



Delivered by the
National Disability
Insurance Agency

Quarterly Report

Q3 2025–26

Copyright and use of the material in this document

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

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

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

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



Acknowledgement of Country

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

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

Artwork 'Belonging' by Charmaine Mumbulla.

Contents

This report	6
Introduction	7
Section 1 Participants and their plans	13
1.1 Number of participants in the NDIS	15
1.2 Participation rates	16
1.3 Participant characteristics	17
1.4 Specialised service delivery	20
1.5 Children in the NDIS	23
Section 2 Participants and family and carer outcomes	25
2.1 Participation in work and community and social activities	26
2.2 Perceptions of whether the NDIS has helped	31
Section 3 Participant experience	35
3.1 Participant Service Charter engagement principles	37
3.2 Participant Service Guarantee	39
3.3 Home and living decisions	42
3.4 Complaints and participant critical incidents	44
3.5 Plan changes, reviewable decisions and Administrative Review Tribunal cases	48
3.6 Participant satisfaction	54
3.7 The NDIA National Contact Centre	58

Section 4	Providers and the growing market	61
4.1	Support categories	62
4.2	Funding management types	63
4.3	Plan managers	64
4.4	Supported independent living	67
4.5	Specialist disability accommodation	69
4.6	Market stewardship activities	71
4.7	NDIS pricing	74
Section 5	Financial sustainability	75
5.1	Total payments	77
5.2	Average and median payment trends	78
5.3	Average plan budget trends	79
5.4	Operating expenses	83
Section 6	Staff and the NDIS community	85
6.1	Workforce diversity, inclusion and engagement	86
6.2	Public data sharing and the latest release of information	86
6.3	Integrity of the NDIS	87
	Appendices	
	Appendix A: Key definitions	91
	Appendix B: Outcomes Framework Questionnaires	94
	Appendix C: Approved plans and children accessing early connections	95
	Appendix D: State/Territory – comparison of key metrics	96

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 January 2026 to 31 March 2026.

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 statistics
- specialist disability accommodation (SDA).

The NDIA regularly reviews its public reporting to ensure it remains relevant and fit for purpose, and aligns with the rate of change in underlying data. Following a recent review, some publications will move to a six-monthly cycle with effect from Q3 2025–26, including supplements on:

- state and territory statistics
- participants by service district and support type, and committed supports and payments by service district.

The first six-monthly release of these supplements will be included with the Q4 2025–26 quarterly report.

Key highlights for quarter 3, 2025–26

Reforms to make the NDIS fairer and sustainable

This report covers activities and achievements of the National Disability Insurance Scheme (NDIS) in the first three months of 2026, but it is important to acknowledge key announcements made the Australian Government subsequent to 31 March.

On 22 April, the Minister for Disability and the National Disability Insurance Scheme the Hon Mark Butler MP gave a speech at the National Press Club, detailing planned reforms to secure the NDIS for Australians with permanent and significant disability and to ensure it can serve future generations.

Minister Butler spoke about the Australian Government's plan to secure the future of the NDIS through 4 pillars:

- Fighting fraud and stopping rorts
- Slowing rapid costs increases
- Clearer eligibility requirements
- Delivering quality services and support to participants.

The National Disability Insurance Agency (NDIA), led by its Board, has worked to make the NDIS strong and effective but acknowledges the underlying trends that have made fundamental change necessary.

The NDIA alerted the Government to unexpected forecast Scheme costs growth beyond Annual Financial Sustainability Report projections.

The NDIA will work with the Department of Health, Disability and Ageing on implementation of the changes as legislation requires and when they arise.

Changes will be introduced progressively. The NDIA will ensure Scheme participants get clear and timely information before anything impacts them directly.

The NDIA will report on implementation of the reforms in subsequent quarterly reports.

Sustained improvement in participant outcomes

The NDIS contributes every day to a fairer Australia, funding supports that allow Australians with significant and permanent disability to improve their independence, and social and economic participation.

Ongoing achievement in key areas of participant experience with the NDIS is demonstrated in NDIA longitudinal data:

- There has been a 6-percentage point increase in families and carers reporting paid employment, from 47% at baseline to 53% at latest reassessment.
- 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 21%.

- 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 14 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, 83% report having greater choice and control in their lives, up from 69% at first reassessment or check-in point.

Improved NDIA operational performance

The NDIA continues to improve its processes and performance. Highlights this quarter include:

- Hospital discharge delays for NDIS participants have continued to reduce, with more than half of participants now discharged on the same day they are deemed medically ready. The average time to discharge remained steady at 15 days this quarter, down from around 16 days in recent quarters and significantly lower than the 27 days recorded in March 2023.
- Of participants meeting access, 80% 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.
- The National Contact Centre customer satisfaction rate remained very strong at 92%, exceeding the target of 80%.
- Eighty-seven per cent of National Contact Centre callers reported their enquiries were resolved at the first point of contact (target: 80%).
- Timeframes for closing complaints continued to improve, with 86% closed within 21 days this quarter.

NDIA Board appointment

In January 2026, Mr Kurt Fearnley AO was reappointed as Chair of the NDIA Board for a second 3-year term.

The Board is responsible for overseeing strategy, governance and the performance of the NDIS.

Mr Fearnley is a highly respected disability advocate and former Australian Paralympian, originally appointed in September 2022, as the first person with disability to serve as Chair of the NDIA Board.

Mr Fearnley brings strong leadership and strategic guidance to the NDIS at a crucial time of reform and improvements to the NDIS.

A new way of planning

The Government will introduce a new way of creating participant plans to make the process fairer, more consistent and easier. The NDIA is working to a revised implementation date of 1 April 2027 announced by the Government in April 2026.

The new way of planning is a response to feedback received through the Independent Review of the NDIS from thousands of people with disability, their families and carers, and providers.

In preparation for the new way of planning, participants are helping to refine the experience, as well as the rules that will guide how plans are developed.

The NDIA has worked with staff and participants to test and gather feedback on the new way of planning.

A key focus of the new way of planning is the introduction of a support needs assessment. In January 2026, we ran the first round of simulated support needs assessments with a group of 30 participants to test usability, accessibility, comprehension and the participant experience.

This builds on more than 10,000 desktop exercises already conducted. We will continue to test and refine the new way of planning with participants as we prepare to implement the changes.

So far, more than 7,000 people have helped shape the new way of planning through workshops, forums and other activities. Engagement will continue to make sure the process reflects what matters to participants and continues to improve the NDIS. You can find out more about opportunities to get involved and have your say via [NDIS Engage](#), or by applying to join [Participant First](#).

Participants, families, carers and the broader disability community were invited to share their views on the new planning rules with the Department of Health, Disability and Ageing (DHDA) during the March quarter.

Working with the disability community

The NDIA is committed to working with the disability community. Over the March quarter, we held nearly 400 engagement activities, with more than 8,400 participants, providers and other stakeholders, including activities to help shape the new way of planning.

In addition, we held a public consultation on pricing – the largest to date.

Nearly 600 participants and more than 2,500 providers made submissions, completed surveys and took part in focus groups as part of the pricing consultation between November 2025 and February 2026.

We invited their feedback on 5 key areas of pricing:

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

The feedback we received is being considered alongside expanded research and benchmarking to support future pricing that is both transparent and evidence-based.

A consultation report, titled 'What we heard', and the Annual Pricing Review will be released next quarter.

The NDIA is also working closely with providers on the \$45 million quality supports program pilots, examining the cost of delivering high-quality supports for supported independent living, support coordination and therapies.

The therapy pilot has begun with 27 providers sharing in up to \$20 million of grant funding to work with the NDIA over the next 12 months.

Participating providers were selected following a closed non-competitive grant process. Grant funding will offset the costs of working with the NDIA and collecting data on their operations.

Providers in the pilot offer occupational therapy, speech therapy and physiotherapy, among other supports. They include a mix of different service models, including remote and regional services.

The quality supports program pilots will contribute important insights and data to inform future pricing improvements.

Improving outcomes for First Nations people with disability

The NDIA is committed to working with, and listening to, First Nations communities to build an NDIS that is culturally safe, accessible and responsive to First Nations people with disability.

In March, the NDIA released its Statement of Commitment to the National Agreement on Closing the Gap, endorsed by the NDIA Board.

The statement outlines how we will strengthen outcomes for First Nations people with disability by embedding cultural safety, accountability and partnership with community across all our programs.

As part of rolling out the NDIS First Nations Strategy 2025–30, we have made progress in designing a strategy implementation plan and a monitoring and evaluation framework.

The design process is being informed by a national engagement program, including roundtables across all states and territories. The roundtables provide a structured platform for communities, peak bodies and government partners to share information about local strengths and challenges.

Starting in New South Wales, Victoria and Western Australia in 2025, roundtables were then held in Queensland, Thursday Island and Tasmania in March and will be followed by the remaining states and territories. A virtual national roundtable will be held later in the year to bring together outcomes from the roundtables.

We are also preparing a First Nations Market and Sector Development Strategy for release later this year. Consultations were held with Aboriginal Community Controlled Health Organisations (ACCHOs) and First Nations and other providers in February.

This strategy will help more ACCHOs and Aboriginal Business Enterprises enter the NDIS market. For First Nations participants, this will mean better access to services and more choice and control.

The Aboriginal disability liaison officer program will be extended through to July 2027 to ensure that First Nations people with disability continue to be connected with the NDIS. Aboriginal disability liaison officers work in partnership with the NDIA and its partners in the community to link First Nations communities with the NDIS.

Improving access and experience in regional and remote areas

The NDIA is improving both access to the NDIS and the NDIS experience for people with disability living in regional and remote communities.

Through a range of initiatives, more people with disability living in remote communities are receiving support to access the NDIS, build their NDIS plans and use their funded supports.

This quarter, the NDIA's access clinic program continued across remote Australia. In addition, the remote community connector program has expanded and now helps over 500 remote First Nations communities access the NDIS and the services they need.

These activities are part of our continued response to the Disability Royal Commission's recommendations to improve access to the NDIS for remote Australia, in particular, for First Nations peoples.

In March, Senator Jenny McAllister, Minister for the NDIS, announced the new Joint Work Program between the Australian and Western Australian governments. As a result, we are working to boost delivery of the NDIS in 5 regions of Western Australia:

- South-West
- Gascoyne
- Great Southern
- Wheatbelt
- Goldfields–Esperance.

This work will draw on findings from the successful \$7.6 million alternative commissioning pilot programs in Katanning (WA) and Maningrida (NT). These were established in response to recommendations by the 2023 NDIS Review.

The new Joint Work Program will help expand the provider market and improve access to the NDIS. We will focus on strengthening supports for over 11,000 NDIS participants who live in the rollout areas.

Safeguarding participants and strengthening the integrity of the NDIS

The NDIA is strengthening safeguards for NDIS participants through enhanced integrity programs, ensuring every NDIS dollar goes towards providing the safe, high-quality supports that participants need.

At the end of March, the Fraud Fusion Taskforce was investigating more than 630 allegations, coordinating with 24 other government agencies to detect, disrupt and prosecute offenders.

Since the taskforce was established in November 2022, more than 88,000 tip-offs have been assessed and more than 2,500 problematic providers have been removed from the NDIS.

Four separate offenders were successfully prosecuted this quarter, with prison sentences ranging from 2 to 6 years, and reparation orders made where possible.

Five warrants were executed across 3 operations targeting nearly \$9 million in suspicious NDIS claims.

The NDIA is reviewing more high-risk claims every day now than were reviewed in an entire year prior to 2023, due to the Crack Down on Fraud program.

More than 19,200 high-risk claims, worth more than \$53.5 million, were reviewed prior to payment in the 3 months to March, with 2 out of 3 claims rejected.

In March 2026, the NDIA Crack Down on Fraud program underwent an End Stage Gateway Review, conducted by an independent review team, coordinated under the Department of Finance's Assurance Review Framework. The report rated the program as 'green' across all categories, recognising the many improvements the NDIA has made, including stronger identity checks, improved claiming systems and processes, a new integrity management system, and a more accessible NDIS mobile app with enhanced features.

Scheme financial experience

Scheme expense growth was 11.3% for the 12 months to March 2026. The growth rate was 11.8% for the 12 months to March 2025.

For the 9 months to March 2026, total Scheme expenses were \$38.0 billion, which was \$350 million (0.9%) above the June 2025 Annual Financial Sustainability Report projections.

Plan inflation in the March 2026 quarter was 5.9%, which was lower than the 11% in the March 2025 quarter. Inflation occurring at plan reassessment (inter-plan inflation) reduced from 5.6% in the March 2025 quarter to 3.0% in the March 2026 quarter, while inflation occurring within a plan, between reassessments (intra-plan inflation), reduced from 5.4% to 2.8% during the same period.

NDIS participant, Andi



Section 1

Participants and their plans



Andi's purposeful life brings her greater community connection



NDIS participant Andi, 55, from Victoria's Bellarine Peninsula has always worked hard and never liked the word "can't".

Andi has Bethlem myopathy, a form of muscular dystrophy, weakening the body's muscles. 'My father had it and out of us 6 kids, 5 have it,' she said. 'It just makes doing everything harder.'

An occupational therapist by training, Andi worked in forensic and child mental health before leading a commercial unit at a Victorian university. As her condition started to affect her mobility, she had to stop work.

'It was hard going from working 7 days a week to nothing,' she said.

After moving from Melbourne to the Bellarine Peninsula, Andi opened a small fashion and homewares shop close to home. She built the business from scratch and ran it for 13 years before it got too difficult to continue.

Today, with NDIS support, Andi is working again and enjoying contributing to and reconnecting with her community.

She's making resin bowls that turn into cake stands, sewing decorative bows and designing balloon garlands. She sells them online and at a local market, when she can.

Support workers help Andi with setting up her workspace.

'They can lift my sewing machine onto the table and help gather materials I need,' Andi said. 'I can sit and create, but I can't always move things around or carry equipment. My supports make it possible.'

Andi contributes to the NDIS by being part of a participant engagement capability panel, providing feedback to help others.

'I love working and creating,' she said. 'My supports help me keep doing the things that bring me joy.'

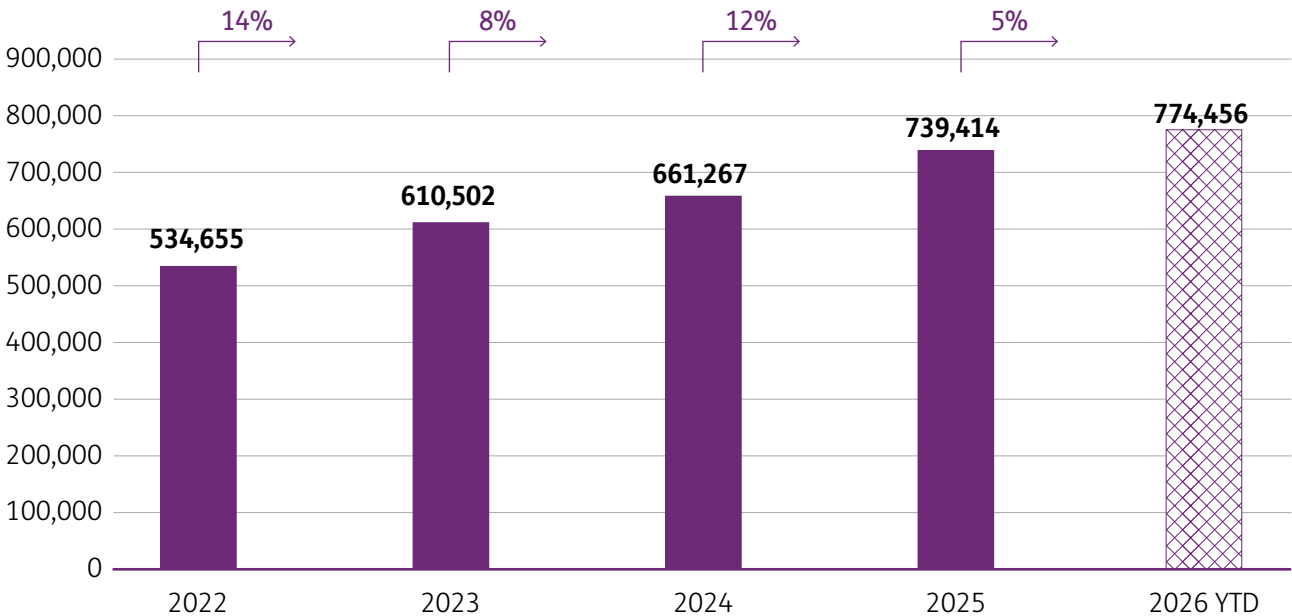
[Read more participant stories on our website.](#)

More than 774,000 participants are receiving support from the NDIS, and more than 18,500 participants entered the NDIS during this quarter.

1.1 Number of participants in the NDIS

As at 31 March 2026, 774,456 participants had approved NDIS plans. This represents a net increase of 13,014 participants since December 2025 (1.7% increase).

Figure 1: Active participants with approved plans and percentage increase over time for financial 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.

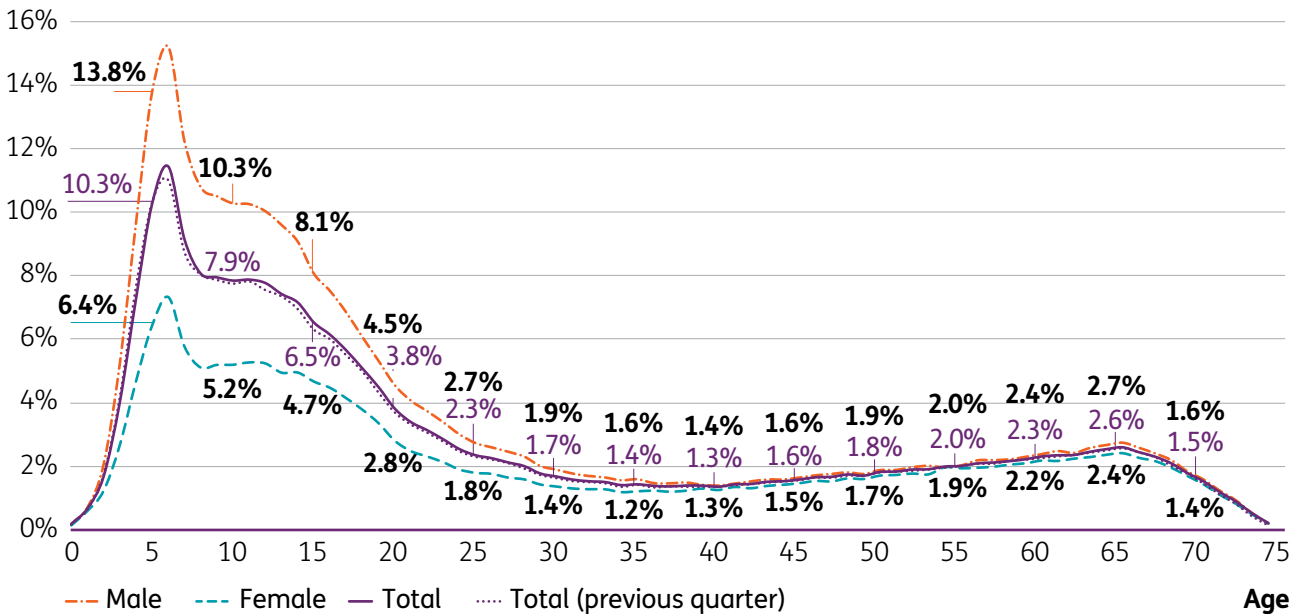
Participation rate refers to the proportion of the Australian population who are NDIS participants. The rate varies by age and gender (Figure 2), reflecting the prevalence of different disability types.

Overall, the rate of participation in the NDIS rises steeply from birth, peaking at approximately 11.5% at age 6. The rate then declines steadily to around 1.4% 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 0.2% 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 form a high proportion of the remaining disability types.

Figure 2: Participation rates



Note: There were 9,499 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

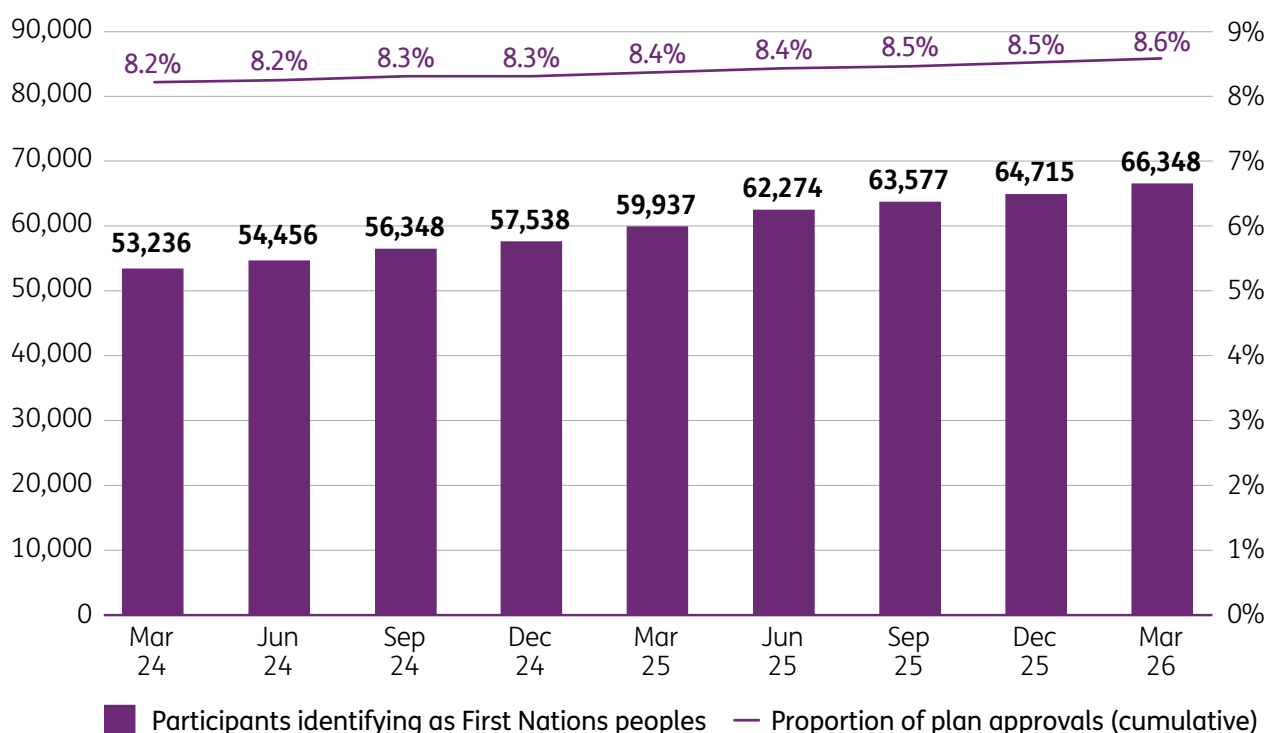
The NDIA monitors the number of participants entering the NDIS who identify as First Nations peoples or as culturally and linguistically diverse (CALD), and those who are from remote and very remote areas.²

Of the 18,530 participants entering the NDIS and receiving a plan this quarter:

- **11.4%** were First Nations peoples³
- **8.3%** were CALD⁴
- **1.7%** were from remote and very remote areas.⁵

The total proportion of First Nations participants in the NDIS was 8.6% at the end of the March 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.

First Nations Strategy and Closing the Gap commitments

Statement of Commitment to Closing the Gap

The NDIA published its Statement of Commitment to Closing the Gap on National Closing the Gap Day, 19 March 2026.

The statement sets out how the NDIA will deliver on our responsibilities under the National Agreement on Closing the Gap, within the NDIA context, and how we will deliver our commitments for First Nations participants, their families and communities.

The statement 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.

An Easy Read version and First Nations language versions will also be made available.

Cultural safety

The NDIS First Nations Strategy recognises that cultural safety is essential to building effective relationships between the NDIA and First Nations people with disability.

A baseline review completed last quarter assessed the current state of cultural safety across the NDIA and made recommendations to strengthen cultural safety within systems, policies and processes.

In response, we have developed a 4-year cultural safety initiative, beginning in 2026. The initiative aims to embed cultural safety across the NDIA and will be guided by a 4-year implementation, monitoring and evaluation plan.

Cultural safety training is a core component of the cultural safety initiative. This quarter, we began designing training that will help develop a consistent understanding of cultural safety across the NDIA.

First Nations market and sector development

The NDIA is developing a First Nations market and sector development strategy in response to a gap in the disability provider market.

The strategy will encourage a more culturally safe, sustainable and First Nations-led service system. This will strengthen participant outcomes and support First Nations economic participation in the disability sector.

Following national roundtables and targeted consultations, we are now focusing on targeted market development actions. Our aim is to remove barriers to First Nations providers entering the market, and support their growth and sustainability.

This work supports our Closing the Gap commitments, by improving access to culturally safe services and strengthening First Nations leadership within the disability service system.

Section 1: Participants and their plans

Strengthening sector partnerships

This quarter, we held consultations to develop the First Nations Strategy implementation plan. We met with providers, peak organisations, and state and territory governments across the Torres Strait Islands, Queensland and Tasmania. The consultations were well attended and provided valuable insights to inform priority actions and next-stage planning.

We also met with the First Nations Sector Policy Advisory Committee to discuss First Nations initiatives and upcoming NDIS reforms, including a new way of planning. This was an opportunity to test emerging thinking, strengthen alignment with the sector, and ensure reforms are informed by lived experience and First Nations leadership.

We continue to work with First Nations health and disability peak bodies to improve our understanding of issues important to First Nations people with disability.

The NDIA First Nations Group has engaged the National Aboriginal Community Controlled Health Organisation (NACCHO) and its affiliates to provide policy analysis and advice. Activities this quarter included:

- mapping key First Nations stakeholders
- analysing NDIS activity among NACCHO and affiliate members
- identifying priority issues for future policy advice and reforms.

First Nations data and evidence to support reform

We continue to strengthen the use of First Nations data and evidence to inform policy and reforms, and improve accountability for outcomes.

This quarter, we focused on improving how we use data to understand the experiences of First Nations participants and identify structural barriers in the NDIS.

This work helps us make more informed decisions about priority reforms, such as a new way of planning, market and sector development, and Closing the Gap commitments.

Inclusion strategies

The NDIA continues to improve the NDIS for people from diverse backgrounds, including implementing the NDIS CALD Strategy, which was released in April 2024.

This quarter, we held 36 engagement activities with 356 stakeholders to discuss the CALD community's experience with the NDIS. Our work with community organisations, mainstream services, and the disability community, sector and peak bodies will help us improve how people with disability from CALD backgrounds access and use the NDIS.

We continue to ensure that the CALD Strategy priorities are considered as we implement NDIS reforms. This includes reviewing how we deliver strategy actions and expanding the responsibility of the CALD Expert Advisory Group to support the implementation of reforms.

We are developing equity and inclusion principles to inform the design and implementation of NDIS 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.

1.4 Specialised service delivery

The NDIA is committed to improving access, outcomes and the 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 people with disability who interact with 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.

We provide specialised planning for eligible participants and a justice liaison function.

The Justice Planning team helps eligible participants access the disability supports they need while in custody and when transitioning to the community.

The Justice Liaison team is the national interface between the NDIA and state and territory justice systems. Justice liaison officers have specialised knowledge of government and community services within each jurisdiction and support stakeholders across the adult, youth and forensic justice systems. Justice liaison officers work with justice partners to facilitate access to appropriate disability supports, either through the NDIS or mainstream and community services.

This coordinated approach delivers tailored, person-centred transition planning, which supports continuity of care, stability and increasing independence. Transition planning begins before a participant is released from custody. It is based on their needs and delivered through a coordinated multi-agency approach. There is an emphasis on connecting participants with appropriate mainstream and community services. Stakeholders have clearly defined roles. The NDIS is responsible for providing reasonable and necessary disability supports to enable a participant's transition back to the community. State and territory justice systems are responsible for imposing conditions and supervising individuals who may be a risk to themselves or others in the community.

Justice Advisory Panel

The NDIA Justice Advisory Panel held its ninth bi-monthly meeting in February 2026. Chairperson 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.

Section 1: Participants and their plans

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.

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, 6 participants left residential aged care and moved into more appropriate accommodation.⁶

The number of participants younger than 65 in residential aged care reduced from 546 as at 31 December 2025 to 497 as at 31 March 2026.⁷

Of these 497 participants, 65 have an identified goal to move out of residential aged care.

Of the 65 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 432 participants under 65 with no goal to move consider the facility to be their home, or they and their families 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.

6 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.

7 This excludes 63 First Nations participants aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.

Hospital discharge

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

In the March 2026 quarter:

- the target of contacting NDIS participants within 4 days of the NDIA being notified of their hospital admission was achieved for **96%** of participants, an improvement from 90% 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 significantly lower than the 27 days recorded in March 2023. For more than half of participants, discharge is achieved on the same day as being medically ready. However, there are some participants with complex circumstances 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 March 2026, there were 167,787 children younger than 9 with an NDIS plan, and a further 22,128 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.

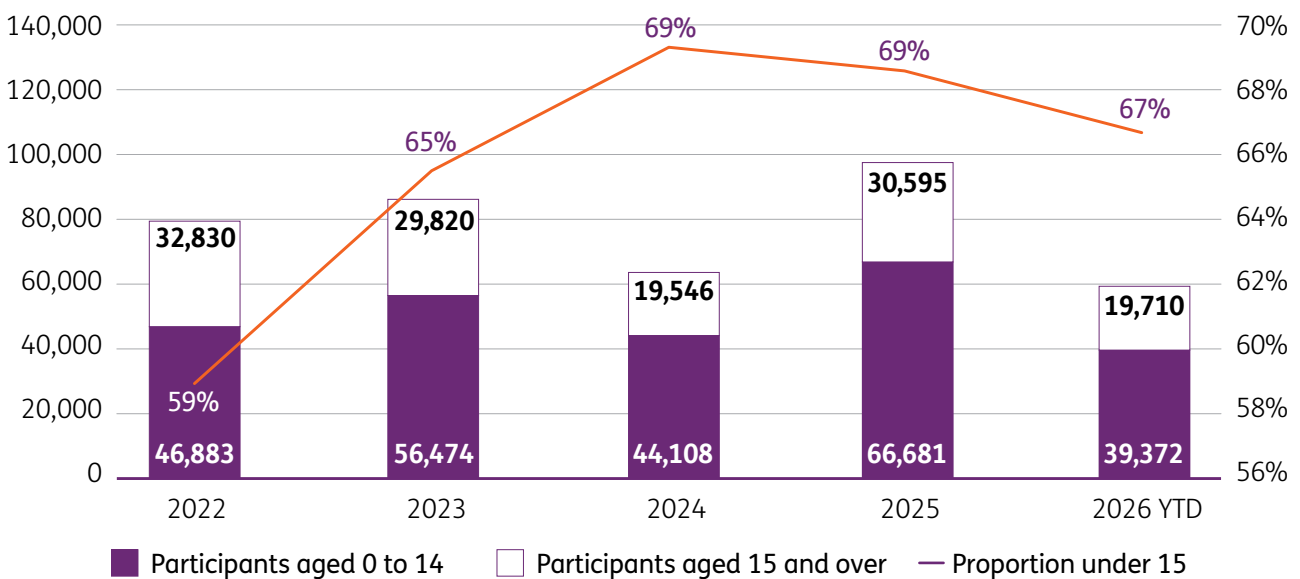
Throughout the March 2026 quarter, **22,128** children accessed early connections. Early connections give quick access to supports that meet the needs of the child and their family, regardless of whether the child is an NDIS participant.

The NDIA continues to focus on improving access to supports for children and families in remote and very remote areas. This effort contributed to 174 children meeting access criteria to participate in the NDIS in the March 2026 quarter, of which 89 identified as First Nations peoples. Of the 167,787 children younger than 9 with an approved plan as at 31 March 2026, there were 2,653 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 59,082 participants entering and receiving a plan in the 2025–26 financial year to date, **67%** were children younger than 15. This represents a decrease compared to the previous 2 financial years (Figure 4).

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



Thriving Kids

Governments have committed to jointly contribute \$4 billion over 5 years to implement the first phase of Foundational Supports, known as Thriving Kids. This investment will support children aged 8 and under with developmental delay and/or autism with low to moderate support needs, and their families, carers and kin. Thriving Kids will commence rollout of services from 1 October 2026, with full roll out of services by 1 January 2028.

To support the rollout of Thriving Kids, the Australian Government and all state and territory governments have agreed in principle to change NDIS access arrangements for children. These access changes will require amendments to the National Disability Insurance Scheme Act 2013.

Children aged 8 and under enrolled in the NDIS prior to 1 January 2028 with developmental delay and/or autism with low to moderate support needs will continue to access the Scheme subject to usual NDIS reassessments.

Children with permanent and significant disability will continue to be eligible for the NDIS.

The NDIA will work with state and territory governments and the Department of Health, Disability and Ageing to ensure children can access supports from the part of the service system that best meets their need, and to ensure there is clear messaging to families and providers around these changes.



'My supports help me keep doing the things that bring me joy.'

Andi, NDIS participant

Section 2

Participant and family and carer outcomes

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

2.1 Participation in work and community and social activities

Participation rates in community and social activities have increased, while the overall rate of participation in work is stable.⁸

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.⁹

Comparing responses at the latest reassessment (around 2 to 10 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 **40%** for participants aged 45 to 54 years
- **Six** percentage point increase from **34%** to **40%** for participants aged 55 to 64 years
- **Seven** percentage point increase from **36%** to **43%** for participants aged 65 years and older
- **Seven** percentage point increase from **34%** to **41%** for participants aged 15 years and older.

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

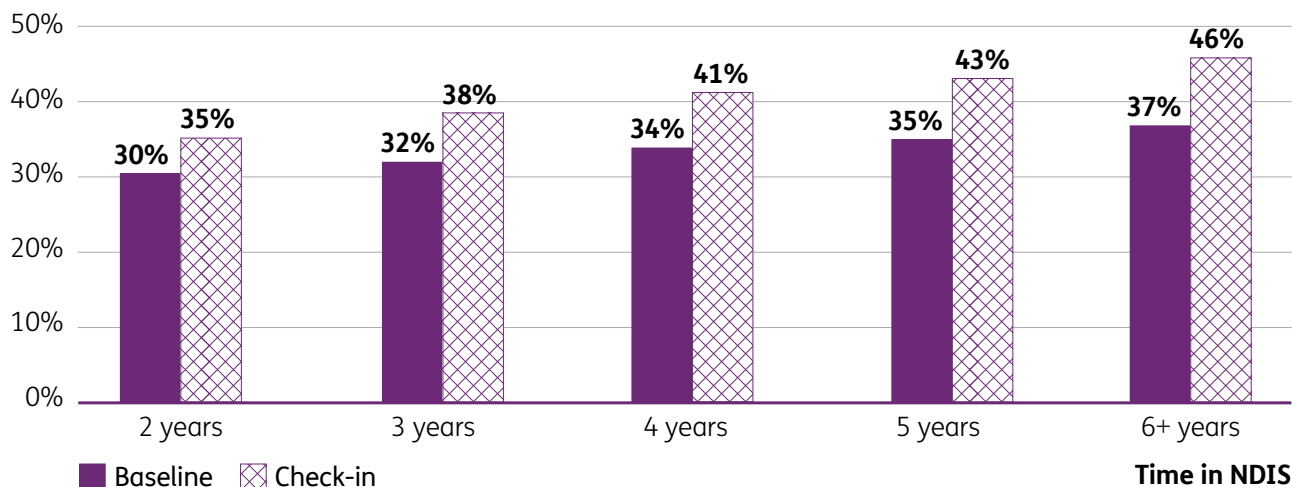
Participation in community and social activities generally increased the longer participants remained in the NDIS.

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

⁸ Figures in this section have been rounded to the nearest whole percentage. Differences are calculated from unrounded metrics. Results are based on 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.

⁹ Rounded to the nearest complete year since the first plan was approved.

Figure 5: Percentage change in the participation rate in social activities
Participants aged 15 years and over



Participation in work

The percentage of participants in a paid job, for those in the NDIS for 2 or more years, continues to be relatively stable. However, the percentage in a paid job and the change by number of years in the NDIS differ by age group. For example, the largest percentage increase was for participants in the 15 to 24 age group, consistent with participants entering the workforce for the first time.

The percentage in a paid job remained stable or declined for all other age bands.

Comparing responses at the latest reassessment (around 2 to 10 years after entry) with baseline responses (i.e. around entry to the NDIS), the changes were:

- **Fourteen** percentage point increase from **10%** to **24%** for participants aged 15 to 24 years¹⁰
- **Three** percentage point increase from **26%** to **29%** for participants aged 25 to 34 years
- **One** percentage point decrease from **28%** to **27%** for participants aged 35 to 44 years
- **Three** 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 years¹¹
- **Seven** percentage point decrease from **15%** to **8%** for participants aged 65 years and older¹²
- **Three** 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%.

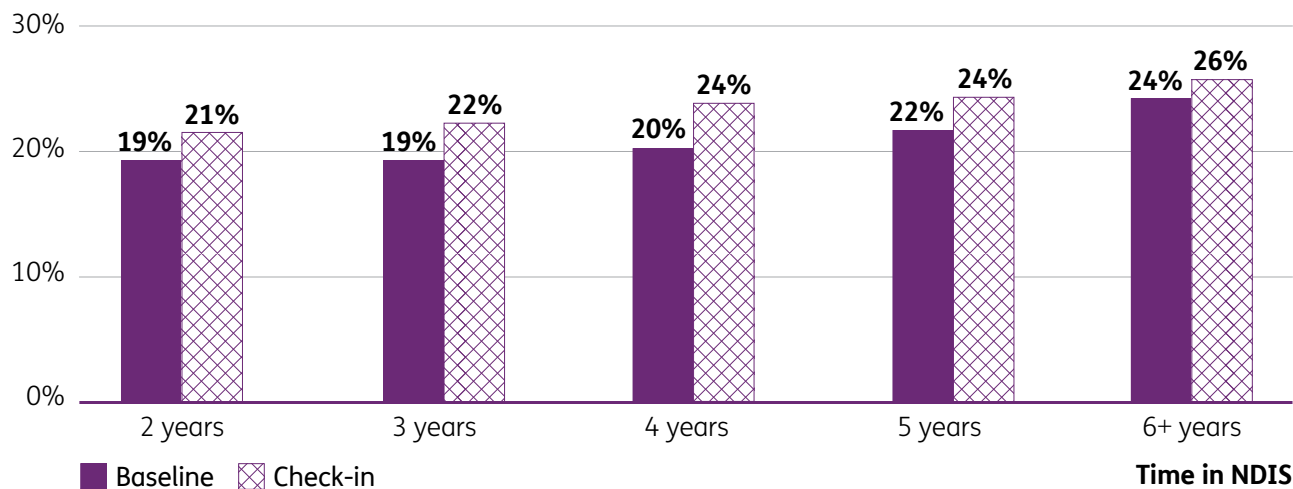
The percentage of working age (15 to 64 years) participants who have been in the NDIS for 2 to 5 years who are in paid work increased by 2 to 4 percentage points. For participants who have been in the NDIS for 6 or more years, the percentage in work increased slightly from 24% to 26% (Figure 6).

¹⁰ Some of the increase maybe due to due to participants leaving school and starting work.

¹¹ Some of the decrease for older age groups is due to participants retiring from the workforce.

¹² Some of the decrease for older age groups is due to participants retiring from the workforce.

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



NDIS employment assistance

NDIS employment assistance is delivered by 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 March, NDIA data indicates there are currently more than 43,800 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 58%. There have been increases across all age groups, including:

- 62% increase in participants aged 15 to 17
- 25% increase for those aged 18 to 21
- 112% increase for those aged 22 to 24
- 92% 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
- providing guidance for NDIS participants considering work
- delivering 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.

Expansion of provider reporting on employment assistance

The [provider quarterly report](#) on school-leaver employment for July 2024 to June 2025 was published in April 2026. This report shares information on employment assistance delivered to school-leaving participants, the outcomes achieved and the factors that increase the likelihood of gaining paid work.

Data for the 12 months from July 2024 to June 2025 showed:

- 8,531 participants aged 18 to 22 received capacity building employment supports in their NDIS plan to prepare for their transition from school to work – up 12.5% compared with the 12 months to June 2024
- 3,048 participants began receiving NDIS capacity building employment supports during the reporting period, up 7% from the previous reporting period (January to December 2024)
- of 2,633 participants who exited programs over the 12 months, 20% found employment in the open market, 4% found supported work and 12% went on to study or do volunteer work.

From 1 July 2025, providers also began reporting on employment assistance delivered to younger participants still at school and those transitioning to tertiary education or training. From January 2026, their reporting expanded further to include:

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

The next provider quarterly report is expected to include the additional outcomes data.

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

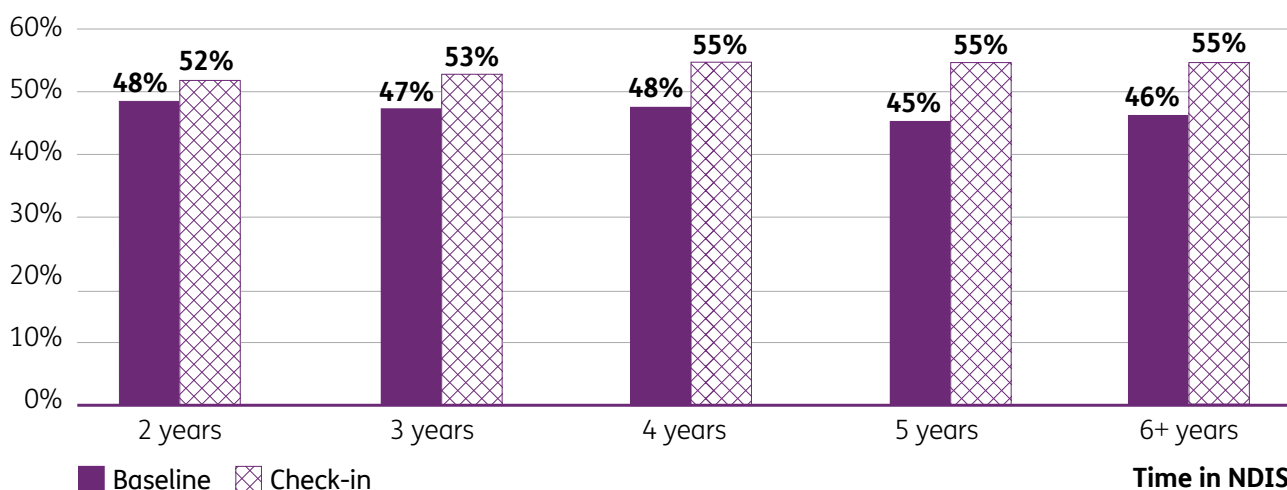
- **Eight** percentage point increase from **46%** to **55%** for families and carers of participants aged 0 to 14 years
- **Two** percentage point increase from **49%** to **51%** for families and carers of participants aged 15 years and over.

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 7).

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



2.2 Perceptions of whether the NDIS has helped

Participants have positive perceptions across all domains and different age groups. However, the percentage of positive responses varies by life domains and age groups.¹³

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.¹⁴

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 **83%** 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 **69%** to **83%** for participants aged 15 years and older.

¹³ Figures in this section have been rounded to the nearest whole percentage. Differences are calculated from unrounded metrics.

¹⁴ 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 percentage of participants 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	78	+16
Relationships	50	61	+11
Home	23	28	+5
Health and wellbeing	45	61	+16
Lifelong learning	36	45	+9
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 and health and wellbeing domains (both 16 percentage points). There were also strong improvements for choice and control (15 percentage points); social, community and civic participation (13 percentage points); relationships (11 percentage points); and lifelong learning (9 percentage points). Home and work increased by 5 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	70	+16
Home	31	43	+12
Health and wellbeing	54	71	+17
Lifelong learning	31	40	+10
Work	20	26	+6
Social, community and civic participation	60	77	+17

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, and social, community and civic participation (both 17 percentage points). There were also strong improvements for relationships (16 percentage points); choice and control, and daily living (both 14 percentage points).

Similar to the younger adult group, lifelong learning and work showed smaller increases (10 and 6 percentage points, respectively). However, there was a larger improvement for the home domain (12 percentage points) in the older adult group compared to the younger adult group.¹⁵

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.

¹⁵ Noting that the education and housing systems have a major role to play in the lifelong learning and home domains.

NDIS participant, Jai



Section 3

Participant experience



NDIS supports help Jai secure his dream job



Since he was young, Jai knew exactly where he wanted to work after he finished school – at his local RSL on the Mornington Peninsula.

Growing up, celebrating family events there and attending Anzac Day dawn services with his Pa, a veteran and RSL member, Jai would proudly say, ‘I want to work at the RSL one day.’

At 19, that dream has come true. Using his NDIS employment assistance funding, Jai engaged employment providers who helped him build confidence, develop skills and find meaningful work.

Today, he proudly works in the RSL bistro, greeting customers, setting tables and serving meals with his trademark smile.

Jai’s story extends well beyond work. Recently, he earned his Surf Rescue Certificate and now patrols his local beach on weekends as a qualified surf lifesaver.

Jai has always loved the outdoors. When his Mum, Michelle, explored community activities for him, she discovered Starfish Nippers – a surf lifesaving program for people of all abilities.

Volunteers Julie, Sarah and Sheryl welcomed Jai and later adapted the Surf Rescue Certificate, so he and others could take part. For a year, they helped him master CPR, defibrillator use, surf safety and swimming fitness. When Jai earned his Surf Rescue Certificate, he beamed.

Now, he patrols alongside mentors, helps younger Nippers and competes in events.

Michelle says NDIS supports were vital, especially when Jai prepared for his dream RSL job. With help to update his resume and practise interviews, Jai earned his chance and hasn’t looked back.

Jai is active, connected, valued and thriving.

‘We never say never,’ Michelle says. ‘Give Jai an opportunity, and he gives it his whole heart.’

[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.¹⁶

Table 5: Performance against the PSC engagement principles

Engagement principles		Performance in the March 2026 quarter	Change from last quarter*
Transparent	We will make it easy to access and understand our information and decisions.	81%	↑
Responsive	We will respond to your individual needs and circumstances.	65%	↑
Respectful	We will recognise your individual experience and acknowledge you are an expert in your own life.	69%	↑
Empowering	We will make it easy to access and use information and be supported by the NDIS to lead your life.	67%	↔
Connected	We will support you to access the services and supports you need.	76%	↔

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

¹⁶ 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 – 81% of respondents experienced interactions that were transparent, with 93% indicating that communication was in their preferred format.

Responsive – 65% of respondents reported an experience that was responsive, with 68% saying that their circumstances and needs were considered.

Respectful – 69% of respondents experienced respectful service, with 91% of participants and other people with disability engaging with the NDIS noting they were treated with respect.

Empowering – 67% of respondents experienced interactions that were empowering, with 62% of participants feeling prepared for their plan-related meetings, 64% feeling confident in using their plan, and 86% knowing where to find more help with using their plan.

Connected – 76% of participants and other people with disability engaging with the NDIS experienced interactions that enabled them to be connected, with 87% reporting they could connect with the NDIS in their preferred way and 62% feeling confident in accessing supports.

3.2 Participant Service Guarantee

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

The NDIA continues to monitor and report on an expanded set of 18 PSG measures. However, reporting for PSG measures 3, 5 and 15 is currently unavailable.

Eight of the 18 measures (44%) met or exceeded their target timeframe at a rate of 95% or higher (PSGs 1, 6, 7, 9, 10, 16, 17b and 19).¹⁷ A further 5 measures reported results over 80% (PSGs 2, 8, 13, 18 and 20). We continue to implement changes 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, the target timeframe for PSG 2 was met 82% of the time, a reduction from the previous quarter. The reduction is a result of staff being allocated to other priority work. PSG 4 results were stable at 68%.

First plans (PSGs 6 and 7)

A key NDIA focus has been to ensure participants receive their first plans promptly. More than 96% of participants received their first plan within PSG timeframes this quarter.

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

The number of participants seeking a reassessment of their NDIS plan (PSGs 12, 13, and 14) continues to be high. This has contributed to a reduction in performance for PSGs 12 and 14, while PSG 13 increased by 3% this quarter. We are prioritising unscheduled requests by allocating more staff to this work, focusing on completing the oldest work first, and prioritising requests based on participant risk.

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

A continued increase in review requests and Administrative Review Tribunal (ART) decisions to vary a plan has contributed to a reduction in PSG 17a performance, while 17b performance is stable at 98%.

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.

¹⁷ The unrounded performance of PSG 20 is 94.7%. Meeting the target is measured using unrounded performance.

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 March 2026 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	82%	↓
4	Access	Make an access decision, or request for additional information, after more information has been provided.	14 days	68%	↔
6	Planning	Approve a participant's plan, after an access decision has been made (excludes those supported by the early childhood approach [ECA] who have received initial supports).	56 days	96%	↔
7	Planning	Approve a plan for ECA participants, after an access decision has been made.	56 days	100%	↔
8	Implementation	Offer to hold a plan implementation meeting, after the plan is approved.	7 days	85%	↔
9	Implementation	If a participant accepts the offer, hold a plan implementation meeting.	28 days	98%	↔
10, 16	Plan approval	Provide a copy of the plan to a participant, after the plan is approved (PSG 10) or amended (PSG 16).	7 days	99%	↔
11	Plan reassessment	Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date.	56 days	47%	↓
12	Plan reassessment	Decide whether to undertake a participant-initiated plan reassessment, after the request is received.	21 days	29%	↔

* 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 March 2026 quarter	Change from last quarter*
13	Plan reassessment	Complete a reassessment, after the decision to accept the request was made.	28 days	87%	↑
14	Plan variations	Amend a plan, after the receipt of information that triggers the plan amendment process.	28 days	39%	↓
17a	Reviewable decisions	Complete an internal review of a reviewable decision after a request is received.	60 days	34%	↓
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	90%	↑
19	Manage authorised representative	Cancel participant requested nominee.	14 days	99%	↔
20	Manage authorised representative	Cancel CEO initiated nominee	14 days	95%	↓

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

*** 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

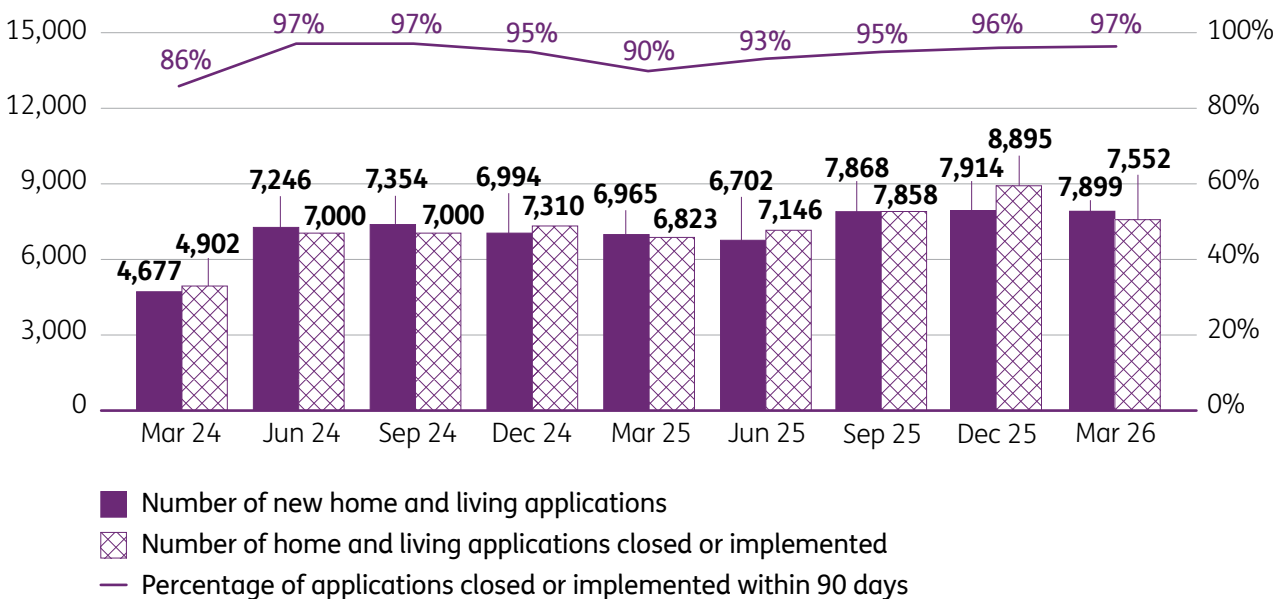
The NDIA helps participants to live independently in the community or explore alternative living options.

The process for requesting home and living supports begins with a home and living application and ends when home and living supports are included in the approved plan (plan implementation).¹⁸

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 March 2026 quarter, 7,899 new home and living applications were received (Figure 8). This is slightly lower than for the previous quarter (7,914). There were 7,552 applications either closed or implemented, with 97% (6,103) finalised within 90 days.^{19,20} The number of applications closed or implemented is lower than the previous quarter (8,895), and this 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 December 2025 quarter (96%).

Figure 8: Home and living applications – new, closed and percentage closed within 90 days²¹



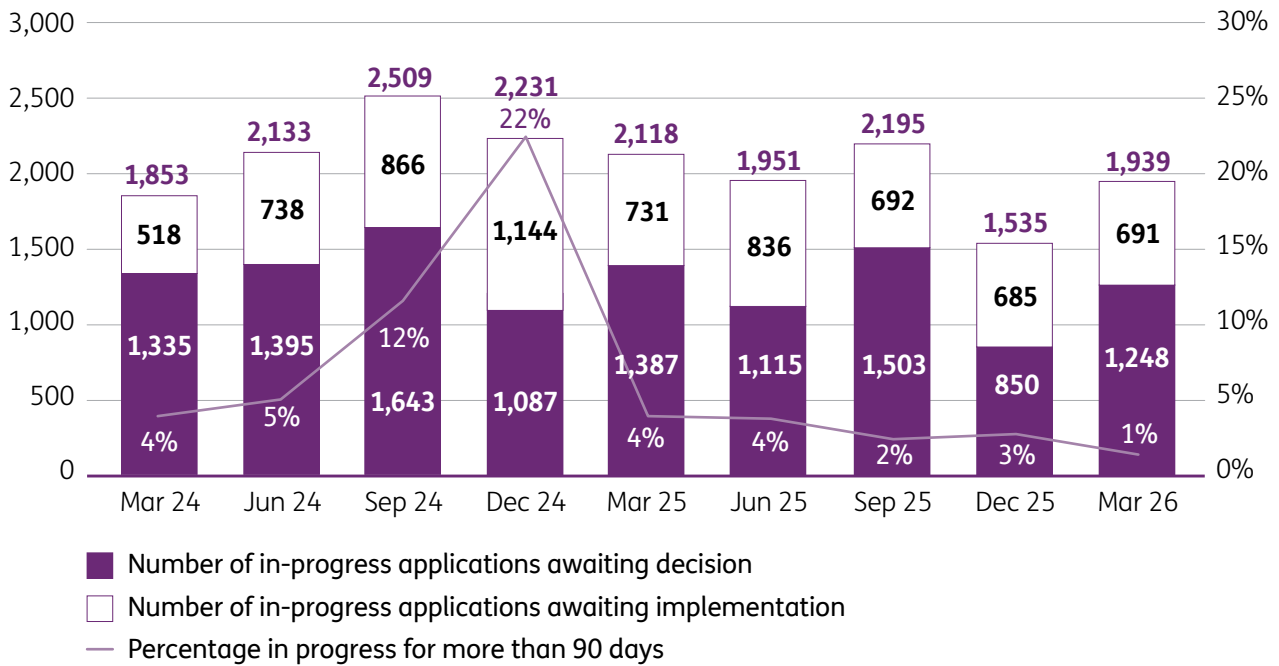
18 The time taken for participants to respond to requests for further information is not included.
 19 An application is considered closed if it is cancelled or rejected, a participant declined all home and living supports, or the application won't progress to implementation (e.g., participant deceased, participant does not proceed). An application is considered implemented once a participant has a new approved plan.
 20 For the March 2026 quarter, 1,239 of the 7,889 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.
 21 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 March 2026, there were 1,939 home and living applications in progress, which is higher than in previous quarter (Figure 9). Of these, 1,248 were awaiting a decision,²² while a further 691 were waiting for supports to be implemented in a plan. There were 1,359 (70%) applications in progress that related to a plan reassessment request because of a change in circumstances.

As at 31 March 2026, the proportion of applications in progress for more than 90 days was 1% (28 applications) – lower than the previous quarter.

Figure 9: Home and living applications – in progress awaiting decision or implementation, percentage in progress for more than 90 days²³



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.

²² The NDIA is waiting on additional information from participants for 195 of the 1,248 applications awaiting a decision.

²³ Applications on hold are excluded from the in-progress applications.

3.4 Complaints and participant critical incidents

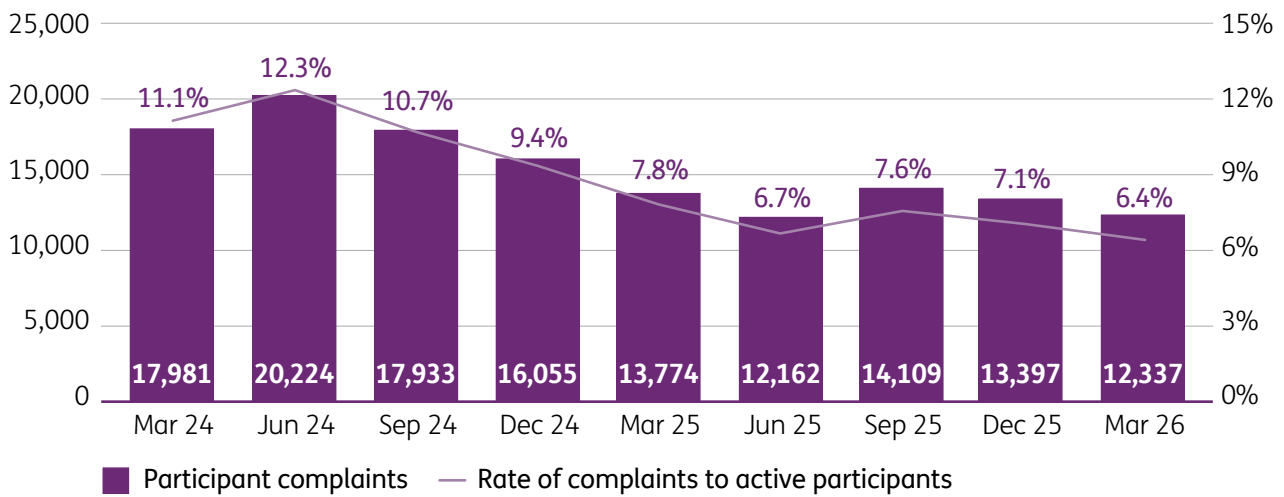
The number of complaints from both participants and providers reduced this quarter.

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.^{24,25,26}

This quarter, there were 12,337 participant complaints, which is a complaint rate of 6.4% of active participants. This is the lowest complaint rate in the past 2 years.

Figure 10: Number and proportion of participant complaints over time



24 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.

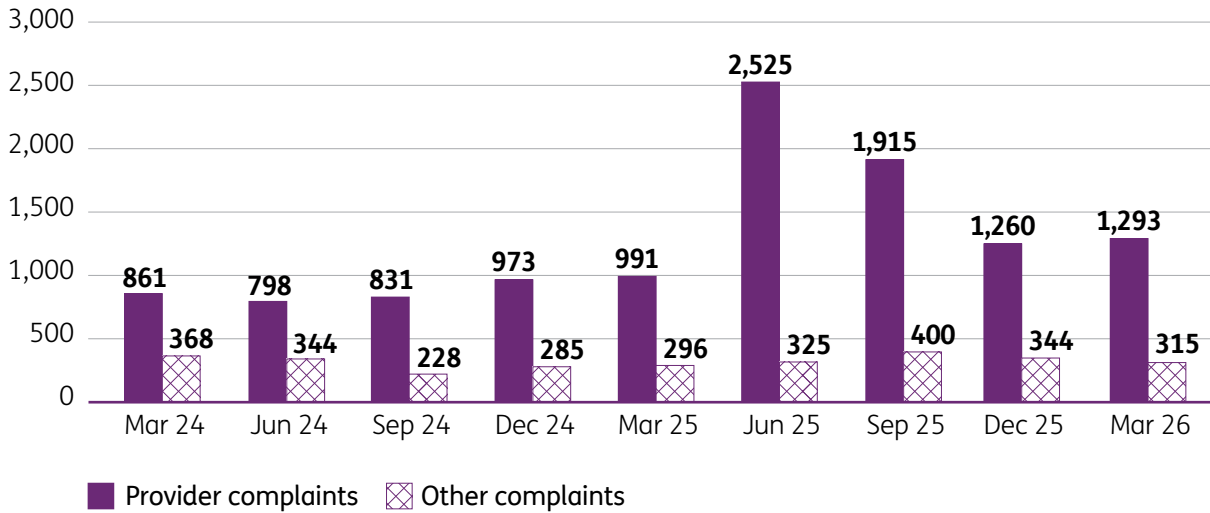
25 Numbers of complaints reported for the most recent quarter may still vary due to a lag in data collection.

26 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 March 2026 quarter, the NDIA received 1,293 complaints from NDIS providers and 315 complaints from other sources.²⁷

Figure 11: Number of provider and other complaint types



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

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

We are working to improve participants' experiences of the complaint process, by:

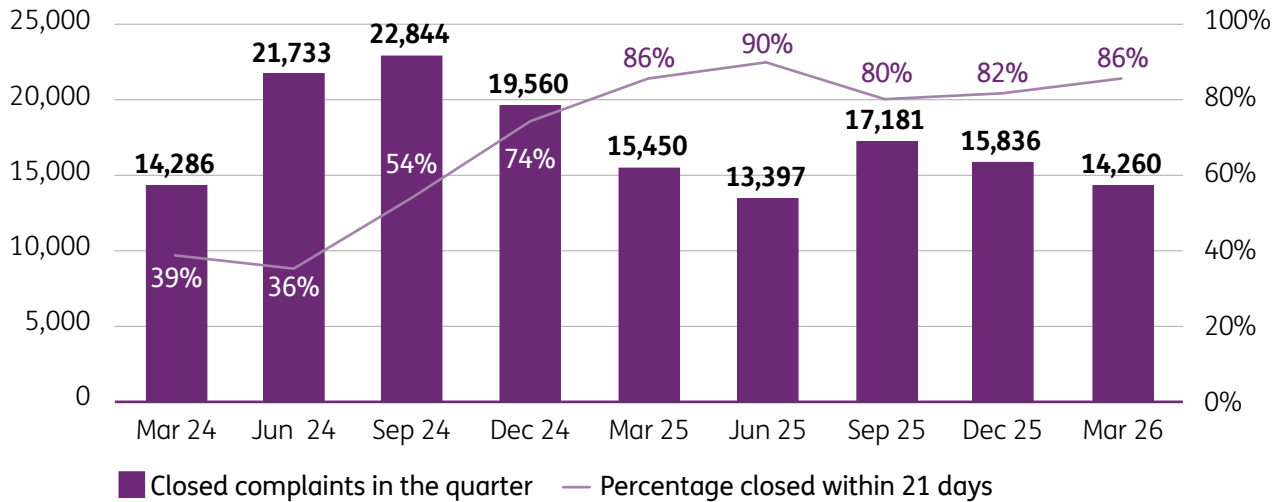
- reinforcing the responsibility of all front-line staff to identify and respond to feedback and complaints. Recent changes have improved our ability to resolve more participant concerns the first time they are raised with the NDIA.
- monitoring and reporting on complaint volumes and trends to help us continue to improve.

²⁷ '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 increased to 86%, compared to 82% in the December 2025 quarter (Figure 12).

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



Participant critical incidents

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

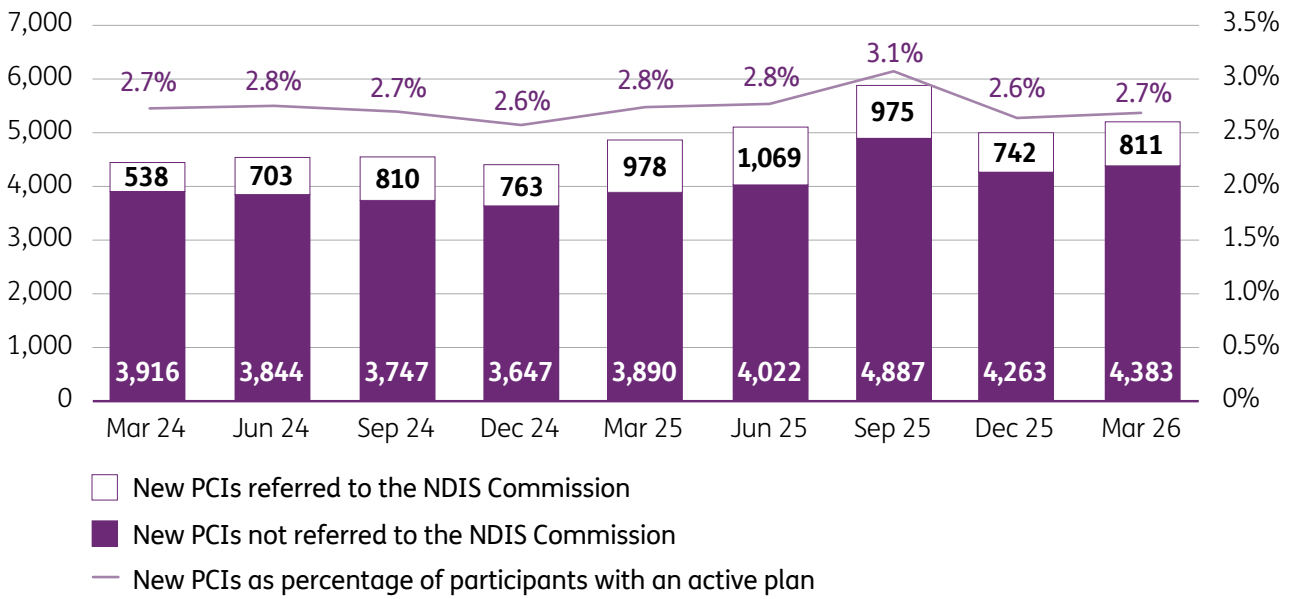
After taking immediate safeguarding actions, staff must report the PCI. A dedicated team in the NDIA handles these reports and prioritises them for action based on the level of risk to the participant.

The NDIA considers any implications for the participant's NDIS plan and, where relevant, makes referrals to the NDIS Quality and Safeguards Commission and/or other safeguarding, integrity or law enforcement agencies. During the March 2026 quarter, 16% of PCIs received were referred to the Commission. This is a similar referral rate to that of the past 2 years.

PCI numbers were stable in the March 2026 quarter, with 5,194 notifications received, compared to 5,005 in the previous quarter.

Section 3: Participant experience

Figure 13: Number and proportion of new PCIs²⁸



The most common themes of PCIs in the March 2026 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.

²⁸ 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.

3.5 Plan changes, reviewable decisions and Administrative Review Tribunal cases

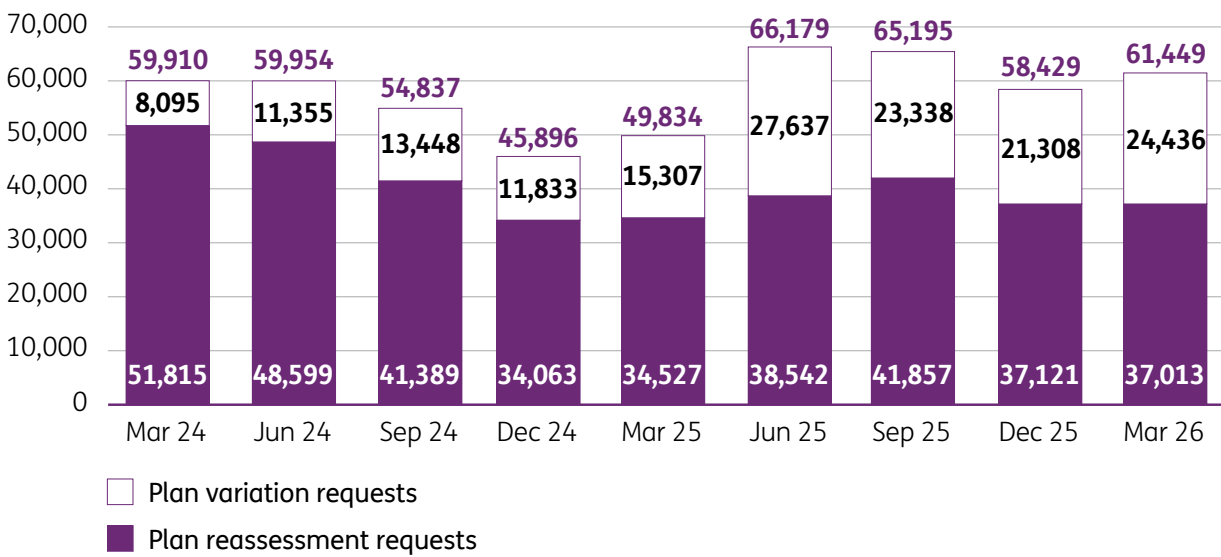
The number of participant requests for a plan change increased this quarter.

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.

During the March 2026 quarter, 61,449 plan change requests were received, which comprised of 37,013 plan reassessment requests and 24,436 plan variation requests (Figure 14). The number of plan reassessment requests generally reduced up to March 2025, and the number of plan variation requests increased up to June 2025. Both have been close to stable since June 2025. Increased staff training and the new, improved computer system enables more plan change requests being processed as plan variations.

Figure 14: Number of plan change requests²⁹



²⁹ Number of plan change requests reported for the most recent quarter may vary, due to requests being cancelled and lags in data collection.

Section 3: Participant experience

Plan changes

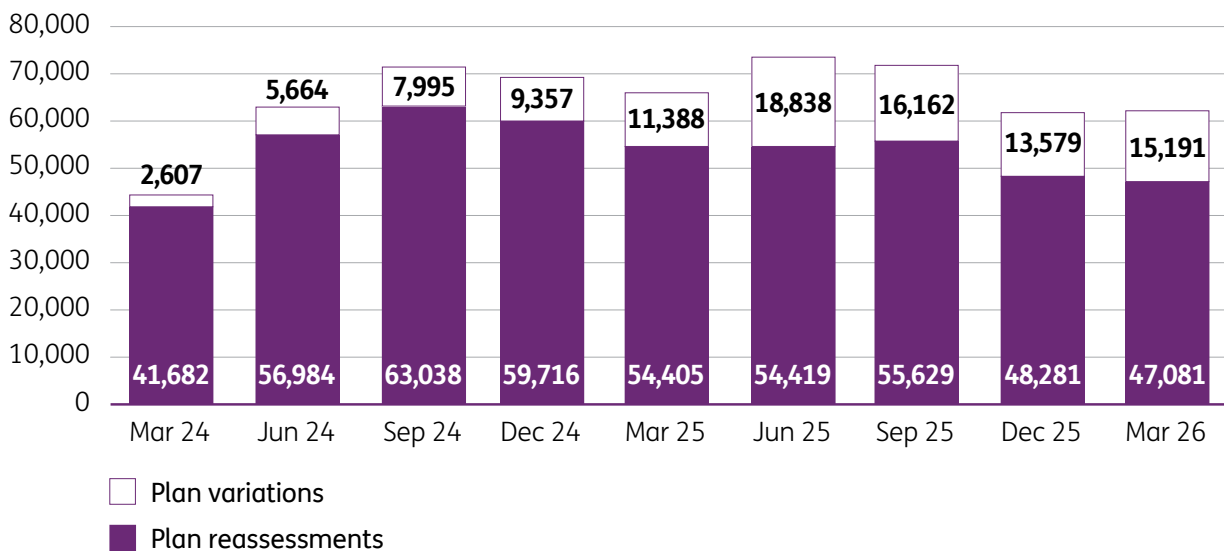
Plan reassessments and variations can be initiated by either the participant or the NDIA.

Figure 15 shows a low number of reassessments completed in the March 2024 quarter. This increased in the June 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, and declined in the December 2025 and March 2026 quarters.

The number of completed plan variations increased each quarter to June 2025, before declining in the September and December 2025 quarters. The number has remained close to stable in the March 2026 quarter.

The trends in completed changes are broadly consistent with the trends in requests.

Figure 15: Number of completed plan changes

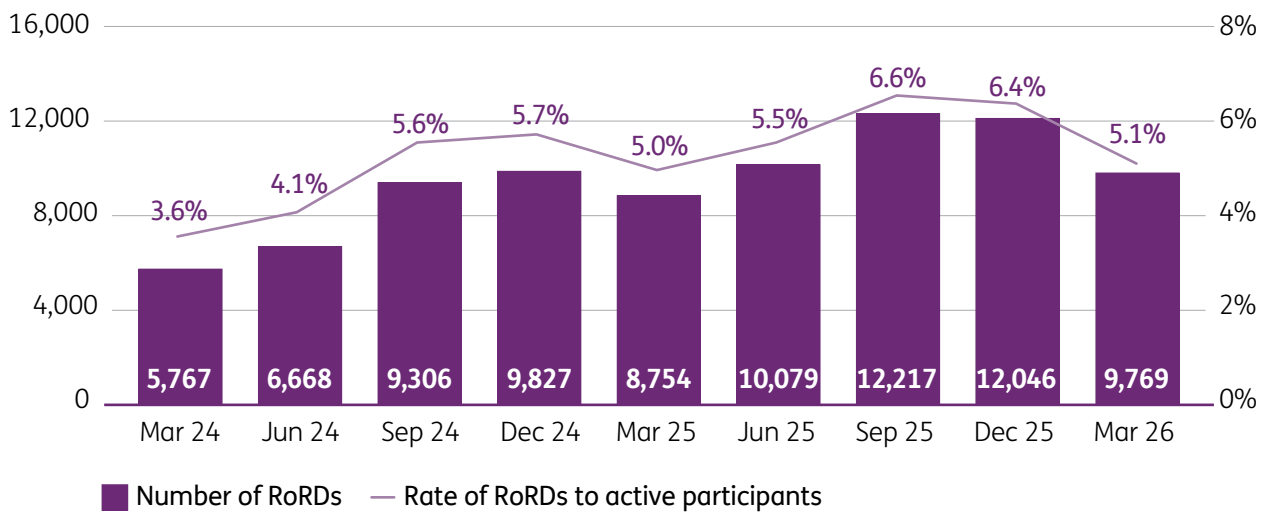


Section 3: Participant experience

Review of a reviewable decision³⁰

The number of requests for a review of a reviewable decision (RoRD), as a percentage of active participants, increased from 3.6% in the March 2024 quarter to 6.6% in the September 2025 quarter, before decreasing to 6.4% in the December 2025 quarter and 5.1% in the March 2026 quarter (Figure 16).

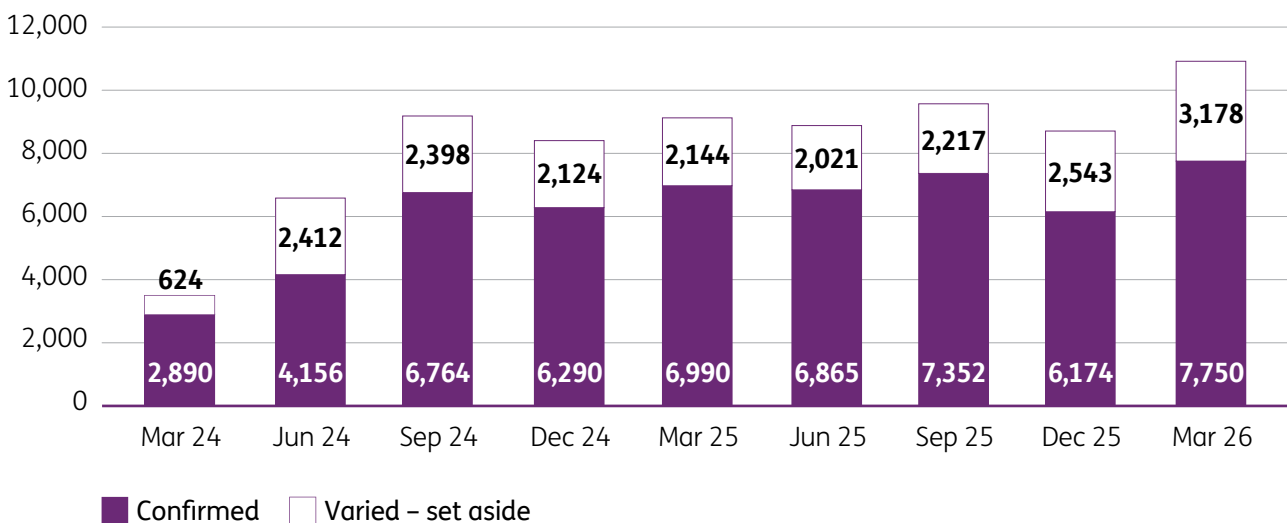
Figure 16: Requests for an RoRD by date of request³¹



In the March 2026 quarter, 10,941 RoRDs were closed, which is higher than the previous quarter (Figure 17).

Of these closed RoRDs, 7,750 reviews upheld the original NDIA decision, while 3,178 resulted in changes.³² Changes typically occur when new evidence that was not available to the original decision maker is provided during the review process.

Figure 17: Closed RoRDs by outcomes – quarterly trend³³



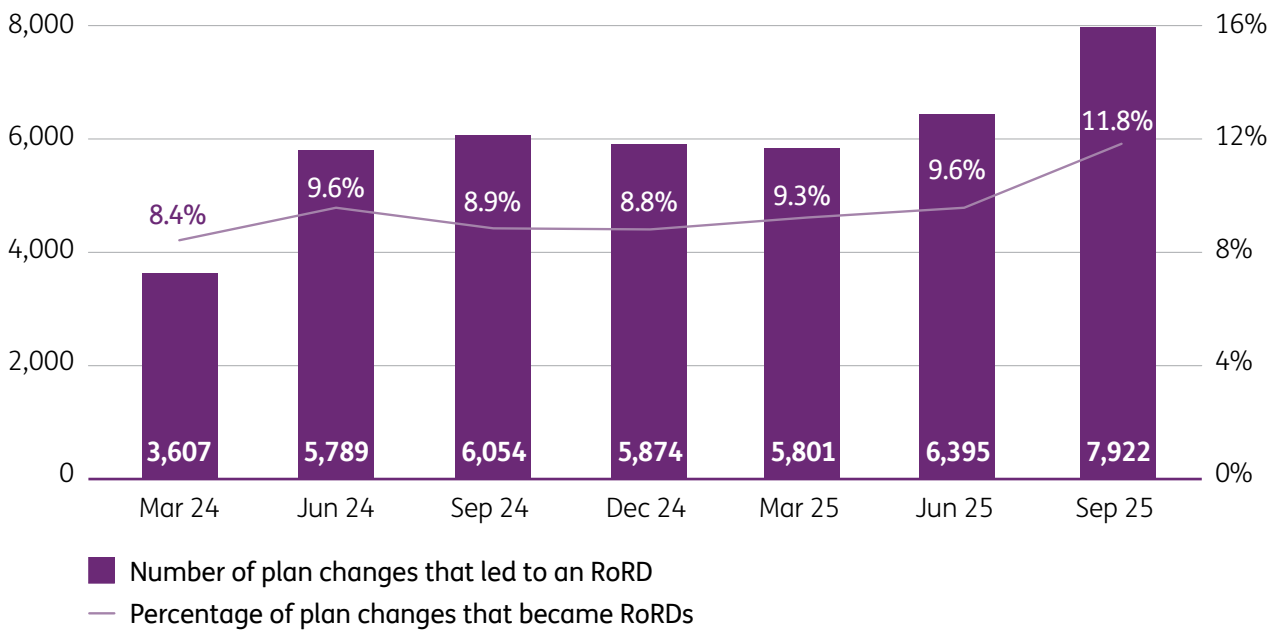
30 The count of RoRDs excludes administrative cases, and draft and miscategorised RoRDs.
 31 Number of RoRDs reported for the recent quarters may vary, due to a lag in data collection.
 32 A further 13 were closed in the March 2026 quarter with no specified outcome.
 33 The small number of RoRDs closed with no specified outcome are excluded.

Pathway from plan changes to RoRD and ART case

A participant may request an RoRD and then a further appeal to the ART. Figures 18 and 19 show the pathway from plan changes to planning-related RoRD and ART cases between 1 January 2024 and 30 September 2025. A 6-month lag in reporting the data accounts for sufficient time required to apply for majority of the reviews.

The proportion of plan changes that became RoRDs increased from 9.6% (6,395 RoRDs) in the June 2025 quarter to 11.8% (7,922 RoRDs) in the September 2025 quarter (Figure 18).

Figure 18: Pathway from plan changes to RoRD between 1 January 2024 and 30 September 2025, as at 31 March 2026³⁴

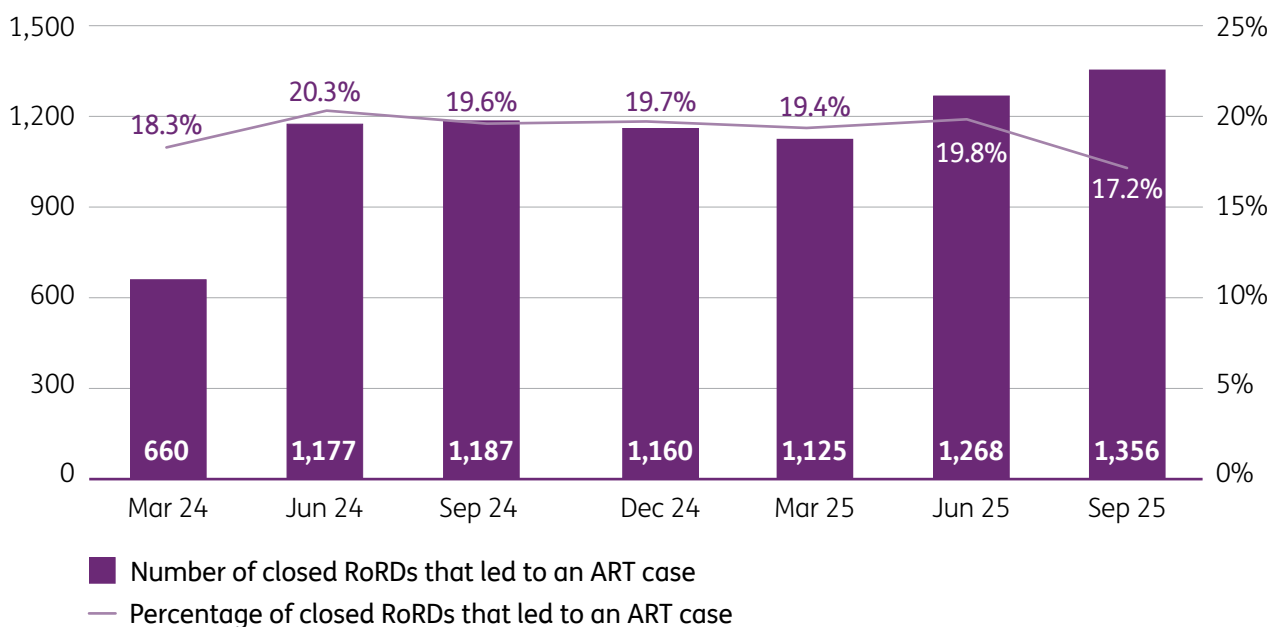


³⁴ The number of RoRDs has been restated in prior periods due to excluding RoRDs not related to plan reassessments or variations and to excluding multiple RoRDs for the same decision. The pathway percentages are lower than shown in the December 2025 report, due to the inclusion of plan variations as an additional source of planning-related RoRDs

Section 3: Participant experience

The proportion of planning-related RoRDs that became ART appeals decreased from 19.8% in the June 2025 quarter to 17.2% in the September 2025 quarter (Figure 19).

Figure 19: Pathway from planning-related RoRD to ART case between 1 January 2024 and 30 September 2025, as at 31 March 2026³⁵



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 a 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, we work with applicants and their legal representatives to resolve matters as early as possible in the ART process.

There were 2,294 new ART cases in the March 2026 quarter, relating to 2,271 participants (Figure 20). The number of new ART cases (as a proportion of active participants) has increased slightly from 1.17% in the December 2025 quarter to 1.19% in the March 2026 quarter.

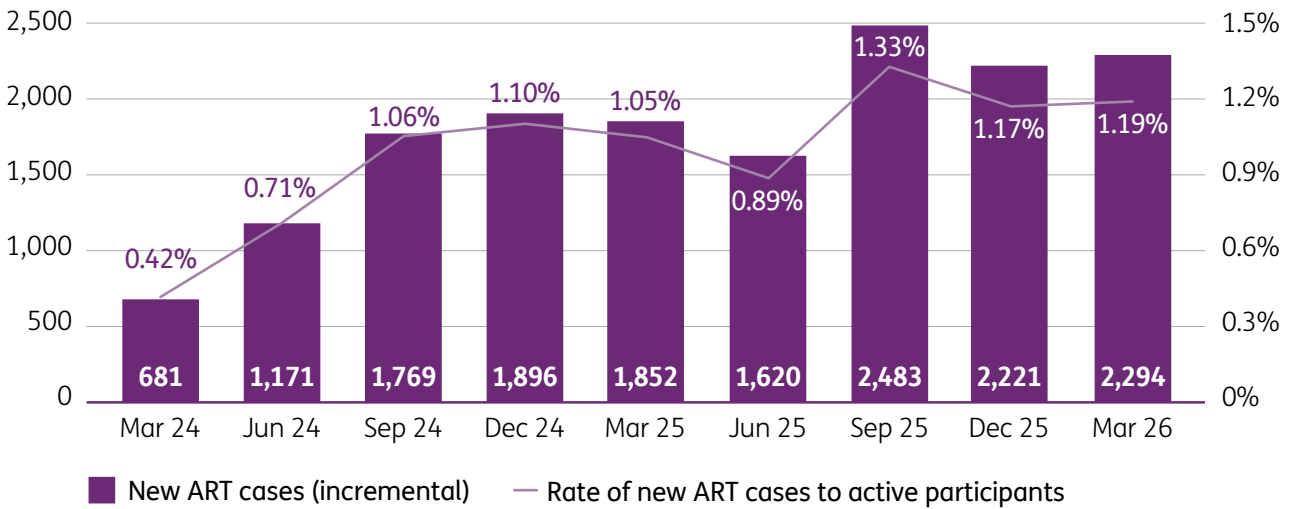
³⁵ The pathway percentages are slightly higher than shown in the December 2025 report, due to the improved identification of planning-related RoRDs.

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 20: Number and proportion of new ART cases

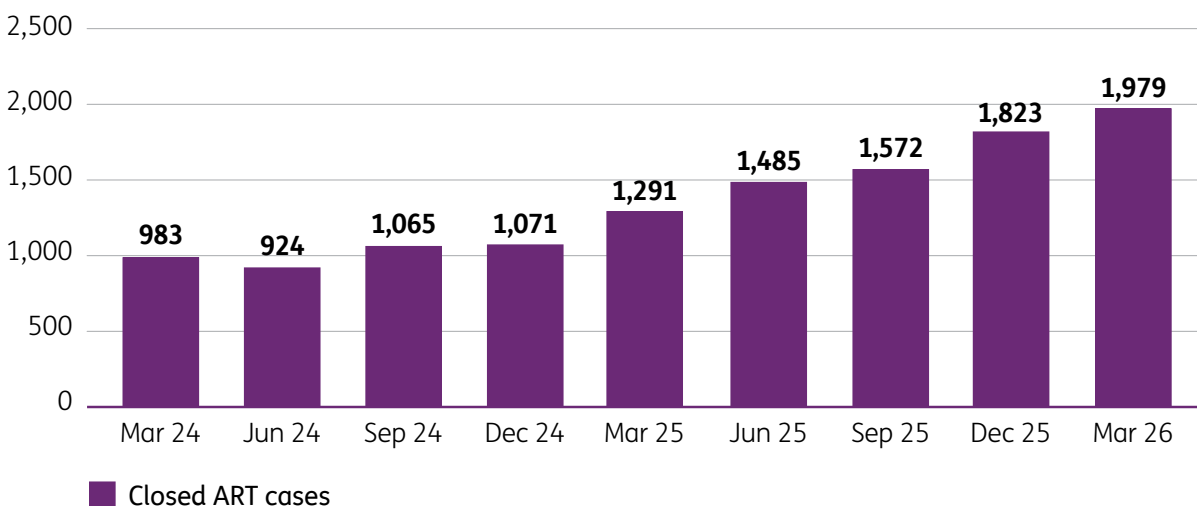


In the 12 months to 31 December 2025,³⁸ of the planning-related ART cases that had participant supports in dispute, the most common categories lodged were for capacity building (66% of ART planning cases), core supports (55%) and SIL (15%).

The NDIA is focused on participant-centered resolution initiatives to enable earlier, quicker and fairer outcomes for participants.

In the March 2026 quarter, there were 1,979 closed ART cases (Figure 21). This is the highest recorded yet by the NDIA. Of the cases no longer before the ART, approximately 67% were resolved by agreement, 30% were withdrawn by the applicant or dismissed by the ART, and 3% received a substantive hearing decision by the ART.

Figure 21: Number of closed ART cases



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

3.6 Participant satisfaction

The satisfaction of participants and their families and carers is more positive across all 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 was more positive since last quarter across all stages, and was more consistent with satisfaction levels reported in Q1 2025-26 (Table 7).

Table 7: Rating of experience with the NDIS (1 January 2026 to 31 March 2026)^{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	76%	79%	80%	42%	53%	61%	69%
Neutral	14%	13%	11%	19%	16%	16%	17%
Poor/very poor	11%	8%	9%	39%	31%	23%	14%

Early supports – for the 3 months to 31 March 2026, 76% of respondents rated the early supports process as either good or very good, with a further 14% rating the experience as neutral.

Community connections – 79% of respondents rated the community connections process as either good or very good, with a further 13% rating the experience as neutral.

Apply for the NDIS – 80% of participants (that is, respondents with a status of ‘access met’) rated the process of applying for the NDIS as either good or very good, compared to 42% of respondents who had an ‘access not met’ or other status at the time of interaction.

Overall, 68% of respondents (participants and non-participants) rated the process of applying for the NDIS as either good or very good, with 13% rating the experience as neutral.

Plan approval – 53% of respondents rated the plan approval process as either good or very good, with a further 16% rating the experience as neutral.

Plan implementation – 61% of respondents rated the plan implementation process as either good or very good, with a further 16% rating the experience as neutral.

Plan reassessment – 69% of respondents rated the plan reassessment process as either good or very good, with a further 17% 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.

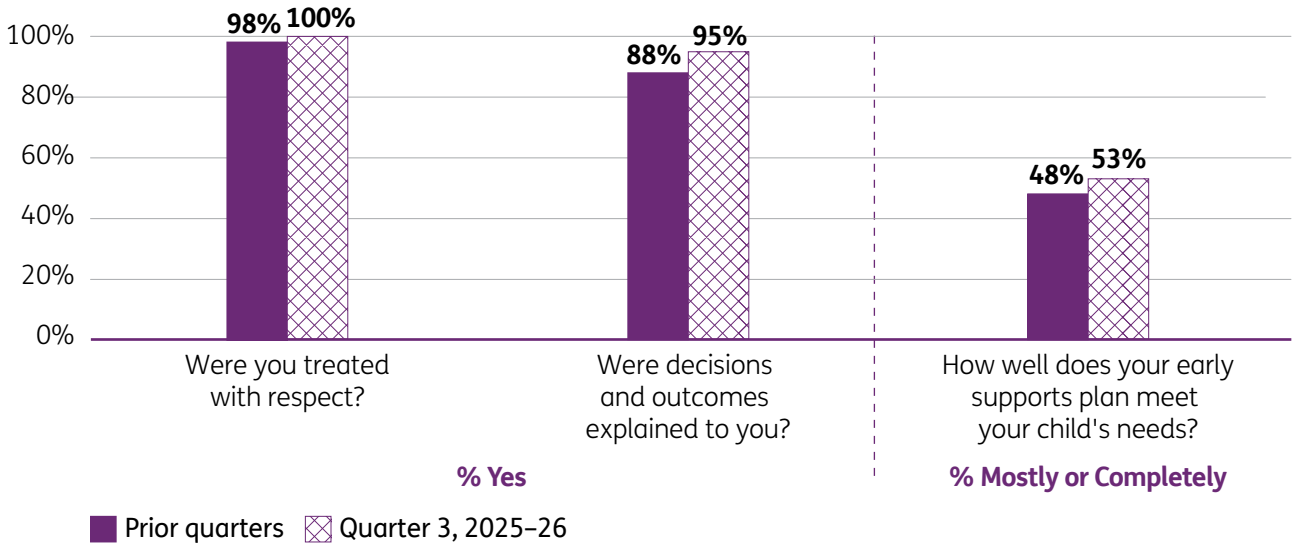
40 These results are based on 236 surveys of early supports, 1,044 surveys of community connections, 1,093 of applying for the NDIS, 3,940 of plan approval, 2,133 of plan implementation and 8,264 of plan reassessment, which is 16,710 in total.

Satisfaction across the 6 stages of the NDIS pathway

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

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

Early supports



Community connections

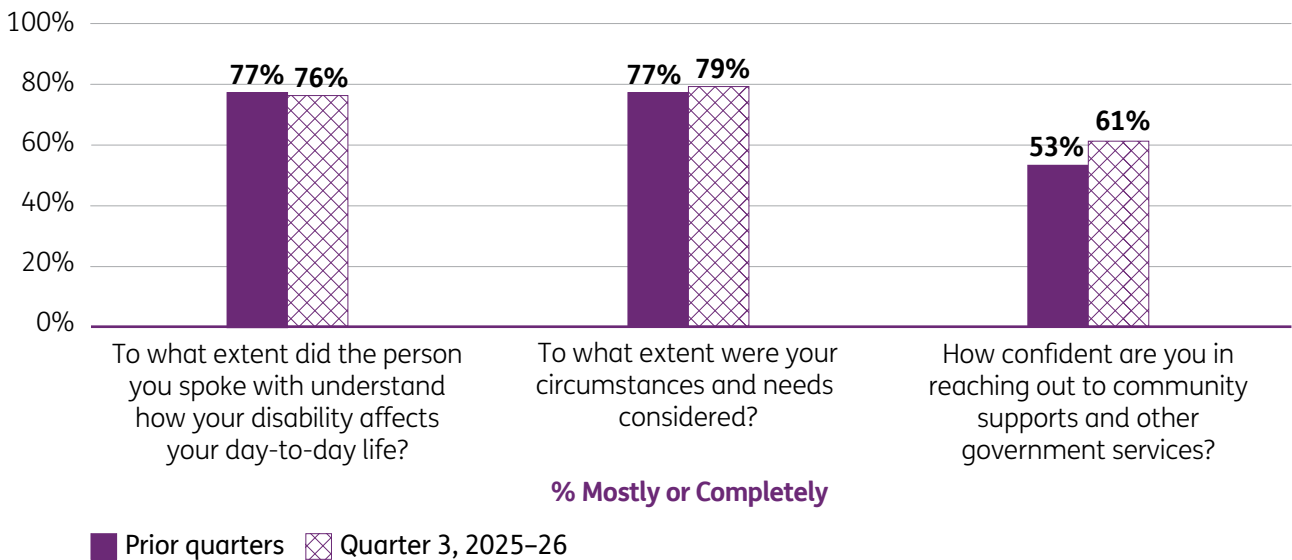
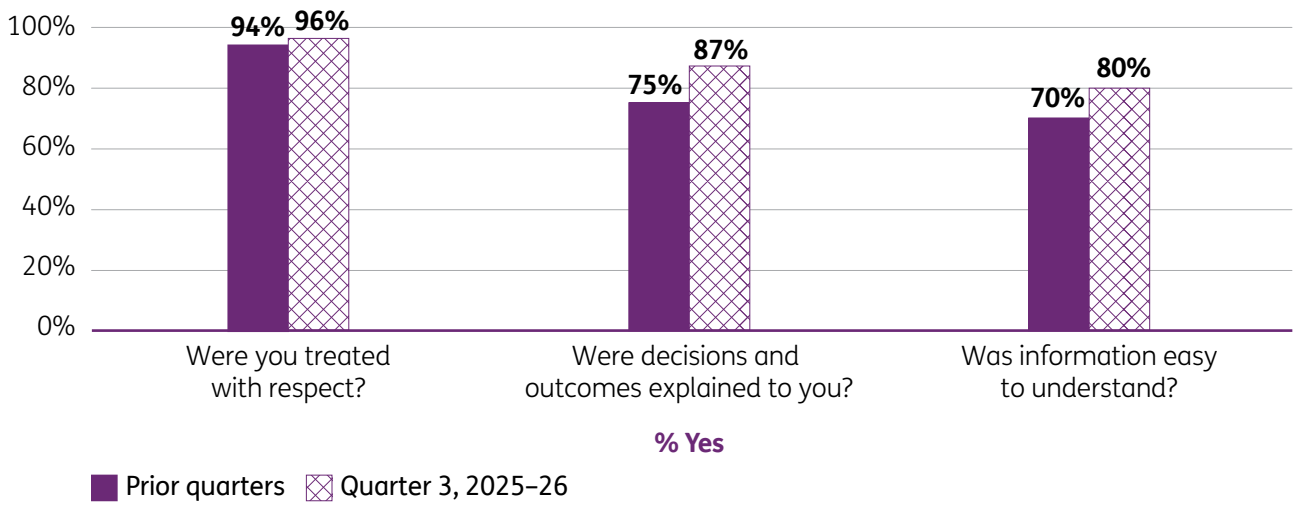


Figure 22: Satisfaction across the 6 stages of the NDIS pathway cont.

Apply for NDIS



Plan approval

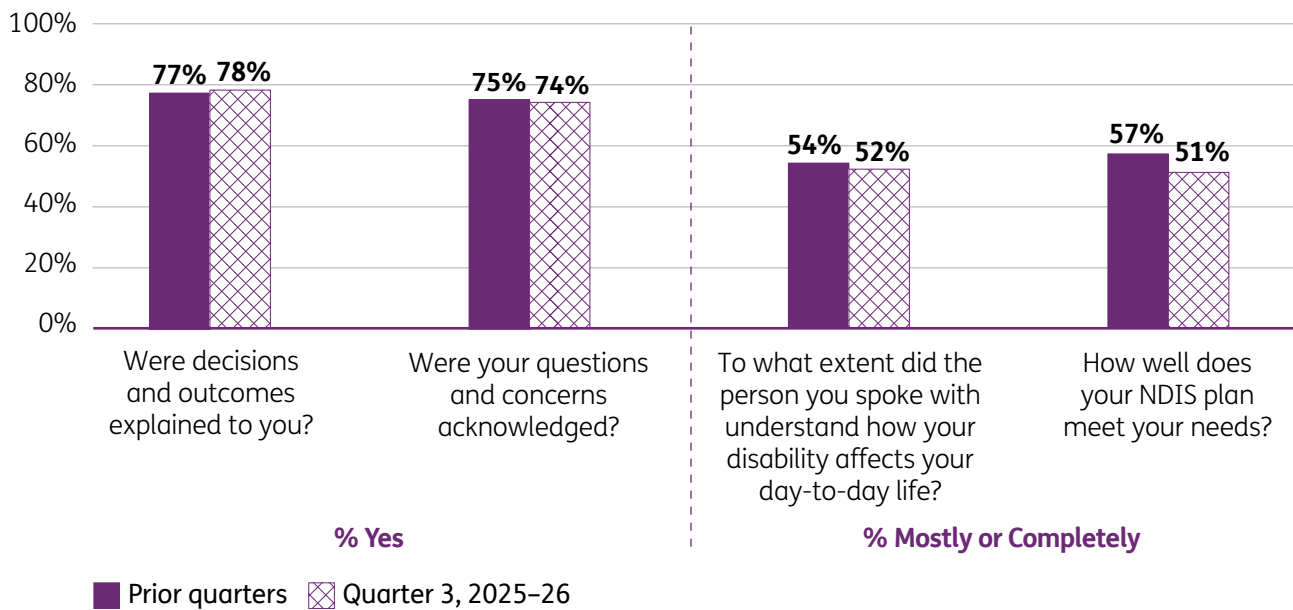
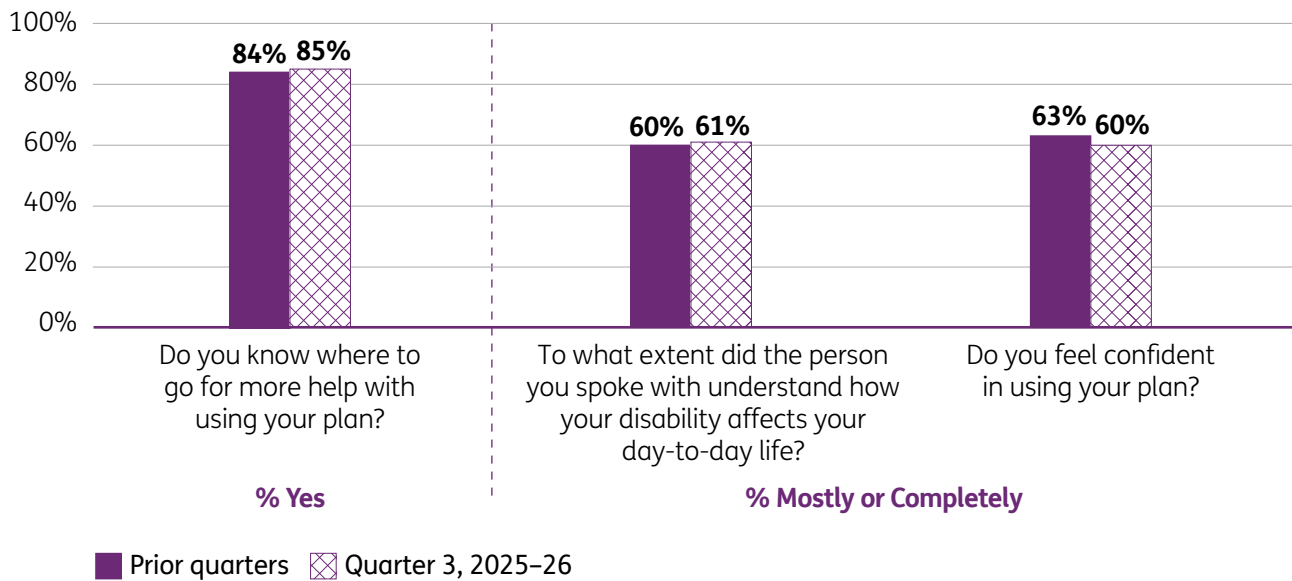
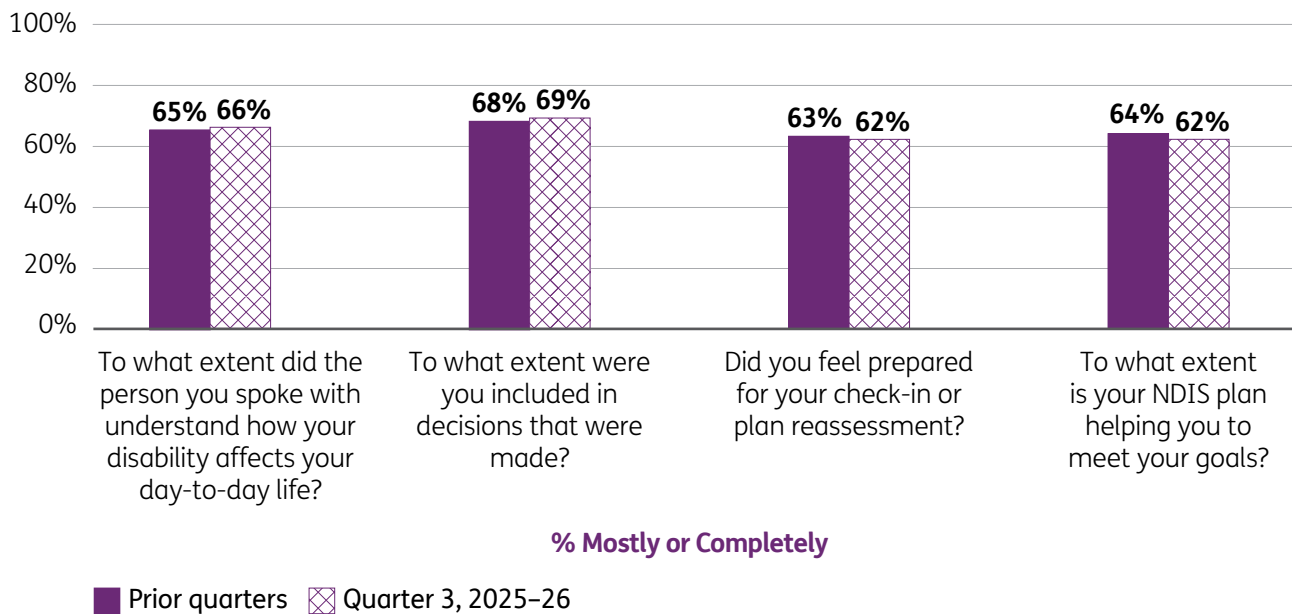


Figure 22: Satisfaction across the 6 stages of the NDIS pathway cont.

Plan implementation



Plan reassessment



Positive experience across stages

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

3.7 The NDIA National Contact Centre

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

In the March 2026 quarter, the NCC received 803,508 contacts, a 1% decrease from the December 2025 quarter, and a 1% decrease from the same quarter in the previous year (March 2025 quarter).

The following is a breakdown of contacts received in the March 2026 quarter by channel:

- **Voice** – 388,011 (1% increase from previous quarter)
- **Email** – 367,831 (4% decrease from previous quarter)
- **Webchat** – 47,666 (0.2% increase from previous quarter) (Figure 24).

The average speed of answer for voice increased from 80 seconds to 93 seconds, with 67% 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 23). In addition, 87% of callers reported their enquiries were resolved at the first point of contact, exceeding the target of 80%.

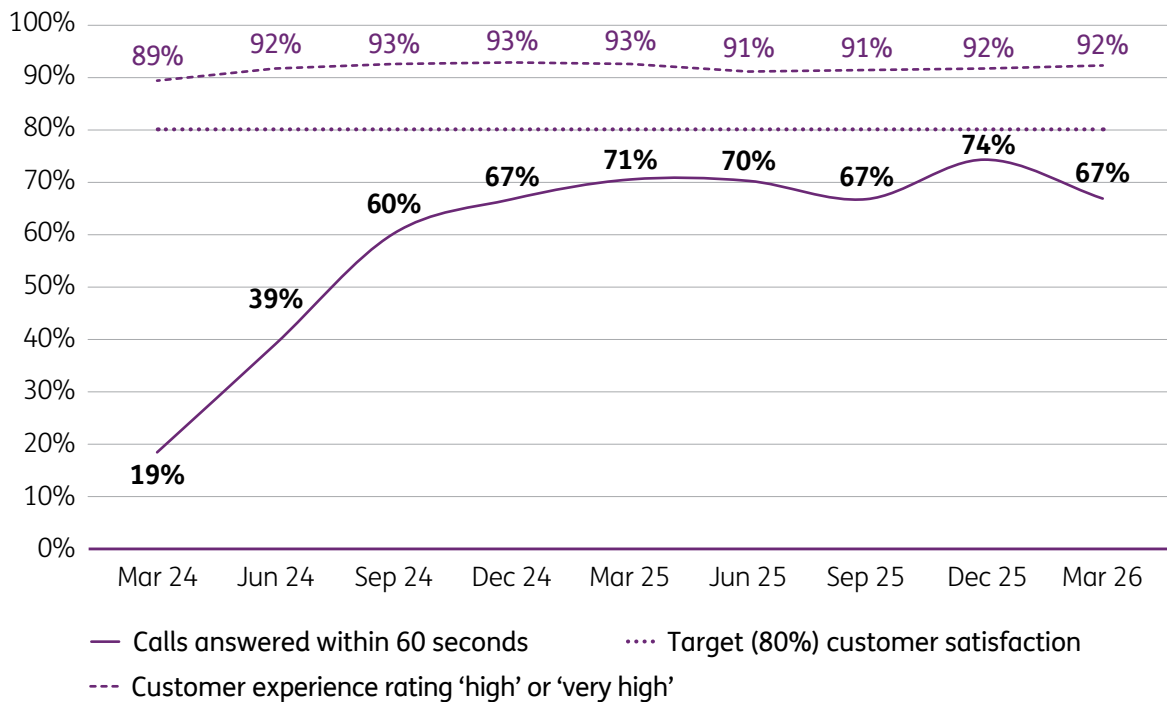
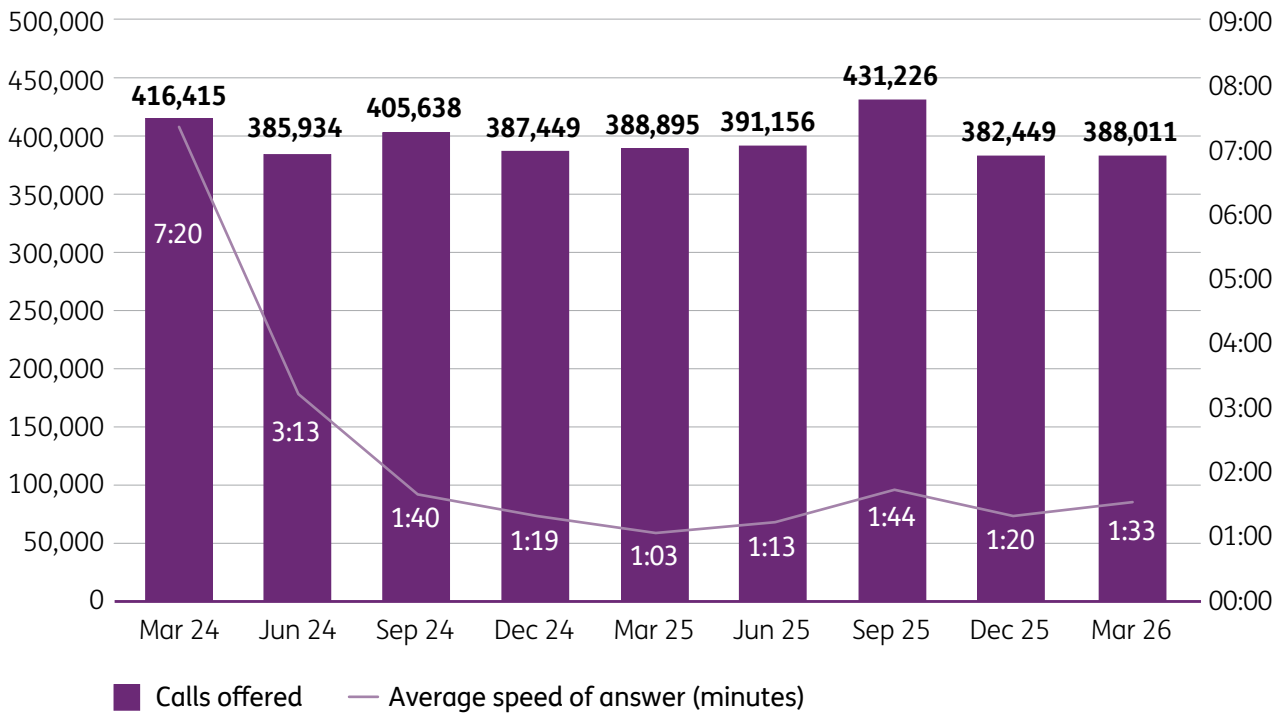
Email response times improved in the March 2026 quarter with 94% of incoming emails answered within two business days, exceeding the target of 90% answered within two business days, and up from 49% in the previous quarter. The average time to respond to an email was 1.2 business days. Email volumes in the March quarter included 4,408 contacts generated using the enquiry web form introduced to the participant app in May 2025.

This quarter, the NCC strengthened verification of identity arrangements for registered providers, by introducing a mandatory one-time code process. Registered provider staff must now verify their identity using a secure, system-generated code. This process replaces less robust verification methods and will protect sensitive participant and provider information.

In February and March 2026, the new myNDIS mobile app was released for iOS and Android through a staged rollout, providing participants, nominees and families with a more secure and accessible way to manage their plans. The NCC supported this transition by responding to enquiries, reinforcing key messages and helping with sign-in and other issues.

Section 3: Participant experience

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



Section 3: Participant experience

Figure 24: NCC webchat performance⁴¹

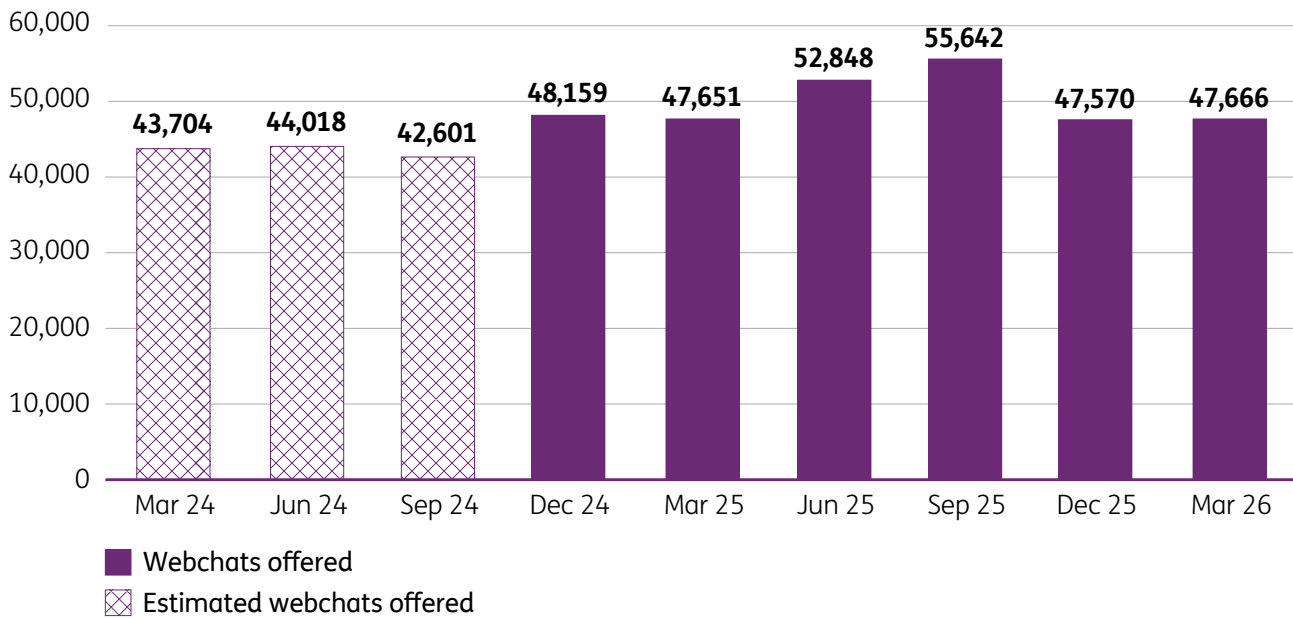
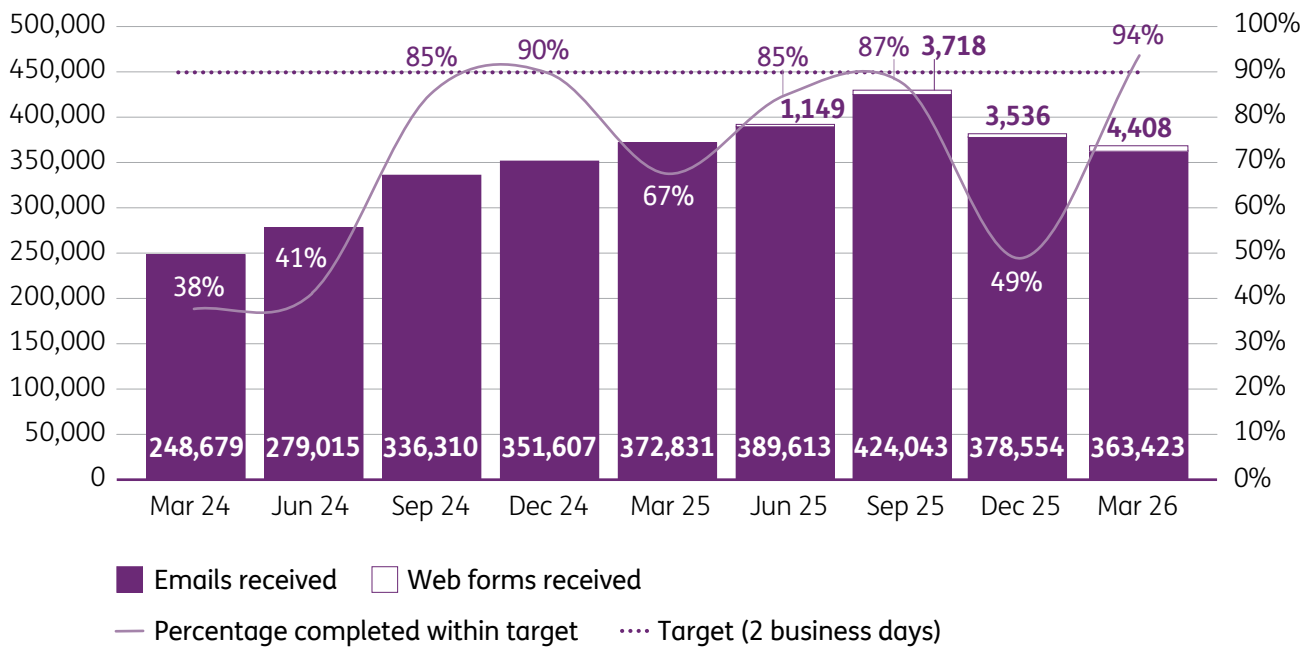


Figure 25: NCC email performance



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.



‘Give Jai an opportunity,
and he gives it his whole
heart.’

Michelle, mother of NDIS
participant Jai

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 March 2026, \$50.1 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 \$26.0 billion in payments for core daily activities in the 12 months to 31 March 2026, \$12.2 billion was for payments related to participants in SIL

Table 8: Total payments from 1 April 2025 to 31 March 2026

Support category	Payments (\$m) to all providers	Percentage of total payments
Core – daily activities	25,997	51.9%
Core – social and community participation	11,898	23.7%
Core – consumables and transport	1,512	3.0%
Capacity building – daily activities ⁴³	5,887	11.7%
Capacity building – other	3,337	6.7%
Capital	1,469	2.9%
Total ⁴⁴	50,102	100.0%

Over the past 2 years, payments have grown by 27% (from \$39.5 billion for the year ending 31 March 2024 to \$50.1 billion for the year ending 31 March 2026). Payments have grown across the support categories, most notably for core daily activities and core social and community participation (growing by 28% 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 \$50.2 billion.

⁴³ Includes therapy services.

⁴⁴ Total includes \$1.9 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 March 2026 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. The NDIA's guide to self-management 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.

Table 9: Active providers and payments by funding management type in the March 2026 quarter

Funding management type	Payments made to active providers (\$b), ⁴⁶ and proportion of total payments	Number of active providers ⁴⁷
NDIA-managed	3.3 (27%)	10,451
Plan-managed	7.9 (64%)	207,052
Self-managed	1.2 (9%)	133,781
Total	12.4	277,376

In the March 2026 quarter, of the \$12.4 billion in payments:

- \$3.3 billion was managed by the NDIA (27%)
- \$7.9 billion was managed by a plan manager (64%)
- \$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 277,376 active providers in the March quarter:

- 10,451 supported NDIA-managed participants
- 207,052 supported plan-managed participants⁴⁹
- 133,781 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 March 2026, registered providers were used more frequently and had a lower 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 March 2026 quarter, 207,052 providers supported plan-managed participants, of which 16,895 were registered at some point during the quarter.^{50,51}

Payments to plan managers were \$7.9 billion in the March 2026 quarter. Of the \$7.9 billion, \$159 million was for plan management services. The remaining \$7.8 billion was claimed by plan managers to pay service providers on behalf of participants.

Registered providers make up 8% of the service providers paid through plan managers and receive 58% of the \$7.8 billion overseen by plan managers.

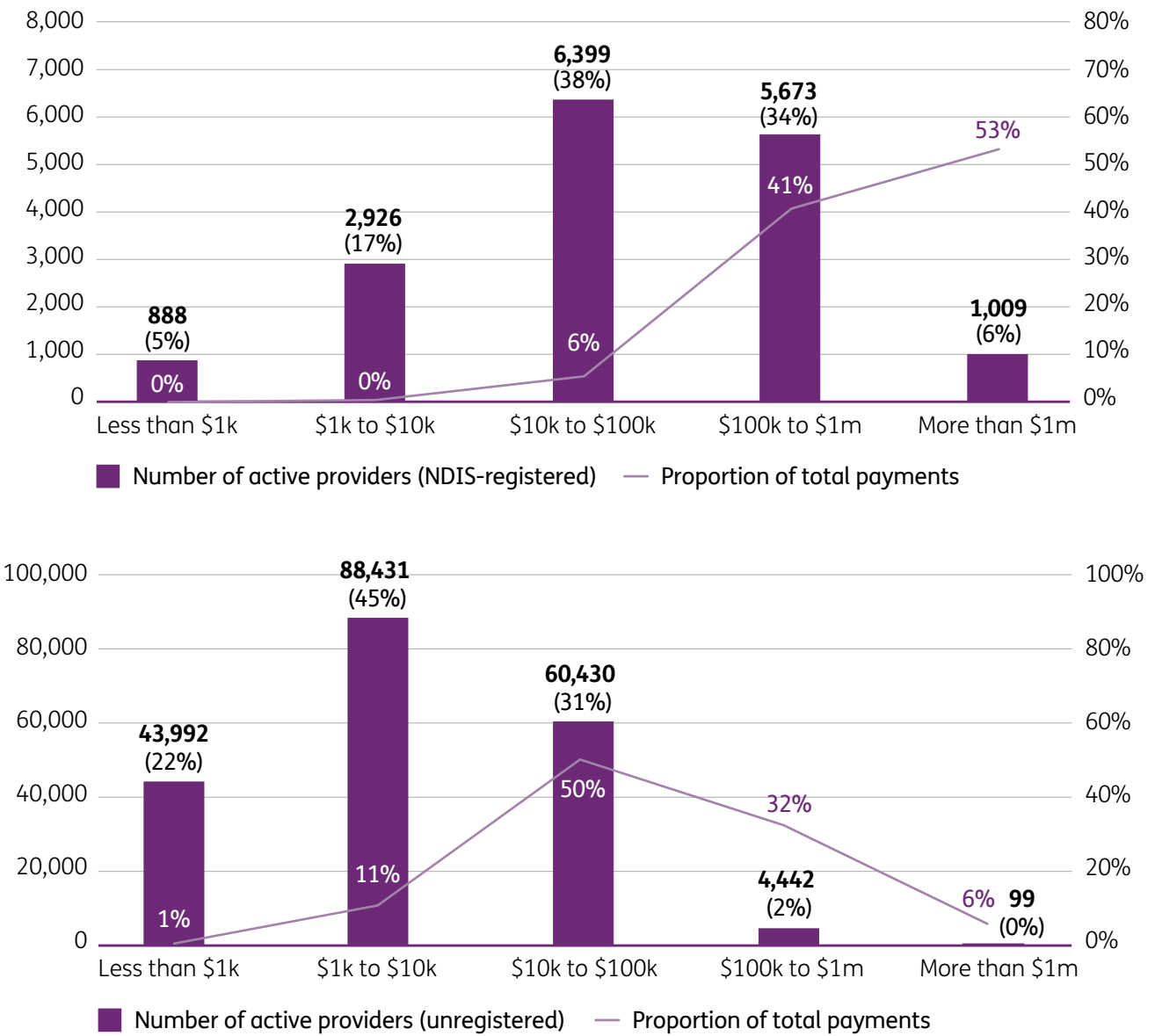
The market of unregistered providers is large compared to registered providers. Unregistered providers make up 92% of the service provider market and receive 41% of the \$7.8 billion overseen by plan managers. However, few unregistered providers receive larger total payments. As an example, in the March 2026 quarter, only 2% of unregistered providers received more than \$100,000 in total payments, compared to 40% of registered providers (Figure 26).

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

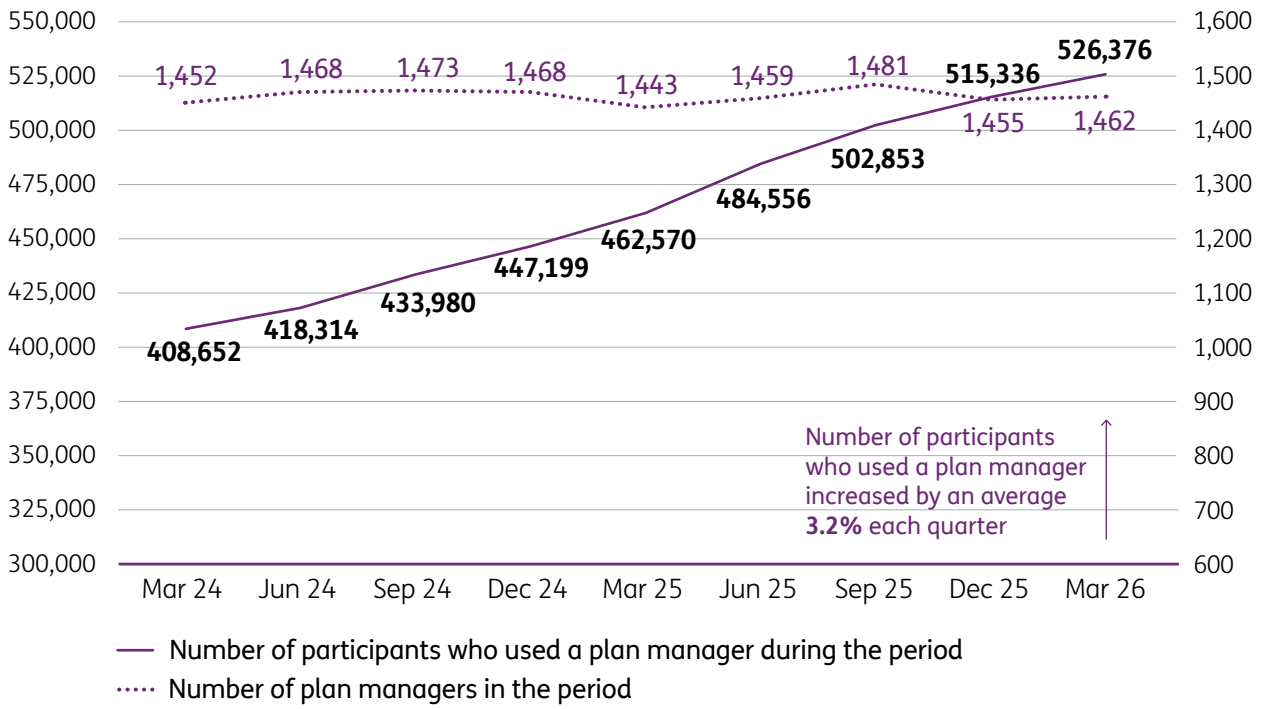
Figure 26: Number of active providers supporting participants through a plan manager, and proportion of total payments in the quarter by payment band – NDIS-registered (top) vs unregistered (bottom)^{52,53}



Over the past 2 years, the number of plan managers has remained stable – between 1,443 and 1,481 (Figure 27).⁵⁴ Over the same period, the number of participants being supported by plan managers increased from 408,652 to 526,376, which is a quarterly average increase of 3.2%. As a result, there has been a significant increase in the average number of participants supported by a plan manager over this period.

52 Payments of \$36 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 27: Participants with a plan manager by quarter – all participants⁵⁵



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

4.4 Supported independent living

Supported independent living (SIL) is help or supervision with daily tasks in your home to help you live as independently as possible, while building your skills.

As at 31 March 2026, there are 36,808 participants in SIL, and SIL supports of \$4.1 billion were provided in the March 2026 quarter.

For participants seeking home and living supports, the NDIA has a consistent and comprehensive participant-centric approach to decision-making.

Specialist home and living staff, or delegates, receive extensive training to improve their knowledge of home and living supports. Decisions to increase a SIL budget are signed off by a senior home and living delegate.

For participants who have requested SIL supports for the first time or a change to their existing SIL budget, a home and living delegate meets with the participant to ensure they understand the decision that has been made and have support to implement their plan.

Total payments to participants for SIL supports, have increased by 11% annually over the past 2 years, from \$13.4 billion to \$16.4 billion.

A large component of SIL payments to participants is for 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 SIL participants also receive other supports, such as core support for social and community participation, employment and capacity building.

Table 10: Number of participants with SIL supports, and payments for years ending 31 March⁵⁶

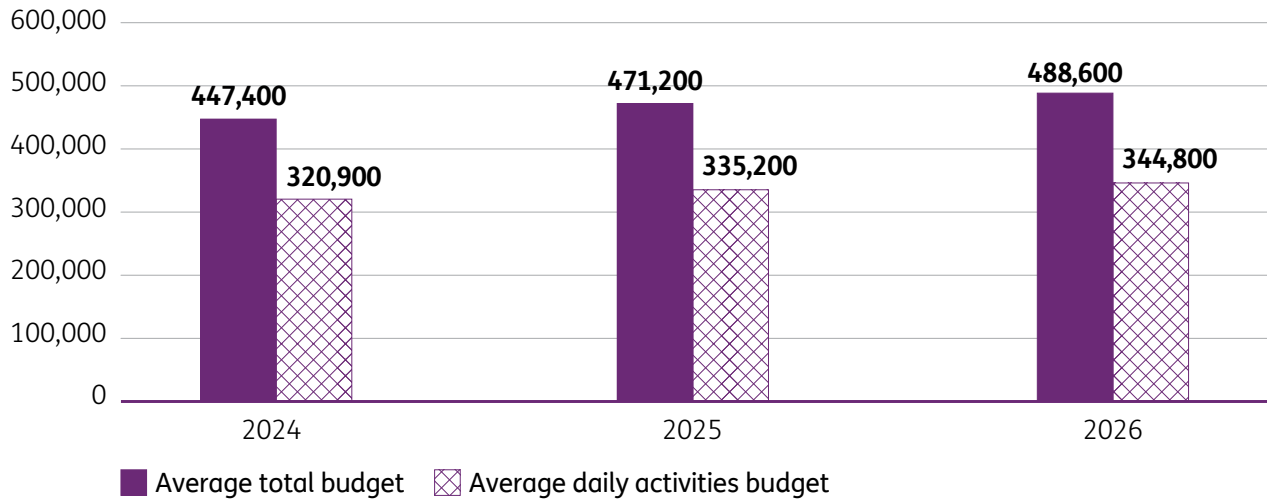
Participants and SIL payments	2024	2025	2026	Percentage increase (per annum)
Active participants	34,310	36,432	36,808	4%
Total payments (\$m)	13,391	15,228	16,398	11%
Average payment (\$)	409,400	430,500	447,100	5%
Total payments – Core daily activities (\$m)	10,204	11,488	12,245	10%
Average payment – Core daily activities (\$)	310,700	337,000	346,900	6%

⁵⁶ Average payments are calculated as the sum of the payments in the 12-month period, 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.

Section 4: Providers and the growing market

In addition to the increase in payments, average plan budgets for participants with SIL supports have also increased over time (Figure 28). This includes 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 28: Average plan budgets for participants with SIL supports over time for years ending 31 March (\$)



4.5 Specialist disability accommodation

The 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 7% annually over the past 2 years, while the number of participants eligible for SDA (but not yet using SDA) as at 31 March 2026 has reduced by 3% annually over the same period.

Reasons why a participant may be eligible, but 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 a 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 36% annually over the past 2 years, from \$290 million to \$539 million (Table 11). The average SDA payment per participant has also increased by 28% 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 March 2026 was 13,779, up by 25% annually over the past 2 years. Compared to 31 March 2025, there were an extra 2,419 dwellings (a 21% increase). This annual increase was observed across most housing design categories. The largest increase was for dwellings of the ‘high physical support’ category (36%, 1,808 dwellings) and the ‘robust’ category (23%, 333 dwellings).

All states and territories recorded an increase in the number of enrolled SDA dwellings in the past quarter, except for the ACT, which had no new dwellings enrolled.

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 March⁵⁷

Year	2024	2025	2026	Percentage increase (per annum)
Participants using SDA ⁵⁸	14,088	15,099	16,263	7%
Participants eligible for SDA, not yet using SDA ⁵⁹	10,054	9,662	9,370	-3%
Total SDA supports (\$m)	452	542	653	20%
Average SDA supports (\$)	20,600	29,300	35,500	31%
Total SDA payments (\$m)	290	411	539	36%
Average SDA payments (\$)	20,900	28,200	34,400	28%

57 The average SDA payment figure has the average number of participants using SDA as the denominator. The average number of participants using SDA is a simple average of the number of participants using SDA in 2 periods (opening and closing). The average SDA supports figure uses the number of participants with SDA in their plan as the denominator. As at 31 March 2026, this number was 18,416. This figure excludes participants who have a small placeholder amount of SDA funding in their plan. Once these participants have located an enrolled dwelling, the full SDA funding will be included in the plan.

58 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 a better understanding of why participants may not yet be using SDA funding.

59 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.

4.6 Market stewardship activities

The NDIA continues to support a sustainable and high-quality NDIS provider market through coordinated market design, strategic planning and targeted engagement activities.

Key activities this quarter include the launch of the Quality supports program therapy pilot, publication of the Dog guide provider list, and continued development and delivery of other market building initiatives.

Quality supports program

The quality supports program is part of the NDIA's commitment to ensuring every NDIS participant can access high-quality services that offer value for money. Three targeted pilot programs will explore what quality service delivery looks like for different types of support. They will produce evidence and insights to inform pricing improvements designed to deliver high-quality, sustainable supports.

The 3 pilot programs will examine therapy supports, SIL and support coordination. Selected NDIS providers will share in more than \$45 million in grant funding to participate in the pilots.

On 12 March 2026, Senator the Hon Jenny McAllister, Minister for the NDIS, announced the outcomes of a closed non-competitive grants process for the therapy pilot program. Throughout the 12-month pilot, 27 registered disability service organisations will share data with the NDIA on the cost of service delivery, workforce skills and participant outcomes.

Further information is available on the [NDIS website](#).

Dog guide provider list

The NDIA launched the [Dog guide provider list](#) to give participants clear, trusted information about dog guide providers, their services and products. The list helps participants compare providers and make an informed choice.

The list includes 7 providers that are registered with the NDIS Quality and Safeguards Commission and accredited with the International Guide Dog Federation.

Market stewardship framework

The NDIA is working with the Department of Health, Disability and Ageing (DHDA) and the NDIS Quality and Safeguards Commission to develop the NDIS market stewardship framework.

The framework will improve how government shapes, supports and monitors provider markets. It will detail stewardship responsibilities and define how governments influence and shape markets to promote the delivery of efficient, effective and ethical disability supports that deliver quality outcomes for participants.

Integrated care and commissioning

The NDIA is working with DHDA and the Department of Veterans' Affairs to deliver the Integrated Care and Commissioning initiative.

The initiative is undertaking projects to better align service systems and build a consolidated and sustainable care sector. This includes improving access to primary care and support services for NDIS participants living in regional, remote and First Nations communities, by trialling integrated services across the broader care economy.

Activities are underway in 6 pilot locations:

- Kimberley, Western Australia
- Central West Queensland
- Southeast New South Wales
- Gippsland, Victoria
- Northern Tasmania
- Port Augusta/Whyalla, South Australia.

Service agreements

The NDIA is working with the NDIS Quality and Safeguards Commission and the Australian Competition and Consumer Commission to update and improve proforma service agreements. This will help providers and participants agree on the conditions in which supports are delivered. Consultation with participants, providers and the broader sector is underway to inform the development of a service agreement template and other resources that are easy to understand, fair and supportive for everyone.

The review of the SDA Design Standard

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

The NDIA has partnered with KPMG Australia to conduct a full review. This quarter we reviewed feedback from consultations, survey responses and submissions, and began to develop recommendations for the next edition of the design standard.

A technical working group was established to advise KPMG on the recommended changes. The group includes independent experts from industry, government, allied health, and the disability and housing sectors.

More information about the review is on the [SDA Design Standard webpage](#).

Specialist disability accommodation data

The NDIA is working on a long-term initiative to improve the quality and reliability of SDA data.

This quarter we made changes to the way we manage and report on data for unfinished (unenrolled) SDA dwellings to provide a more reliable view of the potential future supply of SDA.

Changes include:

- improving the accuracy of the data we collect at design stage
- improving data quality to better match unfinished dwellings to enrolled dwellings
- updating our reporting to exclude from potential future supply any unfinished dwellings that were submitted at design stage, but have not progressed to enrolment within a specified timeframe.

This has impacted the number of unfinished (unenrolled) dwellings reported on in this quarter's Supplement P Specialist Disability Accommodation.

The update aims to provide SDA stakeholders with more accurate information to support planning and decision-making for future SDA.

In the short to medium term, we will explore ways to share more meaningful insights and data with the SDA market, based on existing data capabilities and resources, including through additions to Supplement P.

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

4.7 NDIS pricing

Between November 2025 and February 2026, the NDIA undertook the most extensive engagement for an Annual Pricing Review (APR) to date, consulting widely with participants, providers, peak bodies and sector representatives.

For the first time, consultation was run through NDIS Engage, a dedicated engagement and consultation platform.

We also consulted with states and territories to make modifications to the pricing rules to support thin markets (locations with limited NDIS supports available) in regional Australia.

Key statistics from the consultation process included:

- 7,644 visits to NDIS Engage
- 3,076 survey responses:
 - 557 participant and carer responses (various funding management types, locations)
 - 2,519 provider responses: Predominantly small and sole-trader businesses; primarily therapy providers (various registration types).
- 156 written submissions
- a focus group with 11 participants (various ages, locations, disability types).

The consultations have given us a greater understanding of what participants and other stakeholders want from the NDIS provider market, including:

- recognition that registered providers and larger organisations face higher operating costs than sole traders
- broad support for pricing that reflects the complexity, skills, responsibility and risk involved in service delivery
- a strong participant preference for simple, transparent systems and clear, upfront communication about prices.

The feedback has informed pricing recommendations for this year's APR and will inform pricing improvements mapped out in the NDIS 3-year pricing workplan.

We are committed to releasing the APR earlier this year than in previous years. This will give participants and their families more time to make decisions about how to best use their funding, and providers will have more time to make any adjustments to their business practices.

NDIS participant, Jess



Section 5

Financial sustainability



Living her own life means everything to Jess



For Jess, NDIS support means living life on her own terms and making choices about how she spends her days.

The 27-year-old from Sydney's Northern Beaches, who has cerebral palsy, lives in specialist disability accommodation – housing for people with very high support needs.

From the outside, Jess' home looks like any other. It's close to shops and public transport – exactly what Jess and her mum, Jayne, had hoped for.

Inside, the home's been purpose-built so Jess can move around comfortably and safely. Wide doorways and hallways provide space for wheelchairs, while accessible bathrooms and ceiling hoists make transfers smoother and safer.

Thoughtfully designed living spaces allow support workers to assist when needed, as Jess goes about her everyday activities at home.

Jess lives with 2 other NDIS participants. They each have their own bedroom, and support workers help them safely continue their own routines.

Jayne said with all this support, her daughter is thriving.

'Jess just loves where she's living, and why wouldn't she?' Jayne said. 'She has wonderful support around her that helps her live the life she wants.'

Jess has an NDIS-funded sip-and-puff device – with a gentle sip or puff into a mouthpiece, she selects words and phrases to generate speech.

'It helps her advocate for herself,' Jayne said. 'She can tell people what she needs, how she feels and when she's had enough.'

'For Jess and me, the NDIS has been life-changing,' Jayne said. 'We can both live our own lives knowing we are connected, supported and safe.'

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

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

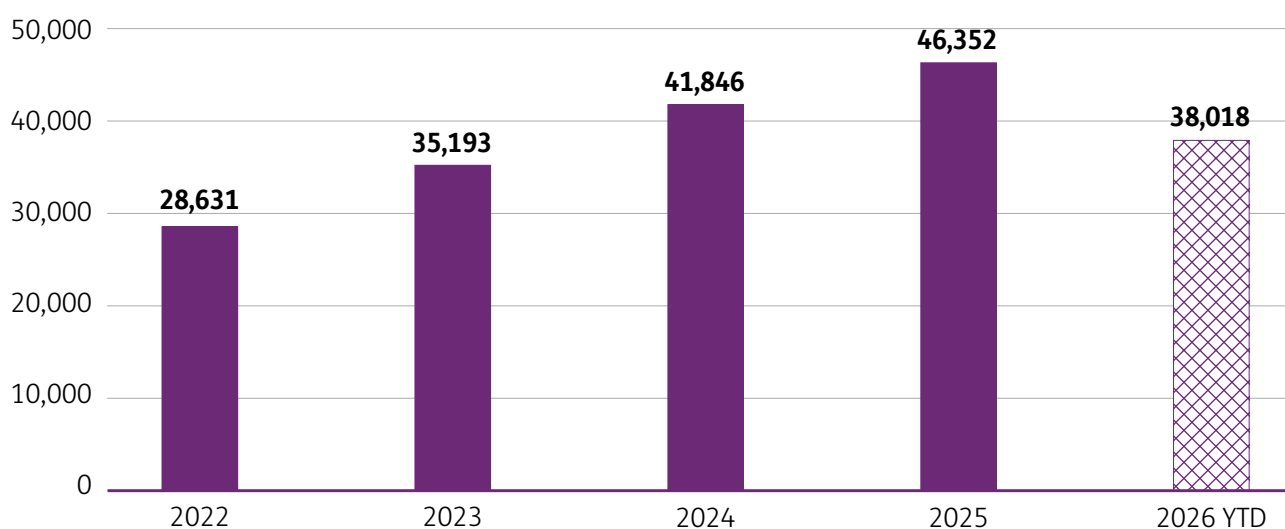
5.1 Total payments

Total NDIS payments continued to increase due to increased participant numbers and higher average costs per participant.⁶⁰

Total payments in the year to 30 June 2025 were \$46.4 billion, while the payments in the 9 months to 31 March 2026 were \$38.0 billion (Figure 29).

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

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



⁶⁰ Total NDIS costs are presented by financial year on an accrual basis, sourced from the NDIA financial accounts. The NDIS costs figure is made up of total NDIS expenses, less NDIS grant payments, write-downs and write-offs. The NDIS and NDIA costs for the 2025–26 financial year are provisional results and subject to further changes, including the Australian National Audit Office audit.

5.2 Average and median payment trends

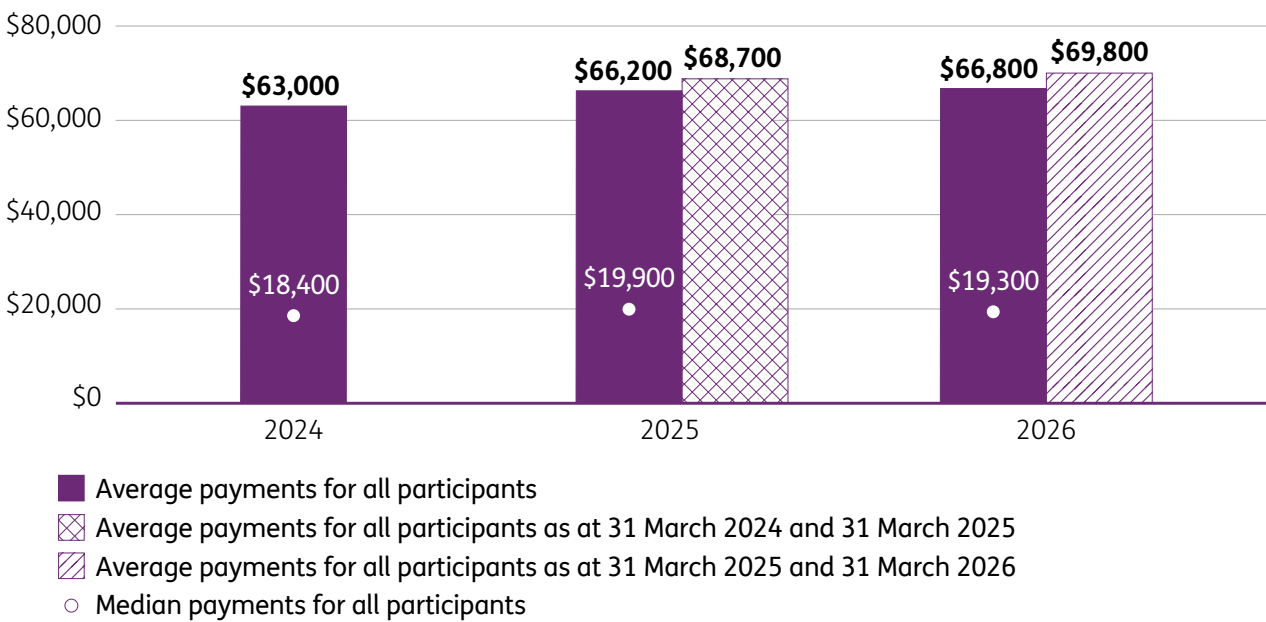
Average and median payments per participant increased by 3.0% and 2.4% per annum respectively over the past 2 years.

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 April 2024 and 31 March 2026 indicate that average payments have increased by 3.0% per annum and median payments have increased by 2.4% per annum.

Average payments for participants continuing in the NDIS are higher than the overall average (Figure 30). For example, average payments increased from \$66,200 to \$69,800 (5.4%) for participants in the NDIS as at 31 March 2025 and continuing to 31 March 2026.

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



5.3 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 March 2026 by:

- **4.1%** per annum for all participants
- **4.5%** per annum for participants in supported independent living (SIL)
- **5.8%** per annum for participants not in SIL.

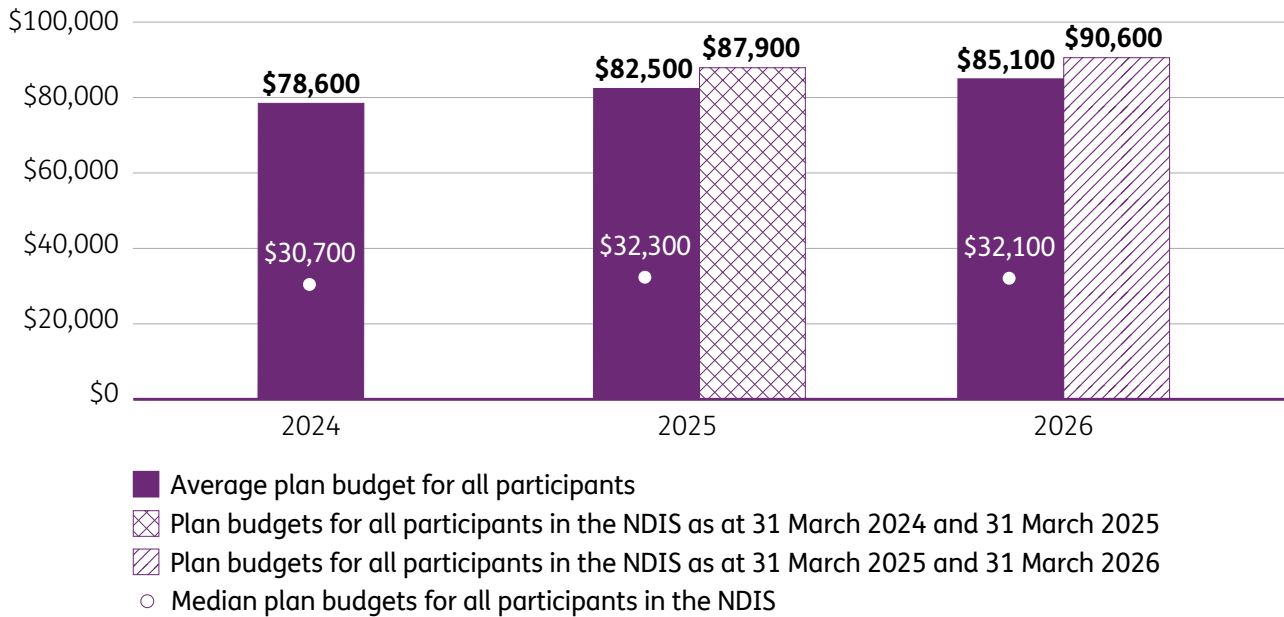
Median plan budgets increased by 2.3% over the 2-year period to 31 March 2026.

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 31). For example, the average plan budget increased from \$78,600 to \$87,900 (11.8%) for participants in the NDIS as at 31 March 2024 and 31 March 2025.

Similarly, average plan budgets for participants in the NDIS as at 31 March 2025 and 31 March 2026 increased from \$82,500 to \$90,600 (9.8%).

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



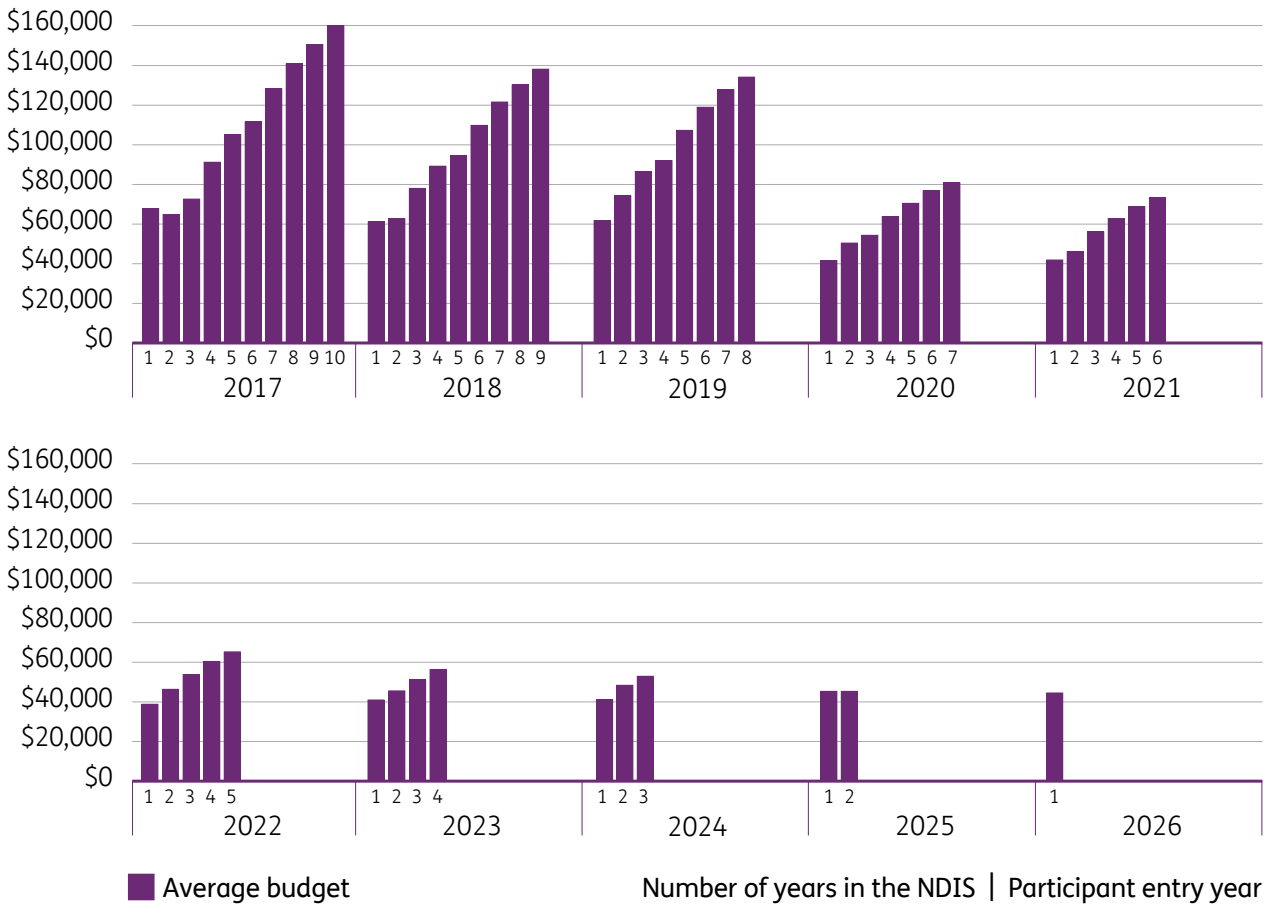
Section 5: Financial sustainability

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 32 shows participants grouped into cohorts based on the year they entered the NDIS and the trend in average plan budgets based on the number of years in the NDIS. For example, average plan budgets for participants who entered the NDIS in the year ending 30 June 2018 increased from \$61,300 for their first year to \$138,200 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 32: Average plan budgets at 31 March 2026, 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.

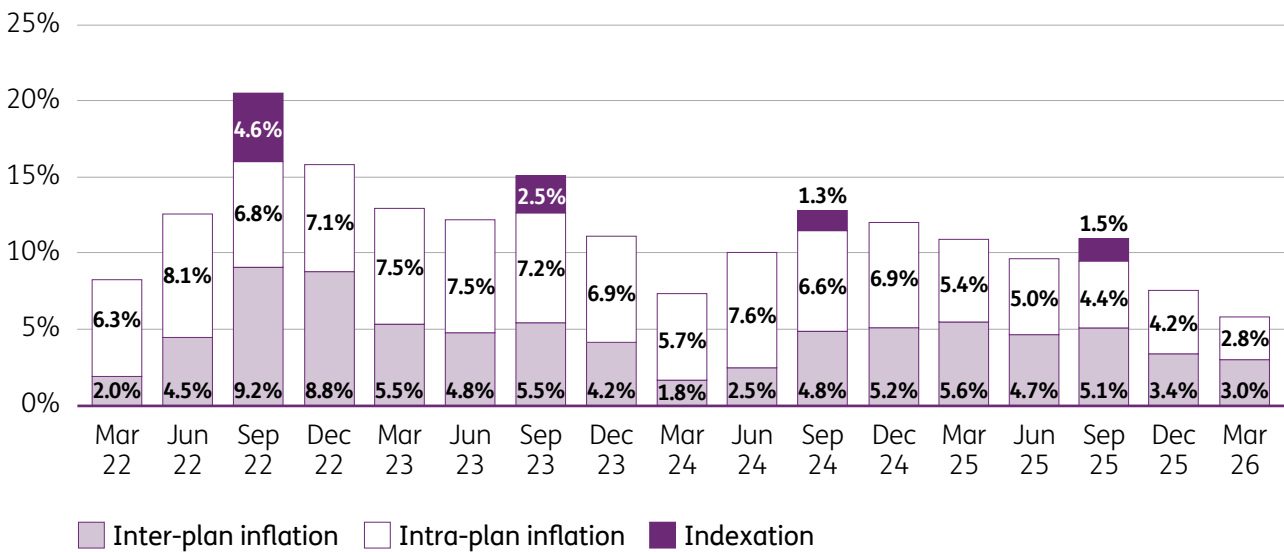
Plan inflation

Total annualised plan inflation in the March 2026 quarter was 5.9%, of which 3.0% was due to changes made at plan reassessment, and 2.8% was due to changes occurring within a plan between reassessments.

The inflation rate of 5.9% per annum in March 2026 compares with a rate of 7.6% per annum in December 2025 and 9.5% (11.0% including indexation) per annum in September 2025. Inflation occurring at plan reassessment (inter-plan inflation) was 3.0% per annum in March 2026, which compares with 3.4% per annum in December 2025 and 5.1% per annum in September 2025.

Inflation occurring within a plan, between reassessments (intra-plan inflation), was 2.8% per annum in March 2026, which compares with inflation of 4.2% per annum in December 2025 and 4.4% per annum in September 2025.

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



Section 5: Financial sustainability

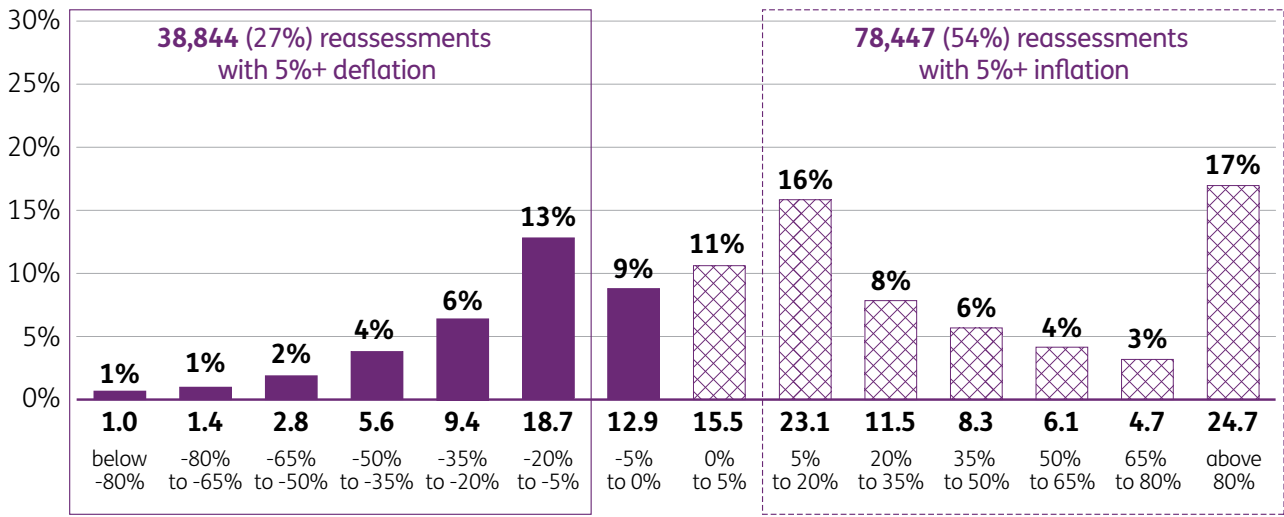
Individual plan budgets can vary significantly. In the past 3 quarters, considering total plan inflation, plan budgets were more likely to increase than decrease.

During the 9 months to 31 March 2026, 18% of active participants had at least one plan reassessment. Figure 34 shows that out of the plans that were reassessed:⁶¹

- **54%** had their budgets increased by more than 5% (compared to **60%** in the 9 months to 31 March 2025)
- **27%** decreased by more than 5% (compared to **17%** in the 9 months to 31 March 2025)
- **19%** remained within 5% (compared to **22%** in the 9 months to 31 March 2025).

Of the plans reassessed, **17%** had their budgets increased by more than **80%** (compared to **18%** in the prior quarter and **19%** in the 9 months to 31 March 2025).

Figure 34: Distribution of the percentage change in annualised plan budgets for plans reassessed between 1 July 2025 and 31 March 2026



Change in annualised plan budget – percentage

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.

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

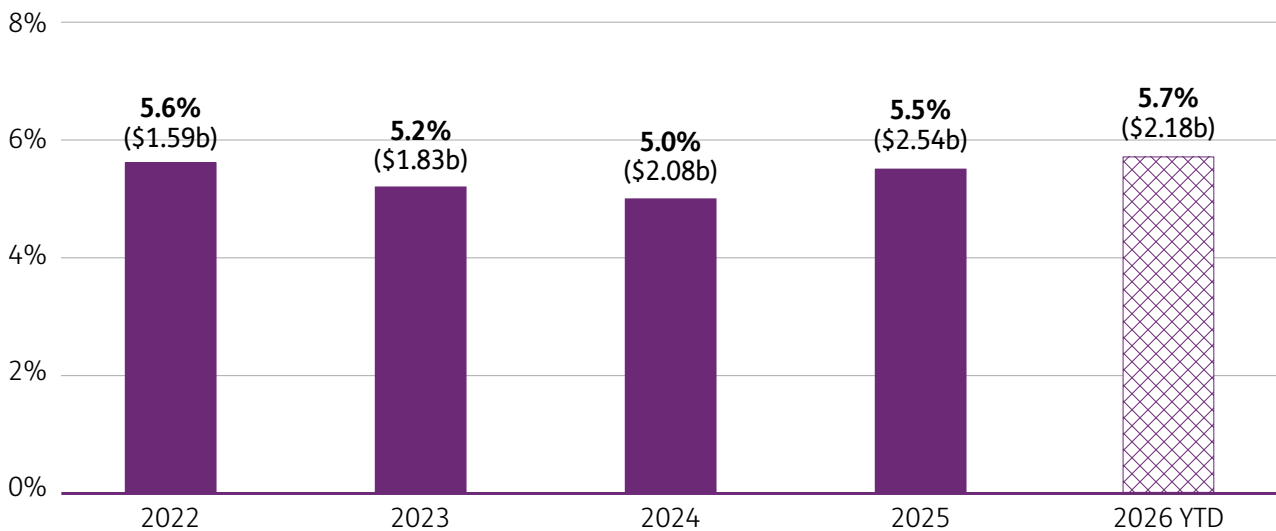
5.4 Operating expenses

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

Additional investments to strengthen the NDIS and improve the participant experience have increased the annual operating expense per participant to \$3,837 for the 2025–26 year to date. NDIA operating expenses for the year ending 30 June 2025 were \$2.54 billion and \$2.18 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 5.7% for the 2025–26 year to date (Figure 35). The Productivity Commission, in its 2017 study report, suggested a range of 7% to 10% as an appropriate benchmark for NDIA operating expenses.

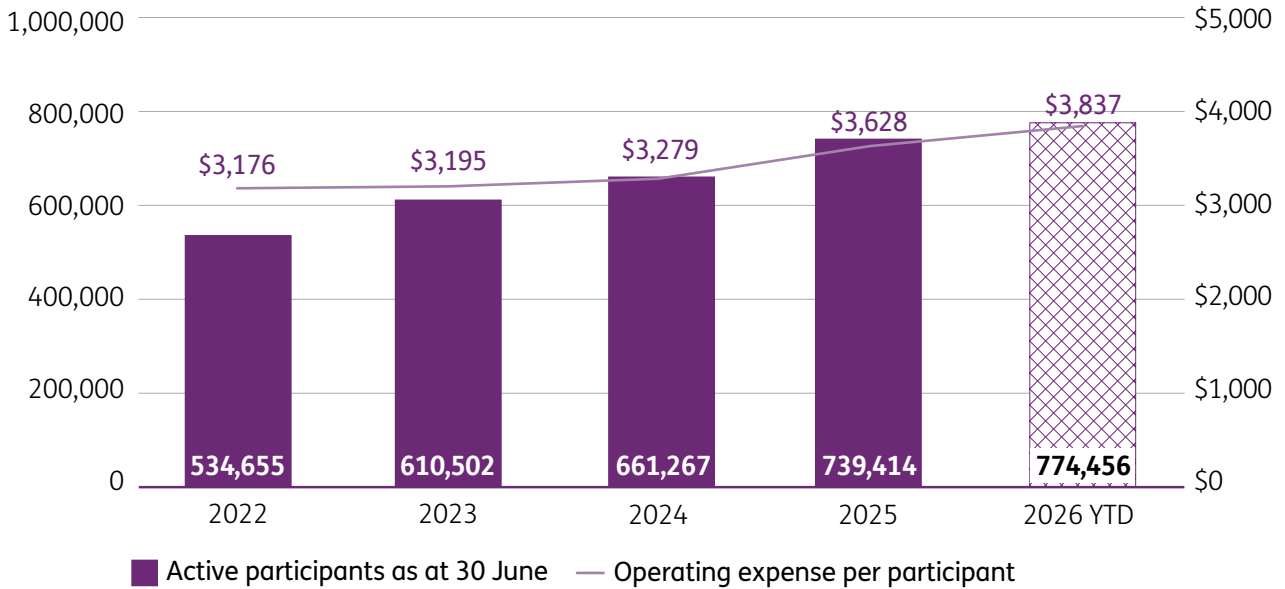
Figure 35: Operating expenses as a percentage of participant costs for years ending 30 June



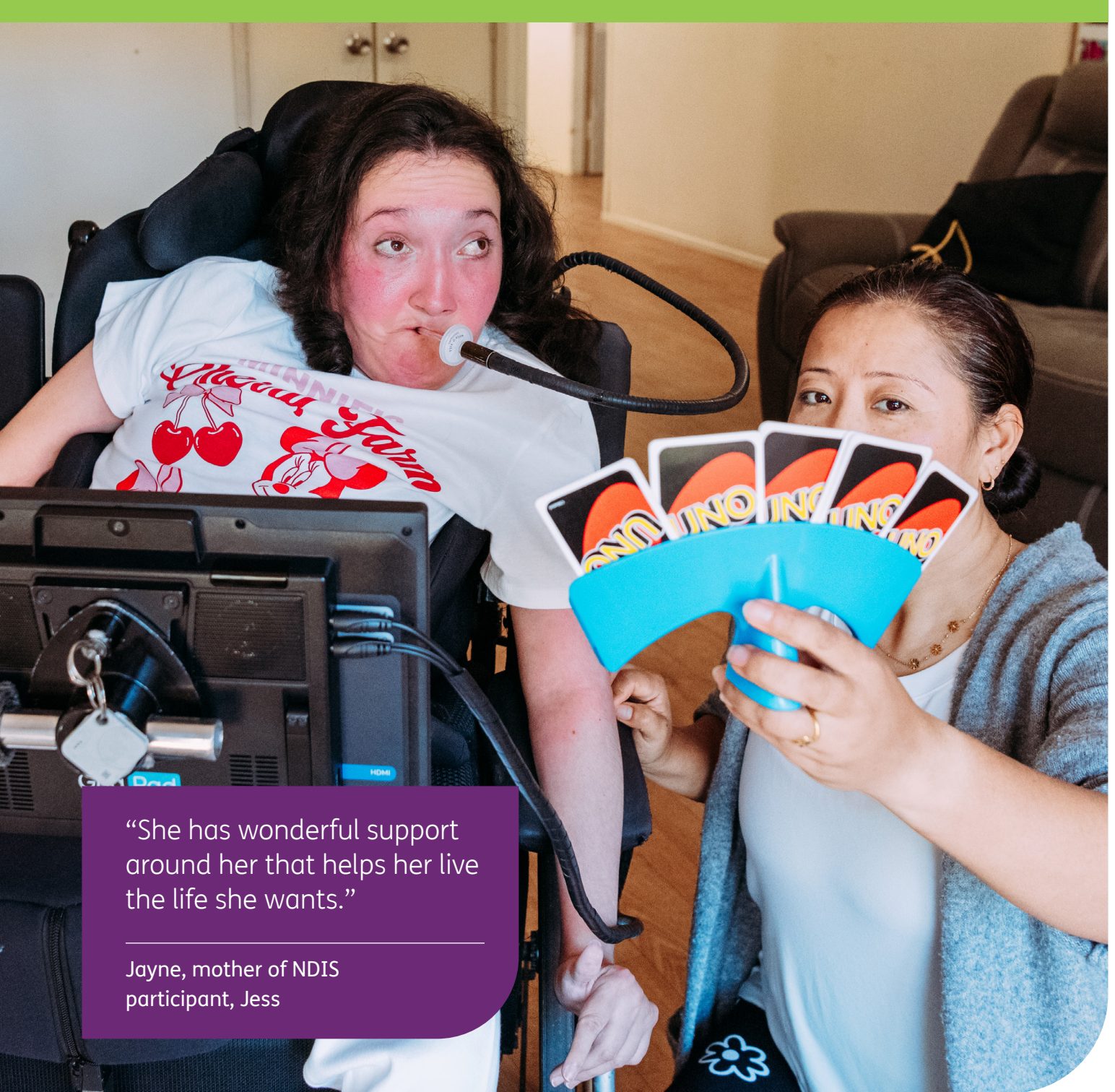
Section 5: Financial sustainability

The annual operating expense per participant increased from \$3,628 in 2024–25 to \$3,837 in the 2025–26 year to date (Figure 36).

Figure 36: 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).



“She has wonderful support around her that helps her live the life she wants.”

Jayne, mother of NDIS participant, Jess

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 March 2026, the total NDIA workforce was 12,682 including 11,024 Australian Public Service (APS) employees and 1,658 labour hire workers, contractors and consultants. A further 6,155 people are employed by NDIS partners in the community and National Contact Centre partners.

The NDIA is delivering neuroinclusion and disability action plan initiatives. This quarter, we welcomed a neuroinclusion specialist and delivered additional supports for neurodivergent staff. We held events to celebrate International Women's Day and Harmony Week.

6.2 Public data sharing and the latest release of information

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

This quarter, we released the following updated data files:

- the [accompanying data supplements](#) to the quarter 2, 2025–26 Quarterly report to disability ministers
- the latest [participant dashboards](#) containing quarter 2 data for 15 disability types in the NDIS
- [datasets](#) containing detailed data updates across participant, provider and market categories.

The [explore data tool](#), an interactive visualisation tool, was updated with second-quarter data on participant, provider and market demographics.

We also released several in-depth reports and analyses in previous quarters, which are available on the [NDIS data and research 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 and a further investment of \$110.4 million for the 2025 calendar year.

In 2025, the second year of the CDoF program, a further 17 Government-committed milestones were delivered to improve NDIA fraud-detecting IT systems.

This included strengthened identity authentication, with all providers now required to use myID and Relationship Authorisation Manager (RAM) to access the provider portal. One-time codes have also been introduced to verify callers and further strengthen our ability to detect and analyse cyber events.

In March 2026, the NDIA Crack Down on Fraud program was assessed in an End Stage Gateway Review, conducted by an independent review team, coordinated under the Department of Finance’s Assurance Review Framework. The review found that the program delivered enhanced integrity management capabilities supporting the efficient operation of the National Disability Insurance Scheme. It also found that all milestones were completed on time and within budget, while embedding durable integrity controls across core systems and processes.

Integrity initiatives

In the March 2026 quarter, the integrity program continued to implement measures to address emerging and high-risk integrity issues, including:

- **One-time code for providers** – From January 2026, NDIA National Contact Centre staff began asking registered providers to confirm a one-time code if their request involves accessing sensitive information.
- **Application programming interface (API) gateway** – In January 2026, the NDIA completed migration of the first digital partner to the new NDIA API gateway, which strengthens protections for provider transactions and participant data. It provides greater visibility of how digital partners interact with NDIA systems and greater control over protecting these systems.
- **New mobile app** – In February and March 2026, the NDIA began to roll out the new mobile phone app across iOS and Android operating systems. The new app is more accessible (including the ability to use the device with one hand) and works more consistently across devices.

Integrity outcomes

This quarter, the NDIA Pre-Payment team reviewed over 19,200 claims from providers, plan managers and participants, with a total value of more than \$53.5 million. A risk-based assessment process is used to identify high-risk claims and non-compliance. Over 67% 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.

When there are significant integrity risks, the NDIA can place a manual payment review (MPR) on a provider or participant. Under an MPR, a provider or participant is required to provide evidence to prove their entitlement to the claim before they are paid. MPRs are delivering significant outcomes, reducing non-compliant claims from providers and participants.

Integrity interventions implemented up to September and December 2025 are estimated to deliver \$3.4 billion in benefits between 1 November 2022 and 30 June 2029. Over \$960 million in savings to the Scheme due to prevented non-compliant payments. A further \$2.5 billion in payments diverted from problematic providers into higher quality spending.

Our current estimate of financial integrity loss in the NDIS shows that (as a percentage of NDIS payments):

- 7.7% comes from issues we can identify and measure using data analysis
- a further 0.6% of estimated loss is derived from a combination of data points and operational insights.

Operational case outcomes

The NDIA received approximately 7,200 tip-offs in the March quarter, compared to approximately 6,600 in the December quarter. In the March quarter, more than 80% of tip-offs were received through the web form, compared to 73% in 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 continues to result in increased multi-agency interventions against organised crime syndicates targeting the NDIS.

The Fraud Fusion Taskforce has disrupted more than 2,500 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 higher quality providers.

As at 31 March 2026, the NDIA had 34 individuals involved in 21 investigations referred for prosecution. Fifteen individuals are currently before the courts and briefs of evidence are being assessed by the Commonwealth Department of Public Prosecutions in relation to 19 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 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.
- 7 This excludes 63 First Nations participants aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.
- 8 Figures in this section have been rounded to the nearest whole percentage. Differences are calculated from unrounded metrics. Results are based on 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.
- 9 Rounded to the nearest complete year since the first plan was approved.
- 10 Some of the increase maybe due to due to participants leaving school and starting work.
- 11 Some of the decrease for older age groups is due to participants retiring from the workforce.
- 12 Some of the decrease for older age groups is due to participants retiring from the workforce.
- 13 Figures in this section have been rounded to the nearest whole percentage. Differences are calculated from unrounded metrics.
- 14 Rounded to the nearest complete year since the first plan was approved.
- 15 Noting that the education and housing systems have a major role to play in the lifelong learning and home domains.
- 16 Respondents include NDIS participants, prospective participants and people with disability engaging with the NDIS through community connections and early supports.
- 17 The unrounded performance of PSG 20 is 94.7%. Meeting the target is measured using unrounded performance.
- 18 The time taken for participants to respond to requests for further information is not included.
- 19 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.
- 20 For the March 2026 quarter, 1,239 of the 7,889 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.
- 21 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.
- 22 The NDIA is waiting on additional information from participants for 195 of the 1,248 applications awaiting a decision.
- 23 Applications on hold are excluded from the in-progress applications.
- 24 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.
- 25 Numbers of complaints reported for the most recent quarter may still vary due to a lag in data collection.
- 26 Numbers may change as the reporting of complaints in the new computer system is refined, including identifying complaints lodged via multiple channels.
- 27 '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.
- 28 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.
- 29 Number of plan change requests reported for the most recent quarter may vary, due to requests being cancelled and lags in data collection.
- 30 The count of RoRDs excludes administrative cases, and draft and miscategorised RoRDs.
- 31 Number of RoRDs reported for the recent quarters may vary, due to a lag in data collection.
- 32 A further 13 were closed in the March 2026 quarter with no specified outcome.
- 33 The small number of RoRDs closed with no specified outcome are excluded

Endnotes

- 34 The number of RoRDs has been restated in prior periods due to excluding RoRDs not related to plan reassessments or variations and to excluding multiple RoRDs for the same decision. The pathway percentages are lower than shown in the December 2025 report, due to the inclusion of plan variations as an additional source of planning-related RoRDs.
- 35 The pathway percentages are slightly higher than shown in the December 2025 report, due to the improved identification of planning-related RoRDs
- 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 a lag 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 236 surveys of early supports, 1,044 surveys of community connections, 1,093 of applying for the NDIS, 3,940 of plan approval, 2,133 of plan implementation and 8,264 of plan reassessment, which is 16,710 in total.
- 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 \$50.2 billion.
- 43 Includes therapy services.
- 44 Total includes \$1.9 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 \$36 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 Average payments are calculated as the sum of the payments in the 12-month period, 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.
- 57 The average SDA payment figure has the average number of participants using SDA as the denominator. The average number of participants using SDA is a simple average of the number of participants using SDA in 2 periods (opening and closing). The average SDA supports figure uses the number of participants with SDA in their plan as the denominator. As at 31 March 2026, this number was 18,416. This figure excludes participants who have a small placeholder amount of SDA funding in their plan. Once these participants have located an enrolled dwelling, the full SDA funding will be included in the plan.
- 58 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 a better understanding of why participants may not yet be using SDA funding.
- 59 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.
- 60 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.
- 61 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: 'Active providers' refers to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with a missing Australian Business Number (ABN).

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.

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 status¹

State/ Territory	Active approved plans (children younger than 9 as at 31 March 2026)	Access met but yet to have an approved plan (children younger than 9 as at 31 March 2026)	Access request (no decision)	Total	Number of children accessing early connections throughout the quarter
NSW	52,198	689	617	56,869	7,398
VIC	47,360	530	494	51,235	6,034
QLD	35,687	373	365	38,367	4,131
SA	12,318	163	128	13,271	1,414
WA	13,249	197	191	14,240	2,222
TAS	2,979	38	43	3,216	354
ACT	2,472	<30	23	2,716	391
NT	1,509	43	<20	1,649	138
OT	<20	<11	0	13	<11
Missing	<11	0	<11	27	<50
Total	167,787	2,062	1,876	181,603	22,128

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 and missing data about reported level of function. 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 disability group Down syndrome is reported separately to the intellectual disability group.

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**).

The count of active providers excludes providers with a missing Australian Business Number (ABN) (**Table D.20**).

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**).

Self-managed participants are required to include the provider's Australian Business Number (ABN), or a reason where an ABN is not available. However, as entering a Support Item Number remains optional, most self-managed payments are recorded at the Support Category level only. As a result, it cannot be determined whether the provider was registered or unregistered for that specific support at the time. These providers and their associated payments are classified as having an unknown registration status and are not shown separately, but are included in 'All providers'.

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 March 2026. Average payments (**Table D.24**) are calculated as the sum of the payments in the 12-month period to 31

March 2026, 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 March 2026. 'Total payments' (**Table D.24**) refers to those paid over the 12 months to 31 March 2026. Totals include payments with missing characteristics, where applicable.

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 March 2026²

State/Territory	Active participant plans - Count	Active participant plans - Percentage
NSW	228,184	29.5%
VIC	208,851	27.0%
QLD	165,611	21.4%
WA	69,231	8.9%
SA	66,339	8.6%
TAS	16,723	2.2%
ACT	12,597	1.6%
NT	6,819	0.9%
OT	89	0.0%
Missing	12	0.0%
National	774,456	100.0%

Table D.2 Numbers of active participant plans by age group as at 31 March 2026

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	52,198	47,360	35,687	13,249	12,318	2,979	2,472	1,509	167,787
9 to 14	44,093	43,208	34,062	13,496	14,182	2,979	2,359	1,299	155,702
15 to 18	22,657	20,871	17,904	7,467	7,950	1,815	1,321	706	80,700
19 to 24	20,469	17,929	15,827	7,189	6,944	1,760	1,260	600	71,991
25 to 34	20,708	17,539	14,190	6,810	5,644	1,919	1,290	538	68,648
35 to 44	15,564	15,208	11,606	5,489	4,746	1,234	943	626	55,423
45 to 54	17,344	16,503	12,322	5,252	4,763	1,343	1,049	632	59,216
55 to 64	21,288	19,098	15,058	6,504	6,036	1,670	1,064	642	71,370
65+	13,863	11,135	8,955	3,775	3,756	1,024	839	267	43,619
Total	228,184	208,851	165,611	69,231	66,339	16,723	12,597	6,819	774,456

Table D.3 Proportion of active participant plans by age group as at 31 March 2026

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	23%	23%	22%	19%	19%	18%	20%	22%	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%	9%	10%	10%	10%	11%	10%	9%	9%
25 to 34	9%	8%	9%	10%	9%	11%	10%	8%	9%
35 to 44	7%	7%	7%	8%	7%	7%	7%	9%	7%
45 to 54	8%	8%	7%	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 March 2026

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	58	43	57	29	34	<11	<11	<11	238
19 to 24	902	541	621	268	284	<100	<50	75	2,824
25 to 34	1,868	1,097	1,226	569	513	203	92	96	5,664
35 to 44	1,859	1,318	1,248	600	500	161	100	118	5,904
45 to 54	2,318	1,557	1,379	649	577	183	141	121	6,926
55 to 64	3,225	2,157	1,841	885	860	266	164	144	9,542
65+	2,055	1,190	1,061	530	524	184	99	<70	5,704
Total	12,286	7,905	7,434	3,531	3,292	1,094	645	620	36,808

Table D.5 Proportion of active participant plans (participants in Supported Independent Living (SIL)) by age group as at 31 March 2026

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	0%	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%	16%	16%	16%	19%	14%	15%	15%
35 to 44	15%	17%	17%	17%	15%	15%	16%	19%	16%
45 to 54	19%	20%	19%	18%	18%	17%	22%	20%	19%
55 to 64	26%	27%	25%	25%	26%	24%	25%	23%	26%
65+	17%	15%	14%	15%	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 March 2026

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	52,198	47,360	35,687	13,248	12,318	2,979	2,472	1,509	167,786
9 to 14	44,092	43,206	34,061	13,496	14,182	2,979	2,358	1,299	155,697
15 to 18	22,599	20,828	17,847	7,438	7,916	1,809	1,315	701	80,462
19 to 24	19,567	17,388	15,206	6,921	6,660	1,669	1,218	525	69,167
25 to 34	18,840	16,442	12,964	6,241	5,131	1,716	1,198	442	62,984
35 to 44	13,705	13,890	10,358	4,889	4,246	1,073	843	508	49,519
45 to 54	15,026	14,946	10,943	4,603	4,186	1,160	908	511	52,290
55 to 64	18,063	16,941	13,217	5,619	5,176	1,404	900	498	61,828
65+	11,808	9,945	7,894	3,245	3,232	840	740	206	37,915
Total	215,898	200,946	158,177	65,700	63,047	15,629	11,952	6,199	737,648

Table D.7 Proportion of active participant plans (participants not in Supported Independent Living (SIL)) by age group as at 31 March 2026

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	24%	24%	23%	20%	20%	19%	21%	24%	23%
9 to 14	20%	22%	22%	21%	22%	19%	20%	21%	21%
15 to 18	10%	10%	11%	11%	13%	12%	11%	11%	11%
19 to 24	9%	9%	10%	11%	11%	11%	10%	8%	9%
25 to 34	9%	8%	8%	9%	8%	11%	10%	7%	9%
35 to 44	6%	7%	7%	7%	7%	7%	7%	8%	7%
45 to 54	7%	7%	7%	7%	7%	7%	8%	8%	7%
55 to 64	8%	8%	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 March 2026

Primary disability group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Autism	96,113	88,866	74,197	31,110	33,275	6,973	5,457	2,056	338,099
Intellectual disability	30,599	27,269	18,859	8,546	8,710	2,857	1,399	1,283	99,535
Developmental delay	17,707	22,886	15,359	5,215	3,413	1,157	1,065	578	67,382
Psychosocial disability	19,833	20,454	12,723	5,717	4,208	1,220	1,155	650	65,964
Hearing impairment	9,067	7,689	6,913	2,618	2,124	546	485	238	29,682
Other neurological	8,282	6,322	5,641	2,664	1,956	575	459	240	26,145
Other physical	5,860	4,763	4,886	1,861	1,768	420	519	188	20,268
Acquired brain injury	5,427	5,292	4,710	1,868	1,899	515	238	339	20,292
Global developmental delay	7,862	3,592	3,641	1,092	2,103	258	289	241	19,083
Cerebral palsy	5,986	4,524	4,058	1,962	1,367	457	310	211	18,875
Other	4,315	3,334	3,345	1,464	1,095	365	236	233	14,388
Multiple sclerosis	3,377	3,774	2,282	1,171	1,104	440	255	22	12,426
Down syndrome	3,771	2,898	2,510	1,174	794	306	226	110	11,792
Visual impairment	3,503	3,196	2,092	1,015	871	225	200	79	11,182
Stroke	3,710	2,475	2,422	898	878	226	166	237	11,014
Spinal cord Injury	2,072	1,144	1,767	761	491	152	88	94	6,570
Other sensory/speech	700	373	206	95	283	31	50	20	1,759
Total	228,184	208,851	165,611	69,231	66,339	16,723	12,597	6,819	774,456

Table D.9 Proportion of active participant plans by primary disability group as at 31 March 2026

Primary disability group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Autism	42%	43%	45%	45%	50%	42%	43%	30%	44%
Intellectual disability	13%	13%	11%	12%	13%	17%	11%	19%	13%
Developmental delay	8%	11%	9%	8%	5%	7%	8%	8%	9%
Psychosocial disability	9%	10%	8%	8%	6%	7%	9%	10%	9%
Hearing impairment	4%	4%	4%	4%	3%	3%	4%	3%	4%
Other neurological	4%	3%	3%	4%	3%	3%	4%	4%	3%
Other physical	3%	2%	3%	3%	3%	3%	4%	3%	3%
Acquired brain injury	2%	3%	3%	3%	3%	3%	2%	5%	3%
Global developmental delay	3%	2%	2%	2%	3%	2%	2%	4%	2%
Cerebral palsy	3%	2%	2%	3%	2%	3%	2%	3%	2%
Other	2%	2%	2%	2%	2%	2%	2%	3%	2%
Multiple sclerosis	1%	2%	1%	2%	2%	3%	2%	0%	2%
Down syndrome	2%	1%	2%	2%	1%	2%	2%	2%	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 March 2026^{3 4}

Characteristics	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
First Nations Participants	22,842	8,073	18,609	5,791	4,785	1,865	683	3,694	66,348
Culturally and linguistically diverse participants	24,300	23,227	8,468	5,194	4,375	413	1,171	332	67,501
Participants residing in remote and very remote areas	854	98	2,922	3,127	1,661	214	<11	2,916	11,876
Younger people in residential aged care (under 65)	147	221	60	31	25	<11	<11	<11	497
Participants with supported independent living	12,286	7,905	7,434	3,531	3,292	1,094	645	620	36,808
Participants using specialised disability accommodation	5,137	5,489	2,765	803	1,614	<140	212	<120	16,263
Participants specialised disability accommodation eligible, not yet using specialised disability accommodation	2,991	1,874	1,781	1,076	919	384	140	205	9,370

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 computer 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 March 2026

Characteristics	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
First Nations Participants	10.0%	3.9%	11.2%	8.4%	7.2%	11.2%	5.4%	54.2%	8.6%
Culturally and linguistically diverse participants	10.6%	11.1%	5.1%	7.5%	6.6%	2.5%	9.3%	4.9%	8.7%
Participants residing in remote and very remote areas	0.4%	0.0%	1.8%	4.5%	2.5%	1.3%	n/a	42.8%	1.5%
Younger people in residential aged care (under 65)	21.9%	32.9%	19.2%	22.1%	22.7%	n/a	n/a	n/a	25.3%
Participants with supported independent living	5.5%	3.9%	4.6%	5.2%	5.0%	6.7%	5.2%	9.2%	4.8%
Participants using specialised disability accommodation	2.3%	2.7%	1.7%	1.2%	2.5%	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%	1.6%	1.4%	2.3%	1.1%	3.0%	1.2%

Table D.12 Participation rates by gender as at 31 March 2026⁵

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

Table D.13 Participation rates by age group as at 31 March 2026⁶

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0-8	5.8%	6.6%	6.1%	4.3%	6.7%	5.5%	4.9%	4.7%	5.9%
9-14	7.0%	8.5%	7.9%	6.0%	10.6%	7.5%	6.6%	6.0%	7.7%
15-18	5.3%	6.1%	6.0%	5.0%	8.6%	6.4%	5.7%	5.1%	5.8%
19-24	3.1%	3.2%	3.5%	3.3%	4.9%	4.4%	3.2%	2.9%	3.4%
25-44	1.5%	1.6%	1.7%	1.5%	2.0%	2.0%	1.4%	1.3%	1.6%
45-64	1.9%	2.2%	2.0%	1.6%	2.4%	2.1%	1.9%	2.1%	2.0%
65+	0.9%	0.9%	0.9%	0.7%	0.9%	0.8%	1.2%	1.0%	0.9%
Total (aged 0-64)	3.0%	3.4%	3.4%	2.7%	4.1%	3.4%	2.8%	2.8%	3.2%
Total	2.6%	2.9%	2.9%	2.3%	3.5%	2.8%	2.6%	2.6%	2.8%

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

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 as good or very good in the latest quarter

NDIA planning process	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Early Supports	75%	78%	75%	n/a	n/a	n/a	n/a	n/a	76%
Community Connections	81%	80%	76%	76%	78%	82%	55%	n/a	79%
Apply for NDIS (overall)	70%	68%	69%	75%	63%	62%	48%	n/a	68%
Plan Approval	56%	52%	53%	51%	53%	55%	55%	63%	53%
Plan Implementation	64%	60%	62%	58%	56%	63%	68%	n/a	61%
Plan Reassessment	71%	71%	68%	68%	65%	70%	67%	82%	69%

Table D.15 NDIA Metrics Progress: Participants, Families and Carers⁷

Measures for participants, 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%	40%	34%
Participants engaged in community - Latest Reassessment	43%	38%	41%	41%	39%	34%	42%	44%	41%
Family and carer employment - Baseline	48%	46%	45%	48%	47%	42%	58%	51%	47%
Family and carer employment - Latest Reassessment	55%	53%	51%	54%	51%	49%	65%	55%	53%
Participant choice and control - First Reassessment	67%	65%	75%	73%	66%	69%	72%	57%	68%
Participant choice and control - Latest Reassessment	82%	82%	85%	82%	80%	82%	83%	77%	82%

Table D.16 Distribution of active participants by funds management type as at 31 March 2026

Funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Self-managed Fully	21%	25%	20%	18%	16%	15%	34%	8%	21%
Self-managed Partly	4%	5%	3%	7%	3%	4%	6%	3%	4%
Plan-managed	65%	67%	71%	66%	77%	75%	56%	86%	68%
NDIA-managed	9%	3%	5%	10%	4%	6%	4%	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 March 2026

Funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Self-managed	11%	14%	12%	12%	8%	9%	18%	3%	11%
Plan-managed	51%	61%	60%	51%	61%	53%	58%	53%	57%
NDIA-managed	39%	25%	29%	37%	31%	38%	24%	44%	32%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

⁷ Results are based on 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. The results include responses for participants who have been in the NDIS for 2 or more years, rounded to the nearest complete year since the first plan was approved.

Table D.18 Number and rates of participant complaints⁸

Participant complaints	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Participant complaints in quarter 3, 2025-26	3,469	3,193	2,830	1,055	1,089	228	169	59	12,337
Complaints as a percentage of active participants	6.1%	6.2%	6.9%	6.2%	6.6%	5.5%	5.4%	3.5%	6.4%
All participant complaints	88,734	78,605	59,882	22,613	29,175	6,030	5,509	1,668	304,797
Complaints as a percentage of active participants	6.7%	7.2%	7.2%	6.7%	7.8%	6.5%	6.6%	4.6%	7.3%

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

PCIs	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
PCIs in quarter 3, 2025-26	1,352	1,398	1,107	532	536	134	74	58	5,194
PCIs as a percentage of active participants	2.4%	2.7%	2.7%	3.1%	3.3%	3.2%	2.4%	3.4%	2.7%
All PCIs	19,443	21,873	15,329	7,563	8,285	1,447	897	976	75,938
PCIs as a percentage of active participants	1.5%	2.0%	1.9%	2.3%	2.2%	1.6%	1.1%	2.7%	1.8%

Table D.20 Number of active providers in Quarter 3, 2025-26 by funds management type, registration status and the residing State/Territory¹⁰

Registration status/funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Registered providers - Total	7,972	6,622	5,239	2,565	2,394	1,010	1,024	779	17,717
Registered providers - NDIA-managed	4,590	3,030	2,646	1,267	962	358	329	289	10,451
Registered providers - Plan-managed	7,413	6,261	4,895	2,377	2,253	930	954	717	16,895
Registered providers - Self-managed	5	7	<5	<5	<5	<5	<5	<5	19
Unregistered providers - Total	76,218	81,035	67,978	25,184	21,558	6,394	4,645	1,749	264,970
Unregistered providers - Plan-managed	55,687	58,732	52,943	17,859	16,610	4,857	2,753	1,478	197,394
Unregistered providers - Self-managed	33,434	37,890	26,706	11,723	8,859	2,509	2,673	444	116,980
All providers - Total	82,496	86,356	72,196	27,439	23,535	7,402	5,753	2,454	277,376
All providers - NDIA-managed	4,590	3,030	2,646	1,267	962	358	329	289	10,451
All providers - Plan-managed	60,492	62,836	56,164	19,601	18,168	5,603	3,534	2,064	207,052
All providers - Self-managed	39,618	43,223	31,029	13,555	10,552	3,201	3,428	657	133,781

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 based on whether a provider was registered for a specific support on the support provision date. Providers claiming both registered and unregistered supports, or whose status changes during the quarter, are counted in both categories with payments reflected accordingly. This is a change from previous quarters, where providers were classified as registered if they were registered for at least one support, resulting in fewer registered and more unregistered providers for participants with self-managed funds management type. The total provider count and payments for 'all registration statuses' reflects unique providers based on ABN, regardless of registration status.

Table D.21 Committed supports by financial year in which support was provided and increase from previous years

Financial year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
2017-18 (\$m)	4,259	1,444	878	228	372	189	303	99	7,773
2018-19 (\$m)	5,881	3,462	2,542	554	1,160	400	365	199	14,567
2019-20 (\$m)	8,010	6,027	5,157	1,544	2,128	660	459	384	24,373
2020-21 (\$m)	10,149	7,937	6,846	2,737	2,776	846	552	505	32,354
2021-22 (\$m)	11,466	9,279	7,955	3,194	3,179	973	604	535	37,191
2022-23 (\$m)	14,011	11,626	9,953	4,081	3,955	1,180	713	685	46,210
2023-24 (\$m)	16,226	13,602	11,756	4,860	4,620	1,360	813	806	54,051
2024-25 (\$m)	18,135	15,198	13,278	5,575	5,167	1,498	893	915	60,676
2025-26 to date (\$m)	14,940	12,487	10,942	4,688	4,286	1,227	733	743	50,057
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%	31%	33%
increase from 2020-21 to 2021-22 (%)	13%	17%	16%	17%	15%	15%	9%	6%	15%
increase from 2021-22 to 2022-23 (%)	22%	25%	25%	28%	24%	21%	18%	28%	24%
increase from 2022-23 to 2023-24 (%)	16%	17%	18%	19%	17%	15%	14%	18%	17%
increase from 2023-24 to 2024-25 (%)	12%	12%	13%	15%	12%	10%	10%	14%	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)	3,093	959	560	169	223	153	219	66	5,443
2018-19 (\$m)	4,460	2,372	1,673	397	794	296	275	135	10,405
2019-20 (\$m)	5,968	4,135	3,612	1,030	1,490	477	337	263	17,313
2020-21 (\$m)	7,696	5,468	5,019	1,939	2,003	633	414	371	23,544
2021-22 (\$m)	8,930	6,827	6,146	2,362	2,426	759	472	416	28,472
2022-23 (\$m)	11,023	8,676	7,597	2,973	2,996	888	540	524	35,268
2023-24 (\$m)	13,023	10,526	9,051	3,639	3,558	1,014	618	624	42,075
2024-25 (\$m)	14,175	11,524	9,889	4,092	3,883	1,102	673	685	46,036
2025-26 to date (\$m)	10,928	8,804	7,667	3,204	2,982	841	506	515	35,453
increase from 2017-18 to 2018-19 (%)	44%	147%	199%	135%	256%	94%	25%	105%	91%
increase from 2018-19 to 2019-20 (%)	34%	74%	116%	159%	88%	61%	22%	95%	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%	9%	9%	10%	9%

Table D.23 Total annualised committed supports and average annualised committed supports, including participants in Supported Independent Living (SIL) as at 31 March 2026

Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Total (\$m)	19,589	16,400	14,466	6,247	5,710	1,601	958	950	65,931
Average (\$)	85,800	78,500	87,300	90,200	86,100	95,700	76,000	139,300	85,100
Total - SIL (\$m)	5,703	3,923	3,682	1,716	1,711	541	300	409	17,986
Average - SIL (\$)	464,200	496,300	495,300	486,000	519,700	494,800	464,900	660,200	488,600

Table D.24 Total payments and average payments, including participants in Supported Independent Living (SIL) as at 31 March 2026

Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Total (\$m)	15,474	12,494	10,754	4,511	4,214	1,186	718	737	50,102
Average (\$)	70,000	61,800	66,700	68,000	65,900	73,500	58,800	111,100	66,800
Total - SIL (\$m)	5,250	3,564	3,374	1,529	1,537	496	276	371	16,398
Average - SIL (\$)	429,700	454,500	452,900	435,100	468,500	448,900	430,900	595,300	447,100

Table D.25 Total annualised committed supports by support category as at 31 March 2026 (\$m)

Support category	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Core - Daily Activities	9,577	7,436	7,190	2,979	2,909	806	478	520	31,898
Core - Consumables	281	259	236	100	81	22	14	9	1,003
Core - Social and Civic	4,151	3,667	2,999	1,244	1,107	366	180	182	13,899
Core - Transport	168	149	110	48	44	14	9	5	547
Capacity Building - Choice and Control	214	202	171	68	73	18	10	9	765
Capacity Building - Daily Activities	2,976	2,805	2,198	979	845	200	154	111	10,270
Capacity Building - Employment	174	125	122	77	56	13	10	7	584
Capacity Building - Health and Wellbeing	21	13	11	4	3	2	2	0	55
Capacity Building - Home Living	1	2	1	0	0	0	0	0	6
Capacity Building - Lifelong learning	0	0	0	0	0	0	0	0	2
Capacity Building - Relationships	580	449	316	203	167	44	25	27	1,811
Capacity Building - Social and Civic	181	170	120	81	50	21	14	14	651
Capacity Building - Support Coordination	458	469	365	175	152	40	21	40	1,721
Capital - Assistive Technology	557	400	412	205	142	40	30	17	1,803
Capital - Home Modifications	251	254	216	82	79	16	10	9	917
Total	19,589	16,400	14,466	6,247	5,710	1,601	958	950	65,931

Table D.26 Total payments by support category for the year ending 31 March 2026 (\$m)

Support Category	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Core - Daily Activities	8,006	6,110	5,647	2,364	2,330	668	401	461	25,997
Core - Consumables	188	153	143	61	53	14	9	5	625
Core - Social and Civic	3,699	3,120	2,622	992	887	292	146	139	11,898
Core - Transport	359	248	139	57	50	14	14	8	888
Capacity Building - Choice and Control	180	173	146	55	62	15	9	8	647
Capacity Building - Daily Activities	1,788	1,623	1,202	558	488	89	84	54	5,887
Capacity Building - Employment	62	42	36	21	16	4	3	2	186
Capacity Building - Health and Wellbeing	11	5	5	2	1	1	1	0	26
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	339	247	165	112	92	26	13	16	1,010
Capacity Building - Social and Civic	74	63	44	31	15	9	5	5	247
Capacity Building - Support Coordination	330	350	253	115	104	27	14	25	1,220
Capital - Assistive Technology	252	175	191	86	61	18	12	9	804
Capital - Home Modifications	186	186	160	56	56	9	6	6	665
Total	15,474	12,494	10,754	4,511	4,214	1,186	718	737	50,102

Table D.27 Percentage change in plan budgets for active participants in the quarter ending 31 March 2026

Inflation type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Intra-plan Inflation	2.5%	3.0%	2.8%	3.0%	3.6%	2.7%	1.9%	1.6%	2.8%
Inter-plan Inflation	3.4%	2.6%	2.8%	3.8%	3.3%	2.3%	3.0%	0.9%	3.0%
Total Inflation	6.0%	5.6%	5.7%	6.8%	6.9%	5.0%	4.9%	2.6%	5.9%

Table D.28 Percentage change in plan budgets for plans reassessed - 1 July 2025 to 31 March 2026 - all participants

Percentage change in plan budgets	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
below -80%	1%	1%	1%	1%	1%	1%	1%	1%	1%
-80% to -65%	1%	1%	1%	1%	1%	1%	1%	2%	1%
-65% to -50%	2%	2%	2%	2%	2%	2%	2%	2%	2%
-50% to -35%	4%	4%	4%	4%	4%	4%	4%	4%	4%
-35% to -20%	6%	6%	6%	7%	6%	6%	6%	8%	6%
-20% to -5%	12%	14%	13%	13%	12%	13%	13%	15%	13%
-5% to 0%	8%	10%	9%	8%	9%	10%	9%	10%	9%
0% to 5%	10%	11%	11%	10%	10%	11%	11%	10%	11%
5% to 20%	16%	16%	16%	15%	16%	17%	15%	13%	16%
20% to 35%	8%	8%	8%	8%	8%	7%	7%	6%	8%
35% to 50%	6%	5%	6%	6%	6%	5%	5%	5%	6%
50% to 65%	4%	4%	4%	4%	5%	3%	4%	4%	4%
65% to 80%	3%	3%	3%	3%	3%	3%	3%	3%	3%
above 80%	17%	16%	17%	18%	18%	15%	19%	16%	17%
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 July 2025 to 31 December 2025^{11 12 13}

Participant breakdown	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
in SIL - First plan	82%	83%	79%	74%	81%	n/a	n/a	n/a	80%
in SIL - Subsequent plans	88%	86%	87%	85%	86%	85%	87%	84%	87%
in SIL - Total	88%	86%	86%	85%	86%	85%	87%	84%	87%
Not in SIL - First plan	59%	57%	54%	55%	56%	47%	53%	52%	56%
Not in SIL - Subsequent plans	72%	71%	70%	67%	68%	65%	66%	65%	70%
Not in SIL - Total	70%	69%	67%	65%	66%	63%	64%	63%	68%
Both in SIL and not in SIL - First plan	61%	58%	55%	56%	58%	51%	54%	54%	58%
Both in SIL and not in SIL - Subsequent plans	78%	75%	75%	73%	74%	73%	74%	75%	76%
Both in SIL and not in SIL - Total	76%	73%	73%	71%	73%	72%	72%	73%	74%

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 July 2025 to 31 December 2025 is shown in the table – experience in the most recent 3 months is still emerging and is not included.

Table D.30 Participant Service Guarantee Timeframes (% guarantees met) for the quarter ending 31 March 2026 ^{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	95%	95%	96%	97%	97%	96%	93%	96%	96%
2. Make an access decision, or request for more information, after an access request has been received	21 days	82%	82%	82%	81%	82%	82%	83%	89%	82%
4. Make an access decision, or request further information, after more information has been provided.	14 days	70%	66%	69%	66%	68%	65%	60%	93%	68%
6. Approve a participant's plan, after an access decision has been made (excludes those ECA that have received initial supports)	56 days	97%	95%	97%	96%	96%	92%	95%	87%	96%
7. Approve a plan for ECA participants, after an access decision has been made	56 days	100%	100%	99%	100%	100%	99%	100%	97%	100%
8. Offer to hold a plan implementation meeting, after the plan is approved	7 days	84%	84%	87%	86%	84%	83%	87%	89%	85%
9. If the participant accepts the offer, hold a plan implementation meeting	28 days	98%	99%	98%	94%	97%	99%	99%	98%	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%	100%	98%	99%
11. Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date	56 days	48%	48%	48%	49%	46%	47%	43%	26%	47%
12. Decide whether to undertake a Participant Requested Plan reassessment, after the request is received	21 days	28%	31%	29%	26%	26%	26%	21%	46%	29%
13. Complete a reassessment, after the decision to accept the request was made	28 days	87%	88%	86%	85%	88%	87%	85%	81%	87%
14. Amend a plan, after the receipt of information that triggers the plan amendment process	28 days	38%	40%	37%	46%	41%	40%	30%	65%	39%
17a. Complete an internal Review of a Reviewable Decision, after a request is received	60 days	34%	31%	35%	34%	36%	39%	35%	28%	34%
17b. Enact outcome of a reviewable decision, once decision has been made	28 days	98%	99%	98%	99%	98%	95%	98%	94%	98%
18. Implement an AAT decision to amend a plan, after the AAT decision is made	28 days	87%	95%	89%	88%	89%	89%	100%	83%	90%
19. Cancel participant requested nominee	14 days	99%	100%	98%	100%	100%	100%	100%	100%	99%
20. Cancel CEO initiated nominee	14 days	98%	96%	94%	98%	82%	100%	100%	100%	95%

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.

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 computer 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 Australian population that are NDIS participants. A small proportion of participants have a gender of 'Other'. The participation rates for this group are included within the total rates.
- 6 Participation rate refers to the proportion of the general population that are NDIS participants.
- 7 Results are based on 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. The results include responses for participants who have been in the NDIS for 2 or more years, rounded to the nearest complete year since the first plan was approved.
- 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 based on whether a provider was registered for a specific support on the support provision date. Providers claiming both registered and unregistered supports, or whose status changes during the quarter, are counted in both categories with payments reflected accordingly. This is a change from previous quarters, where providers were classified as registered if they were registered for at least one support, resulting in fewer registered and more unregistered providers for participants with self-managed funds management type. The total provider count and payments for 'all registration statuses' reflects unique providers based on ABN, regardless of registration status.
- 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 July 2025 to 31 December 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.



National Disability Insurance Scheme

-  Website: [ndis.gov.au](https://www.ndis.gov.au)
-  Telephone: 1800 800 110
-  Webchat: [ndis.gov.au](https://www.ndis.gov.au)

Follow us on our social channels



For people who need help with English

-  TIS: 131 450

For people who are deaf or hard of hearing

-  TTY: 1800 555 677
-  Voice relay: 1800 555 727
-  National Relay Service: [accesshub.gov.au](https://www.accesshub.gov.au)