



Delivered by the
National Disability
Insurance Agency

Quarterly Report

Q1 2025–26

Copyright and use of the material in this document

Copyright in the material in this document, with the exception of third party material, is owned and protected by the National Disability Insurance Agency.

The material in this document, with the exception of logos, trademarks, third party material and other content as specified is licensed under Creative Commons Attribution Non-Commercial No Derivatives (CC BY NC ND) licence, version 4.0 International. You may share, copy and redistribute the document in any format. You must acknowledge the National Disability Insurance Agency as the owner of all intellectual property rights in the reproduced material by using '© National Disability Insurance Agency' and you must not use the material for commercial purposes.

Reproduction of any material contained in this document is subject to the CC BY NC ND licence conditions available on the Creative Commons Australia site, as is the full legal code for this material.

The National Disability Insurance Agency expects that you will only use the information in this document to benefit people with disability.



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.

Contents

This report	6
Introduction	7
Section 1 Participants and their plans	16
1.1 Number of participants in the NDIS	18
1.2 Participation rates	19
1.3 Participant characteristics	20
1.4 Specialised service delivery	24
1.5 Children in the NDIS	26
Section 2 Participants and family and carer outcomes	28
2.1 Participation in work and community and social activities	29
2.2 Perceptions of whether the NDIS has helped	34
Section 3 Participant experience	38
3.1 Participant Service Charter engagement principles	40
3.2 Participant Service Guarantee	41
3.3 Home and living decisions	45
3.4 Complaints and participant critical incidents	47
3.5 Plan changes, reviewable decisions and Administrative Review Tribunal cases	50
3.6 Participant satisfaction	56
3.7 The NDIA National Contact Centre	60

Section 4	Providers and the growing market	63
4.1	Support categories	64
4.2	Funding management types	65
4.3	Plan managers	66
4.4	Supported independent living	68
4.5	Specialist disability accommodation	70
4.6	Market stewardship activities	71
4.7	NDIS pricing	73
Section 5	Financial sustainability	74
5.1	Total payments	76
5.2	Average and median payment trends	77
5.3	Average plan budget trends	78
5.4	Operating expenses	82
Section 6	Staff and the NDIS community	83
6.1	Workforce diversity, inclusion and engagement	84
6.2	Public data sharing and the latest release of information	85
6.3	Integrity of the NDIS	85
	Appendices	
	Appendix A: Key definitions	91
	Appendix B: Outcomes Framework Questionnaires	95
	Appendix C: Approved plans and children accessing early connections	96
	Appendix D: State/Territory – comparison of key metrics	97

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 July 2025 to 30 September 2025.

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.

Supplements are available on the [NDIS website](#) including:

- 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 1, 2025–26

Sustained improvement in participant outcomes

The National Disability Insurance Scheme (NDIS) sets a global benchmark in supporting people with disability to participate in and contribute to their community.

Made progressively stronger by ongoing reform, the NDIS provides measurable social and economic benefits for participants, their families and friends and the nation.

The latest NDIA longitudinal data shows sustained achievement in key areas of participants' experience with the NDIS, including:

- Participants aged 15 years and older report an increase in participation in community and social activities, from 34% at baseline to 41% at latest reassessment – a relative increase of 22%.
- There has been a 6-percentage point increase in families and carers reporting paid employment, from 47% at baseline to 53% at latest reassessment.
- Young children aged from birth to starting school had improvements of 4 or more percentage points across all domains. Parents and carers reported the largest improvements – 7 or more percentage points – for choice and control, fitting into family life, and fitting into community life.
- Children between starting school and age 14 had improvements of 12 or more percentage points across all domains. Daily living had the strongest improvement at 16 percentage points.

- Participants aged 15 years and older also reported improvements across all domains. The largest improvements, at 12 or more percentage points, were reported for choice and control, daily living, health and wellbeing, and social, community and civic participation.
- Of participants aged 15 and over who have been in the NDIS for over 2 years, 82% report having greater choice and control in their lives, up from 68% at first reassessment or check-in point.
- Participation in work has more than doubled, growing from 10% to 23% for participants aged 15 to 24 years who have been in the NDIS for over 2 years.

Improved NDIA performance

The NDIA continues to improve its processes and performance to optimise the NDIS experience for participants.

Improvements this quarter include:

- A significant improvement in the access timeframes and 91% of decisions being made within 21 days.
- Of participants meeting access, 80% rated their experience with the NDIS as good or very good, an improvement on the previous quarter. The NDIA continues to proactively manage access request volumes, ensuring this service standard is sustained.
- A continued focus on approving first plans has delivered to the level of service expected for participants, meeting the 95% service guarantee.

- A continued focus on reducing the outstanding items for unscheduled reassessments has led to a decrease in the number of open items, even whilst the volume of new requests remains strong.
- Collaboration with state and territory governments to improve hospital discharge processes sustaining better outcomes.

The average number of days between an NDIS participant being medically ready for discharge and being discharged was 16 days in the quarter. This has remained steady since the June 2025 quarter and is down from a peak of an average 27 days in the March 2023 quarter. For more than half of participants, discharge is achieved on the same day as being medically ready.

- The number of participants younger than 65 in aged care reduced from 670 on 30 June 2025 to 601 at 30 September 2025, excluding First Nations Peoples aged 50 to 64 years who meet the exceptional circumstances criteria.
- The National Contact Centre customer satisfaction rate was 91%, exceeding the target (80%).
- Eighty-six per cent of National Contact Centre callers reported their enquiries were resolved at the first point of contact, surpassing the target of 80%.

Making a fairer, simpler and stronger NDIS

The NDIS supports more than **751,000** Australians with disability to live with more independence and choice.

The NDIA is progressing reforms to make the NDIS fairer, simpler and more sustainable. A new way of planning will commence from mid-2026.

The new way of planning will introduce a support needs assessment focusing on participants' support needs, and will be delivered by trained, accredited assessors.

The NDIA is working closely with the disability community, providers and partners to shape the new approach, ensuring lived experience is at the centre of reform.

These changes will be introduced in stages, allowing participants and stakeholders to provide real-time feedback and help shape the future of the NDIS.

These changes will make it easier for participants to navigate the NDIS, provide them with greater clarity and consistency, and deliver better outcomes for people with disability.

The new way of planning continues reforms, enabled by legislative changes that came into effect in October 2024, to deliver on recommendations of the independent NDIS Review.

The changes ensure the NDIS is strong today and can remain so to support future generations.

In April 2023, National Cabinet set a target to reduce annual growth in NDIS expenses to 8% from financial year 2026–27, moderating thereafter.

The rate of costs growth has steadily reduced and projections show the NDIS is on track to meet the National Cabinet target.

At 30 September 2025, annual growth of Scheme expenses was 10.1%, down from 10.8% at the end of the previous quarter.

In August, the Minister for Health and Ageing and Minister for Disability and the National Disability Insurance Scheme announced Thriving Kids as a new approach to the design and delivery of foundational supports for children aged 8 and under.

Thriving Kids will focus on establishing a national system of supports for children aged 8 and under with developmental delay or disability and low and moderate support needs and their families.

Children with permanent and significant disability will continue to be supported through the NDIS. Children who are already in the NDIS will continue to receive supports, subject to usual arrangements, including eligibility reassessments.

The NDIA will work closely with the disability community and NDIS participants and families to support the implementation of Thriving Kids.

A new tool to assess support needs

In September the NDIA released details of a key aspect of the new way of planning – a dedicated support needs assessment tool and process.

The NDIA has worked closely alongside the disability community to develop an assessment approach, including a core needs assessment tool, personal and environmental circumstances questionnaire, and further targeted assessments for more complex disability support needs.

The tool will be fine-tuned in coming months. Feedback from participants will be critical as the new way of planning progressively rolls out from mid-2026.

This approach will save people with disability time and money, because they won't need to source and pay for costly specialist reports. It will provide consistency and clarity.

Following a competitive process involving an expert advisory panel of people with lived experience of disability, the NDIA signed a contract with the University of Melbourne to use and adapt the Classification and Assessment of Support Needs (I-CAN) version 6 as an evidence-based tool for people with disability aged 16 and over.

The Centre for Disability Studies (CDS) has developed the I-CAN tool over more than 20 years.

Assessments will be conducted by trained and accredited assessors, with the NDIA and the University of Melbourne/CDS jointly developing the training program.

The new way of planning will involve a meeting between the participant and an accredited assessor, and a strengths-based assessment to establish disability support needs.

The NDIA, the University of Melbourne and CDS will work together for 5 years to adapt the tool for optimum use in the NDIS.

Participant outcomes will be the driver of this work, with extensive consultation and engagement with the disability community continuing to inform it.

Working with the disability community

The NDIA continues to work closely with participants, the disability community and key stakeholders to ensure participant experience is enhanced through reforms being made to the NDIS.

We do this through co-design, consultation, engagement and information sharing. By engaging directly with people with disability, we make sure the NDIS reflects the values and aspirations of the community it serves.

The [NDIA Engagement Framework](#) explains how we engage with people and organisations connected to the NDIS. It gives us a consistent way to:

- build strong relationships
- gather insights from lived experience
- work together to improve the NDIS.

In the past quarter we have expanded how we engage with the community. We have:

- Introduced a dedicated First Nations participant consultation group, to ensure the voices of First Nations participants are heard in the future design of the NDIS. This group complements the existing consultation, engagement and co-design groups and participant panels.
- Started more in-depth consultation and testing on elements of the new way of planning, including work to ensure the process is designed well for people with supported decision-making needs, and participants living with autism and psychosocial disability.
- Launched the NDIA's new digital engagement platform. NDIS Engage is a new online platform for consultation and engagement by the NDIA, making it easier for participants, providers and the disability community to have their say on how to make the NDIS the best it can be.

- Engaged disability representative organisations to run workshops with their cohorts to support our participant safeguarding initiative. About 100 participants, parents, carers and sector representatives were consulted through these workshops.

We have continued to connect with the disability community and sector through our co-design working groups – participant pathway experience, navigators, assessments and budgeting, and participant safeguarding. We have also connected with the Independent Advisory Council, disability representative and carers organisations, and NDIA reference and advisory groups.

In this quarter, the NDIA facilitated:

- 10 co-design working group sessions
- 4 children's pathway parent and carer engagement group meetings
- 22 participant engagement sessions focused on the new participant pathway and navigator service, speaking with about 270 participants, parents and carers.

The NDIA is committed to ensuring participants, their families, carers and supporters are informed about changes to the NDIS. The 'Understanding the NDIS' webinar series is ongoing, with more than 2,500 attendees at 28 events held since the start of the year. Ten further sessions are planned over the next quarter.

Work is also ongoing to improve the NDIS for people from diverse backgrounds. The new LGBTIQASB+ Strategy will be released later this year, and implementation of the Culturally and Linguistically Diverse (CALD) Strategy and First Nations Strategy continues.

In addition, the NDIA is developing a set of inclusion principles to inform the design and implementation of reforms to the NDIS.

These principles will be developed based on insights gathered from consultations on the gender, LGBTIQASB+, CALD and First Nations strategies. The principles will be embedded into the design of reforms to improve the experience of all participants.

Improving outcomes for First Nations Peoples with disability

The NDIA continues to take action under the 4 priority areas of the NDIS First Nations Strategy 2025–30 to ensure the NDIS meets the needs of First Nations Peoples.

The organisational cultural safety change initiative to strengthen cultural safety across the NDIA is underway. This will support progress on Strategic priority 1: Fair and equitable access and support.

As part of this initiative, the NDIA has conducted an internal process to assess the Agency's progress in embedding cultural safety for First Nations Peoples. This will result in a baseline cultural safety maturity level and associated recommendations from which the NDIA will develop a comprehensive organisational cultural safety plan.

To progress Strategic priority 2: NDIS 'our way' – transformation for power-sharing, we are continuing to establish an NDIS First Nations Innovation Space to develop First Nations-led approaches to improving the participant experience.

We are also strengthening First Nations voices in governance, representation and co-design channels in the NDIA.

We are developing a First Nations Market and Sector Development Strategy for release in 2026, which will help address Strategic priority 3: Working together well within and across sectors.

To inform the strategy, the NDIA published a discussion paper in October and will consult with First Nations and other providers at roundtables in November and December.

Development of a First Nations Strategy monitoring and evaluation framework is underway to measure the change we are seeking through the strategy.

This will help address Strategic priority 4: Gathering, sharing and revisiting knowledge about meaningful change. Under this priority we are scoping how to apply Indigenous data sovereignty and governance principles to the NDIS in line with Closing the Gap Priority Reform 4.

An NDIS for all Australians, regardless of postcode

The NDIS is for all eligible Australians with disability, regardless of where they live.

Our remote service delivery model exists so we can deliver the NDIS to people who live outside of our cities, who do not have access to partners in the community or early childhood partners.

Under the remote service delivery model, the NDIA provides a service that gives people living in remote and very remote areas access to all elements of the NDIS.

That includes information and education, community connection, access, planning, connection to service providers, and reviews and changes.

As part of this service, we engage with whole communities, not just with individuals.

The remote service delivery mandate is also to build the ability of communities to access disability support services locally through deliberate market intervention activities.

During the quarter, the NDIA re-tendered its remote community connector program with Aboriginal Community Controlled Organisations across existing locations for a period of 3 years.

Work is also underway to expand the remote community connector program, with a tender process to follow in the second quarter.

The NDIA provided remote access clinics to people living in remote locations in the Northern Territory, South Australia and Queensland this quarter, and initiated tailored service coordination initiatives to support participants in a number of remote locations.

We have started applying lessons from the alternative commissioning pilot program, rolling out community connection and market facilitation activities in more locations.

Quality supports pilot programs

The quality supports program continued with the announcement of successful grant recipients in August for 2 pilots focusing on support coordination and supported independent living (SIL). Preliminary work on a third pilot for therapy supports will start in late 2025.

The quality supports program will capture the characteristics, costs, benefits and outcomes of different service delivery models.

The 3 pilots include a diverse mix of providers, including regional and remote delivery, complex and standard supports, and different service models, to ensure the evidence collected reflects the full range of participant experience.

The quality supports program is part of the NDIA's wider commitment toward a pricing approach that supports quality, sustainability and better participant outcomes.

Implementation of the program is supported by more than \$45 million in program funding. About \$25 million in grant funding will be distributed across participating SIL providers and up to a further \$2 million across participating support coordination providers.

This funding is to support the providers participating in each pilot to work closely with the NDIA to evaluate the features of quality service provision, and the costs and outcomes associated with providing quality supports.

Participant engagement has also commenced. Focus sessions and workshops are underway to support participants to share their experiences on their supports received in their home, and on finding and choosing a support coordinator.

In October, SIL pilot providers joined the NDIA in a series of community-of-practice workshops focused on building a shared understanding about how SIL supports are delivered in today's market, common challenges faced by providers in delivering quality supports, and new ways of working to tackle these challenges.

Learnings from the SIL pilot workshops will be informed by detailed financial and operational data submitted by providers participating in the pilot.

Review backs evidence-based therapies

The NDIA accepted recommendations made by eminent health economist Dr Stephen Duckett AM in his Independent Review of Art and Music Therapy.

The independent review found that art and music therapies should continue to be available to NDIS participants, where there is evidence it will provide beneficial outcomes.

Dr Duckett's independent review included input from NDIS participants, providers, carers and representative organisations.

More than 600 submissions were received across 3 months of consultation.

New pricing for art and music therapies will come into effect from 24 November 2025.

Dr Duckett found that art and music therapists differed from other allied health professions, such as psychologists and occupational therapists, and concluded that the current NDIS price limit of \$193.99 per hour was too high.

After 24 November, participants can continue to access art and music therapies delivered by a qualified therapist, registered with a recognised professional association, at a new national price limit of \$156.16 per hour, in line with the rate for counselling.

NDIS participants should not be paying more than other Australians for the same therapy – the change ensures value for money and fairness.

In line with existing arrangements, NDIS funding cannot be used to cover the cost of art or music activities. Participants can pay for the support they need to participate in these activities under a national price limit of \$70.23 per hour.

Dr Duckett made 19 recommendations with 15 directed to the NDIA. The NDIA accepted all recommendations either in full or in principle.

As a result of the review process, the fundamental principle that NDIS-funded therapies must be evidence-based and achieve outcomes for participants was reinforced.

The NDIA thanks Dr Duckett for his detailed consideration of art and music therapy as NDIS supports, and his extensive work to deliver the final report.

The NDIA also thanks everyone who engaged with Dr Duckett in his conduct of the review, especially NDIS participants and their families, carers and advocates.

The NDIA's full response to the review is published alongside Dr Duckett's report on the NDIS website.

Specialist disability accommodation design in focus

A review of specialist disability accommodation (SDA) design standards will ensure that new homes keep pace with industry standards and deliver safe, high-quality options that meet the needs of eligible NDIS participants.

SDA is designed for people with extreme functional impairment or very high support needs, with accessible features to help residents live more independently.

More than 15,500 NDIS participants live in SDA.

The SDA Design Standard Review was announced in September and will draw heavily on the experience of NDIS participants.

As well as people who live in SDA, the review will seek the insight of carers and support workers and people who design, build and invest in SDA.

The SDA Design Standard outlines the minimum design requirements for new-build SDA.

The review will consider lived experience alongside changes to building specifications, technology, accessibility and environmental sustainability. The review is scheduled to run for at least 12 months and will include broad consultation through accessible interviews, workshops, online submissions and surveys.

Easy Read materials, interpreters, captioning and translations will help people with disability get involved and have their say.

To learn more about the review, visit [SDA Design Standard](#).

Review, consultation leads to new approach to debt management

Debt makes up a very small proportion of NDIS costs – around 0.06 per cent.

An important step is providing information, education and support when inappropriate claims are detected. A review of the NDIA's historical debt practices and new legislation have led to a new, participant-focused approach to treatment of NDIS debt.

The new debt approach, informed by consultation, balances participant wellbeing and welfare with the NDIA's legal responsibility to ensure NDIS funding is used appropriately. Laws passed in Parliament in 2024 give the NDIA the ability to take into account a person's disability when considering waiving a debt.

In August, the NDIA detailed the findings of a review carried out into past debt practices and advised outcomes that included debts being revoked for some participants and providers, and repayments made.

The NDIA apologised for human errors that led to debts being incorrectly raised.

The debts of 115 participants were revoked and repayments authorised in 26 cases, totalling about \$145,000. Repayments will be made to around 60 providers. Whilst individual financial and emotional impacts can be substantial, the proportion of Scheme participants and providers with revoked debts and repayments is small.

Combatting fraud, protecting participants

The NDIA integrity programs are making it easier for participants, nominees and providers to get it right and harder to get it wrong.

The Fraud Fusion Taskforce continues to grow and evolve with 24 agencies sharing data and working together to identify and prosecute individuals who seek to exploit NDIS participants and other government payment programs.

Results as at 30 September include:

- More than 635 taskforce investigations across the 24 member agencies.
- Significant growth in NDIA warrant executions on suspected criminals, from a total of 30 in the 4 years from 2018–2021 to more than 35 in the first 4 months of 2025.
- More than 1,900 providers disrupted who submitted incorrect or non-compliant claims to the NDIS.

The Fraud Fusion Taskforce, Crack Down on Fraud and Payment Integrity programs have dramatically improved the ability to detect provider risk and implement proactive manual payment reviews.

Implemented integrity interventions are estimated to deliver significant benefits including expenditure savings to the NDIS, due to prevented non-compliant payments and further diversion from problematic providers to higher quality spending on disability supports and services.

Achievements in the September 2025 quarter included:

- Data-sharing arrangements expanded between the NDIA and key government regulators and agencies to further strengthen our ability to detect and prevent fraud.
- Improved evidence requirements across NDIS digital channels to support claims for self-managed participants.
- NDIS providers have been progressively required to use myID to verify identity, enabling stronger identity checks.

Scheme financial experience

Total Scheme expenses for the 3 months to September 2025 were \$12.7 billion (on an accrual basis), which is \$19 million (0.2%) above the June 2025 Annual Financial Sustainability Report projections.

As at 30 September 2025, annual Scheme expense growth was 10.1%, down from 10.8% at the end of the previous quarter.

Plan inflation in the September 2025 quarter was 9.5% excluding price indexation, of which 4.4% was intra-plan inflation and 5.1% was inter-plan inflation. This was lower than the total figure in the September 2024 quarter of 11.5%, of which 6.6% was intra-plan inflation and 4.8% was inter-plan inflation.



NDIS participant, Elise

Section 1

Participants and their plans



Elise achieves education milestone with NDIS support

Queensland NDIS participant Elise, 35, has achieved her biggest goal – earning her Certificate III in Hospitality. Now, she’s keen to find meaningful work in an industry she is passionate about.

To build her job-ready skills, Elise enrolled in a Certificate III in Hospitality at TAFE.

Finding the coursework challenging, Elise said ‘I started to think about giving it up.’ But her family, especially her mum Gill, encouraged her to keep going.

Looking to find support for her daughter, Gill called Carers Queensland. They met Pam, a local area coordinator who introduced them to the NDIS.

With NDIS funding, Elise was able to get tailored support, including a hospitality-trained support worker to support her in the kitchen.

Elise’s support team, her “village,” worked closely with TAFE staff, to find adjustment options to suit Elise’s needs.

Elise has now completed her course. ‘I’m very grateful for all the support I had, and I’m proud of what I achieved,’ she said.

‘It was only possible through Elise’s NDIS funding and the team of support afforded to us and we are so grateful for it,’ Gill added.

Now, Elise is giving back. She volunteers at Lifeline, sorting donations, and helps out at a retirement village, supporting staff and chatting with residents.

‘One of my favourite things is talking to resident’s one-on-one in their room,’ Elise said.

Keen to share her learnings, Elise has some true and tested advice.

‘Don’t let your disability stop you from doing what you want. Never give up! Tomorrow is a new day, and someone out there can help!’

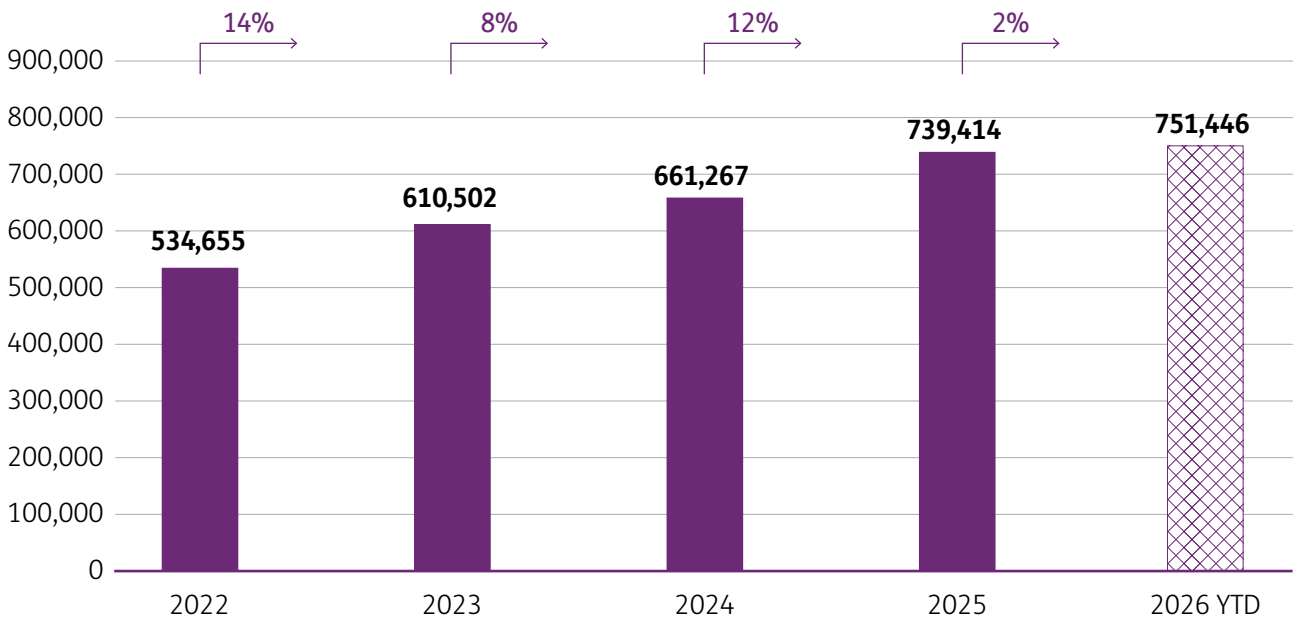
[Read more participant stories on our website.](#)

More than 751,000 participants are receiving support from the NDIS, and more than 20,800 participants entered the NDIS during this quarter.

1.1 Number of participants in the NDIS

As at 30 September 2025, 751,446 participants had approved NDIS plans. This represents a net increase of 12,032 participants since June 2025 (a 1.6% increase).

Figure 1: Active participants with approved plans and percentage increase over time for years ending 30 June¹



¹ 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 10% of children aged 5 to 7 years being NDIS participants.

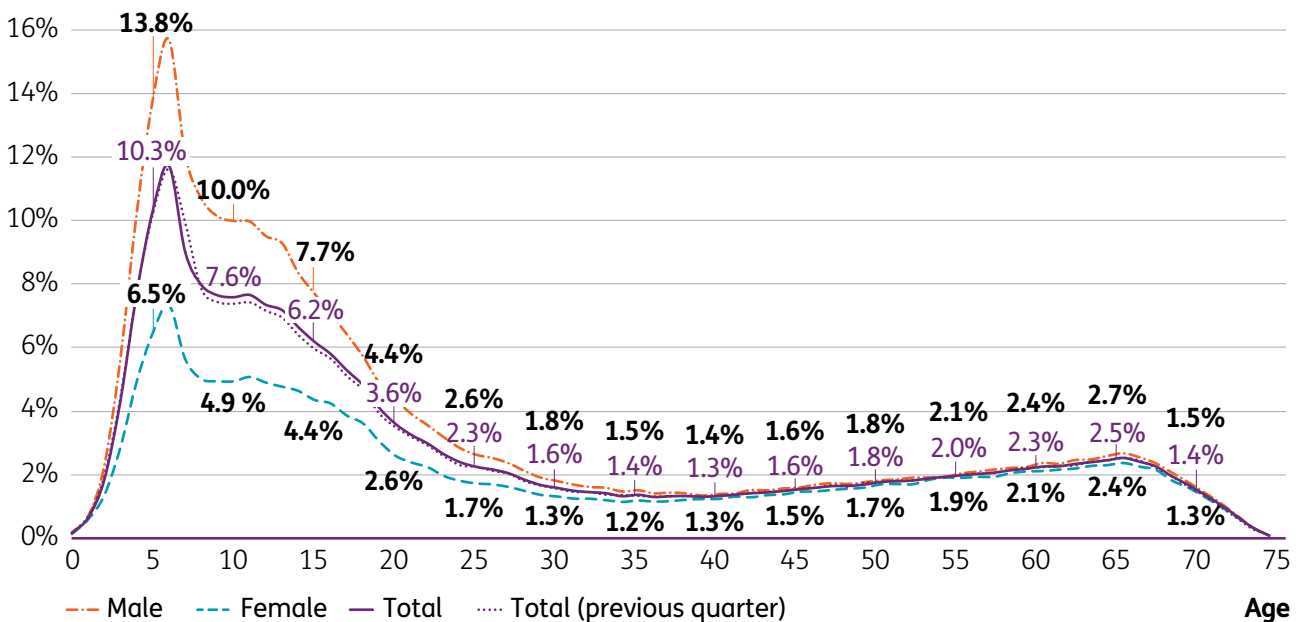
Participation rate refers to the proportion of the Australian population who are NDIS participants. The rate varies by age and gender (Figure 2), reflecting the prevalence of different disability types.

Overall, the rate of participation in the NDIS rises steeply from birth, peaking at approximately 12% at age 6. The rate then declines steadily to around 1% in the age band 35 to 40, before rising gradually to 2.5% by age 65. Beyond age 65, participants may choose to remain in the NDIS until receiving support from the Commonwealth aged care system, and participation rates decline steadily to around 0.1% by age 74.

Participation rates for males and females differ considerably at younger ages. At the peak, at age 6, the participation rate for males (16%) is more than double that of females (7%). Much of the difference in children’s 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.

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 to this report.

Figure 2: Participation rates²



² There were 8,843 participants aged 0 to 74 years with a gender of ‘Other’. 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.³

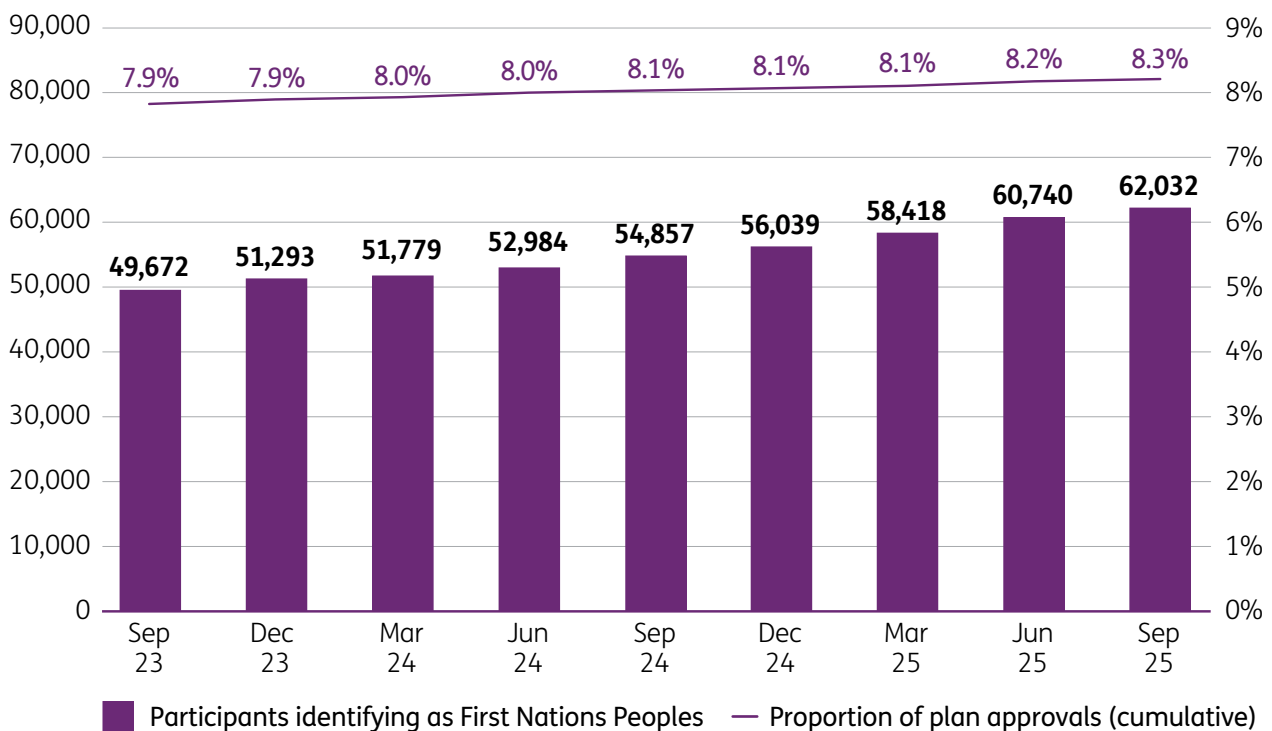
Of the 20,896 participants entering the NDIS and receiving a plan in the quarter:

- **10.3%** were First Nations Peoples⁴
- **7.6%** were CALD⁵
- **1.9%** were from remote and very remote areas.⁶

The total proportion of First Nations participants in the NDIS was 8.3% at the end of the September quarter. This is slightly higher compared to the previous quarter at 8.2% (Figure 3).

The proportion of CALD participants entering the NDIS is similar to previous reports. The proportion of the Australian population living remotely is small, and the number of remote participants entering the NDIS can vary from quarter to quarter.

Figure 3: Cumulative number and proportion of First Nations participants⁷



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.

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 (<https://dataresearch.ndis.gov.au/explore-data>) has details on the numbers of CALD participants and remote and very remote participants.

First Nations Strategy and Closing the Gap commitments

Statement of Commitment to Closing the Gap

The NDIA is developing a Statement of Commitment to Closing the Gap. This will outline the commitments in the National Agreement on Closing the Gap within the NDIA context and how the NDIA will fulfil these commitments for participants and their families and communities.

The Statement of Commitment is being co-designed with and endorsed by the NDIA Board, the Independent Advisory Council (IAC) to the NDIS, and the IAC First Nations Reference Group.

First Nations co-design and representation grow

The second priority area of the NDIS First Nations Strategy 2025–2030 calls for “NDIS ‘our way’ – transformation for power-sharing”, which aims to integrate First Nations governance into the NDIA’s decision-making, co-design and operations.

To strengthen First Nations Peoples’ voices in NDIA co-design, we established a First Nations Participant Consultation Group, which first met on 22 September 2025.

Consultative group members are First Nations participants and carers of First Nations participants. Members have strong connections to First Nations communities, specialist knowledge and expertise, and reflect a diversity of lived experience with disability.

We are finalising a First Nations co-design toolkit. This will enhance the NDIA’s co-design practices and ensure cultural safety and respect when engaging with First Nations Peoples with disability. A training package will accompany the toolkit, with both being ready in early 2026.

Cultural safety initiatives

The First Nations Strategy emphasises that cultural safety is essential for a successful relationship between the NDIA and First Nations Peoples with disability. The NDIA’s Organisational Cultural Safety Initiative is well underway. This will result in a baseline cultural safety report with recommendations, leading to the development of an organisational cultural safety plan by the end of 2025.

This work aligns with the NDIA’s commitments to Closing the Gap Priority Reform Three – Transforming Government Organisations. This initiative aims to improve mainstream institutions, making them accountable for Closing the Gap. It also seeks to ensure they are culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander Peoples.

First Nations pathway initiatives

The NDIA is increasing opportunities for First Nations Peoples with disability to access the NDIS by creating culturally safe access pathways. Guided by the First Nations Strategy, this work responds to Closing the Gap and key reform priorities, including the Disability Royal Commission and NDIS Review.

The NDIA will develop a First Nations Market and Sector Development Roadmap by June 2026.

In consultation with First Nations stakeholders, the roadmap aims to build a more culturally safe and sustainable disability service ecosystem. A national scoping study found that while First Nations Peoples make up 8% of NDIS participants, the number of First Nations providers delivering NDIS supports is proportionately much lower. Less than 1% of the nation’s 55,000 NDIS providers supporting First Nations participants are First Nations owned or operated. We will conduct roundtables in all jurisdictions in late 2025 to understand market challenges and solutions. This will inform roadmap development.

Section 1: Participants and their plans

Strengthening Sector partnerships

We are working with key peak bodies in the First Nations health and disability sector to shape emerging thinking and knowledge on topics critical to First Nations Peoples with disability.

The First Nations Group has contracted the National Aboriginal Community Controlled Health Organisation (NACCHO) and their affiliates to work in partnership with the NDIA to develop policy analysis, advocacy and advice. In this quarter, the organisations have been recruiting staff and working with the NDIA to establish a baseline data set.

This work is one example of how the NDIA actions its commitment to Closing the Gap Priority Reform One – Formal Partnerships and Shared Decision Making.

We are also reviewing data assets against how they can contribute to Closing the Gap Priority Reform Four – Shared Access to Data and Information at a Regional Level, in a way that respects privacy and Indigenous data sovereignty principles.

First Nations Peoples and participants in remote and very remote areas

The NDIA continues to support First Nations Peoples and remote participants to understand, access, navigate and use the NDIS.

Remote service delivery model

The NDIA has implemented a 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 (RCC) and geographically tied NDIA staff regularly visiting communities to support participants throughout their NDIS journey.
- Having a dedicated sector engagement and market development team in the Remote Services branch to work with communities on local priorities and use alternative commissioning.
- Approaches to secure services where they have not been previously available.
- Working across government to co-service wherever we can, recognising that NDIS participants need seamless access to supports beyond the NDIS.

A national program of access and planning clinics supports this service model to help people more quickly access the NDIS and supports. An access clinic has been delivered in the remote location of Yalata, South Australia during this quarter.

Future access clinics will include:

- Wadeye, Northern Territory
- Cloncurry, Queensland
- Ali Curung, Northern Territory
- Milingimbi, Northern Territory
- Ramingining, Northern Territory.

Section 1: Participants and their plans

Local workforce development

The NDIA continues to work across government agencies to utilise local workforces to support NDIS participants, in particular:

- National Indigenous Australians Agency – Remote Australia Employment Services (commences 1 November 2025 replacing the current Community Development Program)
- Department of Health, Disability and Ageing – Integrated Care and Commissioning project.

Remote community connector (RCC) program expansion

The NDIA has re-tendered its RCC program with Aboriginal community controlled organisations across existing locations for 3 years. The NDIA has offered contracts to service partners in 31 regions with failure in the market for 4 regions.

The NDIA also started plans to expand the RCC program, with a tender process to follow in Q2. The NDIA is expecting to expand into another 13 regions and will also retender to the 4 existing regions where we had a failure in the market. We expect about 50 contracts covering 575 communities at the end of the process.

Alternative commissioning pilot

The 2023–24 Federal Budget committed \$7.6 million over 2 years to pilot alternative commissioning approaches to improve access to supports in remote and First Nations communities. The pilot concluded on 30 June 2025.

The NDIA is drawing on insights from the pilot sites to further shape our remote service delivery model.

NDIA Rural and Remote Advisory Group

The NDIA has established a Rural and Remote Advisory Group (RRAG) to ensure participants and stakeholders who understand the unique environments that make up Australia outside our cities have a voice in NDIA reforms and programs.

The RRAG does not resolve specific local participant issues but rather focuses on broader strategic advice that can inform policy and operational decisions by the NDIA. The RRAG has met on four occasions, most recently on 3 September 2025.

Culturally and linguistically diverse participants

The NDIA continues to implement the NDIS CALD Strategy, released in April 2024.

Over this quarter we have continued to work with community organisations, mainstream services, the disability community, sector and peak bodies to improve how people with disability from CALD backgrounds access and use the NDIS. During this quarter, there were 73 engagement activities that discussed the CALD community's experience with the NDIS, with a total reach of about 1,422 stakeholders.

We have also continued work on improving internal policies and inclusive practices to support CALD staff.

There is a continuing focus to ensure that the priorities outlined in the CALD Strategy are considered in the implementation of NDIS reforms.

The CALD External Advisory Group continues to support the NDIA in its implementation and progress monitoring against the Strategy.

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 disability supports. Every Australian, regardless of interaction with the justice system or criminal conviction, is entitled to access NDIS supports to help them live and participate in the community.

The Justice Liaison Team includes Justice Liaison Officers who are the primary point of contact for the NDIS within the justice system, working alongside state and territory government justice services, to support existing and prospective participants in adult, youth, and forensic settings. The Justice Planning Team provides specialised planning support to participants involved with the justice system.

Justice Advisory Panel

The NDIA Justice Advisory Panel held its sixth bi-monthly meeting in September 2025. Chairperson Ken Lay AO and panel members Jennifer Cullen AM and the Honourable David Harper AM joined NDIA executives to examine policy and systemic issues between state and territory governments at the justice interface. For current or potential participants leaving custody, these issues can impact their transition into the community.

The Panel uses de-identified case studies to explore and provide advice to the NDIA on how NDIS supports can work with supports from other systems to improve participant outcomes, manage community safety concerns and reduce the risks of re-offending.

While the panel does not have decision-making powers, the case studies provide information about the participant experience and demonstrate risks, issues, and policy and systemic challenges in this area.

Some of the previous panel topics have included:

- improving formal information and data sharing
- interactions with housing, mental health and health supports
- collaborating with law, court and judicial systems
- working with corrections and justice agencies to understand transition plans, the role of disability supports, supervision, safety and risk in the community.

Information sharing

The NDIA continues to work with states and territories and the Department of Social Services on information sharing provisions related to Section 44 (1) of the NDIS legislation. This includes work to develop a full understanding of the relevant offences in each jurisdiction.

The NDIA works closely with state and territory agencies to improve inter-government information sharing mechanisms and identify suitable data sharing solutions, including in relation to participants that deal with justice systems.

Younger people in residential aged care (YPIRAC)

The Australian Government is working to reduce the number of younger people living in, and entering, residential aged care. The aim, unless there are exceptional circumstances, is to help them move into age-appropriate accommodation with the supports they need. The NDIA supports this commitment with a team of dedicated YPIRAC planners and accommodation officers.

In the first quarter of 2025–26, 18 participants have left residential aged care and moved into more appropriate accommodation settings.⁸

The number of participants younger than 65 in residential aged care reduced from 670 in June 2025 quarter to 601 at the end of quarter 1 2025–26.⁹ Of these 601 participants, 95 have an identified goal to move out of residential aged care. Of the 95 participants under 65 who have a goal to move, about one third are currently supported to find a suitable accommodation vacancy. About another one third have identified a longer-term goal, and while they presently do not want to actively consider alternative housing, they may consider this soon. The remaining participants are at different stages of the transition pathway, with a small number that have an identified move-out date.

Most (95%) of the 506 participants under 65 with no goal to move consider the facility to be their home or they and their family believe their support needs are best met within the aged care facility. A small percentage have family residing within the same aged care facility, and a further small percentage reside in a facility that meets their religious beliefs.

Hospital discharge

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

In the September 2025 quarter:

- The target of contacting NDIS participants within 4 days of the NDIA being notified of their hospital admission was achieved for **91%** of participants, an increase from 82% last quarter.
- The average number of days between an NDIS participant being medically ready for discharge and being discharged was **16 days**. This has remained steady since the March 2025 quarter and is down from a peak of 27 days¹⁰ in the March 2023 quarter. For more than half of participants, discharge is achieved on the same day as being medically ready, but there are some participants who wait significantly longer for discharge.

⁸ This includes all people who were under 65 at the time of leaving. Excludes First Nations Peoples aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.

⁹ This excludes 82 First Nations participants aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.

¹⁰ Improved data matching has led to restating the average number of days for the March 2023 quarter from prior reports.

Section 1: Participants and their plans

Improving hospital discharge performance requires close collaboration with health systems and hospitals. This includes ensuring the NDIA is notified promptly of admission and receives the necessary health information to support discharge and inform planning.

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

- refining reporting methods to better understand challenges to discharge
- streamlining access to the NDIS for prospective participants in hospital
- working with health services to obtain necessary information to inform NDIS planning and allow quick approval of plans
- sharing educational resources and hosting information sessions for health systems staff to enable effective collaboration and the timely hospital discharge of NDIS participants
- working with health teams to improve early notification of discharge and to improve the pathway after discharge for children and those with psychosocial disability.

1.5 Children in the NDIS

As at 30 September 2025, there were 170,786 children younger than 9 with an NDIS plan, and a further 27,139 children accessed early connections throughout the quarter.

Children younger than 9

From 1 July 2023, the NDIA extended access to early childhood arrangements to children younger than 9 through its early childhood partners in the community. 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.

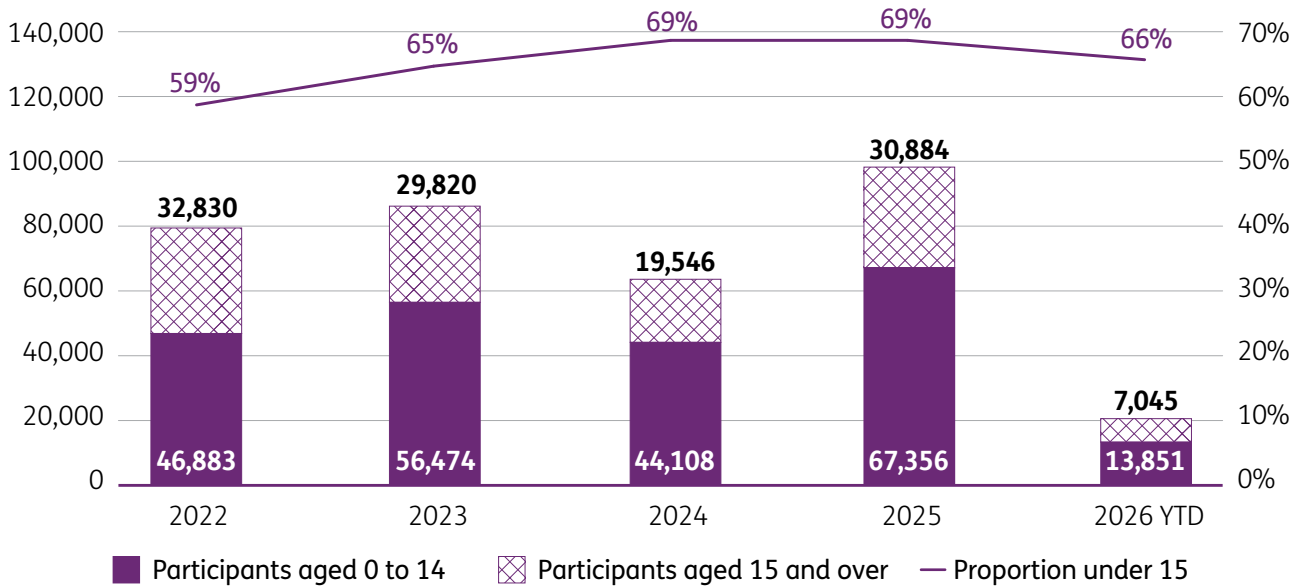
Throughout the September 2025 quarter, **27,139** children accessed early connections. Early connections give quick access to supports that meet the needs of the child and their family, regardless of whether the child is an NDIS participant.

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 228 children meeting access criteria to participate in the NDIS, of which 118 identified as First Nations Peoples. Of the 170,786 children younger than 9 with an approved plan as at 30 September 2025, 2,612 lived in remote and very remote areas.

Children younger than 15

The number of children entering the NDIS continues to grow faster than older participants. Of the 20,896 participants entering and receiving a plan in the 2025–26 financial year to date, **66%** were children younger than 15. This represents a decrease compared to the previous two financial years (Figure 4).

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





“Don’t let your disability stop you from doing what you want. Never give up!”

Elise, NDIS participant

Section 2

Participant and family and carer outcomes

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

2.1 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 remained stable.

Participation in community and social activities

Participants who have been in the NDIS for at least 2 years¹¹ experienced an increase in their community and social participation since they first entered.^{12, 13,14,15}

Comparing responses at the latest reassessment (about 2 and 9 years after entry) with baseline responses (i.e. around entry to the NDIS), showed the following changes:

- **Five** percentage point increase from **33%** to **38%** for participants aged 15 to 24 years
- **Nine** percentage point increase from **34%** to **43%** for participants aged 25 to 34 years
- **Eight** percentage point increase from **34%** to **41%** for participants aged 35 to 44 years
- **Seven** percentage point increase from **34%** to **41%** for participants aged 45 to 54 years
- **Six** percentage point increase from **34%** to **40%** for participants aged 55 to 64 years
- **Seven** percentage point increase from **36%** to **43%** for participants aged 65 years and older
- **Seven** percentage point increase from **34%** to **41%** for participants aged 15 years and older.

The overall result of 41% compares to a 2025–26 target of 43%.

Participation in community and social activities generally increased the longer participants remained in the NDIS.

Combining all age groups (Figure 5), the increase for participants who have been in the NDIS for 2 years was 5 percentage points (up from 30% to 35%). Participation in social and community activities increased by 9 percentage points, from 37% to 46%, for participants who have been in the NDIS for 6 or more years.

11 Rounded to the nearest complete year since first plan approval date.

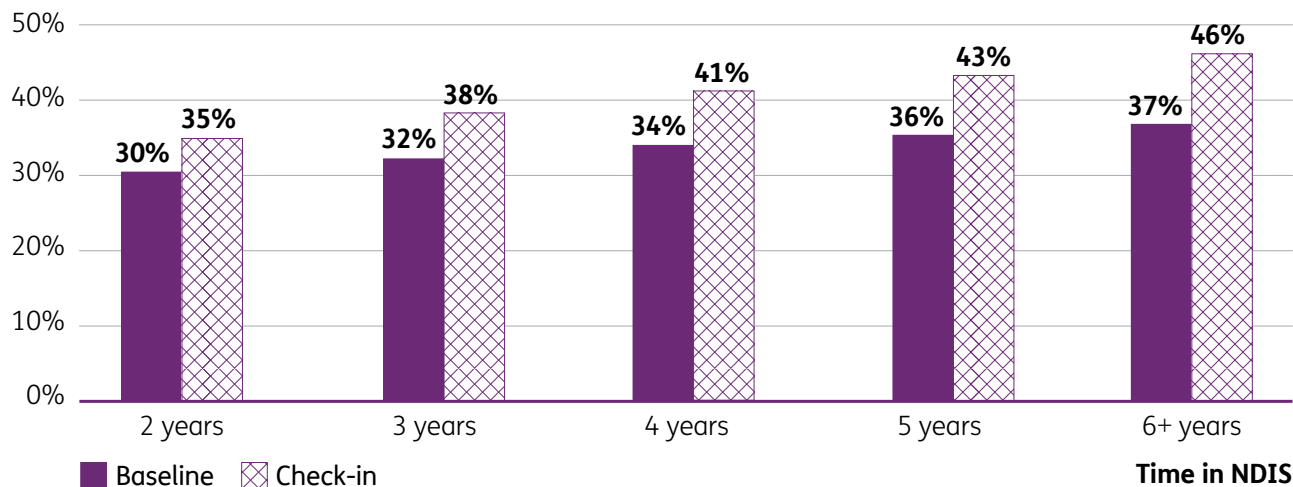
12 Figures in this section have been rounded to the nearest whole percentage. Differences are calculated from unrounded metrics.

13 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 reassessment or check-in.

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

15 The participant age reported in this section is as per their latest plan reassessment or check-in.

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 2 or more years, continues to be relatively stable. However, the percentage in a paid job and the change by number of years in the NDIS differ by age group. For example, 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 remained stable or declined for all other age bands.

Comparing responses at the latest reassessment (about 2 and 9 years after entry) with baseline responses (i.e. around entry to the NDIS), showed the following changes:

- **Fourteen** percentage point increase from **10%** to **23%** for participants aged 15 to 24 years¹⁶
- **Three** percentage point increase from **26%** 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 years¹⁷
- **Six** percentage point decrease from **14%** to **8%** for participants aged 65 years and older¹⁸
- **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 compared to a 2025–26 target of 22%.

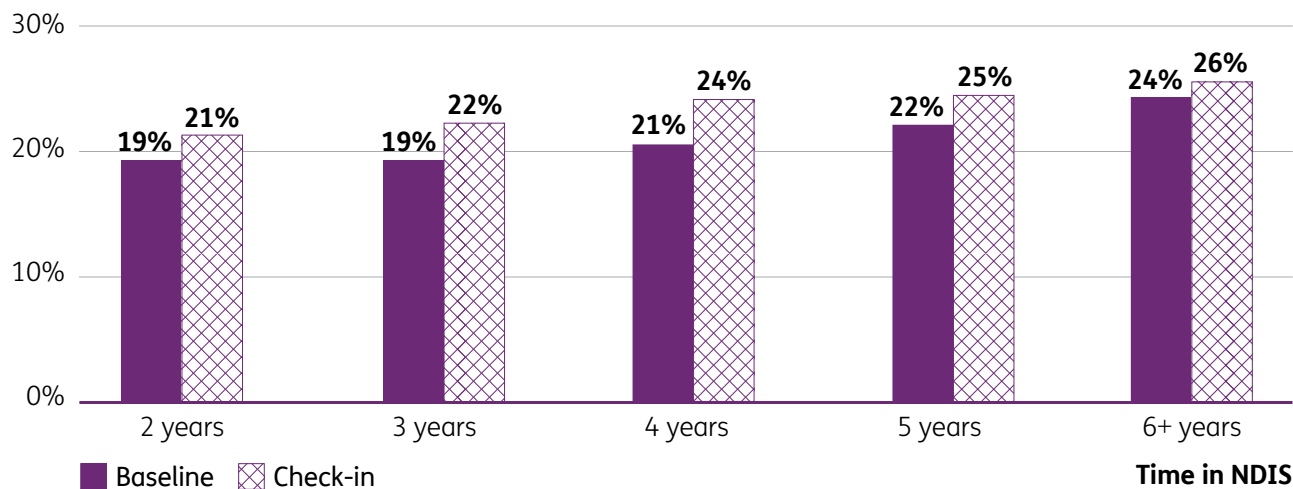
The percentage of working age (15 to 64 years) participants who have been in the NDIS for 2 to 5 years who are in paid work increased by 2 to 4 percentage points. The percentage in work increased slightly from 24% to 26% (Figure 6) for participants who have been in the NDIS for 6 or more years.

¹⁶ Some of the increase is due to participants leaving school and starting work. It will be possible to analyse the extent to which the percentage gap.

¹⁷ Some of the decrease for older age groups is due to participants retiring from the workforce.

¹⁸ Some of the decrease for older age groups is due to participants retiring from the workforce.

Figure 6: Change in the percentage of participants in work
Participants aged 15 to 64 years



NDIS employment assistance

NDIS Employment Assistance is delivered by employment providers to support working-aged participants to develop the skills needed to obtain and maintain employment. Employment assistance includes job readiness training, career planning, work experience and support with transitioning into work or further education.

The NDIS emphasises practical interventions and work experience to help working age participants build the skills, confidence and readiness required to engage in meaningful employment.

NDIA data at August 2025 showed there were more than 38,700 working aged participants with capacity building employment funding included in their plan. In the 6 months to August 2025, there have been increases across all age groups, including:

- 25% increase in participants aged 15 to 17
- 6% increase for those aged 18 to 21
- 22% increase for those aged 22 to 24
- 21% increase for those aged over 25.

The NDIA promotes the availability of employment assistance funding to build a participant's capacity for work and support their employment outcomes. This includes:

- Delivering training to NDIS planners and local area coordination partners about the implementation of expanded employment assistance supports, which commenced on 1 July 2024.
- Regular 'Pathways to post-school life' information sessions to help students with a disability, their parents, carers and education professionals to learn about the supports available to help them prepare for employment after school.

Section 2: Participant and family and carer outcomes

Expansion of provider reporting

The *Provider quarterly report – school leaver employment for January 2024 to December 2024* was published in October 2025. This report shares information on the employment assistance delivered to school-leaving participants, the outcomes they achieved and the factors that increase the likelihood of gaining paid work.

New data covering the 12 months to December 2024 showed:

- Some 7,580 participants aged 18–22 received NDIS capacity building employment supports to prepare for their transition from school to work – up 3.5% compared with the 12 months to June 2024
- About 2,850 participants started programs during the year, up 3.5%
- 21% of 2,262 participants who exited programs over the 12 months found open employment, 3 per cent found supported work and 12% went on to study or volunteer work.

From 1 July 2025, providers began reporting on employment assistance delivered to younger participants still at school and those transitioning to tertiary education or training. This reporting will expand from January 2026 to include:

- participants leaving tertiary education and training being assisted to obtain employment relevant to their qualification
- participants of all ages seeking to gain employment
- participants in work who want to change jobs or progress their career.

We will hold information sessions for providers of employment supports outlining the expanded reporting in November 2025.

Family and carer employment rate

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

Comparing responses at the latest reassessment (about 2 and 9 years after entry) with baseline responses (i.e. around entry to the NDIS), showed the following changes:

- **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 53%.

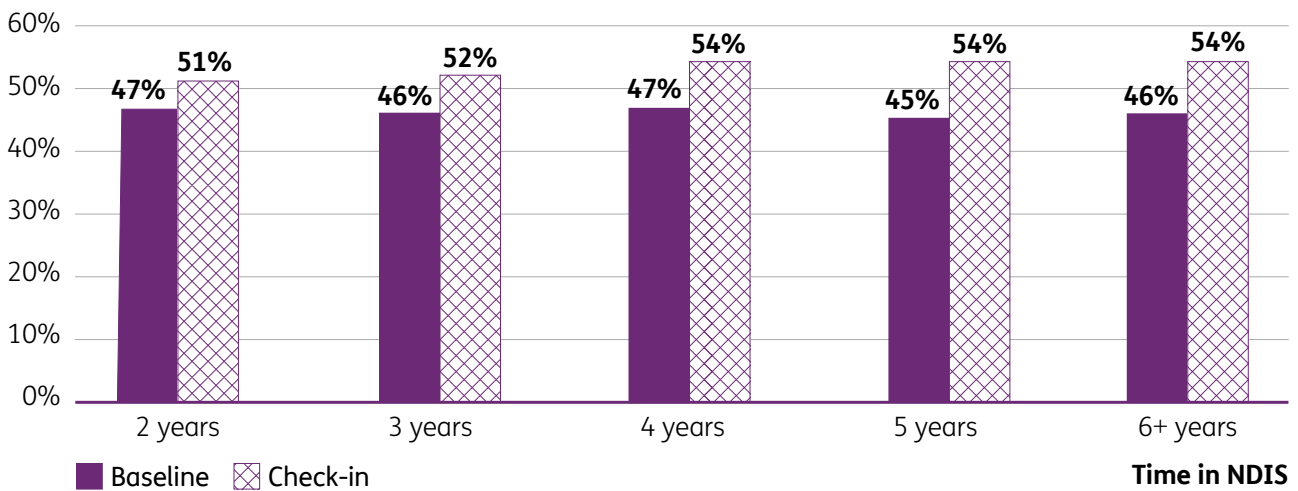
Section 2: Participant and family and carer outcomes

Considering participants of all ages who have been in the NDIS for 2 or more years, improvements in the percentage of families and carers in work were greater where the participant had been in the NDIS for longer. For example, 51% of the families and carers of participants who have been in the NDIS for 2 years were in work at the second reassessment, compared to 47% at baseline, a 4 percentage point increase.

Those families and carers of participants in the NDIS for 6 or more years improved their employment rate by 8 percentage points, from 46% to 54% (Figure 7).

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

Families and carers of participants of all ages



2.2 Perceptions of whether the NDIS has helped

Participants have positive perceptions across all domains and different age groups. However, the percentage of positive responses varies by life domains and age groups.¹⁹

We may ask participants at each plan reassessment or check-in whether the NDIS helped with various aspects and areas of functioning included in the life domain measures. For these questions, longitudinal change is measured from first Short Form reassessment, since the NDIS has not had an opportunity to help at baseline. Results shown in this section compare responses from first Short Form reassessment with latest reassessment for participants entering the NDIS since 1 July 2016 and who have been in the NDIS for 2 or more years.²⁰

Participant choice and control

We base the choice and control metric for participants aged 15 and over on the question 'Has the NDIS helped you have more choices and more control over your life?'

Positive perceptions of whether the NDIS helped with choice and control increased for the latest reassessment compared to the first reassessment across all age bands. Older participants tended to have higher levels of satisfaction than the 15 to 24 age group.

The percentage increases of those who think the NDIS helped them to have more choices and more control over their life were:

- **Fourteen** percentage point increase from **62%** to **76%** for participants aged 15 to 24 years
- **Fourteen** percentage point increase from **68%** to **82%** for participants aged 25 to 34 years
- **Thirteen** percentage point increase from **70%** to **83%** for participants aged 35 to 44 years
- **Thirteen** percentage point increase from **72%** to **85%** for participants aged 45 to 54 years
- **Thirteen** percentage point increase from **73%** to **86%** for participants aged 55 to 64 years
- **Sixteen** percentage point increase from **73%** to **89%** for participants aged 65 years and older
- **Fourteen** percentage point increase from **68%** to **82%** for participants aged 15 years and older.

¹⁹ Figures in this section have been rounded to the nearest whole percentage. Differences are calculated from unrounded metrics.

²⁰ Rounded to the nearest complete year since first plan approval date.

Other ‘Has the NDIS helped?’ questions

Results improved across all life domain measures for children aged from birth to starting school.

Table 1 shows the percentages who responded positively at first reassessment and at latest reassessment, as well as the change between the 2 time points.

Table 1: ‘Has the NDIS helped?’ – participants aged from birth to before starting school

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	89	+7
Relationships (fitting into family life)	77	86	+9
Social, community and civic participation (fitting into community life)	63	72	+9

Improvements were slightly stronger for fitting into family and community life (although results for these life domain measures began at a lower level and had more scope to improve).

Table 2 shows the percentages of participants from starting school to age 14 who responded positively at first reassessment and at latest reassessment, as well as the change between the 2 time points.

Table 2: ‘Has the NDIS helped?’ – participants from starting school to age 14

Domain	First assessment (%)	Latest reassessment (%)	Percentage point change
Daily living (independence)	62	78	+16
Lifelong learning (access to education)	42	56	+14
Relationships (with family and friends)	51	65	+15
Social, community and civic participation (social and recreational life)	46	59	+12

The results in Table 2 were generally less positive than for the younger age group but show stronger improvement over time.

Section 2: Participant and family and carer outcomes

Table 3 shows the percentages of young adults aged 15 to 24 years who responded positively at first reassessment and at latest reassessment, as well as the change between the 2 time points.

Table 3: ‘Has the NDIS helped?’ – participants aged 15 to 24

Domain	First assessment (%)	Latest reassessment (%)	Percentage point change
Choice and control	62	76	+14
Daily living	62	77	+15
Relationships	50	60	+10
Home	23	27	+4
Health and wellbeing	45	59	+15
Lifelong learning	36	44	+8
Work	19	24	+6
Social, community and civic participation	56	68	+12

From Table 3, the largest improvements over time in the NDIS were for the daily living and health and wellbeing domains (15 percentage points). There were also strong improvements for choice and control (14 percentage points); social, community and civic participation (12 percentage points); relationships (10 percentage points); and lifelong learning (8 percentage points). Home and work increased by 4 and 6 percentage points, respectively.

Table 4 shows the percentages of participants aged 25 and over who responded positively at first reassessment and latest reassessment, as well as the change between the 2 time points.

Table 4: ‘Has the NDIS helped?’ – participants aged 25 and over

Domain	First assessment (%)	Latest reassessment (%)	Percentage point change
Choice and control	71	85	+14
Daily living	74	88	+14
Relationships	53	69	+16
Home	31	42	+11
Health and wellbeing	53	70	+16
Lifelong learning	30	39	+9
Work	20	25	+5
Social, community and civic participation	60	76	+16

Section 2: Participant and family and carer outcomes

From Table 4, perceptions were more positive than for those aged 15 to 24, and the older adult group also showed a stronger improvement over time.

The largest improvements over time in the NDIS for participants aged 25 and over were for relationships; health and wellbeing; and social, community and civic participation (16 percentage points). There were also strong improvements for choice and control and daily living (14 percentage points).

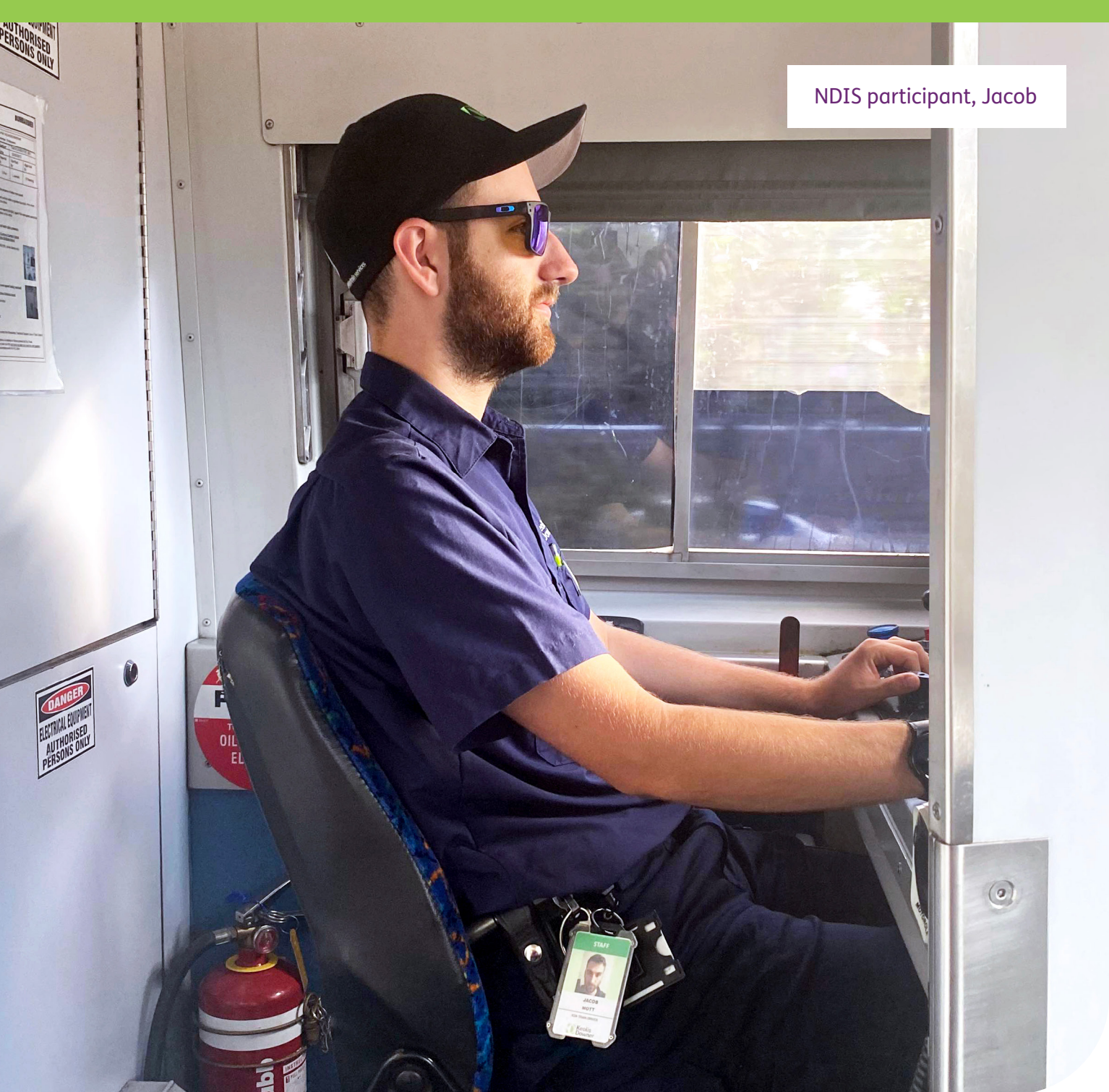
Similar to the younger adult group, lifelong learning and work showed smaller increases (9 and 5 percentage points, respectively). However, there was a larger improvement for the home domain (11 percentage points) in the older adult group compared to the younger adult group.²¹

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 we could improve outcomes. For example, for participants aged 25 and over (who have been in the NDIS for 2 or more years), only 25% agreed that being in the NDIS had helped them find a suitable job, which is a 5 percentage point increase from their first plan assessment.

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



NDIS participant, Jacob

Section 3

Participant experience



Jacob builds his career as a train driver



For Adelaide NDIS participant Jacob, trains aren't just a passion, they are now his career.

At 24, Jacob has reached his dream of becoming a train driver. His journey reflects years of hard work, determination, and the right supports.

Jacob's love for trains began early, learning routes, signals and schedules.

Focusing on one day driving trains himself, Jacob said 'I wanted to make sure everyone got home safely.'

Knowing the job path he wanted to follow, Jacob asked a local train driver for advice. He enrolled in the "Safely Access the Rail Corridor".

NDIS supports played a key role in Jacob's success. Jacob has accessed occupational and speech therapies and been supported to build his life and social skills, all building his capacity to live and work independently.

Jacob said Feros Care local area coordinator Michael has supported him in his journey.

'We saw each other at Try Before You Ride. It's a Gawler Railway Station annual event Feros Care co-host to help people with disability confidently use the trains,' he said.

'Michael is great. He really knows his stuff and he created a plan that suited me perfectly.'

Today, Jacob thrives in his role. 'Helping people get where they need to go safely – it's everything I've ever wanted,' he said.

[Read more participant stories 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 how NDIA staff and partners should engage with participants and our accountabilities.

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

We measured performance for the 5 PSC engagement principles (Table 5). The results are drawn from the participant satisfaction survey.²²

Table 5: Performance against the PSC engagement principles

Engagement principles		Performance result	Change from last quarter*
Transparent	We will make it easy to access and understand our information and decisions.	80%	↔
Responsive	We will respond to your individual needs and circumstances.	64%	↔
Respectful	We will recognise your individual experience and acknowledge you are an expert in your own life.	67%	↔
Empowering	We will make it easy to access and use information and be supported by the NDIS to lead your life	66%	↔
Connected	We will support you to access the services and supports you need.	74%	↔

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

22 Respondents include NDIS participants, prospective participants, and people with disability engaging with the NDIS through community connections and early supports.

Section 3: Participant experience

Transparent – 80% of respondents experienced interactions that were transparent, with 92% indicating that communication was in their preferred format.

Responsive – 64% of respondents reported an experience that was responsive, with 66% saying that their circumstances and needs were considered.

Respectful – 67% of respondents experienced respectful service, with 90% of participants and other people with disability engaging with the NDIS noting they were treated with respect.

Empowering – 66% of respondents experienced interactions that were empowering, with 62% of participants feeling prepared for their plan-related meetings, 64% feeling confident in using their plan, and 83% knowing where to find more help with using their plan.

Connected – 74% of participants and other people with disability engaging with the NDIS experienced interactions that enabled them to be connected, with 85% reporting they could connect with the NDIS in their preferred way and 61% feeling confident in accessing supports.

3.2 Participant Service Guarantee

The Participant Service Guarantee (PSG) sets clear timeframes for key NDIS processes.

The NDIA moved from reporting on 10 PSGs in Q4 of the 2024–25 financial year, to reporting on 19 PSGs in Q1 of the 2025–26 financial year. This aligns with our commitment to Disability Ministers to expand performance reporting when it is available.

In Q4 of the 2024–25 financial year we reported results for PSGs 2, 4, 6, 7, 8, 11, 12, 13, 14 and 17a. In Q1 of the 2025–26 financial year we are also reporting results for PSGs 1, 3, 9, 10, 16, 17b, 18, 19 and 20.

Reporting for PSG measures 5 and 15 are not yet available and these will not be reported at this stage.

Of the 19 measures we reported in Q1, 8 (42%) meet PSG target timeframes at least 95% of the time (PSGs 1, 6, 7, 9, 10, 16, 17b, and 20) and 6 reported results over 80% (PSGs 2, 3, 8, 13, 18 and 19). We have taken considerable steps to improve the participant experience and performance against the PSG measures, as outlined below.

Scheme eligibility and access (PSG 1, 2, 3 and 4)

There has been significant improvement in all access pathway PSGs with PSG 1, 2 and 3 all reporting greater than 90% within PSG timeframes for Q1. PSG 4 performance improved from 46% in Q4 2024–25 to 55% in Q1 2025–26. This is attributed to a strategic focus on completing access decisions by pivoting more staffing resources to this work.

First plans (PSG 6 and 7)

A key NDIA focus has been to reduce wait times for participants' first plans. More than 95% of participants received their first plan within PSG timeframes in Q1 2025–26.

Reviews and reassessments (PSG 11, 12, 13, 14, 17a and 17b)

There has been a continued high volume of participants seeking a review or reassessment of their NDIS plan (PSG 12, 13, 14 and 17a). We have increased our commitment to prioritising unscheduled requests by allocating more staffing resources to this work, and focus on completion of the oldest work first. We expect improvements in timeframes in the upcoming quarters.

The NDIA's focus for the coming quarter remains on reducing wait times and work on hand for access decisions, first plans, unscheduled reassessments and internal reviews.

Table 6: Performance against the Participant Service Guarantee²³

PSG	Service type	Description of the service being guaranteed	Service guarantee	Performance in the September 2025 quarter	Change from last quarter*
1	Access	Explanation of a previous decision, after a request for explanation is received.	28 days	95%	●
2	Access	Make an access decision, or request for more information, after an access request has been received.	21 days	91%	↑
3	Access	Allow sufficient time for prospective participants to provide information, after the NDIA has requested further information.	90 days	92%	●
4	Access	Make an access decision, or request for additional information, after more information has been provided.	14 days	55%	↑
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	96%	↔
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	85%	↔
9	Implementation	If a participant accepts the offer, hold a plan implementation meeting.	28 days	98%	●
10, 16	Plan approval	Provide a copy of the plan to a participant, after the plan is approved (PSG 10) or amended (PSG 16).	7 days	99%	●
11	Plan reassessment	Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date.	56 days	51%	↓

*** Change from last quarter**

- ↑ More than 3 percentage points higher
- ↔ Within 3 percentage points
- ↓ More than 3 percentage points lower
- Not reported last quarter

²³ For the September 2025 quarter, performance is being measured from milestones built into the new computer system for most measures. PSGs 10 and 16 are captured within the same milestone. For PSGs 11, 14 and 18, performance is being measured from available data on processes and dates in the new computer system.

Section 3: Participant experience

Table 6: Performance against the Participant Service Guarantee cont.

PSG	Service type	Description of the service being guaranteed	Service guarantee	Performance in the September 2025 quarter	Change from last quarter*
12	Plan reassessment	Decide whether to undertake a participant-initiated plan reassessment, after the request is received.	21 days	26%	↔
13	Plan reassessment	Complete a reassessment, after the decision to accept the request was made.	28 days	83%	↔
14	Plan variations	Amend a plan, after the receipt of information that triggers the plan amendment process.	28 days	44%	↔
17a	Reviewable decisions	Complete an internal review of a reviewable decision after a request is received.	60 days	70%	↓
17b	Reviewable decisions	Enact on outcome of a reviewable decision.	28 days	97%	●
18	Participant budget update	Implement an Administrative Review Tribunal (ART) decision to vary a plan, after receiving notification of the ART decision.	28 days	87%	●
19	Manage authorised representative	Cancel participant requested nominee.	14 days	91%	●
20	Manage authorised representative	Cancel CEO initiated nominee	14 days	98%	●

Note: The NDIA's participant check-in process ensures every scheduled reassessment begins with 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 continue receiving supports.

* Change from last quarter

↑ More than 3 percentage points higher

↔ Within 3 percentage points

↓ More than 3 percentage points lower

● Not reported last quarter

3.3 Home and living decisions

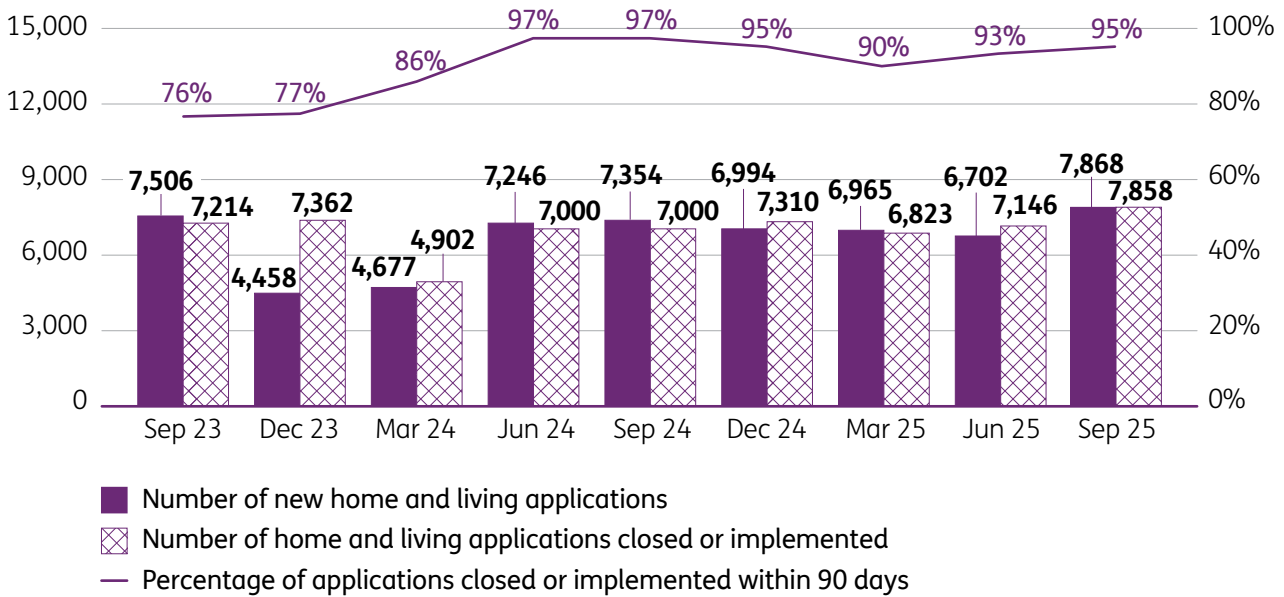
The NDIA supports participants and their families to access information and capacity building to explore alternative living options.

The end-to-end process for home and living applications starts when a home and living application form is received and ends when home and living supports are included in the approved plan (plan implementation).²⁴

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.

During the September 2025 quarter, 7,868 new home and living applications were received (Figure 8). There were 7,858 applications either closed or implemented, and 95% (6,356) were finalised within 90 days.^{25,26} The number of new applications is higher than that of the June 2025 quarter (6,702), while the proportion of closed or implemented applications finalised within 90 days is slightly higher than the June 2025 quarter (93%).

Figure 8: Home and living applications – new, closed and percentage closed within 90 days²⁷



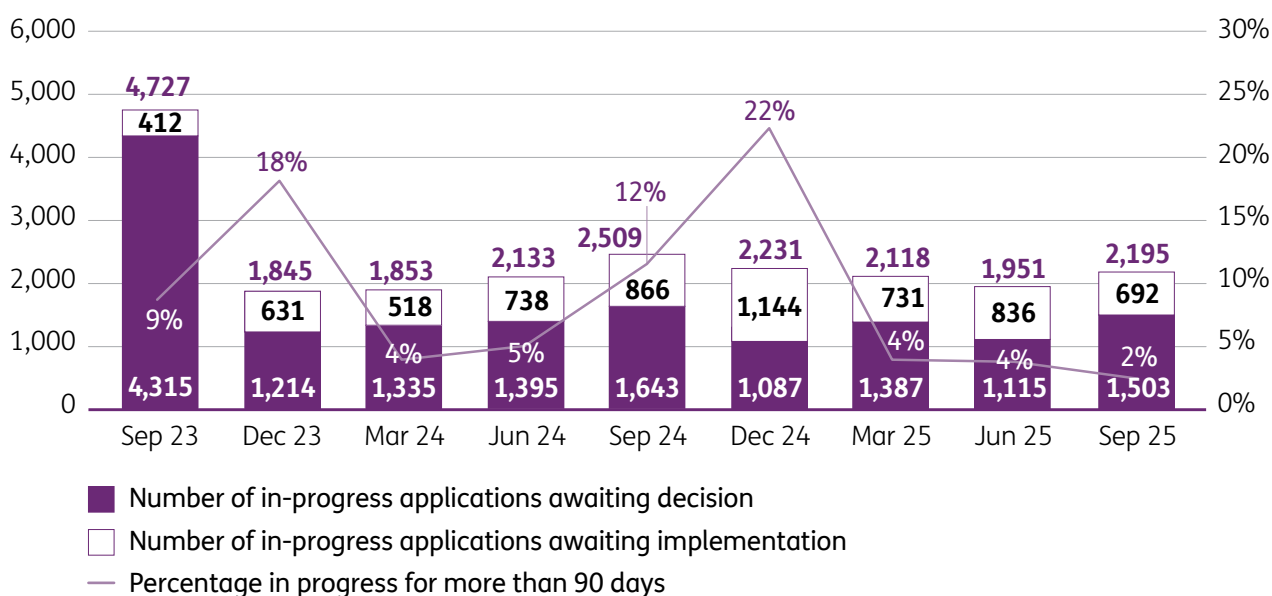
24 The time taken for participants to respond to requests for further information is not included.
 25 An application is considered closed if it is cancelled or rejected, a participant declined all home and living supports, or the application won't progress to implementation (e.g., participant deceased, participant does not proceed). An application is considered implemented once a participant has a new approved plan.
 26 For the September 2025 quarter, 1,160 of the 7,868 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.
 27 Applications closed or implemented with no data on the closure date have been excluded from the percentage of applications closed or implemented within 90 days.

Section 3: Participant experience

As at 30 September 2025, there were 2,195 home and living applications in progress (Figure 9). Of these, 1,503 were awaiting a decision,²⁸ while a further 692 were waiting for supports to be implemented in a plan. There were 1,495 (68%) in-progress applications flagged as relating to a plan reassessment request due to a change in circumstances.

As at 30 September 2025, the proportion of applications in progress for more than 90 days was slightly lower than the previous quarter at 2% (53 applications).

Figure 9: Home and living applications – in progress awaiting decision or implementation, percentage in progress for more than 90 days²⁹



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 in-home support funding decisions equivalent in value to supported independent living (SIL) packages.

²⁸ The NDIA is waiting on additional information from participants for 299 of the 1,503 applications awaiting a decision.

²⁹ Applications on hold are excluded from the in-progress applications.

3.4 Complaints and participant critical incidents

The volume of complaints increased this quarter due to increased participant contact about all complaint topics as well as the Annual Pricing Review.

Complaints

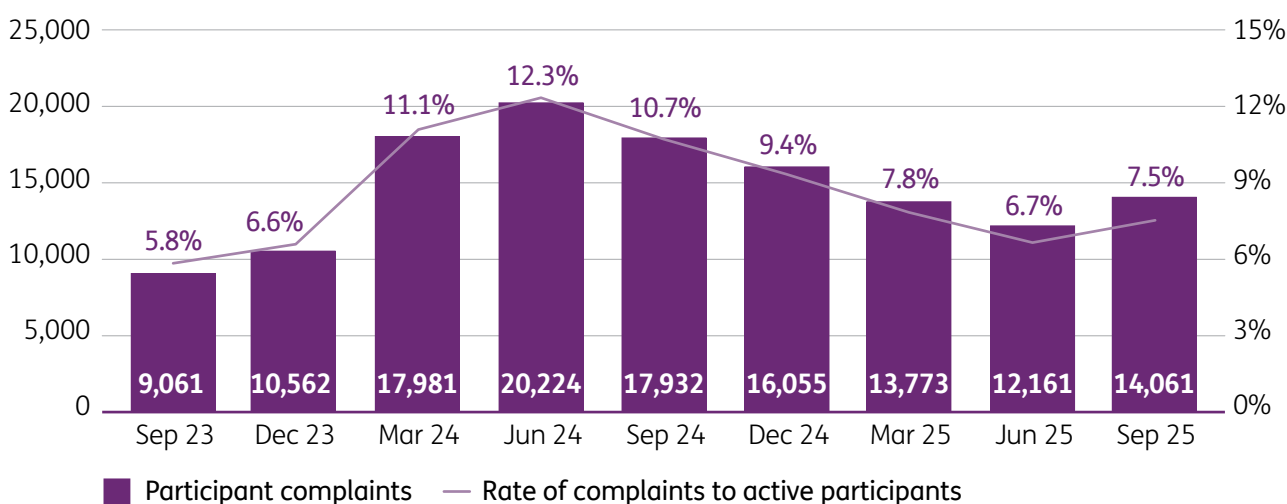
The NDIA receives complaints from participants and their representatives, as well as others, including members of the public, referrals from parliamentarians, other government agencies and community organisations.^{30,31,32}

In June 2025, the NDIA received 1,590 complaints about the outcome of the 2024–25 Annual Pricing Review (APR). Of these, 94% (1,495) were from providers, with many being templated submissions sent to multiple individual and group email addresses. This required the NDIA to consolidate and assess all contacts before it could provide responses. We recorded the contacts in our system against the date they were received. This means that in July 2025, we added more complaints that were received in June 2025.

The data for June 2025 in Figures 10 and 11 of this report now reflects the full data for April to June 2025.

During the September 2025 quarter, there was an increase in complaints from participants to 14,061, compared to 12,161 in the June 2025 quarter. While we received a small number of complaints from participants about the Annual Pricing Review this quarter, the growth reflects a general increase in contacts from participants about all complaint topics.

Figure 10: Number and proportion of participant complaints over time



30 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.

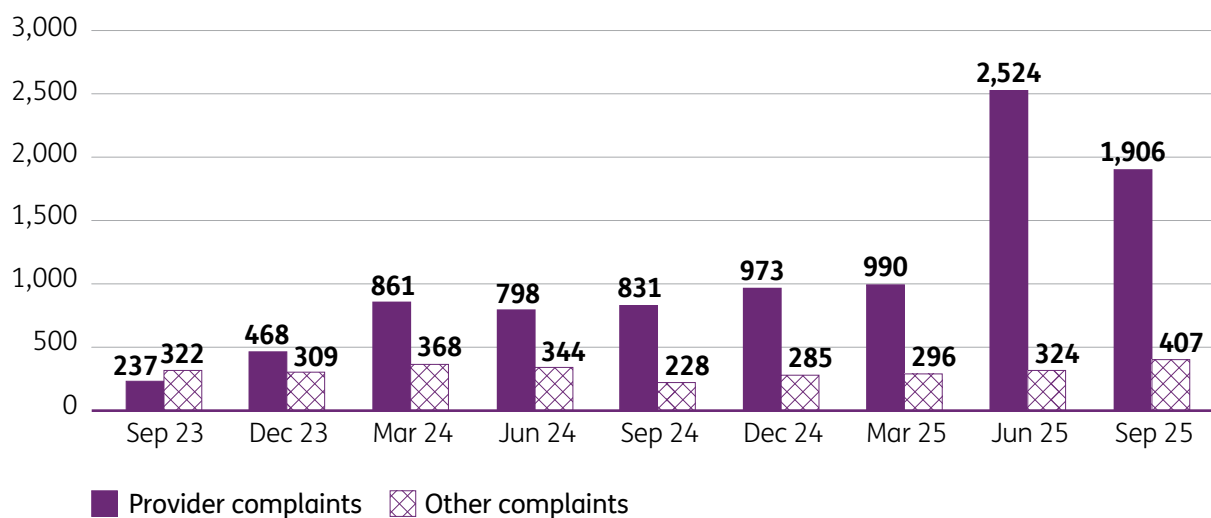
31 Numbers of complaints reported for the most recent quarter may still vary to the extent there is a data collection lag.

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

Section 3: Participant experience

During the September 2025 quarter, the NDIA received 1,906 complaints from NDIS providers and 407 complaints from other sources³³. Of these, 535 complaints related to the 2025 Annual Pricing Review.

Figure 11: Number of provider and other complaint types



When exploring both participant and provider and other complains, participant plans are the most common focus of complaints, in particular:

- the type and amount of funding approved
- communication about changes to participant plans
- the plan review process
- delays in receiving payment.

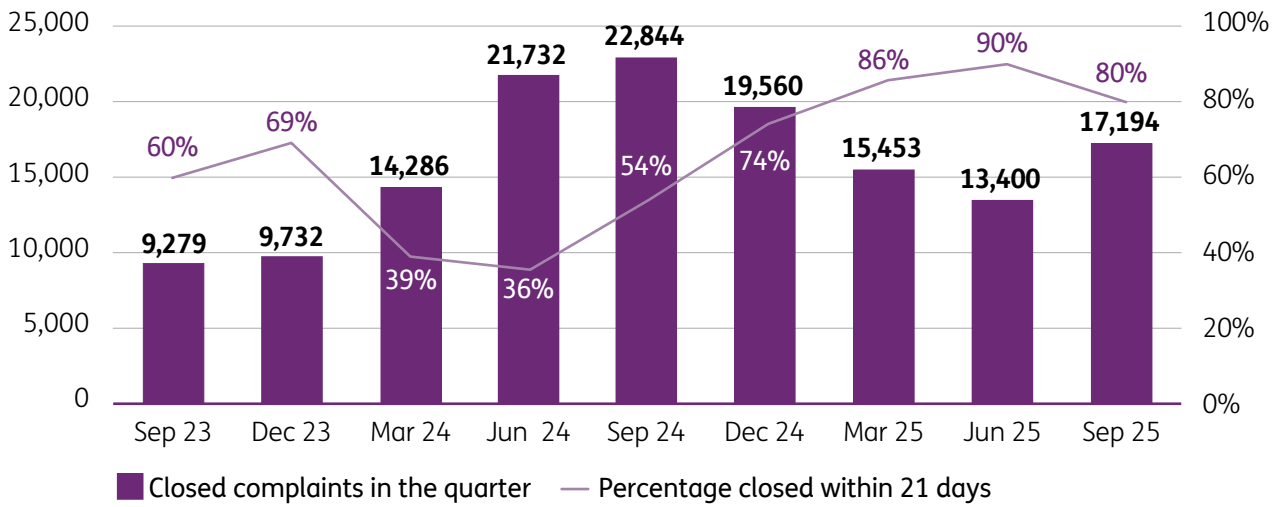
The NDIA continues to work to improve participants' experience of the complaint process by:

- Reinforcing the responsibility of all front-line staff to identify and respond to feedback and complaints including by, wherever possible, resolving participants' concerns when they first raise them.
- Monitoring and reporting on complaint volumes and trends to inform continuous improvement initiatives.

Due to the significant volume of complaints that the NDIA received about the outcome of the Annual Pricing Review, the proportion of complaints resolved within 21 days declined to 80%, compared to 90% in the June 2025 quarter (Figure 12). However, the processes developed to manage these contacts are expected to enhance the NDIA's capacity to respond effectively to future complaint surges.

³³ 'Other sources' captures contacts not related to an individual participant or provider and may come from the Commonwealth Ombudsman, NDIS Quality and Safeguards Commission, parliamentarians, or members of the public.

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



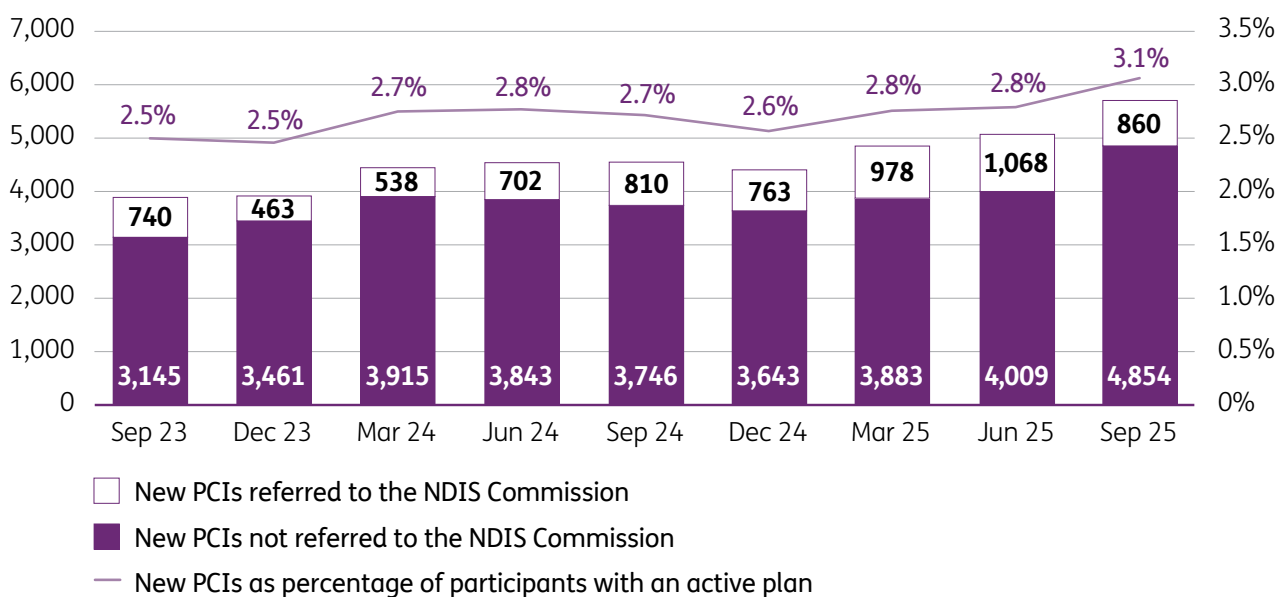
Participant critical incidents

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, staff must report the PCI. A dedicated team in the NDIA handles these reports and prioritises them for action based on the level of risk to the participant. The NDIA considers any implications for the participant’s NDIS plan and, where relevant, makes referrals to the NDIS Quality and Safeguards Commission and/or other safeguarding, integrity or law enforcement agencies.

PCIs increased in the September 2025 quarter to 5,714, compared to 5,077 in the June 2025 quarter. The proportion of active participants for whom the NDIA recorded a PCI during this quarter also increased to 3.1% from 2.8% in the June 2025 quarter (Figure 13).

Figure 13: Number and proportion of new PCIs³⁴



The most common themes of PCIs in the September 2025 quarter were abuse or neglect of a participant, followed by a participant being at risk of or attempting self-harm. These themes are consistent with previous quarters.

3.5 Plan changes, reviewable decisions and Administrative Review Tribunal cases

The number of participant requests for a plan change are increasing.

Participant-initiated plan change requests

A participant may request a plan reassessment or variation at any time. A reassessment is a complete review of the plan, whereas a variation is often a minor adjustment to a plan.

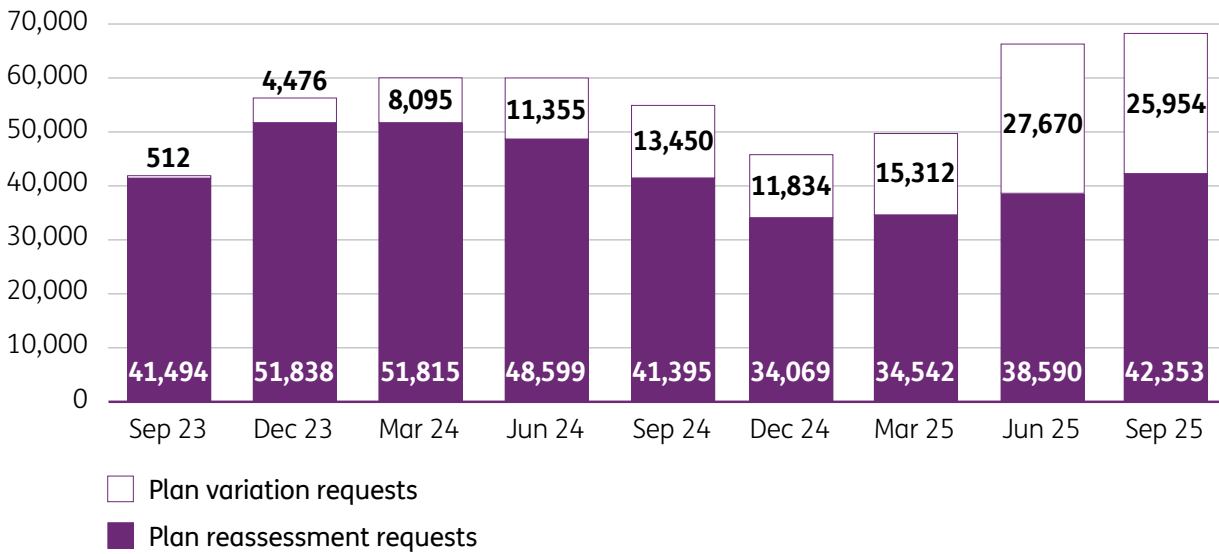
The number of plan reassessment requests increased significantly in the December 2023 quarter to 51,838 and declined each quarter to 34,069 in the December 2024 quarter before increasing each quarter to 42,353 in September 2025 (Figure 14).

With increased staff training and the improved functionality of the new computer system, the number of plan variation requests has been generally increasing compared to historical levels.

³⁴ The number of PCIs in the current quarter may change in future as the method of identifying PCIs in the new computer system is further enhanced. The number of PCIs reported for the most recent quarters may still increase, as data collection lags.

Section 3: Participant experience

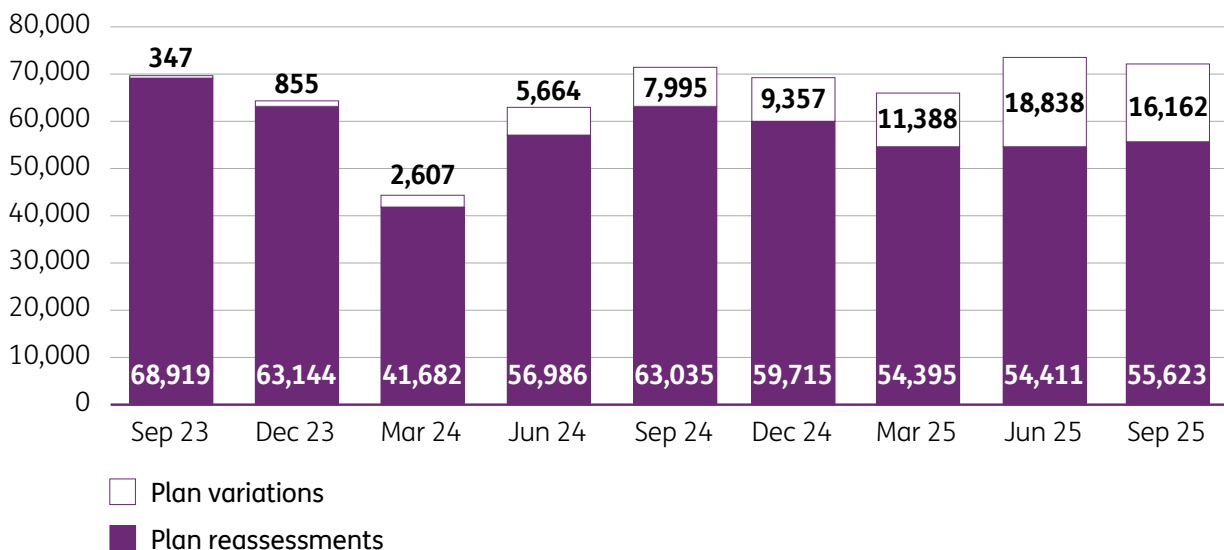
Figure 14: Number of plan change requests^{35,36}



Plan reassessments and variations

Plan reassessments and variations can be initiated by either the participant or the NDIA. Figure 15 shows a low number of reassessments completed in the March 2024 quarter. This increased in the June 2024 and September 2024 quarters as the NDIA responded to the increased volume of participant plan reassessment requests. The number of completed reassessments stabilised in the March, June and September 2025 quarters. Completed plan variations have increased each quarter, consistent with the increase in requests for a variation.

Figure 15: Number of completed plan reassessments and plan variations



35 Number of plan change requests reported for the most recent quarters may vary, to the extent there is a data collection lag.

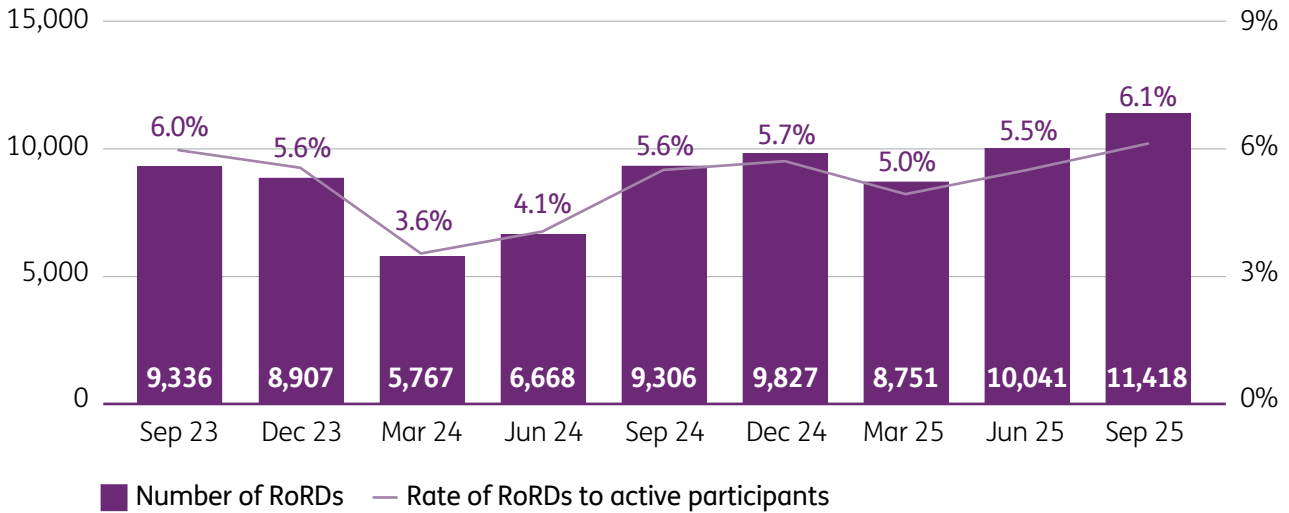
36 The number of plan change requests has been restated in prior periods to exclude miscategorised cases.

Section 3: Participant experience

Review of a reviewable decision³⁷

The number of requests for a review of a reviewable decision (RoRDs), as a percentage of active participants decreased from 6.0% in the September 2023 quarter to 3.6% in the March 2024 quarter, before increasing to 6.1% in the September 2025 quarter (Figure 16).

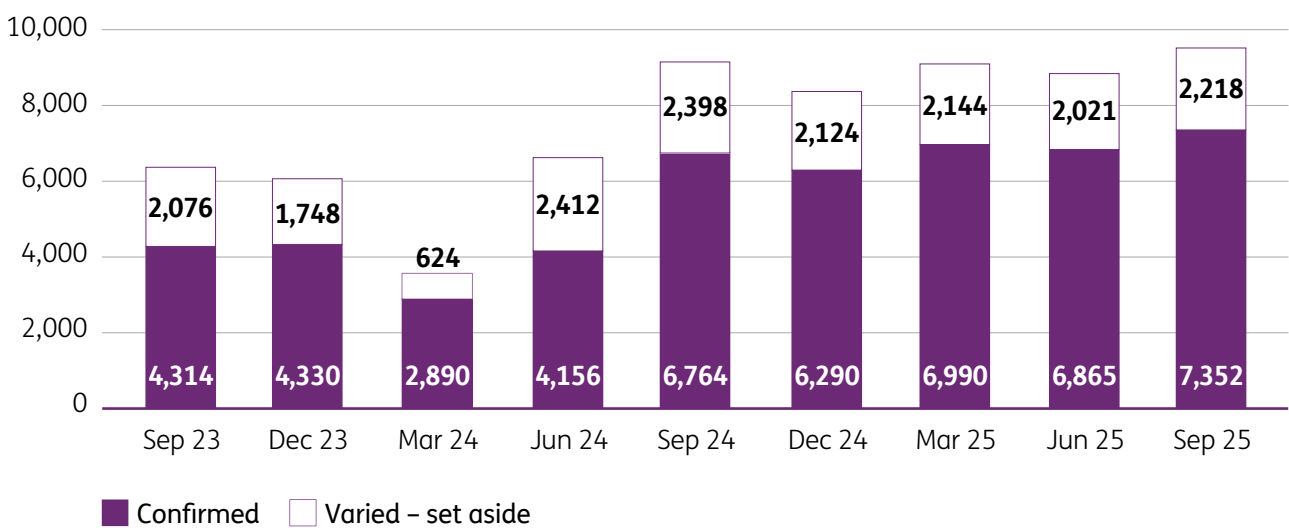
Figure 16: Requests for an RoRD by date of request³⁸



In the September 2025 quarter, 9,573 RoRDs were closed, which is higher than the June 2025 quarter (Figure 17).

Of these closed RoRDs, 7,352 reviews upheld the original NDIA decision, while 2,218 resulted in changes.³⁹ These changes typically occur when new evidence that was not available to the original decision maker is provided during the review process.

Figure 17: Closed RoRDs by outcomes – quarterly trend⁴⁰



37 Operational changes in late 2023 increased the recorded number of RoRDs due to reviews being raised when the timeframe for plan change requests elapsed and due to reviews being withdrawn for administrative reasons. The count of historical reviews has been restated to exclude these instances and to exclude draft and miscategorised RoRDs. This has caused retrospective changes in RoRDs counts for previous periods.

38 Number of RoRDs reported for the recent quarters may vary, to the extent there is a lag in data collection.

39 A further 3 were closed in the September 2025 quarter with no specified outcome.

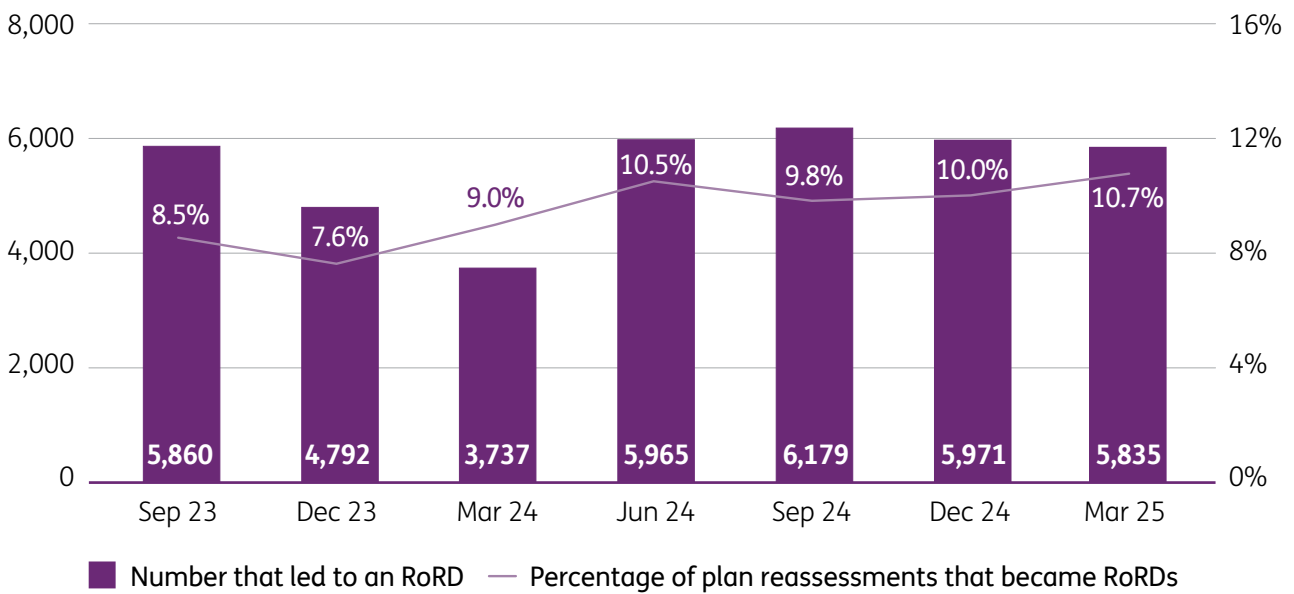
40 The small number of RoRDs closed with no specified outcome are excluded.

Pathway from plan reassessment to RoRD and ART case

A participant may request an RoRD and then a further appeal to the Administrative Review Tribunal (ART). Figures 20 and 21 show the pathway from plan reassessment to RoRD and ART case between 1 July 2023 and 31 March 2025.

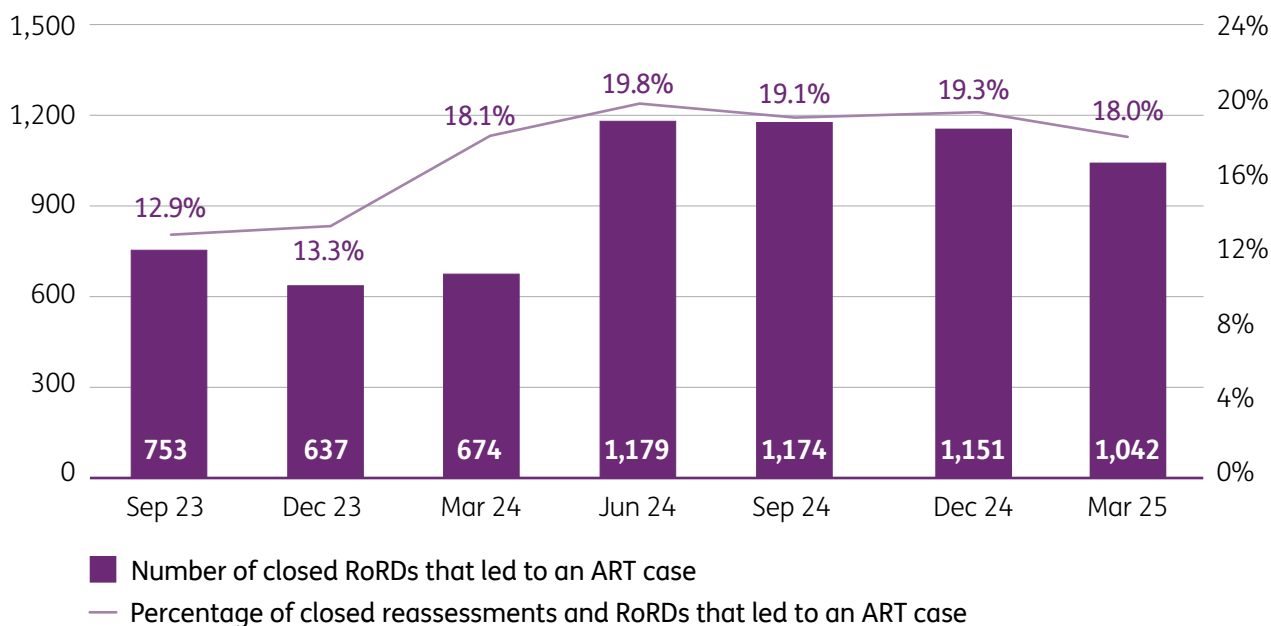
The proportion of plan reassessments that became RoRDs increased from 8.5% (5,860 RoRDs) in the September 2023 quarter to 10.7% (5,835 RoRDs) in the March 2025 quarter (Figure 18).

Figure 18: Pathway from plan reassessment to RoRD between 1 July 2023 and 31 March 2025, as at 30 September 2025



The proportion of RoRDs that became ART appeals increased from 12.9% in the September 2023 quarter to 19.8% in the June 2024 quarter and then decreased to 18.0% in the March 2025 quarter (Figure 19).

Figure 19: Pathway from RoRD to ART case between 1 July 2023 and 31 March 2025, as at 30 September 2025



Administrative Review Tribunal

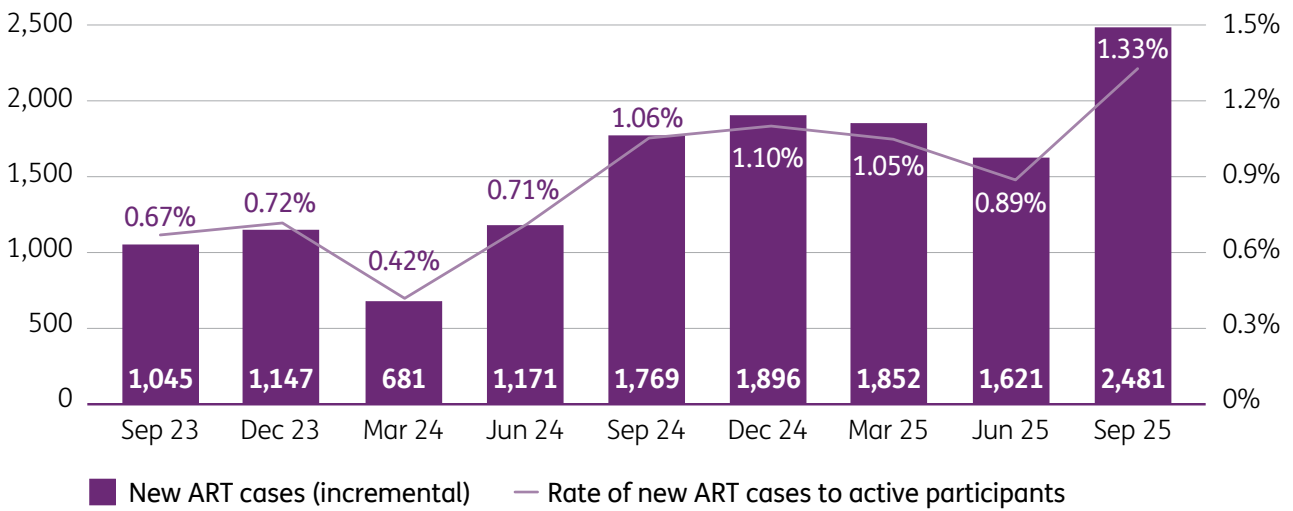
If a person is not satisfied with the outcome of their review by the NDIA, they may apply to the ART for review of a decision made by a reviewer.^{41,42} The NDIA is committed to acting as a model litigant in the ART as required by the Legal Services Directions 2017. As a result, the NDIA works with applicants and their legal representatives to resolve their matters as early as possible in the ART process.

There were 2,481 new ART cases in the September 2025 quarter, relating to 2,441 participants (Figure 20). The number of new ART cases (as a proportion of active participants) increased from 0.67% in the September 2023 quarter to 1.33% in the September 2025 quarter. The September 2025 quarter saw an increase from 0.89% recorded in the June 2025 quarter.

41 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.
 42 Further information about the ART process can be found on the ART website.

Section 3: Participant experience

Figure 20: Number and proportion of new ART cases

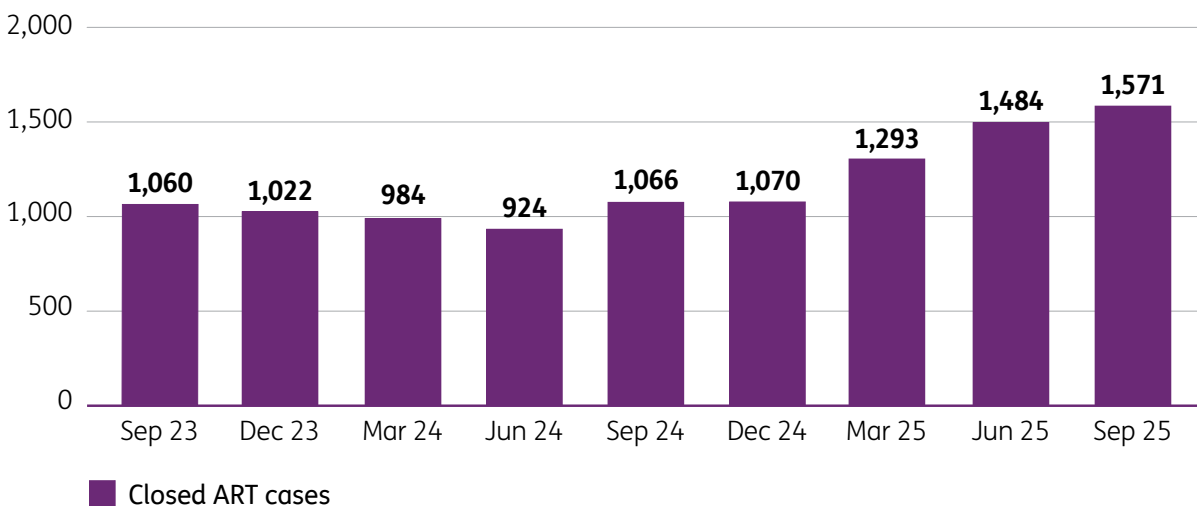


In the 12 months to 30 June 2025,⁴³ of the planning related ART cases that had supports in dispute, the most common categories lodged involved capacity building (65% of disputes), core supports (54%) and SIL (19%). Cases may be lodged with more than one support in dispute.

The NDIA is addressing the increase and case resolution rates as a priority, with a focus on participant-centered resolution initiatives which will enable earlier, quicker and fairer outcomes for participants.

In the September 2025 quarter, there were 1,571 closed ART cases (Figure 21). Of the cases no longer before the ART, approximately 67% were resolved by agreement, 28% were withdrawn by the applicant or dismissed by the ART, and 4% received a substantive hearing decision by the ART.

Figure 21: Number of closed ART cases



⁴³ Data on supports is shown with a one-quarter delay, due to the lags in recording the support in dispute.

3.6 Participant satisfaction

The satisfaction of participants and their families and carers remained stable or slightly more positive across most stages of the NDIS pathway 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 pathway.

Overall satisfaction levels

Overall satisfaction remained close to stable for early supports and community connections and improved by more than 10 percentage points for access, while overall satisfaction decreased slightly for plan related stages. Participant satisfaction rates for this quarter are shown in Table 7.

Table 7: Rating of experience with the NDIS (1 July 2025 to 30 September 2025)^{44,45}

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	66%	78%	80%	38%	51%	60%	66%
Neutral	24%	13%	10%	19%	16%	16%	18%
Poor/very poor	11%	9%	9%	43%	32%	24%	16%

Early supports – for the 3 months to 30 September 2025, 66% of respondents rated the early supports process as either good or very good, with a further 24% rating the experience as neutral.

Community connections – 78% 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 – 80% of participants (that is, respondents with a status of ‘access met’) rated the process of applying for the NDIS as either good or very good, compared to 38% of respondents who had an ‘access not met’ or other status at the time of interaction.

Overall, 66% of respondents (participants and non-participants) rated the process of applying for the NDIS as either good or very good, with 13% rating the experience as neutral.

There has been a steady improvement over the past few quarters for respondents with a status of ‘access met’ in the apply for the NDIS process, with a significant increase since last quarter. A similar increase has also been observed from respondents with a status of “access not met” from last quarter.

⁴⁴ Underlying total response numbers may differ across different questions at each stage due to the exclusion of ‘Prefer not to say’ and ‘Not applicable’ responses. The count is the total number of unique respondents in each stage.

⁴⁵ These results are based on 114 surveys of early supports, 1,646 surveys of community connections, 1,375 of applying for the NDIS, 3,011 of plan approval, 2,134 of plan implementation and 8,504 of plan reassessment, which is 16,784 in total.

Section 3: Participant experience

Plan approval – 51% of respondents rated the plan approval process as either good or very good, with a further 16% rating the experience as neutral.

Plan implementation – 60% of respondents rated the plan implementation process as either good or very good, with a further 16% rating the experience as neutral.

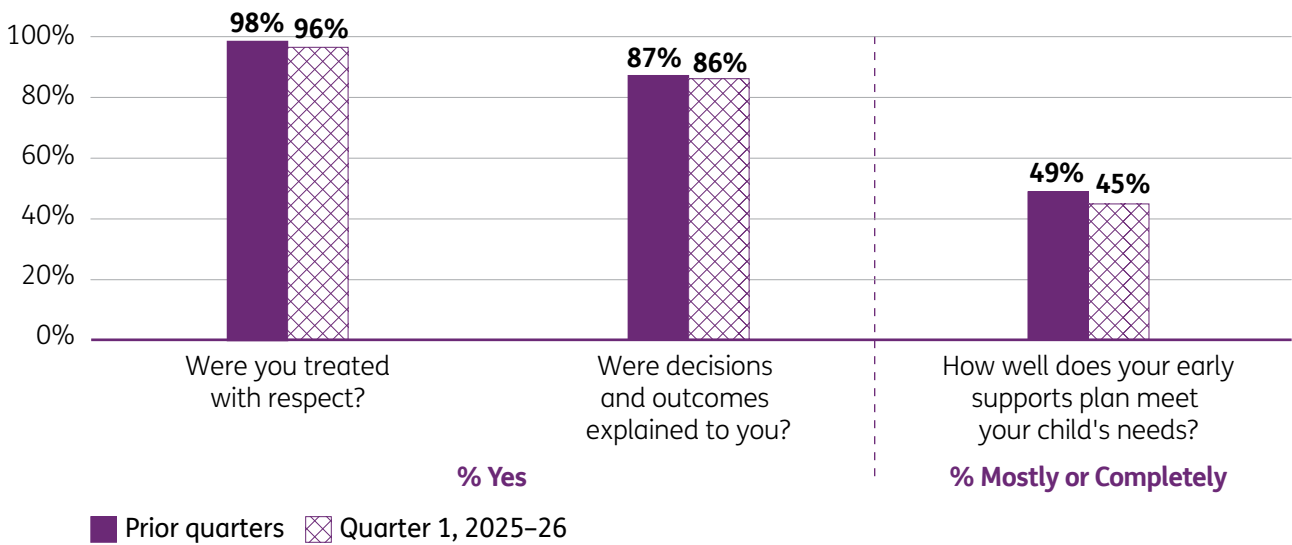
Plan reassessment – 66% of respondents rated the plan reassessment process as either good or very good, with a further 18% rating the experience as neutral.

Satisfaction across the 6 stages of the NDIS pathway

The survey includes questions that provide further insights at each stage of the pathway. Selected questions by pathway stage are presented in Figure 22.

Figure 22: Satisfaction across the 6 stages of the NDIS pathway

Early supports



Community connections

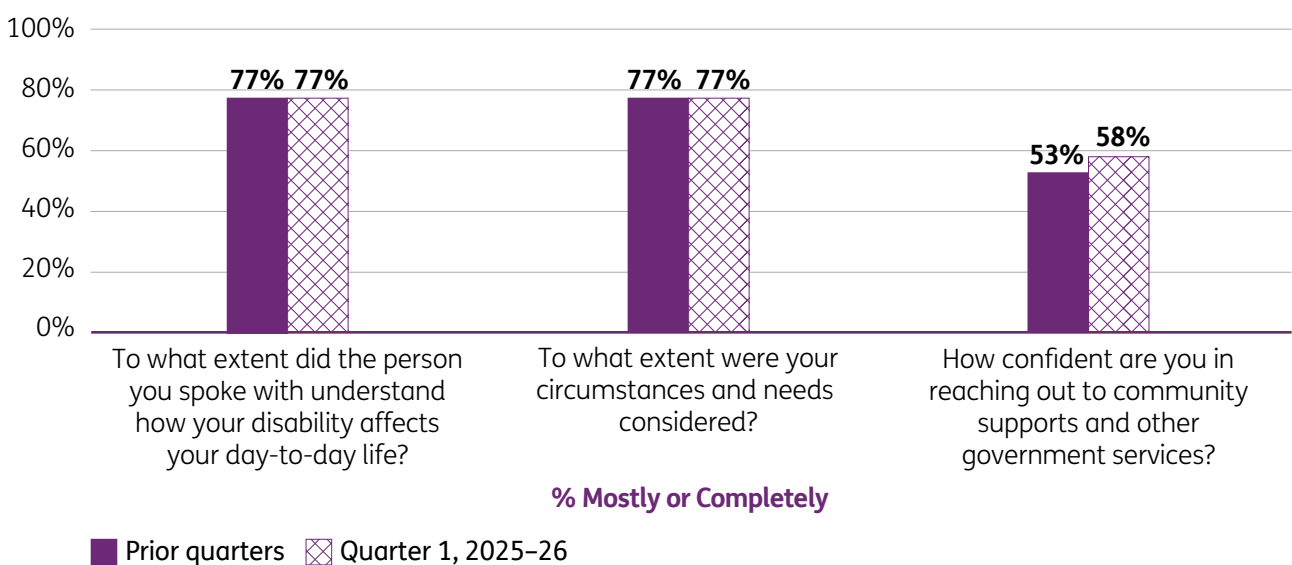
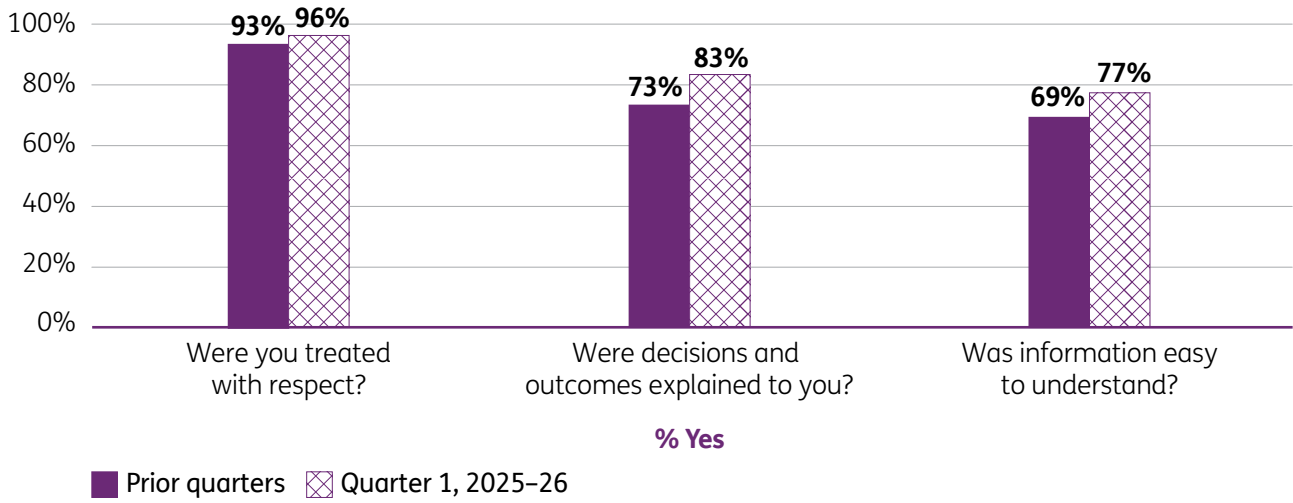


Figure 22: Satisfaction across the 6 stages of the NDIS pathway cont.

Apply for NDIS



Plan approval

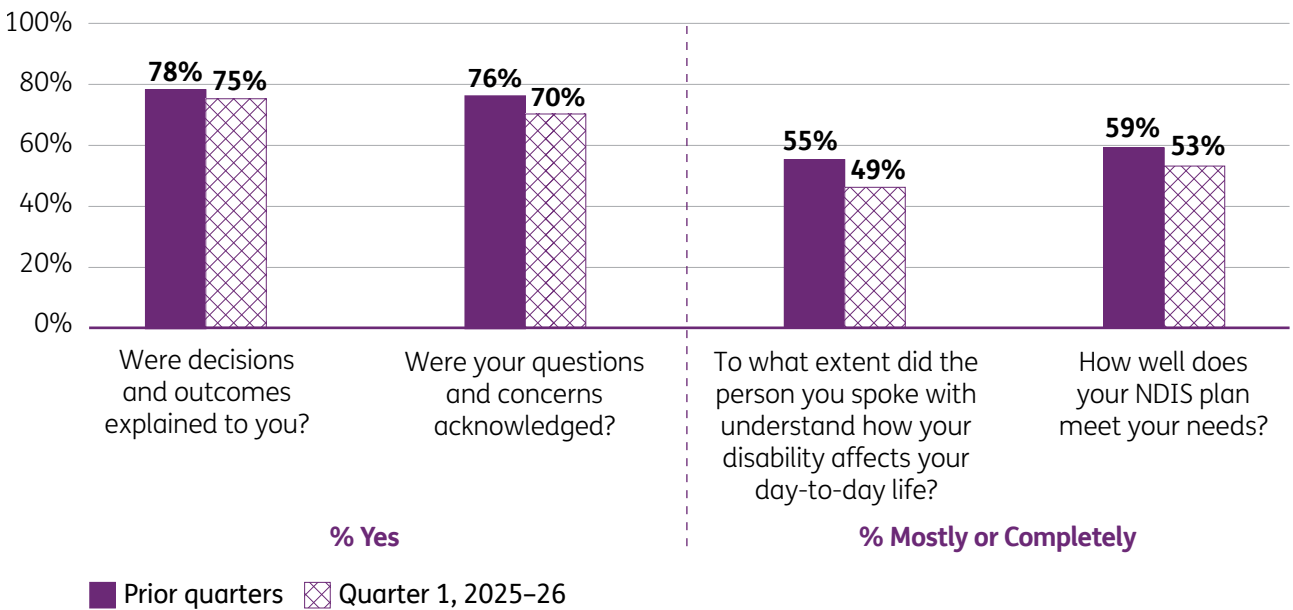
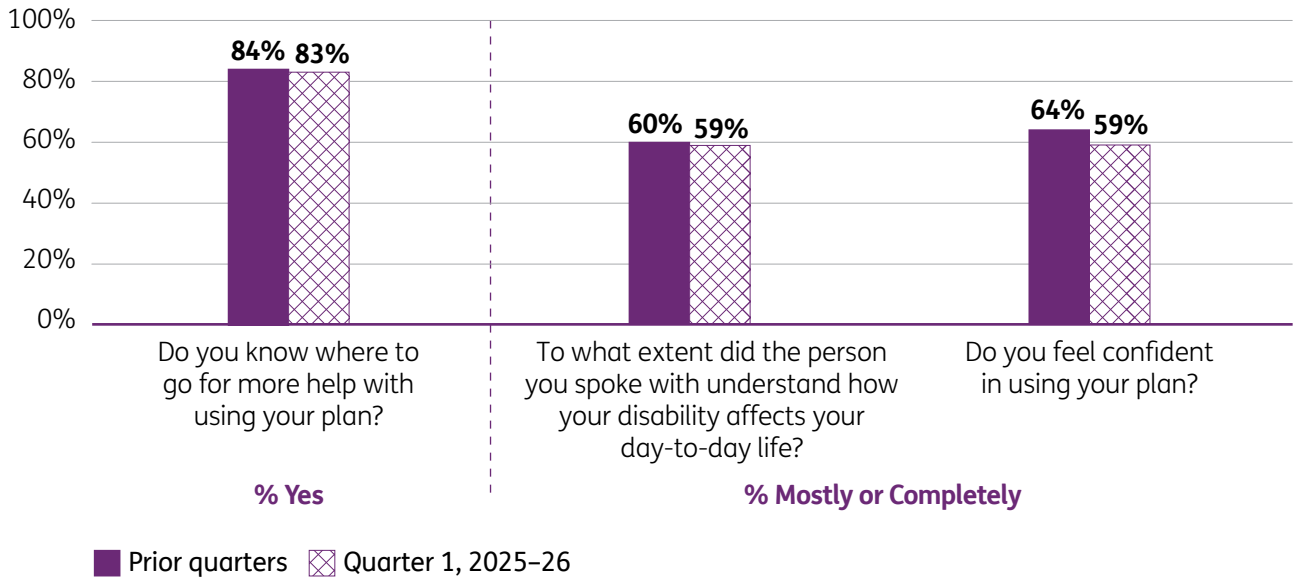
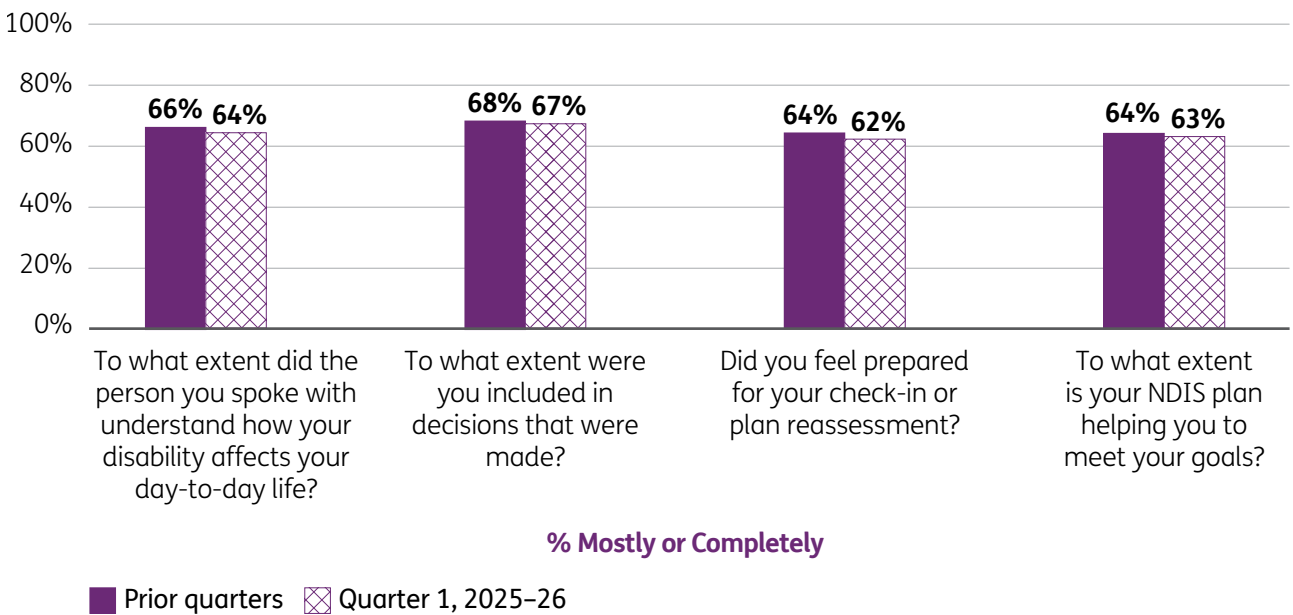


Figure 22: Satisfaction across the 6 stages of the NDIS pathway cont.

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, high-quality services and information about the NDIA for people with disability, their families and carers, and service providers.

The NCC received 914,629 contacts in the September 2025 quarter, a 10% increase from the June 2025 quarter.

The following breaks down Q1 contacts by channel:

- **Voice** – 431,226 (10% increase from previous quarter)
- **Email** – 427,761 (9% increase from previous quarter)
- **Webchat** – 55,642 (5% increase from previous quarter).

The volume of voice calls increased by 10% from the previous quarter, with 67% of all calls answered within 60 seconds (Figure 23), below the service level target (80%). The average speed of answer for voice was 104 seconds. The NCC maintained customer satisfaction at 91%, exceeding the target (80%) and received no significant complaints about call wait times.

Email response times improved in the September 2025 quarter, with 87% of incoming emails answered within two business days (Figure 25). Email volumes included 3,718 contacts generated using the enquiry webform introduced to the participant app in May 2025.

In the September 2025 quarter, the NCC implemented refined processes to manage participant critical incident calls to ensure safeguarding for participants and enhanced post-call support for staff handling sensitive and challenging enquiries.

The NCC also made changes to how it reviews and progresses requests for plan changes. The revised process aims to provide participants with more immediate feedback on successful plan request requirements.

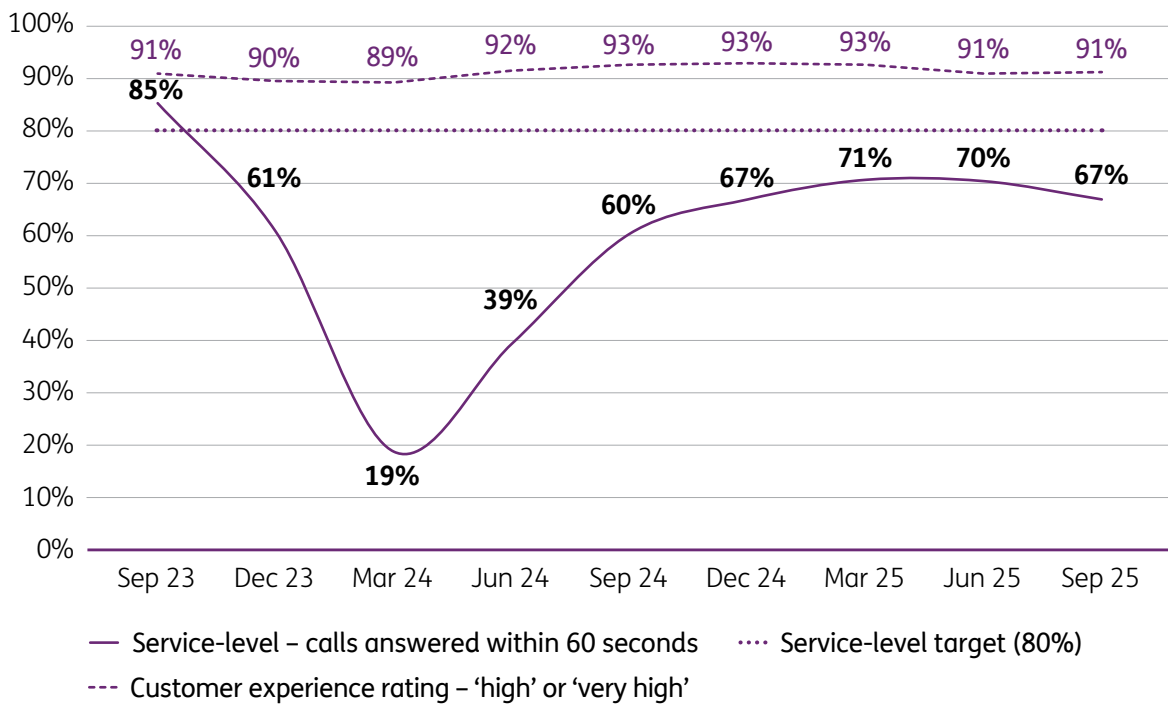
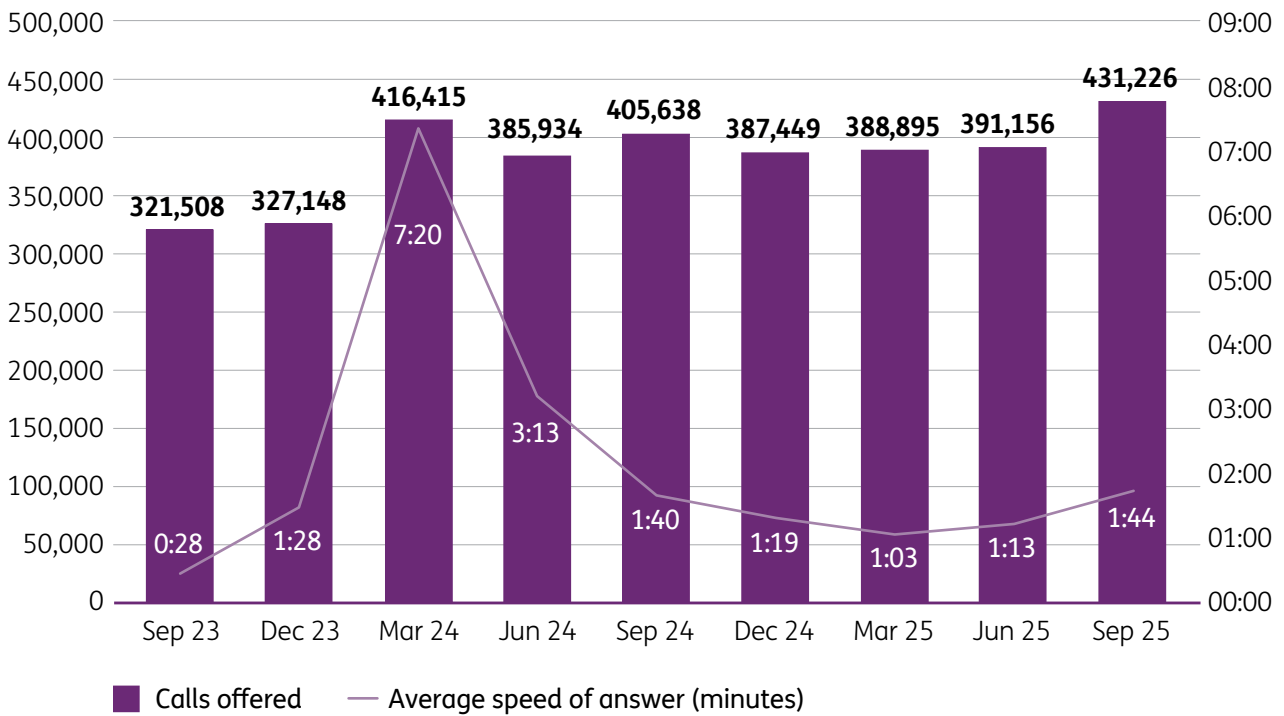
In August 2025, the NDIA commenced a trial of its NCC telephony platform, Amazon Connect, across additional frontline business areas, introducing enhanced call routing, call transcription, and SMS capabilities. These upgrades aim to improve participant experience and introduce safeguards for staff, supporting more responsive and secure service delivery.

The NCC launched a new dedicated line for providers in June 2025, along with a new enquiry specialisation model. The NCC received 68,883 calls from providers through the dedicated phone line between 2 June and 30 September 2025.

In this quarter, 86% of callers reported their enquiries were resolved at the first point of contact, surpassing the target of 80%.

Section 3: Participant experience

Figure 23: NCC telephony – call volume (top) and performance (bottom)



Section 3: Participant experience

Figure 24: NCC webchat performance⁴⁶

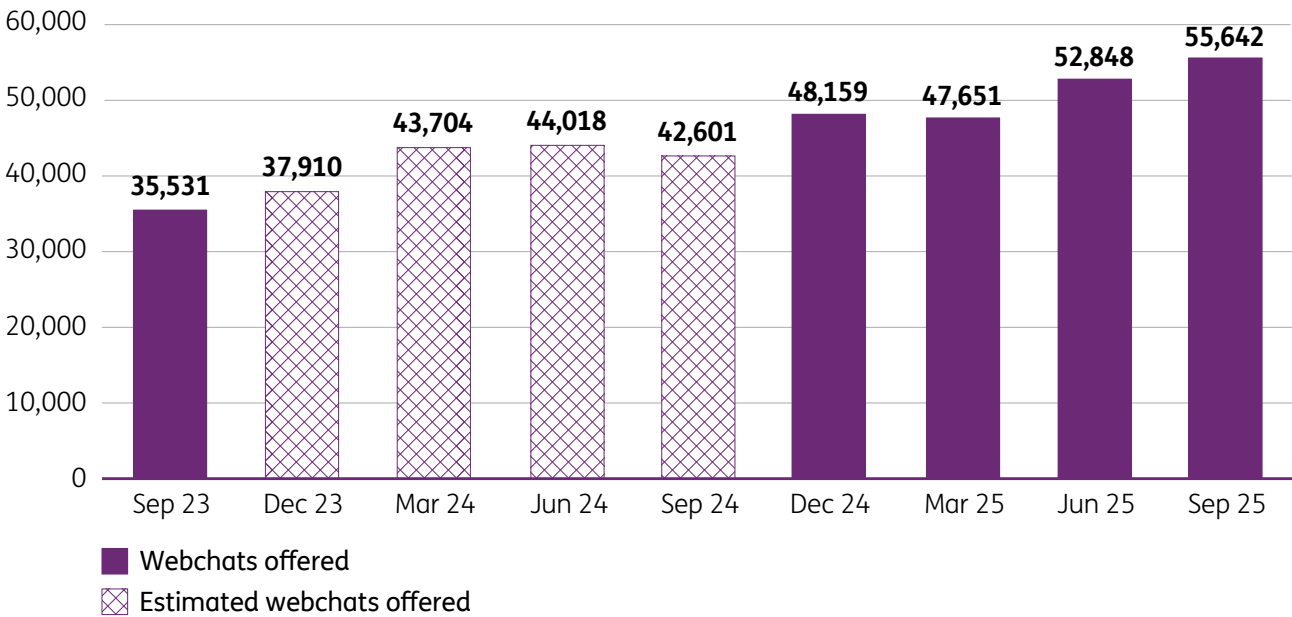
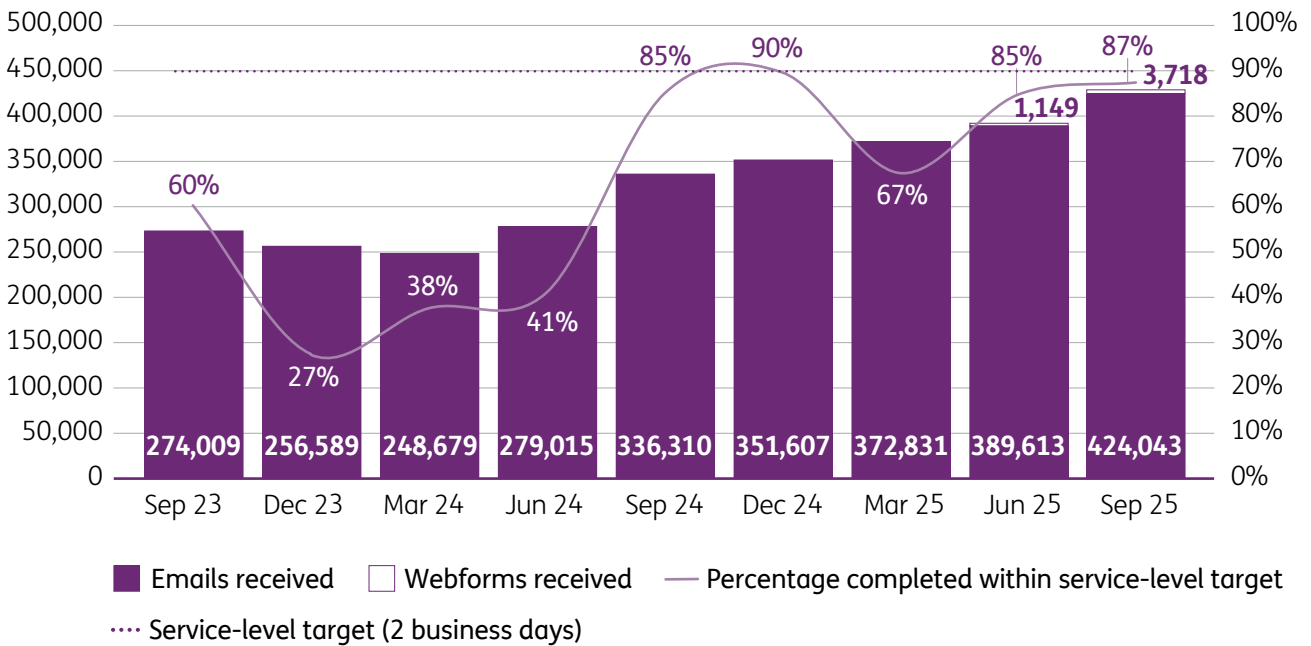
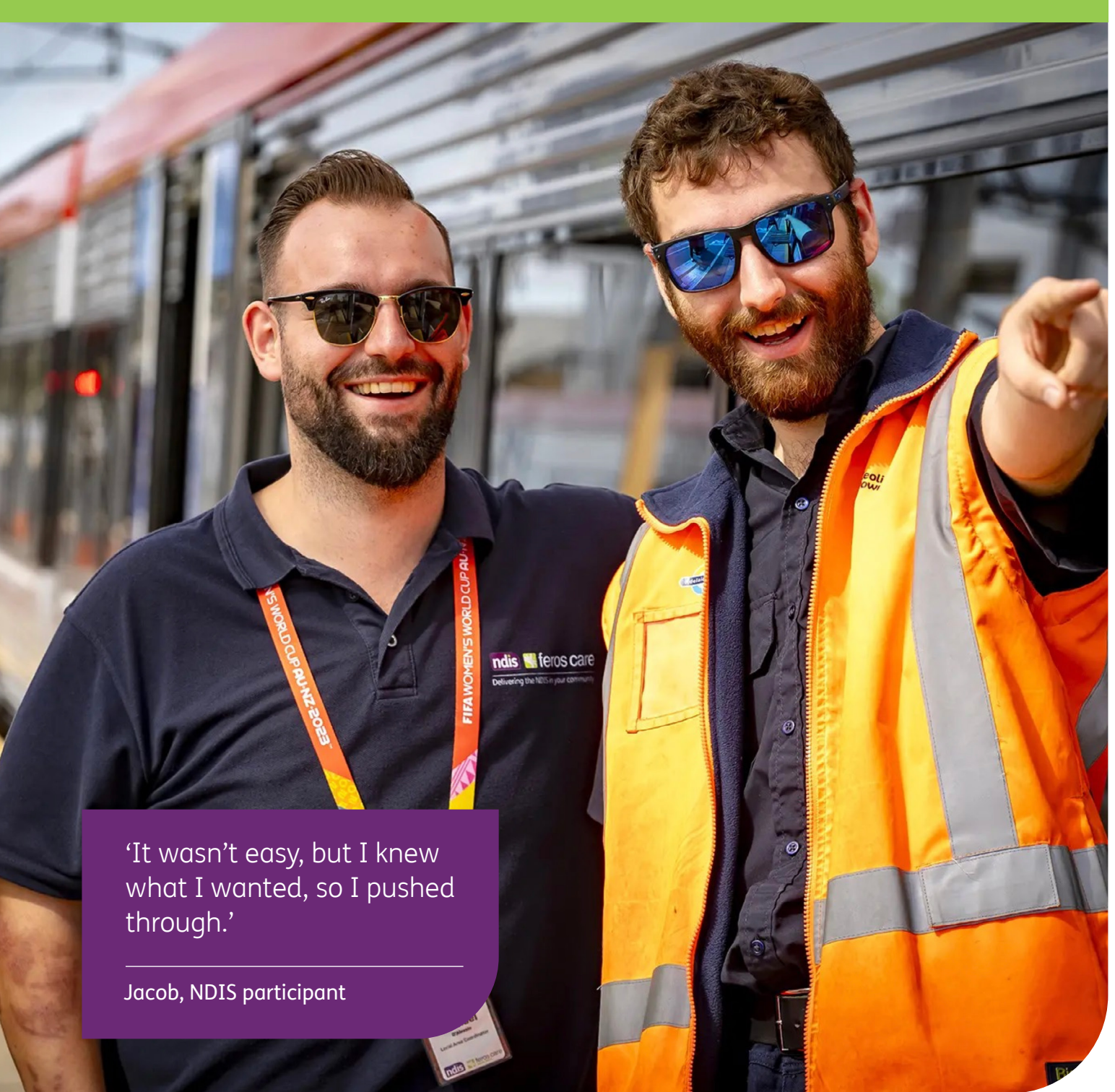


Figure 25: NCC email performance



⁴⁶ 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.



'It wasn't easy, but I knew what I wanted, so I pushed through.'

Jacob, NDIS participant

Section 4

Providers and the growing market

The provider market continues to grow.

4.1 Support categories

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

In the 12 months to 30 September 2025, \$47.1 billion in support has been provided (Table 8).⁴⁷ The largest support categories are core daily activities (51% of total payments), core social and community participation (24% 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 \$24.3 billion in payments for core daily activities in the 12 months to 30 September 2025, \$11.9 billion was for payments related to participants in SIL.

Table 8: Total payments from 1 October 2024 to 30 September 2025

Support category	Total payments (\$m)	Percentage of total payments
Core – daily activities	24,268	51.5%
Core – social and community participation	11,180	23.7%
Core – consumables and transport	1,486	3.2%
Capacity building – daily activities ⁴⁸	5,707	12.1%
Capacity building – other	3,135	6.7%
Capital	1,358	2.9%
Total⁴⁹	47,140	100.0%

Over the last 2 years, payments have grown by 29% (from \$36.6 billion for the year ending 30 September 2023 to \$47.1 billion for the year ending 30 September 2025). Payments have grown across the support categories, most notably for core daily activities and core social and community participation (growing by 30% in aggregate over the period).

⁴⁷ This represents total payments on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments were \$47.6 billion.

⁴⁸ Includes therapy services.

⁴⁹ Total includes \$5.2 million of payments with no support category.

4.2 Funding management types

Most 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.

In the September 2025 quarter, a minority (6%) chose to have their funding managed entirely by the NDIA, while the majority (67%)⁵⁰ preferred to engage a plan manager for some or all of their funding. The remaining 26% of participants plan to self-manage all or part of their funding.

The NDIA supports participants to decide if self-management is right for them. We have released an [updated guide](#) to self-management that explains the benefits of self-management, roles and responsibilities, and how to self-manage effectively. A participant's initial choice of funding management type is not binding, and they are able to make changes at any time. Table 9 shows the actual funding management type(s) used during the quarter.

Table 9: Active providers and payments by funding management type in the September 2025 quarter

Funding management type	Payments made to active providers (\$b), ⁵¹ and proportion of total payments	Number of active providers ⁵²
NDIA-managed	3.4 (27%)	9,930
Plan-managed	7.9 (63%)	200,668
Self-managed	1.3 (10%)	136,761
Total	12.6	273,673

In the September 2025 quarter, of the \$12.6 billion in payments:

- \$3.4 billion was NDIA-managed (27%)
- \$7.9 billion was managed by a plan manager (63%)
- \$1.3 billion was self-managed (10%).⁵³

Providers can support more than one funding management type. Of the 273,673 active providers in the September quarter:

- 9,930 supported NDIA-managed participants
- 200,668 supported plan-managed participants⁵⁴
- 136,761 supported self-managed participants.⁵⁵

⁵⁰ This figure excludes participants who have opted to self-manage part of their funding.

⁵¹ Includes cash and in-kind payments.

⁵² '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).

⁵³ Includes cash and in-kind payments.

⁵⁴ 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.

⁵⁵ 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 is not available. Previously, providing the ABN was voluntary.

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 may use registered or unregistered providers. For the 12 months to 30 September 2025, unregistered providers were used less frequently and had a higher proportion of one-off payments (that is, unregistered providers were only used once). On average, the frequency of one-off payments was approximately 3 times lower for registered providers.

Payment characteristics

In the September 2025 quarter, 200,668 providers supported plan-managed participants, of which 16,190 were registered at some point during the quarter.^{56,57}

Payments to plan managers were \$7.9 billion in the September 2025 quarter. Of the \$7.9 billion, \$157 million was for plan management services. The remaining \$7.7 billion was for plan managers to pay service providers on behalf of participants.

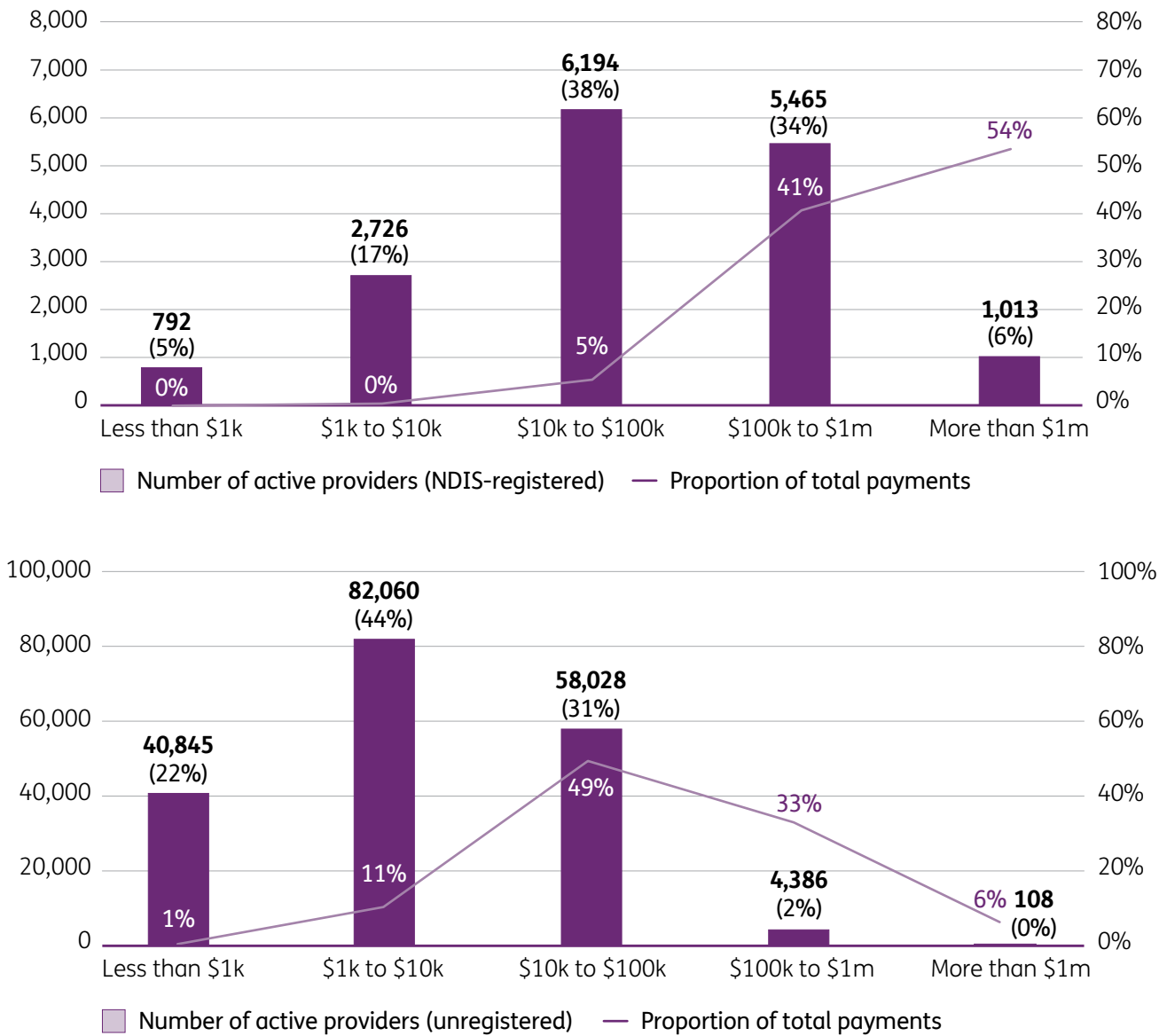
In the September 2025 quarter, registered providers received 59% of the \$7.7 billion overseen by plan managers and unregistered providers received 41%. Although 41% of plan-managed payments went to unregistered providers, the market of unregistered providers is large, which means there are many unregistered providers receiving smaller total payments. While only 8% of providers paid through plan managers are NDIS-registered providers, they received 59% of total payments in the quarter. Furthermore, 40% 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 26).

⁵⁶ Registration status of a provider may change between 'registered' and 'unregistered' during the quarter.

⁵⁷ '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

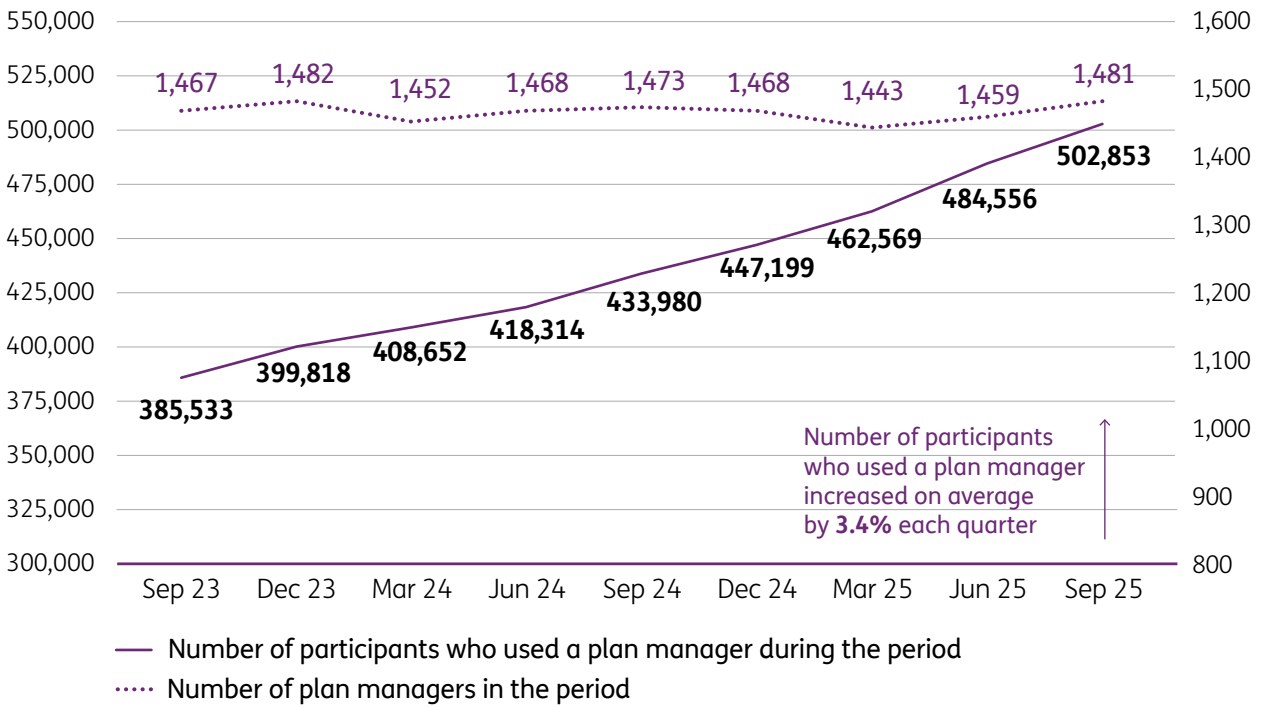
Figure 26: Number of active providers supporting participants through a plan manager, and proportion of total payments in the quarter by payment band – NDIS-registered (top) vs unregistered (bottom)^{58,59}



Over the past 2 years, the number of plan managers has remained stable at between 1,443 to 1,482 per quarter.⁶⁰ Over the same period, the number of participants being supported by plan managers increased from 385,533 to 502,853, which is a quarterly average increase of 3.4%. As a result, there has been a significant increase of 29% in the average number of participants supported by a plan manager over this period (Figure 27).

58 Payments of \$38 million made to providers with 'unknown' registration status have not been included in this chart.
 59 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.
 60 The historical number of plan managers does not take into account any revisions in their registration status.

Figure 27: Participants and providers with a plan manager by quarter – all participants⁶¹



4.4 Supported independent living

SIL supports of \$4.2 billion were provided in the September 2025 quarter.

The NDIA has 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 NDIS-funded home and living supports. As at 30 September 2025, there are 36,641 participants in SIL.

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

For participants who request SIL for the first time or a change to their existing SIL budget, a home and living delegate arranges a planning meeting to ensure the participant understands the decision that has been made and has support to implement their plan.

Total payments to participants in SIL, over a 12-month period, have increased by 14% annually over the last 2 years, from \$12.3 billion to \$15.9 billion.

61 The historical number of plan managers does not take into account any revisions in their registration status.

Section 4: Providers and the growing market

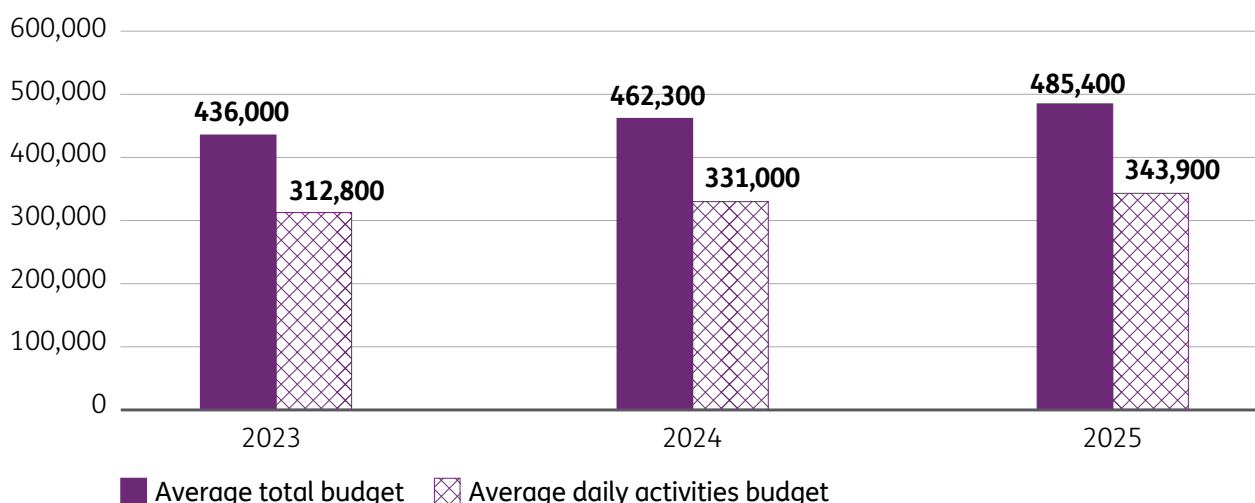
A large component of payments to participants in SIL relates to core support for daily activities. The average payment per SIL participant for core support for daily activities has increased by 5% annually over the past 2 years (Table 10). Note that participants in SIL also receive other supports, such as core support for social and community participation, employment and capacity building.

Table 10: Number of participants and payments for years ending 30 September – participants in SIL

Participants and payments	2023	2024	2025	Percentage increase (per annum)
Active participants	32,973	35,371	36,641	5%
Total payments (\$m)	12,254	14,463	15,896	14%
Average payment (\$)	397,900	422,300	438,200	5%
Total payments – Core daily activities (\$m)	9,389	10,970	11,927	13%
Average payment – Core daily activities (\$)	309,000	320,300	343,400	5%

In addition to the increase in payments, average plan budgets for participants in SIL have also increased over time (Figure 28), 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 have increased by 6% and 5% annually over the past 2 years, respectively.

Figure 28: Average plan budgets over time for years ending 30 September – participants in SIL (\$)



4.5 Specialist disability accommodation

The total number of enrolled specialist disability accommodation (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 an average of 6% annually over the past 2 years, while the number of participants eligible for SDA (but not yet using SDA) as at 30 September 2025 has reduced by 2% annually 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 41% annually over the past 2 years, from \$242 million to \$481 million (Table 11).⁶² The average SDA payment per participant has also increased by 34% per annum. 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 and 1 July 2025.

The total number of enrolled SDA dwellings as at 30 September 2025 was 12,396, up by 22% annually over the past 2 years, and by 2,276 dwellings (22%) compared to 30 September 2024. This annual increase was observed across most housing design categories. The largest increase was for dwellings of the ‘high physical support’ category (39%, 1,594 dwellings) and the ‘robust’ category (36%, 416 dwellings).

All states and territories, except New South Wales,⁶³ recorded an increase in the number of enrolled SDA dwellings in the past quarter.

More granular information on SDA supply and participants with an SDA need is available in Supplement P to this quarterly report.

62 The average SDA payment figure has the number of participants using SDA as the denominator. The average SDA supports figure (Table 11) uses the number of participants with SDA in their plan as the denominator. As at 30 September 2025 this number was 18,234. This figure excludes participants who have a small placeholder amount of SDA funding entered in their plan. Once these participants have located an enrolled dwelling, the full SDA funding will be entered into the plan.

63 The number of enrolled SDA dwellings in New South Wales decreased by 3 from 3,150 as at 30 June 2025, to 3,147 as at 30 September 2025.

Table 11: Number of active participants and SDA support budgets and payments for years ending 30 September

Year	2023	2024	2025	Percentage increase (per annum)
Participants using SDA ⁶⁴	13,906	14,290	15,518	6%
Participants eligible for SDA, not yet using SDA ⁶⁵	10,151	9,891	9,756	-2%
Total SDA supports (\$m)	395	498	592	22%
Average SDA supports (\$)	17,000	25,600	32,400	38%
Total SDA payments (\$m)	242	348	481	41%
Average SDA payments (\$)	18,100	24,700	32,300	34%

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 NDIS market enablement framework. The new framework (the market stewardship framework) will represent a broader articulation of market stewardship responsibilities 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 use to improve market performance.

Work on developing market levers includes:

- establishing provider lists to assist participants and 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 working with the NDIA to develop a deeper understanding of quality service delivery and pricing implications)
- the integrated care and commissioning pilot program, and the alternative commissioning pilot program.

64 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 computer system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.

65 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.

Section 4: Providers and the growing 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.

Market stewardship framework

The NDIS market stewardship framework is being established to strengthen the Australian Government's role in shaping, supporting, and monitoring provider markets. This work is being undertaken collaboratively between the NDIA, the Department of Health, Disability and Ageing (DHDA), and the NDIS Quality and Safeguards Commission (NDIS Commission), with engagement from states and territories.

The framework will articulate a shared understanding of governments' stewardship responsibilities across NDIS markets. It will define how governments influence market conditions to promote efficient, responsive, and sustainable disability support markets that deliver quality outcomes for participants.

The framework provides the foundation for a more proactive and collaborative approach to market stewardship, enabling governments to respond to emerging risks, support innovation, and ensure NDIS markets are participant-centred and aligned with the broader care and support economy. The draft framework will be the subject of a consultation process.

Integrated care and commissioning pilots

In the 2023–24 budget, \$27 million was committed to the Integrated Care and Commissioning initiatives. The initiative aims to bring together primary care and support services in these markets across the aged care, disability support and veterans' care sectors (with interfaces to primary health, allied health and mental health).

Integrated Care and Commissioning locations include Kimberley, Western Australia; Central West Queensland; Southeast New South Wales; and Gippsland, Victoria. Two new sites are currently being set-up in Northern Tasmania and Port Augusta/Whyalla, South Australia.

The DHDA leads the Integrated Care and Commissioning pilots and works in partnership with the Department of Veterans' Affairs and the NDIA to connect and better align service systems to build a consolidated and sustainable care sector.

Specialist disability accommodation data

The NDIA has completed its engagement with Finity Consulting to explore ways to improve the accessibility and reliability of SDA data.

A key part of this work involved hearing from a broad range of stakeholders regarding their SDA data requirements. The NDIA uses this information to guide future improvements to SDA data.

SDA data releases and updates can be found on the [SDA data webpage](#).

The Review of the SDA Design Standard

The NDIA has commenced a review of the [NDIS Specialist Disability Accommodation \(SDA\) Design Standard](#).

The SDA Design Standard sets out the minimum design requirements for new build dwellings that are enrolled as SDA so participants living in SDA can live more independently.

The NDIA has partnered with KPMG Australia to conduct a full review over the next 12 months to develop a new edition of the SDA Design Standard.

This update will ensure SDA design requirements stay aligned with industry standards and support the delivery of safe, contemporary, high-quality homes that meet the needs of NDIS participants eligible for SDA.

Investment in SDA

The NDIA worked closely with the Australian Taxation Office, Australian Competition and Consumer Commission (ACCC), Australian Securities & Investments Commission (ASIC) and NDIS Quality and Safeguards Commission (NDIS Commission) to address concerning market practices and complaints within the SDA market.

The NDIA released enhanced information regarding [Investment in SDA](#) in July 2025.

This new webpage provides SDA investors with more detailed information about SDA investment considerations and important alerts on misleading information in the SDA market, advertising and unfair contract terms. We developed the information in collaboration with the ACCC, ASIC and the NDIS Commission.

In September 2025, the NDIA hosted 3 online information sessions with the NDIS Commission, ACCC and ASIC. These sessions provided detailed insights about investing in SDA, clarifying the role of government agencies and highlighting the importance of seeking independent legal and financial advice when considering investing in SDA.

4.7 NDIS pricing

Building on the findings and recommendations of the 2024–25 Annual Pricing Review (APR), the NDIA is developing a 3-Year Pricing Reform Workplan.

The Workplan will be subject to a consultation process and released before the end of 2025. The program will provide a clear roadmap for future pricing reviews and reforms, supporting transparency and engagement across the sector.

The NDIA is establishing a third ‘quality supports’ pilot program. The first two – SIL and Support Coordination – have already commenced. We will launch the Therapy pilot shortly.

Through these initiatives, the NDIA is taking a proactive, system-wide approach to pricing stewardship, aligning reforms with broader disability and care economy changes to create a more responsive, evidence-driven, pricing framework that balances participant benefits, provider sustainability, and Scheme sustainability.

NDIS participant, Sengo



Section 5

Financial sustainability



Sengo's inclusive barbershop



In January 2025, Sengo's life-long dream to open and manage his own barbershop became a reality.

The opening marked a huge personal milestone for the now 25-year-old, but he didn't always feel success was guaranteed.

When Sengo first arrived in South Australia, life was tough. Sengo's disability, along with language barriers, made it difficult for him to access his community.

With NDIS supports, including assistive technology and therapy, Sengo has been able to grow his confidence and to become a community champion. He now educates others about disability and advocates for community inclusion.

'I feel valued. The NDIS and my support coordinator, Feros Care, have not only helped me gain respect in my community, they've empowered me to become a disability champion,' he said.

Sengo's dedication has also led him to join disability working groups, helping to educate businesses on how to create more inclusive workplaces.

At the same time Sengo was building his community profile, he also began work on making his own goal a reality, launching a mobile barber business.

He quickly gained a reputation for providing a safe, accessible, and welcoming experience, and for understanding his clients' needs.

With demand growing, Sengo decided to take another big step, to open a permanent barbershop.

'It has been a long journey. I'd like to thank the NDIS and Feros Care for their support. They helped me develop confidence and connections to build my barbershop,' he said.

[Read more participant stories on our website.](#)

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

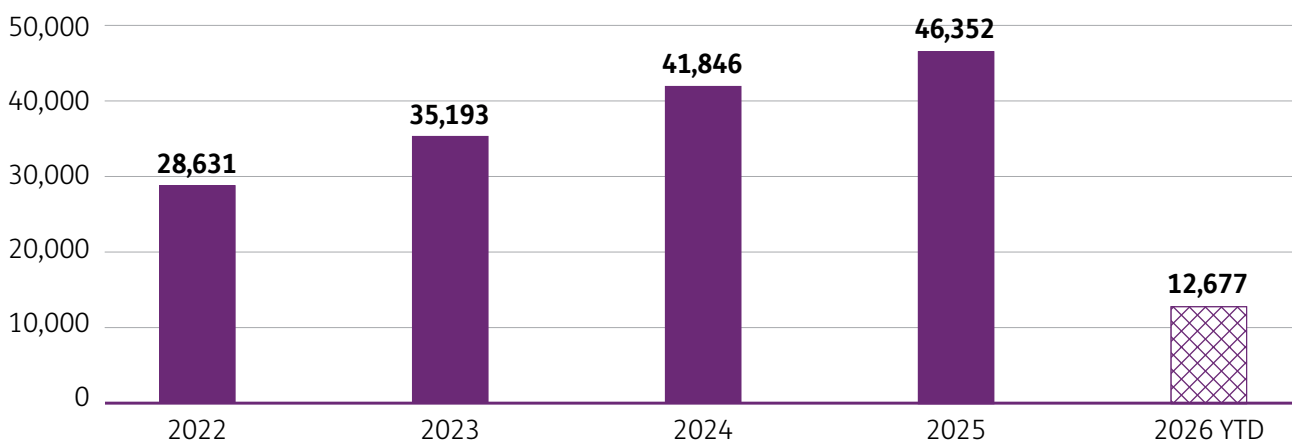
5.1 Total payments

Total NDIS payments continued to increase due to increased participant numbers and higher average costs per participant.⁶⁶

Total payments in the year to 30 June 2025 were \$46.4 billion, while the payments in the 3 months to 30 September 2025 were \$12.7 billion (Figure 29).

The increased number of participants accessing the NDIS contributed to the increased payments.

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



⁶⁶ 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 2025–26 financial year are provisional results and subject to further changes, including the Australian National Audit Office audit.

5.2 Average and median payment trends

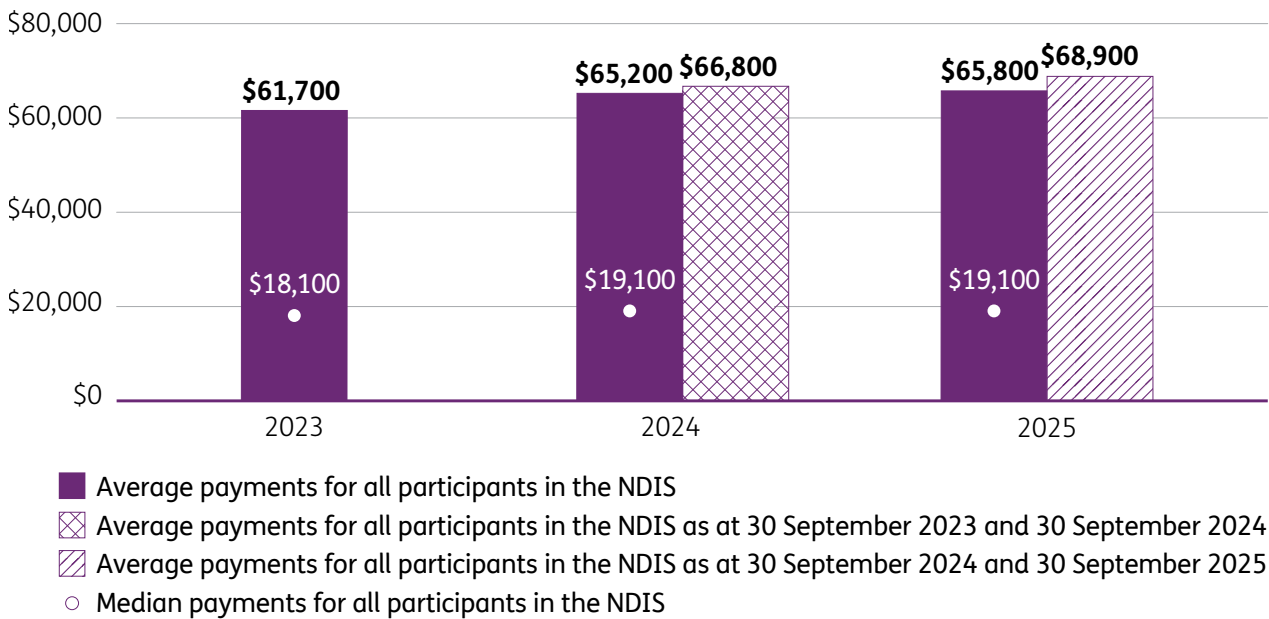
Average and median payments per participant increased by 3.3% and 2.7% per annum respectively over the past 2 years.

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

Trends in average and median payments per participant between 1 October 2022 and 30 September 2025 indicate that average payments have increased by 3.3% per annum, and median payments have increased by 2.7% per annum.

Average payments of participants continuing in the NDIS are higher than the overall average (Figure 30). For example, average payments increased from \$65,200 to \$68,900 (5.7%) for participants in the NDIS as at 30 September 2024 and as at 30 September 2025.

Figure 30: Average and median payments for years ending 30 September



5.3 Average plan budget trends

Average plan budgets have also increased over time for all participants

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

Average plan budgets increased over the 2-year period to 30 September 2025 by:

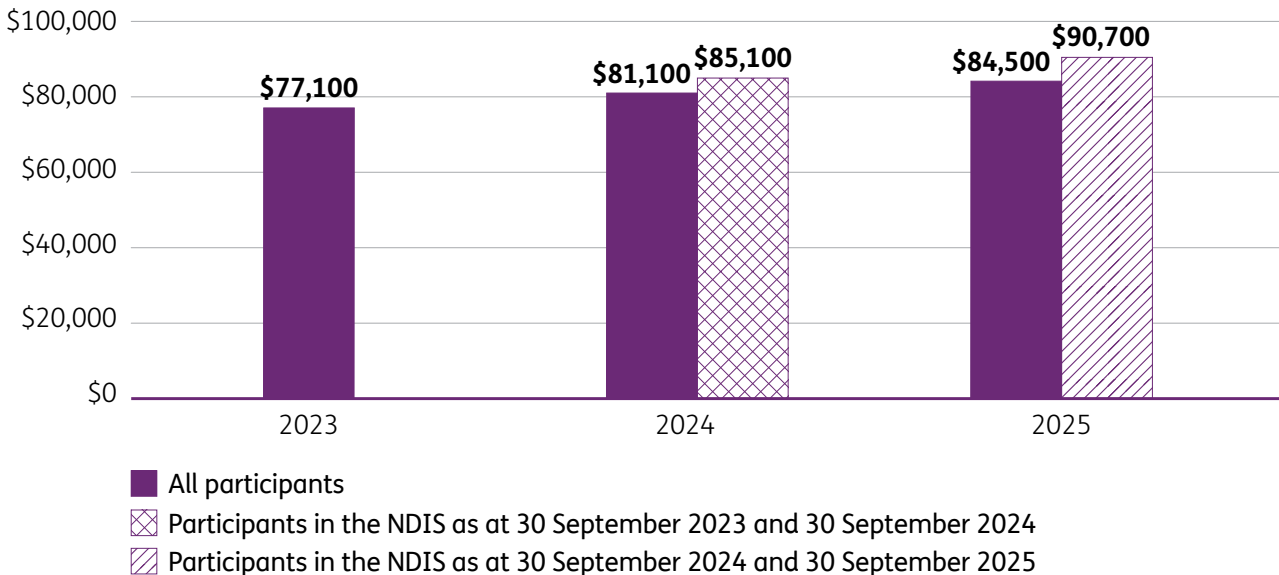
- **4.7%** per annum for all participants
- **5.5%** per annum for participants in SIL
- **5.6%** per annum for participants not in SIL.

The proportion of participants in SIL has decreased over the last two years, and therefore the overall growth in the average budget is less than the growth in the budgets for SIL and non-SIL.

Average plan budgets of participants continuing in the NDIS are higher than the overall average (Figure 31). For example, the average plan budget increased from \$77,100 to \$85,100 (10.4%) for participants in the NDIS as at 30 September 2023 and as at 30 September 2024.

Similarly, average plan budgets for participants in the NDIS as at 30 September 2024 and 30 September 2025 increased from \$81,100 to \$90,700 (11.8%).

Figure 31: Average annualised plan budgets for years ending 30 September



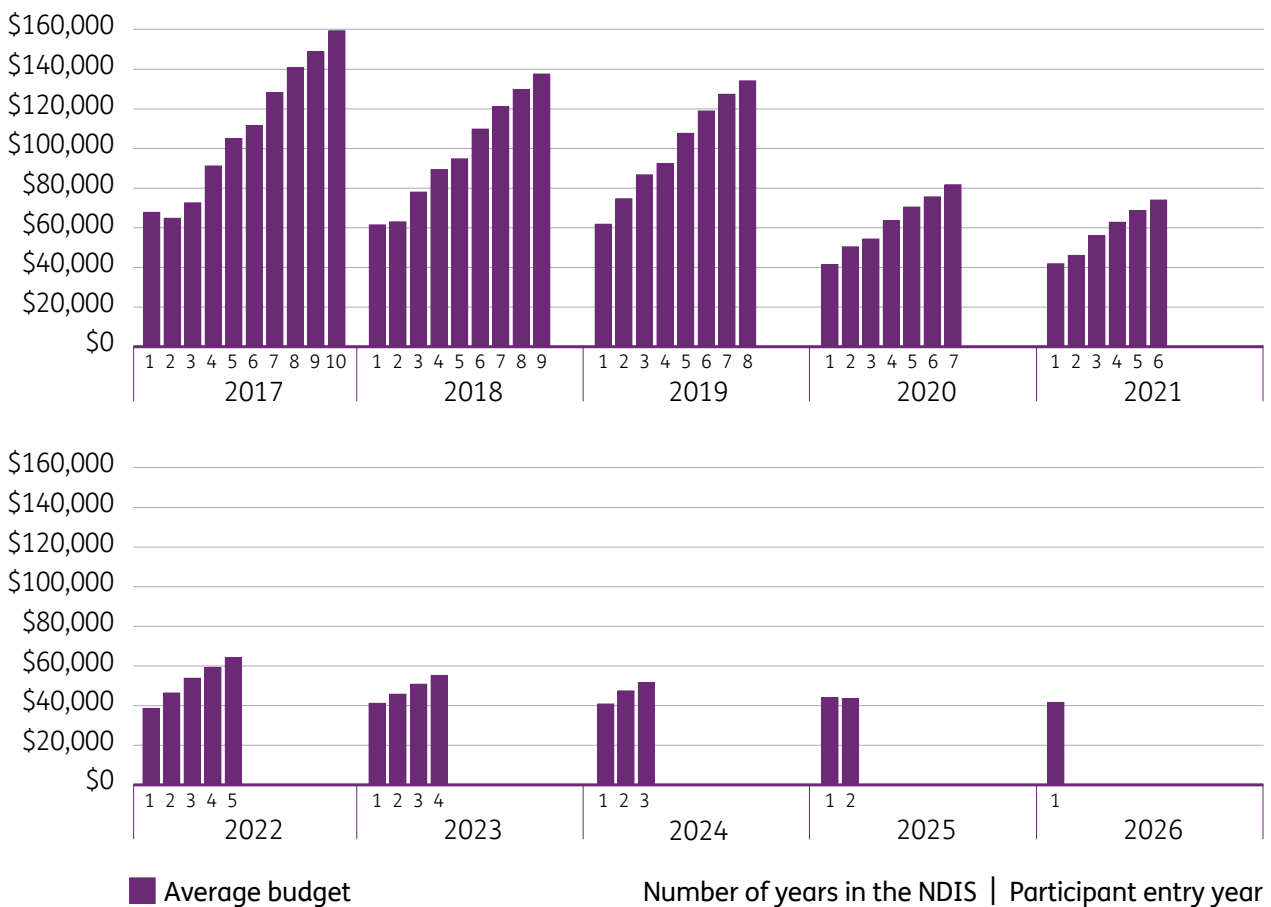
Section 5: Financial sustainability

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

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 \$137,700 in the most recent year (for those who have been in the NDIS for 9 years).

Participants who entered the NDIS in the year ending 30 June 2020 or later had lower average plan budgets relative to those who entered 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 participant transition from existing federal, 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 year of entry ending 30 June, and number of years in the NDIS



Plan reassessments and variations in plan budgets

A plan reassessment may result in a plan budget variation for many reasons. For example, one plan may include one-off capital items, but 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 published an [operational guideline on plan reassessments](#) that explains why a new plan could be different to a current plan.

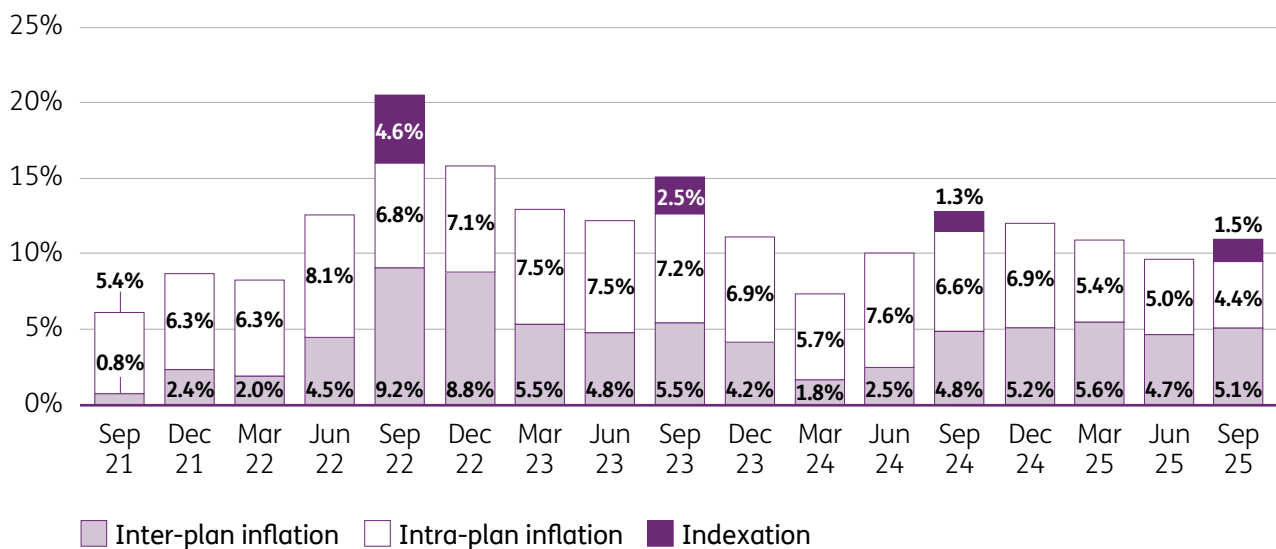
Plan inflation

Total annualised plan inflation in the September 2025 quarter was 11.0%⁶⁷, of which 5.1% was due to changes made at plan reassessment, and 5.9% was due to changes occurring within a plan between reassessments. The 5.9% includes a 1.5% one-off impact of the indexation of plans in July following the annual pricing review.⁶⁸ (Figure 33).

The inflation rate of 11.0% per annum (9.5% excluding indexation) in September 2025 compare with a rate of 9.7% per annum in June 2025 and 11.0% per annum in March 2025. Inflation occurring at plan reassessment (inter-plan inflation) was 5.1% per annum, which compare with 4.7% per annum in June 2025, and 5.6% per annum in March 2025.

Inflation occurring within a plan, between reassessments (intra-plan inflation and excluding indexation), was 4.4% per annum, which compare with inflation of 5.0% per annum in June 2025, and 5.4% per annum in March 2025.

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



67 The annualisation calculation of inflation excludes the impact of plan indexation in July following the annual pricing review. The impact of this indexation is then explicitly added to the annualised calculation, which is a 1.5% one-off increase.

68 The APR saw price limit increases in July 2025. Unspent portions of plan budgets were increased in line with new price limits to maintain the purchasing power of remaining plans. Due to this, there has been a one-off increase in intra-plan and total inflation during the month of July 2025.

Section 5: Financial sustainability

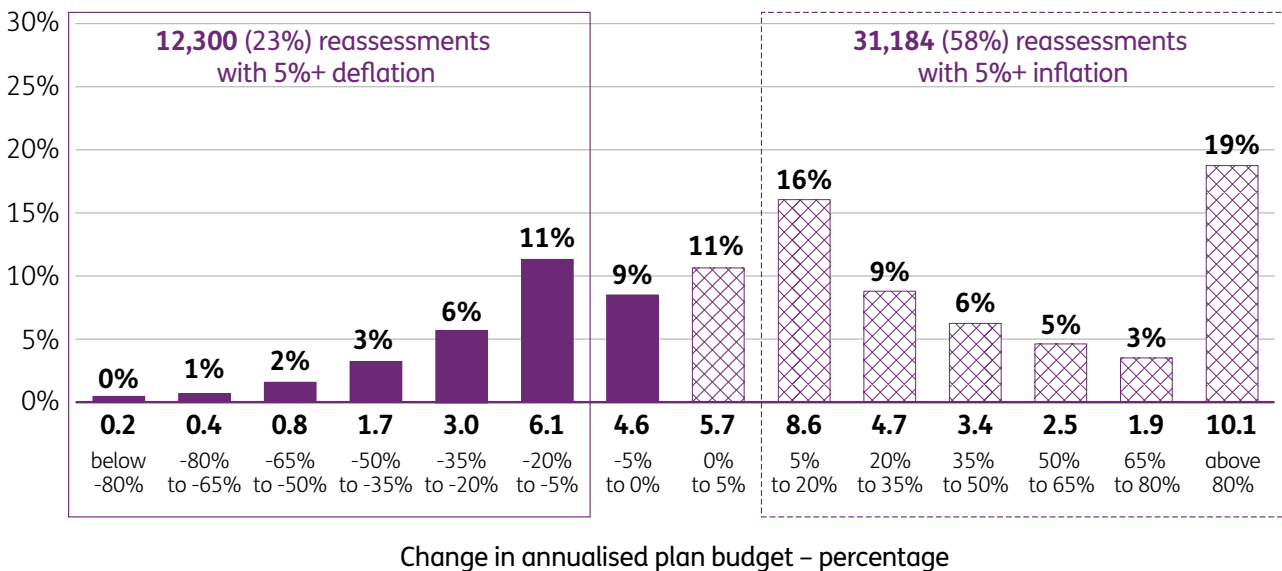
Plan budgets can vary significantly at the individual level. In this financial year, considering total plan inflation, plans were more likely to increase than decrease.

During the 3 months to 30 September 2025, 7% of active participants had at least one plan reassessment. Figure 34 shows that of the plans reassessed:⁶⁹

- **58%** increased at reassessment by more than 5% (compared to **59%** in the 3 months to 30 September 2024)
- **23%** decreased by more than 5% (compared to **18%** in the 3 months to 30 September 2024)
- **19%** remained within 5% (compared to **24%** in the 3 months to 30 September 2024).

Of the plans reassessed, **19%** had their budgets increased by more than **80%** (remaining unchanged from the prior quarter and the year to 30 September 2024).

Figure 34: Distribution of the percentage change in annualised plan budgets for plans reassessed between 1 July 2025 and 30 September 2025⁷⁰



69 Numbers may not add to 100% due to rounding.

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

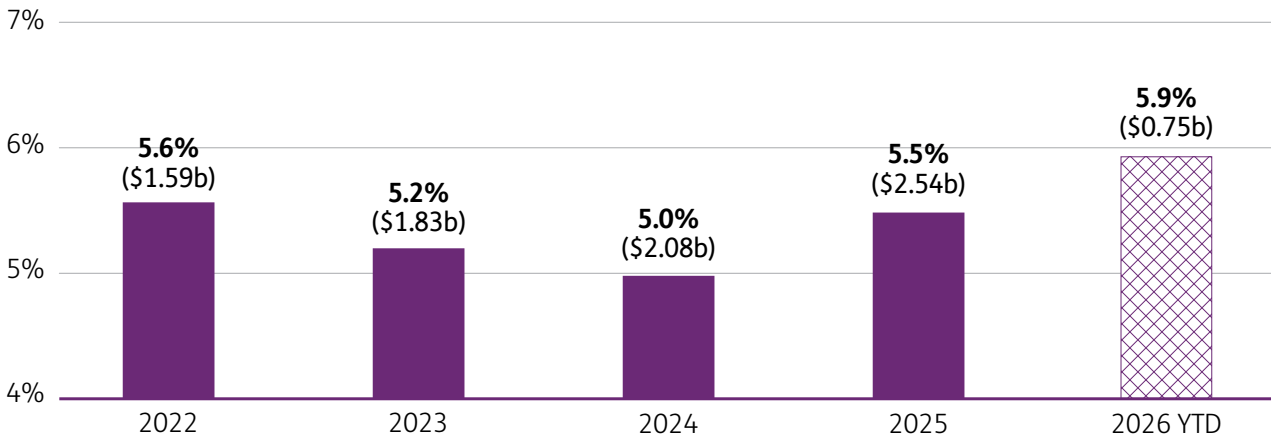
5.4 Operating expenses

In addition to the money spent through participant plans on supports for participants, the NDIA receives funding for its operating expenses, including NDIS general supports and staff wages.

Additional investments to strengthen the NDIS and improve the participant experience have increased the annual operating expenses per participant to \$4,030 in the quarter. NDIA operating expenses for the year ending 30 June 2025 were \$2.54 billion, and \$751 million for the year ending September 2025 quarter.

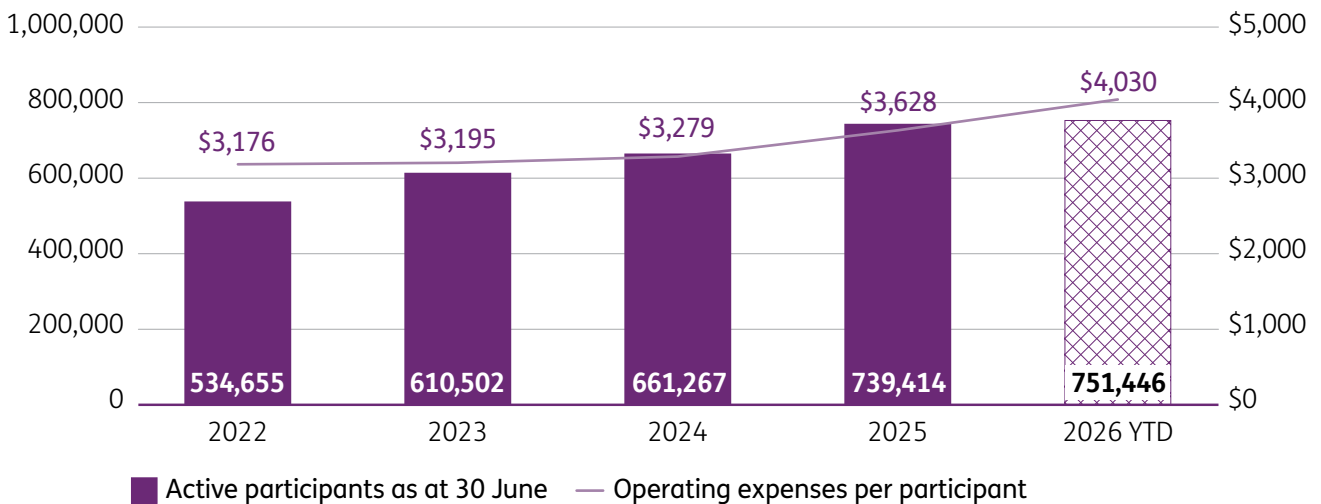
Operating expenses decreased from 5.6% in 2021–22 to 5.0% in 2023–24 as a percentage of participant expenditure. The figure increased to 5.5% in the 2024–25 year and increased further to 5.9% (Figure 35) for the 2025–26 year to date. The Productivity Commission, in its 2017 study report, suggested a 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 increased from \$3,628 in 2024–25 to \$4,030 in the 2025–26 year to date (Figure 36).

Figure 36: Operating expense per participant for years ending 30 June⁷¹



⁷¹ The average number of participants is a simple average of the active participants in 2 periods (opening and closing). Cost per participant uses these average participant numbers as the denominator.

“I feel valued. The NDIS and my support coordinator, Feros Care, have not only helped me gain respect in my community, they’ve empowered me to become a disability champion.”

Sengo, NDIS participant



Section 6

Staff and the NDIS community

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 30 September 2025, the total NDIS workforce was 19,025 including 11,002 Australian Public Service (APS) employees and 1,820 labour hire workers and contractors. A further 6,203 people are employed by NDIS partners in the community and National Contact Centre partners.

The 2025 APS Employee Census results show 23% of NDIA staff identify as having a disability and 16% identify as neurodivergent.

The NDIA published its Gender Equality Employer Statement in August 2025. This statement outlines the NDIA's commitment to reducing the gender pay gap and reflects reporting conducted by the Workplace Gender Equality Agency (WGEA). We are finalising our Gender Equity Action Plan (GEAP), to be published later this year. The plan outlines the NDIA's approach and actions to promote gender equality and inclusion across the workplace. It echoes the commitment we have made in the statement and aims to create a more equitable and supportive environment for staff of all gender identities, including non-binary people. The GEAP is aligned to the APS Gender Equality Strategy 2021–26 and addresses each of the 6 gender equality indicators set by the WGEA.

Additionally, the NDIA is offering training for all staff, to promote a more inclusive and culturally competent workplace. The program, consisting of 9 courses, builds understanding of disability and the needs of diverse communities, recognising awareness is essential to deliver inclusive, responsive and high-quality services to participants, their families and carers.

6.2 Public data sharing and the latest release of information

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

The [NDIS website](#) publicly shares data about the NDIS each quarter, including through interactive tools, downloadable files, reports and analyses.

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

- the [accompanying data supplements](#) to the quarter 4 data, 2024–25 Quarterly Report to Disability Ministers
- the latest [participant dashboards data](#) containing quarter 4 for 15 disability types in the NDIS
- [datasets](#) containing detailed data updates across participant, provider and market categories.

We updated the [explore data](#) tool, an interactive visualisation tool, with quarter 4 data on participant, provider and market demographics.

We also released several deep-dive reports and analyses in previous quarters, which 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

The Australian Government announced additional funding in the 2025–26 federal Budget of \$151 million over 4 years from 2025–26 for the existing Crack Down on Fraud (CDoF) program, with ongoing funding of \$43.8 million per year from 2029–30. The Government also announced funding of \$17.1 million in 2025–26 to further invest in the NDIA’s ability to detect and respond to fraud and non-compliance.

This builds on the Government’s initial investment of \$83.9 million for the CDoF program for the 2024 calendar year. The Government also announced an additional \$110.4 million for the CDoF program for the 2025 calendar year.

The CDoF program delivered 17 Government committed milestones during calendar year 2024.

The program improves the integrity of identity information for participants while providing a familiar, consistent, and secure experience for participants and nominees accessing NDIS digital platforms through myGov. In the first year, the program delivered a new data lake for supporting fraud detection, a new integrity management system to transform how we investigate, and strengthen the NDIA’s cyber event detection and analysis capabilities.

Calendar year 2025 is the second year of delivery which builds on foundational capabilities delivered last year. The CDoF program completed all 6 Government milestones due in June 2025, with one milestone incorporated into the delivery of the 5 other milestones. These milestones continue to boost fraud-detecting IT systems to better protect participant funds.

Integrity initiatives this quarter

The integrity program continued implementation measures to address emerging and high-risk integrity issues in the September 2025 quarter.

The following integrity initiatives were delivered:

- **Data sharing** – Expanded data sharing arrangements between the NDIA and key government regulators and agencies to strengthen our ability to detect and prevent fraud.
- **Integrity Management System (IMS)** – The IMS rollout and expansion continues. The IMS transforms our integrity case work and ability to work across government agencies to identify non-compliance, including identifying fraudulent participant accounts and providers.
- **Improved evidence requirements** – Implemented improved evidence requirements across NDIS digital channels to support claims for self-managed participants in July 2025. Examples of evidence included invoices, receipts and payroll information. The improved evidence requirements underpin payment processing and better protect the NDIS against fraud.
- **Provider identity uplift** – NDIS providers are progressively required to move to myID with Relationship Authorisation Manager to verify their identity from 11 August 2025. This replaced the current Provider Digital Access system. Stronger identity checks offer increased protection against unauthorised access to NDIS online platforms and privacy breaches and aligns with Government standards.
- **Notification of account changes** – Integrated PACE (CRM software) with the myGov Notification of Account Change service in September 2025. This displays key identity-related account events, including when myGov accounts are changed, locked, compromised, delinked or do not match against the NDIS. This improves participant experience by supporting our National Call Centre staff to assist participants and nominees when they have issues accessing our online services.
- **Claim review triage** – Delivered the first version of the claim review triage solution in August 2025. This provided a simple-to-use interface to streamline evidence review. This reduces the number of different systems the pre-payment review team needs to check when reviewing claims.

Integrity outcomes this quarter

This quarter, the NDIA Pre-Payment Team reviewed over 13,000 claims from providers, plan managers and participants, with a total value of more than \$48 million. We used a risk-based assessment process to identify high-risk claims and non-compliance. Over 75% of the claims reviewed, by value, were rejected or cancelled. Not all rejected claims were fraudulent. Reasons for rejection include:

- the claimant could not adequately substantiate the claim
- the same claim was made more than once
- the claim is for items that are not funded by the NDIS.

Many pre-payment integrity checks have triggered manual payment reviews (MPRs).

MPRs require providers and participants with significant integrity issues to provide evidence to prove entitlement to the claims before they are paid. Increased MPRs reduced claims from these providers and participants.

Operational case outcomes

The NDIA received over 7,500 tip-offs in the September quarter, up from over 7,000 in the previous June quarter. In the September quarter, 80% of tip-offs were received through the web-based form, up from 73% last financial year. The quality of the tip-offs received continues to be high, enabling faster triaging, assessment and escalation.

The Fraud Fusion Taskforce (FFT), which now includes 24 government agencies working together, continues to make significant progress in improving the Government's capability to better detect, prevent and respond to fraud against the NDIS. Partnering with other FFT agencies continues to result in increased multi-agency interventions against organised crime syndicates targeting the NDIS.

The FFT disrupted more than 1,900 providers who submitted incorrect or non-compliant claims to the NDIS.

As at 30 September 2025, there are over 14 active cases currently being prosecuted, with a total of 16 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 8,843 participants aged 0 to 74 years with a gender of 'Other'. 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.
- 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 details on the numbers of CALD participants and remote and very remote participants.
- 8 This includes all people who were under 65 at the time of leaving. Excludes First Nations Peoples aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.
- 9 This excludes 82 First Nations participants aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.
- 10 Improved data matching has led to restating the average number of days for the March 2023 quarter from prior reports.
- 11 Figures in this section have been rounded to the nearest whole percentage. Differences are calculated from unrounded metrics.
- 12 Rounded to the nearest complete year since first plan approval date.
- 13 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 reassessment or check-in.
- 14 This section compares baseline indicator results when participants entered the NDIS, with results measured at the most recent participant plan reassessment or check-in for each respondent. Trial participants are excluded.
- 15 The participant age reported in this section is as per their latest plan reassessment or check-in.
- 16 Some of the increase is due to participants leaving school and starting work. It will be possible to analyse the extent to which the percentage gap.
- 17 Some of the decrease for older age groups is due to participants retiring from the workforce.
- 18 Some of the decrease for older age groups is due to participants retiring from the workforce.
- 19 Figures in this section have been rounded to the nearest whole percentage. Differences are calculated from unrounded metrics.
- 20 Rounded to the nearest complete year since first plan approval date.
- 21 Noting that the education and housing systems have a major role to play in the lifelong learning and home domains.
- 22 Respondents include NDIS participants, prospective participants, and people with disability engaging with the NDIS through community connections and early supports.
- 23 For the September 2025 quarter, performance is being measured from milestones built into the new computer system for most measures. PSGs 10 and 16 are captured within the same milestone. For PSGs 11, 14 and 18, performance is being measured from available data on processes and dates in the new computer system.
- 24 The time taken for participants to respond to requests for further information is not included.
- 25 An application is considered closed if it is cancelled or rejected, a participant declined all home and living supports, or the application won't progress to implementation (e.g., participant deceased, participant does not proceed). An application is considered implemented once a participant has a new approved plan.
- 26 For the September 2025 quarter, 1,160 of the 7,868 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.
- 27 Applications closed or implemented with no data on the closure date have been excluded from the percentage of applications closed or implemented within 90 days.
- 28 The NDIA is waiting on additional information from participants for 299 of the 1,503 applications awaiting a decision.
- 29 Applications on hold are excluded from the in-progress applications.
- 30 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.

Endnotes

- 31 Numbers of complaints reported for the most recent quarter may still vary to the extent there is a data collection lag.
- 32 Numbers may change as complaints reporting in the new computer system is refined, including identifying complaints lodged via multiple channels.
- 33 'Other sources' captures contacts not related to an individual participant or provider and may come from the Commonwealth Ombudsman, NDIS Quality and Safeguards Commission, parliamentarians, or members of the public.
- 34 The number of PCIs in the current quarter may change in 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 data collections lags.
- 35 Number of plan change requests reported for the most recent quarters may vary, to the extent there is a data collection lag.
- 36 The number of plan change requests has been restated in prior periods to exclude miscategorised cases.
- 37 Operational changes in late 2023 increased the recorded number of RoRDs due to reviews being raised when the timeframe for plan change requests elapsed and due to reviews being withdrawn for administrative reasons. The count of historical reviews has been restated to exclude these instances and to exclude draft and miscategorised RoRDs. This has caused retrospective changes in RoRDs counts for previous periods.
- 38 Number of RoRDs reported for the recent quarters may vary, to the extent there is a lag in data collection
- 39 A further 3 were closed in the September 2025 quarter with no specified outcome.
- 40 The small number of RoRDs closed with no specified outcome are excluded.
- 41 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.
- 42 Further information about the ART process can be found on the [AAT website](#).
- 43 Data on supports is shown with a one-quarter delay, due to the lags in recording the support in dispute.
- 44 Underlying total response numbers may differ across different questions at each stage due to the exclusion of 'Prefer not to say' and 'Not applicable' responses. The count is the total number of unique respondents in each stage.
- 45 These results are based on 114 surveys of early supports, 1,646 surveys of community connections, 1,375 of applying for the NDIS, 3,011 of plan approval, 2,134 of plan implementation and 8,504 of plan reassessment, which is 16,784 in total.
- 46 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.
- 47 This represents total payments on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments were \$47.6 billion.
- 48 Includes therapy services.
- 49 Total includes \$5.2 million of payments with no support category.
- 50 61 This figure excludes participants who have opted to self-manage part of their funding.
- 51 Includes cash and in-kind payments.
- 52 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).
- 53 Includes cash and in-kind payments.
- 54 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.
- 55 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 is not available. Previously, providing the ABN was voluntary.
- 56 Registration status of a provider may change between 'registered' and 'unregistered' during the quarter.
- 57 '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.
- 58 Payments of \$38 million made to providers with 'unknown' registration status have not been included in this chart.
- 59 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.
- 60 The historical number of plan managers does not take into account any revisions in their registration status.

Endnotes

- 61 The historical number of plan managers does not take into account any revisions in their registration status.
- 62 The average SDA payment figure has the number of participants using SDA as the denominator. The average SDA supports figure (Table 11) uses the number of participants with SDA in their plan as the denominator. As at 30 September 2025 this number was 18,234. This figure excludes participants who have a small placeholder amount of SDA funding entered in their plan. Once these participants have located an enrolled dwelling, the full SDA funding will be entered into the plan.
- 63 The number of enrolled SDA dwellings in New South Wales decreased by 3 from 3,150 as at 30 June 2025, to 3,147 as at 30 September 2025.
- 64 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 computer system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.
- 65 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.
- 66 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 2025–26 financial year are provisional results and subject to further changes, including the Australian National Audit Office audit.
- 67 The annualisation calculation of inflation excludes the impact of plan indexation in July following the annual pricing review. The impact of this indexation is then explicitly added to the annualised calculation, which is a 1.5% one-off increase.
- 68 The APR saw price limit increases in July 2025. Unspent portions of plan budgets were increased in line with new price limits to maintain the purchasing power of remaining plans. Due to this, there has been a one-off increase in intra-plan and total inflation during the month of July 2025.
- 69 Numbers may not add to 100% due to rounding.
- 70 The number of plan reassessments (in thousands) in each inflation percentage band appears at the bottom of each bar in the chart. The corresponding percentage of plan reassessments in each band appears at the top of each bar in the chart.
- 71 The average number of participants is a simple average of the active participants in 2 periods (opening and closing). Cost per participant uses these average participant numbers as the denominator.

Appendix A:

Key definitions

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.

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) or both the early intervention and permanent disability criteria.

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.

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

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) or both the early intervention and disability requirements.

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

Plan change requests: A request from a participant/authorised representative to vary or reassess a plan under the NDIS Act (s.47A or s.48 respectively).

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

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.

Utilisation rate: The ratio between payments made and the committed supports over a defined period.

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 ¹

State/ Territory	Active approved plans (children younger than 9 as at 30 June 2025)	Access met but yet to have an approved plan (children younger than 9 as at 30 June 2025)	Access request (no decision)	Total	Number of children accessing early connections throughout the quarter
NSW	52,328	954	900	57,440	8,327
VIC	48,838	820	788	52,820	7,542
QLD	37,014	751	636	40,367	5,697
SA	12,490	210	207	13,429	1,598
WA	13,156	262	224	14,143	2,683
TAS	2,944	79	63	3,256	553
ACT	2,456	43	57	2,790	484
NT	1,544	59	26	1,722	172
OT	<11	0	0	<11	0
Missing	<11	0	0	<60	83
Total	170,786	3,178	2,901	186,028	27,139

¹ The number of children accessing or waiting on early connections at the end of the quarter is not reported separately, however they are still included in the total.

Appendix D:

Comparison of key metrics by state and territory

Adapting to the new computer system and processes has impacted some data detailed in this supplement. This includes the proportion of active participant plans with not-stated culturally and linguistically diverse (CALD) status; missing data about reported level of function, and 'other disability' types. There may be some minor instances of information being restated in this report as data is further refined.

When interpreting the results detailed in this appendix, please also consider the following:

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

Totals include participants with missing characteristics, where applicable.

Throughout this appendix, 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 number of participants residing in remote and very remote areas (**Table D.10**) is based on the Modified Monash Model measure of remoteness.

Targets are not provided for 'family and carer employment rate' and 'participant choice and control', as the NDIA corporate plan no longer lists these as performance measures.

Figures reported for participant critical incidents (PCIs) exclude counts of 'withdrawn' or 'miscategorised' PCIs (**Table D.19**).

'Active providers' refers to those who have received payment in the quarter for supporting NDIS participants (**Table D.20**). The count of active providers excludes providers with a missing Australian Business Number (ABN).

Plan management fees, which are payments from NDIA-managed funding, are reclassified as plan-managed funding payments for the purpose of counting providers. Therefore, the count of NDIA-managed providers excludes providers that only received plan management fees and no other NDIA-managed funding payments (**Table D.20**).

From 14 October 2024, it is mandatory for participants with self-managed funding payments to include the Australian Business Number (ABN) of the associated provider or provide a reason why it isn't available. Prior to this date, providing the ABN was voluntary; therefore, the count of providers for self-managed participants (**Table D.20**) before this date should only be used as a reference.

Providers can offer support in multiple support categories. Therefore, the total number of unique active providers (**Table D.20**) will be lower than the sum of active providers across all support categories.

Average annualised committed supports (**Table D.23**) are derived from the total annualised committed supports in the current plans of active participants as at 30 September 2025. Average payments (**Table D.24**) are calculated as the sum of the payments in the 12-month period to 30 September 2025, divided by the average number of participants who 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 (**Table D.23**) are those in the current plans of active participants as at 30 September 2025. 'Total payments' (**Table D.24**) refers to those paid over the 12 months to 30 September 2025.

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 for.

Table D.1 Active participants as at 30 September 2025 ²

State/Territory	Active participant plans - Count	Active participant plans - Percentage
NSW	221,320	29.5%
VIC	202,704	27.0%
QLD	161,575	21.5%
WA	66,569	8.9%
SA	64,046	8.5%
TAS	16,223	2.2%
ACT	12,260	1.6%
NT	6,647	0.9%
OT	82	0.0%
Missing	20	0.0%
National	751,446	100.0%

Table D.2 Numbers of active participant plans by age group as at 30 September 2025

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	52,328	48,838	37,014	13,156	12,490	2,944	2,456	1,544	170,786
9 to 14	42,206	40,895	32,875	12,748	13,562	2,909	2,350	1,276	148,844
15 to 18	21,348	19,392	16,982	7,032	7,546	1,723	1,242	644	75,919
19 to 24	19,255	16,581	14,610	6,750	6,368	1,660	1,197	534	66,968
25 to 34	19,941	16,840	13,594	6,511	5,389	1,862	1,226	531	65,905
35 to 44	15,190	14,790	11,254	5,309	4,592	1,193	904	623	53,863
45 to 54	17,149	16,245	12,158	5,208	4,680	1,335	1,041	614	58,437
55 to 64	20,933	18,827	14,762	6,327	5,931	1,650	1,049	628	70,117
65+	12,970	10,296	8,326	3,528	3,488	947	795	253	40,607
Total	221,320	202,704	161,575	66,569	64,046	16,223	12,260	6,647	751,446

Table D.3 Proportion of active participant plans by age group as at 30 September 2025

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

² OT Includes participants living in other Australian territories, including Norfolk Island, Christmas Island and the Cocos (Keeling) Islands.

Table D.4 Numbers of active participant plans (participants in Supported Independent Living (SIL)) by age group as at 30 September 2025

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	74	53	77	34	31	<11	<11	<11	288
19 to 24	917	529	642	272	272	<100	<50	72	2,846
25 to 34	1,834	1,051	1,231	563	500	202	94	99	5,574
35 to 44	1,862	1,336	1,249	595	510	168	99	121	5,940
45 to 54	2,354	1,546	1,381	664	607	188	147	123	7,010
55 to 64	3,229	2,221	1,891	882	855	267	156	150	9,651
65+	1,927	1,090	991	498	495	176	95	<60	5,327
Total	12,198	7,828	7,462	3,509	3,270	1,108	641	625	36,641

Table D.5 Proportion of active participant plans (participants in Supported Independent Living (SIL)) by age group as at 30 September 2025

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%	n/a	n/a	n/a	1%
19 to 24	8%	7%	9%	8%	8%	n/a	n/a	12%	8%
25 to 34	15%	13%	16%	16%	15%	18%	15%	16%	15%
35 to 44	15%	17%	17%	17%	16%	15%	15%	19%	16%
45 to 54	19%	20%	19%	19%	19%	17%	23%	20%	19%
55 to 64	26%	28%	25%	25%	26%	24%	24%	24%	26%
65+	16%	14%	13%	14%	15%	16%	15%	n/a	15%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table D.6 Numbers of active participant plans (participants not in Supported Independent Living (SIL)) by age group as at 30 September 2025

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	52,328	48,838	37,014	13,155	12,490	2,944	2,456	1,544	170,785
9 to 14	42,205	40,893	32,875	12,748	13,562	2,909	2,349	1,276	148,840
15 to 18	21,274	19,339	16,905	6,998	7,515	1,714	1,237	639	75,631
19 to 24	18,338	16,052	13,968	6,478	6,096	1,562	1,153	462	64,122
25 to 34	18,107	15,789	12,363	5,948	4,889	1,660	1,132	432	60,331
35 to 44	13,328	13,454	10,005	4,714	4,082	1,025	805	502	47,923
45 to 54	14,795	14,699	10,777	4,544	4,073	1,147	894	491	51,427
55 to 64	17,704	16,606	12,871	5,445	5,076	1,383	893	478	60,466
65+	11,043	9,206	7,335	3,030	2,993	771	700	198	35,280
Total	209,122	194,876	154,113	63,060	60,776	15,115	11,619	6,022	714,805

Table D.7 Proportion of active participant plans (participants not in Supported Independent Living (SIL)) by age group as at 30 September 2025

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

Table D.8 Number of active participant plans by primary disability group as at 30 September 2025

Primary disability group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Autism	88,005	80,815	68,590	28,223	30,429	6,503	5,033	1,867	309,516
Intellectual disability	29,950	26,673	18,335	8,418	8,483	2,825	1,378	1,210	97,287
Developmental delay	20,175	26,251	18,178	5,772	4,219	1,214	1,214	694	77,722
Psychosocial disability	19,687	20,390	12,651	5,667	4,138	1,211	1,163	641	65,553
Hearing impairment	9,067	7,662	6,872	2,609	2,104	555	486	249	29,606
Other neurological	8,025	6,109	5,483	2,607	1,935	578	445	226	25,413
Global developmental delay	8,517	3,873	3,903	1,313	2,430	275	297	260	20,871
Other physical	5,861	4,703	4,871	1,856	1,769	419	516	189	20,188
Acquired brain injury	5,328	5,192	4,604	1,781	1,848	502	245	343	19,847
Cerebral palsy	5,900	4,438	4,019	1,932	1,349	444	302	209	18,593
Other	3,944	3,011	3,017	1,347	994	344	216	207	13,081
Down syndrome	3,762	2,901	2,499	1,168	798	306	227	108	11,772
Multiple sclerosis	3,297	3,666	2,202	1,162	1,070	433	250	20	12,100
Visual impairment	3,457	3,134	2,049	989	867	219	197	79	10,991
Stroke	3,583	2,375	2,367	876	833	216	162	226	10,640
Spinal cord Injury	2,029	1,115	1,713	746	480	145	80	95	6,404
Other sensory/speech	733	396	222	103	300	34	49	24	1,862
Total	221,320	202,704	161,575	66,569	64,046	16,223	12,260	6,647	751,446

Table D.9 Proportion of active participant plans by primary disability group as at 30 September 2025

Primary disability group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Autism	40%	40%	42%	42%	48%	40%	41%	28%	41%
Intellectual disability	14%	13%	11%	13%	13%	17%	11%	18%	13%
Developmental delay	9%	13%	11%	9%	7%	7%	10%	10%	10%
Psychosocial disability	9%	10%	8%	9%	6%	7%	9%	10%	9%
Hearing impairment	4%	4%	4%	4%	3%	3%	4%	4%	4%
Other neurological	4%	3%	3%	4%	3%	4%	4%	3%	3%
Global developmental delay	4%	2%	2%	2%	4%	2%	2%	4%	3%
Other physical	3%	2%	3%	3%	3%	3%	4%	3%	3%
Acquired brain injury	2%	3%	3%	3%	3%	3%	2%	5%	3%
Cerebral palsy	3%	2%	2%	3%	2%	3%	2%	3%	2%
Other	2%	1%	2%	2%	2%	2%	2%	3%	2%
Down syndrome	2%	1%	2%	2%	1%	2%	2%	2%	2%
Multiple sclerosis	1%	2%	1%	2%	2%	3%	2%	0%	2%
Visual impairment	2%	2%	1%	1%	1%	1%	2%	1%	1%
Stroke	2%	1%	1%	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%	0%	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 as at 30 September 2025^{3 4}

Characteristics	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
First Nations Participants	21,080	7,565	17,647	5,480	4,404	1,737	636	3,479	62,032
Culturally and linguistically diverse participants	23,571	22,531	8,237	5,031	4,299	409	1,138	345	65,582
Participants residing in remote and very remote areas	837	68	2,800	3,063	1,580	193	0	2,837	11,457
Younger people in residential aged care (under 65)	185	257	71	38	33	14	<11	0	601
Participants with supported independent living	12,198	7,828	7,462	3,509	3,270	1,108	641	625	36,641
Participants using specialised disability accommodation	5,015	5,293	2,585	686	1,523	109	203	104	15,518
Participants specialised disability accommodation eligible, not yet using specialised disability accommodation	3,012	2,002	1,857	1,176	968	393	143	205	9,756

³ [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.

⁴ [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.

Table D.11 Proportion of active participant plans by other characteristics as at 30 September 2025^{5 6}

Characteristics	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
First Nations Participants	9.5%	3.7%	10.9%	8.2%	6.9%	10.7%	5.2%	52.3%	8.3%
Culturally and linguistically diverse participants	10.7%	11.1%	5.1%	7.6%	6.7%	2.5%	9.3%	5.2%	8.7%
Participants residing in remote and very remote areas	0.4%	0.0%	1.7%	4.6%	2.5%	1.2%	0.0%	42.7%	1.5%
Younger people in residential aged care (under 65)	25.2%	36.3%	20.9%	25.2%	27.5%	29.8%	n/a	0.0%	28.3%
Participants with supported independent living	5.5%	3.9%	4.6%	5.3%	5.1%	6.8%	5.2%	9.4%	4.9%
Participants using specialised disability accommodation	2.3%	2.6%	1.6%	1.0%	2.4%	0.7%	1.7%	1.6%	2.1%
Participants specialised disability accommodation eligible, not yet using specialised disability accommodation	1.4%	1.0%	1.1%	1.8%	1.5%	2.4%	1.2%	3.1%	1.3%

Table D.12 Participation rates by gender as at 30 September 2025⁷

Gender	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Male	3.2%	3.5%	3.5%	2.8%	4.2%	3.3%	3.1%	3.2%	3.4%
Female	1.9%	2.2%	2.2%	1.7%	2.5%	2.1%	2.0%	1.7%	2.1%
Total	2.6%	2.9%	2.9%	2.3%	3.4%	2.8%	2.6%	2.5%	2.7%

Table D.13 Participation rates by age group as at 30 September 2025⁸

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0-8	5.8%	6.8%	6.3%	4.2%	6.8%	5.4%	4.9%	4.6%	6.0%
9-14	6.7%	8.0%	7.6%	5.7%	10.2%	7.3%	6.6%	5.9%	7.4%
15-18	5.0%	5.7%	5.7%	4.7%	8.2%	6.1%	5.4%	4.7%	5.5%
19-24	2.9%	3.0%	3.3%	3.1%	4.6%	4.2%	3.0%	2.6%	3.2%
25-44	1.5%	1.5%	1.6%	1.4%	2.0%	2.0%	1.4%	1.3%	1.6%
45-64	1.9%	2.1%	2.0%	1.6%	2.3%	2.1%	1.9%	2.1%	2.0%
65+	0.8%	0.8%	0.8%	0.7%	0.9%	0.7%	1.1%	0.9%	0.8%
Total (aged 0-64)	3.0%	3.3%	3.3%	2.6%	4.0%	3.3%	2.8%	2.7%	3.2%
Total	2.6%	2.9%	2.9%	2.3%	3.4%	2.8%	2.6%	2.5%	2.7%

⁵ [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.

⁶ [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.

⁷ Participation rate refers to the proportion of the general population that are NDIS participants. A small proportion of participants 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 the general population that are NDIS participants. A small proportion of participants have a gender of 'Other'. The participation rates for this group are included within the total rates.

Table D.14 Proportion of respondents who responded that the Agency planning process as good or very good in the latest quarter

NDIA planning process	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Early Supports	64%	68%	70%	n/a	n/a	n/a	n/a	n/a	66%
Community Connections	76%	82%	76%	79%	82%	72%	70%	n/a	78%
Apply for NDIS (overall)	68%	68%	65%	63%	66%	70%	51%	n/a	66%
Plan Approval	53%	47%	46%	54%	50%	63%	55%	73%	51%
Plan Implementation	62%	63%	54%	54%	58%	70%	58%	70%	60%
Plan Reassessment	68%	66%	65%	66%	66%	72%	60%	69%	66%

Table D.15 NDIA Metrics Progress: Participants, Families and Carers ⁹

Measures for participants (15 years and over), and families and carers	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Participants in work - Baseline	22%	19%	18%	23%	24%	18%	29%	13%	21%
Participants in work - Latest Reassessment	24%	21%	19%	25%	25%	19%	31%	15%	22%
Participants engaged in community - Baseline	33%	33%	35%	36%	36%	30%	36%	42%	34%
Participants engaged in community - Latest Reassessment	44%	39%	41%	40%	39%	35%	42%	46%	41%
Family and carer employment - Baseline	49%	46%	44%	47%	46%	42%	57%	51%	47%
Family and carer employment - Latest Reassessment	55%	52%	50%	52%	50%	49%	64%	54%	53%
Participant choice and control - First Reassessment	66%	64%	74%	72%	65%	69%	71%	56%	67%
Participant choice and control - Latest Reassessment	80%	80%	84%	80%	78%	80%	81%	75%	81%

Table D.16 Distribution of active participants by funds management type as at 30 September 2025

Funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Self-managed Fully	21%	26%	21%	18%	17%	15%	35%	8%	22%
Self-managed Partly	5%	5%	4%	8%	3%	5%	6%	3%	5%
Plan-managed	64%	66%	70%	64%	76%	74%	54%	85%	67%
NDIA-managed	10%	3%	5%	10%	4%	6%	5%	4%	6%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table D.17 Distribution of plan budget amount by funds management type as at 30 September 2025

Funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Self-managed	11%	14%	12%	13%	8%	9%	18%	3%	12%
Plan-managed	48%	60%	57%	48%	59%	50%	56%	50%	54%
NDIA-managed	41%	26%	30%	39%	33%	41%	26%	47%	34%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

⁹ Results are drawn from participants' responses to Short Form (SF) questionnaires, and only include participants who had their first plan approved since 1 July 2016 and have had a second SF survey reassessment to date.

Table D.18 Number and rates of participant complaints¹⁰

Participant complaints	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Participant complaints in quarter 1, 2025-26	4,027	3,745	3,172	1,059	1,199	272	198	92	14,061
Complaints as a percentage of active participants	7.3%	7.4%	7.9%	6.4%	7.6%	6.8%	6.5%	5.6%	7.5%
All participant complaints	81,625	71,746	53,972	20,431	26,935	5,444	5,165	1,562	279,013
Complaints as a percentage of active participants	6.7%	7.2%	7.2%	6.7%	7.9%	6.5%	6.7%	4.8%	7.4%

Table D.19 Number and rates of Participants Critical Incidents (PCIs)¹¹

PCIs	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
PCIs in quarter 1, 2025-26	1,481	1,670	1,265	451	577	123	72	68	5,714
PCIs as a percentage of active participants	2.7%	3.3%	3.2%	2.7%	3.6%	3.1%	2.4%	4.1%	3.1%
All PCIs	16,698	18,996	13,079	6,586	7,270	1,209	750	855	65,562
PCIs as a percentage of active participants	1.4%	1.9%	1.8%	2.2%	2.2%	1.4%	1.0%	2.6%	1.7%

Table D.20 Number of active providers in quarter 1, 2025-26 by funds management type, registration status and the residing State/Territory¹²

Registration status/funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Registered providers - Total	8,022	6,669	5,343	2,612	2,420	1,091	1,138	827	17,374
Registered providers - NDIA-managed	4,455	2,835	2,557	1,247	935	337	341	285	9,930
Registered providers - Plan-managed	7,181	6,036	4,818	2,295	2,182	923	924	724	16,190
Registered providers - Self-managed	3,906	3,046	2,433	1,128	982	422	500	168	9,474
Unregistered providers - Total	73,962	79,031	65,991	24,403	20,989	6,070	4,546	1,692	257,318
Unregistered providers - NDIA-managed	0	0	0	0	0	0	0	0	0
Unregistered providers - Plan-managed	52,019	55,144	49,858	16,379	15,774	4,451	2,444	1,367	185,427
Unregistered providers - Self-managed	36,739	41,370	29,512	12,820	9,772	2,779	3,037	517	127,676
All providers - Total	81,646	85,342	71,095	26,916	23,320	7,141	5,658	2,498	273,673
All providers - NDIA-managed	4,455	2,835	2,557	1,247	935	337	341	285	9,930
All providers - Plan-managed	58,886	60,846	54,453	18,582	17,869	5,355	3,347	2,071	200,668
All providers - Self-managed	40,516	44,297	31,871	13,915	10,722	3,194	3,524	680	136,761

¹⁰ The National totals include participant complaints where jurisdiction information was missing.

¹¹ The National totals include PCIs where jurisdiction information was missing.

¹² 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 and increase from previous years

Financial year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
2017-18 (\$m)	4,262	1,442	876	228	372	189	304	99	7,773
2018-19 (\$m)	5,887	3,460	2,538	553	1,160	399	366	200	14,567
2019-20 (\$m)	8,015	6,025	5,153	1,544	2,126	660	460	386	24,373
2020-21 (\$m)	10,156	7,933	6,842	2,739	2,772	845	554	509	32,356
2021-22 (\$m)	11,478	9,277	7,952	3,198	3,176	970	606	540	37,203
2022-23 (\$m)	14,031	11,627	9,951	4,087	3,954	1,176	716	691	46,240
2023-24 (\$m)	16,242	13,590	11,750	4,868	4,616	1,354	814	809	54,054
2024-25 (\$m)	18,074	15,081	13,203	5,557	5,134	1,484	890	911	60,347
2025-26 to date (\$m)	4,906	4,076	3,586	1,530	1,401	401	241	243	16,387
increase from 2017-18 to 2018-19 (%)	38%	140%	190%	143%	212%	112%	20%	101%	87%
increase from 2018-19 to 2019-20 (%)	36%	74%	103%	179%	83%	65%	26%	93%	67%
increase from 2019-20 to 2020-21 (%)	27%	32%	33%	77%	30%	28%	20%	32%	33%
increase from 2020-21 to 2021-22 (%)	13%	17%	16%	17%	15%	15%	10%	6%	15%
increase from 2021-22 to 2022-23 (%)	22%	25%	25%	28%	25%	21%	18%	28%	24%
increase from 2022-23 to 2023-24 (%)	16%	17%	18%	19%	17%	15%	14%	17%	17%
increase from 2023-24 to 2024-25 (%)	11%	11%	12%	14%	11%	10%	9%	12%	12%

Table D.22 Payments by financial year in which supports was provided and increase from previous years

Financial year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
2017-18 (\$m)	3,095	958	558	169	223	153	220	66	5,443
2018-19 (\$m)	4,464	2,371	1,670	397	794	295	276	136	10,405
2019-20 (\$m)	5,971	4,133	3,608	1,029	1,490	476	337	264	17,312
2020-21 (\$m)	7,700	5,465	5,015	1,940	2,002	632	415	371	23,543
2021-22 (\$m)	8,936	6,822	6,141	2,364	2,427	757	474	417	28,471
2022-23 (\$m)	11,031	8,672	7,589	2,975	2,995	884	543	526	35,267
2023-24 (\$m)	12,895	10,393	8,977	3,612	3,530	1,001	618	623	41,670
2024-25 (\$m)	14,072	11,407	9,818	4,066	3,855	1,090	668	682	45,669
2025-26 to date (\$m)	3,310	2,624	2,310	941	893	253	151	152	10,637
increase from 2017-18 to 2018-19 (%)	44%	147%	199%	135%	256%	94%	25%	104%	91%
increase from 2018-19 to 2019-20 (%)	34%	74%	116%	159%	88%	61%	22%	94%	66%
increase from 2019-20 to 2020-21 (%)	29%	32%	39%	89%	34%	33%	23%	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%	27%	24%	26%	23%	17%	14%	26%	24%
increase from 2022-23 to 2023-24 (%)	17%	20%	18%	21%	18%	13%	14%	18%	18%
increase from 2023-24 to 2024-25 (%)	9%	10%	9%	13%	9%	9%	8%	10%	10%

Table D.23 Total annualised committed supports and average annualised committed supports, including participants in Supported Independent Living (SIL) as at 30 September 2025

Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Total (\$m)	18,848	15,785	13,974	5,996	5,476	1,557	928	916	63,491
Average (\$)	85,200	77,900	86,500	90,100	85,500	96,000	75,700	137,900	84,500
Total - SIL (\$m)	5,623	3,854	3,682	1,686	1,673	550	297	419	17,784
Average - SIL (\$)	461,000	492,400	493,500	480,600	511,600	496,100	463,900	670,100	485,400

Table D.24 Total payments and average payments, participants in Supported Independent Living (SIL) as at 30 September 2025

Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Total (\$m)	14,569	11,769	10,109	4,195	3,968	1,126	683	705	47,140
Average (\$)	68,800	61,100	65,500	66,700	65,100	73,400	58,500	110,200	65,800
Total - SIL (\$m)	5,088	3,467	3,271	1,461	1,482	490	268	368	15,896
Average - SIL (\$)	421,100	448,300	442,900	422,400	456,400	442,500	419,600	596,600	438,200

Table D.25 Total annualised committed supports by support category as at 30 September 2025 (\$m)

Support category	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Core - Daily Activities	9,159	7,073	6,926	2,845	2,792	782	464	499	30,544
Core - Consumables	279	260	236	100	81	21	14	9	1,000
Core - Social and Civic	4,031	3,576	2,914	1,200	1,060	361	174	173	13,493
Core - Transport	167	149	109	47	43	14	9	5	544
Capacity Building - Choice and Control	208	198	168	66	71	18	10	10	749
Capacity Building - Daily Activities	2,900	2,746	2,158	954	819	194	149	110	10,032
Capacity Building - Employment	167	119	115	74	54	12	10	6	558
Capacity Building - Health and Wellbeing	23	14	11	4	3	2	2	0.2	60
Capacity Building - Home Living	1	2	1	0.5	0.4	0.2	0.03	0.03	6
Capacity Building - Lifelong learning	0.4	0.4	0.3	0.2	0.4	0.1	0.02	0.01	2
Capacity Building - Relationships	541	421	290	192	159	42	23	26	1,695
Capacity Building - Social and Civic	172	159	111	78	45	21	14	14	614
Capacity Building - Support Coordination	450	465	359	171	147	39	21	38	1,692
Capital - Assistive Technology	513	372	378	190	130	36	27	17	1,664
Capital - Home Modifications	236	231	198	73	69	14	10	9	840
Total	18,848	15,785	13,974	5,996	5,476	1,557	928	916	63,491

Table D.26 Total payments by support category for the year ending 30 September 2025 (\$m)

Support Category	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Core - Daily Activities	7,471	5,671	5,268	2,182	2,204	631	385	446	24,268
Core - Consumables	185	153	141	59	52	13	9	5	619
Core - Social and Civic	3,485	2,957	2,468	912	816	278	135	127	11,180
Core - Transport	355	233	139	57	49	14	14	8	867
Capacity Building - Choice and Control	177	171	144	54	62	15	8	8	640
Capacity Building - Daily Activities	1,735	1,575	1,163	538	475	87	81	53	5,707
Capacity Building - Employment	55	37	33	19	15	3	3	2	167
Capacity Building - Health and Wellbeing	12	6	5	2	1	1	1	0	28
Capacity Building - Home Living	0	1	0	0	0	0	0	0	1
Capacity Building - Lifelong learning	0	0	0	0	0	0	0	0	0
Capacity Building - Relationships	298	223	144	103	84	23	12	14	901
Capacity Building - Social and Civic	67	56	39	29	13	8	5	5	220
Capacity Building - Support Coordination	316	343	242	111	99	26	14	25	1,177
Capital - Assistive Technology	243	168	178	78	55	18	11	7	760
Capital - Home Modifications	170	176	144	46	43	8	5	5	598
Total	14,569	11,769	10,109	4,195	3,968	1,126	683	705	47,140

Table D.27 Percentage change in plan budgets for active participants in the quarter ending 30 September 2025

Inflation type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Intraplan Inflation	5.5%	6.7%	5.6%	5.1%	6.8%	5.8%	5.1%	5.3%	5.9%
Interplan Inflation	5.3%	4.1%	5.1%	6.7%	5.8%	4.0%	4.8%	6.0%	5.1%
Total Inflation	10.8%	10.8%	10.7%	11.8%	12.7%	9.8%	9.9%	11.3%	11.0%

Table D.28 Percentage change in plan budgets for plans reassessed - 1 July 2025 to 30 September 2025 - 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%	0%
-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%	5%	4%	4%	4%	5%	4%	4%	4%
-20% to -5%	9%	10%	9%	9%	9%	11%	10%	9%	10%
-5% to 0%	7%	8%	7%	7%	7%	8%	7%	9%	7%
0% to 5%	14%	15%	15%	12%	14%	20%	14%	17%	15%
5% to 20%	17%	17%	17%	16%	16%	17%	16%	15%	17%
20% to 35%	9%	9%	9%	9%	9%	8%	9%	8%	9%
35% to 50%	7%	6%	6%	7%	7%	6%	6%	6%	6%
50% to 65%	5%	5%	5%	5%	5%	4%	5%	5%	5%
65% to 80%	4%	4%	3%	4%	4%	3%	4%	4%	4%
above 80%	20%	17%	20%	22%	21%	14%	20%	21%	19%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table D.29 Utilisation rates for participants both in Supported Independent Living (SIL) and not in SIL, for first and subsequent plans - from 1 January 2025 to 30 June 2025 ^{13 14 15}

Participant breakdown	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
in SIL - First plan	72%	79%	75%	67%	76%	73%	n/a	n/a	74%
in SIL - Subsequent plans	89%	87%	87%	86%	87%	87%	89%	83%	87%
in SIL - Total	88%	87%	87%	85%	87%	86%	89%	83%	87%
Not in SIL - First plan	57%	56%	52%	53%	54%	45%	49%	54%	55%
Not in SIL - Subsequent plans	72%	71%	69%	67%	69%	65%	66%	66%	70%
Not in SIL - Total	70%	69%	67%	65%	67%	64%	64%	64%	68%
Both in SIL and not in SIL - First plan	58%	57%	54%	54%	56%	49%	51%	55%	56%
Both in SIL and not in SIL - Subsequent plans	78%	76%	75%	73%	75%	74%	75%	76%	76%
Both in SIL and not in SIL - Total	76%	74%	73%	72%	73%	73%	73%	74%	74%

Table D.30 Participant Service Guarantee Timeframes (% guarantees met) for the quarter ending 30 September 2025 (\$) ^{16 17 18}

PSG	Service Guarantee	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
1. Explain a previous decision, after a request for explanation is received	28 days	96%	94%	97%	95%	97%	91%	100%	73%	95%
2. Make an access decision, or request for more information, after an access request has been received	21 days	91%	91%	90%	90%	90%	90%	91%	92%	91%
3. Allow sufficient time for prospective participants to provide information, after NDIA has requested further information	90 days	92%	90%	92%	95%	93%	91%	92%	100%	92%
4. Make an access decision, or request further information, after more information has been provided.	14 days	55%	55%	54%	55%	54%	53%	75%	65%	55%
6. Approve a participant's plan, after an access decision has been made (excludes those ECA that have received initial supports)	56 days	95%	96%	97%	95%	95%	97%	97%	87%	96%
7. Approve a plan for ECA participants, after an access decision has been made	56 days	100%	100%	99%	100%	100%	100%	99%	91%	100%
8. Offer to hold a plan implementation meeting, after the plan is approved	7 days	86%	83%	84%	86%	85%	84%	90%	86%	85%

¹³ Utilisation of committed supports from 1 January 2025 to 30 June 2025 is shown in the table – experience in the most recent 3 months is still emerging and is not included.

¹⁴ Participants receiving in-kind supports are excluded from the analysis as it is not possible to accurately separate in-kind payments and committed amounts between plans. Hence, utilisation is higher in reality when in-kind is included.

¹⁵ Utilisation is not shown if there is insufficient data in the group.

¹⁶ For quarters June 2025 and earlier, performance is measured from available data on processes and dates in the new computer system. data. For the September 2025 quarter, performance is being measured from milestones built into the new computer system for most measures. For PSGs 11, 14 and 18, performance is measured from available data on processes and dates in the new computer system.

¹⁷ Reporting for PSG measures 5 and 15 are not yet available and these will not be reported at this stage.

¹⁸ 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)

PSG	Service Guarantee	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
9. If the participant accepts the offer, hold a plan implementation meeting	28 days	99%	98%	98%	96%	98%	97%	99%	96%	98%
10, 16. Provide a copy of the plan to a participant, after the plan is approved (PSG 10) or amended (PSG 16).	7 days	99%	99%	99%	99%	99%	99%	99%	98%	99%
11. Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date	56 days	49%	47%	55%	52%	51%	58%	64%	35%	51%
12. Decide whether to undertake a Participant Requested Plan reassessment, after the request is received	21 days	27%	25%	27%	24%	27%	26%	23%	46%	26%
13. Complete a reassessment, after the decision to accept the request was made	28 days	82%	84%	83%	81%	83%	85%	84%	72%	83%
14. Amend a plan, after the receipt of information that triggers the plan amendment process	28 days	44%	43%	41%	50%	46%	45%	32%	70%	44%
17a. Complete an internal Review of a Reviewable Decision, after a request is received	60 days	71%	72%	66%	68%	69%	73%	67%	76%	70%
17b. Enact outcome of a reviewable decision, once decision has been made	28 days	98%	97%	98%	97%	97%	98%	95%	87%	97%
18. Implement an AAT decision to amend a plan, after the AAT decision is made	28 days	79%	93%	89%	86%	88%	95%	91%	50%	87%
19. Cancel participant requested nominee	14 days	93%	90%	88%	95%	89%	100%	86%	100%	91%
20. Cancel CEO initiated nominee	14 days	98%	97%	99%	98%	98%	100%	100%	100%	98%

Endnotes

Appendix C

- 1 The number of children accessing or waiting on early connections at the end of the quarter is not reported separately, however they are still included in the total.




Appendix D

- 2 OT Includes participants living in other Australian territories, including Norfolk Island, Christmas Island and the Cocos (Keeling) Islands.
- 3 [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.
- 4 [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.
- 5 [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.
- 6 [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.
- 7 Participation rate refers to the proportion of the general population that are NDIS participants. A small proportion of participants 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 the general population that are NDIS participants. A small proportion of participants 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 (SF) questionnaires, and only include participants who had their first plan approved since 1 July 2016 and have had a second SF survey reassessment to date.
- 10 The National totals include participant complaints where jurisdiction information was missing.
- 11 The National totals include PCIs where jurisdiction information was missing.

- 12 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.
- 13 Utilisation of committed supports from 1 January 2025 to 30 June 2025 is shown in the table - experience in the most recent 3 months is still emerging and is not included.
- 14 Participants receiving in-kind supports are excluded from the analysis as it is not possible to accurately separate in-kind payments and committed amounts between plans. Hence, utilisation is higher in reality when in-kind is included.
- 15 Utilisation is not shown if there is insufficient data in the group.
- 16 For quarters June 2025 and earlier, performance is measured from available data on processes and dates in the new computer system. data. For the September 2025 quarter, performance is being measured from milestones built into the new computer system for most measures. For PSGs 11, 14 and 18, performance is measured from available data on processes and dates in the new computer system.
- 17 Reporting for PSG measures 5 and 15 are not yet available and these will not be reported at this stage.
- 18 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)



National Disability Insurance Scheme

-  Website: [ndis.gov.au](https://www.ndis.gov.au)
-  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
-  Voice relay: 1800 555 727
-  National Relay Service: [accesshub.gov.au](https://www.accesshub.gov.au)