

Q3

2020-2021



NDIS Quarterly Report to disability ministers

31 March 2021

ndis

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Summary

The National Disability Insurance Scheme (NDIS) has delivered significant benefits to participants

1) The Scheme now has 450,000 diverse participants in all locations throughout Australia:

- Since 1 July 2020, the Scheme has been available in all locations
- 450,000 participants are receiving support
- More than 50% of participants are receiving support for the first time
- Participants from diverse backgrounds are in the Scheme at increasing rates:
 - Aboriginal and Torres Strait Islanders: 6.8% (up from 5.9% two years ago)
 - Culturally and Linguistically Diverse: 9.4% (up from 8.2% two years ago)
 - Australians living in remote and very remote areas: 1.5% (up from 1.2% two years ago)

2) The Scheme is benefitting participants formerly in residential aged care:

- Residents under 65 have reduced by 30% (6,200 to 4,300) in just over 3 years
- Admission to aged care for those aged under 65 has reduced by 68% in 3 years

3) Participants are receiving significantly higher levels of funded support:

- Participants entering from State/Territory systems are receiving 50% more funded supports (on average) than before they transferred to the NDIS
- Average payments to participants have increased by 42% over the past three years and now stand at \$53,200
- 450 participants receive support packages over \$1 million per annum and 5,100 participants receive over \$500,000 (and less than \$1 million).

4) Participant outcomes, which in many cases are life-changing, are significantly improving:

For children from birth to starting school

we have seen significant improvements in **eight** indicators within **five** domains:

- Daily living
- Choice and control
- Relationships
- Social, community and civic participation
- Specialist services



E.g. Children feel more welcome taking part in community and social activities
11% increase over three years

For children from school age to 14 years old

we have seen significant improvements in **five** indicators within **four** domains:

- Daily living
- Lifelong learning
- Relationships
- Social, community and civic participation



E.g. Children are becoming more independent
9% increase over three years

For participants aged 15 to 24

we have seen significant improvements in **29** indicators within **eight** domains:

- Choice and control
- Daily living
- Relationships
- Home
- Health and wellbeing
- Lifelong learning
- Work
- Social, community and civic participation



E.g. More participants are working in a paid job
12% increase over three years

For participants aged 25 and over

we have seen significant improvements in **23** indicators within **eight** domains:

- Choice and control
- Daily living
- Relationships
- Home
- Health and wellbeing
- Lifelong learning
- Work
- Social, community and civic participation



E.g. Participants are going to hospital less
6% reduction over three years

5) The lives of families and carers are significantly improving:

For families and carers of participants from birth to age 14

we have seen significant improvements in **15** indicators within **five** domains:

- **Rights and advocacy**
- **Support for families and carers**
- **Access to services**
- **Helping their child develop and learn**
- **Health and wellbeing (including employment)**



E.g. More families and carers think that the services and supports they receive have helped them to better care for their child

24% increase over three years

For families and carers of participants aged 15-24

we have seen significant improvements in **14** indicators within **five** domains:

- **Rights and advocacy**
- **Support for families and carers**
- **Access to services**
- **Helping their family member become more independent**
- **Health and wellbeing (including employment)**



E.g. More families and carers have a paid job, and those in a paid job are working longer hours

5% increase over three years

For families and carers of participants aged 25 and over

we have seen significant improvements in **12** indicators within **five** domains:

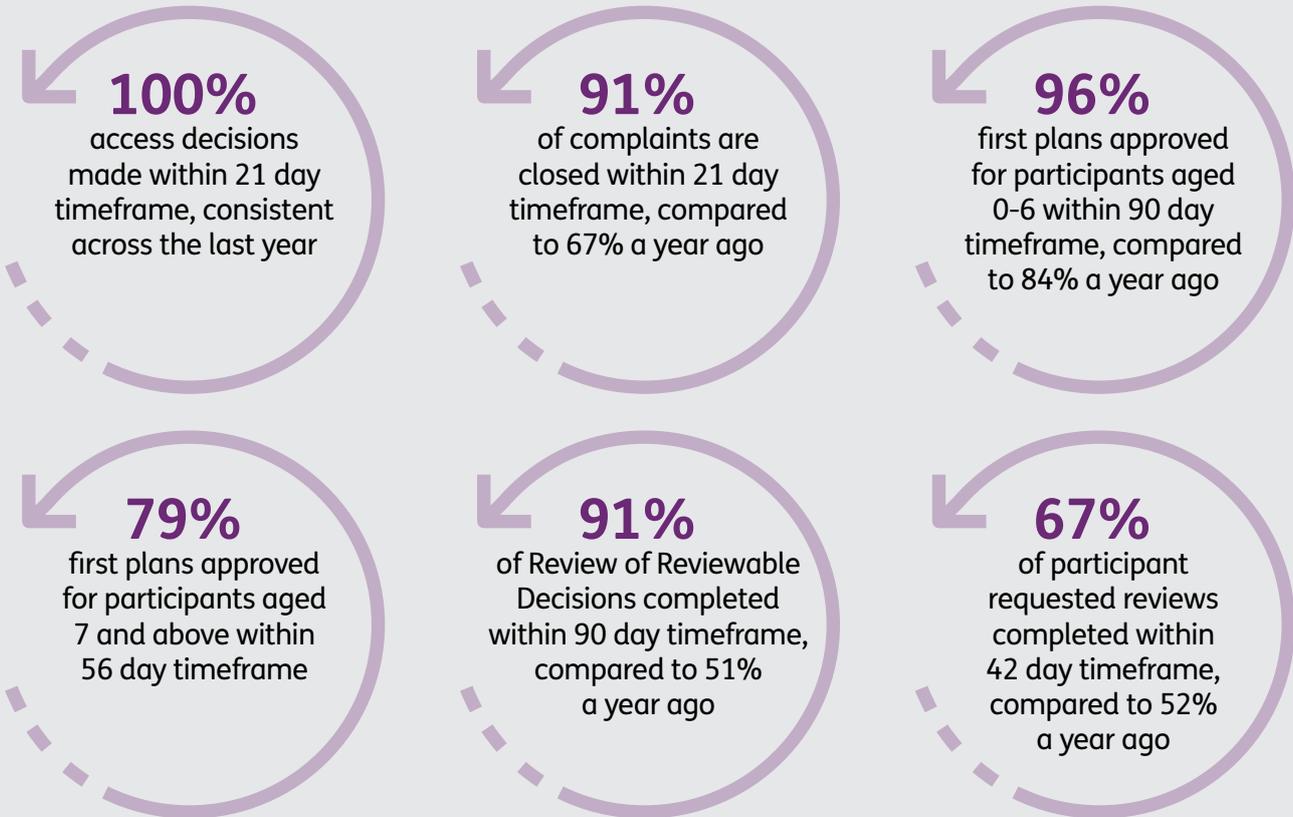
- **Rights and advocacy**
- **Support for families and carers**
- **Access to services**
- **Succession planning**
- **Health and wellbeing (including employment)**



E.g. More families and carers think that the services and supports they receive have helped them to better care for their family member with disability

41% increase over three years

6) Services are being delivered to participants in a shorter time through early implementation of the Participant Service Guarantee:



7) Participant satisfaction with the access and planning process is high:

- 76% of participants rate the **Access** process as good or very good
- 85% of participants rate the **Planning** process as good or very good
- 74% of participants rate the plan **Review** process as good or very good

8) NDIS services have been refined during COVID-19 to keep participants safe:

- Significant support has been delivered to participants during COVID-19
- This has resulted in the participant infection rate being lower than the general population
- Significant support is being provided to the Department of Health to facilitate their roll-out of vaccines¹

¹ Refer to the Department of Health website for information on the vaccine roll-out - <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines>.

However, the fairness, consistency and flexibility of participant funded supports could be improved, and their rate of increase threatens Scheme affordability

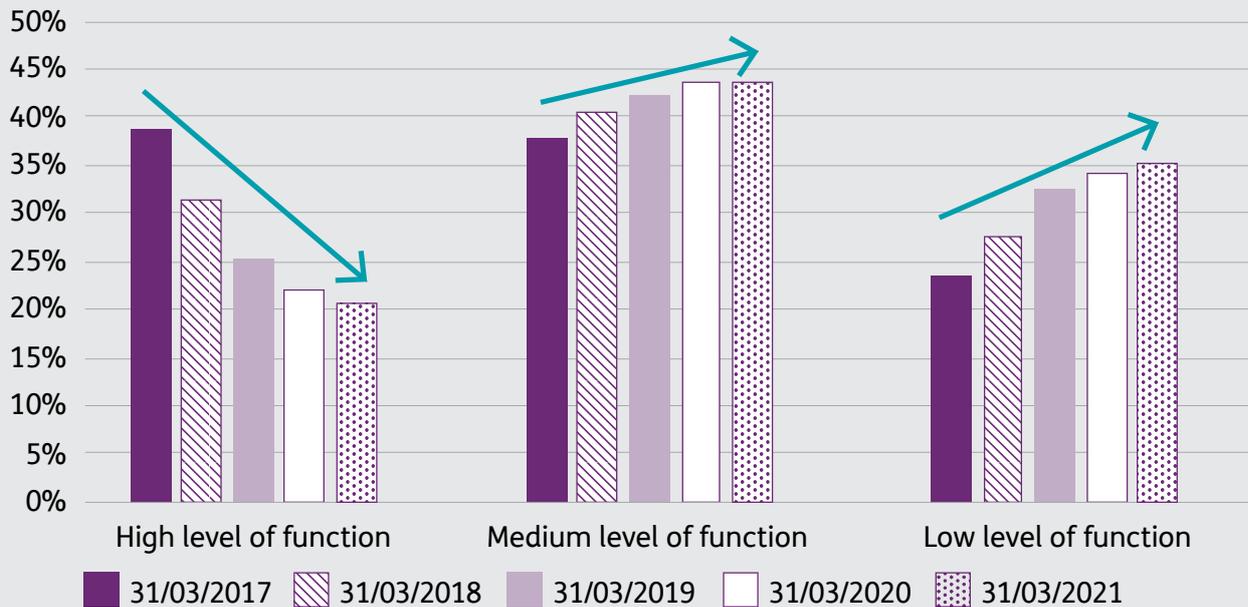
From the outset, it was envisaged that the NDIS would support participants to exercise choice and control over their life with a fair, flexible and consistent package of reasonable and necessary supports. The need for the Scheme to remain affordable was also integral to that initial vision.

However, fairness, consistency and flexibility have fallen victim to the rapid roll out of the Scheme. More specifically:

1) Historically, there has been no consistency in the way participants entered the Scheme and were assessed for reasonable and necessary supports:

- Participants entering from State/Territory systems were transferred at speed without assessments
- Reflecting the speed of the roll-out, decisions for new participants were based on evidence sourced from their own practitioners without clarity on:
 - The skills needed in a practitioner to make an assessment
 - The methodology that should be used
 - The evidence that was required
 - The timeframe required for relevant evidence
- Further, the change in the level of functional impairment over a relatively short period of time is unexpected reflecting inconsistent information

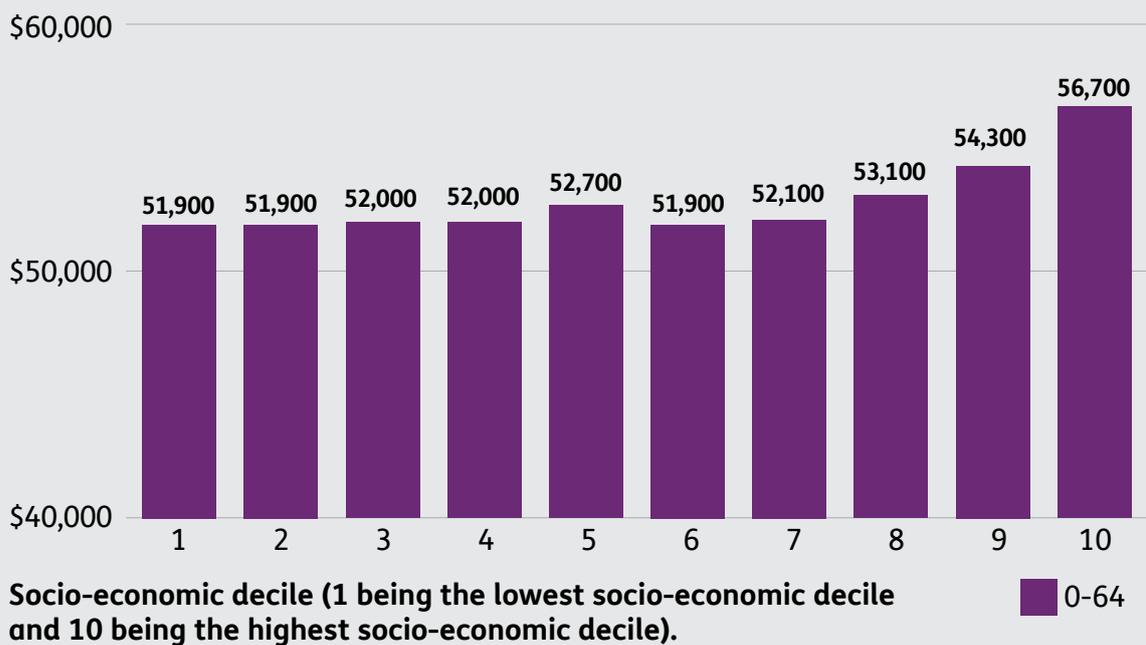
Figure 1: Change in functional distribution from 31 March 2017 to 31 March 2021^{2,3}



2) This has resulted in inconsistent outcomes that are not always fair and equitable:

- Plan sizes vary for participants, reflecting in part participants’ ability to afford to gather evidence

Figure 2: Average annualised plan budgets by the Australian Bureau of Statistics (ABS) Index of Education and Occupation (IEO) deciles, for non-SIL participants aged 0-64 – 31 March 2021



² This chart is based on active participants at 31 March 2017 only. Those who entered after 31 March 2017 are excluded.

³ The distributions are calculated excluding participants with a missing level of function.

- Average payments to participants have significantly increased over time, well above wage increases

Figure 3: Average annualised payments per participant by year – Supported Independent Living (SIL) participants⁴

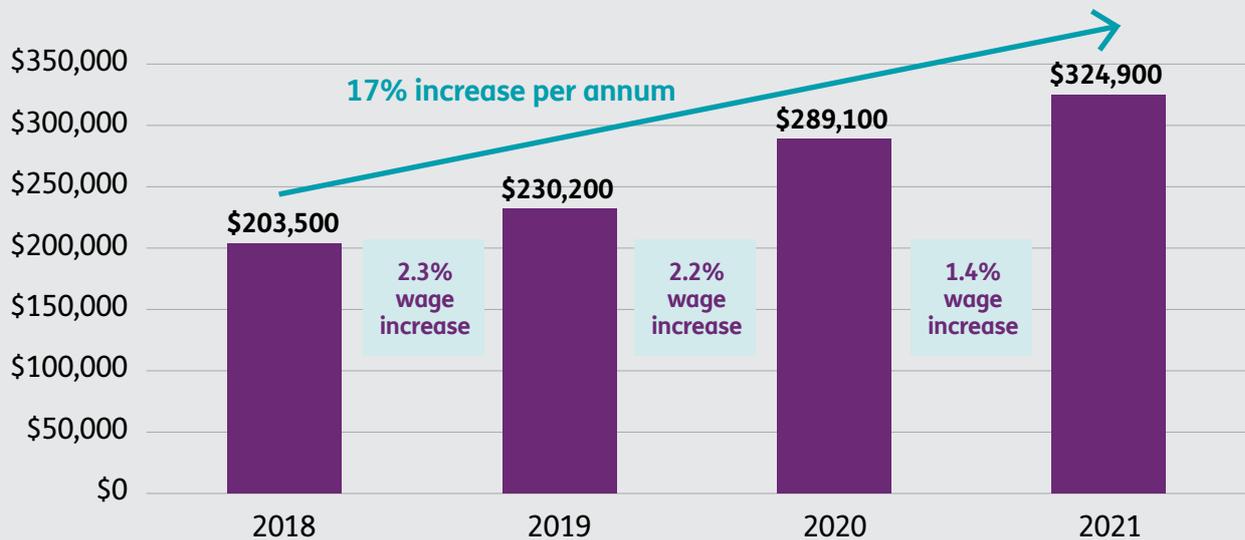
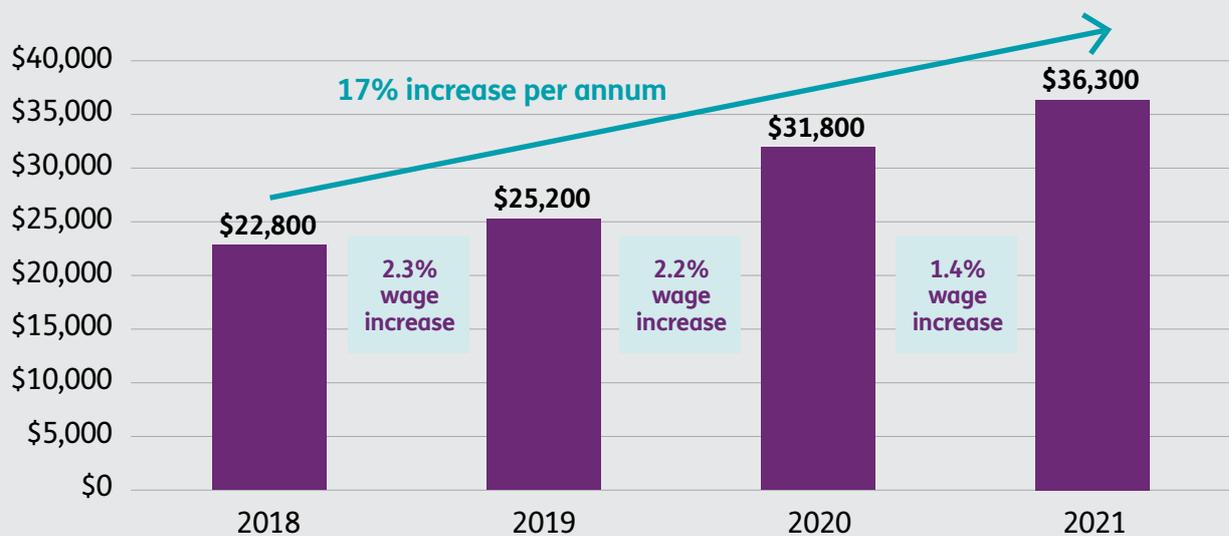


Figure 4: Average annualised payments per participant by year – Non-SIL participants



3) The need to gather evidence imposes an unfair financial burden on many participants:

- It can cost a new participant around \$1,000 to gather evidence
- This imposes a heavy financial burden on many participants
- This is a barrier to entry for disadvantaged groups

⁴The payments are for all supports provided to participants in SIL (and not just the SIL daily activity payments). Since June 2020 there has been an issue with identifying SIL in plans as they are being completed. For these results, the numbers of SIL participants include an estimate of participants who should be identified as having SIL in their plans but do not appear as such on the Agency's system at 31 March 2021.

4) Current legislation has driven a complex, bottom-up, rules based decision-making process that inhibits participants flexibly using their plan:

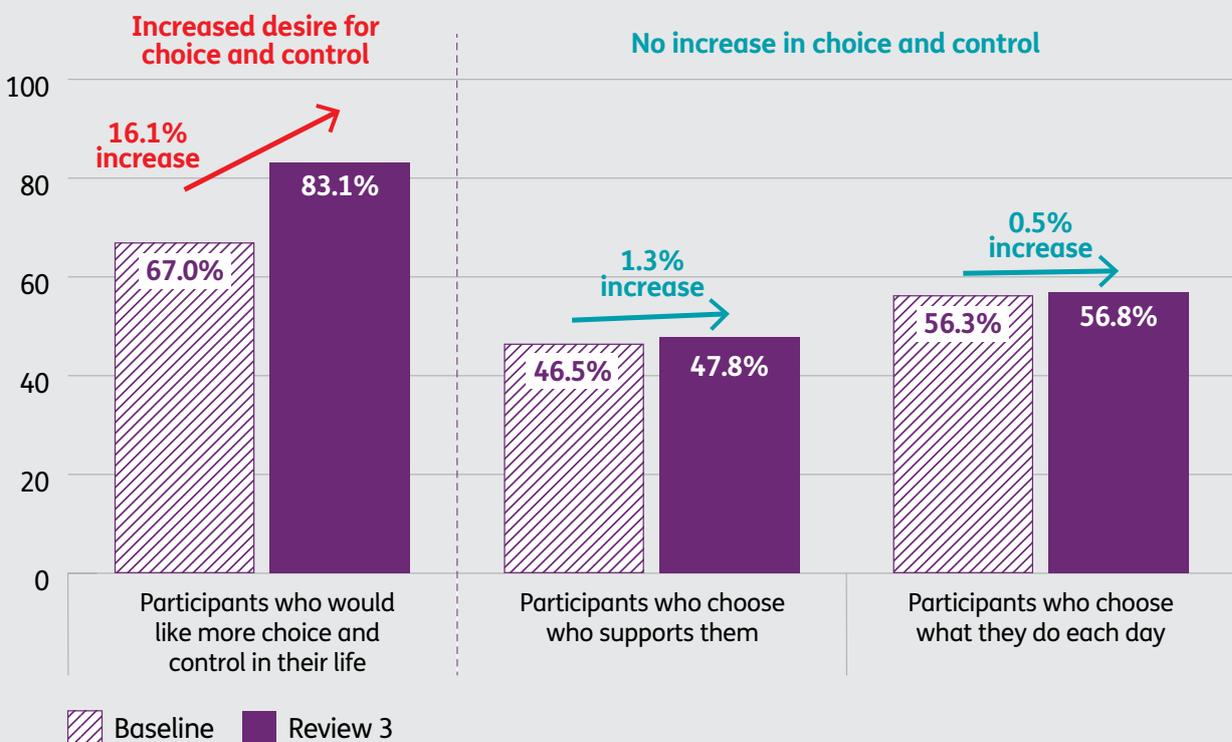
- The current legislation has led to an ever-increasing rule-book of what the NDIS will and won't fund, with this rule-book approach not being consistent with the original 2011 Productivity Commission vision.

Recommendation 8.1 from 2011 Productivity Commission report:

- *Governments should give people with disabilities eligible for benefits under the NDIS, and/or people who act on their behalf, various options for exercising choice, including the power to: 'choose service provider/s to meet their needs specified in their individual packages.'*
- *'the specific arrangements for self-directed funding should be underpinned by the principle that, subject to the assessed individual budget and appropriate accountability requirements, the arrangements should maximise the capacity for a person to choose the supports that meet their needs best and that promote their participation in the community and in employment.'*

- The highly intrusive process, reduces participant ability to exercise choice and control over how to use their support package, as reflected in participant indicators in the NDIS outcomes framework.

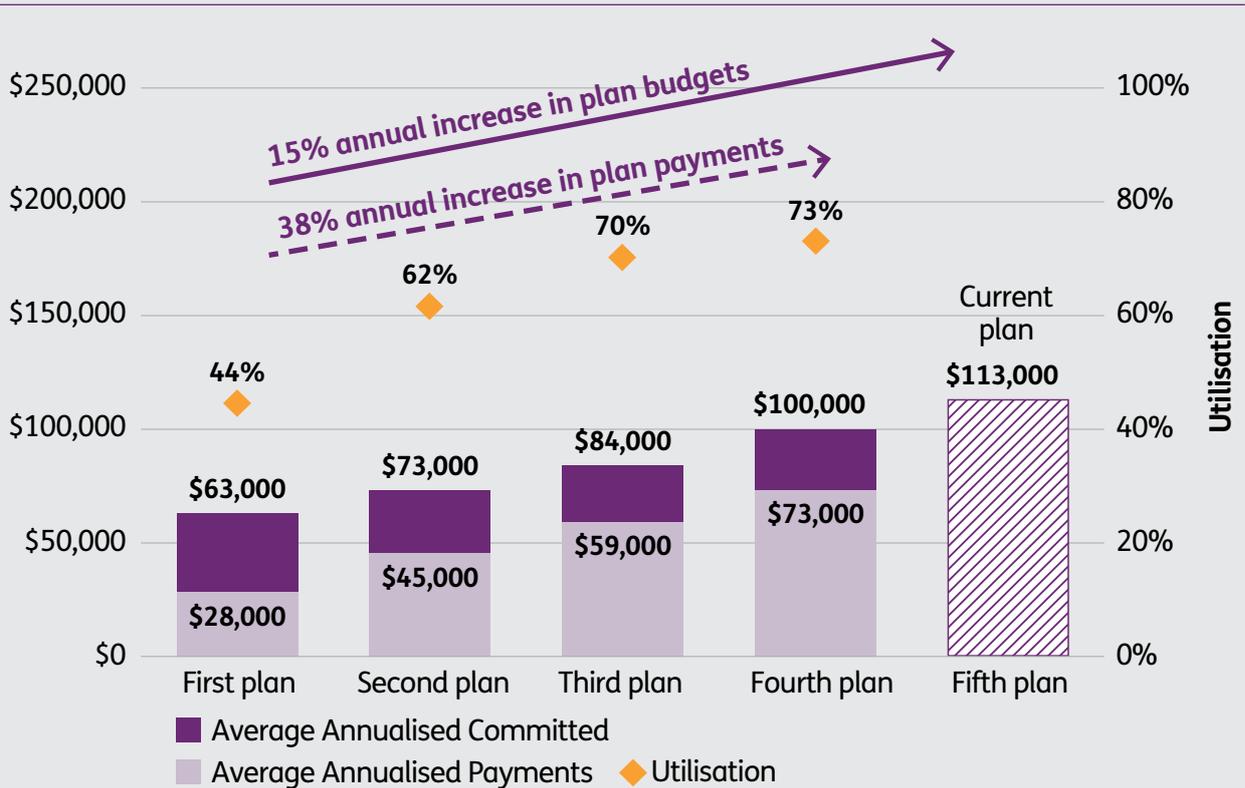
Figure 5: Choice and Control indicators for participants over 15 years old.



5) The rate of growth in participant payments poses a challenge to Scheme affordability:

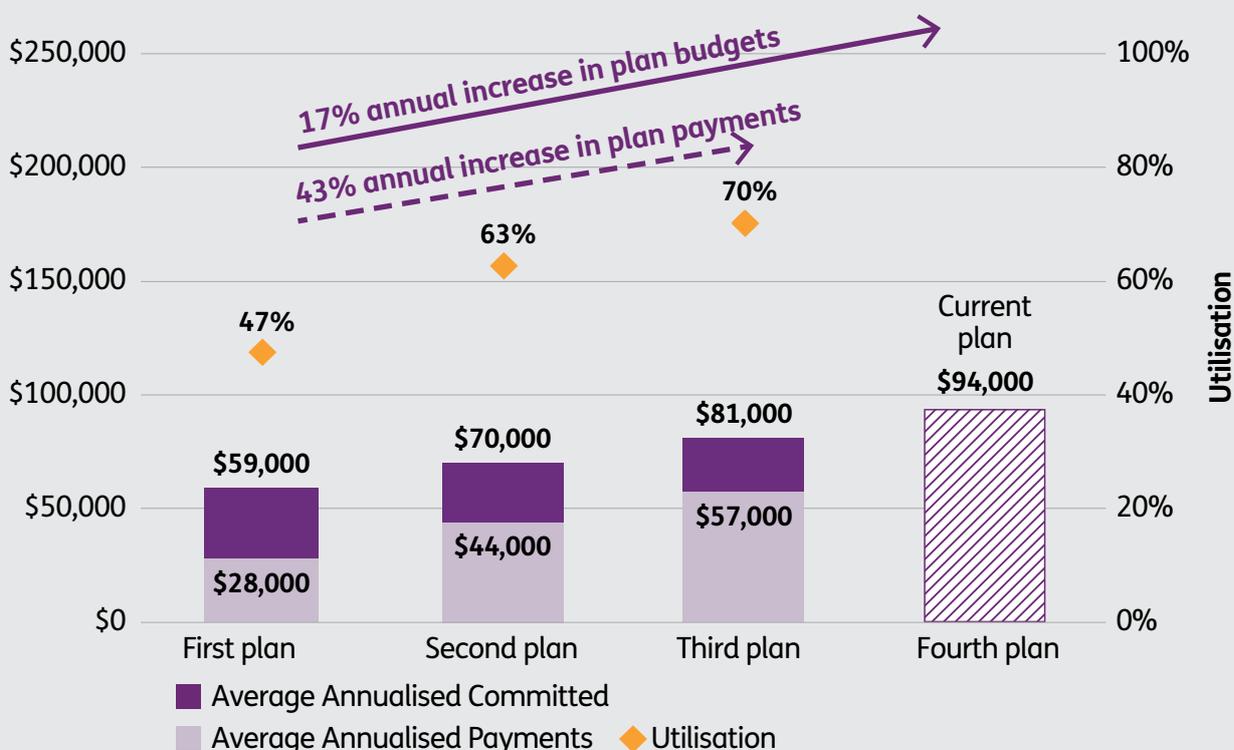
- In 2019-20, the NDIS cost \$17.2 billion. The spend for the nine months to the end of March 2021 is already \$16.7 billion, with one quarter remaining.
- The average payment per participant has increased by 12.5% per annum for the past three years, which is significantly greater than:
 - Wage inflation: 1.5% to 2.5% per annum.
 - The assumptions in the 2017 Productivity Commission Report: around 4% per annum.
 - Future portfolio budget estimates: around 2% per annum.
- Plan budgets have increased for participants the longer they are in the Scheme and the utilisation of these plan budgets has also increased.
- For those in the Scheme for **five** years payments have increased by 38% per annum.

Figure 6: Plan budgets, utilisation and payments for participants who have received five plans at 31 March 2021



– For those in the Scheme for **four** years payments have increased by 43% per annum.

Figure 7: Plan budgets, utilisation and payments for participants who have received four plans at 31 March 2021



– Payments have significantly increased in almost all payment categories.

Figure 8: Average annualised payments per participant by support category by year

Support Category	Apr-17 to Mar-18	Apr-18 to Mar-19	Apr-19 to Mar-20	Apr-20 to Mar-21	Average annual increase (%)
Core - Daily Activities	\$21,800	\$22,900	\$27,400	\$30,100	11%
Core - Community Participation	\$6,200	\$7,400	\$8,900	\$8,600	12%
Core - Consumables and Transport	\$2,300	\$2,300	\$2,500	\$2,600	4%
Capacity Building - Daily Activities ⁵	\$3,200	\$3,700	\$4,900	\$6,300	25%
Capacity Building - Other	\$2,500	\$2,800	\$3,100	\$3,400	11%
Capital	\$1,400	\$1,400	\$2,100	\$2,100	14%
Total	\$37,400	\$40,600	\$49,200	\$53,200	12%

⁵Includes therapy services.

– The significant increase in average payments is evident across all disability groups.

Figure 9: Average payments per year ending 31 March – by disability group

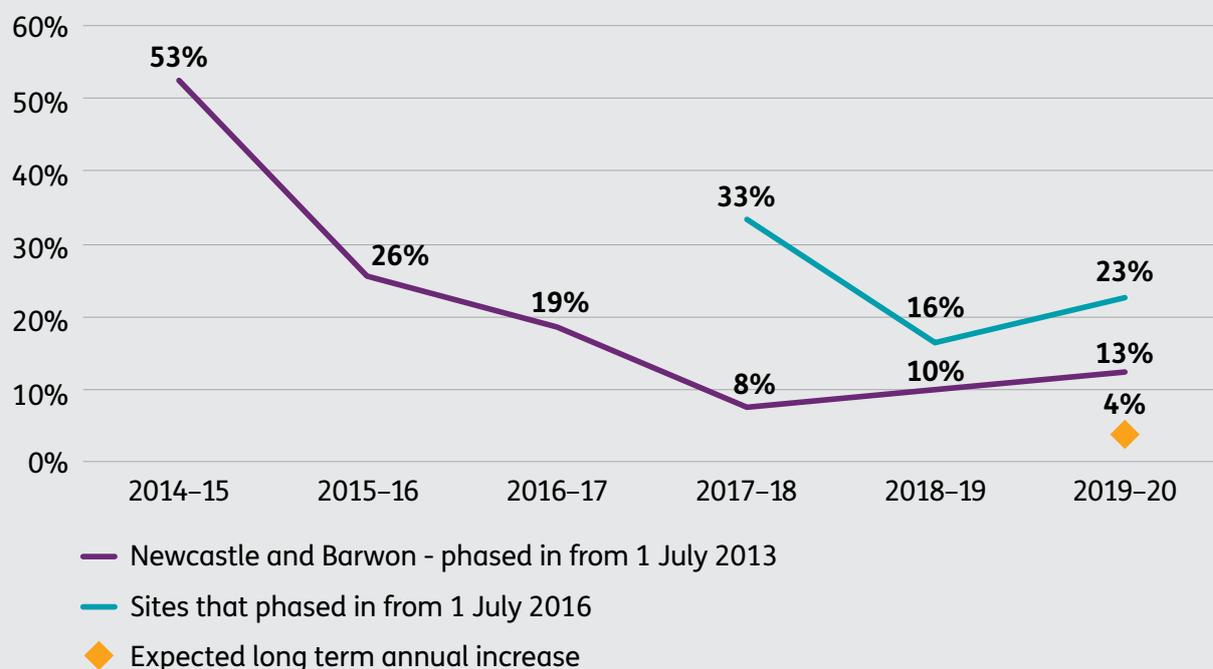
Disability	2018	2019	2020	2021
ABI	\$56,700	\$64,800	\$90,900	\$111,800
Autism	\$19,100	\$23,800	\$28,500	\$31,000
Cerebral Palsy	\$64,600	\$81,400	\$105,300	\$117,300
Developmental Delay	\$3,400	\$6,700	\$9,200	\$11,100
Intellectual Disability	\$44,300	\$61,300	\$79,400	\$84,000
Multiple Sclerosis	\$36,400	\$45,100	\$63,500	\$75,200
Psychosocial disability	\$26,300	\$29,300	\$38,200	\$51,300
Sensory disability	\$6,900	\$9,700	\$12,600	\$13,100
Spinal Cord Injury	\$74,200	\$77,000	\$102,200	\$123,700
Stroke	\$35,500	\$43,200	\$64,200	\$88,300
Other	\$28,000	\$38,100	\$55,900	\$70,100
Total	\$37,400	\$40,600	\$49,200	\$53,200

Figure 10: Average annual percentage increase – by disability group

Disability	2018–2019	2019–2020	2020–2021	Average per annum percentage
ABI	14%	40%	23%	25%
Autism	25%	20%	9%	18%
Cerebral Palsy	26%	29%	11%	22%
Developmental Delay	97%	37%	21%	48%
Intellectual Disability	38%	30%	6%	24%
Multiple Sclerosis	24%	41%	18%	27%
Psychosocial disability	11%	30%	34%	25%
Sensory disability	41%	30%	4%	24%
Spinal Cord Injury	4%	33%	21%	19%
Stroke	22%	49%	38%	35%
Other	36%	47%	25%	36%
Total	9%	21%	8%	12%

- The number of participants continuing to approach the Scheme is well above prior projections as can be seen with early phase in sites.

Figure 11: Year-on-year increases in active participants (financial year)



- The rates of growth outlined above pose a significant challenge to overall Scheme affordability:
 - The current estimated cost for the 2020-21 FY is projected to be around \$23 billion.
 - If recent rates of growth in average payments and new entrants are extrapolated, without mitigating actions (see next section), total overall Scheme costs could potentially be in excess of \$40 billion within three years.
 - Such a rate of overall growth would not be consistent with the NDIA's obligations under the NDIS Act 2013 to manage Scheme financial sustainability (Section 118 (1)(b)).

A comprehensive set of initiatives are being progressed to improve for participants the Scheme's fairness, consistency, flexibility and affordability

The National Disability Insurance Agency (NDIA) is committed to improving the Scheme in line with the participant-focussed vision embodied in the 2011 Productivity Commission Report. The comprehensive suite of initiatives underway are at various stages of development and consultation. They each play a role in improving fairness, consistency, flexibility and affordability.

Government is examining changes to the NDIS Act

The Government is looking at legislative changes to implement the recommendations of the Tune Review. While recognising that this is a matter for Government, not the NDIA, the changes proposed by Tune include looking at embedding in legislation the following:

The Participant Service Guarantee

The Participant Service Guarantee (PSG) proposed by Tune is designed to improve the fairness, consistency, as well as the transparency of service delivered by the NDIA. Details of the PSG are outlined further in Section 3. The NDIA is implementing the PSG early, even though legislation has not yet been enacted.

The ability to use Independent Assessments for planning purposes

Independent Assessments for access and planning purposes were part of the original vision of the NDIS as outlined in the 2011 Productivity Commission Report. The Tune Review also recommended their use in response to feedback from participants that Scheme decision-making was not fair or consistent.

The Government has recently paused consideration of this aspect of legislation until the current pilot is completed. The potential role of Independent Assessments is described in more detail in the next section.

Determining an overall package of supports rather than a support line item approach

Current legislation requires a highly intrusive support line item approach to building a participant's plan budget. At each planning meeting, participants should justify each support in their plan again, along with how much of this support is required. It also reduces a participant's ability to flexibly use their supports among support categories, and contributes to inconsistencies in planning decisions, and a perceived lack of fairness among participants.

Legislative change is under consideration by Government to allow the reasonable and necessary supports provided to a participant to be linked to their functional capacity, along with their individual life circumstances. Participants would then have greater choice and control to use their reasonable and necessary support flexibly to pursue their personal goals.

The NDIA has been piloting and consulting on Independent Assessments

Functional capacity has always been core to the NDIS. This is embedded in current legislation, which allows access, planning and review decisions to be based on functional capacity. Specifically, the legislation states that "participants do either or both of the following:

- i) Undergo an assessment and provide to the CEO the report, in the approved form, of the person who conducts the assessment;
- ii) Undergo, whether or not at a particular place, a medical, psychiatric, psychological or other examination, conducted by an appropriately qualified person, and provide to the CEO the report, in the approved form, of the person who conducts the examination."

That information is also the basis for determining reasonable and necessary supports.

Further, this approach was grounded in the 2011 Productivity Commission Report. Recommendation 7.4 of that report stated that “Assessment should be undertaken by trained assessors engaged by the NDIA. To promote independent outcomes, assessors should not have a longstanding connection to the person.” The 2019 Tune Review considered that standardised functional capacity assessments would improve the quality and consistency of NDIA decisions.

Piloting Independent Assessments

Almost from the outset of the implementation of the Scheme, the NDIA has been examining the most appropriate tools to use for Assessments. However, as outlined earlier in this report, the NDIA was previously focused on transferring participants from the current State and Territory systems into the NDIS. So it is only more recently that activities on Independent Assessments have accelerated, with the NDIA piloting Independent Assessments. The pilots aimed to demonstrate the potential benefits of independently sourced and internationally recognised standardised functional assessments as a way of making decisions on access and planning more consistent, accurate and reliable.

The independent assessment framework is based on the World Health Organisation’s (WHO) International Classification of Functioning, Disability and Health (ICF)⁶. They assess an individual’s functional capacity as well as the environmental and personal factors that affect an individual’s functional capacity. The tools under consideration are internationally recognised.

There have been two pilots. The first ran from November 2018 to April 2019. The second ran for four months from November 2019 before being suspended because of COVID-19. It resumed in October 2020 with a key milestone of 4,000 assessments completed in June 2021. The second pilot has focused on testing the performance of the full suite of assessment tools, including participants’ experience of using the tools.

Consulting on Independent Assessments and other proposals

In September 2020, the NDIA published the “independent assessment pilot learnings and ongoing evaluation plan”, which summarised the findings from the first pilot and the first part of the second pilot.

In addition, in November 2020, the NDIA released three related consultation papers as part of a three month period of engagement. Those papers covered:

- Access and eligibility policy for Independent Assessments
- Planning policy for personalised budgets and plan flexibility
- Supporting young children and their families early, to reach their full potential.

⁶The NDIS (*Becoming a Participant*) Rules 2016 were made by the Minister to assist the Chief Executive Officer (CEO) with determining who becomes a participant. The NDIS (Supports for Participants) Rules 2013, were made by the Minister to assist with the determination of the reasonable and necessary and general supports that would be funded for participants under the Scheme. Both these documents refer to the use of assessment tools (Part 7 and Part 4 respectively), and acknowledge that the assessment tools may be the same for decisions across both Access and approval of the statement of participant supports. The assessments may be different for children and adults and/or tailored specifically to particular impairments. Both legislative instruments state that a tool must be designed to ensure fair and transparent assessment and have reference to areas of Activity and social and economic participation identified in the WHO ICF.

Consultation occurred in the following way:

- Across Australia, with over 50 public events held online, in person and via other channels, with more than 1000 people attending
- Direct submissions, including audio and video files, with more than 760 submissions being received
- More than 150 conversations with sector representatives and peak bodies.

High level feedback has already been published, with the NDIA currently actively considering the implications of that feedback.

In considering feedback, the NDIA maintains its commitment to ensuring consistency and fairness in decision-making as a basis for determining a participant's reasonable and necessary level of supports. By providing Independent Assessments at no cost to the participant, the NDIA also seeks to make the Scheme fairer to all participants, regardless of their economic circumstances. In addition, by linking Independent Assessments (which takes into account a person's individual circumstances) to a top-down personal budgeting approach, the NDIA aims to end the intrusive inflexible rules-based approach to plan development that currently exists, replacing it with a fairer approach that enables participants to exercise true choice and control over how they utilise their funded supports. In so doing, the NDIA will also aim to slow down the overall rate of the increase in payments to participants to levels that are within Portfolio Budget Statement parameters, recognising that the current rate of increase is not affordable.

Reviewing Early Childhood Early Intervention (ECEI)

As outlined above, in 2020, the NDIA conducted a review of the ECEI approach and consulted with families of young children with developmental delay or disability, providers, Early Childhood partners, staff, peak bodies and other stakeholders across the early childhood sector.

Two papers were released seeking feedback on 23 draft recommendations.

To date, a number of priority recommendations have been identified to be progressed in 2021. These are discussed in Section 1 of this Quarterly Report.

Reviewing Supported Independent Living (SIL)

In 2020, the NDIA implemented a number of actions to improve participant choice and control, strengthen fairness and equity and manage cost escalations with SIL. This included:

- Publishing a SIL participant information pack, and encouraging participants and their families to use a service agreement that clearly explains agreed SIL supports
- Defining SIL price limits in the 2020-21 Price Guide (utilising Assistance with Daily Life rates)
- Publishing a SIL Operational Guideline to clarify (in plain English) how the NDIA makes decisions regarding SIL funding.

While these changes were designed to address immediate concerns, two further consultation papers were released to the public in late 2020 to seek feedback and input on how to ensure SIL delivers positive outcomes for participants into the future. The focus of these papers included proposed improvements to address operational, sustainability and participant experience challenges, as well as a review of the SIL cost model to better understand cost structures in the market. The NDIA is currently considering recommendations from the SIL price review and the result will be released in coming weeks.

The NDIA recently held a workshop with large SIL providers to discuss longer-term alternatives to SIL, with the aim of improving outcomes, incentivising innovation in supports and improving sustainability. More consultation with participants and the sector is planned.

The NDIA is also looking at innovative living solutions which include more contemporary options for people who require a high level of support. Individual Living Options (ILO) have the potential to create a more tailored solution to care and support needs for Scheme participants, helping to increase choice and control for participants and improve outcomes. The NDIA recently published for consideration the ILO Guideline, explaining what ILO is, how ILO benefits participants and how the NDIA makes decisions about funding ILO supports. Further development and support for the implementation of ILO type models will occur in 2021.

Reviewing reasonable and necessary levels of support and improving operational guidelines

As outlined earlier, the rate of increase in Scheme payments is not affordable. At over 12 per cent per annum, it is higher than wage growth, higher than the 2017 Productivity Commission projections, and higher than assumptions built into the Portfolio Budget Statements.

For that reason, the NDIA is undertaking near term work to determine the levels of reasonable and necessary supports appropriate to different support needs. This work also responds to the Tune Review's Recommendation 4 calling for improved guidance and clarity on the application of the 'Reasonable and Necessary' test.

In that context, in April 2020, the NDIA released refreshed operational guidelines on Reasonable and Necessary supports which aim to explain how reasonable and necessary decisions are made, providing examples of supports provided (and not provided) by the NDIA. Examples of where the NDIS wouldn't fund supports are those related to day-to-day living costs that everyone has to pay, and are not caused by or result from disability support needs. Examples include things like groceries, electricity, water, gas and internet bills.

Further, the NDIA is developing new guidance and information about what is considered reasonable and necessary support for children on the autism spectrum. The "Interventions for Children on the Autism Spectrum" consultation paper, outlines the proposed guidance to be included in policies, procedures and operating guidelines. This paper takes into account the finding of the Autism CRC report which details evidence, research, and best practice interventions. In making these changes, the NDIA aims to ensure the level of supports genuinely make a difference to the lives of children on the autism spectrum, along with their families. Consultation opened on 30 March 2021 and the consultation paper is available on the NDIS website.

Clarifying mainstream interfaces

The Scheme is facing pressures arising from mainstream interfaces, including the intersections with chronic health conditions, which are currently estimated to cost the NDIS approximately \$600 million a year. Pressures also exist in relation to affordable housing and social housing, neither of which are the responsibility of the NDIS except for an estimated 28,000 very high needs participants.

Work is underway to better understand these pressures so that the Scheme does not become a "funder of first and last resort", especially when other systems, under the NDIS Act, are intended or better suited to provide the required supports.

In summary

Notwithstanding the significant achievements of the past eight years, the Scheme faces key challenges to ensure decisions result in outcomes that are consistent, fair and affordable, while maximising participant flexibility to utilise their funded supports to better exercise choice and control. A comprehensive suite of initiatives are underway to enhance the outcomes for participants and to ensure that this world-leading approach remains in place for future generations of Australians with a disability.

Introduction

This report is a summary of the performance and operations of the NDIA for the three months from 1 January 2021 to 31 March 2021, as required by Section 174 of the NDIS Act 2013.

Analysis and key insights are presented in the report, with detailed supplementary tables included in the appendices. The national results are contained in Appendix E, followed by individual appendices for each State and Territory (Appendices F–M). Also included in the appendices are:

– A list of key definitions of the terms used in this report (Appendix A)

– A comparison of key metrics across each State and Territory (Appendix N)

– The number of active participants in each service district, including the number of active participants in each region receiving core, capacity building and capital supports (Appendix O)

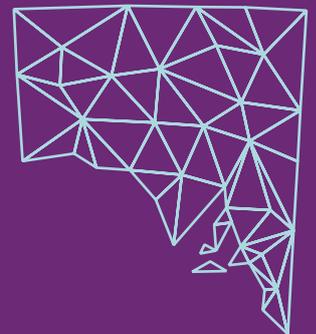
– The number of active participants in each service district receiving Special Disability Accommodation and Supported Independent Living, along with data on the number and types of dwellings in each statistical area region. Data on the demand for SDA within the NDIS is also included (Appendix P)

– A comparison of utilisation by service district (Appendix Q)

– Waiting times for access decisions and plan approvals by State/Territory (Appendix R)



Mikkel is on his way to Adelaide Oval with help from NDIS



Mikkel loves the cricket and he'll be heading to see the Strikers play this week but not so long ago, that would have been unthinkable.

About 9 years ago, Mikkel emerged from high-risk brain surgery unable to talk or move his arms or legs, or even swallow food. At the same time, doctors also confirmed Mikkel had Huntington's disease – a genetic disorder, which would progressively impact his mobility, his memory and his moods.

Mikkel would have to learn to move and talk again while managing the often debilitating symptoms of a progressive neurodegenerative disorder.

Today, Mikkel is a changed man. He likes to go out most days, sometimes for a coffee, sometimes to the beach. He enjoys playing cards and lawn bowls with friends. He likes to experiment in the kitchen and sometimes cooks up a lasagne for himself and his mates.

He also attends weekly Immersion Therapy sessions with NDIS provider, Determined2 and the service helps him to keep physically active and boost his confidence and self-esteem.

Mikkel says his quality of life has improved dramatically – all thanks to the NDIS and the support he receives living in his disability accessible new home, funded through his NDIS plan.

Part One: Participants and their plans



Part One:

Participants and their plans

Just under 450,000 participants are receiving supports from the NDIS, with approximately 10,800 children receiving initial supports in the ECEI gateway.

1.1 Number of participants in the Scheme

At 31 March 2021, almost 450,000 participants had NDIS plans, of which approximately 19,000 entered the Scheme during the quarter.

At 31 March 2021, 449,998 participants had approved plans.⁷ This represents a four per cent increase from last quarter (an additional 19,144 participants).

Further, the NDIA undertook 94,104 reviews in the quarter.

Figure 12: Active participants with approved plans and percentage increase over time

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21 YTD
Active participants	7,285	17,155	29,719	89,610	172,333	286,015	391,999	449,998
Yearly increase ⁸		9,870	12,564	59,891	82,723	113,682	105,984	57,999
% increase in active participants		135%	73%	202%	92%	66%	37%	15%

⁷ 17,268 participants with approved plans had exited the Scheme as at 31 March 2021.

⁸ This is the net increase in the number of participants entering the Scheme each period noting some participants have exited the Scheme.

1.2 Children in the NDIS (aged 0 to 6 years)

At 31 March 2021, there were approximately 71,000 children aged 0 to 6 years with an NDIS plan, and a further 10,800 receiving initial supports in the gateway.

Of the 449,998 participants with approved plans at 31 March 2021, 70,745 were children aged 0-6 (16 per cent), and of the 19,144 new participants with an approved plan this quarter, 6,697 were children aged 0-6 years (35 per cent).

In addition to the 70,745 children aged 0-6 with an approved plan:

- **3,491** children had met the access criteria and were waiting for an approved plan.
- **2,540** were awaiting an access decision from the NDIA (of which **1,696** (67%) were receiving initial supports in the ECEI gateway).
- **9,631** children were in the ECEI gateway (of which **9,144** (95%) had already commenced receiving initial supports). Not all children in the gateway will need to make an access request to the NDIA because some will receive support in the gateway, along with support from mainstream and community services.

The ECEI approach is based on the principles of best practice in early childhood intervention and allows for access to timely, targeted and individualised early childhood intervention supports for children with developmental delay or disability and their families.

In 2020, the NDIA conducted a review of the ECEI approach through consultation with families of young children with developmental delay or disability, providers, Early Childhood partners, staff, peak bodies and other stakeholders across the early childhood sector. Two papers were released seeking feedback on 23 draft recommendations. The papers released were the [ECEI Implementation Reset Project consultation report](#) and [Supporting young children and their families early, to reach their full potential](#).

The papers explained the work undertaken, what the NDIA plans to do as part of the review to the ECEI approach, and why feedback is being sought from the community and sector. The consultation period closed on 23 February 2021 and the NDIA is now reviewing the 192 submissions received to inform an ECEI Reset planning and implementation phase over the next two years.

To date, a number of priority recommendations have been identified for a detailed review in 2021. These include:

- Develop and publish new Early Childhood-specific Operating Guidelines – so our decision-making processes and best practice evidence are transparent and implemented consistently by partners and NDIS planners and are publicly available to children/families/carers, and the sector.
- Consider a tailored Independent Assessments approach for young children to support consistent access and planning decisions.
- Increase Early Childhood partner capacity to provide Short Term Early Intervention (STEI) support to eligible young children and families for longer.

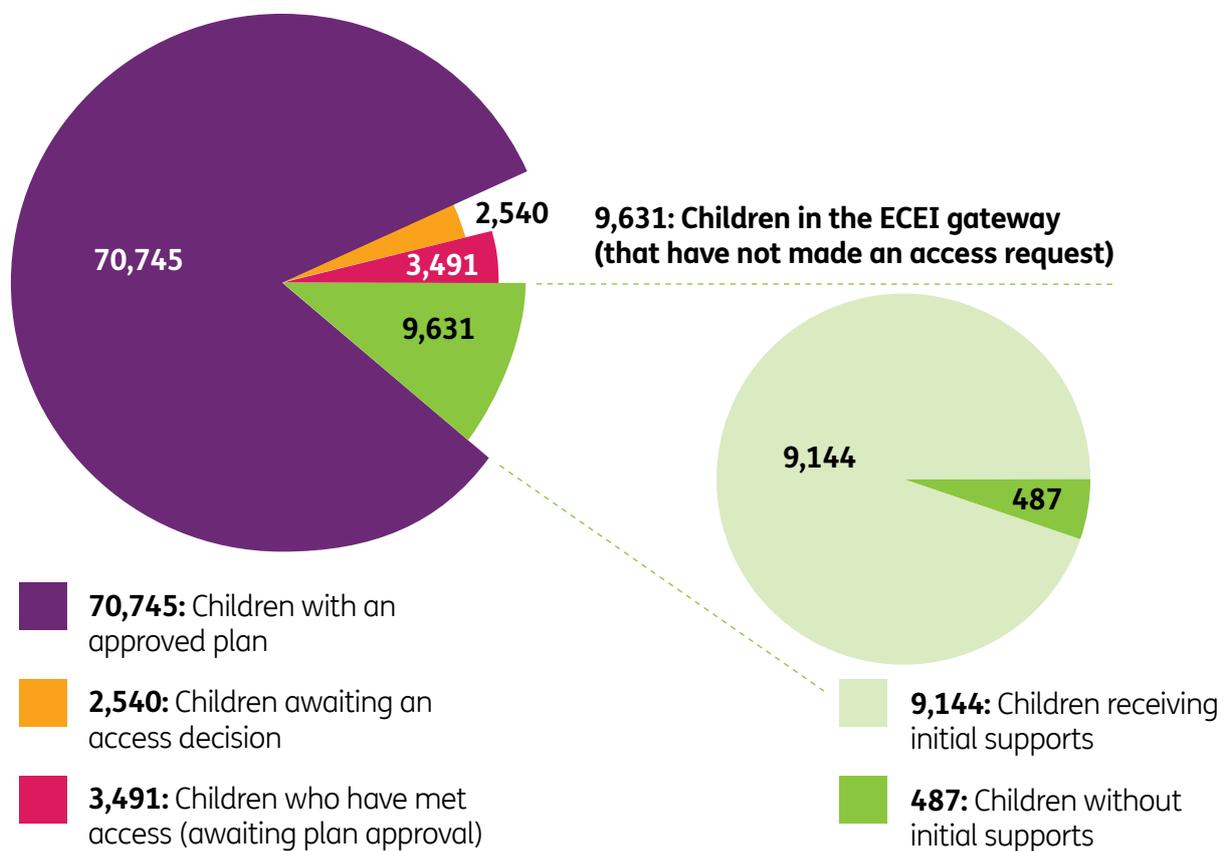
Part One: Participants and their plans

- Clarify the interpretation of the developmental delay criteria under Section 25 of the NDIS Act (2013) to improve the consistency and equity of Agency decision making and provide enhanced guidance for children/families/carers, and the sector.

- Improve the existing review process for young children, to support families to celebrate the achievement of reaching their goals and outcomes, and transition out of NDIS supports to the next stage of their lives.

The NDIA aims to continue to build on the existing national approach to ensure the delivery of a world leading model that is evidence-based, high quality and provides timely supports to young children and families that are embedded in an integrated and collaborative early childhood ecosystem. The intention is to implement components of the new Early Childhood approach from late 2021 through to 2022.

Figure 13: Children in the NDIS



1.3 Participant characteristics

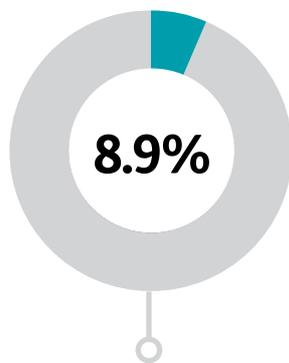
The NDIA continues to monitor and address the number of participants entering the Scheme who are Aboriginal and Torres Strait Islander and who are Culturally and Linguistically Diverse (CALD).

Of the 19,144 participants entering and receiving a plan in the quarter:

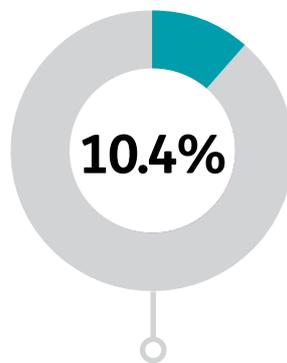
– **8.9%** were **Aboriginal and Torres Strait Islanders**.

– **10.4%** were **CALD**.

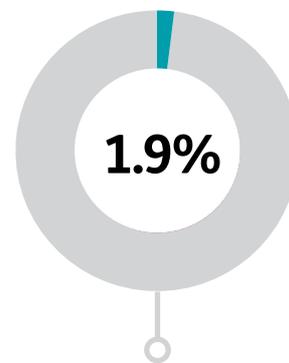
– **1.9%** were from **remote and very remote areas**.



participants who received a plan this quarter identify as Aboriginal or Torres Strait Islander



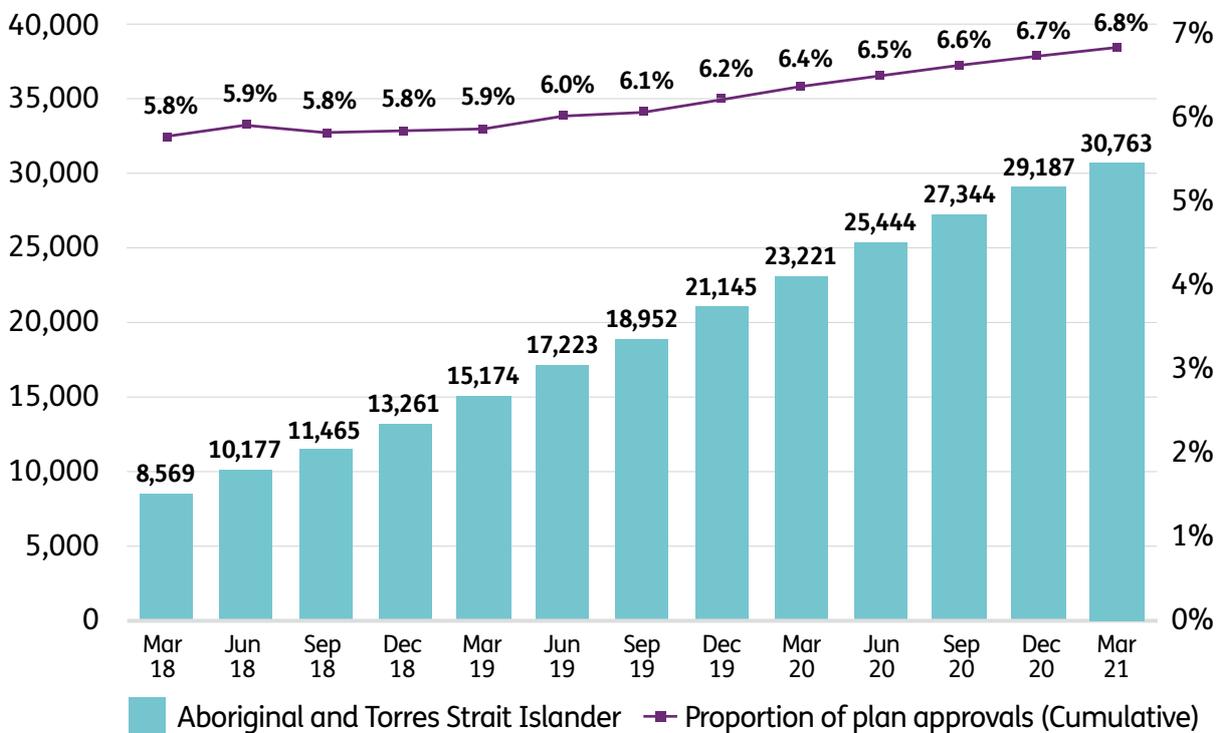
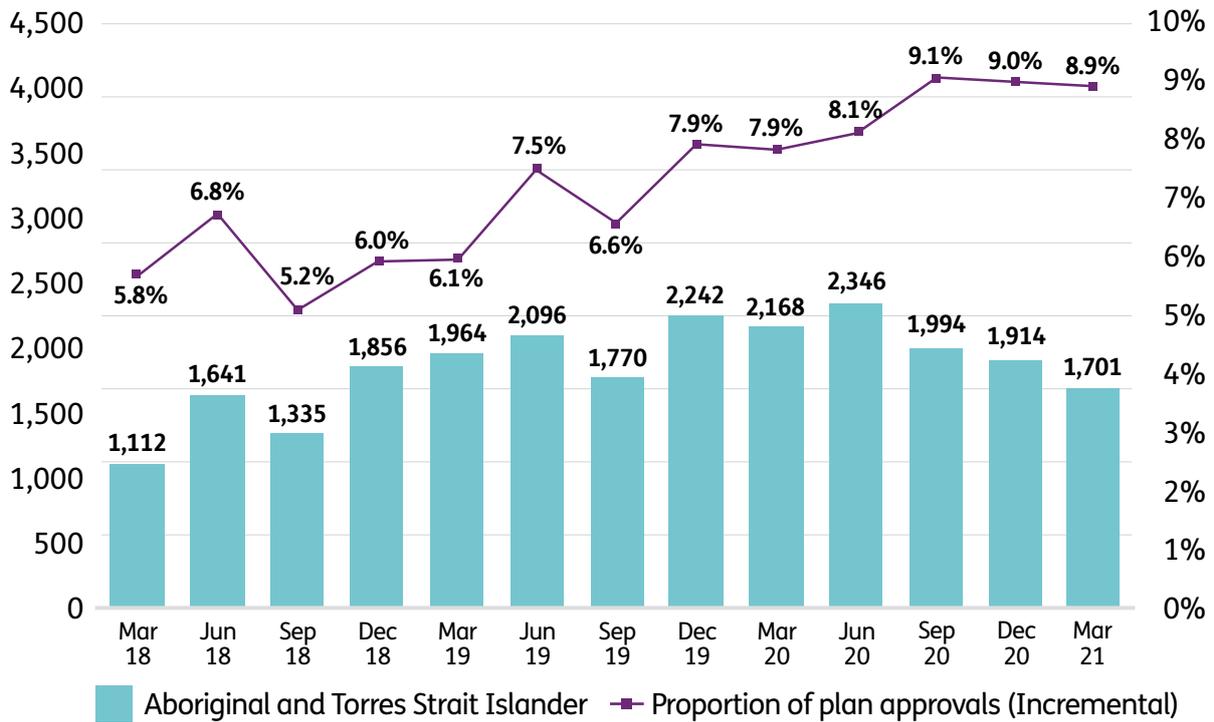
participants who received a plan this quarter identify as Culturally and Linguistically Diverse



participants who received a plan this quarter were from remote/very remote regions

Part One: Participants and their plans

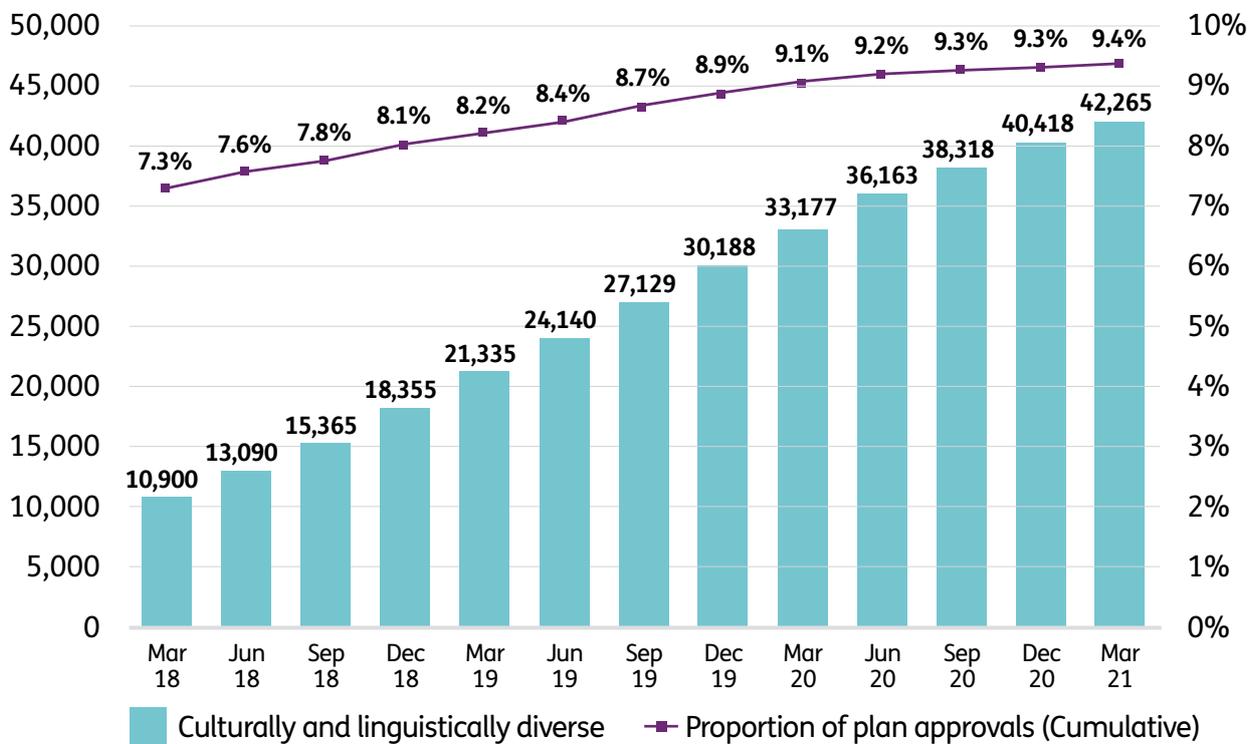
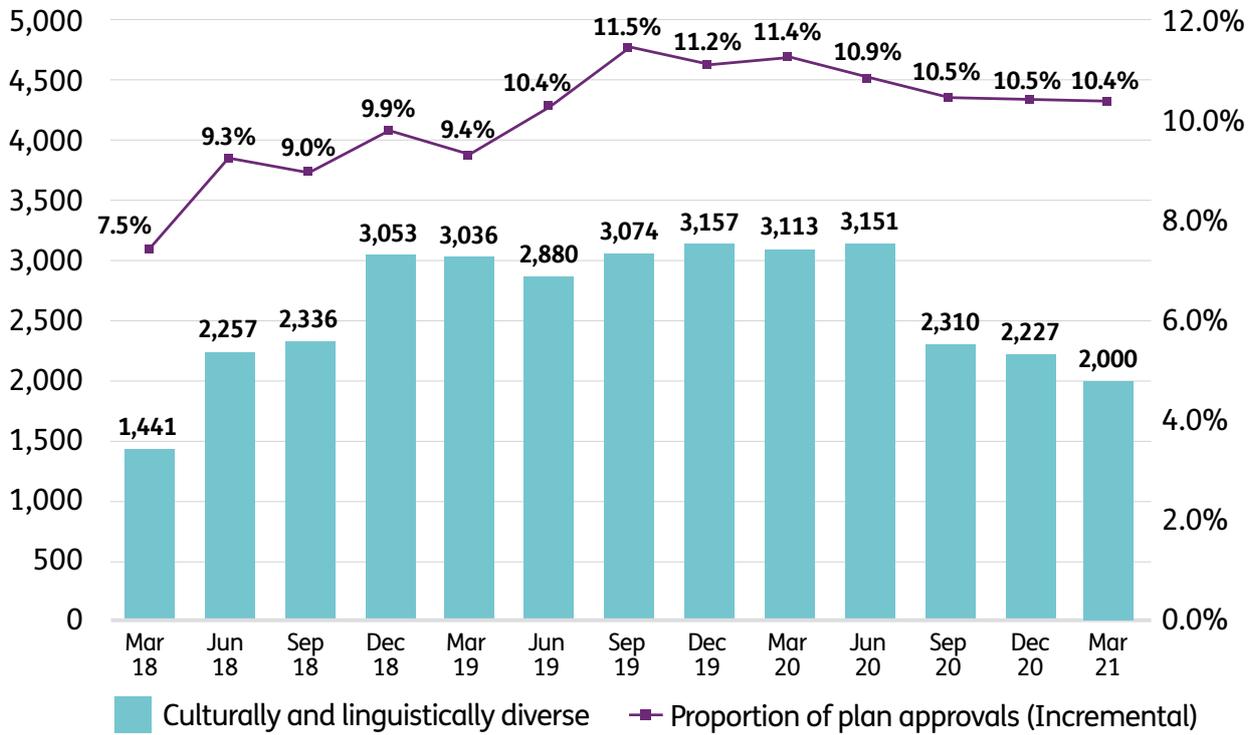
Figure 14: Number and proportion of Aboriginal and Torres Strait Islander participants over time incrementally (top) and cumulatively (bottom)⁹



⁹ The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Quarterly results are reported based on a rolling 3 year period.

Part One: Participants and their plans

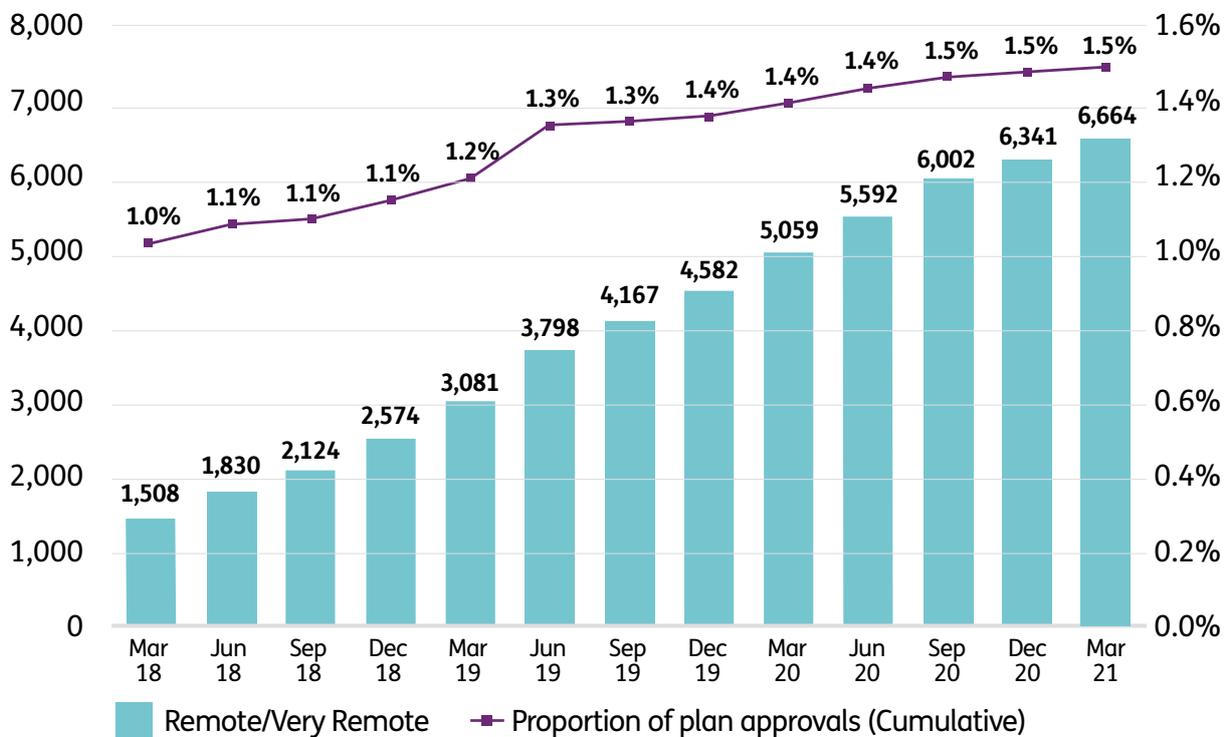
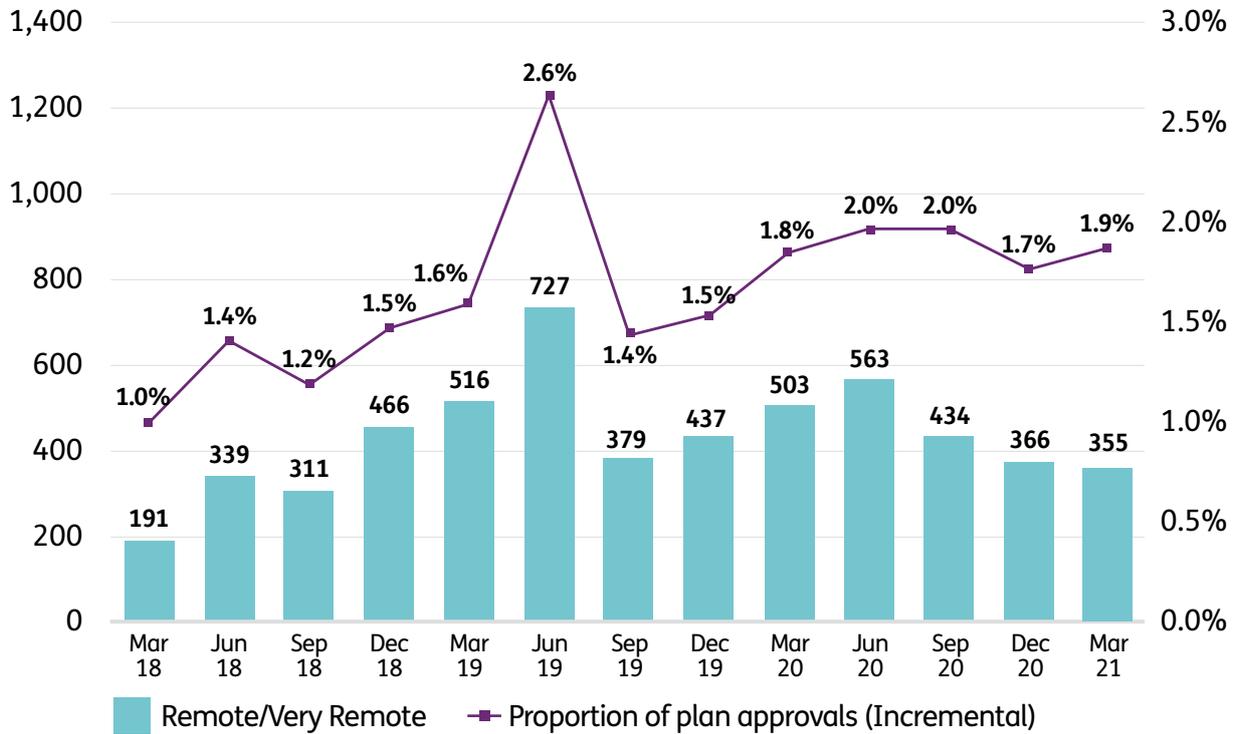
Figure 15: Number and proportion of CALD participants over time incrementally (top) and cumulatively (bottom)¹⁰



¹⁰ The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Quarterly results are reported based on a rolling 3 year period.

Part One: Participants and their plans

Figure 16: Number and proportion of remote/very remote participants over time incrementally (top) and cumulatively (bottom)¹¹



¹¹ The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Quarterly results are reported based on a rolling 3 year period.

Part One: Participants and their plans

Age and disability

The breakdown of participants by **age** and **disability** this quarter indicates:

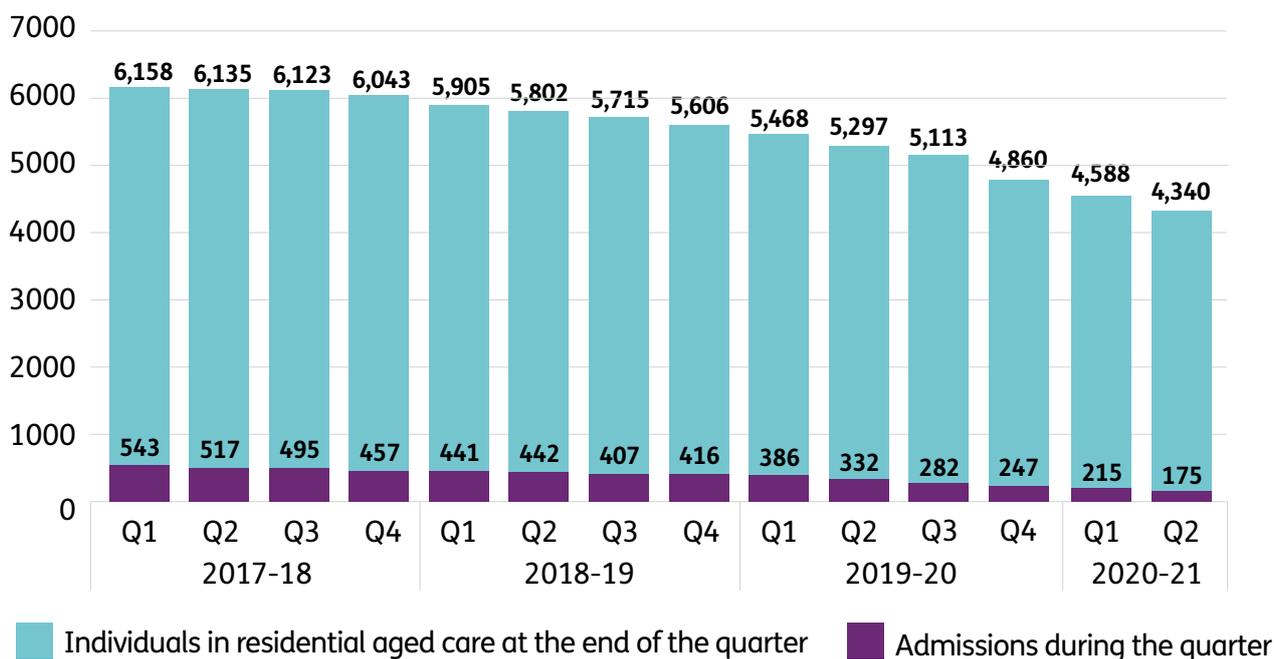
- continuation of a high proportion of children **aged 0-6 years** entering the Scheme (**35.0%** this quarter and **34.9%** in the December 2020 quarter).
- consistent with the high numbers of children, a relatively higher proportion of participants with **Developmental Delay** entered the Scheme again this quarter (**21.8%** this quarter and **21.6%** in the December 2020 quarter).
- **Psychosocial Disability**: **14.2%** of participants who received a plan in the quarter, compared to **10.0%** in the previous quarters combined.

Younger People in Residential Aged Care (YPIRAC)

The number of people in residential aged care under the age of 65 years has decreased in recent quarters from 6,158 at 30 September 2017 to 4,340 at 31 December 2020 (a 30 per cent decrease).

Also, fewer people under the age of 65 years are entering residential aged care – 543 people under the age of 65 years entered in the September 2017 quarter, compared with 175 in the December 2020 quarter (a 68 per cent decrease).

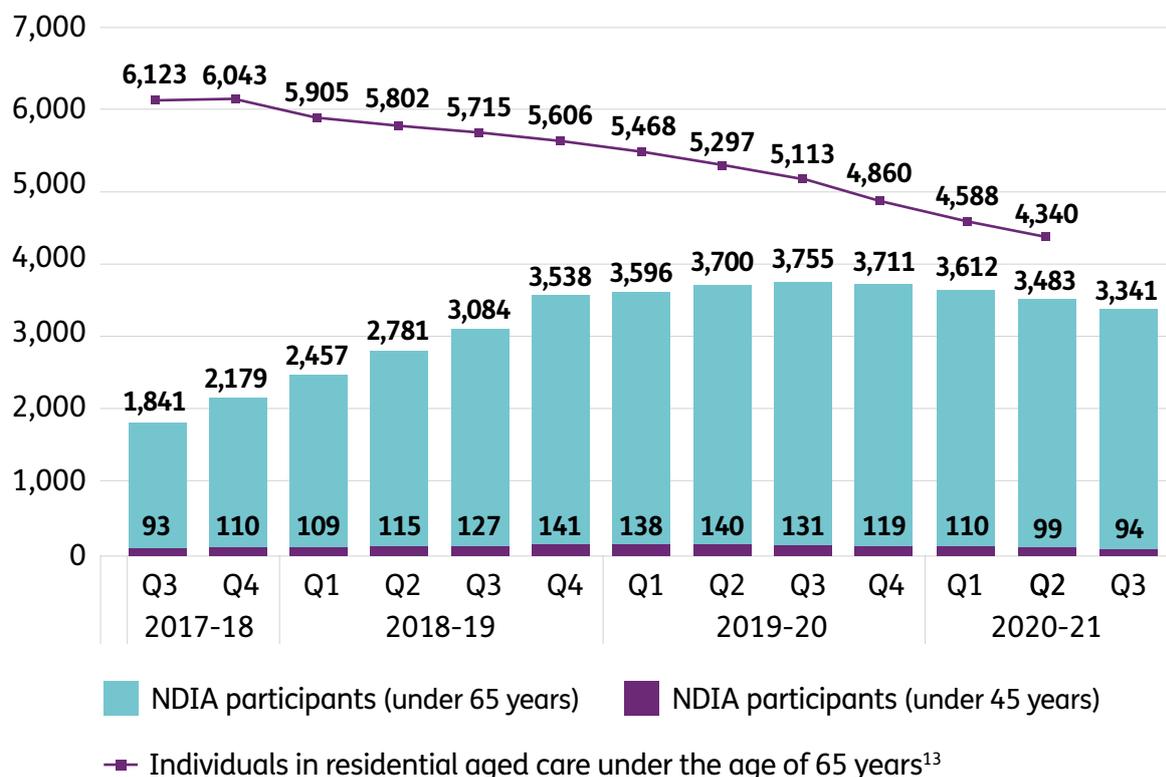
Figure 17: Number of individuals in residential aged care and admissions to residential aged care (under 65 years), by quarter



Part One: Participants and their plans

There were 3,341 participants in residential aged care with an approved plan at 31 March 2021 aged under 65 years. In addition to this, 663 participants who entered the Scheme and have been in residential aged care have exited since 1 July 2016 to a more appropriate accommodation setting.¹² Of the 3,341 participants in residential aged care aged under 65 years, 94 are aged under 45 years (2.8 per cent).

Figure 18: Number of NDIA participants in residential aged care (under 65 and under 45), and total number of individuals under age 65 in residential aged care



¹² There were a further 1,751 participants with an approved plan aged 65 years or over who are currently in residential aged care.

¹³ Data provided by the Department of Health is at 31 December 2020. 31 March 2021 data will be reported next quarter.

Final report from the Royal Commission into Aged Care Quality and Safety

The Royal Commission into Aged Care Quality and Safety Final Report was released publicly on 1 March 2021. The Report contained 148 recommendations to implement comprehensive reform and major transformation of the aged care system in Australia. The Government response is due by 31 May 2021, and is currently under development, with the NDIS contributing to recommendations on YPIRAC.

The government response to the interim report released by the Royal Commission on 31 October 2019 included the formation of a Joint Agency Taskforce (JATF) between the DSS, Department of Health, and the NDIA. The JATF was established to develop a new strategy that builds on the Younger People in Residential Aged Care Action Plan. The Government response to the interim report included the revised YPIRAC targets below:

- no people under the age of 65 entering residential aged care by 2022.
- no people under the age of 45 living in residential aged care by 2022.
- no people under the age of 65 living in residential aged care by 2025.

The NDIA has worked with the JATF on the new strategy to meet the revised targets. The YPIRAC Strategy 2020-25 (the Strategy) was released on 30 September 2020. The Strategy covers all younger people under the age of 65 living in, or at risk of entering, residential aged care, including providing choice to Aboriginal and/or Torres Strait Islander people between 50 and 64 years of age who are eligible for the aged care system.



Carol's inclusive fashion a creative canvas for disability art

During the past 20 years, Gold Coast NDIS participant and lawyer, artist and fashion designer Carol has steadfastly refused to let stumbling blocks stand in her way.

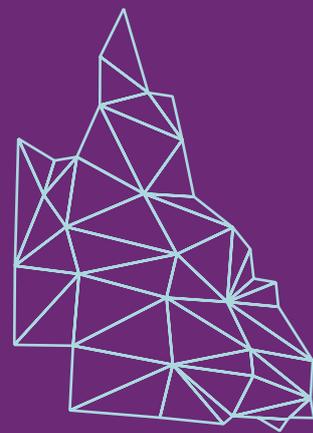
After a car accident, which left her instantly paralysed and a quadriplegic at the age of 34, Carol persevered with IVF for 8 years only to conceive naturally and give birth to a healthy son, though doctors had told her she would never have a child.

When she found herself frustrated every time she shopped for clothes because there was nothing in the shops that fit the altered body shape of a permanent wheelchair user, Carol took matters into her own hands and started designing clothes.

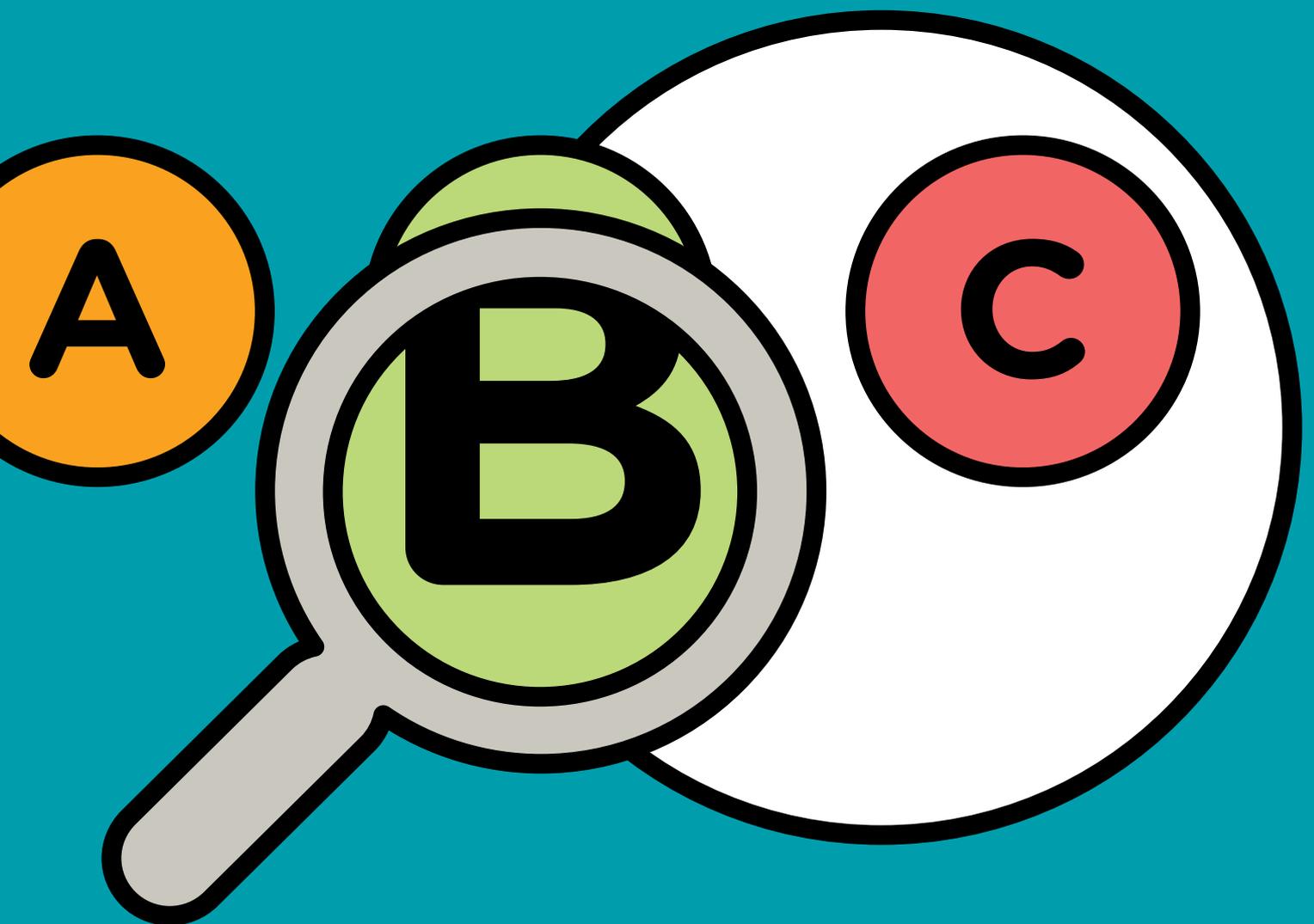
"I couldn't go to the shops and buy what I wanted because there are all these terrible things that happen to your body when you become a quadriplegic; your shape changes, your muscles atrophy. So I thought, I'll design my own clothes."

Carol has found success, and in 2019 she was invited to design an inclusive collection for the Mercedes Benz Fashion Festival in Brisbane.

Carol has NDIS funding for transport assistance and assistive technologies, including a powered wheelchair and accessible car modifications. Support workers help her with all her personal care and daily activities six days a week. "The NDIS has been completely life-changing for me," says Carol.



Part Two:
Participant
experience and
outcomes



Part Two:

Participant experience and outcomes

Outcomes continue to improve the longer participants are in the Scheme.

2.1 Participant safety and contact

The NDIA is cooperating with all relevant inquiries in response to the tragic cases of participant deaths reported in the media in 2020.

The NDIA continues to review and improve its business operating processes to ensure participants get the support they need. The recently implemented Participant Check-in process will continue to be embedded and enhanced in 2021 to support all participants, including vulnerable participants.

2.2 Participation in work and community and social activities

Despite COVID-19, participation rates in community and social activities have increased, while the overall rate of participation in work has remained stable.

Participation in community and social activities

For participants who have been in the Scheme for at least two years, their community and social participation has increased since they first entered¹⁴. There was a:

- **nine** percentage increase from **34%** to **43%** for participants aged 15–24 years.
- **nine** percentage increase from **37%** to **46%** for participants aged 25+ years.
- **nine** percentage increase from **36%** to **45%** for participants aged 15+ years.

Participation in work

The overall rate of participation in work for those in the Scheme continues to be relatively stable. However, for those who have been in the Scheme for at least two years there have only been marginal increases in employment. There was a:

- **nine** percentage increase from **12%** to **21%** for participants aged 15–24 years.¹⁵
- **two** percentage decrease from **25%** to **23%** for participants aged 25+ years.
- **one** percentage increase from **22%** to **23%** for participants aged 15+ years.

¹⁴ This section compares Baseline indicator results when participants entered the Scheme, with results measured at the most recent participant plan review for each respondent. Trial participants are excluded.

¹⁵ Some of the increase is due to participants leaving school and starting work. As the Scheme matures it will be possible to analyse the extent to which the percentage gap increases.

NDIS Participant Employment Strategy

During 2020, the first year of the Participant Employment Strategy (the Strategy), the NDIS made significant progress against commitments. Despite an interrupted and changing employment environment due to COVID-19, the employment rate has remained stable at around 22 percent for NDIS participants of working age, currently at 22.8 per cent.

While the first year of the Strategy laid the foundations for participants to reach their employment goals, a focussed effort is required if the 30 per cent target of participants in paid employment by June 2023 is to be reached.

The NDIA continues to work closely with NDIS providers of employment supports to help participants remain connected and supported, and has encouraged providers to explore innovative ways to deliver their supports. Some providers and participants adopted new technologies and alternative working arrangements.

Revised Action Plan 2021-2022

In light of COVID-19, the strategy has been updated to target six priority areas over the next 18 months including:

- Stimulating innovative, evidence-based participant centric employment supports;
- Strengthening the link between education and employment outcomes for young people;
- Building new partnerships that lead to jobs;
- Promoting disability employment through use of the Agency's purchasing power;
- Equipping participants to navigate a complex disability employment system; and
- Ensuring the right employment goals and supports are in participants' plans

Finalising transition of Australian Disability Enterprises (ADEs) to the NDIS

The transition of supported employees working in ADEs into the NDIS was finalised on 31 March 2021 after Department of Social Services ceased funding the Disability Employment Assistance Grant Agreements. The majority of eligible employees have accessed the Scheme and have NDIS plans in place which include funding for their ongoing support needs at work.

Work continues on implementing the new pricing arrangements for supports in employment. ADE providers have until 31 December 2021 to start utilising the new pricing. To date over half have commenced claiming the hours of support delivered to their employees. This has led to positive changes being reported by ADEs, such as employees being offered new skill development opportunities and more hours of work because the new approach means funding better reflects the individual participants' needs.

To further support implementation, a survey of all ADEs is being conducted to capture responses to the changes and organisational plans for future business development. The information will also be used to shape the agenda for regional forums to include ADEs and other employment service providers to promote service delivery approaches that reflect best practice for preparing and supporting employment for people with disabilities.

2.3 Analysis of participant outcomes

Participants continue to report positive outcomes.

Participants who entered the Scheme since 1 July 2016 were asked ‘Has the NDIS helped?’ at each participant plan review, allowing the NDIA to gain valuable longitudinal insights.

Participants who have been in the Scheme for at least two years

From 1 July 2016 to 31 March 2021, for participants who have been in the Scheme for at least two years¹⁶, the following outcomes have been recorded:

For children aged 0 to before starting school:

- **95%** of parents and carers thought the NDIS improved their child’s development at their most recent plan review, compared to **92%** at their first review.
- **94%** felt the NDIS improved their child’s access to specialist services at their latest plan review, compared to **90%** at their first review.

For children starting school to 14 years:

- **69%** of parents and carers felt their child had become more independent as a result of the NDIS at their most recent plan review, compared to **59%** at their first review.
- **56%** of parents and carers felt the NDIS had improved their child’s relationship with family and friends at their most recent plan review, compared with **48%** at their first review.

For young adults aged 15 to 24 years:

- **68%** of participants felt the NDIS had helped them have choice and control over their life at their most recent plan review, compared to **60%** at their first review.
- **70%** of participants said the NDIS had helped them with daily living activities at their most recent plan review, compared to **59%** at their first review.

For adults aged 25 and over:

- **77%** of participants believed the NDIS helped them have more choice and control over their lives at their most recent plan review, compared to **67%** at their first review.
- **82%** of participants said the NDIS had helped them with daily living activities at their most recent plan review, compared to **71%** at their first review.

¹⁶ This section is based on responses provided at the first participant plan review, compared with those from the most recent plan review for participants who have been in the Scheme for at least two years. Trial participants are excluded.

Part Two: Participant experience and outcomes

Significant improvements in outcomes are evident the longer a participant has been in the Scheme. Highlights, for participants who have been in the scheme for at least four years, include:

Figure 19: For children aged 0 to before starting school

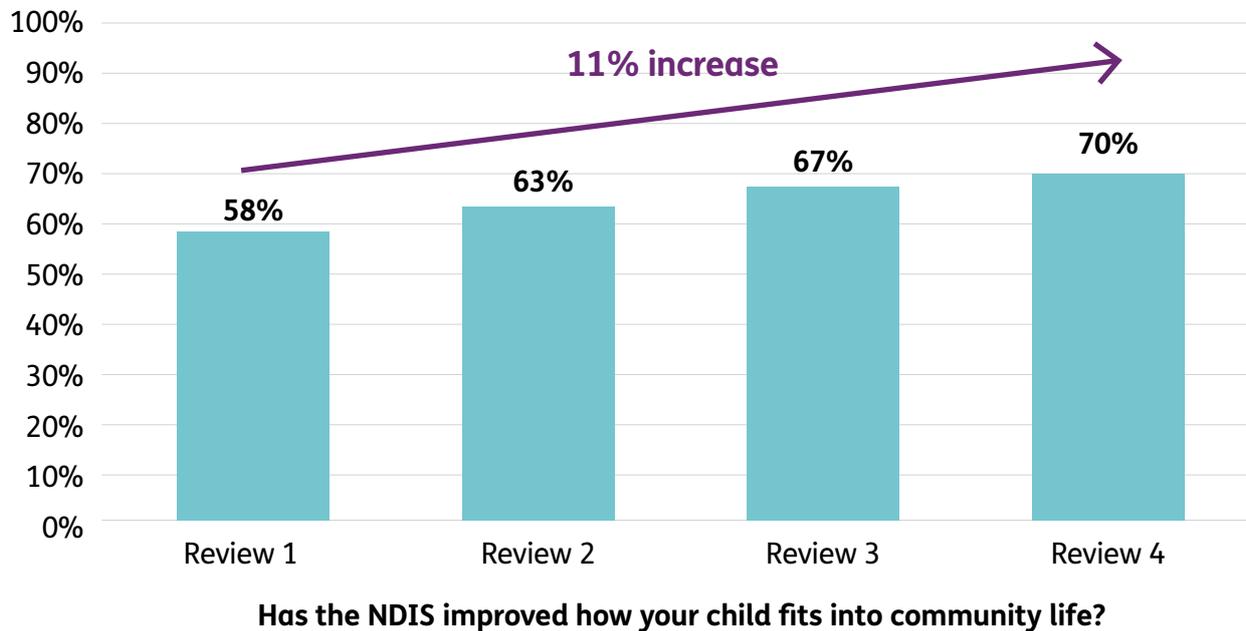


Figure 20: For children starting school to 14 years

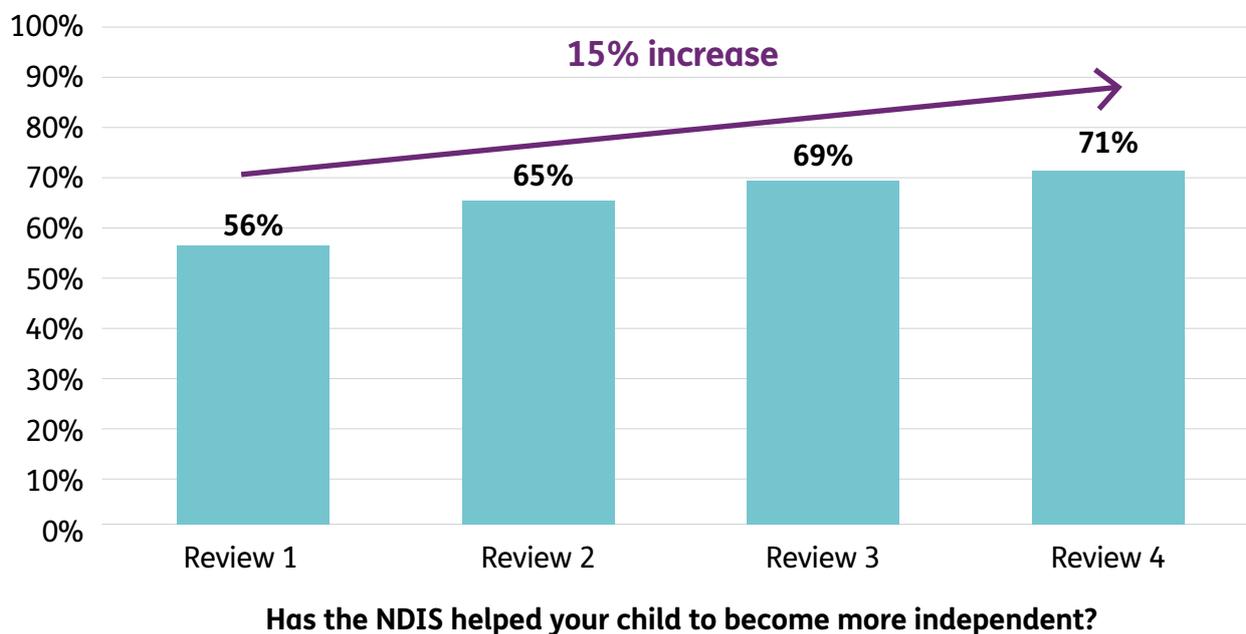


Figure 21: For young adults aged 15 to 24

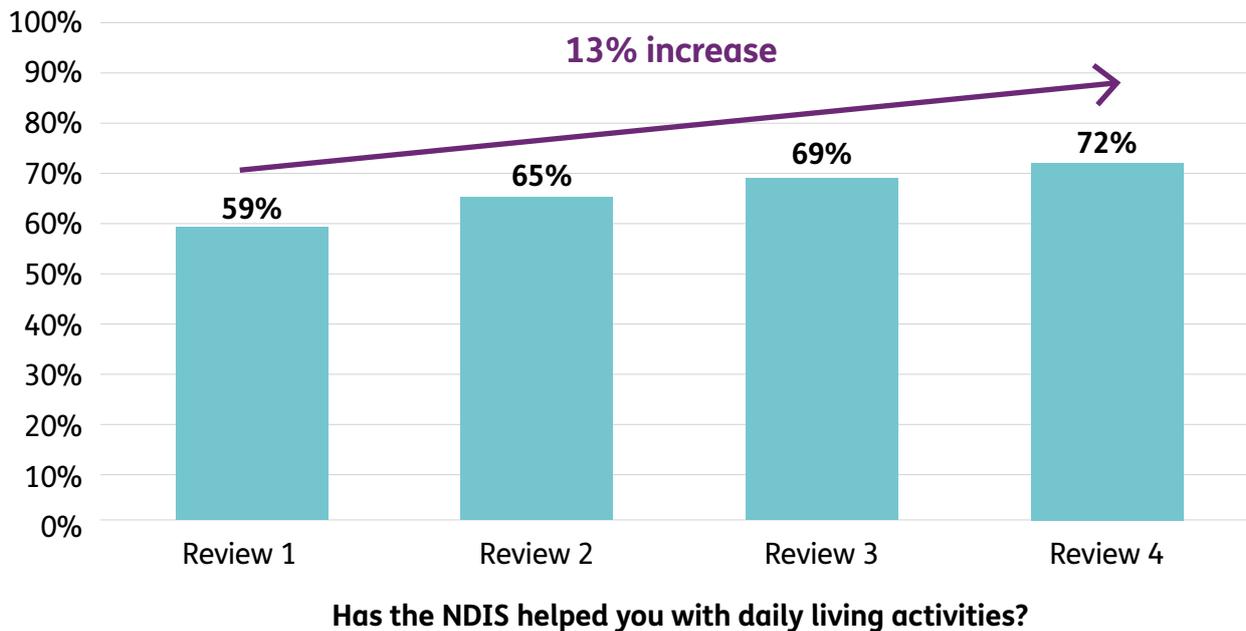
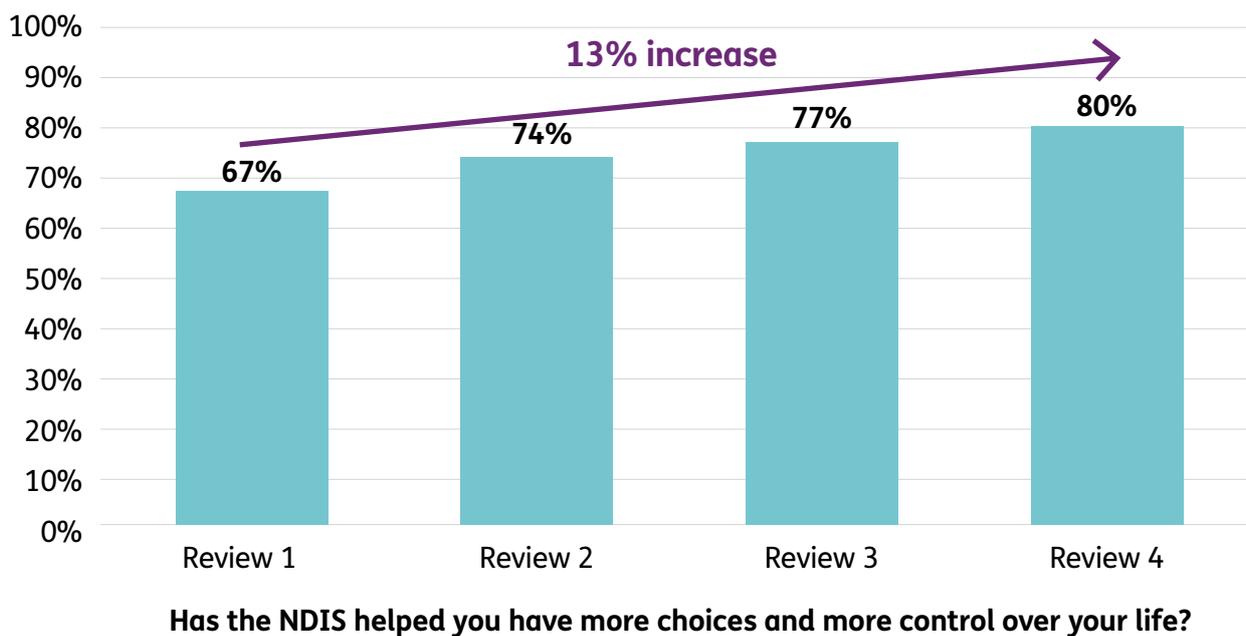


Figure 22: For adults aged 25 and over



While the above results are encouraging, the analysis also indicates that there are areas where outcomes could be improved. For example, after at least four years in the Scheme, only 15 per cent of participants aged 15 to 24 at their most recent plan review agreed that being in the NDIS had helped them find a suitable job, compared to 17 per cent at their first plan review. Similarly for participants aged 25 and over, after at least four years in the Scheme, only 19 per cent agreed that being in the NDIS had helped them find a suitable job, compared to 21 per cent at their first plan review. The NDIA is actively working to improve participation in work, as discussed earlier in this section.

2.4 Participant satisfaction

The NDIA has undertaken improvements in the way satisfaction is measured.

In September 2018, the NDIA expanded on the original participant satisfaction survey (conducted since the start of trial) to allow for a comprehensive understanding of the participant experience at each stage in the pathway. The NDIA gathers responses at the four primary stages of the participant pathway – access, pre-planning, planning and plan review.

In the December 2020 quarter, the NDIA transferred the administration of the survey away from the National Contact Centre to another third party supplier, Australian Healthcare Associates. This was in response to the Tune review, which recommended the survey be undertaken as independently as possible from the NDIA. This change in administrator has resulted in a “break” in the time series, meaning quarterly results up to and including the September 2020 quarter, do not compare with quarterly results post this quarter (that is, the December 2020 and the March 2021 quarters). The March 2021 quarter results are comparable with the December 2020 quarter results, and assist in understanding change over time.

Also, in line with the Tune review, the NDIA is working with the Independent Advisory Council (IAC) to build on this survey to develop a more comprehensive picture of participant satisfaction. This includes input regarding the current approach, suggested improvements to current questions, and the inclusion of extra modules.

The NDIA engaged the Council for Intellectual Disability to undertake consultation on making the surveys more accessible, including for people with complex communication needs. The NDIA has reviewed the existing questions and is in the process of making the recommended changes to make the surveys more accessible.

In the March 2021 quarter, 85 per cent of participants rated the Planning process as either good or very good, with a further 9 per cent rating the experience as neutral. Seventy-six (76) per cent of the participants in the quarter rated the Access process as either good or very good, 81 per cent rated the Pre-Planning process as either good or very good, and 74 per cent of participants rated the plan Review process as either good or very good. These results are based on 1,031 surveys at Access, 887 at Pre-Planning, 3,940 at Planning and 11,407 at Review, which is 17,265 in total. The sample size for this quarter and the last quarter has been at least twice the sample size of previous quarters. These improvements will allow a finer disaggregation of results so that the experience of different cohorts of participants can be analysed, and more targeted improvements to the Scheme can be made.

Figure 23: Rating of experience with the NDIS (1 January 2021 to 31 March 2021)

Overall, how was your experience with:

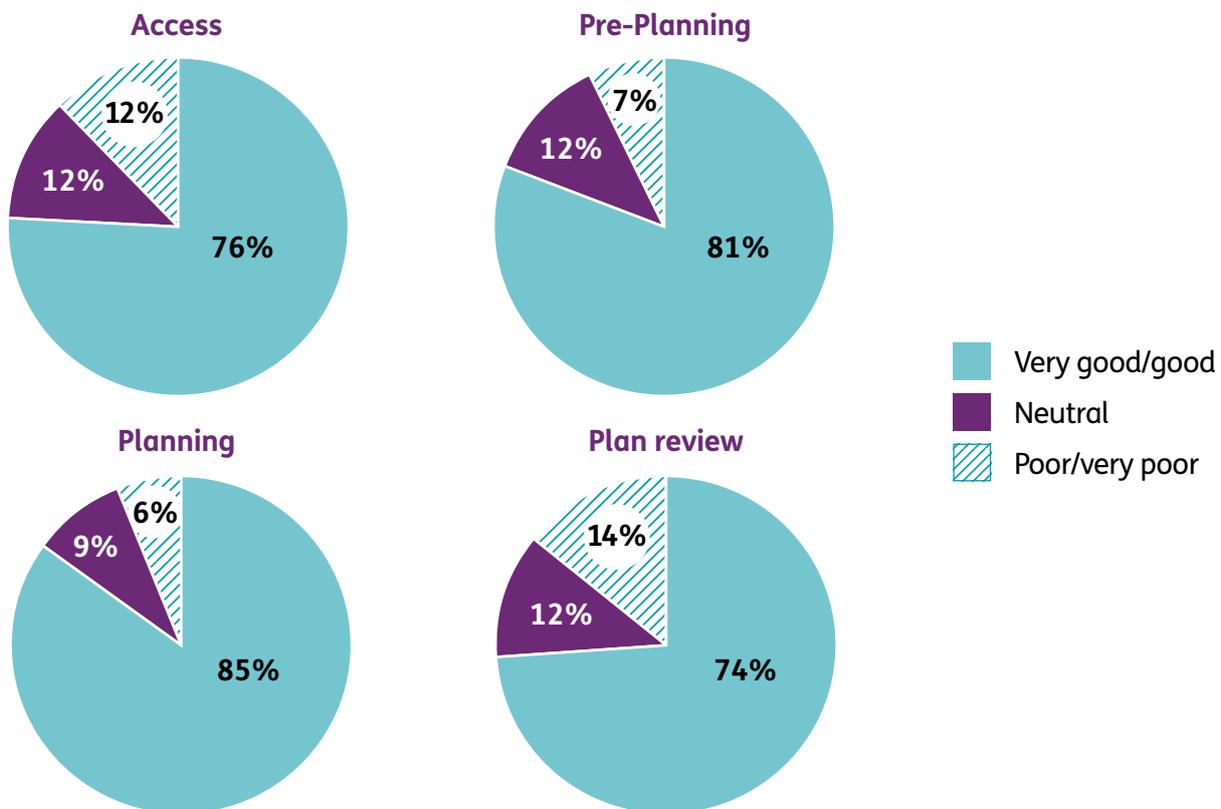
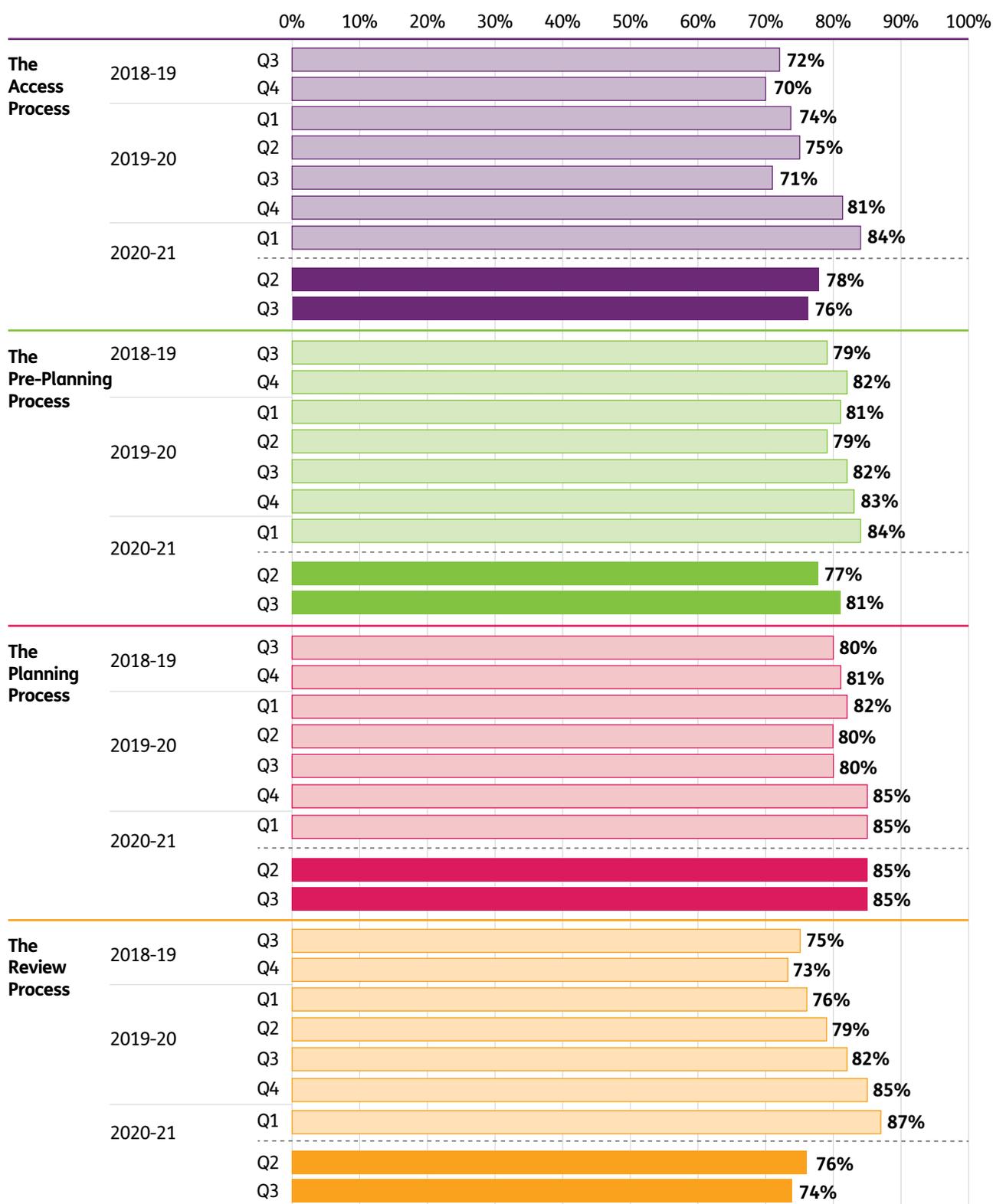


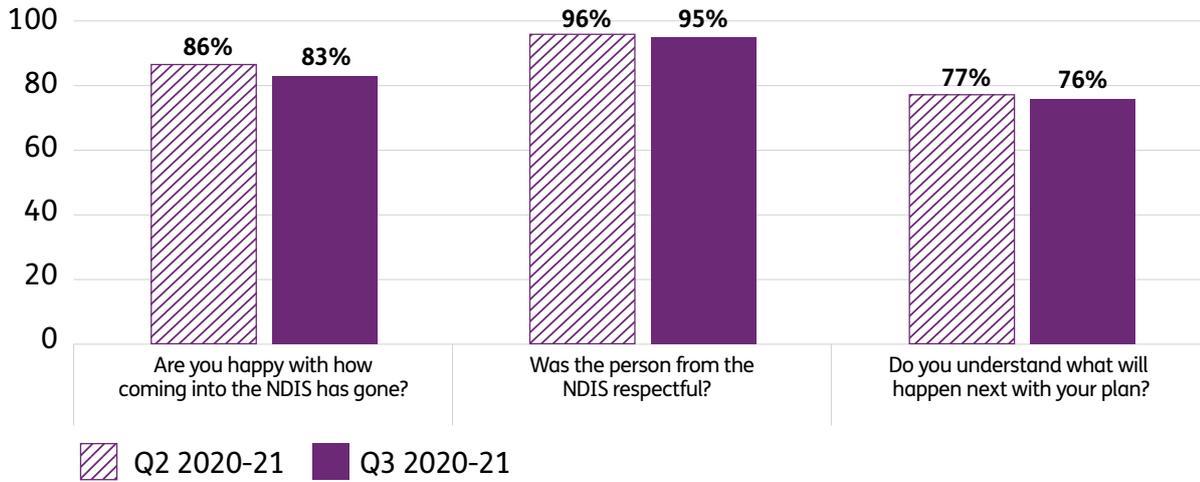
Figure 24: Trend of satisfaction across the pathway (% Very good/good)¹⁷



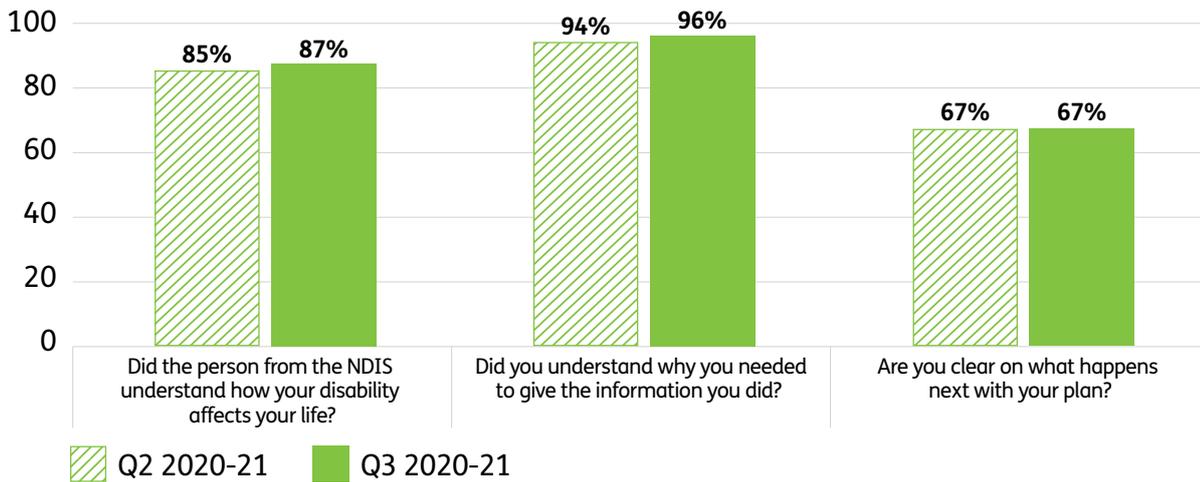
¹⁷ Participant satisfaction results for prior quarters have been restated using data as at 31 March 2021 due to retrospective changes in the underlying data. These changes mainly arise from lags in data collection.

Figure 25: Satisfaction across the four stages of the pathway

Stage One: Access



Stage Two: Pre-Planning



Stage Three: Planning

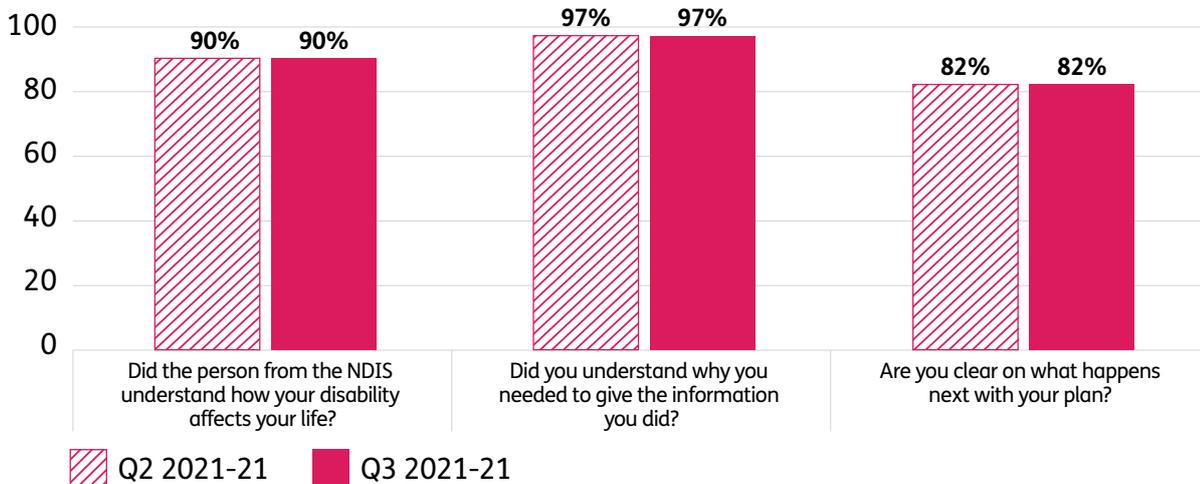
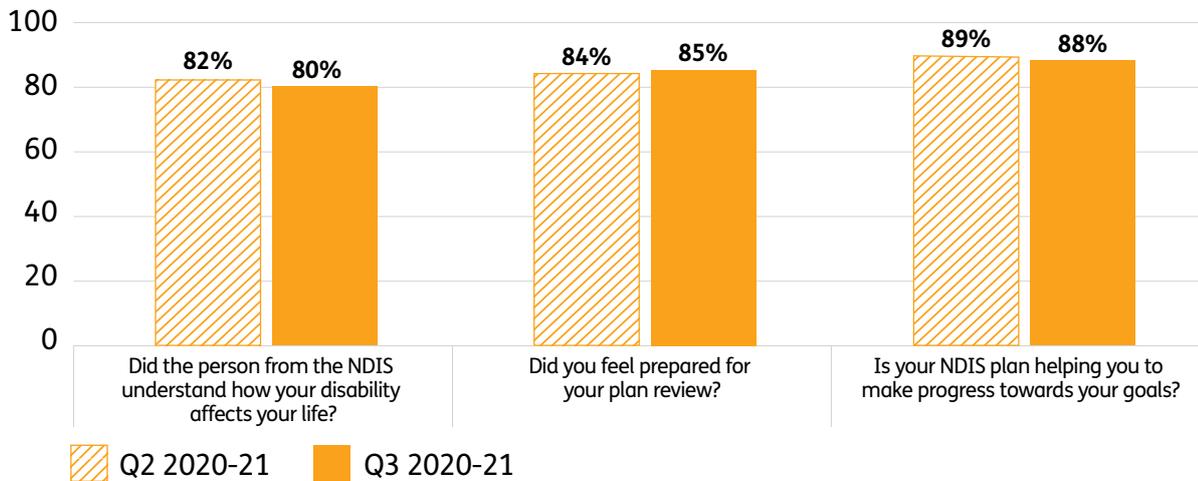


Figure 25: Satisfaction across the four stages of the pathway cont.

Stage Four: Plan Review



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

The results indicate that satisfaction for Q3 2020-21, as measured by these questions, is comparable to the prior quarter.

For this quarter and historically, the percentage who have a clear understanding of what happens next with their plan in the first three steps of the participant pathway has been lower than the positive response rate for other questions. For example, at planning, 82 per cent were clear on what happens next with their plan (the same percentage as for prior quarter), lower than the 87-97 per cent responding positively to other questions about planning.

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

2.5 The NDIS Contact Centre

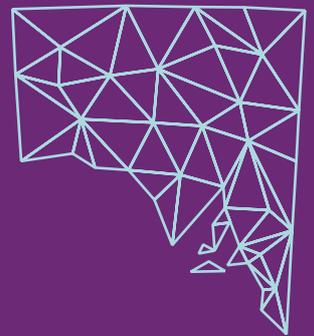
The NDIS contact centre call volumes increased significantly this quarter

The NDIS National Contact Centre (NCC) experienced some service level challenges across the March 2021 quarter, with respect to both call and email response times. Additional NCC staff were recruited across March and April 2021, allowing greater flexibility in responding to increased enquiries.

- For the quarter ending March 2021 the NCC answered **283,630** phone calls.
- The NCC is contracted to reach a weekly service level of **80%** of calls answered within **60 seconds**. During March 2021 the NCC achieved a service level of **59.1%**. This result was impacted by increased demand, with an additional **14,130** calls received above forecast for the month of March (**14.3%** above forecast). A review of enquiry types has determined planning appointments and plan reviews to be key enquiry types driving the volume increase.
- Although the grade of service was below expectations for March 2021, the NCC is maintaining an average service level of **79.6%** for the 2020/21 Financial Year and an average speed of answer of **52 seconds** was achieved for the March 2021 quarter.
- Average abandonment rates are consistently low at **2.1%**.
- **15,140** Webchat enquiries were responded to across the quarter, which is an increase in volume of **34%** from the previous quarter. **96.6%** were answered within **10 seconds**.
- Throughout the quarter **201,955** emails were responded to, with **35.3%** progressed within **2 business** days of them being received. Response times were impacted by a surge in email inflow across the quarter, with **22,010** emails (or **14%**) received above forecast. Approximately **70%** of emails were progressed within **7 business days** across the quarter. NCC staffing capacity was focused on servicing increased inbound call volumes and completing a large scale outbound call campaign supporting the Independent Assessments Research Project. The project saw NCC providing detailed information regarding the assessment process and assisting participants to register interest to participate.
- The rate of enquiries being resolved within the first response to the contact was **71%** in the March 2021 quarter. Notable category improvements for the quarter include:
 - Consent/Guardianship/Court Order Enquiry – **75%** to **80%**,
 - Payment Requests – **88%** to **91%**, and
 - Provider related interactions – **91%** to **100%**.



One Culture celebrates diversity and inclusion on the football field



About 70 kids and adults who live with disabilities, celebrated diversity and friendship on the football field at an end-of-year event. Run by NDIS provider, **One Culture Football**, providers of inclusive football programs for people aged 6 to 65, that brings inclusive football teams together from all around Adelaide.

“I’m so excited, I can’t wait,” said 10-year-old Jayden Wright, who lives with autism spectrum disorder (ASD) and has been attending One Culture programs for four years.

“We do a little tournament but it isn’t too competitive, I love doing it because it’s so much fun. Everyone is super nice and everyone is included. I’m pretty good at it, so I like to help other people, younger and older, it doesn’t matter who it is.

Players like Jayden use their NDIS core funding to pay for coaching and mentoring programs, which focus not only on building football skills, but also on health and wellbeing, gross motor skills, self-confidence and self-esteem.

“We aim to empower people of all cultures, abilities and diverse backgrounds to forge community connections through inclusive football,” said One Culture co-founder Josh Smith. “Our vision is to be an innovative leader in social change through inclusive football programs and to provide pathways for young people to expand and deepen their social and support networks.”

Part Three:

Participant Service Guarantee and Participant Service Improvement Plan



Part Three:

Participant Service Guarantee and Participant Service Improvement Plan

The NDIA is committed to improving service for NDIS participants. That is why the NDIA introduced a Participant Service Charter to explain what participants can expect when they deal with the NDIA, and the Participant Service Improvement Plan that outlines all the improvements the NDIA will make.

The NDIA **Participant Service Charter** sets out what participants can expect from the NDIA and Partners in the Community (PiTC) organisations. It provides overall principles for interactions with participants, and clear service standards and timeframes. These are included in the proposed **Participant Service Guarantee**, which has been implemented early.

The Participant Service Charter is also underpinned by the specific tangible actions listed in the **Participant Service Improvement Plan 2020-21**.

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

3.1 Participant Service Charter and Guarantee

The latest quarter shows consistent service standard experience across the measurable PSG metrics.

Performance against the proposed service standards – March 2021

Legislation to implement the Participant Service Charter and Guarantee has been delayed due to the COVID-19 pandemic. However, the NDIA has commenced measuring performance against the PSG metrics early where possible, and will expand this reporting in future quarters.¹⁸

Service type	Description of the service being guaranteed	Service Guarantee	Performance	Comparison to target of 95%
General	Explanation of a previous decision, after a request for explanation is received	28 days	87% in the March 2021 Quarter	
Access	Make an access decision, or request for more information, after an access request has been received	21 days	100% in the March 2021 Quarter	
Access	Allow sufficient time for prospective participants to provide information, after NDIA has requested further information	90 days	Reporting will commence in the 30 June 2021 report	
Access	Make an access decision, after the final information has been provided	14 days	98% in the March 2021 Quarter	
Planning	Commence facilitating the preparation of a plan, after an access decision has been made	21 days	79% in the March 2021 Quarter	
Planning	Approve a participant's plan, after an access decision has been made	56 days	79% in the March 2021 Quarter	
Planning	Approve a plan for ECEI participants, after an access decision has been made.	90 days	96% in the March 2021 Quarter	
Implementation	Offer to hold a plan implementation meeting, after the plan is approved	As soon as reasonably practical	Reporting will commence in the 30 June 2021 report	
Implementation	If the participant accepts the offer, hold a plan implementation meeting	28 days	Reporting will commence in the 30 June 2021 report	

 95% and over  85%-95%  Less than 85%

¹⁸ Reporting of results for 'Commencing facilitating a plan review' will now commence in the June 2021 report. The metric to produce the results previously reported in December 2020 have changed.

Part Three: Participant Service Guarantee and Participant Service Improvement Plan

Service type	Description of the service being guaranteed	Service Guarantee	Performance	Comparison to target of 95%
Implementation	Provide a copy of the plan to a participant, after the plan is approved	7 days	Reporting will commence in the 30 June 2021 report	
Plan review	Commence facilitating a scheduled plan review, prior to the scheduled review date	56 days	Reporting will commence in the 30 June 2021 report	
Plan review	Decide whether to undertake a participant requested plan review, after the request is received	21 days	100% in the March 2021 Quarter	
Plan review	Complete a participant requested review, after the decision to accept the request is made	42 days	67% in the March 2021 Quarter	
Plan variations	Vary a plan, after the receipt of information that triggers the plan amendment process	28 days	Reporting will commence in the 30 June 2021 report	
Plan variations	Vary a plan, after receipt of information relating to a complex quote that triggers a plan amendment process	50 days	Reporting will commence in the 30 June 2021 report	
Plan variations	Provide a copy of the plan to a participant, after the plan is amended	7 days	Reporting will commence in the 30 June 2021 report	
Reviewable decisions	Complete an internal review of a reviewable decision, after a request is received	90 days	91% in the March 2021 Quarter	
Reviewable decisions	Implement an AAT decision to vary a plan, after receiving notification of the AAT decision	28 days	Reporting will commence in the 30 June 2021 report	
Nominee	Cancel participant requested nominee	14 days	84% in the March 2021 Quarter	
Nominee	Cancel CEO initiated nominee	14 days	92% in the March 2021 Quarter	

 95% and over
  85%-95%
  Less than 85%

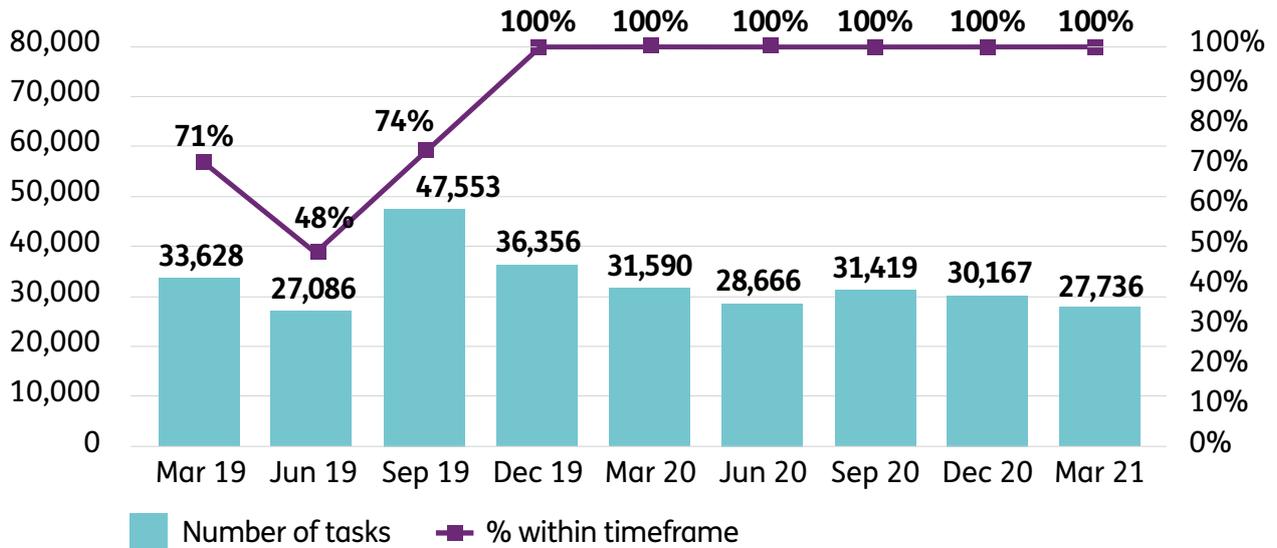
Key trends in PSG metrics

The NDIA has consistently been meeting PSG timeframes for access decisions and first plans approvals (for those aged 0-6) over the last few quarters, and there has been marked improvement compared to 2019.

Access Decisions

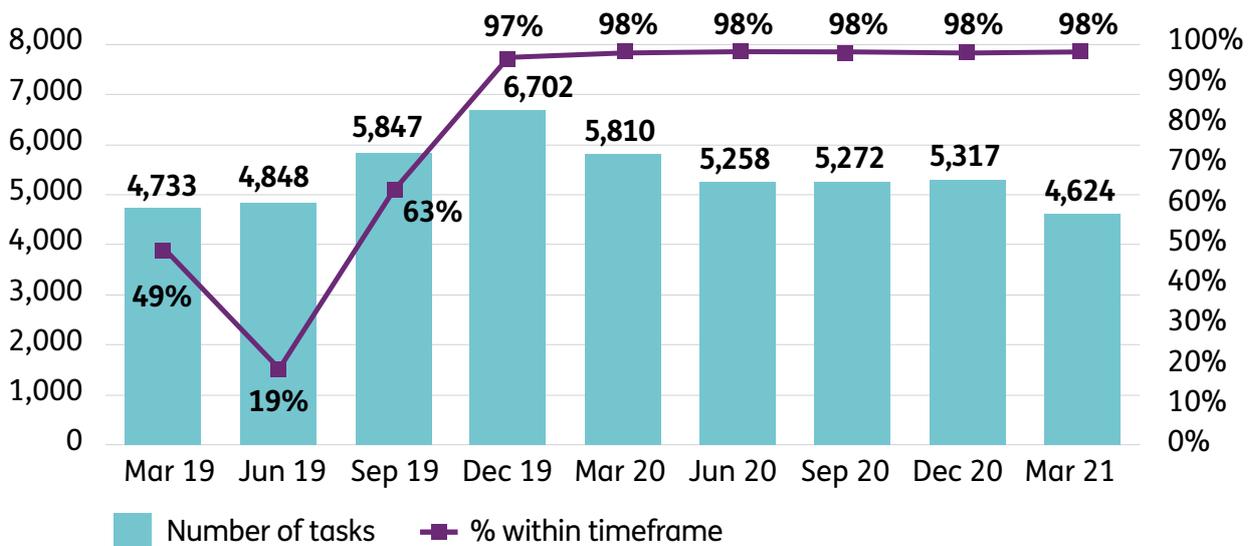
The NDIA has consistently met the 21 day timeframe in respect of access decisions over the last six quarters, which is a big improvement compared to performance in the first three quarters of calendar 2019.

Figure 26: Access decision made, or further information requested, after receiving access request



The NDIA has also consistently met the 14 day timeframe in respect to making an access decision after the final information has been provided. Once again this is a big improvement from the September 2019 quarter, where only 63 per cent of decisions were made within the timeframe.

Figure 27: Make an access decision, after the final information has been provided¹⁹



¹⁹ The results for prior quarters have been restated using data as at 31 March 2021 due to a change in the way this metric is measured.

Planning

Plan approval timeframes for participants aged 0-6 have improved over the last few quarters, with 96 per cent approved within the timeframe of 90 days in the March 2021 quarter. The timeframe for the approval of plans for those aged 7 and above has reduced from 70 days to 56 days from the March 2021 quarter and there has been a consequent reduction in service level met (79 per cent).

Figure 28: Commence facilitating the preparation of a plan, after an access decision has been made²⁰

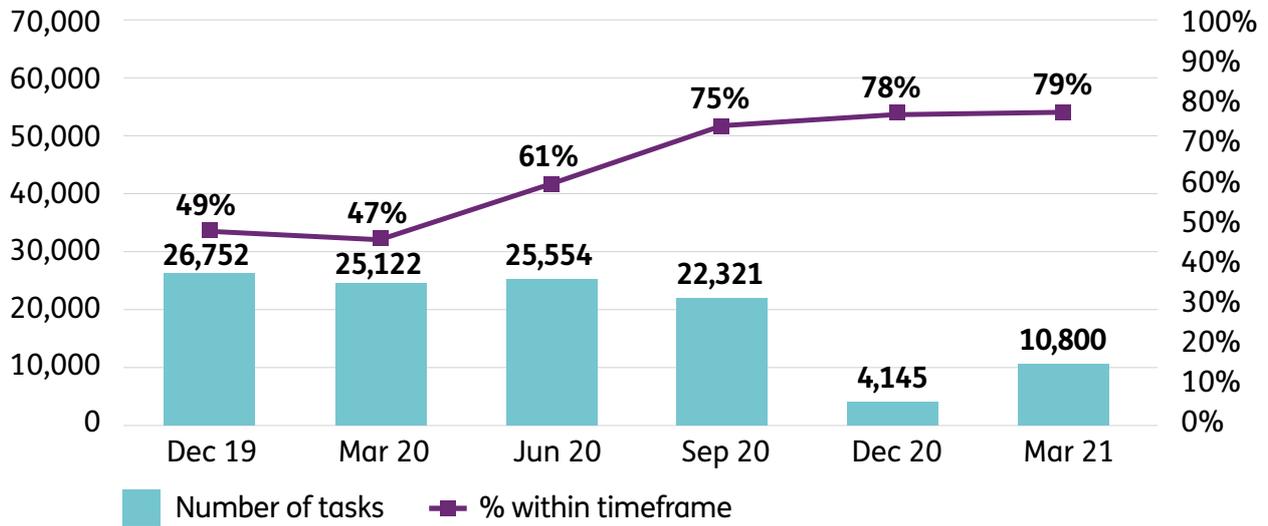
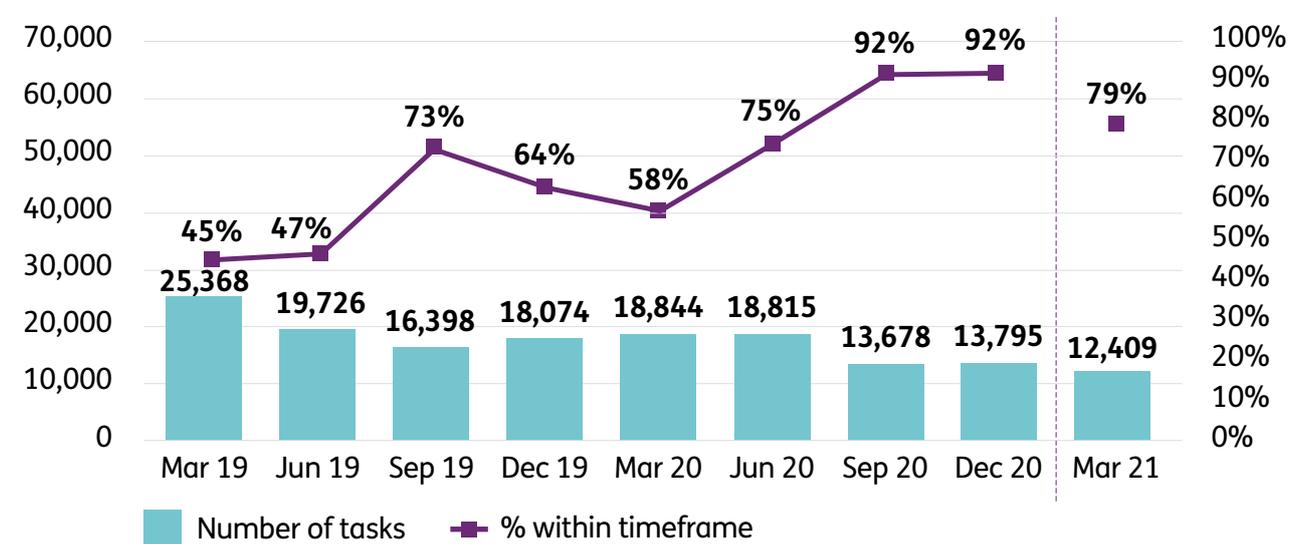


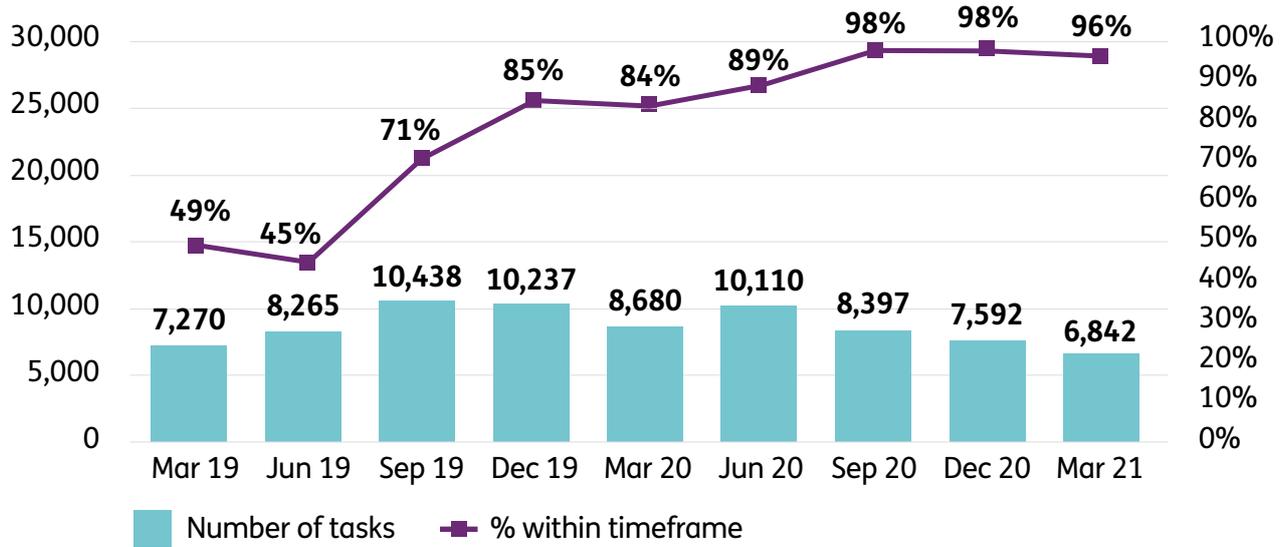
Figure 29: First plan approved after access decision has been made, 7+ years²¹



²⁰ A new business process has been used to measure this metric since December 2020. The results subsequent to September 2020 are based on this new process.

²¹ The target timeframe for this metric has been reduced from 70 to 56 days in early 2021. In this chart, the result for the March 2021 quarter is based on the 56 day timeframe while the results for prior quarters are based on the 70 day timeframe.

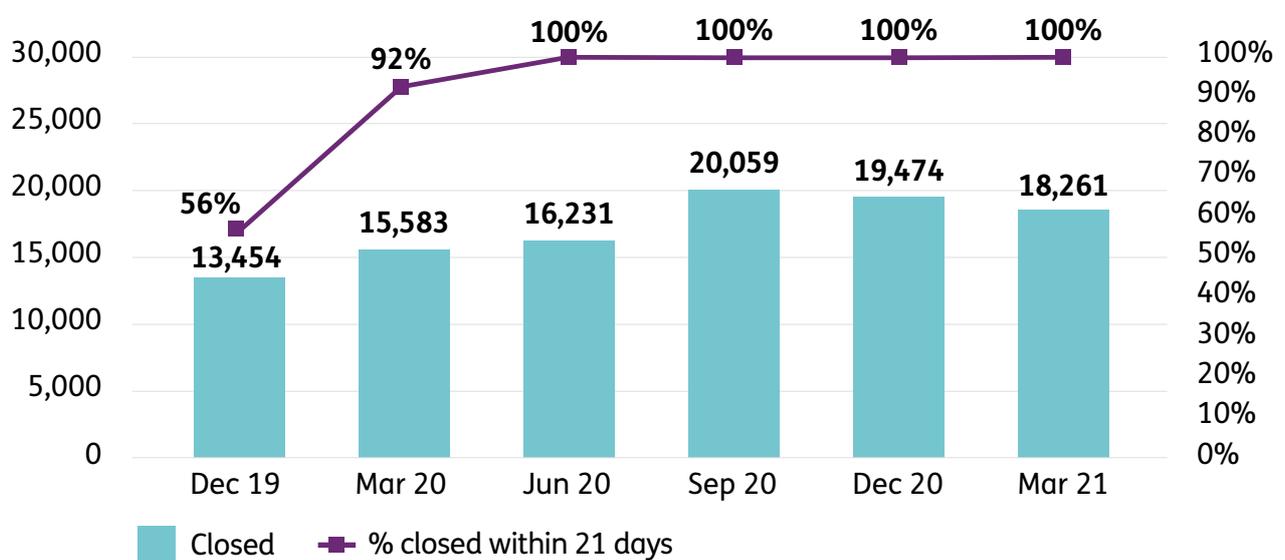
Figure 30: First plan approved after access decision has been made, 0-6 years



Plan Review

Decisions about whether or not to conduct a Participant Requested Review (PRR) are now made within 21 days 100 per cent of the time.

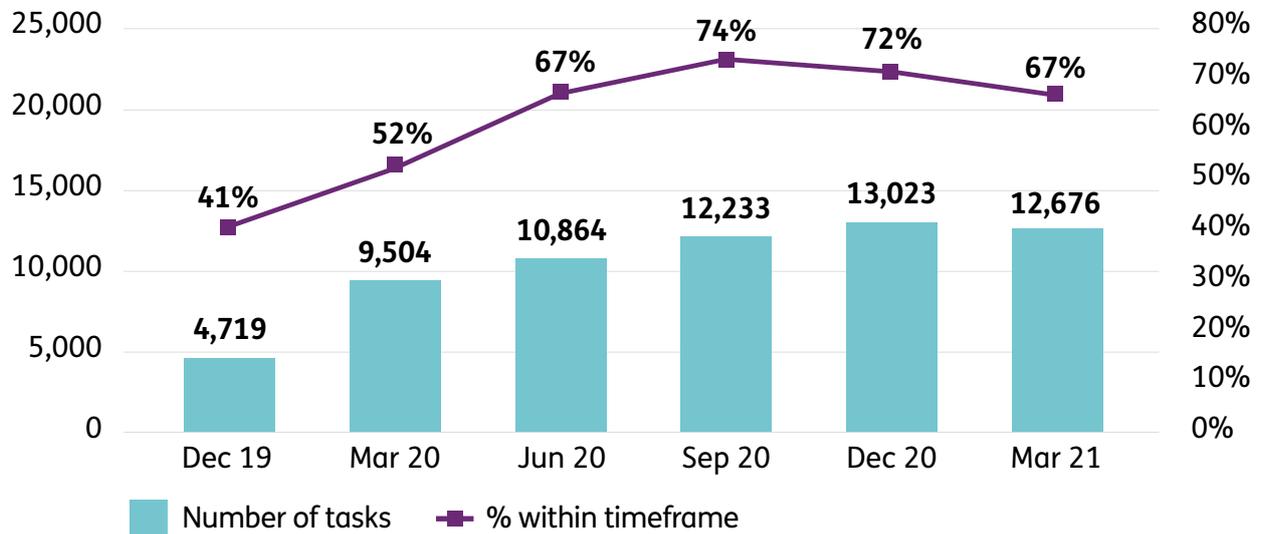
Figure 31: Decision made to undertake PRR after request is received



Part Three: Participant Service Guarantee and Participant Service Improvement Plan

Participant Requested Review (PRR) timeframes have steadily improved over the last few quarters, improving from 41 per cent in the December 2019 quarter. A reduction to 67 per cent was experienced in the March 2021 quarter.

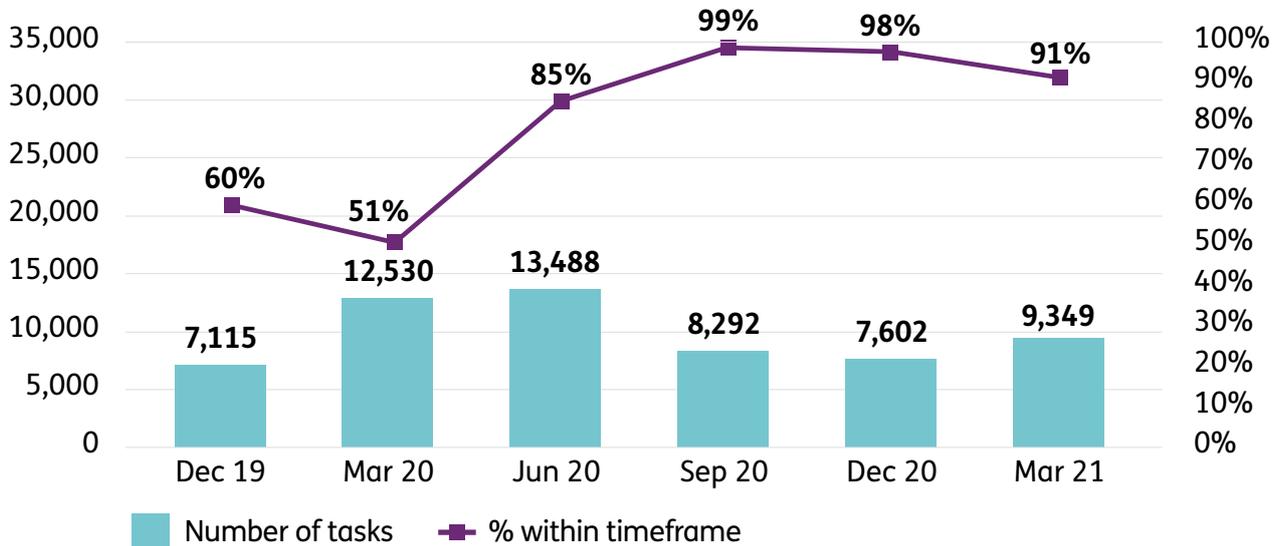
Figure 32: PRR completed after decision made to undertake review



Reviewable Decisions

In the March 2021 quarter, the NDIA was completing Reviews of Reviewable Decisions within the 90 day timeframe 91 per cent of the time.

Figure 33: Complete Review of a Reviewable Decision after request is received



Service standards for the National Contact Centre

Service type	Description of the service being guaranteed	Performance
General	Our National Contact Centre will answer 80% of calls within 60 seconds.	59% in March 2021 (Section 2 in this report discusses further)

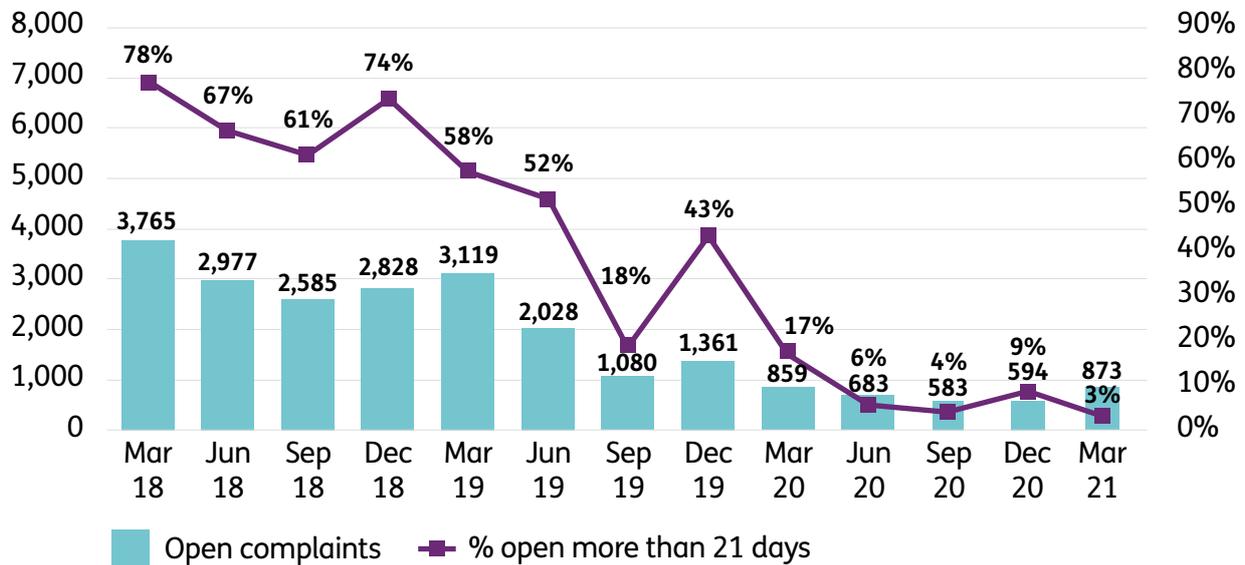
Service standards for complaints

Service type	Description of the service being guaranteed	Service Guarantee	Performance
Complaints	Acknowledge a complaint after we receive it	1 day	Reporting commences in the June 2021 quarter
	Make contact after we receive a complaint	2 days	Reporting commences in the June 2021 quarter
	Resolve 90% of complaints within 21 days after we receive it. More complex complaints may take longer to address.	NA	91% in the March 2021 quarter

Key trends in complaints

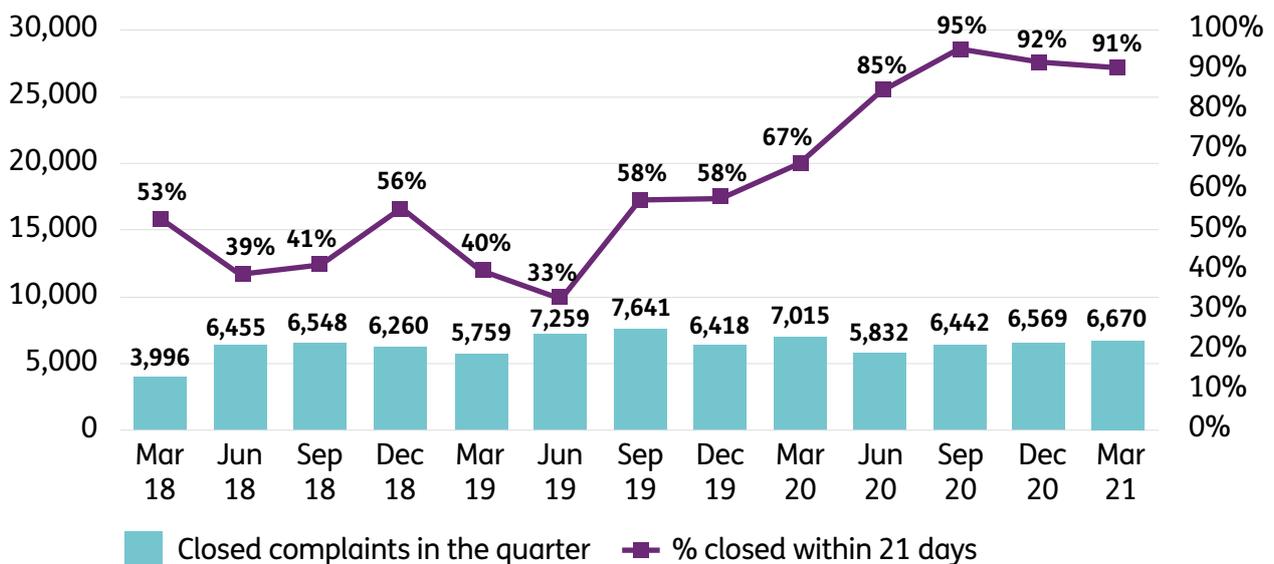
The number of open complaints has increased in the March 2021 quarter although the number is significantly lower than experience prior to 2020. Over recent quarters the per cent of total complaints that have been open for more than 21 days has significantly reduced.

Figure 34: Open complaints and per cent that have been open for more than 21 days²²



The number of completed complaints has been consistent over recent quarters despite the significant increase in participant numbers. Additionally, the per cent of complaints that have been closed within 21 days was 91 per cent in the most recent quarter, a significant improvement compared to 2019.

Figure 35: Closed complaints and per cent completed within 21 day timeframe²³



²² The numbers of complaints reported for the most recent quarter may still increase to the extent there is a lag in data collection. However, any increase is not expected to have a material impact on the results.

²³ *ibid.*

3.2 Participant Service Improvement Plan (SIP)

Progress is being made against the Participant SIP deliverables.

This Service Improvement Plan 2020-21 (SIP) is the key to making real the promises in the Service Charter and Participant Service Guarantee. It sets out what the NDIA and partners are going to do through to 30 June 2023 to deliver an NDIS that meets expectations.

Highlights for this quarter include:

SIP Commitment	What have we delivered?
You will have a contact name for all of your interactions with us.	The NDIA systems have been updated to record the staff member actioning key interactions, e.g. plan approval.
We will check-in with you on how the plan is going, and whether an update or review is needed.	We have implemented Participant Check-ins, beginning with those considered vulnerable or at risk. This is outside a participant's regular plan review cycle and will continue as business as usual. Participant plans are now enabled for up to 3 years. In addition, our new 'Light touch plan review' has now been implemented nationally - enabling you to make minor changes to your plan.
You will be able to quickly access assistive technology and home modifications with less red tape. This includes a simpler process for requesting complex and non-standard assistive technology or home modifications.	Our Operational Guidelines for Assistive Technology and Home Modifications have been refreshed with information on the latest fast track process we use to assess low, medium and high-risk assistive technology or requests for home modifications.
We will process applications for all supports associated with housing and accommodation issues together and more quickly.	The NDIA business system has been updated to allow this faster processing.

Part Three: Participant Service Guarantee and Participant Service Improvement Plan

This builds on the work undertaken over the last two quarters, which included:

- Changes have been made to **our letters** to include the name of someone at the NDIA who you can contact.
- The NDIS website now includes a **Participant Information Access** site to make it easier for participants to get information – no need to submit a Freedom of Information request.
- A new **'Light touch plan review'** has now been implemented nationally and delivered earlier than expected – a simple and quick process when you need to make minor changes to your plan.
- A home and living supports form is now available on the NDIA website. This form allows NDIS participants who have independent living goals to easily and quickly initiate a request to see how the NDIS may be able to help in supporting them live more independently.
- Provider matching platforms and SDA vacancies are now being promoted via the NDIS website. The national SDA-matching website was released on 27 October 2020.
- The NDIA has established a NDIS carer connect network for ageing parents of people with a disability.
- Improvements to the NDIS Contact Centre to provide more consistent and helpful information.
- Rule changes to increase the flexibility in living options for participants with SDA.
- The engagement of specialist community connectors who have commenced delivering services.
- The placement of Health and Justice Liaison Officers across all States and Territories.

Service Improvement Plan (SIP) – Commitments and Progress¹⁸

Communicating with us

The NDIA systems have been updated so you have a current contact name recorded for all your interactions with us.

We have committed to an increased digital experience and commenced work on online forms, and enhancing the website and portal.

SIP Commitment	Progress to date ²⁴	Expected Completion
The NDIS Contact Centre will give you more helpful and consistent information		✓
We will put the name of an NDIS contact person on our letters to you		✓
You will have a current contact name for all your interactions with us		✓
You will be able to use online forms and services where you want to		Dec 21
You will be able to track where your application or inquiry is up to online		Dec 21
The website and portal will be clearer and easier to use		Dec 21

Getting information from us

The Participant Information Access (PIA) was launched on 1 July 2020, making it easier for participants to access their information, and feedback from participants has been overwhelmingly positive.

Work continues to make our guidelines clearer to ensure that there is consistency in how we make decisions.

SIP Commitment	Progress to date ²⁵	Expected Completion
You will be able to access your personal data and plan details without having to ask through a Freedom of Information (FOI) request		✓
Our decision letters will have reasons for why we have decided something in plain English		Jun 21
We will be clearer on what reasonable and necessary supports means, with case studies and examples		Dec 21
We will have clearer guidelines and procedures so there is consistency in how we make decisions; and we will make more of these public		Dec 21
Our guidelines will come with plain English descriptions and more examples		Dec 21
Our documents will use consistent terms and definitions with less jargon		Jun 22

²⁴ Represents a qualitative assessment of work undertaken to date, for all of the tables below.

²⁵ *ibid.*

Part Three: Participant Service Guarantee and Participant Service Improvement Plan

Gaining Access to the NDIS

Work to review the planning process including the use of Independent Assessments to ensure support funding is more certain, fair and consistent is well progressed. This is part of a broader program of works due for completion in 2022.

SIP Commitment	Progress to date ²⁶	Expected Completion
You will be able to apply to the NDIS in the way you want, including using an online access request form		Dec 21
We will increasingly use Independent Assessments , that we pay for, as a fair and consistent way to determine access to the NDIS		Jun 22
We will make sure you are connected to other mainstream and community supports and services as well, even if you don't gain access to the NDIS		Jun 22

Making your plan

We are working towards supporting participants in the way that they choose to interact with us, including continuing face-to-face meetings where that is a participant's preference. Video conferencing is currently being offered to participants that wish to have their planning meetings through this approach. Further work will continue to embed the process into the agreed ongoing solution.

SIP Commitment	Progress to date ²⁷	Expected Completion
We will support more video-conference planning meetings		Jun 21
If you want, you will be able to have a face-to-face meeting with the person who makes a decision about your plan supports and funding		Jun 21
You will get plan summary statements and draft plans before your plan is approved so you can check your information is right and there are no surprises		Jun 21
We will use an independent assessment to ensure support funding in total is more certain, fair, consistent and quicker		Jun 22
We will support you, if you want, to build goals in your plan that are clearly defined, realistic and attainable		Jun 22
We're working to build more do-it-yourself online plan tools		Jun 22

²⁶ Represents a qualitative assessment of work undertaken to date, for all of the tables below.

²⁷ *ibid.*

Part Three: Participant Service Guarantee and Participant Service Improvement Plan

Using your plan

Participant plans are now enabled for up to three years. We will check-in with you on how the plan is going and whether an update or review is needed. Our new ‘Light touch plan review’ has now been implemented nationally and delivered earlier than expected – enabling you to make minor changes to your plan. We have implemented Participant Check-ins, beginning with those considered vulnerable or at risk. This is outside a participant’s regular plan review cycle and will continue as business as usual.

Initial work has been completed to make plan budgets more flexible so participants can use their funding as they wish. Further work is underway to enhance plan flexibility further.

We will give you more support in using your plan, for finding both disability services and mainstream supports. Partners are currently providing connections for participants to community and mainstream supports.

SIP Commitment	Progress to date ²⁸	Expected Completion
Your plan will be longer and ongoing . It will be reviewed when you or we request it – for example, if your circumstances change or something significant happens in your life		✓
There will be a simple and quick process when you need to make minor changes to your plan – it won’t require a full “review”		✓
We will give you more support for using your plan , for finding both disability services and mainstream supports		✓
We will be clearer about support coordination services , and what you should expect		Jun 21
We will check-in with you on how the plan is going, and whether an update or review is needed		Jun 21
We will work with communities in remote and very remote areas , and other areas lacking services, to trial new ways of organising services so you can more easily use your support funding		Jun 22
You will be able to manage your plan more easily, using a new NDIS mobile app		Jun 21
We will make plan budgets more flexible so you can use your funding as you wish		Jun 22
We will make it easier to self-manage your plan, with the right support and controls in place; and to change easily between plan and self-managed		Jun 22

²⁸ Represents a qualitative assessment of work undertaken to date, for all of the tables below.

Part Three: Participant Service Guarantee and Participant Service Improvement Plan

Payments from your plan

The NDIA has finalised its payments strategy and a request for tender will issue in the June 2021 quarter. Enhancements to our current systems have made a significant improvement in timeliness of payments. Further work is in progress to deliver real time payments capability.

SIP Commitment	Progress to date ²⁹	Expected Completion
Payments will be able to be made simply and directly for registered and non-registered providers of services – no more paying first from your own cash and claiming it back		Jun 22
We will have new systems to make sure providers are paid promptly and accurately, so your support is not interrupted		Jun 22

Parts of your plan

Our Operational Guidelines for Assistive Technology and Home Modifications have been refreshed with information on the latest fast track process we use to assess low, medium and high-risk assistive technology or requests for home modifications.

Rule changes have been completed to increase the flexibility in living options for participants who are eligible for SDA. A standard form (for all housing including SDA) has been developed and is now available.

Work has commenced to ensure that the right goals and supports are included in participant plans. A tool has been published to assist participants who work in ADEs prepare for plan discussions.

SIP Commitment	Progress to date ³⁰	Expected Completion
We will increase the flexibility in living options if you are eligible for SDA		✓
There will be a national SDA-matching website showing all available properties		✓
We will issue new easy-to-understand guidelines for complex home modifications		✓
There will be a standard form and application process for SDA		✓
We will process applications for all supports associated with housing and accommodation issues together and more quickly		✓
You will be able to quickly access assistive technology and home modifications with less red tape. This includes a simpler process for requesting complex and non-standard assistive technology or home modifications		✓
We will focus on your plan and goals supporting you to gain employment if that is what you want		Jun 22
We will encourage Individualised Living Options as an alternative to traditional group homes		Jun 22

²⁹ Represents a qualitative assessment of work undertaken to date, for all of the tables below.

³⁰ *ibid.*

Part Three: Participant Service Guarantee and Participant Service Improvement Plan

Support for engaging with us

The NDIA has engaged specialist community connectors in remote, CALD, and Aboriginal and Torres Strait Islander communities to better engage with participants.

Work continues to develop training packages and tools to support work across a range of disability cohorts, CALD and Aboriginal and Torres Strait Islander communities. Training programmes are being released to staff throughout 2020-21 to improve cultural and disability awareness of front-line staff.

The NDIA has also established a NDIS carer connect network for ageing parents of people with a disability.

SIP Commitment	Progress to date ³¹	Expected Completion
We will fund specialist community connectors (in remote, culturally and linguistically diverse, and Aboriginal and Torres Strait Islander communities) to deeply understand how you want to engage with us		✓
Liaison Officers , for Health and Justice especially, will help participants interact with the NDIS in each State and Territory		✓
We will have a NDIS carer connect network for aging parents of people with a disability		✓
We will pro-actively check-in with you, especially if you may be in a vulnerable situation		Jun 21
Our front-line teams will have improved cultural and disability awareness		Jun 21
We want to support and promote children and young people's voice in their own plans; while also working closely with parents and carers		Jun 22
We will improve the way we provide you support for independent decision-making		Jun 22
We will improve our direct support for you if you have complex needs and require critical supports , or are otherwise potentially vulnerable		Jun 22
We will support you if you are a Young Person in Residential Aged Care to live elsewhere		Jun 22
We will fund early intervention supports for children more flexibly		Jun 22

³¹ Represents a qualitative assessment of work undertaken to date, for all of the tables below.



Indigenous women connect families in the Kimberley to NDIS

In the vast, remote lands that occupy the northern most part of Western Australia, a group of Indigenous women are helping other local women to support their children through a unique NDIS program.

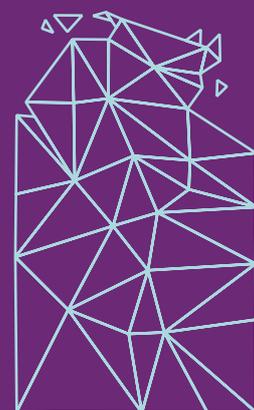
The program launched early last year, helping to connect families to NDIS and community supports for young children who live with disability or developmental delay and Kimberley Aboriginal Medical Services estimates the program has helped more than 150 families across the Kimberley.

Mirella Bin Swani is one of 12 Aboriginal women employed by Derby Aboriginal Health Service (DAHS), funded through a \$25 million NDIS program to deliver frontline ECEI services across the Kimberley.

“We have seen really positive changes in children’s speech development, where they are going to school and getting the support they need, where mothers are spending more time reading with their children,” said Mirella, an NDIS-funded Family Support Worker.

Mirella can also share her own experiences with the families she helps. Her 8-year-old son lives with autism and has been an NDIS participant for two years, so she knows firsthand what it’s like to have a child with special needs and feel a little lost.

“To be able to relate that to families and parents, I feel like it’s crucial. They start to realise how important it is and that there’s so much help out there for them.”



Part Four:

Providers and the growing market



Part Four:

Providers and the growing market

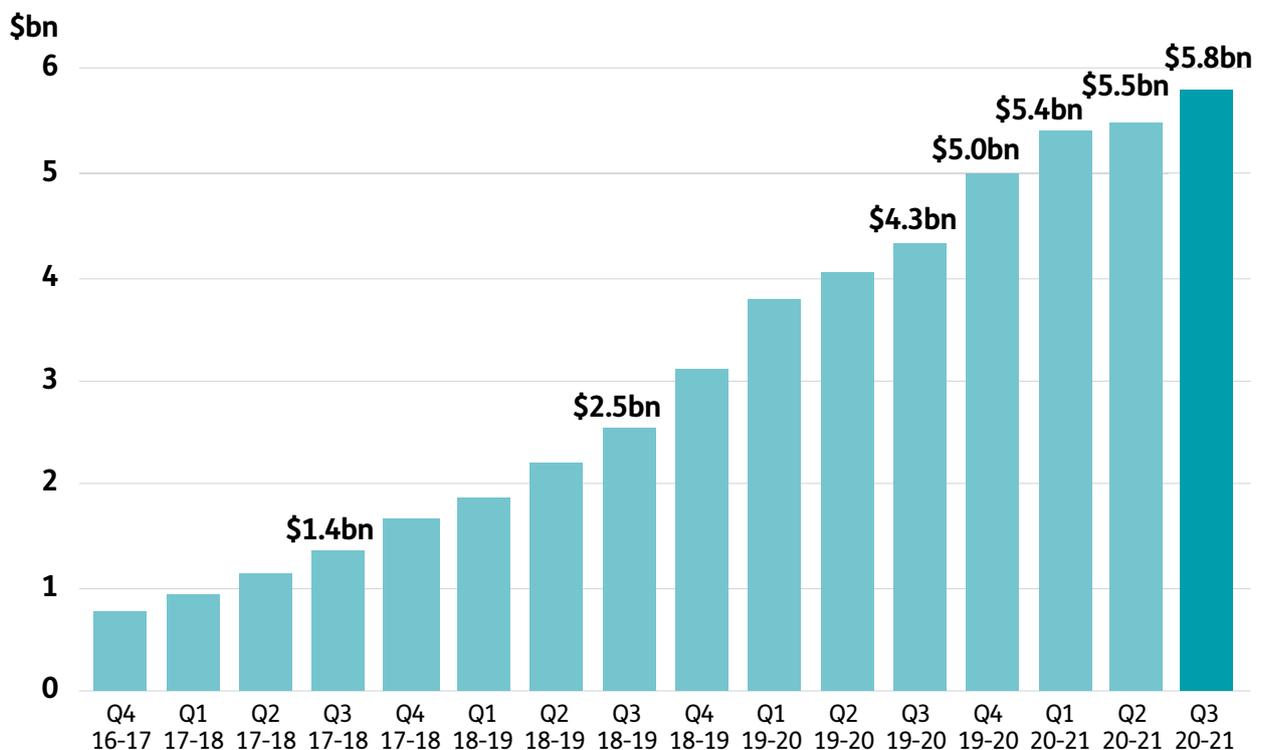
\$5.8 billion was paid to providers for participant supports in the March 2021 quarter, a 34 per cent increase from the March 2020 quarter.

4.1 Growth in the NDIS market

Payments for NDIS supports have continued to grow.

The amount paid each quarter for NDIS supports continues to increase. \$5.8 billion was paid in the March 2021 quarter, compared with \$4.3 billion in the March 2020 quarter (a 34 per cent increase).

Figure 36: Total payments by quarter³²

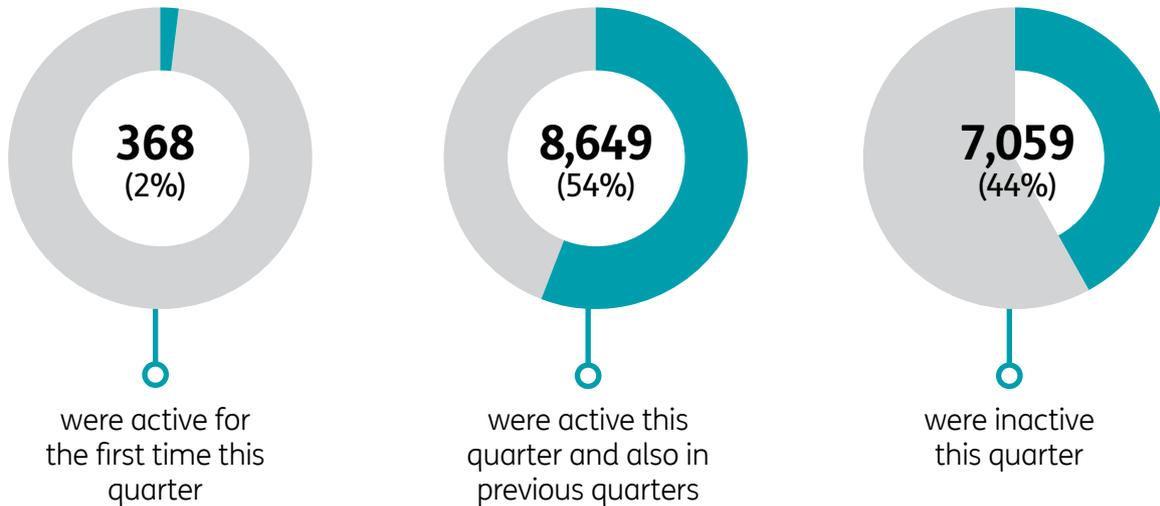


³² The chart represents the amount paid each quarter, regardless of when the support was provided.

4.2 Active providers

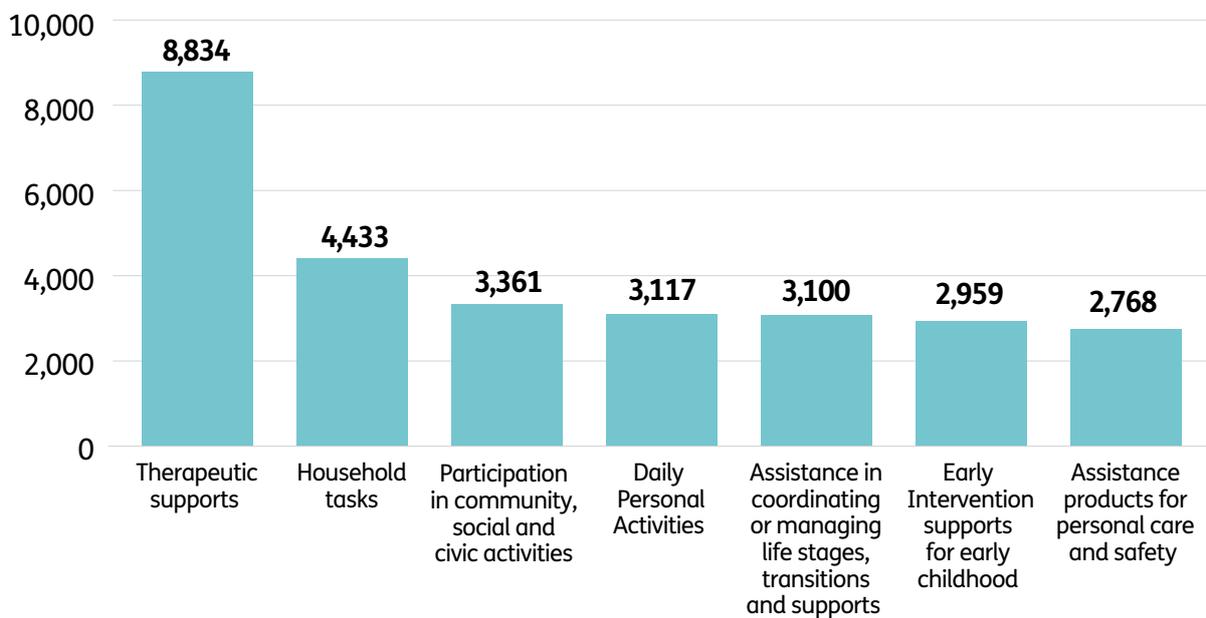
Therapeutic supports continue to be the largest registration group for active providers.

Since the start of the Scheme, 16,076 providers have supported participants³³ Of these:



The registration groups with the largest number of active registered providers are therapeutic supports and household tasks.

Figure 37: The largest registration groups for active providers



³³ This is providers of agency-managed participants. Self-managed participants and participants with a plan manager can use unregistered providers, and hence the total number of providers supporting participants will be higher than 16,076. Further, some of the 7,059 inactive providers in the quarter will be supporting participants with a plan manager or who self-manage.

4.3 Average plan budgets and average payments

Average plan budgets and average payments to participants continue to increase.

The average payment per participant has increased by 40 per cent over the three years from 31 March 2018 to 31 March 2021, and the average plan budget has increased by almost 23 per cent over the same three year period.

While some of the increase is driven by increasing participant numbers due to the maturing of the Scheme, most of the increase is driven by higher average payments per participant. In the last three years the average payment per participant has grown by 12.5 per cent per annum, which is well above wage inflation. The implication of this rate of increase is discussed in the introduction to this report.

Figure 38: Average Payments per year as at 31 March by year³⁴

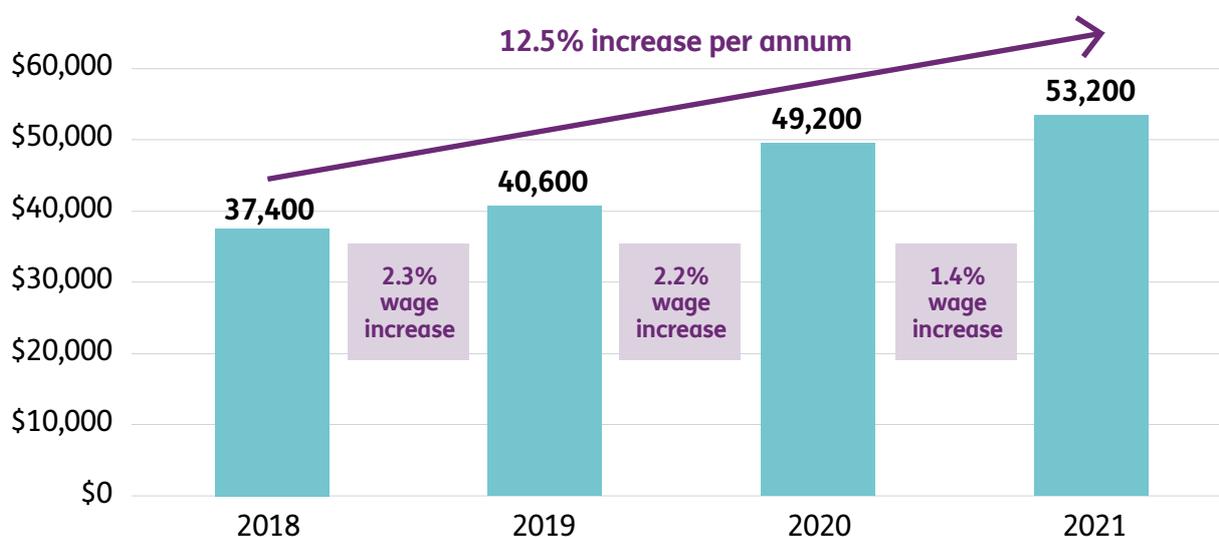
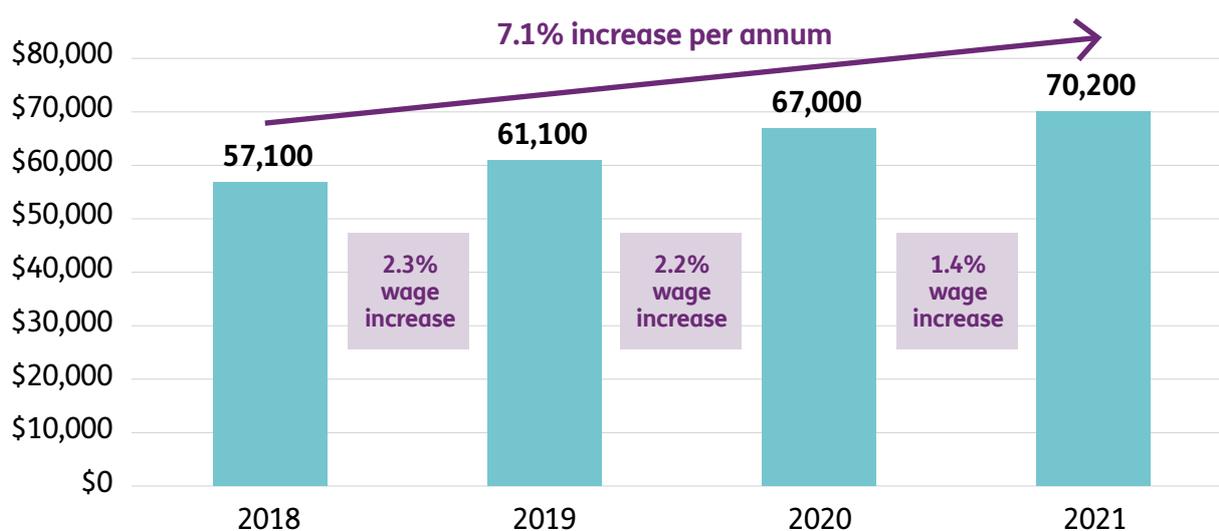


Figure 39: Average annualised committed supports as at 31 March by year³⁵



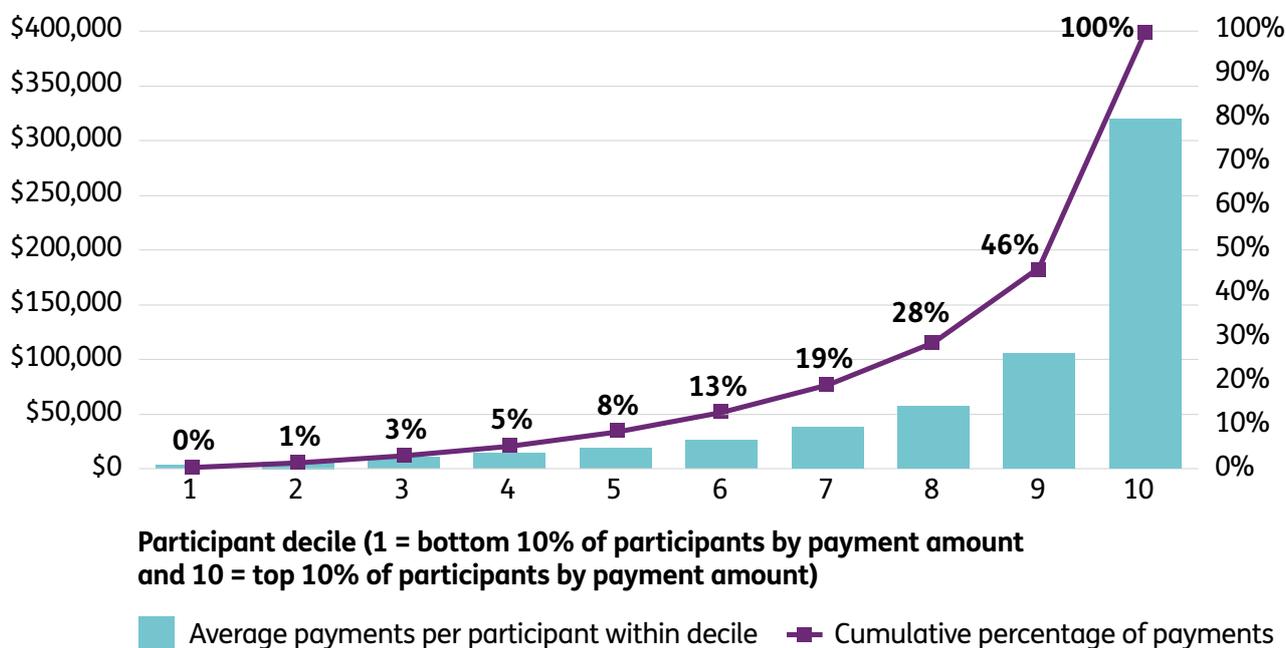
³⁴ Wage inflation figures obtained from the Australian Bureau of Statistics - September 2020 Wage Price Index (Cat 6345.0). The increases in average payments are driven by both price increases and increases in the volume of supports provided.

³⁵ Wage inflation figures obtained from the Australian Bureau of Statistics - September 2020 Wage Price Index (Cat 6345.0). The increases in average annualised committed supports are driven by both price increases and increases in the volume of supports provided.

Part Four: Providers and the growing market

In addition to increasing payments, average payments differ significantly amongst participants, with the top 10 per cent of participants receiving 54 per cent of payments, and the bottom 50 per cent of participants receiving 8 per cent of payments.

Figure 40: Average payments per participant and cumulative percentage of total payments by decile (10% band) for the year ending 31 March 2021



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

The largest support categories are core daily activities (57 per cent of total payments) and social and community participation (16 per cent of total payments). On the whole, participants with large plans have high amounts of these supports.

Figure 41: Total payments from 1 April 2020 to 31 March 2021

Support Category	Total payments (in \$m) Apr-20 to Mar-21	% total payments
Core - Daily Activities	12,261	56.6%
Core - Community	3,516	16.2%
Core - Consumables & Transport	1,073	5.0%
Capacity Building - Daily Activities ³⁶	2,577	11.9%
Capacity Building - Other	1,393	6.4%
Capital	853	3.9%
Total	21,672	100.0%

³⁶Includes therapy services.

4.4 Choice and control, utilisation and market concentration

Comprehensive data on market effectiveness is being used to improve participant outcomes across all regions through identifying thin markets.

Three key indicators outlined in the NDIA Corporate Plan aspiration of a “Competitive market with innovative supports” are:

– **choice and control**

– **utilisation**

– **market concentration**

Understanding the extent of variation in performance in these indicators across geographical regions assists with identifying “hot spots”.

Choice and control

The NDIS outcomes framework questionnaires ask participants “Do you choose who supports you?”. The percentage who indicated that they choose who supports them was compared across geographical regions to identify the regions comparatively better and worse than others.

The ‘benchmark’ in this analysis is the national average after adjusting for the proportion of participants in SIL in each service district and the length of time participants had been in the Scheme.

Overall, 47 of the 80 service districts (59 per cent) in the analysis were within five percentage points of the national average, three service districts (4 per cent) were more than 10 percentage points above the national average, and three service districts (4 per cent) were more than 10 percentage points below the national average.

The three service districts more than 10 percentage points above the national average were ACT, Barkly in Northern Territory and Barwon in Victoria. The service districts more than 10 percentage points below the national average were Darwin Remote, Katherine and East Arnhem in the Northern Territory.

At 31 March 2021:

– Darwin Remote has 366 active participants and plan budgets totalling \$33 million

– Katherine has 193 active participants and plan budgets totalling \$33 million

– East Arnhem has 189 active participants and plan budgets totalling \$22 million

Figure 42: Choice and control – number of service districts – gap to benchmark

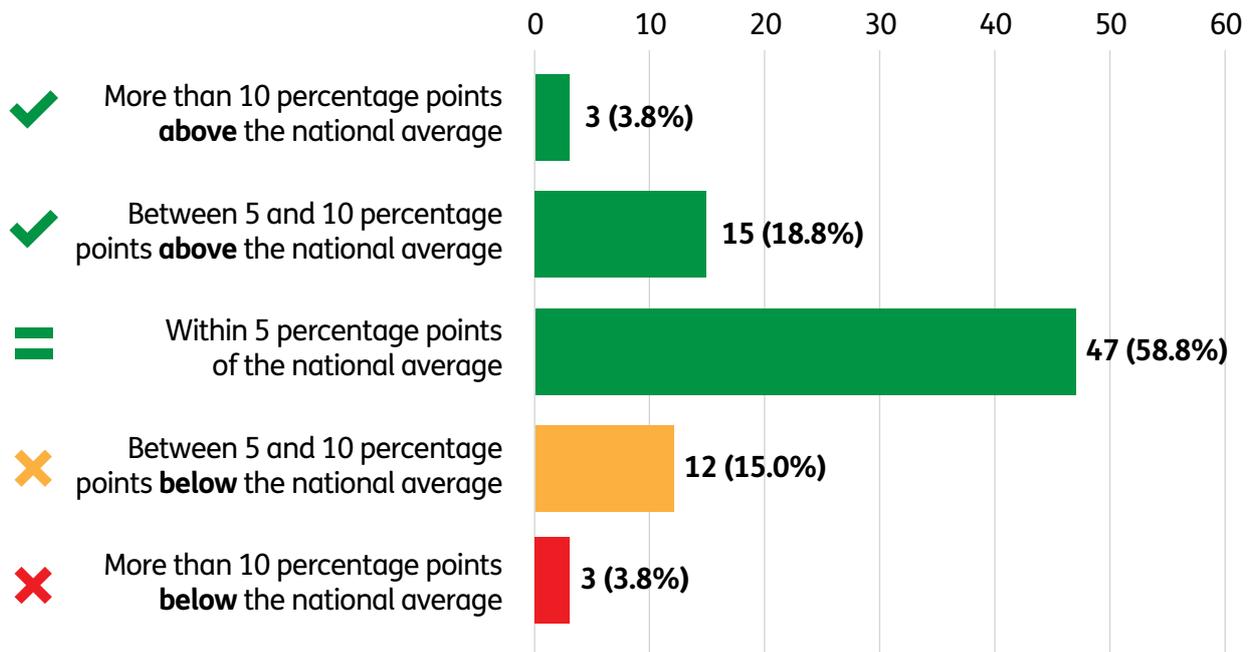


Figure 43: Choice and control service districts breakdown – 31 March 2021

Region	State/Territory	Active participants	Annualised plan budget (\$m)
More than 10 percentage points above the national average			
ACT	Australian Capital Territory	8,383	\$531
Barwon	Victoria	8,914	\$568
Barkly	Northern Territory	159	\$14
Between 5 and 10 percentage points above the national average			
Hunter New England	New South Wales	24,157	\$1,744
Inner Gippsland	Victoria	4,643	\$273
Outer Gippsland	Victoria	2,097	\$133
Mackay	Queensland	2,995	\$194
Toowoomba	Queensland	5,827	\$451
Eastern Adelaide	South Australia	3,390	\$267
Eyre and Western	South Australia	1,228	\$88
Fleurieu and Kangaroo Island	South Australia	1,063	\$78
Limestone Coast	South Australia	1,318	\$85
Murray and Mallee	South Australia	1,650	\$109
Western Adelaide	South Australia	3,515	\$253
Yorke and Mid North	South Australia	1,587	\$90
TAS North West	Tasmania	2,414	\$193
TAS South West	Tasmania	2,721	\$251
South Metro	Western Australia	5,984	\$375
Within 5 percentage points of the national average			
Central Coast	New South Wales	8,096	\$517
Far West	New South Wales	612	\$47
Illawarra Shoalhaven	New South Wales	8,314	\$607
Mid North Coast	New South Wales	5,747	\$403
Murrumbidgee	New South Wales	6,236	\$418
Nepean Blue Mountains	New South Wales	8,342	\$574
North Sydney	New South Wales	9,853	\$828
Northern NSW	New South Wales	6,665	\$487
Southern NSW	New South Wales	4,060	\$250
Western NSW	New South Wales	5,844	\$449
Bayside Peninsula	Victoria	14,429	\$1,075
Central Highlands	Victoria	4,873	\$290
Goulburn	Victoria	3,596	\$197
Hume Moreland	Victoria	8,159	\$463
Loddon	Victoria	6,442	\$361
Mallee	Victoria	1,981	\$129
North East Melbourne	Victoria	11,700	\$790
Outer East Melbourne	Victoria	8,945	\$607
Ovens Murray	Victoria	3,157	\$176
Western District	Victoria	3,595	\$227
Western Melbourne	Victoria	10,567	\$632
Beenleigh	Queensland	8,898	\$654

Figure 43: Choice and control service districts breakdown – 31 March 2021 cont.

Region	State/Territory	Active participants	Annualised plan budget (\$m)
Within 5 percentage points of the national average cont.			
Brisbane	Queensland	16,558	\$1,320
Bundaberg	Queensland	2,677	\$186
Caboolture/Strathpine	Queensland	9,175	\$693
Cairns	Queensland	4,295	\$372
Ipswich	Queensland	7,302	\$499
Maroochydore	Queensland	7,707	\$594
Maryborough	Queensland	3,682	\$285
Robina	Queensland	9,009	\$625
Rockhampton	Queensland	4,916	\$331
Townsville	Queensland	5,567	\$406
Adelaide Hills	South Australia	1,498	\$92
Barossa, Light and Lower North	South Australia	1,891	\$98
Northern Adelaide	South Australia	13,293	\$832
Southern Adelaide	South Australia	8,673	\$630
TAS North	Tasmania	2,920	\$233
TAS South East	Tasmania	2,215	\$152
Darwin Urban	Northern Territory	2,339	\$262
Great Southern	Western Australia	923	\$65
Kimberley-Pilbara	Western Australia	1,198	\$95
South West	Western Australia	3,269	\$201
North East Metro	Western Australia	6,236	\$469
South East Metro	Western Australia	4,245	\$347
Midwest-Gascoyne	Western Australia	822	\$46
Central South Metro	Western Australia	4,889	\$337
North Metro	Western Australia	5,008	\$330
Between 5 and 10 percentage points below the national average			
South Eastern Sydney	New South Wales	9,370	\$688
South Western Sydney	New South Wales	19,041	\$1,231
Sydney	New South Wales	7,741	\$554
Western Sydney	New South Wales	16,124	\$1,142
Brimbank Melton	Victoria	7,372	\$433
Inner East Melbourne	Victoria	8,911	\$711
Southern Melbourne	Victoria	10,983	\$660
Far North (SA)	South Australia	501	\$43
Central Australia	Northern Territory	636	\$131
Wheat Belt	Western Australia	942	\$53
Central North Metro	Western Australia	4,343	\$396
Goldfields-Esperance	Western Australia	604	\$47
More than 10 percentage points below the national average			
Darwin Remote	Northern Territory	366	\$33
East Arnhem	Northern Territory	189	\$22
Katherine	Northern Territory	193	\$33

Part Four: Providers and the growing market

Utilisation

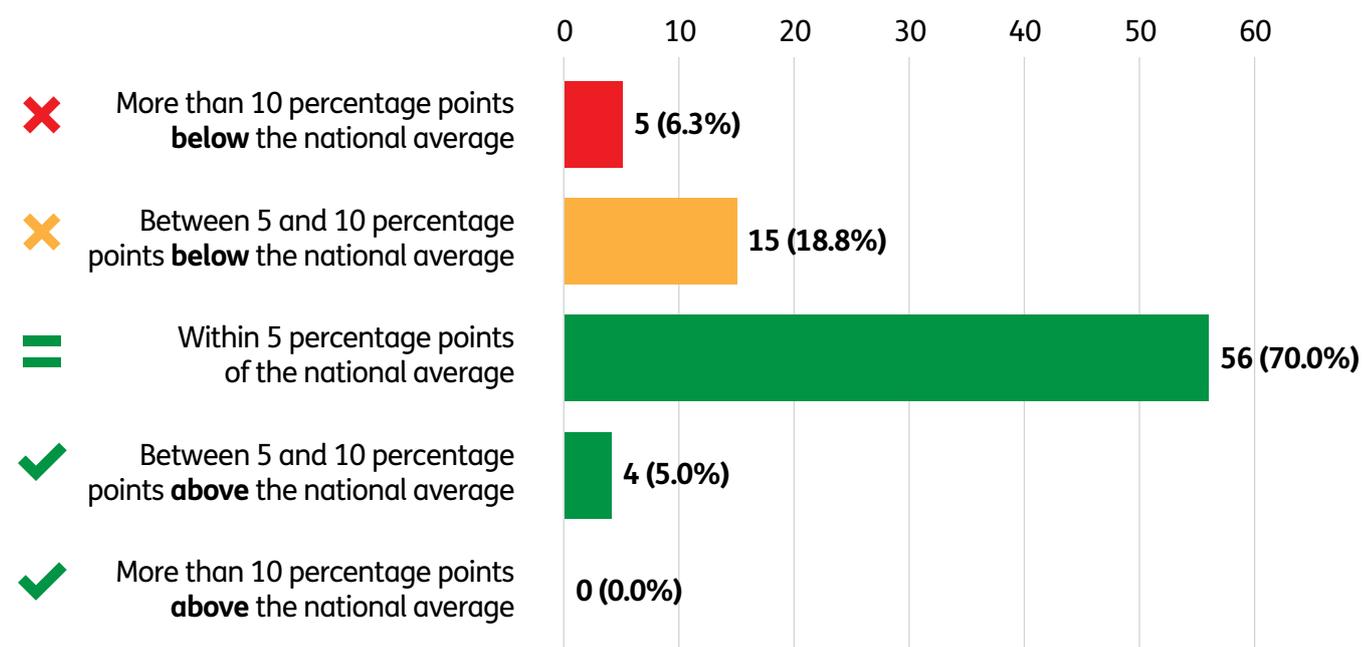
As seen in Figures 32 and 33, the average payment per participant has increased by 40 per cent over the three years from 31 March 2018 to 31 March 2021, and the average plan budget has increased by almost 23 per cent over the same three years. Participants are getting more support over time so understanding differences between plan budgets and payments (utilisation) across geographical regions is important in identifying “hot spots” where participants are getting relatively less support compared with other geographical regions.

Overall, 56 of the 80 service districts (70 per cent) in the analysis are within five percentage points of the national average³⁷, no service districts were more than 10 percentage points above the national average, and five service districts (6 per cent) were more than 10 percentage points below the national average.

The five service districts more than 10 percentage points below the national average were smaller regional and remote service districts in South Australia, Western Australia and the Northern Territory. This is an improvement compared to December 2020 quarter when there were eight service districts in this category. These five service districts have remained consistent over recent quarters. The Thin Market trials underway, as detailed in section 4.5 of this report, are targeting some of these service districts.

There are fifteen service districts between five and 10 percentage points below the national average – these are also mainly in regional and remote areas.

Figure 44: Utilisation – number of service districts – gap to benchmark



³⁷ Utilisation has been adjusted to account for the differences in the proportion of participants in each service district receiving SIL, along with the time participants have been in the Scheme.

Figure 45: Utilisation service districts breakdown – 31 March 2021

Region	State/Territory	Active participants	Annualised plan budget (\$m)
More than 10 percentage points below the national average			
Eyre and Western	South Australia	1,228	\$88
Barkly	Northern Territory	159	\$14
Darwin Remote	Northern Territory	366	\$33
East Arnhem	Northern Territory	189	\$22
Kimberley-Pilbara	Western Australia	1,198	\$95
Between 5 and 10 percentage points below the national average			
Far West	New South Wales	612	\$47
Western NSW	New South Wales	5,844	\$449
Barwon	Victoria	8,914	\$568
Central Highlands	Victoria	4,873	\$290
Goulburn	Victoria	3,596	\$197
Inner East Melbourne	Victoria	8,911	\$711
Inner Gippsland	Victoria	4,643	\$273
Outer East Melbourne	Victoria	8,945	\$607
Outer Gippsland	Victoria	2,097	\$133
Western District	Victoria	3,595	\$227
Far North (SA)	South Australia	501	\$43
Limestone Coast	South Australia	1,318	\$85
Murray and Mallee	South Australia	1,650	\$109
Yorke and Mid North	South Australia	1,587	\$90
Wheat Belt	Western Australia	942	\$53
Within 5 percentage points of the national average			
ACT	Australian Capital Territory	8,383	\$531
Central Coast	New South Wales	8,096	\$517
Hunter New England	New South Wales	24,157	\$1,744
Illawarra Shoalhaven	New South Wales	8,314	\$607
Mid North Coast	New South Wales	5,747	\$403
Murrumbidgee	New South Wales	6,236	\$418
Nepean Blue Mountains	New South Wales	8,342	\$574
North Sydney	New South Wales	9,853	\$828
Northern NSW	New South Wales	6,665	\$487
South Eastern Sydney	New South Wales	9,370	\$688
Southern NSW	New South Wales	4,060	\$250
Sydney	New South Wales	7,741	\$554
Western Sydney	New South Wales	16,124	\$1,142
Bayside Peninsula	Victoria	14,429	\$1,075
Brimbank Melton	Victoria	7,372	\$433
Hume Moreland	Victoria	8,159	\$463
Loddon	Victoria	6,442	\$361
Mallee	Victoria	1,981	\$129
North East Melbourne	Victoria	11,700	\$790

Figure 45: Utilisation service districts breakdown – 31 March 2021 cont.

Region	State/Territory	Active participants	Annualised plan budget (\$m)
Within 5 percentage points of the national average cont.			
Ovens Murray	Victoria	3,157	\$176
Southern Melbourne	Victoria	10,983	\$660
Western Melbourne	Victoria	10,567	\$632
Bundaberg	Queensland	2,677	\$186
Caboolture/Strathpine	Queensland	9,175	\$693
Cairns	Queensland	4,295	\$372
Ipswich	Queensland	7,302	\$499
Mackay	Queensland	2,995	\$194
Maroochydore	Queensland	7,707	\$594
Maryborough	Queensland	3,682	\$285
Rockhampton	Queensland	4,916	\$331
Toowoomba	Queensland	5,827	\$451
Townsville	Queensland	5,567	\$406
Adelaide Hills	South Australia	1,498	\$92
Barossa, Light and Lower North	South Australia	1,891	\$98
Eastern Adelaide	South Australia	3,390	\$267
Fleurieu and Kangaroo Island	South Australia	1,063	\$78
Northern Adelaide	South Australia	13,293	\$832
Southern Adelaide	South Australia	8,673	\$630
Western Adelaide	South Australia	3,515	\$253
TAS North	Tasmania	2,920	\$233
TAS North West	Tasmania	2,414	\$193
TAS South East	Tasmania	2,215	\$152
TAS South West	Tasmania	2,721	\$251
Central Australia	Northern Territory	636	\$131
Darwin Urban	Northern Territory	2,339	\$262
Katherine	Northern Territory	193	\$33
Great Southern	Western Australia	923	\$65
South Metro	Western Australia	5,984	\$375
South West	Western Australia	3,269	\$201
North East Metro	Western Australia	6,236	\$469
South East Metro	Western Australia	4,245	\$347
Central North Metro	Western Australia	4,343	\$396
Midwest-Gascoyne	Western Australia	822	\$46
Central South Metro	Western Australia	4,889	\$337
Goldfields-Esperance	Western Australia	604	\$47
North Metro	Western Australia	5,008	\$330
Between 5 and 10 percentage points above the national average			
South Western Sydney	New South Wales	19,041	\$1,231
Beenleigh	Queensland	8,898	\$654
Brisbane	Queensland	16,558	\$1,320
Robina	Queensland	9,009	\$625

Part Four: Providers and the growing market

Market concentration

Understanding the distribution of payments to service providers in a service district can indicate whether a small number of providers receive most of the payments from the NDIA, or whether a large number of providers are receiving the payments. Where only a small number of providers are receiving a large amount of the payments, the market is considered to be more concentrated and could mean that there is less competition in the area. On average across service districts, 60 per cent of payments go to the largest 10 providers.

There are seven service districts where 85 per cent or more of payments go to the largest 10 providers (9 per cent) and 19 service districts where less than 45 per cent of payments went to the 10 largest providers (24 per cent).

All of the seven service districts where more than 85 per cent of payments go to the 10 largest providers, are regional and remote areas in the Northern Territory, Western Australia and South Australia.

Figure 46: Market concentration – number of service districts – gap to benchmark

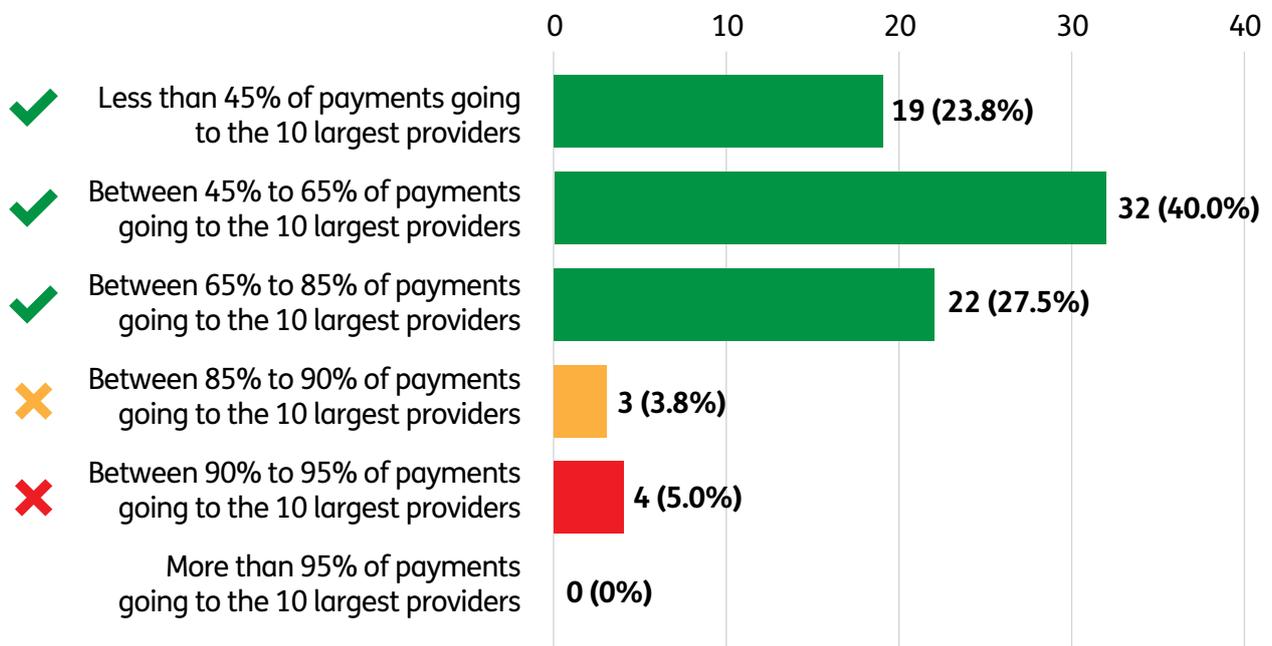


Figure 47: Market concentration service districts breakdown – 31 March 2021

Region	State/Territory	Active participants	Annualised plan budget (\$m)
Less than 45% of payments going to the 10 largest providers			
Central Coast	New South Wales	8,096	\$517
Hunter New England	New South Wales	24,157	\$1,744
Nepean Blue Mountains	New South Wales	8,342	\$574
South Western Sydney	New South Wales	19,041	\$1,231
Sydney	New South Wales	7,741	\$554
Western Sydney	New South Wales	16,124	\$1,142
Hume Moreland	Victoria	8,159	\$463
North East Melbourne	Victoria	11,700	\$790
Beenleigh	Queensland	8,898	\$654
Brisbane	Queensland	16,558	\$1,320
Caboolture/Strathpine	Queensland	9,175	\$693
Ipswich	Queensland	7,302	\$499
Robina	Queensland	9,009	\$625
Toowoomba	Queensland	5,827	\$451
South Metro	Western Australia	5,984	\$375
North East Metro	Western Australia	6,236	\$469
South East Metro	Western Australia	4,245	\$347
Central South Metro	Western Australia	4,889	\$337
North Metro	Western Australia	5,008	\$330
Between 45% to 65% of payments going to the 10 largest providers			
ACT	Australian Capital Territory	8,383	\$531
Illawarra Shoalhaven	New South Wales	8,314	\$607
Mid North Coast	New South Wales	5,747	\$403
Murrumbidgee	New South Wales	6,236	\$418
North Sydney	New South Wales	9,853	\$828
Northern NSW	New South Wales	6,665	\$487
South Eastern Sydney	New South Wales	9,370	\$688
Southern NSW	New South Wales	4,060	\$250
Western NSW	New South Wales	5,844	\$449
Bayside Peninsula	Victoria	14,429	\$1,075
Brimbank Melton	Victoria	7,372	\$433
Central Highlands	Victoria	4,873	\$290
Goulburn	Victoria	3,596	\$197
Inner East Melbourne	Victoria	8,911	\$711
Loddon	Victoria	6,442	\$361
Outer East Melbourne	Victoria	8,945	\$607
Southern Melbourne	Victoria	10,983	\$660
Western Melbourne	Victoria	10,567	\$632
Cairns	Queensland	4,295	\$372
Mackay	Queensland	2,995	\$194
Maroochydore	Queensland	7,707	\$594
Rockhampton	Queensland	4,916	\$331
Townsville	Queensland	5,567	\$406

Figure 47: Market concentration service districts breakdown – 31 March 2021 cont.

Region	State/Territory	Active participants	Annualised plan budget (\$m)
Between 45% to 65% of payments going to the 10 largest providers cont.			
Barossa, Light and Lower North	South Australia	1,891	\$98
Eastern Adelaide	South Australia	3,390	\$267
Northern Adelaide	South Australia	13,293	\$832
Southern Adelaide	South Australia	8,673	\$630
Western Adelaide	South Australia	3,515	\$253
TAS South East	Tasmania	2,215	\$152
TAS South West	Tasmania	2,721	\$251
Darwin Urban	Northern Territory	2,339	\$262
Central North Metro	Western Australia	4,343	\$396
Between 65% to 85% of payments going to the 10 largest providers			
Far West	New South Wales	612	\$47
Barwon	Victoria	8,914	\$568
Inner Gippsland	Victoria	4,643	\$273
Mallee	Victoria	1,981	\$129
Outer Gippsland	Victoria	2,097	\$133
Ovens Murray	Victoria	3,157	\$176
Western District	Victoria	3,595	\$227
Bundaberg	Queensland	2,677	\$186
Maryborough	Queensland	3,682	\$285
Adelaide Hills	South Australia	1,498	\$92
Eyre and Western	South Australia	1,228	\$88
Fleurieu and Kangaroo Island	South Australia	1,063	\$78
Limestone Coast	South Australia	1,318	\$85
Murray and Mallee	South Australia	1,650	\$109
Yorke and Mid North	South Australia	1,587	\$90
TAS North	Tasmania	2,920	\$233
TAS North West	Tasmania	2,414	\$193
Central Australia	Northern Territory	636	\$131
Darwin Remote	Northern Territory	366	\$33
Kimberley-Pilbara	Western Australia	1,198	\$95
South West	Western Australia	3,269	\$201
Wheat Belt	Western Australia	942	\$53
Between 85% to 90% of payments going to the 10 largest providers			
Barkly	Northern Territory	159	\$14
East Arnhem	Northern Territory	189	\$22
Katherine	Northern Territory	193	\$33
Between 90% to 95% of payments going to the 10 largest providers			
Far North (SA)	South Australia	501	\$43
Great Southern	Western Australia	923	\$65
Midwest-Gascoyne	Western Australia	822	\$46
Goldfields-Esperance	Western Australia	604	\$47

4.5 Thin markets

Thin market trials are underway in all States and Territories.

The NDIA is progressing trials to address market gaps, in liaison with state and territory governments and other key stakeholders. Intervention types are based on the local market context and developed in liaison with key local stakeholders. Current trials are applying a mix of market facilitation, coordinated funding proposals and direct commissioning.

Some trials which have achieved good results using market facilitation are now almost complete. Good results include improved plan utilisation among participants, but also include other market quality improvements such as:

- collaboration between governments to respond to market issues
- activities to build the capacity of providers in local areas
- Local Area Coordinators and support coordinators improving their connections with a range of providers including better understanding providers' capacity to take on new participants
- introduction of new providers in day programs, psychotherapy and occupational therapy
- pooling opportunities to attract providers into remote regions

Key results for market interventions currently underway include:

Western Australia

Through market facilitation, use of therapy has increased in Wyndham East Kimberly, with average payments per trial participant per quarter increasing from approximately \$1,500 in March 2020 to just over \$2,000 in September 2020.

Northern Territory

In MacDonnell, the average payment across all supports per trial participant per quarter has increased from approximately \$11,872 in March 2020 to almost triple that amount in September 2020, approximately \$34,000. During the same period, Alice Springs has also seen increased average payments across all supports per trial participant, from \$7,644 in March 2020 to \$11,913 in September 2020. These results were achieved through the use of market facilitation, and included collaboration with support coordinators and NPY Women's Council, Waltja, and Purple House, which attracted behavioural supports providers.

Queensland

A direct commissioning approach is underway in Palm Island, focusing on community-based supports for people with psychosocial disability and early childhood supports.

New South Wales

Market facilitation is underway in Walgett and Wentworth, targeting the usage of all supports. Utilisation of all supports in Walgett has improved, with average payments per trial participant per quarter increasing from \$6,883 in March 2020 to \$7,532 in September 2020. The supply and capacity of the Walgett market has grown to enable the increased availability of services. Wentworth has also experienced an increase in average payments per participant in the trial between March and September 2020 of approximately \$300.

Australian Capital Territory

A combination of market facilitation and direct commissioning is being used to improve the behaviour support market in the ACT. This approach has led to an increase in average payments per trial participant on behaviour supports from \$639 in the March 2020 quarter to \$920 in the September 2020 quarter. Approximately 30 targeted participants have been included in the direct commissioning arrangements for this market while others have benefited from new providers entering the market in response to market signals.

Victoria

In Latrobe, market facilitation focusing on positive behaviour supports has increased the average payment per trial participant per quarter from \$719 in March 2020 to \$1,739 in September 2020. Participants in the Ararat trial are also spending on average approximately \$350 more over the same period. Ararat participants that were ready to engage with specialist behaviour supports have now all booked services, although further progress has been constrained by the Ararat market being affected by COVID-19 restrictions in 2020.

Tasmania

Market facilitation has been used to grow the market for capacity building daily activities (i.e. Occupational Therapy and Speech Pathology) in Waratah-Wynyard. There has been a large increase in average payments per trial participant per quarter from \$298 in March 2020 to \$633 in September 2020. A direct commissioning arrangement will also commence soon, and is expected to lead to further improvement.

South Australia

Average payments for core supports and support coordination per participant in the trial has increased in the Anangu Pitjantjatjara Yankunytjatjara (APY) lands through market facilitation. This has grown from \$2,135 in the March 2020 quarter to \$8,552 in the September 2020 quarter. Direct commissioning arrangements will commence from mid-2021 and are expected to lead to further improvement. Other positive progress includes a number of local Arts Centres expanding their services into delivery of NDIS supports.

4.6 NDIS Pricing

Measures to support participants and providers during COVID-19 continue.

COVID-19 response

In February 2021 the NDIA reviewed the temporary measures put in place during COVID-19 to ensure participants continued to have access to supports. The focus of the review was on determining what was needed to safely deliver supports and services in a COVID normal situation. This means adjusting to our current circumstances, where few restrictions are in place but there is an ongoing focus on safety.

A number of temporary measures remain in place to support participants, providers, staff and partners:

PPE (Workers)

Providers operating in an area subject to public health orders during a 'lockdown' period areas can claim for the cost of PPE for their workers against a participant's plan for up to \$27 per worker per participant per day.

National COVID supports

Providers of services to participants who are COVID positive or who are required to self-isolate can continue to claim for Cleaning services and Additional Supports.

Low cost Assistive Technology (AT)

All participants can spend up to \$1,500 on low cost AT items from their existing capacity building budgets to facilitate the delivery of supports through telehealth. Expenditure on these items will be closely monitored on an ongoing basis.

PPE (Participants)

All participants in restricted areas with a reasonable and necessary need for PPE when receiving disability supports can continue to claim up to \$50 per week from their low cost disability-related health consumables budget. Participants may not claim for the cost of PPE used for ordinary daily living. Expenditure on these items will be closely monitored on an ongoing basis.

Advance Recovery Payment

On 1 October 2020 the advance payment recovery process started, [as announced 12 June 2020](#), for the \$668m advance payment initiative. For six months, from October 2020 to March 2021, the NDIA has been applying offsets against a providers monthly payment requests until 16.67 per cent (one-sixth of the advanced payment) of the provider's total advance payment has been recovered each month. Any payment requests above 16.67 per cent are then processed as per normal. The advance payment recovery has been automatically applied through the provider portal system. As at 15 March 2021, \$655 million (98.1 per cent) has been recovered through a combination of auto system offset recoveries and provider initiated lump sum returned payments.

The NDIA is actively engaging with providers who have not met agreed recovery levels through the offsetting arrangements. This includes negotiating alternate repayment terms for providers who are experiencing significantly reduced NDIS revenue and standard debt recovery activities for providers who received the advance in March 2020 and have subsequently de-registered from the NDIA. NDIS Registered providers assessed as at risk of not repaying their advance in full by the end of March 2021 are also being actively monitored and engaged to maximise the prospects of repayment.

SIL pricing reform

The SIL quoting and negotiation process used previously has been replaced with set price limits for SIL supports. Providers are now required to develop a roster of care using the NDIA's current price limits for activities of daily living and submit this to the NDIA for consideration. There is increased rigour around determining the suitability of rosters of care for participants at first plan and for subsequent plan reviews. Importantly, the new process will ensure input from participants, so participants have more control over their plan budget.

The results of the SIL price review will be released in the coming weeks.



NAIDOC award just one of Peter's many achievements

Only a year ago, Peter barely had the confidence to speak. The 42-year-old Aboriginal man from Normanton, lives with an intellectual disability, which impacts his communication and social skills and he spent most of his time alone fishing, afraid to talk to others, especially anyone he didn't know.

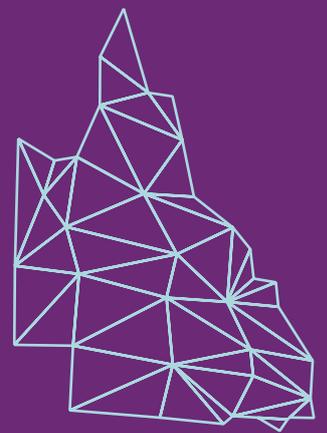
But these days, Peter is a changed man. Since the NDIS began supporting Peter four years ago, Peter has gained confidence, increased his independence and become an active and important member of his community.

"Peter had a lot of trouble communicating, he would just freeze, even with people he knew, he didn't speak at all about a year ago," said Anthea Amos, Peter's NDIS-funded support worker with provider, Cootharinga North Queensland.

"He's made great progress in the last 12 months. He's such an awesome man and he just loves working with children and helping out in his community every way he can."

He enjoys volunteering at the Carpentaria Shire Council Local Sports Centre where he often helps supervise children's activities, and as a testimony to his contribution, Peter was honoured for his volunteering work, receiving a NAIDOC award for his 'outstanding contribution to the Normanton community'.

These days, when Peter is fishing in the afternoons, he's just as likely to say hello to other anglers nearby and might be the first to break the ice.



Part Five:
Financial
sustainability



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

5.1 Participants, committed support and payments across the Scheme

The number of NDIS participants and the average payment per participant continues to increase.

The drivers of Scheme costs include the number of participants, the amount of support allocated to each plan, how that allocated amount will change over time, the utilisation of individual supports, and the rate at which participants exit the Scheme. It is the responsibility of the NDIA to identify and monitor pressures, and manage them appropriately, using an insurance-based approach to evaluate emerging experience against expectations.

The insurance approach also means taking a lifetime view to supporting participants. This includes investing in participants in the short-term to provide better outcomes over their lifetime. Specifically, building participant capacity to increase independence can result in reduced need for support. This means, in some instances, lower plan budgets and participants exiting the Scheme. Moreover, achieving participant outcomes through value-for-money innovative supports, is vital to the financial sustainability of the Scheme.

As discussed in the introduction to this report, participant numbers and the average payment per participant continues to increase. The amount paid in 2019-20 was \$17.2 billion, and expenditure for the nine months to the end of March 2021 is already \$16.7 billion, with one quarter remaining.

Figure 48: Active participants and payments (\$m)

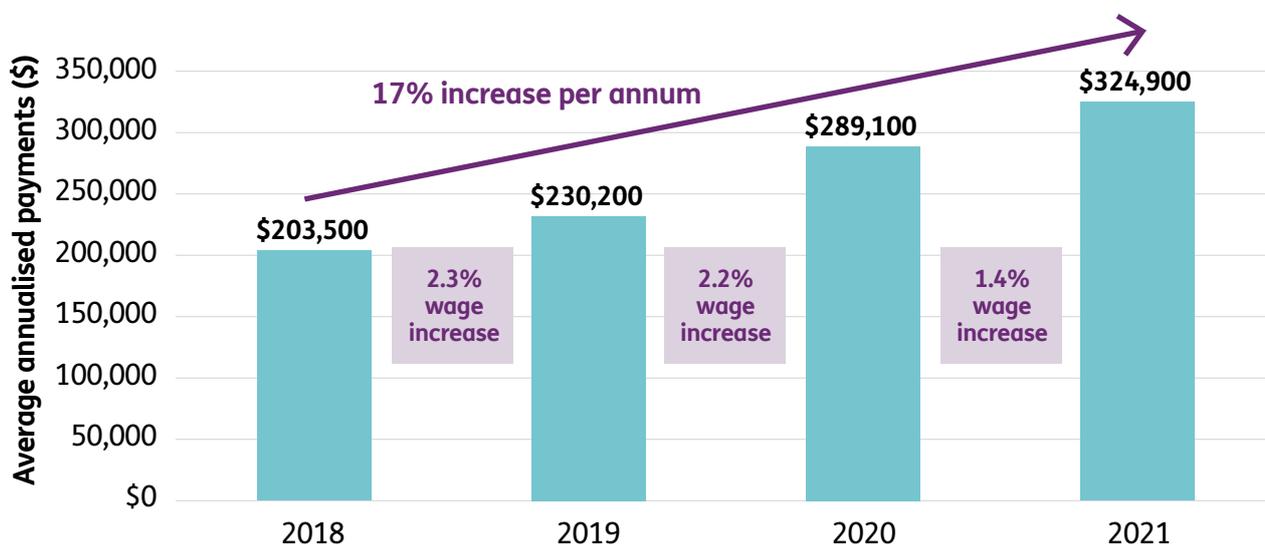
	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21 YTD
Active participants	7,285	17,155	29,719	89,610	172,333	286,015	391,999	449,998
Total paid (\$m)	61.3	356.4	674.3	1,935.5	5,091.7	9,711.3	17,226.5	16,685.4 ³⁸

³⁸ The chart represents the amount paid each quarter, regardless of when the support was provided.

Part Five: Financial Sustainability

There have been high levels of inflation (well above wage increases) within the Scheme since its inception. This is evident for participants in SIL, noting that the support costs for participants in SIL are a material component of Scheme cost. Since April 2018, the average payments per SIL participant have increased by 17 per cent annually whilst wages have increased by approximately two per cent annually on average over the same period.

Figure 49: Average annualised payments per participant by year – SIL participants^{39,40}

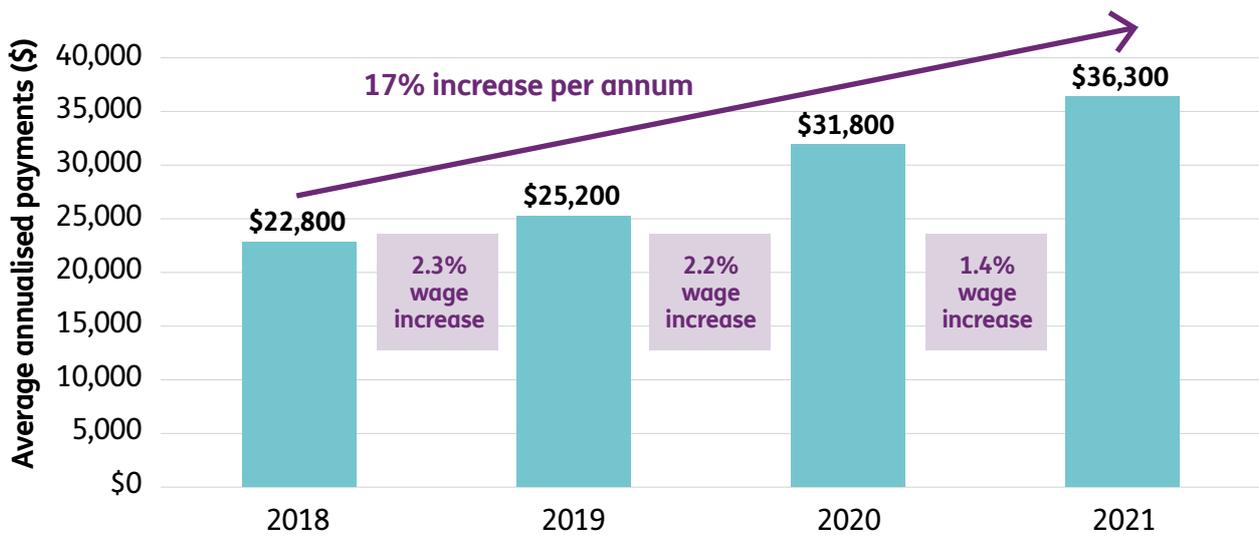


The growth in average annualised payments for non-SIL participants has also been high, increasing by 17 per cent annually per non-SIL participant which is well above wage inflation. The management of these cost pressures, while ensuring participant outcomes, is important for continued Scheme sustainability.

³⁹ The payments are for all supports provided to participants in SIL (and not just the SIL daily activity payments). Since June 2020 there has been an issue with identifying SIL in plans as they are being completed. For these results, the numbers of SIL participants include an estimate of participants who should be identified as having SIL in their plans but do not appear as such on the Agency's system at 31 March 2021.

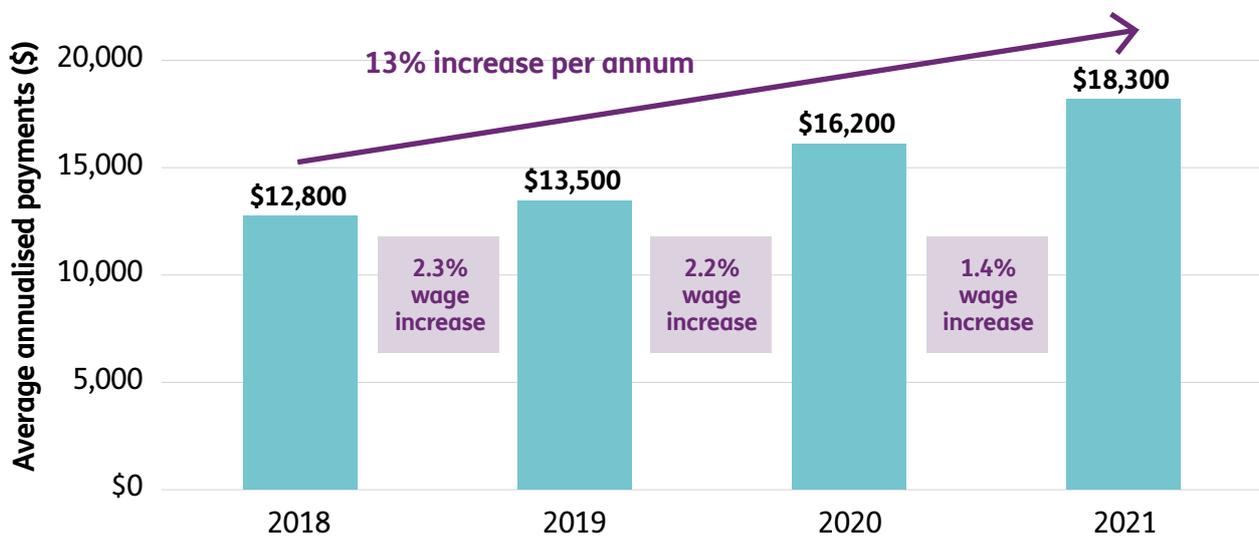
⁴⁰ Wage inflation figures obtained from the Australian Bureau of Statistics - September 2020 Wage Price Index (Cat 6345.0). The increases in average payments are driven by both price increases and increases in the volume of supports provided.

Figure 50: Average annualised payments per participant by year – Non-SIL participants^{41,42}



The growth in average payments for non-SIL participants is more apparent for participants aged over 15 years than those aged 0-14. For participants aged 15 and over, payments have increased from \$30,300 to \$50,100 over the last three years, an increase of 18 per cent annually. For participants aged 0-14 the annual increase is 13 per cent.

Figure 51: Average annualised payments per participant aged 0-14, by year – Non-SIL participants⁴³

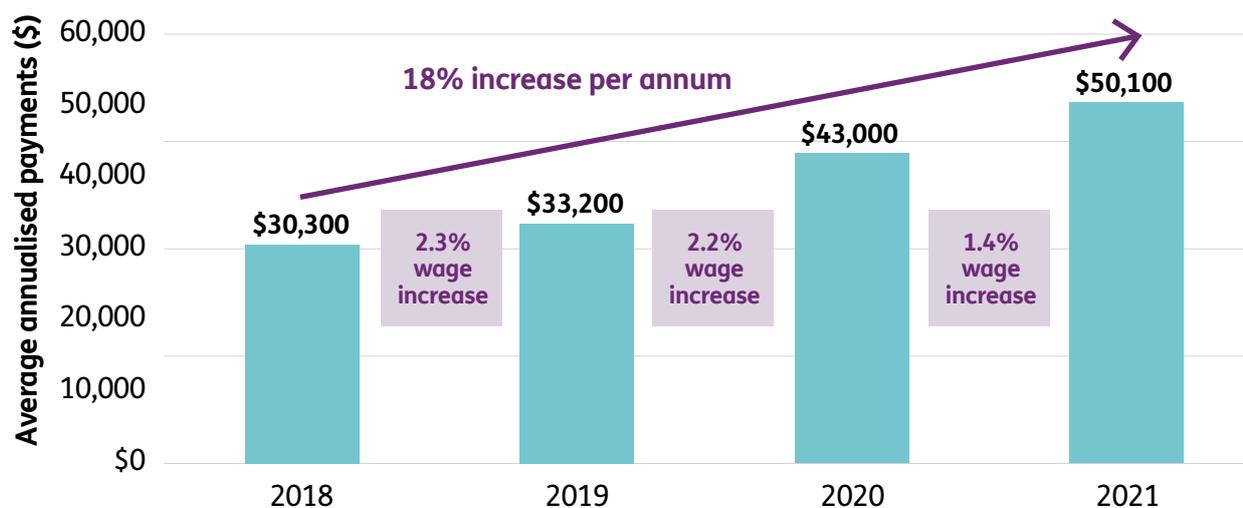


⁴¹ The payments are for all supports provided to non-SIL participants.

⁴² Wage inflation figures obtained from the Australian Bureau of Statistics - September 2020 Wage Price Index (Cat 6345.0). The increases in average payments are driven by both price increases and increases in the volume of supports provided.

⁴³ *ibid.*

Figure 52: Average annualised payments per participant aged 15 and over, by year – Non-SIL⁴⁴



On average, core support for both daily activities and social and community participation increased by just over 11 per cent per annum over the last three years, and capacity building daily activities (therapy services) increased by just over 25 per cent per annum. As these are the three largest support categories, the increases in these supports has contributed most to the overall increase in payments to participants.

Figure 53: Average annualised payments per participant by support category by year

Support Category	Apr-17 to Mar-18	Apr-18 to Mar-19	Apr-19 to Mar-20	Apr-20 to Mar-21	Average annual increase (%)
Core - Daily Activities	\$21,800	\$22,900	\$27,400	\$30,100	11%
Core - Community Participation	\$6,200	\$7,400	\$8,900	\$8,600	12%
Core - Consumables and Transport	\$2,300	\$2,300	\$2,500	\$2,600	4%
Capacity Building - Daily Activities ⁴⁵	\$3,200	\$3,700	\$4,900	\$6,300	25%
Capacity Building - Other	\$2,500	\$2,800	\$3,100	\$3,400	11%
Capital	\$1,400	\$1,400	\$2,100	\$2,100	14%
Total	\$37,400	\$40,600	\$49,200	\$53,200	12%

⁴⁴ Wage inflation figures obtained from the Australian Bureau of Statistics - September 2020 Wage Price Index (Cat 6345.0). The increases in average payments are driven by both price increases and increases in the volume of supports provided.

⁴⁵ Includes therapy services.

5.2 Management responses to address scheme sustainability

Proactive management responses to the pressures identified above include:

– **Consistency of decision making:** The NDIA is working on improving the consistency and equity in decision making of both access and planning decisions across all participants. There is a focus on better aligning a participant’s support package to their circumstances through Independent Assessments. This will mean the right assessment questions and tools are being used to inform objective access and planning decisions that are more consistent and fairer. This is consistent with the 2011 Productivity Commission Report, as well as the 2019 Tune Review of the NDIS Act, which recommends amendments to the NDIS Act to achieve these outcomes. Other initiatives being undertaken to improve consistency of decision-making include:

- There is significant frontline training underway to improve the capability of the NDIA planners and partners to develop plans and make review decisions that balance the Agency’s aspiration for a positive participant experience with responsibility for long term Scheme sustainability.
- More disciplined approaches to frontline management will ensure that ‘reasonable and necessary’ decisions and participant outcomes are nationally consistent, to a higher standard of quality, which promote participant equity, eliminate avoidable plan reviews and prevent unnecessary plan budget inflation.
- Participant ‘Check In’ service delivery options will ensure that participants have access to the depth of review and medium of interaction approach that most suits them. This will enable more ‘light touch’ plan amendments and plan renewals and extensions to meet participants’ needs.

– The NDIA is working to make the NDIS easier to understand and provide clearer information about how we make decisions. One of the first examples of this is a **new format for our Operational Guidelines (OGs)**. Through the refresh of our OGs we will publish all our internal and external guidance about how we make decisions so there is consistent information internally and externally for NDIA staff, participants and stakeholders.

All NDIS OGs will be refreshed by June 2021 and published on the website. The OGs which have been refreshed already include:

- Specialist Disability Accommodation (SDA)
- Short term accommodation or respite
- Medium term accommodation
- Supported independent living
- Younger people in residential aged care
- Assistive technology
- Social and recreation supports
- Work and study supports
- Principles we follow to create your plan
- Reasonable and necessary supports
- Creating your plan
- Your plan

– SIL policy reform

In order to address administrative delays, lack of transparency and Scheme sustainability, the SIL quoting and negotiation process used previously was replaced with price limits for SIL supports in 2020. Providers are now required to develop a roster of care using the NDIA's set price limits for activities of daily living and submit this to the NDIA for consideration. There is a focus around assessing the suitability of rosters of care for participants at first plan and for subsequent plan reviews.

In addition, in 2020 the NDIA published a SIL participant information pack and a SIL Operational Guideline to improve participant choice and control.

While these changes were designed to address immediate concerns, two further consultation papers were released to the public in late 2020 to seek feedback and input on how to ensure SIL delivers positive outcomes for participants into the future. The focus of these papers included proposed improvements to address operational, sustainability and participant experience challenges, as well as a review of the SIL cost model to better understand cost structures in the market. The NDIA is currently considering recommendations from the SIL price review and the result will be released in coming weeks.

The NDIA recently held a workshop with large SIL providers to discuss longer-term alternatives to SIL, with the aim of improving outcomes, incentivising innovation in supports and improving sustainability. More consultation with participants and the sector is planned.

The NDIA is also looking at innovative living solutions which include more contemporary options for people who require a high level of support. Individual Living Options (ILO) have the potential to create a more tailored solution to care and support needs for Scheme participants, helping to increase choice and control for participants and improve outcomes. The NDIA recently published the ILO Guideline, explaining what ILO is, how ILO benefits participants and how the NDIA makes decisions about funding ILO supports. Further development and support for the implementation of ILO type models will occur in 2021.

– Reviewing reasonable and necessary levels of support for each support category

As noted above, there has been high rate of growth in payments in different support categories within the Scheme, including in the largest support categories. The Agency is undertaking work to determine the levels of reasonable and necessary support appropriate for different support needs in order to update operational guidelines.

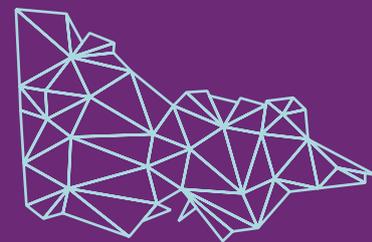
– Working to clarify mainstream interfaces

The Scheme is facing a number of pressures to mainstream interfaces, including intersection between chronic health conditions and developmental delay with the health system, and affordable housing with the social housing systems. These pressures require continued management responses so that the Scheme does not become a “funder of first or last resort”, especially where other systems are intended or better suited to provide the required supports.

The immediate and effective implementation of these management responses is required to both improve participant outcomes and ensure the Scheme is affordable into the future, for the benefit of current and future participants.



Augmentative communication helps improve William's speech



Through his NDIS plan, eight-year-old, **William** is using augmentative and alternative communication (AAC) to enhance his speech and parents, Sharon and Rob, couldn't be happier with the results.

William, who has Down syndrome, experienced delayed speech, which made it hard for him to communicate so AAC, a method of communication to supplement his speech, has supported him to communicate more effectively and participate more in daily activities.

Sharon said through William's NDIS plan she was able to allocate some funding to a communications tablet.

"It's purely a speech device, and it goes with him every day to school. William uses it on words he can't clearly say so people can understand him," she said. "It has pictures with words underneath, and on it we can upload photos of people and activities he likes.

Sharon credits his improvements to Gateways Support Services speech therapist, Jenna, and William's school, Spotswood Primary, where Jenna has been able to work with integration aids, Nena and Harry, to support William to use his words.

"We couldn't be happier William is in a mainstream school, and now he is equipped with all the right supports we can see he's really beginning to blossom," she said.

Part Six:

Staff, advisory groups and the NDIS community



The NDIA is undergoing a series of reforms to make the NDIS affordable now and into the future.

6.1 A high performing NDIA

Staff and partners continue to support participants remotely, or face-to-face if they choose.

At 31st March 2021, the total NDIS workforce was 10,979, including 4,134 Australian Public Service (APS) employees, 1,508 labour-hire workers and contractors and 5,337 people employed by the NDIA's PiTC and Contact Centre Partners.

Large-scale recruitment activities commenced during the quarter with increased planner vacancies to be filled across all States and Territories and further vacancies to be filled in the National Access and Review Branch. The successful candidates included a mix of external applicants and existing internal staff.

The results for the 2020 APS Employee Census were received in the March 2021 quarter. The NDIA had an 87 per cent response rate with 4,830 of its workforce (APS employee and labour-hire workers) participating in the Census. Of the total number of APS employee respondents, 17.2 per cent identified as having an ongoing disability. Also, 14 per cent of all respondents indicated they have caring responsibilities for a person with disability. The NDIA engagement index remained steady, shifting from 76 per cent in 2019 to 77 per cent in 2020, while the wellbeing index also increased favourably from 65 per cent in 2019 to 70 per cent in 2020. The NDIA engagement score is three per cent higher than the average APS score of 74 per cent, while the NDIA wellbeing score is consistent with the APS score of 70 per cent.

The NDIA has continued to focus on developing its frontline employees' capability this quarter with ongoing deployment of making reasonable and necessary decisions on funded supports and services for participants.

The Alternative Cloud Environment (ACE) is a replacement for the Customer Relationship Management system. ACE Case Release 1 incorporates scheduled and unscheduled plan reviews (s48), review of reviewable plan and access decisions (s100) and Participant 360, which provides staff with an easy to view participant profile. This release contributes to more efficient work processes. The learning architecture has been endorsed and, following further consultation, learning development work will progress to produce the required modules for different employee cohorts to support a launch date of 10 June 2021.

The Continuous Improvement Connect (CI Connect) program is designed to provide opportunities for teams to build capability and lift organisational performance. This will be achieved by utilising quality audit data, hotspot reports and key focus areas to make informed decisions on priorities for the next quarter. This targeted approach to topic/theme prioritisation will ensure content produced for the program is timely in addressing the needs of the NDIA and participants. CI Connect was piloted in

NSW/ACT with 28 attendees undertaking the topic of severity indicator over a four week period. All survey respondents found the learning material relevant to their role and provided excellent information on the topic. CI Connect was launched across the NDIA from April 2021, starting with R&N Justification.

Collectively, these initiatives provide the foundation for continued building of capability and further progress towards a high performing NDIA.

6.2 Valued input from the Independent Advisory Council

The IAC is working closely with the NDIA management and NDIA Board. The IAC have delivered the following formal advice to the NDIA Board during the 2020-21 Financial year for which the NDIA is actively progressing programs of work to address:

- [Promoting best practice in early childhood intervention](#)
- [Supporting Local Area Coordinators \(LACs\) to be LACs](#)
- [NDIS support for participants who are parents](#)

The IAC continues to work actively with the NDIA on a variety of Corporate Plan priorities and the IAC's own plan of work, including:

- Scheme reforms to access and planning
- Autism early intervention
- Home and living
- The participant satisfaction survey
- The Agency's research and evaluation work plan

6.3 Engagement initiatives

Participant, provider and sector engagement continues.

In addition to the three consultation papers already released on Independent Assessments, the NDIA will undertake further targeted consultation on specific topics related to Independent Assessments, such as how to best deliver assessments in rural and remote, culturally and linguistically diverse and Aboriginal and Torres Strait Islander communities.

Over the coming months, the NDIA is expecting to undertake public consultation and targeted information sessions about home and living supports including Individualised Living Options and Supported Independent Living, ways to enhance support for decision making, the NDIS Psychosocial Recovery Framework and our Employment Strategy Action Plan. Consultation on Independent Assessments is ongoing.

6.4 Public data sharing and the latest release of information

This quarter the NDIA released the latest long-term study into outcomes for participants, their families and carers, showing how lives have been changed since joining the Scheme.

As part of the NDIA's commitment to publicly share its data, the NDIA released the latest set of data on 24 March 2021.

This release included **outcomes framework reports** which offer a unique view into how participants, families and carers lives have changed, from when they first joined the Scheme, to 30 June 2020. Some of the findings were also included in the introduction to this report.

The reports show that the NDIA continues to drive better outcomes for participants, their families and carers:

- There now are more children becoming independent by taking part in daily social and community activities. Children also feel more welcome in the community and social activities.
- Participants aged 15 to 24 are becoming more involved in social and community groups, while more participants aged 25 and over are spending their time doing activities that interest them.
- There have been improved job outcomes for some families and carers, as well as an increase in the number of families and carers of participants aged 15-24 who believe their family member with disability is getting the support they need.

The 24 March 2021 data release also included a deep dive report into '**Participants with acquired brain injury, cerebral palsy or spinal cord injury in the NDIS**'. The report shows positive results, such as increases in social and community participation and increases in choice and control, for all three groups. The report also shows areas where improvements can be made, such as creating opportunities for employment. The NDIA will keep working to achieve better outcomes and experiences for these participants and their families and carers.

The 24 March 2021 data release also included the **31 December 2020 Market Monitoring** reports and updated market tables as at 31 December 2020. This market monitoring includes data by service districts and Local Government Areas (LGAs). An update to all downloadable data and tables to include 31 December 2020 data was also released. These are available at <https://data.ndis.gov.au> and include data on a range of topics, including:

- participant goals
- participant and family/carer outcomes
- Aboriginal and Torres Strait Islander participants
- plan management types

Part Six: Staff, advisory groups and the NDIS community

In addition, the NDIA continues to publish quarterly updates to the SDA demand and supply data on the NDIS Data and Insights website. This data release is part of the NDIA's commitment to publish additional SDA data for participants and the sector. It supports participants and providers to understand not only the current SDA supply but where the demand for SDA is greatest, and where there are opportunities to increase SDA supply. This data was updated with 31 December 2020 data on 29 January 2021.

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

Participant groups:

- participants with autism spectrum disorder (ASD)
- people with a psychosocial disability in the NDIS
- people with an intellectual disability in the NDIS
- Aboriginal and Torres Strait Islander participants
- CALD participants
- analysis of participants by gender
- young people in the NDIS
- participants by remoteness classification

Outcomes and goals:

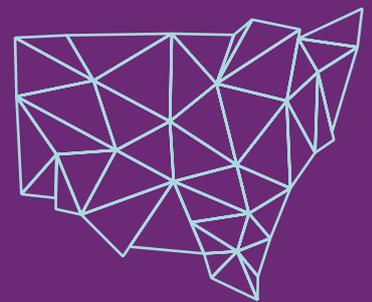
- outcomes report for participants, and an outcomes report for families/carers (30 June 2018 and 30 June 2019)
- employment in the NDIS
- people with disability and their NDIS goals

The NDIS market:

- the NDIS Market (30 June 2019, 31 December 2019 and 30 June 2020)
- the NDIS Market by Local Government Area (LGA) (31 December 2019 and 30 June 2020)



University life can only get better for Jack



While many people were glad to put 2020 behind them, for **Jack**, 19, it was the best year of his life so far after completing the first year of his four-year degree in December after moving to Wollongong from the family farm at Ungarie, NSW.

Jack lives with Duchenne muscular dystrophy (DMD), a condition that causes progressive muscular weakness, and has been a participant in the NDIS for three years. He can no longer walk and has lost the majority of his upper body strength but says his condition has stabilised for the time being.

A self-described tech-head, Jack says he's been fascinated by computers and video gaming "for as long as I can remember", and after finishing his HSC in 2019 he was determined to pursue his passion for technology at university.

With support from his family and the NDIS, Jack moved into his own unit at the University of Wollongong's on-campus Kooloobong Village in February last year.

Jack's NDIS plan has funded appropriate assistive technology supports.

"I've really enjoyed living independently for the first time and pursuing my computer science degree at Wollongong Uni, it's been great," he says.

One day Jack would like to run his own business developing apps to assist people live their best lives, whether they have disabilities or not.

ndis



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