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

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## Page 1, Table 1: Service district summary

For each of the 80 service districts with more than 9 months experience in Scheme, 7 indicators have been calculated. These are:

* Participants per provider;
* Provider concentration;
* Provider growth;
* Provider shrinkage;
* Utilisation;
* Outcomes indicator on choice and control; and
* “Has the NDIS helped with choice and control?” indicator

The number of active participants with approved plans, the number of registered active providers, total plan budgets and total payments are also shown. The 7 indicators have a ‘traffic light system’ where the top 10% and bottom 10% of districts – by gap to benchmark – are highlighted.

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

* Far West (New South Wales) has 5.8 participants per provider.
* Sydney (New South Wales) has 6.4.
* Far North (South Australia) has 5.9.
* Barkly (Northern Territory) has 3.6.
* Central Australia (Northern Territory) has 4.8.
* East Arnhem (Northern Territory) has 4.1.
* Katherine (Northern Territory) has 2.6.
* Wheat Belt (Western Australia) has 5.0.

The bottom 10% districts are as follows.

* Hunter New England (New South Wales) has 17.1 participants per provider.
* Mid North Coast (New South Wales) has 16.0.
* Northern New South Wales (New South Wales) has 15.3.
* Bayside Peninsula (Victoria) has 16.0.
* Western District (Victoria) has 14.7.
* Northern Adelaide (South Australia) has 20.1.
* Southern Adelaide (South Australia) has 17.2.
* Australian Capital Territory has 18.5.

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

* Hunter New England (New South Wales) has provider concentration level of 28%.
* Nepean Blue Mountains (New South Wales) has 36%.
* South Western Sydney (New South Wales) has 29%.
* Western Sydney (New South Wales) has 33%.
* Hume Moreland (Victoria) has 35%.
* North East Melbourne (Victoria) has 36%.
* Brisbane (Queensland) has 36%.
* Ipswich (Queensland) has 30%.

The bottom 10% districts are as follows.

* Far North (South Australia) has provider concentration level of 89%.
* Barkly (Northern Territory) has 92%.
* Central Australia (Northern Territory) has 85%.
* Katherine (Northern Territory) has 88%.
* Goldfields – Esperance (Western Australia) has 90%.
* Great Southern (Western Australia) has 93%.
* Kimberley – Pilbara (Western Australia) has 85%.
* Midwest – Gascoyne (Western Australia) has 94%.

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

* East Arnhem (Northern Territory) has provider growth of 27% since the previous exposure period.
* Central North Metro (Western Australia) has 67%.
* Goldfields – Esperance (Western Australia) has 33%.
* Great Southern (Western Australia) has 53%.
* Kimberley-Pilbara (Western Australia) has 27%.
* Midwest – Gascoyne (Western Australia) has 40%.
* North Metro (Western Australia) has 33%.
* South East Metro (Western Australia) has 57%.

The bottom 10% districts are as follows.

* Northern New South Wales (New South Wales) has provider growth of 9% since the previous exposure period.
* Western District (Victoria) has 8%.
* Bundaberg (Queensland) has 9%.
* Mackay (Queensland) has 9%.
* Adelaide Hills (South Australia) has 5%.
* Eyre and Western (South Australia) has 6%.
* TAS North (Tasmania) has 8%.
* Australian Capital Territory has 9%.

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

* Barkly (Northern Territory) has provider shrinkage of 7% since the previous exposure period.
* East Arnhem (Northern Territory) has 7%.
* Central North Metro (Western Australia) has 2%.
* Midwest – Gascoyne (Western Australia) has 7%.
* North East Metro (Western Australia) has 10%.
* North Metro (Western Australia) has 8%.
* South East Metro (Western Australia) has 4%.
* Wheat Belt (Western Australia) has 9%.

The bottom 10% districts are as follows.

* Barwon (Victoria) has provider shrinkage of 30% since the previous exposure period.
* Bayside Peninsula (Victoria) has 29%.
* Central Highlands (Victoria) has 27%.
* Inner Gippsland (Victoria) has 28%.
* Ovens Murray (Victoria) has 35%.
* Western District (Victoria) has 29%.
* Limestone Coast (South Australia) has 45%.
* Kimberley-Pilbara (Western Australia) has 30%.

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

* South Eastern Sydney (New South Wales) has utilisation of 74%.
* South Western Sydney (New South Wales) has utilisation of 76%.
* Western Sydney (New South Wales) has utilisation of 75%.
* Beenleigh (Queensland) has 70%.
* Bundaberg (Queensland) has 73%.
* Maroochydore (Queensland) has 68%.
* Robina (Queensland) has 72%.
* Great Southern (Western Australia) has 59%.

The bottom 10% districts are as follows.

* Outer Gippsland (Victoria) has utilisation of 51%.
* Eyre and Western (South Australia) has 53%.
* Far North (South Australia) has 50%.
* Murray and Mallee (South Australia) has 59%.
* Barkly (Northern Territory) has 57%.
* Darwin Remote (Northern Territory) has 38%.
* East Arnhem (Northern Territory) has 38%.
* Kimberley-Pilbara (Western Australia) has 49%.

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

* Barwon (Victoria) has an outcomes indicator on choice and control of 67%.
* Toowoomba (Queensland) has 59%.
* Eyre and Western (South Australia) has 63%.
* Fleurieu and Kangaroo Island (South Australia) has 62%.
* Limestone Coast (South Australia) has 61%.
* TAS South West (Tasmania) has 57%.
* Australian Capital Territory has 66%.
* Barkly (Northern Territory) has 67%

The bottom 10% districts are as follows.

* South Eastern Sydney (New South Wales) has an outcomes indicator of 44%.
* South Western Sydney (New South Wales) has 44%.
* Sydney (New South Wales) has 45%.
* Central Australia (Northern Territory) has 37%.
* Darwin Remote (Northern Territory) has 46%.
* East Arnhem (Northern Territory) has 45%.
* Katherine (Northern Territory) has 27%.
* Goldfields – Esperance (Western Australia) has 42%.

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

* Far West (New South Wales) has an indicator of 80%.
* Southern New South Wales (New South Wales) has 79%.
* Beenleigh (Queensland) has 81%.
* Bundaberg (Queensland) has 80%.
* Maroochydore (Queensland) has 83%.
* Toowoomba (Queensland) has 80%.
* TAS North West (Tasmania) has 79%.
* Katherine (Northern Territory) has 81%.

The bottom 10% districts are as follows.

* Far North (South Australia) has an indicator of 52%.
* Limestone Coast (South Australia) has 59%.
* Central Australia (Northern Territory) has 63%.
* Darwin Remote (Northern Territory) has 34%.
* East Arnhem (Northern Territory) has 34%.
* Goldfields – Esperance (Western Australia) has 49%.
* Kimberley – Pilbara (Western Australia) has 60%.
* Midwest-Gascoyne (Western Australia) has 59%.

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

For each of the 15 support categories, the same 7 indicators have been calculated. The number of active participants with approved plans, the number of registered active providers, total plan budgets and total payments are also shown. The 7 indicators have a ‘traffic light system’ where the top 10% and bottom 10% of support categories – by gap to benchmark – are highlighted.

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

* Capacity Building – Home Living has 18.5 participants per provider.
* Capacity Building – Lifelong Learning has 6.9.

The bottom 10% support categories are as follows.

* Core – Transport has 364.8 participants per provider.
* Capacity Building – Choice and Control has 188.0.

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

* Core - Community has a provider concentration level of 18%.
* Capacity Building – Support Coordination has 12%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has a provider concentration level of 47%.
* Capacity Building – Lifelong Learning has 93%.

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

* Capital – Assistive Technology has provider growth of 24% since the previous exposure period.
* Capital – Home Modifications has 23%.

The bottom 10% support categories are as follows.

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

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

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

The bottom 10% support categories are as follows.

* Core – Community has provider shrinkage of 29% since the previous exposure period.
* Core – Transport has 37%.

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

* Core – Transport has a utilisation rate of 96%.
* Capacity Building – Choice and Control has 95%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has a utilisation rate of 16%.
* Capacity Building – Lifelong Learning has 27%.

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

* Capital – Assistive Technology has an outcomes indicator of 61%.
* Capital – Home Modifications has 40%.

The bottom 10% support categories are as follows.

* Capacity Building – Lifelong Learning has an outcomes indicator of 31%.
* Capacity Building – Relationships has 17%.

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

* Capacity Building – Health and Wellbeing has an indicator of 79%.
* Capital – Assistive Technology has 76%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has an indicator of 64%.
* Capacity Building – Relationships has 70%.

## Page 2, Table 2: Definitions for the indicators

* **Active participants with approved plans** is defined as the number of active participants who have an approved plan and reside in the district / have supports relating to the support category in their plan.
* **Registered active providers** is defined as the number of registered service providers that have provided a support to a participant within the district / support category, over the exposure period.
* **Participants per provider** is defined as the ratio between the number of active participants and the number of registered service providers.
* **Provider concentration** is defined as the proportion of provider payments over the exposure period that were paid to the top 10 providers.
* **Provider growth** is defined as the proportion of providers for which payments have grown by more than 100% compared to the previous exposure period. Only providers that received more than $10,000 in payments in both exposure periods have been considered.
* **Provider shrinkage** is defined as the proportion of providers for which payments have shrunk by more than 25% compared to the previous exposure period. Only providers that received more than $10,000 in payments in both exposure periods have been considered.
* **Total plan budgets** is defined as the value of supports committed in participant plans for the exposure period.
* **Payments** is defined as the value of all payments over the exposure period, including payments to providers, payments to participants, and off-system payments (in-kind and Younger People In Residential Aged Care).
* **Utilisation** is defined as the ratio between payments and total plan budgets.
* **Outcomes indicator on choice and control** is defined as the proportion of participants who reported in their most recent outcomes survey that they choose who supports them.
* **“Has the NDIS helped with choice and control?”** indicator is defined as the proportion of participants who reported in their most recent outcomes survey that the NDIS has helped with choice and control.
* Note: For some metrics – ‘good’ performance is considered a higher score under the metric. For example, high utilisation rates are considered a sign of a functioning market where participants have access to the supports they need. For other metrics, a ‘good’ performance is considered a lower score under the metric. For example, a low provider concentration is considered a sign of a competitive market.