# Service District / Support Category Summary Dashboard – Non-SIL/SDA only – as at 30 June 2021 (with exposure period: 1 October 2020 to 31 March 2021)

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## Page 1, Table 1: Service district summary

For **Non-Supported Independent Living (Non-SIL)/SDA participants** across each of the 80 service districts, 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 Non-SIL/SDA participants with approved plans, the number of active providers, total plan budgets and total payments are also shown. Indicators are added where the top 10% and bottom 10% of service districts – by gap to benchmark – are highlighted.

For **Non-SIL/SDA participants per provider**, the top 10% service districts are as follows.

* Far West (New South Wales) has 6.2 participants per provider.
* Far North (South Australia) has 6.4.
* Barkly (Northern Territory) has 3.3.
* Central Australia (Northern Territory) has 5.4.
* Darwin Remote (Northern Territory) has 5.6.
* East Arnhem (Northern Territory) has 4.5.
* Katherine (Northern Territory) has 2.6.
* Wheat Belt (Western Australia) has 4.7.

The bottom 10% service districts are as follows.

* Hunter New England (New South Wales) has 17.0 participants per provider.
* Mid North Coast (New South Wales) has 18.1.
* Northern New South Wales (New South Wales) has 17.5.
* Bayside Peninsula (Victoria) has 17.0.
* Mallee (Victoria) has 16.3.
* Northern Adelaide (South Australia) has 20.5.
* Southern Adelaide (South Australia) has 17.5.
* Australian Capital Territory has 18.8.

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

* Hunter New England (New South Wales) has provider concentration level of 29%.
* Nepean Blue Mountains (New South Wales) has 39%.
* South Western Sydney (New South Wales) has 26%.
* Western Sydney (New South Wales) has 31%.
* Ipswich (Queensland) has 39%.
* North East Metro (Western Australia) has 38%.
* South East Metro (Western Australia) has 39%.
* South Metro (Western Australia) has 35%.

The bottom 10% service districts are as follows.

* Mallee (Victoria) has provider concentration level of 85%.
* Eyre and Western (South Australia) has 87%.
* Far North (South Australia) has 88%.
* Limestone Coast (South Australia) has 84%.
* East Arnhem (Northern Territory) has 87%.
* Goldfields – Esperance (Western Australia) has 87%.
* Great Southern (Western Australia) has 86%.
* Midwest – Gascoyne (Western Australia) has 89%.

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

* Far North (South Australia) has provider growth of 22% since the previous exposure period.
* Fleurieu and Kangaroo Island (South Australia) has 18%.
* Darwin Remote (Northern Territory) has 19%.
* Central North Metro (Western Australia) has 17%.
* Goldfields – Esperance (Western Australia) has 21%.
* South East Metro (Western Australia) has 19%.
* South West (Western Australia) has 20%.
* Wheat Belt (Western Australia) has 21%.

The bottom 10% service districts are as follows.

* Central Coast (New South Wales) has provider growth of 6% since the previous exposure period.
* Central Highlands (Victoria) has 5%.
* Goulburn (Victoria) has 7%.
* Toowoomba (Queensland) has 7%.
* Townsville (Queensland) has 5%.
* Eyre and Western (South Australia) has 3%.
* Murray and Mallee (South Australia) has 6%.
* Katherine (Northern Territory) has 4%.

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

* Brimbank Melton (Victoria) has provider shrinkage of 15% since the previous exposure period.
* Inner Gippsland (Victoria) has 13%.
* Central North Metro (Western Australia) has 14%.
* Central South Metro (Western Australia) has 15%.
* Great Southern (Western Australia) has 8%.
* Midwest – Gascoyne (Western Australia) has 11%.
* South East Metro (Western Australia) has 11%.
* South West (Western Australia) has 15%.

The bottom 10% service districts are as follows.

* Southern New South Wales (New South Wales) has provider shrinkage of 26% since the previous exposure period.
* Western New South Wales (New South Wales) has 26%.
* Barwon (Victoria) has 31%.
* Goulburn (Victoria) has 26%.
* Mackay (Queensland) has 27%.
* Eastern Adelaide (South Australia) has 28%.
* Southern Adelaide (South Australia) has 27%.
* Barkly (Northern Territory) has 29%.

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

* South Western Sydney (New South Wales) has utilisation of 75%.
* Western Sydney (New South Wales) has 72%.
* Beenleigh (Queensland) has 69%.
* Maroochydore (Queensland) has 68%.
* Robina (Queensland) has 70%.
* Central North Metro (Western Australia) has 64%.
* South East Metro (Western Australia) has 64%.
* South West (Western Australia) has 66%.

The bottom 10% service districts are as follows.

* Eyre and Western (South Australia) has utilisation of 50%.
* Far North (South Australia) has 47%.
* Murray and Mallee (South Australia) has 52%.
* Barkly (Northern Territory) has 50%.
* Darwin Remote (Northern Territory) has 46%.
* East Arnhem (Northern Territory) has 47%.
* Kimberley-Pilbara (Western Australia) has 46%.
* Wheat Belt (Western Australia) has 50%.

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

* Barwon (Victoria) has an outcomes indicator on choice and control of 67%.
* Inner Gippsland (Victoria) has 65%.
* Eyre and Western (South Australia) has 65%.
* Fleurieu and Kangaroo Island (South Australia) has 66%.
* Limestone Coast (South Australia) has 66%.
* Murray and Mallee (South Australia) has 67%.
* Australian Capital Territory has 67%.
* Barkly (Northern Territory) has 75%.

The bottom 10% service districts are as follows.

* South Eastern Sydney (New South Wales) has an outcomes indicator on choice and control of 49%.
* South Western Sydney (New South Wales) has 47%.
* Central Australia (Northern Territory) has 46%.
* Darwin Remote (Northern Territory) has 38%.
* East Arnhem (Northern Territory) has 47%.
* Katherine (Northern Territory) has 39%.
* Central North Metro (Western Australia) has 48%.
* Goldfields – Esperance (Western Australia) has 49%.

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

* Beenleigh (Queensland) has an indicator of 82%.
* Brisbane (Queensland) has 80%.
* Bundaberg (Queensland) has 80%.
* Maroochydore (Queensland) has 84%.
* Maryborough (Queensland) has 80%.
* Toowoomba (Queensland) has 80%.
* Katherine (Northern Territory) has 83%.
* South East Metro (Western Australia) has 79%.

The bottom 10% service districts are as follows.

* Far North (South Australia) has an indicator of 49%.
* Limestone Coast (South Australia) has 61%.
* Darwin Remote (Northern Territory) has 37%.
* East Arnhem (Northern Territory) has 37%.
* Goldfields – Esperance (Western Australia) has 51%.
* Kimberley-Pilbara (Western Australia) has 62%.
* Midwest-Gascoyne (Western Australia) has 59%.
* Wheat Belt (Western Australia) has 61%.

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

For each of the 15 support categories, the same indicators have been calculated. The number of active Non-SIL/SDA participants with approved plans, the number of active providers, total plan budgets and total payments are also shown. Indicators are added where the top 10% and bottom 10% of service districts – by gap to benchmark – are highlighted.

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

* Capacity Building – Home Living has 20.9 participants per provider.
* Capacity Building – Lifelong Learning has 8.7.

The bottom 10% support categories are as follows.

* Core – Transport has 173.7 participants per provider.
* Capacity Building – Choice and Control has 198.0.

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

* Core - Community has a provider concentration level of 22%.
* Capacity Building – Support Coordination has 12%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has a provider concentration level of 48%.
* Capacity Building – Lifelong Learning has 91%.

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

* Core – Community has provider growth of 15% since the previous exposure period.
* Capacity Building – Home Living has 20%.

The bottom 10% support categories are as follows.

* Capacity Building – Health and Wellbeing has a provider growth of 2% since the previous exposure period.
* Capacity Building – Lifelong Learning has 0%.

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

* Capacity Building – Choice and Control has provider shrinkage of 6% since the previous exposure period.
* Capacity Building – Lifelong Learning has 0%.

The bottom 10% support categories are as follows.

* Capital – Assistive Technology has provider shrinkage of 43% since the previous exposure period.
* Capital – Home Modifications has 46%.

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

* Core – Transport has an utilisation rate of 99%.
* Capacity Building – Choice and Control has 94%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has an utilisation rate of 16%.
* Capacity Building – Lifelong Learning has 23%.

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

* Capital – Assistive Technology has an outcomes indicator of 68%.
* Capital – Home Modifications has 71%.

The bottom 10% support categories are as follows.

* Capacity Building – Lifelong Learning has an outcomes indicator 29%.
* Capacity Building – Relationships has 23%.

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 – Home Modifications has 79%.

The bottom 10% support categories are as follows.

* Capacity Building – Home Living has an indicator of 65%.
* Capacity Building – Relationships has 66%.

## 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 service district / have supports relating to the support category in their plan.
* **Active providers** is defined as the number of providers that received payments for supports provided to participants within the service 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 active 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.