

Delivered by the
National Disability
Insurance Agency

Quarterly Report

Q1 2026–27

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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.

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This report

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

The NDIA is committed to ensuring all NDIA performance and participant outcomes data is 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 statistics
- specialist disability accommodation (SDA)
- performance measures.

Introduction

Key highlights for quarter 1, 2026–27

Securing the future of the NDIS

The National Disability Insurance Scheme (NDIS) has been life-changing for people with disability and remains one of Australia's most important social programs.

The August passage of the *National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Act 2026* marks an important step in strengthening the NDIS for the long term.

In a September 2026 address to the National Disability Summit, Minister for the NDIS Senator Jenny McAllister reaffirmed that the Government's reforms are designed to ensure the NDIS remains sustainable, fair and focused on improving outcomes for participants.

The National Disability Insurance Agency (NDIA), has delivered the first tranche of reforms under the new legislation, which took effect from 27 August 2026. These include:

- new arrangements for plan reassessments
- updated timeframes for access decisions
- the introduction of a new definition of functional capacity
- the transfer of NDIS pricing decision-making authority to the Minister for Disability and the NDIS.

This was an important milestone for the NDIA as we work towards implementing future reforms, including the new way of planning. We are committed to working with the disability community and our government partners to ensure that the changes are implemented in a way that is clear, practical and centred on participants' experience.

In this report, we highlight progress this quarter in implementing the Government's reforms. We also highlight our ongoing work to improve participant outcomes, operational performance and the financial sustainability of the NDIS.

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.

NDIA longitudinal data shows continued improvement in key areas of participant experience:

- 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, from 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 14 or more percentage points across all domain measures. Daily living had the strongest improvement at 17 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 health and wellbeing had improvements of 15 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 14 days to 13 days this quarter, significantly lower than the 27 days recorded in March 2023.
- Of participants meeting access, 81% rated their experience with the NDIS as good or very good.
- A sustained focus on approving first plans continues to deliver the level of service expected for participants, meeting the service guarantee in more than 95% of cases.
- 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 continues to test and refine the new way of planning ahead of its introduction in April 2027. More than 3,000 simulated support needs assessments were completed across Australia.

Testing with First Nations participants, people living in remote and very remote communities and people from culturally and linguistically diverse backgrounds has begun. We are gaining valuable insights into how the support needs assessment can work across different locations, cultures and circumstances.

Participant feedback is improving the new way of planning and informing future implementation. As a result of testing, we are making refinements and developing more accessible information and resources to help participants understand and prepare for the new way of planning. This includes guidance in plain language, Easy Read resources, and information and workbooks in alternative formats.

Stronger, more sustainable NDIS markets

In September, Minister for Disability and the NDIS Mark Butler made the first pricing determination for NDIS supports. This was done under new powers introduced by the *National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Act 2026*.

The determination formalised existing pricing settings under Minister Butler. Participants and providers did not need to take any action.

We published pricing schedules, which will be supported by updated pricing arrangements and claiming documents. These will help participants and providers understand how price arrangements work in the NDIS and how to claim for NDIS supports.

We also opened public consultation on the Annual Pricing Review, inviting participants, providers and the wider disability community to have their say on NDIS pricing for the 2027–28 financial year. It was open for 6 weeks and focused on some commonly claimed supports:

- disability support worker-related supports
- supported independent living
- therapy
- social and community participation
- support coordination.

Feedback from the consultation will help us develop recommendations and advice for the Minister about NDIS prices and pricing arrangements for 2027–28.

Working with the disability community

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

During the quarter, we developed a new webinar series to inform participants, providers and the public about changes to the NDIS. Feedback from disability representative and carer organisations and the Participant Reference Group helped shape the content.

We also published a new suite of resources to help people feel confident, informed and prepared to take part in our engagement activities. They explain what our engagement activities involve, what participants can expect, and how their contributions inform NDIA decisions. The new resources have already been accessed more than 1,500 times.

We have also been working in partnership with participants, MND Australia and Huntington's Australia to improve access to the NDIS and the experience of participants who have rapidly progressing conditions.

The Huntington's pathway, launched in July, adds to our suite of priority pathways, which includes motor neurone disease (MND) and childhood dementia. Priority pathways enable faster access to specialised and individualised NDIS supports, with dedicated planners trained to respond quickly as a person's needs change.

Improving outcomes for First Nations people with disability

The NDIA continues to strengthen outcomes for First Nations people with disability and is making sure that First Nations perspectives are embedded in the implementation of the Government's reforms.

We are working with First Nations people with disability across Australia to ensure implementation is culturally safe, accessible and responsive to their needs and circumstances.

In August, we heard feedback from the First Nations Sector Policy Advisory Group on a range of topics, including the new way of planning, Thriving Kids and other NDIS reforms. This group is an important way for us to receive advice from the sector about First Nations disability policy and reform.

We have also finalised the key priorities for implementing the NDIS First Nations Strategy 2025–30. This followed 25 national roundtables held across all states and territories. The key priorities draw on feedback from nearly 300 stakeholders and are the foundation of the strategy implementation plan.

Safeguarding participants and strengthening the integrity of the NDIS

The NDIA continues to strengthen integrity systems to improve participant safeguards and ensure that NDIS funds are being used for safe, high-quality supports.

We are delivering new capabilities under the Crack Down on Fraud Phase 2 – Digital Enrolment Access and Payment program. Capabilities delivered during the September 2026 quarter included a new integrity portal and other new fraud detection and treatment capabilities.

Because of the progressive implementation of these capabilities over the last few years, the number of pre-payment integrity interventions has significantly increased. The NDIA has also been able to disrupt problematic providers, with over 6,000 high-risk providers disrupted by the end of the September 2026 quarter.

As systems improve and new previously undetected risks are identified, we are increasing the tempo of criminal investigations and interventions in partnership with other Fraud Fusion Taskforce agencies. At the end of September 2026, the Fraud Fusion Taskforce was investigating more than 375 matters across 84 operations.

In the coming months, we will continue to prepare for the implementation of additional powers and other reforms. These include civil penalties, regulatory powers, information-gathering powers, record-retention requirements and reduced timeframes for claims for payment.

Scheme financial experience

Scheme expenses grew by 9.8% for the 12 months to September 2026. The growth rate was 10.1% for the 12 months to September 2025.

For the 3 months to September 2026, total Scheme expenses were $13.7 billion, which was $68 million (0.5%) below the June 2026 Annual Financial Sustainability Report projections.

Plan inflation, excluding price indexation, was 6.5% in the September 2026 quarter, which was lower than the 9.5% recorded in the September 2025 quarter.

- Inflation at unscheduled plan reassessments reduced from 7.9% in the September 2025 quarter to 5.5% in the September 2026 quarter.
- Inflation at scheduled plan reassessments reduced from 0.3% to -0.9% during the same period.
- Inflation from other activities increased from 1.2% to 1.8% during this period.



NDIS participant, Tarsha

Section 1

Participants and their plans



Tarsha's willpower opens up a world of possibilities

For much of Tarsha's childhood, her parents Jackie and Matt were more than mum and dad. They were her carers, therapy coordinators and constant supporters, while younger sister Lara played an important role too.

Today, life looks very different. With NDIS supports helping 29-year-old Tarsha build skills and independence, her family has more time to simply enjoy being a family.

'The supports available to Tarsha have made a massive difference to our family,' Jackie said.

From around 9 months of age, Tarsha has needed daily support and regular therapies, and Matt stopped working to care for her.

When Tarsha joined the NDIS, her family hoped the Scheme would provide access to supports that could help her pursue her goals and become more independent.

Today, Tarsha accesses physiotherapy, exercise physiology and speech therapy. Jackie said those supports, combined with Tarsha's determination and years of hard work, have helped her build strength, confidence, communication skills and independence.

A key part of that journey has been her support workers. 'They have been fantastic, and really helped her build trusted relationships outside our family,' Jackie said.

Tarsha is learning to do more daily tasks independently and works 2 days a week at a church op shop helping make coffees. 'Tarsha's goal is to keep her job. She loves it more than anything in this world,' Jackie said.

Tarsha's also an accomplished frame runner, recently completing the Gold Coast Marathon 10-kilometre event.

As a self-funded Disabled Wintersport Australia member, Tarsha also enjoys skiing and snowboarding. She's also passionate about art. One of her pieces, 'Dance Beneath The Blue', was recently accepted into The Doyles Art Award's All Abilities Adult category.

'Tarsha does whatever she wants to. She's just so gutsy,' Jackie said.

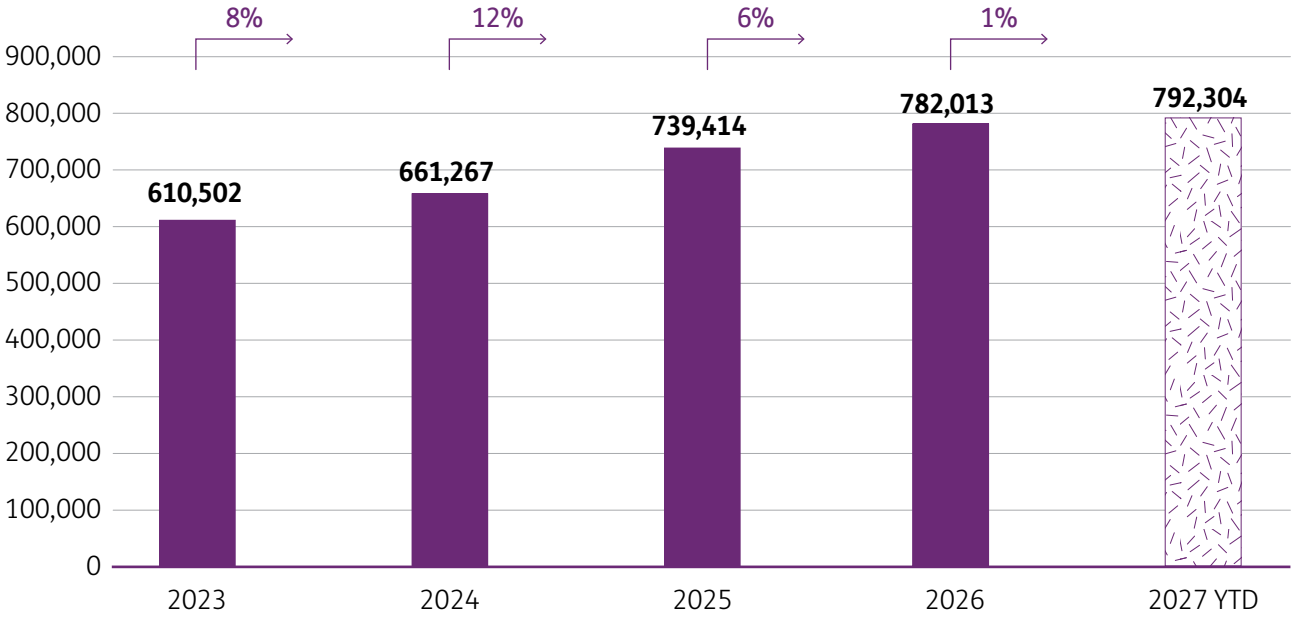
Read more participant stories on our website.

More than 792,000 participants are receiving support from the NDIS, and more than 17,800 participants entered the NDIS during this quarter.

1.1 Number of participants in the NDIS

As at 30 September 2026, there were 792,304 participants with approved NDIS plans. This represents a net increase of 10,291 participants since June 2026 (1.3% 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.

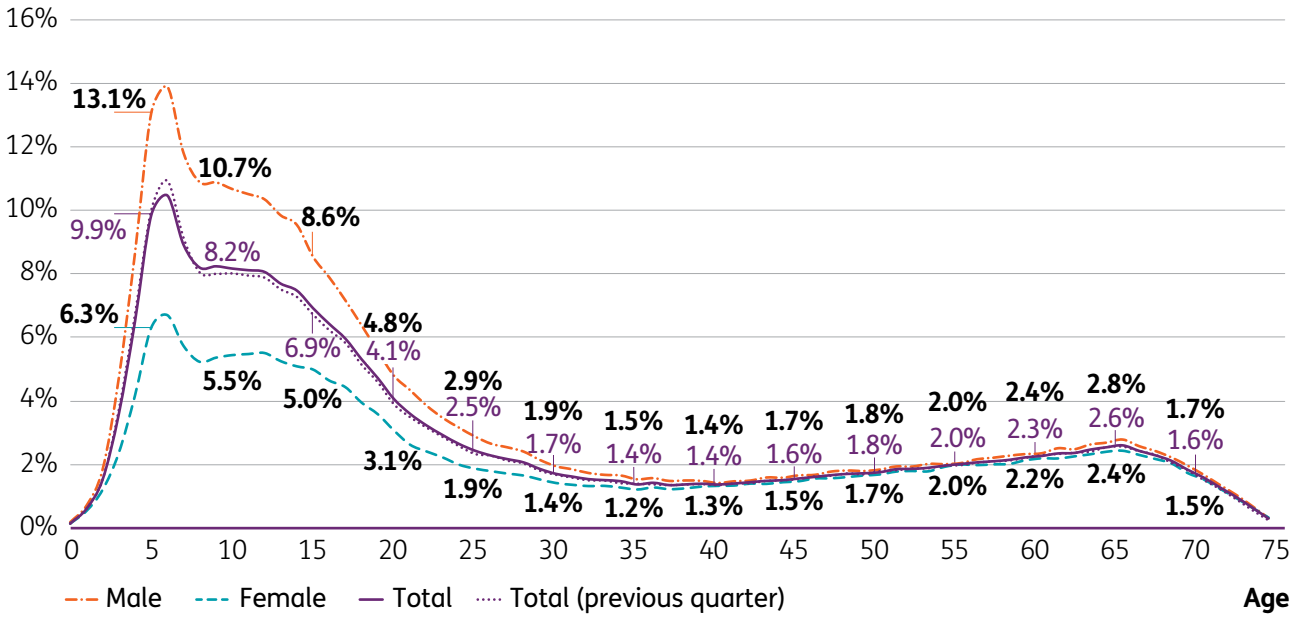
Participation rate refers to the proportion of the Australian population who are NDIS participants. The rate varies by age and gender (Figure 2), reflecting the prevalence of different disability types.

Overall, the rate of participation in the NDIS rises steeply from birth, peaking at 10% 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 (14%) is 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 10,060 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

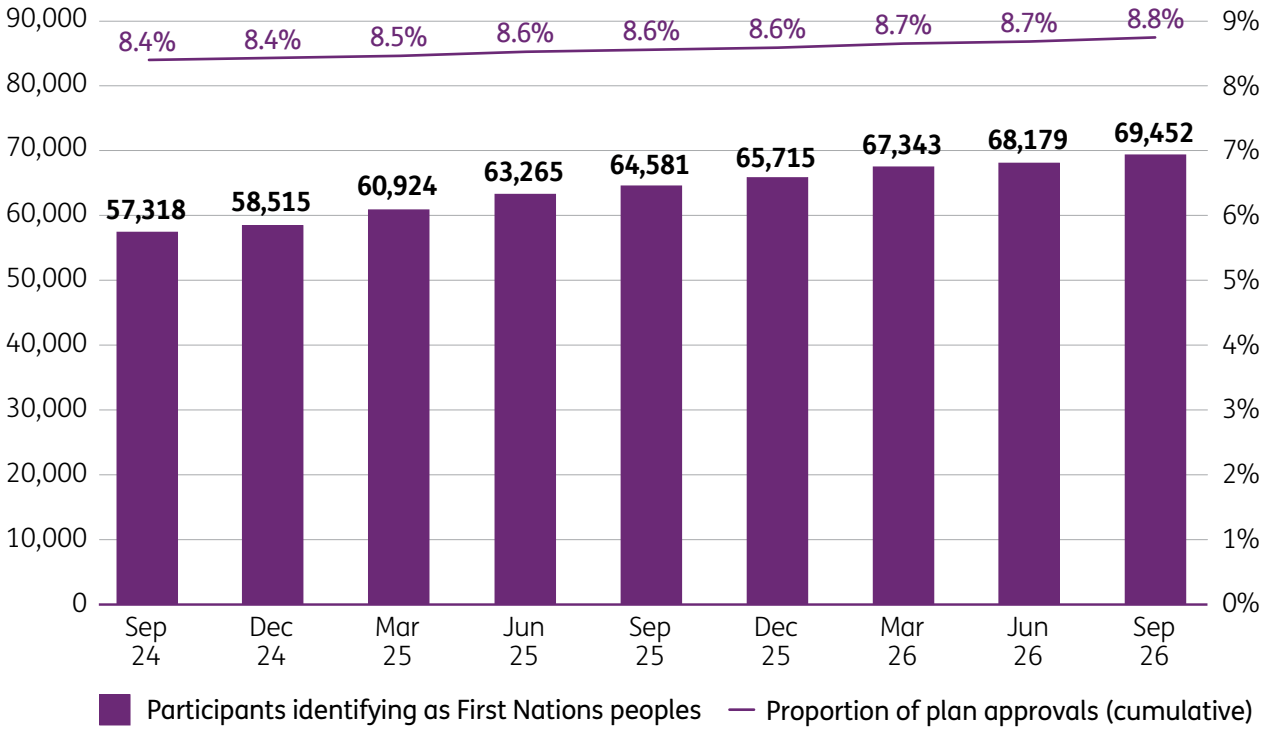
The NDIA monitors the number of participants entering the NDIS who identify as First Nations peoples or are culturally and linguistically diverse (CALD), and those who are from remote and very remote areas.[2]

Of the 17,823 participants entering the NDIS and receiving a plan this quarter:

- **11.6%** were First Nations peoples[3]
- **9.8%** were CALD[4]
- **2.3%** were from remote and very remote areas.[5]

The proportion of First Nations participants in the NDIS was 8.8% at the end of the September 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.

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, to help us set priorities for implementing the NDIS First Nations Strategy 2025–30, we held roundtables across all states and territories. We hosted First Nations organisations and representative bodies and government representatives. We have shared reports with the roundtable participants that capture the feedback from each state and territory.

We also continued to develop a monitoring, evaluation and learning framework for the First Nations strategy. Input from First Nations participants, carers, peak bodies and subject matter experts is informing how outcomes will be measured and reported. Once established, the framework will strengthen accountability and support transparent reporting and evidence-informed decisions.

First Nations Connect

The NDIA launched First Nations Connect on 1 June 2026 in response to feedback from First Nations people with disability and their families and carers, that they do not always feel understood when seeking help from the NDIA.

First Nations Connect is a dedicated telephone service for First Nations people seeking information and help to understand or navigate the NDIS. We survey callers to the service, and since the launch, most survey respondents have reported a positive experience. We will continue to improve the service in response to feedback.

First Nations cultural safety

This quarter, more than 270 staff who work on the new way of planning undertook tailored cultural safety learning, including e-learning and workshops.

Over 200 NDIA staff participated in the First Nations Cultural Safety Learning Circle, a community of practice established to support learners through weekly online sessions.

We continued to develop an implementation plan for the First Nations Workforce Strategy. The strategy will support the NDIA's ambition to become an employer of choice for First Nations people, by facilitating a culturally safe workplace that values First Nations cultures, knowledge, lived experience and leadership.

Inclusion strategies

The NDIA continues to strengthen the NDIS for all Australians with disability.

We continue to implement the NDIS Cultural and Linguistic Diversity (CALD) Strategy 2024–28 together with people with disability from multicultural communities. Later in 2026 we will publish a report on progress in implementing the CALD strategy and improving outcomes and experiences for multicultural communities.

As part of this work we held 47 engagement activities, reaching more than 1,020 people either from or representing multicultural communities. We are using their feedback to inform how we implement NDIS reforms for people with disability from multicultural communities.

We are developing a new lesbian, gay, bisexual, transgender, intersex, queer, asexual (LGBTIQA+) strategy for release in 2026. The strategy will guide improvements to the NDIS for people with disability from LGBTIQA+ communities.

Later in 2026, we will also publish our commitment to inclusive language on the NDIS website. This will guide consistent and transparent use of language in line with the *Australian Government Style Manual*.

Strengthening service delivery in remote and very remote areas

The Remote Service Delivery Framework provides a nationally consistent approach to service delivery in remote and very remote communities, with coordinated engagement.

During this quarter, we held 68 face-to-face community visits and engaged with 256 participants, including through targeted Access Clinics in Belyuen (NT), Wilcannia (NSW) and Carnarvon (WA).

This work reinforces the NDIA's commitment to equitable access for people with disability, regardless of their location.

1.4 Specialised service delivery

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

The NDIA delivers targeted support through priority 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. Australians who meet the NDIS eligibility requirements may access NDIS supports for their disability, regardless of any interaction with the justice system or criminal conviction, to assist them to live and participate in the community.

The NDIA supports eligible participants involved in the justice system through 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.

The Justice Liaison includes representation from First Nations staff and the team works closely with the NDIA First Nations Group to support culturally informed engagement and improve outcomes for First Nations participants.

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 Justice Advisory Panel was an expert advisory group established by the NDIA to examine policy and systemic issues affecting people with disability who interact with the justice system.

Between September 2024 and September 2026, the panel met bi-monthly to consider de-identified case studies highlighting these issues and provide strategic advice on how to improve outcomes.

The panel developed 4 advice papers that outline practical actions to improve outcomes for people with disability who interact with the justice system. This advice highlights opportunities to:

- strengthen shared understanding of the roles and responsibilities of the NDIS and justice systems
- improve information and data sharing to enable safer and more coordinated supports
- increase provider capability, safeguarding and access to appropriate disability supports
- support earlier intervention and coordinated responses for young people with disability who are involved with, or are at risk of entering, the justice system.

First Nations perspectives informed the work of the Justice Advisory Panel, including consideration of cultural safety and the experiences of First Nations participants across justice and disability systems.

Younger people in residential aged care

The Australian Government is committed to reducing 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 through a team of dedicated aged care planners and accommodation officers.

This quarter, 7 participants left residential aged care and moved into more appropriate accommodation.[6]

The number of participants younger than 65 in residential aged care decreased from 459 as at 30 June 2026 to 424 as at 30 September 2026.[7] Of these 424 participants, 52 have an identified goal to move out of residential aged care.

Of the 52 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.

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.

Most (95%) of the 372 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 September 2026 quarter:

- the target of contacting NDIS participants within 4 days of the NDIA being notified of their hospital admission was achieved for **99%** of participants, an improvement from 97% last quarter
- the average number of days between an NDIS participant being medically ready for discharge and being discharged was **13 days**, improved from 14 days in the June 2026 quarter. This result 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.

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. We do this through information sessions, sharing of resources and regular engagement with health systems.

The NDIA is 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 September 2026, there were 159,470 children younger than 9 with an NDIS plan. A further 25,015 children accessed early connections throughout the quarter.

Children younger than 9

The NDIA provides access to early childhood arrangements to children younger than 9 through its early childhood partners in the community. These arrangements ensure children and their families are supported by an early childhood partner during and after their transition to primary school.

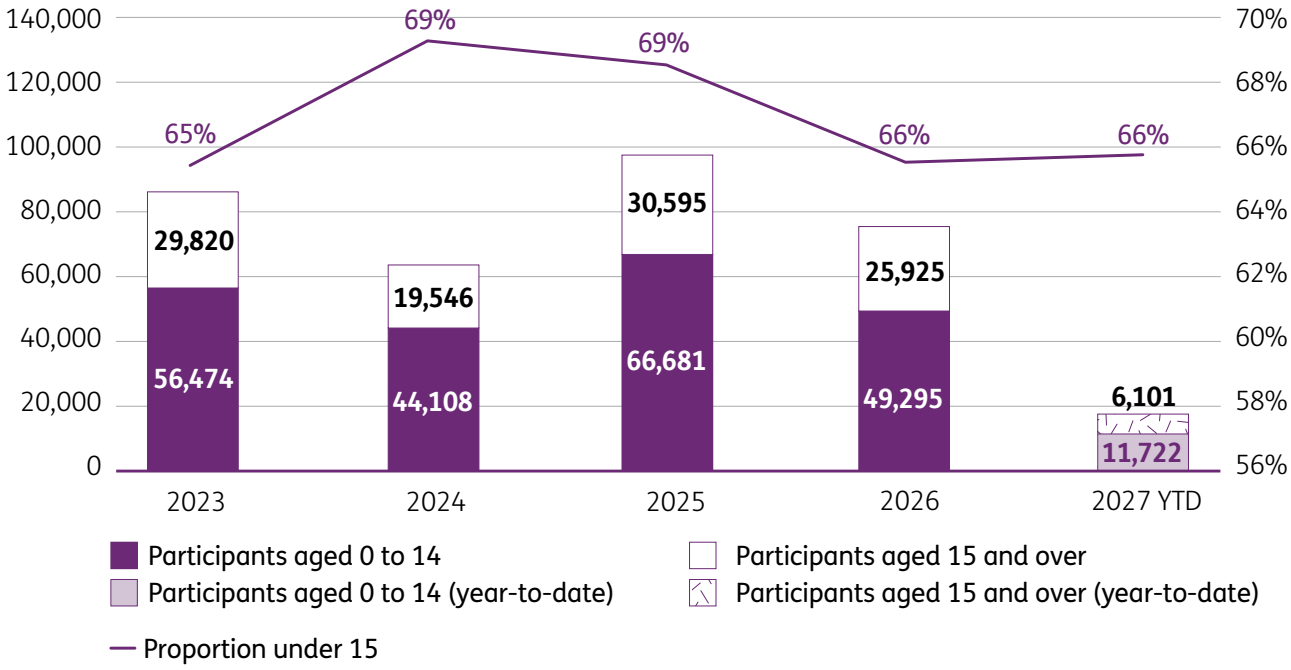
This quarter, **25,015** children accessed early connections. Early connections gives quick access to supports that meet the needs of the child and their family, regardless of whether the child is an NDIS participant.

We are improving access to supports for children and families in remote and very remote areas. This quarter, 231 children in remote and very remote areas met NDIS access criteria, with 123 identifying as First Nations peoples. Of the 159,470 children younger than 9 with an approved plan as at 30 September 2026, there were 2,658 living in remote and very remote areas.

Children younger than 15

Of the 17,823 participants entering and receiving a plan in the September 2026 quarter, **66%** were children younger than 15. This represents a continued decrease compared to the 2023–24 and 2024–25 financial years.

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 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. Phased rollout began on 1 October 2026, with full rollout due by 1 January 2028.

There are no changes to how people access the NDIS until 1 January 2028.

From 1 January 2028, children aged 8 and under with developmental delay and/or autism and low to moderate support needs will no longer be eligible for the NDIS. These children will instead be supported by Thriving Kids and mainstream supports.

Children aged 8 and under who are accessing the NDIS before 1 January 2028 will continue to be reassessed 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 their 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 and 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.



The supports available to Tarsha have made a massive difference to our family.

Jackie, mother of
NDIS participant, Tarsha

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 **33%** to **40%** 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 2026–27 target of 43%.

Participation in community and social activities generally increased the longer participants remained in the NDIS (Figure 5).

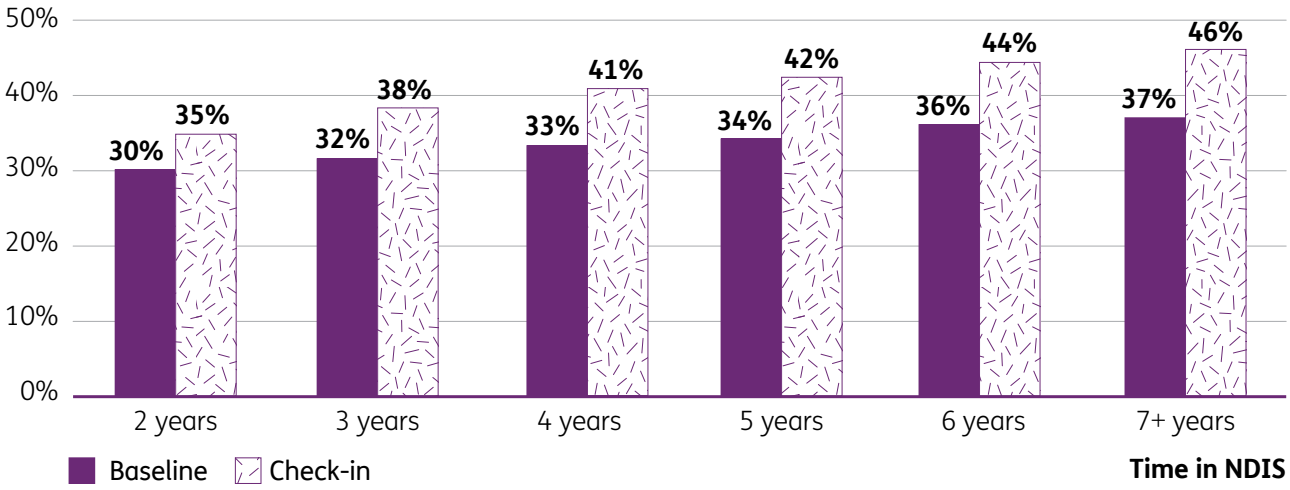
For participants aged 15 years and older who have been in the NDIS for 2 years, the increase was 5 percentage points, up from 30% to 35%. For participants who have been in the NDIS for 7 or more years, the increase was 9 percentage points, up from 37% to 46%.

8 Figures in this section have been rounded to the nearest whole percentage. Differences 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, is 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]
- **Four** percentage point increase from **25%** 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
- **Five** percentage point decrease from **21%** 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.

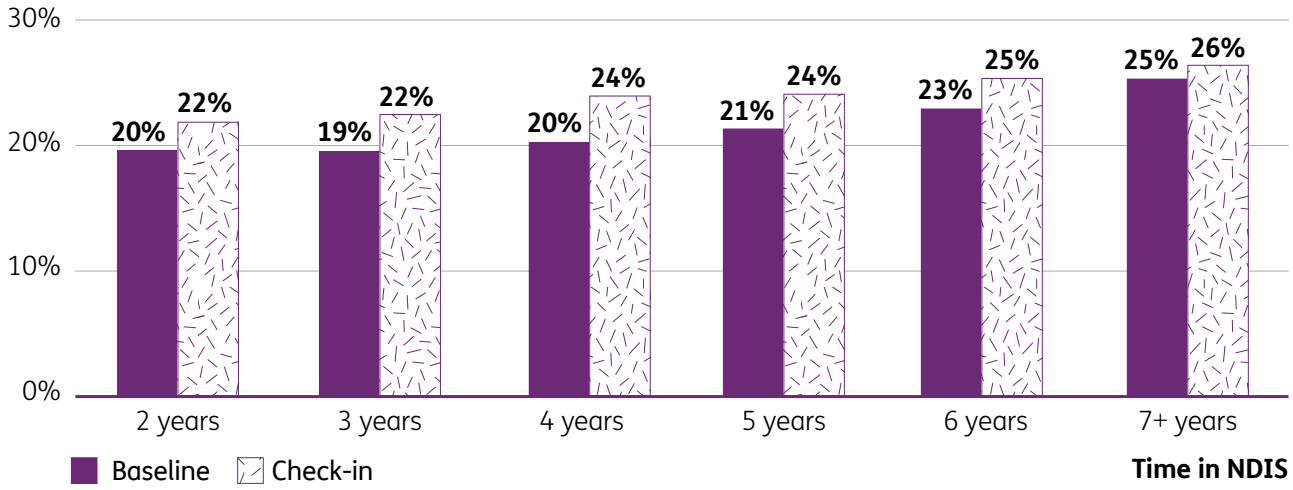
The overall result of 24% for participants aged 15 to 64 years in paid work compares to a 2026–27 target of 25%.

10 Some of the increase may be 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 6 years who are in paid work increased by 2 to 4 percentage points. For participants who have been in the NDIS for 7 or more years, the percentage in work increased from 25% 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 September, NDIA data indicates there are currently more than 47,190 working-age participants with capacity building employment funding in their plan, an increase of 71% since July 2024.

The NDIA has supported this increase 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 to 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 prepare for employment after school.

Expansion of provider reporting on employment assistance

The provider quarterly report on youth employment for January to December 2025 was published in October 2026. This report now includes information about employment assistance delivered to participants still at school, as well as school-leaving participants. School-aged participants may receive support to find additional work experience or part-time work. The report includes outcomes achieved and factors that increase the likelihood of gaining paid work.

Data for the 12 months from January to December 2025 showed:

- 9,215 participants aged 15 to 24 received capacity building employment supports in their NDIS plan to prepare for their transition from school to work, an increase of 8% compared with the 12 months to June 2024
- 3,450 participants began receiving NDIS capacity building employment supports during the reporting period, an increase of 13% from the previous reporting period (July 2024 to June 2025)
- of 2,763 participants who exited support over the 12 months, 18% found employment in the open market, 4% found supported work and 11% went on to study or do volunteer work.

From January 2026, the reporting expanded to include:

- participants leaving tertiary education and training receiving help to find employment relevant to their qualification
- participants of all ages seeking employment
- participants in work who want to change jobs or progress their career.

The next provider quarterly report will include the additional outcomes data.

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 **56%** 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.

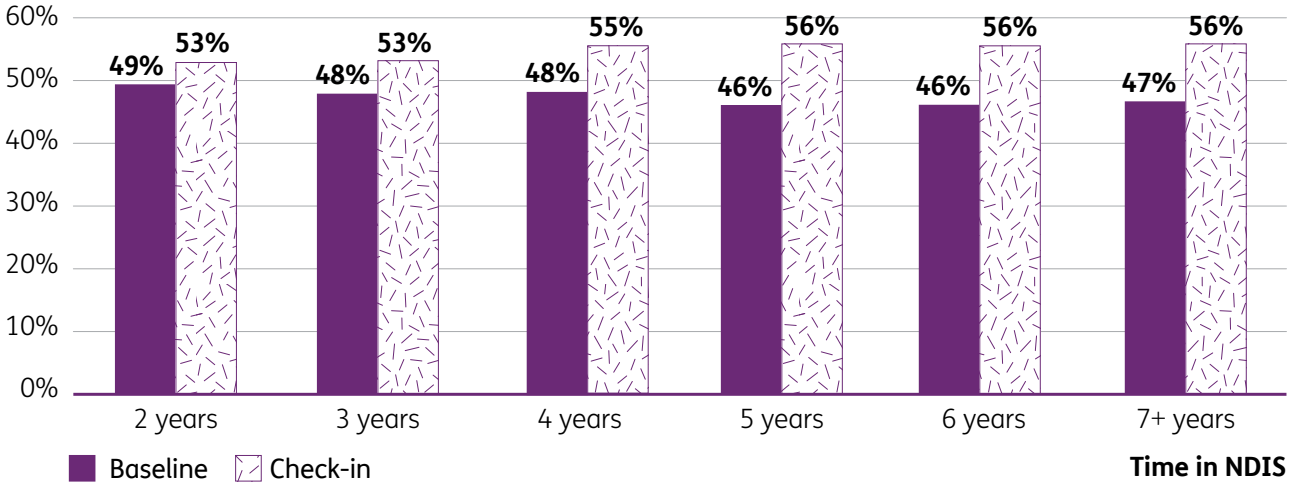
Overall, for families and carers of all participants, there has been a 6-percentage point increase, from 48% to 54%.

Considering participants of all ages who have been in the NDIS for 2 to 6 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 3-percentage point increase.

Those families and carers of participants in the NDIS for 7 or more years improved their employment rate by 9 percentage points, from 47% to 56% (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]

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.

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 **78%** 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
- **Fourteen** percentage point increase from **72%** to **86%** 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.

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	+8
Social, community and civic participation (fitting into community life)	64	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	+17
Lifelong learning (access to education)	42	59	+16
Relationships (with family and friends)	51	67	+16
Social, community and civic participation (social and recreational life)	46	60	+14

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	78	+15
Daily living	62	78	+16
Relationships	51	62	+11
Home	23	29	+6
Health and wellbeing	45	62	+16
Lifelong learning	37	46	+9
Work	19	26	+7
Social, community and civic participation	56	70	+13

From Table 3, the largest improvement over time in the NDIS was for daily living, and health and wellbeing (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 6 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	86	+14
Daily living	74	88	+14
Relationships	54	71	+17
Home	31	44	+12
Health and wellbeing	54	72	+18
Lifelong learning	31	41	+11
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 (11 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.



NDIS participant, Hani

Section 3

Participant experience



Hani finds freedom, strength with NDIS support

For Hani, independence means having the energy and freedom to do more of what she loves, whether it's training, creating art or spending far too long exploring the aisles at her local Bunnings.

Before accessing the NDIS, everyday activities often left her exhausted and in significant pain. Although Hani initially resisted applying for support, she eventually realised she didn't have to face those challenges alone.

Today, her NDIS funding includes a manual wheelchair, occupational therapy and assistance with daily living, helping her maintain independence and participate in the activities that matter to her most.

'If I didn't have NDIS funding, my life would be very, very hard,' she said.

Hani's wheelchair has made the biggest difference.

'When people ask what it allowed me to do again, I say shopping,' she laughed.

'I love Bunnings. Before, I couldn't spend much time going down the aisles. I would have to stop and take breaks.'

During years of surgery and chronic pain, she found comfort in art, creating large installation pieces from fallen timber.

The gym has also been a constant in Hani's life. Inspired by her father, a bodybuilder, she developed a love of strength training from an early age.

That journey eventually led Hani to para-powerlifting. She won bronze at the Birmingham 2022 Commonwealth Games, competed at the Paris 2024 Paralympic Games and secured another Commonwealth Games bronze in Glasgow in 2026.

Now aiming for Los Angeles 2028 and Brisbane 2032, Hani is equally passionate about encouraging more people with disability to feel welcomed, included and confident in gym environments.

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 outlines the actions the NDIA and partners take to meet the commitments in the PSC and deliver an NDIS that meets expectations. Through the plan, the NDIA commits to applying the PSC engagement principles in its interactions with participants.

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 September 2026 quarter	Change from previous quarter*
Transparent	We will make it easy to access and understand our information and decisions.	81%	↔
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.	69%	↔
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 – 81% of respondents experienced interactions that were transparent, with 94% indicating that communication was in their preferred format and 81% saying that decisions and outcomes were explained to them.

Responsive – 65% of respondents reported an experience that was responsive, with 68% saying that their circumstances and needs were considered.

Respectful – 69% of respondents experienced respectful service, with 91% of participants and other people with disability engaging with the NDIS noting they were treated with respect. In addition, 63% 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 88% 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, 10 (56%) met or exceeded their target timeframes at least 95% of the time (PSGs 2, 6, 7, 9, 10, 12, 16, 17b, 19 and 20).[17] A further 5 measures (28%) achieved results above 80% (PSGs 1, 8, 13, 14 and 18).

On 27 August 2026, amendments to NDIS laws came into effect. The changes included updated timeframes for access decisions (PSG 2) and plan reassessments (PSG 12), with both moving from 21 days to 90 days. In this report, performance for PSGs 2 and 12 are measured for requests on or after 27 August 2026.

Scheme eligibility and access (PSGs 2 and 4)

PSG 2 performance was 100%, with all requests submitted on or after 27 August 2026 completed within the timeframe. PSG 4 performance was consistent at 79%, reflecting both the continued focus on improving our performance in making access decisions and improvements to the process for participants 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 98% of participants received their first plan within the PSG timeframe this quarter.

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

PSG 12 performance was 100%, with all requests submitted on or after 27 August 2026 completed withing the timeframe. PSG 14 improved by 37 percentage points to 82%. PSG 13 reduced slightly to 82%.

We are 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 66%, an 18-percentage point increase from the previous quarter. This improvement is also the result of a focus on reducing the oldest work first. PSG 17b was consistent at 99%, and PSG 18 maintained strong performance at 91%. Improving performance for conducting reviews will remain a focus in the second quarter of 2026–27.

17 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 September 2026 quarter	Change from previous quarter*
1	Access	Explanation of a previous decision, after a request for explanation is received.	28 days	94%	↔
2	Access	Make an access decision, or request for more information, after an access request has been received.	90 days	100%	●
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	97%	↔
7	Planning	Approve a plan for ECA participants, after an access decision has been made.	56 days	99%	↔
8	Implementation	Offer to hold a plan implementation meeting, after the plan is approved.	7 days	90%	↔
9	Implementation	If a participant accepts the offer, hold a plan implementation meeting.	28 days	99%	↔
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	100%	↔
11	Plan reassessment	Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date.	56 days	42%	↔
12	Plan reassessment	Decide whether to undertake a participant-initiated plan reassessment, after the request is received.	90 days	100%	●

*** Change from last quarter**

↑ More than 3 percentage points higher ↔ Within 3 percentage points ↓ More than 3 percentage points lower ● PSG timeframe has been updated since the previous quarter

Table 6: Performance against the Participant Service Guarantee cont.

PSG	Service type	Description of the service being guaranteed	Service guarantee	Performance in the September 2026 quarter	Change from previous quarter*
13	Plan reassessment	Complete a reassessment, after the decision to accept the request was made.	28 days	82%	↓
14	Plan variations	Amend a plan, after the receipt of information that triggers the plan amendment process.	28 days	82%	↑
17a	Reviewable decisions	Complete an internal review of a reviewable decision after a request is received.	60 days	66%	↑
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	91%	↔
19	Manage authorised representative	Cancel participant-requested nominee.	14 days	100%	↔
20	Manage authorised representative	Cancel CEO-initiated nominee	14 days	100%	↑

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 ● PSG timeframe has been updated since the previous quarter

3.3 Home and living decisions

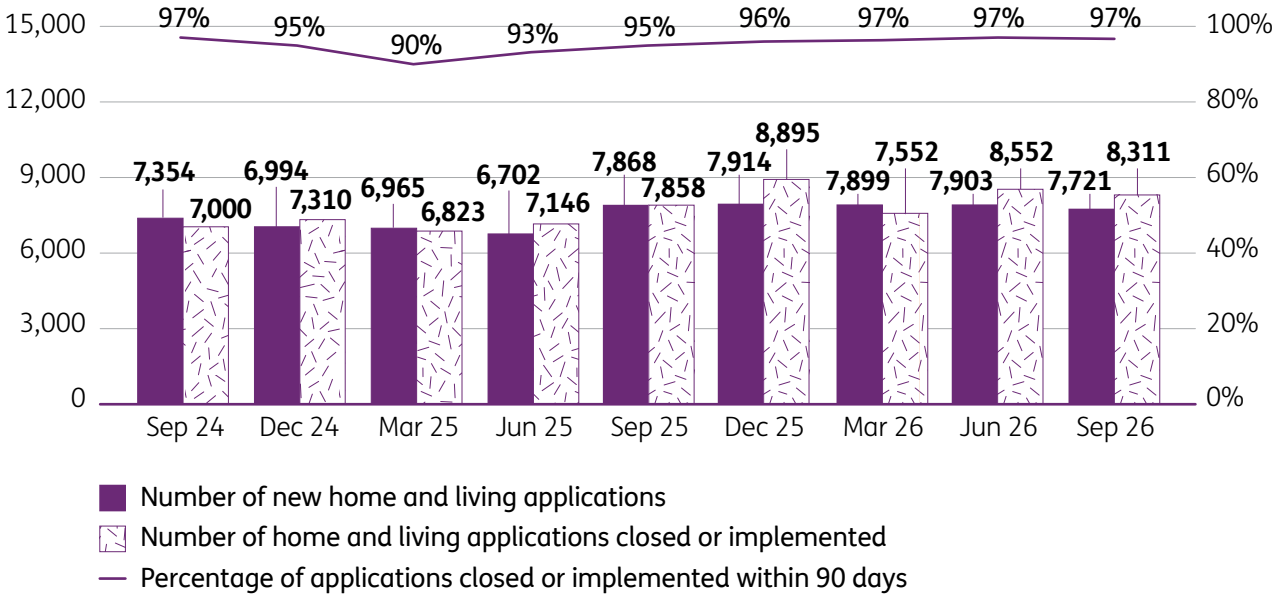
The NDIA helps participants to live independently in the community or explore alternative living options.

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 September 2026 quarter, 7,721 new home and living applications were received (Figure 8). This is slightly lower than for the previous quarter (7,903). There were 8,311 applications either closed or implemented, slightly lower than the 8,552 in the prior quarter.[19,20] The proportion of applications closed or implemented this quarter was 97%, unchanged from the prior quarter.

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

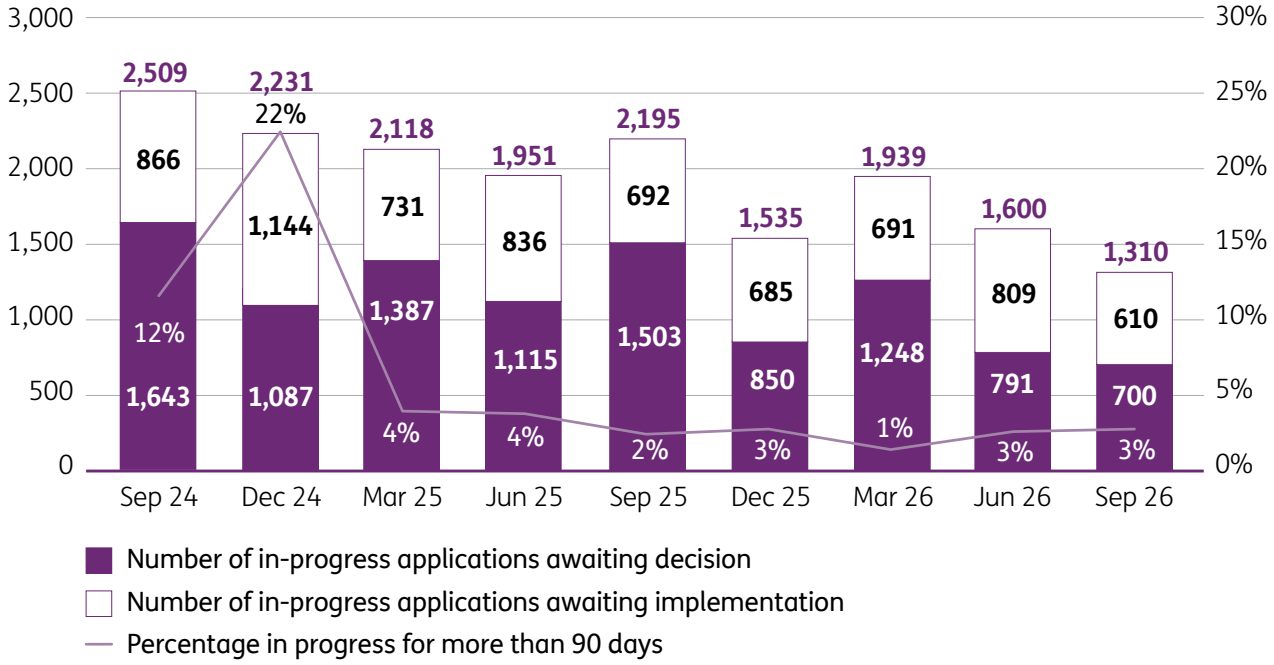


18 The time taken for participants to respond to requests for further information is not included.
19 An application is considered closed if it is cancelled or rejected, a participant declined all home and living supports, or the application won't progress to implementation (e.g. participant deceased, participant does not proceed). An application is considered implemented once a participant has a new approved plan.
20 For the September 2026 quarter, 1,344 of the 8,311 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 September 2026, there were 1,310 home and living applications in progress, which is lower than in the previous quarter (Figure 9). Of these, 700 were awaiting a decision,[22] while a further 610 were waiting for supports to be implemented in a plan.

There were 775 (59%) 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% (36 applications), which is in line with the previous quarter.

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



22 The NDIA is waiting on additional information from participants for 144 of the 700 applications awaiting a decision.
23 Applications on hold are excluded from the in-progress applications.

3.4 Complaints and participant critical incidents

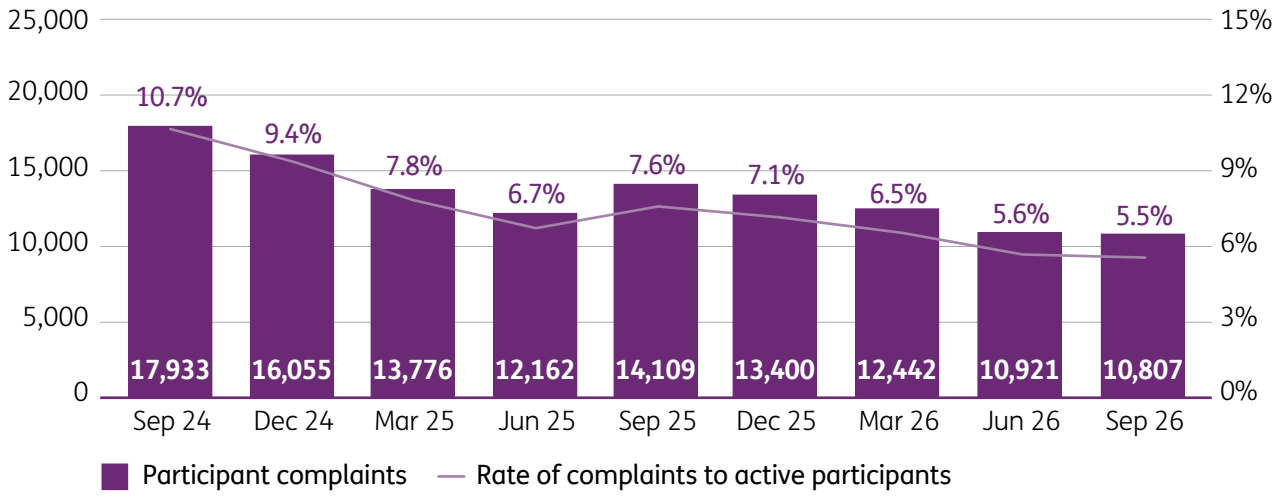
The number of complaints from participants, providers and others was stable this quarter.

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 10,807 participant complaints, which is 5.5% of active participants. This is the lowest rate of complaints the NDIA has received in the past 2 years and is similar to the previous quarter.

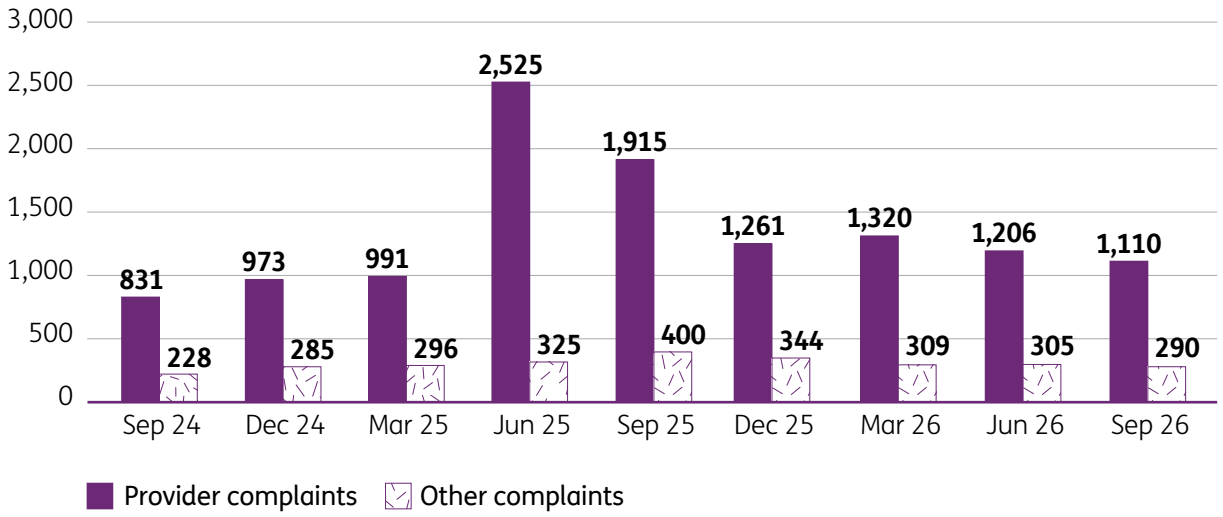
Figure 10: Number and proportion of participant complaints



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 September 2026 quarter, the NDIA received 1,110 complaints from NDIS providers and 290 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 and failed payments
- timeframes for plan change requests
- internal reviews.

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

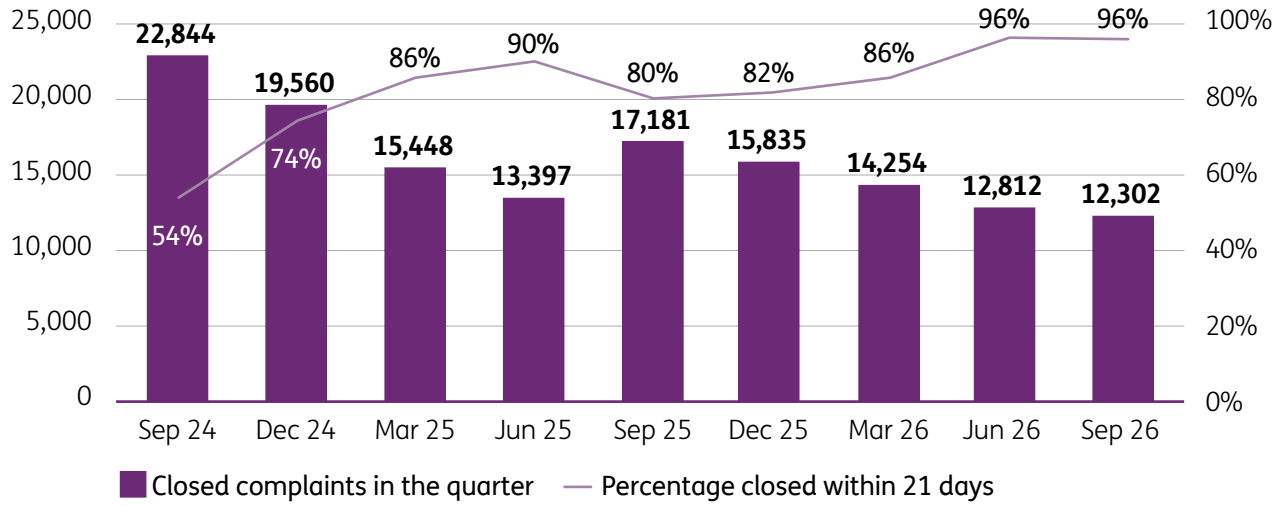
- updating the NDIA business system to improve how we categorise complaints and feedback
- reinforcing the responsibility of all frontline staff to identify and respond to feedback and complaints
- monitoring and reporting on complaint volumes and trends to help us continue to improve the disability 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.

Over the past 2 years, the NDIA has improved response times across frontline services, leading to fewer complaints about delays and faster responses to complaints.

During the September 2026 quarter, the NDIA finalised 96% of complaints within 21 days, in line with the June 2026 quarter (Figure 12).

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



Participant critical incidents

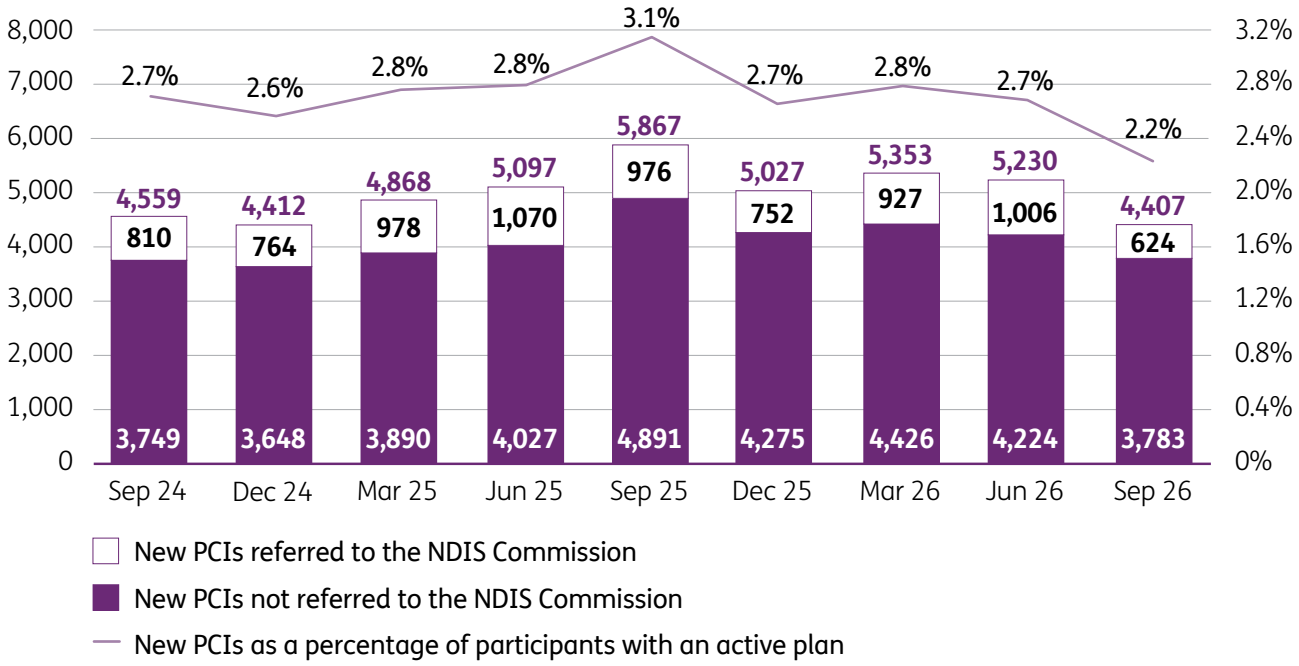
In the course of their work, NDIA staff and staff of partners in the community may encounter circumstances or obtain information about allegations of harm to a participant. These are known as participant critical incidents (PCIs).

After taking immediate safeguarding actions, staff must report the PCI to the dedicated NDIA team, which will prioritise actions based on the level of risk to the participant.

The NDIA considers any 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.

PCI numbers decreased in the September 2026 quarter, with 4,407 notifications received, compared to 5,230 in the previous quarter. During the quarter, we referred 14% of PCI reports to the Commission. This is lower than the referral rate over the past 2 years.

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



This 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 reported for the most recent quarters may increase due to a lag in data collections. The NDIA receiving a PCI and the NDIA reporting the PCI to the Commission are distinct activities, and therefore the number of new PCIs reported to the Commission may change retrospectively.

3.5 Plan changes, reviewable decisions and Administrative Review Tribunal cases

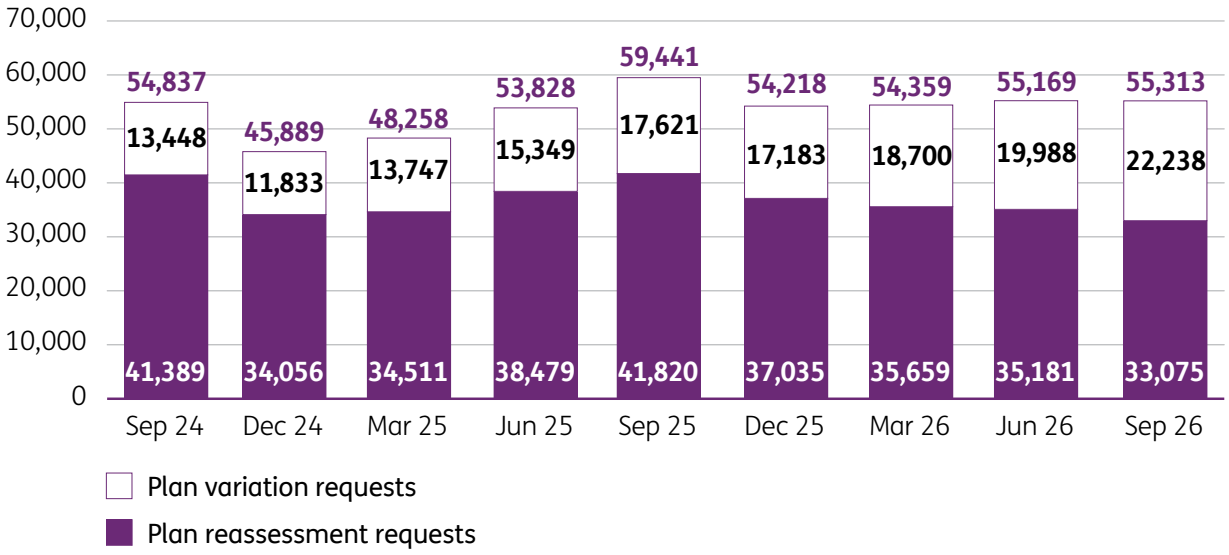
The number of requests for a plan change was stable this quarter, while the volume of completed plan changes increased.

Plan change requests

New arrangements for requesting a plan reassessment began on 27 August 2026. Only a participant, their nominee or a child representative can request a plan reassessment. Participants can continue to request a plan variation if the changes to their support needs are urgent, minor or short-term. A reassessment is a complete review of the plan, while a variation is often a minor adjustment to a plan.

During the September 2026 quarter, 55,313 plan change requests were received. Of these, 33,075 were plan reassessment requests and 22,238 were plan variation requests (Figure 14). The number of plan change requests is in line with the previous 3 quarters.

Figure 14: Number of plan change requests[29]



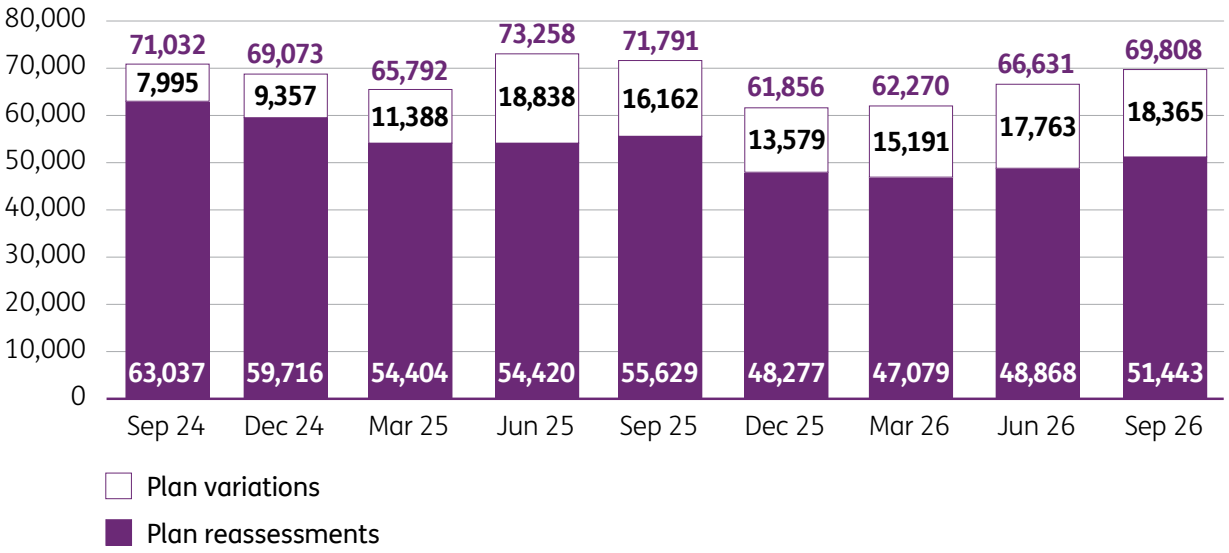
29 Number of plan change requests reported for the most recent quarter may vary, due to requests being cancelled and lags in data collection.

Plan changes

Plan change requests initiated by either the participant or the NDIA can lead to a plan reassessment or variation. In addition, a review of a plan closer to the reassessment date can lead to a plan change.

This quarter, 69,808 plan changes were completed, comprising 51,443 plan reassessments and 18,365 plan variations. This is an increase from 66,631 completed plan changes in the June 2026 quarter, with most of the increase attributable to an increase in completed plan reassessments (Figure 15).

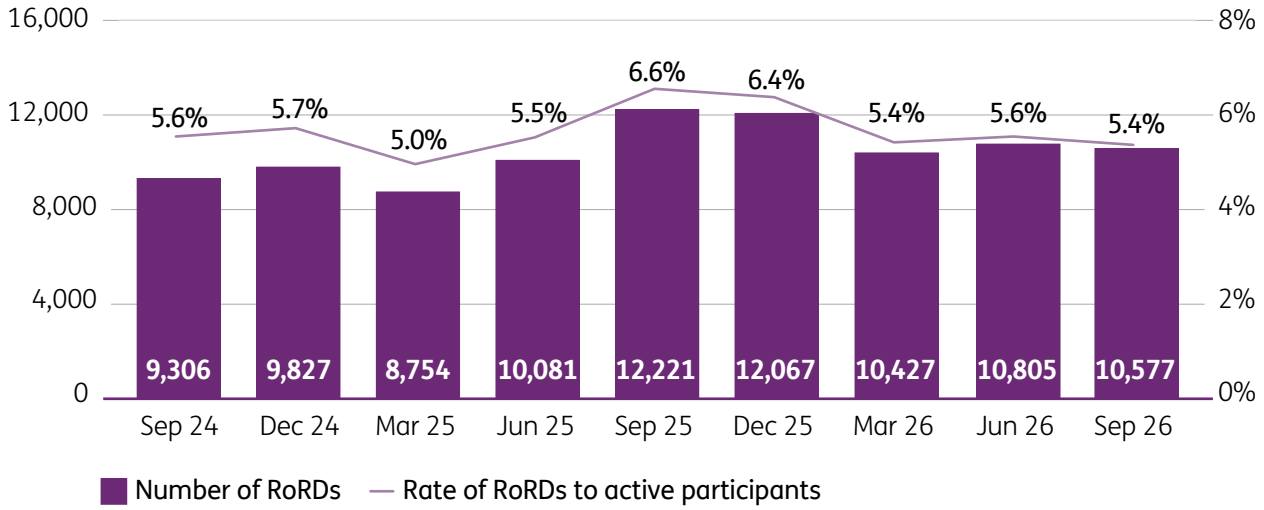
Figure 15: Number of completed plan changes



Review of a reviewable decision[30]

The number of requests for a review of a reviewable decision (RoRD), as a percentage of active participants, decreased from 5.6% in the June 2026 quarter to 5.4% in the September 2026 quarter (Figure 16).

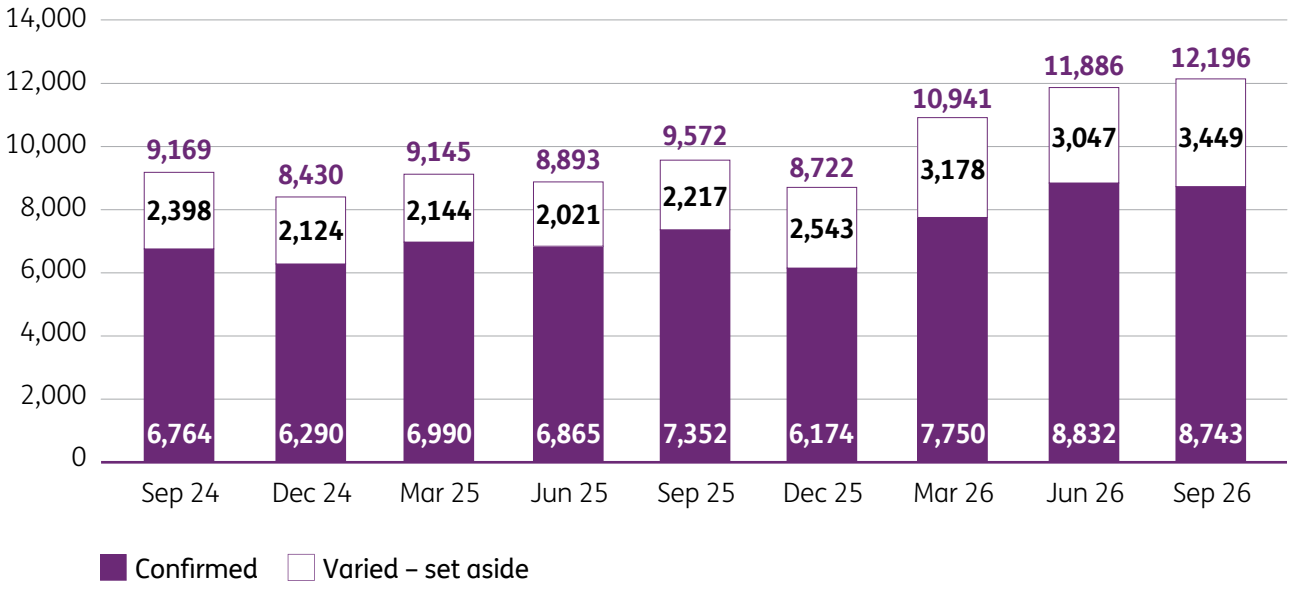
Figure 16: Requests for an RoRD by date of request[31]



This quarter, 12,196 RoRDs were closed, which is higher than the previous quarter (Figure 17).

Of these closed RoRDs, 8,743 reviews upheld the original NDIA decision, while 3,449 resulted in changes.[32] 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[33]



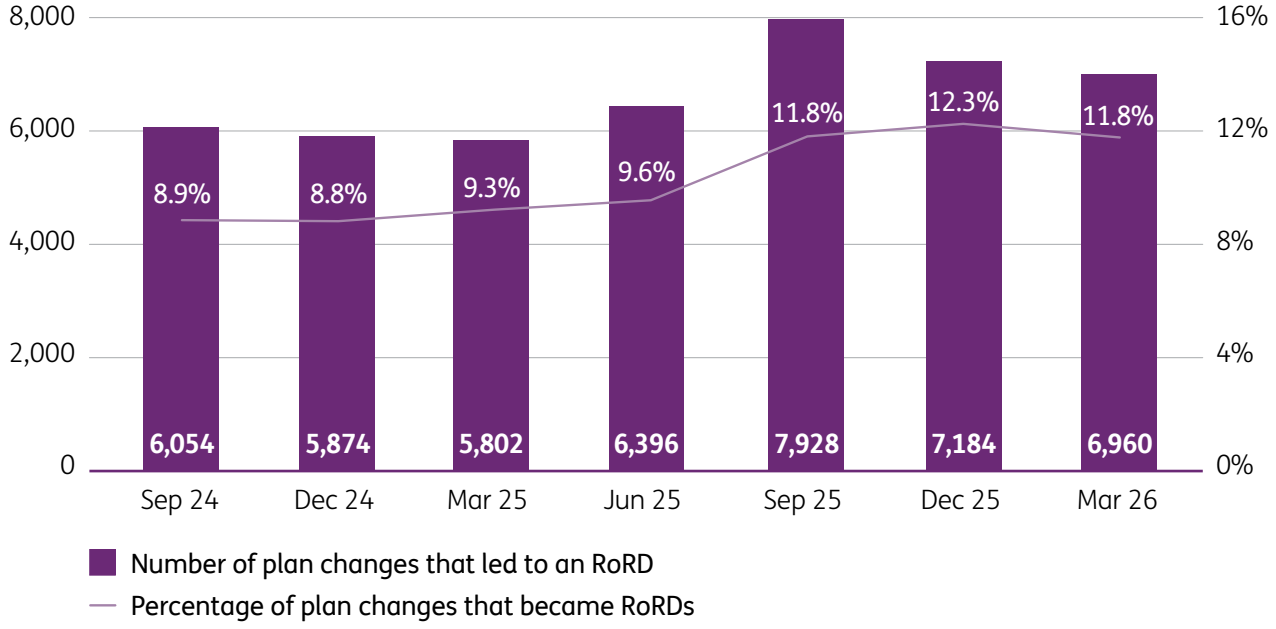
30 The count of RoRDs excludes administrative cases, and draft and miscategorised RoRDs.
31 Number of RoRDs reported for the recent quarters may vary, due to a lag in data collection.
32 A further 4 RoRDs were closed in the September 2026 quarter with no specified outcome.
33 The small number of RoRDs 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 July 2024 and 31 March 2026. A 6-month lag in reporting the data accounts for time required to apply for most of the reviews.

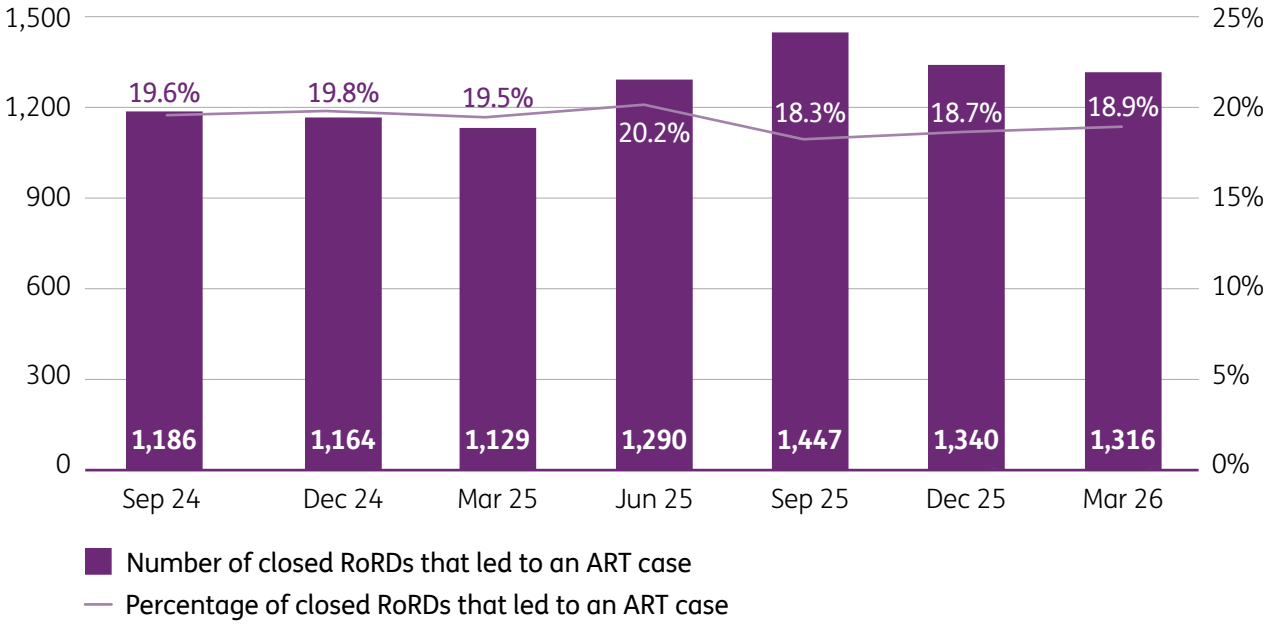
The proportion of plan changes that became RoRDs decreased from 12.3% (7,184 RoRDs) in the December 2025 quarter to 11.8% (6,960 RoRDs) in the March 2026 quarter (Figure 18).

Figure 18: Pathway from plan changes to RoRD between 1 July 2024 and 31 March 2026, as at 30 September 2026



The proportion of planning-related RoRDs that became ART cases increased from 18.7% in the December 2025 quarter to 18.9% in the March 2026 quarter (Figure 19).

Figure 19: Pathway from planning-related RoRD to ART case between 1 July 2024 and 31 March 2026, as at 30 September 2026



Administrative Review Tribunal

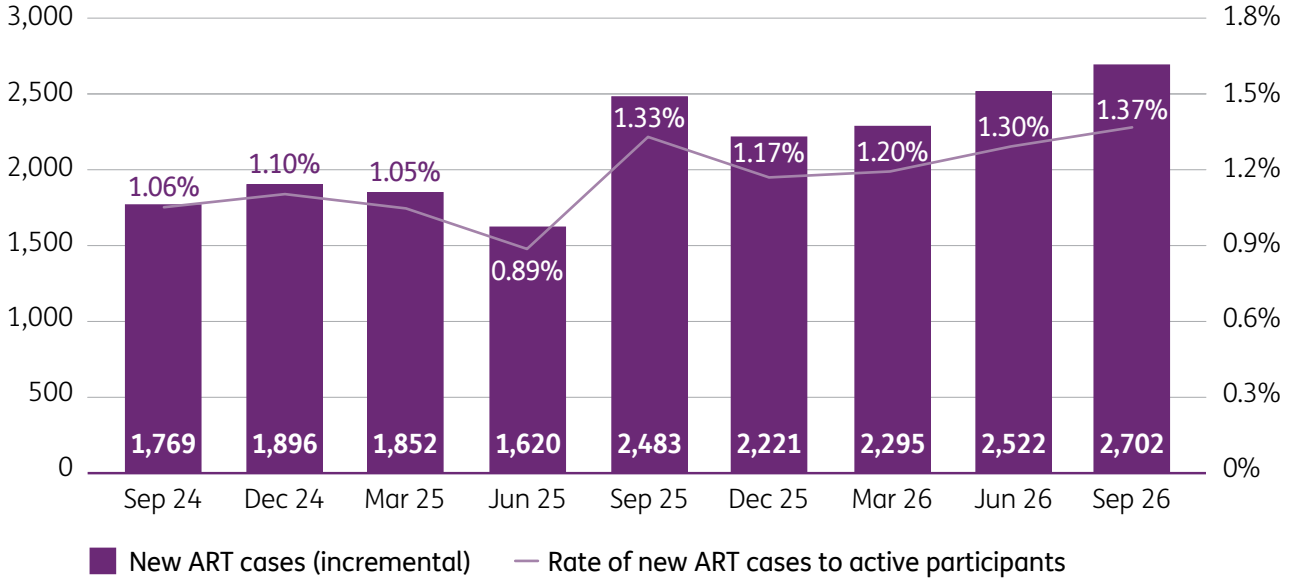
If a person is not satisfied with the outcome of their review by the NDIA, they may apply to the ART for a review of a decision made by a reviewer.[34,35] The NDIA is committed to acting as a model litigant in the ART as required by the Legal Services Directions 2025. As a result, we work with applicants and their legal representatives to resolve matters as early as possible in the ART process.

There were 2,702 new ART cases in the September 2026 quarter. This is higher than the previous quarter and is the highest number of cases received in a single quarter. The number of new ART cases (as a proportion of active participants) has increased from 1.30% in the June 2026 quarter to 1.37% in the September 2026 quarter.

The NDIA is addressing the increase in cases by focusing on early engagement with participants to support timely resolutions.

34 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.
35 Further information about the ART process can be found on the ART website (www.art.gov.au).

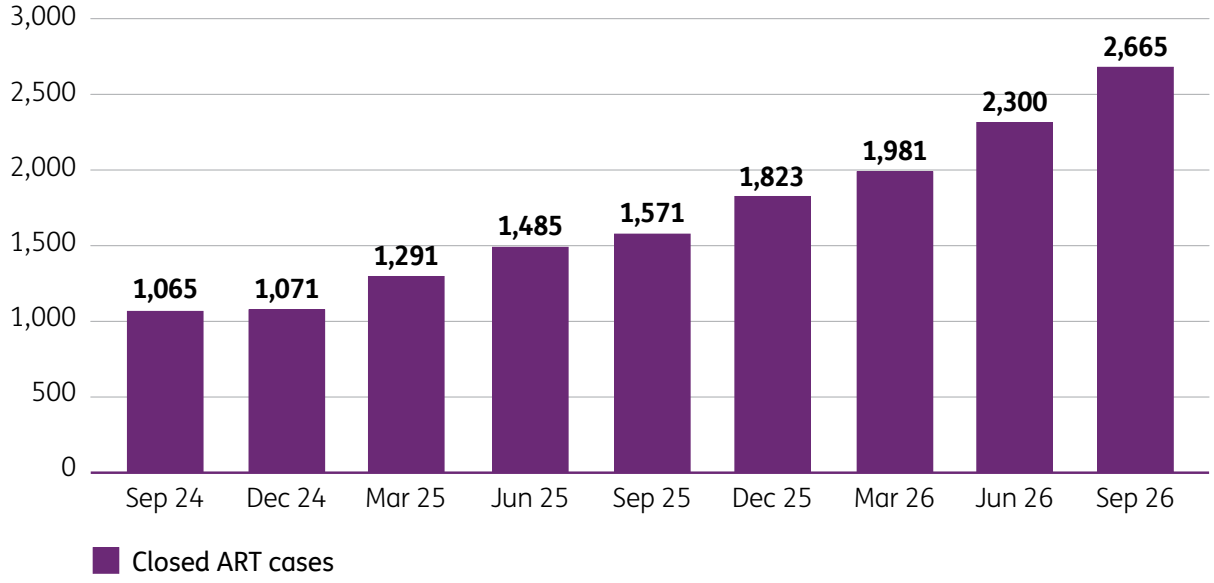
Figure 20: Number and proportion of new ART cases



In the 12 months to 30 June 2026,[36] of the planning-related ART cases that had supports in dispute, the most common categories lodged were capacity building (71% of ART planning cases), core supports (62%), general supports (24%) and assistive technology (17%).

In the September 2026 quarter, there were 2,665 closed ART cases. This is higher than the previous quarter and is the highest number of cases closed in a single quarter. Of the cases closed in the quarter, approximately 75% were resolved by agreement, 16% were withdrawn by the applicant, 6% were dismissed by the ART and 3% received a substantive hearing decision by the ART.

Figure 21: Number of closed ART cases



36 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 more 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 the last quarter for plan approval, plan implementation and plan reassessment. Satisfaction with the access process was slightly more varied for those who have met access, and increased slightly for non-participants (Table 7).

Table 7: Rating of experience with the NDIS (1 July 2026 to 30 September 2026)[37,38]

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	71%	74%	81%	39%	53%	61%	70%
Neutral	18%	16%	9%	21%	18%	17%	16%
Poor/very poor	12%	10%	10%	39%	29%	22%	14%

Early supports – for the 3 months to 30 September 2026, 71% of respondents rated the early supports process as either good or very good, with a further 18% rating the experience as neutral.

Community connections – 74% of respondents rated the community connections process as either good or very good, with a further 16% rating the experience as neutral.

Apply for the NDIS – 81% 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 39% of respondents who had an 'access not met' or other status at the time of interaction.

Overall, 69% of respondents (participants and non-participants) rated the process of applying for the NDIS as either good or very good, with 13% rating the experience as neutral.

Plan approval – 53% of respondents rated the plan approval process as either good or very good, with a further 18% 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 – 70% of respondents rated the plan reassessment process as either good or very good, with a further 16% rating the experience as neutral.

37 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.

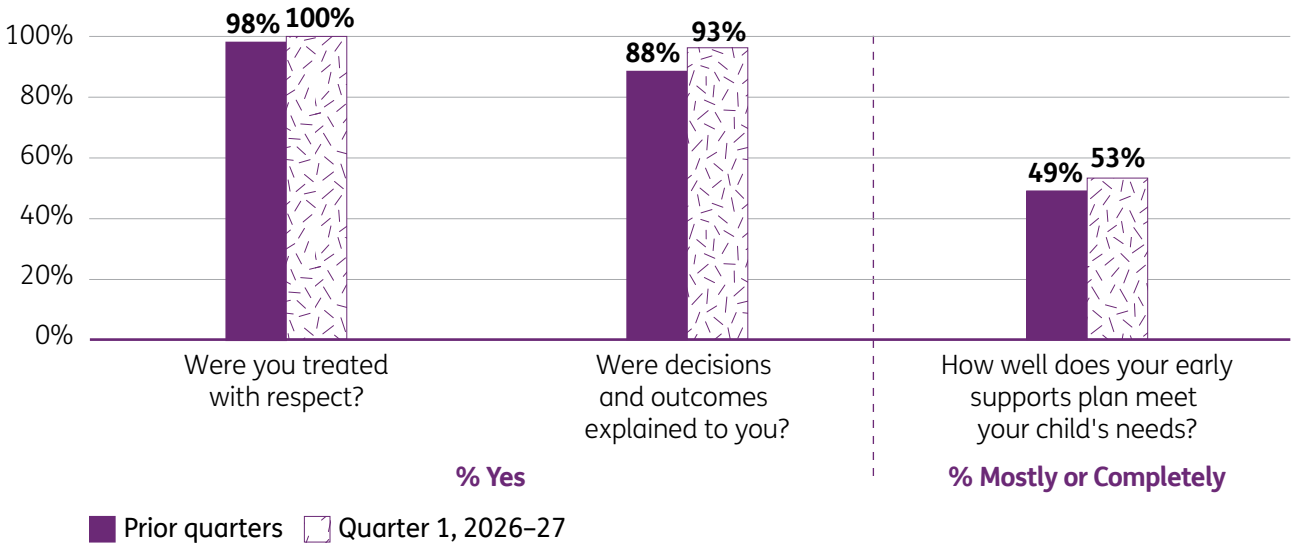
38 These results are based on 231 surveys of early supports, 1,034 surveys of community connections, 1,001 of applying for the NDIS, 3,873 of plan approval, 2,197 of plan implementation and 8,033 of plan reassessment, which is 16,369 in total. The number of surveys collected for the September 2026 quarter is higher than last quarter.

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

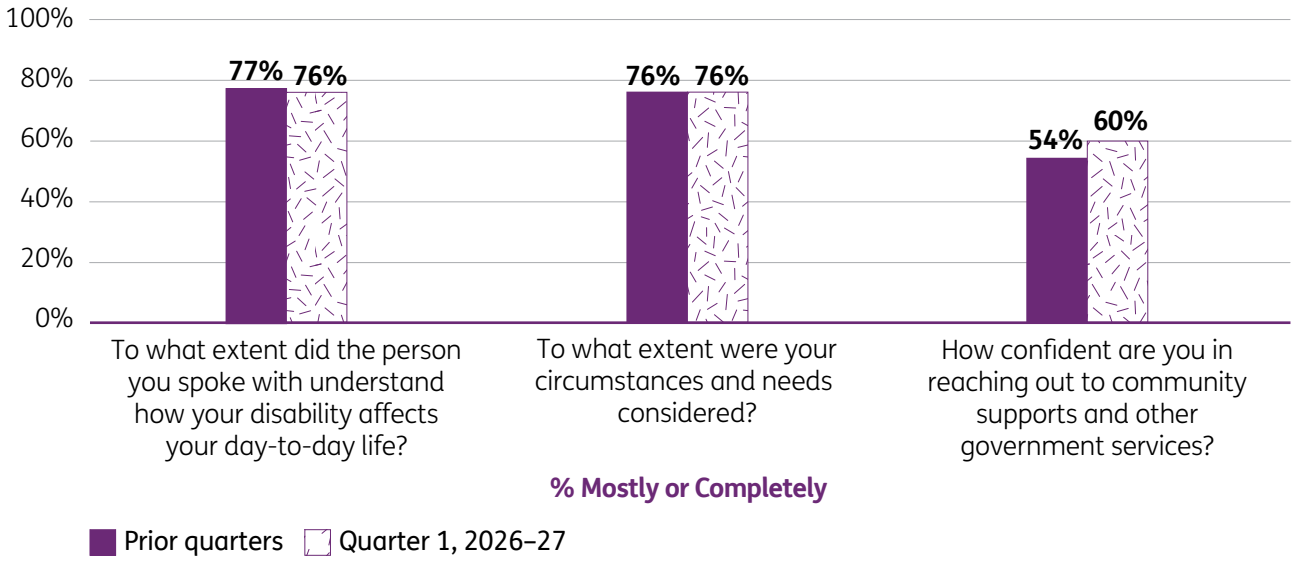
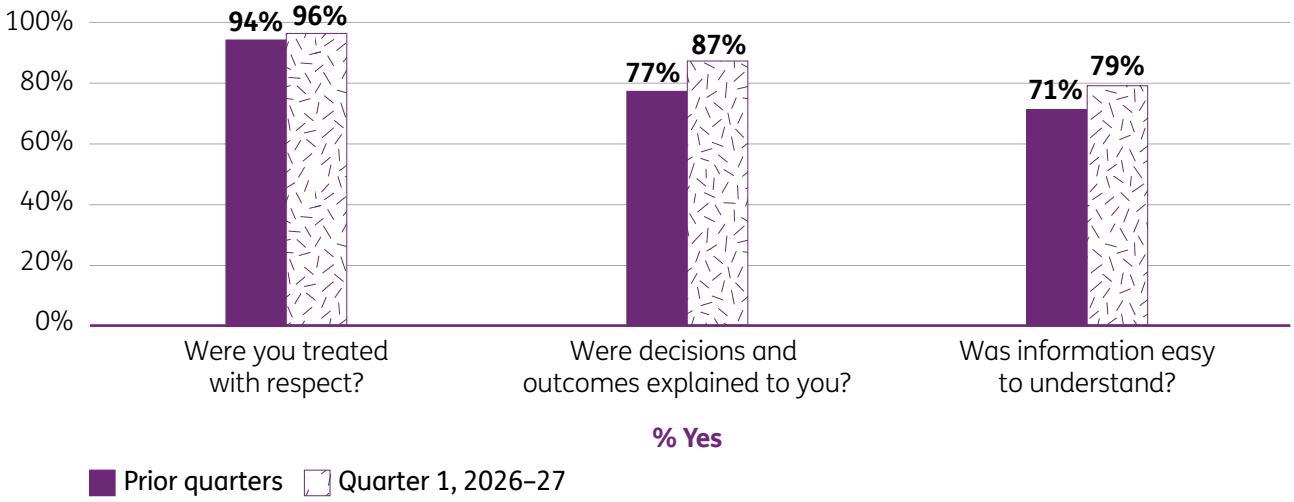


Figure 22: Satisfaction across the 6 stages of the NDIS pathway cont.

Apply for NDIS



Plan approval

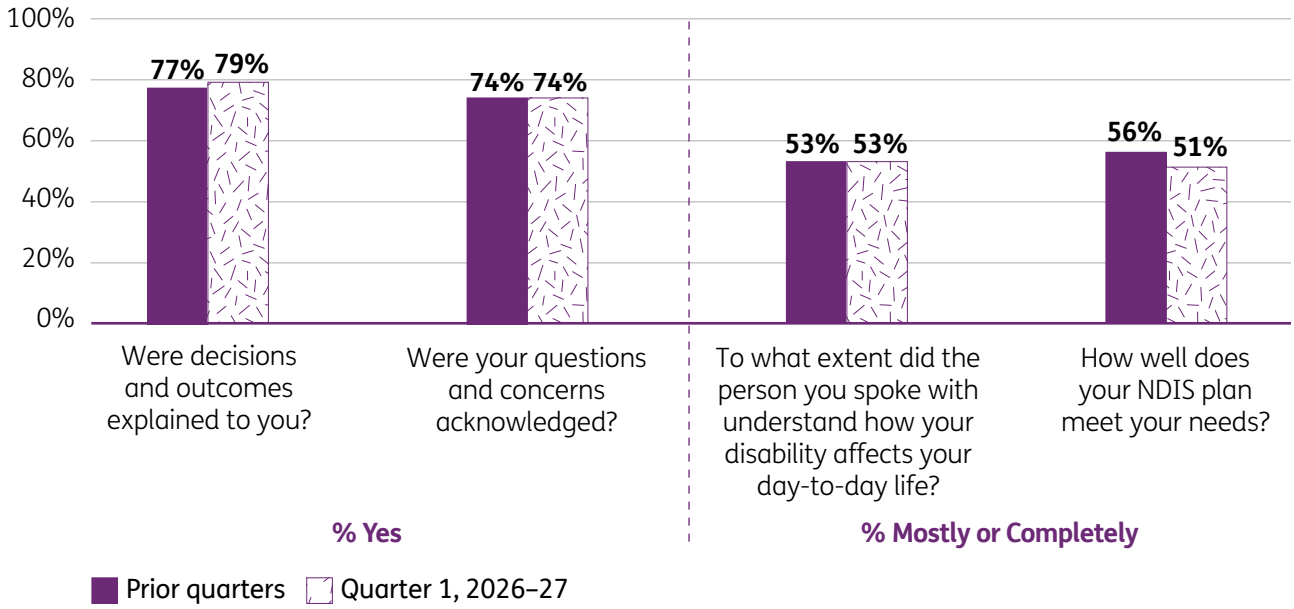
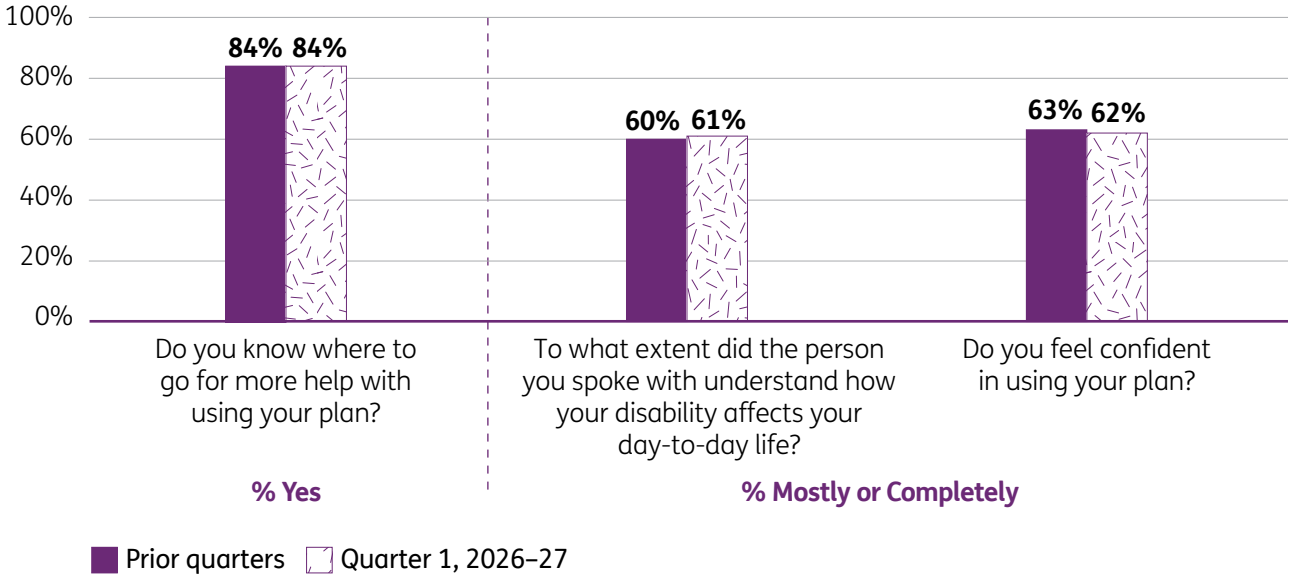
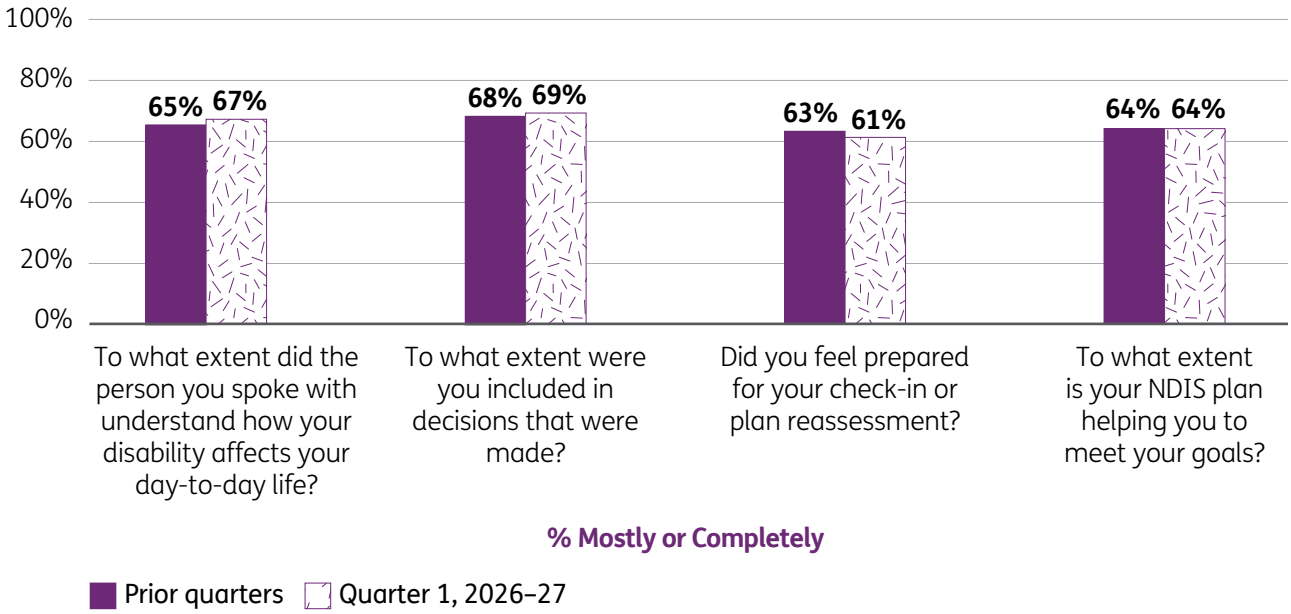


Figure 22: Satisfaction across the 6 stages of the NDIS pathway cont.

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

In the September 2026 quarter, the NCC received 758,894 contacts, a 1% increase from the June 2026 quarter, and a 17% decrease from the same quarter in the previous year (September 2025 quarter).

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

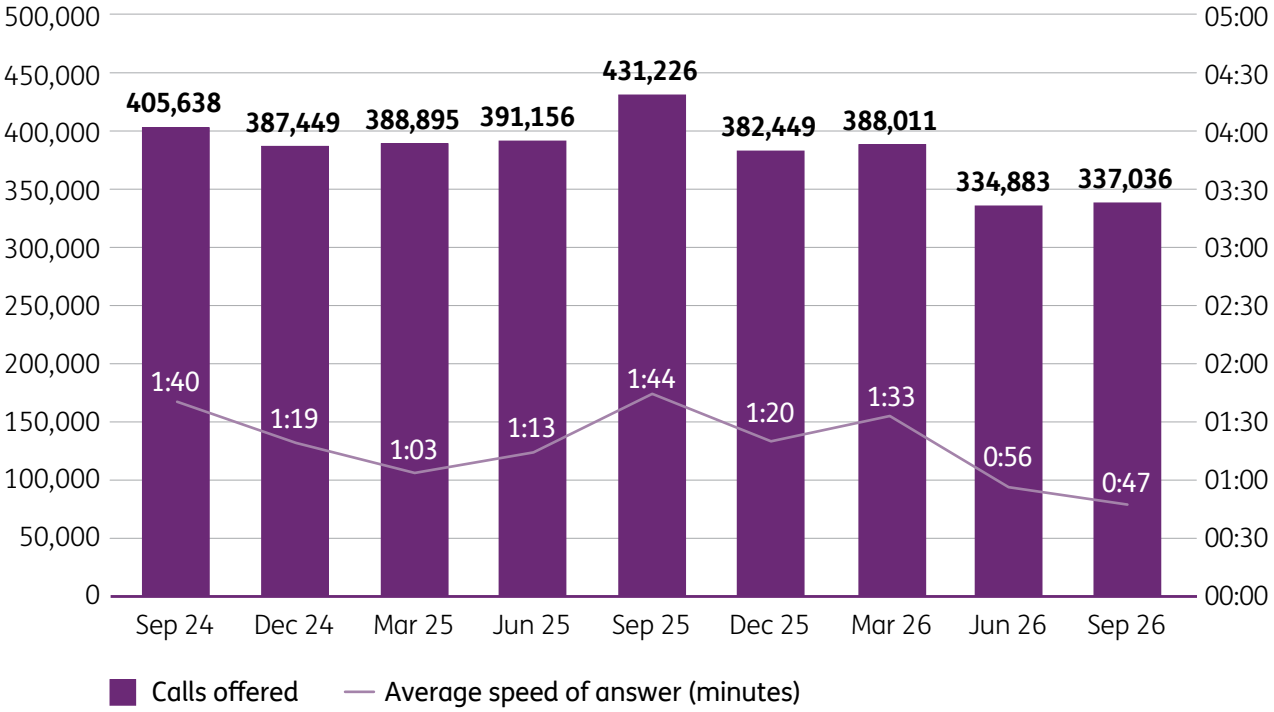
- **Voice** – 337,036 (1% increase from previous quarter)
- **Email** – 394,209 (3% increase from previous quarter)
- **Webchat** – 27,649 (14% decrease from previous quarter) (Figure 24).

The average speed of answer for voice decreased from 56 seconds to 47 seconds, with 88% of all calls answered within 120 seconds.[39] 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%.

In the September 2026 quarter, 86% of incoming emails were answered within 2 business days, just below the target of 90%. The average time to respond to an email was 0.9 business days. Email volumes in the September quarter included 4,144 contacts generated using the enquiry web form.

39 From this quarter, the NCC's Grade of Service target changed from answering 80% of calls within 60 seconds to 80% within 120 seconds. The revised target provides a more sustainable service standard. Results reported against the new target are not directly comparable with those reported under the previous one.

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



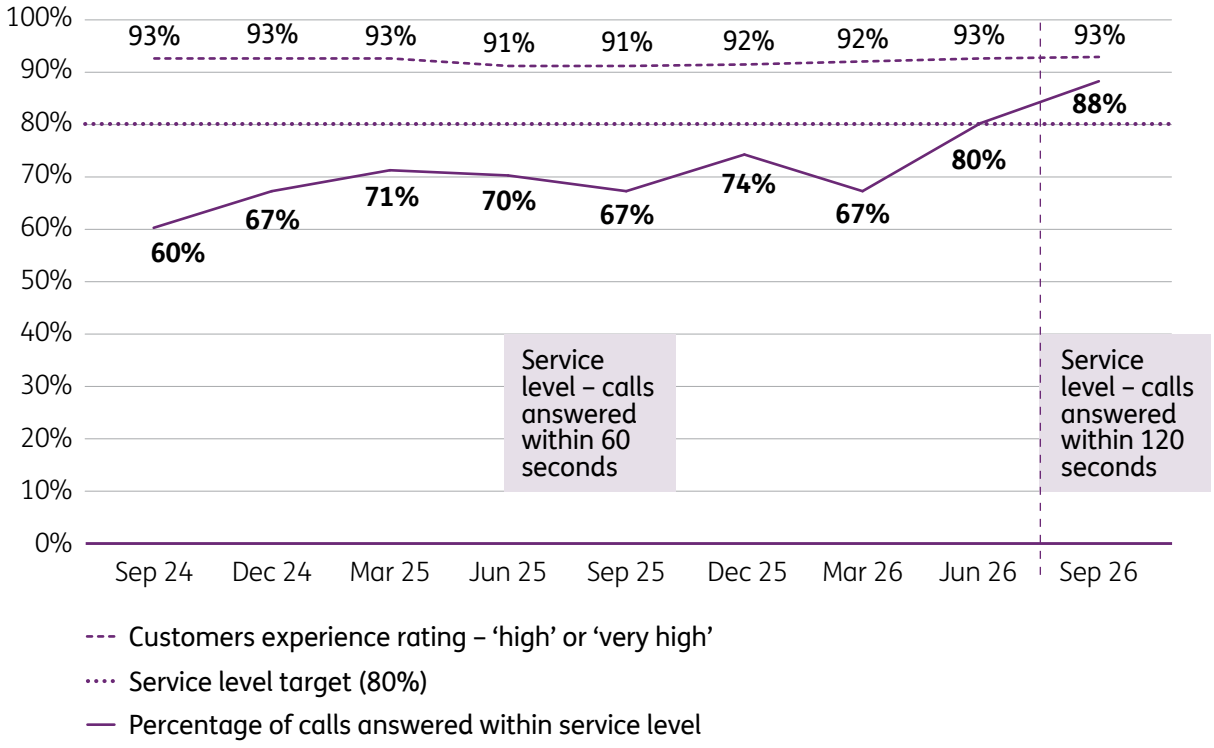


Figure 24: NCC webchat performance[40]

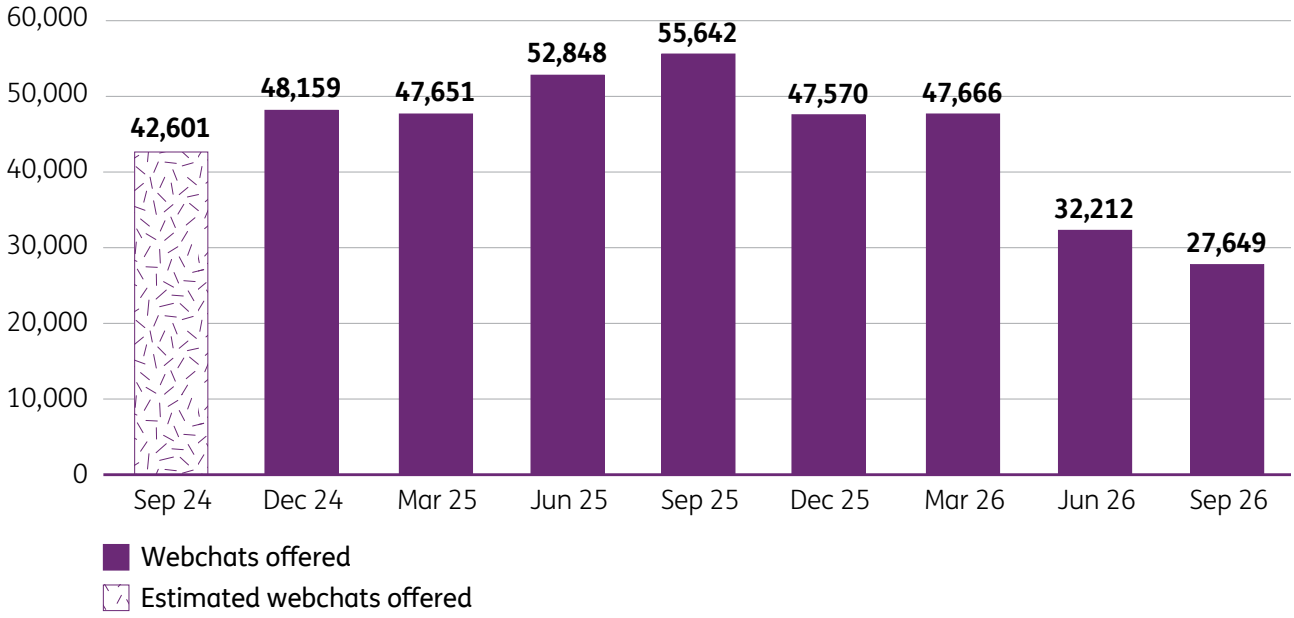
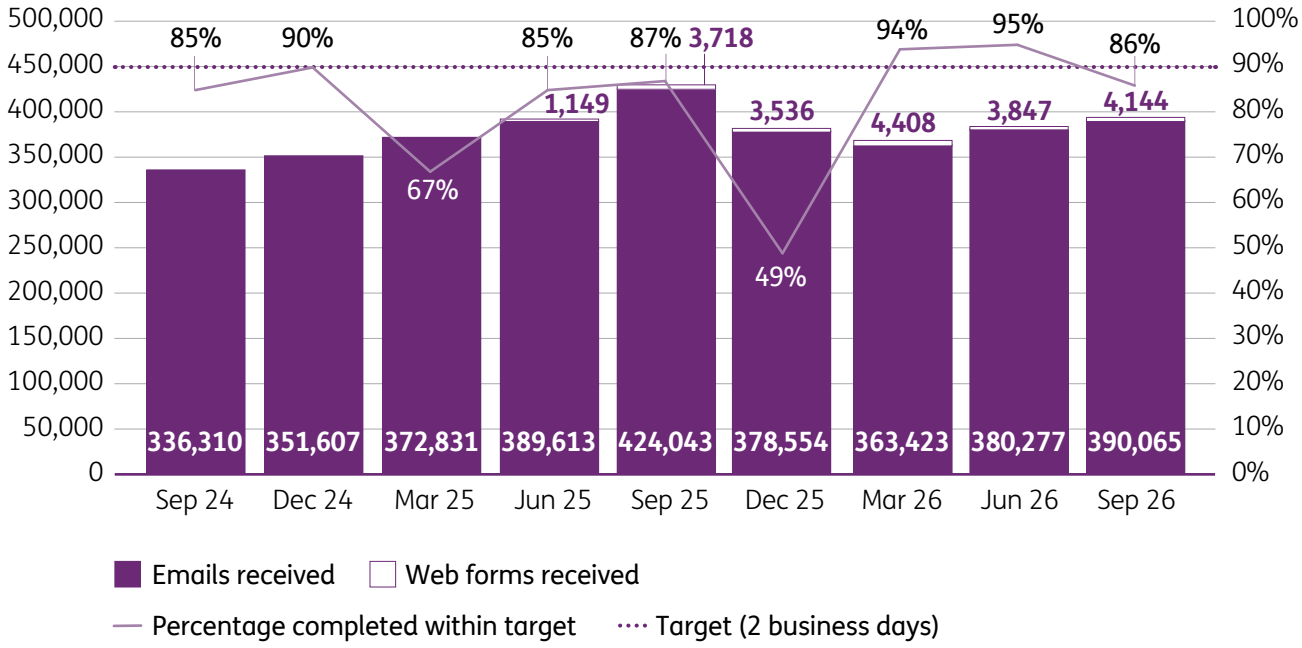


Figure 25: NCC email performance



40 The volume of webchats offered has been estimated for the September 2024 quarter. 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.

Auslan Connect

This quarter, the NCC continued to prepare for launching Auslan Connect, a new video-call service that will allow people to communicate directly with the NDIA in Auslan. The service is intended to provide a clearer, more accessible and more inclusive way to contact the NDIA, without the need for a third-party interpreter. The NCC is collaborating with Auslan users, NDIA staff and participants to design this service. This quarter, we began recruiting Auslan-fluent service officers, with the service expected to launch in early 2027.

First Nations Connect

First Nations Connect is a dedicated telephone service for First Nations people seeking information and help to understand or navigate the NDIS. It launched on 1 June 2026. The service is provided by trained NCC staff.

In the September 2026 quarter, the service answered 1,431 calls from across Australia, with the highest volume of contacts received from New South Wales (31%) and Queensland (19%).

The most common reasons for contact were updating records and using a plan (49%), plan changes and review enquiries (21%), and access-related enquiries (12%).

Customer experience results were positive, with 77% of callers reporting a positive experience. Participant feedback also highlighted the value of being supported by staff who demonstrated cultural awareness and understanding. These early results indicate the service is helping First Nations people access information and support in a way that is responsive, respectful and centred on their needs.

We will continue to improve the service in response to feedback.



If I didn't have NDIS funding, my life would be very, very hard.

Hani, 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 September 2026, $52.5 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 (11% 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 $27.4 billion in payments for core daily activities in the 12 months to 30 September 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 October 2025 to 30 September 2026

Support category	Payments ($m) to all providers	Percentage of total payments
Core – daily activities	27,433	52.2%
Core – social and community participation	12,442	23.7%
Core – consumables and transport	1,513	2.9%
Capacity building – daily activities[43]	6,022	11.5%
Capacity building – other	3,555	6.8%
Capital	1,577	3.0%
Total	**52,542**	**100.0%**

Over the past 2 years, payments have grown by 23% (from $42.6 billion for the year ending 30 September 2024 to $52.5 billion for the year ending 30 September 2026).

41 This represents total payments on a cash basis (including payments made under in-kind arrangements). On an accrual basis, total payments were $52.2 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.

As at 30 September 2026, a minority of participants (6%) had their funding managed entirely by the NDIA, while the majority (70%)[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 September 2026 quarter

Funding management type	Payments made to active providers ($b),[45] and proportion of total payments	Number of active providers[46]
NDIA-managed	3.4 (25%)	11,083
Plan-managed	9.0 (66%)	213,603
Self-managed	1.2 (9%)	131,356
Total	**13.7**	**280,228**

In the September 2026 quarter, of the $13.7 billion in payments:

- $3.4 billion was managed by the NDIA (25%)
- $9.0 billion was managed by a plan manager (66%)
- $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 280,228 active providers in the September quarter:

- 11,083 supported NDIA-managed participants
- 213,603 supported plan-managed participants[48]
- 131,356 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 September 2026, registered providers were used more often and had a lower proportion of one-off payments (that is, unregistered providers were more often used only once).

Payment characteristics

This quarter, 213,603 providers supported plan-managed participants, of which 17,815 were registered at some point during the quarter.[49,50]

Payments to plan managers were $9.0 billion. Of the $9.0 billion, $170 million was for plan management services. The remaining $8.8 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 60% of the $8.8 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 40% of the $9.0 billion overseen by plan managers. However, few unregistered providers receive larger total payments. As an example, in the September 2026 quarter, only 2% of unregistered providers received more than $100,000 in total payments, compared to 42% 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.

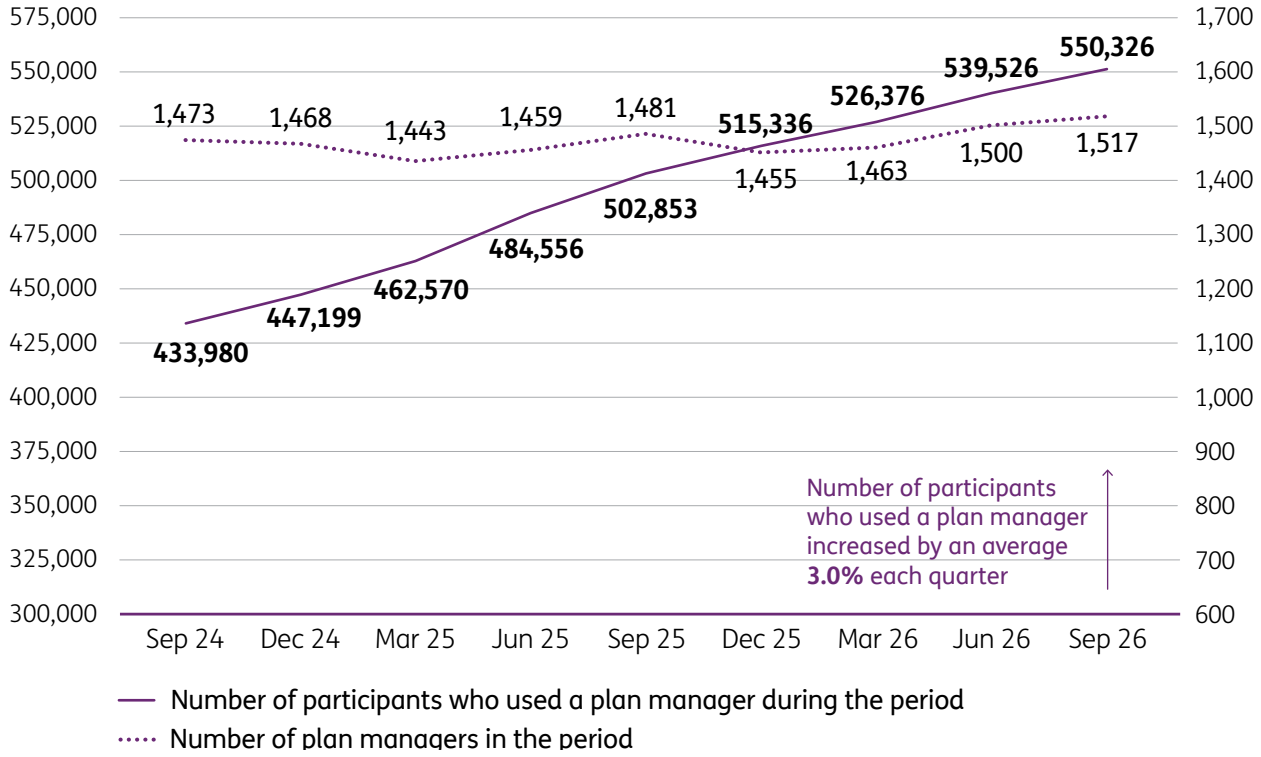
Figure 26: Number of active providers supporting participants through a plan manager, and proportion of total payments in the quarter by payment band – NDIS-registered (top) vs unregistered (bottom)[51,52]



Over the past 2 years, the number of plan managers has remained stable – between 1,443 and 1,517 (Figure 27).[53] Over the same period, the number of participants being supported by plan managers increased from 433,980 to 550,326, which is a quarterly average increase of 3.0%. 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 $32 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 September 2026, there were 36,941 participants in SIL, and SIL supports of $4.3 billion were provided in the September 2026 quarter.

Since 1 July 2026, registration has been mandatory for new SIL providers. Existing unregistered SIL providers had until 1 October 2026 to apply for registration. Providers who did not apply or whose application is refused must cease delivering SIL services.

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 receive targeted training in home and living supports. They apply their expertise when assessing requests and making decisions about SIL supports. Decisions to increase a SIL budget are approved by a senior home and living delegate.

For participants requesting SIL supports for the first time, a home and living delegate meets with them to explain the decision and supports them to implement their plan.

Total payments to participants for SIL supports have increased by 8% annually over the past 2 years, from $14.5 billion to $16.8 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.

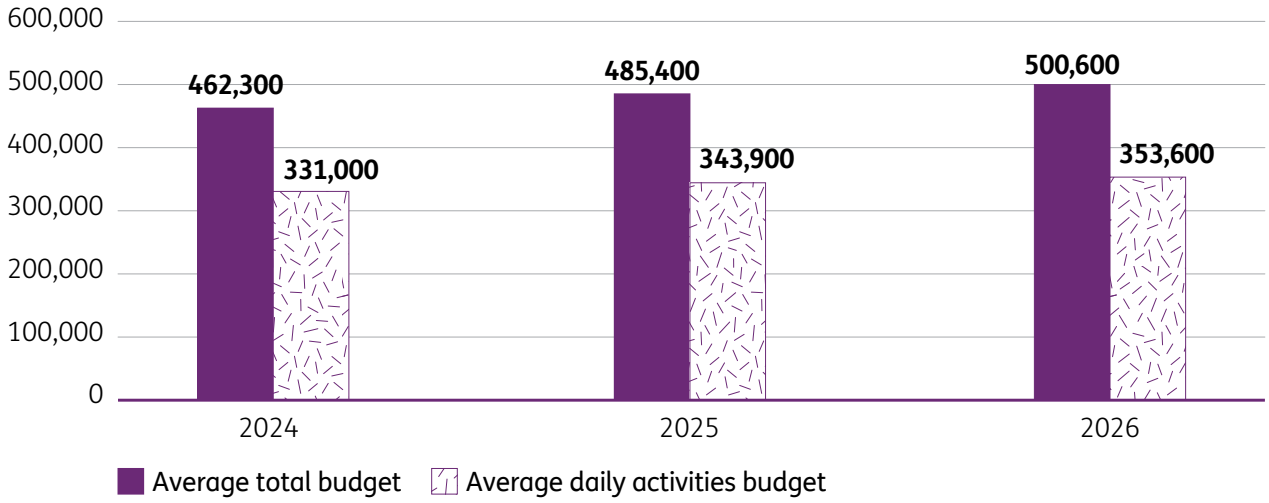
Table 10: Number of participants with SIL supports, and payments for years ending 30 September[55]

Participants and SIL payments	2024	2025	2026	Percentage increase (per annum)
Active participants	35,371	36,641	36,941	2%
Total payments ($m)	14,463	15,896	16,751	8%
Average payments ($)	422,300	438,200	455,200	4%
Total payments – Core daily activities ($m)	10,970	11,927	12,422	6%
Average payments – Core daily activities ($)	320,300	343,400	352,900	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 component of plan budgets have increased by 4% and 3% annually, respectively, over the past 2 years.

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



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 9% annually over the past 2 years. The number of participants eligible for SDA (but not yet using SDA) as at 30 September 2026 has decreased by 6% 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 32% annually over the past 2 years, from $348 million to $609 million (Table 11). The average SDA payment per participant has also increased by 23% 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 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 September 2026 was 14,537, up by 20% annually over the past 2 years. Compared to 30 September 2025, there were an extra 2,141 dwellings (a 17% increase). This annual increase was observed across most housing design categories. The largest increase was for dwellings of the ‘high physical support’ category (31%, 1,798 dwellings) and the ‘robust’ category (21%, 332 dwellings).

Most states and territories recorded an increase in the number of enrolled SDA dwellings in the past quarter, except for the Australian Capital Territory, Northern Territory and Queensland.

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 September[56]

Year	2024	2025	2026	Percentage increase (per annum)
Participants using SDA[57]	14,290	15,518	16,896	9%
Participants eligible for SDA, not yet using SDA[58]	9,891	9,756	8,688	-6%
Total SDA supports ($m)	498	592	697	18%
Average SDA supports ($)	25,600	32,400	37,400	21%
Total SDA payments ($m)	348	481	609	32%
Average SDA payments ($)	24,700	32,300	37,600	23%

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 September 2026, this number was 18,624. 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 by 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 focus on the continued development and delivery of market shaping 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. The program began in 2025 and is structured around 3 pilot programs exploring what quality service delivery looks like for SIL, therapy supports and support coordination.

We will consider the findings from the pilots together with broader evidence to inform future pricing reviews as part of the NDIA's 3-year pricing workplan (2025–28). Other evidence we will consider includes Annual Pricing Review submissions, administrative and use data, external benchmarks and targeted engagements.

More information 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.

The framework will be a foundation for a more proactive and collaborative approach to market stewardship. This will enable governments to respond to emerging risks, support innovation, and ensure NDIS markets are participant-centred and align with the broader care and support economy.

Service agreements

The NDIA has released new service agreement guidance to help participants and providers develop clear and practical service agreements.

The guidance has been developed with the NDIS Quality and Safeguards Commission to improve service agreement resources for NDIS participants and providers.

Service agreements are an important way for participants and providers to agree on how supports will be delivered, understand their responsibilities and help resolve issues if they arise.

New service agreement resources have been published on the NDIS website, including a service agreement template, a checklist of what should be included in a service agreement and an

Easy Read version of the guidance. The resources aim to make service agreements easier to understand and fairer for both participants and providers. They align with the NDIS Code of Conduct, NDIS Practice Standards and Australian Consumer Law.

The resources were informed by extensive consultation with participants, providers, families, carers, advocates, peak bodies and government representatives. Feedback from stakeholders helped ensure the resources are practical, accessible and meet the needs of people who use service agreements.

New SDA report

The NDIA has released the Specialist Disability Accommodation (SDA) Report 2026.

The report gives an overview of SDA data from our systems up to 31 December 2025 and includes previously unreleased participant-focused data to expand information about SDA demand.

The report is available to download from the SDA data webpage.

We continue to improve SDA data and provide the SDA market with more meaningful data and insights. You can find SDA data releases and updates on the SDA data webpage.

The review of the SDA Design Standard

The NDIA is conducting a full 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. They aim to allow eligible NDIS participants to live more independently and for other supports to be delivered better or more safely.

For more information about the review, including terms of reference and consultation findings, visit Specialist Disability Accommodation Design Standard Review | NDIS Engage.

4.7 NDIS pricing

The NDIA has started the Annual Pricing Review for 2027–28 prices by undertaking public consultation from September 2026.

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 a range of factors including supply and demand in the market, prices in other markets, wage rates and broader economic factors.

The APR is informed by research and data from a range of sources, including public consultation and NDIS and market data, for example, private health insurance and comparable government programs, such as Medicare.

Public consultation is an important part of the APR process. We consider feedback and insights from consultation to form recommendations for prices and pricing arrangements. Feedback helps shape future pricing advice and ensure prices reflect the needs and experiences of people who rely on and deliver NDIS supports every day.

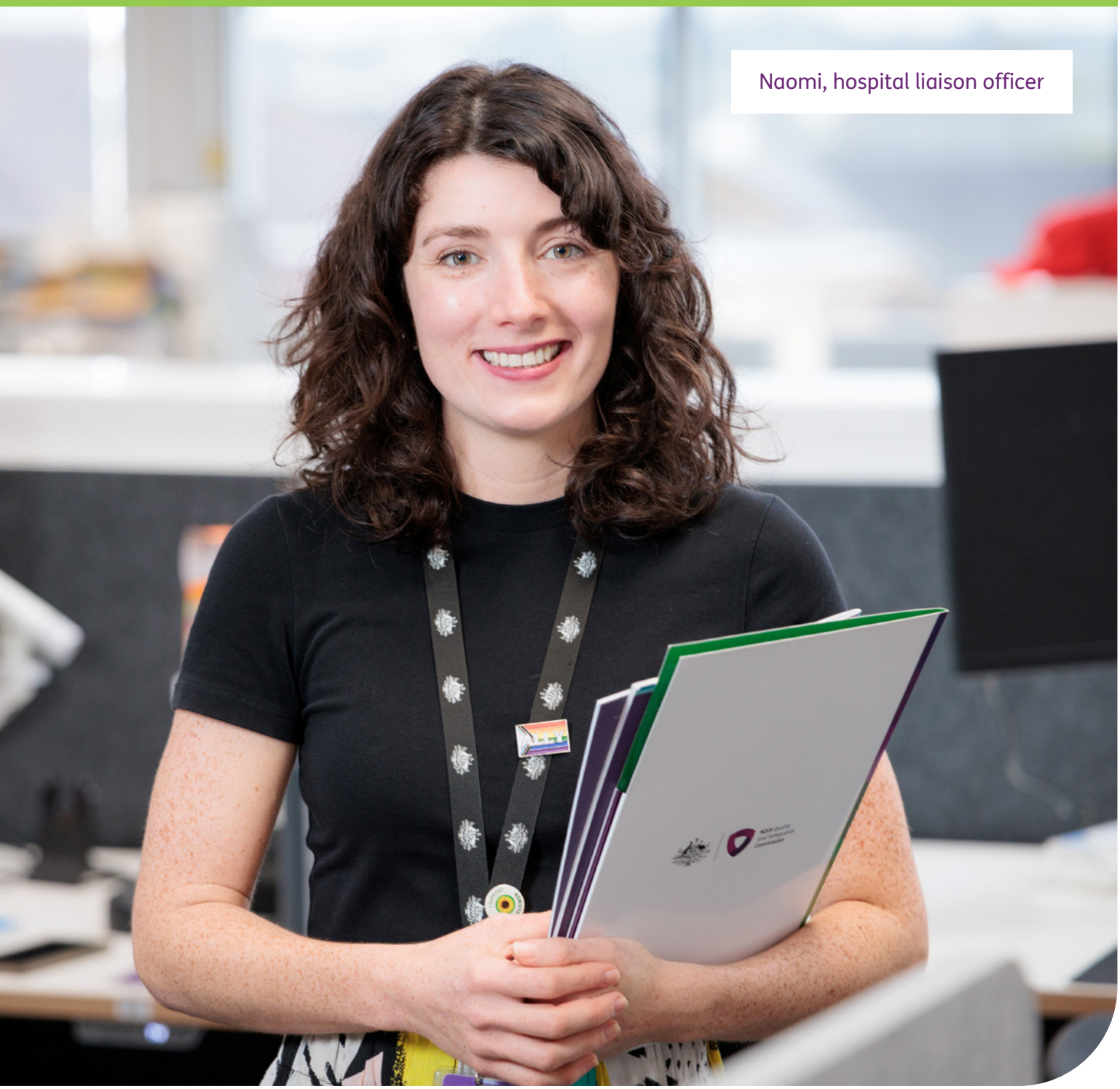
On 24 September 2026, the Minister for Disability and the NDIS made the first pricing determination for NDIS supports. The pricing determination was made following changes introduced through the *National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Act 2026*.

The Minister's determination was informed by NDIA pricing advice that:

- considers the cost of safe, efficient and high-quality supports
- supports diversity and competition in the NDIS market
- considers the financial sustainability of the NDIS.

The APR for 2027–28 prices will inform future advice the NDIA gives to the Minister to enable a pricing determination for NDIS prices from 1 July 2027.

You can read more about the APR process on the NDIS website.



Naomi, hospital liaison officer

Section 5

Financial sustainability



Naomi helps participants leave hospital safely

When NDIS participants are medically ready to leave hospital, getting home safely depends on the right supports being in place.

That's where Naomi comes in. As a hospital liaison officer, she helps identify practical solutions early.

Naomi works with participants, hospitals and a range of other stakeholders to understand what participants need to have in place when they leave hospital.

Based in northern New South Wales, Naomi is a dietitian and former NDIS planner. It's given her insight into both hospital settings and NDIS planning processes.

She is one of around 90 hospital liaison officers (HLOs) across the country who keep information moving between hospitals, providers and NDIA teams, so discharge planning can start as soon as possible.

More than half of hospitalised NDIS participants are discharged from hospital on the same day they are deemed medically ready. The average discharge time in this quarter was 13 days – down from 27 days in March 2023.

'HLOs play a crucial role in helping participants who are in hospital to access support. We work together with the hospital to assist our participants so they can be safely discharged,' Naomi said.

'We help hospital staff, building their NDIS understanding, including what information is needed to work through NDIS processes and funding decisions for a timelier discharge,' Naomi said.

'The role is about working together to find solutions and help guide people through what can often be complex situations.

'It's really rewarding to hear how participants are settling in after they leave hospital.

The best part is hearing someone has returned to doing a previous hobby or they've reconnected with family, friends and their community as a whole,' Naomi said.

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.

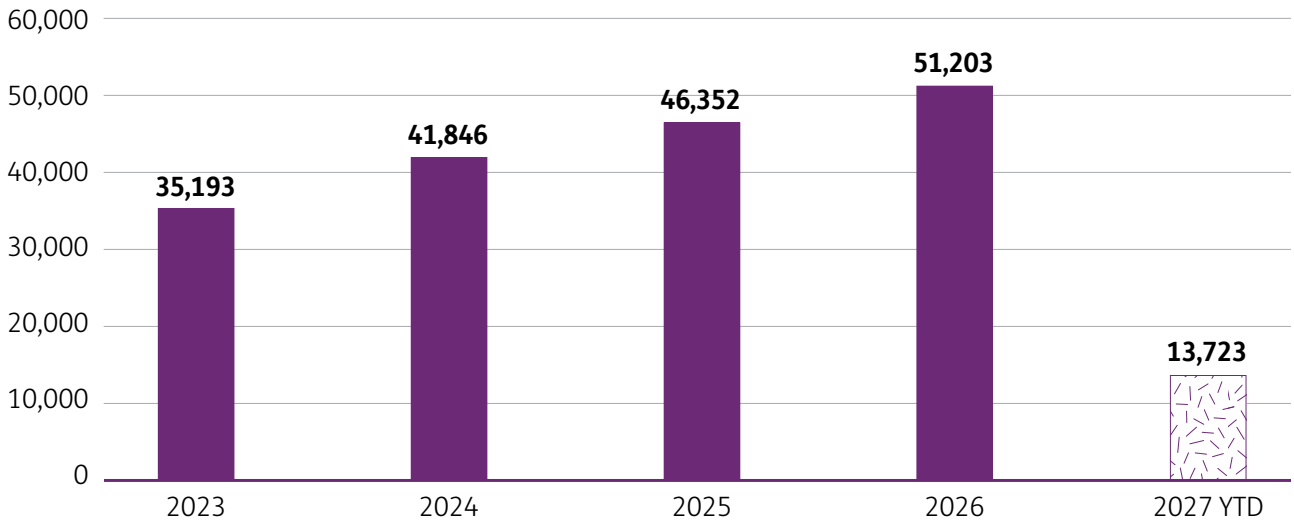
5.1 Total payments

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 2026 were $51.2 billion, while the payments in the 3 months to 30 September 2026 were $13.7 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 2026–27 financial year are provisional results and subject to further changes, including the audit by the Australian National Audit Office.

5.2 Average and median payment trends

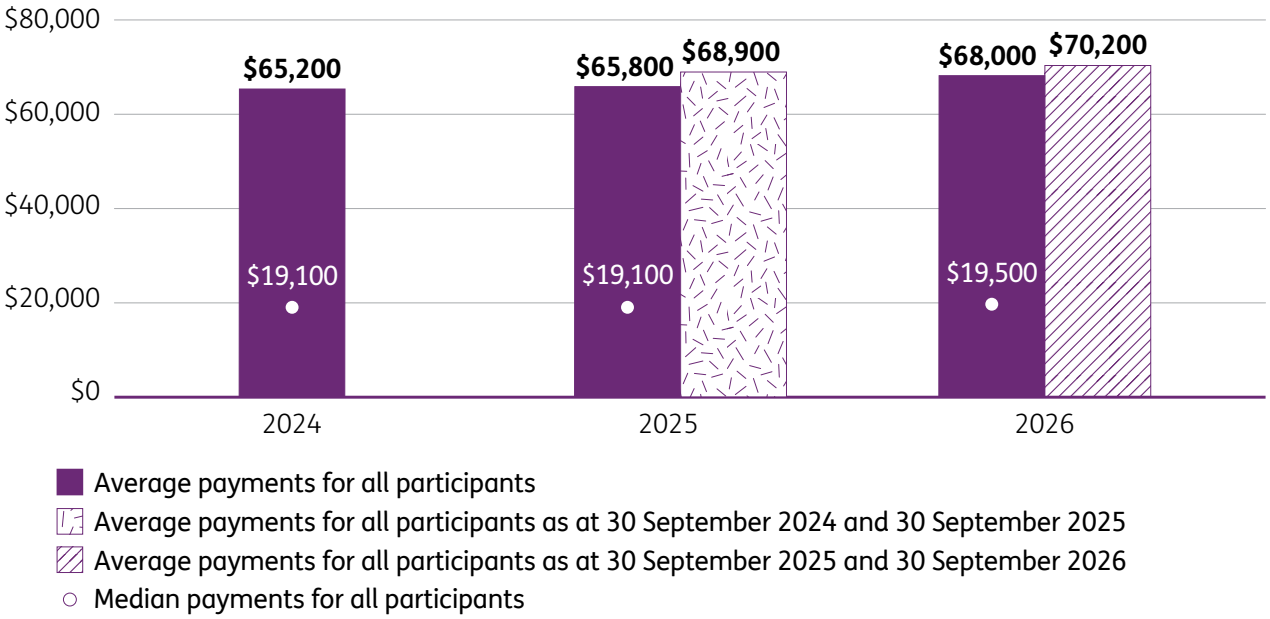
Average and median payments per participant increased by 2.1% and 1.0% per annum respectively over the past 2 years.

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

Trends in average and median payments per participant between 1 October 2024 and 30 September 2026 indicate that average payments have increased by 2.1% per annum and median payments have increased by 1.0% 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 $70,200 (6.7%) for participants in the NDIS as at 30 September 2025 and continuing to 30 September 2026.

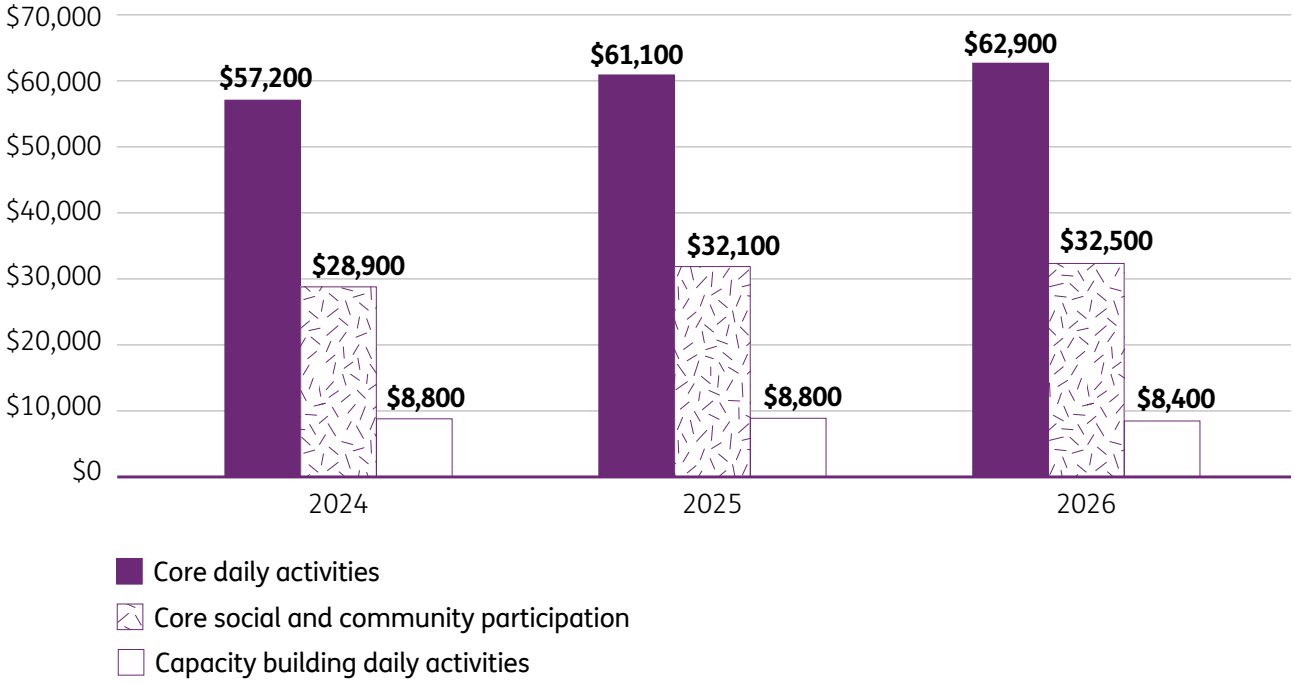
Figure 30: Average and median payments for years ending 30 September



Eighty-seven per cent of payments in the 12 months to 30 September 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 September 2026 were $62,900 for core daily activities, $32,500 for core social and community participation, and $8,400 for capacity building daily activities (Figure 31). This represents increases of 4.9% and 6.0% and a decrease of 2.3% per annum respectively, between 1 October 2024 and 30 September 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 September



5.3 Average plan budget trends

Average and median plan budgets have 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 September 2026 by:

- **3.9%** per annum for all participants
- **4.1%** per annum for participants in supported independent living (SIL)
- **5.7%** per annum for participants not in SIL.

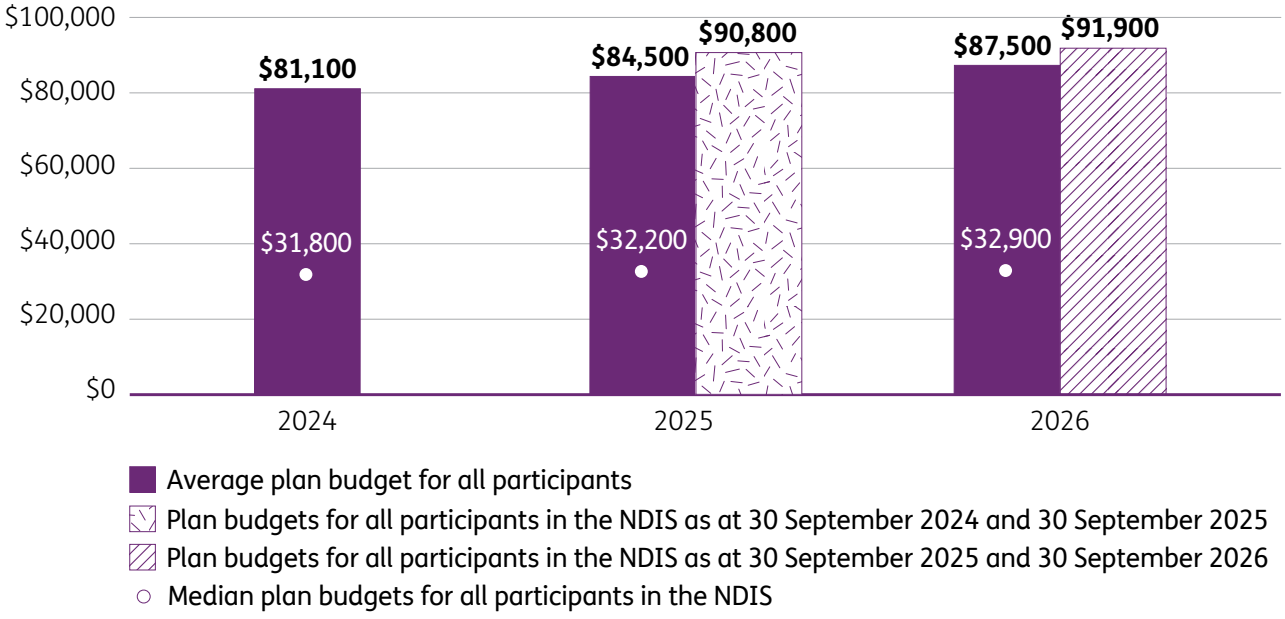
Median plan budgets increased by 1.7% over the 2-year period to 30 September 2026.

The proportion of participants in SIL has decreased over the past 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 $81,100 to $90,800 (12.0%) for participants in the NDIS as at 30 September 2024 and 30 September 2025.

Similarly, average plan budgets for participants in the NDIS as at 30 September 2025 and 30 September 2026 increased from $84,500 to $91,900 (8.8%).

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



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 $147,800 in the most recent year (for those who have been in the NDIS for 10 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 $61,300 for participants who entered in the year ending 30 June 2018. 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 September 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 (a scheduled reassessment), 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 (an unscheduled reassessment).

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 September 2026 quarter was 8.6%,[61] of which -0.9% was due to scheduled reassessment, 5.5% was due to unscheduled reassessment and 1.8% was due to other activities. The 8.6% includes a 2.1% one-off impact of the indexation of plans in July following the annual pricing review.[62]

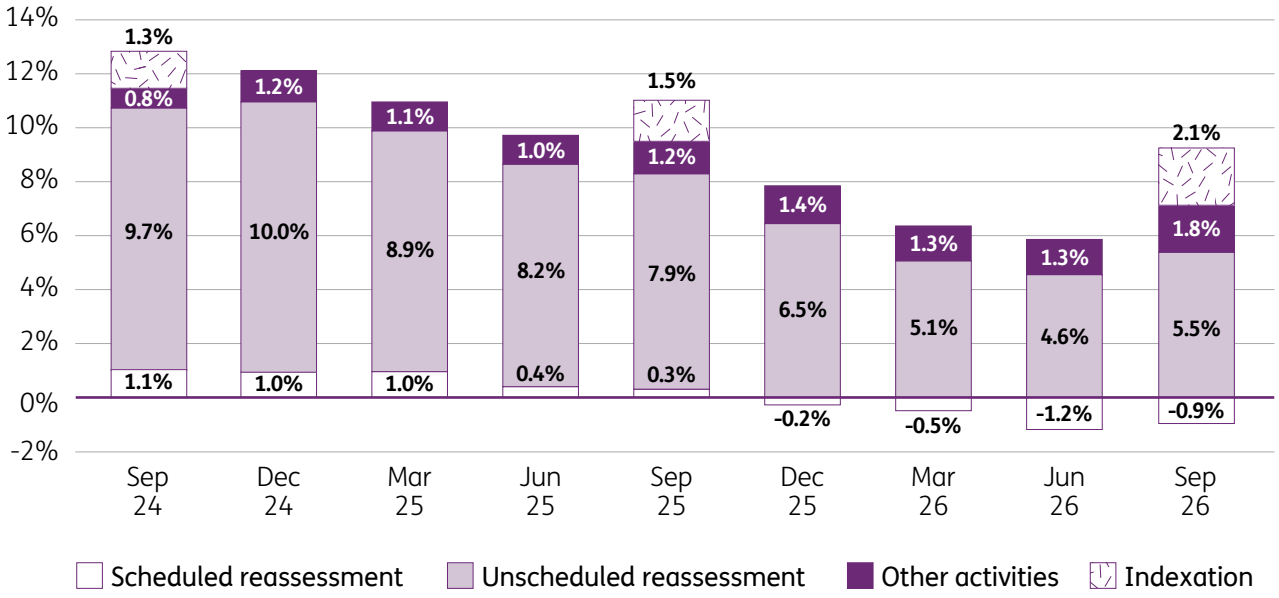
The inflation rate of 8.6% per annum (6.5% excluding indexation) in September 2026 compares with a rate of 4.7% per annum in June 2026 and 5.9% per annum in March 2026. Inflation from scheduled reassessments was -0.9% per annum in September 2026, which compares with -1.2% per annum in June 2026 and -0.5% per annum in March 2026.

Inflation from unscheduled reassessments was 5.5% per annum in September 2026, which compares with 4.6% per annum in June 2026 and 5.1% per annum in March 2026.

Inflation arising from other activities was 1.8% per annum in September 2026, which compares with 1.3% per annum in June 2026 and 1.3% per annum in March 2026.

61 The annualisation calculation of inflation excludes the impact of plan indexation in July following the annual pricing review. The impact of this indexation is then explicitly added to the annualised calculation, which is a 2.1% one-off increase.
62 The Annual Pricing Review included price limit increases in July 2026. Unspent portions of plan budgets were increased in line with new price limits to maintain the purchasing power of remaining plans. Due to this, there has been a one-off increase in total inflation during the month of July 2026.

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



Of all plans reassessed during the September 2026 quarter, 59% resulted in a budget increase, totalling $1,387 million, compared with 56% in June 2026 and 60% in March 2026. In contrast, 40% resulted in a budget reduction, totalling $590 million, compared with 43% in June 2026 and 40% in March 2026.

Table 12: Number of plan reassessments and change in annualised plan budget for all active participants

Quarter	Number of reassessments with reduction in budget	Number of reassessments with no change in budget	Number of reassessments with increase in budget	Total reduction amount ($m)	Total increase amount ($m)
Sep 2024	16,481	89	45,147	323	1,669
Dec 2024	13,787	23	44,892	345	1,770
Mar 2025	13,700	65	41,211	343	1,692
Jun 2025	13,605	88	37,258	374	1,604
Sep 2025	16,885	122	36,791	436	1,684
Dec 2025	16,796	170	29,701	513	1,472
Mar 2026	18,037	143	26,998	499	1,221
Jun 2026	20,300	204	26,486	641	1,181
Sep 2026	20,036	141	29,409	590	1,387

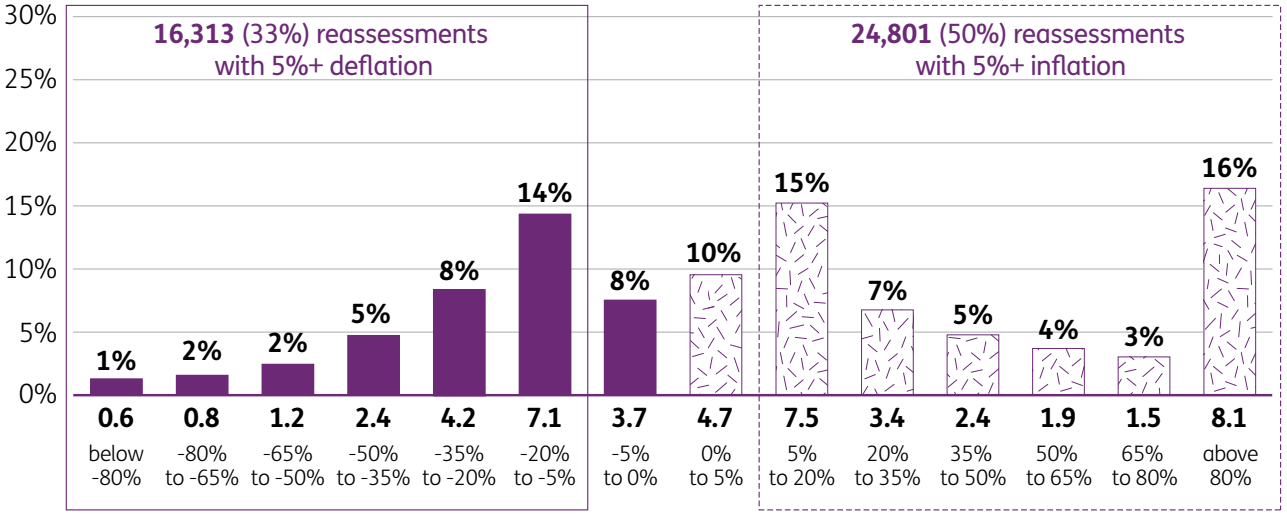
Individual plan budgets can vary significantly. In the past quarter, considering total plan inflation, plan budgets were more likely to increase than decrease.

During the 3 months to 30 September 2026, 6% of active participants had at least one plan reassessment. Figure 35 shows that of the plans that were reassessed:[63]

- **50%** had their budgets increased by more than 5% (compared to **58%** in the 3 months to 30 September 2025)
- **33%** decreased by more than 5% (compared to **23%** in the 3 months to 30 September 2025)
- **17%** remained within 5% (compared to **19%** in the 3 months to 30 September 2025).

Of the plans reassessed, **16%** had their budgets increased by more than **80%** (compared with **16%** in the year to 30 June 2026 and **19%** in the 3 months to 30 September 2025).

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

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

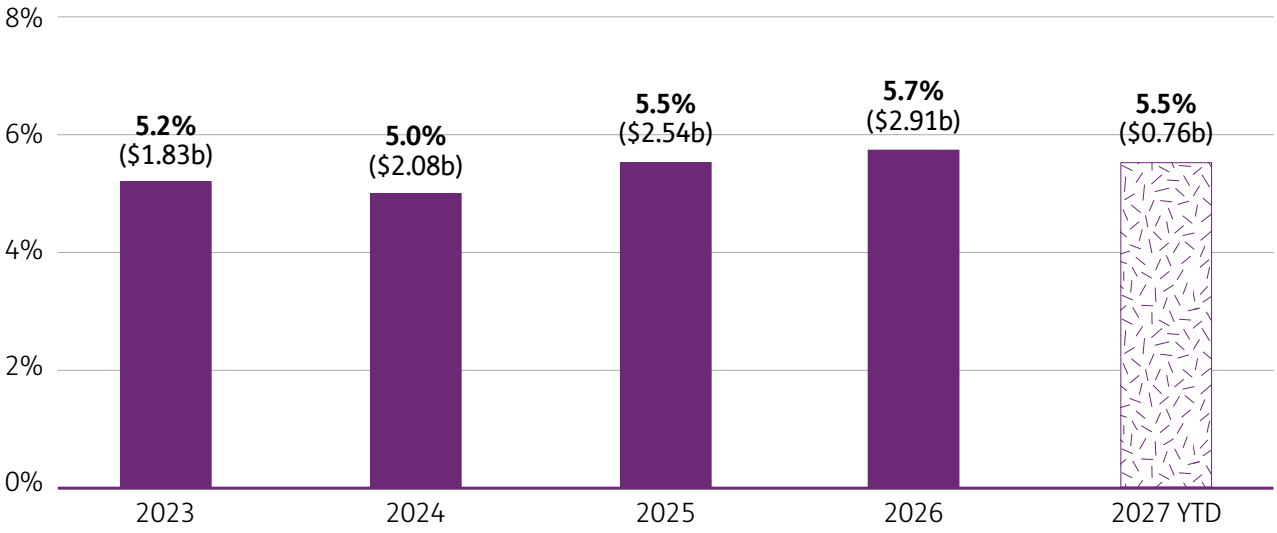
5.4 Operating expenses

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.

NDIA operating expenses for the year ending 30 June 2026 were $2.91 billion, and $758 million for the September 2026 quarter.

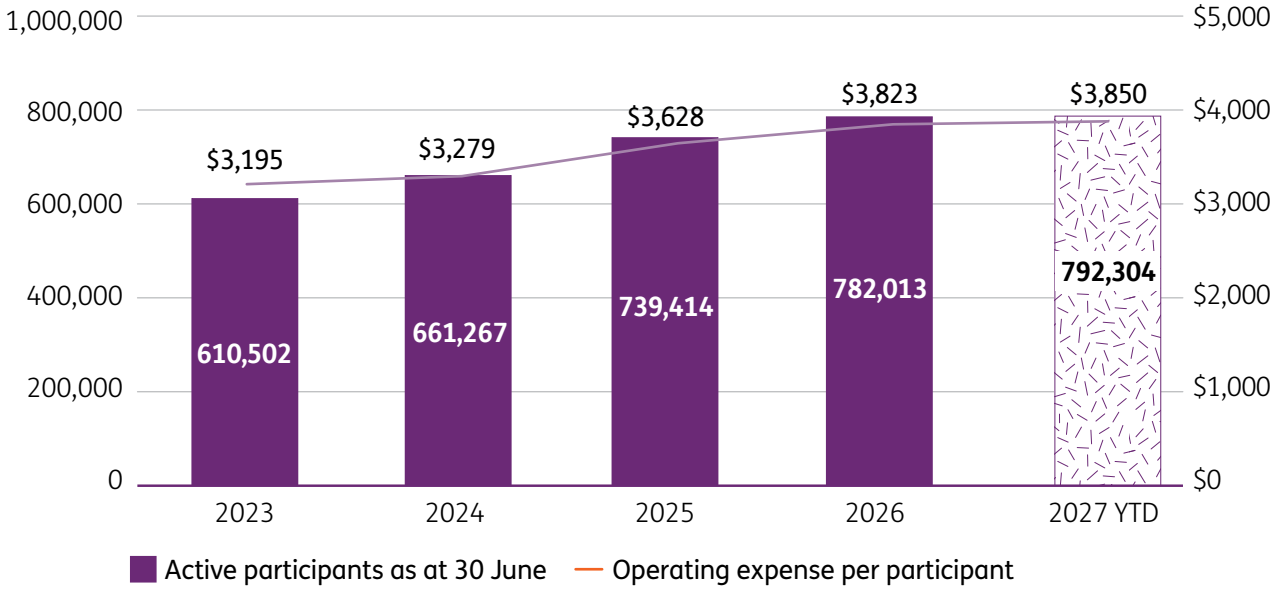
Operating expenses increased from 5.2% in 2022–23 to 5.5% in 2024–25 as a percentage of participant expenditure. The figure increased to 5.7% in the 2025–26 year before decreasing to 5.5% in the 2026–27 year to date (Figure 36). The Productivity Commission, in its 2017 study report, suggested a range 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

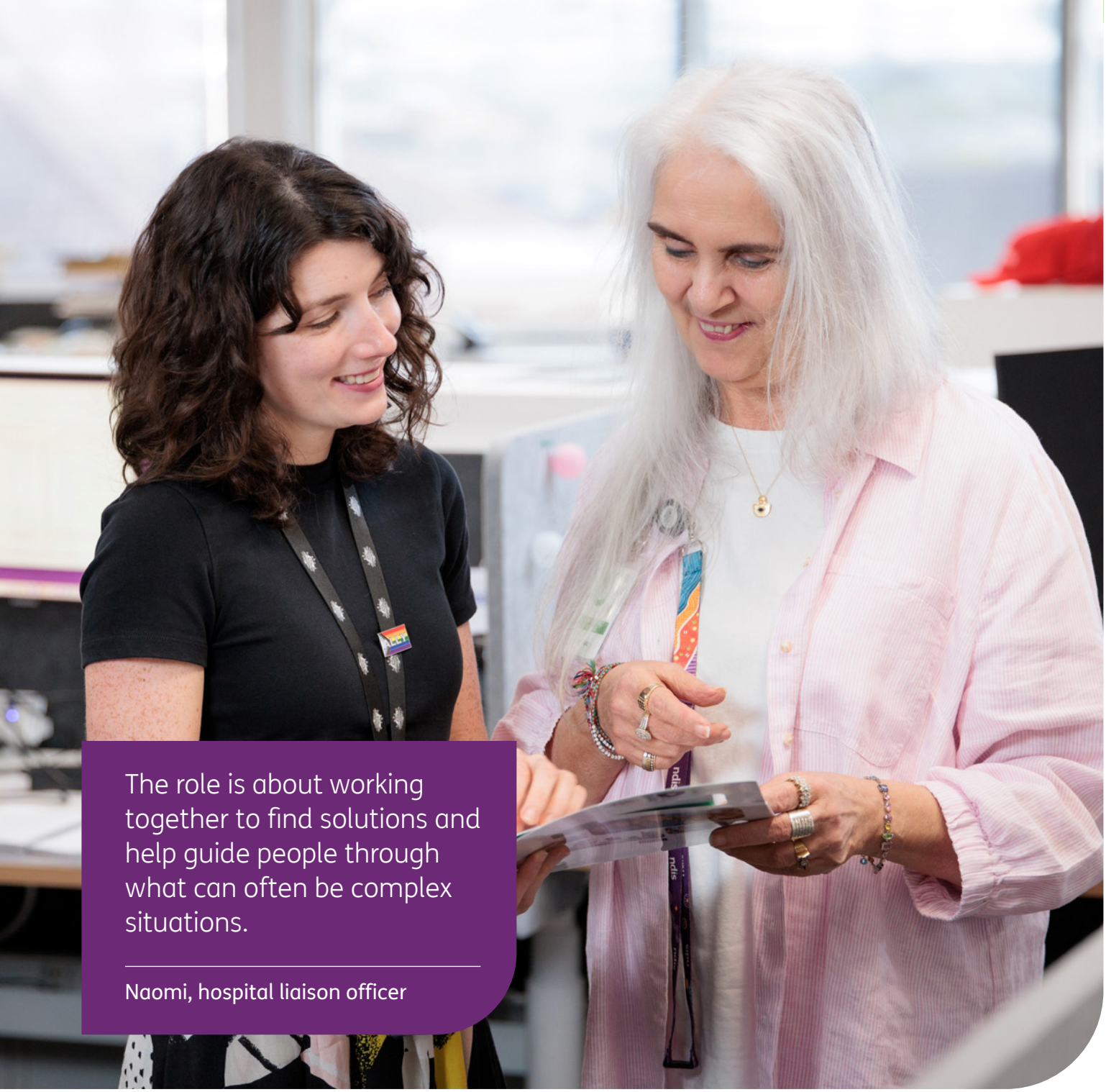


Additional investments to strengthen the NDIS and improve the participant experience have increased the annual operating expense per participant from $3,823 in 2025–26 to $3,850 in the 2026–27 year to date (Figure 37).

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).



The role is about working together to find solutions and help guide people through what can often be complex situations.

Naomi, hospital liaison officer

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 September 2026, the total NDIA workforce was 12,453, including 10,737 Australian Public Service (APS) employees and 1,716 labour hire workers, contractors and consultants. A further 6,207 people are employed by NDIS partners in the community and National Contact Centre partners.

Our latest census data indicated that 24% of staff who responded (APS and labour hire) identified as a person with disability. Of Senior Executive Service staff who responded, 18.4% identified as a person with disability.

NDIA Culture Strategy

We have developed a new culture strategy to strengthen inclusion and workplace culture across the NDIA. The strategy is scheduled for launch in October 2026. It sets the direction for our workplace culture, grounded in integrity, safety, ethical leadership, accountability, high performance and care for participants and employees.

The strategy has been informed by workforce data, research and extensive consultation with staff, leaders, diversity groups and the Agency Consultative Network. We will implement the strategy over 3 years through practical actions, we will embed our expected behaviours and ways of working. We will use clear, defined measures to track progress and assess changes in workplace culture.

NAIDOC Week

This quarter, the NDIA marked NAIDOC Week with a focus on staff connection, cultural learning and recognition of First Nations voices. More than 2,900 staff attended an online event aligned to the 2026 theme, '50 Years of Deadly', featuring a panel of First Nations staff who shared reflections on achievement, leadership and the contribution of First Nations peoples over the past 50 years. The discussion also looked forward, highlighting the role current and emerging First Nations leaders will play in shaping the next 50 years across the NDIA and the broader community.

Other activities

This quarter, we also:

- introduced an automated service request pathway for First Nations staff to seek assistance or workplace adjustments
- added guidance to the NDIA Neuroinclusion Toolkit for managers and staff on inclusive work design
- introduced principles of neuro-affirming practice to support inclusive and supportive workplace practices.

6.2 Public data sharing and the latest release of information

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

Each quarter, we publish NDIS data on the NDIS website, through interactive tools, downloadable files, reports and analyses.

This quarter, we released the following data updates:

- the accompanying data supplements to the quarter 4, 2025-26 Quarterly report to disability ministers
- datasets with detailed data updates for participant, provider and market categories
- the latest participant dashboards with quarter 4 data for 15 disability types in the NDIS.

The explore data tool, an interactive visualisation tool, was updated with quarter 4 data on participant, provider and market demographics.

Several deep-dive 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 and implemented investments totalling more than $1.1 billion in the Fraud Fusion Taskforce and the Crack Down on Fraud and payment integrity programs. These initiatives have strengthened the NDIA's ability to detect and respond to high-risk provider behaviour.

New investments from the 2026–27 Budget include:

- $280.1 million to continue the Fraud Fusion Taskforce and invest in NDIA's payment integrity workforce to continue to detect and respond to fraud and noncompliant payments
- $358.5 million to build a new enrolment and digital payments system to improve payment integrity and reduce fraud and noncompliant 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.

The NDIS is undergoing significant reform to strengthen integrity, participant safeguards and Scheme sustainability. *The National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Act 2026* gives the NDIA extra powers to detect, prevent and respond to fraud and noncompliance. These include civil penalties, regulatory powers, information-gathering powers, record retention requirements and reduced timeframes for claims for payment. The NDIA is currently preparing to implement these changes.

Integrity initiatives

This quarter, the integrity program continued to implement measures to address emerging and high-risk integrity issues, including:

- **Integrity portal** – The new integrity portal allows providers to upload evidence requested by the NDIA, to support claims assessment.
- **One-time code** – We have expanded the use of a one-time code to access NDIA systems. The one-time code is used to verify the identity of participants, authorised representatives and providers when they request access to sensitive information. It is also used in any outbound contact where there is a request to update or change personal information.
- **Program milestone** – The first milestone for the Crack Down on Fraud Phase 2 - Digital Enrolment, Access and Payment (DEAP) program was completed. 'New Plan Manager Integrity, Claiming and System Requirements published in a draft roadmap' will help us design future requirements for plan managers, including through the commissioned panel.

Integrity outcomes

This quarter, the NDIA Pre-Payment team reviewed over 79,000 claims from providers, plan managers and participants, with a total value of more than $250 million. We use a risk-based assessment process to identify higher-risk claims for review. Claims rejected or cancelled accounted for more than 12% of the total value reviewed. Not all rejected claims were fraudulent. This figure captures claims reviewed by staff via the new streamlined claim solution, including those deemed payable without the need for further evidence. It excludes claims assessed via manual payment reviews.

Reasons for rejection include:

- items not funded by the NDIS
- services that were not provided
- duplicate claims.

The NDIA Provider Integrity Response team has contacted around 1,700 providers and is currently monitoring 3,269 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 noncompliant claims from providers and participants.

We estimate that, collectively, integrity initiatives will deliver more than $4.8 billion in benefits between 1 November 2022 and 30 June 2030. This includes over $2.0 billion in prevented noncompliant payments, and a further $2.8 billion redirected from problematic providers to genuine disability supports and services.

Of the total estimated benefits, approximately $2.5 billion was realised by 30 September 2026, comprising $1.4 billion in prevented noncompliant payments and $1.1 billion redirected to legitimate supports and services. The remaining benefits are expected to be realised by 30 June 2030.

The estimates reflect interventions implemented up until the relevant reporting cut-off dates in June and August 2026. They exclude the impact of future interventions.

We are not currently able to quantify the full extent of financial integrity loss in the NDIS. Some sources of loss cannot be reliably measured using current methods and are excluded from the estimates. These include losses associated with:

- falsified identity to gain NDIS access
- falsified or exaggerated evidence for access to the NDIS
- complex collusion (e.g. collusion to claim and confirm services that were never genuinely delivered).

The current estimate of financial integrity loss in the NDIS shows that (as a percentage of NDIS payments):

- 7.7% comes from issues that can be identified and measured using data analysis
- a further 0.6% comes from a combination of data points and operational insights.

These losses are mainly due to funding being diverted from participant plans – funding that should have been used for reasonable and necessary supports.

We continue to improve how we detect and measure these losses. This includes using improved analytics and capabilities already implemented as part of recent system improvements.

Operational case outcomes

The NDIA received more than 7,600 tip-offs in quarter 1, 2026–27, consistent with the volume received in quarter 1 2025–26. More than 80% of tip-offs were received through the web-based form. The quality of the tip-offs received continues to be high, enabling faster triaging, assessment and escalation.

The Fraud Fusion Taskforce, with 25 Government agencies working together, continues to make significant progress in improving 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 is leading to more multi-agency interventions against organised crime syndicates targeting the NDIS.

The work of the taskforce has led to jail sentences in 20 of the 27 NDIS-related criminal convictions secured since December 2022. The longest sentence is 7 years and 6 months, 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 6,000 providers identified as high risk or associated with incorrect or noncompliant claiming practices. These providers claimed approximately $1.2 billion from the NDIS in the 12 months prior to disruption, and over $7 billion since the NDIS commenced.

As at 30 September 2026, the NDIA had 56 individuals involved in 33 investigations, referred for prosecution. Twenty-one individuals are currently before the courts, and briefs of evidence are being assessed by the Commonwealth Director of Public Prosecutions in relation to 15 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 Figures in this section have been rounded to the nearest whole percentage. Differences 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 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 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 September 2026 quarter, 1,344 of the 8,311 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 144 of the 700 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 reported for the most recent quarters may increase due to a lag in data collections. The NDIA receiving a PCI and the NDIA reporting the PCI to the Commission are distinct activities, and therefore the number of new PCIs reported to the Commission may change retrospectively.

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

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

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

32 A further 4 RoRDs were closed in the September 2026 quarter with no specified outcome.

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

34 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.

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

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

37 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.

38 These results are based on 231 surveys of early supports, 1,034 surveys of community connections, 1,001 of applying for the NDIS, 3,873 of plan approval, 2,197 of plan implementation and 8,033 of plan reassessment, which is 16,369 in total. The number of surveys collected for the September 2026 quarter is higher than last quarter.

39 From this quarter, the NCC's Grade of Service target changed from answering 80% of calls within 60 seconds to 80% within 120 seconds. The revised target provides a more sustainable service standard. Results reported against the new target are not directly comparable with those reported under the previous one.

40 The volume of webchats offered has been estimated for the September 2024 quarter. 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 $52.2 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 $32 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 September 2026, this number was 18,624. 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 by 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 2026–27 financial year are provisional results and subject to further changes, including the audit by the Australian National Audit Office.

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 The annualisation calculation of inflation excludes the impact of plan indexation in July following the annual pricing review. The impact of this indexation is then explicitly added to the annualised calculation, which is a 2.1% one-off increase.

62 The Annual Pricing Review included price limit increases in July 2026. Unspent portions of plan budgets were increased in line with new price limits to maintain the purchasing power of remaining plans. Due to this, there has been a one-off increase in total inflation during the month of July 2026.

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

Appendix A:
Key definitions

Access request: A request made by a person to the National Disability Insurance Agency (NDIA) to become a participant in the National Disability Insurance Scheme (NDIS).

Access met: An access decision outcome indicating that a person has been determined to meet the NDIS access criteria. This means the person meets the age and residence requirements and meets either or both the disability requirements and the early intervention requirements under the NDIS Act.

Active participant: A participant with an approved NDIS plan, including a participant whose plan has expired, but a new plan has not formally commenced, and who has not left the NDIS (see Participant).

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) (see Provider).

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).

Assistive Technology (AT): The full range of equipment, devices, or products that support people with disability to increase independence, improve functioning, and participate more effectively in daily life. The primary purpose of AT is to maintain or enhance an individual's functional capacity, enabling participation at home, in education, in the workplace, and in the community, while supporting overall wellbeing.

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 (see Payment).

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.

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 (see Registered provider).

Outcomes framework questionnaires: A series of surveys that collect information from participants and their families and carers about how they are doing in 8 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 reassessment request: A request made by a participant or their representative under sections 48 and 48A of the NDIS Act for the reassessment of the participant's plan on the basis of a significant change in the participant's ongoing support needs arising from a change in functional capacity and/or personal or environmental circumstances. A reassessment may result in the participant's plan being varied under section 47A or replaced with a new plan.

Payment: An amount paid from funding in a participant's plan for supports provided to the participant. A payment may be claimed directly by a registered provider for a NDIA-managed support, by a registered plan manager on behalf of the participant for a plan-managed support, or by the participant or their representative for a self-managed support. Payments also include off-system payments made by NDIA under bespoke arrangements.

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

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 registered provider that manages the funding of supports under a participant's plan. This may include receiving and managing funding provided by the NDIA, processing and paying invoices for supports and services on behalf of participants, purchasing supports under the plan, and acquitting funds provided by the NDIA (see Provider and Registered provider).

Pricing: The NDIA provides guidance on the price to be paid for each support item through pricing arrangements and price limits through the Annual Pricing Review (APR)**.**

Provider: An individual, business or organisation identified by the Australian Business Number (ABN) on an invoice paid from funding in a participant's plan. Providers may be registered or unregistered with the NDIS Quality and Safeguards Commission. For reporting purposes, the provider is the entity identified by the ABN on the invoice being paid.

Registered provider: A provider that is registered with the NDIS Quality and Safeguards Commission in respect of one or more specified classes of supports or services, including the management of funding under participant plans. Registration applies only to the classes of supports or services for which registration has been granted (see Provider).

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: A provider that is not registered with the NDIS Quality and Safeguards Commission for the relevant class of support or service being delivered. A provider may be registered for some classes of supports or services and unregistered for others (see Provider).

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 September 2026)	Access met but yet to have an approved plan (children younger than 9 as at 30 September 2026)	Access request (no decision)	Total	Number of children accessing early connections throughout the quarter
NSW	50,376	741	733	55,201	8,758
VIC	44,766	681	684	49,160	6,832
QLD	32,384	421	380	35,371	4,674
SA	12,053	206	172	13,108	1,649
WA	13,190	284	227	14,337	2,167
TAS	2,909	47	56	3,174	413
ACT	2,348	48	31	2,559	324
NT	1,426	51	14	1,547	148
OT	<20	<11	<11	17	<11
Missing	<11	<11	<11	22	<50
Total	**159,470**	**2,480**	**2,298**	**174,496**	**25,015**

[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 appendix. 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:

This quarter, tables in this appendix have been reordered to align with the structure of the broader report. The change relates to the presentation order only and does not affect the underlying data or analysis.

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.

Results that cannot be measured are reported as “n/a”.

There are five sections to this appendix.

Section 1: Participants and their plans

The number of participants residing in remote and very remote areas (Tables D.10 and D.11) is based on the Modified Monash Model measure of remoteness.

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

State/Territory	Active participant plans - Count	Active participant plans - Percentage
NSW	233,399	29.5%
VIC	213,645	27.0%
QLD	167,942	21.2%
WA	71,647	9.0%
SA	68,551	8.7%
TAS	17,178	2.2%
ACT	12,834	1.6%
NT	7,000	0.9%
OT	96	0.0%
Missing	12	0.0%
National	**792,304**	**100.0%**

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

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	50,376	44,766	32,384	13,190	12,053	2,909	2,348	1,426	**159,470**
9 to 14	45,943	45,027	35,226	14,201	14,753	3,109	2,440	1,357	**162,076**
15 to 18	23,962	22,482	18,969	7,854	8,321	1,866	1,406	754	**85,625**
19 to 24	21,793	19,334	17,086	7,615	7,538	1,866	1,335	636	**77,218**
25 to 34	21,593	18,365	14,893	7,131	5,978	1,999	1,331	576	**71,878**
35 to 44	15,931	15,598	11,904	5,656	4,883	1,291	966	642	**56,877**
45 to 54	17,495	16,668	12,546	5,308	4,811	1,339	1,036	659	**59,868**
55 to 64	21,602	19,458	15,305	6,662	6,207	1,695	1,100	651	**72,693**
65+	14,704	11,947	9,629	4,030	4,007	1,104	872	299	**46,599**
Total	**233,399**	**213,645**	**167,942**	**71,647**	**68,551**	**17,178**	**12,834**	**7,000**	**792,304**

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

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

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

Table D.4 Numbers of active participant plans (participants in Supported Independent Living (SIL)) by age group as at 30 September 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	46	42	41	21	19	<11	<11	<11	**182**
19 to 24	844	539	586	271	279	<100	<50	<80	**2,726**
25 to 34	1,891	1,106	1,231	568	510	205	93	97	**5,701**
35 to 44	1,832	1,309	1,239	611	496	158	98	115	**5,858**
45 to 54	2,276	1,552	1,380	651	585	175	130	124	**6,873**
55 to 64	3,235	2,128	1,820	895	848	262	166	144	**9,498**
65+	2,173	1,289	1,137	556	569	206	102	66	**6,098**
Total	**12,298**	**7,967**	**7,434**	**3,574**	**3,306**	**1,101**	**637**	**624**	**36,941**

Table D.5 Proportion of active participant plans (participants in Supported Independent Living (SIL)) by age group as at 30 September 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%	1%	1%	1%	1%	n/a	n/a	n/a	**0%**
19 to 24	7%	7%	8%	8%	8%	n/a	n/a	n/a	**7%**
25 to 34	15%	14%	17%	16%	15%	19%	15%	16%	**15%**
35 to 44	15%	16%	17%	17%	15%	14%	15%	18%	**16%**
45 to 54	19%	19%	19%	18%	18%	16%	20%	20%	**19%**
55 to 64	26%	27%	24%	25%	26%	24%	26%	23%	**26%**
65+	18%	16%	15%	16%	17%	19%	16%	11%	**17%**
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 September 2026

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	50,376	44,766	32,384	13,190	12,053	2,909	2,348	1,426	**159,470**
9 to 14	45,942	45,025	35,226	14,200	14,753	3,109	2,439	1,357	**162,071**
15 to 18	23,916	22,440	18,928	7,833	8,302	1,862	1,404	747	**85,443**
19 to 24	20,949	18,795	16,500	7,344	7,259	1,775	1,290	565	**74,492**
25 to 34	19,702	17,259	13,662	6,563	5,468	1,794	1,238	479	**66,177**
35 to 44	14,099	14,289	10,665	5,045	4,387	1,133	868	527	**51,019**
45 to 54	15,219	15,116	11,166	4,657	4,226	1,164	906	535	**52,995**
55 to 64	18,367	17,330	13,485	5,767	5,359	1,433	934	507	**63,195**
65+	12,531	10,658	8,492	3,474	3,438	898	770	233	**40,501**
Total	**221,101**	**205,678**	**160,508**	**68,073**	**65,245**	**16,077**	**12,197**	**6,376**	**755,363**

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

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	23%	22%	20%	19%	18%	18%	19%	22%	**21%**
9 to 14	21%	22%	22%	21%	23%	19%	20%	21%	**21%**
15 to 18	11%	11%	12%	12%	13%	12%	12%	12%	**11%**
19 to 24	9%	9%	10%	11%	11%	11%	11%	9%	**10%**
25 to 34	9%	8%	9%	10%	8%	11%	10%	8%	**9%**
35 to 44	6%	7%	7%	7%	7%	7%	7%	8%	**7%**
45 to 54	7%	7%	7%	7%	6%	7%	7%	8%	**7%**
55 to 64	8%	8%	8%	8%	8%	9%	8%	8%	**8%**
65+	6%	5%	5%	5%	5%	6%	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 September 2026

Primary disability group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Autism	102,850	96,354	79,055	33,578	35,720	7,497	5,814	2,209	**363,131**
Intellectual disability	31,121	27,904	19,294	8,722	8,897	2,886	1,423	1,339	**101,598**
Psychosocial disability	19,985	20,493	12,854	5,759	4,258	1,227	1,150	665	**66,396**
Developmental delay	14,241	18,378	11,265	4,473	2,784	970	863	486	**53,463**
Hearing impairment	9,146	7,784	7,012	2,692	2,158	549	485	237	**30,065**
Other neurological	8,529	6,553	5,822	2,777	2,027	593	486	249	**27,042**
Acquired brain injury	5,513	5,380	4,829	1,911	1,914	520	239	357	**20,667**
Other physical	5,880	4,784	4,914	1,866	1,761	424	515	187	**20,335**
Global developmental delay	7,994	3,740	3,696	1,106	1,981	258	304	226	**19,312**
Cerebral palsy	6,099	4,584	4,132	1,985	1,396	458	311	213	**19,178**
Other	4,599	3,579	3,555	1,571	1,180	400	248	250	**15,384**
Multiple sclerosis	3,464	3,846	2,333	1,183	1,119	445	267	23	**12,681**
Down syndrome	3,775	2,915	2,510	1,194	792	305	225	110	**11,829**
Visual impairment	3,586	3,253	2,141	1,033	892	228	205	82	**11,421**
Stroke	3,811	2,564	2,507	939	897	234	166	254	**11,374**
Spinal cord Injury	2,111	1,173	1,815	770	500	155	84	95	**6,704**
Other sensory/speech	695	361	208	88	275	29	49	18	**1,724**
Total	**233,399**	**213,645**	**167,942**	**71,647**	**68,551**	**17,178**	**12,834**	**7,000**	**792,304**

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

Primary disability group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Autism	44%	45%	47%	47%	52%	44%	45%	32%	**46%**
Intellectual disability	13%	13%	11%	12%	13%	17%	11%	19%	**13%**
Psychosocial disability	9%	10%	8%	8%	6%	7%	9%	10%	**8%**
Developmental delay	6%	9%	7%	6%	4%	6%	7%	7%	**7%**
Hearing impairment	4%	4%	4%	4%	3%	3%	4%	3%	**4%**
Other neurological	4%	3%	3%	4%	3%	3%	4%	4%	**3%**
Acquired brain injury	2%	3%	3%	3%	3%	3%	2%	5%	**3%**
Other physical	3%	2%	3%	3%	3%	2%	4%	3%	**3%**
Global developmental delay	3%	2%	2%	2%	3%	2%	2%	3%	**2%**
Cerebral palsy	3%	2%	2%	3%	2%	3%	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%	1%	2%	1%	2%	2%	2%	**1%**
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 September 2026[3] [4] [5]

Characteristics	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
First Nations Participants	24,033	8,572	19,204	6,072	5,045	1,995	715	3,808	**69,452**
Culturally and linguistically diverse participants	25,035	23,978	8,710	5,339	4,487	426	1,193	342	**69,533**
Participants residing in remote and very remote areas	883	<110	2,971	3,257	1,705	216	<11	3,030	**12,260**
Younger people in residential aged care (under 65)	113	201	50	23	24	<11	<11	<11	**424**
Participants with supported independent living	12,298	7,967	7,434	3,574	3,306	1,101	637	624	**36,941**
Participants using specialised disability accommodation	5,267	5,648	2,938	904	1,704	159	146	130	**16,896**
Participants specialised disability accommodation eligible, not yet using specialised disability accommodation	2,789	1,705	1,636	977	838	356	205	182	**8,688**

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

Characteristics	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
First Nations Participants	10.3%	4.0%	11.4%	8.5%	7.4%	11.6%	5.6%	54.4%	**8.8%**
Culturally and linguistically diverse participants	10.7%	11.2%	5.2%	7.5%	6.5%	2.5%	9.3%	4.9%	**8.8%**
Participants residing in remote and very remote areas	0.4%	n/a	1.8%	4.5%	2.5%	1.3%	n/a	43.3%	**1.5%**
Younger people in residential aged care (under 65)	0.05%	0.09%	0.03%	0.03%	0.04%	n/a	n/a	n/a	**0.05%**
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%	1.3%	2.5%	0.9%	1.1%	1.9%	**2.1%**
Participants specialised disability accommodation eligible, not yet using specialised disability accommodation	1.2%	0.8%	1.0%	1.4%	1.2%	2.1%	1.6%	2.6%	**1.1%**

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

Gender	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Male	3.3%	3.5%	3.6%	2.9%	4.3%	3.5%	3.1%	3.4%	**3.5%**
Female	2.0%	2.3%	2.3%	1.8%	2.7%	2.3%	2.0%	1.8%	**2.2%**
Total	**2.7%**	**3.0%**	**2.9%**	**2.4%**	**3.6%**	**2.9%**	**2.6%**	**2.6%**	**2.8%**

[3] [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.
[4] [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.
[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.

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

Age group	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
0 to 8	5.6%	6.2%	5.5%	4.3%	6.6%	5.3%	4.6%	4.4%	**5.6%**
9 to 14	7.3%	8.8%	8.2%	6.3%	11.1%	7.8%	6.8%	6.2%	**8.0%**
15 to 18	5.5%	6.5%	6.3%	5.2%	9.0%	6.6%	6.0%	5.4%	**6.2%**
19 to 24	3.2%	3.4%	3.8%	3.4%	5.3%	4.6%	3.3%	3.1%	**3.6%**
25 to 44	1.6%	1.6%	1.7%	1.6%	2.1%	2.1%	1.5%	1.4%	**1.7%**
45 to 64	1.9%	2.2%	2.0%	1.7%	2.4%	2.2%	1.9%	2.2%	**2.0%**
65+	0.9%	0.9%	0.9%	0.8%	1.0%	0.8%	1.2%	1.1%	**0.9%**
Total (aged 0 to 64)	3.1%	3.4%	3.4%	2.8%	4.3%	3.5%	2.9%	2.8%	**3.3%**
Total	**2.7%**	**3.0%**	**2.9%**	**2.4%**	**3.6%**	**2.9%**	**2.6%**	**2.6%**	**2.8%**

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

Section 2: Participant and family and carer outcomes

In this Section, results are based on responses collected either at entry to the NDIS (baseline measure) or from participants' first questionnaire reassessment, and at subsequent intervals. This section compares baseline indicator results, collected at entry to the NDIS or at the first questionnaire reassessment, with participants' 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 their first plan was approved. Trial participants are excluded. Participant age reported in this section is based on the latest completed questionnaire.

Table D.14 NDIA Metrics Progress: Participants, Families and Carers

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%	19%	24%	25%	19%	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%	34%	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%	51%	**48%**
Family and carer employment rate – All ages (Latest Reassessment)	56%	54%	52%	55%	52%	50%	66%	56%	**54%**
Participant Choice and Control – Aged 15+ years (First reassessment)	67%	66%	75%	73%	66%	69%	72%	58%	**69%**
Participant Choice and Control – Aged 15+ years (Latest Reassessment)	83%	83%	86%	83%	81%	82%	83%	79%	**83%**

Section 3: Participant experience

On 27 August 2026, amendments to NDIS laws came into effect. Prior to the September 2026 quarter, the performance timeframes for access decisions (PSG 2) and plan reassessments (PSG 12) were 21 days. Following the legislative changes, both timeframes increased to 90 days. From the September 2026 quarter onwards, performance for PSGs 2 and 12 is measured against the 90-day timeframe for requests made on or after 27 August 2026.

Table D.15 Performance against the Participant Service Guarantee in the September 2026 quarter[9]

PSG	Service guarantee	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
1. Explanation of a previous decision, after a request for explanation is received	28 days	93%	94%	94%	95%	93%	97%	85%	100%	**94%**
2. Make an access decision, or request for more information, after an access request has been received	90 days	100%	100%	100%	100%	100%	100%	100%	100%	**100%**
4. Make an access decision, or request additional information, after more information has been provided	14 days	79%	81%	77%	80%	76%	76%	88%	86%	**79%**
6. 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	97%	97%	98%	98%	97%	97%	98%	93%	**97%**
7. Approve a plan for ECA participants, after an access decision has been made	56 days	99%	99%	100%	99%	99%	99%	99%	99%	**99%**
8. Offer to hold a plan implementation meeting, after the plan is approved	7 days	89%	90%	92%	92%	88%	91%	93%	87%	**90%**
9. If the participant accepts the offer, hold a plan implementation meeting	28 days	99%	99%	99%	95%	98%	99%	98%	97%	**99%**
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%	100%	100%	100%	99%	100%	99%	**100%**
11. Commence facilitating a scheduled plan reassessment, prior to the scheduled reassessment date	56 days	44%	43%	41%	41%	40%	54%	43%	26%	**42%**
12. Decide whether to undertake a participant-initiated plan reassessment, after the request is received	90 days	100%	100%	100%	100%	100%	100%	100%	100%	**100%**
13. Complete a reassessment, after the decision to accept the request was made	28 days	82%	84%	82%	82%	82%	79%	83%	73%	**82%**
14. Amend a plan, after the receipt of information that triggers the plan amendment process	28 days	81%	83%	80%	83%	81%	85%	82%	89%	**82%**
17a. Complete an internal review of a reviewable decision after a request is received	60 days	66%	65%	67%	65%	66%	70%	69%	59%	**66%**

[9] 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.

PSG	Service guarantee	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
117b. Enact outcome of a reviewable decision	28 days	99%	99%	100%	100%	100%	97%	100%	100%	**99%**
18. Implement an Administrative Review Tribunal (ART) decision to vary a plan, after receiving notification of the ART	28 days	92%	91%	91%	97%	87%	95%	89%	100%	**91%**
19. Cancel participant requested nominee	14 days	100%	100%	100%	100%	100%	100%	100%	100%	**100%**
20. Cancel CEO initiated nominee	14 days	100%	100%	100%	100%	100%	100%	100%	100%	**100%**

Table D.16 Proportion of respondents who responded that the NDIA 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	69%	76%	62%	n/a	n/a	n/a	n/a	n/a	**71%**
Community Connections	77%	77%	69%	78%	62%	56%	n/a	n/a	**74%**
Apply for NDIS (overall)	72%	74%	65%	57%	64%	70%	59%	n/a	**69%**
Plan Approval	56%	51%	52%	54%	52%	55%	46%	65%	**53%**
Plan Implementation	64%	61%	58%	61%	56%	59%	54%	n/a	**61%**
Plan Reassessment	70%	71%	69%	73%	71%	70%	66%	72%	**70%**

Table D.17 Number and proportion of new participant complaints in quarter 1, 2026-27[10]

New participant complaints	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
New participant complaints	3,161	2,764	2,362	879	900	248	158	64	**10,807**
Complaints as a percentage of active participants	5%	5%	6%	5%	5%	6%	5%	4%	**5%**

Table D.18 Number and proportion of new Participants Critical Incidents (PCIs) in quarter 1, 2026-27[11] [12]

New PCIs	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
New PCIs	1,114	1,217	1,004	437	425	96	54	50	**4,407**
PCIs as a percentage of active participants	1.9%	2.3%	2.4%	2.5%	2.5%	2.3%	1.7%	2.9%	**2.2%**

[10] The National total includes participant complaints where jurisdiction information was missing.
[11] The National total includes PCIs where jurisdiction information was missing.
[12] Figures reported for participant critical incidents (PCIs) exclude counts of 'withdrawn' or 'miscategorised' PCIs.

Section 4: Providers and the growing market

The count of active providers excludes providers with a missing Australian Business Number (ABN) (Table D.21).

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.21).

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 - Total' (Table D.21).

Table D.19 Distribution of active participants by funds management type as at 30 September 2026

Funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Self-managed Fully	20%	24%	20%	18%	16%	14%	33%	8%	**21%**
Self-managed Partly	4%	4%	3%	6%	3%	4%	5%	3%	**4%**
Plan-managed	67%	68%	73%	68%	78%	77%	57%	86%	**70%**
NDIA-managed	9%	3%	5%	9%	4%	5%	4%	3%	**6%**
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Table D.20 Distribution of plan budget amount by funds management type as at 30 September 2026

Funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Self-managed	10%	13%	12%	12%	8%	9%	17%	3%	**11%**
Plan-managed	52%	63%	61%	53%	63%	55%	59%	54%	**58%**
NDIA-managed	37%	24%	28%	35%	30%	36%	23%	43%	**31%**
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Table D.21 Number of active providers in quarter 1, 2026-27 by registration status, funds management type and the participant residing State/Territory[13]

Provider registration status/funds management type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Registered - Total	**8,340**	**7,058**	**5,496**	**2,711**	**2,534**	**1,072**	**1,082**	**847**	**18,566**
Registered - NDIA-managed	4,833	3,262	2,810	1,345	1,016	350	341	324	**11,083**
Registered - Plan-managed	7,807	6,685	5,174	2,540	2,403	997	1,011	775	**17,815**
Registered - Self-managed	8	<5	<5	<5	<5	<5	<5	<5	**17**
Unregistered - Total	**76,726**	**82,424**	**67,624**	**25,386**	**21,998**	**6,375**	**4,579**	**1,774**	**267,077**
Unregistered - Plan-managed	57,254	60,980	53,693	18,486	17,392	5,039	2,761	1,505	**203,037**
Unregistered - Self-managed	32,793	37,412	25,605	11,357	8,617	2,349	2,616	441	**114,357**
All providers - Total	**83,302**	**88,159**	**72,070**	**27,747**	**24,088**	**7,442**	**5,732**	**2,524**	**280,228**
All providers - NDIA-managed	4,833	3,262	2,810	1,345	1,016	350	341	324	**11,083**
All providers - Plan-managed	62,452	65,507	57,197	20,376	19,096	5,858	3,618	2,131	**213,603**
All providers - Self-managed	39,029	42,902	29,892	13,174	10,290	3,032	3,354	642	**131,356**

[13] 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.

Section 5: Financial sustainability

Total annualised committed supports (Table D.23 and Table D.25) are those in the current plans of active participants as at 30 September 2026. 'Total payments' (Table D.22 and Table D.24) refers to those paid over the 12 months to 30 September 2026. Totals include payments with missing characteristics, where applicable.

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 September 2026. Average payments (Table D.22) are calculated as the sum of the payments in the 12-month period to 30 September 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.

Table D.22 Total payments and average payments, including participants in Supported Independent Living (SIL) as at 30 September 2026

Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Total ($m)	**16,188**	**13,099**	**11,265**	**4,791**	**4,442**	**1,236**	**748**	**760**	**52,542**
Average ($)	71,100	62,900	68,300	69,400	67,000	74,000	59,600	111,500	**68,000**
Total - SIL ($m)	**5,372**	**3,655**	**3,411**	**1,576**	**1,583**	**501**	**282**	**370**	**16,751**
Average - SIL ($)	437,900	462,700	458,700	445,800	480,800	457,100	438,200	593,500	**455,200**

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

Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Total ($m)	**20,550**	**17,206**	**15,224**	**6,616**	**6,049**	**1,670**	**1,003**	**990**	**69,320**
Average ($)	88,000	80,500	90,700	92,300	88,200	97,200	78,200	141,500	**87,500**
Total - SIL ($m)	**5,857**	**4,056**	**3,747**	**1,785**	**1,769**	**552**	**302**	**424**	**18,491**
Average - SIL ($)	476,300	509,100	504,000	499,600	535,000	501,000	474,100	678,700	**500,600**

Table D.24 Total payments by support category for the year ending 30 September 2026 ($m)

Support Category	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Core - Daily Activities	8,453	6,468	5,946	2,526	2,450	696	417	470	**27,433**
Core - Consumables	190	151	143	61	54	14	9	5	**627**
Core - Social and Civic	3,849	3,255	2,731	1,051	945	306	154	149	**12,442**
Core - Transport	354	247	144	56	50	13	13	8	**886**
Capacity Building - Choice and Control	185	176	146	57	63	16	9	7	**659**
Capacity Building - Daily Activities	1,823	1,658	1,226	576	504	92	87	55	**6,022**
Capacity Building - Employment	67	47	40	24	17	4	4	2	**203**
Capacity Building - Health and Wellbeing	10	5	4	1	1	1	1	0	**24**
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	385	279	192	128	102	28	15	17	**1,146**
Capacity Building - Social and Civic	82	70	51	33	19	10	5	6	**276**
Capacity Building - Support Coordination	338	353	259	120	107	28	15	26	**1,245**
Capital - Assistive Technology	259	185	206	92	63	20	13	9	**847**
Capital - Home Modifications	195	204	176	65	67	9	6	7	**730**
Total	**16,188**	**13,099**	**11,265**	**4,791**	**4,442**	**1,236**	**748**	**760**	**52,542**

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

Support category	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Core - Daily Activities	10,145	7,937	7,668	3,197	3,105	848	505	542	**33,950**
Core - Consumables	286	261	239	102	82	22	14	9	**1,016**
Core - Social and Civic	4,287	3,778	3,105	1,297	1,156	372	187	190	**14,374**
Core - Transport	167	148	110	48	44	14	9	5	**546**
Capacity Building - Choice and Control	218	205	172	70	74	19	10	9	**779**
Capacity Building - Daily Activities	3,039	2,843	2,218	1,006	873	205	157	112	**10,455**
Capacity Building - Employment	190	135	133	85	62	14	11	7	**636**
Capacity Building - Health and Wellbeing	19	12	10	4	3	2	2	0	**51**
Capacity Building - Home Living	2	2	1	1	0	0	0	0	**6**
Capacity Building - Lifelong learning	0	0	0	0	0	0	0	0	**2**
Capacity Building - Relationships	659	512	365	229	188	48	28	31	**2,061**
Capacity Building - Social and Civic	204	194	141	89	61	23	15	15	**742**
Capacity Building - Support Coordination	464	471	371	180	156	40	22	40	**1,744**
Capital - Assistive Technology	596	428	452	219	153	45	32	19	**1,944**
Capital - Home Modifications	272	280	240	92	92	19	11	10	**1,015**
Total	**20,550**	**17,206**	**15,224**	**6,616**	**6,049**	**1,670**	**1,003**	**990**	**69,320**

Table D.26 Payments 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 ($m)	3,091	960	561	169	223	154	219	66	**5,443**
2018-19 ($m)	4,456	2,374	1,674	398	793	297	276	134	**10,405**
2019-20 ($m)	5,964	4,138	3,614	1,029	1,489	477	337	262	**17,313**
2020-21 ($m)	7,690	5,471	5,021	1,939	2,001	633	416	370	**23,544**
2021-22 ($m)	8,923	6,831	6,151	2,362	2,424	758	475	415	**28,472**
2022-23 ($m)	11,015	8,681	7,601	2,974	2,993	887	543	523	**35,268**
2023-24 ($m)	13,014	10,531	9,055	3,640	3,556	1,013	622	624	**42,077**
2024-25 ($m)	14,228	11,586	9,927	4,107	3,896	1,103	678	686	**46,238**
2025-26 ($m)	15,507	12,562	10,850	4,594	4,263	1,190	729	741	**50,464**
2026-27 ($m) to date	3,261	2,725	2,477	1,014	981	261	153	133	**11,011**
increase from 2017-18 to 2018-19 (%)	44%	147%	198%	135%	256%	93%	26%	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%	22%	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%	15%	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 (%)	9%	8%	9%	12%	9%	8%	7%	8%	**9%**

Table D.27 Total 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 ($m)	4,254	1,446	880	228	372	190	303	99	**7,773**
2018-19 ($m)	5,877	3,465	2,544	554	1,159	401	366	199	**14,567**
2019-20 ($m)	8,006	6,031	5,159	1,543	2,126	660	460	384	**24,374**
2020-21 ($m)	10,143	7,941	6,850	2,736	2,773	847	555	504	**32,356**
2021-22 ($m)	11,462	9,288	7,963	3,194	3,176	972	608	535	**37,203**
2022-23 ($m)	14,012	11,644	9,964	4,082	3,953	1,179	717	685	**46,243**
2023-24 ($m)	16,235	13,631	11,777	4,864	4,623	1,362	818	805	**54,124**
2024-25 ($m)	18,196	15,276	13,342	5,597	5,187	1,506	902	917	**60,969**
2025-26 ($m)	20,297	16,973	14,876	6,393	5,836	1,658	1,003	1,018	**68,117**
2026-27 ($m) to date	5,364	4,458	3,916	1,699	1,553	433	262	263	**17,956**
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%	15%	15%	10%	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%	11%	10%	14%	**13%**
increase from 2024-25 to 2025-26 (%)	12%	11%	11%	14%	13%	10%	11%	11%	**12%**

Table D.28 Utilisation rates for participants both in Supported Independent Living (SIL) and not in SIL, for first and subsequent plans as at 30 September 2026 (from 1 January 2026 to 30 June 2026)[14] [15] [16]

Participant breakdown	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
In SIL - First plan	81%	77%	80%	79%	69%	n/a	n/a	n/a	**79%**
In SIL - Subsequent plans	89%	87%	87%	86%	87%	87%	88%	83%	**88%**
In SIL - Total	89%	87%	87%	86%	86%	87%	87%	83%	**87%**
Not in SIL - First plan	59%	57%	55%	55%	56%	48%	53%	53%	**57%**
Not in SIL - Subsequent plans	72%	71%	71%	69%	69%	66%	67%	63%	**71%**
Not in SIL - Total	71%	69%	68%	66%	67%	64%	65%	62%	**69%**
Both in SIL and not in SIL - First plan	**60%**	**58%**	**56%**	**56%**	**57%**	**50%**	**54%**	**56%**	**58%**
Both in SIL and not in SIL - Subsequent plans	**78%**	**76%**	**76%**	**74%**	**75%**	**74%**	**74%**	**74%**	**76%**
Both in SIL and not in SIL - Total	**77%**	**74%**	**73%**	**72%**	**73%**	**72%**	**72%**	**72%**	**74%**

[14] Utilisation of committed supports from 1 January 2026 to 30 June 2026 is shown in the table – experience in the most recent 3 months is still emerging and is not included.
[15] Utilisation is not shown if there is insufficient data in the group.
[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.29 Percentage change in plan budgets for active participants in the quarter ending 30 September 2026[17]

Source	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	National
Scheduled Reassessment	-0.7%	-1.1%	-0.8%	-0.8%	-1.1%	-1.2%	-0.9%	-1.6%	**-0.9%**
Unscheduled Reassessment	5.6%	5.1%	5.8%	5.9%	5.7%	5.0%	7.3%	4.2%	**5.5%**
Other Activities	3.8%	3.9%	4.0%	4.0%	4.0%	4.0%	3.8%	4.2%	**3.9%**
Total inflation	**8.6%**	**7.9%**	**9.0%**	**9.1%**	**8.6%**	**7.8%**	**10.2%**	**6.8%**	**8.6%**

Table D.30 Distribution of percentage change in plan budgets for plans reassessed - 1 July 2026 to 30 September 2026 - all participants

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

[17] The Annual Pricing Review saw price limit increases in July 2026. Unspent portions of plan budgets were increased in line with new price limits to maintain the purchasing power of remaining plans. Due to this, there has been a one-off increase in Other Activities and Total inflation during the month of July 2026.

Endnotes:

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.

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

3 [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.

4 [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.

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 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.

10 The National total includes participant complaints where jurisdiction information was missing.

11 The National total includes PCIs where jurisdiction information was missing.

12 Figures reported for participant critical incidents (PCIs) exclude counts of 'withdrawn' or 'miscategorised' PCIs.

13 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.

14 Utilisation of committed supports from 1 January 2026 to 30 June 2026 is shown in the table – experience in the most recent 3 months is still emerging and is not included.

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

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 The Annual Pricing Review saw price limit increases in July 2026. Unspent portions of plan budgets were increased in line with new price limits to maintain the purchasing power of remaining plans. Due to this, there has been a one-off increase in Other Activities and Total Inflation during the month of July 2026.

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