LIFE IN SPECIALIST DISABILITY ACCOMMODATION IN WESTERN AUSTRALIA

Research insights from residents, carers 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

Report author: Sarah Panckridge

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Statement of Recognition

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

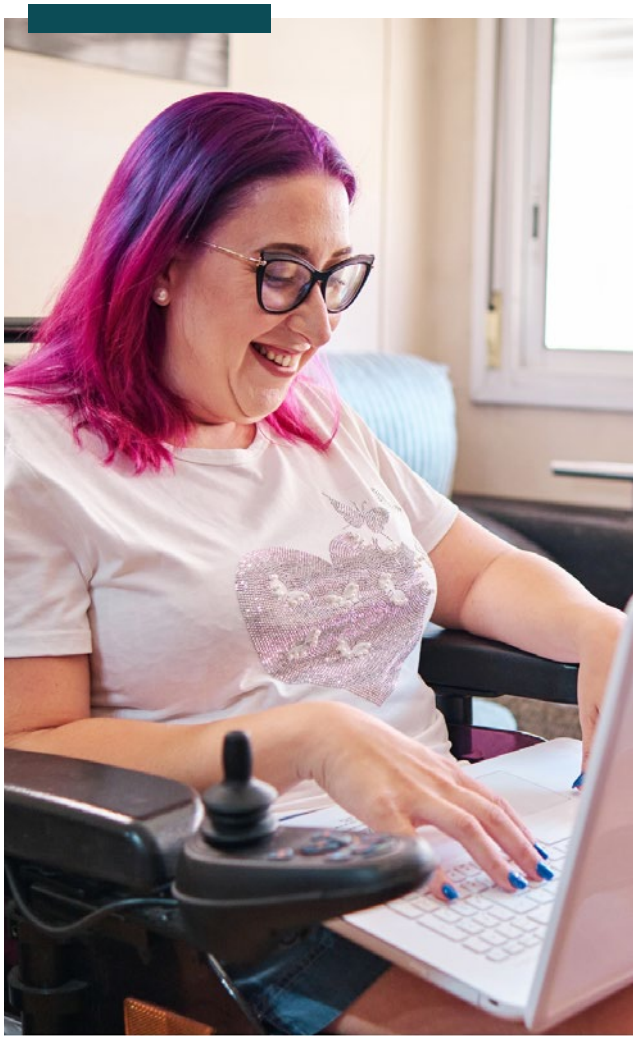
Specialist Disability Accommodation (SDA) is housing for people with disability with extreme functional impairment or very high support needs.[1] SDA was established in 2016, when the National Disability Insurance Scheme (NDIS) formally introduced SDA as a funded support category at the national level. Recent NDIS data shows 3.3% of all NDIS participants across Australia are either eligible for SDA or are actively using SDA. The SDA market is notably smaller in Western Australia (WA), with 1.2% of participants in the state eligible or living in SDA.[2]

In 2025, Consumer Protection WA commissioned Consumer Policy Research Centre (CPRC) to undertake research to understand the lived experience in SDA and other group homes for people living with disability in WA. This report highlights insights from SDA and other disability modified housing residents, carers (family members and friends) of people living in SDA and other disability modified housing, as well as SDA industry members across WA.

Research insights show that many SDA residents and carers of people living in SDA we spoke with felt broadly happy and safe in their home, suggesting SDA is a positive initiative for the disability community. The right living arrangement, ability to express individual preferences and existence of positive relationships between residents and paid support services can fundamentally impact quality of life. Family and friends are also fundamental pillars of support for residents. There are also positive outcomes when SDA providers take the time to understand residents' needs holistically and individually from the onset, and where adequate funding arrangements are in place.

There are critical areas where SDA is not working as well as it could. Residents need meaningful support to find suitable SDA homes, which are often not available, particularly in regional and remote areas. Once living in SDA, most residents and carers do not know where or who to go to if they run into a problem, or the type of help they can expect to receive. Escalation processes and knowledge of rights are unclear to residents and carers. SDA providers sometimes lack effective action to modify and maintain homes, including assistive technologies needed to support the resident in their daily life. As a result homes are not always accessible, even if they are compliant.

Residents and carers need accessible information and support regarding residents' tenancy rights and escalation pathways. Without these resources, the system is set up to fail. Strengthened SDA tenancy rights and improved co-regulation of the sector by Consumer Protection WA and the NDIS would contribute to better outcomes for people living in SDA.



Methodology

This research project was conducted from July 2025 to July 2026 with four distinct methodologies used across the project.

- Interviews with people who live in SDA or other modified disability housing
- Focus groups with carers (family members and friends)
- 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 WA, what challenges exist, and how SDA design, services, regulation and policy can be improved to support the livelihood and wellbeing of people who live in SDA.

CPRC conducted a concurrent research project looking into SDA in Victoria funded by the Victorian Government. Comparative insights between Victoria and WA 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: SDA residents, the community disability housing resident and the resident in their own, modified disability home are collectively referred to as 'residents' throughout this report.

Carers: Family members and friends are referred to as 'carers'. Family members are also referred to distinctly where appropriate.

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.

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

List of acronyms

CDHP – Community Disability Housing Program

CPRC – Consumer Policy Research Centre

NDIA – National Disability Insurance Agency

NDIS – National Disability Insurance Scheme

SDA – Specialist Disability Accommodation

SIL – Supported Independent Living

WA – Western Australia

Finding a SDA home

Meaningful support is essential for residents

Residents and carers reported that finding a SDA home can take months to many years, with experiences varying considerably based on experience navigating the system and the level of support available to the person.

The pathway depended heavily on advocacy, with better outcomes for those who had skilled support coordinators, occupational therapists, hospital staff, informed carers or advocates. This was especially the case where support people understood SDA evidence, NDIS language, functional assessments, provider options and escalation routes.

Residents and carers explained how entry into SDA was often crisis-led, triggered by unsafe housing, hospitalisation, failed placements, homelessness risk, deterioration or carer strain, including a change in a family member's capacity.

> **"We trialed several things, living with me, living with his mother, set him up in a place by himself, people visiting him every day. That didn't work. Long story short, it took nearly 8 years to finally get him suitable accommodation."**
>
> - CARER

When commenting on the process of finding a home, most residents and carers reported receiving some form of assistance, usually via support coordinators, occupational therapists, disability providers, hospital staff, family members or informed advocates.

Pathways also differed by need type: people with physical disability relied more on occupational therapists, equipment assessments and SDA providers, while people living with a psychosocial and/or cognitive disability relied more on family, hospital systems and specialist advocates.

> **"It became available due to our specialist support coordinator, who was made aware of our circumstances. And it was just through negotiation that we were able to secure it."**
>
> - CARER

> **"It was [REDACTED] (the support service provider) that suggested SDA to my daughter. They suggested the (SDA) provider, and 3 of them moved from their accommodation at the time, to a new place which was a much better fit for their future conditions, given my daughter is deteriorating and will end up in a wheelchair."**
>
> - CARER

> **"My neurological nurse... got the application from Department of Housing for the priority wait list."**
>
> - SDA RESIDENT

While few navigated this process alone, some needed to self-advocate heavily, chase information and put considerable effort into researching options.

Additionally, insights from the Advisory Group pointed to a need to access up-to-date information such as through a database, to find available SDA homes, as many people do not know where to start. It was noted that being able to see reviews from other residents and their families would assist with making a decision about a home.

The key issue was not whether support existed, but whether it was effective. Poor guidance, fragmented roles or lack of disability-specific expertise could still leave people stuck in their endeavour to find a SDA home.

From the perspective of industry members, SDA home vacancies are most commonly advertised through social media, mailouts, their own websites resulting from a person doing an online search, or through word of mouth, including referrals from support coordinators and allied health professionals.

Insights from the Advisory Group suggest that it is not unusual to see Facebook advertisements for vacancies that do not make eligibility requirements clear, creating false hope for people. It was also noted within the Advisory Group that unofficial SDA funding arrangements between providers and residents exist in the disability housing sector in WA. One carer seconded this point.

> **"What I've been seeing is that there are unscrupulous providers out there that have gone, I've got an SDA, if you've got an NDIS plan, even if you don't have SDA funding."**
>
> - CARER

NDIS funding arrangements are front of mind

To access SDA, a person must be a NDIS participant with SDA funding included in their NDIS plan, and meet the criteria for extreme functional impairment or very high support needs.[3]

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. Since 1 July 2026, SIL providers must be registered and comply with the SIL practice standards established by the NDIS Quality and Safeguards Commission.[4]

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

There are underlying issues relating to SDA funding through the NDIS that were front of mind for carers and residents.

The process was frequently described by residents and carers as complex, slow and evidence-heavy, with participants needing to produce specific reports and proof such as functional capacity assessments, occupational therapist and coordinated medical reports. Other types of documentation included behaviour support and risk evidence, a person's housing needs such as layout, sharing and assistive technology requirements. Gathering evidence such as occupational therapist reports, can also be an expensive process.

This evidence gathering and burden of proof often came at significant cost and emotional load to residents and their families due to the extensive coordination. Delays to securing funding can have significant consequences and create stress for people impacted.

> **"When NDIS first started, we had a lot more say in what could happen. Now you (need) to prove who you are and what you need on a regular basis."**
>
> - SDA RESIDENT

In some instances, the NDIS insisted that evidence provided was unclear or incomplete, with requests for repeated medical reports. Insights from residents and carers suggest funding assessment is often made by a bureaucratic team, not a medical team, meaning the full context of the person and their conditions are often not consulted and final approval might not be fit for purpose. Waiting for approval caused anxiety among residents and families, who broadly considered this stage the slowest and least transparent when applying for SDA funding. In some residents' and carers' experiences, no updates were provided on progress of approvals, which could take months. On some occasions paperwork had been lost, leading to further delays.

In many instances, the participant and/or their carer was left to chase, search online, interpret and escalate the application.

Among the Advisory Group, it was noted that communicating with the NDIS can be cognitively overwhelming and is a barrier in itself.

One resident shared their feelings around the shortcomings of NDIS's service, and the need for people with disability to be placed in frontline roles.

> **"Whoever is on the other end of the NDIS line has absolutely no idea about anybody else's life... get people with disabilities in on the job to actually begin with."**
>
> - SDA RESIDENT

Poor experiences in finding SDA also arose when generic decision making missed the person's real needs, and available options were driven by vacancies, sharing, tied SIL supports or poor housemate matching.

For those who found the process to be manageable, this was due to having early access to a skilled support coordinator or other specialist advocate, such as an occupational therapist. These specialists helped participants prepare clinical evidence using language aligned with the way the NDIS evaluates applications. Family and friends also took an active role coordinating and following up on the application. Knowledge of NDIS systems can matter as much as level of need from the perspective of residents and carers.

Those who had a better experience also reported that disability-specific expertise was applied to their case, the property search was guided by the right design, location, support model and housemate fit, and resulted in faster negotiation and a better chance of a suitable outcome.

A resident who lives in a purpose built home expressed frustration that incorrect advice they received had meant that modifications to their home that were self-funded could have been covered through SDA funding.

> **"I was told, 'If you can afford to build your own home, you don't get any assistance.' But that was wrong information... I could have got a lot of help. By the time we tried again, they wouldn't retrospect anything."**
>
> - OWN MODIFIED DISABILITY HOUSING RESIDENT

Commentary from residents and carers more broadly demonstrated how many family members and NDIS participants are unaware SDA is a housing option, until a support coordinator, hospital staff, other families or other providers may suggest it. Finding SDA was described as 'sheer luck', and prompted feelings of relief among residents and their families.

"It's become harder in the past year, we're not seeing as many plans being successful in getting SDA funding in some categories – especially in improved liveability – the success rate has dropped off. So it's the lack of funding – not having it in their plans / not being eligible."

- SDA FRONTLINE WORKER

"Just because someone has got SDA in their plan doesn't mean they're approved for SDA... So for that to happen we would need to transition more and more customers from the Community Disability Housing Program WA (CDHP). We would need to see well most customers being eligible for SDA. So that's a challenge... I think the last time I looked at it, it was only about 6 or 10% in CDHP are SDA eligible..."

- SIL PROVIDER, OPERATING IN SDA AND SIL HOMES

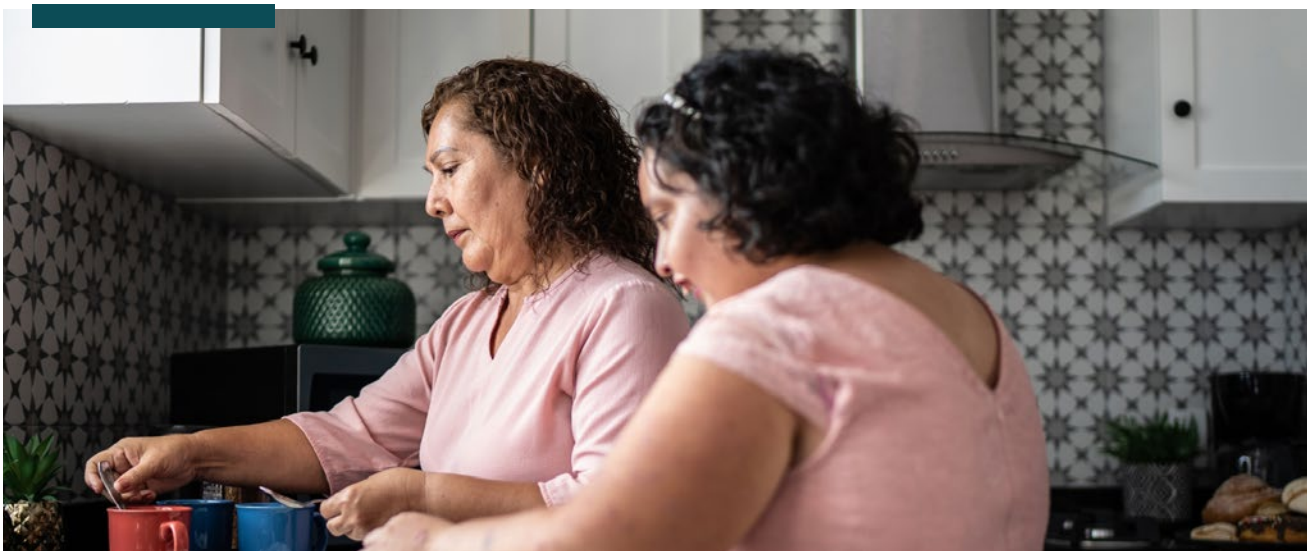
A smoother pathway requires clearer guidance, specialist navigation, faster decisions and more human assessment, with the person's full life context considered - not just eligibility paperwork.

While these issues were felt broadly by WA residents and family members we spoke with, Victorian residents and carers placed even greater emphasis on the difficulty of the journey into SDA, specifically issues around paperwork, confusing application processes and general navigation of the system.

Industry members reported varied experiences with regard to having visibility of participants' NDIS plan for the purpose of confirming the person has SDA funding. Some industry members cited it as essential they assess the person's funding before accepting them as a resident, despite not necessarily being able to. It was also noted that just because someone has SDA in their plan, does not mean they are approved for SDA. Insights from the Advisory Group demonstrate that residents can be awarded funding for as little as $1.

One industry member described this lack of visibility over funding arrangements as leaving them in the dark.

Industry members broadly reported concerns with underfunding of participants, stating that many have either had their funding cut or are simply not eligible for SDA.



The application process requires holistic needs assessment

From resident and carer perspectives, support coordinators frequently introduce a NDIS participant/their carer to the SDA provider, who then presents options for consideration based on the person's needs including their level of funding. From there, residents and carers compare their options and make a decision. It was noted that this part of the process can involve significant 'back and forth' if basic requirements from the perspective of the resident and/or carer are not met. Two examples as to why basic requirements were not met included the home being located too far away from the person's current location and community, and the home being too old and unequipped, which is often the case with WA Government housing stock.

From the perspective of industry members, meeting with residents to determine their needs and preferences is a critical part of the application and selection process into SDA and SIL housing.

> **"(The application form) is where we gather a lot more detail about their preferences, their needs, their behaviours, all of that. (If there are existing tenants in the home), we then organise a meet and greet and we'll try and do that at the home like a morning tea, just to go through the tenant matching process and make sure the participants are comfortable with their potential future housemate..."**
>
> - SDA PROVIDER
>
> **"We meet with them to talk about the services that we can provide and then the options of housing that we might have available where we've got vacancies and what that might look like for them..."**
>
> - SIL FRONTLINE WORKER, OPERATING IN SDA AND SIL HOMES

The property manager explained that they mainly deal with support coordinators or the resident's next of kin when obtaining details about the person at the application stage, rather than the person themselves.

Understanding holistic and individual needs

Insights from residents and carers highlighted how resident needs are highly individual, as needs differ widely by condition, capability, risk, personality and life stage. Physical, sensory, psychosocial, cognitive and health-related needs often overlap and need to be considered holistically. It is essential that SDA providers take the time to meet with residents and carers and understand what matters to the resident in relation to their housing and life.

> **"My needs are completely different to a person that's a paraplegic but has the use of their arms."**
>
> - OWN MODIFIED DISABILITY HOUSING RESIDENT
>
> **"It's the planning and actually having people with disability involved. It feels like everything that everybody does, because 95% of the world is able-bodied and never had an issue with, you know, any kind of disability in their lifetime, they become the planners, they (go) this works for everybody, when it doesn't actually work for anybody."**
>
> - SDA RESIDENT
>
> **"It's obviously got to have enough bedrooms, you know, for me to have somebody (a support worker) live with me."**
>
> - SDA RESIDENT

Insights from the Advisory Group further emphasised how critical it is to find a home that meets the person's needs.

Any 'standard' model in providers assessing residents when first entering SDA risks failing to meaningfully understand a person's life circumstances and individual preferences and requirements.

Resident matching in shared accommodation

One frontline worker described resident matching as a big focus for the organisation they work for.

One carer reported a positive experience relating to their niece, who was living in a SIL home with three similar aged young women, who have similar disabilities. The four of them moved into an SDA home together from their previous SIL home, following the SIL provider's recommendation. This highlights how shared accommodation can work well where residents get along and enjoy living in a social environment.

While resident matching was not discussed in detail by residents or carers, carers highlighted the importance of ensuring housemates are a good fit for one another.

One resident, who is involved in advocacy for people living with a disability, and one carer, spoke to the process involved in resident matching, including in relation to their own experience.

> **"Anyone new coming into the house, it's always a group discussion as to how this is going to work. Will they be suitable? And they screen them, really. They try and find those that have got similar interests, etc. They do a really good job."**
>
> - CARER

> **"If it's already existing, they'll work out who they've got in there, what personalities and so on... and try and match the people with the right house to try and stop any conflicts happening in the first place... It's a personality match. They look at age, disabilities, needs, type of people, do they fit..."**
>
> - SDA RESIDENT

When conflict between residents in shared accommodation arises, on-site carers and support workers try to manage the issue upfront, as they are typically on-site 24/7. The provider can intervene or review the agreement, given they have ultimate responsibility for monitoring fit and preventing conflicts. Residents may be moved if the issues cannot be resolved. A support coordinator, family member or other advocate might become involved if they believe the provider response is insufficient.

Notably, residents and carers did not raise issues with other residents in shared living extensively even if they had had housemate issues in the past, as they felt that it was typical human interaction.

Industry vacancy challenges amidst a lack of available SDA that meets residents' needs

Industry members highlighted challenges with oversupply of SDA homes leading to high rates of vacancies. As a result, some providers are accepting residents with SIL funding only, meaning they are not receiving a full return on investment. It was noted that vacancies at SDA homes are only becoming more common over time.

For some industry members, filling vacancies in SDA homes is one of their biggest challenges.

> **"The biggest challenge for me, hands down, and for anyone that works in a tenant engagement role is finding people to put in your house. It's a literal needle in a haystack. So because there's a small amount of people with funding and there's an influx of SDA providers, it's really hard to actually find that person and make those connections with people to even start a conversation..."**
>
> - SDA FRONTLINE WORKER

For SDA residents and carers, available housing did not always mean suitable housing, with barriers around location, sharing, tied SIL, property design, housemate fit, tenure security and support model.

> **"I think the problem is, is most of the properties that are sitting empty, they want more than one participant in there. So they say, you're going to have to share, but I can't share because of my condition."**
>
> - SDA RESIDENT

For First Nations peoples, availability of homes and services on Country is what's essential. One carer, of whom the person in their life has a First Nations background, made the following comment.

> **"He really wanted the south, but we found that the south didn't have much, to be fair. He had to go north and around here, but his family all live south."**
>
> - CARER

Commentary from Advisory Group members highlighted a lack of fit for purpose SDA homes in the WA market, which can lead people to find other housing solutions. Sometimes people end up staying in hospital simply because appropriate accommodation cannot be found fast enough.

Some SDA homes are in undesirable locations

Industry members also spoke of issues around SDA being in undesirable locations, despite location being an important factor for residents in their eyes.

A core reason cited by industry members related to building costs.

As one industry member noted, a lot of SDA housing tends to be located in less desirable areas because the land is cheaper and building costs are significant. In their experience, a lot of feedback received from residents is that SDA should be in more desirable locations that are central and close to key amenities.

> **"It's definitely a thing we talk about with families quite often is, what are your priorities... when you're moving into a home where you have to share with others. What used to be a priority 10 years ago is different now. Is it the location, who you live with, is it the proximity to services, is it the organisation providing the services, the layout of the house?... A lot of it is (used to be) getting the right provider and the right match for the housemate, but now it is about the location being the priority which means they don't always end up with the right provider or housemate."**
>
> - SIL FRONTLINE WORKER, OPERATING IN SDA AND SIL HOMES

As a result, SDA may not be in a location that is culturally appropriate for a person, or close to their community or family. It may also be far away from services. One industry member commented that in this sense, housing costs are prohibitive to building SDA homes.

> **"They're also very expensive to build, and the returns don't happen for 10 years. They can't be built in inner city suburbs either, as the construction costs are prohibitive."**
>
> - SDA PROPERTY MANAGER

> **"It's a misconception that all the owners of SDA homes are making a fortune – most are liquidating and get out of it, or putting regular tenants in it."**
>
> - SDA PROPERTY MANAGER

> **"All these developers building in Perth metro but where there is a need in regional, there is no interest – that is where government needs to encourage / a quota to encourage people to build in these areas."**
>
> - SDA FRONTLINE WORKER

Other commentary related to there being too many SDA providers in the market in WA, outweighing the number of people with SDA in their plans. In the view of several industry members, this has made the SDA market insecure and unstable for both residents or investors. The property manager explained that new builds are very expensive and more than the median house price in the broader housing market.

> **"The concern I have on SDA is that one of the advantages that CDHP has for our existing customers is their security... we have had three SDA providers just in the last six months... (for the one home) (basically say) it's too much for us, you know. They're builders. They're property developers. They don't want to be managing a property. So then they transitioned to a provider called [REDACTED]. We had some significant concerns about housing and compliance. We didn't even have a signed agreement and so then customers (were) concerned as well. So then we lodged a complaint. The owner had the same concern...And then the owners decided to sell so the customers have gone from four (different providers) in six months. So as you can imagine the anxiety for our customers... And so then in the meantime, we've got the customers going. Oh, my gosh, we're gonna be homeless. And so that's the challenge with SDA... you've got thousands of providers."**
>
> - SIL PROVIDER, OPERATING IN SDA AND SIL HOMES

The SIL provider stated that there are many developers building SDA homes in Perth, but there seems to be a lack of interest among developers to build SDA homes in regional areas, where there is a real need. The industry member felt the WA Government should implement policy to encourage new property development in regional locations.

From the perspective of residents and carers, regional residents were more exposed to supply and access constraints. Insights from Advisory Group members also pointed to supply issues in regional WA particularly. Differing rates of available homes represented the key difference across metro and regional residents and carers participating in this research. Staying close to known community and services was especially important for those in regional locations, who reported fewer suitable homes, providers and specialist supports available. This lack of supply constrained residents' choice in the home and support service alike.

Industry members also raised that a lack of available data makes it difficult for developers to understand areas in demand. This was one of the main reasons some industry members noted as to why SDA had been built in undesirable locations.

> **"The agency are very reluctant to share information and I understand privacy… but NDIS, the government, could do a better job sharing information that is useful to providers. A lot of the time we're guessing and you're rolling the dice with millions of dollars. It's quite surprising… the lack of data… around demand and what people are actually looking for."**
>
> - SDA PROVIDER

Conversely, the property manager stated that a lot of SDA properties are close to well serviced areas and/or new public transport lines.

Residents and carers in WA reported more widespread issues regarding unavailability of suitable SDA, particularly in regional and rural areas, in contrast to the Victorian sample.

Not everyone knows they're eligible for SDA, or has access to SDA that meets their needs

When reflecting on why there's a high rate of vacancies, multiple industry members highlighted that some participants with SDA funding may choose to stay in a SIL home. This may be because they are unaware they are eligible for SDA, are reluctant to change SIL providers (and may be required to do so if they move), value the people they currently live with, prefer the location of their existing SIL home, or have lived in their home for many years.

> **"And then my brother was like, oh my god, I'm homeless, I'm going to be homeless. And anyway, then the coordinator stepped in and helped him, but he didn't even know about it (SDA), and I didn't know much about the process either."**
>
> - CARER

One industry member commented that the barrier to filling homes in their view is that the next of kin, coordinator or SIL provider sometimes doesn't want to move the participant to another home even when the participant is entitled to SDA funding.

> **"I thought everyone wants to go to SDA but that's not true. For a lot of people group homes (doesn't like to use that term) make sense but these are being phased out… Only a small percentage of people with SDA funding so the reality is most people will remain in group homes, SIL homes, so it's giving people the choice."**
>
> - SDA FRONTLINE WORKER

Reputation of the SDA sector

Industry members commented on instances of poor industry practice, which impacts the reputation of the sector as a whole.

> **"Across the whole SDA industry the biggest challenge has been that there has been such an explosion of the market and dubious providers entering – it has confused a lot of people – maybe given it a 'dirty' reputation where unscrupulous people have entered the space. It can be a real challenge to keep your values about you and do the right thing all the time."**
>
> - SDA FRONTLINE WORKER

> **"There are 1,000s of providers, unregistered (SDA) providers, sole traders, and investors and property developers who see there is money to be made."**
>
> - SIL PROVIDER, OPERATING IN SDA AND SIL HOMES

> **"It's a really beneficial scheme for NDIS participants (the SDA space) has been a huge benefit to people. I still think there's work to be done to make it even better... Information about shonky investors is a real risk to the industry."**
>
> - SIL FRONTLINE WORKER, OPERATING IN SDA AND SIL HOMES

Residents and carers raised examples of misconduct across SDA and support services. This included:

- charging for services not delivered,
- draining core supports to pay for accommodation,
- taking money from disability support pensions or personal income to cover accommodation costs,
- "sign over your plan" exploitation,
- overcharging and inflated equipment and supplier costs, and
- lack of oversight of self-managed funding and lack of participant cross-checking against provider claims.

Commentary regarding reputation of the SDA sector was notably absent from the Victorian sample.

Other issues raised related to SDA-aligned allied health professionals writing reports to secure SDA funding leading to conflicts of interest, and contributing to the broader issue of SDA being approached as an investment-led business model.

Issues with fraud across the NDIS/SDA market has led to feelings of mistrust in the system among residents and carers, some of whom are sceptical of SDA and NDIS providers, planners and broader NDIS funding decisions. This has the impact of undermining good practice industry members, and can lead to regulations to control fraud, unintentionally negatively impacting genuine NDIS participants, such as through additional burdens of proof at higher expense and stress.

Transitioning into a SDA home

Tenancy agreements

In WA, SDA and disability housing residents can be covered by either a standard Form 1AA Residential Tenancy Agreement (regulated by the *Residential Tenancies Act 1987)* or a Boarders/Lodgers Agreement (not regulated through the *Residential Tenancies Act 1987)*. In some circumstances, there may be no written tenancy agreement, leaving the resident particularly vulnerable to eviction.

When a resident first finds a SDA home, the feeling of relief in securing accommodation can override fastidious examination of the tenancy contract.

Resident understanding of their contract

While there was a lack of knowledge of the finer contractual details recalled across residents and carers, there was broad understanding of the contract, which tended to be explained by SDA providers upon signing. Residents and carers generally understood that their accommodation is funded or enabled through the NDIS/SDA arrangements, that some form of tenancy, lease or residency agreement is in place, that personal costs such as rent, food or utilities are separate from supports, and that providers have roles in either housing, support, or both.

Conversely, there was less understanding reported in relation to the difference between SDA, SIL and other accommodation types such as Department of Housing, private rentals, group homes or other supported living arrangements and what happens if the property is sold. Residents and carers were also broadly uncertain as to whether support services were tied to housing, maintenance and escalation responsibilities and the practical implications of signing the contract.

In most instances, there were no issues with tenancy contracts reported across residents and carers.

> **"There's an SDA residency agreement… and then there's a service plan."**
>
> - CARER

> **"Do you pay them out of your NDIS funds? / Yeah, all my pension, I think. I don't know, can't remember."**
>
> - SDA RESIDENT

Length of lease

Insights from industry members indicate leases are typically one or two years long, despite some residents understanding that their housing arrangement is relatively permanent.

Housing insecurity can create anxiety among residents and carers, undermining health and wellbeing. Notably these concerns may develop once the resident is living in their home. This can impact residents emotionally as they worry about their housing security. One resident commented that they have experienced homelessness.

Long-term tenure helps people feel settled, in control and can strongly contribute to SDA housing feeling like a home, not temporary accommodation.

> **"What makes her happy is that she believes she is going to be there until she leaves in a box."**
>
> - CARER

> **"It feels like I'm just transient in life… I've got a five-year lease, but unfortunately in the lease it states that if the house is sold, that means to terminate the contract. So I know I'm not safe here… I've been one of five people selected and they will either buy or build a house for me because they're sick and tired of seeing people like myself being turfed out of SDAs and the cycle just keeps going. So I'll be safe eventually. I've just got to find somewhere to live."**
>
> - SDA RESIDENT

One SDA frontline worker explained that their organisation usually offers a one-year lease that can be renewed (and generally is renewed if the resident wants to do so). The lease or contract is a standard residential tenancy agreement. A few months before the lease is due to end, the provider advises the resident that their lease is expiring. The SDA frontline worker commented that in some instances, the resident might want a longer lease from the onset, and they will work with the resident to try and meet their needs.

The SDA provider commented that they will provide a lease for as long as the person wishes – typically one, two or three years, but most frequently one or two. The SDA provider stated that they are pretty flexible in terms of the time frame.

The property manager noted that while the residents they deal with have a five-year lease with the owner directly, their organisation has a one-year collaboration agreement with SIL providers.

Fee structures

Insights from industry suggest all information on fees is outlined in the tenancy agreement.

One industry member explained that the NDIS will give each participant an amount for SDA in the participant's plan.

> **"When it comes to making the SDA agreement we arrive at the price in one of two ways. Say they have 80k a year and they are moving into a property that is enrolled for 70k we can't change that – we have to charge the lower amount which would be 70k. But if they had 50k and are moving into a place enrolled for 70k, the owner would have to agree to take them in on that lower rate."**
>
> - SDA FRONTLINE WORKER

Once the monthly rent is agreed upon, the SDA provider creates a service agreement that's input into their customer relationship management system. Invoices are then sent to either the plan manager or the NDIA who processes the invoice each month.

The reasonable rent contribution is also included in the SDA agreement, which includes 25% of the resident's disability support pension payment. This works out to be $493 per fortnight, as well as 100% of rent assistance and 20% of the energy supplement.

Multiple industry members commented on issues with the NDIS such as payment delays as a challenge in their role.

SDA provider support to help residents understand their tenancy agreements

The SDA frontline worker commented on how their organisation supports applicants and their appointed carer or advocate, ensuring the person knows where to go for help if they run into a maintenance issue or wish to raise a complaint at the time the person moves in.

> **"So when we do the sign up, we're at that final stage where we're doing a transition meeting, myself or whoever the tenant engagement coordinator is, will meet with the guardian and the participant, if they're able to. We'll... take a couple of hours and we'll go through the lease agreement and the SDA agreement, which is a sort of appendix to it. So we'll go through all of those and make sure that they understand exactly what all that entails, what the dates are, what their rights are, the complaints process. So everything's covered there, the funding, how we've worked out the SDA funding. So we completely go through that with them and then we give them the numbers where, hey, you can contact property manager. If you have a complaint, you can go here... it's quite comprehensive... We feel better then that they're sort of understanding that they're not just signing somewhere and going in to a house and they don't really have any kind of power. We want to make sure that they understand that they can come to us... you do get quite close to them like because you you're working with them for a long time before someone goes into a house."**
>
> - SDA FRONTLINE WORKER

> **"A central point of contact with clear communication and clear intake makes the world of difference."**
>
> - CARER

Understanding emergency processes

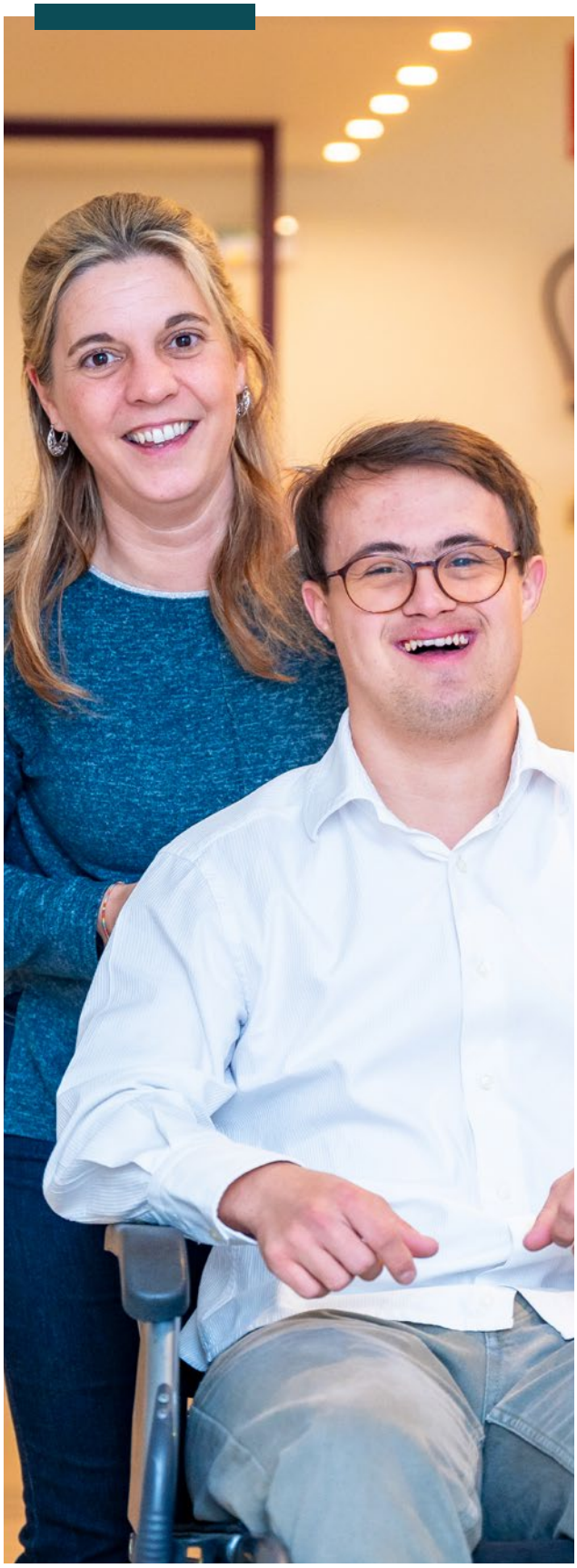
Residents and carers reported that SDA providers take them through emergency routes and processes when they first move into the home, noting that these are also displayed in the home.

Because of this there was strong awareness of emergency processes and systems among residents and reported by carers (including emergency evacuation plans, building exit routes, numbers to call, emergency response buttons), although no residents or carers we engaged with had taken part in emergency processes in practice.

> **"Yes the SDA provider explained the emergency processes, and the instructions are on the back of the bathroom door and in the kitchen too."**
>
> - SDA RESIDENT

Advisory Group members emphasised the importance of residents knowing what to do in an emergency, such as whether there is a panic button to push and how to get out of the building. This is especially important where someone speaks a language other than English.

The SDA provider highlighted that all their SDA buildings are Class 3 fire protected in line with the National Construction Code, and that ensuring residents can evacuate in a fire, particularly as many don't have care at night, is critical.



Living in a SDA home

The right living arrangement is key to residents feeling happy in their homes

Most residents and carers we spoke with felt happy with their SDA home. This was due to feeling safe and settled, loving living alone or getting along well with housemates if living with others, enjoying the social energy and company.

> **"The people that are in the home are a part of her family."**
>
> - CARER

Where resident matching is not working well, people are often placed into shared arrangements due to funding constraints, limited housing supply and a lack of consideration and proper process in resident matching.

While some carers emphasised that shared living can reduce isolation, poor matching can create stress, meaning residents generally need access to companionship and private retreat. Ensuring homes are designed in a way that makes it possible for people to use private spaces, such as including a second living area, is important in this sense.

Some people who lived alone did not feel they could tolerate living with other people, meaning they had a strong preference to live by themselves with control of their own space. For these residents, quiet time, privacy and separation was particularly important in feeling safe at home.

> **"I like a lot of time on my own... If I socialise, I do it away from home."**
>
> - COMMUNITY DISABILITY HOUSING RESIDENT

For people with psychosocial, cognitive and sensory disabilities, privacy, calm and well-matched residents in shared living situations was particularly important, as noise, unpredictability or forced sharing can undermine resident safety.

> **"(He) struggles a bit in the group home, just being in that kind of context with others with similar challenges... there's a lot happening in the group home. It's hard to get privacy."**
>
> - CARER

> **"You've got, I think, five boys around a similar age, that have all got their challenges, and then putting them all in one house. There can be a few difficulties and challenges and fights as such, so yeah, that in itself is quite hard."**
>
> - CARER

> **"Sometimes it's chaotic just because the amount of noise and the numbers of people."**
>
> - CARER

> **"I can't do more. It's taken me four years to start to live with somebody, again, with my PTSD and trust issues and so on. It's taken that long for me to be happy to live with somebody. And even then, I've still got to have space. If I have a meltdown, I've got to be left alone. The SDA's are great in a sense, they are big rooms... so you can be with people or without people basically."**
>
> - SDA RESIDENT

There is more space and autonomy in SDA shared homes than traditional, government provided disability group homes. It was noted by one resident that the design of SDA homes generally makes it easier for a person to have their own private space, while group homes can feel institutional and small in comparison.

> **"...Group homes tend to be a bit small and pokey, and I know a lot of people have smaller TVs in (their room) because they don't want to be out with the rest of the group and they have no choice."**
>
> - SDA RESIDENT

Where residents lived in shared group homes either large in size or with people that aren't the right personality fit, multiple carers explained how residents' access to quiet time and physical space was significantly compromised, which can create conflict within shared homes. In one instance, the carer attributed the home being an all male household as exacerbating this situation. In another example, the carer explained that six people in the home is too many, and leads to increased support needed from friends and carers for the person in their life, which can be overwhelming.

> **"Schizophrenia and severe autism have very different challenges and pathologies... noise can just set someone (off) with severe autism."**
>
> - CARER

> **"It's hard to get privacy... there's a lot happening in the group home."**
>
> - CARER

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.

When asked what was most important to residents from their perspective, industry members commented that privacy, alongside location, is most important in their experience. This includes home features such as ensuites and a private outdoor space like a courtyard. Green space, entertaining areas and multiple living areas are also highly valued.

> **"With a lot of our housing we're quite fortunate that they're in little clusters – anywhere from 3 to 5 individual units where each person has their own private courtyard etc... It allows people to live in their own home and have their own space and be able to share their funding (through the shared funding model). They might only need a small amount of support."**
>
> - SIL FRONTLINE WORKER, OPERATING IN SDA AND SIL HOMES

Homes that support personalisation and individual preferences are also important factors

Other reasons for feeling positively towards SDA homes included a sense of independence and choice and general enjoyment in daily life. One resident who lives with a partner in their purpose-built modified home described their home as peaceful.

> **"Just little things that we can have a say in make life a little bit easier."**
>
> - SDA RESIDENT

For some residents, companionship through having a pet was important to them.

> **"Having the pet... he's part of the safe space, and what makes home, home."**
>
> - SDA RESIDENT

Some residents also valued being outside and close to nature, being involved in sport, movement and physical participation with others and cooking, making, creating and doing.

> **"I love being out in the garden. We have built ramps as much as possible to allow me access as close as possible. It is a calm space, and I can get some time outside."**
>
> - OWN MODIFIED DISABILITY HOUSING RESIDENT

> **"The outdoor area, she likes to go and sit out, you know, she'd probably sit outside more than she sits inside, to be honest, because she likes that fresh air and, and, you know, just sitting out in the sun and being able to do that."**
>
> - CARER

> **"It's about that environment being welcoming and feeling like a home, and the garden adds to that."**
>
> - CARER

Familiar routines and trusted people, as well as social connection on their own terms, was also important to residents. One industry member commented that some families appreciate dual dwellings where support is shared and backup staff are available and nearby.

> **"I spend a lot of time with [my friend with disability]. We go and have coffee, lunch, Kmart and to all the shops. She really enjoys it, and I make sure she gets this time so she feels she has a normal life."**
>
> - CARER

Individuality and self-expression was also vital for residents, meaning home is a place to build and reinforce identity, not just to receive care. The ability for residents to inject personal taste and establish individual routines supports residents' dignity and wellbeing. SDA homes should reflect who the person is, not just what support they need.

> **"She likes pretty stuff, like pretty furniture, pretty bed… it makes her feel good."**
>
> - CARER

Connection, community and care impact quality of life

Support workers also played a critical role in advocating for many residents.

One carer commented on how the coordinated support team is a big reason as to why her friend feels positively about her SDA home.

Several industry members reflected on the importance of connection, community and care in delivering a person with disability a high quality of life in their SDA home. This included SIL support workers who form positive relationships with the people they work with.

> **"I think the house itself lends itself to giving you a better quality of life. But a house is a house. At the end of the day, it's not like giving you a better quality of life in that way. I think it's the support that they get, so it's more of a wrap around…"**
>
> - SDA FRONTLINE WORKER

The SIL frontline worker who operated in SDA and SIL homes reflected on a gap they sometimes see in the way SDA operators work with residents, as they stated that operators don't always get to know residents or understand their needs and communication styles.

> **"The SDA providers – they sometimes don't get to know their tenants and sometimes don't understand their needs. They act like a real estate agent – the way they communicate with their tenants – someone who is vulnerable already and they get an email saying 'you haven't paid your rent' or put a request through to the tenant and the tenant might be really concerned about what that might be… It can upset the tenant and they come to us and we have to reassure and calm them."**
>
> - SIL FRONTLINE WORKER, OPERATING IN SDA AND SIL HOMES

The SIL provider indicated concerns that government investment in the aged care sector has attracted some disability support workers to relocate, resulting in staffing shortages in the disability support sector.

> **"My team are highly trained in my individual needs."**
>
> - SDA RESIDENT

> **"The staff at [REDACTED] recommended this person, but said you won't get her, she's too busy. Well, I did get her and she's been a fantastic support coordinator."**
>
> - CARER

Combined SDA and SIL service delivery can risk compromising either of the services a person receives

One carer reported that the person in their life received their SIL support from the SDA provider. The carer reported that the resident felt very positive about this arrangement – stating that they had finally found accommodation where the provider understands the resident and his needs holistically.

No industry members reported that they provided housing and SIL supports together. However, it was noted that in some instances, SDA providers partner with SIL providers and build relationships with them. There was a tension regarding a need for housing and SIL providers to work together, while ensuring independence to not compromise a person's receipt of either.

Several industry members stressed the importance that SIL supports need to be delivered separately, to avoid a conflict of interest.

> **"I know that is something other companies were doing, but it would have been too big of a conflict of interest for us. We don't partner with SIL providers either, that used to be the model (the partnership). We have decided in the last year (not to do that anymore)."**
>
> - SDA FRONTLINE WORKER

One industry member commented on how some SIL providers have established their own separate housing arm as a separate business.

One SDA resident commented on the risk of tying housing and support provision together.

> **"It's also a conflict of interest to have SDA and SIL with the same provider. If you don't like the on-site support, then you lose your home as well."**
>
> - SDA RESIDENT

One industry member stated that they feel some SIL providers act unethically, as they provide poor quality housing to NDIS participants who have SDA funding and charge the person directly for their housing while also charging for SIL services.

Overall, WA research participants demonstrated a stronger preference for separating operation of SDA accommodation from SIL supports, highlighting potential issues, conflict of interest and limited choice, compared to Victorian participants.

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

Industry members reported that residents in shared accommodation are typically required to share the same SIL provider, limiting a person's ability to exercise their choice in provider without compromise in some instances.

Some residents in shared accommodation who want to have different SIL providers can vote on their preferences. Two industry members referenced regular voting processes, every six months in one instance and every two years in the other. One SDA provider commented that when they are establishing a home for the first time they will have nominated the SIL worker, meaning it is up to the resident if they want to choose to live in the home or not. It was noted that the SIL worker often brings existing residents in who may be relocating from older department housing.

> **"A lot of the time they have SIL providers and having to make the choice – the SIL provider was attached to the house (they used to live in). Moving forward with our new ones we like to have people to have that choice. They might choose a SIL provider themselves and after six months we revisit that and they might have a vote to keep or choose a new provider…. There will be a SIL provider attached to our older builds but we have a collaboration agreement with that provider saying if the participants are not happy, at the end of the year they can have a meeting with other participants and families so they have an option to explore other SIL providers. We would then support the participants in finding a SIL provider. So we are constantly revisiting that – that's the model."**
>
> - SDA FRONTLINE WORKER

Several industry members noted that using different SIL providers in the same house can be challenging, for both the provider and the resident. Using multiple providers can also pose a Work Health and Safety risk, as it is not always clear who is responsible for what or who is who in the eyes of the resident.

One industry member described issues with multiple SIL workers in SDA homes as their biggest challenge.

> **"Can you imagine a house with 2 or 3 SIL providers? Confusing for customers, staff, but also not viable for us as a SIL provider."**
>
> - SIL PROVIDER, OPERATING IN SDA AND SIL HOMES

Using multiple providers in the same home who have not chosen to work together can create tensions when the workers' values and approach to their job is different.

> **"(There's a) WHS risk of who is responsible for what – if there's evacuation needed, if unit is flooding, who has caused it?… How do you share information to know what risks are for different staff and co-tenants and who's decision is that about what can be shared, what can't? Creates complex challenges and when you have put two providers together who haven't chosen to be together, their values might not align, they might have different ideas around what their responsibilities are to their participants and also how their staff can behave around that."**
>
> - SIL PROVIDER, OPERATING IN SDA AND SIL HOMES

The SIL frontline worker who provided services in SDA and SIL homes commented that residents sometimes tell them that they aren't getting enough one-on-one time with their support worker. The SIL frontline worker also noted that residents commonly raise with their support workers that they are happy or unhappy with specific workers, if in a shared home where there is a team of support workers.

From the perspective of frontline support workers, it can also be challenging meeting all residents' needs when there is one person providing support services in a shared model.

It was noted that reputable SDA providers build opportunities for residents to change SIL providers into their policies and procedures, suggesting that this measure needs to be applied sector wide.

Feeling safe in the home

All residents we spoke to felt safe in their home, and all carers reported that the person in their life feels safe.

Safety for residents is both physical and emotional. Physical safety includes adequate space, mobility equipment, falls prevention and emergency planning. Emotional safety is created through stability, privacy, trusted people and control over who comes into their home, as well as predictable routines. A technically compliant home could still feel unsafe.

Insights from residents and carers suggested a home feels safer when it looks and feels like an ordinary home, not a disability home with overt accessibility design features, such as ramps. This supported dignity, privacy and community belonging.

Advisory Group members commented on the importance of understanding whether a person feels safe in their housing, noting that a SDA home should not feel like a service environment. It was stated that people deserve to feel safe in their home and like they belong in their community.

It was further commented that colonial housing systems still shape SDA, often disconnecting First Nations people from Country. There are instances where people live in disability group homes with no other Aboriginal and/or Torres Strait Islander people, meaning their housemates are not familiar with their culture or customs. This can have an impact on whether a person feels safe.

Safety was strengthened by proximity to family, trusted carers, community groups, neighbours or familiar service providers - people who notice, check in and can respond if needed. Safety was also felt when tenure is secure, supports are independent of the accommodation, housemates are well matched, maintenance is resolved, and complaints are heard and dealt with.

"Having the room to be able to move around freely and keep things safe is really important."

- SDA RESIDENT

"I feel like I'm pretty safe here, because we're right at the end of a cul-de-sac... and there's a gate, and there's like a fence."

- SDA RESIDENT

"Home means a lot to me. It's a safe space."

- SDA RESIDENT

Physical security of SDA homes was also seen as important from the perspective of industry members.

There was a slight difference in the way residents and carers feel about residents' homes overall.

Once settled into their home, residents tended to judge SDA by whether it feels safe, livable, personal and enabling in everyday life. Concerns emerge most strongly where the home undermines independence, control, tenure security or practical day-to-day functioning. Conversely, while carers reported feeling generally relieved when the person in their life is settled in their SDA home, feels safe and is matched to the right environment, they continue to monitor whether the support model, privacy, housemate fit, provider behaviour and long-term stability continues to hold.

Accessible SDA design features

SDA dwellings are purpose-built or modified to include accessible design features (such as wide doorways and reinforced walls), and supportive infrastructure for independent living and safe delivery of care. Advisory Group members advised that quality of the build matters, and that while SDA design has improved over the years, builders do not always consult on accessibility features to ensure they are practical (such as fitting a wheelchair through a door for example).

However, insights from residents and carers and in some instances industry members, showed that while SDA homes may be compliant, the way SDA is designed does not necessarily make a home livable.

> **"They put both pull handles and push button cupboards in the kitchen. So when I lean against them to try and reach, they pop open on my knees every time. So not really much thought put in there. Yeah, so I have to rely on my staff to cook."**
>
> - SDA RESIDENT

> **"There's not a single cutlery drawer or drawer in the kitchen. So we had nowhere to put cutlery. I had to buy an IKEA set of drawers on wheels so that we had somewhere to put knives and forks and utensils."**
>
> - SDA RESIDENT

> **"Ceiling hoists, wall drop-down cupboards… should be standard for people in a wheelchair."**
>
> - SDA RESIDENT

> **"There's no power in the floor. We had to run a cord across the floor which then is a huge hazard when you have a wheelchair. So I had to go out and spend $3,000 on a massive rug. It's the biggest rug you've ever seen, so that it wasn't in an area where I could trip on it."**
>
> - SDA RESIDENT

These issues demonstrated the importance of consulting with residents and ensuring homes have a level of amenities that helps the home be livable.

For residents with physical disability, accessible, practical design features within the home such as hoists, rails, cupboards, storage, adequate number of power points, bench heights and outdoor access were especially important to liveability, with small design gaps creating safety risk and/or frustration.

> **"The challenge is that a lot of these houses (legacy stock) are ageing. Government generally won't demolish until it has been 50 years. We have homes that are about 30 years (old) so they're tired."**
>
> - SIL PROVIDER, OPERATING IN SDA AND SIL HOMES

> **"It has wide doors, high ceilings, the ability for hoist bed. It's completely kitted out and safe for her now. It was brand new when she moved in – so specialised."**
>
> - CARER

> **"Here I've got 3 bedrooms, but one of the SDA bedrooms is full of equipment, so hoists and frames and yeah, it's just chockers."**
>
> - SDA RESIDENT

For some residents, the SDA design category they have been allocated impacts the accessibility features of their home.

> **"They go and put wall cupboard in, assuming all your support workers are going to do the work up and high and stuff, but the problem is the wall cupboards don't drop down. A lot of my stuff has to be stored in the drawers because I can't necessarily have a support worker around all the time…"**
>
> - SDA RESIDENT

For someone who is neurodivergent, appropriate lighting in the home is important.

Industry members worked across a mix of older 'legacy' stock and new builds which were mostly only a few years old.

New builds were generally considered of excellent standard by industry members.

> **"We've designed and built them all so we like to see them as excellent, it's not like we have inherited other people's properties. We are very particular... all our homes have private ensuites, outdoor areas, multiple courtyards, multiple indoor living areas. We have done a lot of high-end development in the past – very anti institutional type look of that accommodation... the benefit of being the developer and the SDA provider is we constantly get feedback – we're small and agile and can make adjustments. We pay for gardening, internet, they don't look like a typical rental, they look like owner-occupier properties."**
>
> - SDA PROVIDER

One industry member explained how designing the house to ensure it is fit for purpose for the resident and tailored to their specific needs is ideal.

> **"We say to an investor – we have a person here, can we have this house built, we find that a more fulfilling way to work."**
>
> - SDA FRONTLINE WORKER

The SIL frontline worker who operated in SDA and SIL homes commented that they feel the design standards for Robust SDA homes are quite minimal, and that the features required to meet Robust standards don't meet the needs of people who are funded for Robust SDA. The industry member described features like brick walls, types of doors, anti-vandal fixtures, but explained that properties can be too close to neighbours which can create conflict. In shared Robust homes, the industry member explained that the rooms are often next to each other with no second living area. This can result in residents feeling like they're living on top of one another which can create conflict.

It was also acknowledged that there is not much acoustic work put into the design, meaning noise carries.

As a solution, it was suggested that the definition for Robust SDA be more specific, and that there should be a standard of a higher category to Robust SDA with more reinforcements for residents with higher needs.

Assistive technologies and modifications

Residents and carers described how upon moving into their SDA home, an occupational therapist typically assesses final modifications, assistive technology including hoists, rails, storage, doors, door automation, power points and other arrangements.

> **"Like, facial recognition at the wheelchair height for their doors, so when it recognises their faces, the door opens for their bedroom, so they don't have to physically touch anything. They can, but they don't have to. Like, the back door, it's got, like, a sensor, so you go close to the sensor, and she can open the back door just by going close to it."**
>
> - CARER

Sometimes the home required retrofitting to cater to individual needs. Among residents and carers we spoke with, residents with physical disability were most likely to require modifications, which were primarily related to fitting hoists.

In instances where modifications were required, residents and carers broadly reported that these were typically addressed by SDA providers in good time, although this was not always the case.

> **"So when I first moved into this house the first day and I rang them and said, it's not been cleaned. And I said, there's no grab rails. And you promised my occupational therapist (who was on the phone as well). You know, what are we going to do? And they said, not our problem. You know, we organised it. If they didn't show up, it's not our problem that you might have a fault. That's how they talk to you. And, you know, it's sort of, yeah, it shows utter disrespect. Nobody takes responsibility."**
>
> - SDA RESIDENT

Further, one resident explained that they have had to pay for modifications to their SDA home out of their own pocket, such as shutters to keep out the heat and a washing line they can reach, as they are in a wheelchair.

Where residents required hoists to be fitted in their home, free-standing hoists would generally be brought to the home while the resident waited for the ceiling hoists to be fitted, which could be a time consuming wait.

There were also delays in fixing equipment, often due to lack of availability of parts, which could result in significant expense for replacement.

One carer emphasised how her friend feels positive about her home, in large part due to the way the SDA provider funded the fit-out of modifications needed to suit her needs.

Insights from industry members suggested approaches to SDA providers' supply of assistive technologies in the home varies and needs to be approached flexibly.

Industry members reported that types of assistive technologies in homes included benches that can go up and down, a system where residents can contact onsite overnight support workers through a voice activation device they can access from their beds, automated blinds, air-conditioning and front doors (the automation technology can generally be removed if desired) and facial recognition for security.

The SIL provider who operated across both SDA and SIL homes indicated people sometimes seek out 'add ons'. For example, specially fitted appliances like whitegoods can be particularly helpful for people on a disability support pension or with less funds at their disposal.

The SDA provider emphasised that there is no one size fits all approach to cater to everyone's needs.

> **"What works for one might not work for the next, so it is hard when you're building a home…The next person to move in can have a different need… it's very hard to design and build fit for all… We've put front door automation in and we've had tenants just disable it…"**
>
> **- SDA PROVIDER**

The frontline SIL worker indicated that there is a lack of clarity of roles when it comes to who pays for assistive technologies. As an example, they explained that the SIL support provider sometimes pays for the automation service for doors and blinds, yet the maintenance is the responsibility of the SDA provider. The frontline SIL worker commented that they send the billing to the SDA provider but aren't surprised when the SDA provider sends the bill back, which happens frequently.

Raising a problem

Maintenance processes

Resident and carer commentary on maintenance processes highlighted the importance of fast responses from providers, a reliable person to contact and regulation to ensure compliance.

> **"My friend wanted (ceiling) fans… and they did that for her…. Got the technician out, the handyman was there to assist, and she's got numbers to ring as well, and particular numbers, so that's good, like, it makes life easier."**
>
> - CARER

> **"Things would get resolved if need be. My concern is around the governance, full stop."**
>
> - CARER

Delays in equipment and maintenance could have significant consequences and slow decisions could increase risk, dependence, stress and health deterioration.

When reflecting on their current home, residents typically felt that day-to-day maintenance was addressed, even if not immediately.

> **"I don't think that their repairs are quickly responded to."**
>
> - CARER

> **"He had a door handle that was broken. And the staff just tied it to keep it closed, and then we're like, hey, someone needs to fix this. And then I asked the support coordinator for him, and then she asked the support worker provider, which… they were like, we need to speak to the SDA provider, and they were trying to, get it fixed. They were trying to contact this one person from the SDA provider who was the case manager for this SDA property, but he wasn't responding, so I just went on their website, and they have, like, a maintenance ticket, which they (said would resolve it in) 24 hours. So I just gave that to the support coordinator…"**
>
> - CARER

> **"There's usually someone to call, and maintenance is generally pretty responsive."**
>
> - SDA RESIDENT

One resident reported a particularly positive experience with the way maintenance is addressed by their current SDA provider.

> **"We've got a 24 hours… number… we've got free maintenance guys/an accommodation manager type thing. One of them is always on call. If it's something urgent, they will pick up, they'll get the page and ring us back within a couple of minutes. Otherwise, they will be on to it the next day. And we've got a portal as well, we can put a report in, we need such and such repaired. They're doing that within a couple of days, depending on what it is. They are brilliant."**
>
> - SDA RESIDENT

One resident recalled considerable issues with the newly built SDA home that they recently lived in. This included problems with outdoor lighting, kitchen useability and cupboard access, storage space for their equipment, ability to fit ceiling hoists, appliance malfunctions, plumbing leaks and no ability to retrofit. The resident struggled to get the SDA provider to help them. Following a dangerous incident involving a snake nearly entering their home in low visibility, the resident ended up purchasing lighting themselves.

> **"Often they cookie cutter the design in terms of bench heights and ceiling heights. The homes are built for compliance… I asked for an outdoor light because I have to take the dog out and it's dark. I asked the owner if he could put an outdoor light in, (he said) nope, it's compliance I'm not doing it. I said I'm in a wheelchair. One day a snake was coming in, I didn't know it was a snake because it was pitch dark… so I told them again and I said, look, I really need lighting… They wouldn't do it."**
>
> - SDA RESIDENT

Another resident explained that they have dealt with poor modification support and maintenance issues in the past, including problems resulting from water damage that resulted in the resident being told to use a portable shower and toilet while rectification works took place, before the resident was ultimately relocated.

Industry members reported that residents make a maintenance request generally by email or phone through the person's care team or through a SDA staff member or property manager. Requests are typically dealt with in a day or two.

The SDA provider stated that while they have systems and processes in place these tend not to get followed, as providers address issues in their own way. The provider had considered implementing an online system for managing maintenance processes, but did not end up proceeding.

> **"It's not normally the resident making the request, it's normally the care team and there can be high turnover and temporary staff…. They just use whatever number they have – procedures and guides in every property. We allow them to call a plumber directly."**
>
> - SDA PROVIDER

> **"We don't have a set KPI but typically resolve things within 24 hours and normally if its urgent it will be quick and if its not we will communicate that the builder will be there next week and it will be addressed then."**
>
> - SDA PROVIDER

Keeping on top of maintenance to ensure a person remains comfortable and has what they need was seen as a good way to retain a resident long-term.

One SDA provider had its own maintenance team while the other used its own builder to undertake the maintenance for their homes.

Types of maintenance requests reported by industry members included damage to walls caused by wheelchairs, garden maintenance, removing automation (assistive tech), plumbing, loose door handles, damage to blinds and handles due to heavy handling, attending to the fire indication panel and addressing electrical faults.

The SIL frontline worker operating in SDA and SIL homes stated that if they become aware of a maintenance issue, 'in their opinion', they are obligated to report it. They also acknowledged that shared SDA or other disability homes probably require more maintenance than other types of housing due to the volume of residents and support workers coming through, and the subsequent wear and tear.

The SIL worker indicated that it can be unclear who is responsible for garden maintenance, and that sometimes SIL workers do it.

Commentary from some industry members suggested support workers often play a big role as the conduit between the SDA provider and the resident. This can sometimes lead to blurred role responsibilities, suggesting clarity in role definition is needed across the sector.

The SIL frontline worker who provided services in SDA and SIL homes explained that they meet with the SDA provider at least once a month, where they discuss any issues or concerns and discuss any vacancy management.

> **"It's a real grey area for the sector I think... not formally necessarily our role to be an intermediary between the participant and the SDA provider. We have that relationship with the SDA provider because it's an important part of maintaining a home and building that responsiveness, I guess in regards to when things are not quite right or working collaboratively to fill vacancies. But then there's no clear delineation around when there's an issue around, you know, a tenant going directly to their landlord versus going through us or going through their support coordinator to go to the landlord. So it ends up being the SIL provider who does a lot of the legwork..."**
>
> **- SIL frontline worker, operating in SDA and SIL homes**

While a property manager explained that they conduct quarterly inspections of properties, the SIL provider commented that understanding who is responsible (resident, SIL provider or SDA provider) for providing whitegoods, furnishing common areas or providing a call bell could sometimes be ambiguous. They also pointed to a need for consistency across the sector, as a SIL provider could be working across multiple SDA providers but have different responsibilities or expectations for each.

Complaints processes

While industry members tended to have some kind of formal complaint handling procedure, it was noted complaints tend to come to them informally, as people choose to send an email rather than using a specific complaint form, for example.

Residents can report complaints by completing a form on the SDA provider's website or contacting the SDA property manager or engagement team directly (via email or another way). Regularly surveying residents was cited by the SDA provider as another avenue through which residents can raise a complaint.

The SDA frontline worker noted that the property manager will sit with the resident when initially going through their lease agreement, and will talk through the complaints process with them then. The SIL frontline worker will link the resident with their support coordinator if they wish to raise their complaint with the SDA or SIL provider, or to the NDIS Commission.

The property manager indicated that the SIL provider manages complaints, as residents are most often not able to advocate for themselves. The property manager confirmed that they write a separate report to the SIL provider, lodging any issues with the NDIA directly via its website.

Industry members who made any comment on how quickly complaints are dealt with claimed that complaints get addressed immediately.

Industry members stated that complaints tend to be about support workers, or if in shared living, about other residents due to incompatibility or disturbances (including noise or, in rare instances, personal violence). Other types of complaints mentioned included a lack of storage or a tradesperson undertaking property maintenance not turning up on time.

The SDA frontline worker considered that SIL providers receive a lot more complaints than the SDA provider, as they are dealing with the resident all the time.

Industry members who commented on escalation pathways referenced the NDIS and in one instance the parent company of organisations providing services to people living in SDA. One industry member also stated that they provide information on advocacy services for residents if they need advice.

Like maintenance requests, it is likely some residents rely on their support workers to make a complaint.

The SDA provider reported that they undertake surveys with residents which they described as being about 'SDA customer service'. After a resident first moves in, a survey is undertaken with the resident around SDA design and features.

> **"Informally, our housing coordinators are very hands on with tenants so (we) have those touch points. Our housing coordinator would typically have a morning tea in the homes every 6-8 weeks, so she gets all those stories and feedback."**
>
> - SDA PROVIDER

When reflecting on barriers to complaints, the Advisory Group commented that low rates of complaints does not necessarily mean residents have nothing to complain about. The group questioned how regulatory bodies support accessibility and access in practice, such as whether there are supports for a hearing or vision impaired person, or a person who is non communicative, to make a complaint.

Escalation processes and knowledge of rights are unclear to residents and carers

Formal complaints pathways were not strongly recalled by residents and carers, and there was little knowledge of formal bodies or external advocates/legal support mechanisms.

While one resident sought legal advice from Circle Green Community Legal Centre on their tenancy rights (relating to their housing contract), no other disability service bodies were mentioned.

Members of the Advisory Group explained how there is a fundamental issue in knowing what questions to ask and from who, exclaiming that clarity of tenancy protections matters substantially. Representatives working in the community sector noted that many people find it hard to make a complaint, and do not know what outcome to expect if they did raise an issue.

Accessible guidance and information on pathways are needed to help residents and carers when they do run into an issue relating to their home.

When describing the process to escalate an issue, residents and carers contact the SDA or SIL provider as the first port of call. There was general trust that providers will manage resolution directly. If there is no resolution from either provider, the support coordinator will attempt to resolve the issue. Residents preferred not to involve family members immediately and kept them at arm's length until the first two avenues were attempted. At this point other advocates such as disability advocates or other personal contacts might be brought in. In two instances, residents escalated their issue to their local MP.

> **"I spent three years advocating for myself. To the local MP, to the housing minister, to this, to that. I just didn't give up."**
>
> - SDA RESIDENT

There is a reluctance to contact the NDIS/NDIA for support or queries as there is an expectation that doing so will be time consuming, will result in inconsistent/incorrect advice or incompetence resulting in frustration. There is also an assumption that contacting the federal regulator will prompt a bureaucratic response lacking in empathy, while some feel their call will simply go unanswered.

Consumer Protection WA is generally not thought of as an avenue for recourse on outstanding issues.

> **"I think if people are living in SDA, they should have a contact that's outside of the organisation that they're under, that's independent, neutral, and you can go to them and say the things that I've said today, because there's certainly nowhere else."**
>
> - SDA RESIDENT

> **"It actually needs to go way, way back… legislation… policies and procedures. There needs to be a central point of contact, clear communication."**
>
> - CARER

> **"The majority of people do not know their rights…"**
>
> - SDA RESIDENT

Family and friends are fundamental pillars of support

The system was too complex for many participants to navigate alone. Closest personal supports (typically consisting of family and friends) played a particularly fundamental advocacy role in residents' lives. These networks provided practical, emotional and decision-making support.

> **"I pretty much oversee my daughter 24-7 even though she is in accommodation."**
>
> - CARER

Alongside support coordinators and other support workers, local community, neighbours, the disability community, sporting, work and faith communities could also be sources of support for residents.

Residents who had a good and trusted relationship with medical specialists such as occupational therapists, physiotherapists, general practitioners, psychiatrists, psychologists, counselling services and behaviour support could find further support systems through these avenues.

Residents without support from close networks faced more barriers to accessing complaint pathways and justice.

Good outcomes in SDA depended on all elements of systems being well connected, responsive and centred on the person.

SDA industry conduct

Industry members' understanding of their obligations

Industry members were divided when considering how easy and clear SDA laws and regulations are to apply.

The SDA frontline worker commented that they feel SDA laws are relatively strict about what providers can and can't do, seeing no issues.

Multiple industry members stated that SDA laws and regulations could be ambiguous and unclear, particularly relating to SDA design standards. It was noted that the design guide has not been updated and it is difficult to find information and support from the NDIA, with inconsistent information provided from personnel. It was further commented that regulations are open to interpretation in some instances, particularly with regards to SDA enrolment.

> **"No – I find it difficult to find information and support – it's non-existent from the (NDIA) agency. You get told a different thing depending on who you speak to and who you call. Parts of it are clear and other parts are really ambiguous. The SDA design standards just do not agree – used to just work off a very simple design model that wasn't Robust /comprehensive enough so they introduced a design guide and have since introduced all these amendments or clarifications but not once updated the design guide so there are so many one-page notices flying around and it's near impossible…. So many inefficiencies within the agency that just adds cost to taxpayers at the end of the day."**
>
> - SDA PROVIDER

> **"It's open to interpretation – there are bits that are not defined well. Particularly when it comes to enrolment and what categories they fit in and what information they need to define enrolment. Design standards are a bit wishy washy depending on who's built it."**
>
> - SIL FRONTLINE WORKER, OPERATING IN SDA AND SIL HOMES

The property manager commented that they stay up to date with legislation and specifications relating to SDA through their own networks and the NDIA website.

One industry member discussed the requirements of their role as being multifaceted.

> **"I actually don't know how you could train for this job….It's something that you just kind of do. It's a bit of a I feel like you're a salesman in a way… it's a lot of networking and then a lot of being able to understanding NDIS, you know, being up to date with what's going on. And then being able to work with people, so across that knowledge and then working with people as well that maybe need a hand in understanding that. So parts of support coordination are in there where you need to be a bit of a support coordinator, but you also have to be really good. As sort of engaging with people from all sorts of walks of life, I guess."**
>
> - SDA FRONTLINE WORKER

Resident exit processes

Residents may voluntarily leave their home for a wide variety of reasons, however there are instances in which residents are required to leave their home for other reasons, such as the home being sold for example.

Several industry members commented on residents leaving a SDA home.

The property manager commented that a resident's decision to leave is in their view dependent on the quality of the person's SIL providers and their relationship with them.

A different industry member iterated that they have very low turnover, but have had a resident move as they wanted to be closer to family.

One industry member provided some insight into their experience when a resident left their home.

> **"We did have someone staying who had been there for a year and we weren't able to put other people in the house. The owner wanted them to leave but they had signed on, they were into their second year, and we said 'they've signed the lease agreement you can't just move them on, it's against the law'. Then what happened is their guardian became involved and we found them a single dwelling apartment and they moved out of the 3 bedroom house. But that was on their own terms."**
>
> - SDA FRONTLINE WORKER

From the perspective of residents and carers, moving is highly disruptive because supports, equipment and community must be rebuilt.

> **"To have a home, you have a community. When I needed to move over the past few years, I lost all of that."**
>
> - SDA RESIDENT

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 WA was also conducted at the beginning of the project.

The research involved speaking with people who lived in SDA and other modified disability housing, carers (family members and friends), and people who operated in and worked in the SDA sector in Western Australia.

Participants who lived in SDA or other modified disability housing and carers (family members and friends) 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. 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 other modified disability housing and carers (family members and friends) to share their gender identity and whether they live in a metro or regional location. Respondents were given the option to share whether they identify as being Aboriginal and/or Torres Strait Islander and if they have ever lived in a group home/assisted boarding house/rooming house or similar setting where supported residential services were provided. Respondents were also given the option to share what type of disability(ies) they or the person in their life has, how long they have lived in disability housing, whether they live alone or with others, what type of housing they or the person in their life lives 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 receive (for instance core supports, Supported Independent Living (SIL) or assistive technology, come from their housing provider). All research participants were required to be 18 years or older and living in WA.

Informed consent was obtained in line with the principles outlined in the National Statement on Ethical Conduct in Human Research. People living in SDA or a different type of modified home where disability support is provided and carers (family members and friends) 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 the public reporting. Participants were offered the option of additional assistance or support to enable their participation.

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

A thematic analysis was undertaken to understand recurring themes, patterns and insights across participant cohorts.

Interviews with people who live in SDA

From April to May 2026, six in-depth interviews were conducted with people who lived in SDA and other modified homes where disability support is provided.[5] People who lived in SDA or other supported disability housing such as a group home, boarding house, rooming house, community housing (for instance Community Disability Housing Program (CDHP) or own modified home where funded support is provided were considered in scope for this research.

All interviews were held online, which was the preferred option for participants. 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:

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

Focus groups with carers

From April to May 2026, 11 carers 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 and other disability group homes, focusing on carers' perspectives on their own experiences and those of the people they support.

Carers were defined as family members (i.e. parents, children, siblings, partners) or friends, of people with disability living in SDA or in disability accommodation where funded support is provided, who provide day-to-day support. Formal, paid carers were excluded from the sample.

Interviews with industry members

From October to November 2025, CPRC conducted five in-depth interviews with people who work in the SDA sector in WA. Each interview ran for approximately 60 minutes and inquired into the perspectives, experiences and challenges of SDA providers and frontline workers operating in WA.

Participants were recruited through email invitation. CPRC researchers located and downloaded a publicly available list of current SDA providers in WA through the SDA vacancy finder tool listed on the NDIS website.[6] After filtering the list to ensure it reflected only WA providers, email invitations were sent to the publicly available email address accompanying each provider, resulting in a response rate of 22.9% 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 eight 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 (such as SDA provider or frontline worker), type of SDA home, geographic location, operational model and organisational size.

Lived Experience Advisory Group

An Advisory Group made up of a mix of people with disability, family members of people with disability and sector workers with direct experience in disability housing and advocacy was established to ensure the research approach and outputs were grounded in lived experience.

The six-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 two community sector workers 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.

While there was First Nations representation in the Advisory Group and one carer highlighted that their friend (a SDA resident) was from a First Nations background, no residents or carers identified as being from a First Nations background. Future research should seek to prioritise hearing from First Nations voices to better understand their experiences with SDA and disability housing.

The industry sample recruitment approach meant only SDA industry members were captured through this research, meaning operators of other group homes that house people living with disability are not represented. Additionally, only 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 SDA housing providers advertising vacancies, published on the NDIS website.[7] As the providers listed were those with vacancies, email invitations were not sent to all currently registered SDA-enrolled providers in WA. At the time of recruitment, the 35 providers invited to participate through email reflected half of all registered SDA providers.[8] We are confident the sample size was large and varied enough to account for a representative sample of SDA-enrolled providers in WA.

This research was exploratory in nature and the findings reported are 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 and other disability housing, their family and friends, and those working in the SDA sector in WA. However, we cannot attest that these insights are representative or reflect the experience of all people living in and supporting people living in SDA, or the sector as a whole. The sample also likely skewed to more engaged industry members who were willing to take the time to share their experiences and views working within the sector. There is value in future research that is broader to help unpack other experiences within the SDA sector.

Who did we speak to?

People who live in SDA

Six interviews were conducted with people who live in SDA or a different type of modified home where daily support is provided.

Location

Five participants were from a metro Perth location and one participant was from a regional location in Margaret River.

Age

Residents were mostly aged in their 40s and 50s, with ages ranging from 28 to 70.

Gender

Four participants identified as women and two as men.

Type of disabilities represented

We spoke to people with diversity in disability type, intensity and support needs. This included physical disability, progressive neurological conditions, acquired brain injury, autism spectrum disorder, intellectual disability, muscular dystrophy, spina bifida, immune deficiency, sensory issues, psychosocial complexity and combinations of these.

Support needs ranged from high to significant.

Type of home

Four residents lived in SDA housing, while one lived in a Department of Housing home with disability modifications and one lived in their own modified disability home.

Where it was mentioned, participants lived in homes across fully accessible and high physical support SDA design categories.

Residents had lived across SDA and disability modified units/apartments, villas, townhouses and houses. Most current homes were relatively new builds.

Living situation

Two residents lived alone, three lived with a partner (at least two of whom also have a disability) and one lived in a shared three-bedroom home.

Type of SIL support received

All residents had SIL support workers to assist them with daily life, including overnight support in at least one instance.

Length of time living in SDA

Of those living in SDA homes, half had lived in their home for three to five years while the other half had lived in their home for less than three years. The resident living in the Department of Housing home had lived there for three to five years and the resident living in their own modified home had lived there for 6-10 years.

Carers

Three metro focus groups and one regional focus group were conducted with family and carers of people living in SDA or group homes with other people with disability. Each group had between two and four participants, resulting in 11 family and carers overall.

Location

Regional focus group participants were from Broome and Geraldton.

Relationship

Carers' relationship to the person in their life was most frequently a friend or a parent, but also included an adult child, aunt, sibling, family friend and church member/friend.

Age

Carer participants' ages ranged from their 30's up until their 70's, with most participants being in their 40's.

Gender

Eight carers identified as women and three identified as men.

Type of disabilities represented

The people supported by carers represented a range of disability types including physical disability, intellectual disability, muscular dystrophy, schizophrenia, severe autism, hearing impairment, psychosocial disability and attention deficit hyperactivity disorder (ADHD).

Type of home

All carers provided care for a person living in a SDA home, including apartments, villas and houses.

Living situation

People carers' provided support for most commonly lived alone or in a group home with three other people. A breakdown of data is in Figure 1.

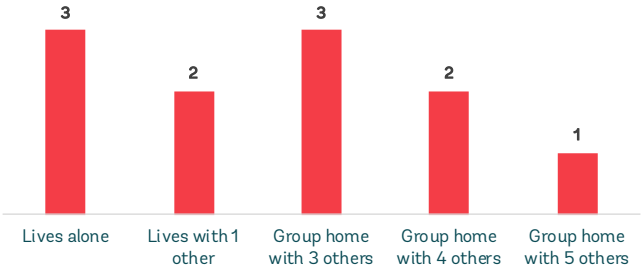


Figure 1. Living situation of people carers' support

Type of SIL support received

All people in carers' lives received SIL support. Of the people who lived alone, two had their own SIL support team and one required two 24/7 support workers.

Among people who lived with others, SIL was provided by separate providers for each person in the house, with one exception. While this person had access to their own SIL support, at times they shared support with other people in the home.

SIL supports and housing were provided independently (by different entities) for all but one person – where the SDA provider also provided the SIL support.

Industry members

Five people who worked in the SDA sector participated in interviews.

Four industry members were Perth-metro based, while one was predominantly Perth-metro based but operated in a small capacity in a regional area.

Positions held by industry members

Positions consisted of the following:

- SDA provider
- SDA frontline worker
- SIL provider, operating in SDA and SIL homes
- SIL frontline worker, operating in SDA and SIL homes
- SDA property manager

Provider roles included Chief Executive Officer and director positions.

The two frontline worker roles involved coordinating resident engagement in SDA and overseeing day-to-day SIL support provided to people in SDA and SIL homes.

Length of tenure in current role ranged from three years to six months. Almost all participants had prior experience in a different disability oversight or frontline worker role, or in other community sector positions. Most participants reported that their work experience spanned both the SDA and SIL sectors.

SDA operational model

Two organisations provided SDA housing and two organisations provided support services within SDA and SIL homes, including CDHP homes.

The SIL provider operating in SDA and SIL homes described their organisation as being the landlord of its SIL homes, as well as being the provider of SIL supports.

The SDA provider built and managed their own SDA properties, however they had recently adjusted to building SDA homes with an intention of selling them.

SDA homes industry members provided and worked at were a mix of one, two and three bedroom apartments, villas and houses, across all SDA design categories. The SDA provider elaborated that they usually provide two, three or four properties on a single block.

One organisation operated as a not for profit.

The property manager managed SDA properties, alongside other housing market stock. In the past, the property manager spent two years as a registered SDA provider. The property manager's clients were owners and investors who wanted a long-term property. In their role they also facilitate providing SIL homes as SIL providers approach them seeking regular housing to provide SIL services in. They reported that some owners and investors (mostly attached to SIL homes) approach them wanting someone in WA to manage their homes.

Organisations have been operating for the last three to 30 years.

Endnotes

1. NDIS, 2026, *What is specialist disability accommodation (SDA*), **https://www.ndis.gov.au/participants/home-and-living/types-home-and-living-supports/what-specialist-disability-accommodation-sda**.

2. NDIS, 2026, *Supplement P Specialist Disability Accommodation 2025-26 Q3 (XLSX 1MB), Quarterly report supplements*, **https://dataresearch.ndis.gov.au/reports-and-analyses/quarterly-report-supplements**.

3. NDIS, 2026, *What is specialist disability accommodation (SDA)*, **https://www.ndis.gov.au/participants/home-and-living/types-home-and-living-supports/what-specialist-disability-accommodation-sda**.

4. NDIS, 2026, *What is supported independent living (SIL)*, **https://www.ndis.gov.au/participants/home-and-living/types-home-and-living-supports/what-supported-independent-living-sil**.

5. Two additional interviews were conducted, however these insights have been excluded as the participant's eligibility was unable to be fully verified.

6. NDIS, 2026, *SDA finder*, **https://www.ndis.gov.au/participants/home-and-living/specialist-disability-accommodation-explained/sda-finder**.

7. NDIS, 2025, *Find specialist disability accommodation (SDA)*, **https://www.ndis.gov.au/participants/home-and-living/types-home-and-living-supports/find-specialist-disability-accommodation-sda**.

8. NDIS, 2025, *SDA Datasets – SDA Enrolled dwellings and NDIS demand data*, **https://dataresearch.ndis.gov.au/reports-and-analyses/specialist-disability-accommodation-sda-data**.

CONTACT US
PO Box 621,
Collins Street West,
VIC, 8007
+61 3 9607 7101
office@cprc.org.au
www.cprc.org.au

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