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National Disability
Insurance Agency

Quarterly Report

Q2 2025-26



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Acknowledgement of Country

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

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

Artwork 'Belonging' by Charmaine Mumbulla.

Contents

This report	6
Introduction	7
Section 1 Participants and their plans	15
1.1 Number of participants in the NDIS	17
1.2 Participation rates	18
1.3 Participant characteristics	19
1.4 Specialised service delivery	25
1.5 Children in the NDIS	28
Section 2 Participants and family and carer outcomes	30
2.1 Participation in work and community and social activities	31
2.2 Perceptions of whether the NDIS has helped	35
Section 3 Participant experience	39
3.1 Participant Service Charter engagement principles	41
3.2 Participant Service Guarantee	43
3.3 Home and living decisions	46
3.4 Complaints and participant critical incidents	48
3.5 Plan changes, reviewable decisions and Administrative Review Tribunal cases	51
3.6 Participant satisfaction	57
3.7 The NDIA National Contact Centre	61

Section 4	Providers and the growing market	64
4.1	Support categories	65
4.2	Funding management types	66
4.3	Plan managers	67
4.4	Supported independent living	69
4.5	Specialist disability accommodation	71
4.6	Market stewardship activities	72
4.7	NDIS pricing	73
Section 5	Financial sustainability	74
5.1	Participants and cost projections	76
5.2	Total payments	78
5.3	Average and median payment trends	79
5.4	Average plan budget trends	80
5.5	Operating expenses	84
Section 6	Staff and the NDIS community	86
6.1	Workforce diversity, inclusion and engagement	87
6.2	Public data sharing and the latest release of information	88
6.3	Integrity of the NDIS	88
	Appendices	
	Appendix A: Key definitions	94
	Appendix B: Outcomes Framework Questionnaires	97
	Appendix C: Approved plans and children accessing early connections	98
	Appendix D: State/Territory – comparison of key metrics	99

This report

This report is an overview of the performance and operations of the National Disability Insurance Agency (NDIA) for the 3 months from 1 October 2025 to 31 December 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 2, 2025–26

Sustained improvement in participant outcomes

The National Disability Insurance Scheme (NDIS) supports 761,442 Australians with disability to live with independence, choice and control in the community.

The National Disability Insurance Agency (NDIA) puts participant outcomes at the heart of its work to deliver the NDIS and progress the Australian Government's Scheme reforms.

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 life domain measures. 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 13 or more percentage points across all domain measures. Daily living had the strongest improvement at 16 percentage points.
- Participants aged from 15 to 24 years continued to report improvements across all domain measures. In particular, choice and control, daily living, and social, community and civic participation had further improvement this quarter.
- Participants aged 15 years and older also reported improvements across all domain measures. The largest improvements, at 12 or more percentage points, were reported for choice and control, daily living, relationships, 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.
- For participants aged 15 to 24 who have been in the NDIS for over 2 years, there continues to be positive employment outcomes, with employment status increasing from 10% to 23% over this time period.

Improved NDIA operational performance

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

Highlights this quarter include:

- Sustained improvement in access timeframes, including an increase to 92% of decisions being made within 21 days.
- Of participants meeting access, 78% rated their experience with the NDIS as good or very good.
- A continued focus on approving first plans has delivered the level of service expected for participants, meeting the 95% service guarantee.
- Collaboration with state and territory governments continues to improve hospital discharge wait times. For more than half of hospitalised participants, discharge is achieved on the same day as they are considered medically ready for discharge. The average number of days between an NDIS participant being medically ready for discharge and being discharged was 15 days in the quarter, compared with 16 over the previous 3 quarters. The peak of an average 27 days was recorded in the March 2023 quarter.
- The National Contact Centre customer satisfaction rate was very strong at 92%, exceeding the target (80%).
- Eighty-six per cent of National Contact Centre callers reported their enquiries were resolved at the first point of contact (target: 80%).

New CEO Mr Graeme Head AO

Graeme Head was appointed by the NDIA Board as the new Chief Executive Officer for a 3 year term starting in November 2025.

Mr Head brings substantial knowledge of the NDIS to the role, having served as the inaugural NDIS Quality and Safeguards Commissioner (2018 - 2021). He also brings decades of experience in public administration and social policy at the highest levels in Australia.

Mr Head said it is a great privilege to be entrusted to lead the NDIA.

‘I am really excited to be working in the NDIS again, and to be given the opportunity to play a role in shaping and rolling out key reforms to the Scheme,’ he said.

‘People with disability, who are NDIS participants, will continue to be at the centre of all aspects of reform design and implementation, ensuring that participants are supported to achieve positive outcomes.’

Making the NDIS stronger

The NDIS planning process will change to become fairer, more consistent and easier for participants.

This new way of planning reflects feedback from thousands of people with disability, their families and carers, and providers, through the Independent Review of the NDIS.

It is informed by ongoing engagement and collaboration with the disability community, including disability representative and carer organisations and individuals through focus groups, workshops, webinars and other means.

By actively listening and working in partnership, the NDIA is committed to building a Scheme that better reflects the diverse needs of participants.

Placing people with disability at the centre of decision-making is key to making the NDIS stronger, fairer and more sustainable.

Changes to the NDIS Act in October 2024 enabled this new way of planning, which focuses on a person's disability support needs rather than functional impairment.

The NDIA and the Department of Health, Disability and Ageing have been working with state and territory governments and the disability sector to develop rules for the 'new framework planning'.

Public consultation on these rules will commence in early 2026.

We are aiming to have the first participants begin experiencing the new way of planning from mid-2026. It will be introduced in stages.

The new way of planning will:

- use a person-centred and strengths-based approach
- create fairer and more consistent budgets
- reduce the need for expensive reports
- result in simpler plans that are more flexible for participants.

In the first quarter of 2026 we will produce a co-design workplan with participants, families, providers and the broader disability community and finalise how the support needs assessment tool will be used during assessment meetings.

Read more on our website at [Update - A new way of planning | NDIS](#).

Working with the disability community

The NDIA works collaboratively with the disability community to co-design and implement processes that improve the participant experience and maintain the sustainability of the NDIS.

During the December quarter we held almost 500 engagement activities with nearly 5,500 participants, providers and other stakeholders. We also distributed 26 e-newsletters to more than 10,000 stakeholders.

We set up the NDIS Design Hub to support the design of the new way of planning.

The Hub brings together participants and NDIA staff to refine the participant experience.

The Design Hub ran a series of online participant focus groups, in-person and online one-to-one interviews, and a 2-day in-person workshop.

A series of webinars was also held to help participants and their families and carers understand more about the NDIS and the new way of planning.

This is part of a broader engagement strategy to inform and educate the community, participants and other key stakeholders about the new way of planning.

We also co-hosted 4 webinars with the Department of Health, Disability and Ageing to ensure organisations in the disability sector are well informed about the new planning process and support needs assessment.

We have launched [NDIS Engage](#) – a new online platform to help participants, providers and the disability community have their say on reforms and improvements to the NDIS.

Since it was launched in August 2025, there have been more than 25,000 unique visitors, 17,000 documents downloaded and 1,000 submissions received.

New approaches to pricing

The NDIA is reviewing pricing approaches to identify improvements to the way NDIS price limits are set. Our work is being guided by the advice of the Independent Pricing Committee and engagement with the disability sector.

In November we began consultations for the 2025–26 Annual Pricing Review – earlier than in previous years. We identified 5 areas of focus for the review as part of the consultation process:

- disability support worker supports
- therapy supports
- support coordination
- plan management
- social, community and civic participation.

A key consideration for this year’s review is whether more differentiated approaches to pricing could better reflect the diversity of supports, delivery contexts and participant needs across the NDIS market

In December, the NDIA published its first, multi-year [NDIS Pricing Workplan](#). This describes a change to how pricing improvements are made, moving from one-off annual adjustments, to a staged programmatic approach.

The workplan was developed in collaboration with the Department of Health, Disability and Ageing and the NDIS Quality and Safeguards Commission. We also consulted states and

territory agencies, provider peak bodies and advisory groups.

The workplan sets out a sequenced program of pricing improvements that considers emerging market pressures and builds the evidence base for longer-term reform. We will expand the evidence base through a range of initiatives, including the quality supports program.

Quality supports program

We will work with providers to evaluate the characteristics of quality service provision, including the costs and outcomes of providing quality services.

The supported independent living and support coordination pilot programs are underway, with applications for the therapy support pilot program launched on Grant Connect in November 2025.

Over the next quarter, we will collate feedback from the Annual Pricing Review consultation, with early insights from the pilot programs and other data, to inform the 2025–26 Annual Pricing Review.

Supporting participants to use their plans

Since legislative changes took effect in October 2024, there has been a focus on ensuring participants use their NDIS funds exclusively on NDIS supports.

The 12-month transition period for adjusting to the [NDIS supports lists](#) ended on 2 October 2025. During the transition period, the NDIA did not raise debts for first or second purchases of items that were not NDIS supports, where the purchase was under \$1,500.

Now that the transition period has ended, we will provide guidance and advice to participants to help them make the right decisions about how to use their budgets and access NDIS supports.

During the December quarter the NDIA published 2 new operational guidelines for short-term respite, previously known as short-term accommodation, and therapy supports.

The [operational guideline for short term respite](#) explains who can use short-term respite, what it includes, how it should be used and how decisions are made. It makes it clear that the purpose is to give participants and their primary informal supports time apart to sustain and maintain the caring role.

The [operational guideline for therapy supports](#) explains how decisions are made to include therapy supports in a plan, what therapy supports the NDIS does and does not fund, and who can deliver them.

While most businesses do the right thing, some use misleading or deceptive phrases, such as, 'NDIS approved', 'NDIS permitted' or '100% NDIS funded'.

In the 18 months to December 2025, the NDIA identified more than 600 instances of concerning practices under Australian Consumer Law. These were referred to the Australian Competition and Consumer Commission, resulting in more than \$100,000 in fines.

In addition, 6 matters were referred to the Fraud Fusion Taskforce and more than 100 to the NDIS Quality and Safeguards Commission.

By providing clear guidance and deterring the use of misleading or deceptive advertising, we are making sure that participants have the right information to spend their budgets on NDIS listed supports.

Improving outcomes for First Nations peoples with disability

The NDIA Board endorsed the NDIA Statement of Commitment to Closing the Gap. The statement outlines how the NDIA will fulfil its commitments of the National Agreement on Closing the Gap for participants and their families and communities. The Statement of Commitment to Closing the Gap complements the NDIS First Nations Strategy 2025–30.

In November 2025 we began to engage with First Nations organisations, peak bodies and governments on how to put the NDIS First Nations Strategy into action. This will inform a strategy implementation plan to be co-developed by mid-2026. A monitoring and evaluation framework for the First Nations Strategy is also being developed to address Strategic priority 4 Gathering, sharing and revisiting knowledge about meaningful change.

We continue to put into action the strategy's 4 priority areas.

To support strategic priority 1: Fair and equitable access and support, an organisational cultural safety initiative to strengthen cultural safety across the NDIA is underway.

As part of this initiative, we have assessed the current status of cultural safety in the NDIA and developed recommendations to help develop a organisational cultural safety plan.

Several initiatives are underway to meet strategic priority 2: NDIS 'our way' – transformation for power sharing.

The NDIA continues to partner with the Aboriginal community controlled health sector to co-design policy analysis and advice. We have established an NDIS First Nations innovation circle to develop First Nations-led approaches to improving the participant experience.

A First Nations market and sector development roadmap is being developed for release in 2026, which will help address strategic priority 3: Working together well within and across sectors. A discussion paper was published in October ahead of a series of roundtables with First Nations and other providers held across the country in November and December.

Improving access and experience in regional and remote areas

The NDIA is committed to improving access to the NDIS and the participant experience for people with disability, regardless of where they live.

One of the ways that people in regional and rural parts of Australia can access in-person support to join the NDIS and manage their NDIS plans is through Service Australia's mobile service centres (MSCs).

The NDIA works in partnership with Services Australia to operate the MSCs – a mobile fleet of 4 purpose-built, government offices on wheels. Staff are available to provide advice and information and answer questions about the NDIS.

In the 3 months to December, the MSCs visited 185 locations across rural and remote New South Wales, Queensland, South Australia and Tasmania.

This quarter, families in remote communities received face-to-face support from NDIA staff at 2 access clinics in the Northern Territory (Wadeye) and Queensland (Cloncurry). Both clinics focused on the early childhood approach.

People travelled from far and wide to access these clinics. More than 70 NDIS access requests were completed across the 2 clinics, with further opportunities for face-to-face planning activities and broader engagement across those remote regions.

These clinics have enhanced culturally responsive pathways, built strong local relationships and reinforced our commitment to supporting people with disability living in remote communities.

Planning and community pre-engagement activities have begun for additional Access Clinics in Ali Curung, Tennant Creek, Elliot, Umbakumba and Alyangula in the Northern Territory in 2026.

Safeguarding participants and strengthening Scheme integrity

The NDIA safeguards participants and strengthens the NDIS through integrity programs that detect, prevent and respond to non-compliance and fraud faster than ever before.

These programs ensure every NDIS dollar goes towards providing the supports that participants need, making sure NDIS funds are used the right way.

The Fraud Fusion Taskforce strengthens collaboration across government, with 24 agencies sharing intelligence and working together to identify, disrupt and prosecute individuals who seek to exploit NDIS, its participants, and other government payment programs.

As at 31 December 2025:

- more than 605 taskforce investigations were underway
- more than 110 NDIA-led search warrants had been executed on suspected criminals since the start of the taskforce. One coordinated enforcement campaign led by the Australian Federal Police targeted alleged criminal operations involving up to \$50 million in NDIS claims.
- more than 2,000 problematic providers claiming from the NDIS had been disrupted since the start of the taskforce.

The Fraud Fusion Taskforce, Crack Down on Fraud program and the payment integrity program have together dramatically improved the detection of provider risk and the implementation of proactive reviews of manual payments.

In the 6 months to December 2025, the NDIA reviewed over 34,000 high-risk claims, totalling more than \$110 million, before they were paid, with a 66% rejection rate.

The integrity interventions implemented for problematic providers also delivered significant benefits. This includes preventing non-compliant payments and diversion of funds from problematic providers to higher quality spending on disability supports and services.

The Crack Down on Fraud program is strengthening the integrity of the NDIS through upgrades that embed fraud detection and prevention directly into NDIA systems and processes. These improvements make it easier for participants, nominees and providers to get it right and harder to get it wrong.

Achievements in the December 2025 quarter include:

- **Stronger identity checks:** NDIS providers are now required to use myID and Relationship Authorisation Manager to verify identity when accessing NDIS provider portals.
- **Stronger identity and access controls:** One-time codes have been introduced to verify email and mobile number changes, notifications when critical details are updated, and enhanced caller identity verification for high-risk interactions, to protect participant data and reduce the risk of identity fraud.

- **Improved participant experience:** A new mobile app for participants was piloted, featuring better accessibility and usability.
- **Claims efficiency:** Streamlined claims processing, real-time prompts and an e-invoicing pilot have been launched to improve the speed of claims processing and the quality of evidence required.
- **Strengthened provider security and controls:** A new authentication tool for NDIS digital partners was introduced and a 7-day payment delay enforced for unauthorised support coordinators, giving participants time to review claims and ensuring the legitimacy of transactions.

A diverse workforce supporting the NDIS

The NDIA received back-to-back recognition in November for fostering an inclusive, supportive and empowering workplace.

The NDIA was named a Diversity Council of Australia Inclusive Employer for 2025–26. We also won the Innovative Initiatives Award for our Neuroinclusion Plan at the 2025 Public Sector Neurodiversity Excellence Awards.

According to the latest annual Australian Public Service Employee Census (2024–25):

- 23% of NDIA staff identify as having a disability
- 16% identify as neurodivergent
- 3% identify as First Nations
- 10% identify as LGBTIQ+
- 26% identify as a person from a culturally and linguistically diverse background
- 69% identify as female or gender diverse
- 44% identify as mature age.

The lived experience that our diverse staff bring to the NDIA helps us understand, and connect, empathise and communicate with participants and their families and carers. This ensures we provide quality services.

This quarter's initiatives to attract, retain and uplift staff include:

- introduction of the NDIA Gender Equity Action Plan
- increasing staff knowledge of diversity and inclusion through training modules and toolkits
- provision of a wide range of individual workplace supports.

The Office of Agency, Accessibility and Inclusion is a specialist branch set up to drive inclusion and accessibility for all NDIA staff.

The NDIA's vision is to be an employer of choice and a leader in access and inclusion.

Scheme financial experience

For the 6 months to December 2025, total Scheme expenses were \$25.4 billion, which was \$142 million (0.6%) above the June 2025 Annual Financial Sustainability Report projections.

As at 31 December 2025, annual Scheme expense growth was 10.3%, compared with 10.1% at the end of the previous quarter.

Plan inflation in the December 2025 quarter was 7.6%, of which 4.2% was intra-plan inflation and 3.4% was inter-plan inflation. This was lower than the total figure of 12.1% in the December 2024 quarter, of which 6.9% was intra-plan inflation and 5.2% was inter-plan inflation.

NDIS participant, Greyson



Section 1

Participants and their plans



Nothing gets in Greyson's way when it comes to having fun



Life is all about having fun, being social and joining in, for Geelong NDIS participant, Greyson.

Parents Dan and Samoa said NDIS support has been key to 11-year-old Greyson's success.

'The support is building his skills to enjoy everyday activities like others his age,' Dan said.

'Greyson's primary language is Auslan. He's ridiculously social and he loves school.'

'At his school, Auslan is part of the curriculum, so other kids being able to sign too really enhance his experience.'

The couple have built a strong team of therapists and support workers who all work together. They meet, discuss and monitor Greyson to help build and maintain his independence.

'His NDIS plan makes these supports possible,' Dan said.

Therapy sessions also make a huge difference. Using techniques such as visual supports along with other regular supports have seen Greyson thrive.

Recently, he made a new speech sound. 'It was a special moment,' Samoa said.

Outside school, Greyson loves tenpin bowling and 'anything Christmas'. He connects with people easily and proudly promotes inclusion, even helping launch a local football club's sensory room.

The couple say the NDIS has transformed Greyson's life and hope it will support him to enjoy an inclusive, independent future.

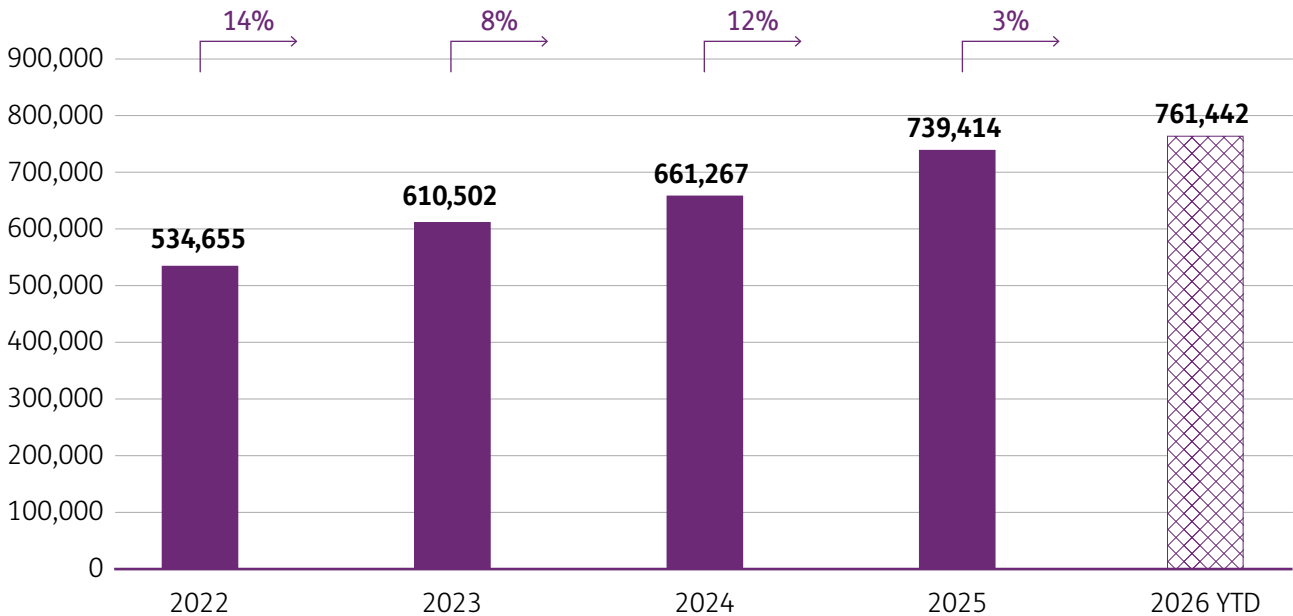
[Read more participant stories on our website.](#)

More than 761,000 participants are receiving support from the NDIS, and more than 19,600 participants entered the NDIS during this quarter.

1.1 Number of participants in the NDIS

As at 31 December 2025, 761,442 participants had approved NDIS plans. This represents a net increase of 9,996 participants since September 2025 (a 1.3% 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.

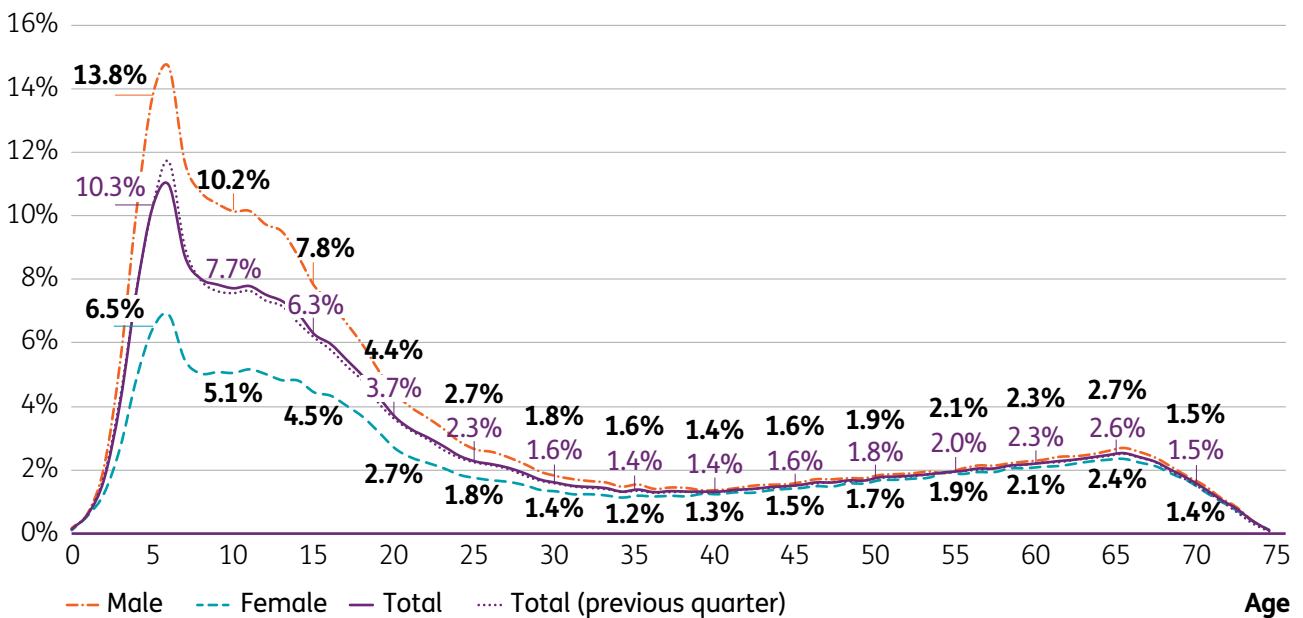
Participation rate refers to the proportion of the Australian population who are NDIS participants. The rate varies by age and gender (Figure 2), reflecting the prevalence of different disability types.

Overall, the rate of participation in the NDIS rises steeply from birth, peaking at approximately 11% at age 6. The rate then declines steadily to around 1% in the age band 35 to 40, before rising gradually to 2.6% by age 65. Beyond age 65, participants may choose to remain in the NDIS until receiving support from the Commonwealth aged care system. 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 (15%) 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 rates



Note: There were 9,175 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 who are from remote and very remote areas.²

Of the 19,656 participants entering the NDIS and receiving a plan this quarter:

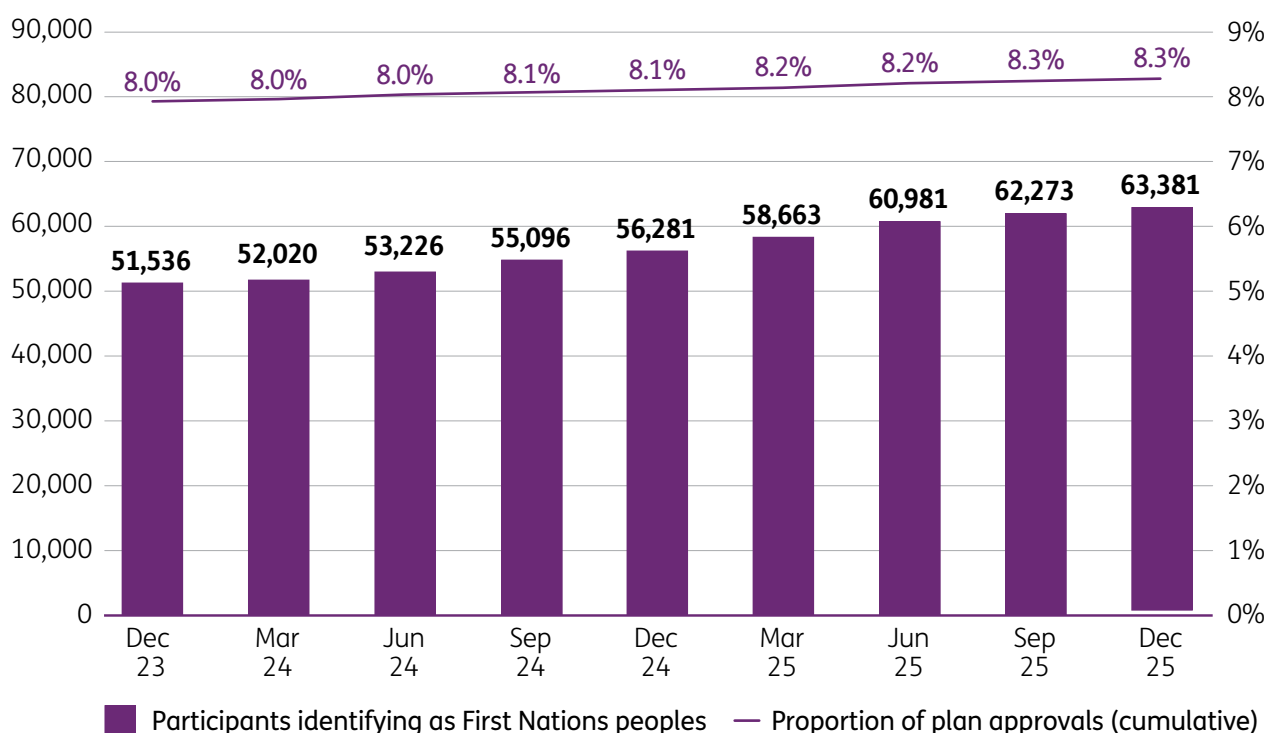
- **10.7%** were First Nations peoples³
- **8.5%** were CALD⁴
- **2.1%** were from remote and very remote areas.⁵

The total proportion of First Nations participants in the NDIS was 8.3% at the end of the December quarter.

The proportion of CALD participants entering the NDIS is higher than in recent quarters.⁶

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 participants



Note: Details on the numbers of CALD participants and remote and very remote participants are on the [Explore data webpage](#) (external).

2 For some participants, the identification as First Nations or CALD is not known.
 3 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.
 4 The percentage of CALD participants excludes participants who identify as First Nations peoples.
 5 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.
 6 In the December 2025 quarter, the collection of the data fields used to recognise CALD participants improved.

First Nations Strategy and Closing the Gap commitments

Statement of Commitment to Closing the Gap

The NDIA has developed a Statement of Commitment to Closing the Gap.

This statement outlines the commitments of 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 was co-designed with and endorsed by the NDIA Board, the Independent Advisory Council (IAC) to the NDIS and the IAC First Nations Reference Group. It will be publicly released on the NDIS website in the third quarter of 2025–26. An Easy Read version and First Nations language versions will be available.

Cultural safety initiatives

The NDIS First Nations Strategy emphasises that cultural safety is essential for a successful relationship between the NDIS and First Nations people with disability. Improving staff understanding of cultural safety is an important part of achieving this. An internal review has outlined the current state of cultural safety in the NDIA and provided recommendations to strengthen cultural safety across systems, policies and processes. A cultural safety initiative to be delivered over 3 years has been developed and aims to embed cultural safety within the NDIA. A 3-year plan will guide implementation, monitoring and evaluation of the cultural safety initiative from 2026.

First Nations market and sector development

We will develop a First Nations market and sector development roadmap in consultation with First Nations stakeholders by June 2026. The roadmap will aim to build a more culturally safe and sustainable disability service ecosystem. A national scoping study found that First Nations peoples are under-represented as NDIS providers. While they comprise 8% of NDIS participants, fewer than 1% of NDIS providers supporting First Nations participants are owned or operated by First Nations people. The NDIA held roundtables across all jurisdictions in late 2025 to identify market challenges and solutions, which will inform the development of the roadmap.

Strengthening sector partnerships

We are working with key peak bodies in the First Nations health and disability sector to shape thinking and knowledge on topics of importance to First Nations people with disability.

The NDIA First Nations Group has contracted the National Aboriginal Community Controlled Health Organisation (NACCHO) and their affiliates to work with the NDIA to develop policy analysis and advice. Activities completed this quarter include: mapping key stakeholders, analysing NDIS activity among NACCHO and affiliate members, and identifying priority issues.

Section 1: Participants and their plans

The First Nations Sector Policy Advisory Group was established in September to enhance the NDIA's engagement with the First Nations sector. Members of the group include:

- First Peoples Disability Network
- Lowitja Institute
- Indigenous Allied Health Australia
- Marninwarntikura Women's Resource Centre
- National Aboriginal and Torres Strait Islander Ageing and Aged Care Council
- National Aboriginal Community Controlled Health Organisation
- National Association of Aboriginal and Torres Strait Islander Workers and Practitioners
- National Voice for our Children – SNIACC.

The advisory group met in October and December 2025. The October meeting established ways of working. In November, the First Nations Group presented policy context and a range of work packages to assist Scheme reforms, such as the First Nations participant pathway, cultural supports, return-to-Country, and families as paid supports.

The work of the First Nations Group in strengthening sector partnerships through NACCHO and the advisory group contributes to the NDIA's commitment to Closing the Gap Priority Reform One – Formal Partnerships and Shared Decision Making.

First Nations workforce strategy

To support the First Nations Strategy and implementation of the cultural safety initiative, we are developing a First Nations workforce strategy for 2026 to 2030. It will build on a review and gap analysis of the First Nations employment and inclusion plan 2022–25.

The NDIA recognises that a strong and supported First Nations workforce is critical to delivering culturally safe services for First Nations participants and their families, carers and communities. It also supports the NDIA's commitment to the Closing the Gap Priority Reform Six – Transforming Government Organisations.

Section 1: Participants and their plans

First Nations peoples and participants in remote and very remote areas

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

Remote service delivery model

The NDIA has strengthened the service model for participants in remote and very remote Australia. This includes:

- providing face-to-face services
- providing dedicated sector engagement and market development capability
- securing services in previously underserved areas
- working across government to enable integrated service delivery.

A national program of access and planning clinics supports the service model to help participants access the NDIS and related supports more quickly.

Remote community connector program expansion

This quarter, we continued to implement reforms to remote servicing, both directly and in partnership with the disability sector and Aboriginal Community Controlled Health Organisations (ACCHOs).

Last quarter, we re-tendered our remote community connector (RCC) program with ACCHOs across existing locations.

This quarter we expanded the RCC program to secure providers across the country. We expect to expand into another 13 regions and, at the end of the process, to have about 50 service partners covering 575 communities.

Our tender approach standardises resourcing based on population and participant numbers to ensure equity, while providing additional resources for areas where extreme remoteness makes delivery more challenging. Funding is tied to the Social, Community, Home Care and Disability Services Award to ensure fair remuneration for RCCs and their host organisations.

In the recent tender process, we introduced incentives. RCCs are employed almost exclusively via local ACCHOs, and they play a vital role in connecting their communities with the NDIS. Many deliver services beyond what they are funded for and work closely with communities to find local solutions that improve access to the NDIS.

Our new model recognises this extra effort by offering financial incentives for 3 types of activities:

- improving the availability of local NDIS services
- achieving improvements in participant related data
- delivering other activities that support the delivery of the NDIS.

Service partners who achieve these outcomes will receive additional funding.

These funding arrangements strengthen the ACCHO sector by supporting sustainability and rewarding effort. They also enable RCC service partners to expand their service offerings and potentially transition into navigation activities – making the NDIS more culturally safe for remote Australians. The funding arrangements also support the NDIA's commitment to Closing the Gap Priority Reform Two – Building the Community-Controlled Sector.

Direct commissioning in Maningrida

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, with pilot sites in Maningrida, NT and Katanning, WA. The pilots concluded on 30 June 2025. The pilot sites have now transitioned to business-as-usual operations and laid the groundwork for stronger service provision in remote Australia.

This quarter, there was progress on the ‘direct commissioning’ arrangement established by the pilot in Maningrida. The Maningrida community wanted frequent, reliable and locally delivered therapy services. To meet this need, a single provider was engaged through a targeted procurement process.

In contrast to previous direct commissioning arrangements, which involved block-funding, the contract funds individualised services. It also creates more choice and control for participants by requiring the provider to work with the community and secure their approval of a servicing strategy that outlines how and when services will be delivered.

Additionally, the contract requires a community-approved strategy to sustain therapy activities between visits by creating local jobs and training community members for these roles.

Pooling participant funding and front-loading funding under the contract has given the service provider the certainty needed to plan services. Flights and accommodation have been secured in Maningrida for the first half of 2026 – removing a key barrier to regular community attendance.

The provider has also obtained a grant from the NT government to purchase a vehicle for use in Maningrida, enabling services to be delivered in locations that best suit participants.

This innovative use of NDIS funding is bringing real benefits to the Maningrida community and is helping inform our remote servicing model nationwide.

Inclusion strategies

Work is also ongoing to improve the NDIS for people from diverse backgrounds. The NDIA continues to implement the NDIS CALD Strategy, released in April 2024.

This quarter we continued to work with community organisations, mainstream services, and the disability community, sector and peak bodies to improve how people with disability from CALD backgrounds access and use the NDIS. We held 68 engagement activities with about 2,880 stakeholders to discuss the CALD community’s experience with the NDIS.

We continue to focus on ensuring that the CALD Strategy priorities are considered as we implement NDIS reforms. This includes expanding the remit of the CALD External Advisory Group to support the implementation of reform initiatives.

The new LGBTIQ+ strategy will be released in early 2026.

We are developing inclusion principles to inform the design and implementation of Scheme reforms and improve the experience of all participants. They will be based on insights gathered from consultations on the gender, LGBTIQ+, CALD and First Nations strategies. This quarter, we held 12 engagement activities with 513 stakeholders to discuss LGBTIQ+ themes. Consultation on the principles will commence in 2026.

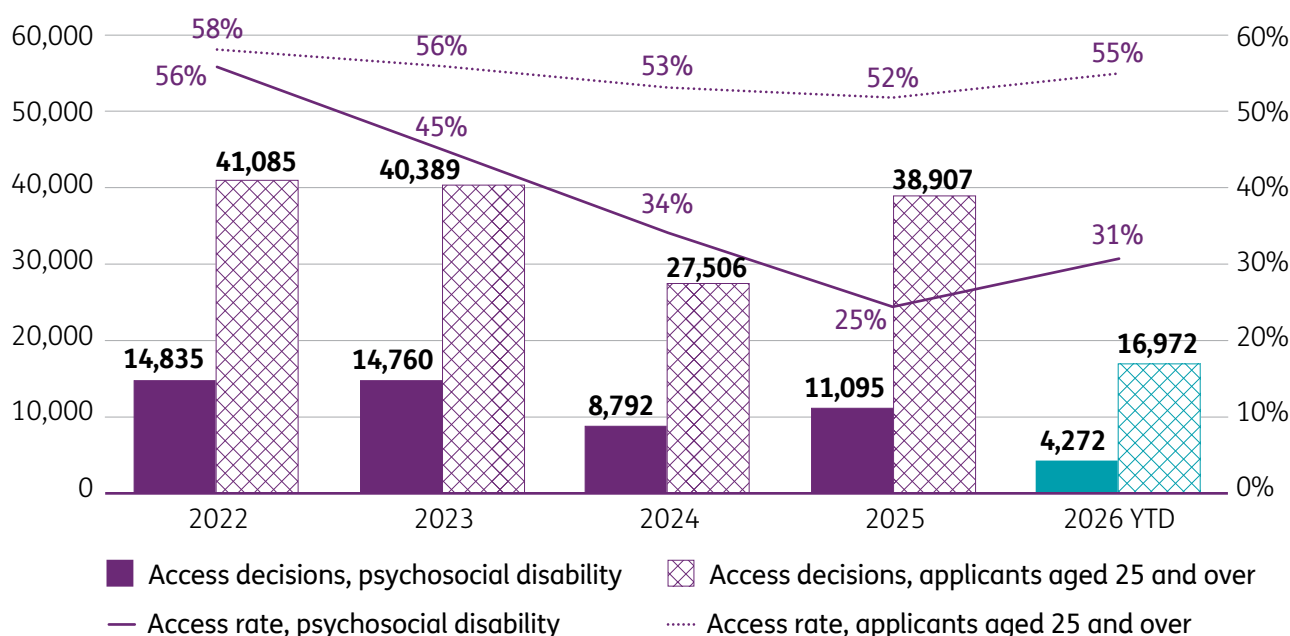
Participants with a primary psychosocial disability

The NDIS publishes fifteen disability dashboards [NDIS Participant Dashboards](#). Each dashboard has key insights about participant experience, demographics, payments and provider data. The NDIA monitors the experience of the different disability types.

As at 31 December 2025, there are 65,827 participants with a primary psychosocial disability. This is slightly higher than the Productivity Commission’s 2020 projections that, upon completion of the national rollout, there would be 64,000 participants with a primary psychosocial disability in the NDIS.

The number of people with a primary psychosocial disability seeking access to the NDIS, and the access rate, have been generally decreasing year on year since 2022 (Figure 4).

Figure 4: Access decisions and access rates for people with a primary psychosocial disability aged 25 and over, for years ending 30 June



In the 6 months to 31 December 2025, access decisions were made for 4,272 people with a primary psychosocial disability.⁷ The annualised number of access decisions in 2026 is lower than in the previous 4 years. The access rate for people with a primary psychosocial disability has reduced from 56% in 2022 to 31% in 2025–26 to date.

There has been no change to how access to the NDIS is assessed during this period. Under the National Disability Insurance Scheme Act 2013 (NDIS Act), the NDIA checks a person’s eligibility based on their impairments, not their type of disability or diagnosis. Access is determined by the permanency of a person’s impairments and whether those impairments cause a substantial reduction in their functional capacity to engage in the activities of daily living. Section 24 of the NDIS Act makes clear that episodic or fluctuating impairments, such as psychosocial impairments, can be found to be permanent.

⁷ Access decisions and rates for people with a primary psychosocial disability are for all ages. The NDIS access decisions and rates are for people aged 25 and over. The NDIS 25 and over rate provides a like-with-like comparison, noting that 98% of people with a primary psychosocial disability are aged 25 and over.

Section 1: Participants and their plans

The NDIA is working to further understand the drivers of the decline in the access rate for persons with a primary psychosocial disability.

In the 6 months to 31 December 2025, access decisions were made for 16,972 people aged 25 and over. The annualised number of access decisions in 2026 for people aged 25 and over is lower than in 3 of the previous 4 years. The access rate for people aged 25 and over has reduced slightly from 58% in 2021-22 to 55% in 2025-26 to date.

In 2021-22, the access rate for applicants with a primary psychosocial disability (56%) was similar to that of all applicant types for people aged 25 and over (58%); the access rate for applicants with a primary psychosocial disability has become significantly lower than that of all applicant types for people aged 25 and over in the years 2022-23 to 2025-26 year to date. The primary disability of adults applying for access is changing, with strong growth in the number of people with adult autism applying for access. Each disability varies in its nature, diagnosis and incidence rate, and the access rates and trends for people aged 25 also varies for each disability type.

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 NDIA Justice Liaison team includes justice liaison officers who are the main contact for stakeholders in the justice system. They work 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.

Section 1: Participants and their plans

Justice Advisory Panel

The NDIA Justice Advisory Panel held its eighth bi-monthly meeting in December 2025. Chairperson Ken Lay AO and panel members Dr 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.

By considering de-identified case studies, the panel provides 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 areas such as:

- 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, and safety and risk in the community.

Information sharing

The NDIA continues to work with states and territories and the Department of Health, Disability and Ageing on information-sharing provisions related to Section 44 (1) of the NDIS Act. This includes work to develop an understanding of the relevant offences in each jurisdiction.

We work closely with state and territory agencies to improve information-sharing between governments and find suitable data-sharing solutions, including in relation to participants involved with the justice system.

Younger people in residential aged care

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

This quarter, 10 participants left residential aged care and moved into more appropriate accommodation.⁸

The number of participants younger than 65 in residential aged care reduced from 601 in the September 2025 quarter to 546 at the end of the December quarter.⁹

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

9 This excludes 74 First Nations participants aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.

Section 1: Participants and their plans

Of these 546 participants, 73 have an identified goal to move out of residential aged care. Of the 73 participants under 65 who have a goal to move, about one third are being supported to find suitable accommodation.

Another third have a longer-term goal to move. The remaining participants are at different stages of the transition pathway, with a small number having an identified move-out date.

Most (95%) of the 473 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 living in the same aged care facility, and a further small percentage live 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 December 2025 quarter:

- the target of contacting NDIS participants within 4 days of the NDIA being notified of their hospital admission was achieved for **90%** of participants, consistent with last quarter.
- the average number of days between an NDIS participant being medically ready for discharge and being discharged was **15 days**. This compares with 16 days in the March 2025 quarter and is down from a peak of 27 days 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.

Improving hospital discharge performance requires close collaboration with health systems and hospitals. This includes ensuring the NDIA is notified promptly of a participant's 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 discharge of NDIS participants from hospital
- 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 31 December 2025, there were 166,757 children younger than 9 with an NDIS plan, and a further 23,185 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.

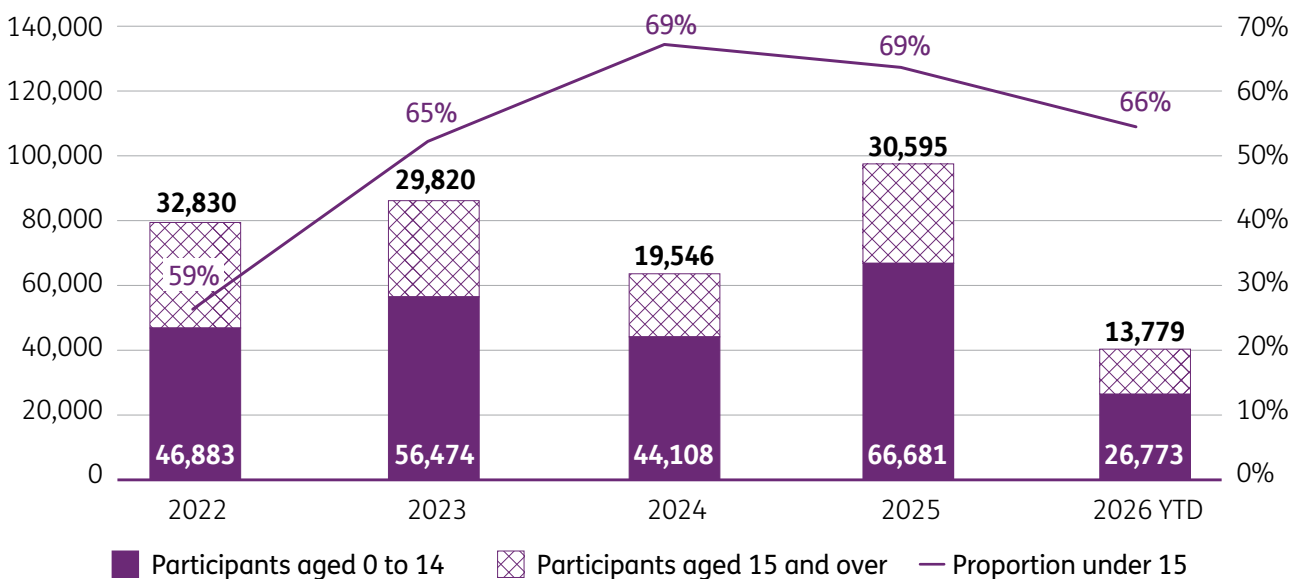
Throughout the December 2025 quarter, **23,185** children accessed early connections. Early connections give quick access to supports that meet the needs of the child and their family, regardless of whether the child is an NDIS participant.

The NDIA continues to focus on improving access to supports for children and families in remote and very remote areas. This effort contributed to 218 children meeting access criteria to participate in the NDIS, of which 102 identified as First Nations peoples. Of the 166,757 children younger than 9 with an approved plan as at 31 December 2025, there were 2,657 living 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 40,552 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 2 financial years (Figure 5).

Figure 5: Number and proportion of participants by age band entering the NDIS by financial year ending 30 June



Thriving Kids

Since the Minister for the NDIS announced Thriving Kids as a new approach to foundational supports for children aged 8 and under, governments have continued working on its design and implementation.

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 ensure participants and their families and carers understand the implementation of Thriving Kids and its relationship to the NDIS.

NDIS children's pathway

In this quarter, work has continued to design the future NDIS pathway for children aged 8 and under.

The focus has been on:

- aligning the design to ensure it integrates with Thriving Kids, including ensuring a positive experience for children and families moving from one system to the other.
- engaging with parents and carers of children in the NDIS aged 8 and under to ensure their experience helps shape the design. This focus will continue in 2026.
- engaging with the NDIA Children's Expert Advisory Group on early design concepts for the children's pathway, including how new framework planning will apply. The advisory group members have diverse knowledge and experience, and they include academics and experts in early childhood intervention, groups representing the interests of children with a disability and their families, and people with lived experience.
- exploring potential assessment tools and approaches to inform the development of a support needs assessment tailored for children. This work will continue in 2026, in consultation with the disability community.



“His NDIS plan makes these supports possible.”

Dan, father of NDIS participant,
Greyson

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 is stable.^{10, 11}

Participation in community and social activities

Participants who have been in the NDIS for 2 or more years experienced an increase in their community and social participation since they first entered.¹²

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

- **Five** percentage point increase from **33%** to **38%** for participants aged 15 to 24 years
- **Nine** percentage point increase from **33%** to **43%** for participants aged 25 to 34 years
- **Eight** percentage point increase from **33%** 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.

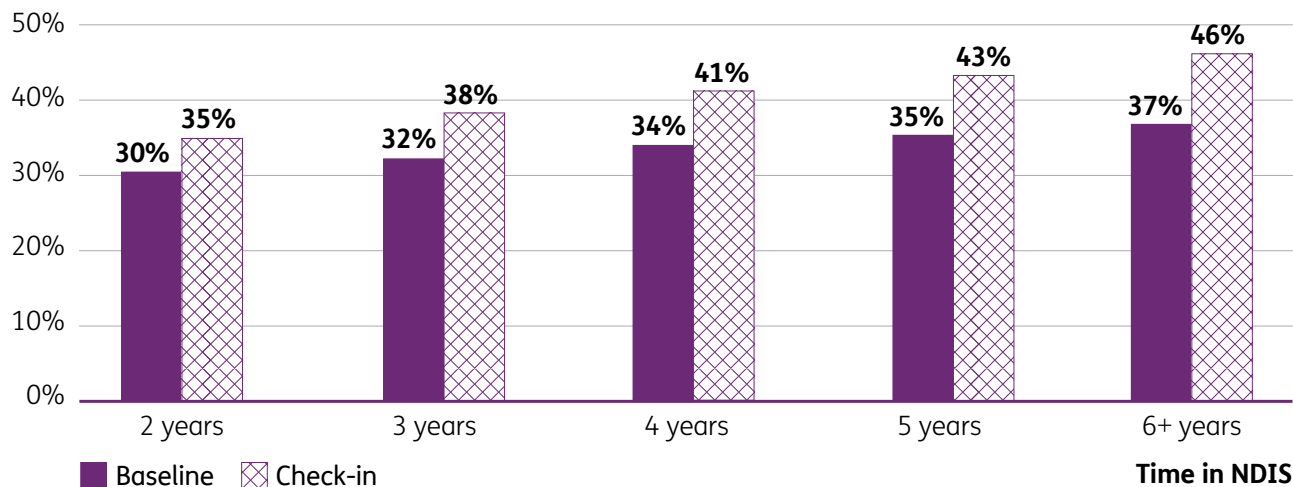
Combining all age groups (Figure 6), the increase for participants who have been in the NDIS for 2 years was 5 percentage points (up from 30% to 35%). Participation in social and community activities increased by 9 percentage points, from 37% to 46%, for participants who have been in the NDIS for 6 or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

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

11 Results are based on responses to the Short Form Outcomes Framework questionnaires, with responses collected at entry to the NDIS (baseline measure) and at subsequent intervals. This section compares baseline indicator results when participants entered the NDIS, with latest results. Trial participants are excluded. The participant age reported in this section is as per participants' latest completed questionnaire.

12 Rounded to the nearest complete year since the first plan was approved.

Figure 6: 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 (around 2 to 9 years after entry) with baseline responses (i.e. around entry to the NDIS), the changes were:

- **Fourteen** percentage point increase from **10%** to **23%** for participants aged 15 to 24 years¹³
- **Three** percentage point increase from **26%** to **29%** for participants aged 25 to 34 years
- **Less than 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 years¹⁴
- **Six** percentage point decrease from **15%** to **8%** for participants aged 65 years and older¹⁵
- **Two** percentage point increase from **21%** to **23%** for participants aged 15 to 64 years.

The overall result of 23% of participants aged 15 to 64 years in paid work compares to a 2025–26 target of 22%.

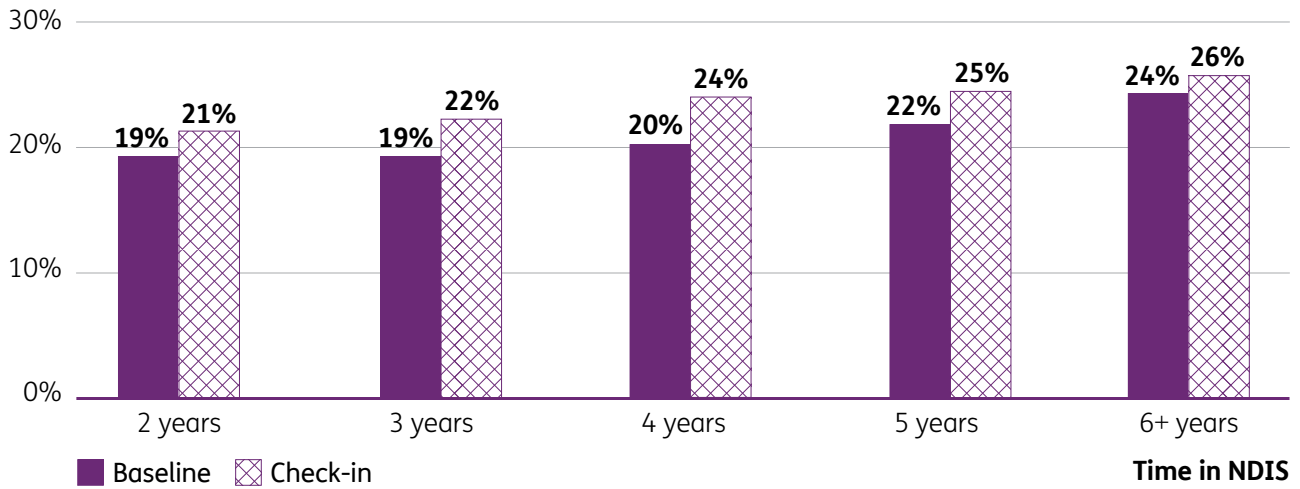
The percentage of working age (15 to 64 years) participants who have been in the NDIS for 2 to 5 years who are in paid work increased by 2 to 4 percentage points. For participants who have been in the NDIS for 6 or more years, the percentage in work increased slightly from 24% to 26% (Figure 7).

¹³ Some of the increase maybe due to due to participants leaving school and starting work.

¹⁴ Some of the decrease for older age groups is due to participants retiring from the workforce.

¹⁵ Some of the decrease for older age groups is due to participants retiring from the workforce.

Figure 7: Change in the percentage of participants in work
Participants aged 15 to 64 years



NDIS Employment Assistance

NDIS employment assistance is delivered by NDIS employment providers to help working-age participants develop skills to obtain and maintain employment. It includes job readiness training, career planning, work experience and support to transition into work or further education.

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

As at 31 December, NDIA data indicates there are currently more than 41,800 working-age participants with capacity building employment funding in their plan.

Since the implementation of the new pricing arrangements in July 2024, the inclusion of capacity building employment funding has increased by 51%. There have been increases across all age groups, including:

- 58% increase in participants aged 15 to 17
- 22% increase for those aged 18 to 21
- 97% increase for those aged 22 to 24
- 81% increase for those aged over 25.

The NDIA has supported these increases through:

- delivery of new economic participation training resources to NDIS planners and local area coordination partners about the inclusion of employment assistance supports in participant plans
- provision of refreshed guidance for NDIS participants considering work, and delivery of regular 'Pathways to post school life' information sessions to students with a disability and their parents, carers and education professionals to learn about the supports available to help prepare for employment after school.

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 (around 2 to 9 years after entry) with baseline responses (i.e. around entry to the NDIS), the changes were:

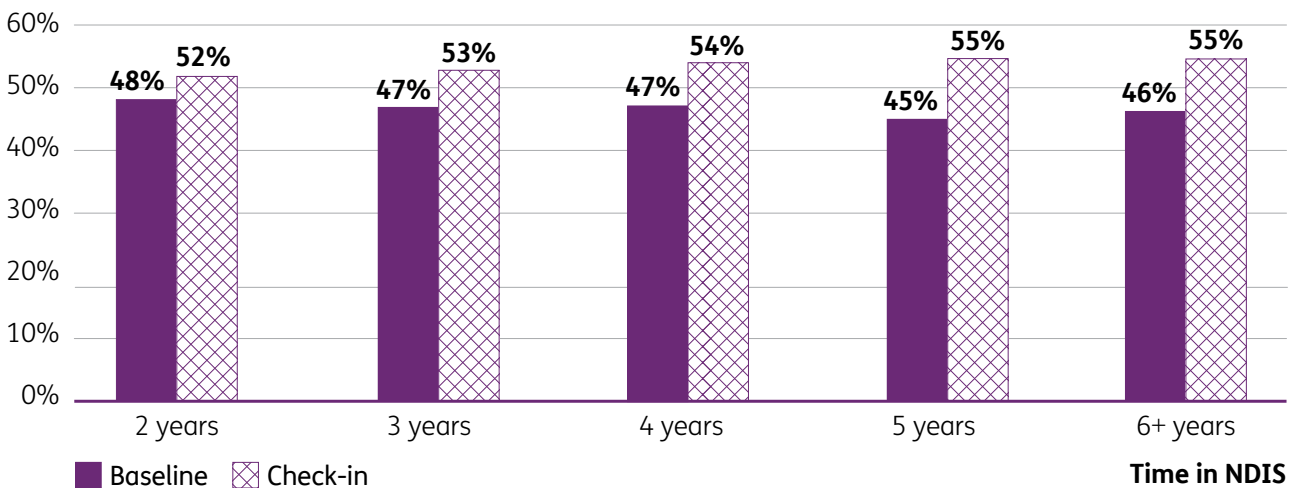
- **Eight** percentage point increase from **46%** to **55%** for families and carers of participants aged 0 to 14 years
- **Two** percentage point increase from **49%** to **51%** for families and carers of participants aged 15 years and over.

Overall, for families and carers of all participants, there has been a 6 percentage point increase, from 47% to 53%.

Considering participants of all ages who have been in the NDIS for 2 to 5 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, 52% 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 48% 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 55% (Figure 8).

Figure 8: 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.¹⁶

At each plan reassessment or check-in, participants may be asked whether the NDIS helped with various aspects and areas of functioning included in the life domain measures. For these questions, change is measured from the first reassessment, since the NDIS has not had an opportunity to help at baseline. Results shown in this section compare responses from the first reassessment with the latest reassessment for participants entering the NDIS since 1 July 2016 and who have been in the NDIS for 2 or more years.¹⁷

Participant choice and control

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

Positive perceptions of whether the NDIS 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:

- **Fifteen** percentage point increase from **62%** to **77%** 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 **84%** 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 **87%** for participants aged 55 to 64 years
- **Sixteen** percentage point increase from **74%** to **90%** for participants aged 65 years and older
- **Fourteen** percentage point increase from **68%** to **82%** for participants aged 15 years and older.

¹⁶ Figures in this section have been rounded to the nearest whole percentage. Differences are calculated from unrounded metrics.

¹⁷ Rounded to the nearest complete year since the first plan was approved.

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	57	+15
Relationships (with family and friends)	51	66	+15
Social, community and civic participation (social and recreational life)	46	59	+13

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	77	+15
Daily living	62	77	+16
Relationships	50	61	+10
Home	23	27	+4
Health and wellbeing	45	60	+15
Lifelong learning	36	45	+8
Work	19	25	+6
Social, community and civic participation	56	69	+13

From Table 3, the largest improvement over time in the NDIS was for the daily living domain (16 percentage points). There were also strong improvements for health and wellbeing (15 percentage points); choice and control (15 percentage points); social, community and civic participation (13 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	54	70	+17
Lifelong learning	30	40	+9
Work	20	26	+6
Social, community and civic participation	60	77	+16

Section 2: Participant and family and carer outcomes

From Table 4, perceptions were more positive for those aged 25 and over 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 health and wellbeing (17 percentage points). There were also strong improvements for relationships (16 percentage points); social, community and civic participation (16 percentage points); choice and control (14 percentage points); and daily living (14 percentage points).

Similar to the younger adult group, lifelong learning and work showed smaller increases (9 and 6 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.¹⁸

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 26% agreed that being in the NDIS had helped them find a suitable job, which was a 6-percentage point increase from their first assessment.

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

NDIS participants, Ellen and Georgia



Section 3

Participant experience



Twins Georgia and Ellen live a fulfilling life with NDIS support



For twins Georgia and Ellen, life on Sydney's Northern Beaches is now stable and full of opportunities.

The 34-year-olds, who both have an intellectual disability, share a 2-bedroom unit in specialist disability accommodation – a far cry from the uncertainty they faced prior to the NDIS.

At 20, the twins moved between emergency and rental housing as providers struggled to secure suitable long-term accommodation. 'The instability affected the whole family,' mum Mary-ellen said. 'It was unsettling – just awful. That was life before the NDIS.'

Now the twins live in specialist disability accommodation that has 4 units, an office and some shared spaces. It's a safe, inclusive community with strong support. The twins can now lead their own lives independently, away from the family home.

With 24/7 care and support for social and community activities, coordinated speech therapy, physiotherapy and behavioural support, the twins have built their capacity and confidence. When Ellen lost her mobility, intensive NDIS-funded physio helped her regain her strength.

Mary-ellen and the twins' dad, Ross, live nearby and visit their daughters often. The twins also come home most Saturdays.

'When it's time to go, they pack up straight away and happily head to the door. They love going back to their own home. I'd be worried if they didn't. They get to enjoy so many life experiences. It all helps to build their confidence and capacity.' Mary-ellen said.

For this family, the NDIS has eased years of pressure. Mary-ellen has been able to return to part-time work, and it's ensured the sisters can live their own full, inclusive lives.

'The NDIS has been life-changing, not just for the girls, but for all of us,' Mary-ellen 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 what our accountabilities are.

The Participant Service Improvement Plan sets out what the NDIA and partners do to meet the promises of the PSC and deliver an NDIS that meets expectations. In the Participant Service Improvement Plan, 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.¹⁹

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.	75%	↓
Responsive	We will respond to your individual needs and circumstances.	61%	↔
Respectful	We will recognise your individual experience and acknowledge you are an expert in your own life.	64%	↔
Empowering	We will make it easy to access and use information and be supported by the NDIS to lead your life	64%	↔
Connected	We will support you to access the services and supports you need.	73%	↔

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

¹⁹ 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 – 75% of respondents experienced interactions that were transparent, with 89% indicating that communication was in their preferred format.

Responsive – 61% of respondents reported an experience that was responsive, with 62% saying that their circumstances and needs were considered.

Respectful – 64% of respondents experienced respectful service, with 87% of participants and other people with disability engaging with the NDIS noting they were treated with respect.

Empowering – 64% of respondents experienced interactions that were empowering, with 58% of participants feeling prepared for their plan-related meetings, 63% feeling confident in using their plan, and 82% knowing where to find more help with using their plan.

Connected – 73% of participants and other people with disability engaging with the NDIS experienced interactions that enabled them to be connected, with 84% reporting they could connect with the NDIS in their preferred way and 60% feeling confident in accessing supports.

3.2 Participant Service Guarantee

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

The NDIA continued to monitor and report on an expanded set of 18 PSG measures during the second quarter of 2025–26. Reporting for PSG measures 3, 5 and 15 is unavailable at this time.

Nine of the 18 measures (50%) met or exceeded their target timeframes at least 95% of the time (PSGs 1, 6, 7, 9, 10, 16, 17b, 19 and 20), while an additional 4 measures reported results over 80% (PSGs 2, 8, 13 and 18). We have taken considerable steps to improve the participant experience and performance against the PSG measures, as outlined below.

Scheme eligibility and access (PSGs 1, 2 and 4)

This quarter we again focused on completing access decisions, allocating more staff to this work. As a result, there has been significant improvement in the PSG measures relating to access. PSG 2 timeframes were achieved 92% of the time, PSG 4 improved from 55% to 69%.

First plans (PSGs 6 and 7)

A key NDIA focus is to ensure participants receive their first plans promptly. Ninety-seven per cent of participants received their first plan within the PSG timeframe this quarter, an improvement of 1%.

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

There continues to be a high number of participants seeking a reassessment of their NDIS plan (PSGs 12, 13, and 14). PSG 12 has improved by 4% this quarter, while PSGs 13 and 14 remain stable. In response, we continue to prioritise unscheduled review requests by allocating additional staff to these reviews.

We are seeking to better understand the reason for the high number of plan change requests, and we are giving participants better guidance on how to use their NDIS plan more flexibly.

Section 3: Participant experience

Table 6: Performance against the Participant Service Guarantee

PSG	Service type	Description of the service being guaranteed	Service guarantee	Performance in the December 2025 quarter	Change from last quarter*
1	Access	Explanation of a previous decision, after a request for explanation is received.	28 days	96%	↔
2	Access	Make an access decision, or request for more information, after an access request has been received.	21 days	92%	↔
4	Access	Make an access decision, or request for additional information, after more information has been provided.	14 days	69%	↑
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	97%	↔
7	Planning	Approve a plan for ECA participants, after an access decision has been made.	56 days	99%	↔
8	Implementation	Offer to hold a plan implementation meeting, after the plan is approved.	7 days	86%	↔
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	53%	↔
12	Plan reassessment	Decide whether to undertake a participant-initiated plan reassessment, after the request is received.	21 days	31%	↑

* Change from last quarter

↑ More than 3 percentage points higher

↔ Within 3 percentage points

↓ More than 3 percentage points lower

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 December 2025 quarter	Change from last quarter*
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	44%	↓
17b	Reviewable decisions	Enact on outcome of a reviewable decision.	28 days	98%	↔
18	Participant budget update	Implement an Administrative Review Tribunal (ART) decision to vary a plan, after receiving notification of the ART decision	28 days	86%	↔
19	Manage authorised representative	Cancel participant requested nominee.	14 days	98%	↑
20	Manage authorised representative	Cancel CEO initiated nominee	14 days	99%	↔

Note: From 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.

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

3.3 Home and living decisions

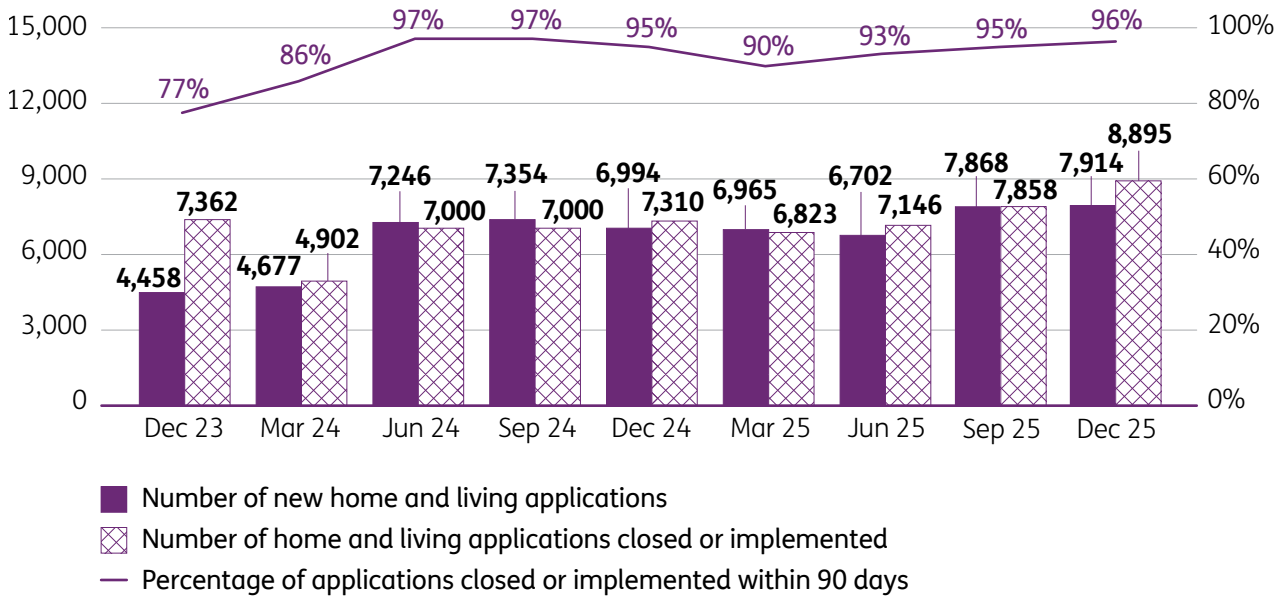
The NDIA supports participants and their families to access information and capacity building to explore alternative living options.

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).²⁰

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 December 2025 quarter, 7,914 new home and living applications were received (Figure 9). There were 8,895 applications either closed or implemented, and 96% (7,208) were finalised within 90 days.^{21,22} The number of new applications is slightly higher than for the previous quarter (7,868), while the number of applications closed or implemented is significantly higher compared to the previous quarter (7,858). The latter difference is the result of a concerted effort by the Home and Living Planning and Operations team to reduce applications outstanding for more than 90 days. The proportion of closed or implemented applications finalised within 90 days is similar to the September 2025 quarter (95%).

Figure 9: Home and living applications – new, closed and percentage closed within 90 days²³



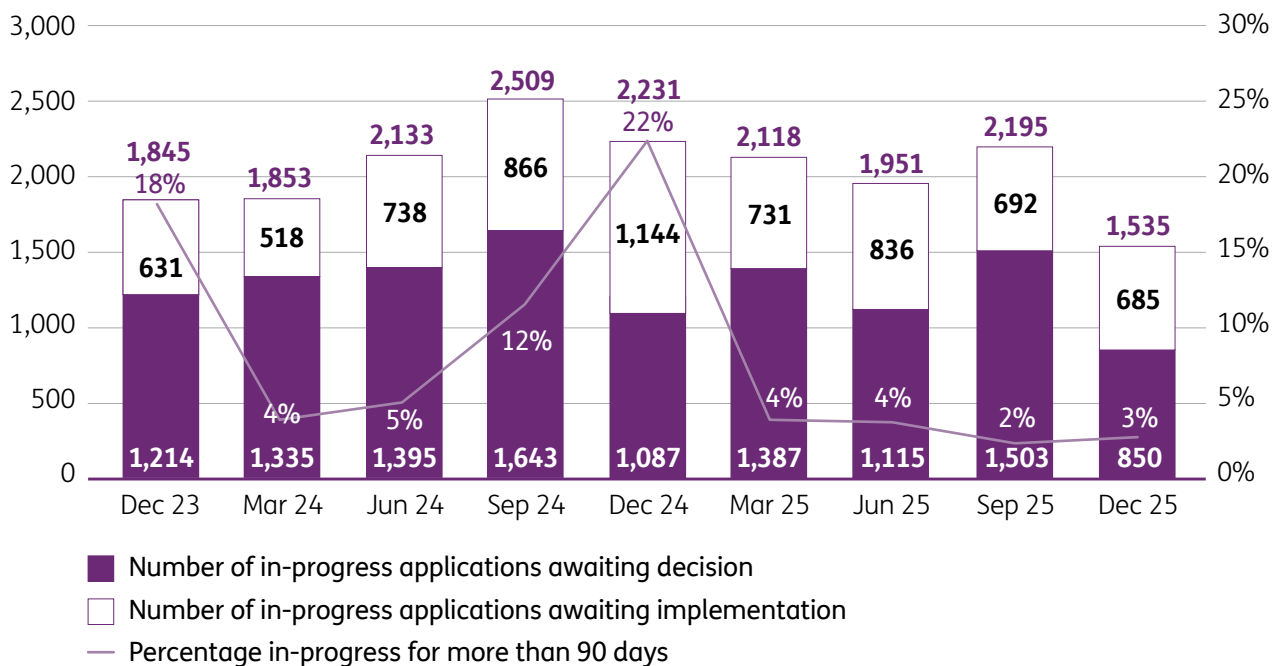
20 The time taken for participants to respond to requests for further information is not included.
 21 An application is considered closed if it is cancelled or rejected, a participant declined all home and living supports, or the application won't progress to implementation (e.g., participant deceased, participant does not proceed). An application is considered implemented once a participant has a new approved plan.
 22 For the December 2025 quarter, 1,411 of the 7,914 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.
 23 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 31 December 2025, there were 1,535 home and living applications in progress – which is less than previous quarters (Figure 10). Of these, 850 were awaiting a decision,²⁴ while a further 685 were waiting for supports to be implemented in a plan. There were 958 (62%) in-progress applications flagged as relating to a plan reassessment request due to a change in circumstance.

As at 31 December 2025, the proportion of applications in progress for more than 90 days was similar to the previous quarter at 3% (43 applications).

Figure 10: Home and living applications – in progress awaiting decision or implementation, percentage in progress for more than 90 days²⁵



The NDIA continues to implement the independent living initiative as part of the 2023–24 Budget’s NDIS 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.

²⁴ The NDIA is waiting on additional information from participants for 194 of the 850 applications awaiting a decision.

²⁵ Applications on hold are excluded from the in-progress applications.

3.4 Complaints and participant critical incidents

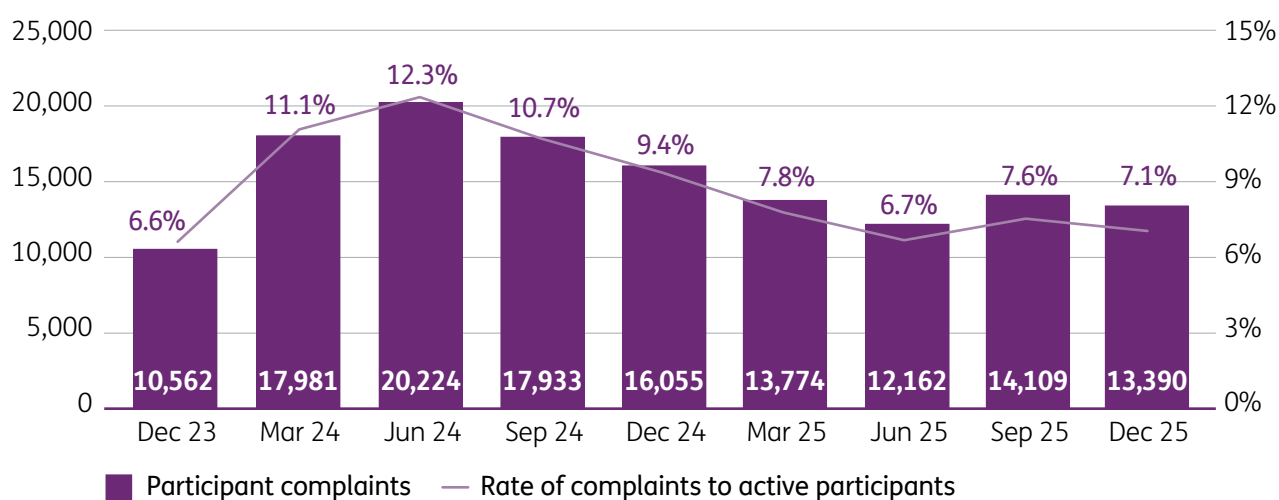
The number of complaints from both participants and providers reduced this quarter.

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.^{26,27,28}

This quarter, there were 13,390 participant complaints, a decrease from 14,109 in the September 2025 quarter.

Figure 11: Number and proportion of participant complaints over time



26 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.

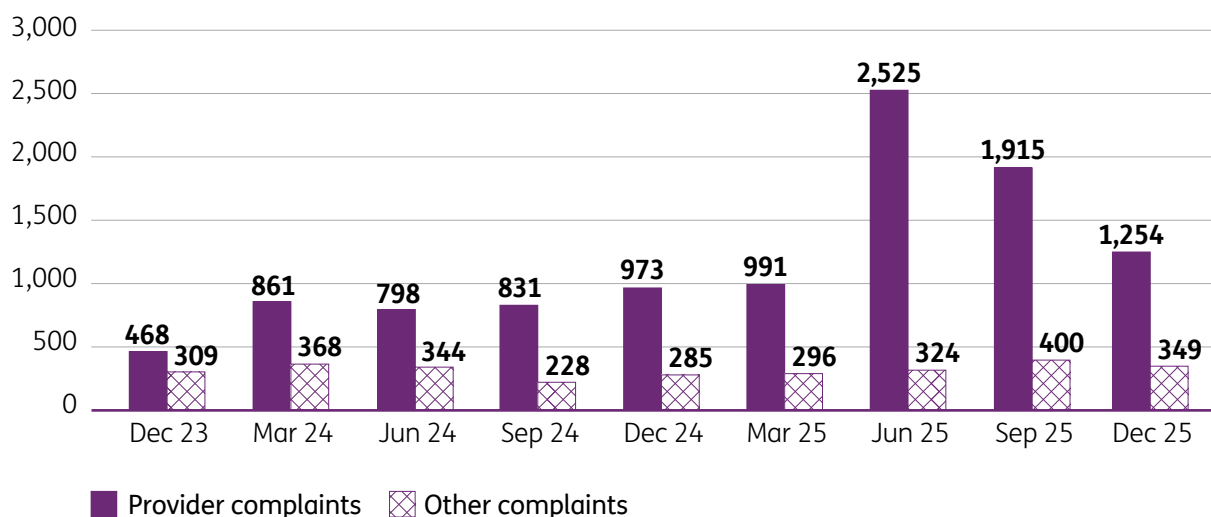
27 Numbers of complaints reported for the most recent quarter may still vary due to a lag in data collection.

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

Section 3: Participant experience

During the December 2025 quarter, the NDIA received 1,254 complaints from NDIS providers and 349 complaints from other sources.²⁹ Complaints related to the Annual Pricing Review tapered off considerably this quarter, contributing to an overall decrease in complaints from providers compared to the previous quarter.

Figure 12: Number of provider and other complaint types



Participant plans are the most common focus of complaints from participants, providers and others. In particular, complaints involve:

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

We continue to work to improve participants' experience of the complaint process by:

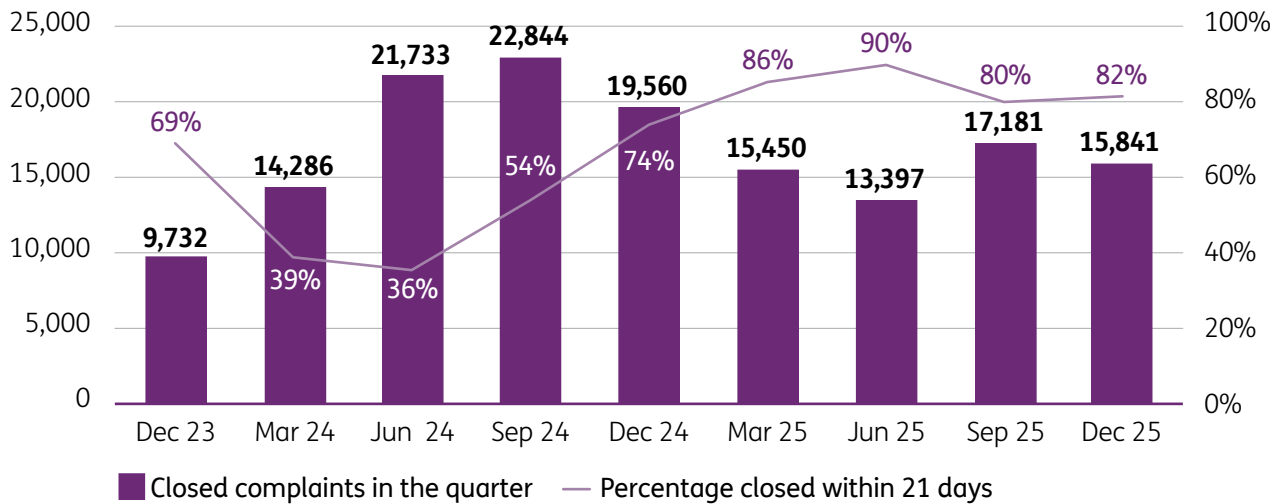
- reinforcing the responsibility of all front-line staff to identify and respond to feedback and complaints. Recent changes have improved our ability to resolve participants' concerns the first time they are raised with the NDIA.
- monitoring and reporting on complaint volumes and trends to inform continuous improvement initiatives.

²⁹ '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.

Section 3: Participant experience

The proportion of complaints resolved within 21 days improved to 82%, compared to 80% in the September 2025 quarter (Figure 13).

Figure 13: Closed complaints and percentage completed within 21-day timeframe



Participant critical incidents

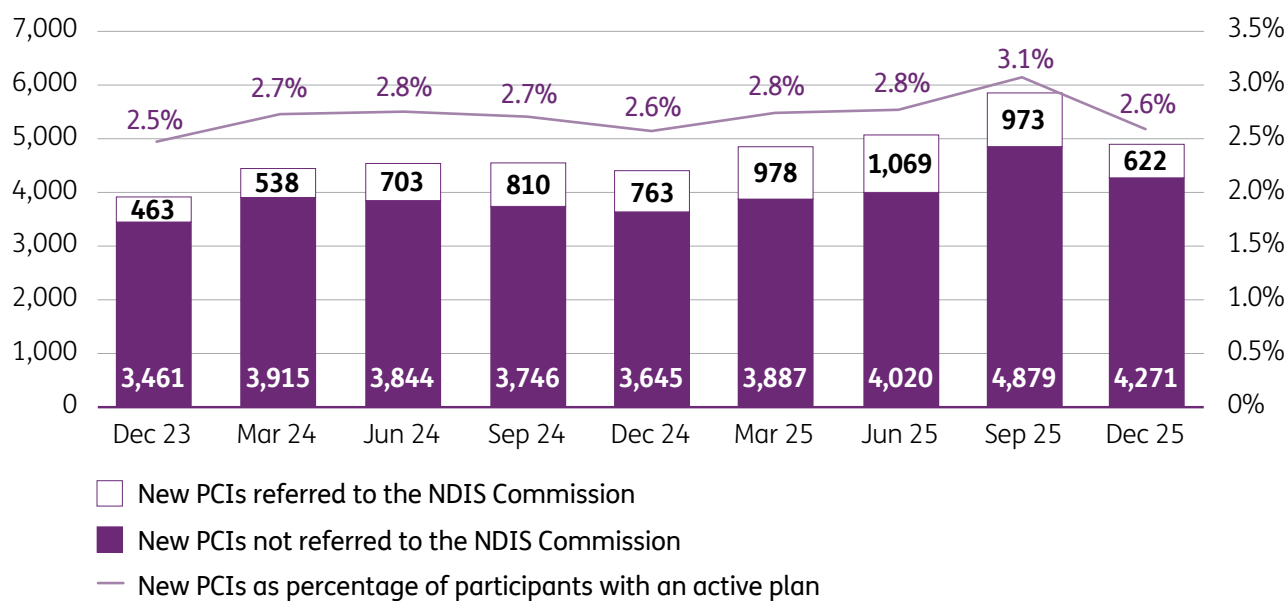
In the course of their work, NDIA staff and staff of partners in the community may encounter circumstances or obtain information about allegations of harm to a participant. These are known as participant critical incidents (PCIs).

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 decreased in the December 2025 quarter to 4,893 compared to 5,852 in the previous quarter. The proportion of active participants for whom the NDIA recorded a PCI this quarter also decreased to 2.6% from 3.1% in the previous quarter (Figure 14).

With the exception of the September 2025 quarter, the proportion of participants recording a PCI has been between 2.6% and 2.8% since the March 2024 quarter.

Figure 14: Number and proportion of new PCIs³⁰



The most common themes of PCIs in the December 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 decreased this quarter.

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, while a variation is often a minor adjustment to a plan.

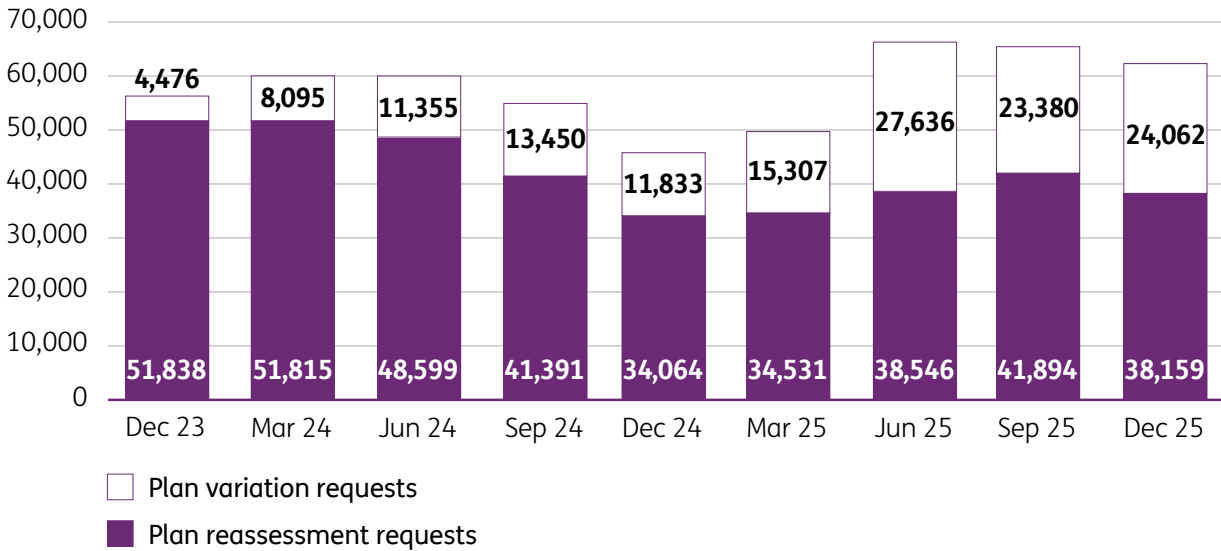
The number of plan reassessment requests declined from 51,838 in the December 2023 quarter to 34,064 in the December 2024 quarter. Subsequently, it increased each quarter to 41,894 in the September 2025 quarter before decreasing to 38,159 in the December 2025 quarter. (Figure 15).

With increased staff training and the improved functionality of the new computer system, the number of plan variation requests has generally been increasing up June 2025 compared to historical levels, and is close to stable in the September and December 2025 quarters.

³⁰ 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 improved. The number of PCIs reported for the most recent quarters may still increase, due to a lag in data collections.

Section 3: Participant experience

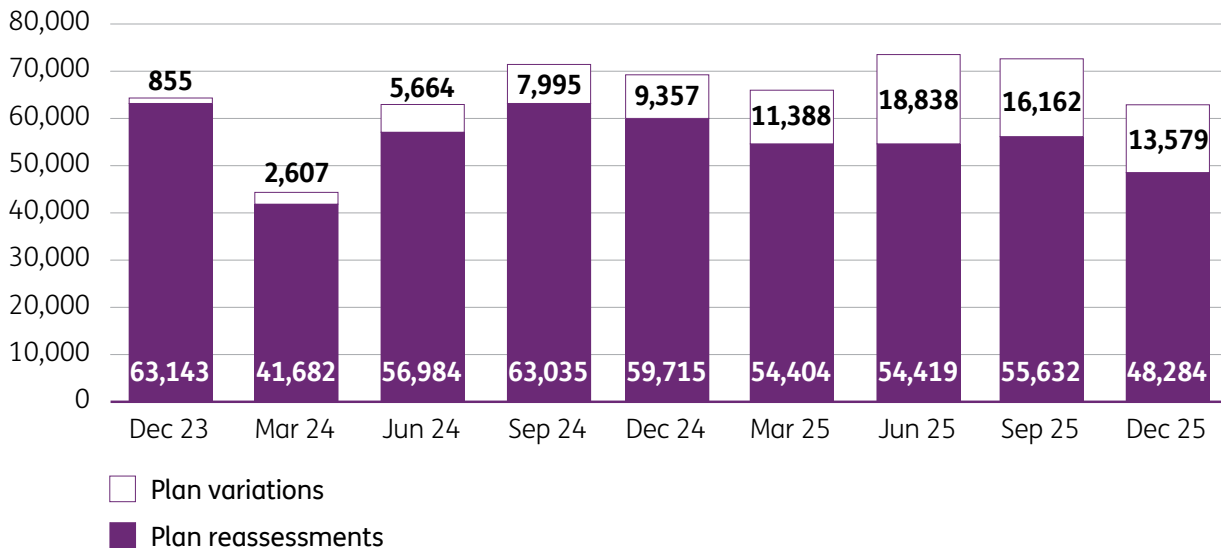
Figure 15: Number of plan change requests³¹



Plan reassessments and variations

Plan reassessments and variations can be initiated by either the participant or the NDIA. Figure 16 shows a low number of reassessments completed in the March 2024 quarter. This increased in the June 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, before decreasing in the December 2025 quarter. Completed plan variations have increased each quarter to June 2025, before declining in the September and December 2025 quarters, broadly consistent with the trends in requests for a variation.

Figure 16: Number of completed plan reassessments and plan variations

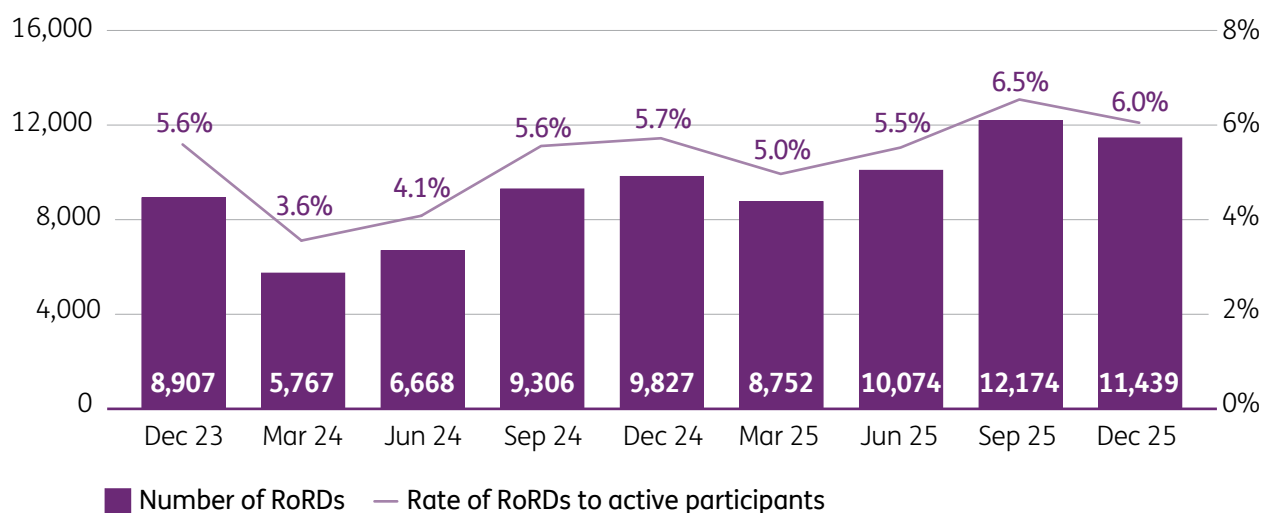


31 Number of plan change requests reported for the most recent quarters may vary, due to a lag in data collection.

Review of a reviewable decision³²

The number of requests for a review of a reviewable decision (RoRD), as a percentage of active participants, decreased from 5.6% in the December 2023 quarter to 3.6% in the March 2024 quarter, before increasing to 6.5% in the September 2025 quarter and 6.0% in the December 2025 quarter (Figure 17).

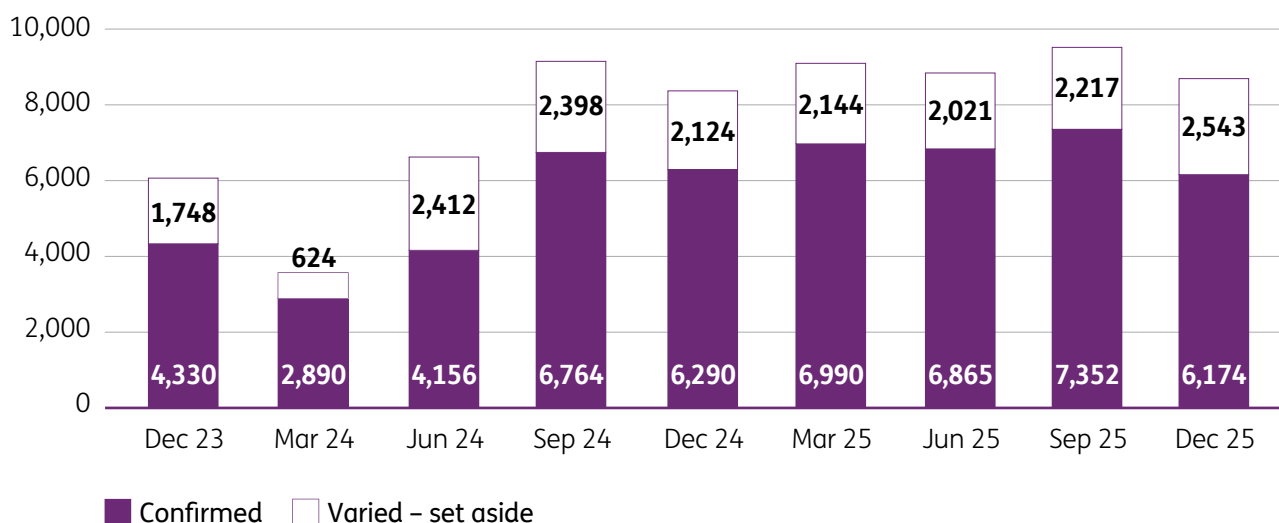
Figure 17: Requests for an RoRD by date of request³³



In the December 2025 quarter, 8,722 RoRDs were closed, which is lower than the previous quarter (Figure 18).

Of these closed RoRDs, 6,174 reviews upheld the original NDIA decision, while 2,543 resulted in changes.³⁴ These changes typically occur when new evidence that was not available to the original decision maker is provided during the review process.

Figure 18: Closed RoRDs by outcomes – quarterly trend³⁵



³² The count of RoRDs excludes administrative cases, and draft and miscategorised RoRDs.

³³ Number of RoRDs reported for the recent quarters may vary, due to a lag in data collection.

³⁴ A further 5 were closed in the December 2025 quarter with no specified outcome.

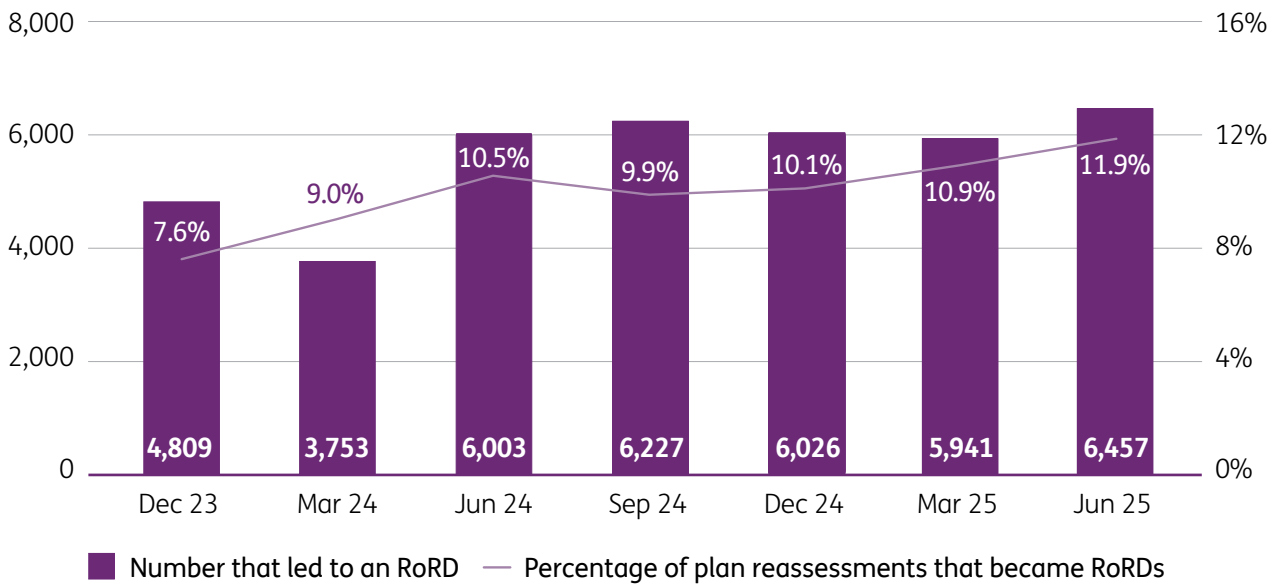
³⁵ The small number of RoRDs closed with no specified outcome are excluded.

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 19 and 20 show the pathway from plan reassessment to RoRD and ART case between 1 October 2023 and 30 June 2025.

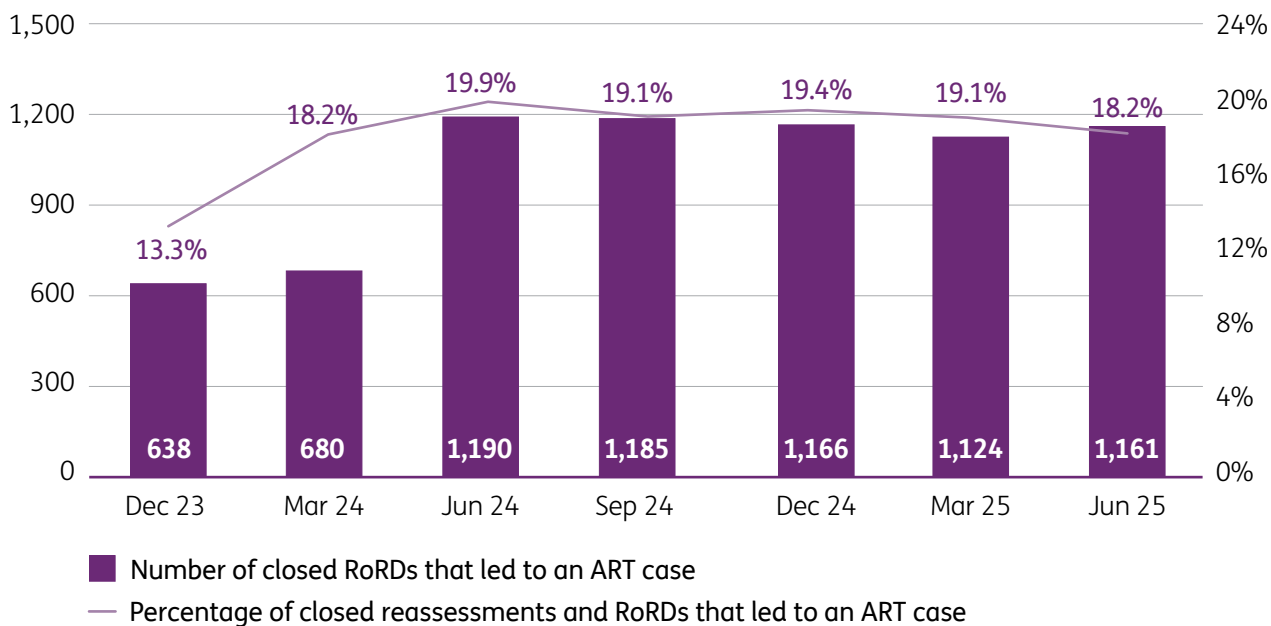
The proportion of plan reassessments that became RoRDs increased from 7.6% (4,809 RoRDs) in the December 2023 quarter to 11.9% (6,457 RoRDs) in the June 2025 quarter (Figure 19).

Figure 19: Pathway from plan reassessment to RoRD between 1 October 2023 and 30 June 2025, as at 31 December 2025



The proportion of RoRDs that became ART appeals increased from 13.3% in the December 2023 quarter to 19.9% in the June 2024 quarter and then decreased to 18.2% in the June 2025 quarter (Figure 20).

Figure 20: Pathway from RoRD to ART case between 1 October 2023 and 30 June 2025, as at 31 December 2025



Administrative Review Tribunal

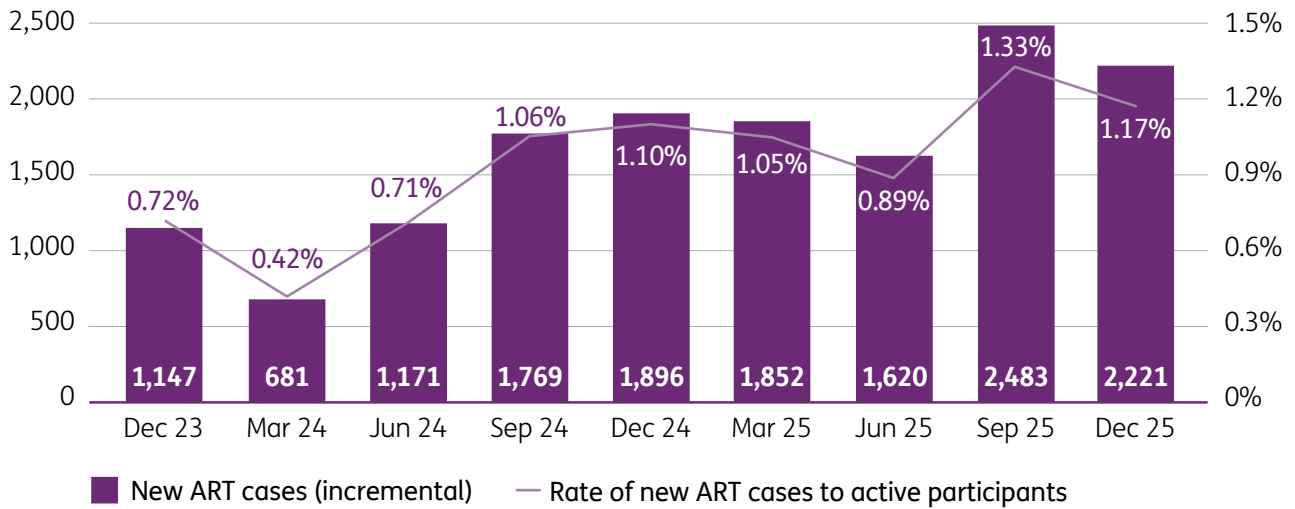
If a person is not satisfied with the outcome of their review by the NDIA, they may apply to the ART for review of a decision made by a reviewer.^{36,37} The NDIA is committed to acting as a model litigant in the ART as required by the Legal Services Directions 2017. As a result, the NDIA works with applicants and their legal representatives to resolve their matters as early as possible in the ART process.

There were 2,221 new ART cases in the December 2025 quarter, relating to 2,202 participants (Figure 21). The number of new ART cases (as a proportion of active participants) has decreased from 1.33% in the September 2025 quarter to 1.17% in the December 2025 quarter.

36 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 NDIA decisions being varied in the ART.
 37 Further information about the ART process can be found on the ART website (www.art.gov.au/).

Section 3: Participant experience

Figure 21: Number and proportion of new ART cases

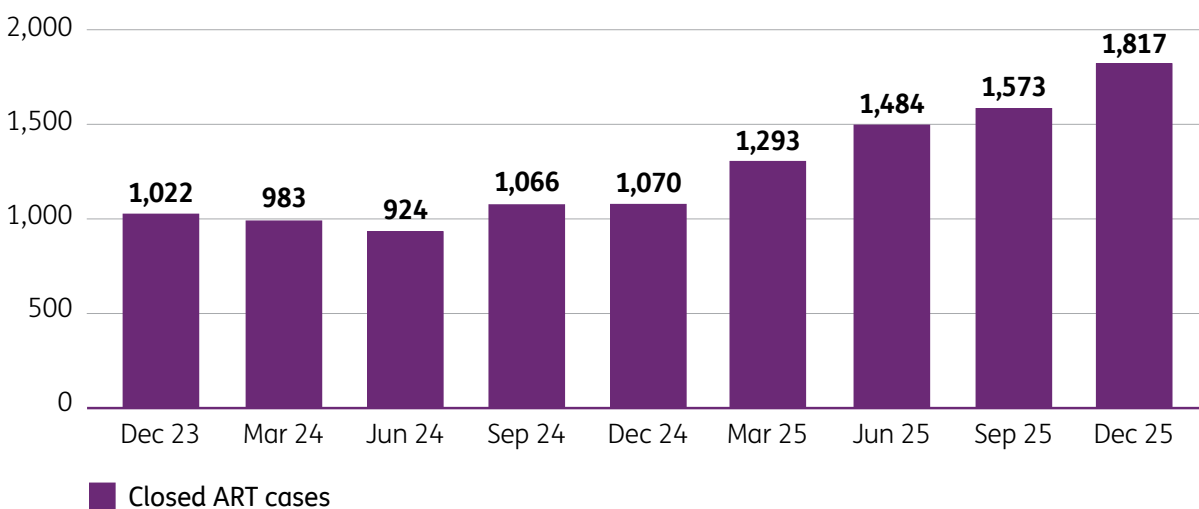


In the 12 months to 30 September 2025, of the planning-related ART cases that had supports in dispute, the most common categories lodged were capacity building (63% of ART planning cases), core supports (52%) and SIL (16%).³⁸

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

In the December 2025 quarter, there were 1,817 closed ART cases (Figure 22). This is the highest recorded yet by the NDIA. Of the cases no longer before the ART, approximately 68% were resolved by agreement, 28% were withdrawn by the applicant or dismissed by the ART, and 5% received a substantive hearing decision by the ART.

Figure 22: Number of closed ART cases



38 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 less 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 since last quarter for early supports, plan implementation and plan reassessment. Satisfaction with the access process remained stable for those who have met access, but decreased for non-participants (Table 7).

Table 7: Rating of experience with the NDIS (1 October 2025 to 31 December 2025)^{39,40}

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	65%	71%	78%	31%	47%	59%	63%
Neutral	19%	13%	12%	18%	16%	14%	19%
Poor/very poor	16%	16%	10%	51%	37%	27%	19%

Early supports – for the 3 months to 31 December 2025, 65% of respondents rated the early supports process as either good or very good, with a further 19% rating the experience as neutral.

Community connections – 71% 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 – 78% 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 31% of respondents who had an ‘access not met’ or other status at the time of interaction.

Overall, 59% of respondents (participants and non-participants) rated the process of applying for the NDIS as either good or very good, with 14% rating the experience as neutral.

Plan approval – 47% of respondents rated the plan approval process as either good or very good, with a further 16% rating the experience as neutral.

39 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.

40 These results are based on 141 surveys of early supports, 561 surveys of community connections, 636 of applying for the NDIS, 2,621 of plan approval, 1,596 of plan implementation and 5,237 of plan reassessment, which is 10,792 in total. The number of surveys collected for the December 2025 quarter are considerably lower than for previous quarters, which may introduce volatility in the results compared to the previous quarter.

Section 3: Participant experience

Plan implementation – 59% of respondents rated the plan implementation process as either good or very good, with a further 14% rating the experience as neutral.

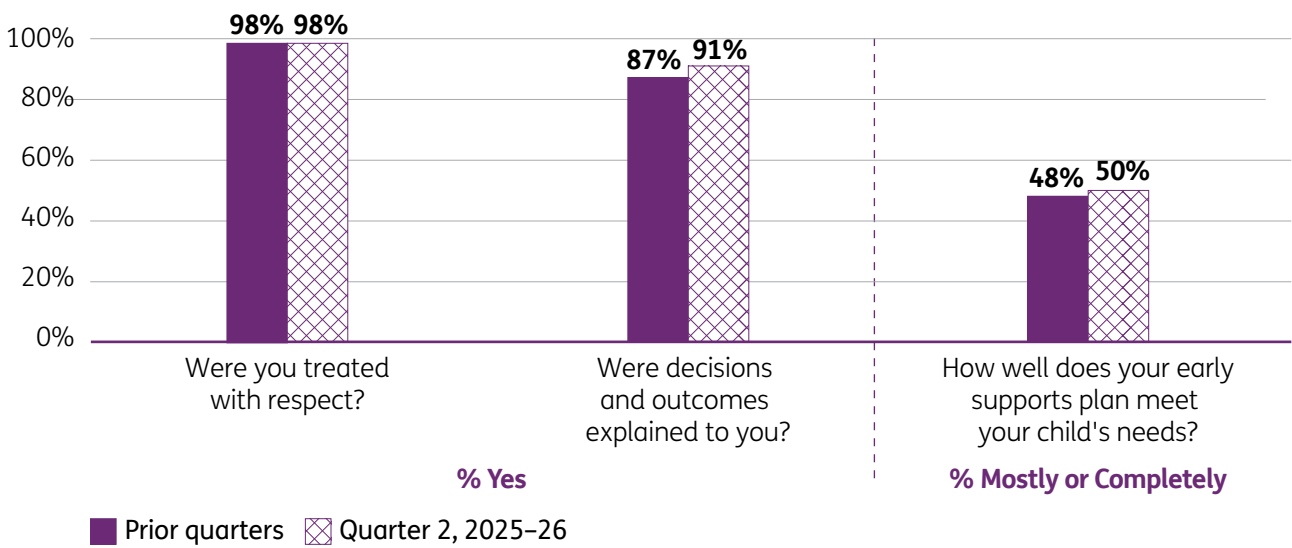
Plan reassessment – 63% of respondents rated the plan reassessment process as either good or very good, with a further 19% rating the experience as neutral.

Satisfaction across the 6 stages of the NDIS pathway

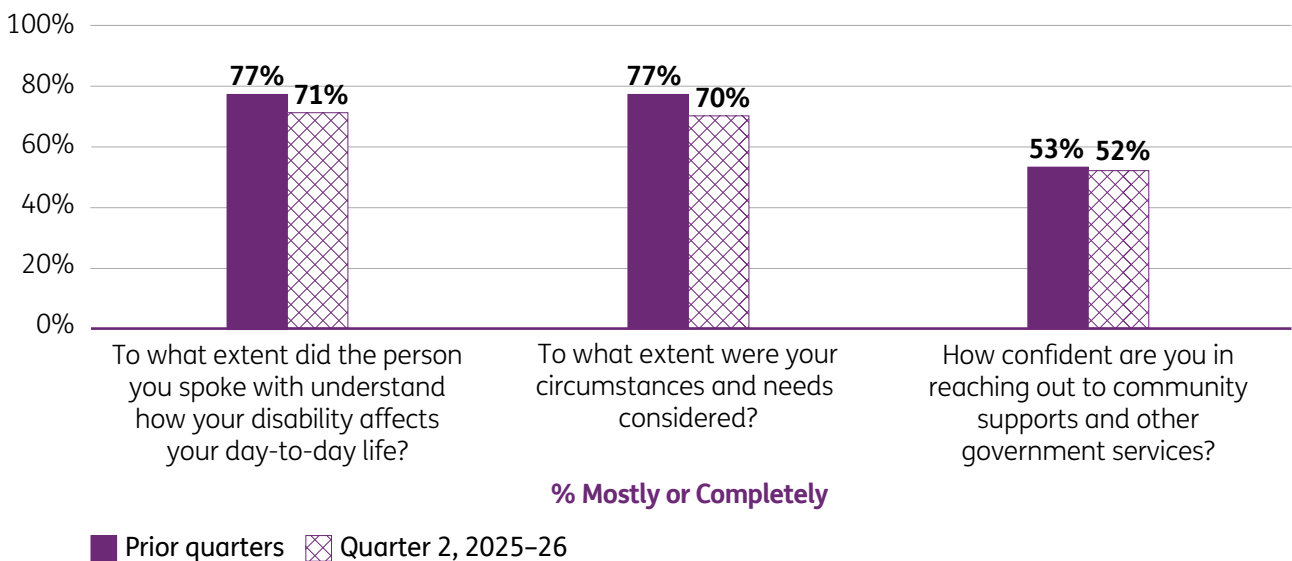
The survey includes questions that provide further insights at each stage of the pathway. Selected questions by pathway stage are presented in Figure 23.

Figure 23: Satisfaction across the 6 stages of the NDIS pathway

Early supports



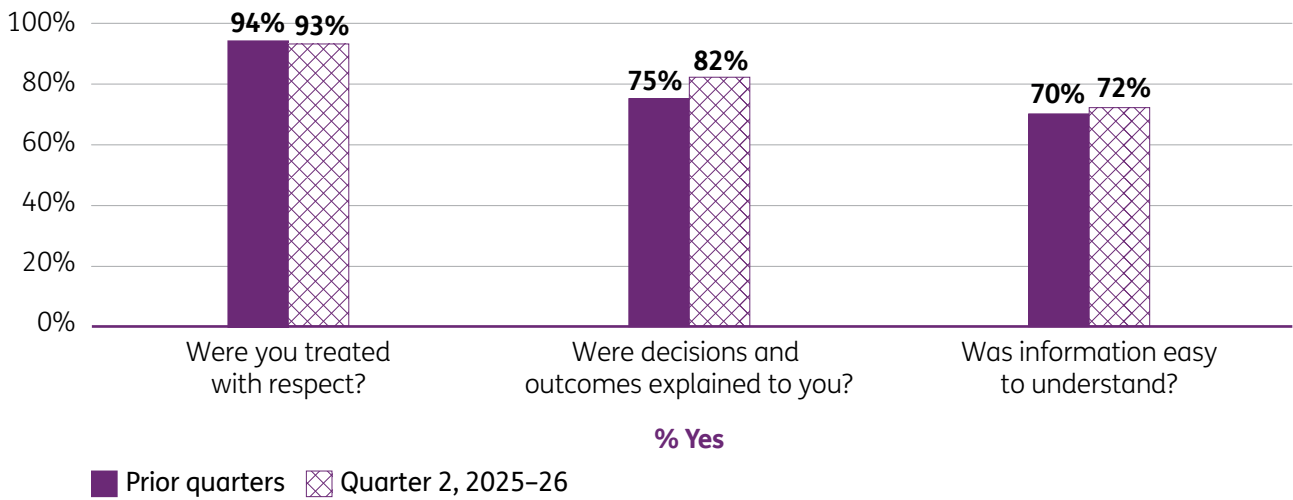
Community connections



Section 3: Participant experience

Figure 23: Satisfaction across the 6 stages of the NDIS pathway cont.

Apply for NDIS



Plan approval

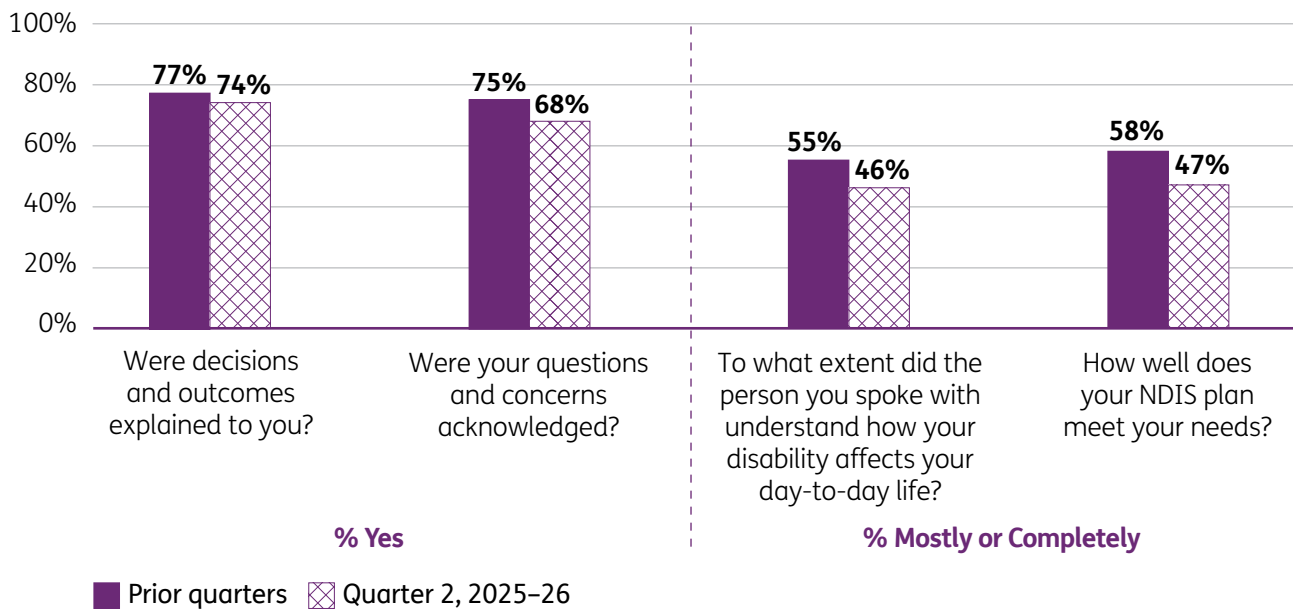
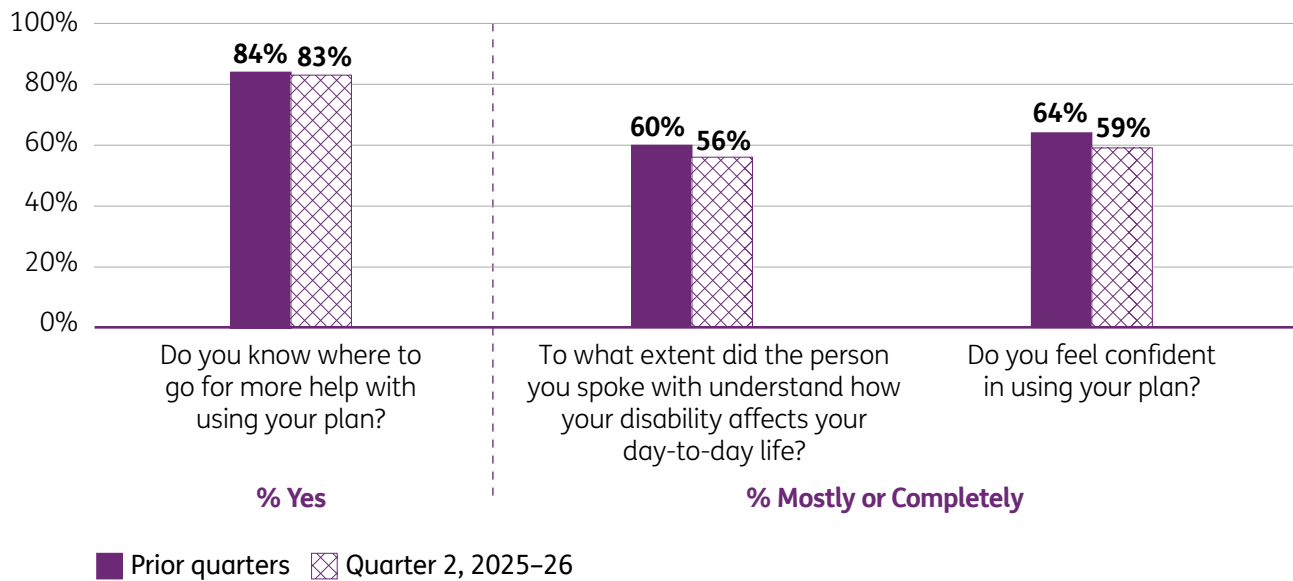
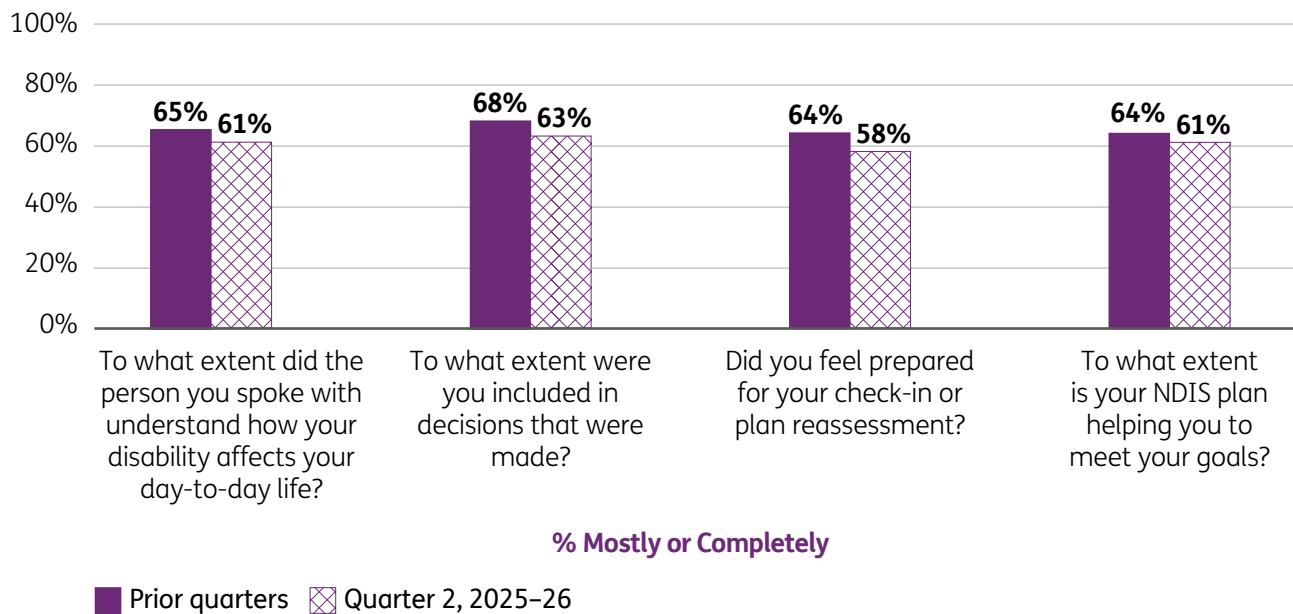


Figure 23: Satisfaction across the 6 stages of the NDIS pathway cont.

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.

In the December 2025 quarter, the NCC received 812,109 contacts, an 11% decrease from the September 2025 quarter, and a 3% increase from the same quarter in the previous year.

The following is a breakdown of contacts received in the December 2025 quarter by channel:

- **Voice** – 382,449 (11% decrease from previous quarter)
- **Email** – 382,090 (11% decrease from previous quarter)
- **Webchat** – 47,570 (15% decrease from previous quarter) (Figure 25).

The average speed of answer for voice improved from 104 seconds to 80 seconds, with 74% of all calls answered within 60 seconds. Customer satisfaction exceeded the target (80%) at 92% in the quarter and the NCC received no significant complaints about call waiting times (Figure 24). In addition, 86% of callers reported their enquiries were resolved at the first point of contact, exceeding the target of 80%.

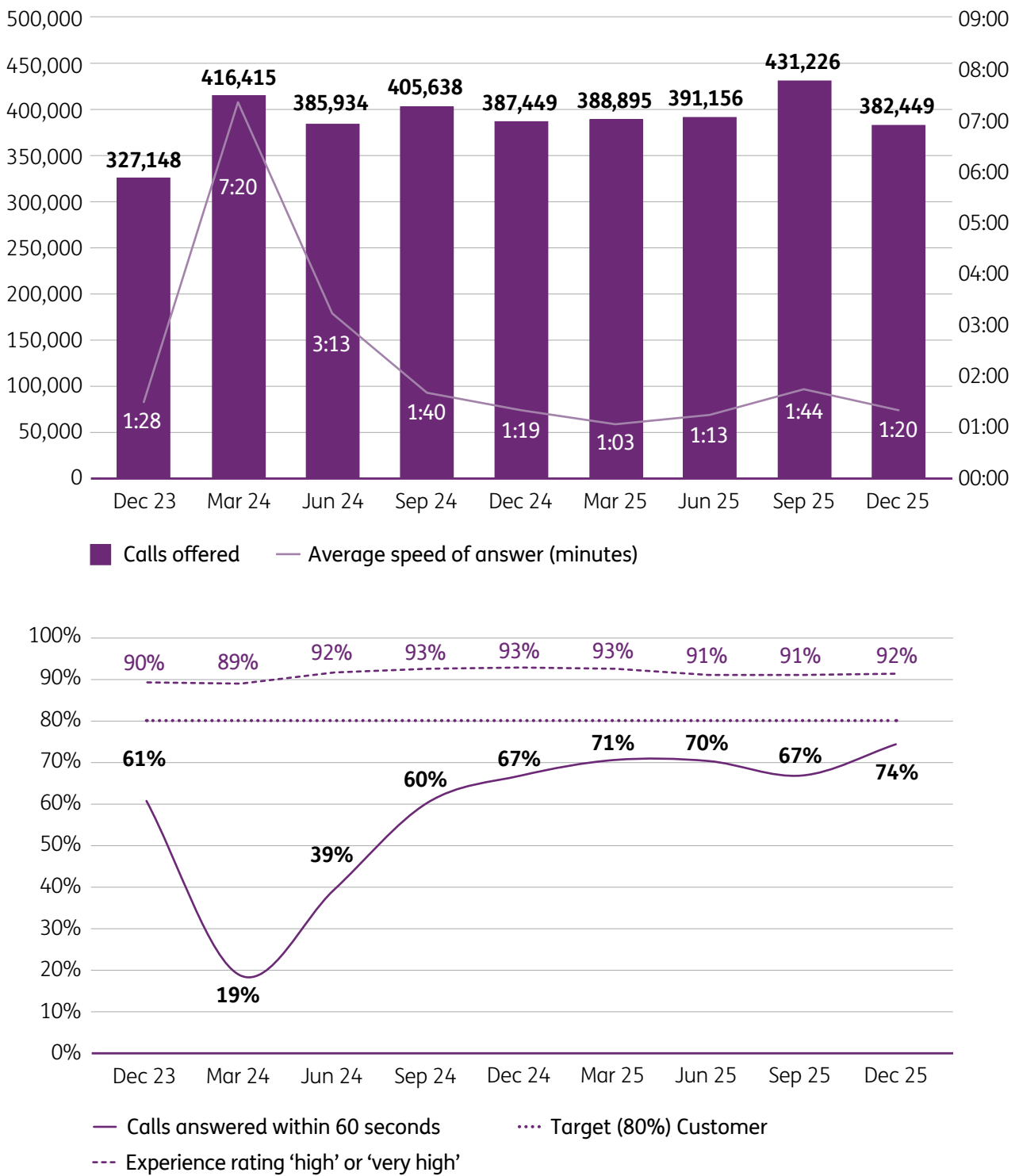
Email response time performance declined in the December 2025 quarter with 49% of incoming emails answered within two business days, down from 87% in the previous quarter. The average time to respond to an email was 2.04 business days. For emails not answered within our response time target, the average time to action was 2.89 business days. The reduction in target performance was attributable to workforce optimisation efforts across all contact channels in the December quarter. Email volumes in the December quarter included 3,536 contacts generated using the enquiry webform introduced to the Participant App in May 2025.

This quarter a new secure registration method for providers and their employees was made mandatory for all users of the NDIS Provider Portal, requiring MyID credentials. The previous registration method (PRODA) was phased out in early November 2025. The transition for provider portal users was completed smoothly due to a successful communication and support campaign led by the NCC.

NDIS portal users and phone customers now receive email confirmation when they update their details. This assures them that the change was successful and serves as a security measure in the event of someone else accessing their account. The NCC launched a new dedicated line for providers in June 2025, along with a new enquiry specialisation model. Since launching, the NCC received 117,153 calls from providers through the dedicated phone line to 31 December 2025.

Section 3: Participant experience

Figure 24: NCC telephony – call volume (top) and performance (bottom)



Section 3: Participant experience

Figure 25: NCC webchat performance⁴¹

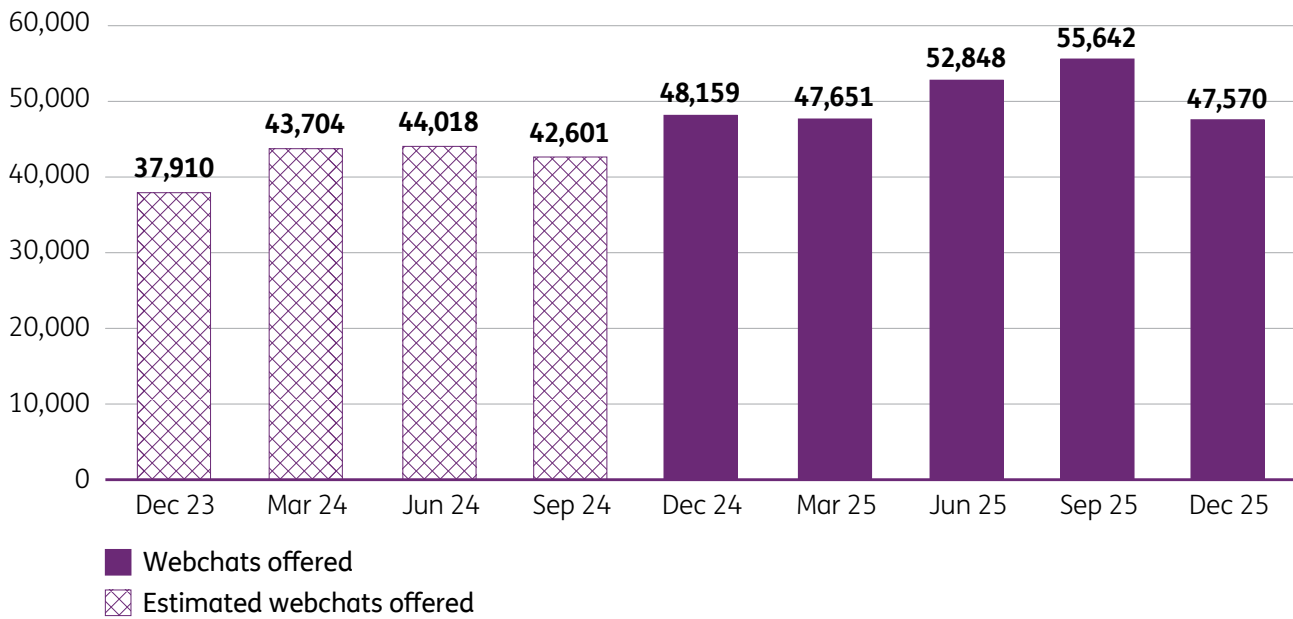
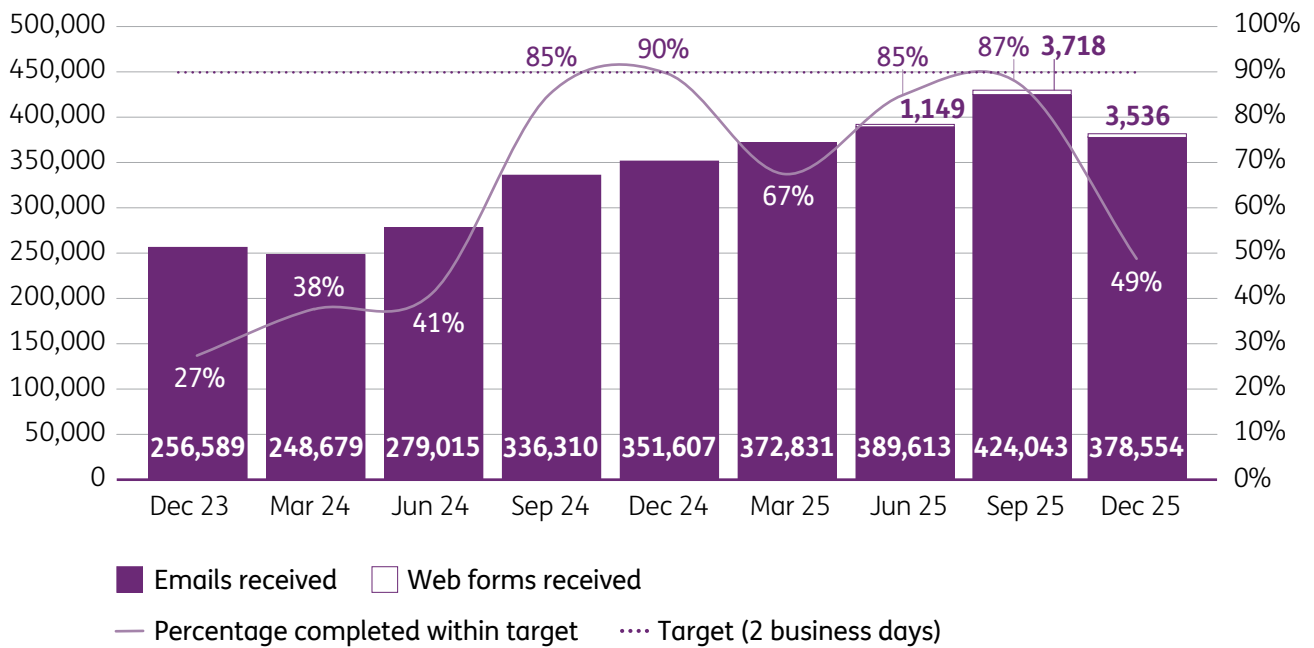


Figure 26: NCC email performance



⁴¹ 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.



“They just love living in their own home and having their independence.”

Mary-Ellen, mother of NDIS participants Georgia and Ellen

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 31 December 2025, \$49.0 billion in support has been provided (Table 8).⁴² The largest support categories are core daily activities (52% 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 \$25.4 billion in payments for core daily activities in the 12 months to 31 December 2025, \$12.2 billion was for payments related to participants in SIL.

Table 8: Total payments from 1 January 2025 to 31 December 2025

Support category	Payments (\$m) to all providers	Percentage of total payments
Core – daily activities	25,447	52.0%
Core – social and community participation	11,563	23.6%
Core – consumables and transport	1,500	3.1%
Capacity building – daily activities ⁴³	5,791	11.8%
Capacity building – other	3,238	6.6%
Capital	1,420	2.9%
Total ⁴⁴	48,962	100.0%

Over the last 2 years, payments have grown by 28% (from \$38.3 billion for the year ending 31 December 2023 to \$49.0 billion for the year ending 31 December 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).

⁴² This represents total payments on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments were \$48.8 billion.

⁴³ Includes therapy services.

⁴⁴ Total includes \$3.7 million of payments with no support category.

4.2 Funding management types

Participants have 3 options for managing their NDIS funding – plan-managed, self-managed and NDIA-managed.

Participants may choose one type of funding management or a combination. Most choose to use a plan manager. In some cases, where there is unreasonable risk, the NDIA may need to change how the funding is managed.

In the December 2025 quarter, a minority of participants (6%) had their funding managed entirely by the NDIA, while the majority (68%)⁴⁵ preferred to engage a plan manager for some or all of their funding. The remaining 26% of participants chose 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 volume of payments in the quarter by funding management type(s).

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

Funding management type	Payments made to active providers (\$b), ⁴⁶ and proportion of total payments	Number of active providers ⁴⁷
NDIA-managed	3.9 (29%)	10,335
Plan-managed	8.0 (61%)	203,658
Self-managed	1.2 (9%)	136,652
Total	13.1	276,581

In the December 2025 quarter, of the \$13.1 billion in payments:

- \$3.9 billion was NDIA-managed (29%)
- \$8.0 billion was managed by a plan manager (61%)
- \$1.2 billion was self-managed (9%).⁴⁸

Registered providers can receive payments by claiming directly, or they can be paid via a plan manager or directly by the participant. Unregistered providers can only be paid via a plan manager or directly by the participant. Of the 276,581 active providers in the December quarter:

- 10,335 supported NDIA-managed participants
- 203,658 supported plan-managed participants⁴⁹
- 136,652 supported self-managed participants.

⁴⁵ This figure excludes participants who have opted to self-manage part of their funding.

⁴⁶ Includes cash and in-kind payments.

⁴⁷ '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).

⁴⁸ Includes cash and in-kind payments.

⁴⁹ 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.

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 31 December 2025, unregistered providers were used less frequently and had a higher proportion of one-off payments (that is, unregistered providers were more often only used once). On average, the frequency of one-off payments was approximately 3 times lower for registered providers.

Payment characteristics

In the December 2025 quarter, 203,658 providers supported plan-managed participants, of which 16,762 were registered at some point during the quarter.^{50,51}

Payments to plan managers were \$8.0 billion in the December 2025 quarter. Of the \$8.0 billion, \$163 million was for plan management services. The remaining \$7.9 billion was claimed by plan managers to pay service providers on behalf of participants.

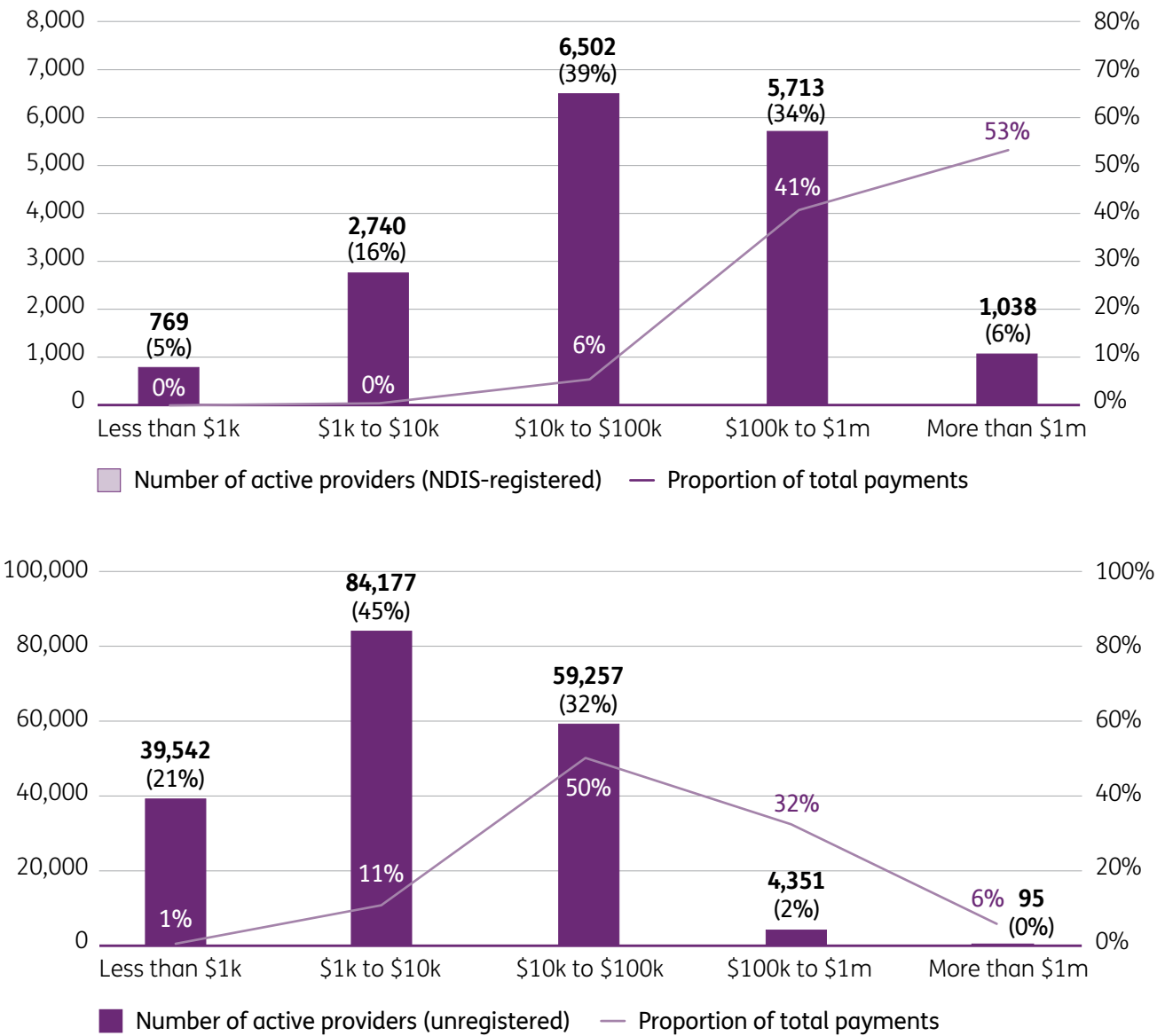
Registered providers received 60% of the \$7.9 billion overseen by plan managers, and unregistered providers received 40%. Although 40% of plan-managed payments went to unregistered providers, the market of unregistered providers is large, which means there are many unregistered providers receiving smaller total payments, compared to registered providers. While only 8% of providers paid through plan managers are registered providers, they received 60% of total payments in the quarter. Furthermore, 40% of 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 27).

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

51 '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

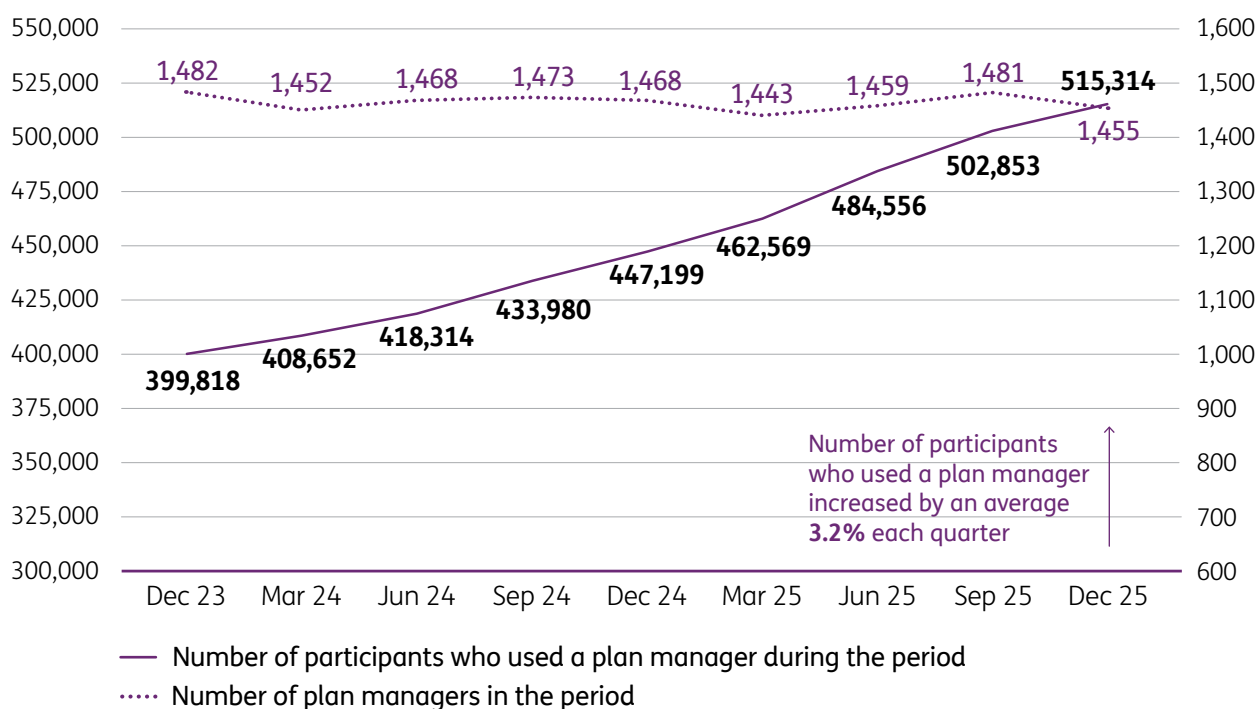
Figure 27: Number of active providers supporting participants through a plan manager, and proportion of total payments in the quarter by payment band – NDIS-registered (top) vs unregistered (bottom)^{52,53}



Over the past 2 years, the number of plan managers has remained stable – between 1,443 and 1,481.⁵⁴ Over the same period, the number of participants being supported by plan managers increased from 399,818 to 515,314, which is a quarterly average increase of 3.2%. As a result, there has been a significant increase of 31% in the average number of participants supported by a plan manager over this period (Figure 28).

52 Payments of \$39 million made to providers with ‘unknown’ registration status have not been included in this chart.
 53 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.
 54 The historical number of plan managers does not take into account any revisions in their registration status.

Figure 28: Participants with a plan manager by quarter – all participants⁵⁵



4.4 Supported independent living

SIL supports of \$4.2 billion were provided in the December 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 31 December 2025, there are 36,755 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 the 12-month period, have increased by 12% annually over the past 2 years, from \$12.9 billion to \$16.2 billion.

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

Section 4: Providers and the growing market

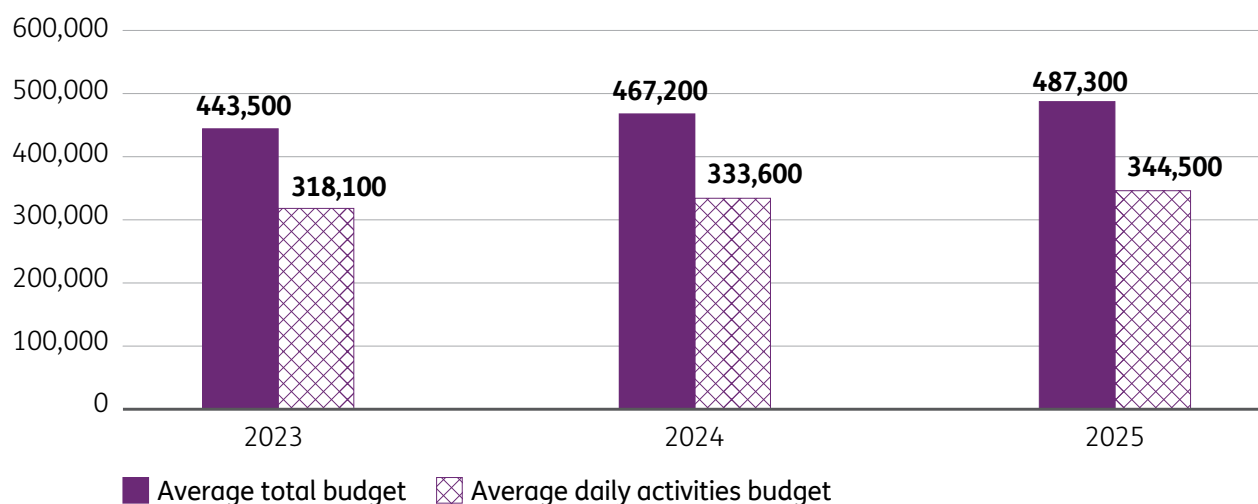
A large component of payments to participants in SIL relates to core support for daily activities. The average payment per SIL participant for core support for daily activities has increased by 6% annually over the past 2 years (Table 10). Note that participants in SIL also receive other supports, such as core support for social and community participation, employment and capacity building.

Table 10: Number of participants and payments for years ending 31 December – participants in SIL

Participants and payments	2023	2024	2025	Percentage increase (per annum)
Active participants	33,581	35,972	36,755	5%
Total payments (\$m)	12,931	14,892	16,219	12%
Average payment (\$)	405,400	427,600	444,000	5%
Total payments – Core daily activities (\$m)	9,865	11,268	12,152	11%
Average payment – Core daily activities (\$)	311,200	337,000	346,900	6%

In addition to the increase in payments, average plan budgets for participants in SIL have also increased over time (Figure 29), 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 5% and 4% annually over the past 2 years, respectively.

Figure 29: Average plan budgets over time for years ending 31 December – 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 31 December 2025 has reduced by 3% 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 38% annually over the past 2 years, from \$267 million to \$507 million (Table 11). The average SDA payment per participant has also increased by 31% per annum. SDA payments per participant have been increasing because of:

- New SDA benchmark prices that came into effect on 1 July 2023 following the SDA Price Review. This includes automatic annual indexation of SDA funding amounts in plans, as at 1 July 2024 and 1 July 2025.
- More participants moving into new-build SDA dwellings, which generally attract higher prices than older existing and legacy stock SDA dwellings. As use of lower priced existing and legacy stock dwellings by SDA-eligible participants declines over time, the overall average SDA payment increases.

The total number of enrolled SDA dwellings as at 31 December 2025 was 13,297, up by 24% annually over the past 2 years. Compared to 31 December 2024, there were an extra 2,548 dwellings (also a 24% increase). This annual increase was observed across most housing design categories. The largest increase was for dwellings of the 'high physical support' category (42%, 1,917 dwellings) and the 'robust' category (26%, 338 dwellings).

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

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

Table 11: Number of active participants and SDA support budgets and payments for years ending 31 December⁵⁶

Year	2023	2024	2025	Percentage increase (per annum)
Participants using SDA ⁵⁷	14,097	14,688	15,925	6%
Participants eligible for SDA, not yet using SDA ⁵⁸	10,091	9,834	9,577	-3%
Total SDA supports (\$m)	440	517	626	19%
Average SDA supports (\$)	19,100	27,500	34,200	34%
Total SDA payments (\$m)	267	382	507	38%
Average SDA payments (\$)	19,300	26,500	33,100	31%

4.6 Market stewardship activities

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

The review of the SDA Design Standard

The NDIA has engaged KPMG Australia to conduct a full review of the SDA Design Standard and to develop the next edition. The review was announced on 19 September 2025.

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

Progress this quarter includes:

- publishing the [SDA Design Standard Review - terms of reference](#) on the NDIS website
- consulting with more than 370 people across 14 stakeholder groups, including 13 at-home visits with participants living in SDA
- releasing the [SDA Design Standard Review discussion paper](#) and SDA provider survey on the NDIS Engage website to gather more detailed feedback from stakeholders.

The results from the consultation will inform the development of the next edition of the SDA Design Standard and implementation plan in 2026.

⁵⁶ 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 31 December 2025 this number was 18,340. 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.

⁵⁷ 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.

⁵⁸ 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.

Specialist disability accommodation data

The NDIA is progressing work to improve the quality of SDA data. This is part of a longer-term initiative that will establish a strong foundation for more reliable SDA data in the future.

In the short to medium term, the NDIA will continue to look at ways to share more meaningful insights and data with the SDA market based on existing data capabilities and resources.

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

4.7 NDIS pricing

The NDIS pricing arrangements and price limits for 2025–26, effective from November 2025, include new art and music therapy price limits based on the recommendations of Dr Stephen Duckett’s independent review. The COVID addendum was also removed.

The NDIA has published its 3-year pricing workplan and commenced consultation for the 2025–26 Annual Pricing Review (APR). The workplan sets out a clear approach to improving pricing over the period 2025–26 to 2027–28, with the Annual Pricing Review being the core annual review mechanism.

The 2025–26 Annual Pricing Review terms of reference and consultation papers were also released, outlining key pricing issues and evidence to be considered. We are seeking feedback on 5 support categories: disability support worker supports, therapy supports, support coordination, plan management, and social, community and civic participation.

To inform both the workplan and the 2025–26 APR, the NDIA has engaged with participants, providers, peak bodies, states and territories, and other government agencies. Feedback has informed the scope, sequencing and focus of pricing improvements.

A significant amount of feedback has been received. As at 31 December 2025, 1,133 submissions have been received – 831 via the provider survey and 294 via the participant survey, with 8 separately uploaded submissions.

Together, these actions support a more transparent and evidence-based pricing approach, balancing participant outcomes and market sustainability.

NDIS participant, Lincoln



Section 5

Financial sustainability



Lincoln's NDIS journey: growing confidence and connections



Movie buff and Melbourne NDIS participant Lincoln doesn't just watch movies – he works where they premiere.

The 31-year-old, who has Down syndrome, loves his job and he makes sure moviegoers enjoy a great cinema experience.

Aiming to play to Lincoln's strengths – movies and an incredible recall of stars and music – his NDIS provider approached a local cinema, mentioned his talent, and Lincoln got a start.

'It's my dream job,' he said. 'I love movies, music and helping people.'

NDIS supports are helping Lincoln to build and enjoy a more inclusive life. He has another job he has held for 13 years – a storeman and packer at a greengrocer. He unloads deliveries, stocks produce and helps keep the store tidy.

These mainstream jobs have boosted Lincoln's confidence, speech and social skills. They give him purpose and pride.

'Now my goal is to live independently,' he said.

At home with mum Janice, Lincoln has NDIS supports to help him manage daily tasks, attend appointments, work and enjoy greater community access. Janice said these supports have been so beneficial.

'Before the NDIS, he didn't have the confidence or the practical tools to take these steps,' she said. 'Now he expects to do what everyone else is doing.'

Lincoln has an NDIS-funded support worker and mentor, Casey, who has also played a key role in his success.

'Casey taught him how to use social media,' Janice said. 'Now he makes his own plans – messaging friends to catch up, he works 2 jobs and loves being out in the community. It's great.'

Lincoln's capacity building supports mean that living independently is now closer than ever before.

[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 Participants and cost projections

On 3 December 2025, the NDIA Board released both the Annual Financial Sustainability Report (AFSR) and the Peer Review Report

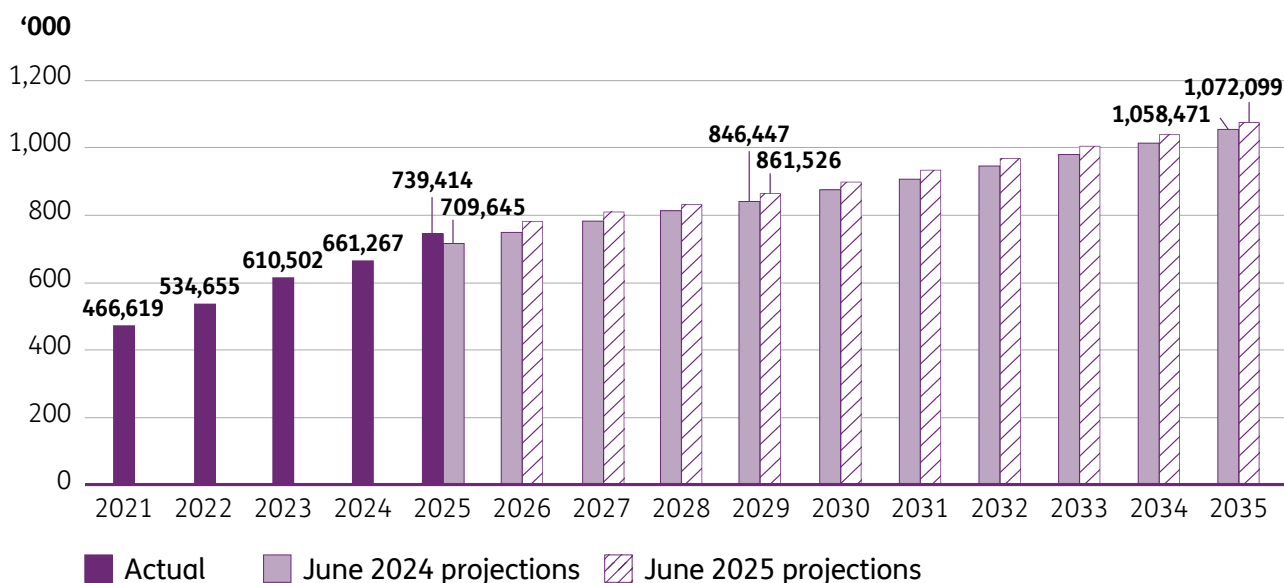
The NDIA Board released the 30 June 2025 AFSR on 3 December 2025. The AFSR is prepared by the Scheme Actuary and provides an assessment of the financial sustainability of the NDIS, as is required under the NDIS Act (section 180B). It is produced using data at 30 June each year, and a summary of each year's AFSR is included in the NDIA Annual Report. The AFSR was independently peer reviewed by the Australian Government Actuary. A copy of this report was also released on 3 December 2025.

The June 2025 projection of Scheme expenses incorporates revisions to assumptions and changes in future expectations since the previous AFSR. This includes updates to the estimated savings due to Scheme reforms and impacts of changes to operational processes and measures.

The AFSR projects that:

- There will be 861,526 participants in the NDIS at the end of June 2029 (of which 802,724 are under the age of 65 years), and 1,072,099 at the end of June 2035 (of which 991,800 are under the age of 65 years) (Figure 30). The June 2025 projection forecasts total participant numbers to be slightly higher for all future years compared to the June 2024 projections.
- The AFSR shows the growth rate of the NDIS is projected to reduce from 9.4% in 2025–26 to rates below 8% from 2026–27 onwards, consistent with the commitment made by National Cabinet in April 2023.

Figure 30: Actual and projected participants as at 30 June



Total Scheme expenses are estimated to be \$50.7 billion in 2025–26, growing to \$62.5 billion in 2028–29 and \$95.8 billion in 2034–35 (on an accrual basis) (Table 12).

Table 12: Projected Scheme expenses (\$m) on an accrual basis

Scheme expenses	2025–26	2026–27	2027–28	2028–29	2034–35
Scheme expenses (aged 0 to 64 years)	45,114	47,517	50,749	54,179	82,058
Scheme expenses (aged 65 years and over)	5,591	6,441	7,377	8,282	13,697
Total Scheme expenses	50,705	53,958	58,126	62,461	95,755
Total Scheme expenses (% of GDP)	1.8%	1.8%	1.8%	1.9%	2.1%

More detail is available in reports published on the [NDIS website](#) on 3 December 2025:

- Annual Financial Sustainability Report 2024–25
- Independent actuary peer review report.

It is important to recognise that the projected Scheme expenses are shown in nominal terms, that is, future dollars of estimated Scheme expenses include the effects of inflation over time. This impact of inflation increases over the longer term and is particularly significant for the result in 2034–35. Scheme expenses are estimated to be 1.8% of gross domestic product (GDP) in 2025–26, increasing to 2.1% in 2034–35.

In considering longer-term projections, users should refer to expenses as a percentage of GDP rather than nominal dollar figures, as these provide a more meaningful measure of Scheme expenses.

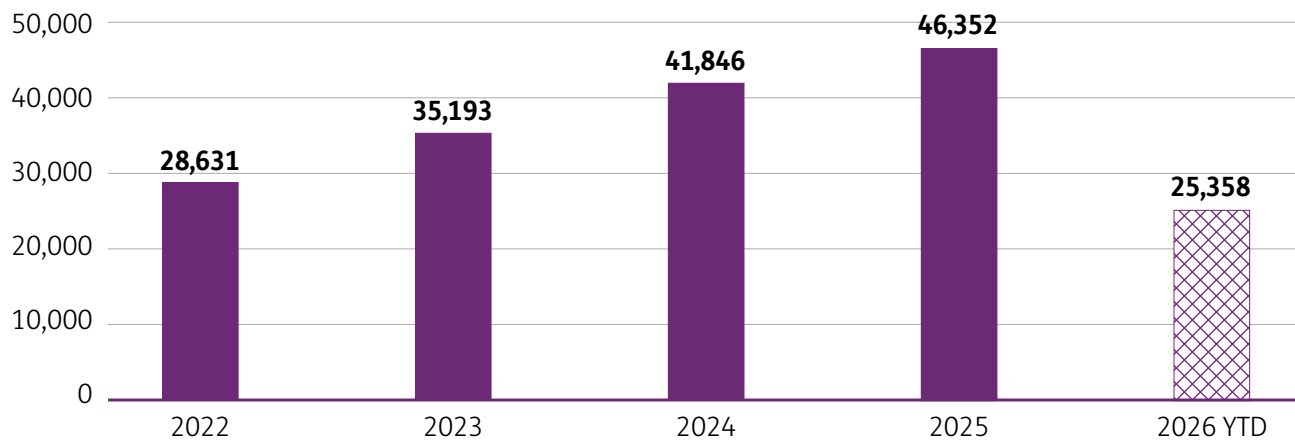
5.2 Total payments

Total NDIS payments continued to increase due to increased participant numbers and higher average costs per participant.⁵⁹

Total payments in the year to 30 June 2025 were \$46.4 billion, while the payments in the 6 months to 31 December 2025 were \$25.4 billion (Figure 31).

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

Figure 31: Total payments (\$m) for financial years ending 30 June



⁵⁹ 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.

5.3 Average and median payment trends

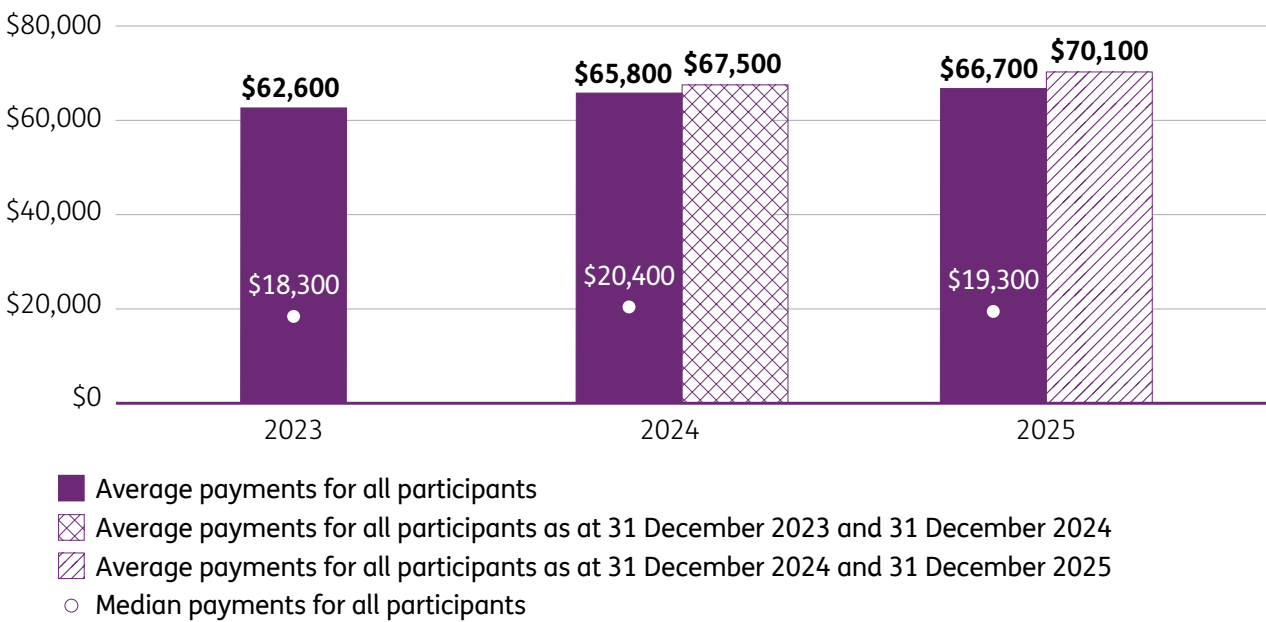
Average and median payments per participant increased by 3.2% and 2.7% per annum respectively over the past 2 years.

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 January 2023 and 31 December 2025 indicate that average payments have increased by 3.2% 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 32). For example, average payments increased from \$65,800 to \$70,100 (6.5%) for participants in the NDIS as at 31 December 2024 and continuing to 31 December 2025.

Figure 32: Average and median payments for years ending 31 December



5.4 Average plan budget trends

Average and median plan budgets have also increased over time for all participants

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

Average plan budgets increased over the 2-year period to 31 December 2025 by:

- **4.7%** per annum for all participants
- **4.8%** per annum for participants in supported independent living (SIL)
- **5.9%** per annum for participants not in SIL.

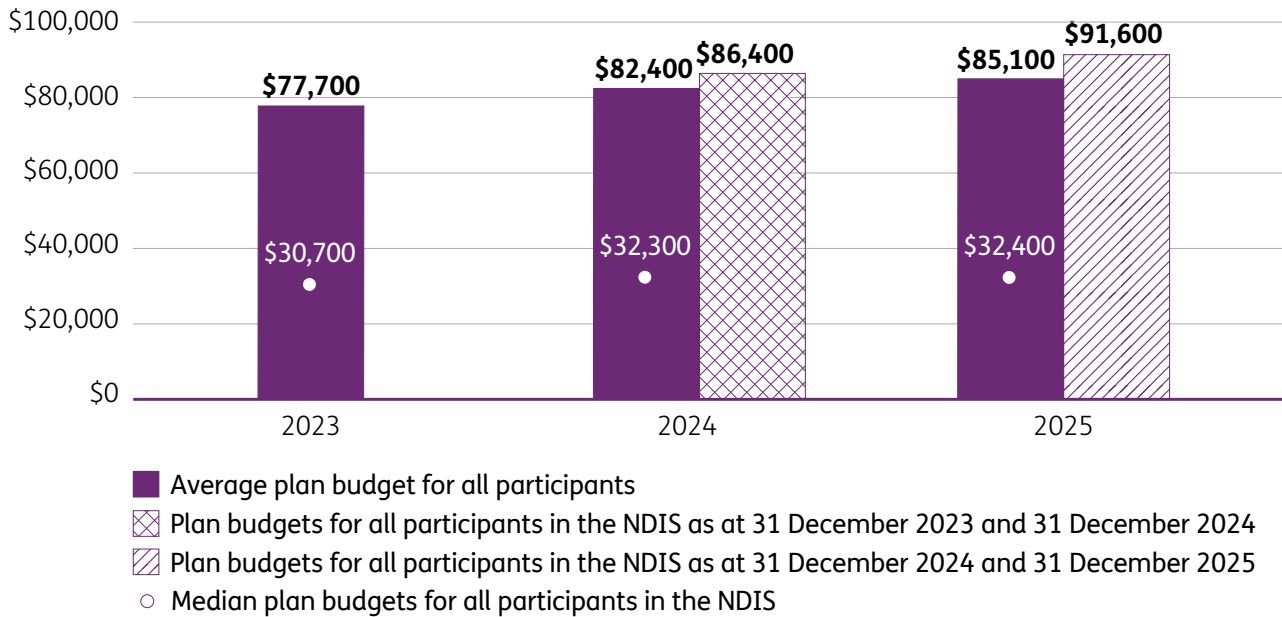
Median plan budgets increased by 2.7% over the 2-year period to 31 December 2025.

The proportion of participants in SIL has decreased over the last 2 years, and therefore the overall growth in the average budget is less than the growth in the budgets for SIL and non-SIL participants.

Average plan budgets of participants continuing in the NDIS are higher than the overall average (Figure 33). For example, the average plan budget increased from \$77,700 to \$86,400 (11.2%) for participants in the NDIS as at 31 December 2023 and as at 31 December 2024.

Similarly, average plan budgets for participants in the NDIS as at 31 December 2024 and 31 December 2025 increased from \$82,400 to \$91,600 (11.2%).

Figure 33: Average annualised plan budgets for years ending 31 December



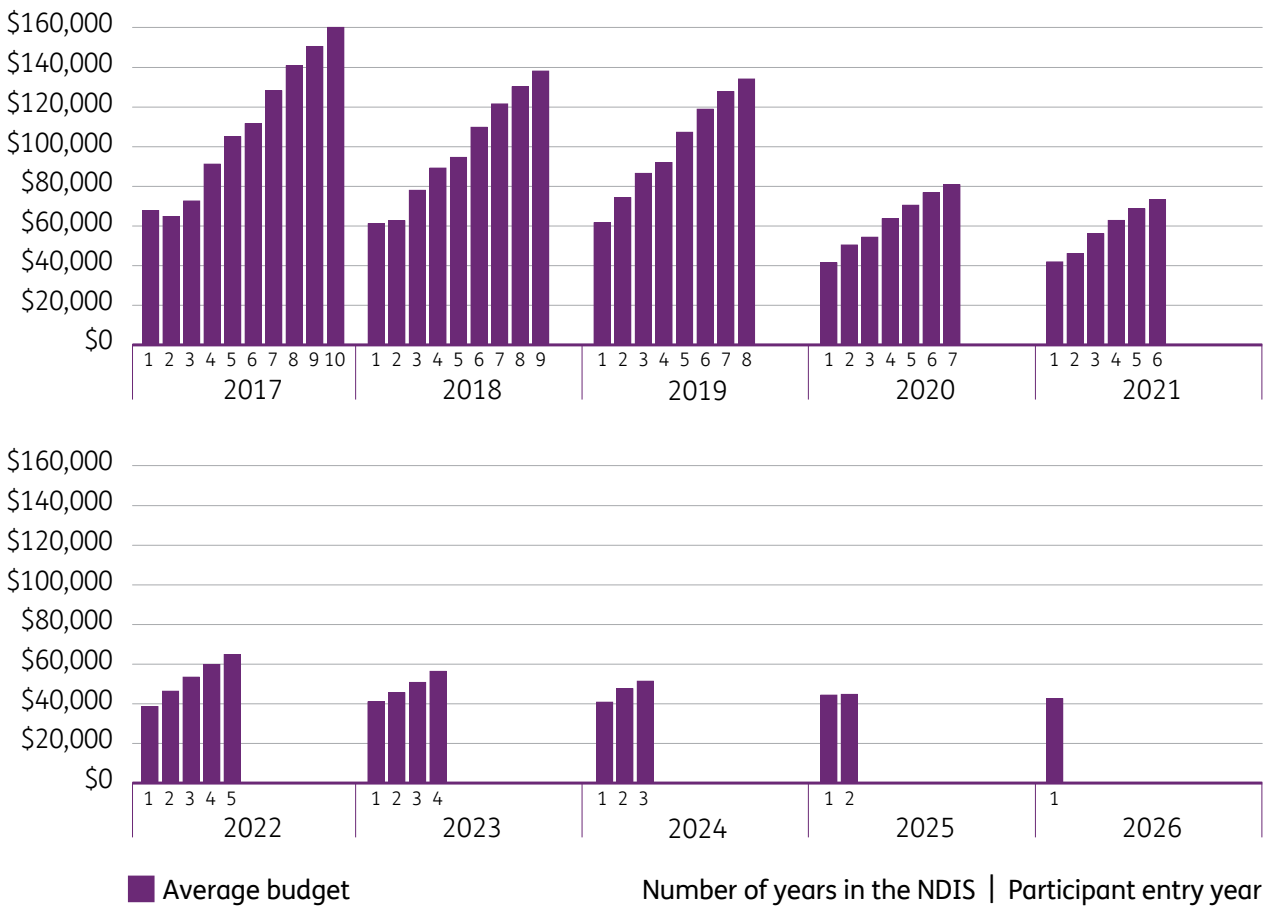
Section 5: Financial sustainability

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

Figure 34 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 \$138,300 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 participants transitioning 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 34: 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 – Changing your plan](#) that explains why a new plan could be different to a current plan.

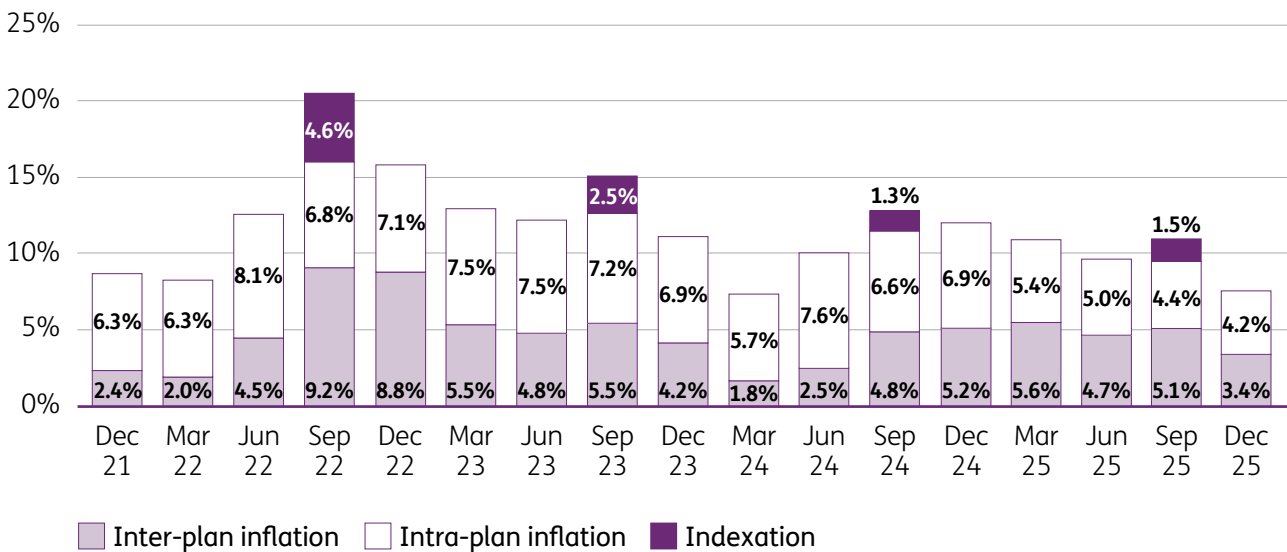
Plan inflation

Total annualised plan inflation in the December 2025 quarter was 7.6%, of which 3.4% was due to changes made at plan reassessment, and 4.2% was due to changes occurring within a plan between reassessments.

The inflation rate of 7.6% per annum in December 2025 compares with a rate of 9.5% (11.0% including indexation) in September 2025 and 9.7% per annum in June 2025. Inflation occurring at plan reassessment (inter-plan inflation) was 3.4% per annum, which compares with 5.1% per annum in September 2025 and 4.7% per annum in June 2025.

Inflation occurring within a plan, between reassessments (intra-plan inflation), was 4.2% per annum, which compares with inflation of 4.4% per annum in September 2025 and 5.0% per annum in June.

Figure 35: Annualised percentage change in plan budgets for active participants



Section 5: Financial sustainability

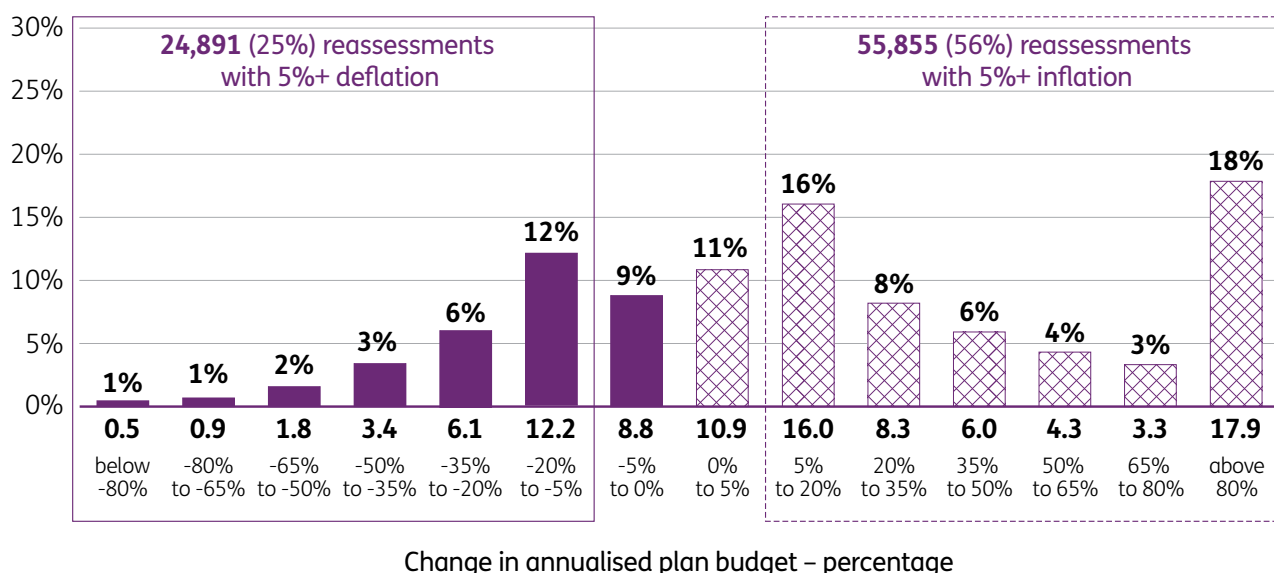
Individual plan budgets can vary significantly. In the past 2 quarters, considering total plan inflation, plans were more likely to increase than decrease.

During the 6 months to 31 December 2025, 13% of active participants had at least one plan reassessment. Figure 36 shows that of the plans reassessed:⁶⁰

- **56%** increased at reassessment by more than 5% (compared to **60%** in the 6 months to 31 December 2024)
- **25%** decreased by more than 5% (compared to **17%** in the 6 months to 31 December 2024)
- **20%** remained within 5% (compared to **23%** in the 6 months to 31 December 2024).

Of the plans reassessed, **18%** had their budgets increased by more than **80%** (compared to **19%** in the prior quarter and the 6 months to 31 December 2024).

Figure 36: Distribution of the percentage change in annualised plan budgets for plans reassessed between 1 July 2025 and 31 December 2025



Note: 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.

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

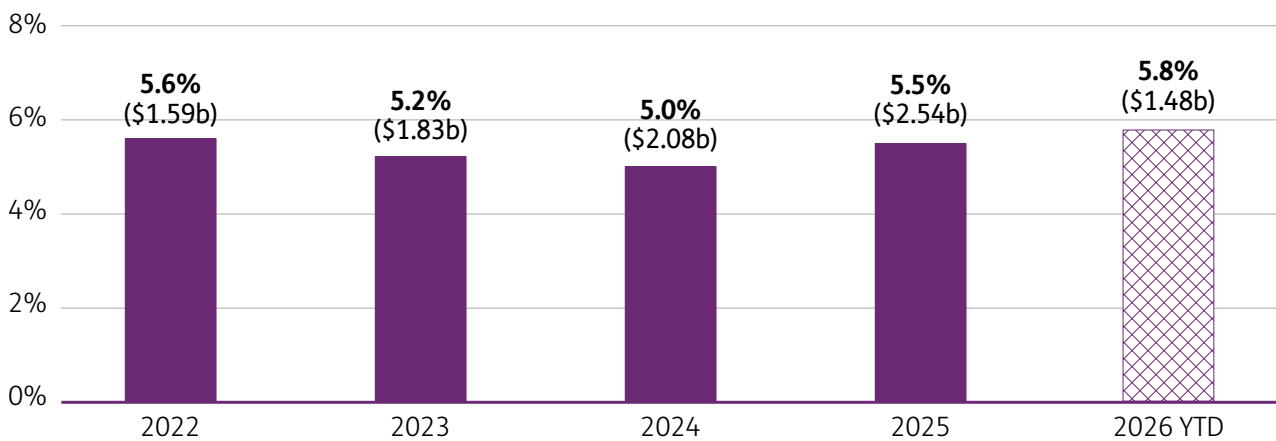
5.5 Operating expenses

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 expense per participant to \$3,942 for the 2025–26 year to date. NDIA operating expenses for the year ending 30 June 2025 were \$2.54 billion and \$1.48 billion for the 2025–26 year to date.

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 5.8% for the 2025–26 year to date (Figure 37). The Productivity Commission, in its 2017 study report, suggested a range of 7% to 10% as an appropriate benchmark for NDIA operating expenses.

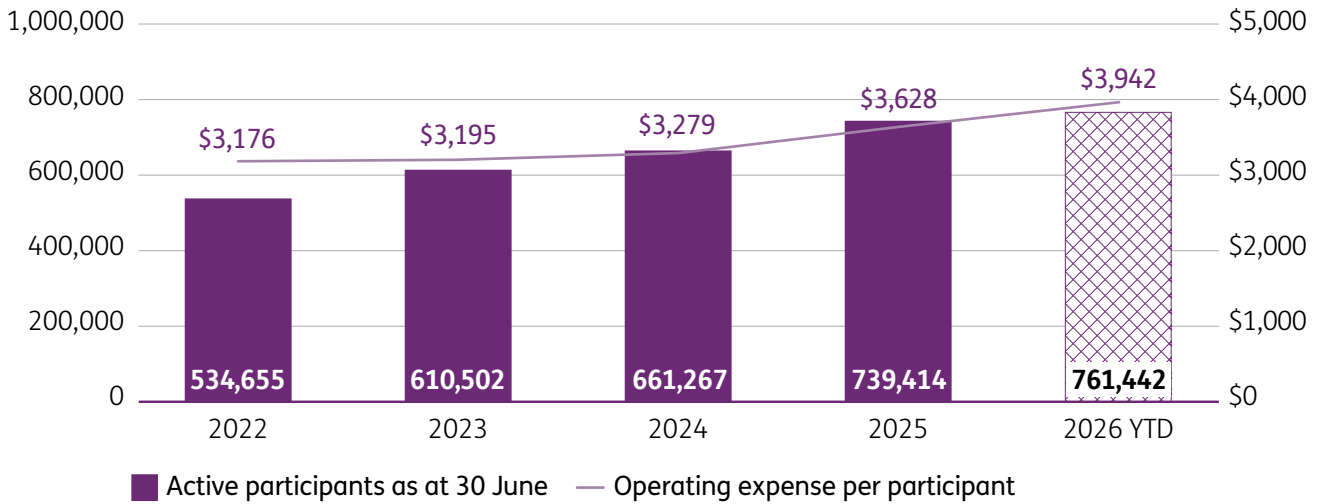
Figure 37: Operating expenses as a percentage of participant costs for years ending 30 June



Section 5: Financial sustainability

The annual operating expense per participant increased from \$3,628 in 2024–25 to \$3,942 in the 2025–26 year to date (Figure 38).

Figure 38: Operating expense per participant for years ending 30 June



Note: The operating expense per participant uses average participant numbers as the denominator. The average number of participants is a simple average of the active participants in 2 periods (opening and closing).



“Now my goal is to live independently.”

Lincoln, 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 31 December 2025, the total NDIA workforce was 18,934 including 11,054 Australian Public Service (APS) employees and 1,739 labour hire workers, contractors and consultants. A further 6,141 people are employed by NDIS partners in the community and National Contact Centre partners. The 2025 APS Employee Census results show that:

- 23% of NDIA staff identify as having a disability
- 16% identify as neurodivergent
- 3% identify as First Nations
- 10% identify as LGBTIQ+
- 26% identify as a person from a culturally and linguistically diverse background
- 69% identify as female or gender diverse
- 44% identify as mature age.

The NDIA has been recognised by the Diversity Council of Australia as an Inclusive Employer for 2025–26. Their survey results found that the NDIA demonstrates a higher level of inclusivity and dedication to diversity and inclusion compared to the average Australian workplace across all measures.

The NDIA's Neuroinclusion Plan was also recognised, winning the Innovative Initiatives Award at the 2025 Public Sector Neurodiversity Excellence Awards. This award celebrates the NDIA's leadership in creating an accessible, inclusive and neuro-affirming workplace.

Our Gender Equity Action Plan was published in October, outlining our approach and actions to promote gender equity and inclusion across the workplace. It aims to create a more equitable and supportive environment for staff of all gender identities, including non-binary people.

Following a successful pilot, our in-house Auslan interpreting service is now a permanent offering for deaf and hard of hearing staff. The team of qualified interpreters facilitates communication for staff who require Auslan interpreting as a workplace adjustment.

Ed Holicky, branch manager of the Office of Agency Accessibility and Inclusion, was recognised as HR Diversity, Equity and Inclusion Champion of the Year at the Australian HR Institute Awards 2025. He was recognised for his work leading transformative inclusion initiatives at the NDIA – establishing the Office of Agency Accessibility and Inclusion, embedding lived experience leadership and driving systemic change.

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 1 2025–26 Quarterly Report to Disability Ministers
- the latest [participant dashboards](#) containing quarter 1 data for 15 disability types in the NDIS
- [datasets](#) containing detailed data updates across participant, provider and market categories.

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

In the 2025–26 federal Budget, the Australian Government announced additional funding 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 continue investment in the NDIA’s ability to detect and respond to fraud and non-compliance.

This builds on the initial investment from Government 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.

In calendar year 2024, the CDoF program delivered 17 Government-committed milestones. The program has improved the integrity of participants’ identity information, while providing a familiar, consistent, and secure experience for participants and nominees accessing NDIS digital platforms through myGov. In its first year, the program delivered a new data lake to support fraud detection, a new integrity management system to transform the way we do investigations, and strengthened our cyber event detection and analysis capabilities.

In 2025 we built on the foundational capabilities delivered in 2024. In this quarter, the CDoF program completed 14 Government milestones, boosting our fraud-detecting IT systems to better protect participant funds.

Integrity initiatives this quarter

In the December 2025 quarter, the integrity program continued to implement measures to address emerging and high-risk integrity issues.

The following integrity initiatives were delivered:

- **Improved evidence requirements** – In October 2025, the mandatory evidence threshold for self-managed claims was lowered, requiring more evidence to support claims and reduce the possibility of problematic claims. The improved evidence requirements will improve both payment processing and protection against fraud.
- **Email / mobile verification** – From November 2025, when participants or their nominees update their email address or mobile phone number, a one-time code is sent to their new email address or mobile number for verification, ensuring the new details provided are valid and correct.
- **Confirmation notifications** – From November 2025, participants and nominees are informed when their personal information is updated, preventing bad actors from making changes without the participant or nominee knowing. This function can be suppressed in special cases (e.g. domestic violence).
- **Provider identity improvements** – In November 2025, the NDIA moved over 40,000 providers from Provider Digital Access (PRODA) to myID and Relationship Authorisation Manager (RAM) for NDIS provider portals. This change further strengthens identity checks on providers accessing NDIS online platforms, increasing protection against unauthorised access to participant plans or data.
- **Provider relationships** – From November 2025, support coordinators within the PACE system who are not authorised by an NDIA-managed participant through a ‘relationship link’ will have their payments delayed for seven days to allow participant review, bringing them into alignment with all other registered providers.
- **e-invoicing pilot** – From November 2025, we delivered the ability for providers to submit e-invoices as claims. We are conducting a pilot with a provider to test the effectiveness of the process, iron out any issues that may arise, refine the provider onboarding process, and ensure evidence provided is of a sufficient standard. E-invoicing is an efficient way to supply quality detailed evidence to support claims.
- **Strengthened account access permissions** – Stronger controls are now in place to prevent unauthorised access to participants’ accounts and to protect participants’ identity and their NDIS plans.
- **Streamlined claims** – The new streamlined claim system, which automates multiple manual stages of the claim review process and places all of the information onto a single interface, will increase efficiency, allowing staff to review more high-risk claims.
- **Strengthening the provider application programming interface (API)** – A new identification and authentication mechanism has been introduced for NDIS digital partners when connecting to NDIS APIs. It provides a more secure environment and makes it easier to transact with the NDIA.

Section 6: Staff and the NDIS community

- **One-time code for providers** – NDIA staff and partners will be able to verify providers with a one-time code to ensure we have the correct person. National Contact Centre staff will begin using this feature from January 2026.
- **Enhanced caller identity verification** – We have automated and expanded use of generated security questions to verify the identity of a caller for high-risk transactions. It will now be easier for staff to validate the identity of the person calling.
- **New participant mobile phone app (beta)** – In November 2025 we began a pilot of the new mobile app with participants to gain insights from users using their own devices. The new mobile app is more accessible (including the ability to use the device with one hand), and works more consistently across devices.
- **Prompting (beta)** – On-screen prompts during the claiming process have been enabled to help make it easier to get it right and harder to get it wrong. Prompting provides messages in real time to participants making an online claim if the claim amount looks incorrect or the description does not align with an NDIS support. This will help participants submit accurate claims.
- **Integrity Management System (IMS)** – The IMS rollout and expansion continued with the release of further functionality in October 2025 – 3 times the original scope. Modules have been added for integrity, referral, tip-off and assessment. More than 514 staff can now use the platform. The IMS transforms our integrity case work and our ability to work across Government to identify non-compliance, including identifying fraudulent participant accounts and providers.

Integrity outcomes this quarter

This quarter, the NDIA Pre-Payment team reviewed over 20,000 high-risk claims from providers, plan managers and participants, with a total value of more than \$65.2 million. A risk-based assessment process is used to identify high-risk claims and non-compliance. Over 59% of the claims reviewed, by value, were rejected or cancelled. Not all rejected claims were fraudulent.

Reasons for rejection include:

- the claim was for items that are not funded by the NDIS
- the claim was for a service that was not provided
- the same claim was made more than once.

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

Under MPRs, providers and participants with significant integrity issues are required to provide evidence to prove entitlement to the claims before they are paid. Claiming from these specific providers and participants has reduced as the use of manual payment reviews has increased.

Operational case outcomes

The NDIA received approximately 6,600 tip-offs in the December quarter, down from over 7,500 in the previous September quarter. In the December quarter, more than 80% of tip-offs were received through the web-based form, compared to 73% of web form lodgments for the last financial year. The quality of the tip-offs received continues to be high, enabling faster triaging, assessment and escalation.

The Fraud Fusion Taskforce, with 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 taskforce agencies is leading to more multi-agency interventions against organised crime syndicates targeting the NDIS.

The Fraud Fusion Taskforce has disrupted more than 2,000 providers who have submitted incorrect or non-compliant claims to the NDIS. In the 12 months prior to the disruption, these providers had collectively claimed \$1 billion from the NDIS. Since the start of the NDIS, these providers had collectively claimed over \$4.8 billion. While it is not possible to determine the exact proportion of problematic claims, all these funds should have been directed to genuine supports or providers.

As at 31 December 2025, the NDIA had 39 individuals involved in 27 investigations referred for prosecution. Nineteen individuals are currently before the courts and briefs of evidence are being assessed by the Commonwealth Department of Public Prosecutions in relation to 20 more individuals.

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 For some participants, the identification as First Nations or CALD is not known.
- 3 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.
- 4 The percentage of CALD participants excludes participants who identify as First Nations peoples.
- 5 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.
- 6 In the December 2025 quarter, the collection of the data fields used to recognise CALD participants improved.
- 7 Access decisions and rates for people with a primary psychosocial disability are for all ages. The NDIS access decisions and rates are for people aged 25 and over. The NDIS 25 and over rate provides a like-with-like comparison, noting that 98% of people with a primary psychosocial disability are aged 25 and over.
- 8 This includes all people who were under 65 at the time of leaving. Excludes First Nations participants aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.
- 9 This excludes 74 First Nations participants aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.
- 10 Figures in this section have been rounded to the nearest whole percentage. Differences are calculated from unrounded metrics.
- 11 Results are based on responses to the Short Form Outcomes Framework questionnaires, with responses collected at entry to the NDIS (baseline measure) and at subsequent intervals. This section compares baseline indicator results when participants entered the NDIS, with latest results. Trial participants are excluded. The participant age reported in this section is as per participants' latest completed questionnaire.
- 12 Rounded to the nearest complete year since the first plan was approved.
- 13 Some of the increase maybe due to due to participants leaving school and starting work.
- 14 Some of the decrease for older age groups is due to participants retiring from the workforce.
- 15 Some of the decrease for older age groups is due to participants retiring from the workforce.
- 16 Figures in this section have been rounded to the nearest whole percentage. Differences are calculated from unrounded metrics.
- 17 Rounded to the nearest complete year since the first plan was approved.
- 18 Noting that the education and housing systems have a major role to play in the lifelong learning and home domains.
- 19 Respondents include NDIS participants, prospective participants and people with disability engaging with the NDIS through community connections and early supports.
- 20 The time taken for participants to respond to requests for further information is not included.
- 21 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.
- 22 For the December 2025 quarter, 1,411 of the 7,914 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.
- 23 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.
- 24 The NDIA is waiting on additional information from participants for 194 of the 850 applications awaiting a decision.
- 25 Applications on hold are excluded from the in-progress applications.
- 26 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.
- 27 Numbers of complaints reported for the most recent quarter may still vary due to a lag in data collection.
- 28 Numbers may change as the reporting of complaints in the new computer system is refined, including identifying complaints lodged via multiple channels.
- 29 '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.
- 30 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 improved. The number of PCIs reported for the most recent quarters may still increase, due to a lag in data collections.

Endnotes

- 31 Number of plan change requests reported for the most recent quarters may vary, due to a lag in data collection.
- 32 The count of RoRDs excludes administrative cases, and draft and miscategorised RoRDs.
- 33 Number of RoRDs reported for the recent quarters may vary, due to a lag in data collection.
- 34 A further 5 were closed in the December 2025 quarter with no specified outcome.
- 35 The small number of RoRDs closed with no specified outcome are excluded.
- 36 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 NDIA decisions being varied in the ART.
- 37 Further information about the ART process can be found on the [ART website](#).
- 38 Data on supports is shown with a one-quarter delay, due to the lags in recording the support in dispute.
- 39 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.
- 40 These results are based on 141 surveys of early supports, 561 surveys of community connections, 636 of applying for the NDIS, 2,621 of plan approval, 1,596 of plan implementation and 5,237 of plan reassessment, which is 10,792 in total. The number of surveys collected for the December 2025 quarter are considerably lower than for previous quarters, which may introduce volatility in the results compared to the previous quarter.
- 41 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.
- 42 This represents total payments on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments were \$48.8 billion.
- 43 Includes therapy services.
- 44 Total includes \$3.7 million of payments with no support category.
- 45 This figure excludes participants who have opted to self-manage part of their funding.
- 46 Includes cash and in-kind payments.
- 47 '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).
- 48 Includes cash and in-kind payments.
- 49 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.
- 50 Registration status of a provider may change between 'registered' and 'unregistered' during the quarter.
- 51 '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.
- 52 Payments of \$39 million made to providers with 'unknown' registration status have not been included in this chart.
- 53 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.
- 54 The historical number of plan managers does not take into account any revisions in their registration status.
- 55 The historical number of plan managers does not take into account any revisions in their registration status.
- 56 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 31 December 2025 this number was 18,340. 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.
- 57 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.
- 58 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.
- 59 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.
- 60 Numbers may not add to 100% due to rounding.

Appendix A:

Key definitions

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

Access requirements: The criteria a person 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: A person who has been determined eligible for the NDIS and has an approved plan. ('Active participant' also includes any participant whose plan has expired, but a new plan has not formally commenced, and they have not left the NDIS.)

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

Administrative Review Tribunal: The Administrative Review Tribunal reviews decisions made by Australian Government agencies, departments and ministers.

Annualised committed supports: The committed supports (on a participant's current plan) scaled to a 12-month period (see Committed supports).

First Nations Peoples: Aboriginal and Torres Strait Islander peoples.

Individualised living options: Funding to support participants to live where they choose, increase their independence, and maximise their social and economic participation.

In-kind programs: Existing federal, state or territory government disability-related programs that are delivered under existing block grant funding arrangements.

Internal review of decision: A request for an internal review of a decision the NDIA has made about a participant under section 100 of the NDIS Act.

Inter-plan inflation: Occurs when a participant's NDIS plan budget is increased when it is reassessed.

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

Market: In the context of the NDIS, the market is where participants and providers interact to trade for disability supports.

National Disability Insurance Agency (NDIA): The Australian Government organisation administering the NDIS.

National Disability Insurance Scheme (NDIS): A national scheme for people with disability, administered by the NDIA. It provides funding to eligible Australians with disability to purchase NDIS supports related to their disability. These supports help participants in their everyday life, and to pursue their goals. In this report, the NDIS is also referred to as ‘the Scheme’.

NDIA-managed funding: NDIS participants can opt to have the NDIA manage their plan funding. The NDIA pays for NDIS supports from a participant’s plan, on their behalf. Participants must use NDIS-registered providers.

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

Outcomes framework questionnaires: A series of surveys that collect information from participants and their families and carers about how they are doing in 8 different areas of their lives.

Paid provider: A provider with a bank account into which the NDIA has made a payment. For NDIA-managed funding, this will be the provider of supports. For plan-managed funding, this will be the plan manager. For self-managed funding, there is no paid provider, as the participant is paid directly.

Participant: A person who is a participant in the NDIS, having met the eligibility requirements for either permanent disability (section 24 of the NDIS Act) or early intervention (section 25).

Participant critical incident (PCI): An instance or allegation of serious harm occurring to a participant.

Participant First: A group of people who have signed up to help improve the NDIS through engagement activities, such as focus groups, co-design workshops, surveys and research projects.

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

Participant reassessment request: A review of a participant’s plan requested by the participant under section 48 of the NDIS Act.

Payment: Refers to a payment made to a participant or their nominee for supports received as part of the participant’s plan; or to a payment made to a provider on behalf of a participant as part of the 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 registered provider who is approved to manage the funding of supports in participant plans. With respect to a payment request, a plan manager is any provider who submits claims associated with a plan-managed budget or payment, or submits claims for plan management fees under the capacity building budget (choice and control category).

Pricing: The NDIA provides guidance on the price to be paid for each support item through pricing arrangements and price limits.

Provider of supports: The provider responsible for providing disability supports to an NDIS participant. With respect to a payment request in the case of NDIA-managed funding, this is the provider paid by the NDIA (paid provider). In the case of self-managed or plan-managed funding, it 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 Safeguards Commission.

Revenue: The amount of money received from federal, state and territory governments for participant supports as outlined in a bilateral agreement. This includes both cash and in-kind amounts.

Specialist disability accommodation (SDA): Specialist housing solutions for people with an extreme functional impairment or very high support needs. SDA does not refer to support services, but the homes in which these are delivered. SDA may incorporate a specialist design, be in a particular location, or have features that make it feasible to provide complex or costly supports for independent living.

Supported independent living (SIL): Support provided to a person to help them live as independently as possible in their home. It includes help with or supervision of daily tasks, like personal care or cooking meals.

Unregistered provider: A provider of supports that is not registered as a provider with the NDIS Quality and Safeguards Commission. An unregistered provider can support participants whose funding is 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

The NDIS outcomes framework questionnaires measure the medium and long-term benefits of the NDIS to participants and their families and carers. These questionnaires are one way the NDIA measures outcomes.

Using the questionnaires, we collect baseline measures when participants enter the NDIS and then further information when participants' plans are reviewed. This allows outcomes to be tracked against baseline measures to assess progress and determine which types of support lead to the best outcomes. Baseline measures have been collected from 98% of participants who received their initial plan since 1 July 2016.

We use a lifespan approach to measuring outcomes, recognising that different outcomes will be important to participants at different stages of their life.

The information collected tracks how participants are progressing in the following 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, their degree of contact with family and friends, and their relationships with support staff.

Health and wellbeing: Relates to health, lifestyle and access to health services.

Work: Participants' experiences in the workforce and goals for employment.

Daily living activities: The level of independence participants have in 9 areas of daily living, for example, shopping and home cleaning.

Home: Relates to a participant's satisfaction with 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 and leisure activities, and whether the participant feels they have a voice.

We also collect information from families and carers of participants, for example, in relation to their employment.

Appendix C:

Children accessing the NDIS and early connections

A detailed summary of children younger than 9 in the NDIS, by state and territory, is shown in Table C.1. It includes children accessing early connections.

Table C.1 Summary of children younger than 9 who have approached the NDIS for support by jurisdiction and status ¹

State/ Territory	Active approved plans (children younger than 9 as at 31 December 2025)	Access met but yet to have an approved plan (children younger than 9 as at 31 December 2025)	Access request (no decision)	Total	Number of children accessing early connections throughout the quarter
NSW	51,679	873	1,034	55,775	7,333
VIC	47,162	664	801	50,905	6,257
QLD	35,713	556	682	38,593	4,769
SA	12,300	192	211	13,250	1,436
WA	12,986	243	291	13,822	2,338
TAS	2,924	34	89	3,193	414
ACT	2,422	48	44	2,709	427
NT	1,557	43	21	1,707	152
OT	<20	0	0	11	0
Missing	<11	0	<11	27	59
Total	166,757	2,653	3,176	179,992	23,185

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.

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 31 December 2025. Average payments (**Table D.24**) are calculated as the sum of the payments in the 12-month period to 31 December 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 31 December 2025. 'Total payments' (**Table D.24**) refers to those paid over the 12 months to 31 December 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 31 December 2025 ²

State/Territory	Active participant plans - Count	Active participant plans - Percentage
NSW	224,537	29.5%
VIC	205,144	26.9%
QLD	163,122	21.4%
WA	67,695	8.9%
SA	65,233	8.6%
TAS	16,439	2.2%
ACT	12,431	1.6%
NT	6,741	0.9%
OT	88	0.0%
Missing	12	0.0%
National	761,442	100.0%

Table D.2 Numbers of active participant plans by age group as at 31 December 2025

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	51,679	47,162	35,713	12,986	12,300	2,924	2,422	1,557	166,757
9 to 14	43,273	42,224	33,610	13,153	13,947	2,970	2,384	1,283	152,868
15 to 18	22,108	20,127	17,424	7,211	7,742	1,759	1,270	679	78,330
19 to 24	19,864	17,270	15,186	6,965	6,685	1,723	1,230	559	69,495
25 to 34	20,329	17,185	13,889	6,638	5,521	1,877	1,268	538	67,256
35 to 44	15,413	15,068	11,456	5,434	4,687	1,218	940	619	54,843
45 to 54	17,299	16,386	12,237	5,234	4,729	1,331	1,052	621	58,896
55 to 64	21,111	18,986	14,946	6,415	6,001	1,659	1,056	624	70,808
65+	13,461	10,736	8,661	3,659	3,621	978	809	261	42,189
Total	224,537	205,144	163,122	67,695	65,233	16,439	12,431	6,741	761,442

Table D.3 Proportion of active participant plans by age group as at 31 December 2025

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	23%	23%	22%	19%	19%	18%	19%	23%	22%
9 to 14	19%	21%	21%	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%	9%	10%	8%	11%	10%	8%	9%
35 to 44	7%	7%	7%	8%	7%	7%	8%	9%	7%
45 to 54	8%	8%	8%	8%	7%	8%	8%	9%	8%
55 to 64	9%	9%	9%	9%	9%	10%	8%	9%	9%
65+	6%	5%	5%	5%	6%	6%	7%	4%	6%
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 31 December 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	73	51	72	32	38	<11	<11	<11	286
19 to 24	910	540	623	272	285	<100	<50	73	2,839
25 to 34	1,860	1,072	1,231	567	501	200	91	97	5,619
35 to 44	1,852	1,316	1,257	602	506	166	99	122	5,920
45 to 54	2,341	1,559	1,367	653	583	179	149	122	6,953
55 to 64	3,232	2,188	1,861	890	862	264	157	150	9,604
65+	1,999	1,151	1,031	507	510	181	95	<60	5,528
Total	12,268	7,879	7,443	3,524	3,285	1,092	641	623	36,755

Table D.5 Proportion of active participant plans (participants in Supported Independent Living (SIL)) by age group as at 31 December 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	7%	7%	8%	8%	9%	n/a	n/a	12%	8%
25 to 34	15%	14%	17%	16%	15%	18%	14%	16%	15%
35 to 44	15%	17%	17%	17%	15%	15%	15%	20%	16%
45 to 54	19%	20%	18%	19%	18%	16%	23%	20%	19%
55 to 64	26%	28%	25%	25%	26%	24%	24%	24%	26%
65+	16%	15%	14%	14%	16%	17%	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 31 December 2025

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	51,679	47,162	35,713	12,985	12,300	2,924	2,422	1,557	166,756
9 to 14	43,272	42,222	33,609	13,153	13,947	2,970	2,383	1,283	152,863
15 to 18	22,035	20,076	17,352	7,179	7,704	1,751	1,263	674	78,044
19 to 24	18,954	16,730	14,563	6,693	6,400	1,629	1,188	486	66,656
25 to 34	18,469	16,113	12,658	6,071	5,020	1,677	1,177	441	61,637
35 to 44	13,561	13,752	10,199	4,832	4,181	1,052	841	497	48,923
45 to 54	14,958	14,827	10,870	4,581	4,146	1,152	903	499	51,943
55 to 64	17,879	16,798	13,085	5,525	5,139	1,395	899	474	61,204
65+	11,462	9,585	7,630	3,152	3,111	797	714	207	36,661
Total	212,269	197,265	155,679	64,171	61,948	15,347	11,790	6,118	724,687

Table D.7 Proportion of active participant plans (participants not in Supported Independent Living (SIL)) by age group as at 31 December 2025

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	24%	24%	23%	20%	20%	19%	21%	25%	23%
9 to 14	20%	21%	22%	20%	23%	19%	20%	21%	21%
15 to 18	10%	10%	11%	11%	12%	11%	11%	11%	11%
19 to 24	9%	8%	9%	10%	10%	11%	10%	8%	9%
25 to 34	9%	8%	8%	9%	8%	11%	10%	7%	9%
35 to 44	6%	7%	7%	8%	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 31 December 2025

Primary disability group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Autism	92,270	84,811	71,536	29,645	31,901	6,759	5,261	1,974	324,206
Intellectual disability	30,292	26,979	18,594	8,467	8,628	2,841	1,395	1,256	98,469
Developmental delay	18,481	23,928	16,168	5,330	3,777	1,151	1,123	641	70,602
Psychosocial disability	19,771	20,449	12,691	5,701	4,190	1,215	1,165	641	65,827
Hearing impairment	9,060	7,694	6,895	2,601	2,119	554	484	247	29,656
Other neurological	8,198	6,227	5,570	2,624	1,953	573	452	227	25,829
Other physical	5,877	4,733	4,871	1,863	1,778	417	514	185	20,242
Acquired brain injury	5,398	5,260	4,671	1,822	1,872	503	243	334	20,106
Global developmental delay	8,100	3,655	3,740	1,186	2,224	256	283	245	19,692
Cerebral palsy	5,932	4,480	4,030	1,950	1,359	452	308	208	18,719
Other	4,139	3,189	3,188	1,419	1,041	355	228	223	13,784
Down syndrome	3,764	2,899	2,499	1,175	793	305	228	109	11,775
Multiple sclerosis	3,346	3,727	2,244	1,167	1,092	435	253	21	12,286
Visual impairment	3,476	3,169	2,070	1,000	873	222	198	81	11,089
Stroke	3,652	2,431	2,404	891	854	223	164	232	10,853
Spinal cord injury	2,055	1,130	1,738	752	484	146	82	96	6,484
Other sensory/speech	726	383	213	102	295	32	50	21	1,823
Total	224,537	205,144	163,122	67,695	65,233	16,439	12,431	6,741	761,442

Table D.9 Proportion of active participant plans by primary disability group as at 31 December 2025

Primary disability group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Autism	41%	41%	44%	44%	49%	41%	42%	29%	43%
Intellectual disability	13%	13%	11%	13%	13%	17%	11%	19%	13%
Developmental delay	8%	12%	10%	8%	6%	7%	9%	10%	9%
Psychosocial disability	9%	10%	8%	8%	6%	7%	9%	10%	9%
Hearing impairment	4%	4%	4%	4%	3%	3%	4%	4%	4%
Other neurological	4%	3%	3%	4%	3%	3%	4%	3%	3%
Other physical	3%	2%	3%	3%	3%	3%	4%	3%	3%
Acquired brain injury	2%	3%	3%	3%	3%	3%	2%	5%	3%
Global developmental delay	4%	2%	2%	2%	3%	2%	2%	4%	3%
Cerebral palsy	3%	2%	2%	3%	2%	3%	2%	3%	2%
Other	2%	2%	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 31 December 2025^{3 4}

Characteristics	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
First Nations Participants	21,666	7,695	17,908	5,512	4,595	1,782	649	3,570	63,381
Culturally and linguistically diverse participants	23,965	22,835	8,344	5,105	4,340	410	1,154	342	66,517
Participants residing in remote and very remote areas	850	<100	2,860	3,081	1,663	204	<11	2,906	11,744
Younger people in residential aged care (under 65)	169	235	68	32	28	11	<11	<11	546
Participants with supported independent living	12,268	7,879	7,443	3,524	3,285	1,092	641	623	36,755
Participants using specialised disability accommodation	5,112	5,393	2,678	750	1,566	<120	210	<110	15,925
Participants specialised disability accommodation eligible, not yet using specialised disability accommodation	3,012	1,947	1,812	1,119	950	388	139	210	9,577

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 31 December 2025

Characteristics	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
First Nations Participants	9.6%	3.8%	11.0%	8.1%	7.0%	10.8%	5.2%	53.0%	8.3%
Culturally and linguistically diverse participants	10.7%	11.1%	5.1%	7.5%	6.7%	2.5%	9.3%	5.1%	8.7%
Participants residing in remote and very remote areas	0.4%	n/a	1.8%	4.6%	2.5%	1.2%	n/a	43.1%	1.5%
Younger people in residential aged care (under 65)	24.0%	34.4%	20.7%	22.2%	24.8%	28.2%	n/a	n/a	26.8%
Participants with supported independent living	5.5%	3.8%	4.6%	5.2%	5.0%	6.6%	5.2%	9.2%	4.8%
Participants using specialised disability accommodation	2.3%	2.6%	1.6%	1.1%	2.4%	n/a	1.7%	n/a	2.1%
Participants specialised disability accommodation eligible, not yet using specialised disability accommodation	1.3%	0.9%	1.1%	1.7%	1.5%	2.4%	1.1%	3.1%	1.3%

Table D.12 Participation rates by gender as at 31 December 2025 ⁵

Gender	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Male	3.3%	3.5%	3.5%	2.8%	4.2%	3.3%	3.1%	3.3%	3.4%
Female	1.9%	2.2%	2.2%	1.8%	2.5%	2.2%	2.0%	1.8%	2.1%
Total	2.6%	2.9%	2.9%	2.3%	3.4%	2.8%	2.6%	2.6%	2.8%

Table D.13 Participation rates by age group as at 31 December 2025 ⁶

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0-8	5.7%	6.6%	6.1%	4.2%	6.7%	5.4%	4.8%	4.8%	5.9%
9-14	6.8%	8.3%	7.8%	5.8%	10.5%	7.4%	6.7%	5.9%	7.5%
15-18	5.2%	5.9%	5.8%	4.8%	8.4%	6.2%	5.5%	4.9%	5.7%
19-24	3.0%	3.1%	3.4%	3.2%	4.8%	4.3%	3.1%	2.7%	3.3%
25-44	1.5%	1.6%	1.6%	1.5%	2.0%	2.0%	1.4%	1.3%	1.6%
45-64	1.9%	2.1%	2.0%	1.6%	2.4%	2.1%	1.9%	2.1%	2.0%
65+	0.8%	0.9%	0.9%	0.7%	0.9%	0.7%	1.2%	1.0%	0.8%
Total (aged 0-64)	3.0%	3.3%	3.3%	2.6%	4.1%	3.4%	2.8%	2.7%	3.2%
Total	2.6%	2.9%	2.9%	2.3%	3.4%	2.8%	2.6%	2.6%	2.8%

⁵ Participation rate refers to the proportion of the general population that are NDIS participants. A small proportion of participants aged 0 to 64 years have a gender of 'Other'. The participation rates for this group are included within the total rates.

⁶ Participation rate refers to the proportion of the general population that are NDIS participants.

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

NDIA planning process	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Early Supports	n/a	59%	65%	n/a	n/a	n/a	n/a	n/a	66%
Community Connections	74%	80%	80%	75%	75%	72%	61%	n/a	77%
Apply for NDIS (overall)	44%	48%	41%	39%	44%	34%	47%	n/a	44%
Plan Approval	59%	53%	55%	55%	52%	66%	60%	58%	56%
Plan Implementation	67%	62%	63%	61%	54%	66%	47%	n/a	63%
Plan Reassessment	70%	68%	67%	68%	66%	75%	60%	75%	69%

Table D.15 NDIA Metrics Progress: Participants, Families and Carers ⁷

Measures for participants (15 years and over), and families and carers	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Participants in work - Baseline	21%	19%	18%	23%	24%	18%	29%	14%	20%
Participants in work - Latest Reassessment	24%	21%	19%	26%	24%	19%	30%	16%	22%
Participants engaged in community - Baseline	33%	32%	35%	36%	35%	29%	35%	41%	34%
Participants engaged in community - Latest Reassessment	43%	38%	41%	40%	39%	34%	42%	45%	41%
Family and carer employment - Baseline	48%	46%	45%	48%	47%	42%	58%	51%	47%
Family and carer employment - Latest Reassessment	55%	52%	51%	54%	51%	49%	65%	55%	53%
Participant choice and control - First Reassessment	67%	65%	75%	73%	66%	69%	71%	57%	68%
Participant choice and control - Latest Reassessment	82%	81%	85%	82%	80%	82%	82%	77%	82%

Table D.16 Distribution of active participants by funds management type as at 31 December 2025

Funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Self-managed Fully	21%	25%	21%	18%	16%	15%	34%	8%	21%
Self-managed Partly	5%	5%	4%	7%	3%	4%	6%	3%	5%
Plan-managed	65%	67%	71%	65%	76%	75%	55%	86%	68%
NDIA-managed	10%	3%	5%	10%	4%	6%	5%	3%	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 31 December 2025

Funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Self-managed	11%	14%	12%	12%	8%	9%	18%	3%	12%
Plan-managed	50%	61%	59%	50%	60%	51%	57%	52%	55%
NDIA-managed	40%	26%	29%	38%	32%	40%	25%	45%	33%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

⁷ Results are drawn from participants' responses to Short Form Outcomes Framework (SFOF) questionnaires, and only include participants who had their first plan approved between 1 July 2016 and 31 December 2023 and have had a second plan reassessment to date.

Table D.18 Number and rates of participant complaints ⁸

Participant complaints	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Participant complaints in quarter 2, 2025-26	3,696	3,576	3,051	1,098	1,193	277	182	66	13,390
Complaints as a percentage of active participants	6.6%	7.0%	7.5%	6.5%	7.4%	6.8%	5.9%	3.9%	7.1%
All participant complaints	85,325	75,412	56,957	21,543	28,098	5,780	5,355	1,614	292,453
Complaints as a percentage of active participants	6.7%	7.2%	7.2%	6.7%	7.9%	6.6%	6.7%	4.7%	7.4%

Table D.19 Number and rates of Participants Critical Incidents (PCIs) ⁹

PCIs	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
PCIs in 2025-26 quarter 2, 2025-26	1,251	1,431	1,077	422	493	92	64	57	4,893
PCIs as a percentage of active participants	2.2%	2.8%	2.7%	2.5%	3.1%	2.3%	2.1%	3.4%	2.6%
All PCIs	18,040	20,448	14,177	7,025	7,751	1,316	820	913	70,613
PCIs as a percentage of active participants	1.4%	2.0%	1.8%	2.2%	2.2%	1.5%	1.1%	2.7%	1.8%

Table D.20 Number of active providers in Quarter 2, 2025-26 by funds management type, registration status and the residing State/Territory ¹⁰

Registration status/funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Registered providers - Total	8,199	6,872	5,443	2,669	2,496	1,120	1,179	874	17,982
Registered providers - NDIA-managed	4,565	2,944	2,595	1,285	943	354	335	299	10,335
Registered providers - Plan-managed	7,384	6,247	4,919	2,377	2,266	946	979	773	16,762
Registered providers - Self-managed	3,836	3,074	2,422	1,122	966	416	496	178	9,468
Unregistered providers - Total	74,347	79,569	66,523	24,652	21,126	6,160	4,527	1,654	259,179
Unregistered providers - NDIA-managed	<5	<5	<5	<5	<5	<5	<5	<5	<5
Unregistered providers - Plan-managed	52,454	55,678	50,386	16,787	15,828	4,495	2,482	1,316	187,422
Unregistered providers - Self-managed	36,751	41,376	29,390	12,628	9,782	2,802	2,990	522	127,408
All providers - Total	82,347	86,266	71,828	27,261	23,561	7,265	5,686	2,515	276,581
All providers - NDIA-managed	4,565	2,944	2,595	1,285	943	354	335	299	10,335
All providers - Plan-managed	59,661	61,769	55,180	19,108	18,037	5,427	3,444	2,078	203,658
All providers - Self-managed	40,525	44,382	31,753	13,727	10,733	3,212	3,476	695	136,652

⁸ The National totals include participant complaints where jurisdiction information was missing.

⁹ The National totals include PCIs where jurisdiction information was missing.

¹⁰ 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)	4,260	1,442	877	228	372	189	303	99	7,773
2018-19 (\$m)	5,884	3,461	2,540	553	1,161	400	366	200	14,567
2019-20 (\$m)	8,013	6,026	5,155	1,544	2,128	659	460	385	24,374
2020-21 (\$m)	10,152	7,934	6,845	2,737	2,776	845	554	506	32,355
2021-22 (\$m)	11,470	9,277	7,955	3,195	3,180	971	607	536	37,196
2022-23 (\$m)	14,019	11,627	9,954	4,083	3,957	1,177	717	686	46,227
2023-24 (\$m)	16,232	13,599	11,755	4,863	4,622	1,357	815	806	54,058
2024-25 (\$m)	18,114	15,163	13,251	5,567	5,158	1,491	894	913	60,566
2025-26 to date (\$m)	9,931	8,286	7,271	3,103	2,842	816	490	494	33,239
increase from 2017-18 to 2018-19 (%)	38%	140%	190%	143%	212%	112%	21%	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%	24%	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 (%)	12%	12%	13%	14%	12%	10%	10%	13%	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)	3,094	958	560	169	223	153	220	66	5,443
2018-19 (\$m)	4,462	2,372	1,672	397	794	296	275	135	10,405
2019-20 (\$m)	5,970	4,134	3,610	1,030	1,490	476	337	263	17,313
2020-21 (\$m)	7,697	5,466	5,018	1,939	2,003	632	415	371	23,544
2021-22 (\$m)	8,932	6,824	6,145	2,362	2,427	757	474	416	28,471
2022-23 (\$m)	11,025	8,674	7,595	2,973	2,997	885	543	525	35,269
2023-24 (\$m)	13,027	10,520	9,050	3,639	3,558	1,012	620	625	42,073
2024-25 (\$m)	14,135	11,478	9,860	4,081	3,874	1,096	672	684	45,893
2025-26 to date (\$m)	7,101	5,712	4,990	2,083	1,946	549	329	329	23,043
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%	88%	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%	15%	26%	24%
increase from 2022-23 to 2023-24 (%)	18%	21%	19%	22%	19%	14%	14%	19%	19%
increase from 2023-24 to 2024-25 (%)	9%	9%	9%	12%	9%	8%	8%	10%	9%

Table D.23 Total annualised committed supports and average annualised committed supports, including participants in Supported Independent Living (SIL) as at 31 December 2025

Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Total (\$m)	19,280	16,121	14,234	6,124	5,608	1,575	945	935	64,833
Average (\$)	85,900	78,600	87,300	90,500	86,000	95,800	76,100	138,600	85,100
Total - SIL (\$m)	5,679	3,904	3,674	1,701	1,699	543	297	413	17,912
Average - SIL (\$)	462,900	495,500	493,600	482,800	517,300	497,700	463,100	663,600	487,300

Table D.24 Total payments and average payments, including participants in Supported Independent Living (SIL) as at 31 December 2025

Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Total (\$m)	15,133	12,243	10,478	4,385	4,114	1,166	705	723	48,962
Average (\$)	69,900	61,900	66,300	67,800	65,900	74,000	58,900	110,900	66,700
Total - SIL (\$m)	5,185	3,529	3,340	1,508	1,514	498	273	371	16,219
Average - SIL (\$)	426,400	452,500	449,500	431,200	463,300	449,100	427,600	596,100	444,000

Table D.25 Total annualised committed supports by support category as at 31 December 2025 (\$m)

Support category	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Core - Daily Activities	9,416	7,285	7,072	2,914	2,856	792	473	510	31,322
Core - Consumables	281	259	236	100	81	22	14	9	1,002
Core - Social and Civic	4,101	3,629	2,960	1,226	1,089	362	178	178	13,726
Core - Transport	168	149	110	48	44	14	9	5	546
Capacity Building - Choice and Control	211	199	169	67	72	18	10	10	755
Capacity Building - Daily Activities	2,934	2,765	2,171	964	833	196	151	111	10,128
Capacity Building - Employment	172	122	119	76	56	13	10	7	574
Capacity Building - Health and Wellbeing	22	13	11	4	3	2	2	0	58
Capacity Building - Home Living	1	2	1	1	0	0	0	0	6
Capacity Building - Lifelong learning	0	0	0	0	0	0	0	0	2
Capacity Building - Relationships	562	436	304	197	164	43	24	27	1,757
Capacity Building - Social and Civic	177	165	115	79	48	21	14	14	633
Capacity Building - Support Coordination	455	468	363	173	150	39	21	39	1,710
Capital - Assistive Technology	535	386	394	198	136	37	29	17	1,732
Capital - Home Modifications	247	243	209	78	74	15	10	8	884
Total	19,280	16,121	14,234	6,124	5,608	1,575	945	935	64,833

Table D.26 Total payments by support category for the year ending 31 December 2025 (\$m)

Support Category	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Core - Daily Activities	7,835	5,989	5,510	2,301	2,290	660	396	455	25,447
Core - Consumables	186	153	141	60	52	14	9	5	620
Core - Social and Civic	3,603	3,046	2,546	956	851	286	141	133	11,563
Core - Transport	356	243	139	57	49	14	14	8	880
Capacity Building - Choice and Control	179	173	145	55	62	15	8	8	645
Capacity Building - Daily Activities	1,762	1,600	1,176	547	481	88	82	53	5,791
Capacity Building - Employment	59	40	34	20	16	3	3	2	177
Capacity Building - Health and Wellbeing	12	5	5	2	1	1	1	0	27
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	318	234	154	108	88	24	13	15	955
Capacity Building - Social and Civic	70	59	41	29	14	9	5	5	233
Capacity Building - Support Coordination	323	346	248	114	102	27	14	25	1,199
Capital - Assistive Technology	249	175	187	82	58	18	12	8	789
Capital - Home Modifications	180	178	151	52	49	8	6	6	631
Total	15,133	12,243	10,478	4,385	4,114	1,166	705	723	48,962

Table D.27 Percentage change in plan budgets for active participants in the quarter ending 31 December 2025

Inflation type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Intra-plan Inflation	3.8%	5.0%	3.8%	3.9%	4.8%	3.8%	3.8%	3.3%	4.2%
Inter-plan Inflation	4.2%	2.5%	3.1%	4.0%	4.2%	1.1%	3.5%	4.5%	3.4%
Total Inflation	8.0%	7.5%	7.0%	7.9%	8.9%	4.9%	7.3%	7.9%	7.6%

Table D.28 Percentage change in plan budgets for plans reassessed (1 July 2025 to 31 December 2025) all participants

Percentage change in plan budgets	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
below -80%	1%	0%	1%	1%	1%	0%	1%	0%	1%
-80% to -65%	1%	1%	1%	1%	1%	1%	1%	1%	1%
-65% to -50%	2%	2%	2%	2%	2%	2%	2%	2%	2%
-50% to -35%	3%	3%	4%	4%	3%	3%	3%	4%	3%
-35% to -20%	6%	6%	6%	6%	6%	6%	6%	8%	6%
-20% to -5%	12%	13%	12%	12%	12%	13%	12%	14%	12%
-5% to 0%	8%	10%	9%	8%	9%	11%	9%	9%	9%
0% to 5%	11%	12%	11%	10%	9%	11%	11%	10%	11%
5% to 20%	16%	16%	16%	15%	16%	17%	16%	13%	16%
20% to 35%	9%	8%	8%	8%	8%	8%	8%	7%	8%
35% to 50%	6%	6%	6%	6%	6%	6%	5%	6%	6%
50% to 65%	5%	4%	4%	4%	5%	3%	4%	4%	4%
65% to 80%	3%	3%	3%	3%	3%	3%	3%	3%	3%
above 80%	18%	16%	18%	19%	19%	16%	20%	18%	18%
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 April 2025 to 30 September 2025 ^{11 12 13}

Participant breakdown	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
in SIL - First plan	78%	81%	81%	70%	86%	82%	n/a	n/a	79%
in SIL - Subsequent plans	89%	87%	87%	86%	87%	87%	89%	85%	87%
in SIL - Total	89%	87%	87%	85%	87%	87%	88%	85%	87%
Not in SIL - First plan	60%	59%	55%	56%	58%	45%	53%	53%	58%
Not in SIL - Subsequent plans	74%	72%	71%	68%	69%	66%	68%	65%	71%
Not in SIL - Total	72%	70%	68%	67%	68%	64%	65%	63%	69%
Both in SIL and not in SIL - First plan	62%	60%	57%	57%	59%	51%	54%	55%	59%
Both in SIL and not in SIL - Subsequent plans	79%	76%	76%	74%	76%	75%	76%	76%	77%
Both in SIL and not in SIL - Total	77%	74%	74%	72%	74%	73%	73%	74%	75%

Table D.30 Participant Service Guarantee Timeframes (% guarantees met) for the quarter ending 31 December 2025 (\$) ^{14 15 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%	95%	97%	99%	92%	86%	100%	100%	96%
2. Make an access decision, or request for more information, after an access request has been received	21 days	93%	92%	92%	91%	92%	91%	91%	92%	92%
4. Make an access decision, or request further information, after more information has been provided.	14 days	71%	68%	71%	62%	69%	78%	71%	79%	69%
6. Approve a participant's plan, after an access decision has been made (excludes those ECA that have received initial supports)	56 days	97%	97%	97%	96%	96%	95%	99%	83%	97%
7. Approve a plan for ECA participants, after an access decision has been made	56 days	100%	100%	100%	99%	100%	100%	99%	86%	99%
8. Offer to hold a plan implementation meeting, after the plan is approved	7 days	86%	84%	87%	87%	86%	86%	87%	87%	86%
9. If the participant accepts the offer, hold a plan implementation meeting	28 days	99%	99%	99%	95%	98%	98%	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%	99%	99%
11. Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date	56 days	53%	51%	55%	57%	51%	51%	59%	27%	53%

¹¹ Utilisation is not shown if there is insufficient data in the group.

¹² 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.

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

¹⁴ 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).

¹⁵ The Participant Service Guarantee (PSG) metrics exclude data from the old computer system.

¹⁶ From the March 2024 quarter, performance is measured from available data on processes and dates. Milestones being built into the new computer system will improve the capture of performance data.

¹⁷ Results are rounded to the nearest percent. Where 100% is shown, there are still a small number of cases which did not meet the required timeframe.

¹⁸ The Participant Service Guarantee timeframes continue to be refined and further developed. The results for the timeframes shown are based on preliminary calculations and the methodology used to determine the timeframes may change going forward.

PSG	Service Guarantee	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
12. Decide whether to undertake a Participant Requested Plan reassessment, after the request is received	21 days	31%	32%	29%	28%	30%	31%	26%	54%	31%
13. Complete a reassessment, after the decision to accept the request was made	28 days	83%	84%	82%	83%	84%	86%	83%	75%	83%
14. Amend a plan, after the receipt of information that triggers the plan amendment process	28 days	44%	44%	41%	51%	46%	44%	38%	66%	44%
17a. Complete an internal Review of a Reviewable Decision, after a request is received	60 days	43%	44%	43%	43%	45%	51%	46%	49%	44%
17b. Enact outcome of a reviewable decision, once decision has been made	28 days	99%	98%	98%	97%	99%	98%	98%	88%	98%
18. Implement an AAT decision to amend a plan, after the AAT decision is made	28 days	76%	93%	86%	84%	88%	86%	100%	100%	86%
19. Cancel participant requested nominee	14 days	99%	100%	98%	97%	87%	100%	100%	100%	98%
20. Cancel CEO initiated nominee	14 days	100%	100%	99%	97%	100%	100%	100%	100%	99%

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 Participation rate refers to the proportion of the general population that are NDIS participants. A small proportion of participants aged 0 to 64 years have a gender of 'Other'. The participation rates for this group are included within the total rates.
- 6 Participation rate refers to the proportion of the general population that are NDIS participants.
- 7 Results are drawn from participants' responses to Short Form Outcomes Framework (SFOF) questionnaires, and only include participants who had their first plan approved between 1 July 2016 and 31 December 2023 and have had a second plan reassessment to date.
- 8 The National totals include participant complaints where jurisdiction information was missing.
- 9 The National totals include PCIs where jurisdiction information was missing.
- 10 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.
- 11 Utilisation is not shown if there is insufficient data in the group.
- 12 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.

- 13 Utilisation of committed supports from 1 April 2025 to 30 September 2025 is shown in the table – experience in the most recent 3 months is still emerging and is not included.
- 14 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).
- 15 The Participant Service Guarantee (PSG) metrics exclude data from the old computer system.
- 16 From the March 2024 quarter, performance is measured from available data on processes and dates. Milestones being built into the new computer system will improve the capture of performance data.
- 17 Results are rounded to the nearest percent. Where 100% is shown, there are still a small number of cases which did not meet the required timeframe.
- 18 The Participant Service Guarantee timeframes continue to be refined and further developed. The results for the timeframes shown are based on preliminary calculations and the methodology used to determine the timeframes may change going forward.



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