



The NDIS Market

30 June 2020

National Disability Insurance Agency

ndis

Outline



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 - Far North (SA)
 - Katherine (NT)
 - Limestone Coast (SA)

01.

Introduction

Background



The purpose of the National Disability Insurance Scheme (NDIS) is to provide reasonable and necessary funding to people with a permanent and significant disability so that they may access the supports and services they need to achieve their goals. Participants receive individual budgets from which they choose the providers to support them.

This report is the latest update (using data as at 30 June 2020) to the biannual report on the NDIS market. The previous report was released in March 2020 (using data as at 31 December 2019). The aim of this report is to support the purpose of the NDIS by comparing a number of market indicators across geographical districts and participant characteristics to identify “hot spots” where support provision is comparatively lower or higher than the rest of the NDIS market. This report is updated every 6 months.

As at 30 June 2020, the Scheme had just under 392,000 active participants with approved plans, residing across 80 service districts.¹ This analysis covers all 80 of these districts - compared with the previous report where 76 districts were included in the analysis (as we only included districts that have been operating in the NDIS for at least a year as at 31 December 2019).

Accompanying this presentation are dashboards showing the market indicators for each Service District and LGA (where the LGA has more than 10 NDIS participants), using data as at 30 June 2020

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 districts, which are based on combinations of Local Government Areas (LGAs).

Active participants, plan budgets and payments over time

The number of participants, plan budgets and payments has grown rapidly since scheme inception. This growth is expected to continue until the scheme reaches maturity, supporting an estimated 500,000 Australians within three years time.

	Trial years	2016-17	2017-18	2018-19	2019-20 YTD*
Active participants	29,719	89,610	172,333	286,015	391,999
Total committed (\$m)	1,568.8	3,234.4	7,741.7	14,554.0	24,163.9
Total paid (\$m)	1,161.0	2,184.9	5,428.4	10,362.9	16,114.9
% utilised to date	74%	68%	70%	71%	

* Data provided is based on the Q4 2019-20 reporting. There is a lag between when support is provided and when it is paid – hence, payments will increase.

Payments by support category



The level of payments vary between support categories, with the largest three being Core – Daily Activities, Core – Community and Capacity Building – Daily Activities

Support category	Trial years	2016-17	2017-18	2018-19	2019-2020 YTD*	2019-2020 % YTD
Core - Transport	25.3	101.3	245.3	421.4	589.3	3.7%
Core - Daily Activities	443.3	1,332.2	3,143.5	5,927.7	9,000.6	55.9%
Core - Consumables	8.6	13.2	58.2	135.5	273.9	1.7%
Core - Community	184.2	312.6	920.8	1,832.5	2,771.7	17.2%
Capital - Home Modifications	7.2	17.6	48.6	90.6	163.0	1.0%
Capital - Assistive Technology	46.2	44.6	163.3	280.2	545.9	3.4%
Capacity Building - Support Coordination	24.6	56.1	138.7	238.0	402.7	2.5%
Capacity Building - Social and Civic	8.5	19.3	28.5	49.4	73.9	0.5%
Capacity Building - Relationships	7.3	8.1	28.4	69.9	116.8	0.7%
Capacity Building - Lifelong Learning	0.7	0.1	0.1	0.1	0.1	0.0%
Capacity Building - Home Living	0.8	0.6	0.4	0.6	0.6	0.0%
Capacity Building - Health and Wellbeing	4.9	2.7	7.6	19.7	29.1	0.2%
Capacity Building - Employment	17.6	38.3	128.9	205.2	228.4	1.4%
Capacity Building - Daily Activities	157.8	194.3	452.3	940.6	1,727.2	10.7%
Capacity Building - Choice and Control	1.5	5.5	23.3	77.3	173.6	1.1%
Other	222.6	37.4	35.3	74.1	18.2	0.1%
Total	1,161.1	2,184.9	5,428.4	10,362.9	16,114.9	100%

Key indicators for monitoring the NDIS market

Plan utilisation

For support provided between 1 October 2019 and 31 March 2020, 70% had been utilised nationally, based on data at 30 June 2020.¹

There are reasons why some participants are not utilising all of their plans – these 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.

Significant insights can be drawn by understanding how utilisation differs from this national average (“the benchmark”) across service districts, participant cohorts, and support categories. In order to compare districts, 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 to 62%)
- 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 plan compared with 79% for participants on their fifth plan).

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

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 district 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. The provider concentration metric is defined as the proportion of total provider payments made to the top ten 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 district and a high provider concentration might suggest that there is insufficient competition in a district, and that further investment could be of benefit. Districts that have recently phased into the Scheme tend to have high concentration levels as providers are likely to still be entering the market.

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 district. On average across districts, 60% of payments go to the largest ten providers. In this analysis, some districts 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

Choice and control

The NDIS outcomes framework survey includes 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.

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 district and measured against a national benchmark that takes account of differences in the response rate arising from whether a participant receives SIL supports.

- Nationally, 51% of participants aged 15 years and over indicated that they choose who supports them, and 71% indicated that the NDIS has helped with choice and control.

- Over time, it is expected that these percentages will increase – however, understanding how different districts, 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 districts are more than ten percentage points below or above this benchmark indicates possible thin markets and markets that are doing relatively better than other districts. Some districts that differ substantially from the benchmark are analysed in more detail in this document, including looking at participant characteristics and support categories within the district.

Summary of indicators across market segments

The key indicators have been calculated over the period from 1 October 2019 to 30 March 2020, using data available as at 30 June 2020, and are presented by:

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

On the dashboards (which can be downloaded from the NDIA Market report website), the indicators are presented both including and excluding participants in supported independent living (SIL).

An appropriate benchmark² is also presented for each indicator and market segment.

Key indicators¹

Indicator	Definition
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

¹ Full definitions of each indicator, including the period over which they are measured, are provided in Appendix A of the June 2019 NDIS Market report.

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 service districts 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 districts

Prior analysis indicates that key indicators at the service district level may be correlated to the size of the particular service district (for example, provider concentration was generally higher for smaller districts).

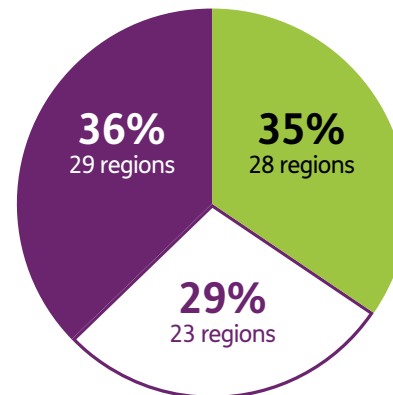
To mitigate this effect, each service district has been allocated into one of three categories for comparison against other districts of similar size. The categories have been defined by the value of total plan budgets over the period from 1 October 2019 to 31 March 2020. The three categories are:

- Less than \$75m in total plan budgets
- \$75m to \$175m in total plan budgets
- Greater than \$175m in total plan budgets

The chart on the right shows the number and proportion of service districts that have been allocated to each category.

There are four districts that have been included in the analysis that were not in previous reports – these are Central North Metro, Great Southern, Midwest-Gascoyne and South East Metro – all in WA. These districts had been in scheme for less than one year at the time of the previous analysis.

Allocation of service districts



- < \$75m in total plan budgets
- \$75m to \$175m
- > \$175m

¹ Note that in the December 2019 report, the category thresholds were \$50m and \$150m. Over time districts grow as more participants enter the Scheme, so necessitating a periodic redefinition of the total plan budget categories.

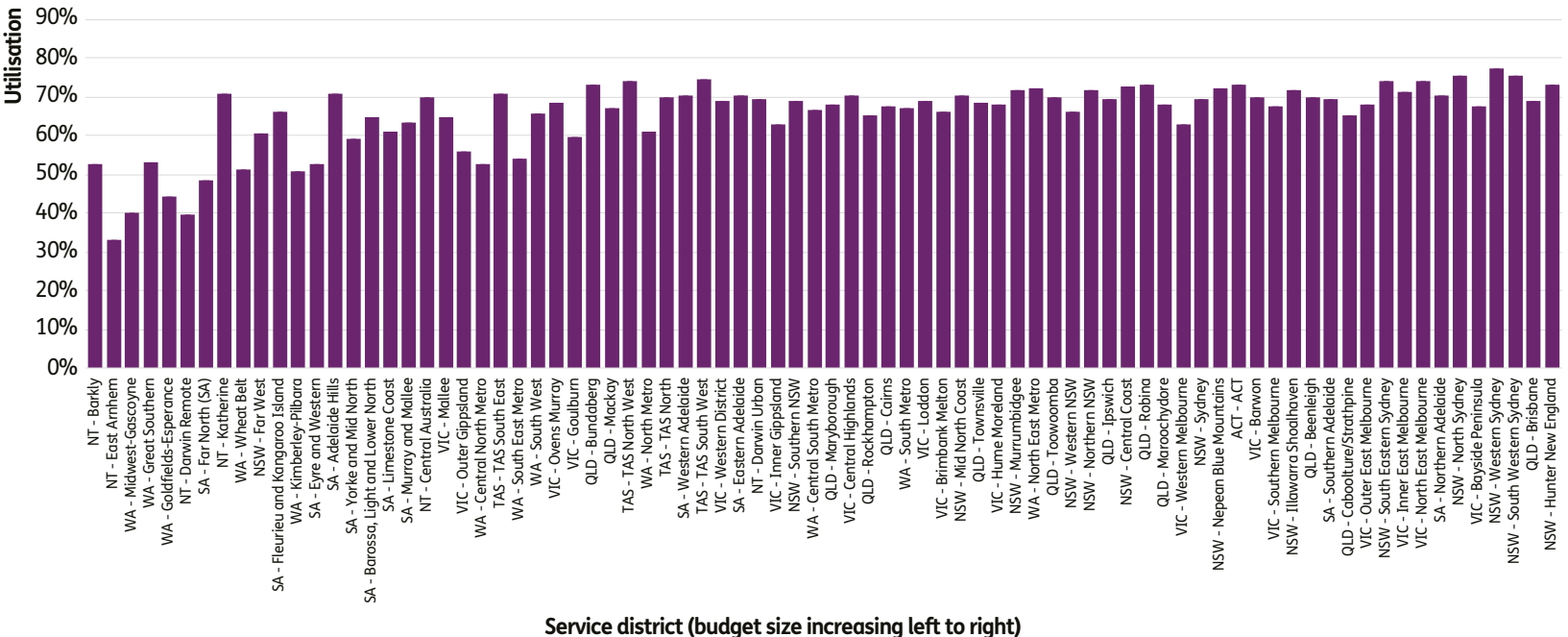
02.

Key insights

covering the period from October 2019 to March 2020

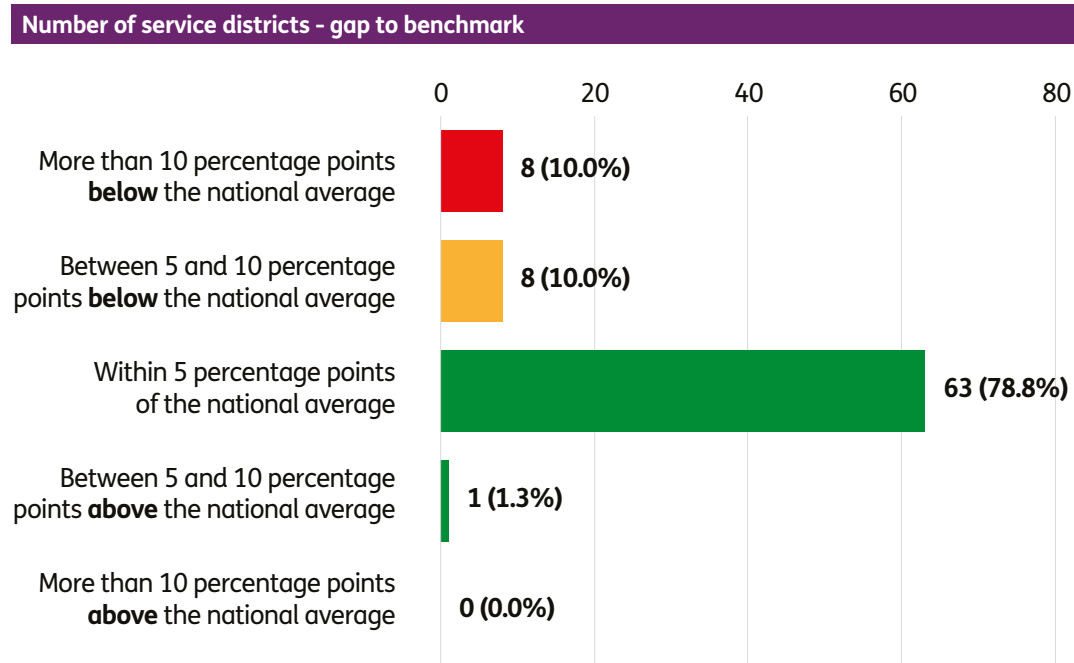
Analysis of utilisation against the districts ordered by budget size indicates some positive correlation

Ordering districts by budget size indicates that larger districts tend to have higher utilisation rates (see chart below) – however this effect levels out.



The correlation coefficient is 0.54. A correlation coefficient above zero indicates that there is a positive relationship between size and utilisation rates – i.e. as budget size increases, so do utilisation rates for a district. The size of the co-efficient (between zero and one) indicates the strength of the relationship. A coefficient of 0.54 indicates a relationship, but the relationship is not overly strong (in the chart above the relationship appears strongest for districts with smaller budgets).

Plan utilisation was more than 10% below the benchmark for eight service districts



The chart on the left shows the distribution of the gap between the plan utilisation indicator¹ and the benchmark², for each of the 80 service districts.

The benchmark 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, one district had a utilisation rate that was 5 to 10% greater than their benchmark, whereas eight districts had a utilisation rate more than 10% lower than their benchmark.

The majority (78.8%) of districts are within 5 percentage points of their benchmark.

¹ Calculated over the period from 1 October 2019 to 31 March 2020, using data available as at 30 June 2020

² Further detail on benchmarks is provided in Appendix B

The majority of districts more than 5% below the national average benchmark have annualised plan budgets of less than \$100m

Between 5 and 10 percentage points below national average					
Region	State/Territory	Utilisation	Benchmark	Active participants	Annualised plan budget (\$m)
Central Australia	NT	70%	75%	459	\$95
Western NSW	NSW	66%	72%	4,939	\$373
Katherine	NT	71%	77%	155	\$28
Far West	NSW	61%	67%	504	\$37
Murray and Mallee	SA	63%	71%	1,380	\$87
Wheat Belt	WA	51%	59%	719	\$35
Kimberley-Pilbara	WA	51%	59%	896	\$64
Yorke and Mid North	SA	59%	68%	1,372	\$71

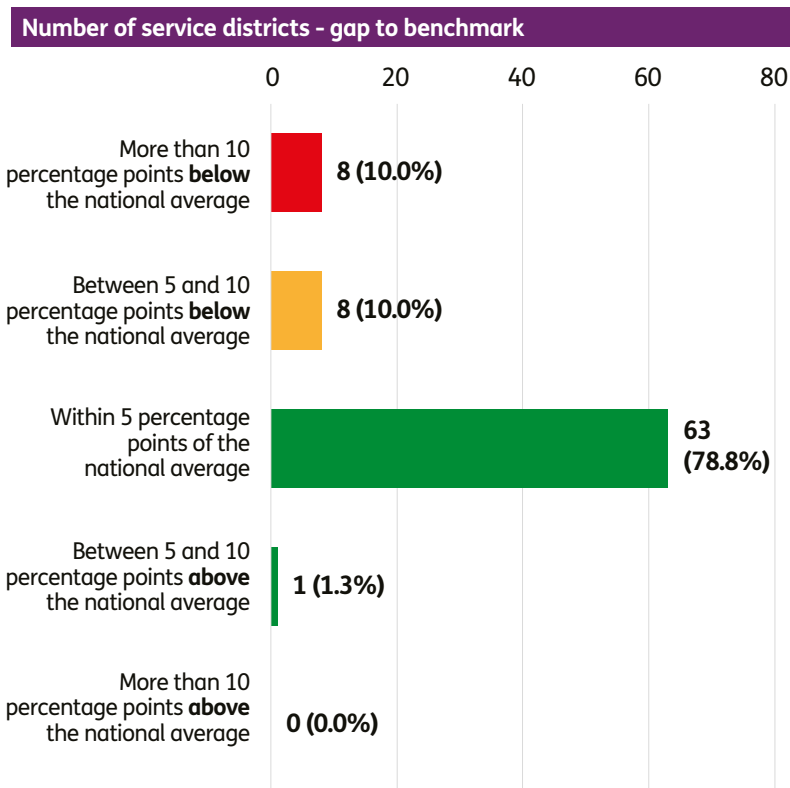
More than 10 percentage points below national average					
Region	State/Territory	Utilisation	Benchmark	Active participants	Annualised plan budget (\$m)
Limestone Coast	SA	61%	73%	1,116	\$76
Midwest-Gascoyne	WA	40%	52%	469	\$19
Goldfields-Esperance	WA	44%	57%	431	\$23
Eyre and Western	SA	53%	67%	1,004	\$65
Far North (SA)	SA	48%	69%	395	\$27
Darwin Remote	NT	40%	60%	302	\$24
Barkly	NT	53%	75%	153	\$18
East Arnhem	NT	33%	66%	175	\$19

- ‘National average’ on this context refers to the benchmark used for that district – which is the national average utilisation rate adjusted to reflect SIL category and plan number profile of the district in question.
- The tables above lists the districts that were between five and ten percentage points and more than ten percentage points below the national average.

The number of districts with an overall utilisation rate more than 10% below national average has not changed between December 2019 and June 2020

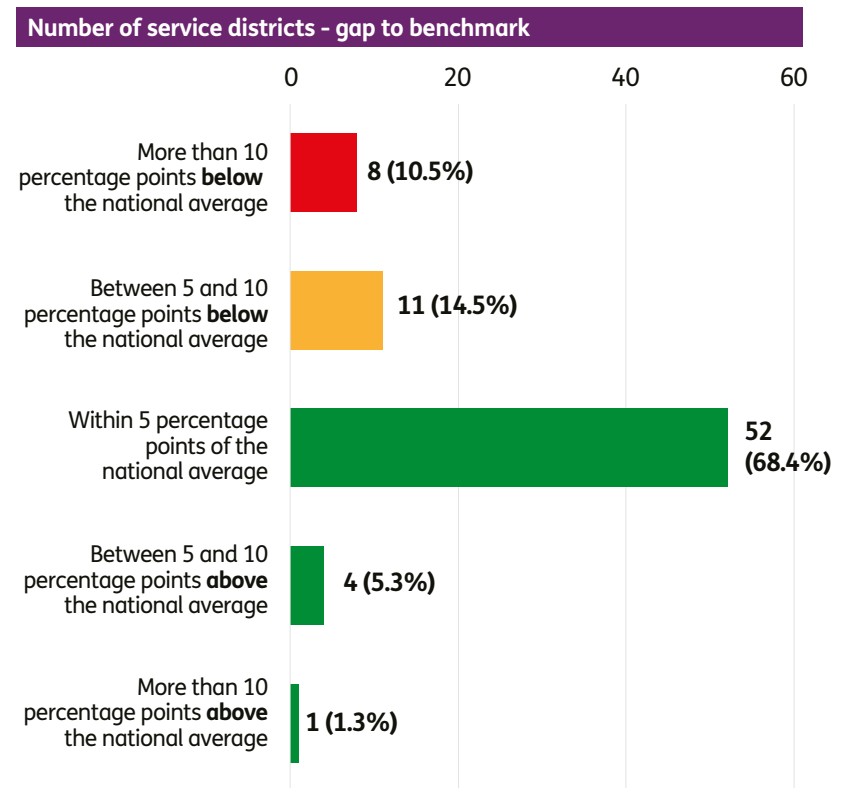
Utilisation

Service district gap to benchmark – June 2020



Utilisation

Service district gap to benchmark – December 2019

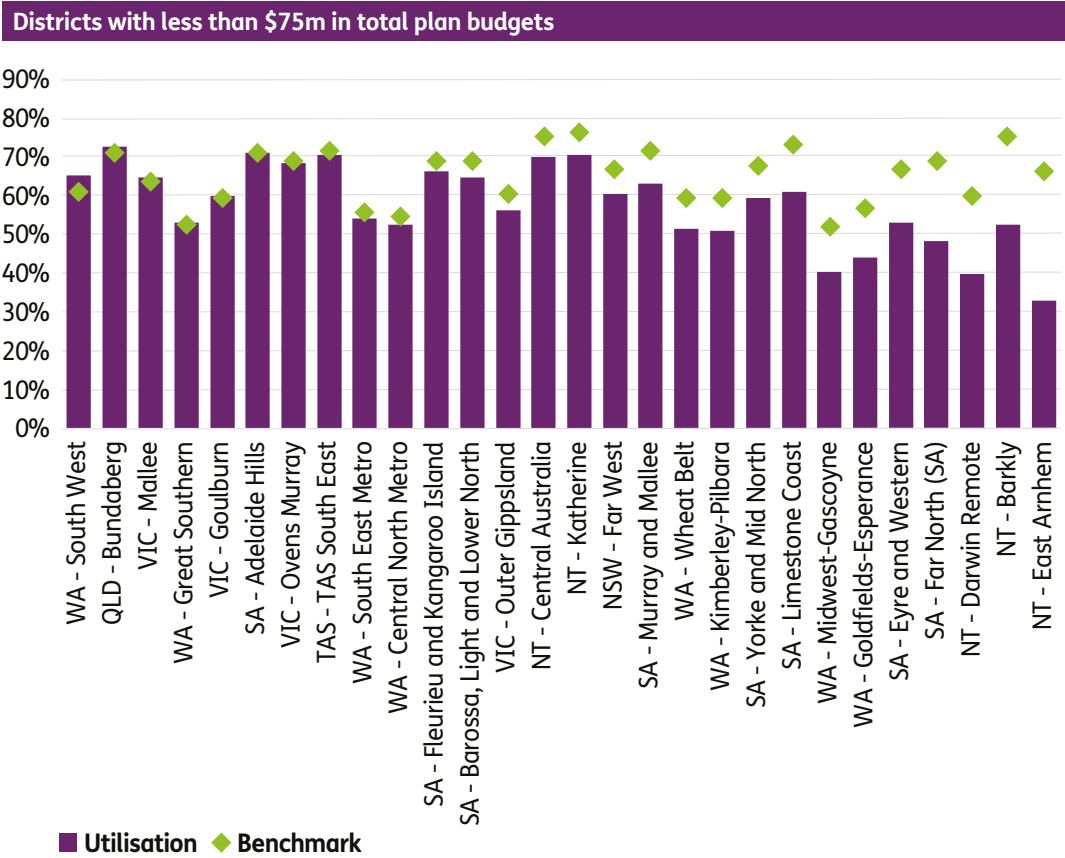


Overall utilisation rates have risen slightly across Australia

National utilisation rate has risen from 69% to 70% between end December 2019 and end June 2020 and the benchmark charts (preceding slide) show that districts are shifting to levels of utilisation nearer to benchmark.

- As shown in the charts on the preceding slide, at the end of December 2019 there were 19 districts with utilisation rates more than 5% below their benchmark. At the end of June 2020 this had fallen to 16.
- However, at the end of December 2019, there were 5 districts with utilisation rates more than 5% above their benchmark. At the end of June 2020 this had fallen to 1.
- Overall this indicates a shift in some regions greatly above or below the benchmark that are moving back in line with their benchmark.
- Outer Gippsland and Kimberley-Pilbara were more than 10% below their benchmarks at the end of December 2019 but have now moved out of this category. Limestone Coast and Midwest-Gascoyne have moved into this category.

15 of 28 small districts were more than 5% below the utilisation benchmark



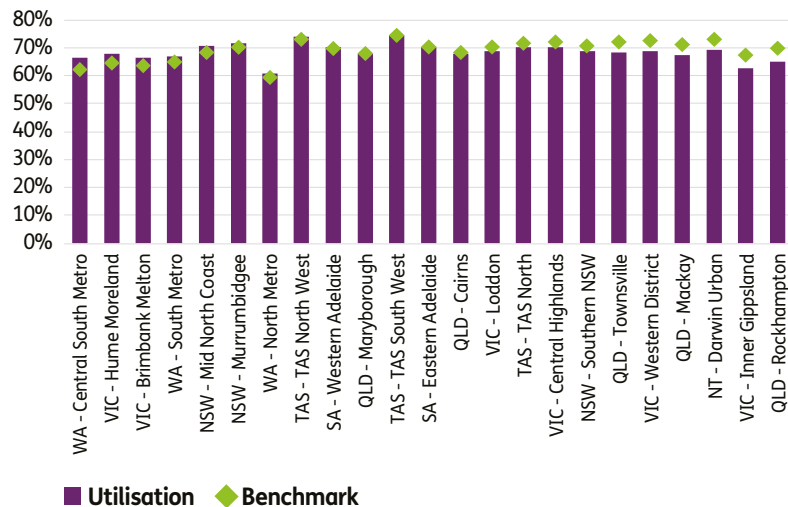
The chart on the left shows plan utilisation for each of the service districts that had less than \$75m in total plan budgets for the period – arranged in order of gap between utilisation rate and benchmark.

East Arnhem (NT) had a utilisation rate more than 33% below its benchmark.

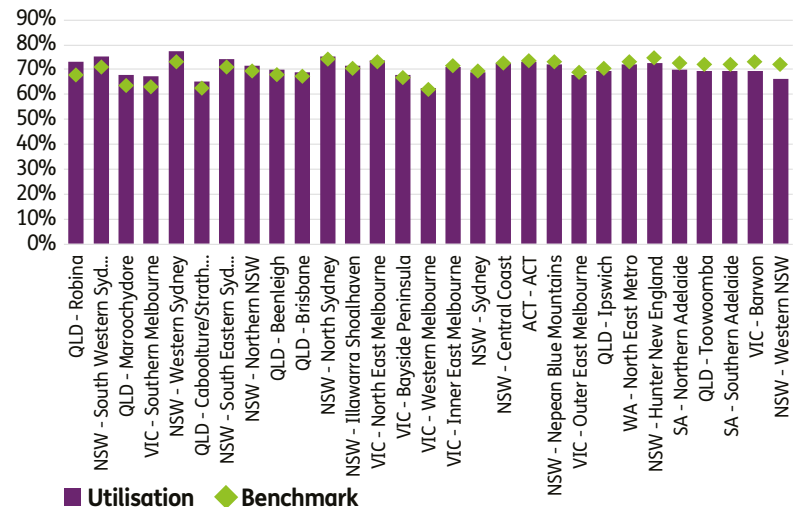
The table on slide 15 lists the eight districts that are more than 10% below the benchmark.

Plan utilisation for all districts with total plan budgets greater than \$75m were within ten percentage points of the benchmark

Districts with \$75m to \$175m in total plan budgets



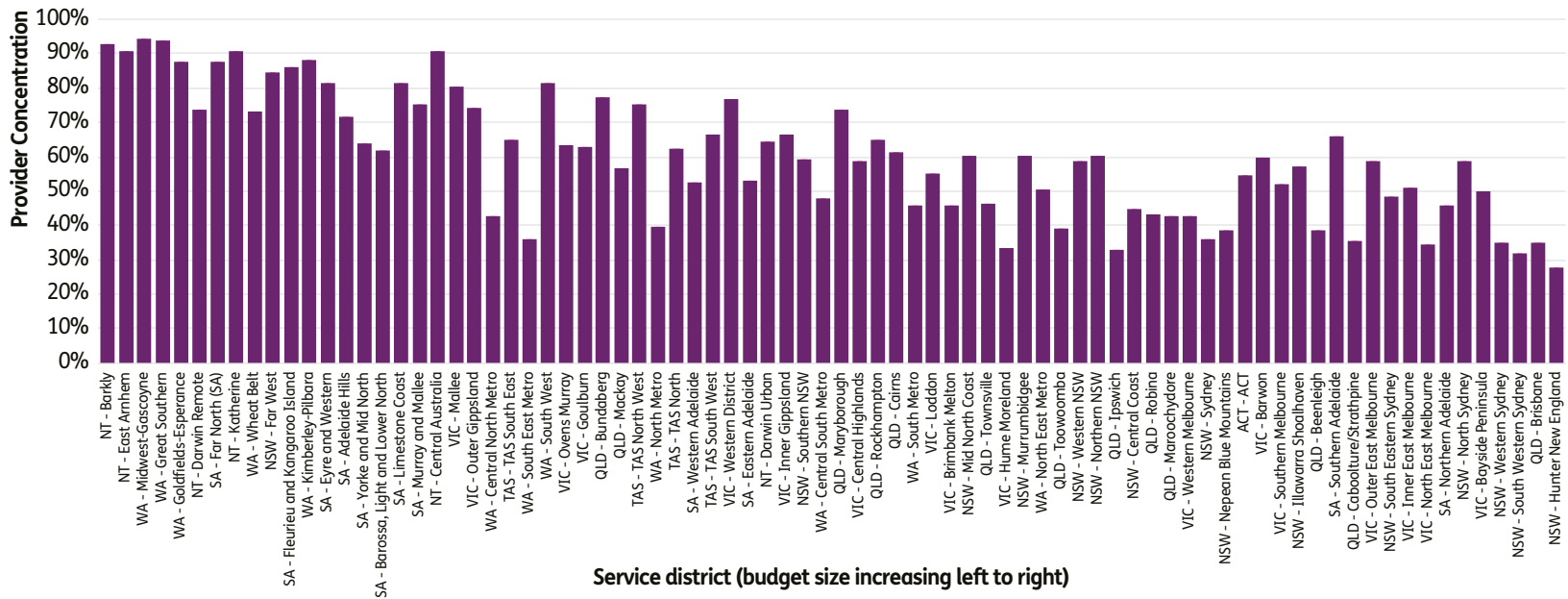
Districts with greater than \$175m in total plan budgets



- The above charts show plan utilisation for each of the service districts that had \$75m to \$175m and greater than \$175m in total plan budgets for the period. None of these districts had plan utilisation of more than 10% below the benchmark or more than 10% above the benchmark.
- For districts with \$75m to \$175m in total plan budgets, Central South Metro in Western Australia showed the highest utilisation above benchmark (utilisation rate of 67%, benchmark of 62%) and Rockhampton in Queensland showed the lowest utilisation below benchmark (utilisation rate of 65%, benchmark of 70%).
- For districts with greater than \$175m in total plan budgets, Robina in Queensland showed the highest utilisation above benchmark (utilisation rate of 73%, benchmark of 68%) and Western New South Wales showed the lowest utilisation below benchmark (utilisation rate of 66%, benchmark of 72%).

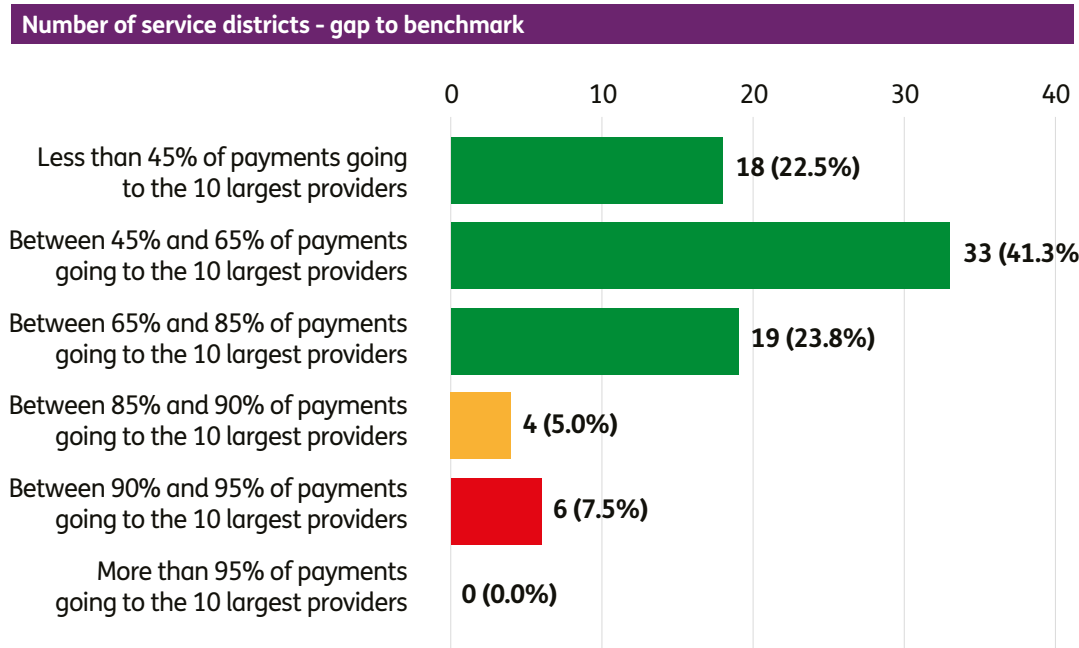
Provider concentration tends to fall as total budget increases

Ordering districts by budget size indicates that larger districts have lower provider concentration (see chart below). Districts with large budgets are likely to be populous districts (e.g. urban areas) and these tend to have a larger number of providers.



The correlation coefficient is -0.70. A correlation coefficient below zero indicates that there is a negative relationship between size and provider concentration – i.e. as budget size increases, provider concentration decreases. The size of the co-efficient (between zero and one) indicates the strength of the relationship. A coefficient of -0.70 indicates a moderately strong relationship.

Provider concentration was above the benchmark of 85% for ten service districts, all with total plan budgets below \$75m



The chart on the left shows the number of service districts that have provider concentration¹ above or below the benchmark, as well as the size of the gap. The benchmark² has been set at 85% for all districts.

Overall, ten out of 80 districts (12.5%) were above the benchmark.

18 out of 80 districts (22.5%) were more than 40% below the benchmark.

¹ Calculated over the period from 1 October 2019 to 31 March 2020, using data available as at 30 June 2020

² Further detail on benchmarks is provided in Appendix B

The majority of districts above the provider concentration benchmark were in NT and WA.

Between 90% to 95% of payments going to the 10 largest providers					
Region	State/Territory	Provider concentration	Benchmark	Active participants	Annualised plan budget (\$m)
Midwest-Gascoyne	WA	94%	85%	469	\$19
Great Southern	WA	94%	85%	565	\$21
Barkly	NT	93%	85%	153	\$18
East Arnhem	NT	91%	85%	175	\$19
Katherine	NT	91%	85%	155	\$28
Central Australia	NT	91%	85%	459	\$95

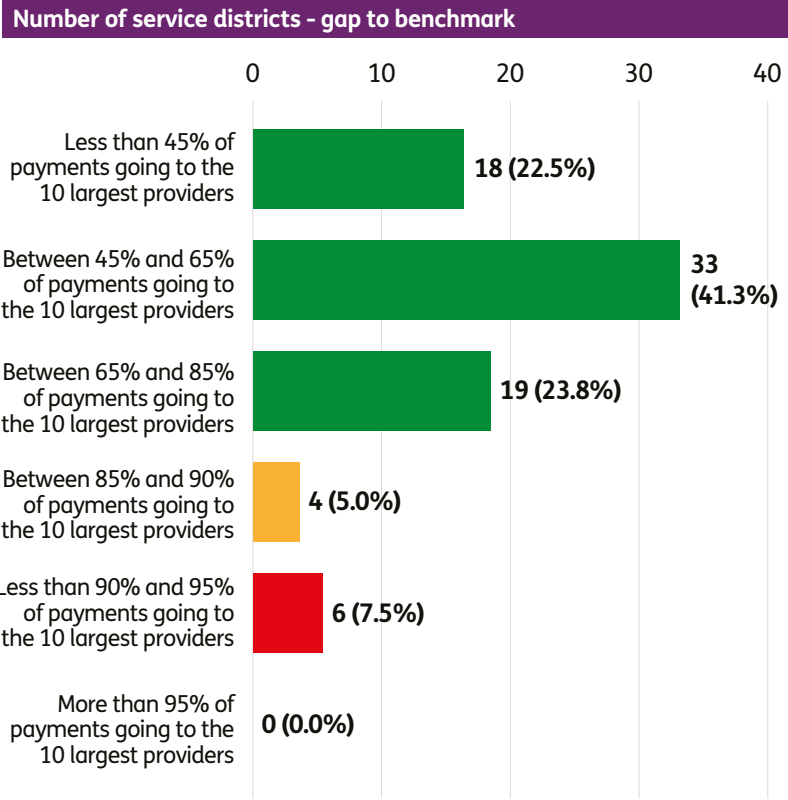
Between 85% to 90% of payments going to the 10 largest providers					
Region	State/Territory	Provider concentration	Benchmark	Active participants	Annualised plan budget (\$m)
Kimberley-Pilbara	WA	88%	85%	896	\$64
Goldfields-Esperance	WA	88%	85%	431	\$23
Far North (SA)	SA	87%	85%	395	\$27
Fleurieu and Kangaroo Island	SA	86%	85%	888	\$57

- The table above lists the districts that were above the provider concentration benchmark.
- As the table shows, four of the ten districts are in the Northern Territory and four are in Western Australia.
- All of the districts have less than \$100m in total plan budgets (annualised).

The distribution of provider concentration by district has not changed greatly since December 2019

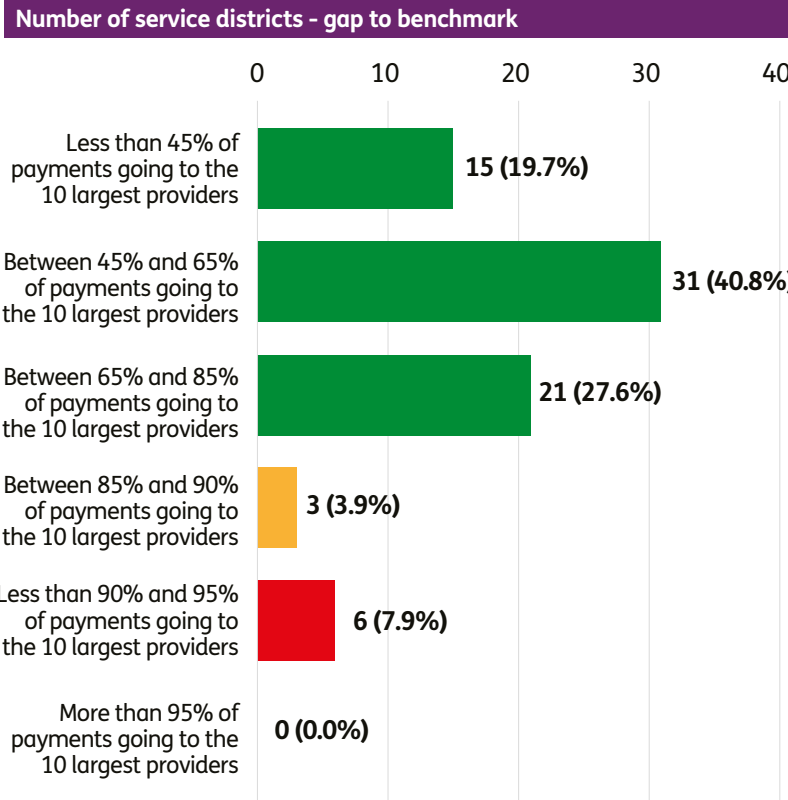
Provider concentration

Service district gap to benchmark – June 2020



Provider concentration

Service district gap to benchmark – December 2019

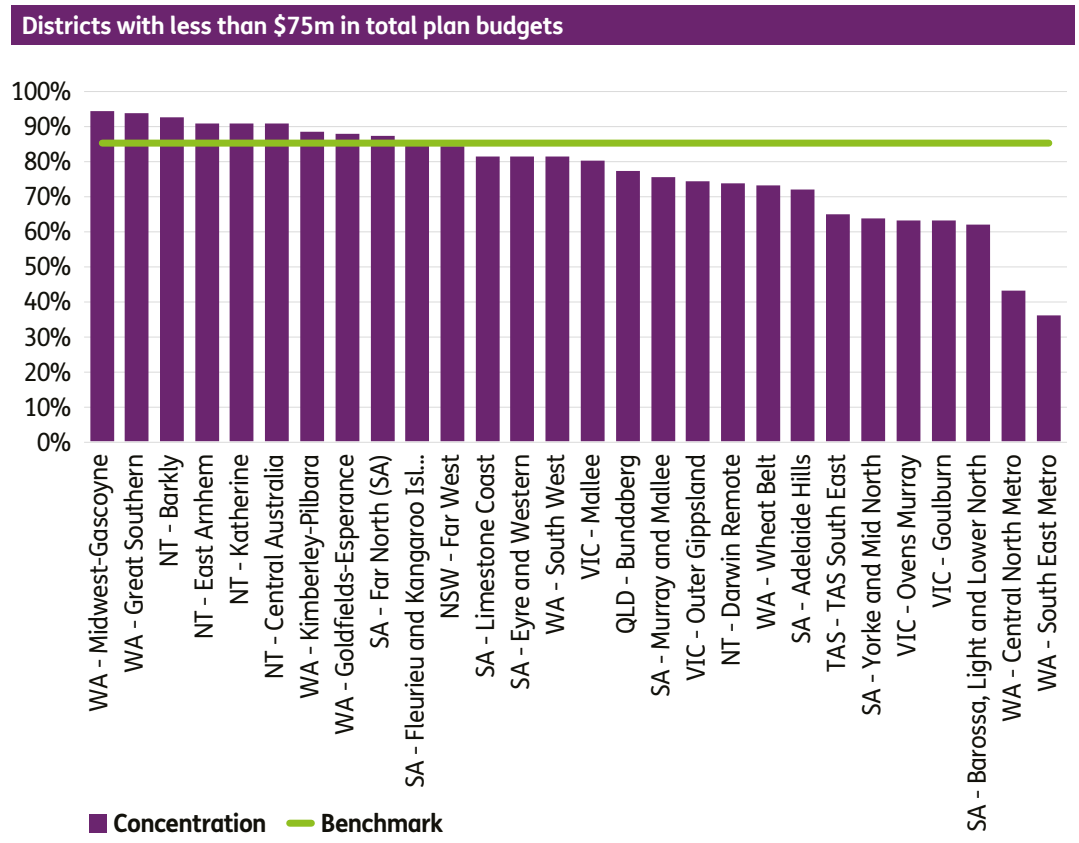


Provider concentration has remained relatively stable since December 2019

The average level of provider concentration across districts in Australia has fallen from 61% to 60%. Overall this indicates a slight improvement since the December 2019 NDIS Market Report.

- As shown on the charts on the preceding slide, the number of districts above the benchmark (85% of provider payments made to the top ten providers that received the most payments in the exposure period) has risen from nine (out of 76) to ten (out of 80).
- Midwest-Gascoyne and Great Southern (both WA) are districts with provider concentration above benchmark that had not been covered in the analysis before.
- South West (WA) has fallen below the benchmark for provider concentration.
- The number of districts below the benchmark has increased from 67 (out of 76) to 70 (out of 80).
- This is due to a move by South West (WA) which has seen a fall in provider concentration and the introduction of Central North Metro and South East Metro to the analysis.
- The proportion of the overall split (between '65% to 85%', '45% to 65%' and 'below 45%' of payments goes to top ten providers) has not significantly changed since December 2019.
- Similar results in June 2019 indicate that provider concentration is a relatively stable metric.

All the districts above the provider concentration benchmark had less than \$75m in total plan budgets



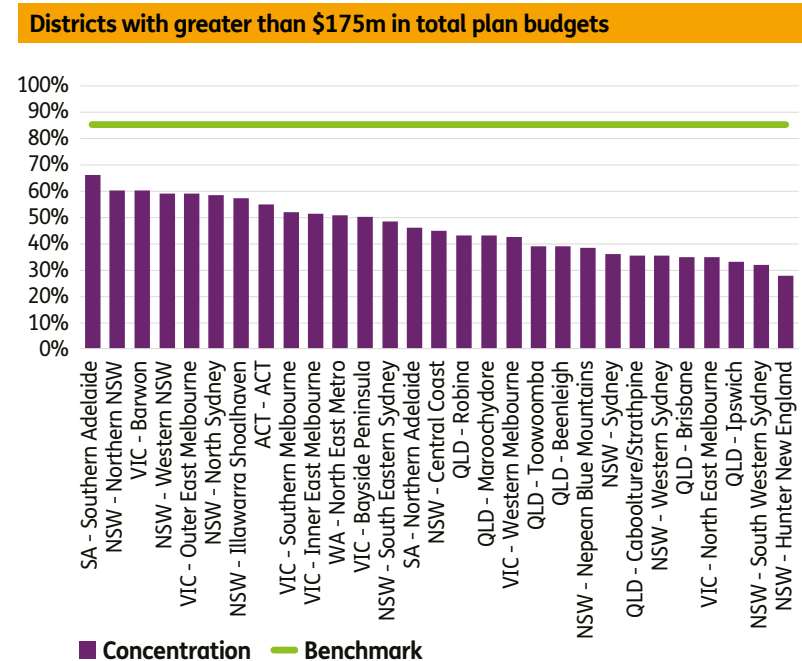
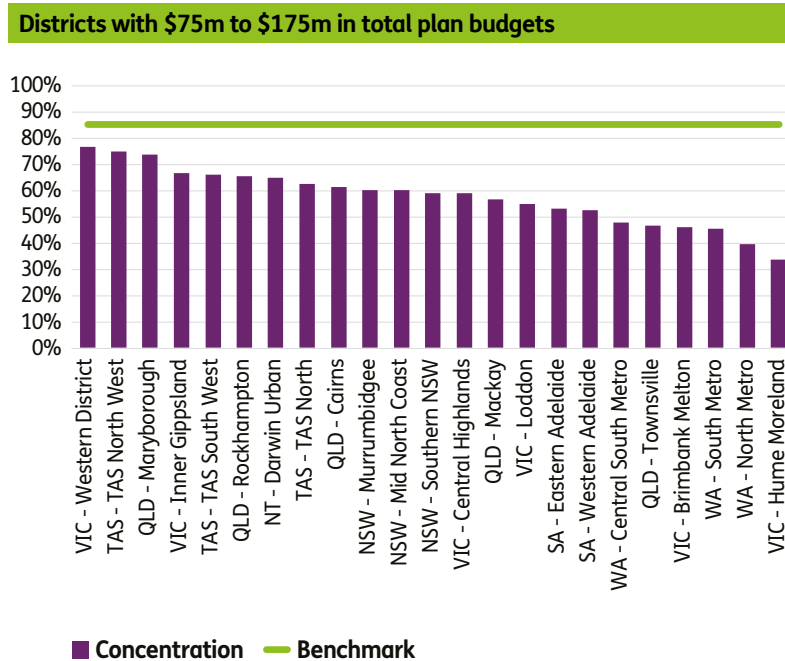
The chart on the left provides further insight into each service district with less than \$75m in total plan budgets over the period.

The two service districts with the highest provider concentration are Midwest-Gascoyne and Great Southern – both in Western Australia. At 94%, this is the highest concentration across all service districts in Australia.

These districts are both new to the analysis and have been in Scheme for one year as at 30 June 2020.

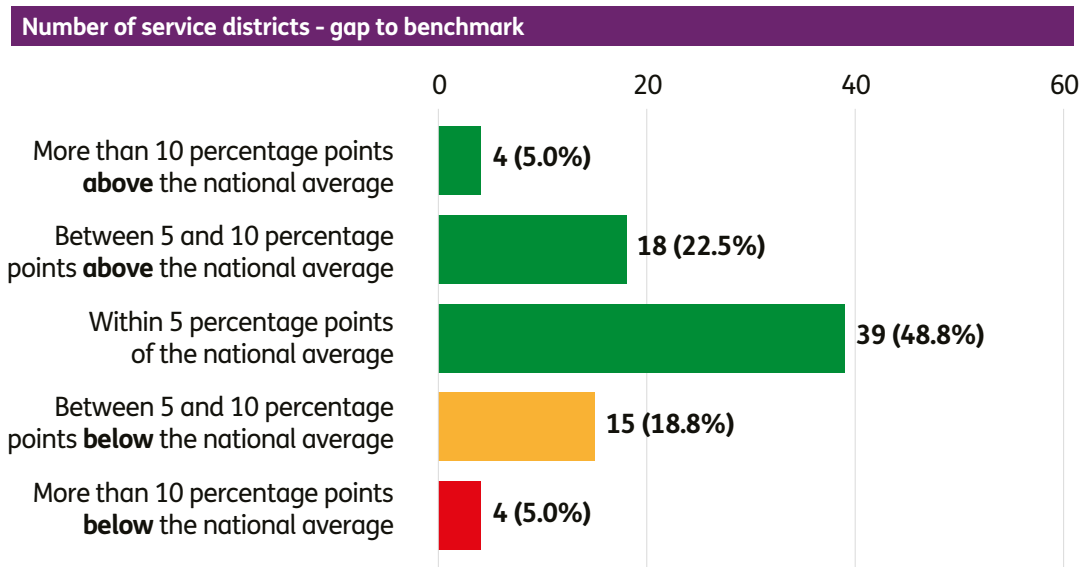
Both of these districts are covered in more detail later in the ‘Service District Hotspots’ section of this report.

All districts with more than \$75m in total plan budgets had provider concentration below the benchmark



- While all of the districts display levels of provider concentration below the benchmark, there are still markets where investment could be beneficial. Comparison of the two charts also shows that provider concentration tends to be greater in the smaller districts.
- Note that South Western Sydney (NSW) and Brisbane (QLD) were both covered in the June report as examples of districts with low provider concentration.

The outcomes indicator on choice and control for four districts 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 districts.

The chart on the left shows the distribution of the gap between the outcomes indicator on choice and control¹ and the benchmark², for each service district. The benchmark represents the national average, adjusted for the mix of SIL participants.

The indicator in respect of four districts was more than 10% below the benchmark: Darwin Remote (NT), Katherine (NT), East Arnhem (NT) and Goldfields-Esperance (WA).

The indicator for four districts was more than 10% above the benchmark: ACT (ACT), Barkly (NT), Barwon (VIC) and Limestone Coast (SA).

¹ Calculated as at 31 March 2020, using data available as at 31 December 2020.

² Further detail on benchmarks is provided in Appendix B.

The majority of districts more than 10% below the outcomes indicator benchmark were in NT

More than 10 percentage points below benchmark					
Region	State /Territory	Outcomes indicator	Benchmark	Active participants	Annualised plan budget (\$m)
Katherine	NT	23%	44%	155	\$28
Darwin Remote	NT	41%	55%	302	\$24
East Arnhem	NT	43%	55%	175	\$19
Goldfields-Esperance	WA	44%	54%	431	\$23

Between 5 and 10 percentage points below benchmark					
Region	State /Territory	Outcomes indicator	Benchmark	Active participants	Annualised plan budget (\$m)
Central Australia	NT	34%	44%	459	\$95
Sydney	NSW	43%	52%	6,666	\$446
South Eastern Sydney	NSW	42%	51%	7,884	\$541
South Western Sydney	NSW	43%	51%	15,895	\$935
Central North Metro	WA	46%	54%	2,459	\$113
TAS South East	TAS	43%	50%	1,735	\$116
Midwest-Gascoyne	WA	47%	54%	469	\$19
Darwin Urban	NT	39%	45%	1,808	\$206
Inner East Melbourne	VIC	43%	49%	7,643	\$600
North Metro	WA	48%	54%	3,293	\$165
Brimbank Melton	VIC	47%	53%	5,592	\$306
Far North (SA)	SA	45%	51%	395	\$27
Western Sydney	NSW	44%	50%	13,482	\$884
North Sydney	NSW	44%	49%	8,502	\$693
Southern Melbourne	VIC	48%	53%	8,697	\$467

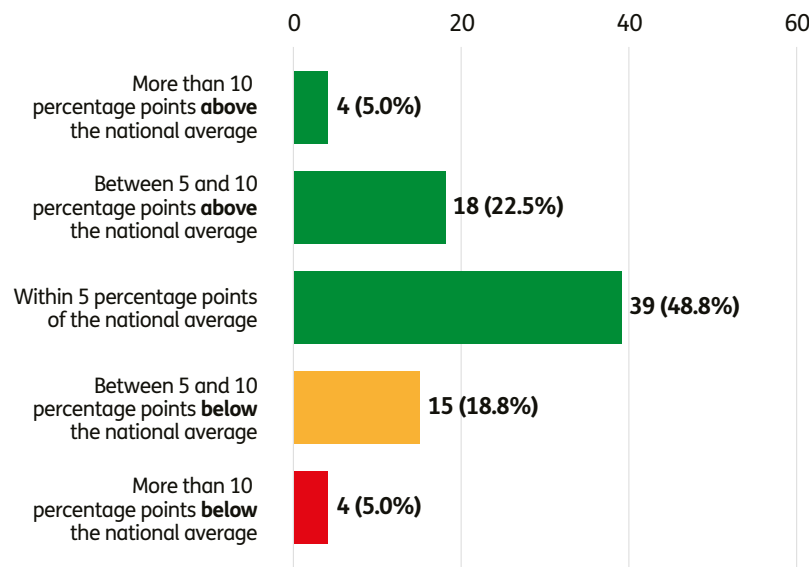
- The table above lists the districts that were below the outcomes indicator benchmark. A large number of Service Districts within Sydney are below the outcomes indicator benchmark.

The number of districts that are more than 5 percentage points below the benchmark has risen from 14 to 19 between December 2019 and June 2020

Outcomes indicator

Service district gap to benchmark – June 2020

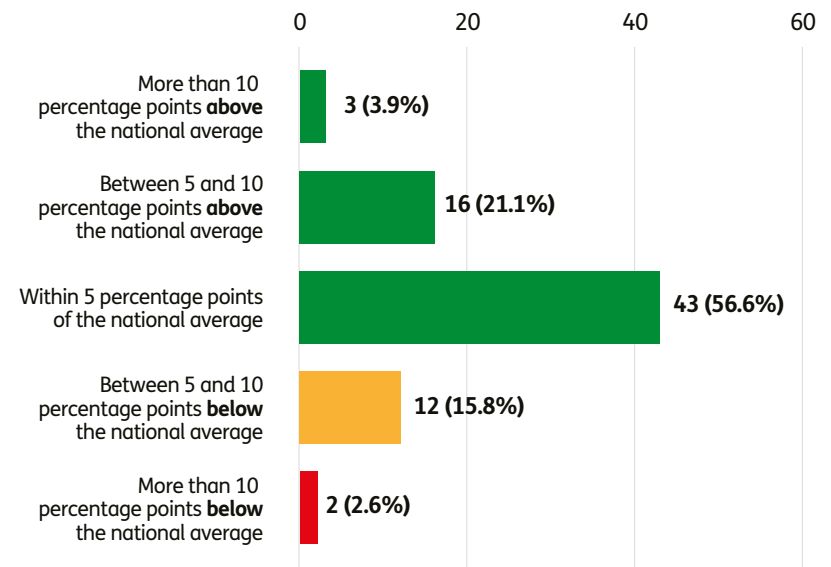
Number of service districts - gap to benchmark



Outcomes indicator

Service district gap to benchmark – December 2019

Number of service districts - gap to benchmark

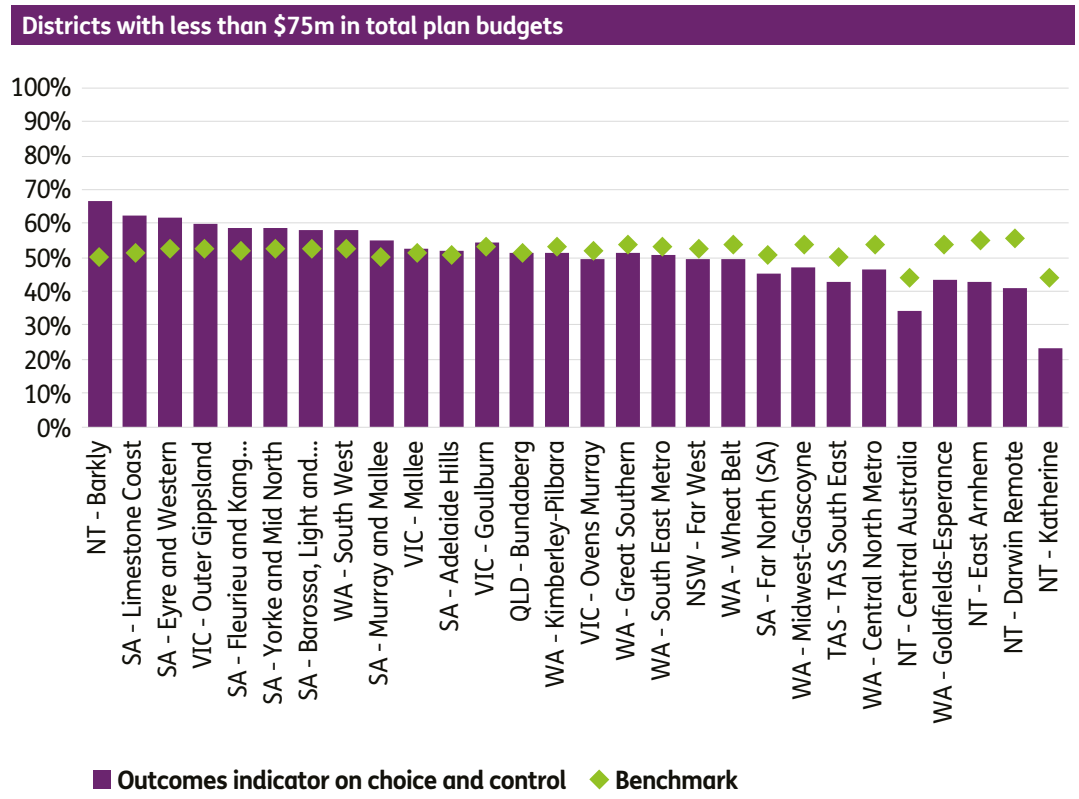


The outcomes indicator on choice and control has increased slightly since December 2019

The nationwide response to the Outcomes indicator on Choice and Control has risen from 50% to 51%. Overall this indicates a slight improvement since the December 2019.

- As shown on the charts on the preceding slide, the number of districts greater than five percentage points below the benchmark has risen from 14 (out of 76) to 19 (out of 80) – a five district increase.
- Two of the districts – Midwest-Gascoyne (WA) and Central North Metro (WA) were not covered in the December report.
- Overall, considering only the 76 districts covered in the December report, the number of districts greater than five percentage points below the benchmark has increased by three.
- This is the result of Darwin Urban, Brimbank Melton and Southern Melbourne falling relative to their benchmark.
- The number of districts above the benchmark has increased from 43 (out of 76) to 44 (out of 80).
- The number of districts greater than five percentage points above the benchmark has remained constant at 19, however the number of districts greater than ten percentage points above the benchmark has increased from 3 to 4.
- The four districts are ACT, Barwon (VIC), Limestone Coast (SA) and Barkly (NT). At December they were ACT, Barkly (NT) and South West (WA).
- Overall although there has been an increase in districts above and below the benchmark, the net impact has been a slight increase in the choice and control indicator.

The districts more than 10% below the benchmark had less than \$75m in total plan budgets



The chart on the left shows the outcomes indicator on choice and control for each of the service districts that had less than \$75m in total plan budgets for the period.

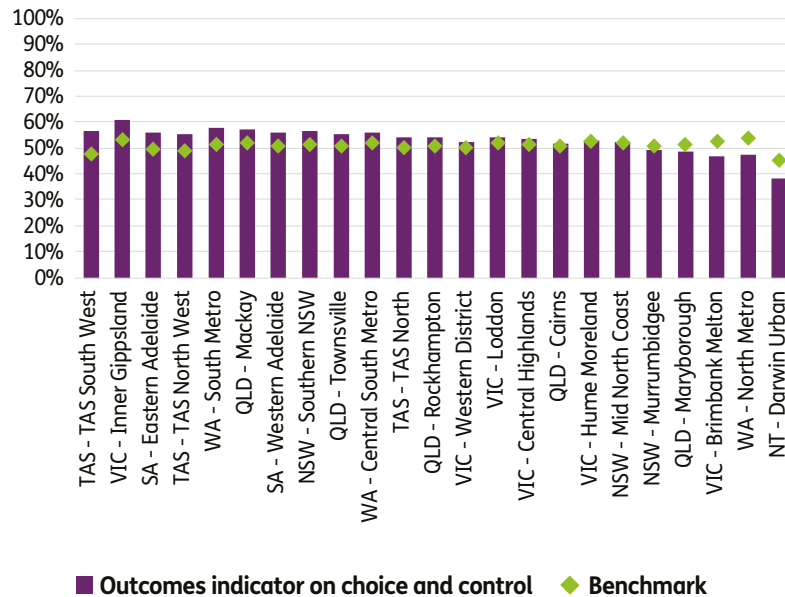
The districts more than 10% below the benchmark are Katherine (NT), Darwin Remote (NT), East Arnhem (NT) and Goldfields-Esperance (WA).

These were also the regions with the largest gap below benchmark in the December 2019 and June 2019 reports.

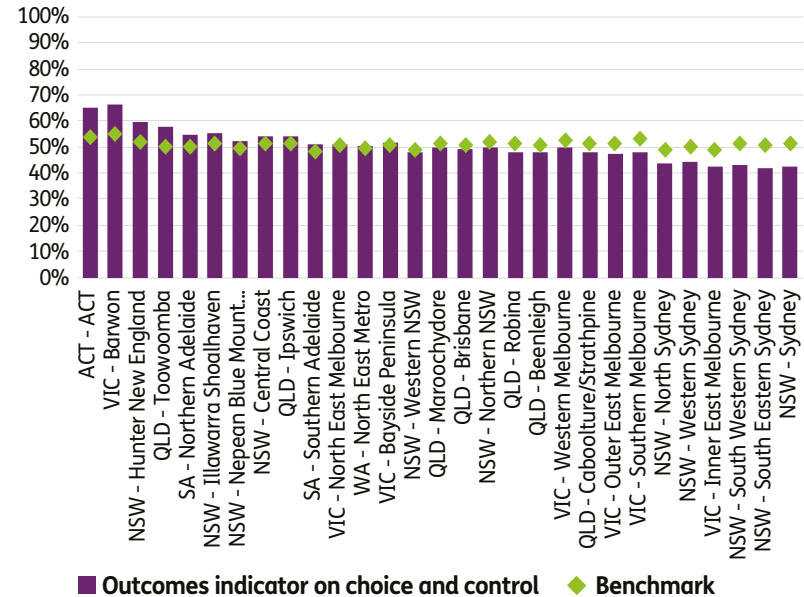
Darwin Remote (NT) and Goldfields-Esperance (WA) are covered in more detail in the December 2019 report. Katherine (NT) and East Arnhem (NT) are covered in more detail in the June 2019 report.

The outcomes indicator on choice and control was more than 10% above the benchmark for two districts with more than \$175m in total plan budgets

Districts with \$75m to \$175m in total plan budgets



Districts with greater than \$175m in total plan budgets



- The above charts show the outcomes indicator on choice and control for each of the service districts that had \$75m to \$175m and greater than \$175m in total plan budgets for the period.
- None of these districts had an outcomes indicator on choice and control of more than 10% below the benchmark. The two districts from these categories that had an indicator that was more than 10% above the benchmark, were the ACT and Barwon (VIC) districts.

03.

Service district hotspots

Hotspots are districts that score relatively worse against one or many corporate target metric benchmarks compared with other districts

Review and analysis of hotspots allows us to understand the characteristics of districts where the NDIS market may not be functioning well as other districts.

Hotspots in general are chosen based on where that district sits in relation to its benchmarks. Key identifiers are:

- Utilisation rate more than ten percentage points below benchmark.
- More than 95% of payments go to the top ten providers (provider concentration)
- Outcomes indicator on choice and control is more than ten percentage points below benchmark.

The following districts have been identified as hotspots for the reason(s) shown:

Central North Metro (WA)	new inclusion in analysis, low choice and control outcomes indicator score
Great Southern (WA)	new inclusion in analysis, high provider concentration
Midwest-Gascoyne (WA)	new inclusion in analysis, high provider concentration
South East Metro (WA)	new inclusion in analysis, an example of a district performing well in relation to benchmarks

The following five hotspots were covered in the June 2019 report (with the exception of Limestone Coast which was covered in the December 2019 report) and have remained hotspots since. The coverage is refreshed in this report:

Barkly (NT)	low utilisation
East Arnhem (NT)	low utilisation and low choice and control outcomes indicator score
Far North (SA)	low utilisation
Katherine (NT)	low choice and control outcomes indicator score
Limestone Coast (SA)	low utilisation

Hotspots identified in the December 2019 NDIS Market report

The December 2019 NDIS Market report covered seven hotspots. Of these, six hotspots were chosen according to similar criteria as set out in the following slide (i.e. poor performance relative to benchmark) and one was chosen for strong performance against the corporate target benchmarks.

The following five districts covered in the December 2019 report remain hotspots in June 2020 for the same reasons identified previously. They are not covered in this report to avoid repetition.

Eyre and Western (SA)	low utilisation
Darwin Remote (NT)	low utilisation and low choice and control outcomes indicator score
Goldfields-Esperance (WA)	low utilisation and high provider concentration
Kimberley-Pilbara (WA)	low utilisation and high provider concentration
Central Australia (NT)	low choice and control outcomes indicator score

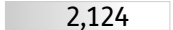
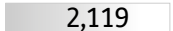
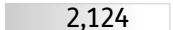
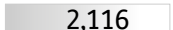



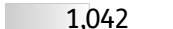


Outer Gippsland (VIC) was identified as a hotspot in the December 2019 report for low utilisation. It is no longer considered a hotspot as utilisation has sufficiently improved relatively to the benchmark.

Limestone Coast (SA) was covered in the December 2019 report as an example of a service district with relatively good performance against benchmarks. Utilisation has since worsened and it is covered in this report as a hotspot.

Service district hotspots

Central North Metro (WA)

The outcomes indicator on choice and control was below benchmark for Central North Metro (WA) for most support categories.

Central North Metro (WA): Outcomes indicator on choice and control by support category				
Support category	Active participants with approved plans	Utilisation	Do you choose who supports you?	Benchmark
Core				
Consumables	 2,124	46%	46%	54%
Daily Activities	 2,119	63%	46%	54%
Community	 2,124	49%	45%	54%
Transport	 2,116	83%	45%	54%
Core total	2,188	58%	46%	54%
Capacity Building				
Daily Activities	 2,376	47%	46%	54%
Employment	 353	47%	40%	54%
Social and Civic	 434	33%	40%	55%
Support Coordination	 1,042	45%	38%	53%
Capacity Building total	2,439	46%	46%	54%
Capital				
Assistive Technology	 914	19%	56%	53%
Home Modifications	 69	3%	54%	45%
Capital total	926	18%	56%	53%
All support categories	2,459	53%	46%	54%

The outcomes indicator on choice and control was below the benchmark for Core and Capacity Building support categories.

The overall choice and control outcomes indicator result is mostly driven by Core Supports and Daily Activities (Capacity Building).

The largest gap is for Employment, Social and Civic and Support Coordination (all within Capacity Building) – where the outcomes indicator is 14 to 15 percentage points below benchmark.

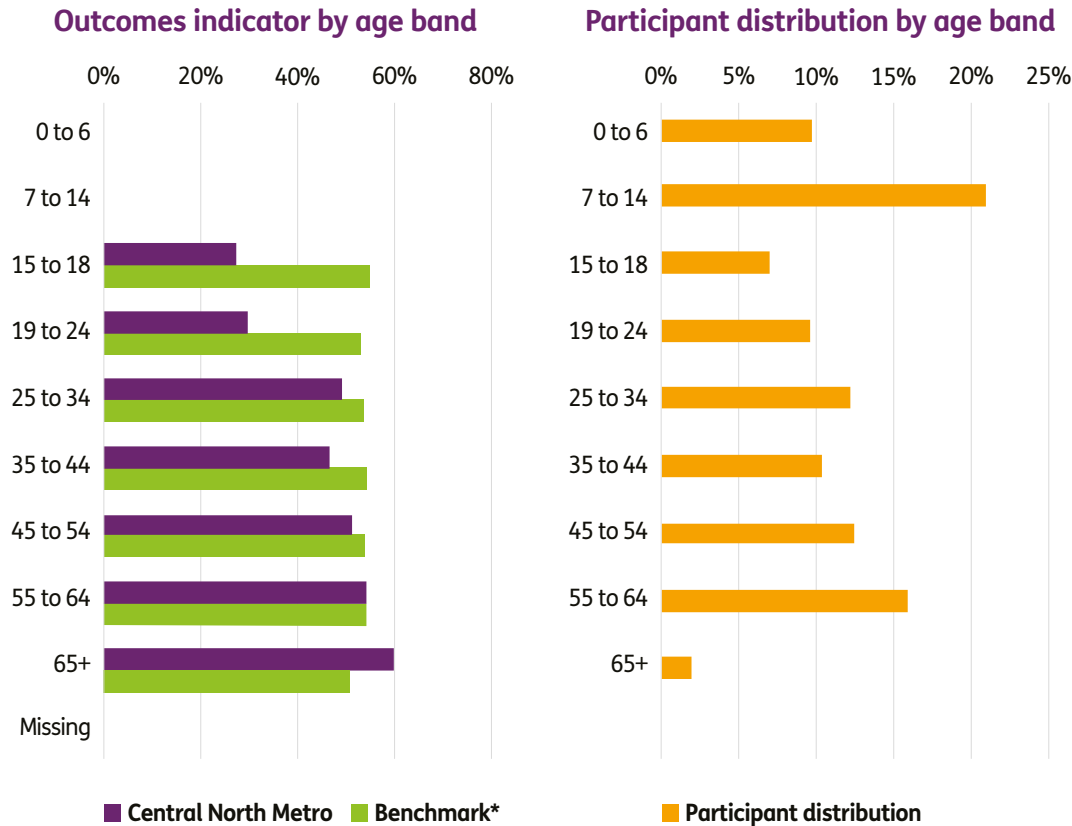
Capital supports are above benchmark, but fewer participants receive them.

Utilisation is also shown for comparison.

Note: only the major support categories are shown

The outcomes indicator on choice and control is below benchmark for all ages up to 54

Central North Metro (WA): All support categories



A low proportion of participants aged 15 to 18 years and younger reported that they choose who supports them relative to older age bands. Key drivers of the overall outcomes indicator result are the age bands within ages 19 to 54 bands, all of which are below benchmark.

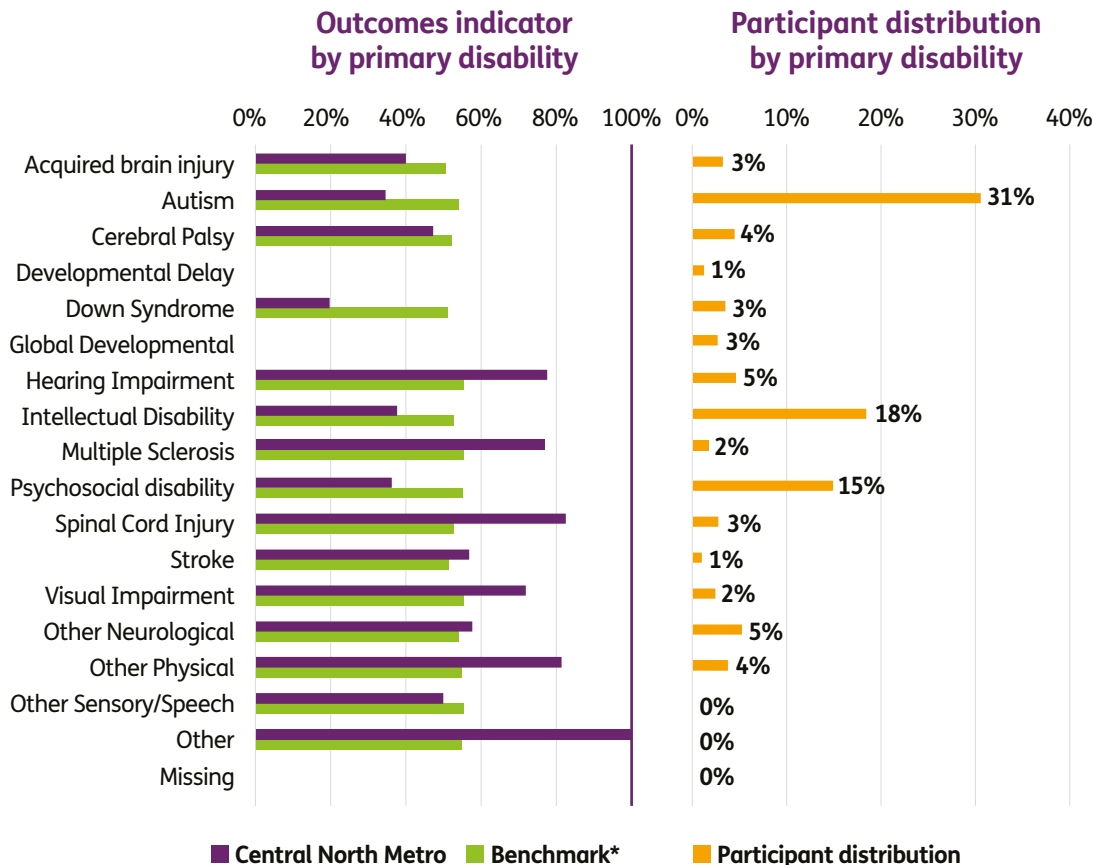
For the 55 to 64 and 65+ age bands, the outcomes indicator is above the benchmark.

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

*The benchmark is the national average, adjusted for the mix of SIL/SDA participants.

The outcomes indicator on choice and control is below benchmark for participants with autism or intellectual disability as primary disability

Central North Metro (WA): All support categories



The two major primary disability types (by number of participants) in the Central North Metro (WA) district were autism (31%) and intellectual disability (18%), both of which were substantially below benchmark for the outcomes indicator on choice and control.

These two primary disability types, along with are the key drivers of the overall outcomes indicator result.

*The benchmark is the national average, adjusted for the mix of SIL / SDA participants.

Service district hotspots

Great Southern (WA)

Provider concentration is above benchmark in all support categories in Great Southern (WA)

Great Southern (WA): Provider concentration by support category				
Support category	Active participants with approved plans	Registered active providers	Provider concentration	Utilisation
Core				
Consumables	477	14	98%	51%
Daily Activities	471	24	98%	74%
Community	466	17	95%	44%
Transport	472	3	100%	84%
Core total	489	35	96%	66%
Capacity Building				
Daily Activities	537	27	89%	24%
Employment	55	5	100%	29%
Social and Civic	92	6	100%	27%
Support Coordination	207	12	97%	33%
Capacity Building total	556	35	88%	28%
Capital				
Assistive Technology	139	9	100%	16%
Home Modifications	9	0	0%	4%
Capital total	141	9	100%	15%
All support categories	565	56	94%	53%

Provider concentration is high across all support categories.

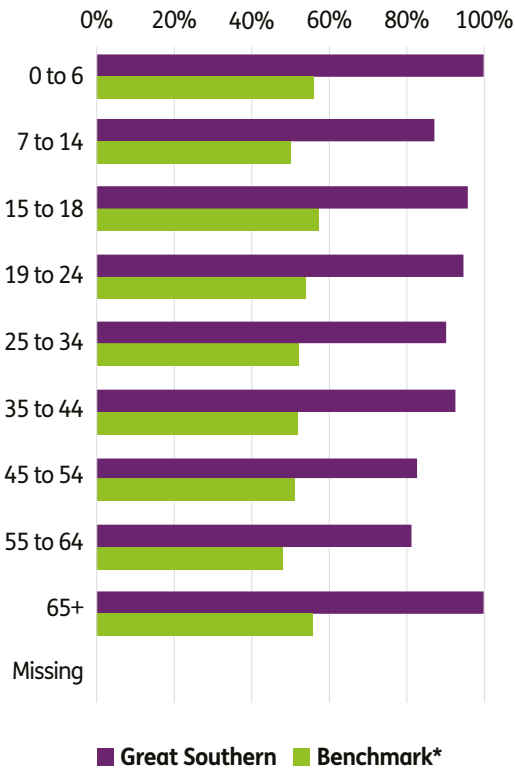
In many cases (in particular Transport (Core), Employment (Capacity Building), Social and Civic (Capacity Building) and Assistive Technology (Capital), high provider concentration is most likely driven by a low number of providers (9 or fewer).

Note: only the major support categories are shown

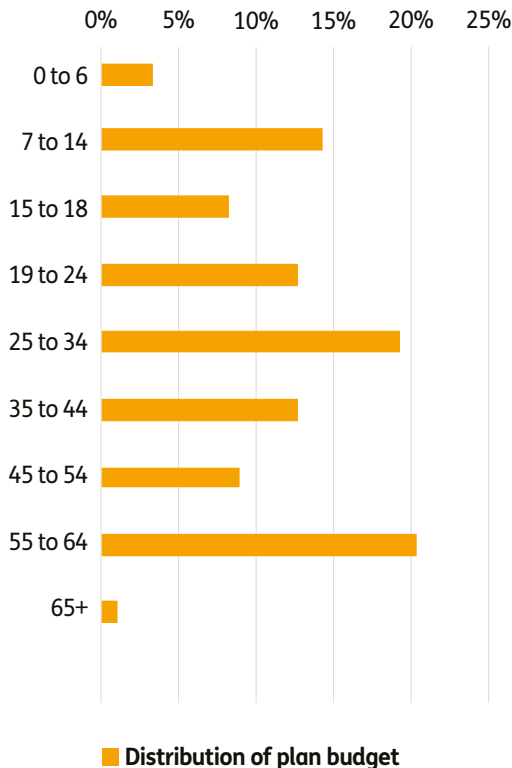
Provider concentration is high across all age bands to age 44 in Great Southern (WA)

Great Southern (WA): All support categories

Provider Concentration by age band



Budget distribution by age band



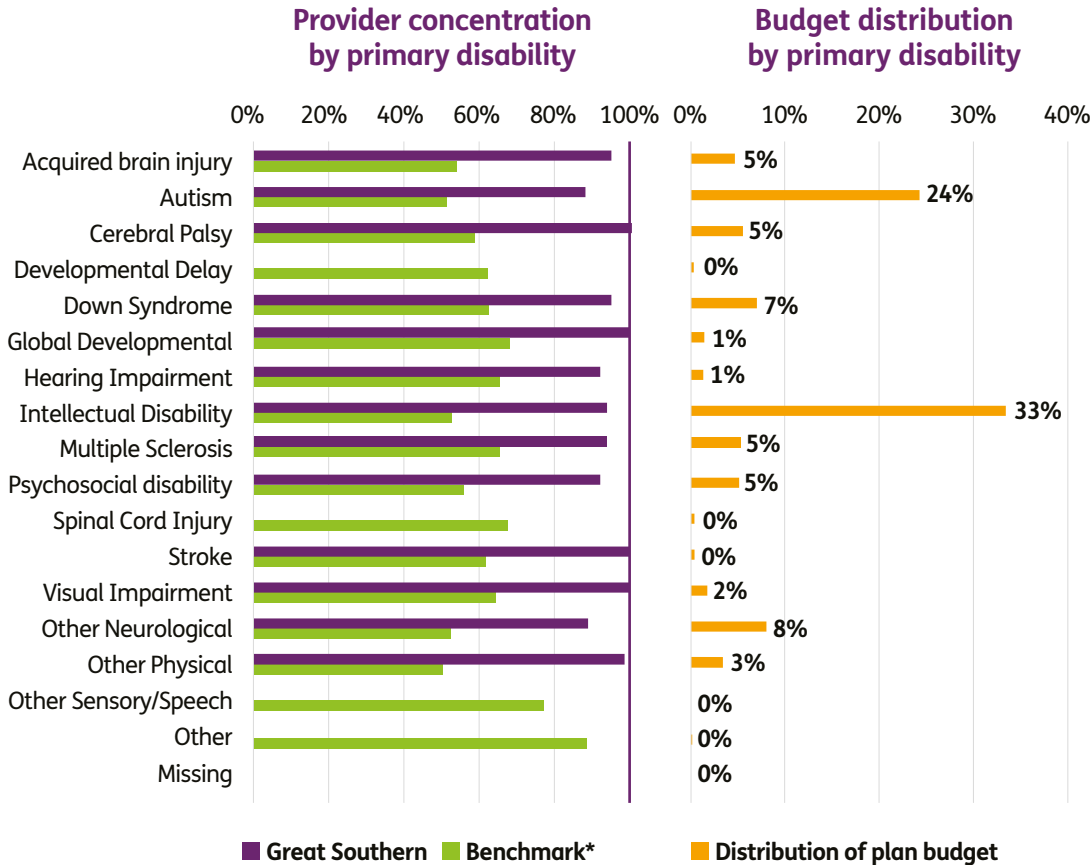
Provider concentration is high across all age bands when compared to the benchmark.

Note that although we calculate a benchmark for each area, 'high' provider concentration is generally considered to be concentration above 85%.

* The benchmark is the unweighted national average for that age band. 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 five providers, instead of the top ten.

Participants with autism and intellectual disability had high provider concentration for the Great Southern (WA) district

Great Southern (WA): All support categories



Intellectual disability which represent 33% of total budget has a high provider concentration (94%).

Similarly autism, which represents 24% of total budget also has high provider concentration (88%).

On average, participants have access to 7 providers for intellectual disability supports and 10 providers for autism supports.

* The benchmark is the unweighted national average for that disability type. As with age bands, the provider concentration metric shown in the charts has been defined as payments made to the top five providers, instead of the top ten.

Service district hotspots

Midwest-Gascoyne (WA)

Provider concentration in the Midwest-Gascoyne (WA) district is high across all support categories where participants are receiving supports

Midwest-Gascoyne (WA): Provider concentration by support category					
Support category	Active participants with approved plans	Registered active providers	Participants per provider	Provider concentration	Utilisation
Core					
Consumables	377	7	53.9	100%	33%
Daily Activities	380	14	27.1	99%	54%
Community	381	12	31.8	100%	39%
Transport	380	8	47.5	100%	80%
Core total	386	18	21.4	99%	48%
Capacity Building					
Daily Activities	429	23	18.7	95%	28%
Employment	33	3	11.0	100%	25%
Social and Civic	65	5	13.0	100%	33%
Support Coordination	430	14	30.7	98%	21%
Capacity Building total	466	35	13.3	91%	28%
Capital					
Assistive Technology	123	14	8.8	98%	20%
Home Modifications	12	0	0.0	0%	0%
Capital total	123	14	8.8	98%	18%
All support categories	469	52	9.0	94%	40%

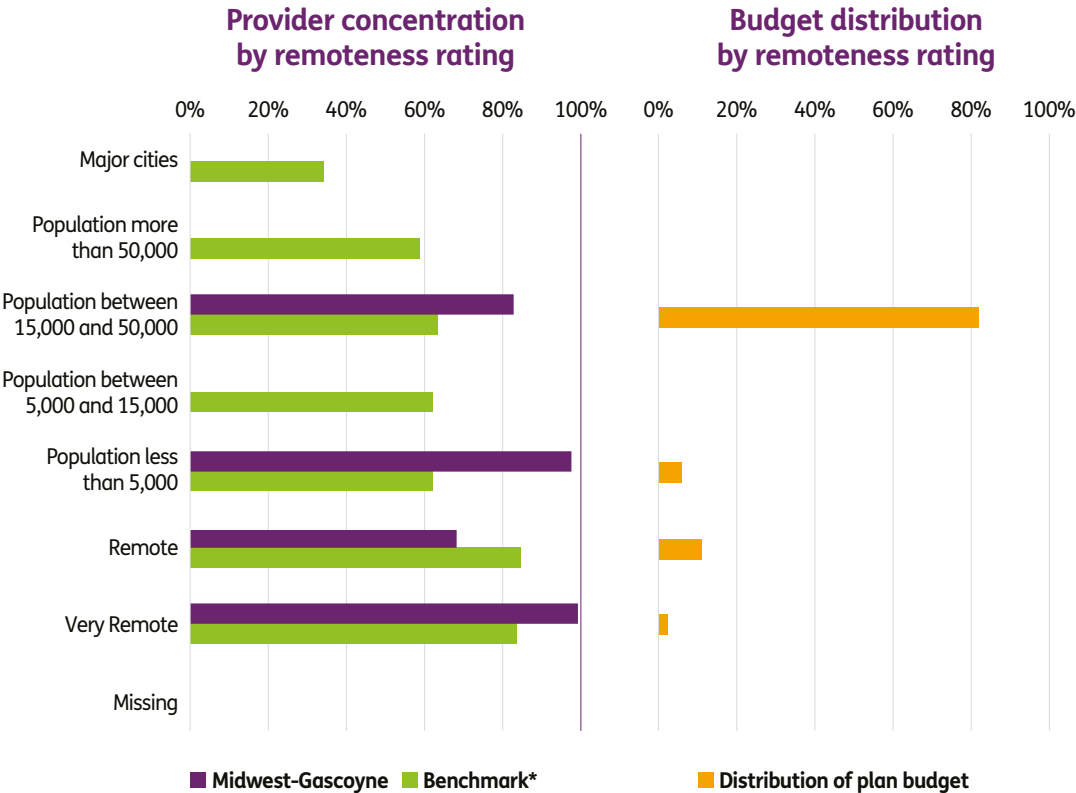
Provider concentration is high for all support categories (with the exception of Home Modifications where there are no providers).

Where there are fewer than 10 providers for a support category, provider concentration is 100%.

Note: only the major support categories are shown

Provider concentration in the Midwest-Gascoyne (WA) is relatively low in remote areas

Midwest-Gascoyne (WA): All support categories



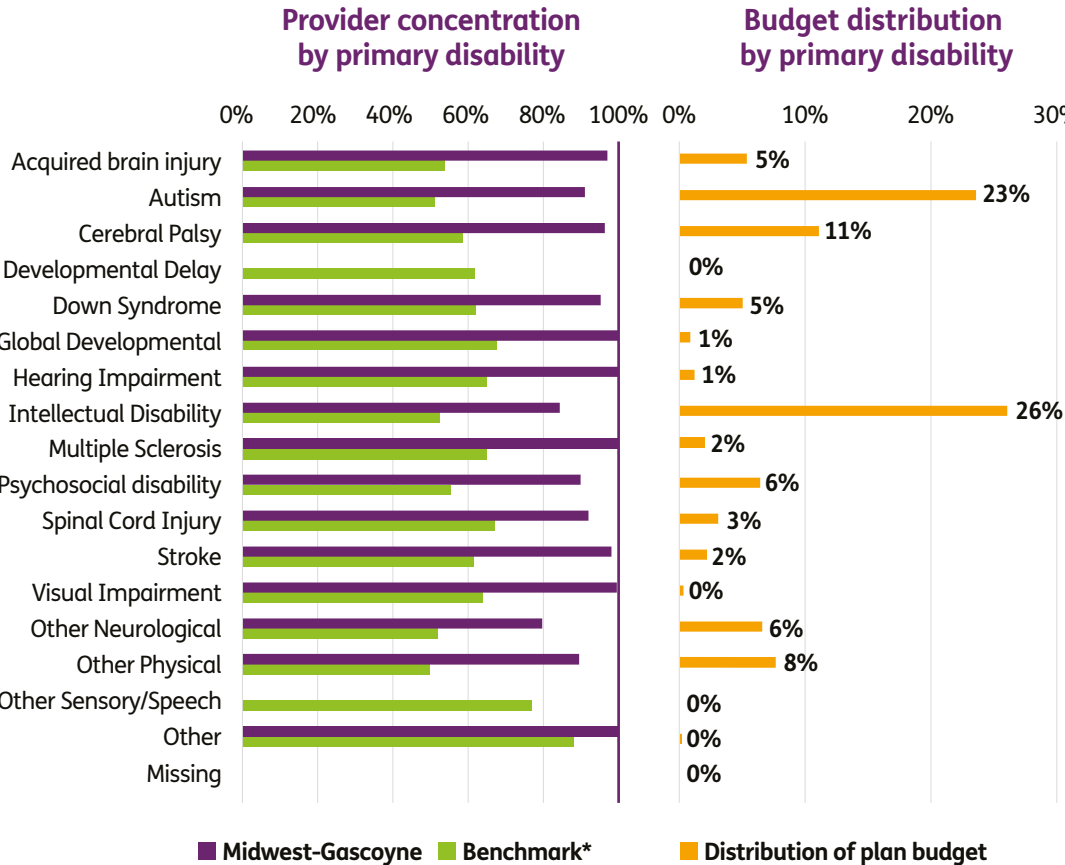
Provider concentration in Midwest-Gascoyne is shown by remoteness rating.

Provider concentration is lowest in 'Remote' areas – indicating that participants in the 'Remote' areas may have a reasonable range of access to providers for the supports they need.

* The benchmark is the unweighted national average for that remoteness rating. 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 five providers, instead of the top ten.

Participants with autism, cerebral palsy and intellectual disability had high provider concentration for the Midwest-Gascoyne (WA) district

Midwest-Gascoyne (WA): All support categories



60% of the Midwest-Gascoyne budget is spent on participants with autism, cerebral palsy or Intellectual Disability as a primary disability.

Provider concentration for autism and cerebral palsy is high (91% and 97% respectively).

Provider concentration for intellectual disability is lower (85%).

* The benchmark is the unweighted national average for that disability type. As with remoteness ratings, the provider concentration metric shown in the charts has been defined as payments made to the top five providers, instead of the top ten.

Service district hotspots

South East Metro (WA)

South East Metro (WA) exhibits low utilisation for several support categories

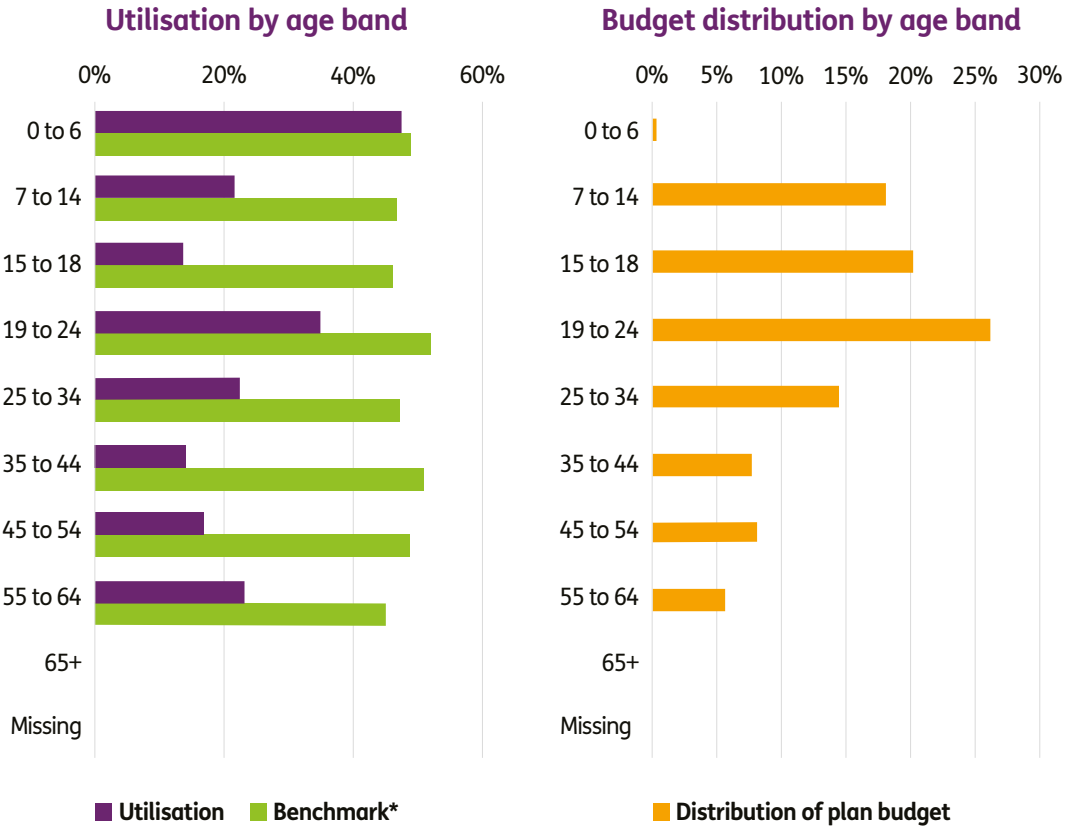
Note: only the major support categories are shown

South East Metro (WA): Provider Concentration, Utilisation and Outcomes indicator by support category						
Support category	Active participants with approved plans	Provider concentration	Utilisation	Benchmark	Do you choose who supports you?	Benchmark
Core						
Consumables	2,260	75%	36%	52%	50%	53%
Daily Activities	2,231	48%	69%	61%	50%	53%
Community	2,229	41%	48%	53%	50%	53%
Transport	2,221	59%	89%	52%	50%	53%
Core total	2,319	40%	62%	58%	50%	53%
Capacity Building						
Daily Activities	2,502	63%	46%	51%	50%	53%
Employment	405	98%	52%	51%	39%	53%
Social and Civic	483	68%	23%	49%	44%	55%
Support Coordination	1,120	52%	46%	55%	46%	52%
Capacity Building total	2,578	51%	44%	51%	50%	53%
Capital						
Assistive Technology	967	60%	20%	51%	61%	52%
Home Modifications	63	100%	5%	70%	58%	42%
Capital total	976	59%	19%	52%	61%	52%
All support categories	2,602	36%	54%	56%	50%	53%

South East Metro exhibits low provider concentration but is lower than benchmark for utilisation (and slightly lower for choice metrics). Utilisation for ‘Social and Civic’ supports in particular is low.

Utilisation of ‘Social and Civic’ supports in South East Metro (WA) is low at all ages over 7

South East Metro (WA): Capacity Building – Social and Civic



When looking at ‘Social and Civic’ (Capacity Building) supports in isolation, utilisation is low at all ages over 7.

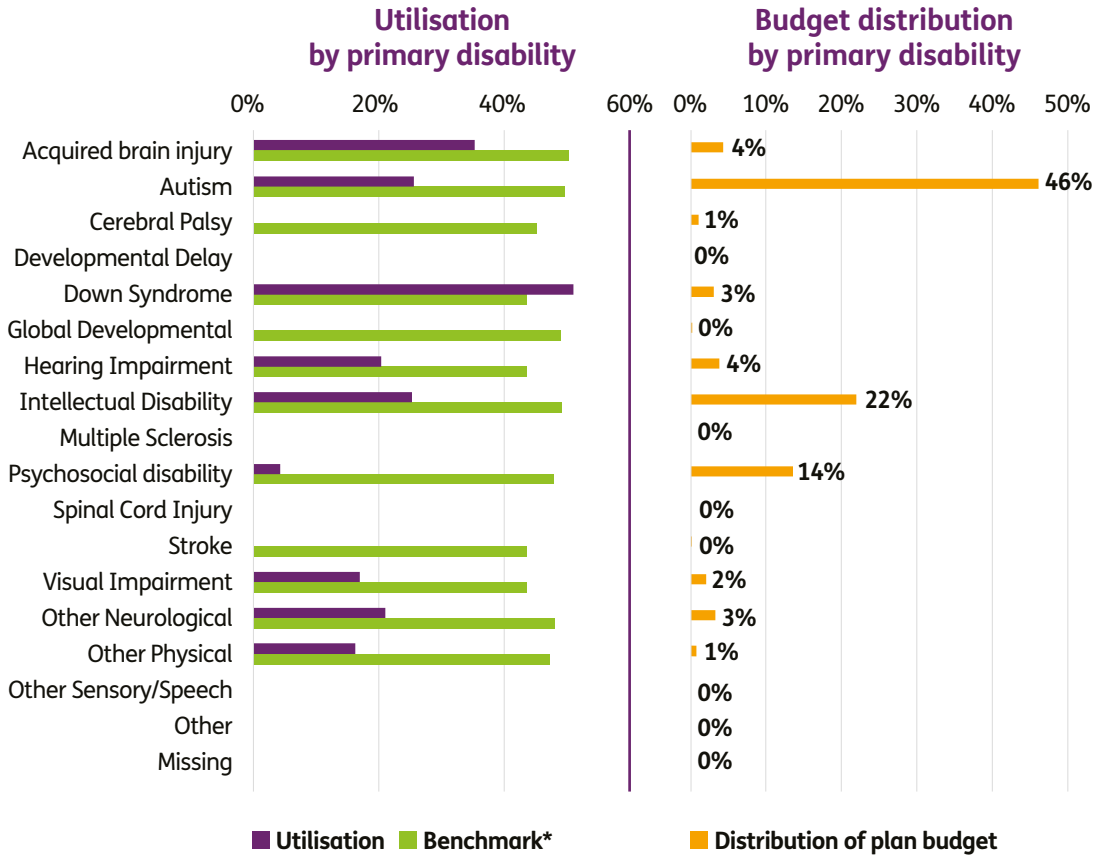
This could indicate that participants are unable to find providers able to provide ‘Social and Civic’ type supports.

Provider concentration, however is close to benchmark at all age groups.

*The benchmark is the national average, adjusted for the mix of SIL / SDA participants and plan number.

Utilisation of ‘Social and Civic’ supports in South East Metro (WA) is low at all ages over 7

South East Metro (WA): Capacity Building – Social and Civic



The budget for ‘Social and Civic’ supports is primarily spent on people with autism (46%), intellectual disability (22%) and psychosocial disability (14%).

Utilisation for these primary disabilities is low – which is driving the overall result for this support category.

* The benchmark is the national average, adjusted for the mix of SIL / SDA participants and plan number.

Service district hotspots

Barkly (NT)

Utilisation rates for Core – Community and Capacity Building – Daily Activities 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	143	0.15	0.03	19%	71%
Daily Activities	142	4.90	3.44	70%	79%
Community	142	1.22	0.42	35%	75%
Transport	135	0.11	0.03	30%	71%
Core total	143	6.38	3.92	61%	78%
Capacity Building					
Daily Activities	151	1.15	0.25	22%	69%
Employment	12	0.03	0.00	3%	67%
Social and Civic	23	0.10	0.01	7%	71%
Support Coordination	143	0.79	0.37	48%	70%
Capacity Building total	151	2.18	0.66	30%	69%
Capital					
Assistive Technology	60	0.28	0.08	29%	66%
Home Modifications	8	0.04	0.00	0%	82%
Capital total	61	0.31	0.08	26%	68%
All support categories	153	8.87	4.66	53%	75%

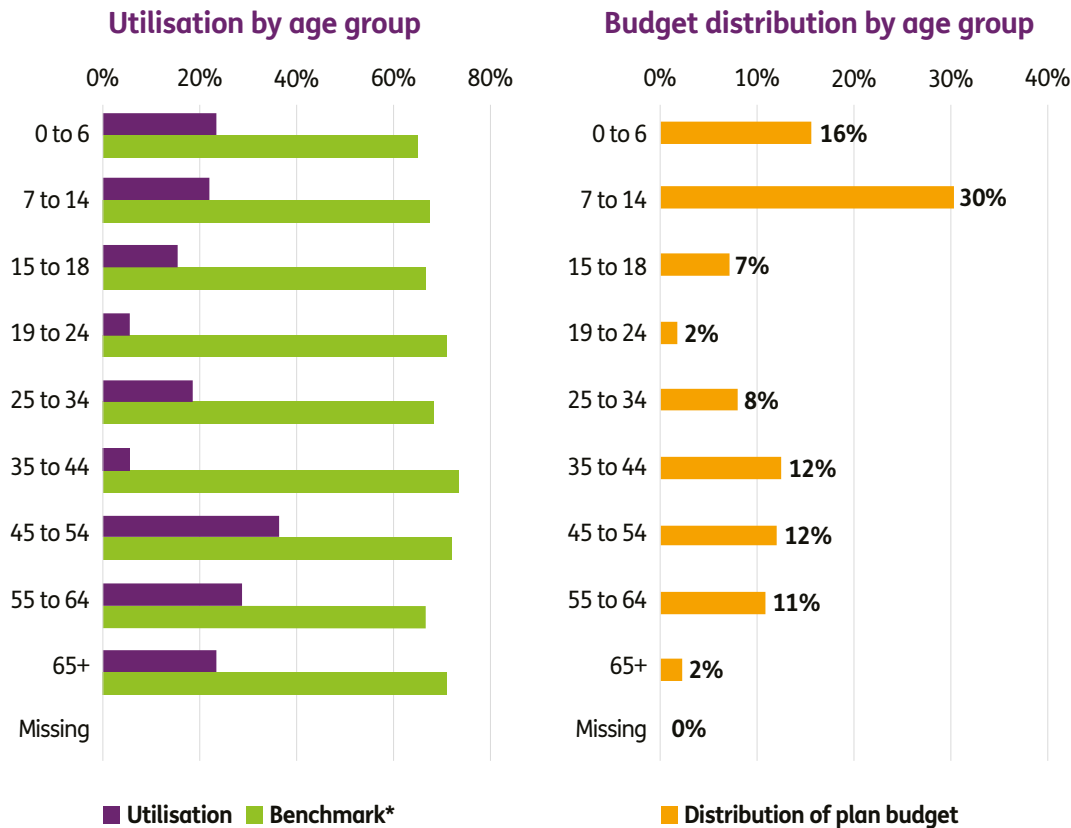
Core – Daily activities was the largest support category (measured in terms of total plan budgets for the period) and had a plan utilisation that was 9% lower than the benchmark.

However, the overall utilisation result was largely driven by very low utilisation relative to the benchmark in the Core – Community and Capacity Building – Daily Activity supports which were the next largest support categories.

Note: only the major support categories are shown

Utilisation for participants in the Barkly (NT) region was below benchmark across all age groups for Capacity Building – Daily Activities supports

Barkly (NT): Capacity Building – Daily Activities



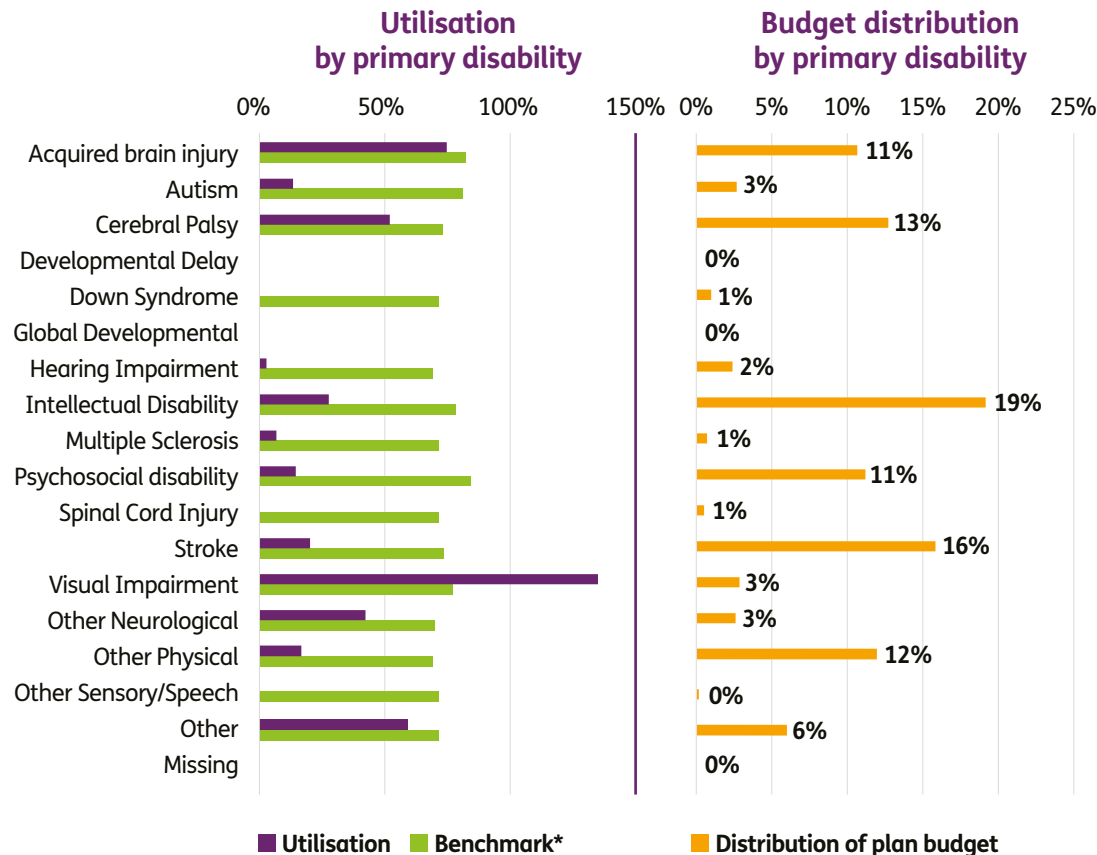
Utilisation for Capacity Building – Daily Activity was below benchmark across all age groups but the gap was largest for the 35 to 44 age group which was 68% below benchmark.

The overall utilisation result is significantly driven by the 7 to 14 age group which is 46% below the benchmark but contributes 30% to the budgets of Capacity Building – Daily Activities.

* The benchmark is the national average, adjusted for the mix of SIL / SDA participants and plan number.

Participants with an intellectual disability, stroke and other physical disability groups¹ are key areas of focus for the Barkly (NT) region

Barkly (NT): Core - Community



Approximately 19% of the Core – Community plan budgets was allocated to participants with an intellectual disability, 16% to participants with stroke and 12% to participants with an other physical disability¹.

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).

* The benchmark is the national average, adjusted for the mix of SIL / SDA participants and plan number.

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

Service district hotspots

East Arnhem (NT)

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

East Arnhem (NT): Utilisation by support category					
Support category	Active participants with approved plans	Total plan budgets (\$m)	Payments (\$m)	Utilisation	Benchmark
Core					
Consumables	172	0.14	0.06	43%	65%
Daily Activities	172	3.76	1.28	34%	67%
Community	172	1.97	0.47	24%	66%
Transport	166	0.19	0.04	23%	65%
Core total	172	6.06	1.85	31%	67%
Capacity Building					
Daily Activities	175	1.22	0.36	30%	65%
Employment	32	0.06	0.01	15%	67%
Social and Civic	117	0.46	0.05	10%	66%
Support Coordination	173	1.16	0.64	55%	65%
Capacity Building total	175	3.00	1.09	36%	65%
Capital					
Assistive Technology	52	0.26	0.12	44%	65%
Home Modifications	0	0.00	0.00	0%	64%
Capital total	52	0.26	0.12	44%	65%
All support categories	175	9.32	3.06	33%	66%

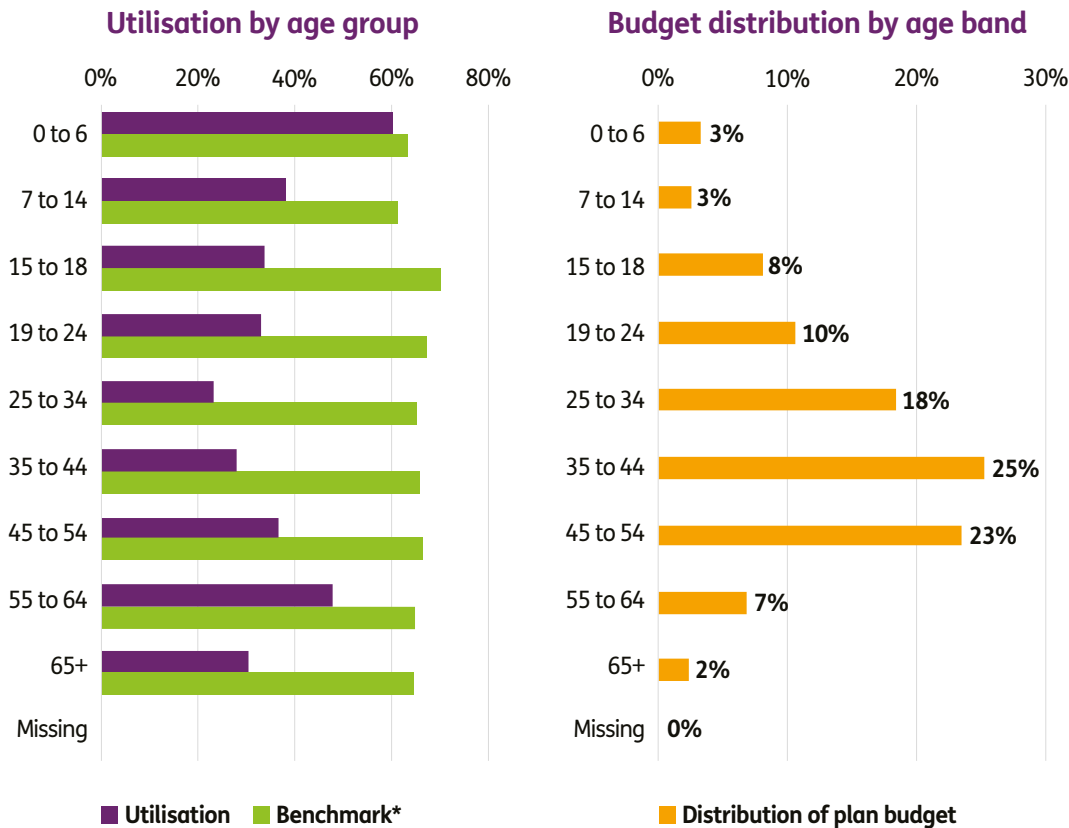
Core – Daily Activities and Core – Community supports were the two largest support categories and both had utilisation over the period that were very low relative to the benchmark. These two support categories are key drivers to the overall utilisation result.

Furthermore, 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



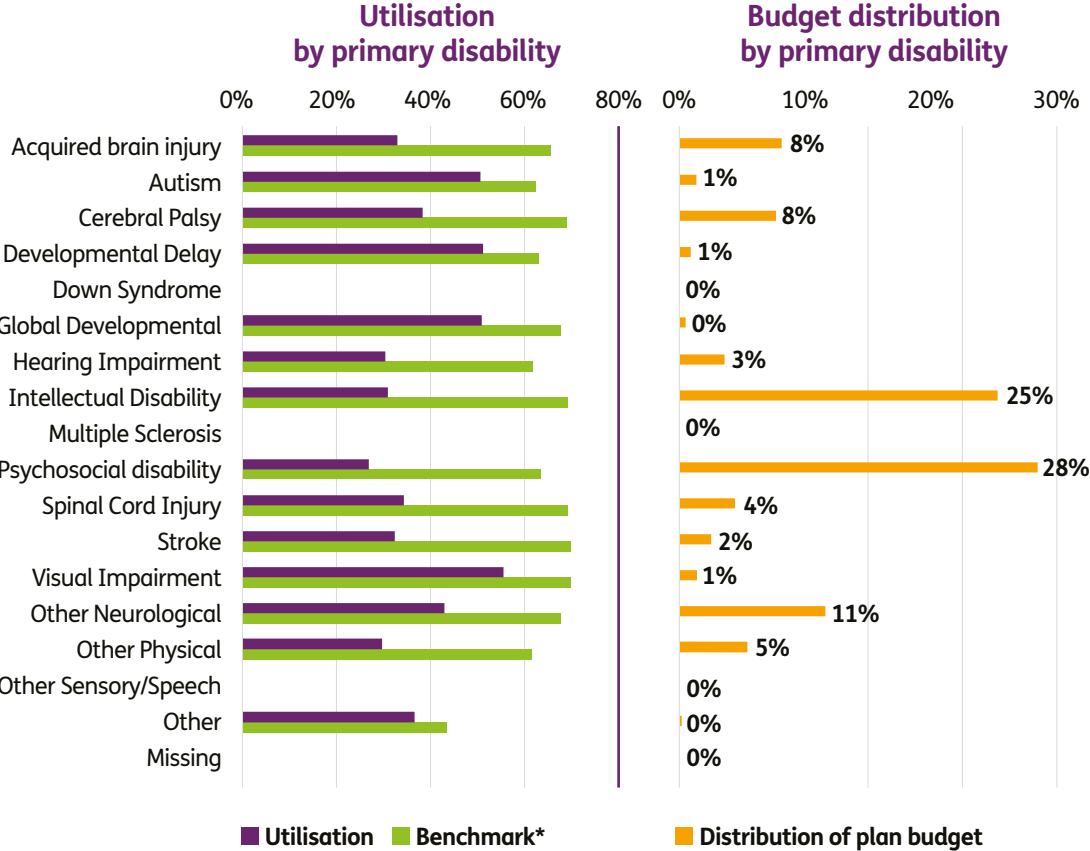
The majority of plan budgets were allocated to participants aged between 25 and 54.

Across the three age bands within 25 to 54, the gap between utilisation and benchmark ranged from 30 to 42 percentage points which drove the overall utilisation result.

*The benchmark is the national average, adjusted for the mix of SIL / SDA participants.

Participants with intellectual disability and psychosocial disability are key areas of focus for the East Arnhem (NT) region

East Arnhem (NT): All support categories



Utilisation was below the benchmark for all disability types.

Participants with intellectual disability and psychosocial disability are the two largest primary disabilities in East Arnhem (NT) and approximately contribute a combined 53% of plan budgets for the region.

However, utilisation rates for both intellectual disability and psychosocial disability were the lowest relative to their benchmarks, making these participants a key driver of the overall utilisation result.

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	172	42%	55%	43%
Daily Activities	172	42%	55%	34%
Community	172	42%	55%	24%
Transport	166	42%	55%	23%
Core total	172	42%	55%	31%
Capacity Building				
Daily Activities	175	43%	55%	30%
Employment	32	50%	55%	15%
Social and Civic	117	38%	55%	10%
Support Coordination	173	42%	55%	55%
Capacity Building total	175	43%	55%	36%
Capital				
Assistive Technology	52	59%	55%	44%
Home Modifications	0	0%	0%	0%
Capital total	52	59%	55%	44%
All support categories	175	43%	55%	33%

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

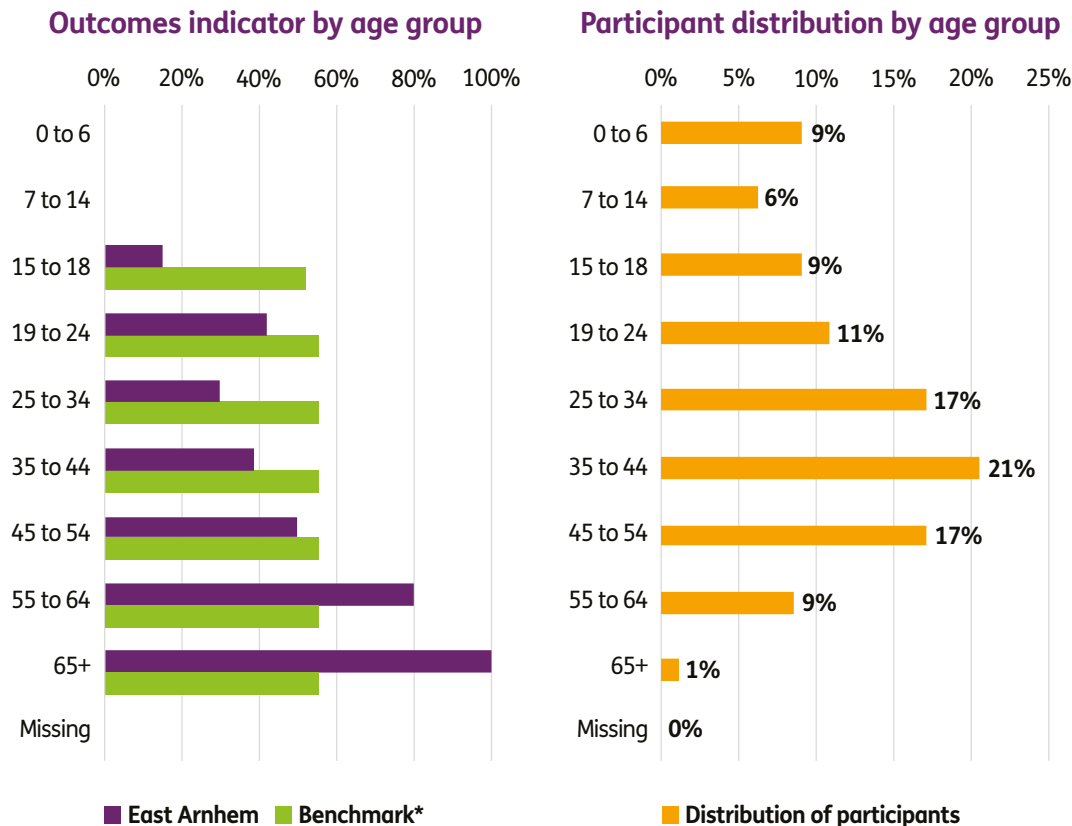
Although the indicator was higher than benchmark for participants with Capital supports in their plan, this is the smallest of the three support categories in the East Arnhem (NT) region.

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 44 years of age

East Arnhem (NT): All support categories



A low proportion of participants aged 15 to 18 reported that they choose who supports them relative to older age bands.

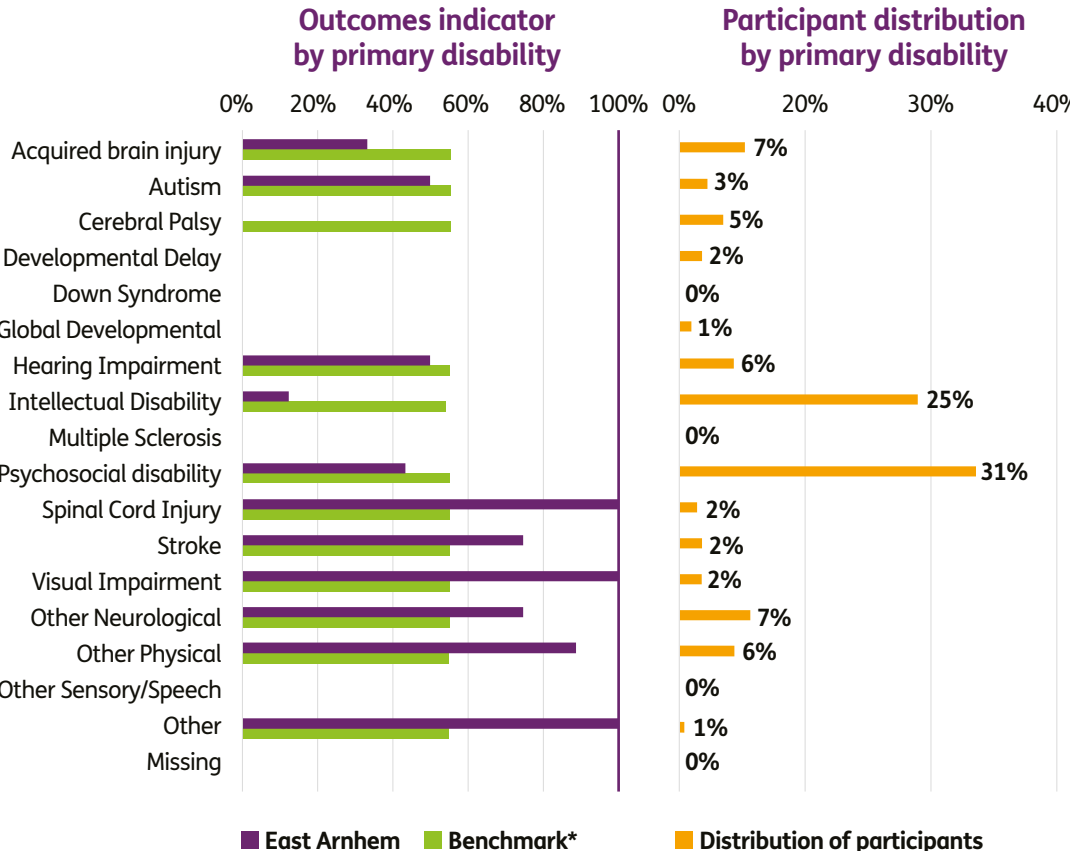
Key drivers of the overall outcomes indicator result are the age groups between 19 and 44 which are all below benchmark and collectively contribute to 49% of participants in the region.

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

*The benchmark is the national average, adjusted for the mix of SIL / SDA participants.

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

East Arnhem (NT): All support categories



The two major primary disability types in the East Arnhem (NT) region were psychosocial disability (31%) and intellectual disability (25%). 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 towards the overall result for the region.

*The benchmark is the national average, adjusted for the mix of SIL / SDA participants.

Service district hotspots

Far North SA (SA)

Utilisation of Capacity Building – Daily Activities 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	362	0.30	0.09	31%	67%
Daily Activities	365	6.68	4.33	65%	74%
Community	363	1.74	0.36	21%	62%
Transport	346	0.26	0.19	72%	64%
Core total	371	8.99	4.98	55%	71%
Capacity Building					
Daily Activities	391	2.26	0.64	28%	63%
Employment	24	0.15	0.12	85%	64%
Social and Civic	61	0.18	0.00	2%	56%
Support Coordination	260	0.81	0.21	26%	61%
Capacity Building total	393	3.71	1.14	31%	62%
Capital					
Assistive Technology	115	0.60	0.23	39%	67%
Home Modifications	34	0.18	0.06	33%	79%
Capital total	123	0.78	0.29	37%	70%
All support categories	395	13.60	6.59	48%	69%

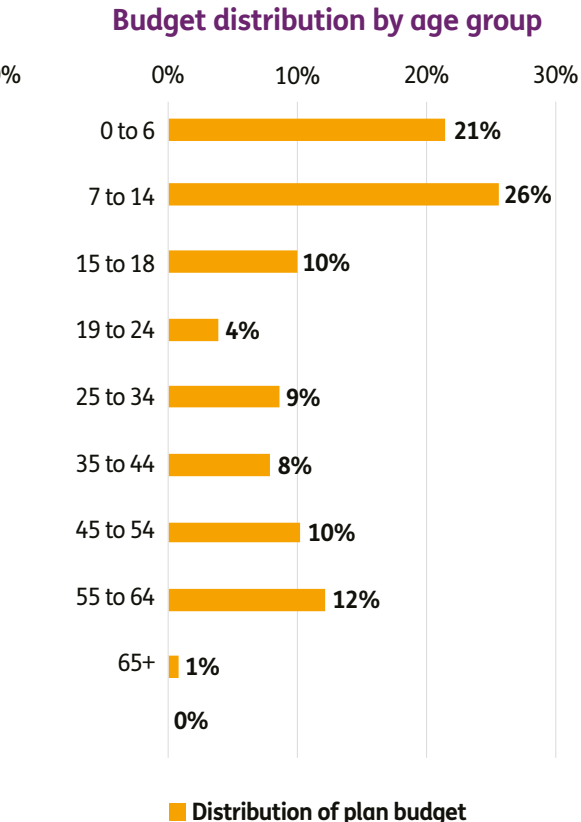
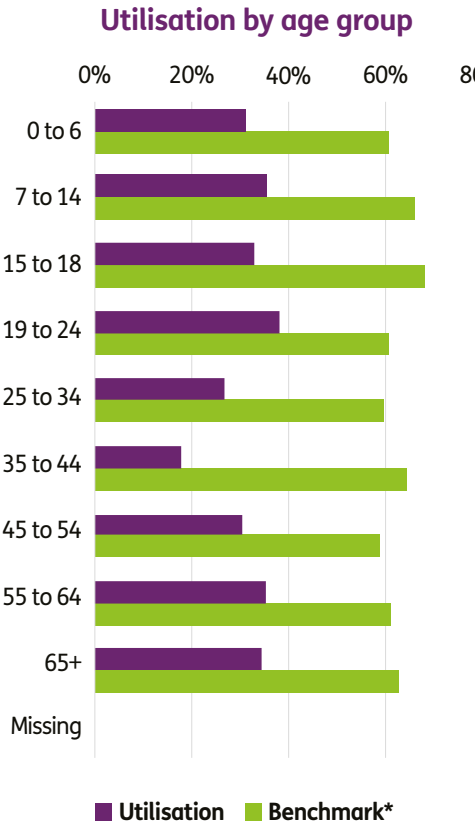
Plan utilisation was lower than benchmark across most of the major support categories.

Capacity Building – Daily Activities was the second largest support category and utilisation of these supports was very low relative to benchmark which drove the overall utilisation result.

Note: only the major support categories are shown

Utilisation of Capacity Building – Daily Activity supports was lowest for participants in the 35 to 44 age group

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



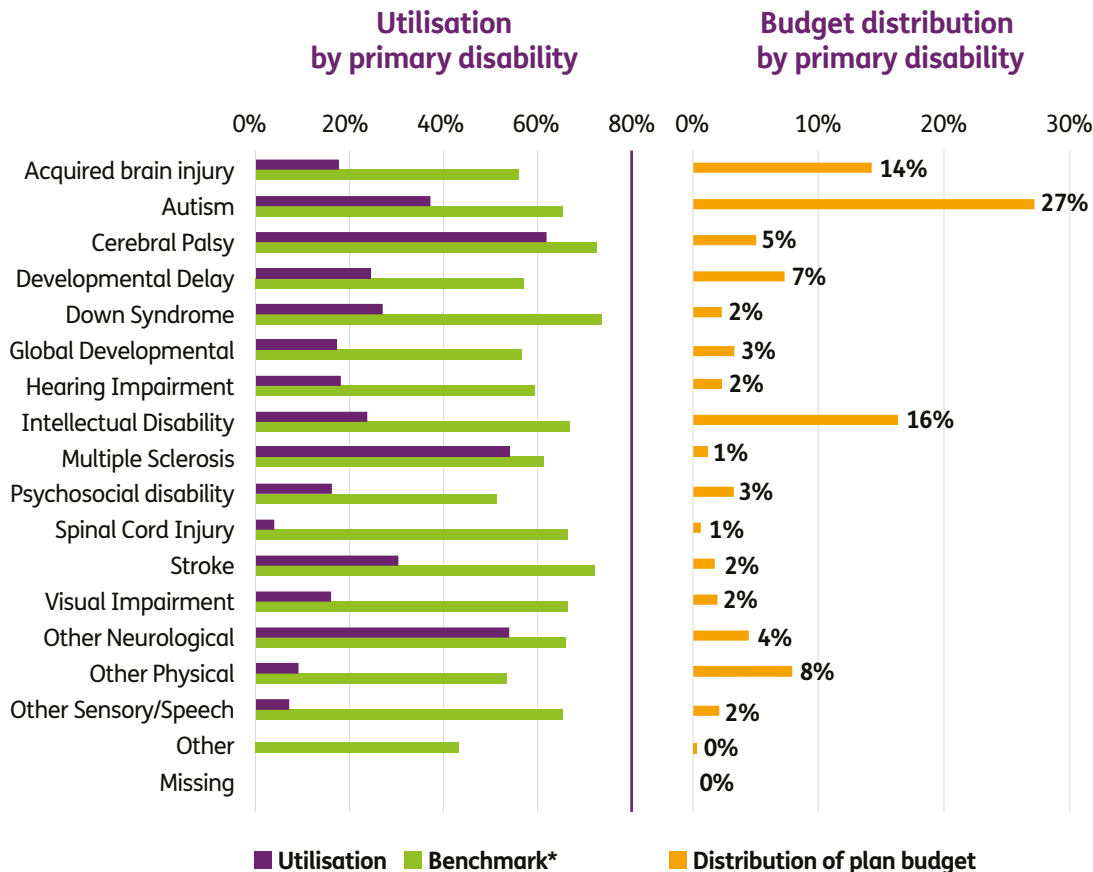
Utilisation of Capacity Building – Daily Activity supports was below benchmark for participants of all age bands.

The gap to benchmark is largest for participants in the 35 to 44 age group. However, the key driver of the overall utilisation result was from participants aged between 0 to 14 which comprised of 47% of Capacity Building – Daily Activity budgets but recorded utilisations that were at least 30% below benchmark.

*The benchmark is the national average, adjusted for the mix of SIL / SDA participants.

Low utilisation of Capacity Building – Daily Activity supports was driven by participants with acquired brain injury, autism and intellectual disability

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



Participants with autism are the largest primary disability group, comprising 27% of Capacity Building – Daily Activity plan budgets. However, utilisation for participants with autism is 28% below benchmark.

Intellectual disability and acquired brain injury are the next two largest primary disability groups which contribute a combined 30% of Capacity Building – Daily Activity plan budgets but have utilisation rates that are respectively 43% and 38% below their benchmarks.

These primary disabilities significantly contribute to the overall utilisation result.

Service district hotspots

Katherine (NT)

The outcomes indicator on choice and control was below benchmark for Katherine (NT) for most 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	145	24%	44%	73%
Daily Activities	145	23%	44%	81%
Community	143	24%	44%	73%
Transport	138	24%	44%	68%
Core total	146	23%	44%	79%
Capacity Building				
Choice and Control	48	29%	55%	62%
Daily Activities	155	23%	44%	66%
Employment	20	25%	45%	71%
Relationships	15	15%	34%	72%
Social and Civic	32	17%	52%	66%
Support Coordination	153	23%	44%	69%
Capacity Building total	155	23%	44%	67%
Capital				
Assistive Technology	61	29%	41%	71%
Home Modifications	21	24%	24%	82%
Capital total	63	28%	40%	74%
All support categories	155	23%	44%	79%

The outcomes indicator on choice and control was below the benchmark for Core, Capacity Building and Capital support categories.

The largest gap is for Social Community and Civic supports (Capacity Building) – where the outcomes indicator is 35 percentage points below benchmark.

The gap is also large for Choice and Control (Capacity building) – where the outcomes indicators is 26 percentage points below the benchmark.

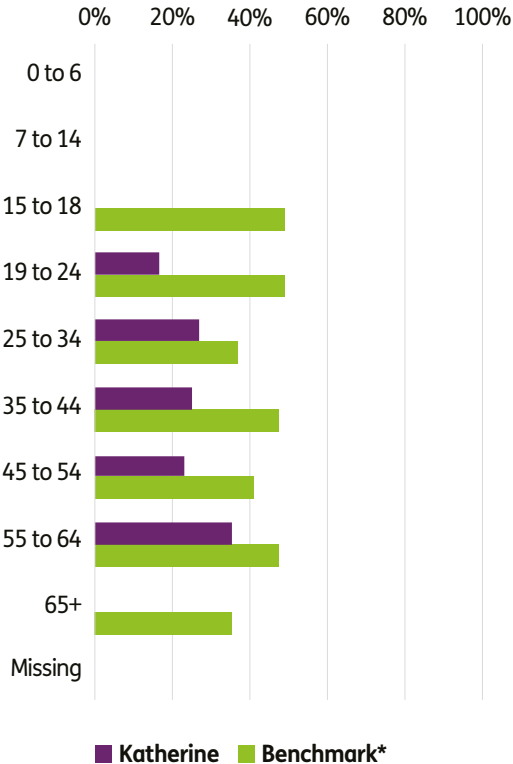
Utilisation is also shown for comparison.

Note: only the major support categories are shown

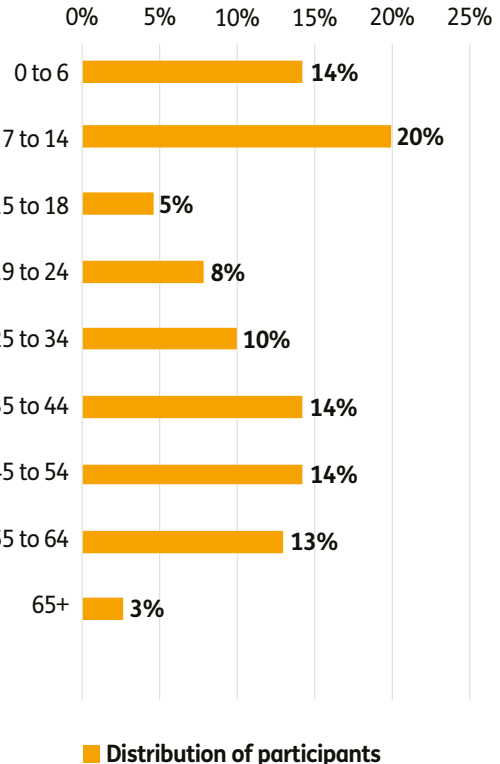
Participants across all ages in Katherine (NT) had the outcomes indicator on choice and control being below benchmark

Katherine (NT): All support categories

Outcomes indicator by age band



Participant distribution by age band



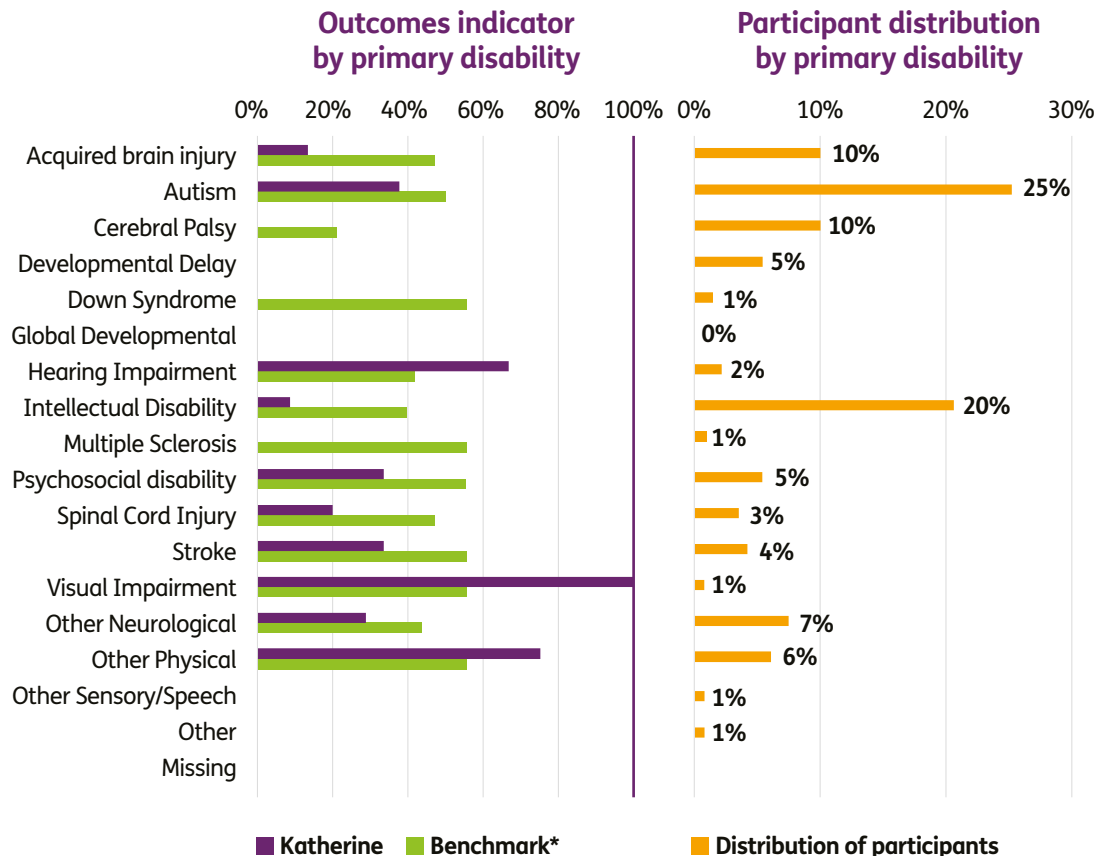
The 15 to 18, 19 to 24 and 65+ age bands had the largest gap in the outcomes indicator to the benchmark, relative to other age bands.

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

*The benchmark is the national average, adjusted for the mix of SIL / SDA participants.

The outcomes indicator on choice and control is above benchmark driven by participants with an acquired brain injury and intellectual disability

Katherine (NT): All support categories



The two major primary disability types (by number of participants) in the Central Australia (NT) district were autism (26%) and intellectual disability (20%). The outcomes indicator was lower compared to the benchmark for autism and substantially lower for intellectual disability.

These two primary disability types, along with acquired brain injury and cerebral palsy, are the key drivers of the overall outcomes indicator result.

*The benchmark is the national average, adjusted for the mix of SIL / SDA participants.

Service district hotspots

Limestone Coast (SA)

The gap between utilisation and benchmark for the Limestone Coast (SA) region was driven by the Core – Community and Capacity Building – Daily Activity support categories

Limestone Coast (SA): Utilisation by support category

Support category	Active participants with approved plans	Total plan budgets (\$m)	Payments (\$m)	Utilisation	Benchmark
Core					
Consumables	1,007	0.75	0.26	35%	68%
Daily Activities	1,009	21.20	15.81	75%	76%
Community	1,011	5.48	2.32	42%	69%
Transport	945	0.63	0.57	90%	68%
Core total	1,027	28.06	18.96	68%	74%
Capacity Building					
Choice and Control	682	0.43	0.42	97%	64%
Daily Activities	1,096	4.21	1.49	35%	66%
Social and Civic	35	0.06	0.00	8%	65%
Support Coordination	378	0.83	0.27	33%	69%
Capacity Building total	1,112	6.78	2.90	43%	67%
Capital					
Assistive Technology	230	0.95	0.71	75%	67%
Home Modifications	70	2.06	0.31	15%	84%
Capital total	268	3.01	1.02	34%	79%
All support categories	1,116	38.16	23.32	61%	73%

Limestone Coast (SA) was identified in the December 2019 report as being a region performing well in the choice and control outcomes indicator. In June 2020, Limestone Coast (SA) is still performing well against the benchmark in the choice and control metric.

However, deterioration compared to the benchmark is observed in the utilisation metric.

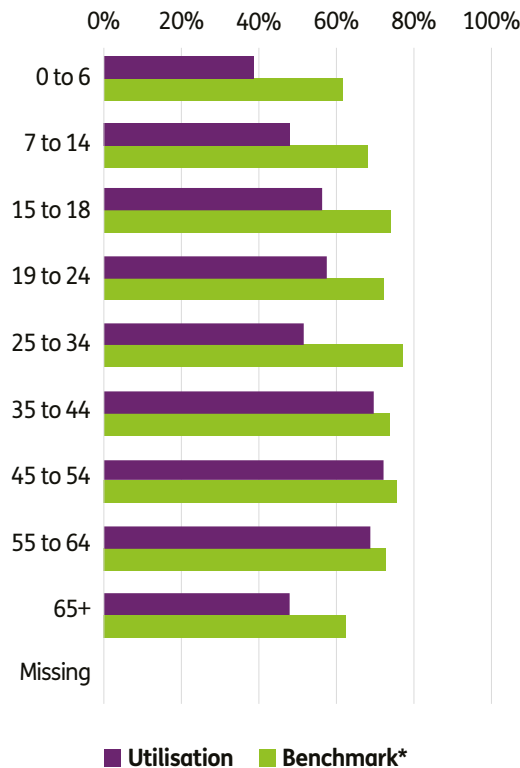
Plan utilisation was lowest, relative to the benchmark, for the Core – Consumables and Capacity Building – Social and Civic support categories.

However, the overall utilisation result was largely driven by low utilisation in the Core – Community and Capacity Building – Daily Activity support categories.

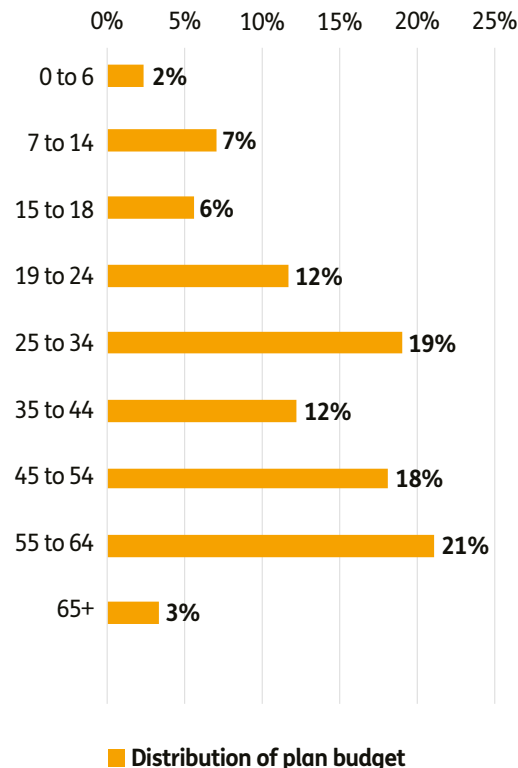
Participants aged 0 to 6 and 65+ had lower utilisation in Limestone Coast (SA) compared to other aged groups

Limestone (SA): All support categories

Utilisation by age band



Budget distribution by age band



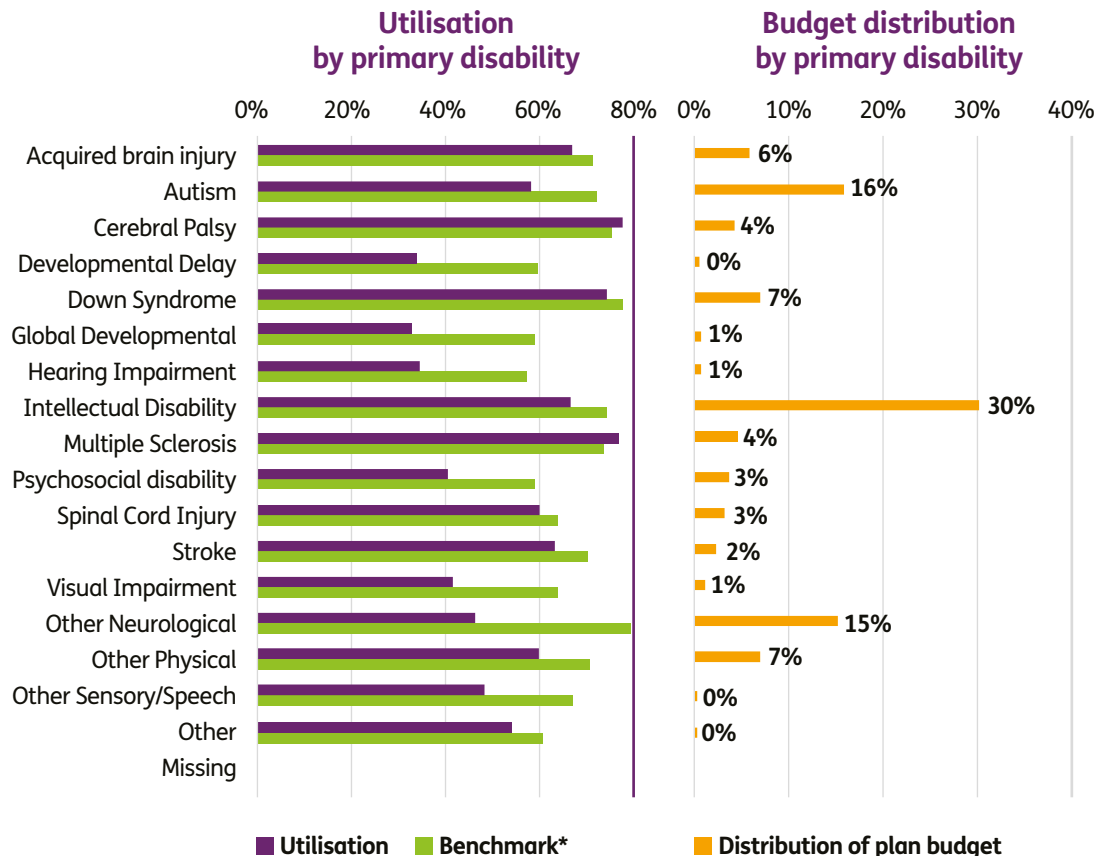
Utilisation was lower across all age bands when compared against the benchmark utilisation.

In particular, this gap was larger for participants aged 0 to 6 and 65+.

*The benchmark is the national average, adjusted for the mix of SIL / SDA participants.

Participants with autism and other neurological had low utilisation rates (compared to benchmark) for the Limestone Coast (SA) region

Limestone Coast (SA): All support categories



Autism and other neurological which represent 16% and 15% of total budgets respectively, have a utilisation that is 14% and 33% below the benchmark rate.

Other drivers of experience include participants with an intellectual disability, psychosocial disability and other physical disability which all have utilisation rates below the benchmark.

*The benchmark is the national average, adjusted for the mix of SIL / SDA participants.



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