# District / Support Category Summary Dashboard – 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 utilising Supported Independent Living (SIL) supports** across each of the 80 service districts with more than 12 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 (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 (SIL) **participants per provider**, the top 10% districts are as follows.

* Far West (New South Wales) has 1.0 (SIL) participants per provider.
* Barossa, Light and Lower North (South Australia) has 0.7.
* Fleurieu and Kangaroo Island (South Australia) has 0.9.
* East Arnhem (Northern Territory) has 0.3.
* Central North Metro (Western Australia) has 0.8.
* Goldfields – Esperance (Western Australia) has 0.7.
* Midwest – Gascoyne (Western Australia) has 0.7.
* North Metro (Western Australia) has 0.9.

The bottom 10% districts are as follows.

* Hunter New England (New South Wales) has 3.0 (SIL) participants per provider.
* Western New South Wales (New South Wales) has 2.6.
* Mallee (Victoria) has 2.5.
* Outer Gippsland (Victoria) has 2.9.
* Western District (Victoria) has 3.0.
* Northern Adelaide (South Australia) has 3.0.
* Southern Adelaide (South Australia) has 3.2.
* North East Metro (Western Australia) has 2.7.

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

* Hunter New England (New South Wales) has provider concentration level of 43%.
* South Western Sydney (New South Wales) has 55%.
* Bayside Peninsula (Victoria) has 56%.
* North East Melbourne (Victoria) has 51%.
* Brisbane (Queensland) has 56%.
* Ipswich (Queensland) has 54%.
* Maroochydore (Queensland) has 55%.
* Toowoomba (Queensland) has 54%.

The bottom 10% districts are as follows.

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

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

* Brimbank Melton (Victoria) has provider growth of 35% since the previous exposure period.
* Goulbourn (Victoria) has 27%.
* Western Melbourne (Victoria) has 25%.
* Maroochydore (Queensland) has 27%.
* Barossa, Light and Lower North (South Australia) has 30%.
* Central North Metro (Western Australia) has 40%.
* North Metro (Western Australia) has 33%.
* Wheat Belt (Western Australia) has 80%.

The bottom 10% districts are as follows.

* Eyre and Western (South Australia) has provider growth of 0% since the previous exposure period.
* Limestone Coast (South Australia) has 0%.
* Yorke and Mid North (South Australia) has 0%.
* Barkly (Northern Territory) has 0%.
* East Arnhem (Northern Territory) has 0%.
* Goldfields – Esperance (Western Australia) has 0%.
* Kimberley – Pilbara (Western Australia) has 0%.
* Midwest – Gascoyne (Western Australia) has 0%.

For **provider shrinkage**, the top 10% districts are as follows. All districts have provider shrinkage of 0% since the previous exposure period.

* Goulbourn (Victoria)
* Mallee (Victoria)
* TAS South East (Tasmania)
* East Arnhem (Northern Territory)
* Goldfields – Esperance (Western Australia)
* Kimberley – Pilbara (Western Australia)
* Midwest – Gascoyne (Western Australia)
* Wheat Belt (Western Australia)

The bottom 10% districts are as follows.

* Murrumbidgee (New South Wales) has provider shrinkage of 25% since the previous exposure period.
* Central Highlands (Victoria) has 24%.
* Eyre and Western (South Australia) has 27%.
* Far North (South Australia) has 22%.
* Limestone Coast (South Australia) has 40%.
* Yorke and Mid North (South Australia) has 33%.
* Barkly (Northern Territory) has 25%.
* Katherine (Northern Territory) has 21%.

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

* Murrumbidgee (New South Wales) has utilisation of 93%.
* North Sydney (New South Wales) has 89%.
* Mallee (Victoria) has 90%.
* Ovens Murray (Victoria) has 88%.
* Bundaberg (Queensland) has 90%.
* Adelaide Hills (South Australia) has 88%.
* TAS North West (Tasmania) has 89%.
* Wheat Belt (Western Australia) has 87%.

The bottom 10% districts are as follows.

* Western Melbourne (Victoria) has utilisation of 72%.
* Eyre and Western (South Australia) has 70%.
* Far North (South Australia) has 79%.
* Limestone Coast (South Australia) has 75%.
* East Arnhem (Northern Territory) has 61%.
* Goldfields – Esperance (Western Australia) has 55%.
* Great Southern (Western Australia) has 74%.
* Midwest – Gascoyne (Western Australia) has 72%.

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

* Outer Gippsland (Victoria) has an outcomes indicator on choice and control of 24%.
* Rockhampton (Queensland) has 24%.
* TAS South West (Tasmania) has 25%.
* Barkly (Northern Territory) has 33%.
* Central South Metro (Western Australia) has 24%.
* Great Southern (Western Australia) has 31%.
* Kimberley – Pilbara (Western Australia) has 29%.
* South East Metro (Western Australia) has 25%.

The bottom 10% districts are as follows.

* Inner East Melbourne (Victoria) has an outcomes indicator on choice and control of 7%.
* Outer East Melbourne (Victoria) has 7%.
* Far North (South Australia) has 4%.
* Darwin Urban (Northern Territory) has 7%.
* East Arnhem (Northern Territory) has 0%.
* Katherine (Northern Territory) has 7%.
* Midwest – Gascoyne (Western Australia) has 0%.
* North East Metro (Western Australia) has 7%.

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

* North Sydney (New South Wales) has an indicator of 89%.
* Mallee (Victoria) has 88%.
* Bundaberg (Queensland) has 89%.
* TAS North West (Tasmania) has 89%.
* Australian Capital Territory has 88%.
* Barkly (Northern Territory) has 100%.
* Goldfields – Esperance (Western Australia) has 100%.
* Midwest – Gascoyne (Western Australia) has 100%.

The bottom 10% districts are as follows.

* Barossa, Light and Lower North (South Australia) has an indicator of 54%.
* Eastern Adelaide (South Australia) has 56%.
* Yorke and Mid North (South Australia) has 52%.
* TAS South East (Tasmania) has 51%.
* East Arnhem (Northern Territory) has 0%.
* Kimberley – Pilbara (Western Australia) has 50%.
* North Metro (Western Australia) has 56%.
* Wheat Belt (Western Australia) has 0%.

## 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 (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 3.6 participants per provider.
* Capacity Building – Lifelong Learning has 1.5.

The bottom 10% support categories are as follows.

* Core – Transport has 41.3 participants per provider.
* Capital – Home Modifications has 62.4.

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

* Core - Community has a provider concentration level of 17%.
* Capacity Building – Support Coordination has 17%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has a provider concentration level of 90%.
* Capacity Building – Lifelong Learning has 100%.

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

* Capacity Building – Relationships has provider growth of 19% since the previous exposure period.
* Capital – Assistive Technology has 31%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has provider growth of 0% since the previous exposure period.
* Capacity Building – Lifelong learning has 0%.
* Capacity Building – Employment 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 – Social and Civic has provider shrinkage of 24% since the previous exposure period.
* Capital – Assistive Technology has 18%.

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

* Core – Daily Activities has a utilisation rate of 92%.
* Capacity Building – Choice and Control has 94%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has a utilisation rate of 22%.
* Capacity Building – Social and Civic has 33%.

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

* Capacity Building – Home Living has an outcomes indicator of 38%.
* Capacity Building – Social and Civic has 21%.

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 83%.
* Capacity Building – Health and Wellbeing has 80%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has an indicator of 72%.
* Capacity Building – Lifelong Learning has 67%.

## 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.