

## BEFORE THE FAIR WORK COMMISSION

*Fair Work Act 2009 (Cth)*

**Title of matter:** 4 yearly review of modern awards – *Social, Community, Home Care and Disability Services Industry Award 2010*

**Section:** s.156 *Fair Work Act 2009 (Cth)*

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**Date:** 10 August 2020

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## Background

1. On 15 June 2020, the Health Services Union ('HSU'), the Australian Services Union ('ASU') and the United Workers Union ('UWU'), hereinafter referred to as 'the Unions', filed correspondence which attached a report by Dr Natasha Cortis and Dr Georgia van Toom titled "*Working in new disability markets: A survey of Australia's disability workforce*" (the May 2020 report).
2. On 10 July 2020, the Fair Work Commission ('the Commission') issued a Statement confirming the May 2020 report is to be admitted into evidence in these proceedings and made directions to interested parties ('the Statement').
3. On 20 July 2020, the Unions filed submissions pursuant to the Commission's directions in the Statement ('the Unions submissions').
4. These submissions are filed in response to the Union's submissions, pursuant to the Commissions directions in the Statement.

## Observations of the May 2020 report

### Little to no weight should be given to the May 2020 report

5. In our submission, the May 2020 report should be given little or no weight on the basis that the report constitutes little more than general information from a limited pool of respondents. Further, the May 2020 report does not:
  - a. identify the identity of the respondents to the survey;
  - b. identify the identity of the respondents employer;
  - c. indicate which of the responses relate to respondents who are full-time, part-time or casual employees;
  - d. indicate whether the respondents' employment is covered by the *Social, Community, Home Care and Disability Services Industry Award 2010* ('the Award') and or an enterprise agreement;
  - e. identify the types of questions used in the survey (i.e. whether biased or leading questions had been adopted).
6. In the light of the above, the relevance of the May 2020 report cannot be properly assessed.

## The May 2020 report is not representative of the NDIS workforce

7. The May 2020 report state that the 'report provides information about the workforce delivering disability services and supports in the context of the National Disability Insurance Scheme (NDIS) in early 2020'. It further confirms that a total of 2,341 disability workers formed the total number of survey respondents.<sup>1</sup>
8. **Attached** and marked 'A' is a copy of the NDIS Quarterly Report dated 31 March 2020 ('NDIS quarterly report'). According to the NDIS quarterly report, as at 31 March 2020, there are 364,879 people with a disability being supported by the NDIS scheme.
9. In 2019, the Victorian Government estimated that Australia-wide, there was currently 93,000 people in the NDIS workforce (full time equivalent).<sup>2</sup>
10. Notably, 54% of the survey respondents is from Victoria. In contrast, only 1% of the survey respondents is from the ACT, 3% from Queensland, 4% from Western Australia and 0% from the Northern Territory.<sup>3</sup>
11. Accordingly, we submit that the May 2020 is not representative of the NDIS workforce.

## Inability to assess quality controls used in the survey

12. The reliability of the responses of the respondents cannot be properly assessed. For example, the May 2020 confirm that 'disability workers took part in the online survey'.<sup>4</sup> It is unclear whether the responses were reviewed to assess the respondent's understanding of the survey questions and or the reliability of responses given.

## General observations of the statistics arising from the May 2020 report

13. Our general observations of the statistics drawn from the May 2020 report include:
  - a. 56% of respondents say they communicate with colleagues constituting work undertaken as unpaid time.<sup>5</sup> It is unclear what communication the respondent is referring to, whether it is work related to justify such time being considered as 'paid time'.
  - b. 35% of respondents say that they carried out dressing, cleaning, shopping or household tasks of which such time was unpaid.<sup>6</sup> It is unclear why such tasks were not carried out during paid work time.
  - c. The May 2020 report states that 'the most common work tasks performed during unpaid time were completing case notes or other forms or reports', representing 67% of the respondents.<sup>7</sup> It is unclear why these tasks were not completed by the respondents during paid work time.

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<sup>1</sup> May 2020 report, page 8.

<sup>2</sup> <https://www.nds.org.au/news/fionas-focus-lets-talk-workforce>.

<sup>3</sup> May 2020 report, page 98.

<sup>4</sup> May 2020 report, page 8.

<sup>5</sup> May 2020 report, page 9 and 28.

<sup>6</sup> May 2020 report, page 28.

<sup>7</sup> May 2020 report, page 28.

- d. ‘many workers also reported instability in their paid work hours, including changes in shift times which workers were advised of at short notice.’<sup>8</sup> It is unclear whether the alleged ‘changes in shift times’ were permissible pursuant to the award (for example, where another employee is absent from duty on account of illness or in an emergency or client cancellation in circumstances permitted by the award).<sup>9</sup>
- e. The May 2020 report provide that ‘casual workers were also more likely than others to agree that they were called in to work at inconvenient times’.<sup>10</sup> This appears consistent with the casual nature of the relationship where casual employees are able to refuse to work shifts should it not suit them.<sup>11</sup>
- f. 29% of workers said they were called into work at inconvenient times.<sup>12</sup> The circumstances behind this statistic is unclear. For example, were any of the respondents here casual employees? Did the respondents agree to work those hours?
- g. A conclusion reached by the author of the May 2020 report is “workers are unsupported through supervision and training.”<sup>13</sup> It is unclear whether the author had requested to review the respondents’ employment record to verify such response.
- h. “many left to make decisions on their own about client care.”<sup>14</sup> It is unclear whether questions were put to the respondents about their employer’s policies and procedures? Whether those procedures had been followed by the respondent in question? Were the respondents in the position to be making decisions on their own?
- i. “14% of respondents said they worked for more than one employer, and of those workers, 78% said that their other jobs were in disability services”.<sup>15</sup> It is unclear whether the responses from these respondents to the survey applied to one employer only or to all of their other employers as well. There is a possibility that the respondent answered unfavourably concerning one employer whilst experiencing positively to its other employer.

14. The above observations form merely an example of concerns held over our initial overview of the May 2020 report. In our submission, given the generality of the information presented in the report, little to no weight should be given to the statistics drawn by the author of the May 2020 report.

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<sup>8</sup> May 2020 report, page 9.

<sup>9</sup> Clause 25.5(d)(ii) and clause 25.5(f)(i), 2020. *Social, Community, Home Care and Disability Services Industry Award*.

<sup>10</sup> May 2020 report, page 35.

<sup>11</sup> In the case of *WorkPac Pty Limited v Rossato* [2020] FCAFC 84 at [31] “It was accepted that in *Skene*, a Full Court of this Court (Tracey, Bromberg and Rangiah JJ) correctly determined that a casual employee is an employee who has no firm advance commitment from her or his employer to continuing and indefinite work according to an agreed pattern of work”. “The Full Court in *Skene* further observed that the “indicia of casual employment referred to in the authorities – irregular work patterns, uncertainty, discontinuity, intermittency of work and unpredictability – are the usual manifestations of an absence of a firm advance commitment”, at [35].

<sup>12</sup> May 2020 report, page 9.

<sup>13</sup> May 2020 report, page 12.

<sup>14</sup> May 2020 report, page 64.

<sup>15</sup> May 2020 report, page 22.

## Findings sought by the Unions arising from the May 2020 report

15. In the light of the above, no weight should be given to the May 2020 report.

Q3  
2019-2020

"A"



COAG Disability Reform Council  
Quarterly Report  
31 March 2020

ndis

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# The COVID-19 pandemic

## COVID-19

At this difficult time, the National Disability Insurance Agency (NDIA) Board's principal concern is the potential impact of the Novel Coronavirus (COVID-19) pandemic on National Disability Insurance Scheme (NDIS) participants, families, carers and providers.

The NDIA's absolute priority is participant health, safety, and ensuring participants can continue to access their essential supports. In light of the multifaceted impacts of COVID-19, the NDIA is working closely across Government, including working with the Department of Social Services (DSS), the NDIS Quality and Safeguards Commission (NDIS Commission), Services Australia, and State and Territory governments, on a daily basis to ensure pandemic preparedness and contingency plans are put in place to protect continuity of essential supports for NDIS participants.

## Introduction

This overview describes the key initiatives being undertaken in relation to COVID-19. Information is regularly updated on [www.ndis.gov.au](http://www.ndis.gov.au). Readers are encouraged to refer to our public website for the latest information. Our website also contains a series of animations and Auslan videos to explain changes.

### 1. Supporting participants

The NDIA has prioritised continuity of service for participants by:

- Initiating telephone meetings for all participants as a safer way to continue service delivery, although participants can come to NDIA offices for assistance if required.
- Increasing the number of delegates in the contact centre to respond to significant changes in circumstances.
- Establishing a process for checking on the wellbeing of the most vulnerable participants. The NDIA has developed a proactive outbound contact strategy to contact the 62,000 participants identified 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.
- Sharing appropriate data with States and Territories to assist with continuity of 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.

# The COVID-19 pandemic

cont.

- Extending plans up to 24 months if participants are happy with their current plan.
- For NDIS participants in hospital settings, working closely with State and Territory officials to identify participants who are clinically ready for discharge. Approximately 500 participants deemed medically ready for discharge from hospital across the country have exited the hospital system.
- Working with supermarket retailers to make sure NDIS participants wanting support to grocery shop have priority access to home delivery services.
- Monitoring closely the level of critical supports to identify service gaps that may arise. As a priority we have met with our Exceptionally Complex Support Needs Providers to assess their capability and capacity to expand their service. These providers assist the NDIA with robust support coordination services for NDIS participants with exceptionally complex support needs.
- For the next six months, participants can access low cost assistive technology of up to \$1,500 using flexible plan funding (i.e. fitness equipment and smart devices) to help ensure the continuity of NDIS funded supports (e.g. therapy and social participation). The effectiveness of this policy will be evaluated post the COVID-19 pandemic.

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

## 2. Support for providers

The NDIA Board strongly supported initiatives announced on 21 March 2020 by Minister Stuart Robert which are intended to assist providers impacted by the current crisis. These include:

- Registered NDIS providers have received one-month advance payments to provide immediate cash flow relief (at a total value of \$666m).
- A temporary 10 per cent COVID-19 loading on some supports for up to six months - Assistance with Daily Life (excluding supported independent living which is costed through a quoting process), Assistance with Social and Community Participation, Improved Health and Wellbeing (excluding personal training), and Improved Daily Living Skills.
- Increased flexibility with the NDIA's cancellation policies. From 30 March 2020, if a participant cancels at short notice (now 10 business days, previously two), providers receive 100 per cent of the service booking fee instead of 90 per cent.
- A new Support Coordinator line item in core support: from 25 March 2020, support coordinators can draw funds from the core budget if the capacity building line items have been fully utilised.
- Two new support items were introduced for participants in Supported Independent Living (SIL) who have been 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).

# The COVID-19 pandemic

cont.

- Access to the National Medical Stockpile of Personal Protective Equipment (PPE) for disability providers including registered and unregistered providers, and self-managed participants. Requests for PPE by the disability sector will be assessed by the Department of Health using an agreed criteria which takes into account disability sector specific issues. Assessment and distribution of PPE to the disability sector commenced on 17 April 2020.
- In April 2020, the Minister for Health announced that 500,000 masks will be directed towards the disability sector to help provide essential protection for frontline health workers. Half of these were allocated to the NDIA, with the other half allocated to primary health networks.
- Daily tracking of payments to service providers to identify emerging service gaps. Along with the NDIS Commission, the NDIA will work with states and territories to source an alternative provider for essential services if usual services cannot be delivered.
- In collaboration with DSS and the NDIS Commission, the NDIA launched a dedicated webpage ([www.ndis.gov.au/coronavirus/finding-support-workers](http://www.ndis.gov.au/coronavirus/finding-support-workers)) to help providers and participants find additional support workers during the pandemic. This website provides direct links to 12 different support matching employment platforms. It also identifies the opportunity for those who are looking for work to connect with matching platforms to help pursue employment in the disability sector.

These initiatives work hand in hand with the unprecedented suite of broader initiatives undertaken by Government to support businesses and workers.

The Government announced a number of changes to visa arrangements to enable temporary visa holders to remain in key industries, such as health, aged care and disability care. International students currently working for registered disability service providers will also be able to work more hours to help support the disability sector. These changes will help boost front line staff and ensure critical services continue.

### 3. Supporting our staff and partners

The NDIA Board acknowledges the significant efforts of staff and partners as the COVID-19 pandemic unfolds and wants to thank them for their service and commitment to participants. As a Government agency, the NDIA is considered an essential service, and all staff, labour hire workers, and partners engaged by the NDIA are essential workers.

Some Partners in the Community (PiTC) have closed their offices to the public as part of their Business Continuity Plans. They are continuing to provide services via phone and email. NDIA offices remain open and staff are able to work from them if they choose. The NDIA has been fortunate to be able to support working from home arrangements through our remote network, with approximately 75 per cent of our staff moving to working from home arrangements within a one week period. Having people work from home enables effective implementation of physical distancing measures in our workplaces for those who need or want to work in an office.

# The COVID-19 pandemic

cont.

## NDIA priorities

The NDIA acknowledges the current priority is responding to the new challenges presented by COVID-19. This requires a diversion of resources, and reprioritisation of some functions and business activity, which inevitably impacts on our ability to deliver all our key priorities.

Notwithstanding this significant challenge, we remain focused on improving the participant experience, and creating a Scheme that is simpler, easier, and more reliable.

The key highlights for this quarter are included in the next section.

# Key highlights

**364,879**

people with disability are being supported by the Scheme

**27,426**

joined the Scheme this quarter

## Supporting children, earlier:

**30%**

of new participants this quarter were aged 0-6  
– **8,283 children**

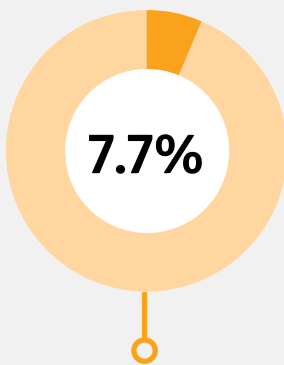
**5,542**

children receiving initial supports in the ECEI gateway – a **107%** increase from last quarter

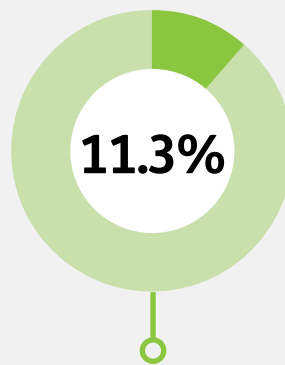


Call centre performance has remained strong with **84%** of calls answered within **60 seconds**.

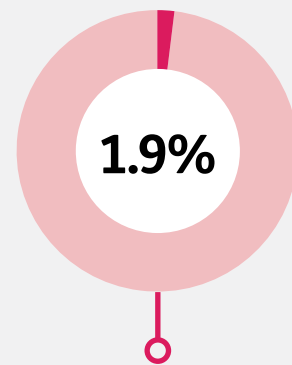
## Participants are increasingly diverse:



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 cont.

Wait times, on average:



to get a first plan,  
are **31%** lower  
than 12 months ago.

**for children**

to get a first plan,  
are **56%** lower  
than 12 months ago.

The number of first plans in progress for more than 60 days:



fell from **7,424** to **4,767** this quarter

The number of open Participant Requested Reviews (PRRs):



fell from **7,295** to **755** over the last 9 months

The number of open Review of Reviewable Decisions (RoRDs):



fell from **10,264** to **6,537** this quarter  
(and the number open for more than 90 days decreased  
from **3,707** to **1,351**)

# Introduction

This report is a summary of the performance and operations of the NDIA for the three months from 1 January 2020 to 31 March 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 appendices are:

- A list of key definitions of the terms used in this report (Appendix A)
- A comparison of key metrics across each State and Territory (Appendix N)
- The number of active participants 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)





# Steven is helping orphaned wildlife

Warrandyte NDIS participant, Steven Oram is using his sewing skills to make pouches for orphaned wildlife and he just loves it.

An avid sewer herself, and employed in a fabric shop, mum Mary said, Steven, who is 33 with a moderate intellectual disability and chronic arthritis, took an interest in sewing two years ago and asked her if he could learn.

Reluctant to teach her own son, Mary enlisted the help of a friend, Jenny, to teach Steven.

“One day a local lady who sews quilts came into the shop. I noticed she had a sling bag on, and while I was serving her this little wallaby popped out. It was just beautiful.

“I looked at her pouch and thought my Stevie could make these. I asked her if she needed more made. She said yes, so we set up a basic pattern and Steven and Jen began sewing them and we started to supply her.”

Mary said they also made contact with Wildlife Rescue and Protection Inc. (WRAP’s), a network of registered wildlife shelters, carers and rescuers, operating across Gippsland.

“I now send WRAP’s treasurer a whole lot of pouches and she distributes them at their monthly meeting.

“We sent a lot to NSW to help support the big bushfires there just before Christmas. We’ve also sent 66 pouches to a carer in Paynesville to distribute to other wildlife carers around Marlo and Mallacoota.”

“Over the past two years, since Steven has been part of the NDIS, it has certainly helped to build his confidence to become more independent and to do and try new things,” Mary said.

“Sewing and distributing the pouches makes Steven feel productive,” Mary said. “It has allowed him to combine his interests – sewing and his love of animals and he just loves it.”

Part One:

# Participants and their plans



# 1 Part One: Participants and their plans

Almost 365,000 participants are receiving supports from the NDIS, with approximately 5,500 children receiving initial supports in the Early Childhood Early Intervention (ECEI) gateway.

## 1.1 Number of participants in the Scheme

**At 31 March 2020, almost 365,000 participants had NDIS plans, of which approximately 27,500 entered the Scheme during the quarter.**

At 31 March 2020, 364,879 participants had approved plans.<sup>1</sup> This represents an eight per cent increase from last quarter (an additional 27,426 participants).

Importantly, the Scheme is supporting both people from existing State/Territory and Commonwealth systems and individuals who have not previously received support. Of the 364,879 participants currently supported by the Scheme, 210,740 previously received support from existing State/Territory or Commonwealth programs and 154,139 are now receiving support for the first time (42 per cent of participants with approved plans).

In addition, the NDIA undertook 89,329 reviews in the quarter, an increase of 17 per cent since the last quarter, reflecting the large increase in the number of participants in the Scheme.

Throughout April 2020, the number of first plans approved and plan reviews undertaken has remained at similar levels to prior months, despite the COVID-19 pandemic.

**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 YTD
Active participants	7,285	17,155	29,719	89,610	172,333	286,015	364,879
Yearly increase <sup>2</sup>		9,870	12,564	59,891	82,714	113,682	78,864
% increase in active participants		35%	73%	202%	92%	66%	28%

<sup>1</sup> 11,032 participants with approved plans had exited the Scheme as at 31 March 2020.

<sup>2</sup> 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 ECEI gateway

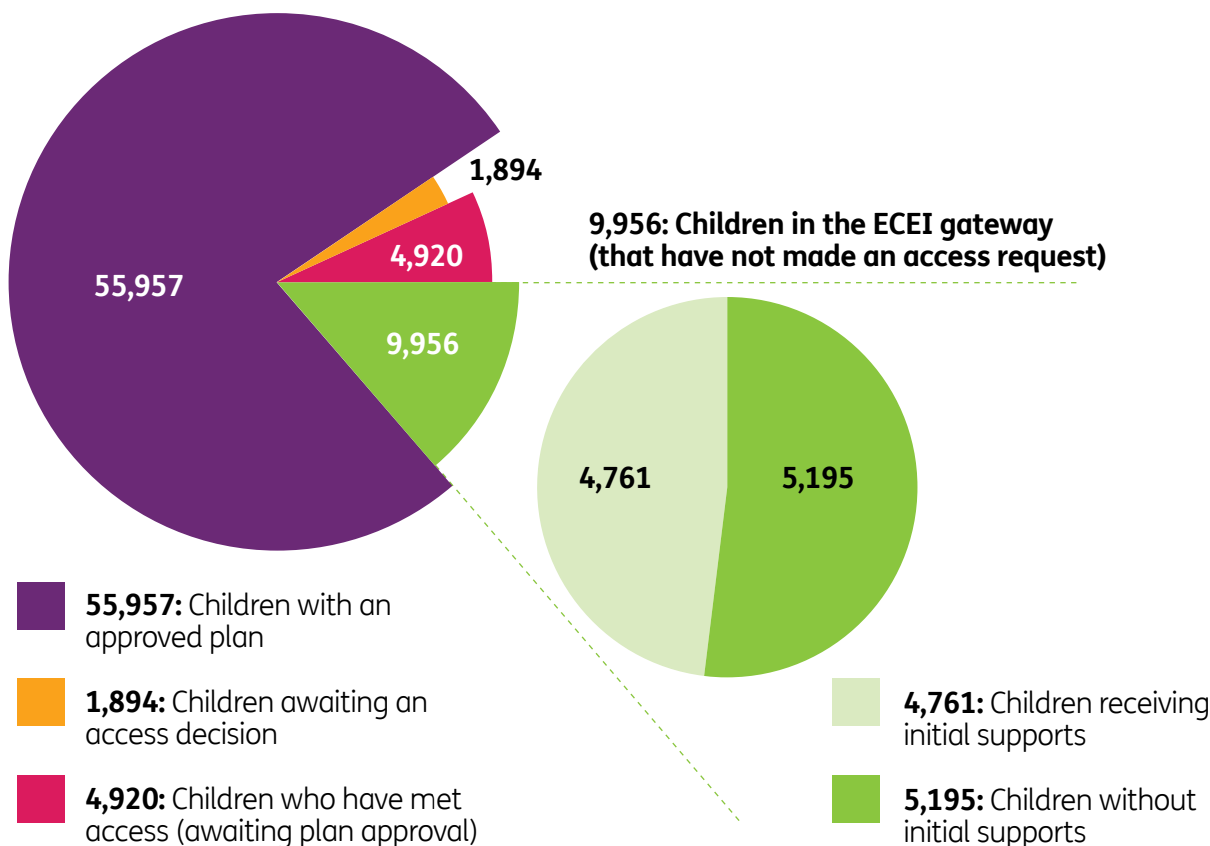
At 31 March 2020, there were approximately 5,500 children receiving initial supports in the ECEI gateway (an increase of 107 per cent at the end of last quarter).

Of the 364,879 participants with approved plans at 31 March 2020, 55,957 were children aged 0-6 (15%), and of the 27,426 new participants with an approved plan this quarter, 8,283 were children aged 0-6 years (30%). This is reflective of the significant continued effort being made by the NDIA and its partners to reduce the number of children who were waiting for supports.

In addition to the 55,957 children aged 0-6 with an approved plan:

- **4,920** children had met the access criteria and were waiting for an approved plan.
- **1,894** were awaiting an access decision from the NDIA (of which 781 (41%) were receiving initial supports in the ECEI gateway).
- **9,956** children were in the ECEI gateway (of which 4,761 (48%) 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.

Figure 2: Children in the NDIS



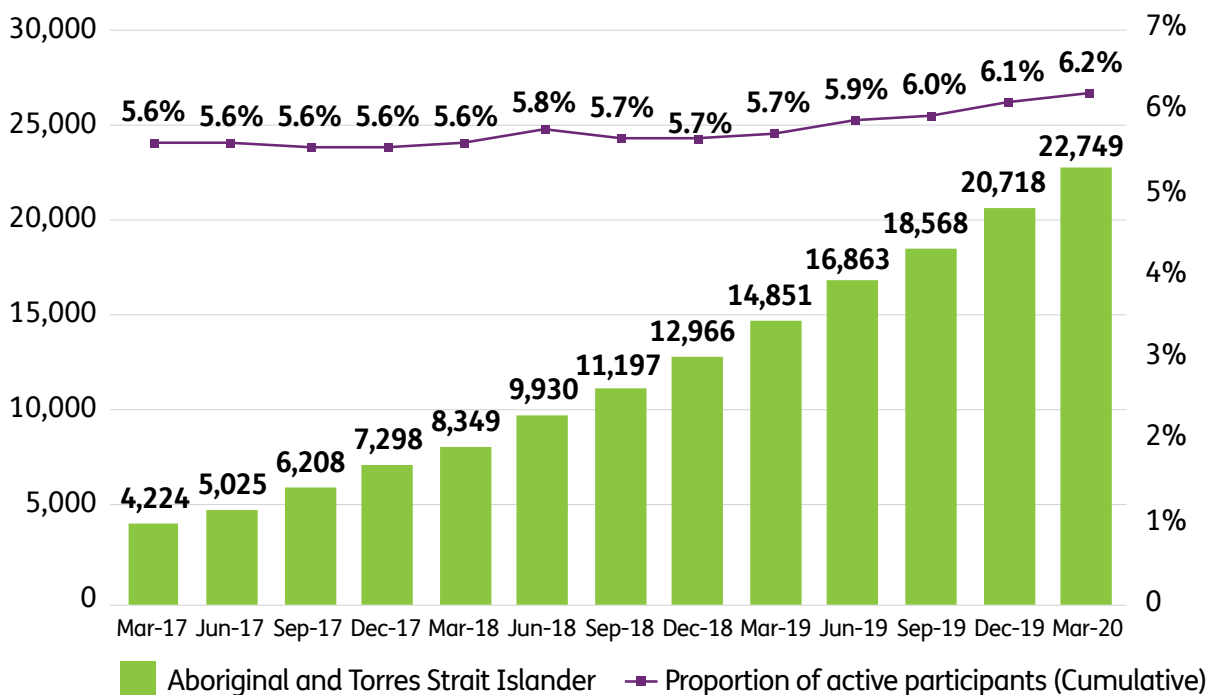
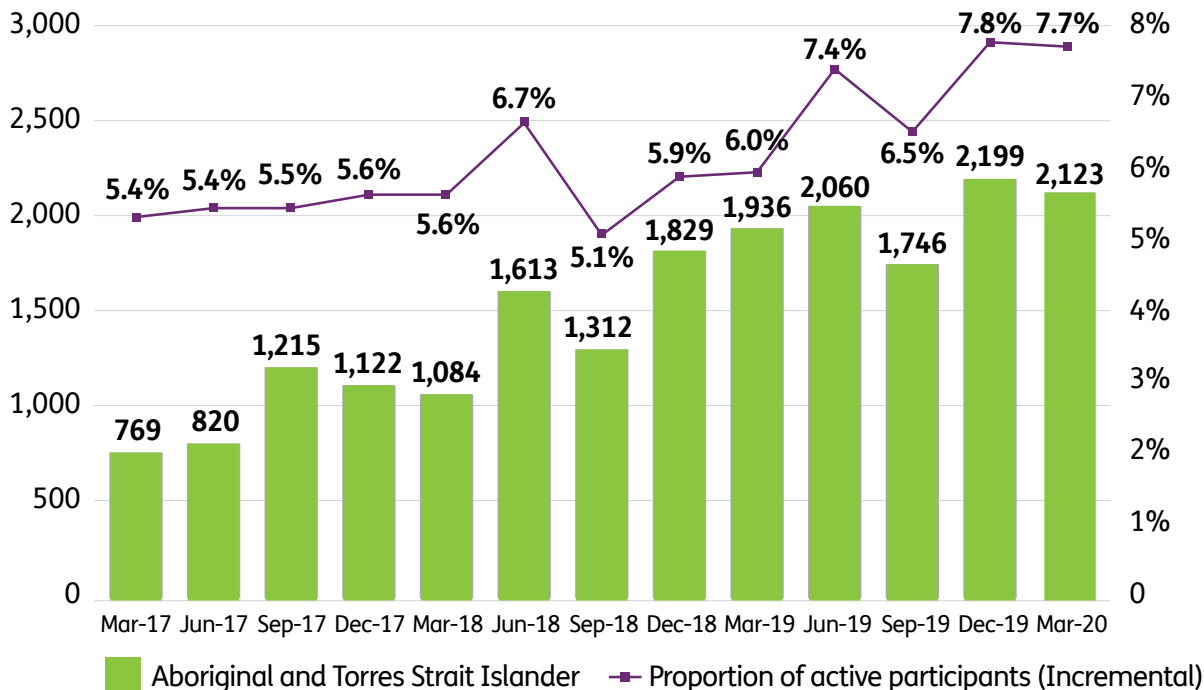
### 1.3 Participant characteristics

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

Of the 27,426 participants entering, there was increased diversity through higher numbers of:

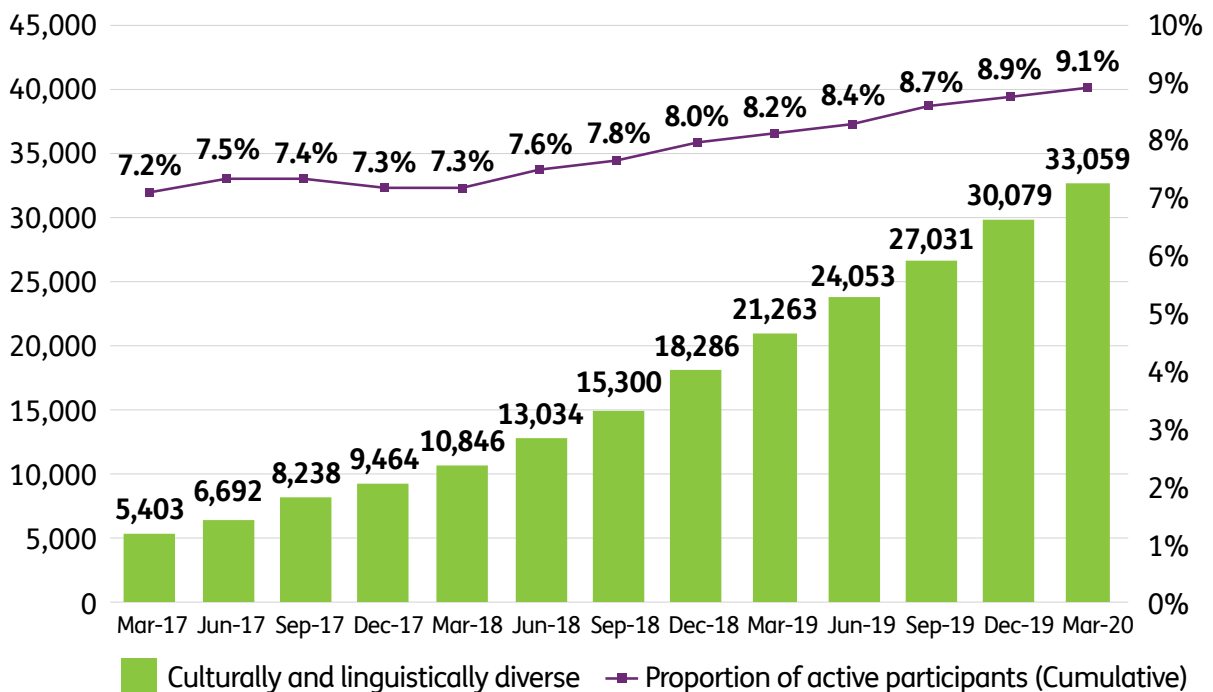
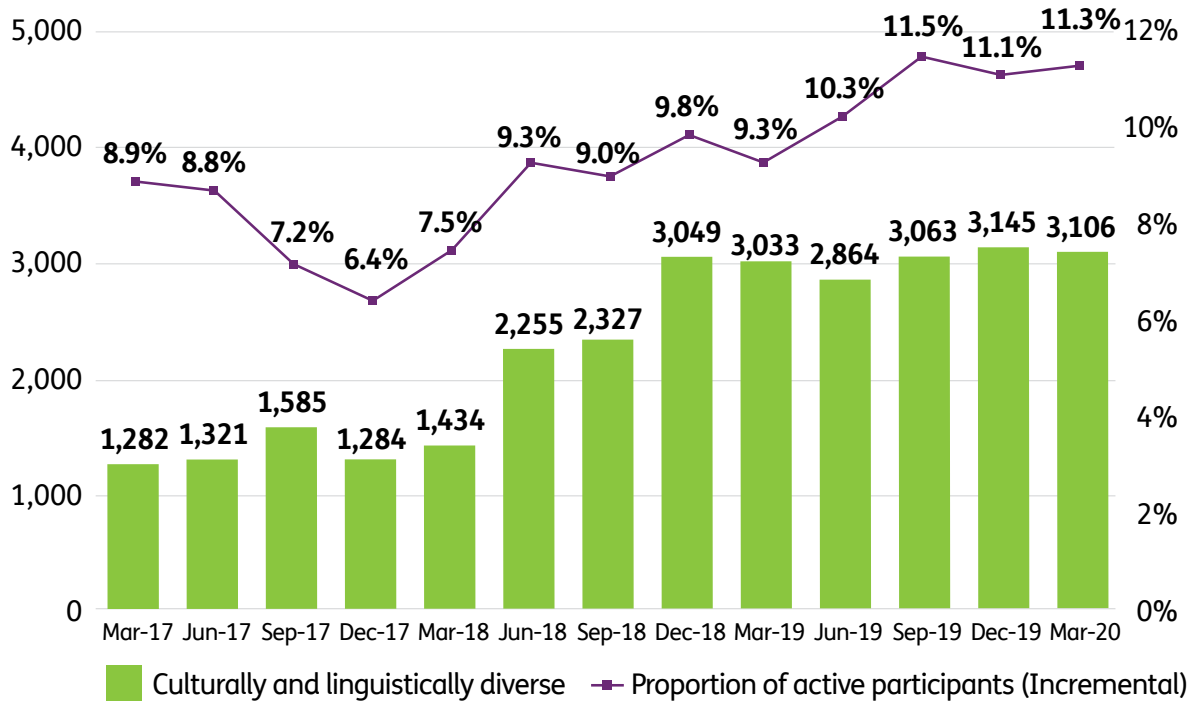
- **Aboriginal and Torres Strait Islanders: 7.7%** of participants who received a plan in the quarter, compared with **6.1%** in previous quarters combined.
- **CALD: 11.3%** of participants who received a plan in the quarter, compared with **8.9%** in previous quarters combined.
- the number of Scheme participants in **remote and very remote** areas this quarter increased to **1.9%** 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)<sup>3</sup>



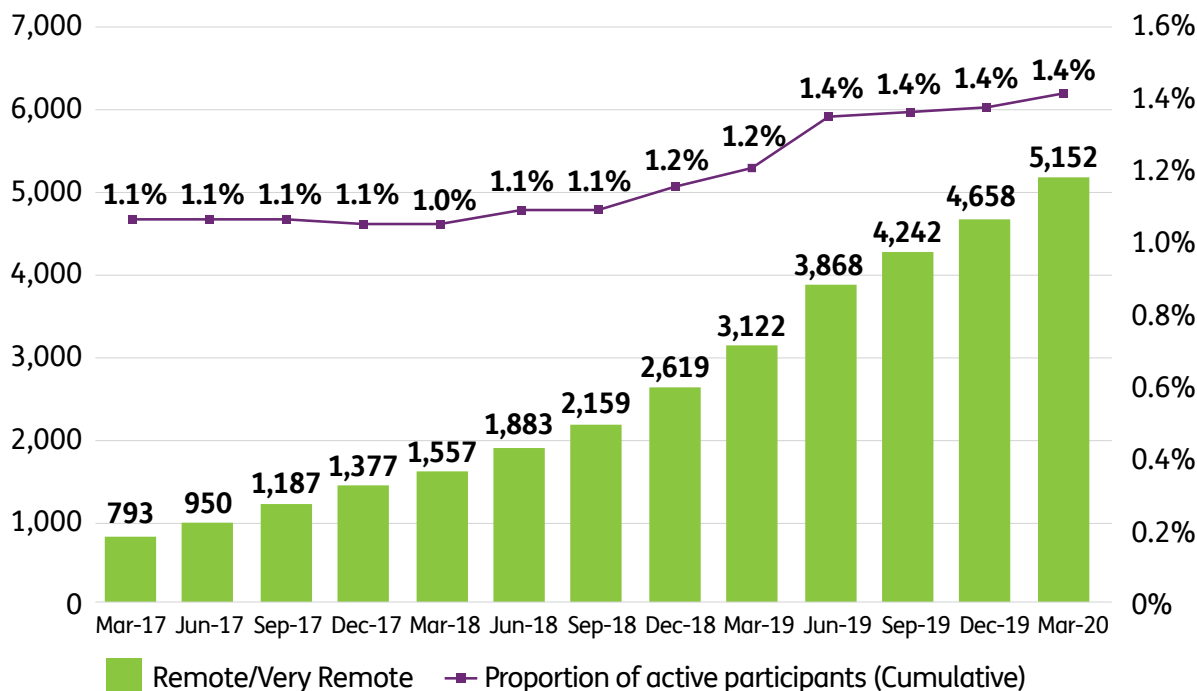
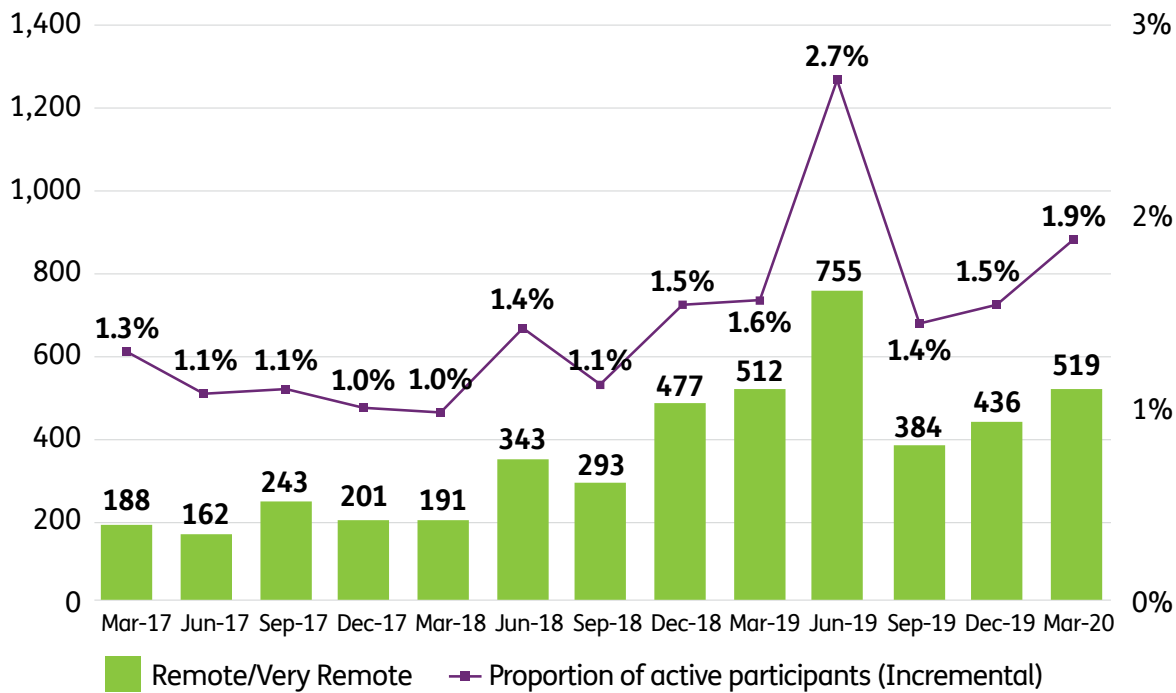
<sup>3</sup> The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Data is not available prior to March 2017.

Figure 4: Number and proportion of CALD participants over time incrementally (top) and cumulatively (bottom)<sup>4</sup>



<sup>4</sup> The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. Data is not available prior to March 2017.

Figure 5: Number and proportion of remote/very remote participants over time incrementally (top) and cumulatively (bottom)<sup>5</sup>



<sup>5</sup> The incremental chart shows the distribution of new participants that have entered in each quarter. The cumulative chart shows the distribution of active participants as at each quarter over time. 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 (**30%** this quarter and **35%** in the December 2019 quarter). This compares with **14%** in the previous quarters through to 30 September 2019 combined.
- consistent with the high numbers of children, a relatively higher proportion of participants with **Developmental Delay** entered the Scheme again this quarter (**15.0%** this quarter and the December 2019 quarter compared with **5.3%** in previous quarters).
- **Psychosocial Disability: 12.6%** of participants who received a plan in the quarter, compared to **9.1%** in the previous quarters combined.
- a higher proportion of participants with **Hearing Impairment** entered the Scheme this quarter (**8.6%** this quarter and the December 2019 quarter compared with **4.1%** in previous quarters).

## 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 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:

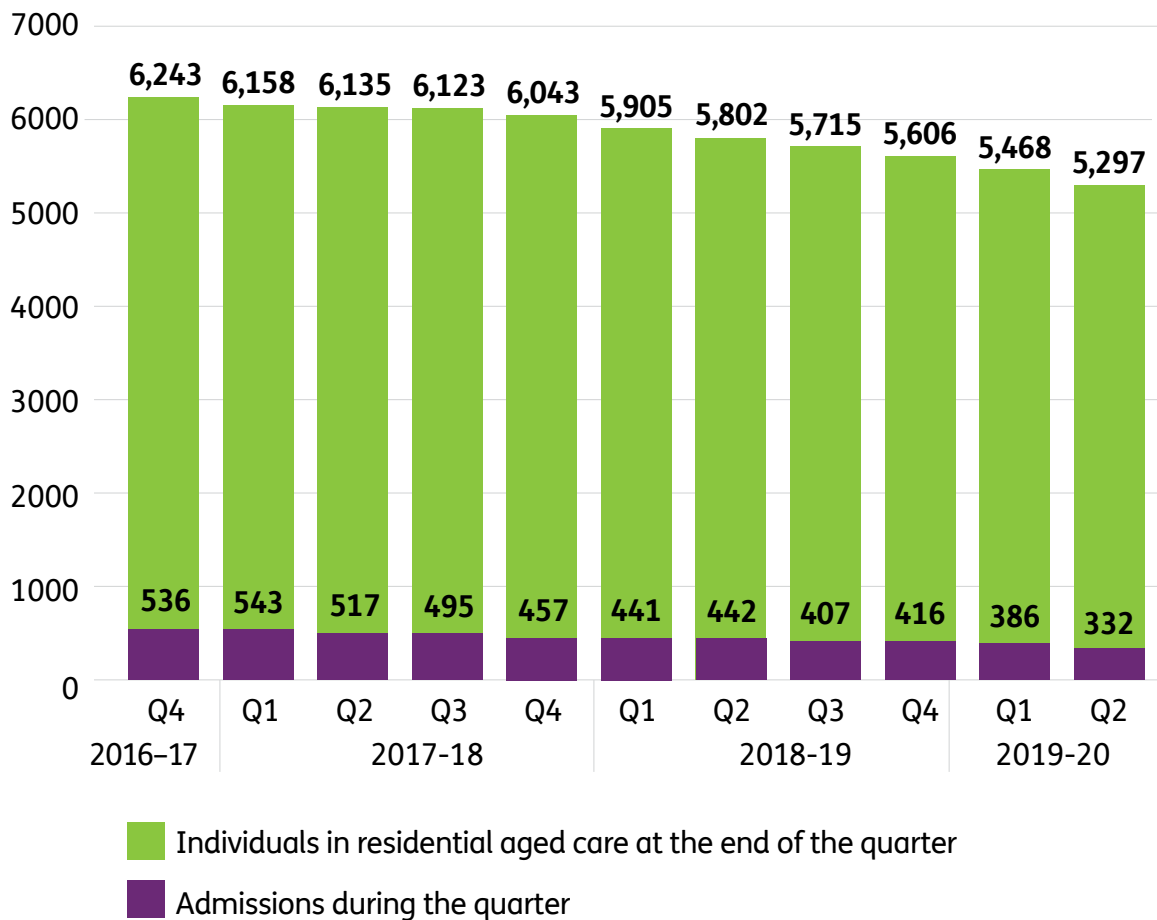
- no people under the age of 65 entering residential aged care by 2022.
- no people under the age of 45 living in residential aged care by 2022.
- no people under the age of 65 living in residential aged care by 2025.

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 5,297 at 31 December 2019 (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 332 in the December 2019 quarter (a 38% 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 6: Number of individuals in residential aged care and admissions to residential aged care (under 65 years), by quarter<sup>6</sup>

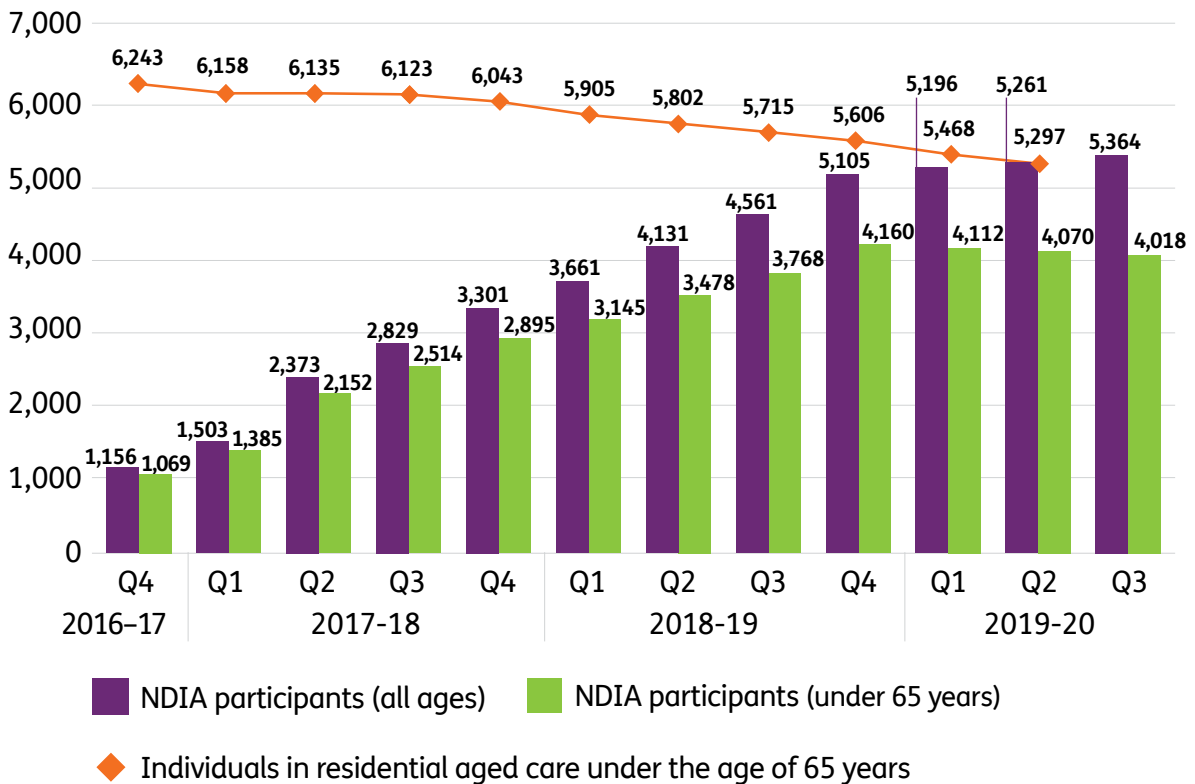


<sup>6</sup> Data is from Department of Health.

There were 4,018 participants in residential aged care with an approved plan at 31 March 2020 aged under 65 years, and there were a further 1,346 participants in residential aged care with an approved plan over 65 years (resulting in 5,364 participants overall in residential aged care). Of the 5,364 participants in residential aged care, 171 are aged under 45 years (3.2%).

Further, of the total number of younger people in residential aged care, 77 per cent had an NDIS approved plan at 31 December 2019, compared with 17 per cent at 30 June 2017.

**Figure 7: Number of NDIA participants in residential aged care (all ages and under 65), and total number of individuals under age 65 in residential aged care**



Part Two:

# Participant experience and outcomes



# 2

## Part Two:

# Participant experience and outcomes

Recognising that participation in work and community and social activities is restricted due to the COVID-19 pandemic, this section presents the key statistics on these metrics for participants who have been in the Scheme for two and three years respectively.

## 2.1 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 31 March 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:

– **thirteen** percentage increase from **32%** to **45%** for participants aged 15–24 years.

– **fourteen** percentage increase from **36%** to **50%** for participants aged 25+ years.

– **fourteen** percentage increase from **35%** to **49%** for participants aged 15+ years.

Similar trends are evident for those who entered the Scheme between 1 April 2017 and 31 March 2018, and have been in the Scheme for two years. For this group of participants there was a:

– **twelve** percentage increase from **32%** to **44%** for participants aged 15–24 years.

– **ten** percentage increase from **36%** to **46%** for participants aged 25+ years.

– **ten** percentage increase from **35%** to **45%** 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 31 March 2017 and have been in the Scheme for three years, there was a:

– **twelve** percentage increase from **12%** to **24%** for participants aged 15-24 years.

– **two** percentage decrease from **25%** to **23%** for participants aged 25+ years.

– **one** percentage increase from **22%** to **23%** for participants aged 15+ years.

For participants who entered the Scheme between 1 April 2017 and 31 March 2018 and have been in the Scheme for two years, there was also a marginal increase in employment:

– **seven** percentage increase from **16%** to **23%** for participants aged 15-24 years.

– **two** percentage decrease from **27%** to **25%** for participants aged 25+ years.

– **one** percentage increase from **24%** to **25%** for participants aged 15+ years.

### Employment Taskforce

The [NDIS Participant Employment Strategy](#) published in November 2019 requires the NDIA to create opportunities for 30 per cent of NDIS participants of working age to achieve meaningful employment by 30 June 2023.

The NDIA fully supports the Australian Government's commitment of seven per cent employment for people with disability in the Australian Public Service (APS). The NDIA has 11.9 per cent of its employees living with disability, cementing its status as an APS leader and is therefore in a good position to help other agencies understand how they too can achieve their employment targets.

The '[Let's talk about work](#)' booklet is now widely used by participants, teachers, and coordinators to initiate a conversation about work, record key information about strengths, barriers and challenges, previous experience in employment and transferable skills. It is proving an excellent basis for formulating an NDIS plan that lays out the means to achieving employment.

The NDIA is already delivering on a number of elements in the Participant Employment Strategy (noting that some initiatives may not progress at the same pace as envisaged due to the COVID-19 pandemic):

- the NDIA joined the Collaborative Partnership. This Partnership is the national alliance to improve work participation for Australians with a health condition or disability. It is a collaboration between the public, private and not-for-profit sectors.
- an employment innovation challenge commenced with Swinburne University students in March 2020. The challenge will see students develop business plans to address and provide solutions to barriers to employment and outline innovative approaches to positively influence the rate of employment for people with disability. Through this challenge, we expect to hear of innovations in education, community and employment environments.
- the NDIA is working closely with Australian Disability Enterprises and the DSS to ensure a smooth transition to the NDIS for people in supported employment. This transition timeline is affected for some participants where their workplace has closed or they stay at home due to COVID-19 restrictions.
- work continues on the introduction in 2020 of the new supported employment pricing framework announced in October 2019. The new pricing means that participants with moderate to high workplace support needs have choice and control over the type and extent of supports they receive to pursue their employment goals. This includes participants working in Australian Disability Enterprises.
- peer leadership is important, and as a leading employer of people with disability, the NDIA is continuing to strengthen its recruitment and retention of people with disability, including NDIS participants. The NDIA is doing this through our disability awareness and capability training for staff, and leadership development for NDIS employees.
- the NDIS Information, linkages and capacity building (ILC) Economic Participation grant rounds are critical to building evidence-based practices to increase the market of employment supports and opportunities and employer readiness. The latest round of ILC Grants was announced in February 2020 and the outcomes from this work will help inform aspects of the Employment Strategy.

## 2.2 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 31 March 2020, for participants who have been in the Scheme for three years<sup>7</sup>, 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 **95%** 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 **90%** 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 **46%** 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 **64%** in their second year and **60%** 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 **65%** in their second year and **59%** in their first year.

##### For adults aged 25 and over:

- **78%** 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 **74%** in their second year and **68%** in their first year.
- **84%** 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 **72%** in their first year.

<sup>7</sup> That is, participants who had their first plan approved between 1 July 2016 and 31 March 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 2016 to 31 March 2020, participants that have been in the Scheme for two years<sup>8</sup> 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 **84%** in their first year.

#### For children starting school to 14 years:

- **65%** 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 **56%** in their first year.
- **51%** 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 **44%** in their first year.

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

- **65%** 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.
- **66%** of participants said the NDIS had helped them with daily living activities in their second year of participation, compared to **57%** in their first year.

#### For adults aged 25 and over:

- **74%** 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 **69%** 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 noted above, the NDIA is committed to improving employment outcomes for participants and has developed the NDIS Employment Strategy for this purpose. Further detail about the [NDIS Participant Employment Strategy](#) is on the NDIS website.

<sup>8</sup>That is, participants who had their first plan approved between 1 July 2016 and 31 March 2017 and have had a third plan review to date.

## 2.3 Participant satisfaction

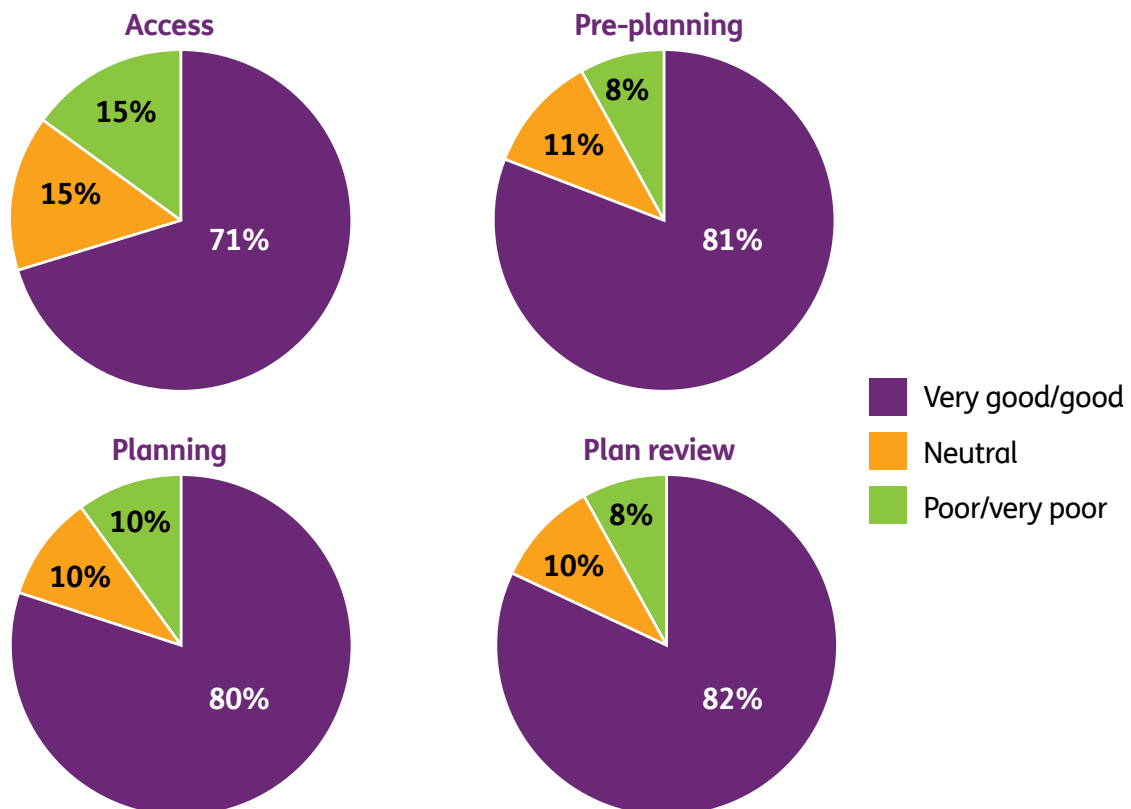
### Participant experience across the pathway remains high.

In mid-August 2019, Minister Stuart Robert announced a review of the NDIS legislation and rules. The review, led by David Tune AO, was completed in December 2019, and the recommendations were released on 20 January 2020. One recommendation from this review, was that the NDIS Independent Advisory Council (IAC) develops a new independent participant satisfaction survey, with reporting included in the NDIA's quarterly reporting to DRC.

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 IAC will build on this survey to develop a comprehensive picture of participant satisfaction, noting that the original survey conducted by the NDIA since Scheme inception on first plan experience has now ceased.

In the March 2020 quarter, 82 per cent of participants rated the plan review process as either good or very good, with a further 10 per cent rating the experience as neutral. Seventy-one per cent of the participants in the quarter rated the access process as either good or very good, 81 per cent rated the pre-planning process as either good or very good, and 80 per cent of participants rated the planning process as either good or very good.

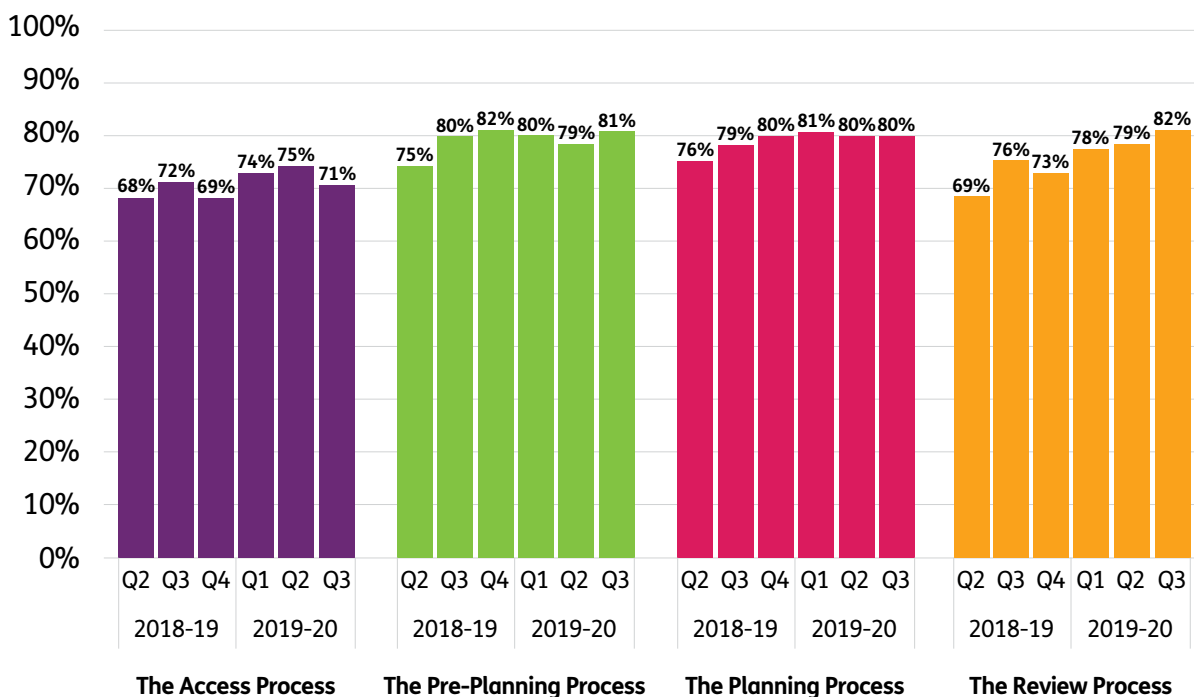
Figure 8: Rating of experience with the NDIS (1 January 2020 to 31 March 2020)<sup>9</sup>



<sup>9</sup> Survey sample was 496 surveys at Access, 1,370 at Pre-Planning, 1,627 at Planning and 333 at Review.

Satisfaction with the plan review process has increased over the six quarters with the other elements across the pathway remaining relatively consistent.

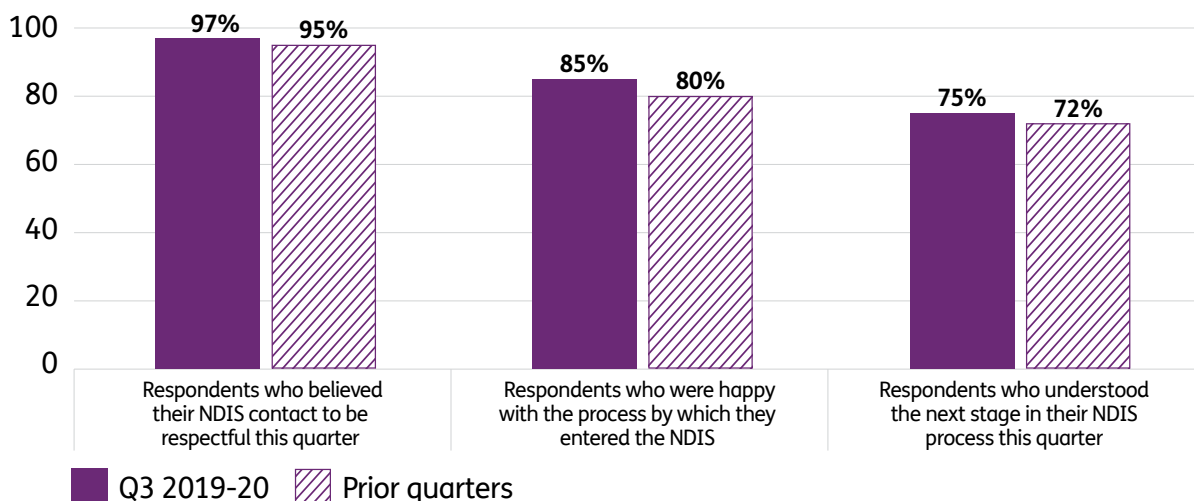
**Figure 9: Trend of satisfaction across the pathway (% Very good/good)<sup>10</sup>**



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

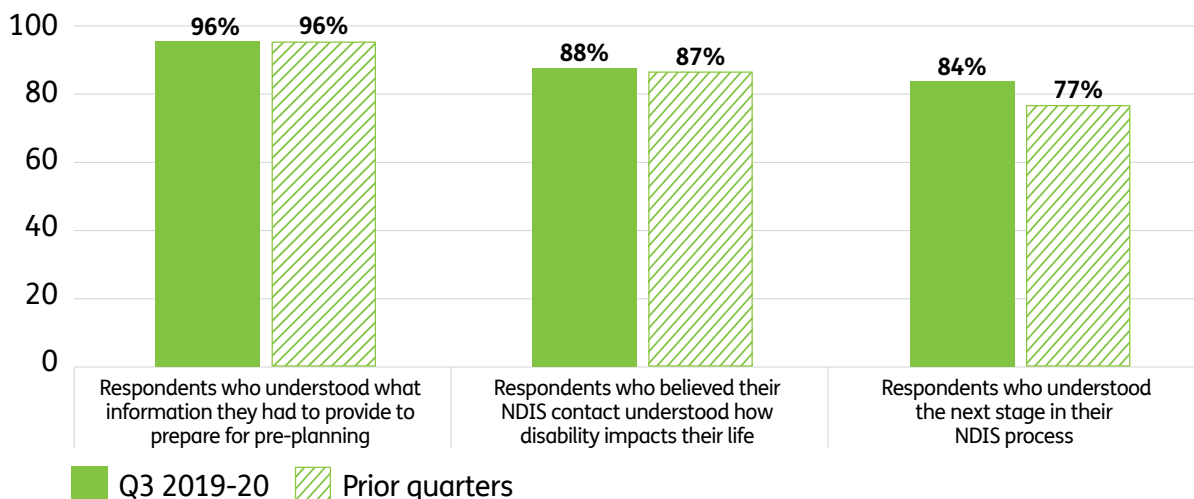
**Figure 10: Satisfaction across the four stages of the pathway**

**Stage One: Access**

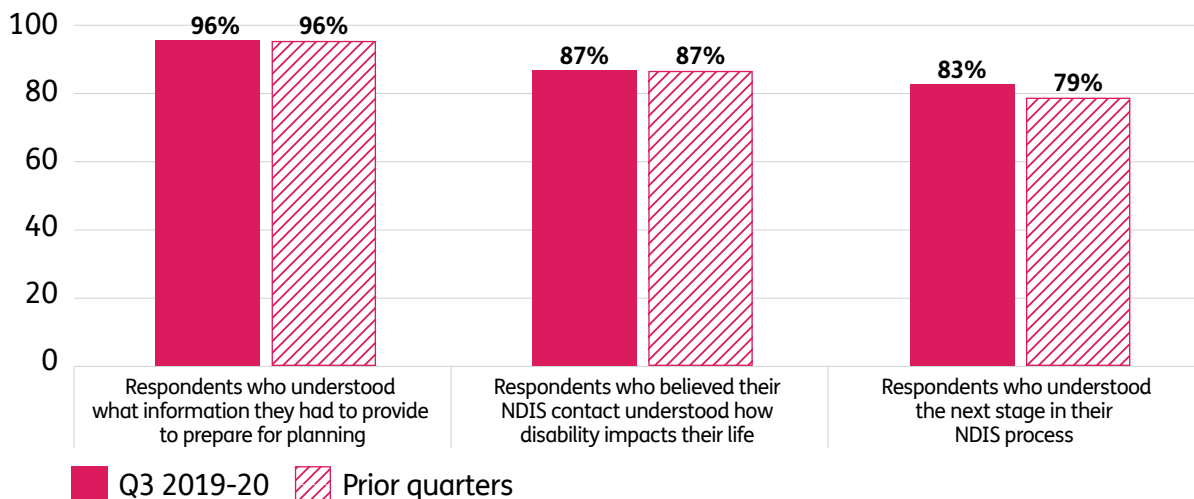


<sup>10</sup> On average, approximately 1,250 surveys at Access, 1,100 at Pre-planning, 1,400 at Planning and 1,250 at Plan Review are collected each quarter. Some results have marginally changed since the last quarterly COAG report as some survey results for each quarter are received retrospectively.

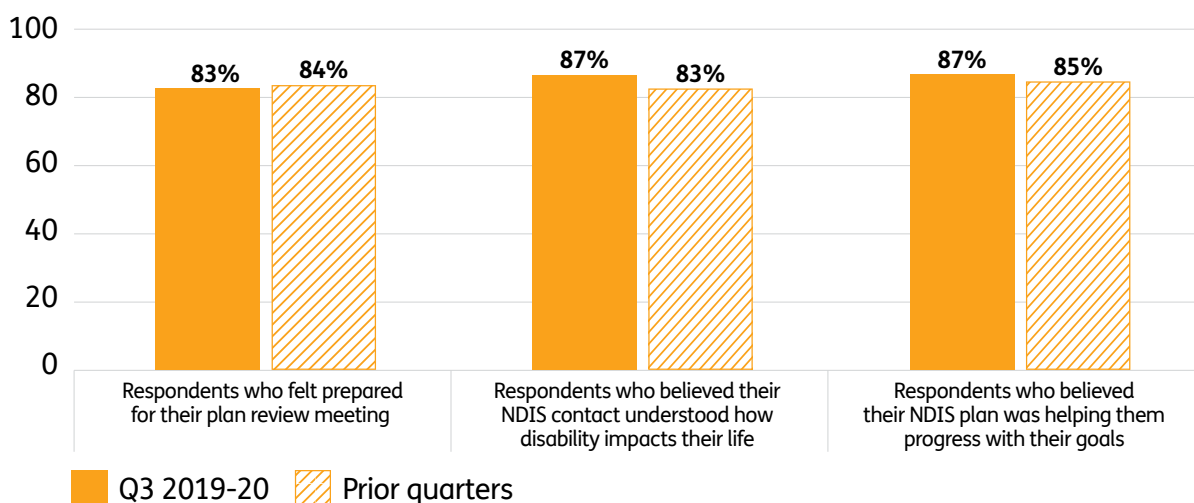
Stage Two: Pre-planning



Stage Three: Planning



Stage Four: Plan Review



## 2.4 Waiting times for access decisions and plans<sup>11</sup>

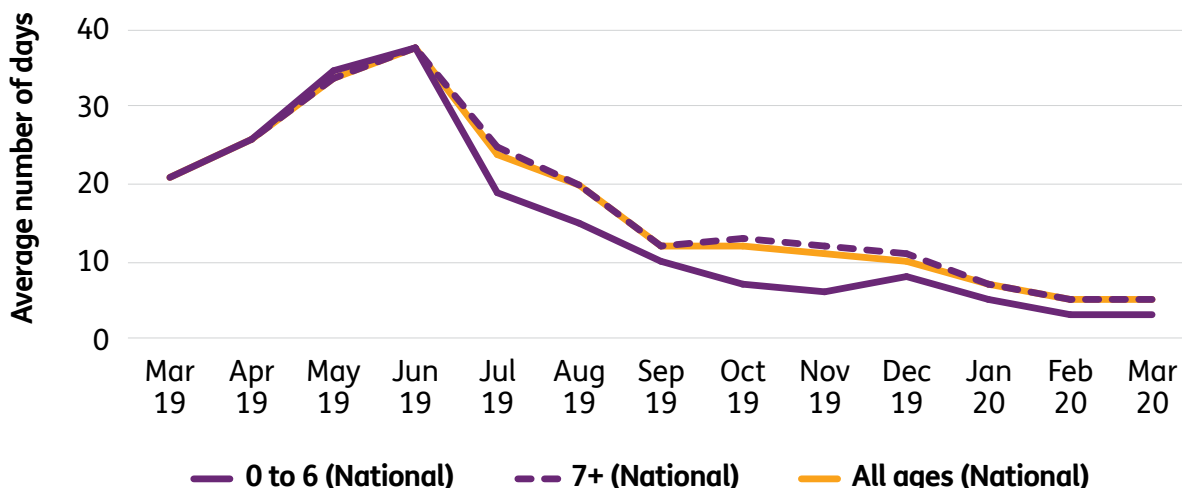
The time taken to make an access decision is, on average, three days.

### Access decisions

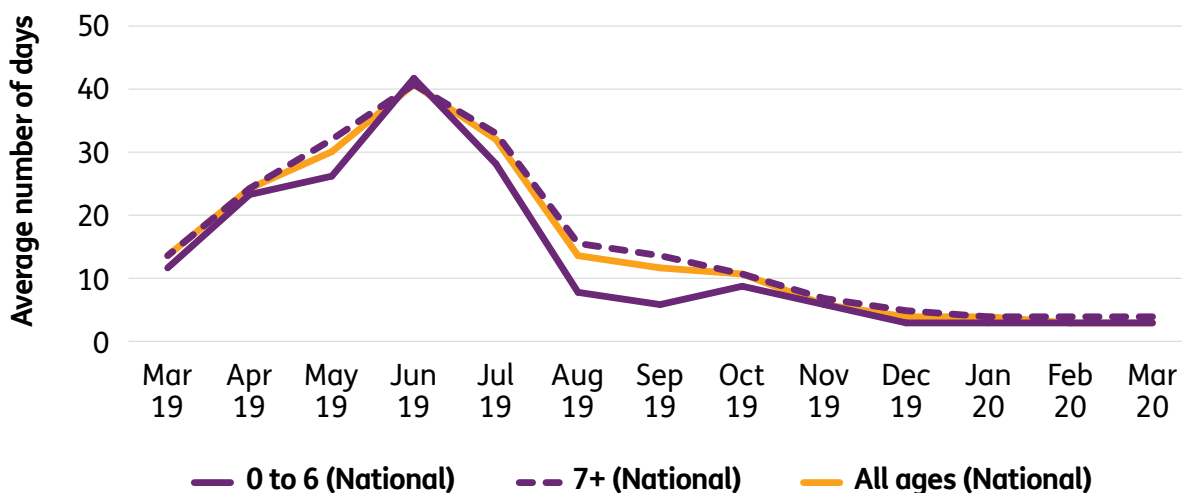
The amount of time taken to determine access to the Scheme in some months of 2019 was too long. The NDIA invested significant resources to fix the ICT issue that caused the backlog and re-deployed staff to clear the backlog. The time taken, on average, to make an access decision in the most recent month fell to three days, well below the 21 day target.

Each quarter, a number of access decisions are made, and a number of access requests remain in progress (with a decision still to be made) at the end of the quarter. This analysis considers both the timeframes on the decisions that were made during the quarter, and also for the decisions still to be made, the number of days these decisions have been in progress. As at 31 March 2020, outstanding access decisions had been in progress for an average of five days. This compares with 10 days at the end of December 2019 and 38 days at 30 June 2019. Further, access decisions completed in the month of March 2020 were completed in three days on average compared to four days in December 2019 and 42 days in June 2019.

**Figure 11: The average number of days an access decision has been in progress**



**Figure 12: The average number of days taken to complete an access decision**



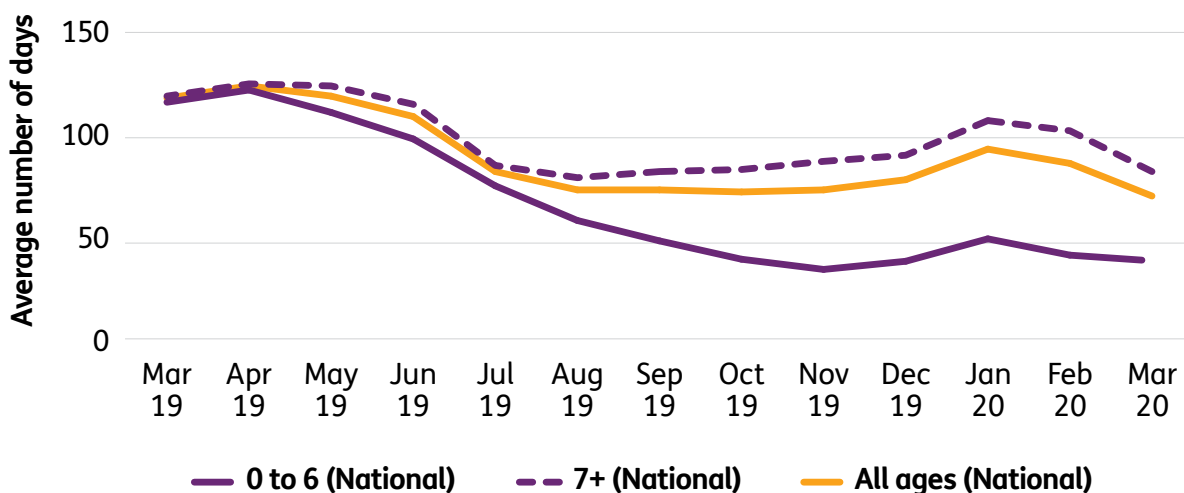
<sup>11</sup> Further detail on waiting times is included in Appendix R.

### First plan approvals

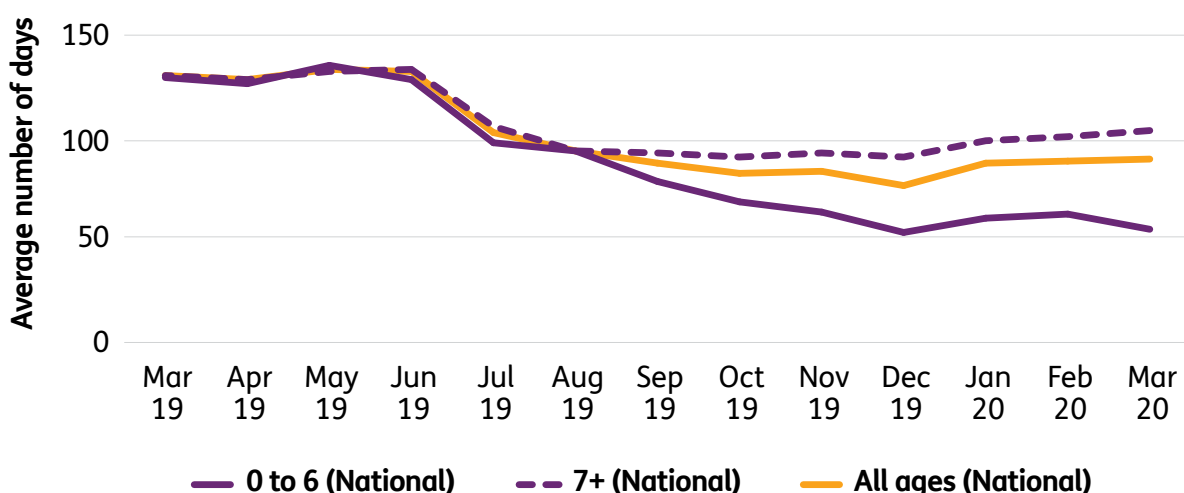
The time taken to approve a first plan after an access decision has been made has significantly improved compared to nine months ago.

First plans completed in March 2020 were completed in 90 days on average compared to 77 days on average in December 2019 and 133 days in June 2019. The average number of days taken to complete and approve a first plan increased over the quarter because the NDIA focused on reducing the number of plans that were over 60 days old. At 31 March 2020, the average number of days a first plan has been in progress (that is, not yet approved) was 76 days. This compares to 84 days at 31 December 2019 and 115 days at 30 June 2019.

**Figure 13: The average number of days a first plan has been in progress (that is, not yet approved)**



**Figure 14: The average number of days taken to complete and approve a first plan**



## 2.5 Complaints, participant requested reviews and reviews of reviewable decisions

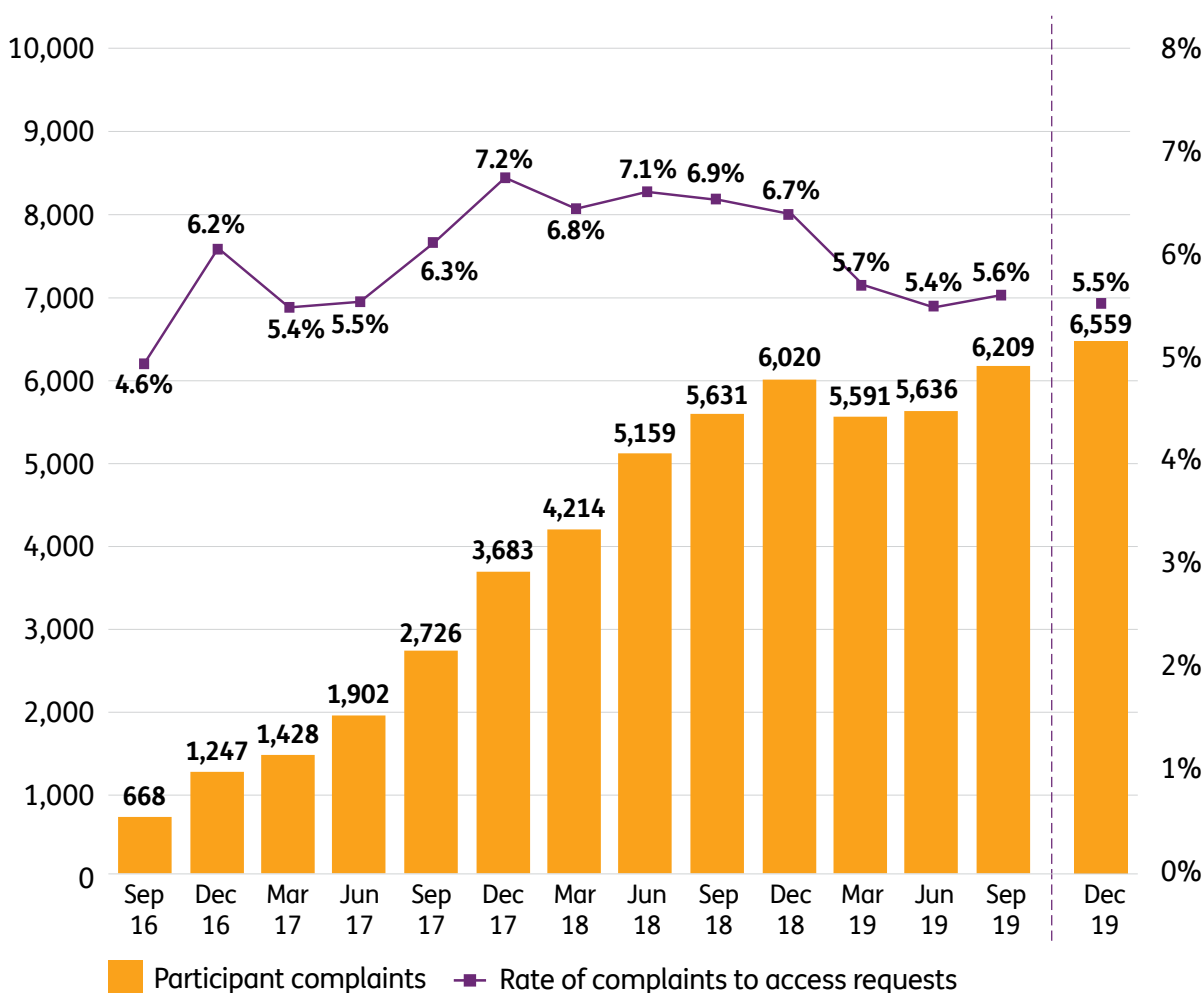
There has been a significant reduction in the number of open participant requested reviews (PRRs) and reviews of reviewable decisions (RoRDs) throughout the quarter.

### Complaints

The NDIA business system has been enhanced this quarter to allow the recording of multiple related parties as the source of a complaint. This means that both participants and providers, or other parties, can be linked to a single case. Previously, the single source was often recorded as a participant regardless of whether a provider was associated with a complaint. For this reason, results this quarter are not comparable with previous quarters.

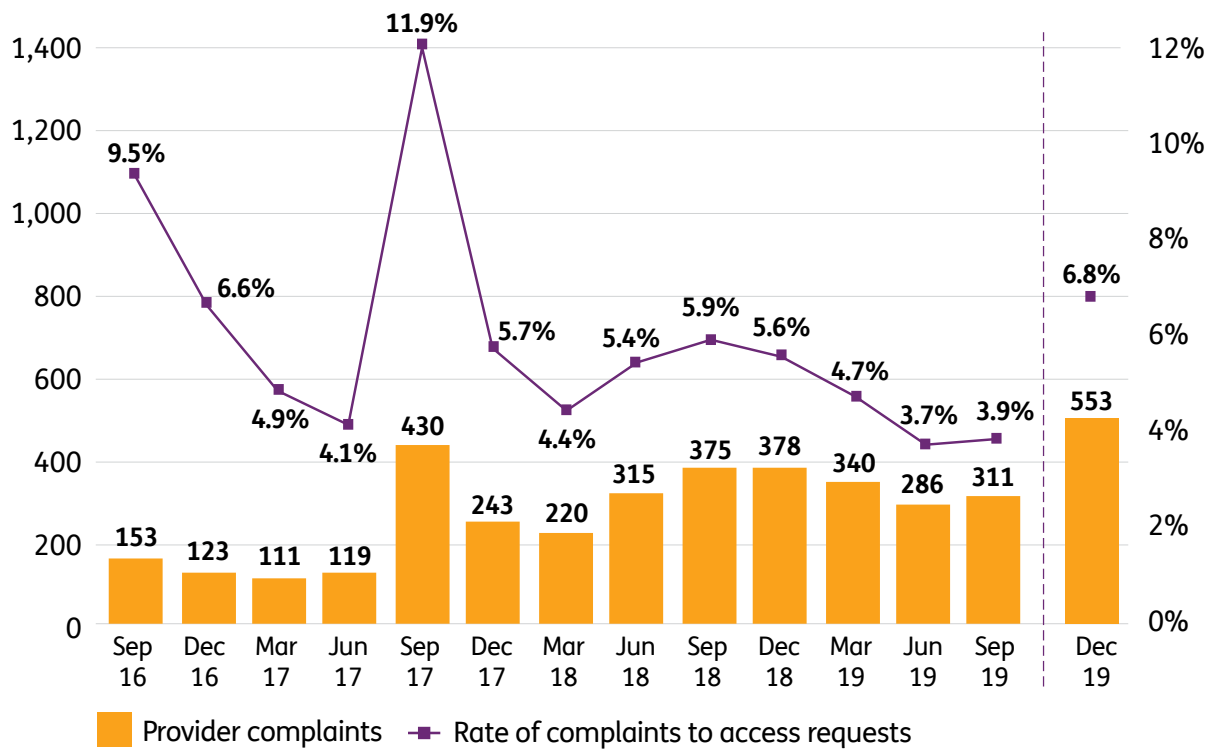
Participant complaints received, as a percentage of access requests in the quarter, were 5.5 per cent, and provider complaints, as a percentage of registered providers, was 6.8 per cent.

Figure 15: Participant complaints received as a proportion of access requests<sup>12</sup>



<sup>12</sup> Complaints are reported to 31 December 2019 due to the lag in reporting and hence the March 2020 quarter will be reported in the next quarterly report.

Figure 16: Provider complaints received as a proportion of registered providers<sup>13</sup>



<sup>13</sup> Complaints are reported to 31 December 2019 due to the lag in reporting and hence the March 2020 quarter will be reported in the next quarterly report.



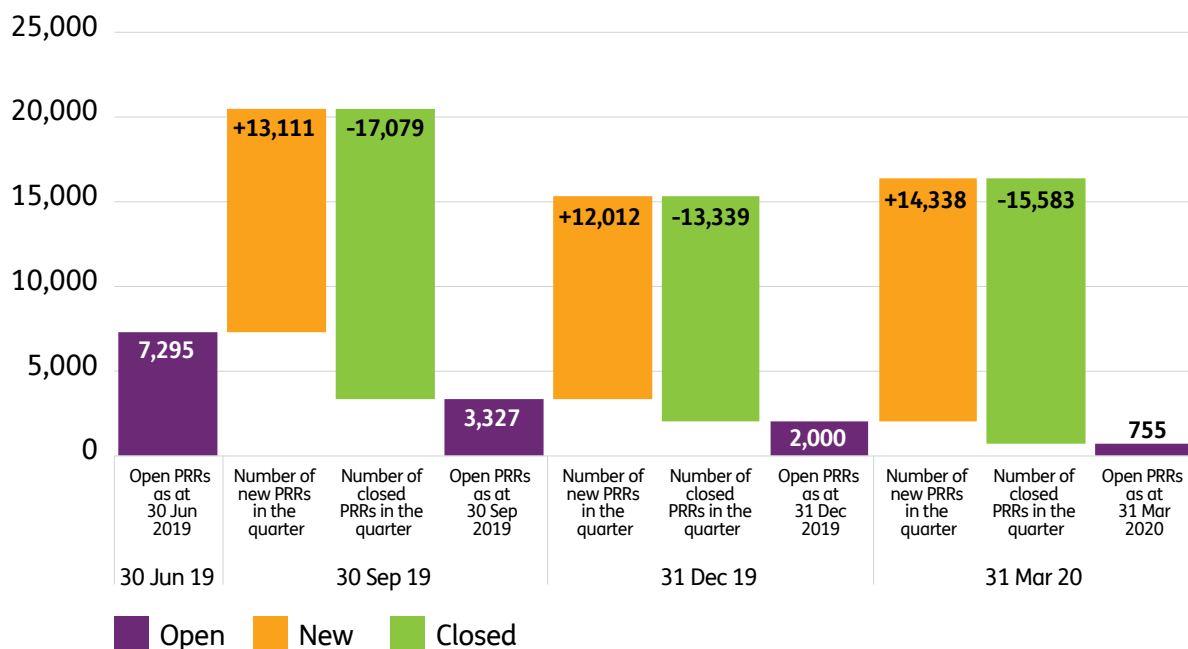
**Participant requested reviews**

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 March 2020 quarter, there were 14,338 new participant requested reviews, and 15,583 were closed.<sup>14</sup> The number of PRRs has increased over the last year due to the increase in the number of participants. In the March 2020 quarter, PRRs accounted for 17 per cent of total plan reviews.

There has been a significant reduction in the number of open PRRs from 7,295 at 30 June 2019, to 755 at 31 March 2020. On average, it took 13 days for PRRs to be completed.

**Figure 17: PRRs received and closed during the March quarter and open as at 31 March 2020**



<sup>14</sup> 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.

### Reviews of reviewable decisions

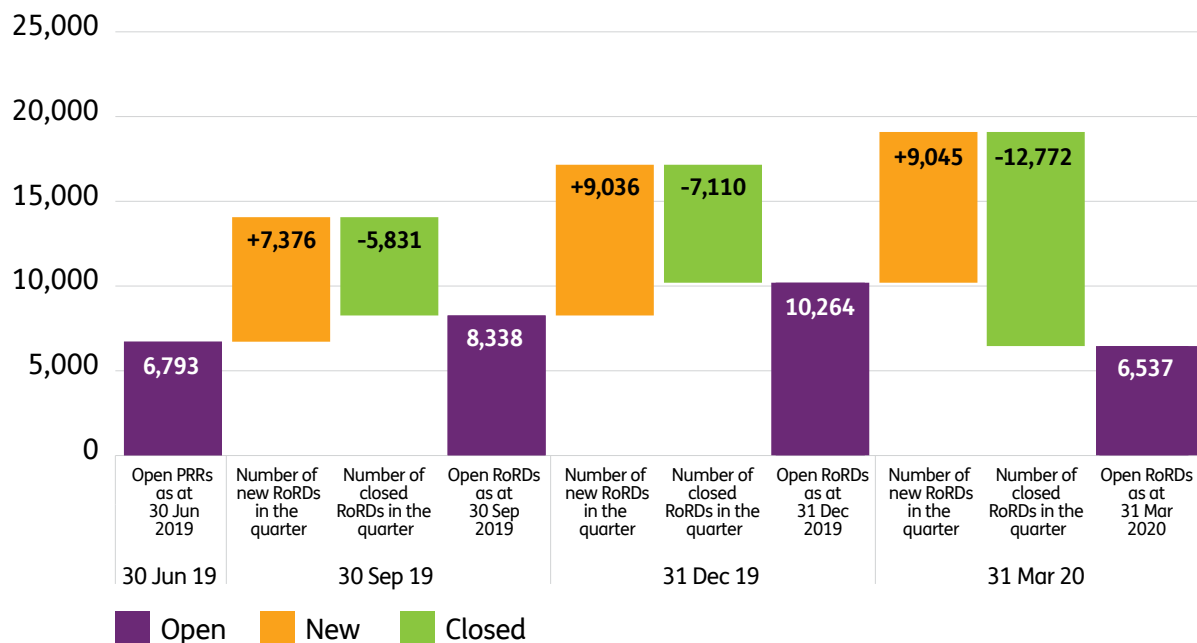
Under section 100 of the NDIS Act, people can request RoRDs. In the March 2020 quarter, there were 9,045 new RoRDs, and 12,772 were closed.<sup>15</sup> As with PRRs, the number of participant RoRDs has increased over the last year due to the increase in the number of participants.

There was a significant reduction of open RoRDs from 10,264 at 31 December 2019, to 6,537 at 31 March 2020.

It should be noted that 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).

The number of RoRDs open for more than 90 days at 31 December 2019 was 3,707 and this has now decreased to 1,351 at 31 March 2020.

**Figure 18: RoRDs received and closed during the March quarter and open as at 31 March 2020**



<sup>15</sup> 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 s100 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.

## 2.6 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 made consistent improvements to call response times, wait times and abandoned call rates for enquires made to the NDIS.

- between 1 January 2020 and 31 March 2020, the Contact Centre answered 284,097 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 March 2020 quarter it was achieving a service level of **84%**.
- average **abandonment rates** are consistently sitting at 1.2%.
- throughout the quarter 206,215 emails were responded to, with **98.2%** progressed within 2 business days of them being received.
- the **rate of enquiries being resolved** at first contact has increased from 61% in December 2019 to 74% in March 2020, and averaged 71% over the March 2020 quarter.<sup>16</sup>

While the number of calls to the National Contact Centre has increased above expected levels in April, the National Contact Centre has continued to meet its service standard at 82 per cent of calls answered within 60 seconds, and the abandonment rate has remained largely unchanged at 1.3 per cent.

<sup>16</sup> 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.

## 2.7 Actions to improve the participant experience

While many projects are on hold due to the COVID-19 pandemic, the NDIA continues its progress on improving the participant experience.

### Participant Vision

The NDIA has commenced work on a **Participant Vision** which will set the NDIA's ongoing commitment to improve the participant experience. The Participant Vision will bring together the projects underway which focus on reducing waiting times, improving the consistency and equity of decisions, reducing complexity, and improving connections with hard to reach participants.

Our 2020-2021 Participant Vision will set out what the NDIA is going to do to deliver a Scheme that meets participant expectations over the next two years. It will reflect the engagement principles and time standards participants can expect as well as the work the NDIA already has underway.

The NDIA will engage with participants by being:

- **transparent:** you will have access to information about the NDIS and your plans that is accurate, consistent, up-to-date, easy to understand and available in formats that meet your needs.
- **responsive:** you are supported and your independence is maximised by addressing your individual needs and circumstances.
- **respectful:** you are valued, listened to and respected.
- **empowering:** you are empowered to make an access request, navigate the NDIS system, participate in the planning process and use your plan supports.
- **connected:** we break down barriers so that you are connected to the services and supports you need.

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

### Transparency

#### Webchat

In December 2019, the NDIA introduced webchat, a 'live chat' service on the NDIS website. This enabled people to quickly find general information about the NDIS.

In March 2020, further enhancements were made to the webchat platform which enabled NDIA staff to help participants with their personal circumstances once they had verified their identity. Now participants can use webchat to access personalised services from our highly trained staff just as they would over the phone.

The NDIA also worked with Blind Citizens Australia to make sure webchat is accessible and meets the needs of all our users.

#### Complex home modification guide

In February 2020, the NDIA published a guide to complex home modifications (CHM) for builders and assessors. The complex home modification guide is designed to increase knowledge and understanding of complex home modifications to reduce the number of re-quotes and facilitate timely approvals.

### 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.

Thirty Joint Planning meetings were booked to be completed by the end of March. Twenty-three participants elected to forego a meeting and have their plans approved immediately. Seven chose to continue with a telephone meeting. The first five meetings were held during the final two weeks of March, with participants given the opportunity to discuss their NDIS plan with their Local Area Coordinator (LAC) and NDIA planner. 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 post COVID-19.

#### Independent Assessment Pilot

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

The NDIA discontinued the Independent Assessment Pilot during March 2020. The pilot relied upon face-to-face contact with participants so it was quickly closed as soon as COVID-19 became a concern. The NDIA is now undertaking an evaluation of the pilot; however, the original intention to implement the assessments in July 2020 is no longer appropriate and will take place at a later time.

### **Collaborative access**

Collaborative Access (CA) is a process change that strengthens the connection between prospective participants and their LAC.

In CA, LACs provide more direct support of individuals when completing access requests, and identify and connect individuals to mainstream supports and other government services (even if they did not qualify for funded supports). It also helps participants understand mainstream supports upon exit from the Scheme.

Intended benefits include accelerating access decisions by ensuring participants have provided the right details, fewer reviews and complaints, and improving participant outcomes by having participants connecting earlier to mainstream supports. CA will also help prospective participants' complete independent functional assessments when applying for access to the Scheme.

In 2019 the NDIA tested CA, and it demonstrated that people's experience was enhanced by engaging with a LAC face-to-face about access to the Scheme, for people approaching a LAC for the first time and also for those who had previously attempted to apply for access.

The CA project, which will assist prospective participants to collect information for an Access request, will still coincide with the rollout of independent assessments. Both of these initiatives are consequently on hold due to the COVID-19 pandemic.

### **Respectful**

#### **Hearing Service Stream**

The NDIA continues its consultation with key external stakeholders in the deaf community to ensure that the future hearing service market is providing quality supports to participants who are deaf or hard of hearing. Work is ongoing to support clients of the Commonwealth Hearing Services Program clients and National Auslan Interpreting Booking and Payment Services (NABS) program who may be eligible and choose to seek access to the NDIS if they choose. This commenced in partnership with Department of Health and Hearing Australia at the beginning of March 2020. In addition, the NDIA is making information available in accessible formats, with many videos now available on the NDIS website in Auslan.

### **Empowering**

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

The NDIA continues to rollout improvements for people with a psychosocial disability. These have included the implementation of a streamlined access process, the development and sharing of key documents to support access, and delivering training and education regarding NDIS access requirements to the mental health sector. The NDIA commenced implementation of these improvements in Tasmania, South Australia, ACT, New South Wales and Queensland with remaining states and territories to be completed before the end of 2020.

The NDIA is continuing to develop the proposed psychosocial disability capability framework with the assistance of experts to define the capability required for NDIA staff and its 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.

Lastly, 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. Psychosocial disability recovery approach
5. 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 Royal Commission into Aged Care Quality and Safety released its interim report on 31 October 2019. The NDIA Board and management is committed to working with the JATF to develop a completely new YPIRAC strategy that builds on the Younger People in Residential Aged Care Action Plan which aims to reduce the number of younger people in residential aged care. The NDIA will play a significant role via the JATF in developing strategies to meet the revised YPIRAC targets.

### 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 of 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.

### Removing gaps between plans

From August 2019, the NDIA began automatically extending the end date of participant plans to remove any gap between new and old participant plans.

In February 2020, the NDIA made further improvements to the NDIS myplace portal. The new improvements include:

- Specialist Disability Accommodation (SDA) and Supported Independent Living (SIL) supports will have service bookings automatically increased where a 28 day extension has been applied to a plan.
- unclaimed funds within a participant's previous plan and service bookings will now be available for 90 days after a new plan has been approved. This gives participants and providers more time to make payment requests for services delivered during the previous plan period.

The changes ensure continuation of service for our participants during a plan review period and reduce claiming errors and manual rework for providers.



Part Three:

# Providers and the growing market



# 3

## Part Three: Providers and the growing market

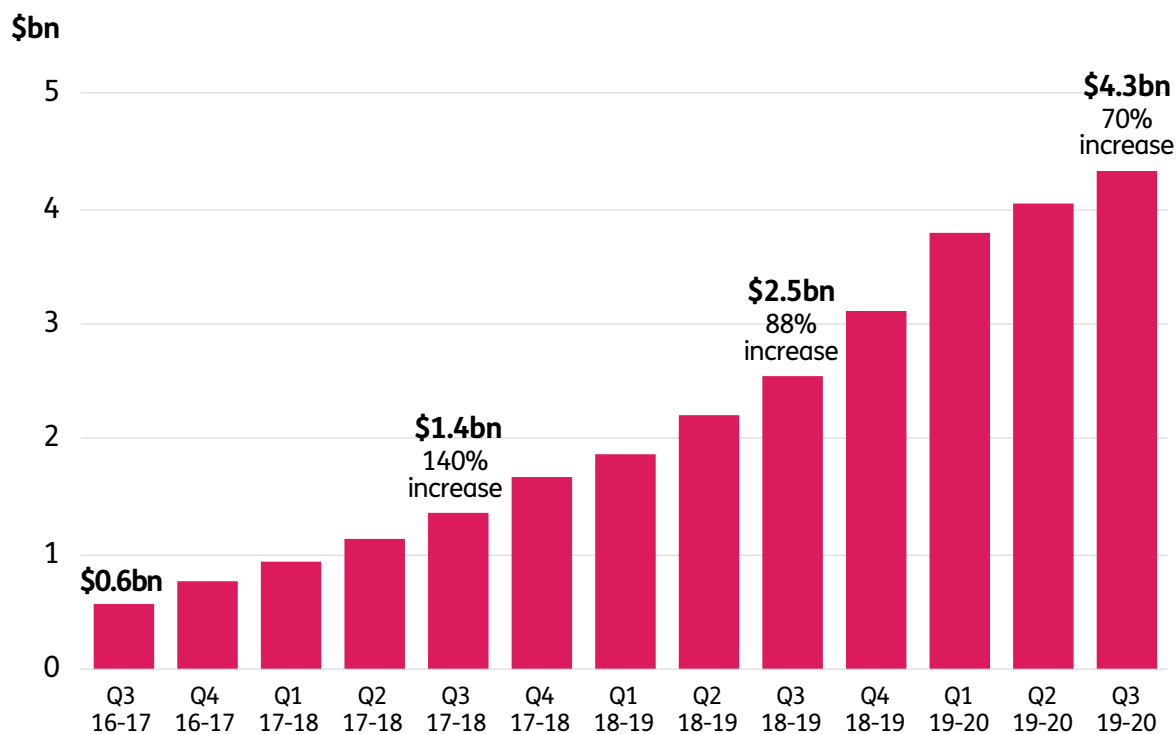
Payments for NDIS supports have increased substantially over the last two years.

### 3.1 Growth in the NDIS market

**Payments for NDIS supports have grown 70 per cent in the last year.**

The amount paid each quarter for NDIS supports continues to increase. In the March 2018 quarter, \$1.4 billion was paid for supports. This increased to \$2.5 billion in the March 2019 quarter (88% increase), and to \$4.3 billion in the March 2020 quarter (a further increase of 70%).

**Figure 19: Total payments by quarter<sup>17</sup>**

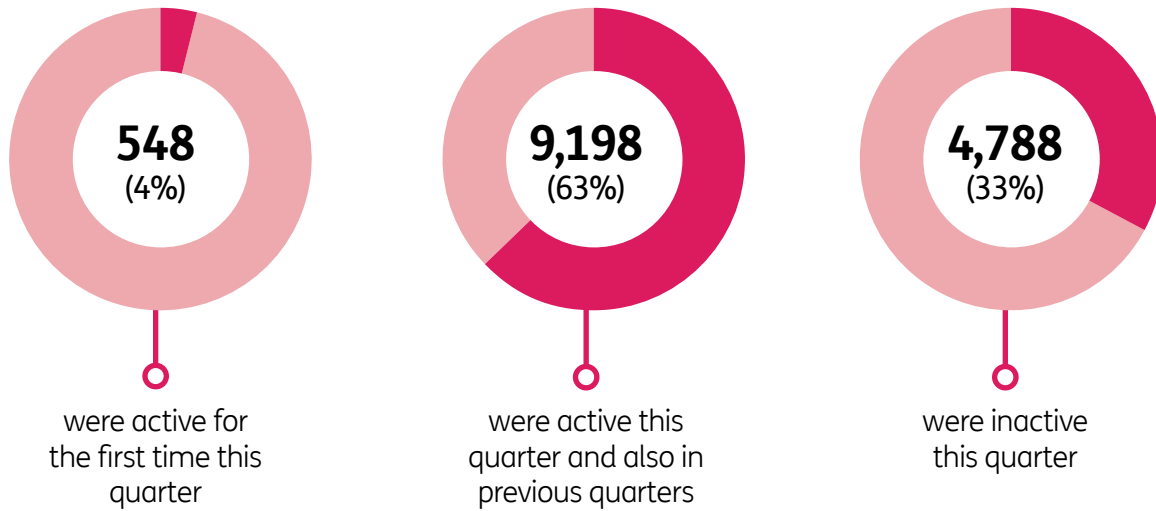


<sup>17</sup>The chart represents the amount paid each quarter, regardless of when the support was provided.

### 3.2 Active providers

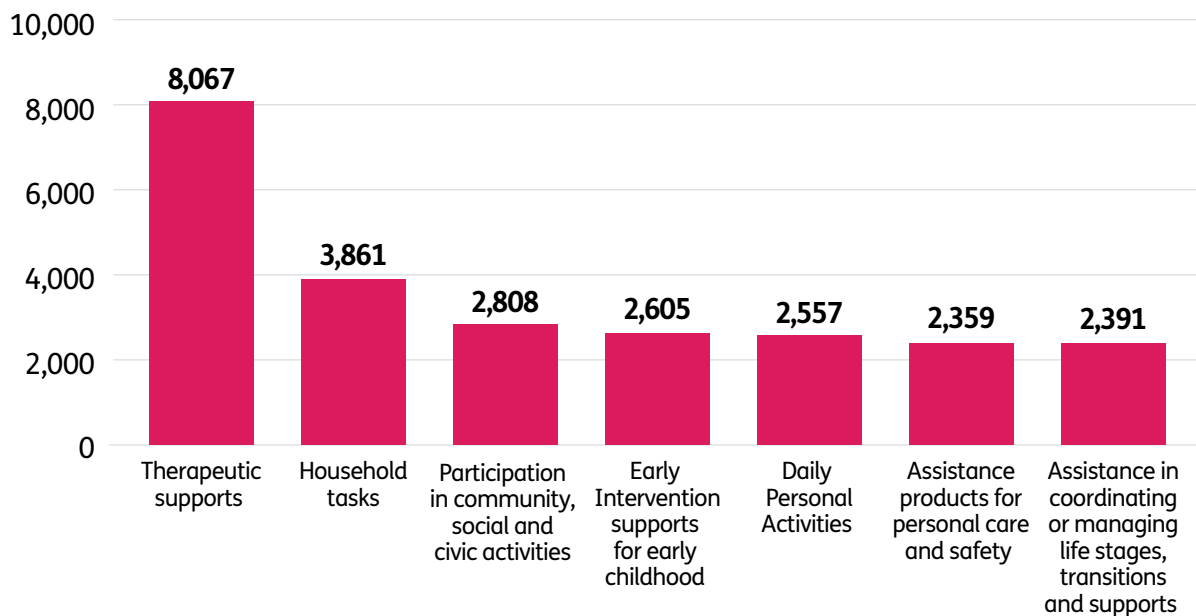
The number of active providers increased by four per cent this quarter.

Since the start of the Scheme, 14,534 providers have supported participants.<sup>18</sup> Of these:



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

Figure 20: The largest registration groups for active providers



<sup>18</sup>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 first three quarters of the 2019-20 financial year, \$11.2 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**

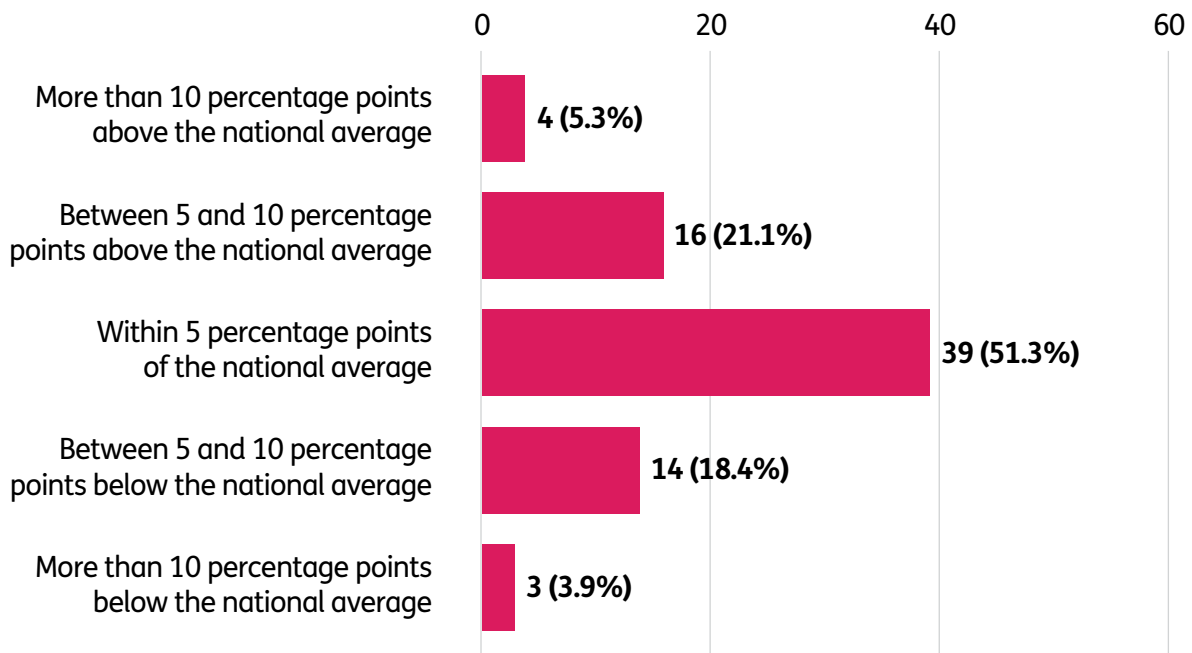
The NDIS outcomes framework questionnaires ask participants “Do you choose who supports you?”. The percentage who indicate that they choose who supports them was compared across geographical regions to identify the regions comparatively better and worse than others. The ‘benchmark’ in this analysis is 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 76 regions<sup>19</sup> (51%) 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 three regions (4%) 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 TAS South West in Tasmania. The regions more than 10 percentage points below the national average were Darwin Remote, Katherine and East Arnhem in the Northern Territory.

At 31 March 2020, Darwin Remote has 302 active participants and plan budgets totalling \$27 million, Katherine has 155 active participants and plan budgets totalling \$27 million, and East Arnhem has 175 active participants and \$21 million in plan budgets.

**Figure 21: Choice and control – number of bilateral regions – gap to benchmark**



<sup>19</sup> 76 of the 80 geographical regions are included in the analysis as these regions commenced on or prior to 1 April 2019.

Figure 22: Choice and control region breakdown – 31 March 2020

Region	State/Territory	Active participants	Annualised plan budget (\$m)
<b>More than 10 percentage points above the national average</b>			
ACT	Australian Capital Territory	7,488	\$444
Barwon	Victoria	8,030	\$464
TAS South West	Tasmania	2,258	\$203
Barkly	Northern Territory	153	\$18
<b>Between 5 and 10 percentage points above the national average</b>			
Hunter New England	New South Wales	21,204	\$1,437
Southern NSW	New South Wales	3,546	\$219
Inner Gippsland	Victoria	3,890	\$214
Outer Gippsland	Victoria	1,696	\$102
Mackay	Queensland	2,524	\$159
Toowoomba	Queensland	4,927	\$367
Townsville	Queensland	4,809	\$330
Eastern Adelaide	South Australia	2,886	\$212
Eyre and Western	South Australia	1,004	\$67
Fleurieu and Kangaroo Island	South Australia	888	\$59
Limestone Coast	South Australia	1,116	\$70
Yorke and Mid North	South Australia	1,372	\$73
TAS North West	Tasmania	2,047	\$160
South Metro	Western Australia	4,529	\$275
South West	Western Australia	2,459	\$138
Central South Metro	Western Australia	3,615	\$243
<b>Within 5 percentage points of the national average</b>			
Central Coast	New South Wales	6,949	\$411
Far West	New South Wales	504	\$39
Illawarra Shoalhaven	New South Wales	6,974	\$481
Mid North Coast	New South Wales	4,718	\$316
Murrumbidgee	New South Wales	5,265	\$342
Nepean Blue Mountains	New South Wales	7,182	\$455
Northern NSW	New South Wales	5,537	\$382
Western NSW	New South Wales	4,939	\$376
Bayside Peninsula	Victoria	11,420	\$833
Central Highlands	Victoria	4,178	\$228
Goulburn	Victoria	2,746	\$146
Hume Moreland	Victoria	6,563	\$333
Loddon	Victoria	5,313	\$280
Mallee	Victoria	1,523	\$100
North East Melbourne	Victoria	10,082	\$607
Outer East Melbourne	Victoria	7,546	\$519
Ovens Murray	Victoria	2,717	\$142
Western District	Victoria	3,125	\$191

Figure 22: Choice and control region breakdown – 31 March 2020 cont.

Region	State/Territory	Active participants	Annualised plan budget (\$m)
<b>Within 5 percentage points of the national average cont.</b>			
Western Melbourne	Victoria	7,769	\$443
Beenleigh	Queensland	6,499	\$504
Brisbane	Queensland	12,786	\$1,075
Bundaberg	Queensland	2,251	\$145
Caboolture/Strathpine	Queensland	6,272	\$512
Cairns	Queensland	3,231	\$277
Ipswich	Queensland	5,982	\$390
Maroochydore	Queensland	5,335	\$442
Maryborough	Queensland	2,778	\$233
Robina	Queensland	6,375	\$437
Rockhampton	Queensland	3,895	\$256
Adelaide Hills	South Australia	1,215	\$73
Barossa, Light and Lower North	South Australia	1,617	\$79
Murray and Mallee	South Australia	1,380	\$89
Northern Adelaide	South Australia	11,105	\$665
Southern Adelaide	South Australia	7,209	\$493
Western Adelaide	South Australia	2,940	\$195
TAS North	Tasmania	2,303	\$180
Kimberley-Pilbara	Western Australia	896	\$71
North East Metro	Western Australia	5,240	\$372
Wheat Belt	Western Australia	719	\$40
<b>Between 5 and 10 percentage points below the national average</b>			
North Sydney	New South Wales	8,502	\$684
South Eastern Sydney	New South Wales	7,884	\$536
South Western Sydney	New South Wales	15,895	\$922
Sydney	New South Wales	6,666	\$445
Western Sydney	New South Wales	13,482	\$868
Brimbank Melton	Victoria	5,592	\$313
Inner East Melbourne	Victoria	7,643	\$590
Southern Melbourne	Victoria	8,697	\$482
Far North (SA)	South Australia	395	\$29
TAS South East	Tasmania	1,735	\$122
Central Australia	Northern Territory	459	\$103
Darwin Urban	Northern Territory	1,808	\$218
Goldfields-Esperance	Western Australia	431	\$29
North Metro	Western Australia	3,293	\$192
<b>More than 10 percentage points below the national average</b>			
Darwin Remote	Northern Territory	302	\$27
East Arnhem	Northern Territory	175	\$21
Katherine	Northern Territory	155	\$27

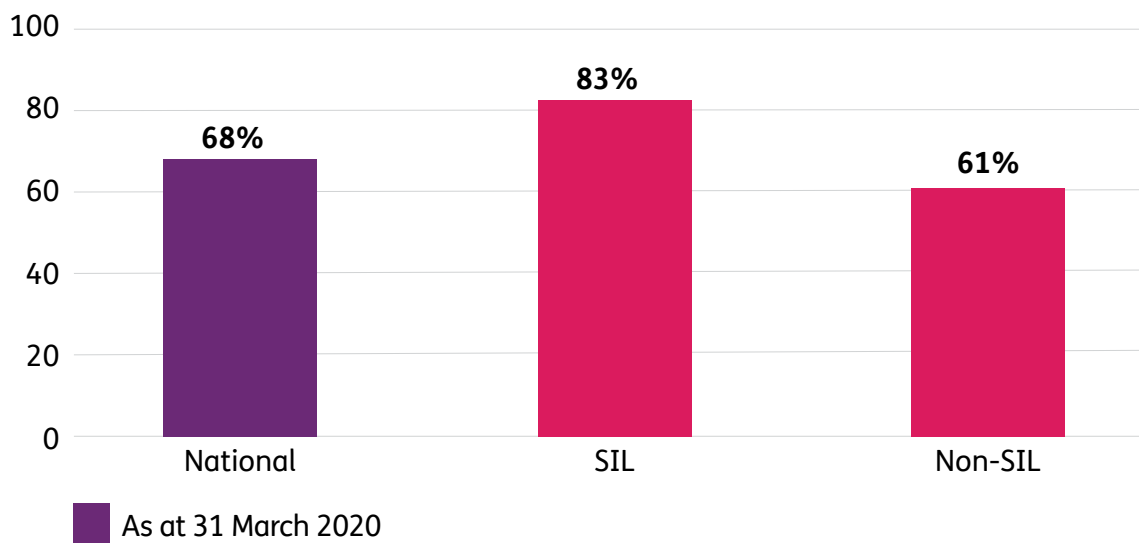
**Utilisation**

For support provided between 1 July 2019 and 31 December 2019<sup>20</sup>, data at 31 March 2020 indicated that 68 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.<sup>21</sup>

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 (**83%** compared with **61%**).

**Figure 23: Utilisation of committed supports by SIL status from 1 July 2019 to 31 December 2019<sup>22</sup>**



<sup>20</sup>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.

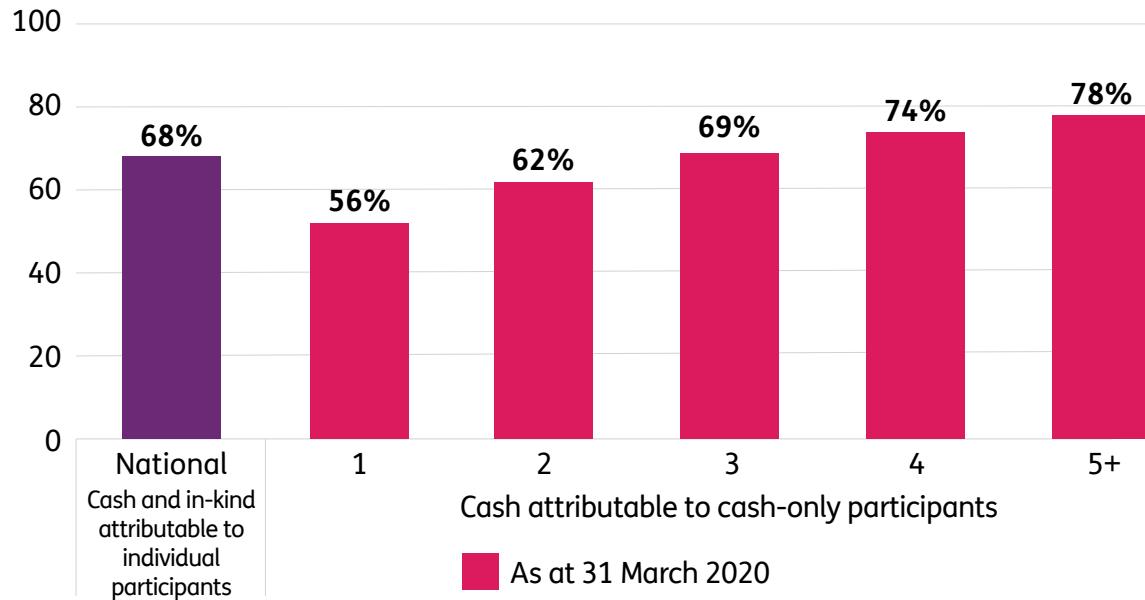
<sup>21</sup> Some of the reasons for plans being under-utilised include: More support was provided informally through family, friends and community; supports being put in plans “just in case” they are required; participants needing more support to implement their plans; providers needing more support to claim for supports provided; and supports being unavailable in the market.

<sup>22</sup> Not all in-kind can be allocated to an individual participant. Only Utilisation of committed supports between 1 July 2019 and 31 December 2019 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 (**56%** for participants on their first plans compared with **78%** for participants on their fifth plan).

**Figure 24: Utilisation of committed supports by plan number from 1 July 2019 and 31 December 2019<sup>23</sup>**



<sup>23</sup> 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 April 2019 and 31 December 2019 is shown, as experience in the most recent quarter is still emerging.

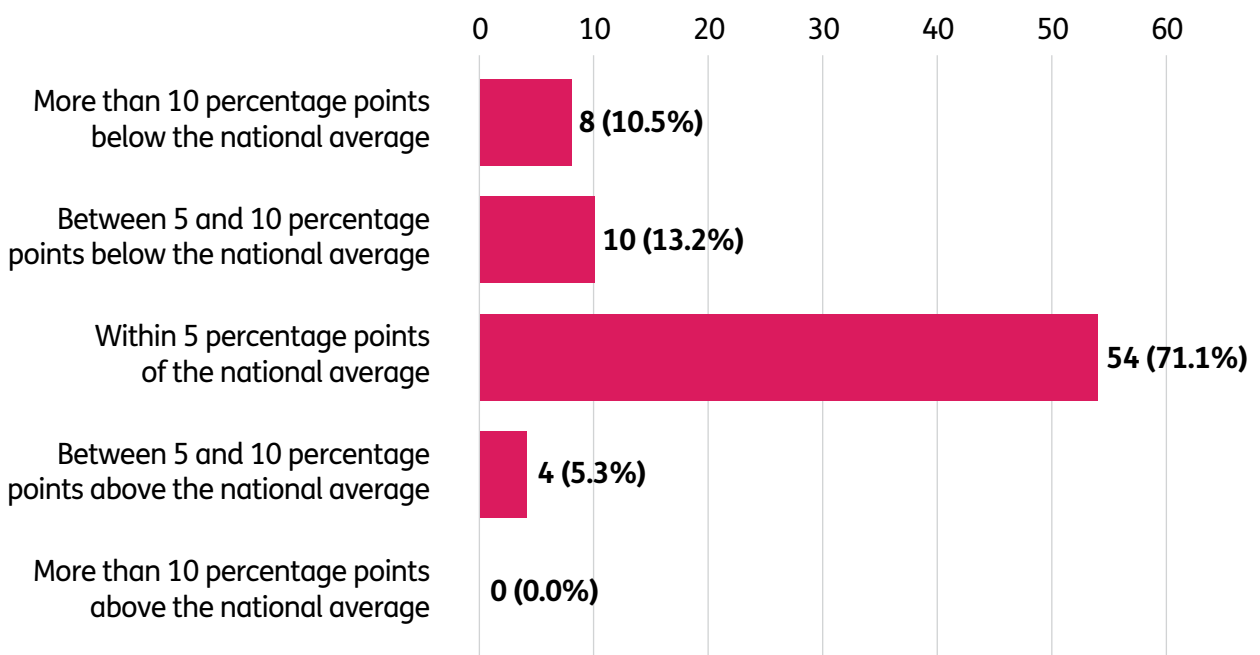
In addition to these findings, significant insights can be drawn by understanding how utilisation in each geographical region differs from the national average after accounting for the time participants have been in the Scheme and the proportion of participants in SIL.

Overall, 54 of the 76 regions (71%) 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 (11%) 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 10 regions between five and 10 percentage points below the national average – these are also mainly in regional and remote areas.

**Figure 25: Utilisation – number of bilateral regions – gap to benchmark<sup>24</sup>**



<sup>24</sup> 76 of the 80 geographical regions are included in the analysis as these regions commenced on or prior to 1 April 2019.

Figure 26: Utilisation region breakdown – 31 March 2020

Region	State/Territory	Active participants	Annualised plan budget (\$m)
<b>More than 10 percentage points below the national average</b>			
Eyre and Western	South Australia	1,004	\$67
Far North (SA)	South Australia	395	\$29
Limestone Coast	South Australia	1,116	\$70
Barkly	Northern Territory	153	\$18
Darwin Remote	Northern Territory	302	\$27
East Arnhem	Northern Territory	175	\$21
Katherine	Northern Territory	155	\$27
Goldfields-Esperance	Western Australia	431	\$29
<b>Between 5 and 10 percentage points below the national average</b>			
Western NSW	New South Wales	4,939	\$376
Inner Gippsland	Victoria	3,890	\$214
Outer Gippsland	Victoria	1,696	\$102
Barossa, Light and Lower North	South Australia	1,617	\$79
Murray and Mallee	South Australia	1,380	\$89
Yorke and Mid North	South Australia	1,372	\$73
Central Australia	Northern Territory	459	\$103
Darwin Urban	Northern Territory	1,808	\$218
Kimberley-Pilbara	Western Australia	896	\$71
Wheat Belt	Western Australia	719	\$40
<b>Within 5 percentage points of the national average</b>			
ACT	Australian Capital Territory	7,488	\$444
Central Coast	New South Wales	6,949	\$411
Far West	New South Wales	504	\$39
Hunter New England	New South Wales	21,204	\$1,437
Illawarra Shoalhaven	New South Wales	6,974	\$481
Mid North Coast	New South Wales	4,718	\$316
Murrumbidgee	New South Wales	5,265	\$342
Nepean Blue Mountains	New South Wales	7,182	\$455
North Sydney	New South Wales	8,502	\$684
Northern NSW	New South Wales	5,537	\$382
South Eastern Sydney	New South Wales	7,884	\$536
South Western Sydney	New South Wales	15,895	\$922
Southern NSW	New South Wales	3,546	\$219
Sydney	New South Wales	6,666	\$445
Western Sydney	New South Wales	13,482	\$868
Barwon	Victoria	8,030	\$464
Bayside Peninsula	Victoria	11,420	\$833
Brimbank Melton	Victoria	5,592	\$313
Central Highlands	Victoria	4,178	\$228
Goulburn	Victoria	2,746	\$146
Hume Moreland	Victoria	6,563	\$333

Figure 26: Utilisation region breakdown – 31 March 2020 cont.

Region	State/Territory	Active participants	Annualised plan budget (\$m)
<b>Within 5 percentage points of the national average cont.</b>			
Inner East Melbourne	Victoria	7,643	\$590
Loddon	Victoria	5,313	\$280
Mallee	Victoria	1,523	\$100
North East Melbourne	Victoria	10,082	\$607
Outer East Melbourne	Victoria	7,546	\$519
Ovens Murray	Victoria	2,717	\$142
Southern Melbourne	Victoria	8,697	\$482
Western District	Victoria	3,125	\$191
Western Melbourne	Victoria	7,769	\$443
Beenleigh	Queensland	6,499	\$504
Brisbane	Queensland	12,786	\$1,075
Bundaberg	Queensland	2,251	\$145
Caboolture/Strathpine	Queensland	6,272	\$512
Cairns	Queensland	3,231	\$277
Ipswich	Queensland	5,982	\$390
Mackay	Queensland	2,524	\$159
Maroochydore	Queensland	5,335	\$442
Maryborough	Queensland	2,778	\$233
Robina	Queensland	6,375	\$437
Rockhampton	Queensland	3,895	\$256
Toowoomba	Queensland	4,927	\$367
Townsville	Queensland	4,809	\$330
Adelaide Hills	South Australia	1,215	\$73
Eastern Adelaide	South Australia	2,886	\$212
Fleurieu and Kangaroo Island	South Australia	888	\$59
Northern Adelaide	South Australia	11,105	\$665
Southern Adelaide	South Australia	7,209	\$493
Western Adelaide	South Australia	2,940	\$195
TAS North	Tasmania	2,303	\$180
TAS North West	Tasmania	2,047	\$160
TAS South East	Tasmania	1,735	\$122
TAS South West	Tasmania	2,258	\$203
North East Metro	Western Australia	5,240	\$372
<b>Between 5 and 10 percentage points above the national average</b>			
South Metro	Western Australia	4,529	\$275
South West	Western Australia	2,459	\$138
Central South Metro	Western Australia	3,615	\$243
North Metro	Western Australia	3,293	\$192

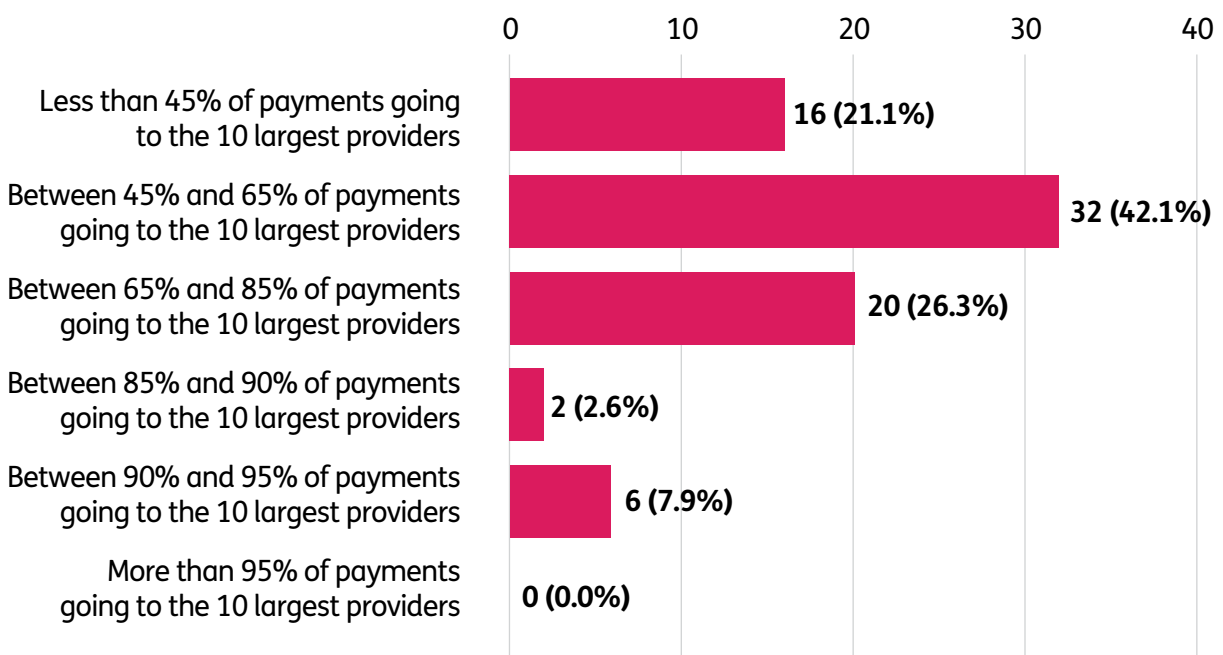
**Market concentration**

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 eight regions where 85 per cent or more of payments go to the largest 10 providers (11%) and 16 regions where less than 45 per cent of payments went to the 10 largest providers (21%).

All of the eight 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 27: Market concentration – number of bilateral regions – gap to benchmark<sup>25</sup>**



<sup>25</sup> 76 of the 80 geographical regions are included in the analysis as these regions commenced on or prior to 1 April 2019.

Figure 28: Market concentration region breakdown – 31 March 2020

Region	State/Territory	Active participants	Annualised plan budget (\$m)
<b>Less than 45% of payments going to the 10 largest providers</b>			
Hunter New England	New South Wales	21,204	\$1,437
Nepean Blue Mountains	New South Wales	7,182	\$455
South Western Sydney	New South Wales	15,895	\$922
Sydney	New South Wales	6,666	\$445
Western Sydney	New South Wales	13,482	\$868
Hume Moreland	Victoria	6,563	\$333
North East Melbourne	Victoria	10,082	\$607
Western Melbourne	Victoria	7,769	\$443
Beenleigh	Queensland	6,499	\$504
Brisbane	Queensland	12,786	\$1,075
Caboolture/Strathpine	Queensland	6,272	\$512
Ipswich	Queensland	5,982	\$390
Maroochydore	Queensland	5,335	\$442
Robina	Queensland	6,375	\$437
Toowoomba	Queensland	4,927	\$367
North Metro	Western Australia	3,293	\$192
<b>Between 45% to 65% of payments going to the 10 largest providers</b>			
ACT	Australian Capital Territory	7,488	\$444
Central Coast	New South Wales	6,949	\$411
Illawarra Shoalhaven	New South Wales	6,974	\$481
Mid North Coast	New South Wales	4,718	\$316
Murrumbidgee	New South Wales	5,265	\$342
North Sydney	New South Wales	8,502	\$684
Northern NSW	New South Wales	5,537	\$382
South Eastern Sydney	New South Wales	7,884	\$536
Southern NSW	New South Wales	3,546	\$219
Western NSW	New South Wales	4,939	\$376
Barwon	Victoria	8,030	\$464
Bayside Peninsula	Victoria	11,420	\$833
Brimbank Melton	Victoria	5,592	\$313
Central Highlands	Victoria	4,178	\$228
Goulburn	Victoria	2,746	\$146
Inner East Melbourne	Victoria	7,643	\$590
Loddon	Victoria	5,313	\$280
Outer East Melbourne	Victoria	7,546	\$519
Ovens Murray	Victoria	2,717	\$142
Southern Melbourne	Victoria	8,697	\$482
Cairns	Queensland	3,231	\$277
Mackay	Queensland	2,524	\$159
Townsville	Queensland	4,809	\$330

Figure 28: Market concentration region breakdown – 31 March 2020 cont.

Region	State/Territory	Active participants	Annualised plan budget (\$m)
<b>Between 45% to 65% of payments going to the 10 largest providers cont.</b>			
Barossa, Light and Lower North	South Australia	1,617	\$79
Eastern Adelaide	South Australia	2,886	\$212
Northern Adelaide	South Australia	11,105	\$665
Western Adelaide	South Australia	2,940	\$195
Yorke and Mid North	South Australia	1,372	\$73
TAS North	Tasmania	2,303	\$180
South Metro	Western Australia	4,529	\$275
North East Metro	Western Australia	5,240	\$372
Central South Metro	Western Australia	3,615	\$243
<b>Between 65% to 85% of payments going to the 10 largest providers</b>			
Far West	New South Wales	504	\$39
Inner Gippsland	Victoria	3,890	\$214
Mallee	Victoria	1,523	\$100
Outer Gippsland	Victoria	1,696	\$102
Western District	Victoria	3,125	\$191
Bundaberg	Queensland	2,251	\$145
Maryborough	Queensland	2,778	\$233
Rockhampton	Queensland	3,895	\$256
Adelaide Hills	South Australia	1,215	\$73
Eyre and Western	South Australia	1,004	\$67
Limestone Coast	South Australia	1,116	\$70
Murray and Mallee	South Australia	1,380	\$89
Southern Adelaide	South Australia	7,209	\$493
TAS North West	Tasmania	2,047	\$160
TAS South East	Tasmania	1,735	\$122
TAS South West	Tasmania	2,258	\$203
Darwin Remote	Northern Territory	302	\$27
Darwin Urban	Northern Territory	1,808	\$218
South West	Western Australia	2,459	\$138
Wheat Belt	Western Australia	719	\$40
<b>Between 85% to 90% of payments going to the 10 largest providers</b>			
Far North (SA)	South Australia	395	\$29
Fleurieu and Kangaroo Island	South Australia	888	\$59
<b>Between 90% to 95% of payments going to the 10 largest providers</b>			
Barkly	Northern Territory	153	\$18
Central Australia	Northern Territory	459	\$103
East Arnhem	Northern Territory	175	\$21
Katherine	Northern Territory	155	\$27
Kimberley-Pilbara	Western Australia	896	\$71
Goldfields-Esperance	Western Australia	431	\$29

### **3.4 Thin markets**

The COVID-19 pandemic has limited the face to face work that can be done to address market challenges in the NDIS. The previously announced Thin Markets work continues, which recognises 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.

Trial projects to address thin market challenges are being implemented (where possible considering any COVID-19 limitations) in jurisdictions in consultation with the DSS and the relevant state or territory government. The trials aim to address specific thin market issues informed by the available data and validated by respective governments. Initial trials will address specific thin market challenges while testing a range of market interventions, including types of commissioning arrangements. Trials will support the NDIA’s broader response into markets to ensure participant access to supports and attainment of outcomes.



### 3.5 NDIS Pricing

**Price limits for selected supports have increased by 10 per cent for a period of up to six months to support participants and providers during the COVID-19 pandemic.**

#### COVID-19 response

The NDIA has responded to COVID-19 through implementing a price increase for selected supports, and changed the existing cancellation rules as self-isolation and quarantine measures are enforced.

#### Temporary increases in price limits

The NDIA has increased price limits for a number of items in the NDIS Support Catalogue. 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. This increase is temporary for up to six months and the need for the increase will be reviewed at around three months. 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 has also reviewed the short notice cancellation policy, as participants will reduce face-to-face supports with providers or cancel appointments as self-quarantine continues to become more widespread.

A revised definition of short notice cancellations was effective from 25 March 2020 until further notice. The previous 10 per cent discount on the price paid for cancellations (“the 90 per cent rule”) was removed from 30 March 2020.

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 (90 per cent until 29 March 2020). 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.

### **Annual Price Review**

The NDIS Annual Price Review 2020–21 continues. This review is examining whether the existing pricing framework and other pricing related policies under the NDIS continue to be appropriate, or whether modifications are required.

The Annual Price Review will consider:

– ways to increase flexibility for participants and reduce administrative burden for providers.

– suggestions to improve the pricing framework, Price Guide and Support Catalogue to improve requirements under the NDIS.

– price limits for 1:1 core supports such as how and where disability support workers are utilised, high intensity and standard services and considerations for time of day and day of week.

– group-Based Supports price limits and how the cost of associated tasks should be applied.

– capacity building supports:

- the adequacy of current prices and indexation.
- whether different price limits might be appropriate for different times of day, or days of week.

– plan management supports and associated costs.

– regional, remote and very remote areas:

- application of the Modified Monash Model to the NDIS.
- the costs of delivering services in outer regional areas.

– provider claiming:

- cancellations, provider travel and establishment fees.

### **Changes to activity based transport**

In March 2020, changes were made to the NDIS pricing arrangements so that providers of community participation supports may now, at the request of a participant, transport a participant to, or from, or as part of, a community participation support. In these cases, the provider is entitled, with the agreement of the participant, to bill the participant's plan for the time that support workers spend providing the transport support (as part of the community participation support). They are also entitled to bill for any non-labour costs associated with transporting the participant (again, as part of the community participation support).

The support worker's time can be claimed at the agreed hourly rate for the relevant support item for the total time the support worker provides support to one or more participants, including time spent accompanying and/or transporting the participant. Where a provider is transporting two or more participants on the same trip, the support worker's time should be claimed at the appropriate group rate for the relevant support. This claim should be made using the relevant community participation support item and against the participant's core budget. In essence, the employee's time to transport, or to accompany, the participant to the community participation support is a part of the community participation activity and should be billed accordingly.

If a provider incurs costs, in addition to the cost of a support worker's time, when accompanying and/or transporting participants in the community (such as road tolls, parking fees and the running costs of the vehicle), they may negotiate with the participant for them to make a reasonable contribution towards these costs. The NDIA considers that the following would be reasonable contributions:

- up to \$0.85 a kilometre for a vehicle that is not modified for accessibility
- up to \$2.40 a kilometre for a vehicle that is modified for accessibility or a bus
- other forms of transport or associated costs up to the full amount, such as road tolls, parking, public transport fares.

These non-labour costs should be claimed against the relevant activity based transport support item in the community participation support category.

### 3.6 Specialist Disability Accommodation

#### Encouraging disability housing innovation.

In October 2019, the NDIA released three major initiatives to support growth, innovation and sustainability in the SDA market. These are the SDA Design Standard, SDA Innovation Plan and Limited Cost Assumptions Review. Work supporting the implementation of the SDA Design Standard and Innovation Plan initiatives continued in this quarter, and efforts continued to support broader legislative reform to remove barriers for participants to share their SDA accommodation with families and others.

The release of 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. This certificate will nominate the design category the dwelling will satisfy, based on the standard. A training course for accreditation of assessors was successfully trialled in February 2020 and is currently being prepared for broader release to suitable professional candidates.

The **SDA Innovation Plan** was developed with the input of participants and other stakeholders to identify and promote innovative SDA options, and is based on three key pillars: design in partnership, participants and their community, and promote the leading edge. The Innovation Plan will look to promote and enable the availability of innovative accommodation and ensure the flexibility to discover new and better ways to provide SDA.

The NDIA commenced activity under the SDA Innovation Plan this quarter. Key activities to date have included engagement with a broad group of stakeholders, canvassing their ideas on innovation in SDA and facilitating participant preferences. The NDIA is also conducting a literature review and environmental scan to establish a definitive literature base for SDA.

### **3.7 Digital Partnership Program**

#### **The NDIA has released a discussion paper on the Digital Partnership Program.**

The NDIA has developed a Digital Partnership Program (DPP), which will manage controlled and secure access to some of the NDIA's data and systems. Access will be managed via Application Programming Interfaces (APIs). These APIs are being created so providers and software developers can create new tools, apps and digital marketplaces to improve how participants, providers and the NDIA all connect and work together.

The NDIA released a preliminary discussion paper in December 2019 to seek input on how the program could best succeed. Feedback received during the first consultation round was taken into consideration in the further development of the DPP and was included in a second discussion paper. Those interested in the digital future of the NDIA were invited to respond to the discussion paper. The consultation period was extended from March 2020 to 14 April 2020 due to the impacts of COVID-19.

In March 2020, APIs were made available for registered providers. These APIs enabled providers to connect their own systems and automate transactions that are usually completed in the myplace provider portal. This includes transactions such as payment requests, service bookings, quotations, notifications and file uploads. Registered providers were encouraged to provide feedback on the current APIs as well as any additional feedback via the DPP discussion paper.

Part Four:

# Information, linkages and capacity building (ILC)



# 4

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

The NDIA has extended closing dates for current grant rounds and will be flexible in project timeframes due to the COVID-19 pandemic.

### 4.1 Information, linkages and capacity building

**Grants for two ILC investment programs were announced this quarter (totalling \$67.7 million), with an additional grant round opened for applications.<sup>26</sup>**

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 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. 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.

<sup>26</sup> Refer to Appendix N for the State and Territory breakdown of the ILC grants that have already been announced.

In line with the ILC Investment Strategy, the NDIA rolled out the first rounds of each of the four programs throughout 2019. In this quarter, the NDIA announced the outcome of the Mainstream Capacity Building Program and the Economic and Community Participation Program.

The **MCB Program** opened on 9 September 2019 and closed on 21 October 2019. This first round is focused on building the capacity of mainstream health organisations by making sure they have the knowledge and skills they need to meet the needs of people with disability. The outcomes of this grant round were announced on 21 February 2020, with \$35.1 million being awarded for 28 grants across Australia.

The **ECP Program** opened on 9 September 2019 and closed on 21 October 2019. The outcomes of this grant round were announced on 21 February 2020, with \$32.7 million being awarded for 28 grants across Australia to promote pathways to employment (including self-employment) and drive inclusive practices to help people with disability participate in community life.

This quarter, the NDIA also announced the second round of **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.

Applications for this round opened on 11 March 2020. The application period was extended by two weeks to allow additional time for organisations to complete their grant application in response to the impacts of the COVID-19 pandemic. This grant round closed on 6 May 2020. In line with the ILC Investment Strategy that seeks to build the resilience of the Disabled Peoples Organisations, this round is targeted at 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. In this grant round, the priority communities are Aboriginal and Torres Strait Islander communities, Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning and Asexual and Plus (LGBTIQA+) communities, CALD communities, people experiencing homelessness or who are at risk of homelessness, and children and young people (0-24 years).



Figure 29: 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
Value of round <sup>27</sup>	\$65 million	\$105.9 million	\$35.1 million	\$32.7 million

2019/20 Round 1				
Number of successful applications	37	105	28	28
Grant round application period	5 April – 10 May 2019	19 August – 30 September 2019	9 September – 21 October 2019	9 September – 21 October 2019
Assessment period	June – August 2019	September – November 2019	November – December 2019	November – December 2019
Grants announced	October 2019	December 2019	February 2020	February 2020
Grant agreements finalised	November 2019	February 2020	March 2020	March 2020

Delivery of ILC is also a prime activity undertaken through the NDIS PiTC who provide LAC and ECEI 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 is a critical element to the successful delivery of ILC and to ensuring that:

- people with disability, their families and carers have the information and capability that they need to participate in the community and the economy.
- people with disability, their families and carers are connected to their local community and mainstream services.
- local communities and mainstream services have the skills, knowledge and capability to support the inclusion of people with disability, their families and carers.

With the conclusion of the first round of ILC Program Funding, the NDIA is working alongside Partners to support a consistent national approach to the delivery of ILC.

<sup>27</sup> All figures include GST.

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 costs for all participants are projected to be about 0.9 per cent of GDP for 2019-20, 1.2 per cent in 2022-23, and 1.4 per cent for 2029-30. This includes participants who remain in the Scheme past 65 years, noting that the Commonwealth has committed to funding these participants. This projection is in line with the estimates shown in the 2017 Productivity Commission report on NDIS Costs at 2022-23, 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.

It should be noted that while the NDIA is committed to ensuring continuity of service for participants during the COVID-19 pandemic, the impact on Scheme projections are unknown at this stage and have not been modelled.

**Figure 30: Committed supports (\$m) and payments**

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20 YTD*
<b>Active participants</b>	7,285	17,155	29,719	89,610	172,333	286,015	364,879
<b>Total committed (\$m)</b>	132.7	496.7	939.1	3,234.4	7,741.0	14,567.7	17,310.3
<b>Total paid (\$m)</b>	85.8	370.9	704.3	2,184.5	5,423.7	10,247.4	11,236.6
<b>% utilised to date</b>	65%	75%	75%	68%	70%	70%	

\*There is a lag between when support is provided and when it is paid - hence, payments will increase.

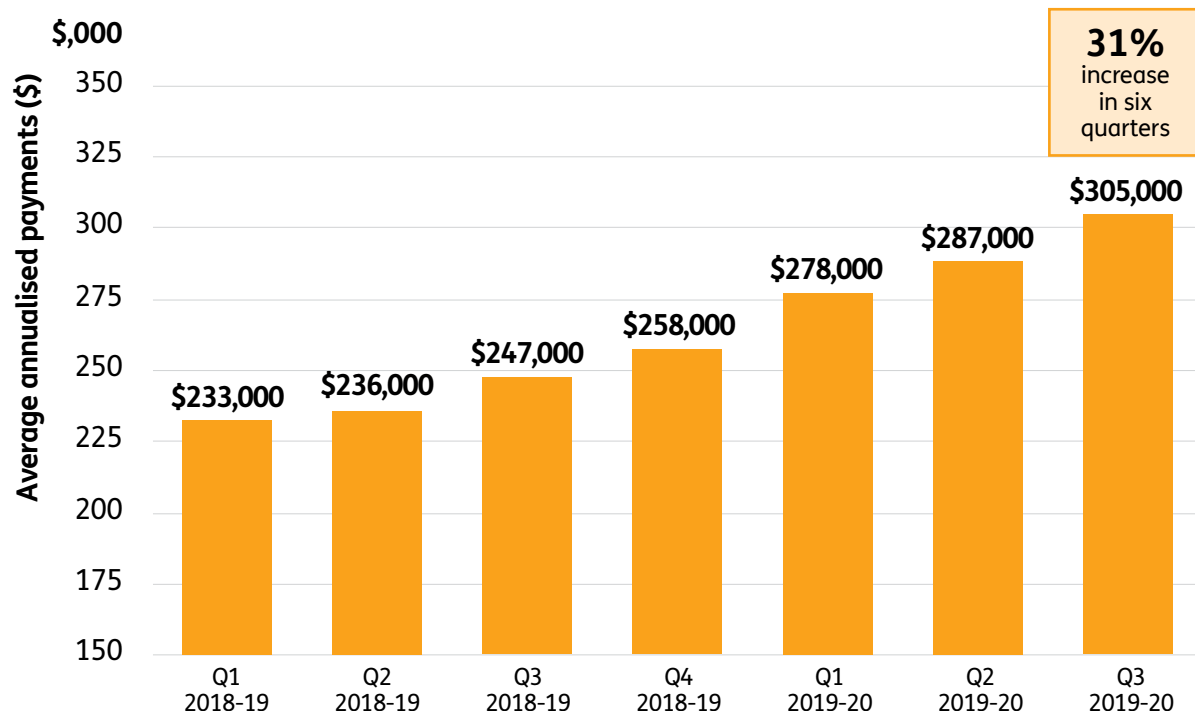
## 5.2 Current pressures and responses to financial sustainability

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.

While the NDIA Board and management acknowledges the uncertainty in the face of the COVID-19 pandemic, the sustainability of the Scheme is still a priority. 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 six quarters, and by 31% across the six quarters combined (see Fig 31).
- interfaces and boundaries with mainstream services, and community and informal supports.

Figure 31: Average annualised payments per participant by quarter – SIL participants<sup>28</sup>



<sup>28</sup>The payments are for all supports provided to participants in SIL (and not just the SIL daily activity payments).

The NDIA is working on a policy to reform SIL. Specifically, the NDIA is working on consistent and equitable decisions for those seeking access to SIL, and also working on better aligning a participant's support package to their circumstances through the reference package and guided planning process. This means making sure the right assessment questions and tools are being used to inform plan decisions.

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. With the COVID-19 pandemic, exploration of these options with participants is on hold, but will continue when it is appropriate to do so.

Part Six:

# Staff, advisory groups and the NDIS community



The NDIA is supporting 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.**

At 31 March 2020, the total NDIS workforce was 11,947, including 4,221 Full Time Equivalent (FTE) Australian Public Service employees, 1,904 labour hire contractors and consultants, and 5,651 people employed by NDIA's Partners. This is an increase of 8.13 per cent of the total workforce (including NDIA Partners) since the end of 2018-19 financial year (total workforce increase of 900).

The NDIA has continued to deliver in filling the additional 800 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 (896 employees) since the end of the 2018-19 financial year.

The NDIA continues to build the capability of staff and partners to ensure experience and expertise to support a better life for participants, their families and carers. This investment included 222 new planners and 257 LAC participating in the New Starter Induction program during the quarter. This program will be deployed virtually while physical distancing measures are in place.

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 and real life stories. As a result of this project, the NDIA has produced 12 videos and snapshots on specific disabilities, an eLearning module for staff, and a half day workshop. A further seven snapshots will be produced in the next quarter.

Further, the NDIA has continued its development of training programs designed to improve planner awareness and understanding, especially in remote hard to reach participant areas. The NDIA is progressively rolling out training programs focused on disability and cultural awareness to improve the service experience for Aboriginal and Torres Strait Islander peoples, LGBTIQ+, and CALD people.

Joint Planning workshops for Planners and LACs were launched in Robina, QLD in February 2020. These workshops include the process and technology supporting the Joint Planning meetings and 'Rehearsal for Reality' sessions to provide confidence and skill improvement in managing these face-to-face participant interactions. Rollout of further workshops has been paused given the COVID-19 pandemic.

There continues to be high engagement with the NDIA Just Brilliant Leadership Series. This quarter, an additional 127 (692 in total) staff commenced the Learning to Lead program (aimed at entry level team leaders), together with a further 102 (374 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 will continue to be delivered virtually in the next quarter. A strategic leadership program for the SES cohort was expected to be launched this quarter but has paused due to the COVID-19 response.

## 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 31 March 2020, the NDIA released its fourth update to the Data and Insights page.

This release included:

- four detailed reports on the following focus areas:
  - analysis of participants by gender
  - people with an intellectual disability in the NDIS
  - people with disability and their NDIS goals
  - the NDIS Market (31 December 2019).
- new data cubes on participant goals, projected participant numbers and participants by statistical areas SA3 and SA4, based on 31 December 2019, was released. This data is available on the downloadable data page.
- a refresh of all previously released data-cubes and tables to include 31 December 2019 data.
- the NDIS Data and insights website was made easier to use with new colours and formatting so staff and the Australian community can better access the data and information.



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

- participant numbers and plan budgets, SDA participants and SIL participants
- provider registration, active providers, utilisation of plan budgets and market concentration
- participant splits by Commonwealth Electorate Divisions, Statistical Area 2 and Local Government Areas
- service District to Local Government Area mapping
- participant numbers by diagnosis
- baseline outcome indicators and longitudinal outcome indicators
- plan management types

‘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)
- Aboriginal and Torres Strait Islander participants
- CALD participants

### **Data sharing protocols**

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.

The NDIS Public Data Sharing Policy is aligned to the draft Data Sharing and Release Act (on track to be legislated in mid-2020).

# ndis



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