# District / Support Category Summary Dashboard – SIL only – as at 31 December 2020 (with exposure period: 1 April 2020 to 30 September 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.

* Brimbank Melton (Victoria) has 1.1 (SIL) participants per provider.
* Hume Moreland (Victoria) has 1.1.
* Barossa, Light and Lower North (South Australia) has 0.5.
* Fleurieu and Kangaroo Island (South Australia) has 0.8.
* Barkly (Northern Territory) has 0.7.
* East Arnhem (Northern Territory) has 0.3.
* Katherine (Northern Territory) has 0.9.
* Wheat Belt (Western Australia) has 1.0.

The bottom 10% districts are as follows.

* Hunter New England (New South Wales) has 2.8 (SIL) participants per provider.
* Murrumbidgee (New South Wales) has 2.7.
* Bayside Peninsula (Victoria) has 2.6.
* Outer Gippsland (Victoria) has 2.8.
* Western District (Victoria) has 3.2.
* Northern Adelaide (South Australia) has 3.0.
* Southern Adelaide (South Australia) has 3.2.
* Australian Capital Territory has 2.6.

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 48%.
* North East Melbourne (Victoria) has 49%.
* Brisbane (Queensland) has 51%.
* Caboolture/Strathpine (Queensland) has 51%.
* Ipswich (Queensland) has 45%.
* Maroochydore (Queensland) has 48%.
* Toowoomba (Queensland) has 53%.

The bottom 10% districts are as follows.

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

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

* Limestone Coast (South Australia) has provider growth of 31% since the previous exposure period.
* Yorke and Mid North (South Australia) has 33%.
* Central North Metro (Western Australia) has 70%.
* Goldfields-Esperance (Western Australia) has 33%.
* Great Southern (Western Australia) has 60%.
* Midwest-Gascoyne (Western Australia) has 60%.
* North Metro (Western Australia) has 37%.
* South East Metro (Western Australia) has 63%.

The bottom 10% districts are as follows.

* Outer Gippsland (Victoria) has provider growth of 0% since the previous exposure period.
* Ovens Murray (Victoria) has 0%.
* Toowoomba (Queensland) has 5%.
* Townsville (Queensland) has 5%.
* Eyre and Western (South Australia) has 0%.
* East Arnhem (Northern Territory) has 0%.
* Kimberley – Pilbara (Western Australia) has 0%.

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

* Far West (New South Wales) has provider shrinkage of 0% since the previous exposure period.
* Adelaide Hills (South Australia) has 5%.
* East Arnhem (Northern Territory) has 0%.
* Central North Metro (Western Australia) has 0%.
* Great Southern (Western Australia) has 0%.
* Kimberley – Pilbara (Western Australia) has 0%.
* Midwest – Gascoyne (Western Australia) has 0%.
* South East Metro (Western Australia) has 2%.

The bottom 10% districts are as follows.

* Central Highlands (Victoria) has provider shrinkage of 37% since the previous exposure period.
* Hume Moreland (Victoria) has 38%.
* Inner East Melbourne (Victoria) has 34%.
* Inner Gippsland (Victoria) has 38%.
* Mallee (Victoria) has 33%.
* North East Melbourne (Victoria) has 30%.
* Outer Gippsland (Victoria) has 38%.
* Goldfields-Esperance (Western Australia) has 33%.

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

* North Sydney (New South Wales) has utilisation of 89%.
* Beenleigh (Queensland) has 87%.
* Bundaberg (Queensland) has 91%.
* Maryborough (Queensland) has 88%.
* TAS North (Tasmania) has 88%.
* TAS South East (Tasmania) has 88%.
* TAS South West (Tasmania) has 89%.
* Midwest-Gascoyne (Western Australia) has 85%.

The bottom 10% districts are as follows.

* Goulburn (Victoria) has utilisation of 72%.
* Hume Moreland (Victoria) has utilisation of 75%.
* Inner East Melbourne (Victoria) has utilisation of 75%.
* Outer East Melbourne (Victoria) has utilisation of 76%.
* Outer Gippsland (Victoria) has utilisation of 75%.
* Western Melbourne (Victoria) has utilisation of 74%.
* East Arnhem (Northern Territory) has 29%.
* Great Southern (Western Australia) has 71%.

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

* Hunter New England (New South Wales) has an outcomes indicator on choice and control of 23%.
* Barwon (Victoria) has 36%.
* Outer Gippsland (Victoria) has 22%.
* Cairns (Queensland) has 23%.
* Rockhampton (Queensland) has 24%.
* Fleurieu and Kangaroo Island (South Australia) has 22%.
* Western Adelaide (South Australia) has 24%.
* TAS South West (Tasmania) has 26%.

The bottom 10% districts are as follows.

* Far West (New South Wales) has an outcomes indicator on choice and control of 4%.
* Inner East Melbourne (Victoria) has 8%.
* Far North (South Australia) has 4%.
* Barkly (Northern Territory) has 0%.
* Darwin Urban (Northern Territory) has 7%.
* East Arnhem (Northern Territory) has 0%.
* Katherine (Northern Territory) has 6%.
* Goldfields-Esperance (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%.
* Beenleigh (Queensland) has 87%.
* Bundaberg (Queensland) has 89%.
* Maroochydore (Queensland) has 90%.
* TAS North West (Tasmania) has 91%.
* Australian Capital Territory has 88%.
* Barkly (Northern Territory) has 100%.
* Goldfields – Esperance (Western Australia) has 100%.

The bottom 10% districts are as follows.

* Eastern Adelaide (South Australia) has an indicator of 60%.
* Yorke and Mid North (South Australia) has 58%.
* TAS South East (Tasmania) has 59%.
* Central Australia (Northern Territory) has 61%.
* East Arnhem (Northern Territory) has 0%.
* Kimberley – Pilbara (Western Australia) has 55%.
* North Metro (Western Australia) has 63%.
* Wheat Belt (Western Australia) has 58%.

## 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 – Lifelong Learning has 2.0 participants per provider.
* Capacity Building – Social and Civic has 5.0.

The bottom 10% support categories are as follows.

* Core – Transport has 46.3 participants per provider.
* Capital – Home Modifications has 56.9.

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 16%.

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.

* Capacity Building – Relationships has provider growth of 20% since the previous exposure period.
* Capital – Assistive Technology has 24%.

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%.

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.

* Core – Transport has provider shrinkage of 39% since the previous exposure period.
* Capacity Building – Social and Civic has 47%.

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

* Core – Daily Activities has a utilisation rate of 93%.
* Capacity Building – Choice and Control has 97%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has a utilisation rate of 8%.
* Capacity Building – Social and Civic has 29%.

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 83%.
* Capacity Building – Lifelong Learning has 100%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has an indicator of 74%.
* Capacity Building – Social and Civic has 74%.

## 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.