The NDIS market

30 June 2019

National Disability Insurance Agency

Outline

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  - Provider concentration
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- Other metrics
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01.
Introduction

Background

The purpose of the NDIS is to provide reasonable and necessary support to people with a significant and permanent disability so they can achieve their goals. Participants receive individual budgets from which they choose the providers to support them.

The aim of this report is to support the purpose of the NDIS by comparing a number of market indicators across geographical regions and participant characteristics to identify "hot spots" where support provision is comparatively lower or higher than the rest of the NDIS market.

As at 30 June 2019, the Scheme had approximately 285,000 active participants with approved plans, residing across eighty bilateral regions[1]. Payments across the Scheme during FY18-19 totalled approximately $10.0 billion, the majority of which related to payments that were made directly to providers on behalf of participants[2]. The charts on the following slides provide some context on current Scheme expenditure by showing the distribution of payments made for the FY18-19 support year by State/Territory, support category, participant age and primary disability.

[1] Bilateral agreements were signed between the Commonwealth government and the States and Territories; these agreements detailed the Scheme phase-in dates of the 80 regions, which are based on combinations of Local Government Areas (LGAs).
[2] Participants who self-manage their plans receive payments directly from the Agency and pay providers independently for the supports they provide.

Scheme payments by State/Territory in 2018-19

Payments for the FY18-19 support year made in respect of participants residing in NSW represented the largest State/Territory with approximately 45% of Scheme payments. The large proportion of payments reflects both NSW being the largest State/Territory and the fact that the Scheme rolled out faster in NSW compared with other States/Territories.

% Scheme payments by State/Territory for the 2018-19 support year

Legend: ■ All participants ■ Non-SIL ▨ Supported Independent Living (SIL)
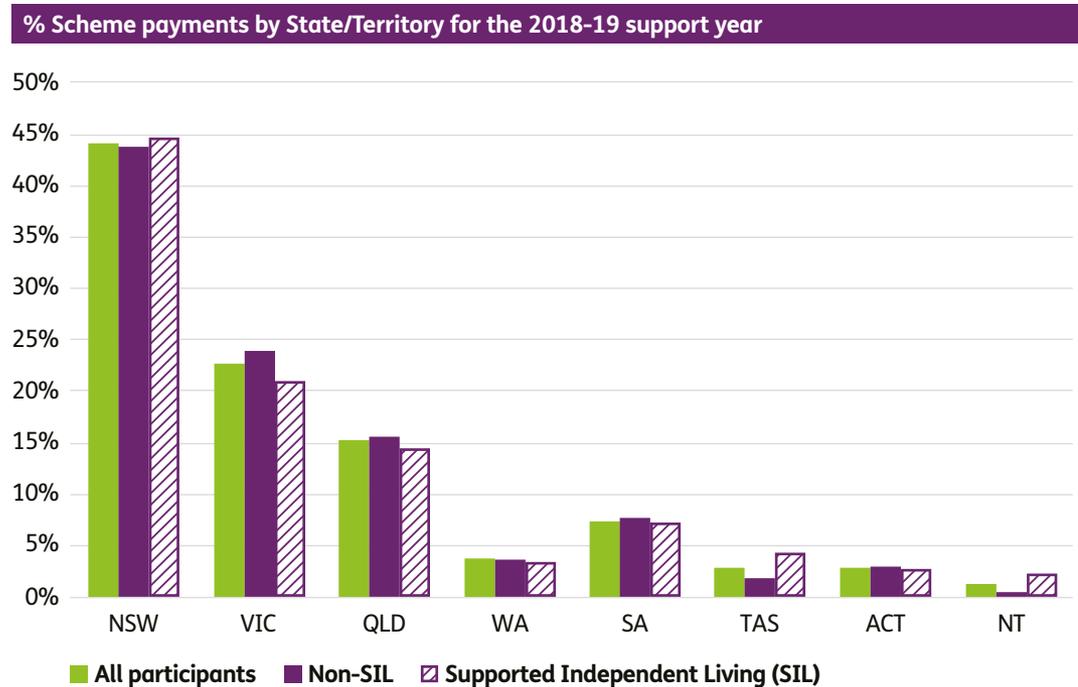
Scheme payments by support category in 2018-19

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The largest support categories nationally were Core – Daily Activities, Core – Community and Capacity Building – Daily Activities.

% Scheme payments by support category for the 2018-19 support year

Legend:
- ■ All participants
- ■ Non-SIL
- ▨ Supported Independent Living (SIL)

Categories: Transport, Daily Activities, Consumables, Community (Core); Home Modifications, Assistive Technology (Capital); Support Coordination, Social and Civic, Relationships, Lifelong Learning, Home Living, Health and Wellbeing, Employment, Daily Activities, Choice and Control (Capacity Building)
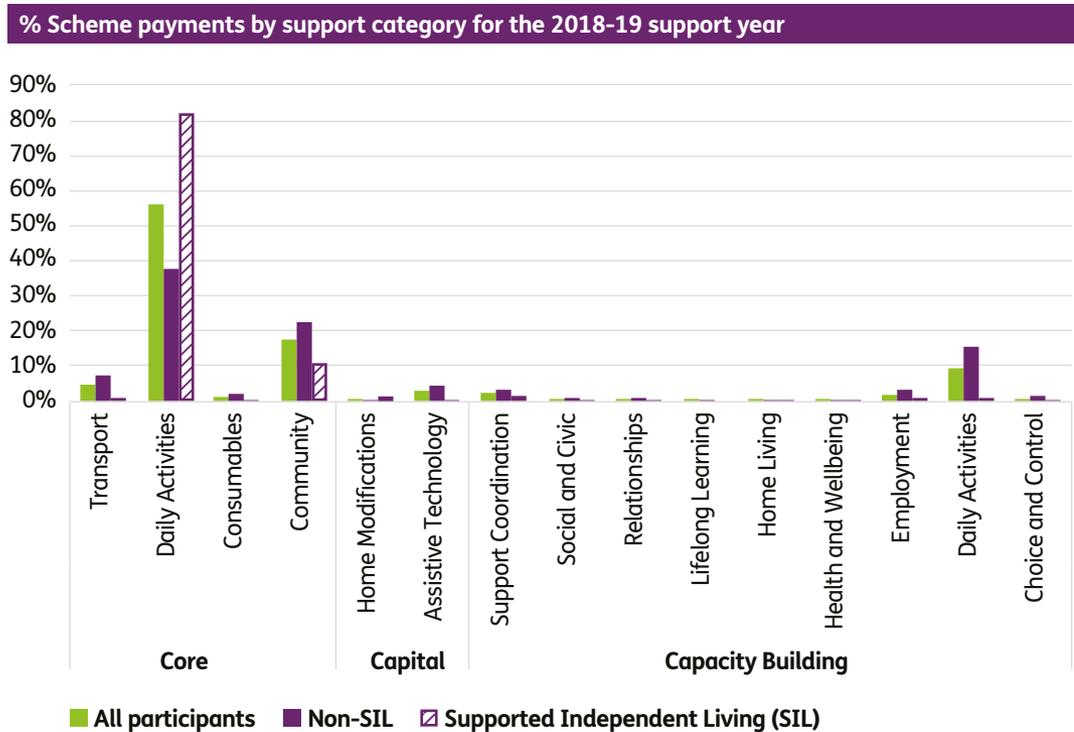
Scheme payments by age band in 2018-19

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Older (working age) participants received a larger proportion of payments compared to the rest of the Scheme.

% Scheme payments by age band for the 2018-19 support year

Legend: ■ All participants ■ Non-SIL ▨ Supported Independent Living (SIL)
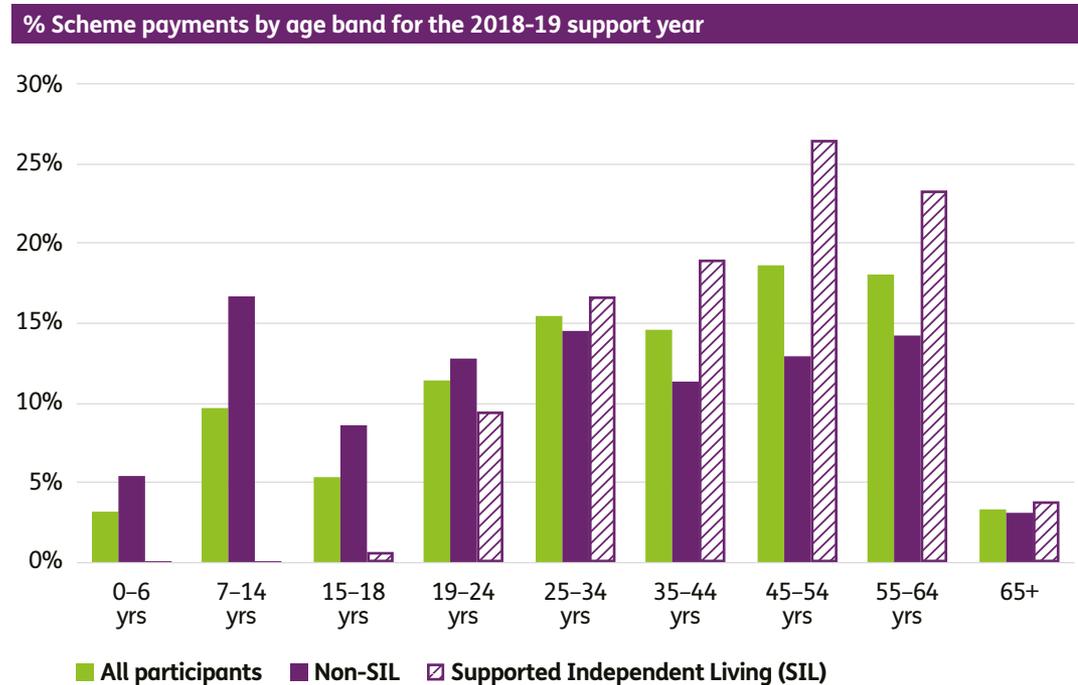
Scheme payments by primary disability in 2018-19

Participants whose primary disability is intellectual disability or autism received a larger proportion of payments compared to the rest of the Scheme. As at 30 June 2019, participants with these primary disabilities made up 56% of the total number of participants nationwide.

% Scheme payments by primary disability for the 2018-19 support year

Legend: ■ All participants ■ Non-SIL ▨ Supported Independent Living (SIL)
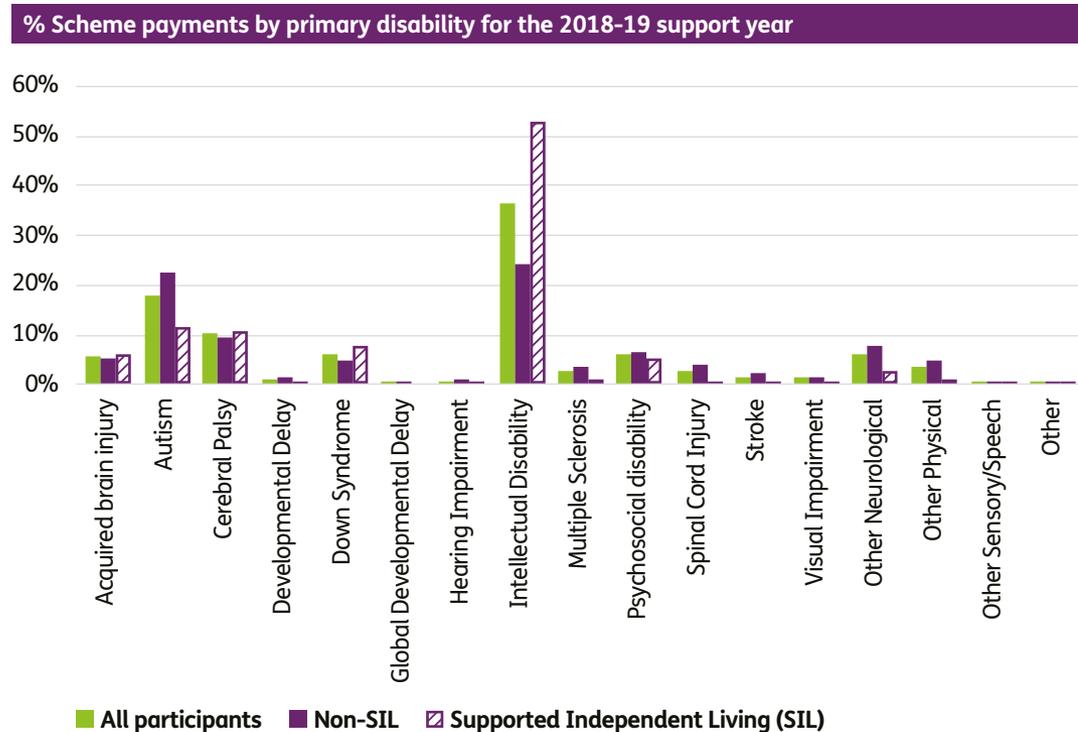
Key indicators for monitoring the NDIS market

The NDIA corporate plan 2019-2023 lists the indicators for Aspiration 2 – a competitive market with innovative supports. Specifically the indicators are on:

• Choice and control

• Provider sentiment and confidence

• Plan utilisation

• Market concentration

This document includes a deep dive into three of these metrics (choice and control, plan utilisation, and market concentration).

Analysis is also undertaken on the number of participants per provider and the proportion of providers that grew and shrunk over the period using information on payments from the NDIA.

Key indicators for monitoring the NDIS market

Choice and control

The NDIS outcomes framework surveys include two indicators on choice and control which are analysed in depth in this document – capturing the following:

• % of participants who choose who supports them; and

• % of participants who say the NDIS has helped with choice and control.

Nationally, 49% of participants aged 15 years and over indicated that they choose who supports them, and 66% indicated that the NDIS has helped with choice and control.

Over time, it is expected that these percentages will increase – however, understanding how different regions, participant cohorts, and support categories differ from this national average ("the benchmark") provides insight into potential hot spots where investment might be required to better support participants.

In particular, where regions are more than ten percentage points below or above this benchmark indicates possible thin markets and markets that are doing relatively better than other regions. Some regions that differ substantially from the benchmark are analysed in more detail in this document, including looking at participant characteristics and support categories within the region.

Key indicators for monitoring the NDIS market

Plan utilisation

For support provided between 1 October 2018 and 31 March 2019, data at 30 June 2019[1] indicated that 66% 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% - however, should be higher than current levels. 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
• Supports being unavailable in the market.

Combinations of the above factors are likely to be driving the lower than expected utilisation. Recognising that utilisation is lower than expected, significant insights can still be drawn by understanding how utilisation differs from this national benchmark of 66% across regions, participant cohorts, and support categories.

In order to compare regions, the two biggest drivers of utilisation are accounted for in the national benchmark to allow like-for-like comparisons – these are:

• Whether or not a participant is in supported independent living (SIL) – with participants in SIL utilising more of their plan compared with those not in SIL (85% compared with 57%)
• The amount of time the participant has been in the Scheme – the longer the participant is in the Scheme the more they utilise their plan (54% for participants on their first plans compared with 77% for participants on their fifth plan).

Where regions are more than ten percentage points below or above the national benchmark indicates possible thin markets and markets that are doing relatively better than other regions. Some regions that differ substantially from the benchmark are analysed in more detail in this document, including looking at participant characteristics and support categories within the region.

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[1] 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.

Key indicators for monitoring the NDIS market

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, 63% of payments go to the largest ten providers. In this analysis, some regions where more than 85% of payments are going to the ten largest providers are considered in detail, including by looking at participant characteristics and service categories.

Key indicators for monitoring the NDIS market

Participants per provider and providers growing and shrinking

In addition to the metrics discussed above, some additional metrics have also been looked at by region:

• Participants per providers;

• Proportion of providers that grew (based on payments from the NDIA); and

• Proportion of providers that shrank (based on payments from the NDIA).

The average number of participants per provider across regions is 7.9 participants to every active provider (the "benchmark"). This differed by region, but was often driven by the number of participants in a region – that is, smaller regions often had lower numbers of participants per providers. However, these regions often had relatively lower choice and control, relatively lower utilisation and relatively higher market concentration. Hence this metric is not considered as informative as the other metrics.

The change in the amount of payments to a service provider from one period to the next (in this case the increase/decrease in payments between the six months to 30 September 2018 and 31 March 2019), can provide some early indications of whether providers may be exiting the market, or whether the market may be becoming more concentrated.

The analysis compares the percentage of providers who have grown by more than 100% and the percentage of providers which have shrunk by more than 25%. These percentage cut-offs were chosen based on an analysis of current distributions and will change over time as the market becomes more mature.

Summary of indicators across market segments

The key indicators have been calculated over the period from 1 October 2018 to 31 March 2019, using data available as at 30 June 2019, and are presented by:

- Geographical region
- Support category
- Participant characteristics, including age, primary disability type, level of function, remoteness, Indigenous status and culturally and linguistically diverse (CALD) status

The indicators are presented both including and excluding participants in supported independent living (SIL).

An appropriate benchmark[2] is also presented for each indicator and market segment.

Key indicators[1]

Indicator	Defnition
Plan utilisation	Payments as a proportion of total plan budgets (or supports committed) for the period
Provider concentration	Proportion of total provider payments that were paid to the ten providers that received the most payments
Choice and control	Proportion of participants who report that they choose who supports them and that the NDIA helps with choice and control
Participants per provider	Ratio of the number of active participants to the number of active providers
Provider growth / shrinkage	Proportion of active providers that have grown or shrunk based on the NDIS funding received

[1] Full definitions of each indicator, including the period over which they are measured, are provided in Appendix A.
[2] The benchmark represents the national average, and for some indicators, is adjusted for the mix of participants within the market being analysed.

Each of the bilateral regions has been allocated into one of three categories (based on size of total plan budgets) to allow for a fairer comparison of the indicators across regions

The analysis revealed that some of the key indicators at the bilateral region level appeared correlated to the size of the particular bilateral region. For example, provider concentration was generally higher for smaller regions.

To prevent the smaller or larger regions being the only regions highlighted as having comparatively higher or lower support provision, each bilateral region has been allocated into one of three categories for comparison against other regions of similar size. The categories have been defined by the value of total plan budgets over the period from 1 October 2018 to 31 March 2019. The three categories are:

- Less than $25m in total plan budgets
- $25m to $100m in total plan budgets
- Greater than $100m in total plan budgets

The chart on the right shows the number and proportion of bilateral regions that have been allocated to each category. Of the 80 total bilateral regions across the nation, there are 64 bilateral regions considered in the analyses. These regions have had at least 9 months of Scheme experience, i.e. commenced phasing before 1 July 2018.

Allocation of bilateral regions

22% 14 regions
42% 27 regions
36% 23 regions

- ■ < $25m in total plan budgets
- □ $25m to $100m
- ■ > $100m

Dashboards - Summary
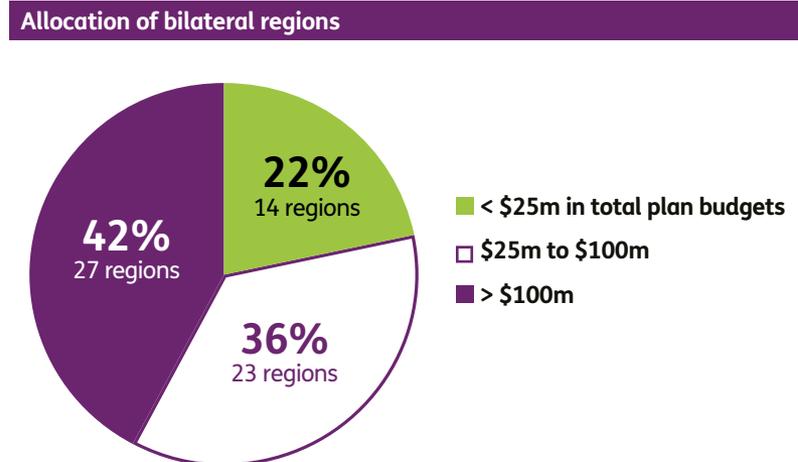
Accompanying this slide pack are a series of dashboards, which are designed to provide more information on the performance of the NDIS market:

Insights dashboard

This dashboard presents three key metrics used to monitor the NDIS market and highlights regions where performance is below benchmark.

Summary dashboards

These dashboards summarise all of the metrics used to monitor the NDIS market across each of the the bilateral regions. There are three dashboards, showing 'all' participants, 'Supported Independent Living' (SIL) participants and 'Non-SIL' participants respectively.

Detailed dashboards

Each dashboard shows a detailed breakdown of each metric for a particular region. There are 64 detailed dashboards – one for each bilateral region that has had at least 9 months of Scheme experience, i.e. commenced phasing before 1 July 2018. This equates to 64 of the 80 bilateral regions.

The Insights dashboard highlights regions where intervention may be beneficial

The 'NDIS Market Insights Dashboard' (accompanying this document) shows how regions perform against the three 'corporate target' indicators (Plan utilisation, Provider concentration and the Outcomes indicator on choice and control). To ensure a fair comparison across regions, regions are allocated into one of three size categories based on total plan budgets for the period.

The green dots on the charts show the benchmark level for each region. A comparison of a region's actual level compared to the benchmark for a given indicator can indicate whether an area could possibly benefit from intervention.

For example – the first indicator on the dashboard is 'Plan utilisation'. An examination of the charts shows that 'Regions with greater than $100m in total plan budget' and 'Regions with $25m to $100m in total plan budget' exhibit plan utilisation levels that are close to their benchmarks. The 'Regions with less than $25m in total plan budget' chart, however, shows a number of regions (primarily in NT and SA) where utilisation levels are considerably lower than the benchmark (these are the regions on the right-hand side of the chart).

The top 5 (measured by the size of the gap to benchmark, weighted by total plan budgets over the period) of these regions are also listed below the chart.

Further insights on "hot spots" are discussed included in the remainder of this document.

The Summary dashboard provides an overview of the key indicators for each bilateral region

The 'NDIS Market Summary Dashboard' (accompanying this document) provides an overview of the key indicators for each bilateral region based on data from the 1 October 2018 to the 31 March 2019. (The green / red dots highlight the top 10% and bottom 10% of regions – by gap to benchmark - for each indicator).

For example, the first region on the dashboard is 'Central Coast' in New South Wales. From the dashboard, we can read the following information:

- Date the region commenced phasing into the NDIS – **1 July 2016**

- Active participants with approved plans in region – **5,600**

- Registered active providers providing supports to region – **731**

- Participants per provider – **7.7**

- Provider concentration – **46%** (i.e. 46% of payments go to the top 10 providers in the region).

- Provider growth –**12%** of providers grew by more than 100% over the 6 month period compared with the previous 6 month period. (Only providers that received more than $10,000 in payments have been considered.)

- Provider shrinkage – **17%** of providers shrunk by more than 25% over the 6 month period compared with the previous 6 month period. (Only providers that received more than $10,000 in payments have been considered.)

- Total plan budgets ($m) – The total plan budgets in the region over the 6 months was **$154.68m**.

- Payments ($m) – Over the period, **$110.04m** of payments were made in the region.

- Utilisation rate – **71%** (i.e. payments amounted to 71% of the total budgeted for the period).

- Outcomes indicator on choice and control – **53**% of respondent participants said that they choose who supports them (15 years and over).

- Outcomes indicator – has NDIA helped with choice and control? – **73%** of participants indicated that the NDIS has helped with choice and control (15 years and over).

The Detailed dashboards provide breakdowns of the key metrics to facilitate greater understanding of individual regions

For each region, the detailed dashboards (accompanying this document) provide breakdowns of the following metrics:

• Distribution of active participants with an approved plan;

• Number of active and registered providers that provide supports in a category;

• Average number of participants per provider;

• Provider concentration;

• Provider growth;

• Provider shrinkage;

• Payments and total plan budgets not utilised;

• Plan utilisation;

• Outcomes indicator on choice and control; and

• Outcomes indicator on whether the NDIS helped participants have more choices and more control over their lives.

Each of the metrics above is broken down by the following categories:

• Age group;

• Primary disability;

• Level of function;

• Remoteness rating;

• Indigenous status;

• Culturally and Linguistically Diverse (CALD) status; and

• Support category (this is in a separate section of the dashboard).

Detailed dashboards have been provided for 64 regions. The next two slides discuss the 'Central Coast' (New South Wales) region dashboard as an example.

Detailed dashboard – Central Coast

From the detail dashboard on the Central Coast region (New South Wales) we can develop a greater understanding of the NDIS market in the region. (Note that Central Coast is an example of a region where there do not appear to be any specific "hot spots" relative to other regions):

Distribution of participants

Over 50% of participants have autism or intellectual disability as their primary disability group. 50% of participants have a 'medium' level of function, 28% have a 'high' level of function and 22% have a 'low' level of function.

Distribution of providers

This exhibits some similarities to the participant breakdown. Of the 731 providers operating in the region, 350 are providing intellectual disability supports and 322 are providing autism supports (note that there can be overlap as providers can provide supports for different types of disability).

Average participants per provider

Providers providing autism supports have the highest number of participants per provider (6.5 per provider). Providers providing hearing (at 3.8) and intellectual disability supports (3.0) also show relatively high levels of participants per provider. (Note that the overall average is 7.7 participants per provider, reflecting the fact that providers cover several different support types).

Provider concentration

Provider concentration varies (from 20% to 60%) across the different categories but in all cases is below the benchmark, indicating that the Central Coast does not have high concentration relative to other regions.

Provider growth

Provider growth is low (and zero for development delay disability groups) and below benchmark in all cases, indicating that the market is more mature than other regions.

Continuing from the previous slide:

Provider shrinkage

Provider shrinkage (of around 15% to 20%) over the period occurred across most of the disability categories in the region, and ay reflect some market consolidation in the region.

Payments and plan budgets not utilised

Of the $155m total plan budget allocated over the period, $76m (50%) has been allocated to autism and intellectual disability groups, noting that these are the largest participant groups.

Plan utilisation

Utilisation rates are relatively high and are above or close to the benchmark in all cases. (Overall the utilisation rate is 71% against a benchmark of 69%).

Outcomes indicator on choice and control

Overall 53% of participants reported that they choose who supports them, above the benchmark level of 49%. The breakdown by primary disability shows that – for most categories – the positive response rate was above benchmark, with the exception of participants with autism, Down Syndrome and intellectual disability.

Has the NDIS helped you have more choices and more control over your life?

Overall 73% of participants responded positively, against a benchmark of 66%. This performance above benchmark is seen across all categories in the breakdowns.

02.
Key insights

across regions for plan utilisation, market concentration and choice and control

The difference in utilisation rates between regions can be used to identify comparably lower and higher service provision amongst regions

Each participant receives a plan budget and the proportion of NDIS funding that a participant has utilised is referred to as the utilisation rate.

A plan utilisation rate of 100% would mean all of the plan budget was spent.

One of the factors that may drive relatively lower utilisation rates is supports being unavailable in the market[1]. A low utilisation rate for a market may therefore act as an indicator of a 'hot spot' which could suggest a need for action in order to improve provision of the service.

The national average utilisation rate is 66%[2] and rates vary greatly across a range of participant characteristics (including whether the participant receives SIL supports, plan number, age, location, disability type etc.). These differences in utilisation are documented in the quarterly reports provided to the COAG Disability Reform Council (DRC)[3].

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[1] Other factors 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; and providers needing more support to claim for supports provided.
[2] Calculated over the period from 1 October 2018 to 31 March 2019, using data available as at 30 June 2019
[3] www.ndis.gov.au/about-us/publications/quarterly-reports

Plan utilisation for five bilateral regions was more than 10% below the benchmark

Plan utilisation for fv e bilateral regions was more than 10% below the benchmark

Number of bilateral regions - gap to benchmark
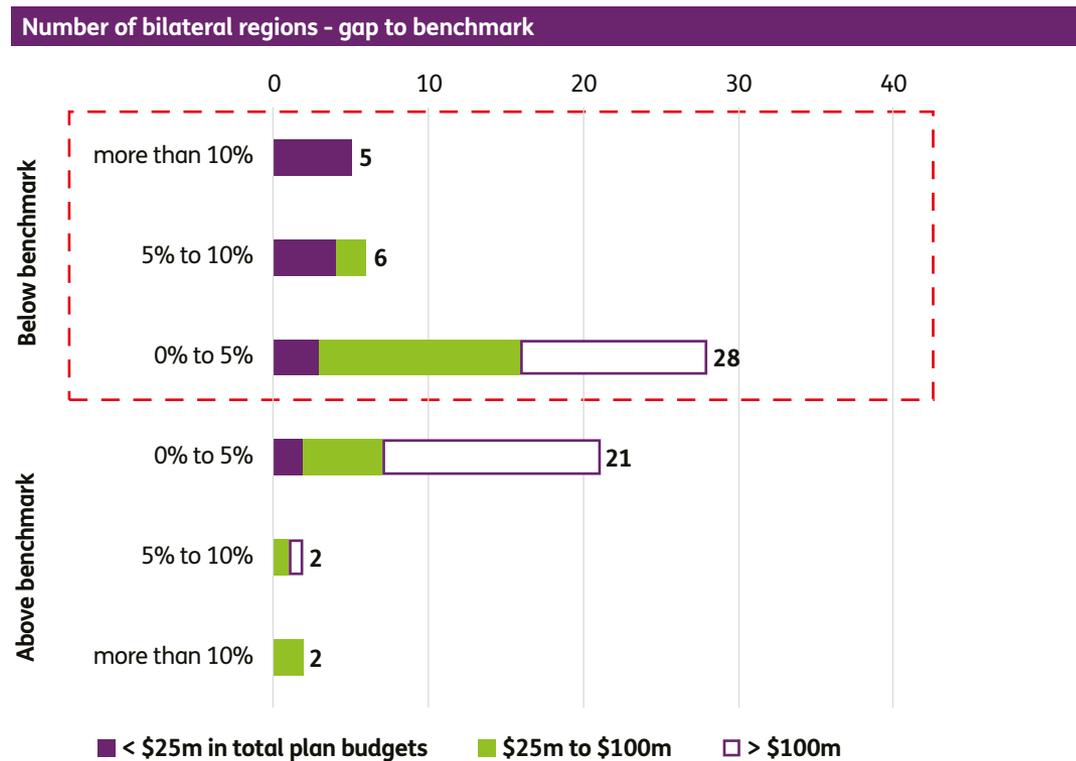
The chart on the left shows the distribution of the gap between the plan utilisation indicator[1] and the benchmark[2], for each bilateral region[3]. The benchmark[2] represents the national average, adjusted for the mix of participants receiving SIL supports and the number of plans each participant has received.

As the chart shows, two regions had a utilisation rate that was 10% or greater than their benchmark, whereas five regions had a utilisation rate more than 10% lower than their benchmark.

[1] Calculated over the period from 1 October 2018 to 31 March 2019, using data available as at 30 June 2019

[2] Further detail on benchmarks is provided in Appendix B

[3] The bilateral regions considered have had at least 9 months of Scheme experience, i.e. commenced phasing before 1 July 2018. This equates to 64 of the 80 bilateral regions.

The majority of regions below the utilisation benchmark were in NT and SA

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Regions with less than $25m in total plan budgets

■ Utilisation ◆ Benchmark
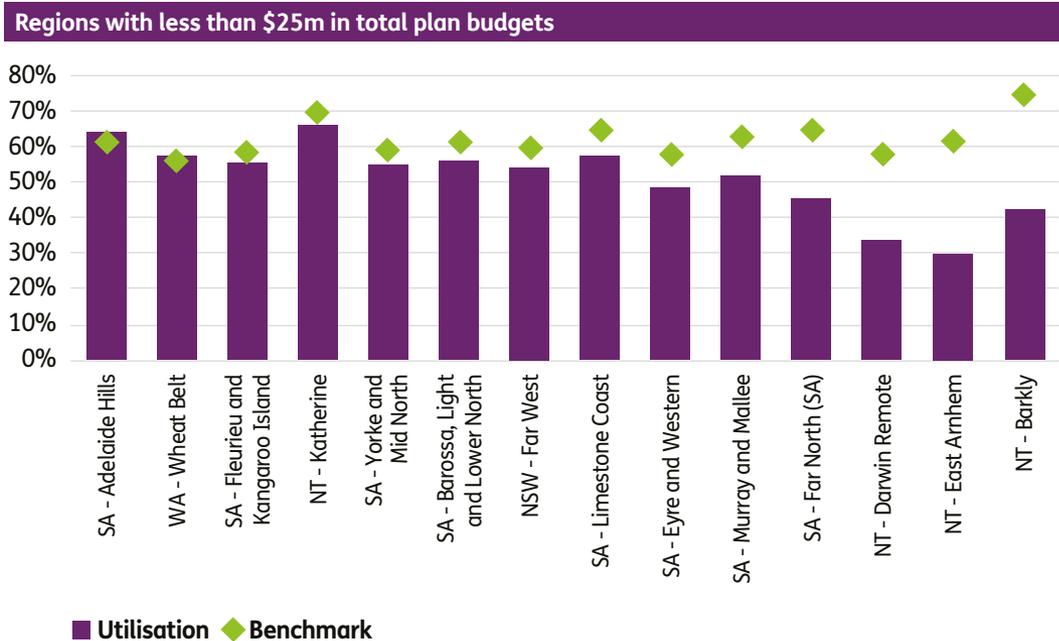
The chart on the left shows plan utilisation for each of the bilateral regions that had less than $25m in total plan budgets for the period.

The table below the chart lists the five regions that are more than 10% below the benchmark. The **bold** regions had more than $5m in total plan budgets over the period and are the focus of the following slides.

Regions	Plan utilisation	Benchmark	Gap to benchmark (% points)	Total plan budgets ($m)
SA – Murray and Mallee	**52%**	**63%**	**-11%**	**22.8**
SA – Far North	**45%**	**65%**	**-20%**	**7.3**
NT – Darwin Remote	33%	58%	-24%	3.7
NT – East Arnhem	**30%**	**62%**	**-31%**	**8.5**
NT – Barkly	**42%**	**75%**	**-32%**	**6.1**

Utilisation rates for Core – Community and Capacity Building – Support Coordination supports were particularly low in the Barkly (NT) region

Barkly (NT): Utilisation by support category

Support category	Active participants with approved plans	Total plan budgets ($m)	Payments ($m)	Utilisation	Benchmark
Core					
Consumables	123	0.16	0.01	9%	69%
Daily Activities	117	3.03	1.82	60%	79%
Community	118	0.94	0.31	33%	74%
Transport	91	0.09	0.03	28%	69%
Core total	**124**	**4.23**	**2.16**	**51%**	**77%**
Capacity Building					
Daily Activities	134	0.67	0.11	16%	68%
Employment	4	0.01	0.00	0%	83%
Social and Civic	18	0.07	0.00	1%	72%
Support Coordination	122	0.74	0.15	21%	69%
Capacity Building total	**134**	**1.57**	**0.27**	**17%**	**69%**
Capital					
Assistive Technology	59	0.31	0.13	41%	67%
Home Modifications	8	0.03	0.00	0%	85%
Capital total	**60**	**0.34**	**0.13**	**37%**	**69%**
All support categories	**135**	**6.14**	**2.60**	**42%**	**75%**

Core – Daily activities was the largest support category (measured in terms of total plan budgets for the period) and had a plan utilisation that was lower than the benchmark.

However, Core – Community supports and Capacity Building – Support Coordination supports were the next largest support categories and utilisation for these support categories was particularly low relative to the benchmark.

Note: only the major support categories are shown

Participants with an intellectual disability and other physical disability groups[1] are key areas of focus for the Barkly (NT) region

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Barkly (NT): Core – Community

Utilisation by primary disability

Disability	
Acquired brain injury	
Autism	
Cerebral Palsy	
Developmental Delay	
Down Syndrome	
Global Developmental Delay	
Hearing Impairment	
Intellectual Disability	
Multiple Sclerosis	
Psychosocial disability	
Spinal Cord Injury	
Stroke	
Visual Impairment	
Other Neurological	
Other Physical	
Other Sensory/Speech	
Other	

Budget distribution by primary disability

Disability	%
Acquired brain injury	18.7%
Autism	3.8%
Cerebral Palsy	8.1%
Developmental Delay	0.0%
Down Syndrome	1.2%
Global Developmental Delay	0.0%
Hearing Impairment	3.4%
Intellectual Disability	21.8%
Multiple Sclerosis	0.5%
Psychosocial disability	4.1%
Spinal Cord Injury	0.8%
Stroke	11.1%
Visual Impairment	5.8%
Other Neurological	3.3%
Other Physical	16.0%
Other Sensory/Speech	1.6%
Other	0.0%

■ Utilisation   ■ Benchmark   ▨ Distribution of plan budget

Approximately 22% of the Core – Community plan budgets was allocated to participants with an intellectual disability, 19% to participants with an acquired brain injury and 16% to participants with an other physical disability[1].

The utilisation rate for these disability groups was low relative to benchmark, although there was a gap for almost all disability groups (excepting visual impairment).

[1] Examples of other physical disability groups are multiple traumatic amputations, rheumatoid arthritis and other arthritis.

Participants with an intellectual disability and other physical disability groups[1] are key areas of focus for the Barkly (NT) region

Barkly (NT): Capacity Building – Support Coordination

Utilisation by primary disability

Budget distribution by primary disability

Primary disability	Distribution of plan budget
Acquired brain injury	10.2%
Autism	5.7%
Cerebral Palsy	6.2%
Developmental Delay	1.6%
Down Syndrome	1.8%
Global Developmental Delay	0.0%
Hearing Impairment	5.8%
Intellectual Disability	25.1%
Multiple Sclerosis	0.0%
Psychosocial disability	3.9%
Spinal Cord Injury	2.9%
Stroke	9.1%
Visual Impairment	3.6%
Other Neurological	1.9%
Other Physical	20.2%
Other Sensory/Speech	1.0%
Other	0.8%

■ **Utilisation**   ■ **Benchmark**   ▨ **Distribution of plan budget**

Approximately 45% of Capacity Building – Support Coordination plan budgets was allocated to participants with intellectual disability or other physical disability[1].

The utilisation rate for both these disability groups was particularly low relative to benchmark, although there was a gap for all disability groups.

[1] Examples of other physical disability groups are multiple traumatic amputations, rheumatoid arthritis and other arthritis.

Plan utilisation in the East Arnhem (NT) region was below benchmark for all of the major support categories

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East Arnhem (NT): Utilisation by support category

Support category	Active participants with approved plans	Total plan budgets ($m)	Payments ($m)	Utilisation	Benchmark
Core					
Consumables	176	0.15	0.02	16%	63%
Daily Activities	171	3.08	0.74	24%	61%
Community	169	1.80	0.58	32%	61%
Transport	134	0.18	0.05	28%	61%
Core total	**176**	**5.21**	**1.39**	**27%**	**61%**
Capacity Building					
Daily Activities	182	1.07	0.35	33%	62%
Employment	33	0.07	0.01	15%	65%
Social and Civic	104	0.51	0.09	17%	62%
Support Coordination	176	1.14	0.47	41%	62%
Capacity Building total	**185**	**3.05**	**0.97**	**32%**	**62%**
Capital					
Assistive Technology	52	0.25	0.13	50%	63%
Home Modifications	9	0.00	0.00	25%	65%
Capital total	**52**	**0.26**	**0.13**	**50%**	**63%**
All support categories	**186**	**8.51**	**2.56**	**30%**	**62%**

Core – Daily Activities and Core – Community supports were the two largest support categories and both had utilisation over the period that were low relative to the benchmark.

However, plan utilisation was below the benchmark for all support categories.

Note: only the major support categories are shown

Utilisation for participants in the East Arnhem (NT) region was below benchmark for all age bands

East Arnhem (NT): all support categories

Utilisation by age band

Age band	Utilisation	Benchmark
0 to 6		
7 to 14		
15 to 18		
19 to 24		
25 to 34		
35 to 44		
45 to 54		
55 to 64		
65+		
Missing		

Budget distribution by age band

Age band	Distribution of plan budget
0 to 6	3.4%
7 to 14	8.0%
15 to 18	4.6%
19 to 24	9.4%
25 to 34	19.7%
35 to 44	23.8%
45 to 54	20.3%
55 to 64	10.6%
65+	0.2%

■ Utilisation ■ Benchmark ▨ Distribution of plan budget
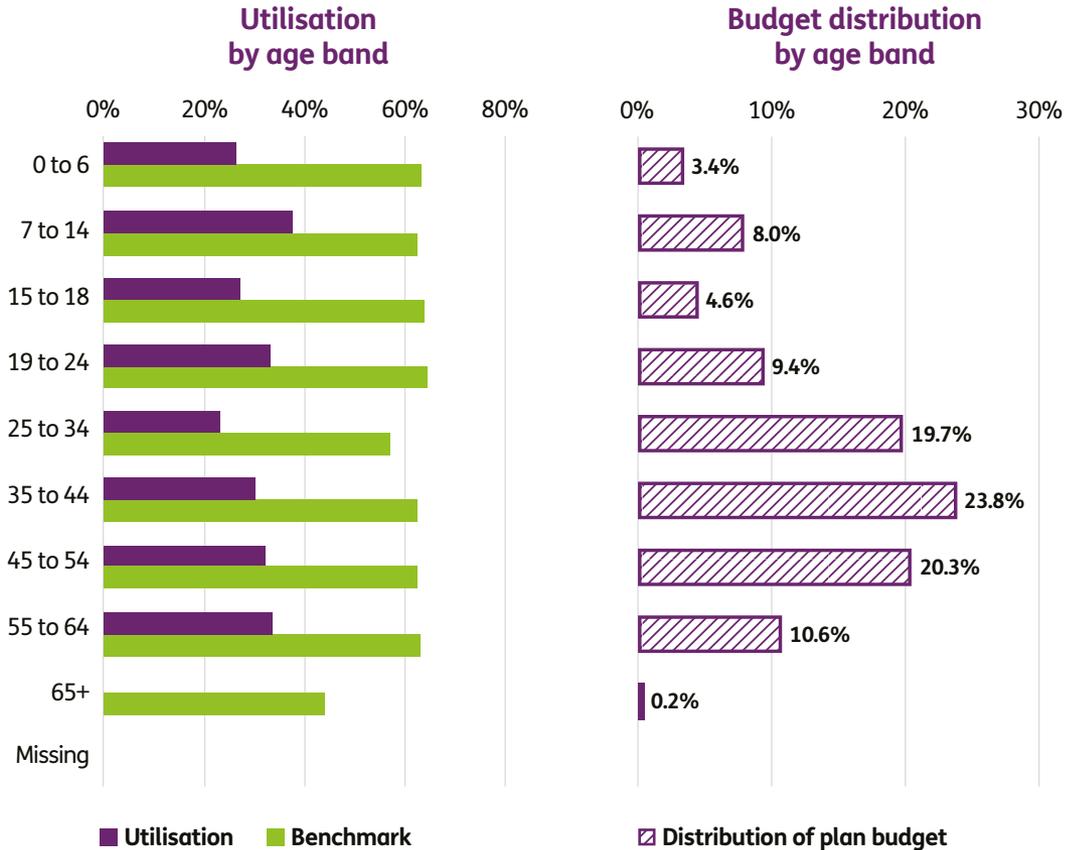
The majority of plan budgets was allocated to participants aged between 25 and 54.

Across these three age bands, the gap between utilisation and benchmark ranged from 30 to 34 percentage points.

The gap between utilisation and benchmark for participants in the East Arnhem (NT) region was largest for those with psychosocial disabilities

East Arnhem (NT): all support categories

Utilisation by primary disability
Budget distribution by primary disability

Primary disability	Distribution of plan budget
Acquired brain injury	5.1%
Autism	5.4%
Cerebral Palsy	8.6%
Developmental Delay	0.9%
Down Syndrome	2.4%
Global Developmental Delay	0.4%
Hearing Impairment	1.7%
Intellectual Disability	23.6%
Multiple Sclerosis	0.0%
Psychosocial disability	21.8%
Spinal Cord Injury	3.1%
Stroke	3.4%
Visual Impairment	0.7%
Other Neurological	13.7%
Other Physical	8.1%
Other Sensory/Speech	1.2%
Other	0.0%

■ Utilisation ■ Benchmark ▨ Distribution of plan budget

Utilisation was below the benchmark for all disability types.

Participants with psychosocial disabilities were furthest below their benchmark. Plan budgets in respect of these participants made up approximately 22% of plan budgets for the region, making these participants a key driver of the overall utilisation result.

Utilisation of Capacity Building – Daily Activity supports was low in the Far North SA (SA) region

Far North SA (SA): Utilisation by support category

Support category	Active participants with approved plans	Total plan budgets ($m)	Payments ($m)	Utilisation	Benchmark
Core					
Consumables	203	0.19	0.05	25%	62%
Daily Activities	216	3.59	2.13	59%	71%
Community	211	0.75	0.14	18%	60%
Transport	106	0.16	0.12	75%	59%
Core total	**239**	**4.69**	**2.43**	**52%**	**68%**
Capacity Building					
Daily Activities	275	1.30	0.40	31%	59%
Employment	22	0.12	0.10	82%	54%
Social and Civic	21	0.07	0.00	4%	44%
Support Coordination	139	0.37	0.04	10%	55%
Capacity Building total	**281**	**1.98**	**0.56**	**28%**	**58%**
Capital					
Assistive Technology	78	0.36	0.10	28%	62%
Home Modifications	28	0.09	0.00	0%	80%
Capital total	**87**	**0.45**	**0.10**	**23%**	**65%**
All support categories	**282**	**7.27**	**3.30**	**45%**	**65%**

Plan utilisation was lower than benchmark across most of the major support categories.

Capacity Building – Daily Activities was the second largest support category and utilisation of these supports was particularly low.

Note: only the major support categories are shown

Utilisation of Capacity Building – Daily Activity supports was lowest for older participants

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Far North SA (SA): Capacity Building – Daily Activity

Utilisation by age band

Age band	
0 to 6	
7 to 14	
15 to 18	
19 to 24	
25 to 34	
35 to 44	
45 to 54	
55 to 64	
65+	
Missing	

Budget distribution by age band

Age band	Distribution of plan budget
0 to 6	25.5%
7 to 14	38.5%
15 to 18	8.6%
19 to 24	3.4%
25 to 34	5.7%
35 to 44	4.0%
45 to 54	7.0%
55 to 64	7.0%
65+	0.3%

Legend: ■ Utilisation ■ Benchmark ▨ Distribution of plan budget
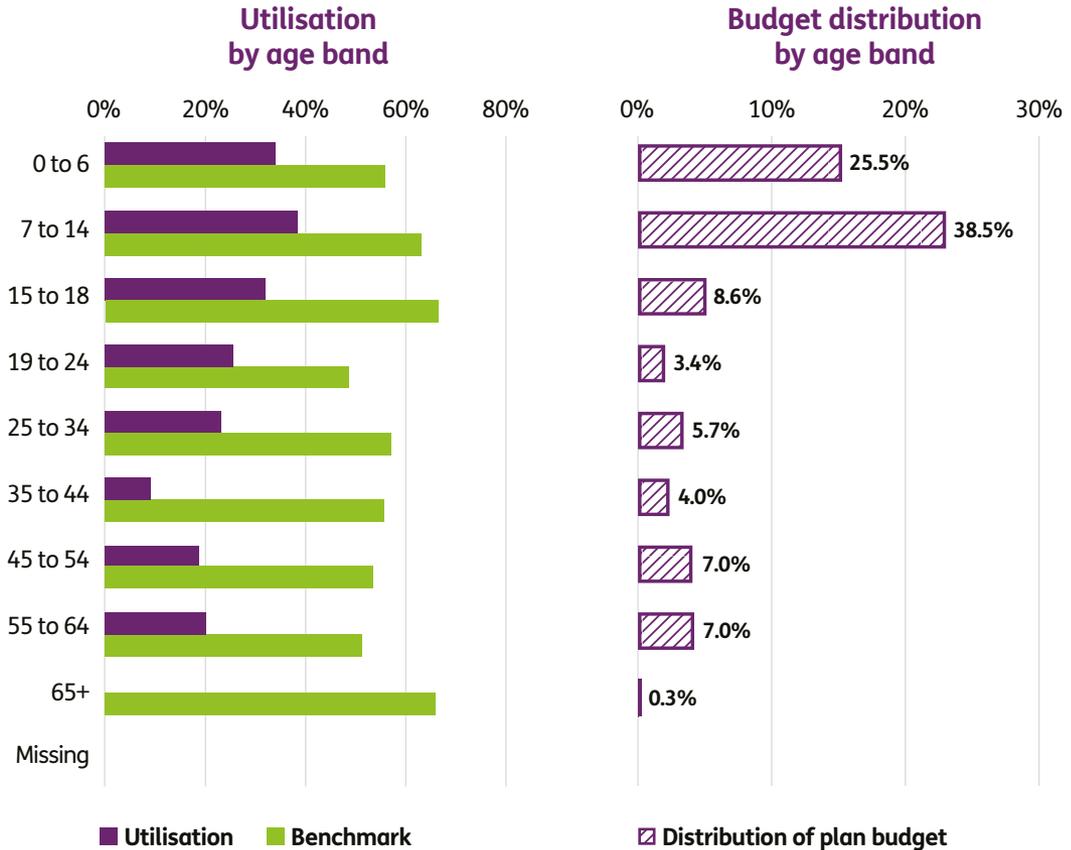
Utilisation of Capacity Building – Daily Activity supports was below benchmark for participants of all age bands. The gap to benchmark is larger for older participants.

Utilisation of Capacity Building – Daily Activity supports was lowest for participants with stroke and other physical disabilities

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Far North SA (SA): Capacity Building – Daily Activity

Utilisation by primary disability

Primary disability	Utilisation	Benchmark
Acquired brain injury		
Autism		
Cerebral Palsy		
Developmental Delay		
Down Syndrome		
Global Developmental Delay		
Hearing Impairment		
Intellectual Disability		
Multiple Sclerosis		
Psychosocial disability		
Spinal Cord Injury		
Stroke		
Visual Impairment		
Other Neurological		
Other Physical		
Other Sensory/Speech		
Other		

Budget distribution by primary disability

Primary disability	Distribution of plan budget
Acquired brain injury	4.6%
Autism	28.7%
Cerebral Palsy	6.1%
Developmental Delay	11.2%
Down Syndrome	2.5%
Global Developmental Delay	4.1%
Hearing Impairment	2.4%
Intellectual Disability	20.9%
Multiple Sclerosis	1.4%
Psychosocial disability	0.8%
Spinal Cord Injury	0.3%
Stroke	2.3%
Visual Impairment	2.6%
Other Neurological	4.2%
Other Physical	4.2%
Other Sensory/Speech	3.7%
Other	0.0%

Legend: ■ Utilisation ■ Benchmark ▨ Distribution of plan budget

Although participants with stroke and other physical disabilities represent a small proportion of active participants with Capacity Building – Daily Activity supports in their plan, utilisation of plan budgets for these participants is particularly low.

The gap between utilisation and benchmark for the Murray and Mallee (SA) region was driven by the Capacity Building – Daily Activity support category

Murray and Mallee (SA): Utilisation by support category

Support category	Active participants with approved plans	Total plan budgets ($m)	Payments ($m)	Utilisation	Benchmark
Core					
Consumables	891	0.60	0.15	25%	60%
Daily Activities	874	10.88	6.09	56%	65%
Community	854	2.84	0.91	32%	59%
Transport	428	0.56	0.52	91%	61%
Core total	**951**	**14.88**	**7.67**	**52%**	**64%**
Capacity Building					
Daily Activities	1,083	4.25	1.63	38%	61%
Employment	92	0.44	0.27	61%	59%
Social and Civic	60	0.12	0.00	4%	50%
Support Coordination	451	0.57	0.09	15%	61%
Capacity Building total	**1,093**	**5.81**	**2.24**	**38%**	**61%**
Capital					
Assistive Technology	247	0.87	0.43	49%	61%
Home Modifications	116	0.20	0.05	24%	76%
Capital total	**309**	**1.07**	**0.48**	**45%**	**63%**
All support categories	**1,097**	**22.76**	**11.75**	**52%**	**63%**

Plan utilisation was lowest, relative to the benchmark, for the Capacity Building – Social and Civic and Support Coordination support types.

However, the overall utilisation result was largely driven by the Capacity Building – Daily Activity result.

Note: only the major support categories are shown

Utilisation for participants in the Murray and Mallee (SA) region was below benchmark across all age bands

Murray and Mallee (SA): Capacity Building – Daily Activity

Utilisation by age band

Age band	
0 to 6	
7 to 14	
15 to 18	
19 to 24	
25 to 34	
35 to 44	
45 to 54	
55 to 64	
65+	
Missing	

Budget distribution by age band

Age band	Distribution of plan budget
0 to 6	20.0%
7 to 14	37.8%
15 to 18	9.1%
19 to 24	7.4%
25 to 34	6.1%
35 to 44	3.5%
45 to 54	6.3%
55 to 64	8.5%
65+	1.4%

■ Utilisation ■ Benchmark ☑ Distribution of plan budget
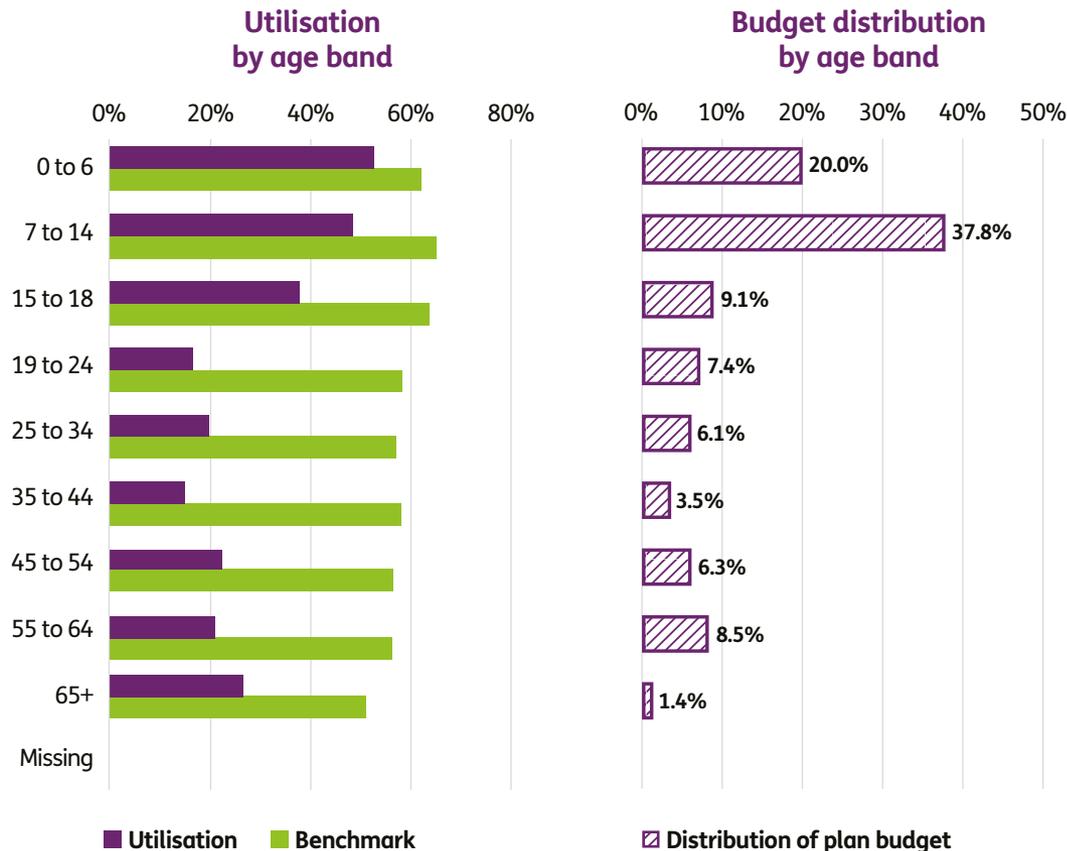
Utilisation for Capacity Building – Daily Activity supports was below the benchmark for all ages and the gap was larger for older participants, particularly 19+ years.

Utilisation for participants with autism was a key contributor to the utilisation result for the Murray and Mallee (SA) region

Murray and Mallee (SA): Capacity Building – Daily Activity

Utilisation by primary disability

Budget distribution by primary disability

Primary disability	Distribution of plan budget
Acquired brain injury	4.7%
Autism	36.8%
Cerebral Palsy	5.7%
Developmental Delay	6.8%
Down Syndrome	3.8%
Global Developmental Delay	2.2%
Hearing Impairment	1.5%
Intellectual Disability	20.8%
Multiple Sclerosis	1.4%
Psychosocial disability	1.7%
Spinal Cord Injury	0.9%
Stroke	1.1%
Visual Impairment	1.0%
Other Neurological	4.3%
Other Physical	4.6%
Other Sensory/Speech	2.5%
Other	0.2%

■ **Utilisation** ■ **Benchmark** ▨ **Distribution of plan budget**

Participants with autism and intellectual disability represented the majority of Capacity Building – Daily Activity supports for the region. The gap to benchmark for these participants was a key driver of the overall result.

Plan utilisation for the South Metro (WA) and Hume Moreland (VIC) regions were more than 10% above the benchmark

Regions with $25m to $100m in total plan budgets
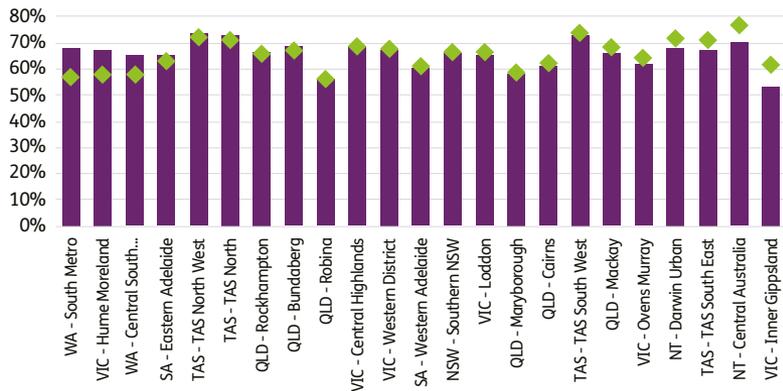
Regions with greater than $100m in total plan budgets
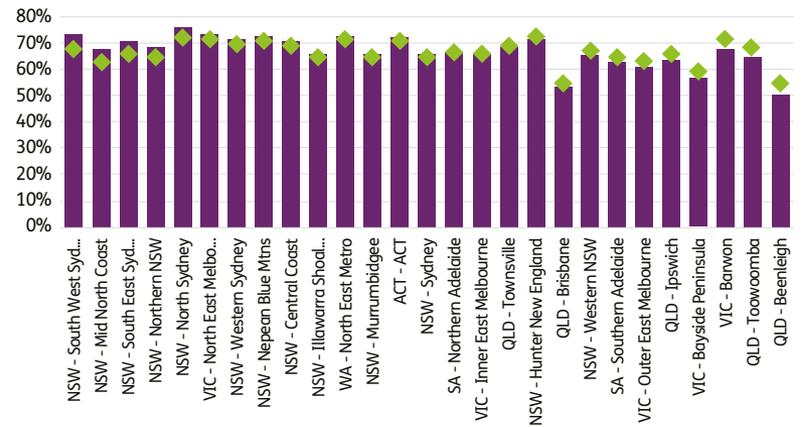
■ Utilisation ◆ Benchmark

The above charts show plan utilisation for each of the bilateral regions that had $25m to $100m and greater than $100m in total plan budgets for the period.

None of these regions had plan utilisation of more than 10% below the benchmark. Two regions with $25m to $100m in total plan budgets had utilisation that was more than 10% above the benchmark, being the South Metro (WA) and Hume Moreland (VIC) regions.

Plan utilisation was above benchmark for the three largest support categories in the South Metro (WA) region

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## South Metro (WA): Utilisation by support category

Support category	Active participants with approved plans	Total plan budgets ($m)	Payments ($m)	Utilisation	Benchmark
Core					
Consumables	1,436	1.21	0.33	27%	50%
Daily Activities	1,666	26.60	22.73	85%	65%
Community	1,799	10.87	6.27	58%	53%
Transport	1,040	1.26	1.13	89%	53%
Core total	**2,464**	**39.94**	**30.46**	**76%**	**60%**
Capacity Building					
Daily Activities	2,964	11.28	6.46	57%	48%
Employment	316	1.30	0.77	59%	52%
Social and Civic	315	1.42	0.72	51%	46%
Support Coordination	871	0.78	0.34	43%	51%
Capacity Building total	**3,175**	**15.31**	**8.59**	**56%**	**48%**
Capital					
Assistive Technology	1,076	2.81	0.36	13%	49%
Home Modifications	124	0.37	0.01	3%	65%
Capital total	**1,100**	**3.18**	**0.37**	**12%**	**51%**
All support categories	**3,342**	**58.94**	**39.95**	**68%**	**57%**

The Core – Daily Activities, Core – Community and Capacity Building – Daily Activities support categories make up the vast majority of supports in participant budgets in the South Metro (WA) region.

Plan utilisation in respect of all three of these support categories was above benchmark.

Note: only the major support categories are shown

Plan utilisation was higher than benchmark for all age bands

Plan utilisation was higher than benchmark across all age bands.

South Metro (WA): all support categories

Utilisation by age band

Age band	Utilisation / Benchmark
0 to 6	
7 to 14	
15 to 18	
19 to 24	
25 to 34	
35 to 44	
45 to 54	
55 to 64	
65+	
Missing	

Budget distribution by age band

Age band	Distribution of plan budget
0 to 6	4.9%
7 to 14	13.2%
15 to 18	6.1%
19 to 24	11.8%
25 to 34	17.0%
35 to 44	15.6%
45 to 54	15.4%
55 to 64	14.6%
65+	1.4%

■ Utilisation   **■ Benchmark**   **▨ Distribution of plan budget**
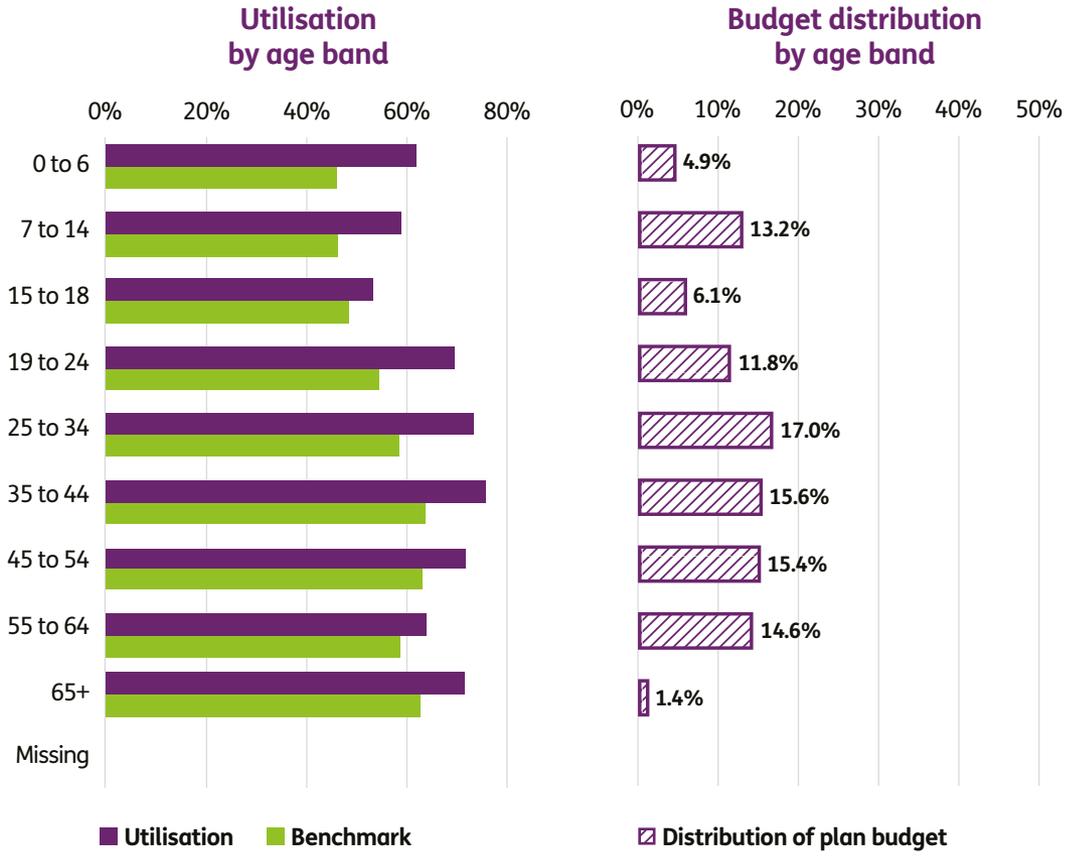
Plan utilisation was higher than benchmark for the largest disability types

South Metro (WA): all support categories

Utilisation by primary disability

0%	50% 100% 150% 200%

Budget distribution by primary disability

0%	10% 20% 30% 40% 50%

Primary disability	Budget distribution
Acquired brain injury	6.6%
Autism	18.3%
Cerebral Palsy	5.5%
Developmental Delay	0.8%
Down Syndrome	4.5%
Global Developmental Delay	1.2%
Hearing Impairment	0.8%
Intellectual Disability	38.4%
Multiple Sclerosis	1.6%
Psychosocial disability	4.0%
Spinal Cord Injury	3.8%
Stroke	1.0%
Visual Impairment	1.4%
Other Neurological	7.8%
Other Physical	4.3%
Other Sensory/Speech	0.0%
Other	0.0%

■ Utilisation ■ Benchmark ▨ Distribution of plan budget

Participants with an intellectual disability and autism were the two largest disability types and utilisation for both of these was above the benchmark.

# Plan utilisation in the Hume Moreland (VIC) region was well above benchmark for Core – Daily Activity supports

Hume Moreland (VIC): Utilisation by support category

Support category	Active participants with approved plans	Total plan budgets ($m)	Payments ($m)	Utilisation	Benchmark
Core					
Consumables	2,399	2.34	1.02	44%	53%
Daily Activities	2,308	40.78	32.07	79%	62%
Community	2,433	20.90	12.29	59%	54%
Transport	1,785	3.57	3.75	105%	51%
Core total	**3,265**	**67.59**	**49.12**	**73%**	**59%**
Capacity Building					
Daily Activities	3,743	11.18	5.19	46%	51%
Employment	255	1.58	1.22	78%	51%
Social and Civic	303	0.72	0.18	25%	50%
Support Coordination	1,559	3.54	2.24	63%	54%
Capacity Building total	**3,826**	**18.55**	**9.62**	**52%**	**52%**
Capital					
Assistive Technology	781	2.09	0.88	42%	54%
Home Modifications	246	0.85	0.44	51%	77%
Capital total	**884**	**2.94**	**1.31**	**45%**	**61%**
All support categories	**3,894**	**89.10**	**60.19**	**68%**	**57%**

Although utilisation was below benchmark for one of the larger support categories (Capacity Building – Daily Activities), plan utilisation for the largest support category (Core – Daily Activities) was well above benchmark. This has driven the overall high utilisation for the region.

Note: only the major support categories are shown

Plan utilisation was higher than benchmark across most age bands

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Hume Moreland (VIC): Core – Daily Activity

Utilisation by age band

Age band	
0 to 6	
7 to 14	
15 to 18	
19 to 24	
25 to 34	
35 to 44	
45 to 54	
55 to 64	
65+	
Missing	

Budget distribution by age band

Age band	Distribution of plan budget
0 to 6	0.3%
7 to 14	9.6%
15 to 18	8.6%
19 to 24	8.0%
25 to 34	12.7%
35 to 44	14.7%
45 to 54	22.9%
55 to 64	22.2%
65+	1.0%

■ Utilisation ■ Benchmark ▨ Distribution of plan budget
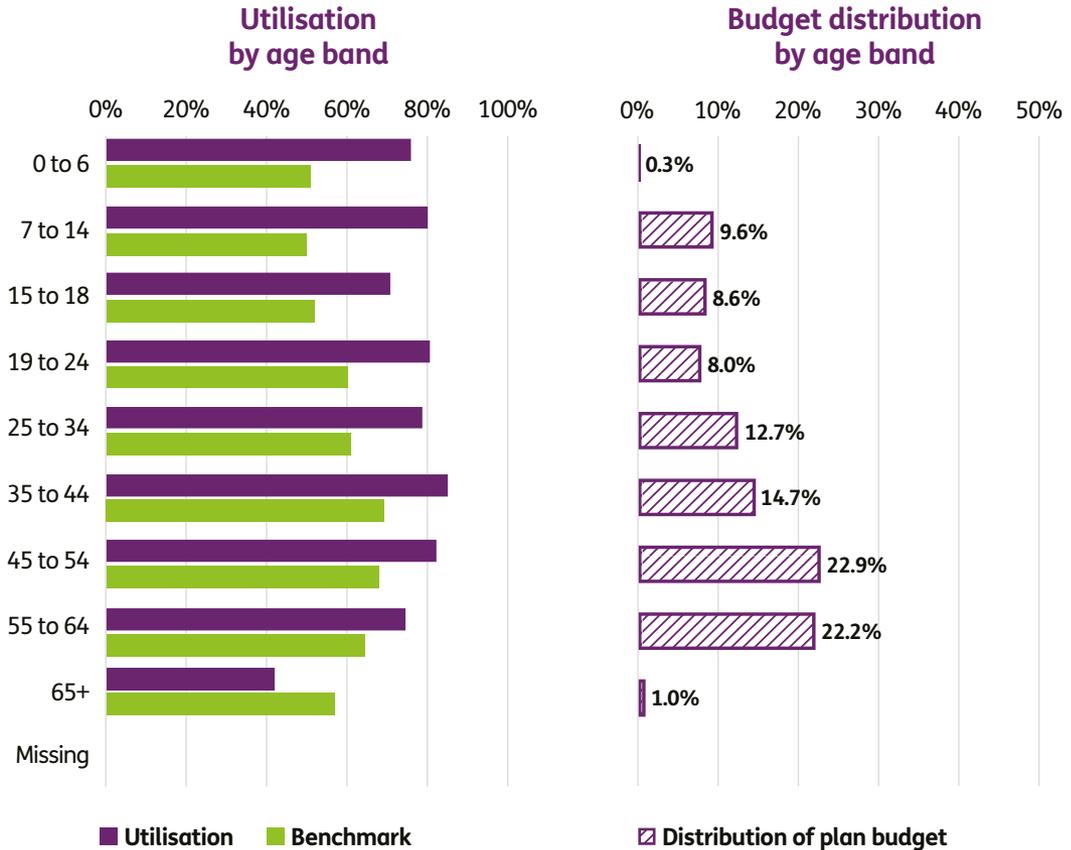
Plan utilisation was higher than benchmark across the majority of age bands.

Plan utilisation was higher than benchmark across most disability types

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Hume Moreland (VIC): Core – Daily Activity

Utilisation by primary disability

Budget distribution by primary disability

Primary disability	Distribution of plan budget
Acquired brain injury	7.3%
Autism	13.6%
Cerebral Palsy	11.1%
Developmental Delay	0.1%
Down Syndrome	4.4%
Global Developmental Delay	0.0%
Hearing Impairment	0.1%
Intellectual Disability	35.8%
Multiple Sclerosis	4.9%
Psychosocial disability	7.4%
Spinal Cord Injury	1.6%
Stroke	1.1%
Visual Impairment	0.9%
Other Neurological	8.5%
Other Physical	3.1%
Other Sensory/Speech	0.0%
Other	0.1%

■ **Utilisation** ■ **Benchmark** ▨ **Distribution of plan budget**

Plan utilisation was higher than benchmark across the majority of disability types.

A relatively high provider concentration may indicate a hot spot in terms of service provision

Identifying regions where the market share is dominated by a relatively small number of providers allows the Scheme to assess which regions are currently under-serviced and could benefit rom further investment.

This metric is defined as the p oportion of total provider payments made to the top 10 providers that received the most payments in the exposure period.

A low provider concentration means that there is less risk in terms of the importance of a particular provider or group of providers to a region.

A high provider concentration might suggest that there is insufficient competition in a region, and that further investment could be of benefit.

Regions that have recently phased into the Scheme tend to have high concentration levels as providers are likely to still be entering the market.

Provider concentration was above the benchmark of 85% for five bilateral regions

Most regions with provider concentration above the benchmark had total plan budgets below $25m.

Number of bilateral regions – gap to benchmark
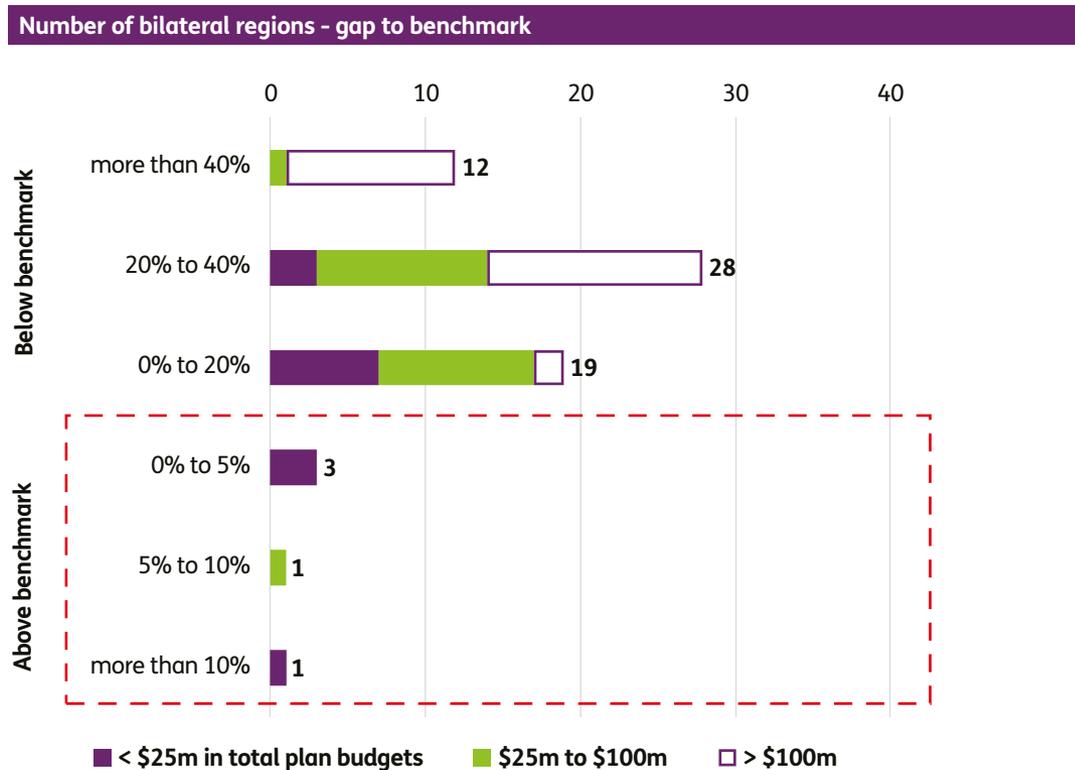
The chart on the left shows the number of bilateral regions that have provider concentration[1] above or below the benchmark, as well as the size of the gap. The benchmark[2] has been set at 85% for all regions.

Overall, 5 out of 64[3] regions (8%) were above the benchmark. 12 out of 64 regions (19%) were more than 40% below the benchmark.

[1] Calculated over the period from 1 October 2018 to 31 March 2019, using data available as at 30 June 2019
[2] Further detail on benchmarks is provided in Appendix B
[3] The bilateral regions considered have had at least 9 months of Scheme experience, i.e. commenced phasing before 1 July 2018. This equates to 64 of the 80 bilateral regions.

The majority of regions above the provider concentration benchmark had less than $25m in total plan budgets

Regions with less than $25m in total plan budgets

Concentration — Benchmark
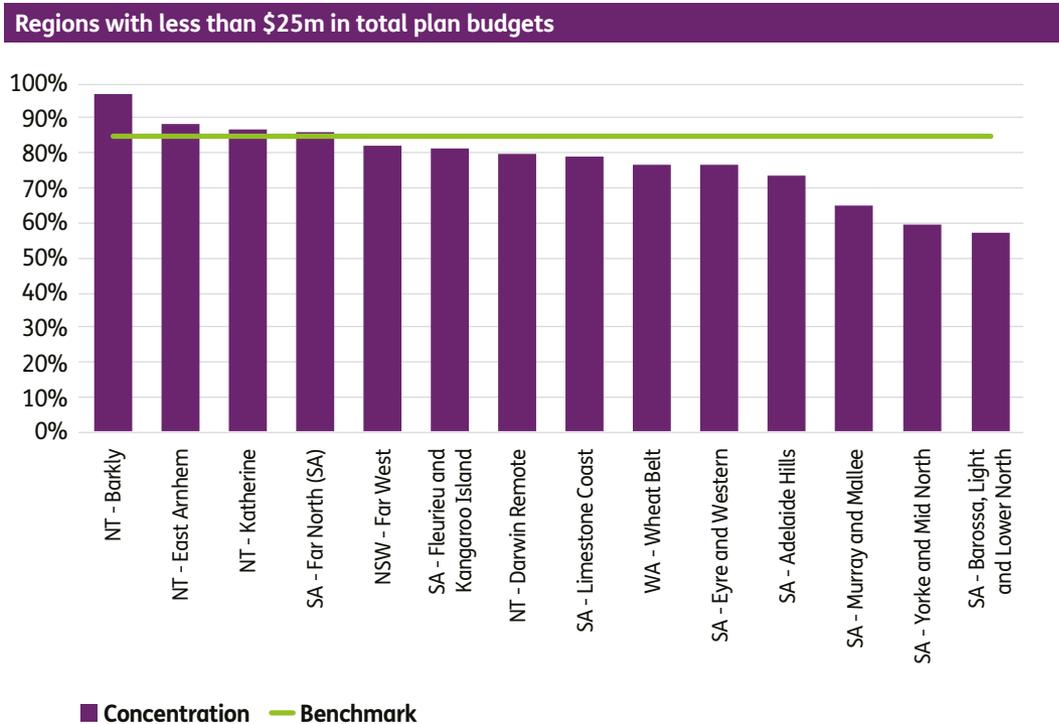
The chart on the left provides further insight into each bilateral region with less than $25m in total plan budgets over the period.

A provider concentration of 97% for Barkly (NT) suggests that this region was serviced by a small number of providers.

The relatively high provider concentration for the Barkly (NT) region was consistent across support categories

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Barkly (NT): Provider concentration by support category

| Support category	Active participants with approved plans	Registered active providers	Provider concentration	Utilisation
Core				
Consumables	123	7	100%	9%
Daily Activities	117	10	100%	60%
Community	118	11	100%	33%
Transport	91	2	100%	28%
Core total	**124**	**20**	**99%**	**51%**
Capacity Building				
Daily Activities	134	7	100%	16%
Employment	4	0	0%	0%
Social and Civic	18	0	0%	1%
Support Coordination	122	8	100%	21%
Capacity Building total	**134**	**16**	**32%**	**17%**
Capital				
Assistive Technology	59	4	100%	41%
Home Modifications	8	0	0%	0%
Capital total	**60**	**4**	**100%**	**37%**
All support categories	**135**	**29**	**97%**	**42%**

Barkly (NT) was the top potential hot spot for regions with less than $25m in total plan budgets with a provider concentration of 97%.

All support categories had close to 10 or fewer service providers. The concentration for all support categories was therefore at or close to 100%. This region was dominated by a few providers with the largest capturing 44% of all payments, the second largest capturing 25% and the third largest capturing 8%.

Utilisation is also shown for comparison.

Note: only the major support categories are shown

Provider concentration in Barkly (NT) was greater than benchmark across all age bands

Barkly (NT): all support categories

Provider concentration by age band

Age band	Barkly	Benchmark
0 to 6	~90%	~57%
7 to 14	~75%	~52%
15 to 18	~98%	~60%
19 to 24	~100%	~58%
25 to 34	~93%	~55%
35 to 44	~96%	~58%
45 to 54	~90%	~57%
55 to 64	~85%	~55%
65+	~92%	~65%
Missing		

Budget distribution by age band

Age band	Distribution of plan budget
0 to 6	2.0%
7 to 14	14.0%
15 to 18	2.2%
19 to 24	2.4%
25 to 34	9.6%
35 to 44	24.5%
45 to 54	27.8%
55 to 64	14.6%
65+	2.8%

Legend: ■ Barkly ■ Benchmark ▨ Distribution of plan budget
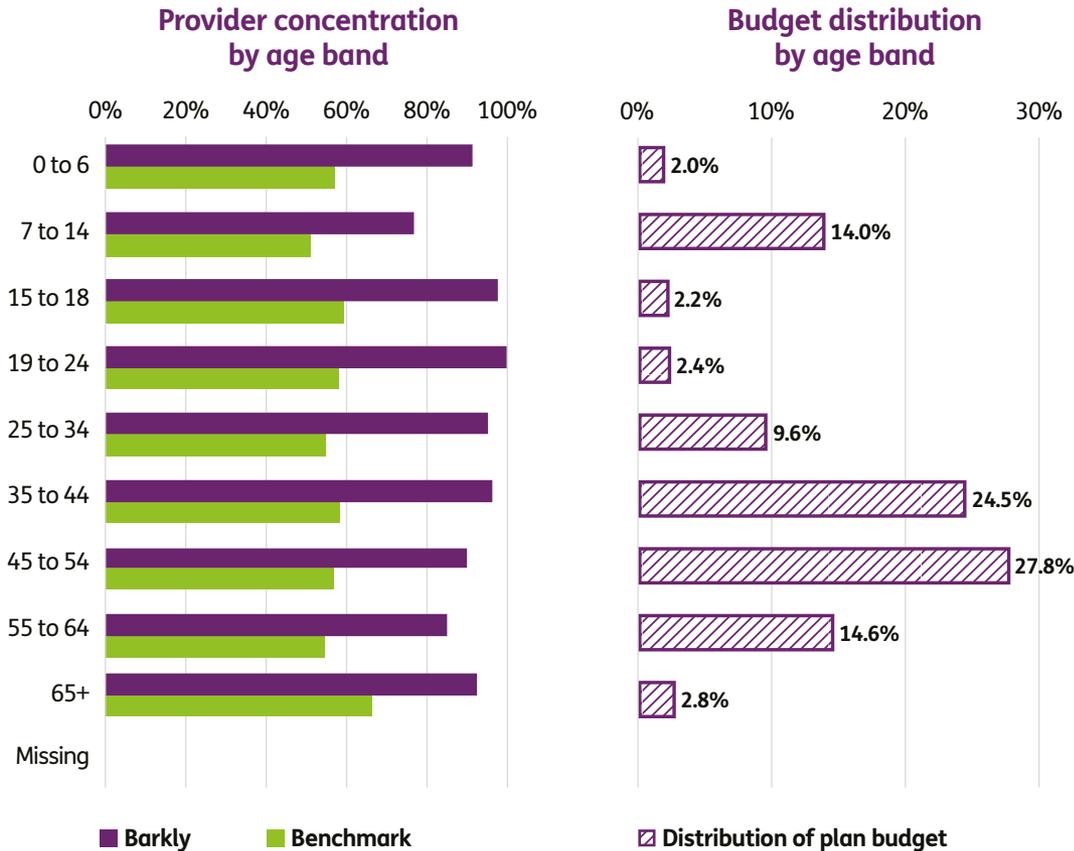
This region exhibited higher provider concentration regardless of age, compared to each segment's equivalent benchmark.

Note: Given the more granular nature of these segments, the provider concentration metric shown in the charts has been defined as payments made to the top 5 providers, instead of the top 10.

# Provider concentration in Barkly (NT) was greater than benchmark across all primary disability types

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Barkly (NT): all support categories

Provider concentration by primary disability

Budget distribution by primary disability

Primary disability	Distribution of plan budget
Acquired brain injury	19.3%
Autism	5.3%
Cerebral Palsy	9.8%
Developmental Delay	0.4%
Down Syndrome	1.0%
Global Developmental Delay	0.0%
Hearing Impairment	2.3%
Intellectual Disability	19.7%
Multiple Sclerosis	1.6%
Psychosocial disability	6.3%
Spinal Cord Injury	2.0%
Stroke	10.7%
Visual Impairment	4.2%
Other Neurological	1.9%
Other Physical	14.1%
Other Sensory/Speech	1.2%
Other	0.4%

■ **Concentration** ■ **Benchmark** ▨ **Distribution of plan budget**
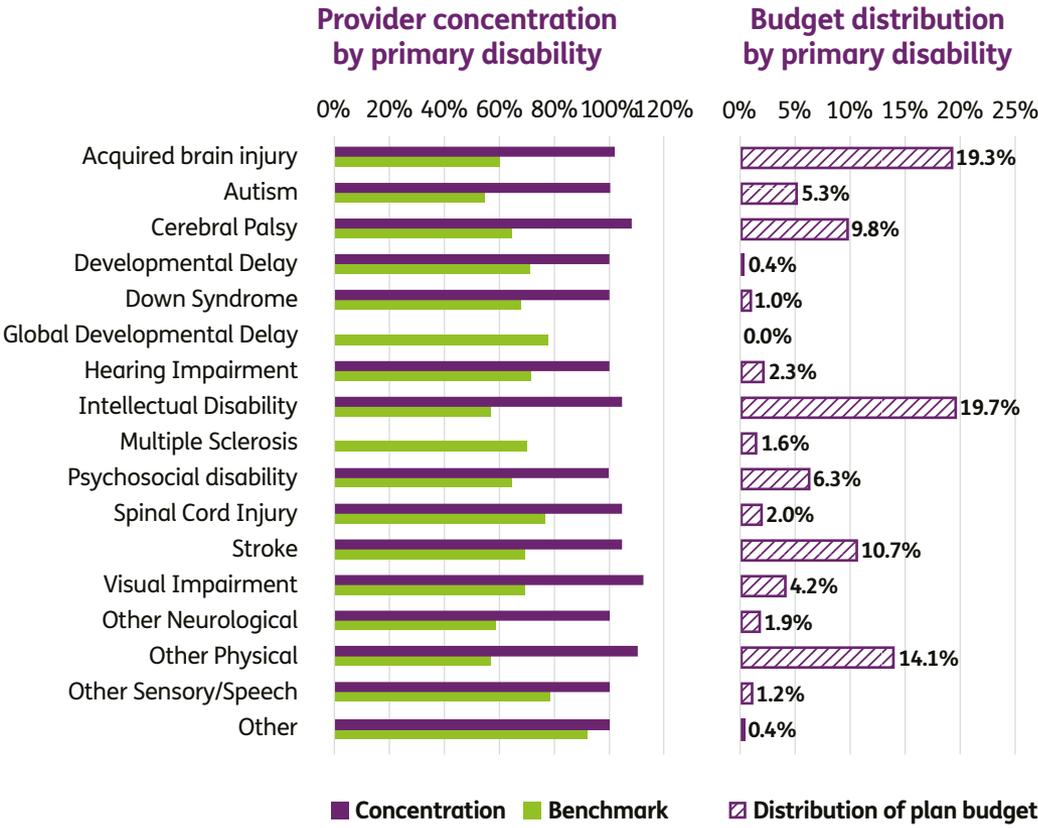
This region exhibited higher provider concentration regardless of primary disability, compared to each segment's equivalent benchmark.

Note: Given the more granular nature of these segments, the provider concentration metric shown in the charts has been defined as payments made to the top 5 providers, instead of the top 10.

Regions with more than $25m in total plan budgets generally had a provider concentration below the benchmark

Regions with $25m to $100m in total plan budgets

Regions with greater than $100m in total plan budgets

Concentration — Benchmark
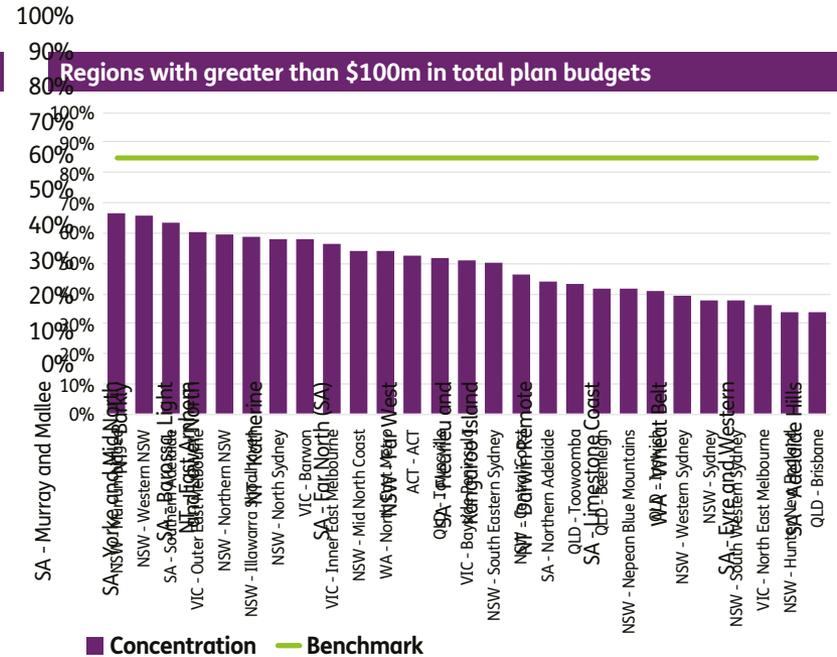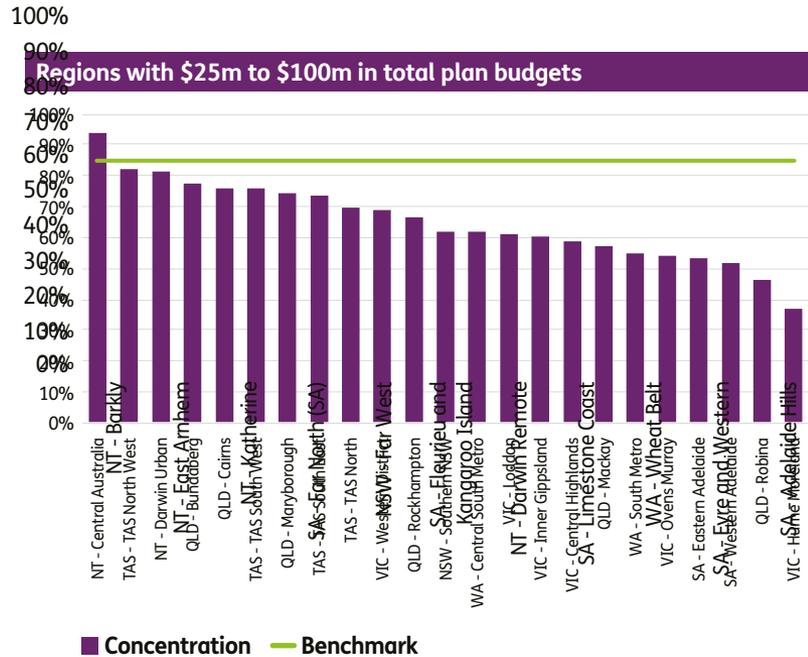
While almost all of the regions here display levels of provider concentration below the benchmark, there are still markets where investment can be beneficial. Comparison of the two charts also shows that provider concentration tends to be greater in the smaller regions.

The relatively high provider concentration for Central Australia (NT) was consistent across support categories

Central Australia (NT): Provider concentration by support category

Support category	Active participants with approved plans	Registered active providers	Provider concentration	Utilisation
Core				
Consumables	251	18	94%	24%
Daily Activities	245	17	99%	86%
Community	243	12	100%	40%
Transport	170	2	100%	67%
Core total	**252**	**35**	**99%**	**77%**
Capacity Building				
Daily Activities	260	19	96%	28%
Employment	24	1	100%	6%
Social and Civic	39	2	100%	3%
Support Coordination	255	17	98%	55%
Capacity Building total	**262**	**35**	**78%**	**37%**
Capital				
Assistive Technology	133	9	100%	26%
Home Modifications	81	2	100%	5%
Capital total	**157**	**10**	**100%**	**17%**
All support categories	**262**	**57**	**94%**	**70%**

Central Australia (NT) was the top potential hot spot for regions with $25m - $100m in total plan budgets with a provider concentration of 94%.

Provider concentration was consistently high, especially compared to the national average benchmark of 85%. This was another region largely dominated by a few providers with the largest capturing 27% of all payments, the second largest capturing 26% and the third largest capturing 24%.

Utilisation is also shown for comparison.

Note: only the major support categories are shown

Provider concentration in Central Australia (NT) was greater than benchmark across age bands
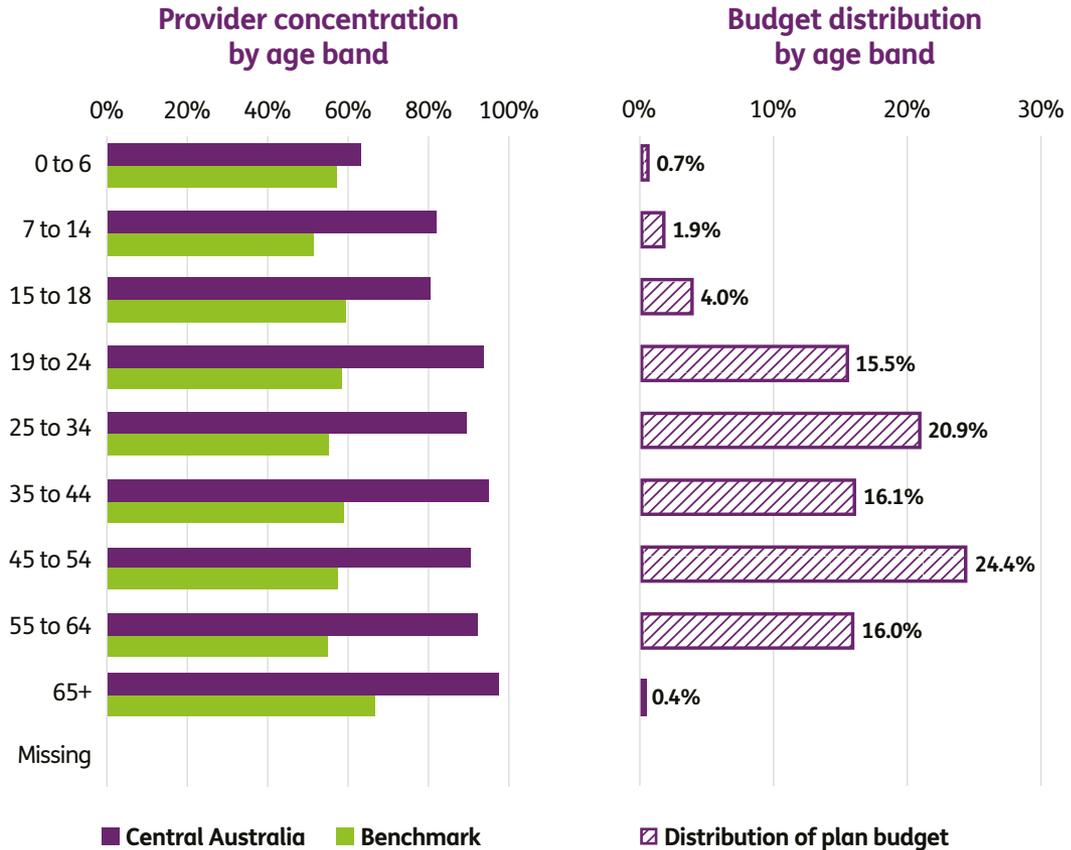
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Central Australia (NT): all support categories

Provider concentration by age band

Age band	
0 to 6	
7 to 14	
15 to 18	
19 to 24	
25 to 34	
35 to 44	
45 to 54	
55 to 64	
65+	
Missing	

Budget distribution by age band

Age band	Distribution
0 to 6	0.7%
7 to 14	1.9%
15 to 18	4.0%
19 to 24	15.5%
25 to 34	20.9%
35 to 44	16.1%
45 to 54	24.4%
55 to 64	16.0%
65+	0.4%

■ Central Australia ■ Benchmark ▨ Distribution of plan budget

Although the region exhibited provider concentration higher than each segment's equivalent benchmark, there were some segments that were closer to the benchmark. For example, participants aged 0 to 6 were closer to the benchmark than other age bands.

Note: Given the more granular nature of these segments, the provider concentration metric shown in the charts has been defined as payments made to the top 5 providers, instead of the top 10.

Provider concentration in Central Australia (NT) was greater than benchmark across primary disability types.
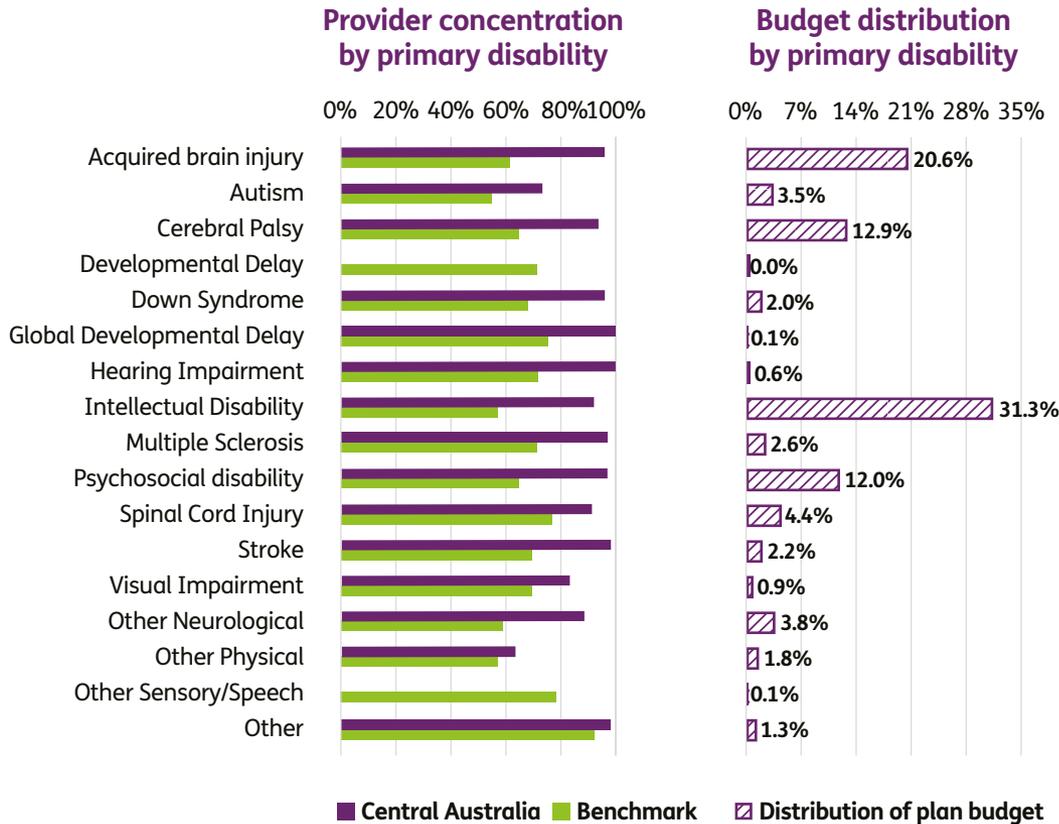
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Central Australia (NT): all support categories

Provider concentration by primary disability

0% 20% 40% 60% 80% 100%

Budget distribution by primary disability

0% 7% 14% 21% 28% 35%

Primary disability	Budget distribution
Acquired brain injury	20.6%
Autism	3.5%
Cerebral Palsy	12.9%
Developmental Delay	0.0%
Down Syndrome	2.0%
Global Developmental Delay	0.1%
Hearing Impairment	0.6%
Intellectual Disability	31.3%
Multiple Sclerosis	2.6%
Psychosocial disability	12.0%
Spinal Cord Injury	4.4%
Stroke	2.2%
Visual Impairment	0.9%
Other Neurological	3.8%
Other Physical	1.8%
Other Sensory/Speech	0.1%
Other	1.3%

■ **Central Australia** ■ **Benchmark** ▨ **Distribution of plan budget**

Although the region exhibited provider concentration higher than each segment's equivalent benchmark, there were some segments that were closer to the benchmark. For example, participants with autism, a visual impairment, a spinal cord injury, or an other physical disability were closer to the benchmark than other primary disability types.

Note: Given the more granular nature of these segments, the provider concentration metric shown in the charts has been defined as payments made to the top 5 providers, instead of the top 10.

Key insights

South Western Sydney (NSW) had a low level of provider concentration, largely driven by low concentration for Capacity Building supports

South Western Sydney (NSW): Provider concentration by support category

Support category	Active participants with approved plans	Registered active providers	Provider concentration	Utilisation
Core				
Consumables	7,445	245	65%	51%
Daily Activities	6,709	502	47%	81%
Community	7,286	353	50%	71%
Transport	5,447	3	100%	111%
Core total	**9,394**	**723**	**43%**	**79%**
Capacity Building				
Daily Activities	11,988	836	23%	56%
Employment	1,397	63	83%	66%
Social and Civic	1,645	125	31%	32%
Support Coordination	3,998	208	43%	67%
Capacity Building total	**12,294**	**966**	**28%**	**58%**
Capital				
Assistive Technology	2,860	190	82%	60%
Home Modifications	858	40	87%	38%
Capital total	**3,170**	**217**	**73%**	**55%**
All support categories	**12,505**	**1,445**	**38%**	**73%**

The overall provider concentration of 38% for the South Western Sydney (NSW) region was below the benchmark of 85%.

Analysis by support category shows that this is driven by the Capacity Building supports, particularly Daily Activities, followed by Social and Civic and Support Coordination.

This result indicates that this region is currently well serviced for Capacity Building, with a relatively high number of providers providing these supports to participants living in this region.

Utilisation is also shown for comparison.

Note: only the major support categories are shown

For Capacity Building – Daily Activities in South Western Sydney (NSW), provider concentration is low regardless of age

**South Western Sydney (NSW): Capacity Building – Daily Activities**

Provider concentration by age band

Age band	Values (0% to 80%)
0 to 6	
7 to 14	
15 to 18	
19 to 24	
25 to 34	
35 to 44	
45 to 54	
55 to 64	
65+	
Missing	

Budget distribution by age band

Age band	Distribution of plan budget
0 to 6	21.2%
7 to 14	32.3%
15 to 18	8.3%
19 to 24	8.9%
25 to 34	7.1%
35 to 44	6.3%
45 to 54	6.9%
55 to 64	7.5%
65+	1.6%

■ **South Western Sydney**   ■ **Benchmark**   ▨ **Distribution of plan budget**
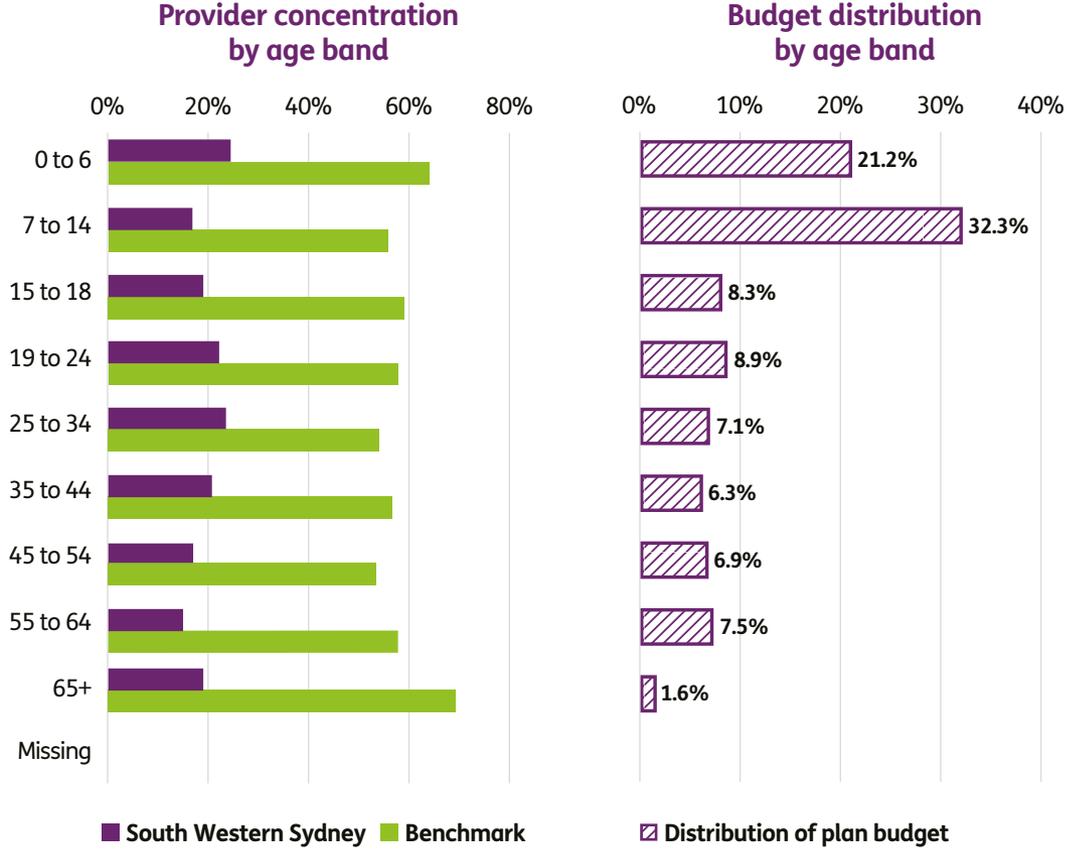
This region had a provider concentration of around 23% for Capacity Building – Daily Activities, which was the largest support category for the region.

Provider concentration for this support category and region consistently tracks below the national equivalent benchmark across all age bands.

Note: Given the more granular nature of these segments, the provider concentration metric shown in the charts has been defined as payments made to the top 5 providers, instead of the top 10.

For Capacity Building – Daily Activities in South Western Sydney (NSW), provider concentration is low regardless of primary disability

South Western Sydney (NSW): Capacity Building – Daily Activities

Provider concentration by primary disability

0% 20% 40% 60% 80% 100%

Budget distribution by primary disability

0% 10% 20% 30% 40% 50%

Primary disability	Budget distribution
Acquired brain injury	2.8%
Autism	39.1%
Cerebral Palsy	6.5%
Developmental Delay	3.2%
Down Syndrome	3.8%
Global Developmental Delay	2.0%
Hearing Impairment	3.3%
Intellectual Disability	19.9%
Multiple Sclerosis	1.8%
Psychosocial disability	3.6%
Spinal Cord Injury	1.0%
Stroke	1.6%
Visual Impairment	2.2%
Other Neurological	4.4%
Other Physical	3.8%
Other Sensory/Speech	0.7%
Other	0.3%

■ **South Western Sydney**   ■ **Benchmark**   ▨ **Distribution of plan budget**

Provider concentration for this support category and region consistently tracks below the national equivalent benchmark across all primary disability types.
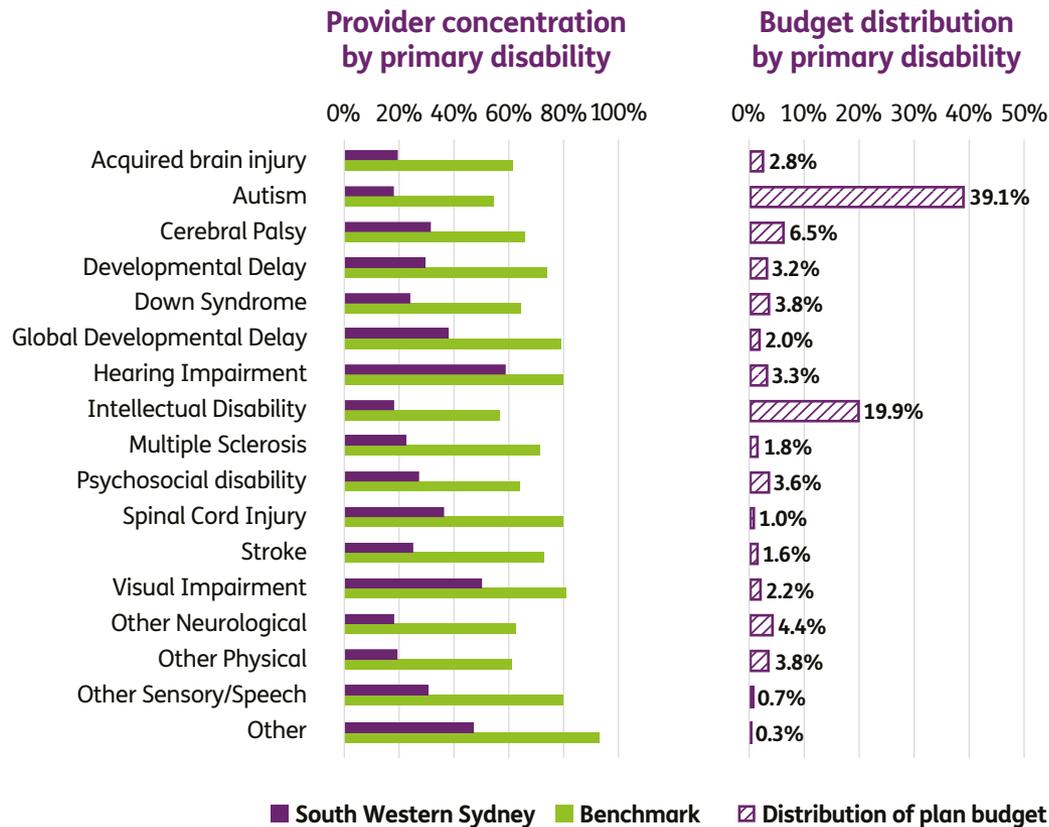
Note: Given the more granular nature of these segments, the provider concentration metric shown in the charts has been defined as payments made to the top 5 providers, instead of the top 10.

Brisbane (QLD) also had low provider concentration, driven by the Core and Capacity Building support categories

Brisbane (QLD): Provider concentration by support category

Support category	Active participants with approved plans	Registered active providers	Provider concentration	Utilisation
Core				
Consumables	7,281	200	51%	33%
Daily Activities	6,735	274	43%	66%
Community	6,849	214	35%	45%
Transport	4,815	65	57%	89%
Core total	**7,945**	**421**	**37%**	**59%**
Capacity Building				
Daily Activities	8,003	414	35%	34%
Employment	719	32	91%	61%
Social and Civic	1,103	63	64%	23%
Support Coordination	3,712	154	35%	51%
Capacity Building total	**8,219**	**530**	**34%**	**40%**
Capital				
Assistive Technology	2,890	153	63%	32%
Home Modifications	746	17	99%	40%
Capital total	**3,032**	**166**	**59%**	**33%**
All support categories	**8,281**	**826**	**34%**	**54%**

This table shows that almost all support categories have low levels of provider concentration, with the exceptions being Capital – Home Modifications and Capacity Building – Employment.

Core – Community, Capacity Building – Daily Activities and Capacity Building – Support Coordination have particularly low levels of provider concentration at 35% each.

Utilisation is also shown for comparison.

Note: only the major support categories are shown

Provider concentration for Core – Community in Brisbane (QLD) was below benchmark for most age groups

Brisbane (QLD): Core – Community

Provider concentration by age band

Age band	
0 to 6	
7 to 14	
15 to 18	
19 to 24	
25 to 34	
35 to 44	
45 to 54	
55 to 64	
65+	
Missing	

■ Brisbane ■ Benchmark

Budget distribution by age band

Age band	Distribution of plan budget
0 to 6	0.0%
7 to 14	3.6%
15 to 18	5.1%
19 to 24	13.8%
25 to 34	16.9%
35 to 44	15.7%
45 to 54	21.0%
55 to 64	21.6%
65+	2.3%

▨ Distribution of plan budget
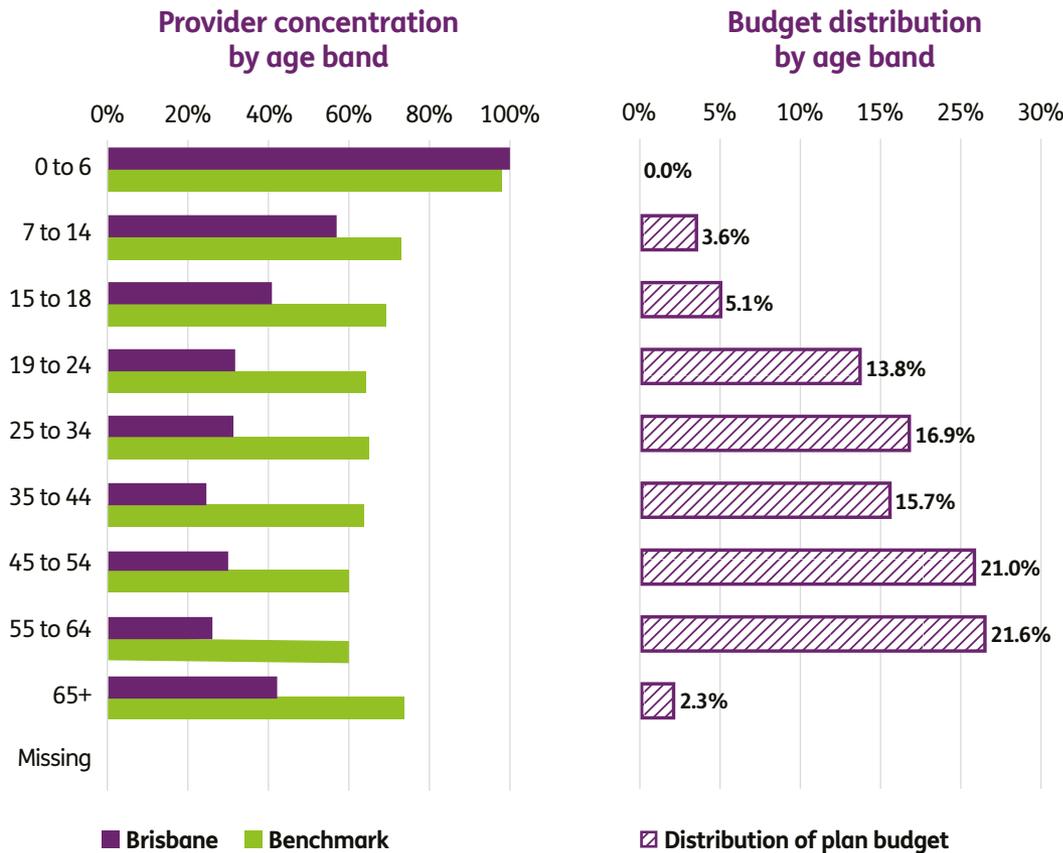
Core – Community had an overall provider concentration of 35% in Brisbane (QLD).

Provider concentration is low for all age groups from 19 to 24 upwards (which account for over 90% of the budget allocation).

Higher levels of provider concentration are seen for participants under 19; this may reflect the lower proportion of the budget allocated to these age groups.

Note: Given the more granular nature of these segments, the provider concentration metric shown in the charts has been defined as payments made to the top 5 providers, instead of the top 10.

Provider concentration for Core – Community in Brisbane (QLD) was below benchmark for most primary disability types

Brisbane (QLD): Core – Community

Provider concentration by primary disability

Budget distribution by primary disability

Primary disability	Distribution of plan budget
Acquired brain injury	7.4%
Autism	13.0%
Cerebral Palsy	10.1%
Developmental Delay	0.0%
Down Syndrome	5.9%
Global Developmental Delay	0.0%
Hearing Impairment	0.5%
Intellectual Disability	29.1%
Multiple Sclerosis	2.9%
Psychosocial disability	14.7%
Spinal Cord Injury	2.3%
Stroke	1.4%
Visual Impairment	1.7%
Other Neurological	7.1%
Other Physical	3.6%
Other Sensory/Speech	0.1%
Other	0.1%

■ **Brisbane** ■ **Benchmark** ▨ **Distribution of plan budget**

Over 29% of the Core – Community plan budget in Brisbane (QLD) is allocated to participants with intellectual disability, where provider concentration is low (which is indicative of a competitive market).

This experience, along with low levels of concentration for participants with psychosocial disability (over 14% of plan budgets) and autism (13% of plan budgets) drive the low levels of provider concentration for this region overall.

Note: Given the more granular nature of these segments, the provider concentration metric shown in the charts has been defined as payments made to the top 5 providers, instead of the top 10.

Participant responses to the outcomes framework surveys can be used as an indicator of potential hot spots in terms of service provision

The NDIS outcomes framework surveys have been developed to measure progress towards a common set of accepted goals for each participant, so that the results can be aggregated to provide a picture of how and where the Scheme is making a difference.

Participants over the age of 15 are asked in their outcomes surveys whether they choose who supports them.

A participant that has reported that they do not choose who supports them may suggest that either:

1. The participant has not been able to access the support services that they require; or

2. The participant has been able to access the support, but they feel that they did not have a choice in selecting which provider provided the support

In either case, such a response may indicate a need for investment.

The outcomes indicator on choice and control has been calculated as the proportion of participants that reported that they choose who supports them.

The indicator has been determined for each market and measured against a national benchmark[1] that takes account of differences in the response rate arising from whether a participant receives SIL supports.

[1] Further detail on benchmarks is provided in Appendix B

The outcomes indicator on choice and control for two regions was more than 10% below the benchmark

The analysis shows that the proportion of participants that reported that they do not choose who supports them was more than 10% below the benchmark for two regions.

Number of bilateral regions – gap to benchmark
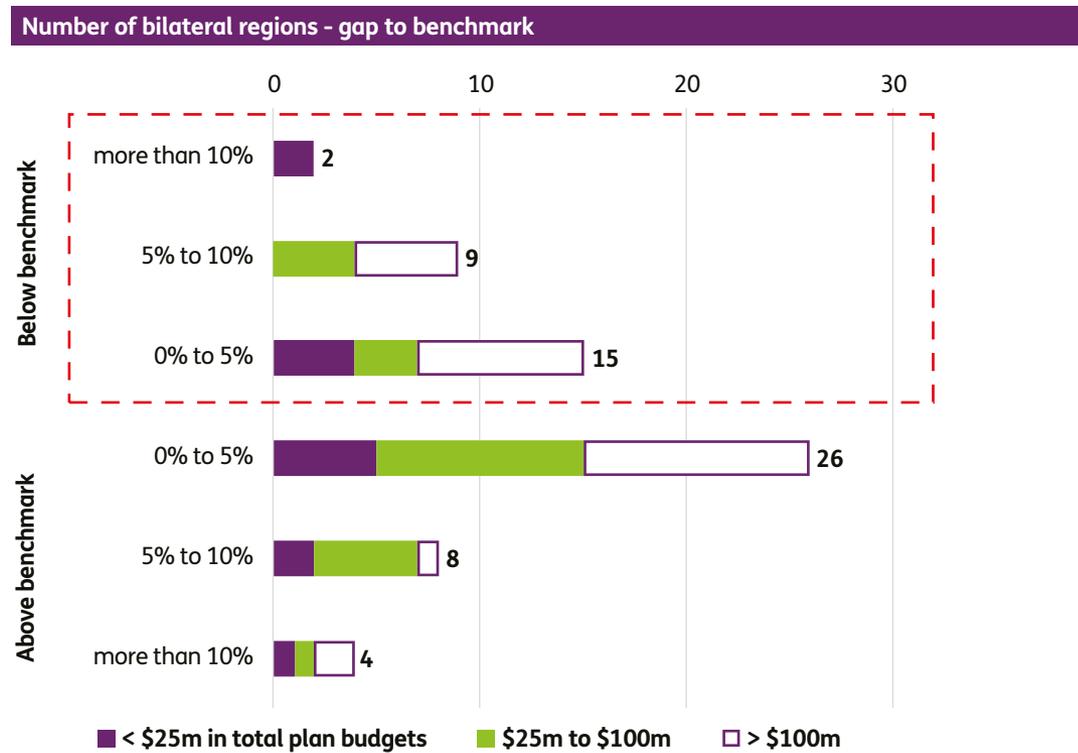
The chart on the left shows the distribution of the gap between the outcomes indicator on choice and control[1] and the benchmark[2], for each bilateral region. The benchmark[2] represents the national average, adjusted for the mix of SIL participants.

The indicator in respect of two regions[3] was more than 10% below the benchmark: Katherine (NT) and East Arnhem (NT).

The indicator for four regions was more than 10% above the benchmark: ACT (ACT), Barwon (VIC), Barkly (NT) and TAS South West (TAS).

[1] Calculated over the period from 1 October 2018 to 31 March 2019, using data available as at 30 June 2019
[2] Further detail on benchmarks is provided in Appendix B
[3] The bilateral regions considered have had at least 9 months of Scheme experience, i.e. commenced phasing before 1 July 2018. This equates to 64 of the 80 bilateral regions.

The majority of regions above the benchmark for the outcomes indicator on choice and control had less than $25m in total plan budgets

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Regions with less than $25m in total plan budgets

Legend: ■ Outcomes indicator on choice and control ◆ Benchmark

X-axis categories: NT - Barkly, SA - Limestone Coast, SA - Eyre and Western, SA - Fleurieu and Kangaroo Island, SA - Murray and Mallee, SA - Yorke and Mid North, SA - Barossa, Light and Lower North, SA - Adelaide Hills, WA - Wheat Belt, NSW - Far West, NT - Darwin Remote, SA - Far North (SA), NT - East Arnhem, NT - Katherine
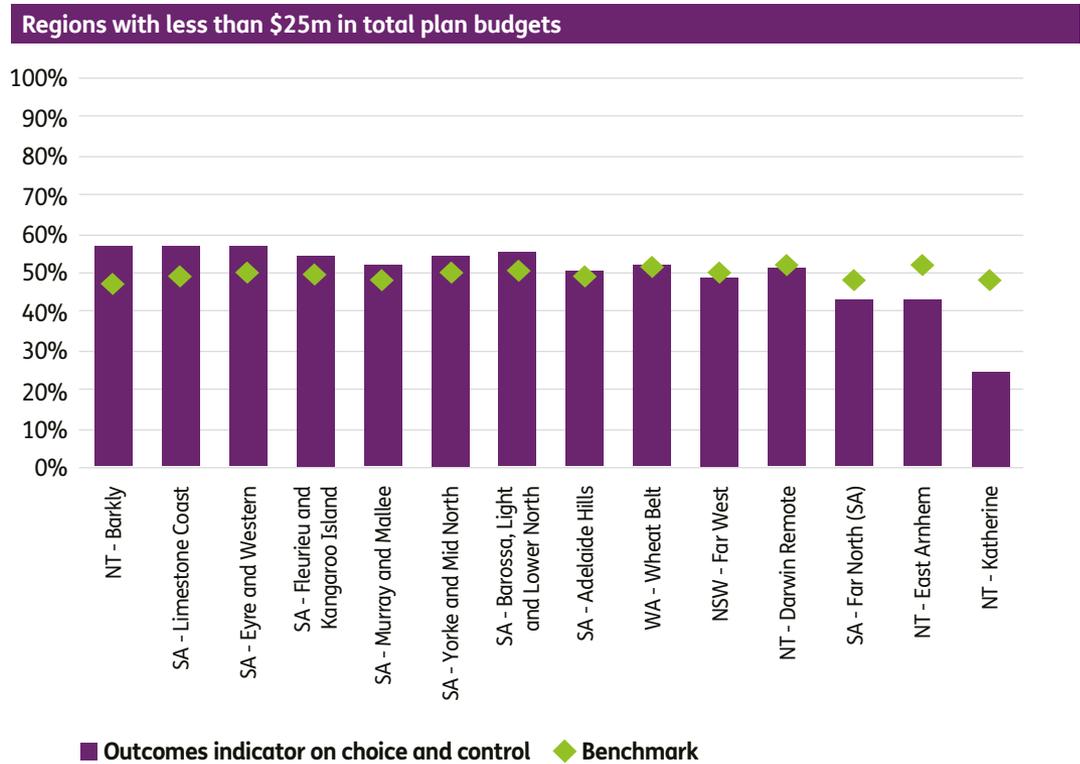
The chart on the left shows the outcomes indicator on choice and control for each of the bilateral regions that had less than $25m in total plan budgets for the period.

The notable regions in this category are the East Arnhem (NT), Katherine (NT) and Midwest-Gascoyne (WA) regions. The indicator for these regions was more than 10% below the benchmark. The other regions worth highlighting are the Great Southern (WA) and South West (WA) regions, which both had an indicator that was more than 10% above the benchmark.

However, the Midwest-Gascoyne (WA), Great Southern (WA), and South West (WA) regions are new to the Scheme and hence the indicator has been calculated on a small number of participants. In light of this, these regions are not discussed further.

The outcomes indicator on choice and control was below benchmark for East Arnhem (NT) participants with Core / Capacity Building supports in their plan

East Arnhem (NT): Outcomes indicator on choice and control by support category

Support category	Active participants with approved plans	Do you choose who supports you?	Benchmark	Utilisation
Core				
Consumables	176	43%	54%	16%
Daily Activities	171	43%	54%	24%
Community	169	44%	54%	32%
Transport	134	43%	54%	28%
Core total	**176**	**43%**	**54%**	**27%**
Capacity Building				
Daily Activities	182	44%	54%	33%
Employment	33	39%	54%	15%
Social and Civic	104	35%	54%	17%
Support Coordination	176	44%	54%	41%
Capacity Building total	**185**	**44%**	**54%**	**32%**
Capital				
Assistive Technology	52	66%	54%	50%
Home Modifications	9	78%	54%	25%
Capital total	**52**	**66%**	**54%**	**50%**
All support categories	**186**	**43%**	**54%**	**30%**

The outcomes indicator on choice and control was below the benchmark for participants with Core and Capacity Building supports in their plan.

Although the indicator was higher than benchmark for participants with Capital supports in their plan, this is the smallest of the three support categories in the East Arnhem (NT) region.

Utilisation is also shown for comparison.

Note: only the major support categories are shown

The outcomes indicator on choice and control being below benchmark is driven by participants under 35 years of age

East Arnhem (NT): all support categories

Outcomes indicator by age band

Age band	
0 to 6	
7 to 14	
15 to 18	
19 to 24	
25 to 34	
35 to 44	
45 to 54	
55 to 64	
65+	
Missing	

Budget distribution by age band

Age band	Distribution of plan budget
0 to 6	3.4%
7 to 14	8.0%
15 to 18	4.6%
19 to 24	9.4%
25 to 34	19.7%
35 to 44	23.8%
45 to 54	20.3%
55 to 64	10.6%
65+	0.2%
Missing	

■ East Arnhem   ■ Benchmark   ▨ Distribution of plan budget
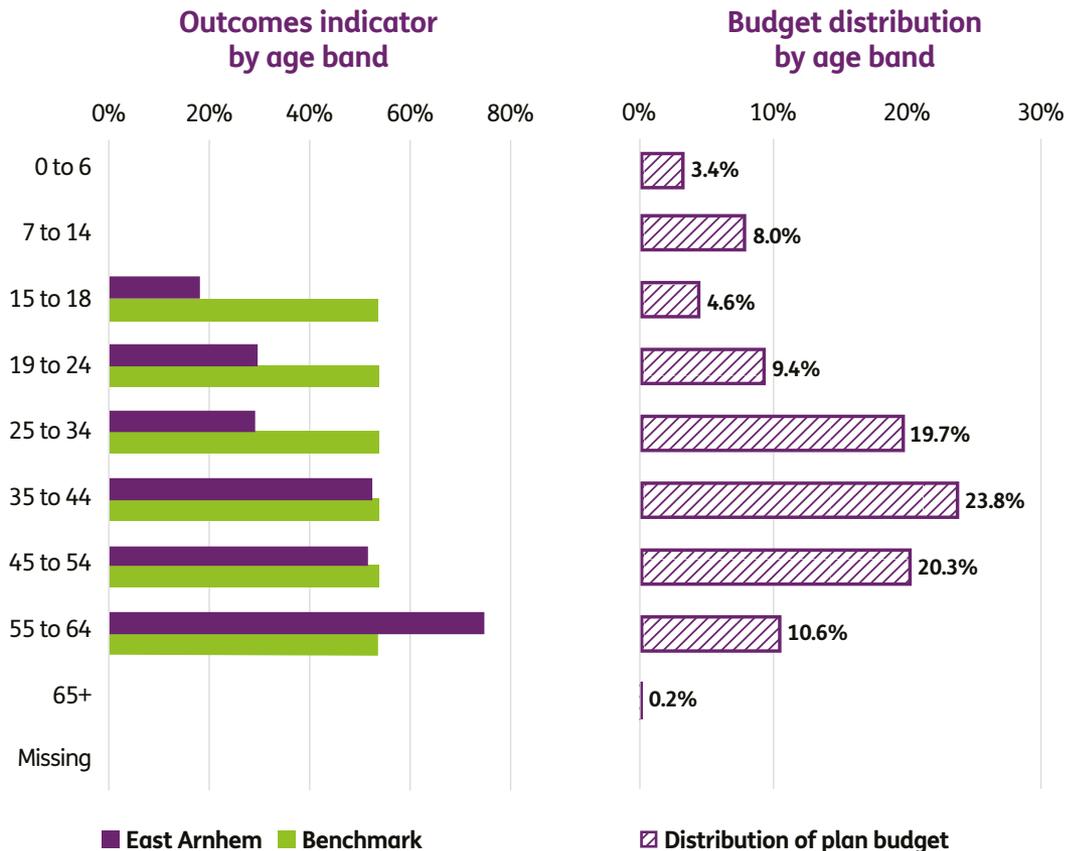
A low proportion of participants aged 34 years and younger reported that they choose who supports them.

Note that the outcomes questionnaire for participants under 14 does not include the question: do you choose who supports you?

The outcomes indicator on choice and control being below benchmark is driven by participants with psychosocial disability and intellectual disability

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East Arnhem (NT): all support categories

Outcomes indicator by primary disability

0% 20% 40% 60% 80% 100%

Budget distribution by primary disability

0% 5% 10% 15% 20% 25% 30%

Primary disability	Budget distribution
Acquired brain injury	5.1%
Autism	5.4%
Cerebral Palsy	8.6%
Developmental Delay	0.9%
Down Syndrome	2.4%
Global Developmental Delay	0.4%
Hearing Impairment	1.7%
Intellectual Disability	23.6%
Multiple Sclerosis	0.0%
Psychosocial disability	21.8%
Spinal Cord Injury	3.1%
Stroke	3.4%
Visual Impairment	0.7%
Other Neurological	13.7%
Other Physical	8.1%
Other Sensory/Speech	1.2%
Other	0.0%

■ **East Arnhem** ■ **Benchmark** ▨ **Distribution of plan budget**

The two major primary disability types in the East Arnhem (NT) region were psychosocial disability (24%) and intellectual disability (22%). The outcomes indicator on choice and control for participants with an intellectual disability was significantly below the benchmark and appears to be a key driver of the overall result for the region.

A low proportion of participants within the Katherine (NT) region reported that they choose who supports them, across all support categories

Katherine (NT): Outcomes indicator on choice and control by support category				
Support category	**Active participants with approved plans**	**Do you choose who supports you?**	**Benchmark**	**Utilisation**
Core				
Consumables	150	26%	46%	27%
Daily Activities	146	25%	47%	83%
Community	141	25%	47%	72%
Transport	116	23%	46%	80%
Core total	**156**	**25%**	**47%**	**69%**
Capacity Building				
Daily Activities	170	25%	47%	45%
Employment	8	38%	49%	31%
Social and Civic	25	22%	51%	18%
Support Coordination	170	24%	47%	63%
Capacity Building total	**173**	**25%**	**47%**	**53%**
Capital				
Assistive Technology	66	33%	43%	74%
Home Modifications	21	14%	23%	47%
Capital total	**70**	**31%**	**42%**	**68%**
All support categories	**173**	**25%**	**47%**	**66%**

The outcomes indicator on choice and control was below benchmark across all of the major support categories.

Utilisation is also shown for comparison.

Note: only the major support categories are shown

The proportion of participants that reported that they choose who supports them is not driven by participants of a certain age

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Katherine (NT): all support categories

Outcomes indicator by age band

Age band	Katherine	Benchmark
0 to 6		
7 to 14		
15 to 18	~25%	~52%
19 to 24	~6%	~47%
25 to 34	~18%	~42%
35 to 44	~40%	~52%
45 to 54	~22%	~43%
55 to 64	~33%	~46%
65+		~32%
Missing		

Budget distribution by age band

Age band	Distribution of plan budget
0 to 6	1.8%
7 to 14	6.3%
15 to 18	1.8%
19 to 24	10.6%
25 to 34	22.5%
35 to 44	10.1%
45 to 54	26.5%
55 to 64	18.4%
65+	1.8%
Missing	

■ **Katherine**   ■ **Benchmark**   ▨ **Distribution of plan budget**
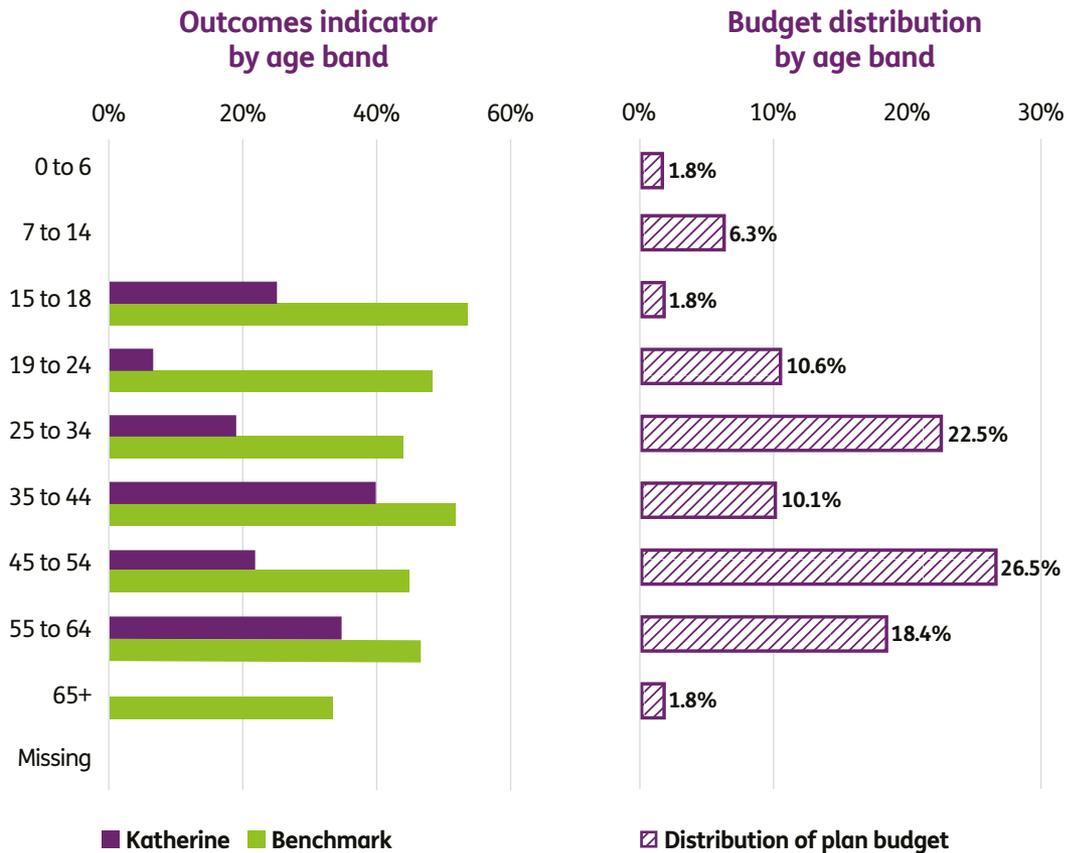
The outcomes indicator on choice and control was below the benchmark for all age bands and the furthest below the benchmark for participants in the 19 to 24 and 25 to 34 year age bands.

The proportion of participants that reported that they choose who supports them is not driven by participants of a certain disability type

Katherine (NT): all support categories

Outcomes indicator by primary disability

0% 20% 40% 60% 80% 100%

Budget distribution by primary disability

0% 5% 10% 15% 20% 25% 30%

Primary disability	Budget distribution
Acquired brain injury	17.3%
Autism	5.9%
Cerebral Palsy	26.5%
Developmental Delay	0.2%
Down Syndrome	1.7%
Global Developmental Delay	0.2%
Hearing Impairment	1.4%
Intellectual Disability	24.8%
Multiple Sclerosis	0.8%
Psychosocial disability	1.8%
Spinal Cord Injury	2.2%
Stroke	2.9%
Visual Impairment	0.2%
Other Neurological	10.5%
Other Physical	3.6%
Other Sensory/Speech	0.0%
Other	0.1%

■ **Katherine** ■ **Benchmark** ▨ **Distribution of plan budget**

The outcomes indicator on choice and control was furthest below the benchmark in the Katherine (NT) region for participants with acquired brain injury, autism and intellectual disability, all of whom had an indicator of around 20%.

The outcomes indicator on choice and control was more than 10% above the benchmark for the TAS South West (TAS) and ACT (ACT) regions

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Regions with $25m to $100m in total plan budgets

Legend: ■ Outcomes indicator on choice and control ◆ Benchmark

Regions with greater than $100m in total plan budgets
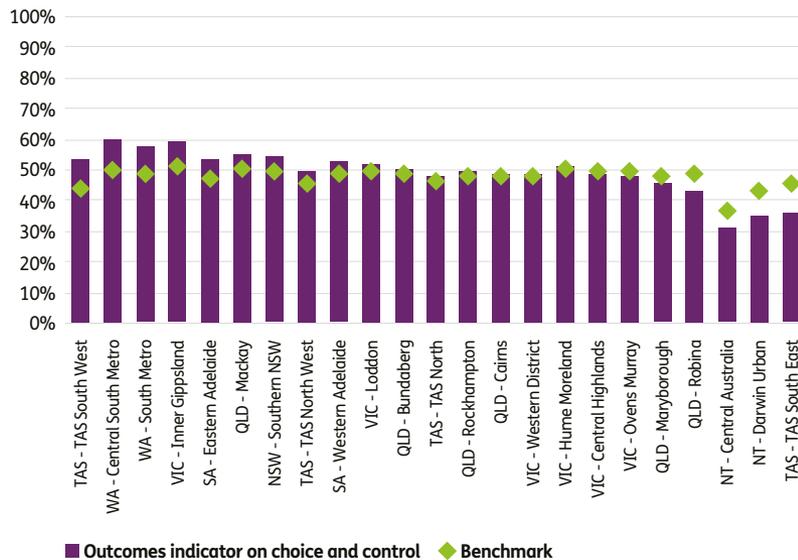
Legend: ■ Outcomes indicator on choice and control ◆ Benchmark
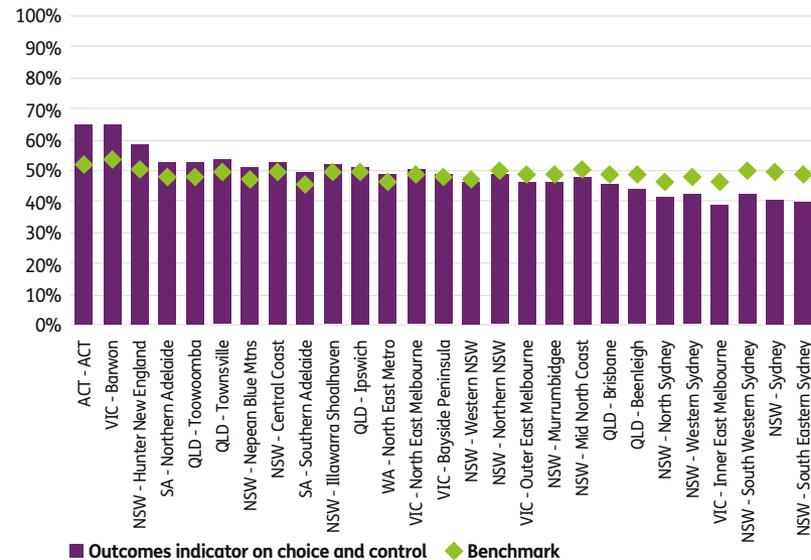
The above charts show the outcomes indicator on choice and control for each of the bilateral regions that had $25m to $100m and greater than $100m in total plan budgets for the period.

None of these regions had an outcomes indicator on choice and control of more than 10% below the benchmark. The two regions from these categories that had an indicator that was more than 10% above the benchmark, were the TAS South West (TAS) and ACT (ACT) regions.

The outcomes indicator on choice and control for the TAS South West (TAS) region was above the benchmark across all major support categories

TAS South West (TAS): Outcomes indicator on choice and control by support category

Support category	Active participants with approved plans	Outcomes indicator on choice and control	Benchmark	Utilisation
Core				
Consumables	1,324	53%	43%	42%
Daily Activities	1,264	52%	43%	86%
Community	1,221	52%	43%	57%
Transport	851	51%	41%	89%
Core total	**1,422**	**53%**	**43%**	**77%**
Capacity Building				
Daily Activities	1,339	51%	43%	42%
Employment	201	57%	47%	72%
Social and Civic	256	47%	43%	51%
Support Coordination	743	43%	37%	60%
Capacity Building total	**1,503**	**53%**	**43%**	**49%**
Capital				
Assistive Technology	313	60%	41%	54%
Home Modifications	211	27%	19%	57%
Capital total	**449**	**44%**	**32%**	**55%**
All support categories	**1,580**	**54%**	**44%**	**73%**

The outcomes indicator on choice and control was above the benchmark across all of the major support categories.

Utilisation is also shown for comparison.

Note: only the major support categories are shown

The outcomes indicator on choice and control was above the benchmark for the majority of age bands

TAS South West (TAS): all support categories

Outcomes indicator by age band

Age band	
0 to 6	
7 to 14	
15 to 18	
19 to 24	
25 to 34	
35 to 44	
45 to 54	
55 to 64	
65+	
Missing	

Budget distribution by age band

Age band	Distribution of plan budget
0 to 6	1.3%
7 to 14	8.1%
15 to 18	5.2%
19 to 24	18.6%
25 to 34	21.0%
35 to 44	17.0%
45 to 54	13.6%
55 to 64	14.4%
65+	0.9%
Missing	

■ TAS South West ■ Benchmark ▨ Distribution of plan budget
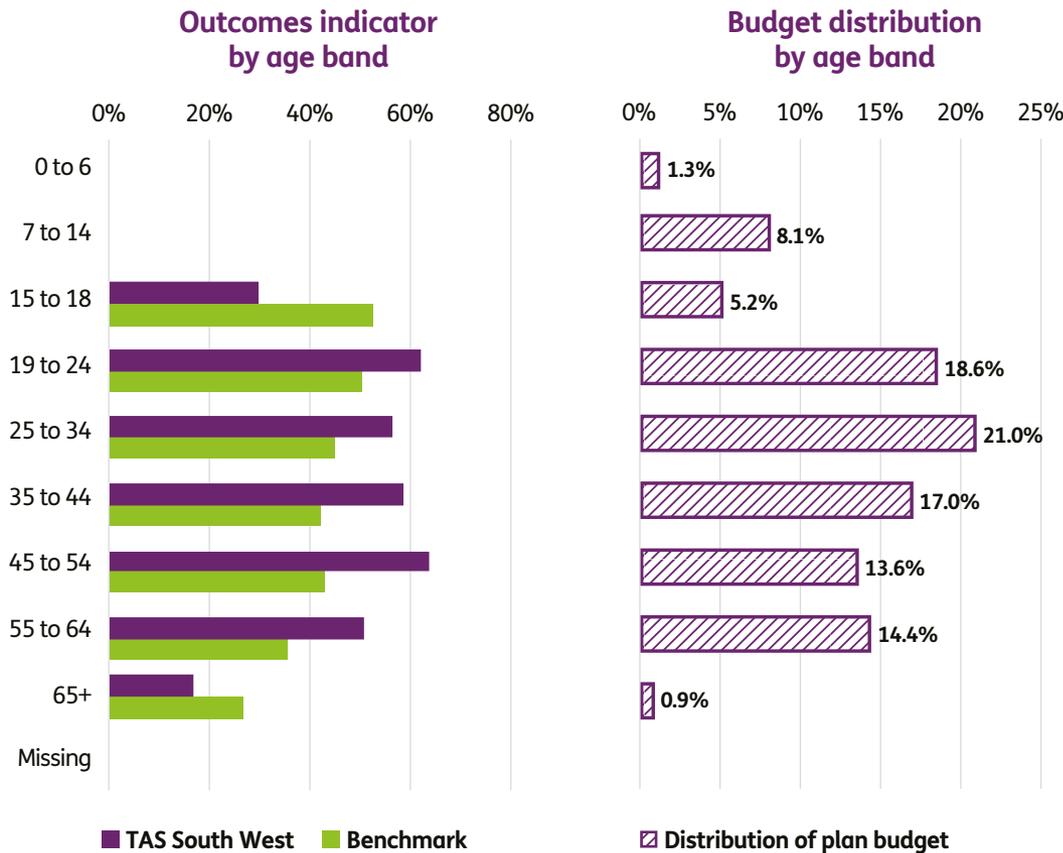
The outcomes indicator on choice and control was above the benchmark for most age bands. However, the indicator for participants aged 15 to 18 and 65+ was below the benchmark.

The outcomes indicator on choice and control was above the benchmark for the majority of disability types

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Outcomes indicator by primary disability

Budget distribution by primary disability

The indicator was above the benchmark for the vast majority of disability types.

	Budget distribution
Acquired brain injury	3.5%
Autism	18.9%
Cerebral Palsy	11.5%
Developmental Delay	0.2%
Down Syndrome	6.1%
Global Developmental Delay	0.2%
Hearing Impairment	0.5%
Intellectual Disability	43.9%
Multiple Sclerosis	1.5%
Psychosocial disability	4.4%
Spinal Cord Injury	1.1%
Stroke	0.7%
Visual Impairment	1.3%
Other Neurological	2.5%
Other Physical	3.6%
Other Sensory/Speech	0.0%
Other	0.1%

■ TAS South West   ■ Benchmark   ▨ Distribution of plan budget

Participants in the ACT region had an outcomes indicator on choice and control that was higher than benchmark across most major support categories

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ACT: Outcomes indicator on choice and control by support category

Support category	Active participants with approved plans	Outcomes indicator on choice and control	Benchmark	Utilisation
Core				
Consumables	3,043	69%	52%	38%
Daily Activities	4,151	64%	52%	78%
Community	3,931	62%	52%	67%
Transport	2,895	60%	51%	101%
Core total	**5,018**	**65%**	**52%**	**76%**
Capacity Building				
Daily Activities	6,192	65%	52%	58%
Employment	467	43%	50%	52%
Social and Civic	1,613	55%	52%	44%
Support Coordination	2,347	56%	50%	64%
Capacity Building total	**6,507**	**65%**	**52%**	**56%**
Capital				
Assistive Technology	1,517	77%	51%	54%
Home Modifications	206	81%	53%	71%
Capital total	**1,567**	**77%**	**52%**	**57%**
All support categories	**6,615**	**65%**	**52%**	**72%**

The outcomes indicator on choice and control was above benchmark across all major support categories, aside from the Capacity Building – Employment category. This support category is the focus of the following slides.

Utilisation is also shown for comparison.

Note: only the major support categories are shown

The indicator on choice and control for participants with Capacity Building – Employment supports was below benchmark for all age bands

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ACT: Capacity Building – Employment
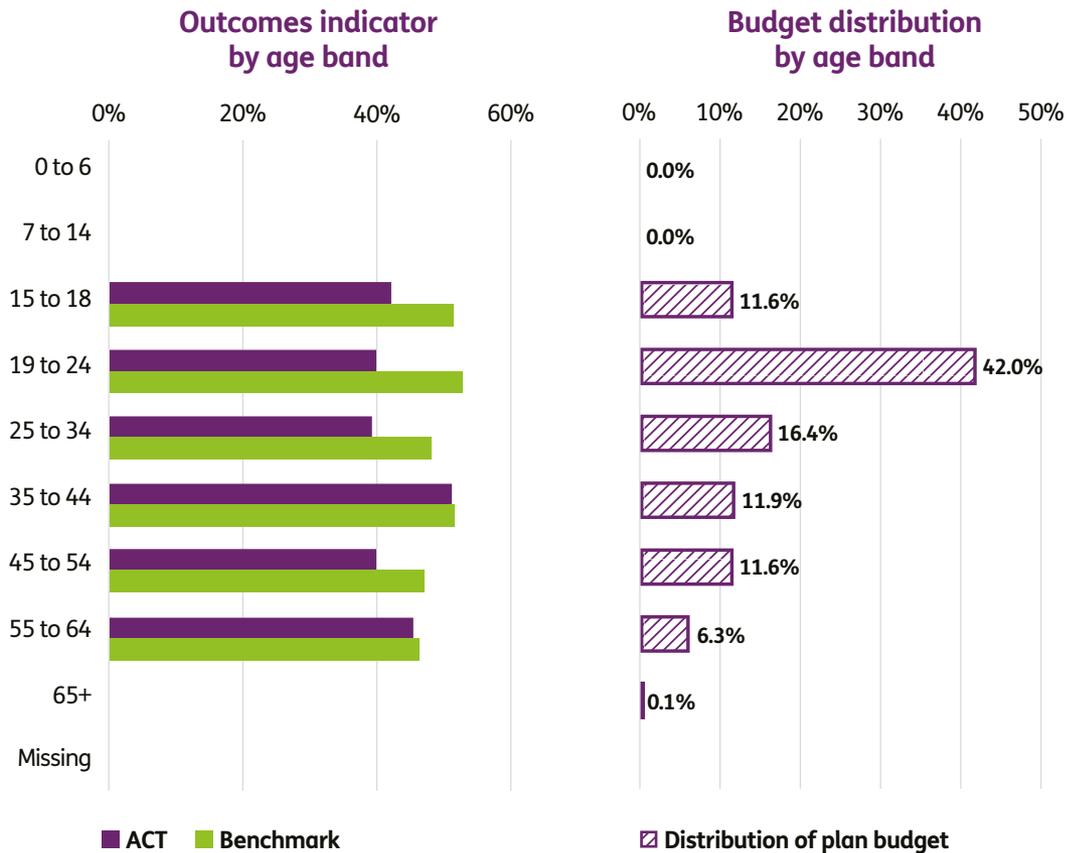
Outcomes indicator by age band

Age band	ACT	Benchmark
0 to 6		
7 to 14		
15 to 18	~42%	~52%
19 to 24	~40%	~54%
25 to 34	~40%	~48%
35 to 44	~52%	~52%
45 to 54	~40%	~47%
55 to 64	~45%	~46%
65+		
Missing		

Budget distribution by age band

Age band	Distribution of plan budget
0 to 6	0.0%
7 to 14	0.0%
15 to 18	11.6%
19 to 24	42.0%
25 to 34	16.4%
35 to 44	11.9%
45 to 54	11.6%
55 to 64	6.3%
65+	0.1%
Missing	

Legend: ■ ACT ■ Benchmark ▨ Distribution of plan budget

The outcomes indicator on choice and control for participants with Capacity Building – Employment supports in their plan was close to benchmark for participants aged 35 to 44 years and 55 to 64, but below benchmark for all other age bands.

The indicator on choice and control for participants with Capacity Building – Employment supports was below benchmark for those with Down Syndrome

ACT: Capacity Building – Employment

Outcomes indicator by primary disability

0% 20% 40% 60% 80% 100%

Budget distribution by primary disability

0% 10% 20% 30% 40% 50%

Primary disability	Distribution of plan budget
Acquired brain injury	2.6%
Autism	33.4%
Cerebral Palsy	4.5%
Developmental Delay	0.0%
Down Syndrome	13.3%
Global Developmental Delay	0.0%
Hearing Impairment	0.4%
Intellectual Disability	39.5%
Multiple Sclerosis	0.0%
Psychosocial disability	3.4%
Spinal Cord Injury	0.1%
Stroke	0.1%
Visual Impairment	0.0%
Other Neurological	2.3%
Other Physical	0.4%
Other Sensory/Speech	0.0%
Other	0.0%

■ ACT   ■ Benchmark   ▨ Distribution of plan budget

The outcomes indicator on choice and control for participants with Capacity Building – Employment supports in their plan was significantly below benchmark for those with Down Syndrome, which was the third largest disability group in the region for participants with these supports in their plan.

Key insights

03.
Other metrics

The participant per provider indicator may be used to highlight areas with materially higher or lower provider coverage

For a given market segment, the number of participants per provider indicates how many participants, on average, use the same provider to obtain support services.

The participants per provider indicator has been calculated as the ratio between the number of active participants and the number of active providers over the exposure period.

A high value for this indicator might suggest that:

1. there is not enough capacity / choice in the market for participants to choose from and are therefore not able to obtain the support services they need; or

2. Participants are able to obtain the supports they need, but there is a reliance on a small number of key providers

While a relatively high number of participants per provider could suggest that the number of providers is not sufficient to service the participants in the market, this indicator may be biased by remoteness and length of time in the Scheme of each region.

The following slides show a high-level summary of this metric for all regions. This metric on its own does not appear to provide a consistent indicator of potential hot spots, but in some instances does form a part of the story when assessed in conjunction with the three key indicators. In particular, areas with fewer participants seem to have a lower indicator.

There does not appear to be a strong relationship between phase-in date and participants per provider for smaller regions (less than $25m in plan budgets)

Regions with less than $25m in total plan budgets

■ Participants per provider
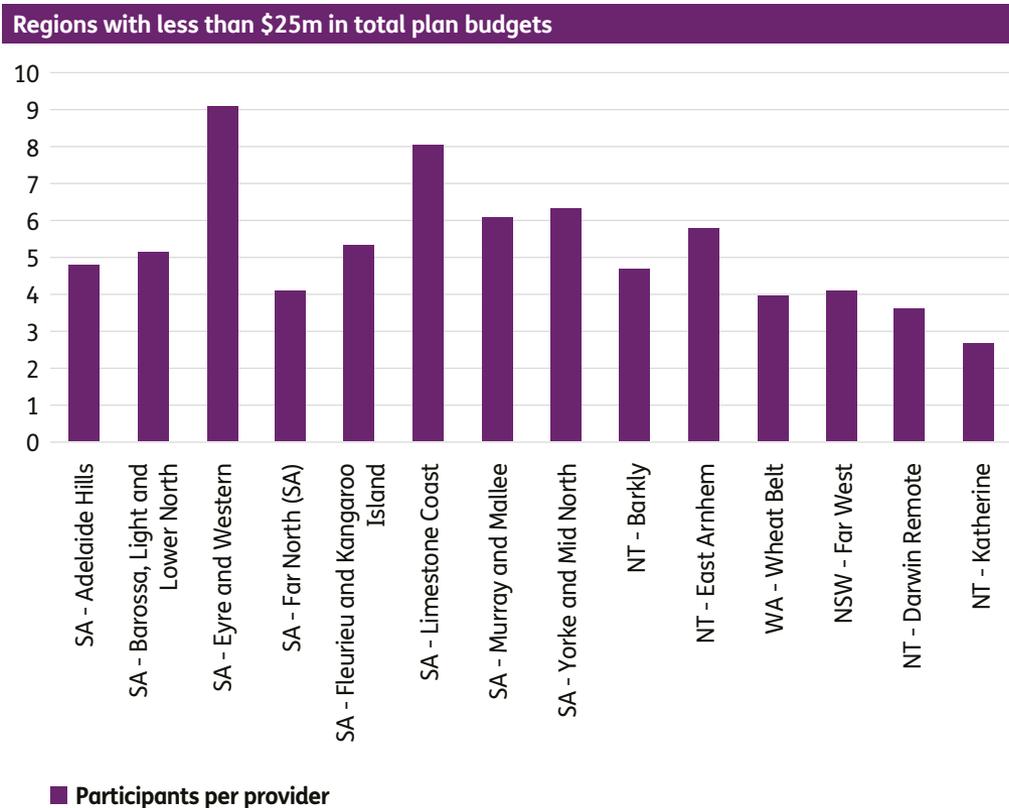
This chart shows the participants per provider for each bilateral region, ordered by length of time in the Scheme. The left-most regions were phased in earliest while the right-most regions were phased in most recently.

The most recently phased in regions have very few participants per provider, as participants are likely to still be entering the Scheme or have not yet finalised their plans.

Several other regions with few participants per provider are relatively remote, e.g. Far North (SA), Darwin Remote (NT) and Katherine (NT), but also had high levels of provider concentration.

Findings from the participants per provider metric do not appear to align strongly with the key indicators of potential hot spots

Regions with $25m to $100m in total plan budgets

Participants per provider
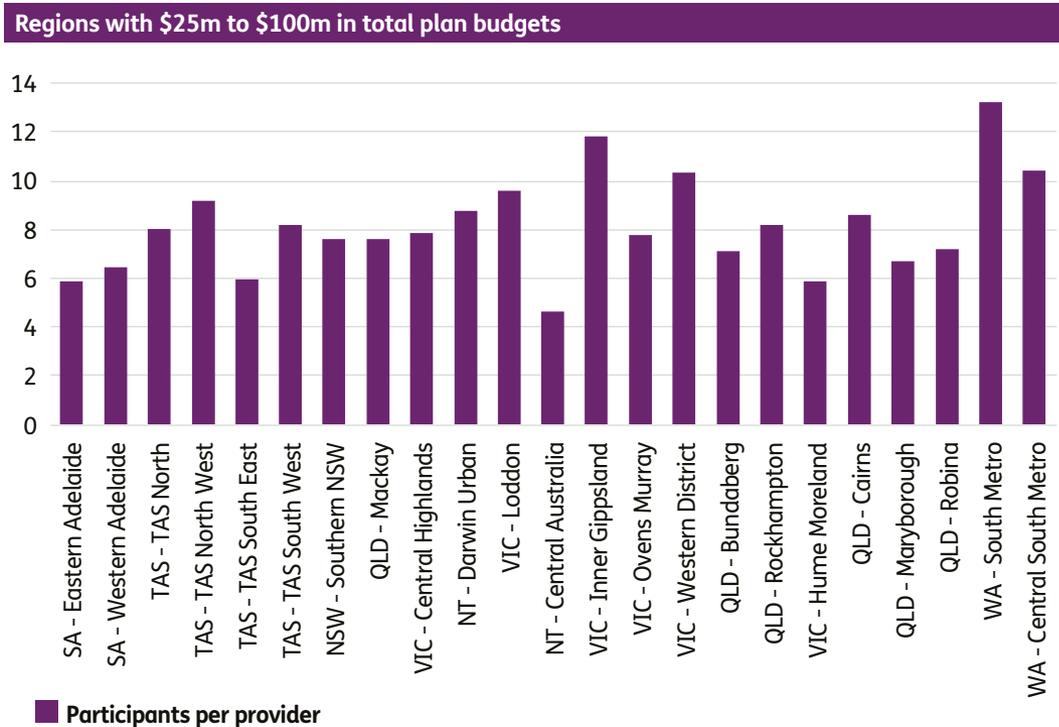
Central Australia (NT) has a low level of participants per provider which might indicate that the area is well serviced. However, this observation is not consistent with findings based on other indicators, as this region had been identified as a potential hot spot given its high provider concentration – hence the low number of participants drives the ratio.

Inner Gippsland (VIC) and Western District (VIC) have a higher level of participants per provider. Neither of these regions was identified as a hot spot based on the key indicators. However, Western District (VIC) did experience 25% provider shrinkage, which was on the higher end compared to other regions, and might be a potential hot spot.

Note: these charts show the regions in the order of their phase-in date. The left-most regions were phased in earliest while the right-most regions were phased in most recently.

Of the larger regions (over $100m in total plan budgets), there are generally more participants per provider for regions in the Scheme the longest

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Regions with greater than $100m in total plan budgets

■ Participants per provider
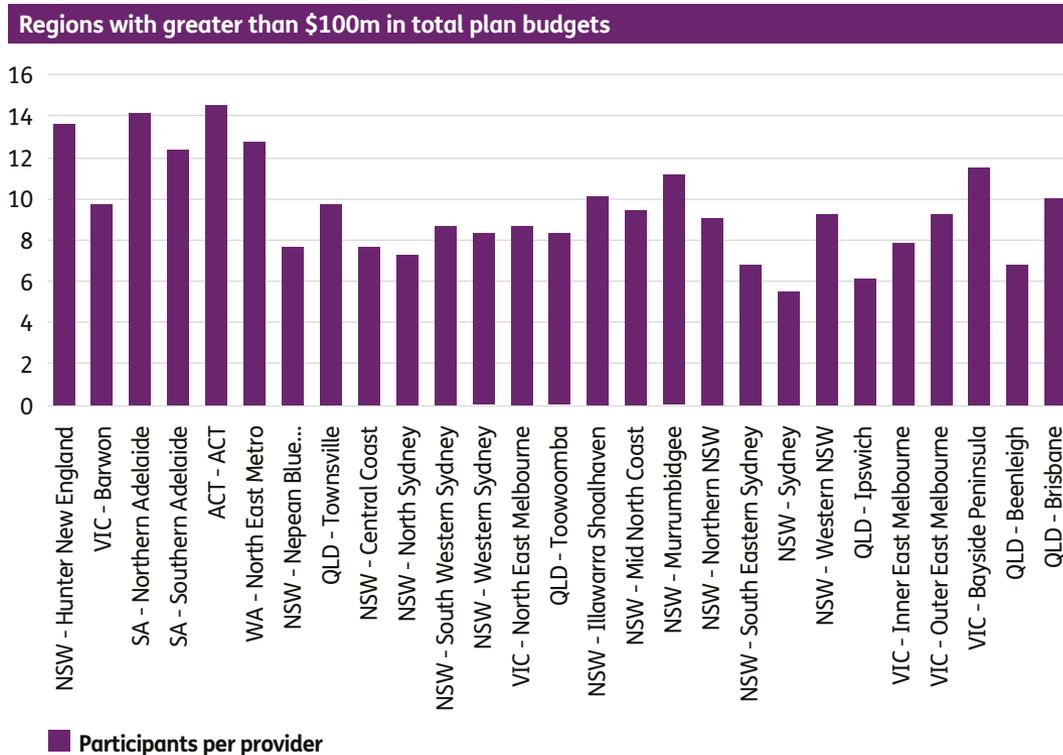
Regions with more participants per provider such as Hunter New England (NSW), Northern Adelaide (SA), Southern Adelaide (SA), ACT and North East Metro (WA) have been in the Scheme since the first year of its inception.

Based on the key indicators (plan utilisation, provider concentration and outcomes), these regions were not identified as potential hot spots. In this case, the participants per provider metric does not tell the same story as the key indicators and may reflect the maturity of the region and total plan budgets.

Sydney (NSW) and Ipswich (QLD) have the lowest levels of participants per provider of these larger regions, which indicates that these regions are well serviced. This observation appears in line with its relatively low levels of provider concentration (38%-41%) and steady provider growth (both 16%).

Note: these charts show the regions in the order of their phase-in date. The left-most regions were phased in earliest while the right-most regions were phased in most recently.

The provider growth / shrinkage indicators can be used to identify areas that may be a concern for the Agency in the future

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For a given market segment, provider growth / shrinkage indicates what proportion of providers have grown / shrunk based on payments from the NDIA relative to a previous exposure period.

The provider growth (shrinkage) indicator has been calculated as the ratio between the number of providers that received payments over the exposure period that is 100% (25%)[1] greater (less) than the payments received in the previous exposure period. Only providers that have received more than $10k in payments during both periods have been considered.

A market that has a high proportion of growing providers might indicate that providers have recognised a growth area in the market and are acting to address the need for increased support services.

A market that has a high proportion of shrinking providers on the other hand, could indicate a reducing need and hence providers exiting the market. This could be an area of concern for the Agency if these services were to be required in the future and providers are no longer in place to provide support.

It is also worth noting that these metrics may be influenced by mergers and acquisitions of providers. For example, a merger of two large providers could increase both provider growth and provider shrinkage in the same exposure period.

[1] These thresholds were selected based on a review of the distribution of provider growth rates for all 80 regions. Please refer to Appendix A for further details.

In six regions with less than $25m in total plan budgets, over 40% of providers had their payments grow by at least 100% since the previous exposure period

Regions with less than $25m in total plan budgets
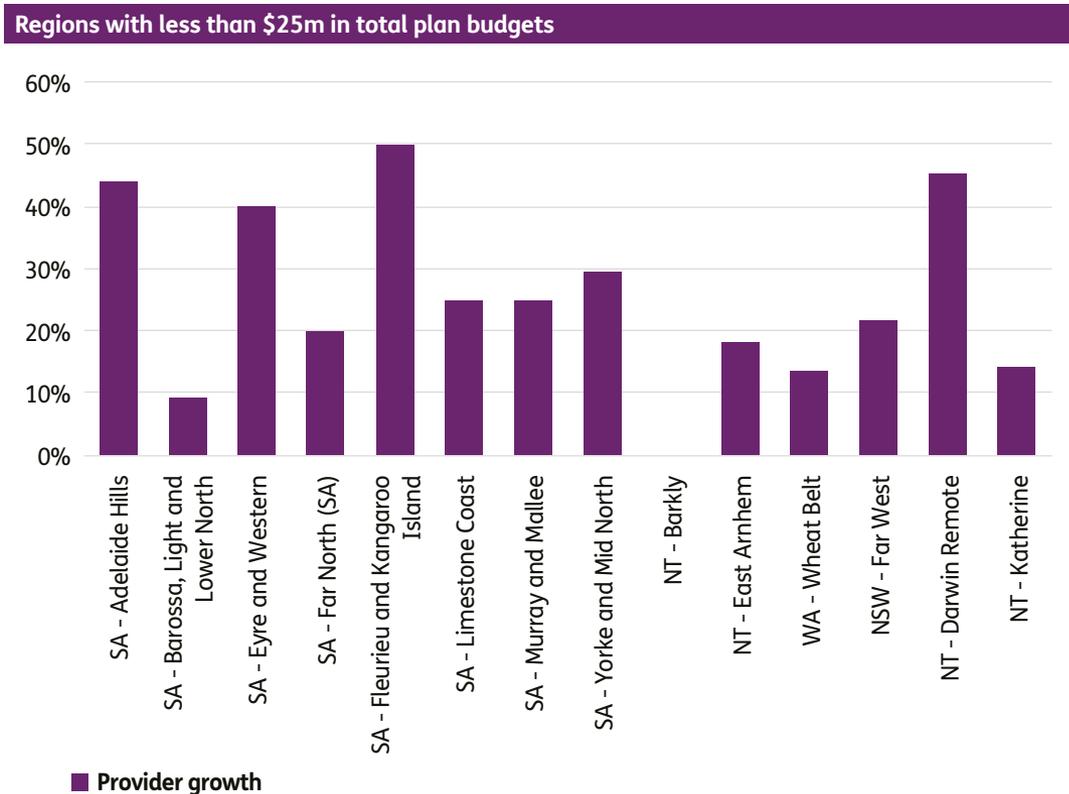
Provider growth

Barkly (NT), which shows no provider growth, had been flagged as a potential hot spot given its high provider concentration. The provider growth indicator supports the notion that this market may require further investment to meet the needs of participants residing in the region.

Note: these charts show the regions in the order of their phase-in date. The left-most regions were phased in earliest while the right-most regions were phased in most recently.

Several regions with over $25m in total plan budgets had more than 40% of providers grow by over 100% in payments, the majority of which phased in more recently

Regions with $25m to $100m in total plan budgets

Provider growth
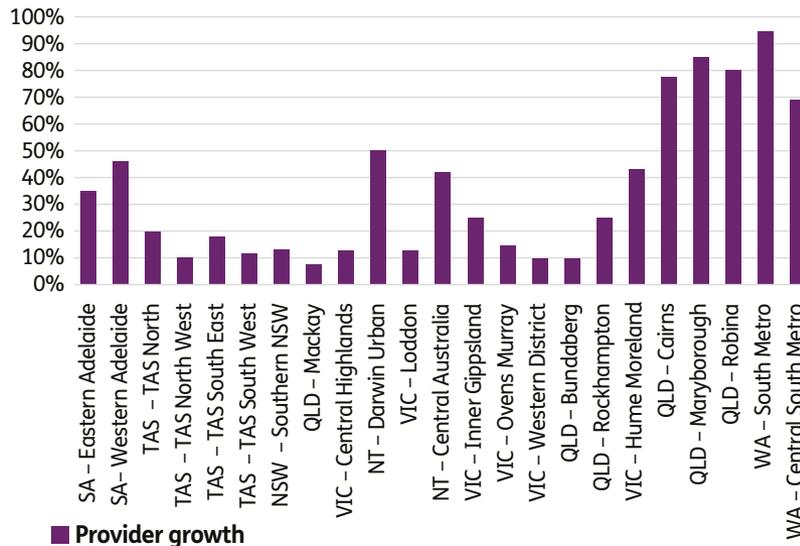
Regions with greater than $100m in total plan budgets
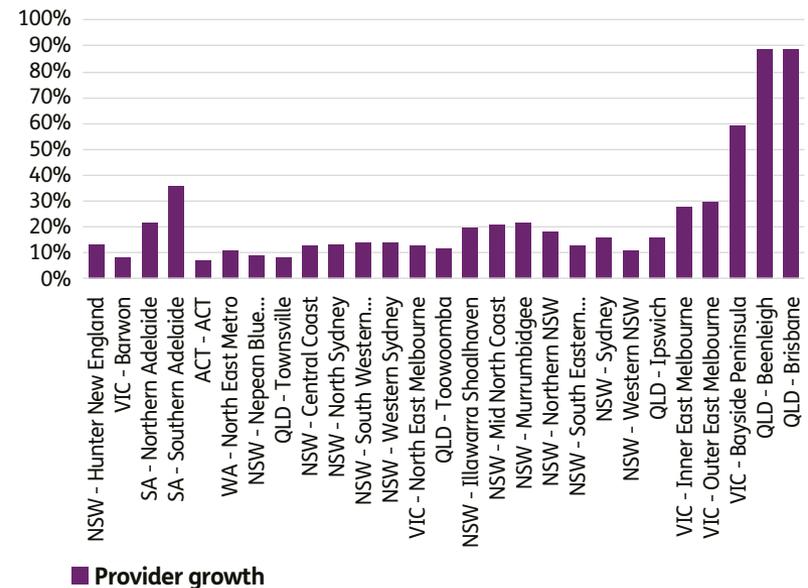
Provider growth

Generally, the more mature the region (i.e. left-most), the lower the provider growth. For example, Hunter New England (NSW) and Barwon (VIC) were phased in on 1 July 2013. For these regions, low provider growth does not necessarily mean it is a hot spot. Mackay (QLD), Townsville (QLD) and ACT saw less than 10% in provider growth and may require further market investment.

The regions that have recently phased in (i.e. right-most) have shown significant provider growth. In particular, Brisbane (QLD), Beenleigh (QLD) and South Metro (WA) had provider growth close to 90%.

Note: these charts show the regions in the order of their phase-in date. The left-most regions were phased in earliest while the right-most regions were phased in most recently.

Provider shrinkage for regions with less than $25m in total plan budgets tends to vary regardless of length of time in the Scheme

Regions with less than $25m in total plan budgets

■ Provider shrinkage
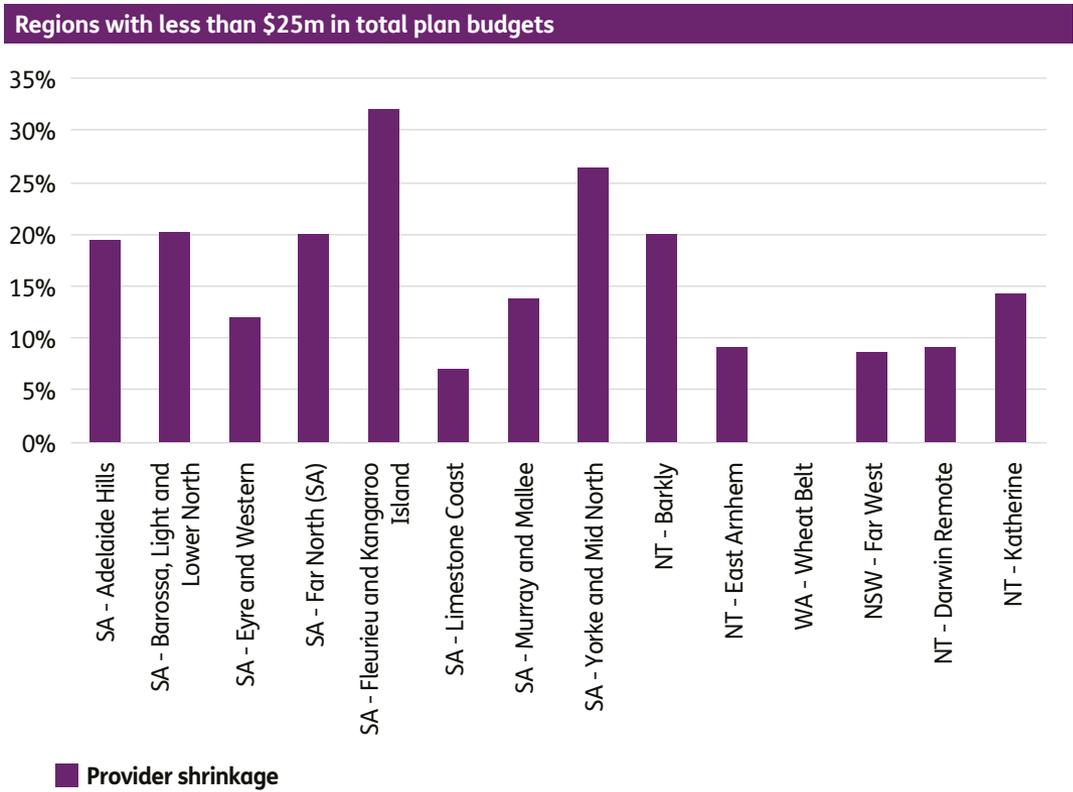
Smaller areas are likely to see more volatility in this metric.

The one region with provider shrinkage of more than 30% is Fleurieu and Kangaroo Island (SA). This means that over 30% of providers in these regions had payments shrink by more than 25%.

Fleurieu and Kangaroo Island (SA) also had provider growth of over 50%, which might indicate participants are moving between providers within the region. This experience may also have been influenced by mergers and acquisitions of providers.

Note: these charts show the regions in the order of their phase-in date. The left-most regions were phased in earliest while the right-most regions were phased in most recently.

Provider shrinkage for regions with more than $100m in total plan budgets appears to be lowest for regions phased in more recently

Regions with $25m to $100m in total plan budgets

■ Provider shrinkage

Regions with greater than $100m in total plan budgets

■ Provider shrinkage
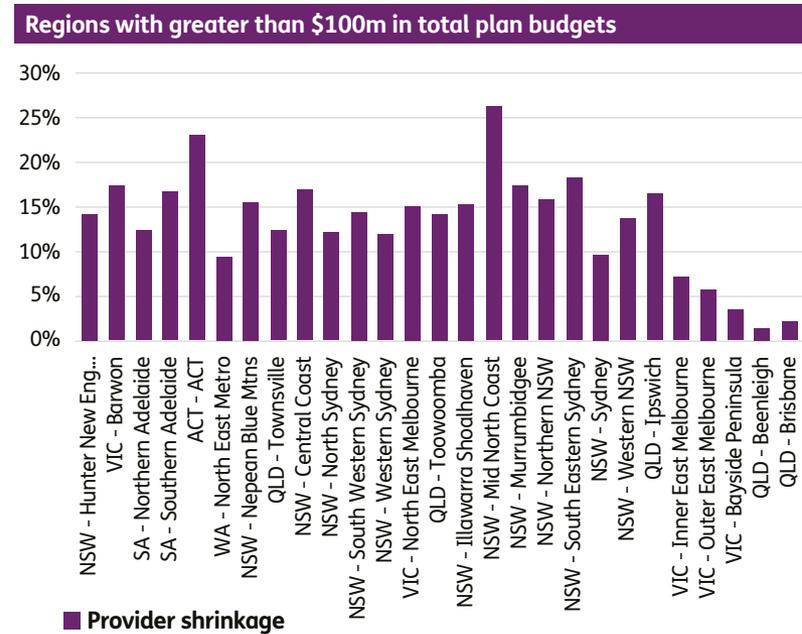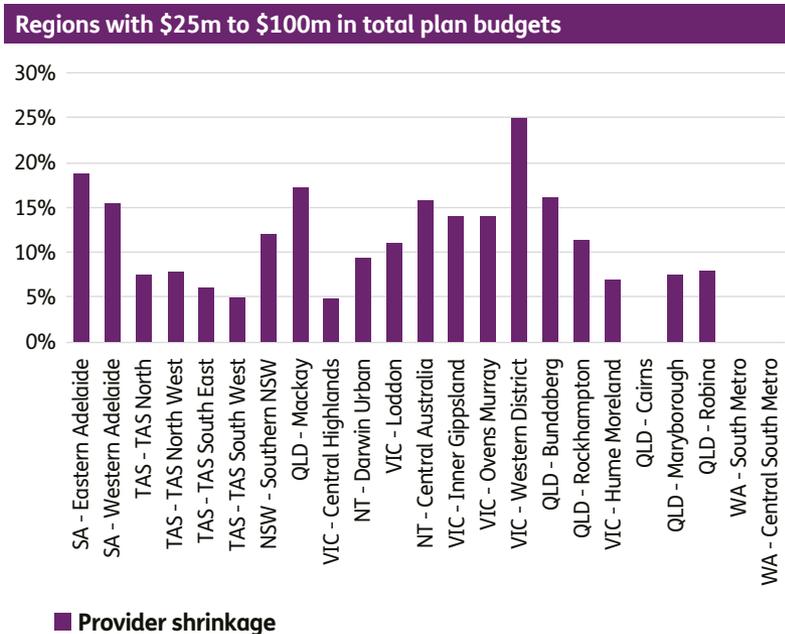
Regions that have recently phased in have the lowest levels of provider shrinkage at less than 10%. This means that less than 10% of providers in these regions had payments shrink by more than 25%. This makes sense as these regions would still be growing.

Mid North Coast (NSW) had the most provider shrinkage at 26%. Mid North Coast (NSW) did also have material provider growth; 21% of its providers saw payments increase by over 100%.

Note: these charts show the regions in the order of their phase-in date. The left-most regions were phased in earliest while the right-most regions were phased in most recently.

04.
Appendices

Indicator definitions

Plan utilisation – the ratio between the total payments over the exposure period and the total plan budgets over the same period.

Provider concentration – the ratio between the payments to the top 10 providers over the exposure period and the total payments to all providers over the exposure period.

Outcomes: Do you choose who supports you – the proportion of participants who said "Yes" in their latest outcomes framework survey in response to the question: "Do you choose who supports you?".

Outcomes: Has the NDIS helped with choice and control – the proportion of participants who said "Yes" in their latest outcomes framework survey in response to the question: "Has the NDIS helped you have more choices and more control over your life?".

Participants per provider – the ratio between the number of active participants with an approved plan and the number of registered active providers.

Indicator definitions continued

Provider growth – the number of providers that have received payments over the exposure period that are **100% higher** than the amount of payments received over the exposure period immediately prior (1 April 2018 to 30 September 2018), divided by the total number of providers.

Provider shrinkage – the number of providers that have received payments over the exposure period that are **25% lower** than the amount of payments received over the exposure period immediately prior (1 April 2018 to 30 September 2018), divided by the total number of providers.

Notes for provider growth and shrinkage:

- Only providers that received more than $10k in payments over both exposure periods have been considered in both the numerator and denominator of these calculations.

- The **thresholds** were selected after reviewing the distribution of payment growth rate by provider over the six months to 31 January 2019, compared to the six months immediately prior.

- This review showed that there was a large volume of providers with very high growth or shrinkage rates, i.e. in the extreme tails of the distribution. This was mainly driven by small dollar changes in payments for small providers, leading to very high growth or shrinkage rates shown for these small providers. As a result, the analysis was then restricted to providers that had received $10k in payments (for both exposure periods).

- After applying the $10k in payments restriction, the distribution was skewed towards growth, with about 70% of all providers showing some growth over the period. This resulted in different thresholds being selected for the provider growth and provider shrinkage indicators.

Indicator definitions continued

Other notes:

- All indicators have been calculated over the 6 month period from 1 October 2018 to 31 March 2019.

- Indicators have been calculated at different geographic levels – nationwide; State and Territory; and bilateral region and at different support category levels – all support categories; by support type (core / capacity building / capital); and by support category (daily activities, community, transport etc.).

- As providers can provide services in multiple areas, the sum of providers at the 'State and Territories' level across all the States and Territories is greater than the actual number of providers when considered at the National level. A similar effect occurs when comparing the sum of providers across the regions in a State / Territory and looking at the State / Territory level.

- Monetary amounts are measured in Australian dollars ($ millions).

Benchmarks

In order to fairly measure and compare the performance of each market, an appropriate benchmark for each indicator has been developed. For some indicators, this has allowed us to control for factors known to affect the indicator being assessed, thus preventing markets that are weighted towards these factors from being the only markets identifed as possible hot spots.

For example, the benchmark for plan utilisation allows for the number of plans that each participant (within the market being assessed) has received since joining the Scheme.

Prior analysis conducted by the Office of Scheme Actuary suggests that the average plan utilisation of each participant tends to increase as they spend more time in the Scheme and learn how to make the most of the supports that are available to them.

Therefore, it is reasonable to set a higher benchmark for markets with a higher proportion of participants who have been in the Scheme for a longer period of time, compared to a market that consists only of participants who are new to the Scheme.

The benchmarks for each of the key indicators are discussed in the following slides.

Benchmarks: Plan utilisation

This chart shows the distribution of plan utilisation[1] within each combination of:

- participants with SIL supports in their plan

- participants who have received 1, 2, 3, 4, or 5 or more plans since entering the Scheme

A benchmark has been set for each participant based on the mean of the distribution of the category[2] that each participant belongs to. It is worth noting the following:

- Non SIL participants who have been in the Scheme for a longer period of time generally have higher utilisation rates

- SIL participants generally have a higher plan utilisation compared to other participants

Distribution of individual participant plan utilisation, by SIL status and number of plans
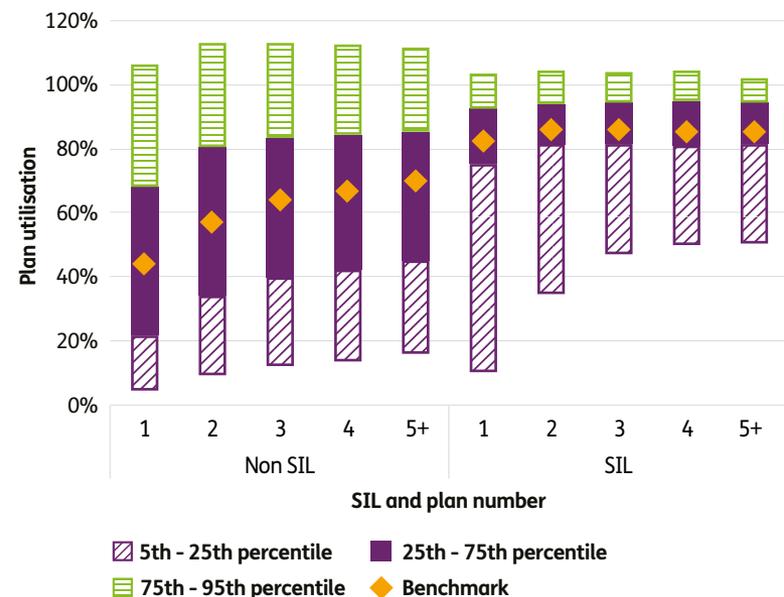
[1] Calculated over the period from 1 October 2018 to 31 March 2019, using data available as at 30 June 2019.

[2] We have also tested the relationship between age and plan utilisation and found that utilisation tends to decrease for older participants. However, we have not allowed for age in the benchmark to be able to identify utilisation trends across age groups, and allowing for age within the benchmark may conceal these trends. We have also confirmed that allowing for age within the benchmark does not materially affect the benchmark at the bilateral region level.

Benchmark: Provider concentration

For provider concentration at the bilateral region level, a fixed benchmark of 85% has been set.

For markets more granular than a bilateral region, e.g. a bilateral region and support category combination, the **unweighted regional average** has been adopted across the Scheme for the support category being assessed.

A similar approach has been adopted **within each segment by participant characteristic** (age group, disability type, level of function, remoteness rating, Indigenous status and CALD status). However, given the more granular nature of a segment for a particular participant characteristic, both the provider concentration metric and the benchmark has been defined using payments to the top 5 providers, instead of the top 10, which is what was adopted at the bilateral region and support category level.

It is worth noting that benchmarks do not explicitly allow for differences in participant characteristics as it is unlikely that the mix of participants in an area would impact provider concentration.

The approach outlined on this slide has also been used for the other provider metrics: participants per provider, provider growth and provider shrinkage.

Benchmarks: outcomes indicator on choice and control

The benchmark for the outcomes indicator on choice and control has been set for each participant based on whether the participant has SIL supports in their plan.

A review of the average outcomes indicator on choice and control showed that participants with SIL supports in their plan generally have a lower indicator compared to participants without SIL supports.

The proportion of participants with SIL supports in their plan has therefore been used as the only factor[2] for determining an appropriate benchmark for a particular market.

	Non SIL	SIL
Number of participants who reported that they choose who supports them in their most recent outcomes framework survey[1]	67k	2k
Number of participants who have a valid response to the question in their most recent outcomes framework survey[1]	126k	17k
Outcomes indicator on choice and control	**54%**	**13%**

[1] Calculated using surveys submitted on or prior to 31 March 2019, from data available as at 30 June 2019.

[2] We have also tested the relationship between the outcomes indicator on choice and control and other key participant characteristics such as the number of plans a participant has received, and age. However, we have opted not to include either of these characteristics in the benchmark.

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