LIFE IN SPECIALIST DISABILITY ACCOMMODATION IN VICTORIA

Research insights from residents, family members and industry

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The Consumer Policy Research Centre (CPRC) is an independent, not-for-profit research organisation. We conduct research into the issues affecting Australians and translate our findings into practical policy recommendations that help create fairer markets and improve people's lives.

Acknowledgements

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CPRC acknowledges the Traditional Custodians of the lands and waters throughout Australia. We pay our respect to Elders, past, present and emerging, acknowledging their continuing relationship to land and the ongoing living cultures of Aboriginal and Torres Strait Islander peoples across Australia.

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Introduction

Specialist Disability Accommodation (SDA) is housing for people with disability with extreme functional impairment or very high support needs. It is the only type of housing funded by the National Disability Insurance Scheme (NDIS).[1] SDA was established in 2016, when the NDIS formally introduced SDA as a funded support category at the national level. Recent NDIS data shows 3.3% of all NDIS participants across Australia are either eligible for SDA or are actively using SDA. In Victoria, this figure is 3.5%.[2]

Under Victorian legislation, a SDA home is either an enrolled SDA dwelling with the National Disability Insurance Agency (NDIA), or a permanent dwelling where accommodation and funded daily independent living support is provided to one or more people with disability.[3] As such, housing that many stakeholders refer to as a 'SIL home' is technically categorised as non-enrolled SDA by the Victorian Government.

In 2025, Consumer Affairs Victoria (CAV) commissioned Consumer Policy Research Centre (CPRC) to undertake research to understand the lived experience in SDA in Victoria. This report highlights insights from SDA residents, family members and carers, as well as SDA industry members across Victoria.

Research insights show that many of the SDA residents and family members we spoke with felt broadly happy and safe in their home, suggesting that SDA is a positive initiative for the disability community. Individuals valued features that supported independence, comfort and community connection including accessible design, outdoor space, storage, opportunities for personalisation, and a balance of privacy and social interaction. There are also positive outcomes when providers take time to understand resident needs holistically prior to moving in, and when providers are responsive to modification and maintenance requests.

There are several areas where SDA is not working as well as it could. Residents and family members require greater support throughout the pathway into SDA, including assistance with understanding information, eligibility requirements and completing paperwork. Once living in SDA, residents and family members need more accessible information about their lease agreements, their rights and responsibilities, and the obligations of housing providers. They also require a clear point of contact when issues arise. SDA providers sometimes lack effective action to modify and maintain homes and hold different understandings about who is responsible for providing assistive technology. As a result, homes are not always accessible, even if they are compliant.

Overall, without accessible information provision and clear points of contact for internal and external support, the system is set up to fail. Strengthened SDA tenancy rights and improved co-regulation of the sector by CAV and the NDIS would also contribute to better outcomes for people living in SDA.

Methodology

This research project was conducted between July 2025 and July 2026 with four distinct methodologies used across the project:

- Interviews with people who live in SDA.
- Focus groups with family members of people who live in SDA or SIL homes.
- Interviews with industry members.
- Regular engagement with a Lived Experience Advisory Group across key stages of the project.

The findings and recommendations within the report are based on insights collated across these four methodologies.

The research sought to understand what is working well in SDA in Victoria, what challenges exist, and how SDA design, services, regulation and policy can be improved to support the wellbeing and lives of people who live in SDA.

CPRC conducted a concurrent research project looking into SDA in Western Australia (WA) which was funded by the WA Government. Comparative insights between WA and Victoria are provided throughout this report where a notable difference exists. Due to the small sample size and different demographic make-up of each jurisdiction's sample, as well as the existence of different tenancy laws and regulations, comparisons cannot be drawn in some instances.

CPRC applied a range of ethical guides to ensure the research was respectful, inclusive, lawful and safe. Appendix 1 outlines the methodology in full including our recruitment approach, who we spoke to and the limitations of this research.

A note on language

Residents: Throughout this report, the six interview participants living in enrolled SDA are referred to as 'SDA residents' and 'residents'.

Industry members: SDA providers and frontline workers are collectively referred to as 'industry members' throughout this report. Where relevant, SDA providers and frontline workers are separately referenced. 'SDA providers' and 'providers' are used interchangeably.

Family members: The family members who participated in focus group discussions are referred to as 'family members.'

Participants: The term 'participants' refers to NDIS participants.

SDA: The term 'SDA' will be used to describe housing that has been enrolled with the NDIA under the NDIS SDA provisions.

SIL housing: Many of the participants in our research described other forms of disability housing that are not considered (or previously were not considered) SDA properties enrolled with the NDIA under the NDIS SDA provisions. Our participants used the term 'SIL housing' to describe types of housing designed to accommodate people with disability and receive support with daily living. Throughout the report, the terms 'SIL housing', 'SIL home' or 'other disability housing' will be used interchangeably to describe this model of housing.

List of acronyms

CAV – Consumer Affairs Victoria

CPRC – Consumer Policy Research Centre

NCC – National Construction Code

NDIA – National Disability Insurance Agency

NDIS – National Disability Insurance Scheme

RRC – Reasonable Rent Contribution

RTA – Residential Tenancies Act 1997

SDA – Specialist Disability Accommodation

SIL – Supported Independent Living

WA – Western Australia

Finding a SDA home

For most residents and family members, the journey into SDA was defined by complexity rather than clarity

Residents and family members described unique pathways to find and move into SDA. These journeys depended on their knowledge of the system, previous experience and access to external support. As a result, outcomes were less determined by need alone and more likely influenced by an individual's ability to access information and receive advocacy and practical support throughout the application process.

Some residents and families reported learning about SDA through online research, recommendations from friends or family, or referrals from support workers and healthcare professionals.

Funding and eligibility

Funding considerations were front of mind for residents and family members. Securing SDA funding through the NDIS is a critical first step for participants hoping to move into SDA. Participants must submit assessments and supporting documentation to demonstrate their eligibility and need for SDA. To receive SDA funding, a NDIS participant must have an extreme functional impairment or very high support needs. They must also meet the SDA needs requirement and the NDIS funding criteria.[4]

Many people living in SDA also receive funding for in-home support services including Supported Independent Living (SIL). SIL is a type of NDIS support available to people with disability who have higher support needs. SIL is available to NDIS participants who live independently or with other NDIS participants. Once a person has been approved for SIL funding, they can choose which provider delivers their support and whether they move into housing designed for people with disability, either alone or shared with other residents. This decision is heavily shaped by a person's level of SIL funding, including their funded ratio of support. For example, a 1:1 ratio means one support worker provides support to one participant, whereas a 1:3 ratio means one support worker provides support to three participants.[5] Since 1 July 2026, SIL home providers are required to be registered through the NDIS Commission.[6]

In practice, a participant's SDA funding pays the SDA provider, their SIL funding covers the cost of support workers, and the participant pays rent, utilities and other day-to-day living expenses.

Administrative requirements

The funding application process was widely perceived as complex, lengthy and stressful, requiring residents and family members to navigate large volumes of information. Strict eligibility criteria often required multiple professional assessments and supporting documents from a range of professionals, making the process particularly time-intensive and admin-heavy.

> **"There was a lot of paper from the NDIS and…when they use the NDIS jargon and they don't explain it to you that's when it becomes a confusing situation when it shouldn't be a confusing situation."**
>
> – SDA RESIDENT

> **"Initially quite stressful, because of trying to understand the funding scheme, and what the deal would be in terms of out-of-pocket costs… There was a lot of documentation that we needed to acquire to get the funding."**
>
> – FAMILY MEMBER, SDA

> **"I will say it's long and overwhelming, and as everyone mentioned, it all goes through the NDIS, but needs a lot of evidence and assessments, medical records, all this stuff, which is really, very overwhelming and annoying and consuming a lot of time."**
>
> – FAMILY MEMBER, SDA

The repetitive nature of documentation combined with limited transparency around funding decisions caused some residents and family members to report feeling sceptical about the process at first. One family member commented that they felt uncertain about whether they were providing the "right" answers. Another shared that while you may be in contact with numerous people at the NDIA, there was no clarity around who had authority to approve funding or how long a standard process would take.

> **"Sometimes the questions would overlap, and you go, 'I've just finished explaining my disability and explaining why I need SDA, but now you're asking me to answer it again?'"**
>
> – SDA RESIDENT

Difficult experiences with the journey into SDA, specifically issues around paperwork, confusing application processes and general navigation of the system, were also felt among WA residents and family members, although to a lesser extent than in Victoria.

Expert guidance helps people navigate complexity

Those with close access to support coordinators and professional care teams were often able to navigate this part of the process more effectively than those who relied heavily on self-directed research or intermittent contact with NDIS case managers. Support coordinators, in particular, were highly valued for their expertise and ability to assist residents and families with preparing documentation.

> **"My support coordinator did a lot of the boring form filling out that the NDIS require to get SDA funding."**
>
> – SDA RESIDENT

> **"We had to ask for a lot of help, so if it wasn't for the support coordinator, it's just overwhelming."**
>
> – FAMILY MEMBER, SDA

One frontline worker commented that the hoops support coordinators go through to gather evidence and information to get SDA funding can be challenging.

> **"Specifically with SDA, a lot of people think it's easier to get SDA funding than it actually is… we have a participant who lives in a SIL property. She's very fortunate that this SIL property is something that our company was going to work with as a respite property, so we made it fully accessible, so she's able to stay in here, but she's actually in a wheelchair with spina bifida, cannot lift herself out of her wheelchair in any way shape or form and she does not qualify for SDA funding. So… it's very challenging… if you look at the logistics of her condition, you would say that she ticks every single box that there is to tick. I don't know what keeps going wrong in her applications, and they have tried a few times to get SDA funding, but it's not being awarded."**
>
> – SDA FRONTLINE WORKER

Some residents and family members received direct support from other professionals including occupational therapists, general practitioners, and social workers during this part of the process. Two residents reported that not-for-profit housing and disability organisations provided them with valuable assistance with preparing documents for the NDIS and being matched with a housing provider. It was those who had previous experience navigating NDIS processes and those with stronger links to disability organisations who were more confident to ask for support through these networks.

> **"It's just such an arduous process and getting those documents into NDIS… and [the organisation] just supporting me through the process…they were just wonderful."**
>
> – SDA RESIDENT

Residents and family members also leaned on personal networks, particularly when these family members and friends had navigated similar NDIS funding pathways.

> **"She (my sister) had already been through the whole process of getting funding through NDIS so she was able to help me. The whole process took at least 12 months… because of all the reports and it was like 100 pages."**
>
> – SDA RESIDENT

> **"I would say my friend (was the biggest source of support), because her son in our friend group is the only one that lives in SILs, so she kind of explained how things run, what they will do, what they won't do, and then also informed me some of the things that they were doing they shouldn't be doing."**
>
> – FAMILY MEMBER, SIL

Residents and family members who did not have access to formal support or extensive personal support reported that they managed the application process themselves and/or contacted NDIS case managers intermittently for advice. This was a less common pathway, and one that was heavily reliant on self-directed research and advocacy. For those 'doing it alone', uncertainty around funding sometimes felt all-consuming, creating significant emotional and practical strain.

Family members who frequently contacted NDIS case managers had mixed experiences, with one family member sharing that case managers were the biggest source of support but also the biggest hurdle. One family member shared that while case managers helped with explaining paperwork, they also paid "lip service" by communicating that applications will be processed soon without the applicant seeing meaningful progress. Another family member shared that they experienced multiple handovers between staff working at the NDIS, meaning they had to keep starting over from scratch during the same phone call. This suggests that there may be gaps in existing processes to ensure residents and family members do not have to repeat their circumstances and ask the same questions.

> **"People will get fed up because you're just constantly waiting, putting in applications, giving as much detail as possible, and feel like there's a constant speed hump or roadblock. In the six months, I think I've spoken to about 35 different people. You speak to your case manager, then your case manager puts you through to this person, and then this person, and then that person."**
>
> – FAMILY MEMBER, SDA FUNDING PENDING

Ensuring people with disability and their family members or carers have a consistent touchpoint at the NDIS from beginning to end of the SDA funding application process would help reduce overwhelm, confusion, and stress. Consistency of touchpoint is particularly important for residents and family members who do not have access to external professional support or networks to guide them through the application process.

Selecting a home

Some residents moved into the first SDA offered, while others took time to weigh up the options available

As many residents and family members of people with disability began their journey into SDA or other SIL housing from a position of urgency, securing 'good enough' accommodation sometimes took priority over finding a home that ticked all the boxes. The length and complexity of the application process appeared to intensify the pressure to secure housing, with a couple of participants describing situations where they moved into the first SDA or SIL housing that became available, regardless of whether the home appeared to meet their needs. These participants also reported that third parties including social workers and hospitals were working on their behalf to identify options, which may have influenced their perceptions of SDA and SIL availability.

One resident with a history of housing insecurity was placed on a waiting list and moved into the first SDA that was offered to them, even though it didn't meet their preference to live alone. Some family members and residents perceived that SDA was in short supply or that they were competing with other applicants for the same property. These views can influence decision making and may cause an individual to accept a home that may not be fit for purpose or best meet their needs.

> **"It's quite lengthy and stressful. At first I thought I won't be assigned a home, so later on I was grateful I was called for an opening in the home I'm currently living at when I got there, I had to check it was conducive enough for me."**
>
> – SDA RESIDENT

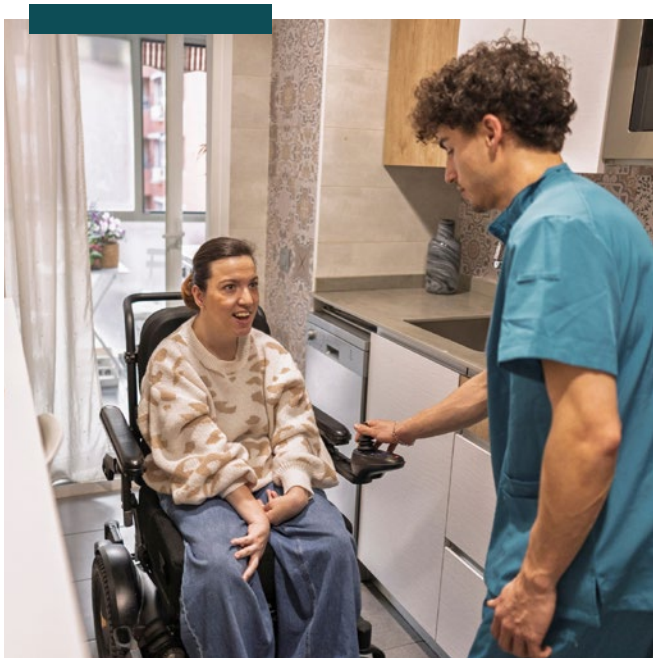
Residents and family members with lower urgency to secure SDA had greater flexibility to explore options through self-directed research and connecting with providers. This resulted in residents and family members being more involved in assessing options, visiting several properties and weighing different accommodation models. Across residents and family members, most held the view that securing housing that best aligned with their needs, preferences and long-term goals was more important than accepting the first available option, even where availability was perceived to be limited.

> **"If you're too picky, you'll get on a waiting list, which will keep getting bigger and bigger."**
>
> – FAMILY MEMBER, SDA

> **"We got on board pretty early and thought it's best for us to start scoping it out first, so there was a website that we went on, and it had a really good range, you could filter by state and area and all the rest of it... so we made calls, we actually went out to have a look..."**
>
> – FAMILY MEMBER, SDA

This was particularly the case for residents who were interested in moving out of the family home into SDA or transitioning out of another form of long-term accommodation such as a nursing home. Without time pressures, residents were able to secure SDA that largely met their location, safety, and community amenity preferences. For instance, one resident shared that she connected with the same housing provider her sister was using. This resident was placed on the provider's waitlist and later moved into the same SDA apartment building as her sister. Another resident undertook a trial stay with their support worker to determine whether SDA was the right fit for their needs and lifestyle. For this resident, the journey into SDA was a positive one, as it opened the possibility of living independently and moving out of the family home, which was a pathway they had not previously considered.

> **"I went to some information sessions. I went and had a look at a couple of apartments just to get an idea and...to get a feel about what they were like. I also did some practice at staying away with a support worker in an apartment that would be similar... to get a feel about what it might be like..."**
>
> – SDA RESIDENT



Working directly with providers was a strategy adopted early by some residents and family members to enable greater choice and control over housing outcomes. For instance, one family member described how she met with a housing provider and was able to be involved in the design and build of her son's SDA unit.

> **"We met with them (housing provider), it would have… well, it would have been probably about 12 months from the time it was just first discussed to when [redacted] was living in there. Yeah, they were great, they took everything on board."**
>
> – FAMILY MEMBER, SDA

There were no significant discrepancies between metropolitan and regional participants in their perceptions of SDA availability. Most participants agreed that there was low availability of SDA accommodation to choose from. This was in contrast to WA research participants, who reported bigger issues regarding unavailability of suitable SDA, particularly in regional and rural areas.

Overall, residents and carers reported that their journey into securing a SDA spanned from two to 18 months.

Key criteria used in decision-making

Where residents and family members had options to choose from, four key criteria were commonly used to search, assess and make the final decision. This included:

- living alone
- living near family / their current community and service providers
- a home that was safe and fit for purpose, or able to be easily modified, and
- the level and quality of in-home service provided (if in place).

Residents and family members in Victoria spoke more about proximity to family and existing communities as a primary accommodation decision factor compared to WA residents and family members.

Living alone

While one resident expressed their preference for shared accommodation because living with others made them feel less isolated, most other residents preferred living alone. Being able to live alone was highly important to almost all residents and family members we spoke with, as residents sought privacy, autonomy and living arrangements aligned to their individual needs. Living alone was particularly important for males and people with psychosocial disabilities who needed to live alone to regulate their behaviour.

> **"The way [redacted's] behaviours are… he doesn't appreciate other people's space… he can go from 0 to 100 in 5 seconds…so from a safety perspective for everybody, we thought this was the best option (to live alone)."**
>
> – FAMILY MEMBER, SDA

Female residents also valued the independence and freedom that came with living alone. One resident cited that having her own space was important because she had support workers helping her most of day and she didn't want to feel as though she was intruding on other people's space. She also described living independently as an important milestone, enabling her to have a comparable experience to her friends who had also moved out of the family home to live independently.

Location

Proximity to family, existing support networks and community connections were critical factors when selecting housing. Residents and family members also valued housing that was close to public transport, shops and essential services.

> **"The amenity, or the location, or that sort of thing, ease of access to, public transport, shops, and some semblance of community, and yeah, that was important for us as well, for her, just not feeling isolated."**
>
> – FAMILY MEMBER, SDA

A home that is fit for purpose and safe

Residents and family members also selected SDA and SIL housing based on the home being fit for purpose and capable of meeting their current and future needs. When describing their ideal home, there was a split in perspective between family members and residents. Residents tended to focus more on the overall amenities of the home, whereas family members were more focused on functional capabilities, assistive technologies and safety.

> **"I've got lots of storage in my apartment. It's not the perfect setup necessarily, but compared to a lot of places I've seen, it's so much more storage."**
>
> – SDA RESIDENT

> **"I think the previous individual was also wheelchair-bound, and there were modifications made…and that's why we went with that option…because the other ones, they would have to make, modifications."**
>
> – FAMILY MEMBER, SDA

Level and quality of SIL staff

For some family members and residents, the quality of support staff already in place at the SDA or SIL house was a key factor in the decision-making process. For one resident who moved into a shared SDA home, it was important to assess the support arrangements already in place before making a decision. For other family members considering SIL homes, clear communication with providers and support staff was essential to ensuring their family member's care and support needs would be met. This was the case for one family member whose son was transitioning from receiving full-time care from family members at home to a SIL arrangement, where the level of support available was reduced in line with his funded support hours.

> **"I made a choice for her based on proximity to me…I also had a look at cleanliness, who the individuals were who would be working there… and the security."**
>
> – FAMILY MEMBER, SDA

Provider advertising of SDA homes and vacancies

Industry members advertised their SDA properties online and at in-person events. Most frequently mentioned approaches included advertising through websites like Housing Hub (and in one instance Go Nest), as well as networking at industry events and promoting at expos. One provider explained that properties are marketed through social media including Facebook, Instagram and LinkedIn, and they also conducted a monthly mail out. One Advisory Group member explained that, in their experience, unregistered providers often find people through Facebook and undertake dodgy deals with residents. Among industry members, it was noted that some unregistered providers offering SIL in rental homes were engaging in exploitative practices such as free rent incentives.

Multiple providers collaborated with SIL workers to find residents through weekly calls and collaboration sessions. Some also received referrals from support coordinators.

Applying to move into SDA

All industry members explained that people can submit an expression of interest, typically through the organisation's website, email or over the phone.

One provider explained that they frequently received expressions of interest from NDIS participants and their chosen SIL provider or support coordinator, who were investigating housing options for the person together. The provider explained that once an interested person reaches the provider, they have a standard application form, which they try to make as simple and accessible as possible. The provider explained that most of the time they engage in a conversation over a phone call rather than using the specified form. This was the case for one family member, who commented that securing her son's SIL housing was more about coming to a private negotiation with the provider.

Funding arrangements between SDA providers and residents

Several industry members explained that SDA funding in participants' NDIS plans covers the cost of the housing infrastructure, not support services such as SIL, assisted living and community programs. The frontline worker who also works at SIL homes indicated that costs funded through the NDIS vary depending on the level of support required, whether the accommodation is shared and the participant's NDIS funding.

> **"We'd found a provider, but because we don't have (enough) SIL funding, essentially it's a private negotiation. I found the paperwork easy… I think it was more just talking to the provider to say, these are his (my son's) needs, this is what works for him."**
>
> – FAMILY MEMBER, SIL

Providers explained that they receive a set payment from the NDIA for SDA, which differs across properties and locations. One provider expanded that they either claim the payment directly from the NDIA or they send an invoice to the NDIS-funded plan manager. The SDA payment is split into 12 monthly payments. It was noted that payments are frequently delayed, and the NDIS systems can be cumbersome and complex to use. Multiple providers spoke to these issues with NDIS systems, including inaccuracies regarding a person's funding. One provider explained that given the evolving nature of NDIS systems and related uncertainty, they now employ a person whose role is exclusively focused on managing and following up on NDIS funding-related issues.

> **"It's not a joke. I can spend like three hours on hold to the NDIS trying to solve something, it's just a waste of resources. We're a small business... it's very tricky. They keep saying they're changing things... at the moment it's just seemingly either under-resourced or they're just not wanting to spend any money on these (NDIS) plans, I don't know."**
>
> – SDA PROVIDER

Residents also pay a Reasonable Rent Contribution (RRC), that is a percentage figure (25% of the Disability Support Pension) and 100% of Commonwealth rent assistance, if the resident receives it. Several providers explained that the RRC is either paid through Centrepay, which one provider stated most participants elect for, or by direct deposit from the resident. One provider used a local real estate agent to collect rent from participants, who charge a fee to the provider just like a private residential rental lease. The frontline worker also indicated that rent is paid either directly to the SDA provider or through a tenancy agency.

The frontline worker explained that most SDA providers will not accept a SIL participant as a resident because they don't have SDA funding and therefore, the provider will only receive rent payments.

> **"Properties that have been built that are actually currently sitting vacant because not enough people are currently being confirmed for SDA funding and most SDA providers won't just take a SIL participant in there because then they miss out on that SDA money."**
>
> – SDA FRONTLINE WORKER

An exception is the SDA provider who partners with SIL providers, who explained that there are SDA homes who also house some residents with SIL funding only in certain circumstances. The provider explained that this arrangement takes a level of commitment from the investor or landlord as the financial returns are less than a full SDA tenancy.

One provider stated that the participant normally pays for utilities while the frontline worker indicated that there can be varied arrangements in place to cover utilities and other services across homes.

Several providers explained that funding arrangements relating to SDA are outlined in agreements, including the lease cover letters. One provider explained that they have a resident guidebook outlining payment requirements, which residents receive when they first enter SDA.

Financial sustainability was a challenge for some providers, particularly those operating as a not-for-profit.

Identifying funding arrangements

From the perspective of SDA providers, an important step in the application process was identifying participant funding arrangements. Having visibility of a participant's SDA funding within their NDIS plan was not always guaranteed for providers and this can create issues and challenges. One provider explained that they rely on screenshots, a copy of the person's home and living decision letter or a letter of confirmation from the NDIA to confirm a person's funding. One provider noted that visibility of a person's plan is dependent on the resident's or their nominee's consent.

> **"If they come to us we ask to see a copy of their funding, because we've had issues in the past where we sort of get to the stage where we've been told they have the right funding and then right at the 11th hour they don't. And it's very hard to then say, oh well, you've got to go back to your planner or support coordinator and negotiate the funding... that takes months..."**
>
> – SDA PROVIDER

> **"It's a systemic issue that the system doesn't show the right information… When we get someone making an inquiry with us, they're not our client… And then they might not be our participant for six months. So at that point in time, they only have either what's in their current plan or an old letter, or sometimes we scramble together to get the info in all sorts of messy ways."**
>
> – SDA PROVIDER

One resident shared that her provider proceeded with her housing application, even though her SDA funding had not been approved. It is likely that the housing provider felt highly confident that funding would be granted given the resident was receiving support with their funding application from a disability organisation.

> **"My housing provider, they were supportive in letting me continue the process even though I hadn't actually got the SDA funding approved. They just said, 'Okay, we'll continue though as if you've got it and we'll start all the process of doing the tweaks for what works for you in the apartment.'"**
>
> – SDA RESIDENT

If the provider decides that a prospective resident is suitable, they provide them with a conditional letter of offer. One provider explained that after this time, the person often needs to go back to the NDIS to have their funding adjusted and approved.

Funding uncertainty

Even after securing housing, some residents continue to navigate funding gaps or cuts to their SIL supports, which directly impacts their wellbeing and ability to live safely in their home

Some residents and family members shared that even after they secured SDA or SIL housing, they continued to navigate funding gaps that affect the level and type of support available to them on a day-to-day basis. Recent media coverage of proposed changes to the NDIS had further heightened concerns that funding will be reduced or cut unexpectedly. Family members also shared concerns about having to repeatedly demonstrate their family member's level of need during plan reassessments, particularly where there had been no change in impairment or where support needs were expected to increase with ageing or where other changes may occur.

> **"The NDIS have cut my support worker hours, so that's not necessarily from an SDA point of view, but I think it's relevant in that they make assumptions that if they give you accessible housing that it will fix all your other issues. I still need support and those hours have been cut."**
>
> – SDA RESIDENT

> **"We have to support each assertion with a professional letter that, yes, what we are saying is true, that she really needs help, more help, more funding. and the conditions around, at present, they are reducing the funding instead of increasing it, so things are getting very, very difficult."**
>
> – FAMILY MEMBER, SDA FUNDING PENDING

This issue was also raised by most industry members who commented that many residents are not adequately funded to fully support their needs. Multiple providers cited this issue as their biggest challenge. Examples included people not being funded for SIL funding and Robust housing (one of the SDA design categories) when there was a clear need. Once living in a home, one provider noted that they must balance risks to participants and staff if funding for support services is withdrawn, particularly if the participant has behavioural support needs.

One family member whose son lives in SIL housing explained that the level of SIL funding he receives can make it difficult for providers to view his placement as financially viable. This limited the son's housing options and resulted in family members having to fill in gaps in care and support. Negotiating when these support hours were provided also proved challenging, particularly as the participants' SIL supports were tied to the housing provider.

Transitioning into a SDA home

Understanding resident needs and preferences at point of entry into SDA is critical, particularly when they are moving into shared accommodation

According to industry members, understanding resident needs is a critical aspect of the application process. One provider discussed the entry process in detail, explaining that they undertake a needs assessment which involves understanding a participant's goals, preferences and holistic support needs. The frontline worker explained how they ask a range of questions when they first receive an expression of interest or referral to make sure the person is the right match with other residents and a good match for the home.

One family member discussed sitting down with the SIL provider to ensure that her son's needs and preferences would be met. However, overall, this was an aspect of the pathway into SDA that was not broadly discussed by residents and family members.

When reflecting on the accessibility of her SDA apartment, one resident commented that they wished her provider had sat down with each of the eight residents moving into the newly built building to understand each person's needs and preferences. The resident shared that factors such as being on a lower or higher level can have an impact on the level of noise, temperature and balcony space. She also mentioned that the layout of each apartment was slightly different and specific features such as whether the front door fob was on the left- or right-hand side, can make a critical difference to the accessibility of a home.

Resident matching in shared accommodation

Industry members generally emphasised the importance of making sure residents were well-matched in shared housing situations. The frontline worker described resident matching as their biggest challenge.

> **"Everybody can have vacancies and they can do all the advertising in the world… but you can't just put anybody with anybody. That's not just as simple as saying I've got a vacancy for a female and get a referral and put that person straight in there. So you need to make sure that they're actually compatible to live together… I would definitely say participant matching is the hardest part in that the SIL/SDA space, because if it's not right, it's a disaster."**
>
> **– SDA FRONTLINE WORKER**

One provider explained that they frequently receive inquiries from people looking for the same type of living arrangement, so they will sometimes see if they can help coordinate the SIL workers and match the participants.

> **"We've got matching tools that we use… Would this person be right for that person? (It) comes back to our business model where our original tenancy managers know who lives in the homes. They know what their interests, likes, dislikes are. We don't keep really a formalised profile of who's living in our homes. It really is relationship driven… So they've got a rough idea of who the tenant is looking for in a housemate and whether or not it might be a good match beyond that. It is always then in consultation with the tenant and their network and the (SIL) providers."**
>
> – SDA PROVIDER

Residents and family members in shared SDA and SIL did not mention whether a resident matching process had occurred prior to moving in. One family member and two residents commented that they believed shared accommodation was the only option available to them at the time. This view likely reflects the funding arrangement and ratio of care that had been allocated to them.

SDA agreements

Providers of SDA homes are required to supply residents with a SDA residency agreement which provides increased tenancy protections, or a standard residential tenancy agreement. Legislative change in mid-2019 brought SDA residency agreements into the *Residential Tenancies Act 1997*.[7] All providers who commented on their organisation's tenancy contract arrangement specified that they use the CAV standard form SDA residency agreement.

> **"We (only) offer the SDA residency agreement. I know there is an opportunity to offer a standard residency agreement but we think tenants are better protected under the SDA one."**
>
> – SDA PROVIDER

Understanding of lease agreements was inconsistent, with some residents and family members unsure about the type of agreement in place and the rights it provides

Residents and family members had mixed levels of confidence and understanding of the type of lease agreement that was in place. Insights suggest residents and their families may have been relieved to have found a home and were therefore, less likely to be in a position to carefully consider the terms of their tenancy agreement.

One SDA resident shared that they were unsure what type of lease they were on but knew that they were entitled to live there for another two years. Another resident commented that because there was so much information to comprehend at this stage of the process and because the urgency for suitable housing was so strong, she would have almost signed anything. Overall, only one resident recalled the type of lease agreement they were on, stating that it was a 'tenancy agreement.'

> **"I think like a lot of other people I would say I was so desperate to move into accessible and suitable housing that I would almost kind of sign anything when I moved in… I was given information when I moved in which I did read and stuff like that."**
>
> – SDA RESIDENT

Among family members of people living in SDA, just over half (five) reported that their family member was on a rental agreement. Of the three family members of people living in SIL, two stated that a rental agreement was in place and one shared that another type of occupancy agreement was being used.

> **"I wasn't even clear on how the service provider looked at his accommodation. It wasn't… a residential tenancy agreement because it didn't state that. It kind of seemed like it was more like a rooming house. They were framing it off a rooming house situation, which was… really unclear. We did ask for a tenancy agreement, and he just gave us an occupancy agreement. So, yeah, it was kind of a little bit dodgy, but in saying that you know…we had nowhere else to go, so unfortunately, I just had to accept it."**
>
> – FAMILY MEMBER, SIL

Across the residents and family members we spoke with, no one specifically identified the agreement in place as being a SDA residency agreement. However, this may reflect residents' and family members' limited understanding of tenancy arrangements rather than indicating that SDA residency agreements were not being used in practice. Regardless, it is evident that residents and family members need more support and clearer information at the initial leasing stage to ensure they have a comprehensive understanding of the lease they are signing and their entitlements.

While one Advisory Group member commented that it is expected that SDA-enrolled providers will use the SDA agreement, they rarely see non-enrolled SDA providers using the SDA agreement. Further targeted outreach by CAV with non-enrolled SDA providers could increase the use of SDA agreements and ensure stronger tenancy protections for residents.

Provider support for resident understanding of tenancy agreements

Three providers remarked on processes they employ to assist people in understanding their agreement. One provider stated that generally residents' guardians sign their tenancy contract and support coordinators or SIL providers will help the person understand it and answer any questions they may have.

> **"It's a very short agreement… it's like three pages and it is quite clear… I think we have to use the Consumer Affairs one because it is written like that. But also online there are sections I've seen where they can go and get like an easy to read guide about that agreement. Yeah, actually I think it might be at the back of the agreement too when I print it that's there for them. But you know what? They don't ask any questions. They're just so happy to have it. They just go, 'yep, where do I sign?'"**
>
> – SDA PROVIDER

Another provider explained that they have a detailed discussion with the resident, their support coordinator and family members to ensure they understand the terms. The provider also supplies residents with resources including all relevant documents from CAV, including Easy Read versions, flyers, posters and frequently asked questions, and refers them to CAV's phone service should they need.

A different operator explained that a manager for the SDA organisation is required to go through the agreement verbally with the resident and their support person or family member. Typically, this conversation would take place face-to-face; however, the provider has had to shift this approach to occur over the phone or online to better accommodate family member needs. It was noted that this approach does not necessarily mean a person is guaranteed to understand the complexities of their agreement, despite the operator feeling they've done what they can to assist.

Across family members and residents, there was limited discussion about the process employed by the provider to meet with residents and ensure they understand the tenancy agreement. One resident explained that it took a serious complaint for the provider to meet with each resident and explain processes and responsibilities, indicating that this had not occurred sufficiently when residents first moved in.

Length of lease is inconsistent

Feedback from industry members suggests there are big variations in lease length across homes. Providers who commented on their tenancy arrangements reported offering lease terms ranging from 12 months to five years, despite stating that all leases are intended to be 'long term' and will simply be renewed. This can be confusing for residents who think they are entitled to stay in their home forever, while at the same time being subject to a shorter fixed term lease that regularly gets renewed.

One provider explained that under the current RTA, it is the SDA provider's responsibility to ensure a resident has ongoing access to a home so an agreement with a specified term is not needed. Another provider indicated that they can't really ask a resident to leave their SDA home without first finding another residence for the person to live in, which is outlined in the agreement. There would also need to be a significant issue to prompt the provider to take this kind of action.

Commentary from residents and family members also pointed to discrepancies in lease length and a widely held perception that the tenancy arrangement was long-term or for life. This was reflected across the cohort, irrespective of whether the person was living in SDA or SIL housing, indicating a sector-wide issue.

> **"I think they've said [redacted] can stay there for life…I can't remember off the top of my head… but I know that was something that we signed, that he can stay there for life."**
>
> – FAMILY MEMBER, SDA

> **"(It is a) rental agreement that's ongoing, and (you can) stay there forever, if you like. There's no… no set date…the contract just rolls over and over."**
>
> – FAMILY MEMBER, SIL

> **"It's a two year (lease term) and…then we've got an opportunity to look elsewhere."**
>
> – RESIDENT, SDA

Residents and family members seek greater support and accessible information to better understand their rights and responsibilities

Residents and family members reported mixed levels of confidence in their understanding of their rights and responsibilities. Several expressed a desire for greater support and more accessible information to help them navigate their tenancy arrangements, including a cheat sheet or care book that could outline what their entitlements are, what their provider is responsible for, and who to contact for advice or support on these matters.

> **"…I think maybe, like, a care book, or, you know, some paperwork saying, 'look, if you need some assistance for this area, or this area, there's a number, there's an email.' I think you definitely need some type of information provided at the start."**
>
> – FAMILY MEMBER, SDA FUNDING PENDING

> **"Yeah… an easy-to-read page, or accessible visuals for people with some intellectual disabilities. I mean, visuals can also help to understand the simple, rights and responsibilities. Just make it simple and clear and…not too complicated."**
>
> – FAMILY MEMBER, SDA

When discussing external sources that could be contacted for advice on rights and responsibilities, many family members mentioned that the NDIS or their support coordinator would be their first port of call.

For three residents, connections with disability advocacy organisations and services appeared to play an important role in building their understanding and confidence. One resident said that they wished more renter organisations were aware of SDA resident rights.

One other resident shared they also felt clear on their rights, however they were unsure where to seek more information if needed, demonstrating that there is a need for greater outreach to residents to ensure they are aware of information and support services available.

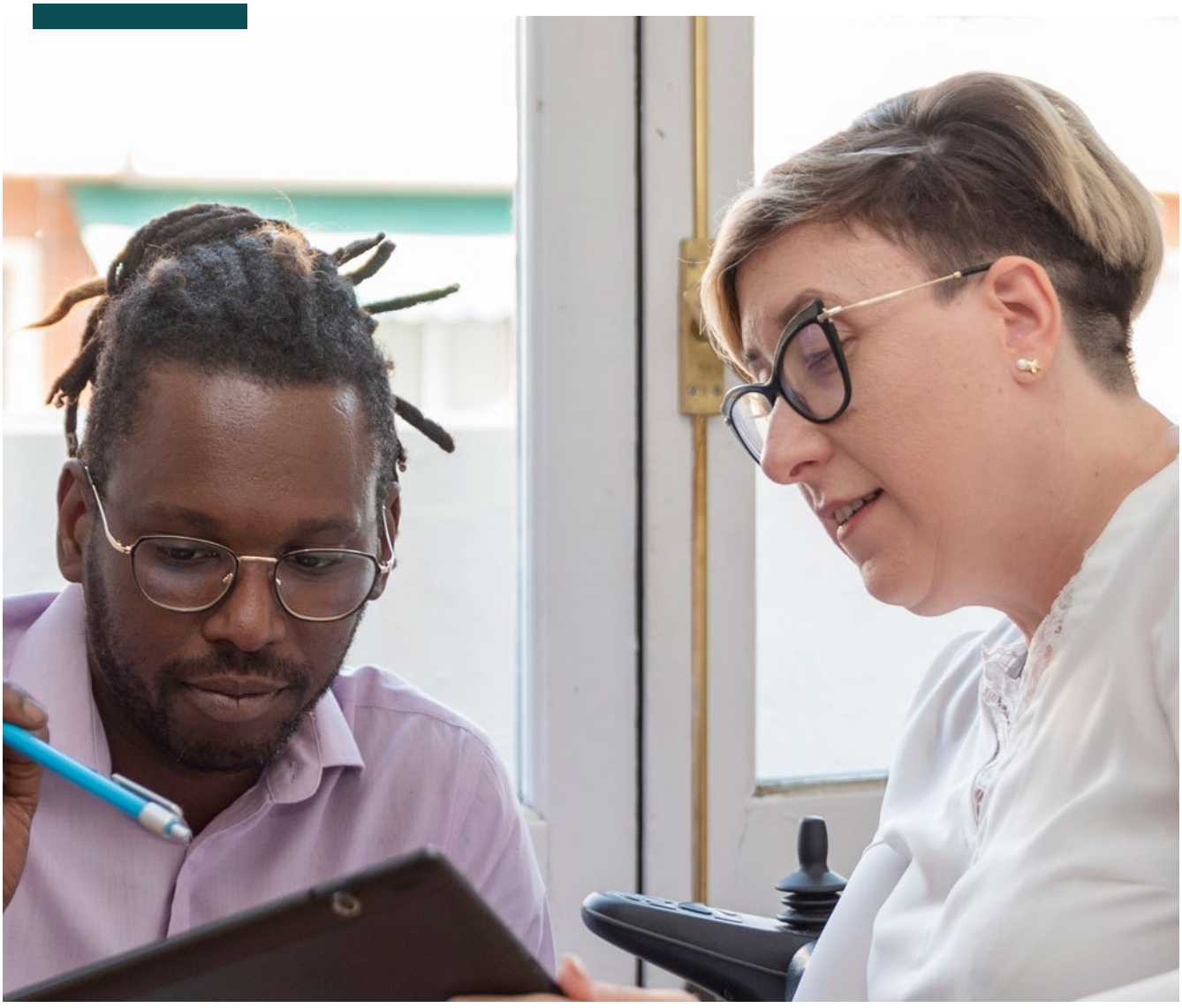
Moving in

When a resident first moves in, one provider commented that they take time to introduce them to other residents, facilitate rapport building through events like afternoon teas and shared meals, and invite both families to meet. The frontline worker also referenced the importance of supporting the person as they transition into their home, including through orientation, introductions to staff and other residents, as well as helping residents settle in through regular check-ins.

One provider who manages SDA only but partners with SIL providers elaborated that a resident who comes to them seeking medium-term accommodation enters a licensing agreement. People who come to the provider on this basis are generally coming from hospital or having home modifications completed in their home. The provider explained that historically people would be in medium-term accommodation for up to 90 days, whereas these days it can be up to three times as long due to external complexities a person may be dealing with.

One frontline worker raised that every resident should be entitled to one-on-one support when they first move into their home.

> **"I think for every participant when they first move into a new home, whether it's SDA or SIL, I think everybody should be entitled to one-on-one support for the first 30 days. It helps them settle in, find their feet, learn the house, learn the routine. Get to know their housemates and helps to maintain the safety of the other participants. So I think that initial period of time is hugely important and if we can't get that initial time right, then the flow on time is never going to be right."**
>
> – SDA FRONTLINE WORKER



Living in a SDA home

Features valued by residents and family members

Residents reported high levels of satisfaction with their homes

Residents spoke very positively about their homes, with high levels of satisfaction across the features, layout and overall living environment. Residents particularly valued practical features such as outdoor space, storage, private bedrooms and bathrooms, and the ability to personalise their home. Many also highlighted that they enjoyed being located close to their community and support networks. Residents living in SDA apartments enjoyed living alone but also appreciated opportunities to spend time with neighbours. For one resident living in shared SDA, they appreciated their privacy but also being able to socialise with housemates on their own terms. Overall, this demonstrated that residents valued SDA homes for more than just their physical design. They valued homes that support independence, privacy, community connection and a genuine sense of belonging.

While residents identified a small number of features they would like to see improved, overall high satisfaction was consistent among both residents who accepted the first SDA option available to them and those who spent more time exploring and comparing different housing options. This suggests that, while the journey into SDA can be challenging, the outcomes for residents are generally very positive once they secure appropriate housing.

> **"I've got it (my ideal home). I didn't think I would have it, but I do. I love my apartment because I've got beautiful views to look at…it's got everything I need for my accessibility needs."**
>
> – SDA RESIDENT

Industry members shared that based on their perspective and the feedback they had received from residents, outdoor space, ensuites, second living rooms and adequate storage are all important features of a SDA home. Industry members commented that private spaces are also important, and location of the home is frequently a priority. One provider elaborated that community participation, socialising with others, a feeling of home ownership, security and a feeling of physical safety are valuable. Keypads on doors instead of key locks were cited as an example of a security feature that provides residents with a sense of safety.

> **"Our designs have grown from where our original homes were really large and open with a shared bathroom… they're not desirable, people are looking for ensuites."**
>
> – SDA PROVIDER

> **"Second living rooms have been a really big one. Where we've got designs where we've got one large living area, the feedback from that has been we don't always want to sit with the people we live with, we don't always want to watch the same television show and we shouldn't have to go to our bedrooms to get away from people. And if we're having family or visitors come over, it's nice to have separation without having to sit in our bedroom or send our roommates to their bedroom."**
>
> – SDA PROVIDER

Location and amenities

Residents and family members agreed that having outdoor space and being close to family, friends, public transport and other essential services was highly valued in SDA and SIL homes. Residents in SDA apartments enjoyed having access to a balcony and two residents shared that having underground or free on-street parking for their support workers was also beneficial.

> **"The other thing I really love about here is the location is pretty good. It's right next to the train station, right next to an accessible tram stop, and it's right off the freeway as well…and there's also lots of free parking, which being this close to the city, free all-day parking is really quite hard to find in a lot of SDA apartments for support workers…Also, my neighbours are quite nice here."**
>
> – SDA RESIDENT

One family member who worked with the SDA provider to build her son's unit shared that she was able to advocate for extra amenities including outdoor space, yet this was not added to the unit next door. This highlights the disparity of experiences between residents who have support around them to advocate for them versus residents who do not.

> **"It has a nice garden with lots of garden space for me to work in the garden and for my dog to roam around in the yard."**
>
> – SDA RESIDENT

One provider commented on the importance of location for residents, referencing one of their regional properties which is close to the main street of the township, as well as a pool and local lake. This proximity enables the resident to go out and mix with the community which they enjoy. Yet, SDA providers highlighted how it can be challenging to build SDA homes in areas where people want to live due to high land costs.

One operator who manages properties in regional and rural locations commented that the choice to build SDA in these areas was a strategic decision, as land is cheaper compared to Melbourne, and they were told there was demand in regional areas.

Living by themselves

Consistent with their perspectives on an ideal home, being able to live alone was highly valued by most residents we spoke to.

Across the four female residents who lived alone in SDA apartments, satisfaction with their living situation was strongly linked to having independence and control over their home environment. For some, the prospect of shared living was described as highly undesirable, especially if it was with a person they didn't choose.

> **"I love it (living alone) … I certainly wouldn't want someone that wasn't my choice of a person. That to be in any situation where someone was just matched to me. that would be difficult. I'm a person who's very happy with my own company."**
>
> – SDA RESIDENT

For the two residents living in shared SDA, experiences of living with others were mixed. The female resident valued the social aspect of living with housemates and appreciated having her own bedroom and bathroom which supported a sense of privacy. In contrast, the male resident described challenges in his relationship with his housemate. The resident highlighted the important role that support staff played in managing conflicts and mediating his housemate's behaviour. The resident said that he would like his fiancé to move in; however, they haven't been able to secure the required funding.

> **"He's not rude to me or anything like that, but his behaviour is quite bad. So that's an issue for me…the new SIL support has helped improve his behaviour quite a bit."**
>
> – SDA RESIDENT

Compared to residents, family members were less likely to report on the impacts of living alone or with other housemates. An exception to this were family members of males with psychosocial disabilities who needed to live alone to regulate their behaviour. This was a high priority when searching for SDA, so family members were able to reflect on the positive difference this had made to their loved ones' wellbeing. Another exception was one family member who observed that it was challenging for his sister to build relationships with her housemates and this caused her to feel isolated.

Across industry, the frontline worker indicated that for female participants, living in a property with all women is highly important.

Personalisation

The ability to personalise their living space was also important to some residents and family members, supporting a sense of stability and ownership as residents transitioned into homes they expected to live in over the medium to long term. One resident explained that her provider would soon be installing an enclosure on her balcony to allow her cat to venture outside safely. This is an example of a provider going above and beyond the bare minimum requirements when it comes to designing and providing a home.

> **"The organisation that I'm in, they're very good at letting you personalise the apartment."**
>
> – SDA RESIDENT

> **"More from just a move point of view, trying to make it as homely as possible is probably the biggest thing there...a change of environment's always difficult, but trying to bring in photos and furniture from the previous home, that connection was really important for us."**
>
> – FAMILY MEMBER, SDA

Accessibility and modifications

A one-size-fits-all approach does not always meet residents' needs-modifications are a necessary and ongoing part of the SDA experience

While there was broad agreement among residents and family members that the SDA or SIL home met the needs and preferences of the person in their life with disability, many identified additional modifications that were still required to improve accessibility.

Family members were notably more critical in this domain, and in some cases, viewed the home as a 'good enough' option for now, while holding out hope that a more suitable place would become available in the future. Other family members expressed confidence that planned modifications would improve the suitability of the home. Accessibility concerns were evident across both SDA and SIL housing, demonstrating the need for providers across the sector to work with residents to ensure SDA is co-designed and can be easily modified in line with each residents' needs.

> **"Not all disabilities are the same, and they (the providers) don't understand that. They think because it fits for one person, it fits for another, in the same circumstance. And that's where we're kind of struggling with actually finding a place, because they just want to give you one, pop them in there, and then say, done deal... but it doesn't work."**
>
> – FAMILY MEMBER, SDA FUNDING PENDING

> **"The accommodation was more or less ready to move in, and it is... it was already suitable for her. But each time she bumps into something, or has an incident with things, then we try to request to have things changed... so it's a regular feedback thing. When something is not working or needs updates, we request changes, and changes are made, although they are slow."**
>
> – FAMILY MEMBER, SDA FUNDING PENDING

Half of the residents we spoke to highlighted accessibility limitations relating to space, layout and automation that affected the functionality of their home. One resident stated that her kitchen benchtop was not adjustable and therefore could not be used for cooking or other practical activities.

> **"For some reason, this is the only group of apartments for the provider that I'm with that didn't have the kitchen bench spaces adjustable so that I could use the kitchen benches. But I have a nice big table that I can use and I got used to the idea okay... because of where the kitchen benches are I can't aspire to doing anything practical as far as cooking and that sort of thing goes and that annoyed me for one or two years but then I thought chill out just let other people do it for me."**
>
> – SDA RESIDENT

Another resident shared that she would like automated blinds and benches, sliding doors and a separate space in her home for hobbies and for family to stay over. She also described barriers that prevented her from using the apartment's lift, swimming pool and gym and how her SDA provider had not effectively investigated improving the accessibility of these communal areas.

Family members raised several concerns relating to accessibility and design, including limited garage space, an insufficient number of handrails, and small bedroom sizes. One family member whose son moved into a new, modular build SDA shared that the home had no laundry space, so the washing machine had to be placed in the hallway. Another family member explained that his sister's bedroom was too small for her to move around her bed, and as a result they continued to search for more suitable housing.

> **"In terms of my actual apartment… I can't open and close doors so… they don't have sliding doors for certain things so…that does make it a little bit difficult…and I still get stuck in certain areas because it is a bit tight and…they do have a height adjustable kitchen bench which I really appreciate but it's not automated so I still can't control it."**
>
> – SDA RESIDENT

> **"The room is small…that is not manageable at present. That's why we are trying to shift to a bigger SDA so that the room has enough space to manoeuvre around. Otherwise…it remains a hazard, she falls, injures her knees each time she bumps into the frame of the bed."**
>
> – FAMILY MEMBER, SDA FUNDING PENDING

One provider commented that current SDA specifications do not always support residents in giving them enough space, particularly in Robust SDA. It was noted that supplying SDA with enough space for residents' needs is not always financially viable for operators.

Most providers noted that their SDA properties are new. Industry members felt very happy with the physical condition of the properties they provide and considered them high quality. One provider who supplies SDA 'legacy' properties built prior to 1999, indicated that their properties do not always meet resident needs. The provider also stated that there is no date set to end legacy property funding.

The other half of residents provided positive evaluations of SDA accessibility features and described how spacious, considered, and purposeful design has significantly enhanced their enjoyment, safety and quality of life.

> **"This home is already designed for people with disability so it has a lot of accessibility features and that makes living more safer and more manageable for people like me… the layout is open and easy to and it's easy to kind of move around and the doorways are wide enough for you to use with wheelchairs or other accessibility needs."**
>
> – SDA RESIDENT

Safety in the home

Most residents and family members reported feeling safe in their SDA and SIL accommodation and described their homes as secure and supportive. Feelings of safety were strengthened by reliable support workers, secure building design, well understood and practiced emergency procedures, and having trusted people nearby who could assist when required. Safety was also enhanced when tenure was secure, supports were independent of the accommodation, housemates were well-matched, maintenance was resolved, and complaints were heard and dealt with.

Some family members and residents shared concerns relating to safety of the physical accommodation including not being able to park cars in the garage, small bedroom size and an inability to independently use doors or the lift.

Others had concerns relating to the broader community or neighbourhood in which the SDA or SIL was located, particularly in areas perceived to have higher levels of crime or anti-social behaviour. For instance, one family member described an incident where strangers jumped over the fence and stole things from his sister's home. Her vision impairment meant that it was challenging for her to assess her level of safety independently when her dog barks at noises outside. This experience caused the resident significant anxiety. Other family members described concerns about there being pubs and bottle shops nearby and were worried about their family members becoming lost if they left the house alone.

Safety concerns were rarely linked to SDA provider staff, SIL support workers or other residents. Where concerns were identified relating to SIL support workers, it was due to family members feeling that the SIL workers lacked training, did not understand their family members' needs or there were rostering issues which created staff shortages.

Storage considerations

Storage was a widely discussed feature with residents, family members and providers highlighting its influence on the utility of SDA and SIL homes. One resident commented that she was happy with the level of storage in her apartment, noting that this was a big improvement from what she had seen in comparable homes.

In contrast, one family member shared that her son's modular SDA unit has no storage in the house, resulting in staff using the garage space for storage. This created a safety risk for her son, as he was unable to use the garage to park his car.

One industry member described that storage is particularly important in SDA bedrooms due to many residents wanting to keep important possessions nearby and people with disability often having additional requirements when it comes to materials and equipment that needs to be stored.

> **"Storage is a huge one… people with disabilities that have been living in supported accommodation or, you know, that sort of environment, their life is in their bedroom. Their bedroom and a shared living space. So most of their possessions they keep close in their bedrooms. And we're seeing homes that have very small wardrobes. You know, and the rooms aren't large enough to put a chest of drawers where they can display photos or those sorts of things. So that's one aspect. The other one is they often come with a lot of additional storage needs… continence aids, cleaning products, additional bedding for more frequent changes… those sorts of things."**
>
> – SDA PROVIDER

SDA provider supply of assistive technologies

The majority (four out of five) of industry members explained that assistive technology is not supplied, funded or maintained by the SDA provider. Instead, the resident can choose a provider to install assistive technology themselves if it is funded through their NDIS plan. Two industry members specified that occupational therapists work with residents to obtain funding and then install assistive technology in SDA homes.

One SDA provider explained that they make exceptions from time to time and will occasionally fund a resident's request for assistive technology when they are not funded for it by the NDIS. The provider commented on the following example at one of their regional SDA properties.

> **"(They say to us), can we have this, can we have that? And we say, well, if it's not in your plan and you can't pay for it, then we have to make a decision. I think a good example at [REDACTED] is one of the participants wanting a security door… a screen door that you lock cause they just had normal doors. So we got quotes and they can't afford to pay for it, but they wanted it for them to feel more comfortable. So they originally asked for one for each the front door and the back door and then we just said look you can have one on the front door. We kind of came to an agreement to keep them happy as well because we want to keep them there. But that's not something that they can afford to pay for, and it's not something they can get in their plan. It's just something to make them feel more secure."**
>
> – SDA PROVIDER

Another provider who does not supply assistive technologies stated that they do not consider they have the expertise or capability to supply assistive technology.

> **"Our position on that is that's a NDIS funded item. It's not something that we include as the base SDA product and it's not required that we do. Some SDA providers do add that themselves. We have a building designer that works in our team on home modifications that collaborates with participants on the inclusion of automation, but it's funded by the agency, not by us."**
>
> – SDA PROVIDER

One provider indicated that they are considering supplying assistive technology with their newer SDA designed properties where there have been requests.

Conversely, one industry member stated that the homes they supply include assistive technology as they are built to support independent living. Features included hoists, adjustable-height benchtops and sinks, smart device-controlled lighting, blinds, and heating.

These findings indicate that some providers are unclear about their legal obligations regarding assistive technology under the RTA.[8] This may, in part, be due to differing requirements described in the two CAV information statements available for SDA residents. For instance, in the *Information statement for Specialist Disability Accommodation residents entering into or establishing a Specialist Disability Accommodation Residency Agreement,* it explicitly states that,

"The SDA provider must install things you need to help you with your daily life, use and enjoyment of the dwelling, and ensure that the dwelling and installations are maintained in good repair."[9]

However, this duty is not stated in the *Information statement for SDA residents entering into a residential rental agreement.*

One resident commented specifically on assistive technology provision as being one of the biggest issues in SDA because there is ambiguity around who is responsible for its provision, leading to inconsistent decision-making.

> **"There is a very unclear definition between what is the landlord or SDA provider's responsibility, versus say the NDIS's responsibility, versus say the tenant's responsibility…the NDIS gives you very different answers and many of the tenancy bodies don't really understand… I'll give you a very quick example like they paid for my aircon here…and the NDIS covered my automated door…but I have a friend who hasn't been able to get an automated door funded because the NDIS have come back and said that's the SDA property's responsibility. And it's actually incredibly unclear."**
>
> – SDA RESIDENT

Industry approaches to design of SDA dwellings

Multiple SDA providers referred to design approaches being centred around the needs of residents. These providers described their approaches as 'person-centric' and based on an understanding of the complexities people with disability experience.

Among industry members it was noted that building costs have increased significantly in recent years. One provider designs their SDA properties in-house, in collaboration with future residents. As this provider generally initiates a SDA 'project' once they have a person identified, properties can be tailored to the person who will eventually live in them. The provider acknowledged that when the house is already built, it's harder to meet the resident's needs and achieve the same level of satisfaction.

The provider explained that SDA design comes down to the designer, developer and SDA provider and how flexible they're willing to be. They feel that Robust SDA requires flexibility particularly and needs to be accompanied by a framework that supports this approach.

> **"So we normally initiate a project when we have someone identified, we don't do 'build it and they will come.' That being said, a project is normally more than one dwelling, so quite often we'll have some of the residents identified and others not, and then during the development or once it's completed, then we'll try and fill the other vacancies."**
>
> – SDA PROVIDER

One provider suggested a review of the National Construction Code (NCC) in the context of multi-resident SDA is needed, as the current obligations reportedly do not treat SDA as a home and come with added regulatory burdens for operators.

> **"...for two or more unrelated residents with a disability, the definition under the NCC is that it should be a Class 3 building. But a Class 3 building isn't a home like environment. Simple example, you have the green running person sign over the front door. You don't have that in a normal house and the residents live there permanently. It's not as if they're transient coming and going, but the NCC says you need that. Now we and many other developers of SDA have to then go and get what's called performance solutions, find ways around getting rid of those things, which comes at a very high cost and complexity. There's a requirement for a certain type of sprinkler in a Class 3 building that's grossly overengineered on what you actually need. So a Class 3 building is supposed to be something much bigger. You know, maybe like a (very large) home in the old days, but for a two resident home, Class 3 is ridiculous..."**
>
> – SDA PROVIDER

One provider commented on aesthetic preferences in locations where land is not flat and they are required to build ramps. When prompted further, the provider stated that in their experience, residents find that a ramp visible from the street makes the property less aesthetically cohesive with neighbouring, non-SDA dwellings.

> **"Our philosophy was that we want our homes to look like an ordinary house in an ordinary street...But where we get blocks where they're not flat enough or they're not cut deep enough, we end up with ramps at the front. Whilst that makes the property accessible, it also makes it not integrated into the landscape of other properties."**
>
> – SDA PROVIDER

It was also noted that renovation costs to meet SDA compliance can be challenging for providers, and that the licensing process to become a SDA provider is lengthy and difficult.

Maintenance processes

Responsive maintenance is essential to ensuring homes remain safe and fit-for-purpose

All residents were aware of who to contact to make a maintenance request, commenting that they had different methods available including email addresses, phone numbers or apps. Residents communicated directly with the housing provider or with support workers to have an issue resolved.

> **"There's an email and a phone number that you ring that is part of the landlord's team and then (they) get back to you and then they send out a tradesman to fix the issue."**
>
> – SDA RESIDENT

Confidence in maintenance request processes was generally high, which likely reflects the fact that all residents had made some kind of repair or maintenance request while living in their home. However, residents were less consistent in their views on whether maintenance issues would be resolved in a timely and effective manner. One resident commented that she sometimes receives no response to her request and feels that the burden is on her to keep following up to see the request processed. Another commented that her provider responds to maintenance requests depending on urgency, with any accessibility related issues resolved quickly.

> **"I've sent emails and there just hasn't been any response and sometimes it's a little unclear as to who does what and where and why and who… I'm not a big fan of phone calls, but I do find if you call up sometimes that is easier."**
>
> – SDA RESIDENT

> **"If it's about maintenance we kind of report to the staff and maintenance requests are then kind of arranged depending on the urgency depending on the agency… But if it's an accessibility related problems, quick responses are given especially when it's quite important because delay can directly affect the person's safety."**
>
> – SDA RESIDENT

One resident spoke about the arduous process they went through to have an urgent plumbing issue resolved in the first few months of their tenancy. After their maintenance request was unaddressed, the resident made several complaints to the provider and eventually escalated the matter through the NDIS hierarchies. The failure to address the maintenance issue led to black mould growing in the apartment and the resident developing a serious health condition requiring hospitalisation. Following the resolution of the matter, the resident reported that this experience prompted the provider to meet with each resident to explain responsibilities and maintenance processes. The resident reflected that they would handle things differently in future because it was now possible to have an open and honest conversation with the provider, and if they did not listen, at least they knew how to advocate for themselves.

> **"So when I first moved in, I made a major complaint to [redacted], who are the landlords, and that was because, the pipes had burst into my old apartment… and they did a patch up work and it happened again and again and again and I just went enough, I need to know what's going on. But in that same instance… because it was black mould and I got extremely sick and almost died because of that and it wasn't until that point they just went, 'Okay, we're going to vacate you and put you into another apartment…which is vacant at the moment, and if you don't like it there, you can come back down when you when we fix yours.'"**
>
> – SDA RESIDENT

Family members reported that maintenance requests are submitted to both the housing provider and the property manager responsible for a SIL home. Among family members who had made a maintenance request on behalf of a resident, most reported that there were lengthy wait times or challenges with having the issue resolved. This was the case with both urgent and non-urgent maintenance, pointing to serious issues being present across several provider processes. For instance, one family member reported that her son's toilet seat had been broken for over a month and when it was eventually seen to, the repair was not adequate.

> **"Well, [redacted's] toilet seat has been broken…it was broken months ago and it took them ages to fix it. But they didn't fix it properly…So the lady that organises the home maintenance at the provider… she was on holiday, so I've been asking the team leader all the time…and the team leader said they're going to get it fixed but it still hasn't been rectified… I didn't get much resolve from them so I contacted [redacted] at [redacted] (housing provider) and they addressed it straight away."**
>
> – FAMILY MEMBER, SDA

There was also evidence of trial and error, with some family members trying various approaches or points of contact in an attempt to have the issue resolved faster, while others shared that they were unclear on escalation pathways within the housing provider's team.

Maintenance processes and outcomes were notably worse for the three family members of residents living in a SIL home. One family member described a situation where the power went out in his mother's SIL home and the provider gave a timeframe of two to three days for the issue to be resolved. This meant that he had to go into her house with eskies to save food from the fridge and make sure that she would be okay.

> **"I didn't know there was a power outage, and my mother just bought new stuff, put it in the fridge, and they (the provider) gave a time frame of two to three days. So that's not good if you've bought new stuff, so we went and ran there with a couple of eskies, put ice in them, and made sure that she was okay, the food was cold… Yeah, it just surprised me, it just took so long."**
>
> – FAMILY MEMBER, SIL

Another family member reported that the garbage disposal system on one side of the kitchen sink became blocked. The issue remains unresolved because the repair cost quoted was considered too high. The circumstances surrounding who was responsible for paying for the repair were also unclear. The family member also described relying on a neighbour to assist with repairing a damaged door, suggesting there may have been uncertainty about who was responsible for arranging and paying for maintenance.

> **"The garbage disposal at the sink. Yep, so that just keeps blocking, so we've actually not been able to get that resolved. They did get an electrician out to review it, but that hasn't resolved it, and the expense involved will be too high, so we've just gone, 'please don't use that side of the sink'."**
>
> – FAMILY MEMBER, SIL

Most industry members reported formal mechanisms for handling maintenance issues, indicating that they have clear processes and timeframes.

Industry members referenced multiple pathways for residents to submit maintenance requests including through a support worker or carer who can escalate the request on their behalf, by scanning a QR code located in the home, via email, through an online form, and/or by calling a 24-hour phoneline serviced by the provider.

Several providers had their own internal maintenance team, who they consider to be effective and able to understand the complex behaviours of some residents. One provider explained that they have a full-time maintenance manager who triages requests, and who has Key Performance Indicators around their performance. The other provider with their own internal maintenance manager stated that maintenance requests are reviewed regularly. This provider uses an alert system backed up by Artificial Intelligence that picks up if a request is urgent or an emergency. Another provider conducts annual capital expenditure walk-throughs and handles requests regularly.

Providers reported that maintenance requests are addressed depending on the level of urgency. One provider explained they categorise each matter as 'urgent,' 'priority' or 'non-urgent'. Two providers stated that requests are acknowledged within 24 hours, with the nature and timing of any follow-up response depending on the issue raised.

A different provider reported that timeframes are listed in the SDA agreement, the specifics of which they could not recall. The provider indicated that they seek to address maintenance requests as soon as possible, with non-urgent requests generally taking three to four days.

Providers shared that common maintenance requests include plumbing issues from toilet and drain blockages, hot water issues, heating and cooling system breakdowns and damage to walls and doors caused mainly from wheelchairs. One provider stated that about half of the maintenance requests received are for matters they believe are not 'real' genuine issues.

One frontline worker explained that, in most instances, the SDA provider covers the cost of repairs, however, in some cases, residents are sent an invoice and asked to cover the cost themselves. It was noted by several providers that residents in Robust SDA tend to cause more damage to the property, resulting in more maintenance requirements in Robust housing compared to other types of SDA.

> **"If the participant causes damage, as in, just say they have an outburst of behaviours and maybe they punch the wall and put a hole in it, they would actually be charged the cost of repairing that hole in the wall..."**
>
> – SDA FRONTLINE WORKER

Providers commented on challenges maintaining and upgrading SDA dwellings. While most referenced no challenges, some cited issues with pest control due to a lack of cleaners employed to maintain the property and general garden maintenance not being undertaken.

Complaints and escalation processes

Lack of clarity around complaints processes and escalation pathways means that residents and family members are less comfortable raising an issue

When describing the process to make a complaint, residents and family members generally cited the housing or SIL provider as their first port of call. Complaints to providers could be made via phone, email, communication logs, and/or an app.

The level of confidence that a housing or SIL provider would respond effectively to a complaint was strongly influenced by residents' and family members' previous experience with the provider. For instance, residents and family members who had not lodged a complaint or who had experienced a positive maintenance request outcome in the past had greater trust that the provider would handle a complaint thoughtfully in the first instance. Others reported that, although they would approach the relevant provider first, past experiences had left them sceptical that the issue would be resolved effectively.

One resident shared that her complaint continues to be ignored, with no meaningful remedy being offered by the provider.

> **"This has been an ongoing complaint which I finally given up on...their response is always, 'okay, we'll come and see you and talk about the problem' and a manager will come and see me, and we'll talk about it and they're all very nice and then they go away and nothing happens."**
>
> – SDA RESIDENT

Another felt that she had to continuously chase up her SDA provider to have issues resolved, causing her to pause and question each time if it was worth it.

> **"I don't necessarily have to like be ready for a battle or anything, but I need to make sure that I'm following up on it like they're not the best at following up and so it's like sometimes it's a bit like oh is this is this worth it now? Like…when do I kind of get into this issue?"**
>
> – SDA RESIDENT

These experiences suggest that when complaints are not acknowledged, acted upon or resolved in a timely manner, residents can lose confidence in provider responses and be less willing to raise concerns in the future. Indeed, several residents and family members reported that they had an outstanding complaint resting with their housing or SIL provider.

When discussing complaint escalation pathways beyond their initial contact with the housing or SIL provider, many residents and family members were unsure on who to approach next within the organisation, suggesting limited awareness of providers' internal complaint processes or an absence of these pathways altogether.

> **"I normally go to the team leader as well. To be honest, if there was something super urgent or pressing that I wasn't… satisfied with. I'm kind of not really sure what the actual process is, or if there is one, to be honest."**
>
> – FAMILY MEMBER, SDA

One resident shared that while her SDA provider had clearly communicated maintenance processes, there was less information on complaints and escalation pathways. The resident wanted to know who she could escalate an issue to yet felt that the large size of the provider caused there to be limited transparency.

> **"…You're not told who the person is that in the line of management that you can talk to about things…you have to find the person to know who to complain to."**
>
> – SDA RESIDENT

Only one resident described pursuing an escalation pathway involving external sources. This was because the issue posed an immediate threat to their health and safety and was ignored by the provider even after multiple complaints. As mentioned earlier, this resident contacted senior NDIS staff to have the plumbing issue addressed in their apartment.

One family member shared that they escalated a complaint to the real estate agent managing the SIL property to have a matter resolved, another stated that they would contact the NDIS if they had to take a matter further.

Rapport with providers can have a tangible impact on residents' and family members' confidence in achieving an effective complaint outcome. This was demonstrated by two family members' experiences. One family member shared that her relationship with the owner of the SIL company gave her added confidence when lodging a complaint.

> **"We are fortunate, we've got a good relationship with the owner of the company. So…we just go directly to her."**
>
> – FAMILY MEMBER, SIL

Another family member shared that her previous complaint about SIL support staff, coupled with her son receiving a subsequent notice to vacate, had created tension between herself and the provider. As a result, she felt less confident about raising complaints in the future.

> **"If you raise your voice and ask to fix things, you get kicked out…"**
>
> – FAMILY MEMBER, SIL

While residents generally demonstrated strong awareness of and connections to disability organisations, there was little unprompted mention of seeking advice or support from these or other agencies when navigating complaints. CAV was also not mentioned as an avenue for recourse on outstanding issues. One resident highlighted the lack of clarity concerning any recourse for when providers breach their obligations.

> **"...Is there actually any recourse in terms of...from a tenancy point of view of saying like, 'the landlord's not providing you know this to me and they should be?'...It's really hard to know."**
>
> – SDA RESIDENT

Where specified, residents commented that they had made a complaint about the quality of their SIL support workers, their housemate's behaviour, being excluded from decision-making, and a maintenance issue being unaddressed.

Approximately half of the family members shared that they had made a complaint, with issues most commonly relating to the SIL provider and staff. For instance, one family member reported that after making a complaint about a support worker leaving the front door unlocked, they had to let them go because the provider didn't accept responsibility. Another made a complaint to the SIL provider because the support workers did not inform her about an accident that had occurred with her son.

Industry members reported a wide range of ways that residents and family members can make a complaint. Some providers stated that complaints are received informally when residents, family members or support workers speak directly to a SDA manager, or when routine feedback is collected. Others receive complaints through designated complaint forms, via email, QR code or from the organisation's website. A couple of providers referenced using a hard copy form.

The frontline worker explained how complaints come to them through house leaders, families and sometimes the residents directly make a complaint to them. Support workers can also convey information back to house leaders or the provider. If there is a serious breach, they can also report this to a resident's support coordinator.

One provider noted that Community Visitors from the Office of the Public Advocate also attend residents' homes every six weeks and can assist people with making a complaint. One provider referenced a CAV complaint form as the sole formal mechanism through which residents can complain. Another expressed that tenancy agreements include contact details for making a complaint, while several providers stated that they let residents know they can escalate a complaint to the NDIS Commission. A frontline worker commented that the NDIS participant handbook, which is provided to all participants, has information on how to make complaints including contact details such as phone numbers and websites. Another provider makes the contact details of the Safeguard Commission, NDIA complaints line and self-advocacy groups available if the person wishes to escalate a complaint. One provider iterated that they let residents know their rights in escalating a complaint when doing annual inspections.

Several providers stated that they do not have a clear policy or process for complaint handling. This may, in part, explain why some providers reported not receiving any complaints.

> **"Look, we don't have a steadfast policy or process (to deal with complaints). To be honest with you, we don't get a lot of complaints and one of the things that we have looked into, (is a question of) is it under-reporting with incident reports, is it that we don't have them? Or is it that we're not educated to report them? We've looked into that and we really don't get a lot of complaints and we honestly believe it's because of our business model with the regional tenant managers that they've got such a close relationship that they know who's who they can pick up the phone and we don't escalate to a lot of that full complaint time. In terms of when it does, we're just responsive as it comes through. We haven't got a policy in place, so to speak."**
>
> – SDA PROVIDER

One provider commented that they manage all complaints themselves and track resident satisfaction with complaint outcomes. However, the provider couldn't recall the length of time they aim to address complaints within. One provider stated that they respond to complaints within 21 days, adding that information about an advocacy organisation is provided to residents if they want an advocate.

Multiple industry members reported processes in place to gather resident feedback annually, through surveys and face-to-face interactions. One provider's intake service also conducts a follow-up 30 days after the resident moves in, with further check-ins throughout the first year. Another provider undertakes quarterly inspections and seeks feedback then. Providers evaluated their relationships with residents favourably.

Emergency procedures

Awareness of emergency procedures was high among residents and family members, with residents and family members demonstrating a clear understanding of what to do and who to contact in the event of an urgent incident or life-threatening situation. Many shared that they had done drills and had emergency systems and protocols in place, citing emergency response plans, support worker availability and emergency call systems as important safeguards.

One resident was an exception to this, highlighting that she was not aware of who to contact if an emergency occurred after hours or during a public holiday. While there were support staff living onsite, the resident shared that she once called the SDA provider before 9:00am and the connection went straight to voicemail, with no alternative contact provided.

Two family members of residents living in SIL were also exceptions. One reported that there was no specific evacuation plan in place, while another stated that she had requested that the provider conduct emergency evacuation drills, but this had not been done.

Dealing with conflict between residents

While conflict can be considered a normal aspect of any shared living arrangement, the impacts can be heightened for people living in SDA and SIL housing, particularly where residents have complex support needs, are using shared supports, and have limited alternative housing options.

Across the residents and family members we spoke to, most did not describe any conflict occurring between residents in shared accommodation. One exception was an SDA resident who shared that he found it challenging living with his housemate who had complex behavioural needs and had to have locks on food cupboards in the house because of this. The resident felt that the situation improved with hiring new support staff, however, he wished the housing provider was more understanding of his needs.

One family member shared that the resident living next door to her son's SDA unit had displayed violent behaviour in the past, and she felt that if this escalated, the solution would be to have her evicted. This highlights the need for greater awareness of the rights of people with disability in SDA, as well as a need for clear processes on managing behaviours and conflicts between residents.

Industry members do not feel there are clear pathways to dealing with disputes between residents.

SDA and SIL operations

Residents face some risk when SDA and SIL service delivery is tied

In the event a resident has an issue with their housing or support services, they are at higher risk of both services being compromised when these services are tied together and supplied by the same provider.

All but one of the SDA providers interviewed (three out of four) indicated that support services, including SIL, were provided independently from their organisation. One provider elaborated that they specifically tell residents that they do not partner with SIL providers, but it was quite common in the sector for providers to do so.

> **"...I don't know why you would do it any other way to be honest. Strategically for our business, if we aligned with a particular provider and then someone came to look at our vacancy and says I want to use a different provider and I said no, which you're not supposed to do by the way, I'd lose an opportunity. So it actually, it makes business sense as well as upholding the principles of the scheme."**
>
> – SDA PROVIDER

Among those providers who operated independently from service providers, there was a tension regarding a need for collaboration between the two, while ensuring independence to not compromise either of the services a person receives.

The frontline worker explained that their organisation offers an integrated model where both housing and daily support services are delivered. However, the organisation also respects a resident's choice if they would like to separate housing and support.

One SDA provider indicated that they do not feel there should be any legislative restriction on delivering housing and support services together, as residents should be able to choose whether services are delivered from the same provider.

There was little discussion among residents and family members on their views and perspectives regarding the independence of housing providers and delivery of SIL services. Notably, this contrasted with the WA research participants. This likely reflects the fact that most residents and family members reported receiving daily supports from an independent provider. As such, the separation of housing and support services was not a prominent consideration in their accounts. Where housing and SIL were delivered by the same provider, participants generally did not describe this arrangement as the cause of any challenges.

Three family members were an exception to this. One family member stated that her son's SIL housing provider had issued her son with a notice to vacate following a complaint she made about the tied support staff. As a result, she believed that SIL supports should be separate because it creates a power imbalance.

> **"I think SIL (supports) should be separated... because the power imbalance is really unfair and it doesn't give anybody choice and control."**
>
> – FAMILY MEMBER, SIL

Another family member reported that her son was able to have his SIL support workers transition into his SIL home because the home was provided by the same organisation as his support workers. While this may have eased her son's transition into living out of the family home, she feels that because of this situation she does not have any choice about changing his support team. This made it challenging when she thought about exercising her and her son's rights.

> **"Well, with the support workers, we do find it a bit difficult at times, because they are the ones who provide the accommodation as well. So, if they're not able to backfill the staff, my son's been left with no one."**
>
> – FAMILY MEMBER, SIL

Another family member of a person living in SDA reported that her understanding was that housing and supports were delivered as a 'package deal.'

> **"Well, practically, from a business model, it wouldn't work. You'd have to find an alternative accommodation, because it comes with a package… So if you wanted your own (SIL supports), you would need to go find an alternative residence."**
>
> – FAMILY MEMBER, SDA

Relationship between SDA providers and support workers

Insights from industry members highlight clear examples of collaboration between SDA providers and support workers. While these relationships may be necessary and beneficial to both residents and industry members, collaboration and partnership can also present challenges. One Advisory Group member explained that some providers partner with SIL workers and take a cut from each other's referrals, setting up a financial incentive that does not place resident needs at the forefront of decision-making. Additionally, industry members sometimes reported gaps in coordination between housing and service providers.

One provider described how they draw on a database of 700 support coordinators and allied health professionals to deliver services to participants. Another provider explained that they enter into a Memorandum of Understanding (MOU) with the SIL provider.

One provider explained that they often receive enquiries from participants and their nominated SIL worker and aim to work collaboratively to determine whether participants could be well-matched to live together, and whether their SIL workers are well-suited to manage care together.

One provider shared that they have no contact with the NDIA planners who manage participant funding and instead communicate with support coordinators who have varied understandings of SDA. The provider described the process of working with different stakeholders in the SDA space as time consuming and administratively burdensome.

With respect to gaps in coordination, one provider explained that the role of who should be undertaking participant matching in shared housing arrangements can be unclear – sometimes it can be the housing provider and other times the SIL worker. The provider commented that they see the need for a third position to undertake this role in shared SDA, expressing that a clearer framework and greater direction from government is needed.

One provider referenced the difficulty of the support coordinator role.

> **"We find the biggest challenge with that (coordination between housing and support services) is the skill set of support coordinators. That role is a beast of a role… It's really, really tough. They're expected to know everything. They're expected to fill all the gaps where the NDIS fails to do so. They're expected to intersect with all of the mainstream systems, and understand not only the NDIS, but the health system, the justice system, the mental health system. So I think the skill and knowledge of a support coordinator when it comes to home and living is one of the biggest gaps…"**
>
> – SDA PROVIDER

The provider acknowledged the challenges they observe with the support coordinator role is systemic and not the fault of people working in the role. It was also stated that there has reportedly not been a wage increase to the role for five years. The same provider also stated that it's very challenging to speak to a planner, as they have a significant case load.

Resident choice of support provider

Residents in shared accommodation did not always have meaningful choice and control in choosing their SIL provider

Commentary from industry members suggests that some residents in shared accommodation are required to share the same SIL provider as their housemates, limiting their ability to exercise their choice in provider without compromise.

One provider explained that prospective residents tend to approach them looking for a property to move into with a specific SIL worker that the participant is already connected with, or alternatively, the person may be seeking a property as well as a new SIL worker to support them.

Another provider stated that in their homes, the 'lead' resident (the person who first moves into the SDA home) generally chooses the SIL provider. In practice, this means that only the first resident to secure a room in a multi-person home gets to choose their SIL provider. As a result, not all residents have meaningful choice and control over who their support provider is.

> **"So if we've got a vacant property and a tenant makes an inquiry, the first tenant to move into that property chooses the SIL and then the subsequent one or two participants that move in generally have to accept that SIL as their SIL provider. We have had circumstances where there has been more than one SIL in a property, if that has been the desired pathway. It's not worked very successfully though... absolutely it does (present challenges when people who come in later have to use the pre-selected SIL provider)."**
>
> – SDA PROVIDER

A different provider stated that while a resident can nominate their own SIL worker, the final decision is subject to approval by the provider. The provider explained that this is more of a formality, and requests are not generally declined. However, the provider acknowledged that it is easier for the organisation when there is the same SIL worker for all residents.

One provider stated that the design of SDA buildings can promote or hinder choice and control for participants in terms of accommodating their support workers. Multiple providers referenced the need for a carer's room in every dwelling as an example, including for Robust housing which tends to require 24-hour care.

Family members of people with disability living in shared accommodation had mixed perspectives on whether they had the ability to choose their family members' SIL support team. Three family members reported they could choose their own support team without mentioning this impacting other residents. This could suggest that their family member's supports are not shared with other residents, or it may suggest a belief that negotiating this process would not cause any issues with the other residents.

One family member whose father was living in shared SDA reported that while residents utilised supports from the same provider, there was an opportunity to change this if needed. She believed that this was why providers matched participants with similar disabilities in the same house.

> **"(We can) choose what services he needs, and which is similar to what the other two persons need as well, so I think that's why they just...fit all of them in one place."**
>
> – FAMILY MEMBER, SDA

The family member who believed that SDA and SIL were a 'package deal' believed that her mother in shared SDA could not change SIL supports.

Ratio of care

Multiple industry members commented on issues with ratio of care for residents, emphasising that resident needs are frequently not met in a one to three funding model, placing workers under stress. In some instances, workers' rate of pay is impacted.

> **"So (in relation to SIL homes), many people are being awarded home and living funding, which is great because you know, that's what many, many, many people need. But I guess the ratio of care that they've been given doesn't necessarily match what the staff are actually being asked to do on a regular basis. So the majority of people get one to three funding. So that's one support worker, three participants, and it doesn't matter if they're the first participant into a house. NDIS don't adjust what they're paying us. That person's one to three. We can only charge a third of what an hourly rate would be."**
>
> – SDA FRONTLINE WORKER

Ratio of care was not highlighted as a major concern among residents and family members. It was flagged as a minor issue by one resident living in an SDA apartment who said that sometimes there were triaging issues with the onsite support worker having to visit multiple apartment residents at similar times.

Provider understanding of laws and obligations

Providers had inconsistent understanding of their legal obligations, creating variation in how rights and protections are applied in practice

Industry members were divided with respect to clarity of SDA laws and regulations. Of those who consider regulations to be clear, this was in part due to working in the sector for a long time. It was also acknowledged that while clear, the application of regulations can be difficult. The frontline worker commented that SDA regulations are in some ways clearer than those governing SIL homes.

Among providers who perceived that SDA laws and regulations were unclear, this was due to constant regulatory changes, alongside inconsistent advice provided by CAV. It was specifically mentioned that NDIS guidelines, planning regulations, the NCC and the RTA are all ambiguous and do not work well together.

One provider commented that state and federal governments need to collaborate and develop a consistent and holistic regulatory approach, including for land tax and stamp duty. It was noted that the inclusion of SDA in the RTA makes Victoria an anomaly compared to other states.

Industry members kept up to date with their obligations, including legislative changes through newsletter email updates from the NDIA and through audit compliance check processes.

> **"We learnt a lot from the external person who came in and did the audit with us and checked over things and helped us learn and understand things maybe that we hadn't quite got the right idea on so that was a really good learning space that we had there. So I think the auditors that are out there can also be valuable sources of information…"**
>
> – SDA FRONTLINE WORKER

Less frequently mentioned avenues to keep up with obligations included sitting on industry roundtables and relying on a real estate agent, while the frontline worker referred to modules on the NDIS website.

Several providers expressed concerns that the disability housing sector had not kept pace with recent legislative changes to Part 12A of the RTA that amends the definition of SDA to include SIL homes. While one provider acknowledged that the intent of the reforms was positive, defining SIL housing as SDA when it is not funded as SDA by the NDIS creates confusion and should be reconsidered. Another provider also experienced some confusion at the time of the changes with respect to which tenancy agreement they were able to use. It was suggested that better communications from CAV would have more effectively assisted industry members undergoing this transition in their operations.

When reflecting on policy changes needed, industry members sought less complicated systems to operate within.

Managing SDA vacancies

Multiple providers reported challenges in filling vacancies in their SDA properties, with some feeling oversupply of SDA in Victoria is one of the biggest challenges for the industry. Vacancy rates reported by providers ranged from 15% to more than 50%.

One provider commented on challenges with finding residents to live in their Robust apartments.

> **"This is contrary to what we were told initially when we started building there, that there was a need. We have systems where we can look up how many people are looking for that type of accommodation in those areas and it tells us there are people interested. The problem is they're not able to get funding out of the NDIS, there's been a real halt in the past 18 months... so we have people who are interested that can't get their funding."**
>
> – SDA PROVIDER

Another provider has stopped investing in new builds while they try to fill vacancies in their current properties.

Exit processes

Residents may leave SDA for a range of reasons

Providers who had experience with residents leaving SDA explained that residents generally move to be closer to family, or to live in a more desirable location such as by the beach. One provider pointed to lessons learnt over the years, identifying that they had built houses in suburbs where they can see, retrospectively, that they should not have. Death is another frequent reason, as well as incompatibility with other residents or transient residents moving on.

One provider explained how increased supply has provided many participants with the opportunity to move.

> **"...It's almost like a second wave. People that moved into SDA in the early days moved into locations that were available, which often took them outside of their communities or away from their families, and now there's the opportunity for them to move back closer to family..."**
>
> – SDA PROVIDER

One provider shared that they believe SDA homes should not always be seen as permanent homes, as many residents move through stages of wanting to experience different living arrangements.

Provider approaches to managing resident exits

Providers reported on their processes and approaches to managing a resident's exit. One provider indicated that they are required to find the person a new home as outlined in the SDA tenancy agreement, while another reported that they assist with the transition by providing appropriate information to the next SDA provider. One provider also mentioned that they offer the person an exit interview.

Two providers commented on notice timeframes from residents. One indicated that the support coordinator generally gives the provider 28 days' notice, while the other stated that they don't have any minimum timeframe and the resident could leave tomorrow if they chose to. This provider recently paid for the removal costs for a resident transitioning to a different property due to addiction issues.

Providers broadly commented that it is rare for people to move out as residents are generally happy and want to stay in their home long-term.

Notices to vacate

Nearly all SDA organisations represented by industry members had issued a notice to vacate to a resident, except for one small-sized provider that had never had a resident leave.

The most common reason for issuing a notice to vacate was resident behaviour. The frontline

worker recalled a recent example where a lack of cooperation from a resident's family member worsened the situation. In this scenario the family refused to pay for property damages following an assault on a staff member and their vehicle, while also regularly calling the organisation with abuse and criticism. The frontline worker reported that their organisation shared as much information with the family as they could to help find the resident a new home.

One provider indicated that it can be challenging for providers dealing with significant resident behavioural issues.

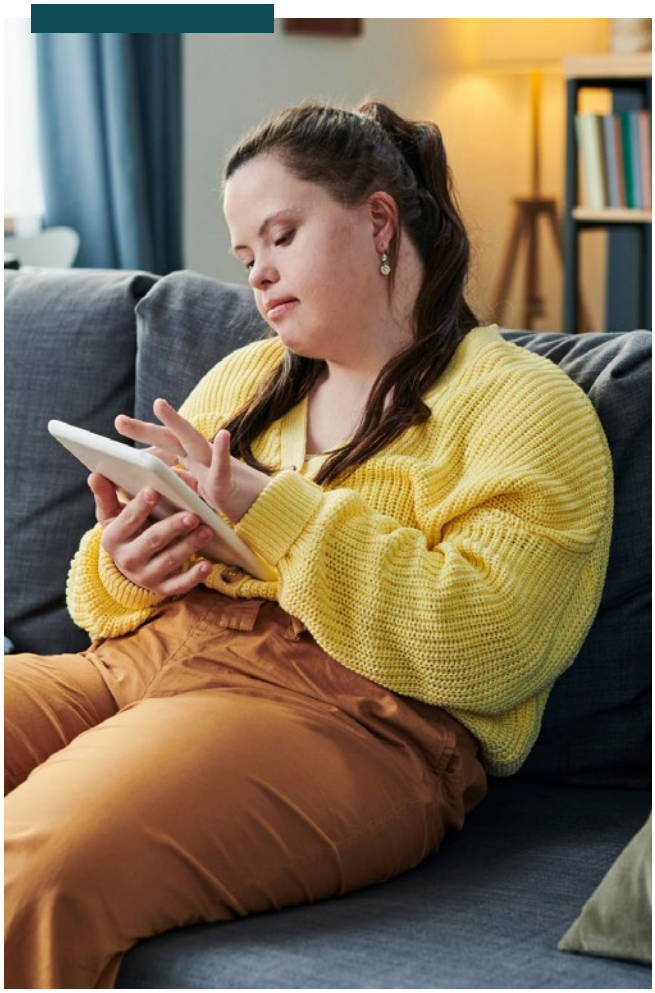
> **"The Residential Tenancies Act unfortunately doesn't provide the flexibility that SDA providers need to resolve these issues, there's a lot of responsibility on the SDA provider."**
>
> – SDA PROVIDER

Another provider shared that a notice to vacate can also eventuate from being unable to fill a vacancy in a shared SDA home.

> **"So one was more around his funding and the lack of other participant interest in the property that he was in. So he was in an older house that didn't necessarily have as good accessibility as what a lot of the newer build houses do have. So I marketed and marketed that house for nine months and I did like two property inspections in nine months and unfortunately with his one to three funding, it was just becoming more and more of an expense to the company. So we made the decision to offer him the chance to move into a different one of our properties or to vacate and they actually made the decision to vacate and go to a different provider. So they found a house with similar age participants to him. I didn't have that same type of option available. So we understood their decision."**
>
> – SDA FRONTLINE WORKER

One provider explained that they received a legal challenge following a notice to vacate. They acknowledged that they had made a mistake and that they should never have presented a notice to vacate as they were not the landlord of the property.

Out of the family members and residents we spoke to, only one family stated that their loved one had received a notice to vacate from their SIL property. As mentioned previously, the family member believed that this was a retaliatory eviction due to the complaint being made about the tied SIL support staff. At the time of the research, the family member was in the process of finding another form of accommodation for her son. Unfortunately, because the resident was living under an informal rooming or other occupancy agreement rather than a SDA residency agreement, key protections relating to notice, eviction and vacating a property under the RTA were likely not in place.



Appendix 1: Methodology in full

During the development of this research project, a range of ethics guidelines were reviewed and applied to ensure respectful, inclusive, and lawful practice. This included review of the National Statement on Ethical Conduct in Human Research, developed by the National Health and Medical Research Council, the Australian Research Council and the Australian Privacy Principles. The researchers also drew on the Disability Research Ethics Guidelines to inform accessible and rights-based approaches to working with people with disability.

Research was guided by a Lived Experience Advisory Group. Extensive engagement with people working in disability and tenancy advocacy roles across Victoria was also conducted at the beginning of the project.

The research involved speaking with people living in SDA, family members who care for people living in SDA and other group disability housing known as 'SIL homes', and people operating in and working in the SDA sector in Victoria.

SDA residents and family members and carers were recruited through word of mouth (primarily through Advisory Group members and other contacts working in the disability sector), and through a professional research recruiter. The recruitment approach for industry members is detailed in the relevant section below.

To ensure a range of experiences and perspectives were captured, the recruitment screener asked people living in SDA and family members and carers to share their gender identity and whether they lived in a metropolitan or regional location. Respondents were given the opportunity to share whether they identified as being of Aboriginal and/or Torres Strait Islander background, what type of disability(ies) they or the person in their life had, how long they had lived in disability housing, whether they lived alone or with others, the type of housing they or the person in their life lived in (e.g. house, apartment, villa or group home), the SDA design category of their home (if applicable), and whether any of the supports they received (for instance core supports, SIL or assistive technology, were delivered by their housing provider). All research participants were required to be 18 years or older and living in Victoria.

Informed consent was obtained in line with the principles outlined in the National Statement on Ethical Conduct in Human Research. People living in SDA and family members received a Participant Information and Consent Form in accessible formats prior to participation, as well as a list of the types of discussion questions to expect in the interview or focus group.

All research participation was voluntary and all participants were assured that their information would remain confidential, with no names or personal details used in public reporting. Participants were offered the option of additional assistance or support to enable participation in research if needed.

All participants and Advisory Group members were remunerated for their time.

The research sought to understand what is working well in SDA in Victoria, what challenges exist, and how SDA design, services, regulation and policy can be improved to support the wellbeing and lives of people who live in SDA. A thematic analysis was undertaken to understand recurring themes, patterns and insights across participant cohorts.

Interviews with people who live in SDA

For the purposes of this research, people with disability living in SDA or other disability accommodation where funded support is provided were eligible to participate. People who were preparing to move into SDA or other forms of permanent supported disability housing were also considered in scope.

Between April and May 2026, six in-depth interviews were conducted with people who lived in enrolled SDA. All interviews were held

online after it was ascertained that this was the preferred format by participants. The interviews were conducted with a specialist research moderator in a trauma-informed and participant led manner, running for 45 to 60 minutes long. Interviews explored participants':

- journey into SDA,
- how they felt in their home and how well their home met their needs,
- service delivery and support mechanisms,
- maintenance and complaints processes,
- emergency procedures, and
- understanding of their rights, tenancy contract and SDA laws and regulations.

Focus groups with family members

In May 2026, 13 family members of people either living in SDA or SIL homes, or awaiting funding to move into a SDA home, took part in four online, small-sized focus group discussions up to 90 minutes long with a specialist research moderator. Focus groups explored similar topics to interviews with people living in SDA, focusing on family members' perspectives on their own experiences and those of the people they support.

Family members were defined as relatives (i.e. parents, children, siblings, partners) of a person with disability living in SDA or in disability accommodation where funded support is provided, who provide day-to-day support to their loved one. While carers (i.e. friends) who were unrelated to a person with disability living in SDA or in other disability accommodation were also eligible to participate, the final sample comprised participants who were all family members. Formal, paid carers were excluded in the initial sample.

Interviews with industry members

In October 2025, five people working in the SDA sector across Victoria participated in an in-depth interview with CPRC researchers. Each interview ran for approximately 60 minutes and inquired into the perspectives, experiences and challenges of SDA providers and frontline workers operating in Victoria. Participants were recruited through email invitation. CPRC researchers located and downloaded a publicly available list of current SDA providers in Victoria through the SDA vacancy finder tool listed on the NDIS website. After filtering the list to ensure it reflected only Victorian providers, invitations were sent to the publicly available email address accompanying each provider, resulting in a response rate of 9% across providers. The email invited providers to participate in an interview and asked recipients to pass on the invitation to their colleagues, in particular frontline workers at their organisation.

Of the nine expressions of interest from providers received by CPRC, five people were invited to an interview. Participants were selected to ensure a diverse range of experiences, including variation in role (SDA provider or frontline worker), type of SDA home, geographic location, operational model and organisational size.

Lived Experience Advisory Group

CPRC established an Advisory Group made up of a mix of people with disability, family members of people with disability, a community sector worker with direct experience in legal advocacy relating to disability housing, and a disability researcher, to ensure the research approach and outputs were grounded in lived experience.

The five-person Advisory Group met regularly throughout the project to provide in-depth guidance on research design, recruitment techniques, accessibility of the online mode of research, research instruments, research findings, and policy recommendations. The Advisory Group also provided valuable guidance on ensuring respectful, ethical and culturally safe practice and engagement throughout the research project.

Insights from Advisory Group members are included in this report.

Research limitations

With the exception of representation from one community sector worker in the Advisory Group, this research did not capture the broader perspectives of people who work in frontline community sector, disability and housing advocacy roles. People in these roles hold a wealth of information and insight into the experiences people with disability face in navigating their tenancy rights. Their day-to-day work gives them a distinctive understanding of the issues, challenges and potential solutions. Future research and engagement relating to SDA and disability housing would benefit from including these perspectives.

The industry sample recruitment approach meant only industry members who operated SDA enrolled dwellings were captured through this research, meaning 'SIL' operators were not represented. Additionally, only enrolled-SDA providers with a published vacancy at the time of recruitment were included in the sample. The industry sample was extracted by downloading a list of enrolled-SDA housing providers advertising vacancies, published on the NDIS website.[10] As the providers listed were those with vacancies, email invitations were not sent to all currently registered SDA-enrolled providers in Victoria. At the time of recruitment, the 99 providers invited to participate through email reflected just over half (57.6%) of all SDA-enrolled providers.[11]

The research in this report is qualitative and therefore draws on a small cohort of people. The experiences, views and challenges highlighted in this report likely reflect some of the issues felt by people living in SDA, their family, and people working in the SDA sector in Victoria. However, we cannot attest that these insights are representative or reflect the experience of people living in and supporting people living in SDA broadly, or the sector as a whole. The sample also likely skews to more engaged industry members who were willing to take the time to share their experiences and views working within the sector. Future research would benefit from including broader industry perspectives to unpack other operational experiences within the sector.

It is also important to note that several SDA residents and family members included in our sample described experiences that suggest they are, or have been, formally involved in disability policy and advocacy work. While these participants were not selected on this basis, this outcome likely reflects our recruitment approach whereby participants were recruited through existing networks and referrals. Consequently, the sample included individuals who were likely more informed about disability supports, services and rights, compared to others within the broader community.

Who did we speak to?

People who live in SDA

Six interviews were conducted with people living in SDA. One of the participants identified as being of Aboriginal and Torres Strait Islander background.

Location

Five participants were from Melbourne or the surrounding metropolitan area; one participant was from Geelong.

Age

Participants were mostly in their 30s and 40s. Ages ranged from mid 20s/early 30s to late 60s/early 70s.

Gender

Four of the participants identified as female, one as male and one as non-binary.

Type of disabilities represented

Participants identified having at least one or more of the following disabilities (impairments) including physical disability, intellectual or cognitive disability, autism spectrum disorder, deafness or hearing impairment, neurological disability, and psychosocial disability.

Type of home

All six participants were living in SDA, with representation across each SDA design category including Improved Liveability, Fully Accessible, Robust, and High Physical Support.

Living situation

Four participants lived by themselves in an SDA apartment. These buildings typically comprised between 9-10 apartments for people with disability, alongside one dedicated apartment for support staff to live onsite and provide 24/7 assistance to residents when needed.

One participant lived with one other person in a large SDA group-style home and shared that they had previously lived with three other people in the same house.

One participant lived with two other people in a SDA townhouse.

Type of SIL support received

All participants had SIL support workers who visited to assist them with daily life.

Participants who were living in SDA apartments were supported by their own SIL team as well as staff who lived onsite. Participants shared that they relied on the onsite support staff to assist them and their SIL team with tasks such as bed transfers, in emergencies or to call on when needed.

The participant who lived in a large SDA group-style home shared SIL supports with the person they live with.

The participant who lived in a SDA townhouse shared supports with their housemates.

Length of time living in SDA

Five of the participants had lived in their SDA home for three years or less, and one participant had lived in their home for five and a half years.

Family and carers

Three metro focus groups and one regional focus group were conducted with family members of people living in SDA or other disability housing. Each group had between 2-4 participants, which resulted in 13 participants overall. Participants living in regional areas were from Geelong and Latrobe Valley.

Relationship

Five participants were caring for either a parent or grandparent, four were caring for a sibling, three were caring for their son and one was caring for their husband.

Age

Family members were mostly aged in their 40s and 50s, with the youngest being 23 years old, and the oldest being 57 years old.

Gender

There were seven female participants and six male participants.

Type of disabilities represented

Participants shared that their family member with disability identified as having at least one or more of the following disabilities (impairments) including physical disability, intellectual or cognitive disability, autism spectrum disorder, blindness or vision impairment, neurological disability, and psychosocial disability.

Type of home and living situation

SDA home

Eight of our participants' family members were living in SDA, including group housing, units, apartments and townhouses. Where stated, participants' family members were living in Fully Accessible, Robust, and High Physical Support SDA design categories. Participants' family members most commonly lived in shared SDA with at least one other person with disability. Three participants' family members lived alone, either with or without access to 24/7 onsite support staff.

SIL home / another living situation

Three of our participants' family members were living alone in SIL housing. Another two had family members who were awaiting approval to move into SDA, with one residing by themselves in modified emergency accommodation and the other living at a family home with SDA funding approval pending.

Type of SIL received

All participants reported that their family member received SIL support to assist with daily living.

Most SIL supports were delivered independently and were not tied to the housing provider. In some instances, there was a hybrid arrangement where family members received support primarily from their own SIL team as well as being able to access onsite support when needed.

One participant's family member lived in shared SDA and the SIL supports were tied to the provider. For two of the family members living in SIL housing, the supports were also tied.

Industry members

Four SDA providers and one SDA frontline worker participated in interviews.

Positions held by industry members

Across providers, two held the position of Chief Operations Officer while two worked as the head manager or director. One provider was also the founder of their SDA organisation.

The one frontline worker operated in a role that coordinated resident intake, including matching participants in multi-person homes.

Length of tenure in current role ranged from one to nine years, with multiple SDA providers working in the disability sector for approximately 30 years.

SDA operational model

The four SDA providers described a variety of operational structures, such as operating as not-for-profit entities or partnering with investors.

All SDA providers explained that they manage all aspects of housing delivery. One provider also manages a 'SIL house' where they provide support services to residents. Another provider does not manage SIL housing directly but does manage SDA housing where people receiving SIL support live in the same home as those with SDA funding.

Of the four SDA providers who participated in interviews:

- Two managed properties across all four SDA design categories in one, two, three, four and five person homes.
- One managed properties across three SDA design categories.
- One managed Robust design only (all one-person units), but was considering building dwellings in the Improved Liveability category in future.

The frontline worker's employer provides care services at SDA and SIL homes, from single-person units to shared group homes.

SDA organisations ranged in size from operating approximately 10 to 150 properties.

The type of homes provided and operated across included houses, townhouses and units.

The SDA organisations where industry members were employed had been operating between five to ten years.

SDA geographic location

Two industry members operated SDA properties located in outer-metro Melbourne, two operated properties in regional and rural Victoria, and one industry member operated properties in both metropolitan and regional areas.

Some industry members operated in Victoria only, while others worked across multiple Australian states.

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