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Improving housing outcomes for people with disability: Policy and practice initiatives

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Summary

Key points

- Australians with disability are disadvantaged in the housing market in relation to availability of housing, tenure type, affordability, housing quality and connection to community.
- The current policy context regarding housing for people with disability is complex and multi-jurisdictional. It frequently requires people to navigate multiple systems to try to get their housing and support needs met.
- The National Disability Insurance Scheme provides housing to a very limited number of people, largely through the Specialist Disability Accommodation program. Approximately one-third of people with disability rely on family, the social housing sector, or the private rental market for their housing.
- There are limited data on the housing needs, aspirations and outcomes of Australians with disability.
- The specific housing needs of people with disability differ, depending on the impairments they experience, and the interaction of these with environmental and personal factors.
- Our research identified four major components that collectively enable good housing outcomes: choice and control; community that is inclusive and accessible; safety within and outside the home; and stability and security.
- There are numerous gaps between these desired outcomes and the current context. The most widely identified barrier to achieving good housing outcomes was affordability.

Australia has been a signatory to the United Nations Convention on the Rights of Persons with Disability (CRPD) for almost two decades. However, Australians with disability remain disadvantaged in the housing market across a number of indicators, including availability of appropriate housing, affordability, and connection to community (Australian Institute of Health and Welfare [AIHW] 2024a).

This level of disadvantage is despite the introduction of the National Disability Insurance Scheme (NDIS), which could be seen as a watershed moment in Australia's disability policy and practice landscape. But in terms of housing provision, the NDIS caters to only a very limited number of people who experience extreme functional impairment or very high support needs.

Many people with disability in Australia continue to face restricted choice in their place of residence and where and with whom they live. Experiences of housing stress, precarity in housing, and increasing homelessness are also common for people with disability (Australian Bureau of Statistics [ABS] 2025; Productivity Commission 2022).

To meet Australia's Disability Strategy (2021–2031) ambition to build a more inclusive Australia for people with disability, there is a need to take stock of housing provision for people with disability, and examine how to move towards a more mature housing system for this population.

While traditional markers such as level of homelessness or satisfaction of those receiving support have been useful, they are insufficient for an insightful understanding of what is considered a good outcome for people with disability in the housing sector.

The aim of this project was to investigate what constitutes 'good outcomes' with respect to housing for people with disability; barriers to and facilitators for these outcomes; and policy and practice changes needed to improve housing opportunities and outcomes for people with disability.

The project also sought to understand the diverse circumstances of people with disability, including populations that are seen to be at greatest risk of poor outcomes.

Key findings

Defining 'good' housing outcomes

Our research identified four major components that collectively enable good housing outcomes:

- *Choice and control* in housing type, location, who shares the home and who provides support.
- *Inclusive and accessible* community where individuals with disability are accepted, and where existing relationships can be sustained. It also includes access to quality facilities, amenities and public transport.
- *Safety within and outside the home*—both the quality of the home (accessible, private, aligned with needs) as well as physical safety and feeling safe.
- *Stability and security* including security of tenure and the ability to age in place through in-home supports or home modifications.

Populations at greatest risk of poor housing outcomes

There is inequity in the housing experiences of people with disability. The extremes of the housing experience are represented by those who, at one end of the spectrum, have suitable accommodation funded through the NDIS's Specialist Disability Accommodation (SDA); and those at the other end of the spectrum whose resources or support are so inadequate they are homeless or at risk of homelessness.

Specific groups of people with disability were identified as less likely to experience good housing outcomes:

- people with intellectual or cognitive disability
- older people
- Aboriginal and Torres Strait Islander people
- people experiencing intersectional issues.

People with disability in regional and rural areas are disadvantaged because of reduced choice and service availability.

Those with greater financial security were more likely to experience good housing outcomes. People with access to social capital were likely to be at an advantage in terms of the quality of housing outcomes. This was seen to comprise both access to others with knowledge and capacity to work within the system (or systems) with which the person with disability was required to interact, and personal characteristics of key supporters.

Barriers and facilitators to good housing outcomes

Our findings indicate there is a gap between the components of good housing outcomes and the experiences of people with disability and their families. The main barriers identified are:

- affordability
- accessibility
- access to funding for housing, home modifications and assistive technology
- discrimination and disadvantage in accessing private housing
- the relationship between SDA and private market development
- the quality of supports (including both paid support and broader social capital).

Overriding all of this is the mismatch between housing supply and demand, and a lack of diversity in housing design and innovation.

People with disability are mostly reliant on family, the social housing sector, or the private housing market. The private housing market is often not suitable or accessible, and there is a severe lack of social housing that is appropriate to needs. The impact on family members needs to be considered, as interests are not always aligned.

Central to good housing outcomes is understanding the needs and aspirations of people with disability—and these needs and aspirations can be diverse and dynamic. There is limited consultation or collaboration with people with disability and their families, and thus there is limited data on the housing needs, aspirations and outcomes of Australians with disability.

Though several frameworks have been developed to guide evaluation of services that include elements of housing, these are not coordinated or comprehensive enough to allow an adequate understanding of housing aspirations and good housing outcomes. This process is complicated by the fact people with disability are not a homogenous group.

Findings from this research provide further evidence that the current policy context for housing for people with disability is complex and multi-jurisdictional. It frequently requires people to navigate multiple systems to try to get their housing and support needs met. This becomes a greater problem because of the intersectionality often experienced by people living with disability. This service, system and policy complexity limits people with disability from achieving desired housing outcomes.

Policy development options

The recommendations included in the final reports of Australia's Disability and Aged Care Royal Commissions provided clear policy directions that could enhance equitable housing outcomes for people with disability (see Commonwealth of Australia [CoA] 2019, 2021, 2023a). Many of these have yet to be implemented. They reflect many of the inadequacies and inequities that were identified by the stakeholders who contributed to this investigation.

The policy implications arising from this study are organised into four key areas relating to mainstream housing, disability funding and support, co-design and engagement, and data and evaluation.

Mainstream housing

Participants in our research indicated aspects of the mainstream housing system that could be addressed to produce a better fit between general housing provision and the needs of people with disability.

- Taking specific account of the needs of people with disability when developing housing policies and practices. This would help meet the needs of this key population group—and also provide broader community benefits, such as enabling ageing in place.
- Resolving housing supply issues.
- Improving housing quality—making more residences appropriate for more people.
- Addressing housing affordability—particularly in the rental market.
- Greater investment in social housing to meet the diverse needs of people with disability, including considerations of housing type and location.

The Housing Australia Future Fund (HAFF) is the primary vehicle for increasing social and affordable housing in Australia; however, it should include people with disability as a named priority group.

There is also the matter of financial access:

- New models such as build-to-rent may be a way to extend opportunities for people with disability in the private rental sector.
- Tailored home loans and preferential eligibility criteria for first-home buyers with disability could increase opportunities for home ownership.

Increased investment in mainstream housing will only reduce the shortfall experienced by those with disability if those houses are accessible. The adoption of the Livable Housing Design Standard within the National Construction Code (NCC) is a positive step in increasing the number of houses accessible to people with disability. However, some state and territory governments decided to delay adoption of the standard or not enforce it; and in August 2025 the federal government froze further updates to the NCC until the end of the National Housing Accord in mid-2029—which will further impact the supply of accessible housing.

Disability funding, housing and support

An independent review of the NDIS undertaken in 2022–23 identified shortcomings with its operations (CoA 2023b). A robust program of reform is required, targeted at improving Scheme access, the funding framework, costing structure, procurement processes, and implementation and outcome measurement, with an emphasis on equity in outcomes. However, this will require flexibility in policies and implementation, as the needs of NDIS participants are highly diverse.

Informants in our study drew attention to ways that funding provisions could be made more effective and more equitable. This included:

- simplifying NDIS processes and ensuring the Scheme is equitable
- expanding eligibility for the SDA program
- recognising the importance of housing location for people with disability.

There was an identified need for greater diversity and innovation in housing models that reconcile the 'default' funding for shared supports, with preferences to live independently. Providing avenues for stakeholders—including people with disability and families—to share ideas with each other and with those in the industry through the development of local housing hubs would provide a source of fresh thinking.

Our research identified the need for mechanisms that could match people with disability to available housing options—something that is currently missing from the suite of supports available to people with disability seeking appropriate housing. Housing providers involved in our study suggested that the National Disability Insurance Agency (NDIA) could take a facilitator role in guiding and coordinating engagement between people with disabilities, their supporters, and housing providers across all states and territories.

Good housing outcomes will be unobtainable unless appropriate support is provided. However, policy and provision are generally considered separately. And although separation of housing provider from support provider may safeguard choice and control, the lack of integration between them needs to be addressed.

Developing policies and practices to ensure that housing and support provision works effectively in a unitary fashion has the potential to make substantial improvements in the housing experiences of people with disability. This is especially relevant to those with intellectual disability, psychosocial disability and those with high and complex disability-related support needs.

Current policy reforms to both the NDIS and in-home aged care may have the unintended consequence of increasing inequity for people with disability, including in relation to housing outcomes. There is a need to monitor and evaluate outcomes to ensure equity for people with disability across the various schemes for funding and supports.

Given the intersectionality that exists for many people with disability, cross-jurisdictional, cross-sector coordination of housing and support provision that meets their needs in a timely manner is required. Such coordination needs to be across the lifespan, and at both the policy and practice levels.

Co-design and engagement

Central to achieving good housing outcomes are policy reforms guided by co-design processes involving people with disability and their families, along with the knowledge of other stakeholders, such as service providers, and those involved in the development of housing and disability policy.

Policies and practices that can recognise and address the diversity of needs through engagement with populations most at risk of poor housing outcomes is required. This will require investment in capacity-building initiatives to support skills in co-design and to ensure genuine involvement in decision-making for people with disability.

There is also a need to expand the horizons of people with disability about possible housing outcomes through both improved design of and access to information and, where needed, support for skills in decision-making to ensure genuine choice and control.

Data and evaluation

Robust and aligned data collection is required, along with evaluation processes that focus on outcomes rather than inputs. In addition, examination of current housing approaches and their strengths and limitations is needed to better understand barriers and enablers to good housing outcomes, and to provide the evidence for the development of effective policies and practices.

The study

This research project sought to address the following key questions.

1. What are the circumstances and experiences of people with disability receiving housing assistance through the NDIS and those without NDIS support? How does this vary by disability type?
2. What do stakeholder groups understand by a 'good outcome' with respect to housing for people with disability? What are the areas of commonality and where do tensions exist?
3. What are current barriers to, and enablers of, good housing outcomes for people with disability?
4. What policy and practice changes are needed and possible to improve housing opportunities and outcomes for people with disability?

The study comprised an Investigative Panel approach, which involved engaging experts across research, policy, industry and community sectors to focus our research inquiry. It also employed a range of other methods, including a rapid desktop review of peer-reviewed and grey literature, focus groups and interviews, and an online survey. Participants included people with disability, family members, support coordinators, housing providers and international experts.

While the research sought to include a diverse range of perspectives, a limitation is the absence of representation from people with psychosocial disability, Aboriginal and Torres Strait Islander people with disability, those from culturally and linguistically diverse groups, those involved with the justice system, and those who are homeless. Further research is required, focussed on policies and practices that can recognise and address the additional disadvantage experienced by people with disability at greatest risk of poor housing outcomes.

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Acronyms and abbreviations

ABS	Australian Bureau of Statistics
ABCB	Australian Building Codes Board
ACT	Australian Capital Territory
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
CoA	Commonwealth of Australia
CRDP	Convention on the Rights of Persons with Disability
DDA	*Disability Discrimination Act*
DoHDA	Department of Health, Disability and Ageing
DSP	Disability Support Pension
DSS	Department of Social Services
EEEF	Environment-Experience Evaluation Framework
HAFF	Housing Australia Future Fund
HILDA	Household, Income and Labour Dynamics in Australia
ILO	Independent Living Options
ISL	Individualised Supported Living
NASHH	National Agreement on Social Housing and Homelessness
NCC	National Construction Code
NDDA	National Disability Data Asset
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NGT	Nominal Group Technique
NHHA	National Housing and Homelessness Agreement
NHSAC	National Housing Supply and Affordability Council
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
SA	South Australia
SDA	Specialist Disability Accommodation
SIL	Supported Independent Living
TAS	Tasmania
VIC	Victoria
WA	Western Australia
WHO	World Health Organization

Glossary

A list of definitions for terms commonly used by AHURI is available on the AHURI website ahuri.edu.au/glossary.

1. Introduction

- Australia is a signatory to the United Nations Convention on the Rights of Persons with Disability (CRPD). The CRPD recognises the right of all persons with disability to live in the community with choices equal to others. However, many people with disability in Australia face restricted choice of residence, and where and with whom they live.
- Article 19 of the CRPD recognises that persons with disability should have access to a range of in-home, residential and other community services to support living and inclusion in the community.
- In 2020, the National Disability Insurance Scheme (NDIS) achieved nationwide implementation, making available more timely access to funding for support for people with disability to live in the community. It also provided targeted Specialist Disability Accommodation (SDA) for a small percentage of eligible NDIS participants.
- However, beyond the NDIS, funding for affordable and accessible housing and disability-related support required to meet a person's housing goals and needs is constrained.
- Data on the housing circumstances of people with disability is limited. However, Australians with disability who live in the community are more likely to reside in insecure and unsuitable housing than the general population.
- Australia's 2019–23 Disability Royal Commission laid out the stark realities of violence, abuse and neglect experienced by some Australians with disability.
- Final reporting from both Australia's Disability and Aged Care Royal Commissions identified the gaps in housing policy and practice that contribute to such vulnerability.

1.1 Why this research was conducted

Globally, economic inequality and inadequate access to quality public services in areas such as housing are major drivers of inequities that require whole-of-government action through social policies (World Health Organization [WHO] 2025). Secure, appropriate housing is recognised as a prerequisite for good life outcomes, including health (Boch, Taylor et al. 2020; Howden-Chapman, Bennett et al. 2023); employment (Marçal, Choi et al. 2023); and life satisfaction (Hock, Blank et al. 2024; Park, Seo et al. 2024).

In all these areas of life, Australians with disability are worse off than the general population (Australian Institute of Health and Welfare [AIHW] 2024a). Availability of data on the housing circumstances of people with disability is far from adequate (CoA and Department of Prime Minister and Cabinet 2023b). However, evidence indicates that, while 96% of Australians with disability live in the community, they are more likely than the general population to reside in insecure and unsuitable housing (AIHW 2024a).

Prior to the introduction of the National Disability Insurance Scheme (NDIS), research using data from a nationally representative sample via the Household, Income and Labour Dynamics in Australia (HILDA) survey found that people with disability were disadvantaged across all the housing indicators used, including:

- tenure type
- affordability
- residential mobility
- housing quality
- satisfaction with housing.

However, those with intellectual disability and psychosocial disability were worse off (Aitken, Baker et al. 2019).

In 2016, the Disability Housing Futures Working Group estimated that there would be approximately 110,000 persons with disability seeking to move from their current situation into more appropriate housing within the first 10 years of NDIS operation (Disability Housing Futures Working Group 2016). The Working Group estimated that a substantial proportion of these 110,000 persons would find private accommodation; however, between approximately one-third to one-half would not be able to find affordable accommodation.

The Working Group also pointed out that many people with disability would be ineligible for the NDIS, and many of this estimated 4 million Australians would also have an unmet need for affordable housing. Using the HILDA data, Sully, Aitken et al. (2025) showed that people with disability have been consistently disadvantaged with regard to affordable housing, with significant differences between this group and those without disability every year from 2003 to 2022.

The National Housing Supply and Affordability Council (NHSAC 2024) has recognised that those with disability need substantially more support than is currently available. The NHSAC has also identified the growing number of people with disability arising from increases in the age of the general population, and subsequent health issues, and highlighted that most publicly available housing stock is unsuitable for those with accessibility needs.

The unmet demand for affordable and appropriate housing is compounded by the current housing crisis in Australia, which is resulting in housing stress, precarity in housing, and increasing homelessness. According to the ABS (2025), just over 44% of Australians on lower incomes are experiencing housing stress—in other words, they are paying more than 30% of their income on housing costs. Additionally, the Productivity Commission (2022) reported that 61% of persons on a Disability Support Pension spend more than 30% of their income on housing. In their 2024 Rental Affordability Snapshot, Anglicare found that only 0.1% of available rentals in the private rental market nationally were affordable for a person on the Disability Support Pension (Anglicare Australia 2024).

Combined, the evidence clearly indicates that Australians with disability are disadvantaged when it comes to housing. Concerns remain, even though there have been several policy developments to address this issue, including the substantial financial contribution made through the introduction of the NDIS and its Specialist Disability Accommodation (SDA) program.

It is difficult to ascertain if present and proposed policies are sufficient or effective without clear outcomes against which to measure policy impact. A critical ambition of Australia's current Disability Strategy is to build a more inclusive Australia for people with disability, including the policy priority for people with disability to live in inclusive, accessible and well-designed homes and communities (Department of Social Services [DSS] 2024a).

To achieve this ambition, there is a need to take stock of housing provision for people with disability, and examine how to move towards a more mature and stable housing system for this population.

Relying solely on traditional markers such as level of homelessness or satisfaction of those receiving support has been challenged as insufficient to understand the effectiveness of housing policy (e.g. Foye 2021; Kimhur 2023). These authors argue for a more expansive understanding of what is considered a good outcome in the housing sector.

Thus the focus of this project was to identify areas of policy and practice where changes may improve housing outcomes for people with disability.

However, targeting approaches to, and evaluation of, such changes requires an understanding of what are considered 'good' housing outcomes by those for whom the policy is directed and by others invested in the provision of housing as a human right. Understanding the experiences of people with disability is complicated by the diversity of the group, and how disability is defined.

The United Nations Department of Economic and Social Affairs (2006) defines people with disability as 'those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (CRPD, Article 1).

However, Australia's *Disability Discrimination Act 1992* (DDA; Australian Government 1992) defines disability differently. Although the Act includes eight types of disability, most data collected at the national level related to people with disability does not differentiate between types of impairment—which means that some of the material we have drawn on cannot be differentiated. The eight groupings used within the DDA are:

- physical
- intellectual
- sensory
- neurological
- learning
- immunological disability
- mental illness
- physical disfigurement.

Clearly, these impairments will produce different impacts on individuals, and within each group there will be a range of severity of impact on functioning. Also, some individuals will experience multiple disability types, with age also being an important aspect. For example, some will have experienced lifelong disability or acquired a disability, both of which may have been an impediment to workforce participation, while others will have aged with or into disability. These various groups will likely have different home ownership experiences—which are important for the topic under consideration.

The definition contained within the DDA has been criticised for including wording that carries negative connotations, or umbrella terms that members of some groups do not identify with (see Australian Government 2025). When we use the term 'people with disability' in this report, we are referring to the broad group of individuals who identify as disabled. In instances where we are referring to a specific group, this is made clear in the text.

This project was designed to investigate the perspectives of stakeholders about what constitutes good housing outcomes, with the expectation that this will be multifarious and that there are likely to be differences in the views of stakeholders (Willis and Bovaird 2012). A second goal was to identify policy initiatives that can assist the move towards better housing outcomes for people with disability.

Specifically, the project was designed to address the following key research questions:

1. What are the circumstances and experiences of people with disability receiving housing assistance through the NDIS and those without NDIS support? How does this vary by disability type?
2. What do stakeholder groups understand by a 'good outcome' with respect to housing for people with disability? What are the areas of commonality and where do tensions exist?
3. What are current barriers to, and enablers of, good housing outcomes for people with disability?
4. What policy and practice changes are needed and possible to improve housing opportunities and outcomes for people with disability?

1.2 Policy context

There are many national and international policies, instruments, and inquiries that provide guidance about what is required and what influences the provision of housing to Australians with disability. Most prominent of these is the NDIS, introduced in trial sites from 2013, and fully implemented nationally by 2020. There have also been substantial changes in some other relevant policies in recent years, with several reforms occurring to both disability and aged-care programs since the research informing this report began. These include reforms to the NDIS itself (NDIS n.d.-a) and the Support at Home Program for older Australians (Department of Health, Disability and Ageing (DoHDA) 2025b). In this section, we outline the influential policies on housing as they intersect with support required by, or provided to, people with disability.

1.2.1 Australia's Disability Strategy (2021–2031)

With foundations in the United Nations CRDP (United Nations Department of Economic and Social Affairs 2006), Australia's Disability Strategy (2021–2031) provides a framework to guide decision-making and planning with respect to developing an inclusive society in which people with disability can live their lives as equal members of the community. All states and territories have signed up to the strategy, and it is relevant for, and applies to, all Australians with disability. There are seven priority areas identified in the strategy, with inclusive homes and communities being one of these. In a 'refresh' of the strategy conducted in 2024 in response to the feedback from people with disability, building more inclusive homes and communities became one of three areas for Targeted Action Plans (TAPs) for 2025-2027 (DSS 2024a).

1.2.2 The National Disability Insurance Scheme (NDIS)

Australia's NDIS achieved nationwide implementation in 2020 and as of 2024 provided funding to over 690,000 Australians with significant and permanent disability (Australian National Audit Office 2020; NDIA 2024). Despite reliance on supports from the mainstream housing system, the NDIS has several housing and living supports and services that are relevant to, or may influence, housing outcomes for people with disability in receipt of NDIS funding (NDIS 2024b). These NDIS-funded services vary in the type of support available and are described briefly below.

Specialist Disability Accommodation (SDA)

NDIS participants who experience extreme functional impairment or very high support needs are eligible to access specialist housing solutions, called Specialist Disability Accommodation (SDA). SDA is categorised into four design types that align with different support needs (Figure 1). SDA is the only NDIS-funded support that has a dedicated contribution to bricks and mortar for Scheme participants (NDIS 2025a). Individuals who meet the criteria for SDA eligibility receive SDA funding through their NDIS plan budget. This funding can be used to purchase access to an SDA-enrolled property, for which the NDIS participant pays affordable rent and utilities.

Housing types include purpose-built new housing and existing stock, as well as 'legacy stock'. Legacy stock refers to older properties in which six or more people (excluding support staff) live as long-term residents (NDIS 2021). Such stock was typically not purpose-built. While it was estimated that approximately 6% of NDIS participants would be eligible for SDA (NDIA 2018), currently approximately 4% have been deemed to be eligible for this funding, and 2.2% are residing in accommodation funded through the program (NDIS Property Australia 2024).

The general term for accommodation shared by a group of unrelated people with disability with availability of 24-hour staff support is 'group home'. Group homes form part of the housing and living supports and services funded by the NDIS (NDIS 2024b). Some previously state-owned legacy group-home stock has also been registered as basic SDA stock within the NDIS. There are still around 17,000 Australians with disability living in group homes, of which around 30% have mild intellectual disability (CoA 2023b). However, there is substantial debate about whether group homes are a suitable housing option for people with disability.

We have included information about the SDA program here, as it is a central plank of the housing support provided to people with disability with very high support needs who receive funding from the NDIS. It was also central to our respondents' thoughts about housing, and was referred to often throughout discussions. A 2024 AHURI report addressed issues relevant to the SDA (see Crowe, James et al. 2024), so we briefly discuss this aspect of housing provision in our final chapter.

Figure 1: The four categories of SDA design

Improved Liveability	Fully Accessible
Housing that has been designed to improve 'Liveability' by incorporating a reasonable level of physical access and enhanced provision for people with sensory, intellectual or cognitive impairment.	Housing that has been designed to incorporate a high level of physical access provision for people with significant physical impairment.
Robust	**High Physical Support**
Housing that has been designed to incorporate a reasonable level of physical access provision and be very resilient, reducing the likelihood of reactive maintenance and reducing the risk to the participant and the community.	Housing that has been designed to incorporate a high level of physical access provision for people with significant physical impairment and requiring very high levels of support.

Source: NDIA (2019: 9)

Independent Living Options, Supported Independent Living and supported accommodation

Beyond SDA, the NDIS (2024b) may also fund supports within housing through:

- Supported Independent Living (SIL) payments—as SIL funding is frequently used in housing provided by a disability service provider, SIL is often referred to as supported accommodation
- core or capacity-building supports to develop Independent Living Options (ILO)
- home modifications and assistive technology within a dwelling.

In response to a recent inquiry, the NDIS Quality and Safeguards Commission produced a supported accommodation action plan (NDIS Quality and Safeguards Commission 2025). A significant focus of this supported accommodation plan is group homes.

Group homes were considered to be a form of housing inimical to good outcomes by the majority of the Commissioners of the recent Australian Royal Commission into Violence, Abuse and Neglect, and Exploitation of People with Disability (CoA 2023a). While they all agreed that group homes were to be phased out, they were unable to come to a unanimous position regarding a timeline for this phasing out, with two of the Commissioners arguing they would fade out of the system due to natural attrition as alternatives became available (CoA 2023a).

Arguments for the removal of group homes are based on a history of abuse and neglect, a concern about the lack of choice and control afforded to those who live in them, and the lack of social inclusion they represent (CoA 2019; CoA 2023a; Verserghy, Atack et al. 2019).

The counterargument is that there can be social, security and financial benefits to having small congregate living options available to those who wish to live in such circumstances (Bailey, Christensen et al. 2024; Verserghy, Atack et al. 2019).

Despite the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (hereafter referred to as the Disability Royal Commission) failing to reach agreement on a timeline to phase out group homes, there were other key points on which the Commissioners agreed. They accepted that group homes do not provide those who live in them with the level of choice and control over important decisions that are desirable, and act to exclude residents from their communities (CoA 2023a). Some have argued that the quality of support services should be the focus of change, rather than the abolition of group homes as such (Bigby 2022).

NDIS reforms

NDIS reforms guided by the *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Act 2024 (Cth),* began when the bill was introduced in October 2024. These reforms comprise a number of transitional rules that will be replaced over time.

Key changes within these reforms include definitions of what are and are not NDIS supports, with a requirement that there is increased reliance on 'foundational supports' delivered by the states to all people with disability—not just NDIS participants (Bishop, Kavanagh et al. 2025).

Foundational supports were described in the final report from the independent review of the NDIS to include both general supports and targeted foundational supports.

General supports are intended to be available for all people with disability, and include:

- information and advice
- individual and family capacity building
- peer support
- self-advocacy
- disability employment supports.

Targeted foundational supports are intended to support people who are not eligible for the NDIS, and include:

- home and community supports such as assistance with shopping and cleaning
- the provision of assistive technology.

The final report from the independent review identified particular populations for whom foundational supports were most appropriate (CoA 2023b). These include:

- adults with a psychosocial disability
- families and children with emerging developmental concerns
- young people in need of transition supports to help prepare for employment and independent living.

1.2.3 Housing policy and practice gaps for people with disability

Beyond the NDIS-funded supports outlined in subsection 1.2.2, there is broad expectation that most housing needs of people with disability will generally be met through the mainstream housing and community infrastructure system—that is, through private ownership, private rental or social housing (NDIS 2024b). State and territory policy and legislation shape this broader housing landscape, explaining the significant variation across jurisdictions in how housing is managed, funded and implemented (see Appendix 1). These systems include those that provide social and community housing, as well as homelessness and other emergency accommodation. The AIHW (2024a) reported that a majority (96%) of people with a disability live in private households—that is, private dwellings including social housing. However, people with disability may face explicit discrimination in the rental market (Maalsen, Wolifson et al. 2021; Tually, Slatter et al. 2016).

Social housing is an important part of any housing provision for people with disability. However, as Wiesel (2020) has pointed out, there are problems with the ways in which housing of this type is accessed and managed.

In their review of the National Housing and Homelessness Agreement (NHHA), the Productivity Commission (2022) found that accessibility for people with disability was an issue in the available social housing stock and getting permission to make alterations could be difficult.

In 2025, the Productivity Commission (2025) reported that 63.5% of new allocations of public housing went to equity groups, that is:

- a household member with disability
- a main tenant aged 24 years or under
- a main tenant aged 75 years or over, and/or
- a household that fitted the Aboriginal and Torres Strait Islander household definition.

However, these data cannot be separated by the various groups (Productivity Commission 2025). Moreover, the Productivity Commission warned that the data they based their report on were incomplete.

1.2.4 Policy reforms underway that may impact housing outcomes

Housing policy is generally the purview of state and territory governments. However, the federal government's involvement in providing housing, home modifications, assistive technology and in-home supports for people with disability eligible for the NDIS, or in-home support funded though Australia's aged-care system, adds an additional layer that needs to be integrated into both policy and practice considerations. During the period of this project, some policy developments relevant to social housing provision took place, as well as NDIS and aged-care reforms. These are summarised below, with a focus on their impact on housing provision and access for people of all ages with disability.

Social housing reforms

State and territory governments have primary responsibility for delivery of housing and homelessness services; however, the federal government provides funding to support service delivery. This funding is provided through the National Agreement on Social Housing and Homelessness (NASHH), signed in July 2024 to replace the NHHA. Under NASHH, state and territory governments are responsible for determining the priorities within their jurisdiction, including what types of services are supported and where they are located. These governments also have responsibility for the building, maintenance and allocation of social and community housing.

Although the NHHA predates Australia's Disability Strategy, the Productivity Commission reviewed the NHHA in 2022 and found that (Finding 4.8) 'The NHHA is not meeting governments' requirements under Australia's Disability Strategy' (Productivity Commission 2022: 29). The Productivity Commission recommended that the new agreement needed to contain an increased focus on people with disability and that the next iteration of the agreement align with Australia's Disability Strategy (2021–2031) (Recommendation 5.1), which itself should include an action plan to increase access to public and affordable housing. This recommendation was not taken up—the NASHH does not specifically refer to people with disability nor to Australia's Disability Strategy. The only indication that people with disability may be prioritised is that states and territories are obliged to focus on 'any other target groups [in addition to Aboriginal and Torres Strait peoples] with disproportionate disadvantage that states have identified in their bilateral schedules' (DSS 2024b: 4).

NDIS and aged-care reforms

During the period of this research, significant reforms to the NDIS were announced, as well as reforms to the in-home aged-care program for older Australians, including those with disability. Specific to the NDIS, plan funding periods were implemented and prescriptive lists of items that are or are not funded by the NDIS were released. Limits around funding for mainstream assistive technology and cost of moving home were put in place with the aim of cost-benefit and safeguarding the Scheme. However, these prescriptive lists may limit people with disability to disability-specific support options—which are often more costly—or to undertaking home modifications in existing homes that may pose other barriers to good outcomes.

Regarding in-home aged care, a new Support at Home Program for older Australians was detailed for people aged over 65 years (or over 55 years in the case of Aboriginal and Torres Strait Islander people). The Act that guides these aged-care reforms includes the requirements for:

- in-home support co-contributions for the majority of program participants
- an assistive technology and home modifications scheme with tiered funding, capped at a maximum of $15,000 over a lifetime for home modifications.

These reforms across the NDIS and in-home aged care have implications for housing outcomes for people with disability, including the potential to restrict choice and—for older adults—force a transition into residential aged care rather than ageing in place in the community.

1.2.5 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

The final report from the Disability Royal Commission [CoA 2023a]) includes several recommendations for improving the housing situation for people with disability.

These recommendations were, in part, a response to the barriers to accessing suitable accommodation and subsequent risk of homelessness that were identified during the Commission's evidence-gathering. These barriers included:

- the lack of accessibility of housing stock (both private, social and crisis)
- difficulties accessing social housing
- housing/tenancy insecurity
- safety concerns associated with supported accommodation.

The Commission also raised concerns about the appropriateness of continuing to use group homes as one of the accommodation options for people with disability (discussed in subsection 1.2.2). Of most importance is the proposal that people with disability be recognised as a priority group in government planning, and they be explicitly included in the NHHA, the proposed National Housing and Homelessness Plan, and the NHSAC.

Similarly to the Productivity Commission (2022), the Disability Royal Commission pointed out that people with disability were not mentioned in the policy frameworks that guided national housing and homelessness approaches. They identified this as a 'significant policy gap' (CoA 2023a: 550). However, the recommendation to include people with disability in these frameworks was not taken up in their latest versions. Although the recommendations made through the Disability Royal Commission are not government policies as such, they are informative and likely to be influential in determining the direction of policy development.

1.2.6 Measuring disability housing outcomes

The disability housing policy environment is complex, and housing and support practices are varied. This may partly account for the limited data currently available on the housing needs, aspirations and outcomes of Australians with disability (AIHW 2024a).

The need to improve data around housing both within and outside the NDIS is well recognised (CoA 2023b; Productivity Commission 2022). *Australia's Disability Strategy (2021–2031) Outcomes Framework* was published in 2021 with the aim to measure, track and report on outcomes for people with disability. The Framework includes targeted objectives and indicators for system and population outcomes. Annual reports using the Framework and an interactive online reporting dashboard to allow investigation of progress against each Policy Priority in the Strategy are available through a Department of Social Services website (DSS 2021). Specific to the outcome area of inclusive homes and communities—and the objective of the Strategy that people with disability live in inclusive, accessible and well-designed homes and communities—six key indicators are available. They focus on:

- housing affordability/stress
- housing accessibility
- social inclusion and participation
- accessibility of the built and natural environment
- transport system accessibility
- information and communication system accessibility.

1.3 Existing literature regarding housing for people with disability

Lack of housing options has been identified as one of the barriers to improved life circumstances for people with disability (CoA 2023a). The private housing market is often not suitable nor accessible, and people with disability are eight times more likely to live in social housing than those without a disability (National Disability Data Asset [NDDA] 2021). However, the supply of housing for people with disability through state housing authorities and community housing providers has changed with the introduction of the NDIS. Provision of social housing at scale has stalled, resulting in an overall lack of housing in these sectors (Believe Housing Australia 2023; Pawson, Milligan et al. 2021; Schatz and Thomas 2024). This lack of development, in combination with the current national housing crisis, has been particularly acute for people with disability, with both policy and practice challenges—and potential opportunities—evidenced in existing literature.

1.3.1 AHURI research on housing and people with disability

Several AHURI investigations have focussed on issues related to housing and people with disability. In an investigation of housing models that allowed for shared ownership of housing, Wiesel, Bullen et al. (2017) identified a number of arrangements that could support this type of home ownership. They found cost to be a major barrier for those with disability. Enabling shared equity in housing would require increased public funding, as well as changes to several current processes.

Bridge, Zmudzki et al. (2021) concluded that smart home assistive technologies could provide several potential benefits for those with disability. However, social housing providers could not afford this addition, and commercial providers adopted it only when there was a financial advantage. Bridge, Zmudzki et al. also found little government policy around this area, limiting uptake.

Thoresen, O'Brien et al. (2022) identified inconsistency in the interpretation and implementation of Individualised Supported Living (ISL). ISL is a NDIS approach designed to promote independence and choice for people with intellectual disability and those with high support needs. ISL was designed to focus on formal and informal supports that promote growth and development of individuals within the community, with participants' choice of housing model also being of central concern (Thoresen, O'Brien et al. 2022). The authors reported issues with the predictability and reliability of funding for ISL, which undermined confidence in the program.

In their investigation of SDA, Crowe, James et al. (2024) found strong support for the program. However, there were concerns about the complexity associated with accessing SDA, the ways in which 'reasonable and necessary' supports are interpreted, and how provisions of social housing as a state responsibility and NDIS-funded SDA as a Commonwealth responsibility intersect.

1.3.2 Housing affordability and housing stress

Internationally, housing affordability has been identified as one of the biggest barriers to improving housing outcomes for people with disability (e.g. Canadian Human Rights Commission 2024; House of Commons, Levelling Up Housing and Communities Committee 2024). The most recent *Australia's Disability Strategy (2021–2031) Outcomes Framework* annual report indicated that 18% of lower income households with at least one person with disability were in housing stress in 2019–2020 (DSS 2021). Given this, there have been calls for a new supply of affordable housing to be developed and delivered at scale in Australia (Wiesel 2024).

1.3.3 Housing accessibility

Accessible housing is defined by the Australian Building Codes Board (ABCB) as 'any housing that includes features that enable use by people either with a disability or transitioning through their life stages' (ABCB 2018: 4). Multiple features contribute to accessibility. These include easy access and exit, easy navigation within and outside the home, and adaptability to meet the needs of occupants as their needs change (Wellecke, D'Cruz et al. 2022).

In Australia, the Livable Housing Design Standard endorsed by the National Construction Code (NCC) provide guidance to those constructing new homes to enhance accessibility of new housing stock. There is evidence that appropriate housing adaptations that make housing more accessible have multiple benefits, including increasing independence, positively influencing health, wellbeing and quality of life, and increasing safety (see Lindsay, Fuentes et al. 2024). While accessibility is often interpreted as applying primarily to those with physical or mobility needs, those with intellectual, cognitive or sensory needs also require modifications if they are to be comfortable and safe in their home. These include considerations related to sound, lighting, and tactile features, as well as fittings that are easy to operate (Plouin, Adema et al. 2021).

Most housing stock in Australia lacks the basic requirements to be considered accessible, and most Australians who require accessible housing are not able to acquire it (Wiesel 2020). This is a common experience across other nations, as demonstrated in a recent review that included studies from 10 different countries focussed on the experiences of young people with disability and their families (Lindsay, Ragunathan et al. 2024) and as reported by Plouin, Adema et al. (2021) who also showed that the problem will worsen over the coming years.

In a study focussed on the needs of young people (up to 25 years of age), Lindsay, Ragunathan et al. (2024) identified several typical ways in which homes were unsuitable for their occupants with disability. These included:

- barriers to ease of movement around the home such as stairs, uneven pathways, and inadequately sized doorways
- safety compromised through inappropriate kitchen and bathroom design, and lack of space for medical equipment
- no consideration for the sensory, perceptual and behavioural issues experienced by the person with disability.

1.3.4 Social inclusion, economic participation and housing

Social inclusion and economic-participation outcomes for people with disability are consistently lower than for other Australians. For example (AIHW 2024a):

- 19% of people with disability aged 15–64 report experiencing social isolation, compared with 9.5% without disability
- 53% of people with disability aged 15–64 are in the labour force, compared with 84% without disability
- 36% of people with disability aged 15–64 have previously reported they were not satisfied with their local community, compared with 25% of people without disability.

These social and financial factors combine to impact the housing outcomes experienced by people with disability.

Much of the available information on the lives and circumstances of Australians with disability is only available at the broad level, and data regarding those with a particular type of disability (such as intellectual disability or psychosocial disability) is difficult to ascertain (AIHW 2024a; Bigby 2022; CoA 2023b). This has repercussions for the individuals within these various subgroups, as needs vary depending upon type of disability.

While most Australians with disability live in the community in private dwellings such as houses or apartments, others live in more segregated environments. People living in these ‘other’ arrangements are typically those with more profound disability. Some people with this level of disability live with family or in their own home, utilising informal or formal support arrangements (AIHW 2024a; NDIA 2024). Whatever their circumstances, those with severe or profound disability have been found to experience the lowest levels of social inclusion and participation (e.g. Lee, Taylor et al. 2025).

1.3.5 Independent living

Independence is one of the rights of people with disability, as outlined in the CRPD, and it is a key feature of the articulated goals of the NDIS (Independent Advisory Council to the NDIS 2014). Independence is evidenced by autonomy—which includes having the opportunity to be actively involved in making the decisions that affect one's own life—and the opportunity to participate in the social, physical, economic and cultural life of the community. Thus, it is strongly connected to the concept of choice and control.

One element of independence is independent living—a term that is not well defined in the research literature (Oliver, Gosden-Kaye et al. 2022). Independent living is generally understood to relate to autonomy and self-determination in where and how one lives. There are two support types available within the NDIS as outlined earlier: Independent Living Options and Support Independent Living. The discussion that follows refers to the construct of independent living rather than to these support types.

For many people, independent living equates to living in one's own home rather than with one's parents, and is seen to be a marker of adulthood (e.g. Independent Advisory Council to the NDIS 2014; Leiter and Waugh 2009). A systematic review of studies of independent living for adults with autism found that moving out of the family home was identified as a desirable outcome, as it was seen to be a normative change and to be positive for the personal development of the adult with autism (Mason, Milner et al. 2023). Individuals with intellectual disability were also found to regard moving out of the family home as an opportunity for increased independence and autonomy—although there was recognition that some housing options might result in reduced autonomy (Anderson-Kittow, Keagan-Bull et al. 2024).

There is not a great deal of research to inform our understanding of outcomes of different living arrangements. What there is generally focusses on people with intellectual or cognitive disability and those with complex needs. The likelihood that the outcomes of particular living arrangements will differ for people with different types of disability (Oliver, Gosden-Kaye et al. 2022) adds to the difficulty of ascertaining the most beneficial living arrangements for people with disability.

There is consistent evidence that institutional living is associated with poorer outcomes across a range of measures such as health, wellbeing and community participation in contrast to home-like settings or small disability-specific situations such as group homes or cluster housing (e.g. Cameron, Tonge et al. 2025; Douglas, Winkler et al. 2023; Verdonschot, de Witte et al. 2009; Wright, Colley et al. 2020).

The data regarding more specific comparisons are much less robust—for example, living with family of origin versus living alone or with friends. In one of the few recent studies on this topic, Song, Salzer et al. (2022) found adults with autism who lived with their family of origin had lower levels of community participation than those who lived with a spouse or shared with a roommate—however, both cultural expectations and available services are likely to contribute to this outcome (e.g. Álvarez-Aguado, Córdova et al. 2022).

However, moving out of the family home is not the preference of all adults with disability (e.g. Ghanouni, Quirke et al. 2021). Mladenov (2025) claimed that independent living is often misinterpreted, with assumptions about the type of living arrangement (e.g. living at home with family) and its relationship to independent living. Mladenov argued that the capacity of the individual to live a self-determined life is the only true marker of independent living.

Oliver, Gosden-Kaye et al. (2022) reported the results of a scoping review that examined outcomes of individualised housing for people with disability and complex needs. Their definition of individualised housing was very similar to Mladenov's concept of independent living (2025). They found consistent support for better outcomes for those who were in individualised housing—including increased choice and the exercise of autonomy. Comparison arrangements were generally some kind of congregate arrangement such as group homes, but did sometimes include living with family.

Individualised housing (or independent living) occurring within small, dispersed and domestic-scale housing typologies has been identified as improving participation and quality of life for disadvantaged groups. However, the support practices experienced by people with disability in living environments also influence their social inclusion, participation, autonomy and empowerment (Bigby and Beadle-Brown 2016; Callaway, Tregloan et al. 2016; Douglas, Winkler et al. 2023).

In sum, in Australia and internationally, people with disability are disadvantaged by limited access to appropriate housing and the benefits associated with this. The question of how to effectively provide housing to this population is difficult to answer—as the population is very diverse and some people with disability have very complex needs. Any change to policy requires a clear target that both provides direction and allows evaluation.

1.4 Research methods

The University of Tasmania Human Research Ethics Committee (HREC) approved this research (Project ID #30503, #31035 and #31545), with secondary approval from partner universities, for the collection of primary data. Mixed-data-collection methods were used in this study to address the research questions proposed. There were four data-gathering approaches:

- an initial rapid review of the literature complemented by additional literature as the project progressed
- Investigative Panels
- focus groups and interviews
- surveys.

Each data-collection approach sequentially informed the next stage. The rapid review informed the first panel discussion, and the findings from the rapid review and panel discussion were explored through the focus groups and interviews. The qualitative data obtained from these approaches informed the development of the survey questions. These methods are described more fully below.

Analysis of the findings from all four approaches forms the basis for the conclusions presented in this report. The summaries and transcripts of the discussions provide the data that were subjected to qualitative content analysis using a pragmatic approach (Ramanadhan, Revette et al. 2021) that combined both deductive and inductive approaches to analysis. This approach was adopted to address specific questions while remaining open to new ideas and insights provided by informants.

1.4.1 Rapid literature review

A rapid review of the literature was undertaken between August and September 2024. The review aimed to identify literature on policy and practice initiatives in Australia that may influence housing outcomes for people with disability, and disability housing outcome frameworks utilised to measure outcomes. It included a search of two electronic databases, and Google Advanced Search, using pre-defined key terms and including literature published between 2010 (when Australia's first National Disability Strategy commenced) and August 2024. Identified publications were screened by title and abstract, with information from included publications extracted and reported narratively as preparatory reading material for the first Investigative Panel.

1.4.2 Investigative Panels

Two Investigative Panels were held: one early in the project timeframe, and one toward the end. Attendees at the first Investigative Panel were provided with an overview of issues and questions to be considered, drawn from findings of the rapid review. The second Investigative Panel was provided with a summary of policy reforms enacted during the project period that may impact housing outcomes for people with disability, and an overview of findings from other data-collection methods undertaken in the project.

The second Investigative Panel discussion focussed on housing policy implications. Both panels were conducted via Zoom videoconferencing and recorded for later transcription. Panel deliberations were supplemented by several individual interviews with identified experts. These were also conducted and recorded via Zoom.

Investigative Panel members were recruited through direct invitation, either to the individual personally or to their organisation. Decisions to invite an individual were based on their established expertise in the topic of housing for people with disability, or their role within an organisation that provided housing-relevant services to people with disability—for example, housing provision, advocacy related to housing. Organisations were selected for invitation due to their involvement in delivering housing-relevant services, or their centrality to policy development regarding housing for people with disability. In the latter case, organisational leadership was asked to nominate a suitable person who would be able to contribute to the panel. Several members of the panel also had lived experience of disability. Organisations are listed in Appendix 2.

The nominal group technique (NGT) was used for the first Investigative Panel. NGT is a facilitated, structured process used to generate and prioritise ideas from key informants around a particular topic to achieve group consensus. It provides an effective means of identifying problems, establishing priorities, and developing recommendations (Cooper, Cant et al. 2020; McIntosh and Wright 2019).

During the first Investigative Panel, attendees were taken through a facilitated discussion based on the four steps of NGT: generation of ideas; sharing and recording of ideas; group discussion; and voting and ranking (Hugé and Mukherjee 2018).

An expert facilitator (separate to the research team) was employed to lead the NGT. Members of the research team were present to observe, take notes and provide targeted input as required for contextual data and to ensure discussions covered key policy and project objectives. Summaries were prepared using an online document as the discussion progressed, and shared with informants to ensure all data were captured, and reflected the meaning intended by informants.

The second Investigative Panel used a streamlined version of the NGT, with attendees invited to identify a smaller number of tightly focussed issues that they felt were central to improvements in the policy landscape. The same techniques of recording and summarising were used in both Investigative Panels.

1.4.3 Focus groups and interviews

Focus groups and interviews were held with a range of informants including:

- individuals with acquired or progressive disability and intellectual disability (3 focus groups)
- family members caring for an individual or individuals with disability (1 focus group, 1 interview)
- support coordinators (1 focus group, 1 interview)
- housing providers (1 focus group)
- international experts (3 focus groups hosted across Australia, New Zealand, the UK and the USA).

Efforts were made, unsuccessfully, to recruit individuals with psychosocial disability to participate in a focus group. (This issue is returned to later in the report.) Focus groups were conducted both face-to-face and online using Zoom, and individual interviews were also conducted via Zoom, with both recorded for later transcription.

Aside from the evidence gathered from the international experts, data from the focus groups and interviews were analysed using thematic analysis (Braun and Clarke 2021). Data from each informant group were analysed separately, and then findings were examined for areas of concurrence and difference. Content analysis was used to analyse data from the international experts (Assarroudi, Heshmati Nabavi, et al. 2018). This method was chosen because the content of the discussion was focussed on good practice and supporting policy, rather than the questions that guided the other focus groups. To aid rigor and trustworthiness (Krefting 1991), the researchers participating in each data-collection activity kept fieldnotes during each focus group or interview, and engaged in peer debriefing and documented key concepts in reflective journals following each activity.

1.4.4 Surveys

Surveys were developed for four groups:

- people with disability
- family members of persons with disability
- service providers
- policy makers (see appendices 2–3).

While the surveys all covered similar concepts, the questions were targeted to each stakeholder group to elicit information relevant to their experience or expertise. The survey sent to carers of a person with disability was very similar to the survey sent to people with disability. The surveys sent to service providers and policy makers were identical.

Surveys were administered via the online platform REDCap, with participation also available via phone or Zoom videoconferencing. The survey was promoted via multiple channels, including social-media advertisements and sharing via the listservs of organisations of people with disability and organisations that represent them.

Organisations that provide housing to people with disability were contacted directly and asked to invite relevant staff to complete the survey. Those who work in positions where they have responsibility for setting housing policy were approached directly with information about the survey and how to access it. Responses were received from 24 individuals with disability, 36 family members, 12 support coordinators and one individual involved with policy regarding housing for people with disability.

The survey analysis involved downloading all completed responses from REDCap for analysis in Excel. Sociodemographic data were standardised into percentages and presented in tabular form (see Appendix 4). Free-text responses were examined through keyword and thematic analysis to identify areas of strong agreement, disagreement and emerging insights. To ensure the reliability of qualitative findings, two members of the research team independently reviewed and corroborated the themes prior to broader dissemination.

2. What are good housing outcomes?

- **Choice and control over housing and supports are essential for people with disability and their family.**
- **Social connection within inclusive communities with accessible amenities and services are important contributors to good housing outcomes.**
- **Safety within the home, surrounds and community is paramount.**
- **Security of tenure helps establish and maintain community connections and social capital. This includes being able to age in place in accessible and adaptable home environments.**

2.1 Existing research regarding 'good' housing outcomes

A key focus of this research project is to investigate the perspectives of stakeholders about what constitutes good housing outcomes, with the expectation that perspectives will differ within and between stakeholder groups.

Several frameworks have been developed to guide evaluation of services that include elements of housing. These are discussed below.

The Environment-Experience Evaluation Framework (EEEF; Callaway, Tregloan et al. 2016) is focussed on the experiences of people with acquired brain and spinal cord injury. The EEEF has eight criteria that the built and technology environment, and tenant experience, are evaluated against. These include:

- independence
- community integration
- home-like environment
- support
- effective workplace
- flexibility
- risk management
- scheme viability.

La Trobe University and the Summer Foundation developed a framework to investigate outcomes of the move to individualised housing. The Home and Living Framework (Summer Foundation n.d.) is focussed on experiences and outcomes of tenants in NDIS-funded SDA who experience neurological disability. It includes five outcome domains:

- emotional wellbeing
- care and support needs
- overall health
- community participation
- subjective lived experience.

Data on these areas is collected using established instruments (see Douglas, Winkler et al. 2023). While this framework was developed for a very specific cohort, it could have wider applicability. However, it does not include all elements related to housing outcomes—for example, employment is not considered.

Social Ventures Australia (2022) developed the Disability Housing Outcomes Framework as an approach to evaluating quality services delivered in disability housing. It identifies six outcome domains as the drivers of good outcomes for people with disability:

- encompass daily living
- health
- relationships and community
- rights and voice
- independence
- stability and safety.

All three frameworks emphasise aspects of the experience that do not directly reflect the bricks-and-mortar aspects of a home. This emphasis was borne out of research conducted directly with people with disability and other informants.

2.1.1 People with disability

People with disability are not a homogenous group. Experiences vary, and many people live with more than one disabling condition, and are ageing with or into disability, which adds to the complexity of planning housing and support (AIHW 2024b; Lal, Tremblay et al. 2022).

For example, individuals with multiple sclerosis, brain or spinal cord injury require home modifications and assistive technology (Cubis, McDonald et al. 2024), whereas individuals with psychosocial disability may require modifications for cognitive accessibility to make their housing appropriate for their needs (David, Nipperess et al. 2022). Individuals with a fluctuating or progressively deteriorating condition require individual input and forward planning to ensure their housing needs are met over time (Cubis, McDonald et al. 2024; David, Nipperess et al. 2022). Those with behaviours of concern, such as behaviours that may cause injury to others or to the person themselves (National Institute for Health and Care Excellence 2015) require homes that are built using robust materials and have design features that assist them (and those who live or work with them) to be safe.

Acknowledging that different groups may have different priorities and needs, researchers have typically included only participants from a particular group when investigating what people with disability want from their housing. For example, Brolin, Syren et al. (2018) worked with people with psychosocial disability who identified feeling safe, having a well-located and affordable place, and the ability to make decisions and be independent as the outcomes they desired from their housing. Some of these characteristics—decision-making autonomy and accessible amenities—were echoed in a study with adults with intellectual disability who were living in supported accommodation or residential care; however, they also valued good relationships with staff and those sharing their home (Ribenfors, Blood et al. 2025). Increased independence was desired as an outcome by people with disability moving from group homes to SDA (Winkler, Finis et al. 2022). Common to all findings is an emphasis on outcomes beyond the physical dwelling (e.g. Oliver, Gosden-Kaye et al. 2020).

2.1.2 Families

Information about what is recognised as good outcomes by families primarily comes from parents of adults with intellectual disability, as this parent group is most likely to continue to have some responsibility for supporting their children during adulthood (e.g. Boer, Giesbers et al. 2024; Wiesel, Laragy et al. 2015), including sharing their home (Cameron, Tonge et al. 2022; Cuskelly 2016).

Some parents prefer to continue sharing their home with their adult child as they age together (Chou and Kröger 2022; McCausland, Brennan et al. 2019). The specific benefits to their child that parents see arising from this arrangement have not been established, beyond the belief that as parents they will do a better job than the available alternatives (Walker and Hutchinson 2017) and provide a better quality of life for their adult child (Walker and Hutchinson 2019). Many adult children also express a desire to remain in the family home, valuing the familiarity, emotional security and continuity of care it provides (McCausland, Brennan et al. 2019).

When transitions to more independent living arrangements are undertaken—particularly those that are well-planned and supported—research shows improvements across a range of life domains, including autonomy, relationships, emotional wellbeing, and quality of life (Walker and Hutchinson 2019).

Bailey, Christensen et al. (2024) worked with Australian families whose adult children were moving out into a planned community to identify the elements these families regarded as indicative of a good outcome of this move. The parents in that study identified three elements necessary for a good outcome of housing planning and design: appropriate housing, connection to the local community, and high standard of support.

The exercise of individual choice by their adult child, as well as their safety and security of tenure, was central to their views of what was important. These elements reflect the parental aims also reported by Sosnowy, Silverman et al. (2018) in their study of the aspirations held by parents of young adults with autism.

Balancing the needs and views of family members and the adult with disability can be challenging (Cuskelly 2015). Parents, other family members and the adult with disability may hold different ambitions about the living arrangements of the adult with disability (e.g. Ioanna 2020; Sosnowy, Silverman et al. 2018). Parents of individuals with intellectual disability have been found to be more risk averse than other parents regarding their child with disabilities (Beetham, Sterman et al. 2019), and this may restrict opportunities for their adult offspring.

2.1.3 Service providers

Research on the role of housing providers in supporting people with complex needs identified workforce capacity and coordinated support services as vitally important for achieving good housing outcomes (valentine, Liu et al. 2024). The quality of disability support delivered also impacts achievement of outcomes (Bigby 2022).

Characteristics stakeholders (including staff) identified as needed for people with intellectual and developmental disability were flexibility, individualisation, sustainability and a system able to cope with changing needs and individual preferences (Verseghy, Atack et al. 2019). In an examination focussed on establishing the benefits of onsite shared support (known as cluster housing), Winkler, Finis et al. (2022) found that SDA providers saw value in a number of outcomes applicable to all housing circumstances: timely support, choice, community access and tenancy rights.

2.1.4 Summary

Existing research and Australian frameworks provide examples of ways that 'good' housing outcomes may be identified and measured to provide a greater understanding of the housing situation of people with disability. More work is required to examine both the experiences and outcomes of people with different types of disability, who live in a variety of housing typologies with a range of support, to meet their goals and needs. The concept of housing for people with disability reflects more than bricks and mortar, and must also incorporate the idea of 'home', as well as the social and ecological context of where people live (e.g. O'Donnell, Fudge Schormans et al. 2025).

The next section explores the concept of good housing outcomes for people with disability, drawing on the perspectives of people with disability, family members, support coordinators, housing providers and Investigative Panel members. Findings are organised around four major components:

- choice and control
- inclusive and accessible communities
- safety within and outside the home
- stability and security.

The section closes with some implications for policy consideration arising from these components.

2.2 Desired outcomes of housing policy for people with disability

This chapter focusses on the desired outcomes that people with disability will experience if policy and practice are effective. It draws on the findings of focus groups, interviews, online surveys and panel discussions. Four major components that collectively constitute good housing outcomes were identified from the data: choice and control; community that is inclusive and accessible; safety within and outside the home; and stability and security of tenure.

In addition, there was a clear view that the thinking around housing policy and practices for people with disability needs to be expanded to include thinking about the provision and quality of support that is required if people are to get the benefits of being able to live in housing that meets their needs. While this viewpoint was presented by a number of respondents and so is canvassed in this chapter, it differs from the other components as it is focussed on a mechanism for achieving the desired 'good outcomes', rather than being an outcome itself.

2.2.1 Choice and control

The phrase 'choice and control' encompasses the most frequently identified good outcome across the key stakeholder groups, with acknowledgement that people with disability needed to have choice and control over where and with whom they live:

> Choice of where to live, as well: choice, choice. (Person with disability)

> The type of housing, with whom they lived, who provided support, and who visited. (Family member)

> That people living with disability are able to choose the type of housing that best meets their needs and personal preferences and where it is shared, that they choose who they live with. That the housing is close to services and amenities that are important to them and that they receive the level of support that supports the greatest degree of independence from the service provider of their choice. (Service provider)

People with disability clearly expressed their desire to choose those they lived with and the circumstances in which this occurred. Independent supported living (ISL) or living with family were commonly described housing arrangements. ISL afforded the individuals with disability:

- privacy
- control over who entered their home
- freedom about how they organised their possessions and space
- opportunity to pursue their own interests.

Choice was also discussed in relation to choosing a support worker with the required skills and training and who 'clicked' with the person with disability. The wide range of housing types and arrangements and the modifications needed to achieve good outcomes for people with disability highlights the individual complexity that underpins the need for choice and control, the fact that a good outcome is individualised.

There is a focus within the NDIS to separate housing and support provision, based on the conflict of interest inherent in this arrangement and the potential to reduce the choice and control of service users. Many of our informants agreed that this was an important change. However, having the same provider for housing and support services was not seen negatively by some service users if the individual with disability retained choice and control. Service providers who offered both housing and daily living supports viewed this positively, citing increased efficiency, as clients only had to deal with one organisation, and maintenance and modification requests could be responded to quickly. In addition, they argued that the arrangement provided opportunities for clients to develop home-based skills.

Informants with intellectual disability clearly expressed the need and desire to have their own space, either living alone (in a standalone property or shared complex), or having their own room but sharing common areas with housemates or family:

> It's easy to do the thing you like to do [if you live alone]. (Person with disability)

Having 'my own space' enabled people to pursue their own interests and provided a place of safety and refuge—for example, the need for time away from noisy family—within which they could exercise control: 'I can go in there and lock the door.' 'Good design' and the use of assistive technology were also suggested as means of fostering independence and control.

Choice also extended to choosing the staff who provided support within the home:

> A fit-for-purpose home for the individual in the area of their choosing, living with others that they want to live with, supported by staff they're compatible with. (Investigative Panel member)

Informal supporters emphasised the need for choice to extend to family members: 'It's not just the person, it's the family.' This was discussed in the context of a disconnect between a young adult with disability wanting to remain at home and the parents wanting to reduce their responsibilities by engaging with supported living arrangements. Other examples raised were:

- having to uproot the entire family to accommodate the needs of the family member with disability if home modification to meet the needs of that family member could not occur
- carers being required to continue providing support because suitable alternative housing arrangements were not available for their family member.

Service providers recommended encouraging innovation such as sharing funding to reduce costs, but without losing individual choice and control.

Choice and control were related to a range of aspects of home and community living. Table 1 lists some of the aspects that need to be considered under this umbrella term. The details here are drawn from Investigative Panel 1, but they were also reflected in other data.

Table 1: Indicators and examples of good housing policy outcomes for people with disability[a]

Choice	Inclusivity (on one's own terms)	Affordability and security	Accessibility and adaptability	Flexibility and diversity
• Whether others share the home • Who shares the home (including pets) • Who enters the home • Housing type • Location of home • Who provides support • Possessions • Privacy • Control of environment—so that one feels safe • Available across a wide range of locations and there is good distribution of disability housing across the housing sector	• In the community of one's choice • Close to facilities and amenities: parks, employment, recreation, shopping, health, service providers, nature • Near family and friends • Close to transport • Where one feels safe • Where one is respected • Where connection and identity are supported • Affords access to informal safeguards and allows one to strengthen these • Where one feels at home	• Affordable to acquire • Affordable to maintain • Long-term tenure is possible and affordable • There is security of tenure • All have a roof over their head—everyone is housed • All have a home	• Level of Universal Design so one can stay in one's home as needs change • Allows for ageing in place • Enables as much independence as possible • Able to be easily tailored to the individual • Housing design is informed by the community of users and supporters • Consideration of assistive technology is part of the design process	• Ongoing access to information about housing options in a way that makes sense • Have the option to move and to try other things—i.e., having security and being able to experiment without fear of losing access and support • Housing options that are aligned with both personal preferences and personal circumstances (which may differ)

Source: Authors.

Notes: [a]based on the discussions of Investigative Panel 1. Table entries are not ordered hierarchically. Some elements of the table are focussed on means rather than ends—these aspects are picked up in later chapters.

2.2.2 Inclusive and accessible community

Inclusive community

While people with disability frequently mentioned the need for privacy and personal space, there was also clear acknowledgement that relationships are important when discussing housing—including the importance of community. Informants wanted the general community to be an inclusive environment where individuals with disability were accepted, and where existing relationships could be sustained:

> A good safe area: no crime and good neighbours. (Person with disability)

> A home of his own with a mate, and attendant care and support in the area he is living now. The reason for this is he is known in this community and has established connections and support networks, as well as [being] familiar with local infrastructure and shops. (Family member)

> Parents want housing in a location in an area close to their current address to ensure a smooth transition for their offspring. Even after the settling-in period, it is vital that the family relationship is maintained with visits to the house by family members, and by the tenant to the family home. (Family member)

While valuing their independence, people with disability enjoyed and wanted family and friends to visit, but also described how separation from family could encourage independence and forming connections within the community and facilitating personal relationships. The view that any housing solution needed to provide a home, not merely somewhere to live, was an often-repeated idea:

> A house that can be a home. Families and friends can come and spend time there and not feel they are a problem by being there. (Family member)

> The place where I live feels like home. (Investigative Panel member)

> Social, mental, financial, physical security. It's my home. (Person with disability)

Sharing accommodation with a friend or friends was seen as an attractive way to live by some people with disability and family members. Two young women with intellectual disability were preparing to move into a rental property together. They had clear ideas about house rules and task-sharing, valued the opportunity to live with a friend, and appreciated the increased freedom it offered, such as being able to spend more time with a boyfriend.

Views on what constituted community were not always completely aligned. Some informants were more focussed on the creation of community among people with disability rather than the broader community, generally through some type of cluster housing. This approach to housing was generally considered with respect to people with intellectual disability, and was seen as a way to combat social isolation if the community was not welcoming:

> We need more development of social housing for individuals with disabilities, consisting of a block of land that accommodates 20 to 30 flats/units or tiny homes. This design allows residents to maintain their privacy and independence while fostering social interactions with others who have similar disabilities. (Family member)

Being in a community of people with disability living in independent housing provided a sense of belonging and a level of security for some of our informants. Several young men with intellectual disability enjoyed living alone in their unit while regularly interacting with friends who lived in the same complex, although a family member noted: 'Not everyone wants to live like that.' For others, the preference was to live with another person. Living with a friend meant having someone who could 'help you to socialise more and not be in the same room all the time' (Person with disability).

Service providers described the benefits of cluster housing, enabling access to 24-hour onsite support for people who lived in their own home and did not require a large amount of individual support, and as a means of countering social isolation, providing social connection and reducing loneliness.

> They can all walk around and meet each other and do that kind of thing. So social things are really important because I find so many people that are so lonely. (Support coordinator)

Some family members also preferred this type of accommodation arrangement. They saw a good outcome as their family member living alone but in a 'concierge model of housing where someone is accessible if needed'. These living arrangements were seen to be quite different from group homes 'because they all have a separate home' (Support coordinator).

Having staff to provide support was important: 'Staff to help us out' (Person with disability). Emphasis was placed on the need to establish relationships and build connections, and to ensure that staff treated the person's place 'as a home, not as a workplace'. When asked for details about how staff could achieve this, one informant with disability said: 'Ask first before touching things. Say things like, "When you go home." Knock on the door—not just walk in. This is my home you are coming in—have some respect.'

Good community inclusion was seen to be protective, as it brings others into the orbit of the person with disability, thus increasing the people interested in their wellbeing.

> The person's housing situation enables them to access and strengthen informal safeguards. (Investigative Panel member)

Accessibility of the community

The importance of living in an area with access to desirable facilities was raised by service users. Some service users described quieter suburban living as a preferable living environment to the noise of the city—but only if there was access to facilities and amenities. The need for access to green spaces such as parks was also frequently mentioned. Living in reasonable proximity to a supermarket meant that people with disability could go shopping independently, while being able to access activities and amenities enabled people to pursue their interests, and to participate in and engage with the community.

There was agreement that being able to easily participate in the life of the general community and to access both general and specialist services was one aspect of a good outcome:

> Access, you know, like public transport. You know, schools, shops, hospitals, that kind of stuff. (Support coordinator)

> They choose [a place to live] that is close to transport and facilities, and that has good support to enable the person to be engaged in activities and relationships at home and in the community of their choice, and where they have a sense of long-term security and safety. (Investigative Panel Member)

> Located near family and friends in a familiar community with local shopkeepers and acquaintances, with convenient access to parks, to nature, shopping, health services, employment, public transport and service providers. (Investigative Panel member)

2.2.3 Safety within and outside the home

When asked in the survey: 'What does good housing mean to you?' the most common response from service users (people with disability and their support networks) was 'Being safe'. Some of the responses from people with disability indicated that the houses they lived did not provide basic shelter—a central tenet of safety.

> Good housing is a clean and functional kitchen, bathroom with power, water and hot water available inside at all times. We currently have no running water inside, no hot water connected, no toilet or bathroom usable. (Person with disability)

> Weatherproof, comfortable space. (Person with disability)

Safety also related to the need for a person with disability to have a sense of safety and security—feeling safe in their home, surrounds and community. A safe home was described as one that is accessible, private, enables independence, meets physical and sensory needs, and has safeguarding measures in place—such as appropriate security and safety precautions and oversight:

> Somewhere safe to live and work, I've got somewhere safe to live … And be supported—that respects and enables identity and connection. (Investigative Panel member)

The concept of safety also incorporated the requirement for sufficient space to move around inside, particularly for people using mobility aids, and safe outside spaces. For family members, safety was knowing that a loved one could live independently or away from the family, but with the right support to ensure they were safe and well supported.

The neighbourhood or community where a person with disability lived was also identified as an explicit aspect of safe housing:

> Our daughter requires safety and companionship in her living environment. (Family member)

2.2.4 Stability and security of tenure

For all informants, especially service users, outcomes relevant to stability and security related strongly to security of tenure:

> [A place] that offers a long-term lease and stability to the family renting the home [or] where I am not in danger of being kicked out at the whim of a landlord/real estate. (Person with disability)

Security of tenure included the ability to safely age in place. While ageing in place has a particular focus for older people with disability, there is also a need for flexibility and adaptability of housing to provide for people with progressive conditions.

> We support a number of clients who have degenerative disabilities, so I would like them to be able to continue to live in [the] home regardless of the change, and also to able to die at home, like you and I have the choice to do. (Investigative Panel member)

For some, stability and security was the ability to rely on the provision of appropriate in-home supports to enable an adult child to continue to live with parents who are ageing. The ability to remain long-term within the same community or location was seen as particularly important for people with intellectual disability.

The provision of appropriate funding for home modification was viewed as a cost-effective strategy. Such funding enabled a family to stay in the same home while meeting the changing needs of their child, or ensuring adults could remain living independently in their home with or without support. This was particularly important because of shortages of aged-care places and appropriate accessible housing options, and the costs associated with moving or entering aged care.

Integrating accessibility features and innovation in design into new builds and home modifications was identified as necessary by some informants with disability, and was seen by service providers as creating a legacy of accessible housing, carrying societal and individual benefits.

2.3 Policy development implications

- Stakeholders were unanimous that choice and control are essential requirements to achieve good outcomes. (Stakeholders included people with disability, family and informal support, support and housing providers.) They particularly focussed on the need for people with disability to have choice and control over where they live, their housing arrangement, who they live with, and who supports them (if needed).
- Safety, stability and security of tenure were key to good outcomes for all stakeholder groups. This was particularly raised in the context of housing affordability and availability, the need for security of tenure, and the ability to age in place.
- Ageing in place requires flexibility in home adaptation and modification, and support delivery, to meet the needs of individuals and families. This needs to occur across the lifespan, taking into account the needs of the developing child and ageing adult, functional improvement and progressive deterioration.
- Accessible and adaptable home environments have multiple benefits, including:
    - accommodating changing needs over a lifetime, both for those people who experience disability in early childhood and those who acquire disability in adulthood or older adulthood
    - supporting people with disability to attain, keep or improve skills and functioning through these enabling environments
    - allowing for functional decline when a person experiences disability in older age or is ageing with disability.
- The expectations of family members and the sustainability of the level of support received from family need to be considered with respect to family wellbeing and future demands for housing and support.

3. Equity in housing outcomes for people with disability

- **Population groups with disability that are less likely to experience good outcomes include people with intellectual or cognitive disability, older people, Aboriginal and Torres Strait Islander people, and people experiencing intersectional issues.**
- **Current reforms to the disability and aged-care systems in Australia will further influence housing outcomes for people with disability, including equity in outcomes that can be achieved, and how housing policy intersects with other system reforms that may cause inequities.**
- **Some inequities in good housing outcomes could be reduced by addressing modifiable environmental factors such as building products and technologies.**
- **People with disability in regional and rural areas experience locational disadvantage, with reduced choice and service availability.**
- **People with disability not covered under the National Disability Insurance Scheme (NDIS) experience greater inequity. However, inequity also exists under the NDIS between those with suitable accommodation funding—such as Specialist Disability Accommodation (SDA) funding—and those not receiving adequate resourcing or services.**

3.1 Existing literature regarding equity in housing for people with disability

3.1.1 Housing outcomes are influenced by both personal and environmental factors

To some extent, the housing needs of people with disability will be specific to the individual. The needs will depend upon the functional limitations the individual experiences and the interaction of these needs with a range of environmental and personal factors (WHO 2012; WHO 2025a). Even within one broad disability type, needs will not be identical.

In addition, many people with disability experience multiple underlying conditions or impairments (e.g. Kinnear, Morrison et al. 2018; Peres, Rodrigues et al. 2022). They may also be a member of a group that experiences inequalities with housing, such as Aboriginal and Torres Strait Islanders (e.g. Andersen, Williamson et al. 2018). The accumulation of disadvantage increases housing inequities (see James, Daniel et al. 2024 for a discussion of this point).

3.1.2 Housing inequities exist across different communities of people with disability

Housing needs differ across groups—for example, those with physical disability will need different approaches to housing design from those with psychosocial disability. Certain approaches to housing design, such as Universal Design (Lid 2013), can help address this challenge. (Universal Design is also known as Inclusive Design). However, good housing outcomes may not be experienced equally by all (James, Daniel et al. 2024; Productivity Commission 2017).

A recent report from the AIHW (2024a) identified differences between groups related to home ownership: those with physical or sensory disability more likely to own their own home than those with intellectual disability, psychosocial disability or acquired brain injury. Older people with disability are also more likely to own their own home than younger people, as some of the older group will have acquired their disability later in life (AIHW 2024a). This produces differences in security of tenure and resources between those who have aged into disability versus those who are ageing with disability—for example, the capacity to enter into a reverse mortgage arrangement.

Other measures reveal different outcomes between groups—for example, people with psychosocial disability move home at about twice the rate of those with intellectual disability (AIHW 2024a). In another group difference, people with intellectual disability comprise the largest number of individuals living in congregate residential settings, which are generally agreed to increase vulnerability to negative outcomes (CoA 2023a).

The recommendations of the Royal Commission around group homes made clear that the Commissioners accepted the arguments that these types of residence are not generally conducive to good outcomes for those who live in them (CoA 2023a). However, as noted previously, others have pointed out that the type of support a person with intellectual disability receives in their home will have more impact on outcomes than built design alone (Bigby 2022).

Aboriginal and Torres Strait Islanders with disability have also been identified among the most disadvantaged groups in relation to housing (see AIHW 2023a; Grant and Heyes 2018; Grant, Zillante et al. 2016), and with substantial risk of homelessness (White, Townsend et al. 2019). In their examination of the experiences of these communities, Townsend, McIntyre et al. (2019) reported that many individuals did not identify as having a disability, and so did not view their difficulties as something that might be addressed through disability systems. The NDIA has recognised that Aboriginal and Torres Strait Islander communities require additional support to access the benefits offered by the NDIS (NDIA 2025).

People with disability living in regional and remote areas of Australia have also been identified as experiencing inequitable access to even the most basic support for community living (Wark 2024). Geographical location has also been demonstrated to impact market supply specific to housing and support (Carnemolla, Gill-Finnegan et al. 2023). Specific to the NDIS, data indicates a lower percentage of Scheme participants living in the remote and very remote areas feel happy and safe in their home compared to participants living in regional areas and major cities (NDIS 2020).

3.1.3 The role of the environment in inequity in housing outcomes

The additional disadvantages and inequities experienced by some groups or communities are often caused by environmental factors that pose barriers. The WHO proposes these environmental factors include products and technology; the natural and human-made environment; support and relationships; and services, systems and policies (WHO 2025a).

Each environmental factor is presented below.

Products and technology

Products and technology include design, construction and building products and technologies—including assistive products, which are sometimes termed 'equipment' or 'aides' (WHO 2025a). The accessible domestic home is recognised as fundamental to enabling independent living. However, inequities exist, and home environments without basic accessibility features can negatively impact the daily activities a person with disability undertakes (MacLachlan, Cho et al. 2018).

The availability of affordable, sustainable and accessible housing helps people with disability participate in the social, economic and community aspects of everyday life (AIHW 2024a). Barriers in the built environment not only impact accessibility at home—they also influence other outcomes that can create inequities for people with disability, including (Wiesel 2020):

- the ability to study, work or volunteer
- the need for informal or paid support
- the availability and sustainability of social and family relationships
- health outcomes, including risk of injury.

Enabling or modifying the home environment with technology—including traditional and emerging technologies—can enhance housing outcomes, including sense of safety, health and participation in housing, and the ability to age in place (Ainsworth, Aplin et al. 2023; Bridge, Zmudzki et al. 2021; Callaway, Tregloan et al. 2016).

Evidence exists of the way technology can change the way support is delivered to a person (Douglas, D'Cruz et al. 2022) and bring multiple benefits, including:

- reductions in cost (Hutchinson, Cleland et al. 2024)
- enabling independence and reducing reliance on others (Cubis, McDonald et al. 2024; Cleland, Hutchinson et al. 2024)
- improving access to community (Callaway, Tregloan et al. 2016).

However, recent research has shown that Australians with disability have inequitable access to assistive technology and home modifications. This highlights the fragmentation of existing funding schemes and demonstrates the inequity in funding allocation across Schemes. For example, there is a 50-fold difference in the average expenditure on assistive technology and home modifications between aged-care participants ($51) and NDIS participants ($2500) (Layton, Brusco et al. 2024).

There is also evidence that people with intellectual or cognitive disability may experience greater disadvantage than other groups in being able to benefit from some commonly available technologies (Bridge, Zmudzki et al. 2021; Johnson, Blaskowitz et al. 2023).

Natural and human-made environment

The natural and human-made environment can also enhance experiences of housing for people with disability (Callaway, Tregloan et al. 2016; Douglas, Winkler et al. 2023. Although design guidelines and accessibility provisions in the NCC (including AS1428) are primarily targeted at mobility, vision and hearing impairment, consideration of natural and human-made environments and how they may act as an enabler to participation, or cause inequities, goes beyond that.

For example, neurodiversity may lead to specific sensory preferences regarding lighting and sound (Grant, Naismith et al. 2024. Expanding accessibility provisions in the NCC may go some way to creating more inclusive and accessible environments. However, it is also important to recognise that the complex and idiosyncratic needs of neurodivergent individuals cannot be reduced to standards. As identified in a study of carers of children with autism, a more expansive understanding of home modifications that are 'reasonable and necessary' is required to account for the diversity of sensory-perceptual worlds, behaviours and preferences (Owen and McCann 2018). Without such accommodation, people's opportunity for participation may be reduced.

Support and relationships

While social capital and relationships are protective factors for financial, social and emotional support, research has demonstrated that people with disability often have less social capital compared to others (Friedman 2024; Mithen, Aitken et al. 2015). As noted in Chapter 2, there is also often a need to rely on paid disability supports, and it is the quality of these supports that can significantly impact activity and participation outcomes for a person with disability—particularly when they experience profound disability. Financial and social capital contribute to the ability of individuals and families to navigate complex systems such as the NDIS, and also enable financial, social and emotional support that can make dependence on this system less critical. A subject-matter expert in disability housing policy in Australia recently identified the groups most likely to have success in obtaining good housing outcomes through the NDIS as 'the lucky, the loud and the loaded' (Connellan 2025: 18).

Services, systems and policies

The bi-directional relationship of other life-participation domains with housing is clear, and often subject to government services, systems or policies for people with disability (DSS 2015). For example, employment outcomes and housing outcomes have a strong reciprocal relationship:

- being in stable housing assists with finding and maintaining employment (Devine, Vaughan et al. 2020; Marcal, Choi et al. 2023)
- being in work assists with the acquisition and sustainability of stable housing (Mason, Milner et al. 2023).

Another example of policy intersection is that which occurs between housing and health—as housing influences both physical health (Howden-Chapman, Bennet et al. 2023) and wellbeing (Douglas, Winkler et al. 2023; Mitchell, Ryder et al. 2021).

In relation to disability, not all individuals with disability are equal when it comes to receipt of NDIS support. Disney, Yang et al. (2025) identified several groups within those with a disability that are disadvantaged with respect to receiving NDIS benefits. These included:

- those with a physical or psychosocial disability—especially females and aged 55+ years with physical disability
- those who lived in socio-economically disadvantaged areas

Another group who are less likely to receive NDIS support are those with intellectual disability who live at home with their parents (NDIS 2023a).

In relation to aged-care policy and its impact on housing outcomes, the final report of the recent Aged Care Royal Commission (CoA 2021) identified the risk of inequity that exists for people with disability receiving support through the aged-care system—including for both younger and older Australians with disability—when compared to those receiving support from the NDIS:

> As Australia's population ages, it is likely that a larger number of older people with disability will have to access aged care to obtain the supports and services they need. It would be manifestly unfair if those services were less adequate than what others in similar circumstances can access under the National Disability Insurance Scheme. (CoA 2021: 120)

In addition, policy recommendations were made in relation to younger people with disability living or at risk of placement in residential aged care:

> Many younger people living in, or at risk of entering residential aged care are not eligible for the National Disability Insurance Scheme or, if they are, they are not specifically eligible for Specialist Disability Accommodation. We therefore recommend that the Australian Government should develop, fund and implement, with State and Territory Governments, short-term, long-term and transitional accommodation and care options for this group of younger people. Social and community housing has the potential to deliver more accommodation for younger people at risk, particularly for more vulnerable younger people, including those with psychosocial disabilities or experiencing homelessness. (CoA 2021: 123).

Regarding homeless services and systems, although establishing data pertaining to people interacting with homeless services and systems is very difficult, there is agreement that those with disability are at greater risk of homelessness than those without disability (Beer, Baker et al. 2019). People with disability are significantly over-represented in the homeless population and are more likely to have repeated episodes of homelessness than those without disability (AIHW 2024a). Some individuals with psychosocial disability are particularly vulnerable to homelessness (David, Nipperess et al. 2022; Kerman and Sylvestre 2020). It is difficult to establish the prevalence of those with intellectual disability in the homeless population for a number of reasons, including diagnostic processes (Durbin, Isaacs et al. 2018).

3.1.4 Summary

Not all groups have equal access to the good outcomes that might be expected from housing policy. Certain personal factors and disability types—when combined with environmental barriers—can increase vulnerability to poor outcomes. Those with intellectual disability are more likely to be accommodated in housing types that separate them from the community, despite recent efforts to provide alternatives to congregate living. Aboriginal and Torres Strait Islander people with disability are also recognised as less likely to have good housing outcomes. The ongoing impacts of colonisation—including housing policy and practice that does not always recognise or accommodate culturally safe and preferred practices—have been identified as contributing to these outcomes (AIHW 2019). Finally, those with limited financial or social capital are less likely to experience good outcomes.

The next section reports on the data provided by informants about the issue of inequities in housing outcomes, and notes commonalities and differences with the reviewed literature, where appropriate. Inequities between those with disability and the general population are discussed first, followed by those that occur between groups of people with disabilities.

3.2 Housing inequities and poor housing outcomes for people with disability

3.2.1 People with disability most vulnerable to poor outcomes

The question of which groups were most vulnerable to poor outcomes was asked directly of the members of the Investigative Panel at the first meeting. The question was discussed with these experts to assist in focussing the subsequent data-collection activities in this project, and to ensure we targeted at-risk groups where possible. The question was also put to the international experts, to ascertain if there were commonalities across a range of countries.

The input of the members of the Investigative Panel regarding this question, and after a consensus building exercise, has been collated in Table 2 alongside the rationale of panel members. Almost unanimous support was given to the view that those with intellectual or cognitive disability were most disadvantaged, with specific groups within this population being identified as of particular concern. People with intellectual disability may also be included in the other groups identified as most vulnerable to poorer housing outcomes (listed in Table 2), and others with disability may also be members of more than one group.

> People who have mobility needs in Northern Ireland have greater choice and options available to them … we have got lots of other people living with disabilities that are more hidden that we need to consider such as dementia and sensory integration challenges with people with intellectual disabilities or ADHD. (International expert)

It is noteworthy that issues related specifically to the housing needs of Aboriginal and Torres Strait Islander people with disability were raised in the Investigative Panels, and were identified as one of the groups vulnerable to poor outcomes in the consensus reached by the Investigative Panel group. The question of the applicability of the types of westernised approaches and outcomes typically considered with respect to housing were also raised:

> Anyway, the sort of outcomes we look for generically in housing are broadly not applicable to many people from a cultural perspective. So we're sort of continuing to try and squeeze people [from Aboriginal and Torres Strait Islander communities] into that [existing housing and support options] where it's never going to deliver the outcome. (Investigative Panel member)

The reasons the groups included in Table 2 were seen to be more vulnerable to poor outcomes does not reside with the individuals themselves. Environmental barriers specific to support and relationships, and services, systems and policies, were viewed by study informants to play a substantial role. One of the international experts drew attention to the idea that built design needs to incorporate consideration of the social contribution to the experience of disability if housing is going to be suitable for some occupants—for instance, disability is a consequence of barriers imposed by society, such as using stairs for entry rather than ramps.

> We need to look at design standards for people who have other disabilities and limitations that we have created because of the social barriers, not because of their disability. (International expert)

Table 2: Groups identified as least likely to experience good housing outcomes[a]

Groups and subgroups	Rationale
People with intellectual or cognitive disability	Difficulty with a range of task (such as self-advocacy) required for ensuring needs are met.
With 'behaviours of concern'	May require specialised support and environments to ensure safety and quality of life.
With severe and profound disability, particularly in relation to cognitive communication ability	May face significant barriers to independent living and communication.
Living in a group home with unrelated residents, or where informal social support is limited	Risk of social isolation and lack of personalised care.
Older people with disability	Likely to have lived in institutional or congregate settings.
	May be moved out of home due to ageing or lack of support.
	Dependent on services not tailored to disability-specific needs.
People who have had contact with the justice system	May face stigma, housing discrimination and lack of tailored support.
Aboriginal and Torres Strait Islander people	May experience systemic disadvantage and require culturally safe services.
Multicultural communities	
People without advocates	Cannot self-advocate, or have no one to ensure their interests are looked after.
	Lack social supports.
People without housing funding	Insecure, limited, or no funding for housing increases risk of homelessness.
People facing intersectional issues	Require support across multiple systems (e.g. housing, health, disability, aged care, justice). This includes LGBTQI+ communities with disability.
People with ageing parents	May need to relocate or require succession planning for future care.
People in unstable accommodation	At high risk of homelessness and housing insecurity.

Source: Authors.

Notes: [a]based on Investigative Panel 1 discussions.

3.2.2 The impact of regional and remote locations on housing outcomes

While the responses around who was most at risk of poor outcomes generally focussed on individual characteristics or circumstances, a number of informants raised the issue of housing location. When this was discussed, it was agreed that those living in regional or rural areas had more difficulty procuring good outcomes than those living in metropolitan regions. These discussions often ranged beyond issues directly relevant to housing, but underlined the importance of access to amenities and services raised in Chapter 2. There was a perception that those in regional and rural situations received poorer services:

> [I was told], 'Make sure that's [i.e. housing] in your first goal.' Housing needs to be you first goal, and that should [be a] red flag to someone in Housing in the NDIS to make sure that that they help you in some way. But it's always been in. I've never heard from NDIS housing, never, never in a million years. So I think well, you know … It's obviously not flagging for regional Victoria … I've never heard of it on a regional plan. Never heard of it. (Family member)

Issues regarding reduced choice of service providers, including the separation of housing provider and the organisation that provided daily supports, were also raised specific to those living in regional areas:

> There's a challenge there in terms of regional areas, potentially where there may not be the services available where, you know, one or two NDIS providers do provide lots of NDIS services, because that's all that's in the area. And again, that conflict of interest is quite large because there just are no accessible services or alternative options in that particular area. (Support coordinator)

Disadvantage for those living in rural areas was also raised by one of the experts from overseas:

> People who live rurally often have very low expectations about what Housing should be able to do for them as well, and so when you look at the standard of housing it's really, it's really difficult. (International expert)

There is support in the literature for locational disadvantage in Australia. Loadsman and Donelly (2021) reported that parents of children with disability living in rural Australia found the NDIS to be unresponsive, difficult to engage with, and services to be un-coordinated and frustrating. Johnson, Lincoln et al. (2020) also found families in rural locations feel isolated, have difficulty accessing supports, and the services they receive are not of the quality they believed was required. Examination of recent NDIS SDA data also indicates the market supply issues experienced outside metropolitan areas (see Callaway, Tregloan et al. 2021; Carnemolla, Gill-Finnegan et al. 2023).

3.2.3 The impact of NDIS funding

The extremes of the housing experience of people with disability are represented by:

- those who have SDA funded through the NDIS
- those whose resources or the support they receive are so inadequate they are homeless or at risk of homelessness.

There are many points between these extremes, with access to NDIS funding being one influence on an individual's position.

Clearly, SDA funding brings benefits to those who receive it. However, most people who receive NDIS support are not eligible for SDA, and the majority with disability do not receive funding from the NDIS (AIHW 2024a). Our informants pointed out inequities in access to the SDA:

> One [group who miss out] is people who have quite high support needs, but are just below the threshold to be eligible for a Specialist Disability Accommodation. They have high needs, but they miss out. I think that's a significant group. (International expert)

> Those people [with psychosocial disability] obviously don't generally get SDA because they're over the threshold and they rely on the state public housing system. But they tend to be single people, and the state public housing system is overwhelmingly high-density stock with very poor acuity [sensitivity], lots of overlooking and privacy issues. So those kind of things combined just mean that there's really not a response for that cohort that meets their needs. (Investigative Panel member)

Informants also drew attention to the difficulties some people experienced accessing the NDIS, seeing this as inequitable and occurring for reasons that did not reflect the level of need:

> Yeah, because there are so many people that fall through the cracks for no fault of their own, that don't have the money to get on to the NDIS, is a big one, because they need so many reports and everything. You're looking at between $2,000 and $5,000 to actually get on to the NDIS, which a lot of families don't have. (Support coordinator)

> His words ring in my ears, and he said: 'My homeless guys … tick every box [for SDA support], except they can walk.' (Support coordinator)

> We are certain that our son will not have the opportunity to be supported through the NDIS for housing. As always, this means our family has to find ways to properly support our son. One day we will not be alive and we are anxious about how our son will live in the community without the support he currently gets from his family. (Family member)

The consequences of being outside the NDIS system may be substantial. Several stakeholders identified people with psychosocial disability as being most at risk of exclusion from the NDIS—and this potentially contributes to risk of homelessness. Specifically, informants flagged that people with psychosocial disability are more highly represented in homelessness services:

> A very high proportion of people who are homeless also have a disability. The disability is often not even fully recognised and understood. So obviously they're experiencing the worst housing outcome of any group. (International expert)

> I have a lot of clients that really, really struggle with their mental health, and they fluctuate between being homeless and living in hotels. (Support coordinator)

Another key group ineligible for NDIS is those who were over age 65 at the time of its implementation. Funding for older Australians with disability who are not eligible for the NDIS tends to be via the aged-care system.

Recent reforms to the *Aged Care Act 2024*, including the implementation of a new Support at Home Program for older Australians (DoHDA 2025b) poses further potential to compromise choice and control. The participant co-contribution model and cap on assistive technology and home modifications funding risks a faster trajectory away from independent living and into aged care, putting further pressure on an already overloaded system and increasing support costs.

Informants in our research who received support through the aged-care system viewed it as completely unsuitable for supporting people with disability. Some informants were in the aged-care system despite having long-standing disability, and saw grave inequities between the NDIS and aged care:

> That's what's so frustrating for both of us, because the NDIS would say, 'Yep, okay, that's needed, yeah'. And because we both have paralysis, yes, six [years of age when the disability was acquired] for me, and [name] was four, right? And yet we're punished for being over 65. (Person with disability)

> Aged care is completely unsuitable for supporting older disabled individuals. It is only aimed at age-related conditions, not disabilities. (Family member)

> [In the NDIS] the philosophy is it's to give people independence, to allow them to participate, etc, etc, and to meet their needs … The aged-care thing is almost opposite to that. It seems that people, once you reach 65, you're kind of dead, you know, like you're not going to be participating in society. (Person with disability)

Approximately 770,000 Australians receive the Disability Support Pension (DSP; AIHW 2024a) as their major source of income. Being in receipt of this pension does not automatically qualify the holder for NDIS support, although some people will access both. The DSP is intended to support daily living, whereas the NDIS is for disability-related needs. Accommodation for those on the DSP is frequently through the social housing sector, which is inadequate (see Chapter 4). Private rentals are also generally unaffordable for people on Disability Support Pensions.

> We've got quite a large number of people living in private rental experiencing affordability stress. There's some data from AIHW and some others. We're talking about thousands of people in these circumstances, so I think they have serious disadvantage in housing. (International expert)

While the NDIS has clearly improved the housing experience of some individuals through the provision of timely access to assistive technology, home modifications and in-home and community support or SDA funding, the Scheme has made little difference to the housing experiences of the majority of Australians with disability. While recognising it is not the role of the NDIS to expand to fill the gaps of other mainstream systems (DSS 2015), it is apparent that NDIS-funded supports will be less likely to enable a person to achieve their goals if that person does not have access to safe, secure and stable housing—and thus system coordination is vital. However, equitable access to such coordination is not available to people with disability either within or outside the NDIS.

3.2.4 Financial and social capital differences contribute to inequity

International stakeholders across multiple countries suggested that those with greater financial security from higher incomes—or in receipt of a payout following an accident or injury that caused disability—were more likely to experience good outcomes related to housing. This was because they potentially had greater financial resources or human support funded by others to address their needs. For example, a person with these resources could afford to buy or modify a house, or build an accessible dwelling for an adult child on or near the property of parents:

> People who have access to financial support from either family or other avenues, where they're basically able to self-subsidise a housing outcome, often get better housing outcomes than people that don't. (International expert)

> There's a whole socio-economic layer to this. (Investigative Panel member)

A few individuals with disability also mentioned that they were in a relatively good position financially, so that made their housing situation less precarious than many others:

> [A relative] had left me a small amount of money. I used that money to purchase property. (Person with disability)

Social capital was also identified as an important contributor to the quality of housing outcomes. This comprised both access to others with some knowledge and capacity to work within the system, as well as the personal characteristics of people within the social network of the person with disability.

> If you have to go into an NDIS planning process, if you've got a strong family behind you, you'll do much better than someone who doesn't have that. (International expert)

> I would think it's some demographics play into who's more susceptible, who's more vulnerable, who's more likely to fall through the cracks. If you're not able to use your voice and really advocate and know what your rights are. (International expert)

> [Good outcomes are] a bit more to do with agency rather than impairment group to some extent. (International expert)

> Lack of social care, including lack of informal support, may make it harder or impossible to live in [one's] own home. (International expert)

Lack of personal social capital was one reason given for the risk status of people with intellectual disability:

> But it's even more important for people with intellectual disabilities who don't have a voice. They're not just one of any vulnerable population. They're quite a different population. (Investigative Panel member)

Relationships with family or other persons willing and able to advocate on their behalf constitute some of the social capital held by people with disability. Those with intellectual disability often have little social capital based on their social position (Mithen, Aitken et al. 2015). However, the greater the social capital they have, the better their quality of life—including being more likely to choose where and with whom to live, to be safe, and to be less likely to experience abuse and neglect (Friedman 2024). Family-based financial and social capital can also influence outcomes for those with disability (Giesbers, Tournier et al. 2024).

Access to others' financial resources is also a form of social capital. Some parents of adults with disability recognised that their adult child had advantages not available to others due to their parents' financial circumstances:

> I [mother of a person with disability] own the house, so tenancy is secure. My son will inherit the house when I and his father die. I recognise and appreciate the privilege of having the resources to be able to do this. (Family member)

They were also conscious of their social capital, especially their education, and thus their capacity not to be defeated by the complexities of the systems they were dealing with. This also applied to some of the informants with disability:

> We are well-educated people, and resourceful, but we worry about people with disability who do not have those kinds of informal/parental/familial supports. (Family member)

> We're all so lucky because we're both reasonably well educated. (Person with disability)

Others were very conscious of their limitations when it came to working through these complexities, and the cost that this had for those they supported:

> It's actually about being able to understand what other processes and how do I get through them? My biggest thing is my reading and writing is not the best and I've just been too stubborn to ask over the years and now that I am, I just can't get it … But if I had a decent social worker or something like that, or a specialised group that could help you through, that would be great. (Family member)

It is also the case that there are a number of people with disability who cannot advocate for themselves, and have no one else to advocate for them, or rely on ageing parents for whom succession planning is required:

> Young participants, dual disabilities, complex care including older participants still living at home with ageing parents … there is no future-planning pathways for our mob, we are forgotten. (Family member)

> The work we [have done] to provide homes for our older sons and daughters with severe cognitive impairments. We are the forgotten ones—ageing parents and carers trying to transition our older sons and daughters with cognitive impairment into their own home before we die. (Family member)

> We need to be thinking about innovative models or existing models that don't require to be driven by families and to recognise that people don't necessarily have advocates and people that can do that planning for them. (Investigative Panel member)

3.2.5 Fragmentation of policy leads to inequity

People with cognitive disability—particularly intellectual disability—were seen to be one of the groups most likely to miss out on good housing outcomes. Across the Investigative Panel, focus groups and interviews, informants described how the characteristics associated with intellectual or other cognitive disability—including communication difficulties, higher levels of secondary mental health conditions, and behaviours of concern—may lead to increased difficulties with self-advocacy and system navigation. All pointed to the need to have effective support systems in place.

Within housing policy, housing and support for individuals with disability are typically seen to be separate issues (DSS 2015). The Investigative Panel expressed the view that housing policy for this group, and for other at-risk groups, needed to be integrated with policies around the provision of both direct support and capacity building, rather than considered or operationalised as a standalone policy:

> We need to have a policy issue about the combination of housing and support. So you've got to think about the support at the same time as you're thinking about [the] building. They're going to be integrated. Not necessarily that they're one and the same, but we've got to do it at the same time. (Investigative Panel member)

One example provided by respondents about the way that housing and support policies intersect related to the current policies regarding the ratio of support staff to individuals with disability—as expectations about the number of people whose needs must be considered impact upon the design of housing. There was also a view that considering housing and support needs together rather than as separate items was a cost-effective approach to allocating funds:

> Spending on housing can be quite an efficient use of funding. We tend to quarantine housing and support funding, but good housing can impact on support efficiency and effectiveness. So if we actually brought them [decisions about housing and support] together and thought about how the money was spent, you might be able to save money on support if you spent money on housing. This is not particularly contentious in the policy areas, but never seems to flow over into the program areas. (Investigative Panel member)

Study informants also discussed the importance of coordinated disability and housing policy that enables ageing in place, and how this offers both enhanced cost-benefits and outcomes for the person with disability:

> You know, horses for courses. If somebody in the NDIS is getting help with a disability, but they also have some age-related issues say, aged care: look after that … Why have everything in silos? (Person with disability)

In summary, this research has provided further evidence of the inequities that exist for some Australians with disability, and how these will impact good housing outcomes. People with cognitive disability—and particularly intellectual disability—were seen to be one of the groups most likely to miss out on good housing outcomes.

There are implications for policy development for Australians with disability both participating in the NDIS and those who are not under the NDIS umbrella. It is also important to consider how current reforms to both disability and aged care (DoHDA 2025a; NDIS 2024a) will influence equity—and, as a result, housing outcomes—for people with disability, and how housing policy intersects with these other mainstream system reforms.

3.3 Policy development implications

- Integration of the policy domains of housing and support for people with disability is likely to have multiple benefits, ensuring that housing and coordinated support options offered to individuals meet their needs.
- Recommendations from final reporting of both Australia's Disability and Aged Care Royal Commissions provided clear policy directions that could enhance equitable housing outcomes for people with disability. However, current reforms—particularly in the area of aged care—risk widening the inequity gap for people with disability, including in relation to housing outcomes.
- To address the housing inequities that exist both within and outside the NDIS, harmonisation of funding available across the multiple government-funded programs that may impact housing outcomes of people with disability is required.
- Market stewardship, particularly in regional and remote areas and for particular communities, may also be of benefit to address the thin markets that exist that cause greater inequities.
- Strategies to ensure equitable system navigation were found to be needed by particular groups—including those with intellectual, cognitive and psychosocial disability—to assist the coordination of services and systems these people are required to understand and operate within—and which may influence housing outcomes.
- Culturally safe housing and support practices for both Aboriginal and Torres Strait Islander people with disability, as well as culturally and linguistically diverse communities, are required.
- Planning housing futures requires close consideration of the impairments a person experiences as a result of their disability, as well as the environmental factors that can be enablers or barriers to good housing outcomes.
- Strategies to enhance and retain social capital—including relationships with family, neighbours and other informal supporters—will benefit the capacity of people with disability to age in place, change housing and support over time, and retain access to sustainable informal support.

4. Barriers to good housing outcomes

- People with disability trying to access appropriate housing experience discrimination and disadvantage, and are constrained by affordability and accessibility. This particularly applies to those with complex needs.
- Access to funding and supports is limited by lack of transparency and clarity, difficulty navigating overly bureaucratic and complex systems, and a perceived culture of refusal and inequities in decision-making impacts.
- There is a mismatch between housing supply and demand due to lack of strategic oversight in procurement.
- Limited housing supply and misaligned support models restrict the choice and independence of people with disability.
- Families often bear emotional and financial strain when formal housing systems fail to meet the individual needs of their family member with disability.
- There is a lack of choice in housing for people with disability, underpinned by a lack of diversity and innovation in design and limited consultation or collaboration.
- The complex and contested relationship between housing and supports needs to be considered so that genuine choice and control over housing outcomes can be achieved.

4.1 Existing research regarding barriers to good housing outcomes

> Some people with disability face multiple barriers to securing housing that is accessible, secure, appropriate and safe. People with higher support needs currently have fewer options in relation to fully inclusive homes and living. They may be denied autonomy and choice over aspects of their daily life and have limited opportunities for meaningful participation in the community (CoA 2023a: 641).

While the focus of this research is on good outcomes and how they might be enabled through changes to policy and practice, it is important to establish the gap between the desired outcomes and current context. The Disability Royal Commission highlighted the many barriers that people with disability experience in securing and sustaining accessible, affordable and inclusive housing, as well as experiences of abuse and neglect, substandard accommodation and supports, and the risk of chronic homelessness (CoA 2023a, vol. 7, part C). These barriers include:

- lack of explicit provision for people with disability in housing and planning policies, strategies and action plans
- lack of supply of accessible housing in both private and social housing
- challenges with gaining approval for home modifications
- discrimination in tenure and occupancy
- lack of regulatory oversight in supported accommodation.

Access to appropriate housing aligned with needs and aspirations has been identified as the foundation of good outcomes of housing policy in a number of investigations (e.g. Devine, Vaughan et al. 2020; Howden-Chapman, Bennett et al. 2023; Peng, Hahn et al. 2020).

Unfortunately, research across multiple countries, including Australia, has revealed that many people with disability do not have this access (see Aitken, Baker et al. 2019; Lindsay, Ragunathan et al. 2024). People with disability experience a range of barriers in accessing housing, including limited supply of affordable and accessible housing, and discrimination and disadvantage (Wiesel, Gendera et al. 2016).

Recent AHURI research identified that 82% of very low-income households—in other words, those in Quartile 1, the lowest 25 per cent—were paying unaffordable rents due to a shortage of affordable and available private rental housing (Reynolds, Parkinson et al. 2024). Approximately 38% of households with a person with disability have a low level of household weekly income compared with 18% for the general population (AIHW 2024a). Increased availability of social housing for this population would help address this affordability crisis. However, the HAFF—the key initiative of the federal government to increase social and affordable housing—does not include a requirement that people with disability be prioritised.

The provision of SDA has been one of the most important changes associated with the introduction of the NDIS. However, it is only available to a small proportion of people with disability. Conducting an examination of its funding decisions, the NDIS concluded that the decisions being made around housing and support were both inconsistent and inequitable (CoA 2023b).

In their investigation of SDA, Crowe, James et al. (2024) found strong support for the program. However, there were concerns about the complexity associated with accessing the program, and the ways in which 'reasonable and necessary' supports are interpreted. It has been suggested that NDIS pricing has skewed new SDA build responses to design categories for those with high physical support needs (Callaway, Tregloan et al. 2021). Crowe, James et al. (2024) discussed the current anomaly between supply and demand for accommodation of this type and the subsequent risk to suppliers. They also pointed out that the highest demand is for properties that meet the Improved Liveability category (see Figure 1), but these are associated with lower returns to investors, and this design category is currently under threat (CoA 2023b). In addition, Callaway, Tregloan et al. (2021) found there is limited supply of SDA housing across inland and regional areas. These commercial decisions have resulted in some groups being poorly catered for.

Attention needs to be paid to the experiences of families of a person with disability in any consideration of housing outcomes. Almost all children with disability live in the family home (ABS 2024) and many—especially those with intellectual disability—continue to reside with their family of origin well into adulthood, both in Australia (CoA 2023a) and elsewhere (e.g. Casey, O'Sullivan et al. 2021 [Ireland]; Tanis, Lulinski et al. 2020 [USA]).

People with disability are now living longer than in the past, so both the number of family carers and the length of time during which they care is likely to increase. In 2024, the ABS reported that 43.8% of primary carers of a person with disability had a disability themselves, increasing the complexities associated with appropriate housing provision. A scoping review of the needs of older carers identified information about housing as an area that needed improvement (Mahon, Tilley et al. 2019). There is also evidence that adults with intellectual disability sometimes hold aspirations around housing that differ from that of their parents (Ioanna 2020).

4.1.1 Summary

Identified barriers to good outcomes include the lack of prominence given to the population with disability in policies that guide decisions about allocation of housing-focussed resources. Issues of affordability impact this group because of their relatively poor financial position. The provision of SDA is limited, with the majority of people with disability unable to access this support mechanism. Finally, families of people with disability may be disadvantaged with respect to housing, and addressing their needs should also form part of any action to reduce barriers to good housing outcomes.

In the next section we outline the many barriers to good housing outcomes by drawing on the data collected during this investigation. The findings are organised in relation to four key domains.

1. Barriers related to accessing mainstream housing, where the majority of people with disability live.
2. Challenges and inequities in securing funding and appropriate housing under the NDIS.
3. Relationships between housing and services and supports.
4. Barriers to housing choice for people with disability in relation to design and engagement.

These domains reflect the opportunities for policy and practice transformation, which we discuss in Chapter 5.

4.2 Mainstream housing system

Disability housing provision is based on the assumption that the vast majority of people with disability will live in housing in the private or social sector (NDIS 2024c), and this is the case (AIHW 2024a). The informants in this study revealed that reliance on mainstream housing does not always afford good outcomes for people with disability, with affordability, availability, accessibility and discrimination all acting as barriers.

4.2.1 Housing affordability and supply

Affordability was identified as the number-one barrier to accessing appropriate housing in survey responses from people with disability. While housing stress is typically defined as expenditure of 30% or more of gross income for lower income households, for people with disability their spending on housing often exceeds this:

> My current rent is 60% of my monthly income. (Person with disability)

> I think affordability is a big thing, because I don't think my son will ever be able to purchase his own home as it stands at the moment. (Family member)

> [With] the population of people with disability overwhelmingly reliant for income on pensions, and in a housing market like it is, private rental becomes increasingly more stressful and less affordable for them, so affordability is certainly a huge one. (Support coordinator)

Increases in rent that are unable to be met are a very real threat:

> My daughter's rent increased to $600 a week for a one-bedroom flat [private rental] and she could no longer afford to live there. (Family member)

The lack of affordable housing is particularly acute in inner urban areas and neighbourhoods with good amenity. However, as one person with disability stated, options to move to more affordable outer suburbs were constrained by their reliance on public transport:

> If I could drive, I would have definitely bought a cheaper place outside of the city, but I don't have that option. (Person with disability)

Lack of affordability can also translate into having to move to areas that may not provide the community connection that is desired and that acts protectively, leaving people feeling unsafe. People with disability are often 'forced to live on the edges of the city' (Family member). Connection with community and access to amenities are central to good housing outcomes, and a key outcome area of Australia's Disability Strategy 2010–2020. For people with intellectual disability, sustaining connections with established communities and familiar infrastructure is vital to good housing outcomes. In the following quotation, a parent explains the importance of ensuring her adult child with disability remains within his accustomed community, rather than moving to a new locale where his brother (who does not experience disability) lives:

> My youngest son wanted me to come to [suburb], but that's not very good for [person's name] and I, because we're not used to that area. Yes, it has to be where [person's name] is comfortable. Plus, he knows a lot of the shops. Yes, and they greet him by name. I've done all that legwork. (Family member)

These connections—which act to protect people and increase inclusion in society—will be jeopardised if individuals are forced to move to locations where housing is cheaper.

For many people with disability, social housing is the only viable option. However, several informants in this study outlined the difficulty of accessing social housing that met their needs.

The number of houses in the social housing market has decreased over the period 2014–2023, with social rental dwellings comprising only 3.2% of total housing stock in 2021 (AIHW 2024b). The AIHW (n.d.) reported that in 2023–2024, the wait time for public housing for newly allocated households with disability was 547 days on average—and that this blew out to 811 days for state-owned and Indigenous housing. For informants in this study, even lengthier wait times were identified, with one support coordinator noting wait times of '15 years plus' and a parent stating that their child had 'been on the housing list forever'. Long waiting lists were also mentioned by the Investigative Panel:

> There's great limitations around community housing providers and what they have, and huge wait lists on public housing. (Investigative Panel member)

There was widespread recognition of the need for more investment in public and social housing to ensure suitable and secure housing for people with disability. The lack of focus on the needs of people with disability in the HAFF—the key initiative of the federal government to increase social and affordable housing—was noted by several stakeholders.

For those who can afford it, home ownership presents a more secure option as well as the ability to customise housing to suit individual needs. However, this can result in financial burdens being transferred to families who strive to maintain secure and appropriate housing for their loved ones:

> We almost lost this home, which is set up to keep my son safe and comfortable, due to divorce, but this thankfully did not happen. The thought of trying to find a rental suitable for us with his high needs was terrifying. (Family member)

> If something happens to me, this house will be [child's] for as long as he needs it. His two brothers have agreed to that … So I've got a bit of an easy mind, thinking at least [child] won't be homeless. (Family member)

4.2.2 Accessibility and diversity of housing

People with disability face additional challenges in identifying and securing housing that is appropriate to their needs. There was widespread recognition of the inaccessibility of existing housing stock. Stakeholders also discussed the implications for housing security as their needs change over time:

> It's rare to find housing that is accessible enough for me to live in as a wheelchair user. Right now, I don't have a fully accessible bathroom or a fully accessible bedroom. That's OK for now, while I have some ability to walk and stand, but if I get injured or something I could become unable to live in my present home. (Person with disability)

While there was support for the recent changes to the NCC in embedding accessibility provisions for new housing, stakeholders expressed frustration at the limited scope of the provisions and the extent to which they had been adopted by states and territories. This includes the right to access the homes of others:

> But you know, you're invited to somebody's place and their flat is just totally inaccessible … we've got very good neighbours, but I can't go. They want us to go over, but I can't get up the steps. (Person with disability)

Accessibility is not just a matter of convenience, but also of safety. One informant living on the second floor of an apartment block described a harrowing scenario:

> [Discussing what would happen in the event of fire] If I was in bed at the time, they can't get that bed out of the unit, because they can't take it out the front. So, if there are fire alarms … the only thing I could think of was if they could at least get that bed out the back door, and then I could get as close as I could to the fence, because I can't go to the left and I can't go to the right. (Person with disability)

This was not a one-off example. One of the support coordinators also described the situation of a man in a wheelchair who lived alone on the third floor of an apartment block with a lift that was too small to accommodate his wheelchair.

Similar issues were reported with the lack of accessibility within houses occupied by people with disability:

> If [person's name] was to get a wheelchair and needing a hoist in his room, he would have to change the whole apartment. Because, like at the moment, he crashes into a lot of things, his wheelchair has a lot of war wounds on it because the space, yeah, the space is not big … He can only go on one side of the bed. (Support worker)

> I would like to have access to benches and tables and stuff, or even the sink. (Person with disability)

Current accessibility provisions emphasise mobility requirements, which do not reflect the diversity of needs of people with disability:

> Wheelchair-accessible housing does not equal disability housing. (Investigative Panel member)

> When people think about accessibility of housing, they often think about wheelchair use … We have significantly invested in adaptation and new-build accessible homes for wheelchair users, but that other population of people with more hidden disabilities, we need to be considering they don't have as good access. (International expert)

Another member of the Investigative Panel noted the absence of a cultural lens which they described as a 'really significant problem':

> Look at housing options that actually aren't addressing cultural needs for people. We certainly talk a lot, even when it comes to SDA and beyond that, about the lack of focus on cultural design. (Investigative Panel member)

While there was widespread recognition of the inaccessibility of existing housing stock, there was disagreement over the importance of retrofitting houses. Some stakeholders described retrofitting negatively as merely a 'short-term' solution, while others presented it as an opportunity to further increase the supply of accessible housing; one person with disability saw the modifications made to their home as a benefit to other people who would come after:

> So it leaves a legacy of accessible homes. It's ultimately less costly than having someone in a care facility. (Person with disability)

For those with more complex needs beyond general accessibility provisions, home modifications are essential:

> Upgrade [the] house to suit each individual's needs … not the needs of the majority. (Person with disability)

For people with disability, and their family members, home modifications are vital to ensuring good housing outcomes by supporting choice and control, and sustaining connections with communities as needs change over time. Several informants discussed the challenges of realising needed home modifications, including:

- getting approval from landlords
- overly complex building regulatory compliance demands that result in unnecessary costs
- unjust considerations of what is 'reasonable and necessary' under the NDIS:

> NDIS thinks I only function in and use a small portion of our house and will only upgrade certain areas. For example, spare rooms don't count, and therefore I am unable to access these rooms due to [concerns about] my own safety. (Person with disability)

Challenges with accessing funding result in people self-funding modifications, transferring the economic burden to families:

> I just can't be bothered [with the NDIS] … Sometimes there's just little things here and there, but it all adds up. It was like the ramps at the back. The steps we did ourselves. We needed to do fencing with gates so that if he got out the front, you know. And so we just funded all of that ourselves. (Family member)

Some groups face the additional challenge of changing requirements where it is not possible to make one modification that will meet the needs of the person with disability indefinitely. This includes people with progressive disorders, such as multiple sclerosis or Parkinson's disease. Ageing may also bring decreased function for those with disability—and of course, disability generally increases with ageing (AIHW 2024a). One of the parents we spoke with talked about the changing needs of her child and the consequences of these for the modifications made to their home:

> So he's still developing and he [will be], you know, for many, many years … And really other than, you know, intellectually, he's going to change. So, it's something where we will probably be changing our house quite frequently. [He will get] stronger, taller. (Family member)

4.2.3 Discrimination and disadvantage in accessing private housing

People with disability who are reliant on the private rental sector may face discrimination from landlords and real estate agents. Those informants who discussed this saw it as related to the status of people who receive the Disability Support Pension (DSP):

> You try and get a private rental for a participant who's on a DSP. And while it is DSP, it is recognised as income. You've got all these property managers that just won't even look at it. (Support coordinator)

Other difficulties with securing private rentals included challenges with the application process and maintaining properties:

> Low income, lack of rental history and employment history, lack of available housing that I could afford, inability to do housework and keep up with house inspections, difficulty travelling to inspect rentals, difficulty filling out rental applications in a timely manner, not being considered a 'good' applicant due to being on a Centrelink payment and unable to work. (Person with disability)

This is compounded by a lack of information on accessibility of housing in the private market. As one of the international experts noted, this problem is not unique to Australia:

> There's very poor information about, particularly private homes that are accessible. It's very difficult if you need that type of housing to actually find it on the open market and to visit it and to determine its level of accessibility. (International expert)

Compounding the lack of accessible housing options is a different form of discriminatory practice related to building procurement, as identified by an international expert from Australia:

> We've done research, and people were telling us the builders just refuse to build it in an accessible way. (International expert)

Discrimination may also be experienced due to attitudinal barriers and willingness to exploit vulnerability. As noted in Chapter 2, safety was a critical marker of good housing outcomes. There was clear concern expressed about safety from some of our informants. This concern is also tied to the issue of preferred location and being able to live near supports, which act as a safeguard. In one example provided by a support coordinator, a person with disability was in 'public housing in [Sydney suburb]. He was very naive and vulnerable, so people would move in and harm him'.

4.3 NDIS funding and Specialist Disability Accommodation

The NDIS has been a transformative policy which has improved the lives of many individuals with disability. However, there remain substantial gaps between its aspirations and what has been achieved in practice.

As discussed below, the complexity of systems and the rules that govern eligibility for housing and supports within the NDIS disempower people with disability and provide an obstacle to equitable housing provision. Further, lack of strategic oversight in the procurement of disability housing under the NDIS has led to a mismatch between supply and demand.

4.3.1 Accessibility of funding

Many stakeholders outlined concerns with the NDIS, describing an overly bureaucratic and complex system, with a lack of transparency in information provided to participants and providers:

> Better support for people that are wanting help and needing help, to guide them through the minefield of paperwork and applications and where you go and who you see. That's my biggest thing. (Family member)

Many informants referenced inconsistencies in decision-making. All these ways of operating by the NDIS were seen to be antagonistic to the goal of choice and control. Service providers highlighted the disconnect between funding decisions and the rhetoric of choice and control. Several informants described a perceived culture of refusal in the NDIA where the default position for requests was 'no':

> Really bluntly, I think there's a culture of decision-making in the NDIA which reflexively says 'No' to applications, based on a really dodgy presumption that saying 'No' will be good for the budget … And that's a barrier to good outcomes for the scheme and for participants. (Support coordinator)

Getting services refused and having to try again was a common experience, particularly in relation to home modifications and for families with children with changing needs:

> [Requests for equipment for a child with severe disability] have all been declined, and then we've had to go back to get it done. (Family member)

> NDIS, to try and get anything for your house to be, you know, up to scratch, do whatever you need to do. And then if the NDIS declined to do something, well, where do you go from there? Like, what avenues can you take? Because not everyone can afford to just keep renovating to make it suitable for a child. (Family member)

Annual cycles of review were seen to inhibit innovation and put additional pressure on families and the system. Stakeholders criticised the lengthy timeframes and cost for approvals:

> The time and the money that goes into trying to get supported accommodation or housing is just, it's immense, you know, from putting in an application for SDA or SIL to outcome, could be years even with home modifications and that sort of thing … And the amount of money that goes into reviews and all of those processes is just significantly high. You know, from OT reports, and people that are involved in managing the reviews. Support, coordination, all of that sort of stuff. It's a lot of funding that goes into reviewing NDIA decisions and getting them to look at the evidence again and again and again until they make a decision. (Support coordinator)

The difficulties and cost of seeking SDA funding and inconsistencies in decision-making were seen to be particularly problematic—a failing recognised by the NDIS in their 2023 review (CoA 2023a). There was a perceived lack of understanding by applicants of the requirements for successful SDA applications:

> Because the NDIA has made it hard to get SDA in a person's plan, we also have families paying many thousands of dollars to plan 'experts' to get an SDA plan written and submitted. These 'experts' are draining participant's plans to fund their own businesses. (Service provider)

The lack of planners with suitable experience was also identified—particularly in regional locations. This contributes to the perception that the NDIS is not a level playing field. Other stakeholders expressed concerns about changes to NDIS and the risk of the Improved Liveability design category being removed, as recommended in the NDIS review (CoA 2023b). This has implications for some groups identified as being most at risk of poor housing outcomes in this study, including people with intellectual and cognitive disability, and those with complex needs.

Family members spoke about the amount of time and effort required for them to advocate on behalf of a family member with disability, particularly when their family member had limited ability to advocate on their own behalf. Navigating the NDIS system or trying to have a decision reviewed was described as 'exhausting', resulting in some giving up:

> I've been talking to [name of person], and she said, 'I can't do this anymore. I don't care what they want to do. I just can't do it.' (Person with disability)

> And you know, they've got to wait years and years and years, and in the meantime, they exhaust everything with their families. (Family member)

> There wasn't the space to meet the policy requirements in order to access eligibility for that funding or that support. So we just cut it off and said, 'You know what, if we want to do it, we're just going to go for it ourselves.' (Family member)

Other family members described how their advocacy was a full-time job, extending well beyond the NDIS system:

> And maybe, you know, that you saw the work we put into it, seven days a week, day and night, go anywhere, talk to anyone, lobby the government with a plan. Who was in government, lobby state government, federal government, local government, reach the community. (Family member)

As noted in Chapter 3, the complexity of the system puts at particular risk people without good communication skills, strong social networks and resourceful advocates:

> How we support, particularly, people who have limitations around communication, people with intellectual disability, disempowered families who don't have the energy and capacity to be able to support and persevere with sometimes some pretty grinding systems and processes. (Investigative Panel member)

Beyond the inaccessibility of housing, as one Investigative Panel member highlighted, the lack of accessibility of information and processes is a key barrier to good housing outcomes:

> [The] documentation that's required is often a bit of a barrier for access. (International expert)

Other concerns raised by stakeholders included the risk of profiteering, with the individual payment approach described as a 'lucrative profit margin without commensurate cost controls or review' (Investigative Panel member), differences in accessing funding across jurisdictions and regions, and the 'hidden costs' that need to be borne by individuals.

4.3.2 Procurement and oversight in SDA housing

For those who are eligible and have been able to secure SDA as part of their funding package, there are challenges in accessing housing that meets their needs and aspirations. One key issue that emerged in this research is the relationship between SDA and private market development.

SDA funding was recognised as a driver to attract more investors to the disability accommodation sector. However, there can be discrepancies between what is being built and what is needed (Crowe, James et al. 2024). There have been recent media stories about SDA developers overpromising returns to investors, leading to significant losses; and developing SDA in areas of low demand, leading to SDA vacancies (ABC, 25 August 2025).

Financial imperatives also drive a proliferation of housing in areas that lack amenities, which results in the social isolation of people with disability:

> The current model of care in homes in suburbs simply isolates people more than is healthy, and limits opportunities to participate across a range of areas. (Family member)

Housing providers noted the limited choice available with SDA housing—with individuals potentially able to choose the house but not the location, or vice versa. Stakeholders also discussed the mismatch between the interests of individuals requiring housing and the financial models driving development and procurement. This was seen to result in a focus on catering for those with physical disability, to the detriment of other groups, although one provider advised that there was still a significant gap in fully accessible dwellings. Stakeholders saw a lack of options for people with funding for the Improved Liveability category. Housing providers also identified lengthy delays in accessing SDA for those with behaviours of concern who need robust housing—a housing type that has not been delivered sufficiently by the SDA market (Carnemolla, Gill-Finnegan et al. 2023).

In addition to the lack of diversity in housing options, housing and service providers stated that it was 'near impossible' to match people with disability to available housing options with the way that the system is currently structured:

> This is a fundamental problem with the SDA program that says to people, 'Go and build it how you like, and by some miracle we'll match up with people that might want to live in your type of housing that you've built where you felt like building it.' (Investigative Panel member)

The disconnection between supply and demand is evidenced by vacancy rates in disability accommodation, and an underutilisation of SDA funding within NDIS plans. A key gap included a discrepancy between housing supply and the funding for shared supports (see quotation below). A number of developers have built houses of robust design to cater to the needs of individuals who exhibit behaviours of concern. Funding made available to individuals who display behaviours of concern is usually on the basis of shared accommodation; however, these individuals are often not seen to be desirable roommates:

> So, you know, the number of people that have robust funding, but in a shared support, living environment. Again, in Australia we don't have sole occupancy shared-support built form in the SDA space, because it's not viable here. And ultimately that's why we have such high vacancies. Because, you know, you can't peer-match those clients. There's no one that will live with them, and there's no SIL provider that will have them with more than one person in the house. (Investigative Panel member)

Service providers also identified the risk of quality SDA investors leaving the market due to problems with inconsistencies in the decision-making about NDIS participant-funding eligibility, which has the potential for encouraging housing that is not taken up by NDIS participants. More problematically, there were concerns about the lack of oversight and legislative control of SDA providers:

> But anyone can hang their shingle up and say, 'I'm an expert in SDA.' They're not required to sign up to conflict of interest or code of conduct. They're not answerable to anyone. There's no state or territory legislation. (Investigative Panel member)

Another key issue identified by participants is a lack of data to inform supply:

> If you can't measure it, you can't manage it. And if you're not using the same measurement tools across these forms of housing, which is the SDA, the half a million [people] in the NDIA and the 5 million other Australians, then you're doing something wrong. (Investigative Panel member)

> One thing that I think is available and should be used for policy [is data]. The NDIS has tons of data about people with disability … across the ages that are pre-independent. I don't think the government and the system is using that data effectively to plan for what accommodation needs to be in the pipeline. (Investigative Panel member)

The lack of good data on housing was pointed out by the Disability Royal Commission and acknowledged in the review of the NDIS (CoA 2023b).

4.4 Housing services and supports

High-quality support, both informal and formal, makes an important contribution to good housing outcomes for individuals with disability (Oliver, Gosden-Kaye et al. 2022). However, such support is not available to all people with disability. Poor quality, sometimes abusive practices—such as those revealed by the Disability Royal Commission (CoA 2023a)—are a substantial barrier to the experience of good housing outcomes. Stakeholders in this research emphasised the importance of services and supports in realising good housing outcomes but noted several barriers, including:

- availability and quality of supports
- default funding for shared supports
- relationship between housing and supports
- acknowledgement of informal supports.

4.4.1 Availability and quality of supports

In general, stakeholders identified a shortage of services supporting independent living and good housing outcomes. This was particularly the case in regional and rural areas, where people with disability were more likely to experience difficulties in access, lower quality services and increased costs. There was recognition that this may be due to difficulties with recruitment and training:

> I have a client up in [Town] which is classed as rural, and trying to get services up there is so difficult. (Support coordinator)

One family member of an adult child with disability described housing services—the organisations that provide housing (and sometimes support for daily living) to people with disability—as working on a 'crisis model' and complained about the lack of visionaries and proactive thinking in the sector. There was a perceived lack of flexibility in services and supports. Informants noted that this is particularly problematic for people with psychosocial and complex disability who have highly individualised needs:

> It's very difficult when you have a person with complex disabilities to know what is going to be safe and also provide a great environment. When you need providers to care for you it can be good at first, but can change depending on the staffing and continual change of staff. One support person who is not of their choice can quickly ruin everything. (Family member)

The quality of SIL programs was highlighted as a particular area of concern. Service providers discussed how the lack of access to SDA led to a proliferation of SIL accommodation. These were seen to be more likely to be unsafe, insecure and poor quality. Some stakeholders argued that the 'closed nature' of SDA funding has led to several housing providers claiming to offer SIL services without the required expertise:

> The slow pace of approving SDA in plans is driving investors out of this market, leaving the disability housing market prey to profiteers running SIL houses. (Housing provider)

Other identified gaps in services included older people who were too old for many of the services offered for people with disability, but too young for aged care. There was also the view that those providing disability supports did not always have the skills or resources required for dealing with age-related needs, and may force people with disability into the aged-care system prematurely.

4.4.2 'Default' funding model of shared supports

The NDIS model of funding for people who need 24/7 living supports is generally allocated at a 1:3 support ratio (i.e. one support worker provides assistance to three NDIS participants). Nevertheless, living alone appears to be the preferred option for many people with disability. Over a four-year period, 64% of applicants for SDA applied to live alone (CoA 2023b). Many informants outlined their frustration with the 'default' 1:3 funding model because of the challenges it presents in navigating preferences for independent living. As noted in Chapter 2, some informants highlighted the benefits of cluster housing in giving opportunities for independence and social connection. However, several people with disability and their family members expressed concerns about being forced into shared housing situations that seemed to be contradictory to the commitment to choice and control:

> There doesn't seem to be any single-dwelling options for people with Down Syndrome as shared living under Supported Independent Living. (Family member)

> A share house to him would be his idea of a nightmare. So yeah, he would want to be independent and what they call independent living is not necessarily a unit. It could be a share house. (Family member)

> Disabled people must not be forced to live in the same home simply because they share the experience of disability. (Person with disability)

Finding affordable and accessible housing in appropriate neighbourhoods with appropriate housemates and supports was reported to be a near impossible task—particularly in rural and regional areas:

> One independent living home has recently become available in our community, but as a 25-year-old female, the current co-residents—a 50-plus-aged female and a 20-year-old male prone to verbal and physical aggression—are deemed unsuitable. (Family member)

> He was required to leave a SIL house as the agency could not afford it, as they could not find a suitable co-tenant. (Family member)

Other informants were broadly happy with their shared supports but highlighted how, to some extent, this undermined their experience of safety at home. One informant lived in an upper floor apartment and the other relied on smart technology for getting out of the building. Both articulated their concerns about access to support to leave their homes in an emergency.

4.4.3 Separation of housing and supports

There has been a recent push to separate the provision of housing and of supports (CoA 2023b)—a move that is largely supported by stakeholders. Support coordinators generally believed that the sector was acknowledging the need for change and was currently in a 'transition period':

> I'm seeing larger reputable organisations really navigating that issue, you know, currently and determinedly, and it's a real cultural change … The ethical part of the sector is acknowledging and accepting the need for this change, and that we're in a transition period. (Support coordinator)

However, support for the separation of housing and supports is not universal, with one support coordinator presenting the contrary view that single providers of tenancy and support services are increasing:

> There's a certain service within housing at the moment with NDIS. That is not the typical SIL funding or ILO funding, but providers will acquire a home and offer a subsidised rate with utilities all included … One of the guiding guidelines with NDIS is choice and control. So, participants should have choice and control over their supports in that sort of situation. They are limited to the provider that has the tenancy. So the tenancy agreement and the service agreement are one and the same, and I'm seeing a real increase in those sort of situations. (Support coordinator)

Some stakeholders identified an SDA funding bias toward large developers with links to service providers:

> I think the government is more inclined to give money to a big service provider or a big developer. Yeah, the big developers usually have a connection to a service provider. (Family member)

There was also seen to be an increasing trend for providers offering both tenancies and services in rural and regional areas, which is a consequence of the thin markets in these areas:

> There's a challenge in regional areas, where potentially there may not be the services available where one or two NDIS providers provide lots of NDIS services, because that is all that's in the area. And again, that conflict of interest is quite large because there just are no accessible services or alternative options in that particular area. (Support coordinator)

The separation of housing and supports was described as a 'key first step in a safe home' (Service provider). Problems with housing and supports offered by a single provider included individuals choosing a level of support they did not require or choosing a non-preferred service provider just to access housing. Even if housing and service provision are offered separately, this can still result in a lack of choice. However, as noted in Chapter 2, the preference for separation of housing and supports was not universally shared, with some informants highlighting benefits of single-service provision that is more efficient and responsive to requests. Two informants with disability with separate providers for housing and supports outlined their frustrations with requests for home modifications being ignored, refused, or more commonly handballed to the other provider.

4.4.4 Reliance on informal supports

Many people with disability are supported by their family as primary carers. Service providers and family members brought our attention to the lack of support for families who have a child with a disability, or whose child continues to live with them in adulthood. As noted by one international expert from Australia:

> We have policies that completely ignore families and think independent housing is just the person and the government and that's it: families no longer exist.

Funding for independence at home was identified as a 'grey area'. There was criticism that funding is focussed exclusively on the person with disability and not the broader family unit. While some families who contributed to this investigation had financial resources that allowed them to provide secure housing (see Chapter 3), this was recognised as a privilege. Informants believed that more needed to be done to assist families in their efforts to provide stable and appropriate accommodation in the absence of any viable alternatives:

> For those who are supported by their families, who provide them with accommodation and board, etc., it would be a welcome measure if funding was available from government to cover these additional costs on already strained family finances. (Family member)

There are substantial negative health and financial impacts on families as they take on the responsibility for long-term care without appropriate funding and other support:

> I'm in the process of trying to get him [56-year-old brother] into a nursing home so he can get better care because I'm completely worn out. (Family member)

> We're a little bit forgotten, and it falls on the families to try and take care of it, which I don't think is the way that we should be moving forward. (Family member)

> No one thinks about us … The government needs to understand that 70- and 80-year-olds need help. (Family member)

While people with disability who have strong family advocates with financial resources are most likely to achieve good housing outcomes, the emotional, physical and financial burden on families must also be recognised.

4.5 Exercising choice

For people to exercise choice and control in housing, there must be housing that meets the needs and aspirations of people with disability. Housing journeys told by people with disability in this study show a lack of choice, with decisions to move based on perceptions of whether an available housing option was better than where they were currently living. This was identified as a 'massive flaw' by one family member, who likened housing choice for people with disability to a fast-food restaurant where you are only offered one option regardless of the menu:

> I think a massive flaw in the system is the fact that the people you know, when you order, when you drive through at Macca's, [they] say, 'today you're having a brekkie wrap' and you know I don't want one. 'It doesn't matter … That's what we're selling: a brekkie wrap. Brekkie wrap is what you get today', and you go. 'Yeah, but I don't want.' 'No, you're not getting anything else … Brekkie wrap or nothing.' Nobody else in the service system tells the customer what they need to consume, except [with] us, and it's exactly the same with housing. Not that they tell you how the housing is, but there's no options on the table to support you, to do anything different. (Family member)

The lack of genuine choice was identified as a key barrier to good housing outcomes by many stakeholders. Referring to the limited and predetermined housing options for people with disability, one international expert noted that 'people make choices that are not really choices'. The issue of limited choice was also discussed by the Investigative Panel:

> The thing that I always struggle with is when choice is put forward as an option, it's generally fairly compromised. And we're often looking at even how people are supported to make choice. They're still making choices as defined by A, B, C or D, and there's nothing necessarily that's really saying to the person: 'What is it that you want? Where? Where is it that you'd like to live? How would you like to live those types of things?' We're still operating within a very confined and deliberate specificity. (Investigative Panel member)

Two other key issues underpinning lack of choice included the lack of diversity and innovation in design, and the lack of engagement with people with disability to understand their needs and aspirations.

4.5.1 Lack of diversity and innovation in design

The issues that contribute substantially to the lack of choice experienced by people with disability are:

- affordability and accessibility
- the disconnect between supply and demand in the procurement of disability housing.

Funding approaches that prioritise a 'template' approach to new builds also cement lack of choice as an inescapable outcome:

> The policy dictates that if the government's investing in a house, and they're going to use house for X amount of purposes, that they want to meet this template or criterion. (Family member)

> [Good housing] is certainly NOT the current NDIS approach of mass production of commercial rental wheelchair-accessible homes where any builder just needs to comply with a template developed by access consultants and approved by the Master Builders Association. An NDIS participant eligible for SDA funding is simply a warm body with a revenue stream attached. (Investigative Panel member)

Some groups are particularly disadvantaged—especially people with intellectual disability. One family member noted that: 'Our cohort, because of intellectual disability, we are just not even looked at.' This is supported by the findings of the Disability Royal Commission, which noted that there is a need for more investment in innovation in housing design, development and evaluation—particularly for people with profound disability and complex needs, including people with intellectual disability (CoA 2023a: 761).

There is also a lack of housing options for supported living for people who live with family members. One single parent with disability described the lack of housing options available to them as: 'There is no home that exists for us'. Other family members expressed their frustration with the design of disability housing and accessibility modifications, outlining a desire for housing that looked 'normal'—which suggests a lack of investment in design and innovation in the disability housing sector.

Family members and housing providers noted that the absence of innovation in disability housing is compounded by a lack of knowledge-sharing in building design and technology options. However, unless these groups are included in design processes and decision-making, then innovation is more likely to reflect the priorities of industry, rather than the needs of people with disability:

> But I think there is a very big difference between consumer-led innovation and provider-led innovation. (Investigative Panel member)

4.5.2 Lack of engagement with people with disability

Innovation aligned with consumer needs requires comprehensive understanding of the needs and aspirations of people with disability. However, engagement with people with disability and knowledge of their housing needs and aspirations was a recognised gap:

> We did a little pilot project where we got a consultant to go and meet with tenants in group homes to understand their experience of living in our properties, and also what their housing aspirations are. Generally, they were sort of okay with the properties, but they didn't know anything better. But what was really surprising—well, probably not surprising, but frustrating—is that no one had ever spoken to them about their housing aspirations before. Many of the people who live in these sort of institutionalised, sort of group-home environments, have never had anybody from the NDIS, planner, support, coordinator, any of the various different types of coordinator-type people funded by the NDIS, ask them about their housing aspiration. And I think that that is a fundamental problem in a system that's supposed to be focussed on choice and control. (Service provider)

Families wanted to be part of the conversation about what was required and preferred:

> Ask us what we would like for our sons and daughters. And then talk to the developers and build what we want. That's not rocket science, is it? (Family member)

One family member outlined how they just wanted 'a developer who will listen to me'.

In the absence of innovation and engagement, several informants in our study described how they were taking matters into their own hands—but also described how they felt unsupported in their efforts:

> There's no community around innovation. There's just a lot of red tape and a lot of people that tried to smack it in. (Family member)

> I think the hardest part about being a visionary and a pioneer is the fact that you get terribly lonely. It's hard to be visionary for people who want to be different. And you know we suck it up now, and that's okay. But I think government could have helped … if they had generated housing models, and they said, 'Here are five kids in your local area who want to be ambitious with the housing, and we want them to fly, and we're going to sit down and we're going to do planning with families. We want you to come on board because we know that you're the people, and we want to support it … You're going to be the focus group. We're going to build your peer group together. We're going to build community around you. Not that it's a disability group or a disability parents' group. But you're the innovators. You're the people who want different. We want you to be the role models. We want you to stand up. We want to show how sustainable living can be for everybody who follows you' … It's just a lonely old place in regional Victoria. (Family member)

4.6 Policy development implications

This chapter has explored the barriers to good housing outcomes. Critical issues identified by stakeholders include:

- the lack of access to affordable and appropriate housing in preferred locations
- systemic challenges in accessing funding
- disconnection between housing and support services
- lack of engagement and innovation in understanding and addressing needs and aspirations of people with disability.

These issues impact good outcomes in multiple ways, including a lack of choice in housing options, limitations on control over daily routines, disconnection from communities, and a lack of stability and security due to the need to remain in inappropriate houses or move to inappropriate locations.

- Some barriers experienced by people with disability, such as affordability, are symptomatic problems of the broader housing system. However, policies focussed on housing provision for people with disability are effectively siloed from policies regarding housing for the rest of the population. Bringing housing policy for people with disability into the same area of responsibility as mainstream housing policy may be an effective way to address the issues experienced by this group.
- The complex systems and rules that govern housing eligibility requirements within and outside the NDIS disempower people with disability and are an obstacle to equitable housing provision.
- In-home and community services and supports are critical to realising good and safe housing outcomes—however, their interrelationship with housing is not well considered. Developing an approach that requires housing and support services to be determined in concert with each other could address this barrier.
- Navigating preferences for independent living with funding models for shared supports poses substantial challenges for people with disability and their families.
- Housing supply is not aligned with housing demand. It is challenged by market-driven rather than systematic approaches to the procurement of disability housing, as well as limited engagement with people with disability and innovation in design.
- The extent of informal supports provided by families is not recognised, and succession planning is limited in current funding models—particularly for older parents caring for adults with disability over a lifetime.
- Choice and control is central to good outcomes, and there are multiple ways in which policy and practice decisions can act to support or undermine an individual's exercise of this right.

5. Enablers of good housing outcomes

- There is a need to engage people with disability in the national conversation about housing to better understand their needs and aspirations. Co-design and co-production processes are required that recognise the time and effort required to plan, trial or test out, progressively implement, and modify housing and support options over time.
- Investment in, and enablement of, design innovation of home environments is required to meet the needs of people with disability, along with assistive and mainstream technologies and support models delivered within those environments.
- Evidence-informed investment and enablement approaches are needed to address gaps in data with consistent use of evaluation frameworks to enable outcome comparisons.
- Increased accessible housing stock is required to enable access for people with disability, and to assist people to age in place. The voluntary adoption of the Livable Housing Design Standard in new builds across some states and territories is insufficient to meet current demand.
- Given the complex outcomes often experienced as a result of disability, cross-sector coordination is required to ensure good housing outcomes can be both achieved and sustained over time, particularly as people age with (or into) disability.

5.1 Existing literature regarding enablers of good housing outcomes

The current policy context for housing for people with disability is complex and multi-jurisdictional. The intersectionality often experienced by people with disability frequently requires them to navigate multiple systems to try to get their housing and support needs met—for example, health, disability support, social services, family support, child protection, and corrections (valentine, Liu et al. 2024).

Previous research by Wiesel, Laragy et al. (2015) identified several key enablers of good housing outcomes for people with disability. These include:

- access to purpose-built or modified housing
- flexible support arrangements
- housing models that reflect individual preferences.

Supportive relationships with landlords, shared equity schemes, and transitional housing programs also contribute to positive outcomes. The involvement of people with disability in decision-making processes—alongside recognition of the role and needs of families and informal carers—further strengthens housing outcomes (McCausland, Brennan et al. 2019; Walker and Hutchinson 2019). Importantly, research further highlights that housing located within enabling and liveable neighbourhood environments is supportive of quality of life (Grabowska, Antczak et al. 2021).

The Disability Royal Commission included housing as one of the areas that may safeguard against (or perpetuate) the violence, abuse, neglect and exploitation experienced by people with disability. The Commission made a number of specific recommendations that provide direction for policy development to enable good outcomes (see panel below). Some recommendations fall within the traditional scope of disability-specific policy, whereas others require policy development within, or a response from, other mainstream systems (DSS 2015).

Summary recommendations regarding housing from The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability:

- Including people with disability in all key national housing and homelessness agreements and planning, including strategies, policies and action plans.
- Increasing the supply of accessible and adaptive housing for people with disability through the National Construction Code.
- Increasing access to social housing for people with disability by having inclusive policies for housing allocation, housing applications and building modifications.
- Increasing tenancy and occupancy protections for people with disability by adopting and enhancing the best regulatory and legislative models available.
- Improving regulatory oversight in supported accommodation settings by implementing minimum service and accommodation standards.
- Improved responses to homelessness, including support during transitions.
- Expanding models that provide pathways out of chronic homelessness.

(Royal Commission, CoA: 353)

Australia's Aged Care Royal Commission (CoA 2023) also included a focus on recommendations that could enable good housing outcomes for older Australians, including people with disability who rely on the aged-care system to meet their needs, and Australians ageing into disability. Specifically, the Aged Care Royal Commission (Coa 2021) recommended that:

> The Australian Government should coordinate the development of an integrated system for the long-term support and care of older people providing for their needs for welfare support, community services directed at enhancing social participation, affordable and appropriate housing, high-quality health care, and aged care. (Aged Care Royal Commission, CoA 2021: 208)

Commissioners also recognised the multi-system coordination required and that 'this may also involve linking the older person to services outside the aged-care system, such as housing, mental health or health care more generally' (Aged Care Royal Commission 2021: 227). Combined, the recommendations of the Disability and Aged Care Royal Commissions add further weight to the cross-system coordination required to enable good housing outcomes for people with disability across all ages and stages of life.

This chapter focusses on identifying practices and approaches that lead to good outcomes. The aim is to use these as markers of areas where policy change may prove useful in addressing the barriers identified in Chapter 4, and reducing the inequities canvassed in Chapter 3.

Most of the barriers to achieving these desired outcomes are not specific to Australia—other developed nations also grapple with the challenge of providing affordable, accessible, appropriate housing in desirable locations for people with disability (e.g. Anderson, Pasciuti et al. 2024; Inclusion Scotland n.d.; House of Commons Levelling Up Housing and Communities Committee 2024; McCormick, Schwartz et al. 2023). However, there are existing examples of promising practices, and specific policy levers, that could further enable good housing outcomes for Australians with disability. These are discussed below.

5.1.1 International examples of good practices

International experience reinforces the complexity of housing for people with disability, while providing information about potential ways to support improvements in policy and practices. Apart from the Housing First program (Roggenbuck 2022)—which was initially established in the US as a service-response model to homelessness—there are very few initiatives with robust empirical evidence documenting their success in improving lives of people with disability. The Housing First program, described as offering 'rapid housing access, consumer choice, the separation of housing from support, holistic recovery and harm minimisation, and community integration' (Roggenbuck 2022: 1), has been trialled in a number of places to good effect (e.g. Kirst, Bigioni et al. 2024; Loubiere, Lemoine et al. 2022).

A primary principle of Housing First is that housing is provided without waiting for all the other required services to be in place; however, a series of other principles are also applied (for an overview, see Roggenbuck [2022]; Woodhall-Melnik and Dunn [2016]). The Disability Royal Commission (CoA 2023a) argued for the adoption of Housing First principles in Australia when dealing with individuals with disability who were homeless or at risk of homelessness. This recommendation is in line with the Productivity Commission's report into the National Housing and Homelessness Agreement (NHHA) (Productivity Commission 2022). However, in response, Wiesel (2024) cautioned that, if adopted, potential exposure to violence and abuse in congregate settings needs to be guarded against. Panadero and Vazquez (2024) examined this aspect following implementation in Spain. They found that those in the program had lower rates of exposure to violence and discrimination than a comparison group; however, not all participants in their study were living with disability.

Morgan, Aimers et al. (2024) conducted an environmental scan of innovative approaches to supporting people with disability, excluding services or supports focussed on people with psychosocial disability.[1] They characterised the approaches as:

- built environment
- models of support
- technology
- practice frameworks.

They noted that some of the identified services had elements of more than one of these approaches. With the exception of the practice frameworks, evaluation of the approaches was generally missing or weak.

The KeyRing model from the UK was one approach with some evidence of utility. KeyRing connects a number of people with disability who live in close geographical proximity to each other with a volunteer who provides low-intensity support, in exchange for free rent. Cost savings to the government and some improvement in quality of life were reported, although these investigations were not particularly robust (Fyffe and Bigby 2008). The KeyRing approach has been tried in Australia but does not appear to be currently operating. One of its weaknesses is its susceptibility to collapse, if, for example, members choose to move away (Wiesel, Laragy et al. 2015).

Another model is Lifemark (which was not included in the environmental scan by Morgan, Aimers et al.). Lifemark operates in New Zealand and promotes the use of Universal Design in all new builds. It has five elements: useability, adaptability, accessibility, safety and lifetime value (Lifemark n.d.). 'Lifetime value' refers to those aspects of the design that focus on future-proofing a home so it continues to be liveable as people age. Lifemark has developed an assessment system that can be used to assess the quality of housing and has three evaluation components:

- visitability
- sustainability
- accessibility.

While Lifemark is highly regarded (see subsection 5.2.2), it does not appear to have been evaluated in the research literature.

5.1.2 Australian examples of good practices

Morgan, Aimers et al. (2024) identified 10 innovative models of housing and living supports operating in Australia, although three of these were practice frameworks only. Three models focussed solely on the built environment and four on both the built environment and support provided to residents within that environment. None of these approaches were considered by the authors to reflect the CRPD, as they either:

- operated as segregated settings
- limited choice and control of support.

Only one of the housing models required NDIS SDA funding for access.

1 The one exception in their environmental scan was The Haven Foundation, a service operating in Australia (https://havenfoundation.org.au).

According to Morgan, Aimers et al. (2024), one approach—where 10 people with SDA funding lived in the same apartment block and shared the services of one support worker—has some preliminary supportive evidence of positive change. Another approach where people with intellectual disability had their own one-bedroom unit with a shared kitchen and shared support was innovative, as residents were able to build financial equity in their home. Home ownership is out of the reach of many people with intellectual disability (AIHW 2024c), so this model is somewhat innovative in Australia. There may be additional examples of good practice being implemented in Australia. But, if so, it would appear that they are not being robustly evaluated and reported in the research literature.

As described by Daniel, Lang et al. (2024), the adoption of Universal Design in housing should result in a building that is 'easy to enter, easy to move in and around, capable of easy and cost-effective adaptation' (2024: 46); it should also be 'future-proofed' so that changing needs can be accommodated.

Thus, using Universal Design principles in home construction should increase the quantum of houses that suit the needs of some people with disability, as well as allowing more people to age in place. There has been a long push by advocates to have Universal Design principles mandated for new builds in Australia—but there has been considerable reluctance by the Australian housing industry to accept this (Ward and Bringolf 2018).

The Australian Building Codes Board (ABCB) adopted the Livable Housing Design Standard (LHDS) in the NCC 2022 for new houses and apartments based on the silver level of accessibility under the Livable Housing Design Guidelines. However, not all states and territories have legislated this standard (Daniel, Lang et al. 2024). There are other pressures, such as the pause on changes to the NCC as recently announced by the federal government (Watt 2025).

There have been a number of studies conducted in Australia that have examined the contribution that co-design makes to outcomes. While challenges in engaging in this activity are acknowledged (see Watchorn, Tucker et al. 2024), participants uniformly perceived the outcomes of the process to be positive, with benefits including reduced long-term costs and improved designs (Tucker, Kelly et al. 2022; Watchorn, Tucker et al. 2024).

5.1.3 Summary

A range of factors related to policy, environment and relationships have been identified as potential contributors to enabling people with disability to achieve the outcomes they desire from their housing. There are some examples of practice, in Australia and elsewhere, that have evidence to support claims that they lead to better outcomes than more traditional approaches to housing provision. However, these examples are relatively few in number. There are innovative approaches to housing provision for people with disability (e.g. Wiesel, Bullen et al. 2017) that are being trialled or implemented. However, as they are not being evaluated and reported in the research literature, their utility for directing policy considerations is limited.

In the next section we consider the enablers of good outcomes, as identified by our informants and integrated with our review of the literature. We address the issues raised in Chapter 3 and Chapter 4 by presenting the preferences and directions for action as detailed by those with lived experience and expertise in the field. The organisation of the chapter is the same as Chapter 4. Initially we discuss considerations related to the mainstream housing system, followed by a discussion of the deliberations of informants around issues associated with the NDIS and the integration of housing, services and support systems. The final sections, on design and innovation and informed decision-making, reflect broader opportunities to extend choice and control in housing for people with disability.

5.2 Mainstream housing system

The majority of people with disability live in houses in the community that were not built specifically for them (AIHW 2024a). Policies developed to address the needs of the general population could be expanded to include consideration of the needs of people with disability. This has been recommended by both the Disability and Aged Care Royal Commissions (CoA 2021, 2023a) and the Productivity Commission (2022), but has yet to be enacted.

Some of the responses from informants in this investigation focussed on aspects of the mainstream housing system that could be addressed to produce better alignment with the needs of people with disability. These included:

- acting to resolve issues of housing supply
- improving the quality of housing so that more residences were appropriate for more people
- addressing affordability of housing—particularly in the rental market.

5.2.1 Housing affordability and supply

There is a great deal of pressure on governments to increase the housing supply to meet the demands of the burgeoning Australian population. This pressure includes demands around increased social housing supply—and our respondents saw this as increasing the supply of affordable housing for people with disability:

> The movement within the housing sector to say what we need in Australia is to move towards one in 10 homes being social housing. So I think that should be the goal, the policy goal. (International expert)

Requiring developers to contribute to the building of social housing on government-owned land was proposed:

> I have heard great stories about new developers being required to include affordable social housing in their development so that people with disability (and others who need housing) can live within community and not separate from it. (Family member)

Both service providers and international experts argued that government needed to be directly involved in building more accessible accommodation for those who rely on social housing:

> Greater investment in accessible social housing. (International expert)

As well as increasing supply of accessible social housing, informants noted the need to increase access to housing within the private rental market. Some study informants, both people with disability and support coordinators, suggested that a proportion of rental properties be quarantined for those with disability:

> Allocate some rentals specifically for disabled people so that we have a chance. (Person with disability)

> Having some sort of DSP-only housing as a private renter. That would be amazing. (Support coordinator)

It is difficult to mandate housing for people with disability in the private sector, but:

- incentives could be provided to landlords to make housing accessible for people with disability
- new models like build-to-rent could incorporate a proportion of disability-specific housing.

Our informants noted the HAFF has omitted the obligation to provide appropriate housing for people with disability. As this is the primary vehicle for increasing social and affordable housing in Australia, the omission is stark. Addressing this was seen to be a priority:

> Australia must provide plans for disability-accessible, affordable housing in our national housing plan. (Person with disability)

There was also a suggestion that enabling people with disability to buy their own homes through the provision of loans would assist more people into stable housing. One of the international experts described a scheme in Scotland with preferential eligibility criteria for first-home buyers with disability who need to buy an accessible home. This is a low-cost, open-market initiative that would allow more people to buy their own home—however, it does rely on the availability of accessible homes.

Other recommendations included planning regulations that facilitate the construction of separate dwellings for independent living for family members with disability, and creation of opportunities for public-private partnerships.

5.2.2 Accessibility and diversity of housing

Increased investment in general housing will only reduce the shortfall experienced by those with disability if those houses are accessible. The recent adoption of the Livable Housing Design Standard within the NCC (Australian Building Codes Board 2022) will go some way to increasing the number of houses accessible to people with disability.

The Standard stipulates a number of requirements, including:

- entry without steps
- hallways wide enough for mobility aids to be used
- bathroom/toilet walls that allow the fitting of grab bars.

All states and territories (apart from New South Wales and Western Australia) have signed up to the Standard, but each jurisdiction has the capacity to make variations to meet their own circumstances. The Standard applies to new builds. However, new builds make up only a small proportion of the available housing stock, and it will be many years before these changes increase the number of accessible houses. While there was support for a nationally consistent approach, informants who engaged with this topic generally wanted the field to go further:

> Endorse ABCB NCC 2022: accessible housing beyond minimum voluntary standard. Save time and costs by simply doing a 'light touch' upgrade for the minimum required to address someone's specific disability. (Person with disability)

> A great start would be adopting the approach of the internationally award-winning New Zealand Lifemark program to encourage adoption of either of the two ABCB Livable Homes standards. The Thames Coromandel District Council (TCDC) achieved 50% adoption of Lifemark standard for almost no cost in all new residential building by providing a small incentive. Any policy regarding disability homes is going to fail unless it actually targets a mindset change from accessible homes or disability homes being 'special' and expensive and requiring government subsidies to 'just another home'. And incentives like the one above is a small carrot that can achieve large results. (Investigative Panel member)

> It's not universal, but there is a move towards incentivising people to build accessible homes. (International expert)

Researchers have suggested there is resistance to accessible design, with a range of reasons proposed for this, including a lack of knowledge, capacity and capability in the building and construction industry, and limited awareness of individual and public benefits of housing accessibility (see James, Saville-Smith et al. 2024). As suggested above, a proposed solution is to offer a carrot; however, the use of the stick may also be required.

One approach that uses the stick is to require people with rental properties to meet the needs of their tenants for accessible features. Landlords in Scotland—in both the private and public sectors—have to provide 'auxiliary aids' if a tenant requires them. Examples of auxiliary aids include ramps, accessible taps, and safety signs in braille, large print or easy read (Shelter Scotland, n.d.). The introduction of a similar obligation on Australian landlords would increase the number of available accessible properties.

Scotland also has a program that supports social landlords to make these adaptations to their properties in response to renter needs. While the system was described as 'clunky', it was also seen to be very useful:

> The social landlord adaptations program in Scotland is a success. It's a great way of getting money directly to tenants who need accessible housing and who need their homes adapted. RSLs [Registered Social Landlords] deal with it pretty quickly. (International expert)

5.2.3 Addressing discrimination and disadvantage in accessing private housing

Many people with disability are unable to access social housing, an issue highlighted in Chapter 4. Without funds to purchase their own home and with insufficient social housing, people with disability are forced onto the open rental market. The rental market is extremely competitive at present and Anglicare (Anglicare Australia 2024) provided evidence (see Section 1.1) of the disparity between current rental prices and the income of those on the Disability Support Pension.

Service providers and informants with disability expressed the view that more accessible rental homes were needed. One solution is to require new apartment buildings to incorporate accessible designs in their ground-floor apartments:

> All ground floor accommodation should be built according to best practice for disability access. (Person with disability)

Chapter 4 also made clear that some people experience discrimination when they try to obtain a rental property. One of our informants felt that a legislative solution was required to deal with this:

> Forbid real estate companies from discriminating on the basis of work status/Centrelink status. (Person with disability)

It is illegal to discriminate against someone on the basis of their disability. However, it was clear from our informants that they experienced such discrimination in their search for a rental home in the open market. More scrutiny of the real estate industry may be required.

5.3 NDIS funding and Specialist Disability Accommodation

Informants drew attention to ways in which funding provisions could be made more effective and equitable. They included:

- simplifying NDIS processes and ensuring they are equitable
- expanding SDA eligibility
- considering a range of alternative housing models
- paying heed to the importance of housing location for people with disability.

5.3.1 Enabling access within the NDIS system

Providing more supports for navigating the system, simplifying processes, reducing approval timeframes, and ensuring equity and transparency in decision-making were identified as key approaches to addressing the frustrations people reported in relation to their interactions with the NDIS.

Family members and support coordinators spoke about the complexities of the NDIS system, with some families having given up trying to access support for the person they cared for (see Chapter 4). The first step is to simplify the processes and the ways in which information is conveyed. Creating independent services that both assist people with disability and their families to navigate the system and to advocate for them, as necessary, was also recommended:

> We need to have that independent advocacy to help people navigate the processes and pathways that can be really difficult because of the bureaucracy of the system. (International expert)

While developing advocacy skills was also suggested (so that people can advocate on their own behalf), there were several reminders that not all have the capacity to advocate for themselves, nor do they have the informal supports available to them to take their part in wrestling with the NDIS. These individuals require some independent, systemic response to protect their interests:

> We talked earlier about people who don't have strong family networks, or lack informal safeguards, so that access to advocacy for people to have that decision support [is necessary]. (Investigative Panel member)

> You don't hear from the people who don't have strong families and who don't have a voice and aren't involved in self-advocacy—and that's most of them. (Investigative Panel member)

5.3.2 Extending access to Supported Disability Accommodation

Informants expressed a preference for expanded eligibility for SDA. One informant who was very familiar with SDA provision spoke of the many frustrations with the program (noted in Chapter 4), but also commended the model as very successful for those who were able to access it:

> I really think it's a wonderfully put-together policy, and which, you know, results in wonderful outcomes for eligible participants. (Support coordinator)

One support coordinator advocated for greater access to SDA because it improved housing outcomes and reduced financial costs in the health and justice systems, pointing to the need to consider housing from a cross-sector perspective:

> I think there's too little acceptance or understanding of the fact that there are savings to the taxpayer that occur from the efficiencies of, for example, SDA dwellings, so our supports can be more efficiently provided there, and the dollar, the budget consequences of that capacity increases for individuals, that are a consequence of living in an appropriate place. Which are measurable in terms of wellbeing, but also measurable as a public cost in terms of support needs over time. And also, and I'm sorry to focus so much on dollars, but there's a causal link between good housing and reduction in hospital, mental health and justice settings costs as well. (Support coordinator)

This view is supported by the research literature. Housing has a substantial influence on outcomes that might usually be considered as separate areas of functioning and policy, including:

- employment (Devine, Vaughan et al. 2020; Marçal, Choi et al. 2023)
- health (Howden-Chapman, Bennet et al. 2023)
- wellbeing (Douglas, Winkler et al. 2023)
- engagement with the justice system (O'Campo, Stergiopoulos et al. 2016).

There was also the perspective that some groups, especially those with psychosocial disability, were excluded from SDA housing, although their needs would be best met by having access to this level of housing provision. As in other studies (e.g. David, Johnson et al. 2024; Lloyd, Moni et al. 2021), informants expressed the view that outcomes of applications for funds depended upon factors other than need, with decisions being made in an inconsistent way. One contributor to the investigation explained that his service was successful in getting SDA funding for 65% of initial applications, with an even higher success rate after appeal. This sits in stark contrast to the 26% success rate on initial application reported by Skipsey, Winkler et al. (2022). In explaining their success, that contributor explained that their arguments always contained information about relevant previous decisions, making the point that:

> They've got a legislative obligation to practise consistency. (Support coordinator)

A useful direction for addressing the acknowledged shortcomings of the decision-making around SDA provision seems to be both:

- developing the skills of those who are assisting people to apply for SDA
- developing the capacities of those who make determinations with respect to applications to be consistent, fair, and expeditious in their response to applications.

5.4 Integrating housing, services and supports

There was clear consensus that effective provision of housing and achieving the desired outcomes depended upon the quality of support provided to the person with disability. The importance of considering housing and support together was a key recommendation of the Investigative Panel:

> So you have got to think about the support at the same time as you're thinking about building. They're going to be integrated. Not necessarily that they're one and the same, but we've got to do it at the same time. (Investigative Panel member)

> It's sort of weird to have to say it, but it is an issue of separate but integrated housing and support both in the planning and delivery. It just sounds so simplistic, but it's been lost. (Investigative Panel member)

The importance of considering housing and supports together was also viewed positively by other stakeholders:

> I'd encourage a focus to be upon the combination of housing and supports, as distinct from being more myopic about housing, because that broader lens is really where the good outcomes occur. That combination, planned well, produces the really effective outcomes. (Support coordinator)

> I was interested in joining this focus group because I've dealt with customer participants who have requested specific funding to support them to live the way that they want to live, and it's been denied. (Support coordinator)

While not explained quite as explicitly, this approach was also preferred by respondents with disability:

> [I would like] somewhere that can cater to my needs: services, support workers, allied health working as a team to help me. (Person with disability)

This approach to planning will be challenging as it requires consideration of the whole person and their needs, rather than having separate groups or parts of the system dealing with specific aspects of an individual's support. This refers to the quality of the support (not the funding of support), and includes issues such as:

- safeguarding (CoA 2023a)
- employment of well-trained staff who are supported by their organisations to deliver empirically evidenced support (Bould, Bigby et al. 2019)
- development of self-advocacy skills (Tilley, Strnadová et al. 2020).

While not specific to the integration of these two systems, one of the international experts provided evidence that systems can work together effectively to provide a good service:

> We have an interdepartmental and interagency working group called the Accessible Home Strategic Forum. And it's underpinned by the Housing and Health Partnership Forum in Northern Ireland, and they basically work together to look at what the needs are, to look at what the accessible needs are through the Accessible Home Strategic Forum. (International expert)

Housing location is also an important factor in the integration of housing and supports. Where housing is built and made available to people with disability was an issue raised by informants. Failure to understand the priority given to living where one preferred was suggested as one of the reasons that SDA homes stand empty. People being able to live in their preferred location was understood to be key to improved outcomes as it ensures access to the supports desired by the individual. It was argued that there are benefits to the community through lowered costs over the long-term and to the individual though the support to their wellbeing, signalling the importance of considering housing as part of a wider system:

> A unit or house in one area might be initially more expensive than another, but that cost is offset by the daily saving through greater engagement with informal support and a subsequent reduction in paid supports. And there are long-term physical and mental health benefits of connection and valued status within community. (Investigative Panel member)

5.4.1 Shared housing models

A number of informants presented a model of housing they preferred. Several supported the idea of a cluster model of housing. In contrast to the group home model, the cluster model provides individual living quarters but also allows for shared support. Informants who supported this type of housing provision argued that as well as having financial benefits, it also would reduce loneliness—a consequence, some believed, of living in the community.

> We would do with making complexes where you could have one 24-hour person on support, like a call system kind of thing … And there's one person on-call, and then there's 10 rooms for people with disabilities, and it works great so they can have their support. Workers come in during the day, and then, if they need anything overnight, there's always somebody on-call there, which is great for people with disabilities that don't need or don't have the funding for 24-hour care. It's really good. So things like that would be amazing to so many clients. (Support coordinator)

Others who contributed to this investigation felt that such an approach to housing would replicate the problems associated with institutional living. An Investigative Panel member referred to this type of congregate housing as 'neo-institutions'. Other informants in the study also expressed concerns about this approach:

> Not so many complexes. Not everyone wants to live like that. (Family member)

Although the sector is increasingly moving away from group homes to shared supports and independent living, one panel member argued that group homes are being rejected as suitable accommodation without clear evidence that they are inimical to good outcomes:

> [We need to] actually unpack what we mean by a group home. And to really look at what's working in that sort of setting rather than just jumping to, 'Oh, individualised is best.' And there's a lot of evidence that suggests it's not so. (Investigative panel member)

However, moving to alternatives without evidence of what will lead to better outcomes could be premature.

According to Bigby (2024), alternatives to group homes that produce good outcomes for the individuals who live in them have not yet been clearly established. However, O'Donovan, Demetriou et al. (2021) concluded that there were a range of improvements in quality of life and inclusion for those who moved out of congregate accommodation, including group homes. Those who live in group homes are typically those with the most severe disability, and not all have family or friends to ensure that any change in living circumstance is accompanied by high-quality support that addresses issues of safety, community inclusion, and reduced social isolation.

Sharing housing with non-family members is not unusual in Australia (ABS 2022) and is a growing trend internationally (Druta, Ronald et al. 2021). It has both social and economic drivers (Maalsen 2019). It is one of the ways in which individuals with disability, especially intellectual disability, live in Australia, although it is not always a choice (Fisher, Purcal et al. 2019). Shared housing does not equate with a group home, but it may:

- offer some of the benefits—such as having company
- reduce some of the aspects that have attracted criticism—such as living by others' timetables.

Some informants in this study expressed preferences for living in shared accommodation where they could choose with whom they lived:

> What if people don't want to live there by themself, they want to live with friends … Living with friends is like, they will be your housemate, and they can help you to socialise more and not be in the room all the time. (Person with disability)

One family member had a slightly different (but still positive) view of people with disability having the opportunity to share their home if they wished:

> I also like the ideas I have heard about 'home sharing' where people with disability and those without [disability] share their home as owners or renters. (Family member)

5.4.2 Comparability of support across systems

Informants preferred an integrated system where decision-making was equitable, including housing and other support provision such as assistive technology that may enable housing outcomes:

> In Victoria, we've got a thing called SWEP [the State-wide Equipment Program]. But that takes ages and months and months to get stuff. So it's not going to be responsive to me the way the NDIS is. (Person with disability)

Informants who were currently supported by the aged-care system advocated for a more integrated and equitable system of supports, either through:

- increased funding for aged care
- a unified health, disability and aged-care system.

Support for people in the aged-care system was seen to be substandard compared to the support offered through the NDIS. One informant felt that the approach the NDIS took to its role in supporting its participants should be the foundation of other support systems:

> So this is the thing. It's the NDIS. The philosophy is it's to give people independence, to allow them to participate, and to meet their needs … The aged-care thing is almost opposite to that … Just make it the same principles as NDIS. Aged Care Royal Commission recommendation 72 was that people in the aged-care system should have the same support on the same terms as the NDIS. (Person with disability)

Equity for people with disability was one of the key recommendations of the Aged Care Royal Commission:

Recommendation 72: equity for people with disability receiving aged care

By 1 July 2024, every person receiving aged care who is living with disability, regardless of when acquired, should receive through the aged-care program daily living supports and outcomes (including assistive technologies, aids and equipment) equivalent to those that would be available under the National Disability Insurance Scheme to a person under the age of 65 years with the same or substantially similar conditions.

(Aged Care Royal Commission 2021: 255)

5.4.3 Recognition of informal supports

Both informal caregivers and service providers proposed that funding should be available for families who wish to live with their family member with disability, arguing that this could enable more people with disability to stay living with families if that is their preference:

> [My priority] is about choice of housing type, including ability to live with family, partner or children. (Investigative panel member)

> Not all disabled people are on their own, many have families they WANT to live with, but so many supported living [options] are for the disabled person only, and for single parents like me that's impossible. (Person with disability)

Meltzer and Davy (2019) conducted a content analysis of NDIS documentation around the issue of relationships between people with disability and their informal supports, and critiqued these as conceptualising the relationship as instrumental only—with the focus on the savings made through the reduction of reliance on formal supports. They also argued that there was no consideration in these documents that expectations of informal supports generally exceed what is normative between family members.

Current housing provision relies on (some) families being able and willing to provide accommodation and support for their adult child or sibling with disability. Fyffe, Pierce et al. (2015) discussed the failure to consider the needs of the families of adults with intellectual disability when developing policy focussed on people with disability. It is also important to acknowledge that there may be a mismatch between the preferences of the adult with disability and their family or other informal supporters (Cuskelly 2015). While not specific to housing, Bigby, Douglas et al. (2022) provided insights into some of the dilemmas and decisions of parents as they worked with their adult child with intellectual disability around decision-making, central to choice and control. They pointed out the tensions inherent in supporting someone to make a decision that is not in line with one's own views.

There also needs to be greater consideration of the impact of funding decisions on families. For example, refusal of a family's request for funding to support required home modifications can result in forced moves to other locations, impacting the entire family. Decision-making that is inclusive of family was seen to lead to better outcomes:

> There's been some really positive housing outcomes for disabled people, when they've been thought about in the context of the whole family. (International expert)

5.5 Design and innovation

There is a need for housing innovation to address complex needs and the challenge of managing preferences for independent living with funding for shared supports.

Independent living does not equate with living alone. However, living alone is preferred by a substantial proportion of people with disability who are in receipt of NDIS funding (CoA 2023b; Cubis, McDonald et al. 2024). This requires deep engagement with the community for whom the housing is being designed, in concert with innovative thinking from those involved in the design of homes and those whose responsibility lies with the design of services intended to support those who live in the homes.

5.5.1 Diversity and flexibility in response

Many of the informants in this investigation were very conscious of the diversity of people with disability—and this diversity was not related only to their disability but to their family situation, their personal preferences and other circumstances:

> If good disability housing connects people to community and reduces their needs for other supports, what does that mean for a person with intellectual disability? Because I think it's very different from what it means for a person with physical disability. (Investigative Panel member)

> There's no one size that fits all. There isn't even three sizes, five sizes that fit all. Each person has their own individual requirements for the way that they live. (Support coordinator)

> Everyone is different. And this is going to range from building someone's home to be shared with parents and siblings, or replacement for a legacy institution, because both are needed. (Investigative Panel member)

How to respond to this diversity is a significant challenge for government and service providers. One member of the Investigative Panel suggested that separate policy responses were needed for at least those who:

- were eligible for SDA funding
- received NDIS funding but not SDA
- received no specialised funding support:

> The starting point is to acknowledge [the] sheer diversity of the disabled community that live in so-called 'disability housing'. At a minimum, policy needs to differentiate between the 28,000 or so eligible for SDA, the 500,000 or so NDIS participants, and the 5.5 million Australians who identify as having a disability. (Investigative Panel member)

The need for flexibility was also discussed for trying out different modes of housing. People often try a range of living situations after they leave home, but this is difficult for those receiving disability funding because of bureaucratic obstacles, and people may also be constrained by concerns about security of housing. Nevertheless, having the freedom to try different ways of living was seen to be a valuable addition to people's capacity to practice choice and control:

> Not being locked in [to one housing option]—like having the option to move and to try other things. So, there's security. But there's also being able to experiment with different places, which we all do during the course of our life. So, it's having that freedom to be able to try something else. (Investigative Panel member)

5.5.2 Universal Design

Stakeholders discussed the need to embed Universal Design principles in all new housing to increase the breadth of the population for whom the housing is appropriate. For people with disability, accessible housing was linked to the right to access, including the ability to be able to access and enter the home of friends and neighbours. Integrating mandatory accessibility requirements into all new builds was viewed as having individual and societal benefits. As discussed earlier, the NCC has moved in this direction; however, a limited view of Universal Design as something that applies only to a set of minimum physical requirements will reduce its utility for meeting the diverse requirements of people with disability.

Universal Design has applicability beyond the needs of those with physical disability (Rosas-Pérez and Galbrun 2023). For example, the British Standards Institution (2023) has created a resource for those planning accommodation for neurodiverse individuals. They recommend consideration of issues such as 'acoustics, décor, lighting, flooring, layout wayfinding, familiarity, clarity, thermal comfort and odour'. In addition, extending the definition of Universal Design to include considerations of behavioural aspects of residents (Zallio and Clarkson 2021) will enhance its contribution to housing quality.

Home modifications have the potential to increase the supply of accessible housing in the community. However, this will only be useful if mechanisms to identify and maintain private housing that has been modified as accessible housing are in place beyond the individual tenancy that initiated these modifications. A registry of these could be developed to support services and individuals trying to match available accommodation with need.

5.5.3 Innovation and co-design

Innovation is likely to come from engagement with those who have a personal stake in the design of housing and of the systems surrounding housing. The stakeholders in this investigation identified the need for stronger co-design and engagement with people with disability about their housing aspirations, as well as a requirement that they are provided with increased involvement in decision-making. This applied to all groups, including people with intellectual disability and psychosocial issues.

> Get more information from those with the disabilities about what they want and need. (Person with disability)

Not all people with disability will have the skills to engage in co-design processes, nor will all policy makers or designers. Development of these skills—that is, engagement with co-design—may need to be undertaken as a precursor activity. One approach to this is provided by Harris, Vyas et al. (2023). The Western Australian Council of Social Service (WACOSS) has also developed a toolkit for co-design of programs and services (WACOSS 2017). Consideration also needs to be given to the development of interventions to enhance decision-making capacity in people with disability, such as those identified by Pillen, Atrill et al. (2025). As noted by Gudelyte, Ruškus et al. (2024), the dispositions and skills of those surrounding the person with disability play a crucial role in enabling meaningful decision-making.

Another key challenge to these ambitions for co-design was identified in a study by Zallio and Clarkson (2021): the clients of architects and builders are usually developers who are not the end users of the buildings being designed and built. Some housing providers in this study noted that they undertake co-design within their organisation to develop housing aligned with needs. However, this is not undertaken comprehensively or systematically.

Innovation is not just the province of professional groups. Real co-design that engages with people with disability and their families as equal partners is likely to lead to new ways to meet the desires and preferences of consumers with disability. One family involved in the investigation built a bespoke home for their adult child. They undertook research and incorporated their knowledge of their child—and their child's input—to build a home that reflected the needs of the adult child with disability. The house has features such as circadian lighting, cathedral ceilings, room for pacing, and effective sound dampening. There is a small room for staff, so that they can go there if their presence is not required or wanted. The family are highly satisfied with the result, seeing improvements in the quality of life of their adult child, including an increased capacity to work in the community. One study participant discussed how they built and registered their own high-physical-support-needs SDA dwelling. This enabled both a good housing outcome from their perspective, as well as an income stream to maintain and customise that asset over time to enable ageing in place. This is in contrast to the usual SDA market response that provides a financial return to the SDA investor, rather than to a person with disability eligible for SDA.

As identified by one of the Panel members, policy plays a key role in supporting innovation:

> Policy has to be all about encouraging innovation and being imaginative to achieve accessible homes as widely and as cheaply as possible as per ABCB Livable Housing requirements. (Investigative Panel member)

5.5.4 Innovation and assistive technology

Assistive and mainstream technology offer enormous potential as a critical element of improved housing—as well as the coordination of housing and support—for people with disability and older adults ageing into disability (Bridge, Zmudzki et al. 2021). With the burgeoning area of AI-enabled technologies, there has also been a growing focus on quality, safeguarding and human rights in this area, including for people with disability (Australian Human Rights Commission 2021; Silvera, Packer et al. 2021). There is also support in the research literature for the utility of co-design in the development of these technologies by end users (e.g. Ghorayeb, Comber et al. 2023; Vieira, Leite et al. 2022).

Technology was not a strong theme in the contributions of the informants in this investigation. Reasons behind this gap include:

1. Inequities in access to assistive technology across the systems with which people with disability interact (Layton, Brusco et al. 2024).
2. Use of low-risk, low-cost assistive technology—including assistive products for mobility or cognition—is so ubiquitous that it has faded into the background and is not seen as something to comment upon.
3. Emerging technologies have not been made available to many people beyond those with physical disability using home automation and communication technologies, and so are not always considered as part of coordinated housing and support responses.

Recent reporting has indicated additional reasons that may impact technology uptake and use. These include (Bridge, Zmudzki et al. 2021):

- bespoke responses required to meet individual goals and needs
- issues associated with the incorrect idea that one system will fit most
- the speed of technology development outstripping the policy and oversight mechanisms, leaving ethics issues unanswered and maintenance unclear
- the rate of technology obsolescence that increases an unstable assistive product market
- lack of clear transparent pathways, protocols and policy for smart home technology provision to meet individual needs.

A systematic review of barriers and facilitators to the uptake of assistive technology identified lack of awareness of both people with intellectual disability and their key supporters as a substantial barrier to technology uptake and use (Boot, Owuor et al. 2018). Some studies have found good uptake of assistive technologies in the home by people with intellectual and other cognitive disability. However, these were generally for purposes of communication, entertainment, appointment-scheduling and social networking rather than to enable more independent living or change the way support is provided to a person (Jamwal, Callaway et al. 2018; Randall, Drew et al. 2025).

5.6 Informed decision-making

5.6.1 Data quality and availability

Good decision-making, both at the government and individual level, requires a foundation of access to pertinent information. Housing providers outlined the potential role of the NDIA as a 'data steward' to identify projections for future pipelines, and community housing providers as a 'conduit' with knowledge of demand and pipeline to 'fill gaps' that the private sector is currently not meeting. The NDDA was seen to be a useful step in capturing information for future planning. The use of predictive data and modelling was recognised as an important approach to effective policy—however, there is an absence of good data about housing for people with disability (CoA 2023a; Productivity Commission 2022). It was suggested that the data currently collected on SDA were not as useful as needed:

> The data on SDA is really messy, because it's very hard to see the difference between an SDA provider and an SDA investor, and SDA investors aren't tracked in the same way as providers, because the NDIS as a whole primarily tracks market activity through payments. NDIS payments don't necessarily go to investors. They go to providers, and that provider might not be an investor. So there's these sort of shadow secondary markets that exist in this area. It's very hard to truly understand who's pulling the strings. (Investigative Panel member)

There are other data that should feed into planning around the needs of people with disability, such as numbers and ages of people with disability, and preferences for ageing in place:

> [Data is] one of the things that I think is available and should be used for policy. (Investigative Panel member)

There was further explanation about using data to guide where accommodation needed to be planned:

> We're already able to see who people in their teenage years with significant disability are, we can see where their communities are. We could be using that to understand, not just what housing is needed, but where that housing is needed, and understand what it takes to prioritise building, if necessary, of housing in the right areas for the right people, so they are not extracted from their community in order to get some specialist housing solution. (Investigative Panel member)

There are relevant data collected by the NDIA, including through the registration of plans—however, these are not made available to researchers outside the system.

5.6.2 Information provision and sharing

Ensuring information is more available and accessible was a theme of informants' concerns. Housing providers highlighted the potential for the NDIA to take a leadership role in knowledge-sharing in building design and technology. Sharing across systems was seen to be a weakness by some of the local informants; however, international experts suggested effective processes were achievable:

> So for people that are connected [to] the health system, they would [also] get access to information [about] systems like hearing, obviously, and the advocacy and disability representative organisations. (International expert)

> We have really good interagency working … So that always produces a good outcome when you've got good information-sharing and communication. (International expert)

Providing information to people with disability themselves was emphasised by several informants. It was seen to be an essential foundation for choice-making:

> Simplifying processes so that they're understandable and transparent. If I don't know what I'm entitled to, then I'll never have choice and control. (International expert)

> Enable people with disabilities to know the choices available. (Family member)

> We're looking more towards accessible information-sharing, because a lot of our policy and our reports and the information that is shared is not easily accessible to everybody. (International expert)

The desire for more information-sharing included the creation of systems that enable and support sharing of innovation such as through the development of 'housing hubs' that would bring people with innovative ideas together. The parent who developed the bespoke housing described earlier (see 5.5.3) also saw value in these hubs being relatively local so that participants were able to support each other in dealing with local challenges. There was also a desire for dissemination about other models of housing from those that have traditionally been available:

> Some sort of organisation to promote and facilitate this [model of housing] would be great. (Family member)

5.7 Policy development implications

This chapter has explored some of the opportunities and recommendations of stakeholders in improving housing outcomes for people with disability. There was strong alignment with the recommendations of both the Disability and Aged Care Royal Commissions (see 5.1), and the guidance provided by the informants in this investigation about ways to improve the housing outcomes experienced by people with disability. These included improving the current system by considering how the general housing system could be adjusted to better meet the needs of this group. As most people with disability do not receive housing through the NDIS, it is imperative that consideration of their needs be integral to any decision-making about general housing policies.

- Meeting the needs of people with disability requires cross-sector system integration in policy and practice, and coordination of housing and support across the lifespan.
- Equitable housing outcomes rely on robust, transparent systems combined with information and flexibility that is responsive to need.
- An expanded scope of regulatory and incentivised approaches is required to increase supply and access to housing in both private and social housing for new builds and within existing housing stock.
- The failure to include people with disability as a priority group in the HAFF increases their vulnerability to being overlooked as a group at higher risk of homelessness, and in the provision of social housing.
- There is a need for investment in innovation in housing design and technology-enabled living environments that align with the diverse needs of people with disability. This includes consideration of Universal Design beyond the narrow parameters of physical accessibility that underpins existing guidelines and regulatory provisions.
- There is a need for more strategic oversight in the procurement of disability housing. This includes data collection, data-sharing protocols and investment pipelines that inform supply.
- Co-design engaging people with disability and their families is required to provide direction in all systems relevant to the provision of housing, recognising the diversity of needs, circumstances and housing aspirations.
- The absence of robust data and aligned evaluation processes used across housing approaches is a limiting factor on effective change. Release of the data collected by the NDIA to external researchers and policy makers would be one way to address this issue.

6. Policy development options

The aim of this project was to investigate what constitutes 'good outcomes' for housing for people with disability, the barriers and facilitators to these outcomes, and policy and practice changes needed to improve housing opportunities and outcomes for people with disability.

The project also sought to understand the diverse circumstances of people with disability—including populations seen to be at greatest risk of poor outcomes.

In this chapter we summarise key findings and outline priority areas for policy and practice reform by:

- outlining what housing policy should be aiming to achieve. What constitutes good housing outcomes?
- discussing who is most at risk of poor housing outcomes.
- highlighting opportunities for policy reform in relation to both mainstream housing and disability-specific funding, housing and support.

We also present two overarching areas for policy reform that emphasise alignment between means and ends:

- co-design and engagement to identify needs and priorities
- data collection and evaluation to inform policy and practice.

6.1 What should housing policy for people with disability be aiming to achieve?

The foundational requirement of establishing what is working and what needs attention is an understanding of what are considered 'good' housing outcomes. Our research identified four major components that collectively enable good housing outcomes for people with disability:

- *Choice and control* in housing type, location, who shares the home and who provides support.
- *Inclusive and accessible community* relating to an environment where individuals with disability are accepted and where existing relationships can be sustained, as well as access to quality facilities, amenities and public transport.
- *Safety within and outside the home* encompassing the quality of the home—accessible, private, aligned with needs—and supporting both physical safety and feeling safe.
- *Stability and security* including security of tenure and the ability to age in place through in-home supports or home modifications.

These are not standalone elements of an individual's life; they are intertwined and bi-directional. For example, inclusion in the community enables people with disability to be recognised as belonging to their local community, provides access to desirable amenities including services, and thereby fosters informal safeguarding and increased safety.

Choice and control underpin all other facets of good housing outcomes and are a key barrier for many people with disability, including the lack of genuine choice given the limited and predetermined housing options for people with disability.

Many people with disability experience disadvantage in accessing and sustaining housing that meets their needs and aspirations, but some groups were identified as being at higher risk of poor outcomes. Stakeholders identified people with intellectual and psychosocial disability as some of the most at-risk disability populations due to complex needs, including difficulty with self-advocacy, and the need for specialised supports.

While characteristics associated with particular disability types may partially contribute to the risk of poor housing outcomes, social and other environmental factors were also understood to be influential. Such factors include:

- lack of social connection
- societal attitudes, including discrimination
- limited access to financial and social capital
- geographical location, including people living in regional or remote areas
- lack of accessibility to community and natural and built environments
- inequities across funding schemes.

Older people with disability were seen to be at risk due to their dependency on supports that are often not tailored to disability-specific needs.

Some people with disability belong to other groups that are known to experience additional disadvantage or discrimination. Some of the at-risk groups identified by the Investigative Panel are often included in considerations of intersectionality—an approach that considers various facets of a person's social identity in contributing to disadvantage. Those who may face additional difficulties with achieving good housing outcomes are people who have interactions with the criminal justice system, identify as part of the LGBTQI+ community, and/or are from multicultural communities or belong to Aboriginal and Torres Strait Islander communities.

While this research sought to target diverse perspectives, it was not possible to ensure that all groups identified as most at risk of poor housing outcomes contributed their own perspectives on what they wished to see in housing policy, and their experiences of barriers and enablers to good housing outcomes.

The groups whose views are absent from this report include those with psychosocial disability, Aboriginal and Torres Strait Islander people with disability, those from culturally and linguistically diverse groups, those involved with the justice system and those who are homeless. The data presented here cannot be generalised to these people's experiences. For policy targets to be reflective of the needs and housing aspirations of these groups, it is important that their views are captured. The lack of their voices is a limitation of this investigation, and we recommend that the primary focus of further enquiry should be the needs of these groups around housing outcomes, and the barriers they face in achieving these desired outcomes.

6.2 How might good outcomes be achieved?

Both the Disability Royal Commission (CoA 2023) and the Aged Care Royal Commission (CoA 2021) provided recommendations for improvements in housing policy and practice. Many of these recommendations have yet to be implemented. Together, the recommendations go some way to addressing many of the inadequacies and inequities that were identified by the stakeholders who contributed to this investigation.

Nevertheless, some fresh perspectives and potential approaches to addressing the barriers to good housing outcomes were drawn from the data collected in this investigation. These are presented below.

6.2.1 Integrating the needs of people with disability in mainstream housing policy

Most people with disability do not live in specialised housing, and are faced with the same issues as the general population regarding the lack of affordable housing. This is exacerbated by lower incomes and, for some, limitations placed on where they are able to live due to the need for facilities such as accessible transport or access to specialist services.

Considering the needs of people with disability when developing new housing policies and practices obviously assists with meeting the needs of this key population group—but also provides broader community benefits.

The requirement that all new builds meet a minimum standard of accessibility is an example of integrating thinking about the needs of people with disability when developing a general policy position. This change will increase availability and choice for people with disability, enabling them to find accommodation that meets their needs in a wider range of locations.

It will also support a population generally wanting to age in place, with housing already provided with features that support continued residence, or that can be readily modified. Other potential benefits include reduced inputs from disability services, reduced home modification costs, and the development of a more inclusive society.

Noting the decision by the federal government in August 2025 to freeze further updates to the National Construction Code (NCC) until the end of the National Housing Accord in mid-2029, future reviews could consider a more expansive understanding of Universal Design.

The private housing system has neglected the needs of those with disability. That responsibility therefore needs to be now addressed by the social housing system. Greater investment is needed in social housing that meets the diverse needs of people with disability, including considerations of housing type and location. The Housing Australia Future Fund (HAFF)—which is the primary vehicle for increasing social and affordable housing in Australia—should include people with disability as a named priority group.

A commitment to ensuring security of housing within the social housing sector as well as in the private rental market through, for example, replacing 'no-grounds' termination rights with 'reasonable termination' legislation, would reduce precarity of tenure for all renters.

The collection and dissemination of information on accessibility features in rental advertisements would assist people with disability in identifying and securing properties appropriate to their needs. New models such as build-to-rent, as well as tailored home loans and preferential eligibility criteria for first-home buyers with disability, could further increase opportunities for people with disability in the private housing sector.

Housing is associated with outcomes across a range of areas of life, with implications for employment, health and wellbeing. This means that policy on housing for people with disability cannot be addressed separately from other policy areas. As well as being integrated with general housing policy, other policy areas that impact social, economic and health opportunities and outcomes should be examined for potential connections to housing. The groups identified in this investigation as most vulnerable to poor housing outcomes are likely to be fruitful places to begin the identification of areas of policy and practice that could provide integration opportunities. These groups include:

- those who live in rural and regional areas
- those who receive support from the aged-care system.

6.2.2 Policies and practices focussed on improving access to disability funding, housing and support

The National Disability Insurance Scheme (NDIS) has been transformative for many people with disability—but there are recognised shortcomings with its operations. Stakeholders in this research identified NDIS priorities for action as ensuring transparency and consistency in decision-making, simplifying procedures, and improving clarity of information. Flexibility is also important to recognise the diverse needs, preferences and capabilities of people with disability in accessing information.

However, reducing complexity and improving accessibility of information will not be sufficient to meet the needs to all people with disability. Some individuals and advocates will continue to need support to use the information and navigate the system. There is also a need for reform to overcome reliance on family or advocate support in navigating the system. Such support is burdensome for family members, and also puts those without access to these supports at further disadvantage.

Specialised Disability Accommodation (SDA) is only available to a small percentage of people with disability, but is critical to good housing outcomes for people with complex needs. As well as reviewing eligibility criteria to expand access to the scheme, stakeholders identified a need for greater strategic oversight in procurement and legislation guiding SDA providers and developers. Supply in some design categories or for some people eligible for SDA is insufficient to meet the need that exists, yet there are high vacancy rates. This is partly because some SDA housing has been:

- built in locations that are not desirable or workable for people with disability
- built to meet the needs of people with high physical-support needs—but neglecting the needs of other groups.

More broadly, there is a need for innovation in housing design in the disability sector to increase the diversity of options and enable genuine choice and control. In particular, stakeholders identified a lack of housing options that reconcile the 'default' funding for shared supports with preferences to live independently. Research-led design innovation is one way to meet the challenge of catering for the diverse needs of the population with disability as it can assist in developing strategies to capture the needs of various groups. Stakeholders also suggested that local housing hubs that enable people with disability and families to share ideas with each other and those in the industry would support innovation in housing design.

Our research identified the need for mechanisms that could match people with disability to available housing options, which is currently missing from the suite of supports available to people with disability seeking appropriate housing. Housing providers involved in our study suggested that the National Disability Insurance Agency (NDIA) could take a facilitator role in guiding and coordinating engagement between people with disabilities, their supporters, and housing providers across all states and territories.

Solutions to the bricks-and-mortar aspects of housing are insufficient to ensure good outcomes. The findings of this investigation made very clear that the quality of support is critical to the outcomes experienced by people with disability. Good housing outcomes will not be obtained unless appropriate support is provided to residents—however, these two aspects of policy and provision are generally considered separately.

The effectiveness of both housing and support investments would be increased by ensuring that housing and support decisions are yoked, so that one is not made without proper consideration of the requirements of the other. The need to consider the intersection of housing and support is most acute for the most vulnerable—those with intellectual disability and those with complex needs. As the individuals who comprise these groups are very diverse, an integrated policy approach will need to be flexible and agile if it is to successfully deliver good outcomes.

In the absence of personal financial or social capital, access to funding is a key enabler of good housing outcomes. Thus, it is critical to apply an equity lens across the various schemes that provide funding and supports for people with disability. Current policy reforms to both the NDIS and in-home aged care may have the unintended consequence of increasing inequity for people with disability, including in relation to housing outcomes.

Intersectionality exists for many people with disability. This intersectionality requires cross-jurisdictional, cross-sector coordination of housing and support provision that meets needs in a timely manner, across the lifespan, and at both the policy and practice level.

6.2.3 Co-design and engagement to identify needs and priorities

Central to achieving good housing outcomes is policy reform that is guided by co-design processes that involve people with disability, their families, the knowledge and experience of other stakeholders such as service providers and those involved in the development of housing and disability policy.

Not all people with disability will have the skills to engage in co-design processes—nor will all policy makers or designers. Development of co-design skills may need to be undertaken as a precursor activity. This is particularly important for engaging some of the populations identified as most at-risk in this research.

There is a need to find ways to expand the horizons of people with disability and their advocates about possible housing options. This will require both innovation in information design and, for some people with disability, support for skills in decision-making to ensure genuine choice and control.

Well-designed information includes consideration of how it is accessed and presented so that it is accessible, recognising the diverse capacity and preferences of people with disability. Well-designed information sources must be provided for all housing and support services, including social housing. While not specifically related to decisions regarding housing, the NDIS has made an explicit policy commitment to developing the decision-making skills of its clients, and ensuring they have opportunities to use these skills (NDIS, n.d.-b).

Including the perspective of family members in decision-making is also important, as it recognises that interests and aspirations are not always aligned, and decisions about housing outcomes for a person with disability can impact those who provide informal supports.

6.2.4 Data collection and evaluation to inform policy and practice

Developing an understanding of a range of specific housing models such as shared housing alongside what works, for whom, and the supports that are required to ensure good outcomes of new models will require research and appropriate data collection. Such data should include post-occupancy evaluation and dissemination of findings. As one of our informants stated: 'If you can't measure it, you can't manage it.' There are also opportunities to make better use of existing data, with the National Disability Data Asset (NDDA) identified as a useful step in capturing information for future planning.

The informants in this investigation have provided the targets for any policy concerned with housing provision for people with disability:

- increased choice and control
- the ability to live in inclusive and accessible communities
- safety
- stable and secure housing.

Progress towards meeting these targets will need to be measured and the data provided to stakeholders. Measurement of these desired outcomes will be difficult, as they are somewhat abstract constructs and may be demonstrated and experienced differently by individuals.

Direct engagement with people with disability will be necessary as the outcomes are directly tied to their experiences and perceptions. Co-design of the evaluation approaches and measures will both assist the development of an effective strategy, and contribute to the engagement of people with disability in the process.

Performance measures also need to consider equity in outcomes across funding schemes. These issues have been flagged by others, including the Aged Care Royal Commission. Performance measures to ensure equity concerns are addressed include a reduction in disparities between:

- those with high and low levels of financial and social capital
- those accessing support for their disability through the aged-care system versus those who receive NDIS funding.

Engagement with particular groups will be necessary to ensure appropriate markers are established. For example, Aboriginal and Torres Strait communities may require different approaches and evaluations from other groups.

While outcome data are the most relevant in determining the progress of change, information on outputs may also be useful. This investigation provides some direction through the means identified to reach the desired outcomes, including:

- increasing affordable and accessible housing stock
- providing stronger protection for those relying on the private rental marketintegrating housing and support policies and practices (as appropriate)
- requiring the needs of people with disability to be considered in all decision-making related to housing-oriented policy.

6.3 Final remarks

Australia is a signatory to the UN Convention on the Rights of Persons with Disability (CRPD). The central premise of the CRPD is that people with disability should have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others, and should not be obliged to live in a particular arrangement.

Australia is falling short on its CRPD responsibility, which could be very costly to the community. Homelessness and poorer physical and mental health are likely products of inadequate and inappropriate housing. On the other hand, success in providing housing that produces the outcomes desired by people with disability will lead to both financial and social benefits.

Getting housing policy right so that it meets the needs of people with disability will be enormously challenging. There is diversity in needs and aspirations and multiple personal, social and environmental factors that influence this diversity. There is a need for individual solutions to highly individual circumstances, which will require policies and practices that are capable of a substantial degree of flexibility. Flexibility is a quality that is difficult to imbue into directives that are intended to be applied in an equitable and transparent way. Ensuring equity adds to the challenge. It is generally easier to think of equity as a matter of input, when it is really a matter of outcome.

Diversity, flexibility and equity need to be supported by policies and practices that enable people with disability to have choice and control, be included in their communities, be and feel safe, and have security about where they live.

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Appendix 1: Glossary of key terms and policies

Acquired brain injury	Damage to the brain that occurs after birth due to trauma, illness or stroke leading to physical, cognitive or emotional impairments.
Royal Commission into Aged Care Quality and Safety (2018–2021)	A major Australian Government inquiry that investigated the quality, safety and adequacy of aged-care services, making recommendations to improve care for older Australians.
Ageing in place	Remaining in one's own home or community while receiving the supports and services needed to live safely, comfortably and independently while ageing.
Accessibility	How easily people with disability can safely, independently and equally use environments, services, products and information.
Assistive technology	Devices, equipment, software or systems that help people with disability perform tasks, increase independence and participate fully in daily life.
Australia's Disability Strategy (ADS) 2021–2031	The national framework guiding how governments, businesses and the community work together to improve the lives of people with disability over a 10-year period.
ADS Outcomes Framework	A set of indicators used to track and report progress on Australia's Disability Strategy's seven outcome areas for improving life for people with disability.
Behaviours of concern	Behaviours that may cause injury to others or to the person themselves (National Institute for Health and Care Excellence 2015).
Cluster model of housing	Multiple individual housing units grouped together in close proximity, often around shared spaces or facilities.
Co-design	Creating solutions together with the people who will use or be affected by them.
Congregate housing, living, residential setting	A housing arrangement where multiple unrelated people share a residence and common facilities, often with onsite support or supervision.
Disability housing	A general term referring to all forms of housing and housing programs designed or adapted to meet the accessibility, support and safety needs of people with disability.
Disability Housing Futures Working Group	An Australian Government advisory body focussed on improving housing options, policies and supports to better meet the current and future needs of people with disability.

Disability supports	A non-specific term capturing the full range of services, resources and assistance designed to help people with disability live independently, participate in the community and achieve their personal goals.
Disability Support Pension (DSP)	An Australian Government payment providing financial support to people with a permanent disability that limits their ability to work.
Foundational supports	Essential services and resources funded outside the NDIS, that underpin a person's wellbeing, inclusion, and full participation in society.
General supports	A category of 'foundational supports' including services and resources intended to be available for all people with disability.
Group homes	Shared living arrangements where a small number of people with disability live together in a supported, home-like environment with staff assistance. A type of congregate living.
Home modifications	Physical changes made to a person's home to improve accessibility, safety and independence.
Household, Income and Labour Dynamics in Australia survey (HILDA)	A large, long-running Australian national study that collects detailed data on households' income, employment, health and wellbeing in order to track social and economic changes over time.
Housing Australia Future Fund	A major Australian Government program initiated in 2023 aimed at addressing the country's housing crisis by boosting the supply of social and affordable housing.
Housing affordability	Having access to housing that is reasonably priced relative to a household's income, allowing them to meet other essential living costs without financial hardship.
Housing First approach	A model for addressing homelessness that prioritises immediate access to permanent housing without preconditions such as sobriety or treatment compliance, combined with focussed support to promote stability and wellbeing.
Housing hubs	Centralised services that coordinate housing support and resources to help people secure stable homes.
Housing stress	When a household spends more than 30% of its income on housing, leading to struggles to afford other essential living expenses.
Independent living	A general term referring to people with disability living in their own home or chosen environment, making their own choices, and managing daily life with or without support.
Individualised supported living (ISL)	A philosophy and research-informed framework co-designed with people with disability. ISL is separate to NDIS plans, but often enacted through them.
Informal support	Unpaid help and assistance provided by family, friends or community members to people with disability in their daily lives.
Intellectual disability	Lifelong condition characterised by significant limitations in intellectual functioning and adaptive behaviour, affecting everyday social and practical skills.

Intersectionality	The way different social identities overlap and interact to shape a person's unique experiences of advantage or discrimination.
Investigative panel	A group of experts or stakeholders convened to examine, review and provide insight, findings or recommendations on a specific issue or concern.
Legacy housing	Older properties (not purpose-built) in which six or more people (excluding support staff) live as long-term residents.
Life-participation domains	Key areas of daily life such as education, work, social relationships and community involvement where people engage and find meaning, wellbeing and inclusion.
Livable Housing Design Standard	An Australian set of guidelines introduced into the National Construction Code (NCC) in 2022, aimed at making houses more accessible, safe and adaptable for people of all ages and abilities, particularly those with mobility limitations.
Locational disadvantage	The challenges people face living in areas with poor access to services, jobs, transport and amenities, which can limit their opportunities and quality of life.
Mainstream housing	Privately owned or rented housing available to the general public, not specifically designed or designated for people with disability.
National Disability Insurance Agency (NDIA)	Australian Government agency that delivers and manages the National Disability Insurance Scheme (NDIS).
National Disability Insurance Scheme (NDIS)	Australian Government program that provides funding and support to eligible people with permanent and significant disability to help them achieve their goals and participate fully in the community.
National Housing Supply and Affordability Council	Australian Government advisory body that monitors and reports on housing supply, affordability and market trends to inform policy decisions.
National Disability Insurance Scheme Quality and Safeguards Commission	Independent Australian Government agency that oversees the quality and safety of NDIS supports by regulating providers, handling complaints and promoting best practices.
Neurodivergence	Describes individuals whose brain functions differently from what is considered typical, and includes conditions such as autism, ADHD and dyslexia, reflecting diverse ways of thinking and processing information.
Nominal Group Technique (NGT)	Structured group brainstorming method where participants individually generate ideas, share them anonymously, discuss as a group, and then privately rank or vote to prioritise the best solutions.
People with disability	Individuals who experience long-term conditions that, in interaction with barriers, may limit their full participation in society on an equal basis with others.
Physical disability	A condition that limits a person's physical functioning, mobility or dexterity, affecting their ability to perform everyday activities.
Precarity in housing	Unstable or insecure living situations with unreliable access to safe, long-term homes, often due to short leases, high rental costs, risk of eviction or dependence on unsuitable or temporary accommodation.

Private housing	Residential properties that are owned, rented or managed by private individuals or companies offered on the open market.
Psychosocial disability	Disability that arises from mental health conditions and affect a person's ability to participate fully in society and daily life.
REDCap	A secure, web-based software platform used for building and managing online surveys, and collecting and storing data efficiently.
Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability	Australia national enquiry, established in 2019, to investigate systemic failures and promote reforms that protect and empower people with disability.
Sensory disability	A condition that affects one or more senses impacting how a person perceives and interacts with their environment.
Smart Home Assistive Technology	Automated devices and systems such as voice-controlled lights, smart locks or environmental controls that help people with disability manage daily tasks and live more independently at home.
Social capital	The network of relationships, trust and connections within a community that enable people to work together and support each other.
Social housing	Government-subsidised rental housing provided at below-market rent to people on low-incomes or with special needs.
Specialist Disability Accommodation	Australian purpose-built or modified housing designed to provide safe, accessible and supportive living environments for people with significant disability, funded under the NDIS.
Specialist Disability Accommodation basic stock	Housing funded by the NDIS that meets minimum accessibility and design requirements, providing essential but standard features to support people with disability who have minimal support needs.
Stakeholders	Individuals, groups or organisations that have an interest in or are affected by the outcomes of a project, decision or policy.
Support at Home Program	A major reform in Australia's aged-care system, launched in 2025, to help older Australians live independently in their own homes for longer.
Supported accommodation	Housing that includes onsite or visiting support services to help individuals live independently.
Supported independent living (SIL)	A service funded by the NDIS that provides people with disability with help and support to live independently in their own home or shared accommodation.
Support providers	Organisations or individuals who deliver services and assistance to people with disability to help them live independently and participate fully in the community.
Transition supports	Services and assistance that help people with disability move smoothly between different life stages or settings.
Universal design	Creating products, environments and services that are usable by all people, regardless of age, ability or disability, without the need for adaptation.

Appendix 2: Organisations that contributed to the Investigative panels

Australian Rehabilitation and Assistive Technology Association

Brightwater Group

Harnest

Homes Tasmania

Housing Choices Australia

Inclusion Australia

La Trobe University

MC Two Pty Ltd

NDIA Research and Evaluation Team

NDIS Quality and Safeguards Commission

Scope

South Australian Housing Trust

Synapse

Appendix 3: Focus group question sets

1. **Questions for people with disability and their family**

   a. What would a good housing outcome be for you/ for the person you are supporting?
   b. What is important in a home?

   a . What could be improved in your housing/ the housing of the person you support?
   b. What is not good in a home?

   a. If there is one thing that you could influence in disability housing, what would it be?

a) Standard questions (not asked of participants with learning and understanding disability)

b) Adapted for focus groups and interviews with participants with learning and understanding disability

2. **Questions for support coordinators**

- What would a good housing outcome look like for the people you support?
- Have you encountered barriers to good housing for people living with disability? Please describe.
- If there was one thing you could influence in disability housing, what would it be?
- Are there disparities between services in regional and metropolitan regions?

3. **Questions for housing providers**

- From your perspective, how has the introduction of the NDIS impacted (positive /negative) the availability of housing for people with a disability who are NDIS participants and those that are not?
- What groups are better catered for and what are your experiences in the provision of housing for people with psychosocial needs?
- What impact (or what impact do you anticipate) the Housing Australia Future Fund will have on the provision of housing for people with a disability?
- What impact will the new building codes have on the availability of suitable housing for people with a disability?
- How well do the planning regulations support housing for people with disability?
- What is the role of local government and the private sector in housing for people with disability?
- How easy is it to match the right housing to the right person?
- Are there any models or frameworks in other jurisdictions that work well?
- As providers, what changes to policy and practice would lead to more effective support for people with disability.

4. **Questions for experts**

- How would you describe a good outcome in housing for people with disability?
- Are there specific groups of people with disability that have greater access to good housing opportunities and outcomes?
- What policies and practices work well in your country in achieving good housing outcomes for people with disability?
- What policy and practice changes are needed to further improve housing opportunities and outcomes for people with disability?
- Do you have examples of good housing and support practice you can share?

Appendix 4: Survey template for people with disability

Indicative of the survey for carers.

Page 1

1. Survey for people with disability

Please read through the information sheet to learn important information about this study.

[Attachment: "1.Information sheet.docx"]

Do you identify as living with disability, or do you support somebody living with disability?

This does not include support people working for service providers or in paid roles.

- ◯ Yes
- ◯ No

Are you aged over 18 years old?

- ◯ Yes
- ◯ No

By clicking the 'YES' button below, I agree that I have read and understood the information sheet above.

I understand I will answer questions about housing for people living with disability. I understand that there are no risks to answering the questions. I have no questions about the study that have not been answered. I understand that my answers will be kept safe by the University of Tasmania. Five years after the last report has been published they will be destroyed. I understand that I will not give my name when I answer the survey. There will not be any information on the survey that will tell people who I am. I understand my answers may be shared with other researchers who are working in the same area. They will not know who I am. I understand that it is my choice to answer the questions - I don't have to answer questions if I don't want to. I understand that I can stop answering questions at any time. I do not need to explain why I have stopped. Nothing will happen if I stop.

Consent

Do you agree to take part in this study?

- ◯ Yes
- ◯ No

Thank you for your interest in this study.
Goodbye

Who is filling out this survey?

Please select one answer

- ◯ I am a person with disability
- ◯ I support someone with disability

Page 2

Basic information These questions ask for some information about you. Please answer all questions unless indicated.

What type(s) of disability(ies) do you experience?
Select all that apply

- ☐ Sensory and speech
- ☐ Learning and understanding
- ☐ Physical
- ☐ Psychosocial
- ☐ Head injury, stroke or acquired brain injury
- ☐ Other

How would you describe your disability(ies)?

What is your age?
Please select one answer

- ◯ 18-24
- ◯ 25-34
- ◯ 35-44
- ◯ 45-54
- ◯ 55-64
- ◯ 65+

What is your gender?

Please select one answer

- ◯ Man or male
- ◯ Woman or female
- ◯ Non-binary
- ◯ I/They use a different term (please specify)
- ◯ Prefer not to answer

Which State or Territory do you live in?
Please select one answer

- ◯ Australian Capital Territory
- ◯ New South Wales
- ◯ Northern Australia
- ◯ Queensland
- ◯ South Australia
- ◯ Tasmania
- ◯ Victoria
- ◯ Western Australia

What is your postcode?
You can skip this question if you would like

_____

Page 3

Housing details The next questions ask about the home you are living in.

Which best describes your housing situation?
Please select one answer

- ○ Owner with or without a mortgage
- ○ Renter- Private landlord
- ○ Renter- Social housing
- ○ Specialist disability housing
- ○ Living with parents or family
- ○ Other: Please describe _____
- ○ Unsure

Who do you live with?
Please select one answer

- ○ Alone in my own home
- ○ With spouse/children
- ○ With parents/siblings
- ○ Share house with house mates
- ○ Group home from a disability service provider
- ○ Other: please describe _____

Are you living with the people you want to live with?
Please select one answer

- ○ Yes
- ○ No
- ○ Don't know

With whom would you like to live?

Please select one answer

- ○ Alone in my own home
- ○ With spouse/children
- ○ With parents/siblings
- ○ Share house with house mates
- ○ Group home from a disability service provider
- ○ Other: Please describe _____

How much choice did you have in where you are living at the moment?
Please select one answer

- ○ I/we had complete choice in where we live
- ○ I/we had a good amount of choice in where we live
- ○ I/we had very little choice in where we live
- ○ I/we had no choice in where we live
- ○ Don't know

Why was your choice of housing restricted?

Select all options that apply

- ☐ The cost of housing where I want to live is too high
- ☐ I need an accessible home
- ☐ I need/ want to be near family/ friends
- ☐ I need to be near service providers
- ☐ I need specialist disability housing
- ☐ Other: Please describe _____

Does your home have the assistive technologies you need?
Please select one answer

- ○ Yes
- ○ No
- ○ Partly
- ○ I do not need assistive technologies

Page 4

Apart from the help of family and friends, which type(s) of support or assistance do you access?
Select all options that apply

- ☐ Support through the National Disability Insurance Scheme (NDIS)
- ☐ Community nursing, allied health or mental health care
- ☐ Support at school, TAFE or University that is not NDIS funded
- ☐ Support at work that is not NDIS funded
- ☐ Transportation that is not NDIS funded
- ☐ Aged care
- ☐ Support through community groups, local council, sporting clubs, or church groups
- ☐ Other types of support: Please describe _____
- ☐ I access support but do not know what type
- ☐ I do not access supports

What type of NDIS supports and services do you access?
Select all options that apply

- ☐ Core supports e.g. daily living, community participation or transport
- ☐ Capital supports e.g. assistive technology, home modifications, specialist housing
- ☐ Capacity building supports e.g.help with life choices, finding work, relationships
- ☐ Don't know

What type of capital support(s) do you receive, or have you received in the last 12 months?

Select all options that apply

- ☐ Assistive technology
- ☐ Home modifications
- ☐ Specialist disability housing
- ☐ Don't know

Do you receive core supports and specialist disability housing from the same provider?

Please select one answer

- ○ Yes
- ○ No
- ○ Don't know

How does this affect you?

_____

Have you ever accessed NDIS supports?

- ○ Yes
- ○ No

Why did you stop accessing NDIS supports?

_____

Has your eligibility to the NDIS been reassessed since the beginning of 2024, or have you been notified that your eligibility will be reassessed?
Please select one answer

- ○ Yes
- ○ No
- ○ Don't know

How does this affect you?

_____

Page 5

Housing perspectives The next section asks about things you think and feel. There are no wrong answers.

Please click once on the button to start, then click and drag the button to your chosen position.

I am satisfied with my home.

_____

My home helps me to be independent. _____

My home is accessible for me, visitors and support providers.

_____

My home gives me privacy and dignity.

_____

I feel safe in my home.

_____

My home helps me feel secure about my future.

_____

My home is affordable.

_____

My neighborhood is a good place to live.

_____

The final questions in the survey ask for you to write responses. Please write as much or as little as you would like.

Page 6

If you have faced barriers to good housing in recent years, what were they?
Please write a response.

Appendix 5: Survey template for housing providers

indicative of the survey for policy makers.

Page 1

2. Survey for housing providers

This survey is now closed, thank you for your interest.

Please read through the information sheet to learn important information about this study.

[Attachment: "Information Sheet.docx"]

Who is filling out this survey? Please select one answer	◯ My organisation is a provider of housing for people living with disability ◯ I have a role in housing policy affecting people living with disability in Australia ◯ Neither of these apply to me
Have you read the participant information above?	◯ Yes ◯ No
Consent Do you agree to take part in this study?	◯ Yes ◯ No

Thank you for your interest in this study.
Goodbye

Page 2

Organisational details Please provide some details about the housing organisation you work with.	
What type or organisation do you work for? select the option that applies best	◯ A Government operated service ◯ A liability limited (for profit) company ◯ A charitable or church aligned organisation ◯ Other not-for-profit organisation ◯ A social enterprise, community or grassroots organisation ◯ Don't know
Which state(s) or territory(ies) does the organisation operate in? Select all that apply	☐ Australian Capital Territory ☐ New South Wales ☐ Northern Territory ☐ Queensland ☐ South Australia ☐ Tasmania ☐ Victoria ☐ Western Australia
How many participants, clients, or service users does your organisation support? Please select one answer	◯ 20 or less ◯ 21-50 ◯ 51-100 ◯ 100-200 ◯ 201+ ◯ Don't know

For the following questions, please respond only about the operations that you have direct knowledge about. You do not need to answer for the whole organisation.

Page 3

Participants, clients and service users The following questions ask about the people you support with housing. Please answer all questions.

What type(s) of disability(ies) do your participants, clients, or service users' experience? Please select all that apply	☐ Sensory and speech ☐ Learning and understanding ☐ Physical ☐ Psychosocial ☐ Head injury, stroke or acquired brain injury ☐ Other
How would you describe your participants, clients, or service users' disability(ies)? 200 word limit	_____
What are the ages of the people you support? Select all that apply	☐ All age groups ☐ Children < 18 years ☐ 18-34 year olds ☐ 35-54 year olds ☐ 55+ year olds

Page 4

Housing details The following questions ask about the housing your organisation provides to people living with disability. Please respond only about the operations that you have direct knowledge about.

Where is the housing that your organisation provides located? Select all that apply	☐ Major cities ☐ Regional centers ☐ Rural towns ☐ Rural areas outside townships ☐ Remote areas
What sort(s) of housing support do you provide? Select all that apply	☐ Short Term ☐ Medium term accommodation ☐ Specialist disability accommodation (through the NDIS) ☐ Shared housing or group homes ☐ Boarding house or similar ☐ Supported independent living (NDIS) ☐ Individual housing and support (NDIS) ☐ Individual living options (NDIS) ☐ Supported living ☐ Specialist supported living ☐ Other: Please describe _____
What type(s) of dwellings does the organisation provide? Please select one answer	☐ Separate house(s) ☐ Semi-detached/terrace/townhouse(s) ☐ Village living ☐ Flat or apartment(s) ☐ Other: Please describe _____
Does your organisation provide some participants, clients, or service users with both a) housing, and b) core supports or care services?	◯ Yes ◯ No ◯ Don't know
Does this impact housing outcomes (positively or negatively) for your participants, clients, or service users? Please explain:	_____

Page 5

Policy making The following questions ask about your policy context.

For which jurisdiction does your department enact policy?
Please select all that apply

- ☐ Nationwide/ Commonwealth
- ☐ Australian Capital Territory
- ☐ New South Wales
- ☐ Northern Australia
- ☐ Queensland
- ☐ South Australia
- ☐ Tasmania
- ☐ Victoria
- ☐ Western Australia

Which is the primary policy focus of your department?
Please select one answer

- ○ Housing policy
- ○ Disability or social services policy
- ○ Both housing and disability or social services policy
- ○ Other: Please describe _____

How would you describe your role or position?
(You can skip this question if you would prefer)

_____

Page 6

Housing Outcomes The next section asks for your perspectives and ideas. All responses are valued. Please answer all questions unless indicated

How would you describe a good outcome with respect to housing for people living with disability?
Please write a response

Do you believe you are able to achieve a good outcome as you have defined above for your participants, clients, or service users?
Please write a response

Which structural or systemic issues within the housing sector are the hardest to change in attempting to improve housing outcomes for people living with disability?

Please write a response

Do you have any recommendations for strategies that could improve housing outcomes for people living with disability?
Please write a response

Please press 'Submit' below.
Thank you for taking part in this survey.

Appendix 6: Survey informant characteristics

Table A2: Socio-demographic characteristics

	Participants with disability (N = 24)	Participants who were family members/carers (N = 36) (Care recipient's characteristics)
Condition[a]		
Sensory	25.0%	38.9%
Learning and understanding	12.5%	66.7%
Physical	75.0%	33.3%
Psychosocial	33.3%	30.6%
Head injury/stroke/ABI	0.0%	11.1%
Others	16.6%	25.0%
Gender		
Female	83.3%	38.9%
Male	8.3%	58.3%
Non-binary	8.3%	0.0%
Chose not to disclose	0.0%	2.8%
Age group		
18–24 years	0.0%	30.6%
25–34 years	25.0%	27.8%
35–44 years	8.3%	13.9%
45–54 years	33.3%	5.6%
55–64 years	29.2%	8.3%
65+ years	4.2%	13.9%
Living situation[b]		
Alone in own home	37.5%	27.8%
With spouse/children	33.4%	16.7%
With parents/siblings	16.7%	30.6%
Share house	4.2%	13.9%
Group home	0.0%	5.6%
Other	4.2% (lived with carer)	5.6% (aged care; homeless)
Chose not to disclose	4.2%	0.0%
Housing		
Owner	50.0%	25.0%
Private rental	16.7%	19.4%
Social housing	16.7%	16.7%
Living with parents/family	8.3%	19.4%
SDA	0.0%	11.1%
Other	8.3% (homeless)	8.3% (special trust; aged care; homeless)

a respondents were asked to indicate all that applied

b one person with disability did not provide a response to this question

Source: Authors.

Table A3: Characteristics of disability housing providers represented

	Housing Providers (N = 12)
Organisation type	
For-profit company	42%
Not for profit	33%
Charity- or church- aligned	8%
Social enterprise or community run	17%
State or territory[a]	
ACT	17%
NSW	25%
NT	8%
QLD	33%
SA	58%
TAS	25%
VIC	17%
WA	8%
Number of participants or service users	
20 or less	42%
21–50	8%
51–100	17%
101–200	0%
201+	33%
Housing locations[a]	
Major cities	75%
Regional centres	50%
Rural towns	17%
Remote areas	8%

[a]*Respondents were asked to indicate all that applied.*

Source: Authors.

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