, I was put on the disability pension,' Alecia said. 'I felt hopeless and alone, except for family support, especially from my mum.'

Alecia heard about the Australian Disability Network's 'Stepping Into Internship' program. It supports university students and new graduates with disability to do paid work experience with host employers.

Accepted into the program, Alecia joined the NDIA's Compensation Branch and worked as an intern from January to March 2024.

'I developed a real love for the NDIA,' she said. 'I found it was so supportive, so I applied for an APS3 role with the Access team, and got it.'

Alecia said work has 'really empowered' her, and for that she is forever grateful.

'I know I couldn't work in a job where I didn't have the flexibility and understanding I have here, and I have the NDIA to thank for that.'

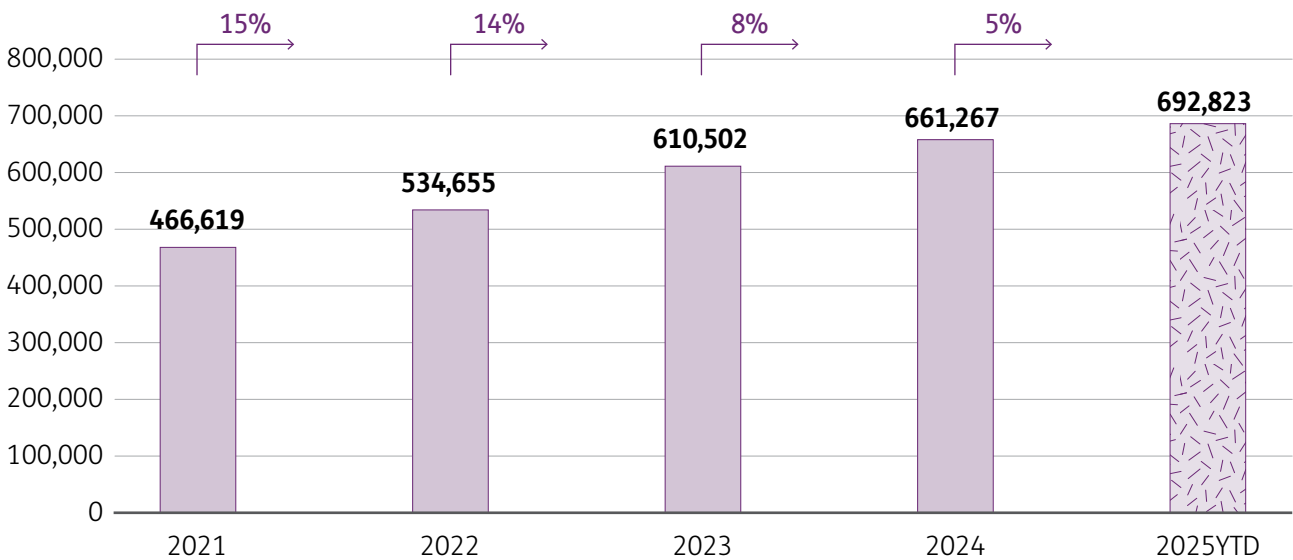
[Read Alecia's full story on our website.](#)

More than 690,000 participants are receiving support from the NDIS, and more than 19,000 participants entered the NDIS during this quarter.

### 1.1 Number of participants in the NDIS

As at 31 December 2024, 692,823 participants had approved NDIS plans. This represents a 1.9% net increase from last quarter (a net increase of 12,700 participants since September).

Figure 1: Active participants with approved plans and percentage increase over time for years ending 30 June<sup>1</sup>



<sup>1</sup> 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 Participation rates

The number of NDIS participants as a proportion of the Australian population peaks between the ages of 5 and 7, with approximately 13% of 5- to 7-year-old males and 6% 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 (Figure 2), reflecting the prevalence of different disability types.

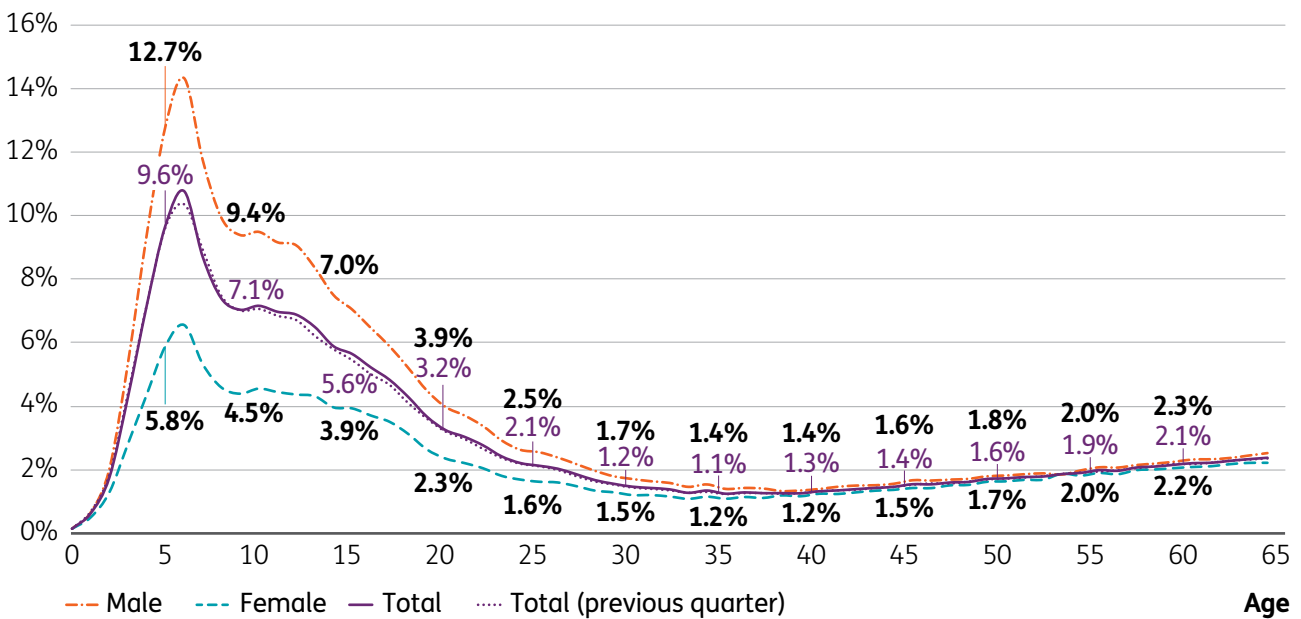
Overall, the rate of participation in the NDIS rises steeply from birth, peaking at approximately 11% at age 6. The rate then declines steadily to around 1% by age 35, before rising gradually to 2% by age 55.

Participation rates for males and females differ considerably at younger ages. At the peak, at age 6, the participation rate for males (14.2%) is more than double that of females (6.5%).

Much of the difference in participation rates by gender can be explained by differences in diagnosis by disability type. For NDIS participants younger than 18, the most prevalent disability types are autism and developmental delay. Both disability types have higher diagnosis rates in males than females.

Psychosocial disability and intellectual disability are a high proportion of the remaining disability types. The participation rates by age and gender in each service district are shown in the supplements.

Figure 2: Participation rates<sup>2</sup>



<sup>2</sup> There were 12,682 participants aged 0 to 64 years with a gender of 'Other' at 31 December 2024. The participants for this group are included within the total rates, but not the gender-specific participation rates.

### 1.3 Participant characteristics

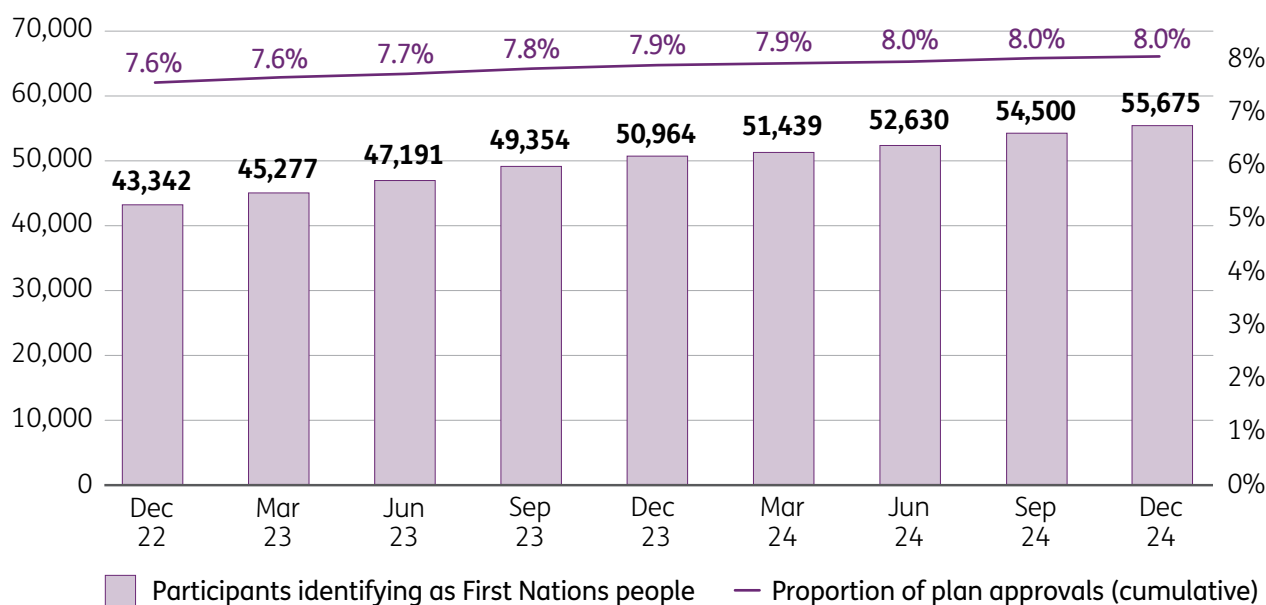
The NDIA monitors the number of participants entering the NDIS who identify as First Nations peoples or as culturally and linguistically diverse (CALD), and those from remote and very remote areas.<sup>3</sup>

Of the 19,398 participants entering the NDIS and receiving a plan in the quarter:

- **9.7%** were First Nations peoples<sup>4</sup>
- **7.0%** were CALD<sup>5</sup>
- **2.0%** were from remote and very remote areas.<sup>6</sup>

The total proportion of First Nations participants in the NDIS is 8.0% at the end of the December quarter and this is similar to last quarter (Figure 3). The proportions of CALD and remote participants are similar to those observed in previous reports.

Figure 3: Cumulative number and proportion of First Nations participants<sup>7</sup>



3 For some participants, the identification as First Nations or CALD is not known.  
 4 This compares to 8% of the Australian population identifying as First Nations peoples who have a need for assistance. Source: Census of Population and Housing 2021 ('Need for Assistance' variable), Persons Place of Usual Residence, by Indigenous Status.  
 5 The percentage of CALD participants excludes participants who identify as First Nations peoples. Further, the NDIA published extra analysis on CALD participants in the First quarter 2020–21 quarterly report. The analysis indicated it is likely that CALD participants are joining the NDIS without being identified as CALD in the data collected, rather than a large number of CALD people with a disability not currently being in the NDIS. The number of participants for whom the CALD identification is not known is impacted by changes in processes in 2023.  
 6 This compares to 2% of the Australian population living in remote or very remote areas. Source: Census of Population and Housing 2021, Persons Place of Usual Residence, by Remoteness Area.  
 7 The Explore data webpage has detail on the numbers of CALD participants and remote and very remote participants.

### First Nations governance, strategy and co-design

The NDIA co-developed an inaugural NDIS First Nations Strategy, which was **publicly released in mid-January 2025**. The strategy has a clear goal of ensuring the NDIS delivers and continues to create improved outcomes in the lives of First Nations people with disability.

The strategy has been developed to make the NDIS equitable, culturally safe, community-centred and coordinated for First Nations people.

The strategy is also an important part of ongoing work across government to Close the Gap between First Nations and non-Indigenous Australians.

The strategy identifies 4 priority areas for action:

- **Strategic priority 1:** Fair and equitable access and support
- **Strategic priority 2:** NDIS ‘our way’ – transformation for power-sharing
- **Strategic priority 3:** Working together well within and across sectors
- **Strategic priority 4:** Gathering, sharing and revisiting knowledge about meaningful change.

The strategy was developed in partnership with the First Nations Strategy Working Group. The group includes representatives from the NDIA Independent Advisory Council (IAC), NDIS participants and First Nations leaders in aligned sectors (health, community services). The strategy has also been informed by First Nations feedback from the Disability Royal Commission and NDIS Review, as well as the Productivity Commission’s Review of the National Agreement on Closing the Gap.

A strategy implementation plan will be co-designed with First Nations communities during 2025.

The IAC to the NDIA is establishing an IAC First Nations Reference Group. Members will convene from February 2025. The reference group will comprise only First Nations people with disability and will provide a strong voice for First Nations people with disability in the NDIA. It will report to the IAC and NDIA Board with independent advice on NDIS and reform matters affecting First Nations peoples.

The NDIA is developing an NDIS First Nations Co-Design Framework, which will inform the development of NDIA policies and programs by embedding First Nations co-design principles into the NDIA ways of working. Due for completion in mid-2025, the framework will improve co-design practice and cultural safety in the NDIS for First Nations people with disability.

The NDIA is also undertaking an independent review of First Nations representation across NDIA advisory and co-design bodies to improve First Nations advice, cultural safety and accountability within the NDIA. A final report with recommendations is due by March 2025.

## Section 1: Participants and their plans

### First Nations people and participants in remote and very remote areas

The NDIA supports First Nations peoples and remote participants to understand, access, navigate and use the NDIS.

The NDIA is now well-advanced in implementing its strengthened service model for participants in remote and very remote Australia (including all non-partnered areas). This includes:

- **Providing face-to-face services:** Remote community connectors (from 37 service partners and currently supporting 480 communities) and geographically tied NDIA staff regularly visit communities to support participants throughout their NDIS journey.
- **Having a dedicated sector engagement and market development team** to work with communities on local priorities and use alternative commissioning approaches to secure services where they have not been previously available.

The service model is supported by a national program of access and planning clinics to enable people to access the NDIS and supports more quickly. Several access clinics have been delivered in remote locations, including:

- Anangu Pitjantjatjara Yankunytjatjara Lands, South Australia
- Big Rivers, Northern Territory
- Fitzroy Crossing, Western Australia.

Future access clinics will include:

- Maningrida, Northern Territory
- Lajamanu, Northern Territory
- Iwantja, APY Lands, South Australia
- Papunya, Northern Territory
- Yuendumu, Northern Territory
- RAPAD Region, Queensland.

The NDIA is also working across government to find ways to use local workforces to support NDIS participants, in particular:

- National Indigenous Australians Agency – Remote Jobs and Economic Development Program
- Department of Health and Aged Care – Integrated Care and Commissioning project.

### 1.4 Specialised service delivery

The NDIA is committed to improving access, outcomes and experience for participants who require specialised planning pathways and liaison.

The NDIA delivers targeted support through specialised pathways for participants with complex support needs, including participants involved in the justice system and participants transitioning from aged care or hospital settings.

#### **Participants involved in the justice system**

The NDIA is committed to supporting participants involved in the justice system to access the NDIS for reasonable and necessary disability supports. Every Australian, regardless of interaction with the justice system or criminal conviction, is entitled to access support systems offered by government to help them live their life.

The NDIA's Justice Liaison Officer (JLO) role is the primary point of contact for stakeholders in the justice system, including people eligible for the NDIS. JLOs work alongside state and territory government justice services and the NDIA Justice Planning team to support current and prospective participants in correctional and forensic settings.

The Justice Planning team provides specialised support to participants involved in the justice system to ensure they can access the disability supports they need while in custody and when transitioning into the community.

#### **The Justice Transition Project**

Between October 2022 and November 2023, the NDIA ran the Justice Transition Project, which aimed to enhance the experience of people with disability transitioning from justice and forensic settings into the community. After engaging with more than 300 stakeholders over 61 consultations, the project made 13 evidence-informed recommendations that focus on improving consistency of decision-making to support transitions from justice settings and strengthening operational mechanisms between states and territories.

The NDIA is committed to implementing the project's recommendations. The final report and recommendations have been shared with external project stakeholders, and internal work has progressed toward some of the recommendations.

#### **Justice Advisory Panel**

The NDIA Justice Advisory Panel held its first two meetings in September and December 2024. During these meetings, Chairperson Ken Lay AO and panel members Jennifer Cullen AM and the Honourable David Harper AM, joined NDIA executives to examine the management of people exiting custody who have been identified as current or potential participants of the NDIS.

The panel heard case studies of NDIS participants and potential participants, to understand circumstances that may influence how the NDIS works with the justice system. While the panel does not have decision-making powers, the case studies provide information about the participant experience and examples of the risks, issues, and policy and systemic challenges in this area. This will help the panel provide their expert advice to the NDIA on the management of current or potential NDIS participants who are transitioning from a custodial setting as well as those who have already transitioned back to the community.

### Information sharing

In April 2024, the NDIA requested information about NDIS participants with a history of high-risk offences from state and territory governments. This information helps the NDIA to make better and more timely decisions for these NDIS participants, including people leaving custody.

The NDIA will continue to collaborate with state and territory governments about the requested information to ensure all NDIS participants receive the right supports from the right service systems.

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

#### YPIRAC targets

The Australian Government is committed to achieving the targets for younger people in residential aged care (YPIRAC) to ensure that, except in exceptional circumstances, there are no people younger than 65 living in aged care by 2025.

The NDIA is supporting this commitment with a team of dedicated YPIRAC planners and accommodation officers.

#### The NDIA's focus on YPIRAC

Since 1 July 2016, 1,128<sup>8</sup> participants have left residential aged care<sup>9</sup> and are now in a more appropriate accommodation setting.

As at 31 December 2024, there were 811<sup>10</sup> participants younger than 65 in residential aged care with an NDIS approved plan, including 21 younger than 45.

As at 31 December 2024, 203<sup>11</sup> younger people in residential aged care have a goal to leave residential aged care, including 6 younger than 45.

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8 Excludes 115 First Nations peoples aged 50 to 64 years.

9 This includes all people who were under 65 years at the time of leaving aged care. It excludes participants who are deceased or have left the NDIS.

10 Excludes 102 First Nations peoples aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.

11 Excludes 56 First Nations peoples aged 50 to 64 years.

### Hospital discharge

The NDIA is continuing to focus on the safe and timely discharge of NDIS participants from hospital.

In the December 2024 quarter:

- the target of contacting NDIS participants within 4 days of the NDIA being notified of a participant's hospital admission was achieved for **83%** of participants, consistent with last quarter
- the average number of days between an NDIS participant being medically ready for discharge and being discharged was **21 days**. Overall, the timing of participants being discharged has improved over the past 21 months, from **30 days** in the March 2023 quarter.

Improving hospital discharge performance requires close collaboration with health systems and hospitals. This includes ensuring the NDIA has prompt notification of admission and receives the necessary post-discharge information to inform planning.

The NDIA is continuing to work closely with Commonwealth, state and territory health systems to support the safe and timely discharge of NDIS participants from hospital, including:

- working with health systems to receive prompt information about participants who are in hospital to support discharge planning
- streamlining access to the NDIS for prospective participants in hospital
- increasing the number of NDIA staff supporting hospital discharge processes
- sharing educational resources and hosting information sessions for health systems staff to help enable effective collaboration and the timely hospital discharge of NDIS participants.

## 1.5 Children in the NDIS

As at 31 December 2024, there were 159,356 children younger than 9 with an NDIS plan, and a further 23,679 children accessed early connections throughout the quarter.

### Children in the NDIS (younger than 9)

From 1 July 2023, the NDIA extended access to early childhood arrangements, through its early childhood partners in the community, to children younger than 9. These arrangements had previously been available to children younger than 7. This change ensures children and their families are supported by an early childhood partner during and after their transition to primary school.

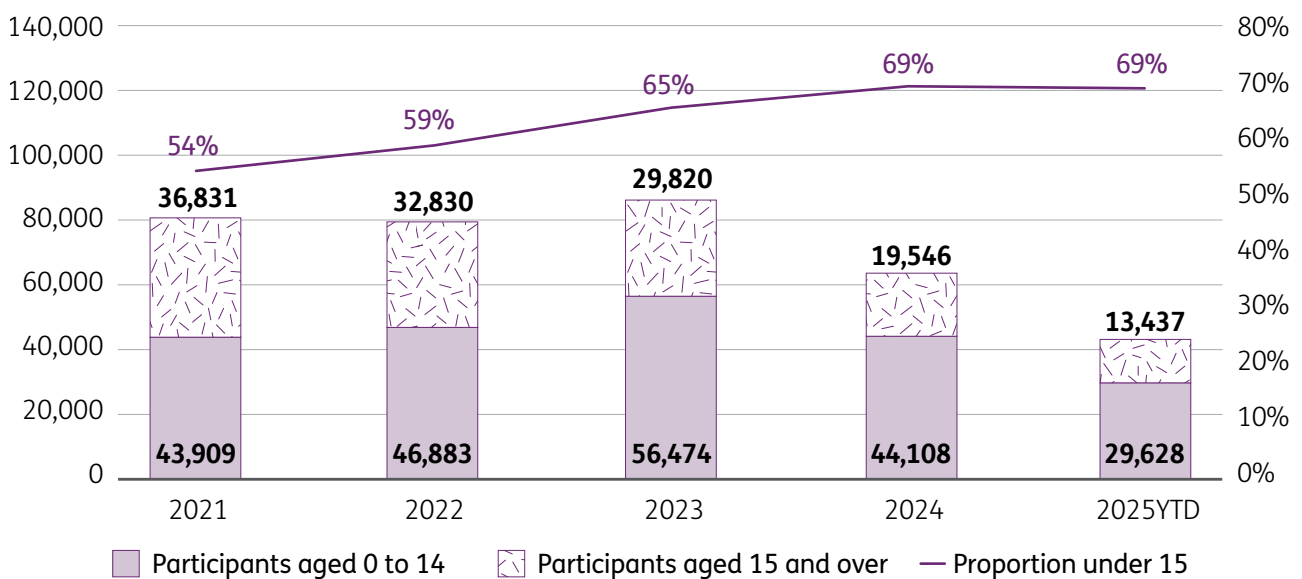
Throughout the December 2024 quarter, **23,679** children accessed early connections. Early connections gives quick access to the right supports that meet the needs of the child and their family, regardless of whether the child is an NDIS participant.

This quarter, the NDIA continued to focus on improving access to supports for children and families in remote and very remote areas. This effort contributed to 226 children meeting access criteria to participate in the NDIS, of which 136 identified as First Nations peoples. Of the 159,356 children younger than 9 with an approved plan as at 31 December 2024, there were 2,444 living in remote and very remote areas.

### Children in the NDIS (younger than 15)

The number of children entering the NDIS continues to grow at a faster rate than older participants. Of the 43,065 participants entering and receiving a plan in the 2024–25 financial year to date, **69%** were children younger than 15. This is a continuation of the increasing proportions of younger participants joining the NDIS (Figure 4).

Figure 4: Number and proportion of participants by age band entering the NDIS by financial year ending 30 June



A man with short brown hair and a goatee is smiling slightly. He is wearing a dark blue t-shirt and a black watch on his left wrist. He is holding a black handle, possibly part of a piece of gym equipment. The background is a gym with various machines and a person in a pink shirt in the distance.

## Section 2

# Participants and family and carer outcomes



## Jake's working towards his goal of being fully independent



Since joining the NDIS in 2018, Smithtown local Jake Kelly has been steadily working towards his goal to be fully independent.

The 23-year-old has Down syndrome and uses his NDIS funding to partner with Kempsey disability provider Key Community Group (KEY), to develop his skills and independence.

Assigned a job mentor and a team of support workers, within a year Jake had secured his first paid job, working 2 afternoons a week at his local supermarket, Kempsey Central IGA.

'It's a great job. I love it. I help customers, staff and my boss Amanda,' he said.

Jake stocks shelves, fills fridges and 'faces up' stock. He also helps out in the storeroom unloading trucks and sorting stock. Now he's learning to use the cash registers.

Jake's KEY NDIS coordinator Jane Lewis describes him as a confident, capable and effective self-advocate.

'Jake might not realise it, but he's already quite independent, especially at work. He's a valued team member, and popular with staff and customers,' she said.

A huge National Rugby League fan, Jake referees sideline touch footy and during the week he goes to the gym with a support worker to build his strength and fitness.

'Jake and his support worker might go to the gym or head along the local walking track,' she said.

Jane said Jake has come a long way and his unwavering commitment to achieving his goals has made him 'a bit of a role model in his community'.

'He is determined. He works hard at every goal he sets and it's paying off,' Jane said.

'Jake has really grown and matured. He's saving to buy a house, and he's talking about learning to drive. He would like to get his learners permit and buy a car.'

[Read Jake's full story on our website.](#)

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

### 2.1 Measuring outcomes: 2024 annual outcomes report summary

The NDIA recently released an executive summary of the 30 June 2024 [participant outcomes and families and carer outcomes reports](#). Common themes have emerged in areas where outcomes are improving for participants of different ages (and their families and carers), as well as areas where more work is required. A brief overview of these findings is provided below.

#### Participants aged 0 to 14

##### Outcomes that are improving for participants aged 0 to 14 since entering the NDIS

- **Specialist services:** An increasing percentage of parents and carers of young children from birth to starting school 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.
- **Inclusion:** Children from birth to starting school who participate in community activities tend to feel welcomed or actively included at these activities.
- **Independence and daily living:** School-aged children are becoming more independent. In addition, children aged 0 to 14 are increasingly likely to manage the demands of their world well, fit into family life, and make friends with people outside the family.
- **Relationships:** More participants are making friends with people outside the family, while fitting well into family life.

##### Areas where more work is needed to improve outcomes for participants aged 0 to 14

- **Developmental concerns** (participants from birth to starting school): An increasing percentage of parents and carers report concerns in 6 or more areas of development, particularly in relation to social interaction, cognitive development, fine motor skills, self-care and sensory processing.
- **Barriers to social and community participation:** An increasing percentage of parents and carers want their child to have more opportunity to be involved in activities and with other children, but see the child's disability and themselves being busy as barriers to participation.
- **Mainstream school:** Some participants dropped out of mainstream schools while in the NDIS. Involvement in co-curricular activities also decreased.

## Participants aged 15 and over

### Outcomes that are improving for participants aged 15 and over since entering the NDIS

- **Lifelong learning:** Participants are increasingly getting opportunities to learn new things, and fewer say there was a course or training they wanted to do in the last 12 months but could not. The Year 12 completion rate increased over time as well.
- **Choice and control:** Multiple measures in the area of choice and control improved, including making decisions, choosing who provides support, and how to spend free time, as well as having a say with support services.
- **Relationships:** Participants report getting more opportunities to see friends and being more satisfied with their relationship with staff (e.g. paid support workers).
- **Home:** A growing percentage of participants choose where and with whom they live, and participate in making decisions about planning for a home.
- **Social and community participation:** A higher proportion of participants spend their free time doing activities that interest them; are involved in community, including knowing people; and have a greater say in the community. They also have opportunities to try new things and have new experiences. Participants reported feeling safer walking alone in their local area after dark.
- **Employment:** Of participants who are in a paid job or actively looking for one, the relative proportion acquiring a paid job is increasing. Participants in a paid job are increasingly receiving support to do their job and working 15 or more hours per week, while those interested in a paid job are increasingly being assisted to get one. Improvements in paid employment are especially pronounced for younger participants.
- **Health and wellbeing:** An increasing percentage of participants have a doctor they see regularly, while a decreasing number have difficulty accessing health services, or have attended hospital in the last 12 months. Participants are also increasingly vaccinated against the flu. In addition, life satisfaction improved over time.

### Areas where further work is needed to improve outcomes for participants aged 15 and over

- **Advocacy:** Participants continue to express an increasing desire for more choice and control. A higher percentage also said they could not do something they wanted to in the last 12 months.
- **Labour force participation:** Overall, the percentage of participants aged 15 and over in a paid job, which includes those who are not working and not actively looking for work, has had little change over time. The percentage of participants in the labour force, which includes those employed and/or actively seeking employment, has declined over time.
- **Self-rated health:** There has been a general deterioration over time in self-rated health, across all age groups and duration cohorts. Older participants are typically less likely to rate their health as 'Excellent', 'Very Good' or 'Good'.
- **Relationships:** There is an increasing desire among participants to see friends and family more often, and a decreasing percentage have friends other than family or paid staff (e.g. paid support workers).

**Comparison to the Australian population:**

Overall, participants’ education, employment, community participation and health-related outcomes are poorer than for the Australian population. However, the trend is improving on some of these indicators and getting closer to that of the general population (e.g. completing year 12 or above, working 15 or more hours per week, participating in social and community activities, having a say within the community, and feeling safe walking alone in their local area after dark).

**Modelled drivers of changes in key outcome indicators:**

We conducted modelling to understand the drivers of changes in some key outcome indicators in the 15-and-over age group. We modelled characteristics including demographics, disability, geographical location, living arrangements, plan features and time variables.

Some of the characteristics of participants who were **more likely to improve** in the specified outcome indicators are outlined in Table 1.

Table 1: Select drivers of positive changes in key outcome indicators

Outcome indicator	Participant characteristics
Choosing who supports them	<ul style="list-style-type: none"> <li>• participant is female</li> <li>• having a high level of function</li> <li>• primary disability is multiple sclerosis</li> </ul>
Having friends other than family or paid staff	<ul style="list-style-type: none"> <li>• participant is female</li> <li>• having a high level of function</li> <li>• primary disability is Down syndrome</li> </ul>
Happy with the home they live in	<ul style="list-style-type: none"> <li>• having a high level of function</li> <li>• primary disability is Down syndrome</li> </ul>
Rating their health as ‘Excellent’, ‘Very Good’ or ‘Good’	<ul style="list-style-type: none"> <li>• participant is younger</li> <li>• having a high level of function</li> <li>• primary disability is Down syndrome</li> </ul>
Working in a non-ADE <sup>12</sup> paid job	<ul style="list-style-type: none"> <li>• having a high level of function</li> <li>• primary disability is a sensory disability</li> </ul>
Actively involved in a community, cultural or religious group in the last 12 months	<ul style="list-style-type: none"> <li>• participant is female</li> <li>• participant is from a CALD background</li> <li>• primary disability is Down syndrome</li> </ul>

Evidently, having a high level of function is a key driver of improvement across most modelled outcomes, and participants with Down syndrome also exhibit strong improvement in most areas.

12 Australian Disability Enterprise: generally not-for-profit organisations that provide employment for people with moderate to severe disability who need significant support to work. ADEs offer a wide range of employment opportunities, including packaging, assembly, production, recycling, screen printing, plant nursery work, garden maintenance and landscaping, cleaning services, laundry services and food services.

### Analysis of mental health services and employment data (PLIDA)

We have used the Person-Level Integrated Data Asset (PLIDA) to examine how NDIS participants and the broader Australian population have interacted with mental health services covered by the Medicare Benefits Scheme (MBS)<sup>13</sup> and prescriptions for mental health-related medications under the Pharmaceutical Benefit Scheme (PBS)<sup>14</sup> as well as how they have engaged with employment, over recent financial years. This type of data linkage provides insights into participants' use of mainstream services and will, as more linked data becomes available, provide a better understanding of how these interactions contribute to better outcomes.

The NDIA is required to keep all personal information securely and in accordance with the standards set out by the Attorney General's Department in the [Protective Standards Policy Framework](#) (PSPF) and the Australian Signals Directorate's [Information Security Manual](#) (ISM). Adherence to these standards protects participant information in accordance with the *Privacy Act 1988* (Cth) as well as the confidentiality and secrecy provisions in the *National Disability Insurance Scheme Act 2013* (Cth).

Key observations from the analysis are presented below.

#### Age distributions

- NDIS participants<sup>15</sup> are on average younger than the general Australian population,<sup>16</sup> and are becoming younger over time. Male participants are on average younger than female participants.

#### MBS mental health services:

- **By gender:** A higher percentage of female participants accessed MBS mental health services and, on average, they accessed more services compared to male participants.
- **By age group:** The rate of accessing MBS mental health services peaked in the 35–44 age group, and the number of services accessed peaked in the 25–34 age group.
- **Compared to the general Australian population:** NDIS participants accessed MBS mental health services at around double the rate of the general population and, on average, accessed more services.
- **Over time:** The percentage of NDIS participants accessing MBS mental health services declined every year.

13 Person Level Integrated Data Asset (PLIDA), from 2018–19 to 2022–23, Medicare Benefits Schedule, ABS DataLab. Findings based on use of PLIDA data.

14 Person Level Integrated Data Asset (PLIDA), from 2018–19 to 2022–23, Pharmaceutical Benefits Scheme, ABS DataLab. Findings based on use of PLIDA data.

15 Person Level Integrated Data Asset (PLIDA), from 2018–19 to 2021–22, NDIS – participant information, ABS DataLab. Findings based on use of PLIDA data.

16 According to the 2021 Census.

### **PBS mental health prescriptions:**

- **By gender:** Higher percentages of male participants received PBS prescriptions than female participants in the 0–14 age group; the opposite is true for those aged 15 and over.
- **By age group:** In general, higher percentages of older NDIS participants received PBS mental health prescriptions and, on average, they received more prescriptions. The biggest increases in both measures were from the 0–8 to the 9–14 age groups.
- **Compared to the general Australian population:** Higher percentages of NDIS participants received PBS prescriptions and, on average, they received more prescriptions.
- **Over time:** The percentage of NDIS participants receiving PBS prescriptions increased steadily over the years. However, the average number of PBS mental health prescriptions received by NDIS participants decreased marginally.

### **Gross salary and paying taxes:**

- **Overall:** Substantially lower percentages of NDIS participants reported gross income and paid taxes, compared to the general Australian population.
- **Reporting gross salary:** The percentage of NDIS participants reporting gross salary increased substantially over the years.
- **Paying taxes:** In the 25–44 age group, a higher percentage of female participants paid taxes compared to male participants.

## Families and carers

### **Outcomes that are improving for families and carers since the participant entered the NDIS**

- **Employment:** Strong 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 and carers across all participant age groups are reporting that services used are listening to them and are meeting their needs.
- **Rights and advocacy:** More families and carers of participants aged 0 to 14 report no boundaries to access or advocacy, and more families and carers of participants aged 15 and over report that they have no difficulties understanding their rights and the rights of their family member with disability.
- **Health and wellbeing:** Families and carers increasingly feel delighted, pleased or mostly satisfied when thinking about what happened last year and what they expect for the future.
- **Supporting learning and development:** More families and carers of participants aged 0 to 14 reported knowing what they can do to support, and what services are needed to promote, their child's learning and development. Increasing percentages get enough support parenting their child for those in the NDIS for 1 to 4 years.
- **Recognising strengths, abilities and progress:** Families and carers of participants aged up to 24 increasingly report being able to recognise the strengths and abilities of their family member with disability and see them progressing.

## Section 2: Participant and family and carer outcomes

- **Plans for the future:** Respondents are more confident about the future of their family member with disability under the NDIS. Increasing percentages of families and carers say they receive help to plan for the future. More families and carers of participants aged 25 and over are seeking assistance with succession planning, and more have asked for help from service providers, professionals and support workers.

### Areas where further work is needed to improve outcomes for families and carers

- **Self-rated health:** Across all participant age groups, the self-rated health of families and carers has deteriorated over time.
- **Advocacy and meeting needs:** Some outcomes related to rights and advocacy for families and carers of participants aged 0 to 14 have deteriorated, particularly in terms of respondents being able to identify the needs of their child or family and access to services to meet their needs. In terms of being able to advocate for their family member with disability, the 15 and over age group shows decreases over time, while the younger age group is fairly stable. The percentage having friends they see as often as they'd like and the percentage having people they can ask for practical help or childcare from, have also decreased.
- **Social and community participation:** Families and carers of participants aged 0 to 14 have experienced some deterioration in social and community involvement, with a decline in the percentage of families and carers who are able to engage in social interactions and community life as much as they want. In addition, there has been an increase in respondents who say that one of the barriers to greater involvement is the situation with their child.

### Comparison to the general Australian population

- Overall, families and carers of NDIS participants experience poorer outcomes than the broader Australian population in the areas of employment and health. However, for family members and carers of younger participants, the trend is improving for employment outcomes.

#### 2.1.5 Has the NDIS helped

Overall results for the question 'Has the NDIS helped?' – using data as at 30 June 2024 – were presented in the [Fourth quarter 2023–24 quarterly report](#). Some additional insights for 'Has the NDIS helped?' questions from the June 2024 annual outcomes report executive summary are summarised below.

#### Percentage of positive responses

- **Cohort effect:** For participants from starting school to age 14, as well as families and carers of participants aged 0 to 24, those entering the NDIS more recently tended to respond more positively at each reassessment time point for all domains.
- **Plan development and implementation:** Families and carers of participants aged 0 to 14 tend to be more satisfied with the amount of say they have in plan development than with plan implementation; however, satisfaction with plan development improves faster over time.
- **Baseline plan utilisation:** For both participants and families and carers of participants of all age groups, higher plan utilisation is strongly associated with a positive response after one year in the NDIS. Improvements are typically largest between utilisation bands 0–20% and 20–40%.

### Distribution of latest reassessment responses in the new computer system

In the new computer system, the answer options for 'Has the NDIS helped' changed. Under the previous computer system, the answer options were 'Yes' and 'No'. Under the new computer system, there are two 'Yes' options (Yes, a lot and Yes, a bit), a 'No' option, and a new 'N/A' (Did not need help in the area) answer option. The percentage responding positively is calculated excluding the responses of N/A. The change to the answer options may alter the measurement of the percentage responding positively. Consideration is given to the distribution of latest reassessment responses in the new data system, which presents the percentage of participants who need help; and of those who need help, the percentage who say the NDIS helped (a lot and a bit). Results are shown for the latest reassessment, which is most affected by the new data system.

- **Participants:**
  - Among parents and carers of participants from birth to starting school, for most reassessment time points of all domains, over 90% required help (i.e. selected a response other than 'N/A [I don't need help in this area]'). Of those needing help, the percentage saying the NDIS helped a lot tends to be higher at later reassessments.
  - Among parents and carers of participants from school to age 14, over 90% said they needed help at all reassessments in the domains of: child's independence; family and friends; and social and recreational life. Of those needing help, reassessments one and 2 showed major differences in the percentages saying the NDIS helped, with a higher percentage of participants reporting that the NDIS helped at reassessment 2, compared to reassessment one.
  - For participants aged 15 and over, over 90% of participants at all time points required help with choice and control; daily living; relationships; and social, community and civic participation. Of those needing help, the higher percentages of those saying the NDIS helped in later reassessments were mainly driven by higher proportions saying the NDIS helped a lot.
- **Families and carers:** Most families and carers needed help in each domain. In particular, over 95% of families and carers needed help in the area of feeling supported, regardless of participant age group. Of those needing help, more said the NDIS helped a bit, compared to those saying the NDIS helped a lot, although the percentage responding 'yes a lot' tends to be higher for those who have been in the NDIS for longer among families and carers of participants aged 15 and over.

## 2.2 Participation in work and community and social activities

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

Participants who have been in the NDIS for at least 2 years have experienced an increase in their community and social participation since they first entered.<sup>17,18,19</sup>

Specifically, comparing responses at the most recent plan reassessment (between 2 and 8 years after entry) with responses at entry to the NDIS,<sup>20</sup> the changes were:

- **Six** percentage point increase from **34%** to **40%** for participants aged 15 to 24 years
- **Ten** percentage point increase from **35%** to **45%** for participants aged 25 to 34 years
- **Eight** percentage point increase from **35%** to **44%** for participants aged 35 to 44 years
- **Eight** percentage point increase from **35%** to **43%** for participants aged 45 to 54 years
- **Seven** percentage point increase from **35%** to **42%** for participants aged 55 to 64 years
- **Eight** percentage point increase from **38%** to **46%** for participants aged 65 years and older
- **Eight** percentage point increase from **35%** to **43%** for participants aged 15 years and older.

The overall result of 43% compares to a 2024–25 target of 46%.

In general, participation in community and social activities has increased the longer participants have been in the NDIS.

Combining all age groups (Figure 5),<sup>21</sup> the increase for participants who have been in the NDIS for 2 years was 5 percentage points (up from 32% to 37%). For participants who have been in the NDIS for 6 or more years, participation in social and community activities increased by 15 percentage points, from 38% to 53%.

17 The results are based on responses provided to the outcomes framework questionnaires. Responses are collected at entry to the NDIS (baseline) and at subsequent plan reassessments.

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

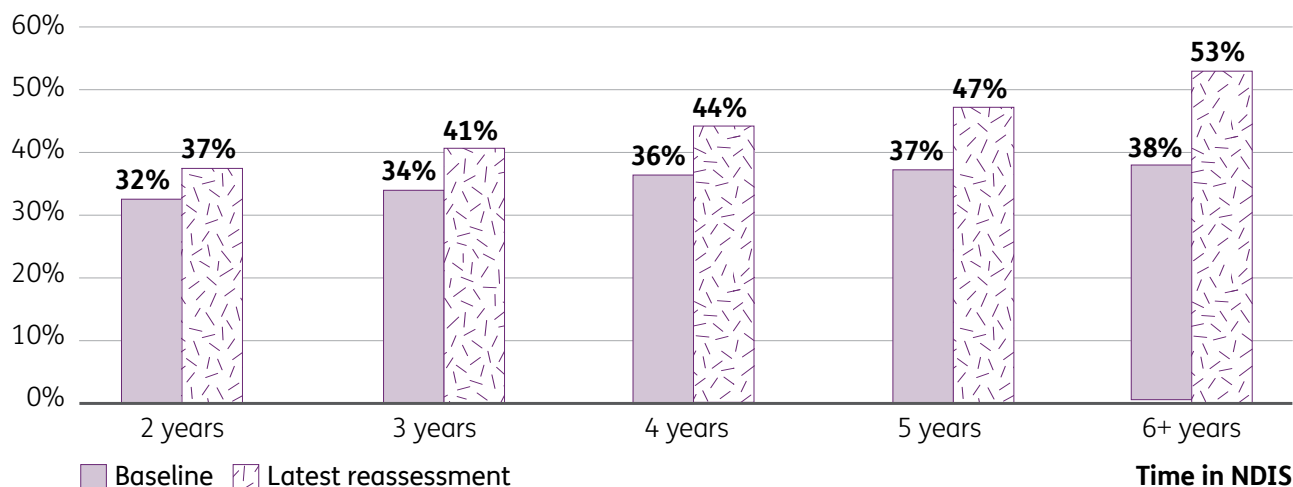
19 The participant age reported in this section is as per their latest plan reassessment.

20 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

21 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

Figure 5: Percentage change in the participation rate in social activities

Participants aged 15 years and over



### Participation in work

The percentage of participants in a paid job for those in the NDIS for at least 2 years continues to be relatively stable. However, the percentage in a paid job and the change by number of years in the NDIS 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 2 to 8 years after entry) with responses at entry to the NDIS,<sup>22</sup> the changes were:

- **Twelve** percentage point increase from **10%** to **23%** for participants aged 15 to 24 years<sup>23</sup>
- **Two** percentage point increase from **27%** 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 **20%** to **16%** for participants aged 55 to 64 years<sup>24</sup>
- **Five** percentage point decrease from **14%** to **8%** for participants aged 65 years and older<sup>25</sup>
- **Two** percentage point increase from **21%** to **23%** for participants aged 15 to 64 years.

The overall result of 23% of participants aged 15 to 64 years in paid work compares to a 2024–25 target of 26%.

<sup>22</sup> Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

<sup>23</sup> Some of the increase is due to participants leaving school and starting work. As the NDIS matures it will be possible to analyse the extent to which the percentage gap increases.

<sup>24</sup> Some of the decrease for older age groups is due to participants retiring from the workforce.

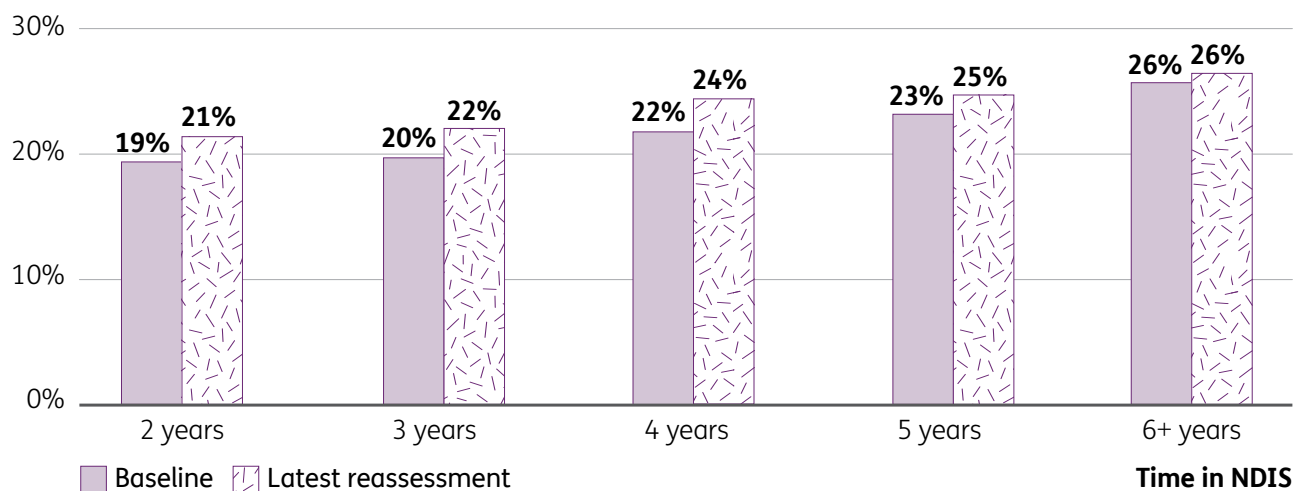
<sup>25</sup> Some of the decrease for older age groups is due to participants retiring from the workforce.

## Section 2: Participant and family and carer outcomes

For participants who are of working age (15 to 64) and who have been in the NDIS for 2 years, the percentage in work has increased slightly from 19% to 21%. Those in the NDIS for 3 to 5 years also experienced similar increases of up to 2 percentage points. For participants who have been in the NDIS for 6 or more years, there has been little change in the percentage of participants in work, which remains at 26% (Figure 6).

Figure 6: Change in the percentage of participants in work<sup>26</sup>

### Participants aged 15 to 64 years



### Employment assistance

The NDIA released the revised Participant Employment Strategy in March 2024. The pricing arrangements for employment assistance were amended on 1 July 2024 to enable earlier employment preparation for participants from the time they reach working age of 14 to 15 years. Assistance was also expanded to enable school leavers to prepare for employment or undertake further education or training to gain a qualification and then obtain employment in accordance with that qualification.

Information sessions were run from July 2024 for over 1,000 employment service providers and support coordinators on their responsibilities in delivering effective employment preparation and placement in secure jobs for NDIS participants.

NDIA staff also conducted information sessions for schools and the parents of young participants to describe NDIS supports available to help these participants consider future employment during their final school years and on leaving school. These sessions attracted audiences of over 500. All local area coordinator (LAC) partners undertook training to understand how best to assist participants to have employment preparation included in their plans.

LACs also contacted participants turning 18 in 2024 to inform them about their responsibilities when reaching that age and to ensure their NDIS plan is appropriate for their needs when they leave school.

<sup>26</sup> Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

### Assistance for participants to obtain employment

The NDIS is working collaboratively with the Department of Social Services and the supported employment sector to promote and encourage expanded opportunities for participants to work. The NDIA surveyed supported employment services to understand more about how the sector is responding to the need for reform, as outlined in the Supported Employment Plan endorsed by the Disability Ministers Reform Council. The results of this survey will be published in early 2025 and will be used to refine plans for improving services for participants with high support needs who wish to work outside of segregated employment. The Research and Evaluation Branch of the NDIA undertook research on the issues confronting participants who wish to move into open employment. This included interviews with participants, supported employment services and employers. The results of the research are published on the NDIS website and provide additional information that will assist reform of the sector.

The NDIA undertook co-design of a new payment method for school leavers requiring intensive assistance to enter employment. The payment methodology consists of an enrolment fee and outcome payments (a blended payments model).

The model is being developed through co-design with NDIS providers, those with lived experience of using school leaver employment supports, peak bodies, and disability representative and carer organisations. The results of the co-design are informing the NDIA's planning for a trial phase expected to commence later in 2025.

In anticipation of the New Specialised Disability Employment Program that will start on 1 July 2025, LAC partners are working with Disability Employment Services (DES) providers in a pilot program operating in Darwin, ACT and north-east Melbourne. This initiative (NDIS/DES Pathways Pilot) is testing how LACs can help participants interested in working to select and connect with a local DES provider. It is promoting better collaboration between the NDIS and DES providers that could potentially deliver better employment outcomes for NDIS participants. The experience of those involved in the trial will be collated to assist in re-designing the interface between NDIS supports and DES providers for those participants who would benefit from access to both schemes.

### Family and carer employment rate

The percentage of families and carers in a paid job, for participants who have been in the NDIS for at least 2 years, has improved over time.

Specifically, comparing responses at the most recent plan reassessment (between 2 and 8 years after entry) with responses at entry to the NDIS,<sup>27</sup> the changes were:

- **Eight** percentage point increase from **46%** to **54%** for families and carers of participants aged 0 to 14 years
- **Two** percentage point increase from **48%** to **50%** for families and carers of participants aged 15 years and over.

Overall, for families and carers of all participants, there has been a 6 percentage point increase, from 47% to 52%.

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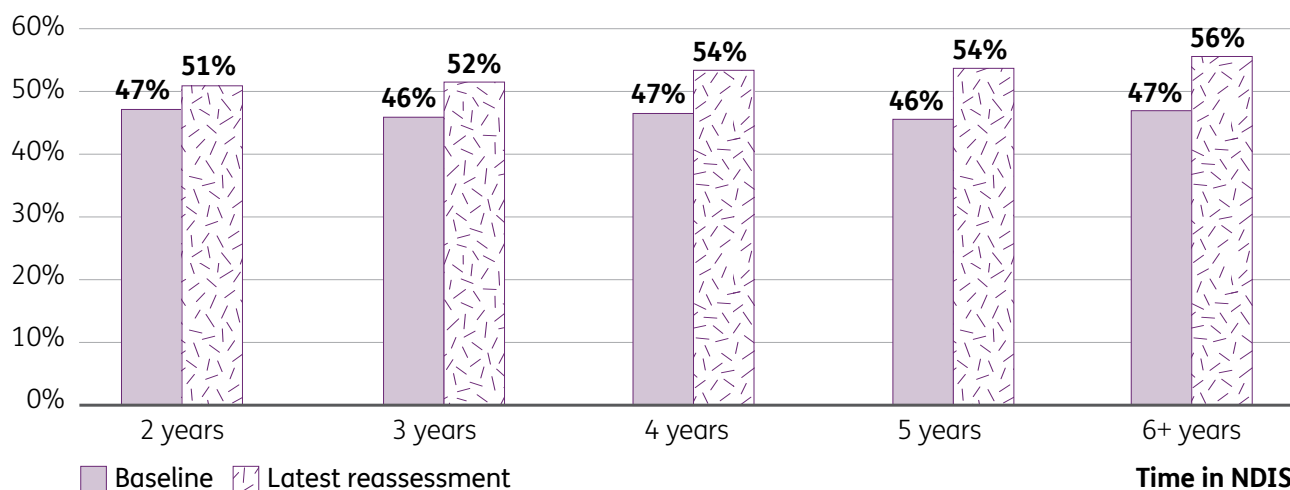
<sup>27</sup> Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

## Section 2: Participant and family and carer outcomes

Considering participants of all ages who have been in the NDIS for at least 2 years, improvements in the percentage of families and carers in work are greater where the participant has been in the NDIS for longer. For instance, 51% of the families and carers of participants who have been in the NDIS for 2 years were in work at second reassessment, compared to 47% at baseline. Those families and carers of participants in the NDIS for 6 or more years improved their employment rate by 9 percentage points, from 47% to 56% (Figure 7).

Figure 7: Change in the percentage of families and carers of participants in work

### Families and carers of participants of all ages



### 2.3 Perceptions of whether the NDIS has helped

Participants have positive perceptions across most domains and 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 NDIS 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 NDIS since 1 July 2016 and who have been in the NDIS for at least 2 years.

These questions have been updated from October 2023 to allow more meaningful analysis of participant and family and carer perceptions.<sup>28</sup>

28 The answer options for perceptions of whether the NDIS has helped have been expanded in the data collections from November 2023, with 'Yes' expanded to include 'Yes, a lot' and 'Yes, a bit'. Choosing either of these two options is counted as a positive response.

### 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 than the 15 to 24 age group.

Specifically, the percentage increases of those who think that the NDIS has helped them have more choices and more control over their life were:<sup>29</sup>

- **Twelve** percentage point increase from **61%** to **73%** for participants aged 15 to 24 years
- **Thirteen** percentage point increase from **67%** to **80%** for participants aged 25 to 34 years
- **Twelve** percentage point increase from **69%** to **81%** for participants aged 35 to 44 years
- **Twelve** percentage point increase from **70%** to **82%** for participants aged 45 to 54 years
- **Twelve** percentage point increase from **72%** to **84%** for participants aged 55 to 64 years
- **Fifteen** percentage point increase from **72%** to **87%** for participants aged 65 years and older
- **Twelve** percentage point increase from **67%** to **80%** for participants aged 15 years and older.

Overall, 80% of participants aged 15 years or older have positive perceptions of whether the NDIS has helped with choice and control.

### Other ‘Has the NDIS helped?’ questions

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

Table 2 shows the percentages responding positively at first assessment and at latest reassessment, as well as the change between the 2 time points.

Table 2: ‘Has the NDIS helped?’ – participants aged from birth to before starting school<sup>30</sup>

Domain	First assessment %	Latest reassessment %	Percentage point change
Daily living: child’s development	91	95	+4
Daily living: access to specialist services	92	96	+4
Choice and control (child’s ability to communicate what they want)	82	88	+6
Relationships (fitting into family life)	77	85	+7
Social, community and civic participation (fitting into community life)	63	72	+8

29 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

30 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

## Section 2: Participant and family and carer outcomes

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).

Table 3 shows the percentages responding positively at first assessment and at latest reassessment, as well as the change between the 2 time points.

**Table 3: ‘Has the NDIS helped?’ – participants from starting school to age 14<sup>31</sup>**

Domain	First assessment %	Latest reassessment %	Percentage point change
Daily living (independence)	62	76	+14
Lifelong learning (access to education)	42	54	+13
Relationships (with family and friends)	51	63	+13
Social, community and civic participation (social and recreational life)	46	57	+11

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

For young adults aged 15 to 24 years, Table 4 shows the percentages responding positively at first assessment and at latest reassessment, as well as the change between the 2 time points.

**Table 4: ‘Has the NDIS helped?’ – participants aged 15 to 24<sup>32</sup>**

Domain	First assessment %	Latest reassessment %	Percentage point change
Choice and control	61	73	+12
Daily living	61	75	+14
Relationships	50	58	+8
Home	23	24	+1
Health and wellbeing	44	55	+11
Lifelong learning	36	41	+5
Work	18	21	+2
Social, community and civic participation	55	65	+10

From Table 4, the largest improvement over time in the NDIS has been observed for the daily living domain (14 percentage point increase). Strong improvements have also been observed for choice and control (12 percentage point increase), relationships (8 percentage point increase), health and wellbeing (11 percentage point increase), social, community and civic participation (10 percentage

<sup>31</sup> Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

<sup>32</sup> Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

## Section 2: Participant and family and carer outcomes

point increase) and lifelong learning (5 percentage point increase). Home and work showed marginal increases (1 and 2 percentage point increases, respectively).

Table 5 shows the percentages responding positively at first assessment and latest reassessment, as well as the change between the 2 time points.

**Table 5: ‘Has the NDIS helped?’ – participants aged 25 and over<sup>33</sup>**

Domain	First assessment %	Latest reassessment %	Percentage point change
Choice and control	70	82	+13
Daily living	73	86	+13
Relationships	53	66	+13
Home	31	38	+8
Health and wellbeing	52	66	+13
Lifelong learning	30	36	+6
Work	19	22	+3
Social, community and civic participation	60	73	+14

For participants aged 25 and over, perceptions are more positive than for those aged 15 to 24, and the older adult group also shows a stronger improvement over time.

From Table 5, the largest improvements over time in the NDIS have been observed for social, community and civic participation (14 percentage points increase). Strong improvements have also been observed for choice and control; daily living; relationships; and health and wellbeing (13 percentage point increases in each of the 4 domains).

Similar to the younger adult group, lifelong learning and work showed smaller increases (6 and 3 percentage point increases, respectively). However, there was a larger improvement for the home domain (8 percentage point increase) in the older adult group compared to the younger adult group.<sup>34</sup>

### Results continue to improve with time in the NDIS

Responses tend to become more positive the longer a participant has been in the NDIS.

While these results are encouraging, the analysis also indicates there are areas where outcomes could be improved. For example, for participants aged 25 and over, after at least 2 years in the NDIS, only 22% agreed that being in the NDIS had helped them find a suitable job, which is only a 3 percentage point increase from their first plan assessment.

<sup>33</sup> Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

<sup>34</sup> Noting that the education and housing systems have a major role to play in the lifelong learning and home domains.



### Section 3

## Participant experience



## The NDIS has been a ‘game changer’ for Sue-Ellen



Photo: Meg Rosenbaum

Sue-Ellen wants the world to know, ‘Vision is much more than seeing and we all need to look for the ability in disability’.

‘There are so many people out there who are overlooked or put in a corner,’ she said.

‘I have never been told I can’t do something, and I strongly believe this day is a time for people with disability to show the world what they CAN do, and for people to stop focusing on what they can’t do.’

Insightful words from a woman who is ‘totally blind’ and has achieved more than most.

Some of Sue-Ellen’s achievements include author, Australia Day ambassador, public speaker, advocate, fundraiser and cancer survivor. In 2024 she was also awarded an Order of Australia Medal for service to horse sport and to the community.

A self-starter, Sue-Ellen credits her success to support from her family, friends and others.

Growing up on a 21,000-acre property in Mudgee, NSW, Sue-Ellen said she loved being outdoors with horses, mustering with the help of her father, who she calls her ‘hero’.

‘My mum is also totally blind; my sister has the same hereditary condition as us, retinitis pigmentosa, and my brother is an amputee,’ she said.

‘My family believed in living life without limits. We all just got on with it, we weren’t given excuses. It wasn’t tough love, it was about living the best life possible,’ she said.

Since accessing the NDIS and engaging disability provider Social Futures, Sue-Ellen’s world has reopened, and she couldn’t be happier.

‘Before the NDIS I never went out. I couldn’t afford to pay people to take me places and do things with me, so it’s been a real game changer in so many ways,’ she said.

‘The NDIS has given me a life and a quality of life I didn’t have before.’

Read [Sue-Ellen’s full story on our website](#).

## The NDIS is committed to delivering a high-quality experience for all participants.

### 3.1 Participant Service Charter engagement principles

The Participant Service Charter (PSC) is based on 5 engagement principles that outline how the NDIA and partner organisations should engage with participants.

The PSC sets out the level of service participants can expect from the NDIA and partners in the community. It outlines in plain English the PSG engagement principles and standards, explaining how staff and partners should engage with participants and how the NDIA will be held to account.

The Participant Service Improvement Plan sets out what the NDIA and partners are going to do to meet the promises in the PSC and deliver an NDIS that meets expectations. In the Participant Service Improvement Plan, the NDIA committed to ‘ensuring we adhere to the PSC engagement principles in our interactions with you’.

We measured performance for the 5 PSC engagement principles (Table 6). The results are drawn from the participant satisfaction survey (PSS). The PSS was amended at the end of 2023 to better align with the PSC engagement principles, which coincided with the new computer system and pathway changes.

Table 6: Performance against the PSC engagement principles

Engagement principles		Performance
<b>Transparent</b>	We will make it easy to access and understand our information and decisions	77%
<b>Responsive</b>	We will respond to your individual needs and circumstances	63%
<b>Respectful</b>	We will recognise your individual experience and acknowledge you are an expert in your own life	65%
<b>Empowering</b>	We will make it easy to access and use information and be supported by the NDIS to lead your life	66%
<b>Connected</b>	We will support you to access the services and supports you need	73%

## Section 3: Participant experience

Overall, 77% of respondents<sup>35</sup> experienced interactions that were transparent, with 87% of respondents indicating that communication was in their preferred format.

Sixty-three per cent reported an experience that was responsive, with 62% of respondents saying that their circumstances and needs were considered.

Sixty-five per cent of respondents experienced a respectful service, with 91% of participants and other people with disability engaging with the NDIS noting that they were treated with respect.

Overall, 66% of respondents experienced interactions that were empowering, with 59% of participants feeling prepared for their plan-related meetings, 65% feeling confident in using their plan, and 83% knowing where to go for more help with using their plan.

Finally, 73% of participants and other people with disability engaging with the NDIS experienced interactions that enabled them to be connected, with 83% reporting that they were able to connect with the NDIS in their preferred way and 64% feeling confident in accessing supports.

### 3.2 Participant Service Guarantee

| The Participant Service Guarantee sets clear timeframes for key NDIS processes.

Whilst performance was maintained or improved for more than half of the 10 PSG measures, 4 of the measures have experienced a decline in the December 2024 quarter. Performance continues to be impacted by the increasing volume of work. The increased volume is observed in most types of services including participants seeking a review of their NDIS plan.

For the 10 PSG measures, one is meeting PSG timeframes and 3 are improving and approaching the timeframes target with a result of over 80%. Improvements have been noted for 5 of the 10 PSGs measured, noting consistent improvements for first plans measure (PSG 6 and 7) and participant requested reassessments (PSG 13).

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<sup>35</sup> Respondents include NDIS participants, prospective participants, and people with disability engaging with the NDIS through community connections and early supports.

## Section 3: Participant experience

Table 7: Performance against the Participant Service Guarantee<sup>36</sup>

PSG	Service type	Description of the service being guaranteed	Service Guarantee	Performance in the December 2024 quarter	Change from last quarter*
2	Access	Make an access decision, or request for more information, after an access request has been received.	21 days	15%	↓
4	Access	Make an access decision, or request for additional information, after more information has been provided.	14 days	26%	↔
6	Planning	Approve a participant's plan, after an access decision has been made (excludes those supported by the early childhood approach [ECA] who have received initial supports).	56 days	81%	↑
7	Planning	Approve a plan for ECA participants, after an access decision has been made.	56 days	100%	↔
8	Implementation	Offer to hold a plan implementation meeting, after the plan is approved.	7 days	83%	↔
11	Plan reassessment <sup>†</sup>	Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date.	56 days	51%	↓
12	Plan reassessment <sup>†</sup>	Decide whether to undertake a participant-initiated plan reassessment, after the request is received.	21 days	23%	↓
13	Plan reassessment <sup>†</sup>	Complete a reassessment, after the decision to accept the request was made.	28 days	90%	↔
14	Plan variations	Amend a plan, after the receipt of information that triggers the plan amendment process.	28 days	43%	↓
17	Reviewable decisions	Complete an internal review of a reviewable decision, after a request is received.	60 days	66%	↑

Note: The NDIA's 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.

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

<sup>†</sup> Excludes reassessments initiated prior to migrating service processes to the new computer system.

<sup>36</sup> For the December 2024 quarter, performance is measured from available data on processes and dates in the new computer system. Milestones being built into the new computer system will improve the capture of performance data.

## Section 3: Participant experience

The NDIA continues to implement a remediation plan to address timeframes and improve the participant experience and PSG performance. The focus over the last 9 months on first plans, for participants aged 9+, and unscheduled reassessments, resulted in the improved performance. It is anticipated that NDIS will see continued improvement in results in the March 2025 quarter. The Agency is focusing on targeting the Plan Change Requests work (PSG 12) outside timeframe and aims to improve results by July 2025. The Agency is also continuing to focus on Access decisions and is expecting to reduce work outside timeframe.

In addition, recent system enhancements have improved work practice efficiencies and decision making. There are continued system changes scheduled over the coming months to ensure participant experience and timeliness continues to improve.

### 3.3 Home and living decisions

**The NDIA is supporting participants and their families to access information and capacity building to explore alternative living options.**

The duration of the end-to-end process for home and living applications is the time taken from receipt of a home and living application form through to plan implementation.<sup>37</sup>

Where required, home and living applications are prioritised based on an escalation and prioritisation matrix. This manages risks associated with safety, quality and outcomes to serve the best interests of participants.

Over the December 2024 quarter (Figure 8), 6,994 new home and living applications were received. There were 7,310 home and living applications closed or implemented and 95% (5,414) were finalised within 90 days.<sup>38,39</sup> The volumes are similar to those of the September 2024 quarter.

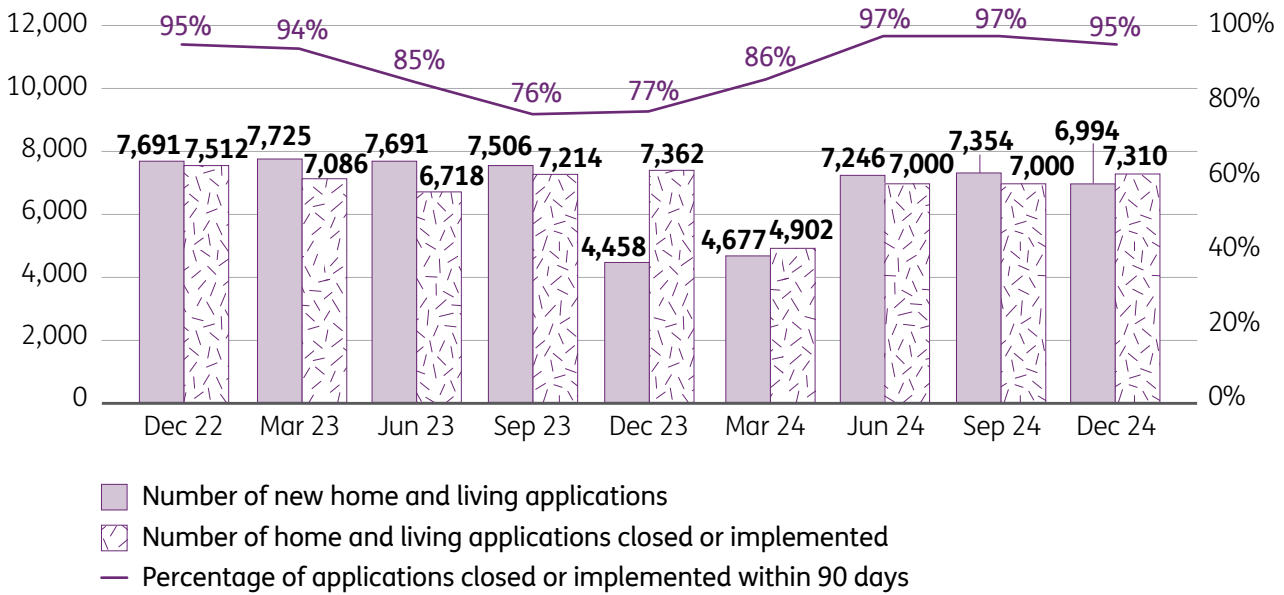
<sup>37</sup> The time taken for participants to respond to requests for further information has been removed from the duration.

<sup>38</sup> An application is considered closed if the application is cancelled or rejected, a participant is declined all home and living supports, or the application won't progress to implementation (e.g. participant deceased, participant chooses not to proceed). An application is considered implemented once a participant has a new approved plan.

<sup>39</sup> For the December 2024 quarter, 1,610 of the 7,310 applications that were closed or implemented had no data on the closure date and were excluded from the percentage of applications closed or implemented within 90 days.

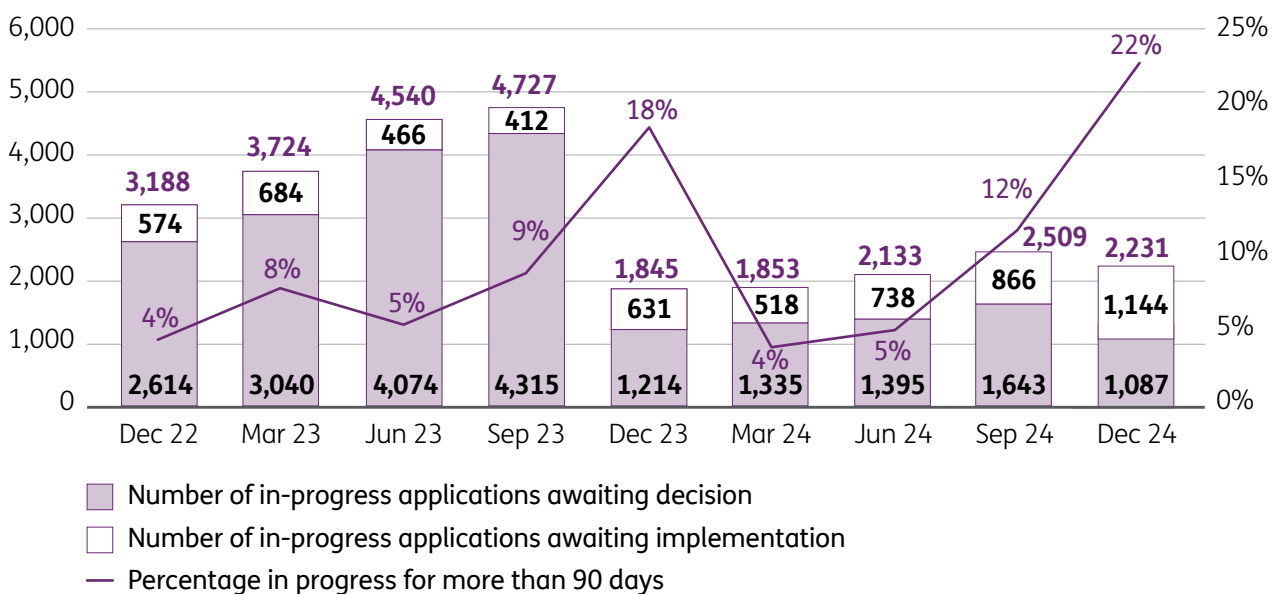
Section 3: Participant experience

Figure 8: Home and living applications – new, closed and percentage closed within 90 days<sup>40</sup>



As at 31 December 2024, there were 2,231 applications in progress (Figure 9). Of these in-progress applications, 1,087<sup>41</sup> were awaiting a decision, while a further 1,144 were waiting for supports to be implemented in a plan. As at 31 December 2024, there were 1,087 (49%) in-progress applications flagged as relating to a plan reassessment request associated with a change in circumstances. The proportion of applications that have remained in progress for more than 90 days has increased from 12% (290 applications) at 30 September 2024 to 22% (499 applications) at 31 December 2024, with the higher proportion in progress partly a result of the higher number of applications awaiting implementation.

Figure 9: Home and living applications – in progress awaiting decision or implementation, percentage in progress for more than 90 days<sup>42</sup>



<sup>40</sup> Applications that have been closed or implemented with no data on the closure date have been excluded from the percentages of applications closed or implemented within 90 days.

<sup>41</sup> The NDIA is waiting on additional information from participants for 157 out of the 1,087 applications awaiting a decision.

<sup>42</sup> Applications on hold are excluded from the in-progress applications.

## Section 3: Participant experience

The NDIA continued to implement the independent living initiative as part of the 2023–24 Budget’s Scheme reforms initiatives. This participant-centric initiative aims to support consistent, equitable and quality home and living decisions that are aligned with the best interests of participants and their families. A significant proportion of home and living decisions relate to supported independent living (SIL). At 31 December 2024, almost one in 5 SIL participants are funded for supports on a participant-to-support worker ratio of 1:1 (or greater). The majority of home and living applications are now reviewed and endorsed prior to approval. The endorsement process can involve a complex assessment meeting that incorporates a specialist home and living delegate and a subject matter expert, in an area such as justice or hospital.

### 3.4 Complaints and participant critical incidents

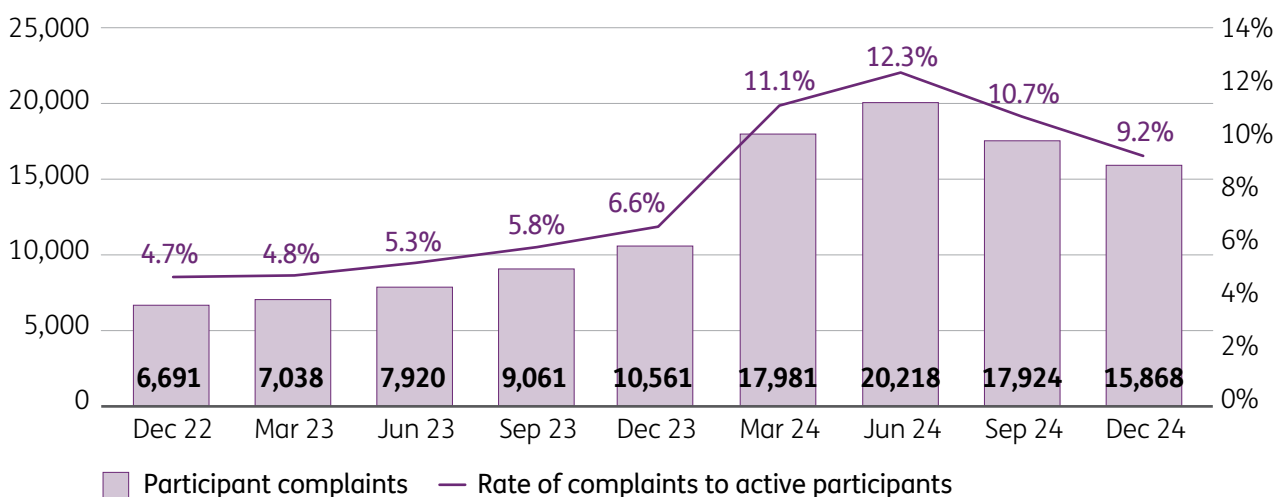
The volume of complaints is continuing to reduce due to improvement initiatives.

#### Complaints

The NDIA receives complaints from participants and their representatives, as well as others, including members of the public, referrals from parliamentarians, other government agencies and community organisations.<sup>43,44,45</sup>

The volume of complaints made to the NDIA by participants during the December 2024 quarter decreased compared to the September 2024 quarter, reflecting a continued improvement in complaint volumes after an increase between late 2023 and mid-2024. This indicates that the NDIA’s improvement initiatives are working. The participant complaint rate also decreased from 10.7% in the September 2024 quarter to 9.2% this quarter (Figure 10).

Figure 10: Number and proportion of participant complaints over time



43 It is possible to record multiple related parties as the source of a complaint. In some cases, different complainant types (participants, providers or other parties) are linked to a single complaint. As a result, the sum of participant complaints, provider complaints and other complaints is higher than the total number of complaints.

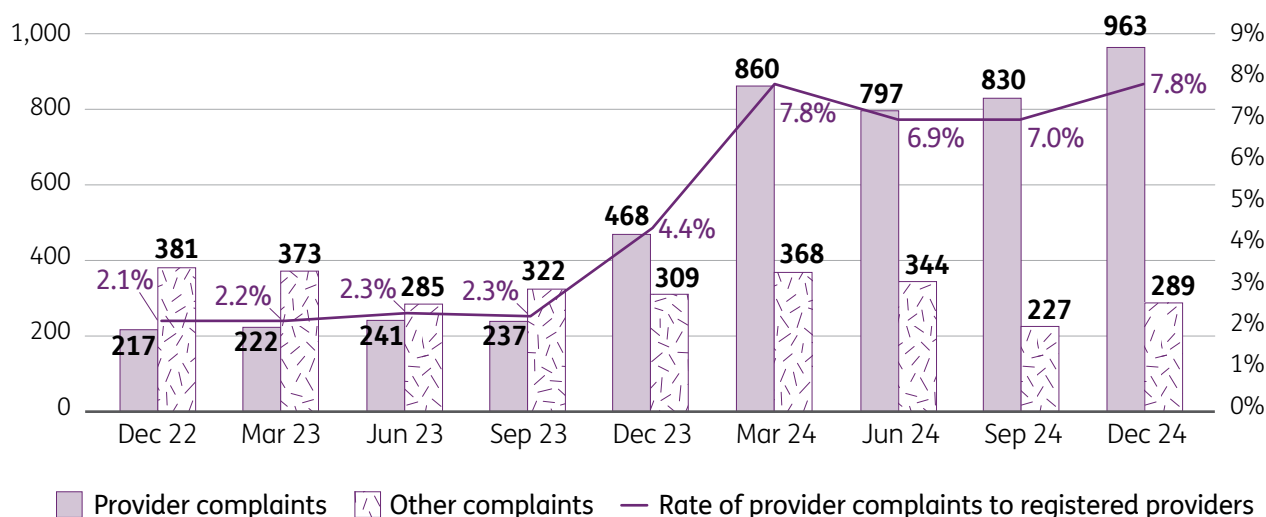
44 Numbers of complaints reported for the most recent quarter may still increase to the extent there is a lag in data collection.

45 Numbers may change as complaints reporting in the new computer system is refined, including identifying complaints lodged via multiple channels.

### Section 3: Participant experience

The NDIA received 963 complaints from NDIS providers during the December 2024 quarter, which is 7.8% of registered NDIS providers.<sup>46</sup> The NDIA also received 289 complaints from other sources during this quarter.

Figure 11: Number and proportion of provider and other complaints over time



Participant plans continue to be the most common focus of complaints, in particular the type and amount of funding approved and the time it takes to make decisions. The number of complaints about the time it takes to make decisions reflects the high volumes of requests to change or reassess participants' plans.

In response to the increased volume of complaints, throughout 2024 the NDIA implemented a whole-of-agency strategy to address the common drivers of complaints, including supporting staff to resolve participant issues and concerns at first contact where possible.

The NDIA is committed to improving participants' experience by:

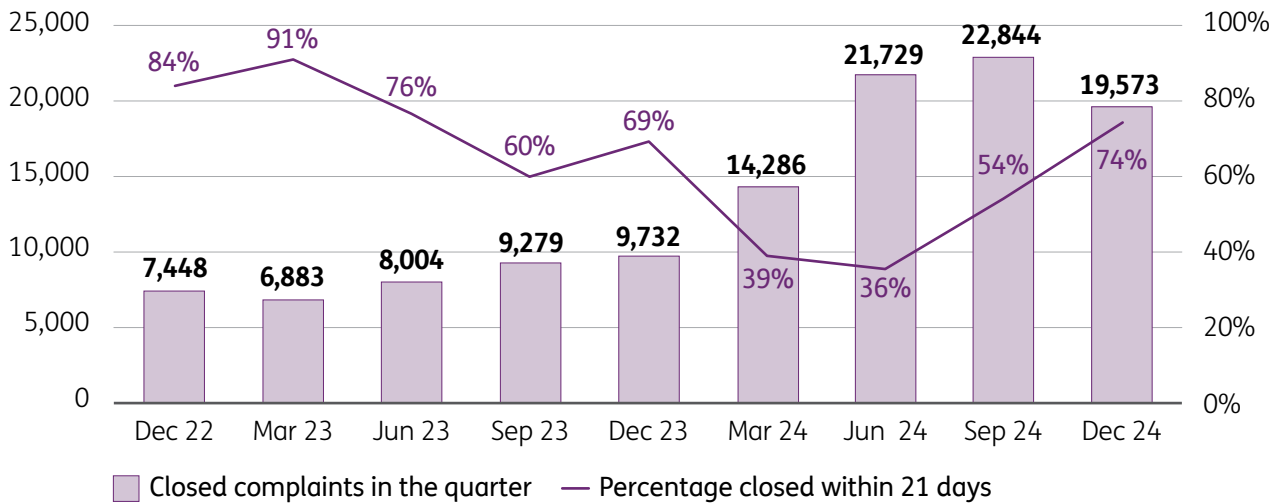
- strengthening the capability of the National Contact Centre and other front-line staff to resolve issues and address participant concerns at the earliest opportunity
- prioritising recruitment, training and on-the-job support for service delivery and complaint management teams, as well as using resources flexibly to address urgent or priority work
- identifying ways to improve complaint processes and ensure timely, participant-centred resolutions.

<sup>46</sup> This percentage is provided as a consistent point of comparison across quarters. It should be noted that the complaints received during the December 2024 quarter were from both registered and unregistered providers.

### Section 3: Participant experience

As well as reducing the number of incoming complaints, these strategies reduced the volume of overdue complaints and improved the NDIA's response times for new complaints. During this quarter, the NDIA finalised 74% of complaints within 21 days. This is a significant improvement compared to 54% in the September 2024 quarter.

Figure 12: Closed complaints and percentage completed within 21-day timeframe



#### Participant critical incidents

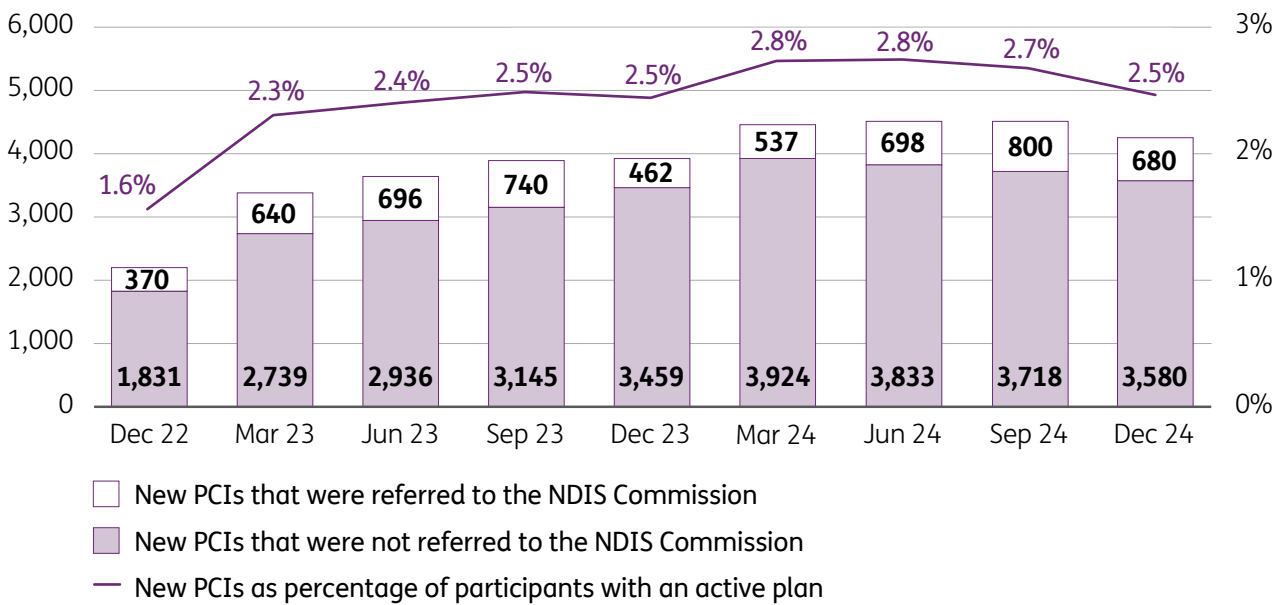
In the course of their work, NDIA staff and staff of partners in the community may encounter circumstances or obtain information about allegations of harm to a participant. These are known as participant critical incidents (PCIs).

After taking immediate safeguarding actions, NDIA staff and staff of partners in the community must report the PCI. Reports are handled by a dedicated team in the NDIA and prioritised for action based on the level of risk to the participant.

During this quarter, the rate of PCI reports as a percentage of participants with an active plan decreased to 2.5%. The total volume of PCIs received in this quarter also decreased slightly compared to the previous quarter (Figure 13).

### Section 3: Participant experience

Figure 13: Number and proportion of new PCIs<sup>47</sup>



The most common themes of PCIs received in the December 2024 quarter were abuse or neglect of a participant, followed by a participant being at risk of or attempting self-harm.

The initial response to a PCI notification is a consideration of whether there are grounds to believe someone is in imminent danger. Where this is the case, emergency services are contacted. The NDIA will then consider any implications for the participant’s NDIS plan and notify the NDIS Quality and Safeguards Commission for further involvement.

<sup>47</sup> The number of PCIs in the current quarter may change in the future as the method of identifying PCIs in the new computer system is further enhanced. The number of PCIs reported for the past 6 months may still increase, as there is a lag in data collection.

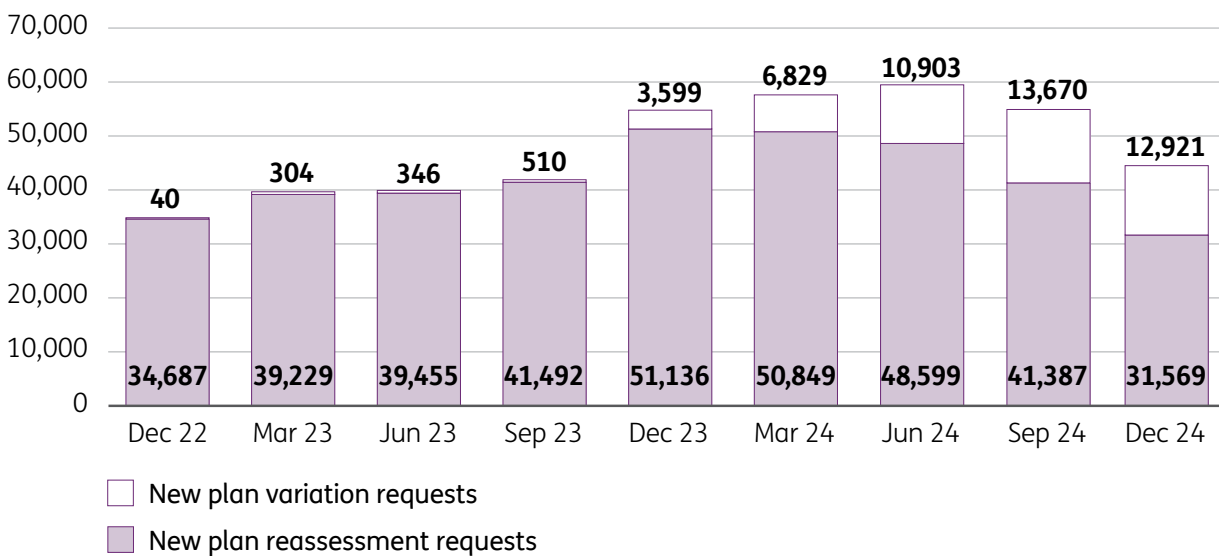
### 3.5 Review requests and Administrative Review Tribunal cases

The overall number of participant requests for a plan change, including both variations and reassessments, is reducing.

#### Participant initiated plan change requests

A participant may request a reassessment or a variation to their plan at any time. The number of plan change requests increased significantly from the December 2023 quarter, reaching 59,502 requests in the June 2024 quarter (Figure 14). The number of requests reduced in the September 2024 quarter, and further reduced to 44,490 in the December 2024 quarter, due to fewer requests for a plan reassessment.

Figure 14: Number of plan change requests



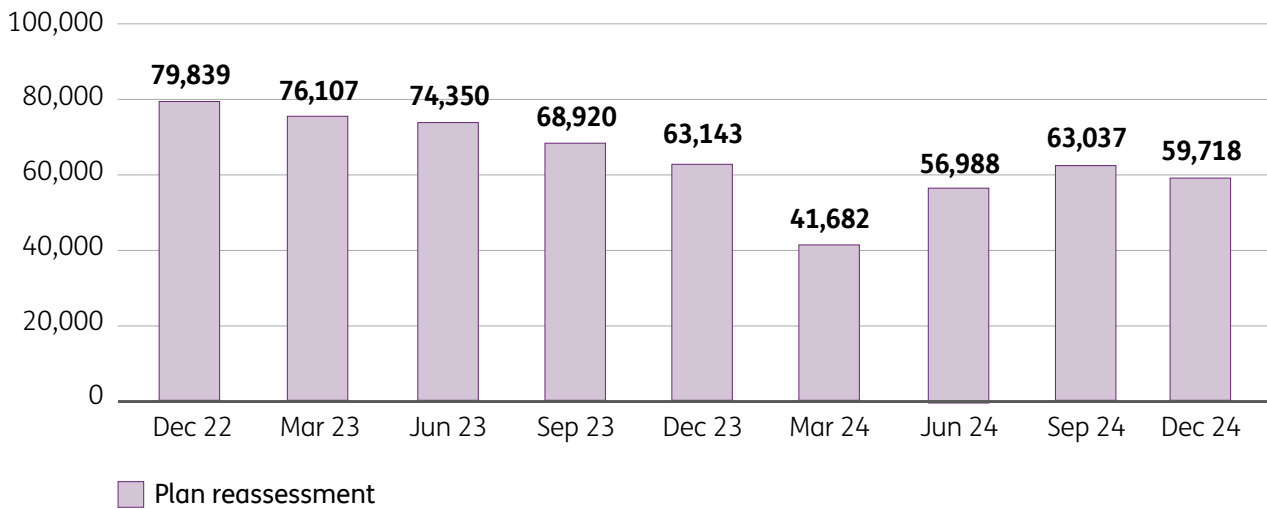
#### Plan reassessments

Plan reassessments can be initiated by either the participant or the NDIA. The number of plan reassessments completed had been decreasing, in the quarters up to December 2023, due to a plan continuation approach (Figure 15). This approach involves communicating with the participant to ensure there have been no significant changes in their circumstances and, with agreement from the participant, continuing their existing plan.

More recently, the reassessments completed in the September and December 2024 quarters have increased (Figure 15), as the NDIA progresses in its response to the increased volume of requests from participants for a change in their plan.

### Section 3: Participant experience

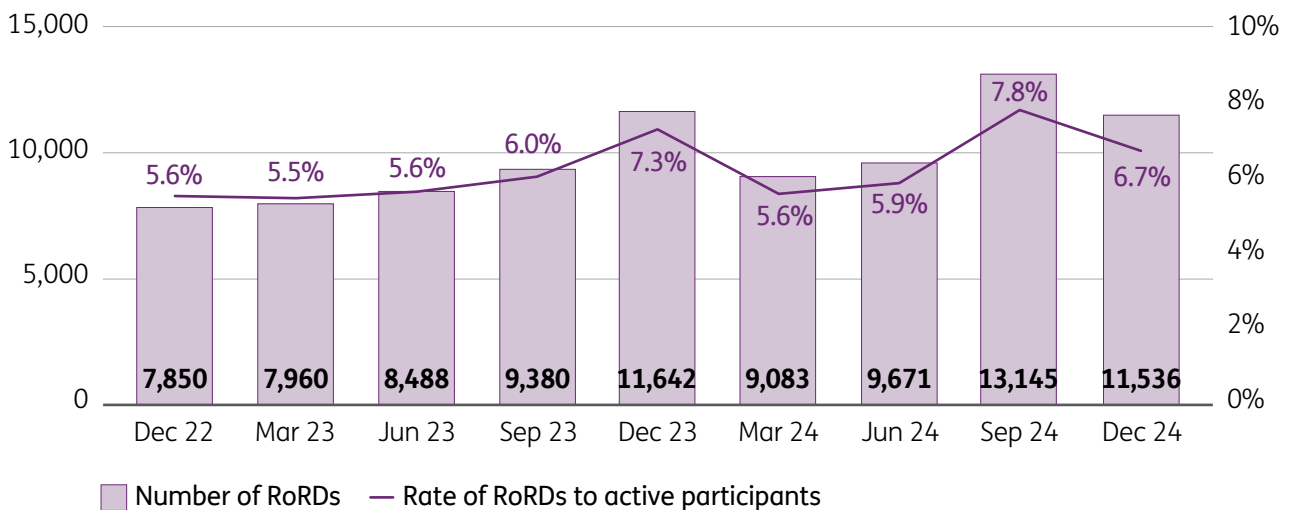
Figure 15: Number of plan reassessments<sup>48</sup>



#### Review of a reviewable decision

The number of requests for a review of a reviewable decision (RoRDs) as a percentage of active participants increased from 5.6% in the December 2022 quarter to 7.8% in the September 2024 quarter, but has decreased in the December 2024 quarter to 6.7% (Figure 16).<sup>49</sup> The number of RoRDs reported for the September 2024 and December 2024 quarters is expected to increase, due to an internal mechanism whereby requests with errors are withdrawn and then recreated as new cases.

Figure 16: Requests for a RoRD by date of request



<sup>48</sup> Plan reassessments have been restated to include short plans, consistent with the planning functionality of the new computer system.

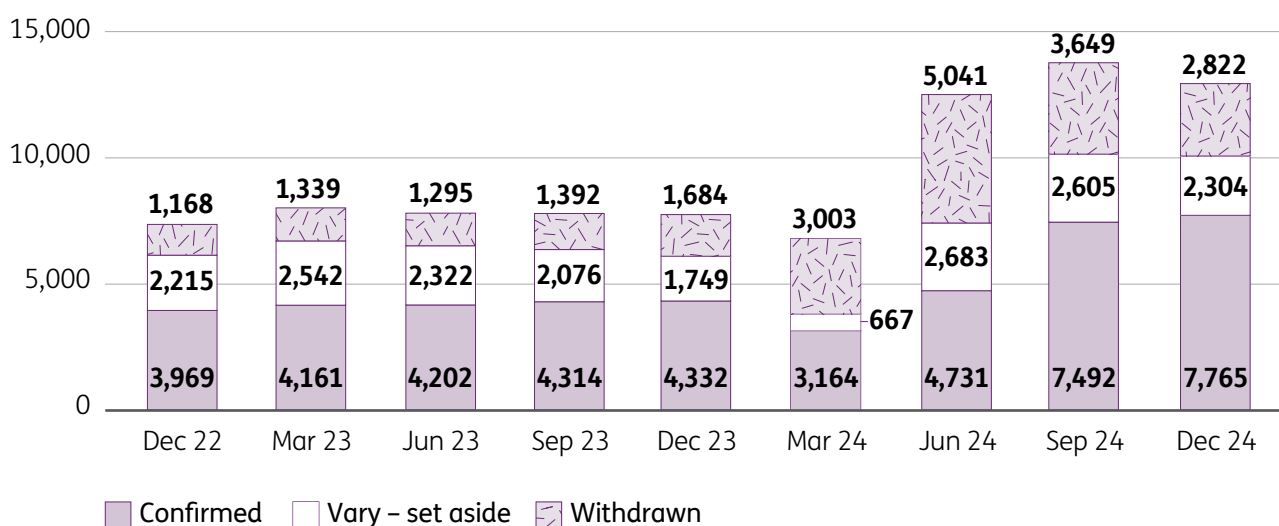
<sup>49</sup> The numbers of RoRDs in the June 2024 and September 2024 quarters are higher than reported at 30 September 2024 due to the internal mechanism whereby requests with errors are withdrawn then recreated.

### Section 3: Participant experience

There were 12,891 RoRDs closed in the December 2024 quarter, including 2,822 withdrawn requests (Figure 17).<sup>50</sup> Of the remaining closed RoRDs, 7,765 confirmed the NDIA’s decision, meaning there was no change from the NDIA’s original decision.

Further, there were 2,304 decisions to amend or set aside the original decision. Decisions are often varied or set aside as further evidence is obtained during the review process.

Figure 17: Closed RoRDs by outcomes – quarterly trend



### Administrative Review Tribunal

Following the passage of legislation in Parliament in May 2024, the Administrative Appeals Tribunal was abolished and replaced with the Administrative Review Tribunal (ART), a new federal review body designed to be user-focused, efficient, accessible, independent and fair. The ART commenced on 14 October 2024. All cases transitioned to the ART from 14 October 2024.

If a person is not satisfied with the outcome of their review, they may apply to the ART for review of a decision made by a reviewer.<sup>51,52</sup> The NDIA is committed to acting as a model litigant in the ART as required by the Legal Services Directions 2017. In doing so, the NDIA works with applicants and their legal representatives to resolve their matters as early as possible in the ART process.

There were 1,895 new ART cases in the December 2024 quarter, relating to 1,871 participants (Figure 18). The number of new ART cases (as a proportion of active participants) has increased from 0.79% in the December 2022 quarter to 1.10% in the December 2024 quarter; this is an increase from the September 2024 quarter of 1.06%.

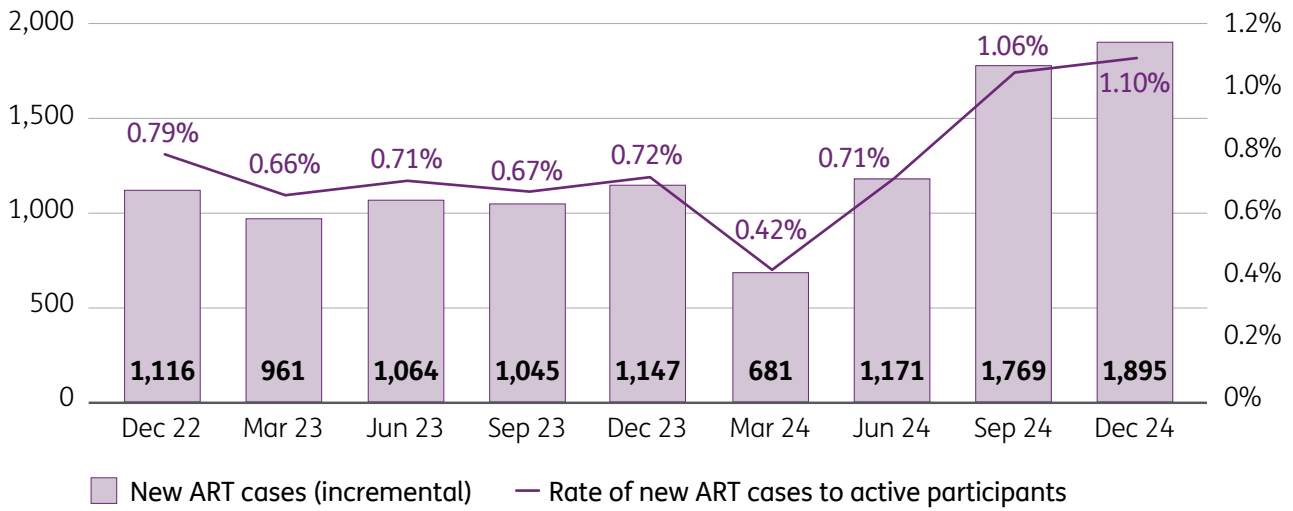
50 The higher-than-usual volume of withdrawn RoRDs starting in the March 2024 quarter is due to an internal mechanism whereby requests with errors are withdrawn then recreated as new cases.

51 As part of the ART 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 ART.

52 Further information about the ART process can be found on the ART website.

### Section 3: Participant experience

Figure 18: Number and proportion of new ART cases

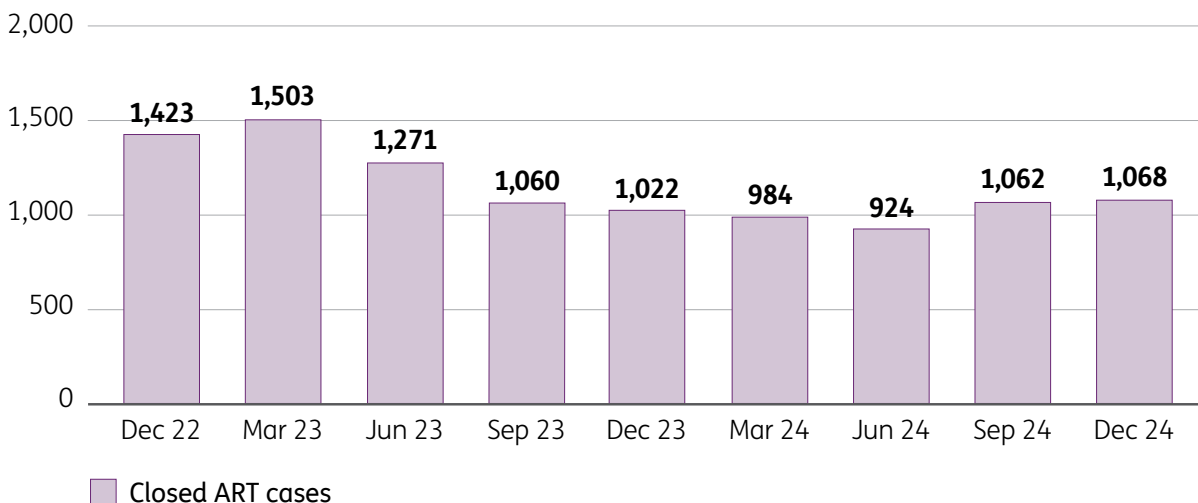


The increase in the December 2024 quarter is primarily for planning-related applications, with access matters remaining steady across the quarter. The increase is a result of the higher number of RoRDs being completed.

In the 12 months to 30 September 2024,<sup>53</sup> of the planning related ART cases that had supports in dispute, the most common categories lodged were capacity building (31% of disputes), core supports (26%) and SIL (11%).

In the December 2024 quarter, there were 1,068 closed ART cases (Figure 19). Of the cases no longer before the ART, approximately 71% were resolved by agreement, 26% were withdrawn by the applicant or dismissed by the ART, and 3% received a substantive hearing decision by the Tribunal.

Figure 19: Number of closed ART cases



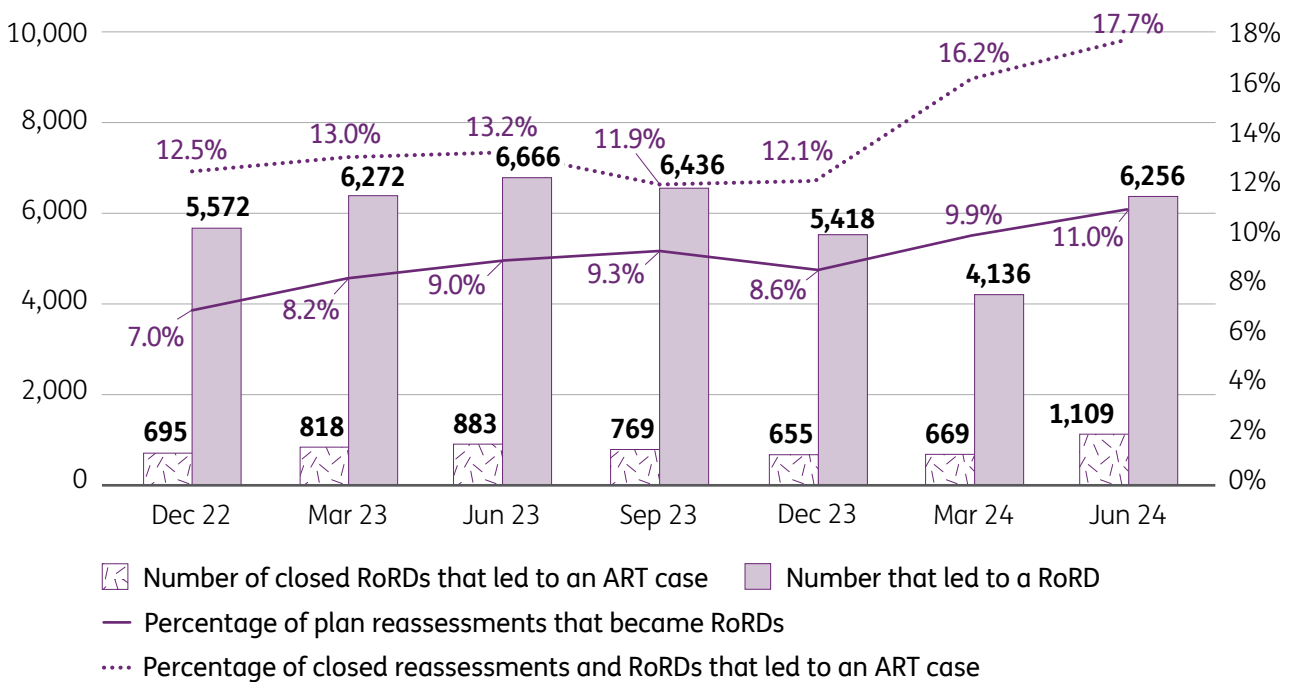
<sup>53</sup> Data on supports is shown with a one-quarter delay, due to the lags in recording the support in dispute.

### Pathway from plan reassessment to RoRD and ART case

A participant may request an RoRD and then a further appeal to the ART. Figure 20 shows the pathway from plan reassessment to RoRD and ART case between 1 October 2022 and 30 June 2024.

The proportion of RoRDs arising from plan reassessments has increased from a low of 7.0% (5,572 RoRDs) in the December 2022 quarter to a high of 11.0% (6,256 RoRDs) in the June 2024 quarter. The proportion of ARTs arising from RoRDs has remained relatively stable from the December 2022 quarter to the June 2023 quarter (around 12.9% on average), before decreasing to 11.9% in September 2023 quarter, and then increasing to 17.7% in the June 2024 quarter.

Figure 20: Pathway from plan reassessment to RoRD and ART case between 1 October 2022 and 30 June 2024, at 31 December 2024



### 3.6 Participant satisfaction

The satisfaction of participants, their families and carers remains stable or slightly more positive across most stages this quarter.

The NDIA seeks feedback from participants and their families and carers about their experience when interacting with the NDIS. Survey questions focus on the stages of a person’s NDIS journey. Amendments to the participant satisfaction survey (PSS) were introduced for the December 2023 monthly PSS data collection with the new computer system and pathway changes that were rolled out nationally from late October 2023. This report presents the fourth quarter of data on participant satisfaction since these changes were implemented and it is important to keep these changes in mind when considering reported satisfaction and experience this quarter.

Since late 2023, the NDIA has received a larger-than-average volume of requests from participants asking for a change to their NDIS plans. This higher volume of calls has caused some delays as all participant requests are carefully reviewed and actioned. This is likely having a flow-on effect on participant satisfaction in the December 2024 quarter.

#### Overall satisfaction levels

Overall satisfaction remains stable or slightly more positive across most stages, except for the early supports process, where there has been a decline since last quarter. Participant satisfaction rates for this quarter are shown in Table 8.

Table 8: Rating of experience with the NDIS (1 October 2024 to 31 December 2024)<sup>54,55</sup>

Rating	Early supports	Community connections	Apply for NDIS – Access met	Apply for NDIS – Access not met/ other	Plan approval	Plan implementation	Plan reassessment
Very good/good	64%	75%	54%	25%	53%	59%	64%
Neutral	19%	13%	20%	20%	18%	17%	18%
Poor/very poor	17%	12%	26%	55%	29%	24%	19%

54 Underlying total response numbers may differ across different questions in each stage due to the exclusion of ‘Prefer not to say’ and ‘Not applicable’ responses. The count is the total unique respondents in each stage.

55 These results are based on 132 surveys of early supports, 1,130 surveys of community connections, 1,112 of applying for the NDIS, 3,474 of plan approval, 3,732 of plan implementation and 7,214 of plan reassessment, which is 16,794 in total.

**Early supports**

For the 3 months to 31 December 2024, 64% of respondents rated the early supports process as either good or very good, with a further 19% rating the experience as neutral.

**Community connections**

Seventy-five per cent of respondents rated the community connections process as either good or very good, with a further 13% rating the experience as neutral.

**Apply for the NDIS**

Fifty-four per cent of participants (i.e. respondents with a status ‘access met’) rated the process of applying for the NDIS as either good or very good, compared to 25% of respondents who had an ‘access not met’ or other status at the time of interaction. Overall, 40% of respondents (participants and non-participants) rated the process of applying for the NDIS as either good or very good, with a further 20% rating the experience as neutral.

**Plan approval**

Fifty-three per cent of respondents rated the plan approval process as either good or very good, with a further 18% rating the experience as neutral.

**Plan implementation**

Fifty-nine per cent of respondents rated the plan implementation process as either good or very good, with a further 17% rating the experience as neutral.

**Plan reassessment**

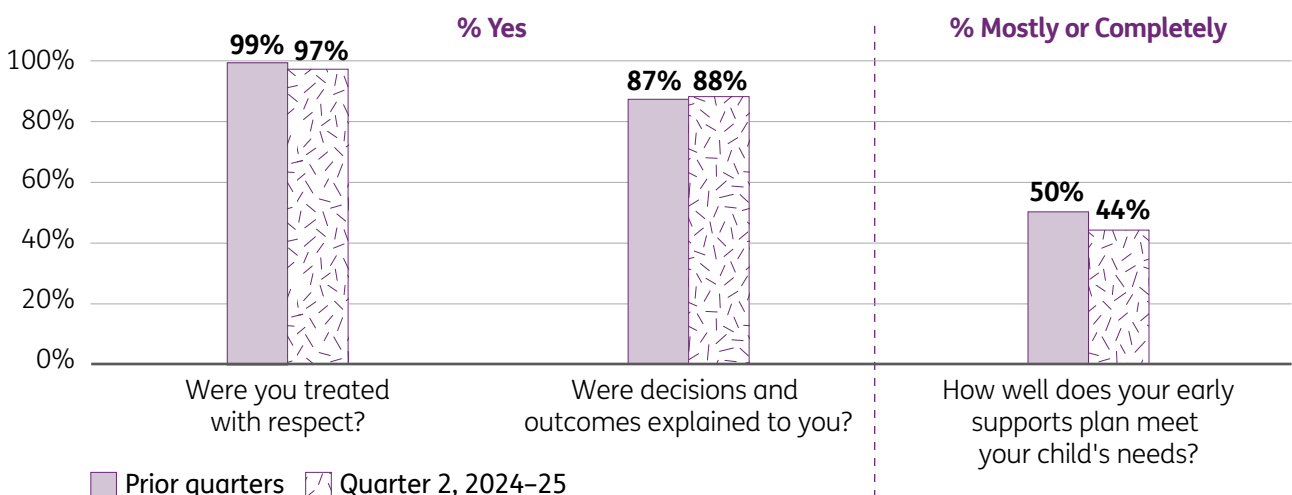
Sixty-four per cent of respondents rated the plan reassessment process as either good or very good, with a further 18% rating the experience as neutral.

**Satisfaction across the 6 stages of the pathway**

The survey includes questions that provide further insights at each stage of the pathway. Selected questions by pathway stage are presented in Figure 21.

Figure 21: Satisfaction across the 6 stages of the pathway

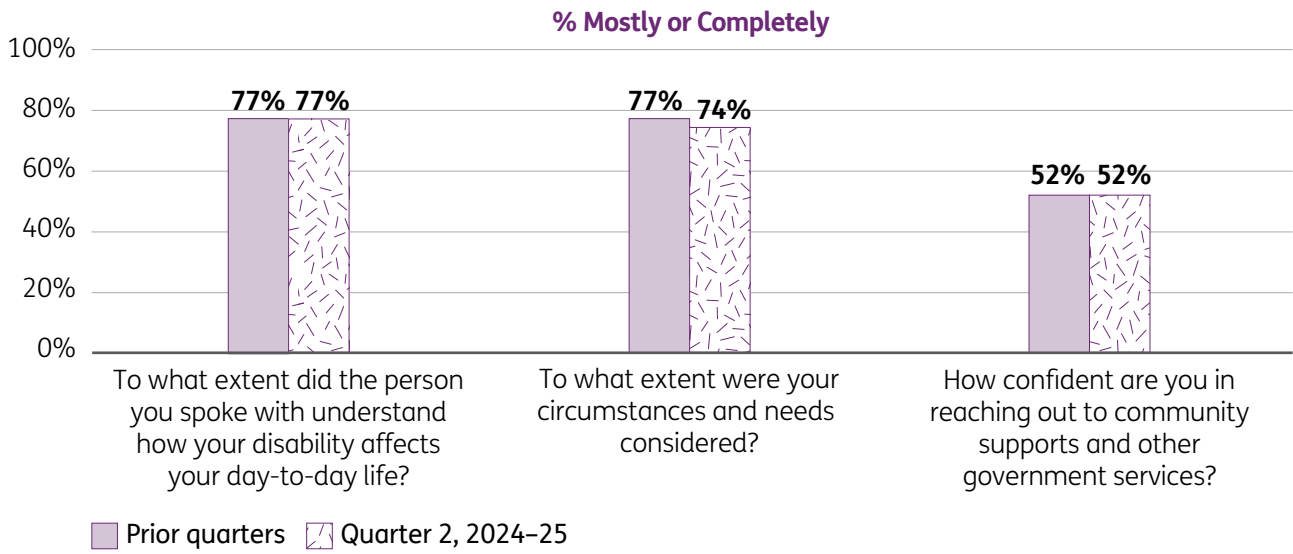
**Early supports**



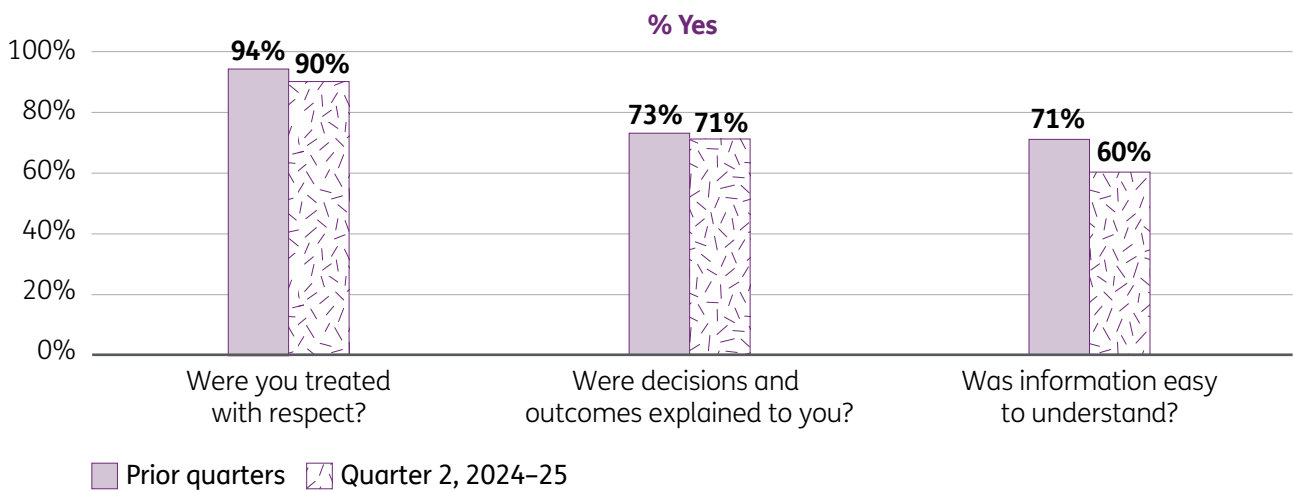
Section 3: Participant experience

Figure 21: Satisfaction across the 6 stages of the pathway cont.

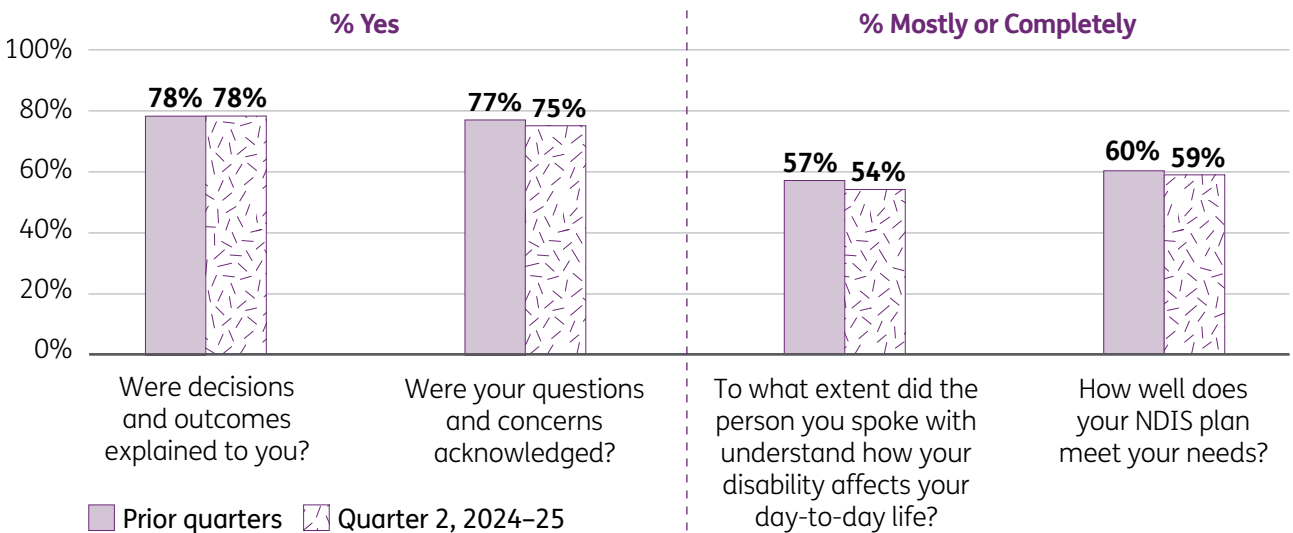
Community connections



Apply for NDIS



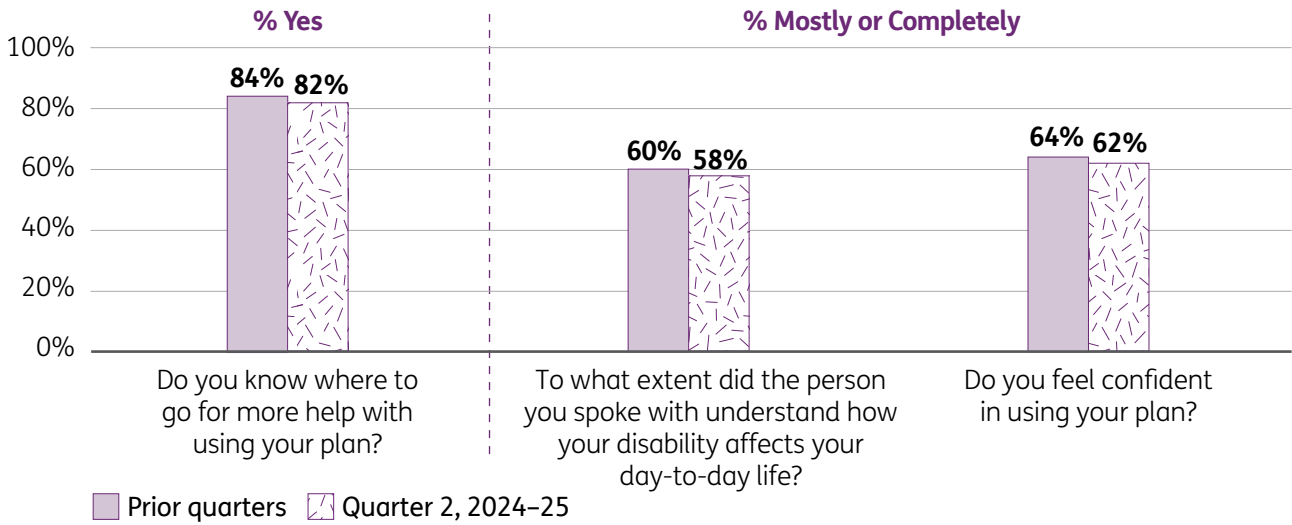
Plan approval



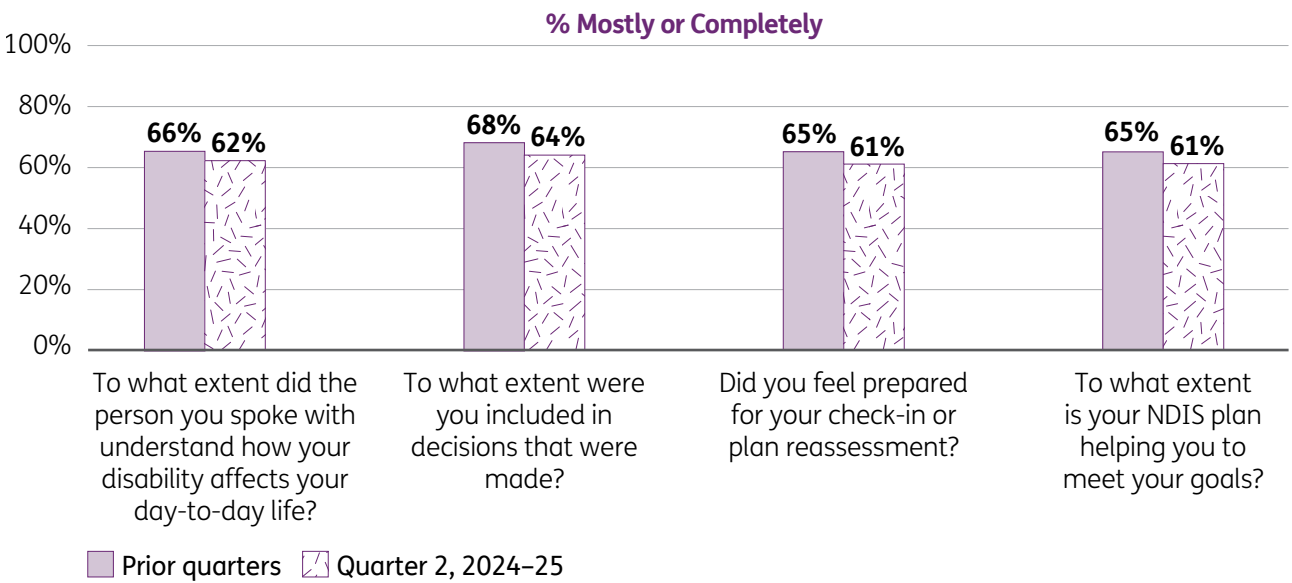
Section 3: Participant experience

Figure 21: Satisfaction across the 6 stages of the pathway cont.

Plan implementation



Plan reassessment



Positive experience across stages

The proportion of respondents answering positively by pathway stage and question is presented in Supplement E on the [NDIS website](#).

### 3.7 The NDIA National Contact Centre

The National Contact Centre (NCC) provides personal and high-quality services and information about the NDIA for people with disability, their families and carers, and service providers.

In the December 2024 quarter, the NCC improved operational results while experiencing increased demand across all contact channels. The NCC received 787,215 contacts, an increase of 27% year on year. This included 387,449 calls offered (+18% year on year),<sup>56</sup> 351,607 emails received (+37% year on year), and 48,159 webchats offered (+27% year on year). The performance of phone, webchat and email contacts are shown in Figures 22, 23, and 24.

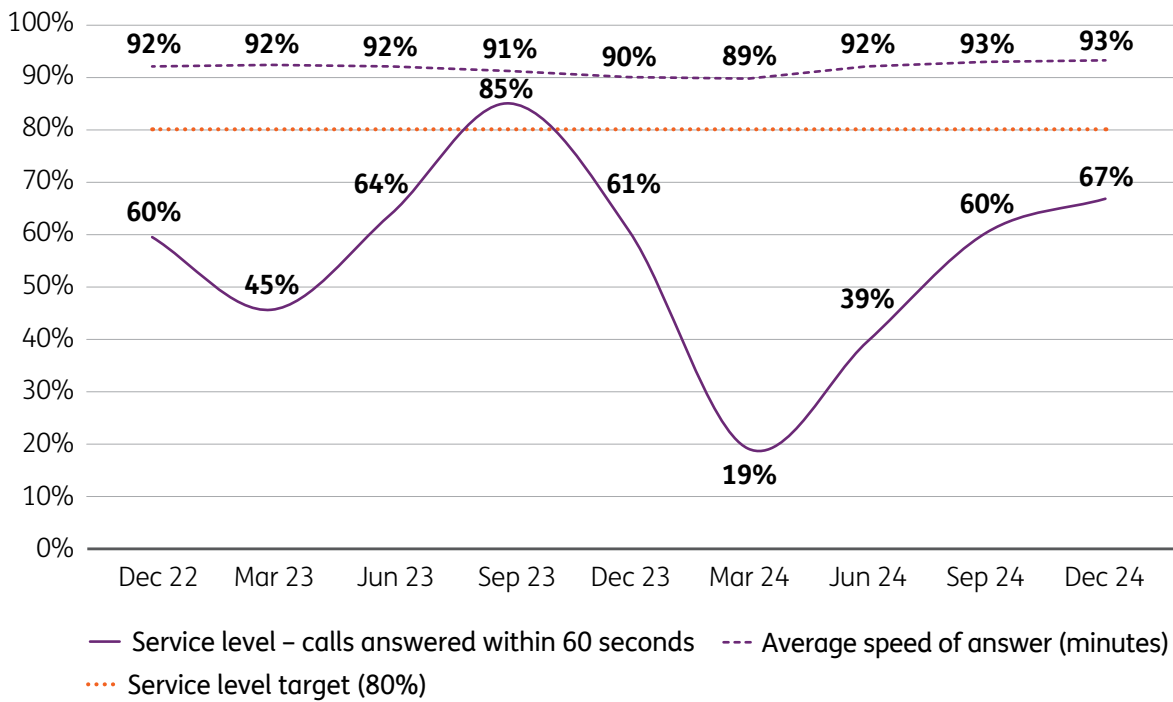
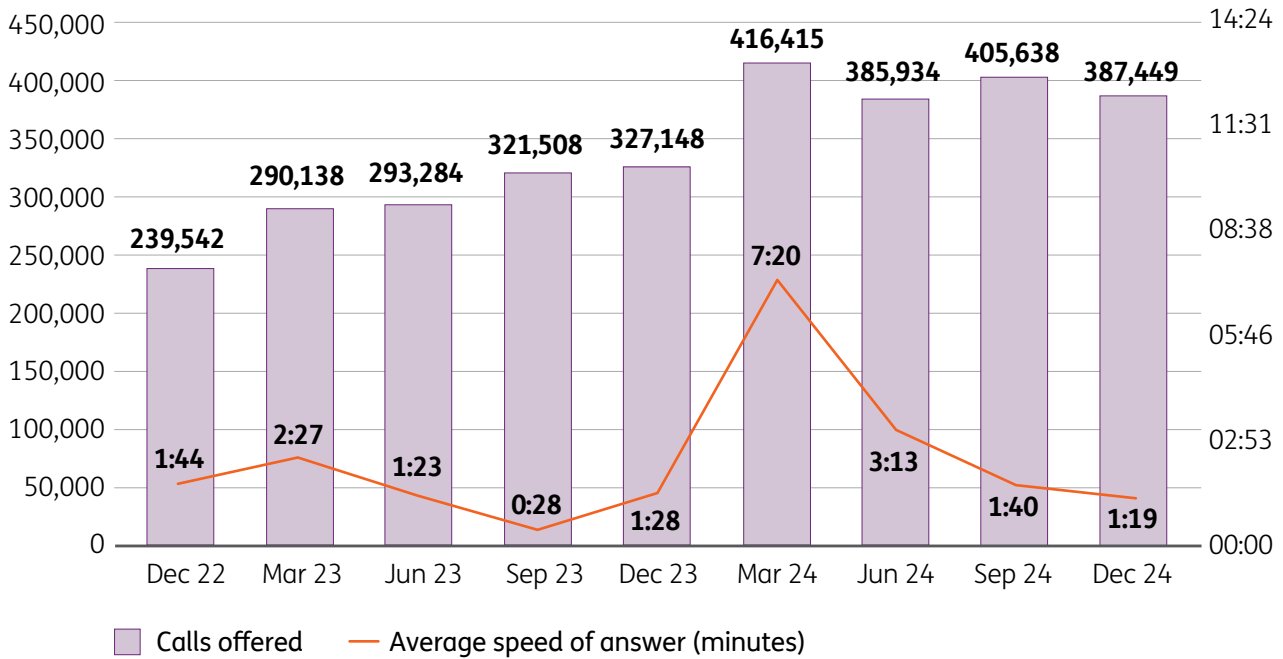
The average speed of answer for voice improved from 100 seconds to 79 seconds, with 67% of calls answered within 60 seconds (Figure 22). The NCC saw an improvement in the use of 'virtual hold' with only 2.3% (8,856) of calls offered using virtual hold. Virtual hold removes the need to wait in queue and provides an automatic call-back service when a service officer is available. Customer satisfaction exceeded target at 93% in the quarter (target 90%). There were no significant complaints about call waiting times.

A cause of many calls in the December 2024 quarter were changes to the NDIS Act implemented in October 2024. To support these changes the NCC implemented staff training and a dedicated phone queue to resolve legislation-based enquiries at the first point of contact. The NCC received 2,717 legislation-based calls and a specialist team actioned 152 budget breakdown requests to help participants understand their total plan budget amount and 374 replacement support enquiries to assist participants in accessing alternative NDIS supports.

56 Calls offered are the number of calls made to the NCC, including calls answered as well as calls abandoned.

### Section 3: Participant experience

Figure 22: NCC telephony - call volume (top) and performance (bottom)



### Section 3: Participant experience

Figure 23: NCC webchat performance <sup>57</sup>

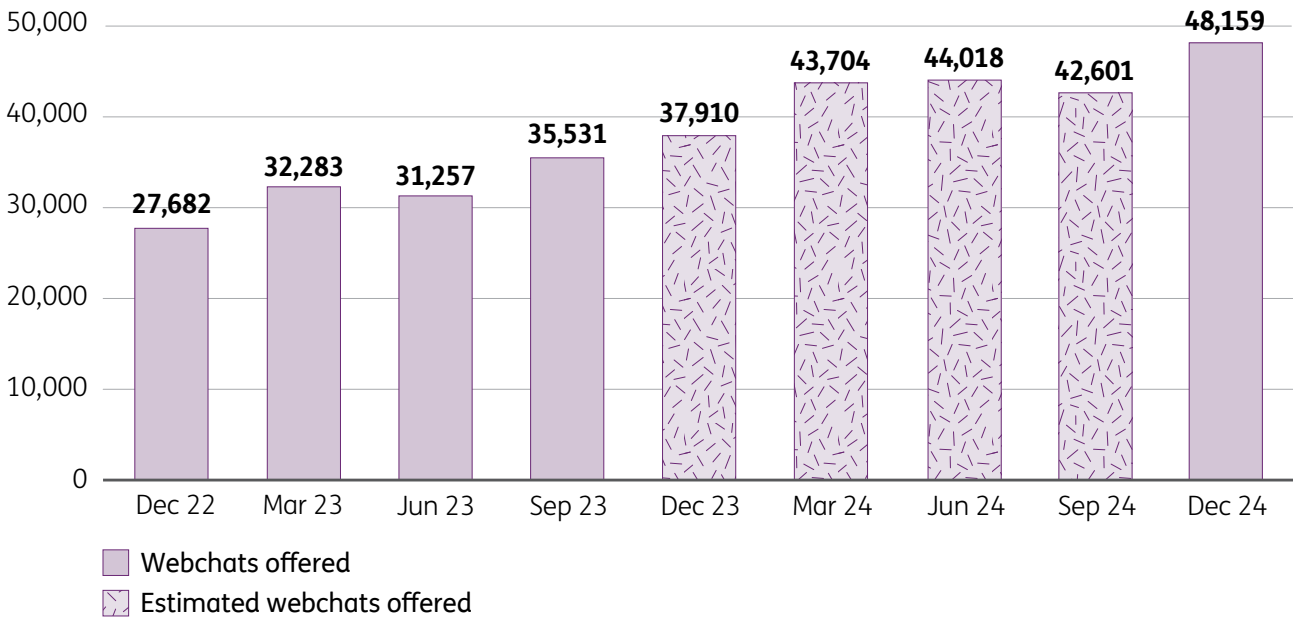
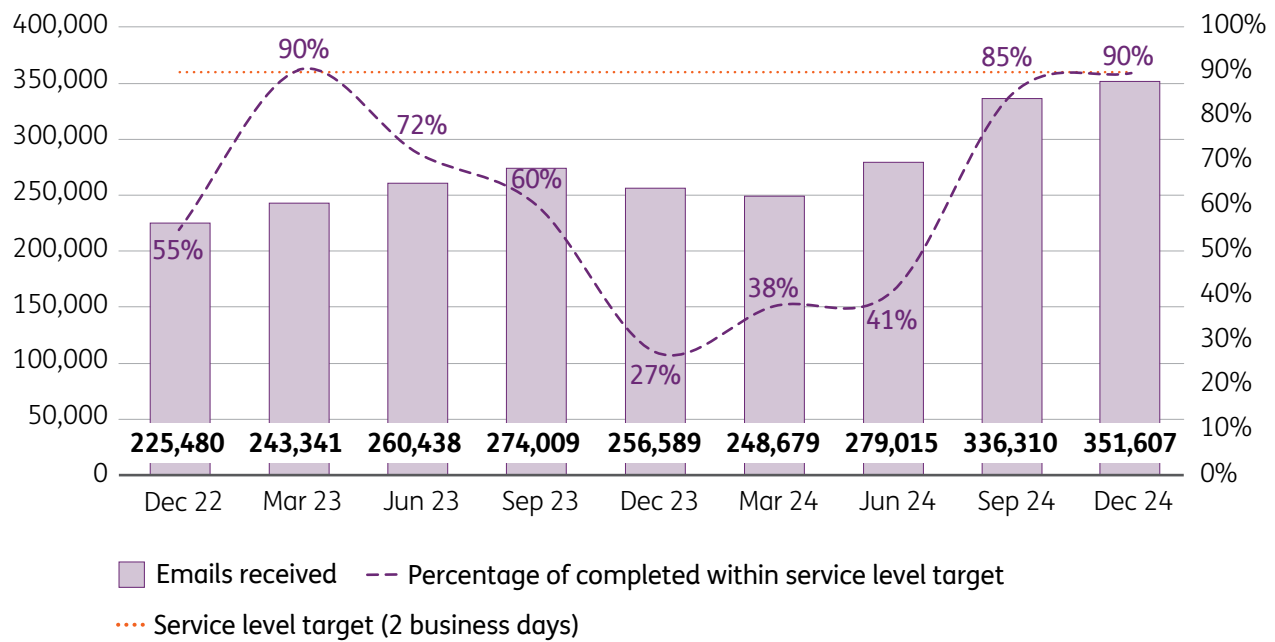


Figure 24: NCC email performance



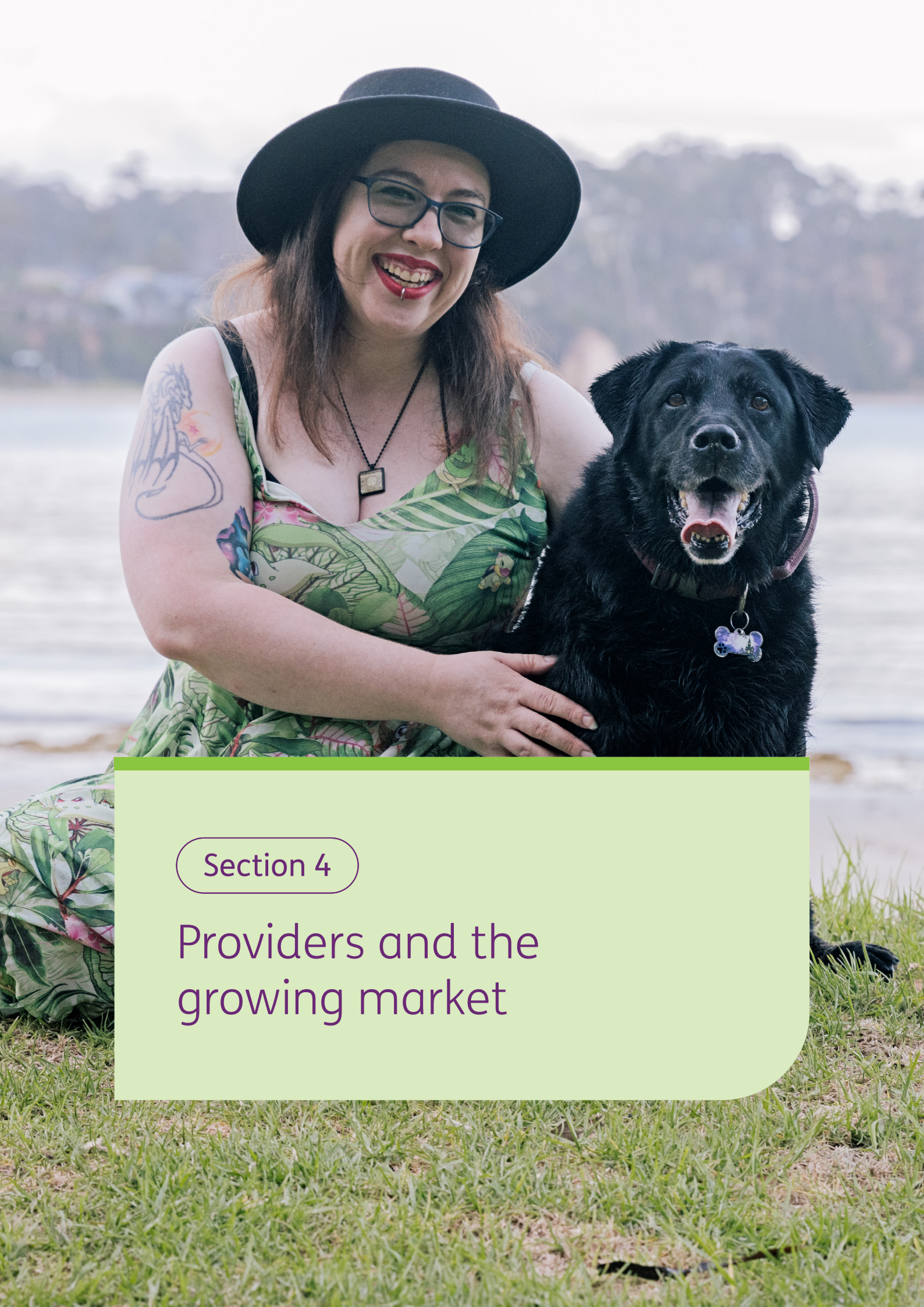
<sup>57</sup> The volume of webchats offered has been estimated from December 2023 to September 2024. This is because of reporting issues with the NDIA's new webchat functionality that was implemented in November 2023. The NDIA has identified instances where a webchat was offered but not connected to a contactor or no contact was received from the requestor. These instances were removed to estimate the webchat volume.

### First contact resolution

The NCC continued to expand the First Contact Resolution (FCR) program this quarter, increasing service interactions resolved at the first point of contact, and reducing referrals to other areas of the NDIA. This quarter, to help reduce outstanding plan change cases, an additional 93 Australian Public Service staff were trained in handling delegate processes, including evidence of identity, document verification checks, voluntary exits from the NDIS, changes to authorised representatives, plan amendments under section 47a of the NDIS Act, and plan reviews. During the December 2024 quarter, the FCR program increased the interactions being resolved the number of interactions being resolved by over 31,000 interactions.

### Integrity and technology enhancements

With continued commitment to the integrity of the NDIS and the increased safety of participants, the NCC commenced a pilot program in December 2024 to strengthen verification of identity. The pilot introduces a more robust process by incorporating a one-time passcode and random questions. The pilot program will run until late February 2025 and will incorporate improvements tested during the pilot into a broader roll out.



## Section 4

# Providers and the growing market



## A big believer in the NDIS, Mandy is now helping others



Mandy is an NDIA planner in the Batemans Bay NDIS office.

The 36-year-old is an NDIS participant herself with a psychosocial disability, having been diagnosed at the age of 16.

Mandy said she has experienced stigma since first being diagnosed, when a psychiatrist told her she would never get a job, and later when a disability job agency told her she would never be able to work in the health sector.

‘Whenever somebody says something like that to me, I always think, I am going to prove you wrong. I’m stubborn,’ she said.

‘My disability means I have to work harder than other people in some areas, not that I can’t do it,’ she added.

In 2016, when she saw a job advertised at the NDIA, Mandy said she thought it would be ‘pretty cool’ to work there and help others. She applied and got an interview.

‘At the interview they asked me did I know much about the NDIS. I said, “No, but it sounds fantastic and is going to change everything, I want to be a part of it,”’ she laughed.

Mandy got the job and started as a business support officer. Over time she worked her way up to become a planner and, just recently, was successful in gaining a role as a team leader.

Mandy uses her lived experience to help participants. She said she understands where they are coming from, but realises every situation is different.

**‘I find there are always common feelings of stress, anxiety and sometimes sadness, but there’s always hope for the future with NDIS support,’ she said.**

‘When I talk to people I get it, and I sense it’s a bit of a relief for them that they don’t need to go through every little detail. Depending on the disability, I know supports that can help.’

‘I’m just so thankful for everything the NDIS has given me!’

[Read Mandy’s full story on our website.](#)

## 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.

In the 12 months to 31 December 2024, \$43.8 billion in support has been provided (Table 9).<sup>58</sup> The largest support categories are core daily activities (52% of total payments), core social and community participation (23% of total payments), and capacity building daily activities (12% of total payments). Core daily activities includes payments to participants in supported independent living (SIL). Of the \$22.7 billion in payments for core daily activities in the 12 months to 31 December 2024, \$11.3 billion was for payments related to participants in SIL.

Table 9: Total payments from 1 January 2024 to 31 December 2024

Support category	Total payments (in \$m)	Percentage of total payments
Core – daily activities	22,667	51.8%
Core – social and community participation	10,191	23.3%
Core – consumables and transport	1,527	3.5%
Capacity building – daily activities <sup>59</sup>	5,458	12.5%
Capacity building – other	2,829	6.5%
Capital	1,089	2.5%
<b>Total<sup>60</sup></b>	<b>43,767</b>	<b>100.0%</b>

Over the last 2 years, payments have grown by 41% (from \$31.0 billion for the year ending 31 December 2022 to \$43.8 billion for the year ending 31 December 2024). Payments have grown across the support categories, most notably for core daily activities and core social and community participation (growing by 44% in aggregate over the period).

58 This represents total payments on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments were \$44.3 billion.

59 Includes therapy services.

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

## 4.2 Plan management types

The majority of participants choose to use a plan manager.

Participants have 3 options for managing their NDIS funding – plan-managed, self-managed and NDIA-managed. They may choose one option, or a combination of these options.

In the December 2024 quarter, a minority (7%) chose to have their plan managed entirely by the NDIA, while the majority (65%)<sup>61</sup> preferred to engage a plan manager for some or all of their plan. It was reported that 28% of participants plan to self-manage all or part of their plan.

The NDIA supports participants to decide if self-management is right for them, and has recently released an [updated guide](#) to self-management. The guide explains the benefits of self-management, roles and responsibilities, and how to self-manage effectively.

A participant’s initial choice of plan management type(s) is not binding and they may choose to make changes at any time. Table 10 shows the actual plan management type(s) used during the quarter.

**Table 10: Active providers and payments by plan management type in the December 2024 quarter**

Plan management type	Payments <sup>62</sup> made to active providers (\$b), and proportion of total payments	Number of active providers <sup>63</sup>
NDIA-managed	3.4 (30%)	9,305
Plan-managed	6.8 (60%)	192,130
Self-managed	1.2 (11%)	129,199
<b>Total</b>	<b>11.3</b>	<b>260,367</b>

In the December 2024 quarter, of the \$11.3 billion in payments, \$3.4 billion was NDIA-managed (30%), \$6.8 billion was managed by a plan manager (60%), and \$1.2 billion was self-managed (11%).<sup>64</sup>

Out of 260,367 active providers in the December quarter, 9,305 providers supported NDIA-managed participants; 192,130<sup>65</sup> supported plan-managed participants; and 129,199<sup>66</sup> supported self-managed participants.<sup>67</sup>

61 This figure excludes participants who have opted to have part of their plan self-managed.

62 Includes cash and in-kind payments.

63 ‘Active providers’ refers to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with an invalid Australian Business Number (ABN).

64 Includes cash and in-kind payments.

65 Plan management fees, which are NDIA-managed payments, are reclassified as a plan-managed payment for the purpose of counting providers. Therefore, the count of NDIA-managed providers excludes providers who only received plan management fees and no other NDIA-managed payments.

66 From 14 October 2024, it is mandatory for participants with self-managed payments to include the ABN of the associated provider or provide a reason why it isn’t available. Previously, providing the ABN was voluntary.

67 ‘Active providers’ refers to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with an invalid ABN.

### 4.3 Plan managers

The number of participants opting to use the services of a plan manager has continued to grow, while the number of plan managers in the NDIS has remained stable.

#### Provider types

Participants supported by plan managers can use registered or unregistered providers. For the 12 months to 31 December 2024, unregistered providers were used less frequently and had a higher proportion of one-off payments (i.e. unregistered providers were only used once). On average, the frequency of one-off payments was approximately 2.7 times lower for registered providers.

#### Payment characteristics

In the December 2024 quarter, 192,130 providers supported plan-managed participants, of which 14,233 were registered at some point during the quarter.<sup>68,69</sup>

Payments to plan managers were \$6.8 billion in the December 2024 quarter. Of the \$6.8 billion, \$158 million was for plan management services. The remaining \$6.6 billion was for plan managers to pay service providers on behalf of participants.

In the December 2024 quarter, registered providers received 56% of the \$6.6 billion overseen by plan managers, unregistered providers received 43%, and providers with unknown registration status received 1% of the plan-managed payments.

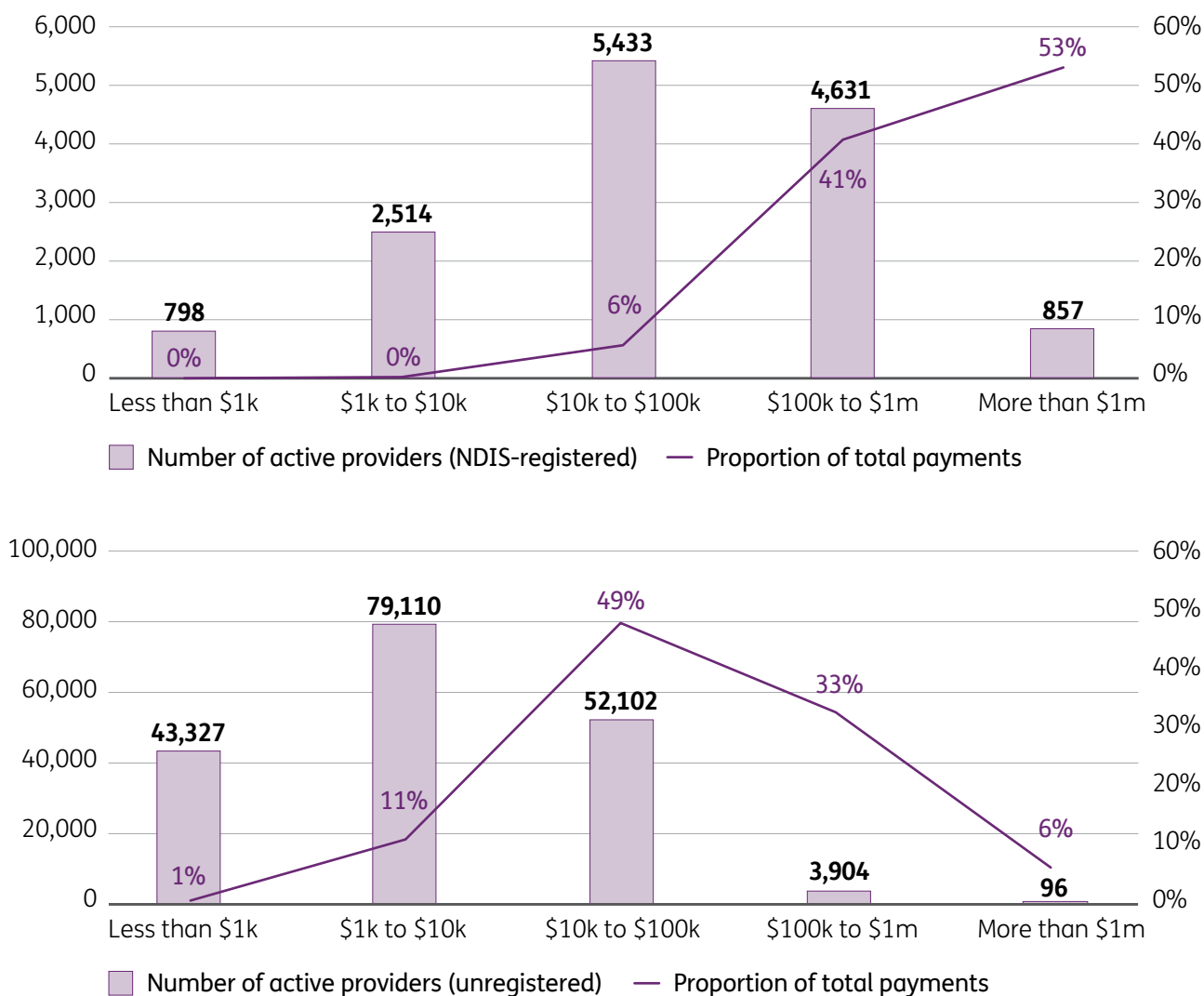
Although 43% of plan-managed payments went to unregistered providers, the market of unregistered providers is large, which means there are many unregistered providers receiving smaller total payments. While only 7% of providers paid through plan managers are NDIS-registered providers, they represent 56% of total payments in the quarter. Furthermore, 39% of NDIS-registered providers received more than \$100,000 in NDIS funding for the quarter, compared to only 2% of unregistered providers receiving more than \$100,000 in funding (Figure 25).

68 Registration status of a provider may change between 'registered' and 'unregistered' during the quarter.

69 'Active providers' refers to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with an invalid ABN.

## Section 4: Providers and the growing market

Figure 25: Number of active providers supporting participants through a plan manager and proportion of total payments<sup>70</sup> in the quarter by payment band – NDIS-registered (top) vs unregistered (bottom)<sup>71</sup>



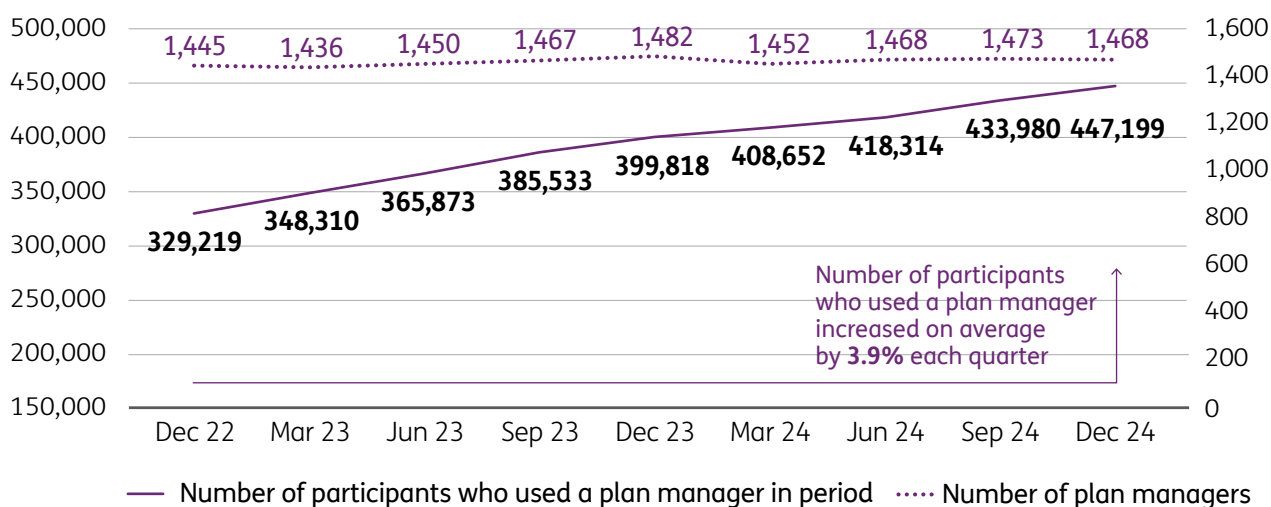
Over the past 2 years, the number of plan managers has remained relatively stable, increasing marginally from 1,445<sup>72</sup> at December 2022 to 1,468 at December 2024. Over the same period, the number of participants being supported by plan managers increased from 329,219 to 447,119, which is a quarterly average increase of 3.9%. As a result, there has been a significant 34% increase in the average number of participants supported by a plan manager over this period (Figure 26).

<sup>70</sup> \$40 million of payments made to providers with 'unknown' registration status have not been included in this chart.

<sup>71</sup> Registration status is determined as at the posting date of payment. Some providers may be counted more than once if they changed registration status during the quarter.

<sup>72</sup> The historical number of plan managers does not take into account any revisions in their registration status.

Figure 26: Participants and providers with a plan manager by quarter – all participants<sup>73</sup>



#### 4.4 Supported independent living

SIL supports of \$3.8 billion were provided in the December 2024 quarter.

The NDIA continues to deliver on a consistent and comprehensive participant-centric decision-making process for all participants seeking home and living supports. This includes simplifying and streamlining processes for home and living participants and improving public-facing information about NDIA funded home and living supports. As at 31 December 2024, there are 35,972 participants in SIL.

To improve the quality and consistency of decisions and implementation of participant plans, all specialist home and living delegates undergo extensive training to advance their knowledge in home and living supports. Decisions resulting in a SIL budget increase continue to be signed-off by a senior home and living delegate.

Home and living delegates complete the planning meeting with participants who request SIL for the first time or changes to their SIL budgets before confirming a new plan. This helps ensure that a participant understands the decision made and is supported to implement their plan.

Total payments to participants in SIL have increased by 23% annually over the last 2 years, from \$9.9 billion to \$14.9 billion. 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 social and community participation, employment and capacity building). The average payment per participant for SIL supports (core daily activities) has increased by 9% annually over the past 2 years (Table 11).

<sup>73</sup> The historical number of plan managers does not take into account any revisions in their registration status.

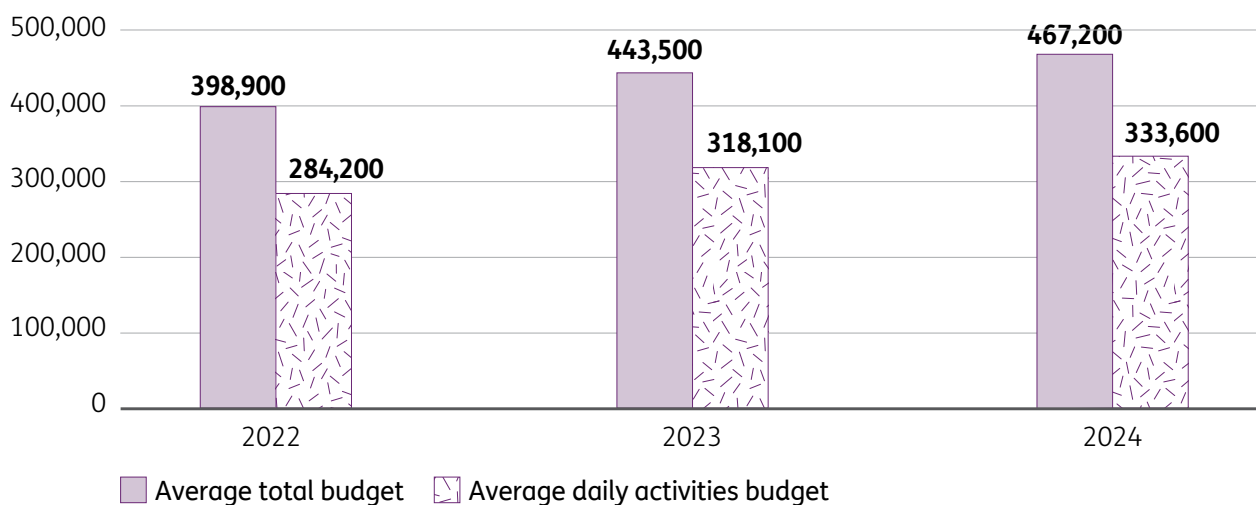
## Section 4: Providers and the growing market

Table 11: Number of participants and payments for years ending 31 December – participants in SIL

Participants and payments	2022	2023	2024	% increase (per annum)
Active participants	29,812	33,581	35,972	10%
Total payments (\$m)	9,869	12,931	14,892	23%
Average payment (\$)	363,200	405,200	427,600	9%
Total payments – Core daily activities (\$m)	7,688	9,865	11,268	21%
Average payment – Core daily activities (\$)	282,900	309,100	337,000	9%

In addition to payments, average plan budgets for participants in SIL have also increased over time (Figure 27), including the component of the plan budget for SIL supports (core support for daily activities). Specifically, average plan budgets and the average daily activities components of plan budgets both increased by 8% annually over the past 2 years.

Figure 27: Average plan budgets over time for years ending 31 December – participants in SIL (\$)



## 4.5 Specialist disability accommodation

| The total number of enrolled SDA dwellings continues to increase.

The NDIS forms one part of the disability ecosystem, supporting Australians and their families to ensure those living with disability can lead a fulfilling life. The NDIS was designed to complement, not replace, other services for which the states and territories are responsible, including housing.

The number of participants using SDA has increased by 4% per annum over the last 2 years, while the number of participants who are eligible for SDA (but not yet using SDA) has increased by 3% per annum over the same period.

Reasons why a participant may not have SDA funding in use include:

- SDA is newly included in their plan
- they are not yet ready to move from their current accommodation
- they are still exploring options or waiting to move when a vacancy becomes available
- they may be awaiting the completion of an (identified) new-build SDA dwelling
- they are yet to locate a suitable SDA dwelling – by location or SDA type/category.

Total SDA payments have increased by 34% annually over the past 2 years, from \$214 million to \$382 million (Table 12).<sup>74</sup> The average SDA payment per participant has also increased, by 30% per annum.<sup>75</sup> New SDA benchmark prices came into effect from 1 July 2023 following the SDA Price Review, including automatic annual indexation of SDA funding amounts in plans from 1 July 2024.

The total number of enrolled SDA dwellings as at 31 December 2024 was 10,749, up by 20% annually over the last 2 years, and up by 2,159 dwellings (25%), compared to 31 December 2023. This annual increase was observed across most design categories. The largest increase was for dwellings of the ‘robust’ category (60%, 498 dwellings) and the ‘high physical support’ category (45%, 1,402 dwellings).

All states and territories noted an increase in the number of enrolled SDA dwellings in the past quarter.

<sup>74</sup> To deal with an accumulated backlog of payments, the NDIA has made off-system payments directly to providers. The \$214 million total SDA payments made in the year ending 31 December 2022 includes off-system payments of \$10.5 million made in June 2022.

<sup>75</sup> The average SDA payments figure has been updated with the number of participants using SDA as the denominator. The updated average SDA payments figure is now higher than previous reports which used the number of participants with SDA funding as the denominator. The average SDA support figure uses the number of participants with SDA in their plan as the denominator. As at 31 December 2024 this number was 18,804. This figure excludes participants who have a small placeholder amount of SDA funding entered in their PACE plan. Once these participants have located an enrolled dwelling, the full SDA funding will be entered into the plan.

Table 12: Number of active participants, SDA support budgets and payments for years ending 31 December

Year	2022	2023	2024	% increase (per annum)
Participants using SDA <sup>76</sup>	13,505	14,097	14,688	4%
Participants eligible for SDA, not yet using SDA <sup>77</sup>	9,315	10,091	9,834	3%
Total SDA supports (\$m)	334	440	517	24%
Average SDA supports (\$)	15,100	19,100	27,500	35%
Total SDA payments (\$m)	214	267	382	34%
Average SDA payments (\$)	15,700	19,300	26,500	30%

## 4.6 Market stewardship activities

The NDIA continues to support the NDIS market through market design, coordination and engagement activities.

Recent activities include a refresh of the market stewardship framework, which will establish a set of shared objectives for all Commonwealth agencies that have a role in disability provider market stewardship, a defined set of roles and responsibilities, and market ‘levers’ – the tools by which the NDIA can work to improve stewardship of provider markets.

Work on developing market levers includes:

- establishing provider lists to assist participants, their families and carers to find trusted information on products and providers more easily
- establishing blended payments pilot programs (that aim to remunerate providers for the outcomes achieved)
- launching quality supports pilot programs (that remunerate providers for quality assurance and added value), the integrated care and commissioning (ICC) pilot program, and the alternative commissioning pilot program.

In addition, the NDIA is investing in an education campaign to better equip participants to manage conflicts of interest in the NDIS provider market.

The NDIA continues to invest in managing markets to expand and improve the outcomes being achieved by providers. Projects include home and living demonstration projects, the Specialist Disability Accommodation Data Project, and employment assistance for young participants.

<sup>76</sup> Evidence of SDA in use is estimated based on SDA payments, SDA service bookings and matching addresses to enrolled SDA dwellings. Future enhancements to the PACE system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.

<sup>77</sup> SDA eligible participants are participants who have been found eligible for SDA through the home and living application process or through legacy system processes but have SDA funding in their plan.

### Market stewardship framework

The NDIA market stewardship framework is being revised to improve the Commonwealth government's stewardship of provider markets. The new market stewardship framework will focus on identifying when and how the NDIA and other government agencies should intervene to address issues in the disability market, how the NDIA monitors the market, and what strategies should be adopted to encourage market growth or correction.

Work done so far in revising the framework includes identifying potential policy and market objectives, identifying market levers available to the NDIA, better defining metrics for monitoring market performance, and considering market stewardship governance arrangements (including roles and responsibilities of the NDIA and other government agencies).

### Provider lists

A new initiative is focusing on creating curated lists of providers. These lists will help participants find and compare products and services and choose quality supports that represent value for money. Participants can purchase their products and services from a listed provider, or another provider of their choosing.

The refreshed continence provider list was published on 29 October 2024 and contains 32 providers who met the required criteria, following a rigorous evaluation process supported by a Participant First member.

A guide dog list is in development, with an expression of interest released to market on 25 November 2024 and due to close on 20 January 2025.

Further provider lists are also planned to be developed in 2025 under Scheme reforms initiative 5: evidence-based supports. These lists will help participants to get timely access supports by purchasing from approved providers who meet minimum standards, and will ensure they can access supports that are fairly priced, meet their needs and help them achieve their goals.

### Blended payments initiative

As part of the 2023-24 Budget, the Government committed \$24.6 million over 4 years from 2023-24 to work with NDIS participants and service providers to trial a range of blended payment models focusing on enrolment and outcome payments.

The blended payment initiative will initially focus on trialling a new approach to encourage providers to help participants secure employment through the Employment Support for School Leavers (also known as School Leaver Employment Support or SLES) program. Further work is being done to identify strategies to improve outcomes for participants accessing a variety of supports, including SIL supports.

The NDIA is working closely with the Department of Social Services (DSS) to progress this initiative. Phase 1 involved a series of co-design sessions with NDIS participants and carers, providers, peak bodies and disability and representative carer organisations.

Between August and October 2024, 38 co-design sessions were held for this initiative. The NDIA and DSS teams are now reviewing the findings from co-design, and planning the trial phase of this project to commence in 2025.

### Integrated care and commissioning

The ICC approach brings together Australian Government investments and resources across the aged care, disability support and veterans' care sectors (with interfaces to primary health, allied health and mental health). This approach seeks to connect and better align service systems to build a consolidated and more sustainable care sector.

ICC locations include Central West Queensland, Gippsland (Victoria), the Kimberley (Western Australia) and south coast of New South Wales.

In partnership with the Department of Health and Aged Care and the Department of Veterans' Affairs, the ICC project has conducted consultations and identified some entrenched community challenges across the locations. Several solutions will be explored over the coming months with the respective communities, ranging from aggregating demand across the care streams, undertaking workforce development, and testing the feasibility of integrated care models.

### Alternative commissioning

In the 2023–24 Budget, the Australian Government committed \$7.6 million in funding over two years to undertake alternative commissioning pilot programs in two sites as recommended by the NDIS Review.

Alternative commissioning involves the NDIA working in collaboration with DSS to trial culturally appropriate service models that are place-based, community led and co-designed. The aim is to strengthen the First Nations disability sector and build a sustainable supply of NDIS services to meet participant needs in remote areas.

Alternative commissioning pilot program locations include Maningrida (Northern Territory) and Katanning (Western Australia).

### Conflicts of interest in the NDIS provider market

In November 2024, the NDIA published a position statement on conflicts of interest in the NDIS provider market, along with factsheets and resources to support and educate the disability community to identify, disclose and manage conflicts of interest.

From May to July 2024, the NDIA met with participants, providers and disability organisations to understand experiences people have had with conflicts of interest. The insights gained through these engagement sessions have helped the NDIA develop a suite of resources to support the NDIS market to understand and manage conflicts of interest.

### Home and living demonstration projects

The first round of home and living demonstration projects have been completed. Five projects were implemented and finalised by June 2024. They focused on supporting providers and participants to work together to design and test better ways of funding and delivering SIL.

## Section 4: Providers and the growing market

The second round of home and living demonstration projects – Empowering participants: information, assistance and connections – are focused on testing and evaluating different models of delivering high quality information, assistance and connections to support participants exploring home and living options. Four projects have been funded through the second round of project grants and continue to be successfully implemented.

The NDIA is continuing to review the findings and lessons learned from the home and living demonstration projects.

### Specialist disability accommodation data project

The NDIA is working to improve the public data shared for SDA through the SDA data project. The project aims to improve accessibility and reliability of SDA data, to support informed decision-making and guide providers and investors to address future SDA need.

Consultation with stakeholders, such as SDA providers, investors, participants and their families and carers, is underway to ensure improvements to SDA data, tools and systems to reflect the needs of the sector.

The project commenced in September 2024 and is due to conclude in mid-2025. The NDIA will work to implement key recommendations from the project as soon as possible.

### Introduction of employment assistance for younger participants

Traditionally, the NDIA has engaged with young participants about their post-school needs at the planning review closest to the date they finished school. This meant employment-related supports were only available to participants as they left secondary school (school-leaver employment supports).

Best practice evidence shows that those who do work experience or part-time work while at school, are more likely to become employed after leaving school.

To improve employment outcomes for participants, the pricing arrangements for employment assistance that commenced on 1 July 2024 were updated to encourage earlier employment preparation for working age participants from the age of 14. Planning resources and information for participants were improved to better describe employment supports and NDIA's expectations of service delivery by providers.

The changes were well publicised between June and December 2024 through information sessions delivered:

- more than 600 students, families and education sector representatives
- over 1,000 employment provider representatives
- all partners in the community providing local area coordination, and newly recruited NDIS planners.

Sessions will be conducted for all existing NDIA planning staff in the first available session after their training on the legislative reforms.

### 4.7 NDIS pricing

Pricing NDIS supports is an important element in stewarding provider markets. Price setting carefully balances the sometimes-competing objectives of ensuring sustainable NDIS costs, viable provider markets and improved participant outcomes. Setting price limits is central to the NDIA's work in stewarding markets to balance and progress these objectives.

The NDIA updated the NDIS pricing arrangements and price limits from 1 October 2024 where, under certain circumstances, providers can claim intensive and complex behaviour supports at the same price limit as high intensity supports. This change enables providers offering these supports to claim the higher price limit for:

- assistance with daily life tasks in a group or shared living arrangement
- daily personal activities
- participation in community, social and civic activities
- group and centre-based activities.

Further information can be found on the [pricing arrangements webpage](#).

The 2023–24 annual pricing review (APR) committed to appointing independent experts to oversee a review of NDIS pricing approaches and a new Quality Supports Program, in which the NDIA will support providers to deliver quality services to participants otherwise at risk of not receiving the supports they need.

The Independent Pricing Committee was established in October 2024 to review the NDIS pricing approaches and recommend changes designed to lead to a higher quality and more sustainable disability provider market.

The committee is made up of 3 experts with strong economic credentials and experience in regulation who will review how NDIS price limits are set and investigate if there are more effective approaches. The committee members are Stephen Anthony (Chair), Gemma Henderson and Dr Ron Ben-David.

The committee has commenced work and presented their initial findings to the NDIA Board in December 2024, with further recommendations due in early 2025. The committee has considered the views of people with disability and providers in developing its recommendations. Inputs are from a variety of sources, including direct consultations with key stakeholder groups, as well as leveraging information from previous consultations with disability communities. The advice will support the development of the 2024–25 APR.

In launching the 2023–24 APR, the Minister for the NDIS announced 2 new 12-month pilot programs to design pricing approaches to promote the delivery of quality supports for vulnerable participants. The pilot programs will focus on the delivery of support coordination and supported independent living arrangements. For the pilot programs, the NDIA will select registered NDIS providers who have experience delivering services to participants otherwise at risk of not receiving the supports they need. Both programs will be evaluated to inform the future delivery of support coordination and SIL services.

## Section 4: Providers and the growing market

The grant opportunity is expected to open for submissions from invited providers in late January 2025.

The NDIA has briefed peak body members and industry leaders and, in early December 2024, provided a progress update to the delegates of state and territory disability ministers regarding the quality supports pilot programs.



## Section 5

# Financial sustainability



## Co-designed program helps First Nations families identify early childhood development delays quicker



In Western Australia, 3 local family support services have expanded an existing Connecting Communities for Kids early childhood intervention program, so Koongamia First Nations families with children 0 to 6 can get quicker access to allied health professionals.

The program, Maaraka Dabakarn, helps First Nations families connect to allied health professionals. They can ask questions about their child's development and, if any needs arise, they can get support and referrals quicker.

Wanslea, an NDIS partner in the community, came up with the idea that involves Child and Parent Centre Swan Midvale Hub and Ngala, well-established and trusted family support services in the area.

Now available once a term, First Nations families can attend Child and Parent Centre Swan Midvale Hub. Group spokesperson and NDIS Wanslea operations manager, Megan, said their joint co-designed Maaraka Dabakarn is already proving to be a success.

'More families are attending as we work to build trust with the community,' Megan said.

'We are seeing some really positive outcomes, ones that may not have been possible if we had not changed the way we deliver the program, and it certainly wouldn't have been possible without Child and Parent Centre Swan Midvale Hub and Ngala sharing their local knowledge.'

'We knew families were getting some really great outcomes, particularly families from culturally and linguistically diverse

backgrounds and some from First Nations, but we wanted to see what else we could do to reach more First Nations families,' Megan said.

**'It's helped to strengthen community relationships. Our work here just illustrates how important it is to collaborate and share knowledge, particularly when we look at designing programs that aim to support First Nations families.'**

Read [Maaraka Dabakarn's full story on our website](#).

## A financially sustainable NDIS achieves outcomes for participants across their lifetimes and is affordable now and into the future.

### 5.1 Participants and cost projections

On 12 December 2024, the NDIA Board released both the Annual Financial Sustainability Report (AFSR), and the Peer Review Report.

The NDIA Board released the 30 June 2024 AFSR on 12 December 2024. 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. A copy of this report was also released on 12 December 2024.

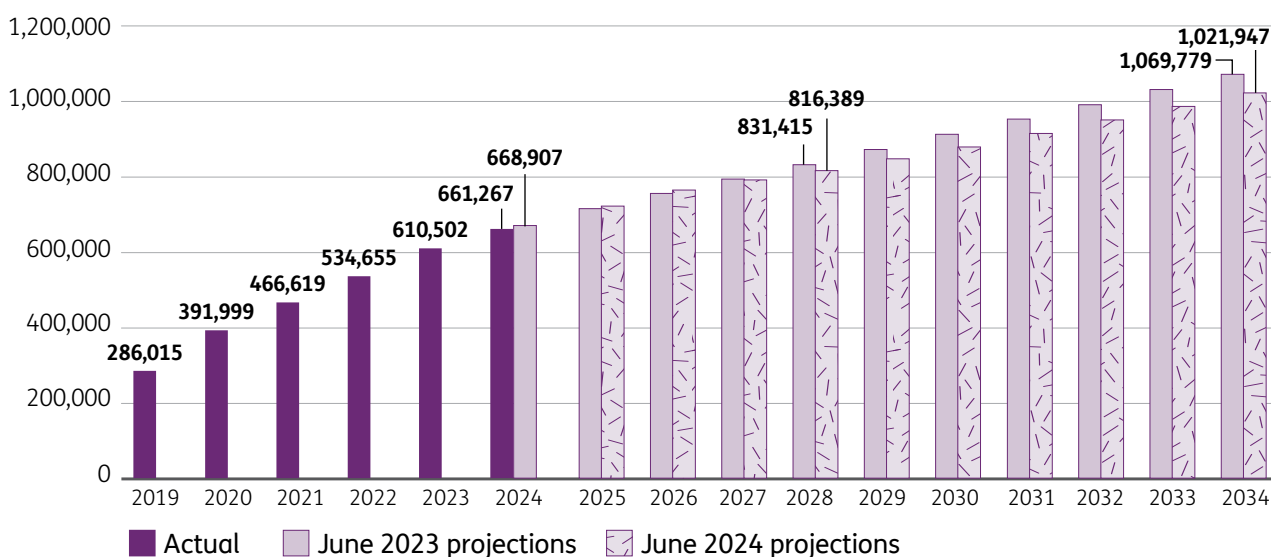
The June 2024 projection of Scheme expenses incorporates revisions to assumptions and changes in future expectations since the previous AFSR and forecast Scheme projections in the 2024–25 Budget. These updated projections allow for the expected impact of the recent and proposed reforms, aimed to improve the experience of participants in the NDIS, and improve sustainability in NDIS growth over the longer term.

The AFSR projects that:

- There will be 816,389 participants in the NDIS at the end of June 2028 (of which 762,472 are under the age of 65 years), and 1,021,947 at the end of June 2034 (of which 943,795 are under the age of 65 years) (Figure 28). The June 2024 projections indicate a higher rate of growth in projected participant numbers until 30 June 2026, compared to the June 2023 projections, and a lower rate of growth thereafter.
- The AFSR shows the growth rate of the NDIS is projected to reduce in the coming years. It projects a growth rate of 12% in 2024–25, reducing to 8.4% in 2025–26, and finally reaching National Cabinet's 8% growth target by 2026–27. The recent and proposed reforms are a key driver of reducing the growth rate, and are projected to stabilise the growth in Scheme expenses by \$19 billion over the next 4 years.

## Section 5: Financial sustainability

Figure 28: Actual and projected participants as at 30 June



Total Scheme expenses are estimated to be \$46.9 billion in 2024–25, growing to \$58.4 billion in 2027–28, and \$92.7 billion in 2033–34 (on an accrual basis) (Table 13).

Table 13: Projected Scheme expenses on an accrual basis

Scheme expenses (\$m)	2024–25	2025–26	2026–27	2027–28	2033–34
Scheme expenses (aged 0 to 64 years)	42,059	45,057	47,597	50,799	78,950
Scheme expenses (aged 65 years and over)	4,806	5,732	6,617	7,592	13,772
Total Scheme expenses	46,865	50,789	54,215	58,390	92,722
Total Scheme expenses (% of GDP)	1.7%	1.8%	1.8%	1.8%	2.1%

More detail is available in the reports located on the NDIS website:

[Annual Financial Sustainability Report](#) – published 12 December 2024

[Independent Actuary Peer Review Report](#) – published 12 December 2024

It is important to recognise that the projected Scheme expenses are shown in nominal terms, that is, 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 2033–34. Scheme expenses are estimated to be 1.7% of GDP in 2024–25, increasing to 2.1% in 2033–34. 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.

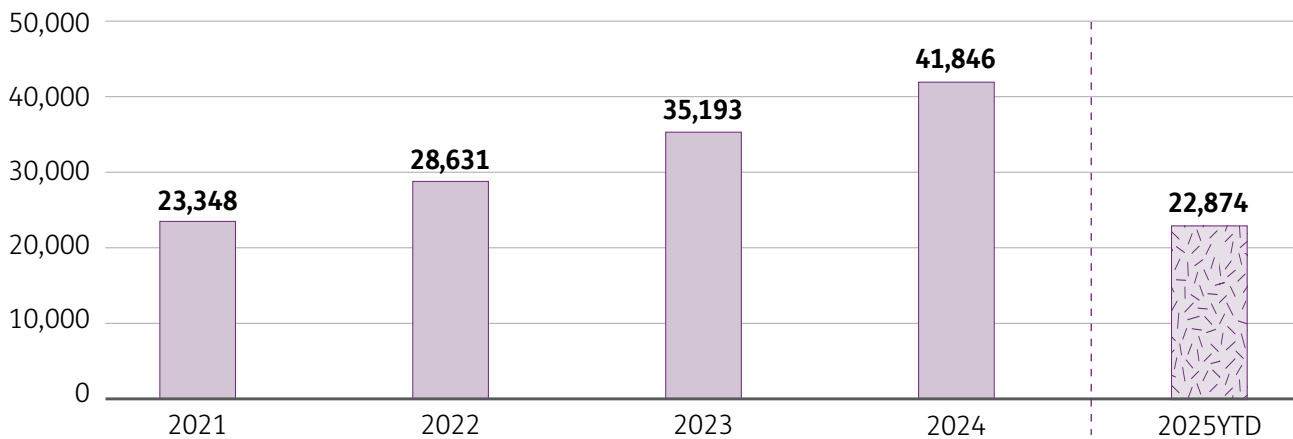
## 5.2 Total payments

Total NDIS payments continue to increase due to both increased participant numbers and higher average costs per participant.<sup>78</sup>

Total payments in the year to 30 June 2024 were \$41.8 billion, while the payments in the 6 months to 31 December 2024 were \$22.9 billion (Figure 29).

The increasing number of participants accessing the NDIS contributes to the increase in payments.

Figure 29: Total payments (\$m) for financial years ending 30 June



<sup>78</sup> Total NDIS costs are presented by financial year on an accrual basis, sourced from the NDIA financial accounts. The NDIS costs figure is made up of total NDIS expenses, less NDIS grant payments, write-downs and write-offs. The NDIS and NDIA costs for the 2024–25 financial year are provisional results and subject to further changes, including the Australian National Audit Office audit.

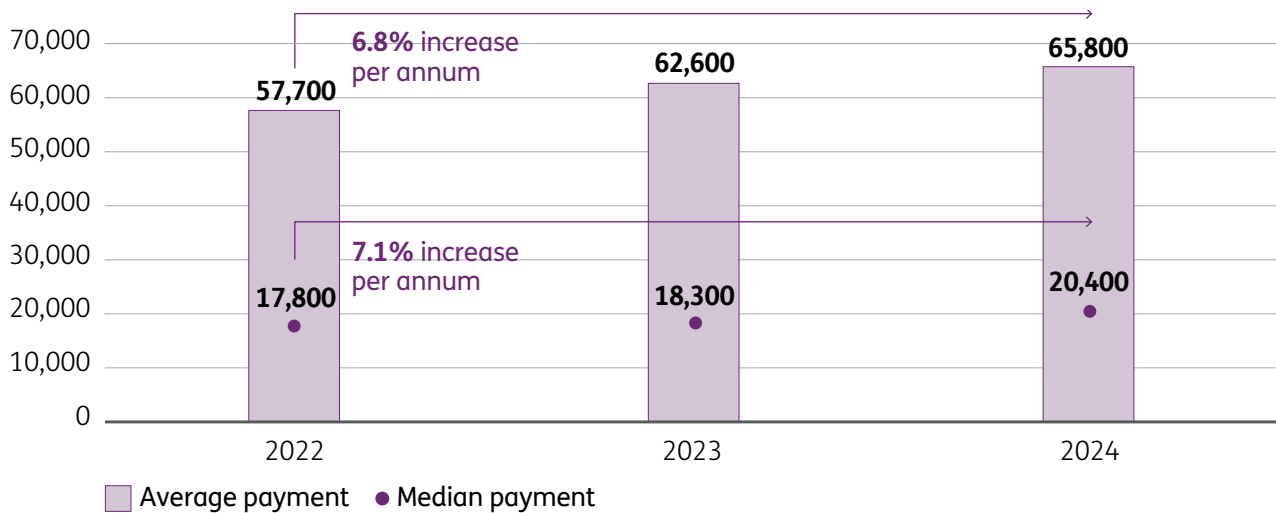
### 5.3 Average and median payment trends

Average and median payments per participant have increased by 6.8% and 7.1% per annum respectively over the past 2 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 2023 and 31 December 2024 indicate that average payments have increased by 6.8% per annum, and median payments have increased by 7.1% per annum (Figure 30).

Figure 30: Average and median payments for years ending 31 December



### 5.4 Average plan budget trends

Average plan budgets have also increased over time for all participants. A larger increase was observed for participants in SIL.

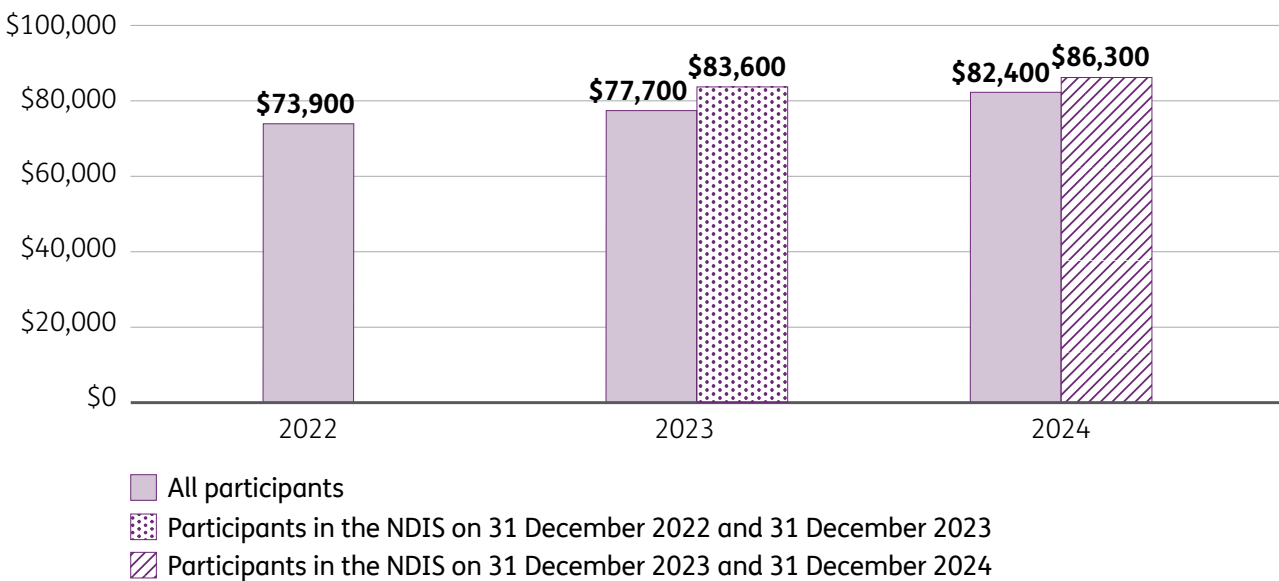
In addition to average payments increasing over time, average plan budgets have also increased over time.

Specifically, over the 2-year period to 31 December 2024, average plan budgets have increased by:

- **5.6%** per annum for all participants
- **8.2%** per annum for participants in SIL
- **4.6%** per annum for participants not in SIL.

Average plan budgets of participants continuing in the NDIS are higher than the overall average (Figure 31). For example, for these existing participants who were in the NDIS at 31 December 2022 and at 31 December 2023, the average plan budget increased from \$73,900 to \$83,600 (13.1%).

Figure 31: Average annualised plan budgets for years ending 31 December



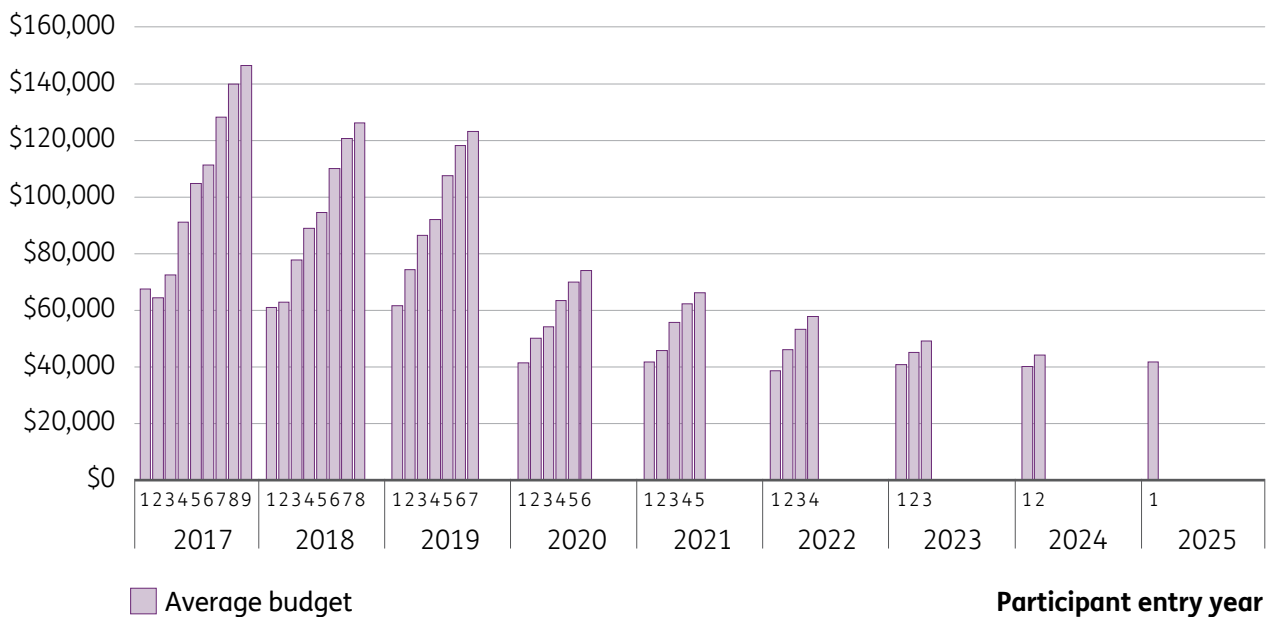
## Section 5: Financial sustainability

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

Figure 32 shows participants grouped into cohorts based on the year they entered the NDIS and the trend in average plan budgets based on the number of years in the NDIS. For example, average plan budgets for participants who entered the NDIS in the year ending 30 June 2018 increased from \$61,300 for their first year to \$126,200 for participants who have been in the NDIS for 8 years.

Average plan budgets for participants entering the NDIS in the year ending 30 June 2020 or later are lower relative to those entering the NDIS in earlier years. For example, those who entered the NDIS in the year ending 30 June 2020 had an average plan budget of \$41,500 for their first year, compared to a first-year budget of \$67,800 for participants who entered in the year ending 30 June 2017. This reflects a changing mix of participants over time with the earlier years prioritising the transition of participants from existing Commonwealth, state and territory government schemes into the NDIS. Conversely, in recent years there has been a growing proportion of younger participants entering the NDIS with disabilities such as developmental delay. Children, on average, have lower plan budgets than adults.

Figure 32: Average plan budgets by years of entry ending 30 June, and number of years in the NDIS



### Plan reassessments and variations in plan budgets

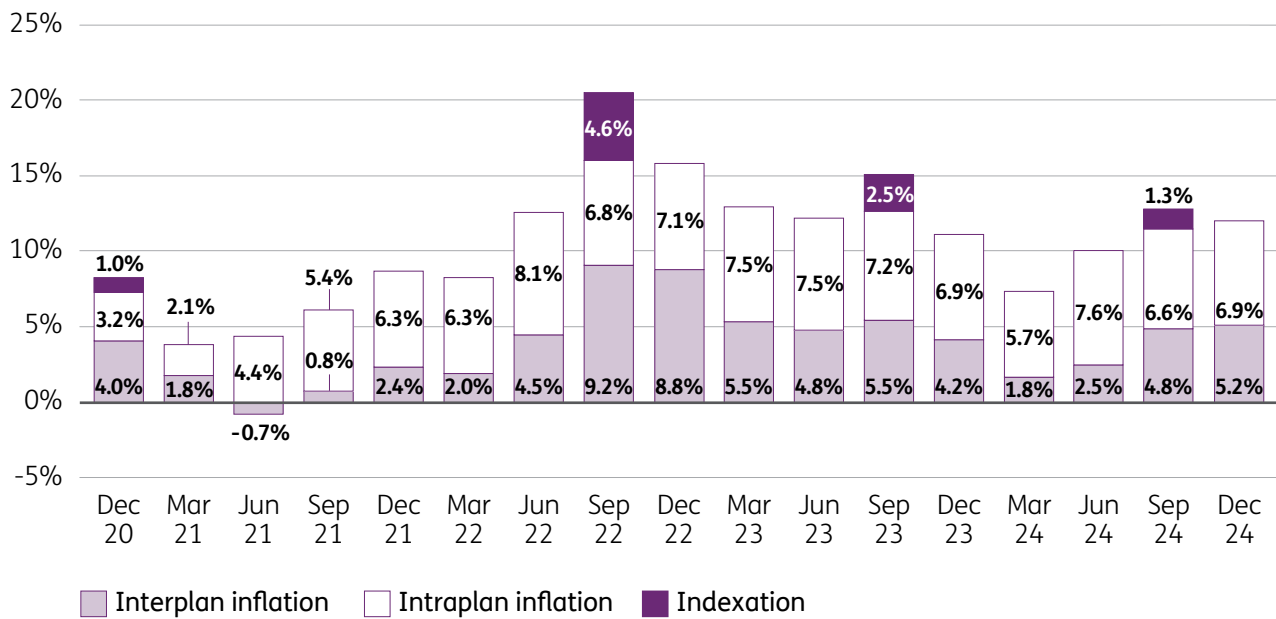
Plan reassessments may result in plan budgets varying for a variety of reasons. For example, one-off capital items may be included in one plan and not the next. Another example is an investment in capacity building (such as behavioural supports) leading to less need for core supports over time. The NDIA has published an [operational guideline on plan reassessments](#) that details the reasons a new plan could be different to a current plan.

### Plan inflation

In the December 2024 quarter, total annualised plan inflation was 12.1%, of which 5.2% was due to changes at plan reassessment, and 6.9% was due to changes occurring within a plan between reassessments. (Figure 33).

The plan inflation of 12.1% per annum in December 2024 compares with plan inflation of 12.8% per annum in September 2024 and 10.1% per annum in June 2024. Inflation occurring at plan reassessment (interplan inflation) was 5.2% per annum, which compares with 4.8% per annum in September 2024, and 2.5% per annum in June 2024. Inflation occurring within a plan, between reassessments (intraplan inflation and excluding indexation), was 6.9% per annum, which compares with inflation of 6.6% per annum in September 2024, and 7.6% per annum in June 2024.

Figure 33: Annualised percentage change in plan budgets for active participants



## Section 5: Financial sustainability

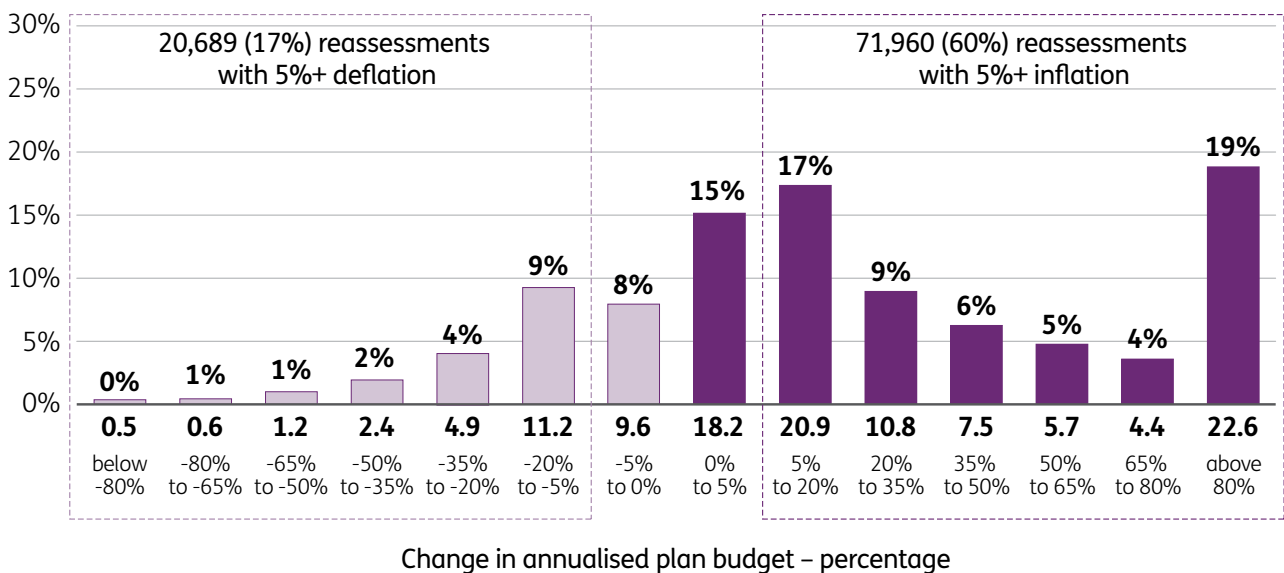
At the individual level, plan budgets can vary significantly. In this financial year, taking into account total plan inflation, plans were more likely to increase rather than decrease.

During the 6 months to 31 December 2024, 18% of active participants had a plan reassessment. Figure 34 shows that of the plans reassessed:<sup>79</sup>

- **60%** increased at reassessment by more than 5% (compared to **57%** in the year to 31 December 2023)
- **17%** decreased by more than 5% (compared to **17%** in the year to 31 December 2023)
- **23%** remained within 5% (compared to **27%** in the year to 31 December 2023).

Of the plans that increased at reassessment, **19%** had their budgets increased by more than **80%** (remaining unchanged from the prior quarter and increasing from **17%** in the year to 31 December 2023).

Figure 34: Distribution of the percentage change in annualised plan budgets for plans reassessed between 1 July 2024 and 31 December 2024<sup>80</sup>



<sup>79</sup> Numbers may add to more than 100% due to rounding.

<sup>80</sup> 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.

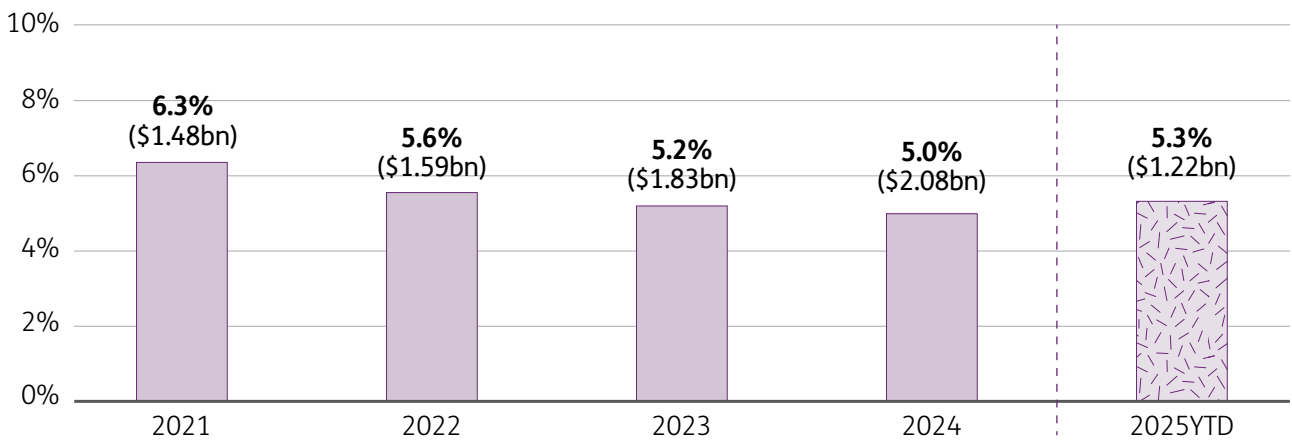
## 5.5 Operating expenses

Operating expenses per participant have reduced over the past 4 years.

In addition to the money spent through participant plans on supports for participants, the NDIA receives funding for its operating expenses, including the NDIS general supports and paying staff wages. NDIA operating expenses for the year ending 30 June 2024 was \$2.08 billion, and \$1.22 billion for the 6 months to 31 December 2024.

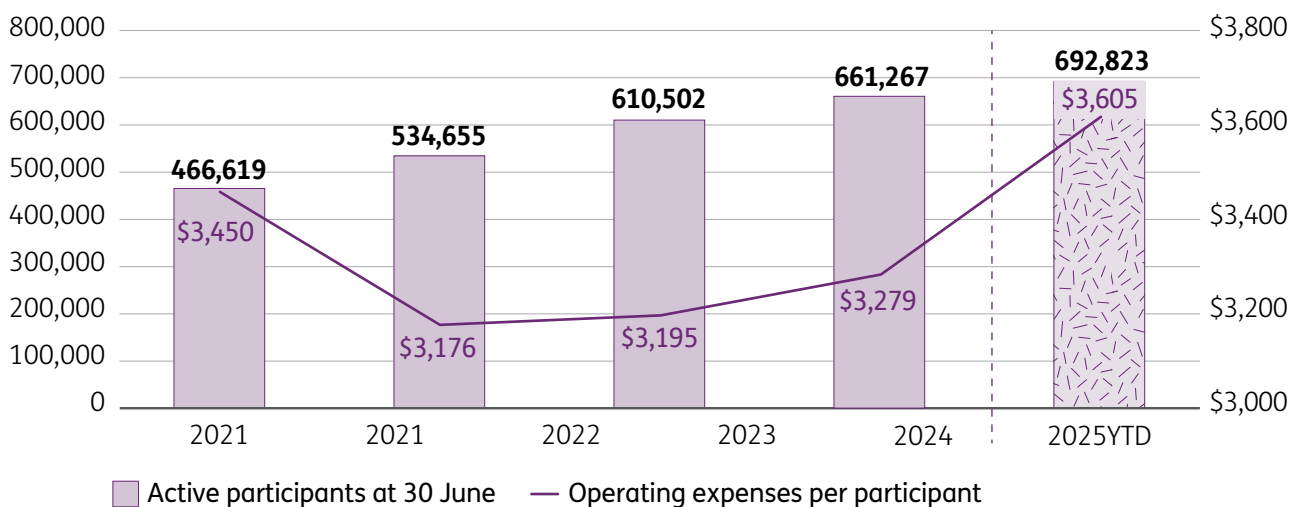
As a percentage of participant expenditure, operating expenses have decreased from 5.6% in 2021–22 to 5.2% in 2022–23 to 5.0% in 2023–24, and then increased to 5.3% in the 2024–25 year to date (Figure 35). The Productivity Commission, in its 2017 study report, suggests a range of 7% to 10% as an appropriate benchmark for NDIA operating costs.

Figure 35: Operating expenses as a percentage of participant costs for years ending 30 June



The annual operating cost per participant has increased from \$3,195 in 2022–23 to \$3,605 in the 2024–25 year to date (Figure 36).

Figure 36: Operating expense per participant for years ending 30 June<sup>81</sup>



<sup>81</sup> The average number of participants is a simple average of the 2 periods (opening and closing) on active participants. Cost per participant uses these average participant numbers as the denominator.



## Section 6

# Staff and the NDIS community



## NDIS support is helping Riddick, and now he's helping others



Riddick can't believe he's landed his dream job. The St Albans Park NDIS participant and his 5-year-old Siberian Husky Sway now work for Maudcare, a Geelong-based disability service.

Working a few days a week, they support other NDIS participants in group or individual settings. Riddick teaches participants and staff how to work with animals, and Sway, under Riddick's command, provides comfort, love and affection, and does a few tricks.

Luke, Riddick and Sway's boss, said the duo have a calming effect on participants. 'Riddick and Sway have fitted in effortlessly and their work is incredibly beneficial,' he said. 'Our participants look forward to them coming and their faces light up when they arrive.'

'A conversation starts up about Sway, and then they are joining in and socialising. Sway is like a bridge, bringing people together. It's incredible to watch,' Luke said.

Identifying as having autism and other challenges, Riddick, 30, said it's the first time in his working life he has felt like he's in the right job and he's making a positive difference.

Riddick credits Renee, his employment coordinator from Access Your Supports and his 2 bosses, Luke and Adam for helping him achieve his dream job.

**They've all been so supportive, and it wouldn't have been possible without them,' he said**

Riddick said Renee helped to build his confidence and ease his anxiety, and she worked with him on the job to break down tasks to help improve his time management.

'Now they work 8 hours a week over 3 days,' Renee said. 'They get paid, the participants love them, the staff love them, everyone loves them. It's like it was just meant to be.'

[Read Riddick's full story on our website.](#)

## The NDIA's diverse workforce and commitment to public data sharing enhances its engagement with participants and the sector.

### 6.1 Workforce diversity, inclusion and engagement

| The NDIA is committed to fostering an accessible and inclusive workplace.

As at 31 December 2024, the total NDIS workforce was 17,534 including 9,129 Australian Public Service (APS) employees and 2,142 labour hire workers and contractors. A further 6,263 people are employed by NDIS partners in the community and National Contact Centre partners.

Recently, the Chair of the NDIA Board and the CEO launched the Disability Action Plan. With over 4,000 staff attending, this event highlighted our people's commitment to an accessible and inclusive workplace. The NDIA is now delivering initiatives from the plan, including training and co-design workshops.

The NDIA attained bronze-level accreditation in the Australian Workplace Equality Index. This program is managed by peak body Pride in Diversity. The accreditation demonstrates how the NDIA is improving inclusivity and the cultural safety of staff and participants.

The NDIA launched the Innovate Reconciliation Action Plan (RAP) 2024–26. This is the NDIA's third RAP and builds on the commitment to work alongside First Nations peoples to provide culturally safe, respectful and equitable access to the NDIS.

## 6.2 Public data sharing and the latest release of information

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

Data about the NDIS is shared publicly on the [NDIS website](#) each quarter, including interactive tools, downloadable files, reports and analyses.

In this quarter, we released the following updated data files:

- the [accompanying data supplements](#) to the quarter 1, 2023–24 Quarterly Report
- the latest [participant dashboards data](#) containing quarter 1 data for 15 disability types in the NDIS
- [datasets](#) containing detailed data updates across participant, provider and market categories

On 16 December 2024, we released the executive summaries (to 30 June 2024) of the [participant outcomes](#) and [families and carers outcomes reports](#). These reports share key results from survey responses gathered from participants, their families and carers about how their lives are changing since becoming involved with the NDIS.

Several in-depth reports and analyses have also been released in previous quarters and are available on the [NDIS website](#).

### 6.3 Integrity of the NDIS

| The NDIA is committed to making it easier to get it right, harder to get it wrong.

#### Fraud Fusion Taskforce and Crack Down on Fraud program

In the December 2024 quarter, there was a sustained effort to enhance safety and outcomes for participants by bolstering the integrity of providers and the NDIS. All integrity interventions implemented were co-designed or informed by engaging with sector representatives in the Integrity Working Group.

In November 2024, the Fraud Fusion Taskforce (FFT) marked 2 years since it was established by the Minister for the NDIS. The FFT is co-led by the NDIA and Services Australia and has 19 other member agencies. It aims to identify and respond to fraud and compliance risks to improve the integrity of the NDIS and other government payment programs.

In this quarter, the Crack Down on Fraud (CDoF) program continued to deliver its first year of commitments to government. The program has improved the integrity of participants' identity information, while providing a familiar, consistent and secure experience for participants and nominees accessing the NDIS digital platforms through myGov. In its first year, it has also delivered a new data lake to support fraud detection, a new integrity management system to transform the way the NDIA manages investigations, and has strengthened the NDIA's cyber event detection and analysis capabilities.

In November 2024, the Government announced an additional \$110.4 million for the CDoF program, building on the initial investment of \$83.9 million to make it easier to get it right, and harder to get it wrong for participants and providers engaging with the NDIS. From 1 January 2025, the program will continue boosting fraud-detecting IT systems to better protect participant funds and improve the integrity of the NDIS.

#### Integrity initiatives this quarter

In the December 2024 quarter, the integrity program continued to implement measures to address emerging and high-risk integrity issues.

The following integrity initiatives were delivered:

- **Mandatory evidence for claims** – Evidence is now required for all claims over a predetermined threshold amount. Examples of evidence include invoices, receipts and payroll information. This is an important step in strengthening integrity settings in the NDIS.
- **Changes to myGov legacy login and secret questions and answers** – The NDIA switched off the ability for people to access NDIA digital services using myGov's secret questions and answers. This will increase security and further protect participant information. The NDIA also discontinued the use of legacy credentials and now utilises myGov as the sign-in method for the myNDIS app.

- **Plan manager manual payment reviews** – Manual payment reviews on plan managers with potential risk indicators have continued this quarter. Manual payment reviews enable the NDIA to manually review claims before releasing funds. Reviews have now been conducted on over 700 plan managers. As NDIA systems mature, the NDIA will apply this approach to more providers.
- **Short-term accommodation** – Over 100 short-term accommodation providers were engaged through an integrity campaign focused on detecting the use of NDIS funds for holidays. This led to over \$500,000 in payments being cancelled this quarter. Where the NDIA has cancelled a provider's payment, the funding remains available in the participant's plan, mitigating any immediate risk to the participant.

### Integrity outcomes this quarter

This quarter, the NDIA Pre-Payment Team reviewed over 7,000 claims from providers, plan managers and participants, with a total value of more than \$26 million. A risk-based assessment process is used to identify high-risk claims and non-compliance. Over 50% of the claims reviewed, by value, were rejected or cancelled. Not all rejected claims were fraudulent. Reasons for rejection include:

- the claimant was unable to adequately substantiate the claim
- the same claim was submitted twice
- the support was not delivered to the participant
- the claim does not align with the participant plan.

Many of the pre-payment integrity checks have now triggered manual payment reviews.

The increased use of manual payment reviews has prevented claims being made by providers and participants with significant integrity issues. Through manual payment reviews, over 37,000 claims totaling over \$25 million were held for review. Claiming from these specific providers and participants has reduced or ceased, or enabled the NDIA to initiate historic audits or investigations.

The NDIA received over 7,000 tip-offs in the December quarter, tip-offs continue to increase in quantity and quality, with 4,912 received in the same quarters in 2023-24. Over 5,000 tip-offs were received through the new web based form, representing 72% of all tip offs received.

Partnering with other FFT agencies continues to result in increased multi-agency interventions against organised crime syndicates targeting the NDIS. In this quarter, there were multiple NDIA-led Taskforce investigations conducted in partnership with other FFT partner agencies that resulted in search warrants being executed across multiple states, targeting large scale frauds, each worth millions of dollars.

As of 31 December 2024, the Fraud Investigations Teams are working on 63 active investigations and the FFT StrikeForce Teams are working on 10 active investigations – totaling 73 active cases. These cases have a combined estimated fraud value of \$35.9 million. There are over 14 active cases currently being prosecuted, with a total of 21 offenders before the courts.

# Endnotes

- 1 This is the net increase in the number of active participants in the NDIS each period, noting some participants have left the NDIS.
- 2 There were 12,682 participants aged 0 to 64 years with a gender of 'Other' at 31 December 2024. The participants for this group are included within the total rates, but not the gender-specific participation rates.
- 3 For some participants, the identification as First Nations or CALD is not known.
- 4 This compares to 8% of the Australian population identifying as First Nations peoples who have a need for assistance. Source: Census of Population and Housing 2021 ('Need for Assistance' variable), Persons Place of Usual Residence, by Indigenous Status.
- 5 The percentage of CALD participants excludes participants who identify as First Nations peoples. Further, the NDIA published extra analysis on CALD participants in the [First quarter 2020–21 quarterly report](#). The analysis indicated it is likely that CALD participants are joining the NDIS without being identified as CALD in the data collected, rather than a large number of CALD people with a disability not currently being in the NDIS. The number of participants for whom the CALD identification is not known is impacted by changes in processes in 2023.
- 6 This compares to 2% of the Australian population living in remote or very remote areas. Source: Census of Population and Housing 2021, Persons Place of Usual Residence, by Remoteness Area.
- 7 The [Explore data](#) webpage has detail on the numbers of CALD participants and remote and very remote participants.
- 8 Excludes 112 First Nations peoples aged 50 to 64 years.
- 9 This includes all people who were under 65 years at the time of leaving aged care. It excludes participants who are deceased or have left the NDIS.
- 10 Excludes 114 First Nations peoples aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.
- 11 Excludes 60 First Nations peoples aged 50 to 64 years
- 12 Australian Disability Enterprise: generally not-for-profit organisations that provide employment for people with moderate to severe disability who need significant support to work. ADEs offer a wide range of employment opportunities, including packaging, assembly, production, recycling, screen printing, plant nursery work, garden maintenance and landscaping, cleaning services, laundry services and food services.
- 13 Person Level Integrated Data Asset (PLIDA), from 2018–19 to 2022–23, Medicare Benefits Schedule, ABS DataLab. Findings based on use of PLIDA data.
- 14 Person Level Integrated Data Asset (PLIDA), from 2018–19 to 2022–23, Pharmaceutical Benefits Scheme, ABS DataLab. Findings based on use of PLIDA data.
- 15 Person Level Integrated Data Asset (PLIDA), from 2018–19 to 2021–22, NDIS – participant information, ABS DataLab. Findings based on use of PLIDA data.
- 16 According to the 2021 Census.
- 17 The results are based on responses provided to the outcomes framework questionnaires. Responses are collected at entry to the NDIS (baseline) and at subsequent plan reassessments.
- 18 This section compares baseline indicator results when participants entered the NDIS, with results measured at the most recent participant plan reassessment for each respondent. Trial participants are excluded.
- 19 The participant age reported in this section is as per their latest plan reassessment.
- 20 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 21 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 22 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 23 Some of the increase is due to participants leaving school and starting work. As the NDIS matures it will be possible to analyse the extent to which the percentage gap increases.
- 24 Some of the decrease for older age groups is due to participants retiring from the workforce.
- 25 Some of the decrease for older age groups is due to participants retiring from the workforce.
- 26 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics
- 27 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 28 The answer options for perceptions of whether the NDIS has helped have been expanded in the data collections from November 2023, with 'Yes' expanded to include 'Yes, a lot' and 'Yes, a bit'. Choosing either of these two options is counted as a positive response.
- 29 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 30 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 31 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 32 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 33 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

## Endnotes

- 34 Noting that the education and housing systems have a major role to play in the lifelong learning and home domains.
- 35 Respondents include NDIS participants, prospective participants, and people with disability engaging with the NDIS through community connections and early supports.
- 36 For the September 2024 quarter, performance is measured from available data on processes and dates in the new computer system. Milestones being built into the new computer system will improve the capture of performance data.
- 37 The time taken for participants to respond to requests for further information has been removed from the duration.
- 38 An application is considered closed if the application is cancelled or rejected, a participant is declined all home and living supports, or the application won't progress to implementation (e.g. participant deceased, participant chooses not to proceed). An application is considered implemented once a participant has a new approved plan.
- 39 For the September 2024 quarter, 1,320 of the 7,000 applications that were closed or implemented had no data on the closure date and were excluded from the percentage of applications closed or implemented within 90 days.
- 40 Applications that have been closed or implemented with no data on the closure date have been excluded from the percentages of applications closed or implemented within 90 days.
- 41 The NDIA is waiting on additional information from participants for 138 out of the 1,643 applications awaiting a decision.
- 42 Applications on hold are excluded from the in-progress applications.
- 43 It is possible to record multiple related parties as the source of a complaint. In some cases, different complainant types (participants, providers or other parties) are linked to a single complaint. As a result, the sum of participant complaints, provider complaints and other complaints is higher than the total number of complaints.
- 44 Numbers of complaints reported for the most recent quarter may still increase to the extent there is a lag in data collection.
- 45 Numbers may change as complaints reporting in the new computer system is refined, including identifying complaints lodged via multiple channels.
- 46 This percentage is provided as a consistent point of comparison across quarters. It should be noted that the complaints received during the December 2024 quarter were from both registered and unregistered providers.
- 47 The number of PCIs in the current quarter may change in the future as the method of identifying PCIs in the new computer system is further enhanced. The number of PCIs reported for the past 6 months may still increase, as there is a lag in data collection.
- 48 Plan reassessments have been restated to include short plans, consistent with the planning functionality of the new computer system.
- 49 The numbers of RoRDs in the June 2024 and September 2024 quarters are higher than reported at 30 September 2024 due to the internal mechanism whereby requests with errors are withdrawn then recreated.
- 50 The higher-than-usual volume of withdrawn RoRDs starting in the March 2024 quarter is due to an internal mechanism whereby requests with errors are withdrawn then recreated as new cases.
- 51 As part of the ART 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 ART.
- 52 Further information about the ART process can be found on the [ART website](#).
- 53 Data on supports is shown with a one-quarter delay, due to the lags in recording the support in dispute.
- 54 Underlying total response numbers may differ across different questions in each stage due to the exclusion of 'Prefer not to say' and 'Not applicable' responses. The count is the total unique respondents in each stage.
- 55 These results are based on 132 surveys of early supports, 1,130 surveys of community connections, 1,112 of applying for the NDIS, 3,474 of plan approval, 3,732 of plan implementation and 7,214 of plan reassessment, which is 16,794 in total.
- 56 Calls offered are the number of calls made to the NCC, including calls answered as well as calls abandoned.
- 57 The volume of webchats offered has been estimated from December 2023 to September 2024. This is because of reporting issues with the NDIA's new webchat functionality that was implemented in November 2023. The NDIA has identified instances where a webchat was offered but not connected to a contactor or no contact was received from the requestor. These instances were removed to estimate the webchat volume.
- 58 This represents total payments on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments were \$44.3 billion.
- 59 Includes therapy services.
- 60 Total includes \$7 million of payments with no support category.
- 61 This figure excludes participants who have opted to have part of their plan self-managed.

## Endnotes

- 62 Includes cash and in-kind payments.
- 63 Active providers refer to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with an invalid Australian Business Number (ABN).
- 64 Includes cash and in-kind payments.
- 65 Plan management fees, which are NDIA-managed payments, are reclassified as a plan-managed payment for the purpose of counting providers. Therefore, the count of NDIA-managed providers excludes providers who only received plan management fees and no other NDIA-managed payments.
- 66 From 14 October 2024, it is mandatory for participants with self-managed payments to include the ABN of the associated provider or provide a reason why it isn't available. Previously, providing the ABN was voluntary.
- 67 'Active providers' refers to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with an invalid Australian Business Number (ABN).
- 68 Registration status of a provider may change between 'registered' and 'unregistered' during the quarter.
- 69 'Active providers' refers to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with an invalid ABN.
- 70 \$40 million of payments made to providers with 'unknown' registration status have not been included in this chart.
- 71 Registration status is determined as at the posting date of payment. Some providers may be counted more than once if they changed registration status during the quarter.
- 72 The historical number of plan managers does not take into account any revisions in their registration status.
- 73 The historical number of plan managers does not take into account any revisions in their registration status.
- 74 To deal with an accumulated backlog of payments, the NDIA has made off-system payments directly to providers. The \$214 million total SDA payments made in the year ending 31 December 2022 includes off-system payments of \$10.5 million made in June 2022.
- 75 The average SDA payments figure has been updated with the number of participants using SDA as the denominator. The updated average SDA payments figure is now higher than previous reports which used the number of participants with SDA funding as the denominator. The average SDA support figure uses the number of participants with SDA in their plan as the denominator. As at 31 December 2024 this number was 18,804. This figure excludes participants who have a small placeholder amount of SDA funding entered in their PACE plan. Once these participants have located an enrolled dwelling, the full SDA funding will be entered into the plan.
- 76 Evidence of SDA in use is estimated based on SDA payments, SDA service bookings and matching addresses to enrolled SDA dwellings. Future enhancements to the PACE system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.
- 77 SDA eligible participants are participants who have been found eligible for SDA through the home and living application process or through legacy system processes but have SDA funding in their plan.
- 78 Total NDIS costs are presented by financial year on an accrual basis, sourced from the NDIA financial accounts. The NDIS costs figure is made up of total NDIS expenses, less NDIS grant payments, write-downs and write-offs. The NDIS and NDIA costs for the 2024–25 financial year are provisional results and subject to further changes, including the Australian National Audit Office audit.
- 79 Numbers may add to more than 100% due to rounding.
- 80 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.
- 81 The average number of participants is a simple average of the 2 periods (opening and closing) on active participants. Cost per participant uses these average participant numbers as the denominator.

# ndis

[ndis.gov.au](https://www.ndis.gov.au)

## National Disability Insurance Agency



Telephone 1800 800 110



Webchat: [ndis.gov.au](https://www.ndis.gov.au)

## Follow us on our social channels



## For people who need help with English



TIS: 131 450

## For people who are deaf or hard of hearing



TTY: 1800 555 677



Speak and Listen: 1800 555 727



National Relay Service: [relayservice.gov.au](https://www.relayservice.gov.au)

## Appendix A:

### Key definitions

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**Access request:** A formal request by an individual for a determination of eligibility to access the Scheme.

**Access requirements:** The criteria someone must meet to become a participant in the NDIS. The access requirements are: age (under 65 years); residency (live in Australia and be an Australian citizen or have paperwork to live here permanently); disability: a disability which is permanent and significant, or early intervention (support is required early to help reduce the future needs for supports).

**Active participant:** Those who have been determined eligible and have an approved plan. (There are also cases where a participant's plan has expired and a new plan has not formally commenced, but they have not exited the Scheme. These individuals are also counted as active participants).

**Active provider:** A person or provider of supports who has received payment for supporting participants within the reporting period.

**Administrative Review Tribunal (ART):** The Administrative Review Tribunal is responsible for conducting independent merits review of a wide range of administrative decisions made under Commonwealth law, including those made by the Australian Government.

**Agency-managed:** Where a registered NDIA provider makes a claim for a support item directly from the NDIA, without a Plan Manager as intermediary.

**Assistive Technology (AT):** The full range of technological solutions that allow people with disability to be more independent and more connected. The primary purpose of AT is to maintain or improve an individual's functioning and independence to make participation possible (at home, school, workplace and/or community) and to enhance overall well-being.

**Average annualised committed supports:** Annualised committed supports divided by the number of active participants. The annualised committed supports are the committed supports (on the current plan) scaled to a 12 month period.

**Average payments:** Average payments are calculated as the sum of the payments in the 12 months prior to the date of the report, divided by the average number of participants that are active per working day in each month over the same period.

**Bilateral Agreement:** An agreement between the Commonwealth and a State or Territory that formalises the commitments of each government in relation to NDIS.

**Bilateral estimates:** Estimates for the number of people expected to enter the NDIS by quarter in each State and Territory. These figures are estimates only.

**Carer:** Someone who provides personal care, support and assistance to a person with a disability and who is not contracted as a paid or voluntary worker.

**Committed support:** The cost of supports contained within a participant's plan, approved to be provided to support a participant's needs. In some sections of this report, this amount is annualised to allow for comparison of plans of different lengths.

**Complaints:** An expression of dissatisfaction indicating that an experience with the NDIA or a related entity is displeasing or unacceptable and requires a resolution.

**Culturally and Linguistically Diverse (CALD):** Country of birth is not Australia, New Zealand, the United Kingdom, Ireland, the United States of America, Canada or South Africa, or primary language spoken at home is not English. From September 2021, it excludes participants identifying as being part of First Nations Peoples.

**Early Childhood Approach (ECA):** The nationally consistent early childhood approach is for children younger than 6 with developmental delay or younger than 9 with disability. Children younger than 6 who do not fully meet the definition of developmental delay and have developmental concerns will also be supported through the early childhood approach.

**Early Connections:** Early connections are part of the nationally consistent early childhood approach, to support children younger than 9 and their families. Early childhood partners link children and families to practical information, mainstream and community supports, and peer supports. Eligible children who are younger than 6 and have developmental concerns may also undertake a short-term program of early supports with the early childhood partner, designed to build capacity of the child and family and promote everyday learning. Depending on individual circumstances, a child may move through the early connections program to become an NDIS participant on either the permanent disability criteria of the NDIS Act (s.24) or the early intervention criteria of the NDIS Act (s.25).

**First Nations Peoples:** Identified as Aboriginal and/or Torres Strait Islander.

**Individualised Living Options (ILO):** Give people with disability more choice about where they live, who with and how they can use their NDIS funding. ILO funding supports participants to live where they choose, increase their independence and maximise their social and economic participation.

**In-kind:** Existing Commonwealth or State/Territory government programs delivered under existing block grant funding arrangements.

**Internal Review of Decision request:** An internal review of a decision the NDIA has made about participants under the NDIS Act (s.100).

**Mainstream services:** The government systems providing services to the Australian public e.g. health, mental health, education, justice, housing, child protection and employment services.

**Market:** Under the NDIS, the market is the place where participants and providers interact to trade for disability supports.

**National Disability Insurance Agency (NDIA):** The Commonwealth government organisation administering the NDIS.

**National Disability Insurance Scheme (NDIS):** Provides support for Australians with disability, their families and carers. In this report the NDIS is also referred to as 'the Scheme'.

**On paid provider:** A provider of supports paid by a participant or plan manager.

**Outcomes framework questionnaires:** One way in which the NDIA is measuring success for people with disability across 8 different life domains.

**Paid Provider:** A provider with a bank account into which the NDIA has made a payment. For Agency-managed payments this will be the support provider. For plan-managed payments this will be

the plan manager. For self-managed payments there is no paid provider as the participant is paid instead.

**Participant:** An individual whose access request has been determined 'eligible'. A participant can be made eligible under the permanent disability criteria of the NDIS Act (s.24) or the early intervention criteria of the NDIS Act (s.25).

**Participant Critical Incident (PCI):** Circumstances or information about allegations of serious harm occurring to a participant.

**Participant Provider Pathway:** The process by which participants, their families, carers and providers interact with the NDIS.

**Participant Reassessment Request (PRR):** A review of a participant's plan requested by the participant under the NDIS Act (s.48).

**Payment:** Made to participants or their nominees for supports received as part of a participant's plan, and to providers on behalf of participants as part of a participant's plan.

**Plan:** A written agreement worked out with each participant, stating their goals and needs and the reasonable and necessary supports the NDIS will fund for them.

**Plan Manager:** A Plan Manager must be a registered provider who is approved in relation to managing the funding of supports under plans mentioned in the NDIS Act s70(1)(a) (NDIS Act s9).

With respect to a payment request, a plan manager is any provider that has submitted claims associated with a plan managed budget/payment OR a provider that has submitted claims for plan management fees under the Choice and Control budget.

**Pricing:** Guidance on the price to be paid for each support item. For some items, such as personal care and community access, the amount indicates the maximum price the NDIA will pay for that support.

**Provider of support / Support provider:** The provider responsible for the provision of disability supports for a NDIS participant. With respect to a payment request, the support provider is the provider paid by the NDIA for Agency-managed payments (paid provider). For self and plan-managed payments the support provider is the provider paid by the participant or plan manager respectively (on paid provider).

**Registered provider:** An approved person or provider of supports that has registered as a provider with the NDIS Quality and Safeguard Commission.

**Revenue:** The amount received from both States/Territories and the Commonwealth governments for participant supports as outlined in the bilateral agreement. This includes both cash and in-kind amounts.

**Specialist Disability Accommodation (SDA):** Accommodation for people who require specialist housing solutions, including to assist with the delivery of supports that cater for their extreme functional impairment or very high support needs.

SDA does not refer to the support services, but the homes in which these are delivered. SDA may include specialist designs for people with very high needs or may have a location or features that make it feasible to provide complex or costly supports for independent living.

**Supported Independent Living (SIL):** Help with and/or supervision of daily tasks to develop the skills of an individual to live as independently as possible. Assistance provided to a participant will be included as part of their plan depending on the level of support they require to live independently in the housing option of their choice.

**Unregistered provider:** A provider of supports that has not registered as a provider with the NDIS Quality and Safeguards Commission. An unregistered provider can support participants that are plan-managed or self-managed.

# Appendix B:

## Outcomes framework questionnaires

### About the outcomes framework questionnaires

The NDIS outcomes framework questionnaires measure the medium and long-term benefits of the Scheme to participants. These questionnaires are one way the NDIA is measuring Scheme outcomes. The questionnaires collect baseline measures when participants enter the Scheme, and track future outcomes against baseline measures to assess progress. Baseline measures were collected from 98% of participants who received their initial plan since 1 July 2016.

The information collected from participants tracks how they are progressing across 8 life domains:

**Choice and Control:** Includes independence, decision-making and whether the participant would like to have more choice and control in their life.

**Relationships:** Relates to whether a participant has someone to call on for practical advice or emotional support, about contact with family and friends and about relationships with staff.

**Health and Wellbeing:** Relates to health, lifestyle and access to health services.

**Work:** Explores participants' experiences in the workforce and goals for employment.

**Daily Living Activities:** Explores how independent participants are in 9 areas of daily living, for example shopping and home cleaning.

**Home:** Relates to participants' satisfaction in their home and whether they feel safe.

**Lifelong Learning:** Includes educational, training and learning experiences.

**Social, Community and Civic Participation:** Relates to hobbies, volunteering, involvement in community, voting, leisure activities and whether the participant feels they have a voice.

Information is also collected from families and carers of participants, for example in relation to family/carer employment.

The outcomes framework questionnaires adopt a lifespan approach to measuring outcomes, recognising that different outcomes will be important to participants at different stages of their life. The information is collected as participants enter the Scheme, and as their plans are reviewed, so that the NDIA can track the type of supports that lead to the best outcomes.

## Appendix C:

### Approved plans and children accessing early connections

A detailed summary of children younger than 9 in the Scheme by State/Territory is shown in Table C.1, including children accessing early connections.

**Table C.1 Summary of children younger than 9 who have approached the Scheme for support by jurisdiction and status <sup>1</sup>**

State/ Territory	Active approved plans (children younger than 9 as at 31 December 2024)	Access met but yet to have an approved plan (children younger than 9 as at 31 December 2024)	Access request (no decision)	Children without an access request - Accessing early connections	Total accessing early connections	Total	Number of children accessing early connections throughout the quarter
NSW	48,948	422	4,159	2,268	2,375	55,797	6,883
VIC	45,576	425	4,116	1,661	1,716	51,778	6,189
QLD	35,043	332	3,380	1,811	1,936	40,566	6,049
SA	11,803	100	972	489	505	13,364	1,542
WA	11,703	158	1,310	356	377	13,527	1,952
TAS	2,577	27	323	99	103	3,026	360
ACT	2,150	14	298	189	195	2,651	472
NT	1,542	57	86	46	52	1,731	149
OT	<11	0	0	0	0	<11	0
Missing	<11	0	<11	32	33	<50	83
<b>Total</b>	<b>159,356</b>	<b>1,535</b>	<b>14,652</b>	<b>6,951</b>	<b>7,292</b>	<b>182,494</b>	<b>23,679</b>

<sup>1</sup> Early connections provide support for children younger than 9 and their families by linking them to practical information, mainstream and community supports, and peer supports. Eligible children who are younger than 6 and have developmental concerns may also undertake a short-term program of early supports with the early childhood partner.

## Appendix D: State/Territory – comparison of key metrics

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This supplement compares key metrics presented in this report by State/Territory.

The national rollout of the NDIA's new computer system and processes started as planned on 30 October 2023 and the report combines data from the old and new computer systems. The proportions of not stated First Nations status, not stated culturally and linguistically diverse (CALD) status, other gender, missing reported level of function, access met and first planning decisions and other disability types have been impacted by adaptation to the new computer system processes. There may be some minor restatements of information in this report as data is further refined.

Please also consider the following when interpreting results in this supplement:

Percentage figures have been rounded and may not always total to one hundred per cent.

Totals include participants with missing characteristics, where applicable.

Throughout the supplements, results are not adjusted for underlying differences in population characteristics, and hence comparisons of the results for subsections of the population should be interpreted with caution.

The disability group down syndrome is reported separately to the intellectual disability group.

The number of participants residing in remote and very remote areas are based on the Modified Monash Model (MMM) measure of remoteness.

Targets are not provided for 'parent and carer employment rate' and 'participant choice and control' as these are no longer NDIA corporate plan metrics.

An improving experience was first observed in the September 2024 quarter since late 2023, indicating that the NDIA's improvement initiatives are reducing complaint volumes.

Reported Participant Critical Incident (PCI) figures exclude counts of 'withdrawn' or 'miscategorised' PCIs.

Active providers refer to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with a missing Australian Business Number.

Plan management fees, which are Agency-managed payments, are reclassified as Plan-managed payments for the purpose of counting providers. Therefore, the count of Agency-managed providers excludes providers that only received plan management fees and no other Agency-managed payments.

From 14 October 2024, it is mandatory for participants with self-managed payments to include the Australian Business Number (ABN) of the associated provider or provide a reason why it isn't available. Prior to this, providing the ABN was voluntary; therefore, the count of providers for self-managed participants before this date should only be used as a reference.

Providers can offer support across multiple categories. Therefore, the total number of unique active providers will be lower than the sum of active providers across all support categories.

Average annualised committed supports are derived from total annualised committed supports in the current plans of active participants at 31 December 2024. Average payments are calculated as the sum of the payments in the previous 12 month period to 31 December 2024, divided by the average number of participants that are active per working day in each month over the same period. They have been rounded to the nearest hundred dollars. Figures are not shown if there is insufficient data in the group.

Total annualised committed supports refer to those in the current plans of active participants at 31 December 2024. Total payments refer to those paid over the 12 months to 31 December 2024.

The utilisation rate for the current financial year will likely increase due to a lag between when support is provided and when it is paid.

**Table D.1 Active participants at 31 December 2024 <sup>2</sup>**

State/Territory	Active participant plans (Count)	Active participant plans (Percentage)
NSW	205,597	29.7%
VIC	185,989	26.8%
QLD	149,150	21.5%
WA	60,608	8.7%
SA	59,024	8.5%
TAS	14,793	2.1%
ACT	11,300	1.6%
NT	6,270	0.9%
OT	75	0.0%
Missing	17	0.0%
National	692,823	100.0%

**Table D.2 Number of active participant plans by age group at 31 December 2024**

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	48,949	45,573	35,043	11,703	11,803	2,577	2,150	1,542	159,354
9 to 14	38,514	36,576	30,074	11,331	12,379	2,659	2,199	1,171	134,926
15 to 18	19,020	16,747	15,109	6,332	6,808	1,522	1,121	557	67,224
19 to 24	17,528	14,512	12,733	6,016	5,578	1,518	1,110	492	59,496
25 to 34	18,599	15,563	12,371	6,041	4,823	1,746	1,090	505	60,752
35 to 44	14,432	13,947	10,521	4,968	4,270	1,093	879	585	50,700
45 to 54	16,674	15,749	11,776	5,014	4,540	1,306	993	594	56,653
55 to 64	20,206	18,146	14,175	6,048	5,722	1,574	1,016	602	67,498
65+	11,675	9,176	7,348	3,155	3,101	798	742	222	<36,220
Total	205,597	185,989	149,150	60,608	59,024	14,793	11,300	6,270	692,823

**Table D.3 Proportion of active participant plans by age group at 31 December 2024**

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	24%	25%	23%	19%	20%	17%	19%	25%	23%
9 to 14	19%	20%	20%	19%	21%	18%	19%	19%	19%
15 to 18	9%	9%	10%	10%	12%	10%	10%	9%	10%
19 to 24	9%	8%	9%	10%	9%	10%	10%	8%	9%
25 to 34	9%	8%	8%	10%	8%	12%	10%	8%	9%
35 to 44	7%	7%	7%	8%	7%	7%	8%	9%	7%
45 to 54	8%	8%	8%	8%	8%	9%	9%	9%	8%
55 to 64	10%	10%	10%	10%	10%	11%	9%	10%	10%
65+	6%	5%	5%	5%	5%	5%	7%	4%	n/a
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

<sup>2</sup> OT includes participants residing in Other Territories including Norfolk Island, Christmas Island and the Cocos (Keeling) Islands.

**Table D.4 Number of active participant plans (participants in SIL) by age group at 31 December 2024**

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
9 to 14	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
15 to 18	95	65	94	28	35	12	<11	<11	342
19 to 24	933	513	622	268	268	112	44	76	2,836
25 to 34	1,800	1,035	1,237	532	494	206	95	103	5,502
35 to 44	1,847	1,283	1,225	598	510	154	106	113	5,836
45 to 54	2,418	1,589	1,428	678	631	201	141	119	7,205
55 to 64	3,211	2,231	1,880	878	848	277	160	148	9,633
65+	1,684	952	842	428	429	141	81	51	4,608
Total	11,994	7,670	7,328	3,411	3,215	1,103	635	616	35,972

**Table D.5 Proportion of active participant plans (participants in SIL) by age group at 31 December 2024**

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
9 to 14	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
15 to 18	1%	1%	1%	1%	1%	1%	n/a	n/a	1%
19 to 24	8%	7%	8%	8%	8%	10%	7%	12%	8%
25 to 34	15%	13%	17%	16%	15%	19%	15%	17%	15%
35 to 44	15%	17%	17%	18%	16%	14%	17%	18%	16%
45 to 54	20%	21%	19%	20%	20%	18%	22%	19%	20%
55 to 64	27%	29%	26%	26%	26%	25%	25%	24%	27%
65+	14%	12%	11%	13%	13%	13%	13%	8%	13%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

**Table D.6 Number of active participant plans (participants not in SIL) by age group at 31 December 2024**

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	48,948	45,572	35,043	11,702	11,803	2,577	2,150	1,542	159,351
9 to 14	38,509	36,575	30,074	11,331	12,379	2,659	2,198	1,171	134,919
15 to 18	18,925	16,682	15,015	6,304	6,773	1,510	1,114	551	66,882
19 to 24	16,595	13,999	12,111	5,748	5,310	1,406	1,066	416	56,660
25 to 34	16,799	14,528	11,134	5,509	4,329	1,540	995	402	55,250
35 to 44	12,585	12,664	9,296	4,370	3,760	939	773	472	44,864
45 to 54	14,256	14,160	10,348	4,336	3,909	1,105	852	475	49,448
55 to 64	16,995	15,915	12,295	5,170	4,874	1,297	856	454	57,865
65+	9,991	8,224	6,506	2,727	2,672	657	661	171	<31,620
Total	193,603	178,319	141,822	57,197	55,809	13,690	10,665	5,654	656,851

**Table D.7 Proportion of active participant plans (participants not in SIL) by age group at 31 December 2024**

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	25%	26%	25%	20%	21%	19%	20%	27%	24%
9 to 14	20%	21%	21%	20%	22%	19%	21%	21%	21%
15 to 18	10%	9%	11%	11%	12%	11%	10%	10%	10%
19 to 24	9%	8%	9%	10%	10%	10%	10%	7%	9%
25 to 34	9%	8%	8%	10%	8%	11%	9%	7%	8%
35 to 44	7%	7%	7%	8%	7%	7%	7%	8%	7%
45 to 54	7%	8%	7%	8%	7%	8%	8%	8%	8%
55 to 64	9%	9%	9%	9%	9%	9%	8%	8%	9%
65+	5%	5%	5%	5%	5%	5%	6%	3%	n/a
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

**Table D.8 Number of active participant plans by primary disability group at 31 December 2024**

Primary disability group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Autism	75,163	66,898	58,631	23,741	25,773	5,503	4,316	1,549	261,617
Intellectual disability	29,101	25,588	17,554	8,175	8,195	2,755	1,333	1,119	93,835
Developmental delay	22,034	27,254	19,234	5,475	4,939	1,169	1,171	828	82,108
Psychosocial disability	19,301	20,226	12,455	5,589	3,997	1,173	1,155	615	64,516
Hearing impairment	8,703	7,237	6,605	2,443	2,075	516	469	239	28,288
Other neurological	7,559	5,785	5,153	2,424	1,831	524	436	230	23,945
Other physical	5,859	4,634	4,820	1,842	1,783	403	516	194	20,054
Acquired brain injury	5,189	4,981	4,365	1,697	1,821	487	239	329	19,112
Cerebral palsy	5,753	4,300	3,878	1,893	1,318	428	301	195	18,066
Global developmental delay	7,025	3,223	3,184	1,280	2,134	225	231	256	17,561
Other	3,651	2,754	2,717	1,244	908	318	199	193	11,987
Down syndrome	3,736	2,879	2,478	1,150	803	304	224	105	11,682
Multiple sclerosis	3,080	3,462	1,980	1,104	1,031	401	237	23	11,319
Visual impairment	3,326	3,035	1,947	935	838	208	189	72	10,550
Stroke	3,384	2,235	2,266	795	770	209	151	210	10,022
Spinal cord Injury	1,969	1,071	1,656	714	472	136	78	87	6,184
Other sensory/speech	764	427	227	107	336	34	55	26	1,977
Total	205,597	185,989	149,150	60,608	59,024	14,793	11,300	6,270	692,823

**Table D.9 Proportion of active participant plans by primary disability group at 31 December 2024**

Primary disability group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Autism	37%	36%	39%	39%	44%	37%	38%	25%	38%
Intellectual disability	14%	14%	12%	13%	14%	19%	12%	18%	14%
Developmental delay	11%	15%	13%	9%	8%	8%	10%	13%	12%
Psychosocial disability	9%	11%	8%	9%	7%	8%	10%	10%	9%
Hearing impairment	4%	4%	4%	4%	4%	3%	4%	4%	4%
Other neurological	4%	3%	3%	4%	3%	4%	4%	4%	3%
Other physical	3%	2%	3%	3%	3%	3%	5%	3%	3%
Acquired brain injury	3%	3%	3%	3%	3%	3%	2%	5%	3%
Cerebral palsy	3%	2%	3%	3%	2%	3%	3%	3%	3%
Global developmental delay	3%	2%	2%	2%	4%	2%	2%	4%	3%
Other	2%	1%	2%	2%	2%	2%	2%	3%	2%
Down syndrome	2%	2%	2%	2%	1%	2%	2%	2%	2%
Multiple sclerosis	1%	2%	1%	2%	2%	3%	2%	0%	2%
Visual impairment	2%	2%	1%	2%	1%	1%	2%	1%	2%
Stroke	2%	1%	2%	1%	1%	1%	1%	3%	1%
Spinal cord Injury	1%	1%	1%	1%	1%	1%	1%	1%	1%
Other sensory/speech	0%	0%	0%	0%	1%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

**Table D.10 Number of active participant plans by other characteristics at 31 December 2024 <sup>3 4</sup>**

Characteristics	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
First Nations Participants	18,880	6,664	15,873	4,992	3,953	1,527	536	3,245	55,675
Culturally and linguistically diverse participants	22,016	21,077	7,692	4,692	4,043	367	1,059	339	61,300
Participants residing in remote and very remote areas	838	56	2,604	2,832	1,517	176	<11	2,672	10,768
Younger people in residential aged care (under 65)	257	320	104	58	48	21	<11	<11	811
Participants with supported independent living	11,994	7,670	7,328	3,411	3,215	1,103	635	616	35,972
Participants using specialised disability accommodation	4,922	5,090	2,363	501	1,430	99	198	85	14,688
Participants specialised disability accommodation eligible, not yet using specialised disability accommodation	2,900	2,054	1,832	1,307	980	410	136	215	9,834

<sup>3</sup> [For SDA in use] Evidence of SDA in use is estimated based on SDA payments, SDA service bookings and address matching to an enrolled SDA dwelling. Future enhancements to the PACE system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.

<sup>4</sup> [For SDA eligible] SDA eligible participants are participants who have been found eligible for SDA through the home and living application process or through legacy system processes but have SDA funding in their plan.

**Table D.11 Proportion of active participant plans by other characteristics at 31 December 2024**  
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Characteristics	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
First Nations Participants	9.2%	3.6%	10.6%	8.2%	6.7%	10.3%	4.7%	51.8%	8.0%
Culturally and linguistically diverse participants	10.7%	11.3%	5.2%	7.7%	6.8%	2.5%	9.4%	5.4%	8.8%
Participants residing in remote and very remote areas	0.4%	0.0%	1.7%	4.7%	2.6%	1.2%	n/a	42.6%	1.6%
Younger people in residential aged care (under 65)	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%
Participants with supported independent living	5.8%	4.1%	4.9%	5.6%	5.4%	7.5%	5.6%	9.8%	5.2%
Participants using specialised disability accommodation	2.4%	2.7%	1.6%	0.8%	2.4%	0.7%	1.8%	1.4%	2.1%
Participants specialised disability accommodation eligible, not yet using specialised disability accommodation	1.4%	1.1%	1.2%	2.2%	1.7%	2.8%	1.2%	3.4%	1.4%

**Table D.12 Participation rates by gender at 31 December 2024**<sup>7</sup>

Gender	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Male	3.5%	3.7%	3.8%	2.9%	4.6%	3.6%	3.1%	3.3%	3.6%
Female	2.0%	2.3%	2.3%	1.8%	2.7%	2.3%	2.0%	1.7%	2.2%
Total	2.8%	3.1%	3.1%	2.4%	3.7%	3.1%	2.6%	2.5%	2.9%

**Table D.13 Participation rates by age group at 31 December 2024**<sup>8</sup>

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0-8	5.5%	6.4%	6.0%	3.7%	6.5%	4.7%	4.3%	4.7%	5.6%
9-14	6.1%	7.3%	7.0%	5.1%	9.3%	6.6%	6.2%	5.4%	6.7%
15-18	4.5%	5.0%	5.1%	4.3%	7.5%	5.4%	5.0%	4.1%	5.0%
19-24	2.7%	2.7%	2.9%	2.9%	4.0%	3.9%	2.8%	2.4%	2.9%
25-44	1.4%	1.4%	1.5%	1.3%	1.8%	1.9%	1.3%	1.2%	1.5%
45-64	1.8%	2.1%	1.9%	1.6%	2.3%	2.0%	1.9%	2.0%	1.9%
Total (aged 0-64)	2.8%	3.1%	3.1%	2.4%	3.7%	3.1%	2.6%	2.5%	2.9%

<sup>5</sup> [For SDA in use] Evidence of SDA in use is estimated based on SDA payments, SDA service bookings and address matching to an enrolled SDA dwelling. Future enhancements to the PACE system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.

<sup>6</sup> [For SDA eligible] SDA eligible participants are participants who have been found eligible for SDA through the home and living application process or through legacy system processes but have SDA funding in their plan.

<sup>7</sup> Participation rate refers to the proportion of general population that are NDIS participants. A small proportion of participants aged 0 to 64 years have a gender of 'Other'. The participation rates for this group are included within the total rates.

<sup>8</sup> Participation rate refers to the proportion of general population that are NDIS participants. A small proportion of participants aged 0 to 64 years have a gender of 'Other'. The participation rates for this group are included within the total rates.

**Table D.14 Proportion of respondents rating their overall experience as good or very good in 2024-25 Q2**

Agency planning process	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
The Early Supports Process	70%	43%	68%	n/a	n/a	n/a	n/a	n/a	64%
The Community Connections Process	75%	77%	78%	70%	69%	65%	71%	n/a	75%
The Apply for NDIS Process (overall)	40%	42%	40%	28%	43%	48%	25%	n/a	40%
The Plan Approval Process	55%	53%	50%	54%	52%	65%	44%	60%	53%
The Plan Implementation Process	62%	56%	58%	60%	55%	65%	59%	63%	59%
The Plan Reassessment Process	64%	63%	62%	66%	61%	68%	49%	63%	64%

**Table D.15 Progress against the NDIA's corporate plan metrics for 'participant employment rate', 'participant social and community engagement rate', and metrics for 'parent and carer employment rate' and 'participant choice and control'<sup>9</sup>**

Participant breakdown	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Participants (15 and over) in work - Baseline	22%	19%	18%	23%	25%	18%	29%	13%	21%
Participants (15 and over) in work - Latest Reassessment	24%	20%	19%	25%	25%	19%	30%	15%	22%
Participants (15 and over) in community - Baseline	34%	33%	36%	38%	37%	30%	37%	43%	35%
Participants (15 and over) in community - Latest Reassessment	46%	40%	43%	42%	41%	37%	44%	47%	43%
Parent and carer employment rate - Baseline	49%	46%	44%	46%	46%	42%	57%	50%	47%
Parent and carer employment rate - Latest Reassessment	55%	52%	49%	52%	50%	48%	64%	54%	52%
Participant (15 and over) choice and control - First Reassessment	66%	64%	73%	72%	65%	69%	71%	56%	67%
Participant (15 and over) choice and control - Latest Reassessment	79%	79%	83%	79%	77%	79%	81%	74%	80%

**Table D.16 Distribution of active participant by method of financial plan management at 31 December 2024**

Plan management	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Self-managed fully	22%	26%	22%	19%	18%	15%	35%	8%	22%
Self-managed partly	5%	6%	4%	9%	4%	5%	7%	4%	5%
Plan-managed	61%	64%	68%	60%	74%	72%	52%	84%	65%
Agency-managed	12%	4%	6%	12%	5%	7%	5%	4%	7%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

<sup>9</sup> Results are drawn from participants' responses to Short Form Outcomes Framework (SFOF) questionnaires, and only include participants who had their first plan approved between 1 July 2016 and 31 December 2022 and have had a second plan reassessment to date.

**Table D.17 Distribution of plan budget amount by method of financial plan management at 31 December 2024**

Plan management	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Self-managed	11%	15%	13%	13%	8%	9%	19%	4%	12%
Plan-managed	45%	57%	55%	44%	56%	46%	53%	46%	51%
Agency-managed	44%	28%	33%	43%	35%	45%	28%	51%	37%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

**Table D.18 Number and rates of participant complaints <sup>10 11</sup>**

Participant complaints	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Participant complaints in 2024-25 Q2	4,606	4,307	3,510	1,310	1,305	297	245	64	15,868
% of the number of active participants	9.0%	9.4%	9.5%	8.7%	8.9%	8.1%	8.7%	4.1%	9.2%
All participant complaints	70,349	60,885	44,944	17,261	23,466	4,615	4,503	1,319	238,815
% of the number of active participants	6.7%	7.2%	7.2%	6.8%	8.0%	6.4%	6.6%	4.7%	7.4%

**Table D.19 Number and rates of Participants Critical Incidents (PCIs) <sup>12 13</sup>**

PCIs	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
PCIs in Q2 2024-25	1,146	1,274	915	390	390	64	52	27	4,260
% of the number of active participants	2.2%	2.8%	2.5%	2.6%	2.7%	1.7%	1.9%	1.7%	2.5%
All PCIs	12,565	14,385	9,831	5,189	5,569	844	550	680	49,717
% of the number of active participants	1.2%	1.7%	1.6%	2.0%	1.9%	1.2%	0.8%	2.4%	1.5%

**Table D.20 Number of active providers in 2024-25 Q2 by plan management type, registration status and the residing State/Territory <sup>14</sup>**

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Registered providers - Total	7,110	5,784	4,853	2,331	2,134	981	1,029	718	15,305
Registered providers - Agency-managed	4,166	2,576	2,437	1,205	865	338	332	267	9,305
Registered providers - Plan-managed	6,340	5,246	4,350	2,036	1,916	818	829	626	14,233
Registered providers - Self-managed	3,478	2,704	2,288	1,054	890	411	451	143	8,482
Unregistered providers - Total	69,984	74,826	64,131	23,172	20,390	5,882	4,253	1,737	245,762
Unregistered providers - Agency-managed	0	0	0	0	0	0	0	0	0
Unregistered providers - Plan-managed	49,810	52,889	48,663	15,434	15,285	4,234	2,408	1,363	178,539
Unregistered providers - Self-managed	34,171	38,795	28,530	12,324	9,601	2,778	2,748	591	120,998
All providers - Total	76,867	80,348	68,825	25,442	22,463	6,847	5,268	2,433	260,367
All providers - Agency-managed	4,166	2,576	2,437	1,205	865	338	332	267	9,305
All providers - Plan-managed	55,943	57,899	52,869	17,415	17,143	5,038	3,225	1,968	192,130
All providers - Self-managed	37,563	41,400	30,750	13,357	10,469	3,181	3,195	732	129,199

<sup>10</sup> The National totals include participant complaints where jurisdiction information was missing.

<sup>11</sup> The numbers of complaints reported for the most recent quarter may still increase to the extent there is a lag in data collection. Numbers might change further as complaints reporting in the new computer system is refined.

<sup>12</sup> The National totals include PCIs where jurisdiction information was missing.

<sup>13</sup> 2023-24 Q4 PCI data has been sourced from the new computer system. PCI data remediation in the new computer system continues, hence the numbers shown in this report are subject to retrospective changes as the logic is developed further.

<sup>14</sup> Registration status is determined as at the posting date of payment. If a provider's registration status changes during the quarter, they will be included in both the registered and unregistered provider count. The total provider count only considers unique providers; therefore, it will be lower than the sum of registered and unregistered providers.

**Table D.21 Committed supports by financial year (\$m)**

Financial year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
2017-18	4,267	1,441	873	227	371	189	304	100	7,773
2018-19	5,894	3,458	2,535	552	1,159	399	366	201	14,566
2019-20	8,026	6,022	5,148	1,542	2,124	659	459	388	24,373
2020-21	10,169	7,929	6,834	2,737	2,771	844	555	512	32,355
2021-22	11,488	9,268	7,945	3,197	3,173	969	607	542	37,195
2022-23	14,033	11,609	9,930	4,086	3,947	1,173	714	693	46,191
2023-24	16,165	13,485	11,641	4,847	4,577	1,343	807	806	53,679
2024-25 YTD	8,700	7,209	6,301	2,651	2,442	715	429	433	28,885
% increase from 2017-18 to 2018-19	38%	140%	190%	143%	213%	112%	20%	101%	87%
% increase from 2018-19 to 2019-20	36%	74%	103%	180%	83%	65%	26%	93%	67%
% increase from 2019-20 to 2020-21	27%	32%	33%	77%	30%	28%	21%	32%	33%
% increase from 2020-21 to 2021-22	13%	17%	16%	17%	14%	15%	9%	6%	15%
% increase from 2021-22 to 2022-23	22%	25%	25%	28%	24%	21%	18%	28%	24%
% increase from 2022-23 to 2023-24	15%	16%	17%	19%	16%	14%	13%	16%	16%

**Table D.22 Payments by financial year in which support was provided (\$m)**

Financial year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
2017-18	3,099	957	556	168	222	153	220	67	5,443
2018-19	4,470	2,370	1,667	396	793	295	276	136	10,404
2019-20	5,979	4,131	3,605	1,027	1,489	476	337	265	17,312
2020-21	7,708	5,461	5,010	1,938	2,000	631	416	374	23,542
2021-22	8,945	6,817	6,136	2,362	2,424	757	475	419	28,468
2022-23	10,976	8,605	7,545	2,960	2,978	878	541	527	35,064
2023-24	12,887	10,361	8,950	3,603	3,515	997	614	625	41,573
2024-25 YTD	6,379	5,125	4,479	1,828	1,746	494	300	303	20,658
% increase from 2017-18 to 2018-19	44%	148%	200%	135%	258%	93%	25%	105%	91%
% increase from 2018-19 to 2019-20	34%	74%	116%	160%	88%	61%	22%	94%	66%
% increase from 2019-20 to 2020-21	29%	32%	39%	89%	34%	33%	24%	41%	36%
% increase from 2020-21 to 2021-22	16%	25%	22%	22%	21%	20%	14%	12%	21%
% increase from 2021-22 to 2022-23	23%	26%	23%	25%	23%	16%	14%	26%	23%
% increase from 2022-23 to 2023-24	17%	20%	19%	22%	18%	14%	14%	18%	19%

**Table D.23 Annualised committed supports as at 31 December 2024**

Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Total (\$m)	17,053	14,208	12,566	5,321	4,876	1,407	842	827	57,107
Average (\$)	82,900	76,400	84,200	87,800	82,600	95,100	74,500	131,900	82,400
Total - SIL (\$m)	5,345	3,623	3,476	1,576	1,567	531	282	404	16,805
Average - SIL (\$)	445,600	472,400	474,400	462,100	487,400	481,800	444,100	656,200	467,200

**Table D.24 Payments as at 31 December 2024**

Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Total (\$m)	13,507	10,883	9,422	3,822	3,699	1,065	644	662	43,767
Average (\$)	68,300	61,100	65,900	66,300	64,900	74,800	58,700	109,200	65,800
Total - SIL (\$m)	4,790	3,217	3,067	1,317	1,418	475	252	355	14,892
Average - SIL (\$)	409,800	433,400	434,800	408,100	451,200	444,000	403,700	597,300	427,600

**Table D.25 Total annualised committed supports by support category as at 31 December 2024 (\$m)**

Support category	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Core - Daily Activities	8,269	6,290	6,206	2,518	2,504	709	424	456	27,382
Core - Consumables	264	251	226	94	78	20	14	9	955
Core - Social and Civic	3,681	3,268	2,638	1,063	930	331	156	150	12,219
Core - Transport	164	146	106	46	42	13	9	5	531
Capacity Building - Choice and Control	188	180	153	58	65	16	9	9	679
Capacity Building - Daily Activities	2,636	2,496	1,958	853	734	171	133	101	9,083
Capacity Building - Employment	138	98	95	62	44	11	8	6	462
Capacity Building - Health and Wellbeing	26	15	12	4	4	2	2	0.3	66
Capacity Building - Home Living	1	2	1	0.4	0.3	0.1	0.02	0.03	5
Capacity Building - Lifelong learning	0.3	0.3	0.3	0.13	0.3	0.05	0.018	0.0	1.4
Capacity Building - Relationships	457	353	237	163	136	36	20	22	1,423
Capacity Building - Social and Civic	146	132	88	66	32	19	13	12	506
Capacity Building - Support Coordination	414	439	329	156	131	35	19	35	1,558
Capital - Assistive Technology	455	339	343	177	119	31	25	15	1,504
Capital - Home Modification	214	200	173	60	57	12	10	7	733
Total	17,053	14,208	12,566	5,321	4,876	1,407	842	827	57,107

**Table D.26 Total payments by support category for the year ending 31 December 2024 (\$m)**

Support category	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Core - Daily Activities	6,978	5,255	4,918	1,992	2,078	607	367	426	22,667
Core - Consumables	194	171	157	63	59	15	10	6	675
Core - Social and Civic	3,176	2,693	2,275	816	736	256	122	112	10,191
Core - Transport	352	231	135	51	48	13	14	8	851
Capacity Building - Choice and Control	163	159	133	49	58	14	8	8	593
Capacity Building - Daily Activities	1,644	1,501	1,128	513	456	83	76	50	5,458
Capacity Building - Employment	50	32	28	16	13	3	3	1	146
Capacity Building - Health and Wellbeing	14	7	6	2	2	1	1	0.1	32
Capacity Building - Home Living	0.2	1	0.1	0.1	0.04	0.02	0.01	0.006	1
Capacity Building - Lifelong learning	0.06	0.05	0.02	0.01	0.11	0.01	0.004	n/a	0.3
Capacity Building - Relationships	244	183	118	86	70	17	10	13	742
Capacity Building - Social and Civic	63	52	36	29	10	7	5	5	208
Capacity Building - Support Coordination	295	329	226	102	91	25	13	24	1,107
Capital - Assistive Technology	189	136	141	64	44	15	9	6	606
Capital - Home Modifications	146	133	121	31	35	7	6	3	483
Total	13,507	10,883	9,422	3,822	3,699	1,065	644	662	43,767

**Table D.27 Distribution of the percentage change in plan budgets for plans reassessed in this financial year (1 July 2024 to 31 December 2024) - all participants**

Percentage change in plan budgets	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
below -80%	0%	0%	0%	0%	0%	0%	0%	0%	0%
-80% to -65%	0%	0%	1%	1%	0%	1%	1%	1%	1%
-65% to -50%	1%	1%	1%	1%	1%	1%	1%	1%	1%
-50% to -35%	2%	2%	2%	2%	2%	2%	2%	2%	2%
-35% to -20%	4%	4%	4%	4%	4%	5%	4%	4%	4%
-20% to -5%	9%	10%	9%	9%	9%	11%	10%	10%	9%
-5% to 0%	8%	9%	8%	7%	7%	9%	8%	10%	8%
0% to 5%	15%	16%	15%	13%	14%	22%	14%	18%	15%
5% to 20%	18%	18%	17%	17%	17%	17%	17%	14%	17%
20% to 35%	9%	9%	9%	9%	9%	8%	9%	8%	9%
35% to 50%	7%	6%	6%	6%	7%	5%	6%	6%	6%
50% to 65%	5%	5%	5%	5%	5%	4%	4%	5%	5%
65% to 80%	4%	4%	3%	4%	4%	3%	3%	4%	4%
above 80%	19%	17%	20%	21%	21%	13%	19%	19%	19%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

**Table D.28 Utilisation rates split by participants in SIL and those not in SIL, and first and subsequent plans** <sup>15 16 17</sup>

Participant breakdown	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
SIL - First plan	75%	83%	79%	80%	80%	n/a	n/a	n/a	79%
SIL - Subsequent plans	90%	87%	88%	86%	88%	87%	89%	87%	88%
SIL - Total	89%	87%	88%	86%	88%	87%	89%	86%	88%
Non SIL - First plan	65%	62%	60%	60%	63%	50%	55%	59%	62%
Non SIL - Subsequent plans	75%	74%	74%	71%	74%	69%	71%	68%	74%
Non SIL - Total	74%	73%	72%	69%	73%	68%	69%	67%	72%
First plan (SIL and Non SIL)	66%	63%	61%	61%	64%	54%	56%	61%	63%
Subsequent plans (SIL and Non SIL)	81%	78%	79%	76%	79%	77%	78%	79%	79%
Total (SIL and Non SIL)	79%	77%	77%	74%	78%	76%	76%	77%	77%

**Table D.29 Percentage change in plan budgets for active participants as at 31 December 2024**

Inflation type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Intraplan Inflation	6.4%	8.0%	6.7%	5.7%	8.2%	5.5%	5.6%	7.4%	6.9%
Interplan Inflation	5.0%	3.4%	5.9%	8.0%	5.7%	5.9%	4.9%	6.2%	5.2%
Total Inflation	11.4%	11.4%	12.6%	13.7%	13.9%	11.4%	10.5%	13.6%	12.1%

<sup>15</sup> Utilisation of committed supports from 1 April 2024 to 30 September 2024 is shown in the table – experience in the most recent 3 months is still emerging and is not included.

<sup>16</sup> Participants receiving in-kind supports are excluded from the analysis by plan number as it is not possible to accurately separate in-kind payments and committed amounts between plans. Hence, utilisation in this table is higher in reality when in-kind is included.

<sup>17</sup> Utilisation is not shown if there is insufficient data in the group.

**Table D.30 Participant Service Guarantee Timeframes (% guarantees met) for the quarter ending 31 December 2024** <sup>18 19 20 21 22 23</sup>

PSG	Service Guarantee	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	NAT
2. Make an access decision, or request for more information, after an access request has been received	21 days	13%	13%	15%	19%	16%	13%	10%	60%	15%
4. Make an access decision, or request for additional information, after more information has been provided	14 days	23%	23%	29%	29%	22%	27%	26%	79%	26%
6. Approve a participant's plan, after an access decision has been made (excludes those ECA that have received initial supports)	56 days	81%	80%	82%	83%	81%	85%	79%	78%	81%
7. Approve a plan for ECA participants, after an access decision has been made	56 days	100%	100%	100%	99%	100%	100%	99%	85%	100%
8. Offer to hold a plan implementation meeting, after the plan is approved	7 days	86%	81%	79%	88%	84%	79%	85%	88%	83%
11. Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date	56 days	54%	48%	54%	56%	53%	28%	51%	48%	51%
12. Decide whether to undertake a participant initiated plan reassessment, after the request is received	21 days	23%	24%	22%	26%	20%	33%	19%	41%	23%
13. Complete a reassessment, after the decision to accept the request was made	28 days	91%	90%	89%	89%	90%	92%	92%	79%	90%
14. Vary a plan, after the receipt of information that triggers the plan amendment process	28 days	45%	40%	39%	52%	44%	51%	48%	61%	43%
17. Complete an internal Review of a Reviewable Decision, after a request is received	60 days	65%	68%	66%	65%	64%	67%	67%	52%	66%

<sup>18</sup> The Participant Service Guarantee timeframes continue to be refined and further developed. The results for the timeframes shown are based on preliminary calculations and the methodology used to determine the timeframes may change going forward.

<sup>19</sup> Results are rounded to the nearest percent. Where 100% is shown, there are still a small number of cases which did not meet the required timeframe.

<sup>20</sup> From the March 2024 quarter, performance is measured from available data on processes and dates. Milestones being built into the new computer system will improve the capture of performance data.

<sup>21</sup> Plan reassessments exclude reassessments initiated prior to migrating service processes to the new computer system.

<sup>22</sup> The Participant Service Guarantee (PSG) metrics exclude data from the old computer system.

<sup>23</sup> From the September 2024 quarter, the PSG timeframe (Service Agreement) to approve a plan for early childhood approach (ECA) participants after an access decision has been made was altered to 56 days (previously 90 days).

# Endnotes

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## Appendix C

- 1 Early connections provide support for children younger than 9 and their families by linking them to practical information, mainstream and community supports, and peer supports. Eligible children who are younger than 6 and have developmental concerns may also undertake a short-term program of early supports with the early childhood partner.

## Appendix D

- 2 OT includes participants residing in Other Territories including Norfolk Island, Christmas Island and the Cocos (Keeling) Islands.
- 3 [For SDA in use] Evidence of SDA in use is estimated based on SDA payments, SDA service bookings and address matching to an enrolled SDA dwelling. Future enhancements to the PACE system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.
- 4 [For SDA eligible] SDA eligible participants are participants who have been found eligible for SDA through the home and living application process or through legacy system processes but have SDA funding in their plan.
- 5 [For SDA in use] Evidence of SDA in use is estimated based on SDA payments, SDA service bookings and address matching to an enrolled SDA dwelling. Future enhancements to the PACE system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.
- 6 [For SDA eligible] SDA eligible participants are participants who have been found eligible for SDA through the home and living application process or through legacy system processes but have SDA funding in their plan.
- 7 Participation rate refers to the proportion of general population that are NDIS participants. A small proportion of participants aged 0 to 64 years have a gender of 'Other'. The participation rates for this group are included within the total rates.
- 8 Participation rate refers to the proportion of general population that are NDIS participants. A small proportion of participants aged 0 to 64 years have a gender of 'Other'. The participation rates for this group are included within the total rates.
- 9 Results are drawn from participants' responses to Short Form Outcomes Framework (SFOF) questionnaires, and only include participants who had their first plan approved between 1 July 2016 and 31 December 2022 and have had a second plan reassessment to date.
- 10 The National totals include participant complaints where jurisdiction information was missing.
- 11 The numbers of complaints reported for the most recent quarter may still increase to the extent there is a lag in data collection. Numbers might change further as complaints reporting in the new computer system is refined.

- 12 The National totals include PCIs where jurisdiction information was missing.
- 13 2023-24 Q4 PCI data has been sourced from the new computer system. PCI data remediation in the new computer system continues, hence the numbers shown in this report are subject to retrospective changes as the logic is developed further.
- 14 Registration status is determined as at the posting date of payment. If a provider's registration status changes during the quarter, they will be included in both the registered and unregistered provider count. The total provider count only considers unique providers; therefore, it will be lower than the sum of registered and unregistered providers.
- 15 Utilisation of committed supports from 1 April 2024 to 30 September 2024 is shown in the table - experience in the most recent 3 months is still emerging and is not included.
- 16 Participants receiving in-kind supports are excluded from the analysis by plan number as it is not possible to accurately separate in-kind payments and committed amounts between plans. Hence, utilisation in this table is higher in reality when in-kind is included.
- 17 Utilisation is not shown if there is insufficient data in the group.
- 18 The Participant Service Guarantee timeframes continue to be refined and further developed. The results for the timeframes shown are based on preliminary calculations and the methodology used to determine the timeframes may change going forward.
- 19 Results are rounded to the nearest percent. Where 100% is shown, there are still a small number of cases which did not meet the required timeframe.
- 20 From the March 2024 quarter, performance is measured from available data on processes and dates. Milestones being built into the new computer system will improve the capture of performance data.
- 21 Plan reassessments exclude reassessments initiated prior to migrating service processes to the new computer system.
- 22 The Participant Service Guarantee (PSG) metrics exclude data from the old computer system
- 23 From the September 2024 quarter, the PSG timeframe (Service Agreement) to approve a plan for early childhood approach (ECA) participants after an access decision has been made was altered to 56 days (previously 90 days)