

Q4

2021-2022

## NDIS Quarterly Report to disability ministers

30 June 2022

ndis

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# Contents

## **5 | Introduction**

### **28 | Part One: Participants and their plans**

- 29 | 1.1 Number of participants in the Scheme
- 30 | 1.2 Children in the NDIS (younger than 7)
- 32 | 1.3 Participant rates
- 33 | 1.4 Participant characteristics

### **41 | Part Two: Participant experience and outcomes**

- 42 | 2.1 Participation in work and community and social activities
- 52 | 2.2 Analysis of participant outcomes
- 55 | 2.3 Participant satisfaction
- 60 | 2.4 The NDIS Contact Centre

### **63 | Part Three: Participant Service Guarantee and Participant Service Improvement Plan**

- 65 | 3.1 Participant Service Improvement Plan (SIP)
- 73 | 3.2 Participant Service Guarantee (PSG)

### **90 | Part Four: Providers and the growing market**

- 91 | 4.1 Support categories
- 94 | 4.2 Plan management types
- 98 | 4.3 Providers supporting Agency-managed participants
- 99 | 4.4 Plan managers
- 103 | 4.5 Supported Independent Living (SIL)
- 105 | 4.6 Specialist Disability Accommodation (SDA)
- 108 | 4.7 Choice and control, utilisation and market concentration
- 113 | 4.8 COVID assistance
- 114 | 4.9 Market Stewardship activities
- 115 | 4.10 Thin markets
- 115 | 4.11 NDIS pricing

### **117 | Part Five: Financial sustainability**

- 118 | 5.1 Participants and cost projections
- 120 | 5.2 Total payments
- 121 | 5.3 Average and median payment trends
- 126 | 5.4 Average plan budget trends
- 134 | 5.5 Operating expenses

### **136 | Part Six: Staff, advisory groups and the NDIS community**

- 137 | 6.1 A high performing NDIA
- 138 | 6.2 Valued input from the Independent Advisory Council
- 139 | 6.3 Public data sharing and the latest release of information
- 140 | 6.4 Cyber Security
- 140 | 6.5 Fraud and Compliance
- 141 | 6.6 NDIA's new Information and Communication Technology (ICT) business system

# Contents

144		Appendix A: Key definitions
146		Appendix B: Scheme roll-out: Timing and locations
148		Appendix C: Approved plans and children accessing early connections
150		Appendix D: Outcomes Framework Questionnaires
151		Appendix E: National
234		Appendix F: New South Wales
306		Appendix G: Victoria
375		Appendix H: Queensland
445		Appendix I: Western Australia
514		Appendix J: South Australia
582		Appendix K: Tasmania
649		Appendix L: Australian Capital Territory
719		Appendix M: Northern Territory
782		Appendix N: State/Territory – comparison of key metrics
810		Appendix O: Participants by service district and support type, and committed supports and payments by service district
824		Appendix P: Specialist Disability Accommodation
849		Appendix Q: Utilisation by service districts
852		Appendix R: Access decisions and first plans

# Introduction

## Nine years of the NDIS

The NDIS has now been in operation for nine years. Over this time, there has been significant growth in the number of participants in the Scheme, as well as growth in plan budgets and payments to participants. Outcomes are also improving for many NDIS participants and their families and carers.

The NDIA recognises there is more to do in key areas such as:

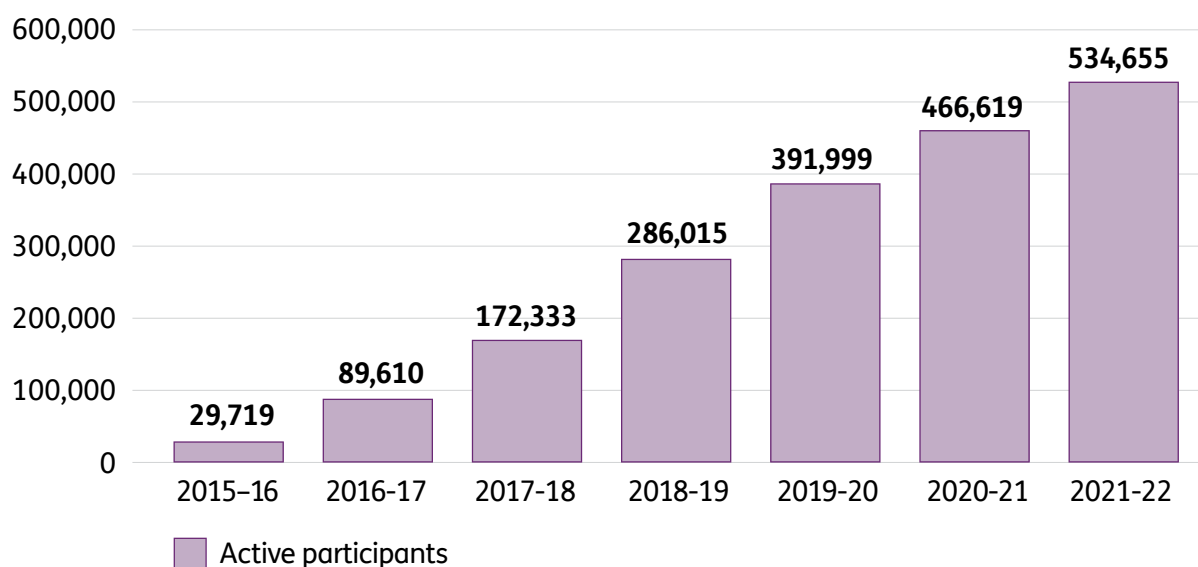
- Improving employment opportunities for participants
- Fraud and compliance
- Assisting participants leave hospital who are ready to be discharged
- Reducing the number of AAT cases currently open



# Nine years of the NDIS

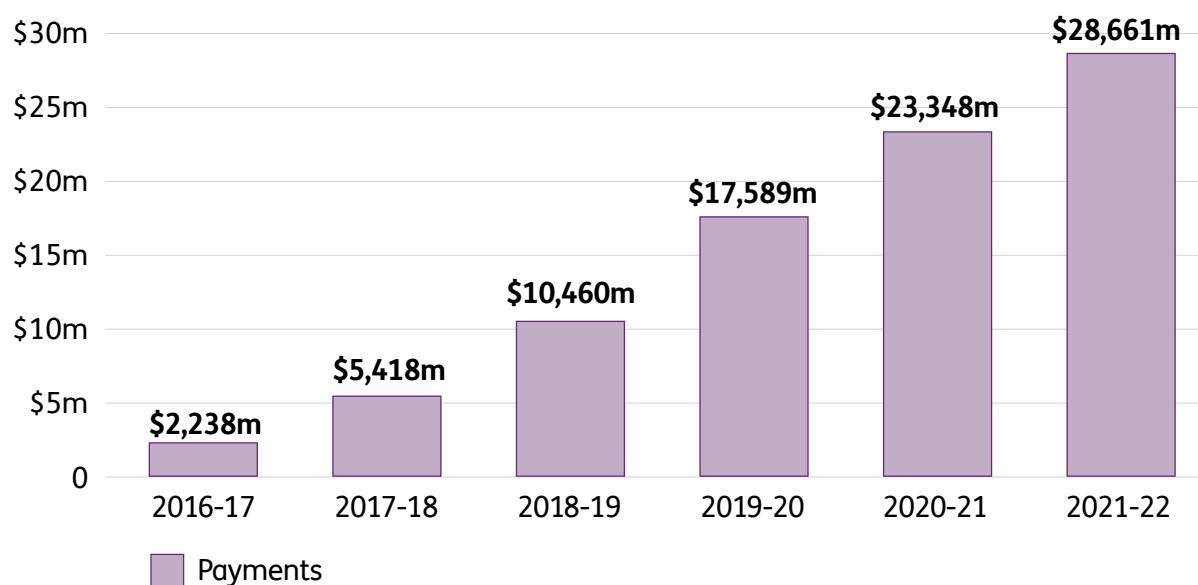
## 1. Growth in participant numbers

The number of active participants has increased from around 30,000 after three years of trial, to approximately 535,000 six years later.



## 2. Payments

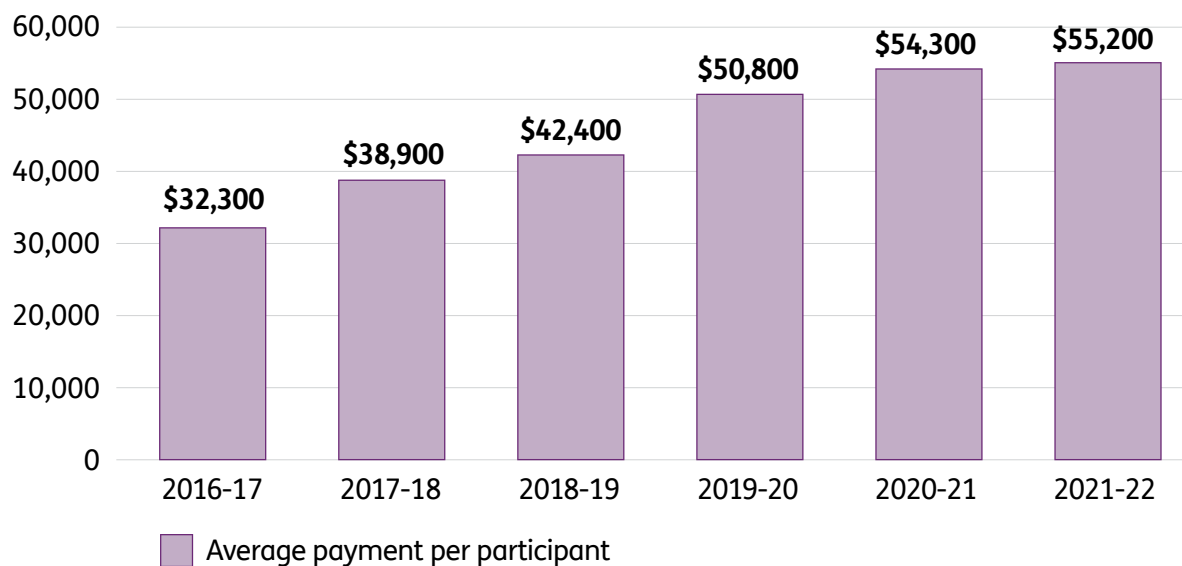
Payments are amounts of money paid for supports received by participants. Over the last five years total payments have grown from \$2,238m to \$28,661m<sup>1</sup>.



<sup>1</sup> Total payments are based on an accrual basis, sourced from the NDIA Annual Reports. The \$28,661m in 2021-22 is a draft figure, with the final figure due to be reported in the upcoming NDIA 2021-22 Annual Report

### 3. Average payment per participant<sup>2,3</sup>

The average payment per participant has also increased over the last five years, from \$32,300 to \$55,200.



<sup>2</sup> Includes cash payments and in-kind supports as well as payments for participants in residential aged care.

<sup>3</sup> Average payments are discussed in more detail in Section 5 (Financial sustainability) of this report.

#### 4. Average payments per participant over time<sup>4</sup>

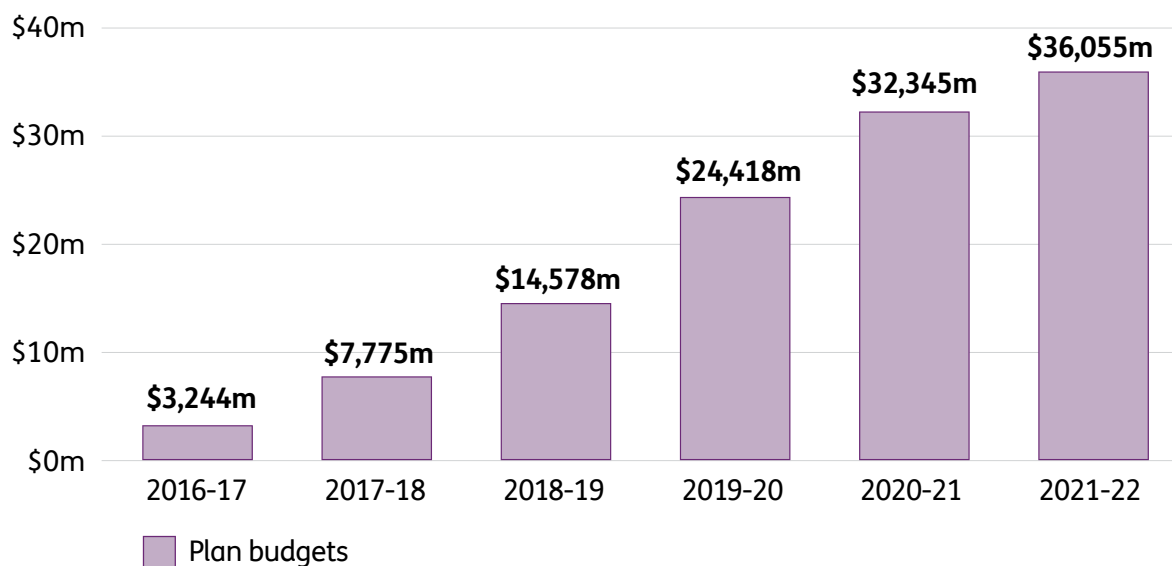
Further, the average payments to participants have increased over time for all participant cohorts having different number of plans since joining the Scheme. For example, for participants who have completed three NDIS plans since joining the Scheme, average payments increased from \$28,800 for the first plan to \$51,100 for the third plan (33 per cent per plan). Notably, the rate of increase in average payments to participants is the greatest between the first and second plans, with the rate decreasing over time. For example, for participants who have completed five plans or more, the rate of increase between the first and second plans is 59 per cent, compared to 18 per cent between the fourth and fifth plans.



<sup>4</sup> Each set of columns represents a cohort of participants, based on the number of completed plans they have had since joining the Scheme. The individual columns then chronologically represent the average annualised payments corresponding to their first through to their latest complete plans. For example, for participants who have had four completed plans since joining the Scheme, average annualised payments during their first plan period were \$29,700, with this figure increasing to \$65,300 during their fourth (and latest complete) plan period.

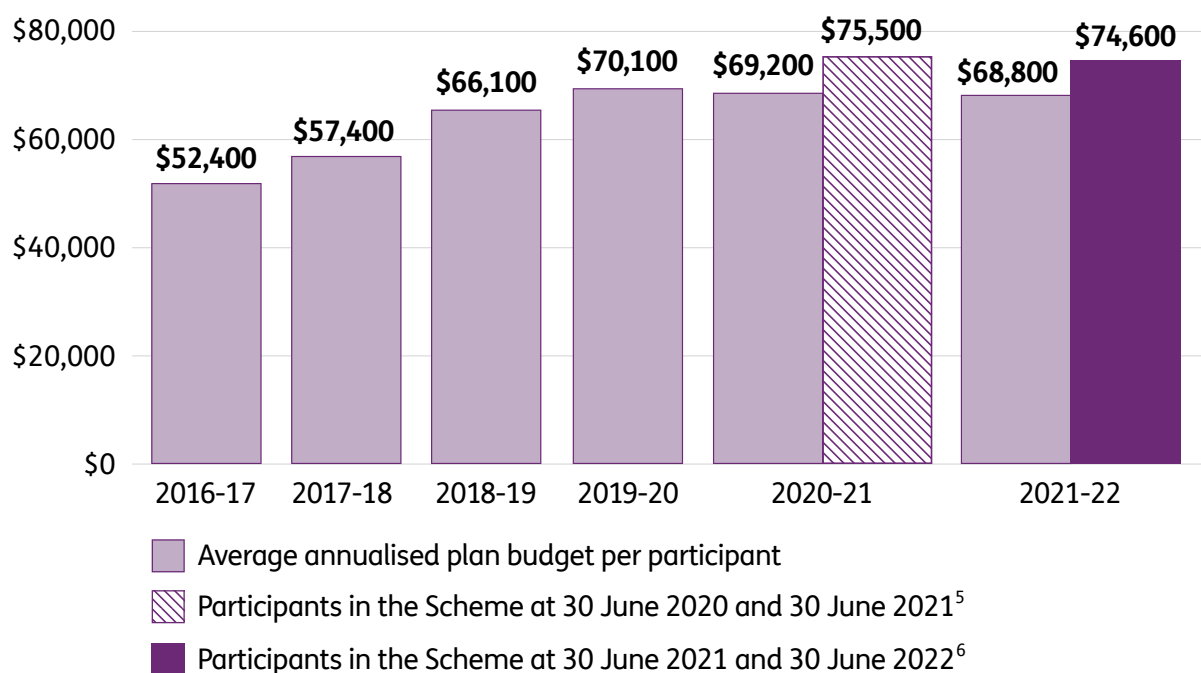
## 5. Plan budgets

Plan budgets are the cost of supports contained within a participant's plan, approved to be provided to support a participant's needs. In some cases, not all of the plan budget is used by participants. The amount used is referred to as payments. Over the last five years total plan budgets have grown from \$3,244m to \$36,055m.



## 6. Average annualised plan budgets per participant

The average annualised plan budgets per participant have also increased year on year since 2016-17, but decreased slightly over the last two years. This is driven by changes in the profile of participants in the Scheme, with a higher proportion of participants with lower budgets entering the Scheme (specifically children).

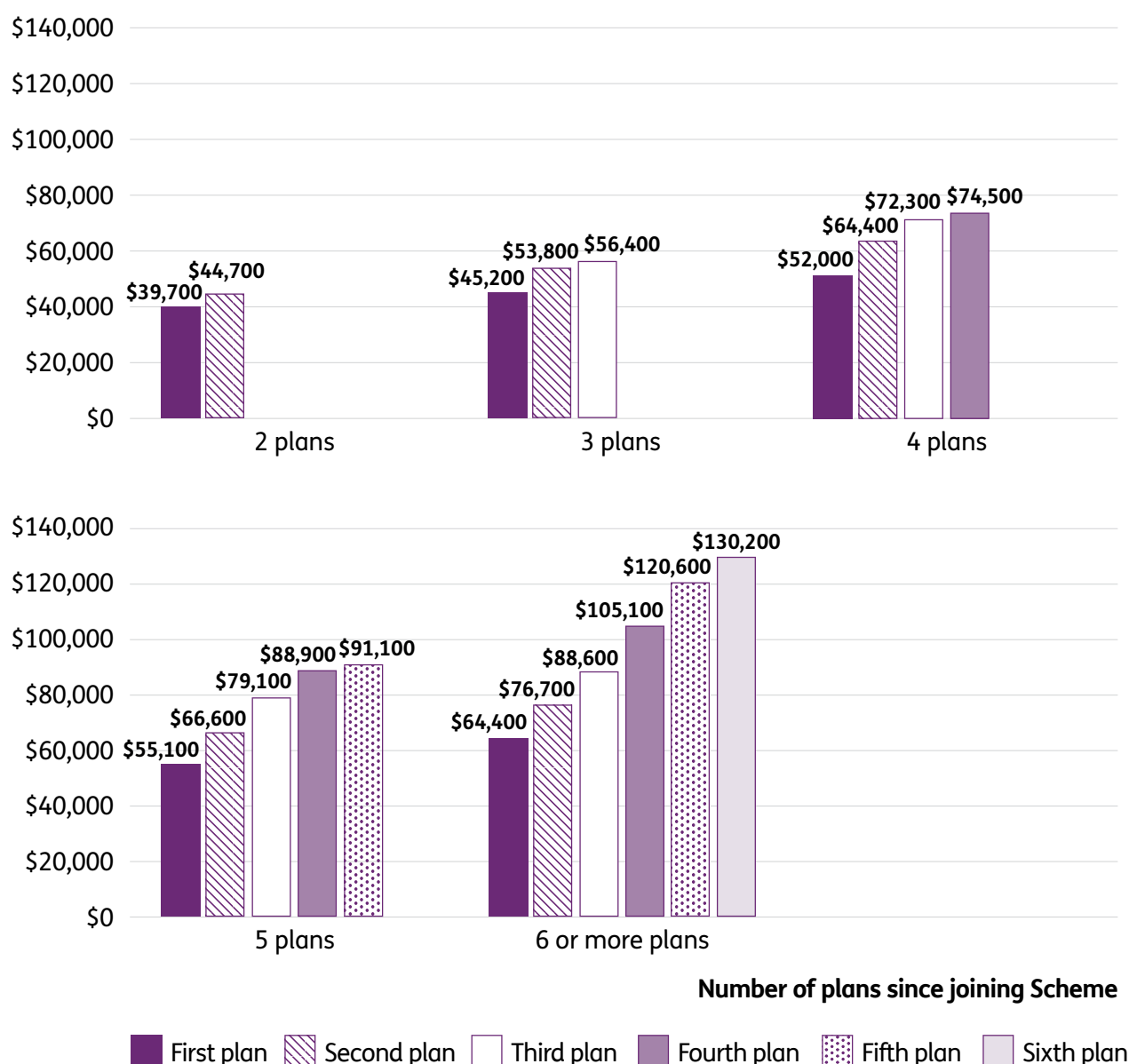


<sup>5</sup> There was no reduction in the average plan budgets of participants continuing in the Scheme. For example, for these existing participants who were in the Scheme at 30 June 2020 and at 30 June 2021, the average plan budget increased from \$70,100 to \$75,500 (7.7 per cent). Similarly, for participants who were in the Scheme at 30 June 2021 and at 30 June 2022, the average plan budget increased from \$69,200 to \$74,600 (7.8 per cent).

<sup>6</sup> Ibid.

## 7. Average plan budgets over time<sup>7</sup>

However, in considering participants by the number of plans they have had since joining the Scheme, and tracking the average plan budgets for the same cohort of participants over time, it is evident that the average plan budgets have increased for all participant cohorts per plan. For example, for participants who have had three plans, average plan budgets increased from \$45,200 for the first plan to \$56,400 for the third plan (12 per cent per plan). Noting however, the rate of increase over the latest plan is lower compared to the rates seen for the earlier plans for all participant cohorts. For example, for participants with six or more plans, the rate of increase between the first and second plans is 19 per cent, compared to 8 per cent between the fifth and sixth plans.



<sup>7</sup> Each set of columns represents a cohort of participants, based on the number of plans they have had since joining the Scheme. The individual columns then chronologically represent the average annualised plan budget amounts of their first through to their latest plans. For example, for participants who have had 5 plans since joining the scheme, annualised plan budgets for their first plans averaged \$55,100. These participants are now on their fifth plans, with an average annualised plan budget of \$91,100.

## 8. Participant outcomes<sup>8</sup>

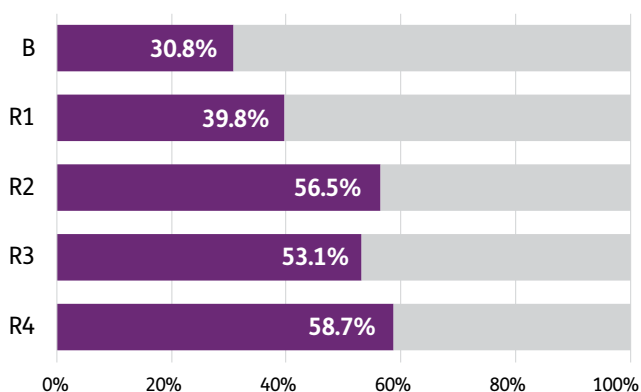
Reported participant outcomes show the difference the scheme continues to make to the lives of people with disability. Some areas for improvement have also been identified.

### Children aged up to 14

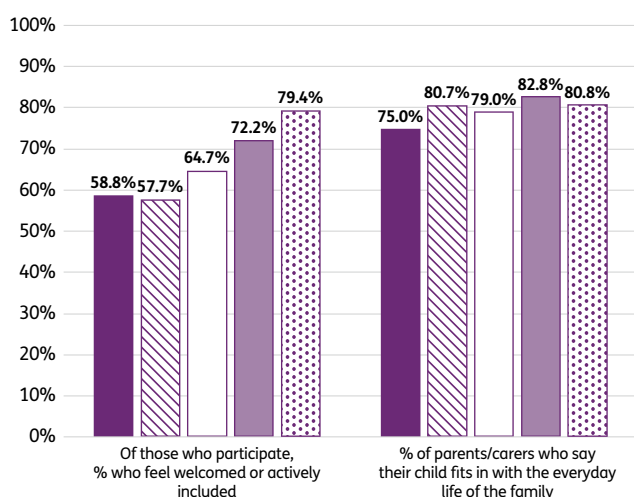
Improvements were observed in the areas of daily living, relationships, and lifelong learning.

There is an increasing trend in reports that specialist services are helping young children to gain key skills and supporting families/carers in assisting their child. There are also increases in younger children having friends they enjoy playing with, feeling welcomed at community activities, and fitting well into family life. It is worth noting that improvements in some indicators tend to taper off towards later reviews, particularly for parents who say that specialist services help their child gain skills they need to participate in everyday life, and for parents reporting their child has friends they enjoy playing with.

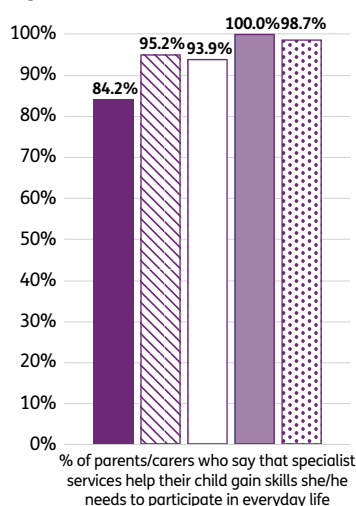
#### My child has friends they enjoy playing with



#### Feeling welcomed and fitting into family life



#### Specialist services

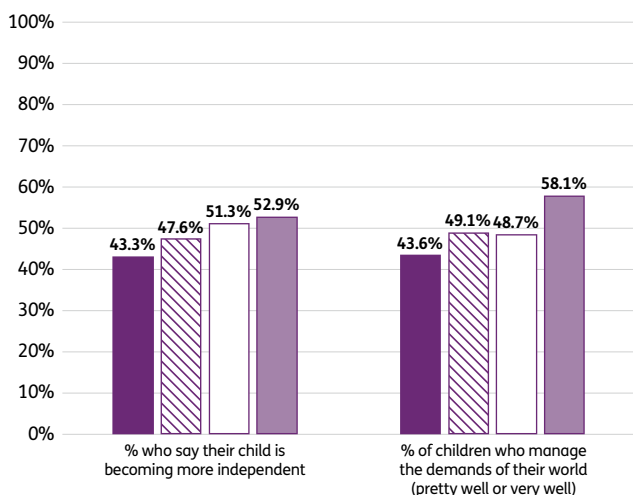


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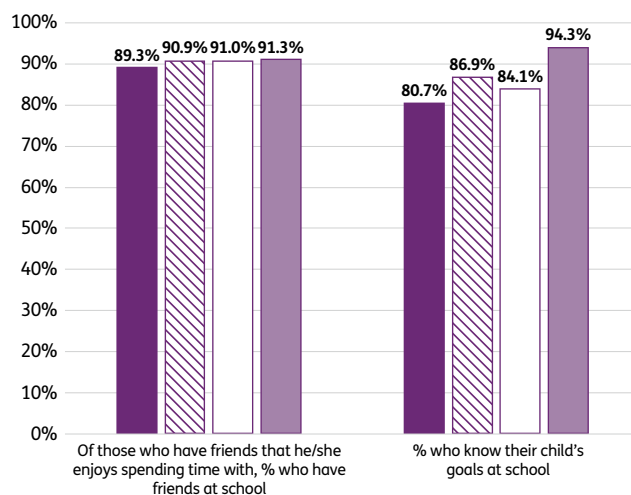
<sup>8</sup> Results for this section are taken from the 30 June 2021 Participant outcomes report <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/participant-outcomes-report>

For school aged children, there are improvements in their ability to become more independent, manage the demands of their world well, make friendship connections at school, and parents are being better informed of their child's goals at school.

### Independence and managing demands

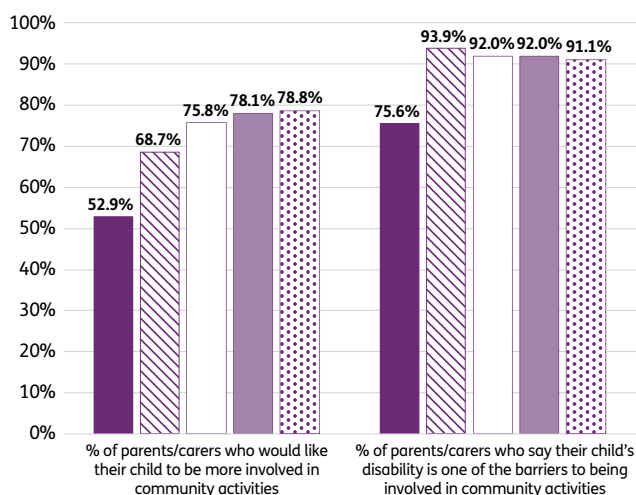


### Connections at school

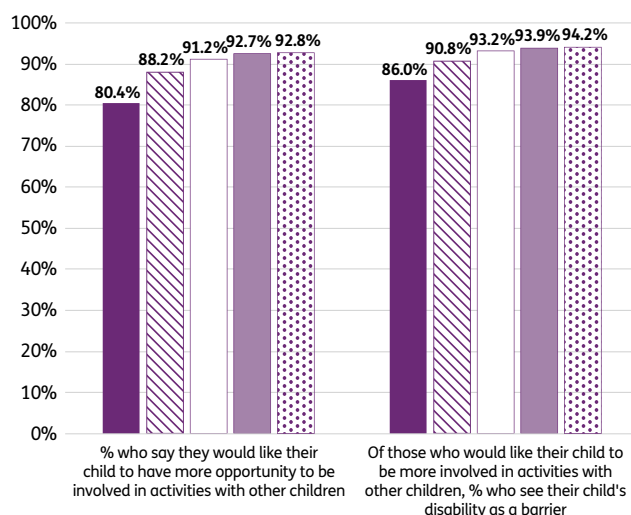


However, survey results highlight concerns about involvement in social activities among children aged up to 14, with parents/ carers wanting their child to be more involved in activities with other children and respondents citing their child's disability as a barrier to greater involvement.

### Participants from 0 to before starting school



### Participants from starting school to age 14



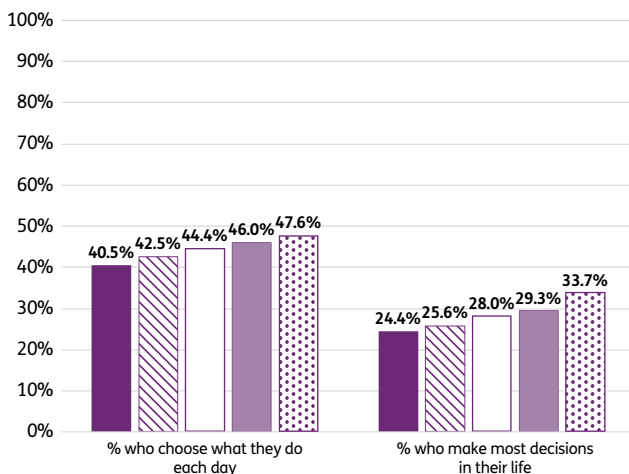
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## Participants aged 15 and over

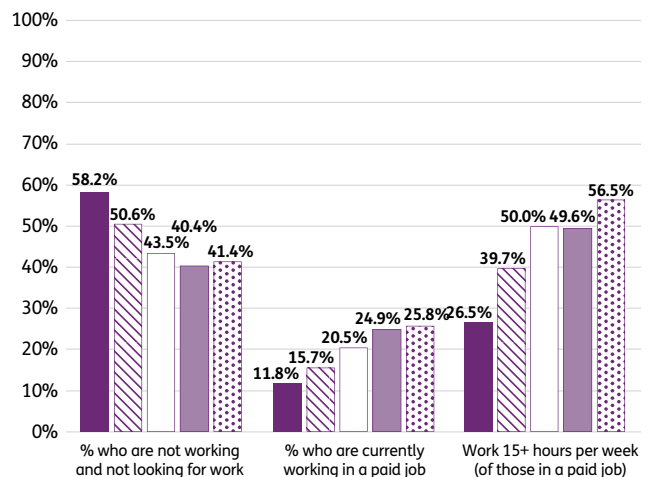
There have been significant positive changes for participants aged 15 and over since entering the Scheme in the areas of choice and control, social and community participation, lifelong learning and health and wellbeing.

Participants aged 15 to 24 are increasingly likely to choose what they do each day and make most decisions in their life. They are also experiencing positive employment outcomes.

### Choice and control

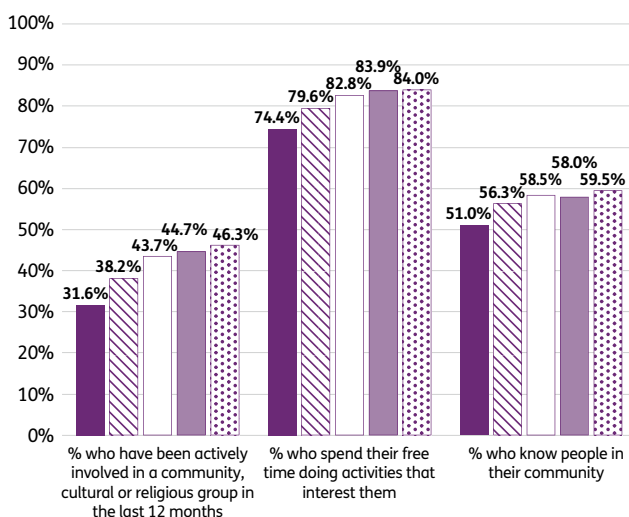


### Employment

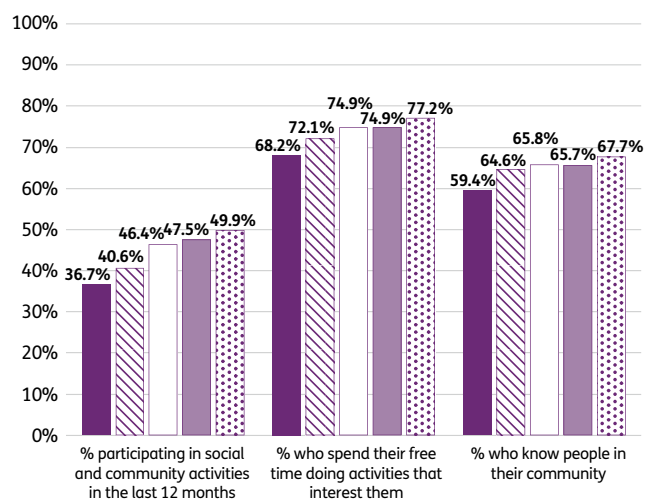


Participants aged 15 to 24, as well as those aged 25 and over, are increasingly involved in community activities, spend their free time doing activities of interest, get opportunities to learn new things, and report knowing people in the community.

### Participants aged 15 to 24



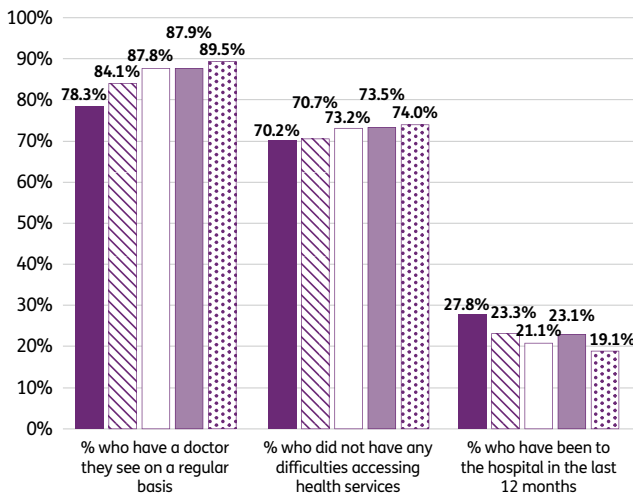
### Participants aged 25 and over



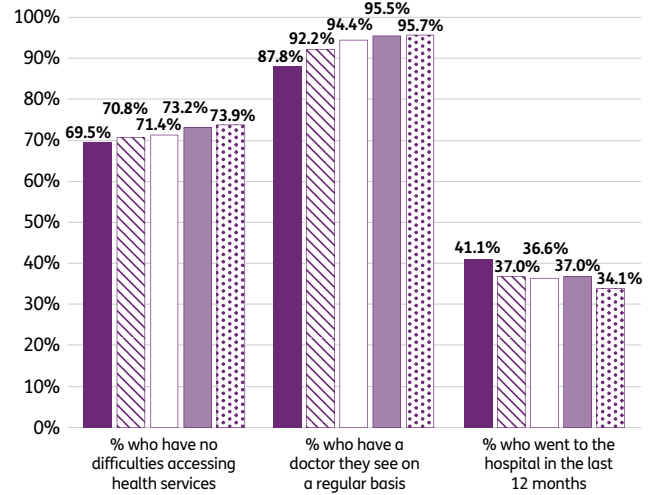
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Participants aged 15 to 24, as well as those aged 25 and over, report improved access to health services and reduced hospital visits, and a higher percentage of participants report having a regular doctor.

### Participants aged 15 to 24

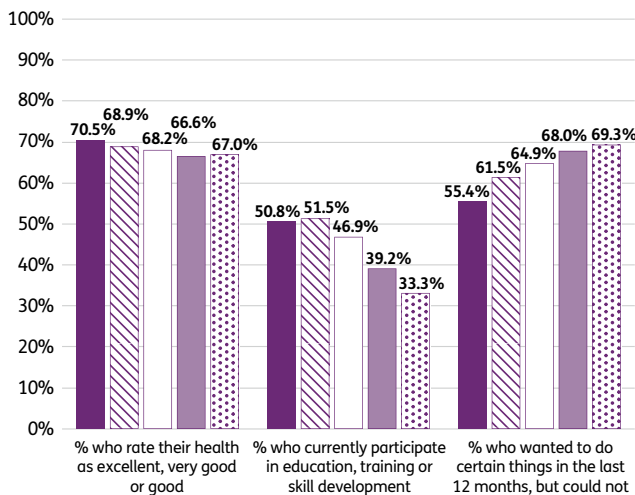


### Participants aged 25 and over

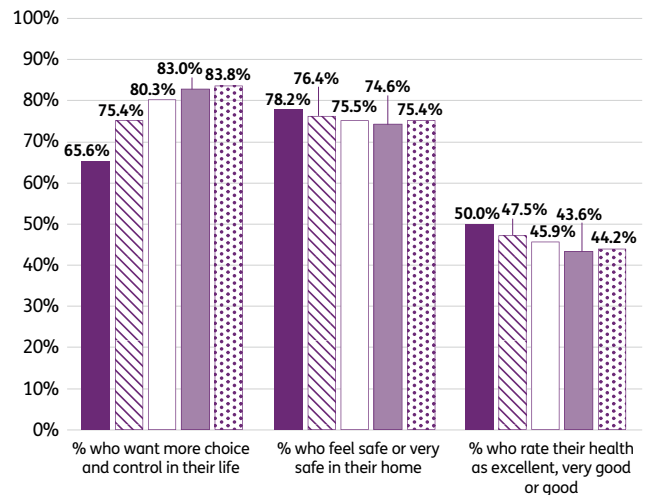


For participants aged 15 to 24, as well as those aged 25 and over, further work is needed to improve some outcomes in the areas of health, lifelong learning and home. Participants are also more likely to say they want more choice and control in their life.

### Participants aged 15 to 24



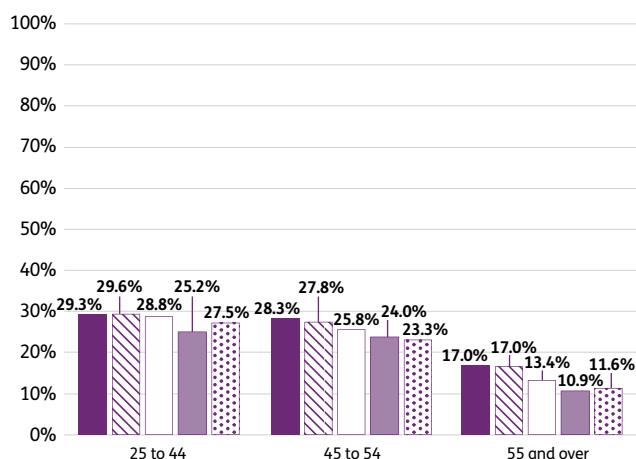
### Participants aged 25 and over



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For participants aged 25 and over, further work is needed to improve employment outcomes.

### Participants aged 25 and over – percentage in a paid job by age group



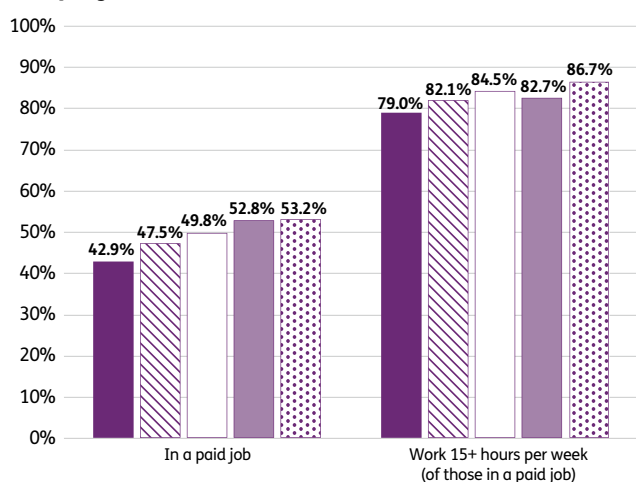
## 9. Family/carers outcomes<sup>9</sup>

The scheme is positively influencing the lives of families and carers of participants as well.

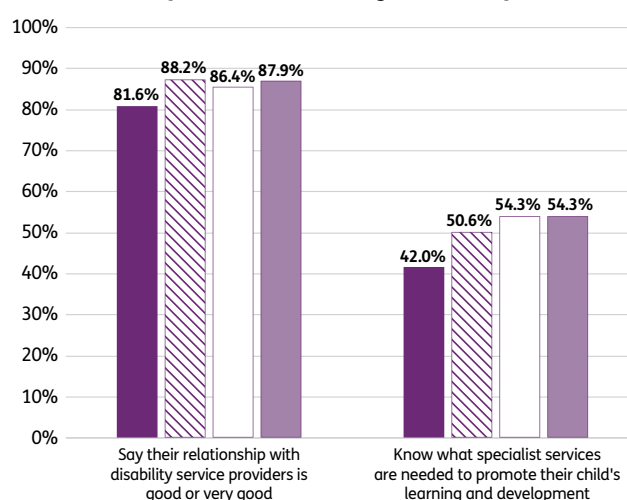
### Families and carers of participants aged 0 to 14

Families and carers of participants aged 0 to 14 have experienced improved employment outcomes, as well as improved relationships with disability service providers. The gains are most apparent at the first review point.

#### Employment



#### Relationships with disability service providers

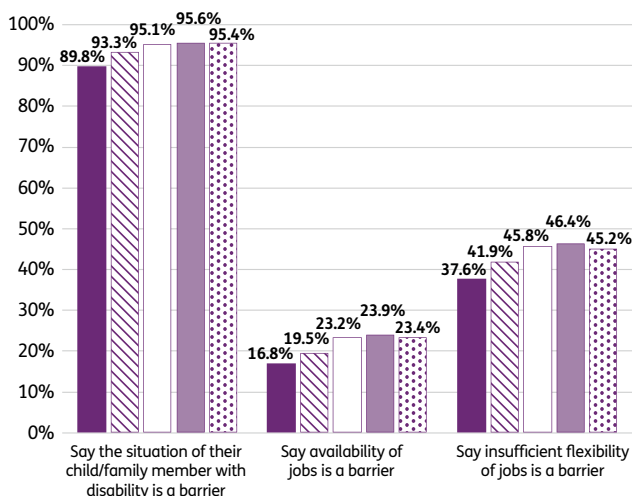


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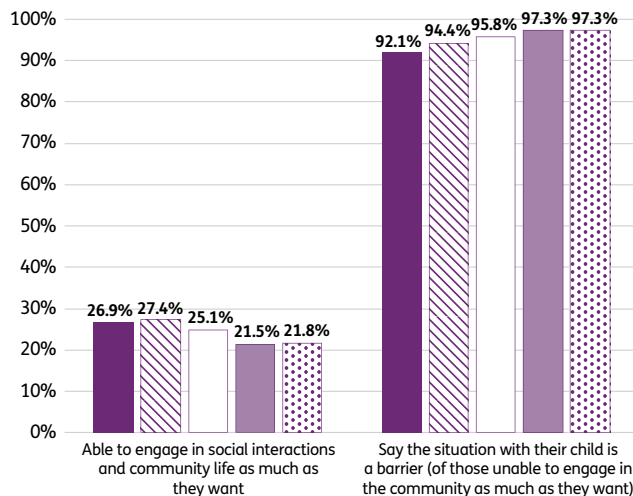
<sup>9</sup> Results for this section are taken from the 30 June 2021 Family and carer outcomes report: <https://data.ndis.gov.au/reports-and-analyses/outcomes-and-goals/family-and-carer-outcomes-report>

Despite the improvement in employment outcomes, families and carers still report being unable to work as much as they want, citing a number of barriers to employment. There has also been a decline in social and community involvement.

### Barriers to employment



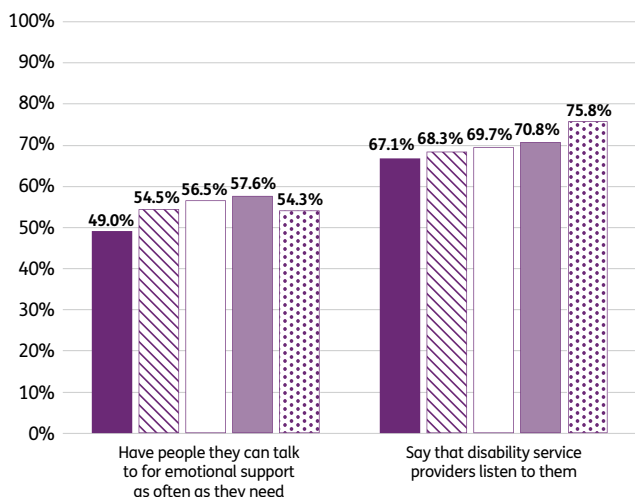
### Social and community involvement



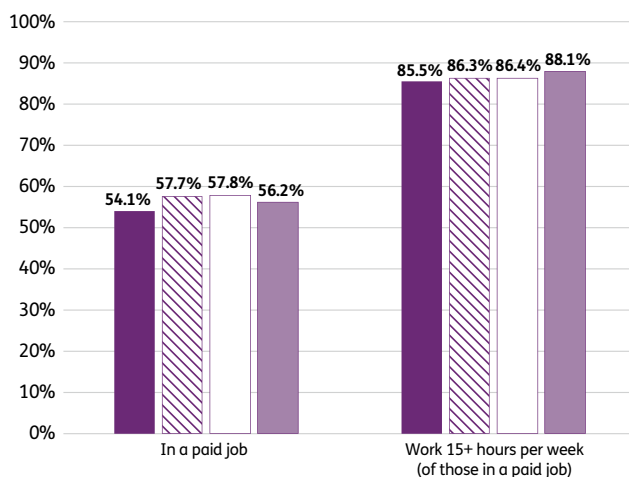
## Families and carers of participants aged 15 to 24

Families and carers of participants aged 15 to 24 report improvements in emotional support, and feeling that disability service providers listen to them. There have also been some improvements in employment outcomes.

### Feeling supported and listened to



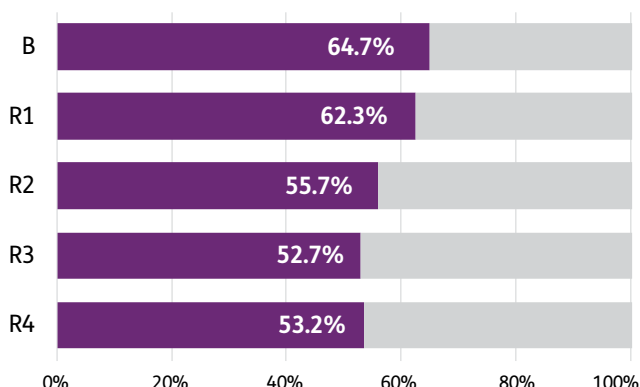
### Employment



■ Baseline    ▨ Review 1    □ Review 2    ■ Review 3    ▩ Review 4

However, self-rated health of families and carers has deteriorated over time.

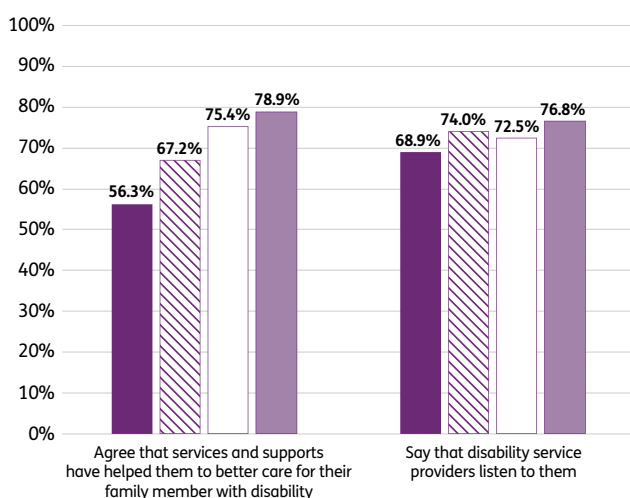
### Percentage of families/carers rating their health as good, very good or excellent



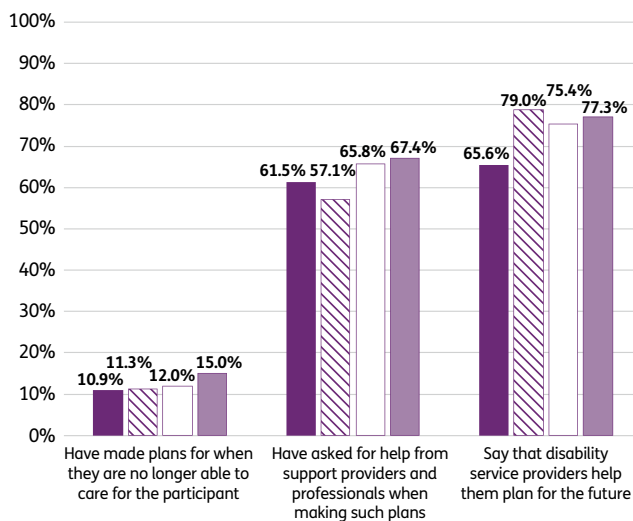
### Families and carers of participants aged 25 and over

Families and carers of participants aged 25 and over also report improvements in feeling that disability service providers listen to them, and that disability service providers have helped them to better care for their family member. They are also starting to think about the future support of their family member.

#### Relationships with disability service providers

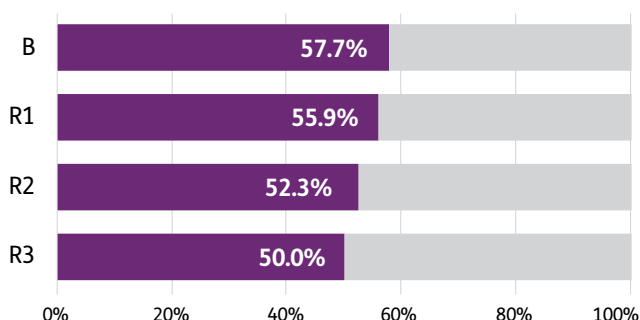


#### Succession planning



However, consistent with families and carers of younger participants, self-rated health has deteriorated over time.

### Percentage of families/carers rating their health as good, very good or excellent



# Introduction (cont.)

This quarter, the NDIA has been focused on:

- 1. Continued support for participants, providers, staff and partners during the COVID-19 pandemic**
- 2. Supporting participants affected by floods**
- 3. Co-design projects which are strengthening the NDIA's engagement process**
- 4. Implementing the NDIS legislation amendments that came into effect on 1 July 2022**
- 5. The Annual Price Review**

## **1. Continued support for participants, providers, staff and partners during the COVID-19 pandemic**

The NDIA has continued to support participants, providers, staff and partners through the COVID-19 pandemic, including assisting with the vaccine roll-out, distribution of Rapid Antigen Tests (RAT) and delivery of National Workforce Support Services.

During this quarter, the NDIA has continued to work across Government as part of an interagency taskforce led by the Department of Social Services (DSS), supporting participants to be fully vaccinated and prepare for the 2022 winter season.

The NDIA continues to take an active role in removing barriers to vaccinations for participants. The primary objectives of NDIA vaccination acceleration and COVID-19 support measures has been to:

- support NDIS participants and the provider workforce to become fully vaccinated as quickly as possible
- support NDIS participants and providers to receive and deliver disability services during the COVID-19 pandemic.

## Vaccination

Temporary payments are available to eligible providers for each participant they support to get any COVID-19 vaccination (including primary doses and booster shots).

From 1 April 2022, the NDIA combined COVID-19 vaccine and booster arrangements into a single participant vaccination support measure. Eligible providers can claim \$75 per participant, per COVID-19 dosage when they support a participant to receive any COVID-19 vaccination (including primary doses and any additional booster vaccinations).

Providers in the following registration groups can claim \$100 per worker for a booster vaccination administered between 1 January and 31 August 2022:

- 0104 High Intensity Daily Personal Activities
- 0107 Daily Personal Activities
- 0115 Assistance with Daily Life Tasks in a Group or Shared Living Arrangement
- 0125 Participation in Community, Social and Civic Activities

Efforts to support participant vaccinations include the use of geo-targeting social media posting (by local government area) via the NDIA's Facebook account to:

- promote the Disability Gateway across all of NDIA's communication channels nationally
- reach identified areas that have low vaccination rates
- promote accessible clinics and pop-up clinics within each state and territory.

## Rapid Antigen Tests (RATs)

At the end of May 2022, 4.6 million RATs had been delivered to SIL providers, with an additional 2.2 million kits delivered by the end of July 2022.

From August 2022, The NDIA, DSS and the Department of Health (DoH) will continue discussions regarding the stock and supply of RAT kits, including from the National Medical Stockpile if needed.

## Workforce supports

The National Workforce Support arrangements established in December 2021, and extended through to 31 December 2022, continue to assist providers to manage critical workforce disruptions and recover services impacted by COVID-19. This support is delivered by a disability support services provider through (virtual) coaching and mentoring, and helps build service provider capability. Where required and available, the provider can also source additional workforce for service providers.

In addition to the National Workforce Supports, the NDIA has taken the proactive step of engaging IPA Personnel Services to establish a Winter Relief Workforce Register of skilled disability workers who are available to support any critical workforce shortages that may arise. The Winter Relief Workforce will comprise of former, retired, or student disability support workers who are not currently already working in the sector.

The NDIA has continued to contract the delivery of national clinical first response support to Supported Independent Living (SIL) providers with COVID-19 outbreaks. This service includes support to implement immediate infection control measures and in managing any risks to services. Commencing in July 2022, the clinical response service will also provide proactive support to the sector through the delivery of webinars on preparing for and managing outbreaks of COVID-19, including infection control and the selection and use of Personal Protective Equipment (PPE).

The NDIA will continue to deliver new and enhanced capability to support participants and providers during the pandemic and over the coming winter, and will continue to apply flexibility in refining services to keep participants safe.

## 2. Supporting participants affected by floods

The NDIA has continued to closely monitor the ongoing flood conditions, and will continue to prioritise calls made to the NDIS National Contact Centre (NCC) from participants and providers affected. The NCC received 23 flood-related calls from participants and providers during the June quarter requiring urgent support. For participants who have been displaced or affected due to the floods, the NDIA is directly collaborating with providers and support coordinators, as well as conducting urgent plan reviews to provide support, such as short-term and medium-term accommodation.

For the latest updates in your region, including evacuation orders, visit your state SES website.

## 3. Co-design projects which are strengthening the NDIA's engagement process

The NDIA is committed to working closely with participants, their families and carers, and is committed to the co-design of improvements to the NDIS. This commitment is now enshrined in legislation through recent amendments to the NDIS Act:

4. (9A) People with disability are central to the National Disability Insurance Scheme and should be included in a co design capacity.

For the NDIA, co-design is about working alongside people with disability, the disability community, and other interested groups. This is achieved by collaborating on specific problems, issues and situations requiring improvement or change.

The NDIA would like to acknowledge and thank the ongoing contribution of the members of the Co-design Advisory Group, the Independent Advisory Council (IAC) and the Disability Representative and Carer Organisations (DCRO) CEO Forum.

The Co-design Advisory Group has continued to meet and provide valuable input into the NDIA's co-design process. Over this quarter, the group was briefed by The Australian Centre for Social Impact (TACSI) on the NDIA's progress with co-design and provided a roadmap moving forward. This led to greater understanding between the NDIA and the sector on co-design. Additionally, the Co-design Advisory Group began work on defining the framework for evaluating co-design.

A number of co-design projects are now underway. In many cases these are supported by Steering Committees who are advising the NDIA on our co-design approach. Membership on these committees includes participants, the NDIA, the IAC, DCROs, and Commonwealth, State and Territory Government representatives.

Specific progress made this quarter on key co-design projects includes:

### **Information Gathering for Access and Planning**

The Information Gathering for Access and Planning (IGAP) project is responsible for delivering a new person-centred model of information gathering that delivers consistency and equity in access and planning outcomes.

Since March 2022, the NDIA has:

- commenced engaging with the disability community to understand people’s access and planning experiences through focus groups, and an online survey, which was developed with the Steering Committee.
- commenced seeking advice from health, medical and technical professionals throughout the IGAP project, with a Professional Advice Panel shortly being established to advise the IGAP Steering Committee.
- commissioned two reviews to build a shared understanding of the information gathering requirements that arise from the NDIS Act, and the focus of the NDIA’s clinical advisory function.

### **Home and Living**

The NDIA is developing a policy to inform the way the Scheme supports participants to pursue their home and living goals. The aim is to give participants more choice and control over where they live, who they live with and how they are supported. This work builds on an extensive public consultation in 2021.

To help us create this policy, since March 2022 the NDIA:

- developed an engagement approach with support from the Steering Committee and to co-design the policy with people with disability and key stakeholders.
- commenced co-design activities with a ‘Design Group’ of participants, providers and DCROs, and begun engagement with people from a range of backgrounds, including Aboriginal and Torres Strait Islander people, Culturally and Linguistically Diverse (CALD) people, and people who live in rural or remote areas.

## Participant Safety

The NDIA is developing an overarching policy on participant safety to guide the work of the NDIA in supporting the ongoing safety of participants and to empower them to take control over this aspect of their lives. In developing this policy, consideration is being given to existing frameworks and evidence-based research, including advice provided by the IAC.

To help us create this policy, since March 2022 the NDIA has:

- commenced engagement activities, including virtual workshops with key target groups including participants, families and carers, providers and NDIA staff and partners.
- commenced developing a plan for tailored strategies to ensure key population and diverse cohorts including Aboriginal and Torres Strait Islander communities, LGBTQIA+, CALD communities and people with complex needs can share their views and diverse experiences.
- commenced an evidence review to identify safeguarding policies and practices from comparable disability support schemes in Australia and internationally.

## Supported Decision Making

The NDIA is developing a policy and implementation plan to guide how we support NDIS participants to make decisions, enable opportunities to make decisions and build the knowledge and skills of people with disability (and people who support them) to make decisions. This work builds on an extensive public consultation undertaken in 2021.

To help us create this policy, since March 2022 the NDIA has:

- developed an engagement approach with support from the Steering Committee to co-design the policy with people with disability and other key stakeholders.
- commenced a partnership with Inclusion Australia to work with people with disability who most benefit from supported decision making to co-design the policy and make sure the voices of people with an intellectual disability are central to how the work is progressed.

## Cultural and Linguistic Diversity (CALD) Strategy

In 2021, the NDIA started a process to refresh the Cultural and Linguistic Diversity strategy. Through co-design, the NDIA is seeking to answer the question, how to measurably improve outcomes for CALD participants over the next 4 years?

Since March 2022, the NDIA has:

- Held a CALD Strategy refresh summit with the CALD disability sector and community in May 2022 to confirm themes and goals for the Strategy refresh.
- Finalised the Discovery phase closeout report reflecting agreed themes and goals for the CALD Strategy refresh.
- Commenced preparations for the Develop phase of the CALD Strategy refresh, where solutions and actions will be co-designed with CALD participants and the community.

## Aboriginal and Torres Strait Islander Strategy

In 2021, the NDIA started a process to refresh the Aboriginal and Torres Strait Islander Strategy. Through co-design, the NDIA is seeking to answer the question, how to measurably improve outcomes for Aboriginal and Torres Strait Islander participants over the next four years?

Since March 2022, the NDIA has:

- Progressed the review of stakeholder feedback about Aboriginal and Torres Strait Islander participants and the community.
- Reviewed recommendations from government and organisations including the Disability Royal Commission and First Peoples Disability Network.
- Started discussions with peak bodies to develop a plan to work together on refreshing the strategy.

## 4. Implementing the NDIS legislation amendments that came into effect on 1 July 2022

On 1 July 2022, changes introduced by the National Disability Insurance Scheme Amendment (Participant Service Guarantee and Other Measures) Act 2022 came into effect, including:

- Updating terminology, including replacing ‘plan review’ with ‘plan reassessment’ to avoid confusion with reviews of decisions.
- Introducing plan variations to make it easier and faster for participants to have their plan adjusted in specific situations without needing to go through a full plan reassessment.
- Adding protections for participants who want to use a plan manager.

These changes are designed to support the NDIA to deliver better experience and outcomes for NDIS participants, their families and carers. You can read more about these and other changes on the [NDIS website](https://www.ndis.gov.au)<sup>10</sup>.

Note: While plan reviews are referred to as plan reassessments from 1 July 2022, as per the NDIS Amendment Bill, the terminology remains unchanged in this report as the data is as at 30 June 2022. The change in terminology will be applied in the September 2022 quarterly report. Further to this, plan variations will be implemented from 1 July 2022, as per the NDIS Amendment Bill. These metrics will be updated in the September 2022 quarterly report.

<sup>10</sup> <https://www.ndis.gov.au>

## 5. The Annual Price Review

The Annual Pricing Review 2021-22 concluded over the last quarter. The recommendations from this review have contributed to the NDIS pricing arrangements and price limits, and other pricing related policies for the 2022-23 financial year. These recommendations were based on extensive feedback received about NDIS price limits and policy through submissions to the consultation phase, sector benchmarking surveys, discussions with various provider representative organisations and sector peak bodies, and deliberations of the expert working groups.

The following changes came into effect on 1 July 2022:

- The price limits for supports delivered by disability support workers (DSW) have increased by 9% to account for:
  - the Fair Work Commission (FWC) decision to increase minimum wages (4.6% increase)
  - the superannuation guarantee increase from 10.0% to 10.5%
  - the recommendation from the 2021-22 Annual Price Review to cover ongoing COVID-19 costs
  - FWC reforms and increased costs associated with the NDIS Quality and Safeguard Commission (NQSC) compliance, and the temporary loading for these ongoing costs (2% increase).
- The price limits for Specialist Disability Accommodation (SDA) and for other capital supports have increased by 5.1% based on the change in the consumer price index.
- The Temporary Transformation Payment (TTP) loading of 7.5% was initially established in 2019, and has now reduced from 4.5% to 3.0% from 1 July 2022, noting this measure was put in place for 5 years, with a 1.5 percentage point reduction each year.
- Providers will be able to use the transitional pricing arrangements for group-based supports for a further 12 months.

As part of the new pricing arrangements, the NDIA clarified that:

- High Intensity supports are now in line with NDIS Commission definitions with a single price limit varying by time of day and day of week.
- Providers of core supports to participants in remote and very remote areas are now subject to the same pricing arrangements for provider travel as providers of capacity building supports.
- Geraldton (WA), its surrounds, and Cardwell (QLD) have been reclassified as remote in an extension of the NDIA's isolated town's policy.
- Providers of core and capacity building supports who travel to deliver supports to participants can now claim for "return provider travel" when the provider is required to pay this to the worker.
- The short notice cancellation period has been extended to seven days from 1 July 2022 in line with the change in the SCHADS Industry Award.

**Increase to current plans**

The NDIA is automatically increasing unspent funds in current NDIS plans in July to account for these changes. This will ensure participants can continue to purchase supports that are reflective of the increase to price limits.

**One-off payment to registered providers**

In addition, the NDIA has also made up to \$514 million available to registered providers of activities of daily living and community participant supports to recognise costs of keeping participants safe, particularly during the COVID-19 pandemic, and the significant overhead costs incurred by providers this financial year (2021-22) not previously taken into account. Further information about the one-off payment can be found on the [NDIS website](#)<sup>y</sup>.

# This report

This report is a summary of the performance and operations of the NDIA for the three months from 1 April 2022 to 30 June 2022, 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 participation rates by age group, 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 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)

Lastly, this report contains new analysis which has not been presented in previous quarterly reports.

These analyses are:

- Additional information on changes in plan budgets before a participant lodges a Review of a Reviewable Decision (RoRD) or makes an application to the AAT (section 3.2)
- SDA supports (section 4.6)



## Oliver hopes milestone TV role drives change on screen

At six, he was scuba-diving in Bali. By 12, he was representing Victoria in wheelchair basketball. Now 19, East Brighton actor, model, para-athlete and disability advocate, **Oliver**, has become the first wheelchair user with a disability to appear in Australia's iconic TV show, *Neighbours*.

Oliver, who is a quadriplegic and supported by the NDIS, hopes his debut role on Ramsay Street not only motivates other young people with disability to pursue their dreams, but also sends a message to TV and film producers around the globe.

"Hopefully, this episode and milestone reaches further than *Neighbours* and is a signal to people in Australia and people worldwide - casting directors, producing teams, everything alike - that people with disabilities can absolutely act, they can absolutely be involved, and also, they're bloody good at it!" he says.

Oliver, or Oli as he is known, became a quadriplegic after sustaining a spinal injury during birth. Ever since, he has been overcoming challenges, including multiple high-risk spinal surgeries, while charming the people around him with his optimistic, can-do attitude.

He's a passionate disability advocate who also offers his time freely to anyone who would like to speak with him about living with disability. "He's just a force of nature," Oli's mum Georgina says. "He's an extremely motivated and caring young man and he's just relentless."

"What I would say to young people with disability is this is a time for change - they're looking for people like you to get involved in every facet of life, in every little bit of life, so if you're interested in sport, if you're interested in acting, if you're interested in singing, it's the absolute time to get involved because the world is changing for the better, the revolution is starting," he says.

# 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 30 June 2022, 534,655 participants had an NDIS plan, and 19,291 participants entered the Scheme during the quarter.**

At 30 June 2022, 534,655 participants had approved plans.<sup>11</sup> This represents a three per cent increase from last quarter (an additional 19,291 participants).

Further, the NDIA undertook 103,269 plan reviews in the quarter, averaging 7,944 reviews per week. Of the 103,269 plan reviews conducted, 82,231 were initiated by the Agency and 21,038 were requested by participants. Agency initiated reviews occur as plans are due to expire, and a new plan is required.

**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
Active participants	7,285	17,155	29,719	89,610	172,333	286,015	391,999	466,619	534,655
Yearly increase <sup>12</sup>		9,870	12,564	59,891	82,723	113,682	105,984	74,620	68,036
% increase in active participants		135%	73%	202%	92%	66%	37%	19%	15%

<sup>11</sup> 30,905 participants with approved plans had exited the NDIS as at 30 June 2022.

<sup>12</sup> This is the net increase in the number of active participants in the NDIS each period noting some participants have exited the NDIS.

## 1.2 Children in the NDIS (younger than 7)

**At 30 June 2022, there were 82,863 children younger than 7 with an NDIS plan, and a further 11,686 accessing early connections.**

Of the 534,655 participants with an approved plan at 30 June 2022, 82,863 were children younger than 7 (15 per cent), and of the 19,291 new participants with an approved plan this quarter, 8,419 were children younger than 7 (44 per cent).

In addition to the 82,863 children younger than 7 with an approved plan:

- **4,847** 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.
- **3,462** were awaiting an access decision from the NDIA (of which **2,254 (65%)** were accessing early connections from the early childhood approach).
- **12,044** children were supported by the early childhood approach (of which **11,686 (97%)** were accessing early connections). Not all children need to make an access request to the NDIA because some will receive early connections, along with support from mainstream and community services.

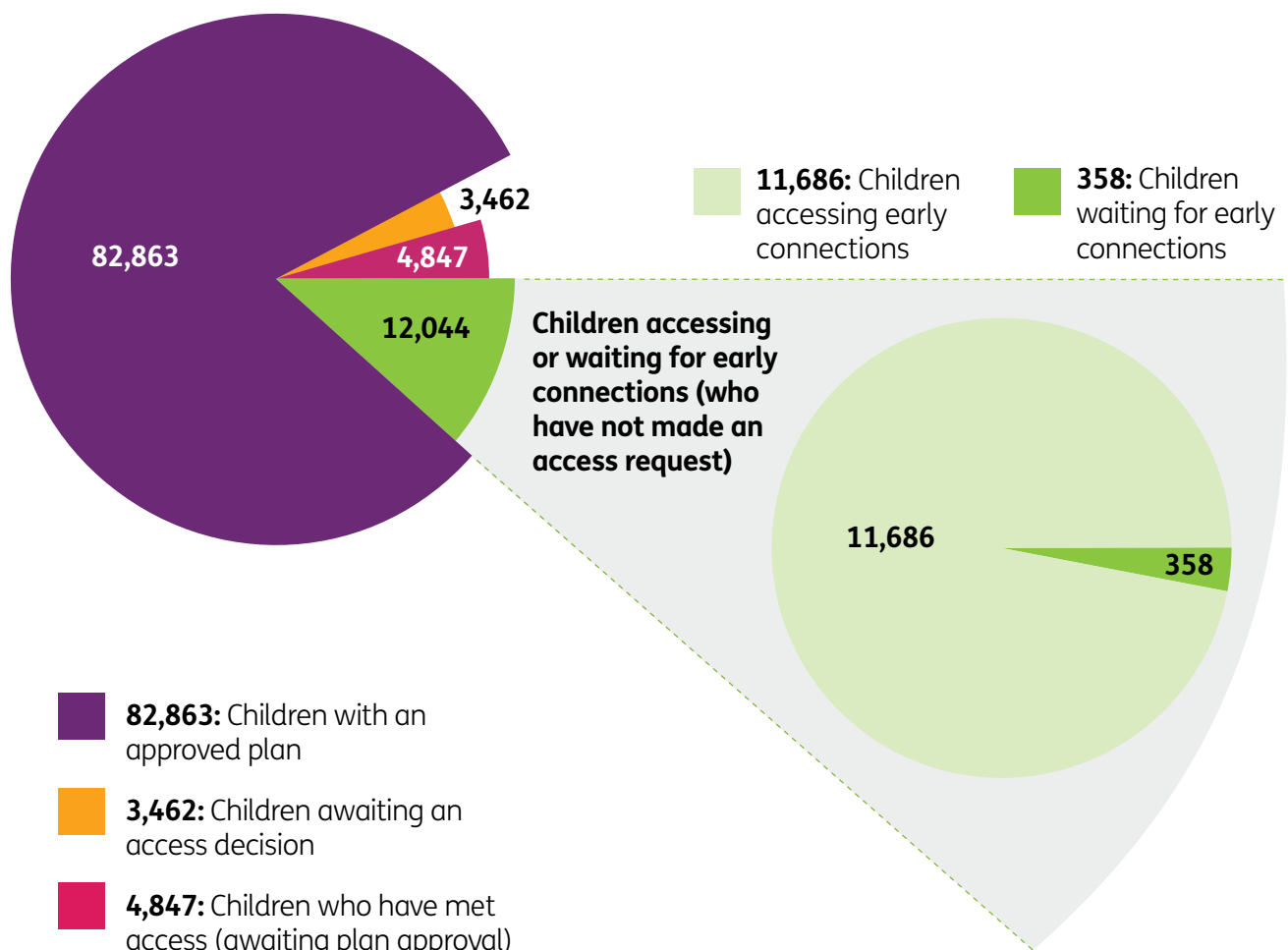
The NDIA continues to build on the existing national early childhood approach to ensure the delivery of a model that provides evidence-based, high quality and timely supports to young children and families that are embedded in an integrated and collaborative early childhood ecosystem.

The NDIA is making good progress on implementing the Early Childhood Early Intervention (ECEI) reset recommendations and will be releasing a web communications to the sector in Quarter 1 2022-23 on the progress to date.

Outcomes achieved include:

- A greater focus on the delivery of Early Support programs by the Early Childhood Partners.
- Provider uptake and positive feedback on the revised Provider Report Form and new Guidance Tool.
- Consistency in how the application of the developmental delay criteria is being applied by Early Childhood Partners.
- Strengthened relationships across governments in collaborative work to improve inclusion in mainstream early childhood services.
- Collaborative relationships are developing with health, educational services and Aboriginal and Torres Strait Islander community organisations through the remote and very remote early childhood consultation.
- Transitions from the NDIS are better supported and planned for with families.

**Figure 2: Children in the NDIS**



## 1.3 Participation rates

**The number of NDIS participants as a proportion of the Australian population peaks between the ages of 5-7, with approximately nine per cent of 5-7 year old males and four per cent of 5-7 year old females being NDIS participants.**

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

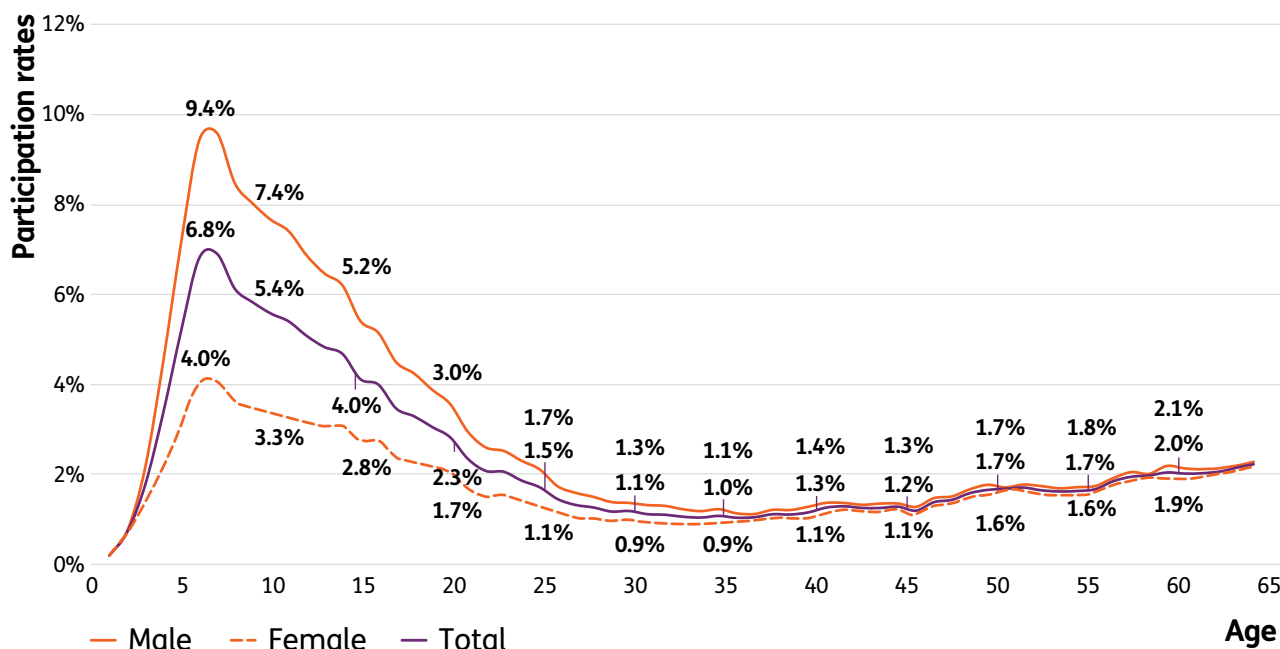
Overall, the rate of participation in the NDIS rises steeply from age zero, peaking at roughly 7 per cent between the ages of 5-7. The rate then declines steadily to around 1 per cent at age 35, before rising gradually to 2 per cent by age 64. The shape of these participation rates reflects the age and disability profile of participants in the Scheme, with almost half of all NDIS participants aged 18 or under.

Participation rates for males and females differ considerably at younger ages. At the peak, between the ages of 5-7, the participation rate for males (9 per cent) is more than double that of females (4 per cent). A broader age group of 3-14 years gives a similar result, with participation rates of 7 per cent for males and 3 per cent for females.

Much of the difference in participation rates by gender can be explained by disability type. For younger NDIS participants (aged 18 or under), the most prevalent disability types are autism (55 per cent) and developmental delay (18 per cent), which have higher prevalence in males than females.

These results are similar to the results presented last quarter, noting that the prevalence rates have increased by between 0.1 to 0.3 percentage points for each age group.

**Figure 3: Participation rates<sup>13</sup>**



The participation rates by age and gender in each service district are shown in Appendix O.

<sup>13</sup> There were 6,059 participants aged 0 to 64 years with a gender of 'Other' at 30 June 2022. The participation rates for this group are included within the total rates.

## 1.4 Participant characteristics

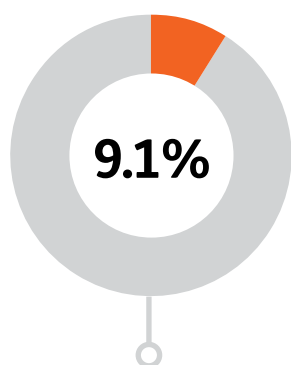
The NDIA continues to monitor and focus on the number of participants entering the NDIS who are Aboriginal and Torres Strait Islander, CALD, and living in remote and very remote areas.

Of the 19,291 participants entering and receiving a plan in the quarter:

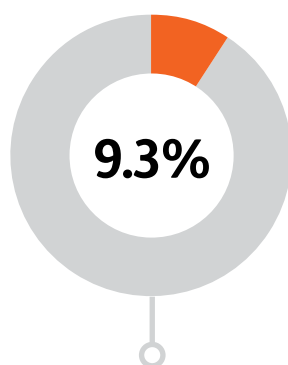
– **9.1%** were **Aboriginal and Torres Strait Islanders**<sup>14</sup>

– **9.3%** were **CALD**<sup>15</sup>

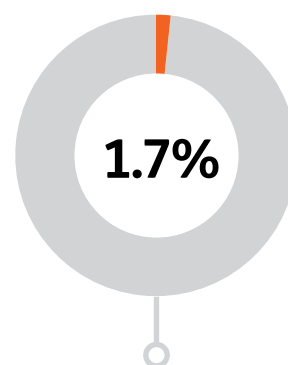
– **1.7%** were from **remote and very remote areas**<sup>16</sup>



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



participants who received a plan this quarter identify as CALD



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

The NDIA is continuing to co-design the CALD Strategy refresh and Aboriginal and Torres Strait Islander Strategy refresh.<sup>17</sup> An update on each of these co-design projects was included in the Introduction section of this report.

The NDIA is also undertaking a review of the Remote and Very Remote Strategy with the aim of further enhancing the NDIS experience and outcomes for people with disability living in remote Australia. Phase 1 of this work is to develop a current state snapshot focused on better understanding existing remote and very remote activities, priorities and challenges. This is expected to be released in the coming months. Phase 2 work is concurrently underway, and focuses on delivering short to medium-term improvements based on the gaps and challenges identified.

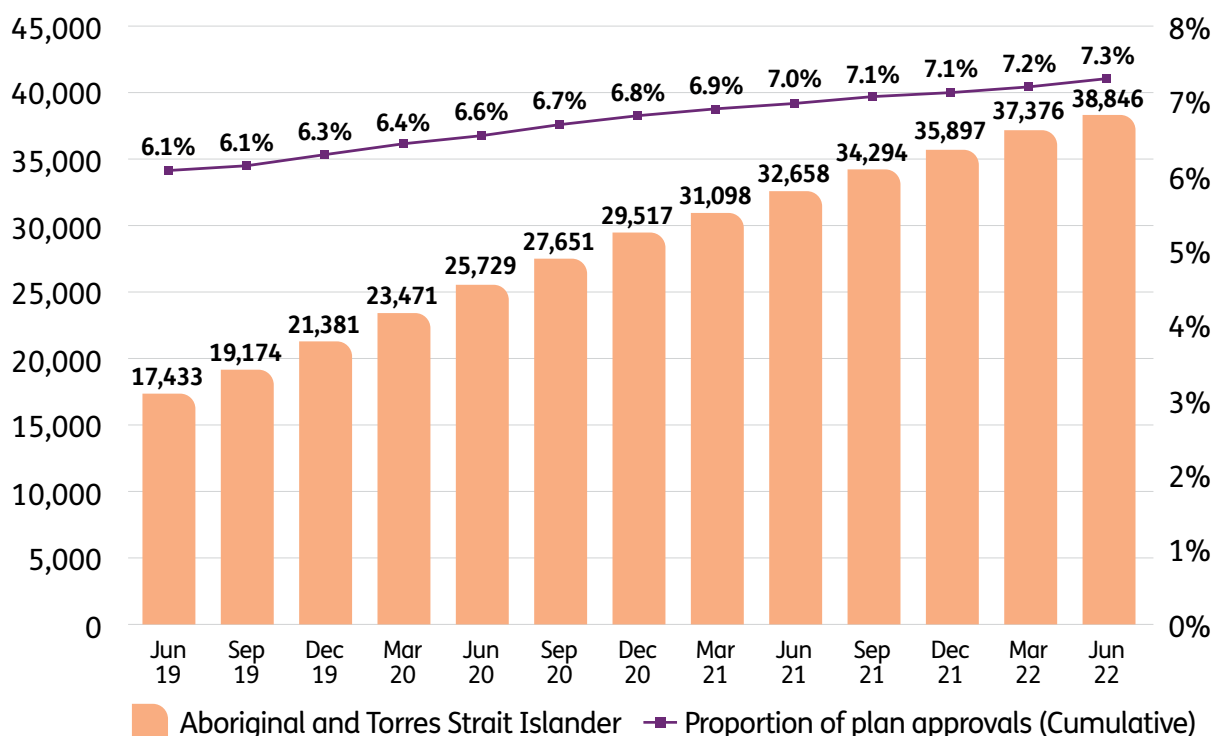
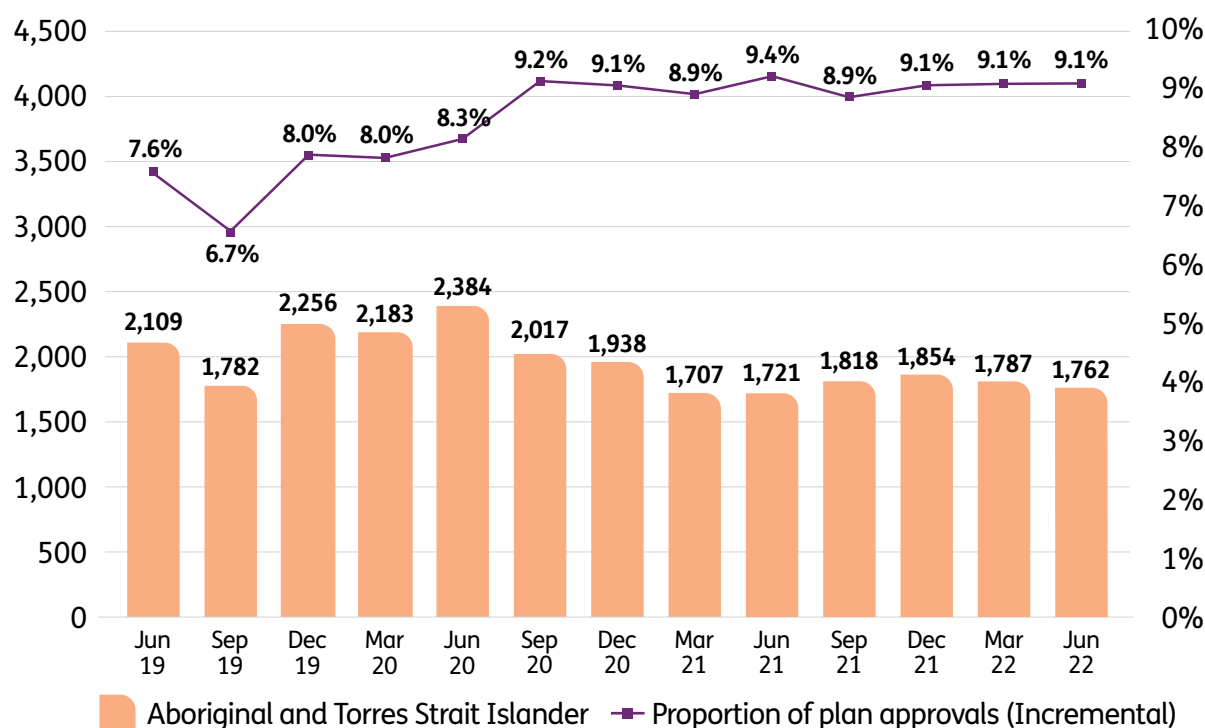
<sup>14</sup> This compares to an expected 7 per cent of the Australian population who classify themselves as Aboriginal or Torres Strait Islander who have a need for assistance. Source: Census of Population and Housing 2016 ("Need for Assistance" variable), Persons Place of Usual Residence, by Indigenous Status.

<sup>15</sup> The percentage of CALD participants excludes participants who identify as Aboriginal and Torres Strait Islander. Further, the NDIA published extra analysis on CALD participants in the September 2021 quarterly report (<https://www.ndis.gov.au/about-us/publications/quarterly-reports>). The analysis indicated that it is likely that CALD participants are joining the NDIS 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 NDIS. With the introduction of the new ICT system, the opportunity to collect improved data on participants should allow better identification of CALD participants.

<sup>16</sup> This compares to 2 per cent of the Australian population living in remote or very remote areas. Source: Census of Population and Housing 2016, Persons Place of Usual Residence, by Remoteness Area.

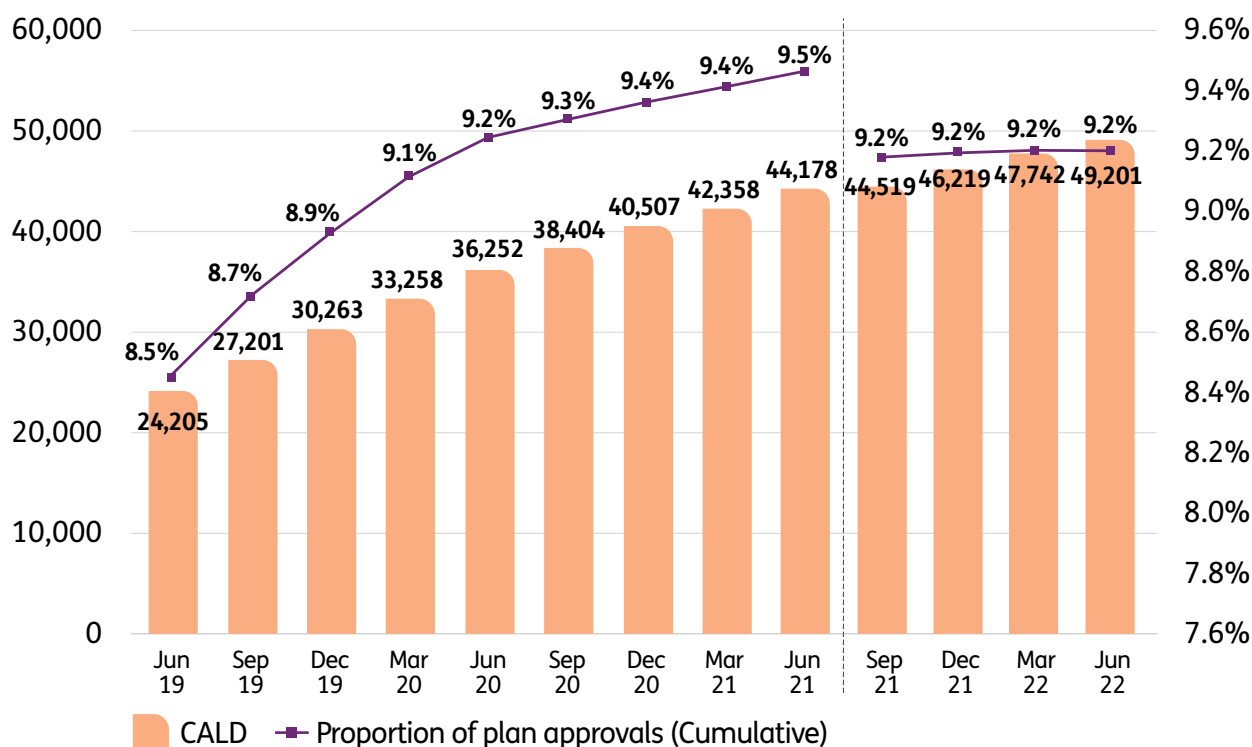
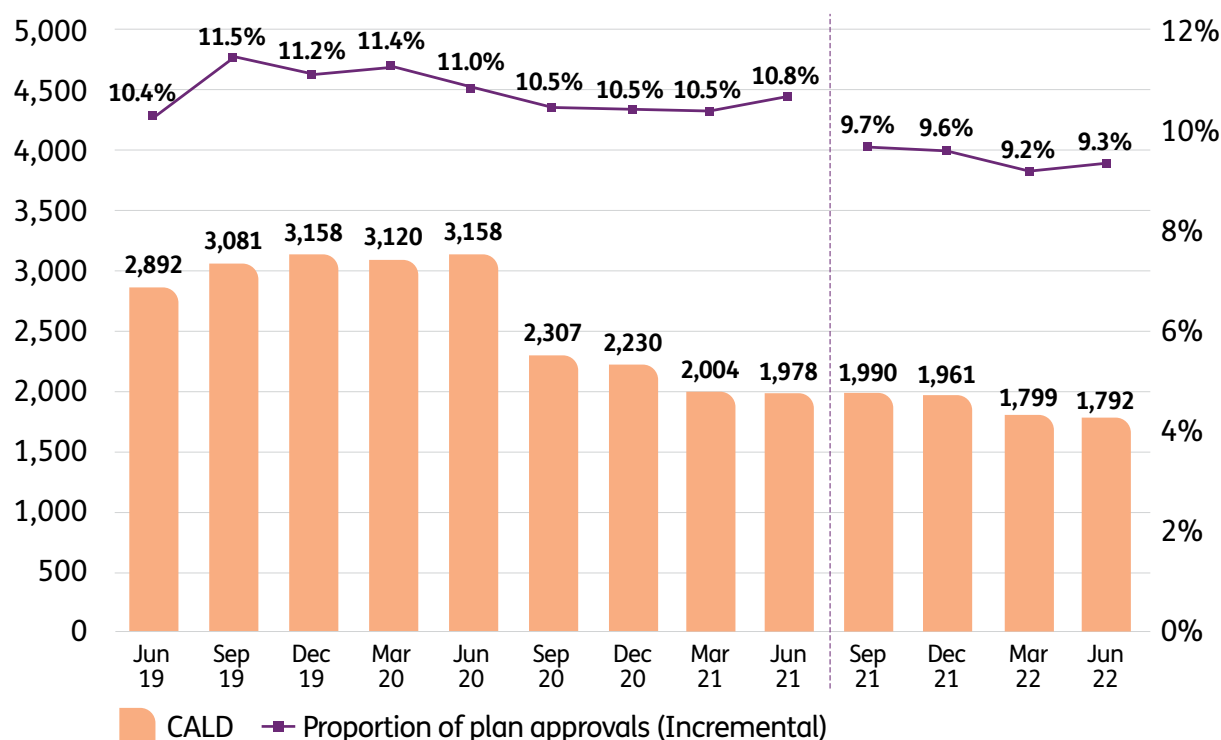
<sup>17</sup> Further information on these strategies can be found here: [www.ndis.gov.au/about-us/strategies/aboriginal-and-torres-strait-islander-strategy](https://www.ndis.gov.au/about-us/strategies/aboriginal-and-torres-strait-islander-strategy) and [www.ndis.gov.au/about-us/strategies/cultural-and-linguistic-diversity-strategy](https://www.ndis.gov.au/about-us/strategies/cultural-and-linguistic-diversity-strategy)

**Figure 4: Number and proportion of Aboriginal and Torres Strait Islander participants over time incrementally (top) and cumulatively (bottom)<sup>18</sup>**



<sup>18</sup> 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.

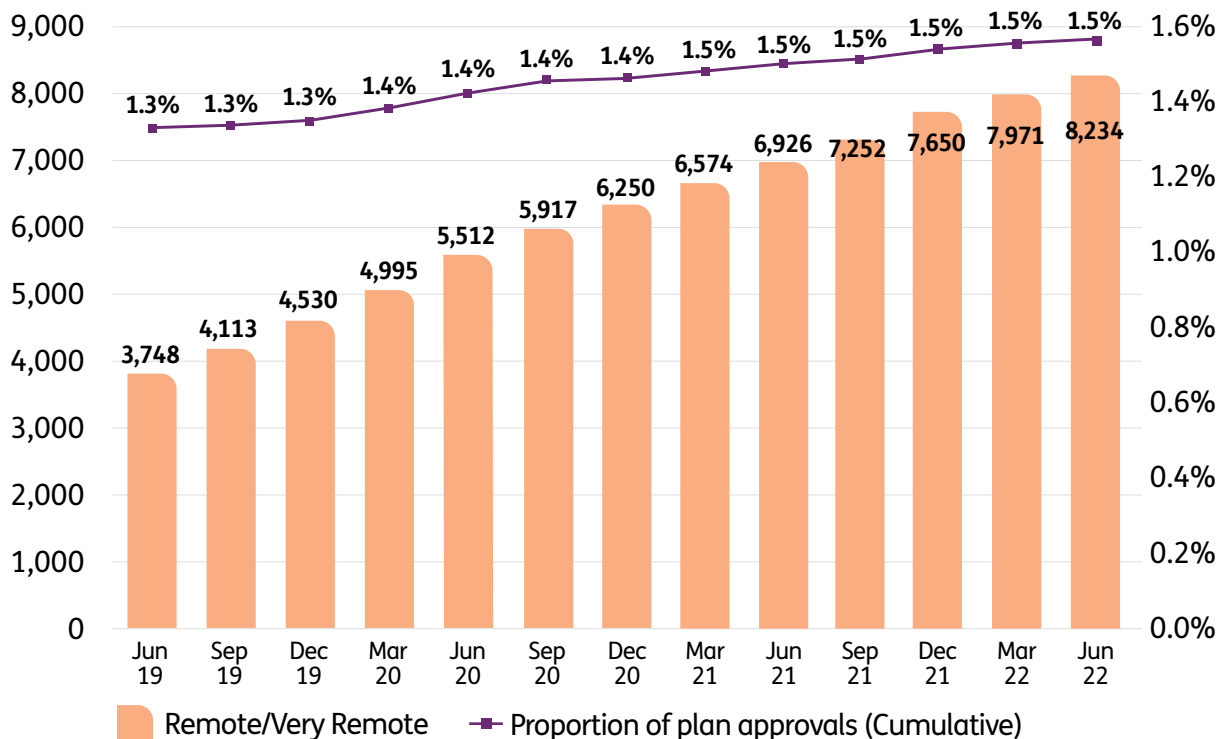
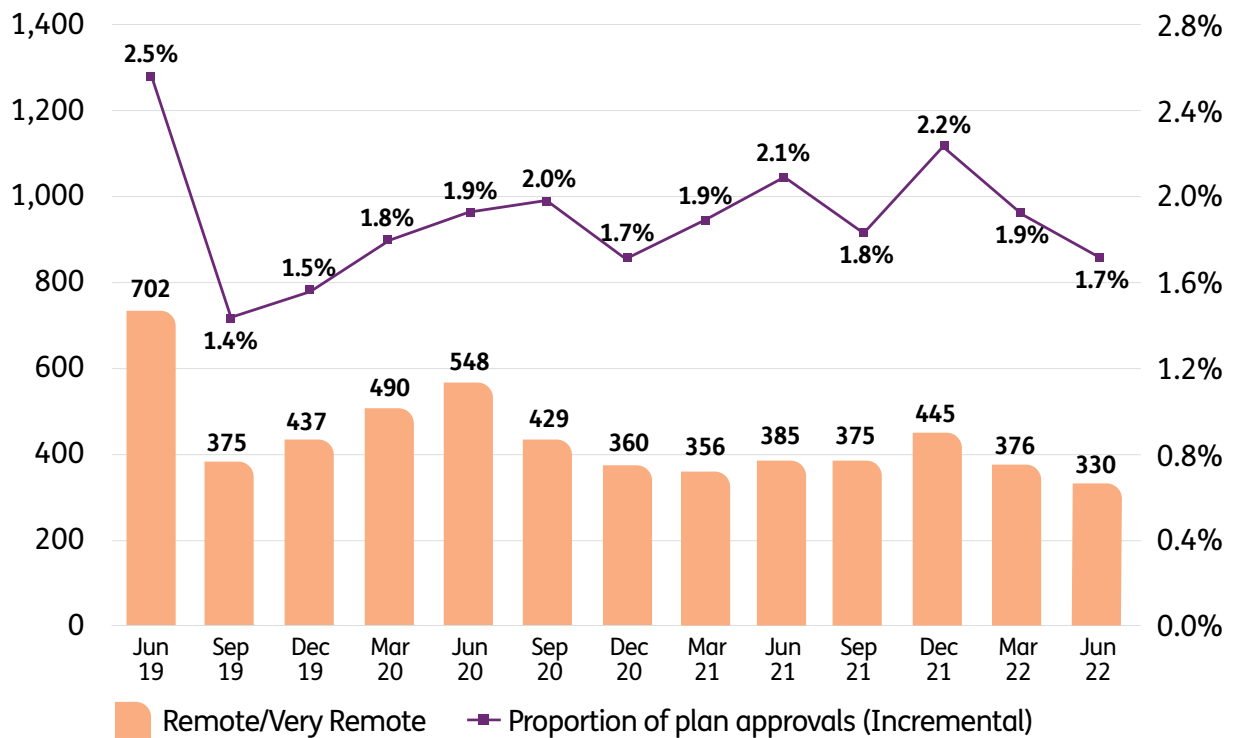
**Figure 5: Number and proportion of CALD participants over time incrementally (top) and cumulatively (bottom)<sup>19,20</sup>**



<sup>19</sup> 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.

<sup>20</sup> The number of CALD participants from the September 2021 quarter onwards 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 the September 2021 quarter do not compare to the results since.

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



<sup>21</sup> 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:

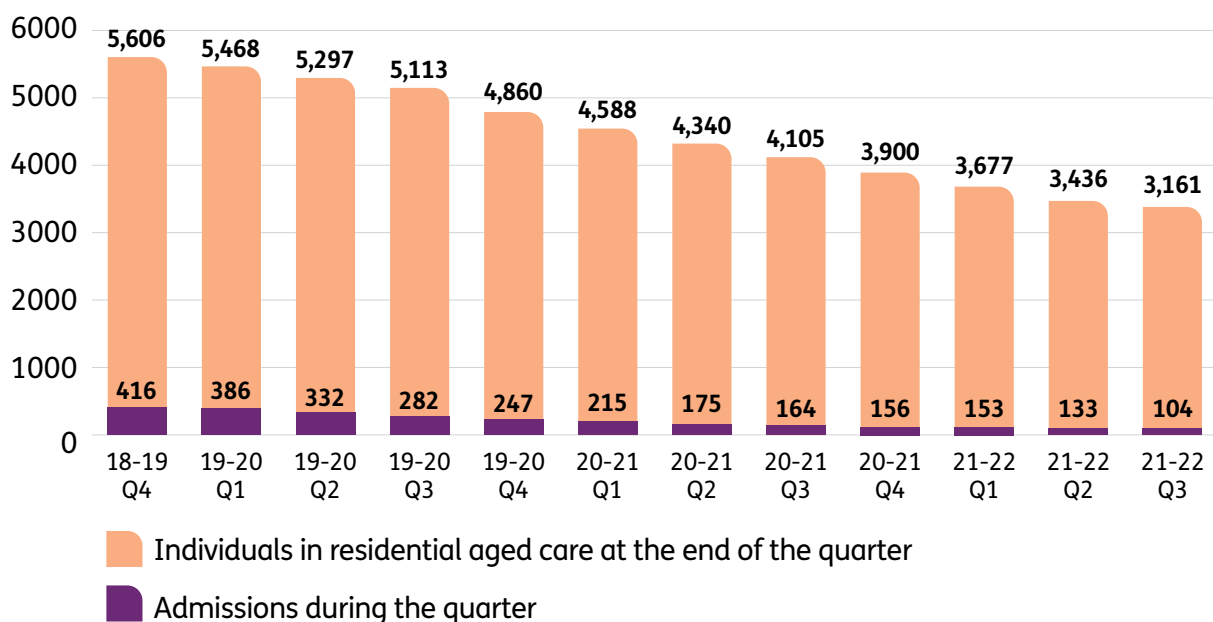
- continuation of a high proportion of children **aged 0-6 years** entering the Scheme (**43.6%** this quarter and **44.5%** in the March 2022 quarter). It is also worth noting that the number of children in the Scheme **aged less than 18 years** was **43.5%** at 30 June 2019 and **48.0%** at 30 June 2022.<sup>22</sup>
- consistent with the high numbers of children, a relatively higher proportion of participants with **Developmental Delay** entered the Scheme again this quarter (**29.9%** this quarter and **30.1%** in the March 2022 quarter).
- a consistent proportion of participants entering the Scheme this quarter for the remaining disability types, including **Autism (29.1%)**, **Psychosocial disability (10.2%)** and **Intellectual disability**<sup>23</sup> (**6.5%**).<sup>24</sup>

## 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 5,606 at 30 June 2019 to 3,161 at 31 March 2022 (a 44 per cent decrease).

Also, fewer people under the age of 65 years are entering residential aged care – 416 people under the age of 65 years entered in the June 2019 quarter, compared with 104 in the March 2022 quarter (a 75 per cent decrease).

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



<sup>22</sup> There is further information on the changing mix of participants in the Scheme on page 122. 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.

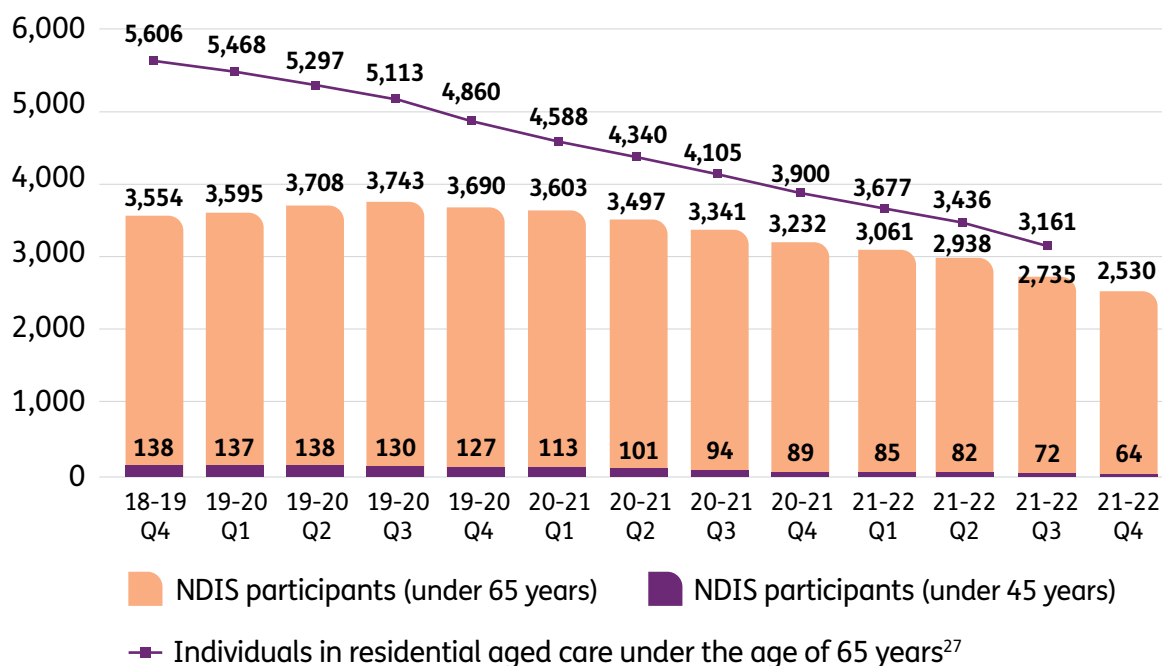
<sup>23</sup> Intellectual disability includes Down syndrome.

<sup>24</sup> Appendix E contains charts showing the change in participant profile by disability group over time.

At 30 June 2022, there were 2,530 participants aged under 65 years in residential aged care with an NDIS approved plan, including 64 who were aged under 45 years (2.5 per cent).<sup>25</sup>

In addition to fewer participants entering residential aged care, since 1 July 2016, 819 participants have exited residential aged care and are now in a more appropriate accommodation setting.

**Figure 8: Number of NDIS participants in residential aged care<sup>26</sup> (under 65 and under 45), and total number of individuals under age 65 in residential aged care**



<sup>25</sup> There were a further 2,006 participants with an approved plan aged 65 years or over who are currently in residential aged care.

<sup>26</sup> Represents the number of NDIS participants in residential aged care as per data available on respective quarter-ends.

<sup>27</sup> Data provided by the Department of Health as at 31 March 2022.

## The YPIRAC Strategy

On 25 November 2019, in response to the Interim report of the Royal Commission into Aged Care Quality and Safety, the Younger People in Residential Aged Care Strategy 2020-25<sup>28</sup> (the Strategy) was jointly developed by the DSS, DOH and the NDIA.

The Strategy sets out the YPIRAC targets which seek to ensure that, apart from where there are exceptional circumstances, there are:

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

The Joint Agency Taskforce (between DSS, DOH and the NDIA) continues to progress work on the Strategy in partnership with the Stakeholder Reference Group (consisting of sector representatives), state and territory governments, and younger people and their families. 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 support participants at risk of entering residential aged care, and those already living in residential aged care to move into more age-appropriate accommodation. From 1 July 2021 to 30 June 2022, 178 participants have transitioned from residential aged care into age-appropriate settings. This includes 32 who have exited to their own home (rented or owned), 39 who have exited to SDA, and 91 who have exited to other shared living arrangements using SIL funding or to other group residential settings.<sup>29</sup>

### Supporting younger people living in residential aged care

The NDIA continues to support younger participants currently residing in residential aged care to explore alternative home and living options. 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.

To further support the work of the specialist YPIRAC planners, the NDIA has established a dedicated team to provide intensive, proactive, and individualised support to source age-appropriate accommodation and services for NDIS participants under the age of 65 who are currently living in, or at risk of entering, residential aged care.

As at 30 June 2022, 652 younger people in residential aged care have a goal to leave residential aged care, including 33 under the age of 45.

The NDIA continues to engage with the 31 participants under the age of 45 years who at the current time do not have a goal to leave residential aged care to make sure they understand their home and living options. The NDIA is also collaborating with the DOH-funded System Coordinators to provide intensive support to this cohort.

The NDIA continues to work closely with DSS and DOH to implement the Strategy and ensure no younger person lives in residential aged care unless there are exceptional circumstances.

<sup>28</sup> <https://www.dss.gov.au/disability-and-carers/programmes-services/for-people-with-disability/younger-people-with-disability-in-residential-aged-care-initiative>

<sup>29</sup> There are a further 16 participants in other accommodation settings.



## Collaboration and simple supports improve Warren's life

An accident at 20 left **Warren** with a brain injury, but thanks to NDIS funding, and dedicated remote disability providers, he's got all the support he needs to rebuild his life so he can enjoy greater inclusion in his community.

Thirty years on from his injury, Warren now receives daily meal preparation, support with weekly house cleaning, he has a new scooter, and he receives four hours of one-on-one support a week from providers My Pathway and Napranum Aged and Disability Service.

Weekly one-on-one support is helping Warren to relearn simple tasks like colouring in and drawing. To everyone's delight, his artwork is triggering his memories prior to the accident, many thought would never return.

Warren is also being supported to rebuild other life skills like reading, writing, banking, budgeting, shopping, and learning to keep track of time so he can manage his day-to-day life better.

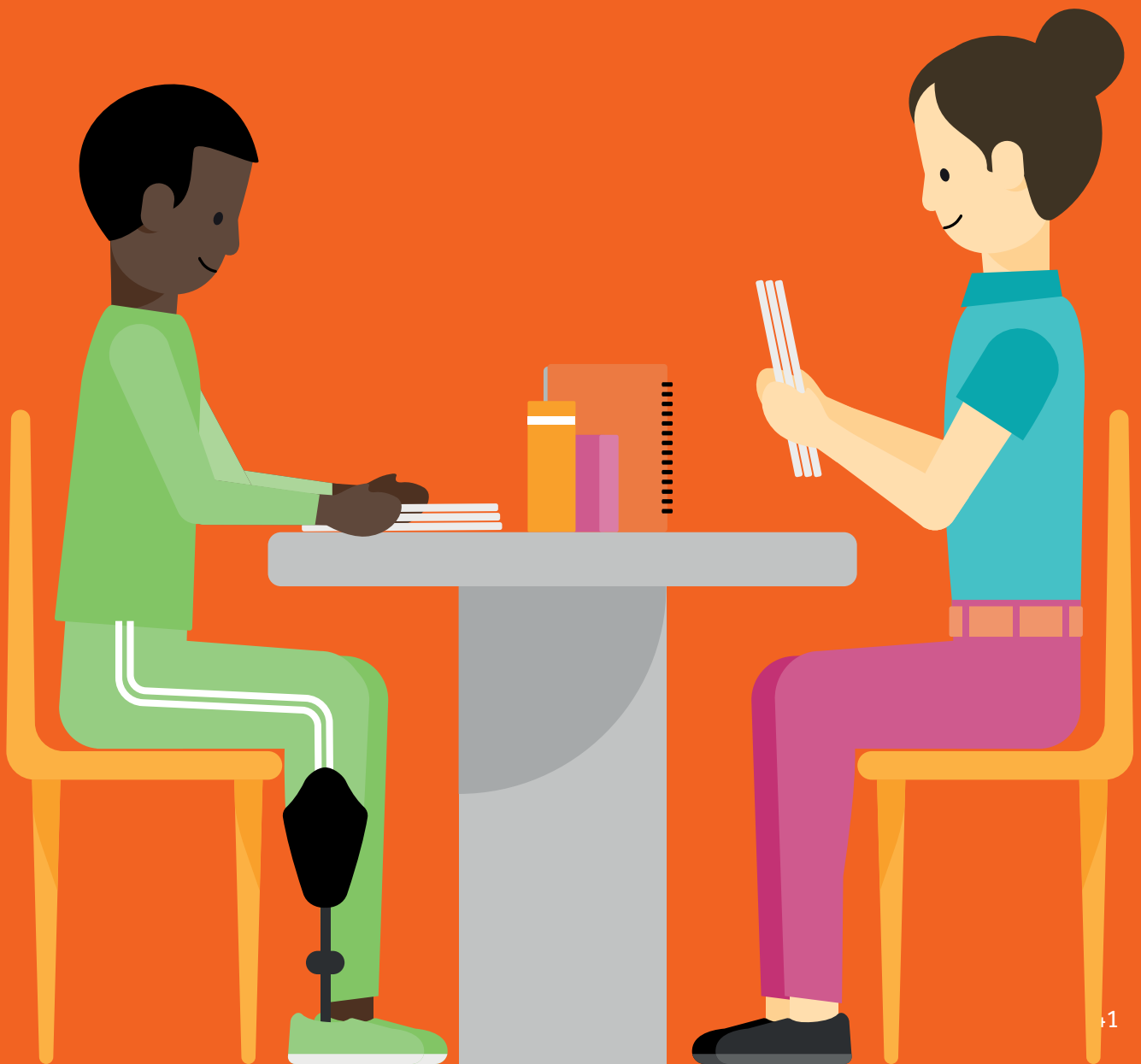
Warren's mum, respected Napranum elder, Maryanne, said these simple supports have had such a positive impact on her son's life and it's a result of genuine collaboration between herself, My Pathway and the Napranum Aged and Disability Service.

"Warren is improving more and more each week," Melissa said.

"It just goes to show simple supports do work and they can make a world of difference in improving people's lives."

# 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.<sup>30</sup> Specifically, comparing responses at the most recent plan review (between two to five years after entry) with responses at Scheme entry<sup>31</sup>:

- **seven** percentage point increase from **34%** to **41%** for participants aged 15–24 years.
- **ten** percentage point increase from **36%** to **47%** for participants aged 25–34 years.
- **eight** percentage point increase from **37%** to **45%** for participants aged 35–44 years.
- **seven** percentage point increase from **36%** to **43%** for participants aged 45–54 years.
- **six** percentage point increase from **36%** to **41%** for participants aged 55–64 years.
- **six** percentage point increase from **36%** to **42%** for participants aged 65 years and older.
- **seven percentage point increase from 36% to 43% for participants aged 15 years and older.**

In addition, for all age groups, the increase in participation in community and social activities has improved the longer participants have been in the Scheme.

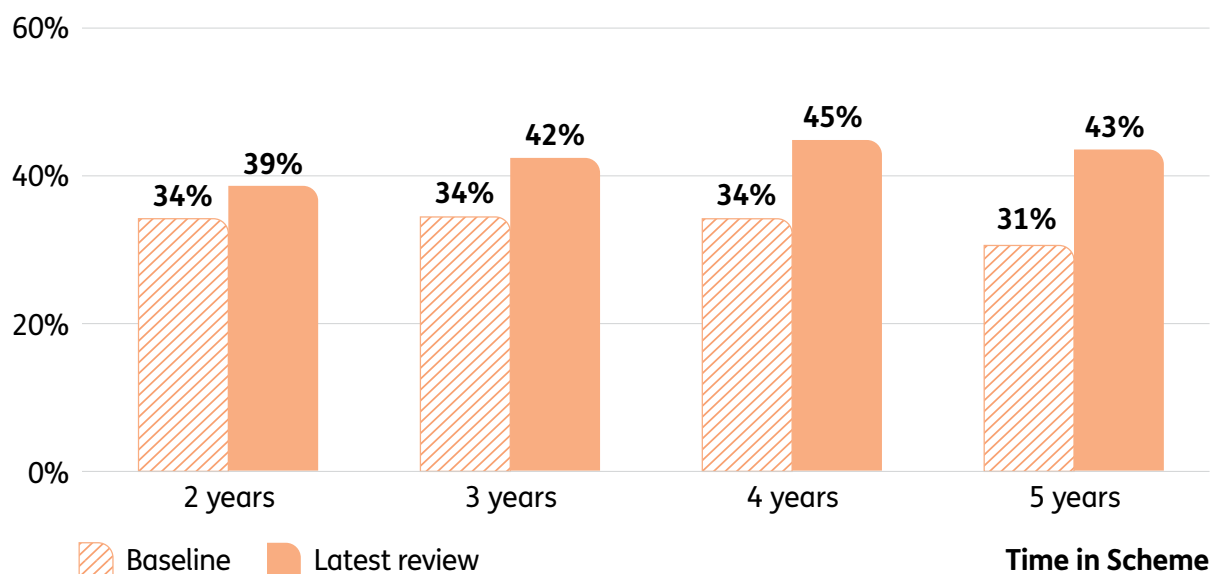
<sup>30</sup> This section compares Baseline indicator results when participants entered the Scheme, with results measured at the most recent participant plan review for each respondent. Trial participants are excluded.

<sup>31</sup> Figures have been rounded to the nearest whole percentage.

For participants aged 15 to 24, the increase was 34 per cent to 39 per cent for those who have been in the Scheme for two years, compared with 31 per cent to 43 per cent for those who have been in the Scheme for five years.

**Figure 9: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4 or 5 years**

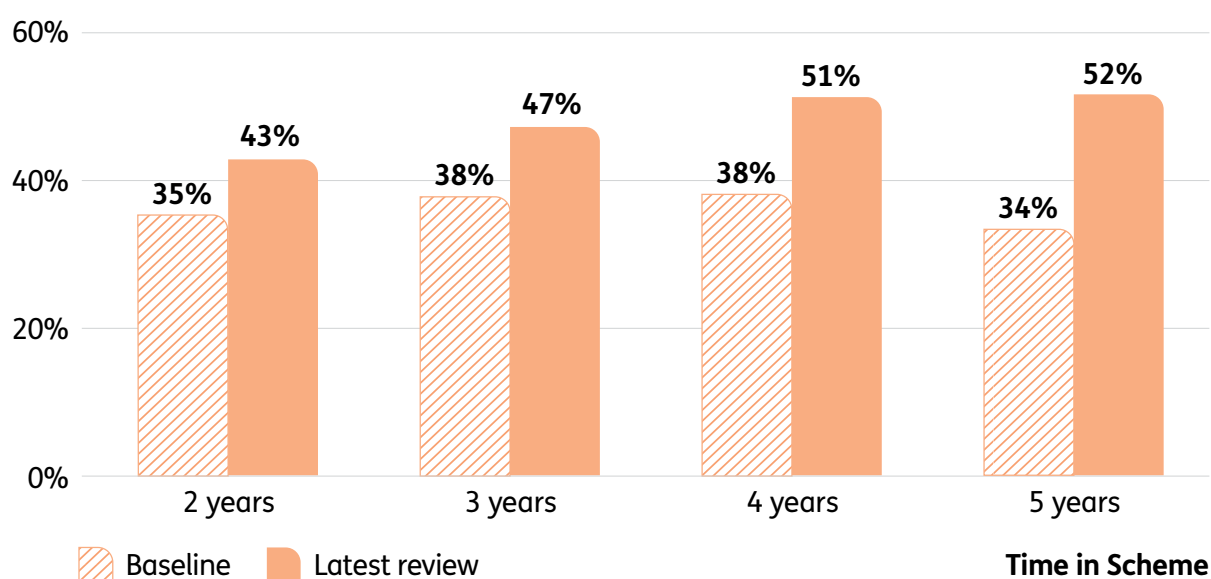
#### Participants aged 15-24 years



For participants aged 25 to 34, the increase was 35 per cent to 43 per cent for those who have been in the Scheme for two years, compared with 34 per cent to 52 per cent for those who have been in the Scheme for five years.

**Figure 10: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4 or 5 years**

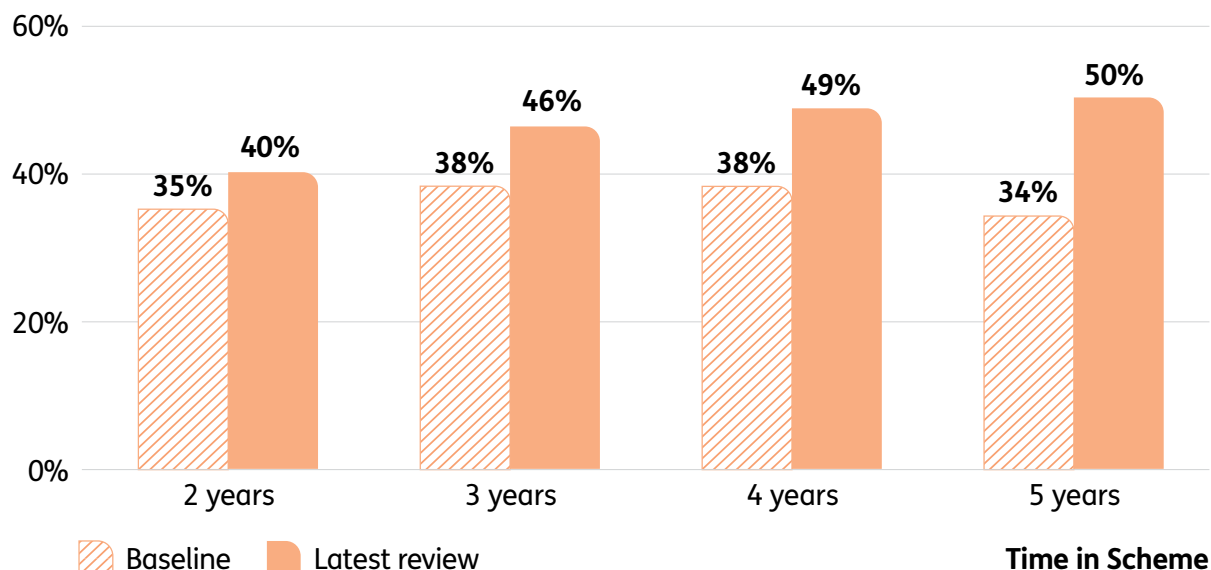
#### Participants aged 25-34 years



For participants aged 35 to 44, the increase was 35 per cent to 40 per cent for those who have been in the Scheme for two years, compared with 34 per cent to 50 per cent for those who have been in the Scheme for five years.

**Figure 11: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4 or 5 years**

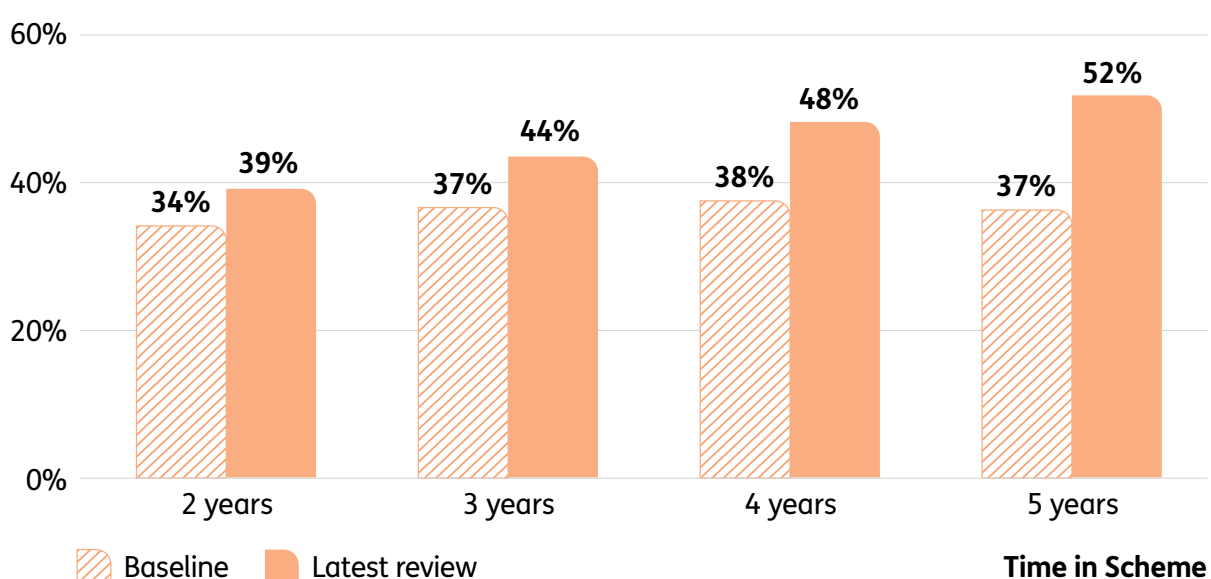
#### Participants aged 35-44 years



For participants aged 45 to 54, the increase was 34 per cent to 39 per cent for those who have been in the Scheme for two years, compared with 37 per cent to 52 per cent for those who have been in the Scheme for five years.

**Figure 12: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4 or 5 years**

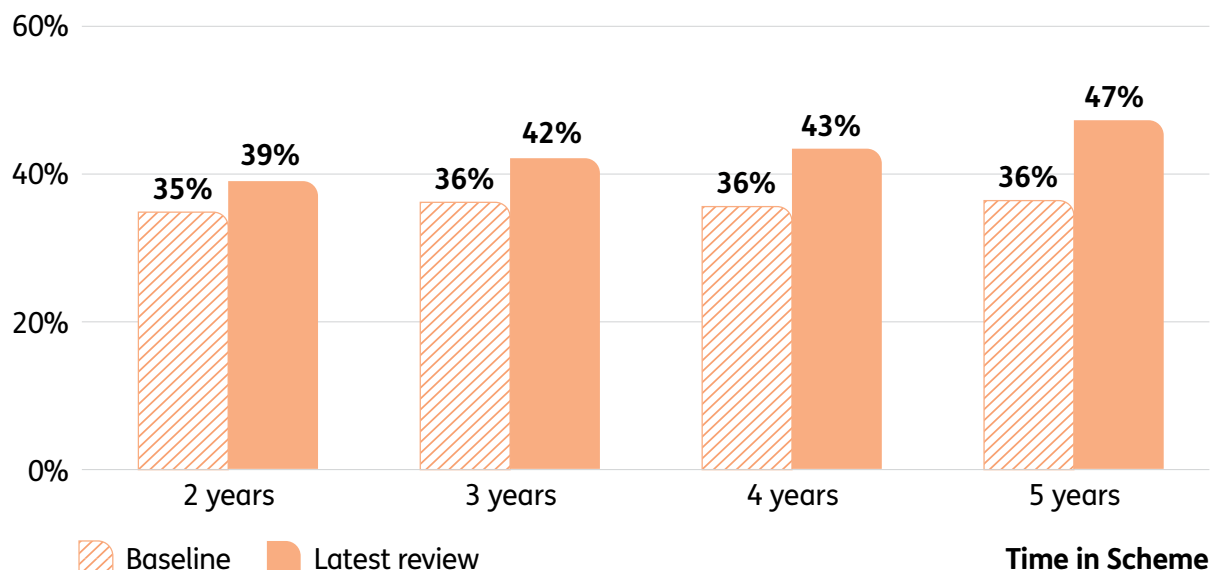
#### Participants aged 45-54 years



For participants aged 55 to 64, the increase was 35 per cent to 39 per cent for those who have been in the Scheme for two years, compared with 36 per cent to 47 per cent for those who have been in the Scheme for five years.

**Figure 13: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4 or 5 years**

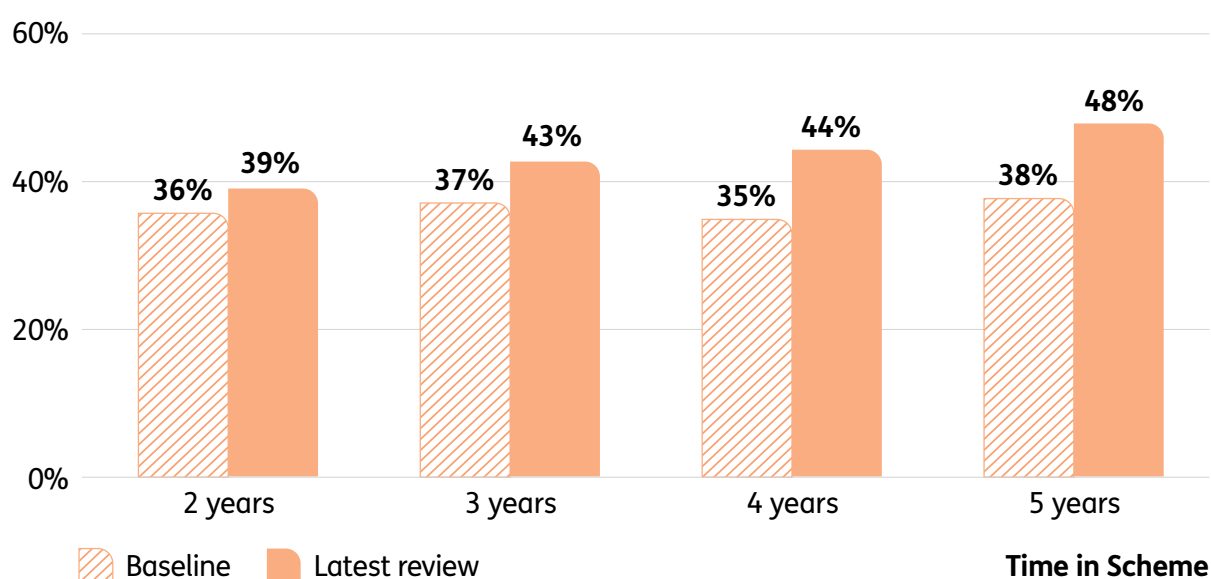
#### Participants aged 55-64 years



For participants aged 65 and over, the increase was 36 per cent to 39 per cent for those who have been in the Scheme for two years, compared with 38 per cent to 48 per cent for those who have been in the Scheme for five years.

**Figure 14: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4 or 5 years**

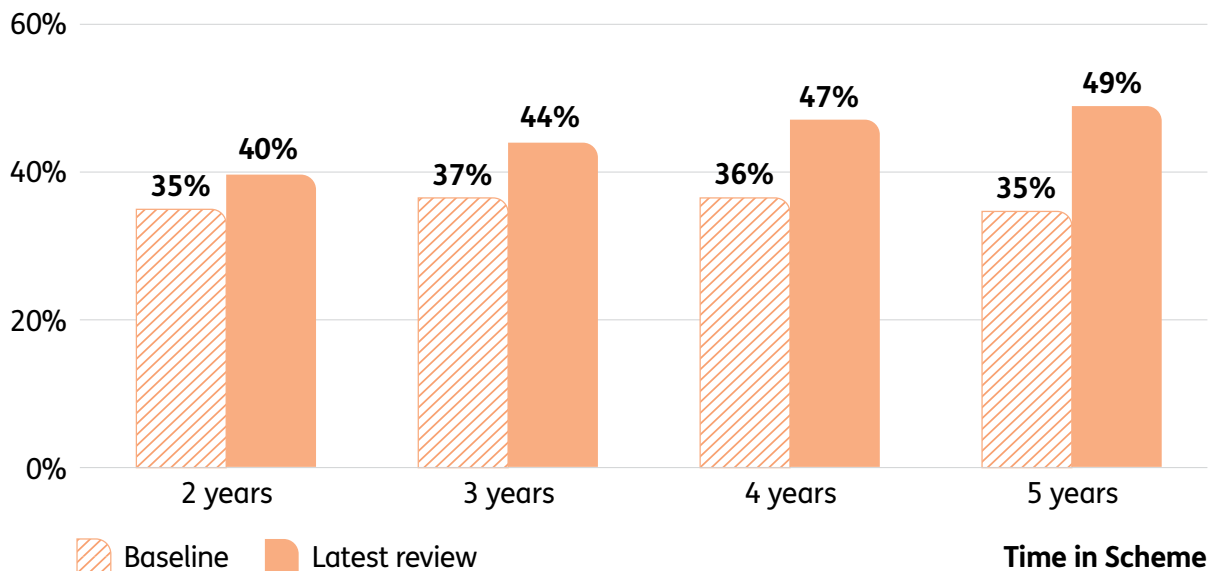
#### Participants aged 65 years and over



Combining all age groups, the increase for participants who have been in the Scheme for two years was five percentage points (from 35 per cent to 40 per cent), and the increase for participants who have been in the Scheme for five years is 14 percentage points (from 35 per cent to 49 per cent).

**Figure 15: Change in the percentage of participants participating in social activities who have been in the Scheme for 2, 3, 4 or 5 years**

**Participants aged 15 years and over**



### Participation in work (percentage in a paid job)

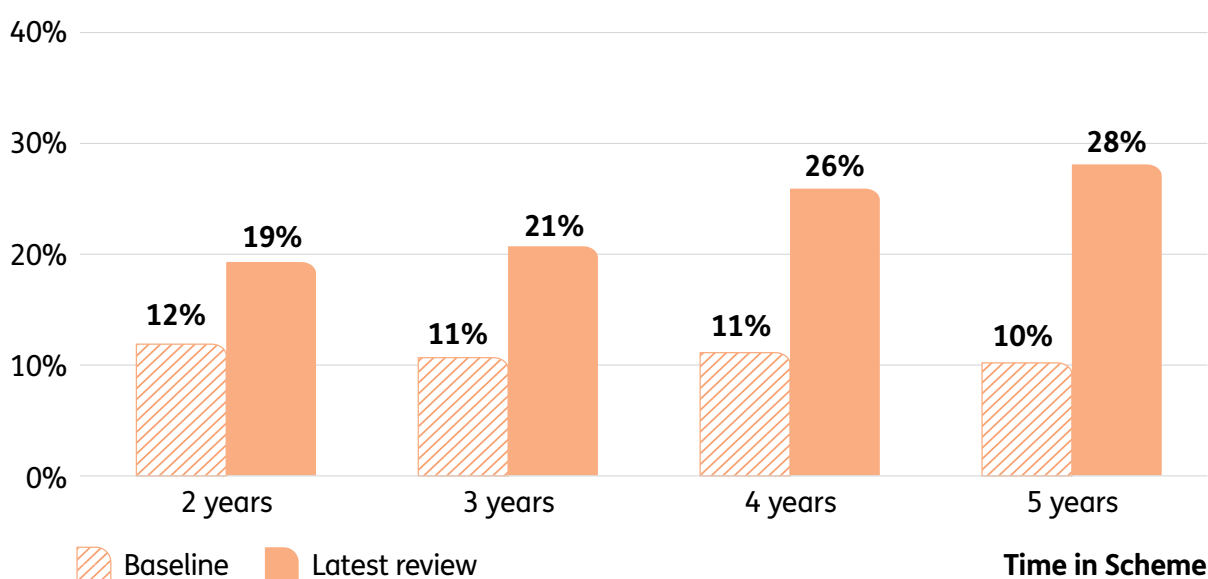
The percentage in a paid job for those in the Scheme for at least two years continues to be relatively stable overall. However, the percentage and the change over time in the Scheme, differs by age group, with an increase in employment for those in the 15-24 year age group, while employment remains stable or declines for all other age bands. Specifically, comparing responses at the most recent plan review (between two to five years after entry) with responses at Scheme entry<sup>32</sup>:

- **ten** percentage point increase from **11%** to **21%** for participants aged 15-24 years.<sup>33</sup>
- **less than 0.5** percentage point increase from **28%** to **29%** for participants aged 25-34 years.
- **one** percentage point decrease from **29%** to **28%** for participants aged 35-44 years.
- **two** percentage point decrease from **25%** to **23%** for participants aged 45-54 years.
- **three** percentage point decrease from **19%** to **16%** for participants aged 55-64 years.<sup>34</sup>
- **four** percentage point decrease from **13%** to **9%** for participants aged 65 years and older.<sup>35</sup>
- **one** percentage point increase from **22%** to **23%** for participants aged 15-64 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 from 12 per cent to 19 per cent, compared with participants who have been in the Scheme for four years, where the increase was from 11 per cent to 26 per cent. Participants who have been in the Scheme for five years have also experienced an 18 percentage point increase, noting the slightly lower starting point for this cohort.

**Figure 16: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4 or 5 years**

#### Participants aged 15-24 years



<sup>32</sup> Figures have been rounded to the nearest whole percentage.

<sup>33</sup> 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.

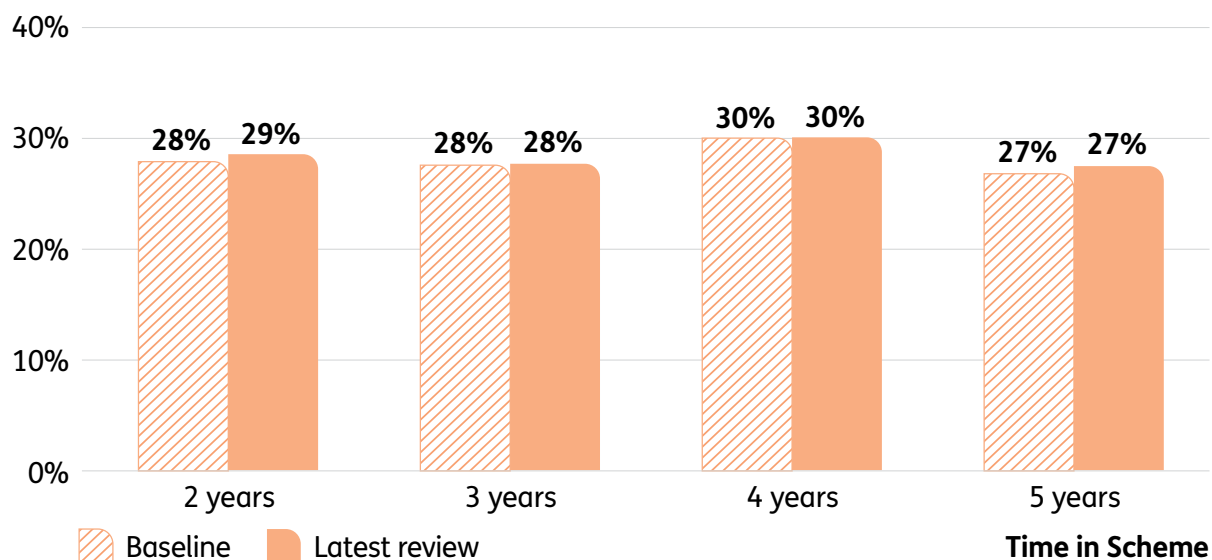
<sup>34</sup> Some of the decrease for older age groups is due to participants retiring from the workforce

<sup>35</sup> Ibid

The percentage in work for participants aged 25 to 34 has not changed materially. For participants in the Scheme for two years, the percentage increased from 28 per cent to 29 per cent. However, for participants who have been in the Scheme for five years, the percentage remained at 27 per cent.

**Figure 17: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4 or 5 years**

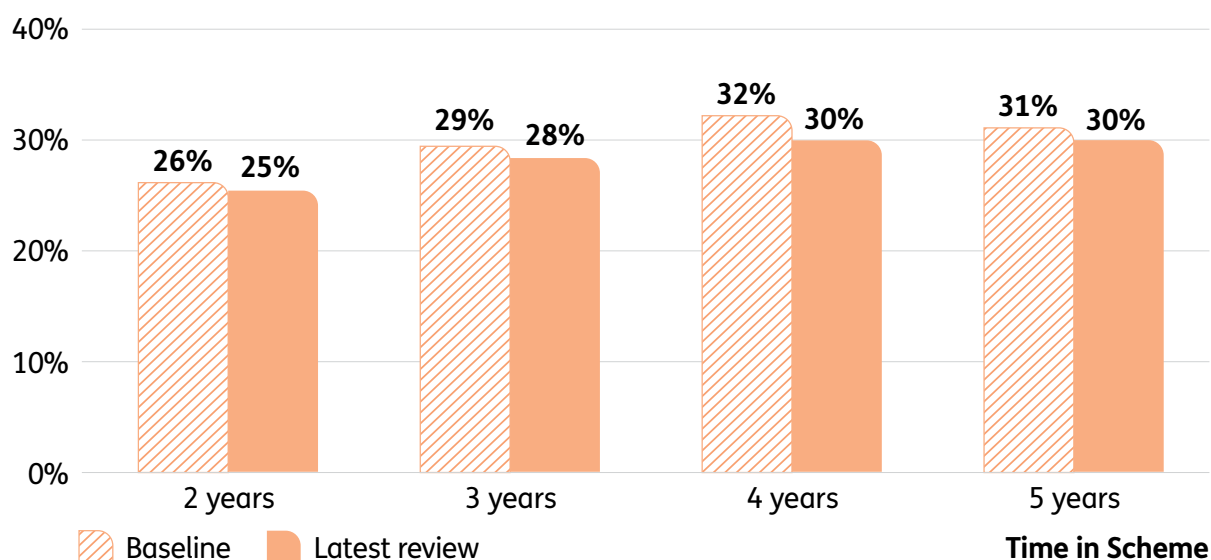
#### Participants aged 25 to 34 years



For participants aged 35 to 44, the percentage in work has decreased for all durations by 1 to 2 percentage points. For participants in the Scheme for two years, the decrease was 26 per cent to 25 per cent, compared with participants who have been in the Scheme for five years, where the decrease was 31 per cent to 30 per cent.

**Figure 18: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4 or 5 years**

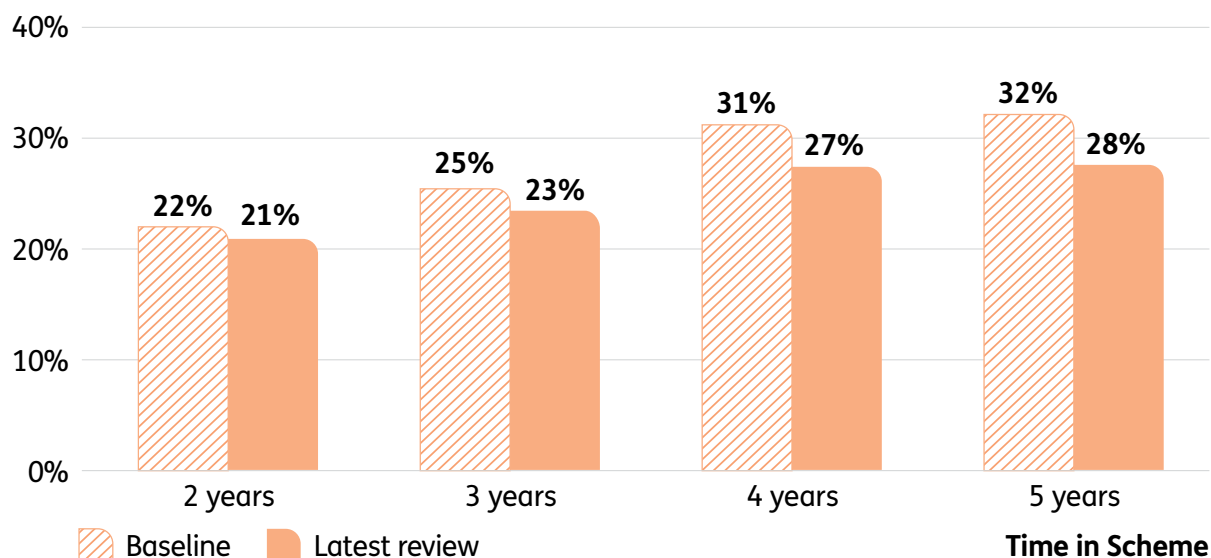
#### Participants aged 35 to 44 years



For participants aged 45 to 54, the percentage in work has decreased for all durations by 1 to 4 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 32 per cent to 28 per cent.

**Figure 19: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4 or 5 years**

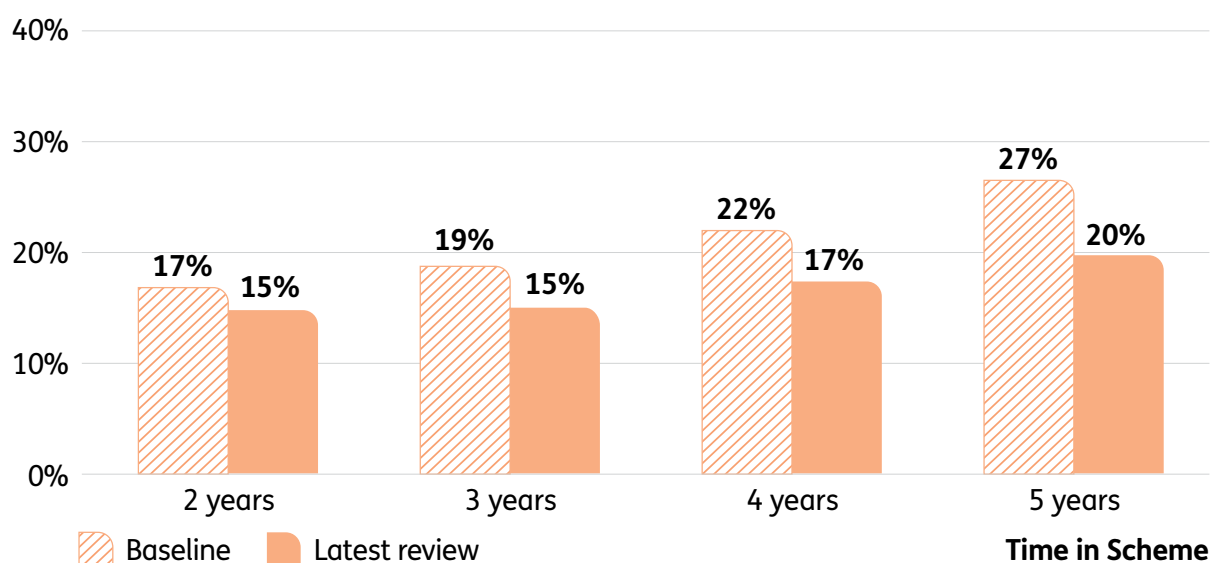
#### Participants aged 45 to 54 years



For participants aged 55 to 64, some of whom may be approaching retirement, the percentage in work has decreased for all durations by 2 to 7 percentage points. For participants in the Scheme for two years, the decrease was 17 per cent to 15 per cent, compared with participants who have been in the Scheme for five years, where the decrease was 27 per cent to 20 per cent.

**Figure 20: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4 or 5 years**

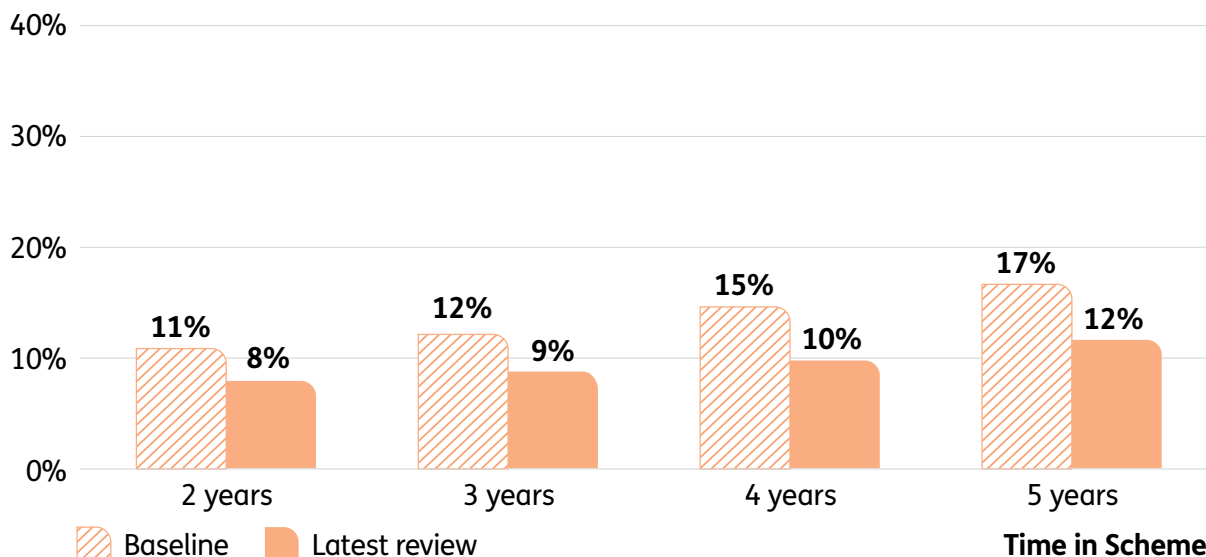
#### Participants aged 55 to 64 years



For participants aged 65 and over, many of whom may be approaching retirement, the percentage in work has decreased for all durations by 3 to 5 percentage points. For participants in the Scheme for two years, the decrease was 11 per cent to 8 per cent, compared with participants who have been in the Scheme for five years, where the decrease was 17 per cent to 12 per cent.

**Figure 21: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4 or 5 years**

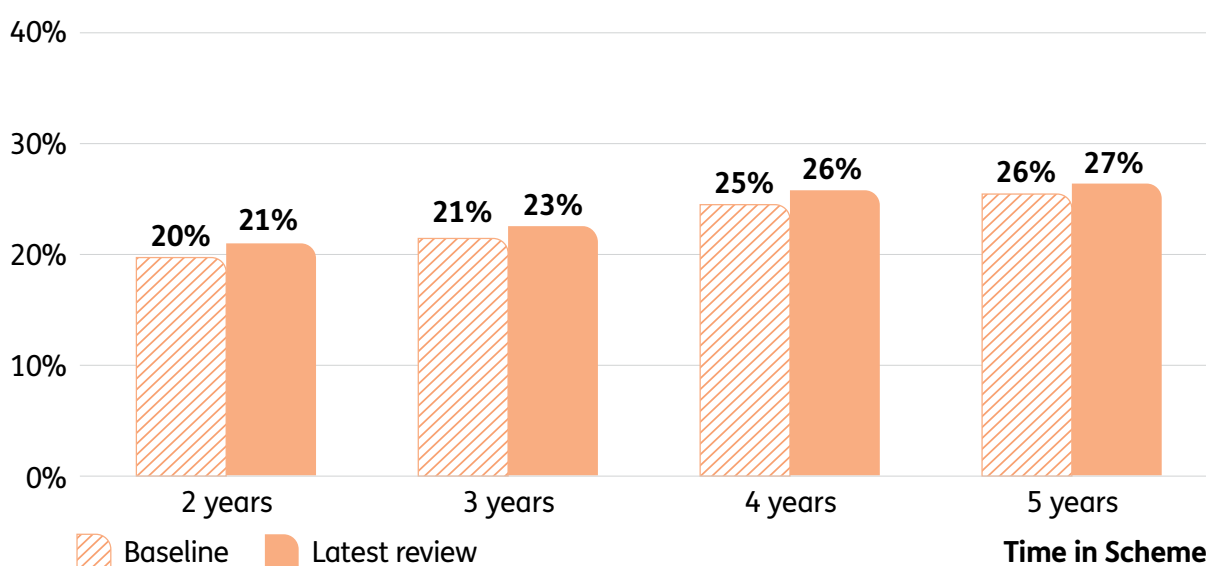
#### Participants aged 65 years and over



Looking at all participants who are of working age (15 to 64), the percentage of participants in work has increased slightly from 20 per cent to 21 per cent for those who have been in the Scheme for two years. There has also been an increase of one percentage point for participants who have been in the Scheme for five years (from 26 per cent to 27 per cent).

**Figure 22: Change in the percentage of participants in work who have been in the Scheme for 2, 3, 4 or 5 years**

#### Participants aged 15 to 64 years



## NDIS Participant Employment Strategy

NDIA maintained a strong focus on employment outcomes for NDIS participants with the main vehicle continuing to be the Employment Action Plan for 2021-22. The work of the Agency dovetails with initiatives under Australia's Disability Strategy 2021-2031 and the Employ my Ability – Disability Employment Strategy 2021-2031.

The current low unemployment rate in Australia offers increased opportunities for employment of people with disability, including NDIS participants, although the interruptions to employment preparation caused by COVID lockdowns are yet to be fully overcome in some areas.

In the last quarter, there has been increased emphasis on improving the awareness and capability of staff and partners to develop plans for NDIS participants that will expand opportunities to achieve their employment goals.

The inclusion of employment as a focus in planning conversations is measured by the number of participants plans which include an employment goal. This is of critical importance at different life stages particularly the transition from education to employment, and throughout adolescence and early adulthood when it is important to strengthen autonomy and self-determination of people with a disability to pursue and achieve an employment goal.

The impact of the concerted efforts to improve the skills and knowledge of Local Area Coordinators (LACs) and planners in conducting conversations about employment can be seen in the number of employment goals in participant plans, which increased from 35 per cent at 30 June 2021 to 37 per cent of working age participants by 30 June 2022.

Most notably, participants aged 19-24 years with employment goals in their plans increased to 59 per cent at 30 June 2022.

## Supporting the disability employment sector to deliver evidence-based, person-centred employment supports

Transition to the new Supports in Employment pricing framework, which commenced on 1 July 2020, was finalised by 31 December 2021.

NDIA worked closely with providers of Supports in Employment throughout the transition resulting in 160 of the 161 providers in the Australian Disability Enterprise (ADE) sector successfully transitioning to the new pricing model. The new funding means that a participant can be supported in any workplace, not only in ADEs, and is intended to increase the variety of employment options available for NDIS participants.

The NDIA continues to support the sector more broadly to expand opportunities for participants to develop their skills and explore employment in a greater range of employment settings. At this stage, the work has centred on the sector-led Community of Practice established by National Disability Services with exchange of information about some of the initiatives from individual providers. A particular focus at the May meeting was the value add of partnering with industry, and being able to measure and demonstrate the social impact of increasing employment for people with disability, whilst meeting industry demand for products and services.

There is a growing and shared sense of the need to broaden employment opportunities for NDIS participants across the disability employment sector as was evident in the engagement of providers at conferences conducted by both Disability Employment Australia and National Disability Services (NDS) in June 2022. This momentum can now build with the assistance of the DSS and in partnership with NDS so that the intent of the changes in NDIS funding for supports in employment can be realised.

## 2.2 Analysis of participant outcomes

### Participants continue to report positive outcomes.

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

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

From 1 July 2016 to 30 June 2022, 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 **91%** 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:

- **73%** 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.
- **60%** 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 **50%** at their first review.

#### For young adults aged 15 to 24 years:

- **50%** 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.
- **72%** 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.

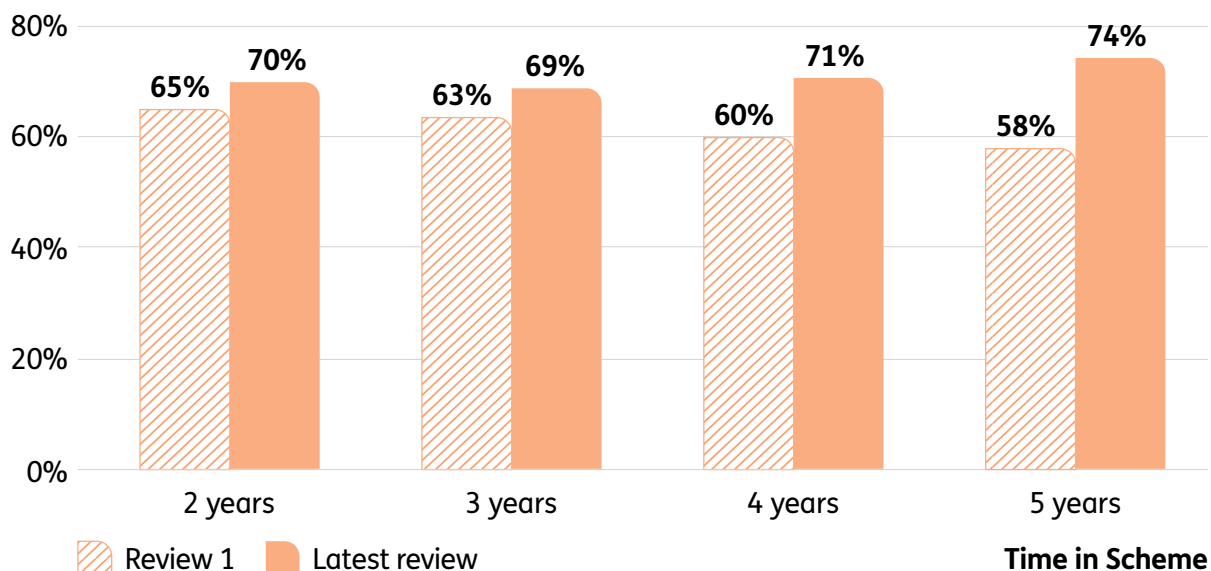
#### For adults aged 25 and over:

- **60%** of participants felt that their involvement with the NDIS improved their health and wellbeing at their most recent plan review, compared to **51%** 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 **72%** at their first review.

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:

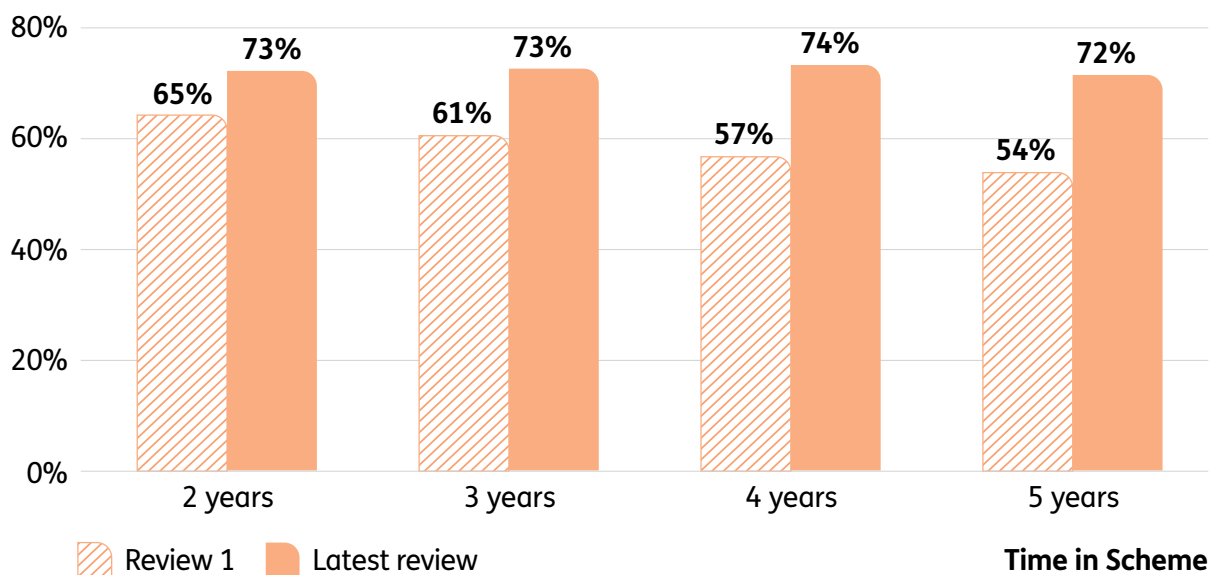
**Figure 23: Has the NDIS improved how your child fits into community life?**

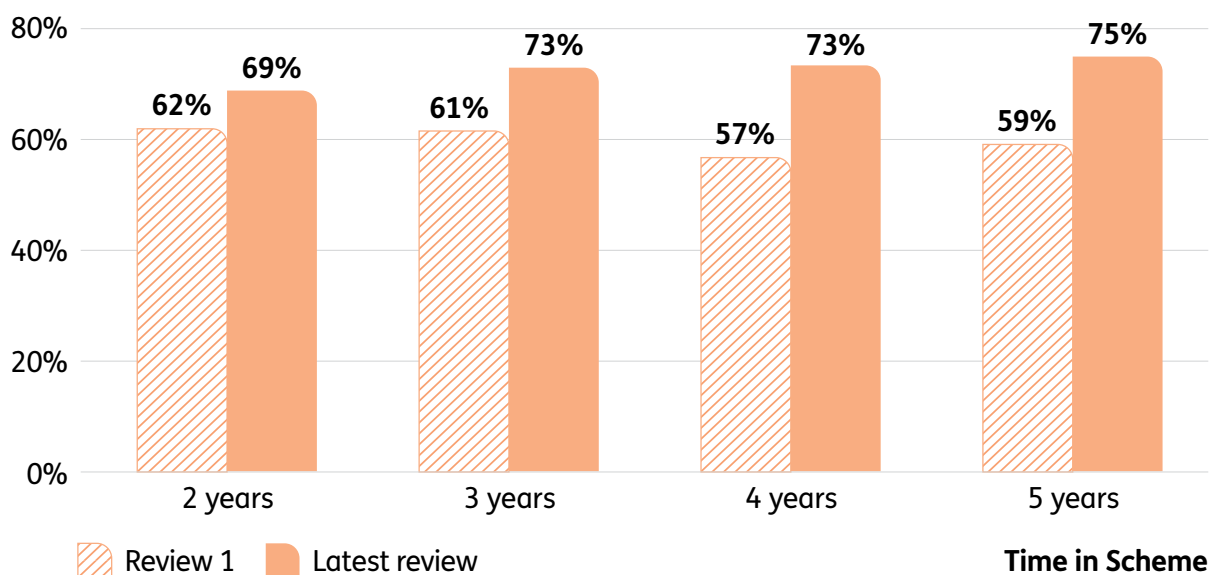
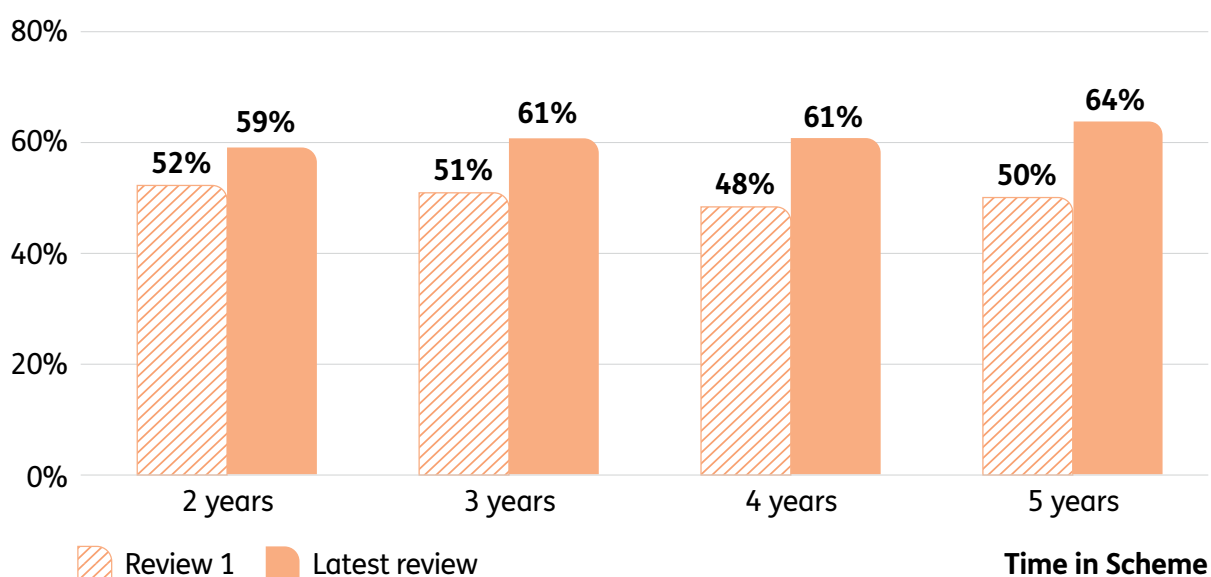
**For children aged 0 to before starting school**



**Figure 24: Has the NDIS helped your child to become more independent?**

**For children starting school to 14 years**



**Figure 25: Has the NDIS helped you with daily living activities?****For young adults aged 15 to 24 years****Figure 26: Has your involvement with the NDIS improved your health and wellbeing?****For adults aged 25 years 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 17 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

### **Participant satisfaction has remained in line with satisfaction over the past quarters.**

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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 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.

This quarter, 85 per cent of participants rated the Planning process as either good or very good, with a further 9 per cent rating the experience as neutral. Eighty-one (81) per cent of the participants in the quarter rated the Access process as either good or very good, 79 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 1,083 surveys at Access, 817 at Pre-Planning, 4,107 at Planning and 11,400 at Review, which is 17,407 in total.

Satisfaction with the Review process has remained relatively constant in recent quarters at around 70 per cent, noting this decreased from 76 per cent in the December 2020 quarter. There has also been a slight (2 percentage point) decrease in the latest quarter, from 72 per cent to 70 per cent, reversing the 2 percentage point increase observed last quarter.

Figure 27: Rating of experience with the NDIS (1 April 2022 to 30 June 2022)

Overall, how was your experience with:

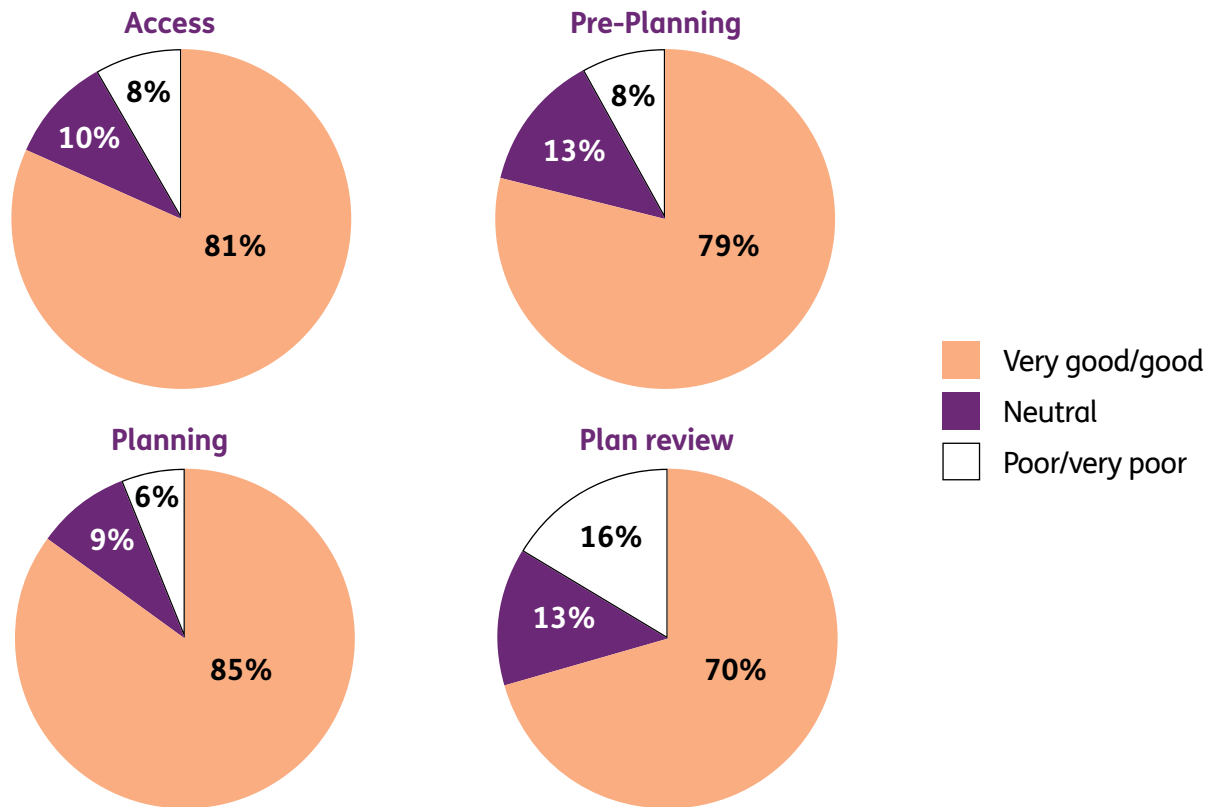
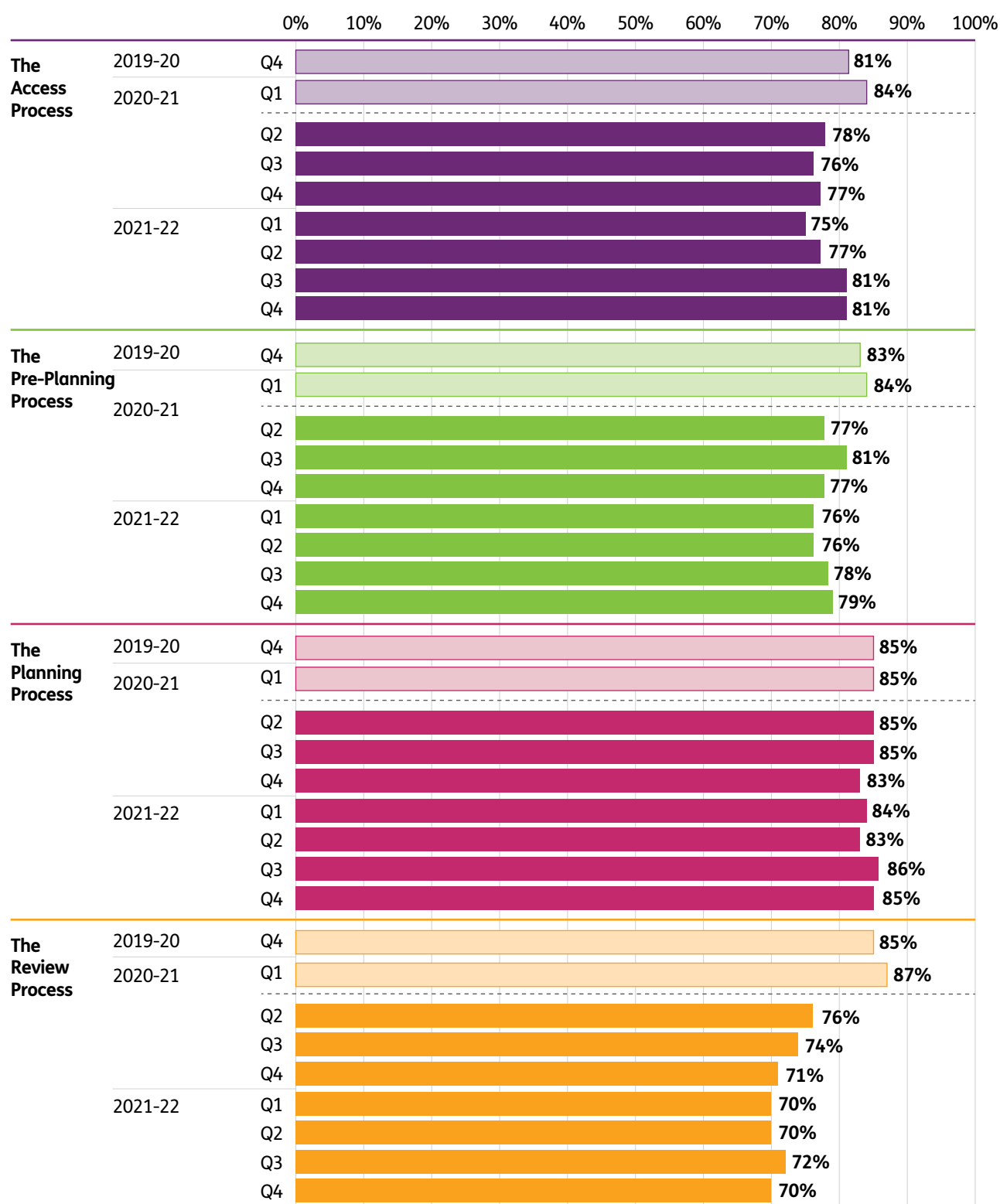
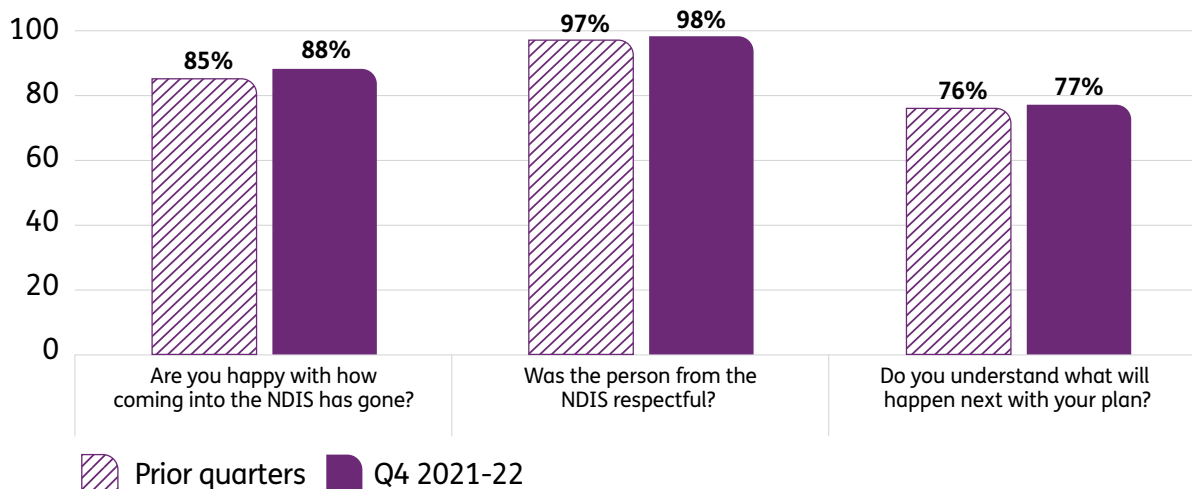


Figure 28: Trend of satisfaction across the pathway (% Very good/good)<sup>36</sup>

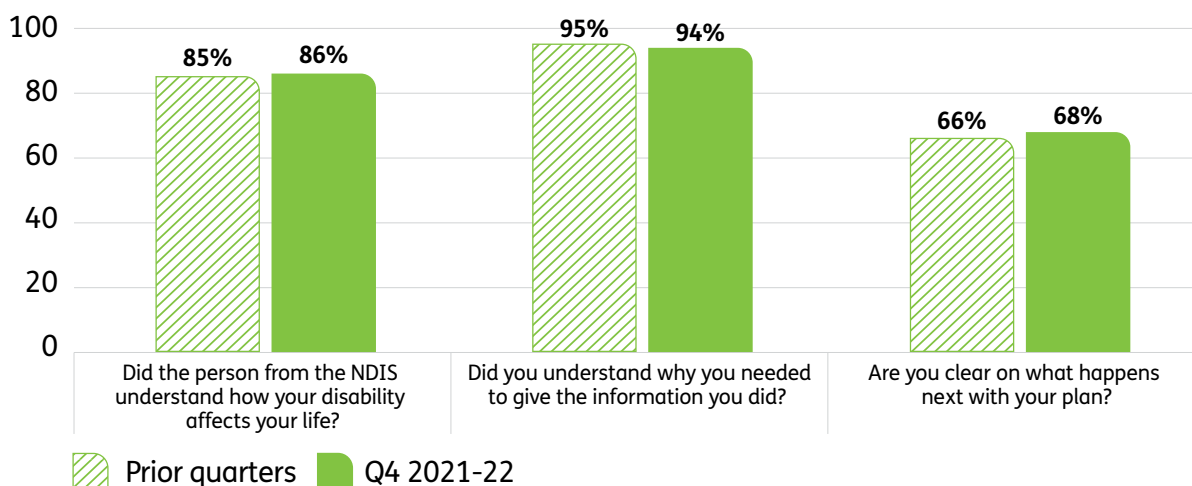
<sup>36</sup> Participant satisfaction results for prior quarters have been restated using data as at 30 June 2022 due to retrospective changes in the underlying data. These changes mainly arise from lags in data collection.

**Figure 29: Satisfaction across the four stages of the pathway<sup>37</sup>**

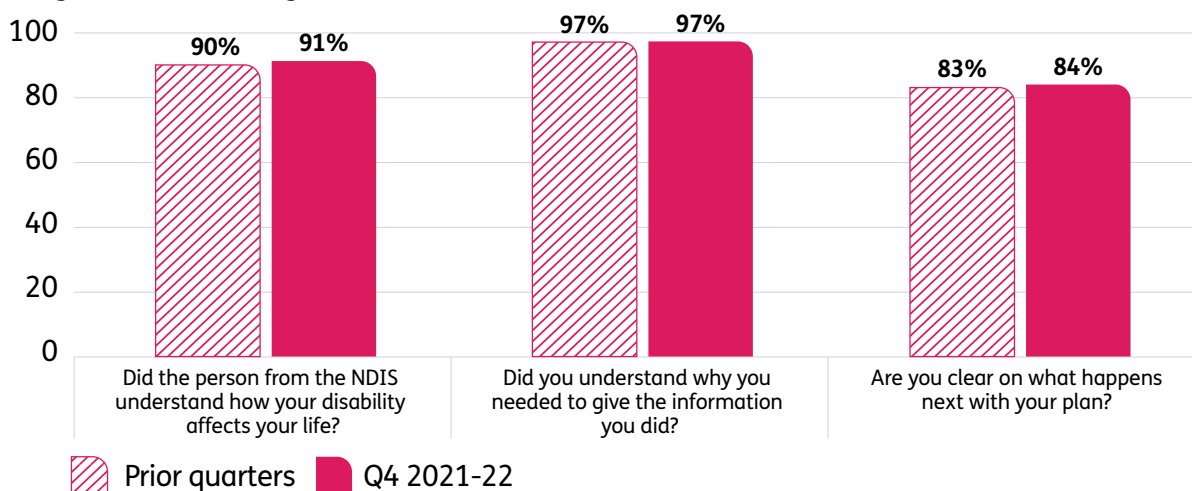
### Stage One: Access



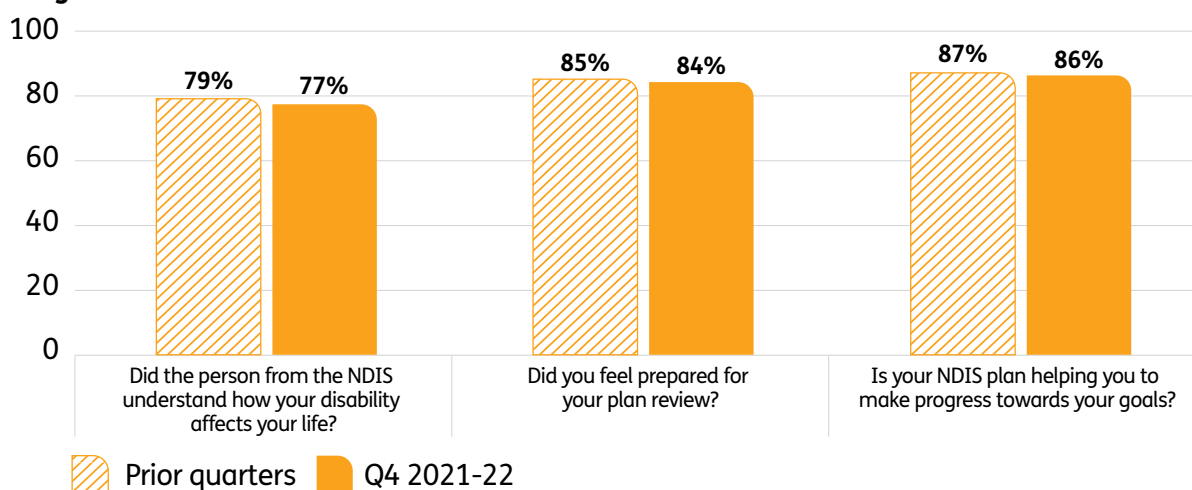
### Stage Two: Pre-Planning



### Stage Three: Planning



<sup>37</sup> Prior quarters include responses from 1 October 2020.

Figure 29: Satisfaction across the four stages of the pathway<sup>38</sup> (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 the June quarter, as measured by these questions, is comparable to prior quarters, being slightly higher for most questions.

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, 84 per cent were clear on what happens next with their plan (one percentage point higher than for prior quarters), lower than the 88-97 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.

<sup>38</sup> Prior quarters include responses from 1 October 2020.

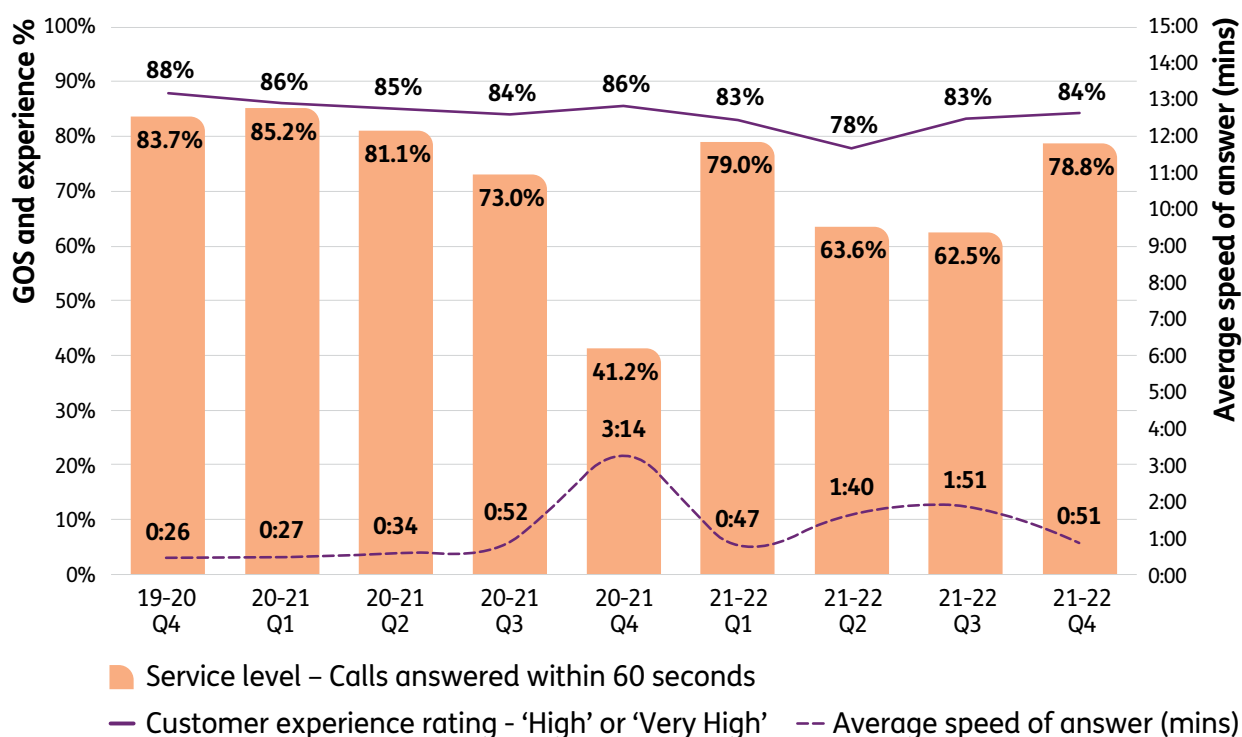
## 2.4 The NDIS Contact Centre

**The NCC performance was strong this quarter, with higher levels of customer satisfaction, improvements in telephone service metrics, and more timely management of email workflows.**

The NDIA 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.

Contact Centre performance during the quarter improved, with 78.8 per cent of calls answered within 60 seconds, an improvement on performance from the previous quarter (62.5 per cent). The average speed of answer was 51 seconds. First call resolution also improved to 78.1 per cent from the prior quarter's result of 77.1 per cent. Customer experience also improved across the quarter, with 84.2 per cent of post call survey respondents scoring their experience with the NCC as 'High' or 'Very High', up from 83.2 per cent in the prior quarter.

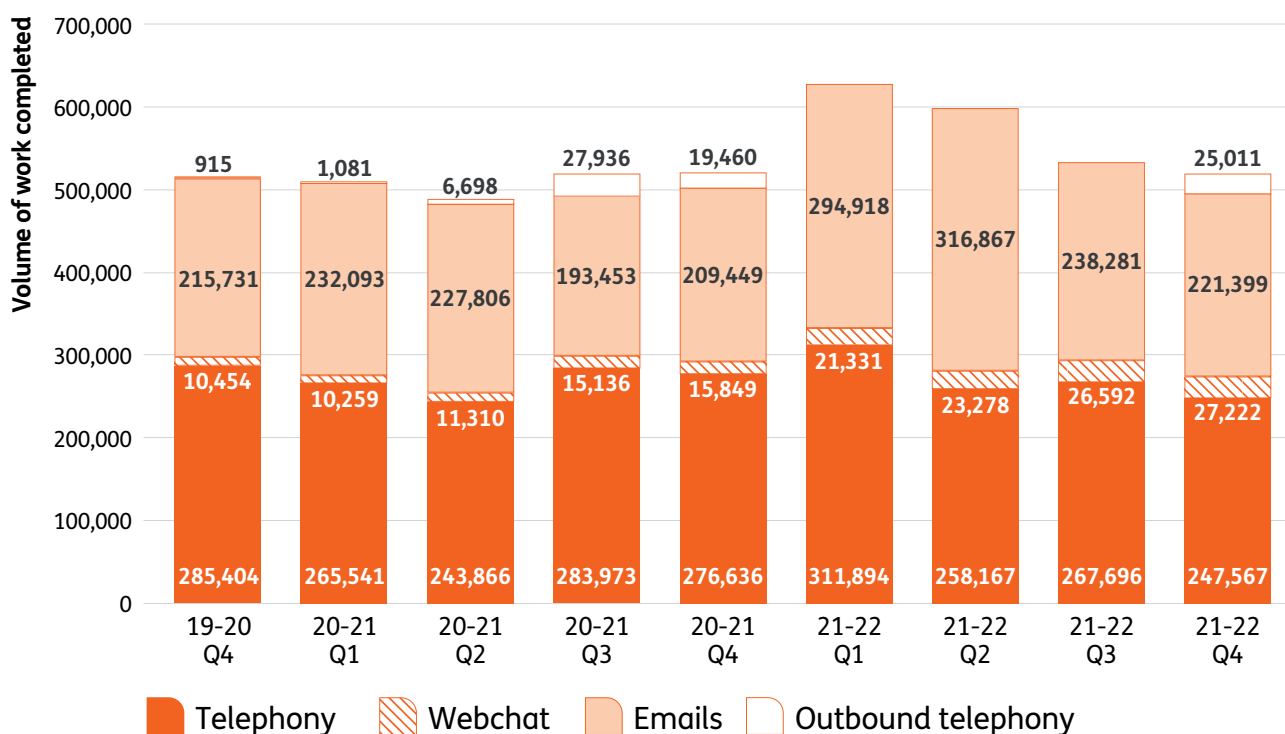
**Figure 30: Quarterly telephony grade of service, average speed of answer and customer experience results**



The NCC's webchat channel continues to see significant growth across the financial year to date, with 27,222 webchats answered for the quarter. From Q1 to Q4 this financial year, webchat volume has doubled and is now a channel of choice for many participants. Of the webchats received during the quarter, 86.6 per cent were answered within 20 seconds.

Email work on hand continued to reduce throughout the quarter, with response times generally less than 24 hours during June. NCC email outflow (217k) exceeded inflow (203k) during the quarter, marking the second consecutive quarter this has occurred and the email work on hand is now equivalent to a single day's volume.

**Figure 31: Volume of work items completed by NCC per quarter over the past two years<sup>39</sup>**



<sup>39</sup> The outbound telephony figures reported in the chart refer to targeted outbound campaigns conducted by the NCC and does not include regular outbound calls made by the NCC as part of general business processes. Hence, in quarters where outbound telephony figures are not reported, the NCC did not conduct any targeted outbound campaigns.



## Jesse codes a creative pathway to clinch first paid job

Just when **Jesse**, 17, was thinking there might not be a place for him in the interactive virtual gaming space his brothers are so enjoying, the creative teenager came up with an idea that not only provided an innovative solution, it landed him the promise of his first paying job.

Jesse, who has autism and is supported by the NDIS, feels he's too mature for Minecraft, a game which his younger brother Alexander loves, and he struggles emotionally with the Dungeons and Dragons (D&D) game his older brother Zach enjoys.

The three brothers access the virtual gaming programs through their NDIS funding with a company called Minds at Play, a start-up provider supporting kids and young adults with autism and other disabilities to learn communication and social skills through interactive online games.

He wondered if Minds at Play might consider running a program through Scratch – the virtual coding space where Jesse enjoys using his coding skills to create and play his own custom-built games with other like-minded people. “Scratch is basically a children’s coding-based game-maker,” Jesse says. “I like the flexibility it gives me, it’s a lot more interesting for me.”

“Jesse came to us and told us, ‘I am good at Scratch, I know how to teach this thing and this is something I can do!’”, Minds at Play director and co-founder, Dwayne Fernandes recalls. “Being then 16 and pitching an idea like this to us, that is pretty spectacular.”

Fast forward a few months and Jesse is now putting the finishing touches on lesson plans for a Scratch program he will be paid to teach during the next school holidays. “I’m anxious and nervous, but also very pumped!” Jesse says.

# 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 PiTC organisations. It provides overall principles for interactions with participants, and clear service standards and timeframes. These are included in the **Participant Service Guarantee (PSG)**.

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 NDIA updated the SIP last quarter to better reflect the activities underway to deliver on the PSG.

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

Engagement Principle	What you can expect
<b>Transparent</b>	We will make it easy to access and understand our information and decisions.
<b>Responsive</b>	We will respond to individual needs and circumstances.
<b>Respectful</b>	We will recognise your individual experience and acknowledge you are an expert in your own life.
<b>Empowering</b>	We will make it easy to access information and be supported by the NDIS to lead your life.
<b>Connected</b>	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?
The call centre will give the right information the first time where possible	The NDIA is committed to meeting and maintaining a target rate of 80 per cent first call resolution, where possible. This quarter, the NCC reached the target on first call resolution for a number of weeks, with slight variances due to staff onboarding.
We want to support and promote children and young people's voice in their own plans; while also working closely with parents and carers	As part of the ECEI Implementation Reset approach, the NDIA has developed operational guidelines for Early Childhood Partners, using language familiar to children, families and carers. In addition, the roll out of improved Early Childhood planning processes has led to reduced work effort for Early Childhood Partners and has increased time efficiencies when delivering early supports for Early Childhood plans (under age 7 years).

SIP Commitment	What have we delivered?
We will focus on your plan and goals supporting you to gain employment if that is what you want	The NDIA is committed to improve employment opportunities and outcomes for participants. Through the implementation of the Participant Employment Strategy Action Plan and the concerted efforts of LACs and planners in facilitating conversations about employment, the number of employment-related goals in participants' plans continues to increase.

### Participant Service Improvement Plan (SIP) – Commitments and Progress

The NDIA introduced a refreshed SIP 2022-23 last quarter to ensure the SIP closely reflected improvements that participants want to see. The SIP sets out what the NDIA will do over the next two years to deliver a Scheme that meets participant expectations.

The NDIA and partners will work to deliver on 51 commitments over the next two years. The refreshed SIP includes new and refined commitments, representing the NDIA's ongoing commitment to participants, their families and carers and the disability community. The NDIA remains committed to making improvements that are important to participants.

#### Communicating with us

The NDIA has committed to an increased digital experience and commenced work on designing 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, and is on track to be delivered at the end of 2022. In addition, a new participant portal is being piloted to provide clearer and easier use of the portal. The pilot portal has just under 500 active users as at the end of this quarter.

As part of the SIP 2022-23 refresh, the NDIA is committed to meeting and maintaining a target rate of 80 per cent first call resolution, where possible. This quarter, the NCC reached the target for a number of weeks, with slight variances due to staff onboarding.

SIP Commitment	Expected completion
We will put the name of a <b>real person</b> on our letters to you	✓
You will have a <b>current contact name</b> for all your interactions with us	✓
The <b>NCC</b> will give the right information the first time where possible	✓
You will be able to use <b>online forms and services</b> where you want to	Jun 23
You will be able to <b>track</b> where your application or inquiry is up to <b>online</b>	Jun 23
The <b>website and portal</b> will be clearer and easier to use	Sep 23

### Getting information from us

This quarter, the NDIA has developed and launched the plan implementation directory. The directory is an accessible platform designed to assist participants, their families and carers to find the right information to make the best use of their NDIS plan. The NDIA worked with a team of dedicated participants, family members and carers to develop the directory to ensure participants have access to the tools and resources they need to make their own choices about how to use their NDIS plan.

The NDIA prepared ‘Would we fund it’ examples to inform participants, their families and nominees of the home and living supports the NDIS might fund. The examples are real-life scenarios of commonly-requested supports, to help explain the decision to fund certain home and living supports according to the NDIS funding criteria. Currently, the NDIA has created four case studies and will continue to add more in the future. The NDIA is committed to ensuring transparency and clarity when making decisions about participant access and plans.

Furthermore, in response to recommendations from the Tune Review (2019), the NDIA has released supplementary material on employment supports to help inform participants and nominees about the various options and opportunities available. These guides help participants with employment goals navigate through some important career and life goals. These resources are the first in a planned series - “Guides for understanding supports”.

SIP Commitment	Expected completion
You will be able to <b>access your personal data and plan details</b> without having to ask through a Freedom of Information (FOI) request	✓
Our documents will use <b>consistent terms and definitions</b> with <b>less jargon</b>	✓
Our decision letters will have <b>reasons</b> for why we have decided something in plain English	Jun 23
We will <b>improve access to information</b> about how our processes work, what to expect and what participants need to do at any stage	Jun 23
We will be clearer on what <b>reasonable and necessary</b> supports means, with case studies and examples	Sep 23
We will have better <b>guidelines and procedures</b> so there is consistency in how we make decisions; and we will make more of these <b>public</b>	Sep 23
Our guidelines will come with <b>plain English descriptions</b> and more <b>examples</b>	Sep 23

### Gaining access to the NDIS

Work is underway to implement the recently designed online access request forms with the NDIA's new ICT system. This is part of a broader program of works due for completion in 2023.

While the role of LACs is to ensure NDIS participants are connected to the supports they need and help build participant plans, a transition is underway for LAC partners to also redirect effort to support people with a disability (including NDIS participants) to connect to mainstream and community based services and supports. This is a result of the national transition being largely complete. Further, the implementation of the new ICT system, coupled with longer term plan durations, will support LAC partners have more time to connect people to these valuable services.

SIP Commitment	Expected completion
You will be able to apply to the NDIS in the way you want, including using an <b>online access request form</b>	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 is working on ICT system enhancements to improve the way a participants' statement and goals are recorded in the new ICT system. The NDIS is working towards providing participants the opportunity to meet face-to-face with the person who makes decisions about their plan supports and funding. The process design has been finalised and ICT system enhancements to support this change are in progress with rollout to commence in Q2 2022-23. Work is also underway to support video-conferencing as an option for planning meetings.

SIP Commitment	Expected completion
We will support more <b>video-conference</b> planning meetings	Jun 23
If you want, you will be able to have a <b>face-to-face meeting</b> with the person who makes a decision about your plan supports and funding <sup>40</sup>	Jun 23
We will support you, if you want, to build <b>goals</b> in your plan that are clearly defined, realistic and attainable	Jun 23
We're working to build more <b>do-it-yourself online plan tools</b>	Jun 24

<sup>40</sup> Noting face-to-face meetings with LACs can already be requested.

### Using your plan

In response to the 2019 Tune Review, the NDIA will enable eligible participants to have longer plans with fewer plan reviews to simplify the planning process, and improve the experience of participants. This includes one-off capital items that have not already been purchased. Participants with stable support needs, and whose circumstances have not changed, may receive a letter informing them that their current NDIS plan will be continued for at least 12 months without the need for a full plan review. However, if a participant has had a change in their circumstances, a plan review can be requested at any time. The purpose of these changes is to provide participants with assurance they will have access to the NDIS supports and services they need.

This quarter, the NDIA and PiTCs will be visiting rural and regional Victoria and New South Wales locations on board the Services Australia Mobile Service Centres. The NDIA aims to engage and inform people in rural and regional communities on a range of key topics about the NDIS and the supports available for participants. For further information on when and where to find Mobile Service Centres visit the Services Australia website.

To deliver better support for First Nations Australians, the NDIA has engaged National Aboriginal Community Controlled Health Organisations (NACCHO) to deliver the Aboriginal Disability Liaison Officer (ADLO) program. This program aims to support First Nations Australians in urban and rural areas gain access to the NDIS and better understand their plans. ADLOs have a deeper cultural link with the community and can communicate using their local language, enabling a deeper connection with participants.

SIP Commitment	Expected completion
Your plan will be <b>longer and ongoing</b> . It will be <b>reviewed</b> 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 <b>minor changes to your plan</b> – it won't require a full "review"	✓
We will give you more support <b>for using your plan</b> , for finding both disability services and mainstream supports	✓
We will <b>check-in</b> 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 <b>NDIS mobile app</b>	✓
We will make it easier to <b>self-manage</b> your plan, with appropriate data sharing, support and controls in place; and to change easily between self managing and using a plan manager	Jun 23
We will be clearer on what <b>support coordination services</b> we fund, and how it should be separate from other service providers	Dec 23
We will work with communities in <b>remote and very remote areas</b> , and other areas lacking services, to trial new ways of <b>organising services</b> so you can more easily use your support funding	Dec 23

### Payments from your plan

The NDIA is focused on designing and building better processes and systems to enhance efficiency and ensure a quality experience for participants. Enhancements to the NDIA payment system have made significant improvements in the timeliness and accuracy of payments. Further work is in progress to deliver real-time payments capabilities.

The NDIA is committed to improving the accessibility of making a claim through the participant portal and the participant app. There have been improvements made to the claim process through the myNDIS app, such as 'favourite claims' which are available for self-managed participants. Further improvements to the display, and overall processes for both the myNDIS app and myNDIS portal are being designed at present and will commence rollout in late 2022.

SIP Commitment	Expected completion
Payments will be able to be made simply and directly for registered and non-registered providers of services – <b>no more paying first from your own cash and claiming it back</b>	Dec 23
We will have <b>new systems</b> to make sure providers are paid promptly and accurately, so your support is not interrupted	Dec 23
We will make it easier for you to understand how you <b>make a successful claim from your plan</b>	Jun 23

### Parts of your plan

This quarter, the process for requesting home and living supports has changed to ensure eligible participants receive timely support aligned with the Participant Service Guarantee (PSG) commitments. Specifically, the NDIA has recently implemented the 'Supporting Evidence Form – Home and Living', which replaces the 'Home and Living Support Request' form. These changes aim to simplify and speed up the process to deliver home and living supports more efficiently and accurately.

Further, the 'Making SIL better' program is a commitment by the NDIA to deliver improvements for providers and participants with SIL supports. This quarter, the NDIA improved the claiming process for participants and nominees, by enabling participants to negotiate with providers about how their supports are delivered. This aims to simplify the process and reduce administrative burden.

The NDIA has provided clearer information on ILOs to support participants choose where and how they live, and support participants to access the reasonable and necessary supports they need to meet their home and living goals. These resources include updated website content, animations, scenarios, and information in Easy Read format.

The NDIA is committed to improve employment opportunities and outcomes for participants. Through the implementation of the Participant Employment Strategy Action Plan and through the concerted efforts of LACs and planners in facilitating the conversation about employment, the number of employment related goals in participants' plans continues to increase.

SIP Commitment	Expected completion
We will increase the <b>flexibility in living options</b> if you are eligible for SDA	✓
There will be a <b>national SDA-matching website</b> showing all available properties	✓
We will issue new <b>easy-to-understand guidelines</b> for complex home modifications	✓
There will be a <b>standard form</b> 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 <b>quickly access AT and home modifications</b> with less red tape. This includes a simpler process for requesting complex and non-standard AT or home modifications	✓
We will focus on your plan and goals supporting you to gain <b>employment</b> if that is what you want	✓
We will encourage <b>ILOs</b> as an alternative to traditional group homes	Sep 23

### Support for engaging with us

The NDIA has recently published guidelines to increase support for children and parents. As part of the approach to market for Early Childhood Partners, there has been an increased focus on the use of operational guidelines which have been updated using language familiar to children, families and carers. In addition, the roll out of improved Early Childhood planning processes has led to increased efficiency when delivering early supports for Early Childhood plans (under age 7).

Work is underway to refine the Complex Service Model to improve services for participants with Complex Support Needs (CSN). The CSN pathway has been designed and is currently being trialed. Through this pathway, participants who require extra support are working with highly experience and skilled workers to create their plan and to help meet their specific goals and needs.

The NDIA is focused on supporting Young People in Residential Aged Care. The NDIA has established a specialised team focused on supporting participants who have a goal to move out of Residential Aged Care achieve their goal, particularly for participants under the age of 45.

SIP Commitment	Expected completion
We will fund <b>specialist community connectors</b> (in remote, CALD, and Aboriginal and Torres Strait Islander communities) to deeply understand how you want to engage with us	✓
<b>Liaison Officers</b> , for Health and Justice especially, will help participants interact with the NDIS in each State and Territory	✓
We will have a <b>NDIS carer connect network</b> for aging parents of people with a disability	✓
We will <b>pro-actively check-in</b> with you, especially if you may be in a vulnerable situation	✓
Our front-line teams will have improved <b>cultural and disability awareness</b>	✓
We want to support and promote <b>children and young people's</b> voice in their own plans; while also working closely with <b>parents and carers</b>	✓
We will improve our direct support for you if you have <b>complex needs</b> and require <b>critical supports</b> , or are otherwise potentially vulnerable	Jun 23
We will <b>fund early intervention supports</b> for children more flexibly (including before they enter the Scheme)	Jun 23
We will support you if you are a <b>Young Person in Residential Aged Care</b> to live elsewhere	Jun 23
We will improve the way we provide you support for <b>independent decision-making</b>	Dec 23
Where possible, your household will have the <b>same NDIS contact</b>	Dec 23

## 3.2 Participant Service Guarantee

The latest quarter shows notable improvements in the service standard experience across a number of the measurable PSG metrics.

### Performance against the proposed service standards – June 2022

The NDIA commenced measuring performance against the PSG metrics prior to the legislation of the Participant Service Charter and Guarantee, and these results have been published in prior quarterly reports. On 30 March 2022, the NDIS Amendment (Participant Service Guarantee and Other Measures) Bill 2021 passed in both houses of Parliament, and received Royal Assent on 1 April 2022. The legislation focuses on improving participant experience and builds on the recommendations of the 2019 Tune Review. It legislates the PSG (from 1 July 2022), and introduces changes that provide greater flexibility for participants and the NDIA to vary plans.

The NDIA has made notable improvements in meeting some of the targets this quarter across the planning, plan reviews and reviewable decisions pathways. It is recognised however 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 June 2022 quarter	Comparison to target of 95%	Change from last quarter
<b>General</b>	Explanation of a previous decision, after a request for explanation is received	28 days	99%	●	↔
<b>Access</b>	Make an access decision, or request for more information, after an access request has been received	21 days	100%	●	↔
<b>Access</b>	Allow sufficient time for prospective participants to provide information, after NDIA has requested further information	90 days	99%	●	↔
<b>Access</b>	Make an access decision, after the final information has been provided	14 days	99%	●	↔
<b>Planning</b>	Commence facilitating the preparation of a plan, after an access decision has been made	21 days	96%	●	↑
<b>Planning</b>	Approve a participant's plan, after an access decision has been made	56 days	90%	▲	↑
<b>Planning</b>	Approve a plan for ECEI participants, after an access decision has been made.	90 days	96%	●	↑
<b>Implementation</b>	Offer to hold a plan implementation meeting, after the plan is approved	As soon as reasonably practical <sup>41</sup>			
<b>Comparison to target of 95%</b> ● 95% and over    ▲ 85%-95%    ■ Less than 85% <b>Change from last quarter</b> ↑ More than 3 percentage points higher    ↔ Within 3 percentage points    ↓ More than 3 percentage points lower					

<sup>41</sup> The average (mean) timeframe for this PSG metric is 28 days and the median is 5 days.

Service type	Description of the service being guaranteed	Service Guarantee	Performance in the June 2022 quarter	Comparison to target of 95%	Change from last quarter
<b>Implementation</b>	If the participant accepts the offer, hold a plan implementation meeting	28 days	100%	●	↔
<b>Implementation</b>	Provide a copy of the plan to a participant, after the plan is approved	7 days	Reporting will commence when the new ICT system is in place		
<b>Plan review<sup>42</sup></b>	Commence facilitating a scheduled plan review, prior to the scheduled review date	56 days	56%*	■	↑
<b>Plan review</b>	Decide whether to undertake a participant requested plan review, after the request is received	21 days	100%	●	↔
<b>Plan review</b>	Complete a participant requested review, after the decision to accept the request is made	28 days	60%†	■	↑
<b>Plan variations</b>	Vary a plan, after the receipt of information that triggers the plan amendment process	28 days	92%	▲	↔
<b>Plan variations<sup>43</sup></b>	Vary a plan, after receipt of information relating to a complex quote that triggers a plan amendment process	50 days	96%	●	↑
<b>Plan variations</b>	Provide a copy of the plan to a participant, after the plan is amended	7 days	Reporting will commence when the new ICT system is in place		
<b>Reviewable decisions</b>	Complete an internal review of a reviewable decision, after a request is received	60 days	96%	●	↑
<b>Reviewable decisions</b>	Implement an AAT decision to vary a plan, after receiving notification of the AAT decision	28 days	96%	●	↔
<b>Nominee</b>	Cancel participant requested nominee	14 days	99%	●	↔
<b>Nominee</b>	Cancel CEO initiated nominee <sup>44</sup>	14 days	91%	▲	↓

\* Note: The NDIA's new participant check-in process ensures that every scheduled review begins with a contact from the planner or partner to discuss review options well before any scheduled review date. Plans are extended automatically if they have not been reviewed before expiry so participants have continuity of support. That is, participants do not stop receiving supports.

† Note: The average time taken to complete a PRR, after the decision to accept the request has been made was 33 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

<sup>42</sup> From 1 July 2022, plan reviews will be referred to as plan reassessments as per the NDIS Amendment Bill. As this data is at 30 June 2022, the terminology has not been updated.

<sup>43</sup> Plan variations will be implemented from 1 July 2022 as per the NDIS Amendment Bill. These metrics will be updated in the September 2022 quarterly report.

<sup>44</sup> This metric consists of a small number of cancellation requests from nominees who no longer wish to be a participant's nominee. The drop in performance in Q4 was the result of a delay in processing two nominee cancellation requests, noting the remaining cases were processed well within the 14 day period (the average time to process a cancellation request in Q4 was 2.5 days). This result is expected to return to green next quarter.

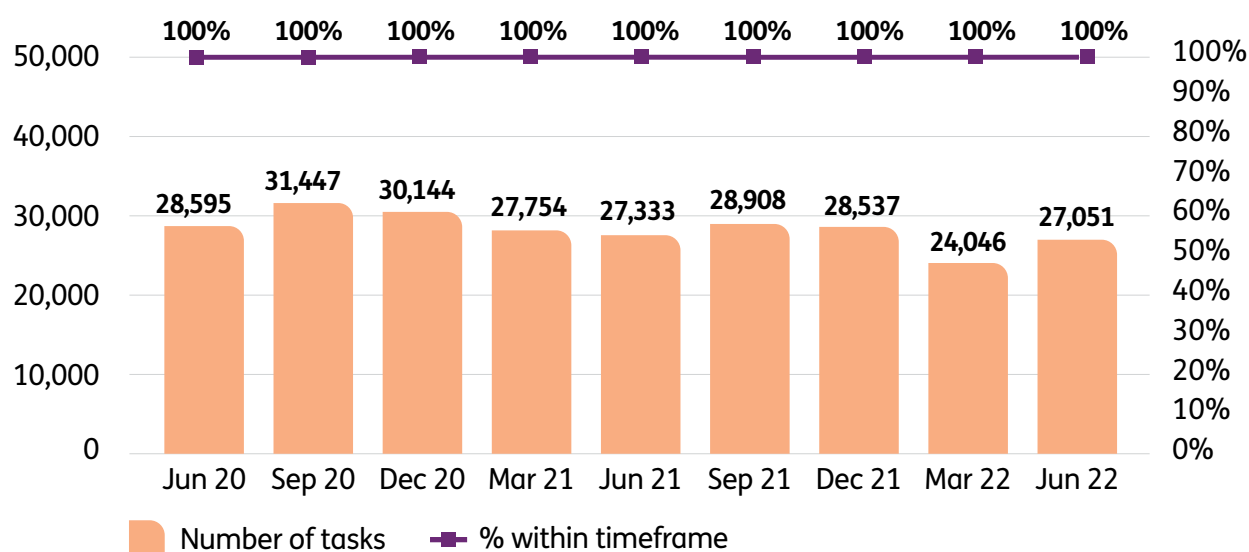
### Key trends in PSG metrics

The NDIA has consistently been meeting PSG timeframes for access decisions and first plan approvals (for those aged 0-6) over the last few quarters, and there has been marked improvement compared to 2019. In the latest quarter, there have been further improvements in meeting the target timeframes for planning, plan reviews and reviewable decisions.

#### Access decisions

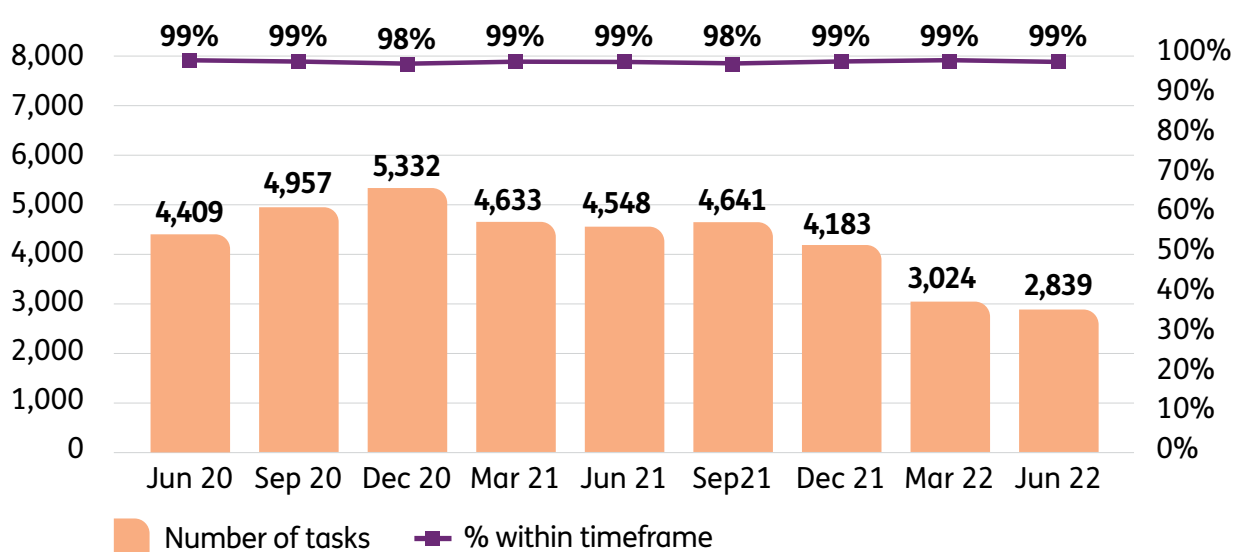
The NDIA has consistently met the 21 day timeframe in respect of access decisions over the last nine quarters.

**Figure 32: 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.

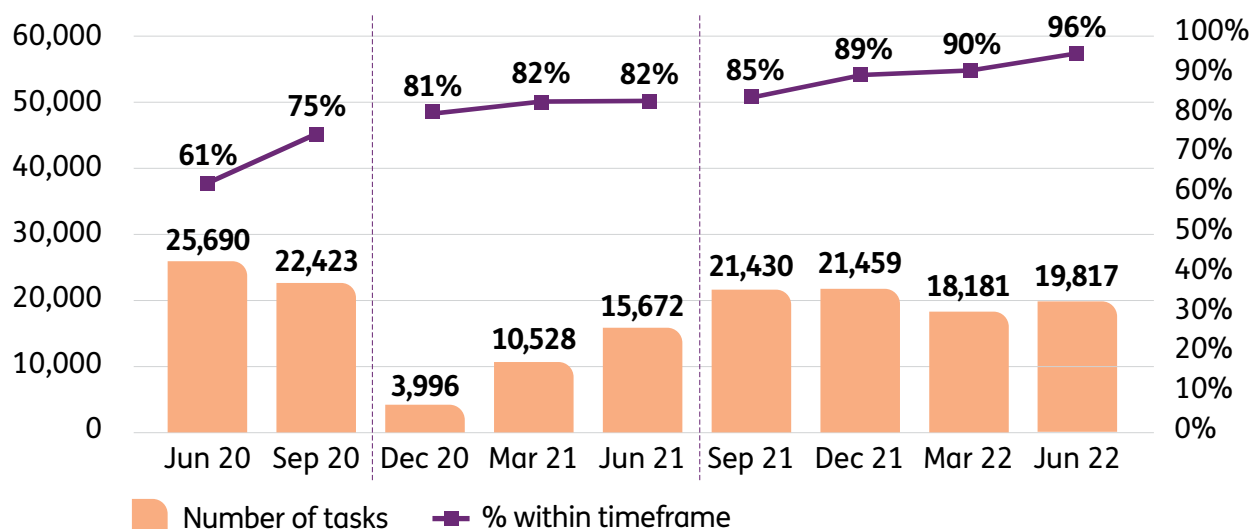
**Figure 33: Make an access decision, after the final information has been provided**



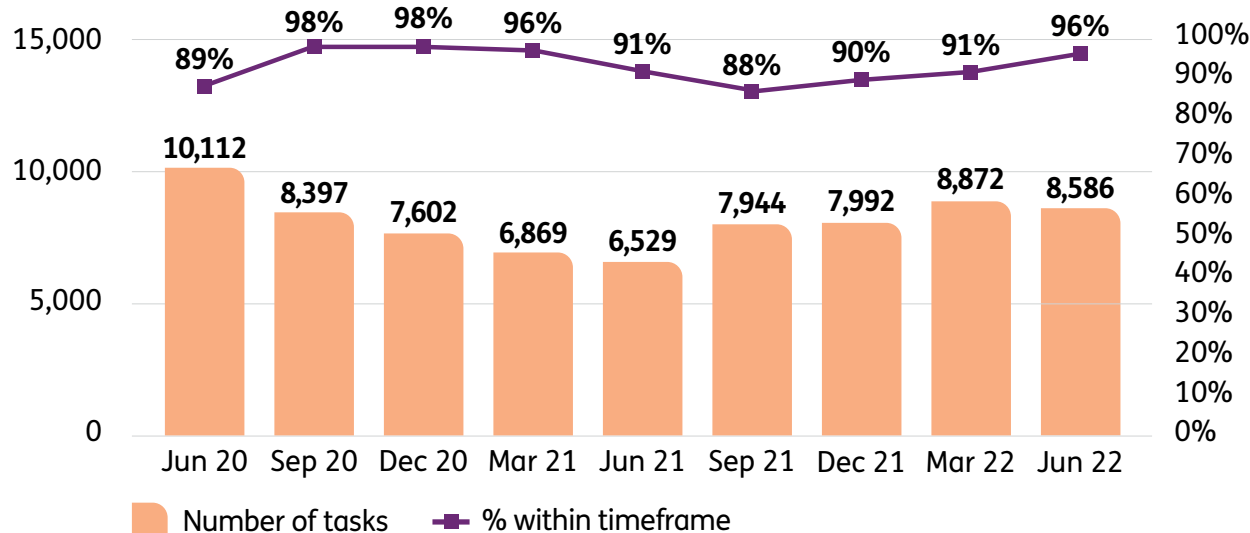
## Planning

Plan approval timeframes for participants aged 0-6 have improved over the last year, with 96 per cent approved within the timeframe of 90 days in the June 2022 quarter. The target timeframe for plan approvals 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 improved notably in the June 2022 quarter reaching levels prior to the change in target timeframe, with 90 per cent of plans for those aged 7 and above approved in 56 days.

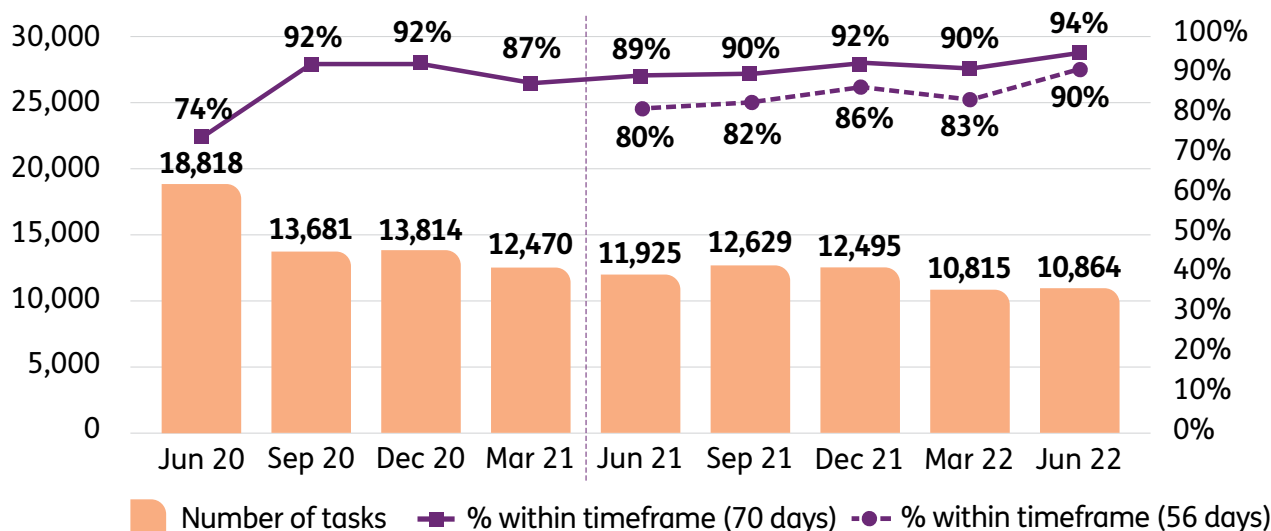
**Figure 34: Commence facilitating the preparation of a plan, after an access decision has been made<sup>45</sup>**



**Figure 35: First plan approved after access decision has been made, 0-6 years**

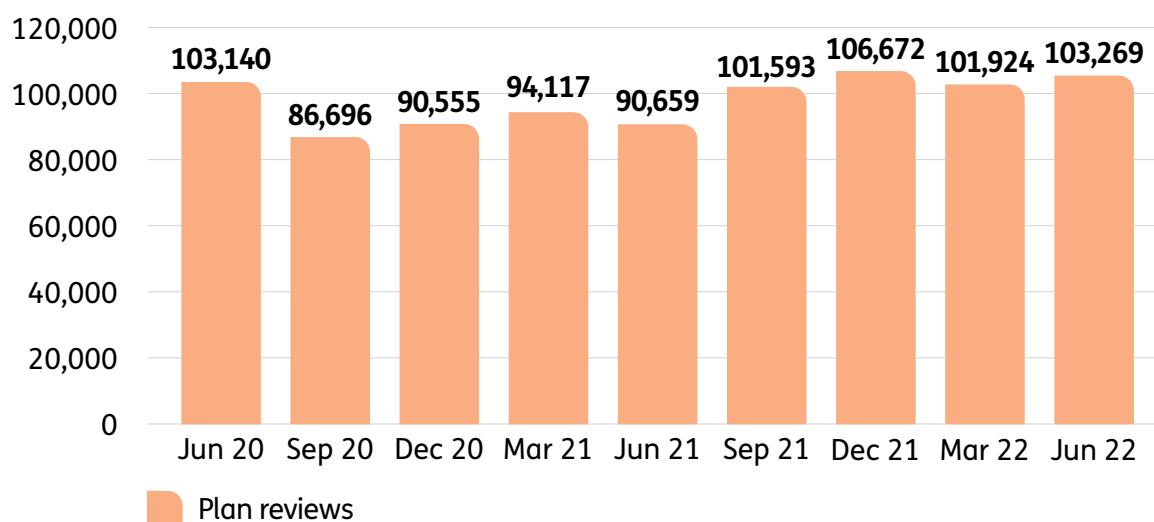


<sup>45</sup> New business processes have been implemented from December 2020 and again from July 2021.

Figure 36: First plan approved after access decision has been made, 7+ years<sup>46</sup>

### Plan review

There were 103,269 plan reviews conducted in the June 2022 quarter, with the average number of plan reviews conducted over the last four quarters being higher than the average over the preceding four quarters. As mentioned in section 1.1, of the 103,269 plan reviews conducted in the June 2022 quarter, 82,231 (80 per cent) were initiated by the Agency and 21,038 (20 per cent) were requested by participants. Agency initiated reviews occur as plans are due to expire, and a new plan is required.

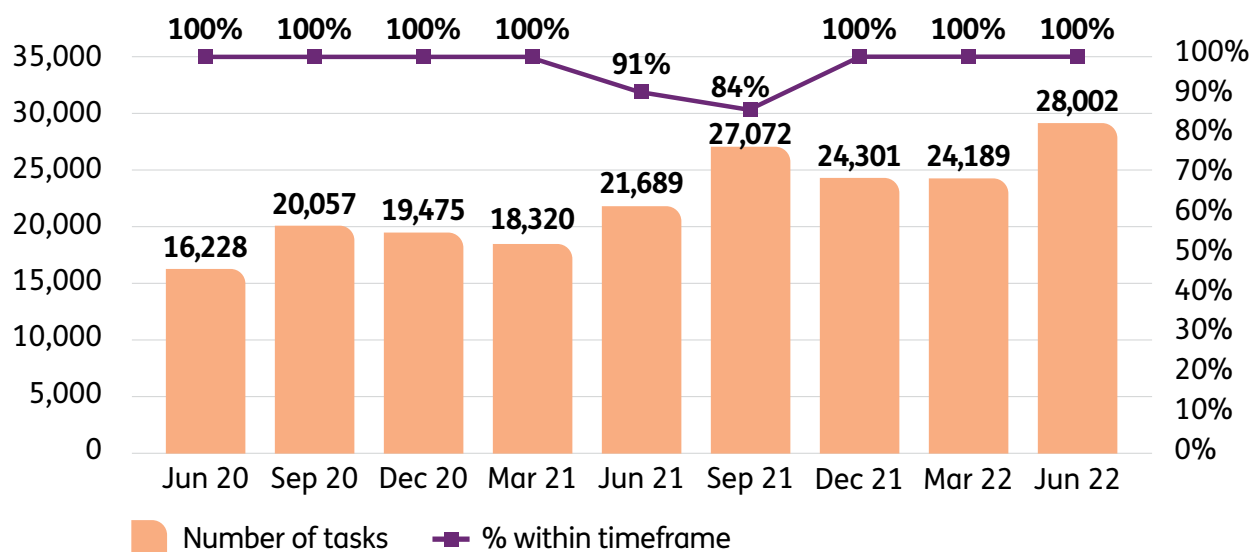
Figure 37: Number of plan reviews by quarter<sup>47</sup>

<sup>46</sup> The target timeframe for this metric has been reduced from 70 to 56 days in early 2021.

<sup>47</sup> Short plans (plans with duration less than or equal 30 days) have been excluded. The number of plan reviews in historical periods have been updated with retrospective data changes.

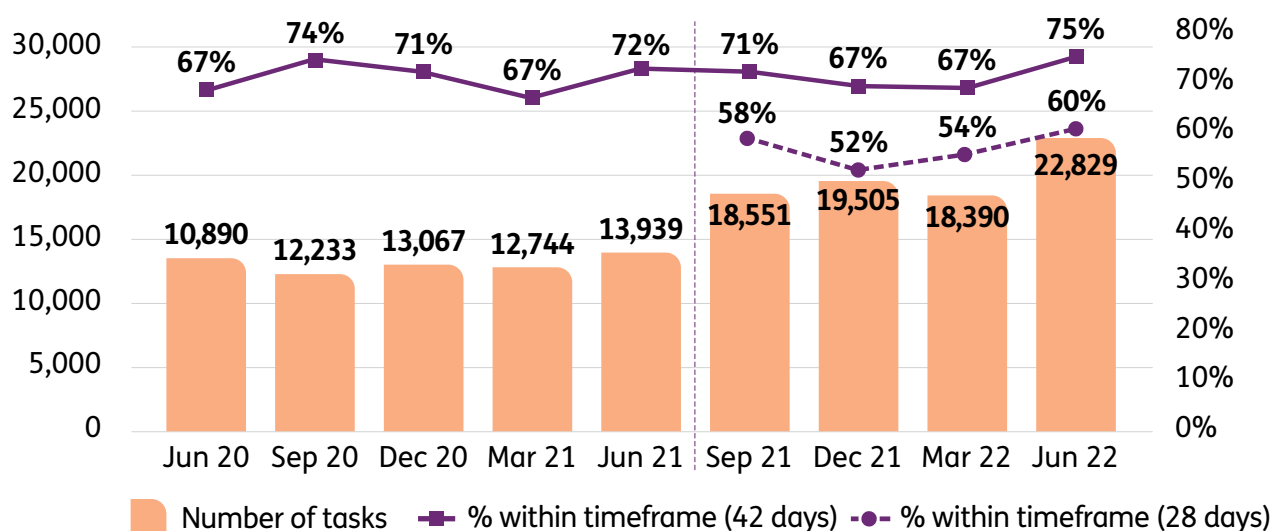
Decisions about whether or not to conduct a Participant Requested Review (PRR) were made within 21 days 100 per cent of the time in the June 2022 quarter.

**Figure 38: Decision made to undertake PRR after request is received**



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. The PRR timeframes have been relatively stable prior to this quarter but increased in the June 2022 quarter to 60 per cent based on the 28 day target timeframe, and 75 per cent based on the 42 day target timeframe.

**Figure 39: PRR completed after decision made to undertake review<sup>48</sup>**

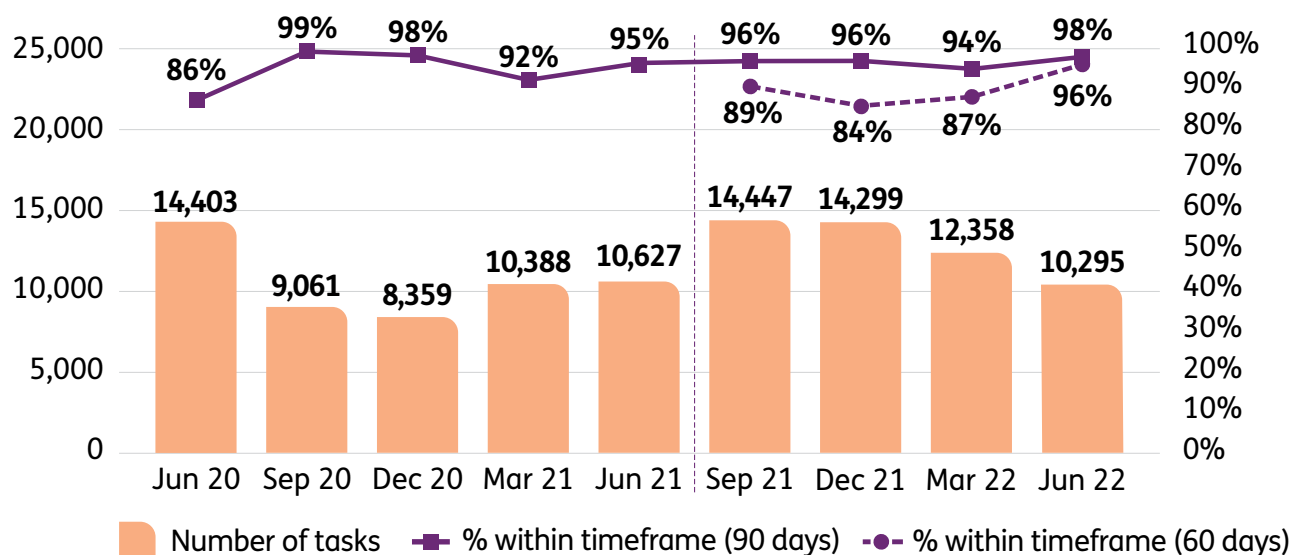


<sup>48</sup> In most cases, the results from September 2021 onwards are based on a 28 day timeframe but the results prior to September 2021 are based on a 42 day timeframe.

### Reviewable decisions

The target timeframe for completing Reviews of Reviewable Decisions (RoRDs) was reduced from 90 days to 60 days from the September 2021 quarter and there has been a consequent reduction in service level met. However, there has been a notable improvement in the June 2022 quarter, with 96 per cent of RoRDs completed within the target timeframe of 60 days, on par with levels based on the 90 day timeframe.

**Figure 40: Complete RoRD after request is received<sup>49</sup>**



### Service standards for the National Contact Centre

Service type	Description of the service being guaranteed	Performance
General	Our NCC will answer 80% of calls within 60 seconds.	79% on average throughout the June 2022 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.	93% in the June 2022 quarter.

<sup>49</sup> 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.

### Home and Living decisions

The end-to-end process duration for Home and Living applications tracks the time taken from receipt of a Home and Living application form through to plan implementation.<sup>50</sup> In future reports, Home and Living applications will start to be reported as a subset of PRR, RoRDs and Agency Initiated Plan Reviews.

- In the June 2022 quarter, **7,616** Home and Living applications were closed or implemented<sup>51</sup> and **62%** were finalised within 90 days. This compares with 4,990 applications closed or implemented in the March 2022 quarter.
- At 30 June 2022, **3,973** applications remained in-progress, a net decrease of **786** applications compared with March 2022. **2,964** in progress applications were waiting for a decision from the Home and Living Panel,<sup>52</sup> while a further **1,009**<sup>53</sup> were waiting for supports to be implemented in a Plan.
- Approximately **5%** of the open applications have been in progress for 90 days or more, a notable decrease from 24% as at 31 March 2022. The number of in-progress applications awaiting plan implementation for 90 days or more has decreased from 832 applications in March 2022 to **129** applications as at 30 June 2022.

**Figure 41: Numbers of Home and Living Applications by stage in the Plan Implementation process**

Cohort	Last period number	New requests in period	Closed in period	On-hold end of period <sup>54</sup>	Open end of period number		
					Awaiting Panel decision	Awaiting Plan Implementation	Total
<b>H&amp;L Applications</b>	5,691	6,412	7,616	514	2,964	1,009	3,973 <sup>55</sup>

<sup>50</sup> The time taken for Participants to respond to requests for further information (RFI) has been removed from the duration.

<sup>51</sup> An application is considered closed if an application is cancelled or rejected, a Participant is declined all Home and Living supports, or an application won't progress to implementation (e.g. deceased, Participant chooses not to proceed etc.). An application is considered implemented once a Participant has a new approved Plan.

<sup>52</sup> 556 out of the 2,964 applications the NDIA is waiting on additional information from Participants.

<sup>53</sup> The Operations and Support Division are continuing to investigate open applications to ensure next steps are underway for Participants as part of an ongoing process.

<sup>54</sup> Applications where implementation will only occur at a later date or may not occur. Includes Participants in the CSN / Complex pathway, Participants awaiting a Hospital Discharge, YPIRAC / Aged Care, Voluntary Out of Home Care (VOOHC), Justice Involvement, AAT cases and unresolved s100 / s48 cases.

<sup>55</sup> There are 3,973 open home and living applications relating to 3,960 unique participants.

**Figure 42: Number of Home and Living applications by time taken from application to Plan Implementation**

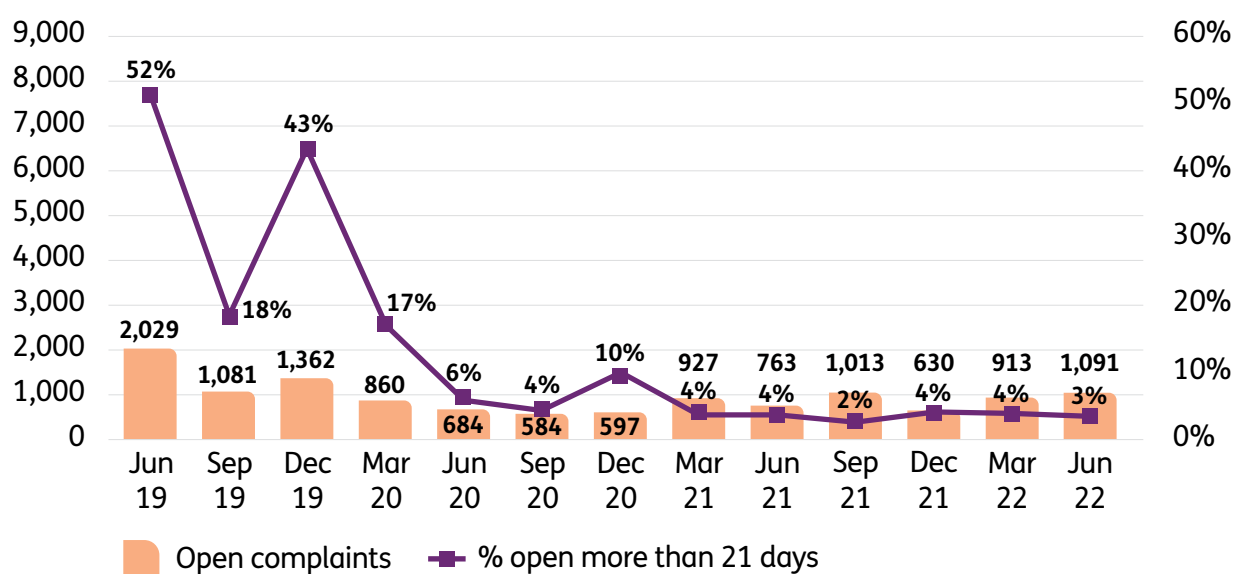
Days	Duration of closed applications in period							Duration of open applications in period						
	no data <sup>56</sup>	<14 days	15 to 30 days	31 to 60 days	61 to 90 days	90+ days	Total	no data	<14 days	15 to 30 days	31 to 60 days	61 to 90 days	90+ days	Total
<b>H&amp;L Applications</b>	862	287	1,072	1,998	1,341	2,056	<b>7,616</b>	-	876	1,043	1,295	552	207	<b>3,973</b>
<b>%</b>	11%	4%	14%	26%	18%	27%	<b>100%</b>	0%	22%	26%	33%	14%	5%	<b>100%</b>

The NDIS is committed to making significant improvements to this metric in the next quarter, including reducing the number of outstanding 90+ day Home and Living requests to be in line with the performance target of all other PSG metrics.

- This includes increasing the number of Home and Living decision panels and number of staff on these panels to process the requests.
- The NDIA is also continuing to streamline the end-to-end process with the intent of minimising the number of hand-offs which will result in an improvement in the overall timeframe.

### 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 remained stable, with three per cent in the June 2022 quarter still open after 21 days.

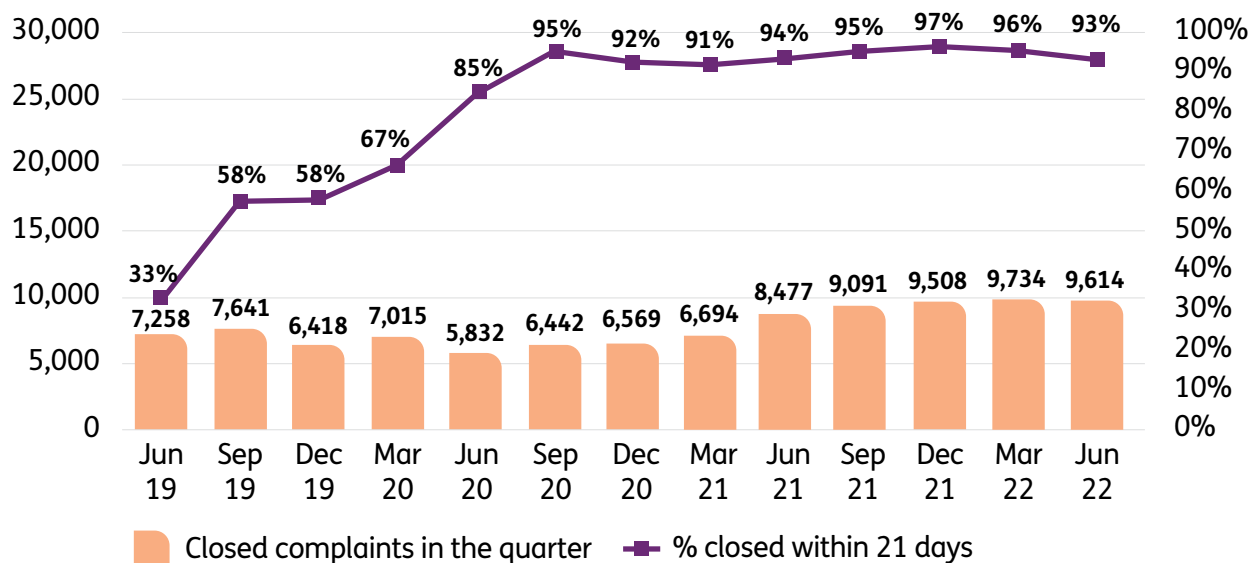
**Figure 43: Open complaints and percentage that have been open for more than 21 days<sup>57</sup>**

<sup>56</sup> System limitations present during the quarter meant it was not possible to accurately capture end-dates for all closed applications. System fixes have now been implemented and future quarters won't be impacted.

<sup>57</sup> 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.

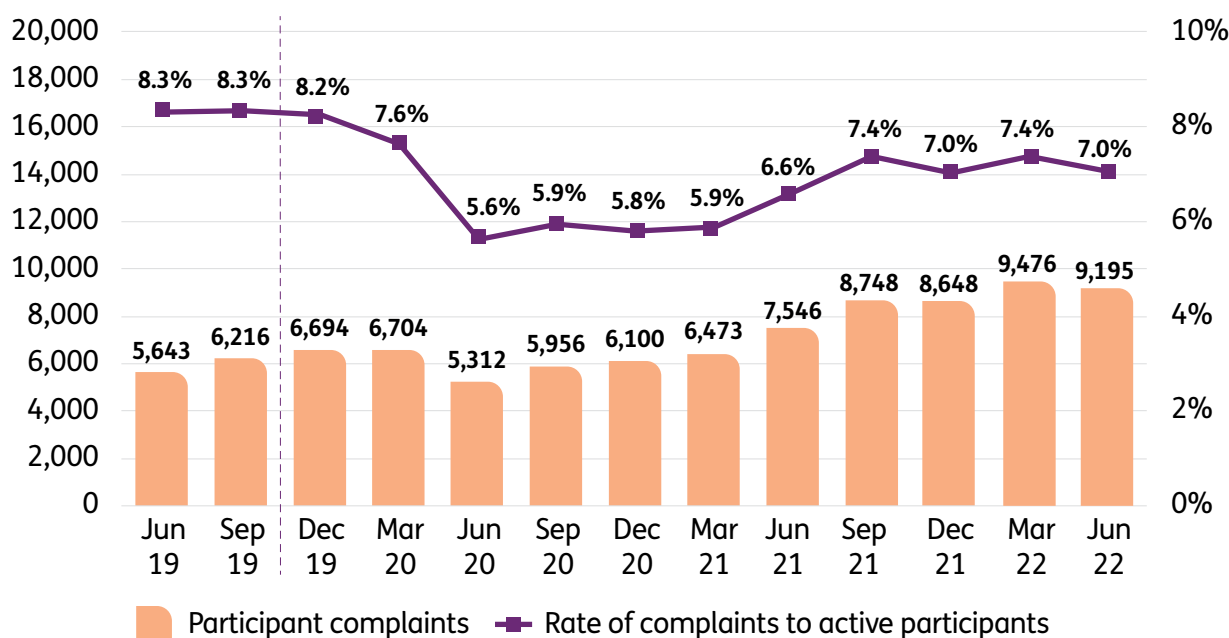
Around 95 per cent of complaints have been closed within 21 days in the past four quarters.

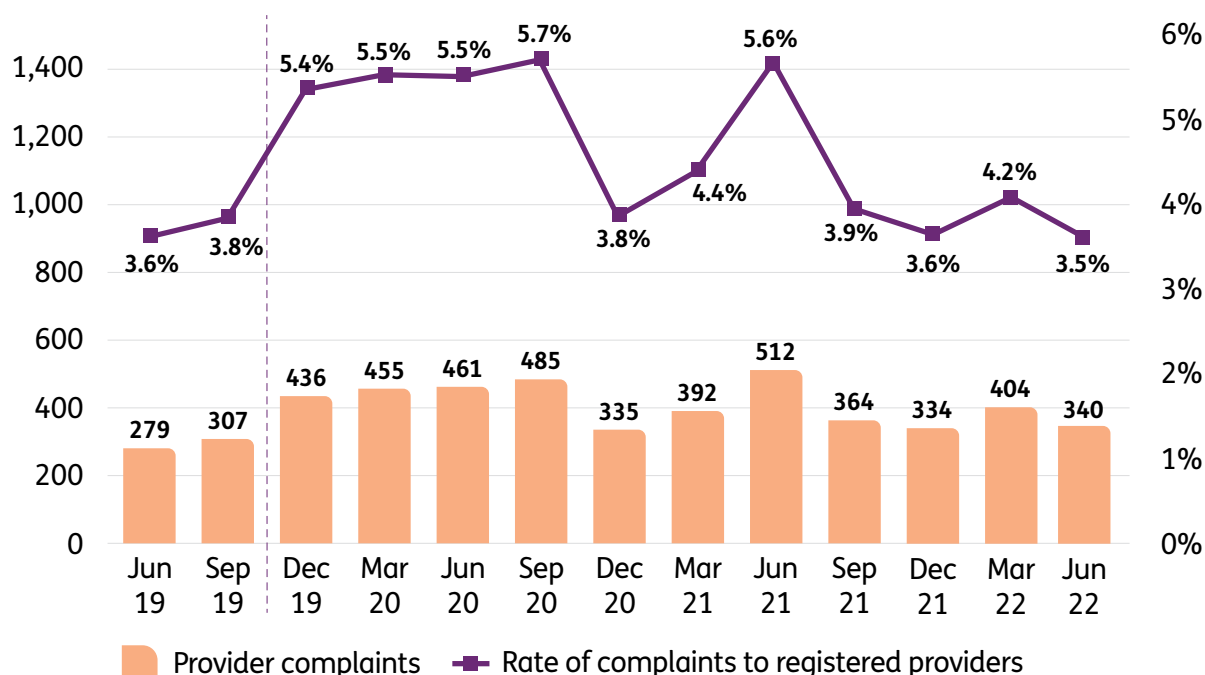
**Figure 44: Closed complaints and per cent completed within 21 day timeframe**



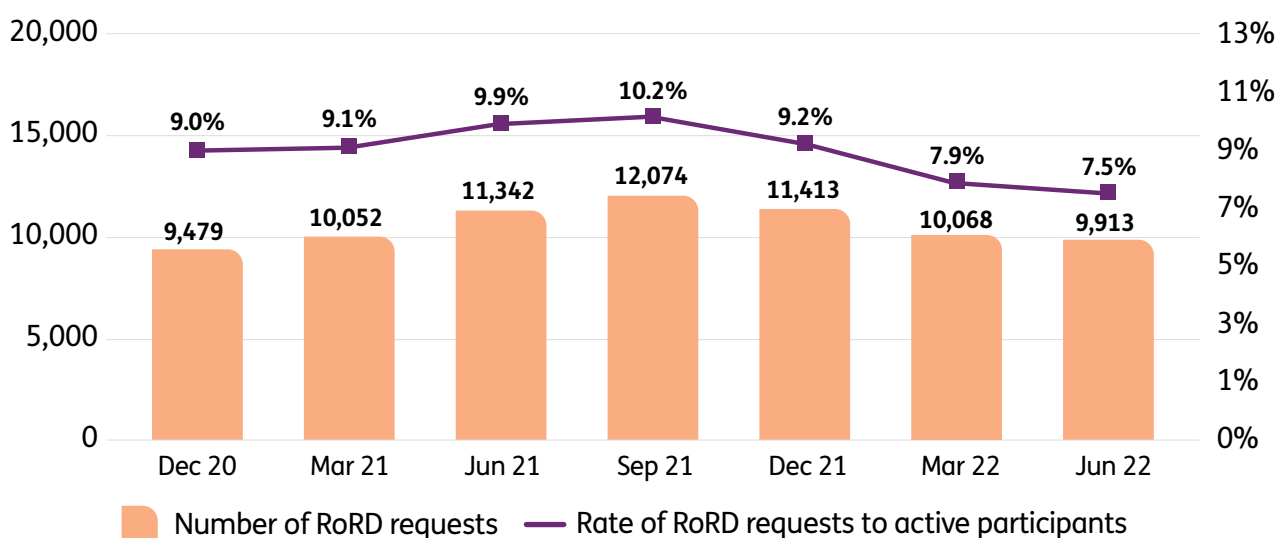
There was a significant decline in participant complaints as a proportion of active participants between June 2019 and June 2020. Over the last four quarters, the number of complaints has increased as a proportion of active participants (7.0 per cent in the June 2022 quarter). The number of complaints received from providers decreased during the quarter (Figure 46) with 340 complaints received, which is equivalent to 3.5 per cent of registered providers making a complaint.

**Figure 45: Number and proportion of participant complaints over time**



**Figure 46: Number and proportion of provider complaints over time<sup>58</sup>**


The number of RoRDs as a percentage of active participants increased from 9.0 per cent in the December 2020 quarter to 10.2 per cent in the September 2021 quarter, before decreasing to 7.5 per cent in the June 2022 quarter.

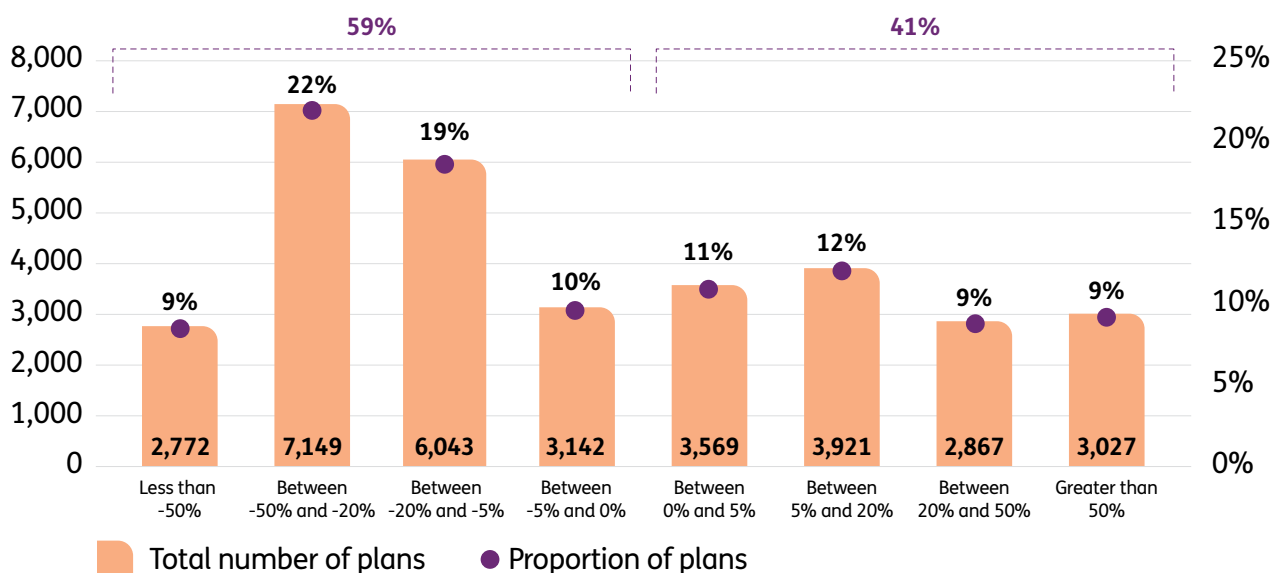
**Figure 47: Request for a RoRD – quarterly trend<sup>59</sup>**


<sup>58</sup> 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.

<sup>59</sup> RoRD is a Review of a Reviewable Decision. The number of RoRD requests have changed compared with the previous report. This is due to additional records which have been retrospectively added/removed from the underlying data. Work to include records entered in the off-system database as well as requests that have been recorded in the NDIA business system continues.

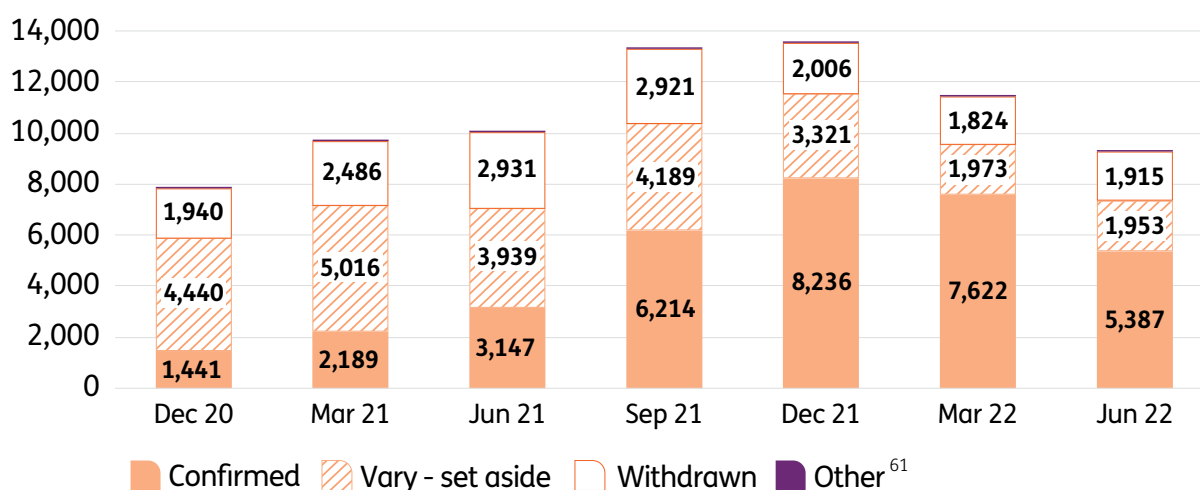
Of the 43,468 RoRD requests received over the last year, 32,490 (75 per cent) related to plan review decisions, with the remaining relating to first plan approvals and access decisions. In considering changes in the plan budgets for these plans resulting in a RoRD request, 59 per cent had a decrease in plan budgets and 41 per cent had an increase prior to the RoRD request.

**Figure 48: Change in plan budgets for plans resulting in a RoRD request received in this financial year (1 July 2021 – 30 June 2022)**



There were 9,262 RoRDs closed in the June 2022 quarter with 1,915 requests withdrawn.<sup>60</sup> Of the remaining closed RoRDs, 5,387 confirmed the Agency's decision, meaning there was no change from the Agency's decision. Further, there were 1,953 decisions to vary or set aside the decision of the original decision maker. Decisions are often varied or set aside as further evidence is obtained during the review process.

**Figure 49: Closed RoRDs by outcome – quarterly trend**



<sup>60</sup> The number of closed RoRDs have changed compared with the previous report. This is due to additional records which have been retrospectively added/removed from the underlying data. The data on RoRDs will be enhanced with the implementation of the new ICT business system and will improve reporting on RoRD outcomes in future reports.

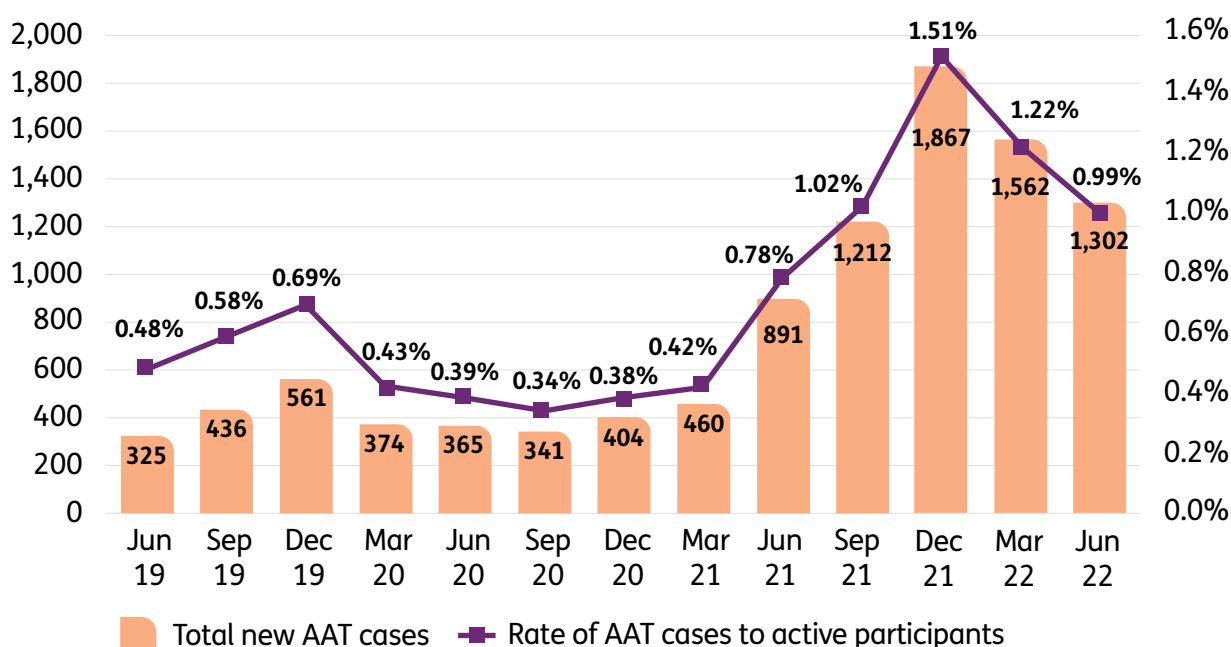
<sup>61</sup> Other includes referrals, missing and duplicate requests which are very small numbers (between 1 and 13 each quarter).

If a person is not satisfied with the outcome of their review, they may submit an application to the AAT for review of a decision made by a reviewer. The NDIA is committed to acting as a model litigant in the AAT as required by the Legal Services Directions 2017, and in doing so works with applicants and their legal representatives to resolve their matters as early as possible in the AAT process.<sup>62,63</sup>

There were 1,302 new AAT cases in the June 2022 quarter, relating to 1,286 participants. The number of AAT cases (as a proportion of active participants) has decreased steadily over the last two quarters after a significant increase in the year to 31 December 2021. In the June 2022 quarter, the rate decreased to 0.99 per cent, compared to 1.22 per cent in the March 2022 quarter, and 1.51 per cent in the December 2021 quarter.

While taking into consideration that each decision made in the AAT is merit-based (i.e. specific to the individual facts and circumstances of the particular case leading to a decision before the Tribunal), and thus not a legal precedent, the NDIA is constantly monitoring the issues emerging from its AAT decisions to further develop its policies in supporting a consistent and equitable approach to its funding packages, under s34 of the Act and reasonable and necessary supports.

**Figure 50: Number and proportion of new AAT cases over time**

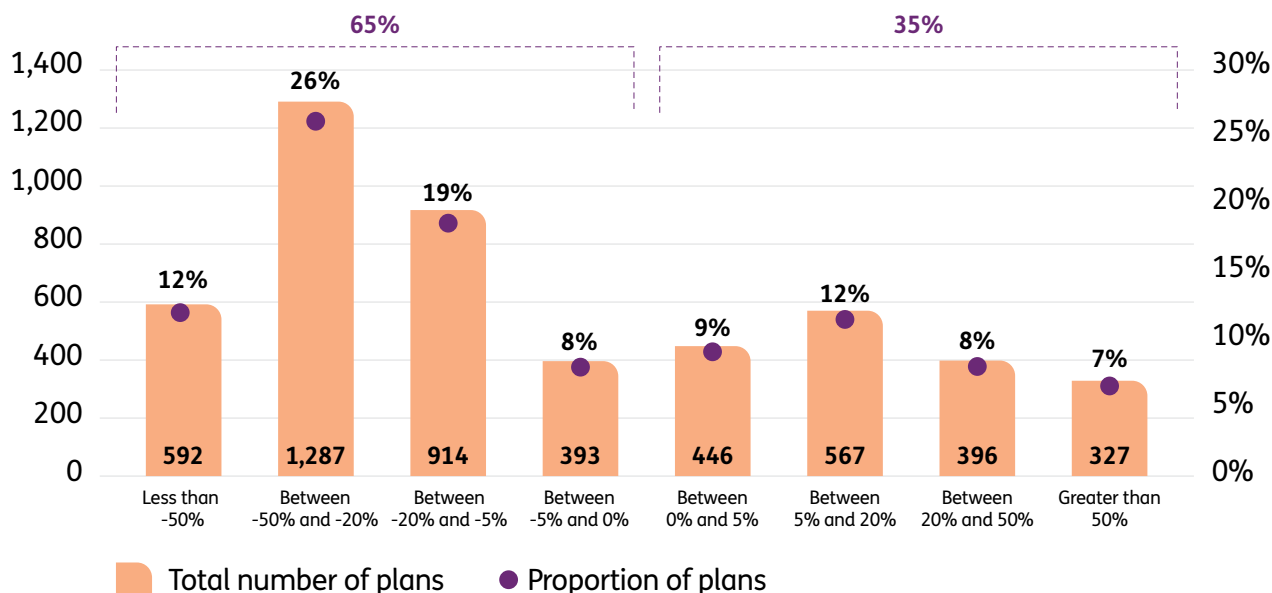


<sup>62</sup> As part of the AAT process, it is not uncommon for new requests to be made and for new evidence to be provided by applicants while their matters are in progress. This contributes to NDIS decisions being varied in the AAT.

<sup>63</sup> Further information about the AAT process can be found on the AAT website: <https://www.aat.gov.au/apply-for-a-review/national-disability-insurance-scheme-ndis/can-we-help>

There were 4,922 plan reviews that led to an AAT case in the last year. In considering changes in the plan budgets for these plans resulting in an AAT case, 65 per cent had a decrease in plan budgets prior to applying to the AAT and 35 per cent had an increase.

**Figure 51: Change in plan budgets for plans resulting in an AAT case received in this financial year (1 July 2021 – 30 June 2022)**



There have been 7,600 AAT cases closed since the commencement of the NDIS. Of those cases, 7,379 were resolved before a (substantive) hearing, with the remaining 221 progressing to (substantive) hearing and receiving a decision on a substantive legal issue.

**Figure 52: AAT cases by open/closed and decision**

	Number of cases	Number of unique active participants <sup>64</sup>
<b>AAT Cases</b>	<b>12,008</b>	<b>11,024</b>
Open AAT Cases	4,408	4,382
Closed AAT Cases	7,600	6,988
Resolved before hearing	7,379	6,797
Gone to hearing and received a substantive decision	221	191

Of the cases no longer before the AAT, approximately 59 per cent were resolved by agreement, 35 per cent were withdrawn by the applicant or dismissed by the AAT and less than 3 per cent proceeded to a (substantive) hearing<sup>65</sup>.

<sup>64</sup> As participants may have both open and closed cases, the unique active participants will not sum to the total.

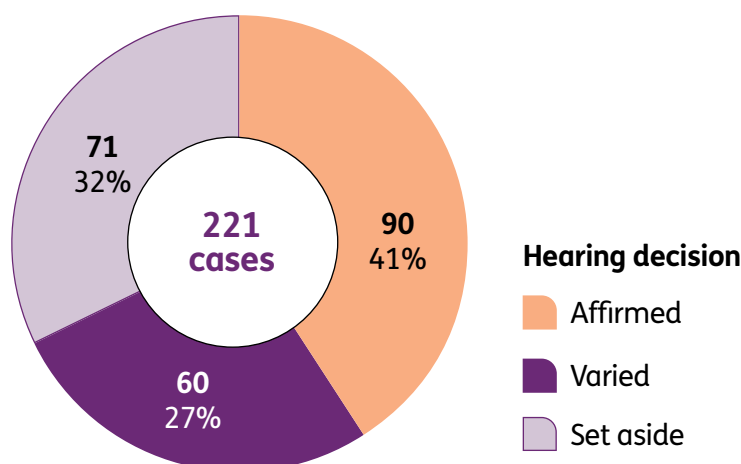
<sup>65</sup> Less than 4 per cent of cases were related to applications for an extension of time which were declined by AAT or were not opposed by the Agency, matters over which AAT has no jurisdiction and reasons that were unspecified.

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

- **Affirmed in 90 cases (41%).** This means the NDIA's original decision was not changed.
- **Set aside in 71 cases (32%).** This means the AAT agreed or partially agreed that the original decision was incorrect. The AAT either replaced the NDIA's original decision to some extent or sent the matter back to the Agency to make a new decision in accordance with specific instructions or recommendations. Where changes to the plan were made by the AAT, this did not necessarily relate to the whole plan. In many cases it was only part of the plan.
- **Varied in 60 cases (27%).** This means the original decision was changed or altered in some way. As above, where changes to the plan were made by the AAT, this did not necessarily relate to the whole plan. In many cases it was only part of the plan.

The NDIA is seeing an increasing number of cases proceeding to a (substantive) hearing in most recent quarters, which is consistent with the increasing number of AAT matters and the rising complexity in the multitude of the supports being requested for review by applicants.

**Figure 53: AAT cases that have gone to hearing and received a substantive decision<sup>66</sup>**

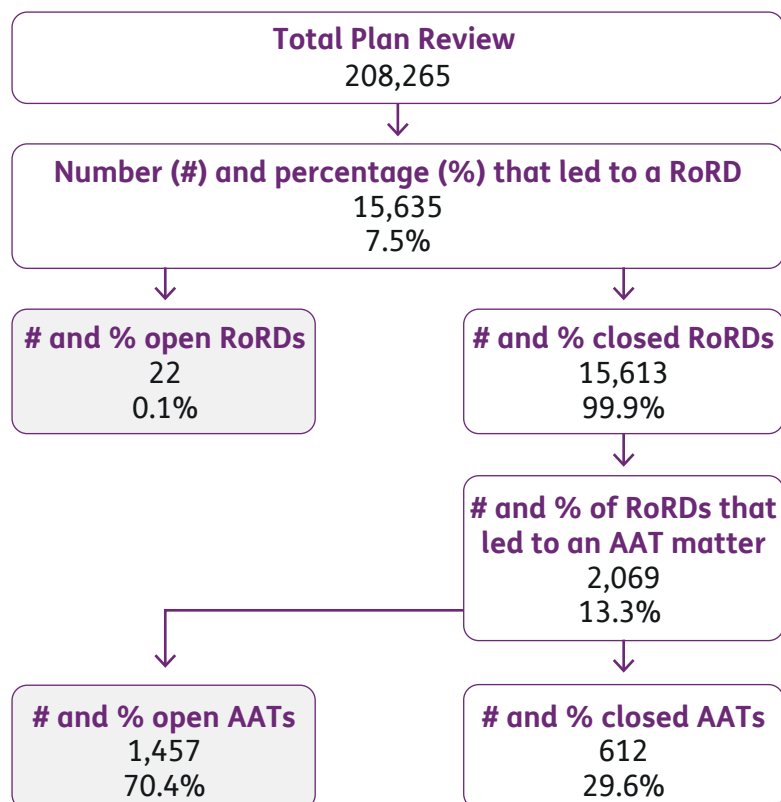


<sup>66</sup> The Tribunal will affirm the decision under review if it finds that the NDIA has made the correct decision, or vary the decision under review if it finds the NDIA's decision should be altered in some way. The Tribunal will set aside the decision under review if it finds that the NDIA has made a wholly or partially incorrect decision. In this case they can replace the NDIA's decision, or send the case back to the NDIA with considerations to be taken when making a new decision.

### Pathway from plan reviews to RoRDs and AAT

After a plan review, a participant may request a RoRD and then further appeal to the AAT. Figure 54 shows the pathway from plan reviews to RoRD requests and AAT cases for plan reviews conducted between 1 July 2021 and 31 December 2021, tracking the number and proportion that resulted in a RoRD request, and then those that resulted in an AAT case at 30 June 2022. Of the 208,265 plan reviews conducted between 1 July 2021 and 31 December 2021, 15,635 (7.5 per cent) led to a RoRD. Of this, 15,613 (99.9 per cent) were closed at 30 June 2022. Of the closed RoRDs, 2,069 (13.3 per cent) led to an AAT case, and of this, 612 (29.6 per cent) were closed at 30 June 2022.

**Figure 54: Pathway from plan review to RoRDs and AAT between 1 July 2021 and 31 December 2021 at 30 June 2022**





## Maria is on the path to securing her goals

NDIS participant, **Maria**, 49, is now able to traverse her family's Mildura property on her all-terrain scooter. Where once Maria was primarily indoors due to Multiple Sclerosis (MS), dreams of daily rides into her family's grapevines to see her beloved father Pasquale are now a reality.

"I live on a 30-acre block, and my parents live about 100 metres away. Between our houses, the driveway is undulated, so the NDIS funded a concrete path for me to be able to walk down and see them every day," Maria said. "A normal scooter wouldn't make it around the property, so my occupational therapist suggested an all-terrain and four-wheel-drive, which also has a canopy.

"It's given me a level of calmness in knowing that if I need to see dad, I can go see him and get a hug and life feels as it should."

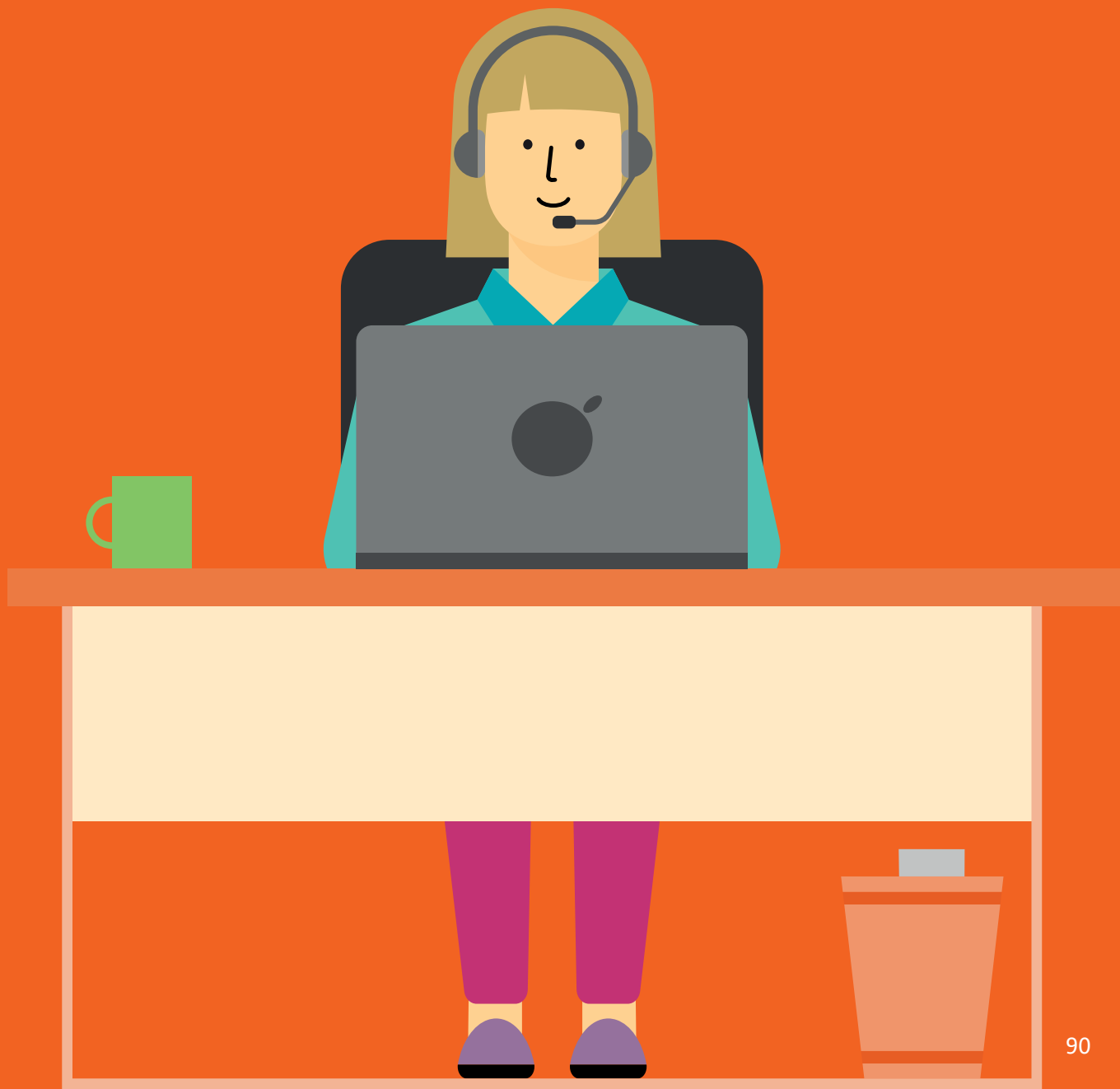
Maria said symptoms of MS came and went, until her life changed forever when the disease was diagnosed in her 30s. With lesions discovered on her neck, spine and brain, Maria underwent strong treatments and did what she could to get by in caring for son, Declan, through the support of her parents and husband, Stephen.

Maria said her life changed forever after becoming an NDIS participant. NDIS-funded home modifications have allowed Maria to live the life she wants, and through an NDIS-funded support worker, Maria enjoys coffee outings and social engagements.

"I've gained so much confidence through the NDIS, and a sense of peace in knowing my future is going to be okay. I also know that if my situation changes with my disability, the NDIS is there and they'll help me adapt to those changes."

# 4

## Providers and the growing market



## 4

# Providers and the growing market

## The provider market continues to grow.

### 4.1 Support categories

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

**\$27.6bn** in support has been provided in 2021-22.<sup>67</sup> The largest support categories are core daily activities (55 per cent of total payments), core social and community participation (19 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. \$6.9bn of the \$15.1bn payments on core daily activities in 2021-22 was for payments for participants in SIL.

**Figure 55: Total payments from 1 July 2021 to 30 June 2022**

Support Category	Total payments (in \$m) Jul-21 to Jun-22	% total payments
Core - daily activities	15,084	54.6%
Core - community	5,122	18.5%
Core - consumables & transport	1,264	4.6%
Capacity building - daily activities <sup>68</sup>	3,500	12.7%
Capacity building - other	1,814	6.6%
Capital	836	3.0%
<b>Total<sup>69</sup></b>	<b>27,627</b>	<b>100.0%</b>

<sup>67</sup> This represents total payments in 2021-22 on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments in 2021-22 were \$28.7 billion. This is a draft figure, with the final figure due to be reported in the upcoming NDIA 2021-22 Annual Report.

<sup>68</sup> Includes therapy services.

<sup>69</sup> Total includes \$7m of payments with no support category

Over the last two years, payments have grown by 51 per cent (from \$5.0bn in the June 2020 quarter to \$7.5bn in the June 2022 quarter). Payments have grown substantially across the support categories, most notably for core social and community participation (doubling over the period). This is consistent with one of the main goals of the Scheme to increase social and community participation. The percentage breakdown by support category has remained relatively stable, noting that core daily activities has decreased from 58 per cent to 54 per cent while core social and community participation has increased from 14 per cent to 19 per cent.

**Figure 56: Total payments (in \$m and %) per quarter – all participants**

Support Category	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22
Core - daily activities	2,912	3,057	3,022	3,267	3,733	3,506	3,627	3,884	4,066
Core - community	723	832	934	1,028	1,177	1,163	1,246	1,266	1,447
Core - consumables & transport	247	280	255	291	293	319	304	309	331
Capacity building - daily activities	562	654	683	678	829	854	873	805	968
Capacity building - other	315	346	363	368	418	443	447	434	490
Capital	229	230	209	186	183	200	208	190	238
<b>Total</b>	<b>4,988</b>	<b>5,399</b>	<b>5,467</b>	<b>5,818</b>	<b>6,634</b>	<b>6,488</b>	<b>6,707</b>	<b>6,890</b>	<b>7,542</b>

Support Category	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22
Core - daily activities	58%	57%	55%	56%	56%	54%	54%	56%	54%
Core - community	14%	15%	17%	18%	18%	18%	19%	18%	19%
Core - consumables & transport	5%	5%	5%	5%	4%	5%	5%	4%	4%
Capacity building - daily activities	11%	12%	12%	12%	12%	13%	13%	12%	13%
Capacity building - other	6%	6%	7%	6%	6%	7%	7%	6%	7%
Capital	5%	4%	4%	3%	3%	3%	3%	3%	3%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Payments for participants receiving SIL supports have also grown over the last two years from \$1.9bn in the June 2020 quarter to \$2.3bn in the June 2022 quarter. The SIL component (core daily activities) of the plan represents approximately 80 per cent of total payments.

**Figure 57: Total payments (in \$m and %) per quarter – participants in SIL**

Support Category	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22
Core - daily activities	1,561	1,578	1,514	1,633	1,632	1,649	1,634	1,813	1,824
Core - community	186	189	206	222	257	245	262	264	304
Core - consumables & transport	21	23	22	24	24	27	26	27	28
Capacity building - daily activities	32	34	35	37	43	44	47	43	51
Capacity building - other	53	56	57	55	64	67	67	66	78
Capital	51	49	45	45	45	45	53	50	56
<b>Total</b>	<b>1,904</b>	<b>1,930</b>	<b>1,880</b>	<b>2,017</b>	<b>2,066</b>	<b>2,080</b>	<b>2,090</b>	<b>2,264</b>	<b>2,342</b>

Support Category	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22
Core - daily activities	82%	82%	81%	81%	79%	79%	78%	80%	78%
Core - community	10%	10%	11%	11%	12%	12%	13%	12%	13%
Core - consumables & transport	1%	1%	1%	1%	1%	1%	1%	1%	1%
Capacity building - daily activities	2%	2%	2%	2%	2%	2%	2%	2%	2%
Capacity building - other	3%	3%	3%	3%	3%	3%	3%	3%	3%
Capital	3%	3%	2%	2%	2%	2%	3%	2%	2%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## 4.2 Plan management types

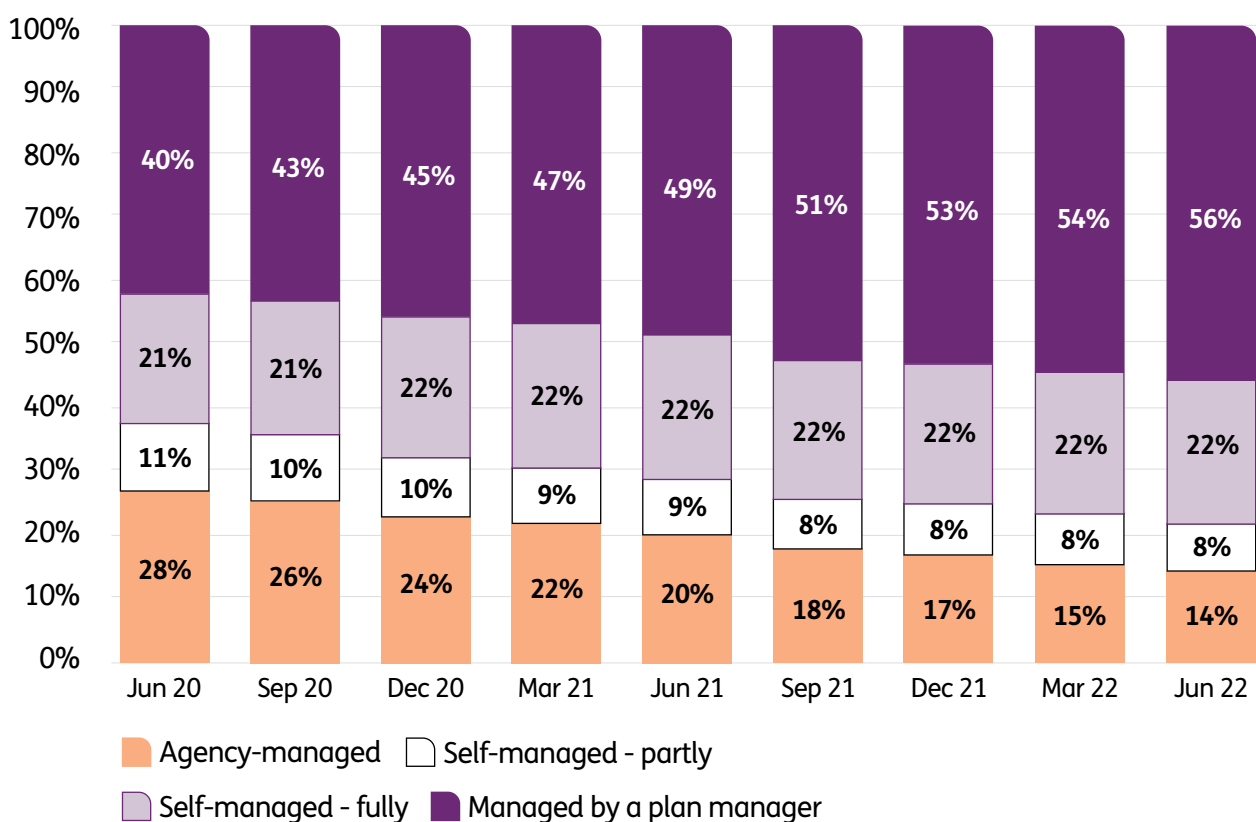
There has been a significant shift in plan management, with an increasing number of participants choosing to use a plan manager rather than have the Agency manage their plan.

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

- **self-manage all or part of** their plan has been stable at about **30%**
- use a **plan manager** has increased from **40%** to **56%**
- have an **Agency-managed** plan has decreased from **28%** to **14%**.

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

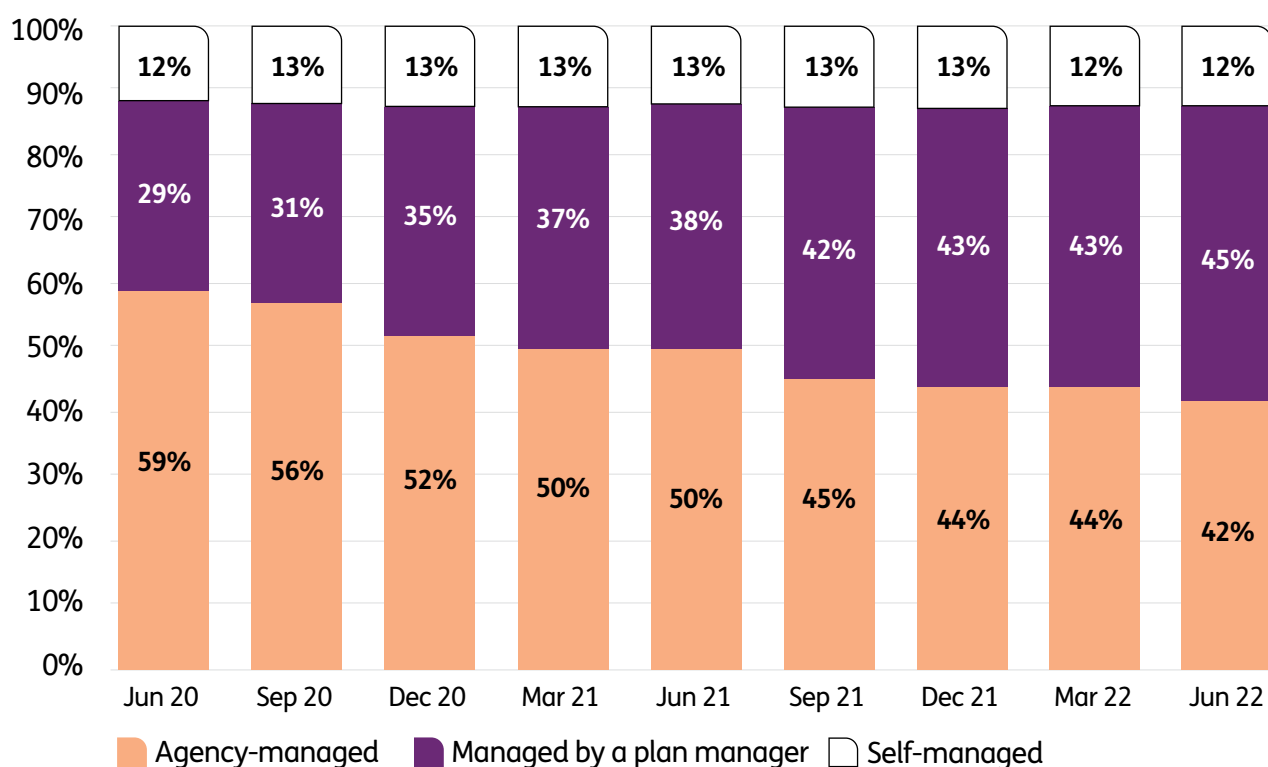
**Figure 58: Distribution of active participants by method of financial plan management over time cumulatively – all participants**



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

- **self-management** has been between **12%** and **13%**
- payments managed by a **plan manager** have increased from **29%** to **45%**
- **Agency-managed** payments decreased from **59%** to **42%**.

**Figure 59: Distribution of incremental payments by method of financial plan management over time – all participants**

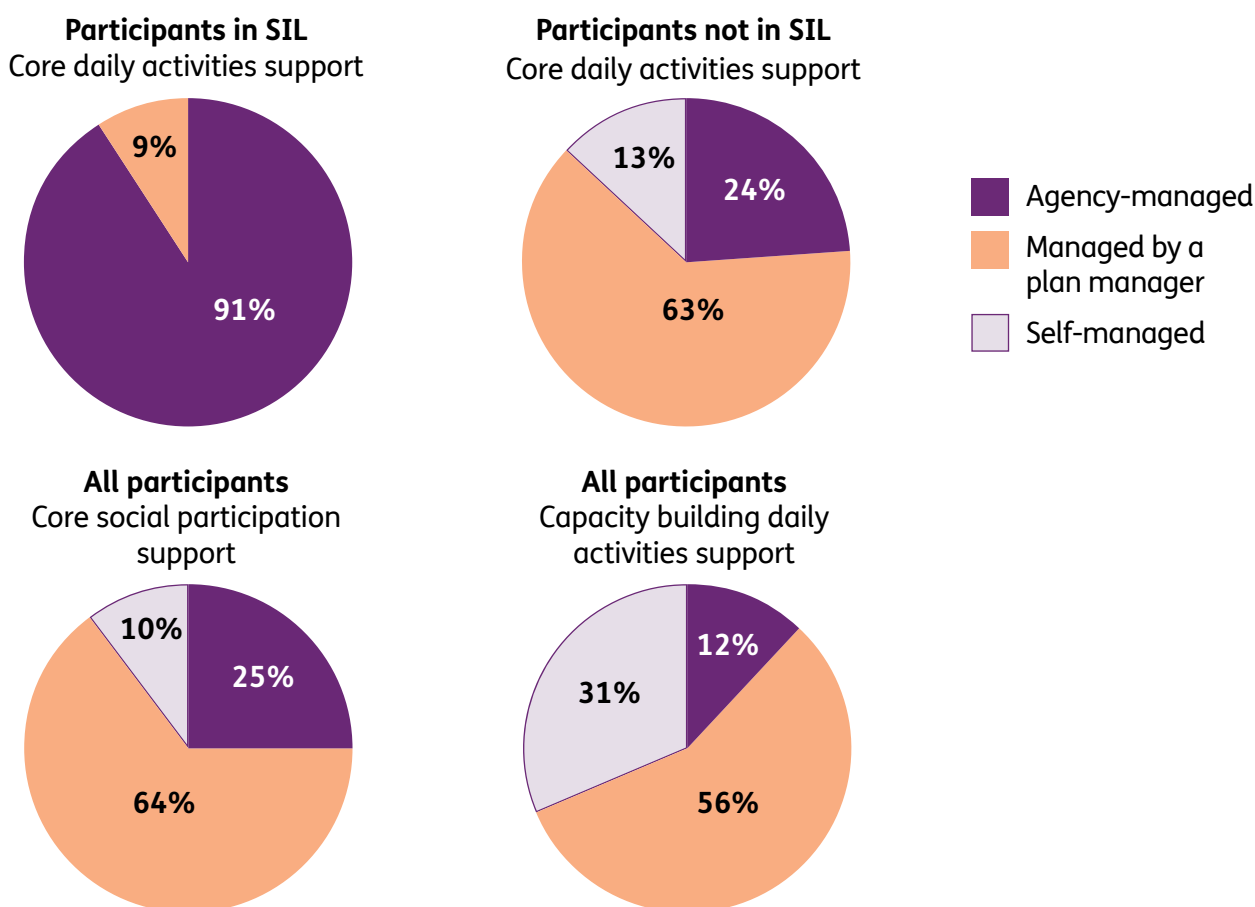


In the fourth quarter of 2021-22, of the \$7.5bn in payments, \$0.9bn was self-managed (12 per cent), \$3.4bn was managed by a plan manager (45 per cent), and \$3.2bn was Agency-managed (42 per cent).<sup>70</sup>

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

- payments for **participants in SIL receiving core daily activities support** were **\$1.8bn**. Of this, \$2m was self-managed (**less than 1%**), \$167m was managed by a plan manager (**9%**), and \$1.7bn was Agency-managed (**91%**).
- payments for **participants not in SIL receiving core daily activities support** were **\$2.2bn**. Of this, \$294m was self-managed (**13%**), \$1.4bn was managed by a plan manager (**63%**), and \$542m was Agency-managed (**24%**).
- payments for **participants receiving core social participation support** were **\$1.4bn**. Of this, \$151m was self-managed (**10%**), \$929m was managed by a plan manager (**64%**), and \$368m was Agency-managed (**25%**).
- payments for **participants receiving capacity building daily activities support (therapy supports)** were **\$968m**. Of this, \$303m was self-managed (**31%**), \$546m was managed by a plan manager (**56%**), and \$119m was Agency-managed (**12%**).

**Figure 60: Payments for the largest support categories by plan management type for Q4 2021-22**



<sup>70</sup> Includes cash and in-kind payments.

Figure 61: Total payments in Q4 2021-22 by plan management type (\$m)

	Agency-managed	With a plan manager	Self-managed	Total
<b>Core support</b>				
Daily activities - SIL	1,656	167	2	1,824
Daily activities - non-SIL	542	1,406	294	2,242
Social & community participation	368	929	151	1,447
Consumables	14	78	44	136
Transport	103	5	87	195
<b>Total core support</b>	<b>2,683</b>	<b>2,585</b>	<b>577</b>	<b>5,844</b>
<b>Capacity building</b>				
Daily activities	119	546	303	968
Support coordination	154	55	4	213
Other capacity building support	97	158	23	278
<b>Total capacity building support</b>	<b>370</b>	<b>759</b>	<b>329</b>	<b>1,458</b>
<b>Capital</b>				
Specialist disability accommodation (SDA)	47	0	0	47
Assistive Technology	70	68	27	164
Home Modifications	10	12	5	26
<b>Total capital</b>	<b>127</b>	<b>80</b>	<b>32</b>	<b>238</b>
<b>Total</b>	<b>3,181</b>	<b>3,423</b>	<b>938</b>	<b>7,542</b>

Figure 62: Total payments in Q4 2021-22 by plan management type (%)

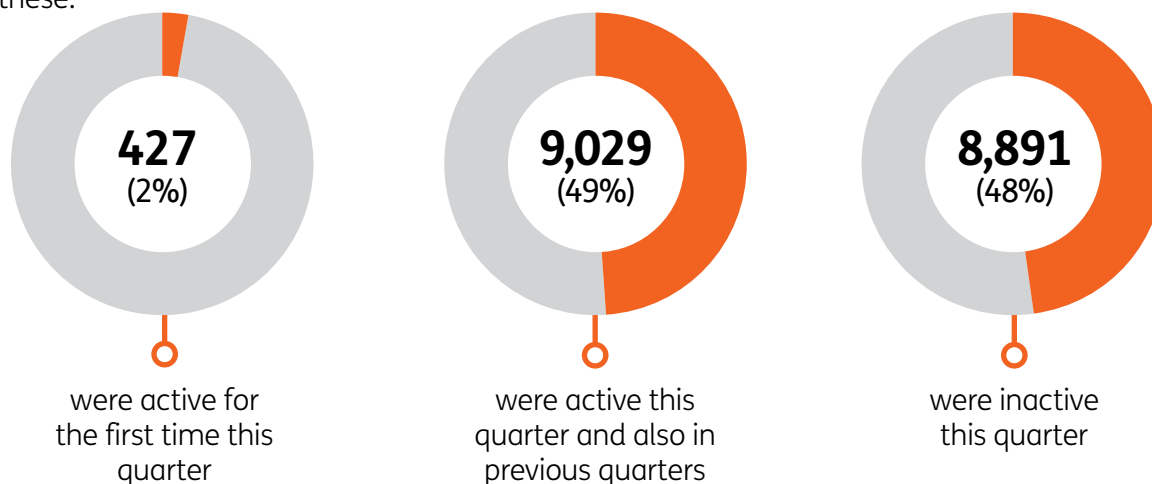
	Agency-managed	With a plan manager	Self-managed	Total
<b>Core support</b>				
Daily activities - SIL	91%	9%	0%	100%
Daily activities - non-SIL	24%	63%	13%	100%
Social & community participation	25%	64%	10%	100%
Consumables	10%	57%	32%	100%
Transport <sup>71</sup>	53%	3%	44%	100%
<b>Total core support</b>	<b>46%</b>	<b>44%</b>	<b>10%</b>	<b>100%</b>
<b>Capacity building</b>				
Daily activities	12%	56%	31%	100%
Support coordination	72%	26%	2%	100%
Other capacity building support	35%	57%	8%	100%
<b>Total capacity building support</b>	<b>25%</b>	<b>52%</b>	<b>23%</b>	<b>100%</b>
<b>Capital</b>				
Specialist disability accommodation (SDA)	100%	0%	0%	100%
Assistive Technology	43%	41%	16%	100%
Home Modifications	37%	45%	19%	100%
<b>Total capital</b>	<b>53%</b>	<b>33%</b>	<b>13%</b>	<b>100%</b>
<b>Total</b>	<b>42%</b>	<b>45%</b>	<b>12%</b>	<b>100%</b>

<sup>71</sup> The proportion of plan managed Transport payments of 3% is lower than other support categories because the fortnightly cash transport payments are paid directly to participants' bank accounts, irrespective of their management type, and are therefore considered a self-managed payment.

### 4.3 Providers supporting Agency-managed participants

While there has been a shift to participants using plan managers, there has also been an increase in the number of providers supporting Agency-managed participants.

Since the start of the Scheme, 18,347 providers have supported Agency-managed participants.<sup>72</sup> Of these:



The largest ten providers supporting Agency-managed participants received \$417m in the June 2022 quarter, which was 13 per cent of the total payments to providers supporting Agency-managed participants. These providers also received \$80m in the June 2022 quarter from plan managers (for participants with a plan manager). Additional payments may have also been received by these providers from self-managed participants.

**Figure 63: Largest ten providers by total payments in Q4 2021-22 (Agency-managed)<sup>73</sup>**

ABN	Legal name	Total Payment Amount \$m	Total Payments received from Plan Managers for Plan Managed supports	Total payments
15101252171	Life Without Barriers	\$93m	\$13m	\$106m
31001813403 <sup>74</sup>	House With No Steps / Aruma Services / Aruma Foundation / Aruma Services Victoria	\$74m	\$19m	\$93m
73628264460 <sup>75</sup>	Home@Scope Pty Ltd / Scope (Aust) Ltd	\$62m	\$10m	\$71m
87302064152	The Northcott Society	\$33m	\$7m	\$39m
45000062288	Cerebral Palsy Alliance	\$32m	\$4m	\$37m
80009670704	Endeavour Foundation	\$31m	\$9m	\$41m
49133306902	Achieve Australia Limited	\$24m	\$2m	\$26m
27009942269	Cpl-Choice, Passion, Life	\$23m	\$10m	\$32m
37020000711 <sup>76</sup>	Minda Incorporated, Minda Housing	\$23m	\$5m	\$28m
35002507655	Disability Services Australia	\$22m	\$2m	\$24m
<b>Total for largest 10 providers</b>		<b>\$417m</b>	<b>\$80m</b>	<b>\$497m</b>

<sup>72</sup> 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 18,347. Further, some of the 8,891 inactive providers in the quarter will be supporting participants with a plan manager or who self-manage.

<sup>73</sup> Providers supporting Agency-managed participants, noting 91 per cent of SIL payments in the last quarter were to providers supporting Agency-managed participants.

<sup>74</sup> In addition, the following additional ABNs for this provider are also included in this analysis - 59032986751 and 86628265387.

<sup>75</sup> In addition, the following additional ABN for this provider are also included in this analysis - 63004280871.

<sup>76</sup> In addition, the following additional ABN for this provider are also included in this analysis - 49622248908.

## 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 \$3.4bn in the June 2022 quarter. Of this \$3.4bn, \$112m was for the plan management services, and the remainder of \$3.3bn was for plan managers to pay service providers on behalf of participants.

Participants supported by plan managers can use registered or unregistered providers. Across all plan managers, 61 per cent of the \$3.3bn total plan managed payments in the June 2022 quarter (not including plan management fees) were paid to registered providers, and 39 per cent of plan managed payments were paid to unregistered providers. The percentages differ by support category:

- Of the \$167 million in payments for **daily activities for participants in SIL**, **80%** went to registered providers and **20%** went to unregistered providers
- Of the \$1.4 billion in payments for **daily activities for participants not in SIL**, **52%** went to registered providers and **48%** went to unregistered providers
- Of the \$929 million in payments for **social and community participation**, **65%** went to registered providers and **35%** went to unregistered providers
- Of the \$546 million in payments for **capacity building daily activities (therapy services)**, **63%** went to registered providers and **37%** went to unregistered providers

**Figure 64: Split of payments by support category and provider registration in Q4 2021-22 – plan managers (\$m)<sup>77</sup>**

	Registered providers	Unregistered providers	Total
<b>Core support</b>			
Daily activities - SIL	134	33	167
Daily activities - non-SIL	738	669	1,406
Social and community participation	601	328	929
Consumables and transport	55	28	84
<b>Total core support</b>	<b>1,527</b>	<b>1,057</b>	<b>2,585</b>
<b>Capacity building</b>			
Daily activities	346	201	546
Support coordination	35	20	55
Other capacity building support	29	16	45
<b>Total capacity building support</b>	<b>410</b>	<b>236</b>	<b>647</b>
<b>Capital supports</b>	<b>66</b>	<b>13</b>	<b>80</b>
<b>Total</b>	<b>2,004</b>	<b>1,307</b>	<b>3,311</b>

<sup>77</sup> Excludes \$112m paid to plan managers for plan management services.

**Figure 65: Split of payments by support category and provider registration in Q4 2021-22 – participants with plan managers (%)**

	Registered providers	Unregistered providers	Total
<b>Core support</b>			
Daily activities - SIL	80%	20%	100%
Daily activities - non-SIL	52%	48%	100%
Social and community participation	65%	35%	100%
Consumables and transport	66%	34%	100%
<b>Total core support</b>	<b>59%</b>	<b>41%</b>	<b>100%</b>
<b>Capacity building</b>			
Daily activities	63%	37%	100%
Support coordination	64%	36%	100%
Other capacity building support	65%	35%	100%
<b>Total capacity building support</b>	<b>63%</b>	<b>37%</b>	<b>100%</b>
<b>Capital supports</b>	<b>83%</b>	<b>17%</b>	<b>100%</b>
<b>Total</b>	<b>61%</b>	<b>39%</b>	<b>100%</b>

Although only 39 per cent of plan managed payments went to unregistered providers, the market of unregistered providers is large, which means there are many providers receiving smaller total payments. So although only 10 per cent of providers paid through plan managers are NDIS registered providers, they represent 61 per cent of total payments in the quarter. Further, 25 per cent of NDIS registered providers received over \$100k in NDIS funding for the quarter, compared to only 1 per cent of unregistered providers receiving over \$100k in funding.

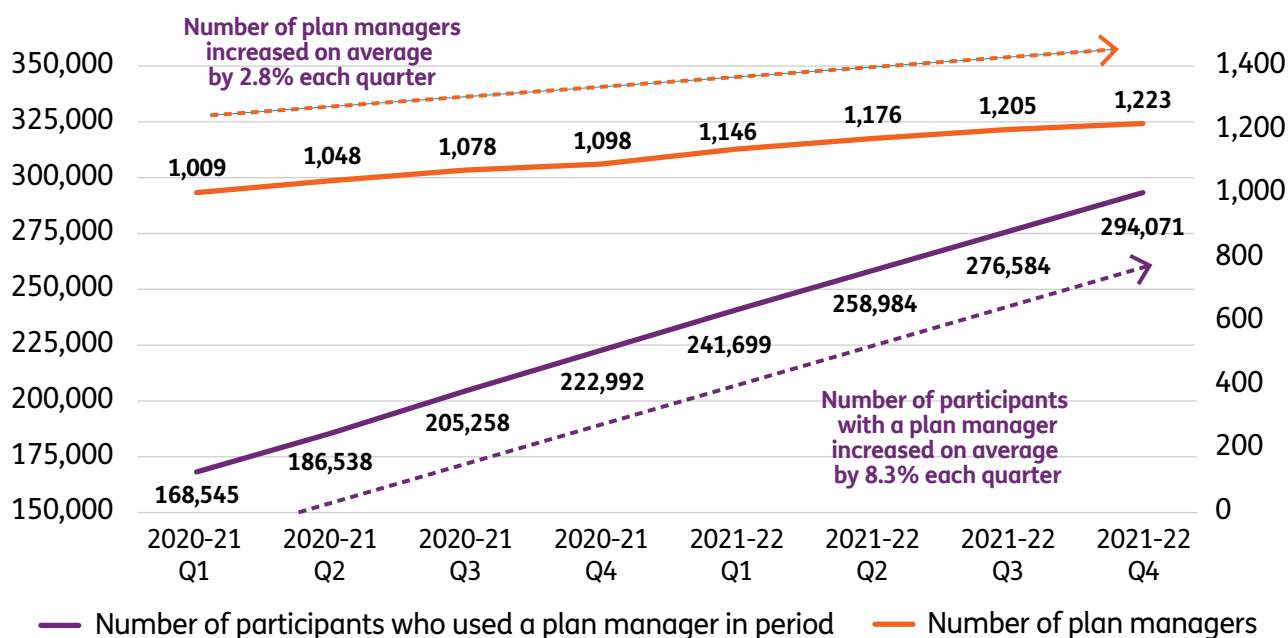
**Figure 66: Number of providers servicing participants through a plan manager in Q4 2021-22**

Payment band in quarter	Number of providers - plan managed		Proportion of total payments in quarter	
	NDIS registered <sup>78</sup>	Unregistered	NDIS registered	Not registered
1. Less than \$1k	1,124	43,035	0%	1%
2. \$1k to \$10k	3,732	53,688	1%	15%
3. \$10k to \$100k	5,195	24,598	9%	46%
4. \$100k to \$1m	2,968	1,592	45%	29%
5. More than \$1m	405	32	45%	8%
<b>Total</b>	<b>13,424</b>	<b>122,945</b>	<b>\$2,004m</b>	<b>\$1,307m</b>
<b>Percentage</b>	<b>10%</b>	<b>90%</b>	<b>61%</b>	<b>39%</b>

<sup>78</sup> The registration status of the provider has been based on the status at 30 June 2022.

Over the past eight quarters, the number of plan managers has increased from 1,009 to 1,223, a quarterly average increase of 2.8 per cent. Over the same time period, the number of participants being supported by plan managers has increased from 168,545 to 294,071 – a quarterly average increase of 8.3 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 67: Participants and providers with a plan manager by quarter – all participants**



The largest ten plan managers received \$1.34bn payments in the June 2022 quarter, which is 39 per cent of total plan managed payments in the quarter. The split between registered and unregistered providers is largely consistent between the largest providers.

**Figure 68: Payments by provider registration for the largest ten plan managers by payments in Q4 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%	\$333m
54609868993	Plan Management Partners Pty Ltd	60%	36%	3%	\$249m
24619787692	National Disability Support Partners Pty	65%	31%	4%	\$162m
62149233634	Integrated Care Pty Ltd	60%	36%	4%	\$104m
16621969337	Peak Plan Management Pty Ltd	65%	31%	4%	\$98m
92622499898	Leap In! Australia Ltd	52%	44%	4%	\$91m
69624874219	Maple Plan Pty Ltd	58%	39%	3%	\$83m
22729829472	Moir Limited	64%	33%	3%	\$81m
18620281209	Instacare Pty Ltd	57%	39%	3%	\$74m
73624994565	Connect Plan Management Pty Ltd	58%	40%	3%	\$63m
<b>Total largest 10 plan managers</b>					<b>\$1,337m</b>

## 4.5 Supported Independent Living (SIL)

### \$1.8 billion of SIL supports was provided in the fourth quarter of 2021-22.

Total payments to participants in SIL have increased by 29 per cent annually over the last three years, from \$4.1bn to \$8.8bn. The number of participants has also increased from approximately 21,052 at 30 June 2019 to 26,950 at 30 June 2022. This in part reflects phasing from the State/Territory programs into the NDIS.

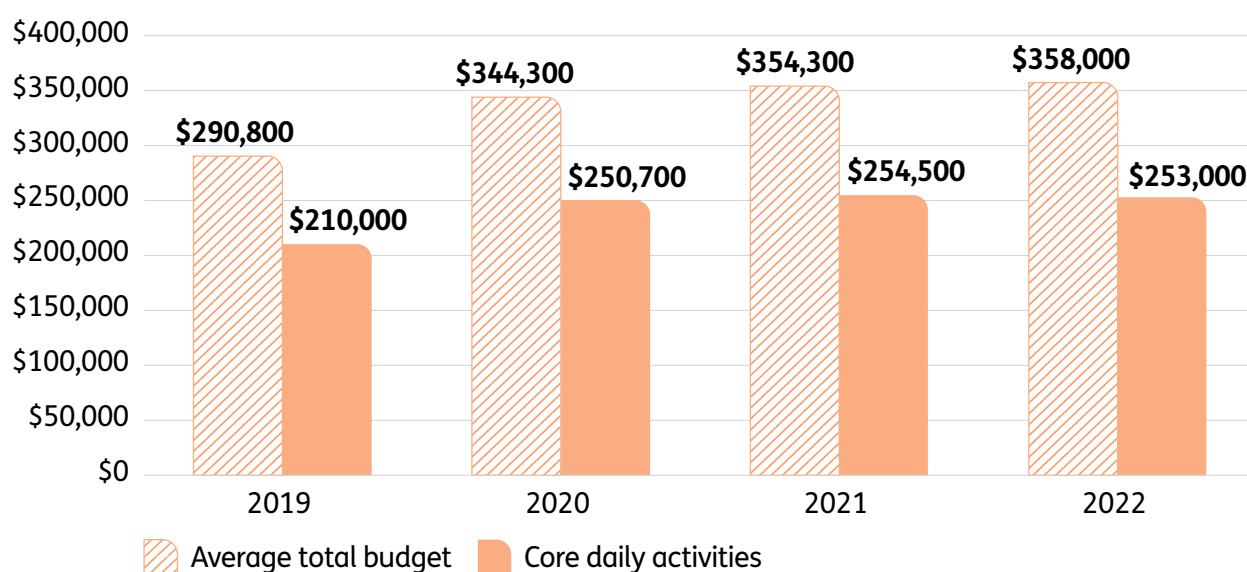
The average payment per participant for SIL supports has also increased, and comprises a large component of the total average payment for participants in SIL (noting that participants in SIL also receive other supports, such as core support for community participation, employment, and capacity building).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

**Figure 69: Number of participants and payments for years ending 30 June - participants in SIL<sup>79</sup>**

Year	2019	2020	2021	2022	% increase (per annum)
Active participants	21,052	24,119	24,542	26,950	9%
Total payments (\$m)	4,102	6,702	7,893	8,776	29%
Average payment (\$)	243,300	296,800	324,400	340,900	12%
Total payments – core daily activities (\$m)	3,334	5,423	6,357	6,920	28%
Average payment – core daily activities (\$)	197,800	240,100	261,300	268,800	11%

In addition to payments, average plan budgets for participants in SIL have also increased over time, including the component of the plan budget for SIL supports (core support for daily activities). Specifically, there was a 23 per cent increase in average plan budgets, and 20 per cent increase in the average daily activities component of the plan budgets over the three years to 30 June 2022. In the last year, average plan budgets have increased slightly from the previous year, while the daily activities component has decreased marginally.

<sup>79</sup> Due to operational changes since July 2020, there has been an issue with identifying SIL in plans as they are being completed. A temporary and manual solution was implemented to estimate the number of active participants who should be identified as having SIL in their plans but do not appear as such on the Agency's system. From May 2022, an automated and more accurate method has been applied in identifying participants in SIL leading to a restatement in the number of participants in SIL from July 2020 to April 2022. Given the basis for identifying participants in SIL has changed since July 2020, the comparison between 2020 and 2021 is not entirely on a like for like basis.

**Figure 70: Average plan budgets over time for years ending 30 June – participants in SIL**

The top 10 providers of participants identified as receiving SIL (by payment volumes) are listed in the table below along with the total payments received for SIL supports in the last three years<sup>80</sup>, noting that these providers receive payments for other supports in addition to SIL.

**Figure 71: Largest ten providers and core daily activities payments – participants in SIL<sup>81</sup>**

Provider ABN*	Provider name	Core daily activities payments (\$m)		
		2020	2021	2022
15101252171	Life Without Barriers	186	234	281
31001813403 <sup>82</sup>	House With No Steps / Aruma Services / Aruma Foundation / Aruma Services Victoria	199	241	259
73628264460 <sup>83</sup>	Home@Scope Pty Ltd / Scope (Aust) Ltd	62	75	242
87302064152	The Northcott Society	130	119	123
45000062288	Cerebral Palsy Alliance	95	114	114
80009670704	Endeavour Foundation	102	96	88
27009942269	CPL - Choice, Passion, Life	68	67	74
49133306902	Achieve Australia Limited	76	77	73
29001260153	The Disability Trust	62	72	71
37020000711 <sup>84</sup>	Minda Incorporated / Minda Housing Limited	72	76	71
<b>Total largest 10 providers</b>		<b>1,053</b>	<b>1,170</b>	<b>1,396</b>

\*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.

<sup>80</sup> Includes plan managed participants where the data is available identifying the support provider rather than payee (i.e. the plan manager for plan managed payments). This data is complete for the 2022 year, but is not complete for earlier years. This may mean payments to these providers are understated in earlier years where payments received via another payee are not traced to this provider.

<sup>81</sup> This analysis does not include in-kind payments. However, analysis of in-kind shows that two State governments have received in-kind offsets in the 2021-22 year that are comparable to the top 10 cash providers as follows: (1) Queensland \$146m and (2) South Australia \$128m.

<sup>82</sup> In addition, the following additional ABNs for this provider are also included in this analysis - 59032986751 and 86628265387.

<sup>83</sup> In addition, the following additional ABN for this provider is included in this analysis - 63004280871.

<sup>84</sup> In addition, the following additional ABN for this provider is included in this analysis - 49622248908.

## 4.6 Specialist Disability Accommodation (SDA)

### The total number of enrolled SDA dwellings continues to increase.

The number of active participants with SDA supports has increased by 13 per cent annually over the last three years, reaching 19,358 as at 30 June 2022. The average plan budgets for SDA supports have also increased by around 9 per cent per annum, leading to an increase in total SDA supports in participant plans by around 23 per cent per annum, from \$144 million as at 30 June 2019 to \$271 million as at 30 June 2022.

Total SDA payments have increased by 49 per cent annually over the last three years, from \$56 million to \$186 million.<sup>85</sup> The average SDA payments per participant have also increased, by 27 per cent per annum.

**Figure 72: Number of participants, plan budgets and payments for years ending 30 June – participants with SDA supports**

Year	2019	2020	2021	2022	% increase (per annum)
Active participants	13,309	14,982	16,033	19,358	13%
Total SDA supports (\$m)	144	176	204	271	23%
Average SDA supports (\$)	10,839	11,741	12,694	14,024	9%
Total SDA payments (\$m)	56	102	140	186	49%
Average SDA payments (\$)	5,085	7,205	8,996	10,523	27%

The top 10 providers of participants identified as receiving SDA (by payment volumes) are listed in the table below along with the total payments received for SDA supports in the last three years.

<sup>85</sup> SDA provider payments have not been handled in a timely fashion due to issues with service bookings. This has resulted in a large backlog of payments. To address the problem, the NDIA is introducing a new SDA line item from 1 July 2022 to ensure providers have an easier way to claim for services delivered to participants. The NDIA has also addressed historic outstanding SDA payments by making off-system payments to providers directly. The \$186m total SDA payments made in 2022 includes off-system payments of \$10.5 million made in June 2022.

**Figure 73: Largest ten providers and SDA payments – participants in SDA<sup>86,87</sup>**

Provider ABN*	Provider name	SDA support item claiming in year ending 30 June		
		2020	2021	2022
64617052383 <sup>88</sup>	Home4life Limited/ Compass Housing Services Co Ltd	\$4m	\$13m	\$13m
97824335975 <sup>89</sup>	The Trustee for Summer Housing SDA Trust / The Trustee for Summer Housing Pavilions / The Trustee for Summer Housing Impact SD	\$1m	\$7m	\$12m
85236978396	The Trustee For The Disability Housing Trust	\$5m	\$3m	\$7m
69118571547	Disability Housing Limited	\$2m	\$2m	\$5m
65152013913	Ability SDA Pty Ltd	\$1m	\$4m	\$4m
33931811019	Julia Farr Housing Ass Inc	\$2m	\$3m	\$4m
66647041988	Hume Community Housing Association Co Ltd	\$3m	\$3m	\$3m
40007008853	Singleton Equity Housing Ltd.	\$0m	\$1m	\$3m
16127713731	Evolve Housing Limited	\$2m	\$2m	\$2m
27621705235	Empowered Liveability Pty Ltd	\$0m	\$1m	\$2m
<b>Total largest 10 providers</b>		<b>\$20m</b>	<b>\$39m</b>	<b>\$57m</b>

\*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 total number of enrolled SDA dwellings at 30 June 2022 was 7,086<sup>90</sup>, up by 31 per cent annually over the last three years, and by 862 dwellings (14 per cent), compared to a year ago at 30 June 2021. This increase was observed across all design categories, except for Basic stock which saw a 1 per cent reduction (23 dwellings). The largest relative increase was for dwellings of the High Physical Support category (35 per cent, 514 dwellings), followed by dwellings of the Robust design category (25 per cent, 96 dwellings). Overall, all States and Territories saw increases in enrolled dwellings.

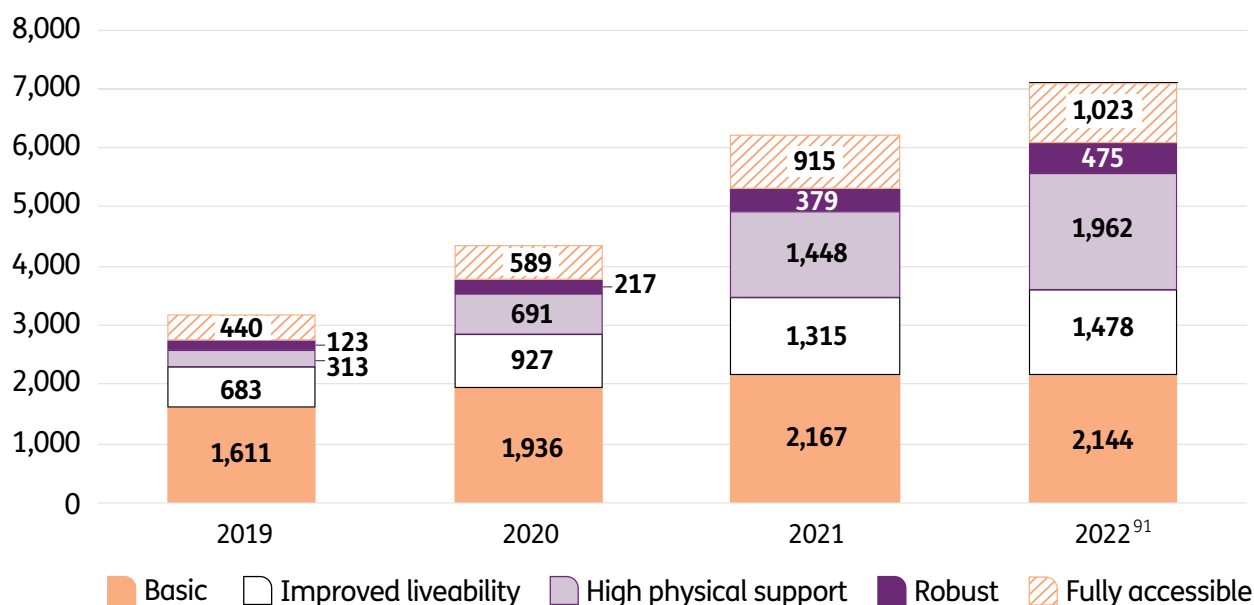
<sup>86</sup> The analysis does not include in-kind payments, but does account for \$10.5m in off-system SDA payments made in June 2022.

<sup>87</sup> The analysis excludes government owned providers. In particular, the Department of Health and Human Services (Victoria) claimed \$20m in cash in the 2021-22 year.

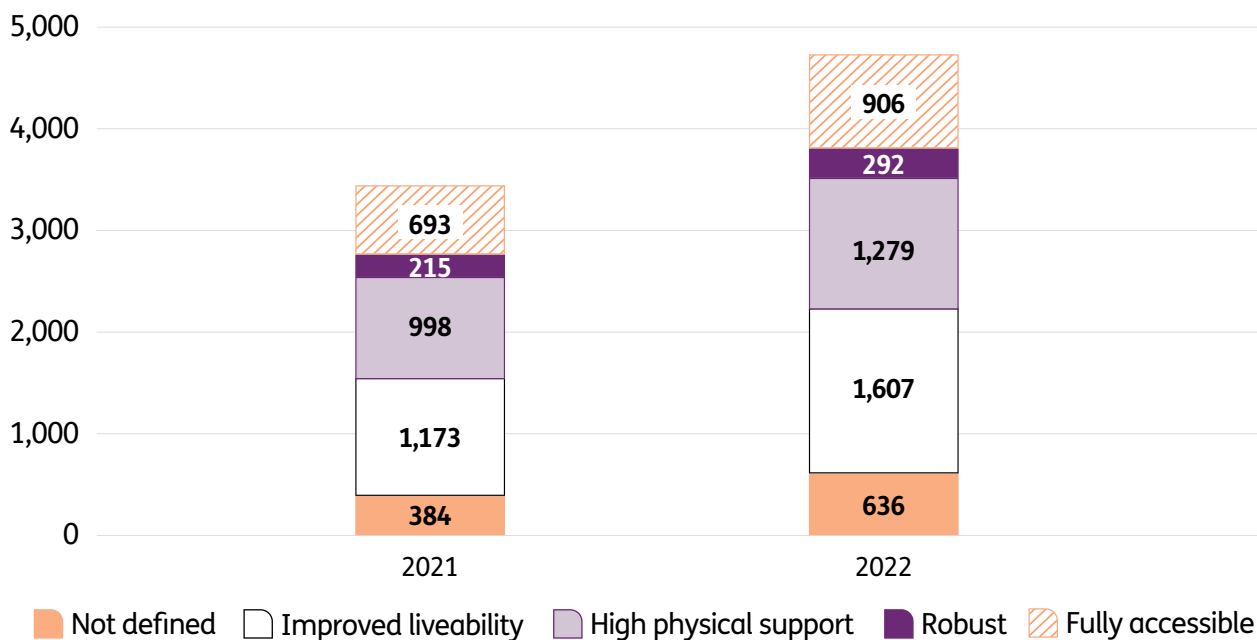
<sup>88</sup> In addition, the following additional ABN for this provider is included in this analysis – 84002862213.

<sup>89</sup> In addition, the following additional ABNs for this provider are also included in this analysis – 21684858548 and 75699253279.

<sup>90</sup> This includes dwellings funded via “cash” arrangements only. An additional 203 dwellings are funded under in-kind arrangements, bringing the total number of SDA dwellings to 7,289 at 30 June 2022.

**Figure 74: Enrolled SDA dwellings (excluding in-kind) by design category for years ending 30 June**

As at 30 June 2022, there were 2,993 participants in an SDA dwelling seeking an alternative dwelling and an additional 1,727 participants who were not in an SDA dwelling seeking a vacancy. Of the combined 4,720 participants seeking SDA dwellings, 1,607 (34 per cent) were for the Improved Liveability design category and 1,279 (27 per cent) were for High Physical Support.

**Figure 75: Number of participants seeking SDA dwelling by design category for years ending 30 June**

<sup>91</sup> At 30 June 2022, there were an additional four dwellings with a multiple design category.

## 4.7 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”.

Between June 2021 and June 2022, the utilisation performance metric improved whereas the provider concentration metric deteriorated marginally. The choice and control performance metric remained stable.

### 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.

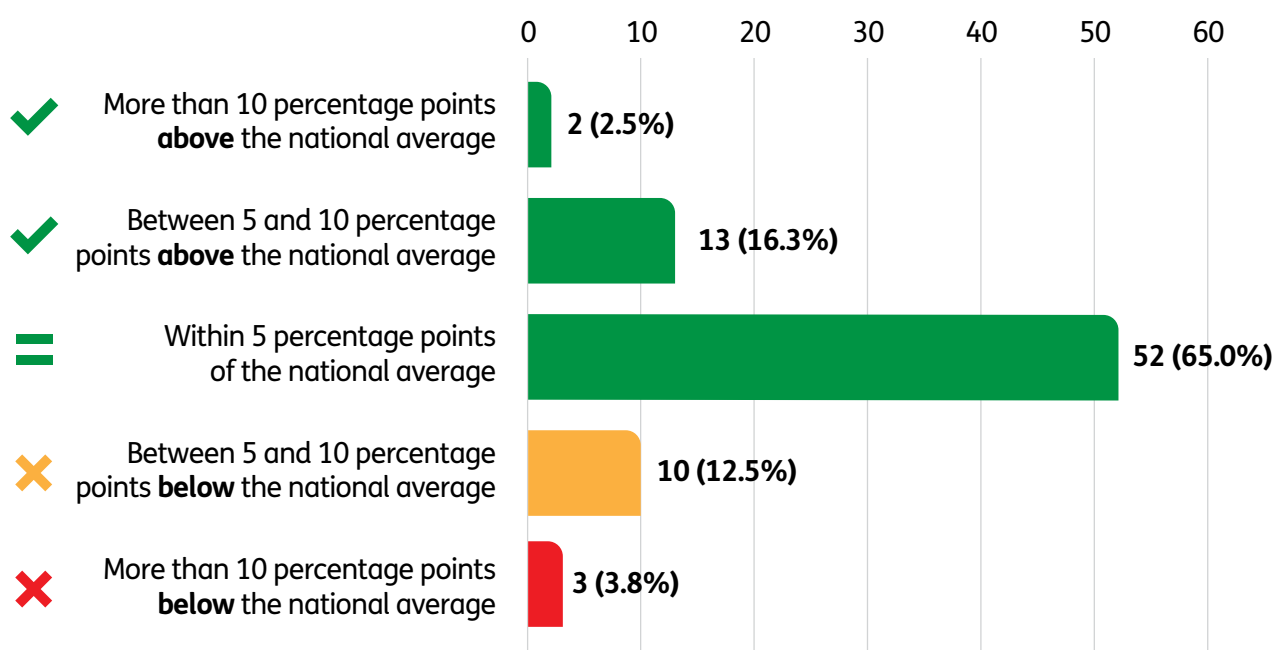
Overall, 52 of the 80 service districts (65 per cent) in the analysis were within 5 percentage points of the national average, two service districts (3 per cent) were more than 10 percentage points above the national average, and three service districts (4 per cent) were more than 10 percentage points 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, East Arnhem and Katherine in the Northern Territory.

At 30 June 2022:

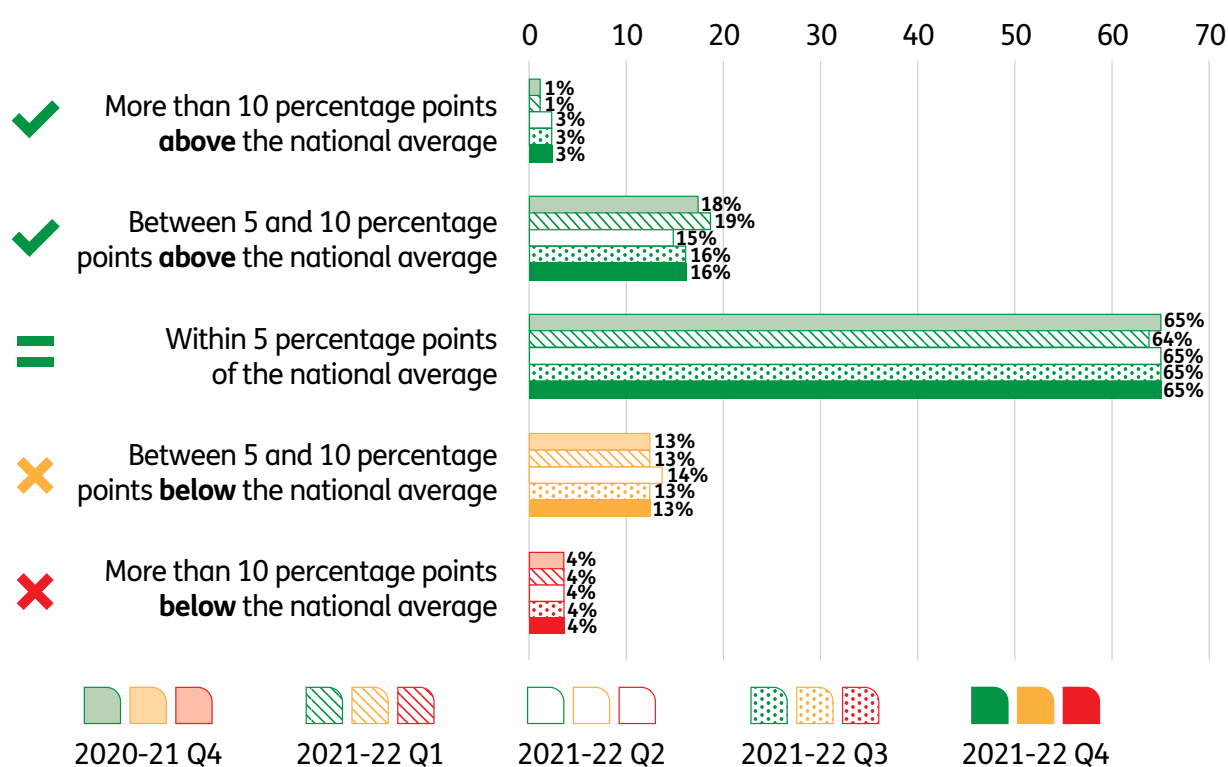
- **Darwin Remote** had **438** active participants and plan budgets totalling \$29 million
- **East Arnhem** had **206** active participants and plan budgets totalling \$19 million
- **Katherine** had **238** active participants and plan budgets totalling \$36 million

Figure 76: Choice and control – number of service districts – gap to benchmark



Over the last year the percentage of service districts more than 10 percentage points below the national average has remained steady at 4 per cent. The number of service districts within 5 per cent of the national average has also remained steady at 65 per cent, except for a slight decrease to 64 per cent in 2021-22 Q1.

Figure 77: Choice and control – number of service districts – gap to benchmark – trend



## Utilisation

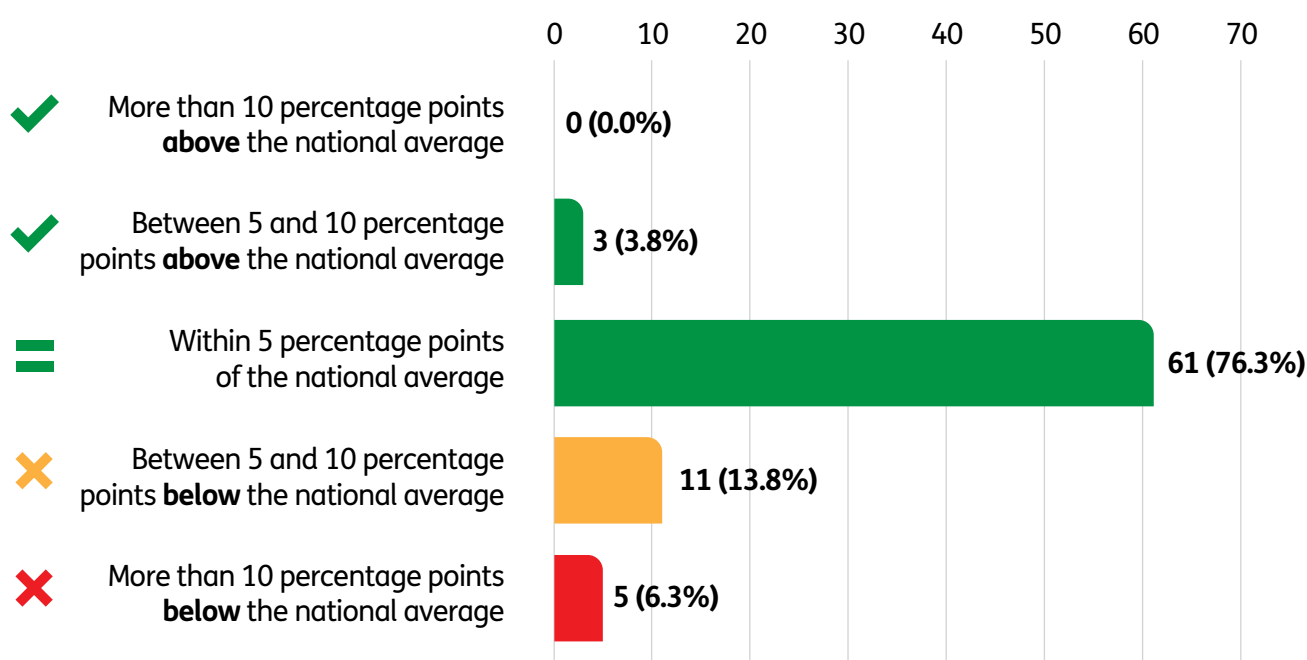
The average payment per participant has increased by 9.2 per cent over the three years from 30 June 2019 to 30 June 2022, and the average plan budget has increased by 1.3 per cent over the same three years. Participants are getting more support over time so understanding differences between plan budgets and payments (utilisation) across geographical regions is important in identifying “hot spots” where participants are getting relatively less support compared with other geographical regions.

Overall, 61 of the 80 service districts (76 per cent) in the analysis are within five percentage points of the national average<sup>92</sup>, no service districts were more than 10 percentage points above the national average, and five service districts (6 per cent) were more than 10 percentage points below the national average.

The number service districts more than 10 percentage points below the national average has decreased from six at 31 March 2022 to five this quarter. The five service districts this quarter are Eyre and Western and Far North (SA) in South Australia, Darwin Remote and East Arnhem in the Northern Territory and Kimberly-Pilbara in Western Australia.

There are 11 service districts between five and 10 percentage points below the national average – these are also mainly in regional and remote areas.

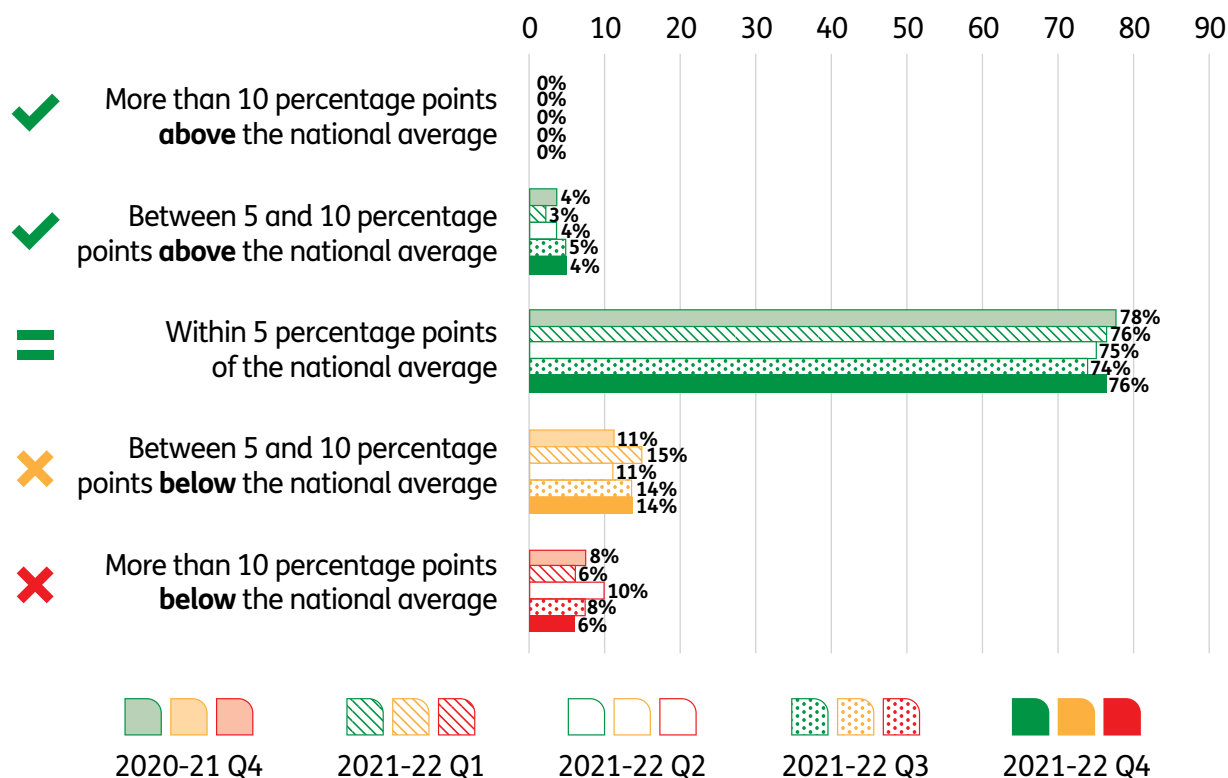
**Figure 78: Utilisation – number of service districts – gap to benchmark**



<sup>92</sup> 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 decreased from six (8 per cent) to five (6 per cent). The number of service districts within 5 percentage points of the national average has decreased from 62 (78 per cent) to 61 (76 per cent). The number of service districts between 5 and 10 percentage points below the national average has increased from 9 (11 per cent) to 11 (14 per cent) over the last year.

**Figure 79: Utilisation – number of service districts – gap to benchmark – trend**



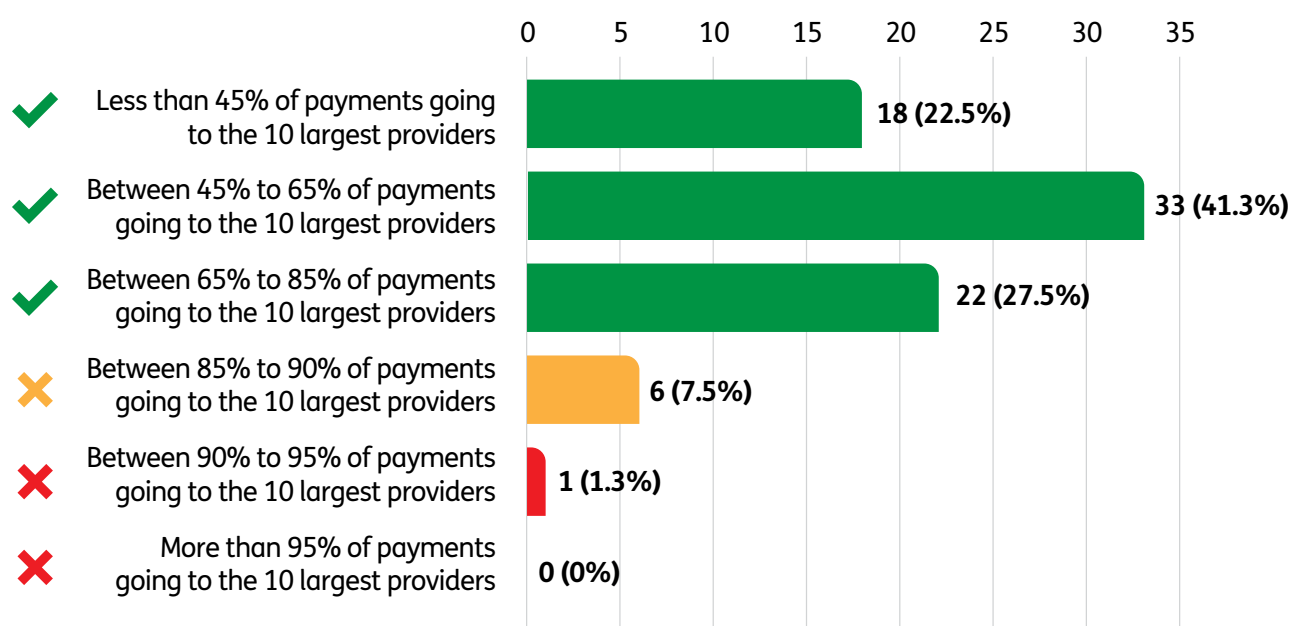
### Market concentration

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 this could mean that there is less competition in the area. As at 30 June 2022, for the six month period to 31 March 2022, 21 per cent of payments<sup>93</sup> were paid to the largest 10 providers paid directly by the NDIA, through Agency or Plan-managed payments, excluding providers paid through self-managed payments and end providers paid by plan managers.

The analysis below considers payments in the six month period to 31 March 2022 to providers. There are seven service districts where 85 per cent or more of payments go to the largest 10 providers (9 per cent) and 18 service districts where less than 45 per cent of payments went to the 10 largest providers (23 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.

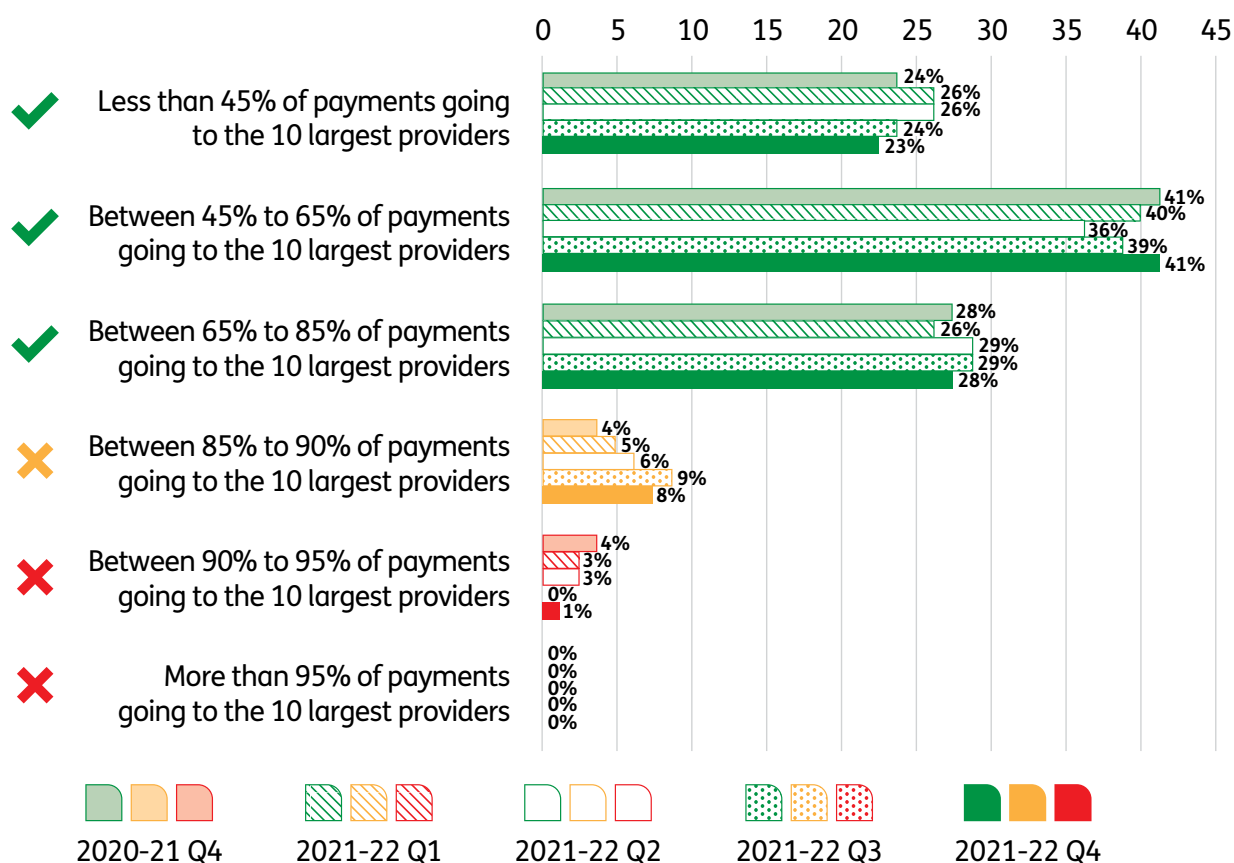
**Figure 80: Market concentration – number of service districts by percentage of payments going to the 10 largest providers**



<sup>93</sup> Excludes YPIRAC payments to the Department of Health.

Over the last year, the number of service districts where 85 per cent or more of payments go to the largest 10 providers has increased from six (8 per cent) to seven (9 per cent). The number of service districts where less than 45 per cent of payments went to the 10 largest providers has decreased from 19 (24 per cent) to 18 (23 per cent). The number of service districts where between 65 to 85 per cent of payments go to the 10 largest providers has remained steady at 22 (28 per cent). Further, in the June 2022 quarter, there was one service district where the 10 largest providers received more than 90 per cent of payments, East Arnhem in the Northern Territory.

**Figure 81: Market concentration – number of service districts by percentage of payments going to the 10 largest providers – trend**



## 4.8 COVID Assistance

**As mentioned in the Introduction section, COVID support for providers continues.**

The ongoing pandemic means that it continues to be challenging for disability service providers to manage COVID-19 outbreaks whilst continuing to provide essential services. As noted in the Introduction section of this report, the NDIA extended a number of current measures to ensure continuity of essential supports for NDIS participants (refer to the Introduction section of this report for more detail on these initiatives).

## 4.9 Market Stewardship activities

**The NDIA continues to support the developing NDIS market such as developing home and living options and partnering with the sector to improve quality and outcomes of support coordination.<sup>94</sup>**

### Home and Living

Over the last quarter, the NDIA has continued to focus on designing and implementing improvements to Home and Living products and practices in collaboration with participant, provider and sector representatives, while continuing the development of a co-designed Home and Living policy to guide longer-term reform.

The Making SDA Better project has resulted in a series of fast tracked initiatives to improve how SDA supports are delivered and strengthen the efficacy of the SDA market.

The improvements include:

- **Updated guides and OGs:** Clarification of the use of Home and Living forms and the introduction of the first of a series of Would We Fund It Guides to provide further clarity regarding SDA decisions.
- **Processes:** A simplified service booking process for SDA enrolled dwellings to enable providers to create their own service bookings.

The NDIA announced in April 2022 that it is bringing forward commencement of the Review of the Specific Underlying Assumptions within the Pricing Methodology for SDA. Under the SDA Pricing and Payments Framework, the NDIA is required to undertake a review every five years of the specific underlying assumptions within the pricing methodology for SDA. The SDA Pricing Review was scheduled to take place through the first half of 2023. Following consultations with the SDA sector about the need for certainty for planning capital investment, the NDIA is bringing forward the commencement of the SDA Pricing Review, with consultation on the terms of reference commencing with the SDA Reference Group. It is intended to announce the outcomes of the SDA Pricing Review as early as possible to support investor and market confidence. Any changes from the SDA Pricing Review will come into effect from 1 July 2023.

### Home and Living demonstration projects

The NDIA has established the Home and Living demonstration projects initiative to trial and evaluate alternative models of contemporary home and living supports.

After a rigorous assessment process, the NDIA established Memoranda of Understanding with providers selected to implement Round 1 demonstration projects in Q4 2021-22. The NDIA is supporting 11 Round 1 Demonstration projects. Projects will be commencing implementation from late June 2022 and will be evaluated over 2 years.

Each demonstration project tests a slightly different way of delivering supports that give greater flexibility, improved outcomes and encourage better practice and Scheme sustainability.

The demonstration projects are one mechanism to strengthen the capacity of the market to generate the future state of home and living supports and further demonstration project rounds are anticipated.

The NDIA has committed to further rounds of demonstration projects. Development of the design and scope for Round 2 demonstration projects is underway.

<sup>94</sup> <https://data.ndis.gov.au/reports-and-analyses/market-monitoring#specialist-disability-accommodation-sda-quarterly-report>

## 4.10 Thin markets

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

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The NDIA continues to identify and prioritise market interventions in locations where low utilisation of participant plans and other risk factors are evident. There are currently 25 active market intervention projects underway, and the NDIA is continuing to work collaboratively with stakeholders to grow a sustainable NDIS market and address challenges specific to each location. COVID-19 impacts on workforce including challenges with recruitment and retention, and competing priorities for providers, have contributed to delays with market intervention projects this quarter.

Whilst market development initiatives have been constrained, the NDIA has been able to engage closely with support coordinators to build innovation and achieve better outcomes for participants. Where possible, the NDIA continues to offer information and education sessions and online forums, in addition to sharing guidance and templates on use of Coordinated Funding Proposals (CFPs) and available market data, to help support coordinators better influence local markets.

One market intervention project has recently been completed in Circular Head, Tasmania. In Circular Head, the NDIA took a market facilitation approach to support a cohort of 18 NDIS participants with low utilisation of their plan budgets. The focus was on increasing access to core and capacity building daily activities supports for these participants, the majority of whom identify as Aboriginal and Torres Strait Islander people. This project commenced in July 2021 and concluded in May 2022. The project resulted in enabling all 18 participants to activate their NDIS plans and better connect with NDIS providers. Provider awareness of demand data was improved through direct engagement activities. Six of the participants also consented to join the Tasmanian direct commissioning trial that is currently underway and have engaged with occupational and/or speech pathology support providers as a result of that opportunity.

The NDIA has commenced both direct commissioning and CFPs for core and capacity supports across the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands. In the last quarter Catholic Care NT commenced providing social and community participation supports through a direct commissioning arrangement with the NDIA. The direct commissioning activity has led to the employment of six local people who will be working with 33 participants, 26 of whom have already been engaged. Catholic Care NT are working closely with participants to co-design what service outcomes and activities look like, for example, they are planning for the establishment of a sewing class for a group of participants who have specifically requested this activity.

## 4.11 NDIS pricing

### The Annual Pricing Review 2021-22 concluded over the last quarter.

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#### Annual Price Review

The Introduction section of this report includes information about the 2021-22 Annual Pricing Review, including changes to the NDIS pricing arrangements and price limits, and other pricing related policies for the 2022-23 financial year.



## Joel's been supported so well he wants to help others

Burnie NDIS participant, **Joel**, 42, is showing true leadership skills taking part in Multicap Tasmania's horticulture program. He's enjoying it so much he's decided to study to be a support worker himself.

Joel, who has talipes equinovarus, a form of club foot, has spent three years working alongside Multicap Tasmania's horticulture program team leader Jon Moore, and says he now has their daily routine down pat. "Jon is a great mentor now we're like a well-oiled machine," he said with a laugh.

Inspired by his disability support staff and more confident than ever, Joel said he's keen to become a support worker himself, so one day he too could work for Multicap Tasmania.

"I'm going to go to TAFE and by the end of the year I hope to have my Certificate III in Disability," he said. "Having lived with a disability I have a good insight into what people with disability need, so I'm excited to be able to give something back."

Reflecting on his life, the compassionate disability advocate said it has been so much better on the NDIS. "The Scheme has allowed me to get the supports I need because, as a low-income earner, it was difficult for me to afford to pay for them," he said.

"Now I get funding to get suitable shoes made and it makes such a difference."

"I also do a couple of other day programs during the week where a group of us head out with staff and do various community activities. We go for walks, out for coffee, play cricket, go bowling and we have a lot of fun."

"I hope one day when I become a support worker, I can work with Jon and the team and support others with disability just like the team has supported me," Joel said.

# 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

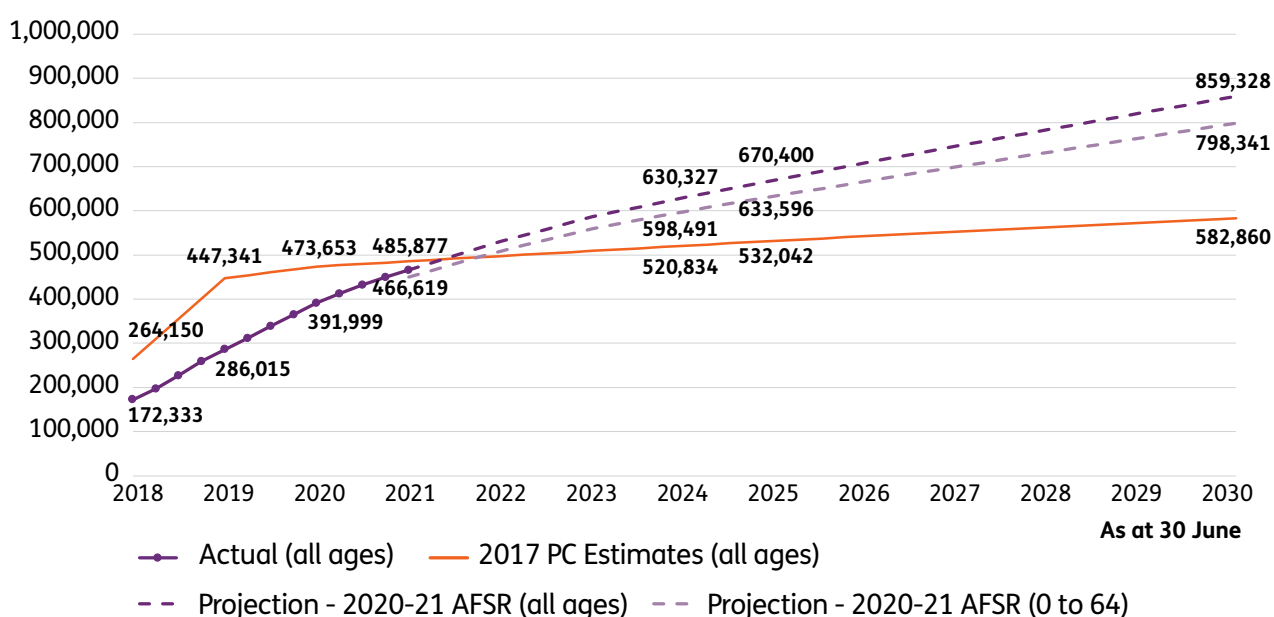
**On 8 October 2021, the NDIA Board released both the AFSR, and the Peer Review Report.**

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.<sup>95</sup> 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 30 June 2022, the number of participants in the Scheme was 534,655, which is significantly higher than the Productivity Commission estimate (497,728).

**Figure 82: Actual and projected participants (2020-21 AFSR and 2017 Productivity Commission Estimates)**



<sup>95</sup> The Australian Government Actuary currently is the Peer Review Actuary as per the NDIS Act (Section 180D)

- Total participant costs were 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 83: Projected participant costs (cash and accrual basis)**

Participant costs (\$m)	2021-22	2022-23	2023-24	2024-25	2029-30
<b>Participant costs (cash basis)</b>					
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
<b>Total participant costs (cash basis)</b>	<b>28,831</b>	<b>33,429</b>	<b>37,459</b>	<b>40,814</b>	<b>58,483</b>
<b>Participant costs (accrual basis)</b>					
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
<b>Total participant costs (accrual basis)</b>	<b>29,223</b>	<b>33,886</b>	<b>37,973</b>	<b>41,373</b>	<b>59,284</b>

Total participant costs (on an accrual basis) in 2021-22 were \$28.7 billion<sup>96</sup>, which is 1.9 per cent lower than estimated. Work is underway on the 30 June 2022 AFSR which will update the projection using data to 30 June 2022 (and additional year of data compared with the previous projection). It is important to note, that the factors that drove the 2021-22 cost to be lower than projected (such as COVID lockdowns), are not necessarily reasons for the projection using 30 June 2022 data to be lower than forecast last year.

More detail is available in the reports located here:

[Interim update to the Annual Financial Sustainability Report](#)<sup>97</sup> – published 3 July 2021

[Annual Financial Sustainability Report](#)<sup>98</sup> – published 8 October 2021

[Independent Actuary Peer Review Report](#)<sup>99</sup> – published 8 October 2021

In addition, State/Territory Disability Ministers commissioned an [external review](#)<sup>100</sup> of the AFSR. This review was undertaken by actuarial firm Taylor Fry and concluded:

- Projections in the 2020-21 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.

<sup>96</sup> This is a draft figure, with the final figure due to be reported in the upcoming NDIA 2021-22 Annual Report.

<sup>97</sup> <https://www.ndis.gov.au/news/6590-ndis-financial-sustainability-report-release>

<sup>98</sup> <https://www.ndis.gov.au/news/6931-ndia-board-releases-annual-financial-sustainability-report>

<sup>99</sup> <https://www.ndis.gov.au/media/3554/download?attachment>

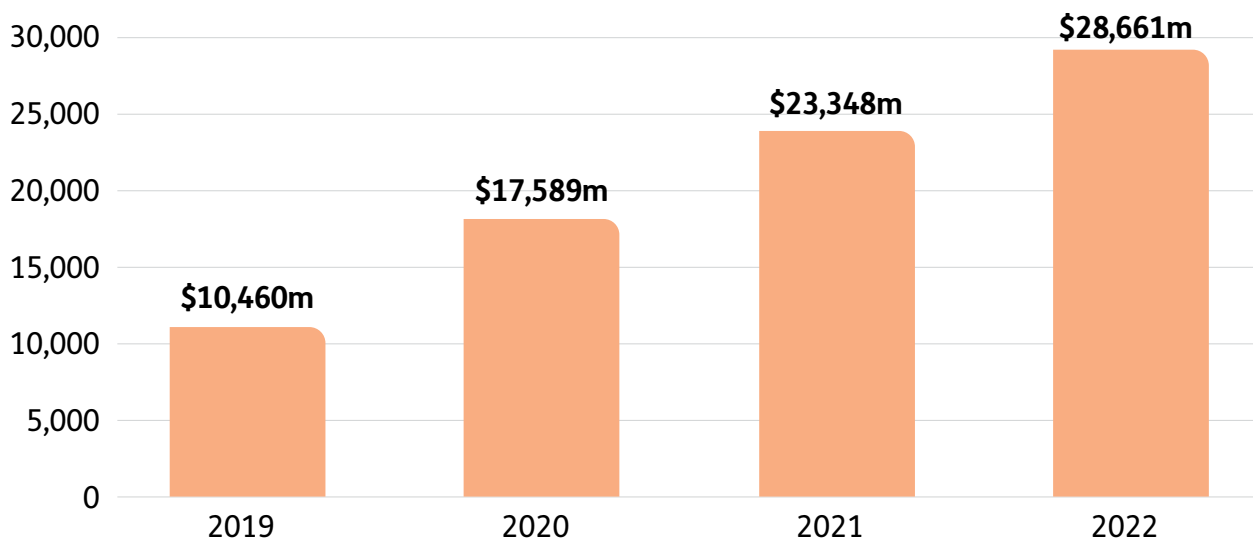
<sup>100</sup> <https://www.dss.gov.au/disability-and-carers-programs-services-government-international-disability-reform-ministers-meetings/reports-and-publications>

## 5.2 Total payments

**Total payments have grown significantly over the last three years in line with a growing Scheme.**

Total payments have almost tripled over the last three years, from \$10.5 billion in the year to 30 June 2019 to \$28.7 billion in the year to 30 June 2022, with an average increase of 40 per cent per annum. This is in line with a growing Scheme, with an increasing number of participants benefitting from the Scheme. The rate of increase has slowed in recent years, reflecting a relatively steadier rate of new entrants to the Scheme since it became available across Australia.

**Figure 84: Total payments (\$m) for years ending 30 June<sup>101</sup>**



<sup>101</sup> Total payments are based on an accrual basis, sourced from the NDIA Annual Reports. The \$28,661m in 2021-22 is a draft figure, with the final figure due to be reported in the upcoming NDIA 2021-22 Annual Report.

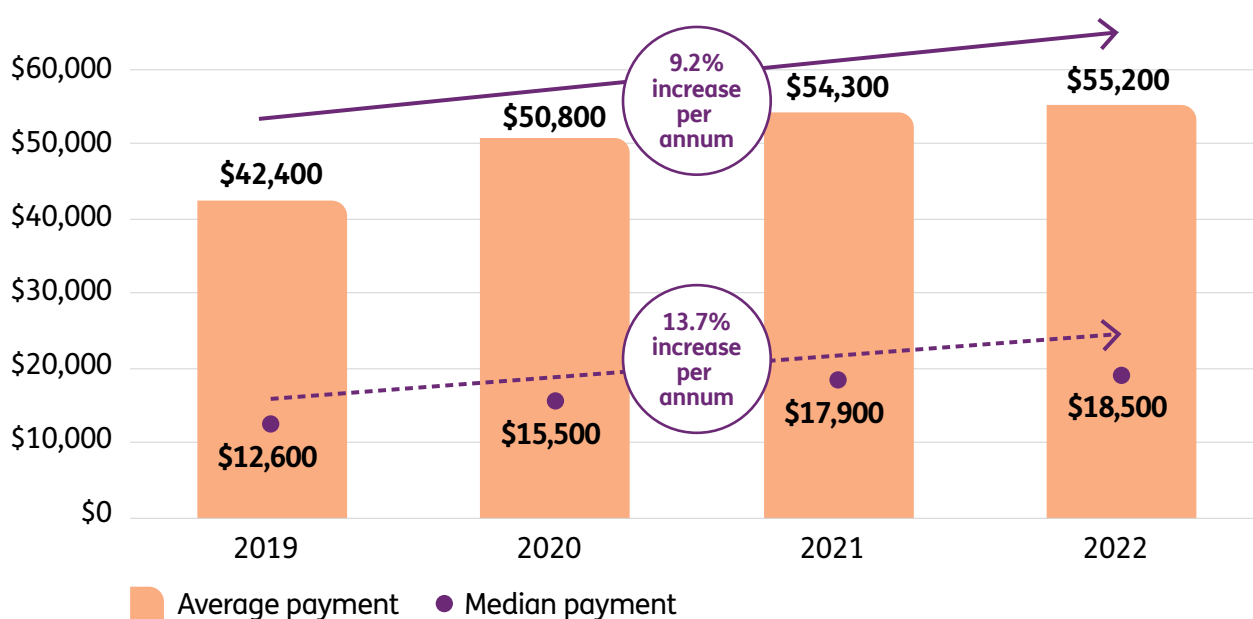
### 5.3 Average and median payment trends

**Average and median payments per participant have increased by 9.2 per cent and 13.5 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 July 2019 and 30 June 2022 indicate that average payments have increased by 9.2 per cent per annum, and median payments have increased by 13.7 per cent per annum.

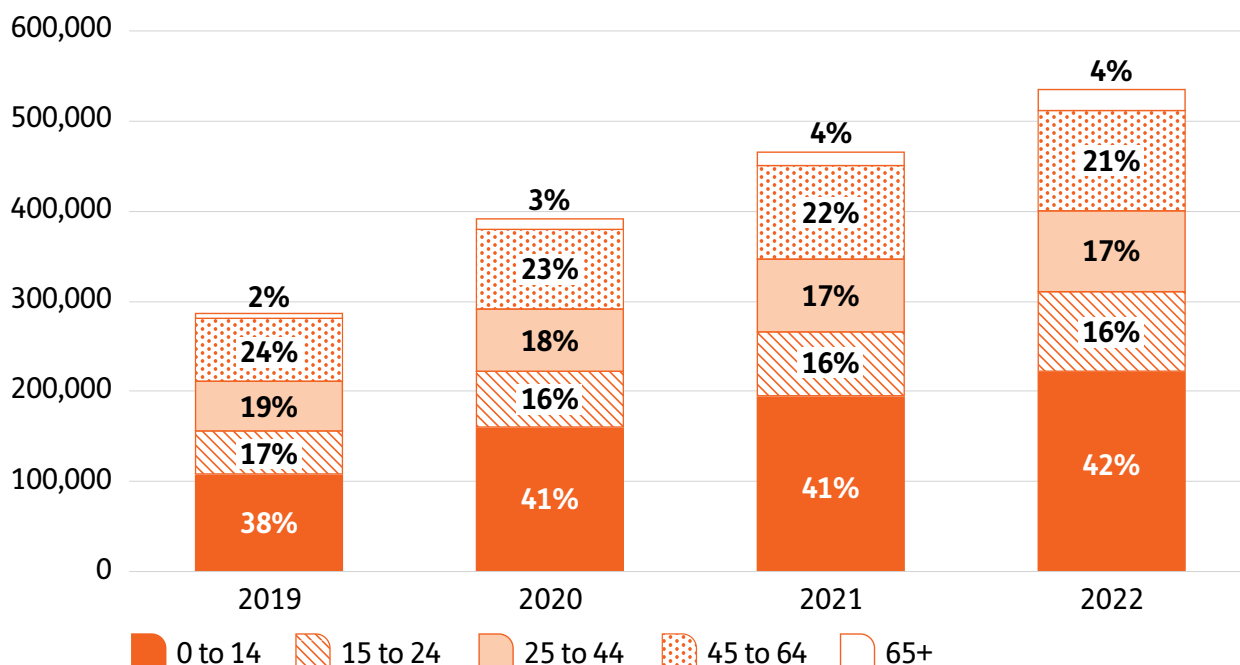
**Figure 85: Average and median payments for years ending 30 June - all participants**



Trends in average and median payments are affected by changes in the profile of participants in the Scheme over time. Specifically, average payments are much higher for participants in SIL than those not in SIL (\$340,900 versus \$39,500 respectively, in the year to 30 June 2022). Average payments are also higher for adults compared with children (\$60,600 for participants not in SIL aged 25 to 64 versus \$18,700 for those aged 0 to 14, in the year to 30 June 2022). Over the past four years, as the Scheme has rolled out across the country, the proportion of children in the Scheme has increased, and the proportion of participants in SIL in the Scheme has decreased.

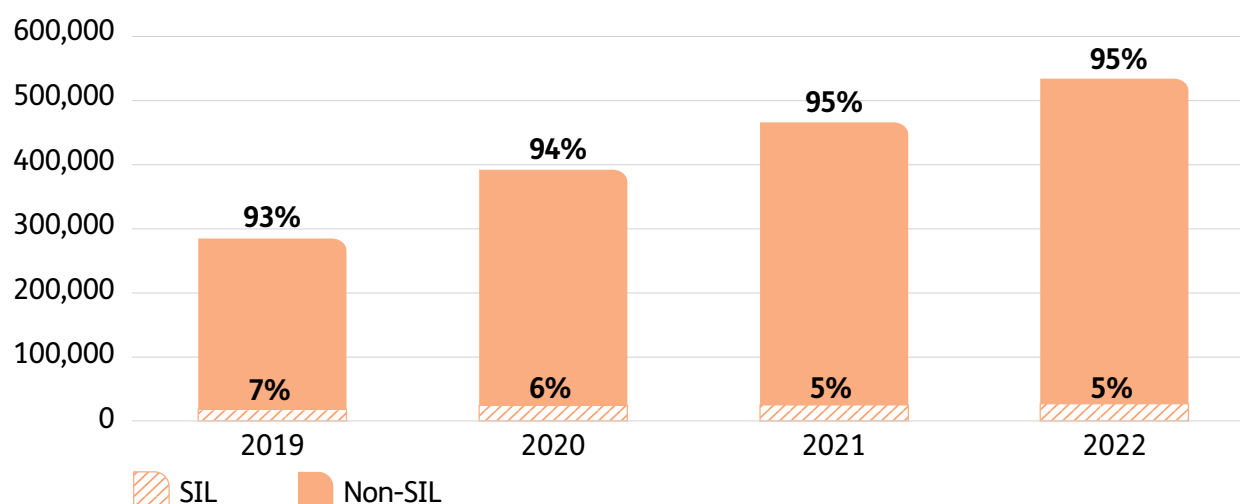
Specifically, the proportion of children in the Scheme aged 0-14 years has increased from 38 per cent at 30 June 2019 to 42 per cent at 30 June 2022. As mentioned above, older participants on average have higher average plan budgets and higher average payments so the impact of this changing mix is significant.

**Figure 86: Proportion of participants by age band for years ending 30 June (%) – all participants**



Additionally, average 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 30 June 2022; reducing from 7 per cent of participants at 30 June 2019 to 5 per cent of participants at 30 June 2022, so the impact of this changing mix is also significant.

**Figure 87: Proportion of participants in and not in SIL for years ending 30 June (%) – all participants**



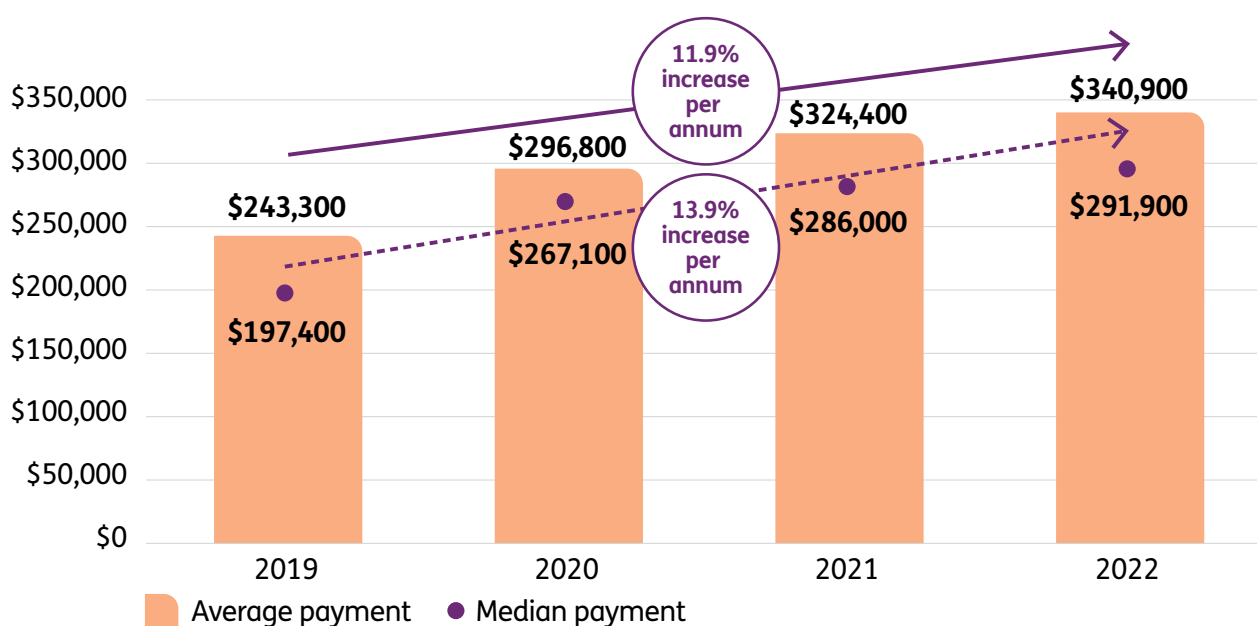
Hence, this report presents both average payments trends and average plan budget trends split by participants in SIL and participants not in SIL, and also by age group.

### Participants in SIL and not in SIL

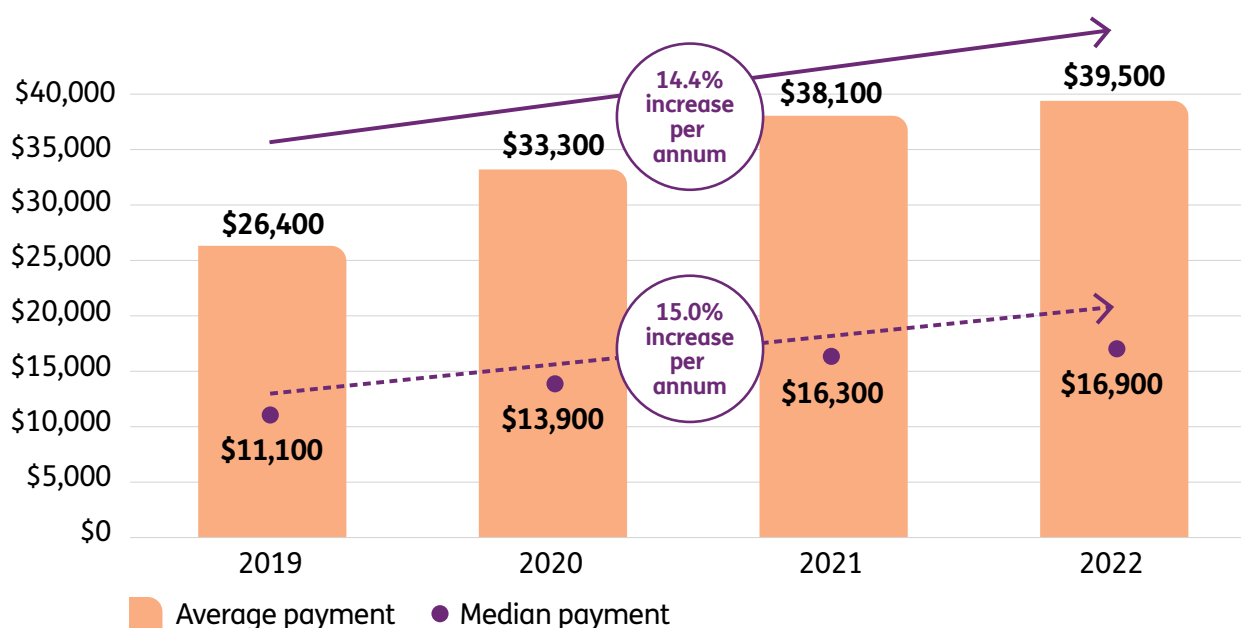
Analysing the change in average and median payment over time by whether or not participants are in SIL, indicates that the average annual increase in average and median payments has been consistently high across both participant groups. Specifically, the average payment has increased for participants in SIL by 11.9 per cent, and the average payment has increased for participants not in SIL by 14.4 per cent per year. These averages are higher than the overall average (of 9.2 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 13.9 per cent, and the median payment has increased for participants not in SIL by 15.0 per cent per year.

**Figure 88: Average and median payments for years ending 30 June - participants in SIL**



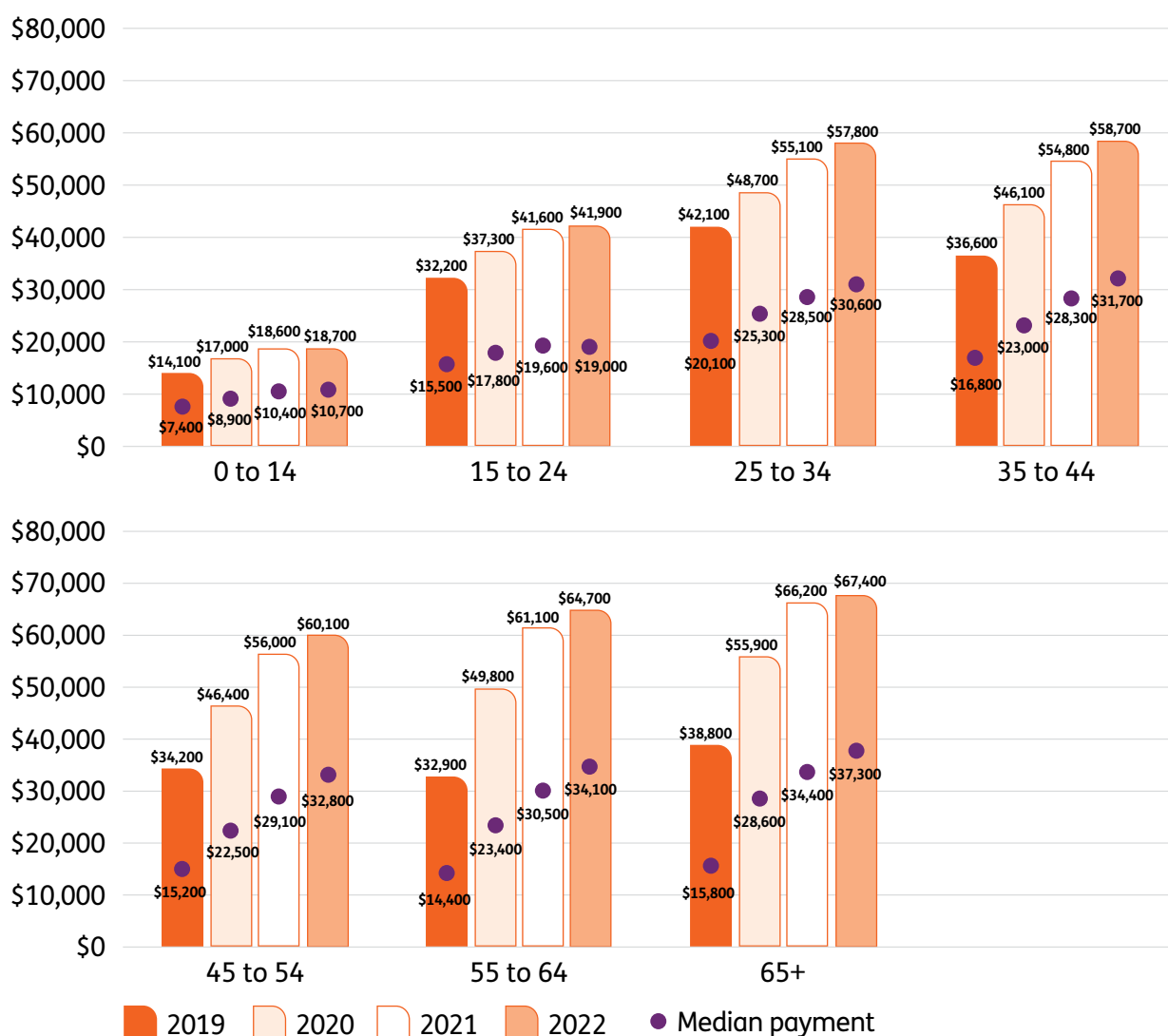
**Figure 89: Average and median payments for years ending 30 June - participants not in SIL**



For participants not in SIL, average payments have increased at a faster rate for adults (particularly those aged over 35) 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.

Notably, although average and median payments have increased for all age groups, younger participants have significantly lower payments compared to older participants. For example, for participants not in SIL, those aged 0 to 14 years had average payments of \$18,700 in the year to 30 June 2022, compared to \$41,900 for those aged 15 to 24 years and \$60,100 for those aged 45 to 54 years. With more younger participants entering the Scheme over time, the overall average and median payments will therefore be lower, partly offsetting the increases otherwise observed. Generally increases were largest between 2019 and 2020, compared with more recent years.

**Figure 90: Average and median payments for years ending 30 June by age group - participants not in SIL**



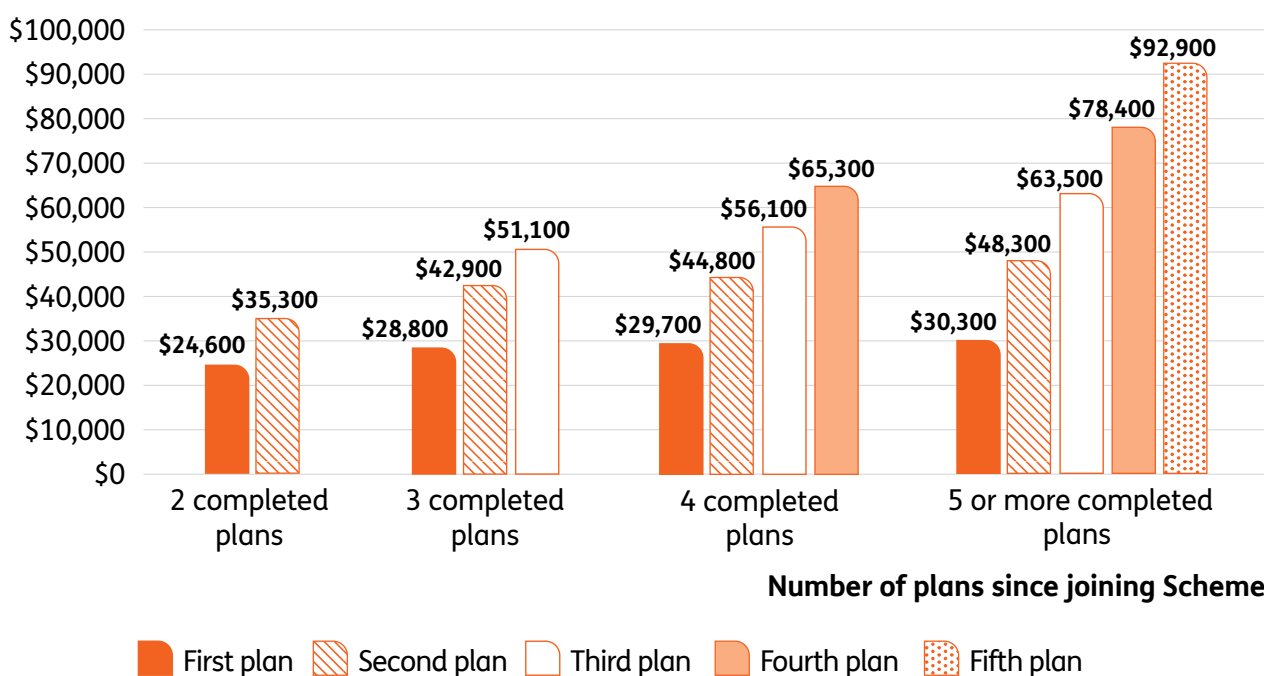
Sustained significant growth in average participant payments will continue to place significant pressure on Scheme sustainability and long-term affordability. As noted elsewhere in this report, the NDIA remains committed to working with the disability sector, and governments on this issue of affordability,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

As previously noted, the mix of participants in the Scheme has changed, with proportionally more children in the Scheme, and proportionally less participants in SIL. It is therefore important to understand trends in average payments for the same cohort of participants over time.

Figure 91 shows average payments per participant over time for participants who have had two completed plans, three completed plans, four completed plans and five or more completed plans, since joining the Scheme.

Notably, average payments per participant have increased over time for all participant cohorts having different number of plans since joining the Scheme. For example, for participants who have had three completed plans, average payments increased from \$28,800 for the first plan to \$51,100 for the third plan (33 per cent per plan). Noting however, the rate of increase in average payments to participants is the greatest between the first and second plans, with the rate decreasing over time. For example, for participants with five or more completed plans, the rate of increase between the first and second plans is 59 per cent, compared to 18 per cent between the fourth and fifth plans.

**Figure 91: Average payments per participant over time**



## 5.4 Average plan budget trends

### Average plan budgets have also increased over time for the same cohort of participants.

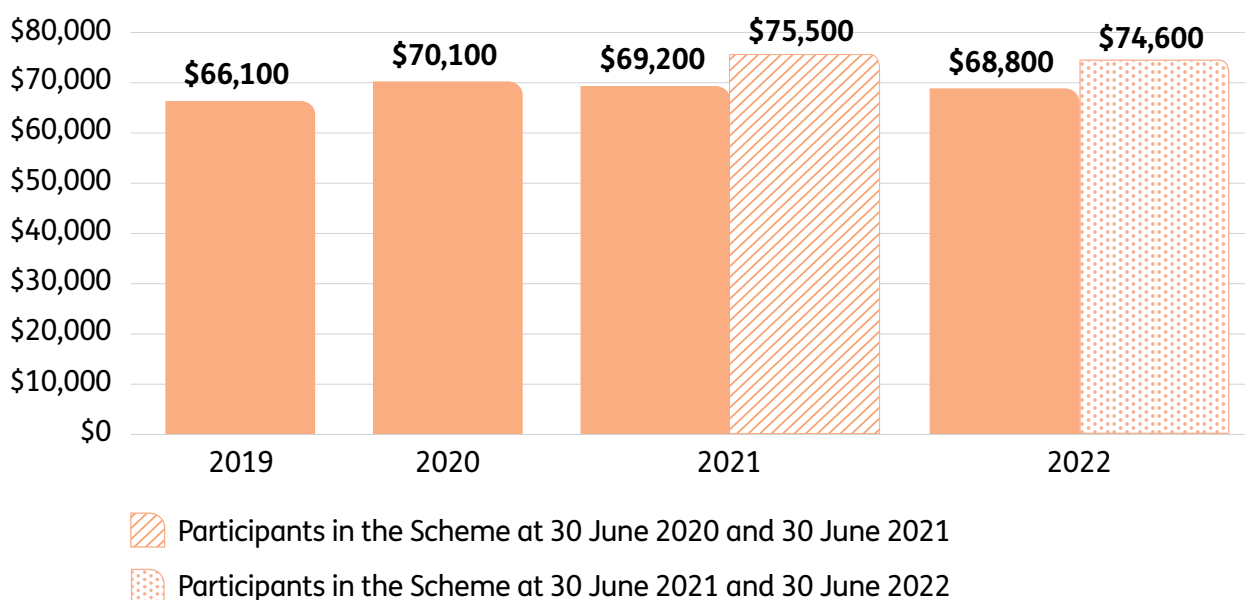
In addition to average payments increasing over time, average plan budgets have also increased over time, for both participants in SIL and not in SIL. However, due to the changing mix of participants in the Scheme as previously mentioned, while the overall average payments increased over the last three years, slight decreases have been observed over the last two years. Specifically, over the three year period to 30 June 2022:

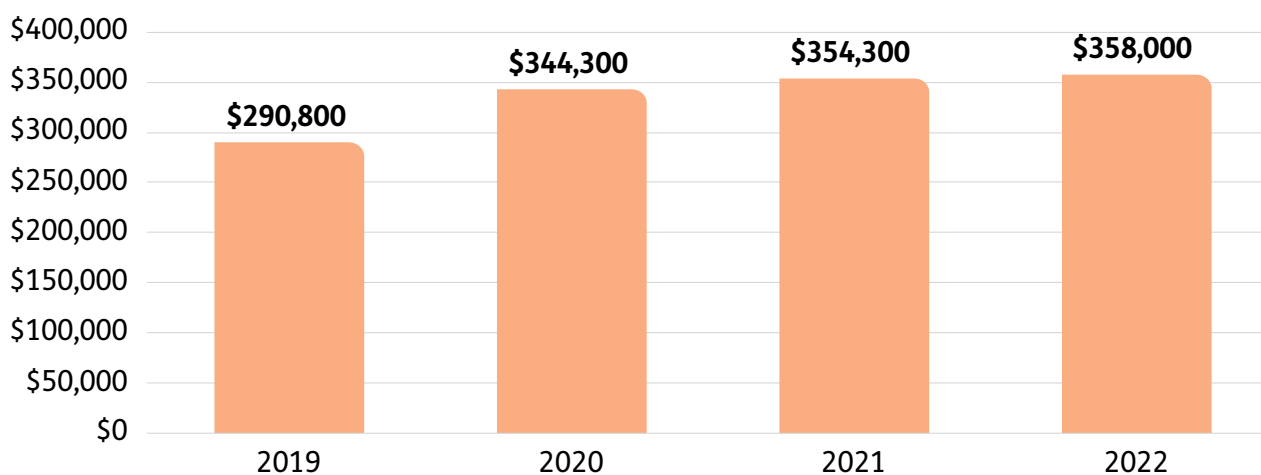
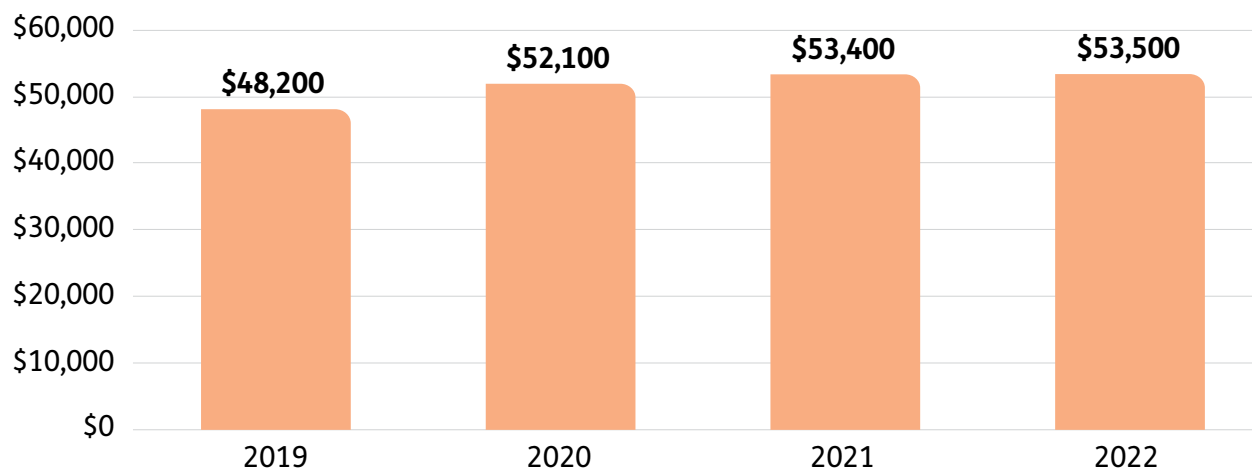
- Average plan budgets have increased by **1.3%** per annum for all participants
- Average plan budgets have increased by **7.2%** per annum for participants in SIL
- Average plan budgets have increased by **3.5%** per annum for participants not in SIL.

The slight decreases in the last two years are driven by new participants that entered the Scheme between 1 July 2020 and 30 June 2022 having lower plan budgets on average. Specifically, the slightly lower average plan budgets were driven by high proportions of participants entering the Scheme who were under the age of 18 (as children have lower plan budgets on average than adults), and participants having lower support needs on average, as participants from the State/Territory disability systems with higher support needs (such as those in SIL) transferred into the Scheme earlier.

Importantly, there was no reduction in the average plan budgets of participants continuing in the Scheme. For example, for these existing participants who were in the Scheme at 30 June 2020 and at 30 June 2021, the average plan budget **increased** from \$70,100 to \$75,500 (7.7 per cent). Similarly, for participants who were in the Scheme at 30 June 2021 and at 30 June 2022, the average plan budget **increased** from \$69,200 to \$74,600 (7.8 per cent).

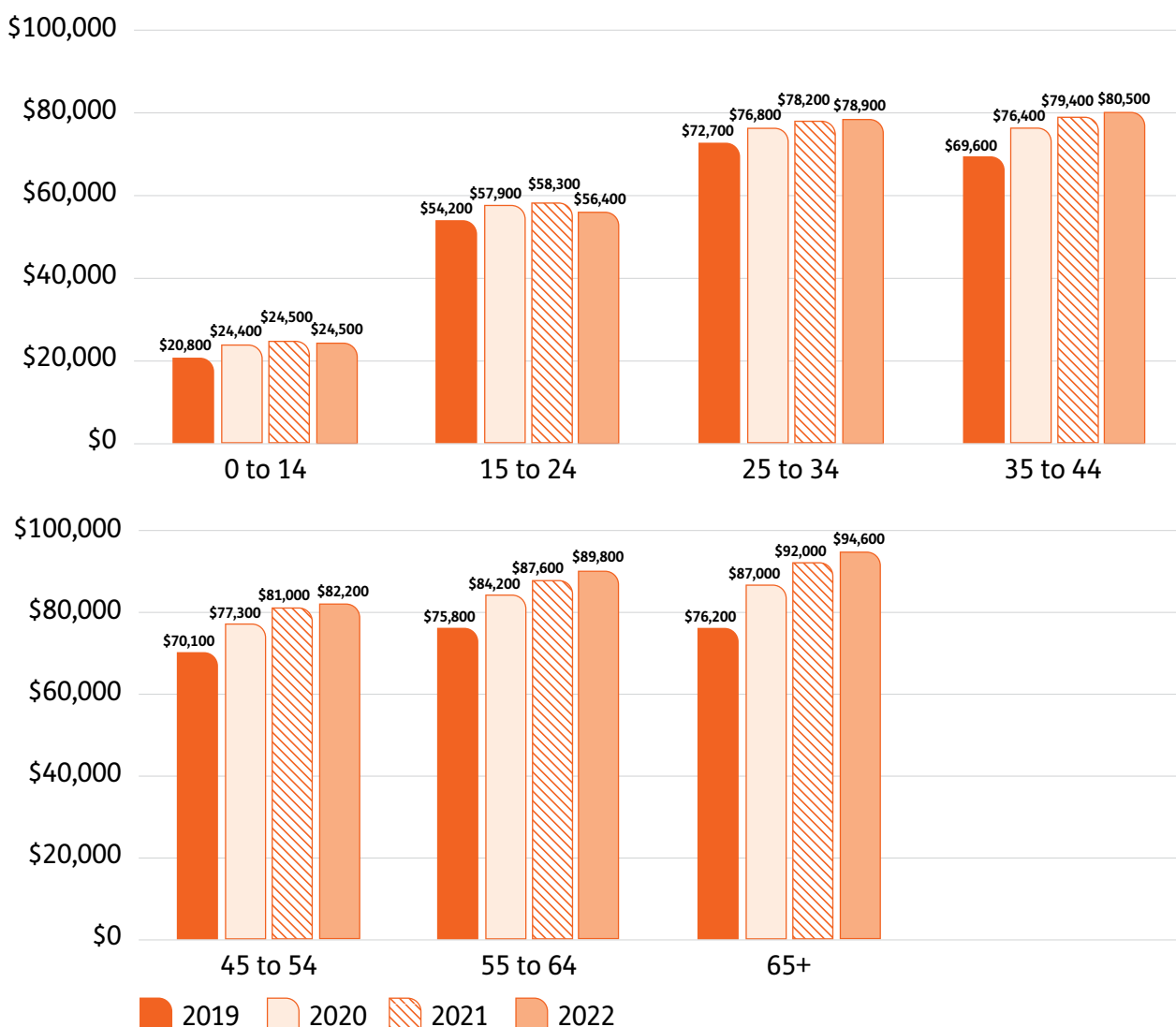
**Figure 92: Average annualised plan budgets for years ending 30 June – all participants**



**Figure 93: Average annualised plan budgets for years ending 30 June – participants in SIL****Figure 94: Average annualised plan budgets for years ending 30 June – participants not in SIL**

For participants not in SIL, average plan budgets have increased over time for all age groups. The rates of increase were highest for participants aged 65 years and older at seven per cent per annum, and lowest for participants aged 15 to 34 years at around one to three per cent per annum, with the rates of increase for the remaining age groups being around five to six per cent per annum. As previously described, the rates of increase were higher between 2019 and 2020 compared to the last two years, due to new participants entering the Scheme having lower average plan budgets.

**Figure 95: Average annualised plan budgets for years ending 30 June by age group – participants not in SIL**



As the mix of participants has changed over time, understanding trends in average plan budgets for the same group of participants over time is important.

In considering participants by the number of plans they have had since joining the Scheme, and tracking the average plan budgets for the same cohort of participants over time, it is evident that the average plan budgets have increased for all participant cohorts per plan. For example, for participants who have had three plans, average plan budgets increased from \$45,200 for the first plan to \$56,400 for the third plan (12 per cent per plan). Noting however, the rate of increase over the latest plan is lower compared to the rates seen for the earlier plans for all participant cohorts. For example, for participants with six or more plans, the rate of increase between the first and second plans is 19 per cent, compared to 8 per cent between the fifth and sixth plans.

On the other hand, the average plan budgets for new participants joining the Scheme have decreased over time, with participants who have had two plans having an average plan budget of \$39,700 for the first plan, compared to \$45,200 for participants who have had three plans. This reflects the change in the profile of participants in the Scheme over time, with a higher proportion of lower cost participants, especially children and fewer new participants in SIL.

**Figure 96: Average annualised plan budgets for participants over time**



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. Another example is investment in capacity building (such as behavioural supports) resulting in less need for core support over time. The NDIA has published an Operational Guideline on Plan Reviews which details the reasons why a new plan could be different to a current plan. The Operational Guideline can be accessed here.<sup>102</sup>

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.

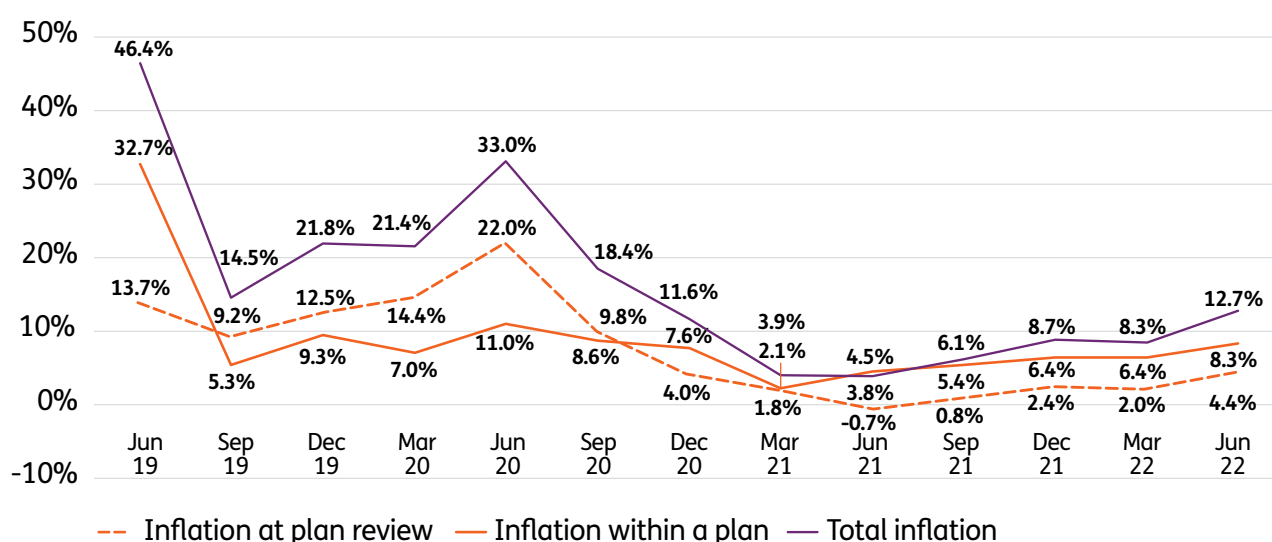
Access to capacity building supports early in a participants' journey is considered an early investment, and is intended to increase independence, and reduce reliance on NDIS funding over time. If overall funding goes down from one plan to the next, it may be because the same amount of supports are no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

As mentioned above, plan budgets can change at plan review for a number of reasons. Many of the reasons discussed above can also occur before a plan is due to be renewed, and often the plan may be ended early and a new plan put in place because of these reasons – both of these factors contribute to the percentage changes in plan budgets in a quarter.

In the June 2022 quarter, total plan inflation was 12.7 per cent per annum. Of the 12.7 per cent per annum total plan inflation in the quarter, 4.4 per cent was due to changes at plan review, and 8.3 per cent was due to changes occurring within a plan, between reviews.

The plan inflation of 12.7 per cent per annum in June 2022 compares with plan inflation of 8.3 per cent per annum in March 2022, and 8.7 per cent per annum in December 2021. Notwithstanding the increase observed in the June 2022 quarter, this is considerably lower than plan inflation in early quarters which regularly exceeded 20 per cent per annum.

**Figure 97: Percentage change in plan budgets for active participants<sup>103</sup>**



<sup>102</sup> <https://ourguidelines.ndis.gov.au/your-plan-menu/plan-reviews>

<sup>103</sup> A minor change in methodology was applied to the exclusion of zero dollar plans in the inflation calculation. This change has resulted in small one-off changes in some of the historical inflation rates

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 30 June 2022), taking account of total plan inflation, plans were more likely to increase rather than decrease. Specifically:

- **39%** of plans increased at review by more than 5%
- **25%** decreased by more than 5%
- **36%** remained within 5%

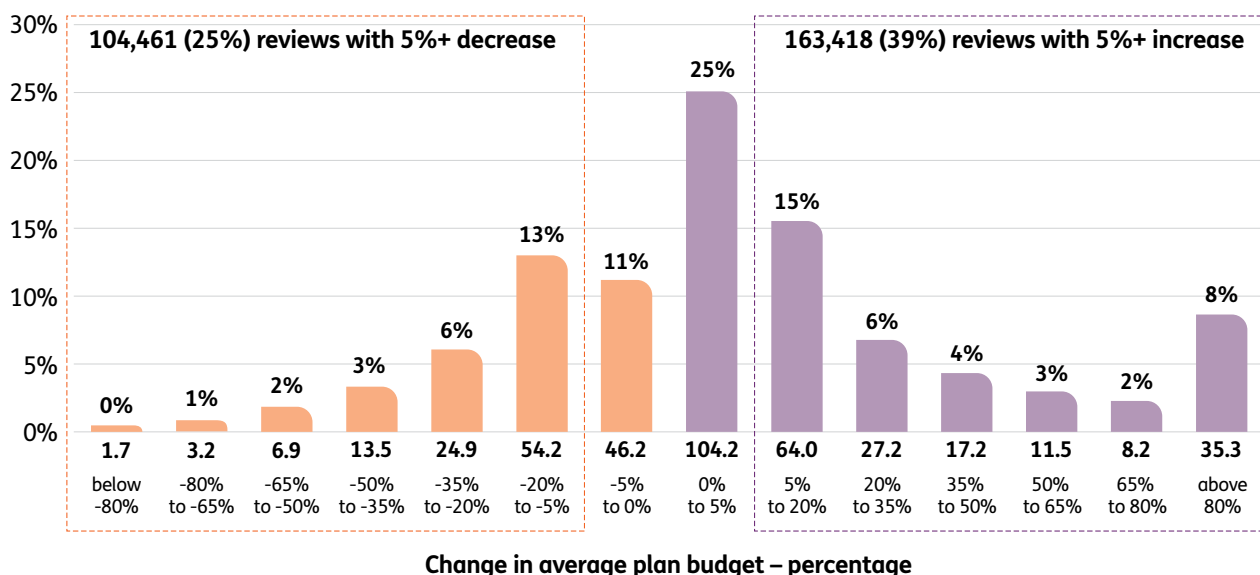
For participants in SIL:

- **32%** increased by more than 5%
- **18%** decreased by more than 5%
- **49%** remained within 5%

For participants not in SIL:

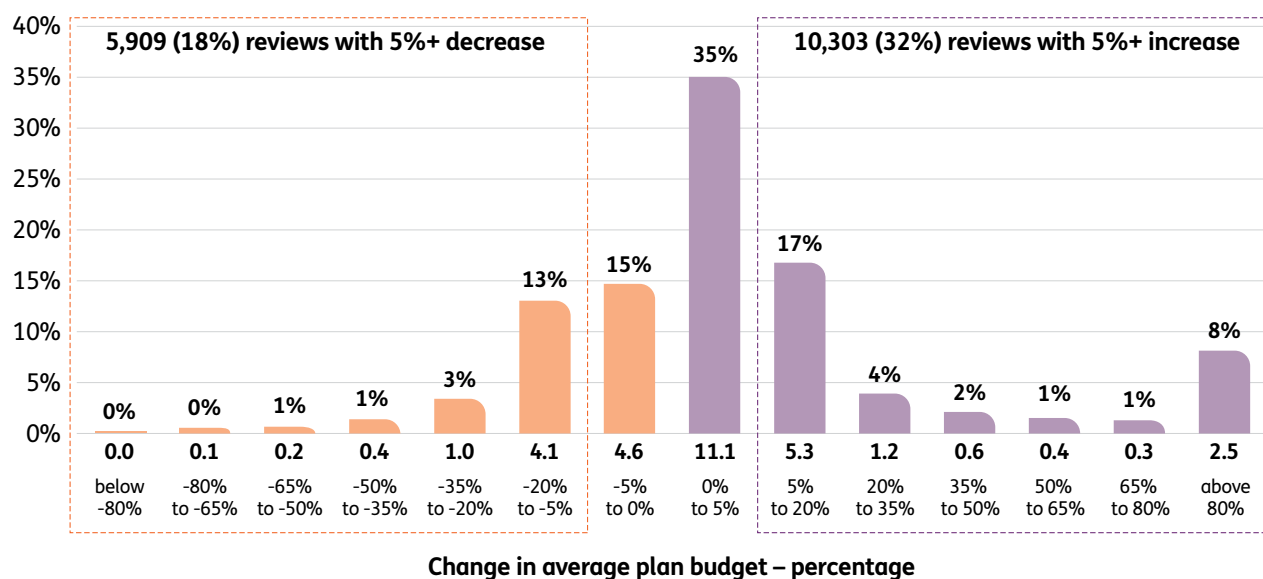
- **40%** increased by more than 5%
- **26%** decreased by more than 5%
- **35%** remained within 5%

**Figure 98: Distribution of the percentage change in plan budgets for plans reviewed in this financial year (1 July 2021 to 30 June 2022) – all participants<sup>104</sup>**

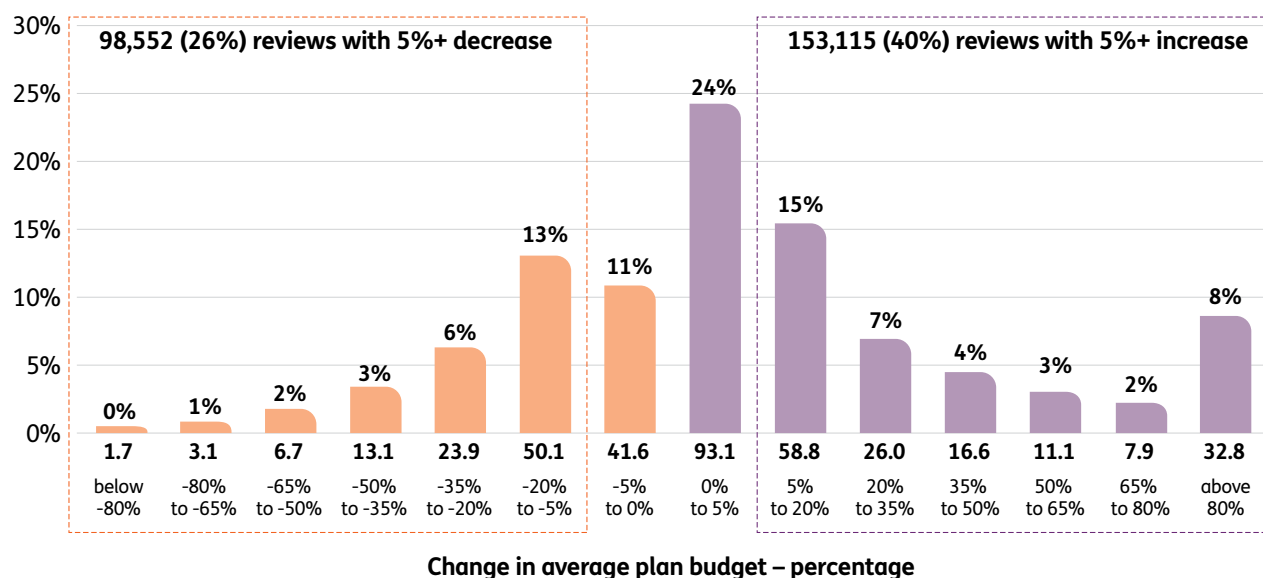


<sup>104</sup> The number of plan reviews (in thousands) in each inflation percentage band is shown at the bottom of each bar in the chart. The corresponding percentage of plan reviews in each band is shown at the top of each bar in the chart.

**Figure 99: Distribution of the percentage change in plan budgets for plans reviewed in this financial year (1 July 2021 to 30 June 2022) – participants in SIL<sup>105,106</sup>**



**Figure 100: Distribution of the percentage change in plan budgets for plans reviewed in this financial year (1 July 2021 to 30 June 2022) – participants not in SIL<sup>107</sup>**



<sup>105</sup> Due to operational changes since July 2020, there has been an issue with identifying SIL in plans as they are being completed. A temporary and manual solution was implemented to estimate the number of active participants who should be identified as having SIL in their plans but do not appear as such on the Agency's system. From May 2022, an automated and more accurate method has been applied in identifying SIL participants leading to a restatement in the number of SIL participants from July 2020 to April 2022. This has resulted in a one-off change in the historical SIL and non-SIL inflation rates.

<sup>106</sup> 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.

<sup>107</sup> *ibid.*

In the financial years 2019-20 and 2020-21, plans were also more likely to increase rather than decrease.

In 2020-21:

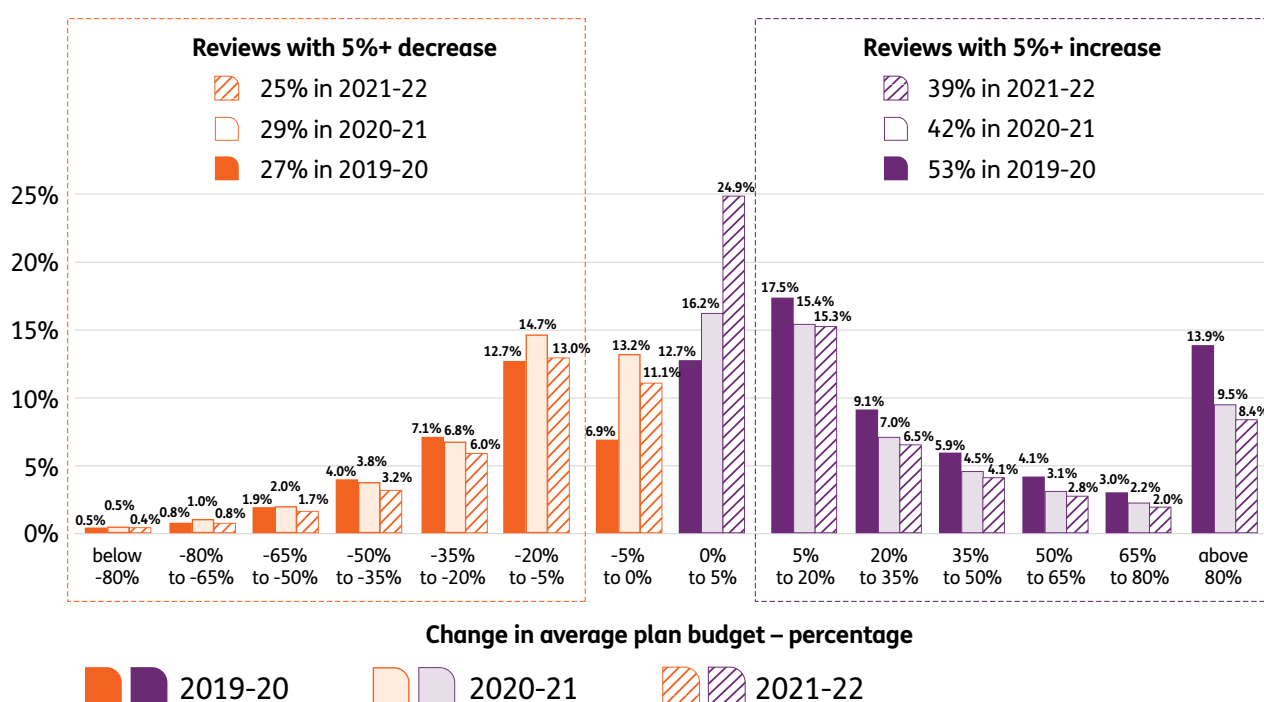
- **42%** of plans increased at review by more than 5%
- **29%** decreased by more than 5%
- **29%** remained within 5%

In 2019-20:

- **53%** of plans increased at review by more than 5%
- **27%** decreased by more than 5%
- **20%** remained within 5%

The following chart shows the distribution of the percentage change in plan budgets for plans reviewed over the three years to 30 June 2022, taking account of total plan inflation.

**Figure 101: Distribution of the percentage change in plan budgets for plans reviewed over the three years to 30 June 2022 – all participants**

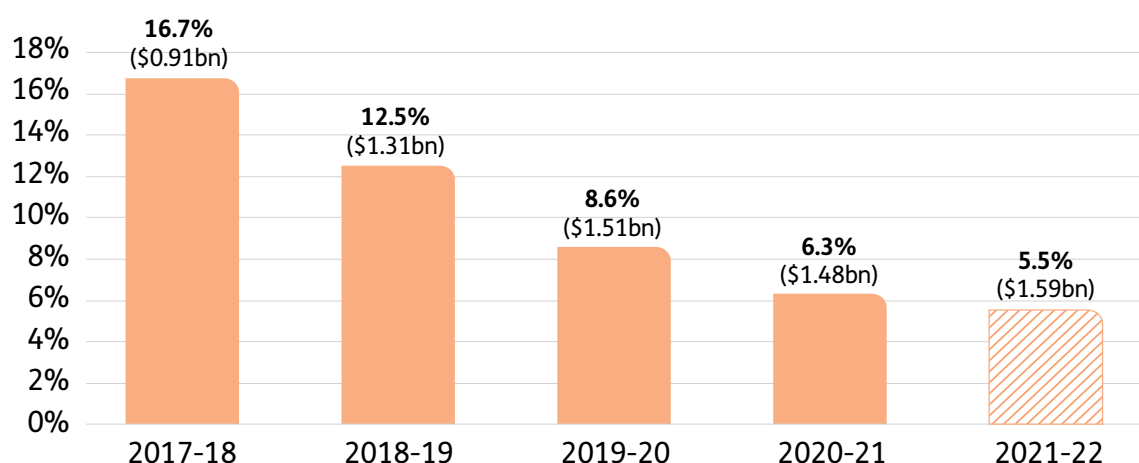


## 5.5 Operating expenses

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

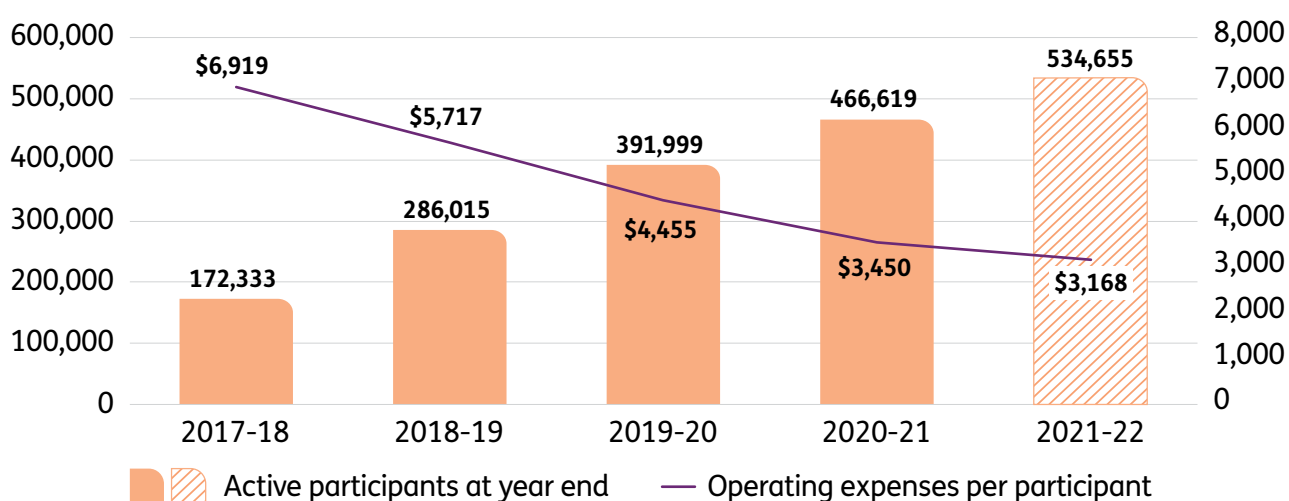
In addition to the money spent through participant plans on supports for participants, the NDIA receives money to run the NDIA, including paying staff wages. This is referred to as the NDIA's operating expenses. NDIA operating expenses have increased from \$906 million in 2017-18 to \$1,586 million in 2021-22. As a percentage of the dollars spent on participants, operating expenses have decreased from 16.7 per cent in 2017-18 to 5.5 per cent in 2021-22. The Productivity Commission in their 2017 Study report<sup>108</sup> suggests a range of 7 to 10 per cent as an appropriate amount for NDIA operating costs.

**Figure 102: Operating expenses as a percentage of participant costs<sup>109</sup>**



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 \$3,168 in 2021-22.

**Figure 103: Operating expense per participant<sup>110</sup>**



<sup>108</sup> <https://www.pc.gov.au/inquiries/completed/ndis-costs#report>

<sup>109</sup> Total operating expenses are based on an accrual basis, the \$1.59 billion in 2021-22 is a draft figure, with the final figure due to be reported in the upcoming NDIA 2021-22 Annual Report.

<sup>110</sup> Average number of participants is taking a simple average of the two periods (opening and closing) on active participants. Cost per participant uses these average participant numbers divided by Total Operating Expenses. for the 2022-23 Budget)



## NDIS funding helps Kira to maintain her independence

Thornbury NDIS participant, **Kira**, 25, who has juvenile idiopathic arthritis, along with glaucoma and uveitis causing low vision, said her NDIS funding has changed her life, providing more opportunities to access supports and equipment than ever before, while also supporting her to attain her teaching degree.

Now an NDIS participant, Kira can access all the supports and equipment she needs through a range of disability organisations like Guide Dogs Victoria and Vision Australia, who can help her build and maintain her independence.

“These organisations have been great. Most people think Guide Dogs Victoria only fund guide dogs, but they do lots of other stuff and I’ve been doing cane training with them,” Kira said.

“I’ve been taught how to use a cane properly, so I can feel more confident crossing roads, navigating gutters, dips in the ground, accessing buildings, going up and down stairs and best of all, travelling on public transport.

“As a young person, it’s awesome I can now access all these supports because independence is key – I can’t drive so to be able to catch public transport and get to where I need to be is great, especially when I’m travelling back and forth to university and work.”

In her fourth year of a teaching degree, Kira said she also gets NDIS funding to employ a support worker who can attend lectures with her, which really worked well during COVID.

Kira’s advice to other people with disability is to not be complacent: “Reach out and get advice and research several types of supports and equipment,” she said.

# 6

## Staff, advisory groups and the NDIS community



# 6

## Staff, advisory groups and the NDIS community

### Participant and sector engagement activities continue to be a focus.

The Introduction section of this report highlighted the engagement activities being undertaken by the NDIA, including the IGAP project, Home and Living, Participant Safety, Supported Decision Making, CALD Strategy refresh and Aboriginal and Torres Strait Islander Strategy refresh.

#### 6.1 A high performing NDIA

##### Staff and partners capability development continues.

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As at 30 June 2022, the total NDIS workforce was 12,596, including 5,070 APS employees, 1,893 labour hire workers and contractors, and 5,633 people employed by the NDIS PiTC and Contact Centre partners.

The NDIA continues to invest in the capacity and capability of its workforce, with a strong focus on front-line planner recruitment. There are currently two large-scale planner recruitment processes nearing completion, with approximately 100 additional staff expected to commence across July and August 2022. These bulk processes align with the NDIA's strategic approach by providing an ongoing pipeline of talent to meet forecasted demand, reduce once-off recruitment processes and ensure continuity in workforce capacity.

Each year, the NDIA participates in the Australian Public Service (APS) Census. The survey captures attitude and opinion data on important issues such as wellbeing, innovation, leadership, learning and development, and engagement of the APS workforce. The NDIA achieved an improved response rate in comparison to 2021, with 85 per cent or 5,220 people completing the survey. This is two percentage points higher than the APS average response rate (across all Agencies and Departments). The results will be available next quarter and insights from the survey will help guide actions to improve working at the NDIA.

The NDIA finalised the development of a three-year strategy and action plan referred as the Disability Inclusion Plan 2022-25 (the Plan). The Plan aims to extend the number and diversity of people with disability and improve the experience working at the NDIA. The Plan has involved extensive consultation with members of the NDIA's internal Employee Disability Network (EDN), staff and external authorities including the Australian Network on Disability (AND). The key focus areas within the Plan include Accessibility, Employment and Career Development and Inclusive Culture. Delivering these actions will support the aim of being a world leading employer of choice for people with disability.

## 6.2 Valued input from the Independent Advisory Council

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

The IAC continues to work closely with NDIA management and the NDIA Board. This quarter, Council endorsed the advice 'Equity in the NDIS: improving access and outcomes for diverse communities' and have started drafting of the advice on Behaviour Support. Work on the advice for Participants who are ageing is expected to begin in Quarter 1.

The Council's Reference Group held their official meetings to advance on their priorities and support the work of the Council. The Reference Groups include:

- Children, young people and families
- Equity and inclusion
- Intellectual disability
- Home and living

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:

- Legislation changes
- Research and evaluation
- Remote and Very Remote strategy refresh
- First Nations and CALD strategy refresh

Work has begun to decide the Council's priorities for the 2022-23 Work Plan, which will be released towards the end of Quarter 1 2022-23. Work on the Council's Annual Report for 2021-22<sup>111</sup> is also underway.

In addition, the Council continues to work closely with the NDIA on its co-design projects.

Members of the Council are part of the NDIA's Co-design Advisory Group. This quarter, they have focused on understanding the link between participant funding and outcomes through the Investment Effectiveness Program, in collaboration with DSS, as well as the co-design evaluation.

Council Members are also involved in the NDIA's Co-design Steering Committees for:

- Information gathering for access and planning
- Home and living
- Support for decision making
- Participant safety

The NDIA would like to acknowledge the significant contribution of Council members in working with the NDIA to help strengthen relationships with the disability community.

<sup>111</sup> <https://www.ndis.gov.au/about-us/governance/independent-advisory-council#council-s-2020-21-annual-report>

## 6.3 Public data sharing and the latest release of information

### The NDIA continues to release timely data and analysis to stakeholders.

On 31 May 2022, the NDIA released third quarter NDIS data, refreshing [downloadable data](https://data.ndis.gov.au/data-downloads)<sup>112</sup> and the [explore data](https://data.ndis.gov.au/explore-data)<sup>113</sup> visualisation tool on [data.ndis.gov.au](https://data.ndis.gov.au) with information up to end of 31 March 2022.

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

**Figure 104: List of reports and analyses released and available at [data.ndis.gov.au](https://data.ndis.gov.au)**

Participant Group reports and analyses	Data ‘as at’ date
Participants with autism spectrum disorder (ASD)	31 March 2018
Participants with a psychosocial disability in the NDIS	30 June 2019
Participants with an intellectual disability in the NDIS	31 December 2019
Participants with acquired brain injury, cerebral palsy or spinal cord injury in the NDIS	31 December 2020
Participants with a neurodegenerative condition in the NDIS	31 March 2021
Participants with sensory disabilities in the NDIS	31 March 2021
Aboriginal and Torres Strait Islander participants	30 June 2019
CALD participants	30 June 2019
Analysis of participants by gender	31 December 2019
Young adults in the NDIS aged 15-24 years	30 June 2021
Young people in the NDIS aged 0-14 years old	30 June 2020
Participants by remoteness classification	30 June 2020
Outcomes and goals	
Outcomes report: dashboards and datasets for LGAs and NDIS service districts for participant and an outcomes report for families/carers	30 June 2021 30 June 2020 30 June 2019 30 June 2018
Health and wellbeing of NDIS participants and their families and carers	30 June 2021
Employment outcomes for NDIS participants and families and carers of NDIS participants	31 December 2021
People with disability and their NDIS goals	31 December 2019
COVID-19 impact on participants and family/carers outcomes	30 June 2020
The NDIS Market Reports	
The NDIS Market (Market Monitoring) Dashboards with market summaries, datasets for LGAs and NDIS service districts	31 December 2021 30 June 2021 31 December 2020 30 June 2020 31 December 2019 30 June 2019

<sup>112</sup> <https://data.ndis.gov.au/data-downloads>

<sup>113</sup> <https://data.ndis.gov.au/explore-data>

## 6.4 Cyber Security

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

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The NDIA continues to be directly and indirectly impacted by cyber threats from internal and external sources. The NDIA is part of a broader ecosystem, interacting with service providers, and other government departments, which in turn provide significant cyber risk to the NDIA. The NDIA, in conjunction with other partner organisations, manages its risk profile which continues to be targeted by Foreign Intelligence Services and criminal enterprises to gain access to valuable participant data and information. In addition, social activists and other hacktivists continue to target the NDIA, motivated by political or social change. These threats to the NDIA manifest themselves through the use of malware, ransomware, phishing and social engineering to extort funds, expose sensitive information and deny people of online services. NDIA internal threats present themselves through the misuse of access and information with the intent of causing political and social embarrassment, or supporting criminal enterprise.

The NDIA has embarked on a multi-year technology change agenda which incorporates a significant uplift of cyber threat detection and prevention capabilities, as well as improving the understanding and management of ICT Risk in NDIA. The NDIA is improving its ability to detect and respond to threats to the NDIA systems and data through the Security Operations Centre and through new tool sets. The NDIA Cyber Risk management program currently underway is seeking to implement improved ICT practices and procedures to reduce the risk of complex and interconnected ICT platforms within the NDIA whilst maintaining the services required for participants and the disability sector.

Continual communication and liaison with partners is essential to raise and maintain cyber awareness, which promotes sound cyber hygiene practices outside of the NDIA's immediate control. Additionally, the NDIA conducts regular internal communication and training with staff and partners to maintain awareness of cyber threats, which is reviewed regularly to ensure the training and messaging is effective.

## 6.5 Fraud and Compliance

**The NDIA has significantly increased its targeted compliance activity.**

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The NDIA continues to proactively monitor and respond to incorrect or unusual claims made by registered providers. Since the establishment of the Compliance Response Team in July 2021, the NDIA has significantly increased its targeted compliance activity.

During the quarter compliance activity included a focus on Plan Management Agents overcharging participants financial administration fees. This resulted in 66 per cent of reviewed Plan Management Agents having cancelled payments where they have overcharged participants.

The increased focus and proactive approach to compliance for 2021-22 has resulted in providers cancelling more than 38,700 incorrect or non-compliant payments worth almost \$44.8 million. A key element of the NDIA's compliance approach is to work with providers to raise awareness of their responsibilities and educate on how to be compliant when claiming. Data modelling has shown that this activity has had a positive impact on claiming behaviour.

As at 30 June 2022, there were 35 fraud matters under investigation and a further 8 matters under preliminary evaluation for investigation. Of these, 14 matters are before the courts under prosecution, with a total alleged fraud value of \$13.4 million. Key investigation activities, this quarter included:

- Six individuals charged in relation to Operation Pyxis - an NDIS Taskforce investigation into an organised criminal group who allegedly defrauded the NDIS of more than \$2 million.
- A person, returning from overseas was arrested and charged for allegedly defrauding the Scheme of more than \$300,000 after claiming for services not delivered.
- Another person, also returning from overseas was arrested and charged for allegedly defrauding the Scheme of more than \$1 million after claiming for services not delivered.

## 6.6 NDIA's new Information and Communication Technology (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 (PACE). PACE is a fit-for-purpose business system and will be ready to replace the NDIA's current CRM, portal and payment systems.

The PACE 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. PACE is being designed to make it easier for NDIA staff and partners to do their job, giving them more time to deliver a quality experience for participants.

PACE is being designed and built to be more user-friendly and enable all staff can do their job. This means that accessibility is a key feature of the system. Staff with a wide range of accessibility needs have been involved in the design, build and test of PACE and we are working with our global ICT supplier (Salesforce) to improve the accessibility of their system. This means that all of their customers benefit from a more accessible platform.

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 a 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, which supports 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.



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