Support in Specialist Disability Accommodation (SDA) Apartments

Findings from co-design workshops and interviews with tenants and providers

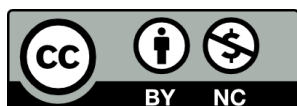March 2022

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About the Summer Foundation

The Summer Foundation is a not-for-profit, established in 2006, committed to resolving the issue of young people living in aged care. The Summer Foundation does not own any SDA and is not a registered NDIS provider.

About Summer Housing

In 2017, Summer Housing was established as a not-for-profit SDA provider. It is a separate organisation from the Summer Foundation with its own board and management team. **https://summerhousing.org.au/about-us/**

About the Housing Hub

The Summer Foundation developed and operates the Housing Hub – an online platform supporting housing seekers and providers to connect. The Housing Hub is free for housing seekers and providers to list properties. Providers may also pay for premium listings, or to engage the Housing Hub's Tenancy Matching Service (TMS) to identify potential tenants for SDA, and help match them with available housing. **https://www.housinghub.org.au/**

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Executive Summary

The National Disability Insurance Agency's (NDIA) vision is for an "ordinary life at home" for people with disability, including greater flexibility and independence. The NDIA promotes innovation in the provision of housing and supports, and is seeking to "encourage new models of home and living" that replace more institutional arrangements, such as group homes or younger people living in residential aged care. One innovative model is the provision of on-site shared support (OSS) for people with disability living in co-located Specialist Disability Accommodation (SDA).

This integrated model of co-located SDA apartments was developed to enable people with high support needs to be able to live in their own apartment but be co-located to enable the cost-effective provision of support. The choice to share supports with other people with disability but to live alone or with family is made possible using OSS. These arrangements are a significant opportunity for people with disability living in SDA to increase control over their housing and support options, and to lower the overall cost of their support. This is achieved by tenants living in SDA pooling some of their support funding with other tenants who live nearby. By combining their funding, people living in co-located SDA increase their purchasing power by sharing the cost of on-site 24/7 support with their neighbours.

The intentions of SDA funding are to increase choice and control for NDIS participants. However, group homes are still the predominant model of disability housing for people with high support needs. Group homes can lead to poor outcomes for some people with disability as they have few inherent drivers to increase independence and reduce support needs over time. In addition to this lack of independence, flexibility, and choice the Royal Commission on Disability has recently found that people residing in group homes are vulnerable to violence, abuse and neglect. In contrast to group homes, research has found that individualised housing for people with disability generates favourable outcomes. It is unsurprising, therefore, that many people with disability are opting for more individualised housing and support options.

Effective OSS arrangements in co-located SDA will provide NDIS participants with the foundation they need to achieve a range of goals related to housing, support, independence, community, social and economic participation. Effective OSS also has the potential to lower the cost of on-site support at a time when the costs of Supported Independent Living (SIL) are rising at a rate that threatens the sustainability of the NDIS. Initial research indicates that co-located apartments integrated into mainstream developments have the potential to enable high-quality and cost-effective support that results in good outcomes for SDA tenants. However, anecdotal evidence from SDA tenants, SDA providers and support providers suggests that there are a range of challenges with how this model is being funded and implemented.

This report summarises the findings of workshops and interviews held in 2021 with NDIS participant tenants living in co-located SDA, as well as SDA and OSS providers. The study aimed to:

1. Listen to and document the perspectives of tenants, SDA providers and OSS providers.

2. Describe the key challenges experienced by tenants, SDA providers and OSS providers.

3. Identify potential solutions to improve the consistency, quality and cost-effectiveness of the disability supports delivered to tenants living in SDA funded apartments.

Tenants, SDA providers and OSS providers gave valuable insights about how support is currently being delivered in co-located SDA apartments. While tenants and providers reported many benefits (Figure 1), they also identified a range of challenges with the current varied approaches to funding and delivering support in SDA apartments (Figure 2).

Figure 1 – Benefits of OSS in co-located SDA apartments, according to tenants and providers
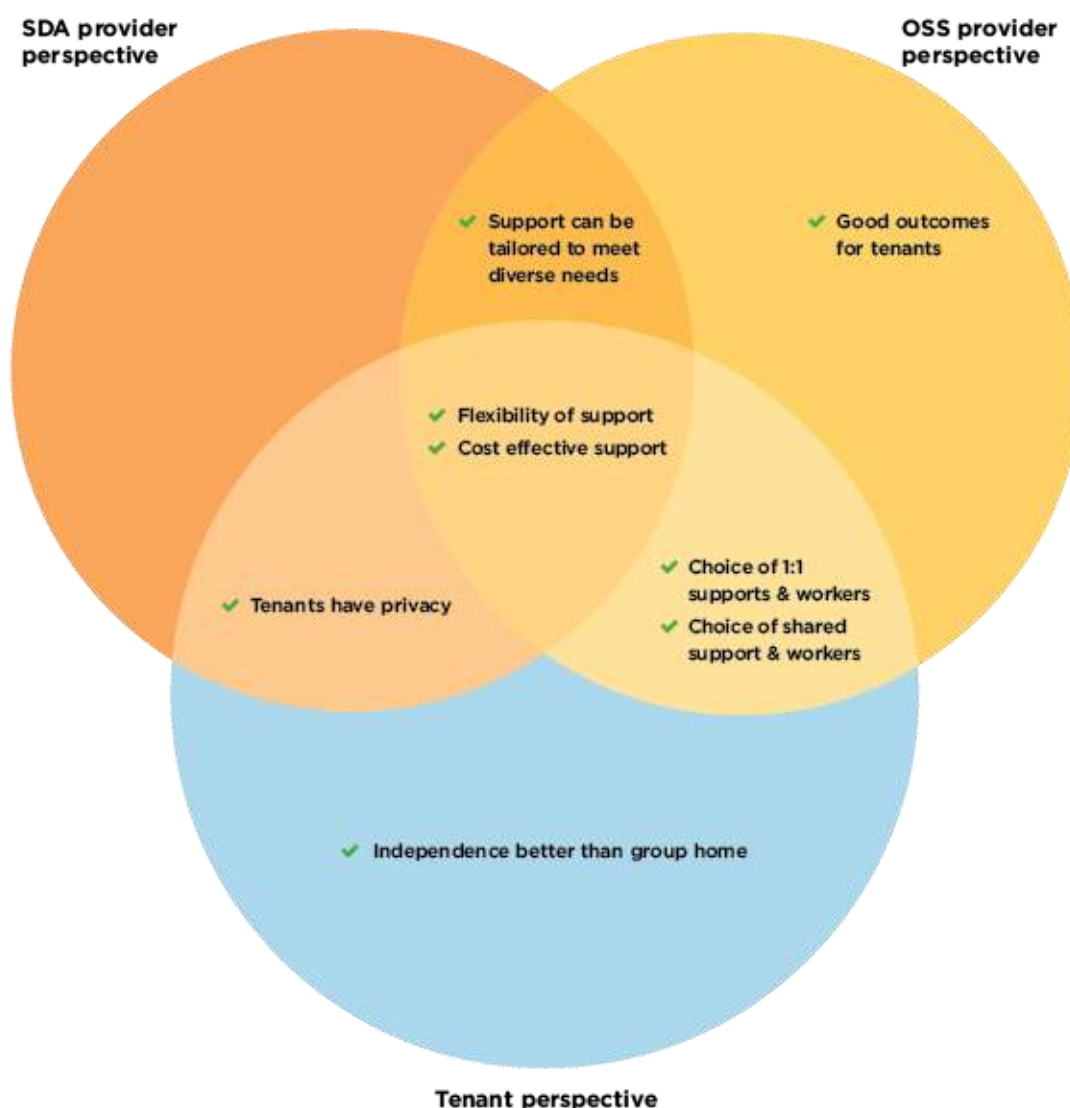
Figure 2 – Challenges of OSS in co-located SDA apartments, according to tenants and providers

SDA provider perspective

NDIA
* Lack of consistency
* Communication with SDA providers
* Eligibility criteria
* Lack of choice & control for tenants

* Getting funding in NDIS plans

OSS provider perspective

NDIA
* Poor communication with OSS providers
* Poor understanding of support in SDA apartments
* Risk management

* NDIS funding
* NDIS communication

* Communication betweeen OSS providers (tenants transition)

* Anxiety about future funding
* Attitude of OSS workers
* Tenancy rights & privacy
* Training of OSS staff
* Consistency of OSS staff
* Action from feedback & complaints

Tenant perspective

All 3 participant groups reported that the combination of on-site shared support and 1:1 support is providing tenants with more cost-effective and flexible support than other shared support arrangements. The support provided in co-located SDA apartments can be tailored to meet a diverse range of NDIS participants with SDA funding. However, tenants and providers also described a range of major issues including a lack of consistency and clarity from the NDIA regarding funding for housing and support and the battle to get timely and adequate support in NDIS plans.

This report provides an evidence base for the development of a range of potential solutions and resources to address the challenges identified by tenants and providers. Potential solutions include best-practice principles for providers, as well as the further development of an evidence base for the NDIA. The next phase of research and development will involve working with tenants and providers to design and implement practical solutions and further research with NDIS participants to identify opportunities for improving the quality and cost-effectiveness of support provided to SDA tenants.

1. Introduction

Few things are more fundamental than having somewhere to live. For people with disability, adequate housing enables independence, engagement with family and friends and access to services, amenities and community life. In July 2008, Australia ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD). These rights include the right of all people "to choose their residence and where and with whom they live on an equal basis with others, and not be obliged to live in particular living arrangements".[1] In 2011, the Australian Productivity Commission identified an overall lack of housing options for people with disability.[2] This shortage was particularly severe for those with profound disability and complex needs who required supported and accessible housing.

Too many people with disability have little control over their housing and live in places or with people they did not choose. A well-designed home in the right location can enable more independent living arrangements, increased community participation and social connection.[3] However, some people with disability live in housing that was never intended for them, such as residential aged care, hostels and boarding houses.[4]

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[1] UN (2006). 'Convention on the Rights of Persons with Disabilities.' United Nations Department of Economic and Social Affairs, Article 19.
https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

[2] Productivity Commission (2011). 'Disability Care and Support.' https://www.pc.gov.au/inquiries/completed/disability-support/report

[3] Oliver, S., Gosden-Kaye, E. Z., Winkler, D., & Douglas, J. M. (2020). 'The Outcomes of Individualised Housing for People with Disability and Complex Needs: A Scoping Review.' *Disability and Rehabilitation*, 1-15; Wiesel, I., Laragy, C., Gendera, S., Fisher, K., Jenkinson, S., Hill, T., Finch, K., Shaw, W. and Bridge, C. (2015). Moving to my Home: Housing Aspirations, Transitions and Outcomes of People with Disability, AHURI Final Report No. 246, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/246.

[4] Oliver, S., Gosden-Kaye, E., Jarman, H., Winkler, D., and Douglas, J. (2020). A Scoping Review to Explore the Experiences and Outcomes of Younger People with Disabilities in Residential Aged Care Facilities. *Brain Injury*, 34(11): 1446-1460.

1.1 The SDA market

The launch of the National Disability Insurance Scheme (NDIS) in 2013 and the rollout of Specialist Disability Accommodation (SDA) policies and payments in 2016 is a significant part of the solution to resolving the issue of accessible housing for people with disability.[5] For 6% of NDIS participants with the highest level of support needs, their housing is addressed by SDA housing payments in their NDIS plan. SDA is a world-leading social policy designed to leverage private capital to build housing that maximises independence, enable the efficient provision of support and reduce the long-term liability of the National Disability Insurance Agency (NDIA).[6]

The SDA market has grown quickly since payments commenced in 2016 and is now estimated to be worth approximately $3 billion.[7] According to investment fund managers, the SDA market could stimulate approximately $5-12 billion in private investment when supply meets the demand of the 30,000 eligible NDIS participants.[8]

Approximately 30,000 NDIS participants with extreme functional impairment and high support needs are expected to receive SDA funding by 2025;[9] however, as of December 2021 only 16,972 were receiving these payments.[10] Furthermore, approximately 10,000 of the existing places in SDA are offered in group homes for 4 or more residents, many of which are Legacy or Existing stock that will be phased out or refurbished in the next decade. This means that demand for SDA will grow as NDIS participants look for more suitable housing. Matching this growing demand is supply. Recent surveys of SDA providers indicate a strong trend in the market towards building SDA that will accommodate 3 or fewer residents,[11] as people with disability look for more individualised and contemporary housing and support options.

The NDIA recognises the benefit of individualised housing and support models, and is currently holding consultations to inform future home and living policies. The NDIA's vision is for an "ordinary life at home" for participants, including greater flexibility, independence and "a sense of belonging, safety and security".[12] Alongside these consultations, in recent months the federal government has warned that the costs of the NDIS are rising too quickly.[13]

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[5] Beer, A., Flanagan, K., Verdouw, J., Lowies, B., Hemphill, L. and Zappia, G. (2019) Understanding Specialist Disability Accommodation funding, AHURI Final Report No. 310, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/310

[6] Beer, A., Flanagan, K., Verdouw, J., Lowies, B., Hemphill, L. and Zappia, G. (2019) Understanding Specialist Disability Accommodation Funding, AHURI Final Report 310, Australian Housing and Urban Research Institute Limited, Melbourne, http://www.ahuri.edu.au/research/final-reports/310

[7] Assumption: $0.5 million per enrolled dwelling (6,561), excluding in-kind. NDIA (2021). 'NDIS Quarterly Report to Disability Ministers: Q1 2021-2022.' https://www.ndis.gov.au/about-us/publications/quarterly-reports

[8] Madhavan, D., Mulherin, P., Winkler, D. (2021). Specialist Disability Accommodation (SDA) Investor Think Tank: Findings and Recommendations. https://www.summerfoundation.org.au/resources/specialist-disability-accommodation-sda-investor-think-tank-findings-and-recommendations/

[9] Senate Community Affairs Legislation Committee (2021) 'Answer to Questions on Notice, Social Services Portfolio, Additional Estimates.' Question No: NDIA SQ21-000118. https://www.aph.gov.au/Parliamentary_Business/Senate_estimates/ca/2020-21_Additional_estimates

[10] NDIA (2022). 'NDIS Quarterly Report to Disability Ministers: Q2 2021-2022.' https://www.ndis.gov.au/about-us/publications/quarterly-reports

[11] Housing Hub and Summer Foundation. (2021) 'Specialist Disability Accommodation Supply in Australia – November 2021.' https://apo.org.au/node/314855

[12] NDIA (2021). 'Consultation Paper: An Ordinary Life at Home.' https://www.ndis.gov.au/media/3227/download?attachment

[13] NDIA (2021). 'Annual Financial Sustainability Report Summary – Interim Update.' https://www.ndis.gov.au/media/3388/download?attachment

One of the drivers that threatens the sustainability of the NDIS is the rising "SIL bill". Most (93%) of NDIS participants who live in SDA also receive Supported Independent Living (SIL) payments.[14] Since SIL comprises one of the most significant cost components of the NDIS, the sustainability of the Scheme is dependent on housing and support models which maximise participant independence and outcomes, while reducing the need for paid supports. The NDIA acknowledges this and that it has "not done enough to encourage new models of home and living".[15] As a result, it welcomes innovation from the market around the provision of housing and supports. One innovative model that the NDIA could work with stakeholders to refine is on-site shared support in co-located SDA. There is ample scope to improve the quality and cost-effectiveness and funding of shared support provided in SDA apartments. Co-locating 10 or more NDIS participants with high support needs in housing developments is one potential solution to the rising SIL bill. Indeed, as NDIA data reveals, as of June 30 2021 the average cost of Core supports was *lower* in 1 bedroom, 1 resident apartments than in houses for 2 or 3 residents.[16] This clearly indicates the need for the NDIA to explore the cost-efficiencies that are possible in SDA apartments.

1.2 Group homes

The intentions of SDA funding are to increase choice and control for NDIS participants. However, group homes are still the predominant model of disability housing for people with high support needs. Group homes are defined as "accommodation for between 4 and 6 people, where extensive or pervasive paid staff support is provided to the residents, both in the home and when leaving it to use community-based settings".[17] Similarly, the *SDA Rules* state that "a group home is distinguished from other houses by having 4 or 5 long-term residents".[18] Based on SDA stock enrolled with the NDIA, over 64% of places for NDIS participants are in dwellings accommodating 4 or more people.[19] Although group homes are the predominant type of disability housing in Australia, they are associated with poor outcomes for some people with disability.

In group homes, people with disability are often segregated and live according to rigid staff routines, rosters and work priorities.[20] In turn, this negatively impacts the choice and control of their housing and support, as well as their community participation.[21] Although group homes in Australia vary in their age and configurations, residents generally have limited – if any – say about who they live with.[22] An estimated two-thirds of disability stock built before 2016 in Australia is old and does not meet contemporary disability housing standards. This housing stock needs to be either bulldozed or completely reconfigured and refurbished.

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[14] NDIA (2020). 'Improving Outcomes for Participants who Require Supported Independent Living (SIL): Provider and Sector Consultation Paper.' https://www.ndis.gov.au/media/2666/download?attachment

[15] NDIA (2021). 'Consultation Paper: An Ordinary Life at Home.' https://www.ndis.gov.au/media/3227/download?attachment

[16] Senate Community Affairs Legislation Committee (2021) 'Answer to Question on Notice, Social Services Portfolio, Additional Estimates. Question No: NDIA SQ21-000169'. https://www.aph.gov.au/Parliamentary_Business/Senate_estimates/ca/2021-22_Supplementary_budget_estimates

[17] Clement, T., and Bigby, C. (2010). Group Homes for People with Intellectual Disabilities: Encouraging Inclusion and Participation. Jessica Kingsley Publishers, 15.

[18] Australian Government (2020). National Disability Insurance Scheme (Specialist Disability Accommodation) Rules 2020 (Cth). https://www.legislation.gov.au/Details/F2020L00769

[19] NDIA (2021). 'SDA Enrolled Dwellings and NDIS Demand Data.' Appendix P, Tables P.6, P.9. https://data.ndis.gov.au/media/2770/download

[20] Keogh, F. (2009). 'Disability and Mental Health in Ireland: Searching out Good Practice.' https://www.genio.ie/publications/disability-mental-health-ireland-searching-out-good-practice

[21] Wiesel, I. (2011). 'Allocating Homes for People with Intellectual Disability: Needs, Mix and Choice.' Social Policy & Administration, 45(3), 280-298.

[22] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2020). 'Overview of Responses to Group Homes Issues Paper.' https://disability.royalcommission.gov.au/system/files/2020-07/Issues-paper-Group-homes.pdf

Group-home living with unrelated people would be challenging for any adult, whether they have a disability or not. Since group home residents often have cognitive and communication difficulties and/or a low frustration tolerance, this makes living with several other people even more challenging. In some group homes, significant staff resources are spent resolving conflict and managing challenging behaviour between residents who are not suited to sharing a house.

Group homes also have few inherent drivers to foster independence and reduce support needs over time.[23] Many people with disability currently living in group homes in Australia have the capacity for more independent living. However, living in a built environment that is not adaptable to the needs of people with disability, diminishes choice and control and increases support costs.[24] Beyond concerns about independence, flexibility and choice, the ongoing Royal Commission on Disability found that people residing in group homes are vulnerable to violence, abuse and neglect.[25]

Similarly, in assessing Australia's observance of the CRPD, the United Nations raised concerns about "disability-specific residential institutions" that limit the autonomy of people with disability.[26] Together, these findings and observations highlight the need to move away from semi-institutionalised living options.

1.3 Individualised housing

In contrast to group homes, research has found that individualised housing for people with disability generates favourable outcomes. These include increased self-determination, autonomy, choice, home participation and community participation.[27] People with disability who live in individualised housing can also experience improvements in functional skills, mood and social relationships.[28] Decreases in challenging behaviours[29] as well as quality formal and informal supports have also been identified as important positive outcomes in individualised housing.[30] Based on this evidence, as well as findings from the Royal Commission, it is unsurprising that many people with disability – if given the choice – are opting for more individualised housing and support options.

[23] Clement, T., and Bigby, C. (2010). *Group Homes for People with Intellectual Disabilities: Encouraging Inclusion and Participation.* Jessica Kingsley Publishers.

[24] Wiesel, I. (2020). 'Living with Disability in Inaccessible Housing: Social, Health and Economic Impacts.' Melbourne: University of Melbourne. Available from https://disability.unimelb.edu.au/__data/assets/pdf_file/0019/3522007/Accessible-Housing-FINALREPORT.pdf

[25] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2020). 'Public Hearing 3: The Experience of Living in a Group Home for People with Disability.' https://disability.royalcommission.gov.au/publications/public-hearing-report-public-hearing-3-experience-living-group-home-people-disability

[26] United Nations Committee on the Rights of Persons with Disability (2019). 'Concluding observations on the combined second and third periodic reports of Australia.' UN Doc CRPD/C/AUS/CO/2-3. http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsnzSGolKOaUX8SsM2PfxU7sdcbNJQCwlRF9xTca9TaCwjm5OInhspoVv2oxnsujKTREtaVWFXhEZM%2F0OdVJz1UEyF5IeK6Ycmqrn8yzTHQCn

[27] Bigby, C., Bould, E., & Beadle-Brown, J. (2018). Comparing Costs and Outcomes of Supported Living with Group Homes in Australia.' *Journal of Intellectual & Developmental Disability*, 43(3), 295-307; Tichá, R., et al., (2012). Correlates of Everyday Choice and Support Related Choice for 8,892 Randomly Sampled Adults with Intellectual and Developmental Disabilities in 19 States.' *Intellectual and Developmental Disabilities*, 50(6), 486-504; and, Wehmeyer, M. L., & Bolding, N. (2001). 'Enhanced Self-Determination of Adults with Intellectual Disability as an Outcome of Moving to Community-Based Work or Living Environments.' *Journal of Intellectual Disability Research*, 45(5), 371-383.

[28] Marlow, E., & Walker, N. (2016). 'Does Supported Living Work for People with Severe Intellectual Disabilities?' *Advances in Mental Health and Intellectual Disabilities* 9(6), 338-351; McConkey, R., Keogh, F., Bunting, B., & Iriarte, E. G. (2018). 'Changes in the Self Rated Well-Being of People who Move from Congregated Settings to Personalized Arrangements and Group Home Placements.' *Journal of Intellectual Disabilities*, 22(1), 49-60; and, McConkey, R., Bunting, B., Keogh, F., & Garcia Iriarte, E. (2019). 'The Impact on Social Relationships of Moving from Congregated Settings to Personalized Accommodation.' *Journal of Intellectual Disabilities*, 23(2), 149-159.

[29] Emerson, E., et al. (2001). 'Quality and Costs of Supported Living Residences and Group Homes in the United Kingdom.' *American Journal on Mental Retardation*, 106(5), 401-415.

[30] Oliver, S., Gosden-Kaye, E. Z., Winkler, D., & Douglas, J. M. (2020). 'The Outcomes of Individualised Housing for People with Disability and Complex Needs: A Scoping Review.' *Disability and Rehabilitation*, 1-15.

1.4 Co-located apartments designed for people with disability

Prior to the NDIS in Australia several organisations were developing single occupancy housing for people with severe disability that is co-located in order to share support. Most of the housing developed by the Transport Accident Commission (TAC) over the past decade in Victoria is clusters of units that are segregated. However, in 2013 the TAC partnered with the Summer Foundation to develop an integrated model of housing in Abbotsford with 6 units peppered throughout a mainstream residential development. This integrated model of co-located apartments was developed to enable people with high support needs (including younger people in RAC) to be able to live in their own apartment but be co-located to enable the cost-effective provision of support. A similar model of housing and support was established in 2013 by the South Australian government in the Woodville West mainstream residential development.[31]

The Summer Foundation replicated the Abbotsford project with 10 more apartments in the Hunter region of NSW, which launched in 2016. In 2017, both housing projects were transferred to Summer Housing – an independent not-for-profit SDA provider established to replicate and scale co-located apartments in mainstream developments. Several other SDA providers are building SDA apartments in mainstream developments including Guardian Living, Enliven, Sana Living, AccessAccom, Ability SDA and Accessible Homes Australia.

Most SDA providers co-locate 6-12 apartments for NDIS participants within the same development. The rationale for this is that some tenants will become more independent over time and may no longer need to share support (e.g. overnight). According to providers offering this model, sharing support is still economically feasible if only 6 tenants need 24/7 support in the long-term.

Co-located SDA apartments were never envisaged as the only new model of housing needed for NDIS participants. The needs and preferences of NDIS participants are diverse, therefore a whole range of innovative and contemporary housing and support options are required. It was always envisaged that apartments would only suit a relatively narrow group of people who:

- Could be safe for a few hours on their own and reliably let someone know if they needed support

- Need a combination of 1:1 support and access to 24/7 on-call supports

- Are suited to live in close proximity to others and have the potential to be a good neighbour with supports

A diverse range of SDA is needed including housing for NDIS participants who need a higher level of support than those living in SDA apartments (i.e. participants who need line of sight support and cannot let someone know when they need support). There are also many NDIS participants who do not need access to the 24/7 on-call supports, but could live an ordinary life with 1:1 support and access to affordable housing designed to maximise independence and community participation.

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[31] Connected (2014). 'South Australian government and C-Bus power apartments for people with disabilities.' https://connectedmag.com.au/south-australian-government-and-c-bus-power-apartments-people-disabilities/

This contemporary model of housing and support for people with disability has scaled relatively quickly over the past 5 years. As of June 2021 there were 837 New Build apartments enrolled in the SDA market.[32] There are an estimated 913 additional places in SDA apartments currently under development.[33] Together, these apartments will offer housing for over 1,750 NDIS participants. All of these SDA apartments are likely to involve tenants sharing on-site support.

1.5 Outcomes of tenants living in SDA apartments

Co-located apartments for people with disability were originally developed on the premise that well-located housing with appropriate design, technology and support provision will result in a better quality of life, increased independence and reduced lifetime care costs for people with disability and complex care needs. Smart home and communications technology incorporated into contemporary housing alone has enormous potential to increase independence and autonomy and reduce support costs. However, while the NDIA aims to foster innovation in the supply of housing and support to maximise independence and inclusion in the community, there has been limited research to date that measures the outcomes of NDIS participants moving into new SDA.

La Trobe University and 15 industry partners are currently completing a longitudinal study to better understand the outcomes of NDIS participants moving into contemporary SDA-funded housing and the impact of the built form, technology and support.[34] The study utilises the 'Tenant Outcomes Framework', which provides the evidence base the SDA market needs to build housing that is cost-effective and fit-for-purpose. This study measures tenant outcomes across 3 years for over 300 NDIS participants living in a range of different SDA, and tests the assumption that well-designed housing will improve the lives and independence of people with disability.

Moving into and living in new SDA is a dynamic process and is expected to have ongoing and changing effects on outcomes as people adjust to their new way of life. The impact of housing on tenant outcomes is multifaceted and likely reflects the complex interplay between the support and housing needs of the person, their individual characteristics, social networks, past experiences, the built design and smart home technology incorporated into the dwellings, and the characteristics and quality of the support provided. This research is providing a comprehensive evidence base that captures the experiences and outcomes of NDIS participants who move into SDA and tracks these outcomes over time.

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[32] NDIA (2021). 'SDA Enrolled Dwellings and NDIS Demand Data.' Appendix P, Table P. 13, 20. https://data.ndis.gov.au/media/2770/download

[33] Housing Hub and Summer Foundation. (2021) 'Specialist Disability Accommodation Supply in Australia – November 2021.' https://downloads.ctfassets.net/blhxs4s3wp2f/3RIO3wYY3C55JIzMy7WcBc/17360c94e303a1df4050ac52331d2739/SDA_Supply_Report_2021_v7.pdf

[34] Winkler, D., Douglas, J., Oliver, S., D'Cruz, K., Naismith, J., Minter, E., & Liddicoat, S. (2021). Moving into New Housing Designed for People with Disability: Evaluation of Tenant Outcomes (Interim Report). Melbourne, Australia: Summer Foundation. https://www.summerfoundation.org.au/wp-content/uploads/2021/07/SDA001_Interim_report_Moving-into-new-housing-designed-for-people-with-disability-Evaluation-of-tenant-outcomes.pdf

Preliminary findings from the first 13 participants with post-move data available after their transition into SDA apartments reveal that co-located SDA foster positive outcomes for tenants.[35] The analysis found that there was a positive trend in quality of life and a reduction in support needs. There was also a statistically significant increase in wellbeing and community integration after tenants moved into SDA. These findings support the assumption that SDA fosters independence, social inclusion and community connection in ways that are not possible in segregated housing or group homes. The La Trobe University-Summer Foundation Tenant Outcomes Framework has been tested and validated. This research program is being scaled to include diverse NDIS participants living in a range of new SDA. Continued application of this framework over time will enable future innovation in housing for people with disability to be firmly based on rigorous evidence.

While providing quality housing is a critical first step, the quality of support provided in the home is a greater determinant of the tenant's quality of life than the built environment. In the next phase of research and development, the Summer Foundation and La Trobe University are working with a range of stakeholders to measure and improve the quality of support provided within new SDA.

Figure 3 – Inputs to and outcomes from co-located SDA

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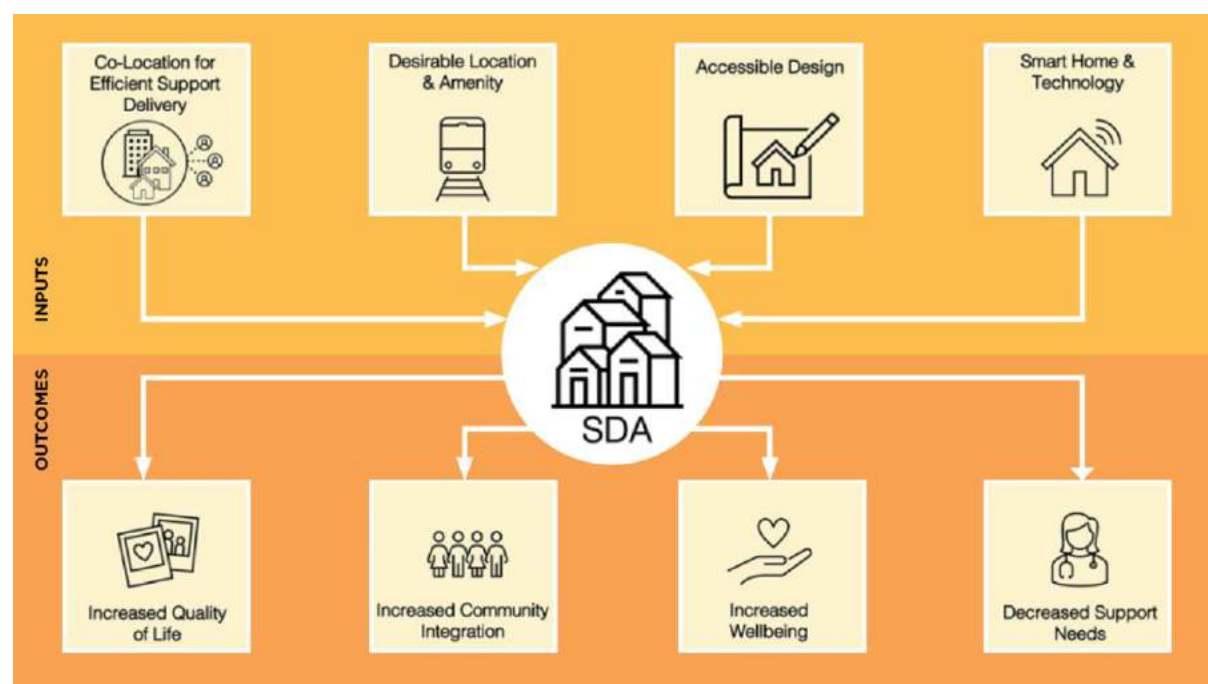
[35] Winkler, D., Douglas, J., Oliver, S., D'Cruz, K., Naismith, J., Minter, E., & Liddicoat, S. (2021). Moving into New Housing Designed for People with Disability: Evaluation of Tenant Outcomes (Interim Report). Melbourne, Australia: Summer Foundation. https://www.summerfoundation.org.au/wp-content/uploads/2021/07/SDA001_Interim_report_Moving-into-new-housing-designed-for-people-with-disability-Evaluation-of-tenant-outcomes.pdf

1.6 Delivering quality disability support

Individualised funding schemes like the NDIS aim to empower people with disability by giving them the choice and control in the delivery of their supports. Theoretically, this means that NDIS participants should be able to access high quality support services that align with their needs and preferences. However, despite the importance of support for people with disability, the evidence base around the determinants of quality support is scarce. La Trobe University and the Summer Foundation are working to address this gap by understanding the factors that influence the quality of paid support for people with disability, and identifying measurable indicators of 'good' support. The first phase of this study involved a comprehensive scoping review of the published literature from 2009-2019,[36] while the second phase involves in-depth interviews with people with disability, close others and support workers.

The scoping review revealed 6 interrelated themes depicting factors influencing the quality of paid disability support:

- Choice and control in managing and being involved in decisions on support
- Individualised support and a person-centred approach to support
- Personal attributes of support workers (e.g. empathy, respect and attitude)
- Competence of support workers (e.g. training, experience and practical skills)
- Positive relationship between person with disability and support worker (e.g. trusting)
- Accessing consistent support, including continuity of support, and funding availability

Preliminary analysis of interview data with 10 people with disability revealed support for the findings of the scoping review, and added depth with nuance and personal experience. Factors not captured by the scoping review include the importance of support workers considering the holistic impact of tasks on the quality of life for the people they support. For example, not taking care to position someone exactly as needed can lead to hours of pain and discomfort or a sleepless night. People with disability also reported that they valued support workers who wanted to do the role, rather than those for whom it was "just a job".[37]

These early findings indicate that the quality of paid disability support is determined by a complex mix of interrelated factors. They are also consistent with international agreements on the rights of people with disability such as the CRPD, research on individualised funding principles for housing and support, and the stated policy ideals of the Australian federal government. Further interviews will help reveal how factors may intersect, their relative importance, and the practical implications for policy and practice change, including for shared support in SDA.

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[36] Topping, M., Douglas, J., & Winkler, D. (2020). Factors that Influence the Quality of Paid Support for Adults with Acquired Neurological Disability: Scoping Review and Thematic Synthesis. *Disability & Rehabilitation*, 1–19. https://doi.org/10.1080/09638288.2020.1830190

[37] Topping, M., Douglas, J., Winkler, D. (2021). 'Factors that Influence the Quality of Paid Disability Support for Adults with Acquired Neurological Disability: Scoping Review and Preliminary Interview Findings.' Paper presented at the 6th Pacific Rim Conference of the International Neuropsychological Society, Australasian Society for the Study of Brain Impairment, and Australian Psychological Society's College of Clinical Neuropsychologists. https://www.summerfoundation.org.au/wp-content/uploads/2021/09/Factors-that-influence-the-quality-of-paid-disability-support-for-adults-with-acquired-neurological-disability-Scoping-review-and-preliminary-interview-findings-.pdf

As stated in the NDIA Home and Living Policy consultation paper:

> *For most people an ordinary life does not involve living in a house full of strangers you don't choose, entering aged care before you are elderly, or not feeling confident to look at other supports because you fear it could impact your current ones... But at the moment there are more people moving into group homes than moving out… We don't want that to continue to be the case in 3 years' time. We have heard that there are a lot of people living in large group homes, and think [people] could live successfully in more innovative and flexible arrangements.*[38]

This commitment by the NDIA to explore more individualised housing and support options is welcome.

1.7 Aim and method

Initial research indicates that co-located apartments integrated into mainstream developments have the potential to enable high quality and cost-effective support that results in good outcomes for SDA tenants. However, anecdotal evidence from SDA tenants, SDA providers and support providers suggests there are a range of challenges with how this model is being funded and implemented.

The aim of this study was to:

1. Listen to and document the perspectives of tenants, SDA providers and OSS providers.

2. Describe the key challenges experienced by tenants, SDA providers and OSS providers.

3. Identify potential solutions to improving the consistency, quality and cost-effectiveness of the disability supports delivered to tenants living in SDA funded apartments.

Participants

Tenants

SDA tenants who participated in the workshops and interviews were aged from their 20s to their 60s, and had come from a range of previous living situations, including residential aged care, group homes, and private homes. Most had been living in their SDA apartments for 1 or more years, and half of them were self-managing their NDIS plans. The main disability types included muscular atrophy, neurological conditions, and cerebral palsy. While 5 of the tenants indicated that they have the choice of choosing the shared support provider, 2 said that they did not have this choice. Across the 7 tenants, 5 different OSS providers were used, and 4 SDA providers.

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[38] NDIA (2021). 'Consultation Paper: An Ordinary Life at Home,' 13.
https://www.ndis.gov.au/media/3227/download?attachment

Table 1 – Tenant demographics

Demographics	Mean	Range
Age	39.9	27-64
Months living in SDA apartment	20.8	11-30
	n	
Males	1	
Females	6	
Disability types	*n*	**%**
Progressive neurological	5	71
Acquired brain injury	1	14
Cerebral palsy	1	14
Plan management (*n*=6)	*n*	**%**
Plan-managed	3	50
Self-managed	3	50
Mobility	*n*	**%**
Power wheelchair	6	86
Manual wheelchair	1	14

SDA providers

The 4 SDA providers in this study operate across Victoria, New South Wales, Queensland, South Australia and the ACT. Three are for-profit organisations, and 1 is a not-for-profit. Together, they offer over 600 SDA apartments for NDIS participants, with a further 170 in the development pipeline.

Table 2 – SDA providers

	Mean	Range
Years in operation (approximate)	6.3	3 - 11
Number of SDA sites/projects	15.5	4 - 40
Number of apartments	151	34 - 400
Number of apartments in the pipeline (estimated)	42.5	0 - 90

OSS providers

Of the 7 participating OSS providers, 6 are for-profit organisations, while 1 is a not-for-profit. Between them, they operate in all states and territories.

Method

In total, 3 co-design workshops and 15 interviews were conducted in July-September 2021 and audio recorded and transcribed. In the findings below, the names of tenants have been replaced with pseudonyms and alpha numeric codes have been used to designate SDA and OSS providers to ensure confidentiality. The de-identified qualitative data was analysed by the Summer Foundation research team. Thematic analysis enabled patterns in the qualitative data to be identified and core themes to be extracted.[39] Final recommendations will be drawn from the data analysis, grounded in the experiences of tenants, SDA providers and OSS providers.

Table 3 – Summary of qualitative data collection

	Co-design workshops (3 hours)	1:1 interviews
Tenants	6 participants	8 interviews
SDA providers	8 participants	–
OSS providers	8 participants	7 interviews

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[39] Braun, V., & Clarke, V. (2006). 'Using thematic analysis in psychology.' *Qualitative Research in Psychology*, 3(2): 77-101.

Tenants

One 3-hour co-design workshop with 6 tenants and a further 8 1:1 interviews with tenants. A total of 7 different tenants living in SDA funded apartments provided their perspective. Tenants who participated in this study were not necessarily connected with the SDA providers and/or OSS providers.

SDA providers

One 3-hour co-design workshop with 8 managers from 4 providers delivering SDA funded apartments in 6 jurisdictions across Australia.

OSS providers

One 3-hour co-design workshop with 9 managers from 8 different OSS providers delivering on-site support to SDA apartments in NSW, Victoria and Queensland. Seven 1:1 interviews were conducted with OSS providers who participated in the workshop to further explore the themes elicited in the co-design workshop.

Terminology

As a result of the range of different approaches to funding, structuring and implementing support across different NDIA local offices, SDA providers and apartment sites, in this study it was found that there is no consistency in the way in which tenants describe the support provided in their home. Within this report (unless we are quoting participants in interviews or workshops) we will use "1:1 support" to describe longer periods of support (generally >15 minutes) needed for activities such as personal care, cooking and getting ready for work. Support shared across 6-10 tenants living in SDA apartments is called "on-site shared support" (OSS) in this report.

The On-site Overnight Assistance (OOA) is an additional amount that is paid to SDA providers when an apartment is provided for use by support staff who provide 24/7 support services to SDA participants living in the same dwelling or same apartment complex. All of the projects referred to in this report had an additional apartment for support staff.

2. Tenant perspective

Tenants provided invaluable insights into how support is currently delivered in SDA apartments. Tenants valued the flexibility offered by having a combination of 1:1 and shared support and reported that they got better value from the resources in their NDIS plans. Tenants appreciated the privacy and opportunities for more independence afforded by living in their own home. However, they also reported a range of challenges including communicating with the NDIA and securing adequate funding for services. Many tenants are anxious about the lack of funding through the NDIS for essential supports.

There is also scope for better support for tenants during the transition phase and clear, consistent and regular communication from OSS providers. Tenants also reported a range of challenges including the attitudes of support workers, infringements of tenancy rights and privacy, inconsistent OSS staff and a lack of action from feedback and complaints. However, many of the challenges with support workers described by tenants are consistent with international research about the quality of disability support and are not specific to tenants living in SDA apartments.[40]

2.1 Description of housing and support

Tenants provided a clear description of how their support is provided and shared insights into their reasoning for choosing to live in an SDA apartment. Tenants discussed the value of having independence with support as required, which assists them to maintain privacy and autonomy, knowing that support is available when needed.

> *So what we have with shared support is we have [the] extra apartment which has a support worker there for [us] 24/7, so all the time, and if we need them for any reason outside of our normal planned supports, we can buzz them.* **(Alex)**

> *I live in my own apartment and independently ... there are supports on-site 24/7 who can assist me if I need anything when my own support staff aren't there.* **(Lee)**

> *All of the apartments are kind of scattered across the buildings ... it's not everyone just on the 1 level and – you know, which is great. [Just because] we all have a disability doesn't mean we're all going to get along, you know, and that we all want to spend our time together all the time.* **(Casey)**

> *I do need a lot of support but I like being by myself, the fact that I can call someone when I need them but have my own space. When I require a support worker to do stuff for me but at least 75% of the time, I actually don't need them. It's just unpredictable when I do need them so it's really great that I've got my own space, my own privacy to actually be alone, while I know that someone's still there… My life is completely different from 12 months ago.* **(Charlie)**

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[40] Topping, M., Douglas, J., & Winkler, D. (2020). Factors that Influence the Quality of Paid Support for Adults with Acquired Neurological Disability: Scoping Review and Thematic Synthesis. *Disability & Rehabilitation*, 1–19. https://doi.org/10.1080/09638288.2020.1830190

Tenants described a range of ways in which the support they receive was set up and structured. In some instances, tenants said that 1 support provider was chosen by the SDA provider to deliver all of the tenant's 1:1 support *and* shared support. These tenants had no say in the company providing support, the support workers hired or the specific support workers providing their 1:1 support. Tenants were dissatisfied with this arrangement. The following quotes highlight how having limited choice over support can contribute to poor quality support. Alex described that she feels that their OSS provider is looking at providing support in a similar way to residents of a group home rather than tenants in individual houses with a lease and tenancy rights and said: "That's not what we signed up for."

> *One component of the SIL which is most important is the 24/7 on-site service, or the shared support that covers all SDA tenants in a building. This means that if any tenant needs assistance outside of their personal care times, then there is someone on-site who can help them. This usually works well. However, under the model where the SIL provider runs both the 24/7 shared service and the personal care support, it can lead to the shared support component being misused… They like to roster on support workers over several tenants and if individual support times overlapped, then management was not happy. That's not how this works. I'm an individual living in my own apartment. What other people in this apartment building do should not affect me. It doesn't affect the able bodied people here, so why me? No one else here has to have their dinner half an hour after their next door neighbour, they can have it whenever they like. Only under this tired support model, I'm not seen as an individual person. I'm only seen as 1 part of a project that has to toe the line.* **(Alex)**

Alex also described additional problems with availability of urgent support that can occur when the 1 support provider delivers both 1:1 support and shared support. She shared:

> *At times here shared support has been used to fulfill individual personal support shifts which then renders the emergency backup service problematic. If we call the backup service and they're in the middle of a 3-hour personal care shift, then either we have to wait those 3 hours, or the person in the middle of their usual 1:1 shift has to stop the shift while the support worker tends to the other tenant's call. How is this fair? You could be in the middle of being helped in the shower while the support worker helping you needs to run off elsewhere. That's not what we pay for! Your personal care shift needs to have a support worker solely centred on you. They shouldn't be running off elsewhere to answer someone else's call. Also, if you're the person calling for backup support, you shouldn't have to wait hours for that to happen. I've been on the receiving end of both sides of this unpleasant situation.* **(Alex)**

> *I don't know how many times I was getting support for a transfer and they had to leave me in the middle of it in my 1:1 shift. Took me sickeningly back to the group home experience.* **(Jordan)**

However, most tenants interviewed were given choice regarding the company and workers providing their 1:1 planned support. Some tenants also had a say in the company chosen to provide OSS. Casey saw the opportunity to tailor support to the needs of each tenant as 1 of the biggest benefits of SDA apartment living with OSS. She described the advantages of "allowing each individual to have a choice over when they're supported and how they're supported."

How is OSS funded in SDA apartments?

Tenants also explained the many different ways in which the NDIA describes and funds support across different apartment sites. The way in which supports are funded is confusing and not transparent to tenants.

There are 3 types of support budgets that may be funded in an NDIS plan – Core supports budget, Capacity Building budget and Capital support budget. The budget for Core supports is generally the most flexible funding and funds the bulk of the support provided to tenants living in SDA. The Core support budget includes funding for consumables, transport and support for daily activities and social and community participation. However, within the Core budget some funds can be set aside for a specific purpose or stated items such as a Supported Independent Living (SIL) quote. Funds within these categories must only be used for that specific purpose. The Capital budget funds SDA and assistive technology.[41]

Tenants' experiences of support delivery and funding

Tenants shared a range of experiences that demonstrate the inconsistency and lack of transparency with support delivery and funding. One tenant reported:

> *I looked up [my plan] this morning – so the on-site support is in my Core but they've made a certain amount of NDIA-managed rather than plan-managed so the rest of it is plan-managed which means it goes to my plan manager and I'm able to access it. So I can't remember the proportion but I think it was... about $60,000 that was just taken out of the Core [budget].* **(Lee)**

Another tenant indicated that they had not paid for shared support through their NDIS plan:

> *What's happened is it's all in my Core [budget], so I've been funded completely in my Core to pay for on-site supports but [OSS provider] have not invoiced me. I've chased them several times, so I'm essentially living here without paying a dime because nobody is invoicing me. I've brought it to their attention… I've been here 12 months.* **(Charlie)**

Some tenants described how they have had to adapt and navigate new approaches to funding and providing shared support. One tenant shared that they have lived in an SDA apartment for 2 years and reported that the way in which OSS has been funded and the terminology used for funding and the name of supports has changed 3 times. The following outlines each of these 3 changes:

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[41] www.ndis.gov.au/participants/using-your-plan/managing-your-plan/support-budgets-your-plan

1. SIL funded support in NDIS plan for all support in the home

Both 1:1 and shared support was provided by the 1 support provider. The SIL provider was chosen by the SDA provider. All the funding for support went directly to the SIL provider, the tenant had no choice or control over which company or which worker provided support in their home. Tenants could use another provider for support with community-based activities.

2. Flexible funding for all support (1:1 and shared)

This provided more flexibility. The only on-site support allocated in the NDIS plan was for overnight support. If the tenant called the on-site support during the day, the NDIS was charged for 1 hour each call out even if it was a quick call. The tenant reported that they had to be careful and were anxious about spending the resources in their NDIS plan too quickly and being left without funding for essential support needed to remain in their home.

3. Tenants each pay one-sixth of the on-site support costs from Core in the NDIS plan.

The only reason some tenants can afford this is because of their current limited community access due to COVID lockdowns. This could become an issue when lockdowns end and tenants want to use more Core funding for community participation. Some tenants may not have enough funding in their NDIS plan to pay one-sixth share of the on-site support.

> *So after they signed on the dotted line, that's when they said: "Oh you've all got to pay one-sixth in shared support." We didn't know that until after the company was put in place.* **(SDA tenant)**

The current iteration of funding support for NDIS participants living in this development may not be sustainable beyond the pandemic.

Table 4 – Summary of themes related what works well and what does not from the tenants' perspective.

What works well?	What does not work well?
• Flexibility of support	• Communication with OSS provider and NDIA
• Choice of 1:1 provider and workers	• Attitude of some OSS workers
• Choice of OSS provider	• Providers understanding tenancy rights
• A say in selection of OSS workers	• OSS worker training on individual support needs
• Privacy	• Consistency of OSS staff
• Increased independence	• Transition is challenging
• Cost-effective support	• Lack of clarity and transparency in how shared support is administered
	• Anxiety about future funding for support

2.2 What works well?

Flexible support

Tenants valued being able to have more choice in their daily routine and having the flexibility of 24-hour support for smaller unplanned tasks or events. Many of the tenants shared examples of needing help for what could be described as small but important unplanned needs such as dropping their mobile phone and not being unable to pick it up or needing a glass of water. Typically these needs required only a few minutes of support at a time. For Robin, shared support means that she is "not always worrying if she has completed all of her activities while her [1:1 planned support] team is on". Alex emphasised the importance of recognising the uniqueness of each person and their personal context, and having a flexible support program that reflects their individual needs.

> *There needs to be a recognition that everyone's going to need backup support. They like to put disabled people into a box that we don't do much and we like routine. Everything stays the same day-in day-out. But it doesn't because we're like everyone else. I mean you might want to sleep in 1 day or you get a call and you go, "oh right, I'm going to go visit this person" or "I have to go shopping I need this" – things change. So having a regimented roster of care doesn't necessarily work on each day, because you can't do 365 days roster of care, and you don't know in advance what you're going to do 6 months down the track or 125 days from now.* **(Alex)**

Choice of 1:1 support provider

Some tenants reported that they had to use the 1 on-site provider for all of their supports when they first moved into an SDA apartment. Tenants valued being able to choose and manage their own team of support workers. Charlie shared how they manage their support workers with complete control over recruitment of the 1:1 support hours:

> *I am in a very privileged position to be able to hire my support workers directly. Most people don't do this on the NDIS. I've found that's something that really works for me. My 1:1 supports, I just literally text them when I need them. They've got their rostered supports but if I need to change anything 'cause you know how radically my life changes quickly. If I'm tired, I give them a text message "I want to go to bed early tonight, is that cool?" and they'll come a bit earlier. So, they do most of my grunt work, the really difficult stuff for me. The on-site support really do the basic stuff. The repositioning is probably more difficult but it's just impractical to have 1:1 supports every night.* **(Charlie)**

Lee reflected upon the lack of control they have over the recruitment and management of their shared support staff compared to their 1:1 support staff. They said:

> *On the 1 hand you've got your own [1:1] support staff and… up to a point you've got total control over that and on the other hand you've got the on-site support staff who you've got no control over.* **(Lee)**

Alex initially had a very different experience to Charlie and Lee with little choice in the provision of 1:1 supports:

> *I've been forced into a model that doesn't work. I mean there's some people here that use the shared support company for their 1:1 support, but that's their choice. It's not forced on them. You should have choice in any of your 1:1 support, whether it's community access or personal care, you have a choice on that, because that's your most intimate support. And of course we all recognise we have to give up some level of control in the sense of having the 1 company do shared support over 6 or 10 tenants. But then it's usually majority rules and you get the choice.* **(Alex)**

Like most of the other tenants in this study, Alex no longer relies on the OSS provider for all of their supports:

> *I hire them myself. I don't trust support companies to be able to provide the flexible support that I need.* **(Alex)**

Tenants reported that having choice and control with the recruitment of support workers better enables them to have flexibility and the quality of support they need.

Choice of OSS provider and workers

Tenants emphasised the importance of "actually having a say in who the support workers are, as well as having a say in the provider" (Alex). For shared support, tenants reported a range of experiences in having choice in the selection of the OSS provider and/or the shared support workers. Casey reported that: "When I did move in, we did have a say of what company or organisation was going to be the on-site provider. So that was good. We could do a little bit of a vote." However, Casey also stated that 1 improvement would be:

> *Having a bit more control about who is hired… meeting the people before they are hired and having that choice over who is working with us as well. In the past there's been someone that's been hired and there are a few people that weren't that happy, just because, you know, of [their] attitude. But we didn't really have that choice or that say. It's just kind of like the staff that are hired ongoing.* **(Casey)**

Lee talked about their experience about taking more control of the selection of the on-site support provider: "I told the staff from [OSS provider] that the tenants had actually decided which agency to go with and they were really surprised. They didn't have any idea that the tenants actually had something to do with the process" (Lee).

One tenant shared the following example of tenants working together in an attempt to have more choice and control over the selection of the OSS provider and shared support workers:

> *The tenants took the lead on changing the SIL provider. The SDA provider didn't get involved to start with but got involved eventually and chastised tenants for taking the lead on their own. There is limited choice due to not enough funding. The SDA provider chose the SIL provider as they said the SIL provider would be big enough to wear the gap in funding but once the SIL provider started they asked for one-sixth of the cost from each tenant.* **(SDA Tenant)**

Tenants reported that they value having a say in the process of recruitment of the OSS provider and workers.

Privacy

Tenants enjoyed having more time alone both during the day and overnight. Marcus reported that he enjoys the flexibility and freedom of having shared on-site support that he can access as needed. Because of his physical disability, Marcus requires physical assistance with tasks such as toileting, showering, preparing food/eating and taking his medication, however at times this assistance is only needed for a few minutes. Some tenants are enjoying the freedom and independence of not having a support worker with them all the time, but rather called on as needed:

> *There is just more privacy with living alone and having carers on-call rather than at scheduled times.* **(Marcus)**

> *But, you know, there's times where you have friends over or family over or a partner over and you want your own space and your own time. So it makes that hard when you've got someone there with you 24/7.* **(Casey)**

> *I think this whole area of privacy and independence is very important, and could be explored more. People describe it in lots of ways but (I think) was a strong reason for liking the model for everyone.* **(Lee)**

Independence

Tenants talked about the increased opportunities for independence associated with living in SDA apartments, compared to their previous living environments. Lee reflected on the degree to which skills were lost while living in residential aged care, prior to moving into SDA:

> *I have to relearn how to eat with people 'cause I never – I gave up. I ate by myself for so many years and the activities, something that are age-appropriate so you don't get involved in those.* **(Lee)**

Casey described how not having staff in your home 24/7 fosters independence and capacity building compared to a group home environment:

> *There are some things I can do on my own that, you know, some – maybe some support workers might do just out of, like – just helping because it's, you know, the right thing to do, but it's kind of – it allows me to make decisions to do things on my own when I want to and when I can.* **(Casey)**

Jordan provided a different perspective on the support received in a group home:

> *I never got that much support in my group home. I had to fight for the everyday support I needed.* **(Jordan)**

Another tenant described how having on-site support gave them confidence to tackle household tasks that they find challenging:

> *I'm going to be able to try stuff that I wouldn't do if I didn't have that peace of mind that you were there. Because I can – you know, I can take risks and I can go, it's all right, because if I mess that up or if something goes wrong, they're there. I'll be able to call. They'll come and help me out of the pickle.* **(Tenant, via OSS provider)**

Casey loved the independence afforded by an SDA apartment:

> *For me, independence is the most important thing. That's all I want. I just want to live on my own, I want to have my own life and, you know, make my own choices and do everything that I want to do. So I think for me having independence is honestly the most important thing for me. I just – I think that once you – like, growing up it's all – like, I've always wanted to move out of home, whether it be with friends or on my own.* **(Casey)**

The tenants valued the opportunity for independence afforded by moving into co-located SDA apartments with OSS.

Cost-effective support

Tenants described how a combination of 1:1 support and OSS is cost-effective for them:

> *I literally cannot do hardly anything for myself. Like, I can't wipe my nose, I can't – unless things are exactly in the perfect position. So, that being without – if I was in a regular position without on-site support, I would require someone with me almost 24/7 now. I'm at that point in my life and I just – I don't like people being around me all the time. I feel so smothered and I don't feel comfortable because I can't just chill out and watch television. I have to feel like I'm entertaining someone even though they're paid to be there… It's very cost-effective because it's got 1:1 supports, there's all the benefits of privacy, knowing the support is available and just to be able to have – give people the opportunity to be able to live independently is so, so important. It was something that I never believed I would be able to do. I just assumed that when my parents couldn't look after me anymore that I would go into a nursing home.* **(Charlie)**

Lee requires the assistance of 2 support workers to transfer in and out of bed and the following quote highlights the improved cost efficiency of providing this support by a combination of 1:1 support and OSS:

> *I need the assistance of 2 support workers for transfers so if there wasn't the on-site support I would have to have 2 people front up in the morning [and] in the evening. Then – so at the moment it's simply when my support worker rings I just ring [OSS provider]…It's just so much simpler than having to have 2 people.* **(Lee)**

The following quote from Casey highlights the everyday reality of having access to on-site support and the potential of shared support as a cost-effective approach to meeting complex support needs:

> *When we do just say emergency support, it does sound so irregular. Whereas if they were to really factor in how often people do call on them, and how much money it is saving them, sharing that support between 10 people, it's – it adds up so much… When they're not living, you know, in our shoes it's hard for them to really see how regularly we do call on them, and it is saving them money. It's saving the NDIA money because we're all sharing that support. Instead, if I didn't have that, I'd have to have someone here, you know, near 24 hours a day. So – which, I don't want, and they don't want to pay for.* **(Casey)**

Tenants provided valuable insights into the cost-effective nature of the OSS provided.

2.3 What doesn't work well?

Communication

Lack of clear and consistent communication from the OSS provider was a significant issue for tenants. Jordan said: "A big thing is poor communication." Several tenants described a lack of communication from the very beginning of their move to SDA with little clarity about what the OSS provider was there to provide and what should be provided by 1:1 supports:

> *Two years ago I wasn't really sure what I could ask for assistance with. But I think that was more on my end, just because I felt bad asking questions… It wasn't until I was talking just randomly with 1 of the on-site workers and she said: "We can help. If you want more time to yourself, we can help with that. You don't have to have someone here from, you know, 3 'til 11 at night. If you want to go to sleep at 3 o'clock in the morning, we can put you to bed." So there isn't really anything I'd change now to organise my funding better, just because over the 2 years I have kind of worked on getting that sorted. But I think right from the start just more clarity… So what was important to me was having time to myself or time with friends, and not needing someone there. So I think that, you know, especially in the afternoons after work, after work all I wanted to do was just watch Netflix and do nothing and talk to no one and zone out. So I think it would have been nice – you know, the first year I didn't know that I could not have someone there and that I could kind of go to bed when I wanted to. So I think right from the start it would be good to just have a bit more discussion around what the person's goals are and what they are really wanting and what they consist, rather than just, "we're here for emergency" and that's it.* **(Casey)**

Alex reported that the function of the OSS provider was communicated at the start of moving into SDA however there were ongoing issues of inconsistent messaging and confusion:

> *[The role of OSS provider] was verbally communicated to us at the start. Then there was a little bit of I guess confusion about what the emergency service was – or backup service was, and then our regional company sent out an email at some point saying that no, it's only for emergencies. You're not meant to call us if you want a cup of coffee, things like that. It's only for an emergency and you need someone now. And we said "no, it's not – that's not how it works. This is how it works." And they sort of retracted that, and said, "yeah okay"… It was confusion for them what it all meant, even though they communicated with us at the start what it all meant. But then they thought people were abusing the system, so they wanted to just be for emergencies and we said "no that's not exactly what it's for."* **(Alex)**

Similarly, Lee reported that:

> *After a few months of wrangling, I eventually got a list from the on-site shared support provider about what they would do and wouldn't do. The main thing I call them for is when I drop my phone, going to bed and getting out of bed. I was actually surprised about the list of things they would do.* **(Lee)**

Tenants wanted much better, individual communication from the OSS provider to each tenant:

> *It's an issue for me when external organisations go through on-site support as a convenience… Communications filter down through the on-site support provider. For example, if the apartment block gets locked down for COVID, the Department of Health goes through the on-site support provider to communicate to the tenants as a group rather than individual tenants. It can feel a bit jarring.* **(Lee)**

Lee, Robin and Jordan would like the OSS provider to keep them informed of new staff and make sure new staff are informed about the support needs of tenants:

> *The on-site staff are fine, but the organisation does not tell tenants much about anything. I made a request that they tell them when a new staff member starts – I think that's a basic thing we should be told – they have a master key to our apartment! Also, if you call during the night, it is good to at least know something about the person before they knock on your bedroom door.* **(Lee)**

Robin described the challenges of meeting new staff for the first time in the middle of the night:

> *Sometimes when they are new and they've never met me, when I'm really tired, some new people spend half an hour at 3am asking me to repeat myself… it's not their fault but I feel they need to know me and who they're working for.* **(Robin)**

> *They're changing staff so often I can't keep up with meeting new staff.* **(Jordan)**

Tenants reported that they would like a copy of the shared support roster so they know who is coming into their apartment that week. For Casey, OSS working well would involve:

> *Constant communication and checking in, and making sure they know everyone is different and may need different communication styles. Someone might want an email, someone might want a text. They need to get to know the way everyone prefers communication. Regular honest feedback between the tenant and the on-site shared support provider is required. Checking in with me with updates or if there are going to be any major changes.* **(Casey)**

Tenants also reported that communication with the NDIA was generally very challenging:

> *There was a particular team that was set up when it became a very, very, very high priority rather than just a priority for [NDIA] to get young people out of nursing homes. So after the Royal Commission they set up a team that dealt with young people in nursing homes. They were very, very passionate about getting young people out. And so I had a lot of contact with her. She still rings – there's no specific purpose now, she still rings me just to see how it's going… well until I'd been part of that team I had absolutely no trust in NDIA… You really can't base anything with the NDIA on trust because it's so individual. You have a person who you trust then it might change the next day so you just – yeah, you can't sort of assume anything with NDIA, it's just a bureaucracy.* **(Alex)**

These tenant insights suggest that communication in this context is complex. These insights also highlight that more clarity is required regarding processes for communication between different parties, and regarding the support being provided by the on-site support provider. Tenants provided some really valuable insights into how communication with the OSS provider could be improved.

The perspective provided by tenants highlights that communication from OSS providers is an important factor in establishing and maintaining effective on-site support. Tenants expressed a desire for communication to be clear, consistent and tailored to individual communication needs and preferences. Clear communication from the OSS provider regarding the type of support provided, as well as the staff providing support, will assist tenants to utilise on-site support in an effective way. Tenant insights also highlight that there is a lot of scope for improving communication between the NDIA and tenants.

Attitude

Several tenants reported that the attitude of some OSS workers at times made their life challenging. Casey identified the attitude of the on-site support staff as the biggest challenge for them and described what it felt like:

> *Attitude's a big 1, and just kind of a little bit of self-reflection on their end… I think for me the biggest thing with on-site [support workers] is they can come in and – even just like a little thing, like rolling their eyes or when you ask for something, or – like it's just too much effort… I think that the most important thing for me is the attitude, because it just can really make you feel – I don't know how to word this without swearing – it can make you feel not very good about yourself when, you know, they're kind of not frustrated but a little bit whingy, I suppose, about doing their job... it's not even asking for anything big, it's just maybe you might have to do something twice because... something wasn't done right the first time, or something, and I think for me – like, that could just be myself, but I think for me, attitude is a big, big thing. You know, because we don't want to be asking, really, if we don't want to. You know, I don't want someone to have to come up and help out, but it's just the way it is. So it can make you feel pretty crappy. Sorry. But it can make you feel pretty crap if their attitude isn't – you know, isn't reasonable, I suppose.* **(Casey)**

Charlie also shared their experience and the impact of the attitude of support workers:

> *Some of the attitudes of the support workers, just these particular ones, that they don't particularly take too kindly to some of my lifestyle choices… It's just slightly attitudinal and I think even some of them are a little bit even: "Oh my God, you're having sex? Oh, oh, okay, yep, okay." It's just that still attitudinal disability, feeling like cotton wool or they've got to look after you which they kind of do, you also need that freedom as well.* **(Charlie)**

> *It's slow violence. It's micro aggressions that get me. When you ask for something and you get disapproval in their tone.* **(Jordan)**

Jordan's perspective was that the attitude of some workers is related to the fact that "disability is seen as an unwanted job for many":

> *Support workers not having enough work security and that in turn means us not having much choice in support workers I feel is important.* **(Jordan)**

> *It's a social issue, I use the word "infantilising" (though many people haven't heard it before) because "patronise" doesn't sound big enough and "ableism" is too broad. It's in the very way we think, and we all need to think differently, more open in order for this to work.* **(Jordan)**

Lee reported a more positive experience with the OSS provider, noting that most of the support workers listen and take the time to understand what is comfortable when providing positioning support:

> *It seems they've been told about the attitudes they should show. They need to start with the right attitude, for example, physical comfort about how to transfer correctly for each individual, they need to take the time to listen.* **(Lee)**

Tenancy rights

During the co-design workshop all tenants agreed that workers from the OSS provider and various maintenance people did not seem to understand that the SDA apartments are private homes and that tenants have a tenancy agreement and tenancy rights:

> *A big thing is poor communication and not respecting that these are our private homes. Once we had a nurse come from the shared support company, we had no idea they were coming. I was in the middle of a psychology appointment on Teams at the time. First they buzzed and then they knocked. I didn't let them in, but it was still very disturbing… Here I had people come in, but I have stomped on it pretty hard. Then a person from the accessible tech company let himself in, he said he knocked but both me and my support worker didn't hear him and he should of still waited to be let in. I have complained to the company and [SDA provider] twice but no reply. It's never ending and very exhausting.* **(Jordan)**

> *The tech person just entered my apartment without notice – I was being hoisted at the time. Another time, the same tech provider came in with the on-site support because they thought I wouldn't be home. At times on-site support workers have just walked into my apartment thinking it was someone else's apartment or the overnight apartment.* **(Alex)**

Tenants reported that the attitudes of support workers can contribute to tenants feeling constrained in their daily lives and uncomfortable expressing their specific basic daily needs to some support workers. Only 1 of the tenants shared a positive example of an external provider respecting the rights of the tenant:

> *Someone from the on-site support service messaged me (when they knew I was out) to ask if it was OK for someone to come over and look at the electrics. I thought that was really nice, being asked, I felt like it was my own home.* **(Robin)**

Unfortunately, Robin's experience seemed to be the exception rather than the norm.

Training

Having on-site staff trained and competent to provide the specific support needed was a significant issue for tenants. Ashley stated that "staff need the right training." Jordan agreed and reported that the on-site support:

> [Is there] day or night when you need support but 1 of the key issues with it is around the training. Even though they've had training, they're not necessarily trained in your particular needs… They aren't necessarily trained with each of the tenants, so it's a bit useless if you need specific support like help using the toilet… They aren't trained with individual tenants and often don't really know us. **(Jordan)**

Charlie, Robin and Casey also shared examples of where more training and tailoring of support was needed. Charlie said:

> Sometimes they just throw someone in with absolutely no training so they have no idea what to do. That can be a bit annoying because for me, what I utilise most of my on-site support for is repositioning in bed so if they have no idea how to do it, it essentially means that I don't really get to sleep that night. **(Charlie)**

While Robin commented: "The on-site shared support staff need more training about our equipment and how it works" (Robin). Casey said:

> For me, the most important thing is when I'm put in my chair, I need to be sitting properly because it enables me to do a lot more on my own. So I think that just taking the time to show them that and to just shadow maybe 1 of our main support workers would be good… The person in 1 apartment has a sling on this way and is completely different to the way that I do it. What is fine for someone else or what you've been shown can be, you know, painful or uncomfortable for 1 person and fine for the next… It would probably be even more productive with the time because we're able to show them directly, exactly what we need and how things are done, rather than it being rushed and then having to come back later. **(Casey)**

Lee reported that initially they "had the advantage of moving in first so they got to know me well." Lee would like workers:

> "Who know the routine or at least – if they're new, have been introduced… They should do shadow shifts. They have just been thrown into the whole thing and you are thrown in as well. If you call them at night you have someone coming in when you were in bed and you don't know them, basically. It's a bit strange. **(Lee)**

> *Support workers need to be trained on how to get to know the people they work with, not just the routine – what you want, how you speak, that makes a massive difference. Once they understand my speech pattern I don't have to go into so much detail trying to explain everything. I want to be treated like an equal, that's what I really want in a support worker. I am close with the people on my core team and it's not so hard for me to explain what I want. I know they will listen patiently for me to get my message out (I am not a fast talker) and not try to finish my sentence.* **(Robin)**

These tenants emphasised the inefficiencies and frustration that come from support staff who do not know them and their needs well. This can have negative impacts on their lives, such as discomfort or loss of sleep. These tenants reported that more individualised training specific to individual tenants is needed.

Consistency of support staff

Tenants emphasised the importance of having a consistent roster of staff where possible. Alex reported that when she first moved in:

> *We were treated like a group home, there was no consistency in our rosters. If another tenant's time changed, then it would affect who worked with me. Having the same worker on the same shifts never happened, so it was difficult to get any sense of routine or familiarity. Speaking of changes, at times I have been forced to change my allocated personal care shifts to other times so that it fitted in better with other tenants so that it was easier for management to roster on supports.* **(Alex)**

However, Alex recognised and appreciates the current consistency in the OSS staff: "Now they've pretty much got the same person doing Monday night, Monday afternoon, the same person doing Saturday mornings. I generally know who it's going to be unless there's some hiccup" (Alex). Similarly, Lee reported a period where the staff providing support was very inconsistent:

> *We had about 3 or 4 months where there was really high staff turnover and it was difficult… There wasn't any sort of email or anything introducing people or even saying – let alone saying "someone'll be on tonight". Probably they didn't know 'cause there were quite a few casuals at that time.* **(Lee)**

However, Lee has also experienced some positive changes:

> As time has gone on, the staff have become more knowledgeable, the team has become fairly stable and they've developed their knowledge and most of them are really nice people as well. **(Lee)**

Transition is challenging

Some tenants described the huge learning curve involved in moving from the family home or aged care into an apartment:

> It is important that NDIS allows sufficient hours for transition supports.
> For example, I had extra physio, OT, to develop my skills and strength. **(Casey)**

> Moving into my own SDA apartment has been an ongoing lesson over the past 2 years on not only learning to live an independent life away from family, but also what rights I actually have as a person with disability. I had the usual nerves and trepidation that come for anyone who is moving into a new home, but I also had a few added issues thrown on top of that. Previously to moving into my apartment, I had never used a support worker, nor had I used any disability centred equipment, except for my wheelchair. I had no idea what to expect with either. **(Alex)**

> I think it is a little bit difficult because you don't – when you first move in or from a nursing home like I did, you don't really know what your support needs will be and I probably underestimated a bit how much I would need in my budget for my individual supports… I suppose there's things that you could do by yourself but I mean like I had to learn to use the trams, a wheelchair-user and I suppose I could have had no-one or someone else come with me but it was really good to have someone who was a support worker who'd done that before come with me to test out each of the lines…
> It's not quite that simple but it's nice to have someone to show you the first time. **(Lee)**

Feedback & complaints

Tenants described a range of experiences in providing OSS providers with feedback and making complaints. While some tenants felt encouraged to engage with the OOS provider, they did not think any action was taken as a result of feedback:

> *We are encouraged to talk to the team leader, or the coordinator, but I think nothing's really done. I'm very lucky that I do get along with them well, but just from other people that I have talked to. I know someone who has had a lot of trouble with 1 person. Well, a few people have had a lot of trouble with 1 person in particular, but nothing's ever done… It's just hard, because it is our home, it makes it difficult when there is someone that's coming on and you're kind of dreading that person being on.* **(Casey)**

Tenants made it clear that making a complaint is not easy for someone so reliant on paid support in their home:

> *You could make a complaint, of course, but lots of small things don't warrant a complaint, it's significant you know you tend to keep your complaints for the significant things rather than the things, "oh I didn't like that attitude" or something like that.* **(Lee)**

One tenant described the process of changing providers when issues could not be resolved. Unresolved complaints and conflict with the OSS provider had a detrimental impact on health and wellbeing:

> *It kind of worked okay in the beginning, but our relationship – my relationship with that SIL company broke down fairly quickly...after a while I didn't really want to go out at night because it did take a lot of my energy and I did suffer a lot of anxiety with this company, so I didn't do as much over the first year. It was kind of annoying because now for 2 years I haven't been able to do much because of COVID now, so it's been quite restrictive for me. I've been here for 2 and a half years now. So from the beginning of last year – it took about a year to go through the process of trying to get my 1:1 supports away from the original SIL company and just have the shared support component with them. That took a lot of time because I had to go through a complaints process with the SIL company and then go to the [NDIS Quality and Safeguards Commission]. And eventually in February this year I did get my 1:1s under my own control. So it took a while, but I did manage to change the model… It's more the management of the company, because they're the ones in charge of doing rosters. So I have a huge amount of stress with that company to the point I was sent to the cardiologist because my heart rate was going sky high whenever I'd get an email from them. My GP thought, "maybe we should just check this out." But it all came back as stress. So that was quite a lot of stress with this company, so I'm glad they're gone. I'm a lot more relaxed now*. **(Alex)**

These tenants describe the significant impact that poorly delivered disability support in the home can have on the wellbeing of SDA tenants. Four years after the first NDIS participants moved into new SDA funded apartments, it seems that there is a huge range in the coordination, consistency and quality of support provided in SDA apartments.

2.4 Types of support provided

The way that tenants described the model of support was consistent with the modelling described in a recent NDIA analysis of SDA and support costs in SDA apartments.[42] The varied terminology used to describe the shared support to date such as "concierge", "emergency", "back-up" "duress call-outs" has been unhelpful and implies that the on-site support provided is not absolutely essential or used on a daily basis.

Tenants are receiving a range of support from the OSS provider including brief periods of planned support and ad hoc support. Casey described the support as:

> *Allowing each individual to have a choice over when they're supported and how they're supported. But also I think really when they are explaining the model to people I think it's good to know that it's there for emergency support, but it's also there for the kind of ad hoc supports and unplanned, coverage when things do go unplanned. I think for me the main thing was – what really sold it for me was I could be supported when I needed to, but I could have my own space and I wasn't going to be left if someone didn't show up for a shift. And on a Monday morning if [support worker] didn't show up I knew that I was still going to make it to work because on-site's there. So I think really just emphasising the flexibility of it all, and the independence, once again.* **(Casey)**

One tenant described a practical triage system for engaging shared support that was built into the technology available in their apartment that worked well for them. The tenant used a tablet or phone to request support that had a traffic light system.

Green: Need support but not urgent (e.g. have dropped a pen or need a drink, but no rush)

Orange: Need some help within the next 15 minutes (e.g. need to go to the toilet and cannot wait too long)

Red: Need assistance immediately (e.g. positioned precariously and will fall out of bed if you don't come)

Other tenants described how useful it was to receive a text message back from OSS workers to indicate when they would be there. The tenant then had the opportunity to indicate if they needed more urgent assistance:

> *I'm very lucky that where I am, on-site will let you know how long they're going to be. Like, if they're with someone they will say, you know, "I'm going to be 20 minutes. I'm with someone else, I'll be around 20 minutes." I think the main thing for me is the attitude, to be honest.* **(Casey)**

> *It's very funny because 1 of my support workers that does come here, she said: "Do you actually read your text messages?" I said, "look, most of the time, no. I just hear for the ding knowing that you're coming because you've sent the text message," and I said, "but if I haven't heard from you guys for about you know, 10, 15 minutes, I will check the message, going, 'oh, what's going on?'."* **(Charlie)**

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[42] Cullen, D. (2021) Comparative analysis of total SDA and SIL costs. Presentation to the SDA Roundtable 20th August 2021.

2.5 Coordination of 1:1 and on-site support

Tenants were asked how their 1:1 support with the OSS was coordinated. The following quotes provide insights into the experiences of 5 of the tenants, each of whom have separated their shared support from their 1:1 support:

> *I have tried using the same provider for 1:1 and shared support in the past but have found it traumatic and it didn't work as well as doing it myself. There were often shifts that weren't covered or unsuitable support workers… [Now] I'm managing my own 1:1 support and yes I do communicate with the on-site provider... I'll always update on-site with anything that needs to be updated. So if 1 of my main supports calls in sick or something, they are there to help out, which is great. But I always just communicate that with them. But the backup is really rarely trained in my needs.* **(Jordan)**

> *There's not really much organisation that needs to happen. I have my individual support for pretty much all of my support needs except going to bed or getting out of bed and just call them when needed. I never wanted any sort of discussions between the 2. I was thinking about that this morning, I suppose if I got really sick. I really don't know what the purpose of them talking but I could see there would be times when liaison would be needed. But having said that, I tell them "ring my mobile, ring the intercom."* **(Lee)**

> *I think most of them don't even know who my [1:1] supports and [shared] supports are. They don't really need to meet. We don't need that supervision. So, we don't need a communication book or anything like that. It's essentially 2 different services coming in. There's no need, not in my situation. Maybe in others but definitely not in mine. If I'm sick or something like that, absolutely, my core support can let [OSS provider] know: "Look, she's quite asthmatic today. Can you check on her or if you haven't heard from her, just send her a text, see if she needs Ventolin" but I haven't had that situation yet. I'm big enough and ugly enough to let them know when I need help. I don't need someone to tell them that I need help. They don't generally overlap much at all. I've given all of my 1:1 support workers the [OSS provider] number. The only time they've ever had to call them was that emergency time… to let them in or if they've forgotten their key.* **(Charlie)**

> *I have 2 providers that I use – 1 of them is quite big. I know that if I do need a hand or if I can't get a shift covered, they're there to help out. But for me, self-management allows me to be in control of when and who I have working with me. It was suggested I go agency management, but I think for me it just makes sense to do it myself because I can. And it allows me to be more flexible as well and pick who works what shifts and move things around. I do everything myself on that end. I like my own space so I will schedule my shifts for when I need them. But I do have the flexibility, luckily, of banking some of the hours and there will be times where I do need someone for longer, or if I'm unwell or something. So I can move that around, so luckily I can be a bit flexible. Not overly, because of the funding, but I just manage my hours how I need.* **(Casey)**

> *It can be difficult. I say it would be good to have 2 people at peak times, I guess, like lunch time, because you would get a little bit more support. That never happens, because it's only ever 1 person. It would be nice during peak times. I try to have my lunch later in the day, because everyone else is buzzing around 12.* **(Alex)**

Tenants report that the coordination of support works well when 1:1 and on-site support are from separate providers and managed by the tenant. These services operate independently, without having to liaise with each other, as long as the tenant is willing and able to manage the 2 services.

2.6 Time waiting for on-site support

Tenants had mixed experiences and perspectives on the amount of time that they wait for OSS:

> *The on-site shared support service is generally ok, with a wait time no more than 15 minutes. I find them quite good at spreading themselves out across 10 people… If they're busy I'm happy to wait for 15 minutes. That's the longest it tends to be*. **(Lee)**

> *So, right now, it's super simple because I know that there's not many other tenants and these tenants don't tend to need care around the same time I need care but I, I'm going to have some concerns once the complex is full. Not that I'm super demanding, like, I'm happy to wait if I need to. It's just about communicating. So, at the moment, like, I text them using Siri and I get a text message back and it's basically, "ok, see you soon," or something like that and sometimes you have to wait 15 or 20 minutes. It can be anywhere from 2-20 minutes if they are with someone else. It's about communicating better around timeframes of – "I'm with someone right now, we'll be with you within 15," or whatever.* **(Charlie)**

Jordan's experience was quite different:

> *They are often busy with another client. They can be busy. I sometimes wait 30 minutes. If you need to go to the toilet, you may not be able to in 30 minutes.* **(Jordan)**

Jordan described the impact of this waiting as "Eating away at my life."

Table 5 – Examples of shared support and 1:1 support identified and mapped to the support and cost modelling described by David Cullen (NDIA)[43]

Supports delivered by on-site shared support providers (examples provided by tenants)

Scheduled support
- Going to bed
- Taking regular medication
- Quick meal preparation
- Repositioning during the day or at night

Ad hoc support
- Going to the toilet
- Positioning tissue for blowing nose
- Drink of water or coffee
- Snack preparation
- Heat up food
- Heat up wheat bag, applying
- Repositioning for pain relief
- Positioning drink, snack or straw within reach
- Opening food packaging
- Getting to work when your 1:1 support for getting out of bed does not show
- Dropping something you cannot reach (e.g. phone, pen, remote control)
- Put a jacket on or off
- Assisting with the receipt of larger parcels
- Transfer back to bed when unwell or when a rest is needed
- Providing 2 workers when tenant has 1:1 supports and 2 people are needed for transfer
- Taking irregular medication for asthma, hay fever, pain relief, temporary illness etc

Emergency (non-medical) support
- Preventing or responding to falling out of chair
- Preventing or responding to falling out of bed
- The fire alarm in the building goes off
- Lifts break down – ensuring basic needs are met
- Illness can quickly become serious without proactive intervention for some tenants

Supports delivered by 1:1 planned support providers (examples provided by tenants)

Scheduled support
- Getting out of bed
- Showering
- Getting ready for work
- Grocery shopping
- Community based social or leisure
- Going to work
- Managing dressings for pressure wounds
- Cooking meals

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[43] Cullen, D. (2021) Comparative analysis of total SDA and SIL Costs. Presentation to the SDA Roundtable 20th August 2021.

Tenants provided rich insights into how shared and 1:1 support works in SDA apartments. In combination these supports can provide the flexibility that many NDIS participants value and can support them with a diverse range of support needs and preferences. Tenants also provided suggestions for many practical ways in which the quality of support and the experience and outcomes of tenants living in SDA can be improved.

The tenant perspective on the types of support that are more cost-effective and practical for OSS providers to deliver also clarified how the shared support and 1:1 support work together. Tenant insights into triage systems, wait times and communication with tenants is timely and also critical for informing modelling and policy for funding shared and 1:1 support within SDA apartments.

Apartment living is not suitable for all NDIS participants eligible for SDA funding. However, tenants were really clear on the unique benefits of living in co-located apartments with shared support: "This is such an important model to have in the suite of models" (Lee). Tenants in these apartments need to be able to reliably let the OSS provider know when they need support. This may require some additional assistive technology and capacity building during the transition period. However, they also need to have a very high level of disability that requires someone to be on-site and available 24/7. There are many people eligible for SDA who do not meet both of these criteria. Therefore, there needs to be a range of housing and support options to meet the diverse needs and preferences of NDIS participants with the highest support needs.

3. SDA provider perspective

At the start of the co-design workshop, SDA providers were asked to describe what co-located apartments working well would look like for different stakeholders. SDA providers described the following for each group – tenants, OSS providers and SDA providers.

3.1 What does good look like for tenants?

From the perspective of SDA providers, SDA funded apartments work well for tenants with the following elements:

Timely support: "*[Tenants] have access to supports when they need it, without having them in their space and allowing them that sense of privacy.*" (SDA Provider 2ii)

Information: "*Tenants understand what shared support is, and how choice and control is facilitated in this model.*" (SDA Provider 1ii)

Cost-effective: "*When tenants can maximise their funding, and share supports.*" (SDA Provider 4ii)

Choice: "*Tenants get to choose their supports, without compromising their own housing options or any of their other supports.*" (SDA Provider 2ii)

Community access: "Tenant is accessing the community more independently." (SDA Provider 1ii)

Funding: *"[Tenants] can get funded to have appropriate supports – whether that's for housing, direct supports, AT [assistive technology] – that maximises their independence at home as well as in community.*" (SDA Provider 2ii)

Communication: "*It works well when there's an ability to collaborate, communicate and coordinate.*" (SDA Provider 3ii)

Tenancy rights: "*When tenants know and understand their housing and tenancy rights and supported to exercise them.*" (SDA Provider 4i)

3.2 What does good look like for OSS providers?

From the perspective of SDA providers, SDA funded apartments work well for OSS providers with the following elements:

Shared understanding of how OSS works

> *An understanding from the tenants about the on-site provision and how it's shared. The capacity for tenants to really understand the prioritising that has to go on is 1 of the things they keep on getting frustrated about… how to share on-site with their tenants… they can contribute to the way in which it operates.* **(SDA Provider 1ii)**

> *When tenants understand what sharing actually means… still keeping them empowered in that space, but for them to understand what being empowered in that space looks like when you're sharing supports.* **(SDA Provider 4i)**

Stable operating environment

> [*A framework that's*] *understandable and consistent with clear funding… So if you know the ground rules, you can do anything you want within those ground rules, but the ground rules are constantly shifting. So a stable operating environment to allow them to plan into the future.* **(SDA Provider 4i)**

> *When they can plan ahead so they know what they're dealing with. There's some security around what the future looks like. And I know that's really difficult for the NDIS to follow, because they want flexibility but on-site providers [are] just are sick of having to change every time the NDIA blinks.* **(SDA Provider 1i)**

Adequate funding

> *Actually getting paid for the job they're doing… they're valued. To have adequate funding to deliver the supports to achieve tenant outcomes.* **(SDA Provider 4i)**

Risk management

OOS providers need adequate funding to manage risks and clarity regarding the risks and responsibilities of both providers and tenants:

> *On-site support models would consider this model to be working well when their risks are managed… They've got kind of left holding an awful lot of risk without a whole lot of funding to manage that risk… There hasn't been a really clear discussion about the changing role and the transfer of risk from me as a SIL provider to you as a tenant. So there's not that education piece that's coming up… When people live on their own independently, they are assuming a hell of a lot more risk. And I don't even think half of the tenants understand the risk.* **(SDA Provider 4i)**

3.3 What does good look like for SDA providers?

From the perspective of SDA providers, SDA funded apartments work well for SDA providers with the following elements:

Communication

Clarity from the NDIA regarding expectations of SDA providers and transparency regarding eligibility, demand and NDIA processes gives SDA providers the confidence to focus on building SDA with a focus on improving the outcomes of NDIS participants:

> *I think the model works well when there is open communication and transparency between SDA providers and the agency that allows for clarity around who's getting funded, and just making sure that the process for funding is clear and straightforward. It'll just give SDA providers the confidence to build and know what it is that they need to build, that will ultimately result in positive participant outcomes.* **(SDA Provider 2ii)**

> *The agency doesn't support or encourage or communicate with SDA providers well. And I think it's because it's a participant focused model, which is important, so we are just seen well in the periphery. I just find we never get told what they want, how they want it. The model would work so much better if there was a positive communication flow.* **(SDA Provider 3ii)**

Timely approval for funding in plans

Getting funding in the NDIS plans of potential tenants quickly, reduces vacancies for SDA providers and reduces the cost of support in the first year of projects by allowing efficiencies through the sharing of supports across 6-10 tenants:

> *That we can get our tenants into properties in a reasonable timeframe and know how to do that.* **(SDA Provider 4i)**

> *The model also works well, from our perspective, when the agency considers SDA approval and support, or approval of supports, together instead of in isolation.* **(SDA Provider 1ii)**

> *That the people that are actually moving into the property have their plans approved in a reasonable timeframe of togetherness so that we can actually move in in a collective way. We have 1 person who's got SDA and support in their plan. Then we wait for another couple of months or weeks or whatever for the second person. Then the third 1 may wander along at some point in time, and then we happen along someone. But they can't plan because the SDA and support, there's no way of collectively approving 10 people's plans not as 10 people that are sharing but as 10 people who have got an interest in each other's plans.* **(SDA Provider 4i)**

> *The NDIA want innovation and they want this and they want that and all the rest of it, but we've actually got tenancy vacancy for months and months on end because there is nobody actually physically in the building because we're waiting for everyone to be approved at the same time. It's ludicrous. And so yet they want us to carry that risk.* **(SDA Provider 3i)**

Tenant choice

The SDA market is effective when the SDA determinations made by the NDIA are consistent with the needs and preferences of NDIS participants:

> *I think there needs to be an awareness of the cost to SDA providers of supporting tenants to share supports in an empowered and informed manner.* **(SDA Provider 4i)**

> *The model works well when the NDIA takes personal preferences into consideration for funding approvals.* **(SDA Provider 2ii)**

Clear and consistent policy and decision-making

For SDA providers the SDA market works well when there is clear and consistent information and application of policy regarding eligibility and timely processes for approval of SDA and support in NDIS plans:

> *The model works when there's clear and consistent policy, and decision-making by the agency recognises efficiencies in shared supports.* **(SDA Provider 1ii)**

> *[Given] the longer term capital consequences of SDA, so I think definitely timelines and stability is really, really important. Given the capital intensity of SDA dwellings, we can't have the system change as rapidly as it has. We just need more consistency.* **(SDA Provider 4ii)**

> *Know who's going to get SDA, have some ability to manage and plan for the future around the type of dwellings we should be building based on the tenants that are getting approved. But as a 10+1 model, no, we want to know who's coming into it and how that happens. How we can support our tenants to move into our properties? We can rely on an expectation of what the NDIS will approve or not approve.* **(SDA Provider 4i)**

Demand activation

An efficient SDA market would involve SDA providers needing to simply advertise vacancies to attract tenants rather than investing in finding potential tenants and building their building or partnering with a SIL provider in order to engage potential tenants:

> *The model would work really well when people are funded and identified, and there was actually a pipeline of participants to build for.* **(SDA Provider 2ii)**

> *When we can get tenants in a reasonable timeframe.* **(SDA Provider 4i)**

> *Tenants actually apply. They don't even know that SDA is still available to them. And I think that they're hearing that it's too hard. That SDA is already capped out and the NDIA isn't approving any more people for SDA.* **(SDA Provider 3i)**

> *It's really around demand, isn't it, and the agency supporting or recognising or ensuring that there's adequate demand to provide the market with confidence. Because without the demand, there is no confidence.* **(SDA Provider 1ii)**

Good outcomes for tenants

The SDA market works well when stakeholders are able to collaborate with the NDIA and together focus on tenant outcomes:

> *For a tenant to be living well. Happy and living well.* **(SDA Provider 3i)**

> *We'll know this model's working when the NDIS works with us to get good tenant outcomes, not against us.* **(SDA Provider 4i)**

Choice of support provider

SDA funded apartments work well when there is clear and transparent governance around tenants choosing and changing OSS providers:

> *I think the model works well with good governance associated with choice and control. And what I mean by that is: 'Choice' is participants understanding the tenancy arrangement and how the support is integrated into this model. And 'control' being what happens when participants are not happy with the on-site provider? What are their options?* **(SDA Provider 1ii)**

Innovation

SDA funded apartments work well when the NDIA works with providers to fund and enable contemporary models of housing and support and innovation:

> *[The model works well] when the agency funds innovation, rather than just talking about it.* **(SDA Provider 2ii)**

Adequate funding for support coordination

The SDA market works well when there is adequate funding for support coordination to build the capacity of NDIS participants to make an informed decision about housing and support and navigate the process of getting adequate funding in their NDIS plans:

> *I think tenants apply thinking SDA is available and that we cap out support coordinators trying to get a tenant into SDA. Because the process actually discourages support coordinators hours from going into it, because it's so long and arduous and it uses so many hours and they feel guilty.* **(SDA Provider 4i)**

> *I've seen someone cap out at 75 hours and not actually even put in an SDA application.* **(SDA Provider 3i)**

SDA providers were asked to identify and describe both what is working well in co-located SDA apartments and what is not working well. Table 6 summarises the key themes that came out of this discussion.

Table 6 – Summary of themes related what works well and what does not from the SDA provider perspective.

What works well?	What does not work well?
- Flexibility of support - Support can be tailored to meet diverse needs - Tenants have privacy - Cost-effective support	- Getting funding in NDIS plans - How support is funded - Certainty regarding future funding for support - Fear of having to move due to lack of funding for support - Support and funding adaptable to the needs of tenants over time - Collective decision-making and governance of shared supports - Communication with the NDIA - Lack of consistent choice and control from tenants - Lack of consistency from the NDIA - Eligibility criteria - NDIA communication to SDA providers - Clarity regarding the role of SDA provider in the delivery of support

3.4 What is working well?

Cost-effective delivery of support

SDA providers are confident that co-located apartments are enabling the cost-effective delivery of shared supports in co-located single occupancy dwellings. However, this is not the perception at the NDIA and an evidence base is urgently needed regarding the cost of support and tenant outcomes:

> *At a really basic understanding, there's just been a lack of recognition that there is, in fact, a shared support component in clustered apartment settings. There was an assumption by the agency that someone said to me, that we effectively look at SIL and core supports on an individualised basis, and not recognising that there is an efficiency in a shared support component. Whether that's concierge, or SIL, or other forms of shared support. Whereas when they're looking at costs associated with the same people sharing a house, for example, there's a greater understanding around those support arrangements, and a perception that there's a greater sharing of supports… I think a really important issue is around the NDIA regarding supports is value for money. And obviously a concern is the agency not understanding the efficiencies of a shared support model in a clustered SDA typology. So some of the solutions there revolve around, first of all, an understanding of the efficiency that these models offer. And then around the eligibility of participants that are best suited to these models…We know it's a cost-effective model, so I believe it's working quite well. But the challenge is educating the Agency and people within government as to why it's a cost-effective model.* **(SDA Provider 1ii)**

> *I think, generally, we're fairly comfortable that it's a cost-effective model, as well. There probably needs to be some slight changes and I think a lot of those changes are more to make the NDIA feel comfortable with it being a cost-effective model. So I'd say that it absolutely needs to change, the NDIA's perspective and evidence base.* **(SDA Provider 2ii)**

> *When the Agency appreciates the sustainability of shared support without shared accommodation. So it's shared support, tick, but not shared accommodation. Which they don't value at the moment, of course, with these proliferation of shared outcomes.* **(SDA Provider 4ii)**

Flexibility of support

Co-located apartments enable a tailored approach to support by providing a combination of shared and 1:1 support to tenants with a diverse range of support needs living in SDA funded apartments:

> *The flexibility to meet individual needs I think actually is working pretty well. And that's the one I mentioned. I think you can deliver very different levels of support for different people in this model. And I think that's really 1 of the strengths of this model.* **(SDA Provider 1i)**

> *One of the things I think that these models provide is this issue about flexibility between the provision for each of the tenants. In group home models there tends to be a uniformity around what's provided. But I think 1 of the interesting benefits of [shared support] is the capacity for 1 person to need a lot of support, and another person to need not very much. And you can combine them.* **(SDA Provider 4ii)**

Tenants have privacy

This model of housing and support provides tenants with more privacy than more traditional models of housing and support:

> *Tenants are in control of who comes into their home, I'd say that that's working well. Our tenants don't let anybody in. There's no other keys. I'm good with that.* **(SDA Provider 4i)**

> *Tenants have privacy in their homes – my experience is they do, and they're very grateful for it, and there's good quality and safeguard mechanisms in place to ensure that. I don't think it really needs to change too much.* **(SDA Provider 1ii)**

Support can be tailored to meet a diverse range of needs

Unlike more traditional models of disability housing that tend to provide a uniform service to residents, SDA apartments have the capacity to tailor a combination of shared and 1:1 support to meet the needs of a diverse range of NDIS participants. An ideal framework for implementing and funding support within SDA apartments would support this diversity and tailor the support to meet the needs of a specific group of tenants rather than be prescriptive about exact shared support and 1:1 support provided in SDA apartments:

> *I cannot see any single one of our participants who have been, I guess, deemed eligible for HPS, 1 bedroom, 1 residence, that would be the same as any other. And, in fact, I'd say we've got a fairly significant spectrum of participants. Some with very extreme and significant needs, and then some who are quite capable and independent… For individuals that are going to require additional people for transfers and all that sort of stuff. Where if they've got more complex medical and overall more complex support needs, we're seeing them not really understanding the need for a 2:1 support and just relying really heavily on the on-site support provider to undertake all of the tasks for 10 people, which isn't really going to be achievable if you've only got 1 person. In group homes, you very rarely see 1 person managing the support needs of 5 very complex individuals, so why would they expect that in a 10+1 model?* **(SDA Provider 2ii)**

> *The main thing is that it can't be 1-size-fits-all. I think there are different levels of shared support that need to be able to be incorporated. But I think that's 1 of the fundamentals, I think, and where [NDIA] ended up failing. Because [NDIA] just wanted to make it 1 level. And yet we know that there are people with very different levels of support needs and you want to be able to combine them in different ways too. You cannot have everybody with absolutely high levels of support. Which means the support workers don't have a chance to basically have a breather in their day. You want a nice capacity to balance. So I suppose it's grading that component, is also a significant factor.* **(SDA Provider 4ii)**

> *One size doesn't fit all. But for the sake of simplicity, what we've ended up now is with the Agency saying, "well, we're just going to do nothing, and it's all going to core". When what you could do is say, "let's have 1-size-fits-all for a shared support amount, but then if a person needs more because their needs are such, then that can be topped up through their core [1:1 supports]". And that's a way to really take all of that confusion and that extra work upfront out of that for each individual. Like moving into a 4-person shared group home, so they get a line item for their shared support, and now that's automatic. It doesn't need to be assessed. It's just a given. But they – later on, they'll need to be assessed for their core support.* **(SDA Provider 3ii)**

3.5 What is not working well?

Getting funding in NDIS plans

SDA providers reported that the current mechanism of how funding for SDA, assistive technology (AT), shared supports and individual supports are approved in NDIS plans is not working well and urgently needs to change:

> *I think 1 of the challenges here too is where people are trying to get the funding they need to qualify for these sorts of models. And that is really problematic at the moment. And I think people don't even know what to ask for, because they don't know what it is.* **(SDA Provider 4ii)**

> *We're finding the process is inconsistent. There's a lack of transparency, timeframes are poor, and there's a disregard for the efficient savings of shared support component. A lot of these decisions around supports are being viewed in isolation, and therefore the agency are not understanding where the efficiencies of a shared support arrangement are.* **(SDA Provider 1ii)**

> *It is just zero support from the agency, there's low demand, and it's very, very difficult to move somebody through the process, it's very difficult to get their supports in place to transition them in. It's a very – it's a really broken process.* **(SDA Provider 3ii)**

> *Coordination between SDA support and AT approvals lacks in that space. And that all forms part of this conversation. But the other issue that we have, and that they [NDIA] just totally ignore, as if they're suggesting that people should be able to share some supports, and that they know it's a new build, their complete and utter disregard for the fact that, if 10 people are sharing supports to get value for money, and using the on-site overnight accommodation process there, then surely there should be some sort of connectivity between the approval process. But as it stands now, the approvals can take place at any time, over a range of 9 months. And the agency has no urgency to say, "well, there's 10 people that are moving through this. We're going to get value for money for our supports, and we're going to have people living in a safe environment. If we could just have 1 person [NDIA planner], or have a set date that all of those plans need to be approved by." But that just doesn't seem to occur to them; that they've got any responsibility to, you know, to ensure that there's some consistency in there, or collectivity.* **(SDA Provider 4i)**

SDA providers reported that a more coordinated approach to administration and key contacts within the NDIA where 10 NDIS participants transition together to the 1 site with SDA funded apartments would be more streamlined, efficient and cost-effective for both the NDIA and providers:

> *I do understand that the agency does not fund models, it funds individuals. However, a cluster of 10 people by default ultimately becomes a form of a model, and therefore the inefficiencies of not linking the cohort makes it – it's like herding cats. And the agency was talking, in the last couple of weeks, about the idea of applying a planner per cohort per asset. I love this idea. In fact, they did it for [SDA provider], but they won't do it for anyone else.* **(SDA Provider 4ii)**

> *If you're an SDA provider and you're providing SDA and you're charging for the OOA [On-site Overnight Assistance], then the proposition should be that that is a project that has on-site or overnight assistance. If you want to reside at that particular project then you have to have SDA funding for the on-site overnight assistance, and you need to agree that you're going to share that component of support. Otherwise, you go to a project that doesn't offer OOA and where the SDA provider isn't claiming loading. And on the flipside, as an SDA provider, you take the responsibility and the consequence of saying, "well, if I'm going to charge the extra loading here, or OOA, because I've got an on-site provision for on-site overnight assistance, I'm selecting tenants who are funded for that and who are going to share that"… So if you're going to provide SDA, and you're going to charge for the on-site assistance loading, and have the provision for it, then, ipso facto, "you reside at this property, you've got to agree the sharing of supports". The flipside is, if the agency are going to fund people for OOA in their SDA, then there should be an automatic allowance in their plan for funding of that on-site overnight assistance so it's not a debate every time. Because you've already been funded for the SDA, you've already been assessed. It's already been determined that you have very high support needs, and that you need on-site overnight assistance. So the idea right now where you have to prosecute the case twice, that's crazy… The benefit of that is at least we know at the outset that we've got a tenant who is coming in, who's funded for SDA, who's funded for the shared on-site overnight component. And if they're coming, they're accepting all of that proposition. That's – that's the bit that I find, just, really odd here, is that there's – there's 2 assessments that take place, but you can get funded for SDA for on-site overnight assistance, but not funded in your other supports for that assistance. So if that was streamlined, that makes things a lot simpler in my mind.* **(SDA Provider 2i)**

What we're really talking about is clustered 1-resident SDA dwellings, whether they're apartments or villas, that offer an opportunity for those participants who can, and more importantly are willing, to share a component of their support package. What the agency needs to acknowledge, that when you have a clustered arrangement of dwellings, there's an opportunity to introduce an efficient model of some sort of shared support, which is going to be no more expensive than alternative living arrangements. So as an SDA provider and an investor, obviously we want to understand the profile of these participants that are suitable, eligible, and are willing to participate in these clustered models. So it would be really helpful, I feel, if we understand the criteria around the agency's decision-making process to say, "yes, I'm willing to approve that person to live in a 1-resident SDA dwelling that's in a clustered environment. And I don't care whether it's an apartment or a villa or whatever." That's what we need to understand. And that's what we need to have – where the opportunity is, and the need for us to understand what the demand is, and who's going to be approved. **(SDA Provider 2ii)**

How support is funded

SDA providers described a range of ways that support is funded for NDIS participants living in SDA funded apartments. One SDA provider reported that regarding the division of support between OSS provider and the 1:1 supports:

Overall, the concept works well, but I think the way that it's being operationalised – you know, I think even amongst us, we've got very different ways in which the OS [on-site] and core [1:1] supports work. And I'm not necessarily advocating for just 1 model; I think 1 of the advantages of the NDIS is that it was supposed to be about innovation, and so we want to see that. **(SDA Provider 2ii)**

It is the innovation piece that the agency does not recognise. There is innovation and uniqueness within the 10 + 1 built form. They don't get this or allow for this. **(SDA Provider 4i)**

One of the fundamental challenges for tenants and providers is different names, a lack of consistency and a range of perspectives on the functions of the shared support within SDA funded apartments. The OSS on various sites has been called "SIL", "backup", "emergency" and "concierge". Some of these terms have led to misunderstanding regarding the purpose and potential cost efficiencies afforded by having SDA funded apartments co-located. The description provided by 1 SDA provider resonated with the range of shared supports described by SDA tenants and proposed in the Stochastic model developed by David Cullen.[44]

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[44] Chief Economist, NDIA.

What is the shared component? There are various different components of shared support. So you do have that concept of backup just in case. But on top of that you've got this issue about efficiency of service delivery, particularly around people who need a 15-minute block of support, but they actually need that in predictable times. If you fund that 1:1, then you're actually funding, like, longer shifts per person. There is a part of this which actually we really need to account for, which is it's not just emergency backup. It actually is an efficient way of delivering supports in smaller blocks of time, spread over 24 hours, that lots of people need. And I think this is part of the challenge. They [NDIA] want to see backup, or concierge, or whatever it is, as a particular function. And I think it actually describes a number of functions. And it's a way of making efficient delivery occur, particularly around short periods of time when people need support. Or when they've got 1 person who provides support 1:1, and they need a second person for particular activities. So we've just got to make sure we don't just talk about this OOA or concierge as 1 particular thing in itself. **(SDA Provider 2ii)**

One of the things was Agency perception… we're not paying for an insurance policy anymore. You know, 'in case I drop something', 'in the event of'. So it's about getting something… They just didn't feel there was value for money. It was just like someone was sitting in a chair, in the OOA, and just waiting for the phone to ring. **(SDA Provider 4ii)**

I don't think anybody's sitting in the OOA waiting for the phone to ring. I think they're completely run off their feet. And we've had somebody waiting for 40 minutes to go to the toilet. I totally disagree that someone's just waiting! **(SDA Provider 3i)**

One SDA provider described the advantages and challenges of using a roster of care or SIL quote to fund shared support compared to a more recent line item called On-call Overnight Monitoring (OOM):

Using a roster of care or SIL quote sits in the middle, in terms of working well/not working well, but it does need to change. Now, where I think it is sort of marginal, in terms of whether it's working or not, is that the positives for it is that it's an existing funding mechanism. There's clarity as to how it works: you submit a roster of care, it gets approved, that's the funding that you get. It can be a little bit more individualised, and it's something that gives providers security because it's a stated support.

Where it doesn't work well is that if there's any movements, in terms of tenant's support needs, where they're currently staying, if they're going away for a short period that requires a lot of administrative work from providers, and the time delay – in terms of submitting a quote, getting it approved and then getting service bookings – just does not make any sense, for the NDIA or SIL providers.

Now, in terms of it needing to change, I think that we're seeing a lot of reluctance from the NDIA, as well, around SIL, and we've seen all sorts of other ways in which they're looking at funding a 10+1 model, whether it be OOM [on-call overnight monitoring] funding, whether they're sort of now saying everything's from core [funding]. And I think the biggest issue is that there's a lot of inconsistent approaches around the mechanisms. But I guess also, with each of those line items, as well, where we were told that OOM will be a fixed price. We're seeing that across different states, they're giving different fixed prices to SIL providers, so there's a lot of inconsistency as to what that fixed price actually would be. And it's not actually allowing people to feel comfortable in being a support provider; we're starting to see some providers sort of saying, "well, we're not sure we actually want to be part of this model at all, even though we see the benefits, we're just not confident we'll get funded".
(SDA Provider 2ii)

SDA providers discussed the challenges of having different approaches in the market and operationalising an individualised approach that makes the most of potential cost efficiencies afforded by sharing support:

> *I think we need to be able to demonstrate those comparison of costs. I think what's become really difficult now is that the NDIS is funding this model in so many different ways. There's some that's submitting SILs, there's some that's being given OOM and then there's others that have core [funding]. So it's almost impossible to do a like-for-like comparison. But in the conversations that we've had with our providers, what I'm hearing from a lot of them is that they don't necessarily think SIL's the answer. And, in fact, they find SIL quite frustrating because of the administrative burden that it puts not just on them, but also the NDIA. And we know that the NDIA already has pre-existing issues and concerns with how SIL is being funded. So I think in terms of coming up with solutions, I don't think that we're wanting to push SIL too hard here. But the benefit of SIL is that it is a stated support. It gives people that reassurance. There is the ability to then quote on a more individualised basis. I guess the alternative, with the [OOM] line item, is that it does give people that flexibility to then have something that they can be deemed eligible for that category of funding…*
> *We're already seeing a lot of tenants depleting their plans in a very rapid pace, and not really having clarity as to who's spending what where. So in many ways, [OOM] seems like the closest answer that we could have to something that we can actually improve and go back with some suggestions as to how to make that work better.*
> **(SDA Provider 2ii)**

Collective decision-making and governance of shared supports

More work needs to be done to support the collective decision-making of tenants choosing and changing OSS providers:

> *The ultimate goal that we want to achieve out of here is that if people are collectively sharing supports in a way that they are governing them, then for the good of the whole group, some of those supports have to be in a stated support; that they actually commit them to the group's funding. I think that's really what the issue is. That if people voluntarily say, "you know what? Yes, we need a 24/7 on-site support provider, and I'm going to commit 6 of my hours to that person, 6 of my core hours" – whatever it looks like. You know, it's going to be different. But, "I'm going to commit this amount of money on a weekly basis" and I say that to the group. The support provider goes off and models it, and says, "if you will commit this amount of money, we can provide a service that meets your needs". That's great. What we're saying is that the support provider actually needs to have some security that that money is going to be delivered. You know, it can't be a no-show sort of thing. It can't be under the same rules of engagement as, say, straight core [1:1] has got, perhaps. And maybe that's a nuance that I haven't actually thought about before. It's not so much whether it's SIL or what it is. It's about the fact that it's protected and it's circled off. And it needs to be circled off. Not because of the individual, but because there are 9 other people relying on your contribution to the support model, to keep it flowing. And I think that maybe that's, kind of, the approach that we might have to take in. They can call it whatever they want. But that's what we want to achieve.* **(SDA Provider 4i)**

> *I think everything there was great, except for the part about getting tenants to then agree to a contribution, and then getting the SIL provider to then do their numbers and review. Because that already takes a significant amount of time before the NDIA even looks at it and approves it themselves. And by then, you're probably going to have a property that's going to be sitting there vacant for a very significant period of time.* **(SDA Provider 2ii)**

> *I think 1 of the biggest things about this is this concept of collective decision-making around how you share supports. And 1 of the challenges we've got, of course, is that you don't have a ready-made group of people who you can put together and actually even attempt to make those sorts of decisions jointly. And that's part of the problem. We've got this, sort of, very individualised approach, where you – at any particular time, you don't know how many people will be sharing a particular 1. And I think you're right, [SDA provider]. I agree – that idea about eligibility for a certain category of support, which would be a shared component. You've still got to somehow get to this point of time where you've got recognition that groups of people want to share, and then they can actually rely on a shared component of their funding, to be able to be stable enough to be able to do that. And then you can layer on all of the individual elements that actually then compliment what that core stability is. But until you've got a system which allows enough people to be collectively in a place to make a decision at the same time, you can't really progress this very easily.* **(SDA Provider 4ii)**

One provider has a formal structure, a community cooperative to support collective decision-making:

> *It's very much a negotiated conversation with people. It's a community cooperative. And there's nothing unusual about that so it's a community cooperative. So the cooperative gets together and they talk about what it is that they want. Some people will want 24/7 on-site support. Other people only want [shared support] from 10.30pm to 6.30 in the morning. And whatever they come up with is what they as a collective decide is what they're going to contribute to. They have to make a decision like anybody, when you've got a limited resource, you make a decision as to how you're spending your limited resource. It's not an easy model to manage, let me assure you, but at the end of the day, you've got a resource, you've got dollars, and you need to choose how you spend them. The NDIS doesn't fund people's quotes, they fund their needs. And what's the best way you can get your needs economically met? We're just offering them 1 way to do that… they can have other providers involved too if they want to. In a sensible world, all of us know that the more we bulk buy, the better the quality of the service that we're going to get basically. You know, if 10 of us are spending a heck of a lot of money with 1 support provider, we have a lot of buying power, a lot of influence, and a lot of control. If we're only giving them the barest minimum, then we can only expect the barest minimum in response for that. But that's a decision that a group has to make as to how far they want to go and what they want to do. But you know, if you want a regular shift filled, you know, the more you buy, the more you get.* **(SDA Provider 4i)**

Eligibility criteria

SDA providers reported that they need transparency regarding the eligibility criteria the NDIA is using to determine who gets funding to live in SDA apartments:

> *At the end of the day, we're looking at trying to come up with a way in which to fund participants for the supports that they need. They need 2 different categories of supports. One to address the individual needs, and then 1 on a shared component. For the shared component, whether you want to call it a model or anything else, ultimately there needs to be a set of eligibility requirements that needs to be met.* **(SDA Provider 2ii)**

This SDA provider identified 3 critical questions for determining eligibility for SDA and shared support for NDIS participants living in apartments:

1. Does the potential tenant meet the criteria for the level of shared support provided in an apartment with provision for on-site overnight assistance?

2. Is the potential tenant willing to share supports in order to meet their need for access for 24/7 on-site support?

3. What is the shared support component based on the level of shared support provided on-site divided by the number of tenants sharing support?

Certainty regarding future funding for support

Fear of having to move due to lack of funding for support

NDIS participants living in SDA funded apartments have a tenancy agreement and in theory have security of tenure. Secure housing is a basic human right. However, SDA providers reported that uncertainty regarding the level of support in future NDIS plans undermines the security of tenure for NDIS participants living in SDA:

> *Continuity of support, I think that needs to change; it's not working well, to the point where participants are now too scared to even go for a plan review or a change of circumstance… One of the key things that we're receiving from a lot of tenants and support providers is around the changes between plans, and ensuring continuity of their supports. And even at different touch points with the NDIA, there's a fear that having a conversation is going to result in a completely different plan as well.* **(SDA Provider 2ii)**

> *The tenants that I'm talking to are freaked out completely about what on earth is coming. And they are scared – scared stiff. I don't actually think that the tenants are feeling that they're safe and that they're okay. They've heard that people are losing their SDA payments. They're worried about losing their SDA payments. They're also feeling really like we've lied to them. But we haven't, because we've just followed what was legislated. Whatever is going to happen with core and SIL and concierge, whatever it is?* **(SDA Provider 3i)**

> *Can I just distinguish 2 things in there? There's the concept of a secure tenancy, and I think in a sense the tenancy part of it works okay. I think the arrangements they have with the tenant are okay. I think the challenge is that the support funding that allows that tenancy to be secure is very insecure now. And people's perceptions of their tenancy is being severely influenced by the problems around how their support functions.* **(SDA Provider 1i)**

> *They're feeling like this because the NDIA are saying that it's not sustainable and that people shouldn't have had sole occupancy. They should have had 3-person share and that sole occupancy isn't viable. They're hearing that they might lose their SDA funding.* **(SDA Provider 3i)**

> *The on-site support staff, as well as the other support providers, continuing supports and their duty of care obligations is ensuring that tenants are safe, and they understand that in this model you need sort of both sides balancing it to make sure tenants are safe. But I don't think that the NDIA really understands how that's actually operationalised, and what it takes to give both the on-site provider, as well as the core provider, the ability to operate on-site and provide that safety. So what we're seeing more and more is that they're really squeezing every single hour and every single dollar from the plan, which is pushing tenants into more unstable support arrangements.* **(SDA Provider 2ii)**

Support and funding adaptable to the needs of tenants over time

SDA providers reported that the NDIA's approach to funding support for participants living in SDA apartments needs to have the capacity to adapt over time to meeting the changing needs of tenants:

> *We're also struggling with the challenge that's currently being experienced in different ways – in different places, where people's existing funding is threatened. And we do want these models to be adaptable over time. But it's just very difficult when you don't have any sense of security about what it is you can base that on.* **(SDA Provider 4ii)**

> *A real significant dilemma we've always had. People's needs change, and some of those needs change because of the fact that we've offered them the chance to live in an apartment which actually gives them the capacity to develop more independence. They become independent of shared components, don't they? Now, that is a real challenge for the OOA provider, isn't it? I think the agency leaps on, because it says, "you can't actually make people have a shared component if they don't need it". And I agree. It's a good idea. You know, if people have capacities that they've developed that makes them more independent, we shouldn't be restricting it. But the problem then becomes that it's an unsustainable backup system then. I'm not sure what the answer is though.* **(SDA Provider 2ii)**

Clarity regarding the role of SDA provider in the delivery of support

SDA providers reported that clarity is needed regarding their role in making sure that tenants have the support they need for a sustainable tenancy:

> *The SDA provider has a responsibility to create tenancies and know that there's enough support for those tenancies to succeed. So 1 of the challenges we've had recently is we've been told to butt out of the equation, because it's a question of what the support the individual needs, and the planner wants to look at that. But you can't avoid the responsibility that the SDA provider has to ensure that the tenancy can be successful. And that involves being able to say "a support function needs to be created that can sustain those tenancies too". And while we'd love to be absolutely flexible about the way in which support can be provided to every individual, there has to be a point at which you have to say, "this is what we can offer in this particular project". Whether it's a model or whatever it is. But you can't avoid the SDA's responsibility for ensuring that tenancies are successful, and that the support component can be constructed around making that a successful tenancy. Where does the SDA provider fit into this equation? You can't avoid your responsibility for the support function being adequate to sustain that tenancy.* **(SDA Provider 2ii)**

Lack of consistency from the NDIA

SDA providers reported that housing and support for NDIS participants is a very complex environment. The NDIA is adding to this complexity by regularly changing its approach to funding support within SDA apartments. There is no clear communication or a consistent approach within the NDIA across projects, NDIA staff or jurisdictions:

> *What we're hearing and what we are seeing is different approaches being taken in different jurisdictions There is not a coordinated model, or understanding, or flow, and it's very frustrating.* **(SDA Provider 4ii)**

> *The poor SIL provider, overnight support provider, they don't know what they're doing. The NDIA have completely pulled the wool out from underneath them.* **(SDA Provider 3i)**

> *At the moment we've got them and as things change, you've got to adapt around them [NDIA]. We've just had 1 where SIL has been completely rejected as an option by the NDIA for that tenant. And so it's about what they're going to accept 1 day compared to what they accept another day. So the models as they're operating, with a SIL component, are achieving things. And the way in which the funding can be delivered is changing. So therefore it's a bit of an insecure point of time around whether or not you can say it's working or not working.* **(SDA Provider 1i)**

> *One of the mistakes the agency [NDIA] continues to make is they continue to make policy on the run, and they continue to make changes reactively. And it just adds to what is already an extremely complex environment. So they're constantly adding more complexity.* **(SDA Provider 3ii)**

Communication with the NDIA

SDA providers would like a clear point of contact and regular, consistent communication from the Agency:

> *I just think the uncertainty, the lack of communication and the lack of support for SDA providers makes it a very difficult space to be in.* **(SDA Provider 3ii)**

> *We believe the model is sustainable, it's just communication and the ability to be able to communicate to the agency.* **(SDA Provider 4ii)**

> *SDA's definitely producing positive outcomes in tenants' lives, and that doesn't need change, but at the same time the NDIA is undermining the entire model, which is causing those positive outcomes to come into question. I would say if the NDIA would support the model, you'd definitely have it working well, doesn't need to change. But the fact that they're undermining the model makes that confusing…I think the agency has completely undermined the model by consistent changes and not communicating those changes, and really, nobody knows what to say to participants. Participants don't understand the model, on-site providers don't understand the model, have no confidence in the model; they've completely undermined the model.* **(SDA Provider 3ii)**

We always hear this information by rumour, and through participants or support coordinators or randomly. The NDIA doesn't actually communicate to us as an SDA provider. They don't tell us how the model should work, they don't tell us how they would like us to do it. I think that would be a really good starting point, to sit down, talk about all of this stuff. There's no reason a 5-person share house or a 6+1 should be treated any differently. They both have a shared support component. They both have a core [1:1] component.

So let's sit down, talk about it. Or at the very least, get the NDIA to put out a policy that we can refute, or challenge, or work towards, so that we can then communicate with tenants and providers, so that we know what the model is. At the moment I'm telling you, it just changes by the week. But we've been going through a process for over 6 months now where participants were unhappy with the on-site provider. We've been helping them to go through a process to choose another, and it's fallen into a giant hole. We've contacted the agency repeatedly to be involved in the process. They just do not respond. They just don't want to be involved. The participants can't drive it. The providers have got a massive conflict of interest. We're completely at a loss as to what that model should even look like, to be honest. **(SDA Provider 3ii)**

I think 1 of the strategies that the NDIA seems to have taken is this "divide and conquer" approach, where they don't allow providers to come together and talk about their experiences and come up with a shared solution. Particularly with a lot of the SIL providers, they don't even bother talking to the on-site supports, and it's their funding. And it's only through us that we've seen that there's been such disparity between what they're being funded and what they've been told by the different planners that they're talking to. So I absolutely think that there needs to be a way in which we can bring all the providers together, whether it's SDA providers or support providers, to actually talk about it and come up with these ideas and strategies. **(SDA Provider 2ii)**

SDA providers reported that the SDA Reference Group has the potential to be a forum for quality communication and collaboration with SDA providers. Their experience to date with the SDA Reference Group has not been effective in resolving the issues that SDA providers urgently need to be addressed:

The SDA Reference Group would be a good forum for that, but it doesn't appear to be happening…The reference group doesn't seem to be 2-way either, it's very much what the NDIA needs to hear or wants to ask about, rather than the issues that providers are wanting to put on the table and be informed about… A fair bit of selective hearing happening. **(SDA Provider 1ii)**

I think they [NDIA] control those conversations a bit too much in the reference group. Is it "ask" or just "tell"? They just tell people that this is what's happening. **(SDA Provider 2ii)**

Lack of consistent choice and control for tenants

Further work needs to be done to document how choice and control works for tenants living in SDA funded apartments:

> *It's funny, isn't it, how some support providers have really understood the new world and other support providers are working in some world where the concept of communication and collaboration still doesn't kind of seep through.* **(SDA Provider 3ii)**

> *I think there could be some better governance around the model, around what choice and control looks like from a participant's point of view when they sign up to a clustered SDA arrangement.* **(SDA Provider 1ii)**

One SDA provider described how the separation of tenancy and support providers benefits tenants living in SDA properties:

> *And the other 1 is separation of tenancy and support. Now, that is a really big value that the NDIS held. They haven't been very clear about it lately, but if you read the Home and Living paper, I'm saying that's going [to] start becoming more important to them. And in our model, well, for us, the separation of tenancy and support is strong in the sense we're 2 separate providers. Strengthened by the way that the on-site support provider is chosen – and that would change from organisation to organisation. But certainly when you've got a housing provider and a support provider involved, that separation is strong… separation of support and tenancy, it's about the quality and safeguarding that comes into having that model that makes it a good option for the NDIS. Because when you've got 2 organisations who are both vitally interested in the wellbeing of 1 person, it's bound to have a better outcome than 1 organisation being interested.* **(SDA Provider 4i)**

4. Support provider perspective

OSS providers were asked to describe what co-located apartments working well would look like for different stakeholders. Providers described a succinct definition for success for each group. They also described what was working well and not working well for shared support in SDA apartments. The data provided in the initial OSS provider co-design workshop was both rich and complex. Follow-up interviews were conducted to better understand how shared support was being delivered by different providers and the range of challenges, opportunities and potential solutions identified by OSS providers.

4.1 What does good look like?

At the start of the co-design workshop, OSS providers were asked to describe what good looks like for different stakeholders. SDA providers described the following for tenants, the NDIA, SDA providers and OSS providers.

What does good look like for tenants?

> *When I receive the funding and supports to be able to live safely and independently in my own home, in the community I choose with providers of my choice.*
> **(OSS provider workshop)**

What does good look like for the NDIA?

> *Success is when there's a model that is sustainable and cost-effective, which demonstrates success. The model builds the capacity of people with disability, which leads to a reduction in supports over time.* **(OSS provider workshop)**

What does good look like for SDA providers?

> *Success is when their dwellings are tenanted for the long-term by suitable tenants who have the required SDA determination and funding.* **(OSS provider workshop)**

What does good look like for 1:1 support providers?

> *Success is when there's a genuine partnership, shared understanding and a collaborative focus on the needs of each tenant.* **(OSS provider workshop)**

What does good look like for OSS providers?

> *We're providing the service residents want and need, which is safe, flexible and is realistic and viable for service providers.* **(OSS Provider E)**

> *To provide a safe and viable service with the participant's choice and control around hours of support being shared and utilised.* **(OSS Provider G)**

> *The only thing I'd add to it is on the evidence we've seen over 2 and a bit years, it supports people to build their presence in their local community. So they've broken out of the model being told where to live, they've chosen where to live. They join their communities of interest. They do unfunded stuff instead of doing their "community participation". They're part of our community. And we've seen that in massive examples of that.* **(OSS Provider B)**

> *Success is service residents want and need, which is safe, flexible and is realistic and viable for service providers. Offers participants choice and control over where to live and support with hours being utilised. Supports people to develop a presence in the local community.* **(OSS provider workshop)**

> *Success is the focus is on the needs and outcomes of the tenants. The model supports people to live their life the way they want to live, and the model supports market success.* **(OSS provider workshop)**

4.2 Description of OSS

When describing the OSS delivered in SDA funded apartments, OSS providers included flexible support that is tailored to the needs of each tenant and fosters independent living and more opportunities to make choices regarding when and how supports are provided. The independence of tenants is augmented by the use of smart home and communications technology within the apartments.

Some sites have been deliberately set up so that the OSS provider does not deliver all of the supports to tenants:

> *The model that we've currently set up is showing that choice of control is really happening under that model. The core [1:1] component outside of the on-site support, people have had a great deal of choice and control in being able to utilise other organisations…Separation of the on-site provider is 1 of the key pillars but a reasonable funding to cover their component to ensure that the market there doesn't fail.* **(OSS Provider B)**

However, not all sites were set up to enable tenants to have 1:1 support provided separately:

> *For us, the shared support model was about trying to identify and illustrate the cost savings for tenants living in that cluster environment. They didn't have scheduled 1:1 support. The amount of money that is saved through having that shared ratio of support when someone is not being supported on a 1:1 level.* **(OSS Provider A)**

Flexible support

Similar to other stakeholders, OSS providers identified that the capacity to provide flexible and timely support to tenants was working well in co-located SDA apartments. Many people with disability have support needs that cannot be scheduled. Being able to call the OSS provider and get support when they need it works well for tenants:

> *10 people live in their own apartments, people throughout a complex with other apartments. We provide the on-site support, which means we deliver support for those people as they need it. And they just call us when we're needed.* **(OSS Provider C)**

> *I think 1 of the key things about having the on-site provider is that people don't know when they're going to need something. You can't schedule that. You can't roster it. If you're providing more supports for people, like personal care that's easier to roster. That isn't what this model is supposed to be about*. **(OSS Provider E)**

> *We want to make sure that we maintain some level of flexibility around a model which is responsive to what people need. Because not everybody comes to needing in-home supports at the same level and at the same time. There are absolute circumstances where people do need to have a different model apply, whether it's because of complexities of healthcare issues or the type of supports they need, their family situation etc…We are prepared to be flexible when it comes to that kind of shared support component. Because if you are just at home and relaxing for example, or doing something, you want a cup of tea and you just want somebody to come in and support you to do that, that's fine. You know we're more than happy to be involved in that. And we've found that's worked really well.* **(OSS Provider F)**

Fostering independent living

OSS providers reported that co-located apartments afforded tenants an opportunity to increase their independence:

> *When I think of the tenants that I'm working for now, it's actually been an opportunity for them to live in supported independence which I guess that's what supported independent living is. We describe our service as 24-hour support.* **(OSS Provider D)**

Tailored to each tenant

OSS providers reported that the capacity to use a combination of shared support and 1:1 support to tailor support to meet the individual needs of each tenant was working well:

> *It looks different for every person. So we spend quite a bit of time getting to know each tenant before they've moved in.* **(OSS Provider D)**

> *So your on-site support for all your basic support needs and for some of them it is 1:1 support for personal care. But all of them have external providers that are either coming in and assisting them with support in their home and/or taking them out for community participation. But for a lot of them, they still require our support there 'cause there might be a 2:1 for certain activities and we're that 2 [second] person now, to help with their external provider.* **(OSS Provider E)**

Opportunity to make more choices

From the perspective of OSS providers, tenants had more choice in how they wanted to live and when and how they were supported:

> *So it was about, you know, giving people an opportunity to make choices they hadn't been able to make before. And to kind of, you know, impact – you know, it was an empowering opportunity for them.* **(OSS Provider E)**

> *We really don't have any kind of part to play in people's [1:1] supports. That's really important, because that's where they get to choose how they kind of live the majority of their time outside in the communities doing what they want to do with their lives etc. What we've been active in is ensuring that people get the right support now in the mornings, in the evenings etc.* **(OSS Provider F)**

Smart home and communications technology

The use of technology is a critical element of enabling more independence and flexible support:

> *The model requires a level of independence which is augmented through assistive technologies and processes and systems that the organisation has developed with the participant as well as with the SDA provider.* **(OSS Provider B)**

4.3 How is support in apartments funded?

There are several ways that shared support is currently being funded by the NDIA. There is tremendous variability at the moment between jurisdictions, sites and even tenants within the 1 apartment complex.

Supported Independent Living (SIL)

The NDIS defines Supported Independent Living (SIL) as help or supervision with daily tasks to help you live as independently as possible, while building your skills. SIL is paid personal support. It includes things like having a person to help with personal care tasks or cooking meals.[45] This is generally the way that traditional group homes are funded by the NDIA. SIL is for people who require 24/7 support. SIL was initially all NDIA-managed rather than plan-managed or self-managed. A quote is submitted by the provider that generally includes a Roster of Care (ROC) on an Excel spreadsheet.[46]

OSS providers described the complex process and administrative burden of completing and maintaining a ROC with multiple support providers:

> *So the main issue is approval timeframes, NDIA understanding the model, understanding that there are 10 individually enrolled SDAs, but they're all sharing the same support with the option of choosing their own provider for their 1:1 supports. That's where it has fallen apart with this next round of SILs because in the Roster of Care, if someone is choosing an external provider, we have to capture that by putting it in as "community participation". And they [NDIA] won't accept that anymore. So I had to come back with 2 ROCs and a [Core] budget. I don't know if they're gonna accept that. It only just went in last Friday. But if that's what they want, that's fine. Just say that, 'cause every time 1 thing changes on a ROC all the coloured squares change. So basically, they all were funded under the SIL with the Roster of Care with shared support. I think it's actually through their functional report – the OT provides a guide for their day-to-day living and that then just transfers into the ROC where they need 1:1. There are a few tenants who have 2:1 just for transfers. And then for their community access, which is usually about 4 hours a day. For people who wanted to use an external provider, they just told me the hours. And for each tenant that's here so far, it's all been approved as they requested. But, not with [apartment site]. It hasn't been as successful.* **(OSS Provider D)**
>
> *Keeping in mind they [NDIA] haven't used the Roster of Care from us at all at any point. They haven't actually used that to assess the needs of the participants or the funding requirement because it's only used for SIL. We've submitted them and up until probably January, they were still asking for them but they weren't being used for anything. They didn't equate to anything we were being provided back at all. Those that haven't got concierge are funding their on-site through core. And probably in 2 months' time, everybody will have run out of that concierge funding.*
> **(OSS Provider B)**

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[45] NDIA (2021). 'Supported Independent Living for participants.' https://www.ndis.gov.au/participants/home-and-living/supported-independent-living-participants

[46] NDIA (2021). 'Supported Independent Living Operation Guideline.' https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/home-and-living-supports/supported-independent-living

Concierge funding

One OSS provider explained how concierge funding worked:

> *There's a separate line item given that was "on-site funding" from memory that we charge against. It was $62,100 per person per year, regardless of whether you had 8 people or 10 people or 300. Well, that was to fund 1 person for 24 hours a day, 7 days a week and 1 thing that the NDIA advised us at the time was it's $62,100, regardless of how many people are actually in the property at the time. However from their economic modelling you need probably 9 people to make it viable as a minimum… he mentioned that you need at least 9 to make it viable. And we have in 1 of our unit blocks, 9 people and we're providing the extra 8 hours per day support so obviously, that doesn't work. As I said, [NDIA staff] did come to the party for the first 6 months in assisting in that space but then at the end of the 6 months, that just disappeared.* **(OSS Provider B)**

On-Call Overnight Monitoring (OOM)

Some OSS providers mentioned getting OOM funding. OOM is defined by the NDIA as a support item that provides for overnight on-call assistance (either on-site or off-site) with, or supervision of, personal tasks of daily living.[47] It applies to any day of the week and on public holidays. This support item is for an 8-hour period and includes up to 1 hour of active support provided to the participant for the duration of the period.

Individualised Living Options (ILO)

An Individualised Living Option (ILO) is an NDIS support that lets you choose the home you live in and set up supports in the way that best suits you.[48] An ILO is a package of supports that can help you live how you want in the home environment you have chosen. Some OSS providers were hopeful that support in apartments could be funded through ILOs, however ILOs are largely seen as an alternative to SDA rather than funding for support for people living in SDA.

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[47] NDIA (2021). 'Pricing arrangements and price limits: 2021-22.'
https://www.ndis.gov.au/media/3518/download?attachment
[48] NDIA (2021). 'Individualised Living Options.' https://www.ndis.gov.au/participants/home-and-living/individualised-living-options

Independent Living Social Support (ILS)

One OSS provider described their approach to funding shared support once they were informed that concierge funding was no longer an option for the group of tenants that they are supporting:

> *So, we need to look at this like an ILS model, so independent living social support. That's what it is. So, it's not a SIL model. We're actually going into their home to provide a support, like a drop-in model, and ILS support. So, that's why we're taking the NDIS' philosophy around the program of support, which gives the customer and the participant a greater opportunity to leave if they don't like the support. We take a risk financially. It's a lot of admin and it's a lot of work and we may lose some participants if they don't like us, but we'll also maintain some.*

> *So, we give a 12-month quote. They sign a 12-month what we call a 'schedule of support'. So, that's saying 'yes, I want you to provide my services for the year'. But within that schedule of support there's broken down into your 12 weeks. So, they'll have 4 lots of 12 weeks and then a little bit for the rest of the year, right. That just means they're signing on for us for the whole year, but during any of those 12 weeks they can just give 2 weeks' notice to cancel the remaining. So, we're still locking them in for 12 months, so to speak, but at any point they just have to give us the 2-week notice period. So, we're still able to do our service booking and still able to do that side of things. It's just looking at it from a different perspective of we've got a guarantee of 2-week cancellation now, but also, they've got an ability to leave us if they want to and only be charged 2 weeks with us. So, as per the NDIS guidelines, it's a legally binding program of support, but you can cancel by giving 2 weeks' notice. That's where I was saying those 12 weeks support. So, technically at the end of 12 weeks, if they haven't signed on for the next 12 weeks, they don't need to use us as a [shared support] provider anymore.* **(OSS Provider G)**

> *That 12-week program, you start with a number of those until the person's sort of found their routine, found the way it's going to work for them, and then do a review every 12 weeks regularly. So, with the program of support, it just means that you're locked in for that period. So, if they do want to cancel the support, they can, but it's a 2-week cancelation, so then at least you've got the assurity there for your staff that have already been rostered that they can continue to work for those 2 weeks and they're still being paid, but then what we'll be doing is between that sort of 6 to 8 weeks within the schedule – within the program of support, is actually reviewing it with the customer of how it's going. Because obviously the first sort of 3 months is going to be vital for them with the transition. So, it's more the second program of supports or second – the first 3 months and the second 3 months where we'll really sort of hone in and define whether it's working for everyone or not, or whether they need us to pull back.* **(OSS Provider G)**

> *So, we're working with the 6 others are yes to move in. So, when working with that 6, we're saying to them, "look, because we don't know if and when the other 4 will be coming in, we have to build it out of 1:6".* **(OSS Provider G)**

> *So, after, say, 6 to 8 months we might say, look, it's working really well. We're getting really positive feedback from all of the cohort. And then we say, okay, let's sign on for an annual thing, and then the agreement will differ to, you know, our 14-day notice period, like a SIL model or – 'cause it's not our SDA, they don't have to move out of the property. It's just ending us as a service provider.* **(OSS Provider G)**

NDIA changes to funding models

Most of the OSS providers described their frustration with the complexity of getting funded for the essential support that they are providing and the way the NDIA has changed how shared support is funded in SDA apartments:

> *We are involved with 1 of the first projects in [suburb] and even trying to do a Roster of Care. Well, there's 11 people, then it's 10 people, it's so complex. If there's any changes, if you decide to change what you do throughout the day and you're not there anymore, you're going to have 9 other people to consider on your Roster of Care. So, it doesn't make any sense. So going from that and then now to concierge and now OOM, it feels like there hasn't been a funding type that fits this model yet.* **(OSS Provider C)**

> *We'd gone from this concierge funding that everybody would receive. So everybody knew that they had access to that on-site emergency on-call overnight any time and you could use it up to a couple of hours every day and that was great. Then in relation to people's individual support, so their personal care or their community participation or whatever other elements they had, they were able to choose if they wanted to select us or if they wanted to use external providers or a combination. It was really quite flexible in that people had real choice and control around that. The starting point was that we were the concierge provider, but after a contracted period, they were in a position to also make a choice around, you know, who was then going to be their provider of concierge moving forward. Under the concierge, there were really very specific requirements around the number of hours that you could tap into – your daily kind of limit, any on call that you needed at any time. And we were liaising for the individual people with the OTs to be able to bring in the AT that they would need in sorting their individual apartments to be able to link to the on-site service. So it was all kind of, you know, being established on that basis, and then the concierge was cut. So [SDA provider] and [OSS provider] together met with the agency to talk that through. They basically told us it isn't possible to fund models. So no SIL, no concierge. ILO still wasn't even available as an option. And what the approach was that they were taking was, this is the individual. Individuals are to be funded. This is not about models or funding of models. If individuals wanted to pool their funds and we make business decisions around us delivering services using that pooled funds together to contribute towards something we could – that was our decision, but basically they were out. They were only going to be involved in individual's funding requirements and as long as the evidence was provided to justify, they would meet the needs of the individual people.* **(OSS Provider E)**

Very mixed at the moment to be honest. We've got some people that are on a concierge component so they're still receiving the concierge. That's probably a bit over half at the moment. Anybody who's getting a new plan review at the moment or anybody that's come in after January have come in without any form of framework. What we've been able to do is to use their core funding to pay for part of the on-site supports and that's something that we've negotiated with those individuals based on what it looks like. One of the issues for us at the moment is that maybe 60% that are still on the concierge. They're being funded for 1 person 24 hours a day at the moment and we're putting 1 person 24 hours a day plus 1 person overnight, so we're subsidising that at the moment just to ensure the safety and welfare of the people living in the property and their dignity. That's the other part which we didn't mention, was the dignity. **(OSS Provider B)**

If it becomes so administratively heavy it will require such a load on those who are expected to do that level of negotiation and continuously you know, readjust their business models and keep changing and chopping etc. Then I've gotta change my finance model and I've gotta change this and I've gotta amend my staffing levels, what's the point? Where does it start and stop? Because it then becomes so difficult to maintain for everybody involved the market gets squeezed down doesn't it? Because if you want to live in this location with 7 other people, in your own apartments, we then are the ones that say, "well, these are the rules of engagement. You've gotta put this much in." **(OSS Provider F)**

Potential solutions to funding challenges

OSS providers described what they need in order to continue providing shared support to NDIS participants living in apartments:

> *You need to have some consistency in what that messaging is and an approval upfront with the NDIA and some discussion with the NDIA upfront to allow adequate funding as number 1 to break even. You've got to have some sort of return or you do go broke but to have some certainty in that space to maintain the market where it needs to be. In addition to having that process approved, that on-site needs to be funded separately. I don't care whether it's funded as a SIL, I don't care whether it's funded as a concierge, I don't care if it's funded as a block funding payment. I don't think that matters.* **(OSS Provider B)**

> *All we want is a guarantee that if we're gonna run a model for 10+1 I think – or at least the 24/7 support worker there, that the cost of that person is covered. And I don't know the best way to do that. But I know right now that that's not happening. And that's the bare minimum we want. Everything on top of that – like the flexible supports and stuff for the individual is amazing. Of course that's what we want too, but honestly the bare minimum is just to cover the cost of that 24/7 support worker. And that's not happening. I don't have an answer on how to get that. But that's what we want…*
> *I think there'll still need to be separate buckets. I think people who receive supports need to know about everything to do with those buckets. I'm not saying it because we want the money or anything like that. I'm saying it because administratively it's gonna be way, way easier for that to happen. I know that that probably is anathema to a lot of people in terms of trying to ensure that you know, people have true control.*
> **(OSS Provider C)**

> *Look, I think it works well if you just block out the component and say, "that component there is funded for on-site supports, now what else do you need?" and then you can put it into a Roster of Care. It doesn't really matter what it goes into to be honest with you. The Roster of Care is obviously just a tool to assist in the SIL calculations and probably not much more but everything else is core funded and they use it however they want to use it. I think that's the beauty of the model. It allows people that freedom and that level of independence. It's just that they need that on-site support to make it work. So, fund that separately and use the Roster of Care to do that. What you need to make that work by the way if you're in the Roster of Care, you probably need an extra line item that just says, "this is the amount we're funding for, at what time of the day as a shared component" and then that just gets split across the individual participants on their individual pages. That would be the easiest way of doing it.* **(OSS Provider B)**

The delivery of shared supports needs to be a viable and sustainable business model that covers all of the costs associated with being an OSS provider:

> *It needs to be sustainable and it needs to take into account some of the extra costs that you as an organisation might have to run that model. So, for example, we have a unit that we have a licencing agreement with. We have to pay for the electricity, the water, we pay for other components of that as well, we have to pay for the NBN coming into the building. We had to pay for the furniture and things we put into that building, whiteboards, all the technologies, computers and things but other organisations who are just providing 1:1 support don't have to pay for. They don't pay for any of that. We're keeping all the records and things for the participants to make sure that the records are in 1 spot and that they're able to access their own stuff when they need it as well. So, our compliance and our administration costs are much higher than they would be otherwise. We actually have a house manager on-site and the house manager provides supports as part of the concierge in most cases, not all the time. That's an additional cost but we need to be able to make sure that we can do the administration component for 10 people. I mean if you had a group home with 3 people in it you might have a house manager for just that or you might have it across 2. We're talking about 10 people. So, there's still a component that needs to be funded. So the funding model has got to take into account the additional administration costs, the additional site costs, the location and facilities and everything else that you need to make the system work. The option that the NDIA have posted on a couple of occasions is, "we'll give you 2 hours of funding per day". Well, straight away, we've got 1 property that's only got 9 people in it so we're getting funded for 18 hours a day when in reality, we're providing 24 hours plus another 8 so we're providing 32 hours of support and a lot of that is overnight and Saturdays and Sundays and weekends and they're suggesting that what we should be getting is equivalent to 2 hours day rate. That obviously doesn't add up and we're also fronting all those additional costs and the administration side of things and everything else that we do.* **(OSS Provider B)**

> *I think it's great for us to strive to have separate buckets so that we can have you know, your overnight support from here, and then your daytime supports as your core or what have you. But we've sort of gotta work with what they're giving us. And what they're providing to our participants. And if they're not giving our participants separate funding buckets for things anymore we've gotta work within what they've got for their funding.* **(OSS Provider G)**

One OSS provider reported that there is limited appetite for block funding shared support in Queensland:

> *Maybe it's just a very Queensland thing. There was such abhorrence to the group funding system that we had up here – or block funding as it was called, that any sort of pooling of money is a bit of a firecracker about to go off up here. Because it was so poorly run, abused – a whole pile of different issues. And started a royal commission that we had up here for the Department of Community. So that's probably why in Queensland anyway, it's so sensitive. And the Department's probably running a slightly different ballgame.* **(OSS Provider H)**

However, another OSS provider saw block funding as a potential solution to providing a more secure stream of funding. A clear mechanism for changing OSS providers that are not delivering adequate support to meet the needs and preferences of tenants would assist with ensuring the delivery of quality support services:

> *From an on-site perspective, it has to be funded separately to ensure the stability of the organisation moving forward. There's got to be some really tight controls around that as well to ensure that organisations don't go in there and just do nothing. I think that there's got to be a lot of negotiation or a lot of stakeholder engagement from the NDIA or the auditors or whoever you may use or the commission to ensure that those people are getting the right level of support and understand what level of support they can have and should be getting. If they're not getting that, the organisation who's providing that should be turfed, no issues, no buts, you're not doing your job. You're putting people at risk and in particular because of the vulnerability of people living on their own.* **(OSS Provider B)**

4.4 Delivery of support in apartments

Who provides what types of supports?

The delivery of disability support differs across different sites, SDA providers and OSS providers. Only 1 OSS provider was responsible for delivering all of the support to tenants in an apartment complex similar to some traditional groups homes. Some providers deliver only shared support, some also delivery 1:1 supports and/or support for community participation for some tenants:

> *For me, it was a real learning experience. From the start, from the initial point of meeting the participant and understanding where it is that they're coming from, their expectations of our organisation. Getting an understanding of what their initial expectations might be from our organisation, whether that would just be on-site supports. Most people were pretty clear about wanting their own service provider, or their current service provider to do a lot of their [1:1] supports. Others wanted to know more about our organisation and make up their own mind. Others, before we walked in the door said, "I want you to provide all of my supports in this model".* **(OSS Provider B)**

> *For some people, we're shared support. For others, we're 1-on-1 and shared. Then for others, we are community participation, 1-on-1 and shared, the trifecta… For most of our tenants in [apartment site] – I think we started off supporting 2 for 1:1, and now we're supporting all of them. They've all changed over. So yeah, we've gone from 7 staff to 14.* **(OSS Provider D)**

> *Well, not community access. So, their community access would be separate. So, we're only on-site support. We wouldn't go drive them places; it's just on-site support. Well, like walking and stuff, but not actually driving somewhere… Everyone's got secondary support providers, but you'll need to commit to paying a one-tenth proportion of the overnight support. It's whatever is agreed to by the other 9.* **(OSS Provider G)**

> *It happens differently with different providers and differently, dependent upon the support and the requirements of the individual that you're both supporting. Some people are getting all of their core with another provider. Others might be getting all bar an hour in the morning and an hour at night where we're helping them get out of bed or you know, helping them start or finish their day or their daily living and then there might be others where we're sharing the supports… It can be challenging when you're sharing – when the supports are reasonably shared in defining 1 organisation's responsibility.* **(OSS Provider B)**

One provider reported that over time, more tenants have decided to use the OSS providers to deliver their 1:1 support:

> *They [tenants] all had to sort of be a bit flexible in their times. Particularly with COVID, if you want consistent, regular support workers, the same support workers who are our employees so that they receive all that training then this is what we can do. It took a while to get there. It didn't start like that. I think it started off with 2 tenants, then it moved to 3, back to 2. Some nights the shift's 4 hours, others it's 7, some nights it's 9. It does move, and we might add to it. It just evolved. And that's happened more as – like tenants will be, "oh, I didn't know we could use you for our support". And I'm like, "well, yeah". They're like, "oh, our support coordinator told me that we had to use an external provider". It's like, "no, you don't". And they're like, "oh, can I use you?" And I'm like, "well, if you're prepared to negotiate and be flexible, then yeah".*
> **(OSS Provider D)**

One provider described how some close others prefer to have 1 support provider delivering all types of support:

> *So we've got about 4 of them that are still gonna be receiving 1:1 support from external providers, and some of them have 2 or 3 [workers]. They like to rotate because they like different faces. Because it's the same people but different days of the week doing different things. Some of them have told us they want to maintain their current providers but they're actually looking to minimise the number of providers providing support to them 'cause they want more consistency of staff at training and education. So, they've actually said, after the first few months or 6 months or whatever, when our person's comfortable with your staff, we would actually be looking at exiting from the other providers and having you do the additional 1:1 support. They can do whatever they like, really. The main thing is that they're agreeing to come into a shared component of on-site support…So, there's a combination. Some people have still got additional but are looking to move to 1 to streamline it. A lot of the plan nominees are sisters or aunts or parents and for them, it gets difficult managing and remembering which service providers are coming on which day, for how many hours. So, even when we went through this process with them, a lot of our conversations were around, "okay, what support providers do you have? How often do they provide it? Because we'll look outside of those supports to see what else you might need". We're not going to cover the same support time they support. And it was very difficult for a lot of them to sort of say definitively what supports they get or by whom because there was too many providers. So, they want to look at reducing their stress load as well with the number of people they have to liaise with, I guess.* **(OSS Provider G)**

Having more than 1 support provider was seen as fundamental to offering tenants choice and control:

> *I think if the NDIA took the time to look at the supports that people had across the board in the apartments in [suburb], they would see for themselves that choice and control is being given to people 'cause there is a range of providers and a range of ways that that's been done.* **(OSS Provider G)**

One provider was adamant that maintaining a separation of the on-site support and the 1:1 support is critical to maintaining choice and control for tenants:

> *I think 1 of the things that's really paramount to making that work as well is making sure that other providers don't feel like you're [OSS provider] trying to take their support off them and you're helping them to do what they've got to do. One thing that we've been very cognisant of from day 1 is if a participant wants a particular provider, we'll do everything we can to help them use that provider, including support the provider. So, it's really important that we have those relationships and that way the participant gets who they want and that's when they get their genuine choice of control. It's their [tenant] choice and control, not the NDIA's and not ours and I think that's the most important part.* **(OSS Provider B)**

Coordination of 1:1 and on-site supports

Some tenants coordinate their 1:1 and on-site support. For other tenants a support coordinator or the support providers are more involved:

> *Tenant driven – it's dependent on their support needs. I guess, it comes down to the main person who organises the supports. So, for some people it might be a really good relationship with the actual coordinators of other providers or it might be the support coordinator or the individual. It really depends on the individual, but ensuring that you've got a really good grasp of the support needs and whatever sort of underpins that…So, we've got some tenants who are such good advocates for themselves that we've never had any concerns about their supports and things. Then, other people, where you need to really ensure you have a good relationship with whoever that key person might be, so that you can have those channels for feedback and checking in and all that sort of stuff. Whereas the on-site provider, you might not see someone that often. So, what are your obligations in that space and ensuring that someone who might be living by themselves are a bit more isolated, who's actually having their needs met and, you know, living safely in their home.* **(OSS Provider C)**

> *The other support services that are coming into the situation to provide supports. Providing people [tenants] are agreeable to it, if they're happy for us to be kept up to date. Just to know what's happening because if there's anything important that's happened that somebody coming in to provide support during the day has become aware of. If they can give us heads up, that will be great.* **(OSS Provider E)**

For some tenants, a support coordinator has a critical role in the coordination of 1:1 and on-site support:

> *I think we've hit a really good system with 1 of our tenants who uses a bit of both. He uses us for his SIL and his shared support obviously, and then he has his own little team for his outings. Now that was sort of a bit of a dog's breakfast. No one knew who was doing what, when, who, why, how. And his support coordinator started organising fortnightly meetings. Ever since they started, we're all on the same page and she's taking complete ownership of it and it's working really well. And then the team leader will follow up, and we've all got our allocated tasks. And it works really well. And then there are others where you just don't hear from them and their participant needs support with something and they're like, "that's not my job".*
> **(OSS Provider D)**

> *Because of the way that this model was working with other providers that do [1:1] supports with the participants in those group homes, the important part is to make sure that you do separate and pull that apart so it's not going to be done by the individual organisation. Making sure you're talking to those providers and normally through their COS [Coordinator of Support] as well, obviously the COS plays an extraordinarily important role in ensuring that all their supports are covered…"There's the on-site component, now what else do you need?" it makes it much easier then for that collaboration to happen with the COS and they don't need to tell you who the other organisation is if they don't want to. They can just say, "on top of that, I need these hours on these days and that's my [1:1] scheduled support".* **(OSS Provider B)**

1:1 support workers do not always turn up for their shift. This happens more frequently than it should and most tenants in SDA apartments are dependent on others for their most basic needs. When this occurs the OSS provider is able to step in and provide essential support:

> *We have 1 staff member on 24/7. They ensure that all the medications have been administered…The concierge on-site manages the risk. They ensure that the [1:1] support workers actually rock up to their shift. And without that, you know, tenants are at risk…So we know the needs of the tenants really well now. And there's – someone calls in sick, we can move staff around so that the higher risk tenants are always covered with known staff and the lower risk residents might – you know, instead of having 4-hour shifts, they might have 2 hours and it might be me or the team leader who just quickly pop up to make sure their needs are met. But those higher risks – and we always have someone now that knows them really well.* **(OSS Provider D)**

> *Of course, as has happened to a number of the people in their experiences of using the support workers, they don't always receive their services because the support workers don't turn up. So having that security in knowing that there's on-site staff and an organisation behind it where we can backfill, so they can have some security knowing that they're going to have someone there.* **(OSS Provider E)**

One OSS provider described how they work to ensure that they know enough about the tenants and their specific support needs to be able to step in when needed:

> So wherever we can, we try and get in there, because obviously there's going to be situations where a support worker's running late or doesn't turn up or whatever and there's something essential that needs to be done. So there is a lot of investment from the provider in training and being able to do those things which we're not necessarily funded for. To ensure that we have met all the requirements in order to do something in an emergency situation. I keep going back to the emergency situation, but they are things that definitely impact how we deliver support. When we have that relationship with the tenant and the support coordinators that truly understand that living environment and what it means to be in an apartment, I think that's where we've definitely kind of joined forces and support coordinators have been able to really support the tenant to make those informed choices and decisions around what and how they have their 1:1 supports provided. So we have situations where we provide maybe 1 personal care support a week to make sure that we have 1 key worker that is trained up on the support routine. And the rest of the time the tenant has the people that they choose to, just because we've been able to have those really solid conversations around what happens in an emergency? If we have 1 [OSS provider] worker that understands your routine, we can have that communicated within about 11 minutes from the time we do that. We have it all structured out so that we have the confidence and you're able to meet and be comfortable with the people that potentially may support you in times of need. It supports you to be more independent and comfortable at home, knowing that you know the specific support workers. You know them and you've met them. **(OSS Provider A)**

SDA funded apartments are different to group homes

OSS providers reported concerns that the NDIA does not understand the intent of integrated SDA apartments compared to more traditional models of disability housing:

> The NDIA have got to be willing to fund the model for what it is and understand that this is a different model than any other model they're dealing with. It's different than a group home, it's different than clusters…A better understanding around the policy and procedures and the consistency at its base is really important. **(OSS Provider F)**

One OSS provider described the complexity of supporting people with disability living in 6-bedroom group homes that have transitioned across from a state government and have not had any choice in who they live with:

> We've got some homes that are really transitioning across. Groups of 6 living together. In some cases you know, relationships break down because "I've never liked so and so". They've been seemingly forced into a situation where they have to live with people they don't even like. So we really are trying to ensure that those kinds of limits have been broken down. We don't expect people to continue in those situations just because that's where they find themselves now. **(OSS Provider F)**

In our SIL houses, we are trying to reduce the numbers there too. Limit the people that others are having to share with, which very often is not through their choice, because we took on transferred services from [state government] that we inherited. In 1 of the transitions that took place here 3 and a half years ago we've got historical placements of people who were thrown together that we're having to navigate and manage. For us it's really important that people are given that choice. So we're willing to kind of put the effort to try and provide those options for people. **(OSS Provider E)**

In most instances they have not had any choice around living in the SILs that they're living in, or the environment that they're living in, so they actually aren't interested in the community that they're living in 'cause they never wanted to live there anyway. So at least this time they're choosing where they want to live, and they do want to be a part of that community because that's where they see themselves for the rest of their life. **(OSS Provider G)**

OSS providers reported that the characteristics and support needs of tenants in SDA apartments are very different from traditional group homes:

So traditionally what we're seeing is the reasons why people went into a lot of those shared homes is for issues related to things like intellectual disability or communication issues, cognitive issues, which mean that they have impaired judgement related to things like personal safety, road rules, those kinds of things. So they needed a level of supervision. The cohort that's moving into the apartment block have a higher physical disability than those that are living in our SIL environment…With this current new cohort that we've got coming in, it's really exciting 'cause it is a different group of participants than we currently and ordinarily work with. They're very strong advocates for themselves. They're super smart, intelligent. Yes, they've got disabilities, but they're mainly physical disabilities, where they can't care for themselves. The majority of them are people that have actually had trauma or accidents throughout their adult life and then had the disability as opposed to being born with it or had it from a young age. So, they've got a lot of that cognitive development and gone to school, gone to uni, been a politician…The co-located living tends to be – we've been very active in that high physical support needs where they do have very complex supports. That does mean that they require supports overnight. We have to be very acutely aware of what the individual requirements are, what people's expectations are as well and then try to design a model for that site. Doesn't work for everybody…In our group homes we actually have a lot of sleepover, what they call sleepover supports. So that relates directly to the fact that they don't require that for their health conditions. So there's not a lot of people there who need overnight supports for say toileting or continence issues or pressure care. You know skin care even. So they don't need turning etc. In the newer kind of space where we're working where there is that 10+1 kind of model, we're finding that because they're high physical supports needs, absolutely they do. **(OSS Provider F)**

Table 7 – Summary of themes related what works well and what does not from the OSS Provider perspective.

What works well?	What does not work well?
- Flexibility of support - Support can be tailored to meet a diverse range of needs - Tailored, individualised support - Choice of 1:1 supports and workers - Tenant choice and control over shared support - Good outcomes for tenants - Cost-effective delivery of support	- Getting funding in NDIS plans - Certainty regarding future funding for support - Fear of having to move due to lack of funding for support - Support and funding adaptable to the needs of tenants over time - OSS provider communication to tenants - NDIA communication to tenants - NDIA communication to OSS providers - Support in co-located apartments poorly understood by NDIA staff - Transition is challenging - Risk management

4.5 What is working well?

Cost-effective delivery of support

OSS providers were all providing support to NDIS participants across a range of housing types. All OSS providers agreed that SDA apartments fully tenanted are more cost-effective than other housing for NDIS participants with similar support needs:

> *I think if you do a comparison to residential care, there are houses around that have 10 residents still. And I know the ratios in those houses are up to 3, 4, 5 staff per 10. If you compare that to the 10+1, it actually is a cost-effective model.* **(OSS provider workshop)**

> *My previous role was – we did a lot of SILs [Supported Independent Living quotes] for group homes and that was 36 tenants. And these ROCs [Rosters of Care] are significantly lower than them. I was surprised, to be honest. The 10+1s working financially, it makes sense in comparison to those 3 houses of 10. One house of 6 – those ROCs were through the roof compared to the 10+1 model. That place specifically had a lot of behaviours and a lot of the residents that have 1:1. Even in a 10-bedroom home, we would have 2 or 3 or 4 across the houses and 24-hour 1:1 specialing – so that just blows your budget right out. They're a lot better off being in their own apartment.* **(OSS Provider D)**

One support provider described some of the potential efficiencies for providing shared support:

> *The minimum shift is 2 hours. And that's really difficult to fill, particularly if you're looking at that sort of 7-9am, before school, after school timeframes. So instead of that, some tenants were having longer shifts only so they could get a staff member, otherwise they would be left without anybody. We started working with the tenants and we've ended up putting together 3 or 4 2-hour shifts to make 2 2-hour shifts and a 3-hour shift, which makes a 7-hour shift. So that person goes 4-6 with Tenant A, 6-8 with Tenant B, 8-11 with Tenant C. Now that 7 hours, if they weren't all put together – would be almost twice that. So that person would still have support. So essentially, it's a saving of, well, 5 hours a day, which is significant, I think…And we've done that through periods throughout the day as well, where we've had a couple of tenants who've had 13, 14 hours of 1:1 and they're now having – I think 1 of them is down to 5…So it's really helped them 'cause it's been put in times where they just need that little bit more intensive support, but they don't need a full shift.* **(OSS Provider D)**

Another support provider also outlined how co-located apartments can enable the provision of support to be more cost-effective:

> *We've done something really similar by grouping supports together to create lines in our roster, which is more attractive to retain staff as well because the shift is instead of 2, they're 7 hours or 8, 9 hours. Their actual formal support has reduced, but they've got that access to just in case without it being funded as just in case. We've had tenants go from 13 hours a day to 8. You know, which is amazing.*

> *Just by having someone there and sharing between 3 other tenants, they've completely reduced their supports. It's because as well they get that more confidence knowing, "okay, someone is here, but if I don't really need them, why would I call upon them? I'm trying to be more independent. But if I do need them they're there." They're starting to enjoy their privacy. Some of them are like, you know, "don't come and check on me". And we're like, "look, we want to come and check on you every hour throughout the night to make sure you're breathing". And some are like, "no, don't come in my room when I'm sleeping. I'll call you if I need you."* **(OSS Provider G)**

One support provider described how on-site support can provide 2 support workers for transfers in a cost-effective way:

> *It's much harder to create a half-hour shift. I can imagine it would be virtually impossible without shared on-site support…So we've created systems for that. But for tenants who need that [2 workers for transfers], the 2.30pm shift now finishes at 11.30, but 2 tenants between 10.30 and 11.30 have half an hour each to get into bed. So that goes back to that efficiency. Rather than a 4-hour shift, they've got half an hour each and it's working really well.* **(OSS Provider D)**

One OSS provider reported they have analysed the costs across different housing types:

> *Tenant supports are cost-effective. So I've been running a cost analysis. We were naturally looking at the analysis piece of the cost to the NDIS for you know, our 10 participants in this model, versus the cost for these types of tenants to live in a SIL versus for them to be in an ILO. Undergoing that analysis to actually show them this is the most cost-effective model for you out of the 3. There's no reason for you to be sort of pushing back on this and letting people actually utilise this type of support. Letting them pick what they want and when they want it.* **(OSS Provider D)**

Two other OSS providers reported that SDA funded apartments are much more cost-effective than ILOs for people with high support needs:

> *I don't understand the economics of the government pushing the ILO model, which is so expensive. Ridiculously expensive. It's been trialled a number of times here in Queensland and hasn't worked. And then banned after a royal commission. And now they're going to try and roll it out on our pricings. It's almost double the cost of a concierge. Or actually more than – it'd be 150 – 250% more than a concierge.* **(OSS Provider H)**

> *I think there is definitely this sense that we could say, "look, people who aren't eligible for SDA are being pushed towards ILOs", because all of the people that ring them are being told they aren't eligible for SDA. But now the challenge is that they've realised exactly what you're saying. And now people can't get approval for ILOs because they're realising how expensive it is. And I think there was maybe another misconception that ILOs were like all of these informal supports that didn't cost anything.* **(OSS provider workshop)**

Good outcomes for tenants

Despite the complexity of pioneering a new way of supporting people with complex and high needs to live in their own apartment, OSS providers were highly motivated by the outcomes they were seeing for tenants:

> *We're having some really, really positive life experiences for people who have come out of aged care, have come out of hospitals, who have come out of living homes that just weren't suitable. We're having some really, really positive life experiences for people in a short period of time so I just think it's really important that that message gets sold as well, like that we're not just here saying that the model doesn't work, that the funding doesn't work. It does. It's fantastic. It just needs some guarantees for providers, particularly on-site providers, to be able to know that they can operate in a market model that's going to be cost-effective and be able to at least break even.* **(OSS Provider B)**

Tailored, individualised support

OSS providers clearly described how the combination of on-site and 1:1 supports enables support to be tailored to meet the specific needs and preferences of tenants in co-located apartments:

> *We provide supports through people's NDIS plans, through supported independent living. It is morning and evening supports and during the day people have elected to go out and find their own support providers. However, there are a couple of models where there is that shared support component that's still being funded – where people are at home and they're happy to be on their own. They just need somebody there to make a cup of tea, do some other stuff in their apartment for them and away they go. They're back to doing whatever they do. That's been incredibly successful.*
> *So we're not there to be there 24/7. We understand what people's routines are in the morning and the evening 'cause we'd had those discussions. And they're the ones who'd lead where those support want to take them. We will be led by the individuals involved, not the other way round. So it's not the roster that determines when you go to bed or when you get up. It's the other way round.* **(OSS Provider F)**

> *I've been talking with the tenants there now for at least 6 to 8 weeks and going to see them where they live now, being part of their morning routine so I can really help them to feel comfortable moving across. But for some people, we are that place that sits in the background and they call when they need us. For others, we are the provider that they see every hour and they need lots and lots from us, and then there's everyone in between. So I don't know if I've got a definition for how it is as a service because it is completely different for each person and it's tailored to what they need.* **(OSS Provider D)**

> *I think the key principles are it's participant-led. They haven't moved in yet. We're gonna be having weekly resident meetings, like customer meetings with them to find out how their week's gone, if there's any changes they require for the following week of support. Like I said before, if you're usually at 7 to 8, you want to change it from 8 to 9, those sorts of conversations will occur on a weekly basis around how their supports are going, do they want any changes made etc, without it having to affect their funding side of things or going back for a change of circumstances. Working within what they've got.* **(OSS Provider B)**

Support can be tailored to meet a diverse range of needs

One advantage of co-located SDA apartments and shared on-site support is the capacity to provide support to a broad range of tenants with different support needs. One OSS provider described the range of potential tenants suitable for SDA apartments:

> *I think it's quite variable…The level of the support they're going to get at that on-site support level is really the driver. So, if you have people with very, very high needs that require a bit more support on a 24 hour a day basis, then you just need additional support. Whether you call it concierge, on-site support level or whatever. You just need to be able to effectively fund that model to suit the cohort of people that you've got. We've got quite a diverse range of abilities and needs in the 2 apartment blocks that we look after and both work and they're both very different but they both work with the right amount of funding to provide the right amount of support. The difference being of course that some people will want more of that on-site usage and others will want less but it's got to be a shared component or a group funded component by the funding body to ensure that it's sustainable for all the participants…This model caters for a wide range of people and abilities. We've got people with reasonably low support needs that are living with married partners through to people that are living by themselves with reasonably complex needs, medical support needs, BiPAP machines, that sort of thing and they're living equally well and having equally good, positive results from this model. It's just dependent – all that relies upon is the NDIA giving them the supports that they require.* **(OSS Provider B)**

Tenant choice and control over shared support

Choice and control over supports was seen as 1 of the key benefits of living in SDA apartments. OSS providers reported that engaging tenants in joint decision-making was ideal in the establishment and delivery of a shared support service. One OSS provider described engaging tenants in the recruitment of support workers:

> *I definitely think having tenant involvement in the shared component requires all tenants of all walks of life, different preferences, to be kind of connected to "okay, this person's going to potentially provide me support at some stage maybe in the next year". So we involved the tenants and gave them the option to be able to recruit with us and engage in recruitment. So that was probably a really positive thing that we did. It came with its challenges. It was really productive and positive. I also think that it's really important that you set up really realistic expectations of what that may look like. It's talking about the hard stuff. But we will try our very best to keep it at that. It's not something that is set in stone for you to be able to make those decisions, because sometimes something is going to happen that is beyond everybody's control.*
> *But the most important thing is that we're going to have someone there.*
> **(OSS Provider A)**

OSS providers described a range of ways of engaging tenants in joint decision-making:

> *This community cooperative, where it's the individual participants leading it. So they're the ones who are saying, "hey, we want to share our pots of money to enable us to have what was a concierge."…That's where they come together as what we're calling a collective. Because they're in it together. They're communicating together as a cohort through the NDIS. All their comms go together directly to the NDIS. They all have input into that. And I think, I don't know, maybe we just have – we got lucky with the type of cohort that we got. I don't know, 'cause they're all very similarly like-minded people. All their supports differ, but they're very committed to wanting to have access to 24/7 support that they're happy to put in whatever dollars they need to, in order to get that outcome.* **(OSS Provider E)**

> *So, we're calling it the 'Community Collective Model'. So, Community Collective Living, which is essentially – we've developed a handbook that outlines what that means, but essentially, it's a pooling of people's supports to ensure that they can get supports across a wider length of period and across a longer week as opposed to what they would if they were in their own sort of dwelling or 1:1 sort of support environment. So, it's very much around communicating with the participants…If we pool all of that together, we can have your 1 staff across a 10+1 model, but then we could also have times during the day when it's your busy periods where there's a second staff on as well. But it's not really sharing support because you'll have your 1:1 when you need it. So, you're still getting your 1:1 support that you require but you're paying to have that on-site support as well in case of an emergency or if you need extra assistance or what have you. So, that's where it's a communal sort of conversation with an individual, with all the participants to say, "you know, you usually have it at 7. Are you happy to sort of have it at 9 or are you happy to have it at 8?" and just sort of working in with them…It's a collective model. Everyone has their say around how they want their supports met…It's very much tenant driven. They're driving the supports.* **(OSS Provider G)**

I agree in moving forward as a collective cohort is a great way of getting a lot of consistency and understanding and in particular around those shared support models. But we're really actually shared support. I think it's the most important thing is to allow people to have their choice and control of who these providers are…The base level of shared support needs to be what's agreed by the participants in the apartment block you're looking after. But then that needs to be funded separately from the rest of the core, so as they can use their core funding however they want to use their core funding…Give people more choice, more control about what they're being provided, some sort of delineation and some line of delineation between the on-site and the rest of the [1:1] support. So it doesn't mean that you eliminate other organisations. The intention is to try and get more organisations involved in their [1:1] supports and more choice around that by having the minimum amount of agreed on-site support that's needed and then having everything else in [1:1]. But that agreed base level of on-site, and that would obviously include a lot of collaboration, negotiation etc with the other providers as well as the other people within your own organisation. Because there would be a mix I would hope. It's just about having the funding model or the framework to say, "the on-site is a stand alone that must work in collaboration with everything else that's happening. In particular other organisations as well, to ensure that the support is provided by the people that the participants want that support provided by"…I suppose in a nutshell just summing it up was really just a separate stream of funding that's allocated for that on-site. But that on-site person is, or the on-site organisation is, expected to work with other organisations.
(OSS Provider B)

One OSS provider described some of the challenges of managing tenant expectations regarding NDIS funding and accessing OSS. This has been particularly challenging on sites where the NDIA has changed the way shared support has been funded 3 times over the last couple of years:

That's a really hard thing to put in writing, because it's different depending on whether the planner's working with you or not, or the funding is there or not. So the example that I can give you that was really hard was if you're [tenant] removing yourself from this, you're actually removing the ability to be able to have something in an emergency. But then we have the NDIA basically saying no, no, no. They just need a service agreement. They are billed for a minimum of an hour. But that resource is still there, so they can actually push the button and get it without it…And that level of kind of empowerment for the tenant. For example, if you didn't have a backup support person there or you didn't have someone that you could call on in the event of anything, what does that look like for you? Versus their interpretation of, "oh, that person's there anyway. So I'm always going to have that person. But I'm only going to pay for it when I need it." It's actually truly clarifying to the tenant what that is for them as opposed to – because obviously you can see there's so many different interpretations of it, but it's also re-engaging with the tenants so that they understand that 1 person in the office is paid for by you. It doesn't come with the project or your SDA. It's getting to the nitty-gritty of that. **(OSS Provider A)**

4.6 What is not working well?

Getting funding in NDIS plans

What is the problem?

OSS providers clearly outlined the long and bureaucratic process for NDIS participants looking to get the funding in their plan needed to move into SDA apartments:

> *The SDA approval process – it just takes too long. It's uncertain, it's inconsistent and it's not consistent with even the knowledge of the planners who are then going to provide the funding for the rest of their model. There's just a real lack of understanding and consistency in that space…It is the timeliness of the SDA process. Whether it be an appeal or the actual initial approval, it is just too cumbersome. It takes too long. I don't understand why it takes as long as it does.*
> *And it leaves people, yeah, and organisations vulnerable. That's led to it taking much longer than it should've for people to move in and we haven't reached a point where we've had vacancies yet but that SDA approval process and just that clunkiness of getting things through the NDIA and funding in general. Whether it be the SDA approval or then the funding to go with somebody to move in. It is going to be a major issue for vacancy management.* **(OSS Provider B)**

> *The process for NDIA can be quite complicated, you get caught up in bureaucracy… I think it comes down a lot of the time to the quality of your support coordinator unfortunately.* **(OSS Provider D)**

Potential tenants receiving SDA determinations that do not match their preferences further drags out the process of getting funding in plans. A significant number of potential tenants are requesting an internal review from the NDIA and then proceeding with an AAT appeal:

> *One of the big issues we're experiencing at the moment is people are applying for 1-person apartment accommodation, and they are being given shared determinations. So it's 2-person, 2 bedroom or 3-person shared models. And so they're then having to go through the process of S100s and we've got a number of them going through the AAT process now. People are being told they can't live on their own and that is what our apartments offer. It means that our vacancy management is certainly not working to its optimal ability.* **(OSS Provider E)**

> *I think the NDIS have a big part to play here in relation to the appeals that are being submitted for people for their SDA. In order to make it work there needs to be a more streamlined approach from the NDIS, and a more timely approach for when a person lodges that appeal.* **(OSS Provider G)**

In order to get approval for SDA in an apartment with on-site overnight assistance, NDIS participants need to provide evidence that they are among the 6% of NDIS participants with the highest support needs. However, when it comes to approving funding for supports, within the NDIA there appears to be an underlying assumption that the cohort living in SDA apartments have lower support needs than NDIS participants living in traditional group homes. NDIS participants are told that their support needs are too high and that they need to live with other NDIS participants:

> *It seems to come back to the NDIA not having a clear understanding of the people that they want to accept into this model. They seem to approve somebody for SDA and then 6 months later when we talk to them about funding, they say, "well, if they need that much funding they should never have been approved for this model in the first place". And you go, "well you're the ones approving them. We're just asking for the level of funding that they require for us to support them in the model that you've approved them for". It's like, work it out before you start so that we're not having these conversations in 6 or 12 months' time.* **(OSS Provider B)**

The current process of determining funding for SDA and the necessary support, home modifications and assistive technology is not efficient for NDIA staff either:

> *The agency spends an incredible amount of time – the delays that this causes in getting people into homes is incredible. I think if there would be any way at all that they can streamline the process, it'd be great.* **(OSS provider workshop)**

> *They're also recognising that they're the gatekeepers of the approval process, which is currently sitting at about 14 weeks from recommendations. So we would have less vacancy management to cover and to coordinate if we had the same expectations of each other.* **(OSS provider workshop)**

Providers described the frustration of potential tenants living in RAC or other precarious housing:

> *Well it doesn't impact me specifically, but the frustration from the tenants is pretty full on and the risk it leaves them in. Someone in aged care, we've got 1 tenant; she needs to be able to move here so she can finally get out of bed. Another guy who – where he's living – hasn't had a shower in over 2 years because they can't modify the shower for him to get in. So you would think these are priorities, but they don't seem to be. People living now, living without access to emergency overnight support. It doesn't affect me as such, apart from copping all the phone calls like I can make the [funding] be magically approved.* **(OSS Provider D)**

OSS providers reported that the approach from the NDIS has been inconsistent over time:

> *So 1 of the things that we'd initially started out on our journey with the agency by doing was that we had these regular meetings where we were able to talk to them about the client group that were moving in, and to then liaise with the local NDIA office. So that we could say, "okay, so these are the client groups. We need to clarify when their SDA will be determined", or if they're in different stages of challenging a determination because they've been given a shared recommendation. Bring their plan reviews in line with each other so that they could all fit in and we'd know what supports everybody had access to at the same time. What the agency are suggesting now after having stopped those meetings is everybody needs to do their own change of circumstances, they're all at different points in the year. They're at different stages with applying for the S100s or AAT because of the determinations for SDA. And it's just all over the place.* **(OSS Provider E)**

Other OSS providers also described the challenges of working with 6 or 10 tenants with different NDIS plan periods:

> *The top challenge would have to be the participant cohort not all having similar plan periods. They're all going through Change of Circumstance at different times. They're all going through a review or they're all going to the AAT. So, biggest challenge is them and all their different variations of where they're at, because you actually want to get your minimum 4 people in at once, and it's very difficult to do that if participant A finishes their plan today, so you've got to wait for the plan review to find out what they get, which could be 4 to 6 weeks minimum. Participant B has just had a new plan, so they're good. Participant C's nearing the end of their plan, but they've only got 20 grand left in their funds, so on and so forth. So, it's very difficult when you've got people at different stages in their plan.* **(OSS Provider G)**

OSS providers reported that there has been a change in the outcomes of SDA requests over time:

> *Other people that didn't get an SDA approval and yet, you compare that individual with somebody who's in the property and they're pretty much as far as the independence level and their ability, they're the same. We've got a diverse range of people that are in the property. I think that there needs to be a much clearer pathway for people with the SDA, then you need to have some consistency from the on-site provider perspective.* **(OSS Provider B)**

This provider also reported that there is a lack of consistency regarding communication and processes for getting funding in NDIS plans within the NDIA:

> *Our other top difficulty is the inconsistency from the NDIS around just their own processes and their communication. So, some people will take 6 weeks to get a COC [Change of Circumstance] through, some will take 6 months. Some are at the Tribunal for their SDA component, so therefore their COC is put on hold and they won't have any funding increases until their SDA component is reviewed. The difficulties around all of that from the NDIS, 'cause some planners will say, "it's fine; just bring your COC information to the AAT and we'll deal with it then and there". Others are saying, "no, no, you've got to submit after your AAT". So, you're gonna be out of support possibly for a period of time whilst you're waiting for the AAT to go through.* **(OSS Provider G)**

More recent messaging from the NDIA has been different:

> *And so what they're saying is they want to know what the individuals needs are and they will fund them. So don't give quotes, just tell us what you need. Provide us with the evidence that justifies that request and then we will give you the funds.* **(OSS Provider E)**

Transition

OSS providers clearly articulate the challenges of waiting for tenants, unpredictable timeframes and the complexity of trying to meet the needs of tenants and potential tenants during the transition period:

> *During the transition process into new apartment sites, 1 provider wants the NDIA "just to be on board with us. Like, take us through the process"… We're just taking the people along that transition. The NDIS should want to be a part of that so there's less errors along the way and there's less COCs put into them, making their job lighter. If we get it right back here, we won't have to do that other stuff. The only way it's gonna get done right, though, is if they're a part of that process.* **(OSS Provider E)**

> *The first 1 comes through, even though they're all approved basically in the same couple of weeks, it took 9 months the first time round to get all the SILs in. If that makes sense. Once they were in we didn't have an issue and we got back paid and all that sort of stuff.* **(OSS provider workshop)**

> *So at [development site] we only have 7 tenants. We have 8 moving in next Tuesday – I think they had to go to an appeal for the SDA category. Another tenant who's still waiting for an appeal date for the SDA category, but in the meantime, the apartments remain empty. Then the other 1 who's waiting for a SIL approval. So the SIL only went in about 2 weeks ago. So there was still a lengthy delay with customisations. That person had the right SDA, but for numerous reasons, it just took forever. They've got very specific needs and customisations.* **(OSS Provider D)**

So complex. And you know, if somebody ends up getting everything they've asked for, great. You know, they then know where they sit. If they get less, what are they going to sacrifice? And we don't want people sacrificing what are, you know, essential services for them to enable us to be on-site. So yeah, super complex. **(OSS Provider E)**

So, the minimum is 4. Anything above that we do a viability test each sort of cohort. So, we started with 4 'cause it was only 4 originally that were approved. So, then we built what the supports would look like on-site for that 4 to then see profitability margin, which is very very low, especially considering the level of the support worker that would go into this type of model versus your training, so your SCHADs levels. So, we do it based on a 1:4 and we can offer it because we know there will be further people coming on. So, 1:6 is all right. It is very tight. So, not much, but we're not losing, so we're happy to operate at that. Obviously the 1:10 had a little bit higher profitability for us as an organisation. **(OSS Provider G)**

It's like dangling a carrot, you know. We've got all these apartments at [development site] at the moment basically empty – it has been for months – just waiting and waiting and waiting for people to move in. At the moment, it's waiting for SILs. They don't have it move essentially. They don't have enough to move prior to the set up to be safe. **(OSS Provider D)**

We don't have any mechanism that the agency is supporting with each of these participants to enable this to happen. It's really frustrating for them. Some of them are reliant on others moving in to be able to get the service offering and, and so it means that they're just all left in limbo. **(OSS Provider E)**

Some tenants are moving from RAC, hospital or their family home which makes it difficult to predict the level of capacity building and support needed during both the transition period and long-term:

We've got somebody coming out of an aged care setting who had a stroke. Or we've got a couple actually who had you know, become disabled after you know, a heart attack or stroke and what have you. And so those people are trying to then build themselves up. Haven't had an opportunity to do that in aged care. It doesn't allow for it. **(OSS Provider E)**

And a lot of them are like, "oh, we don't need the support anyway" and it's like, "well, let's just see how you go 'cause you haven't actually been in – in your own environment independently. You always had your grandma or your mum" or whoever there, and we can review it. So, again, with what we're defining it as, we're doing it as programs of support. So, 12 week programs and during that, at the 6 to 8-week mark will be our review. So, we'll go in and we'll say, "okay, how do you think it's going? Is it sufficient support? Is it too much support?" That sort of conversation with all of them and then reviewing it again for the next program of support, until they get to a point where they're happy with what it is. **(OSS Provider G)**

OSS providers gave an outline of what they would like to see during the transition period:

> *I think for us just in terms of our experience is just the practicality around initiating new housing sites and having the vacancies all filled on the same. It's impractical and unrealistic to expect 10 tenants to move into an apartment block with 2 lifts. The acknowledgement or some type of clarification in how we can step that through, and it be reasonable and financially viable for the organisations that are working with the tenants as well.* **(OSS Provider B)**

> *It's gonna maybe sound a bit harsh, but I sort of feel like if you don't have the SDA – the right approval, then you probably need to move down the list of people who do. So they should be the ones that are considered for the apartments. That's only coming from a business perspective, in that we all have our overheads and that's based on managing 10 tenants. So from a business perspective, prioritising people who already have an SDA approval.* **(OSS Provider D)**

Potential solutions

OSS providers reported that recent engagement with the NDIA indicates that all funding for support will be flexible and allocated from the tenant's "core" budget. However, 1 OSS provider reported that funding flexibility alone is not the silver bullet:

> *It's funny we talk about flexibility and automatically people go, "oh, funding flexibility". It's not just about that. It has to be about the kind of general rules, how it's planned and what kind of approval I need. This constant kind of bureaucratic start – you know kind of the rules, guidelines for example. You need to apply for this, and then you have to have that. Well for goodness sake, can somebody just make a decision about what order we should do this in? Oh sorry, you've got that wrong. Once those are in place, if you're really concerned about the integrity of applications, develop something that is going to guide the market in terms of the information you want.*
>
> *When it's rubbery, people go, "I'm not really sure. How do we do this?" So my application's gonna be completely different to Pete's because he lives in New South Wales and their interpretation of this is completely different. At the end of the day we want to be able to say to the NDIS, "here's all the information you need. Go for it. We've got it. We've nailed this 1. Can we get it back in 3 days instead of 5 months?"* **(OSS Provider F)**

OSS providers gave some useful insights into how the process for getting funding in NDIS plans could be more efficient for all stakeholders including the NDIA:

> *I think that getting that approval upfront, ensuring the approvals are upfront when they're building a property and pushing through approvals. Allowing people their choice and control where they want to live is probably the first step and I think that disappeared quite heavily when we first started out with this process. There were a number of people that because of the funding model from the SIL perspective, being told they couldn't have SIL, dropped out of the system.* **(OSS Provider B)**
>
> *The timeliness of it all is just ridiculous. They've got different branches within the NDIS for all these different services. They actually need to look at having a team dedicated to this sort of model that we're looking at now, so a collective type of living, so that we can have what we've asked for, which is 1 planner for all residents so that we can try and time them together and the NDIS won't get smashed because we're not going to email them every 2 months with a new COC. It will make it easier on them but it will also make it easier for our participants to know upfront, can we all contribute what we need to contribute to make this work for all participants?* **(OSS Provider G)**
>
> *The assistive technology and stuff that they need should be just given instead of having to fight for it. One of the things we noticed was in the number of people fighting for a ceiling hoist, there's just no reason for that. Or automatic blinds or they've got the automation for everything except their lights and they had to fight to get the automated lights. So there should just be a suite of things that if you want that, you get it, there's no issues, no ifs, no buts, it's there. I think there's a lot of steps and that you could cut down on the red tape massively, move forward quite quickly through the process so that there's less stress on people.*

Have some certainty about what the model looks like. Have that discussion with the NDIA and the provider as well, actually engage with the provider and the NDIA as opposed to just the participant and then hope that the message gets passed on. Have that separate funding and more controls over that [on-site] provider to ensure that provider's doing what they need to do. **(OSS Provider B)**

Because, from a provider [perspective] you'd almost say block funding, just figure out how much it costs and then the on-site supports are paid directly. Which, I mean, that doesn't make any sense in any other way. But, there's not really any other way to cover the costs as a provider other than to be assured that you would get that amount of money per year. I think the idea of something like OOM so people get the line item in their plan that's based on a 1:10 ratio. Maybe it's not done annually, perhaps – you have people moving in and out. You can have the start of a plan and a certain amount weekly, monthly, whatever rather than thinking of it as a whole year. **(OSS Provider E)**

Impact on SDA market

OSS providers reported that the current process for getting funding in SDA in plans is such a slow and bureaucratic process that it threatens the viability of the business model for on-site providers:

That's where market failure will occur. If they [NDIA] keep stuffing around with this model, people are going to forget it. We've got major corporations involved in going out there and sourcing land to build SDAs, which is fantastic. They've done that on the basis of a message that they got 3 years ago 'cause that's how long it takes to commission these kinds of developments. If we now look at what we've got in our pipeline and think about how they're intending to change the funding for SIL and other kind of living supports, they may as well not bother building. Do not go down the road of developing those sites. **(OSS Provider F)**

Communication

There is scope for significant improvement in the communication between the stakeholders involved in SDA funded apartments. There is clearly a need for a shared understanding regarding funding and the delivery of support within SDA funded apartments: **"**I think it just needs to be really regular, clear, consistent communication and everyone needs to be on the same page" (OSS Provider D).

OSS provider communication to tenants

Providers reported that clear information for tenants about the scope of shared support is critical:

> *As a part of our welcome pack we've got a welcome letter that describes all of the supports. But, we really encourage tenants to talk about what they [want], to have meetings with us and to talk about their supports and work through their needs and preferences. Because, it's nearly impossible to define the supports that you can deliver.* **(OSS Provider C)**
>
> *But then also having it really clear about what that component that is shared and what your responsibilities are as a tenant and, you know, also as an employer what – what we are trying to do here. And being really transparent about what that shared component is… And being able to easily use – like use examples of really simple scenarios to support a tenant to understand what that shared component is. And what potentially could happen. And kind of working with them initially before they move in to say here are some of the scenarios that could happen. What would you do? What would be your preference? So that you can go through that and that tenants can truly understand what that component is.* **(OSS Provider A)**
>
> *There will be times where you know, "Alex" won't be available but we're gonna make sure that you have "Pete" helping you with your day-to-day. Making sure that everybody understands that if it's either Pete or Alex, you should be able to get the same level of supports. And it's person-centred. And we both understand how Andrea wants to be supported for example. So being really clear in our communication around you know, what we're there to achieve and what we're not. We're really people's arms and legs. I mean it quite sincerely, we're not there to be in the forefront. We are way down there. We want people to be clear about how we sit in their lives.* **(OSS Provider F)**

NDIA communication to tenants

OSS providers also described the urgent need for clear communication from the NDIA to tenants and potential tenants:

> *Key to delivering any kind of service I think is ensuring that there is clear communication with the end users. So there is an absolute key link between expectations of service and delivery of service. So they're the same kind of thing. Where we have continuous issues is where the NDIS has said something here, changed midway, and that hasn't been communicated to the end users. So change management is really important and where they determine that it's important to take another tack or to change something that needs to be followed with communication to the market…So communication with the agency is really important, but I don't think it's particularly person-centred. They [NDIA] tend to address those things to us, as service providers and not the people who are the real service, service users.*
> **OSS Provider F)**

One OSS provider explained how clear information is needed from the NDIA to enable NDIS participants to make an informed decision about housing:

> *What I want to tell the NDIS is to be consistent with your communications to participants of your scheme; be reasonable and necessary, which is 1 of your founding components. They're not at the moment, which is really horrible. Be timely with your responses. It shouldn't take 6 to 8 months for a person to go through a Tribunal. It shouldn't take 6 months to have a COC [change of circumstances] reviewed or review [a plan decision]. Like, you're telling people within 90 days of getting your outcome you can apply for a [plan decision to be reviewed], which will get through faster than a COC, but then you're still not actioning it as soon as it's being submitted and it's taking just as long, so then it's outside of the 90-day period and you're rejecting it, so then a person has to submit a COC as well.*
>
> *But they haven't provided sufficient funding for a support coordinator to do all these reports and additional things because of their lack of timeliness. So, yeah, biggest thing is, be consistent with your messaging; make it easier for your participants, like with your communications online, with anything that sort of goes out; and be reasonable and necessary. Give them what they actually need. Stop cutting their funding.* (**OSS Provider G)**
>
> *We have this community cooperative approach. So the agency have said, "we don't want to talk to the SDA providers. We don't want to talk to the on-site providers. We're not interested – this is about the clients." So then we've had an attempt to get their voice heard as a collective by going to the agency and saying, "okay, hi. This is all of us. We've all signed up. We want you to look at this for us and agree that you'll look at all of our plans and get us all onboard at the same time." And they've come back this week and literally said, "no. You need to do your own change of circumstances. We look at you all individually." And you just sit there going, "oh", you know. Really unhelpful.* **(OSS Provider E)**

An absolutely clear policy position by the NDIS. Commitment for longevity. Yes, you can muck around the sides. You can always make changes to policy procedure. But a position – a market position which allows people the opportunity to decide long-term houses and homes are long-term propositions. So clarity around those processes is really important. What are the systems? What are those things that initiate those kinds of reviews? That has to be open and easily understood for the people who are affected by those decisions. I think we have to ensure that there is the voice of the person involved in anything that we do. It's really important that people are at the centre of those kinds of decisions. I find it incredible when we have so much information about things being person-centred and a person-centred approach, yet that only seems to apply to what we do in terms of having a direct contact with people…The [people] that are not sitting at the table now are the people being supported, that need that support. So the scheme, it's changing and it's losing I suppose that connection with the people that it's there to support.
(OSS Provider F)

NDIA communication to OSS providers

OSS providers are desperate for clear and timely communication and messaging from the NDIA in relation to funding for support in SDA apartments:

They're very poor with their communication and just you look at this from their system. The most simple thing to look at is they don't give you a contact detail. You don't get a signature from an email. You don't get an email address for someone. It's a generic email address. You don't get a phone number. You don't get a name. Half the time you get a first name. A: It just goes to show you how isolated they're making themselves and unapproachable. **(OSS Provider G)**

I think it goes back to communication. So, we've just heard – myself and the team leader were told that 1 of our tenants has just received a new NDIS plan. Like we didn't even know – it wasn't due to expire. Why? And the tenant can't tell us. The next of kin can't tell us. They're just like, "we were contacted by a support coordinator and participated in this meeting", that they knew nothing about. And, you know, it's things like they need a piece of equipment and instead of the equipment being purchased, it's been hired…So you can imagine in terms of us having a partnership that is somewhat productive, it's really hard for us to go back and be really hard nosed. Even though it shouldn't, it really impacts the way that we have to work with the agency. So we're in this terrible spot where the agency timing is non-responsive and their timelines are absolutely unreasonable. They're expecting us to do all of these things with deadlines and whatever and then it takes them 3 months to even follow up an email that was sent to them through. So it's dealing with that level of frustration, but then realising we still have to deal with those same people even if we do put in a complaint. It's horrible. It's a really horrible circumstance for us to be put in, because we can't be transparent about some of the things that we think of because we're worried about what the relationship will be working with them in the future.
(OSS Provider D)

> *I can't stress enough that it's a great model and it's a real shame that a federal department has rolled out something and it appears that depending on what state you're in depends on how it's being funded at the moment.* **(OSS Provider B)**

OSS providers have seen significant changes in processes and eligibility criteria over time that have not been communicated to support providers: "I think the 1 major thing for all providers is sort of the NDIA's [approach to shared support] and how it's funding it and how the approach keeps changing" (OSS Provider C). One OSS provider explained that the NDIA does not communicate changes to providers or tenants directly:

> *I don't think it's as overt as that. I think what's happening is that they are just being made in planning decisions and the result of that is the way that those decisions are applied is a reduction in funding. Very rarely, it is communicated to us. We will see that down the line once we have a reduction in funding. People are generally attempting now to keep or solidify whatever applications they have in place, and plans they have in place to be able to shore up whatever they've got to keep things moving in their lives. But you know all of a sudden what we're seeing is that a decision that was reasonable 12 months ago is no longer reasonable. So a change in definition or a change in circumstances that is not initiated by the individual. I fail to understand why that would even be made. Somebody in the NDIA is making a unilateral decision that's too much money for you. And they're withdrawing it. Unless we provide additional funding. Well hang on a minute, we didn't ask. But they've refused, so where has this come from?* **(OSS Provider F)**

Several OSS providers indicated that getting funding in plans and the transition process worked well when all 6-10 potential tenants for a site were allocated to 1 planner:

> *Like that consistent assessment of the model and funding would be the number 1. I'd love to have 1 [NDIA] planner per site – would make life so much easier. One thing we did do at our previous group home – they did provide for the 36 [tenants] 3 or 4 [NDIA] planners. They all came out. We sat down and did them all in a day – well, not a day, a week. And it worked really well 'cause they understood the model that we operated there.* **(OSS Provider D)**

OSS providers identified the need for a framework to articulate a shared understanding and guide delivery and funding of shared support in co-located dwellings:

> *I hope that we can adequately fund every kind of model that people need to live their life their way. Anything that is a model needs to be in a policy framework with explicit – not so much a definition, but certainly some kind of guidance information that has appropriate levels of funding which are supported over the long-term.*
> *We've come to a point now with the NDIS in its own policy framework where they have specifically gone out and supported and encouraged people to get involved in the SDA space and the SIL space and that is now at risk.* **(OSS Provider F)**

Risk management

OSS providers raised concerns regarding the level of risk that sits with the OSS provider and the lack of funding from the NDIA to adequately manage that risk:

That's an important thing I think to understand too, in terms of the 1:1 and the shared, that responsibility around emergencies it sits with the on-site provider as far as NDIA is concerned. **(OSS Provider A)**

It's getting that balance between people living independently but also us helping them to minimise risk and ensure that they're safe in whatever way they want us to. And so it's very much we'll take the lead from them. One daughter said, "so can we just tell mum that she needs to check out with you if she wants to go out anywhere? I mean, I know she doesn't, but she's been living in an aged care. She's got used to that and it'll be good, we know where she is. Just to make sure she's safe and that you can keep an eye out if she doesn't come back." People want different things.
(OSS Provider E)

Risk is further heightened when funding is cut and communication is inadequate:

We had a situation where a delegate in Perth was looking at someone's ADL funding and decided to cut it back. As we don't hold the service booking, we didn't know. Someone who needed some vital care of the evening, wasn't getting it. It wasn't until our intervention – because we believe in the light touch. It wasn't till we had a call for the same issue a number of nights in a row, when we inquired with the person's decision-makers, they said that the funding had been cut. And then gave us the whole story. And it should never – like it was a bad miss by the support coordinator advising the family, because the support coordinator said, "oh well, the decisions made". Without understanding they had appeals or change of circumstances or providing additional information. And we had a lot of evidence we could have given that would have secured that funding. **(OSS Provider H)**

For some potential tenants, they are at significant risk in their current living situation. The uncertainty about funding for their housing and support has a significant impact on the health and wellbeing of tenants.

The changes away from SIL funding introduce significant uncertainty in relation to roles and responsibilities related to risk:

> *Where does that leave us in the scheme of things with the SDA as well as the relationship that we have with a tenant? We still haven't worked that out. I can tell you, it will have some ramifications. Absolutely it will. Because now as the SIL provider we have responsibility for things like fire safety. We have responsibility for things like incident reporting. These are legal requirements in our collaboration agreements that allocate responsibility to us for certain things that the SDA [provider] has asked for and has embedded in those legal agreements. If there is no SIL and it is simply a matter of having [1:1] support, there's no agreement and we can all decide to go elsewhere. It really breaks down the relationship. There will be no shared supports. And you can't tell me that's cheaper. So at the moment we can have 1 person there during the day, supporting 6 individuals or 7 individuals, because they're all doing whatever they like or nothing at all. But imagine if they all needed to have [community participation] at the same time because they can't be left alone. So that then puts that whole model at risk. So overnight, an OOA for example – can't have that. Every person will have their own overnight arrangements. It seems to me that you can take the NDIA out of this relationship and the NDIA expects that we'll take onboard their role of negotiating with everybody on that site… I can tell you now there's 1 individual who lives in our development in [suburb] – non-verbal and in a wheelchair. Incredibly articulate and intelligent and very headstrong and wants to live her life her way. She couldn't stay there. She would be forced out of that apartment without anybody there. But I tell you with the funding that she has, she couldn't afford it either.* **(OSS Provider F)**
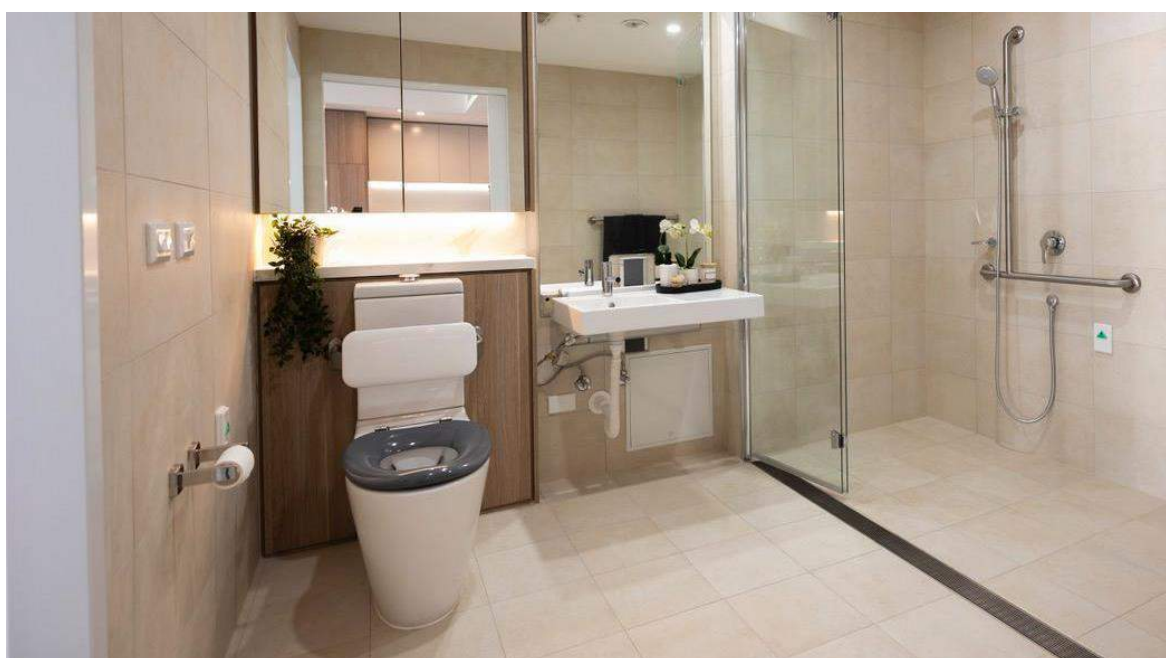
Certainty regarding future funding for support

Fear of having to move due to lack of funding for support

> *The kind of issues we're dealing with now are individuals who have high physical support needs. They do not have that funding. All bets are off. You know, we can't staff it. All of a sudden that puts their independence at risk. And these are people who are very high functioning – I mean cognitively. We're actually supporting an individual currently doing their PhD – very, very active life. Has a fantastic social network. Is now able to live on his own outside of Mum and Dad's house. Which is awesome. That's what we all want to do. You know, he's, he's directing his own supports and living his own life.* **(OSS Provider F)**

> *We had it changed on us that many times with no consultation, including people going to planning meetings and then just having their SIL funding taken away. With no consultation and leaving them really vulnerable. And it just feels a bit risky. I don't know what's gone wrong in the process for this to be happening. We normally questioned it. Because we've gone and had multiple meetings with people from the NDIA trying to figure out how to fund this. So, it's gone probably right up the line and no one has an answer. And then, you know, we've used specific examples of people who live in the setting and were approved to move into their apartment, and the planning was fine, and then all of a sudden <click> it wasn't. And that's the part that's frustrating. So, we've got a tenant who has 28 hours of support, he's on a ventilator, and the part that makes it cost-effective is he needs 2 people there the whole time. But instead of having 2 people for the rest of the day, he has us. All those ad hoc things, he doesn't need someone with him the whole day. He just needs someone nearby, in case. And they didn't fund it. And right before Christmas they just pulled his funding. And we were told, well, that would've been done under consultation. There's no way that would happen without him knowing. I can guarantee you right now that there was no consultation. Because we had to support him off our backs with no funding throughout the Christmas period. His anxiety was so high and the risk if we didn't would be that he could die. And there was no insight into that at all. It was, like, honestly the most frustrating period of supporting people ever. Because we just could not fathom how that could happen. Well, they told us that it was like double-dipping for him to have a support worker in his apartment and then engage us. But, clearly all of the information that would've gone to this planning meeting, everything that's ever been done for this person would state that he needs at least access to 2 support workers 24/7. That still hasn't changed at the moment. It's been since Christmas and we're still waiting for the funding to be updated.* **(OSS Provider C)**

One OSS provider reported that they would like the NDIA "to have a real understanding of people's support needs before [they] make a decision about their funding. So, I think that that process perhaps just needs to be reassessed… the mechanism for how the NDIA make their decisions" (OSS Provider C).

> *I think that's the part that I found really frustrating in this model, is you have tenants who move in who, if anything, their support needs are going to become greater. And it feels like that seems to be the barrier now. It's like there was no foresight into people moving in and the supports that they're going to need over the timeframe of them living in an apartment like this. And I think that's the part that's really frustrating, is almost this expectation that everyone's supports should be dropping, but it's just not happening. Like, it was never going to happen and how would you not see this? I just feel like it's happening now and it's really unfair to set people up to move into something amazing like this, like move into your own apartment, and then down the track say, "oh, you're more suited to a group home", which is what's happening. And that is just hideous.* **(OSS Provider C)**

> *And it just requires a little bit of certainty from the NDIA to the provider, and I must say that certainty isn't just for the provider, it's for the participants. The anxiety level that this non-message or mixed message has given to the residents of both our apartment buildings has caused a great deal of anxiety for people who were excited about moving into their brand-new home, have moved in and are 10 months down the track and are now worried that the long-term funding isn't going to match their needs. It's not fair for them. Just not from a provider perspective, for the people living there. We had somebody we did the SIL quote for, had them ready almost to move in. As soon as they started to hear about the concierge model, they pulled out and that was somebody who would've fitted the model perfectly. They're now living at home with their aging parents and have missed this opportunity and will probably in their words, never trust the NDIA again.* **(OSS Provider B)**

> *So up until probably as recently as 2 or 3 weeks ago still were under the impression that there was going to be some sort of model for the on-site supports. It was really only in the last few weeks that it's been made absolutely clear that that's not the case. So, we've got a lot of people who have been put under the concierge model for the first year. Their plans are now coming to an end in October, November.* **(OSS Provider B)**

Over the last week and a half, I've started meeting with each of those people individually and talking to them about the funding model for on-site support, having conversations with them about what they see their requirement for on-site supports are, what they would be willing to pay for in that model of supports. I've got to say that people have been very positive in what they've currently got is what they need but then when it gets to a conversation about, "well, this is what it might look like financially" it's created a lot of anxiety for people in that that means we'll have to ask for X amount more than what we had last year for the concierge. It's about us putting in place a funding model that covers 1 person for 16 hours and 2 people through the night shift which was never funded in the first place and that anxiety. People have spent their life fighting with government departments and more recently, NDIA for funding. So those people understand how difficult that can be to turn around and ask for more money and the other bit of the anxiety is how do we individually ask for exactly the same amount of money when we have 10 different people with reasonably different levels of need. Yet in that on-site support, we definitely need that level of support. And they're grappling with, "well, should we all be paying exactly the same? Should we all be asking for something different? And how do we do that?"

So, it's creating a great deal of anxiety for the service provider to be able to have those conversations with people and be able to finish those conversations and try and leave them in a point where their anxiety isn't going to lead to hospitalisations. They're really tricky conversations to have with people, to have a conversation with somebody who lives with their partner, spouse who may not be there for 1 or 2 nights a week
or something like that. How do you talk to them about paying exactly the same as the person who requires that support all the time? We as a provider don't actually have a great deal of concept of exactly how we're going to fund the on-site supports at this point so how do you impart confidence to the people we're supporting? **(OSS Provider B)**

The tenants that are already living there aren't getting the concierge or the SIL funding. So you know, there's elements of their lives that they won't feel safe in relation to. That needs to change. **(OSS Provider E)**

I'm finding that all of our participants, they're super happy and confident and safe with us and the SDA provider, but they are very stressed and don't feel safe that whatever funding they get will be consistent and longstanding for them moving forward. So they're constantly worried they might end up in this model with no support. **(OSS Provider D)**

We do need to be a little bit careful about the context of reducing supports over time. Given we do so much high care needs and we don't want to exclude that cohort from the concierge experience. **(OSS Provider H)**

And for those people I think the supports will increase. It will do the opposite you know. There will be those cases where people will deteriorate, and they may need additional AT [assistive technology] installed and what have you. So definitely, I'm not trying to say that that isn't the case, 'cause we know it is. What the agency will want to see is a reduction right? Not an increase. **(OSS Provider E)**

So, it's just ridiculous. The type of people we work with, they don't have disabilities that just fade away or can improve. Yes, they might be able to improve some independence and life skills and things like that over years, but it's never anything that's gonna just go away that they can then not be funded for. **(OSS Provider G)**

Support and funding adaptable to the needs of tenants over time

So, it's the most flexible bucket of funding in the NDIS as well. So [tenant] is not going to have to continually go and request an alternative category of funding to get their needs met. It's all covered under that 1 category. It's more so just getting the correct level of funding that they require, which again is still part of this process, because 1 or 2 of them already had sufficient funding in their plan. They were already above and beyond funded. Whereas, the rest of them are coming to the end of a plan, have run out of funding because they've had a decline in health and had to increase their current support that they've been receiving. So, really the difficulty is just around making sure they get their needs met by the relevant funding that they need from the government in a timely manner, which is the difficulty that we face.
(OSS Provider G)

Conclusion

Overall, OSS providers saw co-located SDA apartments as contemporary disability housing compared with the majority of disability housing in Australia. SDA apartments offer people with very high levels of disability the opportunity to make the everyday choices that the rest of us take for granted:

> *We want to continue to contribute to the achievement of contemporary practice and encourage the voice of the person, user, the consumer. To be a part of this whole process. It's gonna bust the walls. It's just gonna break it all open… You don't do it for the money. This is for the mission.* **(OSS Provider F)**

> *But it's been – for someone who's been in the disability field for 30 years and you know, I worked for a government department, and I oversaw the funding that went out to organisations and I've worked in many, many roles, to me, this model, if working properly should be a flagship for the NDIA in choice and control and what they can do for people. It really – I really don't understand how it's got to this point that it seems to be at. It's a shame.* **(OSS Provider B)**

> *So it's an ordinary living way that's funded appropriately by the NDIS. And the scheme and decisions that reflect the needs of individuals, not government. Decisions that are reflective of sector needs. We've just been through the ABS census night. I'm sure that will lead to additional information, knowledge, intel about what our needs are in the future. It has to be data driven. Not government driven. NDIS is an insurance scheme.* **(OSS Provider F)**

OSS providers were adamant that SDA apartments have the potential to be a "flagship for the NDIA in choice and control". A data driven approach has significant potential to demonstrate that this model is both good value for money and supports people with the highest levels of disability to live an ordinary life.

5. Potential solutions

Participants in this project provided such rich and practical insights into how support in SDA apartments is currently being delivered that a range of practical solutions fell out of the analysis of the data provided. Following are drafts of evidence based best practice principles for both SDA providers and OSS providers. Tenants and providers also provided useful perspectives on the evidence base the NDIA needs to make informed decisions about funding for housing and support for potential SDA apartments tenants. Finally, tenants and providers provided real clarity on what each group needs from the NDIA in order for living in SDA apartments to be cost-effective and sustainable for tenants, SDA providers and support providers.

5.1 Draft best practice principles for SDA providers

The evidence based best practice principles derived from this project include the advantages of integrating housing for people with disability into mainstream housing in desirable locations close to transport, services and other amenities. There is ample scope for improving the information provided to both potential tenants and tenants, improving communication with tenants and managing expectations about how support is funded and how decisions are made about the shared support provider both initially and over time.

Housing integrated into mainstream residential developments

Most housing built for people with disability in Australia is segregated. Tenants living in SDA funded apartments highly value the opportunity to live in the community and have neighbours like everyone else. SDA funded apartments are generally "scattered across the buildings… it's not everyone just on the 1 level" (Casey).

Location of SDA apartments

Locating SDA apartments centrally facilitates the community integration of tenants through proximity to accessible transport and other services and amenities.

Information for potential tenants

Quality SDA providers have plain language information and resources for potential tenants that includes information about the delivery of support. This should include information on how the shared support works in practice, 1:1 supports, and the steps to set this up across the group of tenants…"It is important to know exactly what type of support model the SDA you are moving into has" (Alex).

Setting and managing expectations regarding shared support

One of the key aims of SDA is to enable better access to supports in the home. Co-located apartments generally have an additional apartment for on-site overnight assistance (OOA). Potential tenants considering SDA apartments need clear information that outlines the expectation that they will share some of their support with other NDIS funded tenants and that some funding in their NDIS plan will be allocated to shared support. If potential tenants do not initially need to access 24/7 on-site support they are not eligible to live in SDA funded apartments with OOA. Tenants who move in and then decide not to share support jeopardise the ability of other NDIS funded tenants to access essential 24/7 on-site support. This could be overcome by attaching participation in the shared support arrangement to the lease agreement. The provision of shared support also needs to be a viable and sustainable business for the OSS provider selected by NDIS funded tenants.

After a number of years, some tenants may become more independent and no longer need overnight shared support. Most sites include at least 10 apartments because it is anticipated that some tenants will become more independent in an appropriate built environment and consequently reduce their need to share support 24/7 in the long-term. Other tenants have degenerative conditions and will need more intensive support over time.

Choice of OSS provider

SDA funded apartments work well when there is clear and transparent governance around tenants choosing and changing OSS providers. Tenants value having a say in the selection of the on-site support provider and/or the shared support workers. Ideally an OSS provider should be appointed for a couple of years with a process to review their performance and ongoing appointment with input from tenants. Clear information describing how choice of support providers and individual workers is operationalised at each site enables potential tenants to make an informed decision.

Joint decision-making

Consideration needs to be given to how tenants are supported to make joint decisions. An independent third party would be ideal in assisting tenants to work together to make those decisions in an informed and supported manner. Supporting tenants to make joint decisions can require significant resources.

Communication

Property managers and other external organisations used to dealing with group homes tend to engage with support providers rather than tenants. The SDA provider and other stakeholders should engage directly with the tenant rather than go through the OSS provider. Each provider has a direct relationship with the tenant and an indirect relationship with the other providers.

Privacy in own home

SDA tenants have a tenancy agreement and no-one should be entering their dwelling without their consent. Property managers should contact tenants individually and ask for permission when someone needs to access their home. Property managers and contractors should not be going through the OSS provider and entering dwellings without engaging with tenants first. Robin's experience should be the norm for tenants living in SDA apartments: "Someone from the on-site support service messaged me (when they knew I was out) to ask if it was OK for someone to come over and look at the electrics. I thought that was really nice, being asked, I felt like it was my own home" (Robin).

Improving supports in SDA

Providing an excellent customer experience is key to operating a successful business and SDA is no different. Measuring tenant experience and continuous improvement of systems and processes helps reduce vacancy risk and turnover of tenants as well as leading to positive outcomes for tenants. Ongoing feedback and input from tenants is critical to ensuring the support provided improves and changes over time to meet the changing needs of tenants. There is ample scope for SDA providers to work with stakeholders to use an evidence based approach to improve the overall experience for tenants, improve the support provided in apartments and enable tenants to get better value for money from the shared supports.

5.2 Draft best practice principles for OSS providers

The insights provided by tenants provide a clear evidence base for how high quality support and customer service might be delivered by OSS providers. There is a lot of scope to improve the information provided to potential tenants and ensure communication is 2-way. OSS providers need to work more closely with tenants to enable them to make informed decisions to proactively manage expectations regarding how shared support is funded and delivered. However, providing clear information to tenants has been particularly challenging for providers over the past 2 years given the changes and inconsistencies in how the NDIA has funded shared support and communicated changes to providers.

Start by getting to know tenants

Quality OSS providers start by taking time to understand the needs and preferences of tenants and asking tenants when they need support and how they want to be supported. They do not come in with preconceived ideas of rosters. Once the OSS provider has a detailed understanding of all the tenants' support needs and preferences they look for opportunities to provide cost-effective support across all tenants. Quality OSS providers have excellent communication, are transparent and authentically collaborate with tenants to design and deliver quality, timely and cost-effective support. Quality OSS providers are aware of and actively supporting the goals of the participant (i.e. capacity building to help grow their independence around support tasks).

Support tailored to meet the needs of tenants

Some support providers design support service delivery with an approach that is similar to the framework they use for traditional group homes. SDA tenants are living in individual dwellings and have full tenancy rights. A group home style of support is "not what we signed up for". Quality support providers get to know tenants and tailor the delivery of support to meet the specific needs of the tenants at each site – "allowing each individual to have a choice over when they're supported and how they're supported" (Casey). OSS providers also proactively engage with tenants so that they are able to tailor supports to meet any changes in support needs, preferences or goals over time.

Deliver flexible support

Tenants valued being able to have more choice in their daily routine and having the flexibility of 24/7 support for smaller unplanned tasks or events. Many of the tenants shared examples of needing help for what could be described as small but important unplanned needs such as dropping their mobile phone and being unable to pick it up independently or needing a glass of water. Typically these needs required only a few minutes of support at a time.

Tenants have a say in the selection of OSS workers

Tenants emphasised the importance of having a say in the selection of support workers and the ability to provide feedback on the performance and attitude of the workers engaged by the OSS provider.

Tenants choose how their 1:1 supports are delivered

Tenants value being able to both access OSS and choose and manage their own team of support workers for more time intensive activities such as personal care and community participation. Quality OSS providers let tenants hire and manage their own support workers, choose an alternative support provider for 1:1 supports or engage the OSS for some or all of their 1:1 supports.

Timely and clear information for tenants

Quality OSS providers have clear and consistent information for tenants on each site about the scope of OSS and what support needs to be delivered on a 1:1 basis. This information includes how the shared support is funded and the triage process for managing multiple requests for support from tenants. This initial information and ongoing communication enables tenants to understand what shared support is and how the OSS provider facilitates choice and control in the delivery of support services.

Quality OSS providers:

- Get to know each tenant and their preferred communication style and frequency
- Let tenants know about any changes that impact them including any new staff members and any departures of staff
- Engage tenants in the orientation and training of new team members

Support tenants to exercise their tenancy rights

Quality OSS providers support tenants to know and understand their housing rights and support them to exercise these rights. All OSS staff need to know that the apartments are private dwellings and no one should enter without knocking and being invited in. Support workers respect the privacy of tenants. OSS providers engage with tenants to determine circumstances in which staff can enter for monitoring purposes or in the event of an emergency.

Tenants engaged in the development and delivery of OSS worker training

Tenants really value support providers who are committed to training workers to meet the individual support needs of tenants.

> *Even though they've had training…They aren't necessarily trained with each of the tenants, so it's a bit useless if you need specific support like help using the toilet… They aren't trained with individual tenants and often don't really know us.* **(Jordan)**

OSS providers need to engage with each tenant and determine what training is needed and how they would like support workers to be trained. The support workers engaged by OSS providers need to meet all of the tenants and be trained in their specific individual support needs before filling their first shift.

Consistent support staff

Tenants value having a consistent roster of staff where possible.

> *As time has gone on, the staff have become more knowledgeable, the team has become fairly stable and they've developed their knowledge and most of them are really nice people as well.* **(Lee)**

Documented triage system for managing multiple requests for support

Quality OSS providers provide timely support and have a practical triage system for managing peak periods when multiple tenants request support from the OSS provider at 1 time. Information about how staff triage requests is documented and understood by staff and tenants. When tenants make a request for support, OSS providers communicate with tenants immediately to give them an estimate of how long they will be. OSS support workers are flexible and responsive when tenants have an urgent need (e.g. positioned precariously and will fall out of bed if you don't come).

Coordination of 1:1 and on-site support tailored to the preferences of each tenant

SDA tenants appreciate OSS providers who take the time to understand how they want their support to be coordinated. OSS providers need to respect boundaries when tenants prefer to be the coordinator of their supports and do not want the OSS provider engaging directly with their 1:1 support workers and/or support provider. Quality OSS providers are also able to work cooperatively with support coordinators and family members depending on the preferences and capacity of tenants. For some tenants, OSS providers may be able to step in and fill a shift when 1:1 support workers are not able to attend.

Confidentiality

Insist that staff maintain absolute privacy between tenants i.e. don't talk about a tenant with another tenant.

Continuous service improvement

Quality OSS providers engage tenants, regularly seek feedback and act on any feedback or suggestions. It can be challenging for people so reliant on paid support in their home to make a complaint. Quality OSS providers are authentic in actively seeking feedback from SDA tenants and are committed to using this feedback to improve the quality of the service provided.

5.3 What evidence base does the NDIA need?

Participants in this study were highly aware that the purpose of SDA payments is to fund housing that increases independence for NDIS participants with the highest support needs and/or enables the efficient delivery of disability support.[49] Tenants and providers were able to articulate the evidence base needed to enable the NDIA to make responsible and informed decisions regarding funding for housing and support for potential tenants in SDA apartments. A rigorous evidence base is needed to show how shared support in SDA apartments can be high quality, cost-effective and achieve good outcomes for tenants.

Value for money

An evidence base regarding the current and future value for money provided to the NDIA by co-located apartments compared with other new SDA dwelling types e.g. 3 bedroom villas, 2-3 bedroom houses and 4-5 bedroom group homes[50,51].

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[49] Australian Government (2020). *National Disability Insurance Scheme (Specialist Disability Accommodation) Rules 2020 (Cth).* https://www.legislation.gov.au/Details/F2020L00769

[50] National Disability Insurance Scheme (2021). Is the support value for money? https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/reasonable-and-necessary-supports/how-we-work-out-if-support-meets-funding-criteria/does-support-meet-reasonable-and-necessary-criteria/support-value-money

[51] National Disability Insurance Scheme (2021). What do we consider when deciding the supports to include? https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/reasonable-and-necessary-supports/what-do-we-consider-when-deciding-supports-include

Tenant outcomes

An evidence base is needed regarding the pre and post move outcomes and long-term outcomes of tenants living in new SDA including apartments.

Evidence base to guide eligibility criteria

Based on the data regarding support costs and outcomes, describe the characteristics and specific support needs of NDIS participants that are best suited to living in co-located apartments. Refine and review this as more data and evidence becomes available about support costs and tenant outcomes in different types of new SDA. Information about eligibility criteria needs to be published so that the market can respond.

5.4 What do tenants and providers need from the NDIA?

Tenants and providers were able to clearly articulate what they needed from the NDIA in order to make living in SDA apartments cost-effective and sustainable. Some of these requirements were relevant to all stakeholders, others were specific to tenants, SDA providers and OSS providers.

All stakeholders

Framework for funding support in SDA apartments

The SDA market works well when there is clear and consistent information and application of policy regarding eligibility and timely processes for approval of SDA and support in NDIS plans. Tenants and providers urgently need to work with the NDIA to develop and consistently implement a national framework for making timely decisions about funding shared support and 1:1 supports to maximise cost efficiencies and tenant outcomes. This framework needs to be broad enough to be able to tailor the model of shared support to meet the needs of the broad range of tenants living in SDA funded apartments and accommodate the changing needs of tenants over time. It is anticipated that some tenants will become more independent in an appropriate built environment. Other tenants have degenerative conditions and will need more intensive support over time.

The framework should not be so prescriptive that it stifles innovation and the development of different services offerings to meet the needs and preferences of diverse NDIS tenants. For example, in a person-centred approach it makes no sense being prescriptive in the number of 1:1 hours tenants in co-located apartments receive. This framework needs to provide some certainty and clarity for both tenants and providers about the relative benefits and compromises between shared and individual service delivery. A clearer framework will provide a more stable operating environment for SDA providers and OSS providers so that they can focus on delivering higher quality services and cost-effective support to tenants, in the long-term.

Terminology and consistency

Once this initial work has been completed, this framework needs to be clearly communicated to all stakeholders including tenants, close others, support coordinators, support providers, SDA providers and NDIA staff nationally.

Simple, timely and transparent NDIA approval process

For the past 2 years the NDIA has been talking about streamlining the process of approving SDA, support, assistive technology and home modifications to enable the timely transition of NDIS participants into new SDA. It is time to operationalise this promise, monitor the performance of this team and publish performance data. The end-to-end process from the submission of all documentation to making the outcome known to the NDIS participant needs to be documented, transparent and monitored. The market needs to see regular data reports on the performance of these systems to determine if service level agreements are being met.

Good outcomes for tenants

The SDA market works well when stakeholders are able to collaborate with the NDIA and together focus on delivering good outcomes for tenants.

Innovation

SDA funded apartments work well when the NDIA works with providers to fund and enable contemporary models of housing and support and innovation.

Tenants

Information for potential and current tenants

Eligibility requirements and how the different components of apartment living are funded (e.g. SDA, shared support, 1:1 support, assistive technology and bespoke modifications) so that potential tenants know what to ask for in their NDIS planning meetings.

Adequate funding for skilled support coordination

The SDA market works well when there is adequate funding for specialist support coordination to build the capacity of NDIS participants to make an informed decision about housing and support and navigate the process of getting adequate funding in their NDIS plans. Given the lack of information for potential tenants, the amount of capacity building required and the arduous process for getting funding in NDIS plans, more funding and capacity building for support coordinators is urgently needed to support potential tenants through this process.

SDA determinations

Tenants need timely SDA determinations from the NDIA that are consistent with the NDIS participant's needs and preferences and consistent with the SDA stock available in the market.

Getting funding in NDIS plans

Tenants need timely access to adequate funding for housing, direct supports, home modifications and assistive technology that maximises independence in the home and the local community.

Information

Clear and consistent information about how shared support is funded in NDIS plans for NDIS participants living in co-located SDA apartments.

Secure funding for shared support

Some tenants are anxious about spending the resources in their NDIS plan too quickly and being left without funding for essential support needed to remain in their home.

Funding for capacity building and skill development

Funding for tenants transitioning into apartments should allow for skill development and capacity building where NDIS participants have been living in environments where they have either lost skills or need support to become familiar with their new living environment, local community and responsibilities.

> *It is important that NDIS allows sufficient hours for transition supports. For example, I had extra physio, OT, to develop my skills and strength.* **(Casey)**
>
> *Moving into my own SDA apartment has been an ongoing lesson over the past 2 years on not only learning to live an independent life away from family, but also what rights I actually have as a PWD. I had the usual nerves and trepidation that come for anyone who is moving into a new home, but I also had a few added issues thrown on top of that. Previously to moving into my apartment, I had never used a support worker, nor had I used any disability centred equipment, except for my wheelchair. I had no idea what to expect with either.* **(Alex)**

Diverse range of potential tenants

Unlike more traditional models of disability housing that tend to provide a uniform service to residents, SDA apartments have the capacity to tailor a combination of shared and 1:1 support to meet the needs of a diverse range of NDIS participants. An ideal framework for implementing and funding support within SDA apartments would support this diversity and tailor the support to meet the needs of a specific group of tenants rather than be prescriptive about exact shared support and 1:1 support provided at each site.

There are a wide range of people with disabilities that are cost-effective to support in SDA apartments. The combination of OSS and 1:1 support enables support to be tailored to support a range of NDIS participants who need access to 24/7 support. For example, co-located apartments can be cost-effective for people who need 24/7 1:1 support and some 2:1 support for short periods during the day such as people who are ventilator dependent.

SDA providers

Demand activation

The NDIA needs to provide information and build the capacity of the 30,000 NDIS participants eligible for SDA. The NDIA urgently needs to develop and implement a plan so that there are 30,000 NDIS participants with a New Build SDA level of funding in their plans to enable them to choose from a range of new SDA and independent living options.

An SDA market working efficiently would involve SDA providers simply advertising vacancies to attract tenants rather than investing in finding tenants or partnering with a SIL provider to engage tenants.

Communication

Clarity from the NDIA regarding expectations of SDA providers and transparency regarding eligibility, demand and NDIA processes will give SDA providers the confidence to focus on building SDA with a focus on improving the outcomes of NDIS participants.

Consistent and timely NDIS funding

Getting funding in the NDIS plans of potential tenants in a timely way reduces vacancies for SDA providers and reduces the cost of support in the first year of projects by allowing efficiencies through the sharing of support across 6-10 tenants.

NDIA contact for new apartment sites

SDA providers reported that a more coordinated approach to administration and key contacts within the NDIA where 10 NDIS participants transition together to the 1 site with SDA funded apartments would be more streamlined, efficient and cost-effective for both the NDIA and providers.

A coordinated planning approach from the NDIA is urgently needed with senior oversight of individual plans in each project. Some providers suggested that 1 NDIS planner for each new project of co-located apartments would enable efficient and timely planning for all tenants planning and moving into new SDA apartment projects. The timely transition of tenants will cost the NDIS less because tenants will be able to share support with 5-9 other people more quickly.

OSS providers

A stable operating environment with a funding framework for providing shared on-site support that is clear and consistent.

Adequate and reliable funding for the level of service needed to provide a quality service, manage risks and fulfil obligations.

6. Conclusion

This report discussed the findings of co-design workshops and interviews held with SDA tenants, OSS providers and SDA providers. These consultations found that the effective delivery of OSS in co-located SDA offers tenants unparalleled benefits compared with segregated or group-home arrangements. However, tenants and providers also agreed that there are several challenges with the current arrangements which undermine its adoption by the broader sector.

Across all stakeholders – people with disability, support and housing providers, and the NDIA – there is an incomplete understanding of the way OSS is currently delivered and funded. This leads to uncertainty about how it can be delivered and funded in the future. As a result of the lack of clarity, OSS is being practised in disparate ways across Australia. While some NDIS participants received SIL or concierge funding, others used flexible funding or were offered a "fee-for-service" approach for individual instances of support.

Furthermore, OSS is often described differently by providers, participants and the NDIA, including "concierge", "SIL", "10+1", "backup support", "emergency support" and "secondary support". While variations, flexibility and innovation in the delivery of OSS are welcome as they increase choice for tenants, differences in definitions and ways to fund similar housing and support arrangements without clarity or consistency creates confusion. Unfortunately, this uncertainty undermines co-located apartments as an important contemporary housing option, and to date its strengths and the potential for reducing the liability of the NDIS have been overlooked. While tenants and providers can see glimpses of what successful shared support in SDA apartments could look like, the sector requires greater clarity and consistency from the NDIA. Therefore, a more transparent approach to service delivery and funding for OSS is needed, while still recognising the importance of flexibility to suit individuals' needs.

The next phase of research and development will use the evidence base contained in this report to work with stakeholders to develop a series of practical solutions, information, tools and resources for tenants, SDA providers and OSS providers. Further research is also required into many of the themes identified in this report to inform the funding and delivery of high quality and cost-effective housing and support for people with disability with high support needs. Since NDIA data reveals that the average cost of Core supports is *lower* in 1 resident apartments than in 2 or 3 resident houses, there is a need to investigate the cost-savings offered through SDA apartments.[52]

Tenants and providers are clear that a combination of shared and 1:1 support in co-located SDA offers significant benefits to all stakeholders. They are optimistic about OSS and the opportunity to collaborate further with the NDIA to improve the delivery of services and help ensure high quality and cost-effective support along with greater choice and control for tenants. Further co-design and policy clarification is required for OSS in co-located SDA to continue delivering positive outcomes for NDIS participants and to achieve its objective as an innovative and financially sustainable alternative to traditional disability accommodation.

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[52] Senate Community Affairs Legislation Committee (2021) 'Answer to Question on Notice, Social Services Portfolio, Additional Estimates. Question No: NDIA SQ21-000169'. https://www.aph.gov.au/Parliamentary_Business/Senate_estimates/ca/2021-22_Supplementary_budget_estimates

This report aims to spark further dialogue between stakeholders and improve communication with the NDIA. This consultative process serves as an example for future engagement between key players. It is hoped that it will help increase awareness of OSS and catalyse further innovation in the efficient and effective delivery of support.

Appendix A: Contributors

SDA providers	On-site shared support providers
• Ability SDA • Enliven Housing • Guardian Living • Summer Housing	• Annecto • Coastlink • GenU • La Vita Care • Sylvanvale