

NDIS Quarterly Report to disability ministers

30 June 2020



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Contents

The COVID-19 pandemic	5
Seven years of the NDIS	8
Key highlights	17
Looking forward to 2020-21	19
Introduction	21
Part One: Participants and their plans	23
1.1 Number of participants in the Scheme	24
1.2 Children in the NDIS (aged 0-6 years)	25
1.3 Participant characteristics	26
Part Two: Participant experience and outcomes	37
2.1 Participant safety	38
2.2 Participation in work and community and social activities	38
2.3 Analysis of participant outcomes	41
2.4 Participant satisfaction	43
2.5 Waiting times for access decisions, plans and plan reviews	46
2.6 Complaints, participant requested reviews and reviews of reviewable decisions	48
2.7 The NDIS Contact Centre	52
2.8 Actions to improve the participant experience	53
Part Three: Providers and the growing market	60
3.1 Growth in the NDIS market	61
3.2 Active providers	62
3.3 Choice and control, utilisation and market concentration	63
3.4 Thin markets	75
3.5 NDIS Pricing	75
3.6 Specialist Disability Accommodation	77
3.7 Digital Partnership Program	78
3.8 Payments Platform	78
Part Four: Information, linkages and capacity building (ILC)	80
4.1 Information, linkages and capacity building	81
Part Five: Financial sustainability	85
5.1 Participants, committed support and payments across the Scheme	86
5.2 Current pressures and responses to financial sustainability	87
Part Six: Staff, advisory groups and the NDIS community	89
6.1 A high performing NDIA delivering in uncertain times	90
6.2 Public data sharing and the latest release of information	91
6.3 Cyber Security	93

Contents

Appendix A: Key definitions	95
Appendix B: Scheme roll-out: Timing and locations	97
Appendix C: Approved plans and children in the ECEI gateway	99
Appendix D: Outcomes framework questionnaires	101
Appendix E: National	102
Appendix F: New South Wales	153
Appendix G: Victoria	200
Appendix H: Queensland	247
Appendix I: Western Australia	293
Appendix J: South Australia	339
Appendix K: Tasmania	385
Appendix L: Australian Capital Territory	431
Appendix M: Northern Territory	476
Appendix N: Key metrics comparisons across states and territories	518
Appendix O: Participants by region and support type	524
Appendix P: Specialist Disability Accommodation	527
Appendix Q: Utilisation by Region	542
Appendix R: Access decision and plan approval waiting times	546

The COVID-19 pandemic

COVID-19

Throughout the June quarter the priority of the National Disability Insurance Agency (NDIA) Board and Management was supporting participants, providers, staff and partners during the COVID-19 pandemic.

This section reflects information available as at 29 July 2020.

The NDIA continues to work closely across Government, including with the Department of Social Services (DSS), the NDIS Quality and Safeguards Commission (NDIS Commission), Services Australia, and State and Territory governments to ensure continuity of essential supports for NDIS participants. This includes a specific focus on supporting participants in COVID-19 'hot-spots' (especially Victoria).

The number of participants testing positive to COVID-19 has been extremely small to date and remains at a level significantly below the infection rate in the general Australian population.

1. Supporting participants

Specific initiatives undertaken by the NDIA to support participants during the quarter include:

- Making contact with 65,844 participants to ensure they have the essential support they require. Feedback from participants contacted has been very positive on the NDIA's efforts to support them during this time.¹ Reflecting this feedback, the NDIA is developing new processes to regularly check in with participants going forward.
- Working closely with State and Territory officials to identify 978 participants who were clinically ready for discharge from hospital to exit the hospital system.
- Working with supermarket retailers to make sure NDIS participants wanting support to grocery shop had priority access to home delivery services.
- Encouraging participants to identify their essential supports and use their funding flexibly to meet their critical needs, with plans being amended quickly where required to support this flexibility. Plan amendments included participants accessing low cost assistive technology of up to \$1,500 (e.g. smart devices) to help ensure the continuity of NDIS funded supports (e.g. therapy and social participation).

In addition, the NDIA is working with the Victorian government to regularly contact NDIS participants (including the public housing towers) and stage 3 restriction areas to ensure that essential services can continue to be delivered.

¹ Refer to page 58 for examples of feedback.

The COVID-19 pandemic cont.

2. Supporting providers

NDIA initiatives to support providers complemented the broader suite of assistance available provided by the Government to businesses and workers. Specific initiatives included:

- Registered NDIS providers received onemonth advance payments to provide immediate cash flow relief (at a total value of \$668m). This will be repaid over six months commencing in October 2020.
- A temporary 10 per cent COVID-19 loading on some supports for three months (25 March 2020 to 30 June 2020).
- Increased flexibility with the NDIA's cancellation policies. From 25 March 2020 to 30 June 2020, if a participant cancelled within ten business days (previously two), providers received 100 per cent of the service booking fee (previously 90 per cent).¹
- Two new support items were introduced for participants in Supported Independent Living (SIL) diagnosed with coronavirus (COVID-19). The two new support items are: cleaning services (\$300 per participant to cover the cost of a one-off professional deep cleaning of a residence) and additional supports (\$1,200 maximum daily rate to cover the costs of higher intensity support related to the participant's diagnosis).

 Access to the National Medical Stockpile of Personal Protective Equipment (PPE) for disability providers including registered and unregistered providers, and self-managed participants. The NDIA has distributed 25,550 items of PPE from the National Medical Stockpile to organisations delivering support to NDIS participants.

3. Supporting our staff and partners

Staff and partners worked flexibility to support participants through the pandemic – planning meetings were conducted via phone (or video-conference) or face-to-face at the preference of the participant.

An NDIA staff survey was conducted in May 2020. This survey indicated a high level of satisfaction with the measures put in place to support participants as well as themselves. Ninety-two (92) per cent of staff members agreed or strongly agreed that the NDIA has taken the appropriate actions to support participants during the COVID-19 pandemic, while 87 per cent agreed or strongly agreed that the NDIA had supported them appropriately during this period.

The NDIA Board would like to thank staff and partners for their continued commitment to participants over this time.

 $^{^{\}mbox{\tiny 1}}$ The cancellation policy will remain at 100 per cent post 30 June 2020.

The COVID-19 pandemic cont.

Conclusion

The COVID-19 pandemic has brought to the forefront the impact of isolation on the health and wellbeing of communities.

Initiatives introduced during the COVID-19 pandemic to support participants (such as regular check-ins, and low cost assistive technology to support continuing services) will be continued where appropriate, particularly as the pandemic continues to evolve and 'hot-spots' to emerge.

The NDIA Board and management will continue to work with participants, their families/carers, providers and the broader disability community to develop initiatives to support contact with family and friends, increase social and economic participation, and reduce social isolation.

Notwithstanding the challenges from the COVID-19 pandemic, the NDIA Board and management remain committed to improving the participant experience, and creating a Scheme that is simpler, easier, and more reliable.

Key highlights over the seven years of the NDIS are included in the next section, along with highlights from the recent quarter.

Seven years of the NDIS

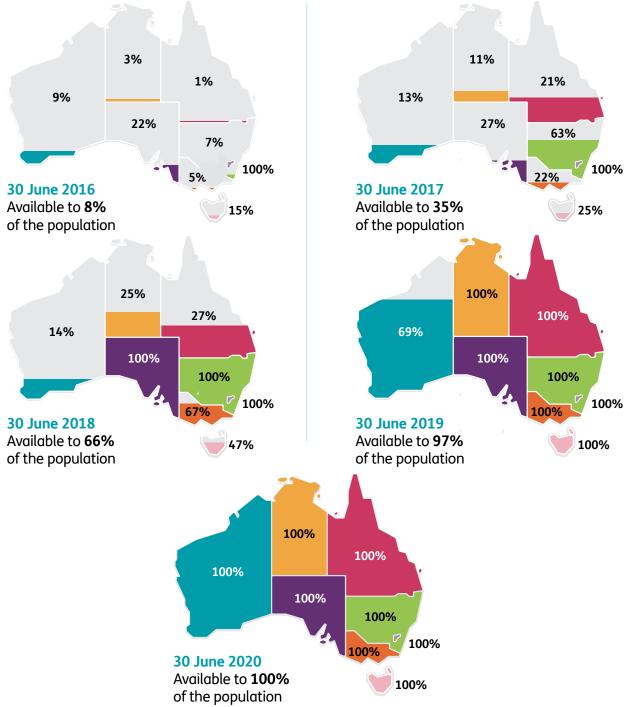
1

The NDIS is now available to all Australians

The NDIS is now available to all eligible Australians, no matter where they live.

On 1 July 2020, the staged national geographical roll-out of the NDIS was complete with Christmas Island and Cocos Island joining the world-leading Scheme.

At 30 June 2016, the Scheme was available to 8% of the Australian population in specific geographies, moving to 66% at 30 June 2018, and 100% at 30 June 2020.²

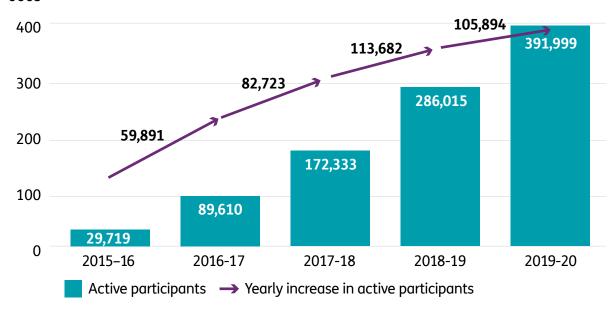


² Age-based roll-out in South Australia and Tasmania

2 Growth in participant numbers

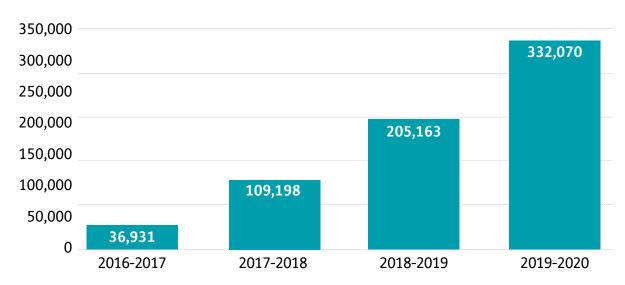
The number of active participants has increased from around 30,000 after three years of trial, to 392,000 four years later.

'000s



3 Plan reviews

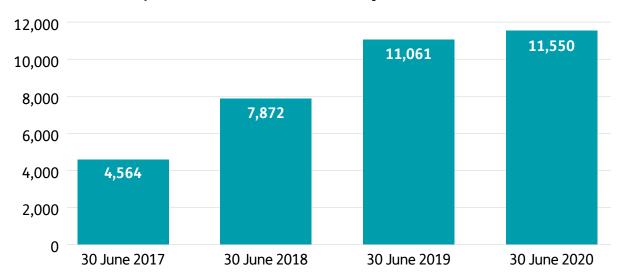
The increase in participant numbers has led to an increase in the number of plan reviews.



4

Staff and partners growth

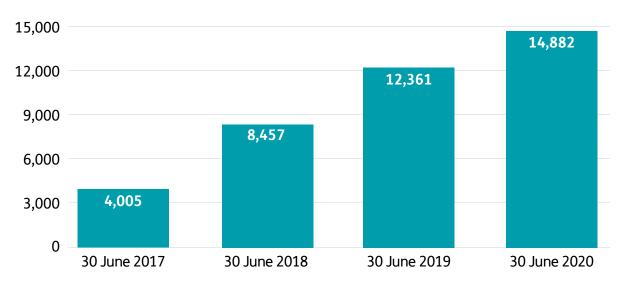
The NDIA staff and partner workforce has increased by 2.5 times since 2017.



5

Active providers

The number of providers actively supporting participants has grown by almost four times since 2017.



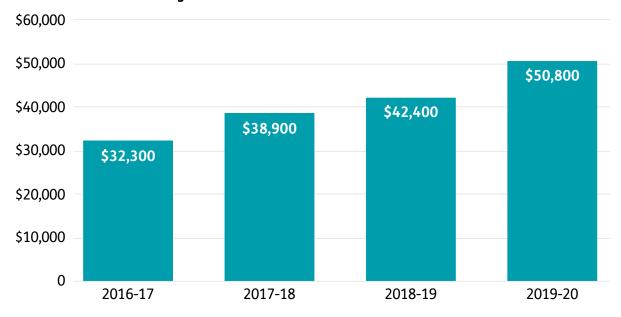
Payments

Over the last three years have grown by more than seven times.



Average payments per participant^{4,5}

The average payment per participant has also increased over the last four years which has benefits and challenges.

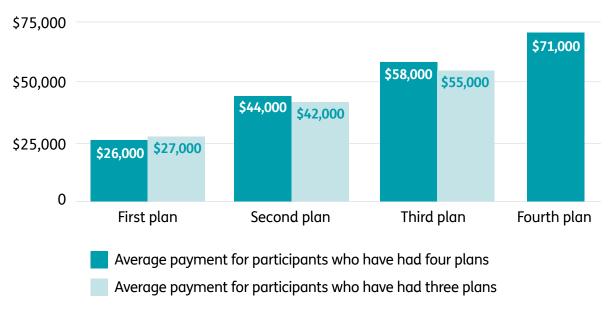


³ See footnote 41 for a description of this figure. ⁴ Includes cash payments and in-kind supports as well as payments for participants in residential aged care.

8

Average payments for participants over time⁶

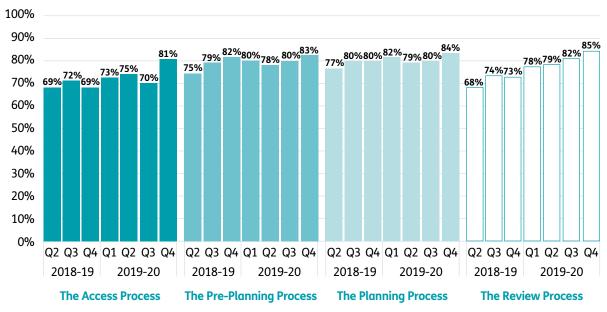
Further, the average payment to participants has increased the longer they have been in the Scheme.



9

Participant satisfaction

Participant satisfaction across the pathway continues to improve.



The per cent of participants who reported good/very good satsfaction rating

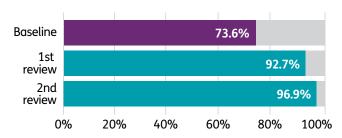
⁶ Includes cash payments only.

10 Participant outcomes

Reported participant outcomes show the difference the scheme continues to make to the lives of people with a disability.

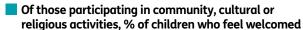
Participants from birth to before starting school







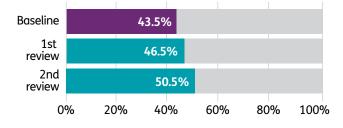


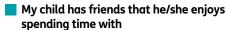


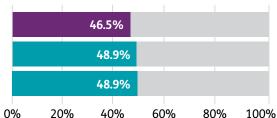


Participants from starting school to age 14







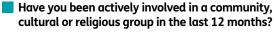


10 Participant outcomes cont.

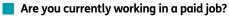
Participants aged 15 to 24

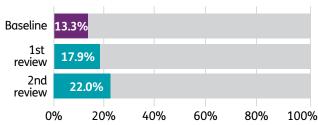
Do you make more decisions in your life than you did 2 years ago?











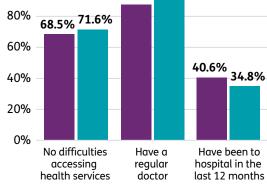
Participants aged 25 and over

Have you been actively involved in a community, cultural or religious group in the last 12 months?





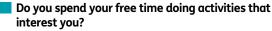
100%

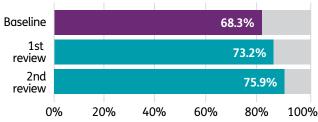


Baseline Second review

87.9%

94.7%

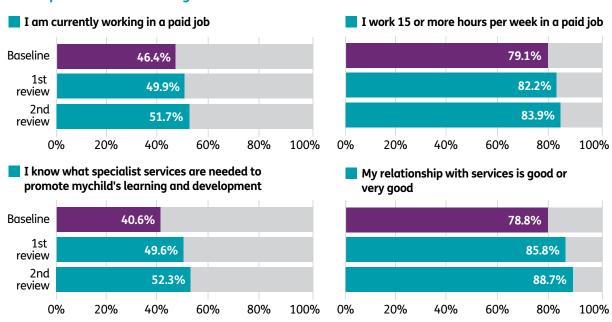




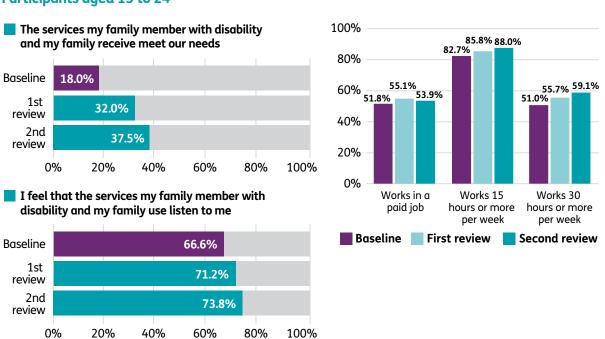
11 Family/carer outcomes

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

Participants from birth to age 14

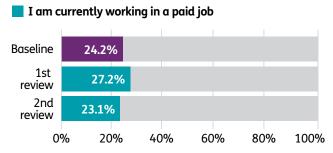


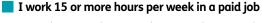
Participants aged 15 to 24

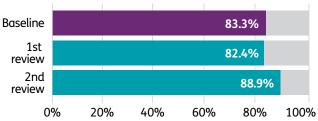


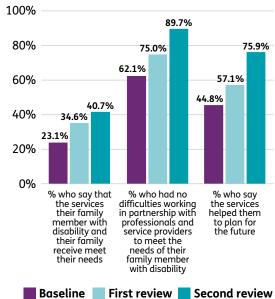
11 Family/carer outcomes cont.

Participants aged 25 and over









Key highlights for the 30 June 2020 quarter

391,999

people with disability are being supported by the Scheme

28,818

joined the Scheme this quarter

34%

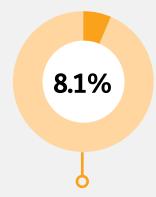
of new participants this quarter were aged 0-6 – **9,804 children** 8,197

children receiving initial supports in the ECEI gateway – a **48%** increase from last quarter



Call centre performance has remained strong with **80%** of calls answered within **60 seconds**. **84%** in June 2020.

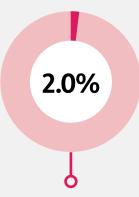
Participants are increasingly diverse:



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



participants who received a plan this quarter identify as Culturally and Linguistically Diverse



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

Key highlights for the 30 June 2020 quarter

As waiting times and backlogs have been cleared, calls to the call centre about planning have reduced significantly. Call volumes are currently the lowest they have been across the year, further indicating participants are getting access to services and support.

The number of days taken:



to make an access decision is **10 days** – **4 times faster** than 12 months ago.

for children

to make an access decision is **6 days** – **7 times faster** than 12 months ago.

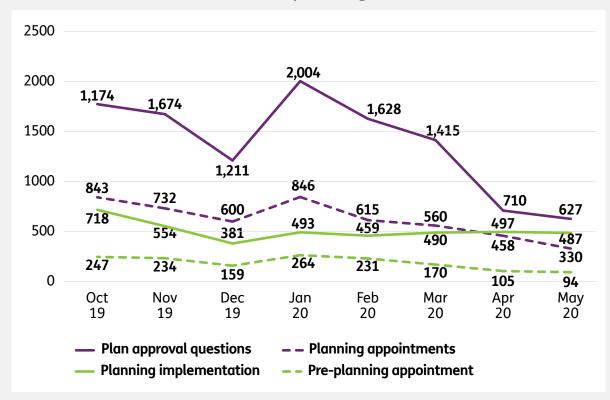


to receive a first plan is **50% lower** than 12 months ago (67 days).

for children

to receive a first plan is **67% lower** than 12 months ago (42 days).

Calls to the call centre related to planning have decreased:



Looking forward to 2020-21

As the previous sections have highlighted, the NDIS has grown significantly over the last seven years and is making a difference for participants and their families/carers. While satisfaction and outcomes are improving, and waiting times are reducing, the NDIA Board and Management is still committed to a simpler, easier and more reliable Scheme.

The NDIA has developed a **Participant Service Charter** which sets out what you can expect from us at the National Disability Insurance Agency (NDIA) and our Partners in the Community organisations.

It provides overall principles for our interactions with you, and clear service standards and timeframes. These are included in the proposed **Participant Service Guarantee**.

The Participant Service Charter is based on five principles:

- transparent
- respectful
- connected

- responsive
- empowering

Examples of how these principles impact the participant experience are included in the table below.

How we will work with you	What this means for you	What you can expect from us
Transparent	We make it easy to access and understand our information and decisions.	 We will: keep you informed communicate in your preferred format explain the decisions we make and your appeal rights make sure we have answers to your questions.
Responsive	We will respond to individual needs and circumstances.	 We will: make quality decisions in line with the Participant Service Guarantee time standards (as proposed by the Time Review). provide you with a staff member to contact so you only need to tell us information once provide you with options so that when your circumstances change, we can work together to find an appropriate solution.

Looking forward to 2020-21 cont.

How we will work with you	What this means for you	What you can expect from us
Respectful	We will recognise your individual experience and acknowledge you are an expert in your own life.	 We will: listen to you so we can understand your experience work together so the NDIS can support you within the requirements of the Act make sure our staff are trained to understand the impact of different disabilities on people's lives listen to your feedback and use this to find better ways of doing things.
Empowering	Easy to access information and be supported by the NDIS to lead life.	 We will: make our processes simple and easy to use update our information so it's easier to understand and useful when making decisions inform you of your rights with the NDIS or providers support and promote your voice so you have control of your plan include people with disability and the community to help us develop and test our processes.
Connected	You can access the services and supports you need.	 We will: provide options so you can choose how you connect with us help you to use your plan and locate supports and services build community awareness and understanding of the NDIS connect with participants in different settings and communities, especially in Aboriginal and Torres Strait Islander, culturally and linguistically diverse communities, and LGBTQIA+ communities.

This Participant Service Charter is discussed further throughout the report, and will help guide activities to improve the NDIS going forward.

Introduction

This report is a summary of the performance and operations of the NDIA for the three months from 1 April 2020 to 30 June 2020, as required by Section 174 of the NDIS Act 2013.

Analysis and key insights are presented in the report, with detailed supplementary tables included in the appendices. The national results are contained in Appendix E, followed by individual appendices for each State and Territory (Appendices F–M). Also included in the appendixes are:

- A list of key definitions of the terms used in this report (Appendix A)
- A comparison of key metrics across each State and Territory (Appendix N)
- The number of active participants in each region, including the number of active participants in each region receiving core, capacity building and capital supports (Appendix O)
- The number of active participants in each region receiving Special Disability
 Accommodation and Supported Independent Living, along with data on the number and types of dwellings in each region (Appendix P)
- A comparison of utilisation by region (Appendix Q)
- Waiting times for access decisions and plan approvals by State/Territory (Appendix R)



Dancers with disability still moving together

Young people living with disability are dancing together from the safety of their own bedrooms and kitchens as they continue their weekly dance classes during the Coronavirus health crisis.

A leading contemporary dance theatre company is ensuring its dancers – many of whom are vulnerable to Covid-19 because of their disability – continue to have the support of their routines, creative exercise, and social connections during the health emergency.

Adelaide's award-winning Restless Dance Theatre has taken company training online using video communications so dancers can keep working together and stay healthy, physically and mentally.

The NDIS supports those dancers with disability to attend the company's workshops through their NDIS plans.

Artistic director Michelle Ryan, who earlier this month won the prestigious Australia Council Dance Award for 2020, says the online classes have been a hit.

"As soon as we realised what was happening, we thought we need to do something that keeps the dancers connected and allows them to continue their rigorous training two days a week, so we very quickly came up with the idea of doing Zoom training," she said.

"We trialled it for two days last week and it was a huge success. I was so happy to see dancers are still focused, they are still expressing themselves artistically, they're keeping fit, they're keeping flexible and the main thing is, they are still connecting on a social level.

Dancer and NDIS participant Michael, who has Down syndrome, said he enjoyed doing the classes via Zoom.

"It has become really evident to me how important that is and that they provide support for one another. There so much tragedy and trauma in the world right now."

Part One:

Participants and their plans

Participants and their plans

More than 390,000 participants are receiving supports from the NDIS, with approximately 8,200 children receiving initial supports in the Early Childhood Early Intervention (ECEI) gateway.

1.1 Number of participants in the Scheme

At 30 June 2020, more than 390,000 participants had NDIS plans, of which approximately 29,000 entered the Scheme during the quarter.

At 30 June 2020, 391,999 participants had approved plans. This represents an eight per cent increase from last quarter (an additional 28,818 participants). Of the 391,999 participants currently supported by the Scheme, 216,431 previously received support from existing state and territory or Commonwealth programs and 175,568 are receiving support for the first time (45 per cent of participants with approved plans).

In addition, the NDIA undertook 103,755 reviews in the quarter, an increase of 16 per cent since the last quarter, reflecting the large increase in the number of participants in the Scheme.

Despite the COVID-19 pandemic, productivity remained high. The number of new participants entering the Scheme this quarter was 5 per cent higher than last quarter, and (as mentioned above) the number of reviews undertaken was 16 per cent higher than last quarter.

Figure 1: Active participants with approved plans and percentage increase over time

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Active participants	7,285	17,155	29,719	89,610	172,333	286,015	391,999
Yearly increase ⁸		9,870	12,564	59,891	82,723	113,682	105,984
% increase in active participants		135%	73%	202%	92%	66%	37%

 $^{^{7}}$ 12,772 participants with approved plans had exited the Scheme as at 30 June 2020.

⁸ This is the net increase in the number of participants entering the Scheme each period noting some participants have exited the Scheme.

1.2 Children in the NDIS (aged 0 to 6 years)

At 30 June 2020, there were approximately 62,000 children aged 0 to 6 years with an NDIS plan, and a further 8,200 received initial supports in the gateway.

Of the 391,999 participants with approved plans at 30 June 2020, 61,962 were children aged 0-6 (16%), and of the 28,818 new participants with an approved plan this quarter, 9,804 were children aged 0-6 years (34%).

In addition to the 61,962 children aged 0-6 with an approved plan:

- 3,248 children had met the access criteria and were waiting for an approved plan.
- **2,430** were awaiting an access decision from the NDIA (of which 1,542 (63%) were receiving initial supports in the ECEI gateway).
- 7,987 children were in the ECEI gateway (of which 6,655 (83%) had already commenced receiving initial supports). Not all children in the gateway will need to make an access request to the NDIA because some will receive support in the gateway, along with support from mainstream and community services.
- The number of children receiving support in the ECEI gateway (8,197) increased by 48% in the quarter.

The NDIA has commenced a review of the implementation of the Early Childhood Early Intervention (ECEI) approach. The NDIA is committed to best practice and improving the ECEI approach. The NDIA will consult widely on this project, including with families, peak bodies, the early childhood sector, and state and territory governments.

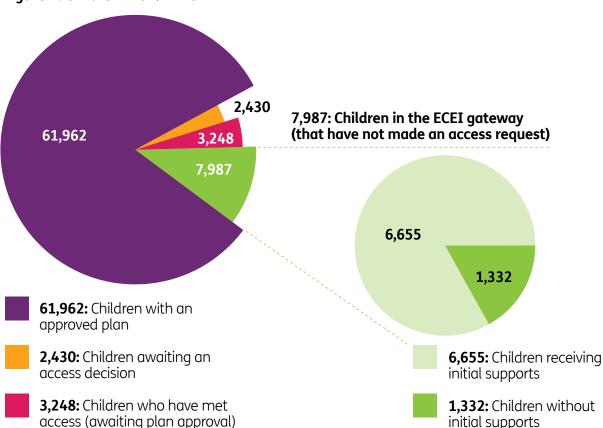


Figure 2: Children in the NDIS

1.3 Participant characteristics

Participant diversity continues with higher proportions of Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) Scheme entrants this quarter.

Of the 28,818 participants entering, there was increased diversity through higher numbers of:

- Aboriginal and Torres Strait Islanders: 8.1% of participants who received a plan in the quarter, compared with 6.3% in previous quarters combined.
- **CALD: 10.9%** of participants who received a plan in the quarter, compared with **9.1%** in previous quarters combined.
- the number of Scheme participants in **remote and very remote** areas this quarter increased to **2.0%** of new entrants, compared with **1.4%** in previous quarters combined.

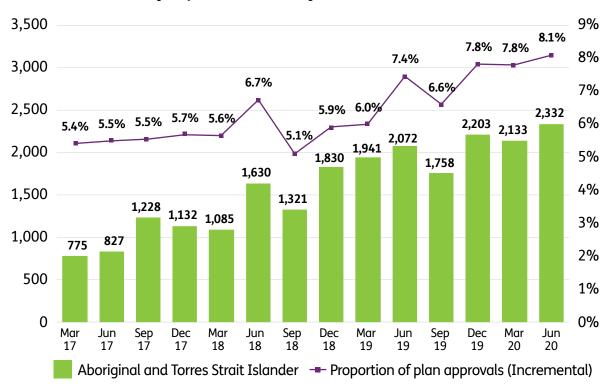
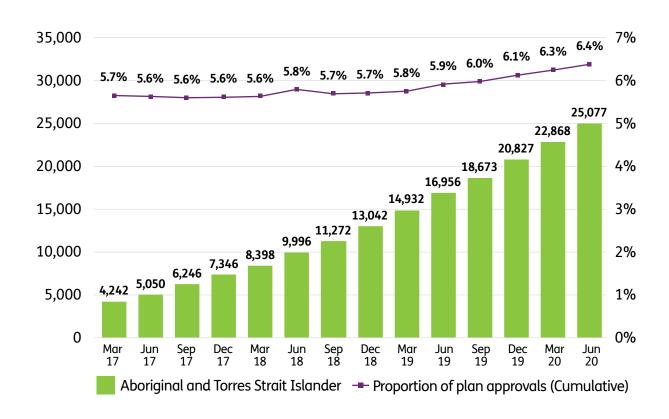


Figure 3: Number and proportion of Aboriginal and Torres Strait Islander participants over time incrementally (top) and cumulatively (bottom)⁹



⁹ The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Data is not available prior to March 2017.

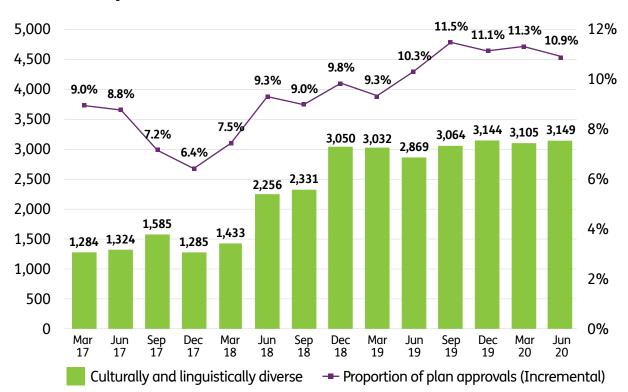
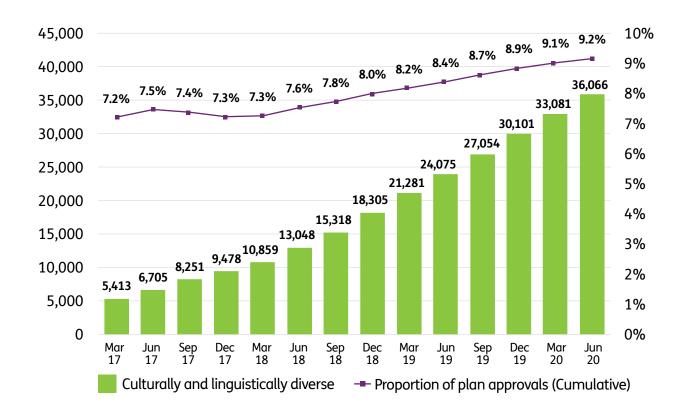
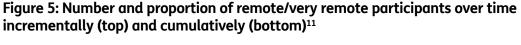
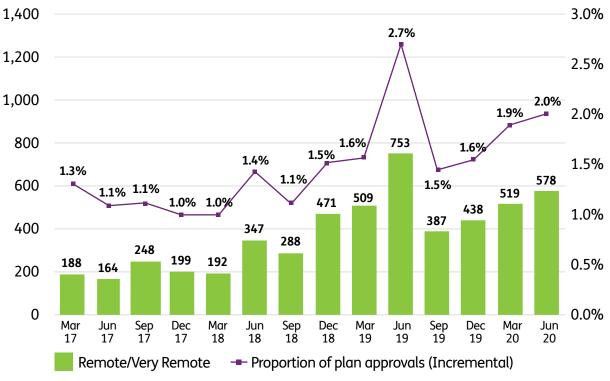


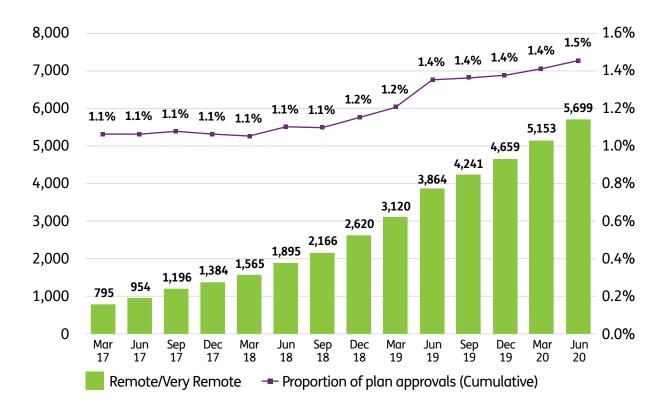
Figure 4: Number and proportion of CALD participants over time incrementally (top) and cumulatively (bottom)¹⁰



¹⁰ The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Data is not available prior to March 2017.







¹¹ The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Data is not available prior to March 2017.

Age and disability

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

- continuation of a high proportion of children **aged 0-6 years** entering the Scheme (**34%** this quarter and **30%** in the March 2020 quarter). This compares with **15%** in the previous quarters through to 31 December 2019 combined.
- consistent with the high numbers of children, a relatively higher proportion of participants with **Developmental Delay** entered the Scheme again this quarter (**18.0%** this quarter and 15% in the March 2020 quarter compared with **5.9%** in previous quarters through to 31 December 2019 combined).
- **Psychosocial Disability: 12.6%** of participants who received a plan in the quarter, compared to **9.4%** in the previous quarters combined.
- a higher proportion of participants with **Hearing Impairment** entered the Scheme this quarter (**6.1%** this quarter and 8.6% in the March 2020 quarter compared with **4.5%** in the previous quarters through to 31 December 2019 combined).

Comparison of NDIS participants across states and territories

Prevalence rates (that is, the proportion of the general population that are NDIS participants) differ across the states and territories. Specifically:

- South Australia has higher prevalence rates than all other states and territories, followed by Tasmania and Australian Capital Territory (see figure 6).
- the largest age groups are 0 to 6 years and 7 to 14 years, with the largest disabilities being autism and developmental delay (see figures 7 and 8).
- South Australia has a higher prevalence rate of autism than most states and territories for all age bands, except 19 to 24 year olds where Tasmania has a higher prevalence of autism.
- Victoria has a higher prevalence rate than all other states and territories except South Australia for 0 to 6 year olds.
- Tasmania has the highest prevalence rate for 19 to 24 year olds.

Understanding these differences will be important in ensuring equity and fairness in decision making as well as the ongoing financial sustainability of the NDIS. Section 2.8 of this report (page 53) provides activities underway to improve the participant experience.

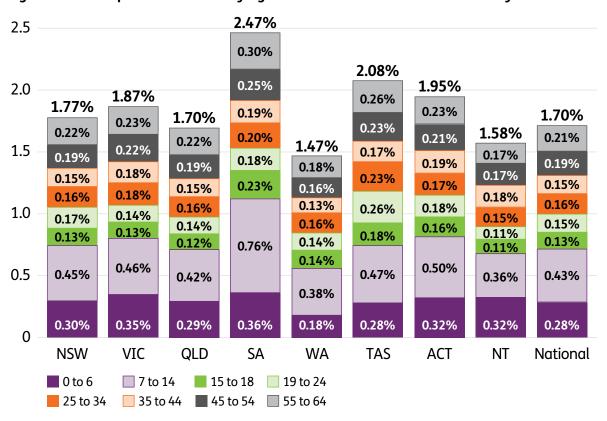


Figure 6: Overall prevalence rates by age band within each state and territory

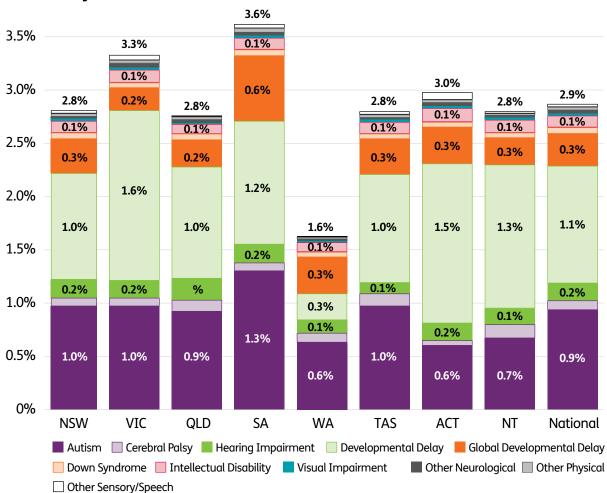


Figure 7: Cumulative prevalence of 0-6 year olds by disability type within each state and territory

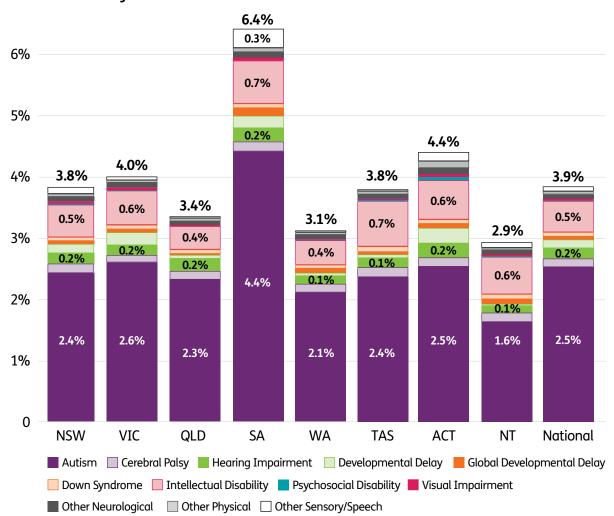


Figure 8: Cumulative prevalence of 7-14 year olds by disability type within each state and territory

Younger People in Residential Aged Care

The Royal Commission into Aged Care Quality and Safety released its interim report on 31 October 2019. The government response to the interim report included the formation of a Joint Agency Taskforce (JATF) between the Department of Social Security (DSS), Department of Health, and NDIA. The JATF was established to develop a new strategy that builds on the Younger People in Residential Aged Care Action Plan. The Government response to the interim report included revised YPIRAC targets, which are:

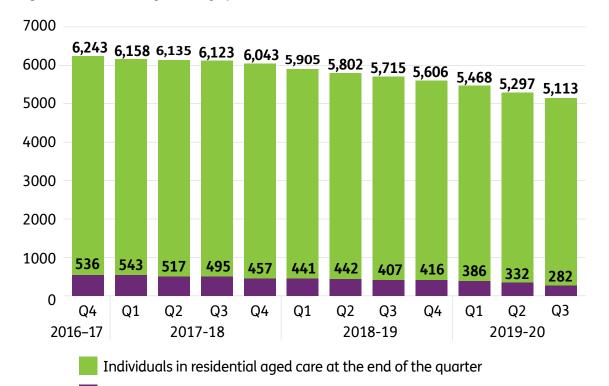
- no people under the age of 65 entering residential aged care by 2022.
- no people under the age of 45 living in residential aged care by 2022.
- no people under the age of 65 living in residential aged care by 2025.

The number of people in residential aged care under the age of 65 years has decreased in recent quarters from 6,243 at 30 June 2017 to 5,113 at 31 March 2020 (an 18% decrease).

Also, less people under the age of 65 years are entering residential aged care – 536 people under the age of 65 years entered in the June 2017 quarter, compared with 282 in the March 2020 quarter (a 47% decrease).

The NDIA, with the Department of Health, is continuing to investigate the reasons why individuals under the age of 65 continue to enter residential aged care.

Figure 9: Number of individuals in residential aged care and admissions to residential aged care (under 65 years), by quarter¹²



¹² Data is from Department of Health.

Admissions during the guarter

There were 3,690 participants in residential aged care with an approved plan at 30 June 2020 aged under 65 years. In addition to this, 377 participants who entered the Scheme and have been in residential aged care have exited since 1 July 2016 to a more appropriate accommodation setting.¹³ Of the 3,690 participants in residential aged care aged under 65 years, 127 are aged under 45 years (3.4%).

The NDIA is committed to bringing people under the age of 65 into the scheme and working with these participants to find suitable accommodation.¹⁴ The NDIA is also working with the Department of Health to understand the circumstances of new entrants to residential aged care (under the age of 65 years). Discussions have commenced with participants (starting with participants under the age of 45) on whether they would like different accommodation, and if so the location and suitability of that accommodation.

Figure 10: Number of NDIA participants in residential aged care (all ages and under 65), and total number of individuals under age 65 in residential aged care¹⁵



NDIA participants (under 65 years)

--- Individuals in residential aged care under the age of 65 years 16

¹³ There were a further 1,473 participants with an approved plan aged 65 years or over who have ever been in residential aged care.

¹⁴ Of the total number of younger people in residential aged care, 73 per cent had an NDIS approved plan at 31 March 2020, compared with 10 per cent at 30 June 2017.
15 NDIA participants in residential aged care are measured as the numbers of active participants in residential aged care at the end of each quarter. This is a change from previous reports where the results were based on the number of active participants at the end of each quarter who had been flagged as ever being in residential aged care. The NDIA has improved data collection on participants who have exited residential aged care and are now in more appropriate accompatition.

care. The NDIA has improved data collection on participants who have exited residential aged care and are now in more appropriate accomodation ¹⁶ Data provided by the Department of Health is at 31 March 2020. 30 June 2020 data will be reported next quarter.



Andrew amps it up to support people with disability

Perth National Disability Insurance Scheme (NDIS) participant, Andrew, is on a mission to show people you can still lead a regular, active and fulfilling life without a limb.

The 50-year-old left-leg amputee (below the knee) is a glowing example of how sheer determination can lead to achieving great things, and aspire to do a whole lot more.

Never one to be idle, Andrew is happily married with 29-year-old twins. He has two jobs, running a Limbs 4 Life project, Ramping Up For Work, a peer support program to help other amputees to deal with their new situation, and the Wheatbelt Health Network where he developed a disability inclusion program to deliver in schools and is on the boards of Physical Disabilities Australia and the National Advisory Amputee Council.

Andrew said for 30 years he has worked in the disability sector, and it was interesting living life on the other side from a person with a disability's perspective.

"It's made me a much better advocate and peer support person," he said. "Not only for myself but for other people too, ones who had never contemplated living with a disability.

Working at Limbs 4 Life, Andrew supports over 200 Australian amputees, both face-to-face and online. He said he is proud to walk alongside them and to be a mate so they never feel alone.

"Our mission is not to let anybody, who has to go through amputation, be it traumatic or elective, to do it alone," he said. "It can be tricky navigating the whole medical/disability system, especially for someone who has never done it before.

"That's what my work is all about, helping people do just that – getting back to leading a regular <u>life, just like they did before.</u>

"While I do face daily challenges, it is rewarding to see the positive difference we can make in a person's life and that is my main gig at the moment," Andrew said.

Part Two:

Participant experience and outcomes



Part Two:

Participant experience and outcomes

While the COVID-19 pandemic has presented many challenges, the NDIA Board and management are committed to a simpler, easier and more reliable Scheme.

2.1 Participant safety

Throughout the past year that have been several tragic cases of participant deaths reported in the media. The NDIA passes on our sincere condolences to those impacted by such tragic situations.

The NDIA is complying with the relevant enquiries into these matters and continues to review and improve our business operating processes to ensure each participant gets the support they need.

2.2 Participation in work and community and social activities Community and social participation rates continued to improve, however participation in work remains stable.

Participation in community and social activities

Participants who entered the Scheme between 1 July 2016 and 30 June 2017 have now been in the Scheme for three years – and for this group of participants, community and social participation has continued to increase over the three year period. There was a:

- fourteen percentage increase from 31% to 45% for participants aged 15-24 years.
- **thirteen** percentage increase from **36%** to **49%** for participants aged 25+ years.
- **thirteen** percentage increase from **35%** to **48%** for participants aged 15+ years.

Similar trends are evident for those who entered the Scheme between 1 July 2017 and 30 June 2018, and have been in the Scheme for two years. For this group of participants there was a:

- ten percentage increase from 33% to 43% for participants aged 15-24 years.
- nine percentage increase from 36% to 45% for participants aged 25+ years.
- nine percentage increase from 35% to 44% for participants aged 15+ years.

Participation in work

The rate of participation in work for those in the Scheme continues to be stable. However, for those who have been in the Scheme for at least three years there have been some marginal increases in employment.

For participants who entered the Scheme between 1 July 2016 and 30 June 2017 and have been in the Scheme for three years, there was a:

- twelve percentage increase from 13% to 25% for participants aged 15-24 years. 17
- two percentage decrease from 26% to 24% for participants aged 25+ years.
- **one** percentage increase from **23%** to **24%** for participants aged 15+ years.

For participants who entered the Scheme between 1 July 2017 and 30 June 2018 and have been in the Scheme for two years, there was also a marginal increase in employment:

- six percentage increase from 15% to 21% for participants aged 15-24 years.
- two percentage decrease from 25% to 23% for participants aged 25+ years.
- an unchanged result of 23% for participants aged 15+ years.

Employment Taskforce

The NDIA has continued to deliver on key actions and activities aligned to the NDIS Participant Employment Strategy 2019-2022. While the COVID-19 pandemic continues to have an impact on the labour market and broader economic conditions, we remain focussed on seizing the opportunities arising due to changing work practices and supporting NDIS participants to achieve their employment goals.

Responding to COVID-19

Many Australians have experienced disruption to work, services and supports during COVID-19, including NDIS participants. The NDIA has worked closely with providers of NDIS employment supports to ensure participants remain connected and supported, and encouraged providers to explore innovative ways to deliver their supports. The NDIA is ensuring that participants who have been affected by job loss as a result of COVID-19 have access to support to manage their changed circumstance.

Expanding opportunities for participants

A key deliverable of the NDIS Participant Employment Strategy is supporting the evolution of supported employment. One of the initial steps was the release of the new funding approach for Supports in Employment as part of the Annual Price Review in June. This new approach is intended to expand and diversify employment options for all NDIS participants, and provide new opportunities for providers to innovate their service offerings and work flexibly with participants to help them achieve their goals.

¹⁷ Some of the increase is due to participants leaving school and starting work. As the Scheme matures it will be possible to analyse the extent to which the percentage gap increases.

By changing the way supports in employment are funded we are making it easier for more participants to access supports to help them meaningfully participate in work, and in the employment of their choice. This will also create new demand in the provider marketplace for new services.

The changes commence on 1 July 2020, and the NDIA has been working with providers, participants, advocates, and NDIA staff and partners in the community to support the transition to the new funding approach through a number of key activities including:

- national delivery of information sessions on the new pricing and funding for Australian Disability Enterprises to support their understanding of the new model and supporting current employees with the change.
- information for participants, families, carers and advocates on what the changes to Supports in Employment mean for them, and how to prepare for their planning meetings.
- delivering training and resources for all NDIS planners and Local Area Coordinators on planning for Supports in Employment.

We are also providing Australian Disability Enterprises up to 18 months to transition to the new pricing to ensure they are able to make the changes needed in a way that works for their businesses and employed participants.

Other initiatives and activities for this quarter include:

- working with DSS to improve the interfaces between the NDIS and mainstream employment supports such as the Disability Employment Services (DES) program, ensuring participants are supported to access and utilise the full range of supports available to achieve their work goals.
- supporting young participants, families, carers, advocates and educators to better understand and enhance the school to work pathway, including working with the National Disability Coordinating Officer (NDCO) program to support local connections and information sharing on post school options and assistance.
- the completion of the employment innovation challenge with Swinburne University, which saw five undergraduate student groups present innovative business plans aimed at solving or reducing obstructions in the pathways to employment for people with a disability.

2.3 Analysis of participant outcomes

Participant reported outcomes continue to improve, particularly the longer a participant is in the Scheme.

Participants who entered the Scheme since 1 July 2016 were asked 'Has the NDIS helped?' after one, two and three years in the Scheme, allowing the NDIA to gain valuable longitudinal insights.

Participants who have been in the Scheme for at least three years

From 1 July 2016 to 30 June 2020, for participants who have been in the Scheme for three years¹⁸, the following outcomes have been recorded:

For children aged 0 to before starting school:

- 95% of parents and carers thought the NDIS improved their child's development in their third year of participation, compared to 94% in their second year and 91% in their first year.
- 94% felt the NDIS improved their child's access to specialist services in their third year of participation, compared to 91% in their second year and 89% in their first year.

For children starting school to 14 years:

- 69% of parents and carers felt their child had become more independent as a result of the NDIS in their third year of participation, compared to 64% in their second year and 56% in their first year.
- 54% of parents and carers felt the NDIS had improved their child's relationship with family and friends in their third year of participation, compared with 50% in their second year and 45% in their first year.

For young adults aged 15 to 24 years:

- 67% of participants felt the NDIS had helped them have more choice and control over their life in their third year of participation, compared to 63% in their second year and 59% in their first year.
- 70% of participants said the NDIS had helped them with daily living activities in their third year of participation, compared to 64% in their second year and 58% in their first year.

For adults aged 25 and over:

- 77% of participants believed the NDIS helped them have more choice and more control over their lives in the third year of participation in the NDIS, compared to 73% in their second year and 67% in their first year.
- 83% of participants said the NDIS had helped them with daily living activities in their third year of participation, compared to 79% in their second year and 71% in their first year.

¹⁸ That is, participants who had their first plan approved between 1 July 2016 and 30 June 2017 and have had a third plan review to date.

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

From 1 July 2017 to 30 June 2020, participants that have been in the Scheme for two years¹⁹ also reported the following positive outcomes:

For children aged 0 to before starting school:

- **96%** of parents and carers thought the NDIS improved their child's development in their second year of participation, compared to **92%** in their first year.
- 87% of parents and carers thought the NDIS helped increase their child's ability to communicate what they want in their second year of participation, compared to 83% in their first year.

For children starting school to 14 years:

- 66% of parents and carers felt their child had become more independent as a result of the NDIS in their second year of participation, compared to 58% in their first year.
- 53% of parents and carers felt the NDIS had improved their child's relationship with family and friends in their second year of participation, compared with 46% in their first year.

For young adults aged 15 to 24 years:

- 66% of participants felt the NDIS had helped them have more choice and control in their life in their second year of participation, compared to 58% in their first year.
- **67%** of participants said the NDIS had helped them with daily living activities in their second year of participation, compared to **58%** in their first year.

For adults aged 25 and over:

- 75% of participants believed the NDIS helped them have more choice and more control over their lives in their second year of participation in the NDIS, compared to 65% in their first year.
- 79% of participants said the NDIS had helped them with daily living activities in their second year of participation, compared to 70% in their first year.

While the above results are encouraging, the analysis also indicates that there are areas where outcomes could be improved. For example, after three years in the Scheme, only 15 per cent of participants aged 15 to 24 agreed that being in the NDIS had helped them find a suitable job, compared to 16 per cent after two years and 18 per cent after one year. Similarly for participants aged 25 and over, after three years in the Scheme, only 18 per cent agreed that being in the NDIS had helped them find a suitable job, compared to 19 per cent after two years and 20 per cent after one year. As previously discussed in this section, the NDIS is actively working to improve participation in work.

¹⁹ That is, participants who had their first plan approved between 1 July 2017 and 30 June 2018 and have had a second plan review to date.

2.4 Participant satisfaction

Participant experience across the pathway continues to improve.

Since September 2018, the NDIA has conducted a participant satisfaction survey to allow for a comprehensive understanding of the participant experience at each stage of the pathway. It gathers responses at the four primary stages of the participant pathway – access, pre-planning, planning and plan review. The NDIA is working with the Independent Advisory Council (IAC) to build on this survey to develop a **more** comprehensive picture of participant satisfaction.

In the June 2020 quarter, 85 per cent of participants rated the **plan review** process as either good or very good, with a further 8 per cent rating the experience as neutral. Eighty one (81) per cent of the participants in the quarter rated the **access** process as either good or very good, 83 per cent rated the **pre-planning** process as either good or very good, and 84 per cent of participants rated the **planning** process as either good or very good.

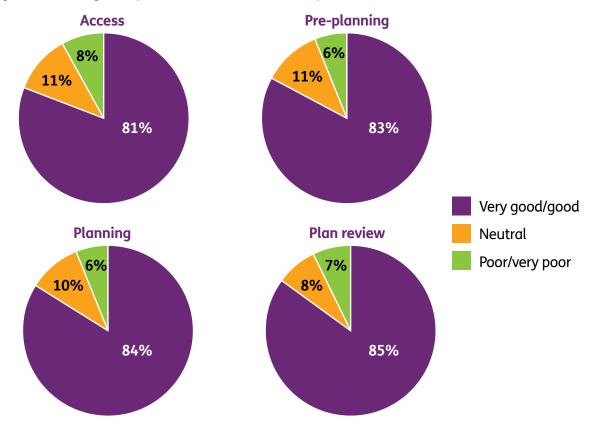


Figure 11: Rating of experience with the NDIS (1 April 2020 to 30 June 2020)²⁰

²⁰ Survey sample was 790 surveys at Access, 2,042 at Pre-Planning, 2,133 at Planning and 531 at Review

Satisfaction across the pathway has increased over the seven quarters with the other elements across the pathway remaining relatively consistent.

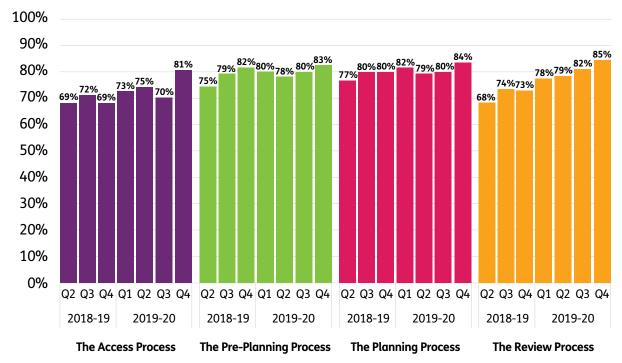
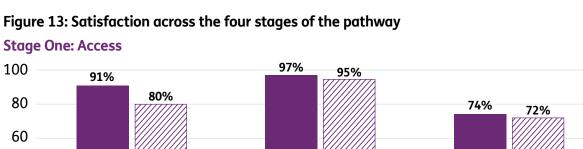
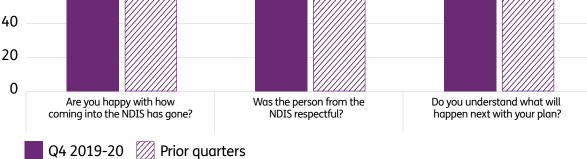


Figure 12: Trend of satisfaction across the pathway (% Very good/good)²¹

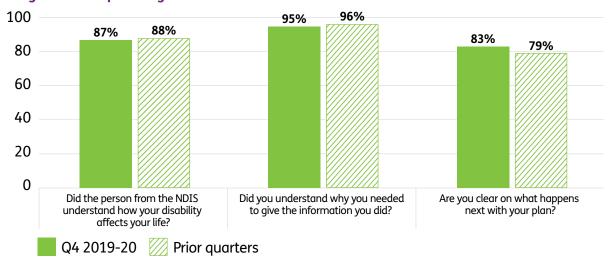
In addition to the trends outlined above, this survey also provides further insights at each stage of the pathway. A comparison of the previous six quarters (2018-19 Q2, Q3 and Q4, and 2019-20 Q1 and Q2) with the current guarter (2019-20 Q3) indicates continued satisfaction across the four stages of the pathway.



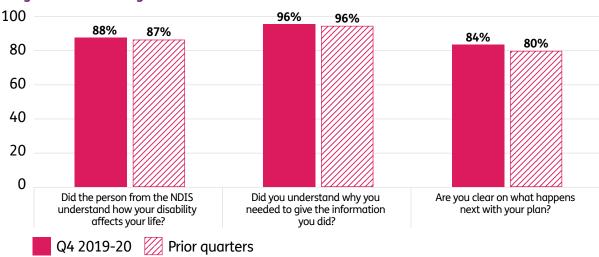


²¹ Participant satisfaction results for prior quarters have been restated using data as at 30 June 2020 due to retrospective changes in the underlying data. These changes mainly arise from lags in data collection.

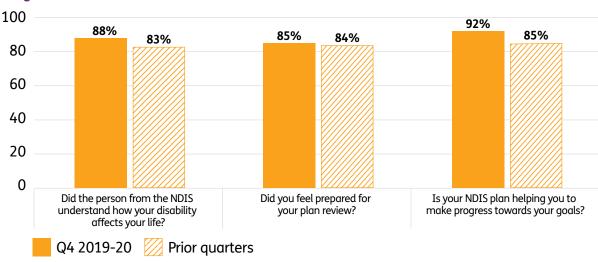
Stage Two: Pre-planning



Stage Three: Planning



Stage Four: Plan Review



2.5 Waiting times for access decisions, plans and plan reviews²² The time taken to make an access decision is, on average, three days.

Access decisions

The NDIA Act requires an access decision or a request for further information to be made within 21 days of receiving an access request. In the June 2020 quarter, 28,723 access decisions were made or further information was requested, and 100 per cent²³ of these were made within 21 days.

If the NDIA requests further information from a participant, the NDIA Act requires an access decision to be made within 14 days of the information being provided. For the June 2020 quarter, additional information was requested in 58 per cent of decisions. After the information was returned, 100 per cent²⁴ of decisions were made within 14 days.

In addition, access decisions were made within 10 days on average in the month of June. Outstanding access decisions, at 30 June 2020, have been outstanding, on average, for 6 days.

Figure 14: The average number of days an access decision has been in progress (at the end of each month)

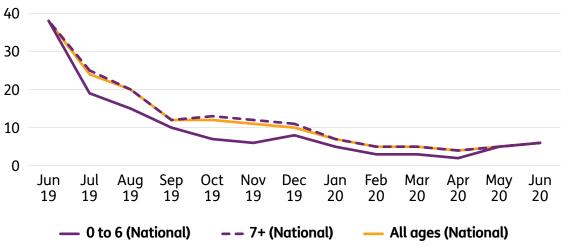
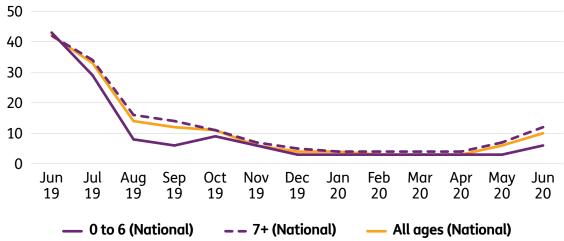


Figure 15: The average number of days taken to complete an access decision (within the month)



²²Further detail on waiting times is included in Appendix R.

²³ 99.97% to two decimal places. ²⁴ 99.51% to two decimal places.

First plan approvals

In the June 2020 quarter, 28,864 first plans were approved, of which 10,110 were approved for participants aged 0-6, and 18,754 were approved for participants aged 7+. For participants aged 0-6, 89 per cent of the 10,110 first plans were approved within 90 days of the access decision. For participants aged 7+, 71 per cent of the 18,754 first plans were approved within 70 days of the access decision.

On average, first plans for participants aged 0-6 were approved within 48 days in the June 2020 quarter, and first plans that were in progress at 30 June 2020, had on average been in progress for 19 days. For participants aged 7 and over, first plans were approved on average within 80 days in the June 2020 quarter, and first plans that were in progress at 30 June 2020, had on average been in progress for 41 days.

Figure 16: The average number of days a first plan has been in progress (that is, not yet approved)

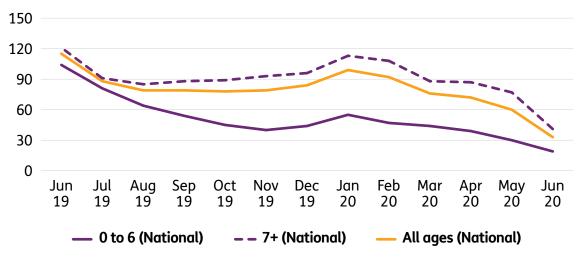
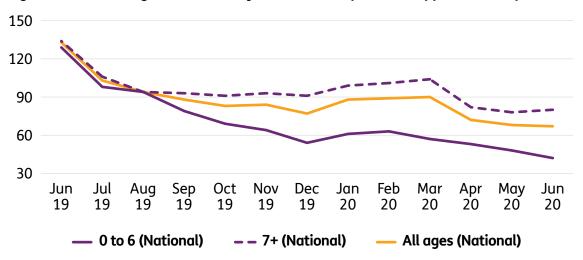


Figure 17: The average number of days taken to complete and approve a first plan



2.6 Complaints, participant requested reviews and reviews of reviewable decisions

The rate of complaints from participants and potential participants has reduced significantly throughout the quarter. There has also been a further reduction in the number of open reviews of reviewable decisions (RoRDs) at 30 June 2020 compared with the previous quarter end.

Complaints

Participant complaints received, as a percentage of access requests in the quarter, were 3.9 per cent in the quarter ending 30 June 2020 compared with 5.3 per cent in the previous quarter. Provider complaints, as a percentage of registered providers, were 6.4 per cent compared with 7.0 per cent in the previous quarter.

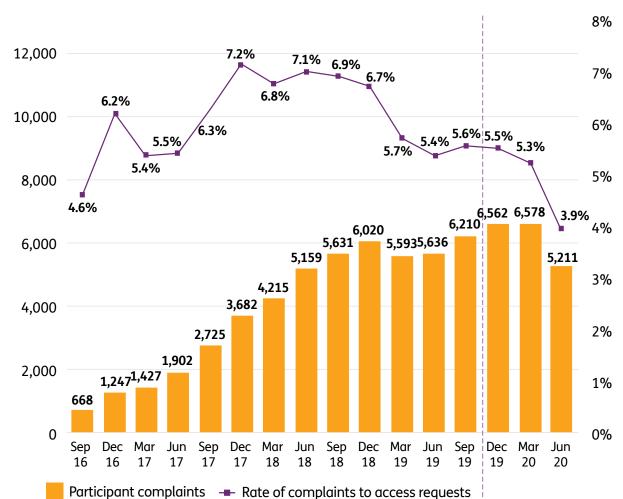


Figure 18: Participant complaints received as a proportion of access requests²⁵

is In previous quarterly reports, complaints submitted in the most recent quarter were excluded as it was understood they may be impacted by lags in data collection. However, due to enhancements in NDIA business systems any such lags are deemed to be immaterial, and the complaints for the most recent quarter are now included.

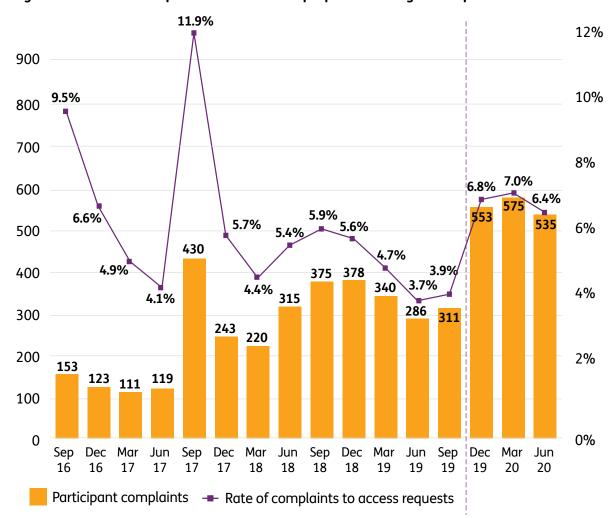


Figure 19: Provider complaints received as a proportion of registered providers²⁶

²⁶ In previous quarterly reports, complaints submitted in the most recent quarter were excluded as it was understood they may be impacted by lags in data collection. However, due to enhancements in NDIA business systems any such lags are deemed to be immaterial, and the complaints for the most recent quarter are now included.

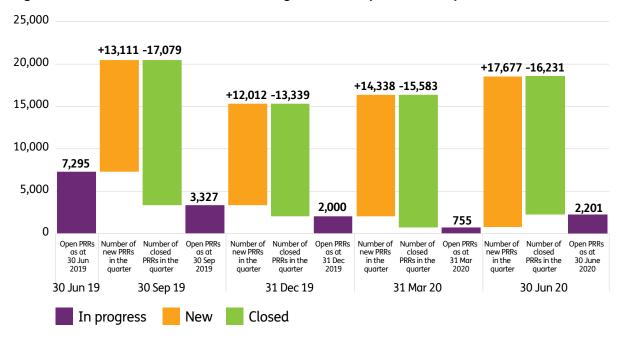
Participant requested reviews

A participant may request that the CEO conduct a review of the participant's plan at any time (section 48 of the NDIS Act).

In the June 2020 quarter, there were 17,677 new participant requested reviews, and 16,231 decisions were made as to whether a PRR would be undertaken.²⁷ One hundred (100) per cent of all decisions were made within 21 days²⁸.

Where it was decided to undertake a PRR, 53 per cent of plans were reviewed within 28 days.

Figure 20: PRRs received and closed during the March quarter and open as at 30 June 2020



²⁷ Participant Review Request (PRR) data includes s48, Lapsed s48, some complaints, some s100 requests and some AT requests, However, access request reviews are excluded. Results include data which has been entered on system since 4 March 2019 including some requests which were received before that date.

²⁸ 99.88% rounded to two decimal places.

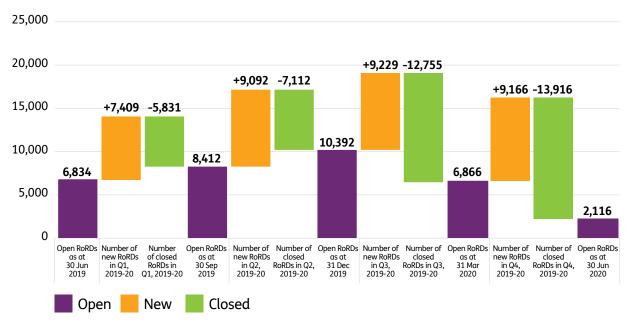
Reviews of reviewable decisions

Under section 100 of the NDIS Act, participants can request Reviews of reviewable decisions (RoRDs). In the June 2020 quarter, there were 9,166 new RoRDs, and 13,916 were closed.²⁹ As with PRRs, the number of participant RoRDs has increased over the last year due to the increase in the number of participants.

There was a significant reduction of open RoRDs from 6,536 at 31 March 2020, to 2,116 at 30 June 2020. The large increase in RoRDs between 30 June 2019 and 31 December 2019 is largely due to RoRDs being entered into the ICT business system (where they previously were not recorded).

Of the 13,916 closed in the June quarter, 83 per cent were closed within 90 days.

Figure 21: RoRDs received and closed during the March quarter and open as at 30 June 2020



²⁹ Open Planning Decision requests relate to those made after 15 April 2019. Planning decisions prior to this date are not included. The data does not yet fully report the number of new requests received by the NDIA. Data on \$100 requests is based on a new off-system reporting database, and hence is not subject to the same data quality controls in place in the ICT business system.

2.7 The NDIS Contact Centre

The NDIS contact centre continues to process a high volume of calls in a timely manner

The provider responsible for operating the NDIS Contact Centre has continued to meet service levels with respect to call response times, wait times and abandoned call rates for enquires made to the NDIS.

- between 1 April 2020 and 30 June 2020, the Contact Centre answered 285,404 phone calls. The **average answer speed** is consistently **under 26 seconds**.
- the Contact Centre is contracted to reach a **weekly service level** of 80% of calls answered within 60 seconds. At end of the June 2020 quarter it was achieving a service level of **84%**.
- average **abandonment rates** are consistently sitting at **1.1%**.
- throughout the quarter 190,241 emails were responded to, with 93.4% progressed within 2 business days of them being received. This response rate has dropped from 98.2% in the March quarter due to increased volumes associated with the COVID-19 response.
- the rate of enquiries being resolved within the first response to the caller has remained stable from the March 2020 quarter, with an average of 71% achieved in the June 2020 quarter.³⁰

The National Contact Centre commenced a live Webchat service in December 2019, a new communication channel option for participants, carers, providers and the public. Over 10,400 Webchat requests were received across the June 2020 quarter with 99% of chats being responded to within 10 seconds.

While the number of calls to the National Contact Centre continued above expected levels in June, the National Contact Centre has managed the increased volume with additional delegates within the contact centre. The National Contact Centre continued to meet its service standard at 84 per cent of calls answered within 60 seconds, and the abandonment rate has remained consistent at 1.1 per cent.

³⁰ The December 2019 report included a higher first contact completion rate. Data capture and accuracy has improved and hence this statistic has been re-stated.

2.8 Actions to improve the participant experience

The NDIA continues its progress on improving the participant experience during COVID-19.

Participant Service Charter

The NDIA is committed to improving how we support NDIS participants.

As discussed at the start of this report, the NDIA has been listening to participants, their families and carers, providers, and other trusted voices in the disability community about how we can improve the NDIS. That is why the NDIA has introduced a new **Participant Service Charter**, which sets out what participants can expect from the NDIA and our Partners in the Community. The Service Charter includes the **Participant Service Guarantee**, which provides the engagement principles and clear timeframes for the NDIA's interactions with participants.

The NDIA will report on our performance against the Participant Service Guarantee timeframes each quarter in these Quarterly Reports.

Participant Service Improvement Plan

To complement the Participant Service Charter, the NDIA also has a new **Participant Service Improvement Plan 2020-2021**. The Service Improvement Plan sets out the specific, tangible actions we will take to deliver against the Service Charter to deliver a Scheme that meets participants' expectations.

The Service Improvement Plan is more than just a list of what the NDIA wants to do. It explains the practical changes we're making so that the NDIS works better for everyone; for participants, their families and carers, their providers, and the broader community.

Similar to the Participant Service Charter, the NDIA will report progress each quarter in these Quarterly Reports.

While COVID-19 has had an impact on the progress of some initiatives, a series of service enhancements continue to improve the participant experience which are aligned to how the NDIA intends to engage with participants. This section includes the progress on projects to improve the participant experience, noting that some projects that are on hold will resume when it is appropriate to do so.

Transparency

The NDIA has made important changes to improve participants' access to their personal information.

From 1 July 2020, the new Participant Information Access process is an easier and faster way for current and prospective participants, or their authorised representatives, to access the personal information we hold about them.

Using an online form, participants can make a request for:

- information about an access decision, including the reasons for the decision
- information about an NDIS plan or plan review, including the information relied on to make the decision and the reasons for the decision
- medical and other documents provided to the NDIA.

The NDIA will aim to respond to requests within 14 days, but no later than 28 days.

Responsive

Joint planning

The rollout of Joint Planning, including plan summary statements (draft plan summary) and joint planning meetings, commenced in Queensland in March 2020. Joint Planning supports relationship building between the participant, planner and partner through face-to-face planning meetings where possible. The further roll out of joint planning meetings is currently on hold while the NDIA focuses on maintaining critical services in response to the COVID-19 pandemic and respects physical distancing. While Joint Planning remains a priority for roll out in the future, the recommencement of Joint Planning is not likely to occur until face-to-face meetings with participants becomes a primary option when it is safe to do so in a COVID-19 environment.

Rollout of Independent Functional Capacity Assessments

Improving the NDIS assessment process will make the Scheme more reliable, consistent and equitable for everyone, ensuring it provides access to eligible participants and appropriate levels of funding for the people it was intended to support.

From October 2020, we're introducing free independent functional capacity assessments for all eligible people applying to access the NDIS. From that time prospective participants can choose to be referred to an allied health professional in their area for a functional capacity assessment. The assessment will use standardised tools to build an overall picture of how the person functions in different areas of their life. By making the assessments free, the NDIA is removing the financial burden of evidence gathering to access the NDIS. Individuals will have the same opportunity to access a robust, consistent assessment irrespective of their location or circumstances.

The available assessors will be professionals with experience in disability, drawn from a panel of external organisations appointed through an open and competitive tender process. The NDIA intends that the assessment process will become mandatory at a later stage, to ensure that decisions impacting prospective participants and participants are consistent and fair.

In addition, the NDIA is designing how to better support prospective participants connecting with the community and mainstream supports, and apply for entry to the Scheme. It intends to focus the Local Area Coordinator role to provide more support to people with a disability when engaging with the NDIS.

Respectful

Hearing Service Stream

The future of hearing services in Australia is assured with a collaborative approach adopted by the NDIS and the Hearing Services Program (HSP). The NDIS and the HSP will have different roles but will work together to ensure that high quality hearing services continue to be available to people of all ages. This new approach commenced on 1 July 2020.

The Hearing Services Program

Hearing services will be offered to Australian citizens and permanent residents, including children and young people under 26, who satisfy its eligibility criteria. Hearing Australia will continue to be the sole provider of HSP services for eligible children and young people under 26. This ensures that quality safeguards remain in place for this age group.

The NDIS:

- The NDIS will fund all reasonable and necessary hearing services for participants aged 26 and over who are not able to access the HSP.
- The NDIS will continue to fund additional reasonable and necessary hearing supports where they are not available to participants via the HSP, including for people under 26.
- The NDIS will help participants connect with the HSP.
- The NDIS will continue to ensure children aged under 7 with a newly diagnosed hearing loss are supported to access early intervention without delay.

Empowering

Enhanced planning to better respond to the episodic nature of psychosocial disability

The NDIA continues to implement enhancements for people with a psychosocial disability nationally. These have included imbedding processes for streamlined access into everyday practices, the development and sharing of key documents to support access, delivering training and education regarding NDIS access requirements to the mental health sector and the addition of a new support called 'psychosocial recovery coach' in the NDIS Price Guide from July 2020.

The NDIA is continuing to develop the proposed psychosocial disability capability framework despite some initial delays due to COVID-19, with the assistance of experts to define the capability required for NDIA staff and Partners. This framework was initiated to directly address the recommendations made in the Mental Health Australia Pathway Consultation report for the need to build psychosocial capability in the NDIA.

A commitment from the Disability Reform Council (DRC) to improve access and experiences for participants with a psychosocial disability was announced following the 9 October 2019 DRC meeting. The NDIA together with DSS, and state and territory health department representatives, have established project teams and have commenced working collaboratively on the following key initiatives:

- 1. Undertaking a joint examination of access and eligibility
- **2.** Improving linkages and referral to mental health supports for people not eligible for the NDIS
- **3.** Assertive Outreach, increasing access to the NDIS for people with a psychosocial disability
- 4. Implementing a psychosocial disability recovery approach
- **5.** Implementing a national approach to concurrent supports

The timeline for delivery of the work on the DRC initiatives will extend into 2021 as a result of the impact of COVID-19 on operational priorities for all Australian governments.

Younger People in Residential Aged Care

The NDIA has increased the number of dedicated planners to support younger people in aged care to find alternative accommodation, if this is their goal. The NDIA has been working with the Joint Agency Task Force (JATF) to develop a new strategy to further build on the Younger People in Residential Aged Care (YPIRAC) Action Plan which aims to reduce the number of younger people in residential aged care. From 1 July 2016 to 30 June 2020, 377 participants have exited residential aged care to more suitable accommodation. Further, the NDIA has improved the way it collects data to better understand the goals and support needs of younger people living in aged care.

Connected

Community connectors

On 14 November 2019, Minister Stuart Robert announced the development of a National Community Connector Program (NCCP), which will support individuals with disability from hard to reach communities to access and navigate the NDIS.

The NCCP will be rolled out over two years, however timelines for delivery may change due to COVID-19, and will build on existing NDIA community connector programs (Remote Community Connector Program) and other community connector-type initiatives undertaken by the NDIA's PiTC.

The NCCP will focus on supporting targeted communities, such as Aboriginal and Torres Strait Islander peoples, CALD communities, ageing parents and carers of children with disability, and people experiencing psychosocial disabilities, to navigate the NDIS and get the services they need.

On 2 July 2020 Minister Stuart Robert announced the expansion of the National Community Connector Program (NCCP), after committing to a \$20 million expansion in November last year.

The announcement builds upon the existing community connectors in remote settings and will ensure that better support for Australians with disability in rural and urban locations from four specific population groups to access the NDIS, including: Aboriginal and Torres Strait Islander (ATSI) communities, Culturally and Linguistically Diverse (CALD) communities, People experiencing psychosocial disabilities; and Ageing parents or carers of people with disability.

Together with the DSS and Carers Australia, the NDIA has also developed a virtual Community Connector support service and referral pathway for ageing parents and carers of people with disability.

As the NDIA and disability organisations continue to operate within the COVID-19 restrictions with face-to-face outreach not immediately available, Partners and Community Connectors will use their networks to reach out and support potential or existing participants, through initiatives such as in-language webinars and radio programs, dedicated telephone services and online support programs.

Recent Victorian COVID-19 events

The NDIA is working with the Victorian government to regularly contact NDIS participants in public housing towers and stage 3 restriction areas who were or currently are under restrictions to ensure that essential services can continue to be delivered.

Vulnerable Participant Outbound Call (VPOC) strategy

In response to the Australian Government's enacted COVID-19 Emergency Response Plan, the NDIA, along with Partners in the Community have been proactively contacting participants. As part of the Agency's Vulnerable Participant Outbound Call (VPOC) strategy 65,844 Participants have been successfully contacted.

Outcomes and themes from these calls were recorded by staff in the NDIA business system for the contact attempts made. Seventy-three (73) per cent of successful contact attempts required no follow up action other than providing participants with information, and two per cent of successfully contacted participants required a follow-up to put a new plan in place.

VPOC contact themes:

- 18% of successful contact attempts involved discussions about plan flexibility, plan extensions or the need for a plan review.
- 12% of successful contact attempts involved discussion about the priority home delivery service offered by major grocery store chains to participants.
- 7% of successful contact attempts involved requests for coronavirus related information regarding the NDIS or other government agencies.
- 12% of successful contact attempts noted that the contact was well received and helped to ease concerns.

- 14% of successful contact attempts involved discussions about upcoming appointments or planning needs.
- 3% of successful contact attempts involved requests for additional information relating to the NDIS, providers and other government services.

Feedback from NDIA staff on calls to participants during the COVID-19 pandemic:

I phoned a mum of of two girls, both with disabilities and both with NDIA. Mum wanted to pass on how grateful she is to the Agency and what a difference it has made to her and her daughter's lives. Mum has permanent injuries due to constant lifting of her daughters for 12 years prior to the NDIA, now, after receiving support, she has carers come to her home morning and night to care and help with her girls. She could not thank me enough for the 'check-in' call to ensure all was good and supports in place.

"I do not see anyone except my support worker so it is a pleasure to have a voice on the other end of the phone", said a participant.

"I'm blown away that you are calling me on a Saturday. Although we are doing okay and have not been affected, this call has made my day... thank you", said a participant. "You guys calling on a Saturday is excellent and thank you, it was good talking to someone. The NDIA does take time to sort through things but when it does it's there for us, so it's great", said a participant.

"When I had a stroke and came out of the coma, they told me I was going to be a vegetable. I told them I didn't know what vegetable I wanted to be so that wasn't going to happen," said a participant.

This participant had the most amazing sense of humour and is so fiercely independent. She was very grateful for the call and very thankful for the NDIS and the support she receives.

"Really appreciated being able to talk freely like this – it has really helped me to be able to sort things out in my mind... thank you", said a participant.



The gift of art gives Ethyn a colourful future

When Ethyn was gifted a paint set for his 17th birthday earlier this year, his parents never imagined the journey it would put him on. Fast forward five months and Ethyn has created more than 100 pieces, and recently sold his first piece.

What started as a hobby could soon become employment for Ethyn, as he transitions out of school to adulthood.

Ethyn, who has autism and is non-verbal, was like other students around the country who were home schooling during COVID-19. While it was initially an adjustment and challenge for his family to set up a new routine, it eventually opened up opportunities for his future

"Once we put some structures and stability in place, we ended up with this young man who started to flourish," Ethyn's mum Naomi said.

Ethyn's parents made the decision to focus on turning his artwork into employment and were supported by local organisation Valued Lives, a registered NDIS provider. Ethyn's NDIS funding supports him to find and maintain employment, and Valued Lives has provided that support.

Together with Valued Lives, Ethyn's family discussed a range of activities and potential employment opportunities, but it became clear very quickly that art was Ethyn's calling.

"Ethyn's now engaging in his artwork, he has choice and control over what's happening and that's the biggest thing.

"He's come so far in such a short time, his artwork is just amazing.

"We're looking at ways we can build the business and make it sustainable, and find ways to promote his work so that we can move into the launch phase of Ethyn starting his own business."

For more info about Ethyn and his artwork visit **@ethyn.amat** on Instagram.

Part Three:

Providers and the growing market



Part Three: Providers and the growing market

3

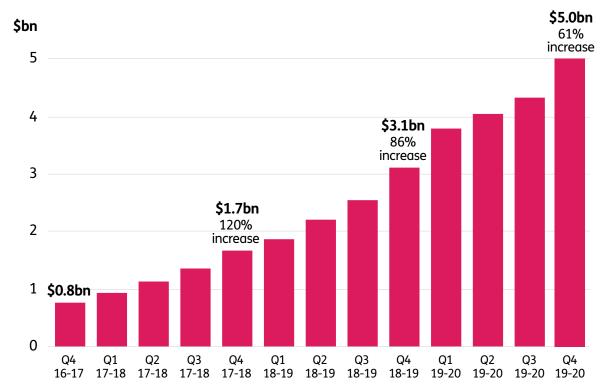
Payments for NDIS supports have increased substantially over the last three years.

3.1 Growth in the NDIS market

Payments for NDIS supports have grown 61 per cent in the last year.

The amount paid each quarter for NDIS supports continues to increase. In the June 2018 quarter, \$1.7 billion was paid for supports. This increased to \$3.1 billion in the June 2019 quarter (86% increase), and to \$5.0 billion in the June 2020 quarter (a further increase of 61%).

Figure 22: Total payments by quarter³¹

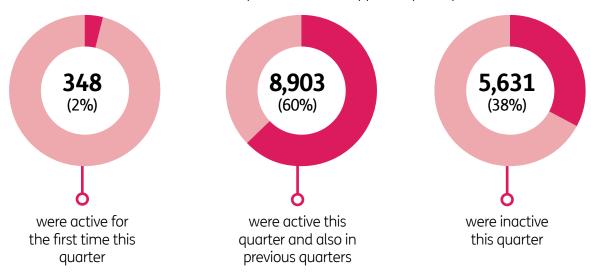


 $^{^{\}rm 31}$ The chart represents the amount paid each quarter, regardless of when the support was provided.

3.2 Active providers

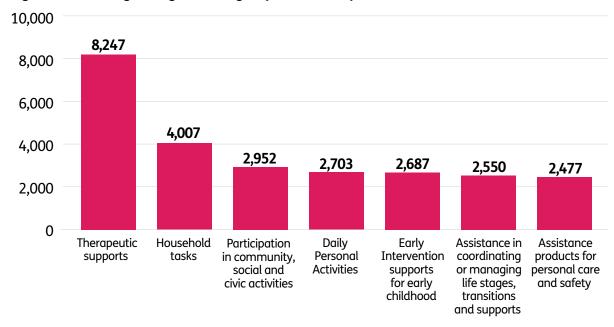
The number of active providers increased by four per cent this quarter.

Since the start of the Scheme, 14,882 providers have supported participants.³² Of these:



The registration groups with the largest number of active registered providers are therapeutic supports and household tasks.

Figure 23: The largest registration groups for active providers



³² This is providers of agency-managed participants. Self-managed participants and participants with a plan manager can use unregistered providers, and hence the total number of providers supporting participants will be higher than 14,534.

3.3 Choice and control, utilisation and market concentration

Comprehensive data on market effectiveness is being used to improve participant outcomes across all regions through identifying thin markets.

In the 2019-20 financial year, \$16.1 billion has been paid by the NDIS for participant supports. This amount will increase further due to the timing delay between when some supports are provided and when they are paid.

Three key indicators outlined in the NDIA Corporate Plan aspiration of a competitive market with innovative supports are:

- choice and control
- utilisation
– market concentration

Choice and control

The NDIS outcomes framework questionnaires ask participants "Do you choose who supports you?". The percentage who indicate that they choose who supports them was compared across geographical regions to identify the regions comparatively better and worse than others. The 'benchmark' in this analysis is the national average after adjusting for the proportion of participants in SIL in each region and the length of time participants had been in the Scheme.

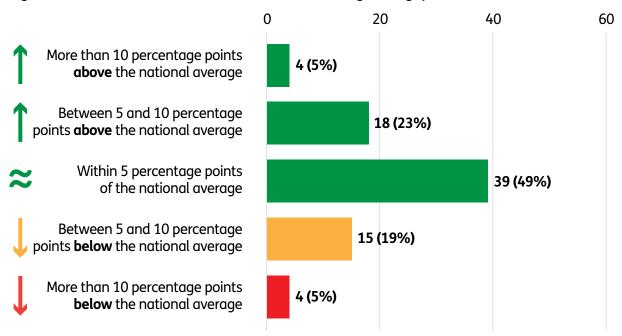
Overall, 39 of the 80 regions (49%) in the analysis were within five percentage points of the national average, four regions (5%) were more than 10 percentage points above the national average, and four regions (5%) were more than 10 percentage points below the national average.

The four regions more than 10 percentage points above the national average were ACT, Barkly in Northern Territory, Barwon in Victoria and Limestone Coast in South Australia.³³ The regions more than 10 percentage points below the national average were Darwin Remote, Katherine and East Arnhem in the Northern Territory, and Goldfields-Esperance in Western Australia.

At 30 June 2020:

- Darwin Remote has 330 active participants and plan budgets totalling \$30 million
- Katherine has 167 active participants and plan budgets totalling \$31 million
- East Arnhem has 180 active participants and plan budgets totalling \$24 million
- Goldfields-Esperance had 502 active participants and plan budgets totalling \$43 million

Figure 24: Choice and control – number of bilateral regions – gap to benchmark



³³ These regions have been in the Scheme for the longest, which may indicate choice and control improves the longer a participant is in the Scheme.

Figure 25: Choice and control region breakdown – 30 June 2020

Region	State/Territory	Active participants	Annualised plan budget (\$m)
More than 10 percentage po	ints above the national av	erage	
ACT	Australian Capital Territory	7,703	\$480
Barwon	Victoria	8,276	\$502
Limestone Coast	South Australia	1,183	\$80
Barkly	Northern Territory	162	\$17
Between 5 and 10 percentage	ge points above the nation	al average	
Hunter New England	New South Wales	21,866	\$1,572
Southern NSW	New South Wales	3,660	\$230
Inner Gippsland	Victoria	4,133	\$237
Outer Gippsland	Victoria	1,845	\$113
Mackay	Queensland	2,638	\$172
Toowoomba	Queensland	5,160	\$399
Barossa, Light and Lower North	South Australia	1,708	\$86
Eastern Adelaide	South Australia	3,056	\$245
Eyre and Western	South Australia	1,101	\$78
Fleurieu and Kangaroo Island	South Australia	937	\$65
Murray and Mallee	South Australia	1,463	\$97
Northern Adelaide	South Australia	11,735	\$738
Western Adelaide	South Australia	3,106	\$216
Yorke and Mid North	South Australia	1,432	\$80
TAS North West	Tasmania	2,122	\$172
TAS South West	Tasmania	2,386	\$231
South Metro	Western Australia		·
		5,201	\$325
South West	Western Australia	2,807	\$171
Within 5 percentage points	of the national average		
Central Coast	New South Wales	7,242	\$450
Far West	New South Wales	526	\$43
Illawarra Shoalhaven	New South Wales	7,350	\$527
Mid North Coast	New South Wales	4,959	\$345
Murrumbidgee	New South Wales	5,543	\$367
Nepean Blue Mountains	New South Wales	7,473	\$502
Northern NSW	New South Wales	5,818	\$426
Western NSW	New South Wales	5,190	\$406
Bayside Peninsula	Victoria	12,616	\$928
Central Highlands	Victoria	4,366	\$251
Goulburn	Victoria	3,018	\$166
Hume Moreland	Victoria	7,142	\$377
Loddon	Victoria	5,627	\$308
Mallee	Victoria	1,699	\$114
North East Melbourne	Victoria	10,629	\$681
Outer East Melbourne	Victoria	8,025	\$563
Ovens Murray	Victoria	2,821	\$153
Western District	Victoria	3,275	\$207

Figure 25: Choice and control region breakdown – 30 June 2020 cont.

Region	State/Territory	Active participants	Annualised plan budget (\$m)
Within 5 percentage point	s of the national average co	ont.	
Western Melbourne	Victoria	8,823	\$515
Beenleigh	Queensland	7,171	\$573
Brisbane	Queensland	13,962	\$1,186
Bundaberg	Queensland	2,370	\$159
Caboolture/Strathpine	Queensland	7,261	\$589
Cairns	Queensland	3,594	\$316
Ipswich	Queensland	6,279	\$435
Maroochydore	Queensland	6,060	\$487
Maryborough	Queensland	3,073	\$256
Robina	Queensland	7,010	\$504
Rockhampton	Queensland	4,133	\$286
Townsville	Queensland	4,992	\$358
Adelaide Hills	South Australia	1,307	\$81
Southern Adelaide	South Australia	7,749	\$554
TAS North	Tasmania	2,463	\$203
Great Southern	Western Australia	781	\$55
Kimberley-Pilbara	Western Australia	990	\$82
North East Metro	Western Australia	5,556	\$425
South East Metro	Western Australia	3,376	\$269
Wheat Belt	Western Australia	818	\$47
Central South Metro	Western Australia	4,142	\$288
Between 5 and 10 percent	age points below the nation	nal average	
North Sydney	New South Wales	8,872	\$747
South Eastern Sydney	New South Wales	8,302	\$594
South Western Sydney	New South Wales	16,701	\$1,035
Sydney	New South Wales	6,971	\$485
Western Sydney	New South Wales	14,130	\$972
Brimbank Melton	Victoria	6,245	\$357
Inner East Melbourne	Victoria	8,033	\$645
Southern Melbourne	Victoria	9,494	\$552
Far North (SA)	South Australia	429	\$36
TAS South East	Tasmania	1,887	\$135
Central Australia	Northern Territory	516	\$114
Darwin Urban	Northern Territory	1,985	\$241
Central North Metro	Western Australia	3,413	\$311
Midwest-Gascoyne	Western Australia	630	\$41
North Metro	Western Australia	4,117	\$273
More than 10 percentage	points below the national a	verage	
Darwin Remote	Northern Territory	330	\$30
East Arnhem	Northern Territory	180	\$24
Katherine	Northern Territory	167	\$31
Goldfields-Esperance	Western Australia	502	\$43

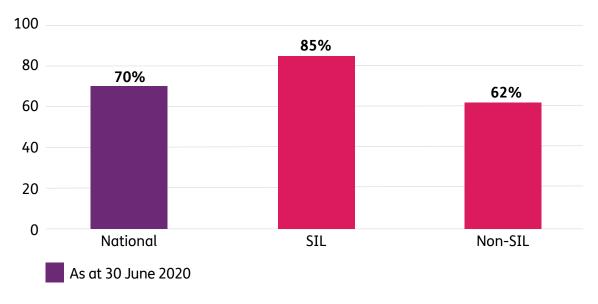
Utilisation

For support provided between 1 October 2019 and 31 March 2020³⁴, data at 30 June 2020 indicated that 70 per cent of support had been utilised nationally. Experience in other schemes with individual budgets (internationally and in Australia) indicates that plan utilisation is unlikely to be 100 per cent. However, for some participants utilisation should be higher than current level.35

The two biggest drivers of utilisation are:

- whether or not a participant is in SIL: with participants in SIL utilising more of their plan compared with those not in SIL (85% compared with 62%).

Figure 26: Utilisation of committed supports by SIL status from 1 October 2019 to 30 June 2020³⁶

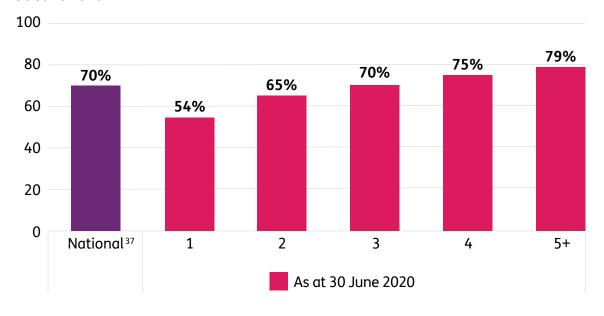


⁴ This allows for a three month lag between when support was provided and when it had been paid. Utilisation will increase as more payments for this support period are made.

³⁵ Some of the reasons for plans being under-utilised include: More support was provided informally through family, friends and community; supports being put in plans "just in case" they are required; participants needing more support to implement their plans; providers needing more support to claim for supports provided; and supports being unavailable in the market.
36 Not all in-kind can be allocated to an individual participant. Only Utilisation of committed supports between 1 October 2019 and 31 March 2020 is shown, as experience in the most recent quarter is still emerging.

- the length of time the participant has been in the Scheme: the longer the participant is in the Scheme the more they utilise their plan (54% for participants on their first plans compared with 79% for participants on their fifth plan).

Figure 27: Utilisation of committed supports by plan number from 1 October 2019 and 30 June 2020^{36}



³⁷ Participants receiving in-kind supports are excluded from this analysis as it is not possible to accurately separate in-kind payments and committed amounts between plans. Only Utilisation of committed supports between 1 October2019 and 31 March 2020 is shown, as experience in the most recent quarter is still emerging.

In addition to these findings, significant insights can be drawn by understanding how utilisation in each geographical region differs from the national average after accounting for the time participants have been in the Scheme and the proportion of participants in SIL.

Overall, 63 of the 80 regions (79%) in the analysis are within five percentage points of the national average, none were more than 10 percentage points above the national average, and eight regions (10%) were more than 10 percentage points below the national average.

The eight regions more than 10 percentage points below the national average were smaller regional and remote regions in South Australia, Western Australia and the Northern Territory.

There are 8 regions between five and 10 percentage points below the national average – these are also mainly in regional and remote areas

Figure 28: Utilisation – number of bilateral regions – gap to benchmark

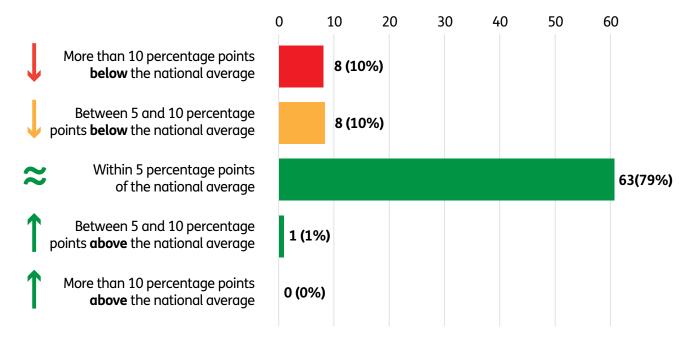


Figure 29: Utilisation region breakdown – 30 June 2020

Region	State/Territory	Active participants	Annualised plan budget (\$m)
More than 10 percentage	points below the national ave	erage	
Eyre and Western	South Australia	1,101	\$78
Far North (SA)	South Australia	429	\$36
Limestone Coast	South Australia	1,183	\$80
Barkly	Northern Territory	162	\$17
Darwin Remote	Northern Territory	330	\$30
East Arnhem	Northern Territory	180	\$24
Midwest-Gascoyne	Western Australia	630	\$41
Goldfields-Esperance	Western Australia	502	\$43
Between 5 and 10 percent	age points below the nation	al average	
Far West	New South Wales	526	\$43
Western NSW	New South Wales	5,190	\$406
Murray and Mallee	South Australia	1,463	\$97
Yorke and Mid North	South Australia	1,432	\$80
Central Australia	Northern Territory	516	\$114
Katherine	Northern Territory	167	\$31
Kimberley-Pilbara	Western Australia	990	\$82
Wheat Belt	Western Australia	818	\$47
Within 5 percentage point	s of the national average		
ACT	Australian Capital Territory	7,703	\$480
Central Coast	New South Wales	7,242	\$450
Hunter New England	New South Wales	21,866	\$1,572
Illawarra Shoalhaven	New South Wales	7,350	\$527
Mid North Coast	New South Wales	4,959	\$345
Murrumbidgee	New South Wales	5,543	\$367
Nepean Blue Mountains	New South Wales	7,473	\$502
North Sydney	New South Wales	8,872	\$747
Northern NSW	New South Wales	5,818	\$426
South Eastern Sydney	New South Wales	8,302	\$594
South Western Sydney	New South Wales	16,701	\$1,035
Southern NSW	New South Wales	3,660	\$230
Sydney	New South Wales	6,971	\$485
Western Sydney	New South Wales	14,130	\$972
Barwon	Victoria	8,276	\$502
Bayside Peninsula	Victoria	12,616	\$928
Brimbank Melton	Victoria	6,245	\$357
Central Highlands	Victoria	4,366	\$251
Goulburn	Victoria	3,018	\$166
Hume Moreland	Victoria	7,142	\$377
Inner East Melbourne	Victoria	8,033	\$645
Inner Gippsland	Victoria	4,133	\$237
Loddon	Victoria	5,627	\$308

Figure 29: Utilisation region breakdown – 30 June 2020 cont.

Region	State/Territory	Active participants	Annualised plan budget (\$m)
Within 5 percentage points of	the national average co	ont.	
Mallee	Victoria	1,699	\$114
North East Melbourne	Victoria	10,629	\$681
Outer East Melbourne	Victoria	8,025	\$563
Outer Gippsland	Victoria	1,845	\$113
Ovens Murray	Victoria	2,821	\$153
Southern Melbourne	Victoria	9,494	\$552
Western District	Victoria	3,275	\$207
Western Melbourne	Victoria	8,823	\$515
Beenleigh	Queensland	7,171	\$573
Brisbane	Queensland	13,962	\$1,186
Bundaberg	Queensland	2,370	\$159
Caboolture/Strathpine	Queensland	7,261	\$589
Cairns	Queensland	3,594	\$316
Ipswich	Queensland	6,279	\$435
Mackay	Queensland	2,638	\$172
Maroochydore	Queensland	6,060	\$487
Maryborough	Queensland	3,073	\$256
Rockhampton	Queensland	4,133	\$286
Toowoomba	Queensland	5,160	\$399
Townsville	Queensland	4,992	\$358
Adelaide Hills	South Australia	1,307	\$81
Barossa, Light and Lower North	South Australia	1,708	\$86
Eastern Adelaide	South Australia	3,056	\$245
Fleurieu and Kangaroo Island	South Australia	937	\$65
Northern Adelaide	South Australia	11,735	\$738
Southern Adelaide	South Australia	7,749	\$554
Western Adelaide	South Australia	3,106	\$216
TAS North	Tasmania	2,463	\$203
TAS North West	Tasmania	2,122	\$172
TAS South East	Tasmania	1,887	\$135
TAS South West	Tasmania	2,386	\$231
Darwin Urban	Northern Territory	1,985	\$241
Great Southern	Western Australia	781	\$55
South Metro	Western Australia	5,201	\$325
South West	Western Australia	2,807	\$171
North East Metro	Western Australia	5,556	\$425
South East Metro	Western Australia	3,376	\$269
Central North Metro	Western Australia	3,413	\$311
Central South Metro	Western Australia	4,142	\$288
North Metro	Western Australia	4,117	\$273
Between 5 and 10 percentage	points above the nation	nal average	
Robina	Queensland	7,010	\$504
			

Market concentration

Understanding the distribution of payments to service providers in a region can indicate whether a small number of providers receive most of the payments from the NDIA, or whether a large number of providers are receiving the payments. Where only a small number of providers are receiving a large amount of the payments, the market is considered to be more concentrated and could mean that there is less competition in the region. On average across regions, 62 per cent of payments go to the largest 10 providers.

There are ten regions where 85 per cent or more of payments go to the largest 10 providers (13%) and 18 regions where less than 45 per cent of payments went to the 10 largest providers (23%).

All of the ten regions where more than 85 per cent of payments go to the 10 largest providers, are regional and remote areas in the Northern Territory, Western Australia and South Australia.

Figure 30: Market concentration – number of bilateral regions – gap to benchmark

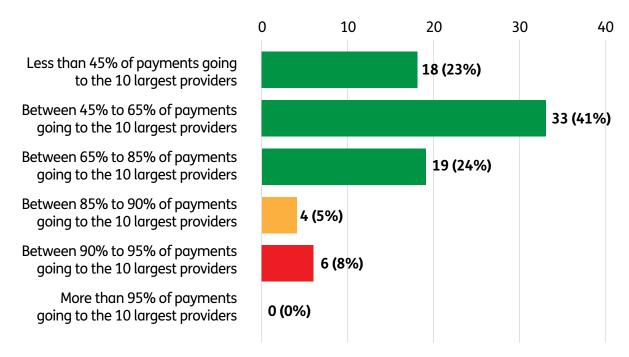


Figure 31: Market concentration region breakdown – 30 June 2020

Region	State/Territory	Active participants	Annualised plan budget (\$m)				
Less than 45% of payments going to the 10 largest providers							
Hunter New England	New South Wales	21,866	\$1,572				
Nepean Blue Mountains	New South Wales	7,473	\$502				
South Western Sydney	New South Wales	16,701	\$1,035				
Sydney	New South Wales	6,971	\$485				
Western Sydney	New South Wales	14,130	\$972				
Hume Moreland	Victoria	7,142	\$377				
North East Melbourne	Victoria	10,629	\$681				
Western Melbourne	Victoria	8,823	\$515				
Beenleigh	Queensland	7,171	\$573				
Brisbane	Queensland	13,962	\$1,186				
Caboolture/Strathpine	Queensland	7,261	\$589				
Ipswich	Queensland	6,279	\$435				
Maroochydore	Queensland	6,060	\$487				
Robina	Queensland	7,010	\$504				
Toowoomba	Queensland	5,160	\$399				
South East Metro	Western Australia	3,376	\$269				
Central North Metro	Western Australia	3,413	\$311				
North Metro	Western Australia	4,117	\$273				
Between 45% to 65% of p	ayments going to the 10 larg Australian Capital Territory	est providers 7,703	\$480				
Central Coast	New South Wales	7,242	\$450				
Illawarra Shoalhaven	New South Wales	7,350	\$527				
Mid North Coast	New South Wales	4,959	\$345				
Murrumbidgee	New South Wales	5,543	\$367				
North Sydney	New South Wales	8,872	\$747				
Northern NSW	New South Wales	5,818	\$426				
South Eastern Sydney	New South Wales	8,302	\$594				
Southern NSW	New South Wales	New South Wales 3,660					
Western NSW	New South Wales	5,190	\$230 \$406				
Barwon	Victoria	8,276	\$502				
Bayside Peninsula	Victoria	12,616	\$928				
Brimbank Melton	Victoria	6,245	\$357				
Central Highlands	Victoria	4,366	\$251				
Goulburn	Victoria	3,018	\$166				
Inner East Melbourne	Victoria	8,033	\$645				
Loddon	Victoria	5,627	\$308				
Outer East Melbourne	Victoria	8,025	\$563				
Ovens Murray	Victoria	2,821	\$153				
Southern Melbourne	Victoria	9,494	\$552				
Cairns	Queensland	3,594	\$316				
Mackay	Queensland	2,638	\$172				
Townsville	Queensland	4,992	\$358				
Barossa, Light and Lower North	South Australia	1,708	\$86				

Figure 31: Market concentration region breakdown – 30 June 2020 cont.

Region	State/Territory	ate/Territory Active participants		
Between 45% to 65% of pay	ments going to the 10 la	rgest providers co	nt.	
Eastern Adelaide	South Australia	3,056	\$245	
Northern Adelaide	South Australia	11,735	\$738	
Western Adelaide	South Australia	3,106	\$216	
Yorke and Mid North	South Australia	1,432	\$80	
TAS North	Tasmania	2,463	\$203	
Darwin Urban	Northern Territory	1,985	\$241	
South Metro	Western Australia	5,201	\$325	
North East Metro	Western Australia	5,556	\$425	
Central South Metro	Western Australia	4,142	\$288	
Between 65% to 85% of pay	ments going to the 10 lg	raest providers		
Far West	New South Wales	526	\$43	
Inner Gippsland	Victoria	4,133	\$237	
Mallee	Victoria	1,699	\$114	
Outer Gippsland	Victoria	1,845	\$113	
Western District	Victoria	3,275	\$207	
Bundaberg	Queensland	2,370	\$159	
Maryborough	Queensland	3,073	\$256	
Rockhampton	Queensland	4,133	\$286	
Adelaide Hills	South Australia	1,307	\$81	
Eyre and Western	South Australia	1,101	\$78	
Limestone Coast	South Australia	1,183	\$80	
Murray and Mallee	South Australia	1,463	\$97	
Southern Adelaide	South Australia	7,749	\$554	
TAS North West	Tasmania	2,122	\$172	
TAS South East	Tasmania	1,887	\$135	
TAS South West	Tasmania	2,386	\$231	
Darwin Remote	Northern Territory	330	\$30	
South West	Western Australia	2,807	\$171	
Wheat Belt	Western Australia	818	\$47	
			347	
Between 85% to 90% of pay				
Far North (SA)	South Australia	429	\$36	
Fleurieu and Kangaroo Island	South Australia	937	\$65	
Kimberley-Pilbara	Western Australia	990	\$82	
Goldfields-Esperance	Western Australia	502	\$43	
Between 90% to 95% of pay	ments going to the 10 la	rgest providers		
Barkly	Northern Territory	162	\$17	
Central Australia	Northern Territory	516	\$114	
East Arnhem	Northern Territory	180	\$24	
Katherine	Northern Territory	167	\$31	
Great Southern	Western Australia	781	\$55	
Midwest-Gascoyne	Western Australia	630	\$41	

3.4 Thin markets

Supported by the NDIA Board and management, the December 2019 meeting of the Disability Reform Council agreed to use a more flexible approach to address market challenges in the NDIS, recognising that a 'one-size-fits-all' approach to delivering the NDIS is not suitable to address market gaps faced by certain geographic locations, particular cohorts or disability support types.

Specifically, the NDIA is developing a Market Commissioning Strategy and comprehensive roll out plan in consultation with state, territory and Commonwealth governments to support a flexible approach to addressing market challenges. The strategy is being led through a series of trial projects in all jurisdictions. These trials have been agreed with state and territory governments and are on track for delivery over the second half of 2020 (where possible considering COVID-19 impacts). The trials are collecting evidential insights and testing the NDIA approach to market challenges.

3.5 NDIS Pricing

The NDIA is making improvements to NDIS pricing that better meets the needs of NDIS participants, their families, carers and providers across the NDIS market while maintaining the financial sustainability of the Scheme.

Annual Price Review

The NDIA recently conducted the Annual Price Review for 2020-21 in consultation with participants, providers and the wider disability sector. The review examined NDIS price limits and related policies to ensure they continue to be appropriate to the market and to understand where changes may be required. Recommendations from the Annual Price Review are reflected in changes to the NDIS Price Guide 2020-21.

Key updates effective 1 July 2020 include:

- the Disability Support Worker Cost Model is being amended to better reflect the cost structures of efficient providers.
- Temporary Transformation Payment (TTP) reduced from 7.5 per cent to 6 per cent.
- clarifying definitions for high intensity support levels 1 to 3 and time of day and day of week.
- retaining the cancellation rule regarding claiming 100 per cent rather than 90 per cent.
- more providers will be eligible to charge an establishment fee to assist with one-off costs such as assessing a participant's needs.
- plan managers are now eligible to claim provider travel and non-face-to-face supports.

- the NDIA introduced safeguards for Programs of Support to improve participant access to a variety of programs and give participants greater certainty that the program will operate fully throughout its term.
- changes to provider travel rules to improve the ability for providers to claim non-labour costs associated with travel, encouraging wider service delivery and greater choice for participants in regional and remote areas.

COVID-19 response

Temporary increases in price limits

The NDIA increased price limits for a number of items in the NDIS Support Catalogue in response to COVID-19. A 10 per cent price increase was applied to 402 items in the NDIS Support Catalogue. These items are identified by the addition of "(Includes COVID Loading.)" to the description of the item. The change was effective from 25 March 2020 to 30 June 2020. The support categories that the temporary increase applies to are; daily living (core support excluding supported independent living and capacity building support) and social and community participation (core supports).

Cancellations policy

The NDIA also reviewed the short notice cancellation policy, as some participants reduced face-to-face supports with providers or had to cancel appointments.

A revised definition of short notice cancellations was effective from 25 March 2020 to 30 June 2020, broadening the short notice period from two business days to 10 business days.

Where a provider has a short notice cancellation (or no show) they are able to recover 100 per cent of the fee associated with the activity, subject to the terms of the service agreement with the participant. Providers are only permitted to charge

for a short notice cancellation (or no show) if they have not found alternative billable work for the relevant worker and are required to pay the worker for the time that would have been spent providing the support.

A cancellation is a short notice cancellation if the participant:

- does not show up for a scheduled support within a reasonable time, or is not present at the agreed place and within a reasonable time when the provider is travelling to deliver the support; or
- has given less than 10 clear business days' notice for any other support.

Increased access to Support Coordination

The support items for Support Coordination have been duplicated into the Core Support Category – Assistance with Daily Life – so that participants can have greater access to support coordination services if they need them.

3.6 Specialist Disability Accommodation

Increasing participant choice and control in disability housing.

In June 2020, Minister Stuart Robert signed significant updates to the National Disability Insurance Scheme (Specialist Disability Accommodation) Rules 2020 (SDA Rules).

This new legislation was the result of work undertaken by the DSS and the NDIA to identify and remove barriers for participants to choose to live with family members or other non-participants.

The changes have removed previous requirements which prevented some dwelling configurations that are commonly suitable for families from being enrolled as SDA. Eligible participants may also now share their SDA bedroom with a partner. Following the commencement of the new SDA Rules, the NDIA will also take full responsibility for enrolling SDA dwellings.

To support this new legislation, the NDIA has published:

- updated SDA Operational Guidelines, which provide participants and providers with transparency about how the NDIA makes SDA decisions. These new Guidelines are amongst the first to be released as part of the NDIA's ongoing project to refresh its quidance material in a new, easier to understand and more accessible way.
- a new SDA Price Guide, which provides inflation adjustments for SDA prices and contains new pricing options where participants are sharing their dwelling with their partner or family. These new pricing options have been designed to reduce any possible pricing disincentives that could prevent providers from offering the newly allowable options.
- updated **dwelling enrolment and declaration form**, which guides providers through the process for enrolling a dwelling with the NDIA.

Encouraging disability housing innovation

Work to support the implementation of the **SDA Design Standard** continued this quarter. The SDA Design Standard brings clarity to providers for home design requirements and guidelines to seek pre-certifications for the enrolment of a dwelling as SDA, at both the planning and final-as-built stages. From 1 July 2021, all dwelling enrolment applications for SDA will be required to include a certificate from a third-party accredited SDA assessor. A training course for accreditation of assessors was successfully trialled in February 2020 and is now available for suitable professional candidates.

Activities have also continued under the **SDA Innovation Plan**. The NDIA is in the process of finalising a literature review and environmental scan to establish a definitive literature base for SDA. A number of roundtable discussions with key stakeholders were also completed during the quarter. The NDIA will be releasing results from these activities over the coming months.

3.7 Digital Partnership Program

The next phase to improve the digital experience was announced.

On 30 June 2020, Minister Stuart Robert announced the next phase of the Digital Partnership Program to improve the digital experience for NDIS participants and providers.

The NDIA's Digital Partnership Program, which was announced in February this year, manages controlled and secure access to some of the NDIA's data and systems, with the latest phase expanding access to the NDIA Application Programming Interfaces (APIs) to more software developers working with registered providers.

The APIs are being created so providers and software developers can build new tools, applications and digital marketplaces to improve how participants, providers and the NDIA all connect and work together.

This next phase gives more software developers who are working with registered NDIS providers the ability to request access to the NDIA's APIs, creating more opportunities for digital experts to develop new tools and applications.

3.8 Payments Platform

On 8 May 2020 the NDIA released an approach to market on the Real Time Claims payments platform. Submissions closed on 12 June 2020.

Forty-four (44) responses were received and six of the respondents have been selected to provide detailed presentations to the NDIA assessment panel by 31 July 2020. A limited tender will then occur before the end of August 2020. It is expected that a pilot will commence before the end of 2020 with pilot completion occurring early in 2021 before the commencement of the full roll-out.



Central Coast woman drives positive change through yoga

When Julie set out to start her own yoga business to support people with a disability, she came with firsthand experience, after suffering an acquired brain injury at age 32.

Julie had a brain haemorrhage that required brain surgery, and she is now impacted by cognitive and physical fatigue, but it was her lifelong desire to help people that became the motivating factor in setting up All Ability Yoga, based on New South Wales' Central Coast.

"I was made redundant from my job and used the money to start the business and happened to come into contact with a neurophysiotherapist who asked me to come and work with some of her clients. That's where working with people with a disability came into play."

Julie receives funding from the NDIS for support workers who assist her with running the business and other daily tasks.

All Ability Yoga is also a registered NDIS provider, and Julie says navigating both sides of the NDIS

spectrum gives her insight to support her clients.

"The NDIS has given me the capacity to go into economic participation and have employment, which was always my goal.

"But to have funding to support me at work, and in turn do something that is making a positive change in someone else's life, that's really why I started doing what I'm doing."

Given the changing landscape as a result of the COVID-19 virus, Julie has had to adapt her practices.

"My social responsibility is not only my health but the health of my clients, but now more than ever they need some peace and calm in their lives.

In her work, Julie supports people with a range of disabilities including Down syndrome, dementia, autism and psychosocial disabilities, and her message around inclusion is loud and clear.

"We're all human beings, and we can all achieve anything we put our mind to."

Part Four:

Information, linkages and capacity building (ILC)



Part Four: Information, linkages and capacity building (ILC)

The ILC grants program continues to support organisations to build a more inclusive, accessible and connected Australia.

In reviewing the broad picture of support for the 4.4 million Australians who have disability, the Minister for the NDIS, Minister Stuart Robert, and the Minister for Families and Social Services, Senator the Hon Anne Ruston, agreed during the quarter that the administration of the grants component of the ILC will be transitioned from the NDIA to the DSS.

This change will help ensure the ILC grant program is closely aligned with the new National Disability Strategy, a joint priority for all governments. It will also help ensure ILC grants are closely connected to a range of other supports for people with disability managed by DSS, including Disability Employment Services, disability advocacy and the disability information gateway. The ILC appropriation will remain unchanged.

4.1 Information, linkages and capacity building

Applications opened for the second round of Individual Capacity Building (ICB) Program funding this quarter (totalling \$93.5 million).³⁸

The ILC Program seeks to build the capacity of people with disability and communities to enable people with disability to achieve their goals and be included in all aspects of community life. Delivering ILC activities serves as a catalyst for change and is focused on creating greater inclusion for people with disability.

In December 2018, the NDIA introduced the 'ILC Investment Strategy Towards 2022' which guides the investment of ILC funds from 2019-20 to 2021-22. Through the ILC Investment Strategy, the NDIA is providing grants to organisations to deliver activities that enable all people with disability, their families and their carers to benefit from a more inclusive, accessible and connected Australia.

The NDIA has awarded 198 ILC grants totalling \$239 million through the first rounds of the four programs of the ILC Investment Strategy. These grants provide funding certainty for many organisations who have secured three-year funding arrangements.

 $^{^{38}}$ Refer to Appendix N for the State and Territory breakdown of the ILC grants that have already been announced.

The ILC Investment Strategy sees ILC administered through four discrete but complementary programs:

- National Information Program: providing accessible, quality and consistent information about disability types and service and support options in both community and mainstream settings (complementing the upcoming National Disability Information Gateway).
- Individual Capacity Building (ICB) Program: enabling systematic, nationwide access to peer support, mentoring and other skills-building for people with disability. This program will be primarily delivered through a national network of Disabled Peoples Organisations and Family Organisations (DPO/FO).
- **Mainstream Capacity Building (MCB) Program:** ensuring equity of access to and increased inclusion of people with disability in mainstream services.
- Economic and Community Participation (ECP) Program: increasing the social and economic participation, including employment outcomes, of people with disability.

In line with the ILC Investment Strategy, the NDIA rolled out the first rounds of each of the four programs throughout 2019.

During this quarter, applications were open for the second round of Individual Capacity Building (ICB) Program funding. This grant round will fund projects that enable systematic, nationwide access to peer support, mentoring and other skills-building for people with disability, carers and families.

The target group in this grant round is disabled peoples organisations and family organisations, alongside organisations that seek to improve the welfare of a specified community, demonstrate a clear connection to the community they represent, and demonstrate a commitment to the social model of disability. Priority communities are Aboriginal and Torres Strait Islander communities, Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning and Asexual and Plus (LGBTIQA+) communities, Culturally and Linguistically Diverse communities, people experiencing homelessness or who are at risk of homelessness, and children and young people (0-24 years).

Applications opened on 11 March, 2020. The application period was extended by two weeks to allow additional time for organisations to complete their grant applications in response to the impacts of the COVID-19 pandemic. The grant round closed on 6 May, 2020. The outcome of this grant round is anticipated to be announced in August 2020.

Figure 32: Summary of ILC grant rounds commissioned under the ILC Investment Strategy

Task	National Information Program	Individual Capacity Building Program	Mainstream Capacity Building Program	Economic and Community Participation Program	Individual Capacity Building Program	
Value of round ³⁹	\$65 million	\$105.9 million	\$35.1 million	\$32.7 million	\$93.5 million	
2019/20 Round 1						
Number of successful applications	37	105	28	28	TBA	
Grant round application period	5 Apr – 10 May 2019	19 Aug – 30 Sep 2019	9 Sep – 21 Oct 2019	9 Sep – 21 Oct 2019	11 Mar – 6 May 2020	
Assessment period	Jun – Aug 2019	Sep – Nov 2019	Nov – Dec 2019	Nov – Dec 2019	May – June 2020	
Grants announced	Oct 2019	December 2019	Feb 2020	Feb 2020	TBA	

Delivery of ILC is also a prime activity undertaken through the NDIS Partners in the Community who provide Local Area Coordination (LAC) and Early Childhood Early Intervention Services. The activities delivered by the grant funded organisations complements and enhances the work of the Partners in the Community Program. Partner delivery of ILC works to ensure that:

Mar 2020

Mar 2020

TBA

- people with disability, their families and carers have the information they need to connect to their local community and mainstream services.

February

2020

Nov 2019

- people with disability, their families and carers have the capability to participate in the community and the economy; and
- local communities and mainstream services have the skills, knowledge and capability to support the inclusion of people with disability, their families and carers.

Grant

agreements

finalised

³⁹ All figures include GST.



Persistence pays off for Andrew and now he's working

Persistence was the key to National Disability Insurance Scheme (NDIS) participant, Andrew, working in his Northern Queensland outback community, driving My Pathway and NDIS participants to and from their appointments.

Leila Siufanua, Andrew's NDIS Local Area Coordinator, said the 21-year-old Doomadgee local, who has an intellectual disability and a hearing impairment, now has paid employment, driving the My Pathways bus 10 hours a week and he's just loves it.

"I enjoy picking up people, dropping them off home, taking them wherever they want to go - I'm 100 per cent proud of myself," he said.

In Andrew's NDIS plan, one of his goals was to learn to drive and Leila said with NDIS supports, he was able to achieve it.

"Now My Pathways employees him 10 hours a week to drive its bus, providing transport for people in the community to get to their appointments." "Since joining the NDIS, Andrew's confidence has grown and so has his social participation," Leila said. "He's joined the Doomadgee Men's Group, and recently he participated in a special ceremony where he presented t-shirts to community members in support of women's safety."

Andrew's Aunty Antoinette has also noticed a <u>huge difference</u> in her nephew.

"I'm just so proud of him - we all are," she said.

Leila said Andrew is really thriving in his role and he loves the responsibility and the social interaction his bus driving job brings.

"Andrew has also spread the NDIS message with his mob," she said.

"Andrew is just an amazing person in his community, and it's clear a lot of people look up to him. He has some really deep connections in his town and it's lovely to see," Leila said.

Part Five:

Financial sustainability



Part Five: Financial sustainability

A financially sustainable Scheme focuses on outcomes to support participants now and across their lifetimes.

5.1 Participants, committed support and payments across the Scheme The Scheme is projected to continue to grow and to reach about 500,000 participants within the next three years.

The number of participants, payments to providers and the amount of support committed in plans, reflects the rapid roll-out of the NDIS. The Scheme is projected to continue to grow and to reach about 500,000 participants within the next three years, of which about 478,000 are expected to be aged 0 to 64. This is equivalent to a prevalence rate of 2.1 per cent of the projected Australian general population aged 0 to 64, consistent with the original estimate by the 2011 Productivity Commission.

Scheme projections are in line with the estimates shown in the 2017 Productivity Commission report on NDIS Costs at 2021-22, after allowing for costs not included in the Productivity Commission estimate, such as the introduction of school transport, personal care in schools, developmental delay and the incomplete implementation of the National Injury Insurance Scheme.

During the COVID-19 pandemic, underlying payments for support remained at levels prior to the pandemic indicating that participants continued to receive supports. Total average weekly payments increased from around \$326m in February and March 2020, to \$364m in June 2020.40 While community and social participation supports reduced due to community restrictions, activities of daily living increased to support participants at home.

Figure 33: Committed supports (\$m) and payments

	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019-20
Active participants	7,285	17,155	29,719	89,610	172,333	286,015	391,999
Total committed (\$m)	132.7	496.7	939.3	3,234.4	7,741.7	14,554.0	24,163.9
Total paid (\$m)	85.8	370.9	704.4	2,184.9	5,428.4	10,362.9	16,114.9 ⁴¹
% utilised to date ⁴²	65%	75%	75%	68%	70%	71%	

Cash payments only, excluding in-kind supports.

⁴¹ This number reflects payments made during the 2019-20 year for support provided in the 2019-20 year. This number will progressively increase, and will be re-stated in subsequent quarterly reports to reflect payments made for supports provided in 2019-20 post 30 June 2020.

⁴² Utilisation for 2019-20 is understated as payments for supports provided in 2019-20 are still being made post 30 June 2020.

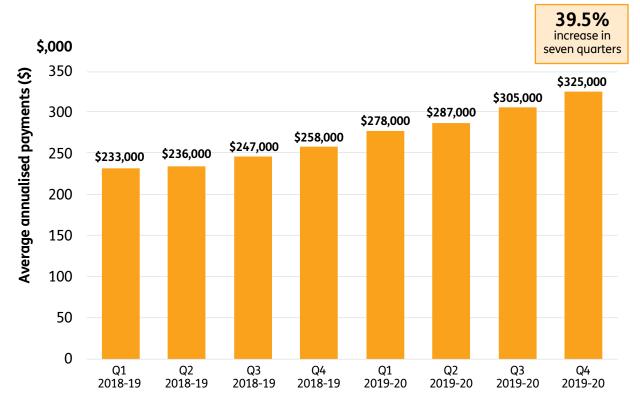
5.2 Current pressures and responses to financial sustainability

The drivers of costs to the NDIS include the number of participants, the amount of support allocated to each plan, how that allocated amount will change over time, the utilisation of individual supports, and the rate at which participants exit the Scheme. It is the responsibility of the NDIA to monitor primary pressures, detect any associated risks and manage them appropriately, using the insurance-based structure as a means to evaluate emerging experience against expectations.

Specific current pressures include:

- the support costs for participants in supported independent living are a material component of Scheme cost and continue to increase significantly above normal inflation. The quarterly average payment per participant has increased by 5% per quarter (on average) over the last seven quarters, and by 40% across the seven quarters combined (see Fig 31). Drivers include price increases and higher rosters of care.
- participants not in SIL supports costs have also increased by 40% over the last seven quarters. This is due to price increases and increases in the volume of support provided.
- interfaces and boundaries with mainstream services, and community and informal supports.

Figure 34: Average annualised payments per participant by quarter – SIL participants⁴³



\$,000

 $^{^{43}}$ The payments are for all supports provided to participants in SIL (and not just the SIL daily activity payments).

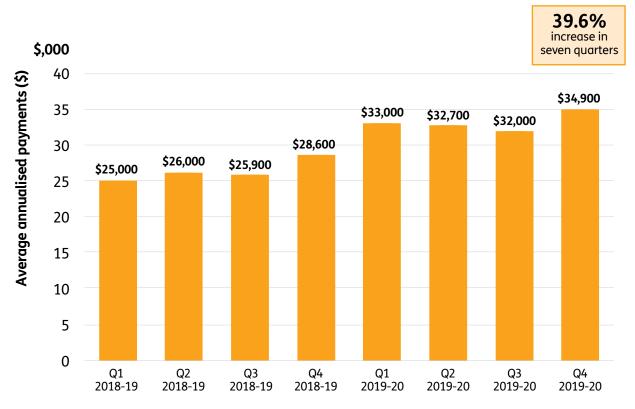


Figure 35: Average annualised payments per participant by quarter – non-SIL participants⁴³

The NDIA is working on improving consistency and equity in both access and planning decisions across all participants. In particular, the NDIA is working on better aligning a participant's support package to their circumstances through independent functional assessments. This will mean the right assessment questions and tools are being used to inform plan decisions (and better understand if increases to plans are required).

The NDIA has been working on a policy to reform SIL. The NDIA is conducting a review of SIL price controls and new SIL-specific price limits will be included in an updated Price Guide released later in 2020. Until this review is complete the price limits for Assistance with Daily Living will apply to SIL supports. The Assistance with Daily Living price limits have been in effect from 1 July 2020 for SIL supports, and these will also be applied to any open SIL quotes awaiting approval. Existing plans containing agreed SIL quotes will continue until the end of their 12 month term, at which point the new SIL price limits will apply. The new quoting process will also provide increased rigour in determining the suitability of the roster of care for each participant (and whether any changes to the roster of care are required). Importantly the new process will ensure input from participants, so participants have more control over their plan budget.

In addition, the NDIA is looking at more contemporary options for people who require a high level of support. Traditionally, group homes, congregate living or SIL are commonly seen as a living arrangement solution for people with a disability who have a high need for ongoing care. However, a number of alternative accommodation options have emerged, and are termed Contemporary Individual Living Options (ILOs). These ILOs have the potential to create a more tailored solution to care and support needs for the subset of Scheme participants with higher needs. Further, ILOs help to increase choice and control for participants and improve outcomes.

 $^{^{\}it 44}$ The payments are for all supports provided to non-SIL participants.

Part Six:

Staff, advisory groups and the NDIS community



Part Six: Staff, advisory groups and the NDIS community

The NDIA is continuing to support participants and the disability community through the COVID-19 pandemic.

6.1 A high performing NDIA delivering in uncertain times Staff and partners continue to support participants remotely, and face-to-face if they choose.

At 30 June 2020, the total NDIS workforce was 11,550, including 4,396 Australian Public Service employees, 1,692 labour hire contractors and consultants, and 5,462 people employed by NDIA's Partners. This is an increase of 5.2 per cent of the total workforce (including NDIA Partners) since the end of 2018–19 financial year (total workforce increase of 571).

The NDIA has filled the additional Australian Public Service positions for the 2019-20 financial year, as announced by Minister Stuart Robert on 17 October 2019. The number of NDIA Australian Public Service employees has increased by 26 per cent (879 FTE) since the end of the 2018-19 financial year.

In response to the COVID-19 situation, a contingency workforce was redeployed to assist frontline staff to action critical service delivery work. The contingency workforce helped clear backlogs in areas such as Supported Independent Living (SIL), and supported the National Call Centre with additional call and email volumes. The contingency workforce made approximately 60,000 outbound calls to vulnerable participants. Staff from across the NDIA who were allocated to teams received role-specific training and ongoing support from managers and experienced team members.

The NDIA continues to build the number of fully trained staff and partners. This investment included 146 new planners and 168 new Local Area Coordinators (LACs) participating in the virtual New Starter Induction program during the quarter.

In addition, the NDIA has collaborated with the Disability Advocacy Network of Australia (DANA) to raise disability awareness amongst staff and help improve the participant experience. Through DANA, the NDIA worked with groups such as Australian Autism Alliance, Prader-Willi Syndrome Australia and Down Syndrome Australia to build knowledge through real life stories. As a result of this project, the NDIA has produced a number of videos and snapshots on specific disabilities and an eLearning module for staff. Further snapshots have been produced in quarter 4, with more planned for the first quarter of 2020-21.

Further, the NDIA has continued its development of training programs designed to improve planner awareness and understanding, especially in remote and hard to reach participant areas.

The NDIA continues to focus on disability and cultural awareness to improve the service experience for Aboriginal and Torres Strait Islander peoples, LGBTIQA+, and CALD people through launching the National Community Connector role.

There continues to be high engagement with the NDIA Just Brilliant Leadership Series. This quarter, an additional 60 (737 in total) staff commenced the Learning to Lead program (aimed at entry level team leaders), together with a further 40 (398 in total) commencing the Leadership Excellence program (aimed at senior level leaders). The satisfaction rating across the leadership programs is 96 per cent. Introductory programs for both entry level and senior leaders have been converted to a virtual delivery format this quarter. A strategic leadership program for the SES cohort has paused due to the COVID-19 response and SES recruiting. It will now be launched in quarter 1 of 2020-21.

An NDIA staff survey was conducted in May 2020 that indicated a high level of satisfaction with the measures put in place to support participants as well as themselves. Ninety-two (92) per cent of staff members agreed or strongly agreed that the NDIA has taken the appropriate actions to support participants during the COVID-19 pandemic, while 87 per cent agreed or strongly agreed that the NDIA has supported them appropriately during this period.

Overall engagement scores, at 80 per cent, were 4 per cent higher than the 2019 APS census. Results were generally positive across all questions. Of particular note were the high percentage of respondents who either strongly agreed or agreed to the following questions:

- I believe strongly in the purpose and objectives of my agency (96%)
- I am happy to go the 'extra mile' at work when required (95%) participants, based on 31 March 2020, was released.
- I feel committed to my agency's goals (94%)
- I work beyond what is required in my job to help my agency achieve its objectives (90%)

6.2 Public data sharing and the latest release of information

The NDIA continues to release world-leading disability data to improve market innovation and inform participant outcomes.

On 30 June 2020, the NDIA released its fifth update to https://data.ndis.gov.au.

This release included:

- detailed reports on the following focus areas:
 - participant outcomes
 - family/carer outcomes
 - The NDIS Market by Local Government Area (LGA) reports (31 December 2019).
- new data cubes on Aboriginal and Torres Strait Islander participants and CALD participants, based on 31 March 2020, was released.
- a refresh of all previously released data-cubes and tables to include 31 March 2020 data, and an additional mapping table (Service District to 2016 LGA boundaries).

Information was also released on 30 July 2019, 30 September 2019, 10 December 2019, and 31 March 2020. These data releases included the release of downloadable data and tables on:

- participant numbers and plan budgets, SDA participants and SIL participants
- projected participant numbers
- active providers, utilisation of plan budgets and market concentration
- participant splits by Commonwealth Electorate Divisions, Statistical Area 2, Statistical Area 3, Statistical Area 4, and Local Government Areas
- Service District to Local Government Area mapping (2011 LGA boundaries)
- participant numbers by diagnosis
- baseline outcome indicators and longitudinal outcome indicators
- plan management types
- participant goals

'Deep-dive' reports and analyses were also released on:

- participants with autism spectrum disorder (ASD)
- outcomes report for participants, and an outcomes report for families/carers
- employment in the NDIS
- people with a psychosocial disability in the NDIS
- the NDIS Market (30 June 2019 and 31 December 2019)
- Aboriginal and Torres Strait Islander participants
- CALD participants
- analysis of participants by gender
- people with an intellectual disability in the NDIS
- people with disability and their NDIS goals

Data sharing protocols

The NDIS Public Data The NDIA released its Public Data Sharing Policy on 30 September 2019. The NDIS Public Data Sharing Policy is the NDIA's statement on what data the NDIA will share, and how the NDIA makes decisions on releasing that data. The policy covers data sharing and release to the general public and is aligned to the draft Data Sharing and Release Act.

6.3 Cyber Security

The NDIA is acutely aware of increased cyber risk during the ongoing COVID-19 pandemic. Likely sources of increased risk include organised cybercrime actors and state sponsored attacks. The NDIA has seen a significant increase in phishing emails and attempted potential exposure of participant information.

To mitigate the risks in this area, the NDIA is commencing an anti-phishing email campaign. This campaign will be designed to detect, and then provide targeted education to areas/user groups that may need additional training and assistance. The NDIA is also working to deliver a program of cyber-resilience, delivered through an aggressive communications plan and voluntary cyber assessments of the larger providers.

The NDIA continues to work with Services Australia to identify possible risks to participant data. The NDIA also continues to advise partners and providers of potential treatments and improvements to their security posture. Where needed, the NDIA will assist providers with access to the Government Cyber assistance program via the Australian Cyber Security Centre (ACSC).

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