

Q1

2021-2022



NDIS Quarterly Report to disability ministers

30 September 2021

ndis

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Key highlights

1. The NDIA is focussed on supporting participants, providers, staff and partners during the COVID-19 pandemic

The National Disability Insurance Agency (NDIA) has continued to prioritise supporting participants, providers, staff and partners during the COVID-19 pandemic. The enduring impacts of the COVID-19 pandemic has made the Agency acutely aware of the need for ongoing collaboration across government and the sector to support participants and providers.

1.1 The NDIA recognises the importance of supporting participants and disability workers to get vaccinated

The NDIA has continued to work with the disability sector and across Government¹ to implement initiatives to lift the vaccination rates of participants and disability workers. These initiatives include:

- Working with Disability Intermediaries Australia (DIA) to mobilise support coordinators to proactively reach out to participants to arrange vaccinations
- Partnering with the Pharmacy Guild of Australia (PGA) to provide “easy-access” vaccination QR codes for workers and participants to book an appointment at their local pharmacy
- Establishing a warm-transfer process where participants are transferred from the NDIA National Contact Centre to the Disability Gateway Contact Centre where they can receive direct assistance with booking their COVID-19 vaccine appointments.
- Establishing a weekly data match to the Australian Immunisation Register, via Services Australia, which will identify cohorts of participants (such as local government areas, and age groups) with low vaccination rates to improve and target outreach strategies

In addition to joint measures, the NDIA has implemented several Agency-led initiatives to promote and enable participant and workforce vaccinations:

- Expansion of the vaccine enablement payment² to support coordinators and providers of personal supports, in addition to supported independent living (SIL) providers. Eligible providers are able to directly claim up to \$150 to cover costs of supporting and organising NDIS participants to receive the vaccine
- Introduction of a COVID-19 vaccine payment for disability support workers in NSW. Eligible providers delivering supports in one of Sydney’s local government areas of concerns can bill the NDIA directly (\$100 per worker per vaccination dose), for vaccinations delivered between 23 August and 31 December 2021
- Working with one of our partners in the community – Settlement Services International (SSI) to provide targeted outreach services to support participants in the high-risk local government areas of Greater Sydney to become vaccinated

¹ Including with the Department of Social Services (DSS), the NDIS Quality and Safeguards Commission (NDIS Commission), Services Australia, the Department of Health, and State/Territory governments.

² You can find out more about SSI here: <https://www.ssi.org.au/about-us>

- Outreach efforts by the NDIA Provider Engagement branch to contact registered providers within the vicinity of the Commonwealth vaccination hubs to assist in raising awareness of the hubs
- Updates to the NDIA contact centre integrated voice recording to provide information on the supports available, and proactive offers to assist with facilitating vaccine booking as part of each contact with a participant, carer, nominee or guardian.

1.2 The NDIA is supporting participants and their families/carers to make sure essential services continue

In addition to assisting participants and disability workers to get vaccinated, the NDIA has also implemented initiatives to ensure participants continue to get essential services, including:

- Outbound calls to impacted participants to ensure they can access their supports and understand how they can use their plans flexibly to engage the supports they need during COVID-19
- Flexible use of NDIS plan funding to purchase personal protective equipment (PPE)
- Support of \$300 for deep cleaning of residences in the event a support worker returns a positive COVID-19 test
- Flexible approach to low cost Assistive Technology (AT) to allow participants to access up to \$1500 of their plan budget to purchase low cost AT items for continuity of supports.
- Introducing flexible use of NDIS core funding for participants in lockdown areas to pay for alternative meal preparation and delivery services (where core funding would normally be used to pay a support worker to cook and shop for them).

1.3 The NDIS is also supporting providers during the pandemic

NDIA initiatives to support providers complemented the broader suite of assistance available provided by the Government to businesses and workers. Temporary Agency initiatives that have continued or expanded this quarter are:

- Provision for support worker PPE to be claimed from participant plans, with the participant's agreement, continues to be available to providers across the nation
- The ability to claim for support worker PPE directly from the NDIA continues to be available to providers in NSW, Victoria and ACT consistent with public health orders in place
- Supports to cover the cost of additional cleaning and higher intensity supports for SIL providers who support participants who have been diagnosed with COVID-19 or are an identified close contact has been expanded from funding per household to funding per participant
- Eligible providers can claim \$100 per worker per vaccination dose, for vaccinations delivered between 23 August 2021 and 31 December 2021 in NSW local government area of concern and 1 October 2021 and 25 November 2021 in Victoria
- Recruitment, Consulting and Staffing Association (RCSA) continues to provide a workforce concierge service to link NDIS service providers who have exhausted their normal workforce supply options to temporary staffing agencies (RCSA members)
- The national clinical first response service for providers of SIL to respond to critical COVID-19 incidents continues to be available to all impacted providers.

In response to changing public health orders and continued impacts on providers and participants, the NDIA introduced additional measures in this quarter:

- The establishment of a Participant Contingent Care Panel to offer SIL providers in NSW, ACT and Victoria management support, service delivery advice and additional workforce where required
- A 10 per cent loading payment in August to certain registered providers to assist with managing the impact of worker shortages and mandatory testing in specific local government areas in NSW, noting that when mandatory testing requirements were lifted in these areas, the loading payment was ceased accordingly
- The NDIA Provider Engagement team continues to proactively contact all providers who report a COVID infection or close contact of either a participant or worker. This contact ensures impacted providers are aware of the additional supports and services available through the NDIA. Further, this ensures the continuation of essential support to participants that have tested positive or are required to isolate.

To ensure participants, providers and the community are aware of the available NDIS COVID-19 support measures and have access to the latest COVID-19 and vaccine information, the Agency has been utilising all its communication and engagement channels to amplify and maximise reach.

As of 21 October 2021 there had been 664 participants infected with COVID-19, and 24 participant deaths. Additionally 717 workers had been infected. Registered NDIS providers are required to notify the NDIS Commission of participant and worker infections. Infection rates for participants remain significantly lower than the general population (0.13 per cent of participants compared to 0.6 per cent of the general population). The latest data on NDIS participant worker and participant infections is located on the Department of Health website [here](#)³.

The NDIS website should be consulted for the latest information on COVID-19 – [Coronavirus \(COVID-19\) information and support | NDIS](#)⁴.

³ <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-case-numbers-and-statistics>

⁴ <https://www.ndis.gov.au/coronavirus>

2. The NDIA has commenced engagement with stakeholders to embed co-design in the NDIA approach

The Independent Advisory Council (IAC), along with other key disability community stakeholders, participated in two virtual co-design workshops in September 2021. The workshops were held following a decision by disability ministers in July 2021 to not proceed with the proposal for independent assessments.

The NDIA acted on advice from the IAC to strengthen relationships and build trust with the disability sector, and respond to the Terms of Engagement provided by the disability sector to Minister Reynolds in June 2021.

The workshops were an opportunity to develop a constructive working relationship between the NDIA, the IAC and DRCOs and to begin co-design and priority issue discussions.

Specifically, the workshops brought together the IAC, 27 disability and carer representative organisations (DCROs), the Department of Social Services (DSS), NDIA board members and senior executives.

Former Disability Discrimination Commissioner Graeme Innes facilitated both workshops, supported by facilitators from the disability community.

Workshop discussion topics

Workshop attendees discussed how to build mutual trust, how to strengthen the relationships between the disability community and the NDIA, and a range of priorities for changes and improvements to the NDIS.

This included the topics the NDIA, the IAC and the disability sector have been asked to work on by disability ministers, and how the NDIA could start working towards co-design.

Workshop attendees discussed how the NDIA could establish a co-design framework based on a “learn by doing” approach, agree on key principles of co-design and terms of engagement.

The NDIA committed to learn from the past and engage constructively with the disability community in future.

Outcomes of co-design workshops

Workshop attendees acknowledged:

1. The need to improve relationships and build trust between the NDIA and the disability community.
2. The shared commitment to work towards better outcomes for people with disability and to improve Scheme processes.
3. The need to better understand interactions among the range of issues faced by people with disability, sector organisations and the Scheme, and how they can be jointly resolved.
4. To need to work together to better understand the issues the Scheme is facing, including financial sustainability, from all stakeholder perspectives.
5. The shared commitment to immediately work on priorities which would benefit from co-designed solutions such as a new person-centred assessment model as well as ending segregation for people with disability and strengthening community inclusion.

6. The focus on a range of improvements to the operations of the NDIS.
7. The need to recognise and respect the importance of diverse views, experience and contributions made by the Scheme, DSS, the IAC and disability and carer representative organisations; acknowledging:
 - DCROs as legitimate representatives of participants and families/caregivers
 - The IAC’s statutory role to advise the NDIA Board as outlined in the NDIS Act, including their appointed experts among which are people with disability, families/carers and service providers
 - The NDIA as the statutory authority responsible for delivering the NDIS in accordance with the Act
 - DSS as responsible for the NDIS legislation, for the Information Linkages and Capacity Building program, and the broader Australian Disability Strategy.
8. The importance of regular and accessible communication with participants, families and carers as well as state, territory and local community groups and networks and provider networks, to inform and enable involvement.
9. The importance of agreement about the governance of the relationships and the processes used in any joint work between the sector and the NDIA.
10. That these co-design workshops were a first step in developing better ways of working together to benefit participants and the Scheme. There is a more to do.

Next steps

1. Co-design advisory group

Leaders from the IAC and the DRCOs selected representatives to form the co-design advisory group. Advisory group members will be paid for their time. The first meeting of this new group was held on 15 October 2021.

2. Confirm co-design priority work

NDIA representatives will work with a small group of IAC and disability sector representatives to establish initial co-design priority work, for consideration by the broader disability sector. The advisory group and the sector will also consider other work that would benefit from a strategic approach to stakeholder consultation and involvement.

3. Information updates

The NDIA, the IAC and disability and carer representative organisations will agree on a regular schedule to inform the disability community of co-design topics and progress, and advise any key issues requiring wider consultation.

3. As part of the commitment to transparency, the Agency has released more information on the financial challenges facing the Scheme

The NDIA Board released the 30 June 2021 **Annual Financial Sustainability Report (AFSR)** on 8 October 2021. The AFSR is prepared by the Scheme Actuary, and provides an assessment of the financial sustainability of the NDIS, as is required under the NDIS Act (Section 180B). It is produced using data at 30 June each year and a summary of each year's AFSR is included in the NDIA Annual Report. The AFSR was independently peer reviewed by the Australian Government Actuary⁵. A copy of this report was also released on 8 October 2021.⁶

The AFSR includes:

- analysis and discussion of recent Scheme experience
- best estimate projections of future participant numbers and average payments (based on known experience and future expectations)
- scenarios relating to possible variances in the projections
- recommended strategies to address risks to sustainability.

The AFSR projects that:

- There will be 670,400 participants in the Scheme at the end of June 2025 (of which 633,600 are under the age of 65 years), and 859,300 at the end of June 2030 (of which 798,300 are under the age of 65 years). These figures are significantly higher than estimated by the Productivity Commission in 2017.
- Total participant costs are projected to be \$29.2 billion in 2021-22, growing to \$41.4 billion in 2024-25, and \$59.3 billion in 2029-30 (on an accrual basis).

More detail is available in the reports located [here](#)⁷ and in Section 5 of this report. Section 5 of this report also includes analysis on the trends in average and median payments over the last three years, along with trends in average plan budgets. The extent to which plans increase and decrease over time for individual participants is also analysed. Plan budgets change for individual participants for a number of reasons, including changes in circumstances, the addition of capital items in some plans that are not required in subsequent plans, and the addition of capacity building support in some plans that is not required in subsequent plans. More discussion on the process for planning decisions is also included in this section.⁸

In addition, section 4.4 of the report includes more detail on trends in the Supported Independent Living (SIL) market, including increases in the number of participants and providers, along with trends in average payments and plan budgets for participants receiving SIL supports.

The AFSR projections are fully consistent with the outcomes discussed in these sections of the report, noting average payments per participant are projected to continue to increase, particularly as participants use more of their plans over time

⁵ The Australian Government Actuary currently is the Peer Review Actuary as per the NDIS Act (Section 180D)

⁶ The report is available here: <https://www.ndis.gov.au/about-us/publications/annual-financial-sustainability-reports>

⁷ <https://www.ndis.gov.au/about-us/publications/annual-financial-sustainability-reports>

⁸ The NDIA has also published an updated Operational Guideline (OG) on Plan Reviews which details the reasons why a new plan could be different to a current plan. The updated OG can be accessed here: <https://ourguidelines.ndis.gov.au/your-plan-menu/plan-reviews>

Lastly, the NDIA is engaging with the sector on the AFSR and the financial challenges facing the Scheme. This engagement includes:

- Introductory presentations on the 2020-21 AFSR, with the IAC and DCROs.
- Small group discussions with members of the IAC and DCROs, to provide opportunities for more detailed discussions and to determine additional themes and information needs to incorporate into further engagement.
- A longer-format workshop with members of the IAC and DCROs, for a lengthier discussion on sustainability, including information on the additional themes identified in the introductory presentations and small group discussions.

Introduction

This report is a summary of the performance and operations of the NDIA for the three months from 1 July 2021 to 30 September 2021, as required by Section 174 of the NDIS Act 2013.

Analysis and key insights are presented in this 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)
- In each service district, the number of active participants, the annual average plan budget and average payment per participant (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 geographical area. 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)



Willow connects with others during COVID

At not quite three-years-old, Melbourne toddler and NDIS participant **Willow** is a tenacious fighter and whenever she has the chance, a social butterfly.

Born 10 weeks' early, weighing a little over half a kilo, Willow survived several life-threatening infections and brain surgeries, while spending the first ten months' of her life in hospital.

Willow now lives with hearing loss, significant developmental delays, acquired hydrocephalus (excess fluid in the brain) and faltering growth, as well as low immunity and chronic lung disease. She has a brain shunt to drain excess fluid from her brain and has oral aversion, which means Willow doesn't eat and needs to be fed five times a day through a percutaneous endoscopic gastrostomy (PEG) feeding tube inserted in her stomach.

Willow also doesn't speak. "She has no interest in eating, and that's an important part of developing the muscles used for speaking," said Willow's mum Kerry Chaplin of Craigieburn. "We expect her to do both in the future, but she's just not there yet."

With support from NDIS-funded therapies, including a physiotherapist, speech pathologist and a special feeding clinic, Willow has become an expert at non-verbal communication.

Using a combination of Key Word Sign (KWS), natural gestures and body movements, Willow knows exactly how to connect with others and get her message across. "Willow is quite resourceful and determined, and she is an amazing communicator," said Kerry.

Kerry says joining the NDIS two years ago changed Willow's life. "The NDIS has been nothing but amazing for us," she said.

1

Participants and their plans



1

Participants and their plans

484,700 participants are receiving supports from the NDIS, with 13,600 children accessing early connections through the Early Childhood approach.

1.1 Number of participants in the Scheme

At 30 September 2021, 484,700 participants had an NDIS plan, and 20,482 participants entered the Scheme during the quarter.

At 30 September 2021, 484,700 participants had approved plans.⁹ This represents a four per cent increase from last quarter (an additional 20,482 participants).

Further, the NDIA undertook 102,144 plan reviews in the quarter.

Figure 1: 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	2021-22 to date
Active participants	7,285	17,155	29,719	89,610	172,333	286,015	391,999	466,619	484,700
Yearly increase ¹⁰		9,870	12,564	59,891	82,723	113,682	105,984	74,620	18,084
% increase in active participants		135%	73%	202%	92%	66%	37%	19%	4%

⁹ 21,541 participants with approved plans had exited the Scheme as at 30 September 2021.

¹⁰ This is the net increase in the number of active participants in the Scheme each period noting some participants have exited the Scheme.

1.2 Children in the NDIS (younger than 7)

At 30 September 2021, there were 74,840 children younger than 7 with an NDIS plan, and a further 13,600 accessing early connections.

Of the 484,700 participants with an approved plan at 30 September 2021, 74,840 were children younger than 7 (15 per cent), and of the 20,482 new participants with an approved plan this quarter, 7,761 were children younger than 7 (38 per cent).

In addition to the 74,840 children younger than 7 with an approved plan:

- **4,854** children had met the access criteria under Section 24 of the NDIS Act (Permanent Disability) or Section 25 of the NDIS Act (Early Intervention) and were waiting for an approved plan.
- **2,912** were awaiting an access decision from the NDIA (of which **1,928** (66%) were accessing early connections from the early childhood approach).
- **12,070** children were supported by the early childhood approach (of which **11,672** (97%) were accessing early connections). Not all children need to make an access request to the NDIA because some will receive early connections, along with support from mainstream and community services.

The NDIA has commenced building on the existing national early childhood approach to ensure the delivery of a world leading model that provides evidence-based, high quality and timely supports to young children and families that are embedded in an integrated and collaborative early childhood ecosystem.

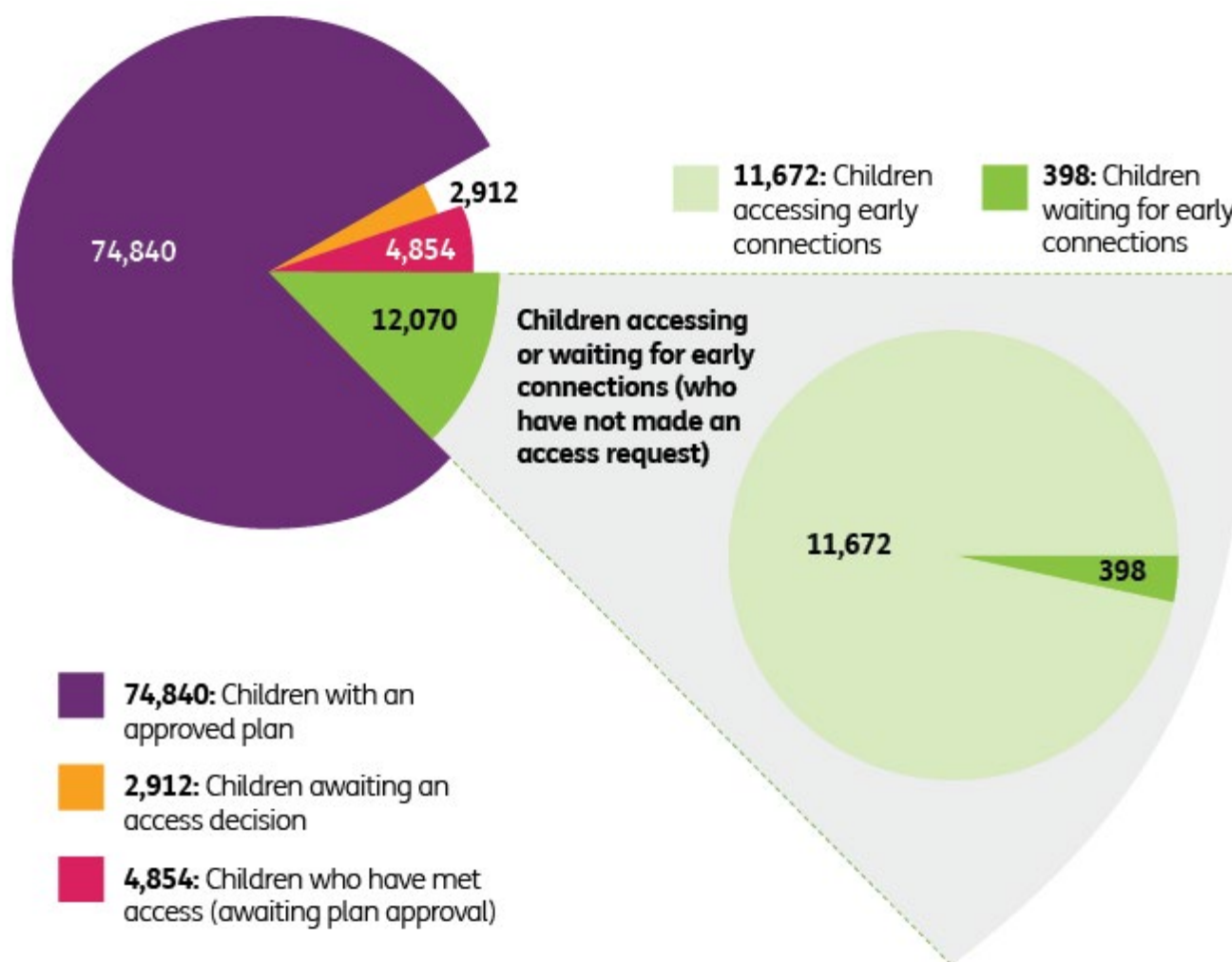
Sector feedback from the recent Early Childhood, Early Intervention (ECEI) Implementation Reset consultation has already strengthened the approach and the NDIA is making good progress on the recommendations. The aim is to provide young children and their families and carers with:

- Easy to understand information about early childhood best practice
- More confidence to make informed choices
- Extra skills in activities that make a difference every day
- More inclusion and participation in activities in the home and community.

Highlights to date include:

- Talking to families about how the NDIA can improve the way we communicate and support them
- Simplifying the way we talk about early childhood intervention and best practice
- Clarifying the definition of developmental delay so everyone knows how decisions for children with developmental delay are made
- Information about how early intervention provides children and families the best outcomes, including how to access early support even if they aren't eligible for a funded NDIS plan
- Engagement with community-led early childhood programs and organisations in remote and very remote areas about how we can better support families and children in these areas
- Discussions with state and territory governments on working together so all children with developmental delay or disability are fully included in early childhood education and care settings.

Figure 2: Children in the NDIS



1.3 Participant characteristics

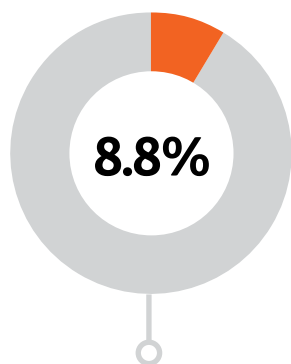
The NDIA continues to monitor and focus on the number of participants entering the Scheme who are Aboriginal and Torres Strait Islander and who are Culturally and Linguistically Diverse (CALD). The NDIA has undertaken work to better understand the number of CALD participants in the Scheme, recognising the apparent lower than expected recorded participation of CALD participants in the Scheme.

Of the 20,482 participants entering and receiving a plan in the quarter:

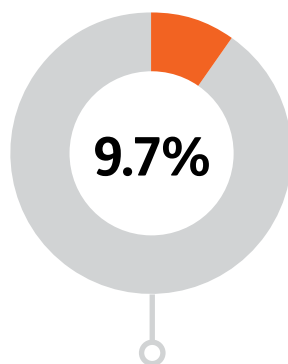
– **8.8%** were **Aboriginal and Torres Strait Islanders**

– **9.7%** were **CALD**¹⁰¹

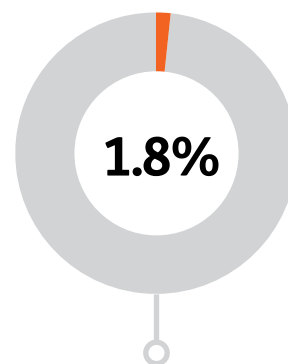
– **1.8%** were from **remote and very remote areas**



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

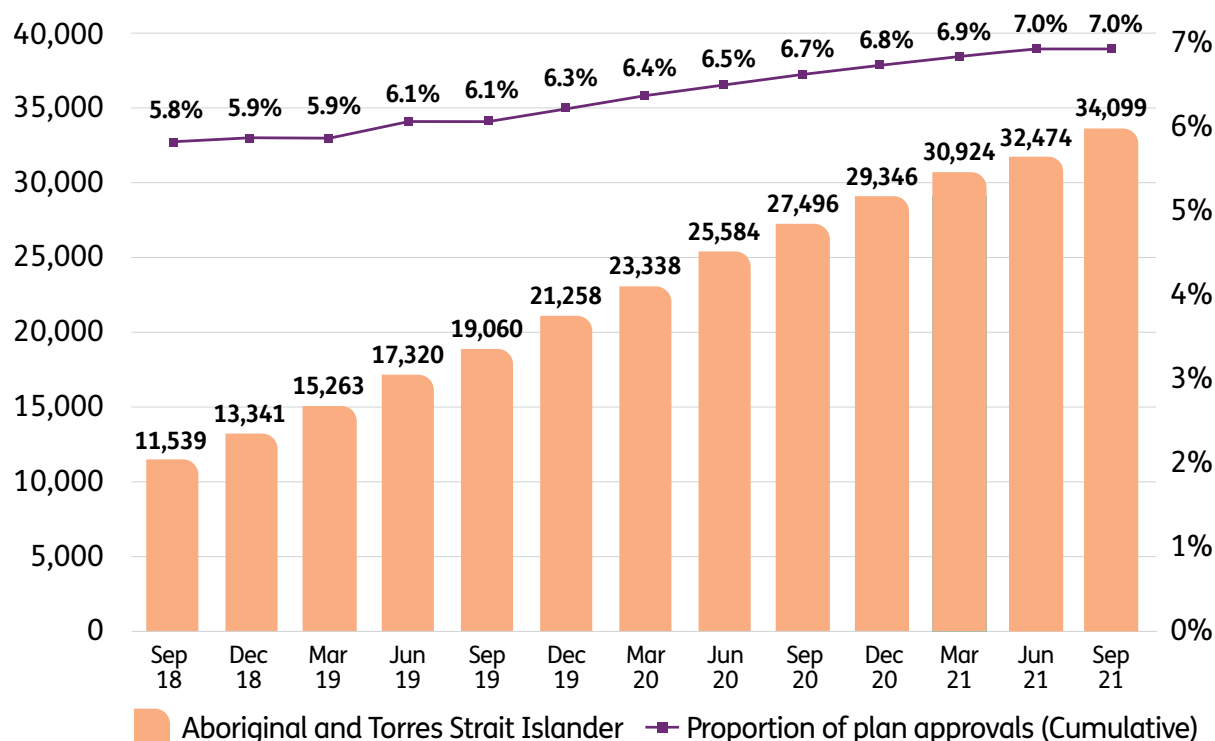
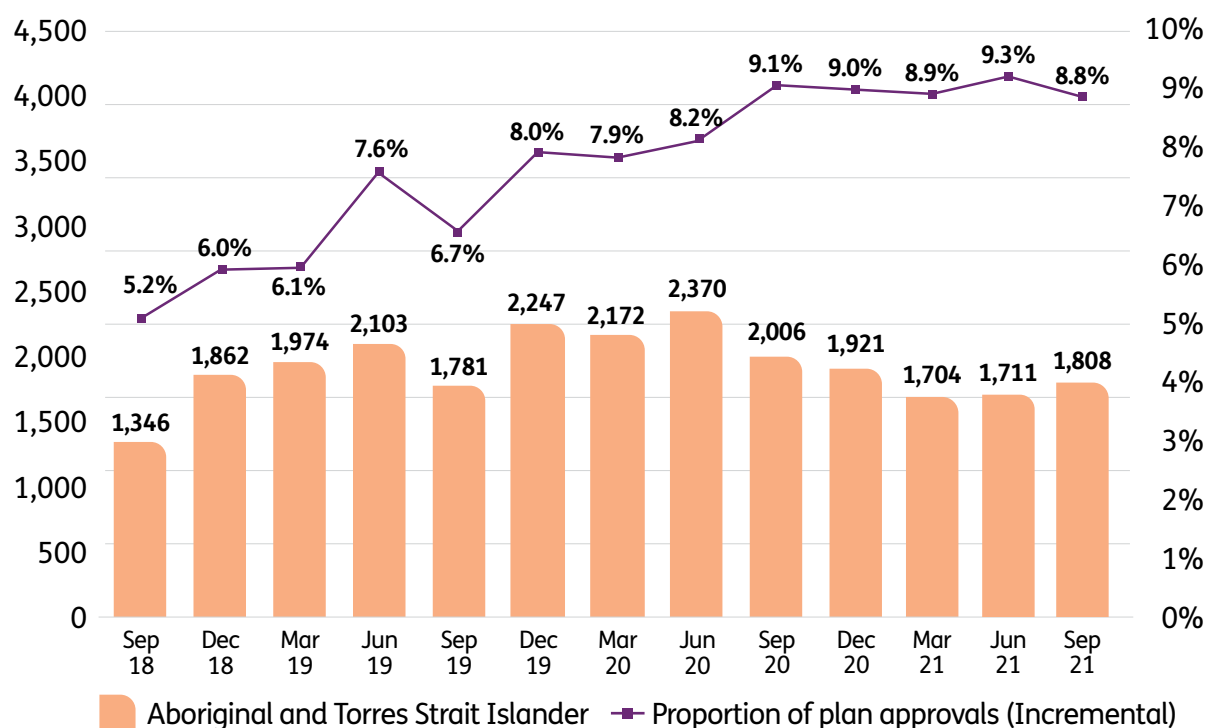
The NDIA has released progress updates on the Aboriginal and Torres Strait Islander Strategy and the Cultural and Linguistic Diversity Strategy, detailing the Agency's key activities against the priorities listed in the strategies¹². The progress updates also identify additional actions to further drive the implementation of the strategies over the next 18 months, while the NDIA completes a full refresh of the strategies. The NDIA will commence engagement in late 2021 with stakeholders from Aboriginal and Torres Strait Islander and CALD backgrounds, including participants, families, carers and the sector to develop the refreshed strategies, which will be completed in 2022.

In addition, the NDIA will develop a position statement on remote service delivery in 2021-22 to further enhance the NDIS experience and outcomes for people with disability living in remote Australia. Recognising that the NDIS is part of a broader government service delivery ecosystem in remote communities, the statement will also articulate the NDIA's approach to improved coordination across all levels of government to maximise participant outcomes.

¹¹ The number of CALD participants excludes participants who identify as Aboriginal and Torres Strait Islander. In previous reports, Aboriginal and Torres Strait Islander participants were included if their main language spoken at home was not English

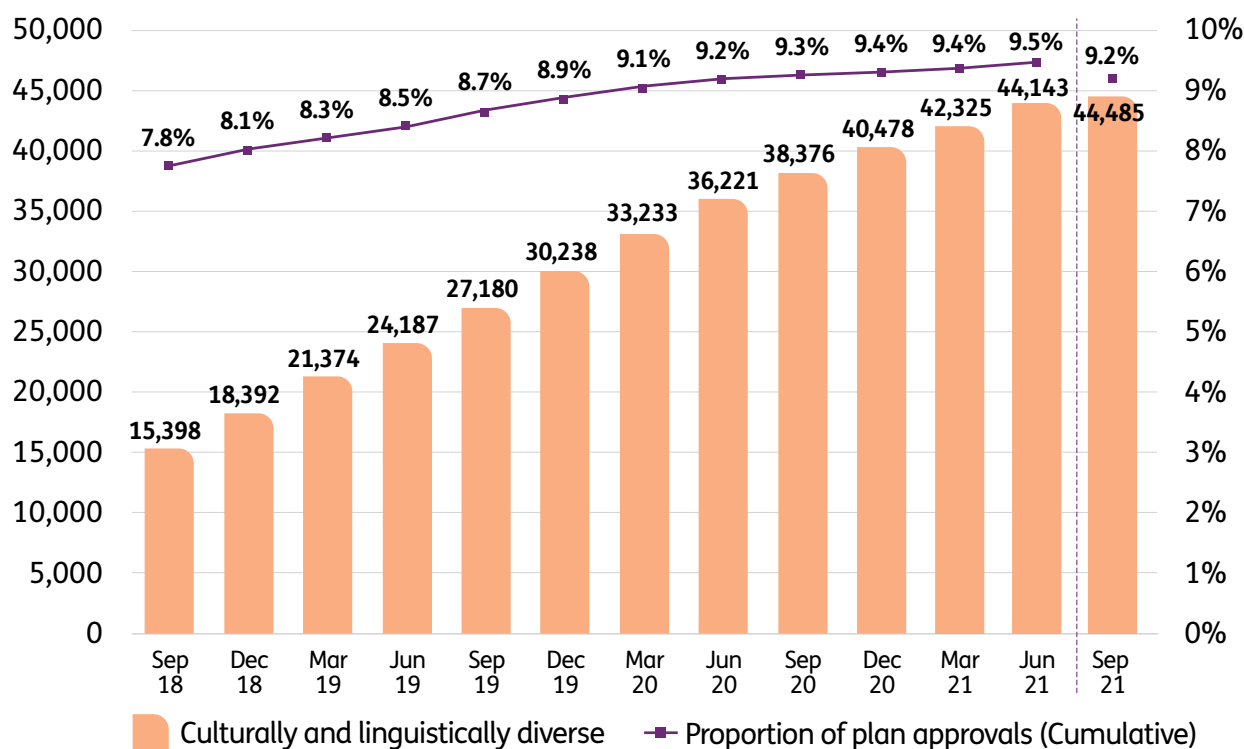
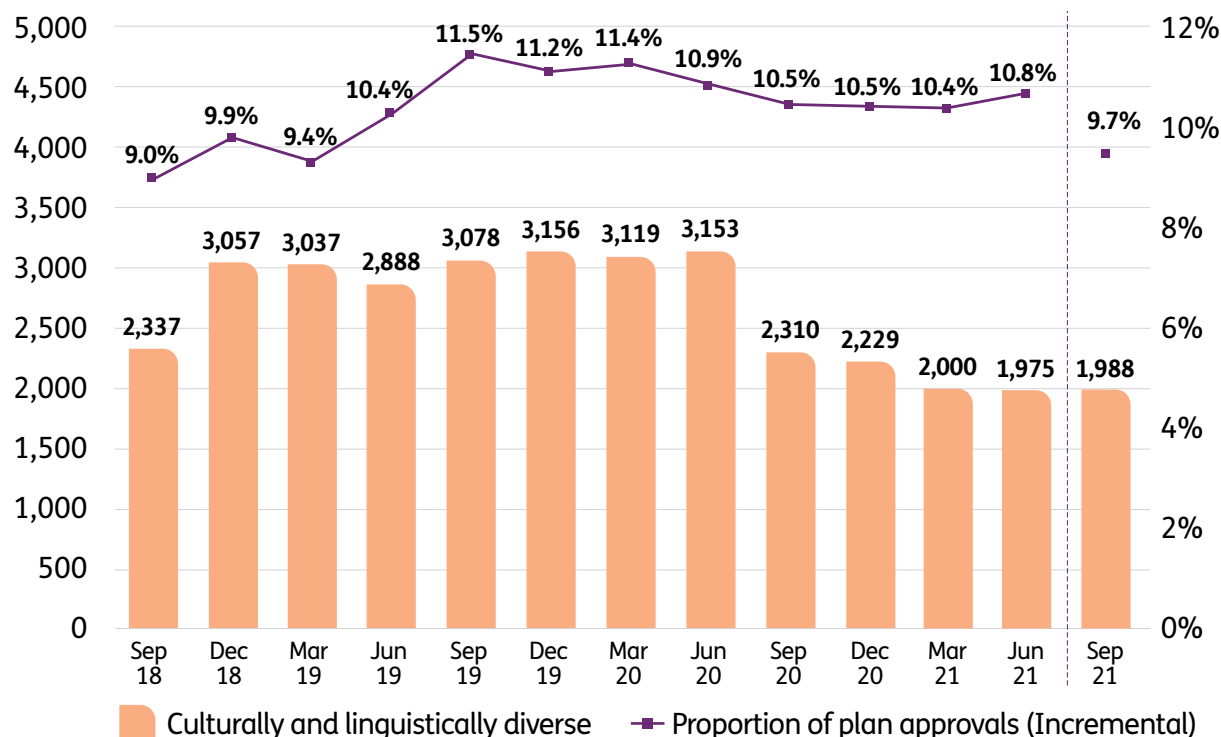
¹² Further information on these strategies can be found here:
<https://www.ndis.gov.au/about-us/strategies/aboriginal-and-torres-strait-islander-strategy>
<https://www.ndis.gov.au/about-us/strategies/cultural-and-linguistic-diversity-strategy>

Figure 3: Number and proportion of Aboriginal and Torres Strait Islander participants over time incrementally (top) and cumulatively (bottom)¹³



¹³ 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.

Figure 4: Number and proportion of CALD participants over time incrementally (top) and cumulatively (bottom)^{14,15}



¹⁴ 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.

¹⁵ The number of CALD participants in the September quarter excludes participants who identify as Aboriginal and Torres Strait Islander. In previous reports, Aboriginal and Torres Strait Islander participants were included if their main language spoken at home was not English. This has resulted in a "break" in the time series, meaning the previous quarterly results do not compare with this quarter's result.

Extra analysis on CALD participants¹⁶

At 30 September 2021, 9.2 per cent of participants identified as CALD compared with an expected percentage of 18.9 per cent¹⁷. Work was undertaken to better understand the reason for this difference – specifically, whether a number of CALD people are yet to join the NDIS, or whether the NDIS is under-reporting the number of CALD participants in the Scheme based on the data collected on country of birth and main language spoken at home.

Between service districts (of which there are 80 across Australia), the percentage of the population who identify as CALD differs – the CALD populations in some service districts represent more than 40 per cent of the population (for example, South Western Sydney and Hume Moreland in Victoria), while in other service districts, the CALD population represents less than 10 per cent (for example NSW Central Coast and Caboolture/Strathpine in Queensland).

The total number of participants in the Scheme in each service district is compared with the number of expected participants at 30 June 2023¹⁸ in each service district¹⁹. If the percentage was lower in service districts with high CALD populations compared with service districts with low CALD populations, then it is likely that people with a disability who identify as CALD are yet to enter the Scheme. However, this is not the case. The percentages are reasonably consistent across most service districts (between 78 per cent and 85 per cent) despite the differences in CALD populations across service districts. For instance, there are five service districts that are expected to have more than 35 per cent of participants identifying as CALD and the ratio of active participants at 30 September 2021 compared to expected participants at 30 June 2023 is 79 per cent. Similarly, at 30 September 2021, the 25 service districts with less than 10 per cent expected CALD participants have 80 per cent of their expected 30 June 2023 participants. This implies that it is likely that CALD participants are joining the Scheme but have not been identified as CALD in the data collected.

With the introduction of the new ICT system, the opportunity to collect improved data on participants should allow better identification of CALD participants.

Figure 5: Comparison of service districts with different percentages of CALD populations and different ratios of actual to expected total participants²⁰

	Percentage of expected CALD participants in each service district	Number of service districts	Percentage of expected CALD participants (aged 0-64) in each service district	Number of active participants at 30/9/21 (all Scheme)	Number of expected participants at 30/6/23 (all Scheme)	Actual vs Expected participants (%) (all Scheme)
Regions with higher CALD density ↑	Above 40%	2	45.6%	29,421	37,800	78%
	35%-39%	3	38.3%	33,827	42,300	80%
	30%-34%	6	31.9%	57,257	71,000	81%
	25%-29%	5	28.8%	23,572	28,800	82%
	20%-24%	4	21.7%	10,520	12,600	83%
	15%-19%	9	17.4%	75,499	88,900	85%
	12.5%-15%	9	13.5%	29,106	37,200	78%
Regions with Lower CALD density	10%-12.5%	17	11.3%	81,954	99,400	82%
	<10%	25	8.1%	143,308	178,800	80%
	Total	80	18.9%	484,464	596,800	81%

¹⁶ CALD has been defined as people with a country of birth other than Australia, New Zealand, the United Kingdom, Ireland, the United States of America, Canada or South Africa or the main language spoken at home is not English.

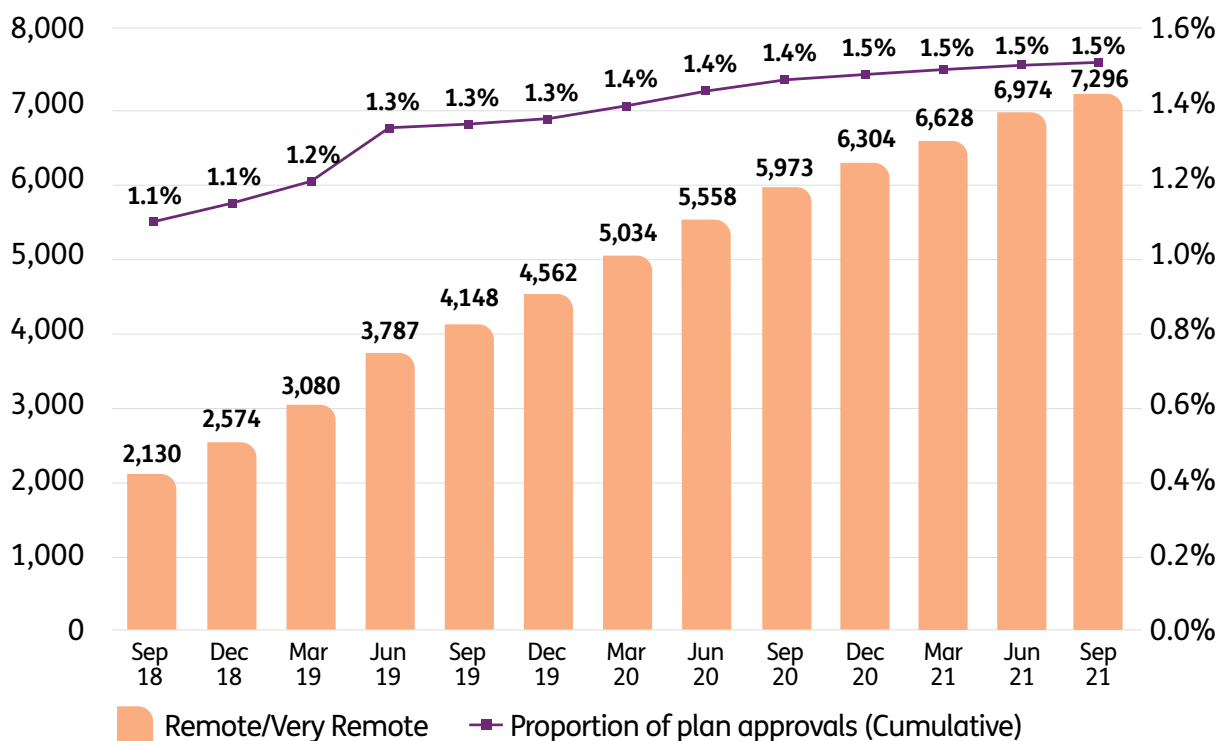
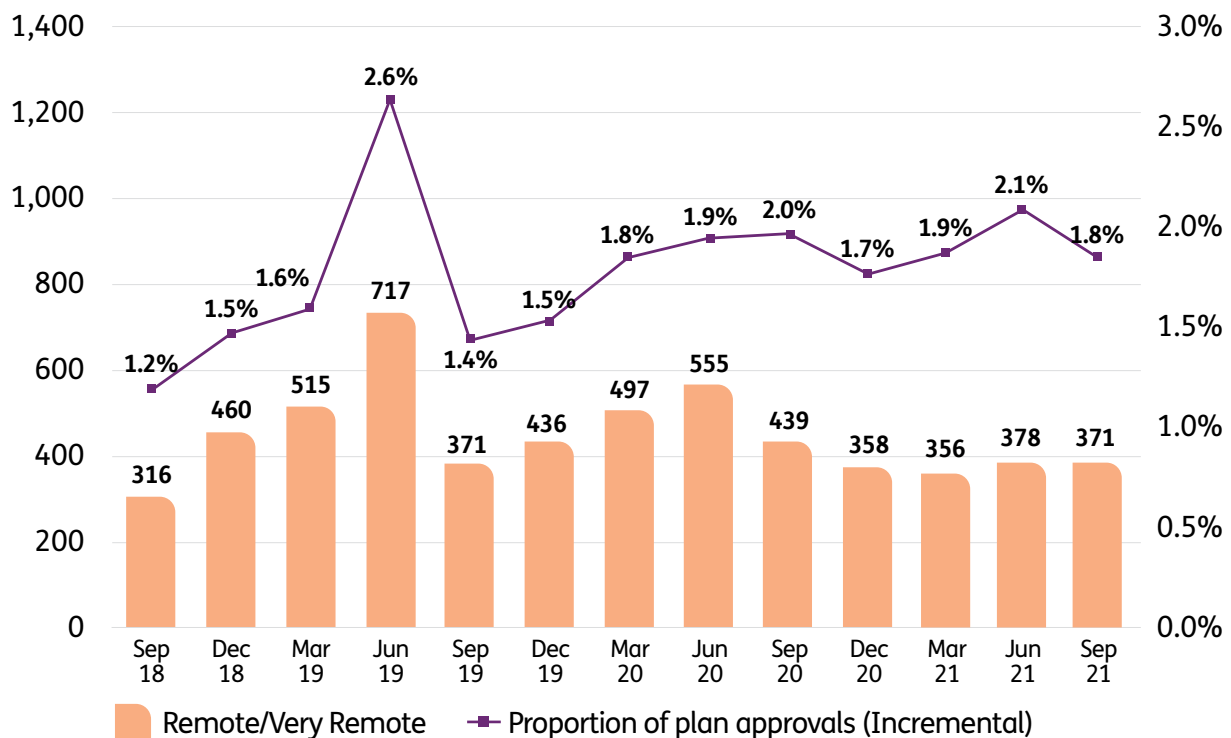
¹⁷ Expected CALD percentages are derived from the 2016 ABS Census and exclude Indigenous people. Previous results have included Indigenous people (where their language spoken at home was not English).

¹⁸ At 30 June 2023 it is expected that all participants who enter the Scheme are people who recently acquired their disability (including at birth), rather than people who have had their disability for a long time, but have not accessed the NDIS until recently. Between 1 October 2021 and 30 June 2023 many participants who enter the Scheme will be people who newly acquire their disability.

¹⁹ The NDIA publishes projections by service district here: <https://data.ndis.gov.au/data-downloads>

²⁰ Active participant count excludes 236 participants with missing service districts.

Figure 6: Number and proportion of remote/very remote participants over time incrementally (top) and cumulatively (bottom)²¹



²¹ 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.

Age and disability

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

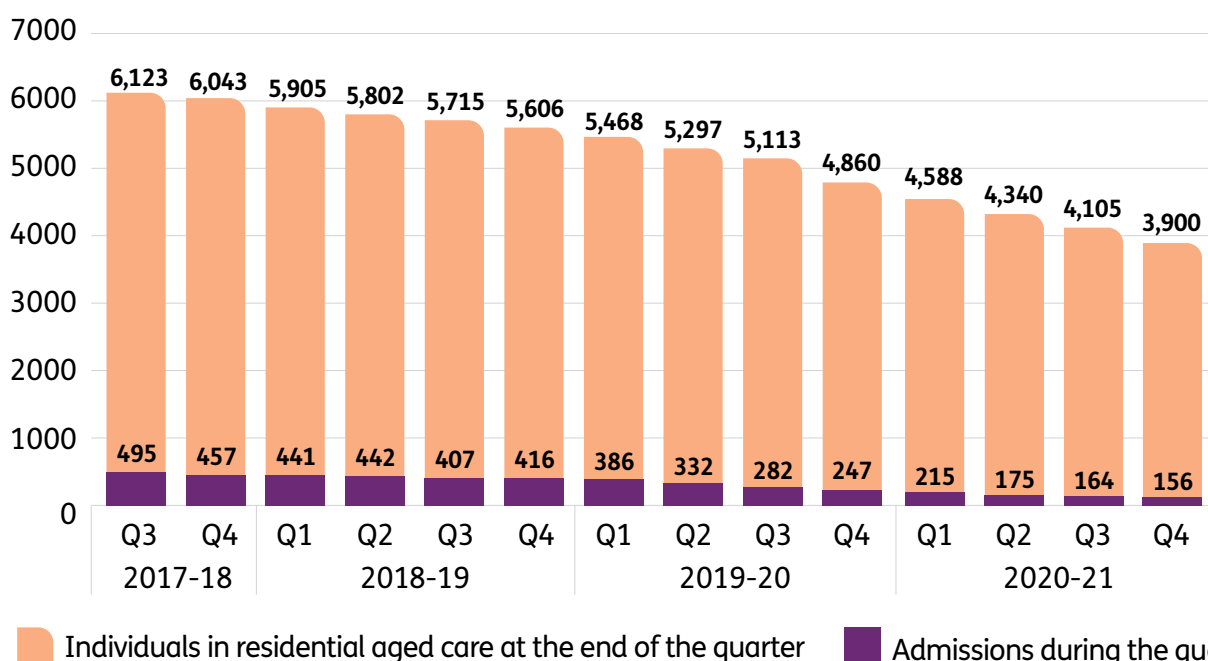
- continuation of a high proportion of children **aged 0-6 years** entering the Scheme (**37.9%** this quarter and **34.8%** in the June 2021 quarter).
- consistent with the high numbers of children, a relatively higher proportion of participants with **Developmental Delay** entered the Scheme again this quarter (**23.7%** this quarter and **21.7%** in the June 2021 quarter).
- **Psychosocial Disability**: **12.7%** of participants who received a plan in the quarter, compared to **10.4%** 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, including those who are not participants of the Scheme, has decreased in recent quarters from 6,123 at 31 March 2018 to 3,900 at 30 June 2021 (a 36 per cent decrease).

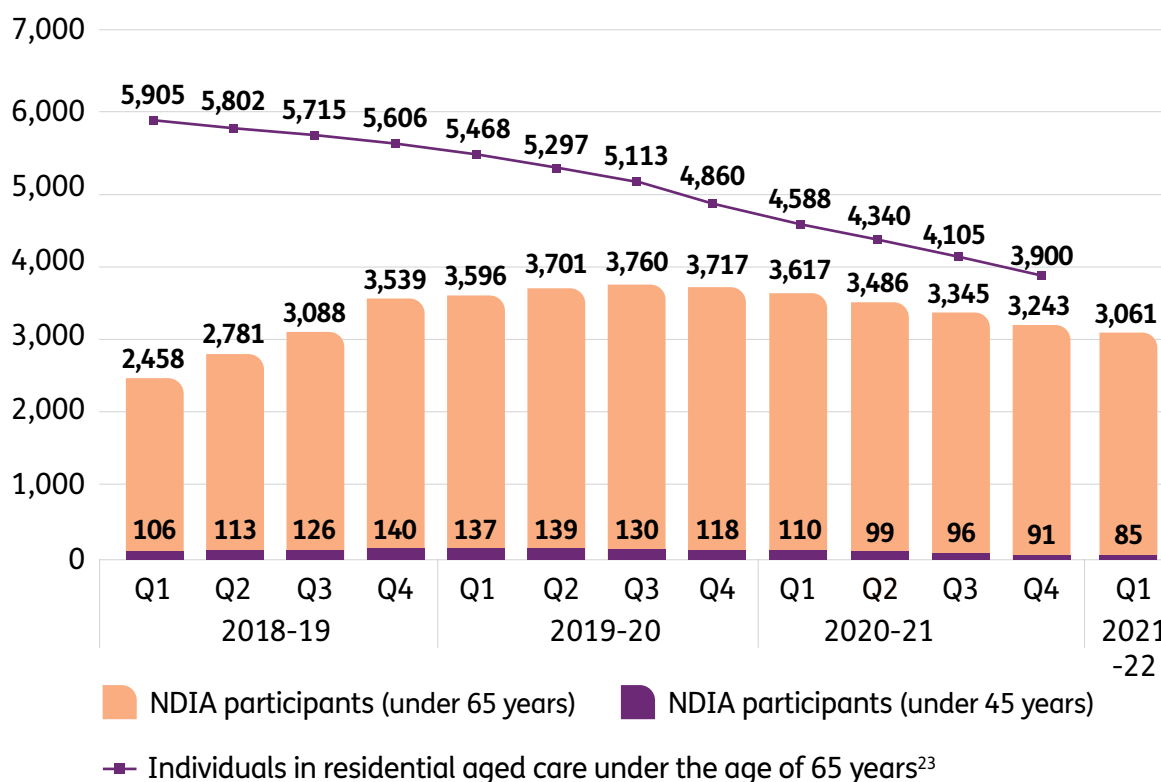
Also, fewer people under the age of 65 years are entering residential aged care – 495 people under the age of 65 years entered in the March 2018 quarter, compared with 156 in the June 2021 quarter (a 68 per cent decrease).

Figure 7: Number of individuals in residential aged care and admissions to residential aged care (under 65 years), by quarter



There were 3,061 participants in residential aged care with an approved plan at 30 September 2021 aged under 65 years. In addition to this, 722 participants who entered the Scheme and have been in residential aged care have exited since 1 July 2016 to a more appropriate accommodation setting.²² Of the 3,061 participants in residential aged care under 65 years, 85 are aged under 45 years (2.8 per cent).

Figure 8: 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



²² There were a further 1,869 participants with an approved plan aged 65 years or over who are currently in residential aged care.

²³ Data provided by the Department of Health as at 30 June 2021. 30 September 2021 data will be provided next quarter.

Government response to final report from the Royal Commission into Aged Care Quality and Safety

On 25 November 2019, in response to the Interim report of the Royal Commission into Aged Care Quality and Safety, the Government announced strengthened YPIRAC targets and an intention to develop a strategy to meet those targets.

The Government's YPIRAC targets, apart from in exceptional circumstances, seek to ensure there are:

- a) no people under the age of 65 entering residential aged care by 2022
- b) no people under the age of 45 living in residential aged care by 2022
- c) no people under the age of 65 living in residential aged care by 2025

The Joint Agency Taskforce (between DSS, the Department of Health and the NDIA) continues to progress work on the Younger People in Residential Aged Care Strategy 2020-25²⁴ (the Strategy) that 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. The NDIA continues to work on reducing the number of participants entering residential aged care and to support participants already living in residential aged care to move into more age-appropriate accommodation, unless the person has exercised informed choice and decided to remain in residential aged care.

Supporting younger people living in residential aged care

The NDIA continues to support younger participants currently residing in residential aged care to explore alternative home and living options, or to remain in their current accommodation, under exceptional circumstances. The NDIA's team of specialist YPIRAC planners hold regular check-ins and dedicated conversations with participants, their families and carers to understand and support a younger participant's home and living goals and ensure decision making is fully informed and current. NDIS participants with a goal to leave residential aged care are also supported by their NDIS-funded support coordinator to research and source appropriate alternative accommodation.

Current data indicates that at 30 September 2021, approximately 825 younger people in residential aged care have a goal to leave residential aged care. Some of the reasons younger people give about why they choose to remain in residential aged care at this time include the location of the facility being close to family and informal supports; the participant has developed valued and trusted relationships with staff and co-residents; the younger person's support needs and requirements are met; they feel secure and happy in their environment, and their preferred accommodation type and other supports they require may not be available in a location they wish to live. The NDIA understands that people's preferences may change, which is why there are repeated opportunities for participants, their families and carers to discuss their home and living options with NDIS representatives to ensure decision making about home and living goals is fully informed and current.

The NDIA is working closely with the Department of Social Services and the Department of Health to implement the Australian Governments Younger People in Residential Aged Care 2020-25. The strategy is intended to deliver on the Government's commitment to ensuring no younger person (under the age of 65) lives in residential aged care unless there are exceptional circumstances.

²⁴ <https://www.dss.gov.au/disability-and-carers/programmes-services/for-people-with-disability/younger-people-with-disability-in-residential-aged-care-initiative>



Alberto's childhood dream realised at Tokyo Paralympics

Alberto, 28, has an intellectual disability and lives in Brisbane after being adopted as a child by Australian parents from his birth country of Jamaica.

While an Australian T20 200m and 400m track champion, as a dual-citizen, Alberto had the chance to represent Jamaica at the 2021 Paralympics in Tokyo.

Prior to realising his Paralympics' dream, becoming an NDIS participant had opened many doors for Alberto on and off the track through supports including physiotherapy and psychology, which he juggles with his training and a teachers-aide role.

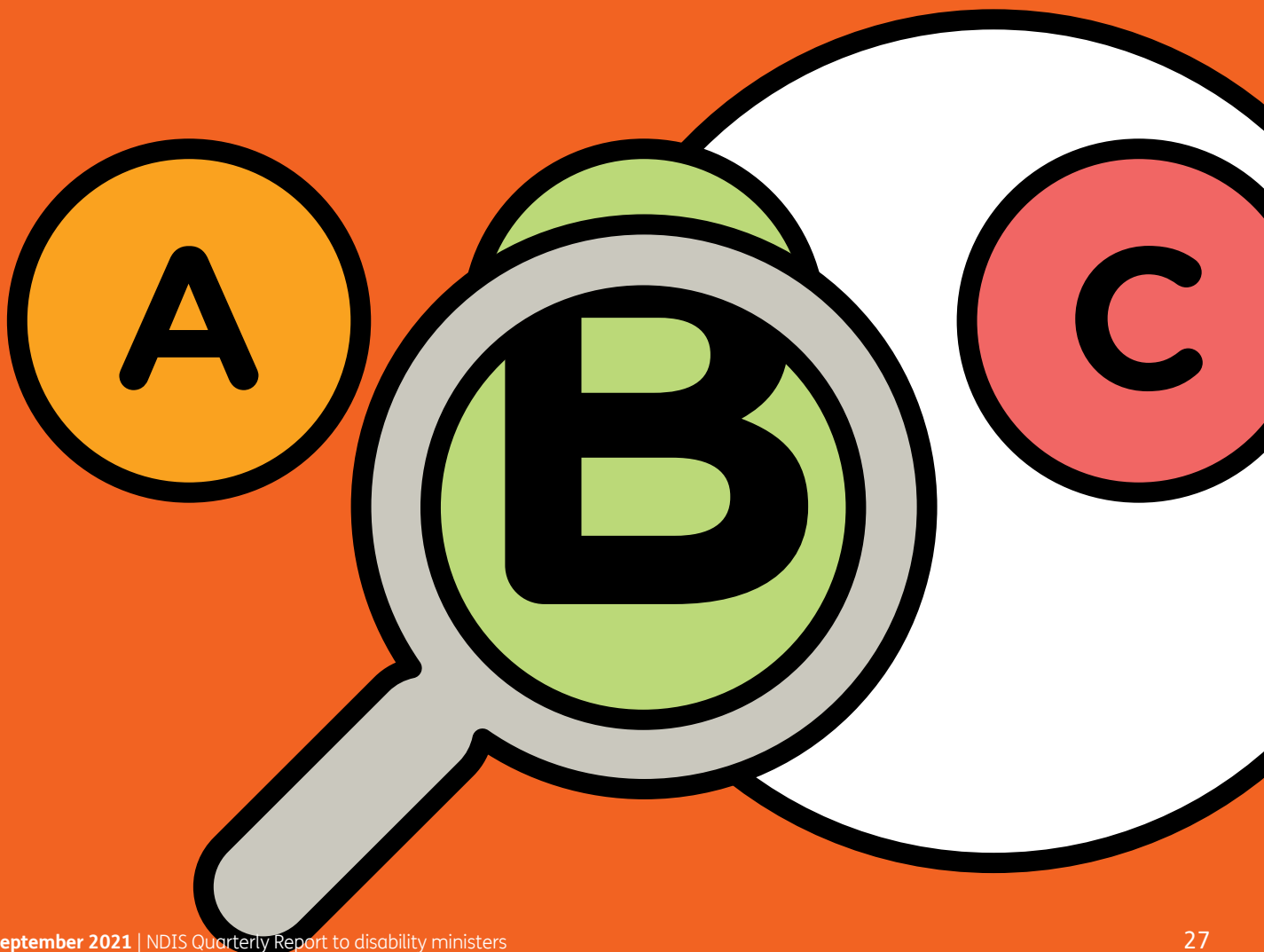
Alberto also found the confidence and structure to tick off another goal of living independently, and has a support worker who assists him with shopping and cleaning, and an occupational therapist who assists with meal support and budgeting.

Transferring his skills to his daily living, Alberto travelled to Sydney independently last year to compete on Channel 7's Ultimate Tag, which gave him the confidence to travel to Tokyo by himself to compete in the Paralympics.

Before the NDIS, Alberto hadn't found his full confidence, but everything has changed for him now, not only through his focus and increased independence, but also in becoming a Paralympian.

2

Participant experience and outcomes



2

Participant experience and outcomes

Some outcomes continue to improve the longer participants are in the Scheme, but there is still more to do around important areas such as employment.

2.1 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 is 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 entered²⁵. Specifically:

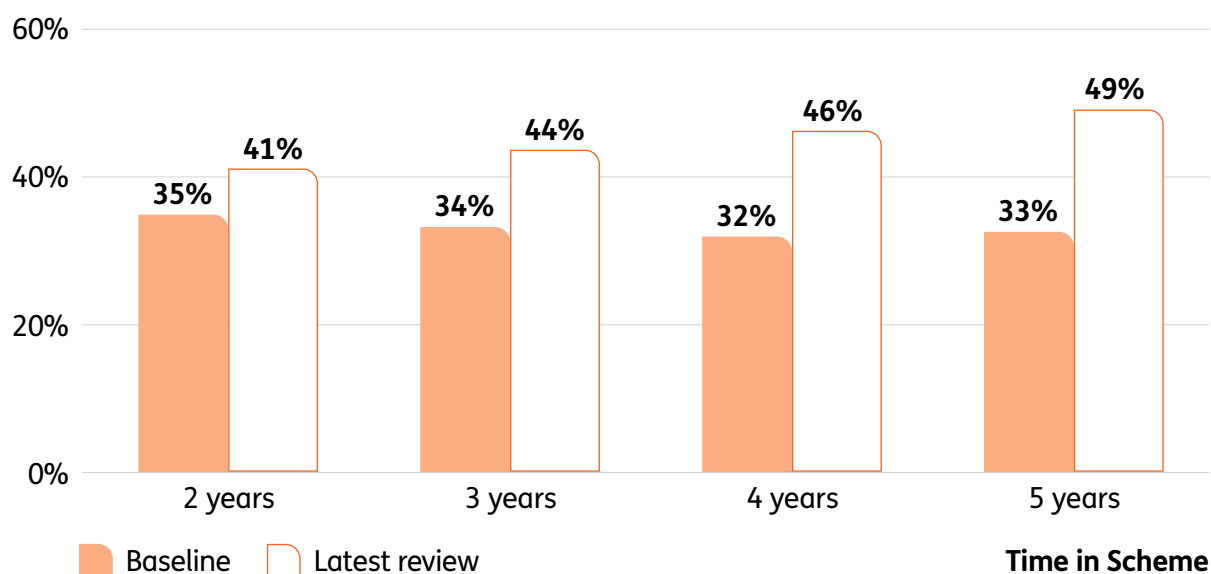
- **nine** percentage increase from **34%** to **43%** for participants aged 15–24 years.
- **eight** percentage increase from **37%** to **45%** for participants aged 25+ years.
- **nine** percentage increase from **36%** to **45%** for participants aged 15+ years.

In addition, the percentage increase in participation in community and social activities for participants aged 15–24 years has improved the longer participants have been in the Scheme. For participants in the Scheme for two years, the increase was 35 per cent to 41 per cent, compared with participants who have been in the Scheme for five years, where the increase was 33 per cent to 49 per cent.

²⁵ 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.

Figure 9: Percentage increase in participation in community and social activities for participants who have been in the Scheme for 2, 3, 4 or 5 years

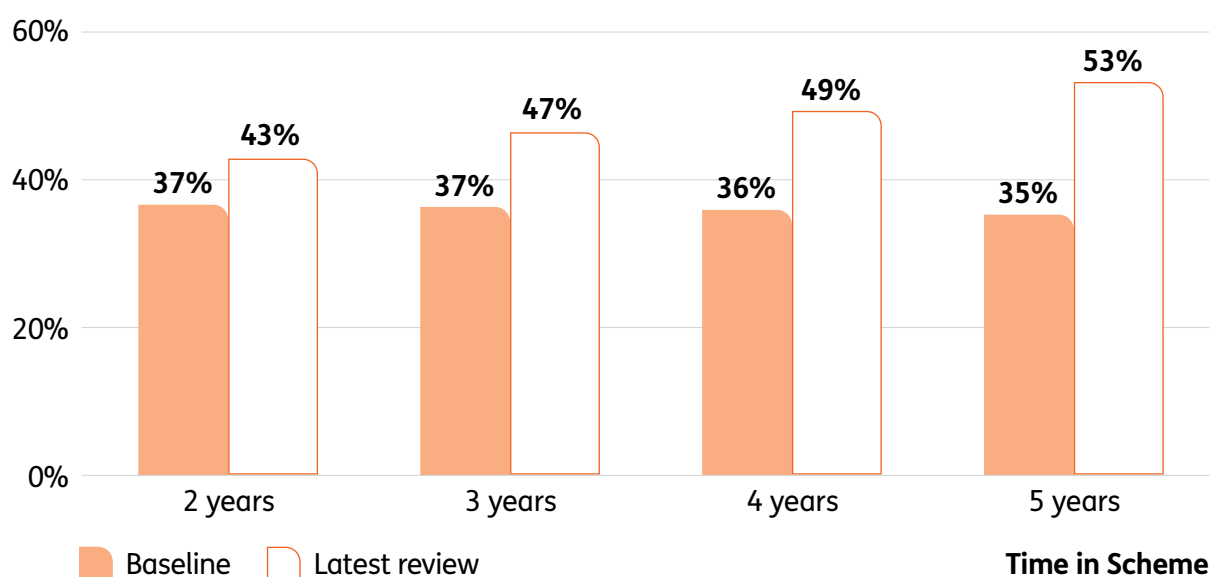
Participants aged 15-24 years



Further, the percentage increase in participation in community and social activities for participants aged 25+ years has improved the longer participants have been in the Scheme. For participants in the Scheme for two years, the increase was 37 per cent to 43 per cent, compared with participants who have been in the Scheme for five years, where the increase was 35 per cent to 53 per cent.

Figure 10: Percentage increase in participation in community and social activities for participants who have been in the Scheme for 2, 3, 4 or 5 years

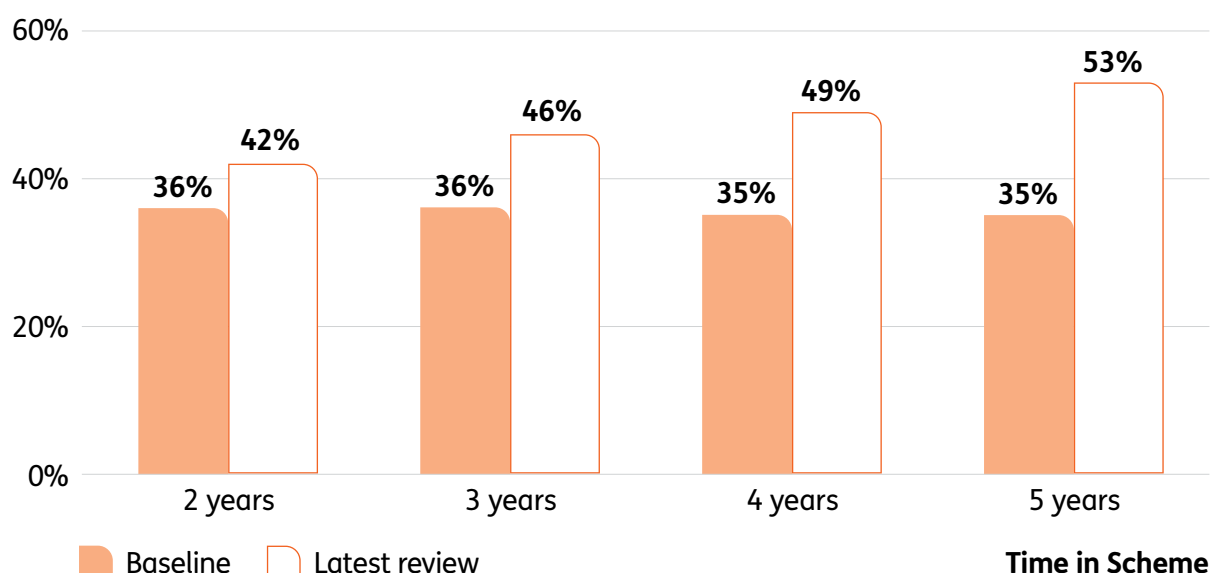
Participants aged 25 and over



Combining both age groups, the increase for participants who have been in the Scheme for two years was six percentage points (from 36 per cent to 42 per cent), and the increase for participants who have been in the Scheme for five years is 18 percentage points (from 35 per cent to 53 per cent).

Figure 11: Percentage increase in participation in community and social activities for participants who have been in the Scheme for 2, 3, 4 or 5 years

Participants aged 15 and over



Participation in work

The overall rate of participation in work for those in the Scheme continues to be relatively stable although it differs by cohort and age group. However, for those who have been in the Scheme for at least two years there have only been marginal increases in employment. Specifically:

- **nine** percentage increase from **12%** to **21%** for participants aged 15-24 years.²⁶
- **one** percentage decrease from **24%** to **23%** for participants aged 25+ years, which is concerning
- **no** change from **22%** for participants aged 15+ years.

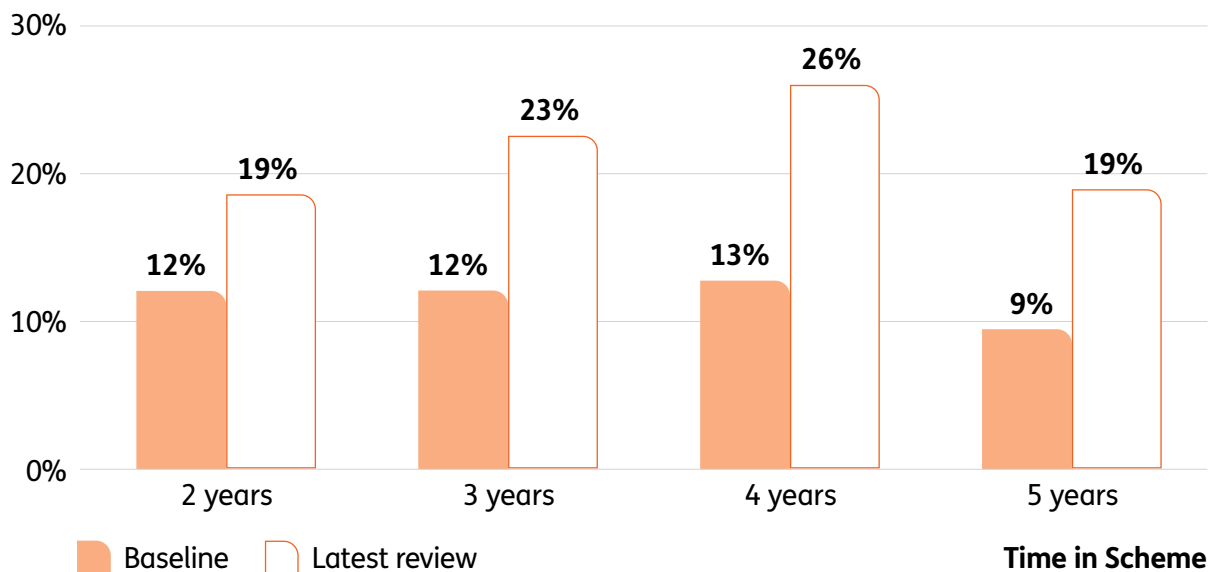
The percentage increase in participation in work for participants aged 15-24 years has improved the longer participants have been in the Scheme. For participants in the Scheme for two years, the increase was 12 per cent to 19 per cent, compared with participants who have been in the Scheme for four years, where the increase was 13 per cent to 26 per cent.

Participants who have been in the Scheme for five years have also increased by 10 percentage points, noting the lower starting point for this cohort.

²⁶ 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.

Figure 12: Percentage increase in work for participants who have been in the Scheme for 2, 3, 4 or 5 years

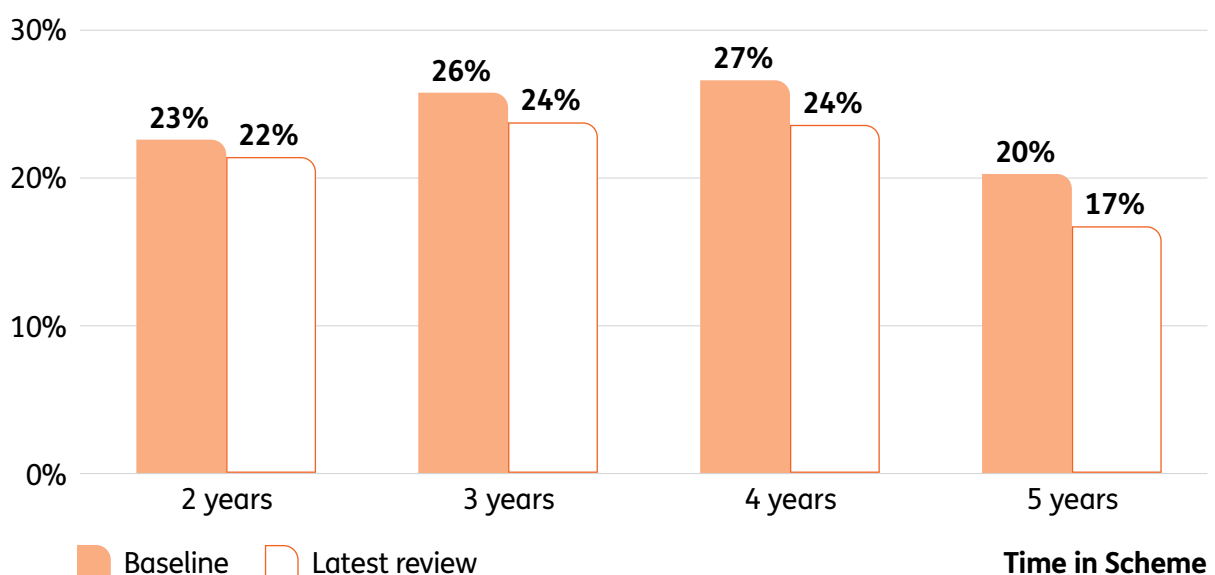
Participants aged 15-24 years



On the other hand, the percentage in work for participants aged 25+ years has decreased for most durations by 1-3 percentage points. For participants in the Scheme for two years, the decrease was 23 per cent to 22 per cent, compared with participants who have been in the Scheme for five years, where the decrease was 20 per cent to 17 per cent.

Figure 13: Percentage increase in work for participants who have been in the Scheme for 2, 3, 4 or 5 years

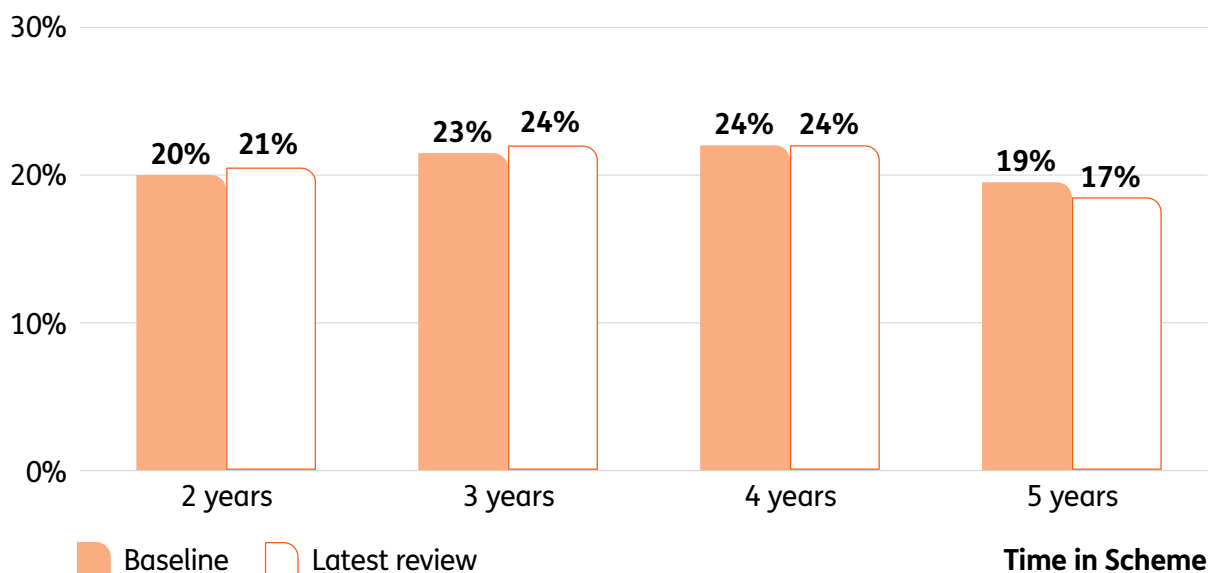
Participants aged 25 and over



Combining both age groups, the increase for participants who have been in the Scheme for two years was one percentage point (from 20 per cent to 21 per cent). There has been a decrease for participants who have been in the Scheme for five years decrease by 2 percentage points (from 19 per cent to 17 per cent).

Figure 14: Percentage increase in work for participants who have been in the Scheme for 2, 3, 4 or 5 years

Participants aged 15 and over



NDIS Participant Employment Strategy

The NDIA is implementing the NDIS Participant Employment Strategy's Revised Action Plan for 2021-22, which aims to see 30 per cent of working age participants in employment by June 2023. The economic impact of the COVID-19 pandemic is making increases in employment outcomes difficult to achieve. Despite this, the employment rate of NDIS participants has remained stable at 22 per cent.

In addition, the Agency is making significant progress in implementing measures critical to the success of the Participant Employment Strategy through:

- Facilitating the smooth transition of Australian Disability Enterprises (ADEs) to the revised pricing framework. The new Supports in Employment pricing model gives participants greater choice and control over where they work and how they are supported on the job. ADE providers have until 31 December 2021 to transfer to the new pricing and, as of July 2021, 80% had done so.
- Working with National Disability Services (NDS) and the Department of Social Services (DSS) to develop sector-led communities of practice. The communities of practice will assist providers to be informed about research findings relevant to achieving employment outcomes, solve problems, share good practices and adopt service innovation demonstrated by Australian and international employment providers. They will also promote partnerships between NDIS service providers, training providers, local employers and industrial associations; all directed at increasing employment opportunities for NDIS participants.

- Strengthening the pathway from school to paid employment starting with a review of NDIS-funded school-leaver employment supports. The review is focusing on the pricing structure and a more effective interface between NDIS school-to-work supports and mainstream services. Most importantly, it is examining how best to foster a competitive and consumer-driven market informed by evidence that achieves employment outcomes. A significant aspect of the review is a survey of participants who received school leaver employment funding in the years 2018 and 2019 to ensure learning from their first-hand experience. This will provide a revitalised employment preparation model for young participants in 2022.

As one means of promoting employment of people with disability, the Agency will use its purchasing power to influence suppliers. NDIA procurement contracts with Partner organisations are being reviewed as they come up for renewal to increase targets for the employment of people with disability.

Our guidance and resources are being updated to assist Local Area Coordinators and NDIA planning staff promote employment options for participants to consider when developing their NDIS plans, and to ensure that the supports funded in plans accurately reflect participants' employment goals. An Australia-wide National Employment Network of NDIA staff and Partners is being established to heighten awareness of the importance and the health benefits of work and to strengthen our understanding of NDIS-funded and mainstream employment supports.

During the quarter the NDIA released two reports that contain comprehensive research on supporting people with a disability in work.

The Employment Outcomes report²⁷ identifies the enabling factors and challenges for people with all types of disability, based on participant surveys.

The research study²⁸ is part of a broader employment research project, incorporating interviews with participants and focus groups, and a survey with NDIS frontline staff. It is specific to participants with Intellectual Disability, Autism and Psychosocial Disability.

The outcomes report and the research study together provide a more comprehensive picture of what works to help participants find and keep meaningful employment as well as to understand the barriers they face.

The NDIA released the Participant Employment Strategy²⁹ in 2019 which sets out its vision, commitment and plan for supporting participants to find and keep meaningful employment. The findings of these two reports are informing the Agency's targeted approach to delivering the Strategy in 2021-2022. This includes developing useful resources for participants and staff, which can help them have conversations about finding and keeping a job and the types of support that can assist.

²⁷ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/employment-outcomes-participants-their-families-and-carers>

²⁸ <https://www.ndis.gov.au/exploring-participant-experiences-achieving-sense-purpose>

²⁹ <https://www.ndis.gov.au/about-us/strategies/participant-employment-strategy>

2.2 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 30 September 2021, for participants who have been in the Scheme for at least two years³⁰, 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.
- **95%** felt the NDIS improved their child’s access to specialist services at their latest plan review, compared to **91%** at their first review.

For children starting school to 14 years:

- **71%** 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 **60%** at their first review.
- **58%** 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 **49%** at their first review.

For young adults aged 15 to 24 years:

- **48%** of participants felt that their involvement with the NDIS improved their health and wellbeing at their most recent plan review, compared to **43%** at their first review.
- **71%** of participants said the NDIS had helped them with daily living activities at their most recent plan review, compared to **60%** at their first review.

For adults aged 25 and over:

- **59%** of participants felt that their involvement with the NDIS improved their health and wellbeing at their most recent plan review, compared to **50%** 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.

³⁰ 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.

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 two years, include:

Figure 15: Has the NDIS improved how your child fits into community life?

For children aged 0 to before starting school

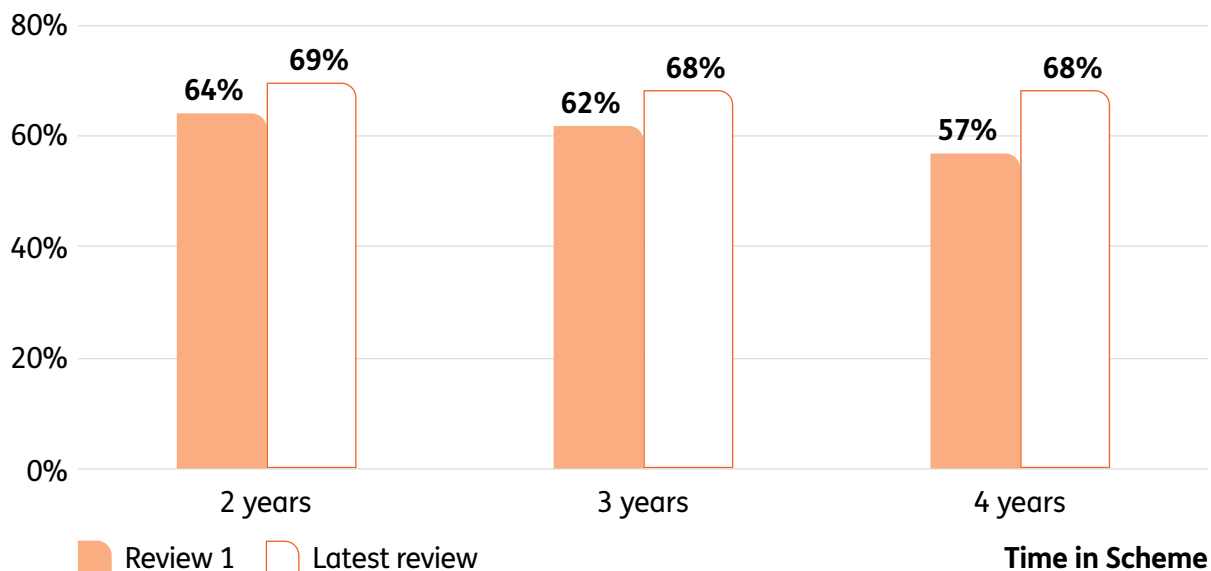


Figure 16: Has the NDIS helped your child become more independent?

For children starting school to 14 years

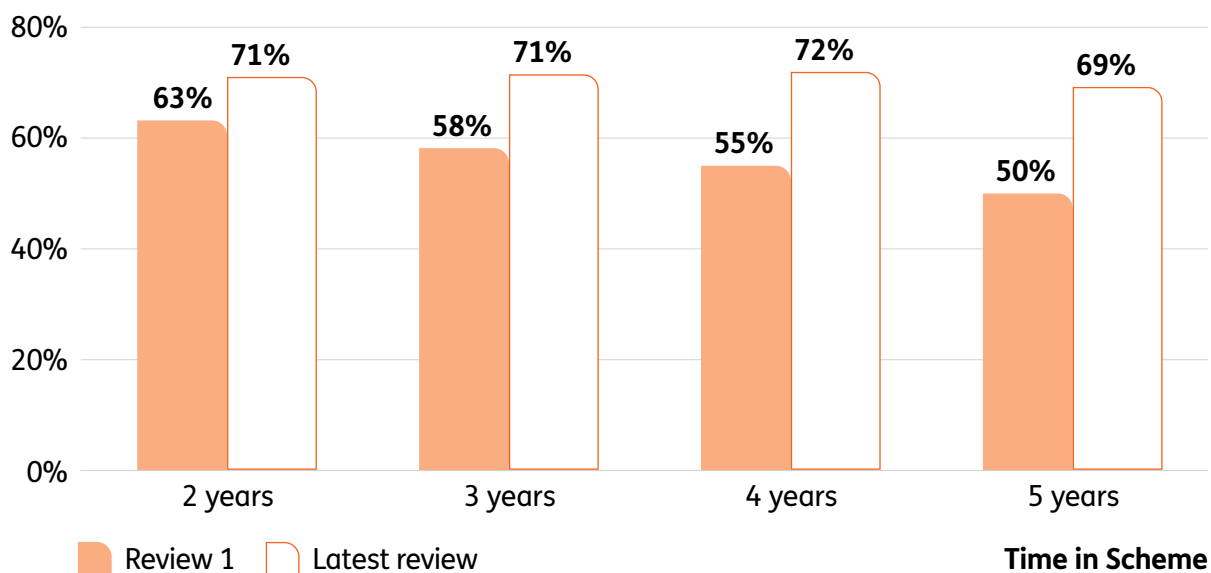
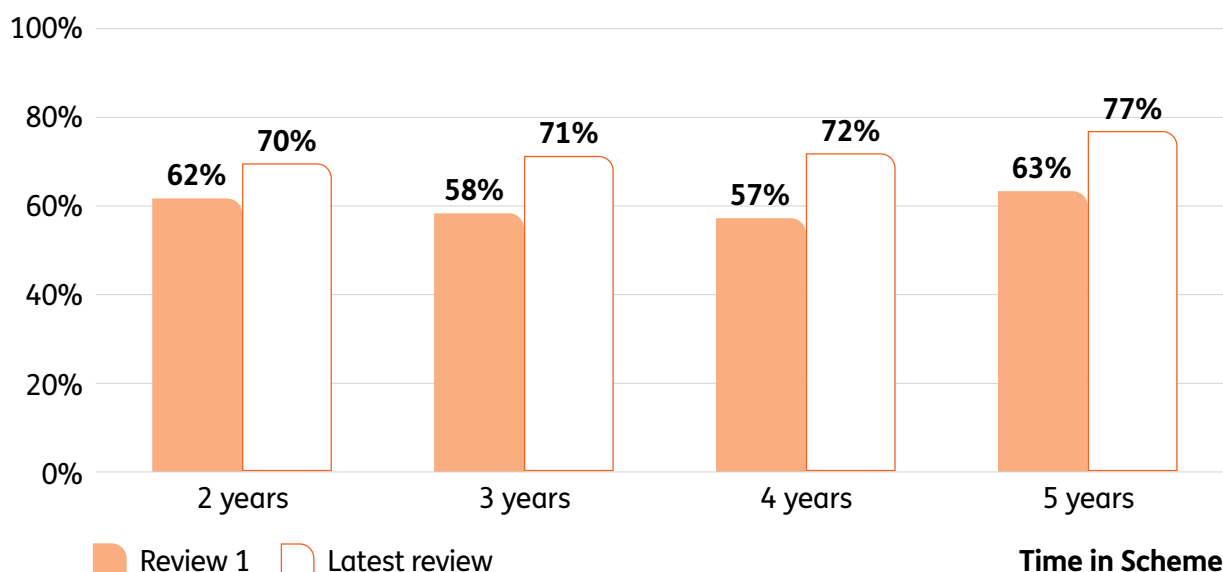
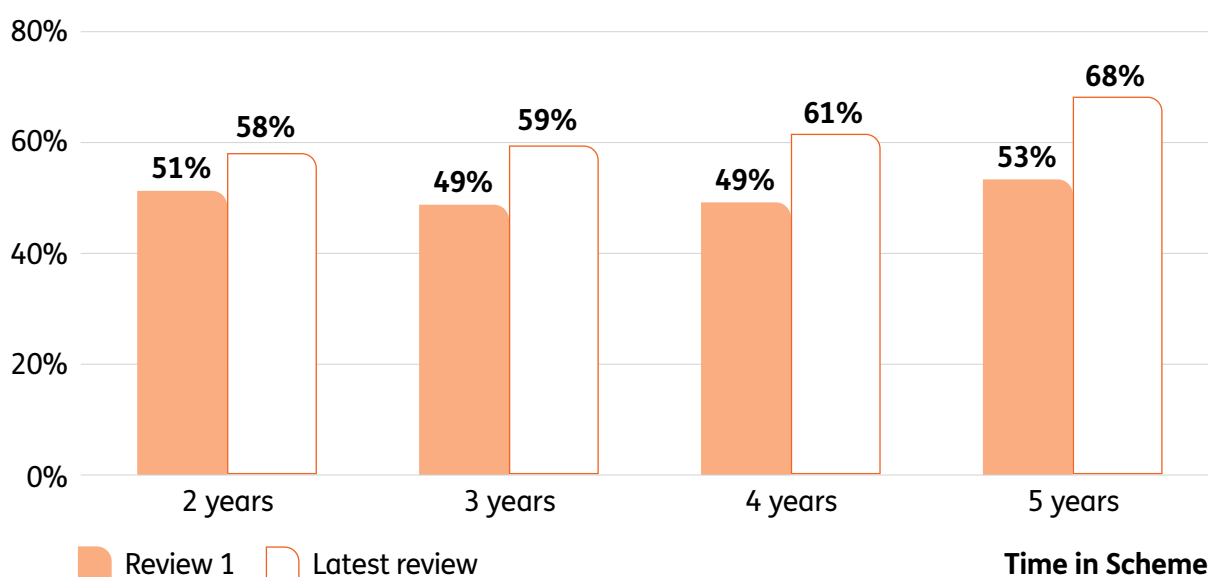


Figure 17: Has the NDIS helped you with daily living activities?**For young adults aged 15 to 24****Figure 18: Has your involvement with the NDIS improved your health and wellbeing?****For adults aged 25 and over**

While the above results are encouraging, the analysis also indicates that there are areas where outcomes could be improved. For example, after at least two years in the Scheme, only 16 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 18 per cent at their first plan review. Similarly for participants aged 25 and over, after at least two years in the Scheme, only 18 per cent agreed that being in the NDIS had helped them find a suitable job, compared to 19 per cent at their first plan review. The NDIA is actively working to improve participation in work, as discussed earlier in this section.

2.3 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. The September 2021 quarter results are comparable with the December 2020, the March 2021 and June 2021 quarter results, and assist in understanding change over time.

Also, in line with the Tune review, the NDIA worked with the IAC to build on this survey to develop a more comprehensive picture of participant satisfaction. This included input regarding the current approach, and suggested improvements to current questions.

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 September 2021 quarter, 84 per cent of participants rated the Planning process as either good or very good, with a further 10 per cent rating the experience as neutral. Seventy-five (75) per cent of the participants in the quarter rated the Access process as either good or very good, 76 per cent rated the Pre-Planning process as either good or very good, and 70 per cent of participants rated the plan Review process as either good or very good. These results are based on 1,219 surveys at Access, 912 at Pre-Planning, 4,679 at Planning and 11,599 at Review, which is 18,409 in total. The sample size for the last four quarters 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.

The NDIA has acknowledged that satisfaction with the Review process has declined in recent quarters, from 76 per cent in the December 2020 quarter, to 70 per cent in the current quarter. Work is underway to understand the reasons for the decline with a focus on improving the Review process to enhance participant satisfaction. Further, in understanding the reasons for the decline in satisfaction, changes in plan budgets are being examined.³¹

³¹ Section 5 of the report includes data on changes in plan budgets over time.

Figure 19: Rating of experience with the NDIS (1 July 2021 to 30 September 2021)

Overall, how was your experience with:

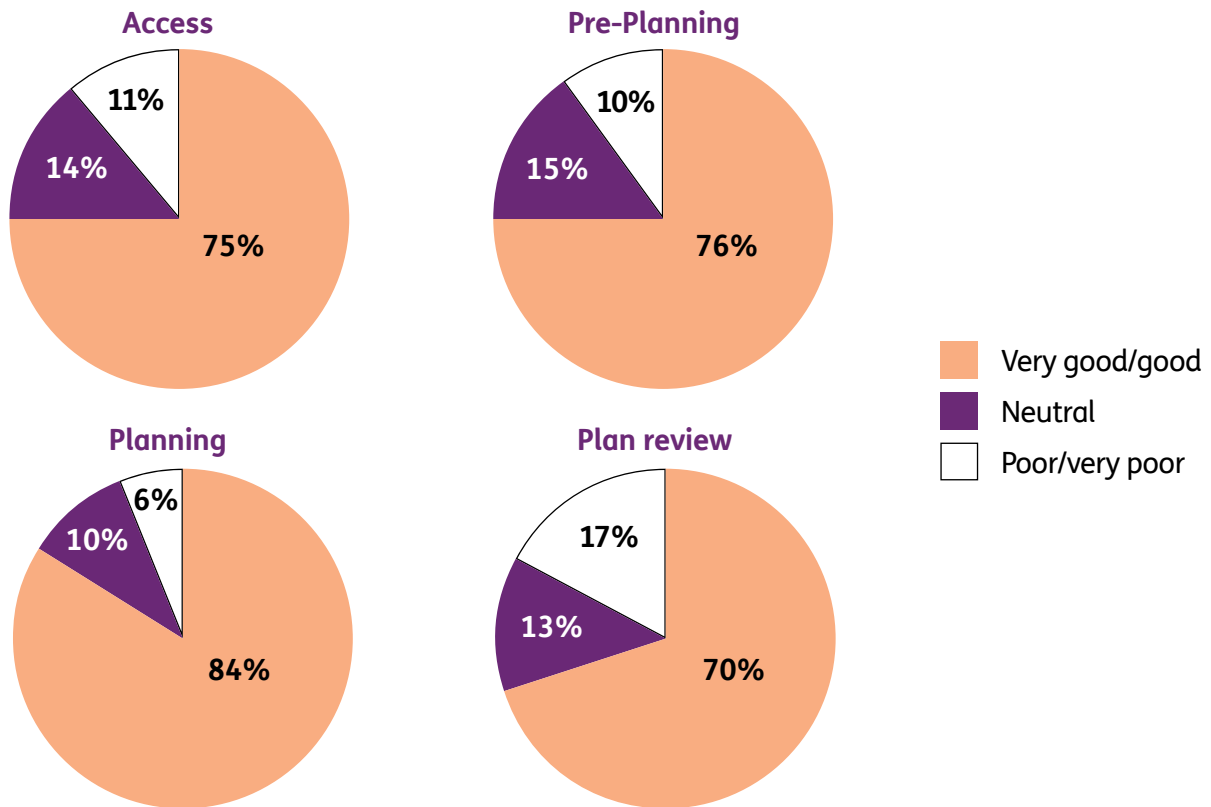
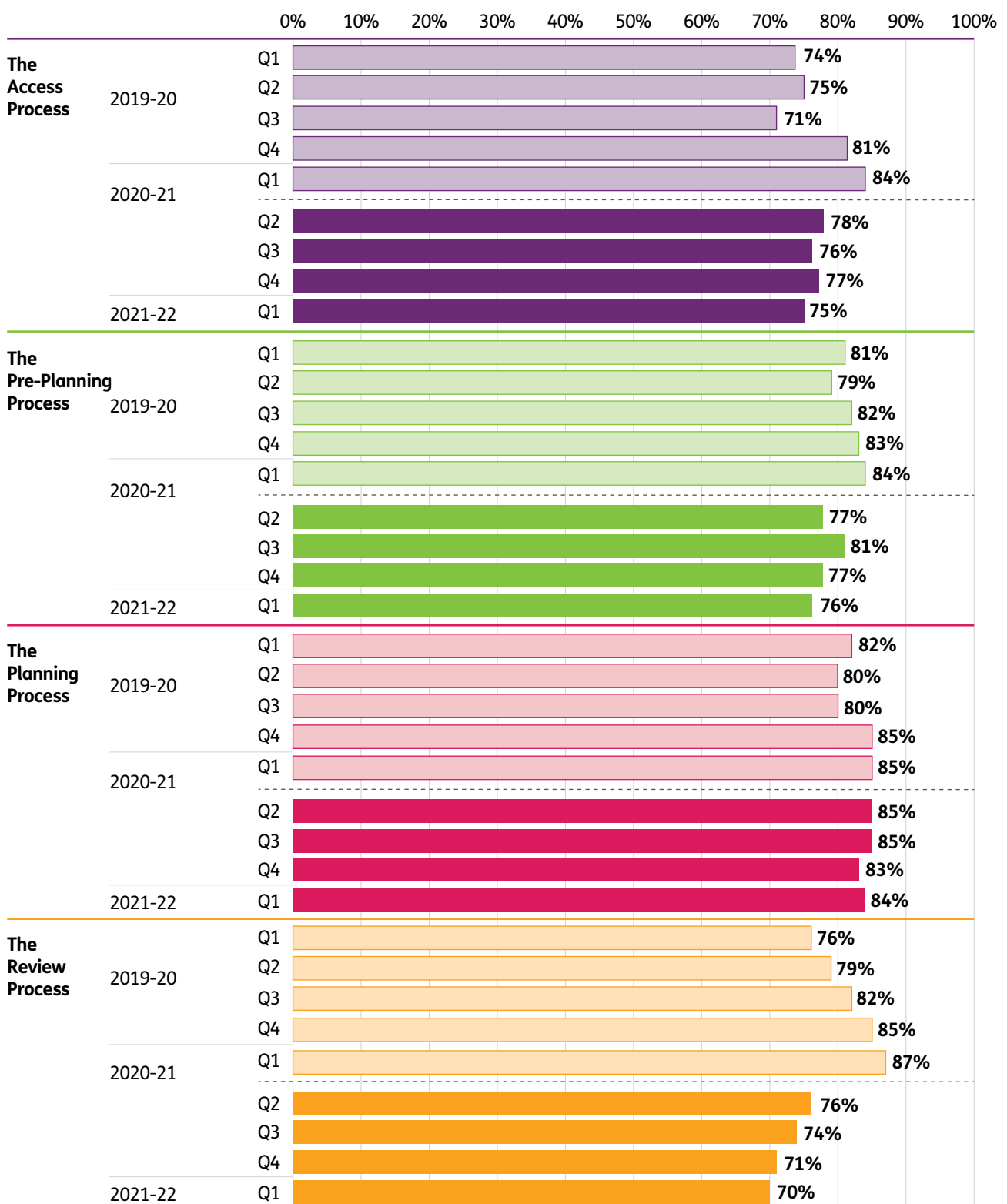


Figure 20: Trend of satisfaction across the pathway (% Very good/good)³²


³² Participant satisfaction results for prior quarters have been restated using data as at 30 September 2021 due to retrospective changes in the underlying data. These changes mainly arise from lags in data collection.

Figure 21: Satisfaction across the four stages of the pathway

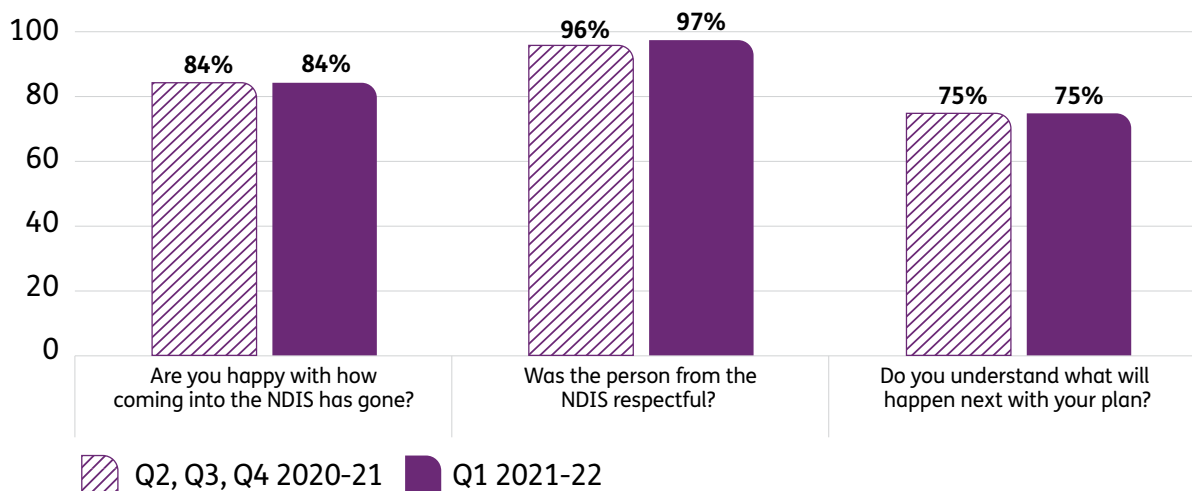
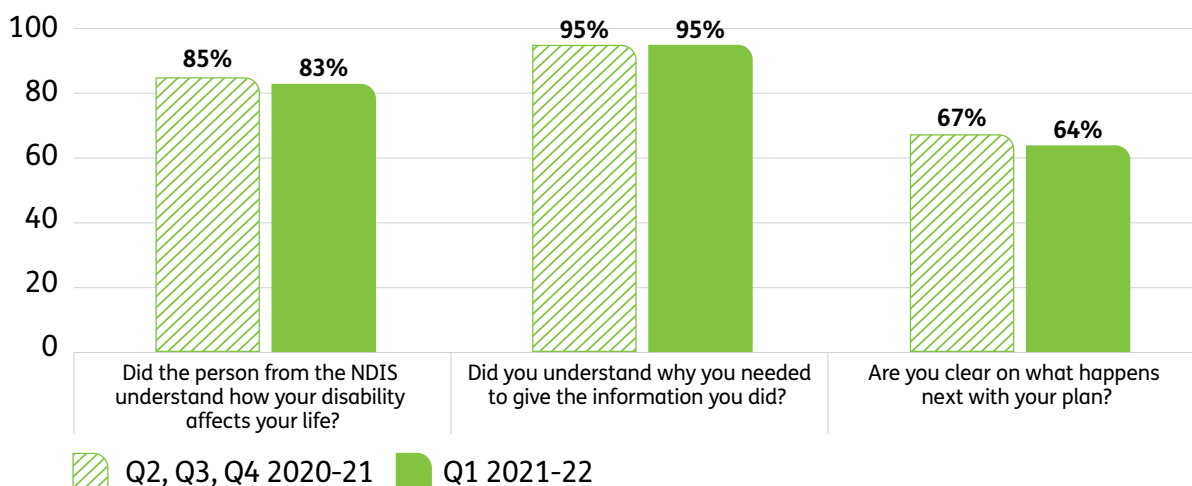
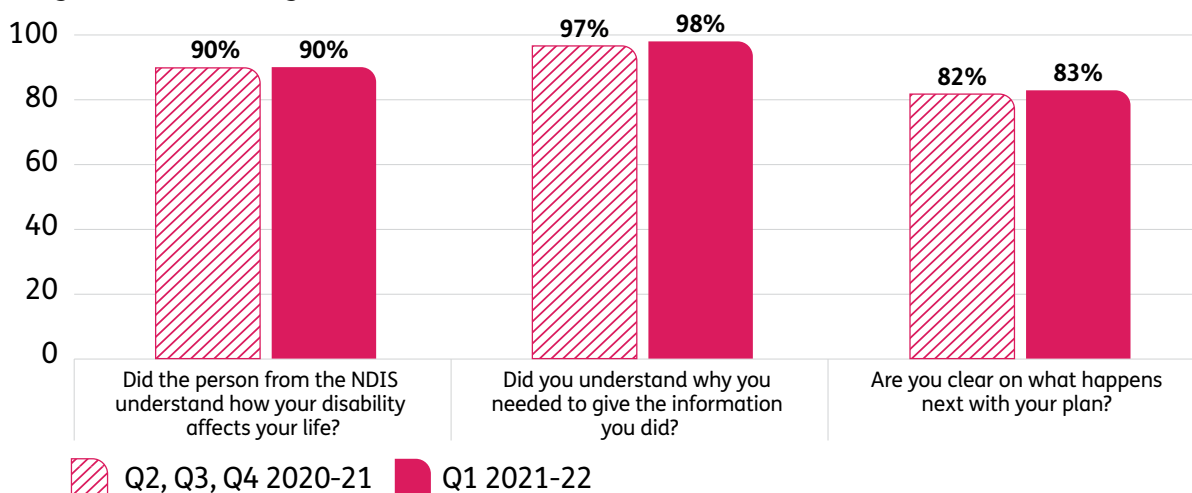
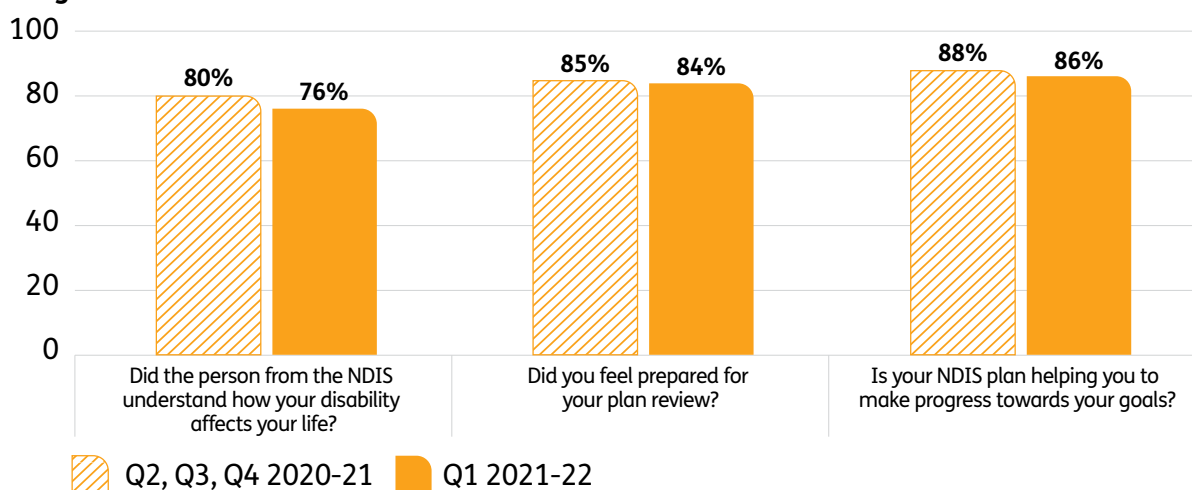
Stage One: Access**Stage Two: Pre-Planning****Stage Three: Planning**

Figure 21: 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 Q1 2021-22, 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, 83 per cent were clear on what happens next with their plan (1 percentage point higher than for prior quarters), lower than the 88-98 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.

2.4 The NDIS Contact Centre

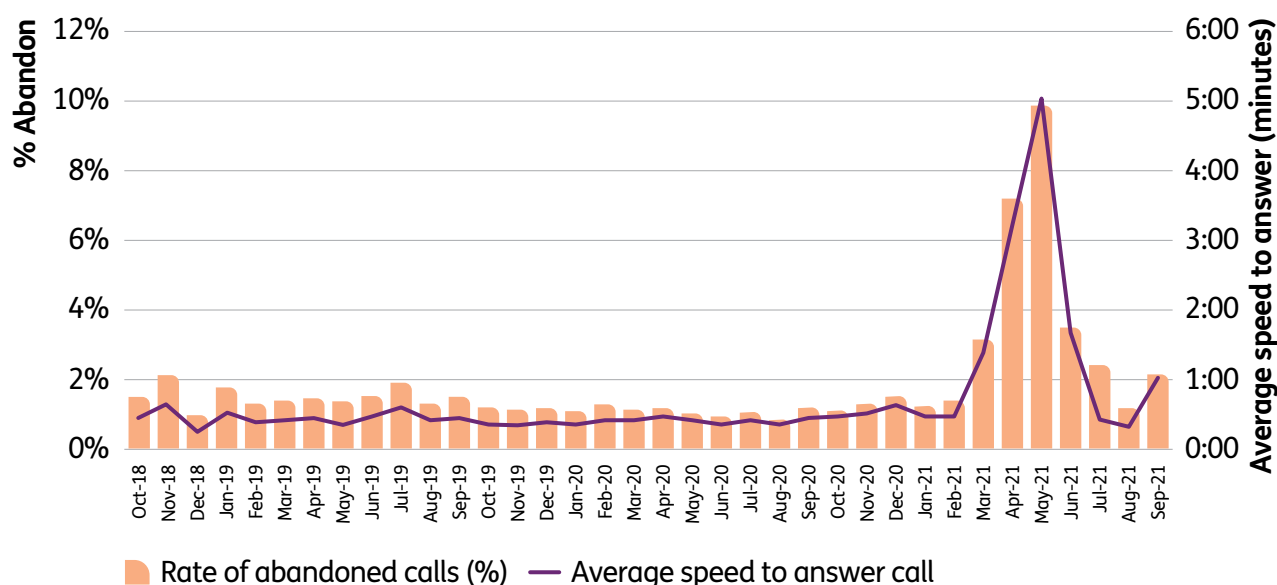
Performance remained high in the NDIS contact centre through the year.

The NDIA National Contact Centre (NCC) provides personal and high quality services and information about the NDIS for people with disability, their family and carers, and service providers. Serco Citizen Services (Serco) have been delivering the NCC service since June 2018.

Under the contract with Serco, services are delivered for the NDIA according to an agreed performance framework. The performance framework includes a grade of service of 80 per cent of calls answered within 60 seconds and email enquiries progressed within two business days. Across the July to September 2021 quarter, the NCC answered approximately 312,000 calls, with 79 per cent of these calls answered within 60 seconds. An average speed of answer of 46 seconds was achieved across this period.

Reduced staffing levels as the job market rebounded after COVID-19 impacts were highlighted as a key impact to NCC performance results across March to June 2021. Significant recruitment and on boarding of new NCC staff was completed across May and June 2021, leading to sustained performance improvement across July to September 2021. It was pleasing to see customer experience ratings remaining consistently strong, with approximately 83 per cent of post call survey respondents scoring their experience with the NCC as 'High' or 'Very High' throughout the quarter.

Figure 22: Telephony performance since transition to Serco as the Contact Centre service provider





How the little things help Matthew live big

Living with COVID-19 restrictions is different for everyone. For Debbie, she wasn't sure the impact these restrictions would have on her son **Matthew**. Debbie is one of the primary carers for Matthew, and she is also one of the 2.65 million carers in Australia providing unpaid support.

Matthew, 33, has non-verbal Down syndrome and receives support from the NDIS which funds supports like occupational therapy, speech therapy, day programs and personal assistance. Debbie says her son has been 'soaring' since becoming an NDIS participant.

"Matthew loves life just like anyone else. He loves seeing and doing new things, he just communicates and understands things differently," Debbie said.

"At first, Matthew struggled and COVID did have an impact on him because he's so sociable. His occupational therapy, speech therapy and day programs are currently delivered on Zoom.

"But over time I could see the COVID restrictions have helped Matthew in a way. He's thriving with more one-on-one opportunities at the moment. He's also learned how to deal with change and I've noticed he's got more of an active interest in trying new things.

"Before the NDIS, Matthew had very little support so my family and I took on more tasks as his carers. Now, his NDIS supports are tailored to him and he's learning how to be the best version of himself.

"Using the NDIS, Matthew is learning how to be more independent, how to take care of himself and he's grown so much confidence," Debbie said.

"Watching Matthew's progress has filled my heart with so much love, and I feel proud every day."

3

Participant Service Guarantee and Participant Service Improvement Plan



3

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**.

The Participant Service Improvement Plan is being updated to reflect the decision of disability ministers not to go ahead with independent assessments.

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

3.1 Participant Service Improvement Plan (SIP)

Progress is being made against the Participant SIP deliverables.

This NDIA's 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.

The **Participant Service Charter** is based on five principles for engagement with participants.

Engagement Principle	What you can expect
Transparent	We will make it easy to access and understand our information and decisions.
Responsive	We will respond to individual needs and circumstances.
Respectful	We will recognise your individual experience and acknowledge you are an expert in your own life.
Empowering	We will make it easy to access information and be supported by the NDIS to lead your life.
Connected	We will support you to access the services and supports you need.

The tables in this section outline the activities underway as part of the Participant Service Improvement Plan. These activities are aligned to each of the 'what you can expect' statements in the Participant Service Charter. Whilst the list is not exhaustive, the NDIA is continually looking for opportunities to improve our participant service in line with the Engagement Principles.

Highlights for this quarter include:

SIP Commitment	What have we delivered?
We will give you more support for using your plan, for finding both disability services and mainstream supports	In conjunction with the 'Participant check in' process we have improved the time taken for participants to meet with their Partner in the Community or NDIA Planner after their plan is approved. A plan implementation meeting is offered within 14 days of plan approval; these meetings assist in connecting participants to supports required, as well as helping them to understand and use their plan.
Our front-line teams will have improved cultural and disability awareness	The NDIA developed training packages and tools to support work across a range of disability cohorts, CALD and Aboriginal and Torres Strait Islander communities. Training programmes were released to staff throughout 2020-21 to improve cultural and disability awareness of front-line staff.

Service Improvement Plan (SIP) – Commitments and Progress

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.

Communicating with us

The NDIA systems have been updated so participants have a current contact name recorded for all interactions with the NDIA.

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

SIP Commitment	Expected completion
The NDIS Contact Centre will give you more helpful and consistent information	✓
We will put the name of a real 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	Jun 22
You will be able to track where your application or inquiry is up to online	Jun 22
The website and portal will be clearer and easier to use	Sep 23

Getting information from us

The launch of the Participant Information Access (PIA) on 1 July 2020 has made it easier for participants to access their information.

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

SIP Commitment	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	✓
We will be clearer on what reasonable and necessary supports means, with case studies and examples	Mar 22
Our decision letters will have reasons for why we have decided something in plain English	Jun 22
We will have better guidelines and procedures so there is consistency in how we make decisions; and we will make more of these public	Jun 22
Our guidelines will come with plain English descriptions and more examples	Jun 22
Our documents will use consistent terms and definitions with less jargon	Jun 22

Gaining access to the NDIS

Work is underway to design how access requests will be integrated into the NDIA's new ICT system. This is part of a broader program of works due for completion in 2022.

SIP Commitment	Expected completion
You will be able to apply to the NDIS in the way you want, including using an online access request form	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 continuing to support participants in the way that they choose to interact with us, including continuing face-to-face meetings where that is a participant's preference. Further work will continue to embed these processes along with the implementation of the NDIA's new ICT system.

SIP Commitment	Expected completion
We will support more video-conference planning meetings	Mar 23
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 ³³	Jun 22
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 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

³³ Noting face-to-face meetings with Local Area Coordinators can already be requested.

Using your plan

Participant plans are now enabled for up to three years, with simple and quick processes for making minor changes. We have implemented Participant Check-ins, particularly with participants considered vulnerable or at risk. Participant Check-ins will now continue as a standard business process.

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	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 check-in with you on how the plan is going, and whether an update or review is needed	✓
We will be clearer on what support coordination services we fund, and how it should be separate from other service providers	Jun 22
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 22
We will make it easier to self-manage your plan, with appropriate data sharing, support and controls in place; and to change easily between self and plan-managed	Jun 22

Payments from your plan

Enhancements to the NDIA's payments systems have made a significant improvement in timeliness of payments. Further work is in progress to deliver real time payments capability.

SIP Commitment	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 23
We will have new systems to make sure providers are paid promptly and accurately, so your support is not interrupted	Jun 23

Parts of your plan

Operational Guidelines for Assistive Technology and Home Modifications have been refreshed to expedite the process of assessing low, medium and high-risk assistive technology and requests for home modifications.

Rule changes have increased the flexibility in living options for participants who are eligible for SDA. A standard form (for all housing including SDA) is also available on the NDIS website.

SIP Commitment	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

Support for engaging with us

The NDIA is pro-actively checking in with participants as part of standard operations, particularly if the participant may be in a vulnerable situation

The NDIA developed training packages and tools to support work across a range of disability cohorts, CALD and Aboriginal and Torres Strait Islander communities. Training programmes were released to staff throughout 2020-21 to improve cultural and disability awareness of front-line staff.

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

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

SIP Commitment	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	✓
Our front-line teams will have improved cultural and disability awareness	✓
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 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 (including before they enter the Scheme)	Jun 22
We will improve the way we provide you support for independent decision-making	Dec 23

3.2 Participant Service Guarantee

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

Performance against the proposed service standards – September 2021

Legislation to implement the Participant Service Charter and Guarantee has not yet occurred. However, the NDIA has commenced measuring performance against the PSG metrics early where possible, and will expand this reporting in future quarters. While the NDIA is meeting some of the targets, it is recognised that there is still ongoing work to do to ensure all decisions are made on a timely basis for all participants.

Service type	Description of the service being guaranteed	Service Guarantee	Performance in the September 2021 quarter	Comparison to target of 95%
General	Explanation of a previous decision, after a request for explanation is received	28 days	99%	●
Access	Make an access decision, or request for more information, after an access request has been received	21 days	100%	●
Access	Allow sufficient time for prospective participants to provide information, after NDIA has requested further information	90 days	88%	▲
Access	Make an access decision, after the final information has been provided	14 days	98%	●
Planning	Commence facilitating the preparation of a plan, after an access decision has been made	21 days	85%	▲
Planning	Approve a participant's plan, after an access decision has been made	56 days	82%	■
Planning	Approve a plan for ECEI participants, after an access decision has been made.	90 days	88%	▲
Implementation	Offer to hold a plan implementation meeting, after the plan is approved	As soon as reasonably practical	Reporting will commence in the December 2021 quarter	
Implementation	If the participant accepts the offer, hold a plan implementation meeting	28 days	100%	●

● 95% and over ▲ 85%-95% ■ Less than 85%

Service type	Description of the service being guaranteed	Service Guarantee	Performance in the September 2021 quarter	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 December 2021 quarter	
Plan review	Commence facilitating a scheduled plan review, prior to the scheduled review date	56 days	32%*	■
Plan review	Decide whether to undertake a participant requested plan review, after the request is received	21 days	84%	■
Plan review	Complete a participant requested review, after the decision to accept the request is made	28 days	58%	■
Plan variations	Vary a plan, after the receipt of information that triggers the plan amendment process	28 days	93%	▲
Plan variations	Vary a plan, after receipt of information relating to a complex quote that triggers a plan amendment process	50 days	93%	▲
Plan variations	Provide a copy of the plan to a participant, after the plan is amended	7 days	Reporting will commence in the December 2021 quarter	
Reviewable decisions	Complete an internal review of a reviewable decision, after a request is received	60 days	89%	▲
Reviewable decisions	Implement an AAT decision to vary a plan, after receiving notification of the AAT decision	28 days	90%	▲
Nominee	Cancel participant requested nominee	14 days	98%	●
Nominee	Cancel CEO initiated nominee	14 days	94%	▲

* Note: Plans are extended automatically so participants receive continuity of support. That is, participants do not stop receiving supports.

● 95% and over ▲ 85%-95% ■ Less than 85%

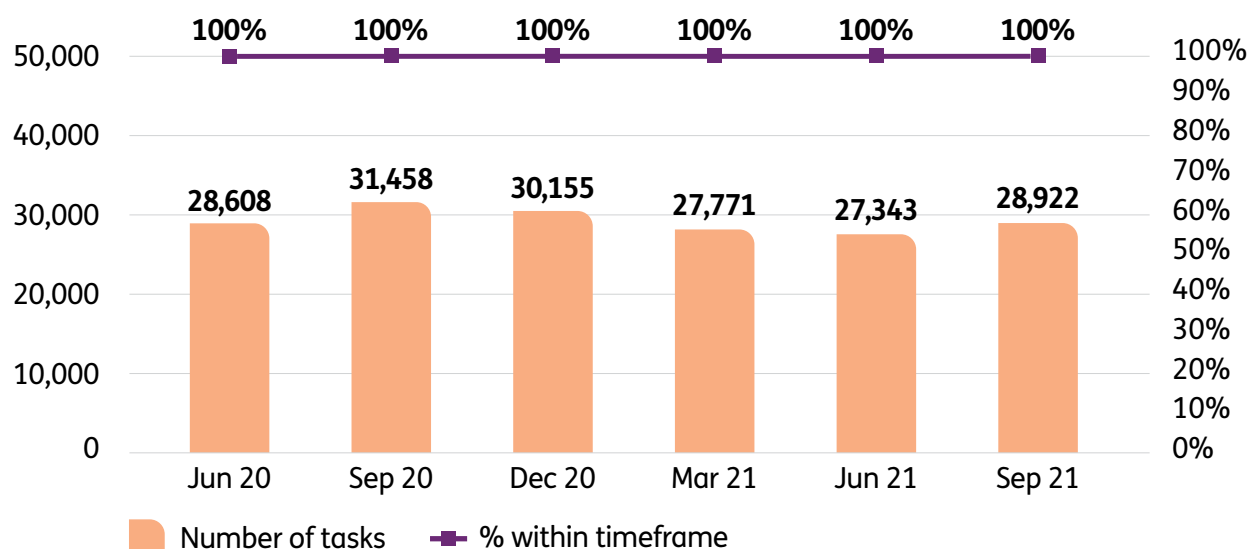
Key trends in PSG metrics

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

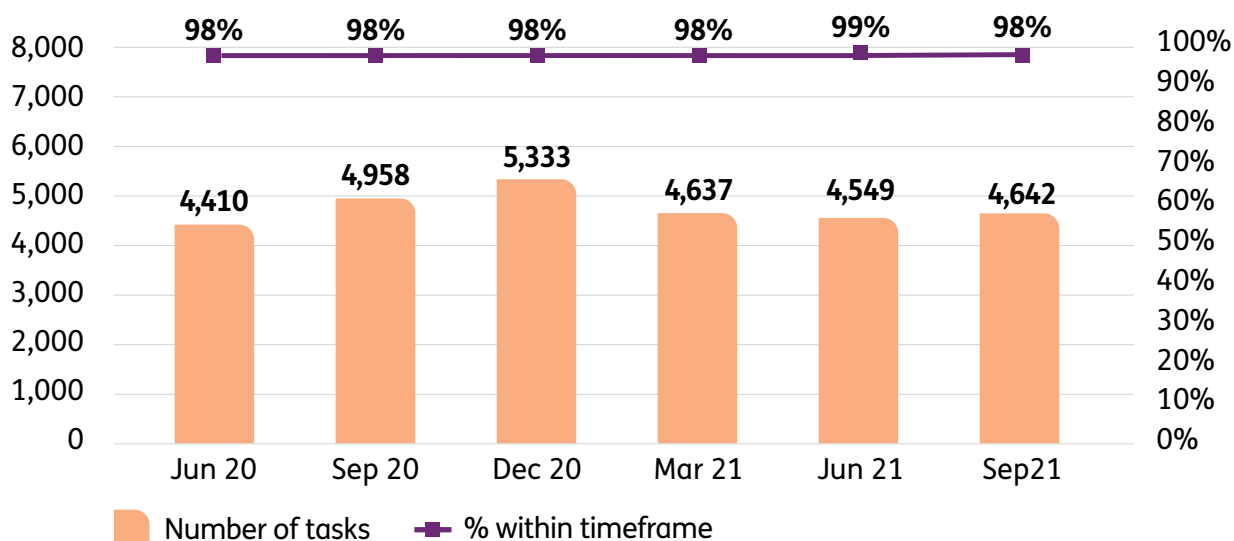
The NDIA has consistently met the 21 day timeframe in respect of access decisions over the last six quarters, which is a big improvement compared to 2019.

Figure 23: 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 2019, where only 63 per cent of decisions were made within the timeframe.

Figure 24 Make an access decision, after the final information has been provided



Planning

Plan approval timeframes for participants aged 0-6 have improved over the last few quarters, with 88 per cent approved within the timeframe of 90 days in the September 2021 quarter. The target 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 (82 per cent). However, based on the 70 day timeframe, service levels have remained high and stable.

Figure 25: Commence facilitating the preparation of a plan, after an access decision has been made³⁴

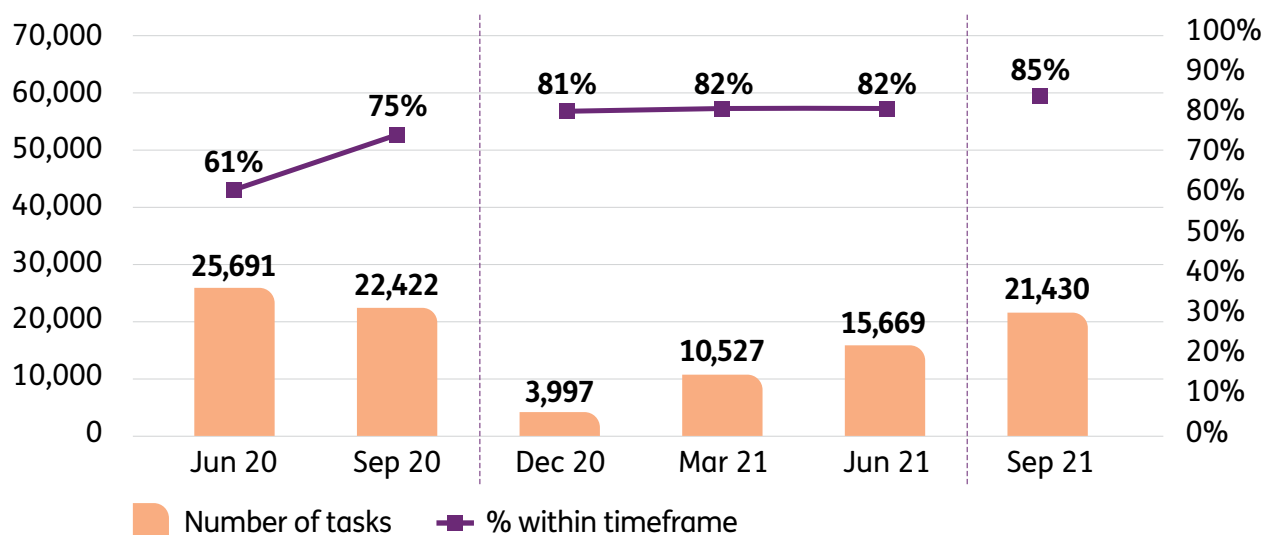
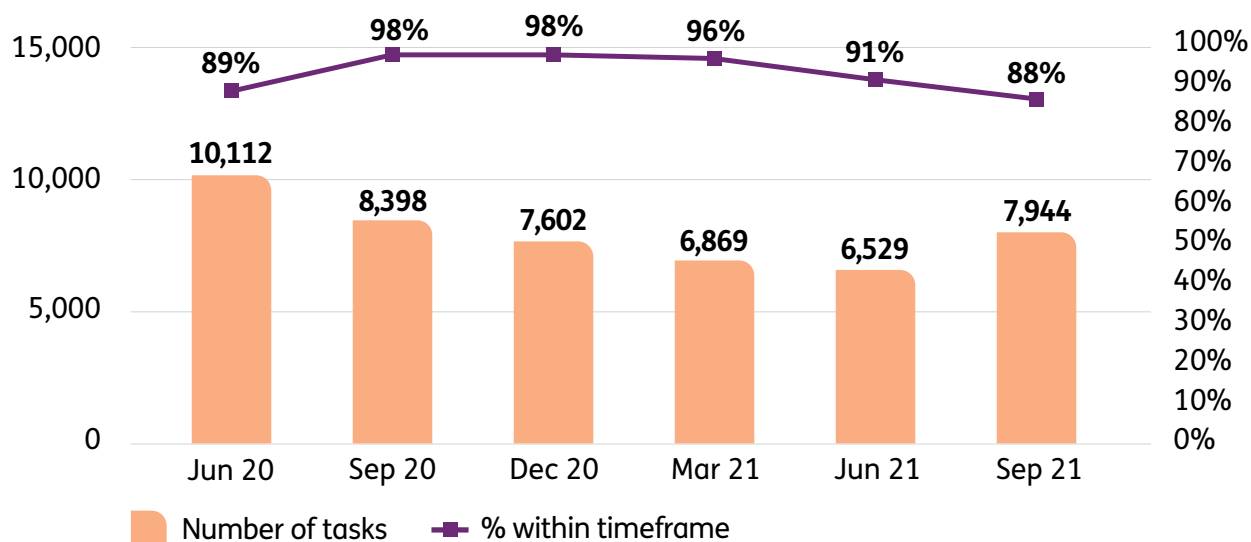
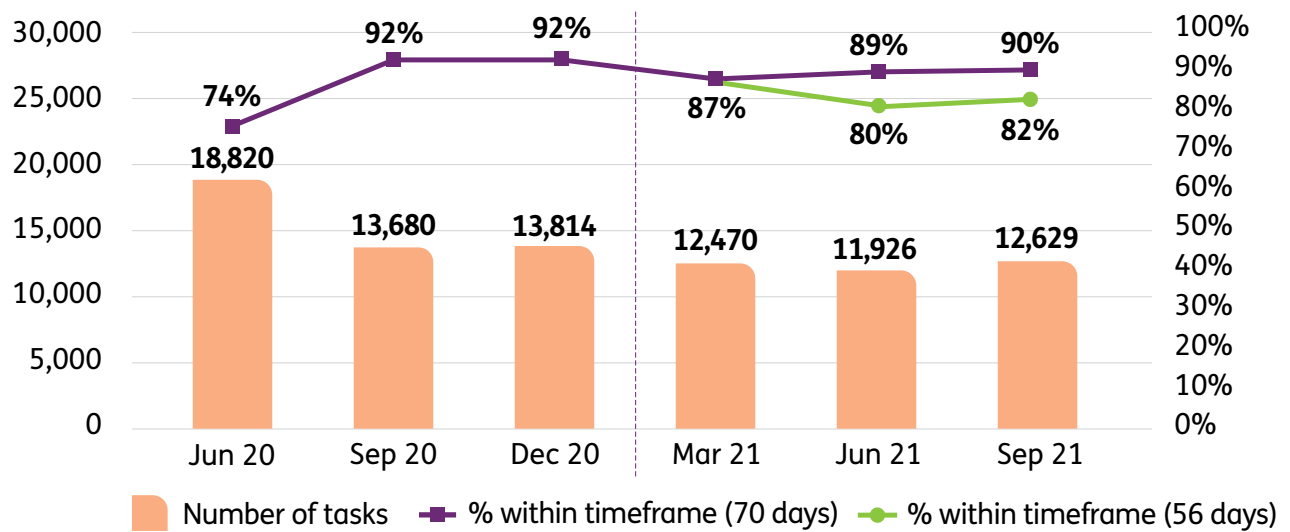


Figure 26: First plan approved after access decision has been made, 0-6 years

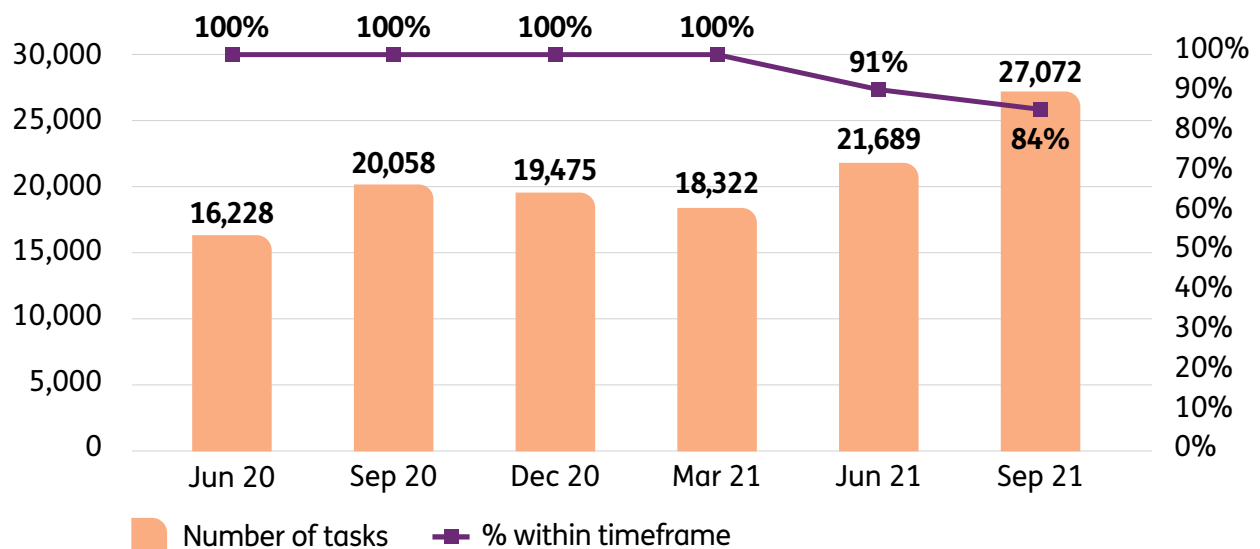


³⁴ New business processes have been implemented from December 2020 and again from July 2021.

Figure 27: First plan approved after access decision has been made, 7+ years³⁵


Plan review

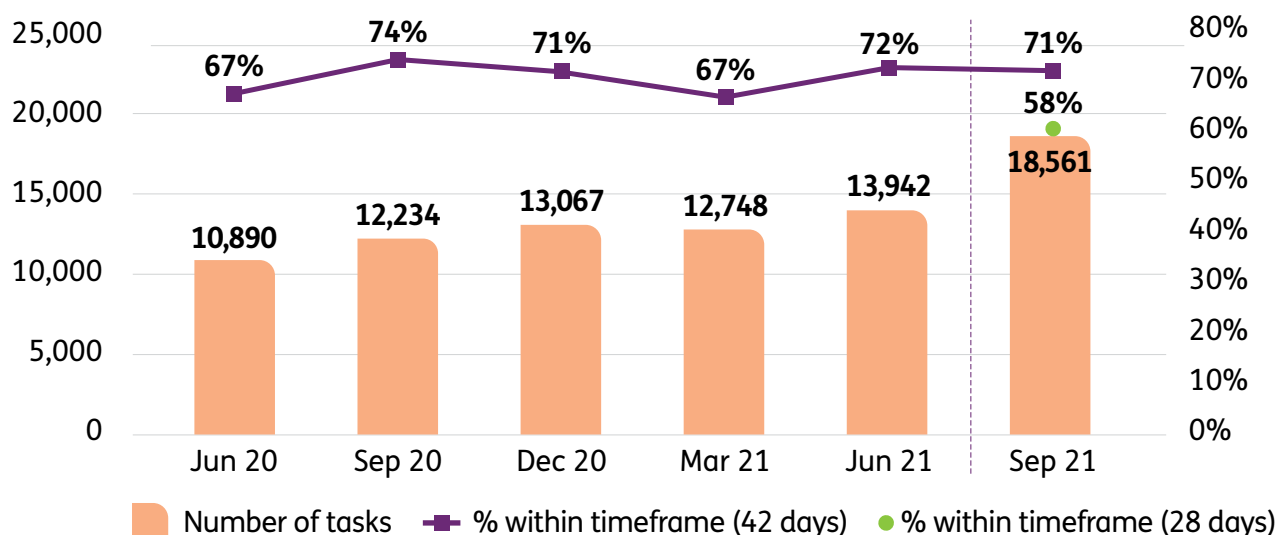
Decisions about whether or not to conduct a Participant Requested Review (PRR) were made within 21 days 84 per cent of the time in the September 2021 quarter.

Figure 28: Decision made to undertake PRR after request is received


³⁵ The target timeframe for this metric has been reduced from 70 to 56 days in early 2021. In this chart, the results for March 2021 onwards are mostly based on the 56 day timeframe while the results for prior quarters are based on the 70 day timeframe.

PRR timeframes have remained consistent over the last few quarters. The target PRR timeframe has reduced from 42 days to 28 days from the September 2021 quarter and there has been a consequent reduction in service level met (58 per cent). However, based on the 42 day timeframe, service levels have remained stable.

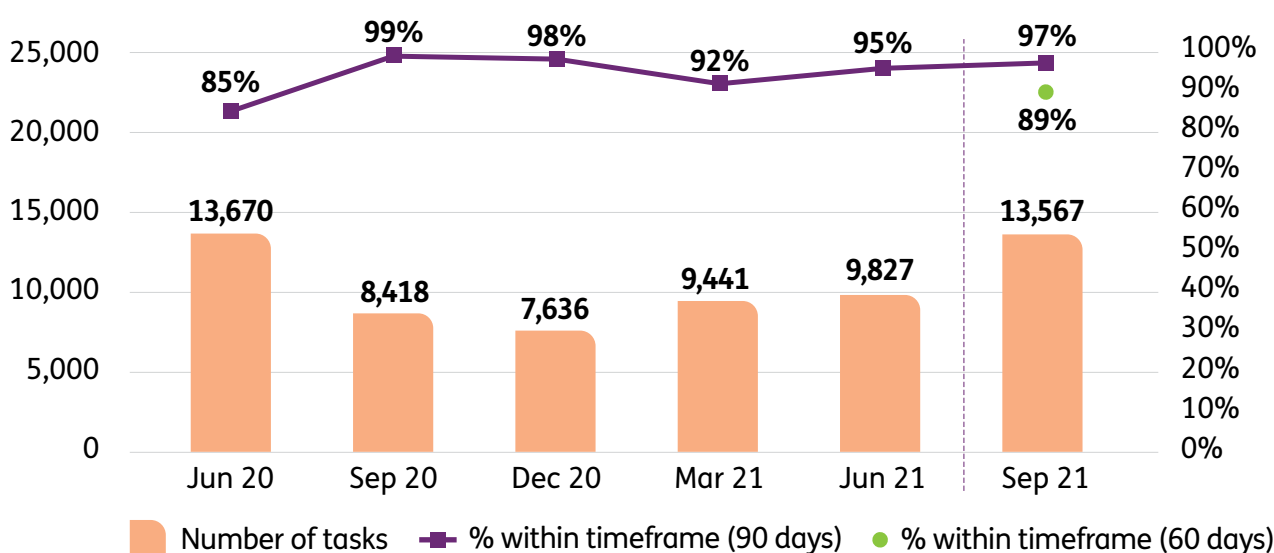
Figure 29: PRR completed after decision made to undertake review³⁶



Reviewable decisions

The target timeframe for completing Reviews of Reviewable Decisions has reduced from 90 days to 60 days from the September 2021 quarter and there has been a consequent reduction in service level met (89 per cent). However, based on the 90 day timeframe, service levels have remained high and stable.

Figure 30: Complete Review of a Reviewable Decision after request is received³⁷



³⁶ In most cases, the results from September 2021 onwards are based on a 28 day timeframe but the results prior to September 2021 are based on a 42 day timeframe.

³⁷ In most cases, the results from September 2021 onwards are based on a 60 day timeframe but the results prior to September 2021 are based on a 90 day timeframe.

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.	79% on average throughout the September 2021 quarter (Section 2 in this report discusses further).

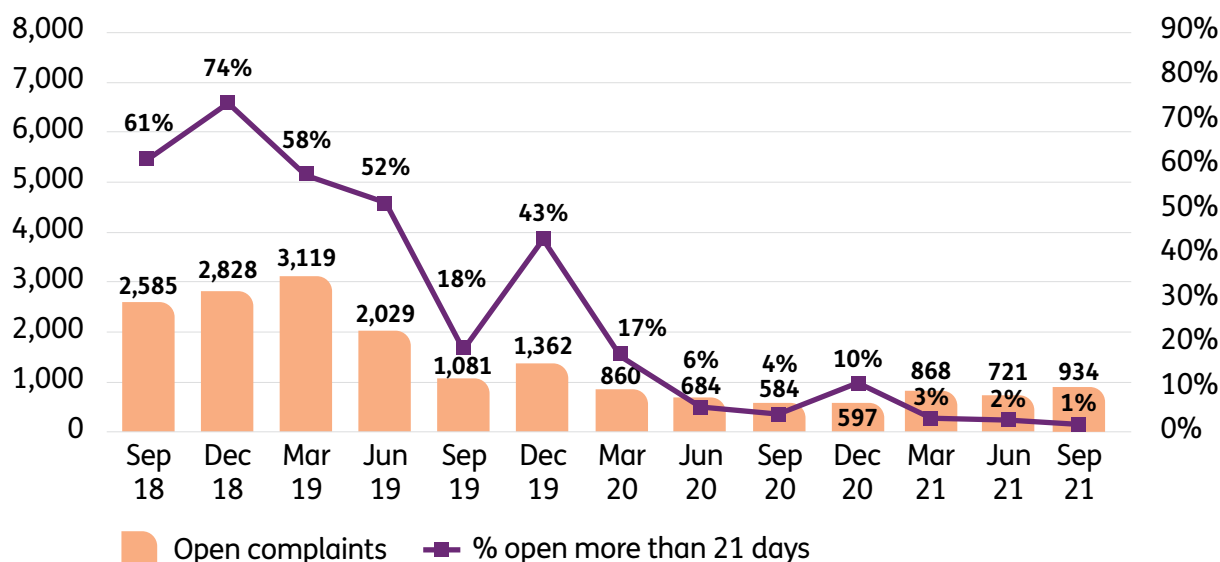
Service standards for complaints

Service type	Description of the service being guaranteed	Performance
Complaints	Resolve 90% of complaints within 21 days after we receive it. More complex complaints may take longer to address.	96% in the September 2021 quarter

Key trends in complaints and AAT cases

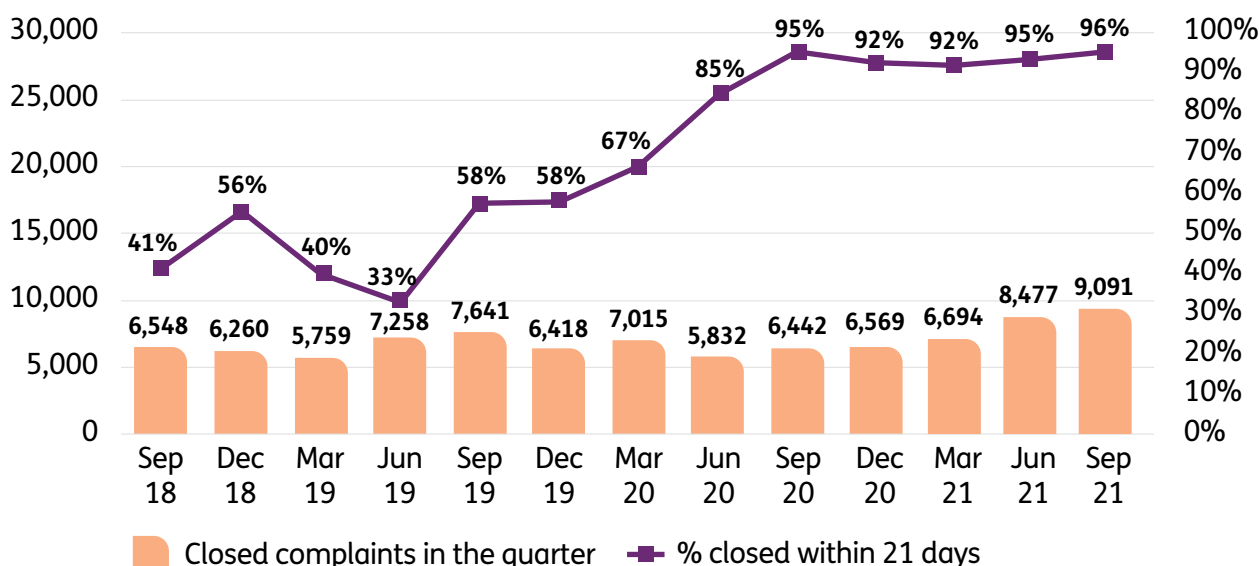
Over recent quarters the percentage of total complaints that have been open for more than 21 days has significantly reduced – one per cent in the September 2021 quarter.

Figure 31: Open complaints and percentage that have been open for more than 21 days³⁸



Although the number of closed complaints increased in the most recent quarter, the number has been consistent over quarters despite the significant increase in participant numbers. Additionally, the percentage of complaints that have been closed within 21 days was 96 per cent in the most recent quarter, a significant improvement compared to 2019.

Figure 32: Closed complaints and per cent completed within 21 day timeframe³⁹

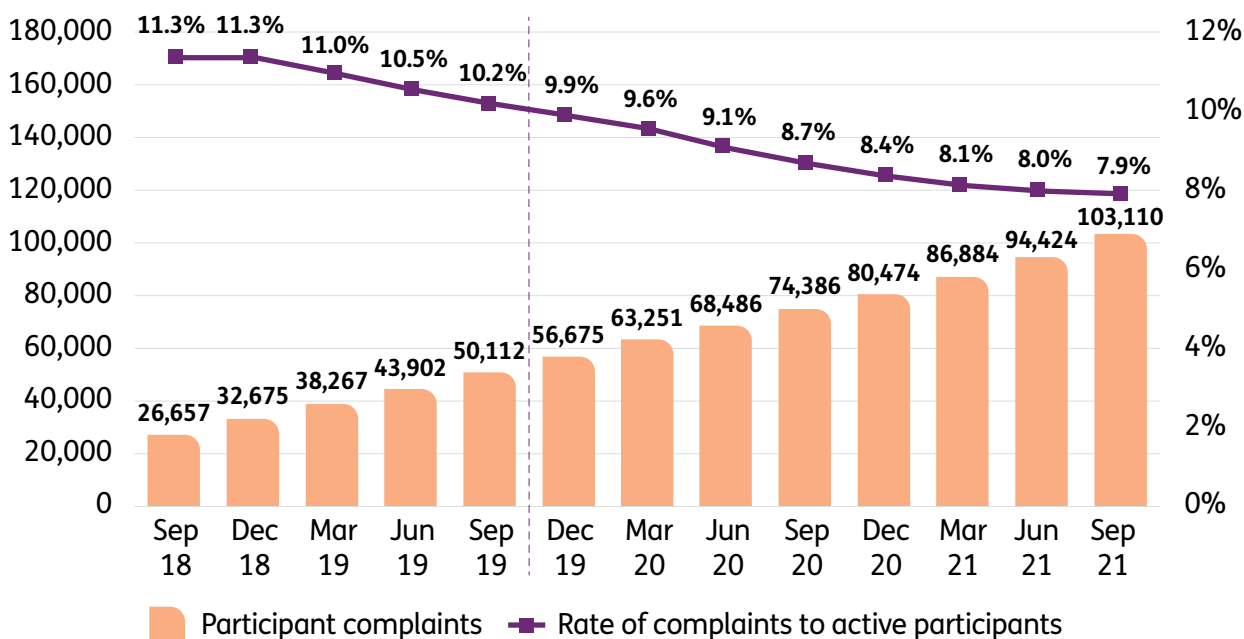
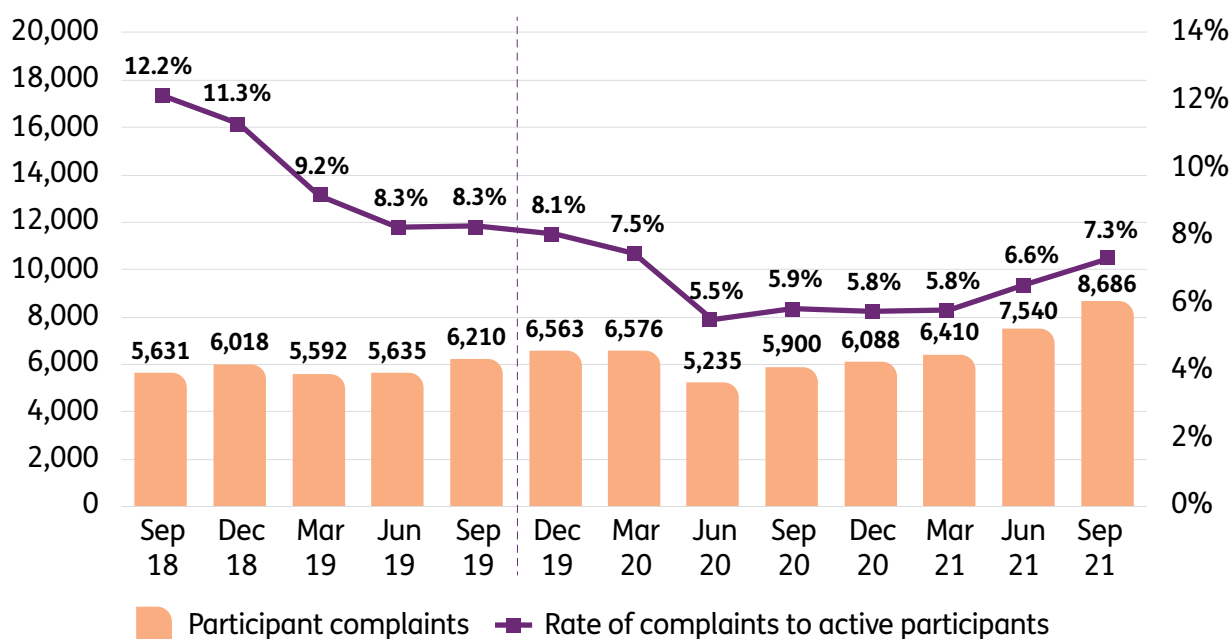


³⁸ The numbers of complaints reported for the most recent quarter may still increase to the extent there is a lag in data collection. However, any increase is not expected to have a material impact on the results.

³⁹ *ibid.*

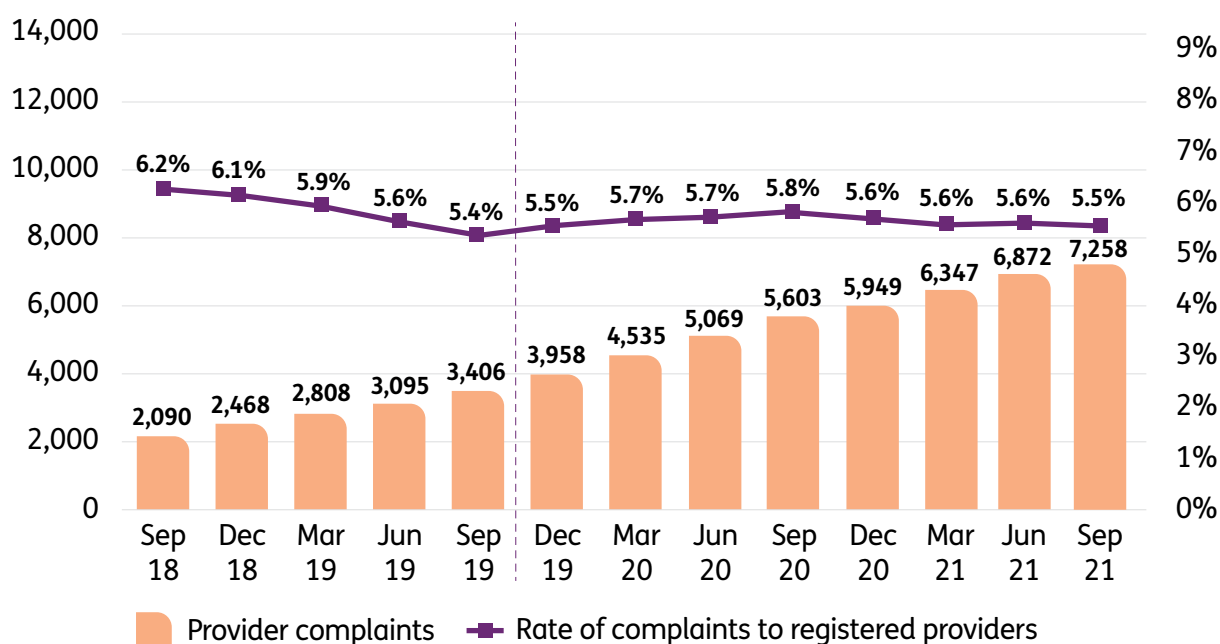
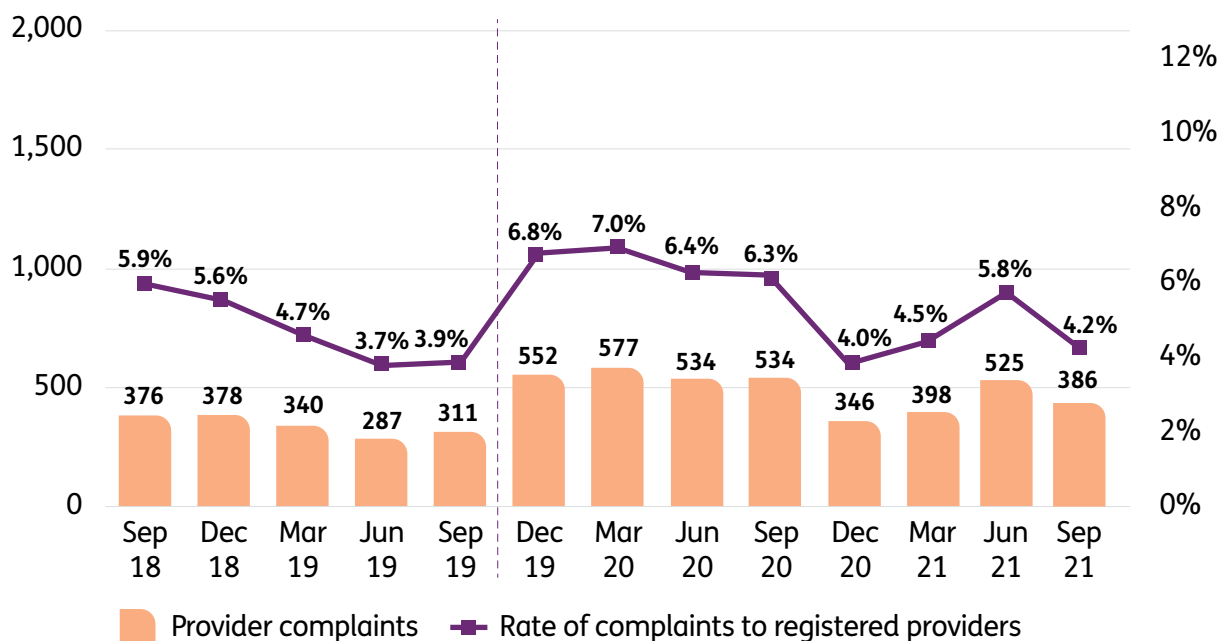
Figure 33 shows a generally consistent decline in the number of complaints received over recent quarters, as a proportion of active participants. In the most recent quarter though there was an increase with 8,686 complaints received, which is equivalent to 7.3 per cent of active participant exposure. However, the number of complaints received from providers decreased during the quarter (Figure 34) with 386 complaints received which is equivalent to 4.2 per cent of registered providers making a complaint.

Figure 33: Number and proportion of participant complaints over time incrementally (top) and cumulatively (bottom) – National⁴⁰



⁴⁰ The rate of complaints was reported as a percentage of access requests in previous reports.

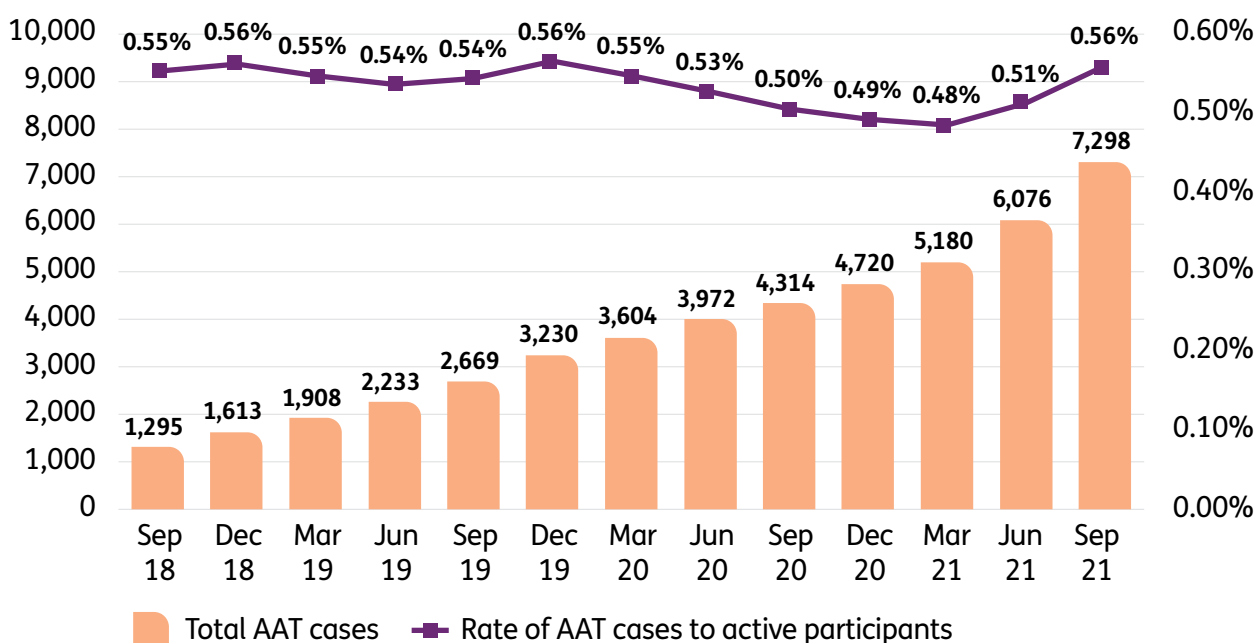
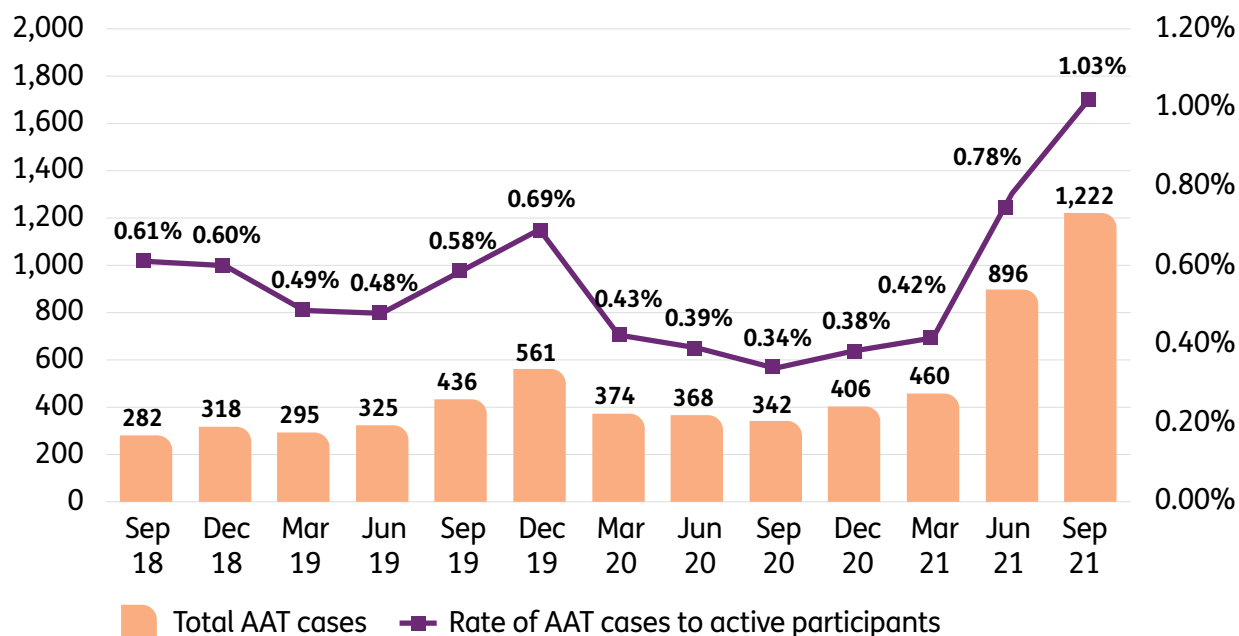
Figure 34: Number and proportion of provider complaints over time incrementally (top) and cumulatively (bottom) – National⁴¹



⁴¹ In the 'My Customer Requests' tile launched in October 2019, it is possible to record multiple related parties as the source of a complaint and in some cases both participants and providers or other parties are linked to a single case. Previously, the single source was often recorded as a participant regardless of whether a provider was associated with the complaint. As a result of using the 'My Customer Requests' tile, the number and rate of provider complaints increased in 2019-20 Q2.

The number of AAT cases (as a proportion of active participants) has increased in recent quarters to 1.03 per cent in September 2021. Six months ago (March 2021), the rate was 0.42 per cent.

Figure 35: Number and proportion of AAT cases over time incrementally (top) and cumulatively (bottom) – National⁴²



⁴² The rate of AAT cases was reported as a percentage of access decisions in previous reports.



The three D's: Dungeons, dragons and Dwayne

Dwayne, 36, was born without his fibulas and some toes and fingers, which affects his balance. Before he was three years old, he had five surgeries and at age 11, Dwayne decided to replace his legs with prosthetic limbs. Dwayne receives disability supports from the NDIS which help him to live his life in Western Sydney.

"I'm a high-energy amputee so I need good technology behind my prosthetic legs to get the most out of them. The prosthetic legs the NDIS funds mimics anyone else's legs," Dwayne said. "My legs are made of carbon fibre so they can bend with me and I get more energy return. I can walk up a hill, I can use my legs to push off the ground or I can run around with my five-year-old daughter."

Dwayne is also one third of the brains behind Minds at Play, a Dungeons and Dragons (D&D) online program to teach young people with disability how to communicate and interact socially. Dwayne's love for D&D began almost six years ago when he needed an outlet for some stress in his life. "My godchild has autism and I wondered if this would help give him the tools to engage in social situations while playing a game. So I did some research and found so much online about the benefits of playing D&D for people with autism."

Ruth's son Jacob has autism and is one of the many kids benefitting from Minds at Play. "Jacob has been learning how to listen to the input of others and how to work with his team to achieve outcomes", she said. Progress like Jacob's is why Dwayne is excited to watch Minds at Play grow. Their sessions are growing more popular, and they have just opened up introductory sessions for their next term.

"At Minds at Play, anyone can come play, learn and make some new friends," Dwayne said.

4

Providers and the growing market



4

Providers and the growing market

The provider market continues to grow, with the largest support category being core support for daily activities (which includes SIL). Further, there has been a continuing significant shift towards participants using plan managers rather than having the Agency manage their plans.

4.1 Support categories

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.

\$6.5bn in support was provided in the first quarter of 2021-22. The largest support categories are core daily activities (54 per cent of total payments), social and community participation (18 per cent of total payments), and capacity-building daily activities (therapy services) (13 per cent of total payments). Core daily activities includes participants in SIL. \$1.6bn of the \$3.5bn payments on core daily activities in the quarter was for payments for participants in SIL.

Figure 36: Total payments from 1 July 2021 to 30 September 2021

Support Category	Total payments (in \$m) Jul-21 to Sep-21	% total payments
Core - Daily Activities	3,506	54.1%
Core - Community	1,163	17.9%
Core - Consumables & Transport	319	4.9%
Capacity Building - Daily Activities ⁴³	854	13.2%
Capacity Building - Other	443	6.8%
Capital	200	3.1%
Total	6,486	100.0%

⁴³ Includes therapy services.

Over the last two years, payments have grown by 71 per cent (from \$3.8bn in September 2019 to \$6.5bn in September 2021). Payments for each of the support categories has grown by similar amounts. The percentage breakdown by support category has remained relatively stable, noting capacity building-daily activities has increased from 10 per cent to 13 per cent, and core-daily activities has decreased from 57 per cent to 54 per cent.

Figure 37: Total payments (in \$m and %) per quarter as at 30 September 2021 – all participants

Support Category	Sep -19	Dec -19	Mar -20	Jun -20	Sep -20	Dec -20	Mar -21	Jun -21	Sep -21
Core - Daily Activities	2,167	2,254	2,406	2,912	3,057	3,022	3,267	3,733	3,506
Core - Community	672	775	788	723	832	934	1,028	1,177	1,163
Core - Consumables & Transport	197	201	232	247	280	255	291	293	319
Capacity Building - Daily Activities	376	421	435	562	654	683	678	829	854
Capacity Building - Other	236	257	281	315	346	363	368	418	443
Capital	148	181	195	229	230	209	186	183	200
Total	3,803	4,095	4,341	4,988	5,399	5,467	5,818	6,634	6,486

Support Category	Sep -19	Dec -19	Mar -20	Jun -20	Sep -20	Dec -20	Mar -21	Jun -21	Sep -21
Core - Daily Activities	57%	55%	55%	58%	57%	55%	56%	56%	54%
Core - Community	18%	19%	18%	14%	15%	17%	18%	18%	18%
Core - Consumables & Transport	5%	5%	5%	5%	5%	5%	5%	4%	5%
Capacity Building - Daily Activities	10%	10%	10%	11%	12%	12%	12%	12%	13%
Capacity Building - Other	6%	6%	6%	6%	6%	7%	6%	6%	7%
Capital	4%	4%	4%	5%	4%	4%	3%	3%	3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Payments for participants receiving SIL supports has also grown over the last two years from \$1.5bn in the September 2019 quarter to \$2.1bn in the September 2021 quarter. The SIL component (core-daily activities) of the plan represents approximately 80 per cent of total payments.

Figure 38: Total payments (in \$m and %) per quarter as at 30 September 2021 – participants in SIL

Support Category	Sep -19	Dec -19	Mar -20	Jun -20	Sep -20	Dec -20	Mar -21	Jun -21	Sep -21
Core - Daily Activities	1,211	1,271	1,379	1,561	1,589	1,516	1,628	1,623	1,630
Core - Community	174	203	199	186	195	213	229	264	251
Core - Consumables & Transport	18	18	21	21	24	23	25	25	28
Capacity Building - Daily Activities	19	21	23	32	35	36	37	44	45
Capacity Building - Other	41	42	48	53	58	59	57	64	68
Capital	30	35	43	51	50	46	46	45	45
Total	1,495	1,591	1,713	1,904	1,951	1,892	2,022	2,065	2,066

Support Category	Sep -19	Dec -19	Mar -20	Jun -20	Sep -20	Dec -20	Mar -21	Jun -21	Sep -21
Core - Daily Activities	81%	80%	81%	82%	81%	80%	81%	79%	79%
Core - Community	12%	13%	12%	10%	10%	11%	11%	13%	12%
Core - Consumables & Transport	1%	1%	1%	1%	1%	1%	1%	1%	1%
Capacity Building - Daily Activities	1%	1%	1%	2%	2%	2%	2%	2%	2%
Capacity Building - Other	3%	3%	3%	3%	3%	3%	3%	3%	3%
Capital	2%	2%	2%	3%	3%	2%	2%	2%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

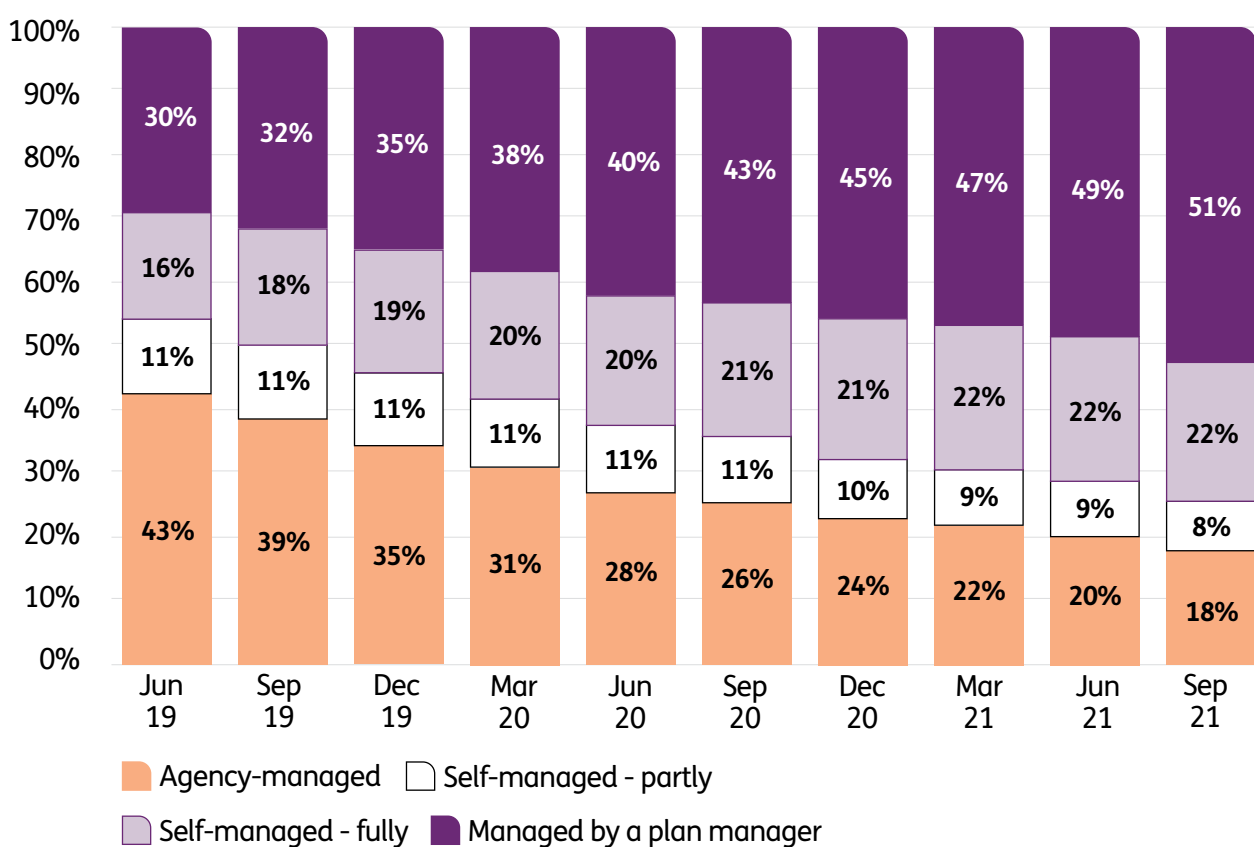
4.2 Plan management types

There has been a significant shift in plan management, with an increasing number of participants choosing to use a plan manager rather than have the Agency manage their plan.

Over the past two years, the proportion of participants who:

- **self-manage all or part of** their plan has increased from 27% to 31%
- use a **plan manager** has increased from 30% to 51%
- have a fully **agency-managed** plan has decreased from 43% to 18%.

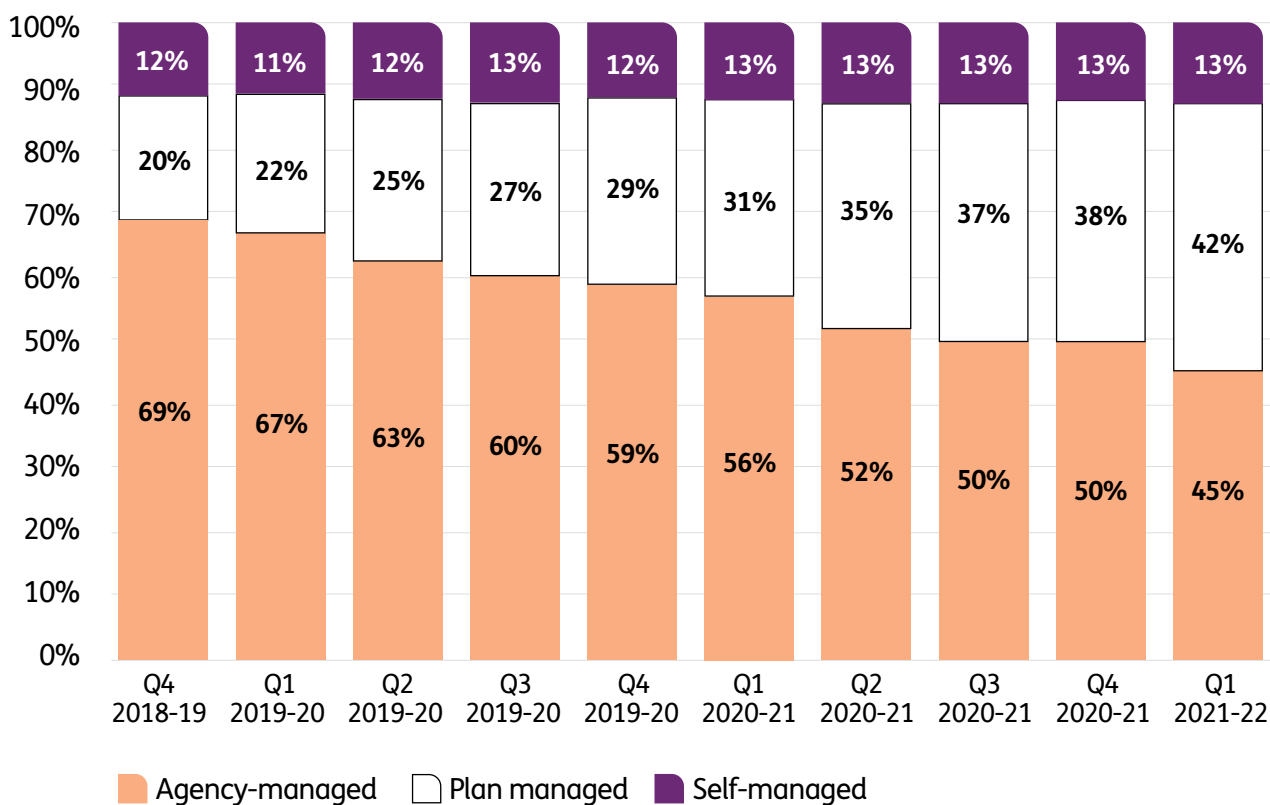
Figure 39: Distribution of active participants by method of financial plan management over time cumulatively – National



There have also been changes in payments across these three plan management types:

- **self-management** has increased from 12% to 13%
- payments managed by a **plan manager** has increased from 20% to 42%
- **agency-managed** payments decreased from 69% to 45%.

Figure 40: Distribution of payments by method of financial plan management over time – National

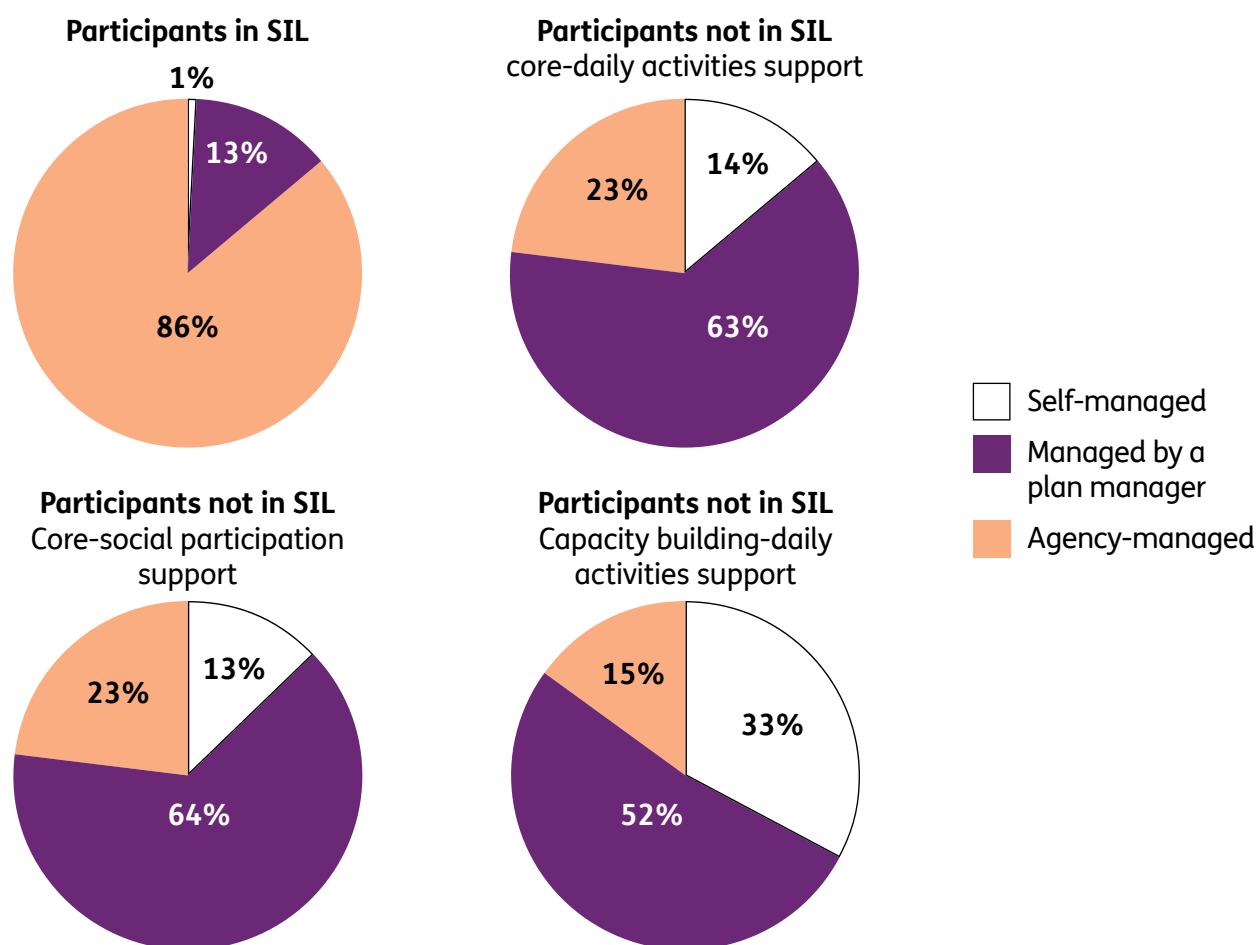


In the first quarter of 2021-22, of the \$6.5bn in payments, \$0.8bn was self-managed (13 per cent), \$2.7bn was managed by a plan manager (42 per cent), and \$2.9bn was agency-managed (45 per cent).⁴⁴

The proportion of payments self-managed, managed by a plan manager, and agency-managed differs by support category. In the first quarter of 2021-22:

- payments for **participants in SIL** were \$2.1bn. Of this, \$23m was self-managed (1%), \$261m was managed by a plan manager (13%), and \$1.8bn was agency-managed (86%).
- payments for **participants not in SIL receiving core-daily activities support** were \$1.9bn. Of this, \$264m was self-managed (14%), \$1.2bn was managed by a plan manager (63%), and \$424m was agency-managed (23%).
- payments for **participants not in SIL receiving core-social participation support** were \$912m. Of this, \$119m was self-managed (13%), \$585m was managed by a plan manager (64%), and \$208m was agency-managed (23%).
- payments for **participants not in SIL receiving capacity building-daily activities support (therapy supports)** were \$809m. Of this, \$270m was self-managed (33%), \$420m was managed by a plan manager (52%), and \$118m was agency-managed (15%).

Figure 41: Plan management types by participants in SIL and participants not in SIL, plus the largest support categories for participants not in SIL

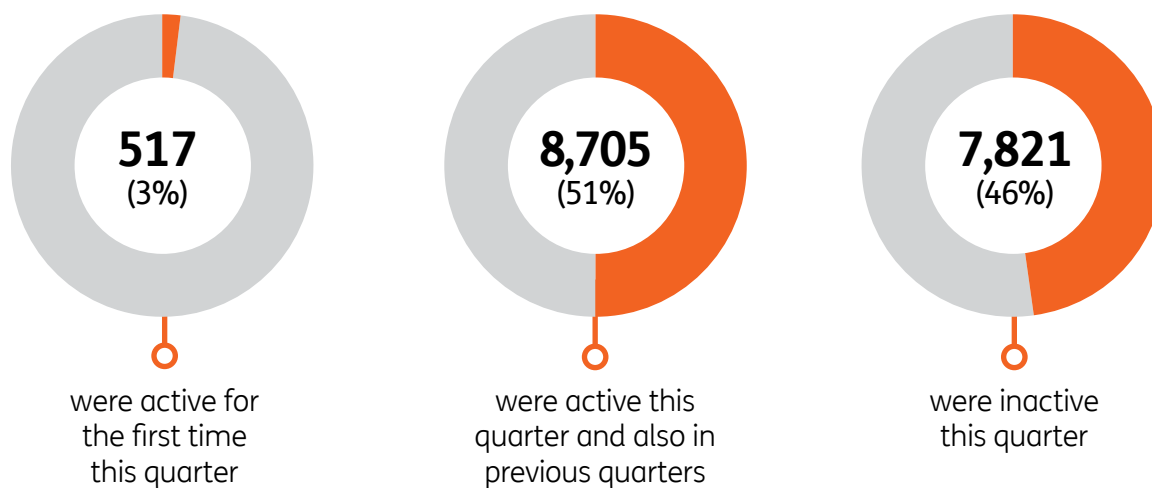


⁴⁴ Includes in-kind services.

4.3 Agency-managed providers

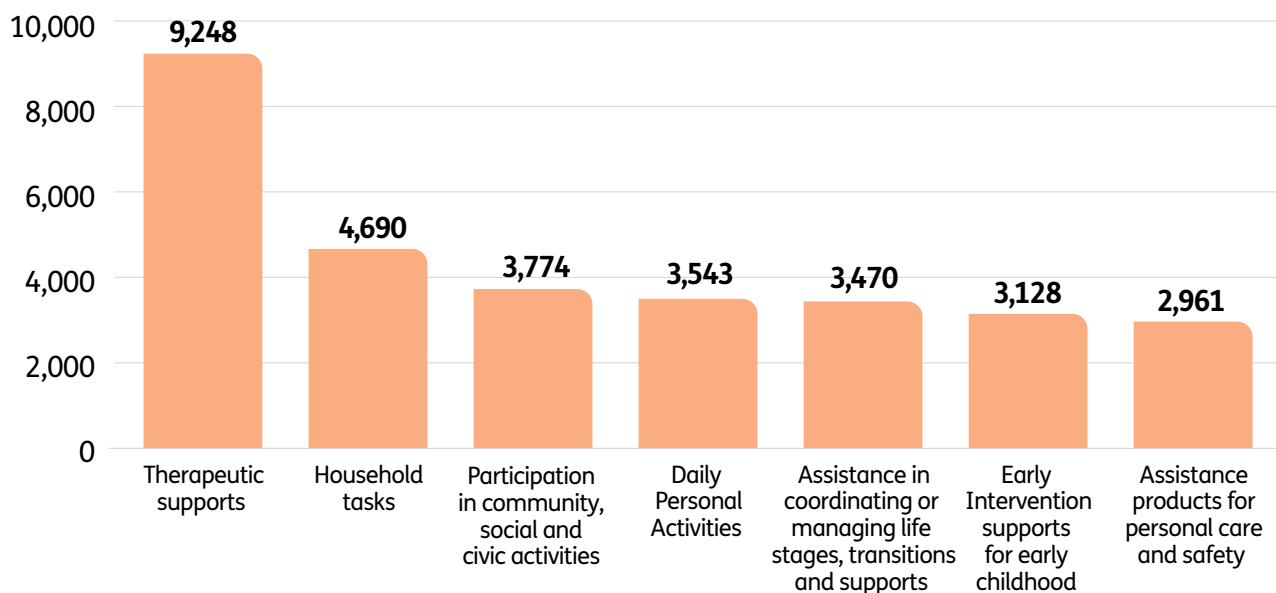
While there has been a shift to participants using plan managers, the number of providers supporting Agency-managed participants has continued to grow.

Since the start of the Scheme, 17,043 providers have supported agency-managed participants.⁴⁵ Of these:



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

Figure 42: The largest registration groups for active providers



⁴⁵ 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 17,043. Further, some of the 7,821 inactive providers in the quarter will be supporting participants with a plan manager or who self-manage.

The largest ten providers by payments in the first quarter of 2021-22 were:

Figure 43: Largest ten providers by payments in Q1 2021-22 (Agency-managed)⁴⁶

ABN	Provider name	Total payment amount
15101252171	Life Without Barriers	\$76m
31001813403	Aruma Services	\$53m
87302064152	The Northcott Society	\$39m
45000062288	Cerebral Palsy Alliance	\$36m
73628264460	Home@scope Pty Ltd	\$34m
80009670704	Endeavour Foundation	\$31m
27009942269	CPL – Choice, Passion, Life	\$25m
85097999347	Lifestyle Solutions Australia	\$22m
29001260153	The Disability Trust	\$22m
49133306902	Achieve Australia Limited	\$21m
Total for largest 10 providers		\$358m

4.4 Supported Independent Living (SIL)

\$1.6 billion of SIL supports was provided in the first quarter of 2021-22.

Total payments to participants in SIL has increased by 45 per cent annually over the last three years, from \$2.6bn to \$8.0bn. The number of participants has also increased from approximately 9,200 at 30 September 2017 to 25,600 at 30 September 2021. This in part reflects phasing from the State/Territory programs into the NDIS.

The average payment per participant for SIL supports has also increased, and comprises a large component of the total average payment for participants in SIL (noting, that participants in SIL also receive other supports, such as core support for community participation, employment, and capacity building). The average payment per participant for SIL supports (core daily activities) has increased by 11 per cent annually over the last three years.

⁴⁶ Agency-managed providers, noting 86% of SIL payments in the last quarter were to agency-managed providers.

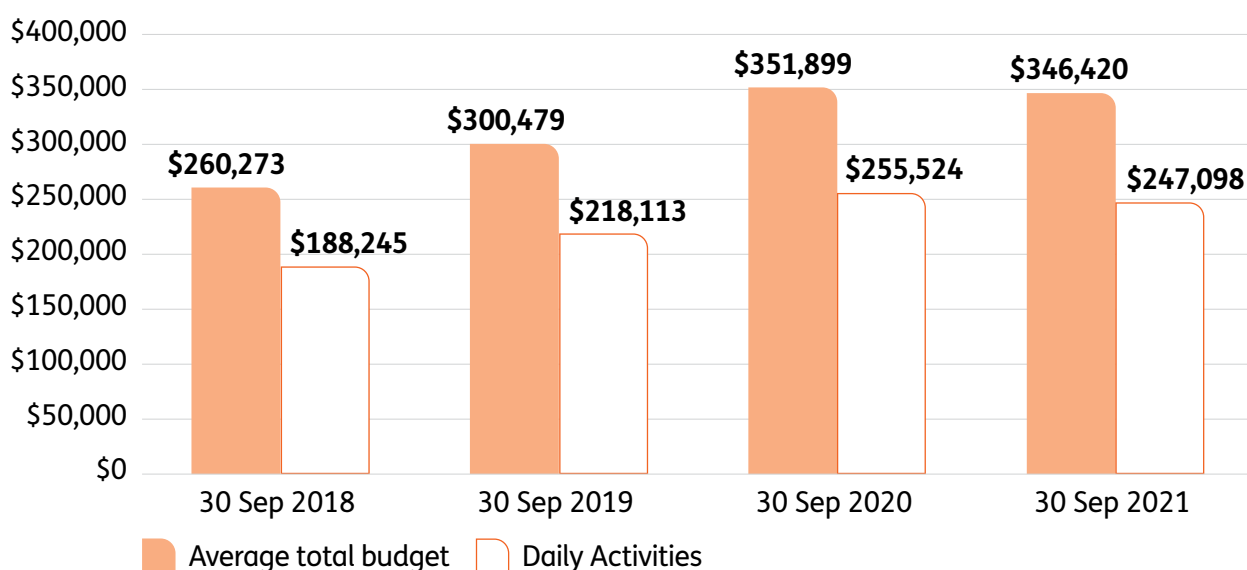
Figure 44: Active participants in SIL, average and total payments - over the last four years (ending 30 September)

Year	2017	2018	2019	2020	2021	% increase (per annum)
Active participants	9,192	14,025	21,654	24,401	25,647	
Total payments (\$m)		2,618	4,813	7,159	8,045	45%
Average payment (\$)		225,500	269,800	310,900	321,500	13%
Total payments – core daily activities (in \$m)		2,151	3,918	5,800	6,397	44%
Average payment – core daily activities (in \$)		185,300	219,600	251,900	255,600	11%

In addition to payments, average plan budgets for participants in SIL have also increased over time, including the component of the plan budget for SIL supports (core support for daily activities).

In the last year, however, plans have decreased marginally on average from the previous year, but are still well above plan budgets from two and three years ago.⁴⁷ Some of the reasons for decreasing plan budgets include corrected errors in the roster of care tool that enabled rosters of care to extend to 53 weeks in a year, and overstate the number of public holidays.

Figure 45: Average plan budgets for participants in SIL over time



⁴⁷ Specifically, there was a 33 per cent increase in overall plan budgets, and a 31 per cent increase in the daily activities component of the plan budgets over the three years.

At the individual participant level, plan budgets go up and down depending on the circumstances of individual participants. From 30 September 2018 to 30 September 2019, the proportion of plans between \$100,000 and \$250,000 decreased from 53 per cent to 35 per cent, and this further decreased again between 30 September 2019 and 30 September 2020, from 35 per cent to 22 per cent. Over the same time period the proportion of plans between \$350,000 and \$500,000 increased from 10 per cent to 24 per cent. The number of plans between \$500,000 and \$750,000 also increased from 2 per cent to 12 per cent. These changes reflect large increases in average plan budgets of between 13 per cent and 17 per cent per annum overall.

Figure 46: Plan budget ranges for participants in SIL (years ending 30 September)

	2018	2019	2020	2021
Number of participants in SIL by plan budget band				
\$0-\$5,000	4	14	11	11
\$5,001-\$25,000	33	45	51	53
\$25,001-\$100,000	240	384	571	866
\$100,001-\$250,000	7,375	7,683	5,223	5,561
\$250,001-\$350,000	4,612	8,452	8,532	9,379
\$350,001-\$500,000	1,415	3,651	5,636	6,200
\$500,001-\$750,000	268	1,124	2,767	2,906
\$750,001-\$1,000,000	63	199	388	424
\$1m+	15	102	278	247
Total	14,025	21,654	23,457	25,647
Percentage of participants in SIL by plan budget band				
\$0-\$5,000	0%	0%	0%	0%
\$5,001-\$25,000	0%	0%	0%	0%
\$25,001-\$100,000	2%	2%	2%	3%
\$100,001-\$250,000	53%	35%	22%	22%
\$250,001-\$350,000	33%	39%	36%	37%
\$350,001-\$500,000	10%	17%	24%	24%
\$500,001-\$750,000	2%	5%	12%	11%
\$750,001-\$1,000,000	0%	1%	2%	2%
\$1m+	0%	0%	1%	1%
Total	100%	100%	100%	100%
Average plan budget	\$260,273	\$300,479	\$351,899	\$346,420
Change in average plan budget %	13%	15%	17%	-2%

The core daily activities component of the plans for participants in SIL has followed a similar trend as the overall plan budgets (see Figure 47).

Figure 47: Plan budget ranges (for Core Daily Activities) for participants in SIL (years ending 30 September)

	2018	2019	2020	2021
Number of participants in SIL by plan budget band				
\$0-\$5,000	73	141	355	801
\$5,001-\$25,000	82	143	185	218
\$25,001-\$100,000	574	845	899	1023
\$100,001-\$250,000	10,946	14,827	12,732	14,070
\$250,001-\$350,000	1,716	3,676	5,197	5,452
\$350,001-\$500,000	498	1,459	2,775	2,819
\$500,001-\$750,000	110	414	982	939
\$750,001-\$1,000,000	15	90	180	198
\$1m+	11	59	152	127
Total	14,025	21,654	23,457	25,647
Percentage of participants in SIL by plan budget band				
\$0-\$5,000	1%	1%	2%	3%
\$5,001-\$25,000	1%	1%	1%	1%
\$25,001-\$100,000	4%	4%	4%	4%
\$100,001-\$250,000	78%	68%	54%	55%
\$250,001-\$350,000	12%	17%	22%	21%
\$350,001-\$500,000	4%	7%	12%	11%
\$500,001-\$750,000	1%	2%	4%	4%
\$750,001-\$1,000,000	0%	0%	1%	1%
\$1m+	0%	0%	1%	0%
Total	100%	100%	100%	100%
Average plan budget	\$188,245	\$218,113	\$255,524	\$247,098
Change in average plan budget %	12%	16%	17%	-3%

The number of SIL providers has also increased, with 290 SIL providers at 30 September 2017 to 1,081 SIL providers at 30 September 2021 (again, somewhat reflecting phasing from the State/Territory program to the NDIS).⁴⁸ SIL providers differ substantially in size, with just over half of the SIL providers supporting five or fewer participants, and around 1 per cent of providers supporting 250 or more participants.

Figure 48: Provider size based on the number of participants supported

Number of participants supported	Number of providers at 30 September				
	2017	2018	2019	2020	2021
5 or fewer	119	219	296	375	554
6 to 10	58	65	101	135	150
11 to 50	87	147	200	234	279
51 to 100	19	23	41	48	54
101 to 250	7	13	26	31	34
251 to 500	–	4	5	9	6
501+	–	1	3	3	4
Total providers	290	472	672	835	1,081

⁴⁸ Agency-managed providers, noting 86% of SIL payments in the last quarter were to agency-managed providers.

There are ten providers supporting more than 250 participants at 30 September 2021. These providers are listed in the table below along with the total payments received for SIL supports in the last three years⁴⁹, noting that these providers receive payments for other supports in addition to SIL.

Figure 49: Largest ten providers and payments for the last three years (years ending 30 September)*

Provider ABN	Provider name	Daily Activities (SIL) payments in year ending 30 September		
		2019	2020	2021
15101252171	Life Without Barriers	\$132m	\$205m	\$233m
31001813403 ⁵⁰	House With No Steps/ Aruma Services	\$167m	\$220m	\$236m
73628264460 ⁵¹	Home@Scope Pty Ltd	\$43m	\$63m	\$106m
80009670704	Endeavour Foundation	\$73m	\$102m	\$90m
87302064152	The Northcott Society	\$105m	\$133m	\$118m
45000062288	Cerebral Palsy Alliance	\$73m	\$103m	\$114m
37020000711 ⁵²	Minda Incorporated	\$47m	\$71m	\$70m
29001260153	The Disability Trust	\$38m	\$70m	\$69m
14005304432	Yooralla	\$47m	\$59m	\$56m
11553592765	Activ Foundation Inc.	\$21m	\$36m	\$53m
Total largest 10 providers		\$746m	\$1,062m	\$1,145m

*Note: Although these large providers have been identified based on an individual ABN, where it is known that they form part of a related group of entities, the statistics have been modified to include the entirety of those entities.

The top three providers listed in particular have had growth in participants that relate to former Victorian in-kind participants. These arrangements were “cashed out” in 2020-21 and hence these transferred to non-government providers.

⁴⁹ Agency-managed participants only.

⁵⁰ In addition, the following additional ABNs for this provider are also included in this analysis - 59032986751 and 86628265387.

⁵¹ In addition, the following additional ABN for this provider is included in this analysis - 63004280871.

⁵² In addition, the following additional ABN for this provider is included in this analysis - 49622248908.

4.5 Plan managers

The number of plan managers in the Scheme continue to grow as more participants choose to use plan managers.

Payments to plan managers was \$2.7bn in the September 2021 quarter, noting that plan managers use the money to pay service providers to provide supports on behalf of their participants. The largest 10 plan managers by payments in the September 2021 quarter were:

Figure 50: Largest ten plan managers by payments in Q1 2021-2022

ABN	Provider name	Total payment amount
52617963676	My Plan Manager.Com.Au Pty Ltd	\$291m
54609868993	Plan Management Partners Pty Ltd	\$188m
24619787692	National Disability Support Partners Pty	\$121m
92622499898	Leap In! Australia Ltd	\$81m
62149233634	Integrated Care Pty Ltd	\$72m
22729829472	Moiria Ltd	\$71m
69624874219	Maple Plan Pty Ltd	\$71m
16621969337	Peak Plan Management Pty Ltd	\$71m
18620281209	Instacare Pty Ltd	\$61m
73624994565	Connect Plan Management Pty Ltd	\$45m
Total largest 10 providers		\$1,071m

Participants supported by plan managers can use registered or unregistered providers. Across all plan managers, 62 per cent of total plan management payments in the September 2021 quarter is to registered providers, 35 per cent of plan managed payments are to unregistered providers, and 4 per cent are payments for Plan Management services.

For the largest plan managers, the split between payments to registered and unregistered providers is shown below, along with payments received for plan management services.

Figure 51: Largest ten plan managers, Q1 2021-22, payments split by registered and unregistered providers, and plan management

ABN	Legal Name	Payments to registered providers	Payments to unregistered providers	Payment for Plan Management
52617963676	My Plan Manager.com.au Pty Ltd	61%	35%	4%
54609868993	Plan Management Partners Pty Ltd	60%	36%	4%
24619787692	National Disability Support Partners Pty	66%	30%	4%
92622499898	Leap In! Australia Ltd	54%	42%	4%
62149233634	Integrated Care Pty Ltd	61%	35%	4%
22729829472	Moir Limited	68%	30%	2%
69624874219	Maple Plan Pty Ltd	59%	37%	4%
16621969337	Peak Plan Management Pty Ltd	66%	30%	4%
18620281209	Instacare Pty Ltd	59%	38%	3%
73624994565	Connect Plan Management Pty Ltd	63%	34%	3%

4.6 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”.

At an aggregate level, there have been improvements in all the metrics between September 2020 and September 2021.

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 have been in the Scheme.

Overall, 51 of the 80 service districts (64 per cent) in the analysis were within five percentage points of the national average, one service district (1 per cent) was 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.

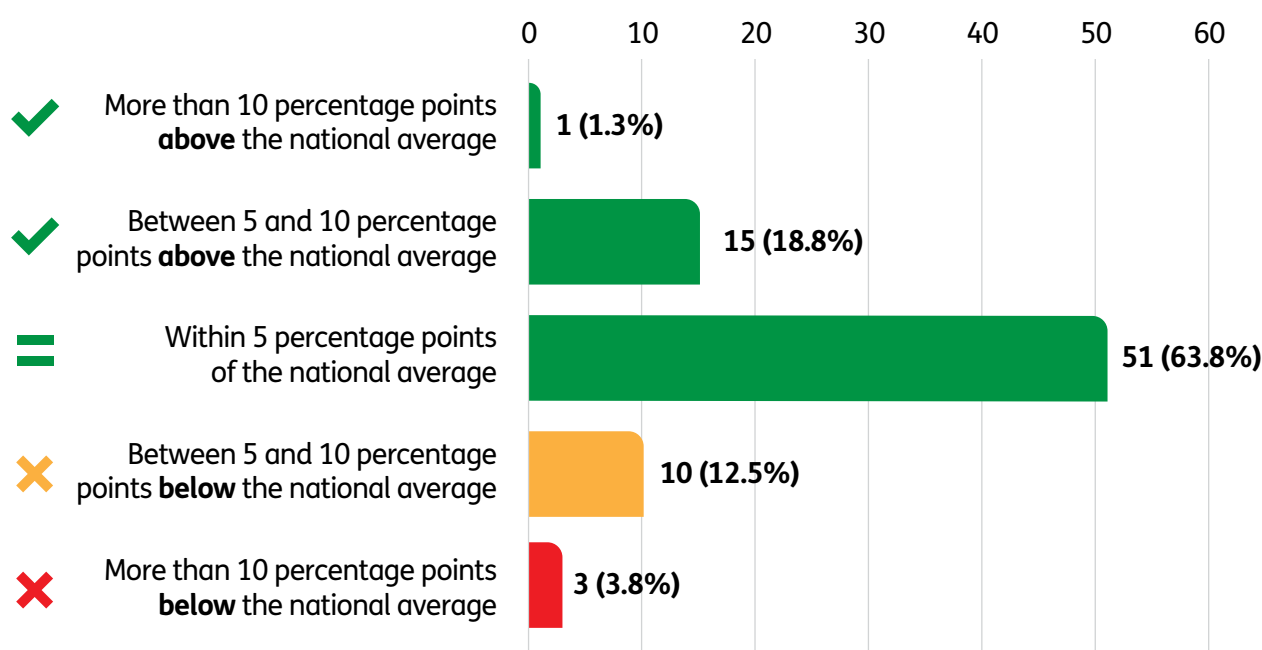
The one service district more than 10 percentage points above the national average was Barkly in the Northern Territory. The three service districts more than 10 percentage points below the national average were Darwin Remote, Katherine and East Arnhem in the Northern Territory.

At 30 September 2021:

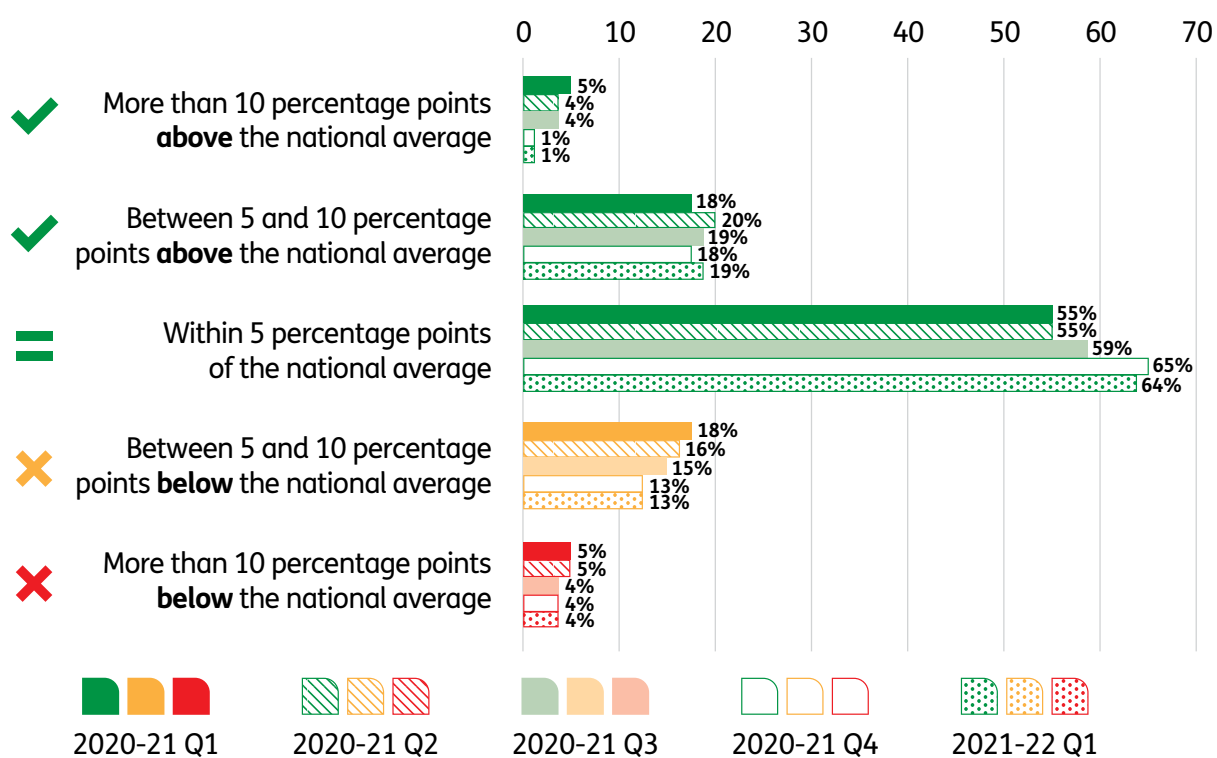
– Darwin Remote has 402 active participants and plan budgets totalling \$28 million

– Katherine has 199 active participants and plan budgets totalling \$34 million

– East Arnhem has 202 active participants and plan budgets totalling \$20 million

Figure 52: Choice and control – number of service districts – gap to benchmark


Over the last year there has been an improvement in the percentage of service districts more than 10 percentage points below the national average. Significantly, the number of service districts within 5 per cent of the national average has improved from 44 (55 per cent) to 51 (64 per cent).

Figure 53: Choice and control – number of service districts – gap to benchmark – trend


Utilisation

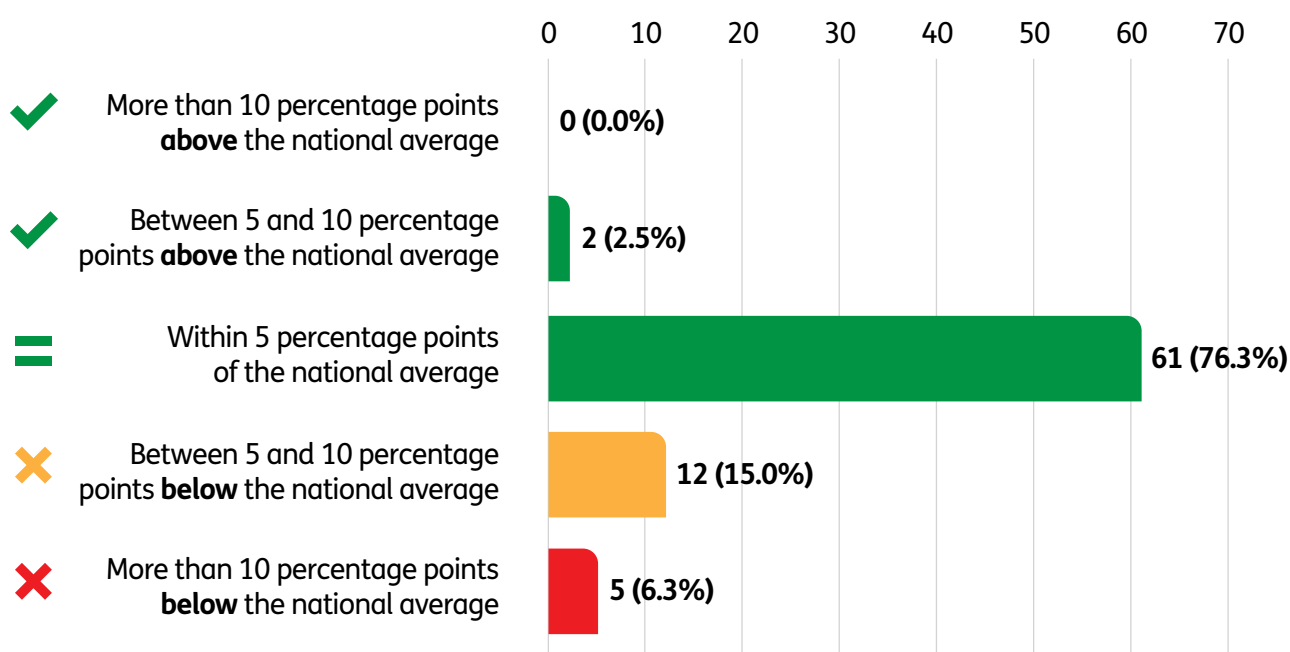
As seen in Figure 63, the average payment per participant has increased by 11.7 per cent over the three years from 30 September 2018 to 30 September 2021, and the average plan budget has increased by almost 5 per cent over the same three years. Participants are getting more support over time so understanding 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, 61 of the 80 service districts (76 per cent) in the analysis are within five percentage points of the national average⁵³, 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. These five service districts have remained consistent over recent quarters. The Thin Market trials underway, as detailed in section 4.9 of this report, are targeting some of these service districts.

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

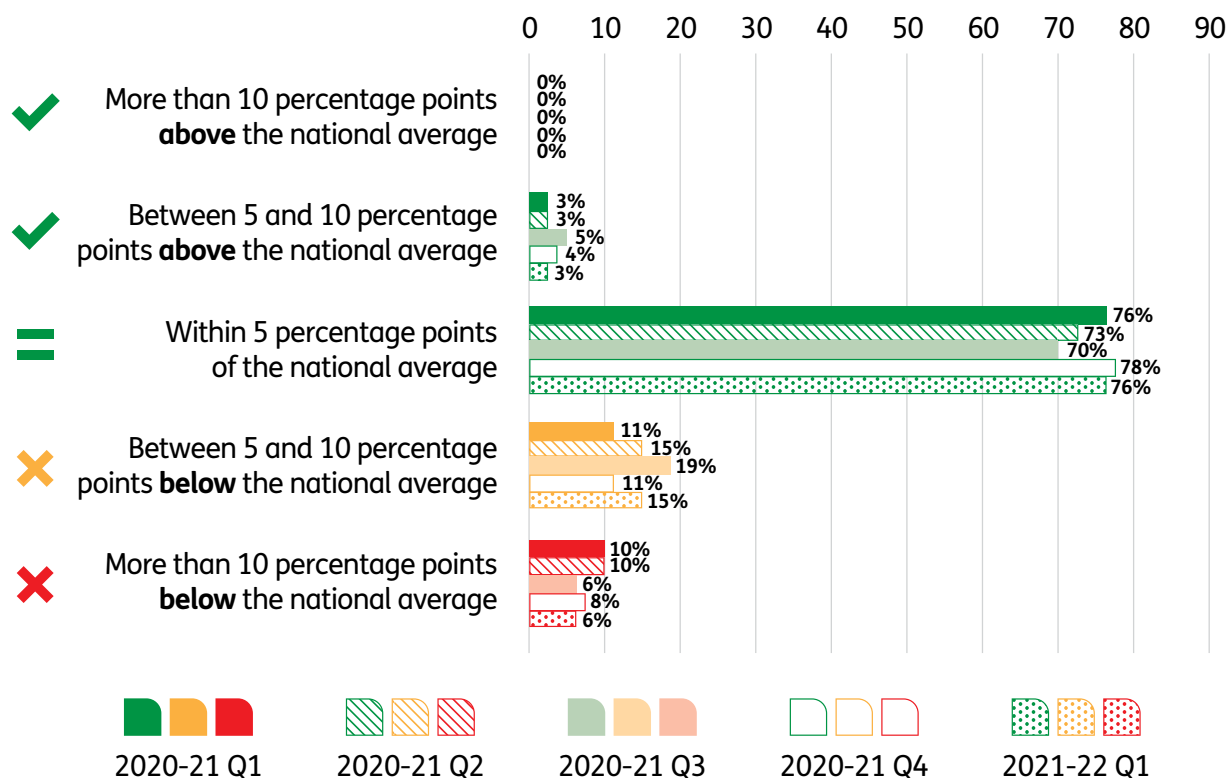
Figure 54: Utilisation – number of service districts – gap to benchmark



⁵³ 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.

Over the last year there has been a slight improvement in the number of service districts more than 10 percentage points below the national average, from 8 to 5 service districts. The number of service districts within 5 percentage points of the national average has remained consistent.

Figure 55: Utilisation – number of service districts – gap to benchmark – trend



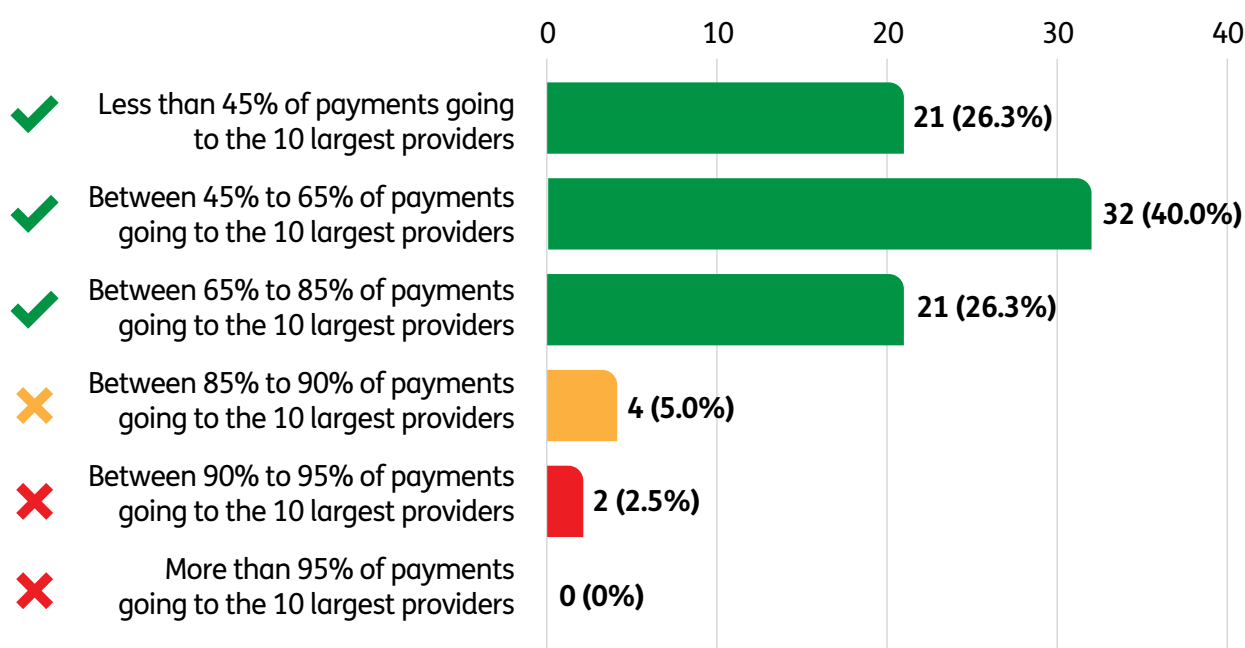
Market concentration

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, 59 per cent of payments go to the largest 10 providers.

There are six service districts where 85 per cent or more of payments go to the largest 10 providers (8 per cent) and 21 service districts where less than 45 per cent of payments went to the 10 largest providers (26 per cent).

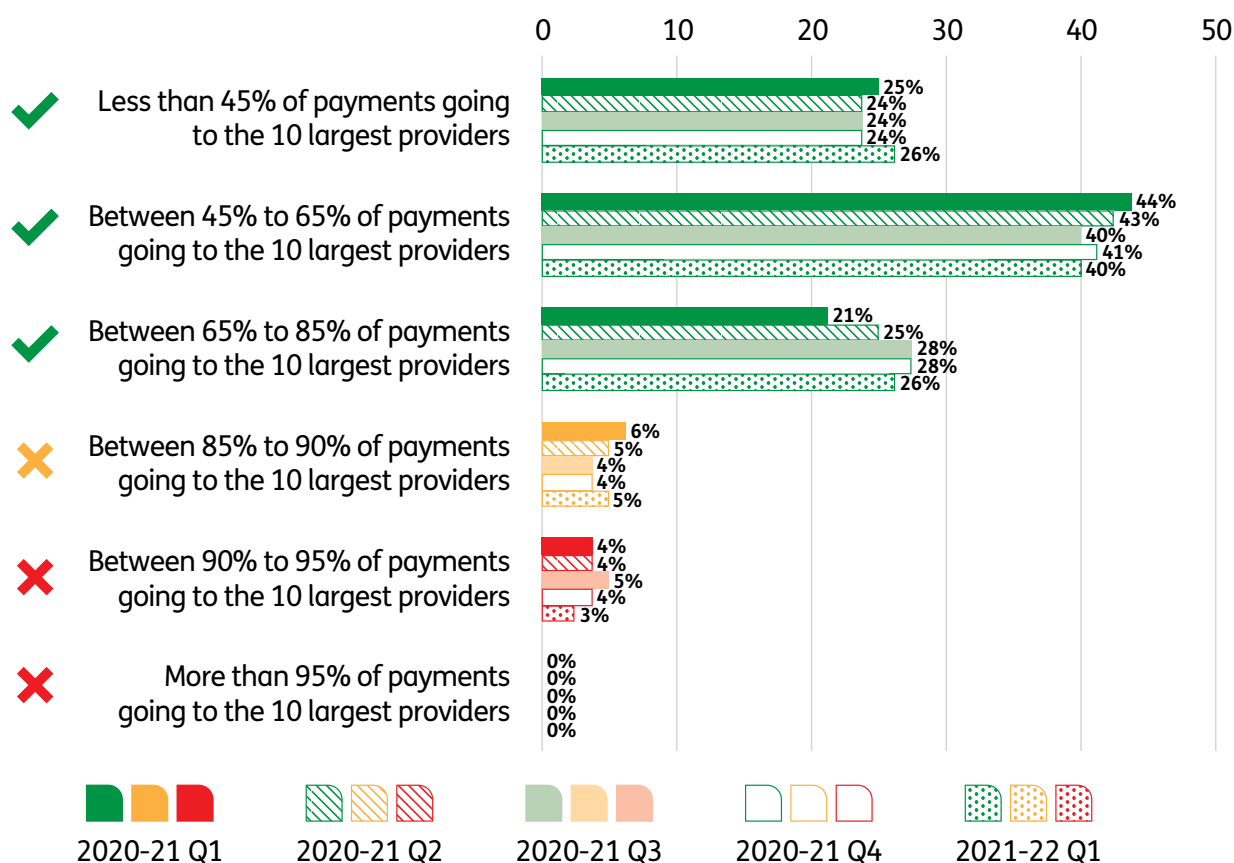
All of the six service districts where more than 85 per cent of payments go to the 10 largest providers, are regional and remote areas in the Northern Territory, Western Australia and South Australia.

Figure 56: Market concentration – number of service districts – gap to benchmark



The number of service districts where 85 per cent or more of payments go to the largest 10 providers has fallen from 8 (10 per cent) to 6 (8 per cent). The number of service districts where less than 45 per cent of payments went to the 10 largest providers has remained consistent. The number of service districts where between 65 per cent to 85 per cent of payments go to the 10 largest providers has increased from 17 (21 per cent) to 21 (26 per cent).

Figure 57: Market concentration – number of service districts – gap to benchmark – trend



4.7 COVID Assistance

As discussed in the key highlights section, the Agency is continuing to support providers during the COVID pandemic.

The last 6 months have been particularly challenging for disability service providers as they managed COVID-19 outbreaks whilst continuing to provide critical services under state mandated restrictions. The NDIA has been working closely with the sector and has put a number of initiatives in place to ensure continuity of supports is maintained for participants during this time (refer to the Key highlights section of this report for more detail on these initiatives).

4.8 Market Stewardship activities

The NDIA continues to support the developing NDIS market through market stewardship activities, such as developing home and living options, improving early childhood assistive technology supports, and improving information available on continence supports.

Home and Living

In recognition of the rapidly growing housing market of supports the NDIA has been focused on working with participants and the sector to develop and implement a coherent suite of home and living initiatives.

The *Home and Living consultation – An ordinary life at home* released in August 2021 will guide this work. The NDIA held a series of workshops with the provider sector to seek their feedback on how to support a diverse and innovative market of home and living supports. The workshops commenced on 11 August 2021 with a specific focus on how NDIA policy and pricing models drive market innovation, promotion and sharing of provider innovation and success stories and highlighting innovations through formal recognition channels such as awards or showcases.

Learnings from SIL consultations with a range of stakeholders, have highlighted the need to improve the SIL model to enable better outcomes for participants and a clearer opportunity for innovation in the market.

To test different approaches, a Market Information Request (MIR) has been designed in consultation with the IAC and released on 28 September 2021, inviting the sector to propose alternative approaches to Home and Living supports, and to test the viability, feasibility and impact of these approaches via a series of demonstration projects.

Further improvements designed to meet the demand for more transparency of the housing market were realised this quarter when on 16 August 2021 the Minister for Government Services and the NDIS the Hon Lynda Reynolds MP announced the release of the SDA Finder platform and an NDIA SDA Market Information Statement. The SDA Finder provides participants and providers with a national, searchable database of available SDA vacancies on the NDIS website. The SDA Market Information statement provided a high level summary of information and analysis on current expected SDA supply and demand.

The SDA Design Standard mandatory application came into effect on 1 July 2021 and is required for all newly built SDA properties. The Design Standard has been acknowledged as leading practice with calls for it to be a standard for more (accessible) housing.

A new report, the Specialist Disability Accommodation Quarterly data report was released on 30 September 2021 to help providers gain valuable insights into the current market and assist to steward market growth opportunities in the housing sector. This report shows that since the March 2021 quarter, there has been a 23 per cent increase in new Build SDA. The report also highlights that over the past 18 months there has been a significant growth in SDA designed for high physical support.

Delivering more adaptable options through childhood

Participants and their families have been sharing their concerns and ideas with the NDIA since 2019 about getting the right AT as a child grows and their functional abilities change. Similarly to wearing clothes that don't fit you anymore, the wrong size or type of AT can cause harm or hinder your progress as you grow.

The NDIA formally asked the market for ideas and concepts to deliver better AT for young children. Options to rent or loan, exchange or trade in, and when needed buy AT (new or refurbished) have been described. With input from the IAC, Children, Young People and Families Reference Group and participants, the NDIA will test some of these new approaches to give simpler access to the right AT for young participants and their families.

Helping participants get better information about providers of continence supports

Continence supports are used by over 145,000 participants. Following representation from NDIS participants, the NDIA sought information from the market to form a list of registered providers. Providers had to respond to criteria ranging from the variety and prices (to NDIS participants) of their products, accessibility of their website and published materials, through to ordering, customer care and employment of people with disability. An NDIA team that included an NDIS participant recruited through Participant First assessed the responses which will form the published list.

While NDIS participants can buy from other providers, providers on the published list will be expected to deliver against the standards that we set; participants can use the list as a starting point to find the best provider for their continence needs. The NDIA will monitor the success of this approach with participants, and work with the market to deliver better continence outcomes for NDIS participants.

4.9 Thin markets

Thin market intervention projects are underway in all States and Territories.

The NDIA implements market intervention projects nationally to help participants access quality supports. As intervention projects are being completed, insights and learnings are being collected and shared across the NDIA and with other market stewards. Through the intervention projects, the NDIA is learning more about service delivery in rural and remote NDIS markets. There are currently 26 market intervention projects underway. Four have recently been completed:

- In Doomadgee, Queensland, the NDIA undertook a market facilitation project over seven months. This was focused on improving the market across all supports, for all NDIS participant in this LGA, with the majority identifying as Aboriginal and Torres Strait Islander. The intervention resulted in three providers entering the Doomadgee market, including a locally-based core supports provider and two therapy providers - one fly-in-fly-out, and the other offering virtual services. Average plan spend improved strongly, especially in core supports. Establishing a community-based core provider increased participant engagement and plan uptake, and also provides the community with a more visible NDIS presence.
- In Woorabinda, Queensland, the market intervention over eight months focused on improving the market across all supports for a target cohort of 13 NDIS participants. All participants identified as Aboriginal or Torres Strait Islander. The intervention resulted in four new providers entering the market, offering core supports and therapy, and the establishment of a provider network which is continuing to meet. Average plan spend improved strongly, with pleasing improvements for a number of participants starting to access services where they had not previously been using their NDIS plan.
- In King Island, Tasmania, the market intervention over three months focused on improving participants' connections to core daily activities providers. It also worked with intermediaries to strengthen their networks with providers. The intervention resulted in participants having better connections to NDIS providers, for improved choice and control, and increased provider awareness of data and insights available to them to understand demand in the area.
- In Alice Springs, Northern Territory, the market intervention over 15 months focused on improving the market across all supports. The target cohort included 96 participants, with over half identifying as Aboriginal or Torres Strait Islander. This market intervention resulted in an increase in the use of services by participants in the trial, an increase in active providers in the area, and improved awareness and understanding of available demand data and NDIS processes among providers.

Markets servicing particular participant cohorts

The NDIA takes action to support participant cohorts who have challenges in connecting to services, such as participants with complex needs, and participants who identify as Aboriginal and Torres Strait Islander people.

Thin market projects have delivered some notable benefits for Aboriginal and Torres Strait Islander communities over the last 12 months. The NDIA is discussing opportunities with the National Aboriginal Community Controlled Health Organisation (NACCHO) to work together in markets. This includes attending NACCHO yarning circles to understand barriers to service delivery and making connections with their new NDIS ready coordinator workforce to support Aboriginal Community Controlled Health Organisations to deliver NDIS services.

Support Coordination and Plan Management markets

The support coordination market has been growing, with 43 per cent of active participants now having support coordination funded in their approved plan (as at 30 September 2021), and support coordination representing \$969 million (3 per cent) of total annualised committed supports).

The plan management market has also been growing, with 51 per cent of all active participants (as at 30 September 2021), now choosing to plan manage part or all of their supports representing 38 per cent of total plan funds. During the quarter ending 30 September 2021, 1,060 registered providers were actively delivering plan management supports. The NDIA is currently working with the sector to clarify expectations of plan managers when ensuring NDIS funds are spent in accordance with the participant's plan; and the impact of digital reforms.

The inclusion of support coordination and plan management in the upcoming Annual Pricing Review will initiate further examination of the role of intermediaries in the NDIS and drive further market shaping.

4.10 NDIS pricing

The Agency has released the consultation paper on the Annual Price Review and is conducting a financial benchmarking survey.

Annual Price Review

The Annual Pricing Review 2021-22 Terms of Reference were released on 7 September 2021 and will examine whether the existing price control framework continues to be appropriate or should be modified. The Annual Pricing Review 2021-22 Consultation Paper was released on 8 October 2021.

Targeted research and engagement with participants, providers, community and other sector representatives around NDIS pricing arrangements for the 2022-23 financial year will commence to inform the review.

The review will consider the following:

- NDIS Disability Support Worker Cost Model assumptions and methodology including assumptions associated with Supported Independent Living costs such as vacancy management
- group-based supports.
- temporary transformation payments
- therapy and nursing supports
- support coordination and plan management
- regional, remote and very remote price limit loadings
- price controls by state and territory, where economic trends may be countercyclical to trends in other states and territories.

Financial Benchmarking Survey

The development of efficient and sustainable markets is dependent on the availability of information to assist market growth. As such, the Agency is working to establish a disability service provider benchmarking function to improve the availability of information to the market and support the successful transition of disability service providers into the new market.

The benchmarking function is intended to:

- Increase the information available to providers to gauge performance against their peers and support their transition to a more open and competitive market
- Improve the evidence base available, including for the Annual Price Review

The Financial Benchmarking Survey for 2021-22 will be designed to collect information on staffing numbers, costs and profits of support providers in the NDIS.

The NDIA uses the data and market analysis from the survey to:

- assist in the development of a sustainable NDIS market that supports participant choice
- inform our role as market steward and help us to make evidence-based decisions
- increase the information available to providers to gauge performance against their peers and support their transition to a more open and competitive market.

The survey will be conducted by Deloitte Access Economics and the NDIA receives de-identified information from the survey provider.



Gerry's found his niche after learning the retail ropes

NDIS participant, **Gerry** of Kingston, who has a love for retail, has found his niche designing, making, marketing and selling products at Mosaic Support Services social enterprise, Made By Mosaic.

The 30-year-old, who has a mild intellectual disability, said he's learnt so much from working at the social enterprise's physical and online store, he's confident it will ultimately lead to future employment in retail, a field he said he's really passionate about.

"I love making things, selling them and talking to customers. I love everything about working here at Made By Mosaic," he said. "My speciality is my Lemongrass and Lemon Myrtle soap. My mum asked me to make them. She likes them, and they've been really popular in the shop and online."

"At the moment I'm doing a computer skills program and a multimedia program, and I've been able to use my skills to do lots of jobs in the shop and to help others. Now, I think I've practically learnt all there is to know about running a retail business. I could nearly do it with my eyes closed," Gerry joked.

Vicky Hamblin, Mosaic's Social Enterprise Coordinator and Charissa Leitch, Program Development Coordinator, said Gerry has thrived since he's been involved with the store.

"I've been working with Gerry for about three years, and over that time I've seen him grow and gain so much confidence, while building his social and work skills. He's now capable of doing so many different activities with others or by himself. He's gone from typing some emails to being able to develop, make and sell products, serve customers, and use his skills to do stock counts and electronic transactions. It's been wonderful to watch," Charissa said.

5

Financial sustainability



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

5.1 Participant and cost projections

On 8 October 2021, the NDIA Board released both the Annual Financial Sustainability Report (AFSR), and the Peer Review Report.

The NDIA Board released the 30 June 2021 **Annual Financial Sustainability Report** on 8 October 2021. The AFSR is prepared by the Scheme Actuary, and provides an assessment of the financial sustainability of the NDIS, as is required under the NDIS Act (Section 180B). It is produced using data at 30 June each year and a summary of each year's AFSR is included in the NDIA Annual Report. The AFSR was independently peer reviewed by the Australian Government Actuary⁵⁴. A copy of this report was also released on 8 October 2021.

The AFSR includes:

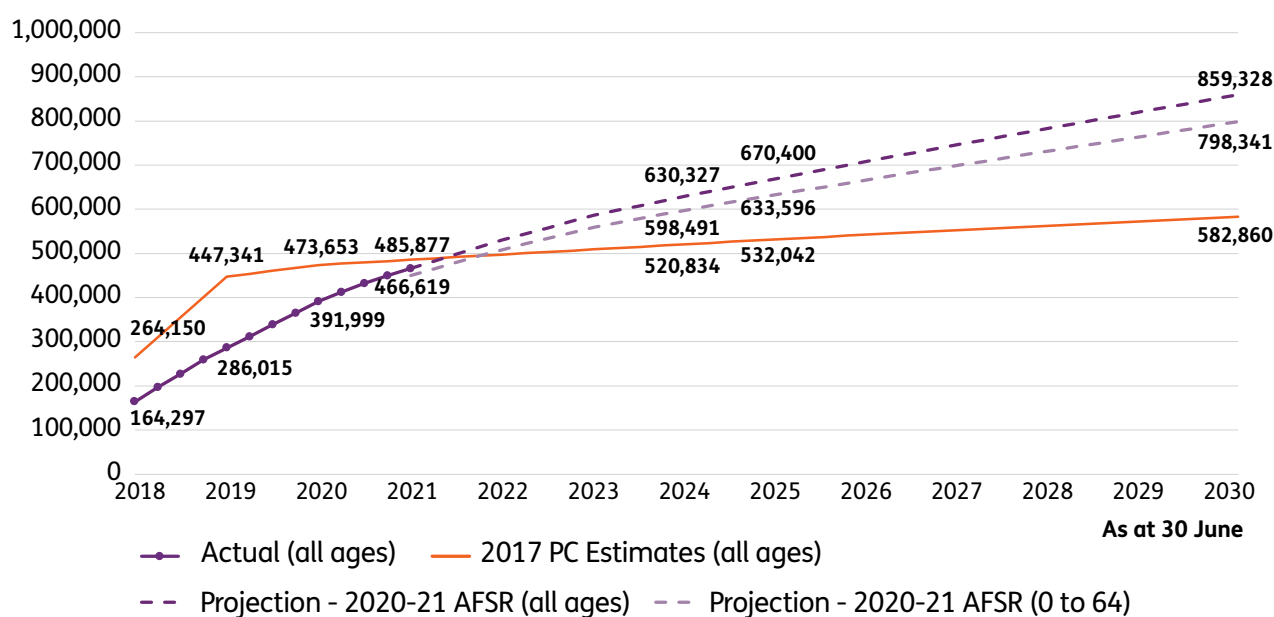
- analysis and discussion of recent Scheme experience
- best estimate projections of future participant numbers and average payments (based on known experience and future expectations)
- scenarios relating to possible variances in the projections
- recommended strategies to address risks to sustainability.

⁵⁴ The Australian Government Actuary currently is the Peer Review Actuary as per the NDIS Act (Section 180D)

The AFSR projects that:

- There will be 670,400 participants in the Scheme at the end of June 2025 (of which 633,600 are under the age of 65 years), and 859,300 at the end of June 2030 (of which 798,300 are under the age of 65 years). These figures are significantly higher than estimated by the Productivity Commission in 2017.

Figure 58: Actual and projected participants (2020-21 AFSR and 2017 Productivity Commission Estimates)



- Total participant costs are estimated to be \$29.2 billion in 2021-22, growing to \$41.4 billion in 2024-25, and \$59.3 billion in 2029-30 (on an accrual basis).

Figure 59: Projected participant costs (accrual basis)

Participant costs (accrual basis \$m)	2021-22	2022-23	2023-24	2024-25	2029-30
Participant costs (0-64)	27,359	31,386	34,812	37,569	52,169
Participant costs (65+)	1,864	2,501	3,161	3,803	7,115
Total participant costs (accrual basis)	29,223	33,886	37,973	41,373	59,284

These results are slightly higher than the projection in the interim report released in July 2021⁵⁵, based on Scheme experience to 31 December 2020, from 2021-22 to 2023-24, and they are slightly lower in 2029-30 (as seen in the table below).

Figure 60: Total Participant costs (accrual basis) compared to previous review

Projected participant costs (\$m)	Projection year					Total 2021-25
	2021-22	2022-23	2023-24	2024-25	2029-30	
2020-21 AFSR	29,223	33,886	37,973	41,373	59,284	142,455
Interim Dec 2020 AFSR	28,139	32,900	36,906	40,659	60,324	138,603
Difference	1,085	987	1,066	714	-1,040	3,852

The **projected costs are higher** than both the 2021-22 Portfolio Budget Statements (PBS) and the 2017 Productivity Commission (PC) projection.

Figure 61: Comparison of 30 June 2021 projection, 2021-22 PBS and the 2017 PC projection

Total participant costs (\$m)	2021-22	2022-23	2023-24	2024-25	Total
2017 Productivity Commission Estimates (a)	23,708	25,238	26,839	28,500	104,286
Portfolio Budget Statements 2021-22 (b)	26,487	28,257	29,425	31,884	116,053
30 June 2021 AFSR (c)	29,223	33,886	37,973	41,373	142,455
Difference (c-b)	2,736	5,629	8,548	9,489	26,402
Difference (c-a)	5,515	8,649	11,133	12,872	38,169

Previous AFSR projections have been close to actual participant costs (within \$1bn) over the period 2018-19 to 2020-21.

Figure 62: Actual participant costs compared with the previous AFSR projections (\$bn)

AFSR	2018-19	2019-20	2020-21
Actual participant costs (accrual)	10.5	17.6	23.2
30 June 2018 AFSR projection	9.5		
30 June 2019 AFSR projection		16.7	
30 June 2020 AFSR projection			22.3
Actual participant costs compared with AFSR	0.9	0.8	1.0

More detail is available in the reports located here:

Interim update to the Annual Financial Sustainability Report⁵⁶ – published 3 July 2021

Annual Financial Sustainability Report⁵⁷ – published 8 October 2021

Independent Actuary Peer Review Report⁵⁸ – published 8 October 2021

⁵⁵ <https://www.ndis.gov.au/news/6590-ndis-financial-sustainability-report-release>

⁵⁶ <https://www.ndis.gov.au/news/6590-ndis-financial-sustainability-report-release>

⁵⁷ <https://www.ndis.gov.au/news/6931-ndia-board-releases-annual-financial-sustainability-report>

⁵⁸ <https://www.ndis.gov.au/media/3554/download?attachment>

5.2 Average and median payment trends

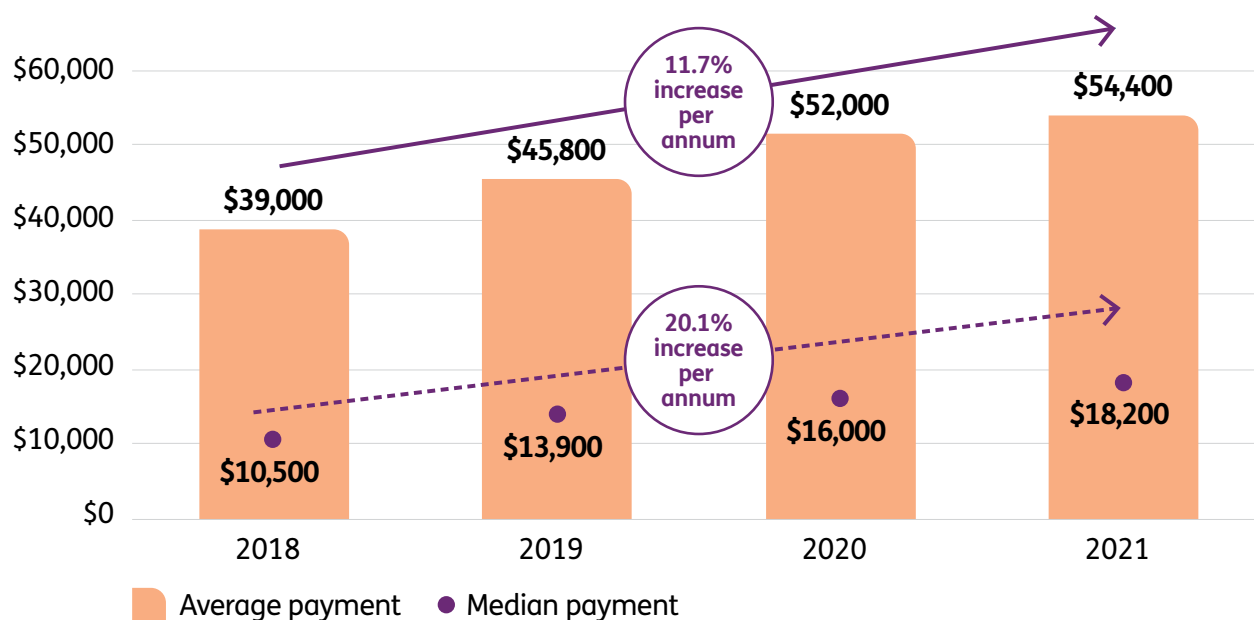
Average and median payments per participant have increased by 11.7 per cent and 20.1 per cent respectively over the last three years.

Both the average (mean) payment per participant and the median payment per participant provide useful information. The mean is the “expected value” of the probability distribution whereas the median is the “middle” of the ranked observations (50 per cent of the observations lie below the median and 50 per cent lie above it). The mean uses all of the observations in its calculation, whereas the median just uses the middle observation (or the middle two observations if the number of observations is even).

In the NDIS, the average payment is higher than the median payment because there is a small number of participants receiving high cost supports.

Trends in average and median payments per participant between 1 October 2017 and 30 September 2021 indicate that average payments have increased by 11.7 per cent per annum, and median payments have increased by 20.1 per cent per annum.

Figure 63: Average and median payments for years ending 30 September - all participants



Over the past four years, the mix of participants in the Scheme has changed. That is, as the Scheme has rolled out across the country, the proportion of participants with different characteristics has changed. As examples, the proportion of children in the Scheme has increased, and the proportion of participants in SIL in the Scheme has decreased.

Analysing the change in average and median payment over time by whether or not participants are in SIL, indicates that the average annual increase in average and median payments has been consistently high across both participant groups. Specifically, the average payment has increased for participants in SIL by 12.5 per cent, and the average annual payment has increased for participants not in SIL by 17.3 per cent per year. These averages are higher than the overall average (of 11.7 per cent), as the proportion of participants in SIL has decreased over the period. Also, the median payment has increased for participants in SIL by 13.3 per cent, and the median payment has increased for participants not in SIL by 21.3 per cent per year.

Figure 64: Average and median payments for years ending 30 September - participants in SIL

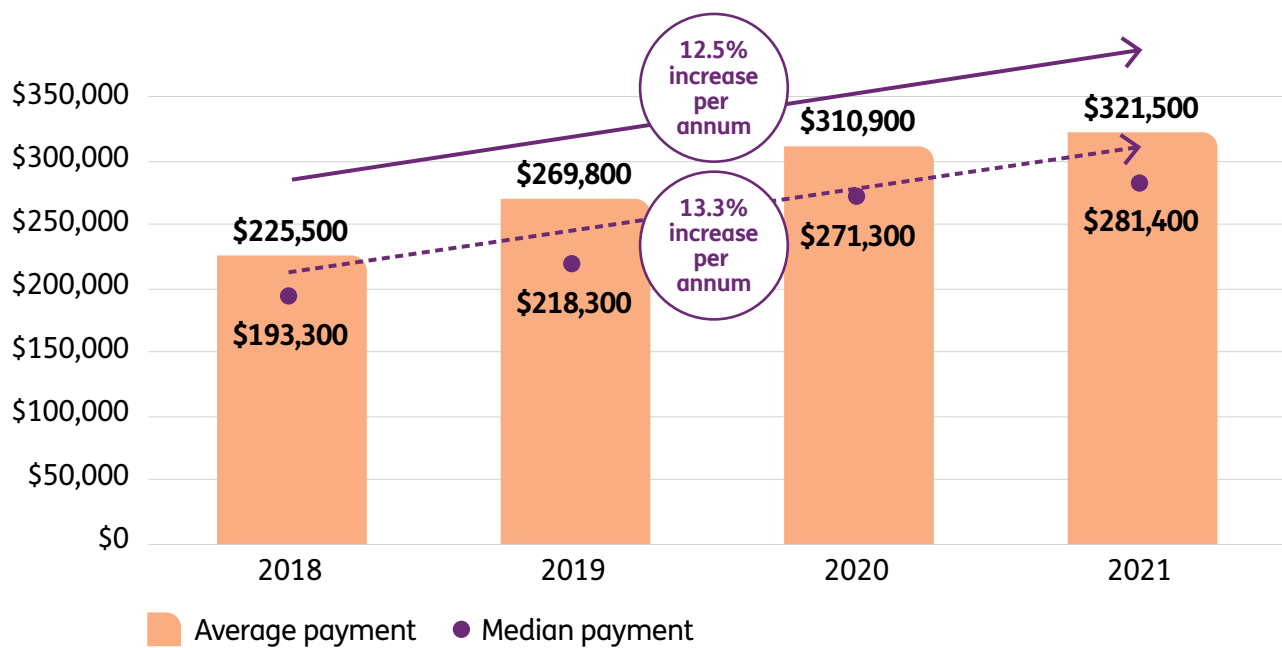
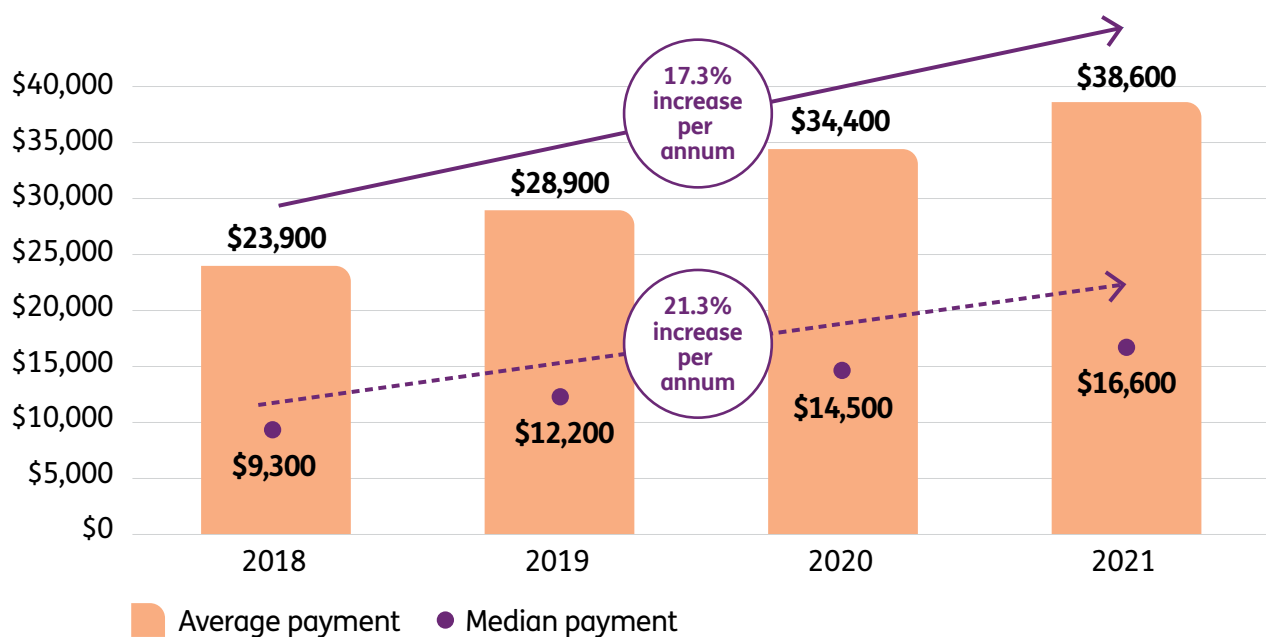
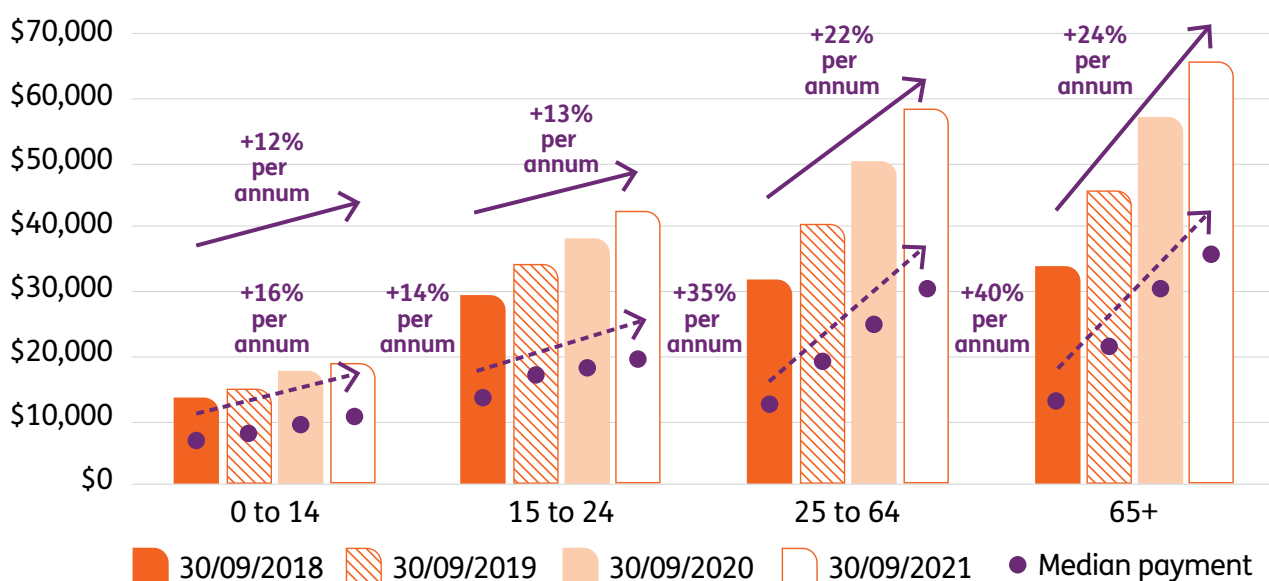


Figure 65: Average and median payments for years ending 30 September - participants not in SIL



The figure below analyses the change in average and median payments over time by age band for participants not in SIL. The average increase in average payments for 0 to 14 year olds is 12 per cent, for 15 to 24 year olds it is 13 per cent, for 25 to 64 year olds it is 22 per cent, and for participants aged over 65 it is 24 per cent. For participants not in SIL, average payments have increased at a faster rate for adults (those aged over 25) and reflects a material increase in the hours of attendant care support these participants are receiving over time. Large increases are also evident in the median payment. The median payment has increased for 0 to 14 year olds by 16 per cent, for 15 to 24 year olds by 14 per cent, for 25 to 64 year olds by 35 per cent, and for participants aged over 65 by 40 per cent.

Figure 66: Average and median payments for years ending 30 September by age group - participants not in SIL



Sustained significant growth in average participant costs will continue to place significant pressure on Scheme sustainability and long-term affordability. As mentioned elsewhere in this report, the NDIA is committed to working with the disability sector, and governments on this issue of affordability, so the Scheme remains affordable now and into the future.

5.3 Average plan budget trends

Average plan budgets have also increased over the last three years.

In addition to average payments increasing over time, average plan budgets have also increased over time. Specifically, over the three year period to 30 September 2021:

- Average plan budgets have increased by **5.0%** per annum for all participants
- Average plan budgets have increased by **9.9%** per annum for participants in SIL
- Average plan budgets have increased by **6.8%** per annum for participants not in SIL.

There has been a slight decrease in average plan budgets in the last year. Specifically, the mix of participants (shifting to a higher proportion of low cost participants, especially children, and fewer participants in SIL as a proportion of participants overall) affects the extent to which average plan budgets change. This is one driver of the decrease in the last year.

Figure 67: Average annualised plan budgets – 30 September 2018 to 30 September 2021 – all participants

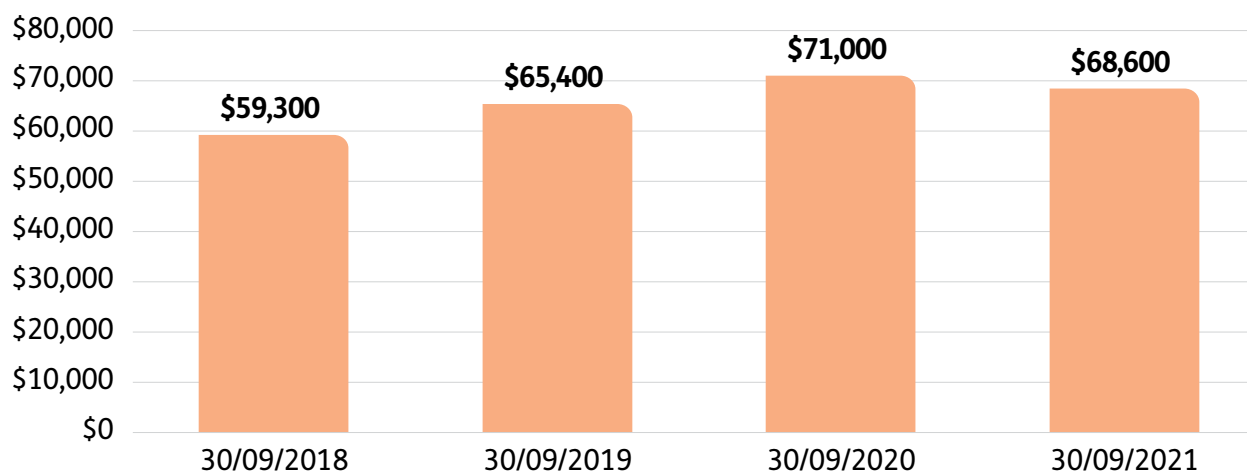
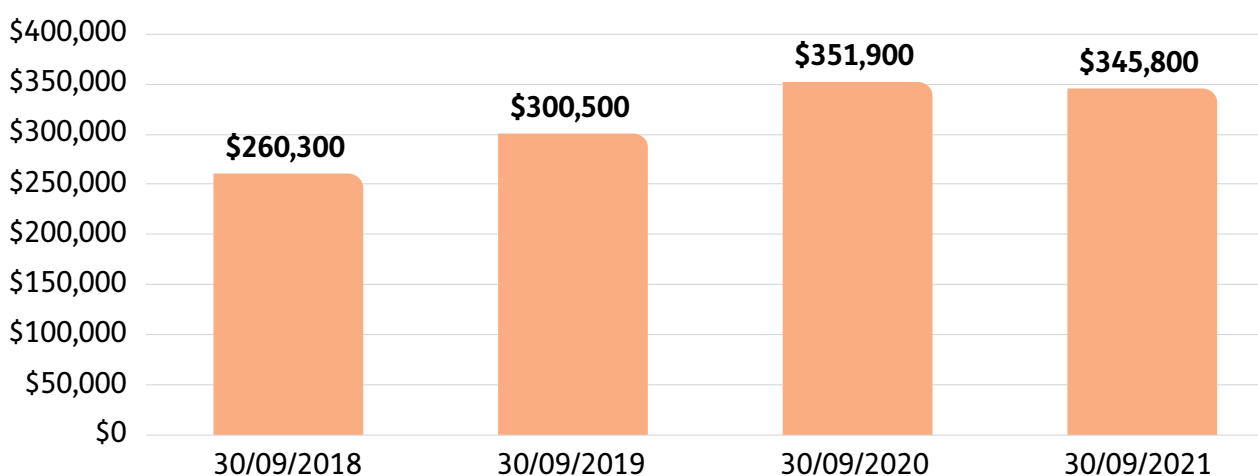
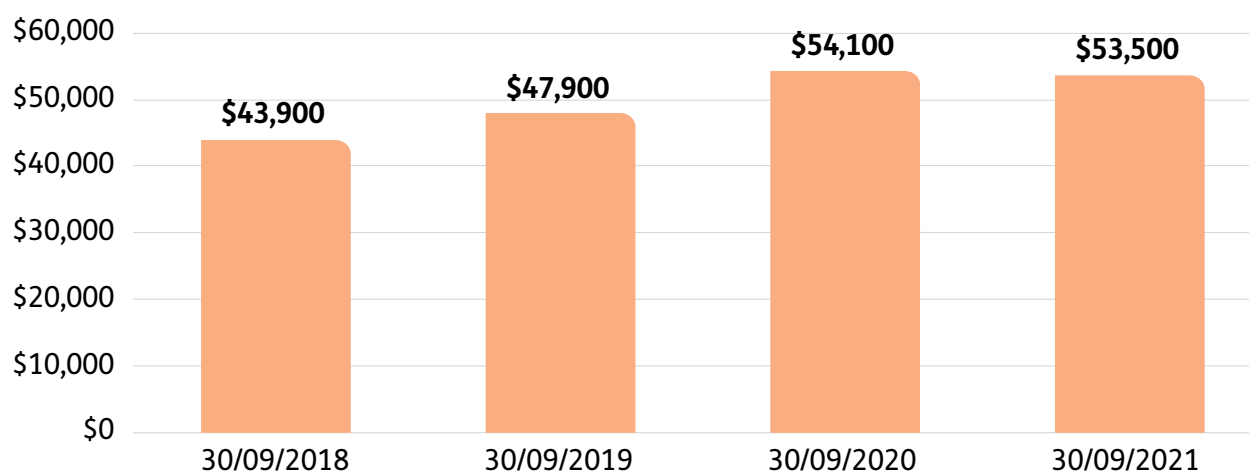


Figure 68: Average annualised plan budget – 30 September 2018 to 30 September 2021 – participants in SIL



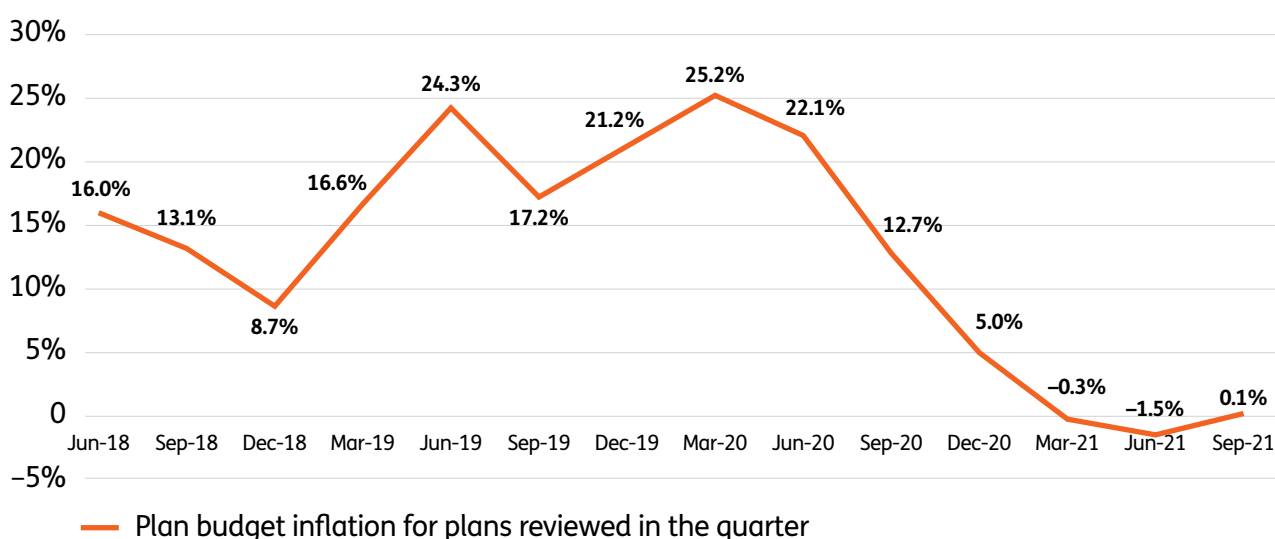
**Figure 69: Average annualised plan budget – 30 September 2018 to 30 September 2021
– participants not in SIL**



Plan reviews result in plan budgets varying from plan to plan for a variety of reasons – for example, one-off capital items in one plan and not the next. The NDIA has published an updated Operational Guideline (OG) on Plan Reviews which details the reasons why a new plan could be different to a current plan. The updated OG can be accessed [here](#)⁵⁹.

Plan reviews conducted in every quarter from June 2018 to December 2020 resulted in average plan budget increases (often by more than 15 per cent on an annualised basis). For plans that were reviewed in the March 2021 quarter, plan budgets on average decreased by 0.3 per cent, and in the June 2021 quarter plan budgets decreased on average by 1.5 per cent. There was a 0.1 per cent increase in plan budgets for plans reviewed in the September 2021 quarter. The AFSR projections presented earlier in this section are fully consistent with these outcomes – payments to participants are projected to continue to increase as they use more of their plans.

**Figure 70: Percentage change in annualised plan budgets for plans reviewed in the quarter
– June 2018 to September 2021**



⁵⁹ <https://ourguidelines.ndis.gov.au/your-plan-menu/plan-reviews>

At the individual level, plan budgets can vary significantly. In the twelve months to 30 September 2021:

- **38%** of plans increased at review by more than 5%
- **38%** decreased by more than 5%
- **24%** stayed within 5%.

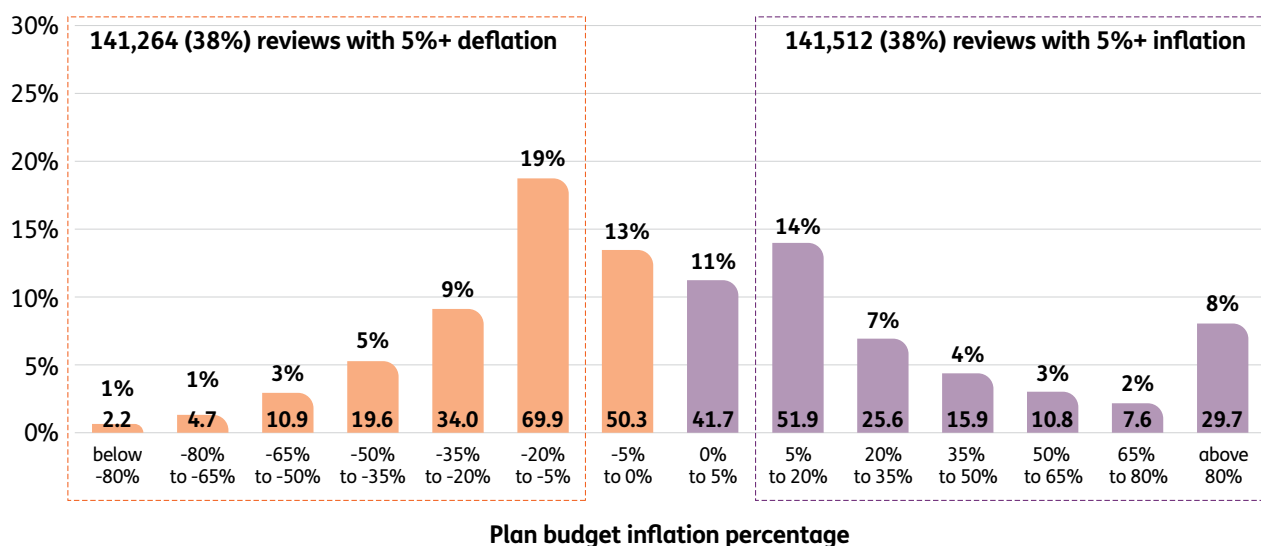
For participants in SIL:

- **30%** increased by more than 5%
- **43%** decreased by more than 5%
- **27%** remained within 5%

For participants not in SIL:

- **38%** increased by more than 5%
- **37%** decreased by more than 5%
- **25%** remained within 5%

Figure 71: Distribution of the percentage change in plan budgets for plans reviewed in the 12 months to 30 September 2021 - all participants⁶⁰



⁶⁰ The number of plan reviews (in thousands) in each inflation percentage band is shown at the bottom of each bar in the chart. The corresponding percentage of plan reviews in each band is shown at the top of each bar in the chart.

Figure 72: Distribution of the percentage change in plan budgets for plans reviewed in the 12 months to 30 September 2021 - participants in SIL⁶¹

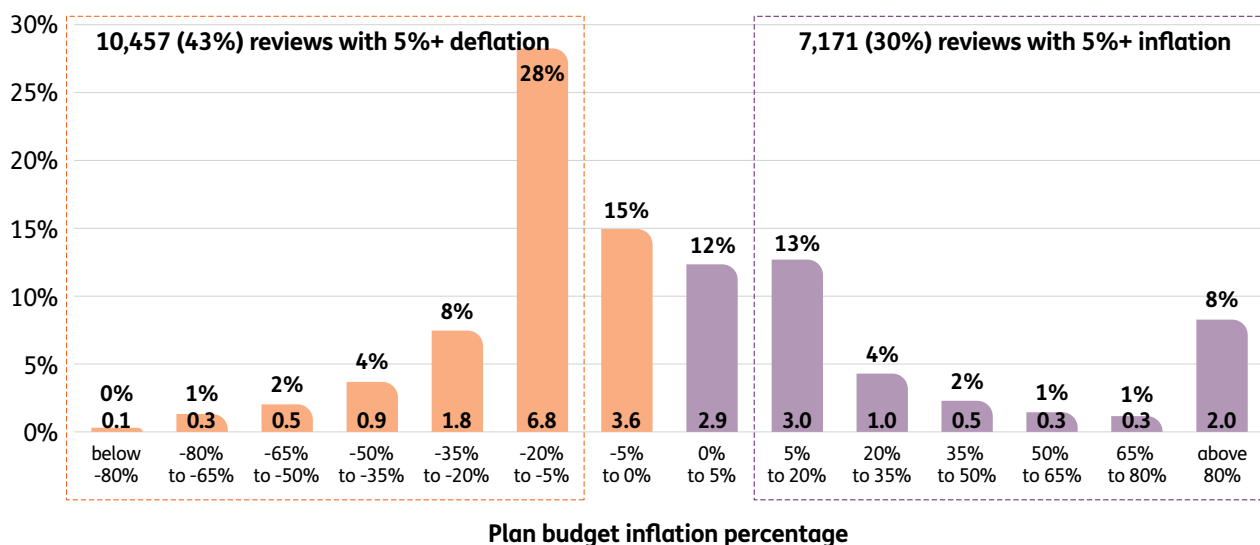
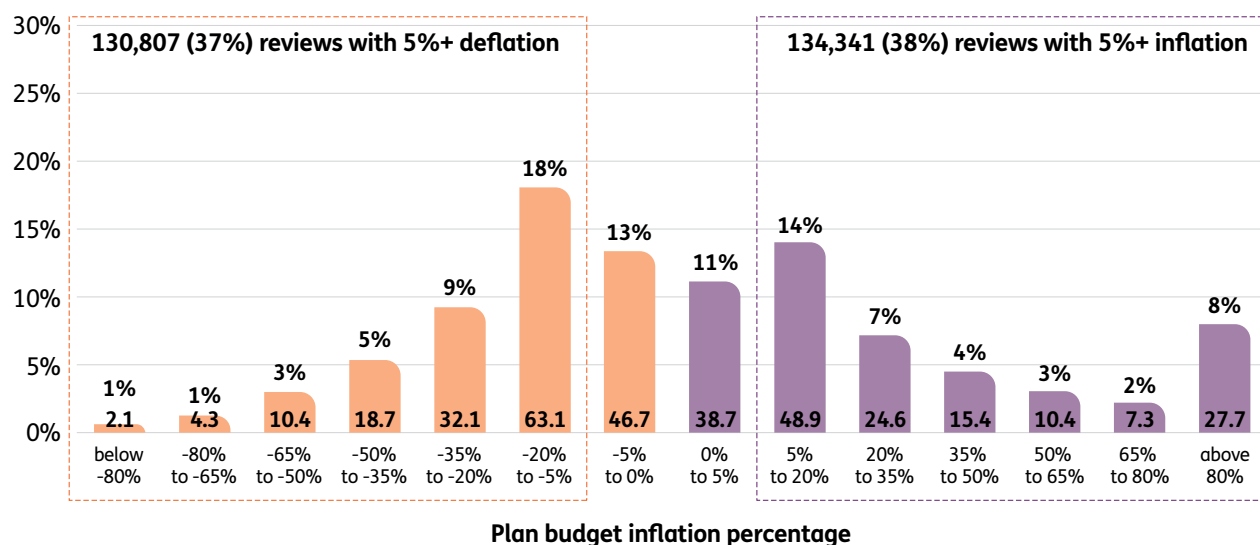


Figure 73: Distribution of the percentage change in plan budgets for plans reviewed in the 12 months to 30 September 2021 - participants not in SIL⁶²



⁶¹ The number of plan reviews (in thousands) in each inflation percentage band is shown at the bottom of each bar in the chart. The corresponding percentage of plan reviews in each band is shown at the top of each bar in the chart.

⁶² Ibid.

It is worth noting that while 38% of plans increased by more than 5% in the 12 months to 30 September 2021, and 38% decreased by more than 5% in the same period (as discussed above), a much higher proportion of plans increased by more than 5% in the prior two years (55% in the 12 months to 30 September 2020, and 56% in the 12 months to 30 September 2019).

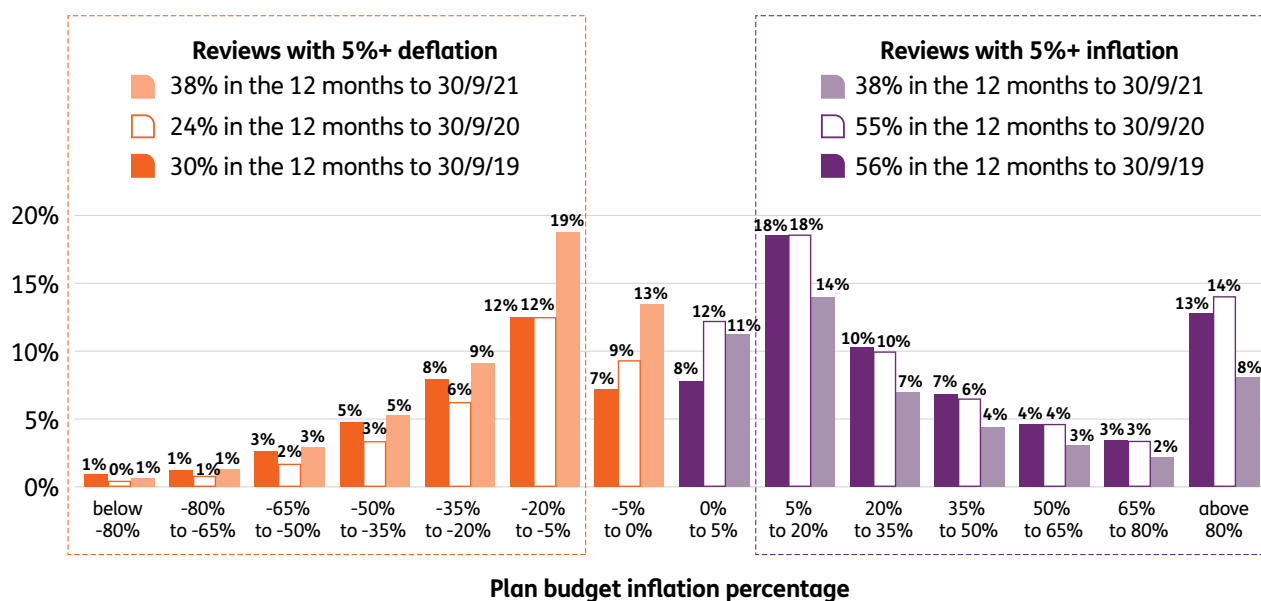
Specifically in the 12 months to 30 September 2020:

- **55%** of plans increased at review by more than 5%
- **24%** decreased by more than 5%
- **21%** stayed within 5%.

And in the 12 months to 30 September 2019:

- **56%** of plans increased at review by more than 5%
- **30%** decreased by more than 5%
- **14%** stayed within 5%.

Figure 74: Distribution of the percentage change in plan budgets for plans reviewed over the three years to 30 September 2021 - all participants



SIL decision making process

Plan budgets vary at plan review as reasonable and necessary decisions are made as participants' circumstances change from July 2020, and following validation of evidence that existing reasonable and necessary approaches have been followed by previous Agency decision-makers.

For participants with SIL supports in their plans, the Agency made a significant service design change to move away from a provider-led "quote and negotiate" approach to the use of Agency-calculated individual SIL support values. Agency-calculated individual SIL support values are based on each participant's level of support need using rates listed in the NDIA Pricing Arrangements and Price Limits' guide.

Additionally, various 'housekeeping' items were corrected in the roster of care tool. These included removing the extra week from historic support calculations back down to a 52 weeks per year basis, correcting the number of public holidays, separation out of 'irregular' supports and converging to a standard indexation protocol for hourly rates of support away from individual Provider quoted levels. For participants receiving high intensity SIL supports, evidence was either validated or updated to ensure the decision was reasonable and necessary.

For the past 15 months, SIL support value calculations have been made by a national team of highly trained and dedicated SIL Assessors at plan review. This ensures a consistent approach to SIL supports across all participants. Changes to SIL support budgets are communicated by the Assessors to providers and support coordinators at this point prior to final approval of the Participant's whole plan. All proposed variations to SIL plan budgets greater than or equal to \$50,000 are also subject to a second oversight process by senior delegates to ensure reasonable and necessary decisions are being made.

Complex participant plans (for example, high plan budget plans and participants with complex mainstream interfaces), are also reviewed by Home & Living panels which are comprised of senior specialist Agency delegates. These delegates consider the entire support needs of the participant, and not just the SIL component of the plan.

Importantly, decisions and changes made by Agency delegates post either the SIL Assessors' or Home & Living panel's decisions are then communicated and explained to the participant.

For participants who are not in SIL, plans can vary for a number of reasons including the addition of one-off capital items in plans that are not required in subsequent plans, and/or the inclusion of capacity building support to build skills, which may not be required in subsequent plans. Further, appropriate justification is required for all reasonable and necessary decisions which can result in variation to plan budgets. Importantly, all decisions are communicated and explained to the participant.



Shelley's on the move in life of freedom and independence

Shelley's ongoing success in living independently while pursuing her social and employment goals has the NDIS participant on the move... literally.

Recently jetting to Rockhampton from her home base in Lismore heights to visit her grandparents marked a magic moment for the 39-year-old who lives with Cerebral Palsy, in a first trip away without family support.

"I haven't seen them for two years because of COVID-19, so they were really excited to see me," Shelley said. "We came up on an airplane for two nights and I love having that freedom."

Living independently since she was 21, the introduction of the NDIS has provided Shelley with the supports needed to increase her capacity after moving into her own two-bedroom unit through North Coast Housing.

Through the engagement of an independent staff of support workers who assist Shelley with daily cooking and cleaning, the NDIS has also provided funding for supports such as her walker, wheelchair and cushion.

Loving to be out and about, the affable, funny and animal-loving Shelley loves her social activities and independent lifestyle as much as engaging through her supported employment.

Debbie, Shelley's support worker who's been by her side for over 14 years, said her progress since the introduction of the NDIS had been amazing. "The NDIS has listened to her and she really feels part of her plan and the process of understanding what she needs," she said.

6

Staff, advisory groups and the NDIS community



6

Staff, advisory groups and the NDIS community

Participant and sector engagement activities continue to be a focus.

6.1 A high performing NDIA

Staff and partners capability development continues.

As at 30 September 2021, the total NDIS workforce was 11,620, including 4,401 Australian Public Service (APS) employees, 1,626 labour-hire workers and contractors and 5,593 people employed by the NDIA's PiTC and Contact Centre Partners.

To meet participant demand and continue to deliver the NDIS, large-scale recruitment activities were completed during the quarter to fill a number of vacancies in the Participant Experience Delivery (PED) Group. These activities focused on national delivery and operations roles, across all states and territories, and the outcomes will be fully realised and reported in the next quarter. However, during this quarter, there were 388 appointments made in the PED Group, with 9 per cent of these being people with disability. A further 91 vacancies were filled across other parts of the NDIA, with 5 per cent of these being people with disability. The successful candidates included a mix of both external applicants and existing internal staff.

The NDIA continues to develop its frontline employees' capability. During the quarter, the NDIA developed a series of communication programs with the intent of improving how frontline planners interact with participants. The emphasis of these programs is on supporting the embedding of the Participant Service Charter (PSC) engagement principles and improving the participant experience. This program will commence rolling out in October.

The Continuous Improvement Connect (CI Connect) program continues to provide opportunities for teams to build capability and lift organisational performance. This has been achieved by utilising quality audit reporting, deep dive studies, key focus areas and NDIA performance data to make informed risk based decisions.

To date the CI has addressed five initial themes drawn from long standing systemic issues which require immediate remediation:

- **Reasonable and Necessary Written Justifications:** To improve the quality of written justification in line with Agency KPI's
- **Sustainability Part 1 and 2:** Selected as an Agency call to action to address scheme sustainability and participant experience
- **Severity Tools:** To ensure the correct level and method of functional assessment has been applied for disability types that contribute to generation of the Typical Supports Package

- **Mandatory TAB Advice:** To ensure that appropriate advice informed by Technical Advisory Branch (TAB), clinical application and understanding of the impact of providing the support is adhered to (including compulsory protocols agreed with the NDIS Quality & Safeguards Commission⁶³)

Learner evaluations have demonstrated that:

- **85%** of attendees felt the course helped improve their decision making at work
- **83%** felt the course helped solved issues with planning and other related work tasks
- **85%** felt the course helped change work practices; and
- **85%** felt the course helped them achieve their goals

The NDIA continued to attract and develop internal talent to the Just Brilliant Graduate Program, with 18 graduates expected to commence with the NDIA soon. During the quarter, 2020/2021 SES and EL1/2 and APS 6 leadership development programs finished with about 300 attendees across all programs.

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

The NDIA received its APS Census results during the quarter. The results provide the NDIA with the opportunity to improve the work experience of our people and make the NDIA an even better place to work. The response rate was 83 per cent with 4,237 of the workforce (APS employee and labour hire workers) participating. This is around 6 per cent higher than the APS average response rate. The results from the 2021 APS Census indicate a slight decline in the NDIA's engagement and well-being scores. The 2021 Engagement index has decreased by 3 percentage points (77 per cent in 2020 compared to 74 per cent in 2021) and the Wellbeing Index has decreased by 4 percentage points (70 per cent in 2020 compared to 66 per cent in 2021). Since the NDIA received its results there has been a significant focus in debriefing the results and identifying actions to making the NDIA a great place to work.

⁶³ Work on this advice will start in 2021-22 and Council will present the completed formal advice to the NDIA Board in 2022-23, due to its complexity.

6.2 Valued input from the Independent Advisory Council

The IAC continues to provide valued advice to the NDIA Board and management.

The IAC is working closely with the NDIA management and NDIA Board. The IAC will provide formal advice to the NDIA Board during the 2021-22 financial year on:

- Equity in the NDIS: improving access and outcomes for diverse communities
- Behavioural Support
- Participants who are ageing⁶⁴

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:

- Best practice engagement with the disability community
- Children and young people with Autism Spectrum Disorder
- Early Childhood Approach reset
- Supporting participants to be included in the community
- Access and eligibility
- Self-management
- Pathways to employment
- Research and evaluation
- Home and living supports
- NDIA Communications: embedding best practice in accessible and inclusive communications for all NDIS participants, families and carers
- Support for decision making
- NDIA responsiveness for diverse populations for emergency preparedness
- Information, Linkages and Capacity Building (ILC)
- National Disability Strategy
- Interface with mainstream services
- Legislative changes to the NDIS Act
- Participant Service Guarantee

⁶⁴ Independent assessments are no longer going ahead, and the NDIA supports this decision.

6.3 Engagement initiatives

The NDIA has commenced engagement with stakeholders to embed co-design in the NDIA approach.

Co-design workshops

The IAC, along with other key disability community stakeholders, participated in two virtual co-design workshops in September 2021.

The workshops brought together the IAC, 27 disability and carer representative organisations (DCROs), the DSS, NDIA Board members and senior executives.

The list below demonstrates the diversity of peak bodies included in the co-design workshop group membership.

- Autism Alliance (Autism South Australia representative)
- A4 Autism Asperger's Advocacy Australia
- Australian Federation of Disability Organisations (AFDO)
- Autistic Self Advocacy Network of Australia and New Zealand (ASAN AUNZ)
- Blind Citizens Australia
- Brain Injury Australia
- Carers Australia
- Children & Young People with Disabilities Australia (CYDA)
- Community Mental Health Australia (CMHA)
- Deaf Australia
- Deafblind Australia
- Deafness Forum Australia
- Disability Advocacy Network Australia (DANA)
- Down Syndrome Australia
- Every Australian Counts
- First Peoples Disability Network (FPDN)
- Inclusion Australia
- JFA Purple Orange
- National Mental Health Consumer and Carer Forum
- Mental Health Australia
- National Ethnic Disability Alliance (NEDA)

- People with Disability Australia (PWDA)
- Physical Disability Australia
- ReImagine Australia
- Self-Advocacy Resource Unit (SARU)
- Women with Disabilities Australia
- Young People in Nursing Homes Alliance

Former Disability Discrimination Commissioner Graeme Innes facilitated both workshops, supported by facilitators from the disability community.

The workshops were held following a decision by disability ministers in July 2021 to not proceed with the proposal for independent assessment.

The NDIA acted on advice from the IAC to strengthen relationships and build trust with the disability sector, and respond to Terms of Engagement provided by the disability sector to Minister Reynolds in June 2021.

The workshops were an opportunity to develop a constructive working relationship between the NDIA, the IAC and DRCOs and to begin co-design and priority issue discussions.

Workshop discussion topics

Workshop attendees discussed what led to the breakdown in mutual trust, how to strengthen the relationships between the disability community and the NDIA, and a range of priorities for changes and improvements to the NDIS.

This included the topics the NDIA, the IAC and the disability sector have been asked to work on by disability ministers, and how the NDIA could start working towards co-design.

Workshop attendees discussed how the NDIA could establish a co-design framework based on a “learn by doing” approach, agree on key principles of co-design and terms of engagement.

The NDIA committed to learn from the past and engage constructively with the disability community in the future.

Outcomes of co-design workshops

Workshop attendees acknowledged:

1. The need to improve relationships and build trust between the NDIA and the disability community.
2. The shared commitment to work towards better outcomes for people with disability and to improve Scheme processes.
3. The need to better understand interactions between the range of issues faced by people with disability, sector organisations and the Scheme, and how they can be jointly resolved.
4. To work together to better understand the issues the Scheme is facing, including financial sustainability, from all stakeholder perspectives.

5. The shared commitment to immediately work on priorities which would benefit from co-designed solutions such as a new person-centred assessment model as well as ending segregation for people with disability and strengthening community inclusion.
6. A focus on a range of improvements to the operations of the NDIS.
7. The need to recognise and respect the importance of diverse views, experience and contributions made by the Scheme, DSS, the IAC and disability and carer representative organisations; acknowledging:
 - i. DCROs as legitimate representatives of participants and families/caregivers
 - ii. The IAC for its statutory role to advise the NDIA Board as outlined in the NDIS Act, including their appointed experts as people with disability, families/carers and service providers
 - iii. the NDIA as the statutory authority responsible for delivering the NDIS in accordance with the Act
 - iv. DSS as responsible for NDIS legislation, for the Information Linkages and Capacity Building program, and the broader Australian Disability Strategy.
8. The importance of regular and accessible communication with participants, families and carers as well as state, territory and local community groups and networks and provider networks, to inform and enable involvement.
9. The importance of agreement about the governance of the relationships and the processes used in any joint work between the sector and the NDIA.
10. That these co-design workshops were a first step in developing better ways of working together to benefit participants and the Scheme. There is more to do.

Next steps

1. Co-design advisory group

Leaders from the IAC and the DRCOs selected representatives to form the co-design advisory group. Advisory group members will be paid for their time. The first meeting of this new group was held on 15 October 2021.

2. Confirm co-design priority work

NDIA representatives will work with a small group of IAC and disability sector representatives to establish initial co-design priority work, for consideration by the broader disability sector. The advisory group and the sector will also consider other work that would benefit from a strategic approach to stakeholder consultation and involvement.

3. Information updates

The NDIA, the IAC and disability and carer representative organisations will agree on a regular schedule to inform the disability community of co-design topics and progress, and advise any key issues requiring wider consultation.

6.4 Public data sharing and the latest release of information

This quarter the NDIA released a SDA finder interactive tool, and deep dive reports on employment and health and wellbeing.

As part of its commitment to transparency, the NDIA released the latest set of NDIS data on 25 August 2021. This includes data available through the interactive web tool and in downloadable files (with data at 30 June 2021).

In August 2021 the NDIA released a report into the health and wellbeing of NDIS participants and their families and carers⁶⁵. The report uses health and wellbeing data from the NDIS Outcomes Framework survey. This includes information about healthy living, mental health, how participants and families/carers rate their health, and access to health services.

In September 2021 the NDIA released 'Employment outcomes for NDIS participants'⁶⁶, new outcomes and research analysis that provides important insights into employment enablers and barriers for people with disability. The analysis will inform the way the NDIS can support participants to find, and keep, meaningful jobs. Further commentary is included in Section 2 of this report.

The SDA Finder⁶⁷ is a new interactive tool that was released during the quarter, which helps participants search for Specialist Disability Accommodation (SDA) vacancies that meet their needs. SDA is a range of housing solutions for people with extreme functional limitations or very high support needs. Participants, families and carers can search for SDA dwelling vacancies by location, building type, price and more.

Accessible digital resources like the SDA Finder and Provider Finder⁶⁸ are examples of our Participant Service Improvement Plan working to deliver a Scheme that meets participant expectations.

In response to sector and community feedback, on 1 October 2021 the NDIA released a new report that provides an analysis of the distribution of plan budgets by socioeconomic status⁶⁹. It shows that standardised plan budgets are higher for participants in the higher socio-economic areas compared with participants in the lower socio-economic areas across all percentiles considered, including the median (50th percentile).

The NDIA also released an additional analysis of trends in plan budgets, payments and utilisation⁷⁰, across age groups and plan number. It includes information broken down by SIL status, by disability type (for participants not in SIL) and by state or territory.

⁶⁵ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/health-and-wellbeing-ndis-participants-and-their-families-and-carers>

⁶⁶ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/employment-outcomes-participants-their-families-and-carers>

⁶⁷ <https://www.ndis.gov.au/participants/home-and-living/specialist-disability-accommodation-explained/sda-finder>

⁶⁸ <https://www.ndis.gov.au/participants/working-providers/find-registered-provider/provider-finder>

⁶⁹ <https://data.ndis.gov.au/reports-and-analyses/other-analyses#plan-budgets-and-socio-economic-status-report>

⁷⁰ <https://data.ndis.gov.au/reports-and-analyses/other-analyses#analysis-of-average-committed-supports-payments-and-utilisation-trends-report>

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
- participants with acquired brain injury, cerebral palsy or spinal cord injury
- 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, 30 June 2019, and 30 June 2020)
- employment in the NDIS (31 December 2020)
- people with disability and their NDIS goals
- COVID-19 impact on participants and family/carer outcomes

The NDIS market:

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

6.5 Cyber Security and Fraud

NDIA Cyber Security is working proactively to identify the most likely and significant threats to enable the informed implementation of risk mitigation.

Over the past year, the COVID-19 pandemic has brought to the forefront the ever-evolving nature of cyber threats against staff, Participants, Providers and the Agency. The rapid transition of staff working from home, the increased utilisation of online tools, web conferencing apps and other essential digital services to communicate with Participants, Providers and Partners has increased the threat landscape for the Agency. This has the potential to open areas of vulnerability to cyber events, or incidents that can have adverse impact.

The most likely sources of risk are foreign state-based actors, organised crime gangs, social activists and other parties who possess or procure the means with which to conduct cybercrime, utilising malware, ransomware, phishing and social engineering to extort funds, expose sensitive information and deny people of online services. The Agency continues to collaborate across Government Agencies and Departments to leverage existing and emerging capabilities, ensuring those risks are addressed.

The Agency is undergoing significant digital transformation to make online services more accessible for staff, Participants, Partners, and Providers. This digital transformation will result in a more cyber secure Agency, protecting the interests and information of Participants of the Scheme.

As published in the previous two quarterly reports, the Australian Secret Intelligence Organisation's (ASIO) notification that health service organisations are targets for cybercrime groups remains in force. This is likely to continue for the foreseeable future as Foreign Intelligence Services seek to obtain Australian health intellectual property.

Continual communication and liaison with Partners is essential to raise and maintain cyber awareness, promoting sound cyber hygiene practices outside of the Agency's immediate control. Additionally, the Agency conducts regular internal communication and training with staff and Partners to maintain awareness of cyber threats. The Agency is currently conducting an assurance exercise (anti-phishing email campaign) to determine the effectiveness of these communications and make continual improvements.

The NDIA continues to invest in Fraud and Compliance

On 2 August 2021, Senator the Hon Linda Reynolds CSC, Minister for the NDIS, formally announced the extension of the NDIS Fraud Taskforce. As mentioned previously, the NDIS Fraud Taskforce (established 2018) is a multi-agency partnership between the NDIA, the Australian Federal Police and Services Australia. It works to protect the integrity of the Scheme and the participants it supports.

As at 30 September 2021, there were 28 fraud matters under investigation and a further seven matters under preliminary investigation. Of these, nine matters are before the courts under prosecution. During Quarter 1, three offenders who had been working as Scheme providers and previously charged with fraud offences were sentenced by the courts and a 29 year old man was arrested for allegedly defrauding the NDIS of more than \$120,000.

Minister Reynolds also announced the establishment of a new Compliance Response Team (CRT) on 2 August 2021. The CRT will work to proactively identify potential non-compliance by both providers and participants through activities such as data analytics. During the quarter, the CRT undertook 661 proactive compliance activities.

The NDIA continued to undertake a number of compliance activities to address opportunistic or non-compliant behaviour that is identified through tip-offs during the quarter. 267 reactive compliance activities were undertaken in Quarter 1.

6.6 NDIA's new Information and Communication Technologies (ICT) business system

The NDIA is building a new ICT business system to improve the end to end participant journey and planning process.

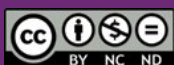
The NDIA is designing and building a new ICT business system. The new CRM platform is a fit-for-purpose case management system, and will be ready to replace the NDIA's current CRM, portal and payment systems.

The new CRM system will deliver business improvements including a number of medium and long term changes to the end to end participant journey and planning process. These improvements will also deliver on the commitments in the Participant Service Improvement Plan (PSIP) and ongoing implementation of Tune Review recommendations. The new system is being designed to assist our staff and partners deliver a quality experience for participants.

Improvements will be delivered over the next 2 years and will include:

- More options for how a participant's plan can be changed to meet their needs, without lengthy processes
- New ways of capturing goals and clearer referral processes to mainstream and community supports
- Streamlined access processes, with prospective participants being supported by LAC and Early Childhood partners in the community
- Integration between the NDIA's systems and Participant Portals, meaning participants can manage more of their own information and monitor progress on their requests,
- Automated work-routing for all work, meaning that tasks are more efficiently completed (and matched to staff with the skills required to complete the task)
- New validation of payment-requests, including participant-verification steps
- Monitoring across the entire ICT system, supporting the NDIA to proactively identify and check-in when it appears a participant may need support.

The NDIA is working with participants, providers and staff in the design and build of the new system and this will be progressively rolled out from July 2022.



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