# The NDIS Market – 31 December 2019

## Table of Contents

[The NDIS Market – 31 December 2019 1](#_Toc34146554)

[Table of Contents 1](#_Toc34146555)

[Slide 1: The NDIS Market – 31 December 2019 5](#_Toc34146556)

[Slide 2: Outline 5](#_Toc34146557)

[Slide 3: 01 Introduction 5](#_Toc34146558)

[Slide 4: Background 5](#_Toc34146559)

[Slide 5: Active participants, plan budgets and payments over time 6](#_Toc34146560)

[Slide 6: Payments by support category 6](#_Toc34146561)

[Slide 7: Key indicators for monitoring the NDIS market 6](#_Toc34146562)

[Slide 8: Key indicators for monitoring the NDIS market – plan utilisation 7](#_Toc34146563)

[Slide 9: Key indicators for monitoring the NDIS market – market concentration 7](#_Toc34146564)

[Slide 10: Key indicators for monitoring the NDIS market – choice and control 8](#_Toc34146565)

[Slide 11: Summary of indicators across market segments 8](#_Toc34146566)

[Slide 12: Each of the bilateral regions 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 regions 9](#_Toc34146567)

[Slide 13: 02 Key Insights covering the period from April 2019 to September 2019 9](#_Toc34146568)

[Slide 14: Analysis of utilisation against the regions ordered by budget size indicates some positive correlation 9](#_Toc34146569)

[Slide 15: Plan utilisation was more than 10% below the benchmark for eight bilateral regions 10](#_Toc34146570)

[Slide 16: Of regions more than 5% below the national average benchmark, the majority were in NT and SA (1) 10](#_Toc34146571)

[Slide 17: Of regions more than 5% below the national average benchmark, the majority were in NT and SA (2) 11](#_Toc34146572)

[Slide 18: The number of regions with an overall utilisation rate more than 10% below national average has increased between June 2019 and December 2019 (from five to eight) 11](#_Toc34146573)

[Slide 19: Overall utilisation rates have risen across Australia 11](#_Toc34146574)

[Slide 20: 19 of 23 small regions were below the utilisation benchmark, the majority of which are in NT and SA 12](#_Toc34146575)

[Slide 21: Plan utilisation for all regions with total plan budgets greater than $50m were within ten percentage points of the benchmark 12](#_Toc34146576)

[Slide 22: Provider concentration tends to fall as total budget increases 12](#_Toc34146577)

[Slide 23: Provider concentration was above the benchmark of 85% for nine bilateral regions, all with total plan budgets below $50m 13](#_Toc34146578)

[Slide 24: The majority of regions above the provider concentration benchmark were in NT and WA. 13](#_Toc34146579)

[Slide 25: The number of regions that are 5% to 10% higher than the benchmark has risen from one to six between the end of June 2019 and the end of December 2019 14](#_Toc34146580)

[Slide 26: Provider concentration has moved little since June 2019 14](#_Toc34146581)

[Slide 27: All the regions above the provider concentration benchmark had less than $50m in total plan budgets 14](#_Toc34146582)

[Slide 28: All regions with more than $50m in total plan budgets had provider concentration below the benchmark 15](#_Toc34146583)

[Slide 29: The outcomes indicator on choice and control for two regions was more than 10% below the benchmark 15](#_Toc34146584)

[Slide 30: The majority of regions above the outcomes indicator benchmark were in NT and Sydney 15](#_Toc34146585)

[Slide 31: The number of regions that are below the benchmark has risen from 26 to 33 between June 2019 and December 2019 16](#_Toc34146586)

[Slide 32: The outcomes indicator on choice and control has increased slightly since June 2019 17](#_Toc34146587)

[Slide 33: The regions more than 10% below the benchmark had less than $50 in total plan budgets 17](#_Toc34146588)

[Slide 34: The outcomes indicator on choice and control was more than 10% above the benchmark for the TAS South West (TAS) and ACT (ACT) regions 18](#_Toc34146589)

[Slide 35: 03 Regional hotspots 18](#_Toc34146590)

[Slide 36: Hotspots are regions that score relatively worse against one or many corporate target metric benchmarks compared with other regions 18](#_Toc34146591)

[Slide 37: Hotspots identified in the June 2019 NDIS Market report have changed 18](#_Toc34146592)

[Slide 38: Outer Gippsland (VIC) 19](#_Toc34146593)

[Slide 39: Lower utilisation for Outer Gippsland (VIC) region was driven by the Core – Community, Capacity Building – Daily Activities and Capacity Building – Support Coordination support categories 19](#_Toc34146594)

[Slide 40: Utilisation for participants in the Outer Gippsland (VIC) region was particularly low for older participants aged 45+ 19](#_Toc34146595)

[Slide 41: Participants with psychosocial disability or other neurological were key contributors to lower utilisation for the Outer Gippsland (VIC) region 20](#_Toc34146596)

[Slide 42: Eyre and Western (SA) 20](#_Toc34146597)

[Slide 43: Compared to the benchmark, lower utilisation in Eyre and Western (SA) was driven by Core – Daily Activities and Capacity Building – Daily Activities 20](#_Toc34146598)

[Slide 44: Participants aged seven to 18 and 65+ had lower utilisation in Eyre and Western (SA) compared to other aged groups 20](#_Toc34146599)

[Slide 45: Participants with intellectual disability had low utilisation rates (compared to benchmark) for the Eyre and Western (SA) region 20](#_Toc34146600)

[Slide 46: Darwin Remote (NT) 21](#_Toc34146601)

[Slide 47: The gap between utilisation and benchmark for the Darwin Remote (NT) region was driven by the Core – Community and Capacity Building – Daily Activity support categories 21](#_Toc34146602)

[Slide 48: Utilisation for participants in the Darwin Remote (NT) region was below benchmark across all age bands 21](#_Toc34146603)

[Slide 49: Utilisation for participants with developmental delay or intellectual disability were key contributors to the utilisation result for the Darwin Remote (NT) region 21](#_Toc34146604)

[Slide 50: Goldfields-Esperance (WA) 21](#_Toc34146605)

[Slide 51: Provider concentration in Goldfields-Esperance (WA) is higher than benchmark across all support categories 21](#_Toc34146606)

[Slide 52: Provider concentration for participants in the Goldfields-Esperance (WA) region was greater than benchmark across all age bands 22](#_Toc34146607)

[Slide 53: Provider concentration for participants in the Goldfields-Esperance (WA) region was greater than benchmark across all disability types 22](#_Toc34146608)

[Slide 54: The gap between utilisation and benchmark for the Goldfields-Esperance (WA) region was driven by the Capacity Building – Daily Activity support category 22](#_Toc34146609)

[Slide 55: Utilisation for participants in the Goldfields-Esperance (WA) region was below benchmark across all age bands 23](#_Toc34146610)

[Slide 56: Utilisation for participants with intellectual disability was the key contributor to the utilisation result for the Goldfields-Esperance (WA) region 23](#_Toc34146611)

[Slide 57: Kimberley-Pilbara (WA) 23](#_Toc34146612)

[Slide 58: Provider concentration in Kimberley-Pilbara (WA) is higher then benchmark across all support categories 23](#_Toc34146613)

[Slide 59: Provider concentration for participants in the Kimberley-Pilbara (WA) region was greater than benchmark across all age bands 23](#_Toc34146614)

[Slide 60: Above benchmark provider concentration benchmark is driven by participants with psychosocial disability and intellectual disability 24](#_Toc34146615)

[Slide 61: The gap between utilisation and benchmark for the Kimberley-Pilbara (WA) region was driven by the Core – Community and Capacity Building – Daily Activity support categories 24](#_Toc34146616)

[Slide 62: Utilisation for participants in the Kimberley-Pilbara (WA) region was below benchmark across all age bands 24](#_Toc34146617)

[Slide 63: Utilisation for participants with autism or intellectual disability was the key contributor to the utilisation result for the Kimberley-Pilbara (WA) region 24](#_Toc34146618)

[Slide 64: Central Australia (NT) 25](#_Toc34146619)

[Slide 65: The outcomes indicator on choice and control was below benchmark for Central Australia (NT) for most support categories 25](#_Toc34146620)

[Slide 66: The outcomes indicator on choice and control being below benchmark is driven by participants with psychosocial disability and intellectual disability. 25](#_Toc34146621)

[Slide 67: The outcomes indicator on choice and control being above benchmark is driven by participants between 19 and 44 years of age 25](#_Toc34146622)

[Slide 68: Limestone Coast (SA) 26](#_Toc34146623)

[Slide 69: The outcomes indicator on choice and control was above benchmark for Limestone Coast (SA) for all support categories 26](#_Toc34146624)

[Slide 70: The outcomes indicator on choice and control is above benchmark driven by participants between 19 and 64 years of age 26](#_Toc34146625)

[Slide 71: The outcomes indicator on choice and control being above benchmark is driven by participants with psychosocial disability and intellectual disability 26](#_Toc34146626)

[Slide 72: Copyright Notice 27](#_Toc34146627)

## Slide 1: The NDIS Market – 31 December 2019

## Slide 2: Outline

The presentation will discuss the following topics:

Introduction

Key insights

– Plan utilisation

– Provider concentration

– Outcomes indicator on choice and control

Regional hotspots

* Outer Gippsland (VIC)
* Eyre and Western (SA)
* Darwin Remote (NT)
* Kimberley-Pilbara (WA)
* Goldfields-Esperance (WA)
* Central Australia (NT)
* Limestone Coast (SA)

##

## Slide 3: 01 Introduction

Slides 4 to 12 serve as an introduction to the analysis

## Slide 4: 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.

On 30 September 2019, the NDIA released a report on the NDIS market (using 30 June 2019 data – “the June report”). The aim of this report was to support the purpose of the NDIS by comparing a number of market indicators across geographical regions and participant characteristics to identify “hot spots” where support provision is comparatively lower or higher than the rest of the NDIS market. This report provides an update to this previous report using data at 31 December 2019.

As at 31 December 2019, the Scheme had just under 340,000 active participants with approved plans, residing across eighty bilateral regions. Note: Bilateral agreements were signed between the Commonwealth government and the States and Territories; these agreements detailed the Scheme phase-in dates of the 80 regions, which are based on combinations of Local Government Areas (LGAs).

This report provides detailed information on 76 of these regions as NDIS service delivery commenced in these areas on or before 1st January 2019. This compares with the June report where 64 regions were included in the analysis (as only 64 regions as the NDIS had only been operating for at least a year at 30 June 2019).

## Slide 5: 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 in three to four years time.

A table shows the number of active participants, total committed supports, total payments and utilisation by financial year.

For ‘trial years’, there were 29,719 active participants, $1,569 million total committed supports, $1,161 million total payments and utilisation was 74%.

For 2016-17, there were 89,610 active participants, $3,235 million total committed supports, $2,183 million total payments and utilisation was 67%.

For 2017-18, there were 172,333 active participants, $7,740 million total committed supports, $5,420 million total payments and utilisation was 70%.

For 2018-19, there were 286,015 active participants, $14,456 million total committed supports, $10,205 million total payments and utilisation was 70%.

For 2019-20 year to date (YTD), there were 338,982 active participants, $11,091 million total committed supports and $6,944 million total payments. Note: There is a lag between when support is provided and when it is paid – hence, payments will increase.

## Slide 6: 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

A table shows total payments split by support category and financial year. For 2019-20 YTD, it also shows payments for each support category as a percentage of total supports.

The largest support categories by payments made are: Core – Daily Activities, making up 55% of payments, Core-Community with 18%, Capacity Building - Daily Activities with 11%, Core – Transport with 4% and Capital – Assistive Technology with 3%. All other support categories are less than 2% of total payments.

The percentage of total payments consisting of Core – Daily Activities has declined steadily since 2016-17 (61% of payments), while Core – Community has increased steadily from 14% in 2016-17. The percentage of total payments consisting of Capacity Building – Daily Activities has been increasing since 2017-18 (8% of payments).

## Slide 7: Key indicators for monitoring the NDIS market

The NDIA corporate plan 2019-2023 lists four performance indicators for Aspiration Two – *a competitive market with innovative supports*. Specifically the indicators are on:

* Choice and control
* Provider sentiment and confidence
* Plan utilisation
* Market concentration

This document includes a deep dive into three of these metrics (choice and control, plan utilisation, and market concentration).

Note that details on the benchmarks for each indicator are set out in Appendix B of the Market Report Appendices (which can be downloaded as a separate presentation on the NDIS website).

## Slide 8: Key indicators for monitoring the NDIS market – plan utilisation

For support provided between 1 April 2019 and 30 September 2019, 69% had been utilised nationally, based on data at 31 December 2019. Note: 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.

 Experience in other Schemes with individual budgets (internationally and in Australia) indicates that plan utilisation is unlikely to be 100% - however, it should be higher than current levels. Some of the reasons for plans being under-utilised 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.

Combinations of the above factors are likely to be driving the lower than expected utilisation. Recognising that utilisation is lower than expected, significant insights can still be drawn by understanding how utilisation differs from this national average (“the benchmark”) across bilateral regions, participant cohorts, and support categories. In order to compare regions, 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 with 61%)
* 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 (53% for participants on their first plans compared with 78% for participants on their fifth plan).

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

## Slide 9: Key indicators for monitoring the NDIS market – market concentration

Understanding the distribution of payments to service providers in a region 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 region and a high provider concentration might suggest that there is insufficient competition in a region, and that further investment could be of benefit. Regions 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 region. On average across regions, 61% of payments go to the largest ten providers. In this analysis, some regions 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.

## Slide 10: 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 region and measured against a national benchmark that takes account of differences in the response rate arising from whether a participant receives SIL supports.

* Nationally, 50% of participants aged 15 years and over indicated that they choose who supports them, and 68% indicated that the NDIS has helped with choice and control.
* Over time, it is expected that these percentages will increase – however, understanding how different regions, 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 regions are more than ten percentage points below or above this benchmark indicates possible thin markets and markets that are doing relatively better than other regions. Some regions that differ substantially from the benchmark are analysed in more detail in this document, including looking at participant characteristics and support categories within the region.

## Slide 11: Summary of indicators across market segments

The key indicators have been calculated over the period from 1 April 2019 to 30 September 2019, using data available as at 31 December 2019, and are presented by:

* Geographical region
* 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).

Definitions of the key indicators are as follows:

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

An appropriate benchmark is also presented for each indicator and market segments. Note: the benchmark represents the national average, and for some indicators, is adjusted for the mix of participants within the market being analysed.

## Slide 12: Each of the bilateral regions 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 regions

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

To mitigate this effect, each bilateral region has been allocated into one of three categories for comparison against other regions of similar size. The categories have been defined by the value of total plan budgets over the period from 1 April 2019 to 30 September 2019. The three categories are:

* Less than $50m in total plan budgets
* $50m to $150m in total plan budgets
* Greater than $150m in total plan budgets

A chart shows the number and proportion of bilateral regions that have been allocated to each category. 23 (30%) bilateral regions have less than $50 million in total plan budgets, 25 (33%) have between $50 million and $150 million, and 28 (37%) have more than $150 million.

Note that in the June 2019 report, the category thresholds were $25m and $100m. Over time regions grow as more participants enter the Scheme, so necessitating a periodic redefinition of the total plan budget categories.

## Slide 13: 02 Key Insights covering the period from April 2019 to September 2019

Slides 14 to 34 present key insights covering the period from April 2019 to September 2019

## Slide 14: Analysis of utilisation against the regions ordered by budget size indicates some positive correlation

**Ordering regions by budget size indicates that larger regions tend to have higher utilisation rates.**

A chart shows plan utilisation by bilateral region. The regions are ordered by budget size, showing a pattern of some positive correlation or total budget size with utilisation. Utilisation increases from approximately 50% for the smallest regions to around 70% for largest.

Note: the correlation coefficient is 0.49. 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 region. The size of the co-efficient (between zero and one) indicates the strength of the relationship. A coefficient of 0.49 indicates a relationship, but the relationship is not overly strong.

## Slide 15: Plan utilisation was more than 10% below the benchmark for eight bilateral regions

A chart shows the distribution of the gap between the plan utilisation indicator and the benchmark, for each bilateral region.

8 regions (10.5%) are more than 10 percentage points below benchmark, 11 (14.5%) are between 5 and 10 percentage points below benchmark, 52 (68.4%) are within 5 percentage points of benchmark and 5 regions are more than 5 percentage points above benchmark.

The benchmark represents the national average, adjusted for the mix of participants receiving SIL supports and the number of plans each participant has received.

Note 1: Utilisation is calculated over the period from 1 April 2019 to 30 September 2019, using data available as at 31 December 2019

Note 2: Further detail on benchmarks is provided in Appendix B

Note 3: The bilateral regions considered have had at least twelve months of Scheme experience, i.e. commenced phasing before 1 January 2019. This equates to 76 of the 80 bilateral regions.

## Slide 16: The majority of regions more than 5% below the national average benchmark are in NT or SA

A table shows a list of the eleven regions that were between 5 and 10 percentage points below national average (benchmark). Note: ‘National average’ on this context refers to the benchmark used for that region – which is the national average utilisation rate adjusted to reflect SIL category and plan number profile of the region in question.

The regions are:

* Far West (NSW) with utilisation of 59%, compared to a benchmark of 66%
* Goulburn (VIC) with utilisation of 51%, compared to a benchmark of 57%
* Inner Gippsland (VIC) with utilisation of 59%, compared to a benchmark of 66%
* Barossa, Light and Lower North (SA) with utilisation of 62%, compared to a benchmark of 67%
* Limestone Coast (SA) with utilisation of 61%, compared to a benchmark of 71%
* Murray and Mallee (SA) with utilisation of 66%, compared to a benchmark of 71%
* Yorke and Mid North (SA) with utilisation of 59%, compared to a benchmark of 66%
* Central Australia (NT) with utilisation of 68%, compared to a benchmark of 76%
* Darwin Urban (NT) with utilisation of 64%, compared to a benchmark of 73%
* Katherine (NT) with utilisation of 67%, compared to a benchmark of 76%
* Wheat Belt (WA) with utilisation of 54%, compared to a benchmark of 59%

By total annualised plan budgets, the largest regions are Inner Gippsland ($201 million) and Darwin Urban ($189 million). The smallest are Katherine ($26 million) and Wheat Belt ($34 million).

Three of the eleven regions are in the Northern Territory and four are in South Australia.

## Slide 17: The majority of regions more than 5% below the national average benchmark are in NT or SA (cont.)

A table shows a list of the eight regions that were more than 10 percentage points below national average (benchmark). Note: ‘National average’ on this context refers to the benchmark used for that region – which is the national average utilisation rate adjusted to reflect SIL category and plan number profile of the region in question.

The regions are:

* Outer Gippsland (VIC) with utilisation of 47%, compared to a benchmark of 58%
* Eyre and Western (SA) with utilisation of 53%, compared to a benchmark of 65%
* Far North (SA) with utilisation of 45%, compared to a benchmark of 69%
* Barkly (NT) with utilisation of 38%, compared to a benchmark of 75%
* Darwin Remote (NT) with utilisation of 34%, compared to a benchmark of 61%
* East Arnhem (NT) with utilisation of 27%, compared to a benchmark of 65%
* Kimberley-Pilbara (WA) with utilisation of 45%, compared to a benchmark of 56%
* Goldfields-Esperance (WA) with utilisation of 42%, compared to a benchmark of 53%

All eight regions have total annualised plan budgets of less than $100 million, the smallest being Barkly ($18 million) and East Arnhem ($19 million). They also have the fewest active participants (151 and 161 respectively).

Three of the eight regions are in the Northern Territory and two are in South Australia.

## Slide 18: The number of regions with an overall utilisation rate more than 10% below national average has increased between June 2019 and December 2019 (from five to eight)

There are two charts. One shows the distribution of regions by their gap to benchmark utilisation at December 2019, and the other shows the distribution of regions by their gap to benchmark utilisation at June 2019.

At December 2019, 8 regions (10.5%) were more than 10 percentage points below benchmark, compared to 5 (7.8%) at June 2019.

At December 2019, 11 regions (14.5%) were between 5 and 10 percentage points below benchmark, compared to 6 (9.4%) at June 2019.

At December 2019, 52 regions (68.4%) were within 5 percentage points of benchmark, compared to 49 (76.6%) at June 2019.

At December 2019, 5 regions (6.4%) were more than 5 percentage points above benchmark, compared to 4 (6.2%) at June 2019.

## Slide 19: Overall utilisation rates have risen across Australia

**National utilisation rate has risen from 66% to 69% between end June 2019 and end December 2019 and the benchmark charts (preceding slide) show that regions are shifting to higher levels of utilisation relative to benchmark.**

* As shown in the charts on the preceding slide, at the end of June 2019, there were 39 regions (out of 64) that were below their benchmark. At the end of December 2019, this has increased to 49 (out of 76).
* The increase from five to eight of the regions more than 10% below benchmark is driven by the addition of three regions that were not in the analysis before (Outer Gippsland (VIC), Kimberley-Pilbara (WA) and Goldfields-Esperance (WA)). In addition Eyre and Western (SA) moved into the category and Murray and Mallee (SA) moved out.
* The number of regions between 5% and 10% below benchmark has increased from six to eleven. One of the regions (Goulburn (VIC)) is a new addition to the analysis. The remaining four region increase is the net result of Eyre and Western (SA) moving to more than 10% below benchmark and Murray and Mallee (SA), Yorke and Mid North (SA), Darwin Urban (NT), Katherine (NT) and Wheat Belt (WA) moving into the category.
* When looking at the regions above the benchmark, there has been an increase – from four to five - in the number of regions with a utilisation rate greater than 5% above the benchmark, again this was driven by the addition of a new region to the analysis (South-West) than a general shift in utilisation relative to benchmark.

## Slide 20: 19 of 23 small regions were below the utilisation benchmark, the majority of which are in NT and SA

A chart shows plan utilisation, and the corresponding benchmark, for each of the bilateral regions that had less than $50m in total plan budgets for the period.

The South-West (WA) region had a utilisation rate more than 10% above the benchmark.

The table on slide 17 lists the eight regions that are more than 10% below the benchmark.

## Slide 21: Plan utilisation for all regions with total plan budgets greater than $50m were within ten percentage points of the benchmark

There are two charts. One shows plan utilisation, and the corresponding benchmark, for each of the bilateral regions that had $50m to $150m in total plan budgets for the period. The other shows plan utilisation, and the corresponding benchmark, for each of the bilateral regions that had greater than $150m in total plan budgets for the period.

None of these regions had plan utilisation of more than 10% below the benchmark or more than 10% above the benchmark.

For regions with $50m to $100m in total plan budgets, South Metro in Western Australia showed the highest utilisation above benchmark (utilisation rate of 70%, benchmark of 61%) and Darwin Urban in Northern Territory showed the lowest utilisation below benchmark (utilisation rate of 64%, benchmark of 73%).

For regions with greater than $150m in total plan budgets, South Western Sydney in New South Wales showed the highest utilisation above benchmark (utilisation rate of 77%, benchmark of 71%) and Toowoomba in Queensland showed the lowest utilisation below benchmark (utilisation rate of 67%, benchmark of 72%).

## Slide 22: Provider concentration tends to fall as total budget increases

A chart shows provider concentration for each bilateral region. The regions are ordered by total plan budgets. Concentration in the smallest regions is approximately 85-95%, decreasing to approximately 35-40% for the largest regions.

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

## Slide 23: Provider concentration was above the benchmark of 85% for nine bilateral regions, all with total plan budgets below $50m

A chart shows the number of bilateral regions (with total plan budgets below $50 million) that have provider concentration above or below the benchmark, as well as the size of the gap. The benchmark has been set at 85% for all regions.

Overall, nine out of 76 regions (12%) were above the benchmark. 15 out of 76 regions (20%) were more than 40 percentage points below the benchmark. 21 regions (27.6%) between the benchmark and 20 percentage points below the benchmark.

Note 1: Provider concentration is calculated over the period from 1 April 2019 to 30 September 2019, using data available as at 31 December 2019

Note 2: Further detail on benchmarks is provided in Appendix B

Note 3: The bilateral regions considered have had at least twelve months of Scheme experience, i.e. commenced phasing on or before 1 Jan 2019. This equates to 76 of the 80 bilateral regions.

## Slide 24: The majority of regions above the provider concentration benchmark were in NT and WA.

There are two tables. The first table shows a list of the six regions where 90% to 95% of payments are made to the 10 largest providers, and the second table shows a list of the three regions where 85% to 90% of payments are made to the 10 largest providers. Note that the benchmark concentration is 85% for all regions, and the tables are showing those regions that are above the benchmark for provider concentration.

The regions where 90% to 95% of payments are made to the 10 largest providers are:

* Barkly (NT) with concentration of 94%
* Central Australia (NT) with concentration of 92%
* East Arnhem (NT) with concentration of 91%
* Katherine (NT) with concentration of 92%
* Kimberley-Pilbara (WA) with concentration of 94%
* Goldfields-Esperance (WA) with concentration of 95%

The regions where 90% to 95% of payments are made to the 10 largest providers are:

* Far North (SA) with concentration of 85%
* Fleurieu and Kangaroo Island (SA) with concentration of 85%
* South West (WA) with concentration of 85%

Four of the nine regions are in the Northern Territory and three are in Western Australia. Eight of the regions have less than $100 million in total annualised plan budgets.

## Slide 25: The number of regions that are 5% to 10% higher than the benchmark has risen from one to six between the end of June 2019 and the end of December 2019

There are two charts. One shows the distribution of regions by provider concentration at December 2019, and the other shows the distribution of regions by provider concentration at June 2019.

At December 2019, 15 regions (19.7%) had provider concentration of less than 45%, compared to 12 (18.8%) at June 2019.

At December 2019, 31 regions (40.8%) had provider concentration of between 45% and 65%, compared to 28 (43.8%) at June 2019.

At December 2019, 21 regions (27.6%) had provider concentration of between 65% and 85%, compared to 19 (29.7%) at June 2019.

At December 2019, 9 regions (11.8%) had provider concentration of more than 85%, compared to 5 (7.9%) at June 2019.

## Slide 26: Provider concentration has moved little since June 2019

The average level of provider concentration across regions in Australia has fallen from 63% to 61%. Overall this indicates a slight improvement since the June 2019 NDIS Market Report.

As shown on the charts on the preceding slide, the number of regions 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 five (out of 64) to nine (out of 76).

Three of the regions (Kimberley-Pilbara (WA), South West (WA) and Goldfields-Esperance (WA)) were not covered in the June report. Looking at the 64 regions that are covered in both reports, the number of regions above the benchmark has increased by one (Fleurieu and Kangaroo Island (SA)).

The number of regions below the benchmark has increased from 59 (out of 64) to 67 (out of 76).

The proportions of the overall split (between ‘65% to 85%’, ‘45% to 65%’ and ‘below 45%’ of payments goes to top ten providers) have not significantly changed since June.

Overall the results indicate that market concentration has decreased slightly on average, but increased in some areas.

## Slide 27: All the regions above the provider concentration benchmark had less than $50m in total plan budgets

A chart shows provider concentration, and the corresponding benchmark (85%), for each bilateral region with total annualised plan budgets of less than $50 million.

Note that Barkly (NT) was the only region more than ten percentage points above the benchmark in the June 2019 NDIS Markets report and was covered in greater detail in that report. As this region is no longer greater than ten percentage points higher than the benchmark, it is not analysed in detail in this report for this metric.

In addition, Central Australia (NT) was also covered in the June report as the region with the next highest provider concentration after Barkly (NT).

Goldfields-Esperance (WA) and Kimberley-Pilbara (WA) are covered in more detail later in the ‘Regional Hotspots’ section of this presentation.

## Slide 28: All regions with more than $50m in total plan budgets had provider concentration below the benchmark

There are two charts. One chart shows provider concentration, and the corresponding benchmark (85%), for each bilateral region with total annualised plan budgets of between $50 million and $150 million, and the other shows the same provider concentration for regions with total annualised plan budgets of more than $150 million.

While almost all of the regions 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 regions.

Note that South Western Sydney (NSW) and Brisbane (QLD) were both covered in the June report as examples of regions with low provider concentration.

## Slide 29: The outcomes indicator on choice and control for two regions was more than 10% below the benchmark

A chart shows the distribution of regions by their gap between the outcomes indicator on choice and control and the benchmark at December 2019. The benchmark represents the national average, adjusted for the mix of SIL participants.

The indicator for three regions (3.9%) was more than 10 percentage points above the benchmark: ACT (ACT), Barkly (NT) and TAS South West (TAS).

The indicator for 16 regions (21.1%) was between 5 and 10 percentage points above the benchmark.

The indicator for 43 regions (56.6%) was within 5 percentage points of the benchmark.

The indicator for 12 regions (15.8%) was between 5 and 10 percentage points below the benchmark.

The indicator in respect of two regions (2.6%) was more than 10 percentage points below the benchmark: Katherine (NT) and East Arnhem (NT).

Note 1: Calculated as at 31 March 2019, using data available as at 30 June 2019

Note 2: Further detail on benchmarks is provided in Appendix B

Note 3: The bilateral regions considered have had at least twelve months of Scheme experience, i.e. commenced phasing on or before 1 January 2019. This equates to 76 of the 80 bilateral regions.

## Slide 30: The majority of regions above the outcomes indicator benchmark were in NT and Sydney

There are two tables. One shows a list of the two regions more than 10 percentage points below benchmark for the outcomes indicator on choice and control. The second shows a list of the 12 regions between 5 and 10 percentage points below benchmark for the outcomes indicator on choice and control.

Four of the 14 regions below benchmark are in the Northern Territory and five are regions of Sydney in New South Wales.

The regions more than 10 percentage points below benchmark for the outcomes indicator on choice and control are:

* East Arnhem (NT) with an outcomes indicator of 42%, compared to a benchmark of 55%
* Katherine (NT) with an outcomes indicator of 24%, compared to a benchmark of 44%

Both regions are small, with 161 and 148 active participants, respectively.

The regions between 5 and 10 percentage points below benchmark for the outcomes indicator on choice and control are:

* North Sydney (NSW) with an outcomes indicator of 43%, compared to a benchmark of 48%
* South Eastern Sydney (NSW) with an outcomes indicator of 41%, compared to a benchmark of 50%
* South Western Sydney (NSW) with an outcomes indicator of 42%, compared to a benchmark of 50%
* Sydney (NSW) with an outcomes indicator of 42%, compared to a benchmark of 51%
* Western Sydney (NSW) with an outcomes indicator of 43%, compared to a benchmark of 49%
* Inner East Melbourne (VIC) with an outcomes indicator of 41%, compared to a benchmark of 48%
* Far North (SA) with an outcomes indicator of 43%, compared to a benchmark of 49%
* TAS South East (TAS) with an outcomes indicator of 41%, compared to a benchmark of 48%
* Central Australia (NT) with an outcomes indicator of 32%, compared to a benchmark of 42%
* Darwin Remote (NT) with an outcomes indicator of 45%, compared to a benchmark of 66%
* Goldfields-Esperance (WA) with an outcomes indicator of 46%, compared to a benchmark of 54%
* North Metro (WA) with an outcomes indicator of 45%, compared to a benchmark of 53%

## Slide 31: The number of regions that are below the benchmark has risen from 26 to 33 between June 2019 and December 2019

There are two charts. One shows the distribution of regions by their gap between the outcomes indicator on choice and control and the benchmark at December 2019, and the other shows the distribution of regions by their gap between the outcomes indicator on choice and control and the benchmark at June 2019.

At December 2019, 3 regions (3.9%) were more than 10 percentage points below benchmark, compared to 4 (6.3%) at June 2019.

At December 2019, 16 regions (21.2%) were between 5 and 10 percentage points below benchmark, compared to 8 (12.5%) at June 2019.

At December 2019, 43 regions (56.6%) were more than 10 percentage points below benchmark, compared to 41 (64.1%) at June 2019.

At December 2019, 12 regions (15.8%) were more than 10 percentage points below benchmark, compared to 9 (14.1%) at June 2019.

At December 2019, 2 regions (2.6%) were more than 10 percentage points below benchmark, compared to 2 (3.1%) at June 2019.

## Slide 32: The outcomes indicator on choice and control has increased slightly since June 2019

The nationwide response to the Outcomes indicator on Choice and Control has risen from 49% to 50%. Overall this indicates a slight improvement since the June 2019 NDIS Market Report.

As shown on the charts on the preceding slide, the number of regions greater than five percentage points below the benchmark has risen from eleven (out of 64) to 14 (out of 76) – a three region increase.

Two of the regions – Goldfields-Esperance (WA) and North Metro (WA) were not covered in the June report.

Overall, considering only the 64 regions covered in the June report, the number of regions greater than five percentage points below the benchmark has increased by one.

This is the net result of Far North (SA) and North West Sydney (NSW) falling to greater than five percentage points below benchmark and Robina (QLD) rising to fewer than five points below benchmark.

The number of regions above the benchmark has increased from 38 (out of 64) to 43 (out of 76).

The number of regions greater than five percentage points above the benchmark has risen from twelve to 19. Two of these regions - Outer Gippsland (VIC) and South West (WA) were not covered in the June report – indicating that five regions have moved to a higher category above the benchmark since June.

These were: Toowoomba (QLD), Fleurieu and Kangaroo Island (SA), Murray and Mallee (SA), Yorke and Mid North (SA) and TAS South West (TAS).

Overall this indicates a slight increase in positive responses to the Outcomes indicator on Choice and Control.

## Slide 33: The regions more than 10% below the benchmark had less than $50 in total plan budgets

A chart shows the outcomes indicator on choice and control, and the corresponding benchmark, for each of the bilateral regions that had less than $50m in total plan budgets for the period.

The notable regions in this category are the East Arnhem (NT) and Katherine (NT) regions. The indicator for these regions was more than 10% below the benchmark. These regions were in a similar position in the June 2019 NDIS Market report and were covered in detail there.

Other regions worth highlighting are Barkly (NT), South West (WA) and Limestone Coast (SA) that all have an indicator more than 10% above the benchmark. Barkly (NT) was covered the June report and Limestone Coast (SA) is examined in section 3.

## Slide 34: The outcomes indicator on choice and control was more than 10% above the benchmark for the TAS South West (TAS) and ACT (ACT) regions

There are two charts. One shows the outcomes indicator on choice and control, and the corresponding benchmark, for each of the bilateral regions that had $50m to $150m in total plan budgets for the period. The other shows the outcomes indicator on choice and control, and the corresponding benchmark, for each of the bilateral regions that had more than $150m in total plan budgets for the period.

None of these regions had an outcomes indicator on choice and control of more than 10% below the benchmark. The two regions from these categories that had an indicator that was more than 10% above the benchmark, were the TAS South West (TAS) and ACT (ACT) regions.

## Slide 35: 03 Regional hotspots

Slides 36 to 71 present insights on regional hotspots

## Slide 36: Hotspots are regions that score relatively worse against one or many corporate target metric benchmarks compared with other regions

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

Hotspots were chosen based on the corporate target metrics and where that region sits in relation to its benchmark. 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 regions have been identified as hotspots for the reason(s) shown:

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

Additionally, Limestone Cost (SA) is discussed as an example of a region performing well in relation to its benchmarks, particularly on the choice and control outcomes indicator metric.

## Slide 37: Hotspots identified in the June 2019 NDIS Market report have changed

The June NDIS Market report covered twelve 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 six were chosen for strong performance against the corporate target benchmarks.

The following four regions covered in June report remain hotspots in December for the same reasons identified previously. They are not covered in this report to avoid repetition.

* Barkly (NT) for low utilisation and high provider concentration
* East Arnhem (NT) for low utilisation and low choice and control outcomes indicator score
* Far North (SA) for low utilisation
* Katherine (NT) for low choice and control outcomes indicator score

Murray and Mallee (SA) was identified as a hotspot in the June 2019 report for low utilisation. It is no longer considered a hotspot as utilisation has sufficiently improved relatively to the benchmark.

Central Australia (NT) was identified as a hotspot in the June 2019 report for its high provider concentration (>95%). At December 2019, provider concentration is now below 95%, such that the region might no longer be considered a hotspot. However, Central Australia (NT) now has a choice and control outcomes indicator score almost 10% below the benchmark, so is considered a hotspot.

The six ‘strong performance’ hotspots are all still strong performers, and are not covered in this report to avoid repetition. They are South Metro (WA), Hume Moreland (VIC), South Western Sydney (NSW), Brisbane (QLD), South West (TAS) and ACT (ACT).

## Slide 38: Outer Gippsland (VIC)

Slides 39 to 42 present insights on Outer Gippsland (VIC)

## Slide 39: Lower utilisation for Outer Gippsland (VIC) region was driven by the Core – Community, Capacity Building – Daily Activities and Capacity Building – Support Coordination support categories

A table shows the number of active participants with approved plans, total plan budgets, payments, plan utilisation and the benchmark, by support category, for the Outer Gippsland (VIC) region.

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

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

Utilisation for the largest support category Core – Daily Activities was close to the benchmark.

## Slide 40: Utilisation for participants in the Outer Gippsland (VIC) region was particularly low for older participants aged 45+

There are two charts. One shows plan utilisation and the corresponding benchmark for Outer Gippsland (VIC) by age band and the other shows plan budget distribution Outer Gippsland (VIC) by age band.

Utilisation was lower across all age’s groups when compared against the benchmark utilisation.

In particular, this gap was larger for participants aged 45+ who constitute a large proportion of the region’s budget.

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

## Slide 41: Participants with psychosocial disability or other neurological were key contributors to lower utilisation for the Outer Gippsland (VIC) region

There are two charts. One shows plan utilisation and the corresponding benchmark for Outer Gippsland (VIC) by primary disability and the other shows plan budget distribution Outer Gippsland (VIC) by primary disability.

Psychosocial disability and other neurological disabilities, which represent 12% and 7% of total budgets respectively, have particularly low utilisation compared to their benchmark.

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

## Slide 42: Eyre and Western (SA)

Slides 43 to 45 present insights on Eyre and Western (SA)

## Slide 43: Compared to the benchmark, lower utilisation in Eyre and Western (SA) was driven by Core – Daily Activities and Capacity Building – Daily Activities

A table shows the number of active participants with approved plans, total plan budgets, payments, plan utilisation and the benchmark, by support category, for the Eyre and Western (SA) region.

Plan utilisation was very low for Capacity Building – Support Coordination.

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

## Slide 44: Participants aged seven to 18 and 65+ had lower utilisation in Eyre and Western (SA) compared to other aged groups

There are two charts. One shows plan utilisation and the corresponding benchmark for Eyre and Western (SA) by age band and the other shows plan budget distribution Eyre and Western (SA) by age band.

Utilisation was lower across all age’s groups when compared against the benchmark utilisation.

In particular, this gap was larger for participants aged seven to 18 and 65+.

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

## Slide 45: Participants with intellectual disability had low utilisation rates (compared to benchmark) for the Eyre and Western (SA) region

There are two charts. One shows plan utilisation and the corresponding benchmark for Eyre and Western (SA) by primary disability and the other shows plan budget distribution Eyre and Western (SA) by primary disability.

Intellectual disability which represent 36% of total budgets respectively, have a utilisation that is 12% below the benchmark rate.

Other drivers of experience include participants with an acquired brain injury, autism and other physical disability which all have utilisation rates below the benchmark.

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

## Slide 46: Darwin Remote (NT)

Slides 47 to 49 present insights on Eyre and Western (SA)

## Slide 47: The gap between utilisation and benchmark for the Darwin Remote (NT) region was driven by the Core – Community and Capacity Building – Daily Activity support categories

A table shows the number of active participants with approved plans, total plan budgets, payments, plan utilisation and the benchmark, by support category, for the Darwin Remote (NT) region.

Plan utilisation was lowest, relative to the benchmark, for the Capacity Building – Employment 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.

## Slide 48: Utilisation for participants in the Darwin Remote (NT) region was below benchmark across all age bands

There are two charts. One shows plan utilisation and the corresponding benchmark for Darwin Remote (NT) by age band and the other shows plan budget distribution Darwin Remote (NT) by age band.

Utilisation for Capacity Building – Daily Activity supports was below the benchmark for all ages under 65 and the gap was larger for participants aged 19 to 44.

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

## Slide 49: Utilisation for participants with developmental delay or intellectual disability were key contributors to the utilisation result for the Darwin Remote (NT) region

There are two charts. One shows plan utilisation and the corresponding benchmark for Darwin Remote (NT) by primary disability and the other shows plan budget distribution Darwin Remote (NT) by primary disability.

Participants with developmental delay and intellectual disability represented 31% of Capacity Building – Daily Activity supports for the region. The gap to benchmark for these participants was a key driver of the overall result.

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

## Slide 50: Goldfields-Esperance (WA)

Slides 51 to 56 present insights on Goldfields-Esperance (WA)

## Slide 51: Provider concentration in Goldfields-Esperance (WA) is higher than benchmark across all support categories

A table shows the number of active participants with approved plans, the number of registered active providers, provider concentration and plan utilisation, by support category, for the Goldfields-Esperance (WA) region.

Goldfields-Esperance (WA) was one of the top potential hot spot for regions with less than $50m in total plan budgets with a provider concentration of 95%.

High levels of provider concentration are driven by a small (15 or under) number of providers across the support categories with the largest number of providers.

## Slide 52: Provider concentration for participants in the Goldfields-Esperance (WA) region was greater than benchmark across all age bands

There are two charts. One shows provider concentration and the corresponding benchmark for Goldfields-Esperance (WA) by age band and the other shows plan budget distribution Goldfields-Esperance (WA) by age band.

This region exhibited higher provider concentration regardless of age, compared to each segment’s equivalent benchmark.

Note: 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.

## Slide 53: Provider concentration for participants in the Goldfields-Esperance (WA) region was greater than benchmark across all disability types

There are two charts. One shows provider concentration and the corresponding benchmark for Goldfields-Esperance (WA) by primary disability and the other shows plan budget distribution Goldfields-Esperance (WA) by primary disability.

This region exhibited higher provider concentration regardless of primary disability, compared to each segment’s equivalent benchmark.

Note: 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.

## Slide 54: The gap between utilisation and benchmark for the Goldfields-Esperance (WA) region was driven by the Capacity Building – Daily Activity support category

A table shows the number of active participants with approved plans, total plan budgets, payments, plan utilisation and the benchmark, by support category, for the Goldfields-Esperance (WA) region.

As shown in the table on the left, the predominant areas of support spending in Goldfields – Esperance are in Core – Daily Activities (39% of total plan budget), Core – Community (22% of total plan budget) and Capacity Building – Daily Activities (17% of total plan budget).

All three of these categories show utilisation rates below benchmark for that support category, however the large gap (19 points) gap shown for ‘Capacity Building – Daily Activities’ pulls down the overall result.

## Slide 55: Utilisation for participants in the Goldfields-Esperance (WA) region was below benchmark across all age bands

There are two charts. One shows plan utilisation and the corresponding benchmark for Goldfields-Esperance (WA) by age band and the other shows plan budget distribution Goldfields-Esperance (WA) by age band.

Utilisation for Capacity Building – Daily Activity supports was below the benchmark for all ages and the gap was largest for participants aged 35 to 44.

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

## Slide 56: Utilisation for participants with intellectual disability was the key contributor to the utilisation result for the Goldfields-Esperance (WA) region

There are two charts. One shows plan utilisation and the corresponding benchmark for Goldfields-Esperance (WA) by primary disability and the other shows plan budget distribution Goldfields-Esperance (WA) by primary disability.

Participants with intellectual disability represented 20% of Capacity Building – Daily Activity supports for the region. The gap to benchmark for these participants was the key driver of the overall result.

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

## Slide 57: Kimberley-Pilbara (WA)

Slides 58 to 63 present insights on Kimberley-Pilbara (WA)

## Slide 58: Provider concentration in Kimberley-Pilbara (WA) is higher then benchmark across all support categories

A table shows the number of active participants with approved plans, the number of registered active providers, provider concentration and plan utilisation, by support category, for the Kimberley-Pilbara (WA) region.

Kimberley-Pilbara (WA) has high provider concentration of 94%.

Provider concentration was consistently high across all support categories, especially compared to the national average benchmark of 85%.

## Slide 59: Provider concentration for participants in the Kimberley-Pilbara (WA) region was greater than benchmark across all age bands

There are two charts. One shows provider concentration and the corresponding benchmark for Kimberley-Pilbara (WA) by age band and the other shows plan budget distribution Kimberley-Pilbara (WA) by age band.

This region exhibited higher provider concentration regardless of age, compared to each segment’s equivalent benchmark.

Note: The benchmark is the unweighted national average for that disability type. 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.

## Slide 60: Above benchmark provider concentration benchmark is driven by participants with psychosocial disability and intellectual disability

There are two charts. One shows provider concentration and the corresponding benchmark for Kimberley-Pilbara (WA) by primary disability and the other shows plan budget distribution Kimberley-Pilbara (WA) by primary disability.

The two major primary disability types in the Kimberly-Pilbara (WA) region were autism (21%) and intellectual disability (29%).

While provider concentration is above benchmark for all disability types, acquired brain injury, autism and intellectual disability are most impactful due to making up 59% of plan budgets.

Note: The benchmark is the unweighted national average for that disability type. 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.

## Slide 61: The gap between utilisation and benchmark for the Kimberley-Pilbara (WA) region was driven by the Core – Community and Capacity Building – Daily Activity support categories

A table shows the number of active participants with approved plans, total plan budgets, payments, plan utilisation and the benchmark, by support category, for the Kimberley-Pilbara (WA) region.

The largest support category (by total plan budget) is on Core – Daily Activities, which accounts for 38% of the overall total plan budget. Utilisation of these supports is at the benchmark level for that category and region.

However Core – Community and Capacity Building – Daily Activities (19% and 24% of total plan budget respectively) both have utilisation rates more than ten percentage points below benchmark.

This pulls down the overall utilisation rate and results in an overall gap to the benchmark of eleven percentage points.

## Slide 62: Utilisation for participants in the Kimberley-Pilbara (WA) region was below benchmark across all age bands

There are two charts. One shows plan utilisation and the corresponding benchmark for Kimberley-Pilbara (WA) by age band and the other shows plan budget distribution Kimberley-Pilbara (WA) by age band.

Utilisation for Capacity Building – Daily Activity supports was below the benchmark for all ages and the gap was largest for participants aged 35 to 44.

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

## Slide 63: Utilisation for participants with autism or intellectual disability was the key contributor to the utilisation result for the Kimberley-Pilbara (WA) region

There are two charts. One shows plan utilisation and the corresponding benchmark for Kimberley-Pilbara (WA) by primary disability and the other shows plan budget distribution Kimberley-Pilbara (WA) by primary disability.

Participants with autism or intellectual disability represented 59% of Capacity Building – Daily Activity supports for the region. The gap to benchmark for these participants was the key driver of the overall result.

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

## Slide 64: Central Australia (NT)

Slides 65 to 67 present insights on Central Australia (WA)

## Slide 65: The outcomes indicator on choice and control was below benchmark for Central Australia (NT) for most support categories

A table shows the number of active participants with approved plans, the outcomes indicator on choice and control, the benchmark and utilisation, by support category, for the Central Australia (NT) region.

The outcomes indicator on choice and control was below the benchmark for most support categories. The overall choice and control outcomes indicator result is mostly driven by Core Supports.

The largest gap is for Relationships supports (Capacity Building) – where the outcomes indicator is 24 percentage points below benchmark.

Capacity Building – Choice and Control is the only support category above benchmark (by ten percentage points).

Utilisation is also shown for comparison.

## Slide 66: The outcomes indicator on choice and control being above benchmark is driven by participants between 19 and 44 years of age

There are two charts. One shows the outcomes indicator on choice and control and the corresponding benchmark for Central Australia (NT) by age band and the other shows the number of active participants in Central Australia (NT) by age band.

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 19 to 24 and 35 to 44 age bands, both of which are below benchmark.

For the 45 to 54 age band, the outcomes indicator is above benchmark, and it is only slightly below the benchmark for the 55 to 64 age band.

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

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

## Slide 67: The outcomes indicator on choice and control being below benchmark is driven by participants with psychosocial disability and intellectual disability

There are two charts. One shows the outcomes indicator on choice and control and the corresponding benchmark for Central Australia (NT) by primary disability and the other shows the number of active participants in Central Australia (NT) by primary disability.

The two major primary disability types (by number of participants) in the Central Australia (NT) region were autism (16%) and intellectual disability (20%), both of which were substantially below benchmark for the outcomes indicator on choice and control.

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

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

## Slide 68: Limestone Coast (SA)

Slides 69 to 71 present insights on Limestone Coast (SA)

## Slide 69: The outcomes indicator on choice and control was above benchmark for Limestone Coast (SA) for all support categories

A table shows the number of active participants with approved plans, the outcomes indicator on choice and control, the benchmark and utilisation, by support category, for the Limestone Coast (SA) region.

The outcomes indicator on choice and control was above the benchmark for all support categories.

The largest gap is for Employment supports (Capacity Building) – where the outcomes indicator is 16 percentage points above benchmark.

The smallest gap is seen for Relationship supports (Capacity Building) and Transport supports (Core) where the outcomes indicator is two percentage points above benchmark.

Utilisation is also shown for comparison.

## Slide 70: The outcomes indicator on choice and control is above benchmark driven by participants between 19 and 64 years of age

There are two charts. One shows the outcomes indicator on choice and control and the corresponding benchmark for Limestone Coast (SA) by age band and the other shows the number of active participants in Limestone Coast (SA) by age band.

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

For age bands between 19 and 64 years of age, the outcomes indicator is above benchmark.

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

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

## Slide 71: The outcomes indicator on choice and control being above benchmark is driven by participants with psychosocial disability and intellectual disability

There are two charts. One shows the outcomes indicator on choice and control and the corresponding benchmark for Limestone Coast (SA) by primary disability and the other shows the number of active participants in Limestone Coast (SA) by primary disability.

The two major primary disability types in the Limestone Coast (SA) region were autism (34%) and intellectual disability (25%).

The outcomes indicator on choice and control for participants with autism combined with a number of primary disabilities with outcomes indicators notably higher than benchmark appear to drive the overall result.

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

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