# District / Support Category Summary Dashboard – Non-SIL only – as at 30 June 2020 (with exposure period: 1 October 2019 to 31 March 2020)

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## Page 1, Table 1: Service district summary

For **participants not utilising Supported Independent Living (SIL) supports** across each of the 80 service districts with more than 9 months experience in Scheme, 7 indicators have been calculated. These are:

* Participants per provider;
* Provider concentration;
* Provider growth;
* Provider shrinkage;
* Utilisation;
* Outcomes indicator on choice and control; and
* “Has the NDIS helped with choice and control?” indicator

The number of active (Non-SIL) participants with approved plans, the number of registered active providers, total plan budgets and total payments are also shown. The 7 indicators have a ‘traffic light system’ where the top 10% and bottom 10% of districts – by gap to benchmark – are highlighted.

For (Non-SIL) **participants per provider**, the top 10% districts are as follows.

* Far North (South Australia) has 5.4 participants per provider.
* Fleurieu and Kangaroo Island (South Australia) has 5.8.
* Barkly (Northern Territory) has 3.5.
* Central Australia (Northern Territory) has 3.6.
* Darwin Remote (Northern Territory) has 5.5.
* East Arnhem (Northern Territory) has 4.6.
* Katherine (Northern Territory) has 2.2.
* Wheat Belt (Western Australia) has 4.4.

The bottom 10% districts are as follows.

* Hunter New England (New South Wales) has 15.5 participants per provider.
* Illawarra Shoalhaven (New South Wales) has 13.0.
* Mid North Coast (New South Wales) has 13.3.
* Northern New South Wales (New South Wales) has 14.7.
* Bayside Peninsula (Victoria) has 13.1.
* Northern Adelaide (South Australia) has 17.3.
* Southern Adelaide (South Australia) has 14.5.
* Australian Capital Territory has 16.6.

For **provider concentration**, the top 10% districts are as follows.

* Hunter New England (New South Wales) has provider concentration level of 24%.
* Nepean Blue Mountains (New South Wales) has 34%.
* South Western Sydney (New South Wales) has 25%.
* Sydney (New South Wales) has 35%.
* Western Sydney (New South Wales) has 26%.
* North East Melbourne (Victoria) has 32%.
* Brisbane (Queensland) has 33%.
* Ipswich (Queensland) has 33%.

The bottom 10% districts are as follows.

* Mallee (Victoria) has provider concentration level of 80%.
* Far North (South Australia) has 82%.
* Fleurieu and Kangaroo Island (South Australia) has 81%.
* East Arnhem (Northern Territory) has 91%.
* Goldfields – Esperance (Western Australia) has 88%.
* Great Southern (Western Australia) has 94%.
* Kimberley – Pilbara (Western Australia) has 84%.
* Midwest – Gascoyne (Western Australia) has 93%.

For **provider growth**, the top 10% districts are as follows.

* Goulbourn (Victoria) has provider growth of 39% since the previous exposure period.
* Caboolture / Strathpine (Queensland) has 35%.
* Barkly (Northern Territory) has 46%.
* Central North Metro (Western Australia) has 70%.
* Goldfields – Esperance (Western Australia) has 45%.
* Great Southern (Western Australia) has 86%.
* Midwest – Gascoyne (Western Australia) has 100%.
* South East Metro (Western Australia) has 79%.

The bottom 10% districts are as follows.

* Mid North Coast (New South Wales) has provider growth of 8% since the previous exposure period.
* Central Highlands (Victoria) has 7%.
* Mackay (Queensland) has 7%.
* Townsville (Queensland) has 8%.
* Barossa, Light and Lower North (South Australia) has 4%.
* Eyre and Western (South Australia) has 3%.
* Limestone Coast (South Australia) has 8%.
* Australian Capital Territory has 8%.

For **provider shrinkage**, the top 10% districts are as follows.

* Mallee (Victoria) has provider shrinkage of 7% since the previous exposure period.
* Caboolture / Strathpine (Queensland) has 6%.
* East Arnhem (Northern Territory) has 7%.
* Central North Metro (Western Australia) has 2%.
* Goldfields – Esperance (Western Australia) has 0%.
* Kimberley – Pilbara (Western Australia) has 4%.
* Midwest – Gascoyne (Western Australia) has 0%.
* South East Metro (Western Australia) has 7%.

The bottom 10% districts are as follows.

* Mid North Coast (New South Wales) has provider shrinkage of 35% since the previous exposure period.
* Northern New South Wales (New South Wales) has 31%.
* Western District (Victoria) has 26%.
* Eyre and Western (South Australia) has 28%.
* Far North (South Australia) has 26%.
* Limestone Coast (South Australia) has 36%.
* Southern Adelaide (South Australia) has 27%.
* Central Australia (Northern Territory) has 29%.

For **utilisation**, the top 10% districts are as follows.

* South Western Sydney (New South Wales) has utilisation of 71%.
* Western Sydney (New South Wales) has 70%.
* Hume Moreland (Victoria) has 64%.
* Southern Melbourne (Victoria) has 63%.
* Maroochydore (Queensland) has 62%.
* Robina (Queensland) has 67%.
* Central South Metro (Western Australia) has 61%.
* South West (Western Australia) has 60%.

The bottom 10% districts are as follows.

* Eyre and Western (South Australia) has utilisation of 48%.
* Far North (South Australia) has 33%.
* Limestone Coast (South Australia) has 51%.
* Barkly (Northern Territory) has 29%.
* Darwin Remote (Northern Territory) has 40%.
* East Arnhem (Northern Territory) has 32%.
* Goldfields – Esperance (Western Australia) has 43%.
* Midwest – Gascoyne (Western Australia) has 36%.

For **outcomes indicator on choice and control**, the top 10% districts are as follows.

* Barwon (Victoria) has an outcomes indicator on choice and control of 67%.
* Inner Gippsland (Victoria) has 64%.
* Eastern Adelaide (South Australia) has 64%.
* Eyre and Western (South Australia) has 65%.
* Limestone Coast (South Australia) has 67%.
* TAS South West (Tasmania) has 65%.
* Australian Capital Territory has 67%.
* Barkly (Northern Territory) has 71%.

The bottom 10% districts are as follows.

* South Eastern Sydney (New South Wales) has an outcomes indicator on choice and control of 47%.
* South Western Sydney (New South Wales) has 46%.
* Sydney (New South Wales) has 46%.
* Central Australia (Northern Territory) has 44%.
* Darwin Remote (Northern Territory) has 41%.
* East Arnhem (Northern Territory) has 43%.
* Katherine (Northern Territory) has 30%.
* Goldfields – Esperance (Western Australia) has 44%.

For **“Has the NDIS helped with choice and control?” indicator**, the top 10% districts are as follows.

* Southern New South Wales (New South Wales) has an indicator of 78%.
* Beenleigh (Queensland) has 79%.
* Bundaberg (Queensland) has 78%.
* Maroochydore (Queensland) has 82%.
* Maryborough (Queensland) has 78%.
* Toowoomba (Queensland) has 79%.
* Katherine (Northern Territory) has 80%.
* Great Southern (Western Australia) has 100%.

The bottom 10% districts are as follows.

* Brimbank Melton (Victoria) has an indicator of 59%.
* Adelaide Hills (South Australia) has 58%.
* Far North (South Australia) has 46%.
* Limestone Coast (South Australia) has 53%.
* Barkly (Northern Territory) has 50%.
* Darwin Remote (Northern Territory) has 34%.
* East Arnhem (Northern Territory) has 34%.
* Goldfields – Esperance (Western Australia) has 46%.

## Page 2, Table 1: Support category summary, for all service districts

For each of the 15 support categories, the same 7 indicators have been calculated. The number of active (Non-SIL) participants with approved plans, the number of registered active providers, total plan budgets and total payments are also shown. The 7 indicators have a ‘traffic light system’ where the top 10% and bottom 10% of support categories – by gap to benchmark – are highlighted.

For **participants per provider**, the top 10% support categories are as follows.

* Capacity Building – Home Living has 14.1 participants per provider.
* Capacity Building – Lifelong Learning has 5.1.

The bottom 10% support categories are as follows.

* Core – Consumables has 157.6 participants per provider.
* Core – Transport has 313.5.

For **provider concentration**, the top 10% support categories are as follows.

* Core - Community has a provider concentration level of 19%.
* Capacity Building – Support Coordination has 13%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has a provider concentration level of 44%.
* Capacity Building – Lifelong Learning has 83%.

For **provider growth**, the top 10% support categories are as follows.

* Capital – Assistive Technology has provider growth of 29% since the previous exposure period.
* Capital – Home Modifications has 30%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has a provider growth of 0% since the previous exposure period.
* Capacity Building – Lifelong Learning has 0%.

For **provider shrinkage**, the top 10% support categories are as follows.

* Capacity Building – Choice and Control has provider shrinkage of 2% since the previous exposure period.
* Capacity Building – Lifelong Learning has 0%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has provider shrinkage of 33% since the previous exposure period.
* Capacity Building – Social and Civic has 24%.

For **utilisation**, the top 10% support categories are as follows.

* Core – Transport has a utilisation rate of 103%.
* Capacity Building – Choice and Control has 94%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has a utilisation rate of 16%.
* Capacity Building – Lifelong Learning has 16%.

For **outcomes indicator on choice and control**, the top 10% support categories are as follows.

* Capital – Assistive Technology has an outcomes indicator of 67%.
* Capital – Home Modifications has 69%.

The bottom 10% support categories are as follows.

* Capacity Building – Lifelong Learning has an outcomes indicator 42%.
* Capacity Building – Relationships has 23%.

For **“Has the NDIS helped with choice and control?” indicator**, the top 10% support categories are as follows.

* Capacity Building – Health and Wellbeing has an indicator of 77%.
* Capital – Home Modifications has 76%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has an indicator of 62%.
* Capacity Building – Relationships has 64%.

## Page 2, Table 2: Definitions for the indicators

* **Active participants with approved plans** is defined as the number of active participants who have an approved plan and reside in the district / have supports relating to the support category in their plan.
* **Registered active providers** is defined as the number of registered service providers that have provided a support to a participant within the district / support category, over the exposure period.
* **Participants per provider** is defined as the ratio between the number of active participants and the number of registered service providers.
* **Provider concentration** is defined as the proportion of provider payments over the exposure period that were paid to the top 10 providers.
* **Provider growth** is defined as the proportion of providers for which payments have grown by more than 100% compared to the previous exposure period. Only providers that received more than $10,000 in payments in both exposure periods have been considered.
* **Provider shrinkage** is defined as the proportion of providers for which payments have shrunk by more than 25% compared to the previous exposure period. Only providers that received more than $10,000 in payments in both exposure periods have been considered.
* **Total plan budgets** is defined as the value of supports committed in participant plans for the exposure period.
* **Payments** is defined as the value of all payments over the exposure period, including payments to providers, payments to participants, and off-system payments (in-kind and Younger People In Residential Aged Care).
* **Utilisation** is defined as the ratio between payments and total plan budgets.
* **Outcomes indicator on choice and control** is defined as the proportion of participants who reported in their most recent outcomes survey that they choose who supports them.
* **“Has the NDIS helped with choice and control?”** indicator is defined as the proportion of participants who reported in their most recent outcomes survey that the NDIS has helped with choice and control.
* Note: For some metrics – ‘good’ performance is considered a higher score under the metric. For example, high utilisation rates are considered a sign of a functioning market where participants have access to the supports they need. For other metrics, a ‘good’ performance is considered a lower score under the metric. For example, a low provider concentration is considered a sign of a competitive market.