

Delivered by the
National Disability
Insurance Agency

Quarterly Report Q1 2024–25



Santi is now doing things he thought he could never do



Colombian-born, 40-year-old Santi from Perth, was diagnosed with limb girdle muscular dystrophy 2A in 2014, and his condition is slowly weakening the muscles in his hips, shoulders and arms.

It impacts his mobility and makes it harder for him to do regular everyday tasks. Simple things like walking, showering, dressing, preparing meals and doing his own washing has become difficult, taking away more time in his day.

Working full-time for a Melbourne-based business while also running his own, Santi knew his way of life would eventually change. But joining the NDIS as a participant some years after it was first rolled out in Perth in 2014 made the change a whole lot easier.

‘I could do everything when I was younger. I know how to cook, but as my condition got worse, just preparing simple things like a breakfast would take me around 2 hours.’

Grateful to live in Australia and have access to a life-changing NDIS, Santi said so many aspects of his life have improved.

‘Everything is a lot easier now with the equipment and daily support I get,’ he said.

Recently, Santi moved into his own home, where he managed the build. ‘I got support from the NDIS to include some accessible features,’ he said. ‘In my old home it was difficult for me to move my arm to turn switches on and off or even open the blinds. Now, I can control everything on my phone.’

Santi said it’s his power wheelchair he loves most. ‘It’s been one of the best things I received. I can stand with my chair and go around from a standing position.

‘The NDIS has meant a lot to me. Since I’ve been part of it, many aspects of my life have changed. Now I have access to do things I never believed I could,’ he said.

[Read Santi’s full story on our website.](#)

Copyright and use of the material in this document

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

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

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

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



Acknowledgement of Country

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

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

Artwork 'Belonging' by Charmaine Mumbulla.

Contents

This report	7
Introduction	8
Section 1 Participants and their plans	16
1.1 Number of participants in the Scheme	18
1.2 Participation rates	19
1.3 Participant characteristics	20
1.4 Specialised service delivery	23
1.5 Children in the NDIS	25
Section 2 Participants and family and carer outcomes	26
2.1 Measuring outcomes: 2023 annual outcomes report summary	28
2.2 Participation in work and community and social activities	32
2.3 Perceptions of whether the NDIS has helped	36
Section 3 Participant experience	40
3.1 Participant Service Charter engagement principles	42
3.2 Participant Service Guarantee	43
3.3 Home and living decisions	45
3.4 Complaints and participant critical incidents	47
3.5 Review requests and Administrative Appeals Tribunal cases	51
3.6 Participant satisfaction	56
3.7 The NDIA National Contact Centre	61

Section 4	Providers and the growing market	64
4.1	Support categories	66
4.2	Plan management types	67
4.3	Plan managers	68
4.4	Supported independent living	70
4.5	Specialist disability accommodation	72
4.6	Market stewardship activities	73
4.7	NDIS pricing	75
Section 5	Financial sustainability	76
5.1	Total payments	78
5.2	Average and median payment trends	79
5.3	Average plan budget trends	80
5.4	Operating expenses	83
Section 6	Staff and the NDIS community	85
6.1	Workforce diversity, inclusion and engagement	87
6.2	Public data sharing and the latest release of information	88
6.3	Integrity of the NDIS	89
	Appendices	
	Appendix A: Key definitions	94
	Appendix B: Outcomes Framework Questionnaires	98
	Appendix C: Approved plans and children accessing early connections	100
	Appendix D: State/Territory – comparison of key metrics	101

This report

This report is an overview of the performance and operations of the National Disability Insurance Agency (NDIA) for the 3 months from 1 July 2024 to 30 September 2024.

The NDIA is committed to ensuring all data around NDIA performance and participant outcomes remains accessible and easy for different audiences to understand.

This report presents analysis and key insights. Key figures and comparisons of state and territory statistics can be found in the appendices.

As part of streamlining the report, some appendices are available as supplements on the [NDIS website](#):

- national, state and territory statistics
- participants by service district and support type, and committed supports and payments by service district
- specialist disability accommodation (SDA).

Key highlights for quarter 1, 2024–25

Passing of legislation

In August, the Australian Government passed legislation designed to improve the National Disability Insurance Scheme (NDIS) for all participants while protecting its long-term sustainability. This first tranche of legislation will help to progress key recommendations from the independent review into the NDIS.

The National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No.1) Bill 2024 is designed to:

- put participants at the heart of the NDIS
- ensure every NDIS dollar gets to those who the NDIS was intended to support.

The changes from the passing of this legislation came into effect on 3 October 2024.

As part of these changes, the Government has released definitions of what constitutes an NDIS support. This makes it clear for NDIS participants and providers what plan funding can and cannot be used for.

The definitions are based on existing guidance, so most NDIS participants and their supporters will not immediately notice much of a difference about the way they experience the NDIS. Most will start to see more practical changes when we start to transition to a new planning framework later next year, after new rules have been developed to guide the implementation of further reform.

The NDIA acknowledges that for some participants and their families and carers, these changes may create anxiety and stress.

That is why the NDIA is committed to ensuring everyone is kept informed about the changes. The NDIA will continue to work closely with participants and the disability community to ensure we get these changes right.

The NDIA is undertaking an extensive communications campaign to ensure participants and their families and carers have the information they need about the changes to the NDIS Act.

New Board member



The NDIA is pleased to announce the appointment of Dr Ian James Watt AC to the NDIA Board.

Dr Watt joined the Board in September, after a decorated career in the public service.

His most recent and most senior appointment was as Secretary of the Department of the Prime Minister and Cabinet and head of the Australian Public Service, a position he held from late 2011 until the end of 2014.

Prior to that, Dr Watt was Secretary of the Departments of Defence; Finance; and Communications, Information Technology and the Arts between 2001 and 2011. Before that, he was Deputy Secretary of the Department of the Prime Minister and Cabinet.

Dr Watt is currently Chair of the International Centre for Democratic Partnerships and Chair of the ADC Forum Advisory Council. He recently retired from the Board of the Grattan Institute and as Chair of the Grattan Public Policy Committee after a decade of service.

Dr Watt completed an independent review of the Tasmanian State Service in July 2021, the first in several decades. He recently completed reviews of the Western Australian university system, Services Australia and the NDIA's procurement practices and policies, as well as a capability review of the Department of Home Affairs.

The NDIA Board consists of a Chair and up to 11 other members. Appointments of the Chair and Board members are made under the *National Disability Insurance Scheme Act 2013* (Cth) (NDIS Act) by the Minister for the NDIS, in consultation with all Australian states and territories.

Board members are appointed on a part-time basis for terms of up to 3 years.

Independent Pricing Committee

In releasing the 2023–24 Annual Pricing Review, the NDIA committed to undertake a review of the way NDIS price limits are set.

In September the NDIA announced an Independent Pricing Committee had commenced work reviewing the approach to NDIS pricing.

The three-person expert committee will provide its first tranche of recommendations later this year.

The Independent Pricing Committee members—Mr Stephen Anthony (Chair), Ms Gemma Henderson and Dr Ron Ben-David—have strong economic credentials and experience in regulation.

The NDIA will be guided by the advice of the committee, as well as continued consultation with people with disability and the provider market.

The committee's recommendations will lead to a pricing approach that delivers diverse, quality supports to NDIS participants and supports sustainability objectives.

Quarter 1 updates

1. Participant outcomes
2. Scheme financial experience
3. Key areas of improvement
4. Resolving participant requests

Participant outcomes

Improvements in outcomes continue to highlight the difference the NDIS is making for participants and their families and carers.

- Of participants aged 15 years and older who have been in the NDIS for 2 years or more, **42%** reported increased participation in community and social activities – a relative increase of **22%**.
- Participation in work has more than doubled from **10%** at baseline to **22%** at latest reassessment for participants aged 15 to 24 years who have been in the NDIS for 2 years or more.
- For participants who have been in the NDIS for 2 years or more, there has been a 6 percentage point increase in families and carers reporting paid employment, from **47%** at baseline to **52%** at latest reassessment.
- More than three-quarters of all participants aged 15 years and older who have been in the NDIS for 2 years or more reported the NDIS has helped them to have greater choice and control in their lives. There has been a 12-percentage point increase, from **67%** at entry to the NDIS to **79%** at reassessment.

Scheme financial experience

Annual Financial Sustainability Report (AFSR) projections highlight recent legislative changes and reforms to the NDIS are ensuring the Scheme remains on track to improve its financial sustainability.

Data shows total projected Scheme expenses are now expected to be \$210.3 billion for the 4 years to June 2028 – \$1 billion lower than for the same 4-year period in the 2024–25 Budget projections.

The NDIS costs for the 2023–24 financial year were around \$41.8 billion – about \$580 million below the estimate in the 2024–25 Budget.

Following this encouraging result, data from quarter 1 (1 July – 30 September) shows a continuing trend of stabilisation when it comes to Scheme expenditure.

Total Scheme expenses for the September 2024 quarter were \$11.5 billion (on an accrual basis), almost \$150 million below expectations in the June 2024 projections.

Stabilisation of growth in Scheme expenditure

The continued slowing of growth in Scheme expenditure in recent quarters can be attributed to impacts of the Reform for Outcomes initiatives, including:

- **Plan inflation** – Plan inflation increased slightly for the quarter to 12.8% per annum but continues a trend of remaining lower than levels observed since September 2022. Approximately 1.3% can be attributed to the combined effects of indexation, following the 2023–24 Annual Pricing Review. The remaining 11.5% growth is over and above indexation and pricing impacts.
- **Increased number of participants leaving the NDIS** – The number of people leaving the NDIS (for non-mortality reasons) in the quarter increased and in the past 12 months continues to increase.

The slowing of growth in Scheme expenditure is occurring in an environment where participant numbers continue to grow – the total number of NDIS participants at 30 September 2024 was 680,123, up 2.9% from 661,267 at 30 June 2024.

Key areas of improvement

Scheme reform update

While new legislation establishes a platform for much of this important work, the NDIA has been implementing other measures designed to strengthen the NDIS and provide a better experience for all participants.

This work, progressed in collaboration with people with disability and the wider disability community, is a result of an Australian Government commitment of \$732.9 million in the 2023–24 Budget.

Work this quarter has led to:

- continued stabilisation of plan inflation. While the average NDIS plan value continues to grow, improvements to the planning process is leading to more consistent decision making
- a continued increase in the numbers of people leaving the NDIS as their needs for support stabilise, including children who leave the NDIS because they no longer need NDIS support or their needs are best met outside the NDIS. An increase in resources and staff at the NDIA has increased the capability to work with participants to ensure their support needs are met inside and outside the NDIS. Additionally, with the support of the NDIS, more people no longer need more intensive, individualised support
- continued stabilisation in the number of participants new to supported independent living (SIL). The number of participants in SIL had a net increase of 521 this quarter, compared to 540 in the previous quarter

- a continued change in spending behaviours, leading to fewer participants at risk of overspending their NDIS plan. The NDIA has implemented a model of proactively contacting participants at risk of overspending their plans to ensure they are supported and clearly understand how to get the most from their NDIS funding, reducing the risk of plan exhaustion. Ninety per cent of participants provided positive feedback on the proactive approach. Recent legislative changes will further support this work, ensuring participants better understand their overall plan value and the duration that funding needs to last.
- continued benefits from payment integrity initiatives. The Crack Down on Fraud (CDoF) program is boosting the NDIA's payment systems to better protect participant funds and improve the integrity of the NDIS. During the September quarter, the CDoF program continued to deliver the milestones committed to Government. These milestones will:
 - improve the integrity of identity information
 - establish the foundation for improved data capability
 - provide a familiar, consistent and secure experience for participants and nominees accessing NDIS digital platforms.

Continued focus on working with the disability community

The NDIA is committed to ensuring NDIS participants, their families and carers, and the wider disability community play a key role in informing changes to the NDIS.

Reforms will be guided by implementation, education and communication plans that will be developed in partnership with people with disability and the disability community.

To achieve this, the Minister for the NDIS, the NDIA, Department of Social Services (DSS) and the disability community, through the Independent Advisory Council (IAC) and disability representative and carer organisations (DRCOs), have agreed to work together on a co-design approach for important NDIS reforms. In June, a [shared statement](#) was released outlining this commitment.

Co-design in the NDIA occurs when staff work with participants, their family members and carers, DRCOs and other stakeholders, as equal partners to make the NDIS work better for all Australians. As part of our shared commitment, the NDIA agreed to always be honest about how we can work together, whether it be in co-design, consultation, or engagement activities.

Balancing genuine and accessible co-design, consultation and engagement with the disability community while meeting legislative reform timeframes has been and will continue to be challenging. The NDIA and the Board remain deeply committed to the shared statement and this open and honest approach, as we all work through the many changes to the NDIS that will come into effect over the next 18 months.

With legislation passed, co-design, consultation and engagement work has commenced that will inform how we implement changes from the NDIS Amendment (Getting the NDIS Back on Track No.1) Bill 2024. Over the last quarter, this has included joint work with the DSS to consult on key aspects of the Bill to ensure necessary instruments and rules, as well as approaches to implementation, are informed by the voices of participants and the disability community.

We heard from more than 7,000 people through the public consultation process about the new approach to defining what is and is not an NDIS support, and the NDIA led more than 20 engagement and consultation sessions with DRCOs, the IAC and Participant Reference Group, and held focus groups with participants and their families and carers.

In the last quarter, the NDIA also held 65 co-design workshops involving more than 550 participants and members of the disability community. New co-design working groups were also established. 'Meet and greet sessions' that included sharing resources were held ahead of formal meetings commencing in September.

The NDIA is establishing expert advisory groups to provide advice across all reform topics. The following groups have been established and have started providing advice:

- Children's Expert Advisory Group
- Neurodegenerative Conditions, Palliative Care and Rare Diseases Advisory Group.

Work is continuing to establish advisory groups on the following topics:

- rural and remote
- self-management
- supported decision making

The NDIA is committed to continuing to improve and expand our co-design, consultation and engagement practices. In the last quarter, we worked closely with DRCOs, the IAC and Participant Reference Group, and the Co-design Advisory Group to improve our approach to co-design through an independent evaluation project. We have made some immediate improvements, including using a feedback form in all co-design working group sessions so we hear directly from working group members, particularly NDIS participants, about how we can continue to improve the co-design experience for everyone involved.

Milestone for specialist disability accommodation

Specialist disability accommodation (SDA) is a range of housing designed for people with extreme functional impairment or very high needs.

The purpose of SDA funding is to increase the supply of new-build, high quality and fit-for-purpose SDA.

During September 2024, the NDIS marked a significant milestone – the NDIA enrolled the 10,000th SDA dwelling since the introduction of SDA in 2016, providing participants a wider variety of accommodation options.

Of these 10,000 dwellings, more than 6,000 were 'New Build SDA'.

This is a significant milestone for the NDIS and, most importantly, for participants.

Improved NDIA performance

The NDIA continues to make changes to improve the planning experience for participants.

Recent improvements to the planning process include:

- more than 500 staff added to frontline service delivery teams, resulting in reduced waiting times – particularly for participants seeking a change to their NDIS plan
- continued regular check-ins with participants to proactively ensure their supports are working for them
- continued increase in end-to-end planning completed by home and living planners
- increased sharing of data and information with state and territory health agencies to support the timely discharge of participants deemed medically ready to leave hospital.

The NDIA has also made improvements to its National Contact Centre (NCC).

The NCC remains committed to inclusive employment and attracting people with disability, so we have more staff with lived experience who can better support participants. According to the 2024 Australian Public Service Census results, 40% of insourced NCC staff identify as having disability.

Specialist NCC staff have also received training to enable them to resolve more participant concerns. This includes allowing them to complete evidence of identity and document verification checks, voluntary exits from the NDIS, changes to authorised representatives and process small plan variations over the phone.

In the September 2024 quarter, the NCC experienced higher demand – receiving 784,549 contacts, including more than 400,000 calls.

Despite the high contact volumes in the quarter, the NCC improved operational results. The average waiting time for phone service has almost halved and customer satisfaction remained above target at 93% for the quarter.

Resolving participant requests

The NDIA has taken measures to resolve the high number of requests we continue to receive from participants, and we are making good progress to reduce the increased volume.

A key focus for the NDIA in the recent quarter was reducing a large number of requests in the areas of First Plans and Unscheduled Reassessment Plans.

As a result of an increased effort – which has included the recruitment of more staff – the NDIA has reduced waiting times in several key areas, including Access Requests, First Plans, Reviews and Complaints.

From July to September, the NDIA completed:

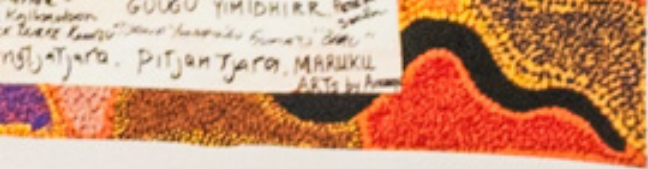
- **25,659** access decisions (up more than 50% from the June quarter)
- **23,681** first plan approvals (up almost 80% from the June quarter)
- **61,767** plan reassessments (up 10% from the June quarter)

The NDIA continues to see a high volume of participants requesting a change to their NDIS plan. During the quarter, we received up to 5,000 plan change requests each week – an increase of almost 40% on the same time last year.

Significantly, the NDIA approved more plan change requests each week than what were received – meaning the overall number of outstanding requests has been reduced.

The NDIA continues to prioritise urgent change of circumstances requests, especially where there is any potential risk to the participant.

It is also important to note that a participant's plan will not expire, irrespective of any delay to action a scheduled plan reassessment in time. Plans will automatically extend with the same level of funding. This means participants are not left without supports.



Section 1

Participants and their plans



Charlotte shares how important diversity and inclusion really is



Charlotte sensed they were different in high school but kept those feelings hidden.

‘Back when I was growing up there wasn’t as much of an understanding about the LGBTIQ+ community as there is now. I didn’t have the words or know the terminology to express what I was feeling. I just thought I was weird,’ Charlotte said.

‘Then for me as an adult, declared legally blind at 12, coming out as transgender... it was a sense of whether I die or live as who I really am. I chose to live as who I really am.’

Joining the NDIS in 2017, Charlotte, who also has autism, is comfortable today identifying as queer, transgender and a proud Wemba-Wemba Guringai person with disability.

Able to receive supports for psychology, meal prep, cleaning, gardening, community access, orientation and mobility services, Charlotte said it’s all been lifechanging, particularly their Guide Dog Kellie.

With newfound confidence, the 32-year-old has become an LGBTIQ+ community advocate sharing personal insights to help others feel valued and supported to come out and live as their true selves.

Working as a Latrobe Community Health Service NDIS local area coordinator, an NDIS partner in the community, Charlotte said they can draw on their own lived experience to support participants.

‘It’s a job I love,’ Charlotte said. ‘I have also worked as an NDIS planner, so seeing how the NDIS works from both sides and being part of the LGBTIQ+ community really helps me. With my own lived experience I can understand their point of view, where they are coming from and what community services and supports they may need or want to access.’

‘Everyone has the right to be their true selves and feel safe and respected, regardless of sexuality or gender identity.’

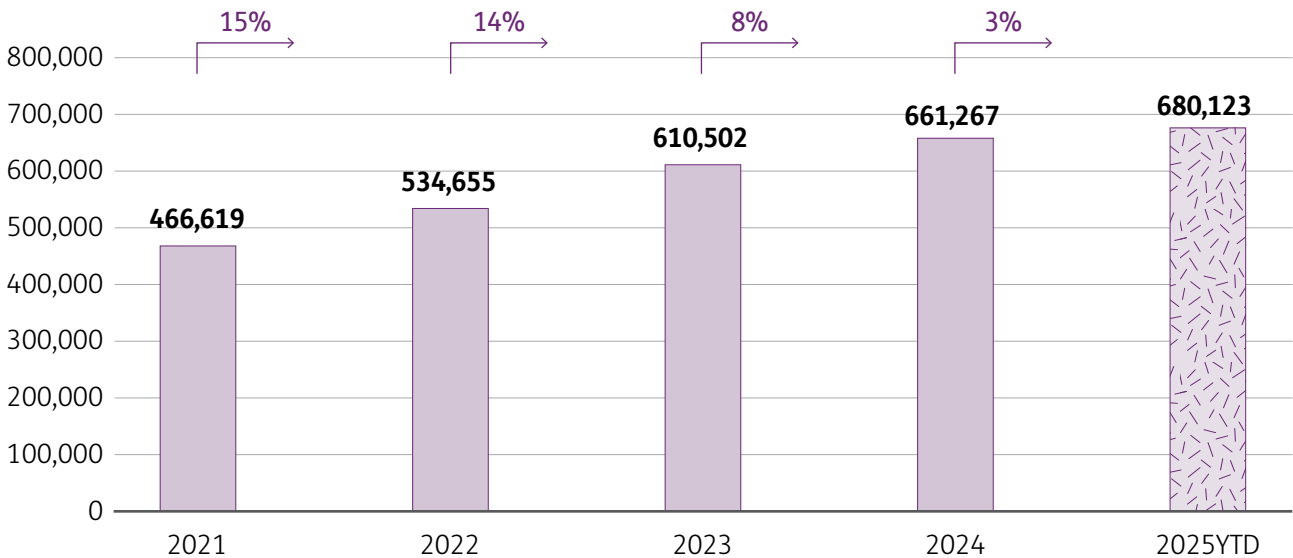
[Read Charlotte’s full story on our website.](#)

More than 680,000 participants are receiving support from the NDIS, and more than 23,000 participants entered the Scheme during the quarter.

1.1 Number of participants in the Scheme

As at 30 September 2024, 680,123 participants had approved plans. This represents a 2.9% net increase from last quarter (a net increase of 18,856 participants since June).

Figure 1: Active participants with approved plans and percentage increase over time for years ending 30 June¹



¹ This is the net increase in the number of active participants in the NDIS each period, noting some participants have left the NDIS.

1.2 Participation rates

The number of NDIS participants as a proportion of the Australian population peaks between the ages of 5 and 7, with approximately 13% of 5- to 7-year-old males and 6% of 5- to 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 (Figure 2), reflecting the prevalence of different disability types.

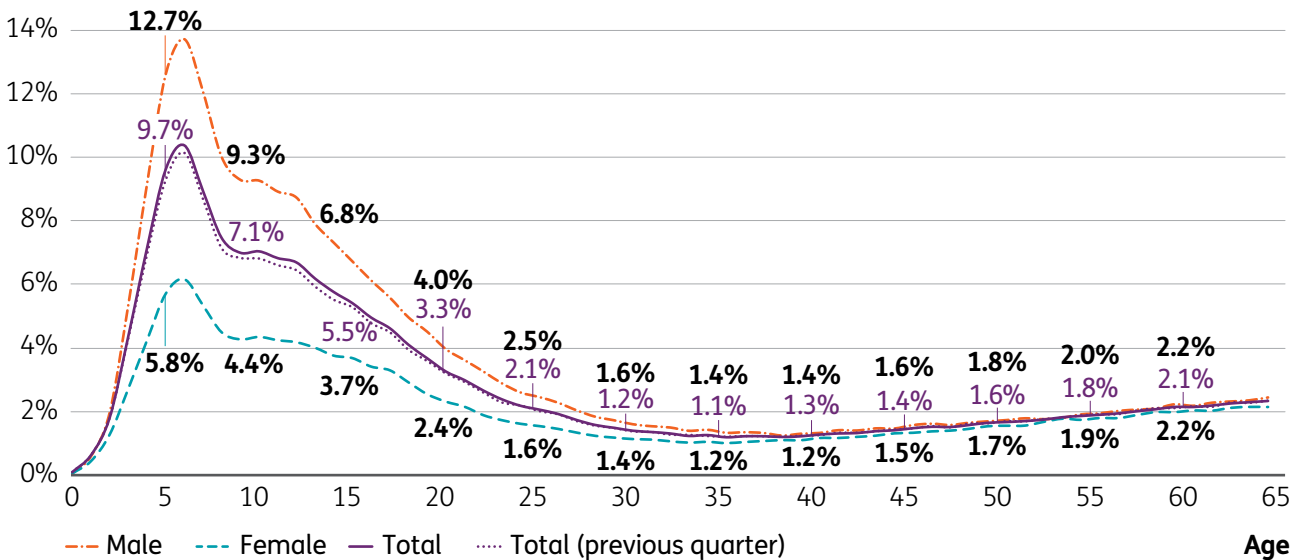
Overall, the rate of participation in the NDIS rises steeply from birth, peaking at roughly 10% at age 6. The rate then declines steadily to around 1% by age 35, before rising gradually to 2% by age 56.

Participation rates for males and females differ considerably at younger ages. At the peak, at age 6, the participation rate for males (13.8%) is more than double that of females (6.2%).

Much of the difference in participation rates by gender can be explained by differences in diagnosis by disability type. For NDIS participants younger than 18, the most prevalent disability types are autism and developmental delay. Both disability types have higher diagnosis rates in males than females.

Psychosocial disability and intellectual disability are a high proportion of the remaining disability types. The participation rates by age and gender in each service district are shown in the supplements.

Figure 2: Participation rates^{2,3}



2 There were 17,261 participants aged 0 to 64 years with a gender of 'Other' at 30 September 2024. The participants for this group are included within the total rates, but not the gender-specific participation rates.

3 More recent estimates from the Australian estimated resident population have been adopted since the June 2024 report. The restated estimated population reduces the participation rates, more so between the ages of 0 and 6, where the restated participation rates are lower by 0.18 percentage points, and 8 to 10 and 19 to 24, where the restated participation rates are lower by 0.12 percentage points.

1.3 Participant characteristics

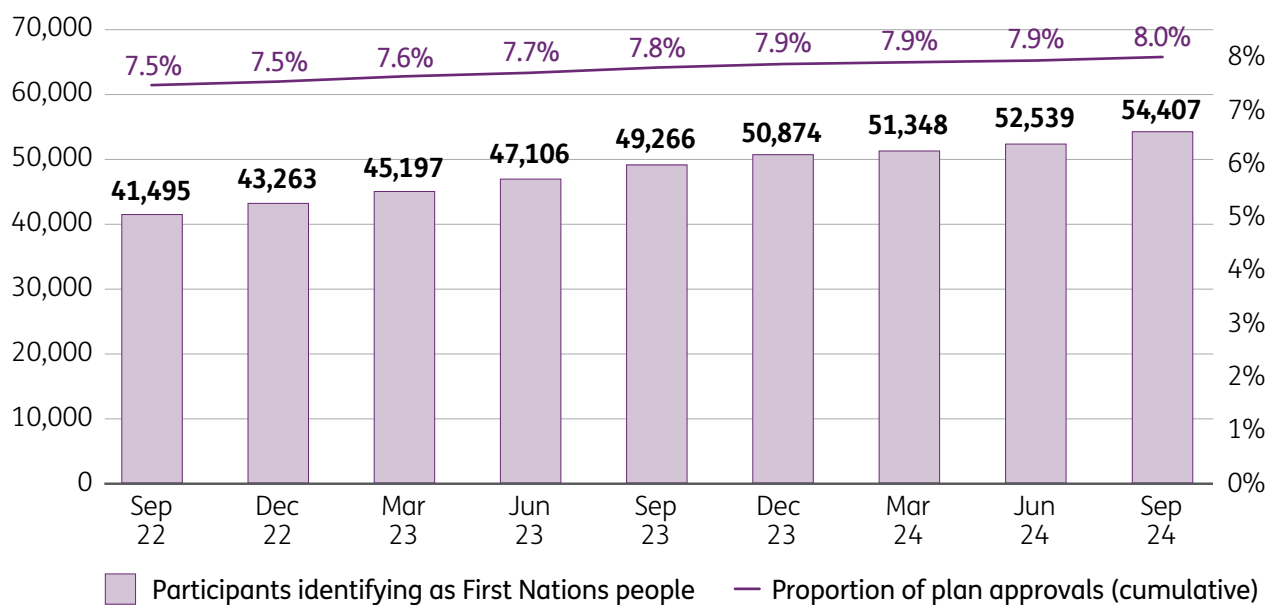
The NDIA continues to monitor the number of participants entering the NDIS who identify as First Nations peoples or as culturally and linguistically diverse (CALD), and participants who are from remote and very remote areas.⁴

Of the 23,667 participants entering the NDIS and receiving a plan in the quarter:

- **9.9%** were First Nations peoples⁵
- **6.9%** were CALD⁶
- **2.2%** were from remote and very remote areas.⁷

The total proportion of First Nations participants in the NDIS is 8.0% at the end of the September quarter and this is a slight increase from last quarter (Figure 3). The proportions of CALD and remote participants are similar to those observed in previous reports.

Figure 3: Cumulative number and proportion of First Nations participants⁸



⁴ For some participants, the identification as First Nations or CALD is not known.

⁵ This compares to 8% of the Australian population identifying as First Nations peoples who have a need for assistance. Source: Census of Population and Housing 2021 ('Need for Assistance' variable), Persons Place of Usual Residence, by Indigenous Status.

⁶ The percentage of CALD participants excludes participants who identify as First Nations peoples. 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. The number of participants for whom the CALD identification is not known is impacted by changes in processes in 2023.

⁷ This compares to 2% of the Australian population living in remote or very remote areas. Source: Census of Population and Housing 2021, Persons Place of Usual Residence, by Remoteness Area.

⁸ The Explore data webpage <https://data.ndis.gov.au/explore-data> has detail on the numbers of CALD participants and remote and very remote participants.

Section 1: Participants and their plans

First Nations governance, strategy and co-design

The NDIA is committed to delivering a First Nations Strategy (the strategy) by early 2025. The strategy will guide NDIA actions to improve outcomes for First Nations peoples with disability, their families and carers.

The NDIA is engaging a First Nations Strategy Working Group to ensure a First Nations-led approach to the strategy design. The Working Group comprises First Nations NDIS participants, providers, partners, and peak bodies. The NDIA is also using First Nations community feedback from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and NDIS Review, as well as the Closing the Gap Priority Reforms, to inform the strategy design.

The NDIA is establishing an Independent Advisory Council (IAC) First Nations Reference Group to convene from February 2025. The reference group will comprise only First Nations peoples with disability and will provide a strong voice for First Nations peoples with disability in the NDIA. It will report to the IAC and NDIA Board with independent advice on NDIS and reform issues affecting First Nations peoples. A recruitment process for membership of the reference group is running from October to November 2024.

The NDIA is committed to implementing First Nations best practice engagement and co-design. An NDIA First Nations co-design framework is being developed and will be completed by June 2025. The framework will support NDIA policy and program development by embedding First Nations co-design principles into the NDIA ways of working. This will improve outcomes, equity and cultural safety in the NDIS for First Nations peoples with disability.

To further support best practice co-design an independent review of First Nations representation across NDIA advisory and co-design bodies is being conducted. The review will assess and make recommendations on how the NDIA can increase First Nations voices and interests across its advisory and co-design bodies. A final report is due by early 2025.

First Nations people and participants in remote and very remote areas

The NDIA continues to support First Nations peoples and remote participants to understand, access, navigate and use the NDIS.

The NDIA is now well-advanced in implementing its strengthened service model for participants in remote and very remote Australia (including all non-partnered areas). This includes:

- Providing face-to-face services – remote community connectors (from 37 service partners and currently supporting 480 communities) and geographically tied NDIA staff regularly visit communities to support participants throughout their NDIS journey.
- Having a dedicated sector engagement and market development team to work with communities on local priorities and use alternative commissioning approaches to secure services where they have not been previously available.

Section 1: Participants and their plans

The service model is supported by a national program of access and planning clinics to enable people to access the NDIS and supports more quickly. Several access clinics have been delivered in remote locations, including:

- Anangu Pitjantjatjara Yankunytjatjara Lands, South Australia
- Big Rivers, Northern Territory
- Fitzroy Crossing, Western Australia.

Future access clinics will include:

- Maningrida, Northern Territory
- Lajamanu, Northern Territory
- Iwantja, APY Lands, South Australia
- Papunya, Northern Territory
- Yuendumu, Northern Territory
- RAPAD Region, Queensland.

The NDIA is also working across government to find ways to use local workforces to support NDIS participants, in particular:

- National Indigenous Australians Agency – Remote Jobs and Economic Development Program
- Department of Health and Aged Care – Integrated Care and Commissioning project.

Culturally and linguistically diverse participants

The NDIS CALD Strategy and Action Plan 2024–2028 was launched by Minister Shorten in April 2024, and the NDIA has begun implementing improvements to enhance the experiences of CALD participants in the NDIS. The External Advisory Group will continue to be involved in helping the NDIA improve the experiences for people with disability from CALD backgrounds.

A priority in the CALD action plan is staff capability. The NDIA has released and is implementing the NDIA CALD Inclusion Plan 2024–2027. This plan builds capability in the NDIA in four focus areas: cultural competence and leadership; inclusive culture; inclusive polity and practice; and career development and advancement.

1.4 Specialised service delivery

The NDIA is committed to improving access, outcomes and experience for participants who require specialised planning pathways and liaison.

The NDIA delivers targeted support through specialised pathways for participants with complex support needs, including participants involved in the justice system and participants transitioning from aged care or hospital settings.

Participants involved in the justice system

The NDIA is committed to helping participants involved in the justice system access the NDIS for reasonable and necessary disability supports. Every Australian, regardless of any previous criminal conviction, is entitled to access support systems offered by government to help them live their life.

The NDIA's justice liaison officers (JLOs) are the primary points of contact for participants in the justice system. JLOs work alongside state and territory government justice services and the NDIA Justice Liaison and Justice Planning teams to support current and prospective participants in correctional and forensic settings.

The Justice Transition Project was completed between October 2022 and November 2023 and aimed to enhance the experience of people with disability who are transitioning from justice and forensic settings into the community. After engaging with more than 300 stakeholders over 61 consultations, the project made 13 evidence-informed recommendations to improve justice transitions. The NDIA is committed to implementing the project's recommendations. This includes sharing the reports and recommendations with external project stakeholders to improve the way we work together to enhance the experience of participants transitioning out of the justice system.

The NDIA Justice Advisory Panel held its first meeting in September 2024. Panel members Ken Lay AO, Jennifer Cullen AM and the Hon David Harper AM joined NDIA executives to examine the management of people exiting custody who have been identified as current or potential participants of the NDIS. The panel heard about two NDIS participant case studies. While the panel does not have decision-making powers, the case studies provided participant experience and examples of the risks, issues, and policy and systemic challenges in this area.

Receiving timely information from state and territory justice systems is important to allow the NDIA to make well-informed and prompt planning decisions for participants. The NDIA has recently requested information about current or prospective NDIS participants with high-risk offences from state and territory governments. This will help the NDIA make better decisions for participants leaving the justice system, ensuring they receive supports from the right service systems.

Younger people in residential aged care (YPIRAC)

YPIRAC targets

The Australian Government is committed to achieving the targets for younger people in residential aged care (YPIRAC) to ensure that, except in exceptional circumstances, there are no people younger than 65 living in aged care by 2025.

The NDIA is supporting this commitment with a team of dedicated YPIRAC planners and accommodation officers.

The NDIA's focus on YPIRAC

Since 1 July 2016, 1,100⁹ participants have left residential aged care¹⁰ and are now in a more appropriate accommodation setting.

As at 30 September 2024, there were 911¹¹ participants younger than 65 in residential aged care with an NDIS approved plan, including 25 younger than 45.

As at 30 September 2024, 296¹² younger people in residential aged care have a goal to leave residential aged care, including 9 younger than 45.

Hospital discharge

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

In the September 2024 quarter:

- the target of contacting NDIS participants within 4 days of the NDIA being notified of a participant's hospital admission was achieved for **88%** of participants, consistent with last quarter
- the average number of days between an NDIS participant being medically ready for discharge and being discharged was **25 days**. Overall, the timing of participants being discharged has improved over the past 18 months, from **30 days** in the March 2023 quarter.

Improving hospital discharge performance requires close collaboration with health systems and hospitals. This includes prompt notification of admission and providing the necessary post-discharge information to inform planning.

The NDIA is continuing to work closely with Commonwealth, state and territory health systems to support the safe and timely discharge of NDIS participants from hospital, including:

- working with health systems to receive prompt information about participants who are in hospital to support discharge planning
- streamlining access to the NDIS for prospective participants in hospital
- increasing the number of NDIA staff supporting hospital discharge processes
- providing educational resources and information sessions to health systems to help them understand the hospital discharge process.

9 Excludes 112 First Nations peoples aged 50 to 64 years.

10 This includes all people who were under 65 years at the time of leaving aged care. It excludes participants who are deceased or have left the NDIS.

11 Excludes 114 First Nations peoples aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.

12 Excludes 60 First Nations peoples aged 50 to 64 years.

1.5 Children in the NDIS

At 30 September 2024, there were 159,326 children younger than 9 with an NDIS plan, and a further 29,284 children accessed early connections throughout the quarter.

Children in the NDIS (younger than 9)

From 1 July 2023 the NDIA extended access to early childhood arrangements, through its early childhood partners in the community, to children younger than 9. These arrangements had previously been available to children younger than 7. This change ensures children and their families are supported by an early childhood partner during and after their transition to primary school.

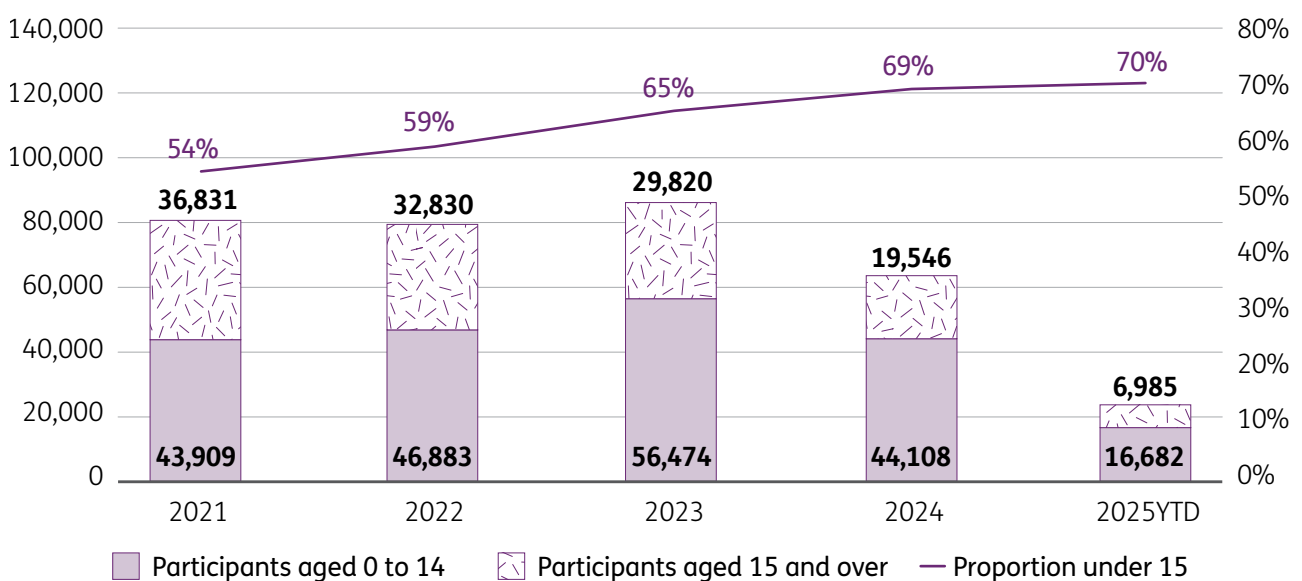
Throughout the September 2024 quarter, **29,284**¹³ children accessed early connections. Early connections gives quick access to the right supports that meet the needs of the child and their family, regardless of whether the child is an NDIS participant.

The NDIA continued to focus on improving access to supports for children and families in remote and very remote areas. This effort contributed to 183 children meeting access criteria to participate in the NDIS, of which 97 identified as First Nations peoples. Of the 159,326 children younger than 9 with an approved plan as at 30 September 2024, there were 2,367 living in remote and very remote areas.

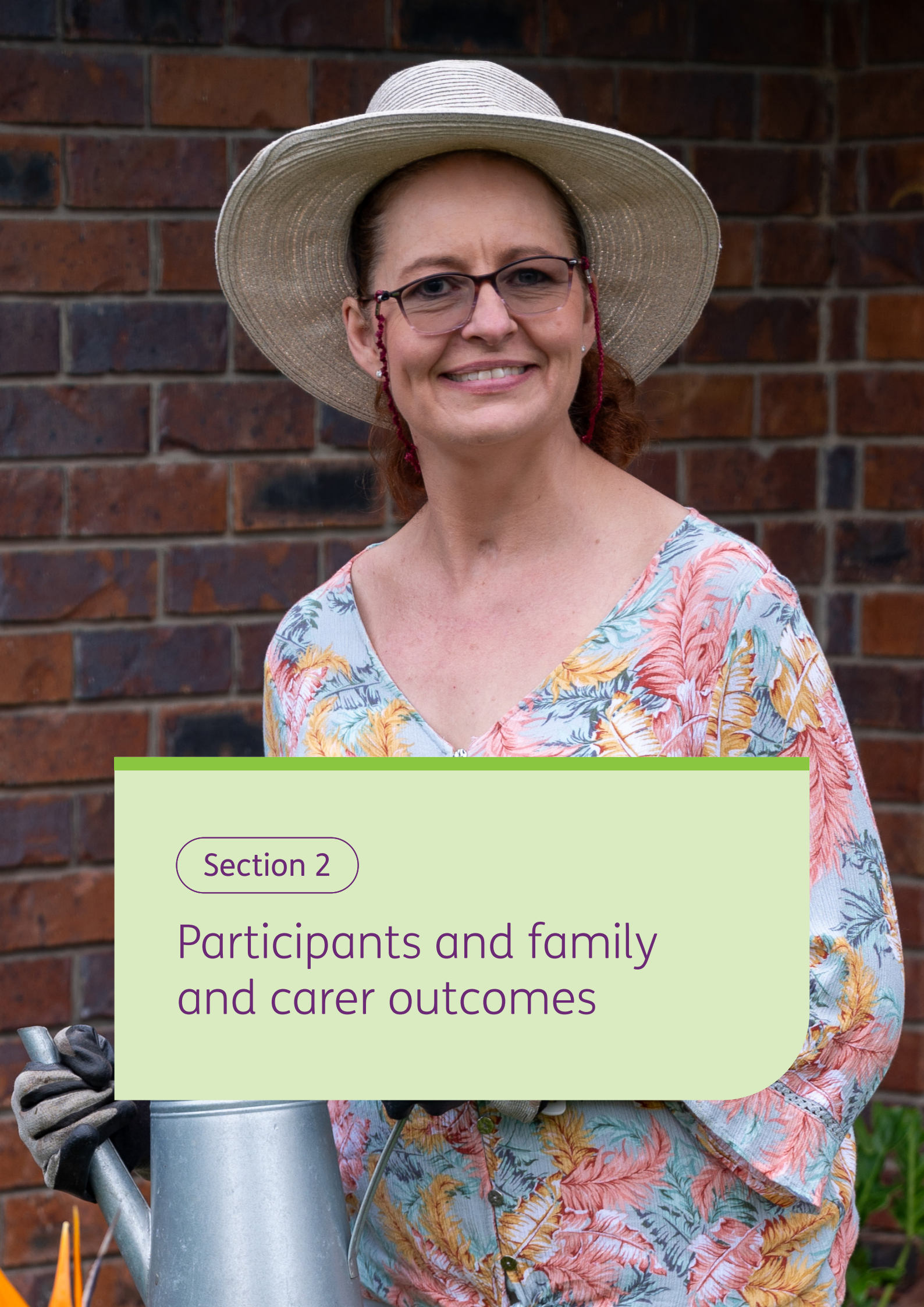
Children in the NDIS (younger than 15)

The number of children entering the NDIS continues to grow at a faster rate than older participants. Of the 23,667 participants entering and receiving a plan in the 2024–25 financial year to date, **70%** were children younger than 15. This is a continuation of the increasing proportions of younger participants joining the NDIS (Figure 4).

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



¹³ The number of children accessing early connections is now being reported as a 'throughout the quarter' figure rather than an 'end of month' figure to better reflect the number of children supported by the early childhood approach.



Section 2

Participants and family and carer outcomes



Michelle is glad she's still on the path to supporting people



Queensland NDIA planner, Michelle, loves supporting people with disability.

An NDIS participant herself after a car accident left her with an acquired brain injury, Michelle said she often draws on her lived experience to help others. 'It gives me a real understanding of the types of supports people need,' she said.

After the car accident, Michelle was in a coma for 3 months and spent another 6 months in rehab.

When she returned home, Michelle had to come to terms with her new disability. The whole family had to make a lot of changes to their home and day-to-day life.

'The difficult thing with a brain injury is, you have a certain level of function, and then suddenly your function is reduced due to your disability,' she said.

Michelle was determined to recover and overcome her challenges. 'I continued

intense rehab at home, but I was desperate to get out and do something. I struggled to find work,' she said.

Michelle came across a Brisbane City Council traineeship program and with support, she successfully applied and completed a Level 1 Administration Certificate. 'It was such a positive experience and gave me the additional qualifications I needed after my name. It helped me secure a job with Queensland Health,' she said.

In 2019, Michelle saw a job advertised for an NDIA planner. She decided to apply and was successful.

'I work with a really supportive team who understand my disability and mentor me,' she said. 'I love being a planner. Helping others gives me a great sense of satisfaction.'

'My NDIS supports are a blessing. My husband works away from home, so without them I wouldn't be working.'

Read [Michelle's full story](#) on our website.

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

2.1 Measuring outcomes: 2023 annual outcomes report summary

The NDIA recently released the 30 June 2023 [participant outcomes and family and carer outcomes reports](#), the sixth in an annual series of such reports. From these reports, common themes have emerged in areas where outcomes are improving for participants of different ages (and their families and carers), as well as areas where more work is required. A brief overview of these findings is provided below.

2.1.1 Participants aged 0 to 14

Outcomes are improving for participants aged from birth to starting school

- **Specialist services:** an increasing percentage of parents and carers of young children said that their child used specialist services, and that these services helped their child to gain everyday life skills and helped them to assist their child.
- **Inclusion:** younger children who participate in community activities tend to feel welcomed or actively included at these activities.

Outcomes are improving for participants aged from starting school to 14

- **Independence** – school-age children are becoming more independent.

In addition, children aged 0 to 14 are increasingly likely to manage the demands of their world well, fit into family life, and make friends with people outside the family.

Areas where more work needed to improve outcomes for participants aged 0 to 14

- **Developmental concerns** (participants from birth to starting school): an increasing percentage of parents and carers report concerns in 6 or more areas of development, particularly in relation to social interaction, cognitive development, fine motor skills, self-care and sensory processing. Taken together with the increasing use of specialist services, these results may reflect an increasing awareness by parents and carers of the needs of their child and confidence in seeking assistance.
- **Programs and activities:** there are decreases in the percentages of school-age children who spend time after school or on weekends with friends and/or in mainstream programs, as well as those feeling welcome or actively included. There is also a decrease in the percentage of children who were actively included in co-curricular activities when at school.

2.1.2 Participants aged 15 and over

Outcomes are improving for participants aged 15 and over since entering the NDIS

- **Lifelong learning:** participants are increasingly getting opportunities to learn new things, and are less likely to say there was a course or training they wanted to do in the last 12 months but could not.
- **Choice and control:** an increasing percentage of participants feel they have more independence and control over their lives and make more decisions than they did two years ago. They also feel increasingly able to have a say with their support services and choose how to spend their free time.
- **Relationships:** participants report getting more opportunities to see friends and being more satisfied with their relationship with staff.
- **Home:** a growing percentage of participants choose where and with whom they live, and participate in making decisions about planning for a home.
- **Social and community participation:** a higher proportion of participants spend their free time doing activities that interest them; are involved in community, including knowing people; and have a greater say in the community. They also have opportunities to try new things and have new experiences. Participants reported feeling safer walking alone in their local area after dark.
- **Employment:** an increasing percentage of participants in the labour force are in a paid job. Participants in a paid job are increasingly receiving support to do their job, while those interested in a paid job are increasingly being assisted to get one. There have also been improvements in the percentage of young participants in paid employment.
- **Health and wellbeing:** high proportions of participants report having a doctor they see regularly, having no difficulty accessing health services, and having been vaccinated against the flu. In addition, life satisfaction improved over time and a lower percentage of participants reported attending hospital in the past 12 months.

Areas where further work needed to improve outcomes for participants aged 15 and over

- **Advocacy:** over their time in the NDIS, participants have felt less able to advocate for themselves, and continue to express an increasing desire for more choice and control. A higher percentage also said they could not do something they wanted to in the last 12 months.
- **Labour force participation:** overall, for participants aged 15 and over, there has been little change in the percentage in a paid job over time in the NDIS, especially for participants aged 25 and over. The percentage of participants in the labour force has declined over time.
- **Self-rated health** has deteriorated over time, across all age groups and duration cohorts. Older participants are typically less likely to rate their health as 'Excellent', 'Very Good' or 'Good'.

Comparison to the Australian population:

- Overall, participants' education, employment, community participation and health-related outcomes are poorer than for the Australian population. However, the trend is improving on some of these indicators and getting closer to that of the general population (e.g. completing year 12 or above, working 15 or more hours, participating in social and community activities).

Section 2: Participant and family and carer outcomes

- Participants aged 15 and over also have lower percentages than the Australian population in rating their health positively and higher percentages in having attended hospital in the past 12 months, although the trend for the latter indicator is improving. On a positive note, participants are more likely to have a regular doctor than the Australian population.

Person-Level Integrated Data Asset

Person-Level Integrated Data Asset (PLIDA) aims to examine participant access to government-funded health services in comparison to the broader Australian population. This provides insights into participants' use of mainstream services and, as more linked data becomes available, will provide a better understanding of how these interactions contribute to better outcomes. The NDIA is required to keep all personal information securely and in accordance with the standards set out by the Attorney General's Department in the [Protective Standards Policy Framework \(PSPF\)](#) and the Australian Signals Directorate's [Information Security Manual \(ISM\)](#). Adherence to these standards protects participant information in accordance the Privacy Act 1988 (Cth) as well as the confidentiality and secrecy provisions in the National Disability Insurance Scheme Act 2013 (Cth).

The data indicates trends in NDIS participants accessing different types of mental health services.

- There has been a declining trend in the proportion of NDIS participants accessing mental health services since the 2018–19 financial year, in contrast with the increasing trend for the broader Australian population. Despite this decline, a notably higher proportion of NDIS participants have consistently accessed mental health services compared to the broader Australian population.
- Since the 2018–19 financial year, NDIS participants are more likely to engage psychiatrists for their mental health needs. However, there has been a notable decrease in participants accessing services from psychologists (or clinical psychologists), allied health professionals and paediatricians, while the number accessing general practitioners has remained stable.

Data also shows an increasing percentage of participants are earning gross salary.

There is an increase in the percentage of participants paying tax. Both are driven by strong increases among those aged 15 to 44.

2.1.3 Families and carers

Improvements in employment, feeling supported, access to services, rights and advocacy, and health and wellbeing

Families and carers of younger participants report helping their child develop and learn, and being able to recognise their strengths, abilities and progress. Families and carers of older participants report getting support for succession planning.

- **Employment** – improvements in employment outcomes (having a paid job, working 15 or more hours per week, and being employed in a permanent position) have been observed for families and carers of participants aged 0 to 14, and to a slightly lesser extent, those aged 15 to 24.
- **Feeling supported** – more families and carers are getting the services and supports they need to care for their family member with disability, and have as much contact with other families of people with disability as they would like. Families and carers continue to report that they have someone to talk to for emotional support.

Section 2: Participant and family and carer outcomes

- **Access to services** – increasingly, families and carers across all participant age groups are reporting that services used are listening to them and are meeting their needs.
- **Rights and advocacy** – more families and carers of participants aged 0 to 14 report no boundaries to access or advocacy, and more families and carers of participants aged 15 and over report that they have no difficulties understanding their rights and the rights of their family member with disability.
- **Health and wellbeing** – an increasing percentage of families and carers feel that services and supports have helped them to better care for their family member with disability. Respondents report feeling more confident about the future of their family member with disability under the NDIS.
- **Supporting learning and development** – more families and carers of participants aged 0 to 14 report knowing what they can do to support, and what services are needed to promote, their child’s learning and development.
- **Recognising strengths, abilities and progress** – families and carers of participants aged up to 24 increasingly report being able to recognise the strengths and abilities of their family member with disability and see them progressing.
- **Succession planning** – more families and carers of participants aged 25 and over are seeking assistance with succession planning, and more feel that service providers, professionals and support workers help them to plan for the future. More feel that their family member gets the support they need in general.

Further work is needed to improve outcomes

- **Self-rated health** – across all participant age groups, the self-rated health of families and carers has deteriorated over time.
- **Identifying and meeting needs** – fewer respondents report being able to identify the needs of their child or family member and access services to meet those needs.
- **Friends and practical help** – lower percentages of respondents have friends they can see as often as they would like, people they can ask for practical help as often as they need, and people they can ask for child care as often as they need.
- **Social and community participation** – there is a decline in the percentage of families and carers who are able to engage in social interactions and community life as much as they want. In addition, there has been an increase (deterioration) in respondents who say that one of the barriers to greater involvement is the situation with their child.

Comparison to the general Australian population

- Overall, families and carers of NDIS participants experience poorer outcomes than the broader Australian population in the areas of employment and health. However, for family members and carers of younger participants, the trend is improving for employment outcomes.

2.2 Participation in work and community and social activities

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

Participation in community and social activities

Participants who have been in the NDIS for at least 2 years have experienced an increase in their community and social participation since they first entered^{14,15,16}

Specifically, comparing responses at the most recent plan reassessment (between 2 and 8 years after entry) with responses at entry to the NDIS,¹⁷ the changes were:

- **Six** percentage point increase from **34%** to **40%** for participants aged 15 to 24 years
- **Ten** percentage point increase from **35%** to **45%** for participants aged 25 to 34 years
- **Eight** percentage point increase from **35%** to **43%** for participants aged 35 to 44 years
- **Eight** percentage point increase from **35%** to **42%** for participants aged 45 to 54 years
- **Seven** percentage point increase from **35%** to **42%** for participants aged 55 to 64 years
- **Seven** percentage point increase from **37%** to **44%** for participants aged 65 years and older
- **Eight** percentage point increase from **35%** to **42%** for participants aged 15 years and older.

The overall result of 42% compares to a 2024–25 target of 46%.

In general, participation in community and social activities has increased the longer participants have been in the NDIS.

Combining all age groups (Figure 5),¹⁸ the increase for participants who have been in the NDIS for 2 years was 5 percentage points (up from 33% to 37%). For participants who have been in the NDIS for 6 or more years, participation in social and community activities increased by 14 percentage points, from 38% to 52%.

14 The results are based on responses provided to the outcomes framework questionnaires. Responses are collected at entry to the NDIS (baseline) and at subsequent plan reassessments.

15 This section compares baseline indicator results when participants entered the NDIS, with results measured at the most recent participant plan reassessment for each respondent. Trial participants are excluded.

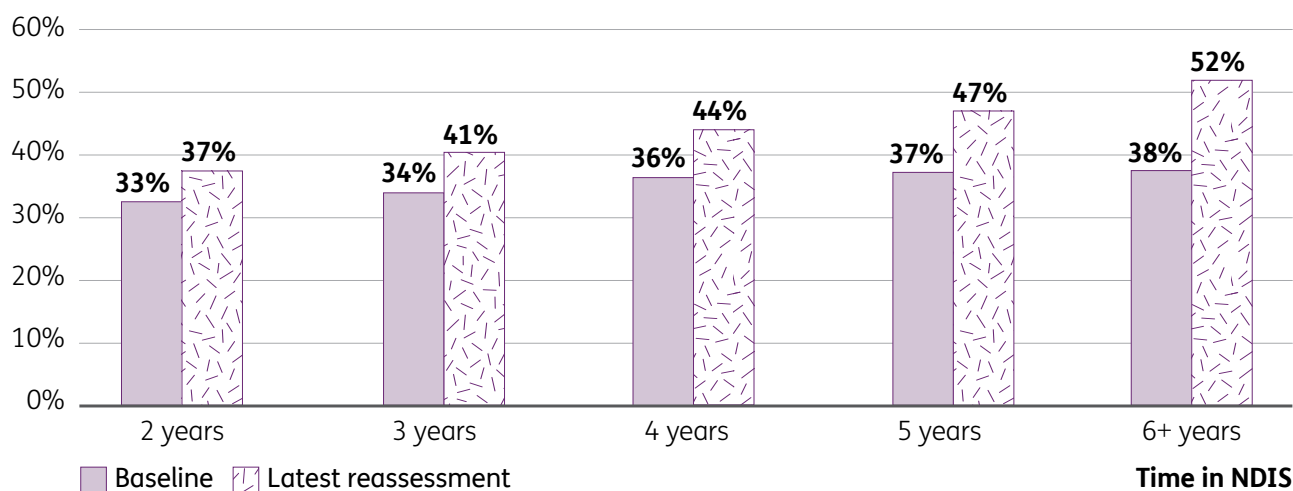
16 The participant age reported in this section is as per their latest plan reassessment.

17 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

18 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

Figure 5: Percentage change in the participation rate in social activities

Participants aged 15 years and over



Participation in work

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

The percentage in a paid job remains stable or declines for all other age bands.

Specifically, comparing responses at the most recent plan reassessment (between 2 to 8 years after entry) with responses at entry to the NDIS,¹⁹ the changes were:

- **Twelve** percentage point increase from **10%** to **22%** for participants aged 15 to 24 years²⁰
- **Two** percentage point increase from **27%** to **29%** for participants aged 25 to 34 years
- **One** percentage point decrease from **28%** to **27%** for participants aged 35 to 44 years
- **Two** percentage point decrease from **25%** to **23%** for participants aged 45 to 54 years
- **Four** percentage point decrease from **19%** to **15%** for participants aged 55 to 64 years²¹
- **Five** percentage point decrease from **13%** to **8%** for participants aged 65 years and older²²
- **Two** percentage point increase from **21%** to **23%** for participants aged 15 to 64 years.

The overall result of 23% of participants aged 15 to 64 years in paid work compares to a 2024–25 target of 26%.

¹⁹ Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

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

²¹ Some of the decrease for older age groups is due to participants retiring from the workforce.

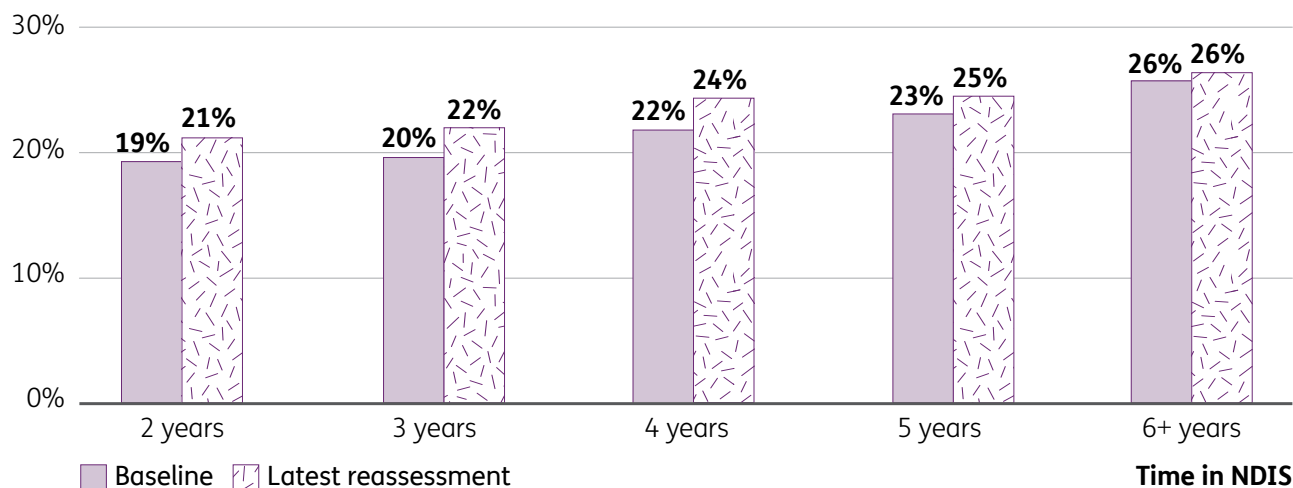
²² Some of the decrease for older age groups is due to participants retiring from the workforce.

Section 2: Participant and family and carer outcomes

For participants who are of working age (15 to 64) and who have been in the NDIS for 2 years, the percentage in work has increased slightly from 19% to 21%. Those in the NDIS for 3 to 5 years also experienced similar increases of up to 2 percentage points. For participants who have been in the NDIS for 6 or more years, the percentage of participants in work has experienced little change, remaining at 26% (Figure 6).

Figure 6: Change in the percentage of participants in work²³

Participants aged 15 to 64 years



The NDIA released a revised Participant Employment Strategy in March 2024. An early initiative under the strategy is to expand employment preparation for young participants as they reach working age. The pricing arrangements were amended on 1 July 2024 to give effect to the changes under this initiative. Information sessions were run for employment service providers and support coordinators on their responsibilities to ensure delivery of effective employment preparation and placement in secure jobs for young participants.

Information sessions are also being run by NDIA staff for schools and the parents of young participants to describe the supports available to help young participants consider future employment during their final school years and when leaving school.

Local area coordinators (LAC) are doing training to understand what information participants need to provide so their plan includes assistance to secure employment. LACs are also contacting all participants who are turning 18 in 2024 to inform them about their responsibilities and ensure their NDIS plan is appropriate for their needs when they leave school.

The NDIS is working collaboratively with the Department of Social Services (DSS) and the supported employment sector to promote and encourage expanded opportunities for participants to work. The NDIA has surveyed supported employment services to understand more about how the sector is responding to the need for reform, as outlined in the Supported Employment Plan endorsed by the Disability Ministers Reform Council. The results of this survey will be published in December 2024 and will be used to refine the plan for improving services for participants with high support needs who wish to work.

²³ Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

Section 2: Participant and family and carer outcomes

The NDIA has commenced co-design of a new payment method for school leavers requiring intensive assistance to enter employment. The payment methodology being considered consists of a service or enrolment fee and an outcome payment (blended payments model).

The model is being developed by experts in collaboration with NDIS providers, those with lived experience of using school leaver employment supports, and participant representative organisations. Results of the co-design will influence the model of remuneration that could be tested.

In anticipation of the New Specialised Disability Employment Program (NSDEP) that will start on 1 July 2025, LAC partners are working with Disability Employment Services (DES) providers in a pilot program operating in Darwin, ACT and Northeast Melbourne. This initiative (NDIS/DES Pathways Pilot) is testing how LACs can help participants interested in working to select and connect with a local DES provider. It is also looking at promoting better collaboration between NDIS and DES providers to deliver better employment outcomes for NDIS participants. While registrations with DES providers have been slow, the experience of those involved in the trial will be useful in re-designing the interface between NDIS support and DES providers for those participants who would benefit from access to both schemes.

Family and carer employment rate

The percentage of families and carers in a paid job for participants who have been in the NDIS for at least 2 years has improved over time.

Specifically, comparing responses at the most recent plan reassessment (between 2 and 8 years after entry) with responses at entry to the NDIS,²⁴ the changes were:

- **Seven** percentage point increase from **46%** to **54%** for families and carers of participants aged 0 to 14 years
- **Two** percentage point increase from **48%** to **50%** for families and carers of participants aged 15 years and over.

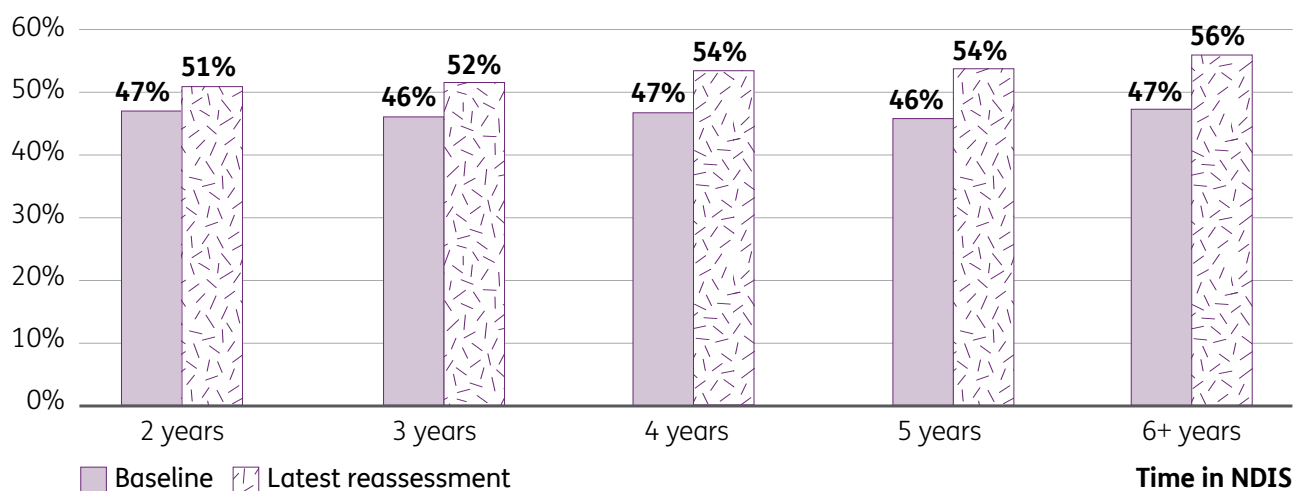
Overall, for families and carers of all participants, there has been a 6-percentage point increase, from 47% to 52%.

Considering participants of all ages who have been in the NDIS for at least 2 years, larger improvements are seen in the percentage of families and carers in work where the participant has been in the NDIS for longer. For instance, 51% of the families and carers of participants who have been in the NDIS for 2 years were in work at second reassessment, compared to 47% at baseline. Those families and carers of participants in the NDIS for 6 or more years improved their employment rate by nine percentage points, from 47% to 56% (Figure 7).

²⁴ Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

Figure 7: Change in the percentage of families and carers of participants in work²⁵

Families and carers of participants of all ages



2.3 Perceptions of whether the NDIS has helped

Participants have positive perceptions across most domains and different age groups. However, the percentage of positive responses varies by domain and age group.

At each plan reassessment, participants are asked whether the NDIS has helped with areas related to each domain. For these questions, longitudinal change is measured from first plan reassessment, since the NDIS has not had an opportunity to help at baseline. Results shown in this section compare responses provided at the first plan reassessment with those from later reassessments, for participants entering the NDIS since 1 July 2016 and who have been in the NDIS for at least 2 years.

These questions have been updated from October 2023 to allow more meaningful analysis of participant and family and carer perceptions.²⁶

Participant choice and control

The choice and control metric for participants aged 15 and over is based on the question ‘Has the NDIS helped you have more choices and more control over your life?’

Positive perceptions of whether the NDIS has helped with choice and control have increased for the latest reassessment compared to the first reassessment across all age bands. Older participants tend to have higher levels of satisfaction than the 15 to 24 age group.

²⁵ Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

²⁶ The answer options for perceptions on whether the NDIS has helped have been expanded in the data collections from November 2023, with ‘Yes’ expanded to include ‘Yes, a lot’ and ‘Yes, a bit’. Choosing either of these two options is counted as a positive response.

Section 2: Participant and family and carer outcomes

Specifically, the percentage increases²⁷ of those who think that the NDIS has helped them have more choices and more control over their life were:²⁸

- **Twelve** percentage point increase from **61%** to **73%** for participants aged 15 to 24 years
- **Thirteen** percentage point increase from **67%** to **80%** for participants aged 25 to 34 years
- **Eleven** percentage point increase from **69%** to **81%** for participants aged 35 to 44 years
- **Twelve** percentage point increase from **70%** to **82%** for participants aged 45 to 54 years
- **Twelve** percentage point increase from **72%** to **84%** for participants aged 55 to 64 years
- **Fourteen** percentage point increase from **72%** to **86%** for participants aged 65 years and older
- **Twelve** percentage point increase from **67%** to **79%** for participants aged 15 years and older.

Overall, 79% of participants aged 15 years or older have positive perceptions of whether the NDIS has helped with choice and control.

Other ‘Has the NDIS helped?’ questions

For children aged from birth to starting school, results have improved across all domains.

Table 1 shows the percentages responding positively at first assessment and at latest reassessment, as well as the change between the 2 time points.

Table 1: ‘Has the NDIS helped?’ – participants aged from birth to before starting school²⁹

Domain	First assessment %	Latest reassessment %	Percentage point change
Daily living: child’s development	91	95	+4
Daily living: access to specialist services	92	95	+4
Choice and control (child’s ability to communicate what they want)	82	88	+5
Relationships (fitting into family life)	77	85	+7
Social, community and civic participation (fitting into community life)	64	72	+8

Improvements were slightly stronger for fitting into family and community life (although results for these domains started off at a lower level and hence had more scope to improve).

Table 2 shows the percentages responding positively at first assessment and at latest reassessment, as well as the change between the 2 time points.

²⁷ The percentage increases are higher than those reported in last quarter’s figures, due to previously not capturing all responses.

²⁸ Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

²⁹ Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

Section 2: Participant and family and carer outcomes

Table 2: ‘Has the NDIS helped?’ – participants from starting school to age 14³⁰

Domain	First assessment %	Latest reassessment %	Percentage point change
Daily living (independence)	62	76	+14
Lifelong learning (access to education)	42	54	+12
Relationships (with family and friends)	51	63	+12
Social, community and civic participation (social and recreational life)	46	56	+10

For children between starting school and age 14, the results are generally less positive than for the younger age group, but show stronger improvement over time.

For young adults aged 15 to 24 years, Table 3 shows the percentages responding positively at first assessment and at latest reassessment, as well as the change between the 2 time points.

Table 3: ‘Has the NDIS helped?’ – participants aged 15 to 24³¹

Domain	First assessment %	Latest reassessment %	Percentage point change
Choice and control	61	73	+12
Daily living	61	74	+13
Relationships	50	57	+7
Home	23	24	+1
Health and wellbeing	44	55	+11
Lifelong learning	36	41	+5
Work	18	20	+2
Social, community and civic participation	55	65	+10

From Table 3, the largest improvement over time in the NDIS has been observed for the daily living domain (13 percentage point increase). Strong improvements have also been observed for choice and control (12 percentage point increase), relationships (7 percentage point increase), health and wellbeing (11 percentage point increase), social, community and civic participation (10 percentage point increase) and lifelong learning (5 percentage point increase). Home and work showed marginal increases (1 and 2 percentage point increases, respectively).

30 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

31 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

Section 2: Participant and family and carer outcomes

Table 4 shows the percentages responding positively at first assessment and latest reassessment, as well as the change between the 2 time points.

Table 4: ‘Has the NDIS helped?’ – participants aged 25 and over³²

Domain	First assessment %	Latest reassessment %	Percentage point change
Choice and control	70	82	+12
Daily living	73	86	+13
Relationships	53	65	+12
Home	31	38	+7
Health and wellbeing	52	65	+13
Lifelong learning	30	36	+6
Work	19	22	+2
Social, community and civic participation	60	73	+13

For participants aged 25 and over, perceptions are more positive than for those aged 15 to 24, and the older adult group also shows a stronger improvement over time.

From Table 4, the largest improvements over time in the NDIS have been observed for social, community and civic participation; daily living; relationships; and health and wellbeing (13 percentage point increases in each of the four domains). Strong improvements have also been observed for choice and control (12 percentage point increase). By contrast with the younger adult group, there was a larger improvement for the home domain (7 percentage point increase).

Similar to the younger adult group, lifelong learning and work showed smaller increases (6 and 2 percentage point increases, respectively).³³

Results continue to improve with time in the NDIS

Responses tend to become more positive the longer a participant has been in the NDIS.

While these results are encouraging, the analysis also indicates there are areas where outcomes could be improved. For example, for participants aged 25 and over, after at least 2 years in the NDIS, only 22% agreed that being in the NDIS had helped them find a suitable job, which is only a 2-percentage point increase from their first plan assessment.

³² Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

³³ Noting that the education and housing systems have a major role to play in the lifelong learning and home domains.

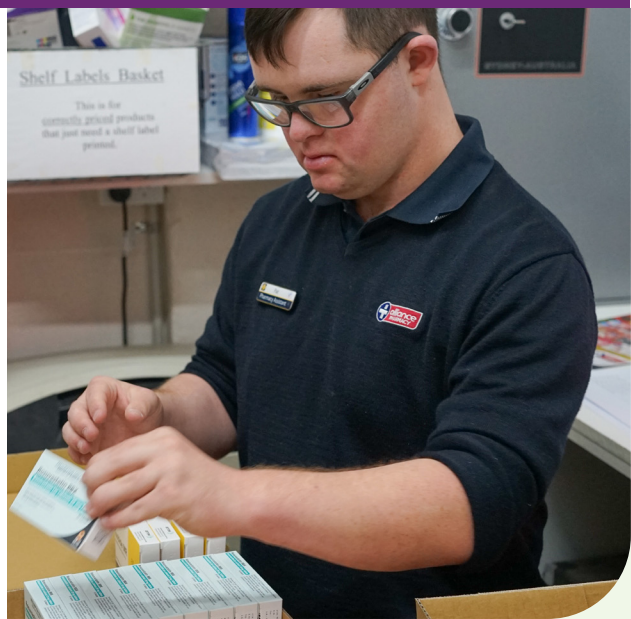


Section 3

Participant experience



It's more than just a uniform for NDIS participant Patrick



It was a proud day for Rebecca when son Patrick got his first job at his local pharmacy.

Growing up in Wellington, in regional New South Wales, Patrick, 20, joined the NDIS when it first rolled out in July 2017. He was funded for speech, physiotherapy and occupational therapies.

Rebecca said when Patrick left school, she was encouraged to get employment assistance funding included in his plan.

A local disability provider, Bamara, was engaged and Patrick met his job coach, Piper. She began working with him to build on his employment, social and communication skills, to help him get job ready.

Piper helped find the pharmacy position, which involves unpacking deliveries and sorting and labelling stock. After talking about it, with Piper's help Patrick put together his resume and applied for the job.

'I took Patrick to hand in his resume. He introduced himself and I supported him in case they needed clarification on his speech. He got the job. He was beyond excited,' Piper said.

'The best part is going to work, unpacking boxes and putting labels on things,' Patrick said. I also like seeing all the customers and helping Mick, Sim and Pop too,' he added.

'Patrick's speech has improved immensely since he started,' Rebecca said. 'He's clearer in his speech saying good morning; how are you and can I help you.'

'Employment has been the best thing for Patrick. You can see him improving each week, increasing his confidence. It lifts staff morale within the workplace and customers look forward to seeing him.'

[Read Patrick's full story on our website.](#)

The NDIS is committed to delivering a high-quality experience for all participants.

3.1 Participant Service Charter engagement principles

The Participant Service Charter (PSC) is based on 5 engagement principles that outline how the NDIA and partner organisations should engage with participants.

The NDIA Participant Service Charter sets out the level of service participants can expect from the NDIA and partners in the community. It outlines in plain English the PSG engagement principles and standards, explaining how staff and partners should engage with participants and how the NDIA will be held to account.

The Participant Service Improvement Plan sets out what the NDIA and partners are going to do to meet the promises in the PSC and deliver an NDIS that meets expectations. In the Participant Service Improvement Plan, the NDIA committed to ‘ensuring we adhere to the PSC engagement principles in our interactions with you’.

We measured performance³⁴ for the 5 PSC engagement principles (Table 5). The results are drawn from the participant satisfaction survey (PSS). The PSS was amended at the end of 2023 to better align with the PSC engagement principles, which coincided with the new computer system and pathway changes.

Reporting has been impacted by the transition to the new computer system, with an agreement to deliver reporting against the PSC engagement principles from quarter 1 2024–25.

Table 5: Performance against the PSC engagement principles

Engagement principles		Performance
Transparent	We will make it easy to access and understand our information and decisions	78%
Responsive	We will respond to your individual needs and circumstances	63%
Respectful	We will recognise your individual experience and acknowledge you are an expert in your own life	65%
Empowering	We will make it easy to access and use information and be supported by the NDIS to lead your life	67%
Connected	We will support you to access the services and supports you need	73%

34 Appendix B details the performance measurement approach.

Section 3: Participant experience

Overall, 78% of respondents³⁵ experienced interactions that were transparent, with 88% of respondents indicating that communication was in their preferred format.

Sixty-three per cent reported an experience that was responsive and told that their circumstances and needs were considered. Sixty-five per cent of respondents experienced a respectful service, with 91% of participants and other people with disability engaging with the NDIS telling that they were treated with respect.

Overall, 67% of respondents experienced interactions that were empowering, with 61% of participants feeling prepared for their plan-related meetings, 65% feeling confident in using their plan, and 83% knowing where to go for more help with using their plan.

Finally, 73% of participants and other people with disability engaging with the NDIS experienced interactions that enabled them to be connected, with 83% reporting that they were able to connect with the NDIS in their preferred way and 65% feeling confident in accessing supports.

3.2 Participant Service Guarantee

| The Participant Service Guarantee sets clear timeframes for key NDIS processes.

In the September 2024 quarter, performance improved for most of the 10 PSG measures (Table 6). Performance continues to be impacted by the increasing volume of work. The increased volume is observed for most types of services; the exception is the number of participants seeking a review of their NDIS plan, for which the volume of work is largely unchanged.

For the 10 PSG measures, one is meeting PSG timeframes and two are improving and approaching the timeframes target with a result of over 80%. Improvements have been noted for 5 of the 10 PSG measures, with consistent improvements for first plans (PSG 6) and participant-requested reassessments (PSG 13).

³⁵ Respondents include participants of the NDIS, prospective participants, and people with disability engaging with the NDIS through community connections and early supports.

Section 3: Participant experience

Table 6: Performance against the Participant Service Guarantee³⁶

PSG	Service type	Description of the service being guaranteed	Service Guarantee	Performance in the September 2024 quarter	Change from last quarter*
2	Access	Make an access decision, or request for more information, after an access request has been received.	21 days	19%	↓
4	Access	Make an access decision, or request for additional information, after more information has been provided.	14 days	26%	↓
6	Planning	Approve a participant's plan, after an access decision has been made (excludes those supported by the early childhood approach [ECA] who have received initial supports).	56 days	49%	↑
7	Planning	Approve a plan for ECA participants, after an access decision has been made.	56 days	98%	↔
8	Implementation	Offer to hold a plan implementation meeting, after the plan is approved.	7 days	83%	↔
11	Plan reassessment [†]	Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date.	56 days	59%	↓
12	Plan reassessment [†]	Decide whether to undertake a participant-initiated plan reassessment, after the request is received.	21 days	29%	↑
13	Plan reassessment [†]	Complete a reassessment, after the decision to accept the request was made.	28 days	89%	↑
14	Plan variations	Amend a plan, after the receipt of information that triggers the plan amendment process.	28 days	52%	↑
17	Reviewable decisions	Complete an internal review of a reviewable decision, after a request is received.	60 days	59%	↑

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

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

[†] Excludes reassessments initiated prior to migrating service processes to the new computer system.

³⁶ For the September 2024 quarter, performance is measured from available data on processes and dates in the new computer system. Milestones being built into the new computer system will improve the capture of performance data.

Section 3: Participant experience

The NDIA continues to implement a remediation plan to improve the participant experience and PSG performance. The focus over the last 6 months on first plans aged 9+ (PSG 6) and unscheduled reassessments led to a significant reduction in backlogs (those outside the PSG timeframes). Continued improvement is expected in the December 2024 quarter.

Plan change requests (PSG 12) that are outside the PSG timeframe are currently being targeted, with an aim to improve the PSG 12 results by April 2025. Access decisions are also being targeted (PSGs 2 and 4), with an improvement expected by January 2025.

In addition, recent system enhancements have improved work practice efficiencies and decision making. More system changes are scheduled over the coming months to ensure participant experience and timeliness continues to improve.

3.3 Home and living decisions

The NDIA is supporting participants and their families to access information and capacity building to explore alternative living options.

The duration of the end-to-end process for home and living applications is the time taken from receipt of a home and living application form through to plan implementation.³⁷

Where required, home and living applications are prioritised based on an escalation and prioritisation matrix. This manages risks associated with safety, quality and outcomes to serve the best interests of participants.

Over the September 2024 quarter (Figure 8), there were 7,354 new home and living applications received. This is greater than the quarterly average of 5,972 over the 12 months to June 2024. Over the September 2024 quarter, 7,000 home and living applications were closed or implemented and 79% (5,524) were finalised within 90 days.^{38,39}

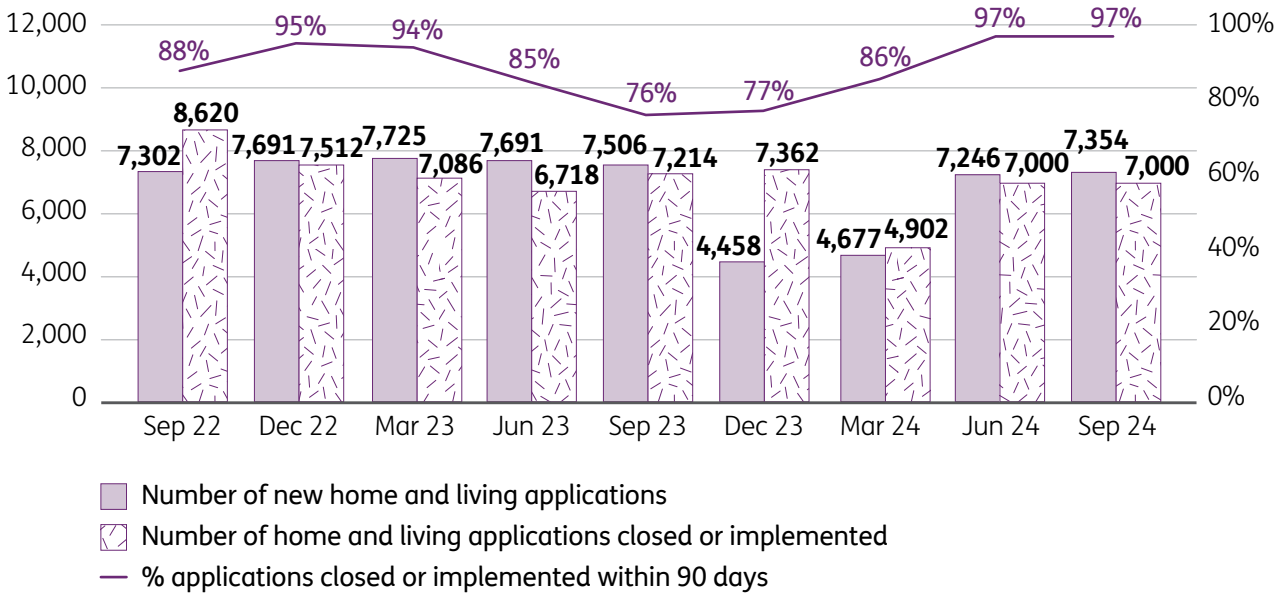
³⁷ The time taken for participants to respond to requests for further information has been removed from the duration.

³⁸ An application is considered closed if the application is cancelled or rejected, a participant is declined all home and living supports, or the application won't progress to implementation (e.g. participant deceased, participant chooses not to proceed). An application is considered implemented once a participant has a new approved plan.

³⁹ For the September 2024 quarter, 1,320 of the 7,000 applications that were closed or implemented had no data on the closure date and were excluded from the percentage of applications closed or implemented within 90 days.

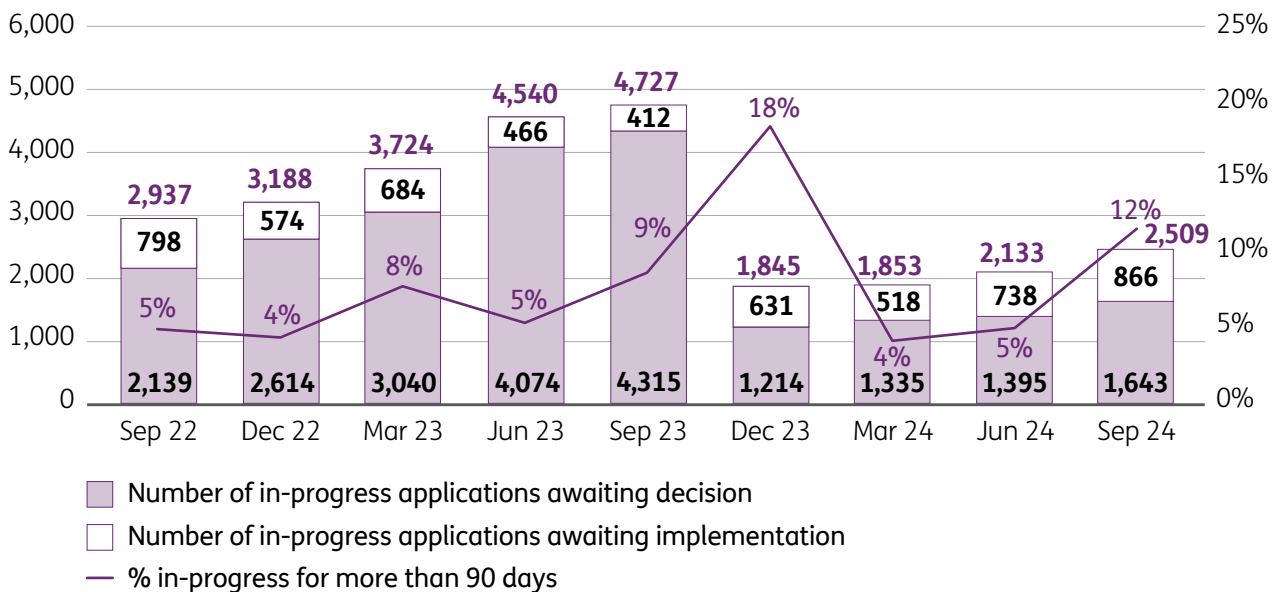
Section 3: Participant experience

Figure 8: Home and living applications – new, closed and percentage closed within 90 days⁴⁰



As at 30 September 2024, there were 2,509 applications in progress (Figure 9). Of these in-progress applications, 1,643⁴¹ were waiting for a decision, while a further 866 were waiting for supports to be implemented in a plan. As at 30 September 2024, there were 1,393 (56%) in-progress applications flagged as relating to a plan reassessment request associated with a change in circumstances. The proportion of applications that have remained in progress for more than 90 days has increased from 5% (108 applications) at 30 June 2024 to 12% (290 applications) at 30 September 2024.

Figure 9: Home and living applications – in progress awaiting decision or implementation, percentage in progress for more than 90 days⁴²



40 Applications that have been closed or implemented with no data on the closure date have been excluded from the percentages of applications closed or implemented within 90 days.

41 The NDIA is waiting on additional information from participants for 138 out of the 1,643 applications awaiting a decision.

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

Section 3: Participant experience

Over the 12 months to September 2024, the NDIA continued to implement the independent living initiative as part of the 2023–24 Budget’s Scheme reforms initiatives. This participant-centric initiative aims to support consistent, equitable and quality home and living decisions that are aligned with the best interests of participants and their families. A significant proportion of home and living decisions relate to SIL. At 30 September 2024, almost one in 5 SIL participants are funded for supports on a participant to support worker ratio of 1:1 (or greater). The majority of home and living applications are now reviewed and endorsed prior to approval. The endorsement process can involve a complex assessment meeting that incorporates a specialist home and living delegate and a subject matter expert, such as justice or hospital.

3.4 Complaints and participant critical incidents

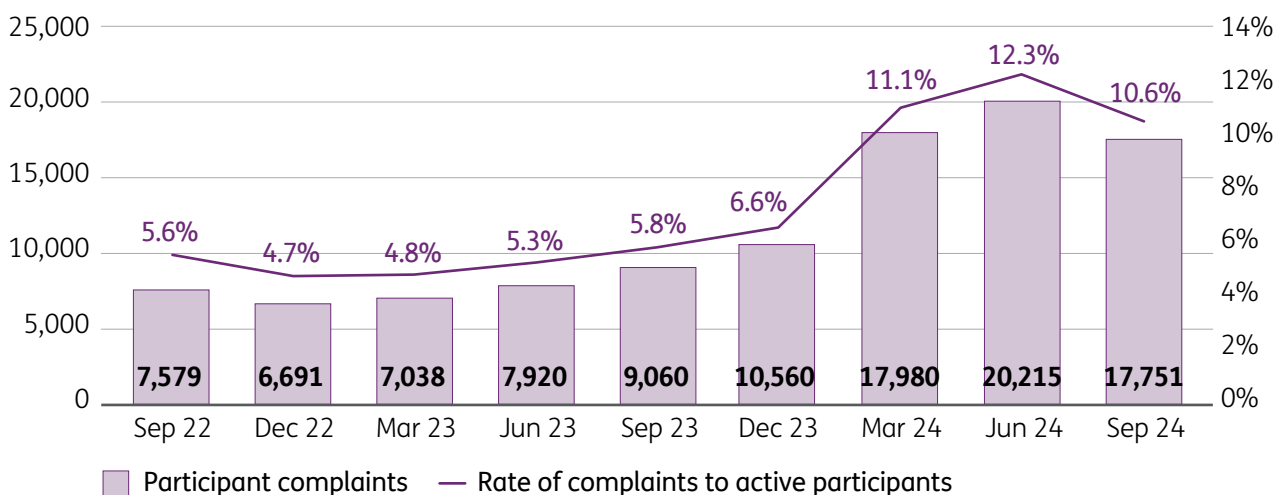
There is early evidence from the June 2024 month and continuing through the September 2024 quarter that the improvement initiatives are starting to reduce the volume of complaints.

Complaints

The NDIA receives complaints from participants and their representatives, as well as others, including members of the public, other government agencies and community organisations.^{43,44,45}

Since late 2023, the NDIA has received more complaints than in previous quarters, with the September 2024 quarter being the first quarter to show improvement. There have been fewer complaints than the previous quarters, indicating that the NDIA’s improvement initiatives are positively affecting outcomes. The participant complaint rate decreased from 12.3% in the June 2024 quarter to 10.6% during this quarter (Figure 10).

Figure 10: Number and proportion of participant complaints over time



43 It is possible to record multiple related parties as the source of a complaint. In some cases, different complainant types (participants, providers or other parties) are linked to a single complaint. As a result, the sum of participant complaints, provider complaints and other complaints is higher than the total number of complaints.

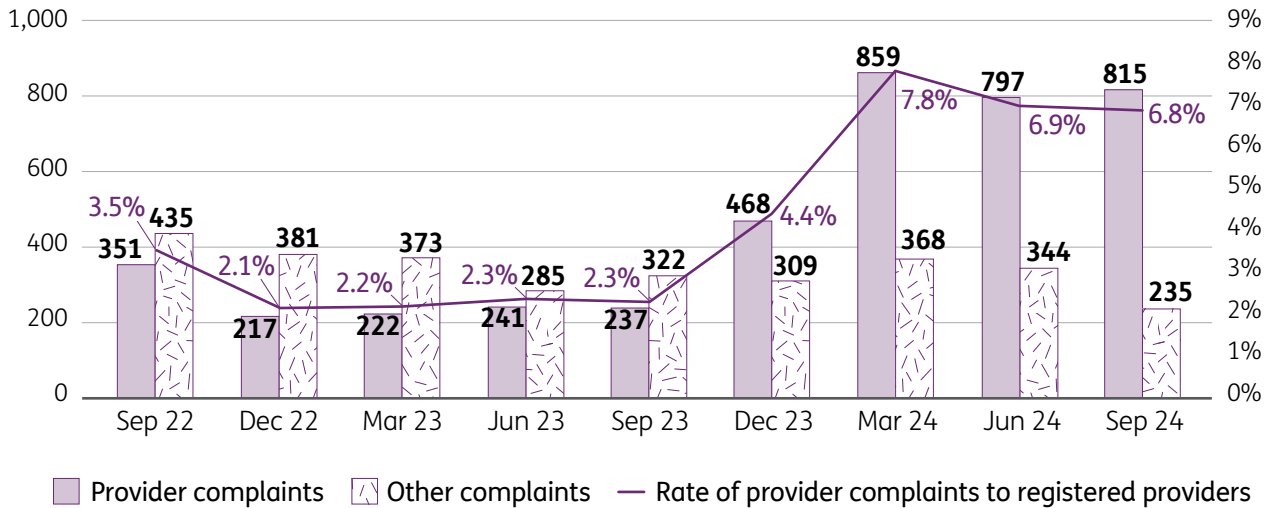
44 Numbers of complaints reported for the most recent quarter may still increase to the extent there is a lag in data collection.

45 Numbers may change as complaints reporting in the new computer system is refined, including identifying complaints lodged via multiple channels.

Section 3: Participant experience

The NDIA received 815 complaints from NDIS providers during the September 2024 quarter, which is 6.8% of registered NDIS providers. The NDIA also received 235 complaints from other sources in this quarter (Figure 11).

Figure 11: Number and proportion of provider and other complaints over time



Participant plans are the main focus of complaints, in particular the type and amount of funding and the time it takes to make planning decisions. Complaints about delays reflect that the NDIA continues to receive higher-than-expected requests about plan issues, including requests from participants to have their plans changed or reassessed.

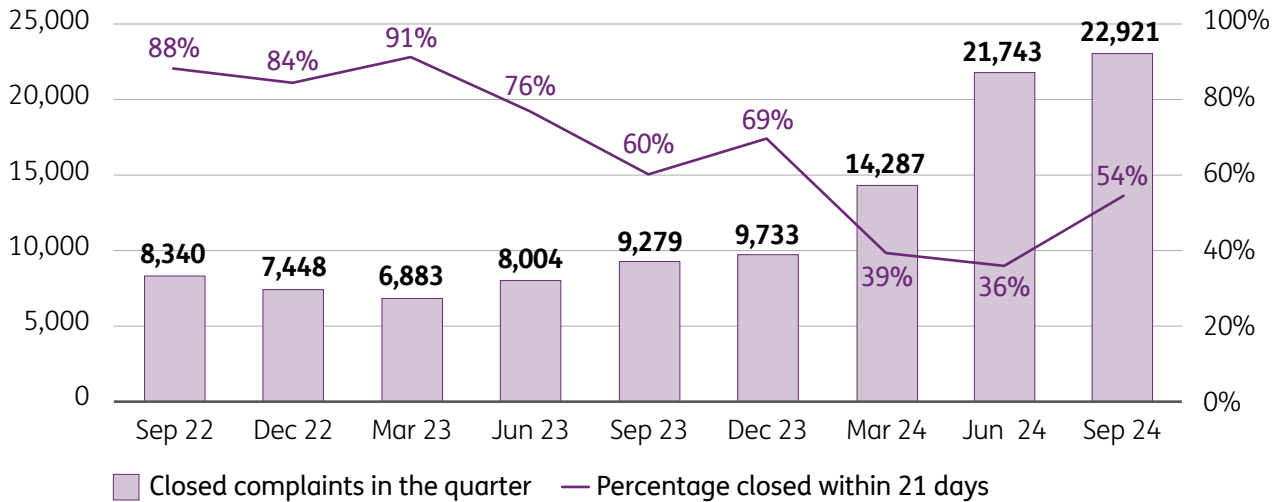
In response to the increased volume of complaints, since early 2024 the NDIA has implemented a whole-of-agency strategy to address common causes of complaints, including supporting staff to resolve participant issues and concerns quickly. The volume of complaints received during the September 2024 quarter indicates this trend may be settling. The NDIA remains committed to improving participants' experience by:

- strengthening the capability of the National Contact Centre and other front-line staff to resolve issues and address participant concerns at the earliest opportunity
- prioritising recruitment, training and on-the-job support for service delivery and complaint management teams, as well as using resources flexibly to target urgent or priority work
- looking for opportunities to improve complaint processes and deliver more timely outcomes.

Section 3: Participant experience

As well as reducing the volume of incoming complaints, these strategies contributed to further reducing the number of overdue complaints and improving the NDIA's response times for new complaints. During this quarter, the NDIA finalised 54% of complaints within 21 days (Figure 12). This is a significant improvement compared to 36% in the final quarter of 2023–24.

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



In the September 2024 quarter, 83% of closed participant complaints had an outcome with the desired action completed.

Participant critical incidents

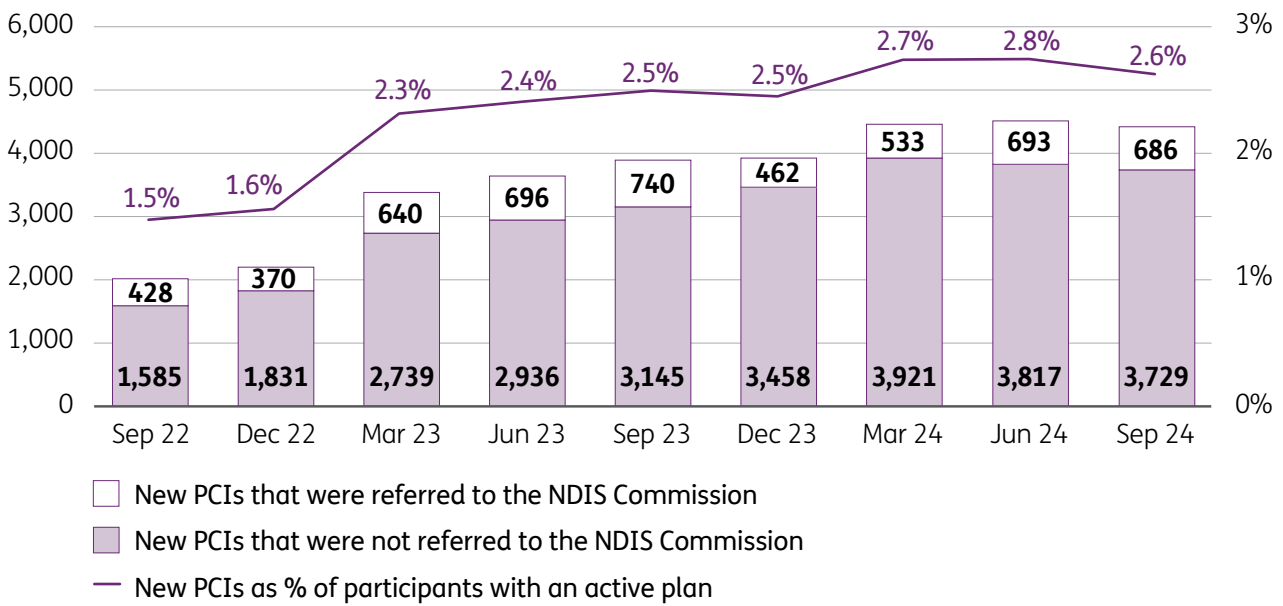
In the course of their work, NDIA staff and staff of partners in the community may encounter circumstances or obtain information about allegations of harm to a participant. These are known as participant critical incidents (PCIs).

After taking immediate safeguarding actions, NDIA staff and staff of partners in the community must report the PCI. Reports are handled by a dedicated team in the NDIA and prioritised for action based on the level of risk to the participant.

Since the June 2023 quarter, the rate of PCI reports has remained steady at an average of 2.6% of participants with an active plan. The total volume of PCIs received in this quarter decreased slightly compared to the previous quarter (Figure 13).

Section 3: Participant experience

Figure 13: Number and proportion of new PCIs⁴⁶



The most common themes of PCIs received in the September 2024 quarter were abuse or neglect of a participant, followed by a participant being at risk of or attempting self-harm.

⁴⁶ The number of PCIs in the current quarter may change in the future as the method of identifying PCIs in the new computer system is further enhanced. The number of PCIs reported for the past 6 months may still increase, as there is a lag in data collection.

3.5 Review requests and Administrative Appeals Tribunal cases

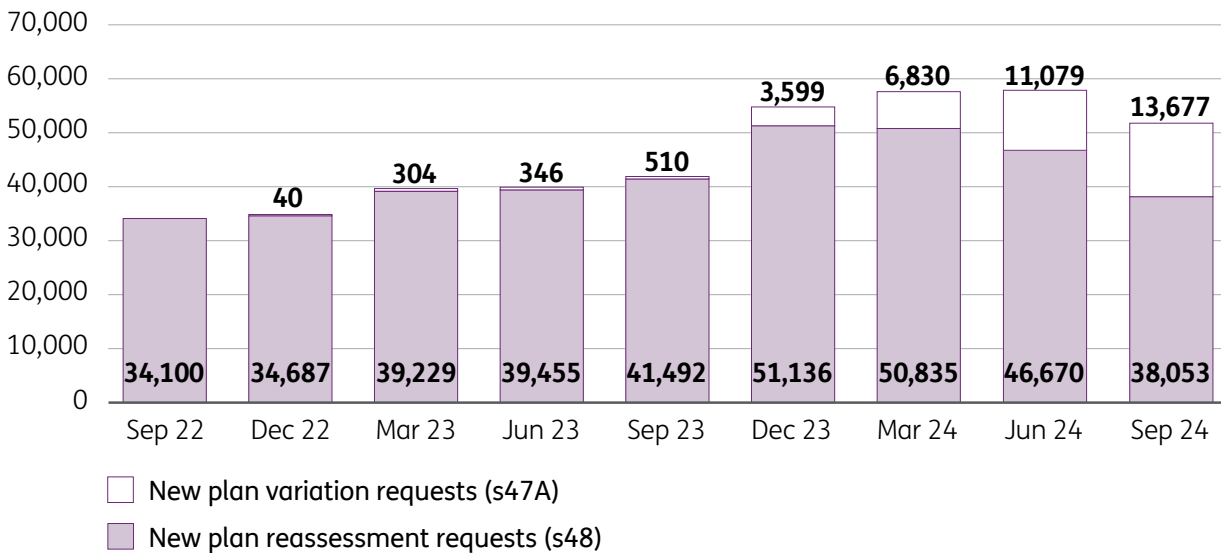
The number of plan change requests is reducing and the number of completed reassessments is increasing.

Participant initiated plan change requests

A participant may request a reassessment (s48) or a variation to their plan (s47A) at any time. The number of plan change requests increased significantly from the December 2023 quarter, reaching 57,749 requests in the June 2024 quarter (Figure 14). The number of requests reduced to 51,730 in the September 2024 quarter, due to fewer requests for a plan reassessment.

With the improved functionality of the new computer system, the number of plan variation requests is increasing.

Figure 14: Number of plan change requests



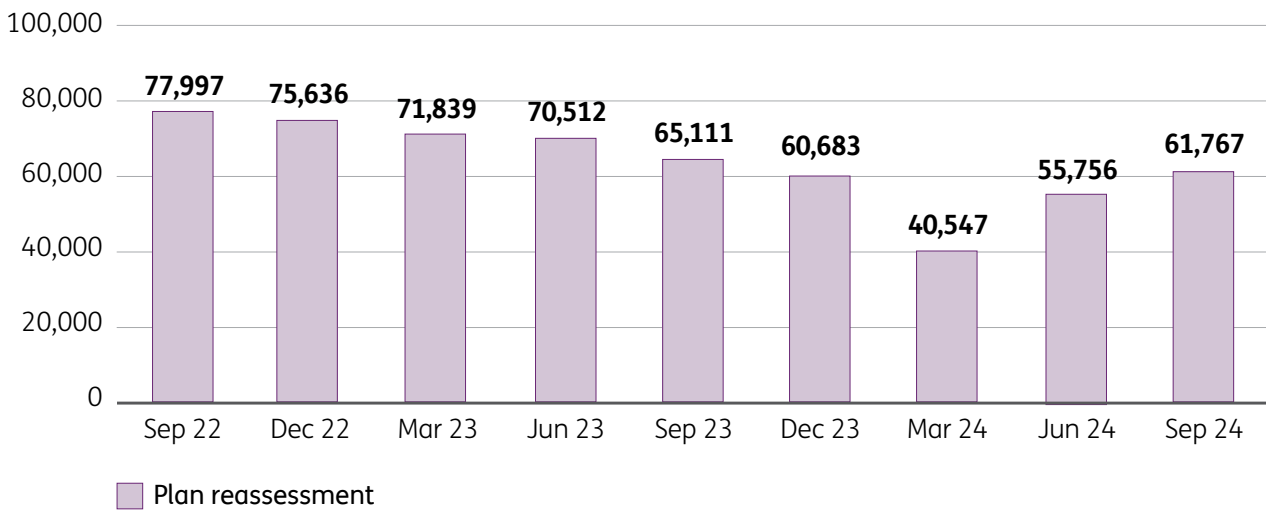
Plan reassessments

Plan reassessments can be initiated by either the participant or the NDIA. Plan reassessments had been decreasing since the September 2022 quarter due to a plan continuation approach. This approach involves communicating with the participant to ensure there have been no significant changes in their circumstances and, with agreement from the participant, continuing their existing plan.

Reassessments increased in the June 2024 quarter and again in the September 2024 quarter to 61,767 (Figure 15), as the NDIA progresses in its response to the increased volume of requests from participants for a change in their plan.

Section 3: Participant experience

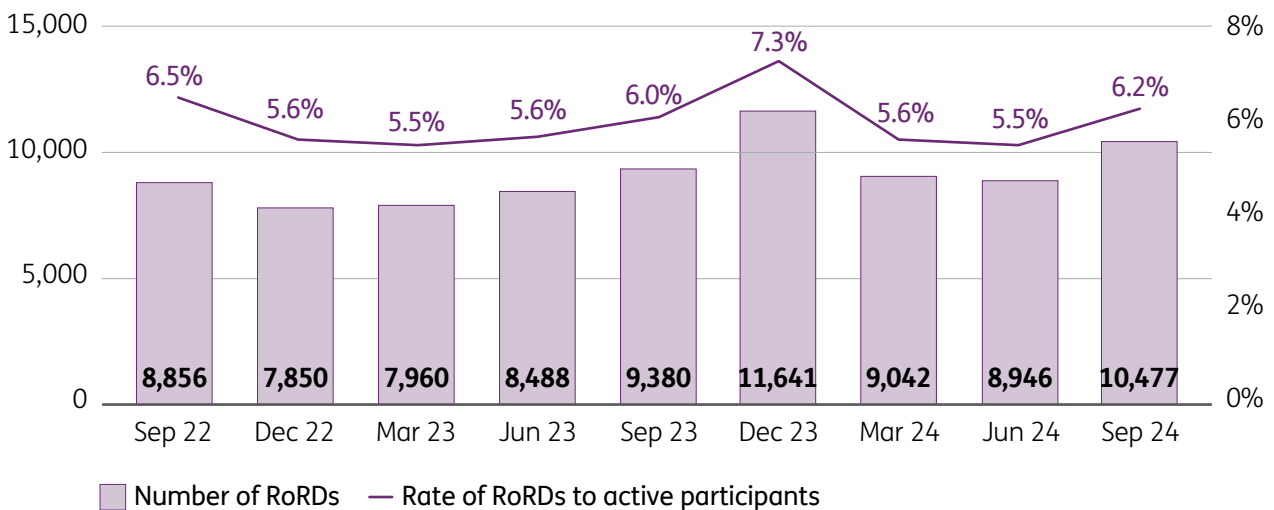
Figure 15: Number of plan reassessments⁴⁷



Review of a reviewable decision

The number of requests for a review of a reviewable decision (RoRDs) as a percentage of active participants increased from 6.5% in the September 2022 quarter to 7.3% in the December 2023 quarter, but has decreased in the September 2024 quarter to 6.2% (Figure 16).⁴⁸ The number of RoRDs reported for the June 2024 and September 2024 quarters is expected to increase, due to an internal mechanism whereby requests with errors are withdrawn then recreated as new cases.

Figure 16: Requests for a RoRD by date of request



⁴⁷ Short plans (plans with a duration less than or equal to 30 days) have been excluded. The number of plan reassessments in historical periods has been updated with retrospective data changes.

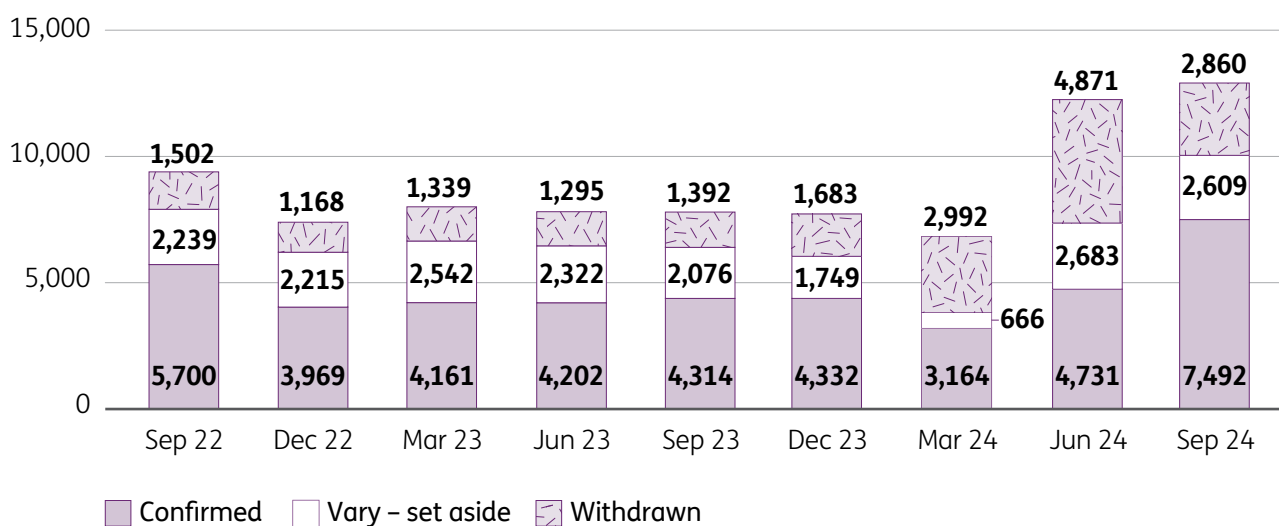
⁴⁸ The numbers of RoRDs in the March 2024 and June 2024 quarters are higher than reported at 30 June 2024 due to retrospective changes in the data.

Section 3: Participant experience

There were 12,961 RoRDs closed in the September 2024 quarter, including 2,860 requests withdrawn (Figure 17).⁴⁹ Of the remaining closed RoRDs, 7,492 confirmed the NDIA’s decision, meaning there was no change from the NDIA’s original decision.

Further, there were 2,609 decisions to amend 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 17: Closed RoRDs by outcomes – quarterly trend



Administrative Appeals Tribunal

If a person is not satisfied with the outcome of their review, they may apply to the Administrative Appeals Tribunal (AAT) for review of a decision made by a reviewer.^{50,51} The NDIA is committed to acting as a model litigant in the AAT as required by the Legal Services Directions 2017. In doing so, the NDIA works with applicants and their legal representatives to resolve their matters as early as possible in the AAT process.

There were 1,769 new AAT cases in the September 2024 quarter, relating to 1,744 participants (Figure 18). The number of new AAT cases (as a proportion of active participants) has increased from 0.87% in the September 2022 quarter to 1.06% in the September 2024 quarter; this is an increase from the June 2024 quarter of 0.71%.

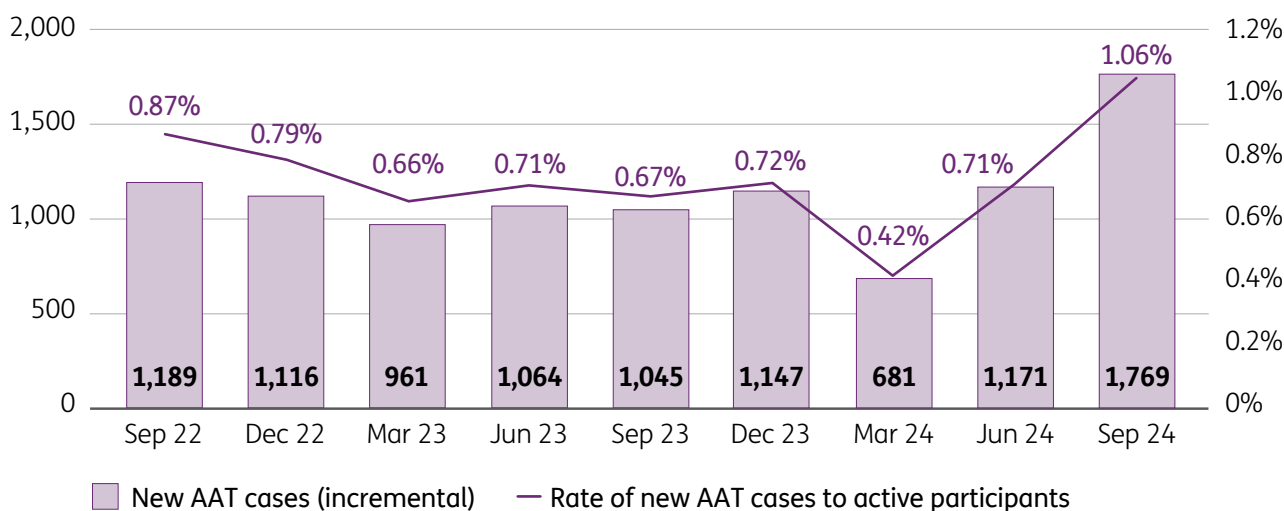
49 The higher-than-usual volume of withdrawn RoRDs starting in the March 2024 quarter is due to an internal mechanism whereby requests with errors are withdrawn then recreated as new cases.

50 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.

51 Further information about the AAT process can be found on the AAT website.

Section 3: Participant experience

Figure 18: Number and proportion of new AAT cases

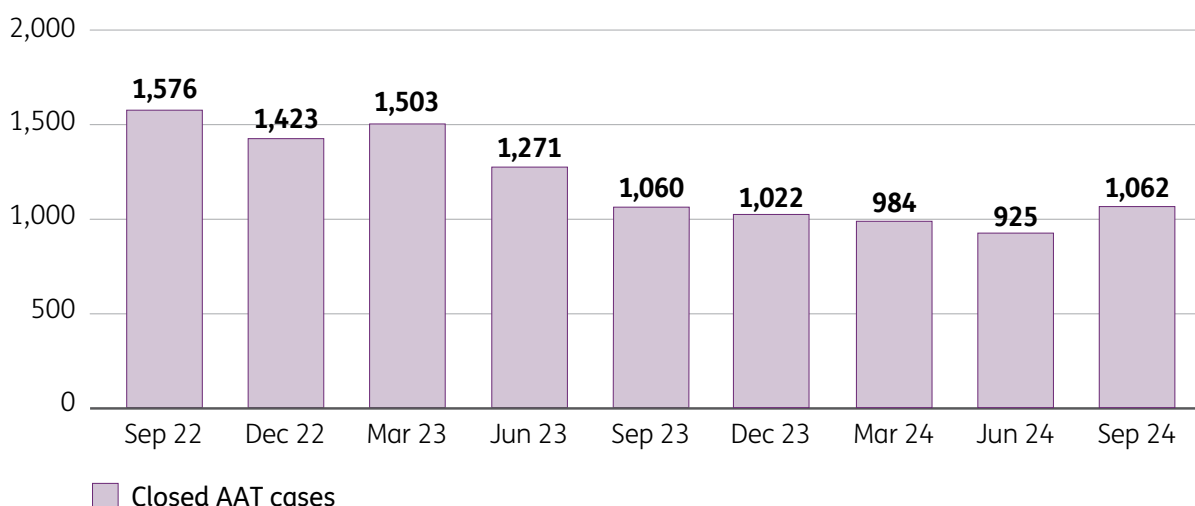


The increase in the September 2024 quarter is primarily for planning-related applications, with access matters remaining steady across the quarter. The increase is a result of the higher number of RoRDs being completed.

In the 12 months to 30 June 2024⁵², of the AAT cases that had supports in dispute, the most common categories lodged were capacity building (37% of disputes), core supports (31%) and SIL (12%).

In the September 2024 quarter, there were 1,062 closed AAT cases (Figure 19). Of the cases no longer before the AAT, approximately 67% were resolved by agreement, 29% were withdrawn by the applicant or dismissed by the AAT and 4% proceeded to a (substantive) hearing.

Figure 19: Number of closed AAT cases



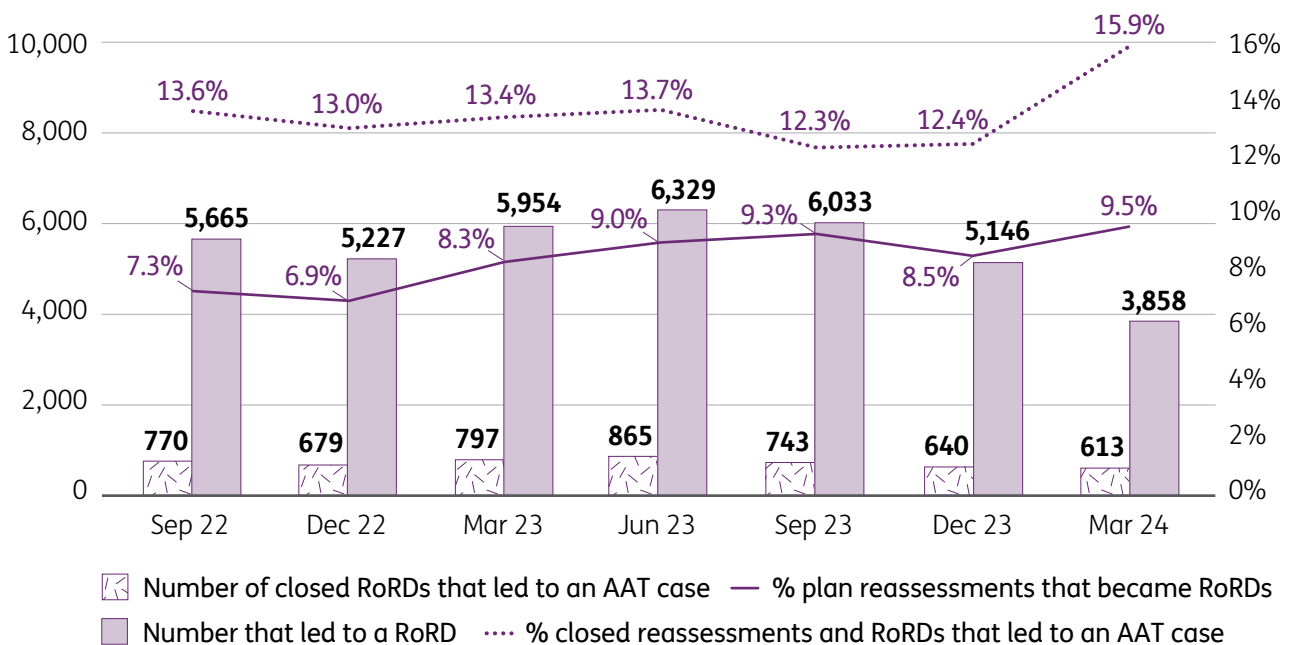
52 Data on supports is shown with a one-quarter delay, due to the lags in recording the support in dispute.

Pathway from plan reassessments to RoRDs and AAT case

A participant may request an RoRD and then a further appeal to the AAT. Figure 20 shows the pathway from plan reassessment to RoRD and AAT case between 1 July 2022 and 31 March 2024.

The proportion of RoRDs arising from plan reassessments has increased from a low of 7.3% (5,665 RoRDs) in the September 2022 quarter to a high of 9.5% (3,858 RoRDs) in the March 2024 quarter (Figure 20). The proportion of AATs arising from RoRDs has remained relatively stable from the September 2022 quarter to the June 2023 quarter (around 13.4% on average), before decreasing to 12.3% in September 2023 quarter, and then increasing to 15.9% in the March 2024 quarter.

Figure 20: Pathway from plan reassessment to RoRD and AAT case between 1 July 2022 and 31 March 2024, at 30 September 2024



3.6 Participant satisfaction

Participant satisfaction with early supports, community connections and plan implementation has increased this quarter.

The NDIA seeks feedback from persons, participants, their families and carers about their experience when interacting with the NDIS. Survey questions focus on the stages of a person’s NDIS journey.

Amendments to the participant satisfaction survey (PSS) were introduced for the December 2023 monthly PSS data collection, which coincided with the new computer system and pathway changes that were rolled out nationally from late October 2023. This report presents the third quarter of data on participant satisfaction since these changes were implemented and it is important to keep these changes in mind when considering reported satisfaction and experience this quarter.

Since late 2023, the NDIA has received a larger-than-average volume of requests from participants asking for a change to their NDIS plans. This higher volume of calls has caused some delays as all participant requests are carefully reviewed and actioned. This will likely continue to have flow-on effects on participant satisfaction in the September 2024 quarter.

Overall satisfaction levels

Overall satisfaction remains stable across most stages, except for the early supports process, which is more positive than previous quarters, and the plan reassessment and apply for NDIS processes, where there has been a decline since last quarter. Participant satisfaction rates for this quarter are shown in Table 7.

Table 7: Rating of experience with the NDIS (1 July 2024 to 30 September 2024)^{53,54}

	Early supports	Community connections	Apply for NDIS – Access met	Apply for NDIS – Access not met/ other	Plan approval	Plan implementation	Plan reassessment
Very good/good	69%	73%	52%	25%	51%	59%	62%
Neutral	17%	16%	18%	19%	17%	16%	17%
Poor/very poor	13%	12%	30%	56%	33%	25%	20%

53 Underlying total response numbers may differ across different questions in each stage due to the exclusion of ‘Prefer not to say’ and ‘Not applicable’ responses. The count is the total unique respondents in each stage.

54 These results are based on 163 surveys of early supports, 1,248 surveys of community connections, 1,191 of applying for the NDIS, 3,540 of plan approval, 4,378 of plan implementation and 6,263 of plan reassessment, which is 16,783 in total.

Early supports

For the 3 months to 30 September 2024, 69% of respondents rated the early supports process as either good or very good, with a further 17% rating the experience as neutral.

Community connections

Seventy-three per cent of respondents rated the community connections process as either good or very good, with a further 16% rating the experience as neutral.

The NDIA understands that in some instances NDIS partners have communicated to applicants that a community connections plan is mandatory. The NDIA is actively reinforcing to all staff and partner organisations that the completion of a community connections plan is not mandatory, as set out in the 'Applying to the NDIS' operational guideline.

As part of the recent reinforcement campaign and refresher training that the NDIA conducted with local area coordinators, it was reinforced that any goals in community connections plans are to be in the voice of the person, and any connections included in a community connections plan are connections that the person wants to have.

Apply for the NDIS

Fifty-two per cent of participants (i.e. respondents with a status 'access met') rated the process of applying for the NDIS as either good or very good, compared to 25% of respondents who had an 'access not met' or other status at the time of interaction. Overall, 41% of respondents (participants and non-participants) rated the process of applying for the NDIS as either good or very good, with a further 19% rating the experience as neutral.

Plan approval

Fifty-one per cent of respondents rated the plan approval process as either good or very good, with a further 17% rating the experience as neutral.

Plan implementation

Fifty-nine per cent of respondents rated the plan implementation process as either good or very good, with a further 16% rating the experience as neutral.

Plan reassessment

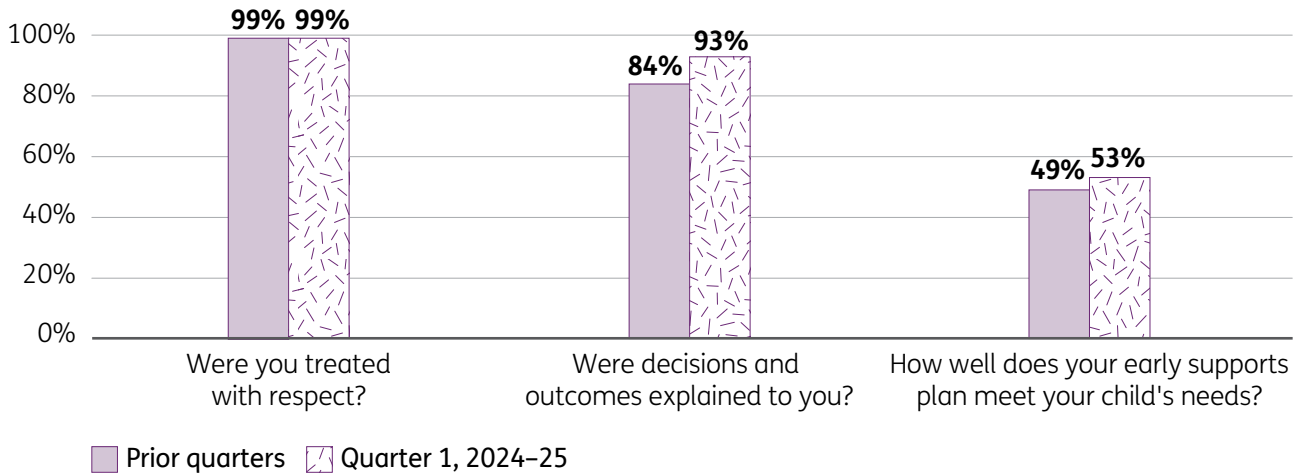
Sixty-two per cent of respondents rated the plan reassessment process as either good or very good, with a further 17% rating the experience as neutral.

Satisfaction across the 6 stages of the pathway

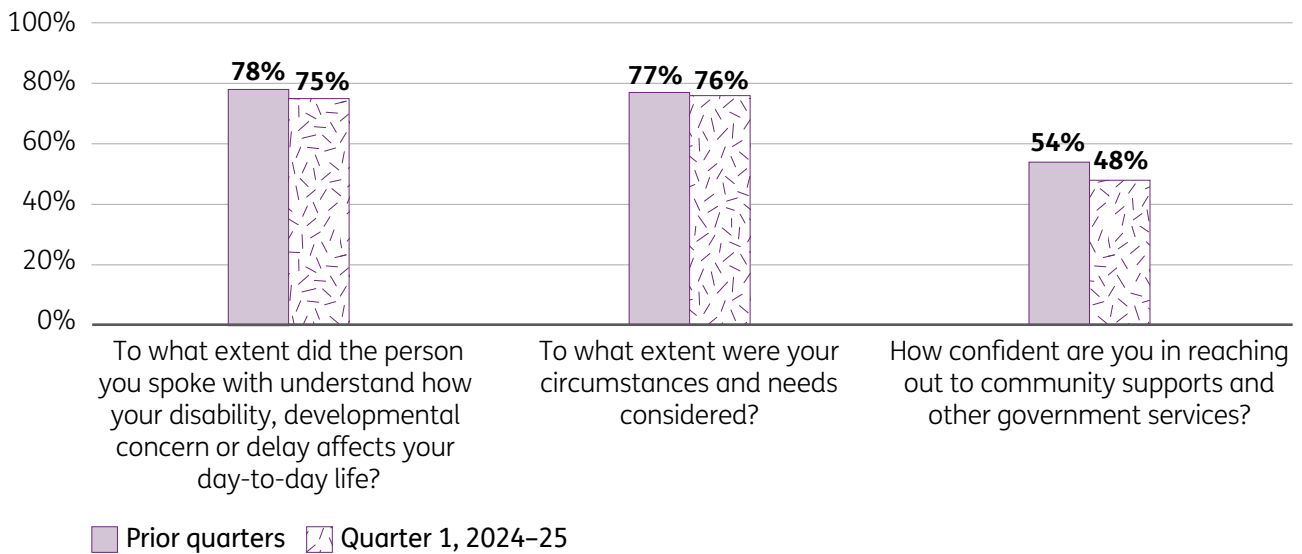
The survey includes questions that provide further insights at each stage of the pathway. Selected questions by pathway stage are presented in Figure 21.

Figure 21: Satisfaction across the 6 stages of the pathway

Early supports



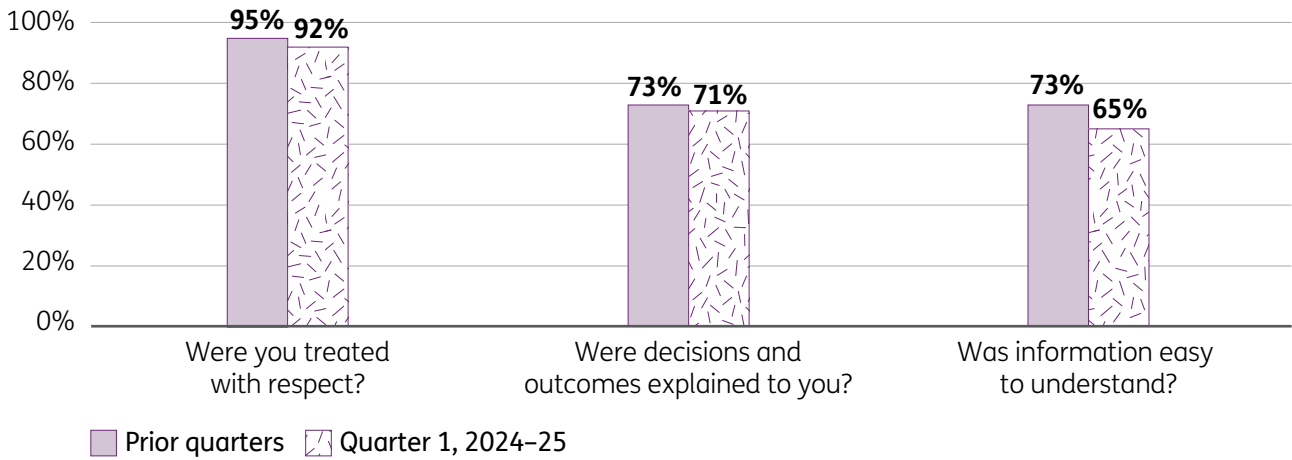
Community connections



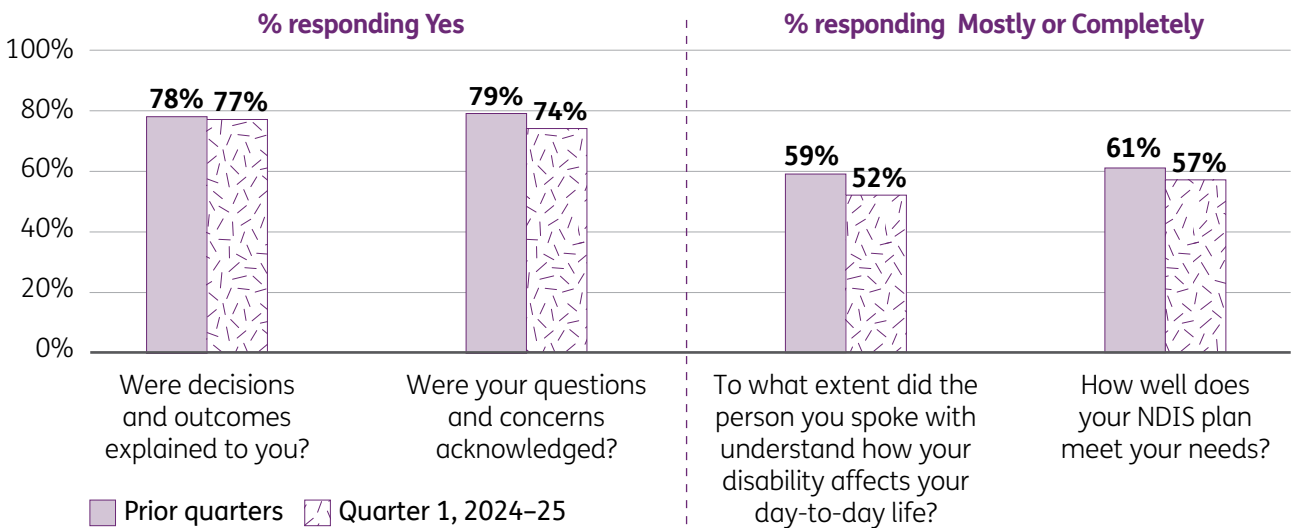
Section 3: Participant experience

Figure 21: Satisfaction across the 6 stages of the pathway cont.

Apply for NDIS



Plan approval



Plan implementation

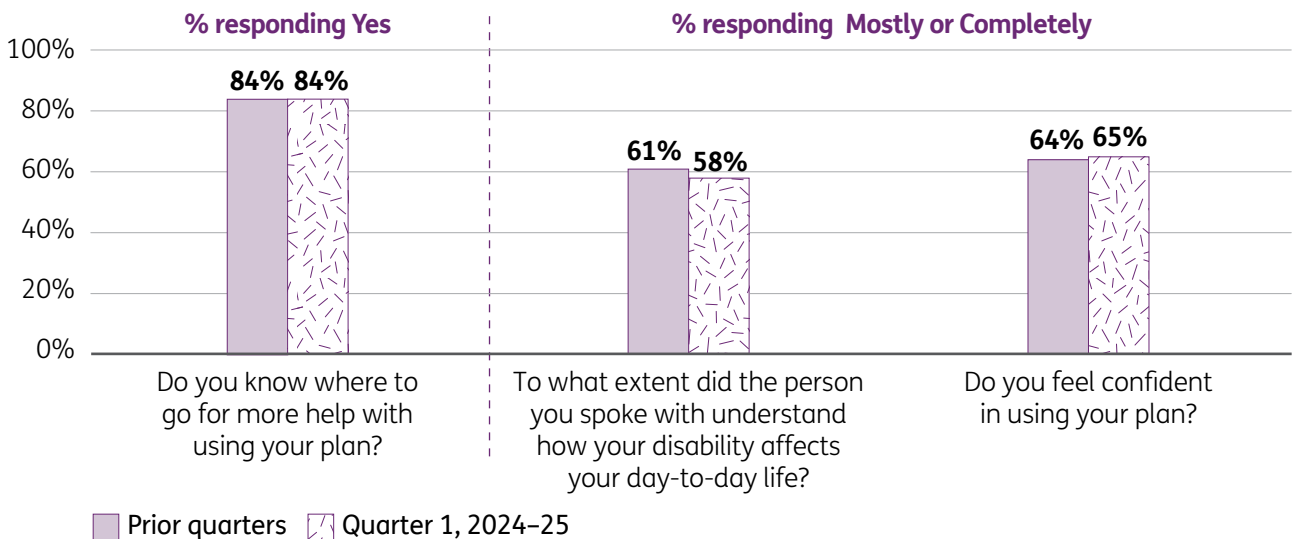
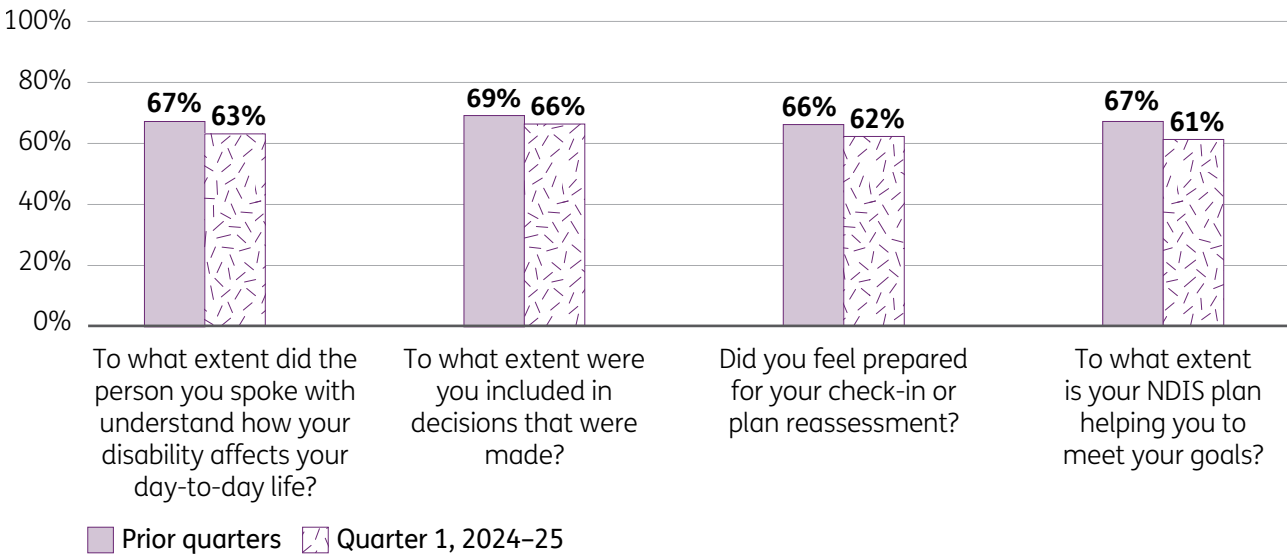


Figure 21: Satisfaction across the 6 stages of the pathway cont.

Plan reassessment



Positive experience across stages

With the exception of the early supports process, there has been a general decline in positive experience across other pathway stages. Experience through the early supports process has been reported as positive and has improved, compared to prior quarters.

The percentage of respondents who answered positively to the question about the extent to which the person they spoke with understood how their disability affects their life varied between stages. Around 75% of respondents at the community connections stage reported that the person mostly or completely understood, compared to between 52% and 63% of respondents with a plan at the plan approval, plan implementation or plan reassessment stages. Across all stages, there has been a decline in the percentage of positive responses to this question, compared to prior quarters.

Respondents were positive about being treated respectfully, with between 90% and 99% reporting they were treated with respect by the person they spoke with. Between 71% and 93% of respondents reported that decisions and outcomes were explained to them, with the most positive experience at the early supports stage – an increase of 8 percentage points since last quarter.

Participants continue to report that they know where to go for more help with using their plan (84% for plan implementation) and they felt that their questions and concerns were acknowledged (74% for plan approval and 92% for early supports).

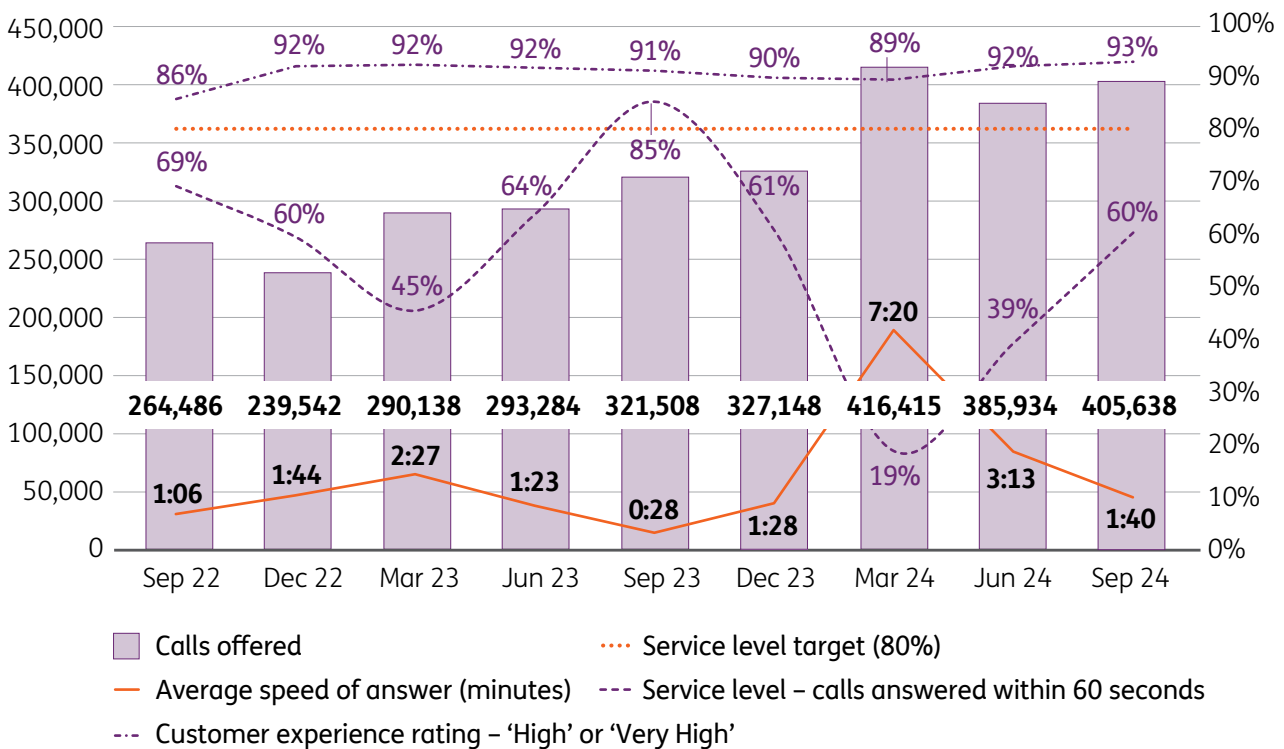
The proportion of respondents answering positively by pathway stage and question is presented in Supplement E on the [NDIS website](#).

3.7 The NDIA National Contact Centre

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

The NCC responds to enquiries by phone, webchat and email. In the September 2024 quarter, the NCC experienced a high volume of contacts, receiving 784,549 contacts, an increase of 24% year on year⁵⁵ across all channels. This included 405,638 calls offered (+26% year on year), 336,310 emails received (+23% year on year), and 42,601 webchats offered (+20% year on year). The performance of phone, webchat and email contacts are shown in Figures 22, 23 and 24.

Figure 22: NCC telephony performance



55 Calls offered are the number of calls made to the NCC, including calls answered as well as calls abandoned.

Section 3: Participant experience

Figure 23: NCC webchat performance ⁵⁶

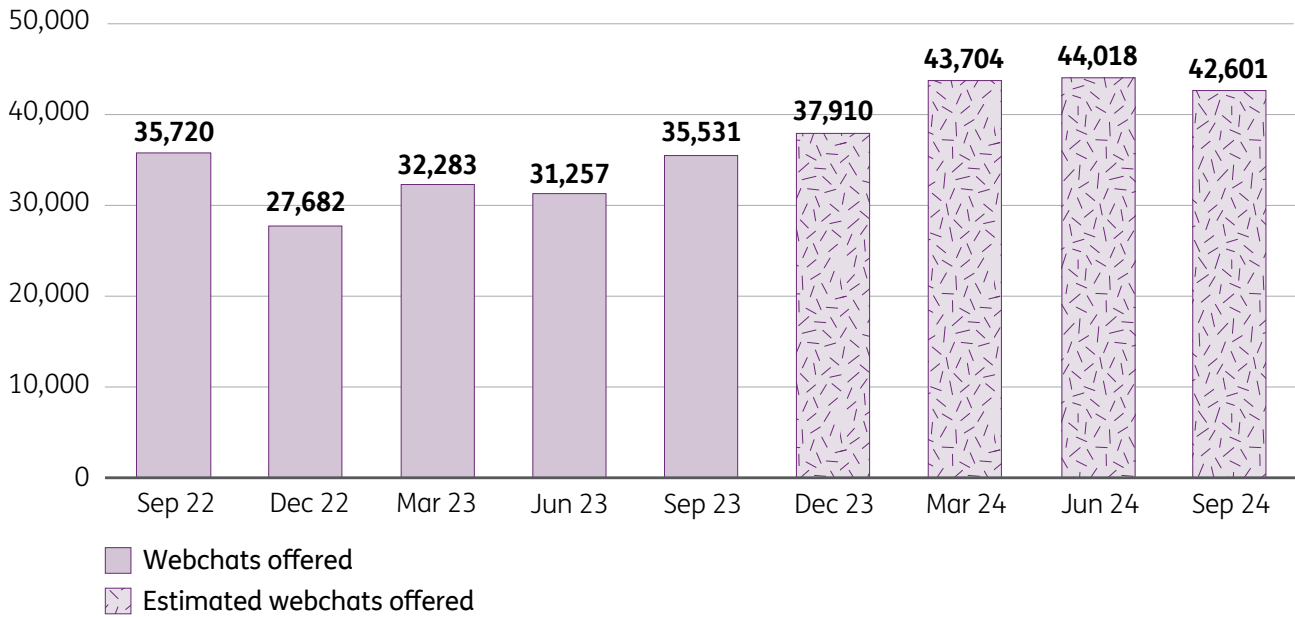
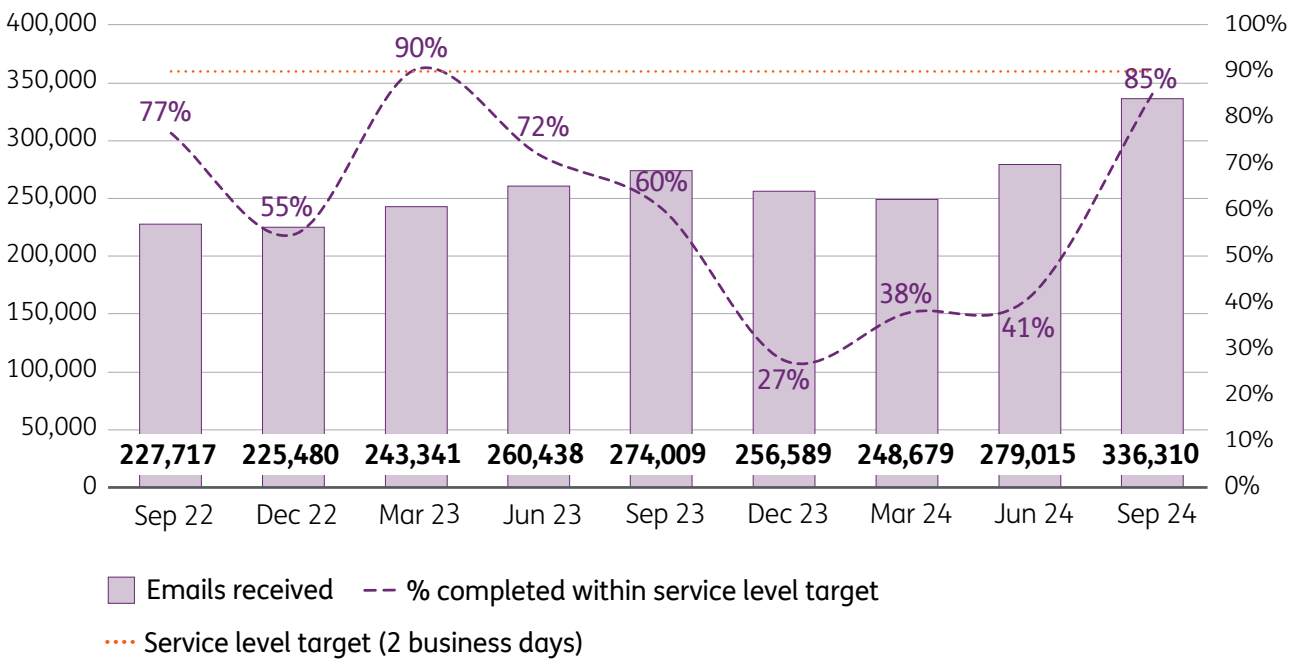


Figure 24: NCC email performance



56 From December 2023, the volume of webchats offered has been estimated. This is because of reporting issues with the NDIA's new webchat functionality that was implemented in November 2023. The NDIA has identified instances where a webchat was offered but not connected to a contactor or no contact was received from the requestor. These instances were removed to estimate the webchat volume.

Section 3: Participant experience

Despite the high volume of contacts in the quarter, the NCC's operational results improved. The average speed of answer for the phone service decreased from 193 seconds to 100 seconds, with 60% of calls answered within 60 seconds (Figure 22). Callers to the NCC used 'virtual hold' on 3.5% (14,148) of calls offered. Virtual hold removes the need to wait in queue and provides an automatic call-back service when a service officer is available. Customer satisfaction remained above target at 93% in the quarter. There were no significant complaints about call waiting times.

The email remediation program to reduce the email backlog concluded on 15 July 2024, with 85% of incoming emails responded to within the 2 day service level agreement (Figure 24). The conclusion of the email remediation program allowed the NCC to provide resources to support other NDIA teams, including the Service Delivery, Eligibility and Planning teams.

The NCC continued the first contact resolution program this quarter, aiming to increase the volume of work items resolved at the first point of contact and reducing referrals across the NDIA. New work types now actioned by the NCC include evidence of identity and document verification checks, voluntary exits from the NDIS, changes to authorised representatives, plan amendments under section 47a of the NDIS Act, and plan reviews on the previous computer system to help reduce outstanding plan change cases. Full implementation of the first contact resolution program is forecast to resolve 300,000 participant work items per year at the first point of contact, reducing double handling and improving participants' experience.

NCC employment

As the NCC expands, it is committed to inclusive employment and attracting people with disability. This will be achieved through regular engagement with key disability recruitment organisations and advocacy groups. According to the 2024 Australian Public Service (APS) Census results, 40% of insourced NCC operations staff identify as having a disability. As of September 2024, the insourced NCC operations team had 281 full-time equivalent roles across Dandenong (VIC), Richmond (VIC), Robina (QLD), Midland (WA) and Deakin (ACT). Over time, the NCC will transition to a 70% insourced and 30% outsourced workforce model consistent with the APS Strategic Commissioning Framework (SCF).

Technology enhancements to improve efficiencies

This quarter, the NCC implemented several technology enhancements to deliver efficiencies and improve our way of working. This included outbound campaign management and dialler functionality. This suite of products will support large-scale outbound call campaigns and a new improved webchat interface. The outbound campaign functionality was used to contact participants turning 18, and/or their representatives, about changes that will occur when they turn 18.

Supporting enquiries about legislation changes

To support recent changes to the NDIS Act, the NCC implemented staff training and a dedicated phone queue to resolve legislation-based enquiries at the first point of contact.



Section 4

Providers and the growing market



Linda felt respected, heard and valued in co-design workshop



Linda's determination to support people with disability knows no boundaries, and for the first time in a long time she said she felt respected, heard and valued.

Linda, who is blind, was one of 20 NDIS participants who took part in an NDIS Co-Design Plan and Plan Approval Letter workshop.

The workshop aimed to improve an existing NDIS Plan and Plan Approval Letter sent to people each time they receive their NDIS plan, Linda said she, her support worker, other participants and NDIA staff all worked together over 2 days listening to various views and ideas.

Together, they designed a more condensed, easier-to-read version. Linda said she felt participants would be much happier about the new letter the Agency is looking to send out.

'Ever since day dot, when our Plan and Plan Approval Letters have been sent out, they have had a lot of repeated information in them which is irrelevant,' she said.

'The original letter contained a lot of personal information, and when you're dealing with providers, they all ask to see your letter, and there's a lot of information in it you don't necessarily want them or anyone else to know.'

'We know all that information, so why repeat it in every Plan and Planning Approval Letter we get? It was senseless and frustrating,' Linda said.

Coming away from the NDIS Co-Design Plan and Plan Approval Letter workshop, Linda said she really enjoyed the way it was run and felt others did too.

'NDIA staff wanted us to be authentic and honest and to hear how our experiences dealing with the Agency have made us feel.'

'It was so good to be part of the consultation process and I'm confident we've produced a pretty good letter,' Linda said.

[Read Linda's full story on our website.](#)

The provider market continues to grow.

4.1 Support categories

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

In the 12 months to 30 September 2024, \$42.6 billion in support has been provided (Table 8).⁵⁷ The largest support categories are core daily activities (52% of total payments), core social and community participation (23% of total payments), and capacity building daily activities (13% of total payments). Core daily activities includes participants in supported independent living (SIL). Of the \$22.1 billion payments on core daily activities in the 12 months to 30 September 2024, \$11.0 billion was for payments related to participants in SIL.

Table 8: Total payments from 1 October 2023 to 30 September 2024

Support category	Total payments (in \$m)	Percentage of total payments
Core – daily activities	22,096	51.9%
Core – social and community participation	9,851	23.1%
Core – consumables and transport	1,521	3.6%
Capacity building – daily activities ⁵⁸	5,351	12.6%
Capacity building – other	2,730	6.4%
Capital	1,043	2.4%
Total⁵⁹	42,599	100.0%

Over the last 2 years, payments have grown by 46% (from \$29.2 billion for the year ending 30 September 2022 to \$42.6 billion for the year ending 30 September 2024). Payments have grown across the support categories, most notably for core daily activities and core social and community participation (growing by 49% in aggregate over the period).

⁵⁷ This represents total payments on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments were \$43.2 billion.

⁵⁸ Includes therapy services.

⁵⁹ Total includes \$7 million of payments with no support category.

4.2 Plan management types

The majority of participants choose to use a plan manager.

Participants indicate their preferred plan management type. As this decision is made at the ‘support category’ level, a participant may end up opting for a combination of plan management types.

In the September 2024 quarter, a minority (8%) chose to have their plan managed entirely by the NDIA, while the majority (64%)⁶⁰ preferred to engage a plan manager for some or all of their plan. It was reported that 28% of participants plan to self-manage all or part of their plan.

The NDIA continues to support participants to decide if self-management is right for them, and has recently released an [updated guide](#) to self-management. The guide explains the benefits of self-management, roles and responsibilities, and how to self-manage effectively.

A participant’s indication at the planning stage of the plan management type(s) to be used is not binding, and therefore may differ from the plan management type(s) ultimately used. Table 9 shows the actual plan management type(s) used.

Table 9: Active providers and payments by plan management type in the September 2024 quarter

Plan management type	Payments ⁶¹ made to active providers (\$b), and proportion of total payments	Number of active providers ⁶²
Agency-managed	3.4 (30%)	9,203
Plan-managed	6.7 (59%)	193,979
Self-managed	1.3 (11%)	73,578
Total	11.3	227,033

In the September 2024 quarter, of the \$11.3 billion in payments, \$3.4 billion was NDIA-managed (30%), \$6.7 billion was managed by a plan manager (59%), and \$1.3 billion was self-managed (11%).⁶³

Out of 227,033 active providers in the September quarter, 9,203 providers supported NDIA-managed participants; 193,979⁶⁴ supported plan-managed participants; and 73,578⁶⁵ supported self-managed participants.⁶⁶

60 This figure excludes participants who have opted to have part of their plan self-managed.

61 Includes cash and in-kind payments.

62 ‘Active providers’ refers to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with an invalid Australian Business Number (ABN).

63 Includes cash and in-kind payments.

64 Plan management fees, which are NDIA-managed payments, are reclassified as a plan-managed payment for the purpose of counting providers. Therefore, the count of NDIA-managed providers excludes providers that only received plan management fees and no other NDIA-managed payments.

65 The number is understated as provider information for self-managed participants is provided on a voluntary basis. In the September 2024 quarter, provider information was provided for 24% of all self-managed payment transactions.

66 ‘Active providers’ refers to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with an invalid ABN.

4.3 Plan managers

The number of participants opting to use the services of a plan manager has continued to grow, while the number of plan managers in the NDIS has remained stable.

Provider types

Participants supported by plan managers can use registered or unregistered providers. For the 12 months to 30 September 2024, unregistered providers were used less frequently and had a higher proportion of one-off payments (i.e. unregistered providers were only used once). On average, the frequency of one-off payments was approximately 2.7 times lower for registered providers.

Payment characteristics

In the September 2024 quarter, 193,979 providers supported plan-managed participants, of which 13,870 were registered at some point during the quarter.^{67,68}

Payments to plan managers were \$6.7 billion in the September 2024 quarter. Of the \$6.7 billion, \$151 million was for the plan management services. The remaining \$6.5 billion was for plan managers to pay service providers on behalf of participants. In the September 2024 quarter, registered providers received 56% of the \$6.5 billion overseen by plan managers, unregistered providers received 43%, and providers with unknown registration status received 1% of the plan-managed payments.

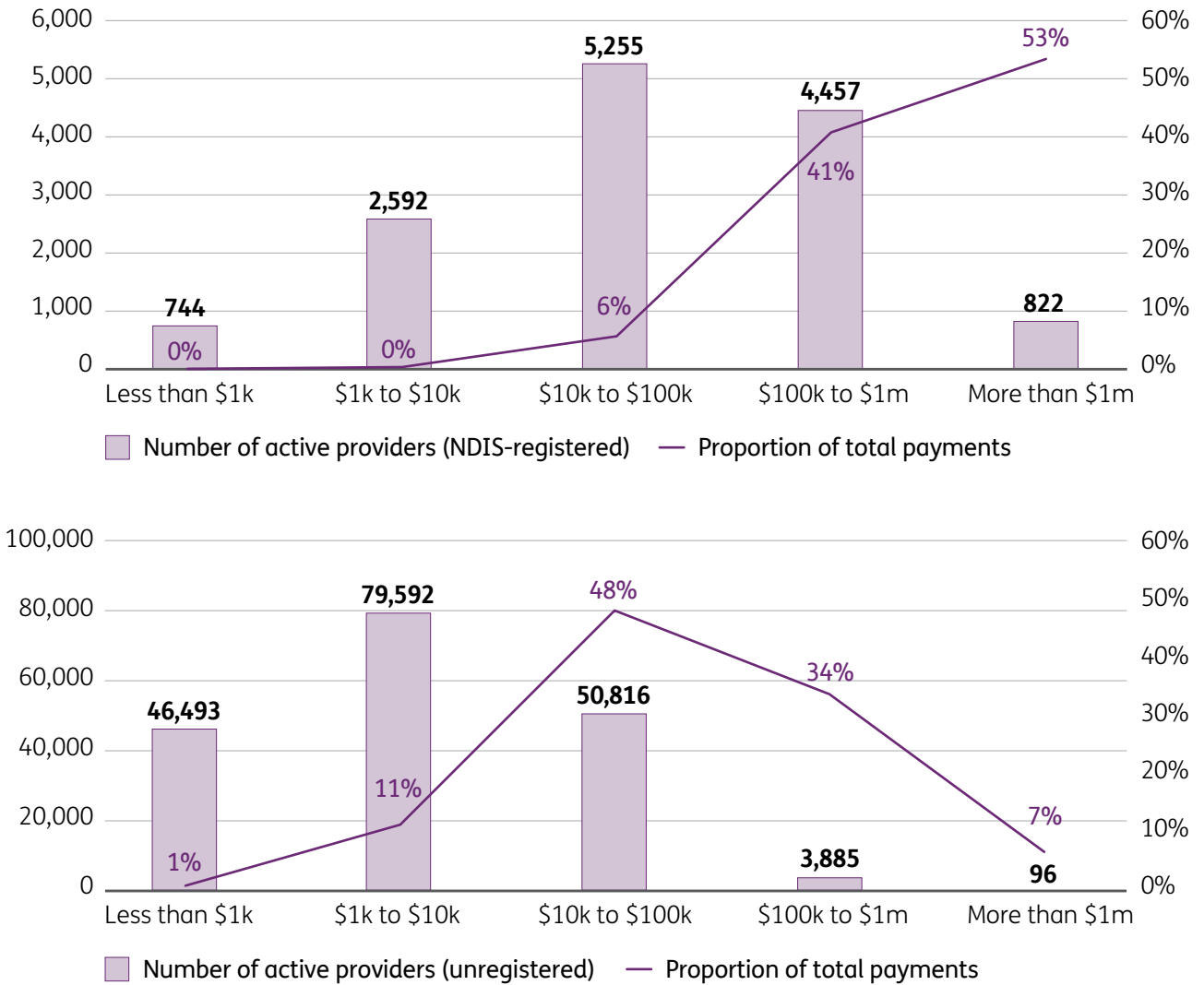
Although 43% of plan-managed payments went to unregistered providers, the market of unregistered providers is large, which means there are many unregistered providers receiving smaller total payments. Although only 7% of providers paid through plan managers are NDIS-registered providers, they represent 56% of total payments in the quarter. Furthermore, 38% of NDIS-registered providers received more than \$100,000 in NDIS funding for the quarter, compared to only 2% of unregistered providers receiving more than \$100,000 in funding (Figure 25).

⁶⁷ Registration status of a provider may change between 'registered' and 'unregistered' during the quarter.

⁶⁸ 'Active providers' refers to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with an invalid ABN.

Section 4: Providers and the growing market

Figure 25: Number of active providers supporting participants through a plan manager and proportion of total payments⁶⁹ in the quarter by payment band – NDIS-registered (top) vs unregistered (bottom)⁷⁰



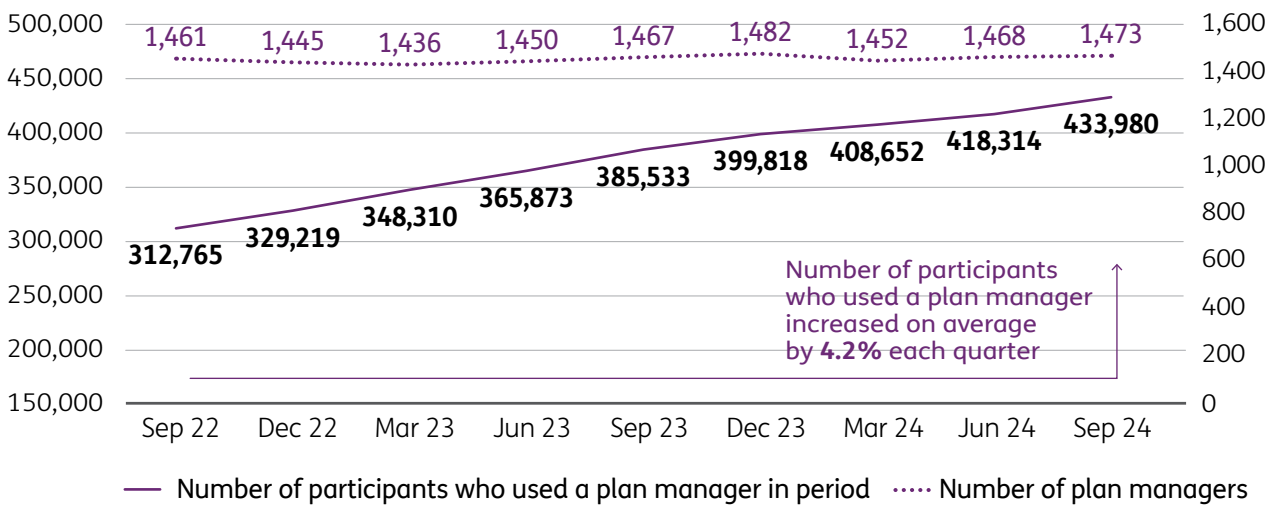
Over the past 2 years, the number of plan managers has remained relatively stable, increasing marginally from 1,461⁷¹ at September 2022 to 1,473 at September 2024. Over the same period, the number of participants being supported by plan managers increased from 312,765 to 433,980, which is a quarterly average increase of 4.2%. As a result, there has been a significant 38% increase in the average number of participants supported by a plan manager over this period (Figure 26).

69 \$45 million of payments made to providers with 'unknown' registration status have not been included in this chart.

70 Registration status is determined as at the posting date of payment. Some providers may be counted more than once if they changed registration status during the quarter.

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

Figure 26: Participants and providers with a plan manager by quarter – all participants⁷²



4.4 Supported independent living

| SIL supports of \$3.8 billion were provided in the September 2024 quarter.

The NDIA has recently established a more consistent and comprehensive participant-centric decision-making process for all home and living supports. As at 30 September 2024, there are 35,371 participants in SIL.

As part of the 2023–24 Budget commitment to improve the NDIS, the NDIA is working to simplify and improve information for participants about the home and living process and the evidence needed to support consistent decision making.

The NDIA has also established a specialist home and living team of highly skilled planners with the knowledge and expertise to assess requests from participants. The NDIA has recently introduced the requirement for additional sign-off by a senior home and living delegate for SIL budget increases to ensure decisions are consistent. Home and living delegates also now meet with participants who request changes to their SIL budgets before confirming a new plan. This helps ensure that a participant understands the decision made and is supported to implement their plan.

Total payments to participants in SIL have increased by 25% annually over the last 2 years, from \$9.2 billion to \$14.5 billion. 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 8% annually over the past 2 years (Table 10).

⁷² The historical number of plan managers does not take into account any revisions in their registration status.

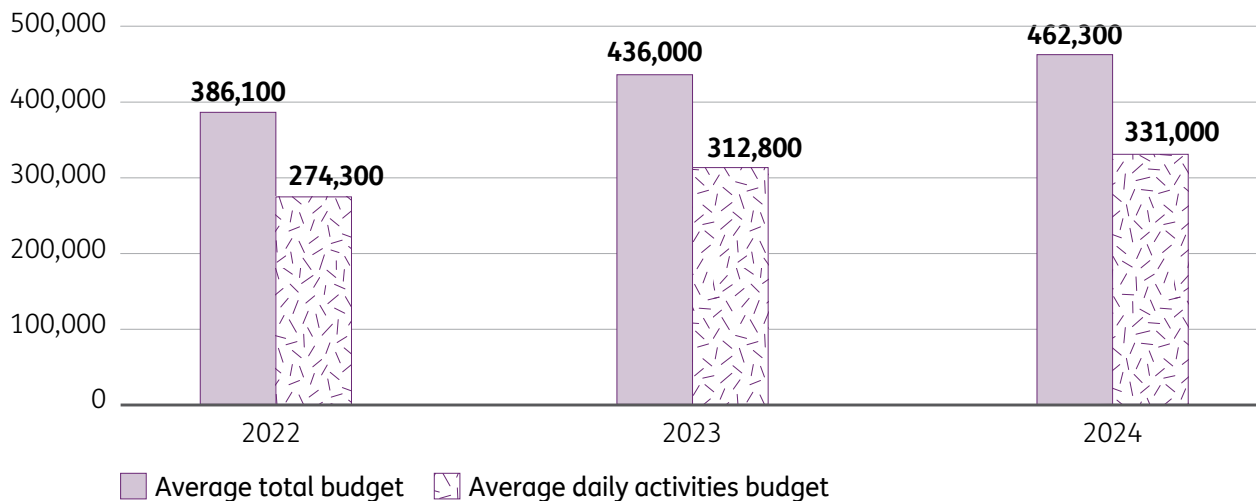
Section 4: Providers and the growing market

Table 10: Number of participants and payments for years ending 30 September – participants in SIL

	2022	2023	2024	% increase (per annum)
Active participants	28,018	32,973	35,371	12%
Total payments (\$m)	9,222	12,254	14,463	25%
Average payment (\$)	351,400	397,300	422,300	10%
Total payments – Core daily activities (\$m)	7,215	9,389	10,970	23%
Average payment – Core daily activities (\$)	274,900	304,400	320,300	8%

In addition to payments, average plan budgets for participants in SIL have also increased over time (Figure 27) including the component of the plan budget for SIL supports (core support for daily activities). Specifically, average plan budgets have increased by 9% annually over the past 2 years and the average daily activities components of plan budgets have increased by 10% annually over the past 2 years.

Figure 27: Average plan budgets over time for years ending 30 September – participants in SIL (\$)



4.5 Specialist disability accommodation

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

The NDIS forms one part of the disability ecosystem, supporting Australians and their families to ensure those living with disability can lead a fulfilling life. The NDIS was designed to complement, not replace, other services for which the states and territories are responsible, including housing.

The number of participants using SDA has increased by 4% per annum over the last 2 years, while the number of participants who are eligible for SDA (not yet using SDA) has increased by 7% per annum over the same period.

Reasons why participants may not have SDA funding in use include:

- SDA is newly included in their plan
- a participant is not yet ready to move from their current accommodation
- a participant is still exploring options or waiting to move when a vacancy becomes available
- a participant may be awaiting the completion of an (identified) new-build SDA dwelling
- a participant is yet to locate a suitable SDA dwelling – by location or SDA type/category.

Total SDA payments have increased by 30% annually over the past 2 years, from \$205 million to \$348 million (Table 11).⁷³ The average SDA payment per participant has also increased, by 22% per annum.⁷⁴ New SDA benchmark prices came into effect from 1 July 2023 following the SDA Price Review, including automatic annual indexation of SDA funding amounts in plans from 1 July 2024.

The total number of enrolled SDA dwellings as at 30 September 2024 was 10,120, up by 17% annually over the last 2 years, and up by 1,821 dwellings (22%), compared to 30 September 2023. This annual increase was observed across most design categories. The largest increase was for dwellings of the ‘robust’ category (53%, 405 dwellings) and the ‘high physical support’ category (41%, 1,206 dwellings).

All states and territories, besides the Australian Capital Territory, noted an increase in the number of enrolled SDA dwellings in the past quarter.

⁷³ To deal with an accumulated backlog of payments, the NDIA has made off-system payments directly to providers. The \$205 million total SDA payments made in the year ending on 30 September 2022 includes off-system payments of \$10.5 million made in June 2022.

⁷⁴ The average SDA payments figure has been updated with the number of participants using SDA as the denominator. The updated average SDA payments figure is now higher than previous reports which used the number of participants with SDA funding as the denominator. The average SDA supports figure continues to use the number of participants with SDA funding as the denominator.

Table 11: Number of active participants, SDA support budgets and payments for years ending 30 September

Year	2022	2023	2024	% increase (per annum)
Participants using SDA ⁷⁵	13,238	13,906	14,290	4%
Participants SDA eligible, not yet using SDA ⁷⁶	8,584	10,151	9,891	7%
Total SDA supports (\$m)	306	395	498	28%
Average SDA supports (\$)	14,600	17,000	25,400	32%
Total SDA payments (\$m)	205	242	348	30%
Average SDA payments (\$)	16,480	17,818	24,669	22%

4.6 Market stewardship activities

The NDIA continues to support the NDIS market through market design, coordination and engagement activities. This includes the integrated care and commissioning (ICC) pilot and the alternative commissioning pilot, a refresh of the Market Stewardship Framework, and an education campaign on conflicts of interest (COI) in the NDIS provider market, designed for participants, their families and NDIS providers.

Integrated care and commissioning

The ICC approach brings together Australian Government investments and resources across the aged care, disability support and veterans’ care sectors (with interfaces to primary health, allied health and mental health). This approach seeks to connect and better align service systems to build a consolidated and more sustainable care sector.

ICC locations include Central West Queensland, Gippsland (Victoria), the Kimberley (Western Australia) and South Coast New South Wales.

In partnership with the Department of Health and Aged Care and the Department of Veterans’ Affairs, the ICC project has conducted consultations and identified some entrenched community challenges across the locations. Several solutions will be explored over the coming months with the respective communities, ranging from aggregating demand across the care streams, undertaking workforce development, and testing the feasibility of integrated care models.

75 Evidence of SDA in use is estimated based on SDA payments, SDA service bookings and address matching to an enrolled SDA dwelling. Future enhancements to the PACE system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.

76 SDA eligible participants are participants who have been found eligible for SDA through the home and living application process or through legacy system processes but have SDA funding in their plan.

Alternative commissioning

In the 2023–24 Budget, the Australian Government committed \$7.6 million in funding over two years to undertake alternative commissioning pilots in two sites as recommended by the NDIS Review.

Alternative commissioning involves the NDIA working in collaboration with the Department of Social Services to pilot culturally appropriate service models that are place-based, community-led and co-designed. The aim is to strengthen the First Nations disability sector and build a sustainable supply of NDIS services to meet participant needs in remote areas.

Alternative commissioning pilot locations include Maningrida (Northern Territory) and Katanning (Western Australia).

Market stewardship framework

The NDIA market stewardship framework is being revised to improve the NDIA's stewardship of the provider market. There will be a focus on identifying if and how the NDIA and other government agencies should intervene to address issues in the disability market, how the NDIA monitors the market, and what strategies should be adopted to encourage market growth or correction.

Work done so far in revising the framework includes identifying potential policy and market objectives, identifying market levers available to the NDIA, better defining metrics for monitoring market performance, and considering market stewardship governance arrangements (including roles and responsibilities of NDIA and other government agencies).

Conflicts of interest in the NDIS provider market

The NDIA is developing a Position Statement on Conflicts of Interest in the NDIS Provider Market to support and educate the disability community to identify, disclose and manage conflicts of interest in the NDIS provider market.

From May to July 2024, the NDIA met with participants, providers and disability organisations to understand experiences people have had with conflicts of interest. The insights gained through these engagement sessions have helped the NDIA develop a suite of resources to support the NDIS market to understand and manage conflicts of interest.

The position statement and supporting resources are expected to be available in the coming months.

Home and living demonstration projects

The first round of home and living demonstration projects were completed during the last quarter. Five projects were implemented and finalised by June 2024. They focused on supporting providers and participants to work together to design and test better ways of funding and delivering SIL. The NDIA is continuing to review the findings and lessons learned from the first round of projects.

Four projects funded by the second round of home and living demonstration project grants continue to be implemented. These projects are testing different models of providing NDIS participants high quality information, assistance and connections about home and living options.

4.7 NDIS pricing

The 2023–24 annual pricing review (APR) report and its outcomes were released on 28 June 2024.

The 2023–24 APR committed to appointing independent experts to oversee the review of the NDIS pricing structure and a new Quality Supports Program, in which the NDIA will support providers to deliver quality services to participants otherwise at risk of not receiving the supports they need.

The Minister for the NDIS has established the Independent Pricing Committee to review the NDIS pricing approaches and recommend changes designed to lead to a higher quality and more sustainable disability provider market.

The committee is made up of three experts with strong economic credentials and experience in regulation who will review how NDIS price limits are set and investigate if there are more effective approaches. The committee members are Stephen Anthony (Chair), Gemma Henderson and Dr Ron Ben-David.

The committee has commenced work and aims to make its first recommendations to the NDIA Board by the end of this year, with further recommendations in February 2025. The advice will be used to support the development of the 2024–25 APR. The committee will consider the views of people with disability and providers.

Despite flagged changes to pricing, the provider market, in general, continues to grow. In particular, the number of providers of disability support, support coordination and therapy supports has grown consistently over recent years.

Additionally, the NDIA has announced it will pilot two new initiatives under the Quality Supports Program to deliver high-quality services to vulnerable participants. For the pilots, the NDIA will select established NDIS providers who have experience delivering services to participants otherwise at risk of not receiving the supports they need.

The pilots will focus on the delivery of support coordination and SIL, including to participants with complex and high needs. Selected high-quality providers will help participants access quality supports and will also be funded to deliver quality supports to those participants involved in the pilot. Both pilots will run for 12 months and will be evaluated to inform the future delivery of support coordination and SIL services.



Section 5

Financial sustainability



Tahlia has hit the big time playing for the ParaMatildas



Tahlia has hit the big time, representing Australia and playing for the ParaMatildas. Blitzing the field the daring defender is scoring goals, thrilling fans and winning hearts.

It's a dream the 24-year-old from Jilliby, NSW, never saw coming. 'Before I started playing football I was swimming at an elite level. I even trialled for the Tokyo Paralympics but missed out by .01 of a second,' Tahlia said.

'While it was sad not to make the team, it meant other doors could open. I went and had some surgeries I'd been putting off then football came up and it changed my world.'

A talented allrounder with an unstoppable attitude, Tahlia says joining the NDIS in 2021 has been amazing and it has helped to build on every success.

'I have cerebral palsy and Erb's palsy. I also have psychosocial disabilities and some chronic illnesses, so the NDIS has been a real life changer for me,' Tahlia said.

Funded for specialised arm splints to aid muscle weakness, ankle-foot orthoses to help with mobility, occupational and physio therapies, exercise physiology, equipment and support workers, Tahlia said life is better than ever.

With regular support workers Tahlia can now leave home independently when it suits.

'Using my funding I've built a great team of support workers. They take me to appointments, to the shop and to training. It means I don't have to rely on my parents or my sister anymore. My support is my world and it's connected me.'

Working regularly with therapists Tahlia's mobility and confidence continues to improve.

'I've learnt how to balance, jump and use stairs, so I don't have to be as nervous when I go out with my support workers thinking I'm going to fall over all the time,' Tahlia said.

'I say to a lot of people the NDIS has been one of the best things in my life.'

[Read Tahlia's full story on our website.](#)

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

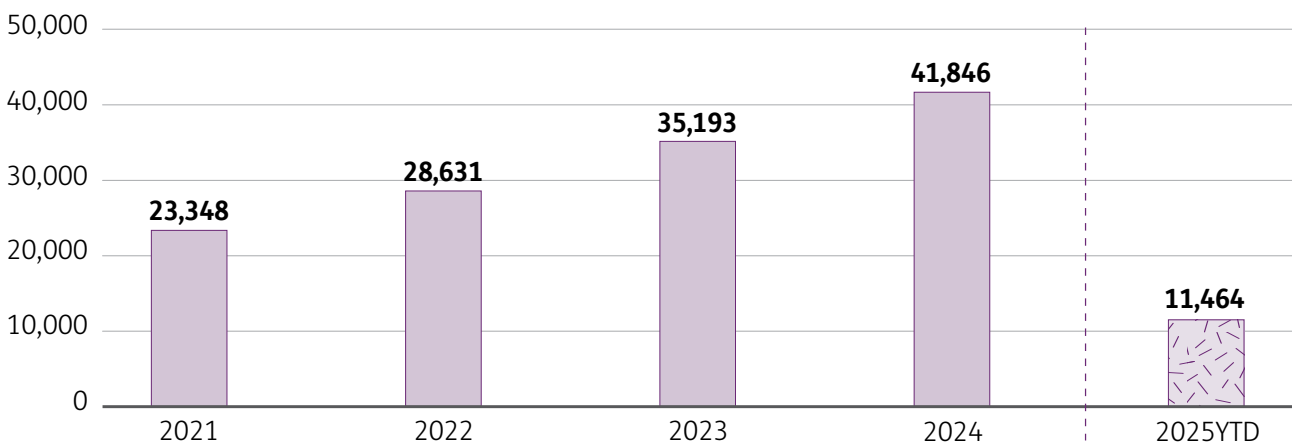
5.1 Total payments

Total NDIS payments continue to increase due to both increased participant numbers and higher average costs per participant.⁷⁷

Total payments in the year to 30 June 2024 were \$41.8 billion, while the payments in the 3 months to 30 September 2024 were \$11.5 billion (Figure 28).

The increasing number of participants benefiting from the NDIS contributes to the increase in payments.

Figure 28: Total payments (\$m) for financial years ending 30 June



⁷⁷ Total NDIS costs are presented by financial year on an accrual basis, sourced from the NDIA financial accounts. The NDIS costs figure is made up of total NDIS expenses, less NDIS grant payments, write-downs and write-offs. The NDIS and NDIA costs for the 2024–25 financial year are a provisional result and subject to further changes, including the Australian National Audit Office audit.

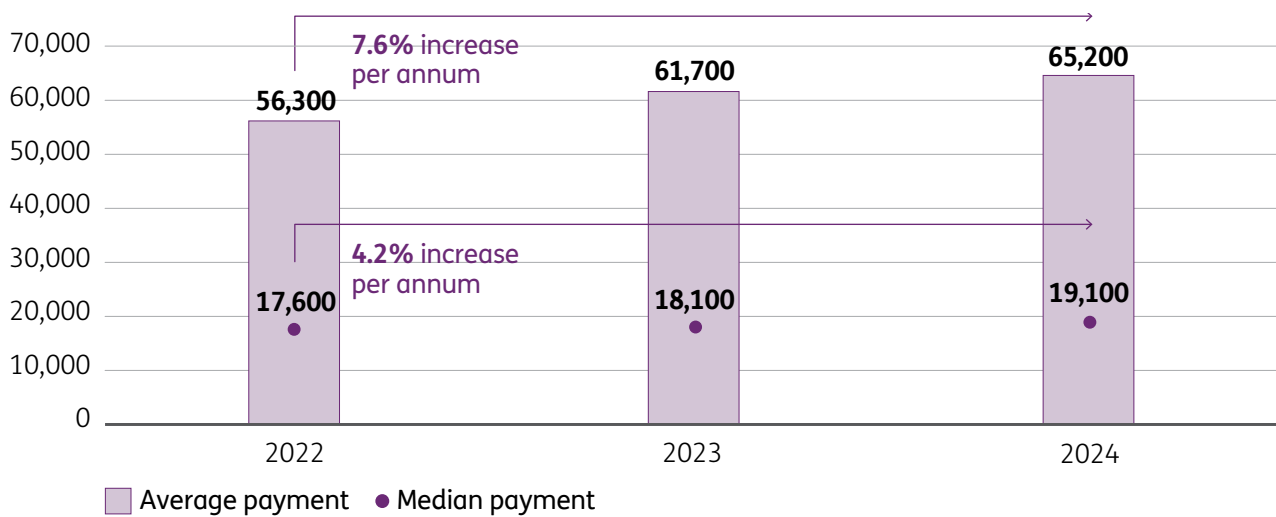
5.2 Average and median payment trends

Average and median payments per participant have increased by 7.6% and 4.2% per annum respectively over the past 2 years.

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

Trends in average and median payments per participant between 1 October 2022 and 30 September 2024 indicate that average payments have increased by 7.6% per annum, and median payments have increased by 4.2% per annum (Figure 29).

Figure 29: Average and median payments for years ending 30 September



5.3 Average plan budget trends

Average plan budgets have also increased over time for all participants. A bigger increase was observed for participants in SIL.

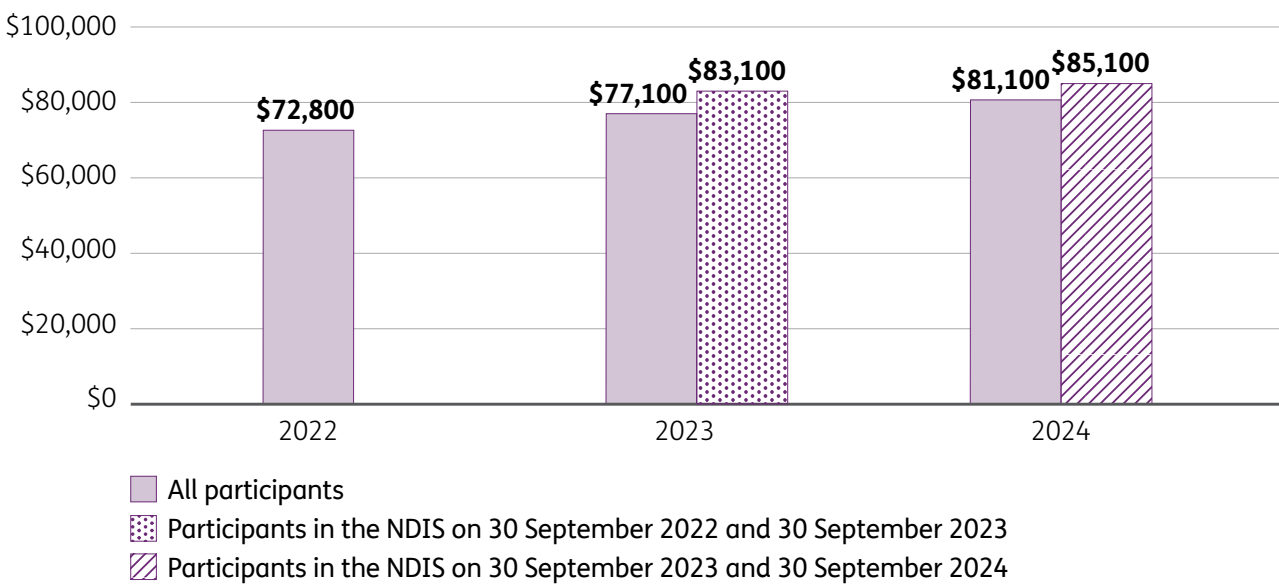
In addition to average payments increasing over time, average plan budgets have also increased over time.

Specifically, over the 2-year period to 30 September 2024 average plan budgets have increased by:

- **5.5%** per annum for all participants
- **9.4%** per annum for participants in SIL
- **3.6%** per annum for participants not in SIL.

Average plan budgets of participants continuing in the NDIS are higher than the overall average (Figure 30). For example, for these existing participants who were in the NDIS at 30 September 2022 and at 30 September 2023, the average plan budget increased from \$72,800 to \$83,100 (14.1%).

Figure 30: Average annualised plan budgets for years ending 30 September



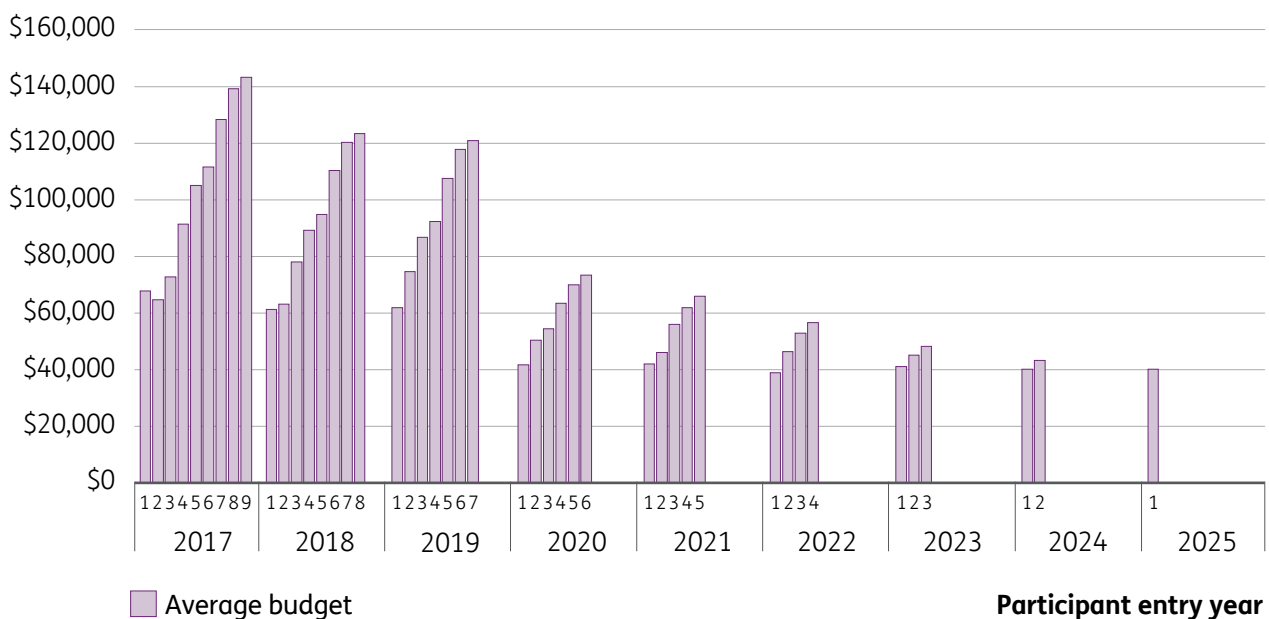
As the mix of participants (across various characteristics) has changed over time, understanding trends in average plan budgets for the same group of participants over time is important.

Figure 31 shows participants grouped into cohorts based on the year they entered the NDIS and the trend in average plan budgets based on the number of years in the NDIS. For example, average plan budgets for participants who entered the NDIS in the year ending 30 June 2018 increased from \$61,300 for their first year to \$123,300 for participants who have been in the NDIS for 8 years.

Section 5: Financial sustainability

Average plan budgets for participants entering the NDIS in the year ending 30 June 2020 or later are lower relative to those entering the NDIS in earlier years. For example, those who entered the NDIS in the year ending 30 June 2020 had an average plan budget of \$41,500 for their first year, compared to a first-year budget of \$67,800 for participants who entered in the year ending 30 June 2017. This reflects a changing mix of participants over time with the earlier years prioritising the transition of participants from existing Commonwealth, state and territory government schemes into the NDIS. Conversely, in recent years there has been a growing proportion of younger participants entering the NDIS with disabilities such as developmental delay. Children, on average, have lower plan budgets than adults.

Figure 31: Average plan budgets by years of entry ending 30 June, and number of years in the NDIS



Plan reassessments and variations in plan budgets

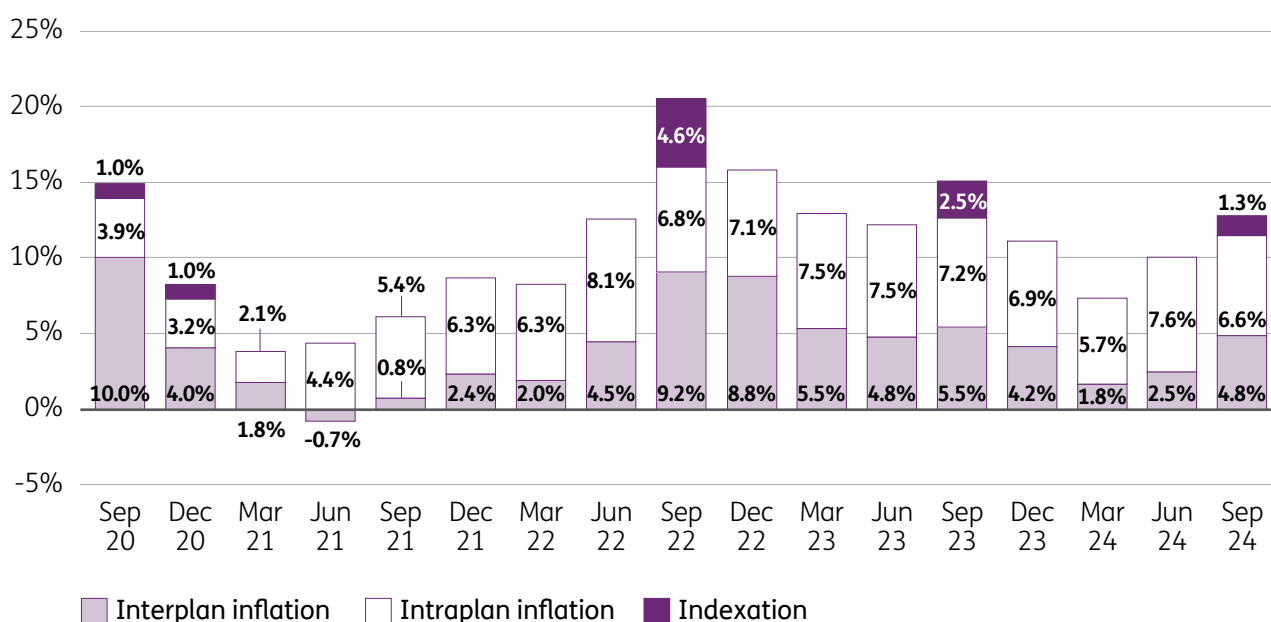
Plan reassessments may result in plan budgets varying for a variety of reasons. For example, one-off capital items may be included in one plan and not the next. Another example is an investment in capacity building (such as behavioural supports) leading to less need for core supports over time. The NDIA has published an [operational guideline on plan reassessments](#) that details the reasons a new plan could be different to a current plan.

Plan inflation

In the September 2024 quarter, total annualised plan inflation was 12.8%⁷⁸, of which 4.8% was due to changes at plan reassessment, and 8.0% was due to changes occurring within a plan between reassessments. The 8.0% includes a 1.35% one-off impact of the indexation of plans in July following the annual pricing review⁷⁹ (Figure 32).

The plan inflation of 12.8% per annum (11.5% excluding indexation) in September 2024 compares with plan inflation of 10.1% per annum in June 2024 and 7.5% per annum in March 2024. Inflation occurring at plan reassessment (interplan inflation) was 4.8% per annum, which compares with 2.5% per annum in June 2024, and 1.8% per annum in March 2024. Inflation occurring within a plan, between reassessments (intraplan inflation and excluding indexation), was 6.6% per annum, which compares with inflation of 7.6% per annum in June 2024, and 5.7% per annum in March 2024.

Figure 32: Annualised percentage change in plan budgets for active participants



At the individual level, plan budgets can vary significantly. In this financial year, taking into account total plan inflation, plans were more likely to increase rather than decrease.

During the 3 months to 30 September 2024, 9% of active participants had a plan reassessment. Figure 33 shows that of the plans reassessed:⁸⁰

- **59%** increased at reassessment by more than 5% (unchanged compared to the year to 30 September 2023)
- **18%** decreased by more than 5% (compared to **16%** in the year to 30 September 2023)
- **24%** remained within 5% (compared to **26%** in the year to 30 September 2023).

78 The annualisation calculation of inflation excludes the impact of plan indexation in July following the annual pricing review. The impact of this indexation is then explicitly added to the annualised calculation, which is a 1.35% one-off increase.

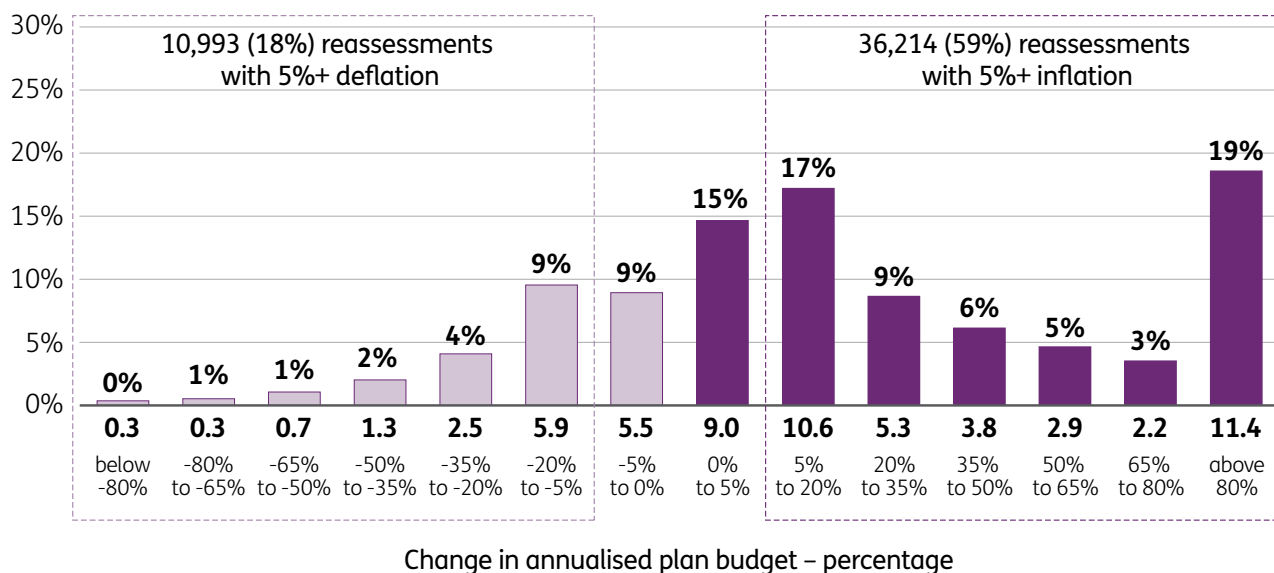
79 The APR saw price limit increases from 1 July 2024. Unspent portions of plan budgets were increased in line with new price limits to maintain the purchasing power of remaining plans. Due to this, there has been a one-off increase in intraplan and total inflation during the month of July 2024.

80 Numbers may add to more than 100% due to rounding.

Section 5: Financial sustainability

Of the plans that increased at reassessment, **19%** had their budgets increased by more than 80% (compared to **17%** in both the prior quarter and the year to 30 September 2023).

Figure 33: Distribution of the percentage change in annualised plan budgets for plans reassessed between 1 July 2024 and 30 September 2024⁸¹



5.4 Operating expenses

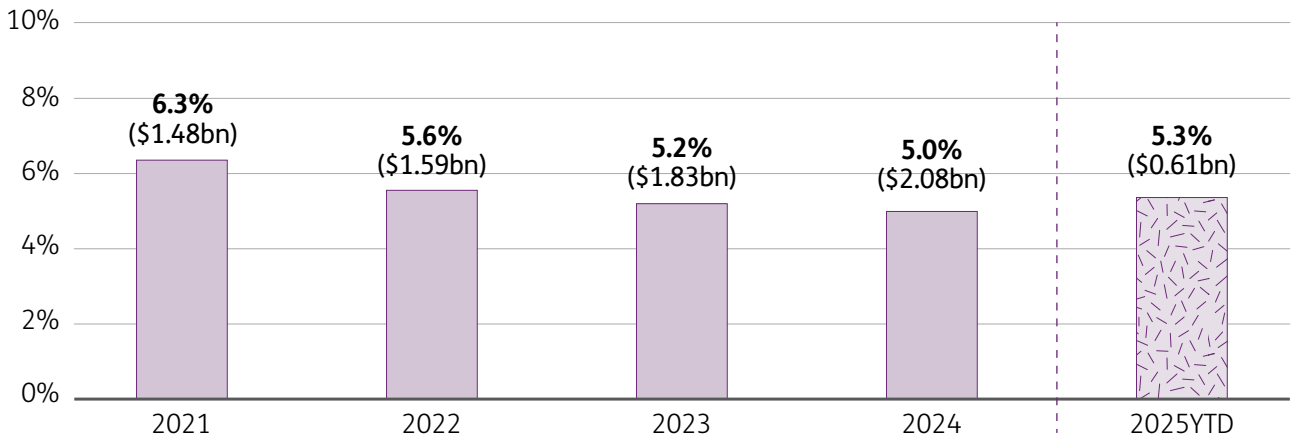
Operating expenses per participant have reduced over the past 4 years.

In addition to the money spent through participant plans on supports for participants, the NDIA receives funding for its operating expenses, including the NDIS general supports and paying staff wages. NDIA operating expenses for the year ending 30 June 2024 was \$2.08 billion, and \$612.7 million for the September 2024 quarter.

As a percentage of participant expenditure, operating expenses have decreased from 5.6% in 2021–22 to 5.2% in 2022–23 to 5.0% in 2023–24, and then increased to 5.3% in the 2024–25 year to date (Figure 34). The Productivity Commission, in its 2017 study report, suggests a range of 7% to 10% as an appropriate benchmark for NDIA operating costs.

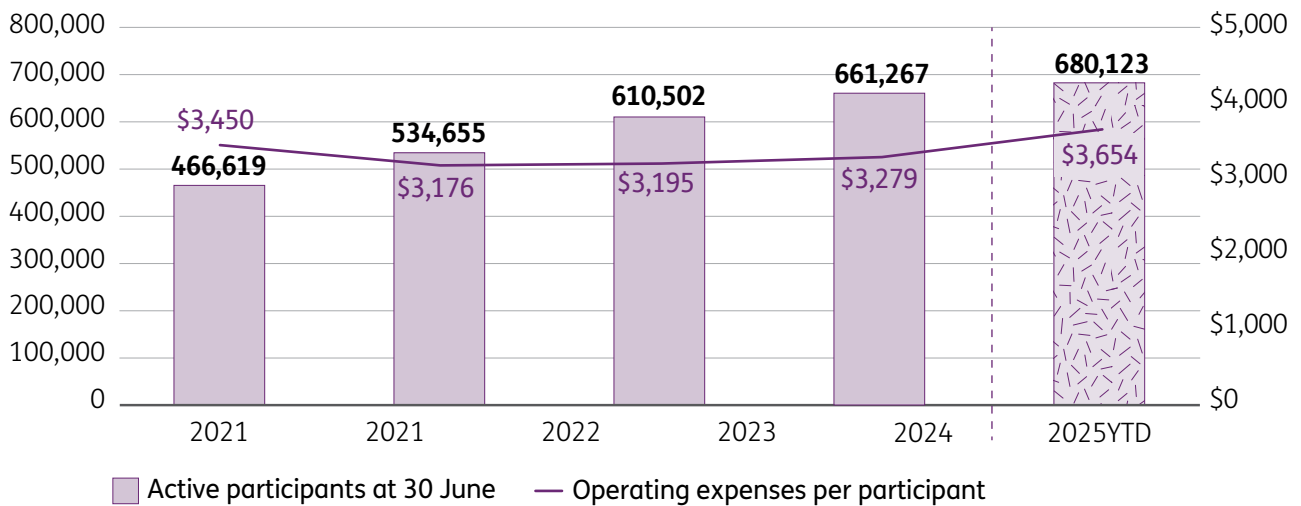
⁸¹ The number of plan reassessments (in thousands) in each inflation percentage band is shown at the bottom of each bar in the chart. The corresponding percentage of plan reassessments in each band is shown at the top of each bar in the chart.

Figure 34: Operating expenses as a percentage of participant costs for years ending 30 June

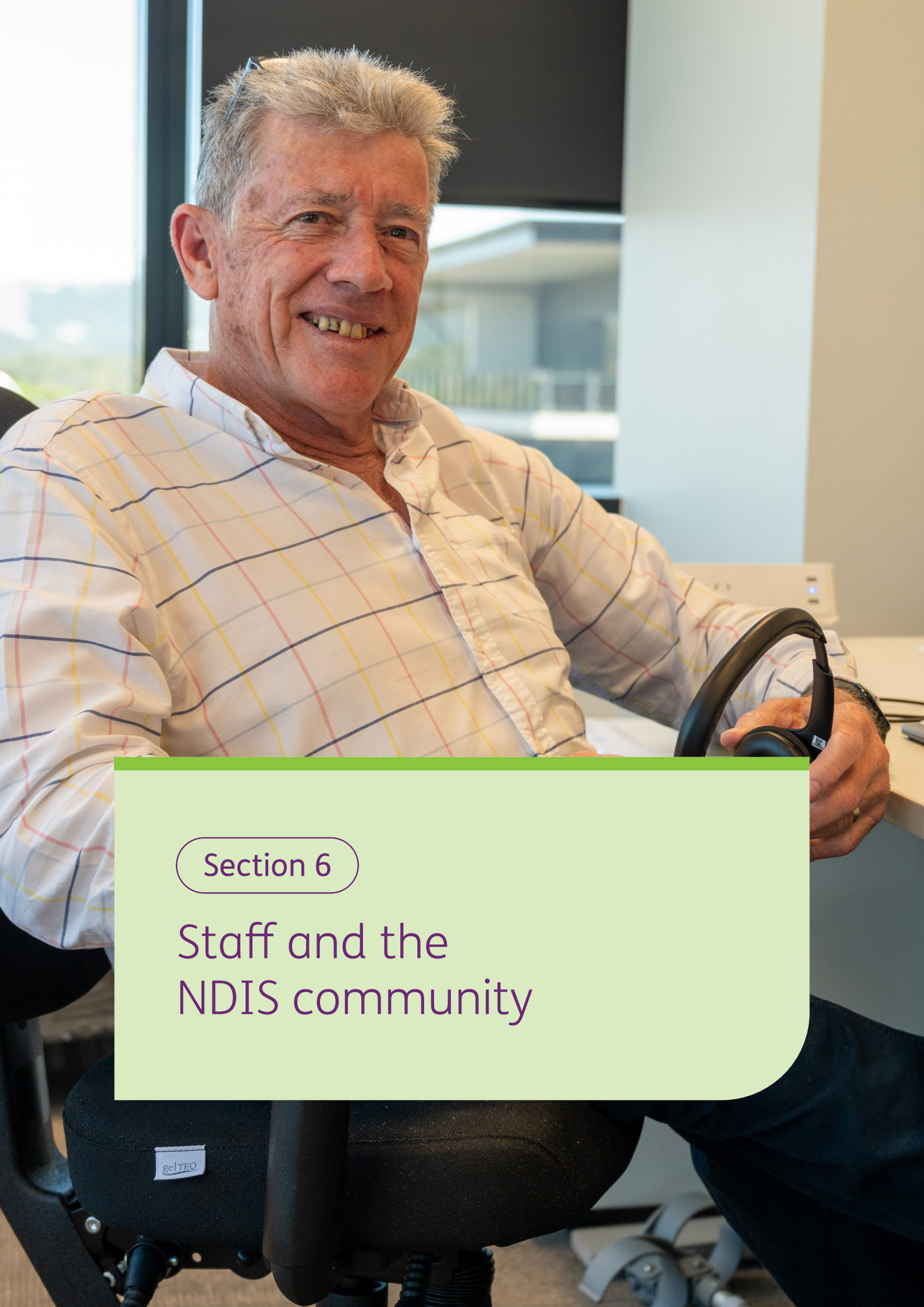


The annual operating cost per participant has increased from \$3,195 in 2022-23 to \$3,654 in the 2024-25 year to date (Figure 35).

Figure 35: Operating expense per participant for years ending 30 June⁸²



82 The average number of participants is a simple average of the 2 periods (opening and closing) on active participants. Cost per participant uses these average participant numbers as the denominator.



Section 6

Staff and the NDIS community



Mike says his NDIS funding helps him stay independent



Queenslander Mike has had his disability, arthrogryposis, since birth, is an NDIS participant and now an NDIA planner too.

‘It’s a rare condition that affects my mobility,’ he said. ‘Basically, I don’t have any leg muscles, so I use crutches and a custom knee-ankle foot orthoses to walk short distances, and my scooter for longer distances.’

‘I have hand controls fitted to my car and a crane attached to it to lift my scooter out. My independence means so much to me,’ he said. ‘I think the NDIS is terrific. It’s really helping a lot of people. It just makes life better.’

A former upholsterer by trade, Mike, started his full-time role 15 months ago in the National Call Centre (NCC).

‘It has been great working here. In the NCC I was able to help people understand a lot of the support and equipment out there and how it can help. I had several callers say to me, ‘You seem to know what you’re talking about with this equipment.’ I said, ‘I do. I use it.’

Mike has also had the opportunity to work as an access assessor and an eligibility reassessment officer. These roles have helped him to understand and build his knowledge around NDIS legislation and eligibility rules. Recently, he secured a role as a planner.

‘I’m really excited about my new planning role. I think I can really help participants with my lived experience of disability. Having had therapies and used equipment, I feel I’ve got a pretty good understanding about what people would benefit from,’ he said.

‘I’ve learned we look at plans holistically and I’ve learned how we set them out and come to each decision. One day, I’d like to work in the Assistive Technology (AT) team.’

Mike said he’s also grateful his funding has helped make some necessary changes to his home.

‘My NDIS funding has helped me so much. I’ve got everything I need to keep me independent,’ he said.

[Read Mike’s full story on our website.](#)

The NDIA's diverse workforce and commitment to public data sharing enhances its engagement with participants and the sector.

6.1 Workforce diversity, inclusion and engagement

| The NDIA is committed to fostering an accessible and inclusive workplace.

As at 30 September 2024, the total NDIS workforce was 17,162, including 8,688 Australian Public Service (APS) employees and 2,233 labour hire workers and contractors. A further 6,241 people are employed by NDIS partners in the community and National Contact Centre partners.

The NDIA is committed to delivering continuous improvement initiatives to support staff with disability in the workplace. As an employer of choice, the NDIA co-designs individual projects alongside staff with disability and the Employee Disability Network.

This quarter, the NDIA has delivered inclusivity improvements to its recruitment processes. This includes interview questions being provided to candidates 24 hours in advance and the trial of accessible candidate information packs.

Additionally, key performance indicators for promoting and prioritising an accessible and inclusive workplace are now included in the annual performance plans of senior executive staff.

This will help senior executives to embed culturally safe, respectful and inclusive practices, and ensure that the NDIA is a model employer that sets the standard for equity, inclusion and diversity.

6.2 Public data sharing and the latest release of information

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

Data about the NDIS is shared publicly on the [NDIS website](#) each quarter, including interactive tools, downloadable files, reports and analyses.

In this quarter, the following updated data files were released:

- the [accompanying data supplements](#) to the quarter 4 2023–24 Quarterly Report
- [datasets](#) containing detailed data updates across participant, provider and market categories
- the latest [participant dashboards data](#). This release shares quarter 4 data for 15 disability types in the NDIS.

On 23 July 2024, the latest [Health and wellbeing](#) report was released. The report compares health and wellbeing measures of participants and their families and carers when they enter the NDIS with the general population.

The latest [Participant, families and carer outcomes reports](#) to 30 June 2023 were publicly released on 13 September 2024. The report shares key results from survey responses gathered from participants, their families and carers about how their lives are changing since becoming involved with the NDIS.

On 19 September 2024, [explore data](#), an interactive visualisation tool, was updated with quarter 4 data on participant, provider and market demographics.

Several in-depth reports and analyses have also been released in previous quarters and are available on the [NDIS website](#).

6.3 Integrity of the NDIS

| The NDIA is committed to making it easier to get it right, harder to get it wrong.

Fraud Fusion Taskforce and Crack Down on Fraud program

In the September 2024 quarter, there was a continued focus on increasing safety and outcomes for participants by improving the integrity of providers and the NDIS. Integrity interventions are being co-designed with sector representatives in the Integrity Working Group.

The Australian Government funded the multi-agency Fraud Fusion Taskforce (FFT) for \$126.3 million. The FFT commenced in November 2022 and aims to identify and respond to fraud and compliance risks to improve the integrity of the NDIS and other Government payment programs.

The Aged Care Quality and Safety Commission and the Tax Practitioners Board recently joined the FFT, bringing the number of FFT member agencies to 21. The FFT is developing a scalable and repeatable assurance and prevention model to facilitate payment integrity across Government services.

This work has been further supported by the initial \$83.9 million investment made by the Australian Government on the Crack Down on Fraud (CDoF) program.

The CDoF program will implement system improvements in the NDIA to strengthen the prevention and detection of and response to fraud – making it easier for providers to get it right and harder to get it wrong. The solutions are designed to respond to areas of vulnerability identified by the FFT.

Integrity initiatives this quarter

In the September 2024 quarter, the integrity program continued to implement measures to address emerging and high-risk integrity issues.

The following integrity initiatives were delivered:

- **Plan manager payment locks** – Payment locks against plan managers with potential risk indicators has continued this quarter. Payment locks have now been implemented on almost 800 plan managers, which enables the NDIA to manually review claims before releasing funds. As NDIA systems mature, the NDIA will apply this approach to additional providers.
- **Mandatory Australian Business Number (ABN) field for self-managed claims** – The ABN field is now mandatory in NDIS participant portals and the NDIS mobile app when making a claim. This provides more information and evidence for the NDIA to assess claims and builds a foundation for preventing fraud and better data analytics.
- **Short-term accommodation** – Over 100 short-term accommodation providers were engaged through an integrity campaign focused on detecting use of NDIS funds for holidays, leading to over \$1 million in payments being cancelled this quarter.
- **Remote areas integrity uplift** – The NDIA is improving its response to tip-offs about fraud in remote and very remote areas. This is in line with a broader set of improvements to how the NDIA works in remote and very remote areas. The remote areas integrity uplift is being piloted in selected locations and aims to ensure that community members feel safe to make tip-offs, and that these are acted upon promptly and effectively.

Integrity outcomes this quarter

This quarter, the NDIA Pre-Payment Team reviewed over 8,000 claims from providers, plan managers and participants, with a total value of more than \$33 million. A risk-based assessment process is used to identify high-risk claims and non-compliance. Over 50% of the claims reviewed, by value, were rejected or cancelled. Not all rejected claims were fraudulent. Reasons for rejection include:

- the claimant was unable to adequately substantiate the claim
- the same claim was submitted twice
- the support was not delivered to the participant
- the claim does not align with the participant plan.

Many of the reviews have now triggered more serious payment locks, historic audits or investigations. The increased use of payment locks has prevented claims being made by providers and participants with significant integrity issues. Through payment locks, over 32,000 claims totalling over \$19 million were held for review. Claiming from these specific providers and participants has reduced or ceased.

The NDIA received over 5,000 tip-offs through a new web-based form, representing 67% of all tip-offs received. Tip-offs continue to increase in quantity and quality, with over 7,500 tip-offs received this quarter, compared to 5,455 for the same quarter in 2023–24.

Partnering with other FFT agencies continues to result in increased multi-agency interventions against organised crime syndicates targeting the NDIS. In particular, partnering with the NDIS Quality and Safeguards Commission has prevented inappropriate registrations and expedited deregistration and banning orders.

Operational case outcomes

- As of 30 September 2024, the Fraud Investigations Branch is working on 68 active investigations. These cases have a combined estimated fraud value of \$35.5 million. Sixteen of these active cases are currently being prosecuted, with a total of 27 offenders before the courts.
- In August 2024, a person who had been found guilty of conspiring was convicted and sentenced to an Intensive Correction Order of 18 months, with a reparation order of \$29,330.
- In September 2024, a registered provider (sole trader) pleaded guilty to fraud against the NDIS for over \$1 million, relating to false claims against the NDIS plans of 13 participants for services that were not provided and for overcharging for the delivery of limited services.
- In September 2024, a person involved in colluding to defraud the NDIS was sentenced to 10 months imprisonment after being found guilty of dealing with proceeds of crime with a fraud value of \$69,000. Sentencing for other family members related to this case will occur over coming months.

Endnotes

- 1 This is the net increase in the number of active participants in the NDIS each period, noting some participants have left the NDIS.
- 2 There were 17,261 participants aged 0 to 64 years with a gender of 'Other' at 30 September 2024. The participants for this group are included within the total rates, but not the gender-specific participation rates.
- 3 More recent estimates from the Australian estimated resident population have been adopted since the June 2024 report. The restated estimated population reduces the participation rates, more so between the ages of 0 and 6, where the restated participation rates are lower by 0.18 percentage points, and 8 to 10 and 19 to 24, where the restated participation rates are lower by 0.12 percentage points.
- 4 For some participants, the identification as First Nations or CALD is not known.
- 5 This compares to 8% of the Australian population identifying as First Nations peoples who have a need for assistance. Source: Census of Population and Housing 2021 ('Need for Assistance' variable), Persons Place of Usual Residence, by Indigenous Status.
- 6 The percentage of CALD participants excludes participants who identify as First Nations peoples. 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. The number of participants for whom the CALD identification is not known is impacted by changes in processes in 2023.
- 7 This compares to 2% of the Australian population living in remote or very remote areas. Source: Census of Population and Housing 2021, Persons Place of Usual Residence, by Remoteness Area.
- 8 The Explore data webpage <https://data.ndis.gov.au/explore-data> has detail on the numbers of CALD participants and remote and very remote participants.
- 9 Excludes 112 First Nations peoples aged 50 to 64 years.
- 10 This includes all people who were under 65 years at the time of leaving aged care. It excludes participants who are deceased or have left the NDIS.
- 11 Excludes 114 First Nations peoples aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.
- 12 Excludes 60 First Nations peoples aged 50 to 64 years.
- 13 The number of children accessing early connections is now being reported as a 'throughout the quarter' figure rather than an 'end of month' figure to better reflect the number of children supported by the early childhood approach.
- 14 The results are based on responses provided to the outcomes framework questionnaires. Responses are collected at entry to the NDIS (baseline) and at subsequent plan reassessments.
- 15 This section compares baseline indicator results when participants entered the NDIS, with results measured at the most recent participant plan reassessment for each respondent. Trial participants are excluded.
- 16 The participant age reported in this section is as per their latest plan reassessment.
- 17 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 18 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 19 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 20 Some of the increase is due to participants leaving school and starting work. As the NDIS matures it will be possible to analyse the extent to which the percentage gap increases.
- 21 Some of the decrease for older age groups is due to participants retiring from the workforce.
- 22 Some of the decrease for older age groups is due to participants retiring from the workforce.
- 23 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 24 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 25 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 26 The answer options for perceptions on whether the NDIS has helped have been expanded in the data collections from November 2023, with 'Yes' expanded to include 'Yes, a lot' and 'Yes, a bit'. Choosing either of these two options is counted as a positive response.
- 27 The percentage increases are higher than those reported in last quarter's figures, due to previously not capturing all responses.
- 28 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 29 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 30 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 31 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.

Endnotes

- 32 Figures have been rounded to the nearest whole percentage; differences are calculated from unrounded metrics.
- 33 Noting that the education and housing systems have a major role to play in the lifelong learning and home domains.
- 34 Appendix B details the performance measurement approach.
- 35 Respondents include participants of the NDIS, prospective participants, and people with disability engaging with the NDIS through community connections and early supports.
- 36 For the September 2024 quarter, performance is measured from available data on processes and dates in the new computer system. Milestones being built into the new computer system will improve the capture of performance data.
- 37 The time taken for participants to respond to requests for further information has been removed from the duration.
- 38 An application is considered closed if the application is cancelled or rejected, a participant is declined all home and living supports, or the application won't progress to implementation (e.g. participant deceased, participant chooses not to proceed). An application is considered implemented once a participant has a new approved plan.
- 39 For the September 2024 quarter, 1,320 of the 7,000 applications that were closed or implemented had no data on the closure date and were excluded from the percentage of applications closed or implemented within 90 days.
- 40 Applications that have been closed or implemented with no data on the closure date have been excluded from the percentages of applications closed or implemented within 90 days.
- 41 The NDIA is waiting on additional information from participants for 138 out of the 1,643 applications awaiting a decision.
- 42 Applications on hold are excluded from the in-progress applications.
- 43 It is possible to record multiple related parties as the source of a complaint. In some cases, different complainant types (participants, providers or other parties) are linked to a single complaint. As a result, the sum of participant complaints, provider complaints and other complaints is higher than the total number of complaints.
- 44 Numbers of complaints reported for the most recent quarter may still increase to the extent there is a lag in data collection.
- 45 Numbers may change as complaints reporting in the new computer system is refined, including identifying complaints lodged via multiple channels.
- 46 The number of PCIs in the current quarter may change in the future as the method of identifying PCIs in the new computer system is further enhanced. The number of PCIs reported for the past 6 months may still increase, as there is a lag in data collection.
- 47 Short plans (plans with a duration less than or equal to 30 days) have been excluded. The number of plan reassessments in historical periods has been updated with retrospective data changes.
- 48 The numbers of RoRDs in the March 2024 and June 2024 quarters are higher than reported at 30 June 2024 due to retrospective changes in the data.
- 49 The higher-than-usual volume of withdrawn RoRDs starting in the March 2024 quarter is due to an internal mechanism whereby requests with errors are withdrawn then recreated as new cases.
- 50 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.
- 51 Further information about the AAT process can be found on the [AAT website](#).
- 52 Data on supports is shown with a one-quarter delay, due to the lags in recording the support in dispute.
- 53 Underlying total response numbers may differ across different questions in each stage due to the exclusion of 'Prefer not to say' and 'Not applicable' responses. The count is the total unique respondents in each stage.
- 54 These results are based on 163 surveys of early supports, 1,248 surveys of community connections, 1,191 of applying for the NDIS, 3,540 of plan approval, 4,378 of plan implementation and 6,263 of plan reassessment, which is 16,783 in total.
- 55 Calls offered are the number of calls made to the NCC, including calls answered as well as calls abandoned.
- 56 From December 2023, the volume of webchats offered has been estimated. This is because of reporting issues with the NDIA's new webchat functionality that was implemented in November 2023. The NDIA has identified instances where a webchat was offered but not connected to a contactor or no contact was received from the requestor. These instances were removed to estimate the webchat volume.
- 57 This represents total payments on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments were \$43.2 billion.
- 58 Includes therapy services.
- 59 Total includes \$7 million of payments with no support category.
- 60 This figure excludes participants who have opted to have part of their plan self-managed.

Endnotes

- 61 Includes cash and in-kind payments.
- 62 Active providers refer to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with an invalid Australian Business Number (ABN).
- 63 Includes cash and in-kind payments.
- 64 Plan management fees, which are NDIA-managed payments, are reclassified as a plan-managed payment for the purpose of counting providers. Therefore, the count of NDIA-managed providers excludes providers that only received plan management fees and no other NDIA-managed payments.
- 65 The number is understated as provider information for self-managed participants is provided on a voluntary basis. In the September 2024 quarter, provider information was provided for 24% of all self-managed payment transactions.
- 66 'Active providers' refers to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with an invalid Australian Business Number (ABN).
- 67 Registration status of a provider may change between 'registered' and 'unregistered' during the quarter.
- 68 'Active providers' refers to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with an invalid ABN.
- 69 \$45 million of payments made to providers with 'unknown' registration status have not been included in this chart.
- 70 Registration status is determined as at the posting date of payment. Some providers may be counted more than once if they changed registration status during the quarter.
- 71 The historical number of plan managers does not take into account any revisions in their registration status.
- 72 The historical number of plan managers does not take into account any revisions in their registration status.
- 73 To deal with an accumulated backlog of payments, the NDIA has made off-system payments directly to providers. The \$205 million total SDA payments made in the year ending on 30 September 2022 includes off-system payments of \$10.5 million made in June 2022.
- 74 The average SDA payments figure has been updated with the number of participants using SDA as the denominator. The updated average SDA payments figure is now higher than previous reports which used the number of participants with SDA funding as the denominator. The average SDA supports figure continues to use the number of participants with SDA funding as the denominator.
- 75 Evidence of SDA in use is estimated based on SDA payments, SDA service bookings and address matching to an enrolled SDA dwelling. Future enhancements to the PACE system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.
- 76 SDA eligible participants are participants who have been found eligible for SDA through the home and living application process or through legacy system processes but have SDA funding in their plan.
- .
- 77 Total NDIS costs are presented by financial year on an accrual basis, sourced from the NDIA financial accounts. The NDIS costs figure is made up of total NDIS expenses, less NDIS grant payments, write-downs and write-offs. The NDIS and NDIA costs for the 2024-25 financial year are a provisional result and subject to further changes, including the Australian National Audit Office audit.
- 78 The annualisation calculation of inflation excludes the impact of plan indexation in July following the annual pricing review. The impact of this indexation is then explicitly added to the annualised calculation, which is a 1.35% one-off increase.
- 79 The APR saw price limit increases from 1 July 2024. Unspent portions of plan budgets were increased in line with new price limits to maintain the purchasing power of remaining plans. Due to this, there has been a one-off increase in intraplan and total inflation during the month of July 2024.
- 80 Numbers may add to more than 100% due to rounding.
- 81 The number of plan reassessments (in thousands) in each inflation percentage band is shown at the bottom of each bar in the chart. The corresponding percentage of plan reassessments in each band is shown at the top of each bar in the chart.
- 82 The average number of participants is a simple average of the 2 periods (opening and closing) on active participants. Cost per participant uses these average participant numbers as the denominator
- .

ndis

ndis.gov.au

National Disability Insurance Agency



Telephone 1800 800 110



Webchat: [ndis.gov.au](https://www.ndis.gov.au)

Follow us on our social channels



For people who need help with English



TIS: 131 450

For people who are deaf or hard of hearing



TTY: 1800 555 677



Speak and Listen: 1800 555 727



National Relay Service: [relayservice.gov.au](https://www.relayservice.gov.au)

Appendix A:

Key definitions

Access request: A formal request by an individual for a determination of eligibility to access the Scheme.

Access requirements: The criteria someone must meet to become a participant in the NDIS. The access requirements are: age (under 65 years); residency (live in Australia and be an Australian citizen or have paperwork to live here permanently); disability: a disability which is permanent and significant, or early intervention (support is required early to help reduce the future needs for supports).

Active participant: Those who have been determined eligible and have an approved plan. (There are also cases where a participant's plan has expired and a new plan has not formally commenced, but they have not exited the Scheme. These individuals are also counted as active participants).

Active provider: A person or provider of supports who has received payment for supporting participants within the reporting period.

Administrative Appeals Tribunal (AAT): An independent body that conducts reviews of administrative decisions made under Commonwealth laws.

Agency-managed: Where a registered NDIA provider makes a claim for a support item directly from the NDIA, without a Plan Manager as intermediary.

Assistive Technology (AT): The full range of technological solutions that allow people with disability to be more independent and more connected. The primary purpose of AT is to maintain or improve an individual's functioning and independence to make participation possible (at home, school, workplace and/or community) and to enhance overall well-being.

Average annualised committed supports: Annualised committed supports divided by the number of active participants. The annualised committed supports are the committed supports (on the current plan) scaled to a 12 month period.

Average payments: Average payments are calculated as the sum of the payments in the 12 months prior to the date of the report, divided by the average number of participants that are active per working day in each month over the same period.

Bilateral Agreement: An agreement between the Commonwealth and a State or Territory that formalises the commitments of each government in relation to NDIS.

Bilateral estimates: Estimates for the number of people expected to enter the NDIS by quarter in each State and Territory. These figures are estimates only.

Carer: Someone who provides personal care, support and assistance to a person with a disability and who is not contracted as a paid or voluntary worker.

Committed support: The cost of supports contained within a participant's plan, approved to be provided to support a participant's needs. In some sections of this report, this amount is annualised to allow for comparison of plans of different lengths.

Complaints: An expression of dissatisfaction indicating that an experience with the NDIA or a related entity is displeasing or unacceptable and requires a resolution.

Culturally and Linguistically Diverse (CALD): Country of birth is not Australia, New Zealand, the United Kingdom, Ireland, the United States of America, Canada or South Africa, or primary language spoken at home is not English. From September 2021, it excludes participants identifying as being part of First Nations Peoples.

Early Childhood Approach (ECA): The nationally consistent early childhood approach is for children younger than 6 with developmental delay or younger than 9 with disability. Children younger than 6 who do not fully meet the definition of developmental delay and have developmental concerns will also be supported through the early childhood approach.

Early Connections: Early connections are part of the nationally consistent early childhood approach, to support children younger than 9 and their families. Early childhood partners link children and families to practical information, mainstream and community supports, and peer supports. Eligible children who are younger than 6 and have developmental concerns may also undertake a short-term program of early supports with the early childhood partner, designed to build capacity of the child and family and promote everyday learning. Depending on individual circumstances, a child may move through the early connections program to become an NDIS participant on either the permanent disability criteria of the NDIS Act (s.24) or the early intervention criteria of the NDIS Act (s.25).

First Nations Peoples: Identified as Aboriginal and/or Torres Strait Islander.

Individualised Living Options (ILO): Give people with disability more choice about where they live, who with and how they can use their NDIS funding. ILO funding supports participants to live where they choose, increase their independence and maximise their social and economic participation.

In-kind: Existing Commonwealth or State/Territory government programs delivered under existing block grant funding arrangements.

Internal Review of Decision request: An internal review of a decision the NDIA has made about participants under the NDIS Act (s.100).

Mainstream services: The government systems providing services to the Australian public e.g. health, mental health, education, justice, housing, child protection and employment services.

Market: Under the NDIS, the market is the place where participants and providers interact to trade for disability supports.

National Disability Insurance Agency (NDIA): The Commonwealth government organisation administering the NDIS.

National Disability Insurance Scheme (NDIS): Provides support for Australians with disability, their families and carers. In this report the NDIS is also referred to as 'the Scheme'.

On paid provider: A provider of supports paid by a participant or plan manager.

Outcomes framework questionnaires: One way in which the NDIA is measuring success for people with disability across 8 different life domains.

Paid Provider: A provider with a bank account into which the NDIA has made a payment. For Agency-managed payments this will be the support provider. For plan-managed payments this will be

the plan manager. For self-managed payments there is no paid provider as the participant is paid instead.

Participant: An individual whose access request has been determined 'eligible'. A participant can be made eligible under the permanent disability criteria of the NDIS Act (s.24) or the early intervention criteria of the NDIS Act (s.25).

Participant Critical Incident (PCI): Circumstances or information about allegations of serious harm occurring to a participant.

Participant Provider Pathway: The process by which participants, their families, carers and providers interact with the NDIS.

Participant Reassessment Request (PRR): A review of a participant's plan requested by the participant under the NDIS Act (s.48).

Payment: Made to participants or their nominees for supports received as part of a participant's plan, and to providers on behalf of participants as part of a participant's plan.

Plan: A written agreement worked out with each participant, stating their goals and needs and the reasonable and necessary supports the NDIS will fund for them.

Plan Manager: A Plan Manager must be a registered provider who is approved in relation to managing the funding of supports under plans mentioned in the NDIS Act s70(1)(a) (NDIS Act s9).

With respect to a payment request, a plan manager is any provider that has submitted claims associated with a plan managed budget/payment OR a provider that has submitted claims for plan management fees under the Choice and Control budget.

Pricing: Guidance on the price to be paid for each support item. For some items, such as personal care and community access, the amount indicates the maximum price the NDIA will pay for that support.

Provider of support / Support provider: The provider responsible for the provision of disability supports for a NDIS participant. With respect to a payment request, the support provider is the provider paid by the NDIA for Agency-managed payments (paid provider). For self and plan-managed payments the support provider is the provider paid by the participant or plan manager respectively (on paid provider).

Registered provider: An approved person or provider of supports that has registered as a provider with the NDIS Quality and Safeguard Commission.

Revenue: The amount received from both States/Territories and the Commonwealth governments for participant supports as outlined in the bilateral agreement. This includes both cash and in-kind amounts.

Specialist Disability Accommodation (SDA): Accommodation for people who require specialist housing solutions, including to assist with the delivery of supports that cater for their extreme functional impairment or very high support needs.

SDA does not refer to the support services, but the homes in which these are delivered. SDA may include specialist designs for people with very high needs or may have a location or features that make it feasible to provide complex or costly supports for independent living.

Supported Independent Living (SIL): Help with and/or supervision of daily tasks to develop the skills of an individual to live as independently as possible. Assistance provided to a participant will be included as part of their plan depending on the level of support they require to live independently in the housing option of their choice.

Unregistered provider: A provider of supports that has not registered as a provider with the NDIS Quality and Safeguards Commission. An unregistered provider can support participants that are plan-managed or self-managed.

Appendix B: Outcomes framework questionnaires

About the outcomes framework questionnaires

The NDIS outcomes framework questionnaires measure the medium and long-term benefits of the Scheme to participants. These questionnaires are one way the NDIA is measuring Scheme outcomes. The questionnaires collect baseline measures when participants enter the Scheme, and track future outcomes against baseline measures to assess progress. Baseline measures were collected from 98% of participants who received their initial plan since 1 July 2016.

The information collected from participants tracks how they are progressing across 8 life domains:

Choice and Control: Includes independence, decision-making and whether the participant would like to have more choice and control in their life.

Relationships: Relates to whether a participant has someone to call on for practical advice or emotional support, about contact with family and friends and about relationships with staff.

Health and Wellbeing: Relates to health, lifestyle and access to health services.

Work: Explores participants' experiences in the workforce and goals for employment.

Daily Living Activities: Explores how independent participants are in 9 areas of daily living, for example shopping and home cleaning.

Home: Relates to participants' satisfaction in their home and whether they feel safe.

Lifelong Learning: Includes educational, training and learning experiences.

Social, Community and Civic Participation: Relates to hobbies, volunteering, involvement in community, voting, leisure activities and whether the participant feels they have a voice.

Information is also collected from families and carers of participants, for example in relation to family/carer employment.

The outcomes framework questionnaires adopt a lifespan approach to measuring outcomes, recognising that different outcomes will be important to participants at different stages of their life. The information is collected as participants enter the Scheme, and as their plans are reviewed, so that the NDIA can track the type of supports that lead to the best outcomes.

Table B.1: PSS questions mapped to PSC principles for reporting in the quarterly report

Engagement Principle		QRef	PSS question
Transparent	We will make it easy to access and understand our information and decisions	1.1	Was information easy to understand?
		1.2	Was communication in your preferred format?
		1.3	Were decisions and outcomes explained to you?
		1.4	Were your questions and concerns acknowledged?
Responsive	We will respond to your individual needs and circumstances	2.1	To what extent were your circumstances and needs considered?
		2.2	How well does your NDIS plan meet your needs?
		2.3	How well does your early supports plan meet your child's needs?
		2.4	To what extent is your NDIS plan helping you to meet your goals?
		1.4	Were your questions and concerns acknowledged?
Respectful	We will recognise your individual experience and acknowledge you are an expert in their own life	3.1	Were you treated with respect?
		3.2	To what extent were you included in decisions that were made?
		3.3	To what extent did the person you spoke with understand how your disability, delay or concern affects your day-to-day life?
		2.1	To what extent were your circumstances and needs considered?
Empowering	We will make it easy to access information and be supported by the NDIS to lead your life	4.1 ¹	Did you feel prepared for your [<i>plan implementation / check-in/ plan reassessment</i>] meeting?
		4.2	Do you feel confident in using your plan?
		4.3	Do you know where to go for more help with using your plan?
		2.4	To what extent is your NDIS plan helping you to meet your goals?
Connected	We will support you to access the services and supports you need	5.1	Were you able to connect with the NDIS in your preferred way?
		5.2	Do you feel confident in accessing supports?
		5.3	Are you happy with the providers of services and supports under your NDIS plan?
		5.4	How confident are you in reaching out to community supports and other government services?
		4.2	Do you feel confident in using your plan?
		4.3	Do you know where to go for more help with using your plan?

The result for each principle is the average of the aggregated PSS questions.

¹ Some PSS questions are consolidated questions based on two or more questions asked at different pathway stages but similar in nature (e.g. question 4.1).

Appendix C:

Approved plans and children accessing early connections

A detailed summary of children younger than 9 in the Scheme by State/Territory is shown in Table C.1, including children accessing early connections.

Table C.1 Summary of children younger than 9 who have approached the Scheme for support by jurisdiction and status ²

State/ Territory	Active approved plans (children younger than 9 as at 30 September 2024)	Access met but yet to have an approved plan (children younger than 9 as at 30 September 2024)	Access request (no decision)	Children without an access request - Accessing early connections	Total accessing early connections	Total	Number of children accessing early connections throughout the quarter
NSW	48,906	339	4,396	3,178	3,309	56,819	8,805
VIC	45,668	293	4,418	1,772	1,871	52,151	7,581
QLD	35,030	293	3,395	2,065	2,158	40,783	7,389
SA	11,981	72	936	655	680	13,644	1,805
WA	11,457	116	1,173	462	475	13,208	2,471
TAS	2,541	13	323	167	174	3,044	499
ACT	2,174	18	233	249	249	2,674	512
NT	1,554	48	69	32	40	1,703	168
OT	<11	0	0	0	0	<11	0
Missing	<11	0	16	18	18	<50	54
Total	159,326	1,192	14,959	8,598	8,974	184,075	29,284

² Early connections provide support for children younger than 9 and their families by linking them to practical information, mainstream and community supports, and peer supports. Eligible children who are younger than 6 and have developmental concerns may also undertake a short-term program of early supports with the early childhood partner.

Appendix D: State/Territory – comparison of key metrics

This supplement compares key metrics presented in this report by State/Territory.

The national rollout of the NDIA's new computer system and processes started as planned on 30 October 2023 and the report combines data from the old and new computer systems. The proportions of not stated First Nations status, not stated culturally and linguistically diverse (CALD) status, other gender, missing reported level of function, access met and first planning decisions and other disability types have been impacted by adaptation to the new computer system processes. There may be some minor restatements of information in this report as data is further refined.

Please also consider the following when interpreting results in this supplement:

Percentage figures have been rounded and may not always total to one hundred per cent.

Totals include participants with missing characteristics, where applicable.

Throughout the supplements, results are not adjusted for underlying differences in population characteristics, and hence comparisons of the results for subsections of the population should be interpreted with caution.

The disability group down syndrome is reported separately to the intellectual disability group.

The number of participants residing in remote and very remote areas are based on the Modified Monash Model (MMM) measure of remoteness.

Targets are not provided for 'parent and carer employment rate' and 'participant choice and control' as these are no longer NDIA corporate plan metrics.

An improving experience was first observed in the September 2024 quarter since late 2023, indicating that the NDIA's improvement initiatives are reducing complaint volumes.

Reported PCI figures exclude counts of 'withdrawn' or 'miscategorised' PCIs.

Active providers refer to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with a missing Australian Business Number.

Plan management fees, which are Agency-managed payments, are reclassified as Plan-managed payments for the purpose of counting providers. Therefore, the count of Agency-managed providers excludes providers that only received plan management fees and no other Agency-managed payments.

The number of self-managed providers is understated as provider information for self-managed participants is provided on a voluntary basis. In the September 2024 quarter, provider information was provided for 24.5% of all self-managed payment transactions.

Providers can offer support across multiple categories. Therefore, the total number of unique active providers will be lower than the sum of active providers across all support categories.

Average annualised committed supports are derived from total annualised committed supports in the current plans of active participants at 30 September 2024. Average payments are calculated as the sum of the payments in the previous 12 month period to 30 September 2024, divided by the average number of participants that are active per working day in each month over the same period. They have been rounded to the nearest hundred dollars. Figures are not shown if there is insufficient data in the group.

Total annualised committed supports refer to those in the current plans of active participants at 30 September 2024. Total payments refer to those paid over the 12 months to 30 September 2024.

The utilisation rate for the current financial year will likely increase due to a lag between when support is provided and when it is paid.

As needed additional masking has been applied to preserve masking of small counts.

Table D.1 Active participants at 30 September 2024 ³

State/Territory	Active participant plans (Count)	Active participant plans (Percentage)
NSW	202,154	29.7%
VIC	182,330	26.8%
QLD	146,354	21.5%
WA	59,224	8.7%
SA	58,135	8.5%
TAS	14,514	2.1%
ACT	11,141	1.6%
NT	6,181	0.9%
OT	69	0.0%
Missing	21	0.0%
National	680,123	100.0%

Table D.2 Number of active participant plans by age group at 30 September 2024

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 6	32,978	31,161	23,046	7,461	7,556	1,689	1,373	1,029	106,303
7 to 14	53,692	49,952	41,351	15,004	16,598	3,449	2,958	1,677	184,706
15 to 18	18,015	15,848	14,518	6,111	6,555	1,451	1,071	538	64,115
19 to 24	17,156	14,018	12,228	5,867	5,377	1,504	1,091	472	57,722
25 to 34	18,203	15,184	12,089	5,895	4,658	1,707	1,063	491	59,301
35 to 44	14,231	13,762	10,370	4,876	4,171	1,088	867	583	49,957
45 to 54	16,599	15,615	11,678	4,999	4,541	1,308	992	584	56,323
55 to 64	20,053	17,969	14,020	5,982	5,690	1,563	999	592	66,876
65+	11,227	8,821	7,054	3,029	2,989	755	727	215	34,820
Total	202,154	182,330	146,354	59,224	58,135	14,514	11,141	6,181	680,123

Table D.3 Proportion of active participant plans by age group at 30 September 2024

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 6	16%	17%	16%	13%	13%	12%	12%	17%	16%
7 to 14	27%	27%	28%	25%	29%	24%	27%	27%	27%
15 to 18	9%	9%	10%	10%	11%	10%	10%	9%	9%
19 to 24	8%	8%	8%	10%	9%	10%	10%	8%	8%
25 to 34	9%	8%	8%	10%	8%	12%	10%	8%	9%
35 to 44	7%	8%	7%	8%	7%	7%	8%	9%	7%
45 to 54	8%	9%	8%	8%	8%	9%	9%	9%	8%
55 to 64	10%	10%	10%	10%	10%	11%	9%	10%	10%
65+	6%	5%	5%	5%	5%	5%	7%	3%	5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

³ OT includes participants residing in Other Territories including Norfolk Island, Christmas Island and the Cocos (Keeling) Islands.

Table D.4 Number of active participant plans (participants in SIL) by age group at 30 September 2024

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 6	<11	<11	<11	<11	<11	<11	<11	<11	<11
7 to 14	<11	<11	<11	<11	<11	<11	<11	<11	<11
15 to 18	92	60	89	25	33	15	<11	<11	328
19 to 24	942	502	613	265	280	110	46	72	2,830
25 to 34	1,795	1,026	1,214	522	484	204	93	95	5,433
35 to 44	1,834	1,266	1,210	579	500	153	108	112	5,762
45 to 54	2,424	1,590	1,427	673	642	203	142	116	7,217
55 to 64	3,167	2,172	1,835	855	833	272	150	145	9,429
65+	1,590	909	805	397	401	135	80	43	4,361
Total	11,849	7,529	7,193	3,316	3,174	1,092	627	590	35,371

Table D.5 Proportion of active participant plans (participants in SIL) by age group at 30 September 2024

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 6	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
7 to 14	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
15 to 18	1%	1%	1%	1%	1%	1%	n/a	n/a	1%
19 to 24	8%	7%	9%	8%	9%	10%	7%	12%	8%
25 to 34	15%	14%	17%	16%	15%	19%	15%	16%	15%
35 to 44	15%	17%	17%	17%	16%	14%	17%	19%	16%
45 to 54	20%	21%	20%	20%	20%	19%	23%	20%	20%
55 to 64	27%	29%	26%	26%	26%	25%	24%	25%	27%
65+	13%	12%	11%	12%	13%	12%	13%	7%	12%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table D.6 Number of active participant plans (participants not in SIL) by age group at 30 September 2024

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 6	32,978	31,161	23,046	7,461	7,556	1,689	1,373	1,029	106,303
7 to 14	53,687	49,948	41,351	15,004	16,597	3,449	2,957	1,677	184,695
15 to 18	17,923	15,788	14,429	6,086	6,522	1,436	1,064	531	63,787
19 to 24	16,214	13,516	11,615	5,602	5,097	1,394	1,045	400	54,892
25 to 34	16,408	14,158	10,875	5,373	4,174	1,503	970	396	53,868
35 to 44	12,397	12,496	9,160	4,297	3,671	935	759	471	44,195
45 to 54	14,175	14,025	10,251	4,326	3,899	1,105	850	468	49,106
55 to 64	16,886	15,797	12,185	5,127	4,857	1,291	849	447	57,447
65+	9,637	7,912	6,249	2,632	2,588	620	647	172	30,459
Total	190,305	174,801	139,161	55,908	54,961	13,422	10,514	5,591	644,752

Table D.7 Proportion of active participant plans (participants not in SIL) by age group at 30 September 2024

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 6	17%	18%	17%	13%	14%	13%	13%	18%	16%
7 to 14	28%	29%	30%	27%	30%	26%	28%	30%	29%
15 to 18	9%	9%	10%	11%	12%	11%	10%	9%	10%
19 to 24	9%	8%	8%	10%	9%	10%	10%	7%	9%
25 to 34	9%	8%	8%	10%	8%	11%	9%	7%	8%
35 to 44	7%	7%	7%	8%	7%	7%	7%	8%	7%
45 to 54	7%	8%	7%	8%	7%	8%	8%	8%	8%
55 to 64	9%	9%	9%	9%	9%	10%	8%	8%	9%
65+	5%	5%	4%	5%	5%	5%	6%	3%	5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table D.8 Number of active participant plans by primary disability group at 30 September 2024

Primary disability group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Autism	72,516	64,028	56,433	22,840	24,846	5,353	4,171	1,494	251,718
Intellectual disability	28,918	25,322	17,355	8,125	8,124	2,746	1,316	1,096	93,018
Developmental delay	22,197	27,375	19,346	5,222	5,153	1,090	1,203	859	82,451
Psychosocial disability	19,196	20,221	12,413	5,553	3,978	1,167	1,164	605	64,306
Hearing impairment	8,611	7,158	6,540	2,420	2,054	508	457	235	27,984
Other neurological	7,458	5,697	5,070	2,406	1,817	515	429	227	23,622
Other physical	5,866	4,630	4,826	1,851	1,783	405	523	192	20,080
Acquired brain injury	5,145	4,926	4,308	1,685	1,820	488	232	321	18,928
Cerebral palsy	5,741	4,269	3,859	1,884	1,313	426	300	195	17,987
Global developmental delay	6,947	3,180	3,198	1,326	2,149	214	225	246	17,487
Down syndrome	3,750	2,871	2,480	1,138	807	304	225	106	11,684
Other	3,454	2,590	2,568	1,188	863	311	188	184	11,348
Multiple sclerosis	3,020	3,389	1,933	1,092	1,020	396	236	23	11,109
Visual impairment	3,299	2,995	1,929	920	832	209	189	72	10,445
Stroke	3,326	2,193	2,219	758	760	210	145	209	9,822
Spinal cord Injury	1,940	1,056	1,646	707	468	137	81	89	6,125
Other sensory/speech	770	430	231	109	348	35	57	28	2,009
Total	202,154	182,330	146,354	59,224	58,135	14,514	11,141	6,181	680,123

Table D.9 Proportion of active participant plans by primary disability group at 30 September 2024

Primary disability group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Autism	36%	35%	39%	39%	43%	37%	37%	24%	37%
Intellectual disability	14%	14%	12%	14%	14%	19%	12%	18%	14%
Developmental delay	11%	15%	13%	9%	9%	8%	11%	14%	12%
Psychosocial disability	9%	11%	8%	9%	7%	8%	10%	10%	9%
Hearing impairment	4%	4%	4%	4%	4%	4%	4%	4%	4%
Other neurological	4%	3%	3%	4%	3%	4%	4%	4%	3%
Other physical	3%	3%	3%	3%	3%	3%	5%	3%	3%
Acquired brain injury	3%	3%	3%	3%	3%	3%	2%	5%	3%
Cerebral palsy	3%	2%	3%	3%	2%	3%	3%	3%	3%
Global developmental delay	3%	2%	2%	2%	4%	1%	2%	4%	3%
Down syndrome	2%	2%	2%	2%	1%	2%	2%	2%	2%
Other	2%	1%	2%	2%	1%	2%	2%	3%	2%
Multiple sclerosis	1%	2%	1%	2%	2%	3%	2%	0%	2%
Visual impairment	2%	2%	1%	2%	1%	1%	2%	1%	2%
Stroke	2%	1%	2%	1%	1%	1%	1%	3%	1%
Spinal cord Injury	1%	1%	1%	1%	1%	1%	1%	1%	1%
Other sensory/speech	0%	0%	0%	0%	1%	0%	1%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table D.10 Number of active participant plans by other characteristics at 30 September 2024⁴

Characteristics	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
First Nations Participants	18,430	6,500	15,530	4,870	3,887	1,484	521	3,180	54,407
Culturally and linguistically diverse participants	21,741	20,765	7,599	4,611	4,006	368	1,050	339	60,495
Participants residing in remote and very remote areas	750	<60	1,329	2,745	1,053	172	<11	2,601	10,508
Younger people in residential aged care (under 65)	290	359	113	66	54	<30	<11	0	911
Participants with supported independent living	11,849	7,529	7,193	3,316	3,174	1,092	627	590	35,371
Participants using specialised disability accommodation	4,885	4,982	2,225	417	1,408	93	200	80	14,290
Participants specialised disability accommodation eligible, not yet using specialised disability accommodation	2,852	2,051	1,864	1,375	989	415	133	212	9,891

⁴ [For SDA in use] Evidence of SDA in use is estimated based on SDA payments, SDA service bookings and address matching to an enrolled SDA dwelling. Future enhancements to the PACE system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.

⁵ [For SDA eligible] SDA eligible participants are participants who have been found eligible for SDA through the home and living application process or through legacy system processes but have SDA funding in their plan.

Table D.11 Proportion of active participant plans by other characteristics at 30 September 2024 ^{6 7}

Characteristics	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
First Nations Participants	9.1%	3.6%	10.6%	8.2%	6.7%	10.2%	4.7%	51.4%	8.0%
Culturally and linguistically diverse participants	10.8%	11.4%	5.2%	7.8%	6.9%	2.5%	9.4%	5.5%	8.9%
Participants residing in remote and very remote areas	0.4%	0.0%	0.9%	4.6%	1.8%	1.2%	n/a	42.1%	1.5%
Younger people in residential aged care (under 65)	0.1%	0.2%	0.1%	0.1%	0.1%	0.2%	n/a	0.0%	0.1%
Participants with supported independent living	5.9%	4.1%	4.9%	5.6%	5.5%	7.5%	5.6%	9.5%	5.2%
Participants using specialised disability accommodation	2.4%	2.7%	1.5%	0.7%	2.4%	0.6%	1.8%	1.3%	2.1%
Participants specialised disability accommodation eligible, not yet using specialised disability accommodation	1.4%	1.1%	1.3%	2.3%	1.7%	2.9%	1.2%	3.4%	1.5%

Table D.12 Participation rates by gender at 30 September 2024 ⁸

Gender	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Male	3.5%	3.6%	3.7%	2.8%	4.5%	3.5%	3.0%	3.2%	3.6%
Female	2.0%	2.3%	2.3%	1.7%	2.7%	2.2%	1.9%	1.7%	2.1%
Total	2.8%	3.0%	3.1%	2.3%	3.7%	3.0%	2.5%	2.5%	2.9%

Table D.13 Participation rates by age group at 30 September 2024 ⁹

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 6	4.9%	5.6%	5.2%	3.1%	5.4%	3.9%	3.5%	4.0%	4.9%
7 to 14	6.6%	7.5%	7.4%	5.1%	9.6%	6.6%	6.3%	6.0%	7.0%
15 to 18	4.4%	4.8%	5.0%	4.2%	7.4%	5.2%	4.7%	4.1%	4.8%
19 to 24	2.8%	2.7%	2.9%	2.8%	4.0%	4.0%	2.7%	2.2%	2.9%
25 to 44	1.4%	1.4%	1.5%	1.3%	1.8%	1.8%	1.2%	1.2%	1.4%
45 to 64	1.9%	2.1%	1.9%	1.6%	2.3%	2.0%	1.9%	1.9%	1.9%
Total (aged 0 to 64)	2.8%	3.0%	3.1%	2.3%	3.7%	3.0%	2.5%	2.5%	2.9%

⁶ [For SDA in use] Evidence of SDA in use is estimated based on SDA payments, SDA service bookings and address matching to an enrolled SDA dwelling. Future enhancements to the PACE system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.

⁷ [For SDA eligible] SDA eligible participants are participants who have been found eligible for SDA through the home and living application process or through legacy system processes but have SDA funding in their plan.

⁸ Participation rate refers to the proportion of general population that are NDIS participants. A small proportion of participants aged 0 to 64 years have a gender of 'Other'. The participation rates for this group are included within the total rates.

⁹ Participation rate refers to the proportion of general population that are NDIS participants. A small proportion of participants aged 0 to 64 years have a gender of 'Other'. The participation rates for this group are included within the total rates.

Table D.14 Proportion of respondents rating their overall experience as good or very good in 2024-25 Q1

Agency planning process	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
The Early Supports Process	79%	57%	74%	n/a	n/a	n/a	n/a	n/a	69%
The Community Connections Process	69%	78%	73%	69%	77%	n/a	62%	n/a	73%
The Apply for NDIS Process (overall)	42%	41%	43%	44%	35%	31%	26%	n/a	41%
The Plan Approval Process	51%	50%	49%	51%	45%	64%	55%	60%	51%
The Plan Implementation Process	61%	56%	61%	57%	55%	66%	53%	58%	59%
The Plan Reassessment Process	62%	62%	62%	63%	59%	71%	59%	56%	62%

Table D.15 Progress against the NDIA's corporate plan metrics for 'participant employment rate', 'participant social and community engagement rate', and metrics for 'parent and carer employment rate' and 'participant choice and control'¹⁰

Participant breakdown	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Participants (15 and over) in work - Baseline	22%	19%	17%	23%	25%	18%	29%	13%	21%
Participants (15 and over) in work - Latest Reassessment	24%	20%	19%	25%	25%	19%	30%	15%	22%
Participants (15 and over) in community - Baseline	34%	33%	36%	38%	37%	30%	37%	43%	35%
Participants (15 and over) in community - Latest Reassessment	45%	40%	43%	41%	40%	36%	43%	48%	42%
Parent and carer employment rate - Baseline	49%	46%	44%	47%	46%	42%	57%	50%	47%
Parent and carer employment rate - Latest Reassessment	55%	52%	49%	52%	49%	48%	64%	54%	52%
Participant (15 and over) choice and control - First Reassessment	66%	64%	73%	72%	65%	68%	71%	56%	67%
Participant (15 and over) choice and control - Latest Reassessment	79%	79%	83%	79%	76%	79%	80%	73%	79%

Table D.16 Distribution of active participant by method of financial plan management at 30 September 2024

Plan management	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Self-managed fully	22%	26%	22%	19%	18%	15%	36%	9%	23%
Self-managed partly	6%	6%	4%	9%	4%	6%	7%	4%	6%
Plan-managed	60%	63%	67%	59%	73%	72%	51%	83%	64%
Agency-managed	12%	4%	6%	13%	5%	7%	6%	4%	8%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

¹⁰ Results are drawn from participants' responses to Short Form Outcomes Framework (SFOF) questionnaires, and only include participants who had their first plan approved between 1 July 2016 and 30 September 2022 and have had a second plan reassessment to date.

Table D.17 Distribution of plan budget amount by method of financial plan management at 30 September 2024 ¹¹

Plan management	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Self-managed	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Plan-managed	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Agency-managed	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Table D.18 Number and rates of participant complaints ^{12 13}

Participant complaints	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Participant complaints in 2024-25 Q1	5,027	4,976	3,994	1,502	1,499	308	233	60	17,751
% of the number of active participants	11.6%	12.6%	12.5%	11.6%	11.2%	10.0%	8.5%	5.3%	12.0%
All participant complaints	65,771	56,433	41,388	15,911	22,132	4,336	4,273	1,257	222,767
% of the number of active participants	6.1%	6.4%	6.3%	6.0%	7.4%	5.9%	6.2%	4.5%	6.7%

Table D.19 Number and rates of Participants Critical Incidents (PCIs) ^{14 15}

PCIs	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
PCIs in Q1 2024-25	1,116	1,321	921	397	509	80	31	40	4,415
% of the number of active participants	2.2%	2.9%	2.6%	2.7%	3.5%	2.2%	1.1%	2.6%	2.6%
All PCIs	11,382	13,059	8,898	4,786	5,160	786	497	654	45,325
% of the number of active participants	1.1%	1.6%	1.5%	2.0%	1.8%	1.1%	0.8%	2.5%	1.5%

¹¹ Information on budget amount across plan management type has been impacted by adaptation to the new computer system processes and has been masked.

¹² The National totals include participant complaints where jurisdiction information was missing.

¹³ The numbers of complaints reported for the most recent quarter may still increase to the extent there is a lag in data collection. Numbers might change further as complaints reporting in the new computer system is refined.

¹⁴ The National totals include PCIs where jurisdiction information was missing.

¹⁵ 2024-25 Q1 PCI data has been sourced from the new computer system. PCI data remediation in the new computer system continues, hence the numbers shown in this report are subject to retrospective changes as the logic is developed further.

Table D.20 Number of active providers in 2024-25 Q1 by plan management type, registration status and the residing State/Territory ¹⁶

Plan management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Registered providers - Total	6,913	5,500	4,780	2,227	2,043	984	952	689	14,776
Registered providers - Agency-managed	4,137	2,535	2,454	1,207	856	358	347	275	9,203
Registered providers - Plan-managed	6,263	5,050	4,356	1,970	1,865	843	807	605	13,870
Registered providers - Self-managed	2,538	1,997	1,736	810	691	365	302	108	6,470
Unregistered providers - Total	60,107	64,132	56,848	19,381	18,096	5,640	3,371	1,604	213,090
Unregistered providers - Agency-managed	0	0	0	0	0	0	0	0	0
Unregistered providers - Plan-managed	50,553	53,874	49,530	15,358	15,513	4,320	2,525	1,432	180,882
Unregistered providers - Self-managed	18,498	21,279	15,804	7,141	5,612	2,349	1,429	310	67,388
All providers - Total	66,695	69,372	61,403	21,546	20,054	6,596	4,298	2,283	227,033
All providers - Agency-managed	4,137	2,535	2,454	1,207	856	358	347	275	9,203
All providers - Plan-managed	56,512	58,682	53,680	17,272	17,295	5,139	3,313	2,027	193,979
All providers - Self-managed	20,939	23,194	17,461	7,928	6,284	2,704	1,723	418	73,578

Table D.21 Committed supports by financial year (\$m)

Financial year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
2017-18	4,269	1,440	872	227	371	189	305	100	7,773
2018-19	5,897	3,456	2,533	551	1,159	400	366	201	14,566
2019-20	8,029	6,020	5,145	1,542	2,124	660	461	388	24,374
2020-21	10,172	7,926	6,832	2,738	2,770	845	556	512	32,356
2021-22	11,494	9,266	7,944	3,199	3,171	970	608	542	37,201
2022-23	14,036	11,600	9,921	4,086	3,944	1,174	716	694	46,178
2023-24	16,077	13,381	11,555	4,822	4,544	1,337	804	801	53,331
2024-25 YTD	4,248	3,508	3,070	1,292	1,190	351	211	212	14,085
% increase from 2017-18 to 2018-19	38%	140%	190%	143%	213%	112%	20%	102%	87%
% increase from 2018-19 to 2019-20	36%	74%	103%	180%	83%	65%	26%	93%	67%
% increase from 2019-20 to 2020-21	27%	32%	33%	78%	30%	28%	21%	32%	33%
% increase from 2020-21 to 2021-22	13%	17%	16%	17%	14%	15%	9%	6%	15%
% increase from 2021-22 to 2022-23	22%	25%	25%	28%	24%	21%	18%	28%	24%
% increase from 2022-23 to 2023-24	15%	15%	16%	18%	15%	14%	12%	15%	15%

¹⁶ Registration status is determined as at the posting date of payment. If a provider's registration status changes during the quarter, they will be included in both the registered and unregistered provider count. The total provider count only considers unique providers; therefore, it will be lower than the sum of registered and unregistered providers.

Table D.22 Payments by financial year in which support was provided (\$m)

Financial year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
2017-18	3,100	957	555	168	222	153	220	67	5,443
2018-19	4,472	2,368	1,665	396	793	296	277	136	10,404
2019-20	5,982	4,129	3,602	1,028	1,489	476	338	265	17,312
2020-21	7,711	5,458	5,009	1,939	1,999	632	418	374	23,542
2021-22	8,946	6,815	6,135	2,362	2,423	757	476	419	28,468
2022-23	10,977	8,601	7,543	2,960	2,977	879	542	528	35,058
2023-24	12,850	10,320	8,927	3,593	3,501	995	614	624	41,446
2024-25 YTD	2,957	2,338	2,088	833	806	229	140	136	9,530
% increase from 2017-18 to 2018-19	44%	148%	200%	135%	258%	94%	26%	105%	91%
% increase from 2018-19 to 2019-20	34%	74%	116%	160%	88%	61%	22%	95%	66%
% increase from 2019-20 to 2020-21	29%	32%	39%	89%	34%	33%	23%	41%	36%
% increase from 2020-21 to 2021-22	16%	25%	22%	22%	21%	20%	14%	12%	21%
% increase from 2021-22 to 2022-23	23%	26%	23%	25%	23%	16%	14%	26%	23%
% increase from 2022-23 to 2023-24	17%	20%	18%	21%	18%	13%	13%	18%	18%

Table D.23 Annualised committed supports as at 30 September 2024

Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Total (\$m)	16,507	13,731	12,120	5,123	4,705	1,364	820	796	55,177
Average (\$)	81,700	75,300	82,800	86,500	80,900	94,000	73,600	128,800	81,100
Total - SIL (\$m)	5,234	3,518	3,373	1,510	1,533	521	274	388	16,352
Average - SIL (\$)	441,800	467,200	468,900	455,500	482,900	477,500	436,900	657,800	462,300

Table D.24 Payments as at 30 September 2024

Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Total (\$m)	13,172	10,614	9,173	3,709	3,590	1,030	631	643	42,599
Average (\$)	67,600	60,600	65,300	65,700	64,000	73,500	58,200	107,400	65,200
Total - SIL (\$m)	4,661	3,122	2,977	1,272	1,380	455	246	348	14,463
Average - SIL (\$)	404,700	428,200	430,900	403,900	443,600	430,700	397,600	593,400	422,300

Table D.25 Total annualised committed supports by support category as at 30 September 2024 (\$m)

Support category	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Core - Daily Activities	7,996	6,057	5,982	2,426	2,424	689	412	439	26,427
Core - Consumables	258	247	222	93	77	20	14	8	939
Core - Social and Civic	3,579	3,174	2,555	1,020	894	322	154	144	11,844
Core - Transport	163	145	105	45	42	13	9	5	526
Capacity Building - Choice and Control	182	174	148	55	63	16	9	9	656
Capacity Building - Daily Activities	2,553	2,420	1,891	821	710	164	129	97	8,786
Capacity Building - Employment	129	90	88	57	40	11	8	5	427
Capacity Building - Health and Wellbeing	26	15	13	4	4	2	3	0.3	67
Capacity Building - Home Living	1	2	1	0.4	0.2	0.2	0.02	0.03	5
Capacity Building - Lifelong learning	0.3	0.3	0.2	0.13	0.3	0.05	0.015	n/a	1.4
Capacity Building - Relationships	430	331	218	152	126	33	19	21	1,330
Capacity Building - Social and Civic	141	125	83	65	29	18	13	12	486
Capacity Building - Support Coordination	401	430	318	149	125	34	19	33	1,510
Capital - Assistive Technology	438	329	332	177	117	29	23	14	1,461
Capital - Home Modifications	210	192	165	58	56	13	10	7	711
Total	16,507	13,731	12,120	5,123	4,705	1,364	820	796	55,177

Table D.26 Total payments by support category for the year ending 30 September 2024 (\$m)

Support category	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Core - Daily Activities	6,816	5,145	4,789	1,940	2,016	587	359	416	22,096
Core - Consumables	198	177	163	64	61	15	10	6	693
Core - Social and Civic	3,079	2,600	2,200	786	708	247	119	108	9,851
Core - Transport	344	224	130	50	46	13	14	8	828
Capacity Building - Choice and Control	159	154	129	47	57	14	7	8	575
Capacity Building - Daily Activities	1,608	1,474	1,111	501	449	82	75	49	5,351
Capacity Building - Employment	48	31	26	15	12	3	3	1	139
Capacity Building - Health and Wellbeing	14	7	6	2	2	1	2	0.1	33
Capacity Building - Home Living	0.2	1	0.1	0.1	0.04	0.02	0.01	0.006	1
Capacity Building - Lifelong learning	0.04	0.04	0.03	0.01	0.08	0.00	0.004	n/a	0.2
Capacity Building - Relationships	228	170	109	79	64	16	10	12	687
Capacity Building - Social and Civic	63	51	35	29	10	7	5	4	205
Capacity Building - Support Coordination	290	327	223	99	88	25	13	24	1,089
Capital - Assistive Technology	183	132	138	63	43	15	9	5	589
Capital - Home Modifications	142	120	115	28	35	6	6	3	454
Total	13,172	10,614	9,173	3,709	3,590	1,030	631	643	42,599

Table D.27 Distribution of the percentage change in plan budgets for plans reviewed in this financial year (1 July 2024 to 30 September 2024) - all participants

Percentage change in plan budgets	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
below -80%	0%	0%	0%	0%	1%	0%	0%	0%	0%
-80% to -65%	1%	1%	1%	1%	0%	1%	1%	1%	1%
-65% to -50%	1%	1%	1%	1%	1%	1%	1%	1%	1%
-50% to -35%	2%	2%	2%	2%	2%	3%	3%	2%	2%
-35% to -20%	4%	4%	4%	5%	4%	5%	4%	4%	4%
-20% to -5%	9%	10%	9%	9%	10%	11%	9%	10%	9%
-5% to 0%	9%	10%	9%	8%	8%	10%	8%	10%	9%
0% to 5%	15%	15%	14%	12%	13%	20%	14%	19%	15%
5% to 20%	17%	18%	17%	16%	17%	16%	17%	14%	17%
20% to 35%	9%	8%	9%	9%	9%	8%	8%	6%	9%
35% to 50%	6%	6%	6%	6%	6%	6%	6%	7%	6%
50% to 65%	5%	5%	5%	5%	5%	4%	5%	5%	5%
65% to 80%	4%	4%	3%	4%	4%	3%	3%	3%	3%
above 80%	19%	16%	20%	22%	21%	13%	20%	18%	19%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table D.28 Utilisation rates split by participants in SIL and those not in SIL, and first and subsequent plans ^{17 18 19}

Participant breakdown	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
SIL - First plan	76%	78%	74%	79%	85%	n/a	n/a	n/a	77%
SIL - Subsequent plans	90%	87%	89%	86%	89%	87%	90%	87%	89%
SIL - Total	90%	87%	89%	86%	89%	87%	90%	87%	89%
Non SIL - First plan	64%	62%	61%	59%	62%	50%	53%	58%	62%
Non SIL - Subsequent plans	75%	74%	74%	70%	73%	67%	70%	68%	74%
Non SIL - Total	74%	72%	72%	69%	72%	66%	68%	66%	72%
First plan (SIL and Non SIL)	65%	63%	61%	60%	63%	51%	53%	59%	62%
Subsequent plans (SIL and Non SIL)	81%	78%	79%	76%	79%	76%	78%	79%	79%
Total (SIL and Non SIL)	79%	76%	77%	74%	78%	75%	76%	78%	77%

Table D.29 Percentage change in plan budgets for active participants as at 30 September 2024

Inflation type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Intraplan Inflation	7.1%	9.0%	8.1%	6.5%	9.7%	7.1%	7.0%	9.0%	8.0%
Interplan Inflation	5.0%	2.9%	5.3%	8.4%	4.7%	5.5%	5.9%	3.9%	4.8%
Total Inflation	12.1%	11.9%	13.4%	14.9%	14.4%	12.6%	12.9%	12.9%	12.8%

¹⁷ Utilisation of committed supports from 1 January 2024 to 30 June 2024 is shown in the table – experience in the most recent 3 months is still emerging and is not included.

¹⁸ Participants receiving in-kind supports are excluded from the analysis by plan number as it is not possible to accurately separate in-kind payments and committed amounts between plans. Hence, utilisation in this table is higher in reality when in-kind is included.

¹⁹ Utilisation is not shown if there is insufficient data in the group.

²⁰ The Annual Pricing Review saw price limit increases from 1 July 2024. Unspent portions of plan budgets were increased in line with new price limit to maintain the purchasing power of remaining plans. Due to this, there has been a one-off increase in intraplan and total inflation during the month of July 2024.

Table D.30 Participant Service Guarantee Timeframes (% guarantees met) for the quarter ending 30 September 2024 ^{21 22 23 24}

PSG	Service Guarantee	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	NAT
2. Make an access decision, or request for more information, after an access request has been received	21 days	19%	17%	20%	22%	19%	20%	17%	54%	19%
4. Make an access decision, or request for additional information, after more information has been provided	14 days	27%	25%	24%	33%	21%	32%	9%	48%	26%
6. Approve a participant's plan, after an access decision has been made (excludes those ECA that have received initial supports)	56 days	46%	49%	50%	52%	49%	50%	48%	67%	49%
7. Approve a plan for ECA participants, after an access decision has been made	90 days	99%	99%	99%	95%	99%	98%	99%	76%	98%
8. Offer to hold a plan implementation meeting, after the plan is approved	7 days	86%	80%	79%	88%	84%	82%	91%	91%	83%
11. Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date	56 days	64%	58%	67%	66%	61%	39%	67%	37%	59%
12. Decide whether to undertake a participant initiated plan reassessment, after the request is received	21 days	30%	30%	30%	26%	28%	29%	20%	37%	29%
13. Complete a reassessment, after the decision to accept the request was made	28 days	89%	91%	88%	88%	88%	90%	88%	83%	89%
14. Amend a plan, after the receipt of information that triggers the plan amendment process	28 days	55%	49%	46%	58%	55%	62%	53%	69%	52%
17. Complete an internal Review of a Reviewable Decision, after a request is received	60 days	59%	60%	58%	58%	56%	58%	60%	50%	59%

²¹ The Participant Service Guarantee timeframes continue to be refined and further developed. The results for the timeframes shown are based on preliminary calculations and the methodology used to determine the timeframes may change going forward.

²² Results are rounded to the nearest percent. Where 100% is shown, there are still a small number of cases which did not meet the required timeframe.

²³ From the March 2024 quarter, performance is measured from available data on processes and dates. Milestones being built into the new computer system will improve the capture of performance data.

²⁴ Plan reassessments exclude reassessments initiated prior to migrating service processes to the new computer system.

Endnotes

Appendix B

- 1 Some PSS questions are consolidated questions based on two or more questions asked at different pathway stages but similar in nature (e.g. question 4.1).

Appendix C

- 2 Early connections provide support for children younger than 9 and their families by linking them to practical information, mainstream and community supports, and peer supports. Eligible children who are younger than 6 and have developmental concerns may also undertake a short-term program of early supports with the early childhood partner.

Appendix D

- 3 OT includes participants residing in Other Territories including Norfolk Island, Christmas Island and the Cocos (Keeling) Islands.
- 4 [For SDA in use] Evidence of SDA in use is estimated based on SDA payments, SDA service bookings and address matching to an enrolled SDA dwelling. Future enhancements to the PACE system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.
- 5 [For SDA eligible] SDA eligible participants are participants who have been found eligible for SDA through the home and living application process or through legacy system processes but have SDA funding in their plan.
- 6 [For SDA in use] Evidence of SDA in use is estimated based on SDA payments, SDA service bookings and address matching to an enrolled SDA dwelling. Future enhancements to the PACE system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.
- 7 [For SDA eligible] SDA eligible participants are participants who have been found eligible for SDA through the home and living application process or through legacy system processes but have SDA funding in their plan.
- 8 Participation rate refers to the proportion of general population that are NDIS participants. A small proportion of participants aged 0 to 64 years have a gender of 'Other'. The participation rates for this group are included within the total rates.
- 9 Participation rate refers to the proportion of general population that are NDIS participants. A small proportion of participants aged 0 to 64 years have a gender of 'Other'. The participation rates for this group are included within the total rates.
- 10 Results are drawn from participants' responses to Short Form Outcomes Framework (SFOF) questionnaires, and only include participants who had their first plan approved between 1 July 2016 and 30 September 2022 and have had a second plan reassessment to date.
- 11 Information on budget amount across plan management type has been impacted by adaptation to the new computer system processes and has been masked.

- 12 The National totals include participant complaints where jurisdiction information was missing.
- 13 The numbers of complaints reported for the most recent quarter may still increase to the extent there is a lag in data collection. Numbers might change further as complaints reporting in the new computer system is refined.
- 14 The National totals include PCIs where jurisdiction information was missing.
- 15 2024-25 Q1 PCI data has been sourced from the new computer system. PCI data remediation in the new computer system continues, hence the numbers shown in this report are subject to retrospective changes as the logic is developed further.
- 16 Registration status is determined as at the posting date of payment. If a provider's registration status changes during the quarter, they will be included in both the registered and unregistered provider count. The total provider count only considers unique providers; therefore, it will be lower than the sum of registered and unregistered providers.
- 17 Utilisation of committed supports from 1 January 2024 to 30 June 2024 is shown in the table – experience in the most recent 3 months is still emerging and is not included.
- 18 Participants receiving in-kind supports are excluded from the analysis by plan number as it is not possible to accurately separate in-kind payments and committed amounts between plans. Hence, utilisation in this table is higher in reality when in-kind is included.
- 19 Utilisation is not shown if there is insufficient data in the group.
- 20 The Annual Pricing Review saw price limit increases from 1 July 2024. Unspent portions of plan budgets were increased in line with new price limit to maintain the purchasing power of remaining plans. Due to this, there has been a one-off increase in intraplan and total inflation during the month of July 2024.
- 21 The Participant Service Guarantee timeframes continue to be refined and further developed. The results for the timeframes shown are based on preliminary calculations and the methodology used to determine the timeframes may change going forward.
- 22 Results are rounded to the nearest percent. Where 100% is shown, there are still a small number of cases which did not meet the required timeframe.
- 23 From the March 2024 quarter, performance is measured from available data on processes and dates. Milestones being built into the new computer system will improve the capture of performance data.
- 24 Plan reassessments exclude reassessments initiated prior to migrating service processes to the new computer system.