# Service District / Support Category Summary Dashboard – SIL/SDA participants – as at 30 June 2021 (with exposure period: 1 October 2020 to 31 March 2021)

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## Page 1, Table 1: Service district summary

For **SIL/SDA participants** across each of the 80 service districts, 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 SIL/SDA participants with approved plans, the number of active providers, total plan budgets and total payments are also shown. Indicators are added where the top 10% and bottom 10% of service districts – by gap to benchmark – are highlighted.

For **SIL/SDA participants per provider**, the top 10% service districts are as follows.

* Hume Moreland (Victoria) has 1.0 SIL/SDA participants per provider.
* Barossa, Light and Lower North (South Australia) has 0.6.
* Fleurieu and Kangaroo Island (South Australia) has 1.0.
* Barkly (Northern Territory) has 0.7.
* East Arnhem (Northern Territory) has 0.7.
* Katherine (Northern Territory) has 0.8.
* Kimberley-Pilbara (Western Australia) has 1.0.
* Wheat Belt (Western Australia) has 0.8.

The bottom 10% service districts are as follows.

* Hunter New England (New South Wales) has 2.6 SIL/SDA participants per provider.
* Murrumbidgee (New South Wales) has 2.7.
* Northern New South Wales (New South Wales) has 2.7.
* Western New South Wales (New South Wales) has 2.7.
* Bayside Peninsula (Victoria) has 2.6.
* Western District (Victoria) has 3.4.
* Northern Adelaide (South Australia) has 2.8.
* Southern Adelaide (South Australia) has 3.1.

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

* Hunter New England (New South Wales) has provider concentration level of 40%.
* South Western Sydney (New South Wales) has 43%.
* Western Sydney (New South Wales) has 48%.
* North East Melbourne (Victoria) has 46%.
* Brisbane (Queensland) has 45%.
* Caboolture/Strathpine (Queensland) has 47%.
* Ipswich (Queensland) has 42%.
* Maroochydore (Queensland) has 41%.

The bottom 10% service districts are as follows.

* Far West (New South Wales) has provider concentration level of 99%.
* Far North (South Australia) has 99%.
* Barkly (Northern Territory) has 99%.
* East Arnhem (Northern Territory) has 100%.
* Goldfields – Esperance (Western Australia) has 99%.
* Kimberley – Pilbara (Western Australia) has 99%.
* Midwest – Gascoyne (Western Australia) has 100%.
* Wheat Belt (Western Australia) has 98%.

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

* Inner Gippsland (Victoria) has provider growth of 28% since the previous exposure period.
* Outer Gippsland (Victoria) has 33%.
* Ovens Murray (Victoria) has 32%.
* Western Melbourne (Victoria) has 24%.
* Barossa, Light and Lower North (South Australia) has 25%.
* Central North Metro (Western Australia) has 26%.
* South East Metro (Western Australia) has 27%.
* South Metro (Western Australia) has 23%.

The bottom 10% service districts are as follows.

* Far North (South Australia) has provider growth of 0% since the previous exposure period.
* Limestone Coast (South Australia) has 0%.
* TAS North (Tasmania) has 2%.
* Australian Capital Territory has 5%.
* Barkly (Northern Territory) has 0%.
* East Arnhem (Northern Territory) has 0%.
* Kimberley – Pilbara (Western Australia) has 0%.
* Midwest – Gascoyne (Western Australia) has 0%.

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

* Cairns (Queensland) has provider shrinkage of 4% since the previous exposure period.
* Rockhampton (Queensland) has 6%.
* Eyre and Western (South Australia) has 7%.
* Far North (South Australia) has 0%.
* East Arnhem (Northern Territory) has 0%.
* Kimberley – Pilbara (Western Australia) has 0%.
* Midwest – Gascoyne (Western Australia) has 0%.
* Wheat Belt (Western Australia) has 0%.

The bottom 10% service districts are as follows.

* Far West (New South Wales) has provider shrinkage of 33% since the previous exposure period.
* South Eastern Sydney (New South Wales) has 22%.
* Barwon (Victoria) has 27%.
* Central Highlands (Victoria) has 25%.
* Ovens Murray (Victoria) has 29%.
* Mackay (Queensland) has 26%.
* Robina (Queensland) has 23%.
* Adelaide Hills (South Australia) has 22%.

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

* Mallee (Victoria) has utilisation of 91%.
* Beenleigh (Queensland) has 90%.
* Brisbane (Queensland) has 96%.
* Bundaberg (Queensland) has 90%.
* Ipswich (Queensland) has 93%.
* Townsville (Queensland) has 89%.
* Central Australia (Northern Territory) has 90%.
* Goldfields – Esperance (Western Australia) has 87%.

The bottom 10% service districts are as follows.

* Bayside Peninsula (Victoria) has utilisation of 77%.
* Brimbank Melton (Victoria) has utilisation of 77%.
* Outer East Melbourne (Victoria) has utilisation of 79%.
* Western District (Victoria) has utilisation of 80%.
* Western Melbourne (Victoria) has utilisation of 80%.
* Eyre and Western (South Australia) has 75%.
* Far North (South Australia) has 76%.
* East Arnhem (Northern Territory) has 19%.

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

* Hunter New England (New South Wales) has an outcomes indicator on choice and control of 23%.
* Barwon (Victoria) has 34%.
* Cairns (Queensland) has 23%.
* Rockhampton (Queensland) has 25%.
* Western Adelaide (South Australia) has 24%.
* TAS South West (Tasmania) has 27%.
* Barkly (Northern Territory) has 25%.
* Kimberley – Pilbara (Western Australia) has 26%.

The bottom 10% service districts are as follows.

* Inner East Melbourne (Victoria) has an outcomes indicator on choice and control of 9%.
* Loddon (Victoria) has 9%.
* Outer East Melbourne (Victoria) has 9%.
* Far North (South Australia) has 4%.
* Yorke and Mid North (South Australia) has 9%.
* East Arnhem (Northern Territory) has 0%.
* Katherine (Northern Territory) has 4%.
* Goldfields-Esperance (Western Australia) has 4%.

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

* North Sydney (New South Wales) has an indicator of 88%.
* Goulburn (Victoria) has 89%.
* Bundaberg (Queensland) has 91%.
* Maroochydore (Queensland) has 90%.
* TAS North West (Tasmania) has 88%.
* Barkly (Northern Territory) has 100%.
* Goldfields – Esperance (Western Australia) has 100%.
* Great Southern (Western Australia) has 91%.

The bottom 10% service districts are as follows.

* Eastern Adelaide (South Australia) has an indicator of 63%.
* Yorke and Mid North (South Australia) has 60%.
* Central Australia (Northern Territory) has 66%.
* East Arnhem (Northern Territory) has 0%.
* Kimberley – Pilbara (Western Australia) has 65%.
* North Metro (Western Australia) has 65%.
* South West (Western Australia) has 64%.
* Wheat Belt (Western Australia) has 57%.

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

For each of the 15 support categories, the same indicators have been calculated. The number of active SIL/SDA participants with approved plans, the number of active providers, total plan budgets and total payments are also shown. Indicators are added where the top 10% and bottom 10% of service districts – by gap to benchmark – are highlighted.

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

* Capacity Building – Lifelong Learning has 2.0 participants per provider.
* Capacity Building – Social and Civic has 4.2.

The bottom 10% support categories are as follows.

* Core – Transport has 43.3 participants per provider.
* Capital – Home Modifications has 52.9.

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

* Core - Community has a provider concentration level of 15%.
* Capacity Building – Support Coordination has 15%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has a provider concentration level of 100%.
* Capacity Building – Lifelong Learning has 100%.

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

* Core – Daily Activities has provider growth of 14% since the previous exposure period.
* Core – Community has 15%.

The bottom 10% support categories are as follows.

* Capacity Building – Choice and Control has provider growth of 0% since the previous exposure period.
* Capacity Building – Home Living has 0%.
* Capacity Building – Lifelong learning has 0%.

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

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

The bottom 10% support categories are as follows.

* Capacity Building – Employment has provider shrinkage of 54% since the previous exposure period.
* Capital – Assistive Technology has 46%.

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

* Core – Daily Activities has an utilisation rate of 95%.
* Capacity Building – Choice and Control has 96%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has an utilisation rate of 12%.
* Capacity Building – Lifelong Learning has 25%.

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

* Capacity Building – Home Living has an outcomes indicator of 36%.
* Capacity Building – Social and Civic has 22%.

The bottom 10% support categories are as follows.

* Capacity Building – Lifelong Learning has an outcomes indicator 0%.
* Capacity Building – Relationships has 10%.

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

* Capacity Building – Employment has an indicator of 82%.
* Capacity Building – Health and Wellbeing has 80%.

The bottom 10% support categories are as follows.

* Capacity Building – Lifelong Learning has an indicator of 50%.
* Capacity Building – Social and Civic has 76%.

## 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 service district / have supports relating to the support category in their plan.
* **Active providers** is defined as the number of providers that received payments for supports provided to participants within the service 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 active 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.