Delivered by the
National Disability
Insurance Agency

Quarterly Report

Q4 2025–26

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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

This report is an overview of the performance and operations of the National Disability Insurance Agency (NDIA) for the 3 months from 1 April 2026 to 30 June 2026.

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.

Supplements are available on the NDIS website including:

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

Introduction

Key highlights for quarter 4, 2025–26

Securing the future of the NDIS

The Australian Government announced changes in the 2026–27 Budget to protect the National Disability Insurance Scheme (NDIS) for people with significant and permanent disability and for future generations who will rely on it.

The Government introduced the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 on 14 May 2026. The bill proposes changes to be delivered through 4 pillars:

- fighting fraud and stopping rorts
- slowing rapid cost increases
- clarifying eligibility requirements
- delivering quality services and supports.

Following 3 days of public hearings in June, the Community Affairs Legislation Committee tabled an interim report on the bill on 23 June 2026. The committee is scheduled to conduct further public hearings and table its final report in August.

The NDIA is required to implement Government policy on the NDIS and comply with the *National Disability Insurance Scheme Act 2013* (Cth).

The NDIA will advise participants in advance of any changes that will impact them. General updates will also be provided on the NDIS website and in the NDIA's fortnightly newsletter to participants.

NDIA Board appointments

The Australian Government recently announced 3 new appointments and 3 reappointments to the NDIA Board.

Mr Nigel Ray PSM, Ms Lois Boswell and Ms Jane Spring AM have been appointed to the NDIA Board, bringing extensive experience in disability advocacy, public administration, human services and governance.

Dr Graeme Innes AM, Dr Richard Fejo and Ms Estelle Pearson have been re-appointed for a further 3-year term.

The Minister for Disability and the NDIS, The Hon Mark Butler MP, expressed deep gratitude to outgoing Board members, Ms Maryanne Diamond AO, Dr Denis Napthine AO and Mrs Joan McKenna-Kerr AM, for their valuable contributions to the NDIA Board over the previous term.

Sustained improvement in participant outcomes

The NDIS makes a real difference in the lives of Australians with significant and permanent disability. It provides the reasonable and necessary supports they need to improve their independence, participate in their communities and achieve their goals.

Ongoing achievement in key areas of participant experience with the NDIS is demonstrated in NDIA longitudinal data:

- There has been a 6-percentage point increase in families and carers reporting paid employment, from 48% at baseline to 54% at latest reassessment.

- Participants aged 15 years and older report an increase in participation in community and social activities, 33% at baseline to 41% at latest reassessment – a relative increase of 21%.
- Young children aged from birth to starting school had improvements of 4 or more percentage points across all life domain measures. Parents and carers reported the largest improvements – 7 or more percentage points – for choice and control, fitting into family life, and fitting into community life.
- Children between starting school and age 14 had improvements of 13 or more percentage points across all domain measures. Daily living had the strongest improvement at 16 percentage points.
- Participants aged from 15 to 24 years continued to report improvements across all domain measures. In particular, choice and control, daily living, and social, community and civic participation had improvements of 13 or more percentage points.
- Participants aged 25 years and older also reported improvements across all domain measures. The largest improvements, at 14 or more percentage points, were reported for choice and control, daily living, relationships, health and wellbeing, and social, community and civic participation.

Improved NDIA operational performance

The NDIA is committed to improving how we support people applying to the NDIS, NDIS participants and their families. Highlights this quarter include:

- Hospital discharge delays for NDIS participants have continued to reduce, with more than half of participants discharged on the same day they are deemed medically ready. The average time for discharge reduced from 15 days to 14 days this quarter, significantly lower than the 27 days recorded in March 2023.
- Of participants meeting access, 79% rated their experience with the NDIS as good or very good.
- More than 95% of access decisions were made within a service guarantee of 21 days after a request has been received.
- A sustained focus on approving first plans continues to deliver the level of service expected for participants, meeting the 95% service guarantee.
- The National Contact Centre (NCC) customer satisfaction rate remained very strong at 93%, exceeding the target of 80%.
- Eighty-eight per cent of NCC callers reported their enquiries were resolved at the first point of contact, exceeding the target of 80%.
- Timeframes for closing complaints continued to improve, with 96% closed within 21 days this quarter.

New way of planning

The NDIA has made significant progress in designing and testing a new way of planning for participant plans and budgets.

Following consultation with people with disability and their families, carers and advocates, the government announced the rollout will now commence from April 2027. This will allow more time to listen to feedback, test proposed rules and processes, and share more detailed information about the transition.

The new way of planning includes a support needs assessment to help the NDIA understand a participant's disability-related support needs. The assessment is a guided conversation between the participant and a trained assessor.

The NDIA has been testing the support needs assessment tool for several months. It has been tested with 300 participants to assess its usability, accessibility, clarity and the overall user experience.

Early feedback showed the experience was respectful and supportive. Participants also asked for clearer and simpler information before the assessment and about how decisions are made.

The NDIA is expanding testing to make sure the process works well at scale and delivers consistent outcomes for participants with similar needs. We aim to have tested it with up to 10,000 participants by early next year.

In the next phase of testing, the NDIA is recruiting participants through expressions of interest on NDIS Engage. We are selecting participants with different disability types, support needs and lived experiences. Testing helps make sure the new way of planning is designed with participants, not just for them.

Taking part is voluntary and will not change a participant's current plan or affect their funding or eligibility. The NDIA provides adjustments and interpreters for people who need communication support, to ensure the testing is inclusive and accessible.

Participant feedback helps the NDIA identify issues early, understand what works and improve the process before rollout.

The NDIA will continue to share updates and opportunities to take part in testing through the participant newsletter, social media, stakeholder engagement sessions and other channels.

Guidance on fair NDIS pricing

The NDIA recently released the Annual Pricing Review (APR), which sets out guidance on appropriate NDIS prices for 2026–27.

This year's review was informed by the most extensive engagement of any APR to date, and the largest data set of 16 million therapy transactions across private health insurance and comparable government schemes.

The APR found provider NDIS markets are stable and competitive, with strong growth in provider services nationwide. Some targeted adjustments are recommended to keep NDIS pricing in line with other markets and ensure participants pay a fair price.

An NDIS pricing schedule has also been published to complement the APR. This schedule helps guide providers on fair and appropriate pricing from 1 July 2026 and helps ensure that participants get value for money when they purchase the supports they need.

Working with the disability community

The NDIA is committed to engaging with participants and their families, carers and communities about the NDIS.

The NDIA delivered 464 engagement activities this quarter, which were attended by more than 7,800 participants, sector representatives and other stakeholders.

This included 13 webinars for the general public, and dedicated information sessions for health and hospital staff to increase understanding of the NDIS.

The NDIA engaged with Motor Neurone Disease (MND) associations across Australia to understand how the MND Priority Pathway works in practice. This targeted pathway is a streamlined way for people living with MND to get NDIS support. Representatives were very supportive of the pathway and its positive impact and identified opportunities for improvement.

The NDIA and the NDIS Quality and Safeguards Commission engaged with participants and sector stakeholders to ensure a smooth transition to mandatory registration for supported independent living (SIL) providers and digital platform providers, which started on 1 July 2026.

The NDIA's digital platform, NDIS Engage, was visited more than 20,000 times during the quarter and more than 1,000 survey responses were received on a range of topics. Engagement increased noticeably in late May and early June, demonstrating strong interest in contributing to the new way of planning and reform activities.

Improving outcomes for First Nations people with disability

The NDIA continues to strengthen outcomes for First Nations people with disability by embedding culturally safe, community-led approaches across the NDIS, consistent with the NDIS First Nations Strategy 2025–30.

One of the highlights this quarter was the launch of First Nations Connect, a new phone service that gives First Nations people with disability a tailored pathway to contact centre staff that will provide respectful service and can explain the NDIS clearly.

The phone service will evolve based on feedback and community needs. First Nations Connect is available through the NDIS National Contact Centre on 1800 411 640.

The NDIA is also developing a First Nations market and sector development strategy for release later this year. The strategy will increase the number of Aboriginal Community Controlled Health Organisations and Aboriginal Business Enterprises in the NDIS market, giving First Nations participants better access to services, and more choice and control.

Improving access and experience in regional and remote areas

The NDIA continues to deliver on our commitment to improving access to the NDIS and the experience of people with disability living in regional and remote communities. Through targeted initiatives, more people in remote communities are being supported to access the NDIS, build their plans and use funded supports.

NDIA Access Clinics were held in 5 regional and remote communities in the Northern Territory, and another in Wilcannia in New South Wales this quarter. These clinics are improving access to the NDIS for people with disability living in those locations.

The NDIA is also building local workforce capability and creating employment opportunities in Yalata, South Australia, by engaging local community members to deliver essential supports. Further expansion of this program is underway.

The NDIA is trialing alternative commissioning approaches in Wadeye, Northern Territory, to better respond to thin markets through coordinated, place based solutions developed with government and community partners. Thin markets are where there are limited NDIS supports available for participants.

The Joint Work Program across regional areas of Western Australia is improving access and engagement, with use of plan budgets increasing by 9 percentage points (from 48% to 57%) in Carnarvon over the 2025-26 financial year, alongside growth in participant numbers and improved connection to providers. There was also a 16% growth in the number of First Nations participants in the south-west region over the same period.

Together, these initiatives are strengthening local service systems and improving access to more culturally appropriate and sustainable supports across regional and remote Australia.

Safeguarding participants and strengthening the integrity of the NDIS

The NDIA is strengthening safeguards for NDIS participants through enhanced integrity programs. These programs help ensure NDIS funds pay for safe, high-quality disability supports that participants need.

In the 2026–27 Budget, the Government announced continued investment to strengthen NDIS integrity and participant safeguarding.

This includes $358.5 million over 5 years from 2025–26 to develop and implement a new enrolment and digital payment system that will strengthen payment integrity and reduce fraud.

In June 2026, the NDIA commenced a pilot of the Integrity Portal, an online submission platform that collects evidence from providers, plan managers and participants.

The Integrity Portal will be the foundation for broader capabilities across NDIS systems and will connect to the new enrolment and digital payment system as it is developed.

The 2026–27 Budget includes a further $280.1 million over 5 years from 2025–26, and $53.0 million per year ongoing, to continue the Fraud Fusion Taskforce and expand the NDIA's ability to detect and respond to fraud and non-compliance.

At the end of June 2026, the Fraud Fusion Taskforce was investigating more than 525 matters across 108 operations. It has also expanded to 25 Government agencies, with Comcare recently joining.

Scheme financial experience

Scheme expense growth was 10.5% for the 12 months to June 2026. The growth rate was 10.8% for the 12 months to June 2025.

For the 12 months to June 2026, total Scheme expenses were $51.2 billion, which was $492 million (1.0%) above the June 2025 Annual Financial Sustainability Report projections.

Plan inflation in the June 2026 quarter was 4.7%, which was lower than the 9.7% recorded in the June 2025 quarter. Inflation occurring at plan reassessment (inter-plan inflation) reduced from 4.7% in the June 2025 quarter to 2.1% in the June 2026 quarter, while inflation occurring within a plan, between reassessments (intra-plan inflation), reduced from 5.0% to 2.6% during the same period.

NDIS participant, Nic

Section 1

Participants and their plans

Nic's new life built on friendship and independence

At 31, NDIS participant Nic is surrounded by mates, connected to his community and enjoying growing independence.

Nic shares a purpose-built Special Disability Accommodation (SDA) home with his 2 close mates, Luke and Marty, who are also NDIS participants.

Nic and his housemates moved into their customised home in 2024 after years of planning and collaboration between their families, the SDA provider, architects and builders.

For Nic's mum Joan, the move has been life changing. 'Now Nic is off living his own life and it's beautiful to see,' she said.

The families helped design the home to support the young men's physical needs while creating a genuine sense of independence, comfort and belonging.

Nic's NDIS supports play an important role in helping him thrive in SDA. Through supported independent living (SIL), he shares supports with Luke and Marty, helping them maintain daily routines and stay connected to their community.

A combination of assistive technology and a strong support network also helps Nic remain active and engaged in everyday life.

'Everyone who knows Nic just loves him,' Joan said. 'He's definitely found his people.'

Living with close friends has strengthened Nic's independence and social connections, while giving Joan more freedom after decades as his primary carer. She now has time to focus on her own health and wellbeing and simply enjoy being Nic's mum.

'It feels like Nic has a much more typical young adult life now. It's what every parent wants for their child,' she said.

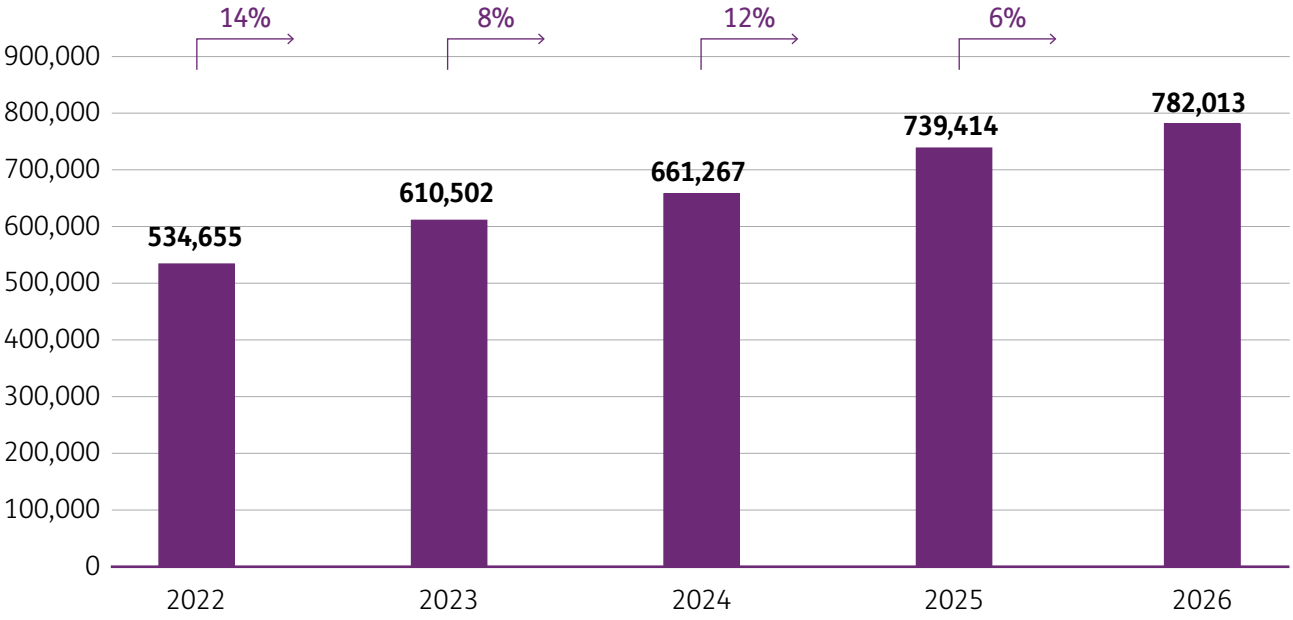
Read more participant stories on our website.

More than 782,000 participants are receiving support from the NDIS, and more than 16,100 participants entered the NDIS during this quarter.

1.1 Number of participants in the NDIS

As at 30 June 2026, there were 782,013 participants with approved NDIS plans. This represents a net increase of 7,557 participants since March 2026 (1.0% increase).

Figure 1: Active participants with approved plans and percentage increase over time for financial years ending 30 June[1]



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 10% of children aged 5 to 7 years being NDIS participants.

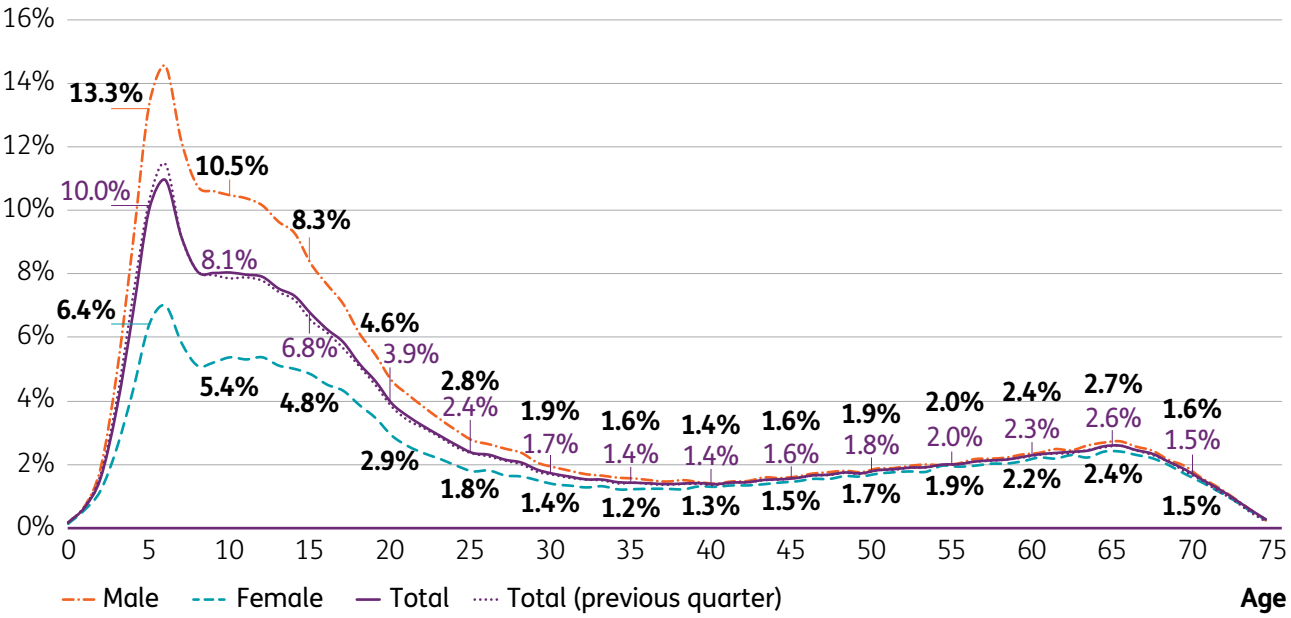
Participation rate refers to the proportion of the Australian population who are NDIS participants. The rate varies by age and gender (Figure 2), reflecting the prevalence of different disability types.

Overall, the rate of participation in the NDIS rises steeply from birth, peaking at 11% at age 6. The rate then declines steadily to 1.4% in the age band 35 to 40, before rising gradually to 2.6% by age 65. Beyond age 65, participants may choose to remain in the NDIS until receiving support from the Commonwealth aged care system. Participation rates decline steadily to 0.3% by age 74.

Participation rates for males and females differ considerably at younger ages. At the peak, at age 6, the participation rate for males (15%) is more than double that of females (7%). Much of the difference in children's 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.

For NDIS participants aged over 18, autism, intellectual disability and psychosocial disability are the largest disability types.

Figure 2: Participation rates



Note: There were 9,774 participants aged 0 to 74 years with a gender of 'Other'. The participants for this group are included within the total rates, but not the gender-specific participation rates.

1.3 Participant characteristics

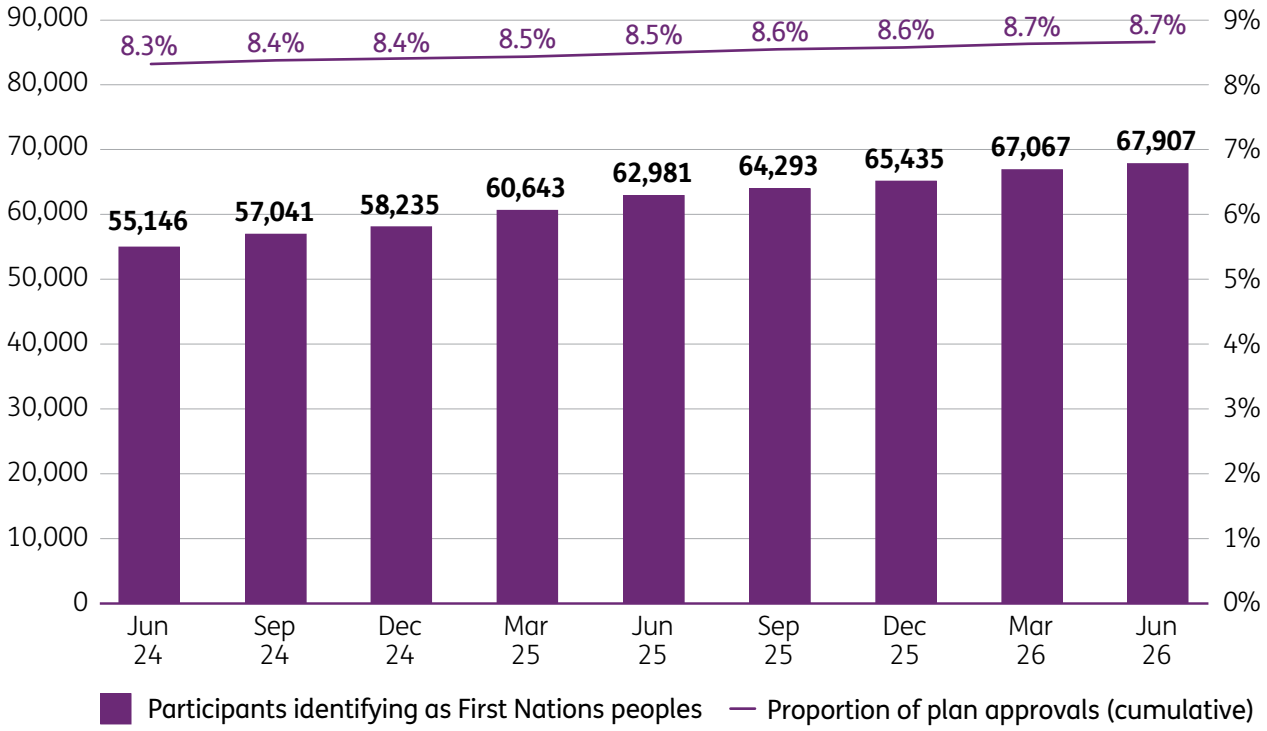
The NDIA monitors the number of participants entering the NDIS who identify as First Nations peoples or are culturally and linguistically diverse (CALD), and those who are from remote and very remote areas.[2]

Of the 16,138 participants entering the NDIS and receiving a plan this quarter:

- **10.9%** were First Nations peoples[3]
- **9.6%** were CALD[4]
- **2.0%** were from remote and very remote areas.[5]

The total proportion of First Nations participants in the NDIS was 8.7% at the end of the June quarter.

Figure 3: Cumulative number and proportion of First Nations participants



Note: Details on the numbers of CALD participants and remote and very remote participants are on the Explore data webpage (external).

2 For some participants, the identification as First Nations or CALD is not known.
3 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), Place of usual residence, by Indigenous status.
4 The percentage of CALD participants excludes participants who identify as First Nations peoples.
5 This compares to 2% of the Australian population living in remote or very remote areas. Source: Census of Population and Housing 2021, Place of usual residence, by Remoteness Area.

First Nations Strategy and Closing the Gap commitments

First Nations Strategy implementation, monitoring and evaluation

This quarter the NDIA continued planning, monitoring, evaluation and evidence gathering activities to support the implementation of the First Nations Strategy.

This included engaging with stakeholders to validate previously identified priorities, such as the importance of co-design and First Nations voice in implementing NDIS reforms, strengthening First Nations provider markets, and ensuring culturally safe and equitable access to the NDIS for First Nations participants.

Feedback supported the strategy's intent and emphasised that delivery of the strategy must be grounded in community voice, practical action, culturally informed approaches and the use of relevant data to support reform efforts. Insights from these engagements are informing priorities and future actions.

During the quarter, the NDIA also made progress in developing monitoring and evaluation frameworks, program logics and performance measurement approaches. This will help the NDIA to better understand participant outcomes, assess the effectiveness of initiatives, and strengthen accountability for delivering meaningful change for First Nations participants, families and communities. This work will improve the NDIA's ability to measure impact over time and support evidence-informed decision-making across First Nations policy, program and reform activities.

First Nations Connect

On 1 June 2026, the NDIA launched First Nations Connect, a new phone service through the National Contact Centre. It provides Aboriginal and Torres Strait Islander people with disability and their families and carers, with a culturally respectful pathway into the NDIS.

First Nations Connect was developed in response to feedback from First Nations participants and communities, who identified the importance of being able to engage with the NDIA through a service that understands and respects cultural context and lived experience. The service connects callers with specially trained staff.

The service does not change eligibility, funding or claims, speed up processing, provide special treatment, or replace other NDIS contact options.

The service is part of the NDIA's commitment to improving participant experience and strengthening trust and confidence in the NDIS. It also supports the First Nations Strategy 2025–30 by improving access to information and assistance about the NDIS for First Nations people.

The launch of First Nations Connect is the first stage of a broader improvement program, with future enhancements to be informed by participant and community feedback.

Cultural safety

This quarter the NDIA finalised the NDIA Cultural Safety Plan 2026–30. The plan establishes a framework for embedding cultural safety across NDIA systems, processes and workforce capability, and the participant experience.

The plan provides a coordinated approach to implementing cultural safety initiatives and aligns with key reform priorities, including New Framework Planning. Initial activities will improve workforce capability, particularly in participant-facing roles, to support culturally safe engagement for participants.

The NDIA continued to develop and deliver cultural safety learning initiatives, including targeted learning programs for staff supporting changes that directly affect participants. This included workshops and foundational learning designed to improve understanding of cultural safety principles and their application in practice. A First Nations Cultural Safety Learning Circle will support ongoing reflection, learning and capability development across the workforce.

The NDIA has continued to develop a First Nations workforce strategy. The strategy will support the NDIA's ambition to become an employer of choice for First Nations people, by fostering a culturally safe workplace that values First Nations cultures, cultural knowledge, lived experience and leadership.

First Nations market and sector development

The NDIA continued to develop the First Nations market and sector development strategy, using findings from consultations and roundtables held earlier in the year. The NDIA has analysed these findings, refined strategic priorities and developed implementation approaches. This work has included considering barriers to market participation, provider sustainability, workforce capability and opportunities to strengthen First Nations-led service delivery.

The strategy will provide a framework for improving access to culturally safe disability supports, while supporting the growth and sustainability of First Nations providers. Priority areas include strengthening sector capability, supporting Aboriginal Community Controlled Organisations to participate in the disability sector, enhancing market stewardship and improving participant access to culturally responsive services.

Once the strategy is finalised, it will inform future market development activities to support implementation of the First Nations Strategy 2025–30 and our Closing the Gap commitments.

Strengthening sector partnerships

The NDIA continued to strengthen partnerships with First Nations organisations and representative bodies to support a collaborative approach to developing policies and implementing reforms.

Work with the National Aboriginal Community Controlled Health Organisation and its affiliates has focused on fostering a shared understanding of priorities and opportunities across the disability and community-controlled sectors, by providing information based on data. This included analysis of disability-related activity in the sector, and identifying priority areas for future policy and reform discussions.

The NDIA also continued to engage regularly with the First Nations Sector Policy Advisory Group to discuss key reforms, including New Framework Planning, and to seek feedback on First Nations initiatives.

Inclusion strategies

The NDIA is committed to an equal and equitable NDIS for all Australians with disability.

We continue to improve outcomes and experiences for people with disability through the NDIS Culturally and Linguistically Diverse (CALD) Strategy 2024–28. This includes working with and listening to multicultural communities as the NDIA improves how people access and use the NDIS.

This quarter 39 engagement activities were held to discuss NDIS experiences for multicultural communities. These engagements reached 649 participants and their families and carers, community and mainstream services, and disability representative and advocacy organisations.

The NDIA also held 3 meetings with the CALD Expert Advisory Group to seek advice about changes to the NDIS that impact people with disability from multicultural communities.

The NDIA continues to work on improving the NDIS for lesbian, gay, bisexual, transgender, intersex, queer, asexual (LGBTIQA+) people with disability. We are preparing the new LGBTIQA+ strategy for release later this year.

The NDIA is developing equity and inclusion design principles to help staff design an inclusive, safe and responsive NDIS for all people with disability.

The NDIA presented the equity and inclusion design principles to 7 different forums, including the Independent Advisory Council's reference groups, disability representative and carer organisations, and NDIA reference and advisory groups.

We are using feedback and insights collected on these principles, as well as those collected during development of the CALD and LGBTIQA+ strategies, to inform a Gender Equity Strategy.

1.4 Specialised service delivery

The NDIA is committed to improving access, outcomes and the 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 supporting people with disability who interact with the justice system to access the NDIS for disability supports. Every Australian, regardless of interaction with the justice system or criminal conviction, is entitled to access NDIS supports for their disability to help them live and participate in the community.

The NDIA supports eligible participants involved in the justice system through specialised justice planning and liaison functions.

The Justice Planning team works with participants during custody and transition to the community to help them access appropriate disability supports.

The Justice Liaison team is the NDIA's national connection point with state and territory justice systems. Drawing on their expertise in particular jurisdictions, justice liaison officers work across adult, youth and forensic settings to support access to disability, mainstream and community services.

Together, these functions promote coordinated, person-centred transition planning that begins before release from custody and focuses on individual needs, service continuity and increased independence. The NDIA provides reasonable and necessary disability supports through the NDIS, while state and territory justice agencies are responsible for custodial, supervision and community safety arrangements.

Justice Advisory Panel

The NDIA Justice Advisory Panel held its 11th bi-monthly meeting in June 2026. Chairperson Dr Jennifer Cullen AM and the Honourable David Harper AM joined NDIA executives to examine policy and systemic issues between state and territory governments at the justice interface.

The panel considers systemic issues affecting current and potential NDIS participants involved with the justice system, particularly during their transition from custody to the community.

Drawing on de-identified case studies, the panel provides strategic advice to the NDIA on improving participant outcomes, strengthening cross-sector collaboration and addressing barriers at the intersection of disability, justice and other service systems.

Younger people in residential aged care

The Australian Government has a continued commitment to reduce the number of younger people living in and entering residential aged care. The aim is to help them move into age-appropriate accommodation with the supports they need, unless there are exceptional circumstances. The NDIA supports this commitment with a team of dedicated aged care planners and accommodation officers.

Over the 2025-26 financial year, 42 participants left residential aged care and moved into more appropriate accommodation[6], 3 participants left for more appropriate accommodation during the quarter.

The number of participants younger than 65 in residential aged care reduced from 497 as at 31 March 2026 to 459 as at 30 June 2026.[7] Of these 459 participants, 62 have an identified goal to move out of residential aged care.

Of the 62 participants under 65 who have a goal to move:

- about one third are being supported to find suitable accommodation
- one third have a longer-term goal to move
- the remaining participants are at different stages of the transition pathway, with a small number having an identified move-out date.

Most (95%) of the 397 participants under 65 with no goal to move consider the facility to be their home, or they and their families believe their support needs are best met within the aged care facility. A small percentage have family living in the same aged care facility, and a further small percentage live in a facility that meets their religious beliefs.

Hospital discharge

The NDIA continues to focus on the safe and timely discharge of NDIS participants from hospital, recognising that successful discharge outcomes require coordinated planning across disability, health and community service systems.

In the June 2026 quarter:

- the target of contacting NDIS participants within 4 days of the NDIA being notified of their hospital admission was achieved for **97%** of participants, an improvement from 96% last quarter
- the average number of days between an NDIS participant being medically ready for discharge and being discharged was **14 days**. This is a slight improvement compared with 15 days in the March 2026 quarter. This has remained steady since the March 2025 quarter and is significantly lower than the 27 days recorded in March 2023. For more than half of participants, discharge is achieved on the same day as being medically ready. However, there are some participants with complex circumstances who wait significantly longer for discharge.

The NDIA continues to invest in improving hospital discharge outcomes for NDIS participants and has implemented a range of operational improvements to strengthen hospital discharge pathways and reduce delays.

The NDIA's team of dedicated Health Liaison Officers, hospital discharge planners and staff work directly with hospitals and health systems across Australia. These teams coordinate discharge planning, support information sharing, facilitate timely decision-making, support NDIS access pathways and help connect participants with the NDIS and mainstream supports needed to support a safe transition home.

6 This includes all people who were under 65 at the time of leaving. Excludes First Nations participants aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.
7 This excludes 63 First Nations participants aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.

To ensure better outcomes, the NDIA also supports Health systems to understand NDIS processes, helping to build shared understanding and improve coordination between health and disability systems. This is done through information sessions, sharing resources and regular engagement with Health.

The NDIA remains committed to improving hospital discharge outcomes through stronger partnerships with health systems, targeted operational improvements and clearer discharge processes.

1.5 Children in the NDIS

As at 30 June 2026, there were 162,781 children younger than 9 with an NDIS plan, and a further 24,642 children accessed early connections throughout the quarter.

Children younger than 9

From 1 July 2023, the NDIA extended access to early childhood arrangements to children younger than 9, through its early childhood partners in the community. 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.

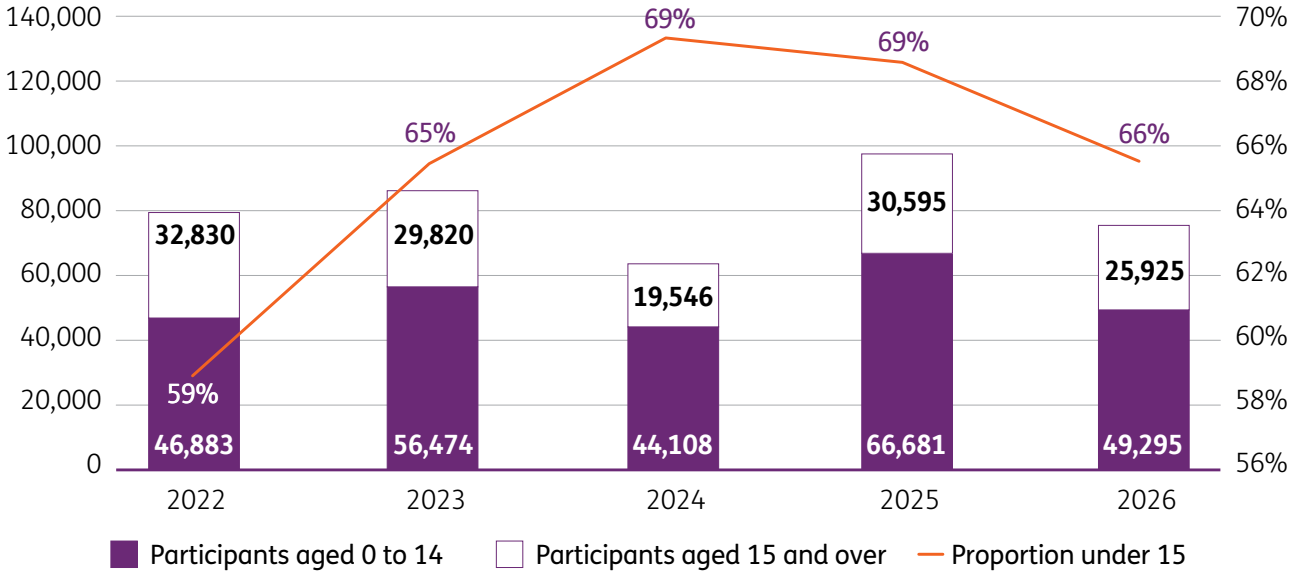
Throughout the June 2026 quarter, **24,642** children accessed early connections. Early connections gives quick access to supports that meet the needs of the child and their family, regardless of whether the child is an NDIS participant.

The NDIA is improving access to supports for children and families in remote and very remote areas. In the June 2026 quarter, 175 children met NDIS access criteria, with 83 identifying as First Nations. Of the 162,781 children younger than 9 with an approved plan as at 30 June 2026, there were 2,582 living in remote and very remote areas.

Children younger than 15

Of the 75,220 participants entering and receiving a plan in the 2025–26 financial year, **66%** were children younger than 15. This represents a decrease compared to the previous 2 financial years (Figure 4).

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



Thriving Kids

Governments have committed to jointly contribute $4 billion over 5 years to deliver the first phase of Foundational Supports, known as Thriving Kids.

Thriving Kids will help give children the best start in life by identifying those with additional developmental needs early and connecting them to supports that will support their development.

Thriving Kids will support children aged 8 years and under with developmental delay and/or autism who have low to moderate support needs, and their families, carers and kin. Services will commence in a phased rollout from 1 October 2026, with full rollout by 1 January 2028.

There are no changes to how people access the NDIS until 1 January 2028. People can continue applying to the NDIS in the same way until then.

Children aged 8 and under enrolled in the NDIS prior to 1 January 2028 with developmental delay and/or autism with low to moderate support needs will be subject to reassessment under the eligibility criteria in place prior to 1 January 2028. Once they turn 9, they will be reassessed under the new eligibility criteria based on functional capacity (from 1 January 2028).

Children with permanent and significant disability will continue to be eligible for the NDIS, subject to usual arrangements.

The NDIA will work with governments, the disability and health sectors to support implementation and provide clear information to families and providers on these changes to the NDIS.

More detail about Thriving Kids is available on the Department of Health, Disability and Ageing website. Information on Thriving Kids supports, and how to access them, will be provided closer to October 2026.

Now Nic is off living his own life and it's beautiful to see.

Joan, mother of
NDIS participant, Nic

Section 2

Participant and family and carer outcomes

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

2.1 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.[8]

Participation in community and social activities

Participants who have been in the NDIS for 2 or more years experienced an increase in their community and social participation since they first entered.[9]

Comparing responses at the latest reassessment (around 2 to 10 years after entry) with baseline responses (i.e. around entry to the NDIS), the changes were:

- **Five** percentage point increase from **33%** to **38%** for participants aged 15 to 24 years
- **Nine** percentage point increase from **33%** to **42%** for participants aged 25 to 34 years
- **Eight** percentage point increase from **33%** to **41%** for participants aged 35 to 44 years
- **Seven** percentage point increase from **34%** to **41%** for participants aged 45 to 54 years
- **Seven** percentage point increase from **34%** to **40%** for participants aged 55 to 64 years
- **Seven** percentage point increase from **36%** to **43%** for participants aged 65 years and older
- **Seven** percentage point increase from **33%** to **41%** for participants aged 15 years and older.

The overall result of 41% compares to a 2025–26 target of 43%.

Participation in community and social activities generally increased the longer participants remained in the NDIS.

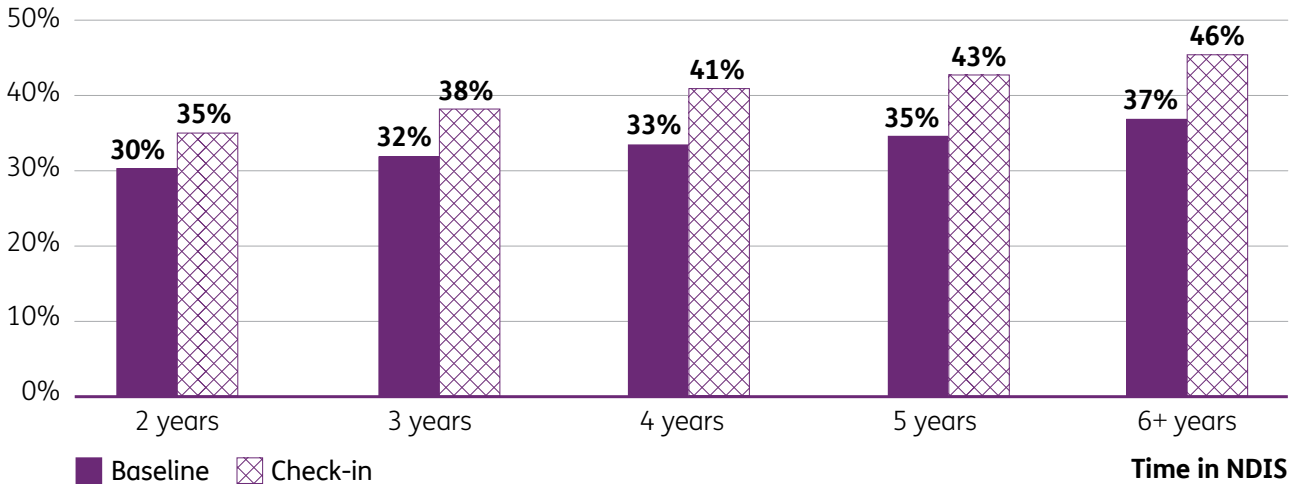
For participants aged 15 years and older (Figure 5), the increase for those who have been in the NDIS for 2 years was 5 percentage points (up from 30% to 35%). Participation in social and community activities increased by 9 percentage points, from 37% to 46%, for participants who have been in the NDIS for 6 or more years.

8 Figures in this section have been rounded to the nearest whole percentage. Difference are calculated from unrounded metrics and differences of less than 1 percentage point are treated as no change. Results are based on responses collected at entry to the NDIS (baseline measure) and at subsequent intervals. This section compares baseline indicator results when participants entered the NDIS, with latest results. Trial participants are excluded. The participant age reported in this section is as per participants' latest completed questionnaires.

9 Rounded to the nearest complete year since the first plan was approved.

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 2 or more years, continues to be relatively stable. However, the percentage in a paid job and the change by number of years in the NDIS differ by age group. For example, 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 in the 25 to 34 age group also increased.

The percentage in a paid job remained stable or declined for all other age bands.

Comparing responses at the latest reassessment (around 2 to 10 years after entry) with baseline responses (i.e. around entry to the NDIS), the changes were:

- **Fourteen** percentage point increase from **10%** to **24%** for participants aged 15 to 24 years[10]
- **Three** percentage point increase from **26%** to **29%** for participants aged 25 to 34 years
- **No change** from **28%** to **28%** for participants aged 35 to 44 years
- **Three** percentage point decrease from **25%** to **23%** for participants aged 45 to 54 years
- **Four** percentage point decrease from **20%** to **16%** for participants aged 55 to 64 years[11]
- **Seven** percentage point decrease from **15%** to **8%** for participants aged 65 years and older[12]
- **Three** percentage point increase from **21%** to **24%** for participants aged 15 to 64 years.

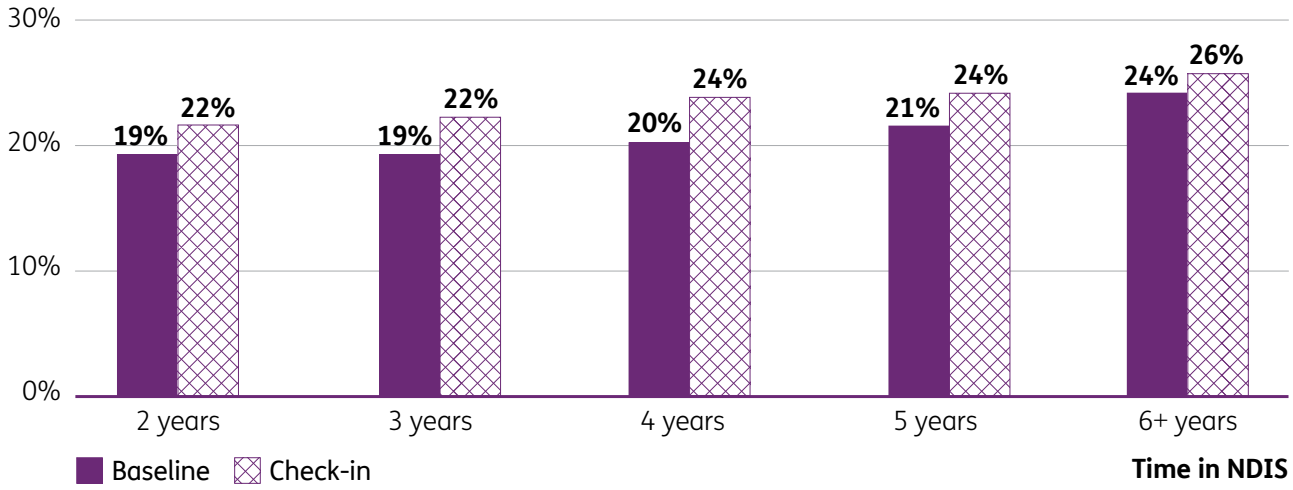
The overall result of 24% for participants aged 15 to 64 years in paid work compares to a 2025–26 target of 22%.

10 Some of the increase may be due to due to participants leaving school and starting work.
11 Some of the decrease for older age groups is due to participants retiring from the workforce.
12 Some of the decrease for older age groups is due to participants retiring from the workforce.

The percentage of working age (15 to 64 years) participants who have been in the NDIS for 2 to 5 years who are in paid work increased by 2 to 4 percentage points. For participants who have been in the NDIS for 6 or more years, the percentage in work increased from 24% to 26% (Figure 6).

Figure 6: Change in the percentage of participants in work

Participants aged 15 to 64 years



NDIS employment assistance

NDIS employment assistance is delivered by NDIS employment providers to help working-age participants develop skills to obtain and maintain employment. It includes job readiness training, career planning, work experience and support to transition into work or further education.

The NDIS emphasises practical interventions and work experience to help working-age participants build the skills, confidence and readiness to engage in meaningful employment.

As at 30 June, NDIA data indicates there are currently more than 45,500 working-age participants with capacity building employment funding in their plan, an increase of 65% since July 2024.

The NDIA has supported these increases by:

- delivering new economic participation training resources to NDIS planners and local area coordination partners about including employment assistance supports in participant plans
- providing guidance for NDIS participants considering work
- delivering regular 'Pathways to post-school life' information sessions to students with a disability and their parents, carers and education professionals about the supports available to help prepare for employment after school.

Inclusive recruitment – a guide for NDIS employment providers

The NDIA has recently released a guide on inclusive recruitment for NDIS employment providers.

The guide offers practical advice, checklists and tools to help employers build more inclusive workplaces. It covers recruitment, hiring and onboarding, supporting employees to settle into their roles, and career development.

The guide aims to help providers:

- build relationships with employers
- address employer challenges in finding suitable staff
- promote the benefits of a diverse workforce
- build employer confidence to attract and support a diverse workforce.

The guide was developed in consultation with disability representative and carer organisations, peak bodies and NDIS employment providers. The Centre for Social Impact at Swinburne University of Technology also provided input.

You can learn more and access the inclusive recruitment guide on the Guide to providing employment supports webpage.

Family and carer employment rate

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

Comparing responses at the latest reassessment (around 2 to 10 years after entry) with baseline responses (i.e. around entry to the NDIS), the changes were:

- **Nine** percentage point increase from **47%** to **55%** for families and carers of participants aged 0 to 14 years
- **Two** percentage point increase from **49%** to **51%** for families and carers of participants aged 15 years and over.

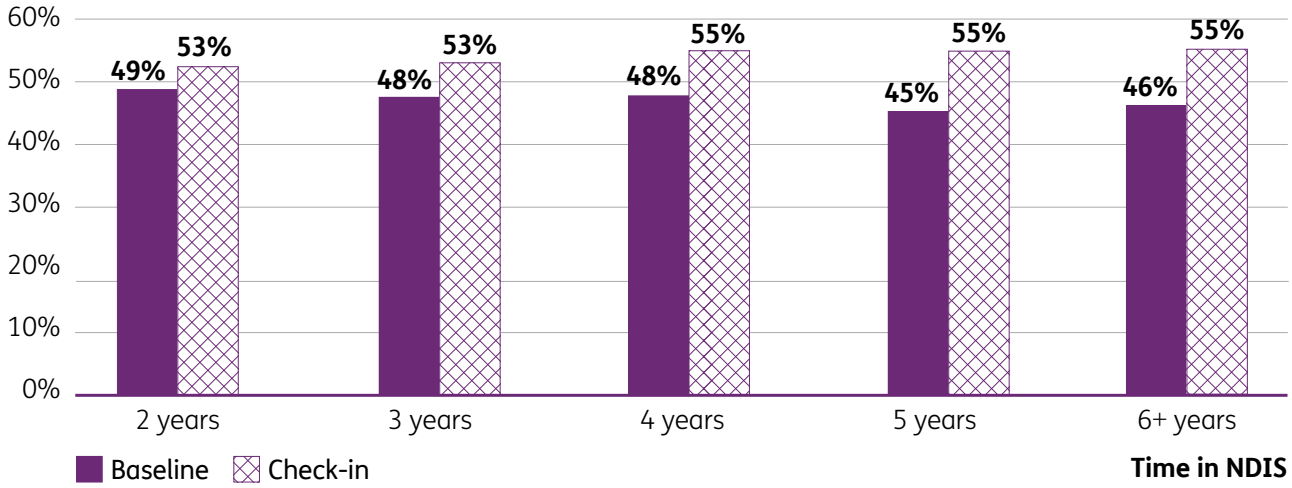
Overall, for families and carers of all participants, there has been a 6-percentage point increase, from 48% to 54%.

Considering participants of all ages who have been in the NDIS for 2 to 5 years, improvements in the percentage of families and carers in work were greater where the participant had been in the NDIS for longer. For example, 53% of the families and carers of participants who have been in the NDIS for 2 years were in work at the second reassessment, compared to 49% at baseline – a 4-percentage point increase.

Those families and carers of participants in the NDIS for 6 or more years improved their employment rate by 9 percentage points, from 46% to 55% (Figure 7).

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

Families and carers of participants of all ages



2.2 Perceptions of whether the NDIS has helped

Participants have positive perceptions across all domains and different age groups. However, the percentage of positive responses varies by life domain and age group.[13]

At each plan reassessment or check-in, participants may be asked whether the NDIS helped with various aspects and areas of functioning included in the life domain measures. For these questions, change is measured from the first reassessment, since the NDIS has not had an opportunity to help at baseline. Results shown in this section compare responses from the first reassessment with the latest reassessment, for participants entering the NDIS since 1 July 2016 who have been in the NDIS for 2 or more years.[14]

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

The percentage increases of those who think the NDIS helped them to have more choices and more control over their life were:

- **Fifteen** percentage point increase from **62%** to **77%** for participants aged 15 to 24 years
- **Fifteen** percentage point increase from **68%** to **83%** for participants aged 25 to 34 years
- **Fourteen** percentage point increase from **70%** to **84%** for participants aged 35 to 44 years
- **Thirteen** percentage point increase from **72%** to **85%** for participants aged 45 to 54 years
- **Thirteen** percentage point increase from **74%** to **87%** for participants aged 55 to 64 years
- **Sixteen** percentage point increase from **74%** to **90%** for participants aged 65 years and older
- **Fourteen** percentage point increase from **69%** to **83%** for participants aged 15 years and older.

13 Figures in this section have been rounded to the nearest whole percentage. Differences are calculated from unrounded metrics.
14 Rounded to the nearest complete year since the first plan was approved.

Other 'Has the NDIS helped?' questions

Results improved across all life domain measures for children aged from birth to starting school.

Table 1 shows the percentage of participants who responded positively at first reassessment 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 school

Domain	First assessment (%)	Latest reassessment (%)	Percentage point change
Daily living: child's development	91	95	+4
Daily living: access to specialist services	92	96	+4
Choice and control (child's ability to communicate what they want)	82	89	+7
Relationships (fitting into family life)	78	86	+9
Social, community and civic participation (fitting into community life)	63	72	+9

Improvements were slightly stronger for fitting into family and community life (although results for these life domain measures began at a lower level and had more scope to improve).

Table 2 shows the percentages of participants from starting school to age 14 who responded positively at first reassessment and at latest reassessment, as well as the change between the 2 time points.

Table 2: 'Has the NDIS helped?' – participants from starting school to age 14

Domain	First assessment (%)	Latest reassessment (%)	Percentage point change
Daily living (independence)	62	79	+16
Lifelong learning (access to education)	42	58	+15
Relationships (with family and friends)	51	66	+15
Social, community and civic participation (social and recreational life)	46	60	+13

The results in Table 2 were generally less positive than for the younger age group, but show stronger improvement over time.

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

Table 3: 'Has the NDIS helped?' – participants aged 15 to 24

Domain	First assessment (%)	Latest reassessment (%)	Percentage point change
Choice and control	62	77	+15
Daily living	62	78	+16
Relationships	51	61	+11
Home	23	28	+5
Health and wellbeing	45	61	+16
Lifelong learning	36	45	+9
Work	19	26	+7
Social, community and civic participation	56	69	+13

From Table 3, the largest improvement over time in the NDIS was for the daily living and health and wellbeing domains (both 16 percentage points). There were also strong improvements for choice and control (15 percentage points); social, community and civic participation (13 percentage points); relationships (11 percentage points); and lifelong learning (9 percentage points). Home and work increased by 5 and 7 percentage points, respectively.

Table 4 shows the percentages of participants aged 25 and over who responded positively at first reassessment and latest reassessment, as well as the change between the 2 time points.

Table 4: 'Has the NDIS helped?' – participants aged 25 and over

Domain	First assessment (%)	Latest reassessment (%)	Percentage point change
Choice and control	71	85	+14
Daily living	74	88	+14
Relationships	53	70	+17
Home	31	43	+12
Health and wellbeing	54	71	+18
Lifelong learning	31	41	+10
Work	20	27	+7
Social, community and civic participation	61	78	+17

From Table 4, perceptions were more positive for those aged 25 and over than for those aged 15 to 24, and the older adult group also showed a stronger improvement over time.

The largest improvements over time in the NDIS for participants aged 25 and over were for health and wellbeing (18 percentage points); social, community and civic participation (17 percentage points); and relationships (17 percentage points). There were also strong improvements for choice and control, and daily living (both 14 percentage points).

Similar to the younger adult group, lifelong learning and work showed smaller increases (10 and 7 percentage points, respectively). However, there was a larger improvement for the home domain (12 percentage points) in the older adult group compared to the younger adult group.[15]

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 we could improve outcomes. For example, for participants aged 25 and over (who have been in the NDIS for 2 or more years), only 27% agreed that being in the NDIS had helped them find a suitable job, which was a 7-percentage point increase from their first assessment.

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

Section 3

Participant experience

Violeta embraces an active, independent life

For former Gosford primary school teacher Violeta, being blind is no barrier to living the independent life she has always cherished.

'I live life, I love life and I'm very happy. My friends say I'm an enigma because I'm so busy every day and I'm so independent, they sometimes forget that I'm blind,' said Violeta, whose vision loss is caused by a genetic condition, retinitis pigmentosa.

Violeta began losing her vision in 1998. With help from NDIS partner Social Futures, Violeta joined the NDIS 9 years ago. She says it has given her what she values most.

"Every day, I thank God for the miracle that is the NDIS, I really do, because I can keep my independence, and that means freedom to me," she said.

Violeta navigates her home using a white cane, funded through her NDIS plan. She often travels alone to town or social events.

Violeta has occupational therapy support which has helped with managing daily tasks at home.

'The occupational therapist teaches me things to live independently and how I can manage by myself,' she said. 'I had so many troubles to use my washing machine for years, but then the occupational therapist showed me how and now I can do that myself.'

Assistive technology has also been crucial for Violeta to live independently.

'I have tools through the NDIS, like my electric magnifier. This machine is my eyes, I run to my magnifier, and the world is open to me. All of these things have transformed my life. Without them, I would be isolated, unable to do the things I love,' she said.

'Without the NDIS, where would I be? I wouldn't be able to live alone in my own home. I wouldn't imagine what my life would be.'

Read more participant stories 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 PSC sets out the level of service participants can expect from the NDIA and partners in the community. It outlines in plain English how NDIA staff and partners should engage with participants and what our accountabilities are.

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

The NDIA measured performance for the 5 PSC engagement principles (Table 5). The results are drawn from the participant satisfaction survey.[16]

Table 5: Performance against the PSC engagement principles

Engagement principles		Performance in the June 2026 quarter	Change from last quarter*
Transparent	We will make it easy to access and understand our information and decisions.	79%	↔
Responsive	We will respond to your individual needs and circumstances.	65%	↔
Respectful	We will recognise your individual experience and acknowledge you are an expert in your own life.	68%	↔
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.	76%	↔

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

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

Transparent – 79% of respondents experienced interactions that were transparent, with 93% indicating that communication was in their preferred format and 78% saying that decisions and outcomes were explained to them.

Responsive – 65% of respondents reported an experience that was responsive, with 67% saying that their circumstances and needs were considered.

Respectful – 68% of respondents experienced respectful service, with 90% of participants and other people with disability engaging with the NDIS noting they were treated with respect. In addition, 62% of respondents reported the person they spoke with understood how their disability, delay or concern affects their day-to-day life.

Empowering – 67% of respondents experienced interactions that were empowering, with 61% of participants feeling prepared for their plan-related meetings, 66% feeling confident in using their plan, and 85% knowing where to find more help with using their plan.

Connected – 76% of participants and other people with disability engaging with the NDIS experienced interactions that enabled them to be connected, with 87% reporting they could connect with the NDIS in their preferred way, and 62% feeling confident in accessing supports.

3.2 Participant Service Guarantee

The Participant Service Guarantee (PSG) sets clear timeframes for key NDIS processes.

The NDIA continued to monitor and report on 18 PSG measures throughout the quarter. Reporting for PSG measures 3, 5 and 15 remains unavailable.

Of the 18 PSG measures, 9 (50%) met or exceeded their target timeframes at least 95% of the time (PSGs 1, 2, 6, 7, 9, 10, 16, 17b and 19).[17] A further 4 measures (22%) achieved results above 80% (PSGs 8, 13, 18 and 20).

Scheme eligibility and access (PSGs 2 and 4)

PSG 2 performance improved by 14 percentage points this quarter to 96%, driven by the NDIA's ongoing focus on improving our performance in access decisions. PSG 4 performance improved by 11 percentage points to 79%, reflecting both the continued focus on improving our performance in making access decisions and improvements to the process for returning evidence.

First plans (PSGs 6 and 7)

Another focus for the NDIA has been ensuring participants receive their first plan in a timely manner. More than 97 per cent of participants received their first plan within the PSG timeframe this quarter.

Reviews and reassessments (PSGs 12, 13, 14, 17a, 17b and 18)

The high volume of participants seeking reassessments of their NDIS plans (PSGs 12, 13 and 14) has continued to impact performance. Despite this, PSG 12 improved to 32%, an increase of 3 percentage points, and PSG 14 improved by 5 percentage points to 44%. PSG 13 decreased by 1 percentage point to 86%.

The NDIA is committed to improving the timeliness of reassessments. More staff have been allocated to reviewing unscheduled reassessments, with a focus on finalising the oldest requests first, while also ensuring review requests are prioritised based on participant risk and urgency.

Performance for internal review decisions (PSG 17a) improved significantly to 48%, a 14 percentage point increase from the previous quarter. PSG 17b improved slightly to 99%, and PSG 18 maintained strong performance at 90%. Improving performance for conducting reviews will remain a focus in the first quarter of the 2026–27 financial year.

17 The unrounded performance of PSG 20 is 94.8%. Meeting the target is measured using unrounded performance.

Table 6: Performance against the Participant Service Guarantee

PSG	Service type	Description of the service being guaranteed	Service guarantee	Performance in the June 2026 quarter	Change from last quarter*
1	Access	Explanation of a previous decision, after a request for explanation is received.	28 days	96%	↔
2	Access	Make an access decision, or request for more information, after an access request has been received.	21 days	96%	↑
4	Access	Make an access decision, or request for additional information, after more information has been provided.	14 days	79%	↑
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	96%	↔
7	Planning	Approve a plan for ECA participants, after an access decision has been made.	56 days	100%	↔
8	Implementation	Offer to hold a plan implementation meeting, after the plan is approved.	7 days	89%	↑
9	Implementation	If a participant accepts the offer, hold a plan implementation meeting.	28 days	98%	↔
10, 16	Plan approval	Provide a copy of the plan to a participant, after the plan is approved (PSG 10) or amended (PSG 16).	7 days	99%	↔
11	Plan reassessment	Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date.	56 days	45%	↔
12	Plan reassessment	Decide whether to undertake a participant-initiated plan reassessment, after the request is received.	21 days	32%	↔

*** Change from last quarter**

↑ More than 3 percentage points higher

↔ Within 3 percentage points

↓ More than 3 percentage points lower

Table 6: Performance against the Participant Service Guarantee cont.

PSG	Service type	Description of the service being guaranteed	Service guarantee	Performance in the June 2026 quarter	Change from last quarter*
13	Plan reassessment	Complete a reassessment, after the decision to accept the request was made.	28 days	86%	↔
14	Plan variations	Amend a plan, after the receipt of information that triggers the plan amendment process.	28 days	44%	↑
17a	Reviewable decisions	Complete an internal review of a reviewable decision after a request is received.	60 days	48%	↑
17b	Reviewable decisions	Enact outcome of a reviewable decision.	28 days	99%	↔
18	Participant budget update	Implement an Administrative Review Tribunal (ART) decision to vary a plan, after receiving notification of the ART decision	28 days	90%	↔
19	Manage authorised representative	Cancel participant-requested nominee.	14 days	99%	↔
20	Manage authorised representative	Cancel CEO-initiated nominee	14 days	95%	↔

Note: From the September 2025 quarter, performance of most PSGs is measured from milestones built into the new computer system. PSGs 10 and 16 are captured within the same milestone. For PSGs 11, 14 and 18, performance is measured from available data on processes and dates in the new computer system.

*** Change from last quarter**

↑ More than 3 percentage points higher

↔ Within 3 percentage points

↓ More than 3 percentage points lower

3.3 Home and living decisions

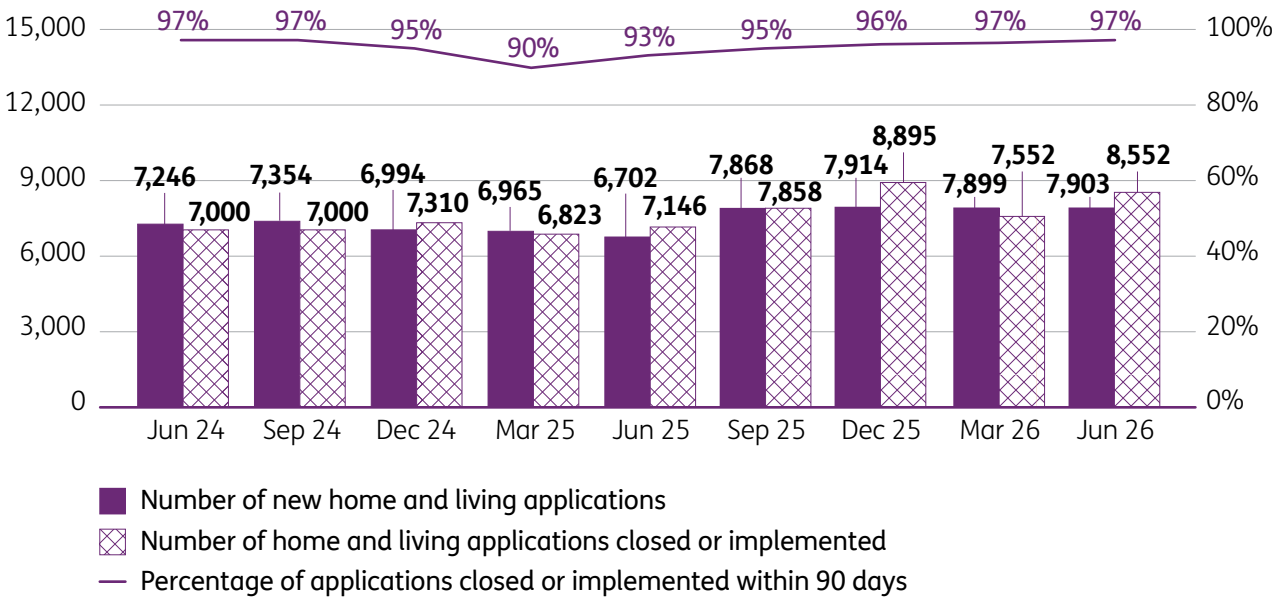
The NDIA helps participants to live independently in the community or explore alternative living options.

The process for requesting home and living supports begins with a home and living application and ends when home and living supports are included in the approved plan (plan implementation).[18]

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.

During the June 2026 quarter, 7,903 new home and living applications were received (Figure 8). This is slightly higher than for the previous quarter (7,899). There were 8,552 applications either closed or implemented, with 97% (6,935) finalised within 90 days.[19,20] The number of applications closed or implemented is higher than the previous quarter (7,552). The proportion of closed or implemented applications finalised within 90 days is the same as the March 2026 quarter (97%).

Figure 8: Home and living applications – new, closed and percentage closed within 90 days[21]

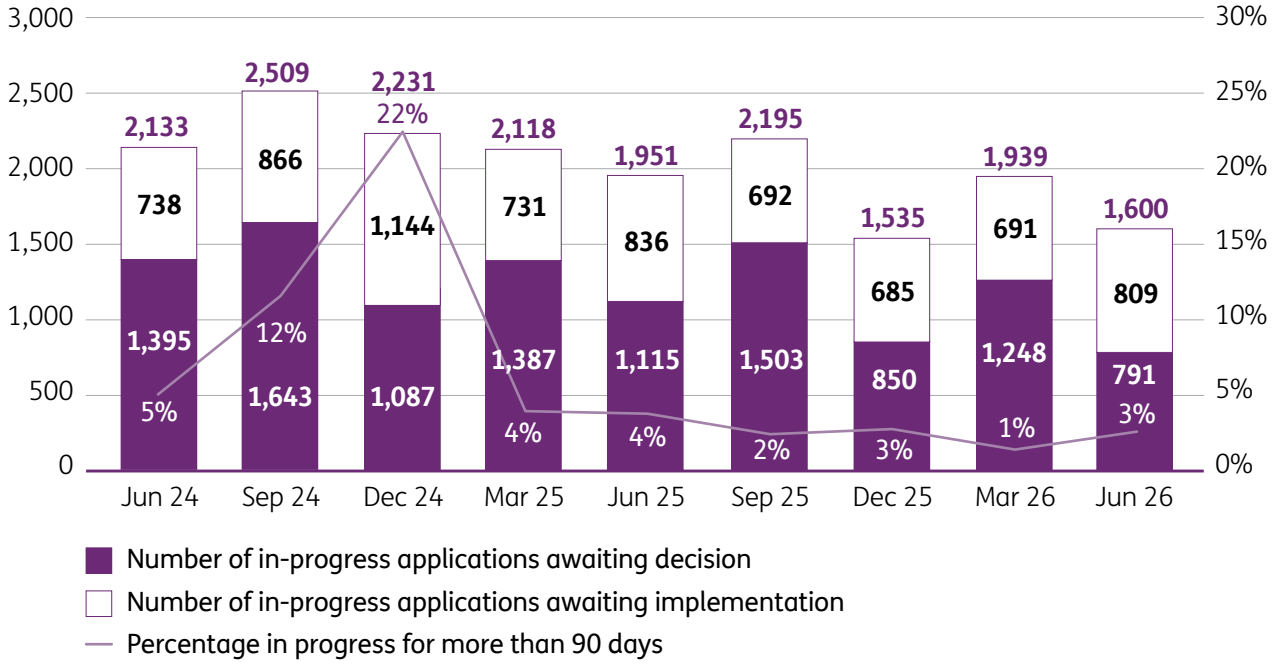


18 The time taken for participants to respond to requests for further information is not included.
19 An application is considered closed if it is cancelled or rejected, a participant declined all home and living supports, or the application won't progress to implementation (e.g. participant deceased, participant does not proceed). An application is considered implemented once a participant has a new approved plan.
20 For the June 2026 quarter, 1,430 of the 8,552 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.
21 Applications closed or implemented with no data on the closure date have been excluded from the percentage of applications closed or implemented within 90 days.

As at 30 June 2026, there were 1,600 home and living applications in progress, which is lower than in the previous quarter (Figure 9). Of these, 791 were awaiting a decision,[22] while a further 809 were waiting for supports to be implemented in a plan.

There were 1,250 (78%) applications in progress that related to a plan reassessment request because of a change in circumstances. The proportion of applications in progress for more than 90 days was 3% (41 applications), which is higher than the previous quarter.

Figure 9: Home and living applications – in progress awaiting decision or implementation, percentage in progress for more than 90 days[23]



The NDIA continues to implement the independent living initiative as part of the NDIS reforms in the 2023–24 Budget. 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 in-home support funding decisions.

22 The NDIA is waiting on additional information from participants for 191 of the 791 applications awaiting a decision.
23 Applications on hold are excluded from the in-progress applications.

3.4 Complaints and participant critical incidents

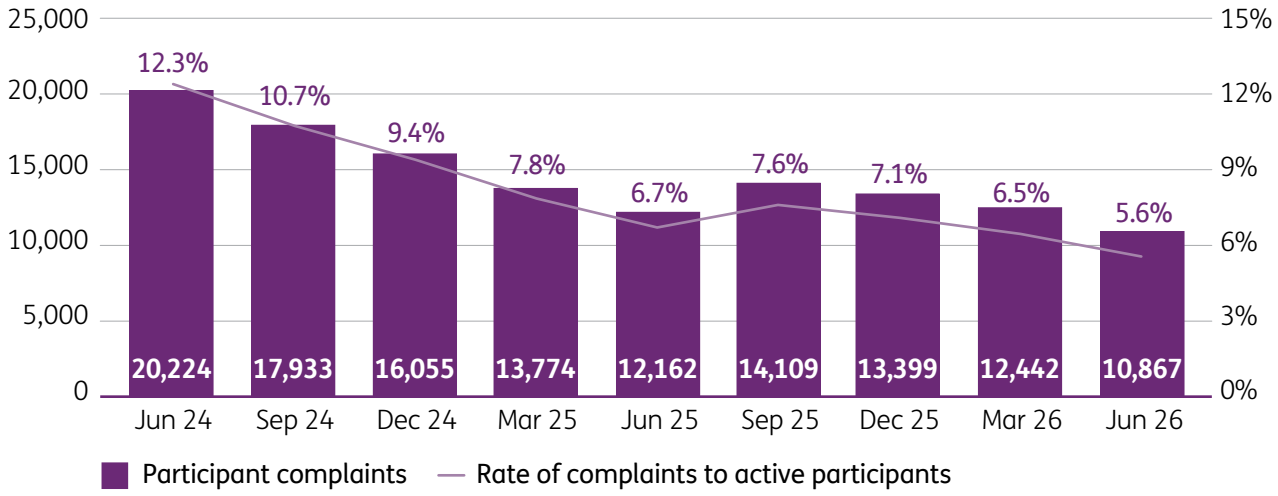
The number of complaints from both participants and providers reduced this quarter.

Complaints

The NDIA receives complaints from participants and their representatives, as well as others, including members of the public, referrals from parliamentarians, other government agencies and community organisations.[24,25,26]

This quarter, there were 10,867 participant complaints, which is 5.6% of active participants. This is the lowest complaint rate in the past 2 years.

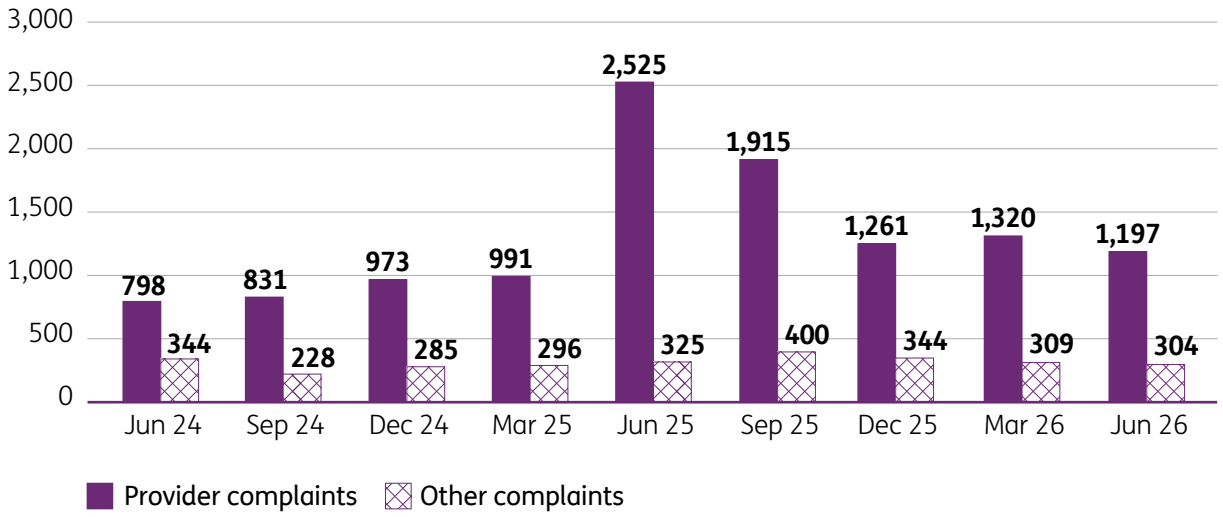
Figure 10: Number and proportion of participant complaints



24 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.
25 Numbers of complaints reported for the most recent quarter may still vary due to a lag in data collection.
26 Numbers may change as the reporting of complaints in the new computer system is refined, including identifying complaints lodged via multiple channels.

During the June 2026 quarter, the NDIA received 1,197 complaints from NDIS providers and 304 complaints from other sources.[27]

Figure 11: Number of provider and other complaint types



Participant plans are the most common reason for complaints from participants, providers and others. These complaints are about:

- the type and amount of funding approved in participant plans
- communication about changes to participant plans
- payment delays
- plan changes
- internal reviews.

The NDIA is committed to improving the experience and value provided by the complaint process, including by:

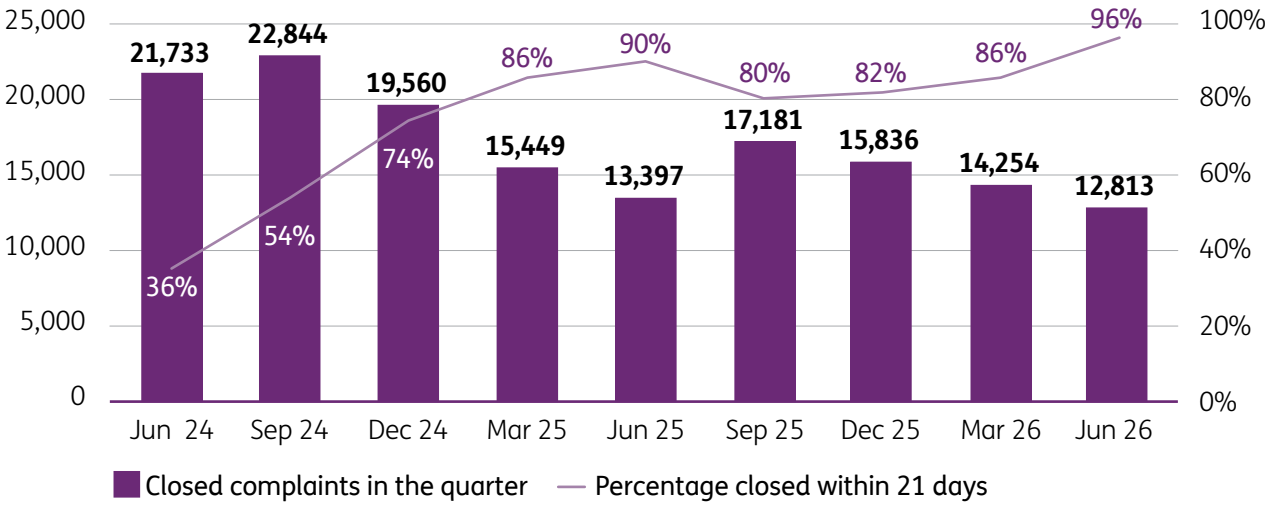
- reinforcing the responsibility of all frontline staff to identify and respond to feedback and complaints
- monitoring and reporting on complaint volumes and trends to help the NDIA continue to improve the disability community's experience of our services.

27 'Other sources' captures contacts not related to an individual participant or provider and may come from the Commonwealth Ombudsman, NDIS Quality and Safeguards Commission, parliamentarians or members of the public.

The NDIA has improved response times across frontline services, leading to fewer complaints about delays and faster responses to complaints.

During the June 2026 quarter, the NDIA finalised 96% of complaints within 21 days, compared to 86% in the March 2026 quarter (Figure 12).

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



Participant critical incidents

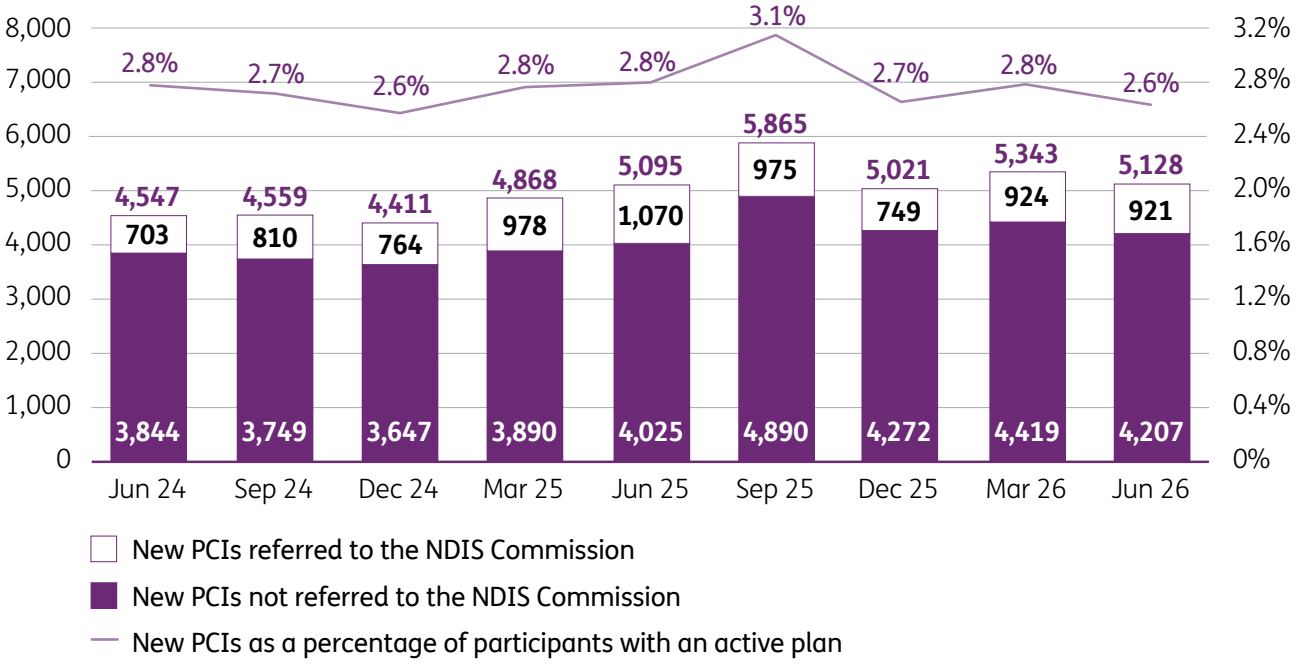
In the course of their work, NDIA staff and staff of partners in the community may encounter circumstances or obtain information about allegations of harm to a participant. These are known as participant critical incidents (PCIs).

After taking immediate safeguarding actions, staff must report the PCI to the dedicated NDIA team who handles these reports and prioritises them for action based on the level of risk to the participant.

The NDIA considers adjustments that may be needed to the participant's NDIS plan and, where relevant, makes referrals to safeguarding, integrity or law enforcement agencies. Reportable incidents are referred to the NDIS Quality and Safeguards Commission. This quarter, the NDIA referred 18% of the PCIs it received to the Commission. This is similar to the referral rate over the past 2 years.

PCI numbers decreased in the June 2026 quarter, with 5,128 notifications received, compared to 5,343 in the previous quarter.

Figure 13: Number and proportion of new PCIs[28]



During the June 2026 quarter, the most common themes of PCIs were abuse or neglect of a participant, followed by a participant being at risk of or attempting self-harm. These themes are consistent with previous quarters.

28 The number of PCIs in the current quarter may change in future as the method of identifying PCIs in the new computer system is further improved. The number of PCIs reported for the most recent quarters may still increase, due to a lag in data collections.

3.5 Plan changes, reviewable decisions and Administrative Review Tribunal cases

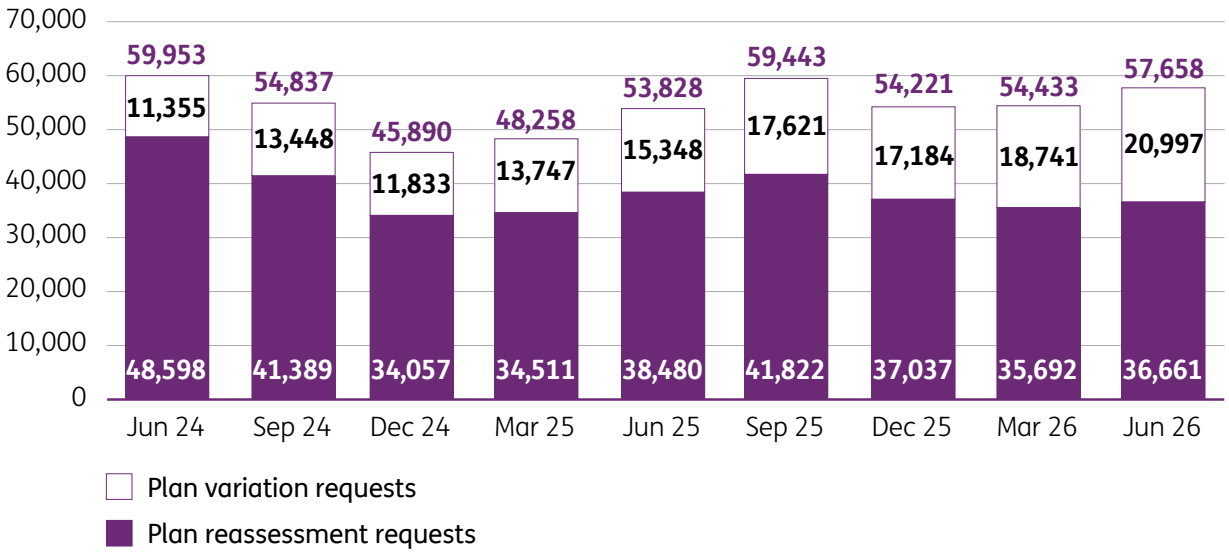
The number of participant requests for a plan change increased this quarter.

Participant-initiated plan change requests

A participant may request a plan reassessment or variation at any time. A reassessment is a complete review of the plan, while a variation is often a minor adjustment to a plan.

During the June 2026 quarter, 57,659 plan change requests were received. Of these, 36,661 were plan reassessment requests and 20,998 were plan variation requests (Figure 14). This is an increase from the March 2026 quarter of 54,433 plan change requests, with most of the increase attributable to an increase in plan variation requests.

Figure 14: Number of participant-initiated plan change requests[29,30]



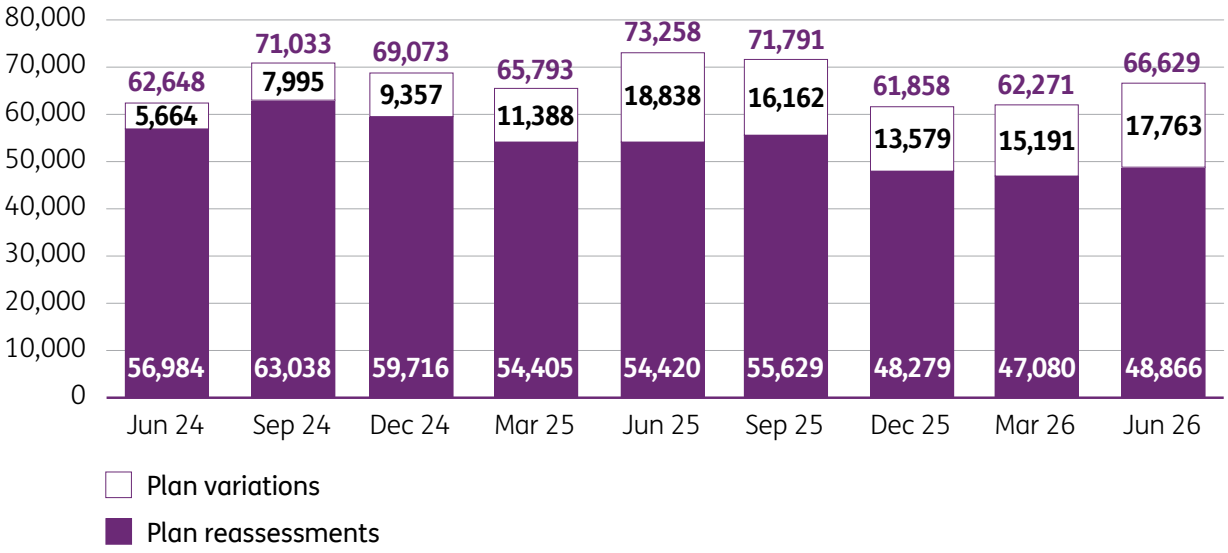
29 The number of plan change requests has been restated in prior periods due to excluding cases automatically created in the new computer system for participants eligible for a plan continuation.
30 Number of plan change requests reported for the most recent quarter may vary, due to requests being cancelled and lags in data collection.

Plan changes

Plan reassessments and variations can be initiated by either the participant or the NDIA.

This quarter, 66,629 plan change requests were completed, comprising 48,866 plan reassessments and 17,763 plan variations. This is an increase from the March 2026 quarter of 62,271 completed plan changes, with most of the increase attributable to an increase in completed plan variations (Figure 15).

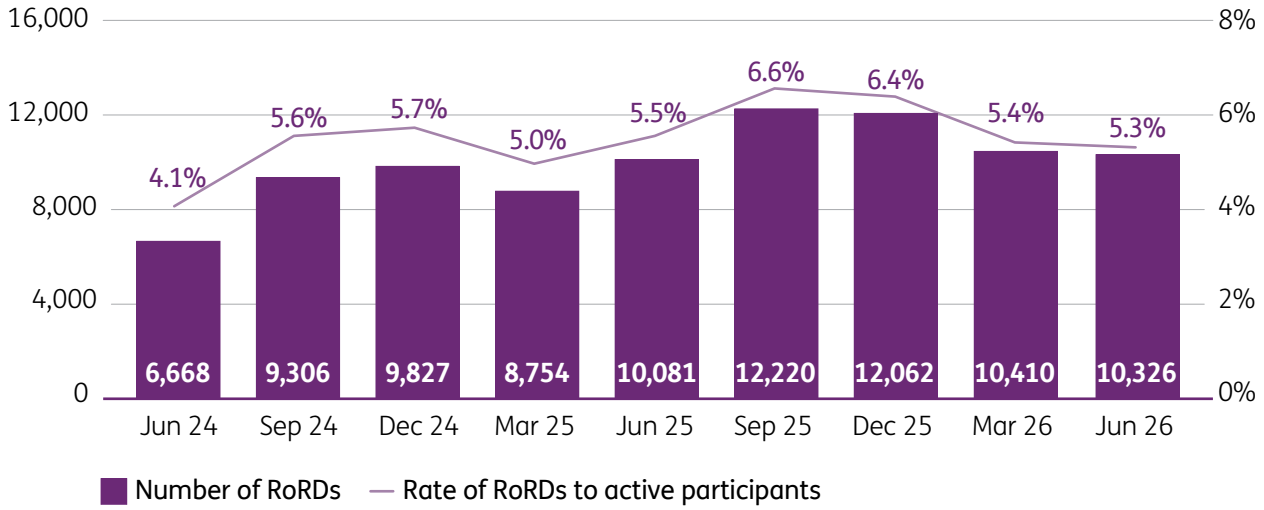
Figure 15: Number of completed plan changes



Review of a reviewable decision[31]

The number of requests for a review of a reviewable decision (RoRD), as a percentage of active participants, decreased from 5.4% in the March 2026 quarter to 5.3% in the June 2026 quarter (Figure 16).

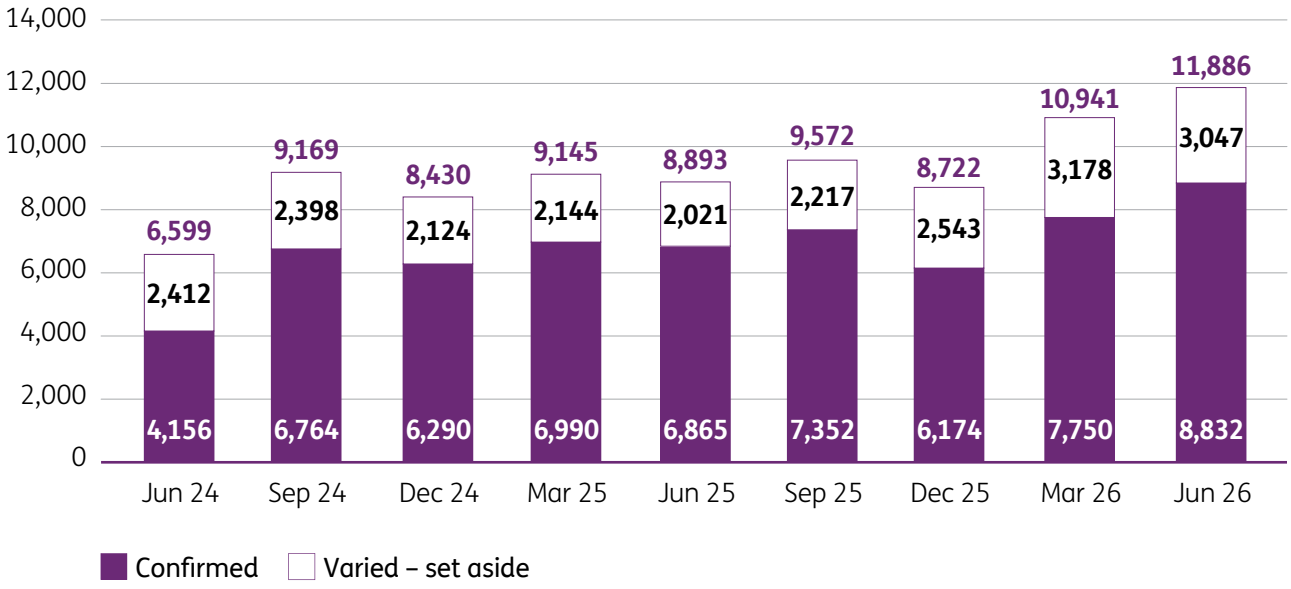
Figure 16: Requests for an RoRD by date of request[32]



This quarter, 11,886 RoRDs were closed, which is higher than the previous quarter (Figure 17).

Of these closed RoRDs, 8,832 reviews upheld the original NDIA decision, while 3,047 resulted in changes.[33] Changes typically occur when new evidence that was not available to the original decision maker is provided during the review process.

Figure 17: Closed RoRDs by outcomes – quarterly trend[34]



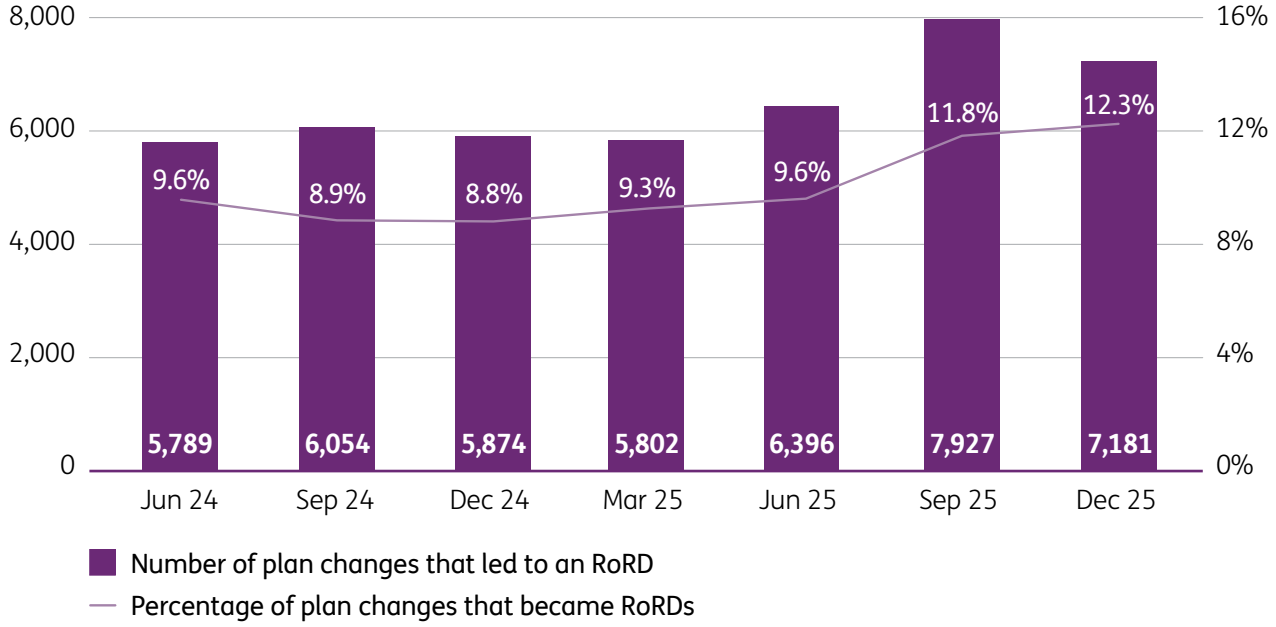
31 The count of RoRDs excludes administrative cases, and draft and miscategorised RoRDs.
32 Number of RoRDs reported for the recent quarters may vary, due to a lag in data collection.
33 A further 7 RoRDs were closed in the June 2026 quarter with no specified outcome.
34 The small number of RoRDs closed with no specified outcome is included in the total.

Pathway from plan changes to RoRD and ART case

A participant may request an RoRD and then seek further review at the ART. Figures 18 and 19 show the pathway from plan changes to planning-related RoRD and ART cases between 1 April 2024 and 31 December 2025. A 6-month lag in reporting the data accounts for time required to apply for majority of the reviews.

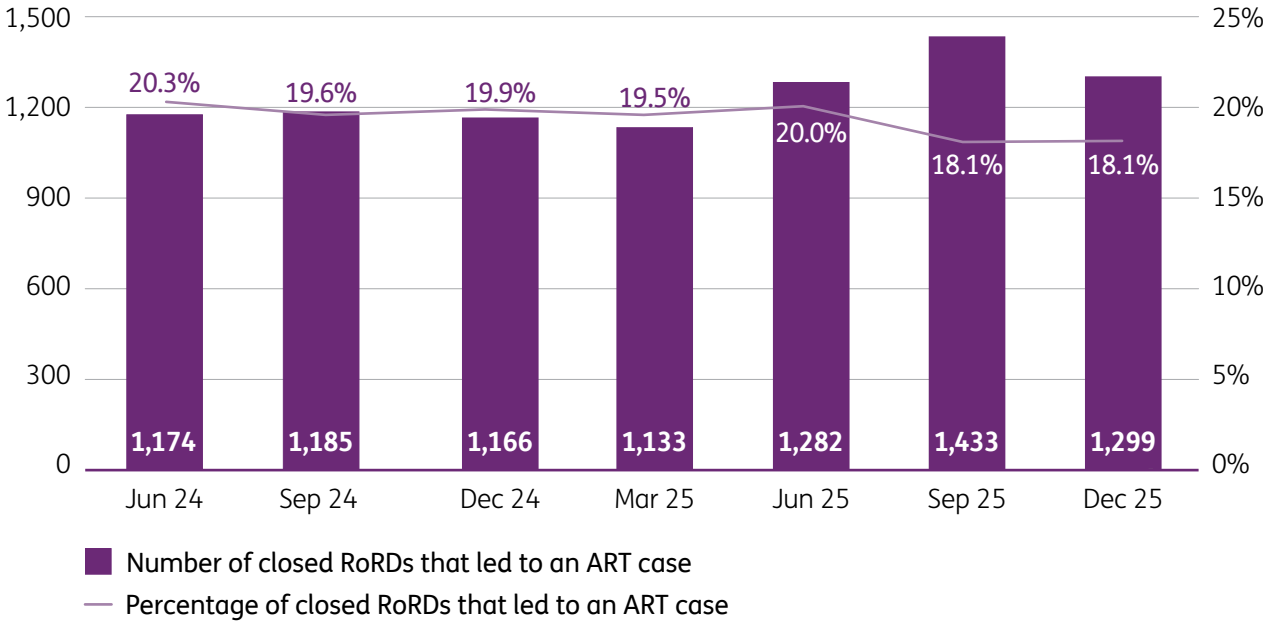
The proportion of plan changes that became RoRDs increased from 11.8% (7,927 RoRDs) in the September 2025 quarter to 12.3% (7,181 RoRDs) in the December 2025 quarter (Figure 18).

Figure 18: Pathway from plan changes to RoRD between 1 April 2024 and 31 December 2025, as at 30 June 2026



The proportion of planning-related RoRDs that became ART cases remained stable at 18.1% in the September and December 2025 quarters (Figure 19).

Figure 19: Pathway from planning-related RoRD to ART case between 1 April 2024 and 31 December 2025, as at 30 June 2026



Administrative Review Tribunal

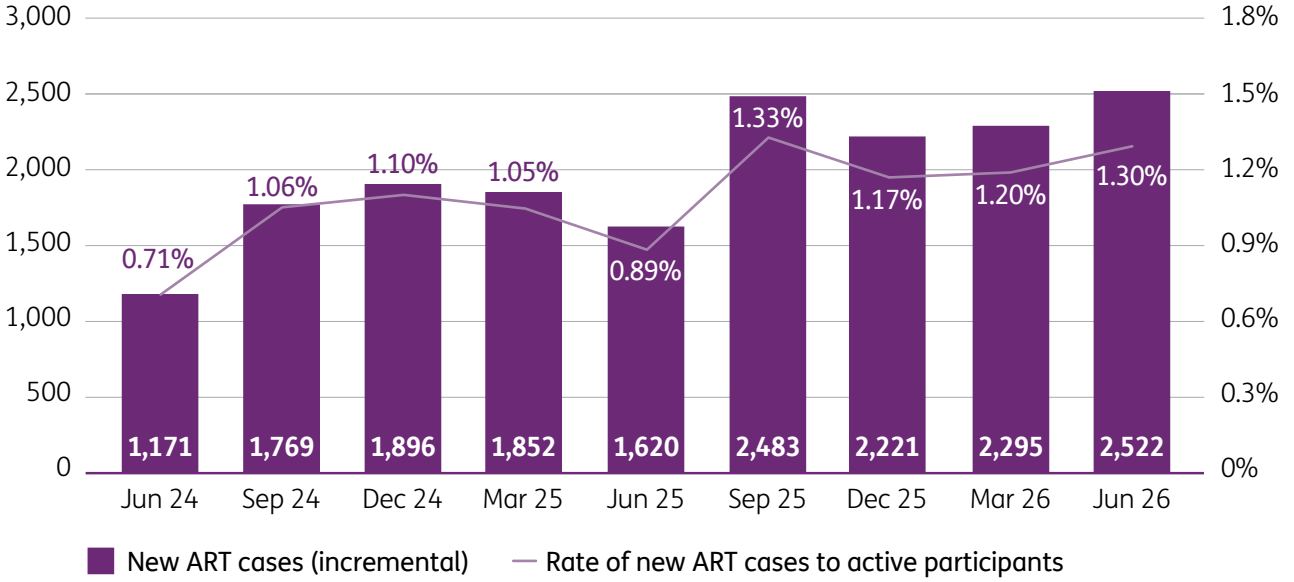
If a person is not satisfied with the outcome of their review by the NDIA, they may apply to the ART for a review of a decision made by a reviewer.[35,36] The NDIA is committed to acting as a model litigant in the ART as required by the Legal Services Directions 2025. As a result, we work with applicants and their legal representatives to resolve matters as early as possible in the ART process.

There were 2,522 new ART cases in the June 2026 quarter, relating to 2,510 participants (Figure 20). The number of new ART cases (as a proportion of active participants) has increased from 1.2% in the March 2026 quarter to 1.3% in the June 2026 quarter.

The NDIA is addressing the increase and case resolution rates as a priority, with a focus on ensuring timely, high-quality outcomes for participants.

35 As part of the ART 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 NDIA decisions being varied in the ART.
36 Further information about the ART process can be found on the ART website (www.art.gov.au).

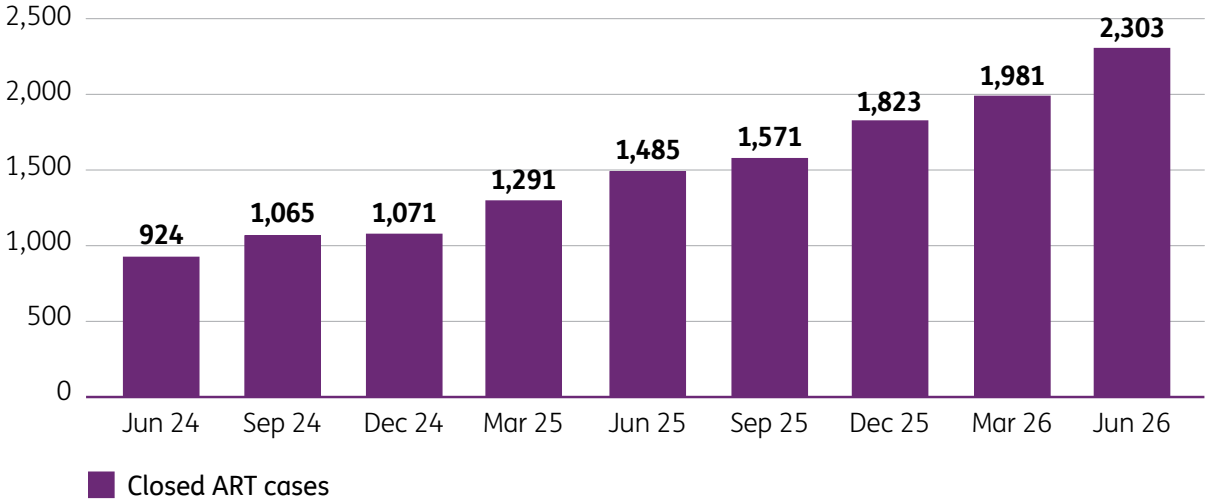
Figure 20: Number and proportion of new ART cases



In the 12 months to 31 March 2026,[37] of the planning-related ART cases that had supports in dispute, the most common categories lodged were capacity building (69% of ART planning cases), core supports (59%), general supports (22%) and assistive technology (16%).

In the June 2026 quarter, there were 2,303 closed ART cases. This is the highest recorded by the NDIA. Of the cases no longer before the ART, approximately 67% were resolved by agreement, 19% were withdrawn by the applicant, 10% were dismissed by the ART, and 3% received a substantive hearing decision by the ART.

Figure 21: Number of closed ART cases



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

3.6 Participant satisfaction

The satisfaction of participants and their families and carers was stable or slightly less positive across most stages of the NDIS pathway this quarter.

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

Overall satisfaction levels

Overall satisfaction was close to stable since last quarter for plan approval, plan implementation and plan reassessment. Satisfaction with the access process was stable for those who have met access, but decreased for non-participants (Table 7).

Table 7: Rating of experience with the NDIS (1 April 2026 to 30 June 2026)[38,39]

Rating	Early supports	Community connections	Apply for NDIS – Access met	Apply for NDIS – Access not met/ other	Plan approval	Plan implement-ation	Plan reassess-ment
Very good/good	67%	74%	79%	33%	52%	61%	69%
Neutral	15%	14%	13%	25%	16%	17%	17%
Poor/very poor	19%	12%	8%	42%	32%	21%	14%

Early supports – for the 3 months to 30 June 2026, 67% of respondents rated the early supports process as either good or very good, with a further 15% rating the experience as neutral.

Community connections – 74% of respondents rated the community connections process as either good or very good, with a further 14% rating the experience as neutral.

Apply for the NDIS – 79% of participants (that is, respondents with a status of 'access met') rated the process of applying for the NDIS as either good or very good, compared to 33% of respondents who had an 'access not met' or other status at the time of interaction.

Overall, 63% of respondents (participants and non-participants) rated the process of applying for the NDIS as either good or very good, with 17% rating the experience as neutral.

Plan approval – 52% of respondents rated the plan approval process as either good or very good, with a further 16% rating the experience as neutral.

Plan implementation – 61% of respondents rated the plan implementation process as either good or very good, with a further 17% rating the experience as neutral.

Plan reassessment – 69% of respondents rated the plan reassessment process as either good or very good, with a further 17% rating the experience as neutral.

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

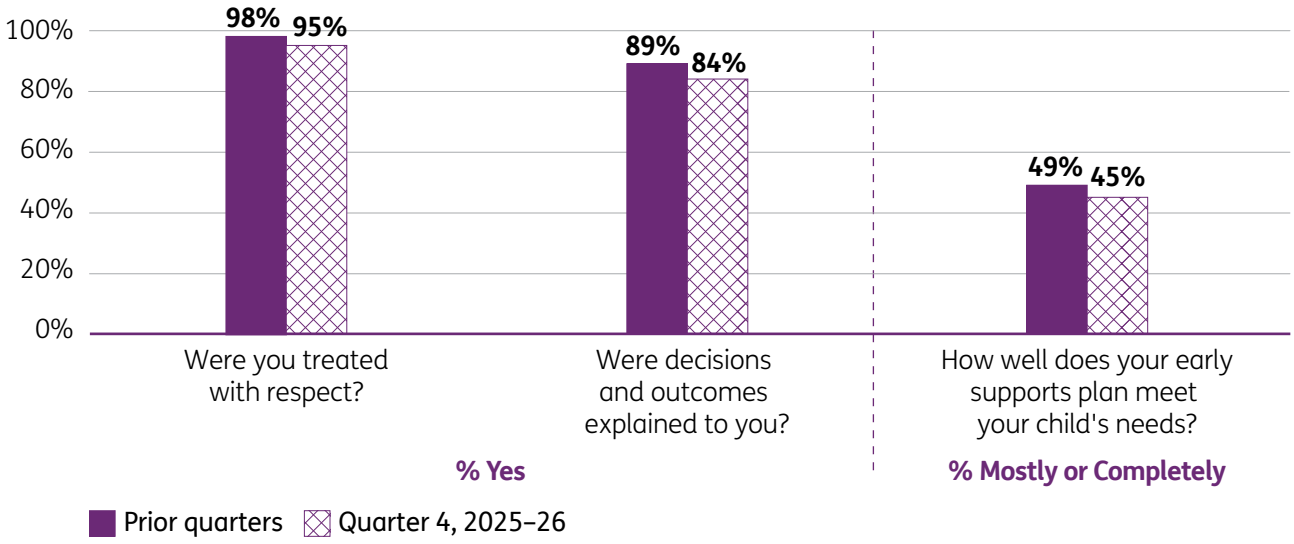
39 These results are based on 213 surveys of early supports, 913 surveys of community connections, 932 of applying for the NDIS, 3,866 of plan approval, 2,108 of plan implementation and 7,653 of plan reassessment, which is 15,685 in total. The number of surveys collected for the June 2026 quarter is lower than last quarter, which may introduce variability in the results.

Satisfaction across the 6 stages of the NDIS pathway

The survey includes questions that provide further insights at each stage of the pathway. Selected questions by pathway stage are presented in Figure 22.

Figure 22: Satisfaction across the 6 stages of the NDIS pathway

Early supports



Community connections

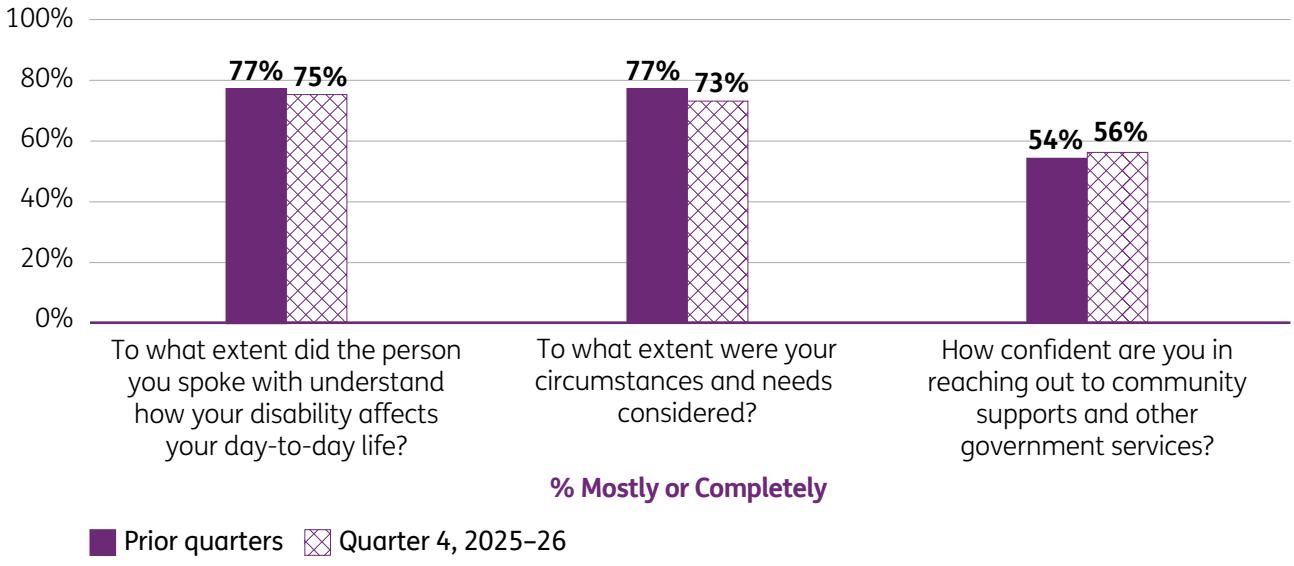
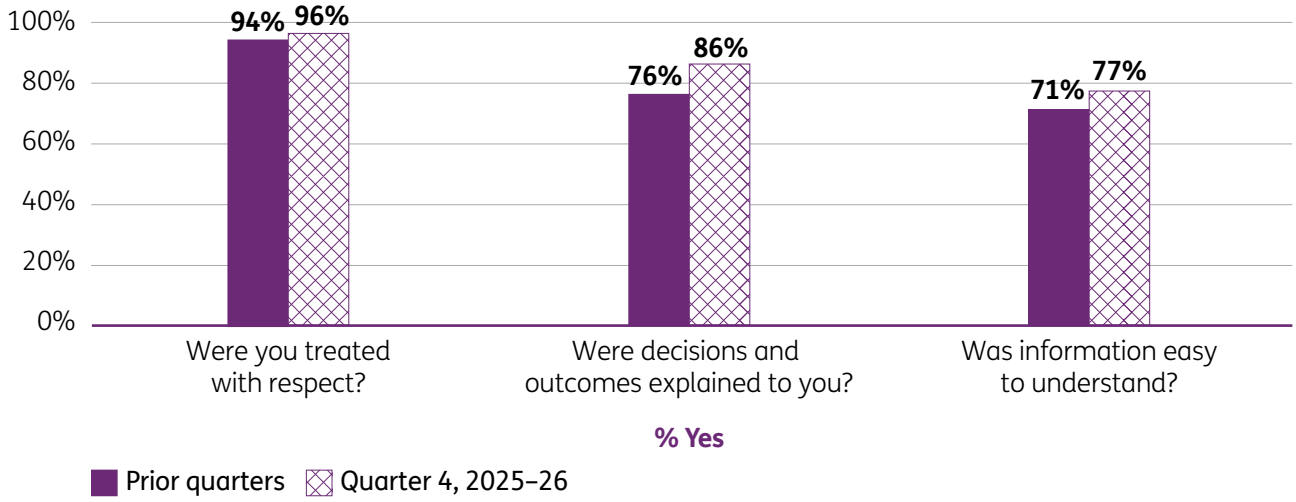


Figure 22: Satisfaction across the 6 stages of the NDIS pathway cont.

Apply for NDIS



Plan approval

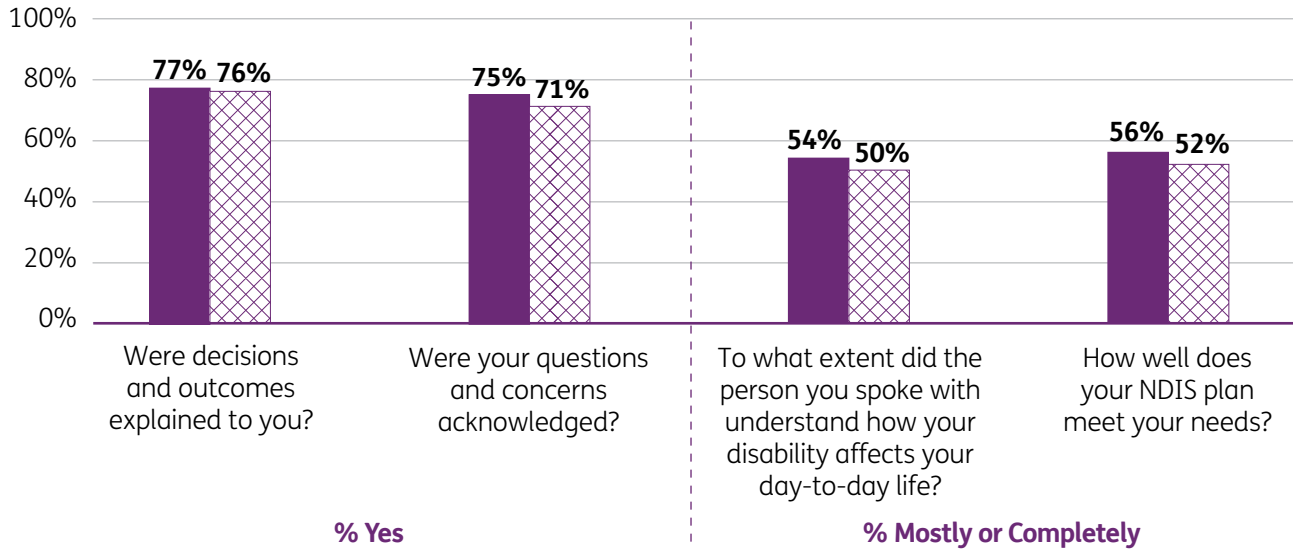
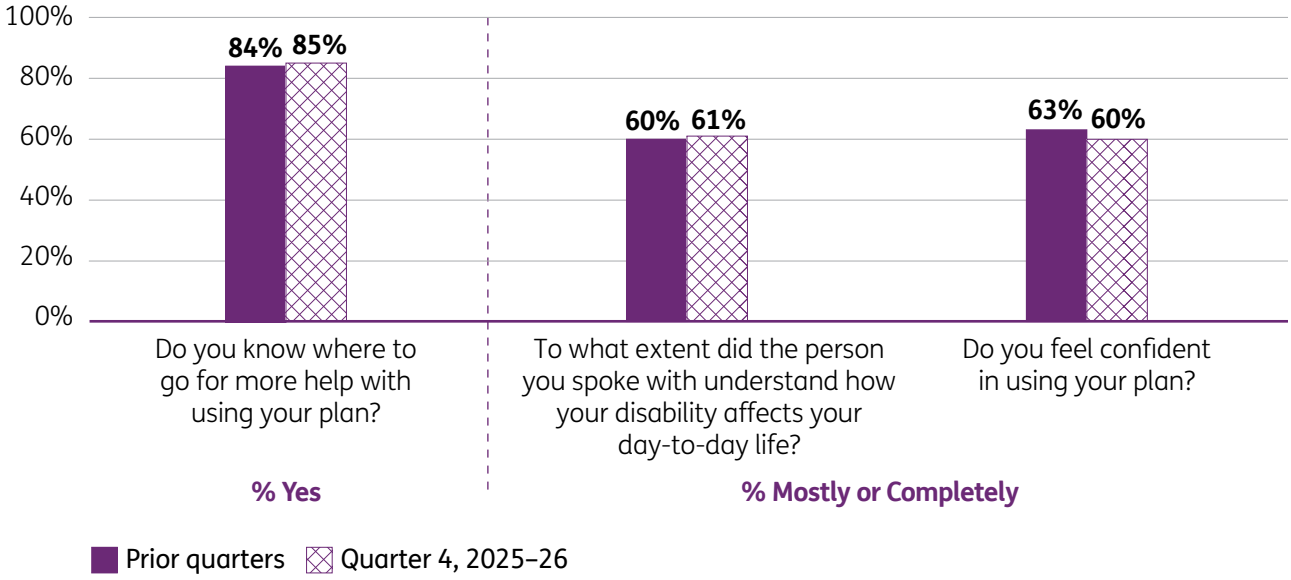
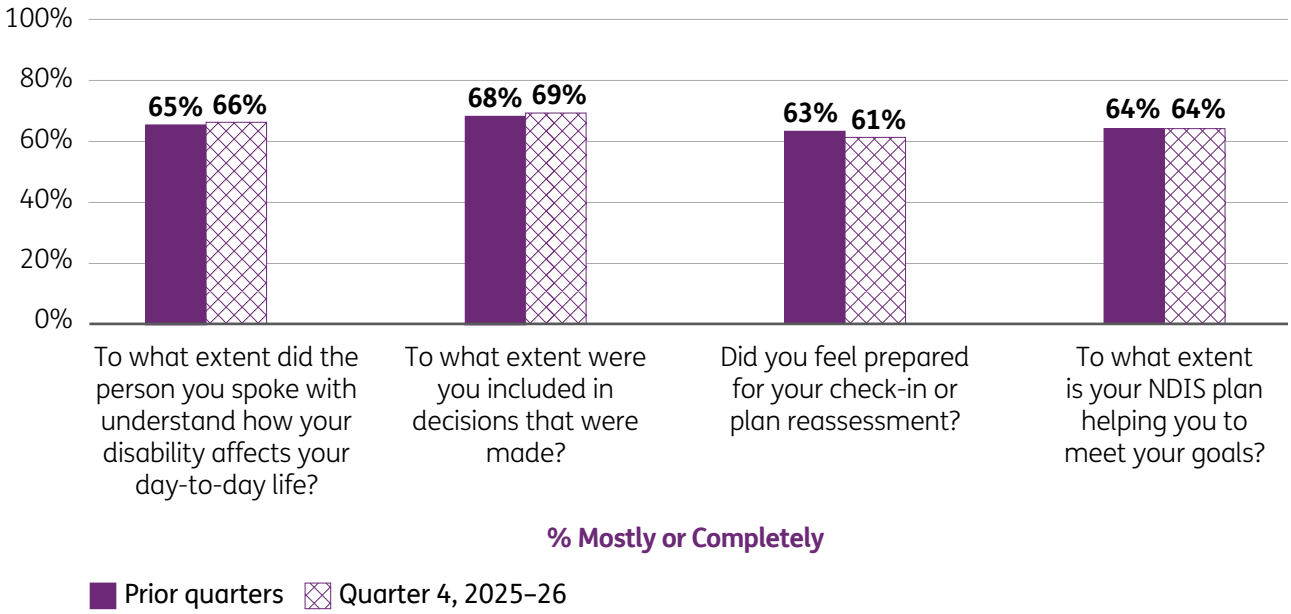


Figure 22: Satisfaction across the 6 stages of the NDIS pathway cont.

Plan implementation



Plan reassessment



Positive experience across stages

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, high-quality services and information about the NDIA for people with disability and their families and carers, and service providers.

In the June 2026 quarter, the NCC received 751,219 contacts, a 7% decrease from the March 2026 quarter, and a 10% decrease from the same quarter in the previous year (June 2025 quarter).

The following is a breakdown of contacts received in the June 2026 quarter by channel:

- **Voice** – 334,883 (14% decrease from previous quarter)
- **Email** – 384,124 (4% increase from previous quarter)
- **Webchat** – 32,212 (32% decrease from previous quarter) (Figure 24).

The average speed of answer for voice decreased from 93 seconds to 56 seconds, with 80% of all calls answered within 60 seconds. Customer satisfaction exceeded the target (80%) at 93% in the quarter, and the NCC received no significant complaints about call waiting times (Figure 23). In addition, 88% of callers reported their enquiries were resolved at the first point of contact, exceeding the target of 80%.

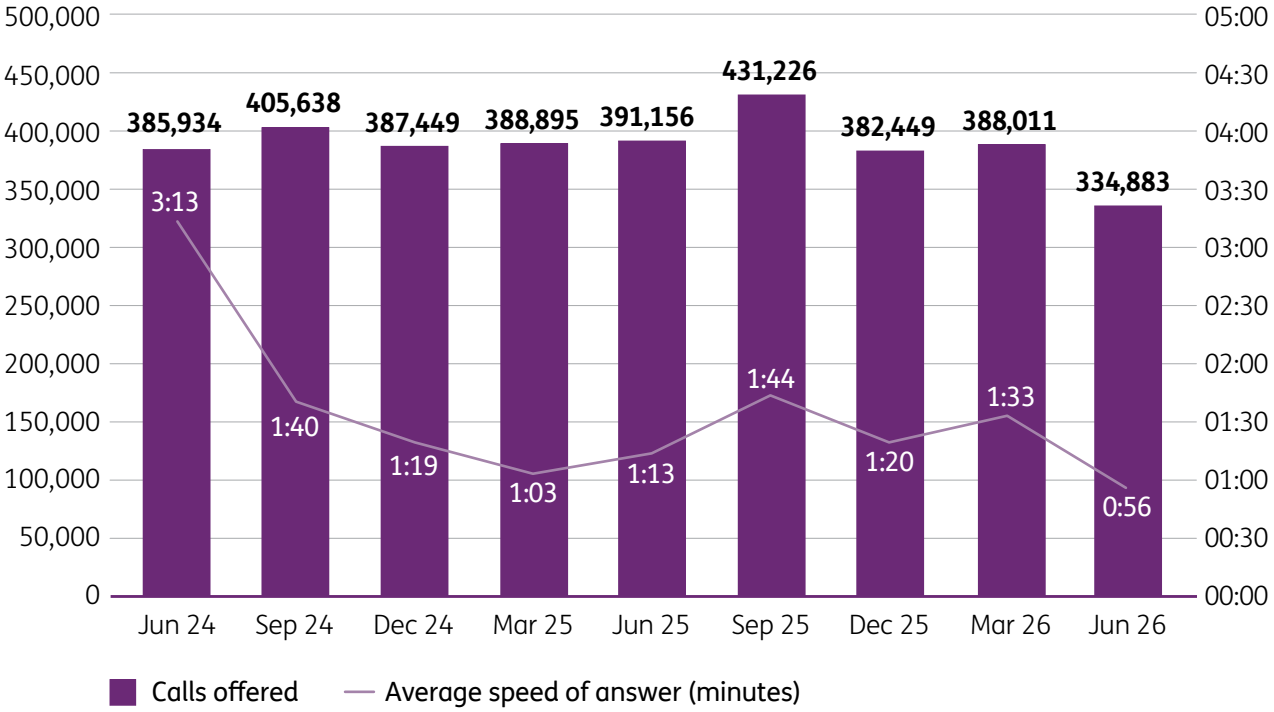
The 14% decrease in voice calls in the quarter was primarily due to a change in reporting methodology introduced from 1 April 2026. The updated approach removes the double counting of callback interactions, resulting in a more accurate representation of customer demand.

Email response times improved in the June 2026 quarter with 95% of incoming emails answered within 2 business days, exceeding the target of 90%. The average time to respond to an email was 0.7 business days. Email volumes in the June quarter included 3,847 contacts generated using the enquiry web form, which was introduced to the participant app in May 2025.

This quarter, the NDIA has launched First Nations Connect, a phone line that gives First Nations people with disability, their families and carers a tailored pathway into the NDIA. The service began on Monday, 1 June 2026. The contact number for First Nations Connect is 1800 411 640.

This line is for First Nations peoples who are part of the NDIS or thinking about applying. The line is also for their families, nominees, health workers and community organisations. Calls are answered by specially trained NCC staff. This service aims to support a flexible and respectful pathway to accessing the NDIS. It is designed to help callers feel understood, to build trust in the NDIS and have more confidence in how the NDIA engages with First Nations communities.

Figure 23: NCC telephony – call volume (top) and performance (bottom)



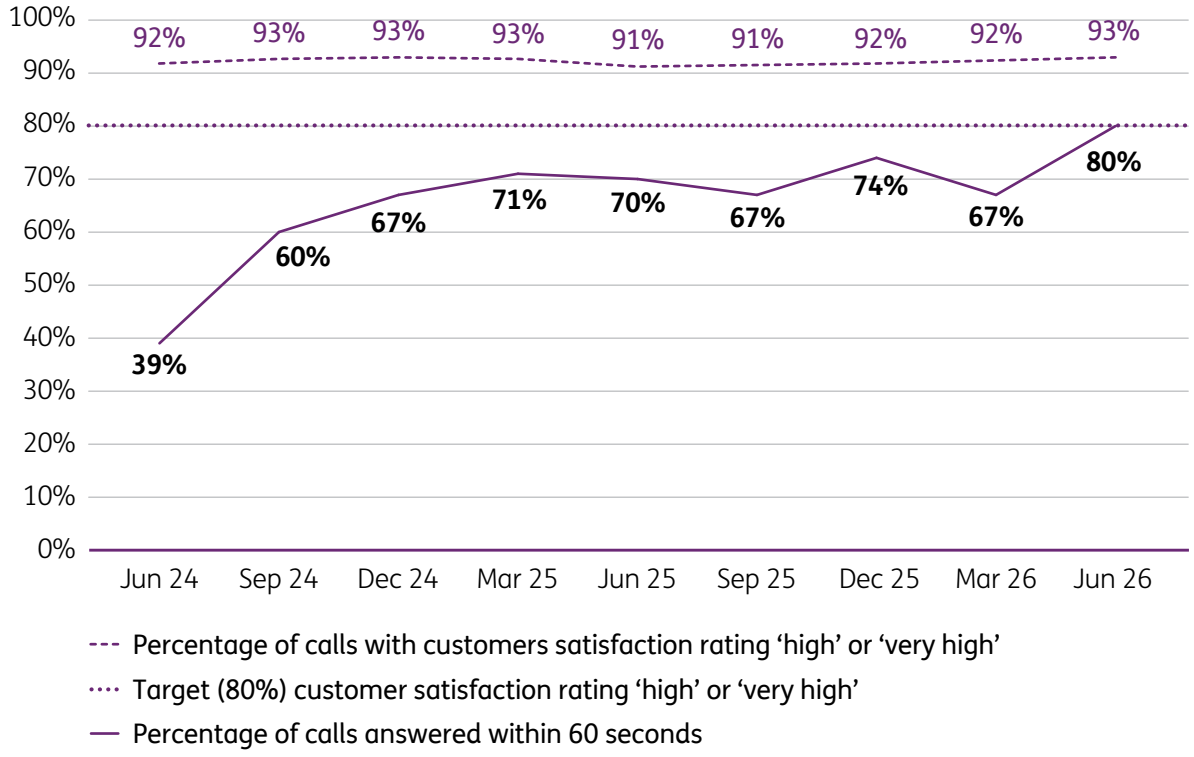


Figure 24: NCC webchat performance[40]

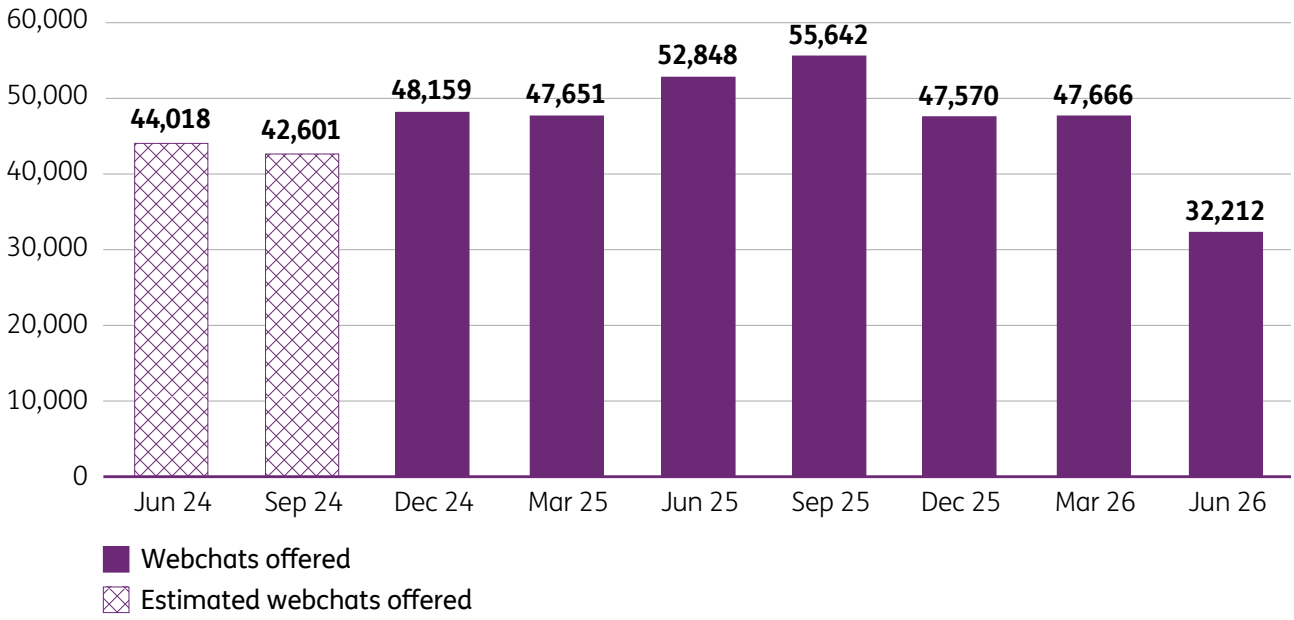
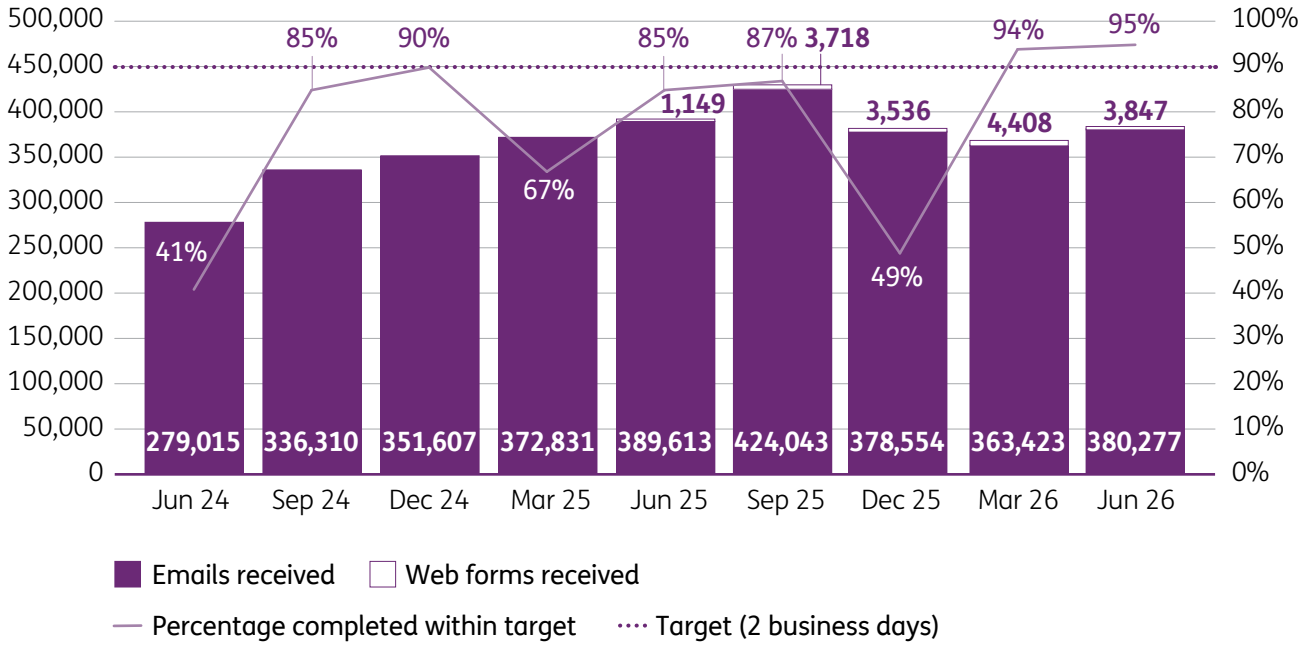


Figure 25: NCC email performance



40 The volume of webchats offered has been estimated for the June and September 2024 quarters. 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.

Without the NDIS, I wouldn't be able to live alone in my own home.

Violeta, NDIS participant

Section 4

Providers and the growing market

The provider market continues to grow.

4.1 Support categories

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

In the 12 months to 30 June 2026, $51.5 billion in support has been provided (Table 8).[41] The largest support categories are core daily activities (52% of total payments), core social and community participation (24% of total payments), and capacity building daily activities (12% of total payments).

Core daily activities include funding for daily life tasks and activities such as support with cleaning, gardening, cooking, and personal care. This includes payments to participants in supported independent living (SIL). Of the $26.8 billion in payments for core daily activities in the 12 months to 30 June 2026, $12.4 billion was for payments related to participants in SIL. More information on support categories is available on the NDIS website[42].

Table 8: Total payments from 1 July 2025 to 30 June 2026

Support category	Payments ($m) to all providers	Percentage of total payments
Core – daily activities	26,822	52.1%
Core – social and community participation	12,209	23.7%
Core – consumables and transport	1,502	2.9%
Capacity building – daily activities[43]	5,964	11.6%
Capacity building – other	3,436	6.7%
Capital	1,518	2.9%
Total	**51,452**	**100.0%**

Over the past 2 years, payments have grown by 25% (from $41.3 billion for the year ending 30 June 2024 to $51.5 billion for the year ending 30 June 2026).

41 This represents total payments on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments were $51.2 billion.
42 www.ndis.gov.au/participants/using-your-funding/ndis-support-budgets/guide-ndis-support-budgets
43 Includes therapy services.

4.2 Funding management types

Participants have 3 options for managing their NDIS funding – plan-managed, self-managed and NDIA-managed.

Participants may choose one type of funding management or a combination. Most choose to use a plan manager. In some cases, where there is unreasonable risk, the NDIA may need to change how the funding is managed.

In the June 2026 quarter, a minority of participants (6%) had their funding managed entirely by the NDIA, while the majority (69%)[44] preferred to engage a plan manager for some or all of their funding. The remaining 25% of participants chose to self-manage all or part of their funding.

The NDIA supports participants to decide if self-management is right for them. The NDIA's guide to self-management explains the benefits of self-management, roles and responsibilities, and how to self-manage effectively. A participant's initial choice of funding management type is not binding, and they are able to make changes at any time.

Table 9 shows the volume of payments in the quarter by funding management type.

Table 9: Active providers and payments by funding management type in the June 2026 quarter

Funding management type	Payments made to active providers ($b),[45] and proportion of total payments	Number of active providers[46]
NDIA-managed	3.5 (26%)	10,842
Plan-managed	8.6 (64%)	210,956
Self-managed	1.2 (9%)	133,703
Total	**13.3**	**280,258**

In the June 2026 quarter, of the $13.3 billion in payments:

- $3.5 billion was managed by the NDIA (26%)
- $8.6 billion was managed by a plan manager (64%)
- $1.2 billion was self-managed (9%).[47]

Registered providers can receive payments by claiming directly, or they can be paid via a plan manager or directly by the participant. Unregistered providers can only be paid via a plan manager or directly by the participant. Of the 280,258 active providers in the June quarter:

- 10,842 supported NDIA-managed participants
- 210,956 supported plan-managed participants[48]
- 133,703 supported self-managed participants.

44 This figure excludes participants who have opted to self-manage part of their funding.
45 Includes cash and in-kind payments.
46 '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).
47 Includes cash and in-kind payments.
48 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 who only received plan management fees and no other NDIA-managed payments.

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 may use registered or unregistered providers. For the 12 months to 30 June 2026, registered providers were used more often and had a lower proportion of one-off payments (that is, unregistered providers were more often only used once).

Payment characteristics

In the June 2026 quarter, 210,956 providers supported plan-managed participants, of which 17,471 were registered at some point during the quarter.[49,50]

Payments to plan managers were $8.6 billion in the June 2026 quarter. Of the $8.6 billion, $166 million was for plan management services. The remaining $8.4 billion was claimed by plan managers to pay service providers on behalf of participants.

Registered providers make up 8% of the service providers paid through plan managers and receive 59% of the $8.4 billion overseen by plan managers.

The market of unregistered providers by numbers is large compared to registered providers. Unregistered providers make up 92% of the service provider market and receive 41% of the $8.4 billion overseen by plan managers. However, few unregistered providers receive larger total payments. As an example, in the June 2026 quarter, only 2% of unregistered providers received more than $100,000 in total payments, compared to 41% of registered providers (Figure 26).

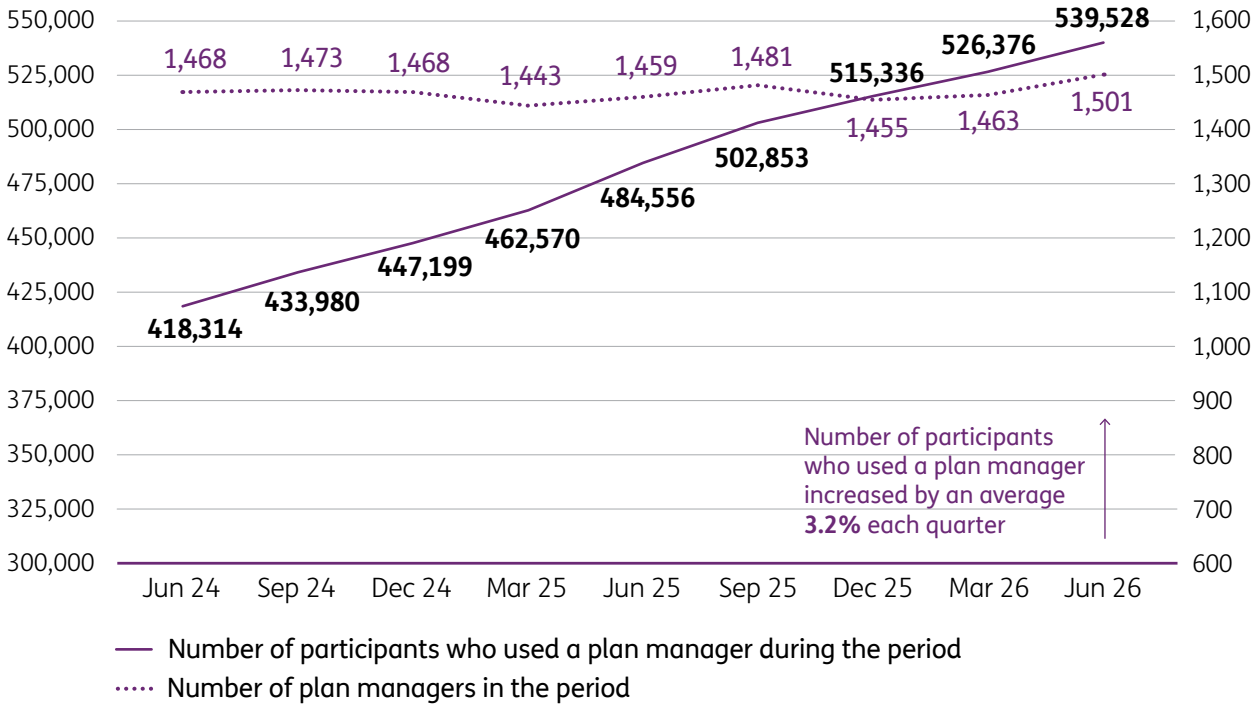
49 Registration status of a provider may change between 'registered' and 'unregistered' during the quarter.
50 'Active providers' refers to those who have received payment in the quarter for supporting NDIS participants. The count of active providers excludes providers with an invalid ABN.

Figure 26: Number of active providers supporting participants through a plan manager, and proportion of total payments in the quarter by payment band – NDIS-registered (top) vs unregistered (bottom)[51,52]

Over the past 2 years, the number of plan managers has remained stable – between 1,443 and 1,501 (Figure 27).[53] Over the same period, the number of participants being supported by plan managers increased from 418,314 to 539,528, which is a quarterly average increase of 3.2%. As a result, there has been a significant increase in the average number of participants supported by a plan manager over this period.

51 Payments of $38 million made to providers with 'unknown' registration status have not been included in this chart.
52 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.
53 The historical number of plan managers does not take into account any revisions in their registration status.

Figure 27: Participants with a plan manager by quarter – all participants[54]



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

4.4 Supported independent living

Supported independent living (SIL) is help or supervision with daily tasks in your home to help you live as independently as possible, while building your skills.

As at 30 June 2026, there are 36,874 participants in SIL, and SIL supports of $4.2 billion were provided in the June 2026 quarter.

For participants seeking home and living supports, the NDIA has a consistent and comprehensive participant-centric approach to decision-making.

Specialist home and living staff, or delegates, receive extensive training to improve their knowledge of home and living supports. Decisions to increase a SIL budget are signed off by a senior home and living delegate.

For participants who have requested SIL supports for the first time or a change to their existing SIL budget, a home and living delegate meets with them to ensure they understand the decision that has been made and have support to implement their plan.

Total payments to participants for SIL supports have increased by 9% annually over the past 2 years, from $14.0 billion to $16.6 billion.

A large component of SIL payments to participants is for core support for daily activities. The average payments per SIL participant for core support for daily activities has increased by 5% annually over the past 2 years (Table 10). Note that SIL participants also receive other supports, such as core support for social and community participation, employment and capacity building.

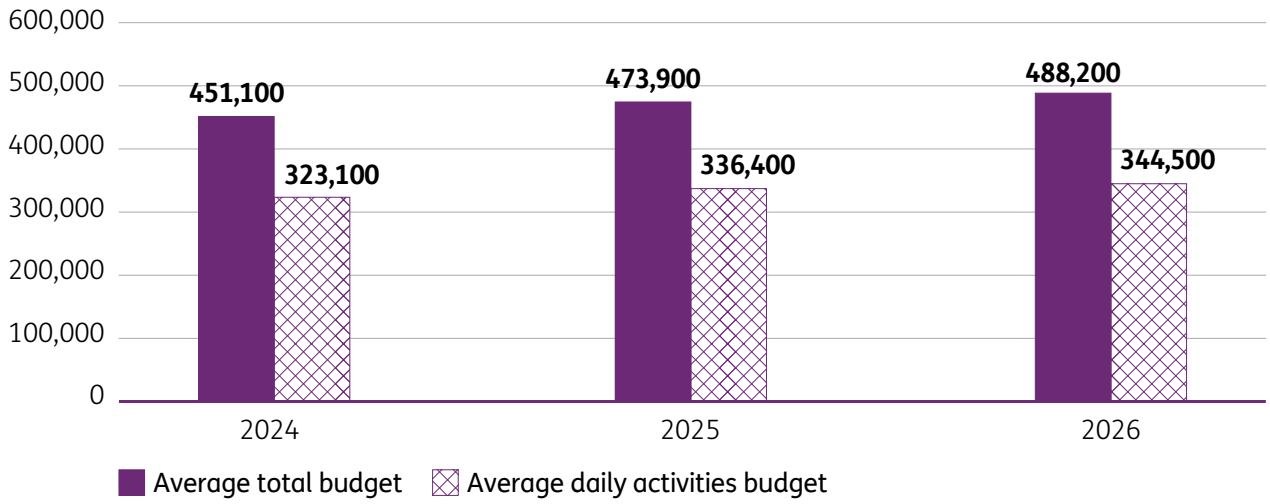
Table 10: Number of participants with SIL supports, and payments for years ending 30 June[55]

Participants and SIL payments	2024	2025	2026	Percentage increase (per annum)
Active participants	34,850	36,691	36,874	3%
Total payments ($m)	13,965	15,537	16,600	9%
Average payments ($)	417,400	433,300	451,800	4%
Total payments – Core daily activities ($m)	10,620	11,679	12,356	8%
Average payments – Core daily activities ($)	317,400	340,800	352,300	5%

55 Average payments are calculated as the sum of the payments in the 12-month period, divided by the average number of participants who are active per working day in each month over the same period. Figures have been rounded to the nearest hundred dollars.

In addition to the increase in payments, average plan budgets for participants with SIL supports have also increased over time (Figure 28). This includes core support for daily activities. Specifically, average plan budgets and the average daily activities components of plan budgets have increased by 4% and 3% annually over the past 2 years, respectively.

Figure 28: Average plan budgets for participants with SIL supports over time for years ending 30 June ($)



4.5 Specialist disability accommodation

The number of enrolled specialist disability accommodation (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 an average 8% annually over the past 2 years. The number of participants eligible for SDA (but not yet using SDA) as at 30 June 2026 has decreased by 5% annually over the same period.

Reasons why a participant may be eligible, but not have SDA funding in use, include:

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

Total SDA payments have increased by 35% annually over the past 2 years, from $316 million to $573 million (Table 11). The average SDA payment per participant has also increased by 27% per annum. SDA payments per participant have been increasing because of:

- new SDA benchmark prices that came into effect on 1 July 2023 following the SDA Price Review. This includes automatic annual indexation of SDA funding amounts in plans on 1 July 2024 and 1 July 2025.
- more participants moving into new-build SDA dwellings, which generally attract higher prices than older existing and legacy stock SDA dwellings. As use of lower-priced existing and legacy stock dwellings by SDA-eligible participants declines over time, the overall average SDA payment increases.

The total number of enrolled SDA dwellings as at 30 June 2026 was 14,235, up by 22% annually over the past 2 years. Compared to 30 June 2025, there were an extra 2,593 dwellings (a 22% increase). This annual increase was observed across most housing design categories. The largest increase was for dwellings of the ‘high physical support’ category (39%, 2,004 dwellings) and the ‘robust’ category (25%, 373 dwellings).

All states and territories recorded an increase in the number of enrolled SDA dwellings in the past quarter.

More information on SDA supply and participants with an SDA need is available in Supplement P to this quarterly report.

Table 11: Number of active participants and SDA support budgets and payments for years ending 30 June[56]

Year	2024	2025	2026	Percentage increase (per annum)
Participants using SDA[57]	14,179	15,177	16,644	8%
Participants eligible for SDA, not yet using SDA[58]	9,955	9,880	9,014	-5%
Total SDA supports ($m)	470	560	684	21%
Average SDA supports ($)	22,900	30,600	36,900	27%
Total SDA payments ($m)	316	452	573	35%
Average SDA payments ($)	22,400	30,800	36,000	27%

56 The average SDA payment figure has the average number of participants using SDA as the denominator. The average number of participants using SDA is a simple average of the number of participants using SDA in 2 periods (opening and closing). The average SDA supports figure uses the number of participants with SDA in their plan as the denominator. As at 30 June 2026, this number was 18,544. This figure excludes participants who have a small placeholder amount of SDA funding in their plan. Once these participants have located an enrolled dwelling, the full SDA funding will be included in the plan.

57 Evidence of SDA in use is estimated based on SDA payments, SDA service bookings and matching addresses to enrolled SDA dwellings. Future enhancements to the computer system will allow for better tracking and a better understanding of why participants may not yet be using SDA funding.

58 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.

4.6 Market stewardship activities

The NDIA continues to support a sustainable and high-quality NDIS provider market through coordinated market design, strategic planning and targeted engagement activities.

Key activities this quarter include the launch of the quality supports program therapy pilot, and continued development and delivery of other market-building initiatives.

Quality supports program

The quality supports program supports the NDIA's commitment to strengthening NDIS pricing through evidence-based approaches, ensuring every NDIS participant can access high-quality services that offer value for money. Three targeted pilot programs are exploring what quality service delivery looks like for Supported Independent Living, therapy supports and support coordination.

Three targeted pilot programs are exploring what quality service delivery looks like for SIL, therapy supports and support coordination. The pilots will produce evidence and insights to improve pricing and deliver high-quality, sustainable supports. There are 68 NDIS-registered providers participating in one or more of the pilot programs.

More information about the quality supports program is available on the NDIS website.

Market stewardship framework

The NDIA is working with the Department of Health, Disability and Ageing (DHDA) and the NDIS Quality and Safeguards Commission to develop the NDIS market stewardship framework.

The framework will improve how government shapes, supports and monitors provider markets. It will detail stewardship responsibilities and define how governments influence and shape markets to promote the delivery of efficient, effective and ethical disability supports that deliver quality outcomes for participants.

Integrated care and commissioning

The NDIA is working with DHDA and the Department of Veterans' Affairs to deliver the Integrated Care and Commissioning initiative.

The initiative is undertaking projects to better align service systems and build a consolidated and sustainable care sector. This includes improving access to primary care and support services for NDIS participants living in regional, remote and First Nations communities, by trialling integrated services across the broader care economy.

Activities are underway in 6 pilot locations:

- Kimberley, Western Australia
- Central West Queensland
- Southeast New South Wales
- Gippsland, Victoria
- Northern Tasmania
- Port Augusta/Whyalla, South Australia.

Service agreements

The NDIA is working with the NDIS Quality and Safeguards Commission and the Australian Competition and Consumer Commission (ACCC) to update and improve NDIS service agreements. This will help providers and participants agree on the conditions in which supports are delivered.

To help develop a guide and other service agreement resources, the NDIA consulted with more than 500 stakeholders, including participants, families, carers, providers, advocates, peak bodies, and state and territory government representatives. Feedback was sought through NDIS Engage surveys and ideas walls, focus groups, written submissions, and consultations with 9 NDIS reference and advisory groups. Feedback focused on current experiences with service agreements and how to improve guidance, resources and trust between participants and providers.

The service agreement products, including a template for a model service agreement, an Easy Read version, a checklist, best practice principles and education materials are now being developed.

The review of the SDA Design Standard

The SDA Design Standard sets out the minimum design requirements for new dwellings that are intended to be enrolled as SDA, so NDIS participants who are eligible for SDA can live more independently, and other supports can be delivered better or more safely.

The NDIA has engaged KPMG Australia to conduct a full review of the SDA Design Standard. As part of the review, the NDIA consulted with more than 350 stakeholders. This quarter we published a summary of the findings. The consultation highlighted areas of the SDA Design Standard that could be changed to support the ongoing delivery of safe, high quality and contemporary dwellings for SDA eligible NDIS participants.

The NDIA is now developing recommendations for the next edition of the SDA Design Standard, based on the consultations, research and analysis completed as part of the review.

More information about the review can be found on the SDA Design Standard Review webpage.

4.7 NDIS pricing

On 22 June 2026, the NDIA released the Annual Pricing Review for 2026–27 prices, which sets out guidance on appropriate NDIS prices for 2026–27.

Each year the NDIA undertakes a detailed analysis, called the Annual Pricing Review (APR), to assess NDIS price guidance and what, if any, changes the NDIA considers appropriate. This is based on factors including supply and demand in the market, prices in other markets, wage rates and broader economic factors.

This year the NDIA expanded the evidence base used for benchmarking therapy supports to more than 16 million therapy transactions across private health insurance and comparable government schemes. This is an increase of around 5 million on last year's review. The additional data and analysis informed the evidence-based recommendations in this year's APR.

This year's APR is part of a broader program of pricing improvements designed to ensure NDIS markets can deliver high-quality, sustainable supports for participants.

On 14 May 2026, the *National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026* was introduced to Parliament. The bill proposes to provide the Minister for the NDIS with the power to make a pricing determination. If the bill is passed, the NDIA anticipates the APR will inform any advice the NDIA gives the Minister on pricing.

The Annual Pricing Review for 2026–27 prices is available on the NDIS website.

NDIS participant, Lee

Section 5

Financial sustainability

NDIS supports help Lee build his life

For NDIS participant Lee, hearing loss has always been part of life. As a baby, his parents noticed he wasn't responding to sounds.

When he was 6 months old, they secured support for Lee through the publicly-funded Hearing Services Program for Australians aged up to 26.

When he was no longer eligible for the program, Lee applied to the NDIS. He met the access criteria and gained ongoing support.

Today, he is a successful construction industry professional, husband and homeowner. He credits government-funded hearing supports, first through the Hearing Services Program and later through the NDIS, with helping him build his career and future.

Working in an industry that is delivering much-needed housing, Lee said his hearing support has enabled him to contribute to the community with confidence.

'My NDIS funding is incredibly important because it's removed a major source of stress from my life,' he said.

'Living with hearing loss can be challenging. Without this support I would be constantly worried about how to afford the equipment and services I need.'

Through the NDIS, Lee can access hearing aids, repairs, maintenance and audiology support. 'It means I can continue functioning at my best. It's given me greater independence, stability and confidence in my future,' he said.

After gaining qualifications in construction and carpentry, Lee now works as a trades manager helping coordinate the delivery of new homes. 'Around 95% of my job is communicating with trades, site managers, construction managers and more,' he said.

'If I didn't have all this help with my hearing, none of it would be possible.'

Read more participant stories on our website.

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

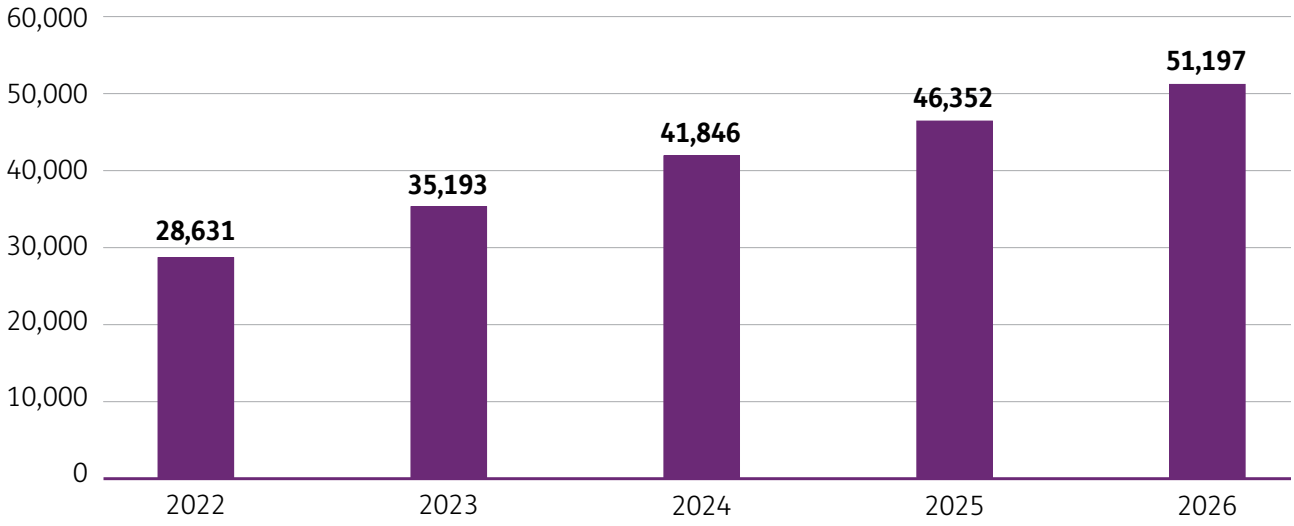
5.1 Total payments

Total NDIS payments continued to increase due to increased participant numbers and higher average costs per participant.[59]

Total payments in the year to 30 June 2025 were $46.4 billion, while the payments in the year to 30 June 2026 were $51.2 billion (Figure 29).

The increased number of participants accessing the NDIS contributed to the increased payments.

Figure 29: Total payments ($m) for financial years ending 30 June



59 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 2025–26 financial year are provisional results and subject to further changes, including the Australian National Audit Office audit.

5.2 Average and median payment trends

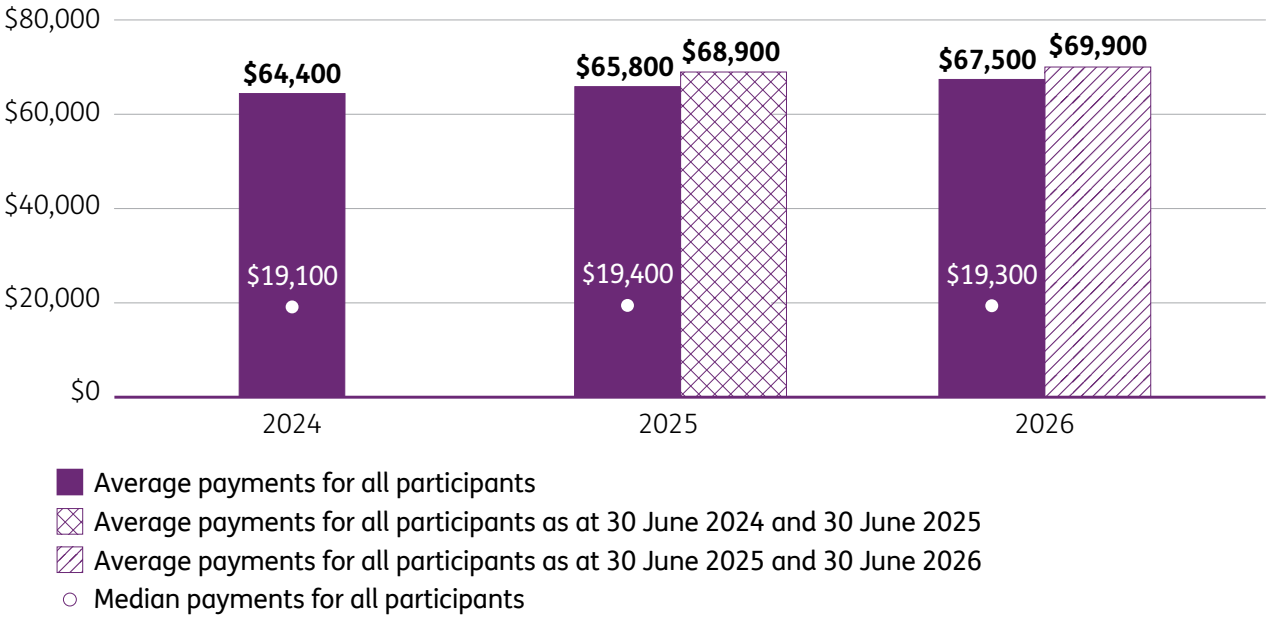
Average and median payments per participant increased by 2.4% and 0.5% per annum respectively over the past 2 years.

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

Trends in average and median payments per participant between 1 July 2024 and 30 June 2026 indicate that average payments have increased by 2.4% per annum and median payments have increased by 0.5% per annum.

Average payments for participants continuing in the NDIS are higher than the overall average (Figure 30). For example, average payments increased from $65,800 to $69,900 (6.2%) for participants in the NDIS as at 30 June 2025 and continuing to 30 June 2026.

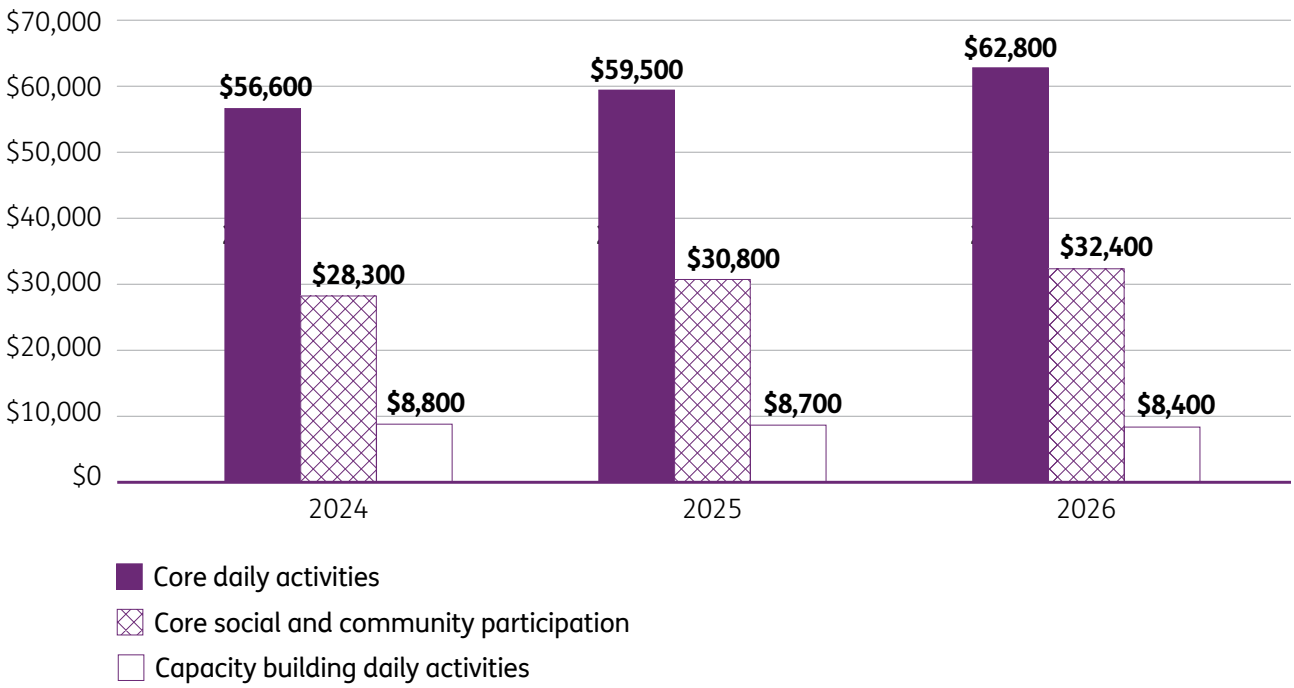
Figure 30: Average and median payments for years ending 30 June



Eighty-seven per cent of payments in the 12 months to 30 June 2026 were for core daily activities, core social and community participation, and capacity building daily activities.[60] Average payments in the 12 months to 30 June 2026 are $62,800 for core daily activities, $32,400 for core social and community participation and $8,400 for capacity building daily activities (Figure 31). This represents increases of 5.3% and 7.0% and a decrease of 2.3% per annum respectively between 1 July 2024 and 30 June 2026.

60 More information on support categories is available on the NDIS website: www.ndis.gov.au/participants/using-your-funding/ndis-support-budgets/guide-ndis-support-budgets

Figure 31: Average payments by support category for years ending 30 June



5.3 Average plan budget trends

Average and median plan budgets have also increased over time for all participants.

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

Average plan budgets increased over the 2-year period to 30 June 2026 by:

- **3.6%** per annum for all participants
- **4.0%** per annum for participants in supported independent living (SIL)
- **5.4%** per annum for participants not in SIL.

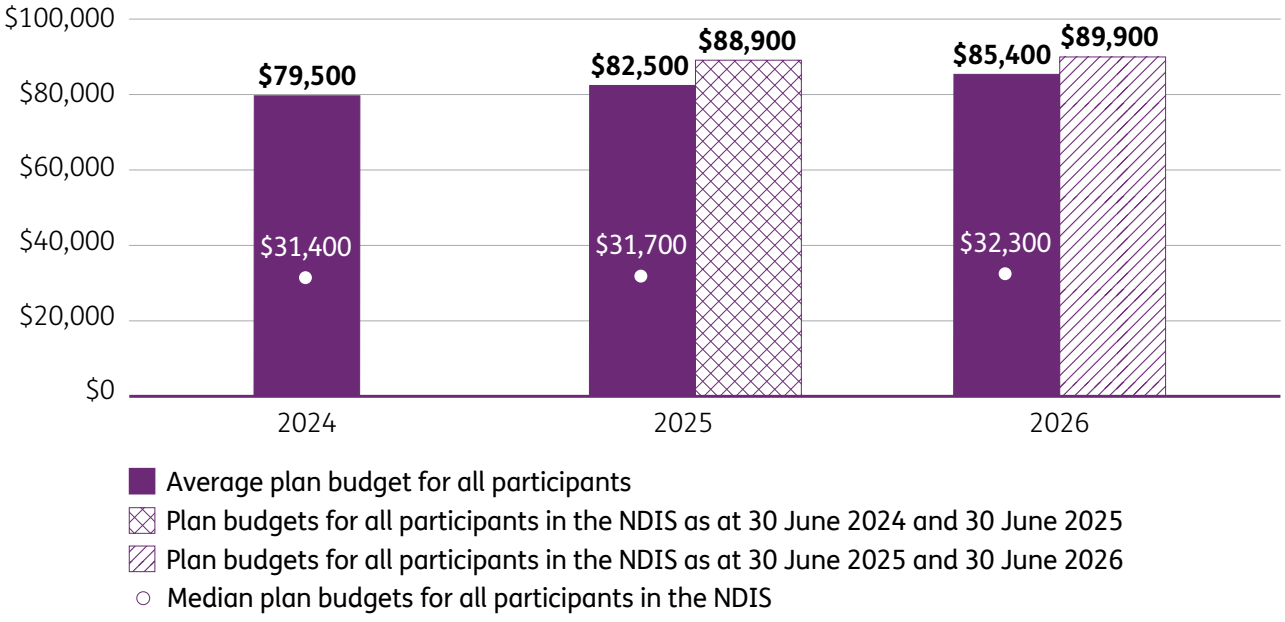
Median plan budgets increased by 1.4% over the 2-year period to 30 June 2026.

The proportion of participants in SIL has decreased over the last 2 years. This means the overall growth in the average budget is less than the growth in the budgets for SIL and non-SIL participants.

Average plan budgets of participants continuing in the NDIS are higher than the overall average (Figure 32). For example, the average plan budget increased from $79,500 to $88,900 (11.8%) for participants in the NDIS as at 30 June 2024 and 30 June 2025.

Similarly, average plan budgets for participants in the NDIS as at 30 June 2025 and 30 June 2026 increased from $82,500 to $89,900 (9.0%).

Figure 32: Average annualised plan budgets for years ending 30 June

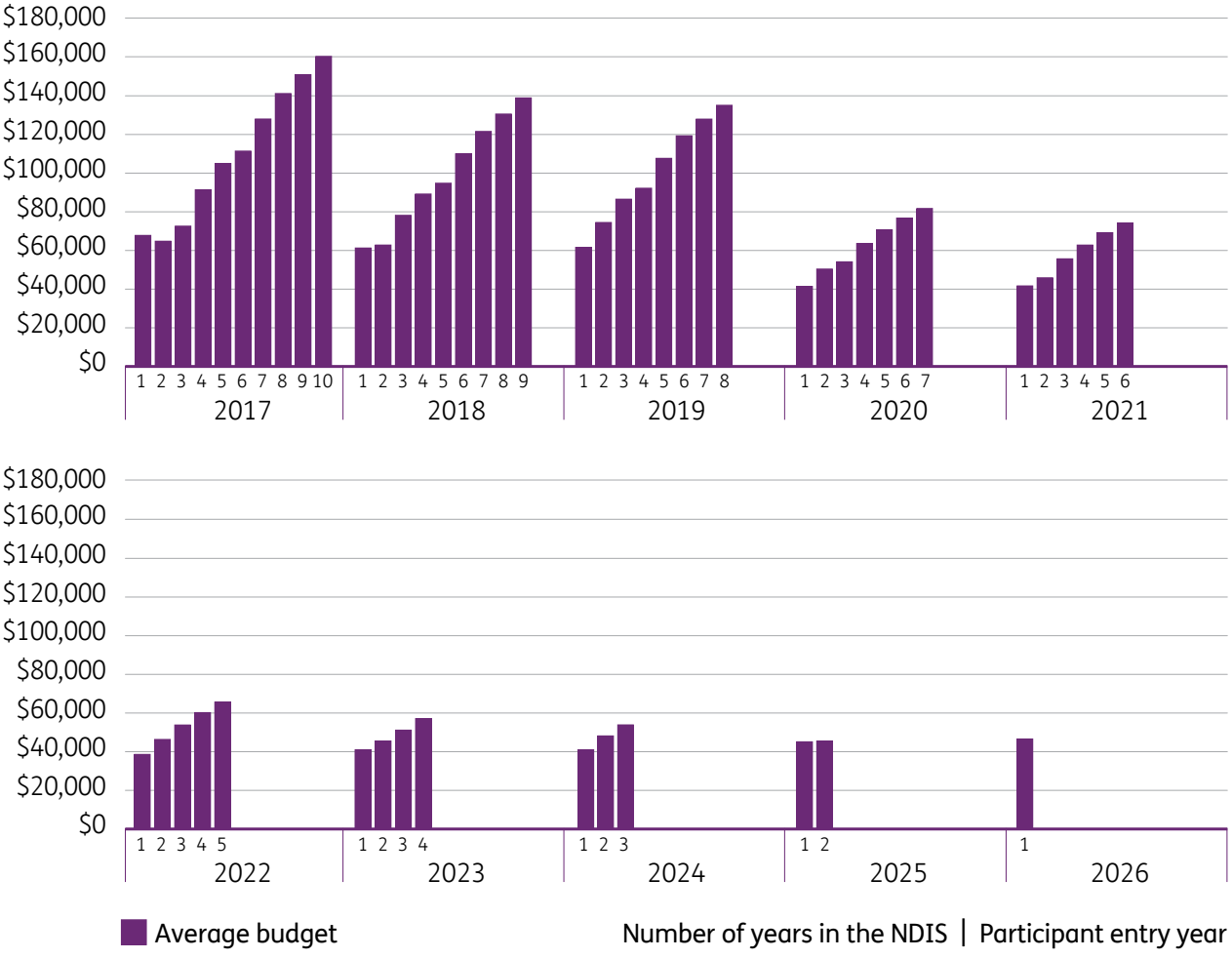


As the mix of participants (across various characteristics) changes over time, it is important to understand trends in average plan budgets for the same group of participants over time.

Figure 33 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 $139,000 in the most recent year (for those who have been in the NDIS for 9 years).

Participants who entered the NDIS in the year ending 30 June 2020 or later had lower average plan budgets relative to those who entered 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 participants transitioning from existing federal, 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 33: Average plan budgets at 30 June 2026, by year of entry ending 30 June, and number of years in the NDIS



Changes in plan budget

Plan budgets may change through either a plan reassessment or a plan variation.

A plan reassessment involves replacing a participant's current plan with a new plan. This may happen when the plan reaches its reassessment date, when the current plan is no longer meeting support needs, or when there has been a significant change in circumstances that affects the participant's support needs.

A plan variation involves making changes to an existing plan without undertaking a full reassessment. This may include changing the reassessment date, updating plan management arrangements, or providing crisis or emergency supports.

The NDIA's operational guideline, Changing your plan, outlines the circumstances in which a participant's plan may be changed and the processes that apply.

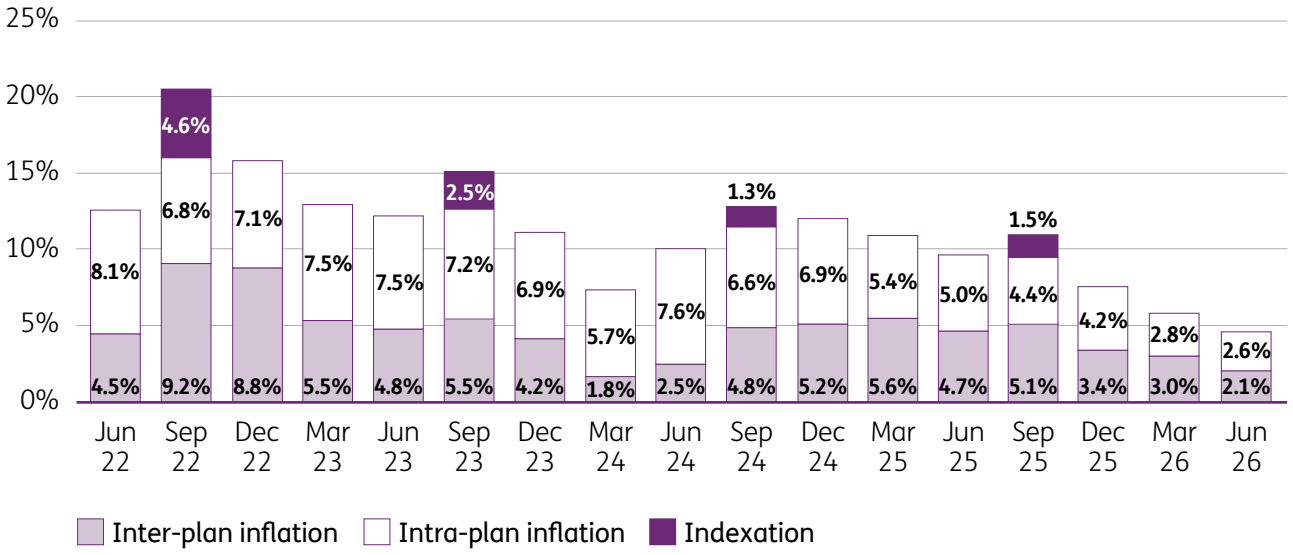
Plan inflation

Total annualised plan inflation in the June 2026 quarter was 4.7%, of which 2.1% was due to changes made at plan reassessment, and 2.6% was due to changes occurring within a plan between reassessments.

The inflation rate of 4.7% per annum in June 2026 compares with a rate of 5.9% per annum in March 2026 and 7.6% per annum in December 2025. Inflation occurring at plan reassessment (inter-plan inflation) was 2.1% per annum in June 2026, which compares with 3.0% per annum in March 2026 and 3.4% per annum in December 2025.

Inflation occurring within a plan, between reassessments (intra-plan inflation), was 2.6% per annum in June 2026, which compares with 2.8% per annum in March 2026 and 4.2% per annum in December 2025.

Figure 34: Annualised percentage change in plan budgets for active participants



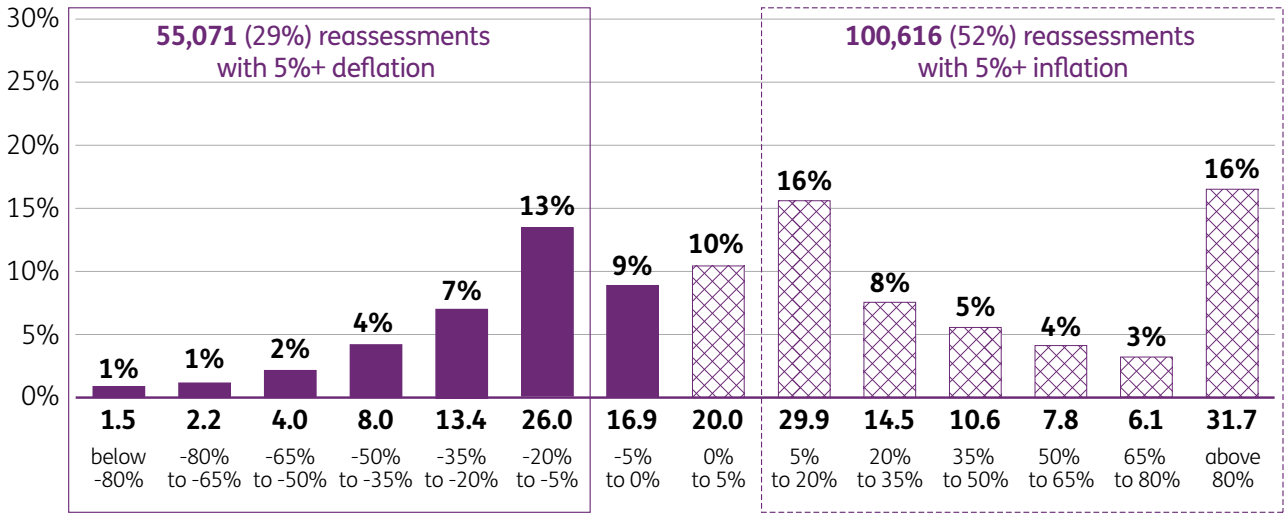
Individual plan budgets can vary significantly. In this financial year, considering total plan inflation, plan budgets were more likely to increase than decrease.

During the 12 months to 30 June 2026, 23% of active participants had at least one plan reassessment. Figure 35 shows that out of the plans that were reassessed:[61]

- **52%** had their budgets increased by more than 5% (compared to **60**% in the year to 30 June 2025)
- **29%** decreased by more than 5% (compared to **18%** in the year to 30 June 2025)
- **19%** remained within 5% (compared to **22%** in the year to 30 June 2025).

Of the plans reassessed, **16%** had their budgets increased by more than **80%** (compared to **17%** in the 9 months to 31 March 2026 and **19%** in the year to 30 June 2025).

Figure 35: Distribution of the percentage change in annualised plan budgets for plans reassessed between 1 July 2025 and 30 June 2026



Note: The number of plan reassessments (in thousands) in each inflation percentage band appears at the bottom of each bar in the chart. The corresponding percentage of plan reassessments in each band appears at the top of each bar in the chart.

61 Numbers may not add to 100% due to rounding.

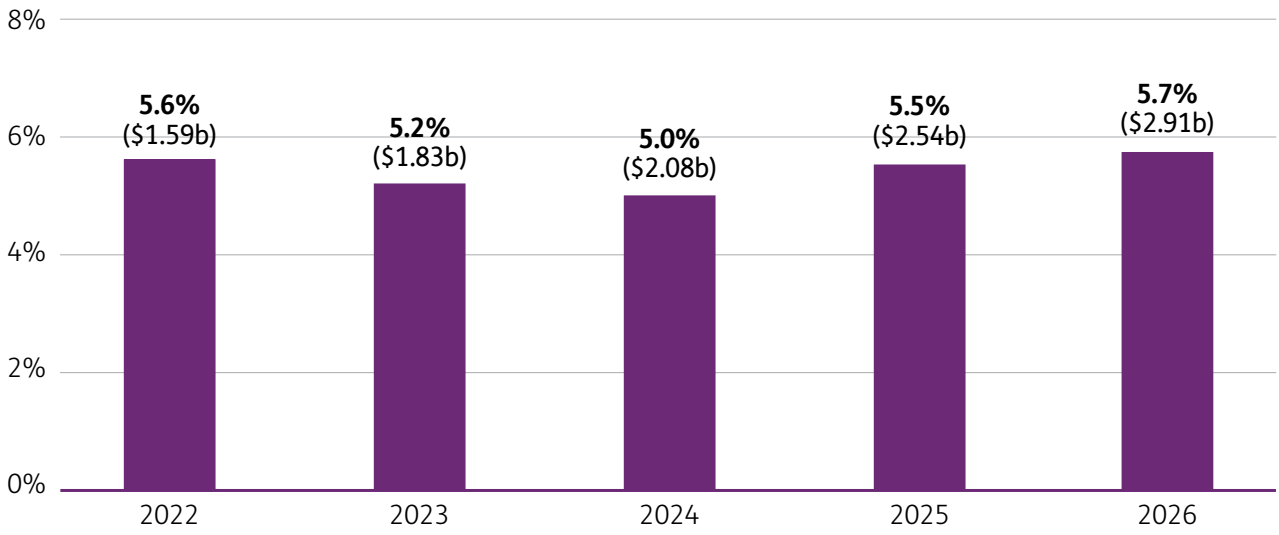
5.4 Operating expenses

In addition to the money spent through participant plans on supports for participants, the NDIA receives funding for its operating expenses, including NDIS general supports and staff wages.

Additional investments to strengthen the NDIS and improve the participant experience have increased the annual operating expense per participant to $3,823 for the year ending 30 June 2026. NDIA operating expenses for the year ending 30 June 2025 were $2.54 billion, and $2.91 billion for the year ending 30 June 2026.

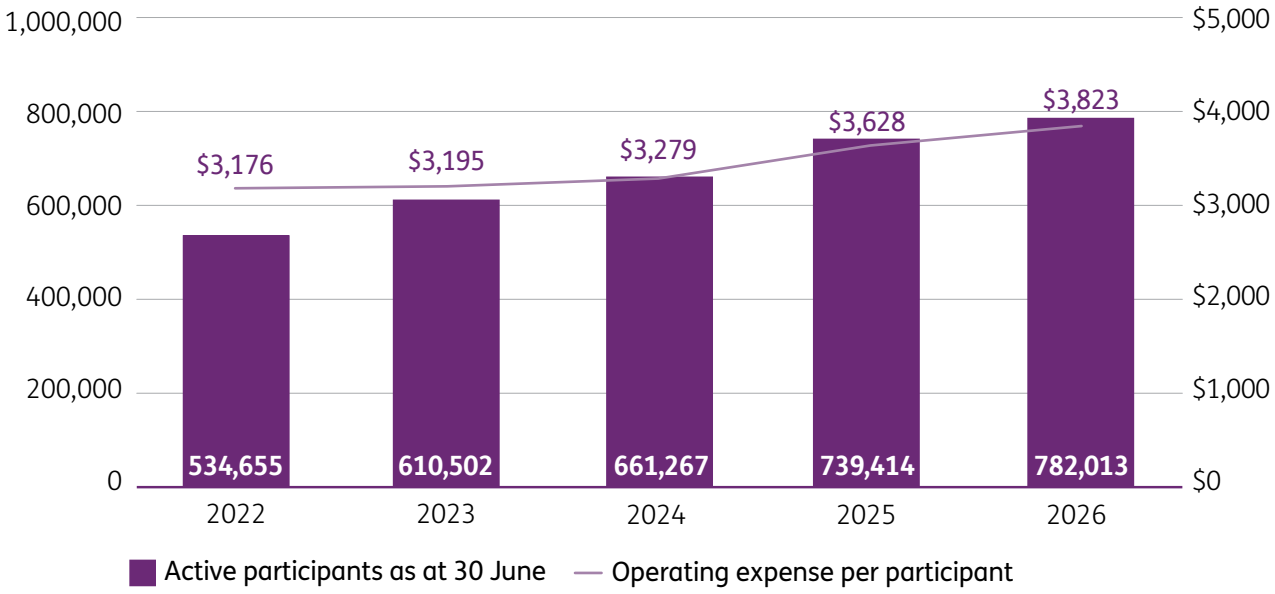
Operating expenses decreased from 5.6% in 2021–22 to 5.0% in 2023–24 as a percentage of participant expenditure. The figure increased to 5.5% in the 2024–25 year and increased further to 5.7% in the 2025–26 year (Figure 36). The Productivity Commission, in its 2017 study report, suggested a range of 7% to 10% as an appropriate benchmark for NDIA operating expenses.

Figure 36: Operating expenses as a percentage of participant costs for years ending 30 June



The annual operating expense per participant increased from $3,628 in 2024–25 to $3,823 in 2025–26 (Figure 37).

Figure 37: Operating expense per participant for years ending 30 June



Note: The operating expense per participant uses average participant numbers as the denominator. The average number of participants is a simple average of the active participants in 2 periods (opening and closing).

Section 6

Staff and the NDIS community

The NDIA's diverse workforce, commitment to transparency and integrity initiatives strengthen the performance, integrity and sustainability of the NDIS.

6.1 Workforce diversity, inclusion and engagement

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

As at 30 June 2026, the total NDIA workforce was 12,619, including 10,953 Australian Public Service (APS) employees and 1,666 labour hire workers, contractors and consultants. A further 6,180 people are employed by NDIS partners in the community and National Contact Centre partners. Our latest census data indicated 23.5% of our workforce (APS and labour hire) identified as a person with disability, while 16.7% of our Senior Executive Service cohort identified as a person with disability.

To strengthen inclusion and diversity practices across the NDIA, we are developing the belonging framework, accessibility position statement, and the inclusion learning program.

The belonging framework will reflect how the NDIA will address its diversity, equity and inclusion goals by better supporting our diverse staff and creating a more inclusive and equitable workplace. The accessibility position statement will express the NDIA's commitment to workplace accessibility and inclusion. Supporting frameworks will be developed to ensure the NDIA meets its commitment to staff with disability and those with diverse needs.

This quarter, the NDIA recognised National Reconciliation Week, IDAHOBIT and Global Accessibility Awareness Day. During National Reconciliation Week, more than 3,200 staff attended an online event on the 2026 theme, "All In" featuring First Nations and ally perspectives in a discussion about practical actions to build culturally safe workplaces and services. Staff were also encouraged to participate in local activities supporting the NDIA's Reconciliation Action Plan commitments.

6.2 Public data sharing and the latest release of information

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

The NDIS website publicly shares data about the NDIS each quarter, including through interactive tools, downloadable files, reports and analyses.

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

- the accompanying data supplements to the quarter 3, 2025–26 Quarterly report to disability ministers
- datasets containing detailed data updates across participant, provider and market categories
- 3 new participant dashboard data cubes for culturally and linguistically diverse, First Nations, and gender cohorts, providing insights into the characteristics and experiences of participants within these groups.

The explore data tool, an interactive visualisation tool, was updated with third-quarter data on participant, provider and market demographics.

Several in-depth reports and analyses released in previous quarters are also 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, Crack Down on Fraud program and payment integrity uplift

Since 2022, the Government has announced investments totalling more than $1.1 billion in the Fraud Fusion Taskforce, and the Crack Down on Fraud and payment integrity programs. This has dramatically improved the NDIA's ability to detect high-risk provider behaviour.

New investments from the 2026–27 Budget include:

- $280.1 million to continue the Fraud Fusion Taskforce and invest in the NDIA's payment integrity workforce to continue to detect and respond to fraud and non-compliant payments
- $358.5 million to build a new enrolment and digital payments system to improve payment integrity and reduce fraud and non-compliant payments. Of this funding, $351.1 million has been allocated to the NDIA over 4 years from 2026–27.
- $49.4 million to commission plan management and support coordination services for NDIS participants, to reduce fraud and improve service quality for participants.

In April 2026, the *National Disability Insurance Scheme Amendment (Integrity and Safeguarding)* Act 2026 achieved Royal Assent. This strengthens the NDIA's fraud detection and oversight capability by:

- enabling the transition to electronic claiming systems
- strengthening safeguards for participants when they leave the NDIS
- clarifying arrangements for plan variations, including changes to total funding amounts.

Integrity initiatives

In the June 2026 quarter, measures to address emerging and high-risk integrity issues were implemented, including:

- **Integrity portal pilot** – A new integrity portal now provides an efficient way for providers to upload evidence requested by the NDIA, and enables the NDIA to assess claims in a more streamlined way.
- **One-time code** – The use of a one-time code for accessing NDIA systems has been expanded. The one-time code is used to authenticate participants, authorised representatives and providers when they request access to sensitive information.
- **New mobile app for participants or nominees** – All users have been migrated to the new mobile app on iOS and Android operating systems. Access to the legacy app was discontinued on 1 June 2026.

Integrity outcomes

This quarter, the NDIA Pre-Payment team reviewed over 19,600 claims from providers, plan managers and participants, with a total value of more than $45.6 million. A risk-based assessment process is used to identify high-risk claims for review. Of the 19,600 claims reviewed, 13,955 claims worth $30.8 million were rejected or cancelled. Not all rejected claims were fraudulent.

Reasons for rejection include:

- the claim was for items that are not funded by the NDIS
- the claim was for a service that was not provided
- the same claim was made more than once.

The NDIA Provider Integrity Response team have contacted or are monitoring over 3,400 providers with integrity risk flags, making sure only genuine claims are paid.

When there are significant integrity risks, the NDIA can place a manual payment review (MPR) on providers or participants. Under an MPR, providers or participants must provide evidence to prove their entitlement to the claim before it is paid. MPRs are significantly reducing non-compliant claims from providers and participants.

The NDIA estimates that integrity initiatives will deliver over $3.8 billion in benefits between 1 November 2022 and 30 June 2029. This includes over $1.5 billion in savings to the NDIS due to prevented non-compliant payments, and a further $2.3 billion in payments being diverted from problematic providers to higher-quality providers and supports.

Operational case outcomes

The NDIA received over 8,200 tip-offs in the June quarter, compared to approximately 7,200 in the March quarter. Over 80% of tip-offs have been received through the web-based form. The quality of tip-offs continues to be high, enabling faster triaging, assessment and escalation.

The Fraud Fusion Taskforce, with 25 Government agencies working together, continues to improve the Government's capability to better detect, prevent and respond to fraud against the NDIS and other Government payment programs. Partnering with other taskforce agencies continues to result in more multi-agency interventions against organised crime syndicates targeting the NDIS.

The work of the taskforce has led to jail sentences in 17 of the 26 NDIS-related criminal convictions secured since December 2022. The longest sentence is 6 years, imposed on 2 offenders. Other offenders have been sentenced to intensive correction orders, fined or ordered to repay stolen funds.

The taskforce has disrupted more than 2,600 providers who submitted incorrect or non-compliant claims to the NDIS. In the 12 months prior to disruption, these providers had collectively claimed around $1 billion. Since the start of the NDIS, the total claims from these providers had exceeded $5.4 billion. While the precise proportion of non-compliant claims cannot be determined, these funds should have been directed to genuine supports or higher-quality providers.

As at 30 June 2026, the NDIA had 44 individuals involved in 24 investigations referred for prosecution. Sixteen individuals are currently before the courts, and briefs of evidence are being assessed by the Commonwealth Department of Public Prosecutions in relation to 28 more individuals.

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

3 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), Place of usual residence, by Indigenous status.

4 The percentage of CALD participants excludes participants who identify as First Nations peoples.

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

6 This includes all people who were under 65 at the time of leaving. Excludes First Nations participants aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.

7 This excludes 63 First Nations participants aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.

8 Difference are calculated from unrounded metrics and differences of less than 1 percentage point are treated as no change. Differences are calculated from unrounded metrics. Results are based on responses collected at entry to the NDIS (baseline measure) and at subsequent intervals. This section compares baseline indicator results when participants entered the NDIS, with latest results. Trial participants are excluded. The participant age reported in this section is as per participants' latest completed questionnaires.

9 Rounded to the nearest complete year since the first plan was approved.

10 Some of the increase may be due to due to participants leaving school and starting work.

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

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

13 Figures in this section have been rounded to the nearest whole percentage. Differences are calculated from unrounded metrics.

14 Rounded to the nearest complete year since the first plan was approved.

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

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

17 The unrounded performance of PSG 20 is 94.8%. Meeting the target is measured using unrounded performance.

18 The time taken for participants to respond to requests for further information is not included.

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

20 For the June 2026 quarter, 1,430 of the 8,552 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.

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

22 The NDIA is waiting on additional information from participants for 191 of the 791 applications awaiting a decision

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

24 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.

25 Numbers of complaints reported for the most recent quarter may still vary due to a lag in data collection.

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

27 'Other sources' captures contacts not related to an individual participant or provider and may come from the Commonwealth Ombudsman, NDIS Quality and Safeguards Commission, parliamentarians or members of the public.

28 The number of PCIs in the current quarter may change in future as the method of identifying PCIs in the new computer system is further improved. The number of PCIs reported for the most recent quarters may still increase, due to a lag in data collections.

29 The number of plan change requests has been restated in prior periods due to excluding cases automatically created in the new computer system for participants that are eligible for a plan continuation.

30 Number of plan change requests reported for the most recent quarter may vary, due to requests being cancelled and lags in data collection.

31 The count of RoRDs excludes administrative cases, and draft and miscategorised RoRDs.

32 Number of RoRDs reported for the recent quarters may vary, due to a lag in data collection.

33 A further 7 RoRDs were closed in the June 2026 quarter with no specified outcome.

34 The small number of RoRDs closed with no specified outcome is included in the total.

35 As part of the ART 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 NDIA decisions being varied in the ART.

36 Further information about the ART process can be found on the ART website.

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

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

39 These results are based on 213 surveys of early supports, 913 surveys of community connections, 932 of applying for the NDIS, 3,866 of plan approval, 2,108 of plan implementation and 7,653 of plan reassessment, which is 15,685 in total. The number of surveys collected for the June 2026 quarter is lower than last quarter, which may introduce variability in the results.

40 The volume of webchats offered has been estimated for the June and September 2024 quarters. 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.

41 This represents total payments on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments were $51.2 billion.

42 www.ndis.gov.au/participants/using-your-funding/ndis-support-budgets/guide-ndis-support-budgets

43 Includes therapy services.

44 This figure excludes participants who have opted to self-manage part of their funding.

45 Includes cash and in-kind payments.

46 '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).

47 Includes cash and in-kind payments.

48 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 who only received plan management fees and no other NDIA-managed payments.

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

50 '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.

51 Payments of $38 million made to providers with 'unknown' registration status have not been included in this chart.

52 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.

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

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

55 Average payments are calculated as the sum of the payments in the 12-month period, divided by the average number of participants who are active per working day in each month over the same period. Figures have been rounded to the nearest hundred dollars.

56 The average SDA payment figure has the average number of participants using SDA as the denominator. The average number of participants using SDA is a simple average of the number of participants using SDA in 2 periods (opening and closing). The average SDA supports figure uses the number of participants with SDA in their plan as the denominator. As at 30 June 2026, this number was 18,544. This figure excludes participants who have a small placeholder amount of SDA funding in their plan. Once these participants have located an enrolled dwelling, the full SDA funding will be included in the plan.

57 Evidence of SDA in use is estimated based on SDA payments, SDA service bookings and matching addresses to enrolled SDA dwellings. Future enhancements to the computer system will allow for better tracking and a better understanding of why participants may not yet be using SDA funding.

58 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.

59 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 2025–26 financial year are provisional results and subject to further changes, including the Australian National Audit Office audit.

60 More information on support categories is available on the NDIS website: www.ndis.gov.au/participants/using-your-funding/ndis-support-budgets/guide-ndis-support-budgets

61 Numbers may not add to 100% due to rounding.

Appendix A:
Key definitions

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

Access requirements: The criteria a person 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, and/or early intervention (support is required early to help reduce the future needs for supports).

Active participant: A person who has been determined eligible for the NDIS and has an approved plan. ('Active participant' also includes any participant whose plan has expired, but a new plan has not formally commenced, and they have not left the NDIS.)

Active provider: 'Active providers' refers 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 (ABN).

Administrative Review Tribunal: The Administrative Review Tribunal reviews decisions made by Australian Government agencies, departments and ministers.

Annualised committed supports: The committed supports (on a participant's current plan) scaled to a 12-month period (see Committed supports).

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

Bilateral agreement: An agreement between the Australian Government and a state or territory that formalises the commitments of each government in relation to the NDIS.

Bilateral estimates: 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 supports: The cost of approved supports included in a participant's plan. In some sections of this report, this amount is annualised to allow for comparison of plans of different lengths.

Culturally and linguistically diverse (CALD): This term describes people from different cultural backgrounds – it can include difference in cultural/ethnic identity (how we identify with ourselves and how others identify us), language, country of birth, religion, heritage/ancestry, national origin and/or race and colour.

Early childhood approach (ECA): A nationally consistent approach to supporting children younger than 6 with developmental delay or developmental concerns, and children younger than 9 with disability.

Early connections: Services provided by early childhood partners for children younger than 6 with developmental delay, or children younger than 9 with disability, and their families. Early connections may include a combination of services, such as connecting children and families to community and mainstream supports, practical information relevant to a child's development, early supports, and assistance to apply to the NDIS.

First Nations Peoples: Aboriginal and Torres Strait Islander peoples.

Individualised living options: Funding to support participants to live where they choose, increase their independence, and maximise their social and economic participation.

In-kind programs: Existing federal, state or territory government disability-related programs that are delivered under existing block grant funding arrangements.

Internal review of decision: A request for an internal review of a decision the NDIA has made about a participant under section 100 of the NDIS Act.

Inter-plan inflation: Occurs when a participant's NDIS plan budget is increased when it is reassessed.

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

Market: In the context of the NDIS, the market is where participants and providers interact to trade for disability supports.

National Disability Insurance Agency (NDIA): The Australian Government organisation administering the NDIS.

National Disability Insurance Scheme (NDIS): A national scheme for people with disability, administered by the NDIA. It provides funding to eligible Australians with disability to purchase NDIS supports related to their disability. These supports help participants in their everyday life, and to pursue their goals. In this report, the NDIS is also referred to as 'the Scheme'.

NDIA-managed funding: NDIS participants can opt to have the NDIA manage their plan funding. The NDIA pays for NDIS supports from a participant's plan, on their behalf. Participants must use NDIS-registered providers.

On-paid provider: Based on ABNs, the provider (registered or unregistered) who is paid for the support being claimed by the participant from their plan. If the payment is plan managed the Plan Manager will claim the amount and 'on pay' the ABN/provider listed on the invoice for services.

Outcomes framework questionnaires: A series of surveys that collect information from participants and their families and carers about how they are doing in 6 different areas of their lives.

Participant: A person who has met access to the NDIS, having met access under Section 24 (disability requirements), Section 25 (early intervention requirements) or both Section 24 and Section 25.

Participant critical incident (PCI): An instance or allegation of serious harm occurring to a participant.

Participant First: A group of people who have signed up to help improve the NDIS through engagement activities, such as focus groups, co-design workshops, surveys and research projects.

Participant reassessment request: A request made by a participant or their representative under section 48 of the NDIS Act for reassessment of the participant's circumstances that may result in the replacement of the participant's current plan.

Payment: A claim made from a participant's plan, either claimed by a registered provider directly (agency managed), claimed by the participant's registered Plan Manager and on-paid on behalf of the participant (plan managed) or claimed directly by the participant (self-managed) and on-paid to their service/support provider. There are also some off-system payments undertaken by the agency for some bespoke arrangements, for example, cross-billing for YPIRAC payments.

Payee Provider: The registered provider who claims the payment for the support. If the payment is Agency managed, then the Payee provider will be the registered provider who claims for themselves. If the payment is plan-managed, then this will be the Plan Manager who claims on behalf of participant and on-pays the provider of the service. If the payment is self-managed, then the payment is claimed directly by the participant and there is no Payee Provider, and the participant on-pays their providers.

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 provider who is registered with the NQSC to provide plan management services, and they act as the intermediary in the payment process, claiming participant funds from the provider portal, and then on-paying the service/support providers on behalf of participants.

Pricing: The NDIA provides guidance on the price to be paid for each support item through pricing arrangements and price limits.

Provider of supports: The provider (based on ABN) who is paid from the funding in participant plans. Providers can be registered with the NQSC for one or more registration groups. If a provider (based on ABNs) is not registered with the NQSC for a particular registration group, then the provider is considered to be unregistered for that registration group. The Provider is the ABN on the invoice being paid.

Registered provider: An approved person or provider of supports that is registered as a provider with the NQSC for one or more registration groups.

Revenue: The amount of money received from federal, state and territory governments for participant supports as outlined in a bilateral agreement. This includes both cash and in-kind amounts.

Specialist disability accommodation (SDA): Specialist housing solutions for people with an extreme functional impairment or very high support needs. SDA does not refer to support services, but the homes in which these are delivered. SDA may incorporate a specialist design, be in a particular location, or have features that make it feasible to provide complex or costly supports for independent living.

Supported independent living (SIL): Support provided to a person to help them live as independently as possible in their home. The funding is in the form of access to a support worker to help the participant for up to 24 hours a day, 7 days a week. It includes help with or supervision of daily tasks, like personal care or cooking meals.

Unregistered provider: An ABN/provider, who has received payment from an NDIS participant (either through a plan manager intermediary or paid by the participant) but is not registered with the NQSC for the registration group of the support being claimed. A provider who is registered for one or more registration groups, could also provide support in other registration groups for which they are not registered, and in these cases those payments would be classed as ‘unregistered’.

Utilisation rate: The ratio between payments made and the committed supports over a defined period.

Appendix B:
Outcomes framework questionnaires

The NDIS outcomes framework questionnaires measure the medium and long-term benefits of the NDIS to participants and their families and carers. These questionnaires are one way the NDIA measures outcomes.

Using the questionnaires, we collect baseline measures when participants enter the NDIS and then further information when participants' plans are reviewed. This allows outcomes to be tracked against baseline measures to assess progress and determine which types of support lead to the best outcomes. Baseline measures have been collected from 98% of participants who received their initial plan since 1 July 2016.

We use a lifespan approach to measuring outcomes, recognising that different outcomes will be important to participants at different stages of their life.

The information collected tracks how participants are progressing in the following 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, their degree of contact with family and friends, and their relationships with support staff.

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

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

Daily living activities: The level of independence participants have in 9 areas of daily living, for example, shopping and home cleaning.

Home: Relates to a participant's satisfaction with 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 and leisure activities, and whether the participant feels they have a voice.

We also collect information from families and carers of participants, for example, in relation to their employment.

Appendix C:
Children accessing the NDIS and early connections

A detailed summary of children younger than 9 in the NDIS, by state and territory, is shown in Table C.1. It includes children accessing early connections.

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

State/ Territory	Active approved plans (children younger than 9 as at 30 June 2026)	Access met but yet to have an approved plan (children younger than 9 as at 30 June 2026)	Access request (no decision)	Total	Number of children accessing early connections throughout the quarter
NSW	51,061	845	731	56,369	8,352
VIC	45,851	747	720	50,442	6,893
QLD	33,937	513	402	36,838	4,365
SA	12,124	228	167	13,241	1,606
WA	13,035	332	262	14,303	2,470
TAS	2,915	53	53	3,174	376
ACT	2,387	47	35	2,618	372
NT	1,453	48	15	1,596	163
OT	<20	0	0	14	<11
Missing	<11	0	0	33	<50
Total	**162,781**	**2,813**	**2,385**	**178,628**	**24,642**

[1] The number of children accessing or waiting on early connections at the end of the quarter is not reported separately, however they are still included in the total.

Appendix D:

Comparison of key metrics by state and territory

Adapting to the new computer system and processes has impacted some data detailed in this supplement. This includes the proportion of active participant plans with not-stated culturally and linguistically diverse (CALD) status and missing data about reported level of function. There may be some minor instances of information being restated in this report as data is further refined. When interpreting the results detailed in this appendix, please also consider the following:

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

Totals include participants with missing characteristics, where applicable.

Throughout this appendix, 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 **(Tables D.8 and D.9)**.

The number of participants residing in remote and very remote areas **(Table D.10)** is based on the Modified Monash Model measure of remoteness.

Figures reported for participant critical incidents (PCIs) exclude counts of ‘withdrawn’ or ‘miscategorised’ PCIs **(Table D.19).**

The count of active providers excludes providers with a missing Australian Business Number (ABN) **(Table D.20).**

Plan management fees, which are payments from NDIA-managed funding, are reclassified as plan-managed funding payments 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 funding payments **(Table D.20).**

Self-managed participants are required to include the provider’s Australian Business Number (ABN), or a reason where an ABN is not available. However, as entering a Support Item Number remains optional, most self-managed payments are recorded at the Support Category level only. As a result, it cannot be determined whether the provider was registered or unregistered for that specific support at the time. These providers and their associated payments are classified as having an unknown registration status and are not shown separately, but are included in 'All providers'.

Providers can offer support in multiple support categories. Therefore, the total number of unique active providers **(Table D.20**) will be lower than the sum of active providers across all support categories.

Average annualised committed supports **(Table D.23)** are derived from the total annualised committed supports in the current plans of active participants as at 30 June 2026. Average payments

(Table D.24) are calculated as the sum of the payments in the 12-month period to 30 June 2026, divided by the average number of participants who 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 **(Table D.23)** are those in the current plans of active participants as at 30 June 2026. 'Total payments' **(Table D.24)** refers to those paid over the 12 months to 30 June 2026. Totals include payments with missing characteristics, where applicable.

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 for.

Table D.1 Active participants as at 30 June 2026[2]

State/Territory	Active participant plans - Count	Active participant plans - Percentage
NSW	230,427	29.5%
VIC	210,846	27.0%
QLD	166,633	21.3%
WA	70,243	9.0%
SA	67,270	8.6%
TAS	16,896	2.2%
ACT	12,695	1.6%
NT	6,894	0.9%
OT	93	0.0%
Missing	16	0.0%
National	**782,013**	**100.0%**

Table D.2 Numbers of active participant plans by age group as at 30 June 2026

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	51,061	45,851	33,937	13,035	12,124	2,915	2,387	1,453	**162,781**
9 to 14	44,933	44,045	34,588	13,810	14,387	3,040	2,415	1,343	**158,583**
15 to 18	23,294	21,606	18,487	7,662	8,149	1,828	1,360	728	**83,125**
19 to 24	21,100	18,624	16,444	7,418	7,234	1,818	1,286	616	**74,553**
25 to 34	21,138	17,921	14,544	6,947	5,782	1,960	1,312	548	**70,163**
35 to 44	15,787	15,409	11,739	5,599	4,809	1,256	950	632	**56,188**
45 to 54	17,445	16,550	12,444	5,290	4,791	1,336	1,054	648	**59,566**
55 to 64	21,447	19,329	15,176	6,578	6,098	1,684	1,072	643	**72,040**
65+	14,222	11,511	9,274	3,904	3,896	1,059	859	283	**45,014**
Total	**230,427**	**210,846**	**166,633**	**70,243**	**67,270**	**16,896**	**12,695**	**6,894**	**782,013**

Table D.3 Proportion of active participant plans by age group as at 30 June 2026

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	22%	22%	20%	19%	18%	17%	19%	21%	**21%**
9 to 14	19%	21%	21%	20%	21%	18%	19%	19%	**20%**
15 to 18	10%	10%	11%	11%	12%	11%	11%	11%	**11%**
19 to 24	9%	9%	10%	11%	11%	11%	10%	9%	**10%**
25 to 34	9%	8%	9%	10%	9%	12%	10%	8%	**9%**
35 to 44	7%	7%	7%	8%	7%	7%	7%	9%	**7%**
45 to 54	8%	8%	7%	8%	7%	8%	8%	9%	**8%**
55 to 64	9%	9%	9%	9%	9%	10%	8%	9%	**9%**
65+	6%	5%	6%	6%	6%	6%	7%	4%	**6%**
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

[2] OT includes participants living in other Australian territories, including Norfolk Island, Christmas Island and the Cocos (Keeling) Islands.

Table D.4 Numbers of active participant plans (participants in Supported Independent Living (SIL)) by age group as at 30 June 2026

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	**n/a**
9 to 14	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	**n/a**
15 to 18	52	39	49	18	25	<11	<11	<11	**196**
19 to 24	870	545	602	274	283	<100	<50	76	**2,781**
25 to 34	1,886	1,110	1,223	567	519	204	96	94	**5,699**
35 to 44	1,844	1,315	1,250	601	495	161	100	121	**5,887**
45 to 54	2,302	1,544	1,373	662	579	184	139	120	**6,903**
55 to 64	3,227	2,139	1,831	878	861	266	164	145	**9,511**
65+	2,102	1,241	1,099	546	548	192	101	<70	**5,891**
Total	**12,284**	**7,935**	**7,428**	**3,547**	**3,310**	**1,102**	**645**	**623**	**36,874**

Table D.5 Proportion of active participant plans (participants in Supported Independent Living (SIL)) by age group as at 30 June 2026

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	**n/a**
9 to 14	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	**n/a**
15 to 18	0%	0%	1%	1%	1%	n/a	n/a	n/a	**1%**
19 to 24	7%	7%	8%	8%	9%	n/a	n/a	12%	**8%**
25 to 34	15%	14%	16%	16%	16%	19%	15%	15%	**15%**
35 to 44	15%	17%	17%	17%	15%	15%	16%	19%	**16%**
45 to 54	19%	19%	18%	19%	17%	17%	22%	19%	**19%**
55 to 64	26%	27%	25%	25%	26%	24%	25%	23%	**26%**
65+	17%	16%	15%	15%	17%	17%	16%	n/a	**16%**
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Table D.6 Numbers of active participant plans (participants not in Supported Independent Living (SIL)) by age group as at 30 June 2026

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	51,061	45,851	33,937	13,035	12,124	2,915	2,387	1,453	**162,781**
9 to 14	44,932	44,043	34,587	13,809	14,387	3,040	2,414	1,343	**158,577**
15 to 18	23,242	21,567	18,438	7,644	8,124	1,824	1,356	723	**82,929**
19 to 24	20,230	18,079	15,842	7,144	6,951	1,727	1,246	540	**71,772**
25 to 34	19,252	16,811	13,321	6,380	5,263	1,756	1,216	454	**64,464**
35 to 44	13,943	14,094	10,489	4,998	4,314	1,095	850	511	**50,301**
45 to 54	15,143	15,006	11,071	4,628	4,212	1,152	915	528	**52,663**
55 to 64	18,220	17,190	13,345	5,700	5,237	1,418	908	498	**62,529**
65+	12,120	10,270	8,175	3,358	3,348	867	758	221	**39,123**
Total	**218,143**	**202,911**	**159,205**	**66,696**	**63,960**	**15,794**	**12,050**	**6,271**	**745,139**

Table D.7 Proportion of active participant plans (participants not in Supported Independent Living (SIL)) by age group as at 30 June 2026

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	23%	23%	21%	20%	19%	18%	20%	23%	**22%**
9 to 14	21%	22%	22%	21%	22%	19%	20%	21%	**21%**
15 to 18	11%	11%	12%	11%	13%	12%	11%	12%	**11%**
19 to 24	9%	9%	10%	11%	11%	11%	10%	9%	**10%**
25 to 34	9%	8%	8%	10%	8%	11%	10%	7%	**9%**
35 to 44	6%	7%	7%	7%	7%	7%	7%	8%	**7%**
45 to 54	7%	7%	7%	7%	7%	7%	8%	8%	**7%**
55 to 64	8%	8%	8%	9%	8%	9%	8%	8%	**8%**
65+	6%	5%	5%	5%	5%	5%	6%	4%	**5%**
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Table D.8 Number of active participant plans by primary disability group as at 30 June 2026

Primary disability group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Autism	99,512	92,677	76,637	32,341	34,453	7,209	5,635	2,134	**350,651**
Intellectual disability	30,851	27,565	19,055	8,638	8,792	2,875	1,414	1,307	**100,509**
Psychosocial disability	19,901	20,470	12,765	5,730	4,226	1,216	1,150	659	**66,122**
Developmental delay	15,660	20,216	13,195	4,689	3,008	1,048	943	526	**59,286**
Hearing impairment	9,099	7,727	6,940	2,651	2,142	544	485	233	**29,823**
Other neurological	8,403	6,428	5,741	2,731	2,005	585	473	239	**26,612**
Acquired brain injury	5,483	5,351	4,760	1,889	1,897	515	237	351	**20,487**
Other physical	5,865	4,776	4,894	1,862	1,757	420	518	188	**20,284**
Cerebral palsy	6,044	4,561	4,099	1,972	1,385	456	311	213	**19,041**
Global developmental delay	7,806	3,573	3,643	1,062	2,009	258	289	231	**18,879**
Other	4,504	3,528	3,526	1,523	1,151	381	256	245	**15,117**
Multiple sclerosis	3,414	3,807	2,298	1,179	1,109	441	259	22	**12,531**
Down syndrome	3,772	2,901	2,507	1,183	795	307	225	110	**11,803**
Visual impairment	3,551	3,228	2,116	1,021	875	227	199	81	**11,299**
Stroke	3,765	2,521	2,460	914	890	230	165	245	**11,192**
Spinal cord Injury	2,101	1,152	1,792	769	495	155	87	92	**6,644**
Other sensory/speech	696	365	205	89	281	29	49	18	**1,733**
Total	**230,427**	**210,846**	**166,633**	**70,243**	**67,270**	**16,896**	**12,695**	**6,894**	**782,013**

Table D.9 Proportion of active participant plans by primary disability group as at 30 June 2026

Primary disability group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Autism	43%	44%	46%	46%	51%	43%	44%	31%	**45%**
Intellectual disability	13%	13%	11%	12%	13%	17%	11%	19%	**13%**
Psychosocial disability	9%	10%	8%	8%	6%	7%	9%	10%	**8%**
Developmental delay	7%	10%	8%	7%	4%	6%	7%	8%	**8%**
Hearing impairment	4%	4%	4%	4%	3%	3%	4%	3%	**4%**
Other neurological	4%	3%	3%	4%	3%	3%	4%	3%	**3%**
Acquired brain injury	2%	3%	3%	3%	3%	3%	2%	5%	**3%**
Other physical	3%	2%	3%	3%	3%	2%	4%	3%	**3%**
Cerebral palsy	3%	2%	2%	3%	2%	3%	2%	3%	**2%**
Global developmental delay	3%	2%	2%	2%	3%	2%	2%	3%	**2%**
Other	2%	2%	2%	2%	2%	2%	2%	4%	**2%**
Multiple sclerosis	1%	2%	1%	2%	2%	3%	2%	0%	**2%**
Down syndrome	2%	1%	2%	2%	1%	2%	2%	2%	**2%**
Visual impairment	2%	2%	1%	1%	1%	1%	2%	1%	**1%**
Stroke	2%	1%	1%	1%	1%	1%	1%	4%	**1%**
Spinal cord Injury	1%	1%	1%	1%	1%	1%	1%	1%	**1%**
Other sensory/speech	0%	0%	0%	0%	0%	0%	0%	0%	**0%**
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Table D.10 Number of active participant plans by other characteristics as at 30 June 2026[3] [4] [5]

Characteristics	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
First Nations Participants	23,535	8,309	18,914	5,897	4,883	1,933	696	3,731	67,907
Culturally and linguistically diverse participants	24,670	23,519	8,577	5,251	4,426	418	1,184	334	68,402
Participants residing in remote and very remote areas	859	105	2,909	3,171	1,686	216	0	2,946	11,979
Younger people in residential aged care (under 65)	128	210	54	29	25	10	3	0	459
Participants with supported independent living	12,284	7,935	7,428	3,547	3,310	1,102	645	623	36,874
Participants using specialised disability accommodation	5,205	5,576	2,856	857	1,669	147	214	120	16,644
Participants specialised disability accommodation eligible, not yet using specialised disability accommodation	2,897	1,791	1,710	1,024	888	369	140	195	9,014

[3] [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.
[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 computer system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.
[5] The Younger People in Residential Aged Care (YPIRAC) figures excludes First Nations participants aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.

Table D.11 Proportion of active participant plans by other characteristics as at 30 June 2026[6]

Characteristics	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
First Nations Participants	10.2%	3.9%	11.4%	8.4%	7.3%	11.4%	5.5%	54.1%	**8.7%**
Culturally and linguistically diverse participants	10.7%	11.2%	5.1%	7.5%	6.6%	2.5%	9.3%	4.8%	**8.7%**
Participants residing in remote and very remote areas	0.4%	0.0%	1.7%	4.5%	2.5%	1.3%	n/a	42.7%	**1.5%**
Younger people in residential aged care (under 65)	0.1%	0.1%	0.0%	0.0%	0.0%	n/a	n/a	n/a	**0.1%**
Participants with supported independent living	5.3%	3.8%	4.5%	5.0%	4.9%	6.5%	5.1%	9.0%	**4.7%**
Participants using specialised disability accommodation	2.3%	2.6%	1.7%	1.2%	2.5%	n/a	1.7%	n/a	**2.1%**
Participants specialised disability accommodation eligible, not yet using specialised disability accommodation	1.3%	0.8%	1.0%	1.5%	1.3%	2.2%	1.1%	2.8%	**1.2%**

Table D.12 Participation rates by gender as at 30 June 2026[7]

Gender	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Male	3.3%	3.5%	3.5%	2.9%	4.3%	3.4%	3.1%	3.3%	**3.4%**
Female	1.9%	2.3%	2.2%	1.8%	2.6%	2.2%	2.0%	1.8%	**2.1%**
Total	**2.6%**	**2.9%**	**2.9%**	**2.4%**	**3.5%**	**2.9%**	**2.6%**	**2.6%**	**2.8%**

Table D.13 Participation rates by age group as at 30 June 2026[8]

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0-8	5.7%	6.4%	5.8%	4.2%	6.6%	5.4%	4.7%	4.5%	**5.7%**
9-14	7.1%	8.6%	8.1%	6.1%	10.8%	7.6%	6.7%	6.1%	**7.8%**
15-18	5.4%	6.3%	6.1%	5.1%	8.8%	6.4%	5.9%	5.2%	**6.0%**
19-24	3.1%	3.3%	3.7%	3.4%	5.1%	4.5%	3.2%	3.0%	**3.5%**
25-44	1.5%	1.6%	1.7%	1.5%	2.1%	2.1%	1.5%	1.3%	**1.6%**
45-64	1.9%	2.2%	2.0%	1.7%	2.4%	2.1%	1.9%	2.1%	**2.0%**
65+	0.9%	0.9%	0.9%	0.7%	1.0%	0.8%	1.2%	1.0%	**0.9%**
Total (aged 0-64)	3.1%	3.4%	3.4%	2.7%	4.2%	3.5%	2.9%	2.8%	**3.2%**
Total	**2.6%**	**2.9%**	**2.9%**	**2.4%**	**3.5%**	**2.9%**	**2.6%**	**2.6%**	**2.8%**

[6] The YPIRAC figure represents the number of younger participants who are currently in Aged Care, as a percentage of the total number of participants per state or territory.
[7] Participation rate refers to the proportion of the general population that are NDIS participants. A small proportion of participants have a gender of 'Other'. The participation rates for this group are included within the total rates.
[8] Participation rate refers to the proportion of the Australian population that are NDIS participants.

Table D.14 Proportion of respondents who responded that the Agency planning process as good or very good in the latest quarter

NDIA planning process	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Early Supports	60%	73%	73%	n/a	n/a	n/a	n/a	n/a	**67%**
Community Connections	73%	78%	75%	65%	76%	61%	n/a	n/a	**74%**
Apply for NDIS (overall)	61%	73%	61%	48%	60%	68%	67%	n/a	**63%**
Plan Approval	54%	53%	52%	48%	47%	60%	46%	57%	**52%**
Plan Implementation	65%	58%	61%	59%	57%	67%	71%	45%	**61%**
Plan Reassessment	71%	69%	69%	70%	67%	72%	72%	75%	**69%**

Table D.15 NDIA Metrics Progress: Participants, Families and Carers[9]

Measures for participants, families and carers	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Participant employment rate - Aged 15 to 64 years (Baseline)	22%	20%	18%	24%	25%	18%	31%	14%	**21%**
Participant employment rate - Aged 15 to 64 years (Latest Reassessment)	25%	22%	21%	28%	26%	21%	32%	17%	**24%**
Participant social and community engagement rate - Aged 15+ years (Baseline)	33%	32%	35%	36%	35%	29%	35%	41%	**33%**
Participant social and community engagement rate - Aged 15+ years (Latest Reassessment)	43%	38%	40%	41%	39%	34%	42%	44%	**41%**
Family and carer employment rate - All ages (Baseline)	49%	47%	46%	49%	47%	43%	59%	50%	**48%**
Family and carer employment rate - All ages (Latest Reassessment)	56%	53%	52%	55%	52%	50%	66%	56%	**54%**
Participant Choice and Control - Aged 15+ years (Baseline)	67%	66%	75%	73%	66%	69%	72%	57%	**69%**
Participant Choice and Control - Aged 15+ years (Latest Reassessment)	82%	82%	86%	83%	81%	82%	83%	78%	**83%**

Table D.16 Distribution of active participants by funds management type as at 30 June 2026

Funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Self-managed Fully	21%	25%	20%	18%	16%	14%	34%	8%	**21%**
Self-managed Partly	4%	5%	3%	6%	3%	4%	6%	3%	**4%**
Plan-managed	66%	68%	72%	67%	77%	76%	56%	86%	**69%**
NDIA-managed	9%	3%	5%	9%	4%	5%	4%	3%	**6%**
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Table D.17 Distribution of plan budget amount by funds management type as at 30 June 2026

Funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Self-managed	10%	14%	12%	12%	8%	9%	17%	3%	**11%**
Plan-managed	52%	62%	60%	52%	62%	54%	59%	54%	**57%**
NDIA-managed	38%	24%	28%	36%	30%	37%	24%	43%	**31%**
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

[9] Results are based on responses collected at entry to the NDIS (baseline measure) and at subsequent intervals. This section compares baseline indicator results when participants entered the NDIS, with latest results. The results include responses for participants who have been in the NDIS for 2 or more years, rounded to the nearest complete year since the first plan was approved.

Table D.18 Number and rates of participant complaints[10]

Participant complaints	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Participant complaints in quarter 4, 2025-26	3,108	2,843	2,402	942	893	216	178	62	**10,867**
Complaints as a percentage of active participants	5.4%	5.4%	5.8%	5.4%	5.3%	5.1%	5.6%	3.6%	**5.6%**
All participant complaints	91,782	81,536	62,453	23,571	30,034	6,165	5,688	1,728	**315,771**
Complaints as a percentage of active participants	6.7%	7.1%	7.2%	6.7%	7.7%	6.4%	6.6%	4.6%	**7.2%**

Table D.19 Number and rates of Participants Critical Incidents (PCIs)[11]

PCIs	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
PCIs in quarter 4, 2025-26	1,225	1,632	1,041	498	501	80	85	57	**5,128**
PCIs as a percentage of active participants	2.1%	3.1%	2.5%	2.9%	3.0%	1.9%	2.7%	3.3%	**2.6%**
All PCIs	20,688	23,568	16,465	8,074	8,784	1,501	996	1,036	**81,244**
PCIs as a percentage of active participants	1.5%	2.1%	1.9%	2.3%	2.3%	1.6%	1.2%	2.7%	**1.9%**

Table D.20 Number of active providers in Quarter 4, 2025-26 by funds management type, registration status and the residing State/Territory[12]

Registration status/funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Registered providers - Total	**8,159**	**6,912**	**5,419**	**2,651**	**2,476**	**1,065**	**1,039**	**832**	**18,309**
Registered providers - NDIA-managed	4,778	3,171	2,741	1,315	1,001	360	345	313	**10,842**
Registered providers - Plan-managed	7,597	6,517	5,066	2,470	2,344	982	963	757	**17,471**
Registered providers - Self-managed	6	<5	<5	<5	<5	<5	<5	<5	**16**
Unregistered providers - Total	**76,918**	**82,113**	**68,228**	**25,275**	**21,876**	**6,396**	**4,504**	**1,850**	**267,396**
Unregistered providers - Plan-managed	56,738	59,980	53,577	18,089	17,004	4,935	2,698	1,567	**200,838**
Unregistered providers - Self-managed	33,352	38,021	26,374	11,613	8,877	2,459	2,622	462	**116,712**
All providers - Total	**83,368**	**87,676**	**72,585**	**27,586**	**23,907**	**7,447**	**5,621**	**2,595**	**280,258**
All providers - NDIA-managed	4,778	3,171	2,741	1,315	1,001	360	345	313	**10,842**
All providers - Plan-managed	61,710	64,279	56,945	19,895	18,627	5,733	3,505	2,190	**210,956**
All providers - Self-managed	39,630	43,505	30,667	13,476	10,568	3,123	3,347	675	**133,703**

[10] The National totals include participant complaints where jurisdiction information was missing.
[11] The National totals include PCIs where jurisdiction information was missing.
[12] Registration status is based on whether a provider was registered for a specific support on the support provision date. Providers claiming both registered and unregistered supports, or whose status changes during the quarter, are counted in both categories with payments reflected accordingly. This is a change introduced in the March 2025 quarter. Before then, providers were classified as registered if they were registered for at least one support, resulting in fewer registered and more unregistered providers for participants with self-managed funds management type.

Table D.21 Committed supports by financial year in which support was provided and increase from previous years

Financial year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
2017-18 ($m)	4,256	1,445	878	228	372	190	303	99	7,773
2018-19 ($m)	5,879	3,464	2,542	554	1,160	401	365	199	14,567
2019-20 ($m)	8,008	6,030	5,157	1,544	2,127	660	459	384	24,374
2020-21 ($m)	10,145	7,940	6,847	2,736	2,774	847	554	504	32,354
2021-22 ($m)	11,461	9,282	7,958	3,193	3,176	973	606	535	37,189
2022-23 ($m)	14,002	11,629	9,954	4,079	3,951	1,179	715	685	46,199
2023-24 ($m)	16,215	13,606	11,759	4,857	4,615	1,359	814	806	54,040
2024-25 ($m)	18,143	15,219	13,297	5,579	5,167	1,499	896	915	60,743
2025-26 ($m)	20,088	16,773	14,711	6,321	5,768	1,641	986	1,006	67,321
increase from 2017-18 to 2018-19 (%)	38%	140%	189%	143%	212%	111%	21%	101%	87%
increase from 2018-19 to 2019-20 (%)	36%	74%	103%	179%	83%	65%	26%	93%	67%
increase from 2019-20 to 2020-21 (%)	27%	32%	33%	77%	30%	28%	21%	31%	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 (%)	16%	17%	18%	19%	17%	15%	14%	18%	17%
increase from 2023-24 to 2024-25 (%)	12%	12%	13%	15%	12%	10%	10%	14%	12%
increase from 2024-25 to 2025-26 (%)	11%	10%	11%	13%	12%	9%	10%	10%	11%

Table D.22 Payments by financial year in which supports was provided and increase from previous years

Financial year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
2017-18 ($m)	3,092	959	560	169	223	153	219	66	5,443
2018-19 ($m)	4,458	2,374	1,673	398	794	297	275	135	10,405
2019-20 ($m)	5,966	4,137	3,612	1,030	1,490	477	337	262	17,313
2020-21 ($m)	7,692	5,470	5,019	1,939	2,001	633	415	370	23,544
2021-22 ($m)	8,926	6,830	6,149	2,362	2,424	758	474	415	28,472
2022-23 ($m)	11,018	8,681	7,599	2,974	2,993	887	542	523	35,268
2023-24 ($m)	13,016	10,530	9,055	3,640	3,555	1,013	620	624	42,076
2024-25 ($m)	14,230	11,584	9,926	4,107	3,893	1,104	676	686	46,224
2025-26 ($m)	14,954	12,080	10,487	4,412	4,105	1,148	695	703	48,596
increase from 2017-18 to 2018-19 (%)	44%	147%	199%	135%	256%	93%	25%	104%	91%
increase from 2018-19 to 2019-20 (%)	34%	74%	116%	159%	88%	61%	22%	95%	66%
increase from 2019-20 to 2020-21 (%)	29%	32%	39%	88%	34%	33%	23%	41%	36%
increase from 2020-21 to 2021-22 (%)	16%	25%	23%	22%	21%	20%	14%	12%	21%
increase from 2021-22 to 2022-23 (%)	23%	27%	24%	26%	23%	17%	14%	26%	24%
increase from 2022-23 to 2023-24 (%)	18%	21%	19%	22%	19%	14%	14%	19%	19%
increase from 2023-24 to 2024-25 (%)	9%	10%	10%	13%	10%	9%	9%	10%	10%
increase from 2024-25 to 2025-26 (%)	5%	4%	6%	7%	5%	4%	3%	2%	5%

Table D.23 Total annualised committed supports and average annualised committed supports, including participants in Supported Independent Living (SIL) as at 30 June 2026

Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Total ($m)	**19,809**	**16,588**	**14,655**	**6,336**	**5,817**	**1,613**	**966**	**951**	**66,746**
Average ($)	86,000	78,700	87,900	90,200	86,500	95,500	76,100	137,900	**85,400**
Total - SIL ($m)	**5,705**	**3,936**	**3,661**	**1,726**	**1,725**	**541**	**299**	**409**	**18,002**
Average - SIL ($)	464,400	496,100	492,900	486,500	521,100	491,300	462,800	657,200	**488,200**

Table D.24 Total payments and average payments, including participants in Supported Independent Living (SIL) as at 30 June 2026

Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Total ($m)	**15,878**	**12,826**	**11,037**	**4,657**	**4,345**	**1,214**	**732**	**750**	**51,452**
Average ($)	70,700	62,400	67,600	68,700	66,700	73,900	59,100	111,500	**67,500**
Total - SIL ($m)	**5,321**	**3,613**	**3,399**	**1,550**	**1,569**	**499**	**279**	**371**	**16,600**
Average - SIL ($)	434,400	459,100	456,600	439,900	477,300	453,600	434,400	595,100	**451,800**

Table D.25 Total annualised committed supports by support category as at 30 June 2026 ($m)

Support category	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Core - Daily Activities	9,704	7,562	7,307	3,032	2,972	813	484	518	**32,394**
Core - Consumables	282	259	236	100	82	22	14	9	**1,003**
Core - Social and Civic	4,167	3,677	3,013	1,253	1,118	365	180	183	**13,960**
Core - Transport	168	149	110	48	44	14	9	5	**546**
Capacity Building - Choice and Control	216	203	171	69	73	18	10	9	**771**
Capacity Building - Daily Activities	2,996	2,813	2,204	985	855	201	155	111	**10,321**
Capacity Building - Employment	177	126	124	78	58	13	10	7	**593**
Capacity Building - Health and Wellbeing	20	12	10	4	3	2	2	0	**53**
Capacity Building - Home Living	1	2	1	1	0	0	0	0	**6**
Capacity Building - Lifelong learning	0	0	0	0	0	0	0	0	**2**
Capacity Building - Relationships	599	464	329	209	172	44	26	28	**1,871**
Capacity Building - Social and Civic	188	177	126	83	54	22	14	14	**677**
Capacity Building - Support Coordination	460	469	366	177	154	40	21	40	**1,728**
Capital - Assistive Technology	574	412	432	212	147	42	31	18	**1,868**
Capital - Home Modifications	258	262	226	86	84	18	11	9	**953**
Total	**19,809**	**16,588**	**14,655**	**6,336**	**5,817**	**1,613**	**966**	**951**	**66,746**

Table D.26 Total payments by support category for the year ending 30 June 2026 ($m)

Support Category	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Core - Daily Activities	8,271	6,313	5,817	2,454	2,401	685	409	466	**26,822**
Core - Consumables	189	152	143	61	53	14	9	5	**627**
Core - Social and Civic	3,788	3,192	2,688	1,024	921	300	150	145	**12,209**
Core - Transport	348	246	140	57	50	14	14	8	**875**
Capacity Building - Choice and Control	180	173	144	55	62	15	9	7	**646**
Capacity Building - Daily Activities	1,808	1,645	1,217	566	497	90	86	54	**5,964**
Capacity Building - Employment	64	45	38	22	17	4	3	2	**196**
Capacity Building - Health and Wellbeing	11	5	4	1	1	1	1	0	**25**
Capacity Building - Home Living	0	1	0	0	0	0	0	0	**2**
Capacity Building - Lifelong learning	0	0	0	0	0	0	0	0	**0**
Capacity Building - Relationships	359	260	178	118	96	27	14	16	**1,068**
Capacity Building - Social and Civic	78	67	48	32	17	9	5	6	**261**
Capacity Building - Support Coordination	336	353	257	117	106	28	15	25	**1,238**
Capital - Assistive Technology	254	179	197	89	63	19	12	9	**820**
Capital - Home Modifications	190	196	167	60	62	9	6	6	**697**
Total	**15,878**	**12,826**	**11,037**	**4,657**	**4,345**	**1,214**	**732**	**750**	**51,452**

Table D.27 Percentage change in plan budgets for active participants in the quarter ending 30 June 2026

Inflation type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Intra-plan Inflation	2.4%	2.8%	2.6%	2.5%	3.1%	2.4%	2.0%	2.9%	**2.6%**
Inter-plan Inflation	2.3%	1.1%	2.5%	2.4%	3.0%	0.8%	2.5%	-0.5%	**2.1%**
Total Inflation	**4.7%**	**3.9%**	**5.2%**	**4.8%**	**6.1%**	**3.2%**	**4.4%**	**2.3%**	**4.7%**

Table D.28 Percentage change in plan budgets for plans reassessed - 1 July 2025 to 30 June 2026 - all participants

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

Table D.29 Utilisation rates for participants both in Supported Independent Living (SIL) and not in SIL, for first and subsequent plans - from 1 October 2025 to 31 March 2026[13] [14] [15] [16]

Participant breakdown	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
in SIL - First plan	81%	80%	77%	75%	75%	n/a	n/a	n/a	**78%**
in SIL - Subsequent plans	89%	87%	87%	86%	87%	86%	89%	83%	**87%**
in SIL - Total	89%	87%	87%	86%	87%	86%	88%	83%	**87%**
Not in SIL - First plan	58%	56%	54%	54%	55%	48%	52%	53%	**55%**
Not in SIL - Subsequent plans	72%	70%	70%	67%	68%	65%	66%	63%	**70%**
Not in SIL - Total	70%	68%	67%	65%	66%	63%	64%	61%	**68%**
Both in SIL and not in SIL - First plan	**59%**	**57%**	**55%**	**55%**	**56%**	**51%**	**53%**	**54%**	**57%**
Both in SIL and not in SIL - Subsequent plans	**78%**	**75%**	**75%**	**73%**	**74%**	**74%**	**74%**	**74%**	**76%**
Both in SIL and not in SIL - Total	**76%**	**73%**	**73%**	**71%**	**73%**	**72%**	**72%**	**72%**	**73%**

[13] Utilisation is not shown if there is insufficient data in the group.
[14] Participants receiving in-kind supports are excluded from the analysis as it is not possible to accurately separate in-kind payments and committed amounts between plans. Hence, utilisation is higher in reality when in-kind is included.
[15] Utilisation of committed supports from 1 October 2025 to 31 March 2026 is shown in the table – experience in the most recent 3 months is still emerging and is not included.
[16] Participants receiving in-kind supports and plans with a duration of less than 31 days are excluded from plan-level utilisation figures. It is not possible to accurately separate in-kind payments and committed amounts between plans. As a result, plan-level utilisation may be understated. Total utilisation, however, includes in-kind supports and plans with a duration of less than 31 days, and therefore provides a more comprehensive view of overall utilisation.

Table D.30 Participant Service Guarantee Timeframes (% guarantees met) for the quarter ending 30 June 2026[17] [18]

PSG	Service Guarantee	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
1. Explain a previous decision, after a request for explanation is received	28 days	93%	95%	96%	99%	99%	95%	92%	100%	**96%**
2. Make an access decision, or request for more information, after an access request has been received	21 days	96%	96%	96%	96%	96%	95%	94%	96%	**96%**
4. Make an access decision, or request further information, after more information has been provided.	14 days	77%	82%	82%	79%	76%	76%	73%	63%	**79%**
6. Approve a participant's plan, after an access decision has been made (excludes those Early Childhood Approach (ECA) participants that have received initial supports)	56 days	96%	96%	98%	97%	96%	94%	94%	91%	**96%**
7. Approve a plan for ECA participants, after an access decision has been made	56 days	100%	100%	100%	100%	100%	100%	100%	94%	**100%**
8. Offer to hold a plan implementation meeting, after the plan is approved	7 days	88%	89%	90%	90%	87%	91%	91%	89%	**89%**
9. If the participant accepts the offer, hold a plan implementation meeting	28 days	99%	99%	98%	92%	98%	99%	98%	98%	**98%**
10, 16. Provide a copy of the plan to a participant, after the plan is approved (PSG 10) or amended (PSG 16).	7 days	100%	99%	99%	99%	99%	99%	100%	99%	**99%**
11. Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date	56 days	45%	46%	42%	52%	42%	45%	45%	36%	**45%**
12. Decide whether to undertake a Participant Requested Plan reassessment, after the request is received	21 days	32%	34%	32%	29%	32%	30%	27%	41%	**32%**
13. Complete a reassessment, after the decision to accept the request was made	28 days	86%	87%	86%	86%	85%	85%	85%	78%	**86%**
14. Amend a plan, after the receipt of information that triggers the plan amendment process	28 days	41%	44%	43%	51%	46%	45%	38%	63%	**44%**
17a. Complete an internal Review of a Reviewable Decision, after a request is received	60 days	50%	47%	47%	46%	52%	59%	49%	43%	**48%**
17b. Enact outcome of a reviewable decision, once decision has been made	28 days	99%	99%	99%	98%	99%	98%	100%	96%	**99%**
18. Implement an Administrative Review Tribunal (ART) decision to amend a plan, after the ART decision is made	28 days	85%	94%	96%	89%	80%	95%	100%	80%	**90%**
19. Cancel participant requested nominee	14 days	99%	99%	98%	97%	100%	100%	100%	100%	**99%**
20. Cancel CEO initiated nominee	14 days	92%	99%	91%	100%	90%	100%	100%	100%	**95%**

[17] From the September 2025 quarter, performance of most PSGs is measured from milestones built into the new computer system. PSGs 10 and 16 are captured within the same milestone. For PSGs 11, 14 and 18, performance is measured from available data on processes and dates in the new computer system.
[18] 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.

Endnotes

Appendix C

1 The number of children accessing or waiting on early connections at the end of the quarter is not reported separately, however they are still included in the total.

Appendix D

2 OT includes participants living in other Australian territories, including Norfolk Island, Christmas Island and the Cocos (Keeling) Islands.

3 [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.

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 computer system will allow for better tracking and an ability to better understand why participants may not yet be using SDA funding.

5 The Younger People in Residential Aged Care (YPIRAC) figures excludes First Nations participants aged 50 to 64 years who meet the exceptional circumstances criteria for residential aged care.

6 The YPIRAC figure represents the number of younger participants who are currently in Aged Care, as a percentage of the total number of participants per state or territory.

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

8 Participation rate refers to the proportion of the Australian population that are NDIS participants.

9 Results are based on responses collected at entry to the NDIS (baseline measure) and at subsequent intervals. This section compares baseline indicator results when participants entered the NDIS, with latest results. The results include responses for participants who have been in the NDIS for 2 or more years, rounded to the nearest complete year since the first plan was approved.

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

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

12 Registration status is based on whether a provider was registered for a specific support on the support provision date. Providers claiming both registered and unregistered supports, or whose status changes during the quarter, are counted in both categories with payments reflected accordingly. This is a change introduced in the March 2025 quarter. Before then, providers were classified as registered if they were registered for at least one support, resulting in fewer registered and more unregistered providers for participants with self-managed funds management type.

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

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

15 Utilisation of committed supports from 1 October 2025 to 31 March 2026 is shown in the table - experience in the most recent 3 months is still emerging and is not included.

16 Participants receiving in-kind supports and plans with a duration of less than 31 days are excluded from plan-level utilisation figures. It is not possible to accurately separate in-kind payments and committed amounts between plans. As a result, plan-level utilisation may be understated. Total utilisation, however, includes in-kind supports and plans with a duration of less than 31 days, and therefore provides a more comprehensive view of overall utilisation.

17 From the September 2025 quarter, performance of most PSGs is measured from milestones built into the new computer system. PSGs 10 and 16 are captured within the same milestone. For PSGs 11, 14 and 18, performance is measured from available data on processes and dates in the new computer system.

18 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.

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