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National Disability Insurance Scheme: People who self manage their NDIS plan

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Abbreviations and definitions

NDIA National Disability Insurance Agency

NDIS National Disability Insurance Scheme

NDIS participant Person with an NDIS plan

NDIS plan management methods – four choices:¹

- **Self managed fully:** Participant has chosen to fully financially manage the plan
- **Self managed partly:** Participant has chosen to self manage parts of their plan, with the remaining parts financially managed by the NDIA
- **Plan managed:** Participant has chosen to use a registered plan management provider to manage their plan financially
- **Agency managed:** Participant has chosen the NDIA to financially manage their plan

Average annualised committed support budget (in this report average annual budget): Annualised means plans that are shorter or longer than 12 months are pro-rated to calculate annualised budgets, which is the amount the plan would be for one year¹. Amounts are rounded to the nearest thousand dollars.

Disability group name: NDIS participants' primary reported disability, as used in the NDIS quarterly reports. Note that Down syndrome is included in the intellectual disability group.

Service district: Each state or territory is divided into service districts where the NDIA operates. The service district is where a participant currently resides.

¹ NDIS (2019) *Plan management types - data rules*

Short summary

This report is from a research project that explores what helps people to self manage their NDIS plan. It scans the current conditions in Australia that help or hinder NDIS self management, and what resources can include people who are left behind.

The first part of the research analysed data from the NDIS on self management. This report presents the findings.

- In 2019, less than one-third of NDIS plans were self managed.
- The budgets for fully self managed plans were much lower than those for other plan types.
- The percentage of fully self managed plans increased each year between 2013 and 2018. This was consistent with the national roll out of the NDIS.
- Among states and territories, the ACT had the highest percentage of self managed plans, and the NT had the lowest.
- The average annual budgets of partly self managed plans were about twice the size of fully self managed plans.
- The percentage of fully self managed plans was highest among children aged 0-18, where families managed their children's plans. Adults had much lower rates of self management.
- Almost half of all fully self managed plans were managed by parents of children with autism.
- The disability groups who did most self management were: Autism, spinal cord injury, global developmental delay, hearing and other sensory/speech impairment, Cerebral Palsy, Multiple Sclerosis and other physical disability.
- The disability groups who did least self management were: people with psychosocial disability, intellectual disability and acquired brain injury.

The findings show that use of self management was not equal. Use varied by location, age and disability group. These patterns raise questions about whether self management was the choice of the NDIS participants or because of the way the NDIS was implemented. The findings also raise questions about the type and extent of support for self management available to NDIS participants.

Executive summary

This report is from a research project that explores what helps people to self manage their National Disability Insurance Scheme (NDIS) plan. It scans the current conditions in Australia that help or hinder NDIS self management, and it identifies resources that show promise for including people who are left behind.

The research questions are:

What is the **experience** of people with disability with self managing NDIS plans?

What **conditions** have contributed to helping a larger share of people use self management?

What **resources** show promise to include people who are usually excluded from self management, such as people with cognitive and psychosocial disability?

The methods include:

- analysis of NDIS data on rates of self management (characteristics of participants and plans)
- case studies of self managers, selected to explore conditions of people usually excluded from self management, and
- public workshops inviting people to contribute experiences and ideas about promising resources to support self management.

In this report, we present findings from the first method, analysis of publicly available NDIS data regarding self managed plans. Using data from the *NDIS Plan Management Types dataset, September 2019* and the *NDIS Quarterly Reports*, we show the prevalence and budget variations for partly and fully self managed plans, and we compare those to plan managed and agency managed plans. Comparison is by trends in self management, numbers and size of plans, state/territory, age and disability group.

The data shows that self managed plans were slightly less than one-third of the 284,004 NDIS plans in September 2019, with more self managed plans being fully self managed (17%) than partly self managed (12%).

The budgets for fully self managed plans were much lower than those for other plan types. The average annual budget for a fully self managed plan was \$25,000.

The average budgets of partly self managed plans, at \$65,000, were closer to the value of plan managed (\$79,000) and agency managed plans (\$73,000).

Trends in self management

The percentage NDIS plans which were fully self managed increased each year between 2013 and 2018. Nationally in 2013 only 2% of plans were reported as fully self managed, and this increased to 16% in 2018.

There was a gradual increase in self managed plans each year in each state and territory. Between 2013 and 2019, the ACT consistently had the highest proportion of self managed plans, with 29% of all plans in 2018-19 reported as self managed. The NT, by comparison, consistently had the lowest percentage of fully self managed plans, with only 11% of plans in 2018-19.

Data for partly self managed plans could not be compared over time as it was reported differently through the years.

States and territories

In 2019, the proportion of plans that were partly self managed was fairly consistent across most Australian jurisdictions, ranging from 9% to 13%. The two outliers were WA, where 23% of plans were partly self managed, and the NT, where only 6% of plans were partly self managed.

Fully self managed plans were between 11% and 17% in most jurisdictions. Rates were higher in Victoria, at 20%, and much higher in the ACT, at 33%.

Across all jurisdictions, fully self managed plans had average annual budgets of under half the value of partly self managed plans, at levels which were fairly consistent with national average budgets.

Age

While the proportion of NDIS plans that were partly self managed was generally between 10% and 12% in all age groups, the proportion was slightly higher (16%) among children aged between 0-6 years.

In contrast, the proportion of plans that were fully self managed fell markedly with age. The highest proportion of fully self managed plans, at 32%, was among 0-6 year olds, dropping steadily so that just 5-8% of those aged 25 years and over had fully self managed plans.

The average annual budget increased with age from birth to young adulthood and then remained high among adults. But in all age groups, the value of fully self managed plans was lower than the value of other plan types.

Together, the families of children aged 0 to 18 represented 78% of all NDIS plan holders that were fully self managed and 53% of all partly self managed plans.

Disability group

Plan management types varied by disability group. Fully self managed NDIS plans were most common among the disability groups of Autism (30%), global developmental delay (27%), developmental delay (27%), other sensory/speech (27%) and hearing impairment (26%).

Partly self managed plans were most often used among the groups spinal cord injury (29%), hearing impairment (23%), Cerebral Palsy (22%), Multiple Sclerosis (21%) and other physical disability (21%).

People with psychosocial disability, intellectual disability and acquired brain injury were among the groups with the least fully and partly self managed plans.

Nearly half of all fully self managed plans (49%) were held by people with autism. Almost all of these (94%) were for children aged 0-18. This means almost half of all fully self managed plans were managed by parents of children with autism.

The average annual budget for fully self managed plans was highest among the groups spinal cord injury, acquired brain injury, stroke and other neurological conditions. Similarly, partly self managed plans had the highest average budgets among the groups acquired brain injury, spinal cord injury, other neurological conditions and Cerebral Palsy.

Implications of the data

The analysis of NDIS data about plan management types showed that people's use of self management was unequal. The use varied by location, age and disability group, which raises questions about whether all NDIS participants have similar opportunities to use self management if they wish.

The considerable variation in self management observed in this data, suggests that further exploration of self management by other characteristics would offer valuable insights, for example, culture, Indigenous status, gender, housing, income and education.

Self management plans were smaller than agency and plan managed plans, and fully self managed plans were half the size of partly managed plans. These findings raise questions about whether such patterns were the choice of the participants or the constraints of the way NDIS was implemented.

Almost half of all fully self managed plans were managed by parents of children with autism. This finding raises questions about the kind and extent of support for self management available to NDIS participants.

1 Introduction and background

The National Disability Insurance Scheme (NDIS) is encouraging participants to self manage their NDIS plans, yet only a small proportion of people have taken up the opportunity (Olney & Dickinson 2019). The expectation is that self management gives people greater choice and control over all or parts of their NDIS plan and over who provides the support. Innovative support is resulting in cases where some self managers are now employers in a small town and others are using it to solve gaps in support in cities (Purcal et al 2018). We know that, internationally, a low proportion of people choose to self manage, with a few exceptions such as Denmark (Fisher et al 2010).

Little is known about:

- who is missing out on self management (how do barriers in supported decision making, support coordination, plan management, capacity building and gatekeeping affect people's choices)
- how people are self managing (who is the self manager – person, family, guardian)
- what self management responsibilities are they doing themselves, delegating or paying for
- how self managers are avoiding misuse by people around them (informal supporters, support coordinators, service providers, mainstream businesses); and
- what this means for the quality of their lives and fairness for other people using disability support.

This project is research to explore the conditions and resources that encourage NDIS plan self management in the interests of the person with disability. It scans the current circumstances in Australia that help or hinder NDIS self management and what other resources show promise for including people who are traditionally left behind in self management. The research questions are:

- What is the experience of people with disability with self managing NDIS plans?
- What conditions have contributed to helping a larger share of people using self management?

- What resources show promise to include people who are usually excluded from self management, such as people with cognitive and psychosocial disability?

This report is from the first part in the project. It is the analysis of NDIS quarterly data on rates of self management. It tells us what the characteristics are of people who do and do not self manage, and details about their plans.

Other components of the research, which include:

- case studies of self managers, selected to explore conditions of people usually excluded from self management, and
- public events inviting people to contribute experiences and ideas about promising resources to support self management.

2 Data and analysis

This report on NDIS self management used two sources of data:

1. Trends over time drawn from NDIS Quarterly Reports 2013-2018
2. NDIS Plan Management Types Data

Analysis of trends over time used NDIS Quarterly Reports that break down the number of each type of management plan nationally and in each state and territory for the years 2013 - 2018. There were changes in how the data was reported across the years, for example, differences in terminology affected how the data could be compared. For this reason, our trends over time analysis focuses on fully self managed plans only.

NDIS Plan Management Types Data for September 2019 was downloaded in March 2020 from: <https://data.ndis.gov.au/media/1957/download>

The data have seven variables:

- State/territory
- NDIS district
- Disability group
- Age band
- Plan management type
- Number of plans
- Average annualised committed support budget.

Data were analysed using frequencies and cross-tabulations to explore patterns in self management by age, jurisdiction and disability group.

3 Overview of self managed NDIS plans

In 2019, 284,004 NDIS plans were described in the data. Of those, 17% (48,392) were fully self managed, and 12% (33,427) were partly self managed (Table 1). The value of fully self managed plans was noticeably lower than that of other plans.

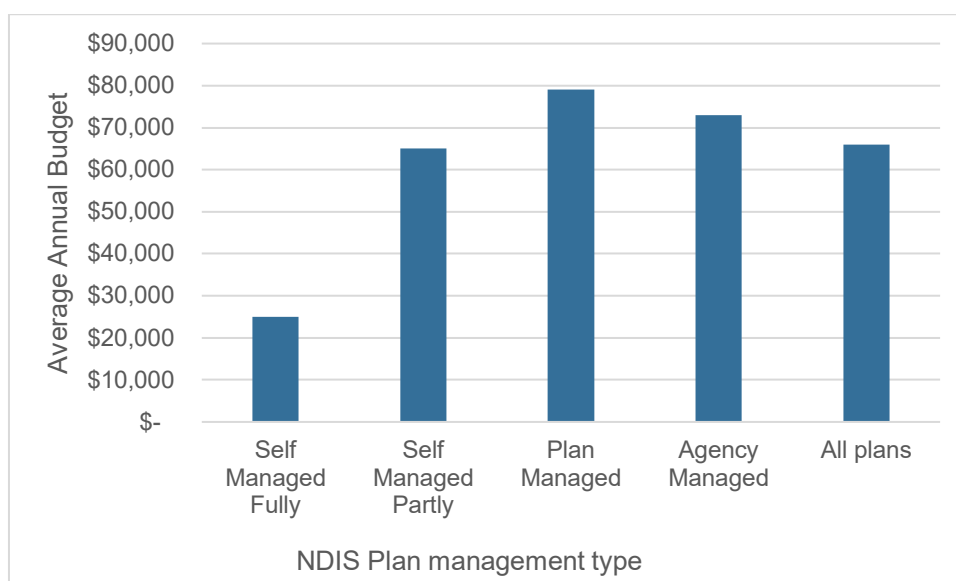
The average annual budget of a fully self managed plan was \$25,000. Partly self managed plans were an average \$65,000, which was closer to the value of plan managed (\$79,000) and agency managed plans (\$73,000).

Table 1: NDIS plans by management type, September 2019

	%	N	Average annual budget
Self managed fully	18	48,392	\$25,000
Self managed partly	12	33,427	\$65,000
Plan managed	32	91,285	\$79,000
Agency managed	39	110,544	\$73,000
Total plans	100	284,004	\$66,000

Source: NDIS Participant Data Plan Management Types, September 2019.

Figure 1: Average Annual Budget of NDIS Plans by management type, September 2019



Source: NDIS Participant Data Plan Management Types, September 2019.

4 Self management in states and territories

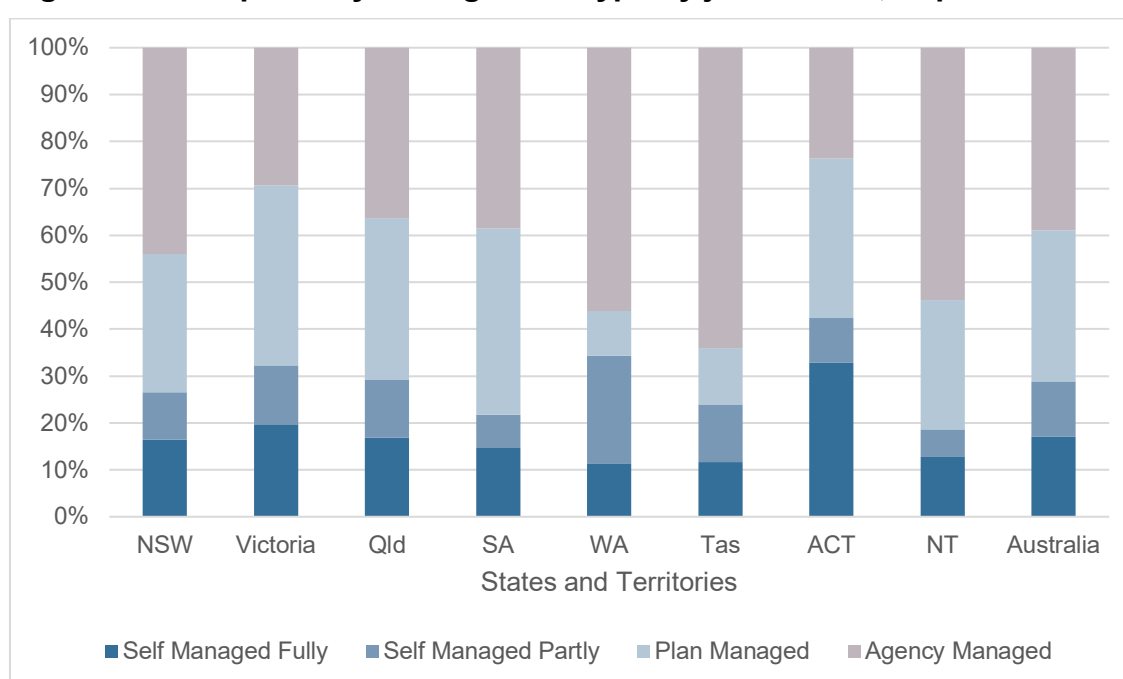
Nationally, self managed plans were a minority of the plan types used by NDIS participants. Of the 284,004 plans in place in September 2019, 17% were fully self managed and 12% were partly self managed (Figure 2 and Table 2).

Table 2: NDIS plans by management type by jurisdiction, September 2019

	Self managed		Plan managed %	Agency managed %	Number of plans
	Fully %	Partly %			
NSW	16	10	29	44	97,884
Victoria	20	13	38	29	78,905
Qld	17	12	34	36	54,375
SA	15	7	40	38	23,093
WA	11	23	9	56	17,744
Tas	12	12	12	64	5,864
ACT	33	9	34	24	3,693
NT	13	6	28	54	2,426
Australia	17	12	32	39	284,004

Source: NDIS Participant Data Plan Management Types, September 2019.

Figure 2: NDIS plans by management type by jurisdiction, September 2019



Source: NDIS Participant Data Plan Management Types, September 2019.

In most jurisdictions, between 11% and 17% of plans were fully self managed. Rates of fully self managed plans were higher in Victoria, at 20%, and much higher in the ACT², at 33%.

Because of their larger populations, residents of NSW and Victoria held the majority of all fully self managed plans, 65% (31,606 plans).

The proportion of plans that were partly self managed was fairly consistent across most Australian jurisdictions, ranging between 9% and 13%. The two outliers were WA, where 23% of plans were partly self managed, and the NT, where only 6% of plans were partly self managed.

NSW and Victoria shared most of the partly self managed plans (59%, or 19,806 plans).

Across all states and territories, fully self managed plans had average annual budgets of under half the value of partly self managed plans (Table 3). The levels of self managed budgets in all jurisdictions were fairly consistent, with the national average budgets at around \$25,000 for fully self managed plans and \$65,000 for partly self managed plans. This consistent pattern of low self managed plan budgets even includes NT, where the average annual budget was substantially higher than elsewhere for both agency and plan managed plans.

Table 3: Average annual budgets¹ (\$) by management type by jurisdiction, September 2019

	Self managed		Plan managed	Agency managed	All Plans
	Fully	Partly			
NSW	23,000	63,000	76,000	68,000	62,000
Victoria	24,000	61,000	77,000	62,000	60,000
Qld	30,000	78,000	90,000	92,000	79,000
SA	24,000	64,000	76,000	82,000	70,000
WA	25,000	63,000	66,000	58,000	56,000
Tas	27,000	64,000	88,000	82,000	74,000
ACT	19,000	47,000	68,000	36,000	42,000
NT	24,000	78,000	113,000	167,000	129,000
Australia	25,000	65,000	79,000	73,000	66,000

Source: NDIS Participant Data Plan Management Types, September 2019. Note 1. Average Annualised Committed support budget of current plans.

² Because the ACT is a small territory, a relatively small number of NDIS plans are held there: 3,693 in total, compared to almost 98,000 in NSW.

5 Trends in self management

The number of self managed plans nationally increased each year (Table 4, Table 5). The proportion of plans that were fully self managed also increased.

Table 4: National trends in NDIS plan management, 2013-2018

Year	Self managed		Combination (self and agency) ² %	Plan managed %	Agency managed %	Total number of plans
	Fully %	Partly %				
2013-14	2	26	-	0	71	7,316
2014-15	6	N/A ¹	33	-	62	17,303
2015-16	7	N/A ¹	58	-	58	30,281
2016-17	8	10	-	13	68	89,610
2017-18	12	12	-	21	55	172,333
2018-19	16	11	-	30	43	286,015

Source: NDIS Quarterly Reports, 2013-2018.

Note 1: not reported for 2014-16, but included in Combination Plans.

Note 2: Term used only 2014-16

The analysis in this section focuses on fully self managed plans, because it is difficult to determine trends in partly self managed plans using NDIS Quarterly Reports due to changes in approaches to reporting. In particular, in 2014-15 and 2015-16, partly self managed data were reported with agency managed data, as a 'combination' (Table 4).

The proportion of plans that were self managed each year in each state gradually increased (Table 5).

Table 5: Trends in fully self managed NDIS plans by jurisdiction¹, 2013-2018

	NSW %	VIC %	QLD %	WA %	SA %	TAS %	ACT %	NT %
2013-14	2	0			6	3		
2014-15	1	0		9	12	4	11	0
2015-16	*	1	11	7	13	4	15	1
2016-17	9	6	9	13	10	5	13	1
2017-18	13	12	8	11	11	8	20	1
2018-19	17	19	16	12	14	11	29	11

Source: NDIS Quarterly Reports, 2013-2018. *Not reported for 2015-16 as state level data was not available. Note 1: Fully self managed plans as a percentage of all plans.

However, the proportion of plans that were fully self managed varied between jurisdictions (Table 5). The ACT consistently reported the highest proportion of NDIS plans as being fully self managed. Table 5 shows that the territory started with a high proportion of self managed plans in 2014, and by 2018 the rate of fully self managed plans in the ACT had increased to nearly a third of all plans.

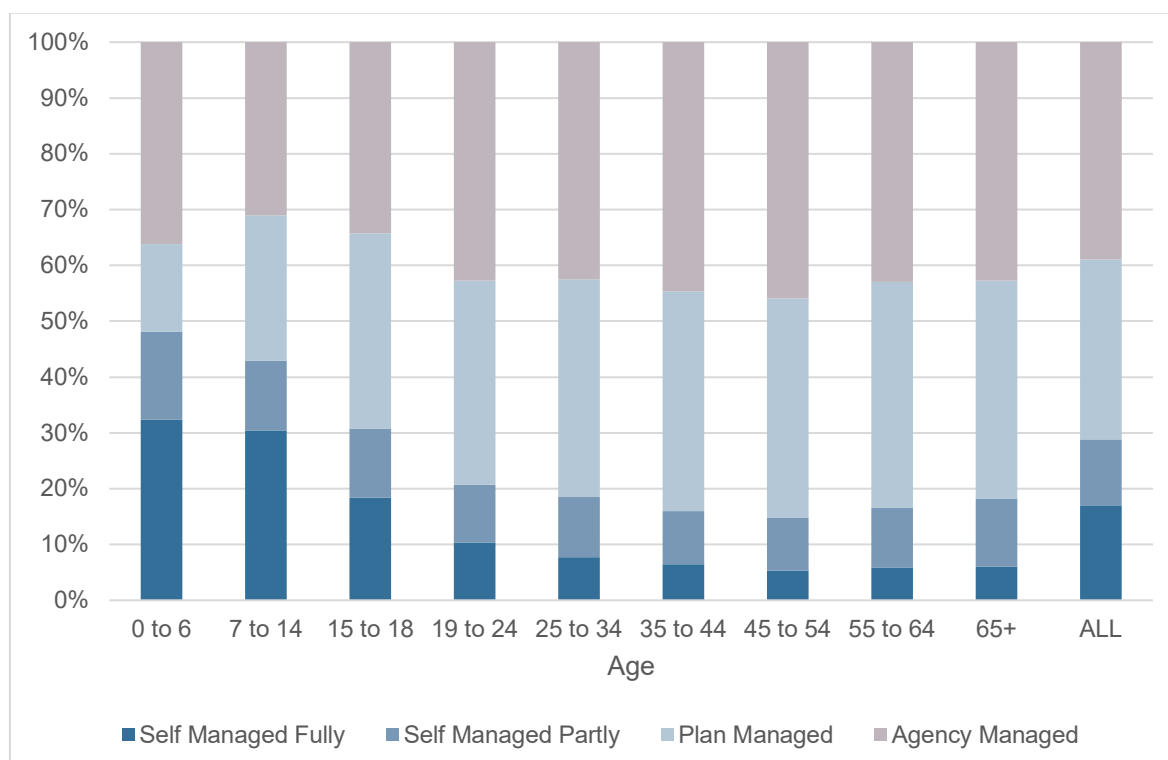
In contrast, the NT started in 2014 with a very low rate of self managed plans, and that rate stayed consistently low until it increased in 2018. However, at 11%, NT continues to have low rates of self management compared to other states and territories.

The jurisdictions that started rolling out the NDIS in 2013 had the lowest rates of self managed plans in their first year when compared to those jurisdictions that started in 2014.

6 Age of NDIS participants who self manage

The proportion of NDIS management plans that were partly or fully self managed by age was not consistent. Generally, between 10% and 12% of people in each age group chose to partly self manage their plans (Figure 3, Table 6). The proportion of NDIS participants who partly self managed was slightly higher in the youngest age bracket, at 16% of plans for 0 - 6 year olds.

Figure 3: NDIS plans by management type by age, September 2019



Source: NDIS Participant Data Plan Management Types, September 2019.

The proportion of fully self managed plans decreased with age (Figure 3, Table 6). The highest proportion of self managed plans was in the youngest age bracket, then decreasing and staying low for all adults. Among children aged 0 - 6 years, 32% of plans were self managed, similar to 30% of children aged 7-14 years. Fully self managed plans dropped to 18% among young people aged 15 -18 years, and dropped again to 10% among young people aged 19 - 24. The proportion of plans that were self managed among adults ranged between 5% and 8%.

Most fully self managed plans were held by children aged 0 -18 years. They had 78% of all fully self managed plans, or 37,704 plans. Children aged 0 -18 also had half the partly self managed plans (53%, or 17,580 plans).

Table 6: NDIS plans by management type by age, September 2019

	Self managed		Plan managed %	Agency managed %	Number of plans
	Fully %	Partly %			
0 to 6	32	16	16	36	43,601
7 to 14	30	13	26	31	65,520
15 to 18	18	12	35	34	20,203
19 to 24	10	10	37	43	24,968
25 to 34	8	11	39	42	27,368
35 to 44	7	9	39	45	26,159
45 to 54	5	10	39	46	32,708
55 to 64	6	11	40	43	36,537
65+	6	12	39	43	6,940
Total	17	12	32	39	284,004

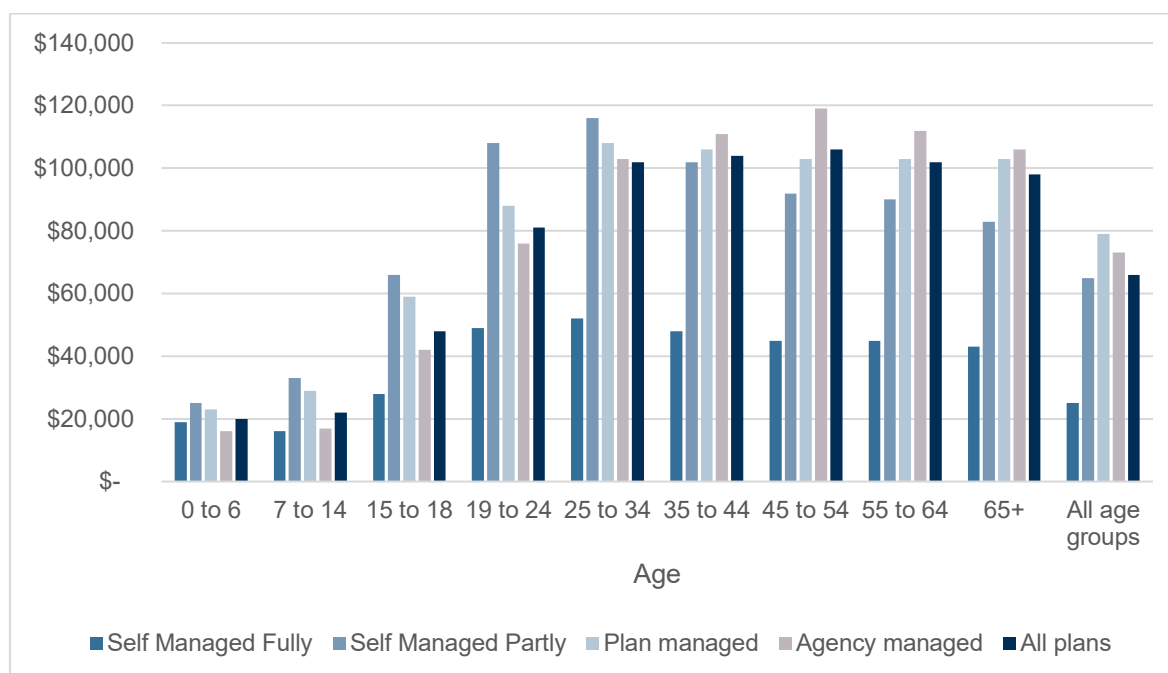
Source: NDIS Participant Data Plan Management Types, September 2019.

The NDIS reports on the Average Annualised Committed support budget of current plans (average annual budget, see Abbreviations and definitions).

The value of all plans increased with age from birth to young adulthood and then remained high among adults (Figure 4, Table 7). Across all age brackets from 7 years and over, the average partly self managed plan was twice the value of the average fully self managed plan.

The average value of partly self managed plans ranged from \$25,000 in the youngest age bracket 0 - 6 to \$116,000 among 25 - 34 year olds. In comparison, the average value of fully self managed plans ranged from \$16,000 in 7-14 year olds to \$52,000 among 25 - 34 year olds. The generally smaller plan sizes in the younger age groups are likely because supports are often ramped up once teenagers transition out of school into post-school and adult support.

Figure 4: Average annual budgets (\$) by management type by age, September 2019



Source: NDIS Participant Data Plan Management Types, September 2019.

Table 7: Average annual budgets¹ (\$) by management type by age, September 2019

	Self managed		Plan managed	Agency managed	All Plans
	Fully	Partly			
0 to 6	19,000	25,000	23,000	16,000	20,000
7 to 14	16,000	33,000	29,000	17,000	22,000
15 to 18	28,000	66,000	59,000	42,000	48,000
19 to 24	49,000	108,000	88,000	76,000	81,000
25 to 34	52,000	116,000	108,000	103,000	102,000
35 to 44	48,000	102,000	106,000	111,000	104,000
45 to 54	45,000	92,000	103,000	119,000	106,000
55 to 64	45,000	90,000	103,000	112,000	102,000
65+	43,000	83,000	103,000	106,000	98,000
All ages	25,000	65,000	79,000	73,000	66,000

Source: NDIS Participant Data Plan Management Types, September 2019. Note 1. Average Annualised Committed support budget of current plans

7 Disability groups of people who self manage

The total number of NDIS plans in each disability group varied widely, so it was difficult to compare NDIS plan types by disability group.

In addition, it is important to note that 'disability group' is based on an NDIS participant's primary reported disability. This undercounts some disabilities. Intellectual disability, for example, often accompanies other disabilities, but may not be reported as the primary disability for NDIS purposes.

Half of all the 284,004 plans were in just two NDIS disability groups – autism (84,316) and intellectual disability (59,347). In contrast, most groups had fewer than 15,000 plans (Table 8, last column).

Of all NDIS disability groups, the one with the largest proportion of fully self managed plans was autism (30%), followed by global developmental delay (27%), developmental delay (27%), other sensory/speech (27%) and hearing impairment (26%) (Figure 5 and Figure 6).

The disability groups with the lowest rates of fully self managed plans were psychosocial disability (2%), acquired brain injury (4%), stroke (7%), intellectual disability (8%) and other neurological disability (10%).

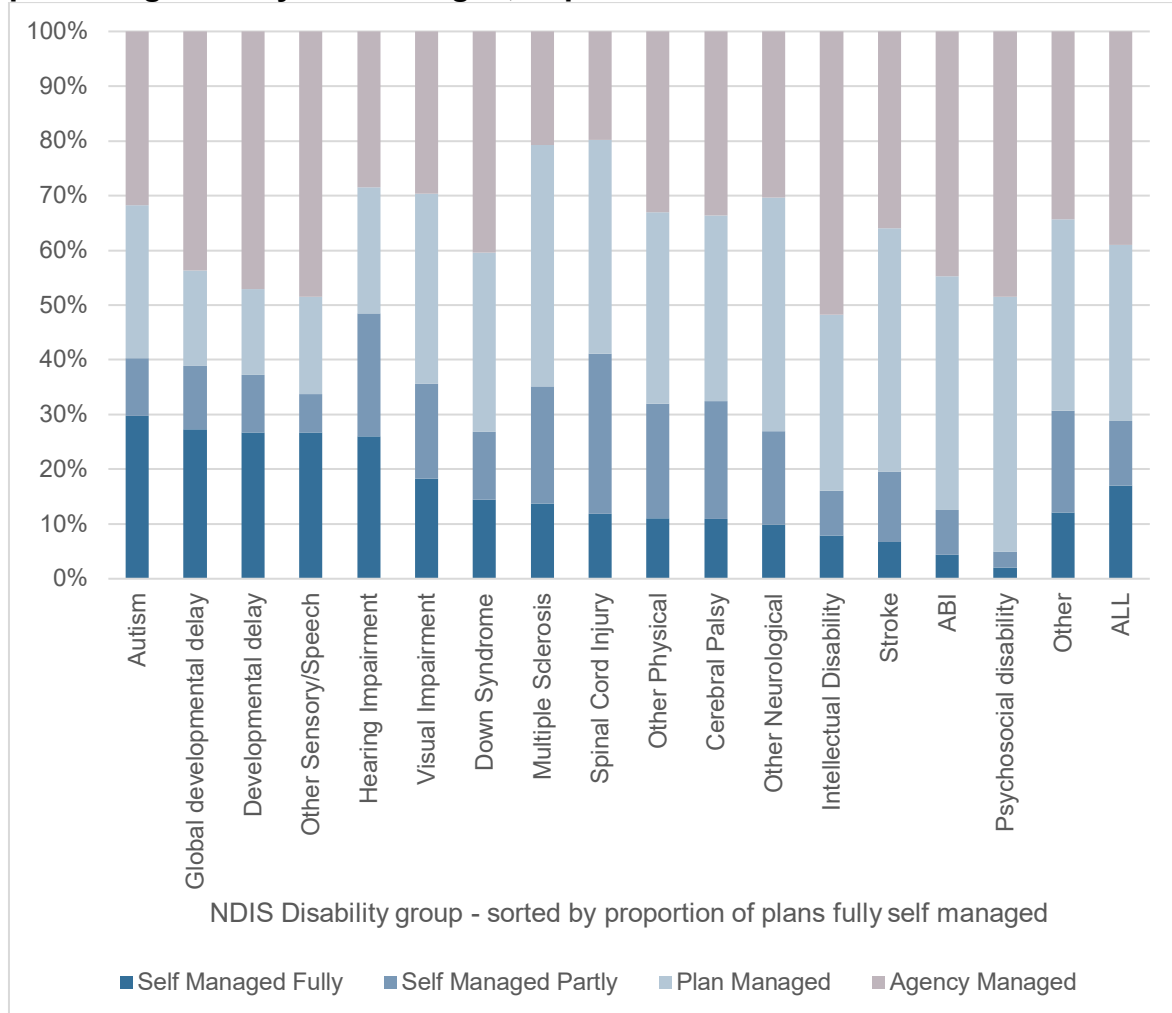
The largest number of people with fully self managed plans (25,040) were people with autism. They also had a high proportion of all NDIS plans (Table 8). The next largest disability group with fully self managed plans were people with intellectual disability (4,688). The smallest group of people with fully self managed plans were people who had had a stroke.

Nearly half of all fully self managed plans (49%) were held by people with autism (25,040 of 48,392 plans). Almost all of these were for children aged 0 - 18 (23,506 plans, or 94%). This means almost half of all fully self managed plans were managed by parents of children with autism.

The disability groups with partly self managed plans were quite different. The highest proportion of people with partly self managed plans were people with spinal cord injury (29%), hearing impairment (23%), Cerebral Palsy (22%), Multiple Sclerosis (21%) and other physical disability (21%) (Figure 5 and Figure 6).

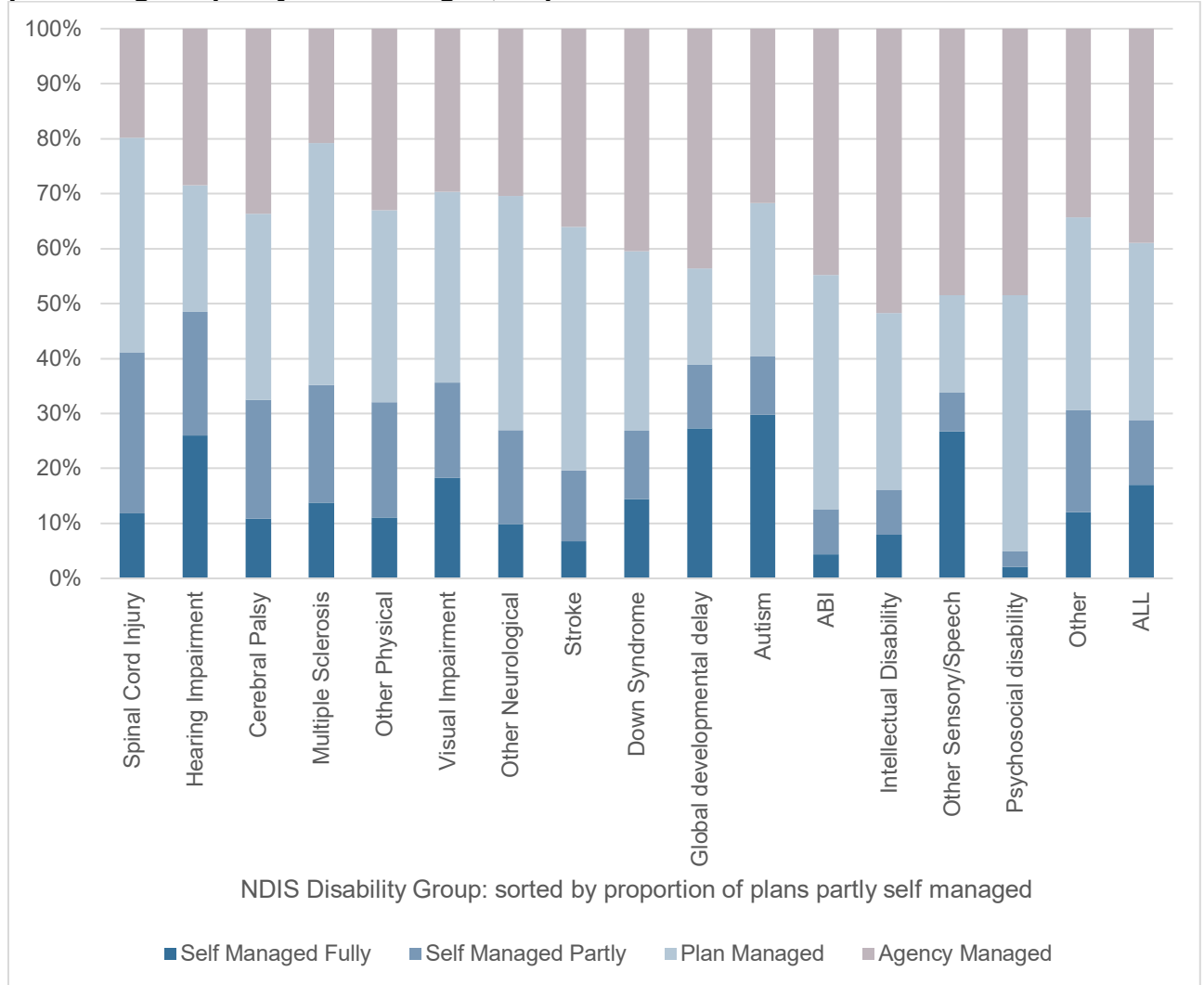
The disability groups with the lowest rates of partly self managed plans were people with psychosocial disability (3%), other sensory/speech (7%), intellectual disability (8%) and acquired brain injury (8%).

Figure 5: NDIS plans by disability group and management type, ordered by percentage of fully self managed, September 2019



Source: NDIS Participant Data Plan Management Types, September 2019.

Figure 6: NDIS plans by disability group and management type, ordered by percentage of partly self managed, September 2019



Source: NDIS Participant Data Plan Management Types, September 2019.

Table 8: NDIS plans by management type by NDIS disability group, September 2019

	Self managed		Plan managed %	Agency managed %	Number of plans
	Fully %	Partly %			
Autism	30	11	28	32	84,316
Global developmental delay	27	12	17	44	4,991
Developmental delay	27	10	16	47	15,822
Other Sensory/Speech	27	7	18	48	2,495
Hearing Impairment	26	23	23	28	12,170
Visual Impairment	18	17	35	30	7,004
Down Syndrome	14	12	33	40	9,237
Multiple Sclerosis	14	21	44	21	5,890
Spinal Cord Injury	12	29	39	20	3,821
Other Physical	11	21	35	33	12,511
Cerebral Palsy	11	22	34	34	12,610
Other Neurological	10	17	43	30	13,399
Intellectual Disability	8	8	32	52	59,347
Stroke	7	13	44	36	3,987
Acquired Brain Injury	4	8	43	45	10,134
Psychosocial disability	2	3	46	48	25,829
Other	12	19	35	34	441
Total	17	12	32	39	284,004

Source: NDIS Participant Data Plan Management Types, September 2019.

Note 1: by order of fully self managed Note 2: per cent of all plans

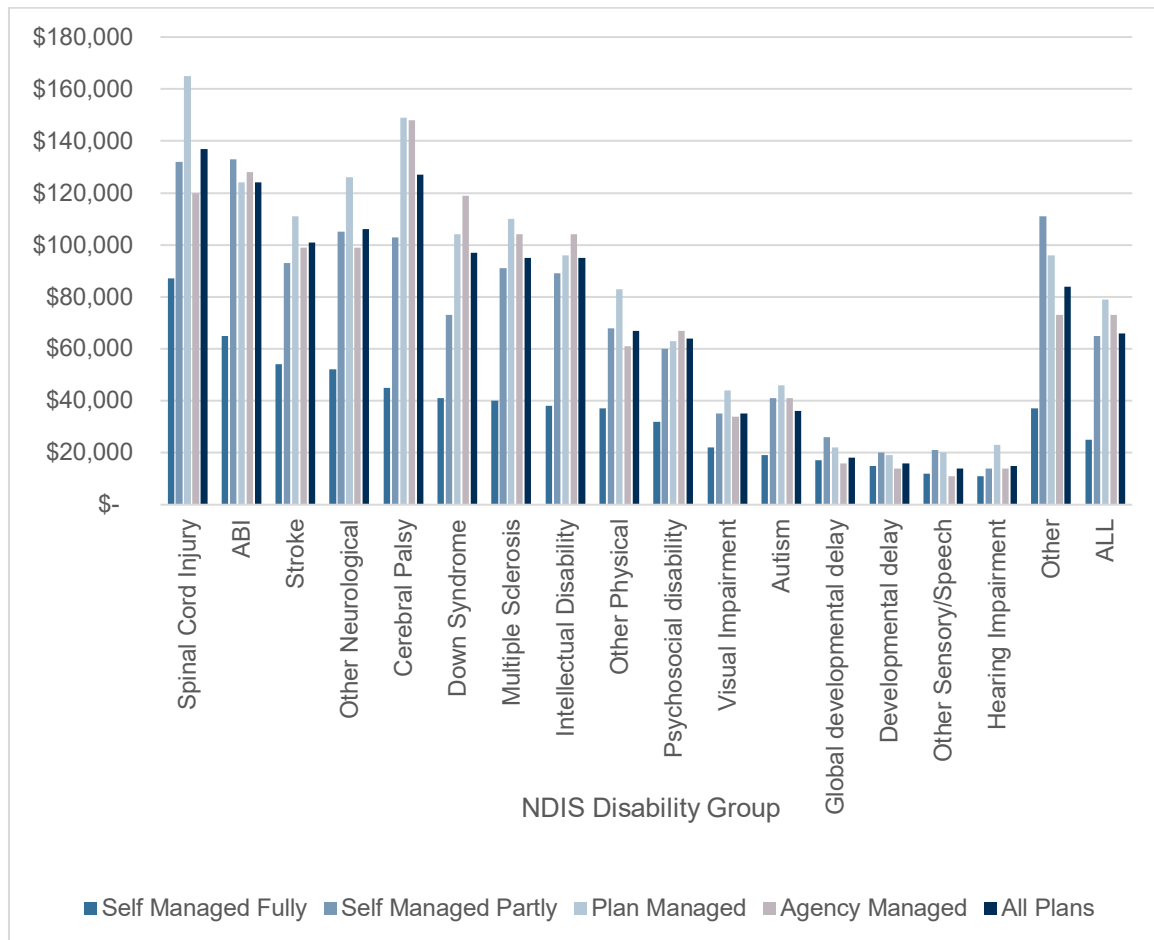
The NDIS reports on the Average Annualised Committed support budget of current plans (average annual budget, see Abbreviations and definitions). Figure 7 and Table 9 show the value of plans by NDIS disability group.

Partly self managed plans were about twice the size of fully self managed plans in most disability groups. The order of the size of fully and partly self managed plans by disability groups was similar:

The disability groups with the highest value of fully self managed plans were: spinal cord injury (\$87,000), acquired brain injury (\$65,000), stroke (\$54,000) and other neurological conditions (\$52,000).

The highest value partly self managed plans were: acquired brain injury (\$133,000), spinal cord injury (\$132,000), other neurological disability (\$105,000) and Cerebral Palsy (\$103,000).

Figure 7: Average NDIS budgets by management plans by disability group, September 2019



Source: NDIS Participant Data Plan Management Types, September 2019.

Table 9: NDIS plan budgets¹ (\$) by management type by disability group, September 2019

	Self managed		Plan managed	Agency managed	All Plans
	Fully	Partly			
Spinal cord injury	87,000	132,000	165,000	120,000	137,000
Acquired Brain Injury	65,000	133,000	124,000	128,000	124,000
Stroke	54,000	93,000	111,000	99,000	101,000
Other neurological	52,000	105,000	126,000	99,000	106,000
Cerebral Palsy	45,000	103,000	149,000	148,000	127,000
Down Syndrome	41,000	73,000	104,000	119,000	97,000
Multiple Sclerosis	40,000	91,000	110,000	104,000	95,000
Intellectual disability	38,000	89,000	96,000	104,000	95,000
Other physical	37,000	68,000	83,000	61,000	67,000
Psychosocial disability	32,000	60,000	63,000	67,000	64,000
Visual impairment	22,000	35,000	44,000	34,000	35,000
Autism	19,000	41,000	46,000	41,000	36,000
Global developmental delay	17,000	26,000	22,000	16,000	18,000
Developmental delay	15,000	20,000	19,000	14,000	16,000
Other Sensory/Speech	12,000	21,000	20,000	11,000	14,000
Hearing Impairment	11,000	14,000	23,000	14,000	15,000
Other	37,000	111,000	96,000	73,000	84,000
All disability groups	25,000	65,000	79,000	73,000	66,000

Source: NDIS Participant Data Plan Management Types, September 2019.

Note 1. Average Annualised Committed support budget of current plans

8 Implications of NDIS self management data

The analysis of NDIS data about plan management types showed that people's use of self management was unequal. The use varied by location, age and disability group.

No published NDIS data is available to see whether access to self management varied regarding other characteristics. Possible characteristics to explore include culture, Indigenous status, gender, housing, income and education. Future research could compare plan management across these characteristics.

Self management plans were smaller than agency and plan managed plans, and fully self managed plans were half the size of partly managed plans. These findings raise questions about whether such patterns were the choice of the participants or a result of the constraints of the way the NDIS was implemented. Similarly, there are questions to explore regarding the large variation of self managed plans across jurisdictions and across the life course.

Almost half of all fully self managed plans were managed by parents of children with autism. This finding raises questions about the kind and extent of support for self management available to NDIS participants.

The next step in the project is to speak with people who currently self manage their plans to find out how and why they do it and what has helped them along the way. Their experiences can tell us more about how other people might be informed to make choices about whether to self manage, and what support they need to make the choice possible.

References

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