

Q2

2021-2022



NDIS Quarterly Report to disability ministers

31 December 2021

ndis

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Introduction

The National Disability Insurance Agency (NDIA) is focussed on supporting participants, providers, staff and partners during the latest wave of the COVID-19 pandemic

Through the December quarter of 2021, the NDIA has continued to prioritise supporting participants, providers, staff and partners during the COVID-19 pandemic. The current situation has seen “hotspots” declared across the country. The speed of the spread of the Omicron variant has seen huge increases in case numbers and hospitalisation. This has led to increasing impacts on participants and providers. With this increasing impact, the NDIA has strengthened its response by expanding a number of current measures and implementing additional initiatives to help keep participants and workers safe and supported.

The NDIA also continues to work across Government¹ to ensure continuity of essential supports for NDIS participants. The NDIA has continued to support the COVID Shield Taskforce, led by the Department of Health, to lift NDIS participant and provider worker vaccination rates and to work with state and territory governments to support those who have not received their primary vaccination to understand their options. The Agency is also supporting participants, providers and the sector to access booster vaccinations in order to adjust to the new “COVID normal” way of living.

Supporting participants and workers to become vaccinated

The NDIA has continued to focus on implementing initiatives to lift the vaccination rates of participants and provider workers with other areas of government. This includes sharing data on participant and support worker vaccination rates.

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

- Expanding the vaccine enablement payment 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. This is for participants in all states and territories.
- The introduction of a \$75 booster vaccination payment, per participant, to support providers with the costs associated with facilitating a booster vaccination for participants.
- Supporting participants aged between 5 and 11 years old to access their primary dose of vaccination on or after 10th January 2022.

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

- Outreach efforts by the NDIA Provider Engagement branch to contact registered providers within the vicinity of the Commonwealth vaccination hubs. The intent of the campaign is to boost participant vaccinations numbers by raising awareness of the hubs, confirming the supports available from the NDIS and identifying any barriers providers may be experiencing.
- Additional participant assistance measures include 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.

Supporting participants

Important learnings from previous outbreaks have seen existing initiatives continued and extended throughout this quarter to support participants. These specific initiatives are:

- Advice to impacted participants on how they can access their supports and use their plans flexibly to engage the supports they need during COVID-19 lockdowns, or if they or their support workers contract 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
- Providing \$1,200 per day for participants living in shared SIL who are required to self-isolate
- Flexible approach to low cost Assistive Technology (AT) to allow participants to access up to \$1,500 of their plan budget to purchase low cost AT items for continuity of supports
- Flexible use of NDIS core funding for participants in lockdown areas who would normally use their support funding to pay a support worker to cook and shop for them. This measure minimises participant risk of exposure to COVID-19 by allowing the flexible use of NDIS funding to pay for alternative meal preparation and delivery services.

Supporting providers

The NDIA would like to acknowledge providers for their continued commitment to providing essential supports to NDIS participants through the COVID-19 pandemic. The NDIA recognises that providers' costs have increased as a result of COVID. In particular, some providers are now having to provide PPE for some workers in some situations. In the initial stages of COVID, the NDIA allowed providers to recover these costs from the NDIA through a direct billing arrangement or to be claimed from participant plans, with the participant's agreement. To reduce the administrative burden on providers and in recognition that these costs are likely to be long term the NDIA has now built a provision for these costs into the price limits that apply to core supports. On 1 January 2022, the NDIA therefore increased the price limits that apply to core supports. The price limits for core support are set using the NDIS Disability Support Worker Cost Model.

All of the cost assumptions that underlie the price limits for core supports are currently being examined as part of the Annual Pricing Review. The outcomes of that review will be implemented from the middle of this year.

NDIA initiatives to support providers complement the broader suite of assistance being provided by the Government to businesses and workers. 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 has been continued this quarter.

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

- The establishment of workforce support arrangements for providers experiencing significant workforce disruptions due to COVID-19. Available supports include assessment of issues, provision of peer coaching and advice to support providers to recover their services, along with options to source supplementary workforce if absolutely required and available.
- Implementation of an additional interim COVID-19 support measure for SIL providers to directly claim from the NDIA the cost of Rapid Antigen Tests for workers in the instance that they require testing to continue service provision.

Further, the NDIA confirmed eligible participants can use their core funding to purchase Rapid Antigen Tests where the use of a test is required to access their reasonable and necessary supports. Eligible participants may also purchase Rapid Antigen Tests for their support workers to ensure they can safely receive supports in line with Australian Health Protection Principal Committee (AHPPC) guidelines.

Communications

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 Agency-owned communication and engagement channels to amplify and maximise reach. These channels and activities include:

- Regular updates on the NDIS website
- Targeted communication via email
- General media and social media campaigns including broad COVID-19 and vaccine information coverage as well as geo-targeted releases
- A series of NDIS COVID-19 information sessions delivered by our Community Engagement teams
- Proactive provider engagement by the Provider Engagement team as discussed above.

The NDIS website should be consulted for the latest information on COVID-19 – [Coronavirus \(COVID-19\) information and support | NDIS](https://www.ndis.gov.au/coronavirus).²

² <https://www.ndis.gov.au/coronavirus>

The NDIA also continues to work towards a co-design and strengthened engagement process

The NDIA is committed to working closely with participants, their families and carers to deliver the best Scheme possible. The NDIA wants to strengthen relationships with the disability community, and deliver a consistent and meaningful engagement experience. Following the guidance from the September Co-design Workshop, the NDIA has begun a “learn by doing” approach to co-design so the NDIA can work closely with our stakeholders to design and evolve our engagement model.

In the December quarter, the NDIA has continued deep engagement with the disability community to strengthen engagement processes and commence co-design.

Four members from both the Independent Advisory Council (IAC) and Disability Representative and Carer Organisations (DRCOs) were nominated to establish the Co-design Advisory Group. The Group met five times in the December quarter and provided strategic advice on the NDIA’s Engagement Framework and roadmap, priorities for co-design and the NDIA’s “learn by doing” co-design approach for specific projects. The NDIA would like to acknowledge the contribution of the members of the Co-design Advisory Group during this intense period of engagement. Members of the Advisory Group are:

Sector membership

- Ross Joyce, Australian Federation of Disability Organisation (AFDO)
- Mary Sayers, Children and Young People with Disability Australia (CYDA)
- Dwayne Cranfield, National Ethnic Disability Alliance (NEDA)
- Ellen Skladzien, Down Syndrome Australia

Council membership

- Leah Van Poppel
- Sharon Boyce
- Leighton Jay
- Jennifer Cullen

Through the guidance and advice of the Co-design Advisory Group, the NDIA has drafted an NDIS Engagement Framework and Roadmap to deliver on our commitment to strengthen engagement. The Engagement Framework explains what participants can expect of NDIS engagement and the Engagement Roadmap shows how this will happen, highlighting phases of co-design and opportunities for engagement with the disability community. Both documents will be published in early 2022 and have been developed by the NDIA, in consultation with the Co-design Advisory Group, using best practice industry guidelines.

Further information on co-design priorities and approaches will also be released in early 2022.

Disability Representative and Carer Organisation (DRCO) CEO Forum

In late November the NDIA hosted our fourth CEO forum with 27 CEOs from across the disability sector. The meeting was attended by NDIA Chairman, CEO and other senior executives, to share the progress of key Agency activities such as a focus on SIL, Complex Support Needs Participants, Plan Management and Co-design (with specific focus on Support for Decision Making and Information Gathering for access and planning decisions).

The forum was another opportunity for the Agency to listen to and share information with the disability community about challenges and opportunities to improve the Scheme. The DRCO CEO forum will be scheduled at least quarterly to ensure regular and deep engagement on improvements to the NDIS continues to be a priority.

Annual Financial Sustainability Report workshops

Following the release of the 2021 NDIS Annual Financial Sustainability Report (AFSR) in October, the Agency hosted a range of events to build awareness of the report and key findings relating to Scheme sustainability with key stakeholders. The report provides a comprehensive financial picture of the NDIS based on the Scheme Actuary's projections.

The NDIA hosted briefing sessions in October with the IAC and 27 DRCOs and then delved deeper into the data in November and December with four small group workshops. The briefing session and small group workshops explained the cost drivers within the report and facilitated further discussion on areas of concern from the disability community. The small group sessions were another opportunity to identify further areas of analysis and discussion.

The NDIA will continue to work closely with the sector and governments to provide further information on the Scheme's financial sustainability and cost drivers.

The NDIA released the annual outcomes reports for participants and their families/carers, which highlights the positive effect the Scheme is having on participants and their families/carers, as well as areas for improvement

On 9 December 2021, the Minister for the NDIS announced the release of the NDIA Outcomes Reports based on data as at 30 June 2021, measuring how the lives of NDIS participants, their families and carers have been impacted by the Scheme.

Participant outcomes report

The report is based on the Outcomes Framework which takes on a lifespan approach to measuring participant goals and outcomes across four aged-based cohorts: birth to starting school, school to 14 years, 15 to 24 years and 25 years and over. The Outcomes Framework survey, which informs the report, assesses participant outcomes each year since Scheme entry (baseline) and each year thereafter as a participant in the Scheme undertakes their review. Refer to the [Participant outcomes report](#)³ for more information about the framework.

The new data gives valuable insights on how the NDIS is improving the lives of participants in multiple key areas, across all ages:

- For participants between birth and starting school, **91%** of parents of children report that the NDIS has helped their child's development after 1 year in the Scheme, which increased to **96%** after 3 years in the Scheme.
- For participants between starting school and 14 years, **62%** of parents of children report that the NDIS had improved their child's independence, which increased to **72%** after 4 years in the Scheme.
- For participants aged 25 years and over, **71%** report that the NDIS has helped them have more choice and control over their lives, which increased to approximately **80%** after 4 years in the Scheme.
- For participants aged 25 years and over, **74%** of participants report that the NDIS had helped them with daily living activities, increasing to **85.5%** after 4 years in the Scheme.

³ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/participant-outcomes-report>

Furthermore, other key areas of improvement for different age groups include:

- **Relationships and community engagement:** Participants between birth and starting school are increasingly likely to have friends they enjoy playing with, feeling welcomed at community activities and have access to specialist services the longer they are in the Scheme.
- **Choice and control:** Children from starting school age to 14 years are increasingly more confident in managing the demands of their world, making friends and determining their goals at school.
- **Employment and education:** The proportion of young people aged 15 to 24 with a paid job has increased from baseline to their fourth review (from **12%** to **26%**), and an increasing percentage of participants are attaining a post-school qualification (**9%** increase at fourth review).
- **Social and community participation:** For participants aged 25 and over, participation in social and community activities has increased over the last 12 months (from **37%** to **50%**).

Whilst there are positive outcomes in the lives of participants in the Scheme, there are also opportunities for improvement. The survey results show some key areas for development:

- Parents of children aged up to 14 years have reported that they would like to see their child more involved in activities with other children, mentioning that their child's disability is a barrier to greater involvement.
- Similarly, the results suggest that for both young and older adult cohorts, self-rated health and home-related outcomes have deteriorated.

Various factors can affect the experience of participants when they first join the NDIS. This includes the nature of the participant's disability, the extent of support from family and friends or community, and their general health. This is why it is important to look at how outcomes change over participants' time in the Scheme, acknowledging their different starting points.

Overall, the results show that NDIS participants are benefitting from the Government's investment in the Scheme, with significant increases in community participation, which is central to one of the Scheme's aims to build community inclusion of people with disability.

Families/carers outcomes report

The NDIA also released the [Families and carers outcomes report](#)⁴ based on data as at 30 June 2021, which helps to understand how the Scheme is making a difference to families and carers, while pointing to areas where improvements may be needed.

For families and carers, improvements were found in the areas of employment, relationship with services, and families/carers feeling that both they and the participant are well supported:

- For families and carers of participants aged 0 to 14, there were improvements in improvements in the proportion of families and carers who have a paid job the longer the participant has been on the Scheme, with an increase of 10 percentage points over four years (from **43%** to **53%**).
- Families and carers of participants aged 25 and over feel that services listen to them, with an increase of 8 percentage points (from **69%** to **77%**).
- More families and carers of participants aged 25 and over feel that services have helped them to plan for the future, with a 12 percentage points increase over three years (from **66%** to **77%**).
- For families and carers of participants aged 0 to 14, the percentage who know what specialist services are needed to promote their child's learning and development has increased by 14 percentage points over four years in the Scheme (from **41%** to **55%**).
- More families and carers of participants aged 25 and over say they know their rights and the rights of their family member with a disability, with an increase of 10 percentage points over three years (from **84%** to **94%**).

Whilst the NDIA has generally had positive impacts on families/carers there are areas of improvement highlighted in the report. For example, families and carers of participants from birth to age 14 have reported they are unable to work as much as they want with some of the barriers being the situation of their child/family member with a disability, job availability, or job flexibility.

⁴ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/family-and-carer-outcomes-report>

This report

This report is a summary of the performance and operations of the NDIA for the three months from 1 October 2021 to 31 December 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)
- The number of active participants, the annual average plan budget and average payment per participant in each service district (Appendix O)
- The number of active participants in each service district receiving Specialist Disability Accommodation (SDA) and SIL, 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)



Sport and NDIS supports have Hande hitting her goals for six

NDIS participant **Hande**'s recovery following a stroke in 2016 has been a long journey from Melbourne to the cricket pitches in Geelong, but the now 24-year-old has regained her confidence and increased mobility with disability related supports provided through the NDIS.

"I was never a cricket person and had only been to one game once in my life," said Hande, who grew up in a tight-knit and football-loving Turkish family. "But my physio was coaching the men's (South Barwon) team and they said they were putting together a ladies team, which would be a way to get involved in the community and great for my mental health."

"So I thought, 'why not'? I was nervous in wondering whether I'd be embraced or feel unwanted, but as soon as I walked in, they didn't even notice my disability and made me welcome. When I bat, I have a runner, and I field deep to try and take catches; it's been awesome."

Hande's cricketing journey has seen her take part in a video to raise awareness and celebrate International Day of People with Disability (IDPWD) on 3 December 2021. Produced by the NDIA, the video was broadcast on NDIS Social Media platforms on IDPWD.

Coming from a Culturally and Linguistically Diverse (CALD) background, Hande says the NDIS has changed her and her family's life. "My mum passed away in 2010 and most of my family is in Turkey. After my stroke, my dad had to stop work and look after me 24/7," Hande said.

"It was a struggle financially and mentally, and then someone suggested the NDIS may be available. I'm just so thankful for the NDIS. I'm as happy now as I've ever been in my life, and I wouldn't be where I am without the NDIS."

1

Participants and their plans



1

Participants and their plans

More than half a million participants are receiving supports from the NDIS.

1.1 Number of participants in the Scheme

At 31 December 2021, 502,413 participants had an NDIS plan, and 20,384 participants entered the Scheme during the quarter.

At 31 December 2021, 502,413 participants had approved plans.⁵ This represents a four per cent increase from last quarter (an additional 20,384 participants).

Further, the NDIA undertook 107,022 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 | 502,413 |
| Yearly increase ⁶ | | 9,870 | 12,564 | 59,891 | 82,723 | 113,682 | 105,984 | 74,620 | 35,794 |
| % increase in active participants | | 135% | 73% | 202% | 92% | 66% | 37% | 19% | 8% |

⁵ 24,243 participants with approved plans had exited the Scheme as at 31 December 2021.

⁶ 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 31 December 2021, there were 77,287 children younger than 7 with an NDIS plan, and a further 12,246 accessing early connections.

Of the 502,413 participants with an approved plan at 31 December 2021, 77,287 were children younger than 7 (15 per cent), and of the 20,384 new participants with an approved plan this quarter, 7,832 were children younger than 7 (38 per cent).

In addition to the 77,287 children younger than 7 with an approved plan:

- **5,866** 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.
- **2,576** were awaiting an access decision from the NDIA (of which **1,545 (60%)** were accessing early connections from the early childhood approach).
- **10,964** children were supported by the early childhood approach (of which **10,701 (98%)** 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 continues to build 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.

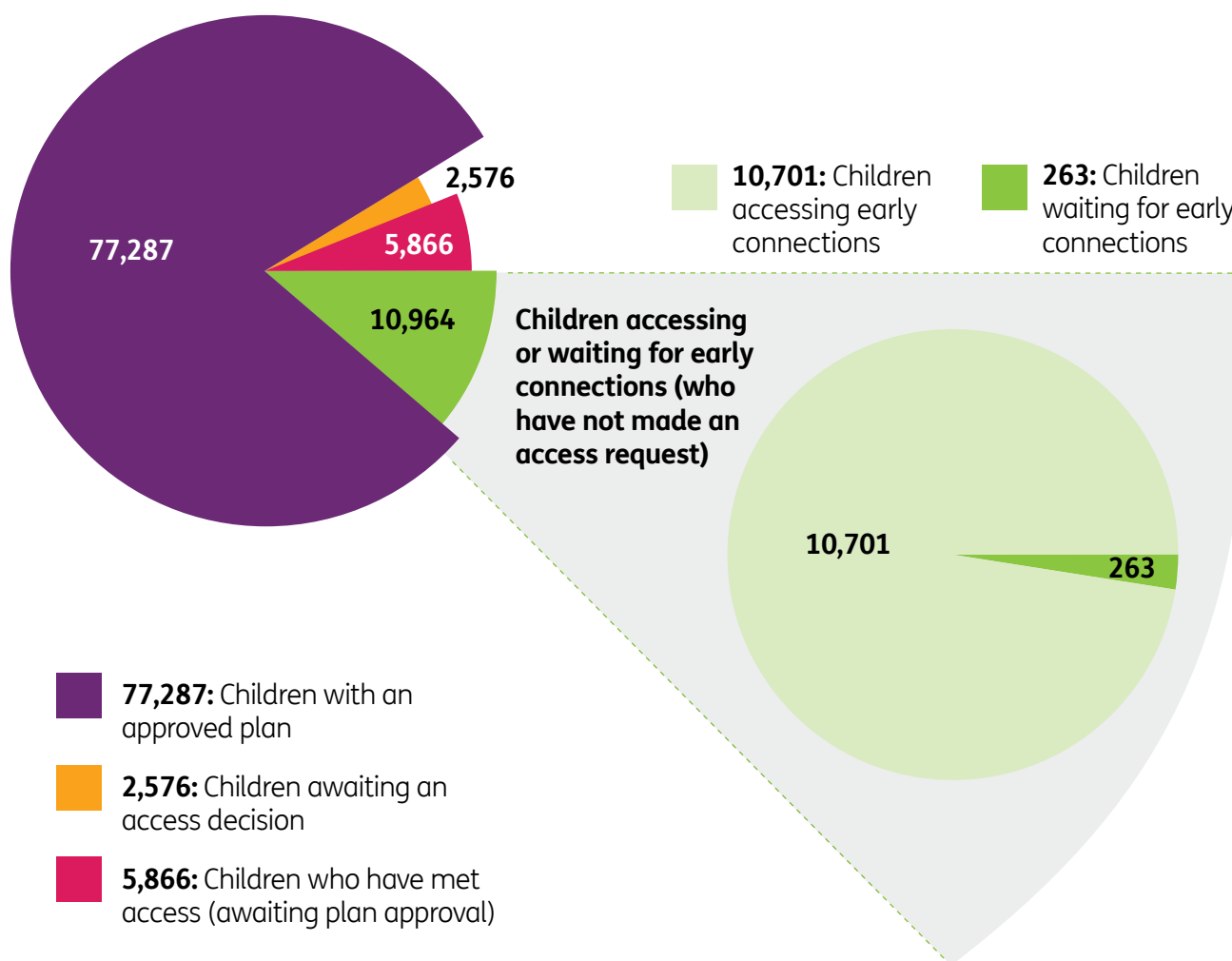
Sector feedback from the recent Early Childhood, Early Intervention (ECEI) Implementation Reset consultation has already strengthened the approach and the NDIA is making good progress on the recommendations.

Highlights include:

- Enhancing reporting on the progress of participants with developmental delay to assist early childhood providers improve outcomes
- Publication of an early childhood approach guide for health services to support GPs, paediatricians and other health professionals connect families and carers with young children to supports and services early
- Consultation with various external stakeholders to seek feedback on levels of early childhood intervention supports for children on the autism spectrum
- Collaboration with Department of Social Services (DSS) on the Australian Disability Strategy Early Childhood Target Action Plan with a focus on inclusion for children attending early childhood education and care services

- Improving the availability of a culturally safe and appropriate developmental screening for Aboriginal and Torres Strait Islander children under 5 years through national training of the Early Childhood Partners in administering the ASQ-TRAK (Ages and Stages Questionnaire - Talking about Raising Aboriginal Kids)

Figure 2: Children in the NDIS



1.3 Participant characteristics

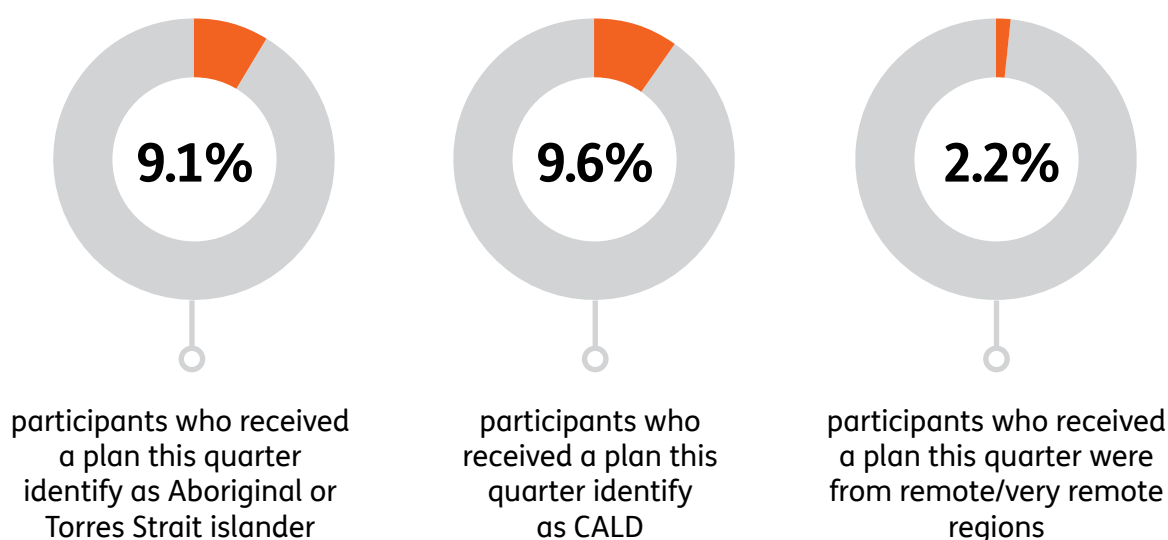
The NDIA continues to monitor and focus on the number of participants entering the Scheme who are Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse (CALD), and living in remote and very remote areas.

Of the 20,384 participants entering and receiving a plan in the quarter:

– **9.1%** were **Aboriginal and Torres Strait Islanders**

– **9.6%** were **CALD**⁷

– **2.2%** were from **remote and very remote areas**



In July 2021, the NDIA released progress updates on the Aboriginal and Torres Strait Islander Strategy and the Cultural and Linguistic Diversity Strategy⁸, which included a commitment to refresh the strategies. In late 2021, the NDIA commenced initial engagement for each Strategy refresh. There will be opportunities for internal and external stakeholders to shape and inform each refresh via culturally appropriate traditional and digital engagement, focus groups and forums. The refreshes are expected to take 12 months each to support co-design with CALD and Aboriginal and Torres Strait Islander participants respectively.

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.

Lastly, the NDIA published extra analysis on CALD participants in the September 2021 quarterly report.⁹ The analysis indicated that it is likely that CALD participants are joining the Scheme but have not been identified as CALD in the data collected, rather than a large number of CALD people with a disability not currently being in the Scheme. With the introduction of the new ICT system, the opportunity to collect improved data on participants should allow better identification of CALD participants.

⁷ The percentage 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

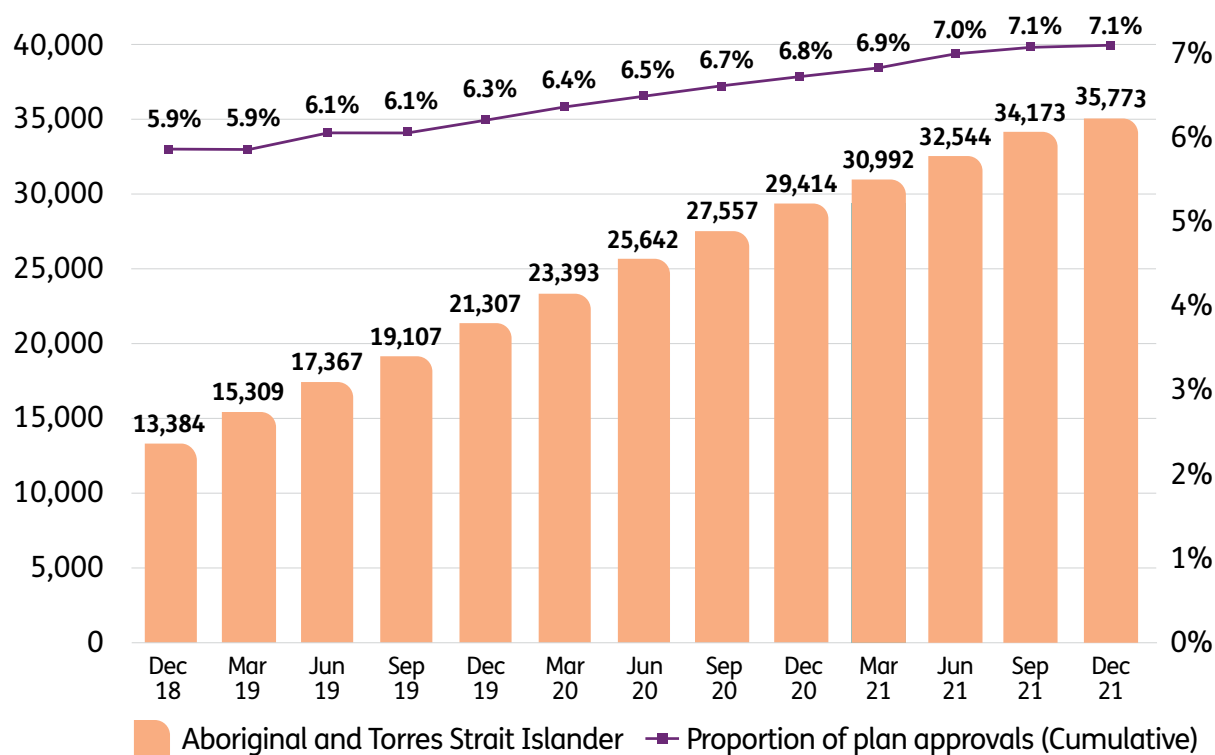
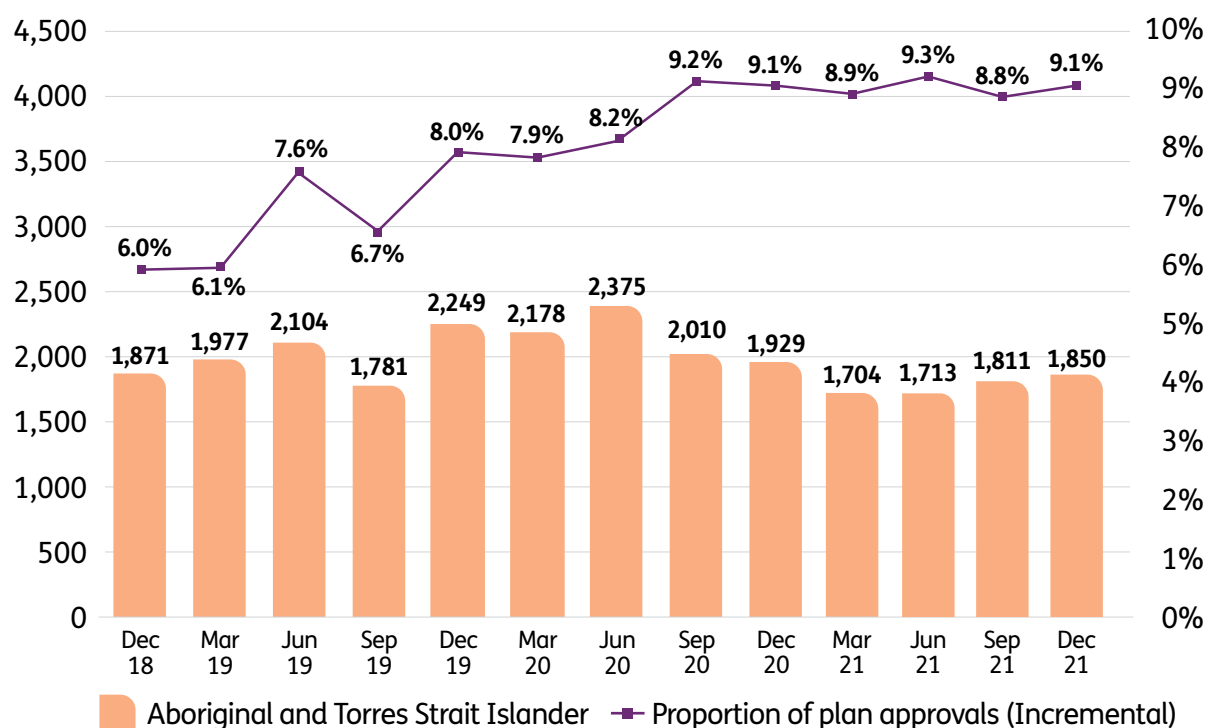
⁸ Further information on these strategies can be found here:

<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>

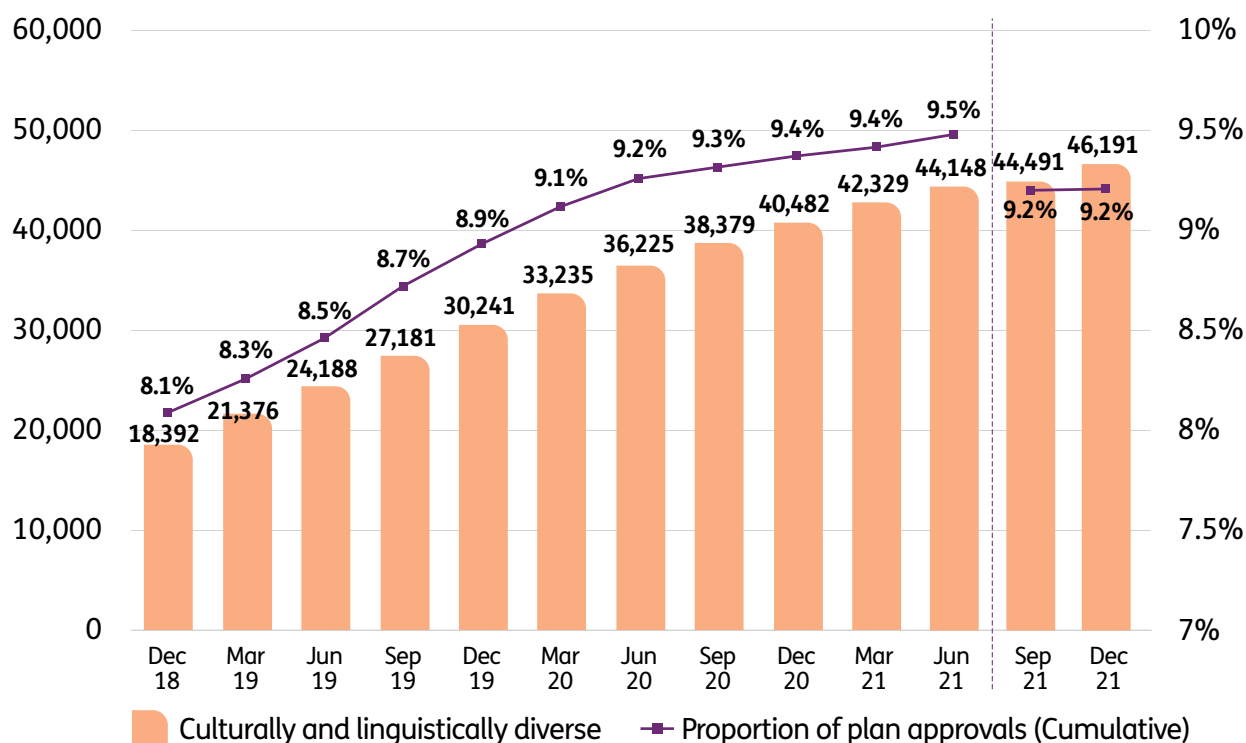
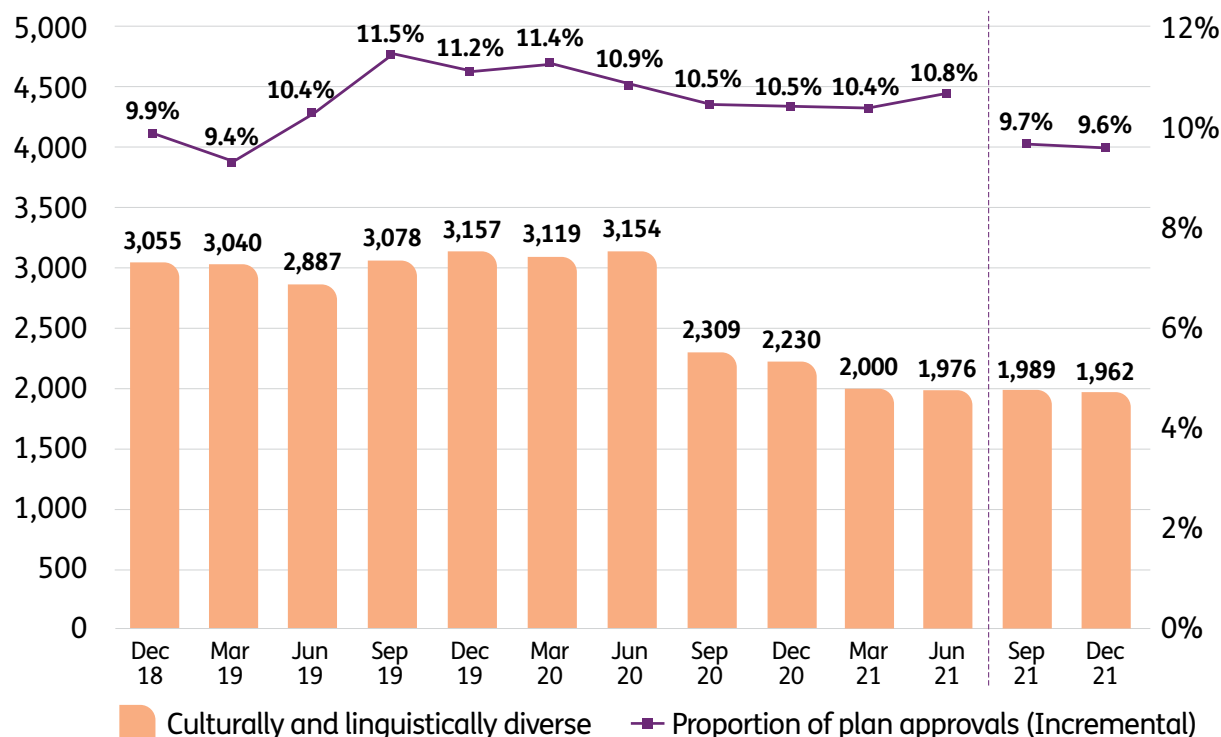
⁹ <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

Figure 3: Number and proportion of Aboriginal and Torres Strait Islander participants over time incrementally (top) and cumulatively (bottom)¹⁰



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

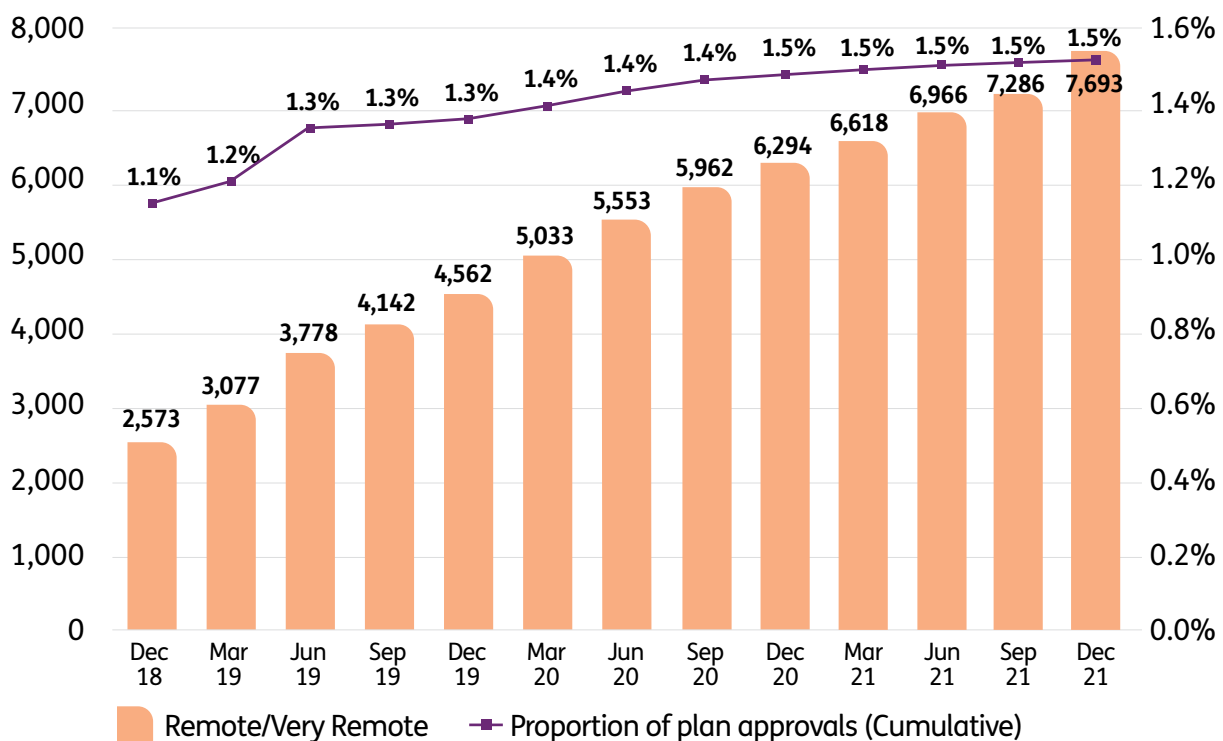
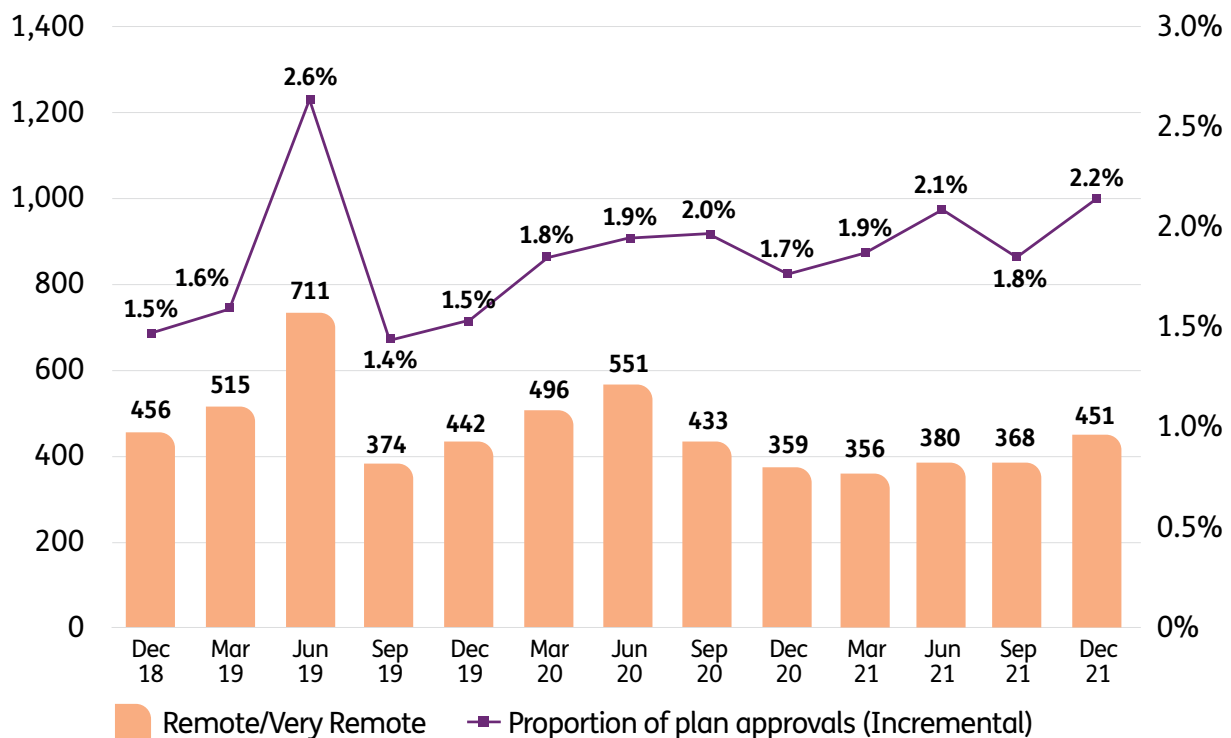
Figure 4: Number and proportion of CALD participants over time incrementally (top) and cumulatively (bottom)^{11,12}



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

¹² The number of CALD participants in the September and December 2021 quarters 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 results prior to Q1 2021-22 do not compare to this quarter's results.

Figure 5: Number and proportion of remote/very remote 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.

Age and disability

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

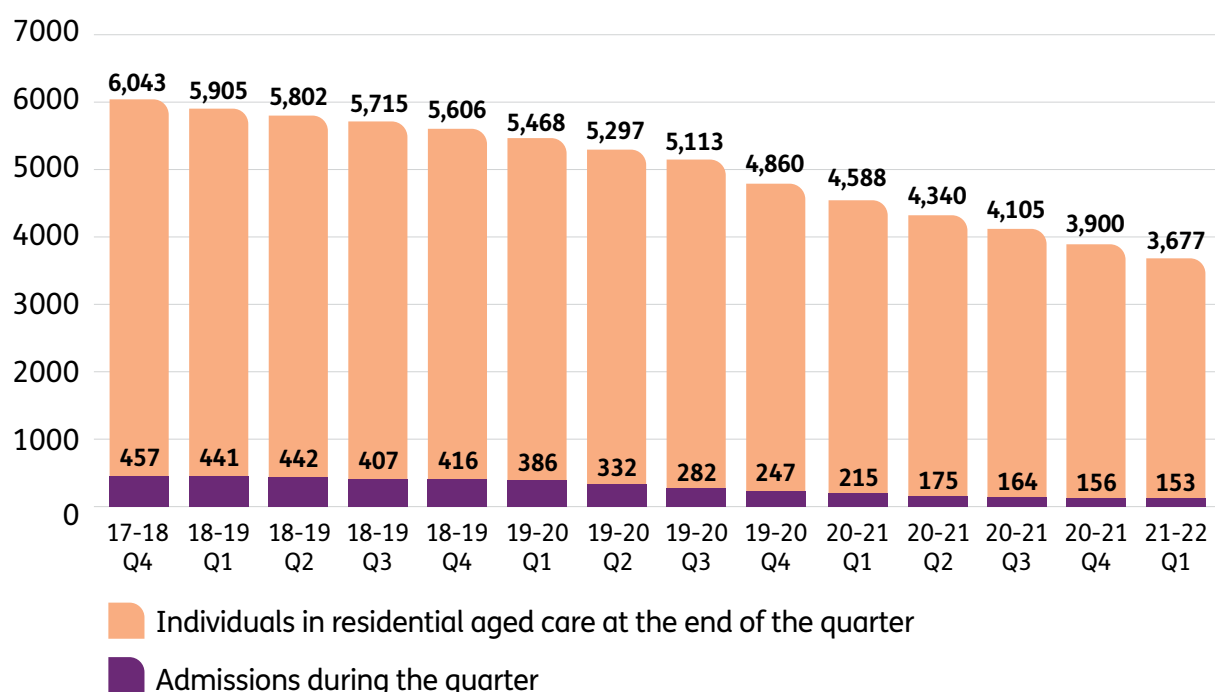
- continuation of a high proportion of children **aged 0-6 years** entering the Scheme (**38.4%** this quarter and **37.9%** in the September 2021 quarter). It is also worth noting that the number of children in the Scheme **aged less than 18 years** was **43.2%** in December 2018 and **47.5%** in December 2021.¹⁴
- consistent with the high numbers of children, a relatively higher proportion of participants with **Developmental Delay** entered the Scheme again this quarter (**25.1%** this quarter and **23.7%** in the September 2021 quarter).
- **Psychosocial Disability**: **11.9%** of participants who received a plan in the quarter, compared to **10.5%** in the previous quarters combined.¹⁵

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 6,043 at 30 June 2018 to 3,677 at 30 September 2021 (a 39 per cent decrease).

Also, fewer people under the age of 65 years are entering residential aged care – 457 people under the age of 65 years entered in the June 2018 quarter, compared with 153 in the September 2021 quarter (a 67 per cent decrease).

Figure 6: Number of individuals in residential aged care and admissions to residential aged care (under 65 years), by quarter

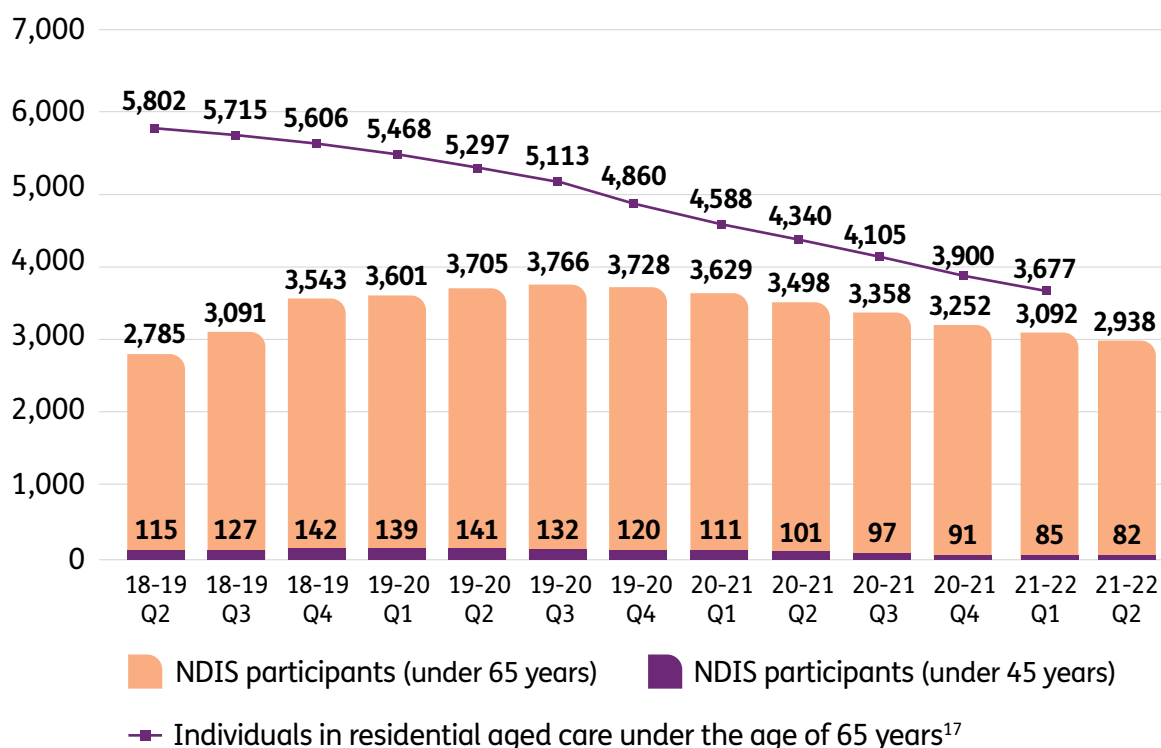


¹⁴ There is further information on the changing mix of participants in the Scheme on page 95. The chart shows the proportion of children in the Scheme has increased over the last four years. Also, Appendix E of this report contains charts showing the distribution of participants by age group over time.

¹⁵ Appendix E contains charts showing the change in participant profile by disability group over time, which includes the proportion of participants with psychosocial disability.

There were 2,938 participants with an approved plan aged under 65 years in residential aged care at 31 December 2021. In addition to this, 743 participants who entered the Scheme and have been in residential aged care have exited since 1 July 2016 to a more appropriate accommodation setting.¹⁶ Of the 2,938 participants in residential aged care under 65 years, 82 are aged under 45 years (2.8 per cent).

Figure 7: Number of NDIS participants in residential aged care (under 65 and under 45), and total number of individuals under age 65 in residential aged care



The YPIRAC Strategy

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 where there are 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

¹⁶ There were a further 1,921 participants with an approved plan aged 65 years or over who are currently in residential aged care.

¹⁷ Data provided by the Department of Health as at 30 September 2021 and 31 December 2021.

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 2020-25¹⁸ (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 where this is their choice.

Supporting younger people living in residential aged care

On 22 December 2021, the Minister for the NDIS and the Minister for the Senior Australians and Aged Care Services, Senator the Hon Richard Colbeck, released the inaugural YPIRAC Annual Report (2020-21). This is the first annual report which outlines the progress of activities against the targets identified in the YPIRAC Strategy (2020-25).

Further to the release of this report, the Australian Government also announced an additional \$35 million investment to further support efforts to reduce the number of younger people living in residential aged care. This is a major investment to support the NDIA in achieving these targets.

The additional funding includes:

- **\$16 million** for the Department of Health to extend the current YPIRAC System Coordinator Program to help younger people who are not NDIS participants.
- **\$18.9 million** for additional NDIA staff to help younger NDIS participants, their families, carers and support coordinators to explore reasonable and necessary supports to meet their home and living goals. The new team will complement the NDIA's existing team of dedicated YPIRAC planners who work with participants.

The NDIA continues to support younger participants currently residing in residential aged care to explore alternative home and living options where this is their choice. 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. As at 31 December 2021, 765 younger people in residential aged care have a goal to leave residential aged care.

The NDIA continues to work closely with DSS and the Department of Health to implement the YPIRAC Strategy and deliver on the Government's commitment to ensure no younger person (under the age of 65) lives in residential aged care unless they choose to do so, or there are exceptional circumstances. The NDIA is talking to and working with the 82 participants under the age of 45 years still in residential aged care, to make sure they understand their home and living options, as well assisting the participants who want to move out to do so.

¹⁸ <https://www.dss.gov.au/disability-and-carers/programmes-services/for-people-with-disability/younger-people-with-disability-in-residential-aged-care-initiative>



NDIS support helps spur Chris on to Post-Tokyo challenge

For Australian Wheelchair Rugby star and NDIS participant **Chris**, a quest for success sparked from the ashes of Tokyo means retirement wasn't on the cards. A three-time Paralympian, Chris helped deliver Australia two Paralympic gold medals (2012, 2016), before injury and bad luck left the team off the podium following a bronze medal play-off loss. "I'm committed to (competing) at the World Championships in Denmark (2022), and Paris (2024) is a possibility," Chris said.

Growing up in Canberra as a promising rugby league player, acute promyelocytic leukaemia left Chris without his left hand, right fingers, and legs below the knees through a bacterial infection.

"From playing league, I loved team sports, and having a twin brother, I loved the rough and tumble stuff in the backyard and the full-contact nature of it," Chris said.

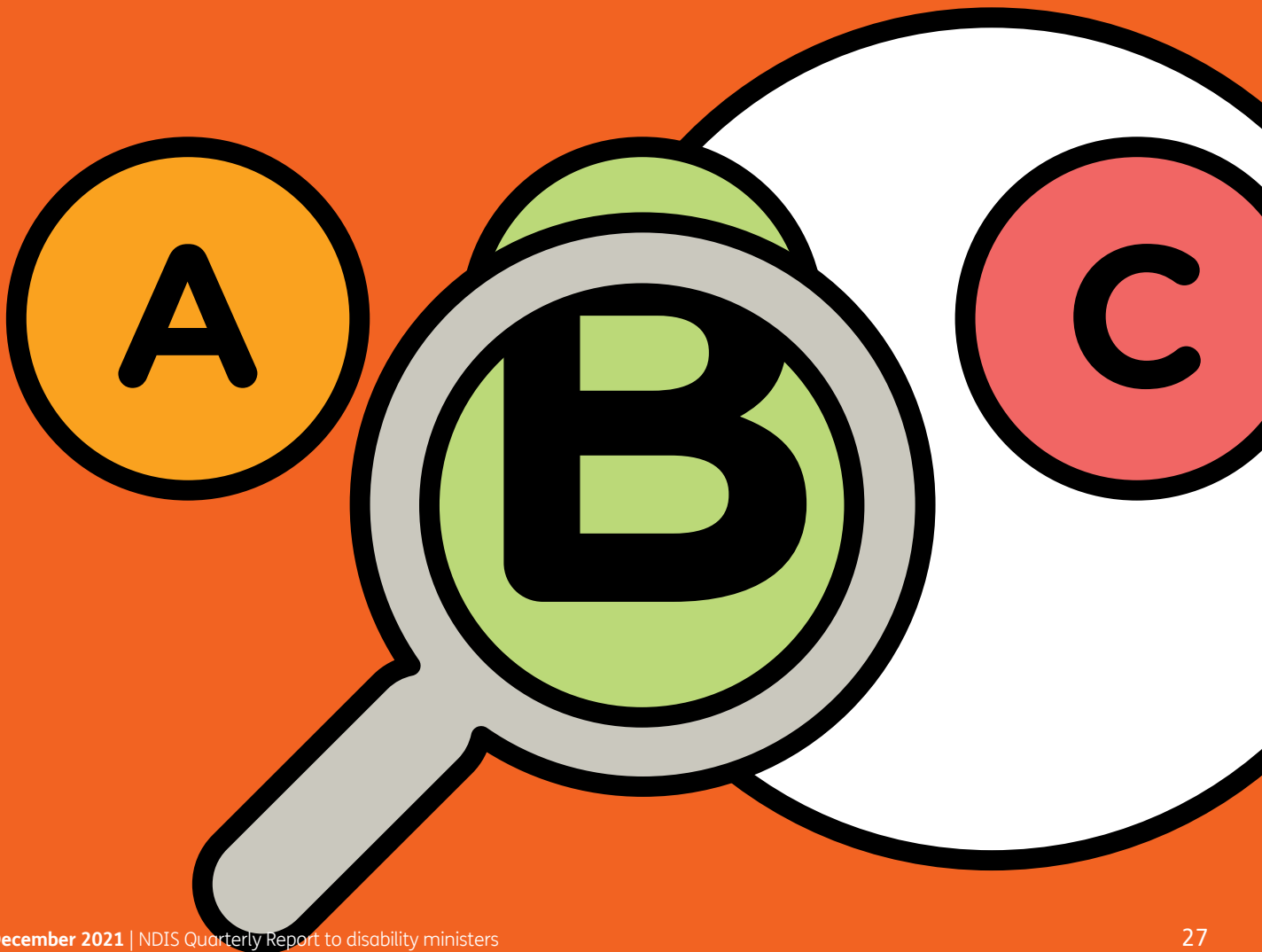
Making his debut for Australia in 2011, Chris has excelled on court, with the contact nature of wheelchair rugby allowing him and his brethren to show the world "we can". "People think that if you have a disability you can't do anything, and you're soft and weak, but it's metal-on-metal colliding at full-pace," Chris said.

Training up to 10-15 hours a week amid gym sessions, working as a fundraising manager with the Australian Sports Foundation, and being a committed father, Chris said it wouldn't all be possible without the NDIS. "The NDIS has definitely been a massive help; especially with my big AT items such as my below knee prosthetics like my active legs and every day legs," Chris said.

With his daughter Victoria growing up, Chris said knowing the Scheme is in place provides peace of mind for the future. "The NDIS takes the burden off me mentally and physically," he said.

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 entered.¹⁹ Specifically:

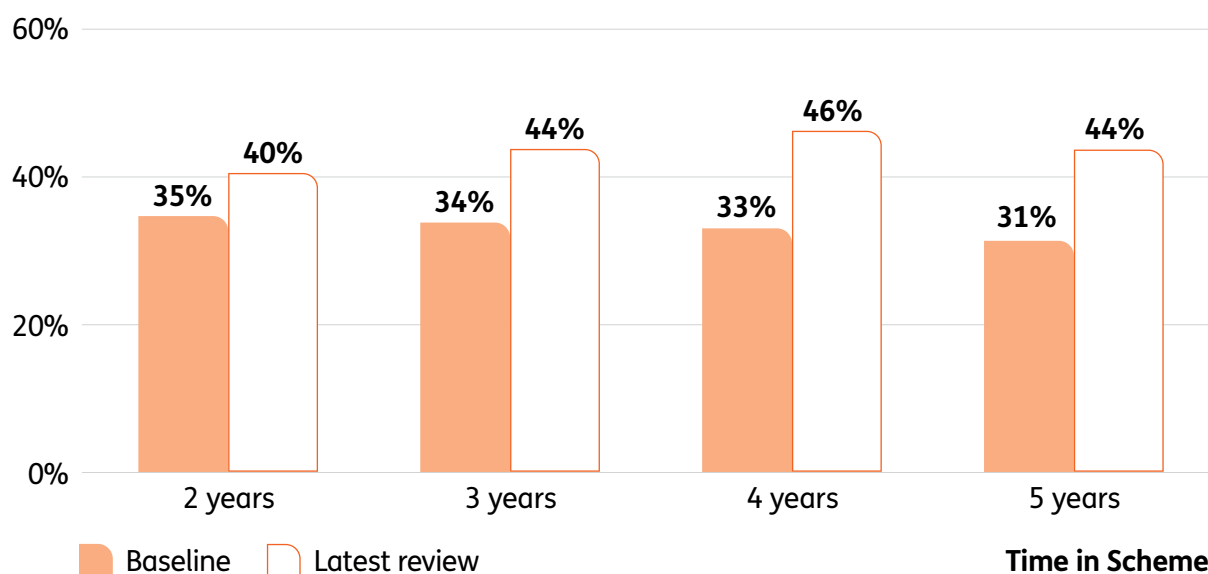
- **eight** percentage point increase from **34%** to **42%** for participants aged 15–24 years.
- **nine** percentage point increase from **36%** to **45%** for participants aged 25+ years.
- **eight** percentage point increase from **36%** to **44%** for participants aged 15+ years.

In addition, the 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 40 per cent, compared with participants who have been in the Scheme for five years, where the increase was 31 per cent to 44 per cent.

¹⁹ 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 8: Increase in participation in community and social activities for participants who have been in the Scheme for 2, 3, 4 or 5 years

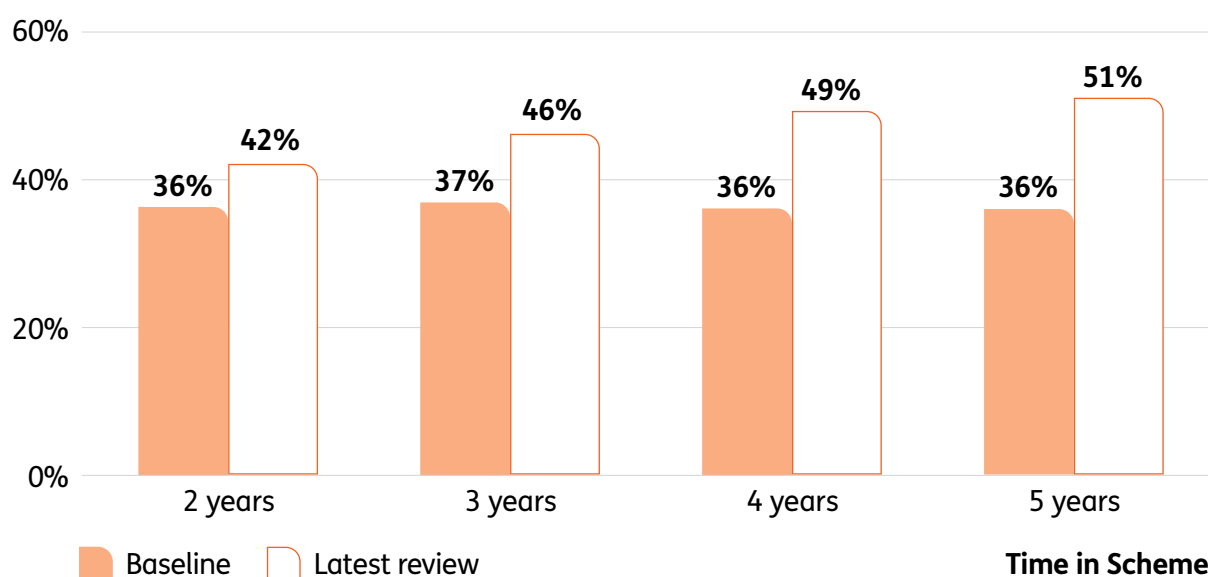
Participants aged 15-24 years



Further, the increase in participation in community and social activities for participants aged 25 and over has improved the longer participants have been in the Scheme. For participants in the Scheme for two years, the increase was 36 per cent to 42 per cent, compared with participants who have been in the Scheme for five years, where the increase was 36 per cent to 51 per cent.

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

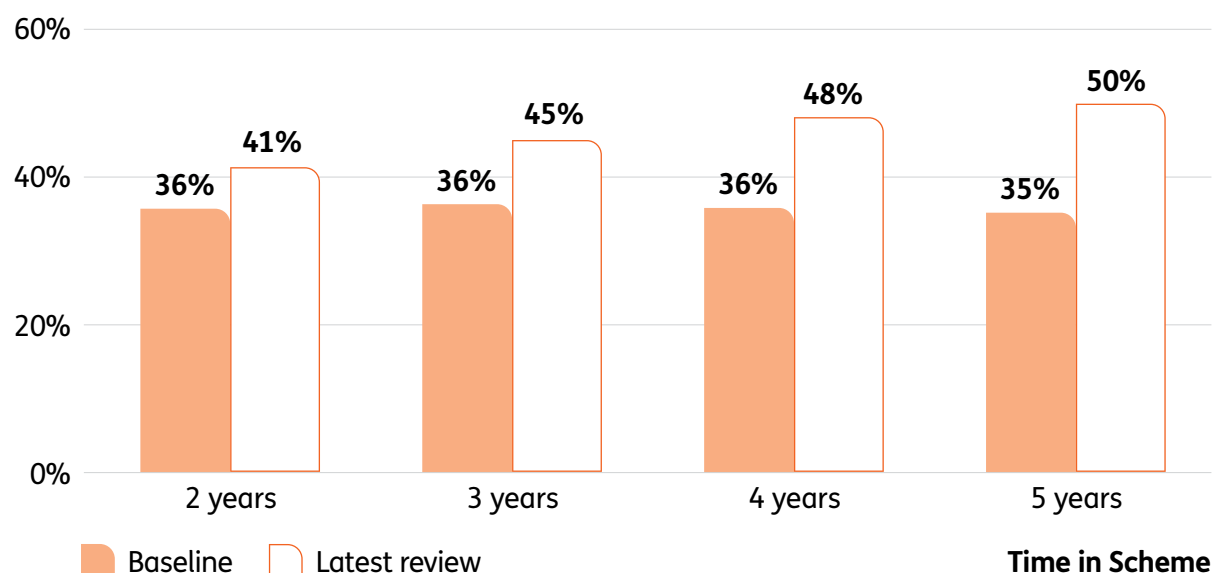
Participants aged 25 and over



Combining both age groups, the increase for participants who have been in the Scheme for two years was five percentage points (from 36 per cent to 41 per cent), and the increase for participants who have been in the Scheme for five years is 15 percentage points (from 35 per cent to 50 per cent).

Figure 10: 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 point increase from **12%** to **21%** for participants aged 15-24 years.²⁰
- **two** percentage point decrease from **24%** to **22%** for participants aged 25+ years.
- **one** percentage point increase from **21%** to **22%** for participants aged 15+ years.

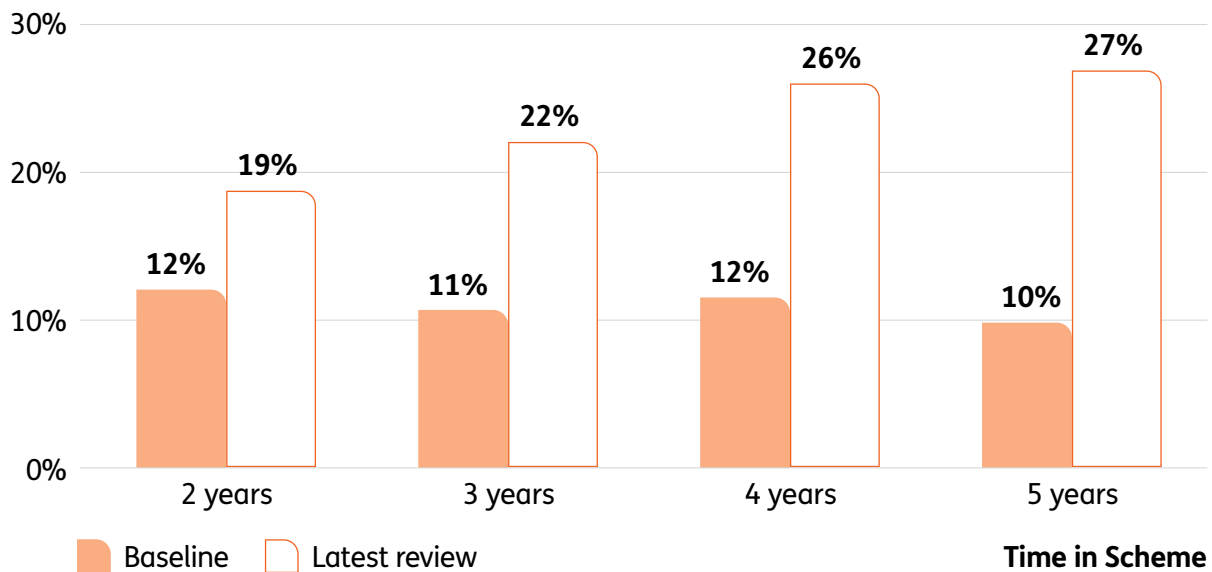
The increase in participation in work for participants aged 15-24 years has improved the longer participants have been in the Scheme. For participants in the Scheme for two years, the increase was 12 per cent to 19 per cent, compared with participants who have been in the Scheme for four years, where the increase was 12 per cent to 26 per cent. Participants who have been in the Scheme for five years have also increased by 17 percentage points, noting the lower starting point for this cohort.

In September 2021 the NDIA released a detailed report about employment outcomes for NDIS participants.²¹ It identified and analysed the positive experiences and the challenges participants have faced finding and keeping paid work. Further, in November 2021, the NDIA released data on employment outcomes for families and carers²² of an NDIS participant. The report reviews the employment experience of NDIS participants and their families and carers, and factors helping and not helping families and carers find and keep paid employment.

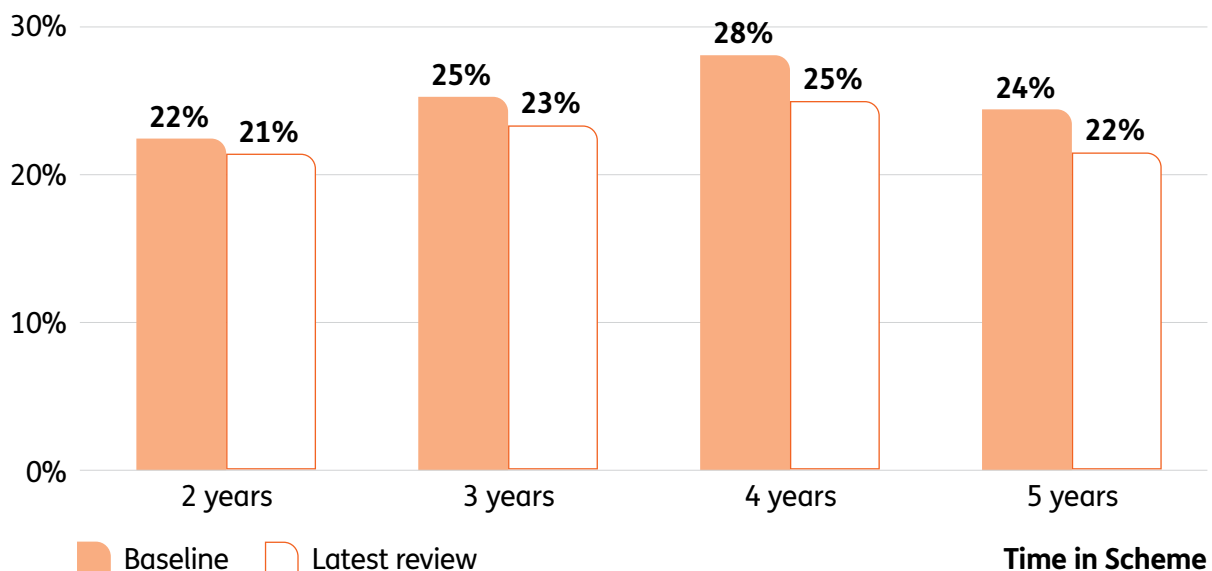
²⁰ Some of the increase is due to participants leaving school and starting work. As the Scheme matures it will be possible to analyse the extent to which the percentage gap increases.

²¹ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/employment-outcomes-participants-their-families-and-carers>

²² *ibid*

Figure 11: Increase in work for participants who have been in the Scheme for 2, 3, 4 or 5 years**Participants aged 15-24 years**

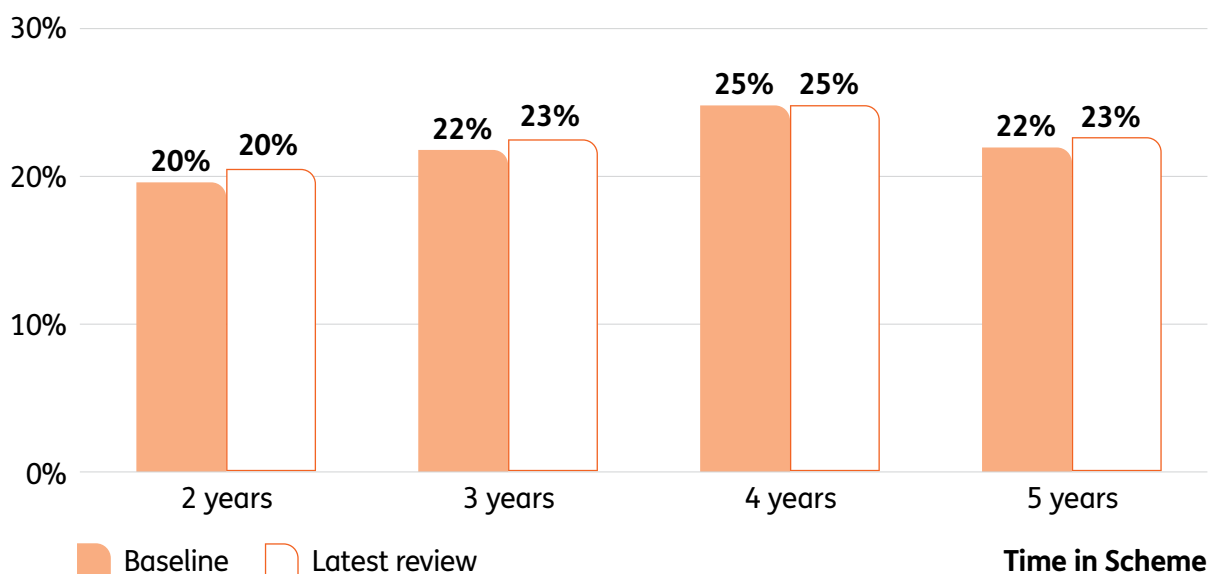
On the other hand, the percentage in work for participants aged 25 and over has decreased for most durations by 1 to 3 percentage points. For participants in the Scheme for two years, the decrease was 22 per cent to 21 per cent, compared with participants who have been in the Scheme for five years, where the decrease was 24 per cent to 22 per cent.

Figure 12: 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 percentage of participants in work is unchanged for those who have been in the Scheme for two years. There has been an increase of one percentage point for participants who have been in the Scheme for five years (from 22 per cent to 23 per cent)

Figure 13: 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. To increase employment opportunities and outcomes for participants, the NDIA has adapted the Strategy action plan to the current environment. The Action Plan is being implemented by the NDIA with the assistance of providers and support agencies to keep participants engaged in work preparation programs and in ongoing employment.

The Action Plan consists of 6 priority areas:

Priority Area 1- Evidence-based, participant-centric employment supports

The transition to a new pricing model for Supports in Employment for 15,673²³ Australian Disability Enterprise (ADE) employees and their providers will soon be completed. The new model will mean support is delivered to a participant in any workplace, not only in ADEs, increasing the variety of employment options for NDIS participants.

²³ Unique number of participants identified in May 2020 as being in receipt for DMI funding in their NDIS plans.

Priority Area 2 – Strengthening the link between education and employment

The NDIA is working closely with state and territory education sectors to ensure young participants have opportunities to develop skills and participate in age appropriate work-related and/or social and community based activities. A key focus of the engagement with the education sector includes combining NDIA and mainstream resources to enable a greater number of participants to engage in work experience and develop independent living skills.

The NDIA will continue to focus on employment supports for school leavers. This includes reviewing the experiences of the 655 young people and parents who received funding for employment services in 2018 and 2019.

Priority areas 3 and 4 – Promoting employment for people with disability through partnerships and the Agency's purchasing powers

Increased targets for the employment of people with disability have been included in contracts for Local Area Coordinator and Early Childhood Services partners. Ongoing discussions with providers include utilising work experience as a path to employment, and the development of practical resources for employers who wish to employ people with disability.

Priority Areas 5 and 6 - Facilitating participants' navigating employment pathways and equipping planners and local area coordinators with the skills and resources to facilitate goal setting and planning.

To date, the focus on equipping local area coordinators and NDIA planners with resources and support has seen employment goals in plans for participants aged between 15 and 64 years continue to increase from 33 per cent in December 2020, to 37 per cent by the end of December 2021. This continues to track higher than the target of 35 per cent.

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 31 December 2021, for participants who have been in the Scheme for at least two years, 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:

- **72%** 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 **61%** at their first review.
- **59%** 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:

- **49%** 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:

- **60%** 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.
- **83%** 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.

The NDIA released comprehensive annual outcomes reports for both participants²⁴ and families/carers²⁵ on 9 December 2021. These reports include detailed analysis of outcomes.

²⁴ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/participant-outcomes-report>

²⁵ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/family-and-carer-outcomes-report>

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

For children aged 0 to before starting school

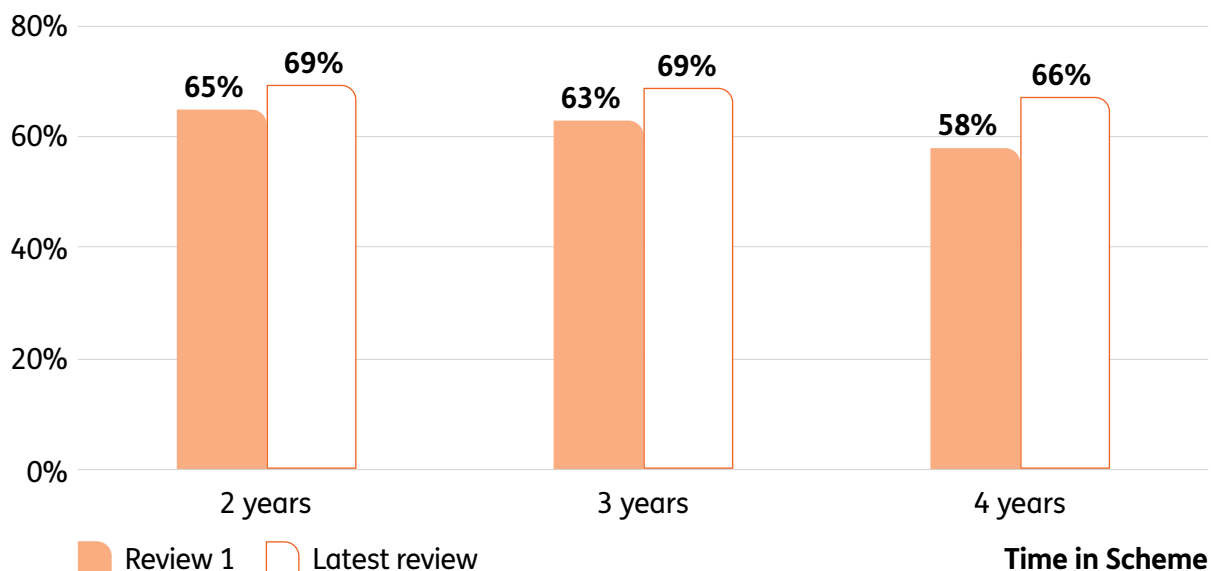


Figure 15: Has the NDIS helped your child to become more independent?

For children starting school to 14 years

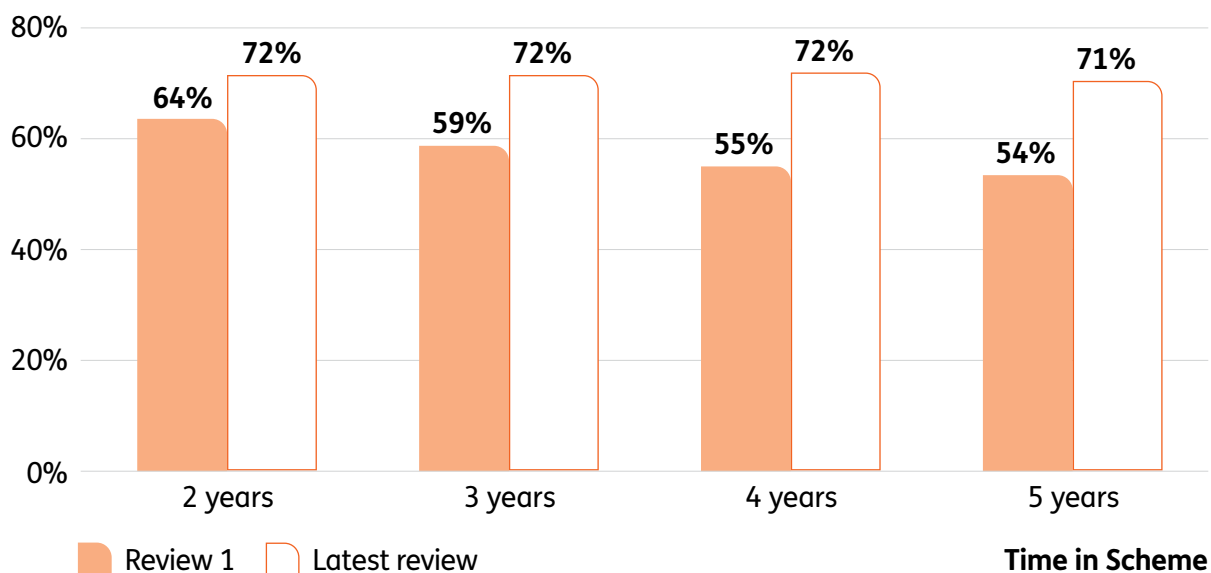
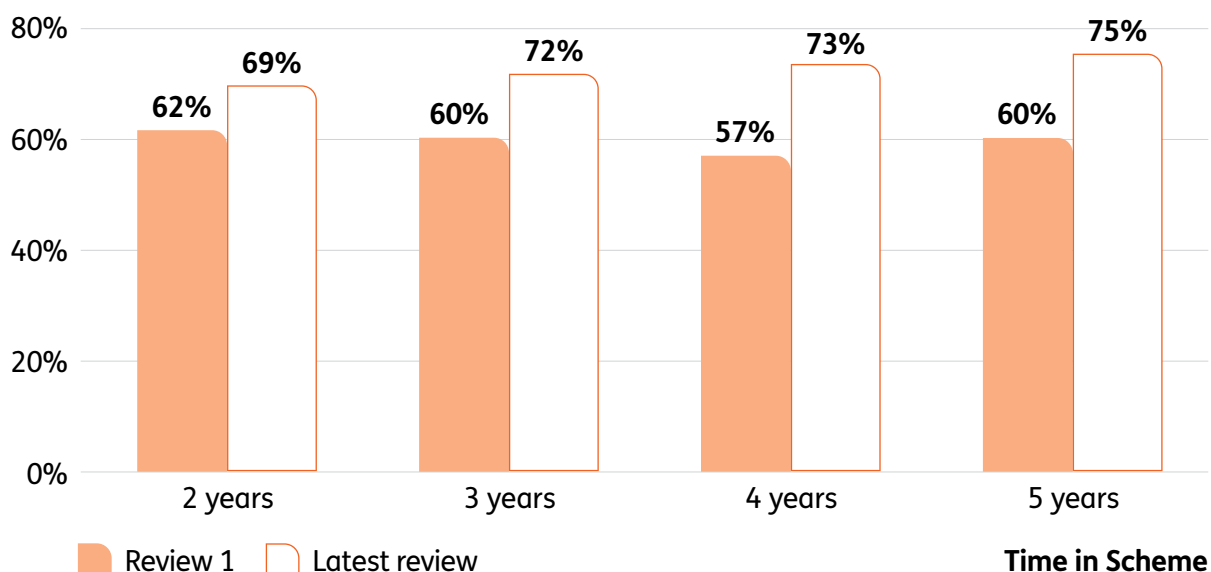
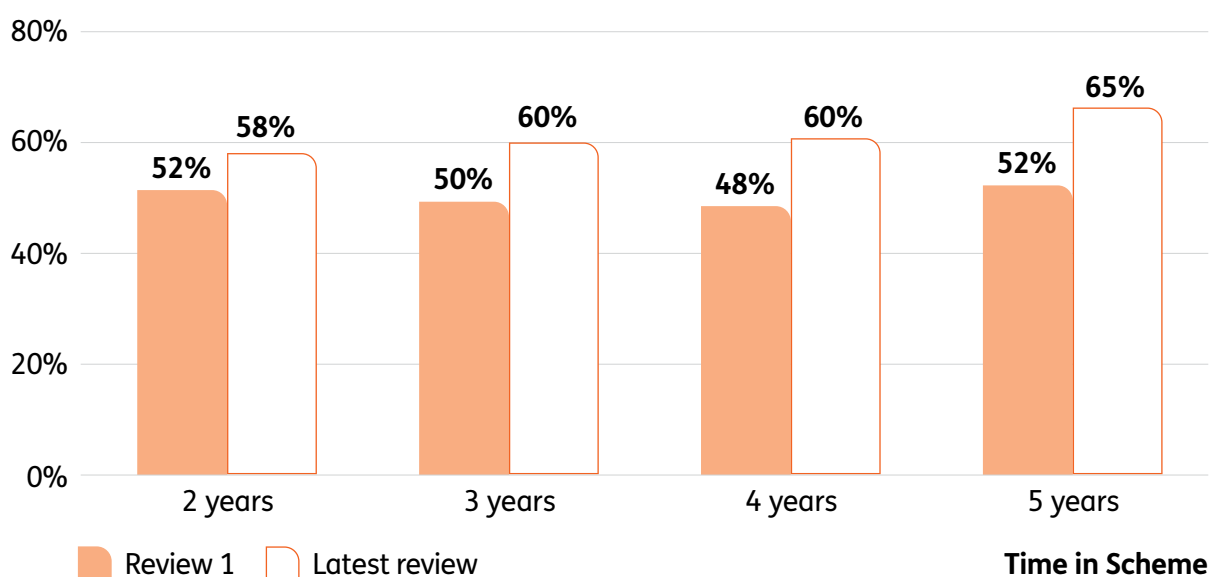


Figure 16: Has the NDIS helped you with daily living activities?**For young adults aged 15 to 24****Figure 17: Has your involvement with the NDIS improved your health and wellbeing?****For adults aged 25 and over**

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 19 per cent agreed that being in the NDIS had helped them find a suitable job, unchanged from 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 (NCC) 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 from December 2020 and onwards.

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 with a focus on making the surveys more accessible.

In the December 2021 quarter, 83 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-seven (77) 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 1,216 surveys at Access, 1,028 at Pre-Planning, 3,925 at Planning and 12,924 at Review, which is 19,093 in total.

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. On average, plans increased at plan review by 15 per cent on average each year, until recently, plans have on average only increased by 1-2 per cent. The NDIA is focused on making fair and consistent reasonable and necessary decisions. In line with insurance principles, this means some plans increase at review, some remain the same, and some decrease.²⁶

²⁶ Section 5 of the report includes data on changes in plan budgets over time.

Figure 18: Rating of experience with the NDIS (1 October 2021 to 31 December 2021)

Overall, how was your experience with:

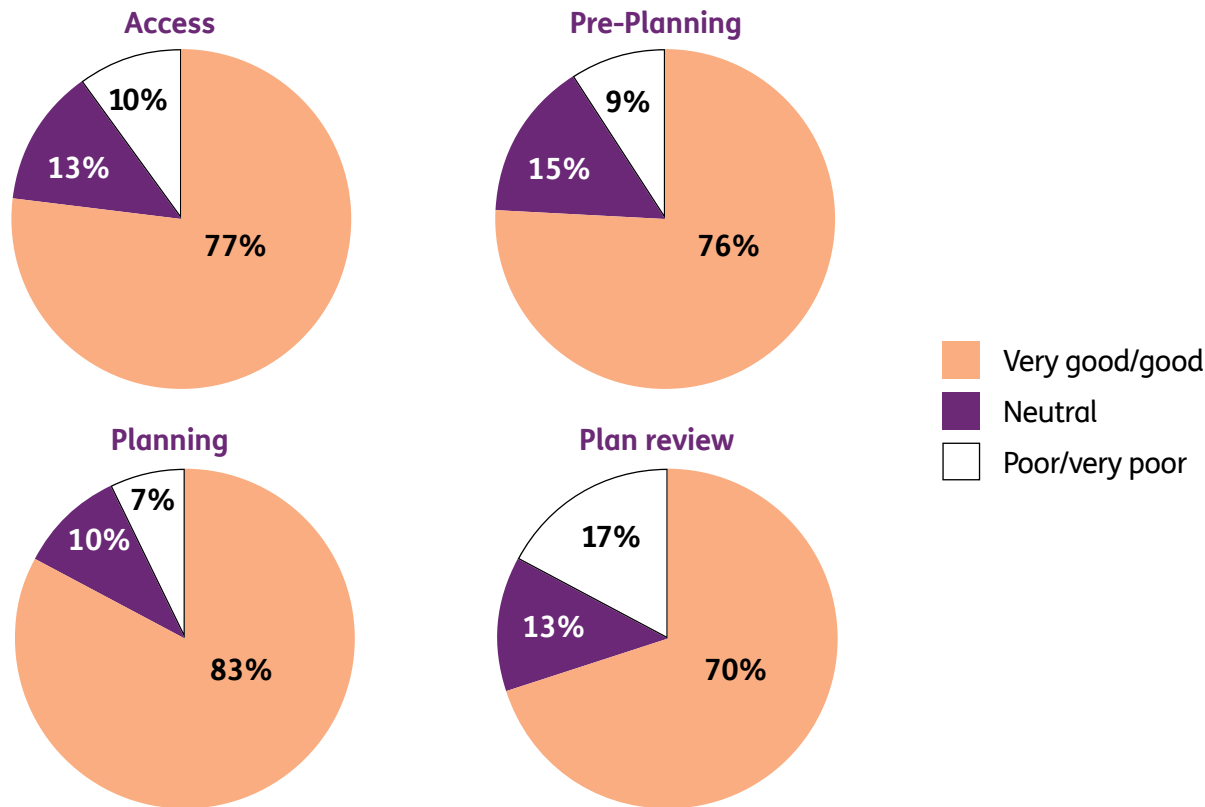
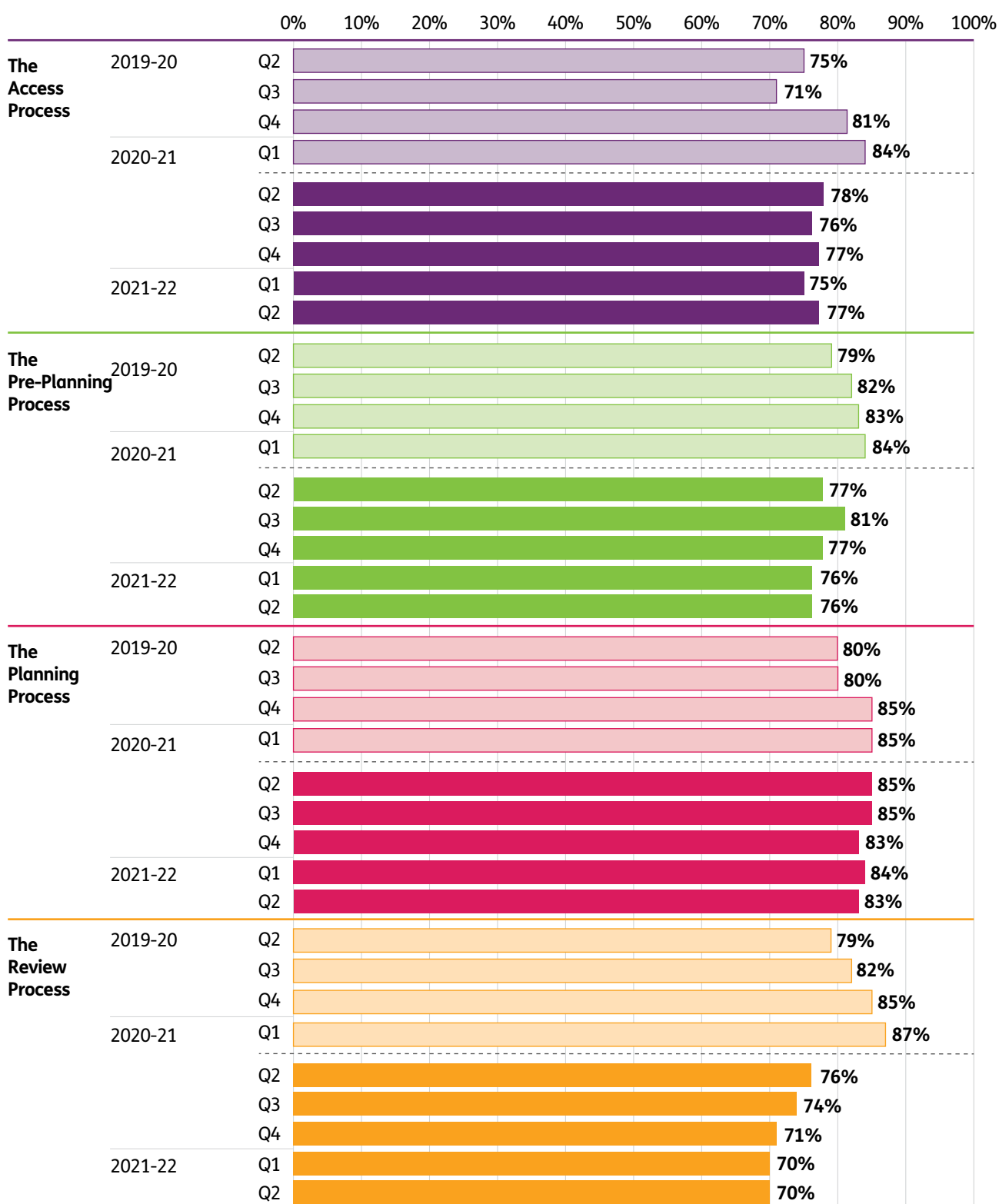
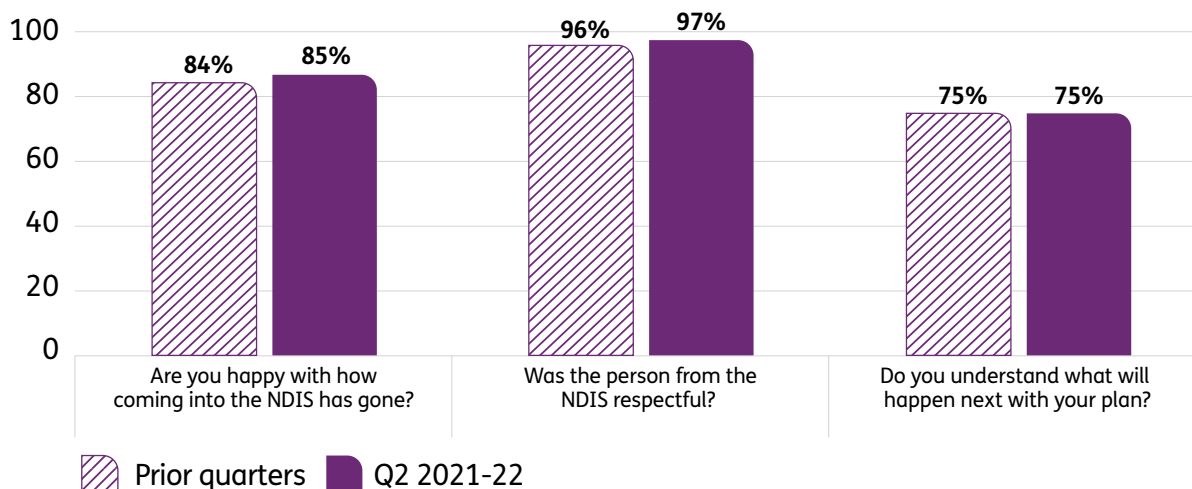


Figure 19: Trend of satisfaction across the pathway (% Very good/good)²⁷


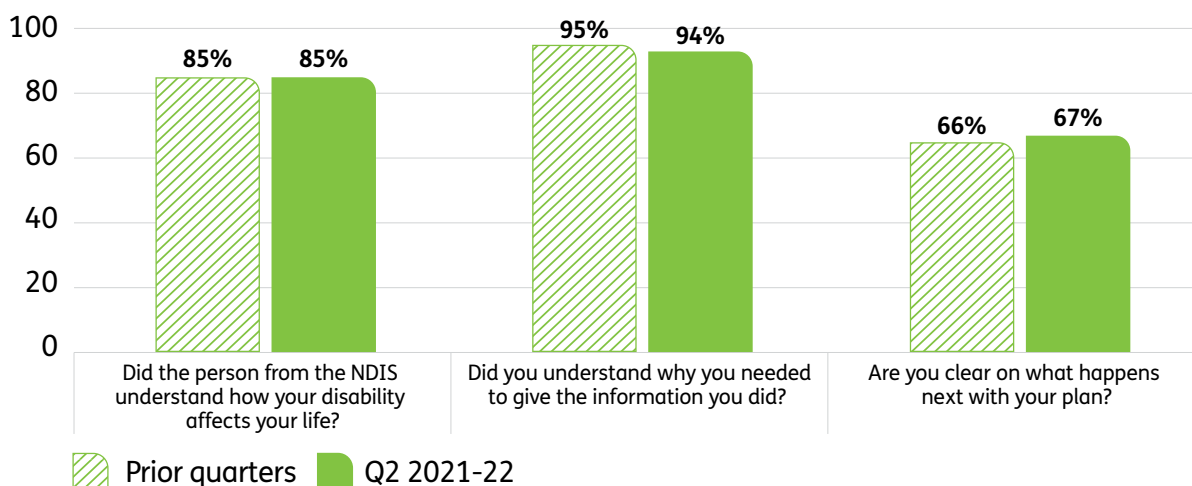
²⁷ Participant satisfaction results for prior quarters have been restated using data as at 31 December 2021 due to retrospective changes in the underlying data. These changes mainly arise from lags in data collection.

Figure 20: Satisfaction across the four stages of the pathway²⁸

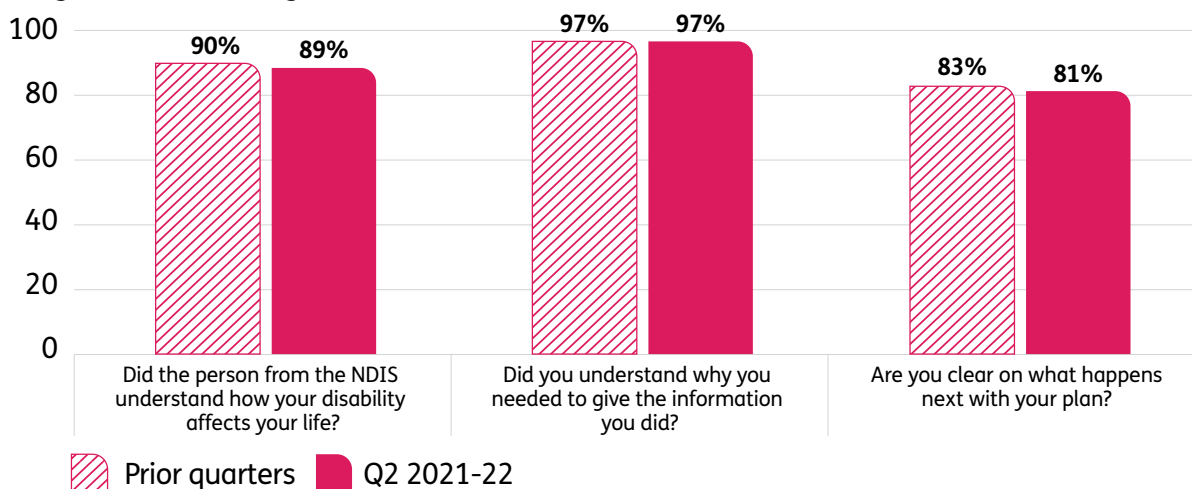
Stage One: Access



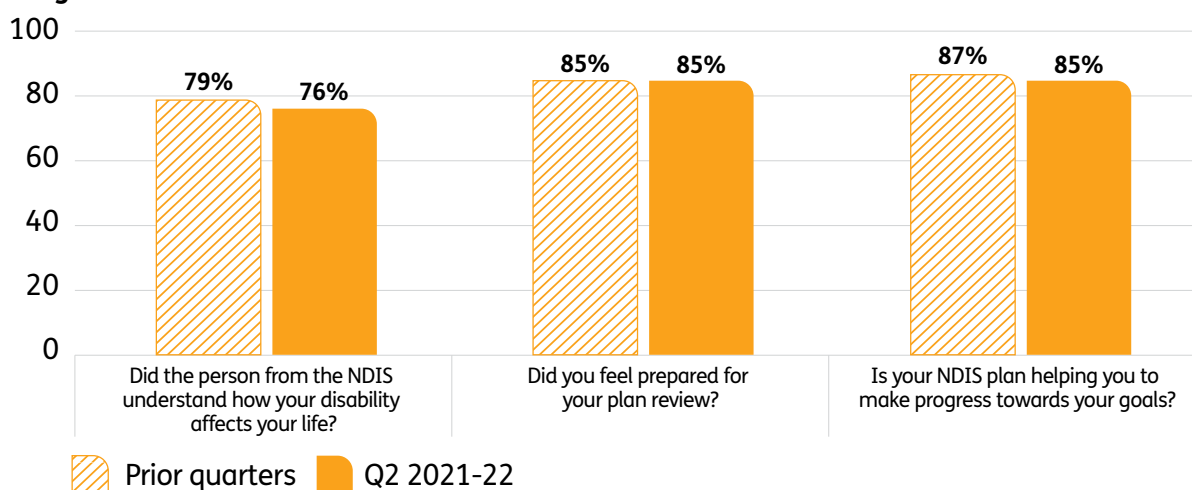
Stage Two: Pre-Planning



Stage Three: Planning



²⁸ Prior quarters include responses from 1 October 2020.

Figure 20: Satisfaction across the four stages of the pathway²⁹ (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 Q2 2021-22, as measured by these questions, is comparable to prior quarters.

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, 81 per cent were clear on what happens next with their plan (two percentage points lower than for prior quarters), lower than the 89-97 per cent responding positively to other questions about planning.

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

²⁹ Prior quarters include responses from 1 October 2020.

2.4 The NDIS Contact Centre

Performance was impacted by the Covid-19 pandemic during the quarter.

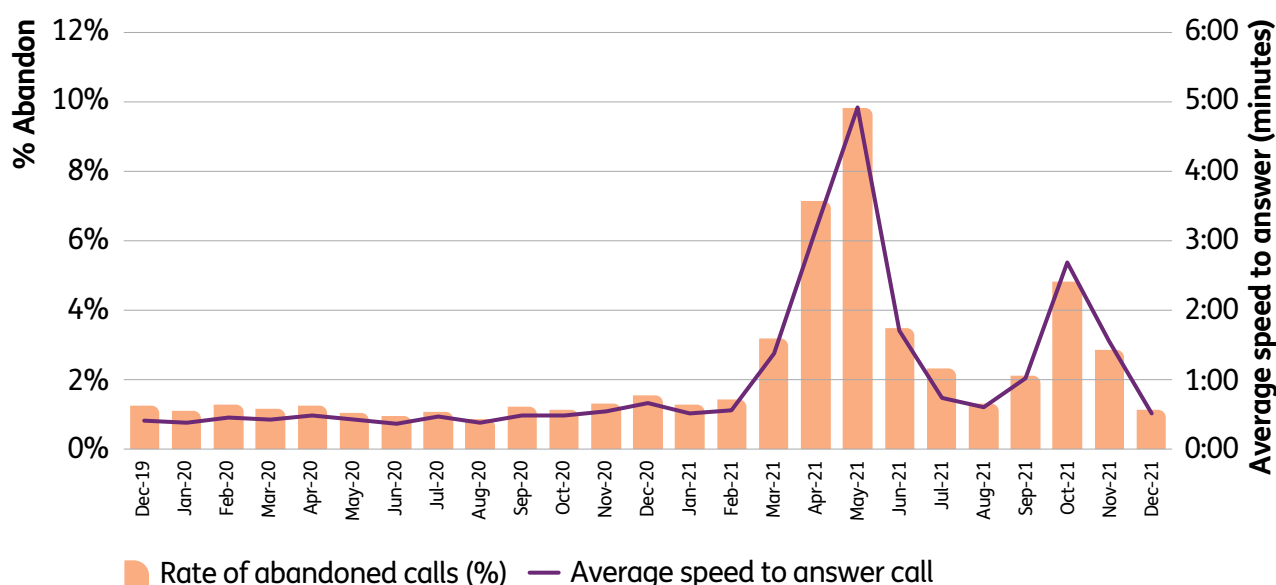
The NCC provides personal and high-quality services and information about the NDIS for people with disability, their family and carers, and service providers. Serco Citizen Services (Serco) have been delivering the NCC service since June 2018, operating from Dandenong and Newborough in Victoria.

The NCC performance framework includes a grade of service of 80 per cent of calls answered within 60 seconds. Across the December 2021 quarter, the NCC answered 257,952 calls, with 64 per cent of these calls answered within 60 seconds. Performance results were significantly impacted by the COVID-19 pandemic during the quarter, with exposure events causing site closures on three separate occasions. While this caused longer wait times at times during the quarter, service continuity was maintained with most NCC staff working from home.

During the quarter, an average speed of answer of 1 minute and 40 seconds was achieved, and the average abandonment rate was within the service level at 2.9 per cent. In the December 2021 quarter, 78.1 per cent of customers completing the post call survey scored their experience with the NCC as 'High' or 'Very High'.

The NCC's webchat channel has seen significant growth across the financial year to date. This alternative communication option is available via the new NDIA mobile application. During the quarter 21,075 webchats were answered, with 83.4 per cent answered within 20 seconds.

Figure 21: Monthly telephony performance over the past two years





Katherine's celebrating a year living independently in her unit

Moonah NDIS participant, **Katherine**, is celebrating one year, living independently in her own unit with reduced supports – something she said people doubted she could do.

The 62-year-old, who has Down syndrome, said she was living in a unit, managed as a group home with 24/7 care, but didn't need around the clock care because she was capable and confident enough to do most daily living tasks herself.

Engaging her chosen local providers, Mel, from Life Choices Support and Catherine Baker from Coordination Plus, all three set about making Katherine's goal a reality.

Catherine said it has taken a few years of intensive work to get Katherine to this point. "She had to achieve lots of tasks along the way to show people she could take responsibility before she moved out to live independently," she said.

Catherine said working closely with Mel and her team, and understanding Katherine's strengths and needs, they've managed to build a strong support network around her.

Her increased independence means she no longer needs the same level of NDIS funding because she doesn't need to access SIL funds anymore.

"Living independently has been my goal for years. I wanted to prove to everyone I could do it, and I did," Katherine said proudly. "My unit is lovely; it's wonderful. I'm really enjoying being here, and Bobbie (the Budgie) and I love watching the Tipping Point and the Masked Singer on TV".

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 (SIP)** 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 (PSG)**, which has been implemented early.

The Participant Service Charter is also underpinned by the specific tangible actions listed in the SIP.

This section provides an update on progress against the PSG and the SIP.

3.1 Participant Service Improvement Plan (SIP)

Progress is being made against the Participant SIP deliverables.

The NDIA's SIP is the key to making real the promises in the Participant Service Charter and PSG. 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 SIP. 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 meet and try to exceed the time standard commitments for service levels | The NDIA have improved meeting timeframes set out under the PSG including access decisions, plan approvals and plan reviews. |
| The website and portal will be clearer and easier to use | The NDIA are building a new participant portal to ensure more choice and control over how participants interact with the NDIS and manage their plan. The new participant portal is currently being piloted with participants to provide clearer and easier use of the portal. |

Service Improvement Plan (SIP) – Commitments and Progress

The SIP sets out what the NDIA and partners are going to do through to 30 June 2023 to deliver an NDIS that meets expectations. A review of the SIP is currently underway and the SIP commitment timeframes will be refined as the NDIA continues to consult, engage and co-design with the sector. A refreshed SIP will be released at the end of Quarter 3, which will include new and revised commitments based on what the NDIA has heard from participants. Many of the SIP activities are already being developed with significant participant involvement through a range of co-design mechanisms. As an example, the NDIS mobile app has been iteratively tested by many participants and their ongoing feedback has been incorporated into new versions of the app.

Communicating with us

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

The NDIA has committed to an increased digital experience and commenced work on online forms, and enhancing the website and portal. The way forms are accessed and completed are being designed as part of the NDIA's new ICT system. In addition, a new participant portal is being piloted to provide clearer and easier use of the 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 | ✓ |
| The website and portal will be clearer and easier to use | Sep 22 |
| You will be able to use online forms and services where you want to | Jun 23 |
| You will be able to track where your application or inquiry is up to online | Jun 23 |

Getting information from us

Work continues to make guidelines clearer to ensure that there is consistency in how the NDIA make decisions. This quarter, an additional four guidelines supporting operational decisions have been published, totalling 20 guidelines released as at 31 December 2021. In addition, 27 Reasonable and Necessary operation guidelines or 'Would We Fund It' guides were published this quarter.

| 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 | Jun 22 |
| Our documents will use consistent terms and definitions with less jargon | 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 23 |
| Our decision letters will have reasons for why we have decided something in plain English | Jun 23 |

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 23 |
| 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 23 |

Making your plan

The NDIA are continuing to support participants in the way that they choose to interact with the NDIS, 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 | Sep 22 |
| 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 ³⁰ | Jun 23 |
| 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 23 |
| We will support you, if you want, to build goals in your plan that are clearly defined, realistic and attainable | Jun 23 |
| We're working to build more do-it-yourself online plan tools | Jun 23 |

³⁰ 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. Participant Check-ins have been implemented and will now continue as a standard business process.

In conjunction with the ‘Participant check in’ process, The NDIA has improved the time taken for participants to meet with their PIRC 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 the supports they need and help them to understand and use their plan.

Furthermore, the NDIA is committed to providing clarity on funding for support coordination services. A new paper “Improving Support Coordination for Participants” was released on 30 November 2021 and clearly outlines the role of a support coordinator and the next steps the NDIA will take to improve support coordination for participants. This includes working with the sector to improve understanding of the role of Support Coordinators and considering funding matters through the Annual Pricing Review.

The NDIA is working to improve thin markets and community connectors, particularly in remote and very remote areas. The NDIA has an ongoing program of market interventions in geographical markets with low plan utilisation and other indicators of risk. Interventions are flexible and tailored in response to local issues, and may include improving plan implementation, improving information signals, market facilitation, coordinated funding proposals and if required, direct commissioning.

| 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 | ✓ |
| You will be able to manage your plan more easily, using a new NDIS mobile app | Mar 22 |
| 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 |
| 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 managing and using a plan manager | Jun 23 |

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 | Dec 22 |
| We will have new systems to make sure providers are paid promptly and accurately, so your support is not interrupted | Dec 22 |

Parts of your plan

The NDIA has commenced updating the ILO Operating Guidelines to expand the understanding of ILO as another option for housing arrangements for SIL and SDA participants. A reference group has been established to provide input into the new guidelines.

| 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 AT and home modifications with less red tape. This includes a simpler process for requesting complex and non-standard AT or home modifications | ✓ |
| We will encourage Individualised Living Options as an alternative to traditional group homes | Mar 22 |
| We will focus on your plan and goals supporting you to gain employment if that is what you want | 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 has continued to engage specialist community connectors in remote, CALD, and Aboriginal and Torres Strait Islander communities to better engage with participants.

The NDIA continues to implement the ECEI Implementation Reset approach, with four of the recommendations completed to date. The plans to implement the remaining ECEI Reset recommendations over the next 24 months can be found [here](#).³¹

| SIP Commitment | Expected completion |
|--|---------------------|
| We will fund specialist community connectors (in remote, CALD, 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 22 |












³¹ <https://www.ndis.gov.au/community/we-listened/you-said-we-heard-post-consultation-reports/supporting-young-children-and-their-families-early-reach-their-full-potential/how-were-improving-way-we-support-young-children-and-their-families/ecei-reset-recommendations-update>


3.2 Participant Service Guarantee


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


Performance against the proposed service standards – December 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 December 2021 quarter | Comparison to target of 95% | Change from last quarter |
|-----------------------|---|---------------------------------|--|---|---|
| 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 | 100% |  |  |
| Access | Make an access decision, after the final information has been provided | 14 days | 99% |  | — |
| Planning | Commence facilitating the preparation of a plan, after an access decision has been made | 21 days | 89% |  |  |
| Planning | Approve a participant's plan, after an access decision has been made | 56 days | 86% |  |  |
| Planning | Approve a plan for ECEI participants, after an access decision has been made. | 90 days | 90% |  | — |
| Implementation | Offer to hold a plan implementation meeting, after the plan is approved | As soon as reasonably practical | Reporting will commence in mid 2022 | | |
| Implementation | If the participant accepts the offer, hold a plan implementation meeting | 28 days | 100% |  | — |

Comparison to target of 95%  95% and over


 85%-95%



















 Less than 85%

Change from last quarter

 More than 3 percentage points higher




— Within 3 percentage points



 More than 3 percentage points lower

| Service type | Description of the service being guaranteed | Service Guarantee | Performance in the December 2021 quarter | Comparison to target of 95% | Change from last quarter |
|-----------------------------|--|-------------------|--|---|---|
| Implementation | Provide a copy of the plan to a participant, after the plan is approved | 7 days | Reporting will commence in mid 2022 | | |
| Plan review | Commence facilitating a scheduled plan review, prior to the scheduled review date | 56 days | 36%* |  |  |
| Plan review | Decide whether to undertake a participant requested plan review, after the request is received | 21 days | 100% |  |  |
| Plan review | Complete a participant requested review, after the decision to accept the request is made | 28 days | 52%† |  |  |
| Plan variations | Vary a plan, after the receipt of information that triggers the plan amendment process | 28 days | 92% |  |  |
| Plan variations | Vary a plan, after receipt of information relating to a complex quote that triggers a plan amendment process | 50 days | 91% |  |  |
| Plan variations | Provide a copy of the plan to a participant, after the plan is amended | 7 days | Reporting will commence in mid 2022 | | |
| Reviewable decisions | Complete an internal review of a reviewable decision, after a request is received | 60 days | 85% |  |  |
| Reviewable decisions | Implement an AAT decision to vary a plan, after receiving notification of the AAT decision | 28 days | 97% |  |  |
| Nominee | Cancel participant requested nominee | 14 days | 100% |  |  |
| Nominee | Cancel CEO initiated nominee | 14 days | 100% |  |  |

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

† Note: The average time taken to complete a participant requested review, after the decision to accept the request has been made was 38 days, so the majority of reviews are completed within a reasonable timeframe.

Comparison to target of 95%  95% and over  85%-95%  Less than 85%

Change from last quarter  More than 3 percentage points higher  Within 3 percentage points  More than 3 percentage points lower

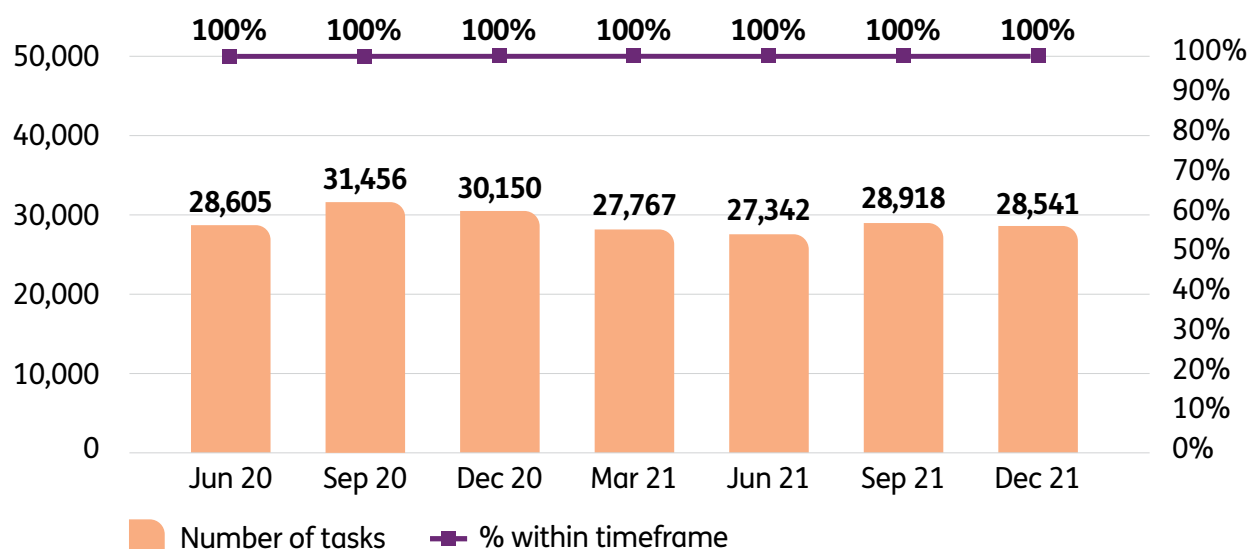
Key trends in PSG metrics

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

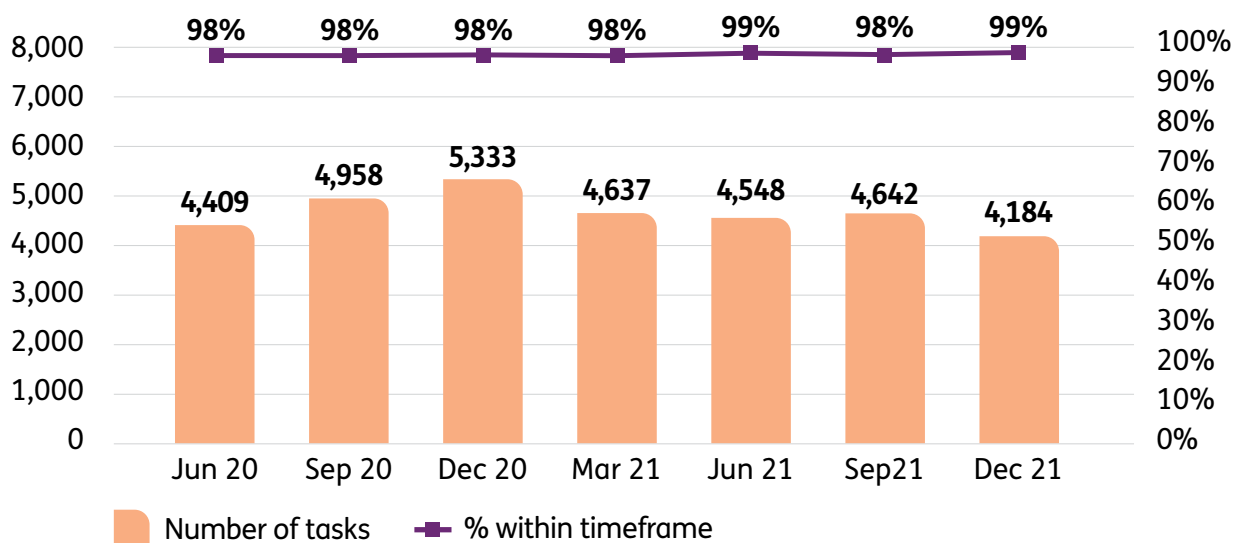
The NDIA has consistently met the 21 day timeframe in respect of access decisions over the last seven quarters.

Figure 22: 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.

Figure 23: 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 90 per cent approved within the timeframe of 90 days in the December 2021 quarter. The target timeframe for the approval of plans for those aged 7 and above was reduced from 70 days to 56 days from the March 2021 quarter and there was a consequent reduction in service level met. However, service levels have continued to improve over the last two quarters and 86 per cent of plans for those 7 and above were approved in 56 days in the December 2021 quarter.

Figure 24: Commence facilitating the preparation of a plan, after an access decision has been made³²

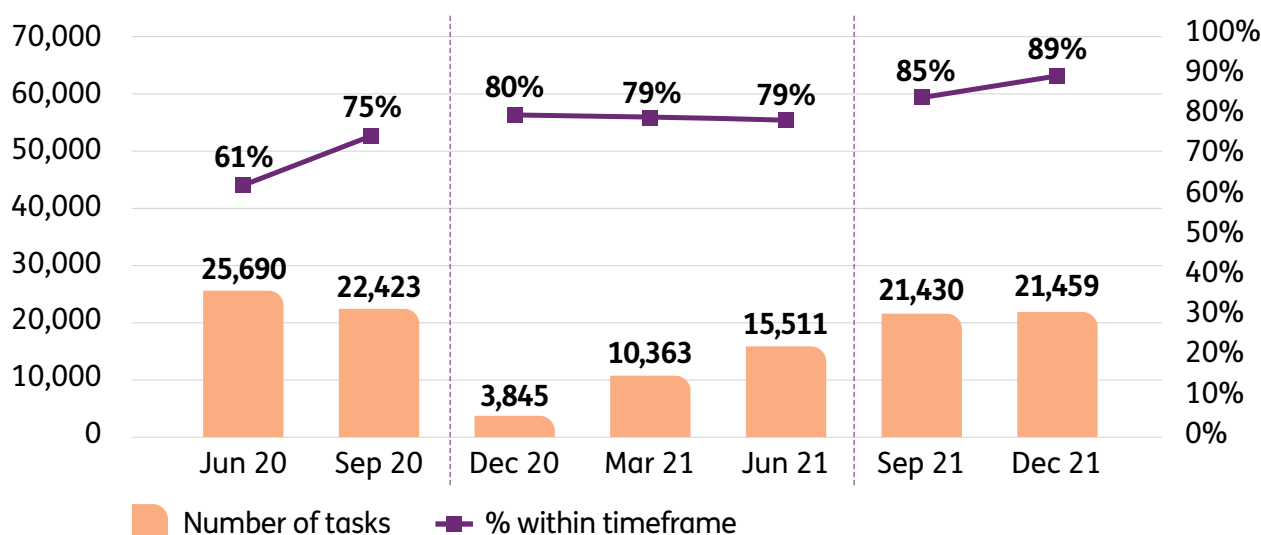
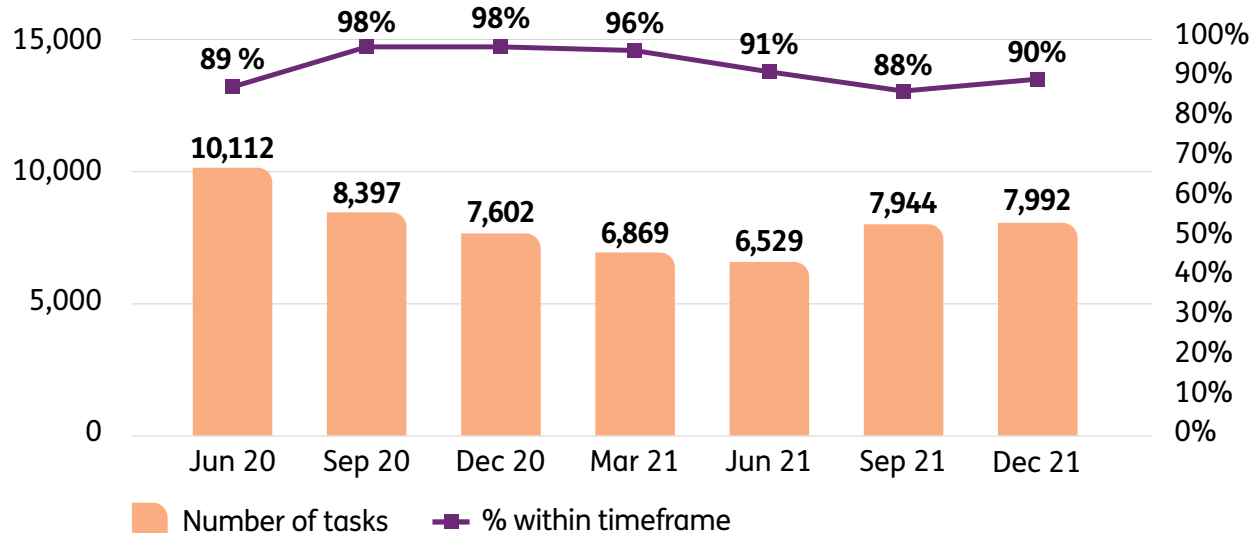
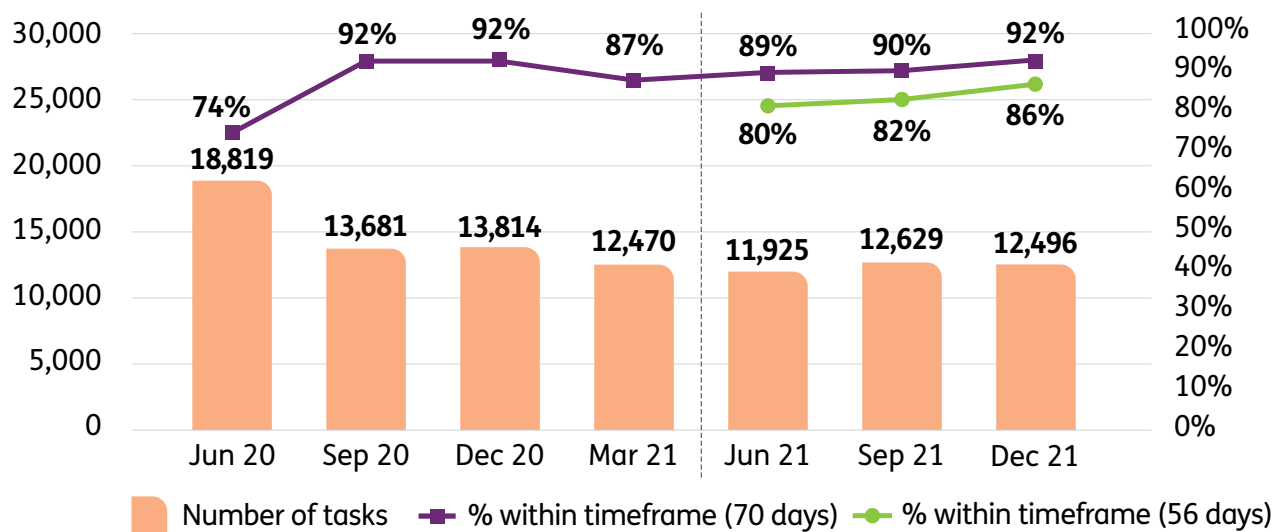


Figure 25: First plan approved after access decision has been made, 0-6 years

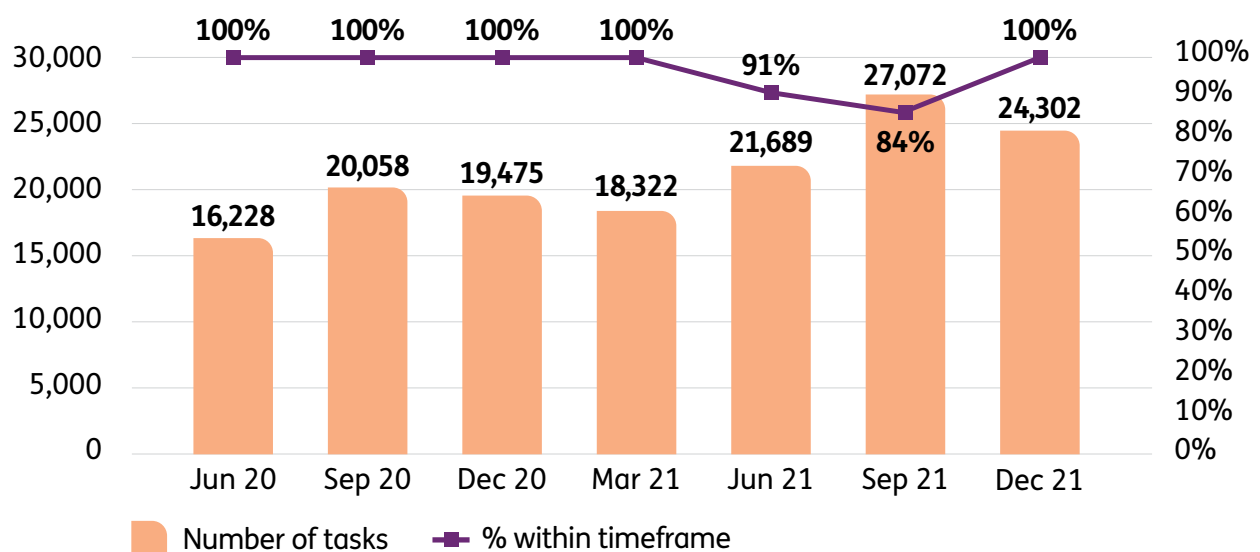


³² New business processes have been implemented from December 2020 and again from July 2021.

Figure 26: First plan approved after access decision has been made, 7+ years³³


Plan review

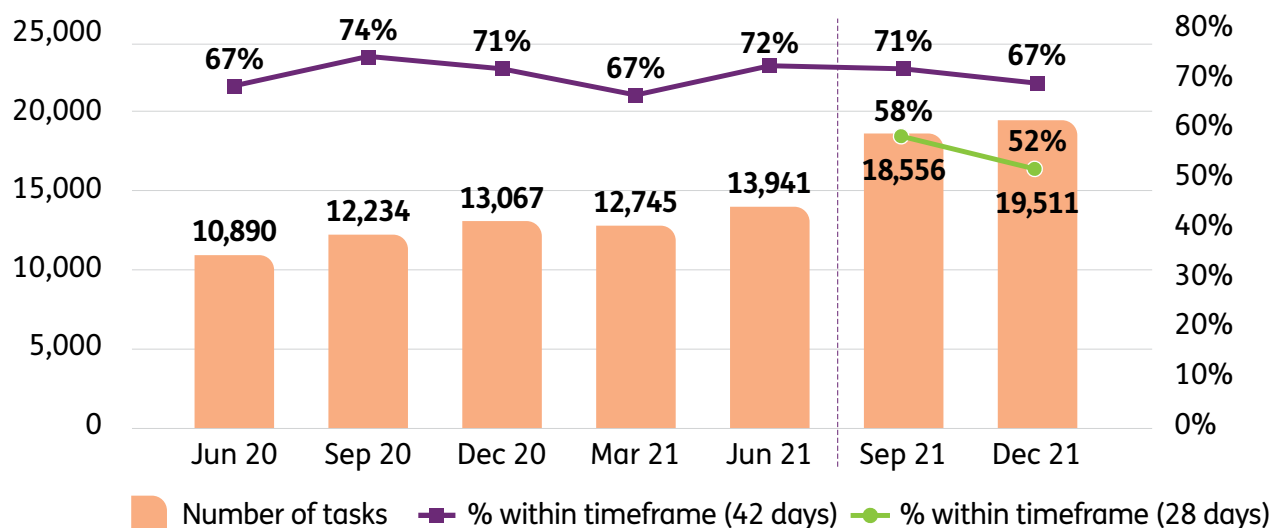
Decisions about whether or not to conduct a Participant Requested Review (PRR) were made within 21 days 100 per cent of the time in the December 2021 quarter.

Figure 27: Decision made to undertake PRR after request is received


³³ The target timeframe for this metric has been reduced from 70 to 56 days in early 2021.

PRR timeframes have remained consistent over the last few quarters. The target PRR timeframe was reduced from 42 days to 28 days from the September 2021 quarter and there has been a consequent reduction in service level met (52 per cent). However, based on the 42 day timeframe, service levels have remained stable.

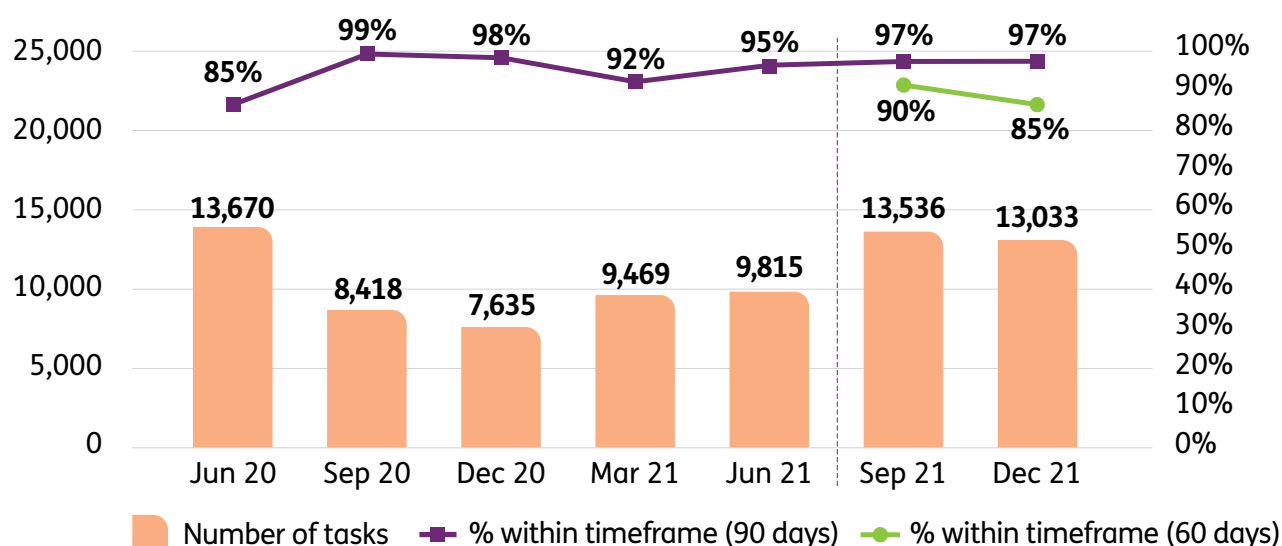
Figure 28: PRR completed after decision made to undertake review³⁴



Reviewable decisions

The target timeframe for completing Reviews of Reviewable Decisions was reduced from 90 days to 60 days from the September 2021 quarter and there has been a consequent reduction in service level met (85 per cent). However, based on the 90 day timeframe, service levels have remained high and stable.

Figure 29: Complete Review of a Reviewable Decision after request is received³⁵



³⁴ 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.

³⁵ 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. | 64% on average throughout the December 2021 quarter (Part 2 in this report discusses further). |

Service standards for complaints

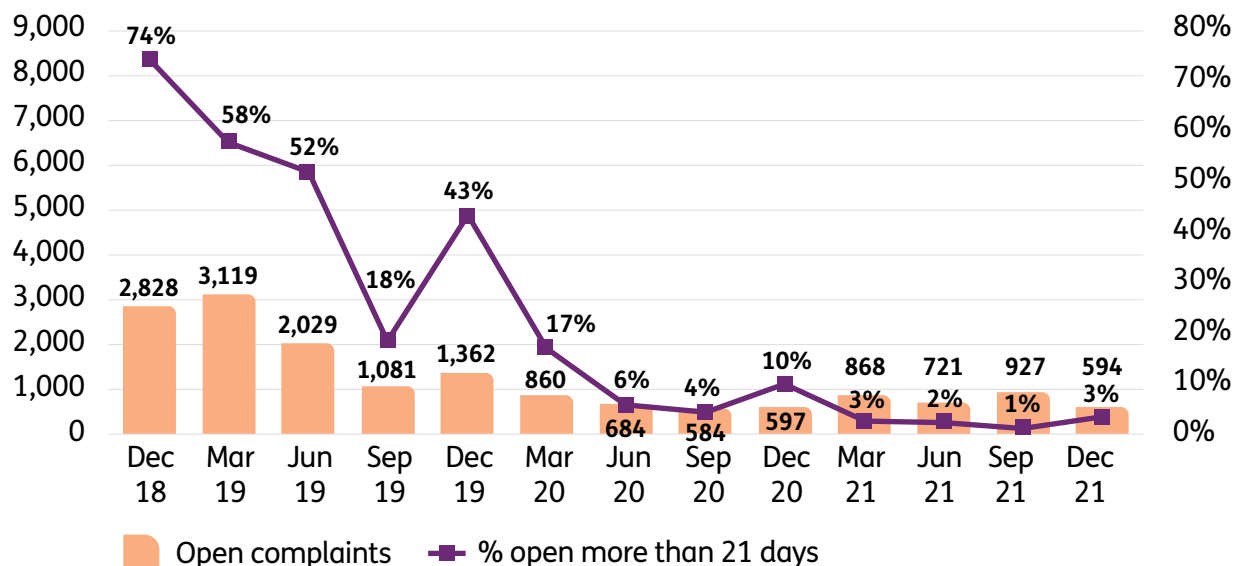
| Service type | Description of the service being guaranteed | Performance |
|-------------------|--|----------------------------------|
| Complaints | Resolve 90% of complaints within 21 days after we receive it. More complex complaints may take longer to address. | 97% in the December 2021 quarter |

The Agency is in the process of defining metrics for the timeliness of the end to end process for making home and living (e.g. SDA and SIL) decisions. This will be included in future reports.

Key trends in complaints, RoRDs, and AAT cases

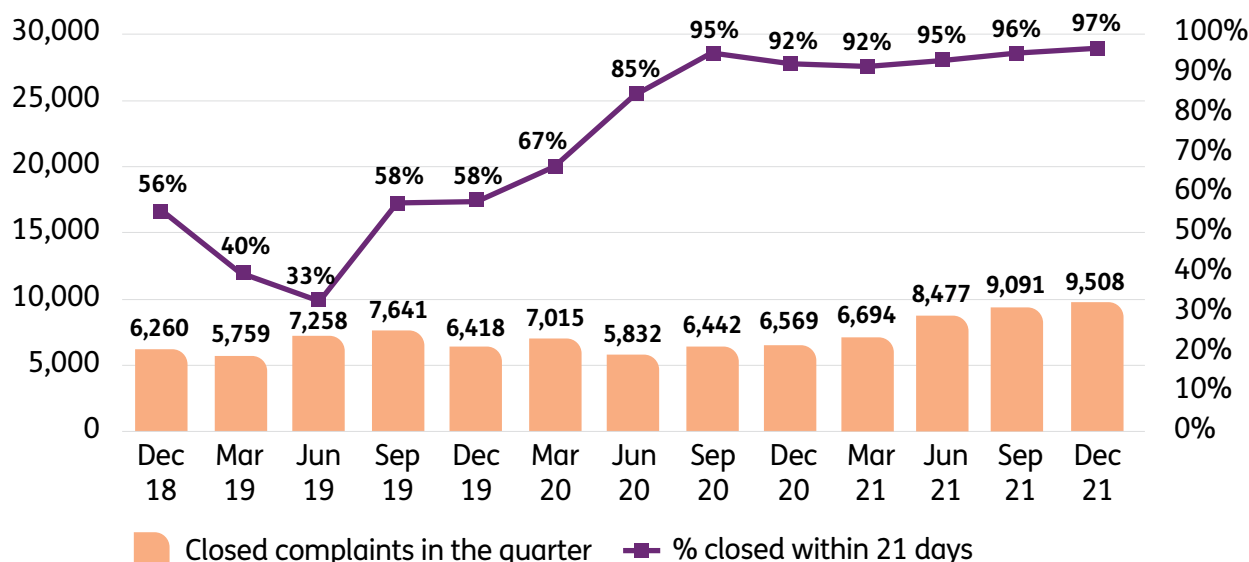
Over recent quarters the percentage of total complaints that have been open for more than 21 days has significantly reduced, with three per cent in the December 2021 quarter still open after 21 days.

Figure 30: Open complaints and percentage that have been open for more than 21 days³⁶



Over 90 per cent of complaints have been closed within 21 days in the past six quarters.

Figure 31: Closed complaints and per cent completed within 21 day timeframe³⁷



³⁶ 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.

³⁷ 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.

There was a significant decline in participant complaints as a proportion of active participants between December 2018 and June 2020. In the three most recent quarters, the number of complaints has increased as a proportion of active participants (7.0 per cent in the December 2021 quarter). The number of complaints received from providers decreased during the quarter (Figure 33) with 343 complaints received which is equivalent to 3.7 per cent of registered providers making a complaint.

Figure 32: Number and proportion of participant complaints over time³⁸

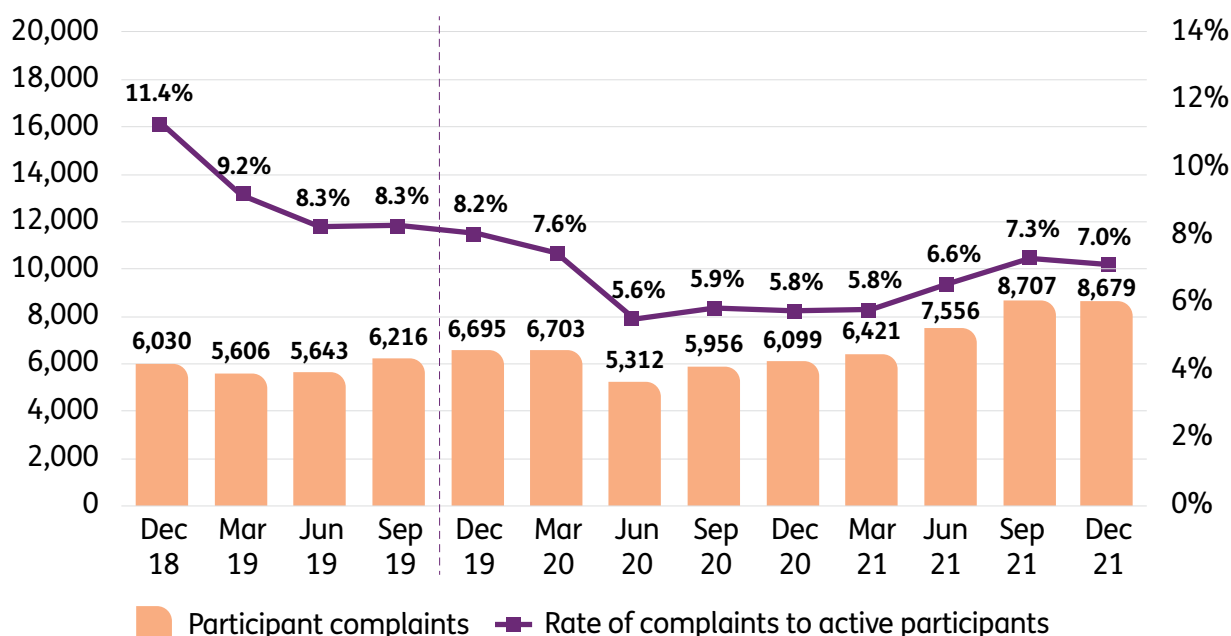
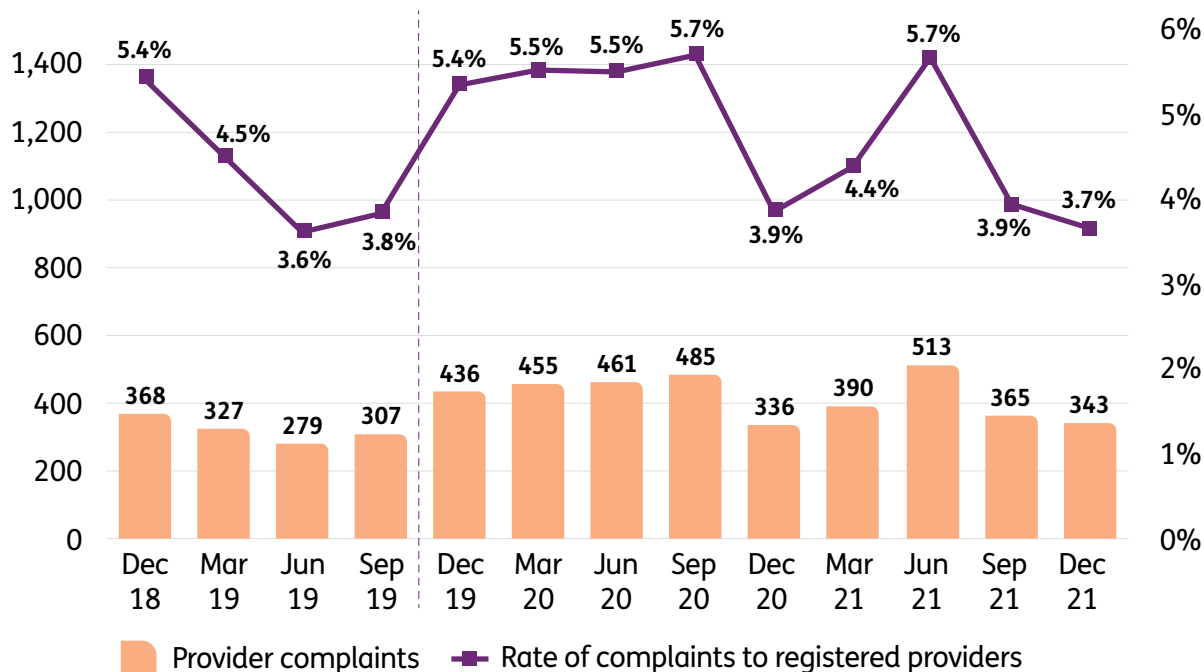


Figure 33: Number and proportion of provider complaints over time³⁹

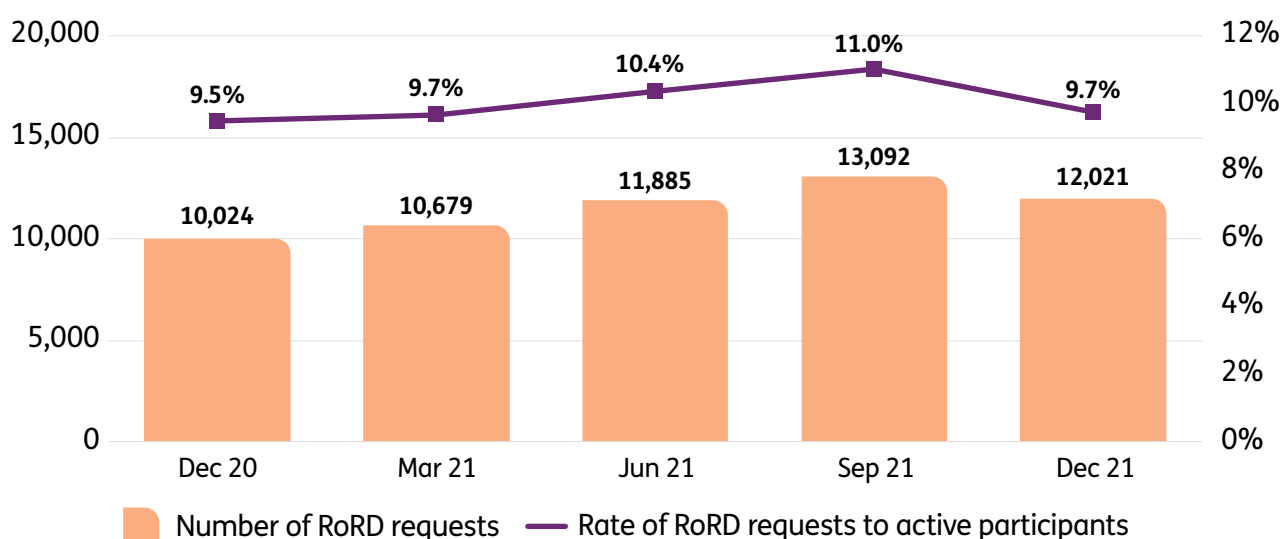


³⁸ The rate of complaints was reported as a percentage of access requests in previous reports.

³⁹ 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.

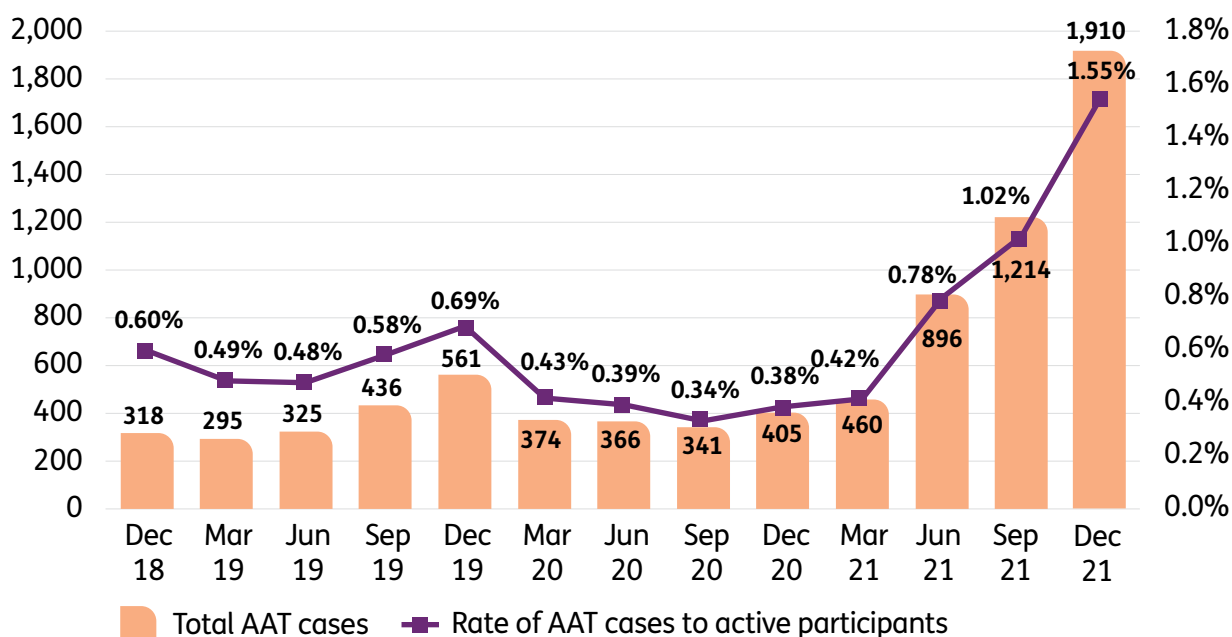
The number of RoRDs as a percentage of active participants increased from 9.5 per cent in the December 2020 quarter to 11.0 per cent in the September 2021 quarter before decreasing to 9.7 per cent in the December 2021 quarter

Figure 34: Request for a Review of a Reviewable Decision (RoRD) – quarterly trend⁴⁰



The number of AAT cases (as a proportion of active participants) has increased significantly in recent quarters to 1.55 per cent in December 2021. Six months ago (June 2021), the rate was 0.78 per cent. While plans on average have increased significantly at review over the past few years, in recent quarters the average increase has reduced considerably. The Agency is continuing to make fair and equitable decisions about reasonable and necessary supports, and this is currently resulting in more planning-related AAT cases seeking to test and clarify the concept of ‘reasonable and necessary’. The Agency is constantly reviewing the themes emerging from AAT cases, while noting that each decision is not precedent-setting and is specific to the individual circumstances involved, to further develop a consistent and equitable understanding of reasonable and necessary supports.

Figure 35: Number and proportion of AAT cases over time



⁴⁰ Data for RoRDs includes requests that have been recorded in the NDIA business system. Work is underway to include records entered in the off-system database and the charts will be retrospectively updated and restated once this piece of work has been completed.

There have been 5,679 AAT cases closed since the commencement of the Scheme. Of those cases, 5,534 were resolved before a (substantive) hearing with the remaining 145 progressing to (substantive) hearing and receiving a substantive decision.

Of the cases no longer before the AAT, approximately 64 per cent were resolved by agreement, 34 per cent were withdrawn by the applicant or dismissed by the AAT and less than 2 per cent proceeded to a (substantive) hearing.

Of the cases that went to (substantive) hearing, the Agency's original decision was

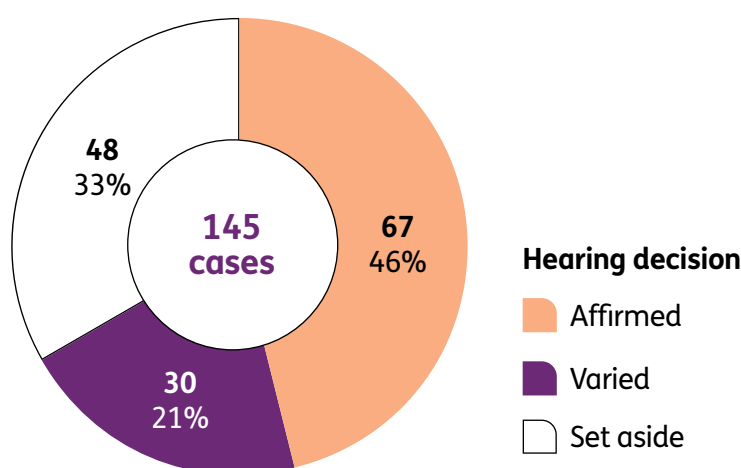
- **Affirmed in 67 cases (46%).** This means the Agency's original decision was not changed.
- **Set aside in 48 cases (33%).** This means the AAT agreed or partially agreed that the original decision was incorrect. The AAT either replaced the Agency's original decision or sent the matter back to the Agency to make a new decision in accordance with specific instructions or recommendations.
- **Varied in some way in 30 cases (21%).** This means the original decision was changed or altered in some way.

As part of the AAT process, it is not uncommon for new support requests to be made and new evidence to be provided by applicants, contributing to variations of reviewable decisions.

The Agency is committed to acting as a model litigant in the AAT as required by the **Legal Services Directions 2017** and in doing so assists applicants by working with them and their representatives to resolve their matters as early in the AAT process as possible.

However, the Agency is seeing more cases proceed to a (substantive) hearing in recent quarters, which is consistent with the increasing number of AAT matters and the increasing complexity of many of the supports being requested.

Figure 36: AAT cases that have gone to hearing and received a substantive decision⁴¹



⁴¹ The Tribunal will affirm the decision under review if it finds that the Agency has made the correct decision, or vary the decision under review if it finds the Agency's decision should be altered in some way. The Tribunal will set aside the decision under review if it finds that the Agency has made a wholly or partially incorrect decision. In this case they can replace the Agency's decision, or send the case back to the Agency with considerations to be taken when making a new decision.



NDIS supports are helping Damien get his life back on track

Damien's dreams of fulfilling healthy pursuits and crafting a promising future are now a reality after accessing the NDIS. Where once the 44-year-old from Loganlea led an unhealthy lifestyle from the effects on his physical and mental health due to arthrogryposis multiplex congenital - the development of multiple joint contractures affecting two or more areas of the body prior to birth - Damien is now full of optimism and drive.

"I have become quite serious about daily exercise and healthy eating. My NDIS goals were to live healthy and as independent as I can," he said. "With my exercise physiology and physiotherapy, and my occupational therapist, I have been able to overcome my depression without medication by exercise and a healthy lifestyle."

"After receiving support to take the stress out of my daily living activities and the options to get into exercise through my NDIS plan, I have now been without alcohol for over six months and I haven't smoked in over three months."

With NDIS supports in place, Damien sees an exercise physiologist to enable better eating and fitness goals, an occupational therapist, and physiotherapist to ensure he continues leading a healthy lifestyle.

Damien has recently taken up swimming two to three-times-a-week and doing resistance training. From the pool to the pillow, and everywhere in between, his renewed focus has opened up a whole new world for Damien, who has committed fully to the mental and physical approach.

"Everything is going well now and it wouldn't happen without the NDIS."

4

Providers and the growing market



4

Providers and the growing market

The provider market continues to grow, with many participants using plan managers to assist with financially managing their plan.

4.1 Support categories

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

\$13.2bn in support was provided in the first half of 2021-22.⁴² 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. \$3.2bn of the \$7.1bn payments on core daily activities in the first half of 2021-22 was for payments for participants in SIL.

Figure 37: Total payments from 1 July 2021 to 31 December 2021

| Support Category | Total payments (in \$m) Jul-21 to Dec-21 | % total payments |
|--|---|------------------|
| Core - Daily Activities | 7,133 | 54.1% |
| Core - Community | 2,409 | 18.3% |
| Core - Consumables & Transport | 623 | 4.7% |
| Capacity Building - Daily Activities ⁴³ | 1,727 | 13.1% |
| Capacity Building - Other | 890 | 6.7% |
| Capital | 408 | 3.1% |
| Total⁴⁴ | 13,193 | 100.0% |

⁴² Includes cash and in-kind payments.

⁴³ Includes therapy services.

⁴⁴ Total includes \$3m of payments with no support category

Over the last two years, payments have grown by 64 per cent (from \$4.1bn in the December 2019 quarter to \$6.7bn the December 2021 quarter). 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 55 per cent to 54 per cent, reflecting higher proportions of children in the Scheme over time.

Figure 38: Total payments (in \$m and %) per quarter – all participants

| Support Category | Dec -19 | Mar -20 | Jun -20 | Sep -20 | Dec -20 | Mar -21 | Jun -21 | Sep -21 | Dec -21 |
|--------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Core - Daily Activities | 2,254 | 2,406 | 2,912 | 3,057 | 3,022 | 3,267 | 3,733 | 3,506 | 3,627 |
| Core - Community | 775 | 788 | 723 | 832 | 934 | 1,028 | 1,177 | 1,163 | 1,246 |
| Core - Consumables & Transport | 201 | 232 | 247 | 280 | 255 | 291 | 293 | 319 | 304 |
| Capacity Building - Daily Activities | 421 | 435 | 562 | 654 | 683 | 678 | 829 | 854 | 873 |
| Capacity Building - Other | 257 | 281 | 315 | 346 | 363 | 368 | 418 | 443 | 447 |
| Capital | 181 | 195 | 229 | 230 | 209 | 186 | 183 | 200 | 208 |
| Total | 4,095 | 4,341 | 4,988 | 5,399 | 5,467 | 5,818 | 6,634 | 6,486 | 6,707 |

| Support Category | Dec -19 | Mar -20 | Jun -20 | Sep -20 | Dec -20 | Mar -21 | Jun -21 | Sep -21 | Dec -21 |
|--------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Core - Daily Activities | 55% | 55% | 58% | 57% | 55% | 56% | 56% | 54% | 54% |
| Core - Community | 19% | 18% | 14% | 15% | 17% | 18% | 18% | 18% | 19% |
| Core - Consumables & Transport | 5% | 5% | 5% | 5% | 5% | 5% | 4% | 5% | 5% |
| Capacity Building - Daily Activities | 10% | 10% | 11% | 12% | 12% | 12% | 12% | 13% | 13% |
| Capacity Building - Other | 6% | 6% | 6% | 6% | 7% | 6% | 6% | 7% | 7% |
| Capital | 4% | 4% | 5% | 4% | 4% | 3% | 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 \$1.6bn in the December 2019 quarter to \$2.1bn in the December 2021 quarter. The SIL component (core-daily activities) of the plan represents approximately 80 per cent of total payments.

Figure 39: Total payments (in \$m and %) per quarter – participants in SIL

| Support Category | Dec -19 | Mar -20 | Jun -20 | Sep -20 | Dec -20 | Mar -21 | Jun -21 | Sep -21 | Dec -21 |
|--------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Core - Daily Activities | 1,271 | 1,379 | 1,561 | 1,589 | 1,516 | 1,628 | 1,623 | 1,633 | 1,613 |
| Core - Community | 203 | 199 | 186 | 195 | 213 | 229 | 264 | 252 | 267 |
| Core - Consumables & Transport | 18 | 21 | 21 | 24 | 23 | 25 | 25 | 28 | 26 |
| Capacity Building - Daily Activities | 21 | 23 | 32 | 35 | 36 | 37 | 44 | 45 | 47 |
| Capacity Building - Other | 42 | 48 | 53 | 58 | 59 | 57 | 64 | 68 | 68 |
| Capital | 35 | 43 | 51 | 50 | 46 | 46 | 45 | 45 | 53 |
| Total | 1,591 | 1,713 | 1,904 | 1,951 | 1,892 | 2,022 | 2,065 | 2,070 | 2,073 |

| Support Category | Dec -19 | Mar -20 | Jun -20 | Sep -20 | Dec -20 | Mar -21 | Jun -21 | Sep -21 | Dec -21 |
|--------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Core - Daily Activities | 80% | 81% | 82% | 81% | 80% | 81% | 79% | 79% | 78% |
| Core - Community | 13% | 12% | 10% | 10% | 11% | 11% | 13% | 12% | 13% |
| Core - Consumables & Transport | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% |
| Capacity Building - Daily Activities | 1% | 1% | 2% | 2% | 2% | 2% | 2% | 2% | 2% |
| Capacity Building - Other | 3% | 3% | 3% | 3% | 3% | 3% | 3% | 3% | 3% |
| Capital | 2% | 2% | 3% | 3% | 2% | 2% | 2% | 2% | 3% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

4.2 Plan management types

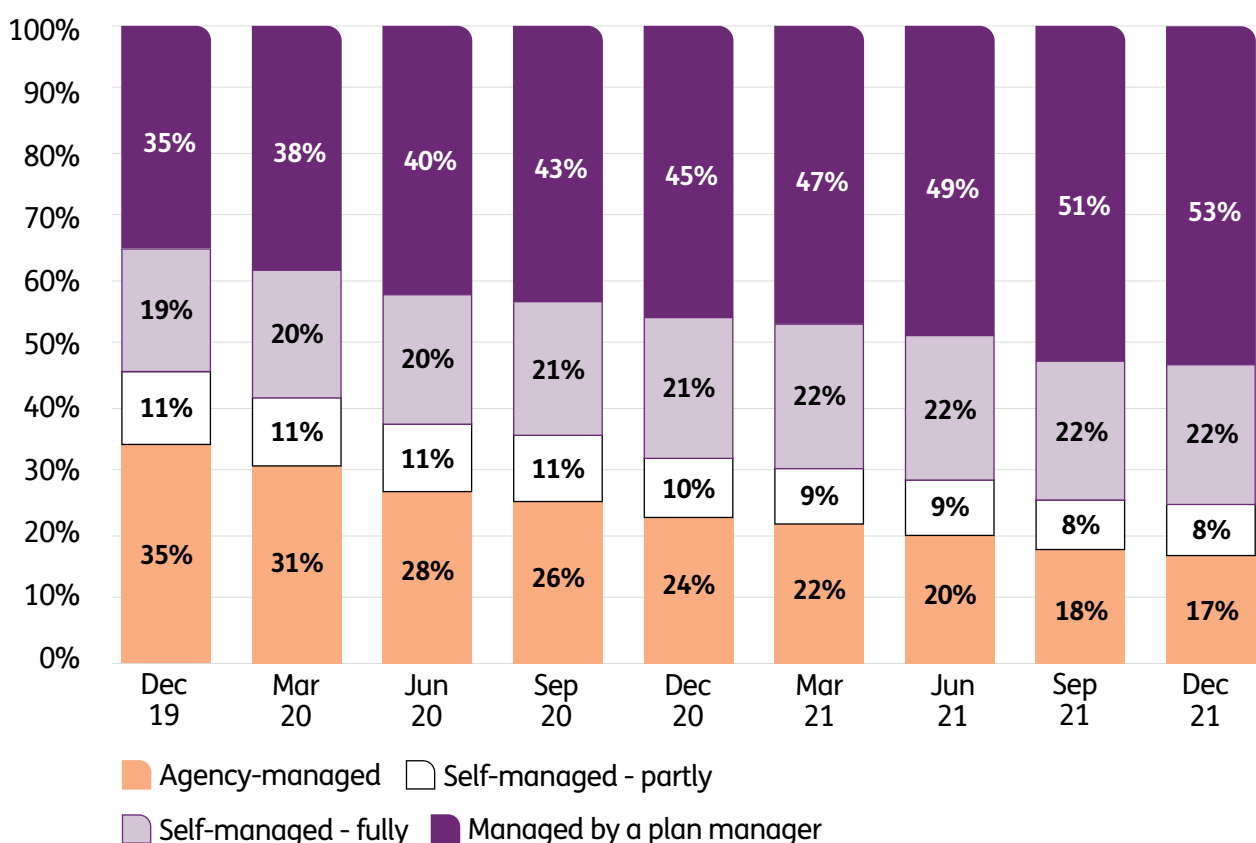
There has been a significant shift in plan management, with an increasing number of participants choosing to use a plan manager rather than have the Agency manage their plan.

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

- **self-manage all or part of** their plan has been stable at **30%**
- use a **plan manager** has increased from **35%** to **53%**
- have a fully **Agency-managed** plan has decreased from **35%** to **17%**.

Many participants who have entered the Scheme in recent years have chosen to use a plan manager compared with participants who joined the Scheme earlier. This is a key driver of the increase in the number of participants with plan managers.

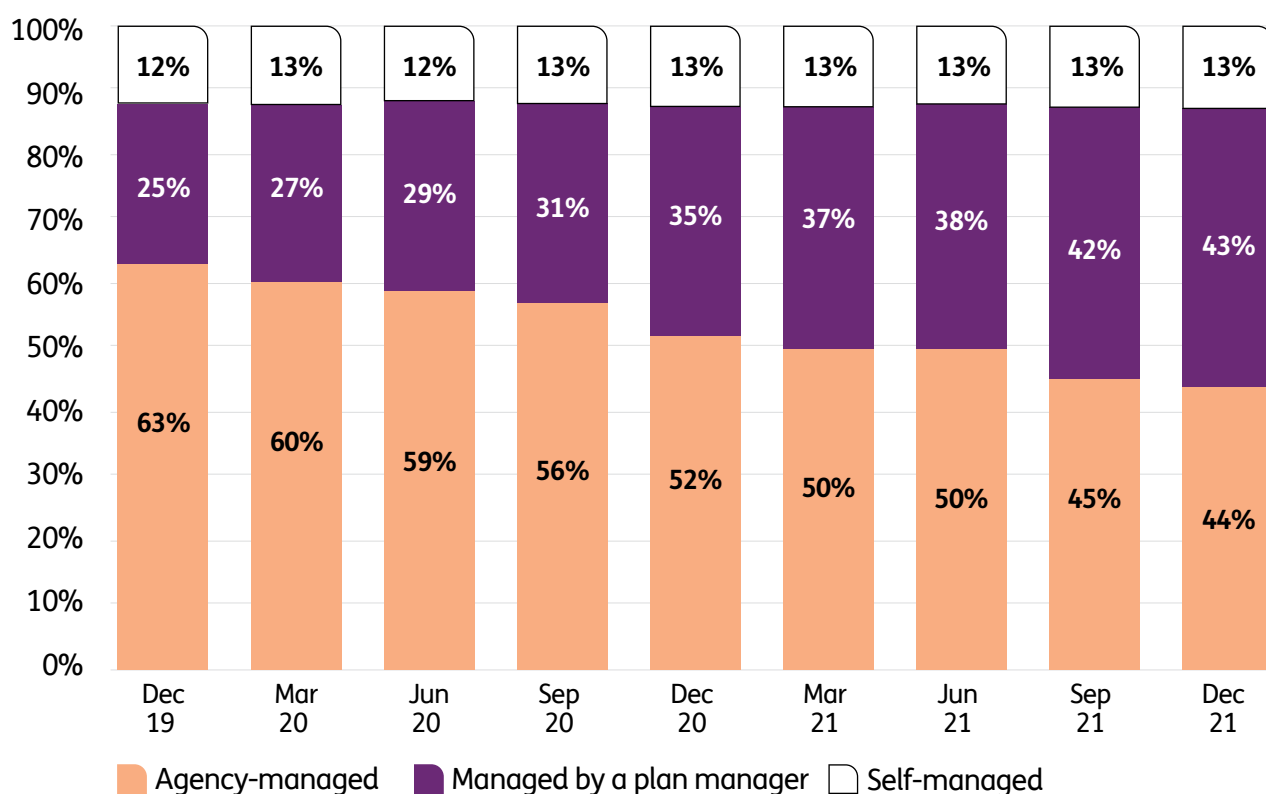
Figure 40: Distribution of active participants by method of financial plan management over time cumulatively – all participants



There have also been changes in payments over the past two years across these three plan management types:

- **self-management** has increased from **12%** to **13%**
- payments managed by a **plan manager** has increased from **25%** to **43%**
- **Agency-managed** payments decreased from **63%** to **44%**.

Figure 41: Distribution of payments by method of financial plan management over time – all participants

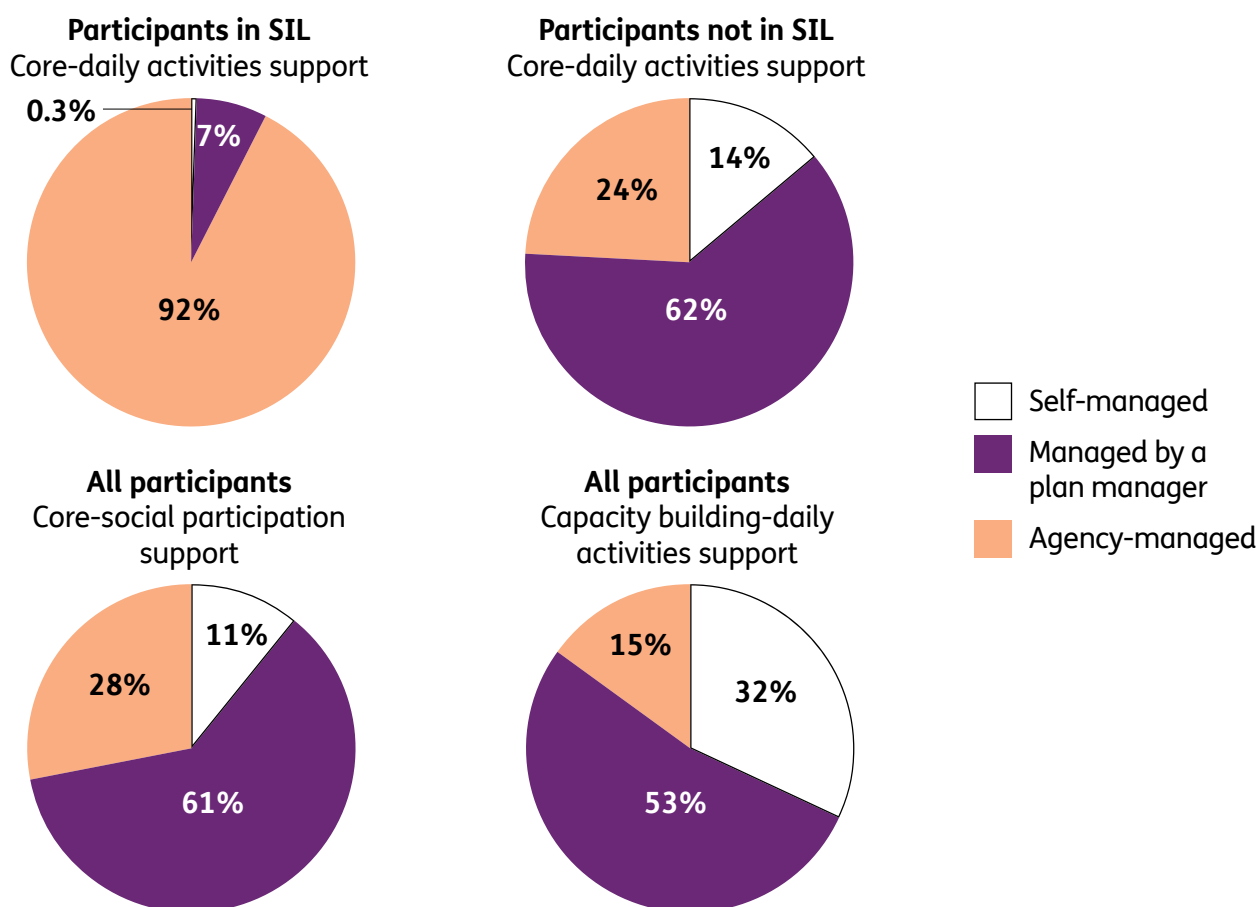


In the second quarter of 2021-22, of the \$6.7bn in payments, \$0.9bn was self-managed (13 per cent), \$2.9bn was managed by a plan manager (43 per cent), and \$2.9bn was Agency-managed (44 per cent).⁴⁵

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

- payments for **participants in SIL receiving core daily supports** were **\$1.6bn**. Of this, \$5m was self-managed (**less than 1%**), \$119m was managed by a plan manager (**7%**), and \$1.5bn was Agency-managed (**92%**).
- payments for **participants not in SIL receiving core-daily activities support** were **\$2.0bn**. Of this, \$276m was self-managed (**14%**), \$1.3bn was managed by a plan manager (**62%**), and \$486m was Agency-managed (**24%**).
- payments for **participants receiving core-social participation support** were **\$1.2bn**. Of this, \$136m was self-managed (**11%**), \$755m was managed by a plan manager (**61%**), and \$355m was Agency-managed (**28%**).
- payments for **participants receiving capacity building-daily activities support (therapy supports)** were **\$873m**. Of this, \$280m was self-managed (**32%**), \$467m was managed by a plan manager (**53%**), and \$127m was Agency-managed (**15%**).

Figure 42: Payments for the largest support categories by plan management type for Q2 2021-22



⁴⁵ Includes cash and in-kind payments.

Figure 43: Total payments in Q2 2021-22 by plan management type (\$m)

| | Agency-managed | With a plan manager | Self-managed | Total |
|---|----------------|---------------------|--------------|--------------|
| Core support | | | | |
| Daily activities - SIL | 1,490 | 119 | 5 | 1,613 |
| Daily activities - non-SIL | 486 | 1,253 | 276 | 2,014 |
| Social & community participation | 355 | 755 | 136 | 1,246 |
| Consumables | 16 | 70 | 43 | 129 |
| Transport | 89 | 5 | 82 | 175 |
| Total core support | 2,435 | 2,202 | 541 | 5,178 |
| Capacity building | | | | |
| Daily activities | 127 | 467 | 280 | 873 |
| Support coordination | 151 | 40 | 3 | 194 |
| Other capacity building support | 90 | 142 | 21 | 253 |
| Total capacity building support | 368 | 648 | 304 | 1,320 |
| Capital | | | | |
| Specialist disability accommodation (SDA) | 45 | 0 | 0 | 45 |
| Assistive Technology | 87 | 34 | 18 | 139 |
| Home Modifications | 11 | 9 | 4 | 24 |
| Total capital | 143 | 43 | 22 | 208 |
| Total | 2,947 | 2,893 | 867 | 6,707 |

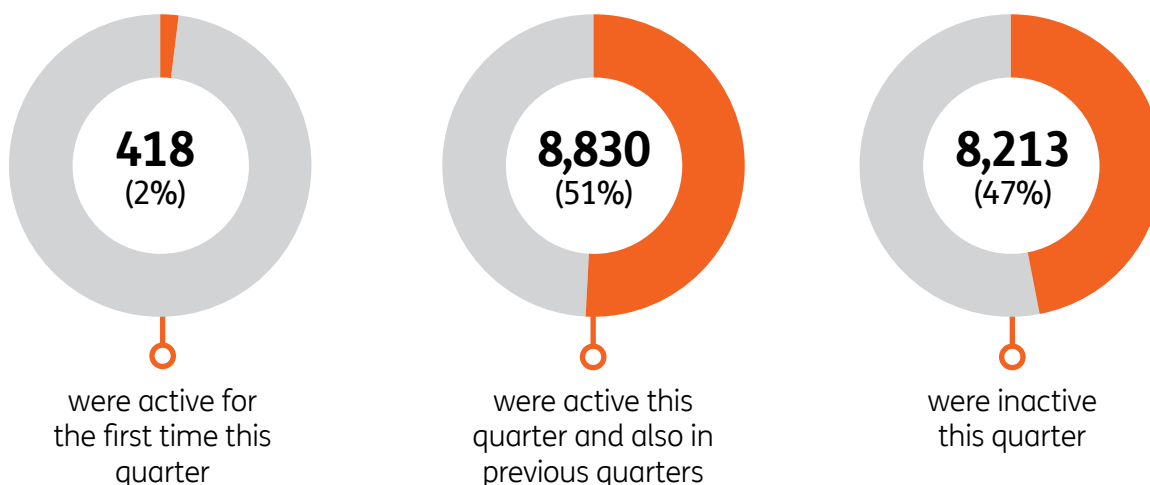
Figure 44: Total payments in Q2 2021-22 by plan management type (%)

| | Agency-managed | With a plan manager | Self-managed | Total |
|---|----------------|---------------------|--------------|-------------|
| Core support | | | | |
| Daily activities - SIL | 92% | 7% | 0% | 100% |
| Daily activities - non-SIL | 24% | 62% | 14% | 100% |
| Social & community participation | 28% | 61% | 11% | 100% |
| Consumables | 12% | 55% | 33% | 100% |
| Transport | 51% | 3% | 47% | 100% |
| Total core support | 47% | 43% | 10% | 100% |
| Capacity building | | | | |
| Daily activities | 15% | 53% | 32% | 100% |
| Support coordination | 78% | 21% | 2% | 100% |
| Other capacity building support | 36% | 56% | 8% | 100% |
| Total capacity building support | 28% | 49% | 23% | 100% |
| Capital | | | | |
| Specialist disability accommodation (SDA) | 100% | 0% | 0% | 100% |
| Assistive Technology | 63% | 25% | 13% | 100% |
| Home Modifications | 45% | 37% | 18% | 100% |
| Total capital | 69% | 21% | 11% | 100% |
| Total | 44% | 43% | 13% | 100% |

4.3 Providers supporting Agency-managed participants

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, 17,461 providers have supported Agency-managed participants.⁴⁶ Of these:



Further analysis on providers who support Agency-managed participants has been undertaken to better understand whether the market is expanding in terms of the number of providers currently supporting participants. Considering the largest support categories for Agency-managed participants over the past six quarters (from 2020-21 Q1 to 2021-22 Q2):

- The number of participants receiving SIL supports for core daily activities **increased** by **2.8%** per quarter and the number of providers **increased** by **4.6%** per quarter.
- The number of participants receiving supports other than SIL for core daily activities **decreased** by **3.3%** per quarter, and the number of providers **increased** by **0.6%** per quarter.
- The number of participants receiving social and community participation supports **decreased** by **1.8%** per quarter, and the number of providers **increased** by **2.5%** per quarter.
- The number of participants receiving supports for capacity building daily activities (therapy service) **decreased** by **5.1%** per quarter, and the number of providers **decreased** by **2.5%** per quarter.

As the percentage change in providers is higher than the percentage change in participants in each of the support categories, there are more providers per participant, indicating growth in the market for providers supporting Agency-managed participants, and more choice for participants.

⁴⁶ 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 17,461. Further, some of the 8,213 inactive providers in the quarter will be supporting participants with a plan manager or who self-manage.

Figure 45: Participants and providers with Agency-managed payments for core daily activities by quarter – participants with SIL

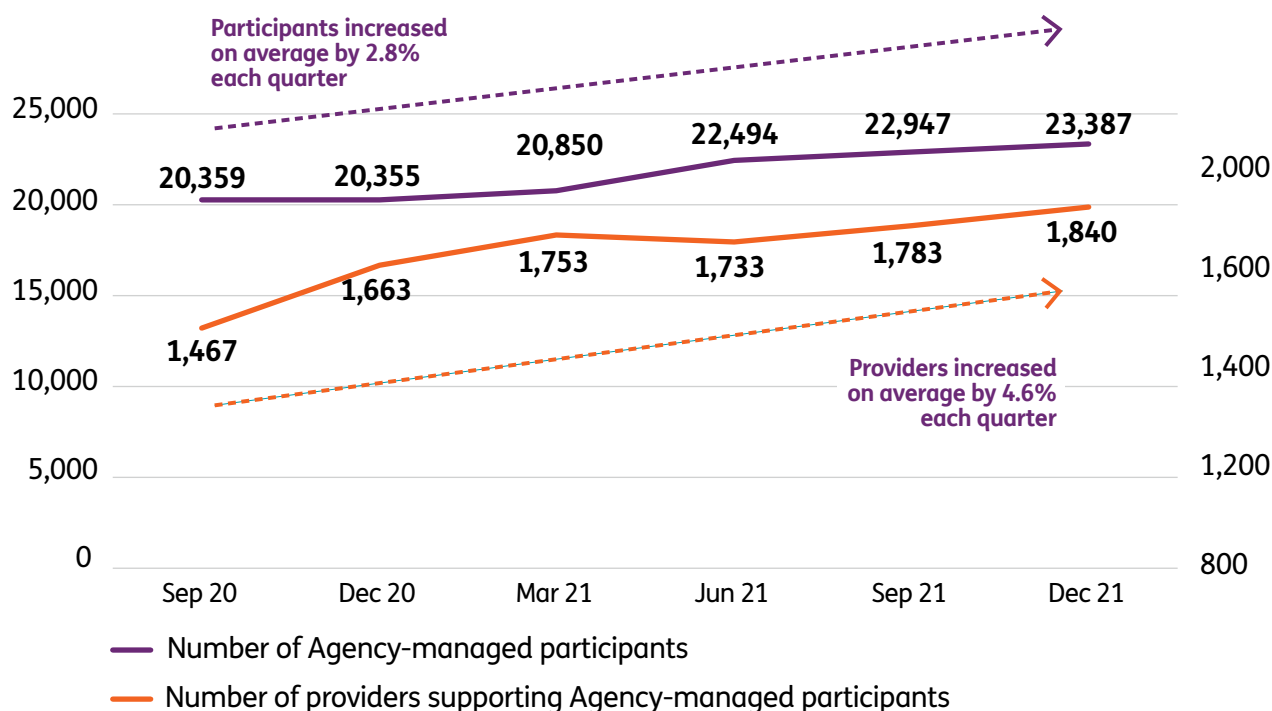


Figure 46: Participants and providers with Agency-managed payments for core daily activities by quarter – participants without SIL

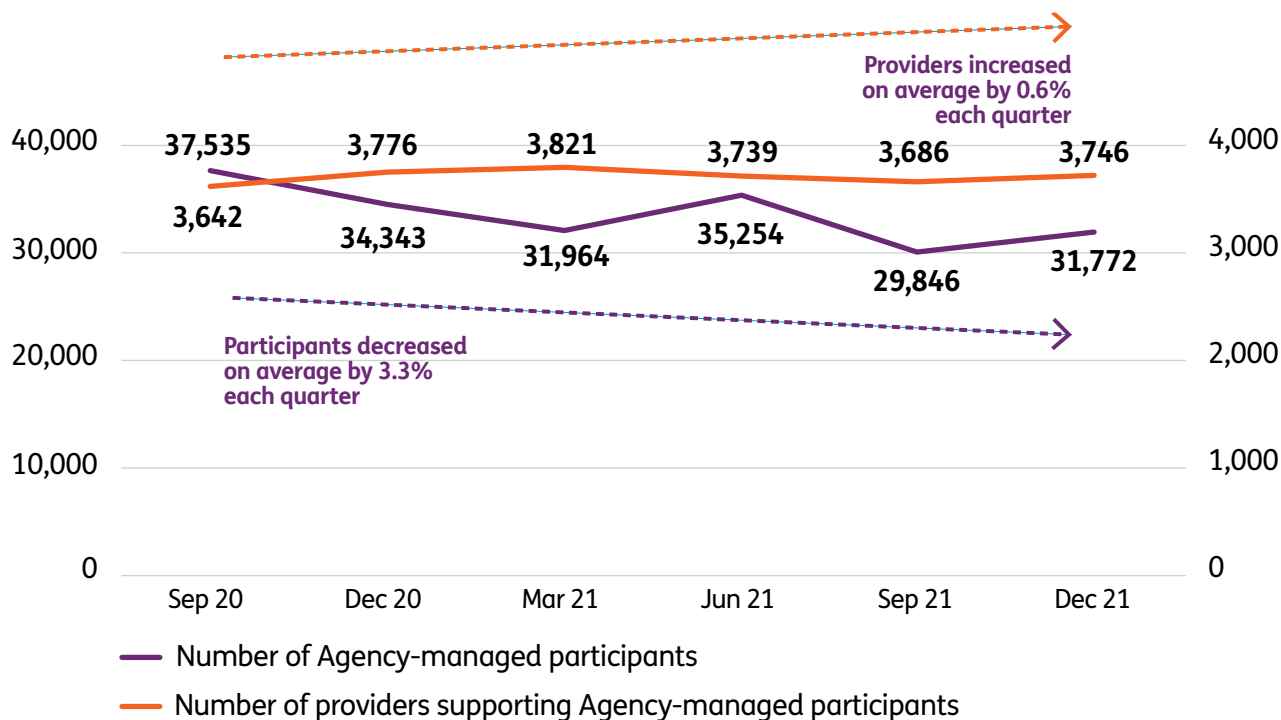


Figure 47: Participants and providers with Agency-managed payments for core social and community participation supports by quarter – all participants

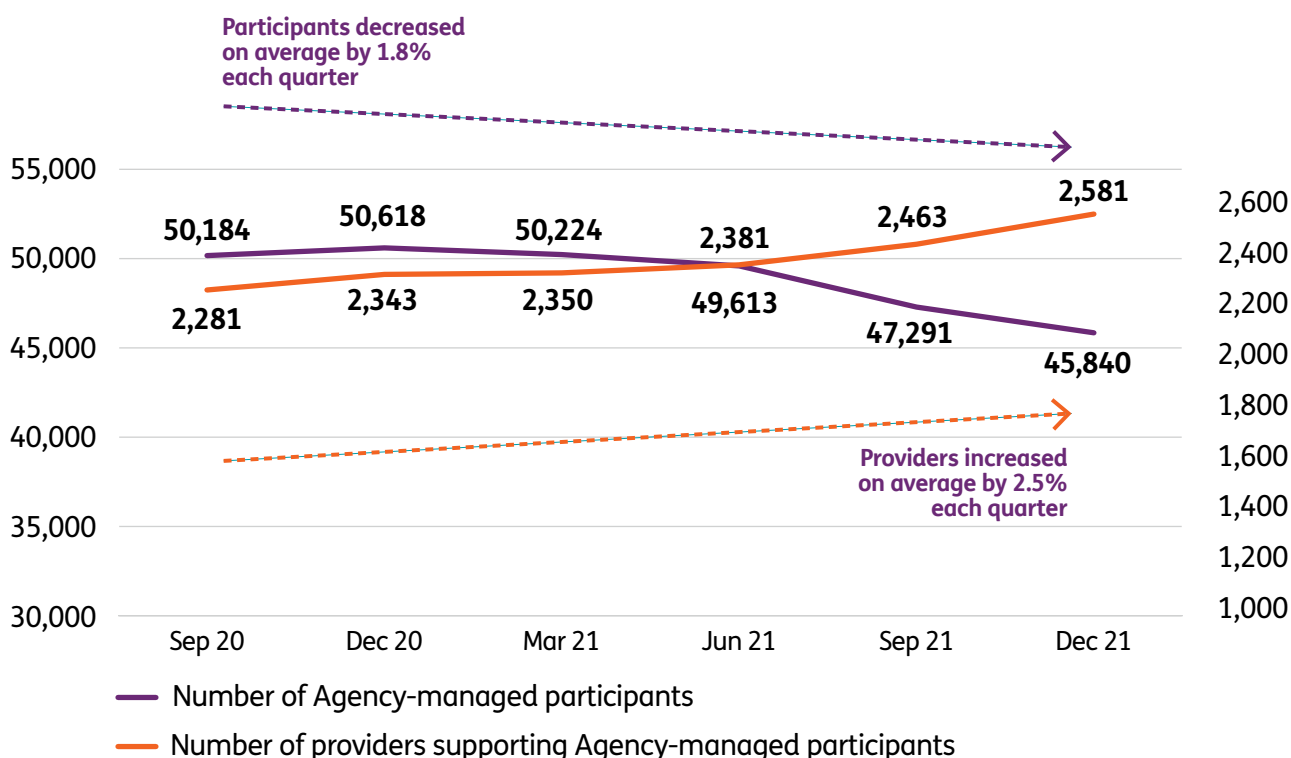
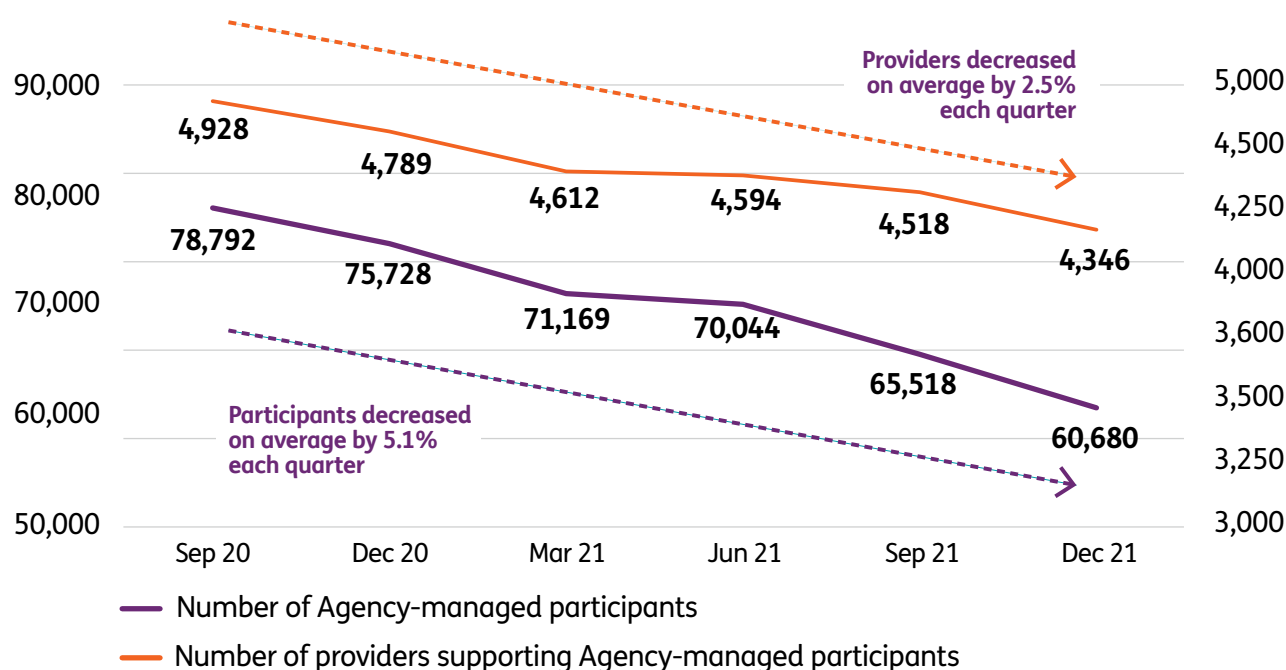


Figure 48: Participants and providers with Agency-managed payments for capacity building daily activities by quarter – all participants



The largest ten providers supporting Agency-managed participants received \$342m in the December 2021 quarter, which was 12 per cent of the total payments to providers supporting Agency-managed participants. These providers also received \$71m in the December 2021 quarter from plan managers (for participants with a plan manager). Additional payments may have also been received for self-managed participants.

Figure 49: Largest ten providers by payments in Q2 2021-22 – Agency-managed participants⁴⁷

| ABN | Provider name | Total Agency-managed payments in Q2 2021-22 | Additional payments received through plan managers to support participants with a plan manager | Total |
|---------------------------------------|--------------------------------------|---|--|---------------|
| 15101252171 | Life Without Barriers | \$80m | \$13m | \$93m |
| 31001813403 | Aruma Services | \$49m | \$8m | \$57m |
| 73628264460 | Home@scope Pty Ltd | \$37m | \$1m | \$39m |
| 45000062288 | Cerebral Palsy Alliance | \$33m | \$4m | \$37m |
| 87302064152 | The Northcott Society | \$31m | \$7m | \$38m |
| 80009670704 | Endeavour Foundation | \$31m | \$8m | \$39m |
| 27009942269 | CPL – Choice, Passion, Life | \$22m | \$9m | \$31m |
| 37020000711 | Minda Incorporated | \$20m | \$6m | \$26m |
| 99000112729 | Australian Foundation for Disability | \$19m | \$9m | \$29m |
| 29001260153 | The Disability Trust | \$19m | \$6m | \$25m |
| Total for largest 10 providers | | \$342m | \$71m | \$413m |

⁴⁷ Providers supporting Agency-managed participants, noting 92 per cent of SIL payments in the last quarter were to providers supporting Agency-managed participants.

4.4 Plan managers

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

Payments to plan managers was \$2.9bn in the December 2021 quarter. Of this \$2.9bn, \$103m was for plan management services, and the remainder was for plan managers to pay service providers to provide supports on behalf of plan-managed participants.

Participants supported by plan managers can use registered or unregistered providers. Across all plan managers, 60 per cent of total plan management payments in the December 2021 quarter were to registered providers, 36 per cent of plan managed payments were to unregistered providers, and four per cent were payments for plan management services. This differs by support category:

- Of the \$119 million in payments for **daily activities for participants in SIL**, **80%** went to registered providers and **20%** went to unregistered providers
- Of the \$1,253 million in payments for **daily activities for participants not in SIL**, **56%** went to registered providers and **44%** went to unregistered providers
- Of the \$755 million in payments for **social and community participation**, **67%** went to registered providers and **33%** went to unregistered providers
- Of the \$467 million in payments for **capacity building daily activities (therapy services)**, **65%** went to registered providers and **35%** went to unregistered providers

Figure 50: Payments by support category and provider registration in Q2 2021-22
– participants with plan managers (\$m)⁴⁸

| | Registered providers | Unregistered providers | Total |
|--|----------------------|------------------------|--------------|
| Core support | | | |
| Daily activities - SIL | 95 | 24 | 119 |
| Daily activities - non-SIL | 697 | 556 | 1,253 |
| Social & community participation | 504 | 251 | 755 |
| Consumables and transport | 50 | 25 | 75 |
| Total core support | 1,346 | 856 | 2,202 |
| Capacity building | | | |
| Daily activities | 303 | 163 | 466 |
| Support coordination | 26 | 14 | 40 |
| Other capacity building support | 25 | 13 | 39 |
| Total capacity building support | 355 | 190 | 545 |
| Capital supports | 34 | 9 | 43 |
| Total | 1,735 | 1,055 | 2,790 |

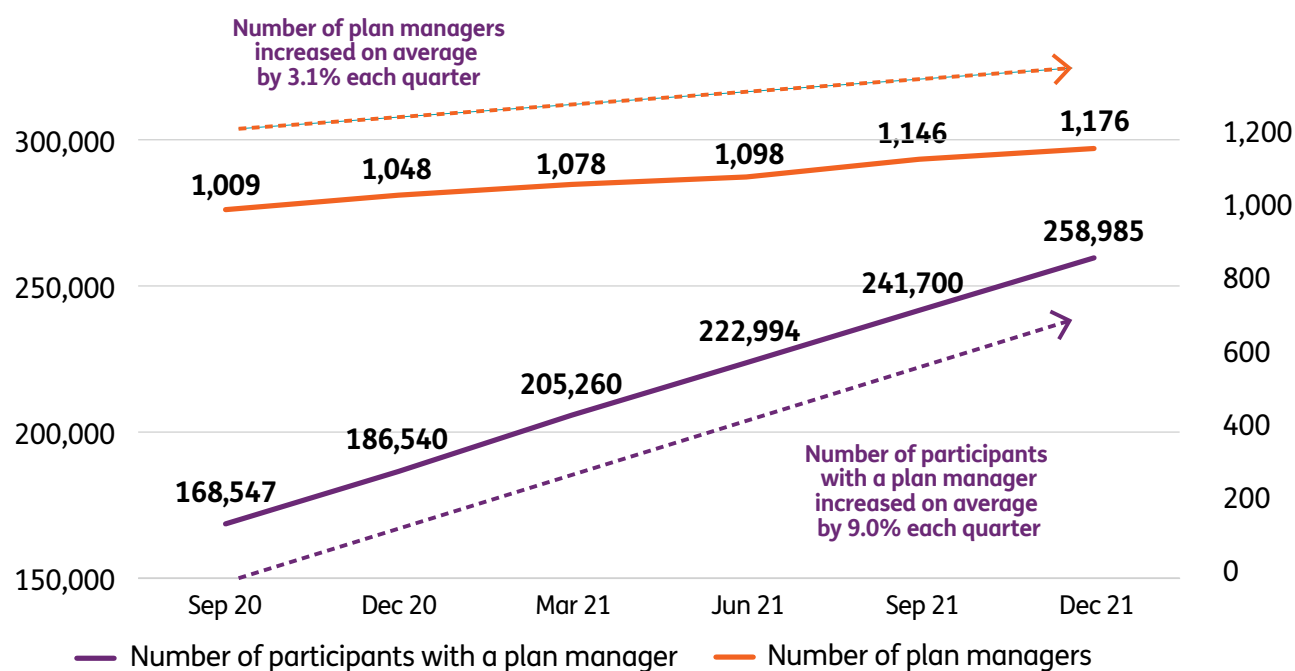
⁴⁸ Excludes \$103m paid to plan managers.

Figure 51: Payments by support category and provider registration in Q2 2021-22 – participants with plan managers (%)

| | Registered providers | Unregistered providers | Total |
|--|----------------------|------------------------|-------------|
| Core support | | | |
| Daily activities - SIL | 80% | 20% | 100% |
| Daily activities - non-SIL | 56% | 44% | 100% |
| Social & community participation | 67% | 33% | 100% |
| Consumables and transport | 67% | 33% | 100% |
| Total core support | 61% | 39% | 100% |
| Capacity building | | | |
| Daily activities | 65% | 35% | 100% |
| Support coordination | 66% | 34% | 100% |
| Other capacity building support | 66% | 34% | 100% |
| Total capacity building support | 65% | 35% | 100% |
| Capital supports | 79% | 21% | 100% |
| Total | 62% | 38% | 100% |

Over the past six quarters the number of plan managers has increased from 1,009 to 1,176 – a quarterly average increase of 3.1 per cent. Over the same time period the number of participants being supported by plan managers has increased from 168,547 to 258,985 – a quarterly average increase of 9.0 per cent. This indicates that while new plan managers are entering the market and increasing the number of plan managers from which participants can choose from, many plan managers are also expanding as the ratio of participants to providers has increased.

Figure 52: Participants and providers with a plan manager by quarter – all participants



The largest ten plan managers received \$1.14bn payments in the December 2021 quarter, which is 39 per cent of total payments received by all plan managers in the quarter. The split between registered and unregistered providers is largely consistent between the large providers.

Figure 53: Payments by provider registration for the largest ten plan managers by payments in Q2 2021-22 (% and \$m)

| ABN | Legal Name | Registered providers | Unregistered providers | Plan management | Total |
|---------------------------------------|--|----------------------|------------------------|-----------------|-----------------|
| 52617963676 | My Plan Manager.com.au Pty Ltd | 60% | 37% | 4% | \$298m |
| 54609868993 | Plan Management Partners Pty Ltd | 59% | 38% | 3% | \$208m |
| 24619787692 | National Disability Support Partners Pty | 64% | 32% | 4% | \$134m |
| 92622499898 | Leap In! Australia Ltd | 52% | 44% | 3% | \$85m |
| 62149233634 | Integrated Care Pty Ltd | 59% | 37% | 4% | \$80m |
| 16621969337 | Peak Plan Management Pty Ltd | 64% | 32% | 4% | \$76m |
| 69624874219 | Maple Plan Pty Ltd | 58% | 38% | 4% | \$75m |
| 22729829472 | Moir Limited | 65% | 32% | 3% | \$71m |
| 18620281209 | Instacare Pty Ltd | 56% | 40% | 4% | \$64m |
| 73624994565 | Connect Plan Management Pty Ltd | 60% | 38% | 2% | \$52m |
| Total largest 10 plan managers | | | | | \$1,141m |

4.5 Supported Independent Living (SIL)

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

Total payments to participants in SIL has increased by 39 per cent annually over the last three years, from \$3.0bn to \$8.2bn. The number of participants has also increased from approximately 10,372 at 31 December 2017 to 25,954 at 31 December 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 12 per cent annually over the last three years.

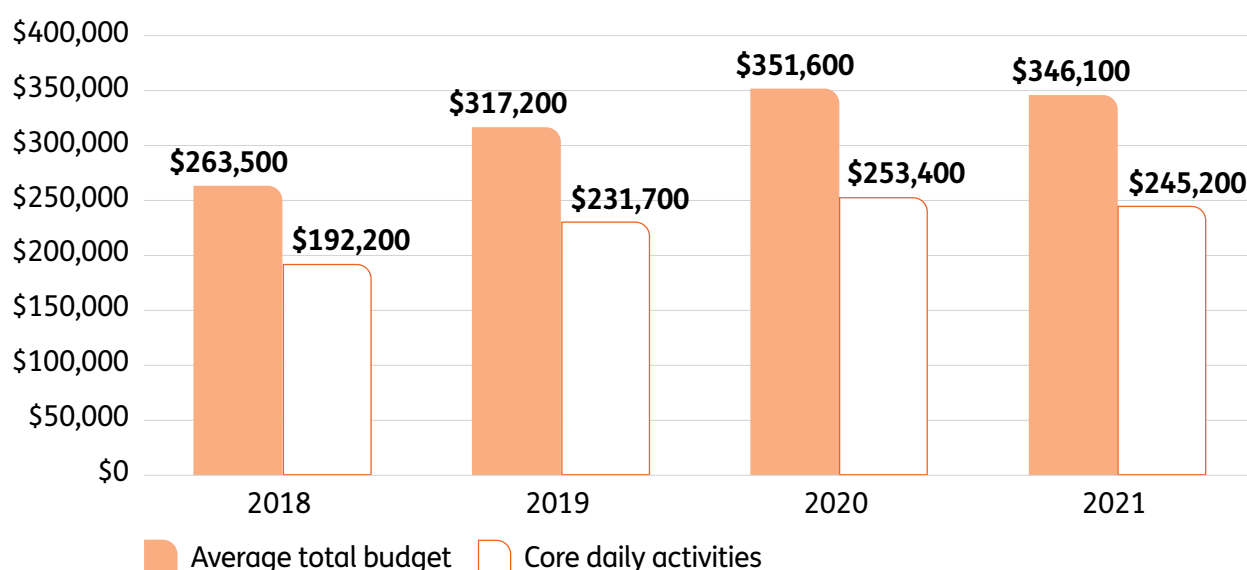
Figure 54: Number of participants and payments for years ending 31 December – participants in SIL

| Year | 2018 | 2019 | 2020 | 2021 | % increase (per annum) |
|--|---------|---------|---------|---------|------------------------|
| Active participants | 16,880 | 22,277 | 24,752 | 25,954 | |
| Total payments (\$m) | 3,033 | 5,485 | 7,460 | 8,230 | 39% |
| Average payment (\$) | 222,600 | 280,200 | 317,300 | 324,600 | 13% |
| Total payments – core daily activities (\$m) | 2,467 | 4,451 | 6,045 | 6,497 | 38% |
| Average payment – core daily activities (\$) | 181,000 | 227,300 | 257,100 | 256,300 | 12% |

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, average plan budgets have decreased marginally from the previous year, but are still well above plan budgets from two and three years ago.⁴⁹ 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.

⁴⁹ Specifically, there was a 31 per cent increase in average plan budgets, and a 28 per cent increase in the average daily activities component of the plan budgets over the three years to 31 December 2021.

Figure 55: Average plan budgets over time at 31 December – participants in SIL

The largest ten providers (by SIL core daily activities payments) are listed in the table below along with the total core daily activities payments received for SIL supports in the last three years⁵⁰, noting that these providers receive payments for other supports in addition to SIL.

Figure 56: Largest ten providers by core daily activities payments – participants in SIL*

| Provider ABN | Provider name | Core daily activities payments (\$m) | | |
|-----------------------------------|---|--------------------------------------|--------------|--------------|
| | | 2019 | 2020 | 2021 |
| 15101252171 | Life Without Barriers | 155 | 212 | 240 |
| 31001813403 ⁵¹ | House With No Steps / Aruma Services / Aruma Foundation Limited / Aruma Services Victoria Limited | 173 | 231 | 238 |
| 73628264460 ⁵² | Home@Scope Pty Ltd / Scope (Aust) Ltd | 52 | 59 | 143 |
| 80009670704 | Endeavour Foundation | 87 | 100 | 88 |
| 87302064152 | The Northcott Society | 113 | 125 | 121 |
| 45000062288 | Cerebral Palsy Alliance | 78 | 107 | 118 |
| 37020000711 ⁵³ | Minda Incorporated | 57 | 75 | 71 |
| 29001260153 | The Disability Trust | 44 | 71 | 66 |
| 11553592765 | Activ Foundation Incorporated | 25 | 42 | 53 |
| 14005304432 | Yooralla | 50 | 59 | 55 |
| Total largest 10 providers | | 834 | 1,081 | 1,193 |

*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.

⁵⁰ Agency-managed participants only.

⁵¹ In addition, the following additional ABNs for this provider are also included in this analysis - 59032986751 and 86628265387.

⁵² In addition, the following additional ABN for this provider is included in this analysis - 63004280871.

⁵³ In addition, the following additional ABN for this provider is included in this analysis - 49622248908.

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 December 2020 and December 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, 52 of the 80 service districts (65 per cent) in the analysis were within five percentage points of the national average, two service districts (3 per cent) were more than 10 percentage points above the national average, and three service districts (4 per cent) were more than 10 percentage points below the national average.

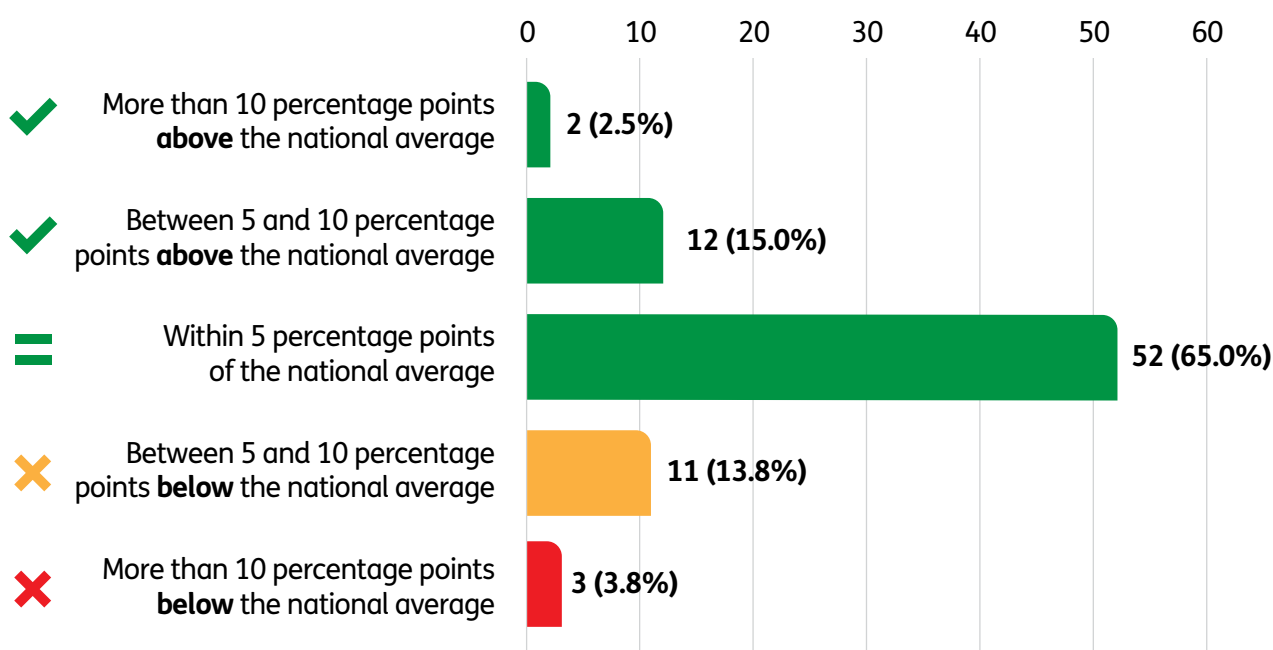
The two service districts more than 10 percentage points above the national average were Barkly in the Northern Territory and Fleurieu and Kangaroo Island in South Australia. The three service districts more than 10 percentage points below the national average were Darwin Remote and Katherine in the Northern Territory and Goldfields-Esperance in Western Australia.

At 31 December 2021:

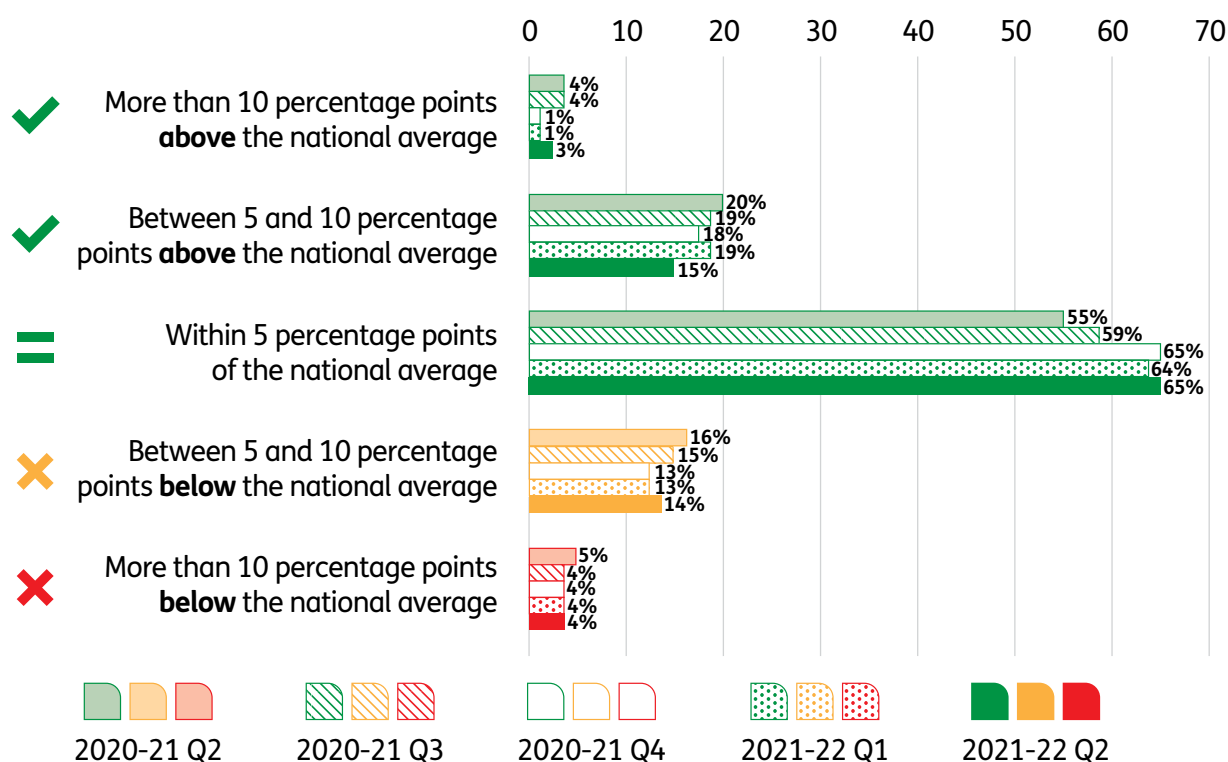
– **Darwin Remote** had **434** active participants and plan budgets totalling \$30 million

– **Katherine** had **206** active participants and plan budgets totalling \$35 million

– **Goldfields-Esperance** had **710** active participants and plan budgets totalling \$51 million

Figure 57: 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 52 (65 per cent).

Figure 58: Choice and control – number of service districts – gap to benchmark – trend


Utilisation

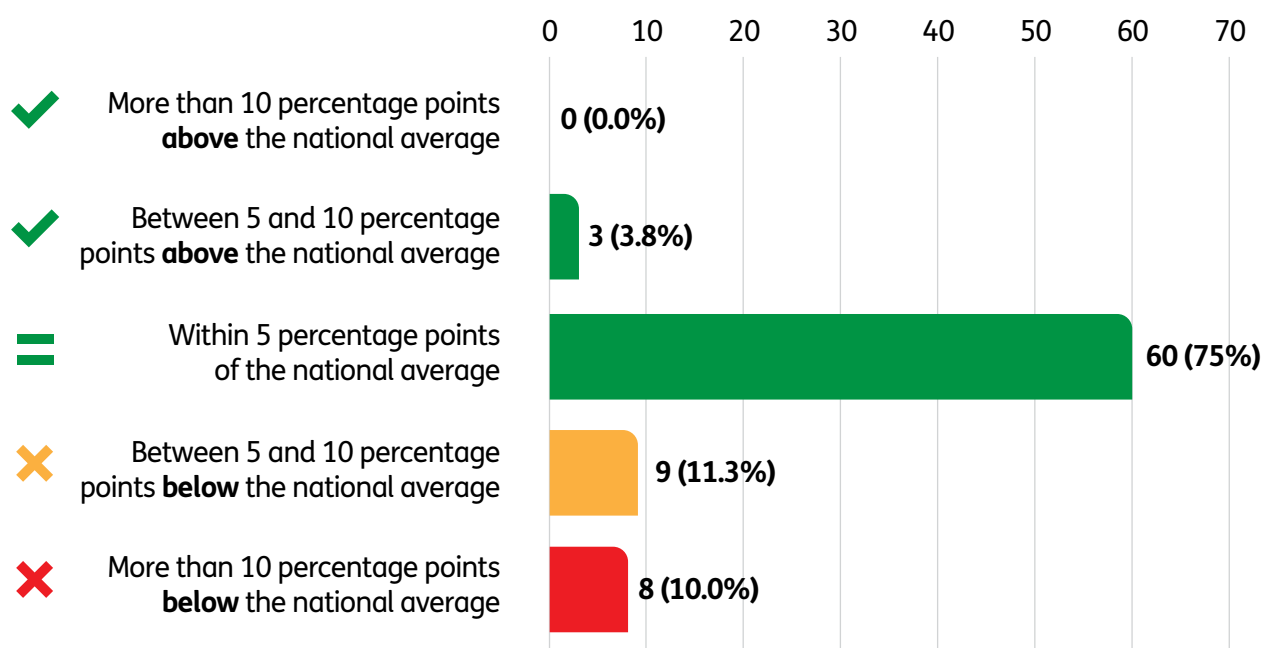
As seen in Figure 65, the average payment per participant has increased by 11.5 per cent over the three years from 31 December 2018 to 31 December 2021, and the average plan budget has increased by 4.5 per cent over the same three years. Participants are getting more support over time so understanding 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, 60 of the 80 service districts (75 per cent) in the analysis are within five percentage points of the national average⁵⁴, no service districts were more than 10 percentage points above the national average, and eight service districts (10 per cent) were more than 10 percentage points below the national average.

The eight service districts more than 10 percentage points below the national average has increased from five at 30 September 2021. The three new service districts this quarter are Far West in NSW, Barkly in the Northern Territory and Wheat Belt in Western Australia. The other service districts more than 10 percentage points below the national average are mainly smaller regional and remote service districts in South Australia, Western Australia and the Northern Territory. The Thin Market trials underway, as detailed in section 4.9 of this report, are targeting some of these service districts.

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

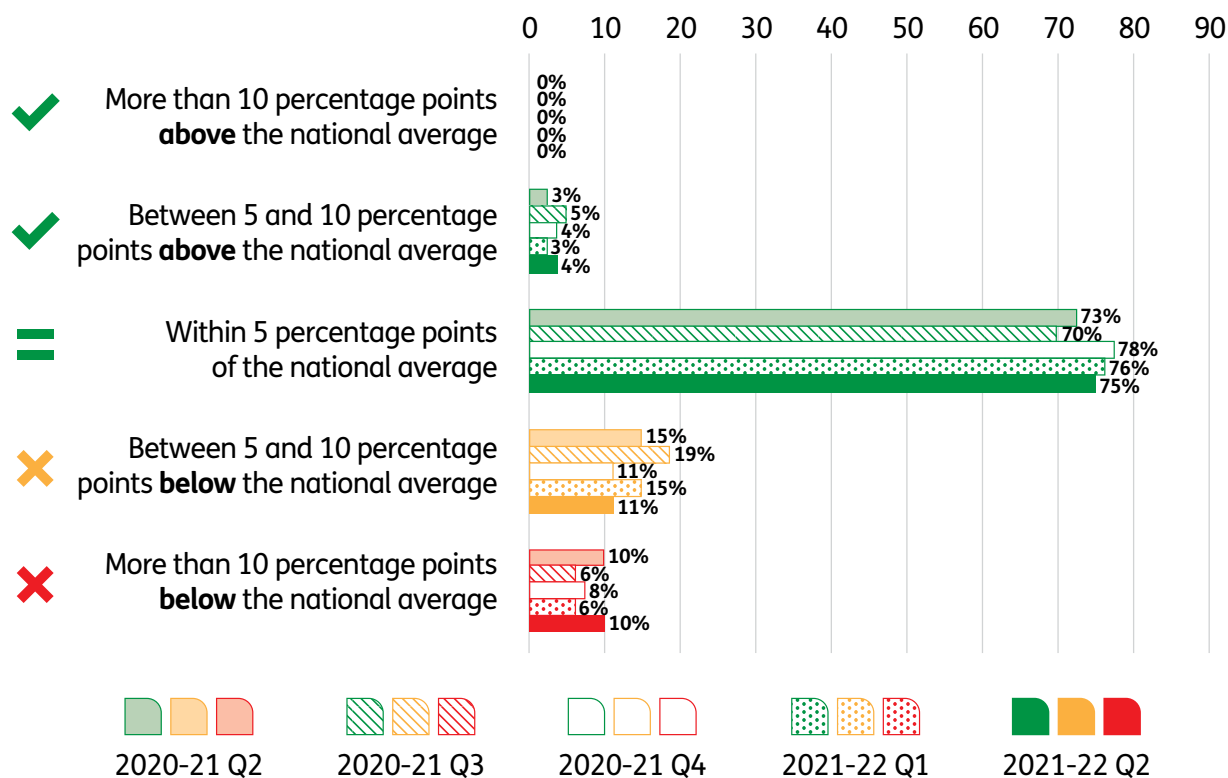
Figure 59: Utilisation – number of service districts – gap to benchmark



⁵⁴ 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, the number of service districts more than 10 percentage points below the national average has remained steady at 8. The number of service districts within 5 percentage points of the national average has increased from 58 to 60.

Figure 60: Utilisation – number of service districts – gap to benchmark – trend



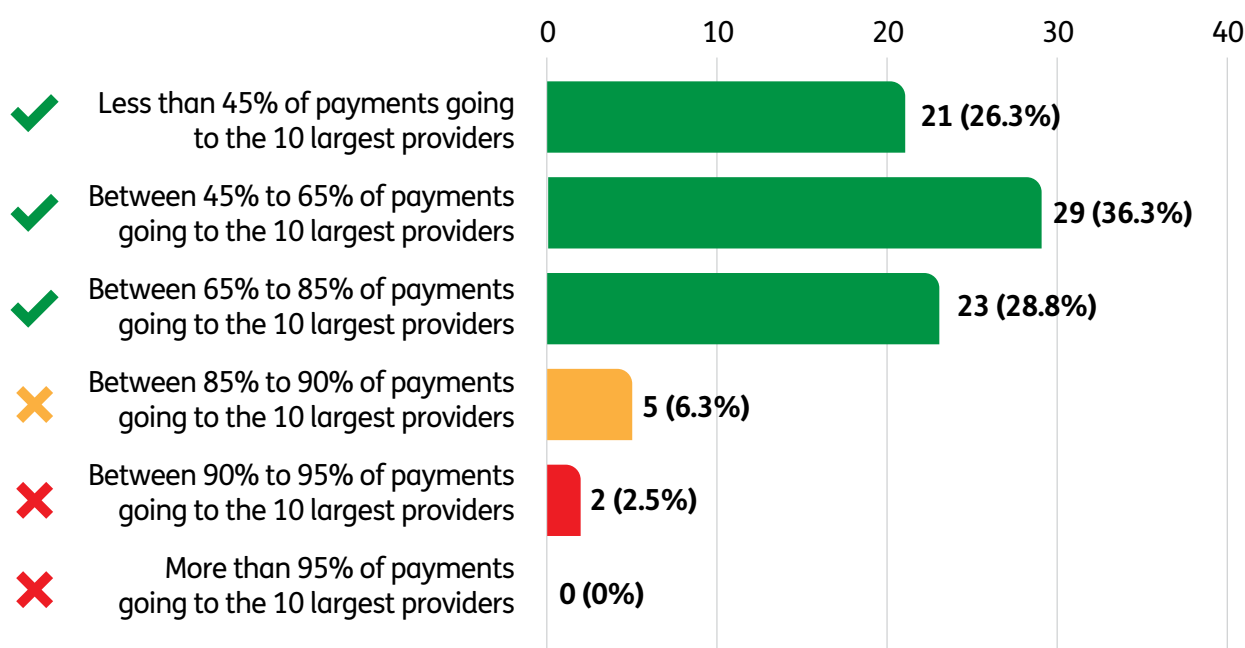
Market concentration

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. For the December 2021 quarter, 12 per cent of payments⁵⁵ were paid to the largest 10 providers supporting Agency-managed participants.

The analysis below considers payments in the six month period to 30 September 2021 to providers of Agency-managed participants. There are seven service districts where 85 per cent or more of payments go to the largest 10 providers (9 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 seven service districts where more than 85 per cent of payments go to the 10 largest providers, are regional and remote areas in the Northern Territory, Western Australia and South Australia.

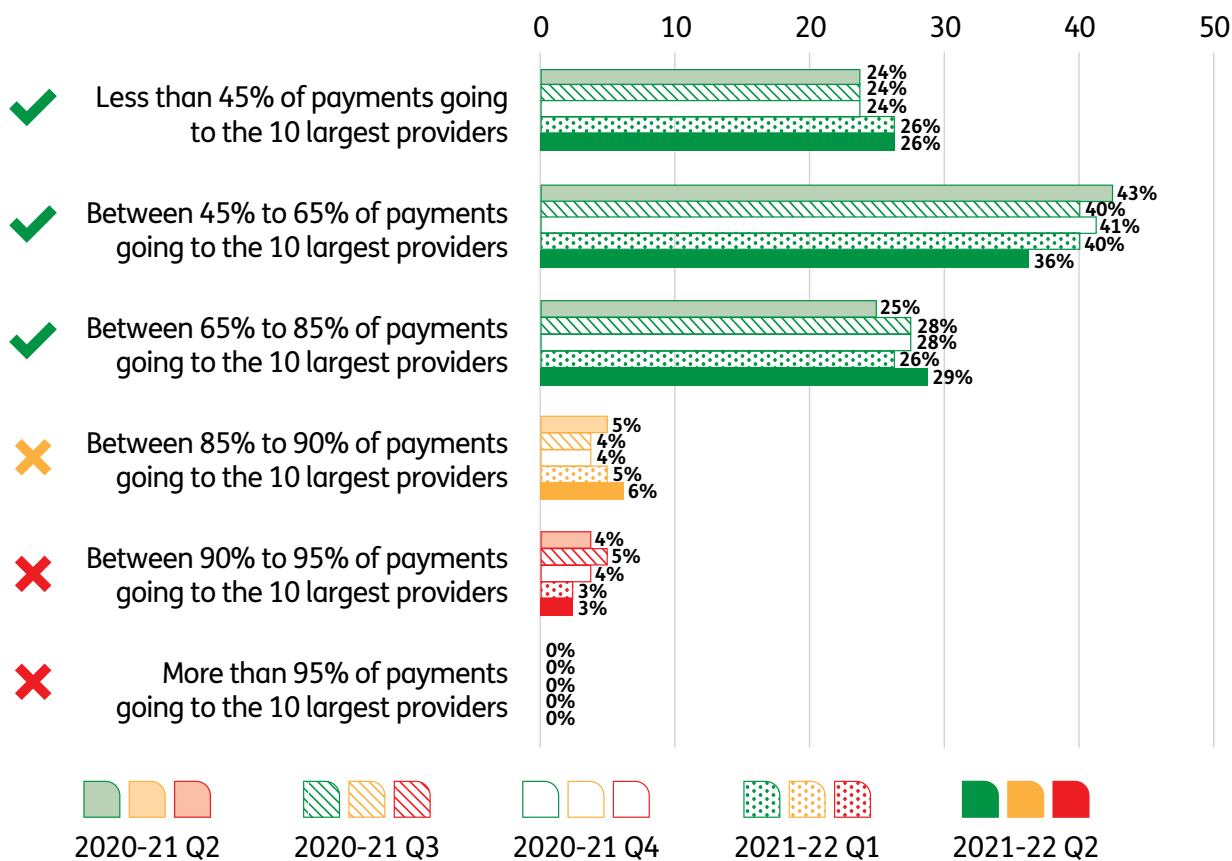
Figure 61: Market concentration – number of service districts by percentage of payments going to the 10 largest providers



⁵⁵ Excludes YPIRAC payments to the Department of Health.

The number of service districts where 85 per cent or more of payments go to the largest 10 providers has remained steady at 7 in the last year (9 per cent). The number of service districts where less than 45 per cent of payments went to the 10 largest providers has increased from 19 (24 per cent) to 21 (26 per cent). 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 20 (25 per cent) to 23 (29 per cent).

Figure 62: Market concentration – number of service districts by percentage of payments going to the 10 largest providers – 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. As noted in the Introduction section of this report, the NDIA acknowledges the hard work and commitment of providers in providing essential supports to NDIS participants through the COVID-19 pandemic. Further, 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 Introduction 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

The NDIA continues to identify and prioritise market development initiatives to foster the ongoing progression of the SDA market.

The second [SDA](#)⁵⁶ report, covering the first quarter of 2021-22, was released on the NDIS website on 9 December 2021 and shared data and insights about changes in SDA and the SDA-eligible participant cohort over time. This edition builds on the first release of the SDA Quarterly Report in September 2021 and supplements the data that is regularly released through the NDIA quarterly reports, the recently published SDA Market Information Statement, and the new SDA Finder and demand data tools. The report will continue to evolve to better support and mature the SDA market through actionable data points.

Over 4,500 people visited the new SDA finder in Q1 which provides a strong foundation for ongoing deepened visibility on supply trends.

Enhancements to the 'my NDIS provider portal' (SDA dwelling enrolment portal) enabling multi-design category dwelling enrolment went live on 16 December 2021. Multi-design category dwelling enrolment was made possible via the SDA Design Standard which became mandatory for New Build SDA dwellings on 1 July 2021. A user guide for the 'my NDIS provider portal' was also released to better support SDA providers to undertake dwelling enrolment activities.

The NDIA has continued the strong and ongoing stakeholder engagement and collaboration activity over the last quarter to deepen the understanding of participant and sector needs, including supply issues for SDA relating to commercial pressures across the building sector on land availability, building materials, construction activity and workforce over the past 12 months.

⁵⁶ <https://data.ndis.gov.au/reports-and-analyses/market-monitoring#specialist-disability-accommodation-sda-quarterly-report>

4.9 Thin markets

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

The NDIA continues to identify and prioritise market intervention projects through its thin markets operational model. There are currently 26 projects underway. Information on open and closed projects is available on the NDIS [website](#).⁵⁷

New projects have recently commenced in Darwin, Cairns and Katherine. Four have recently been completed, including two regions of a larger project agreed by Disability Ministers in the Northern Territory (Alice Springs and MacDonnell). An additional four will be completed shortly: WA Broome, WA West Arnhem, QLD Tiwi islands, and QLD Mornington Island.

The thin markets operational model allows for a consistent operational approach whilst still taking a bottom up method to understanding local needs and working with local markets to resolve issues such as poor market connections, low demand and other barriers to service provision in rural and remote areas. The NDIA is considering the role of market stakeholders in facilitating a market, and how coordinated funding proposals may be used without the support of the NDIA, to build local networks and resolve market issues independently from the NDIA.

The NDIA is pleased to have supported the recent completion of the following projects:

- In **Alice Springs, Northern Territory**, the NDIA took a market facilitation approach to increase utilisation across all supports for 96 NDIS participants. The majority of these participants identified as Aboriginal and Torres Strait Islander. This project commenced in March 2020 and concluded in June 2021. As a result of this project, there were improved market connections and participants were supported to obtain the services they were seeking. Between February 2020 (pre-intervention) and March 2021, average monthly payments per participant increased from \$2,735 to \$9,348 and a range of providers commenced or recommenced NDIS service delivery in Alice Springs.
- In **MacDonnell, Northern Territory**, a market facilitation approach was used to improve the connectivity and functionality of the market for 41 NDIS participants. The project commenced in March 2020 and concluded in June 2021. As a result of this work, the average payments per participant increased from \$4,461 (February 2020) to \$8,280 (March 2021) and a range of providers commenced or recommenced NDIS service delivery in MacDonnell.
- In **Derwent Valley, Tasmania**, the NDIA undertook a deep dive into NDIS data and sought to understand participant scenarios about connection to services. This project supported 9 participants to connect to services who had not previously received any services from the NDIS. The Provider Finder tool was also promoted as a helpful tool for providers and participants to support market connections.

⁵⁷ <https://www.ndis.gov.au/providers/market-monitoring-and-intervention>

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

As mentioned in the Introduction to this report, the NDIA recognises that providers' costs have increased as a result of COVID and has temporarily increased the overhead allowance in the NDIS Disability Support Worker Cost Model from 12.0% to:

– **12.4%** for SIL supports and group core support, including employment supports

– **12.25%** for other core supports

More broadly, the NDIA is committed to the continuous improvement of the methodologies underpinning the NDIS price controls framework. A combination of market data, research, public consultation and regular industry engagement informs changes to pricing arrangements and price limits.

The Annual Pricing Review 2021-22 commenced in the last quarter, seeking feedback about NDIS price limits and policy for the 2022-23 financial year. A consultation paper was released on 14 October 2021 and providers, participants, their families and carers, community, peak bodies and other sector representatives were invited to provide input via a submission or through a range of consultative activities.

The Agency has engaged with the Participant Reference Group and Participant Engagement Panel to seek feedback on the pricing arrangements directly from participant representatives. Further input has been sought via the IAC and a series of working groups with providers and other stakeholders to consider issues such as administrative and quality and safeguarding costs, group based core supports, therapy or nursing supports, and regional services. The pricing review process involves close collaboration with other Commonwealth departments and engagement with State and Territory governments. The NDIA will be considering the consistency of pricing across government as part of the pricing review.

In addition, financial benchmarking surveys focussed on the costs of service coordination, plan management and the supports delivered by Disability Support Workers opened in late 2021 and will be key pieces of evidence to support recommendations towards the final NDIS Pricing Arrangements and Price Limits for 2022-23.



Kristian takes centre stage in scripting a life of independence

Kristian's keen eye for performance and bringing his visions to life on film are key themes in scripting a fulfilling life of independence for the Lismore local.

The NDIS participant, who was born with osteogenesis imperfecta – a condition which causes bones to break very easily – has been making his voice heard, literally. Combining independent living with a host of much-loved hobbies, Kristian's "freedom of choice" saw the talented 25-year-old take to the stage with Bangalow Theatre Company for a role in well-known rock musical, *Rent*.

"It was good to feel really included, and everything was accessible and inclusive," Kristian said. The role in *Rent* was another move forward for Kristian, who, as a foster child originally from Liverpool in New South Wales, found his way to Lismore via Grafton and Murwillumbah.

After finding his way to Lismore for University, Kristian stayed on to create the life he wanted in the Northern Rivers' regional centre. Kristian's continued push for sustained independence has been made possible through the NDIS. Helping him to thrive on and off stage, Kristian uses his funding to access in-home supports and assistive technology such as his wheelchair.

"I have support workers who help with the domestic stuff, and support me with cooking and shopping. I had 12 performances of *Rent* over two weeks, and the support workers also helped me get there and back for that."

With *Rent* ticked off, Kristian will now focus on his long-term goal of finding sustained employment. "I've got two computers for streaming, a couple of microphones, a green screen on a roller, and I've recently started a YouTube channel," Kristian said. "I'm maintaining as much independence as I can."

5

Financial sustainability



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

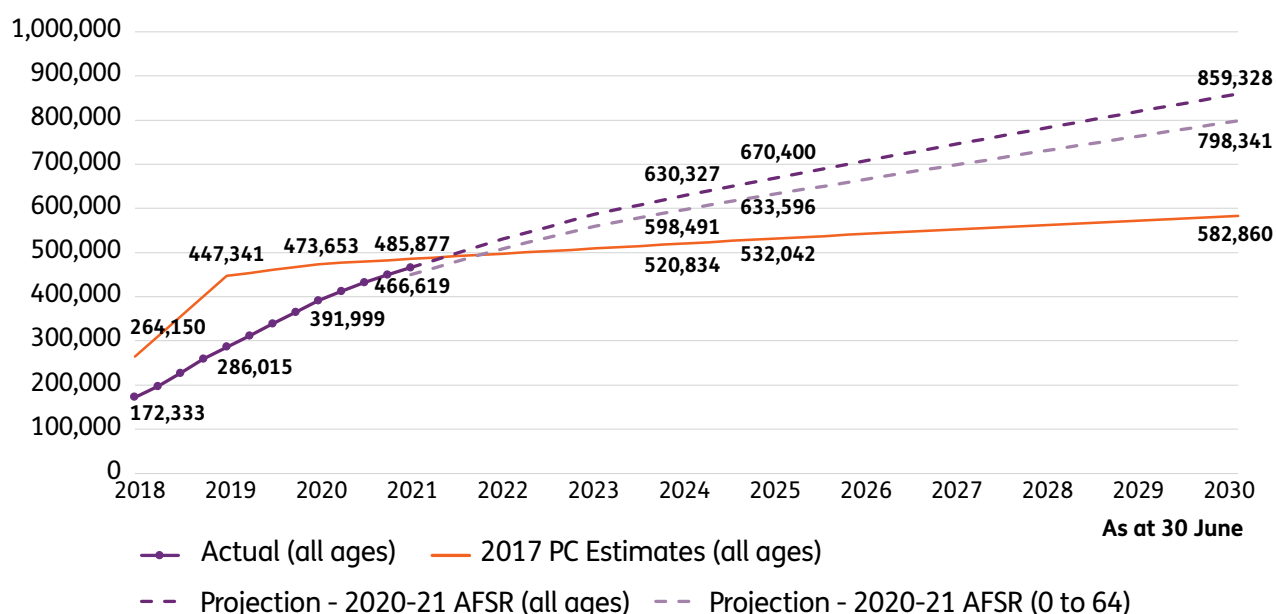
On 8 October 2021, the NDIA Board released both the Annual Financial Sustainability Report (AFSR), and the Peer Review Report.

The NDIA Board released the 30 June 2021 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 Actuary.⁵⁸ A copy of this report was also released on 8 October 2021.

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. At 31 December 2021, the number of participants in the Scheme is higher than estimated by the Productivity Commission.

Figure 63: Actual and projected participants (2020-21 AFSR and 2017 Productivity Commission Estimates)



⁵⁸ The Australian Government Actuary currently is the Peer Review Actuary as per the NDIS Act (Section 180D)

- 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 64: Projected participant costs (cash and accrual basis)

| Participant costs (\$m) | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2029-30 |
|--|---------------|---------------|---------------|---------------|---------------|
| Participant costs (cash basis) | | | | | |
| Participant costs (0-64) | 26,994 | 30,965 | 34,345 | 37,067 | 51,471 |
| Participant costs (65+) | 1,837 | 2,464 | 3,114 | 3,748 | 7,012 |
| Total participant costs (cash basis) | 28,831 | 33,429 | 37,459 | 40,814 | 58,483 |
| Participant costs (accrual basis) | | | | | |
| 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 |

More detail is available in the reports located here:

[Interim update to the Annual Financial Sustainability Report⁵⁹](#) – published 3 July 2021

[Annual Financial Sustainability Report⁶⁰](#) – published 8 October 2021

[Independent Actuary Peer Review Report⁶¹](#) – published 8 October 2021

In addition, Disability Ministers commissioned an [external review⁶²](#) of the AFSR. This review was undertaken by actuarial firm Taylor Fry and concluded:

- Projections in the 2020-2021 AFSR are reasonable, and provide a plausible range of projections of participant costs; noting that the range in projections highlight the high degree of uncertainty in Scheme forecasts, particularly over the longer term horizon to 2029-30.
- Overall, the baseline estimates may represent a moderate underestimate of the expected value of future costs.

⁵⁹ <https://www.ndis.gov.au/news/6590-ndis-financial-sustainability-report-release>

⁶⁰ <https://www.ndis.gov.au/news/6931-ndia-board-releases-annual-financial-sustainability-report>

⁶¹ <https://www.ndis.gov.au/media/3554/download?attachment>

⁶² <https://www.dss.gov.au/disability-and-carers-programs-services-government-international-disability-reform-ministers-meetings/reports-and-publications>

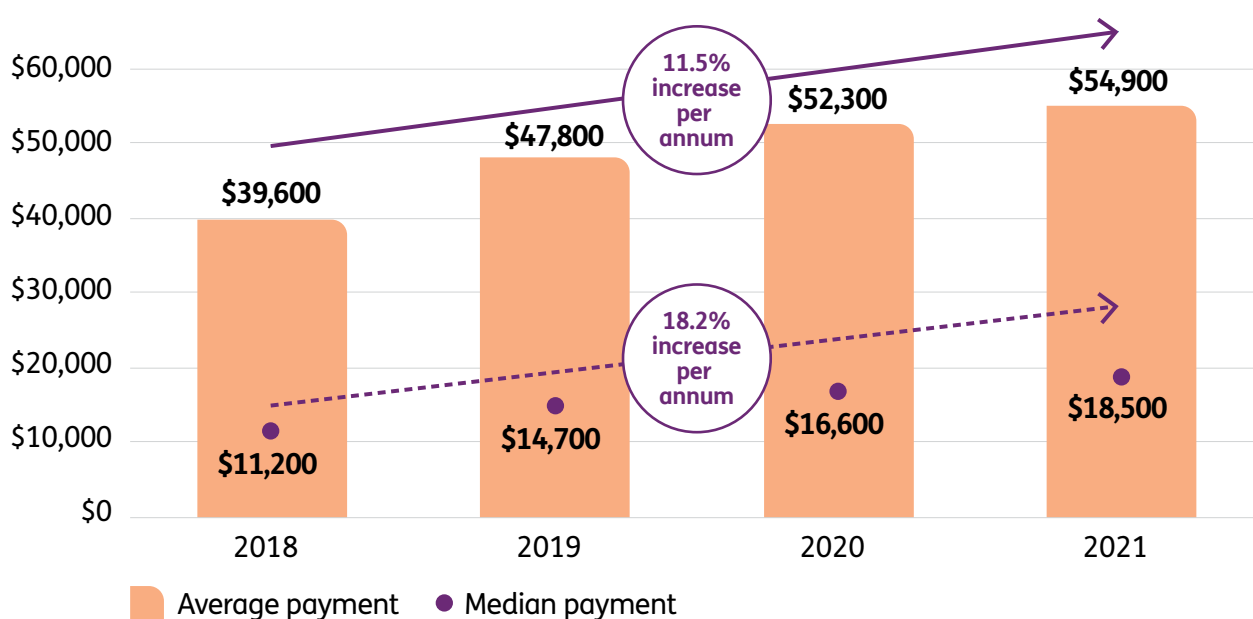
5.2 Average and median payment trends

Average and median payments per participant have increased by 11.5 per cent and 18.2 per cent respectively over the last three years.

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

Trends in average and median payments per participant between 1 January 2018 and 31 December 2021 indicate that average payments have increased by 11.5 per cent per annum, and median payments have increased by 18.2 per cent per annum.

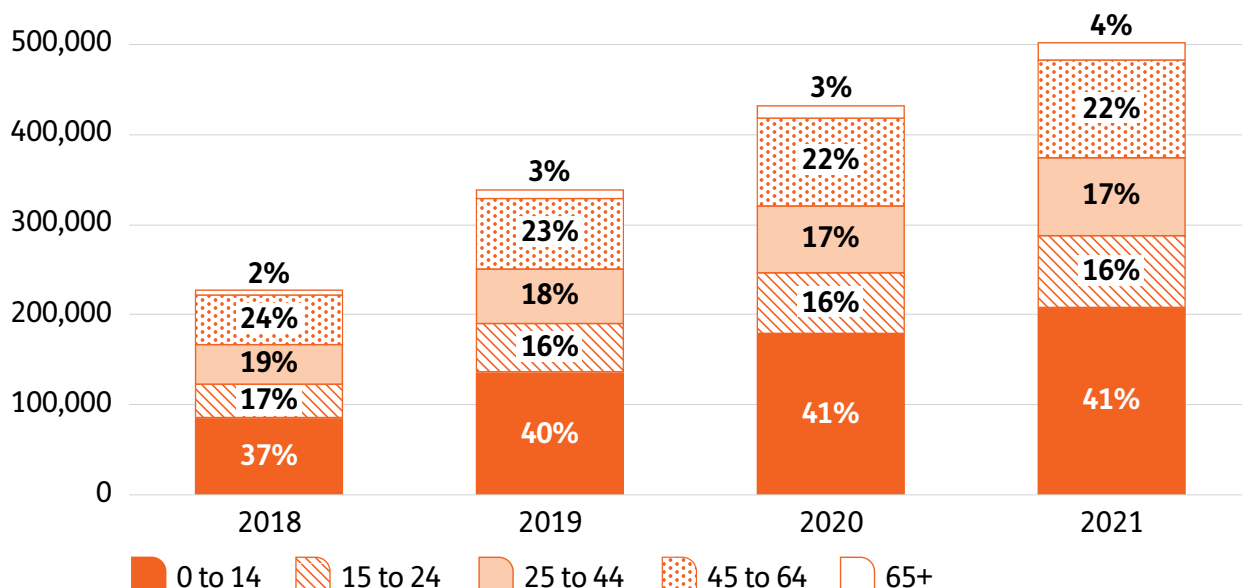
Figure 65: Average and median payments for years ending 31 December - all participants



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.

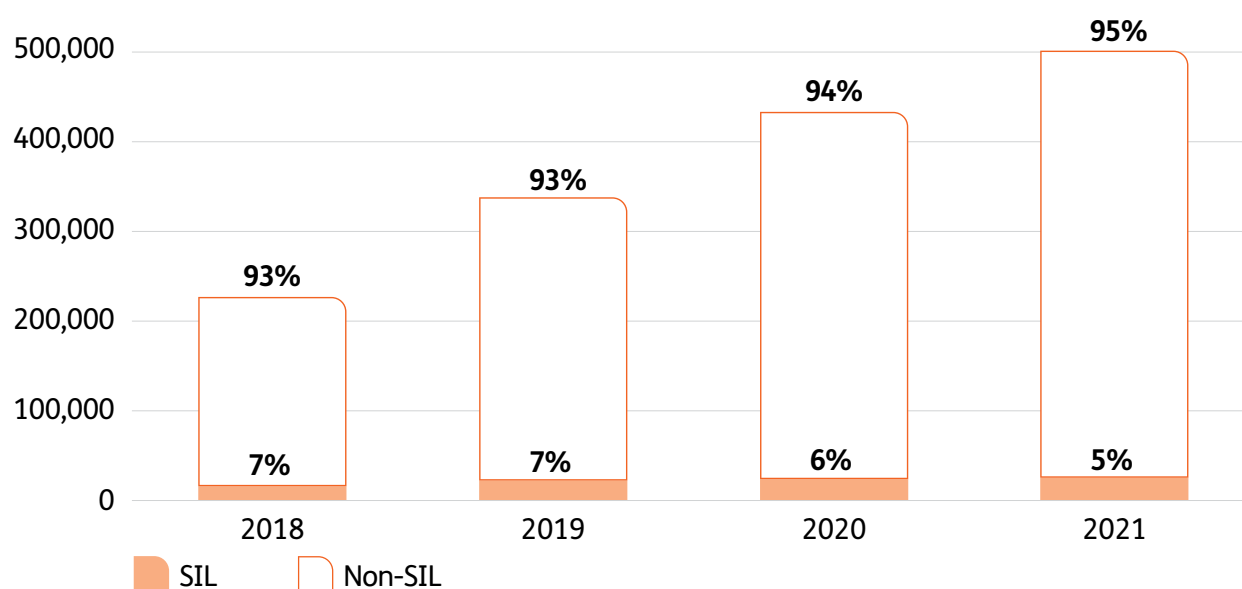
Specifically, the proportion of children in the scheme aged 0-14 years has increased from 37 per cent at 31 December 2018 to 41 per cent at 31 December 2021. Older participants, on average, have higher plan budgets and average payments so the impact of this changing mix is significant.

Figure 66: Participants by age band for years ending 31 December (%) – all participants



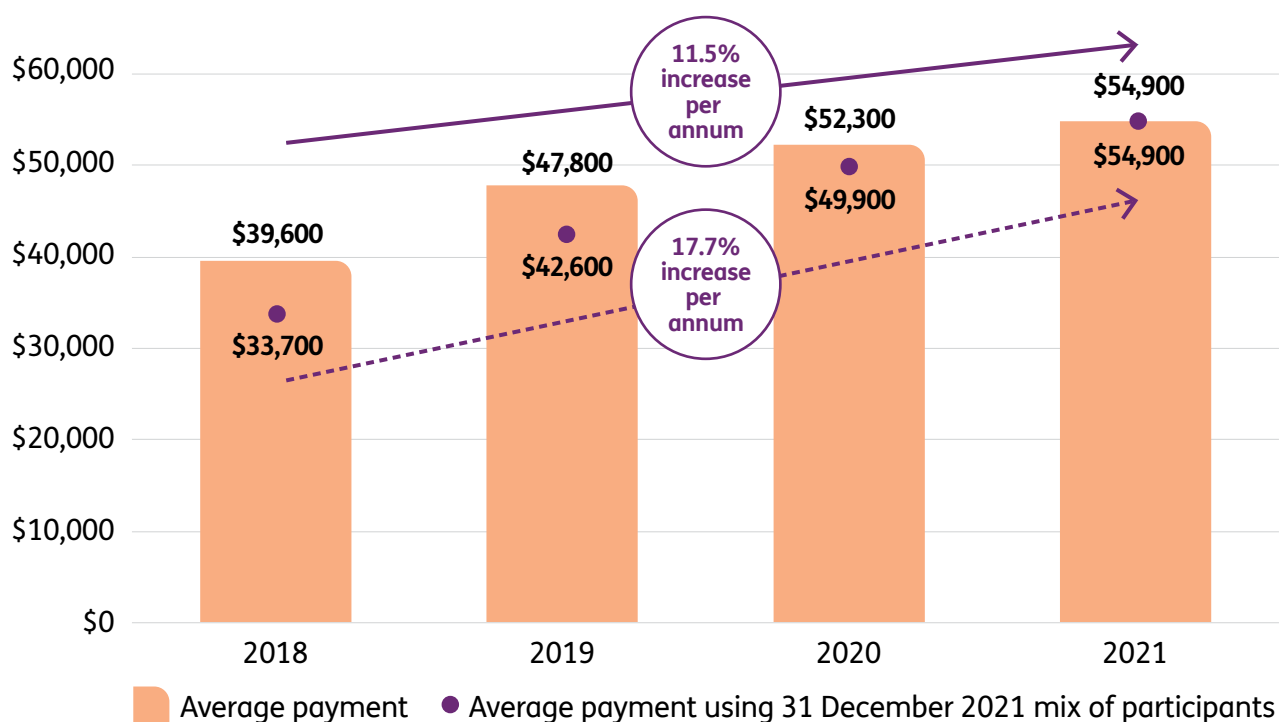
Additionally, plan budgets and average payments for participants in SIL are significantly higher than those not living in SIL. The changing mix of participants living in SIL has changed in the three years to 31 December 2021; reducing from 7 per cent of participants at 31 December 2018 to 5 per cent of participants at 31 December 2021, so the impact of this changing mix is also significant.

Figure 67: Participants in and not in SIL for years ending 31 December (%) – all participants



If the mix of participants in the Scheme at 31 December 2021 was the same in all prior years, then the average payment per participant in prior years would be lower. For example, the average payment per participant would have been \$33,700 in 2018 compared with the actual average payment per participant which was \$39,600. The annual increase in average payments using the December 2021 distribution of participants would be 17.7 per cent compared to 11.5 per cent over the past three years using the actual average payments.

Figure 68: Average payment trend – actual vs payments assuming mix of participants as at 31 December 2021 – all participants⁶³



⁶³ To determine the adjusted average payments, the mix of participants at 31 December 2021 is split by SIL status, age band and disability and these proportions are held constant.

Participants in SIL and not in SIL

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 13.4 per cent, and the average annual payment has increased for participants not in SIL by 17.2 per cent per year. These averages are higher than the overall average (of 11.5 per cent), as the proportion of participants in SIL has decreased over the period (as discussed earlier). Also, the median payment has increased for participants in SIL by 14.5 per cent, and the median payment has increased for participants not in SIL by 19.5 per cent per year.

Figure 69: Average and median payments for years ending 31 December - participants in SIL

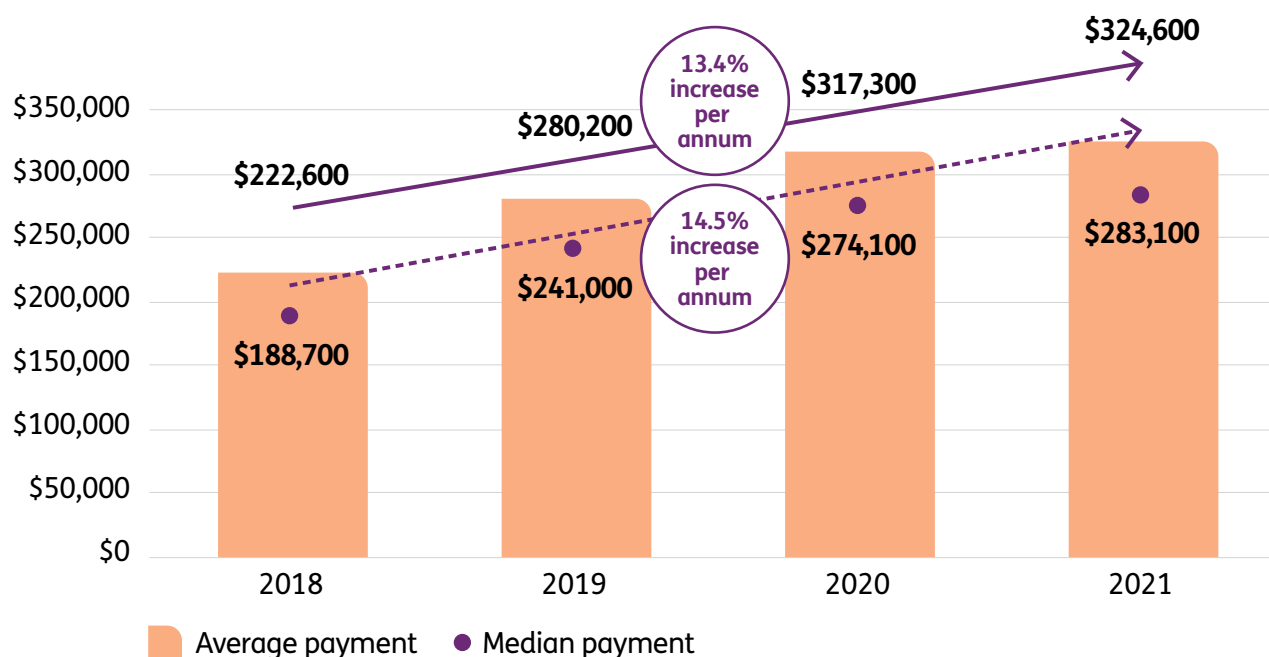
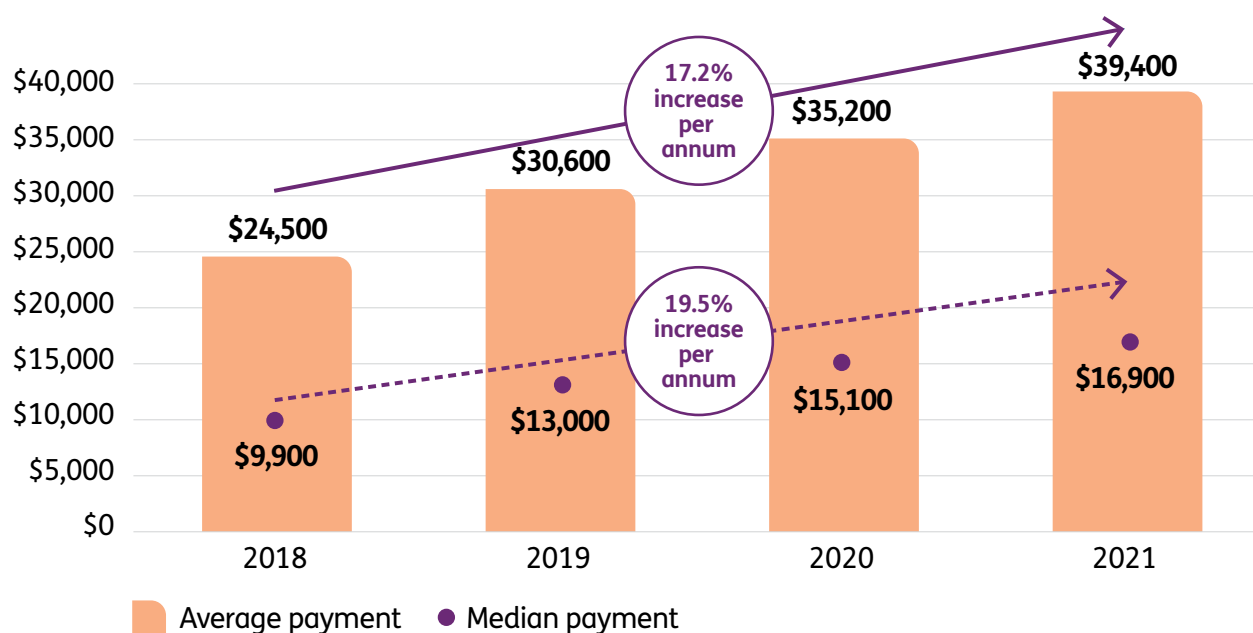
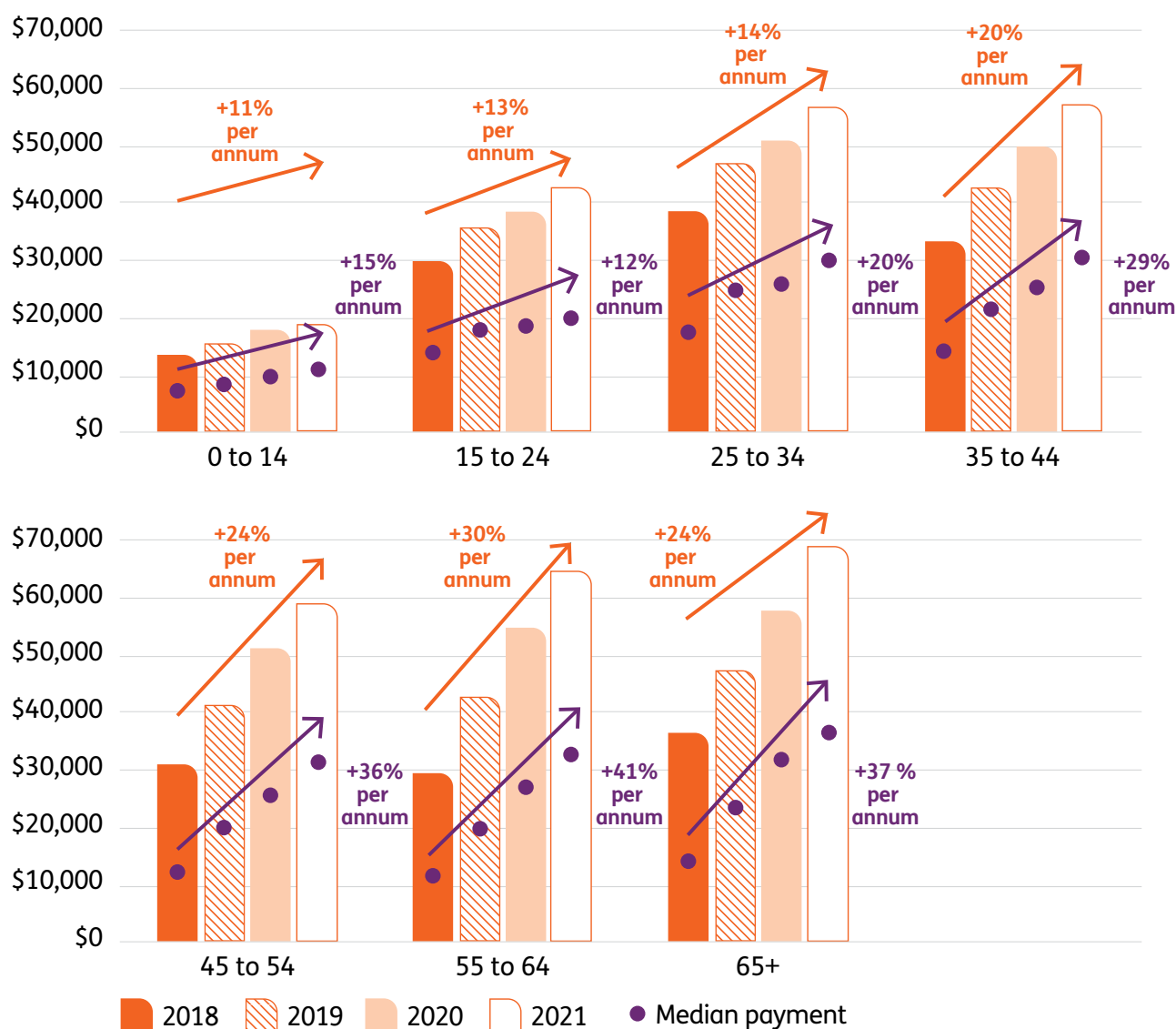


Figure 70: Average and median payments for years ending 31 December - participants not in SIL



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.

Figure 71: Average and median payments for years ending 31 December 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 remains 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 31 December 2021:

- Average plan budgets have increased by **4.5%** per annum for all participants
- Average plan budgets have increased by **9.5%** 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. As with average payments, 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 72: Average annualised plan budgets for years ending 31 December – all participants

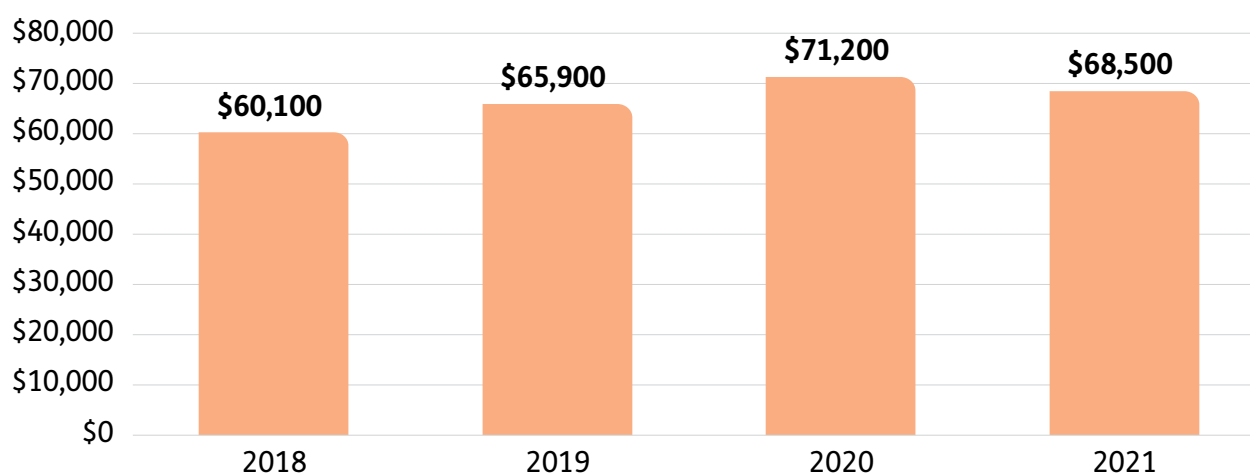


Figure 73: Average annualised plan budget for years ending 31 December – participants in SIL

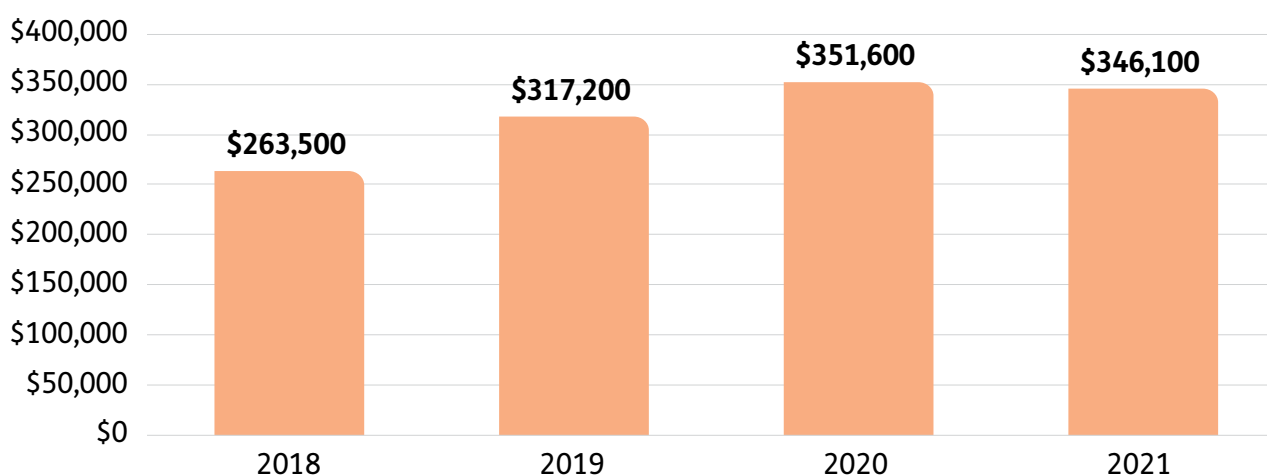
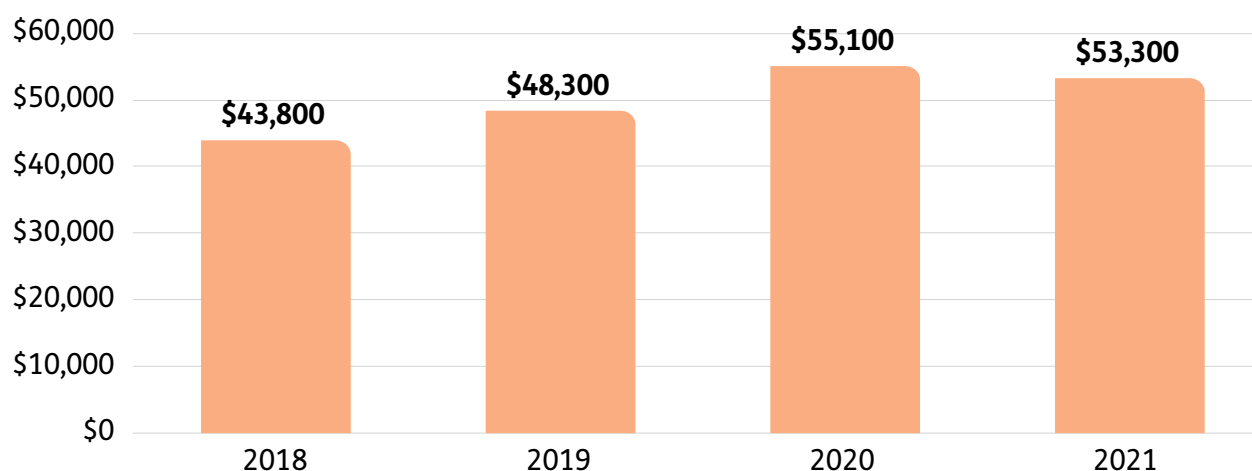
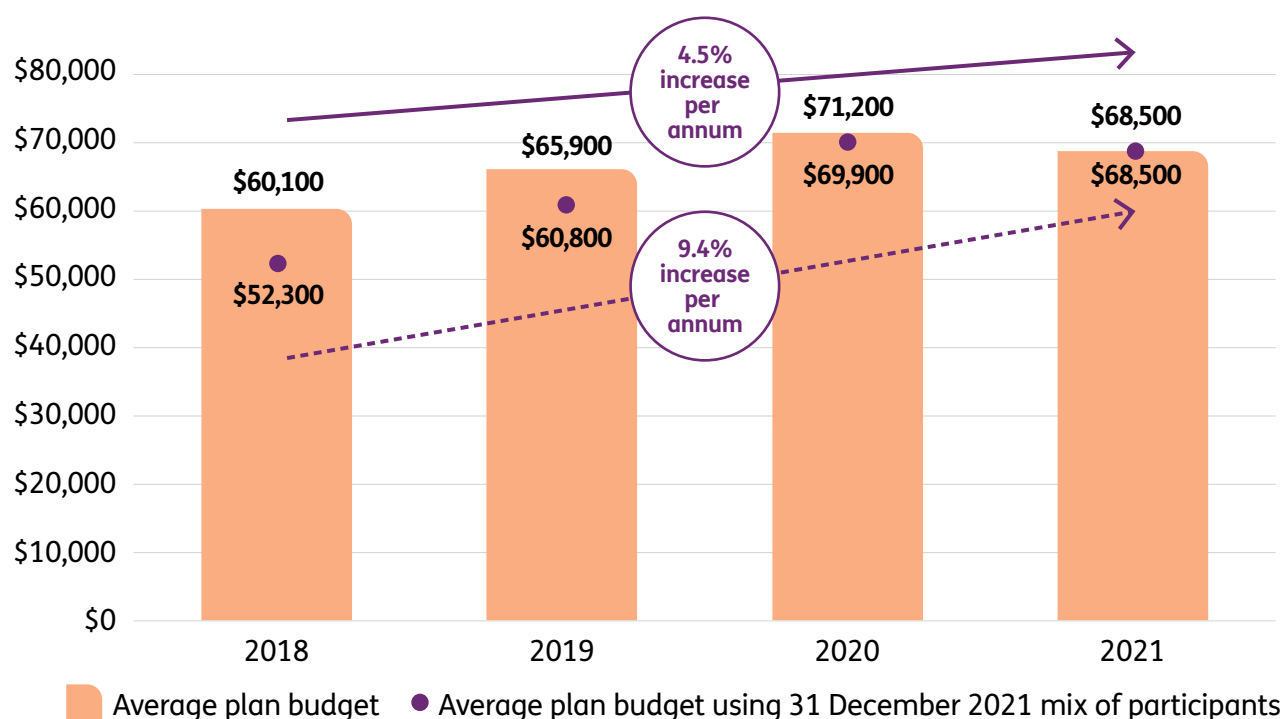


Figure 74: Average annualised plan budget for years ending 31 December – participants not in SIL

If the mix of participants in the Scheme at 31 December 2021 was the same in all prior years, then the average plan budget per participant in prior years would be lower. For example, the average plan budget per participant would have been \$52,300 at 31 December 2018 compared with the actual average plan budget per participant which was \$60,100. The annual increase in average plan budgets using the December 2021 distribution of participants would be 9.4 per cent compared to 4.5 per cent over the past three years using the actual average plan budgets.

Figure 75: Average plan budget trend – actual vs plan budget assuming mix of participants as at 31 December 2021 – all participants

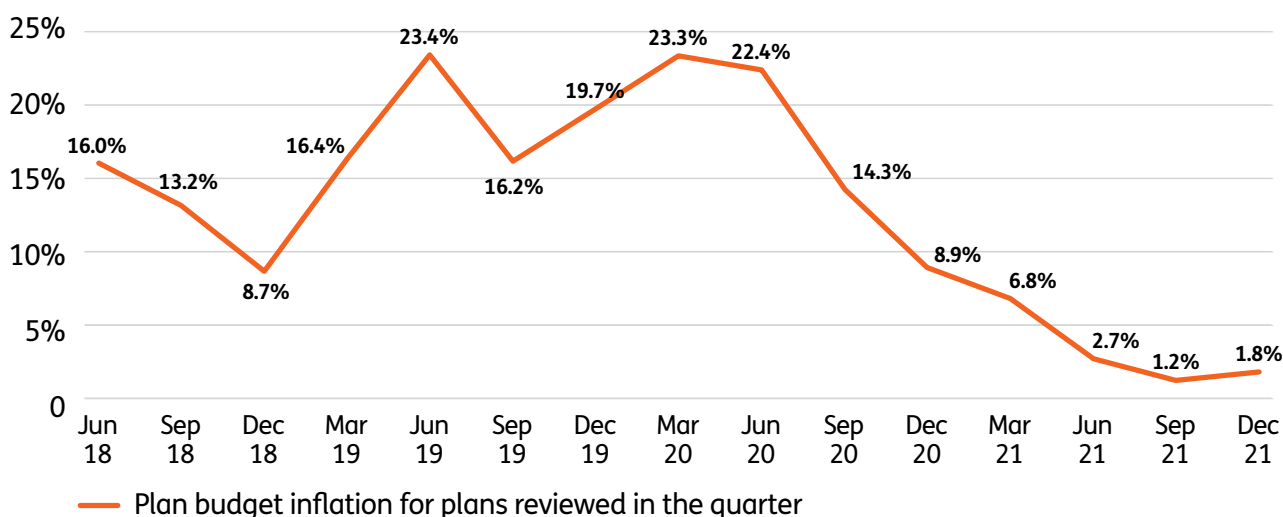
Plan reviews result in plan budgets varying from plan to plan for a variety of reasons – for example, one-off capital items in one plan and not the next. The NDIA has published an Operational Guideline (OG) on Plan Reviews which details the reasons why a new plan could be different to a current plan. The OG can be accessed [here](#).⁶⁴

When a plan review is conducted, information about a participant's goals, situation and support needs are considered. A participant's needs and situation may change over time, which means their NDIS funding is likely to change over that time. Some supports may no longer be required, while for others, disability support needs might increase and the NDIA might consider funding more supports.

Access to capacity-building supports early in a participants' journey is considered an early investment, and is intended to increase independence, and reduce reliance on NDIS funding over time. If overall funding goes down from one plan to the next, it may be because the same amount of supports are no longer required. Also, if the capacity building investment has been successful at building independence, support needs may also decrease, for example core supports. Other things being equal, it's expected that the overall plan value would reduce over time as the benefits of capacity building are realised.

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, with some quarters higher than 20 per cent on an annualised basis). For plans that were reviewed in the June 2021 quarter, plan budgets on average increased by 2.7 per cent, and in the September 2021 quarter plan budgets increased on average by 1.2 per cent. There was a 1.8 per cent increase in plan budgets for plans reviewed in the December 2021 quarter. The AFSR projections are consistent with these outcomes and payments to participants are projected to continue to increase as participants use more of their plans.

Figure 76: Percentage change in annualised plan budgets for plans reviewed in the quarter – all participants



The inflation chart is updated for retrospective plan budget changes. Plan budgets change retrospectively due to indexation increases, updated quoted items in a participant's plan and when a plan is changed prior to the scheduled plan review date (that is, the plan duration is shortened and the plan budget adjusted accordingly). Further, there have been some improvements to the ICT system to better capture the correct value of plans that have been ended early. This issue also contributed to retrospective changes to plan to plan inflation for this quarter. The effect of retrospective adjustments generally increases the historical inflation rate. The Agency is continuing to develop metrics, measuring changes in plan value, that are consistent over time.

⁶⁴ <https://ourguidelines.ndis.gov.au/your-plan-menu/plan-reviews>

At the individual level, plan budgets can vary significantly. Plans increasing and decreasing is consistent with an early investment insurance approach. When looking at experience in this financial year (from 1 July 2021 to 31 December 2021):

- **37%** of plans increased at review by more than 5%
- **34%** decreased by more than 5%
- **28%** remained within 5%

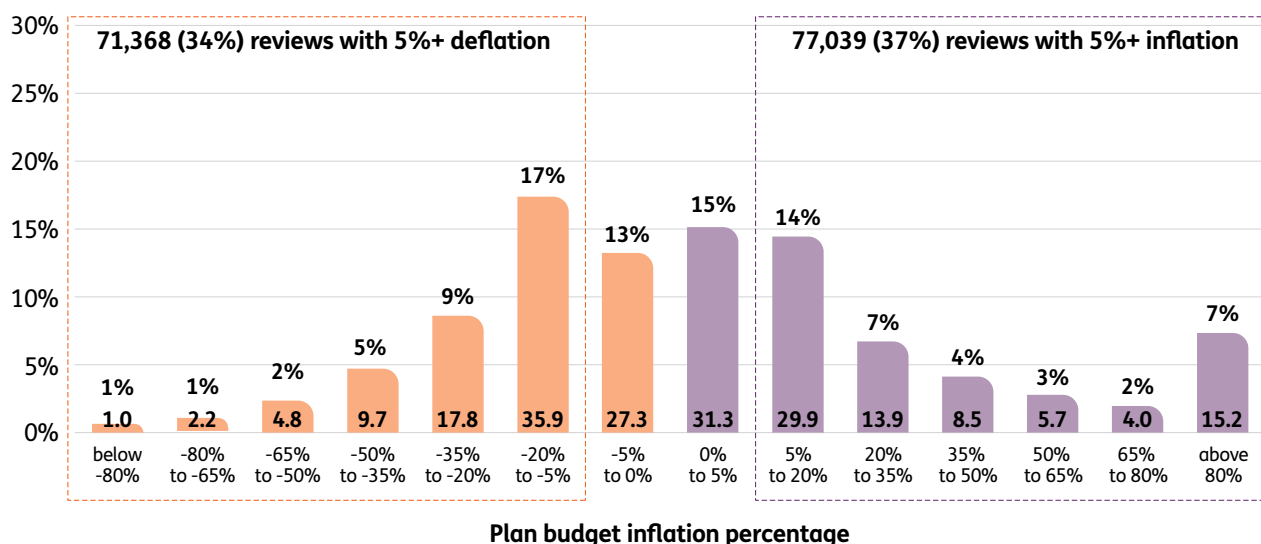
For participants in SIL:

- **28%** increased by more than 5%
- **33%** decreased by more than 5%
- **39%** remained within 5%

For participants not in SIL:

- **38%** increased by more than 5%
- **35%** decreased by more than 5%
- **28%** remained within 5%

Figure 77: Distribution of the percentage change in plan budgets for plans reviewed in this financial year (1 July 2021 to 31 December 2021) – all participants⁶⁵



⁶⁵ 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 78: Distribution of the percentage change in plan budgets for plans reviewed in this financial year (1 July 2021 to 31 December 2021) – participants in SIL⁶⁶

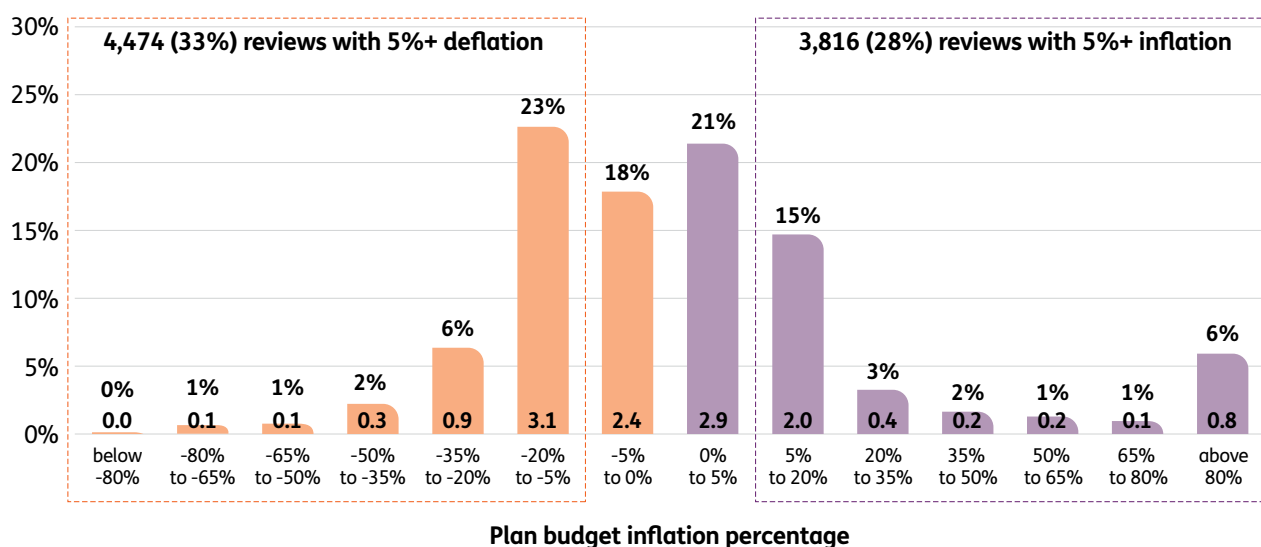
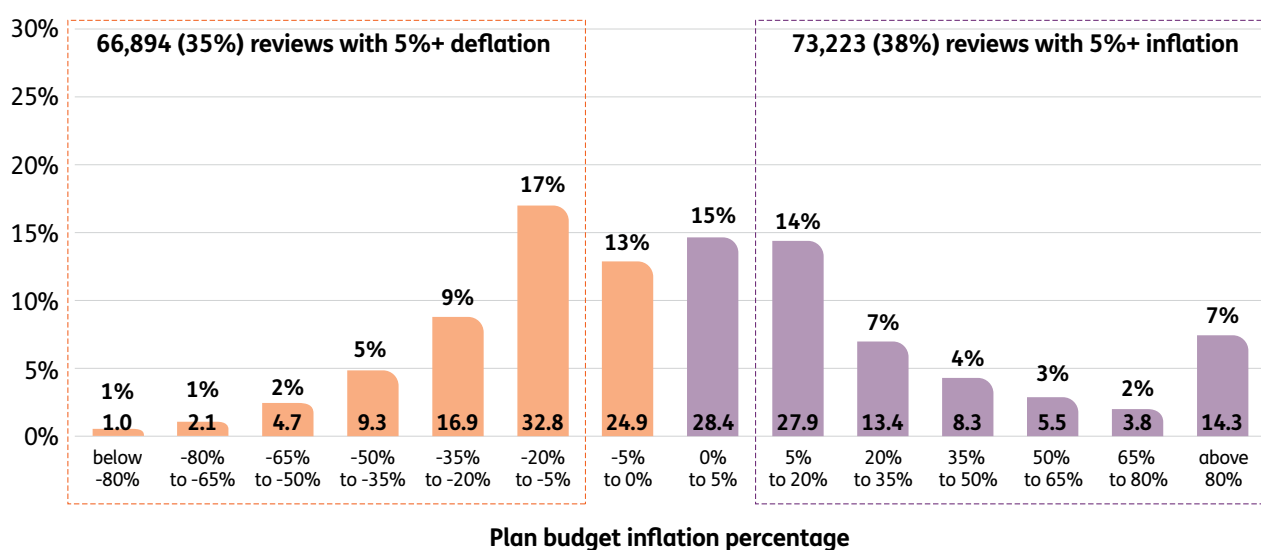


Figure 79: Distribution of the percentage change in plan budgets for plans reviewed in this financial year (1 July 2021 to 31 December 2021) – participants not in SIL⁶⁷



⁶⁶ 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.

⁶⁷ *ibid.*

Prior to this financial year (that is, in the three financial years 2018-19, 2019-20, 2020-21) plans were more likely to increase rather than decrease. Specifically in 2020-21:

- **45%** of plans increased at review by more than 5%
- **31%** decreased by more than 5%
- **24%** remained within 5%

In 2019-20:

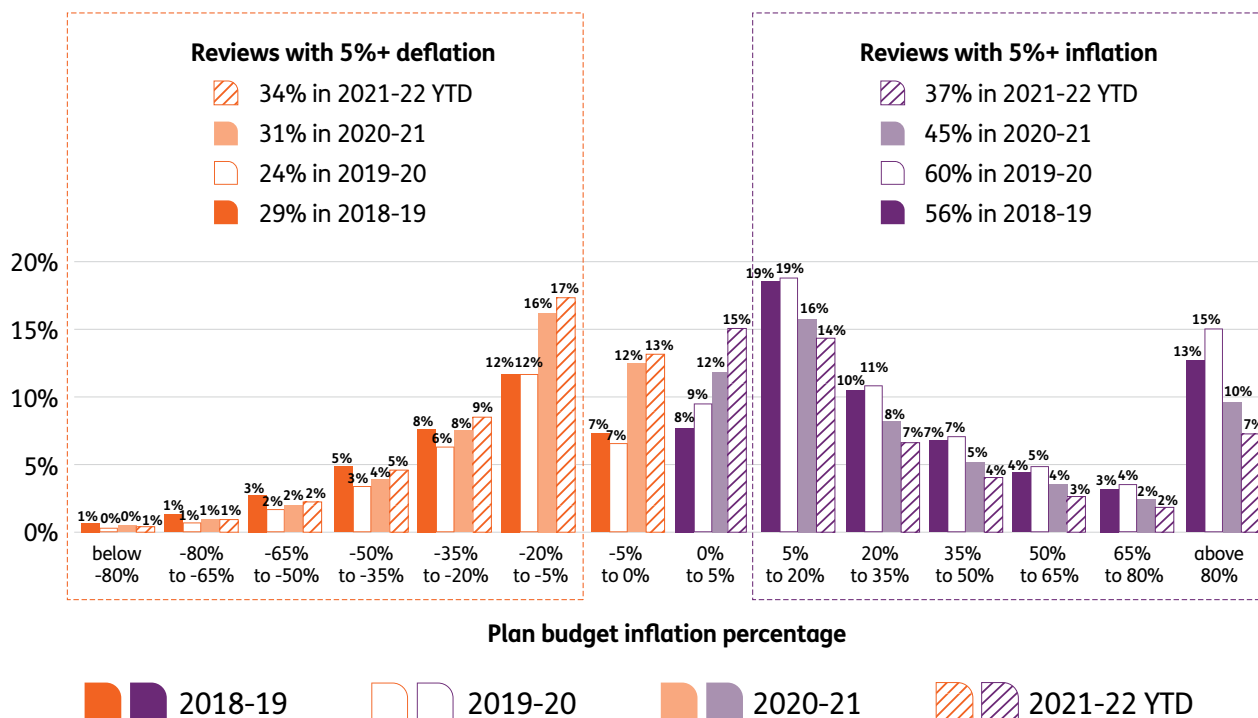
- **60%** of plans increased at review by more than 5%
- **24%** decreased by more than 5%
- **16%** remained within 5%

And in 2018-19:

- **56%** of plans increased at review by more than 5%
- **29%** decreased by more than 5%
- **15%** remained within 5%

The following chart shows the distribution of the percentage change in plan budgets for plans reviewed over the last three and a half years to 31 December 2021.

Figure 80: Distribution of the percentage change in plan budgets for plans reviewed over the three and a half years to 31 December 2021 - all participants

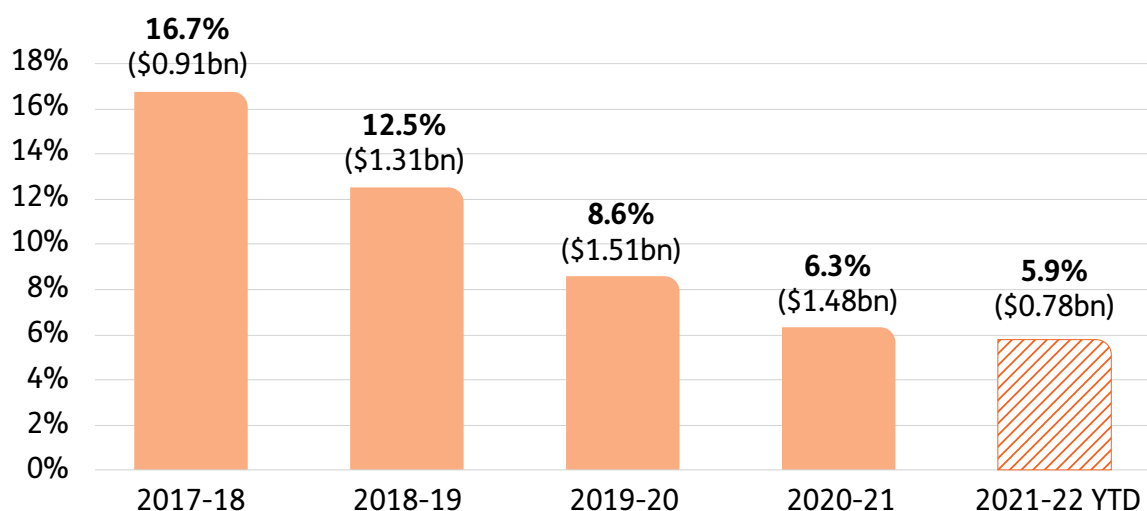


5.4 Operating expenses

Operating expenses per participant have reduced over the last four years.

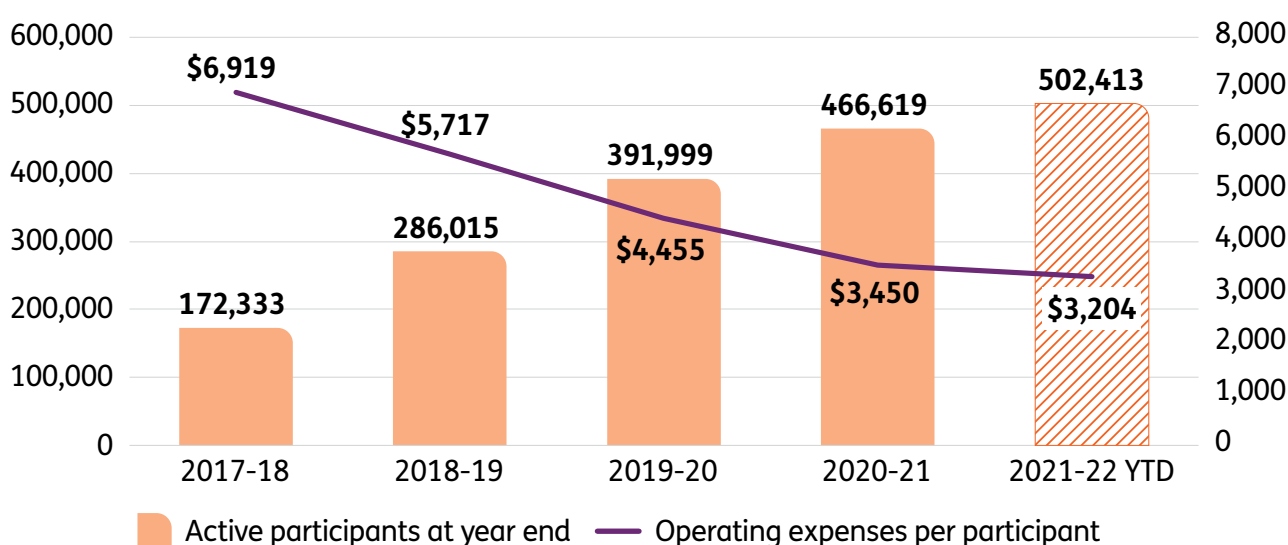
In addition to the money spent through participant plans on supports for participants, the NDIA receives money to run the NDIA, including paying staff wages. This is referred to as the NDIA's operating expenses. NDIA operating expenses have increased from \$906 million in 2017-18 to \$1,481 million in 2020-21. As a percentage of the dollars spent on participants, operating expenses have decreased from 16.7 per cent in 2017-18 to 5.9 per cent for the six months to 31 December 2021. The Productivity Commission in their 2017 Study report⁶⁸ suggests a range of 7 to 10 per cent as an appropriate amount for NDIA operating costs.

Figure 81: Operating expenses as a percentage of participant costs



Over time, the NDIA has increased efficiency. The annualised operating cost per participant has reduced by 54 per cent since 2017-18, from \$6,919 to \$3,204 for the six months to 31 December 2021.

Figure 82: Operating expense per participant



⁶⁸ <https://www.pc.gov.au/inquiries/completed/ndis-costs#report>



Marisa's love of candles sparks the flame for success

NDIS participant **Marisa**'s search for independence through creative pursuits has her tuned in for success. The 38-year-old's goal of work and independence combined to spark the idea of her own custom-made candle business after her mum, Barbara, bought her a small candle maker for her birthday. Marisa, who lives with developmental verbal dyspraxia (DVD), researched candle making through YouTube videos to mould what would become her own business, Marvellous Scents.

With her NDIS-funded support worker providing assistance, Marisa lit the flame on what has become a hit with candle lovers and locals alike over the past two years.

"Marisa has scales and measures the wax and the amount of fragrance she wants in candles, adheres and centres the wicks, and does the warning labels on the bottom; she can do those sorts of things," Barbara said. "It's great to see her achievements with the business."

The journey to grow Marvellous Scents has been a big step for Marisa, who's always had a visual approach to building her capacity.

Speaking her first word at five, DVD affects Marisa's speech and comprehension, but her father Graeme said she's always found ways to reach her goals.

Becoming an NDIS participant in 2019, Marisa's funding has provided assistance from support workers, and access to speech therapy and psychology. Living with rheumatoid arthritis, standing for long periods can also be difficult with Marisa, who also accessed NDIS funding for her walker.

"We are so thankful for the NDIS because it has given Marisa more ability to do things we couldn't afford to do before," Barbara 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 31 December 2021, the total NDIS workforce was 12,060 including 4,852 APS employees, 1,530 labour-hire workers and contractors and 5,678 people employed by the NDIA's PiTC and Contact Centre Partners.

There was a significant increase of APS staff in the Participant Experience Delivery group (PED) during the quarter, as a result of a national recruitment process in 2021. This process resulted in approximately 300 internal offers and 442 external engagements. Of the new external engagements, approximately 15 per cent identified as having a lived experience of disability and 4 per cent identified as First Nations people.

During this quarter, the Agency launched the 'NDIA Employees with Disability: Our commitment to you 2021-23' which outlines the actions the Agency will take to support our staff with disability, focusing on culture, inclusion, accessibility and workplace adjustments, and learning and development. This was designed in collaboration with the Agency's Employee Disability Network and launched as part of International Day of People with Disability.

The NDIA LGBTIQ+ Inclusion Plan was also launched in the December quarter. This Inclusion Plan is part of the Agency's Inclusion and Diversity Framework and outlines further actions the Agency will take to build an inclusive workplace for LGBTIQ+ staff, ensuring they are supported and have a positive employment experience.

6.2 Valued input from the Independent Advisory Council

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

The Council continues to work closely with NDIA management and the NDIA Board. The Council 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 ageing⁶⁹

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

- Children and young people with Autism Spectrum Disorder
- Early Childhood Early Intervention (ECEI) reset
- Self-management
- 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
- National Disability Strategy
- Legislative changes to the NDIS Act
- Co-Design Advisory Panel
- School Leaver Supports
- National Disability Strategy
- Designing an Early Childhood Assistive Technology Approach
- Partners in the Community Market Engagement
- Remote and Very Remote Strategy Refresh

⁶⁹ Work on this advice will start in Q4 of 2021-22 and Council will present the completed formal advice to the NDIA Board in 2022-23, due to its complexity

At the end of December the Principal Member Robyn Kruk AO and Council Member Judy Huett stood down from Council. Ms Kruk's tireless work and leadership of Council has ensured advice from participants, their families and supporters plays a major role in shaping the future direction and implementation of the NDIS. Ms Huett has also made an invaluable contribution advocating on behalf of people with intellectual disability.

In December, the Minister for the NDIS announced the appointment of Leah Van Poppel as Principal Member from 1 January 2022, following on from her appointment to the NDIA Board. Ms Van Poppel has been a member of Council since July 2017 and Co-Chair from September 2020. She is a woman with disability who is highly respected for her collaborative leadership, governance and policy development across disability rights, working at state and national levels over the last decade.

The Minister also announced the reappointment of Sylvana Mahmic, Jennifer Cullen, James Manders, Liz Reid AM, and Kerry Allan-Zinner, for further three-year terms. Dr George Taleporos has been newly appointed to the Council for three years. Dr Taleporos is an experienced policy professional and leading advocate for people with disability.

6.3 Engagement initiatives

The NDIA has continued to work towards co-design and strengthened engagement process.

The NDIA is committed to working closely with participants, their families and carers, and the broader disability community to deliver the best Scheme possible. The Introduction section of this report covers a number of the NDIA's key engagement initiatives, including the work on co-design, DRCO CEO forum, and AFSR workshops. This section focuses on a number of other engagement and consultation activities.

Home and Living

During the quarter, the Agency continued its work to co-design a new approach to Home and Living with the disability sector. Following a 12 week public consultation on Home and Living – An ordinary life at home during the September quarter, the Agency released a consultation summary report in December 2021. The NDIA released an evidence review commissioned from the University of Sydney regarding transitions from group homes, institutional care and residential aged care.⁷⁰ All submissions, where consent was provided, were also released.⁷¹ Detailed co-design activities to finalise our long term Home and Living policy will commence in 2022, with participants, Council and other members of the disability sector, state and territory governments and DSS. The NDIA's new approach to home and living will deliver:

- An end-state vision for Home and Living under the NDIS
- Clear descriptions of specific participant journeys
- A revised participant and front-line decision making experience.

⁷⁰ <https://www.sydney.edu.au/brain-mind/news-and-events/news/disability-research-collaboration-independent-living.html>

⁷¹ <https://www.ndis.gov.au/community/we-listened/consultation-submissions>

Support for Decision Making

To guide how the Agency will support people with disability to make decisions, the NDIA is continuing to develop a Support for Decision Making Policy. Following a 12 week public consultation on 'Supporting you to make your own decisions', the Agency released a consultation summary report in December 2021, along with all submissions where consent was provided.⁷² Feedback from the consultation highlighted that the Agency must have a policy about how the NDIA support people with disability to make decisions and the importance of co-designing the Support for Decision Making policy with people with disability.

Detailed co-design activities to finalise our Support for Decision Making policy will commence in 2022 with participants, Council and other members of the disability sector, state and territory governments and DSS. Following the co-design process, the NDIA will release the Support for Decision Making policy. It will include actions alongside an implementation plan that will enable the NDIA to deliver on the vision of supporting people with disability to make decisions under the NDIS.

Psychosocial Recovery Framework

The NDIS Psychosocial Disability Recovery-Oriented Framework (Recovery Framework) was endorsed by Disability Ministers and released in December 2021. This followed targeted consultation with participants, families and carers, peak bodies, service providers, clinical mental health services, state and territory governments, and NDIA staff.

The Recovery Framework sets out six principles and a series of high level implementation strategies designed to improve the experience of participants with psychosocial disability in the NDIS. The guiding principles identified in the Recovery Framework are:

1. Supporting personal recovery
2. Valuing lived experience
3. NDIS and mental health services working together
4. Supporting informed decision making
5. Being responsive to episodic and fluctuating nature of psychosocial disability
6. A stronger NDIS recovery-oriented and trauma informed workforce.

The NDIA is currently developing and coordinating a detailed implementation plan that underpins the 14 high-level initiatives. Further consultation will be conducted in early 2022 to ensure stakeholders continue to be involved in the implementation of the Recovery Framework.

⁷² <https://www.ndis.gov.au/community/we-listened/consultation-submissions>

6.4 Public data sharing and the latest release of information

This quarter the NDIA released the Annual Financial Sustainability Report, the latest reports on participant outcomes and family/ carer outcomes, as well as a deep dive into the experience of young people in the NDIS.

In October 2021, the NDIA Board released the [AFSR](#).⁷³ The AFSR provides an assessment of the financial sustainability of the NDIS. Using data at 30 June each year, the report projects the future cost of the Scheme by estimating future participant numbers and average payments.

On 2 November 2021, the NDIA released data on [employment outcomes for families and carers](#)⁷⁴ of an NDIS participant. The report reviews the employment experience of NDIS participants and their families and carers, and factors helping and not helping families and carers find and keep paid employment.

On 9 December 2021, the NDIA released the latest [outcomes framework reports](#)⁷⁵ which offer a unique view into how the lives of [participants, families and carers](#)⁷⁶ have changed over time from when they first joined the Scheme, to 30 June 2021. The NDIA also released dashboards for service districts and LGAs on outcome progress within each of the geographical area.⁷⁷

On 13 December 2021, the NDIA released the latest set of NDIS data. This includes data available through the interactive web tool and in downloadable files (with data at 30 September 2021).

On 20 December 2021, the NDIA published a detailed report about the [experiences of young adult NDIS participants aged 15-24](#).⁷⁸ The report includes information about participant characteristics, their experiences of the NDIS, budget and payment information, participant goals and outcomes, and the experiences of their families and carers. It also includes results from the NDIA's Participant Satisfaction Survey (PSS).

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
- participants with a neurodegenerative condition in the NDIS
- participants with sensory disabilities in the NDIS
- Aboriginal and Torres Strait Islander participants

⁷³ <https://www.ndis.gov.au/about-us/publications/annual-financial-sustainability-reports>

⁷⁴ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/employment-outcomes-participants-their-families-and-carers>

⁷⁵ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/participant-outcomes-report>

⁷⁶ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/family-and-carer-outcomes-report>

⁷⁷ <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/participant-outcomes-report#regional-outcomes-dashboards-by-service-district-and-lga-to-30-june-2021>

⁷⁸ <https://data.ndis.gov.au/reports-and-analyses/participant-groups/young-people-ndis#young-adults-in-the-ndis-aged-15-24-years-old-at-30-june-2021>

- 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, 30 June 2020 and 30 June 2021)
- Employment outcomes for NDIS participants (31 December 2020), employment outcomes for families and carers of NDIS participants (31 December 2020), and employment outcomes (30 June 2018).
- 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, 31 December 2020 and 30 June 2021)
- 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 three 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.

Fraud and Compliance

The Government will provide \$30 million over two years from 2021-22 to the NDIA and the NDIS Quality and Safeguards Commission (the Commission) to develop and test new compliance capabilities, targeting fraudulent and unethical provider behaviours. The NDIA and the Commission will use this funding to identify patterns of provider fraud and unethical behaviours to ensure the integrity of the NDIS and protect participants from fraudulent practices.

Since the establishment of the Compliance Response Team in July 2021, the NDIA has significantly increased its targeted compliance response to inappropriate claiming behaviour. The team uses data analytics to identify payment anomalies and undertakes compliance interventions with providers to correct any historical instances of non-compliance identified.

As at 31 December 2021, the team has contacted more than 3,300 providers where data analytics identified anomalies in claims submitted by these providers. This proactive outreach has resulted in providers cancelling more than 30,000 incorrect or non-compliant payments worth more than \$38 million.

The team also works with providers to raise awareness of their responsibilities and influence changes to ongoing claiming behaviour. Based on data modelling that measures the change in provider behaviour following compliance action, it is estimated a further \$94 million has been saved.

As at 31 December 2021, there were 32 fraud matters under investigation and a further eight matters under preliminary evaluation for investigation. Of these, ten matters are before the courts under prosecution, with a total alleged fraud value of \$8.5 million. During Quarter 2, a 38 year old woman was charged with 87 counts of fraud against the Scheme, totalling over \$1 million. In a separate matter, a 36 year old woman was also charged with fraud to the value of \$480,000.

Throughout October and November 2021, the Agency ran a comprehensive education and engagement campaign designed to raise awareness about fraud and non-compliance within the Scheme.

Coinciding with International Fraud Awareness Week and Scams Awareness Week, the primary aim of the campaign was to:

- act as a first step in building participant and provider awareness of fraud and non-compliance issues
- provide an opportunity for the Agency to refresh web content and develop additional resources to support participants and providers
- provide a channel for internal and external stakeholders to identify and express their understanding of fraud and non-compliance issues

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 (new CRM). The new CRM is a fit-for-purpose business 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 enable the NDIA to deliver on many of the commitments in the SIP and ongoing implementation of Tune Review recommendations. The new CRM is being designed to be more user-friendly, and make it easier for NDIA staff and partners to do their job, giving them more time to deliver a quality experience for participants.

Improvements will be delivered over the next two 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 PITC
- 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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