# The NDIS Market – 30 June 2020

## Table of Contents

[The NDIS Market – 30 June 2020 1](#_Toc49327901)

[Table of Contents 1](#_Toc49327902)

[Slide 1: The NDIS Market – 30 June 2020 5](#_Toc49327903)

[Slide 2: Outline 5](#_Toc49327904)

[– Central North Metro (WA) 5](#_Toc49327905)

[– Great Southern (WA) 5](#_Toc49327906)

[– Midwest-Gascoyne (WA) 5](#_Toc49327907)

[– South East Metro (WA) 5](#_Toc49327908)

[– Goldfields-Esperance (WA) 5](#_Toc49327909)

[– Barkly (NT) 5](#_Toc49327910)

[– East Arnhem (NT) 5](#_Toc49327911)

[– Far North (SA) 5](#_Toc49327912)

[– Katherine (NT) 5](#_Toc49327913)

[– Limestone Coast (SA) 5](#_Toc49327914)

[Slide 3: 01 Introduction 5](#_Toc49327915)

[Slide 4: Background 5](#_Toc49327916)

[Slide 5: Active participants, plan budgets and payments over time 6](#_Toc49327917)

[Slide 6: Payments by support category 6](#_Toc49327918)

[Slide 7: Key indicators for monitoring the NDIS market – plan utilisation 7](#_Toc49327919)

[Slide 8: Key indicators for monitoring the NDIS market – market concentration 7](#_Toc49327920)

[Slide 9: Key indicators for monitoring the NDIS market – choice and control 8](#_Toc49327921)

[Slide 10: Summary of indicators across market segments 8](#_Toc49327922)

[Slide 11: Each of the service districts has been allocated into one of three categories (based on size of total plan budgets) to allow for a fairer comparison of the indicators across districts 9](#_Toc49327923)

[Slide 12: 02 Key Insights covering the period from October 2019 to March 2020 9](#_Toc49327924)

[Slide 13: Analysis of utilisation against the districts ordered by budget size indicates some positive correlation 9](#_Toc49327925)

[Slide 14: Plan utilisation was more than 10% below the benchmark for eight service districts 10](#_Toc49327926)

[Slide 15: The majority of districts more than 5% below the national average benchmark are in NT or SA 10](#_Toc49327927)

[Slide 16: The majority of districts more than 5% below the national average benchmark are in NT or SA (cont.) 10](#_Toc49327928)

[Slide 17: The number of districts with an overall utilisation rate more than 10% below national average has increased between June 2019 and December 2019 (from five to eight) 11](#_Toc49327929)

[Slide 18: Overall utilisation rates have risen across Australia 11](#_Toc49327930)

[Slide 19: 19 of 23 small districts were below the utilisation benchmark, the majority of which are in NT and SA 12](#_Toc49327931)

[Slide 20: Plan utilisation for all districts with total plan budgets greater than $50m were within ten percentage points of the benchmark 12](#_Toc49327932)

[Slide 21: Provider concentration tends to fall as total budget increases 12](#_Toc49327933)

[Slide 22: Provider concentration was above the benchmark of 85% for nine service districts, all with total plan budgets below $50m 13](#_Toc49327934)

[Slide 23: The majority of districts above the provider concentration benchmark were in NT and WA. 13](#_Toc49327935)

[Slide 24: The number of districts 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 13](#_Toc49327936)

[Slide 25: Provider concentration has moved little since June 2019 14](#_Toc49327937)

[Slide 26: All the districts above the provider concentration benchmark had less than $50m in total plan budgets 14](#_Toc49327938)

[Slide 27: All districts with more than $50m in total plan budgets had provider concentration below the benchmark 14](#_Toc49327939)

[Slide 28: The outcomes indicator on choice and control for two districts was more than 10% below the benchmark 15](#_Toc49327940)

[Slide 29: The majority of districts above the outcomes indicator benchmark were in NT and Sydney 15](#_Toc49327941)

[Slide 30: The number of districts that are below the benchmark has risen from 26 to 33 between June 2019 and December 2019 16](#_Toc49327942)

[Slide 31: The outcomes indicator on choice and control has increased slightly since June 2019 16](#_Toc49327943)

[Slide 32: The districts more than 10% below the benchmark had less than $50 in total plan budgets 17](#_Toc49327944)

[Slide 33: The outcomes indicator on choice and control was more than 10% above the benchmark for the TAS South West (TAS) and ACT (ACT) districts 17](#_Toc49327945)

[Slide 34: 03 Districtal hotspots 18](#_Toc49327946)

[Slide 35: Hotspots are districts that score relatively worse against one or many corporate target metric benchmarks compared with other districts 18](#_Toc49327947)

[Slide 36: Hotspots identified in the June 2019 NDIS Market report have changed 18](#_Toc49327948)

[Slide 37: Outer Gippsland (VIC) 19](#_Toc49327949)

[Slide 38: Lower utilisation for Outer Gippsland (VIC) district was driven by the Core – Community, Capacity Building – Daily Activities and Capacity Building – Support Coordination support categories 19](#_Toc49327950)

[Slide 39: Utilisation for participants in the Outer Gippsland (VIC) district was particularly low for older participants aged 45+ 19](#_Toc49327951)

[Slide 40: Participants with psychosocial disability or other neurological were key contributors to lower utilisation for the Outer Gippsland (VIC) district 20](#_Toc49327952)

[Slide 41: Eyre and Western (SA) 20](#_Toc49327953)

[Slide 42: Compared to the benchmark, lower utilisation in Eyre and Western (SA) was driven by Core – Daily Activities and Capacity Building – Daily Activities 20](#_Toc49327954)

[Slide 43: Participants aged seven to 18 and 65+ had lower utilisation in Eyre and Western (SA) compared to other aged groups 20](#_Toc49327955)

[Slide 44: Participants with intellectual disability had low utilisation rates (compared to benchmark) for the Eyre and Western (SA) district 20](#_Toc49327956)

[Slide 45: Darwin Remote (NT) 21](#_Toc49327957)

[Slide 46: The gap between utilisation and benchmark for the Darwin Remote (NT) district was driven by the Core – Community and Capacity Building – Daily Activity support categories 21](#_Toc49327958)

[Slide 47: Utilisation for participants in the Darwin Remote (NT) district was below benchmark across all age bands 21](#_Toc49327959)

[Slide 48: Utilisation for participants with developmental delay or intellectual disability were key contributors to the utilisation result for the Darwin Remote (NT) district 21](#_Toc49327960)

[Slide 49: Goldfields-Esperance (WA) 22](#_Toc49327961)

[Slide 50: Provider concentration in Goldfields-Esperance (WA) is higher than benchmark across all support categories 22](#_Toc49327962)

[Slide 51: Provider concentration for participants in the Goldfields-Esperance (WA) district was greater than benchmark across all age bands 22](#_Toc49327963)

[Slide 52: Provider concentration for participants in the Goldfields-Esperance (WA) district was greater than benchmark across all disability types 22](#_Toc49327964)

[Slide 53: The gap between utilisation and benchmark for the Goldfields-Esperance (WA) district was driven by the Capacity Building – Daily Activity support category 23](#_Toc49327965)

[Slide 54: Utilisation for participants in the Goldfields-Esperance (WA) district was below benchmark across all age bands 23](#_Toc49327966)

[Slide 55: Utilisation for participants with intellectual disability was the key contributor to the utilisation result for the Goldfields-Esperance (WA) district 23](#_Toc49327967)

[Slide 56: Kimberley-Pilbara (WA) 23](#_Toc49327968)

[Slide 57: Provider concentration in Kimberley-Pilbara (WA) is higher then benchmark across all support categories 23](#_Toc49327969)

[Slide 58: Provider concentration for participants in the Kimberley-Pilbara (WA) district was greater than benchmark across all age bands 24](#_Toc49327970)

[Slide 59: Above benchmark provider concentration benchmark is driven by participants with psychosocial disability and intellectual disability 24](#_Toc49327971)

[Slide 60: The gap between utilisation and benchmark for the Kimberley-Pilbara (WA) district was driven by the Core – Community and Capacity Building – Daily Activity support categories 24](#_Toc49327972)

[Slide 61: Utilisation for participants in the Kimberley-Pilbara (WA) district was below benchmark across all age bands 25](#_Toc49327973)

[Slide 62: Utilisation for participants with autism or intellectual disability was the key contributor to the utilisation result for the Kimberley-Pilbara (WA) district 25](#_Toc49327974)

[Slide 63: Central Australia (NT) 25](#_Toc49327975)

[Slide 64: The outcomes indicator on choice and control was below benchmark for Central Australia (NT) for most support categories 25](#_Toc49327976)

[Slide 65: The outcomes indicator on choice and control being above benchmark is driven by participants between 19 and 44 years of age 26](#_Toc49327977)

[Slide 66: The outcomes indicator on choice and control being below benchmark is driven by participants with psychosocial disability and intellectual disability 26](#_Toc49327978)

[Slide 67: Limestone Coast (SA) 26](#_Toc49327979)

[Slide 68: The outcomes indicator on choice and control was above benchmark for Limestone Coast (SA) for all support categories 26](#_Toc49327980)

[Slide 69: The outcomes indicator on choice and control is above benchmark driven by participants between 19 and 64 years of age 27](#_Toc49327981)

[Slide 70: The outcomes indicator on choice and control being above benchmark is driven by participants with psychosocial disability and intellectual disability 27](#_Toc49327982)

[Slide 71: Copyright Notice 27](#_Toc49327983)

## Slide 1: The NDIS Market – 30 June 2020

## Slide 2: Outline

The presentation will discuss the following topics:

Introduction

Key insights

– Plan utilisation

– Provider concentration

– Outcomes indicator on choice and control

Districtal hotspots

## Central North Metro (WA)

## Great Southern (WA)

## Midwest-Gascoyne (WA)

## South East Metro (WA)

## Goldfields-Esperance (WA)

## Barkly (NT)

## East Arnhem (NT)

## Far North (SA)

## Katherine (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.

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

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

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

## 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 within three 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, $3,234 million total committed supports, $2,185 million total payments and utilisation was 68%.

For 2017-18, there were 172,333 active participants, $7,742 million total committed supports, $5,428 million total payments and utilisation was 70%.

For 2018-19, there were 286,015 active participants, $14,554 million total committed supports, $10,363 million total payments and utilisation was 71%.

For 2019-20 year to date (YTD), there were 391,999 active participants, $24,164 million total committed supports and $16,115 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 56% of payments, Core-Community with 17%, 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 – plan utilisation

For support provided between 1 October 2019 and 31 March 2020, 70% had been utilised nationally, based on data at 30 June 2020. There are reasons why some participants are not utilising all of their plans – these include:

* More support was provided informally through family, friends and community
* Supports being put in plans “just in case” they are required
* Participants needing more support to implement their plans
* Providers needing more support to claim for supports provided
* Supports being unavailable in the market.

Recognising that utilisation is lower than expected, significant insights can be drawn by understanding how utilisation differs from this national average (“the benchmark”) across service districts, participant cohorts, and support categories. In order to compare districts, the two biggest drivers of utilisation are accounted for in the national benchmark to allow like-for-like comparisons – these are:

* Whether or not a participant is in supported independent living (SIL) – with participants in SIL utilising more of their plan compared with those not in SIL (85% compared to 62%)
* The amount of time the participant has been in the Scheme – the longer the participant is in the Scheme the more they utilise their plan (54% for participants on their first plan compared with 79% for participants on their fifth plan).

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

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

Understanding the distribution of payments to service providers in a district can indicate whether a small number of providers receive most of the payments from the NDIA, or whether a large number of providers are receiving the payments. The provider concentration metric is defined as the proportion of total provider payments made to the top ten providers that received the most payments in the exposure period.

A low provider concentration means that there is less risk in terms of the importance of a particular provider or group of providers to a district and a high provider concentration might suggest that there is insufficient competition in a district, and that further investment could be of benefit. Districts that have recently phased into the Scheme tend to have high concentration levels as providers are likely to still be entering the market.

Where only a small number of providers are receiving a large amount of the payments, the market is considered to be more concentrated and could mean that there is less competition in the district. On average across districts, 60% of payments go to the largest ten providers. In this analysis, some districts where more than 85% of payments are going to the ten largest providers are considered in detail, including by looking at participant characteristics and service categories.

## Slide 9: Key indicators for monitoring the NDIS market – choice and control

The NDIS outcomes framework survey includes two indicators on choice and control which are analysed in depth in this document – capturing the following:

* % of participants who choose who supports them; and
* % of participants who say the NDIS has helped with choice and control.

The outcomes indicator on choice and control has been calculated as the proportion of participants that reported that they choose who supports them. The indicator has been determined for each district and measured against a national benchmark that takes account of differences in the response rate arising from whether a participant receives SIL supports.

* Nationally, 51% of participants aged 15 years and over indicated that they choose who supports them, and 71% indicated that the NDIS has helped with choice and control.
* Over time, it is expected that these percentages will increase – however, understanding how different districts, participant cohorts, and support categories differ from this national average (“the benchmark”) provides insight into potential hot spots where investment might be required to better support participants.
* In particular, where districts are more than ten percentage points below or above this benchmark indicates possible thin markets and markets that are doing relatively better than other districts. Some districts that differ substantially from the benchmark are analysed in more detail in this document, including looking at participant characteristics and support categories within the district.

## Slide 10: Summary of indicators across market segments

The key indicators have been calculated over the period from 1 October 2019 to 31 March 2020, using data available as at 30 June 2020, and are presented by:

* Geographical district
* 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 11: Each of the service districts has been allocated into one of three categories (based on size of total plan budgets) to allow for a fairer comparison of the indicators across districts

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

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

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

A chart shows the number and proportion of service districts that have been allocated to each category. 28 (35%) service districts have less than $75 million in total plan budgets, 23 (29%) have between $75 million and $175 million, and 29 (36%) have more than $175 million.

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

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

## Slide 12: 02 Key Insights covering the period from October 2019 to March 2020

Slides 13 to 32 present key insights covering the period from October 2019 to March 2020

## Slide 13: Analysis of utilisation against the districts ordered by budget size indicates some positive correlation

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

A chart shows plan utilisation by service district. The districts 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 districts to around 70% for largest.

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

## Slide 14: Plan utilisation was more than ten percentage points below the benchmark for eight service districts

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

8 districts (10.5%) are more than ten percentage points below benchmark, 11 (14.5%) are between five and ten percentage points below benchmark, 52 (68.4%) are within five percentage points of benchmark and five districts are more than five 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 October 2019 to 31 March 2019, using data available as at 30 June 2020

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

Note 3: The service districts 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 service districts.

## Slide 15: The majority of districts more than five percentage points below the national average benchmark have annualised plan bugets of less than $100m.

The top table shows a list of the eight districts that were between five and ten percentage points below national average (benchmark). Note: ‘National average’ on this context refers to the benchmark used for that district – which is the national average utilisation rate adjusted to reflect SIL category and plan number profile of the district in question.

The districts are:

* Central Australia (NT) with utilisation of 70%, compared to a benchmark of 75%
* Western NSW (NSW) with utilisation of 66^, compared to a benchmark of 72%
* Katherine (NT) with utilisation of 71%, compared to a benchmark of 77%
* Far West (NSW) with utilisation of 61%, compared to a benchmark of 67%
* Murray and Mallee (SA) with utilisation of 63%, compared to a benchmark of 71%
* Wheat Belt (WA) with utilisation of 51%, compared to a benchmark of 59%
* Kimberley-Pilbara (WA) with utilisation of 51%, compared to a benchmark of 59%
* Yorke and Mid North (SA) with utilisation of 59%, compared to a benchmark of 68%

By total annualised plan budgets, the largest districts are Western NSW ($373 million) and Central Australia ($95 million). The smallest are Katherine ($28 million) and Wheat Belt ($35 million).

The lower table shows a list of the eight districts that were more than ten percentage points below national average (benchmark).

The districts are:

* Limestone Coast (SA) with utilisation of 61%, compared to a benchmark of 73%
* Midwest-Gascoyne (WA) with utilisation of 40%, compared to a benchmark of 52%
* Goldfields-Esperance (WA) with utilisation of 44%, compared to a benchmark of 57%
* Eyre and Western (SA) with utilisation of 53%, compared to a benchmark of 67%
* Far North (SA) with utilisation of 48%, compared to a benchmark of 69%
* Darwin Remote (NT) with utilisation of 40%, compared to a benchmark of 60%
* Barkly (NT) with utilisation of 53%, compared to a benchmark of 75%
* East Arnhem (NT) with utilisation of 33%, compared to a benchmark of 66%

By total annualised plan budgets, the largest districts are Limestone Coast ($76 million) and Eyre and Western ($65 million). The smallest are Barkly ($18m), Midwest-Gascoyne ($19m) and East Arnhem ($19m).

## Slide 16: The number of districts with an overall utilisation rate more than ten percentage points below national average has not changed between December 2019 and June 2020

There are two charts. One shows the distribution of districts by their gap to benchmark utilisation at June 2020, and the other shows the distribution of districts by their gap to benchmark utilisation at December 2019.

At June 2020, 8 districts (10.0%) were more than ten percentage points below benchmark, compared to 8 (10.5%) at December 2019.

At June 2020, 8 districts (10.0%) were between five and ten percentage points below benchmark, compared to 11 (14.5%) at December 2019.

At June 2020, 63 districts (78.8%) were within five percentage points of benchmark, compared to 52 (68.4%) at December 2019.

At June 2020, 1 district (1.3%) was between than five and ten percentage points above benchmark, compared to 4 (5.3%) at December 2019.

There were no districts more than ten percentage points above benchmark in June 2020, compared to 1 (1.3%) at December 2019.

## Slide 17: Overall utilisation rates have risen across Australia

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

As shown in the charts on the preceding slide, at the end of December 2019 there were 19 districts with utilisation rates more than five percentage points below their benchmark. At the end of June 2020 this had fallen to 16.

However, at the end of December 2019, there were five districts with utilisation rates more than five percentage points above their benchmark. At the end of June 2020 this had fallen to 1.

Overall this indicates a shift in some regions greatly above or below the benchmark that are moving back in line with their benchmark.

Outer Gippsland and Kimberley-Pilbara were more than ten percentage points below their benchmarks at the end of December 2019 but have now moved out of this category. Limestone Coast and Midwest-Gascoyne have moved into this category.

## Slide 18: 15 of 28 small districts were more than five percentage points below the utilisation benchmark

A chart shows plan utilisation, and the corresponding benchmark, for each of the service districts that had less than $75m in total plan budgets for the period arranged in order of gap between utilisation rate and benchmark.

The table on slide 15 lists the eight districts that are more than ten percentage points below the benchmark.

## Slide 19: Plan utilisation for all districts with total plan budgets greater than $75m were within ten percentage points of the benchmark

There are two charts. One shows plan utilisation, and the corresponding benchmark, for each of the service districts that had $75m to $175m in total plan budgets for the period. The other shows plan utilisation, and the corresponding benchmark, for each of the service districts that had greater than $175m in total plan budgets for the period.

None of these districts had plan utilisation of more than ten percentage points below the benchmark or more than ten percentage points above the benchmark.

For districts with $75m to $175m in total plan budgets, Central South Metro in Western Australia showed the highest utilisation above benchmark (utilisation rate of 67%, benchmark of 62%) and Rockhampton in Queensland showed the lowest utilisation below benchmark (utilisation rate of 65%, benchmark of 70%).

For districts with greater than $175m in total plan budgets, Robina in Queensland showed the highest utilisation above benchmark (utilisation rate of 73%, benchmark of 68%) and Western New South Wales showed the lowest utilisation below benchmark (utilisation rate of 66%, benchmark of 72%).

## Slide 20: Provider concentration tends to fall as total budget increases

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

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

## Slide 21: Provider concentration was above the benchmark of 85% for ten service districts, all with total plan budgets below $50m

A chart shows the number of service districts (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 districts.

Overall, ten out of 80 districts (12.5%) were above the benchmark. 18 out of 80 districts (22.5%) were more than 40 percentage points below the benchmark. 33 districts (41.3%) were between the benchmark and 20 percentage points below the benchmark.

Note 1: Provider concentration is calculated over the period from 1 October 2019 to 30 March 2020, using data available as at 30 June 2020

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

## Slide 22: The majority of districts above the provider concentration benchmark were in NT and WA.

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

The districts where 90% to 95% of payments are made to the ten largest providers are:

* Midwest-Gascoyne (WA) with concentration of 94%
* Great Southern (WA) with concentration of 94%
* Barkly (NT) with concentration of 93%
* East Arnhem (NT) with concentration of 91%
* Katherine (NT) with concentration of 91%
* Central Australia (NT) with concentration of 91%

The districts where 90% to 95% of payments are made to the ten largest providers are:

* Kimberley-Pilbara (WA) with concentration of 88%
* Goldfields-Esperance (WA) with concentration of 88%
* Far North (SA) with concentration of 87%
* Fleurieu and Kangaroo Island (SA) with concentration of 86%

Four of the ten districts are in the Northern Territory and four are in Western Australia. All of the districts have less than $100 million in total annualised plan budgets.

## Slide 23: The distribution of provider concentration by district has not changed greatly since December 2019

There are two charts. One shows the distribution of districts by provider concentration at June 2020, and the other shows the distribution of districts by provider concentration at December 2019.

At June 2020, 18 districts (22.5%) had provider concentration of less than 45%, compared to 15 (19.7%) at December 2019.

At June 2020, 33 districts (41.3%) had provider concentration of between 45% and 65%, compared to 31 (40.8%) at December 2019.

At June 2020, 19 districts (23.8%) had provider concentration of between 65% and 85%, compared to 21 (27.6%) at December 2019.

At June 2020, four districts (5.0%) had provider concentration of between 85% and 90%, compared to three (3.9%) at December 2019.

At June 2020, six districts (7.5%) had provider concentration of between 90% and 95%, compared to six (7.9%) at December 2019.

## Slide 24: Provider concentration has remained relatively stable since December 2019

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

As shown on the charts on the preceding slide, the number of districts above the benchmark (85% of provider payments made to the top ten providers that received the most payments in the exposure period) has risen from nine (out of 76) to ten (out of 80).

Midwest-Gascoyne and Great Southern (both WA) are districts with provider concentration above benchmark that had not been covered in the analysis before.

South West (WA) has fallen below the benchmark for provider concentration.

The number of districts below the benchmark has increased from 67 (out of 76) to 70 (out of 80).

This is due to a move by South West (WA) which has seen a fall in provider concentration and the introduction of Central North Metro and South East Metro to the analysis.

The proportion of the overall split (between ‘65% to 85%’, ‘45% to 65%’ and ‘below 45%’ of payments goes to top ten providers) has not significantly changed since December 2019.

Similar results in June 2019 indicate that provider concentration is a relatively stable metric.

## Slide 25: All the districts above the provider concentration benchmark had less than $75m in total plan budgets

A chart shows provider concentration, and the corresponding benchmark (85%), for each service district with total annualised plan budgets of less than $75 million.

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

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

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

## Slide 26: All districts with more than $75m 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 service district with total annualised plan budgets of between $50 million and $150 million, and the other shows the same provider concentration for districts with total annualised plan budgets of more than $150 million.

While all of the districts display levels of provider concentration below the benchmark, there are still markets where investment could be beneficial. Comparison of the two charts also shows that provider concentration tends to be greater in the smaller districts.

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

## Slide 27: The outcomes indicator on choice and control for four districts was more than ten percentage points below the benchmark

A chart shows the distribution of districts by their gap between the outcomes indicator on choice and control and the benchmark at June 2020. The benchmark represents the national average, adjusted for the mix of SIL participants.

The indicator for four districts (5.0%) was more than ten percentage points above the benchmark: ACT (ACT), Barwon (VIC), Limestone Coast (SA) and Barkly (NT).

The indicator for 18 districts (22.5%) was between five and ten percentage points above the benchmark.

The indicator for 39 districts (48.8%) was within five percentage points of the benchmark.

The indicator for 15 districts (18.8%) was between five and ten percentage points below the benchmark.

The indicator in respect of four districts (5.0%) was more than ten percentage points below the benchmark:Darwin Remote (NT), East Arnhem (NT), Katherine (NT) and Goldfields-Esperance (WA).

Note 1: Calculated as at 31 March 2020, using data available as at 30 December 2019

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

## Slide 28: The majority of districts more than ten percentage points below the outcomes indicator benchmark were in NT

There are two tables. One shows a list of the two districts more than ten percentage points below benchmark for the outcomes indicator on choice and control. The second shows a list of the 15 districts between five and ten percentage points below benchmark for the outcomes indicator on choice and control.

Three of the four districts more than 10 percentage points below benchmark are in the Northern Territory.

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

* Katherine (NT) with an outcomes indicator of 23%, compared to a benchmark of 44%
* Darwin Remote (NT) with an outcomes indicator of 41%, compared to a benchmark of 55%
* East Arnhem (NT) with an outcomes indicator of 43%, compared to a benchmark of 55%
* Goldfields-Esperance (WA) with an outcomes indicator of 44%, compared to a benchmark of 55%

All of these districts are small, with participants numbers ranging from 155 to 431.

The districts between five and ten percentage points below benchmark for the outcomes indicator on choice and control are:

* Central Australia (NT) with an outcomes indicator of 34%, compared to a benchmark of 44%
* Sydney (NSW) with an outcomes indicator of 43%, compared to a benchmark of 52%
* South Eastern Sydney (NSW) with an outcomes indicator of 42%, compared to a benchmark of 51%
* South Western Sydney (NSW) with an outcomes indicator of 43%, compared to a benchmark of 51%
* Central North Metro (WA) with an outcomes indicator of 46% compared to a benchmark of 54%
* TAS South East (TAS) with an outcomes indicator of 43%, compared to a benchmark of 50%
* Midwest-Gascoyne (WA) with an outcomes indicator of 47% compared to a benchmark of 54%.
* Darwin Urban (NT) with an outcomes indicator of 39% compared to a benchmark of 45%.
* Inner East Melbourne (VIC) with an outcomes indicator of 43%, compared to a benchmark of 49%
* North Metro (WA) with an outcomes indicator of 48%, compared to a benchmark of 54%
* Brimbank Melton (VIC) with an outcomes indicator of 47%, compared to a benchmark of 53%
* Far North (SA) with an outcomes indicator of 45%, compared to a benchmark of 51%
* Western Sydney (NSW) with an outcomes indicator of 44%, compared to a benchmark of 50%
* North Sydney (NSW) with an outcomes indicator of 44%, compared to a benchmark of 49%
* Southern Melbourne (VIC) with an outcomes indicator of 48%, compared to a benchmark of 53%

## Slide 29: The number of districts that are more than five percentage points below the benchmark has risen from 14 to 19 between December 2019 and June 2020

There are two charts. One shows the distribution of districts by their gap between the outcomes indicator on choice and control and the benchmark at June 2020, and the other shows the distribution of districts by their gap between the outcomes indicator on choice and control and the benchmark at December 2019.

At June 2020, 4 districts (5.0%) were more than ten percentage points below benchmark, compared to 3 (3.9%) at December 2019.

At June 2020, 18 districts (22.5%) were between five and ten percentage points below benchmark, compared to 16 (21.1%) at December 2019.

At June 2020, 39 districts (48.8%) were more than ten percentage points below benchmark, compared to 43 (56.6%) at December 2019.

At June 2020, 15 districts (18.8%) were more than ten percentage points below benchmark, compared to 12 (15.8%) at December 2019.

At June 2020, 4 districts (5.0%) were more than ten percentage points below benchmark, compared to 2 (2.6%) at December 2019.

## Slide 30: The outcomes indicator on choice and control has increased slightly since December 2019

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

As shown on the charts on the preceding slide, the number of districts greater than five percentage points below the benchmark has risen from 14 (out of 76) to 19 (out of 80) – a five district increase.

Two of the districts – Midwest-Gascoyne (WA) and Central North Metro (WA) were not covered in the December report.

Overall, considering only the 76 districts covered in the December report, the number of districts greater than five percentage points below the benchmark has increased by three.

This is the result of Darwin Urban, Brimbank Melton and Southern Melbourne falling relative to their benchmark.

The number of districts above the benchmark has increased from 43 (out of 76) to 44 (out of 80).

The number of districts greater than five percentage points above the benchmark has remained constant at 19, however the number of districts greater than ten percentage points above the benchmark has increased from three to four.

The four districts are ACT, Barwon (VIC), Limestone Coast (SA) and Barkly (NT). At December they were ACT, Barkly (NT) and South West (WA).

Overall although there has been an increase in districts above and below the benchmark, the net impact has been a slight increase in the choice and control indicator.

## Slide 31: The districts more than ten percentage points below the benchmark had less than $75m in total plan budgets

A chart shows the outcomes indicator on choice and control, and the corresponding benchmark, for each of the service districts that had less than $75m in total plan budgets for the period.

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

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

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

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

## Slide 32: The outcomes indicator on choice and control was more than ten percentage points above the benchmark for two districts with more than $175m in total plan budgets

There are two charts. One shows the outcomes indicator on choice and control, and the corresponding benchmark, for each of the service districts that had $75m to $175m 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 service districts that had more than $175m in total plan budgets for the period.

None of these districts had an outcomes indicator on choice and control of more than ten percentage points below the benchmark. The two districts from these categories that had an indicator that was more than ten percentage points above the benchmark, were the ACT and Barwon (VIC) districts.

## Slide 33: Section 3 Service District hotspots

Slides 34 to 74 present insights on Service District hotspots

## Slide 34: Hotspots are districts that score relatively worse against one or many corporate target metric benchmarks compared with other districts

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

Hotspots were chosen based on the corporate target metrics and where that district 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 districts have been identified as hotspots for the reason(s) shown:

* Central North Metro (WA) - new inclusion in analysis, low choice and control outcomes indicator score
* Great Southern (WA) - new inclusion in analysis, high provider concentration
* Midwest-Gascoyne (WA) - new inclusion in analysis, high provider concentration

South East Metro (WA) - new inclusion in analysis, an example of a district performing well in relation to benchmarks

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

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

## Slide 35: Hotspots identified in the December 2019 NDIS Market report have changed

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

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

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

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

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

## Slide 36: Central North Metro (WA)

Slides 37 to 39 present insights on Central North Metro (WA)

## Slide 37: The outcomes indicator on choice and control was below benchmark for Central North Metro (WA) 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 North Metro (WA) district.

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

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

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

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

## Slide 38: The outcomes indicator on choice and control is below benchmark for all ages up to 54

There are two charts. One shows the outcomes indicator on choice and control and the corresponding benchmark for Central North Metro (WA) by age band and the other shows the number of active participants in Central North Metro (WA) 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 age bands within ages 19 to 54 bands, all of which are below benchmark.

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

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

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

## Slide 39: The outcomes indicator on choice and control is below benchmark for participants with autism or intellectual disability as primary disability

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

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

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

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

## Slide 40: Great Southern (WA)

Slides 41 to 43 present insights on Great Southern (WA)

## Slide 41: Provider concentration is above benchmark in all support categories in Great Southern (WA)

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 Great Southern (WA) district.

Provider concentration is high across all support categories.

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

## Slide 42: Provider concentration is high across all age bands to age 44 in Great Southern (WA)

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

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

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

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

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

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

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

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

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

## Slide 44: Midwest-Gascoyne (WA)

Slides 45 to 47 present insights on Midwest-Gascoyne (WA)

## Slide 45: Provider concentration in the Midwest-Gascoyne (WA) district is high across all support categories where participants are receiving supports

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 Midwest-Gascoyne (WA) district.

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

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

## Slide 46: Provider concentration in the Midwest-Gascoyne (WA) is relatively low in remote areas

There are two charts. One shows provider concentration and the corresponding benchmark for Midwest-Gascoyne (WA) by remoteness rating and the other shows plan budget distribution for Midwest-Gascoyne (WA) by remoteness rating.

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

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

Note: The benchmark is the unweighted national average for that remoteness rating. Given the more granular nature of these segments, the provider concentration metric shown in the charts has been defined as payments made to the top five providers, instead of the top ten.

## Slide 47: Participants with autism, cerebral palsy and intellectual disability had high provider concentration for the Midwest-Gascoyne (WA) district

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

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

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

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

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

## Slide 48: South East Metro (WA)

Slides 49 to 51 present insights on South East Metro (WA)

## Slide 49: South East Metro (WA) exhibits low utilisation for several support categories

A table shows the number of active participants with approved plans, provider concentration, plan utilisation, utilisation benchmark, the outcomes indicator on choice and control and the outcomes indicator benchmark by support category, for the South East Metro (WA) district.

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

## Slide 50: Utilisation of ‘Social and Civic’ supports in South East Metro (WA) is low at all ages over seven

There are two charts. One shows plan utilisation and the corresponding benchmark for South East Metro (WA) by age band and the other shows plan budget distribution for South East Metro (WA) by age band. The data has been filtered to show these metrics for ‘Social and Civic’ type supports.

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

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

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

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

## Slide 51: Utilisation of ‘Social and Civic’ supports in South East Metro (WA) is low for participants with autism, intellectual disability or psychosocial disability as primary disability

There are two charts. One shows plan utilisation and the corresponding benchmark for South East Metro (WA) by primary disability and the other shows plan budget distribution for South East Metro (WA) by primary disability. The data has been filtered to show these metrics for ‘Social and Civic’ type supports.

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

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

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

## Slide 52: Barkly (NT)

Slides 53 to 55 present insights on Barkly (NT)

## Slide 53: Utilisation rates for Core – Community and Capacity Building – Daily Activities supports were particularly low in the Barkly (NT) region

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 Barkly (NT) district.

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

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

## Slide 54: Utilisation for participants in the Barkly (NT) region was below benchmark across all age groups for Capacity Building – Daily Activities supports

There are two charts. One shows plan utilisation and the corresponding benchmark for Barkly (NT) by age band and the other shows plan budget distribution for Barkly (NT) by age band. The data has been filtered to show these metrics for ‘Capacity Building – Daily Activity’ type supports.

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

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

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

## Slide 55: Participants with an intellectual disability, stroke and other physical disability groups1 are key areas of focus for the Barkly (NT) region

There are two charts. One shows plan utilisation and the corresponding benchmark for Barkly (NT) by primary disability and the other shows plan budget distribution for Barkly (NT) by primary disability. The data has been filtered to show these metrics for ‘Core – Community’ type supports.

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

The utilisation rate for these disability groups was low relative to benchmark, although there was a gap for almost all disability groups (excepting visual impairment).

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

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

## Slide 56: East Arnhem (NT)

Slides 57 to 62 present insights on Barkly (NT)

## Slide 57: Plan utilisation in the East Arnhem (NT) region was below benchmark for all of the major 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 East Arnhem (NT) district.

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

Furthermore, plan utilisation was below the benchmark for all support categories.

## Slide 58: Utilisation for participants in the East Arnhem (NT) region was below benchmark for all age bands

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

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

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

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

## Slide 59: Participants with intellectual disability and psychosocial disability are key areas of focus for the East Arnhem (NT) region

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

Utilisation was below the benchmark for all disability types.

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

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

## Slide 60: The outcomes indicator on choice and control was below benchmark for East Arnhem (NT) participants with Core / Capacity Building supports in their plan

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 East Arnhem (NT) district.

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

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

Utilisation is also shown for comparison.

## Slide 61: The outcomes indicator on choice and control being below benchmark is driven by participants under 44 years of age

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

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

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

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

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

## Slide 62: 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 East Arnhem (NT) by primary disability and the other shows the number of active participants in East Arnhem (NT) by primary disability.

The two major primary disability types in the East Arnhem (NT) region were psychosocial disability (31%) and intellectual disability (25%). The outcomes indicator on choice and control for participants with an intellectual disability was significantly below the benchmark and appears to be a key driver towards the overall result for the region.

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

## Slide 63: Far North (SA)

Slides 64 to 66 present insights on Far North (SA)

## Slide 64: Utilisation of Capacity Building – Daily Activities supports was low in the Far North (SA) region

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 Far North (SA) district.

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

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

## Slide 65: Utilisation of Capacity Building – Daily Activity supports was lowest for participants in the 35 to 44 age group

There are two charts. One shows plan utilisation and the corresponding benchmark for Far North (SA) by age band and the other shows plan budget distribution for Far North (SA) by age band. The data has been filtered to show these metrics for ‘Capacity Building – Daily Activity’ type supports.

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

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

## Slide 66: Low utilisation of Capacity Building – Daily Activity supports was driven by participants with acquired brain injury, autism and intellectual disability

There are two charts. One shows plan utilisation and the corresponding benchmark for Far North (SA) by primary disability and the other shows plan budget distribution for Far North (SA) by primary disability. The data has been filtered to show these metrics for ‘Capacity Building – Daily Activity’ type supports.

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

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

These primary disabilities significantly contribute to the overall utilisation result.

## Slide 67: Katherine (NT)

Slides 68 to 70 present insights on Katherine (NT)

## Slide 68: The outcomes indicator on choice and control was below benchmark for Katherine (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 Katherine (NT) district.

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

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

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

Utilisation is also shown for comparison.

## Slide 69: Participants across all ages in Katherine (NT) had the outcomes indicator on choice and control being below benchmark

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

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

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

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

## Slide 70: The outcomes indicator on choice and control is above benchmark driven by participants with an acquired brain injury and intellectual disability

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

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

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

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

## Slide 71: Limestone Coast (SA)

Slides 72 to 74 present insights on Limestone Coast (SA)

## Slide 72: The gap between utilisation and benchmark for the Limestone Coast (SA) region was driven by the Core – Community and Capacity Building – Daily Activity support categories

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 Limestone Coast (SA) district.

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

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

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

## Slide 73: Utilisation of Capacity Building – Daily Activity supports was lowest for participants in the 35 to 44 age group

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

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

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

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

## Slide 74: Participants with autism and other neurological had low utilisation rates (compared to benchmark) for the Limestone Coast (SA) region

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

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

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

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

## Slide 75: Copyright Notice

www.ndis.gov.au

Copyright notice

© National Disability Insurance Scheme Launch Transition Agency

Copyright and use of the material in this document

Copyright in the material in this document, with the exception of third party material, is owned and protected by the National Disability Insurance Scheme Launch Transition Agency (National Disability Insurance Agency).

The material in this document, with the exception of logos, trade marks, third party material and other content as specified is licensed under Creative Commons Attribution Non-Commercial No Derivatives (CC BY NC ND) licence, version 4.0 International. You may share, copy and redistribute the document in any format. You must acknowledge the National Disability Insurance Agency as the owner of all intellectual property rights in the reproduced material by using ‘© National Disability Insurance Scheme Launch Transition Agency’ and you must not use the material for commercial purposes.

Reproduction of any material contained in this document is subject to the CC BY NC ND licence conditions available on the Creative Commons Australia site, as is the full legal code for this material.

The National Disability Insurance Agency expects that you will only use the information in this document to benefit people with disability.

Please see the [NDIS website copyright statement](https://www.ndis.gov.au/about-us/policies/copyright) for further details about the use of logos and third party material.