

# Medium Term Accommodation for NDIS participants

## FINAL REPORT

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**Data NDIA**

The results or views expressed in this report are those of the author, and not those of the NDIA. Further, the research has not been prepared in collaboration or partnership with the NDIA.

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## List of Abbreviations

ILO – Independent Living Option

MTA - MediumTerm Accommodation

NDIA – National Disability Insurance Agency

NDIS – National Disability Insurance Scheme

SC – Support coordinator

SDA – Specialist Disability Accommodation

SIL – Supported Independent Living

SRF – Supported Residential Facility

SRS – Supported Residential Service

STA – Short Term Accommodation

## Executive Summary

This report provides the first examination of the Medium Term Accommodation (MTA) support introduced by the Federal Government in December 2019. This new form of transitional accommodation is to support people with disability in preparation for a move into permanent accommodation.

MTA is a well received and valued program that appears to have been embraced by the disability sector, even though an understanding of its purpose and operation is not always clear to the sector. In 2020, approximately 1879 participants had received MTA funding to assist with a transition into longer term accommodation and 477 providers had received funding to provide MTA.

It is difficult to establish the supply of MTA to the disability sector. A review of the most prominent website advertising 'disability friendly homes and apartments across Australia', found that less than 10% of the properties available were listed as available for use as MTA.

There is considerable variability in terms of what MTA is offered with most properties appearing to be suburban residential homes. Some are new builds, some are renovations, some are whole homes with provision for 24 hour care while others are share homes with just a bedroom in a house of three, four or five bedrooms. In addition to these dwellings MTA is also offered in hotel/motel accommodation.

There is also considerable regional variability in the provision and availability of MTA across the states and territories and across metropolitan, regional and remote areas. Differences in this distribution are exacerbated by the need to match tenants to properties and tenants to tenants to share properties.

The latest NDIS outcomes framework indicates that many NDIS participants who have received MTA supports face barriers (such as a lack of support, lack of choice and a lack of affordable housing) to living in a home of their choice. Feelings of safety also varied for participants. It is concerning that around one third of males (31.0%) and females (35.6%) surveyed, felt unsafe or very unsafe in their homes. Due to the timing of the survey and the limited time MTA is available to a participant, it is not possible to distinguish whether the reference to 'home' in this question refers to MTA or other housing options. Therefore, as MTA is a relatively new support, it is too early to interpret these survey results as a reflection of MTA.

While unable to include discussions with participants about their experiences in MTA in this study, service providers consider it has been very successful for their participants and they were able to provide relevant examples to support their views.

Survey respondents indicated a range of 'accommodation' types with around one third of their MTA participants coming from hospital and one third from the family home.

Access to funding was very variable with three months being the most prevalent waiting time, although some providers indicated that accessing funding can take over six months.

Almost all providers in the survey indicated they received between 0-10 requests for MTA per month. There were mixed views about whether quantity of MTA requests had changed over time, although there was general recognition that there had been an increase in demand across the other available accommodation types including crisis accommodation, short term accommodation and community housing for example. Since the introduction of MTA funding, the most significant factor impacting on the ability of eligible NDIS participants to access MTA is NDIS processes followed by housing availability.

One of the major issues identified with MTA is the gap in the knowledge base across the community. To improve processes and experiences for MTA participants a number of areas were raised – better information, process issues, funding, housing issues, choice and control.

Survey respondents also indicated that the current incentives to providers are not appropriate to encourage further investment and a number of suggestions are provided as a way of assisting with this.

## Findings

Based on the evidence presented in this report, we consider:

- It should be acknowledged that MTA is meeting a pressing need. The Australian Government should acknowledge the program has been successful, especially in this early phase of its roll out.
- While it is difficult to quantify the level of demand in the market, the qualitative data in this report indicates a lack of suitable and appropriate MTA offerings across metropolitan, regional and rural Australia. This is the result of a lack of appeal from the market for the provision of this type of accommodation and the lack of knowledge in the sector about the purpose of MTA and the eligibility criteria.
- While MTA was highly valued in the sector as an accommodation option, its restrictive eligibility criteria means it is available to a select few. Overwhelmingly this review highlights the unmet demand in communities for affordable and appropriate housing for people with disability and particularly for accommodation that meets a robust standing.
- It needs to be noted that the ongoing constrained nature of the housing market means that housing needs in the disability sector will remain high for the foreseeable future without specific attention. Noting that the availability of capital impacts supply, that a review of the structure of the MTA be undertaken to explore how to ease access to the National Housing Finance and Investment Corporation (NFIC) for providers.
- An MTA framework, similar to the SDA framework, be developed to provide greater clarity for providers of and for those accessing MTA.
- A strategy be developed to promote greater uptake of MTA, where it is available by
  - Greater attention being given to the greater consistency of take up across all states and territories;
  - processes to facilitate access to the program to be improved;
  - an education program for those with a disability, their carers and providers should be initiated; and
  - information sheets should be provided to the sector in conjunction with forums with relevant agencies, including SIL providers and community housing providers.
- That opportunities be explored to ensure greater integration between the MTA and SDA programs and processes. Here MTA could have greater flexibility to allow participants to ‘trial’ providers and the experience of living in a different home while providers could ‘trial’ participants to better understand the participant’s needs. This could result in assisting with the offering of placements that have the best chance of success for both parties.
- That it be acknowledged that MTA take up is geographically uneven, and that a program be developed to deliver MTA across regional areas and in rural centres.
- For a detailed understanding of the investment requirements for the development of MTA that a separate economic study be commissioned.

## Introduction

In December 2019, the Minister for the National Disability Insurance Scheme (NDIS) the Hon. Stuart Robert, announced the funding of a new type of transitional accommodation to support people with disability in preparation for a move into permanent accommodation. The development of this new funding option in part addressed the findings of the Interim Report of the Aged Care Royal Commission in October 2019, indicating the exit of younger people in aged care facilities as an immediate priority (Skatssoon 2019).

As the Minister outlined, 'funding for Medium Term Accommodation (MTA) is available to NDIS participants who require temporary transitional housing whilst they wait for their permanent home to become ready or available for use' (Australian Government 2019). The latest Operational Guidelines (NDIS 2021a) outline the eligibility conditions for MTA. Funding for this accommodation type is only available to National Disability Insurance Scheme (NDIS) participants who have a confirmed long term housing solution<sup>1</sup> and are waiting for disability related supports to enable the move into the confirmed accommodation. More specifically there are a number of situations where MTA will be considered for a participant:

- before a confirmed place in SDA is ready
- before a participant can move into a house and start receiving Supported Independent Living (SIL) funding or support with activities of daily living;
- before home modifications are completed;
- after a participant leaves hospital, rehabilitation, aged care or a custodial setting and needs somewhere to stay while waiting for disability supports to be ready; or
- because of a breakdown in supports that mean the participant cannot live in their current home (NDIS 2021a).

MTA is designed as one-off support for 90 days for a transitional period of accommodation prior to attaining long term accommodation. The funding is purely a supplement for accommodation only as it does not fund care supports or the day to day living costs of a person with a disability. The NDIS through MTA provides a current national daily rate of \$129.07 per day per participant (NDIS 2021b). MTA is provided on condition of the presentation of evidence that a long term housing solution or option is confirmed.<sup>2</sup> As MTA funding supports accommodation costs only it is different from Short Term Accommodation (STA).<sup>3</sup>

## Objectives and aims

The purpose of this work is to examine the usage of MTA and the development of the market since its introduction in late 2019. As a market in the early stages of development, a review of its operation is seen by the Department of Social Services (the Department) as useful to understand how the market is currently operating, and where changes may be required to ensure the effective operation of the market for participants and providers.

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<sup>1</sup> A long term housing solution is defined by the NDIS as the place a participant will live 'for the foreseeable future.' This may be their current home awaiting modifications, another home where for example the participant will receive supported independent living (SIL) supports, or if the participant has specialist disability accommodation (SDA) in their plan and an SDA tenancy offer, but the accommodation is not yet available (NDIS 2021a).

<sup>2</sup> Further details on MTA is available on the NDIS website <https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/home-and-living-supports/medium-term-accommodation/whos-eligible-medium-term-accommodation>

<sup>3</sup> Short Term Accommodation, including respite, is funding for support and accommodation for a short time away from a participant's usual place of residence. It covers the cost of a participant's accommodation, personal care, food and activities agreed between the participant and the provider. The NDIS fund up to 28 days of STA per year and there is flexibility in how the 28 days are used, for example in blocks of 14 days, or for one weekend a month (NDIS 2021c).

This report presents the findings of the review in two parts:

- Part One: A stocktake of the current MTA environment in the states of Queensland, South Australia and Tasmania; and
- Part Two: The requirements for a best practice MTA market.

The specific objectives of each part are outlined below.

Part 1 requires a stocktake of the current MTA environment in the states of Queensland, South Australia and Tasmania with the findings to be extrapolated nationally. This stocktake through quantitative and qualitative data sources aims to gain an understanding of:

- The current availability of MTA in the Queensland, South Australian and Tasmanian markets in terms of:
  - properties and places available;
  - the location of these properties;
  - the number of participants in MTA;
  - the organisations supplying MTA;
  - the types of MTA available (for example hotel rooms, apartments etc) and what proportion of each type currently exist in the market.
- The alternatives to MTA that currently exist outside the NDIS (for example crisis supports, public and community housing) and whether these options are 'genuine alternatives' that satisfy the purpose of MTA (e.g., temporary support with a clear goal of long term placement elsewhere) with places sufficiently available to provide alternative pathways.
- The appropriateness of the linkages between these alternative accommodation options and the services for NDIS participants or non-participants who are not eligible for MTA.
- The participant experience of MTA in terms of:
  - the number of participants who have successfully exited MTA into permanent accommodation;
  - the beneficial nature of MTA;
  - the role of MTA in successful hospital discharge and helping younger people to exit residential care.

Part 2, using the data and analysis generated in Part 1 as well as quantitative and qualitative data sources requires an informed view of what may be required to enhance the current MTA market as one of best practice nationally based on the findings of Part 1. The objective of this analysis is to consider the gaps in current processes and regulation and how the experience of participants could be improved. Specifically this part of the study aims to:

- Examine the appropriateness of current incentives in the market to encourage investment in MTA and what could be done to encourage more investment;
- Understand the level of knowledge about MTA in the market and examine ways to increase knowledge across the MTA sector;
- Indicate what a best practice MTA environment would look like taking into consideration:
  - What the processes would look like for participants?
  - What property types could be used?
  - How many properties and/or places would be required?
  - What linkages with non-NDIS services should exist?
  - What the role of government should be in facilitating the supply of MTA or other similar accommodation that is needed.

This report is based on the data and information available to the project as outlined in the method below.

## Method

This section outlines the methodology that guided the development of the project as well as data sources available to the project and the analysis undertaken.

### Development of the project

#### *Inception meeting*

At the beginning of the project an inception meeting (via telephone) (18 February 2021) was held with the Department of Social Service's (the Department) advisory panel for this project. In this meeting the items attended to were:

- establishment of a steering committee for the project;
- communication protocols between the research team and the Department;
- presentation of a project plan;
- a schedule for fortnightly one page updates and monthly meetings for the project; and
- seeking of copies of, or access to, any reports, information, data relevant to the project not currently in the public domain.

#### *Establishment of steering committee*

In undertaking this project a Steering Committee was established to provide oversight of the project. This committee comprised the research team and staff of the Department and the Department of Families, Fairness and Housing Victoria. At times other relevant staff were invited to attend meetings particularly in relation to the availability of, and use of relevant data. Meetings were held on a regular basis and when needed.

#### *Project plan*

A project plan incorporating the project objectives, proposed investigation for deliverable 1 and deliverable 2, the approach and proposed method and time frame for the project was submitted for the inception meeting and with minor amendments was accepted (19 February 2021).

#### *Project status reports*

As per the project plan, a number of project status reports were provided to the Department and approved.

#### *Project time frame*

The initial time frame required the submission of a draft report on deliverable 1 and deliverable 2 on 5 April 2021 with a final report submitted by 30 April 2021. Comments were to be received back from the Department by 7 May 2021, with acceptance of the final report on 14 May 2021. Due to a number of circumstances approval was sought, and granted, to extend the time frame for the draft report to 20 April 2021, the final report to 10 May 2021 and for acceptance of the final report to 24 May 2021.

#### *Confidentiality agreements*

As per the contract, all initial team members signed a Deed of Confidentiality with the Department. As NDIS data became available a new team member was added and all team members signed a Confidentiality Deed Poll to enable analysis of NDIS administrative data.

#### *Data availability*

Discussions around NDIA administrative data and any other materials not in the public domain began with the Project Inception meeting. The data governance process continued with data specialists within the Department and between the Department and NDIA. An official external research request application for

NDIS data was submitted to the NDIA in the last week of March. As the data custodian, NDIA provided the Department with consent to provide unit record data required for the project purpose. Data on participants was received from the Department 21 April and data on providers 30 April 2021.

### *Ethics*

As required by the Department, the NDIS and the University, the research team obtained ethics approval to conduct the research. As a full ethics process can take some time, ethics approval in the first instance was sought from the UniSA Business Negligible Risk Committee in relation to collecting information from people in their professional capacity. As per the [National Statement on Ethical Conduct in Human Research](#), negligible risk research is defined as having no foreseeable risks of harm or discomfort and any foreseeable risk is no more than inconvenience to the participants (*Section 2.1*). This approval was granted on 20 January 2021.

For analysis of deidentified unit record data of people with disability who have applied or received MTA funding supplied by the NDIS and provider information; and potential interviews/discussions with people with a disability, ethics approval was obtained from an NHMRC approved Human Research Ethics Committee at the University of South Australia (approval number 203701). This approval was granted on 11 April 2021. This approval was forwarded to the Department.

### *Data sources and analysis*

To provide deliverable 1 and deliverable 2 of this project a number of sources of data and information were sought which are outlined below.

### *Environmental scan*

An *environmental scan* via the web to establish a population of first stage informants and a preliminary stocktake of the current MTA environment (including size of the MTA market and the accommodation types available). The following search terms were used – STA, MTA, medium term accommodation NDIS, transitional housing for people with disability and transitional accommodation for people with disability; plus state, plus capital city. Searches were also made of local community websites and websites such as DisabilityHousing.com. While some of these sites provide lists of housing options, others act as a point of registration for participants and housing providers.

While providing an insight into the housing offered within the marketplace (i.e., accessible residential homes with a number of bedrooms offered for rent) and some of the agencies operating in this area, this scan was insufficient to gain a true understanding of the development of the MTA market or the providers and users of MTA.

To gain the insight of agencies/organisations and professional people supplying accommodation, supports and services to the disability sector an *online survey* was conducted as well as *interviews* with people within the sector. Both the survey and interview schedules were approved by the Department following some suggested revisions.

### *The survey*

The survey was undertaken using the Qualtrics web-platform of agencies and organisations registered with the NDIS who either a) provide MTA accommodation, b) assist people eligible or likely to be eligible for MTA or c) who provide services to MTA recipients.

The survey covered a range of topics including:

- the current market for MTA from a service provider perspective;
- alternative service provision options to MTA;

- current and future operations of the MTA market; and
- potential improvements to MTA.

#### *Survey sample*

Without a list of NDIS providers of MTA or who had received payments for MTA, to identify the sample of organisations to survey, a combined list of all registered providers of disability services was compiled from the lists by state published on the NDIS website. As a number of providers are registered across states and registration groups the duplicates were removed via sorting by name of provider. This resulted in a sample of 15,944 agencies. To further refine the sample only those providers registered in South Australia, Queensland and Tasmania across the registration categories of accommodation-tenancy, assist personal activities, assist life stage- transition, community nursing care, plan management and Specialist Disability Accommodation were selected. This reduced the sample size to 4,509 with email invitations to complete the survey sent to 3,623 agencies (a number of agencies were removed by the research team as the weblinks did not connect or the email address provided bounced). The survey was open from 6 to 14 April 2021 inclusive.

As outlined above, the survey<sup>4</sup> canvassed NDIS organisations registered to work in Queensland, South Australia and Tasmania however organisations located in other states responded to the survey. In all 101 providers entered the survey and 94 proceeded to further questions. The initial section of the survey was divided into three sections – providers of MTA currently, organisations intending to provide MTA and organisations that assist clients in finding MTA. Overall, 41 organisations participating in the survey were providers of MTA, 22 organisations indicated they intend to provide MTA, and 64 indicated they assist clients to find MTA. The distribution of survey respondents by jurisdiction is outlined in Table 1.

#### *Interviews with providers and participants*

Within the survey providers were offered the opportunity to discuss their answers and thoughts with the research team in greater detail via an interview. Other organisations were contacted with mixed success. Twenty providers were contacted, and thirteen interviews were conducted.

Interviews with participants was an option to be negotiated with the Department if feasible subject to timeframes, the securing of ethics approval and the changing COVID environment. While ethics approval to undertake these interviews was granted this was very late in the timeframe of the project and provided no opportunity to organise and conduct such interviews. Instead, the examples of participant experiences in MTA provided by the interviews with professionals are included.

**Table 1 Geographic distribution of survey respondents**

Jurisdiction	Number respondents	Jurisdiction	Number respondents
NSW	25	SA	8
Vic	24	Tas	5
Qld	23	ACT	0
WA	5	NT	4

Source online survey

<sup>4</sup> The survey was not able to be administered to all providers of MTA or those providers who had received payment for MTA since its inception nor is it a representative sample of all organisations providing, intending to provide, or providing supports and services to people in MTA.

*NDIA administrative data: provider and participant*

The NDIS collects an array of data and provides a range of data available to the public via their website. This data reports on participants in each jurisdiction and the funding or provision of supports by the NDIA in each jurisdiction. At present no data is publicly available on the provision of MTA or the participation of NDIS clients in this sector. To be able to establish the current participation of people with disability in the MTA sector necessary for this report unit record data was provided. The variables supplied to the research team are listed in Appendix A.

## Part One: Current Medium Term Accommodation Environment

The purpose of this section is to increase understanding of current practices and importantly the experiences of participants in the program, as well as establish gaps and opportunities for reform. The planned discussion in this section was originally targeted at the states of South Australia, Queensland and Tasmania as an example of understanding the national MTA environment. However, as noted in the methodology section above, while registered providers in the three states were targeted for the survey, we received responses distributed across the states proportionate to population size. Therefore, this section provides a national overview.

### Availability of MTA

As noted in the Introduction, one of the reasons for the establishment of MTA was to support people with disability in hospital, rehabilitation, aged care or a custodial setting to transition to a long term housing option. While it is difficult to establish the number of people in these settings who could use MTA funding, it has already proven to be a one of a number of initiatives that has seen a decline in the number of younger people in residential care as they move into more appropriate accommodation. In June 2020, 4860 younger people were still living in residential aged care so considerable demand for long term accommodation options exist from this institutional setting alone (Australian Government 2020, p 6).

Presently there is no published data on the provision of MTA and without comprehensive data it is difficult to establish, in detail, with accuracy the current availability and nature of MTA in the marketplace however the uptake of MTA funding does provide an indication of its uptake among NDIS participants.<sup>5</sup>

### Number of places and properties available – providers of MTA

The *environmental scan* of websites appears to indicate that with introduction of the NDIS the availability of transitional places – Short Term Accommodation (STA) and MTA has increased based on the previous research of Winkler (2020). There appear to be a significant number of properties advertised and there are a number of websites that exist to match people with a disability to the STA, MTA and SDA housing options available suggesting a growth in this sector. Appendix B provides the results of a search and audit of the most prominent website – The Housing Hub – to give an indication of the number, location and characteristics of the accommodation offered for MTA at a point in time. It is clear when the accommodation options on the site are filtered by ‘renting medium term’ that only 6% of properties listed are specific to medium term renting. Table 2 shows this distribution of listed MTA properties by State/Territory.

While there may be unknown biases in the representation of accommodation on this website, the table highlights the real lack of options and the variable distribution across jurisdictions. South Australia stands out as the state with more than double the overall national representation, while the number of places in Queensland, Western Australia and the Northern Territory is almost negligible, as it is in the ACT.

A review of the available MTA options on the website (see Appendix B) shows that there is considerable variability in terms of what is offered. While possibly described as ‘accessible’, most properties appear to be suburban residential homes. Some are new builds, some are renovations, some are whole homes with provision for 24 hour care, while others are share homes with just a bedroom in a house of three, four or five bedrooms. In addition to this some MTA being offered is hotel/motel accommodation. Interviewees in this study did not see hotels/motels as appropriate as they were not seen to represent ‘home’. Some of

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<sup>5</sup> A comprehensive understanding of the number and type of places available would only be possible through a compulsory audit of each organisation who has received MTA funding across the country at a point in time.

these properties cater to specific groups such as particular disability types, age groups, and genders. Most are described as being close to bus stops, shops, medical centres/hospitals or other services.

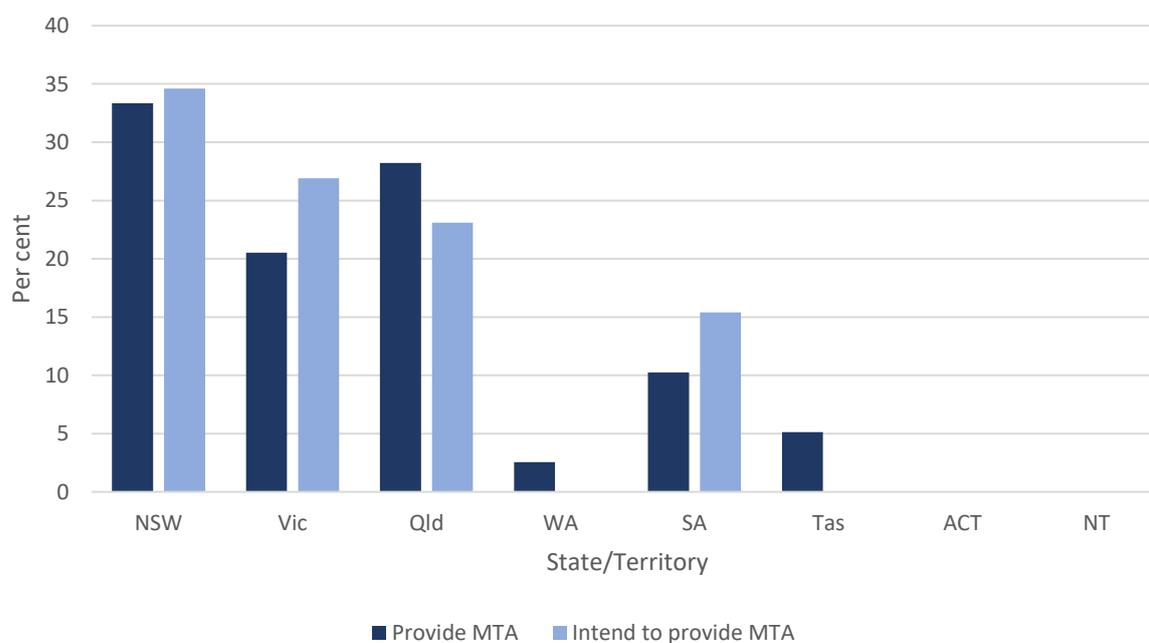
**Table 2 Number of properties listed for medium term rent (MTR) by State/Territory and as a proportion of properties for people with disability on the Housing Hub website, 30 April 2021**

State/Territory	Total No properties listed for people with disability	No. properties MTR	No properties MTR as % of all listed properties
NSW	435	22	5.1
Vic	487	38	7.8
Qld	359	3	0.8
WA	79	4	5.1
SA	143	21	14.7
Tas	12	0	0.0
ACT	9	0	0.0
NT	3	1	33.3
<b>Total</b>	<b>1527</b>	<b>89</b>	<b>5.8</b>

Source Housing Hub Website, [housinghub.org.au](http://housinghub.org.au)

The *online survey* was a means of asking organisations directly about the provision of MTA. Of the respondents to the *survey*, 35 were current providers of MTA and another 22 were intending to provide MTA. Figure 1 shows the distribution of this accommodation across the States and Territories with New South Wales, Victoria and Queensland dominating. In all, providers in the survey had 121 active MTA places with providers intending to provide an additional 92 places (Table 3).

**Figure 1 Distribution of providers of MTA and those intending to provide MTA**



Source online survey

Note: Respondents: Provide MTA (35); Intend to provide MTA (22)

For the agencies already providing MTA, 71% of their accommodation was in the metropolitan areas with 29% in regional areas. For those intending to provide MTA there was a greater emphasis on providing accommodation regionally (41%) with 59% planning MTA for the metropolitan areas. No organisation was providing MTA in remote areas of the country.

**Table 3 Number of MTA places provided by organisations, intending to be provided, or clients housed in MTA since December 2019 by State/Territory**

Jurisdiction	Number MTA places provided	Number of places intend to provide
NSW	63	16
Vic	26	59
Qld	19	12
WA	0	0
SA	5	5
Tas	8	0
ACT	0	0
NT	0	0
<b>Total</b>	<b>121</b>	<b>92</b>

Source online survey

Note: Respondents: Provide MTA (39); intend to provide MTA (22)

The limited *unpublished data* from the NDIS indicates over the period January 2020 to December 2020 there were 477 providers who received payment for MTA. These providers of MTA include a wide range of organisations that often provide services and supports beyond a focus on just disability. Some are national service organisations that cater to a broad range of groups in the community including people with a disability, older people, people who are homeless, youth and families for example. Additionally, there are condition specific agencies, housing providers, plan management and support coordination agencies, accounting and bookkeeping services, health and medical services, ancillary health services like counselling and psychotherapy and occupational therapy, exercise and recreation services, Aboriginal specific services, holiday services, and workforce training and support services. For many providers, while they have a head office in a particular state or territory, they provide services across a number of geographic areas including state and territory boundaries. Table 4 presents the location of these providers by state as listed in the unpublished data supplied.

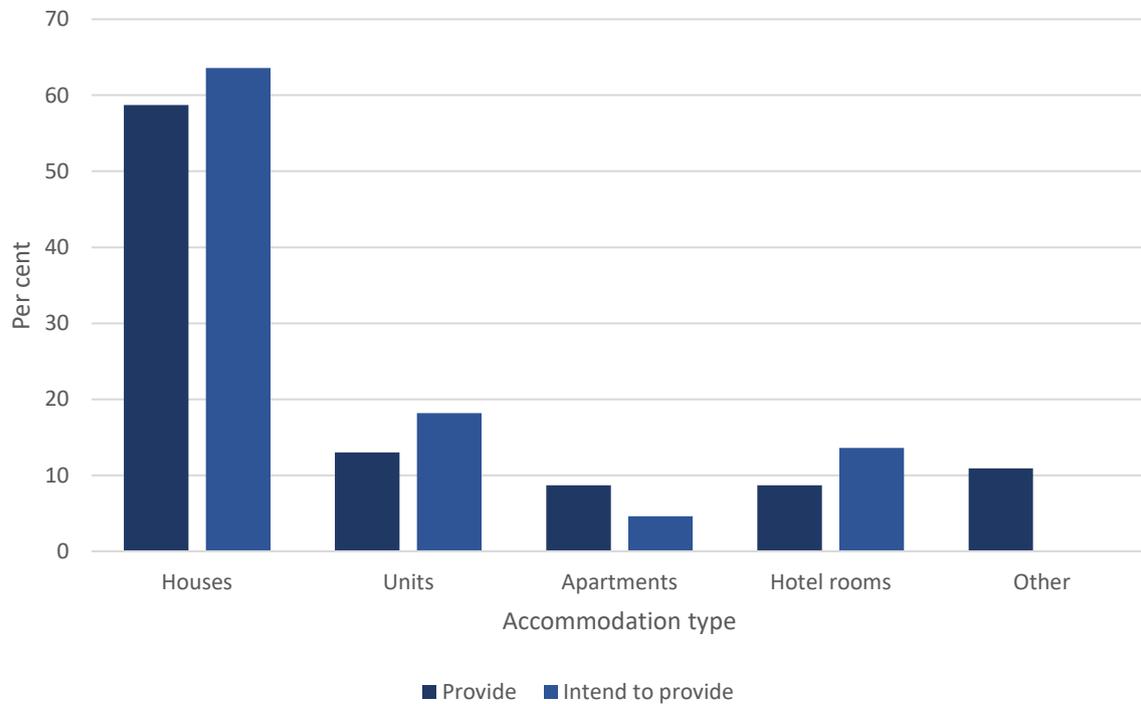
As alluded to above, the survey also indicates houses are the favoured form of accommodation. Generally, organisations provided just one type of accommodation, but some provided two or more types (Figure 3).

Table 4 Geographic distribution of providers who received MTA fund, 2020

Jurisdiction	Number respondents	Jurisdiction	Number respondents
NSW	175	Tas	12
Vic	85	ACT	5
Qld	116	NT	18
WA	34	Total	477
SA	32		

Source NDIA Unpublished data

Figure 3 Accommodation type provided or intend to provide



Source online survey

Note: Other - options stated in the survey were respite facility, within a concierge model of support and Supported Residential Facility (SRF) and Short Term Accommodation

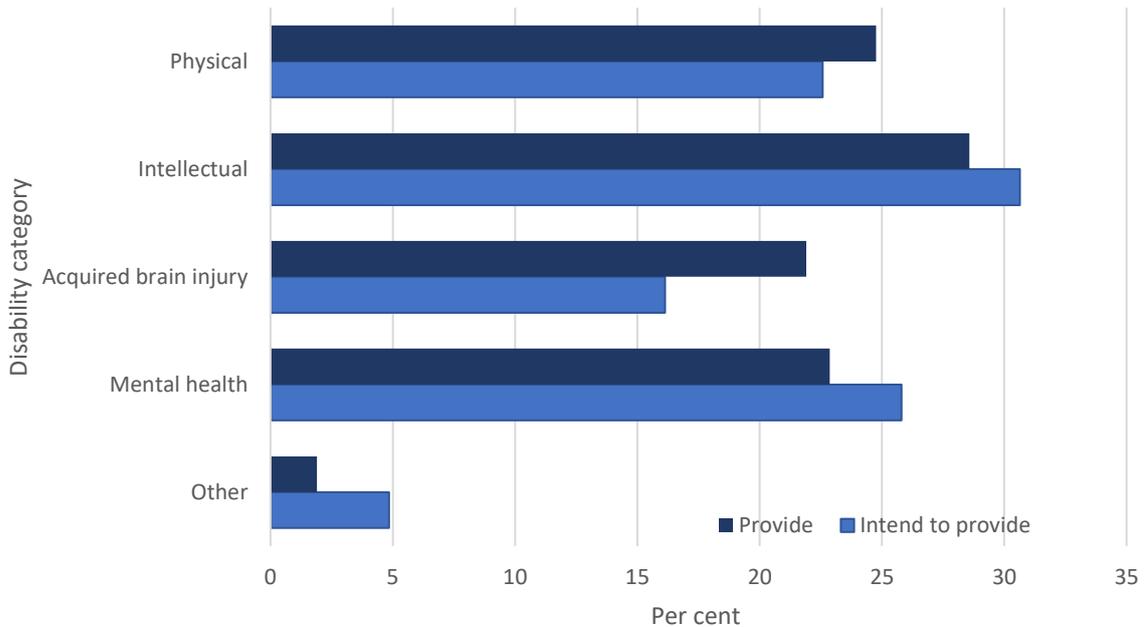
From interviews with providers, it is clear, that if they don't have accommodation of their own that they can use as MTA, they head lease properties in the private rental market.

*We are not an SDA provider so we have this guy that owns a lot of property and he builds, he's got this passion for disability. He builds disability specific housing and he's not an SDA provider he's just a private person. He has a mini village of 12 houses in one lot, he's building another lot and we're renting two of them. We've actually just got the keys for a third one. Board and lodging pays for rent. For the first one he gave a one year lease and these two are a two year lease. We take the risk but there is always someone to fill a bed, beds don't stay empty for long. (Disability Services and Support Organisation NSW)*

We [the provider] lease from the residential market as for participants we have cared for who have come out of an MTA it would be extremely impossible for them to go into private rental because of a number of issues, behavioural challenges can lead to property damage, for example. Getting into a private rental would be impossible because of a person's history. We are careful in choosing the properties that we lease so we know that this is a property that the person can live in and also someone with mobility can reasonably manoeuvre. We mostly rent 3 bedrooms, 2 bathrooms. One bathroom is set aside purely for the participants because it becomes their home and we utilise one room as an office as a lot of MTAs are 24 hour care support requiring the operating of shift rosters in home. (Disability services and Support Organisation, SA)

Across the agencies surveyed, a variety of disability types could be catered for by the current MTA or the MTA that organisations intended to provide (Figure 4). Around 30% of providers surveyed were providing, or intending to provide, MTA for people with intellectual disabilities followed closely by the provision of MTA to people with physical disabilities and mental health issues.

**Figure 4 Disability categories that providers of MTA and those intending to provide MTA cater for**



Source: online survey

Note: the responses provided for 'other' where MTA provided were Autism and Autism Spectrum Disorder; the responses provided for 'other' for providers intending to provide MTA were as assessed, developmental/cognitive, and deaf and hard of hearing

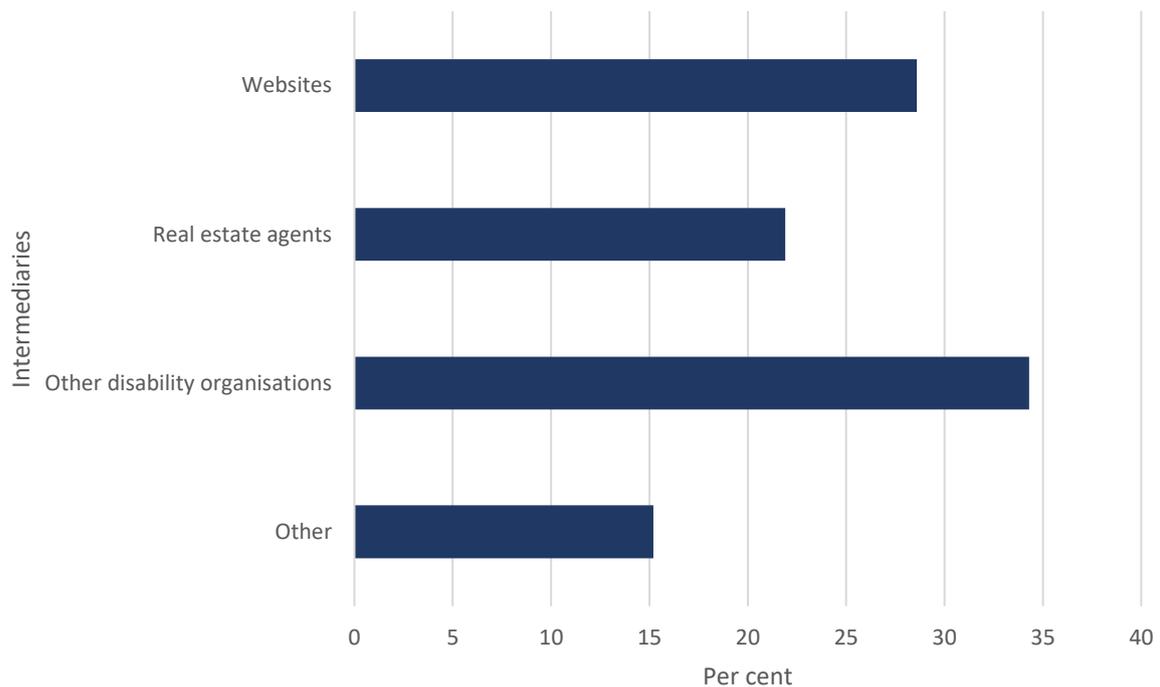
**Number of places and properties available – providers who assist participants in the NDIS to find MTA**

Sixty-four organisations indicated they assist people to find MTA accommodation. They used a variety of intermediaries to identify tenants and dwellings. There are a number of websites that list housing options and offer to help agencies match clients with accommodation, though some interviewees did not find these sites useful for their specific circumstances. Finding the right accommodation can be difficult especially in the private rental market. Properties that can be used for MTA are either not available at all in some areas, in particular regional areas and people are forced to move to the city, and finding appropriate accommodation in the right areas or close to family are not readily available.

A range of means are used to find suitable accommodation. In the survey close to 35% use their connections with other disability organisations and around one fifth use Real Estate Agents (Figure 5). As one service provider interviewed stated:

*It is not easy to find properties you need to lease...a good way is to build a partnership with real estate agents. We meet with them, describe the services we offer and why we do what we do and lean on their corporate social responsibilities...the ones we've approached have been really receptive to the idea because we also outline the benefits for them – guaranteed rental, a carer there 24 hours a day so there is someone to take care of the house and garden. (Disability Services and Support Organisation, SA).*

**Figure 5 Intermediaries organisations use to identify tenants and dwellings**



Source online survey

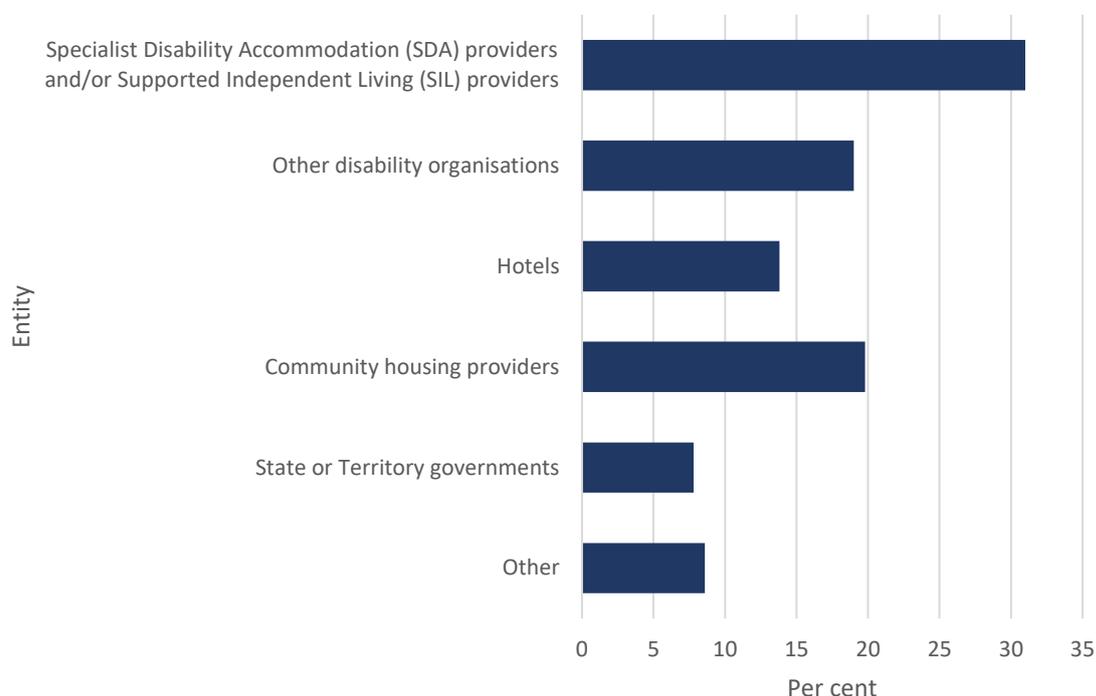
Note: 'other' -business partners; support coordinators; health and justice liaisons; hospitals, customer engagement officers, mental health services, Department of Housing; and the Red Cross Homeless Hub.

As noted above, there are a range of entities that providers or support coordinators seeking MTA accommodation for their clients access (Figure 6). Of the 51 agencies that answered this question in the survey, 36 contacted Specialist Disability Accommodation (SDA) providers and Supported Independent Living (SIL) providers, 22 contacted other disability providers, 23 and 9 respectively sought community housing providers and state and territory governments and 16 sought MTA in hotels/motels. The 'other' stated options were support coordinators, hospitals, private rentals, within the organisation itself, and broadly NDIS providers. Accessing places for MTA is often based on networking and long held and respected relationships people have.

Reflecting the provision of MTA, these agencies have been active in all jurisdictions other than the ACT. However, they have accessed MTA predominantly in the states of New South Wales (22%), Victoria (28%) and Queensland (26%). While over two thirds of provision is in metropolitan areas, organisations seeking accommodation for their clients accessed a small proportion (5%) of MTA in remote areas, 39% in regional

areas and only 58% in metropolitan areas. In all, across these regions they have housed 180 NDIS participants (Table 5).

**Figure 6 Entities used to find MTA for NDIS participants**



Source: online survey

**Table 5 Participants housed in MTA since December 2019**

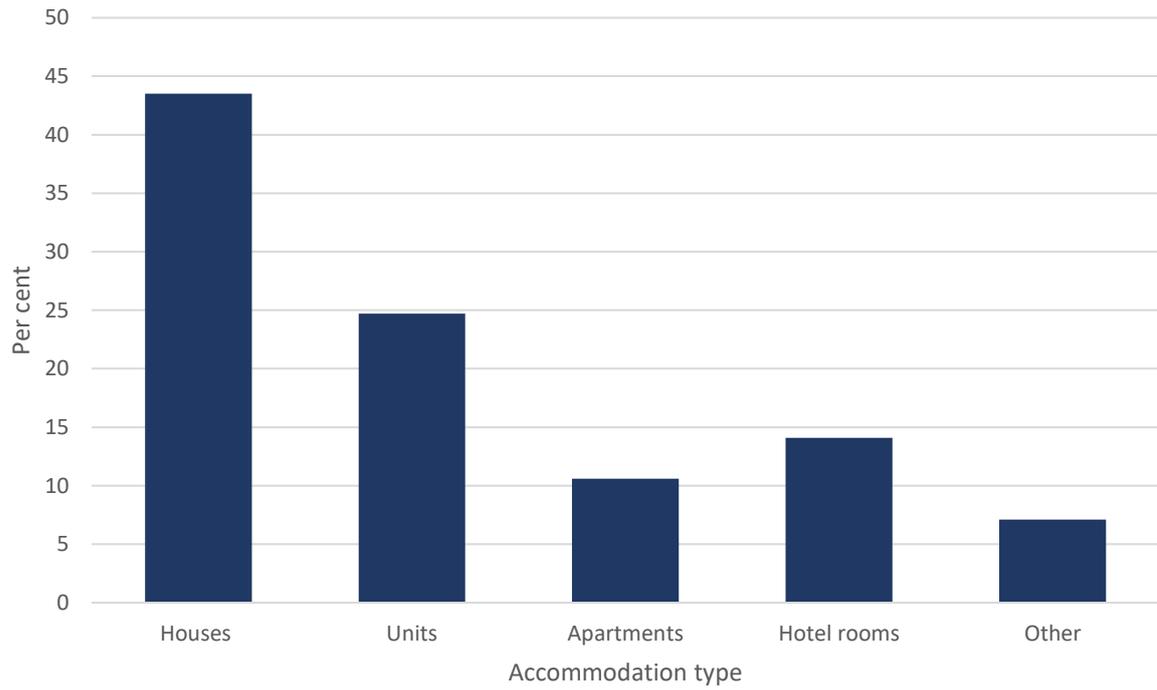
Jurisdiction	Number	Jurisdiction	Number
NSW	50	SA	21
Vic	56	Tas	8
Qld	38	ACT	0
WA	3	NT	4
		<b>Total</b>	<b>180</b>

Source: online survey

In seeking accommodation organisations have secured a range of housing types (Figure 7). The housing options secured reflect the accommodation types providers are supplying or intend to supply (Figure 3). Houses are the most popular form of accommodation as they can more readily cater to a number of participants with disability. Just under 15% of providers used motel/hotel accommodation for their participants with MTA funding.

The MTA accommodation secured catered across the range of major disability types. There was an almost equal distribution (around 22% each) across physical, mental and acquired brain injury conditions. MTA suitable for participants with Intellectual disabilities accounted for 30% of the housing secured (Figure 8).

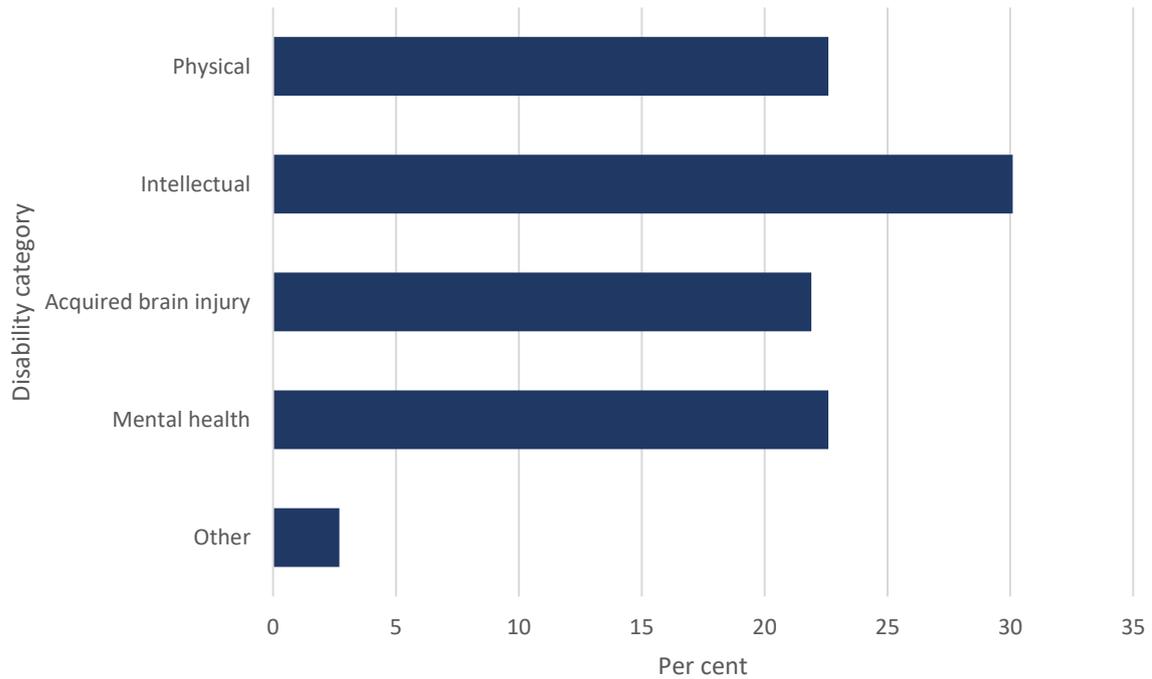
**Figure 7 Type of MTA secured for participants**



Source: online survey

Note 'other' includes SIL, Independent Living Options (ILO), not applicable, group home, not yet

**Figure 8 Disability categories of participants for whom MTA was secured**



Source: online survey

Note: Other is robust, autism and deaf

One factor that was raised a number of times by interviewees was the matching of participants and this can hinder the use of MTA or even finding long term accommodation for an NDIS participant. As interviewees indicated:

*I have a participant who is ongoing in STA [as there is no MTA] and the large disability organisation wont provide a SIL placement for this person until a second person is found. Apparently, they have had a couple of registrations but they've said these people haven't been a match. (Support Coordination, SA)*

*I am struggling in the accommodation space in matching in terms of accommodation and in terms of lives. I've got a client who's been given Specialist Disability Accommodation (SDA) approval for robust accommodation but we've now got to find another person requiring robust accommodation to share with but there is no market place to advertise for that person. Housing hub is pretty inefficient. We have the house, we have the builder, the land for the new build, we have the SIL provider but now need to find a person to match with us in two year's time. Because these peoples' needs are very high and very varied, it is really challenging to match these behaviours. (Support Coordination, Vic)*

*How do they get to SIL where they can be matched with someone because that whole process of matching two people together that are going to get along. Matching the net level of support needs because you can't put two people together one that's going to require constant one to one care and the other one that also requires a medium level of care. It just doesn't work so that process does take a while. (Disability Services and Support Provider, NSW)*

On the other hand, MTA was seen as a positive mechanism to facilitate the matching of participants:

*I've had someone start a little accommodation service and I've had two clients transition to MTA and potentially longer term accommodation with him. The model is based on renting a four bedroom house, finding three participants, matching them and doing team building with these participants and moving them into the rental where they share the rent and then he becomes the SIL provider. (Support Coordinator Vic)*

For an organisation that is able to provide long term housing options to their participants, MTA was used to get the mix of participants sharing right:

*Because it [MTA] gives us a different ability to be able to sometimes just trial people on their ability to live amicably and comfortably or even just being happy in a particular situation. [STA] two weeks is a little bit artificial in terms of long term matching. When you're together with some people for two or three months it gives you a much better idea of whether you're going to get on in the long term. (Disability Organisation, NSW)*

While this process, in this case, is a positive one, the use of MTA funding to 'trial' the suitability of people is not the intended use of the funding and has the potential to place participants at risk, through perhaps their SDA offer being rescinded, if they cannot be matched to another participant. This could leave the participant in MTA unable to return to the accommodation they left, perhaps at risk of homelessness, with no identified long term option.

In terms of exiting to permanent accommodation all but two organisations indicated that between zero and ten participants had exited. These other two organisations indicated between 11-20 clients each had moved onto long term accommodation. Unfortunately, data on how many people were supposed to have moved

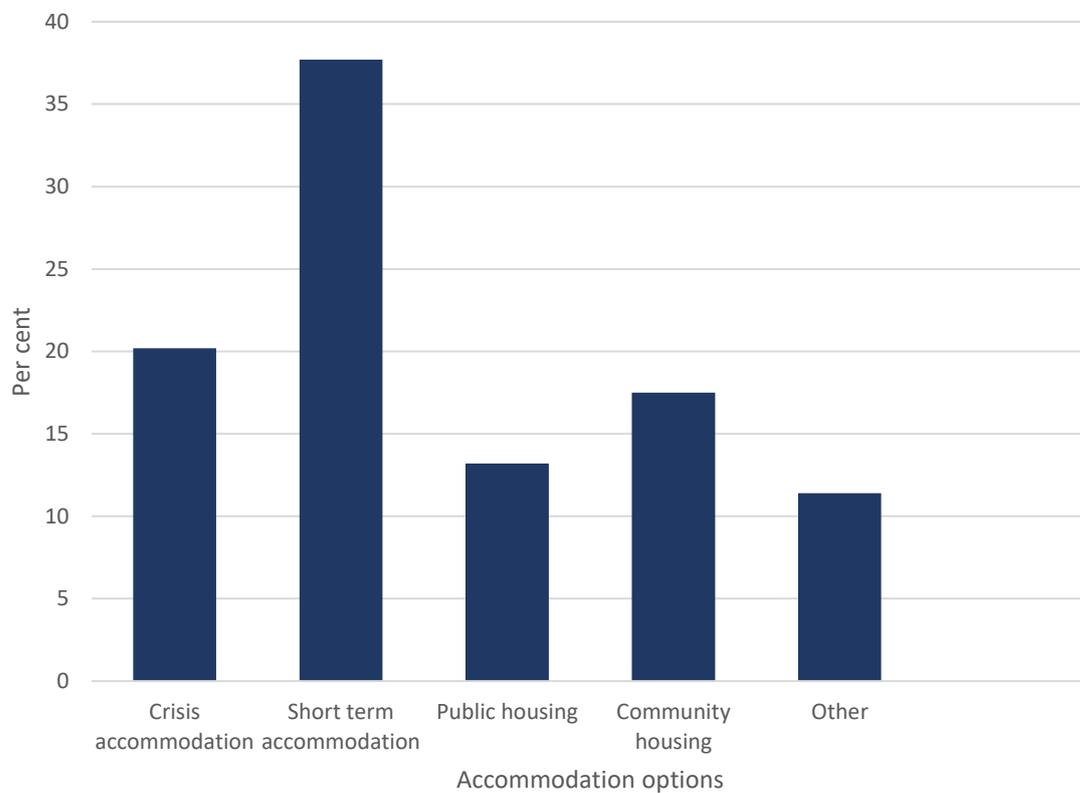
into permanent accommodation was not collected. The Interviewees provided examples of participants they had worked with who had transitioned to permanent long term accommodation (see page 26).

#### Other transitional accommodation

Besides MTA a range of other transitional accommodation types that exist within and outside of the NDIS are used by providers for their clients when they can be found or are available (Figure 9). Of the 52 respondents in the survey who seek these alternative options over 30% use at least three of the options indicated. This shows there is considerable demand within the community for accommodation.

When asked which of these alternatives act as true transitional accommodation options, in that they provide temporary support with a clear goal of appropriate and suitable long term placement, the answers reflect the nature of the housing market for people with disability – that is an acute shortage of housing. All of these options were seen as true transitional options, crisis accommodation (16%), short term accommodation (51%), public housing (9%), community housing (13%) and other (11%) (Figure 10).

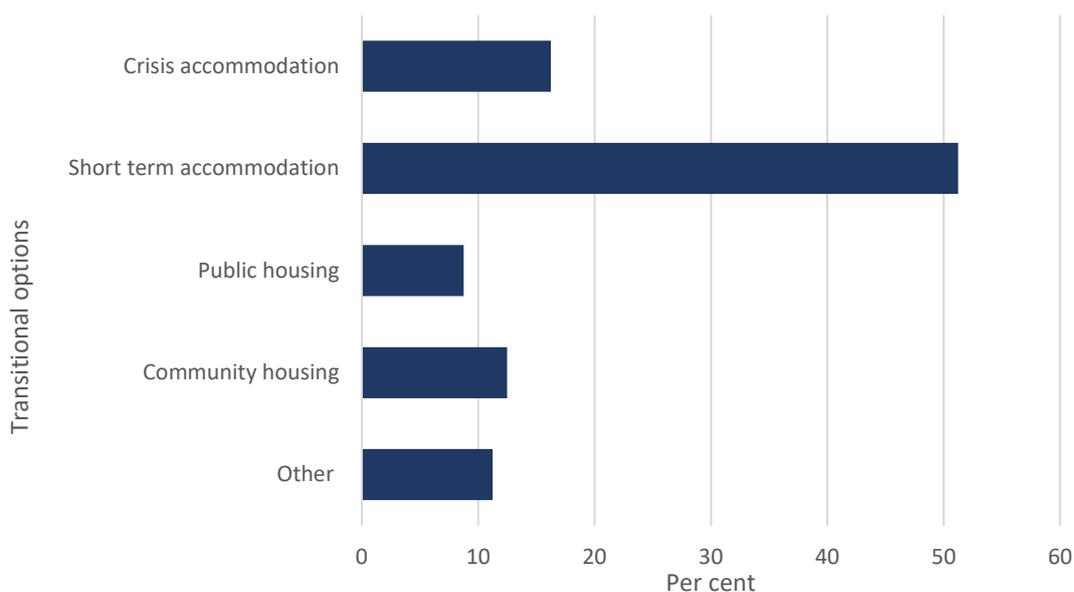
**Figure 9 Other transitional accommodation options used by providers**



Source: online survey

The other options available to people that they use are SDA, Supported Residential Services (SRS), respite long term, Supported Independent Living (SIL), group homes, private rentals

**Figure 10 Accommodation types accepted as ‘true’ transitional options**



Source: online survey

Note other private rental, MTA, standard residential houses, SRS, SIL, all of the above, none, no housing

Specific telling comments attached to the ‘other’ category’ in Figures 9 and 10, represented the general consensus from the interviews – ‘*though impossible to find*’ and ‘*we have none*’, ‘*no housing*’ which reflected the shortage of accommodation options in the immediate, medium and long term for people with disabilities. Overall, there appears to be a number of barriers in the system, which make it very hard for support coordinators in particular to find accommodation. Looking for accommodation often happens at very fraught and stressful times (at all times of the day and night). Due to the lack of options this places incredible pressure on staff trying to do the right thing for their clients.

*Housing options? Very minimal. You either have short term accommodation but short term accommodation is only funded for a short time. It’s whether there is availability a lot of the time. These participants are kind of left in the lurch. (NDIS SDA Housing provider, NSW)*

*What troubles me is there is no emergency accommodation. [The] system is under strain for robust accommodation. People needing this type of accommodation are 10 times harder to look after and organisations take the easier person. I have a 20-year-old female with severe autism, OCD, psychiatric disability and challenging behaviours. Can buy no more than 2 days of respite. Her care has to be in a place that is secure with robust walls and floors. Front door needs to be locked, garden gate locked, windows Perspex. Can’t rent a house on Housing Hub [with these qualities]. (Disability Support Provider, Vic)*

One interviewee raised the anomaly/difficulty of people with disabilities having considerable funds in their plans for core activities that cannot be used for accommodation even when homelessness was the likely outcome. Even though these workers clearly understood the need for parameters around what money can be spent on, when they are searching for crisis accommodation at 4.30pm on a Friday evening it is highly stressful. They feel it is unreasonable that they cannot redirect and repurpose funds:

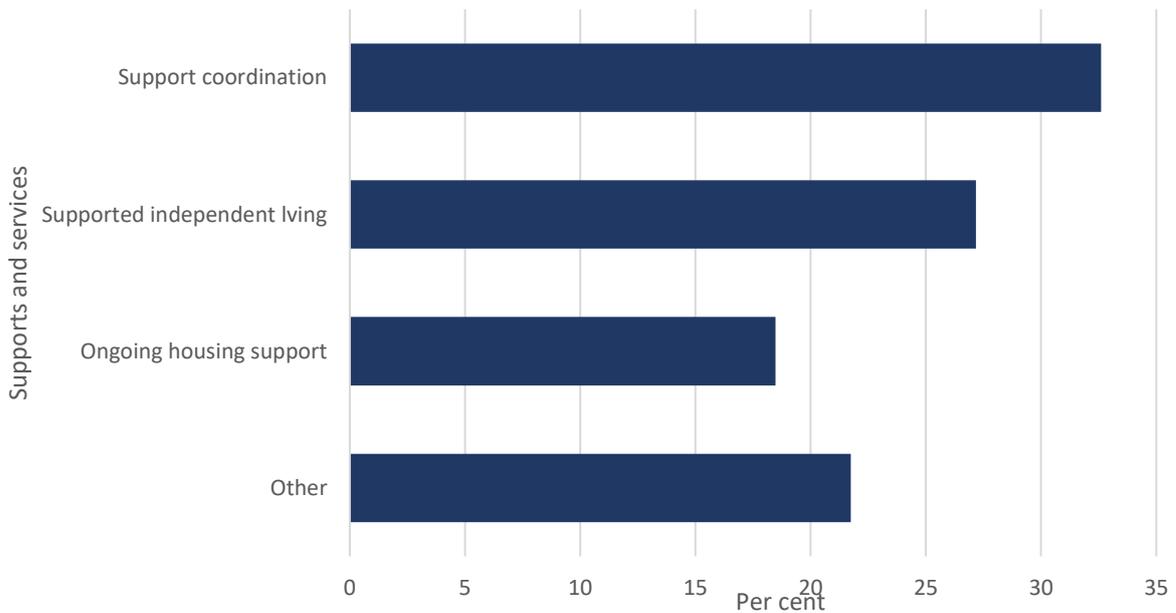
*I have a 13 year old girl kicked out of home with \$40,000 in her core budget, it is her support budget in her NDIS plan. At this stage I can use that flexibly for support but I can't use it to pay for accommodation and I can't use it for MTA because she's not SIL or SDA eligible The problem as I see*

*it is unless she is SIL or SDA eligible they won't allow me the flexibility of MTA. I've got a pile of clients that fall into this grey space where they're not SIL eligible, not SDA eligible, so they're being asked to go into the rental market. They've got no bond, no rental history, no references. They're an unknown quantity and they've got no ability to compete in the market. I can ring Child Protection as it is now their job and not a disability issue, but they will bounce her back to me. So here I am with \$40,000 that I can't spend on accommodation but she can live under a bridge and I can have support workers go to that bridge and take her around in the community every day. How absurd is that. (Support coordinator NSW)*

Services and supports to MTA recipients

A number of organisations surveyed provide a range of supports and services to MTA recipients. The range of services provided include support coordination (32.6%), SIL (27.2%), ongoing housing support (18.5%), and other (21.7%) (Figure 11). The options provided under 'other' include community and day programs, flexible supports, community access, plan management, ILO, core supports, assistance with daily living, therapy, STA, interpreting, occupational therapy, independent living skills, personal care, support workers, and one on one support. Organisations offer a number of these services. This support is provided across all jurisdictions except the ACT where none of the organisations surveyed appear to be active, and across all sub regions (metropolitan, regional and remote).

Figure 11 Services and support provided to MTA participants



Source online survey

## Participants and participant experience

This section of the report examines unpublished administrative data from the NDIA as well as interview and survey data to gain an understanding of the participants with disability who have been the recipients of MTA – how many, some characteristics, and the impact of MTA on their lives.

### Participants currently in MTA

Unpublished administrative data from the NDIA indicates as of 20 December 2020, **1879<sup>6</sup>** people had received funding for MTA since its availability as of December 2019. Of these 57% identified as male and 42% as female. One per cent identified as ‘other’. This compares to 61, 58 and 1% nationally of all participants across the NDIS (2021d). In terms of age, people accessing MTA funding were equally split across ages 19-44 and 45 years and over (Table 6).

**Table 6 Age group of recipients of MTA funding**

Age	Number	Per cent
19-24	269	14.3
25-34	327	17.4
35-44	337	17.9
45-54	406	21.6
55-64	464	24.7
65+	76	4.0
<b>Total</b>	<b>1879</b>	<b>100</b>

Source NDIA administrative data

A significant proportion, well above national representation identified as Aboriginal/Torres Strait Islanders reflecting the higher levels of disability in this population than the general Australian population.<sup>7</sup> Just under 10% identified as coming from a culturally and linguistically diverse background. People with a range of disability types have been in MTA. Three groups, people with psychosocial disabilities, intellectual disabilities and acquired brain injury have been catered for the most (Table 7).

When the allocation of MTA is examined by the level of functioning of clients, it is clear those clients with higher severity levels of disability had greater access to MTA. Over half of all clients were classified as having a low level of function while around 40% had a moderate level of functioning. Considering one of the options for MTA funding is confirmation of an SDA place this is as expected – clients or participants with more profound disability are more likely to be found eligible for MTA.

<sup>6</sup> Participants aged 18 years and under were excluded from the data as they were considered out of scope of the study.

<sup>7</sup> Disability rates are high among the Aboriginal and Torres Strait Islander population with 24 per cent of people living in private households living with a disability and of these 30 per cent had severe or profound disability (AIHW 2019)

Table 7 Disability type of recipients of MTA funding

Disability Type	Number	Per cent
Psychosocial	461	24.5
Intellectual	374	19.9
ABI	219	11.7
Other Neurological	180	9.6
Autism	151	8.0
Other Physical	140	7.5
Stroke	93	5.0
Spinal Cord Injury	75	4.0
Cerebral Palsy	59	3.1
Multiple Sclerosis	50	2.7
Down Syndrome	35	1.9
Other	20	1.1
Visual Impairment	13	0.1
Hearing Impairment	8	0.5
Other Sensory/Speech	1	0.05
<b>Total</b>	<b>1879</b>	<b>100</b>

Source NDIA administrative data

Reflecting the provision of MTA across the country there is considerable variation in the geographic distribution of people who have been in receipt of MTA funding, New South Wales and Queensland were each the home states of over one quarter of participants each (Table 9), followed closely by Victoria. Together these three states account for 80 per cent of all MTA recipients.

Table 8 Level of functioning of recipients of MTA funding

Level of function	Males		Females		Total	
	No.	%	No.	%	No.	%
High function (levels 1-5)	41	3.8	21	2.7	62	3.3
Moderate function (levels 6-10)	449	41.9	291	36.8	740	39.8
Low function (levels 11-15)	581	54.2	478	60.5	1059	56.9
<b>Total</b>	<b>1071</b>	<b>100</b>	<b>790</b>	<b>100</b>	<b>1861</b>	<b>100</b>

Source NDIA administrative data

Note Gender was noted as 'U' for 18 participants not included in this table

Table 9 State and Territory Distribution of people who have received MTA funding

Jurisdiction	Number	Per cent
New South Wales	517	27.5
Victoria	453	24.1
Queensland	525	27.9
Western Australia	113	6.0
South Australia	139	7.4
Tasmania	24	1.3
Northern Territory	73	3.9
ACT	33	1.8
Not specified	2	0.1
<b>Total</b>	<b>1879</b>	<b>100</b>

Source NDIA administrative data

The unpublished data provides indications of access to other forms of assistance for participants who received MTA funding. Table 10 indicates that over half of the participants had received short term assistance as a precursor to MTA. Few received the other forms of support identified.

**Table 10 Access to other assistance besides MTA of recipients of MTA funding**

Type of Assistance	Number	Per cent
Other assistance with group living	84	4.5
Support for SDA	68	3.6
Support for ILO	66	3.5
Support for SIL	192	10.2
Support for STA	970	51.6

Source NDIA administrative data

Without the requisite data from the NDIA, it is difficult to establish how many participants have received MTA once or have applied for another tranche of funding. Nor is it possible to identify how many successfully exited MTA into permanent accommodation. Organisations in our survey indicated some participants received additional MTA payments for a period beyond 90 days. With the options of 1-10, 11-20, 21-30, 31-40 or over 40 participants exiting MTA in the survey all but two organisations indicated between 0-10. These two organisations indicated between 11-20 clients. Interviews however, with providers indicated quite successful transitions. Often the person’s MTA funding ceased after three months but the person did not necessarily exit the accommodation.

#### Participant experience

For this project, as noted in the methodology, it was not possible to talk to participants in MTA directly. Understanding of the experiences of NDIS participants in MTA is presented in this report from two sources:

- NDIA qualitative data provided as part of the NDIS Short-form Outcomes Framework. Data from this framework was provided for two questions:
  - What stops a participant from living in the home of their choosing?
  - How safe does the participant feel in their home?
- examples provided by organisations in interviews.

#### *NDIS outcomes framework*

The NDIA outcomes framework data for these questions was provided for a subset of the participants who had received MTA funding. The NDIS outcomes framework indicates that many NDIS participants who have received MTA supports face barriers (such as a lack of support, lack of choice and a lack of affordable housing) to living in a home of their choice (Table 11). Feelings of safety also varied for participants (Table 12). It is concerning that around one third of males (31.0%) and females (35.6%) surveyed felt unsafe or very unsafe in their homes. Due to the timing of the survey and the limited time MTA is available to a participant, it is not possible to distinguish whether the reference to ‘home’ in this question refers to MTA or other housing options. Therefore, as MTA is a relatively new support, it is too early to interpret these survey results as a reflection of MTA.

**Table 11 Factors that stop an MTA participant from living in the home of their choosing**

Factors	Males		Females		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Lack of affordability	149	19.9	130	25.8	279	22.3
Lack of choice	73	9.8	61	12.1	134	10.7
Lack of support	321	42.9	186	36.9	507	40.5
Other	205	27.4	127	25.2	332	26.5
<b>Total</b>	<b>748</b>	<b>100</b>	<b>504</b>	<b>100</b>	<b>1264</b>	<b>100</b>

Source NDIA outcomes framework data

Note Gender was noted as 'U' for 12 participants not included in this table (to protect confidentiality); Results reflect the latest survey from baseline to review 3 (review 4 has not been included) of each participant who has used MTA. Not stated not included.

**Table 12 Feelings of safety of MTA participants**

Feelings of safety	Males		Females		Total	
	No.	%t	No	%	No	%
Very safe	109	10.8	74	10.1	183	10.5
Safe	343	34.0	241	32.8	684	39.2
Neither safe nor unsafe	245	24.3	158	21.5	403	23.1
Unsafe	201	19.9	161	21.9	362	20.7
Very unsafe	112	11.1	101	13.7	213	12.2
<b>Total</b>	<b>1010</b>	<b>100</b>	<b>735</b>	<b>100</b>	<b>1745</b>	<b>100</b>

Source NDIA outcomes framework data

Note Gender was noted as 'U' for 18 participants not included in this table to protect confidentiality; Results reflect the latest survey from baseline to review 3 (review 4 has not been included) of each participant who has used MTA. Not stated not included.

*Interviewees comments on effect of MTA on participants*

A number of the providers interviewed for this project indicated the success, in their view, of MTA for their participants. From a positive perspective:

*This time last year we had seven people in a week move out of hospital into our brand new properties all through MTA – high needs people who have flourished in their new home. (Support Coordinator, SA)*

The experience of clients is enhanced when providers, including SDA providers, can be flexible and choose the right options and make minor changes to meet the special needs of people:

*We have a man who has a particular condition that needed a particular type of accommodation. We were able to make some minor adjustments to an available property, to make it accessible and*

*away from other people with a path outside, and in a week, we had it fixed and that man was out of hospital where he had been for 18 months – now living in his own home. (SDA Provider, NSW)*

While these examples highlight the benefit of MTA in moving people out of hospital the following example highlights the impact of MTA on a participant involved with the justice system:

*Formerly a supported independent living (SIL) customer he wanted to live independently. He was set up independently and got into some trouble with the law and wasn't coping anymore with living away from home. So the police liaised with us to see if we had a place for him because we can make that a condition of his parole that he stays in a particular place. So we used the MTA funding (I think he had a good support coordinator who he came on board with all of it). Then his MTA funding was extended because he actually did work out quite well in that placement and he was quite happy to stay and he settled in well but I think the agency just wanted to be sure before they signed off on a formal SIL placement and the appropriate funding that he was going to be staying in that placement so they're just extended it. We're just almost up to the review process again for converting that to a SIL so that's a really good successful case. (Disability Support Organisation, NSW)*

Another example of the benefit of MTA for a participant in a family home where relationships had broken down:

*One family, a mother was living with the participant and they came to a point where the mother could no longer care for the participant because of the participant's challenging behaviours and also because of their disability they were no longer able to get into their bathroom. When they moved [the participant] in with us, basically their [mother and participant] relationship had broken down with the whole family. But, slowly and with time, we've supported that participant and now they have a wonderful relationship with the family and they are reconnecting with things and I would say 90% of those behaviours have disappeared as well because they now feel valued, they can value themselves as a human being and can see the sense of life. If there wasn't an MTA place I don't think this particular individual would have ended up in the accommodation that they're in, or even in the supports that they have. (NDIS provider, SA)*

## Current operations of the MTA market

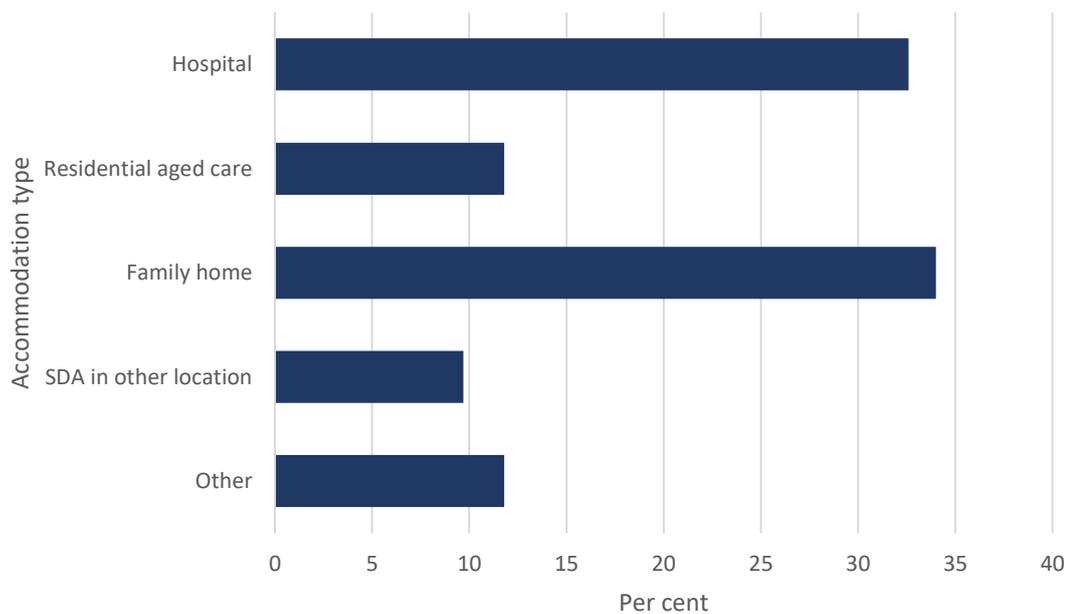
Through the survey and interviews an overall understanding of how the current MTA market is operating was sought in terms of:

- the living arrangements of clients prior to transitioning to MTA;
- the length of time it takes to access funding for MTA;
- the number of requests for MTA an organisation receives per month and whether this demand has changed over time;
- how this change in demand varies by geographic location;
- implications the availability of MTA on the demands for other types of accommodation;
- the impact of the increase in the period of funding from 90 days to 180 days as a result of COVID;
- the factors that have most significantly impacted on the ability for MTA to be accessed by eligible NDIS participants; and finally
- the success of MTA to date in transitioning people into appropriate long term accommodation.

### Living arrangements prior to accessing MTA

The following figure (Figure 12) shows the living arrangements of MTA recipients prior to MTA.

Figure 12 Living arrangements of clients prior to accessing MTA



Source online survey

Survey respondents indicated a range of living arrangements prior to accessing MTA with around one third of their MTA participants coming from hospital and one third from the family home (Figure 12). Other areas specified by respondents were the justice system, child safety, rehabilitation, shared housing, SIL, SRS, STA, the streets, and community care units.

#### Length of time to access funding for MTA

Of the 55 survey respondents to this question over half (54.5%) indicated that it took up to three months to receive funding. Some organisations (14%) had a better experience indicating that around one month was enough, while an additional 14% of agencies stated it takes around 6 months and one fifth of respondents indicated they felt it took over six months.

In some of the interviews there was a feeling of frustration with the NDIA processes and a hope that processes could be completed in a 14 day turnaround period:

*Once it's hit the NDIA you don't know how long it is until you've got the approval, and for some families who are wanting an outcome in a short period of time, they struggle with the concept that outcomes are not going to happen in that short period of time because, of how long is a piece of string with the NDIA, and their decision-making. (Support coordinator, SA)*

*Sometimes we can be waiting weeks anything up to a couple of months. Usually the urgent well the idea would be for it to come through within a 14-day turnaround and to maybe have some assurances within that 14 days that if a person's in an emergency situation that they will cover that you know retrospectively (that is if you are actually going to be removing the person from risk or because you know there's an emergency situation with the family in a transitional sense and to know there is some sort of guarantee that we will be funded for the supports we provide) because you can't have a person sitting on the street waiting for something especially coming from a mental health situation ....but the responsibilities on us as well. It is a two-way street it's not just the agency*

[NDIS], we have to be able to provide all the reasoning, the evidence and the quotes around what we need to provide. (Disability Support Organisation, NSW)

#### Requests to the organisation for MTA per month

Almost all organisations in the survey indicated they received between 0-10 requests per month for MTA. There were mixed views about whether requests had changed over time, with the majority (59%) indicating there had been an increase. Some (5%) thought there had been a decrease over time but one quarter had seen no change over time in demand or were unsure (10%). The greatest number of requests for MTA occurred in the metropolitan areas (identified by 56% of respondents) but demand in regional areas is also considerable (identified by 42% of respondents).

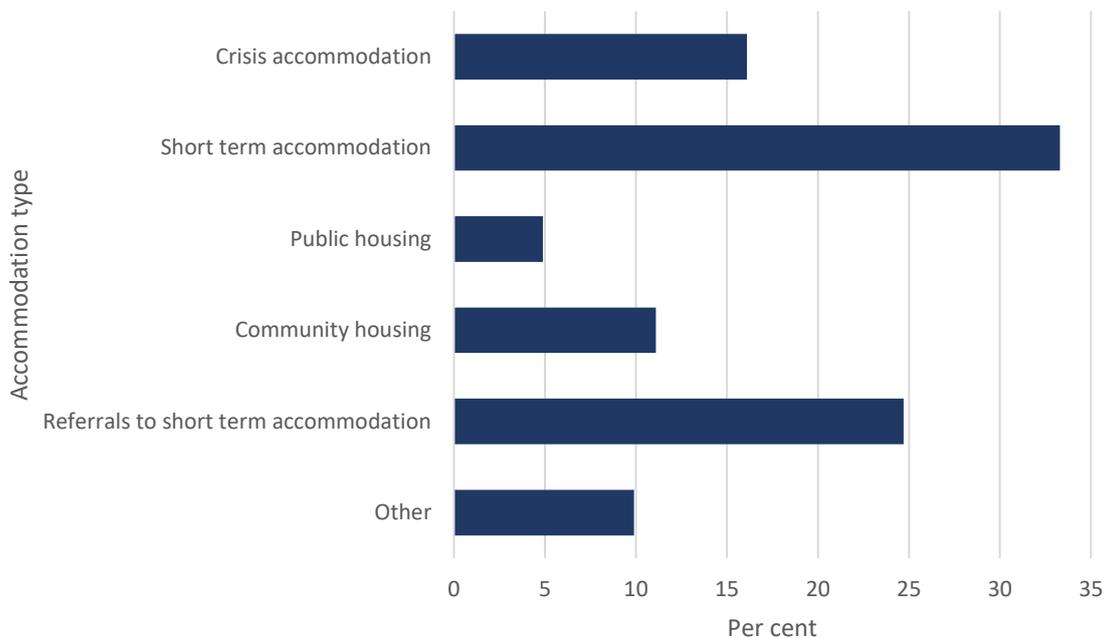
#### The impact of the availability of MTA on the demand for other types of accommodation

Respondents to the survey indicated the availability of MTA since December 2019 has resulted in a change in demand across the other available accommodation types. Survey respondents indicated changes across all the other accommodation types but particularly for STA, crisis accommodation and referrals to STA (Figure 13). Close to two thirds of the sample (61%) indicated an increase in demand for these other accommodation types, while 16% have seen no change or were uncertain, and only 9% had experienced a decline in demand.

One interviewee explained their thoughts with regard to their experience of demand declining:

*It has quietened down only because of misunderstanding of MTA. Is it a long term thing on the table from NDIS or was it just to cover the COVID period? I often get questions being asked by even support coordinators saying is MTA ongoing or was just for the COVID period. Even I don't know if it is long term thing or in the interim to support COVID. (Disability Support Organisation, SA)*

**Figure 13 Accommodation types where there has been a change in demand since the introduction of MTA**



Source online survey

Note Other were SRS, SDA, no, no increased options, not enough to know, all of the above, all long term housing options.

### Impact of COVID and number of days

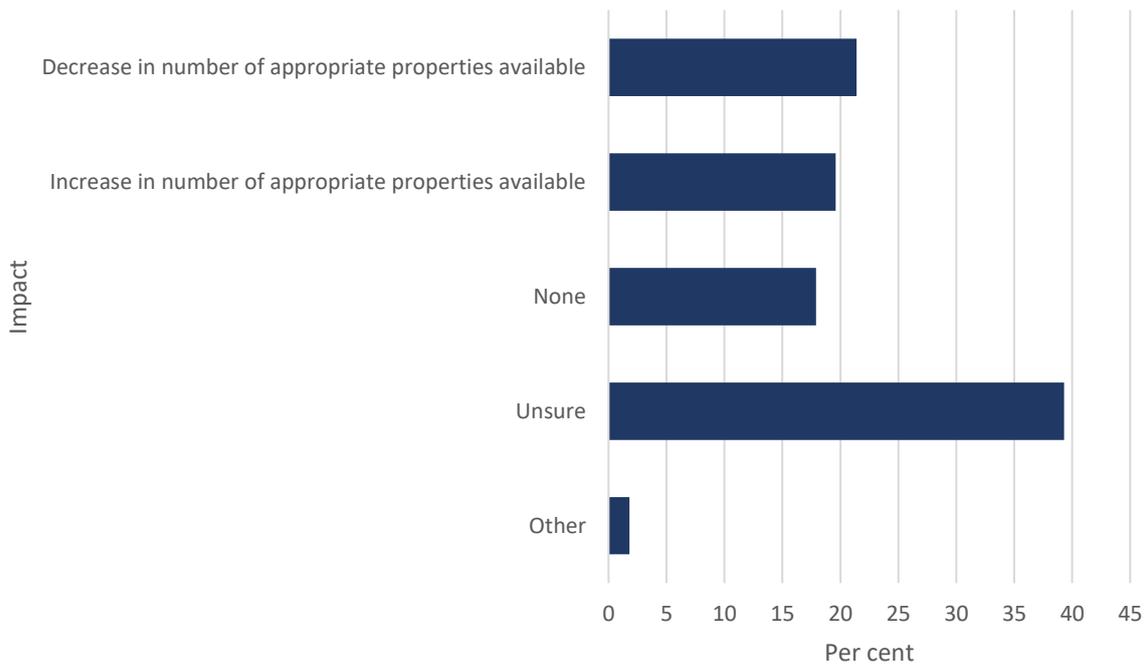
The unanticipated nature of COVID resulted in a government mandated increase in the number of days of funding from 90 days to 180 days for MTA. The survey sought the opinion of providers of services on the impact of this increase in days. As Figure 14 shows there were mixed views. The one person who stated 'other' referred to the fact that COVID meant that individuals did not have to go to review as often.

A couple of interviewees explained the unintended consequences of the impact of COVID on a new program and the NDIA. For example, as one person explained:

*What happened is that the agency was overwhelmed with applications for SDA and therefore they were delayed in assessing a lot of these participants for their SDA. In the meantime, the MTA funding ran out and SDA was not approved until sometime later but not backdated to when their MTA funding ran out. So we have a number of residents who lived in our homes for free ... when in fact the SDA application was lodged well in time to be assessed before the MTA ran out. (SDA Provider, NSW)*

This statement reflects the confusion around MTA eligibility in the early days of the provision of MTA funding.

**Figure 14 Impact of the increase in eligible days from 90 to 180**

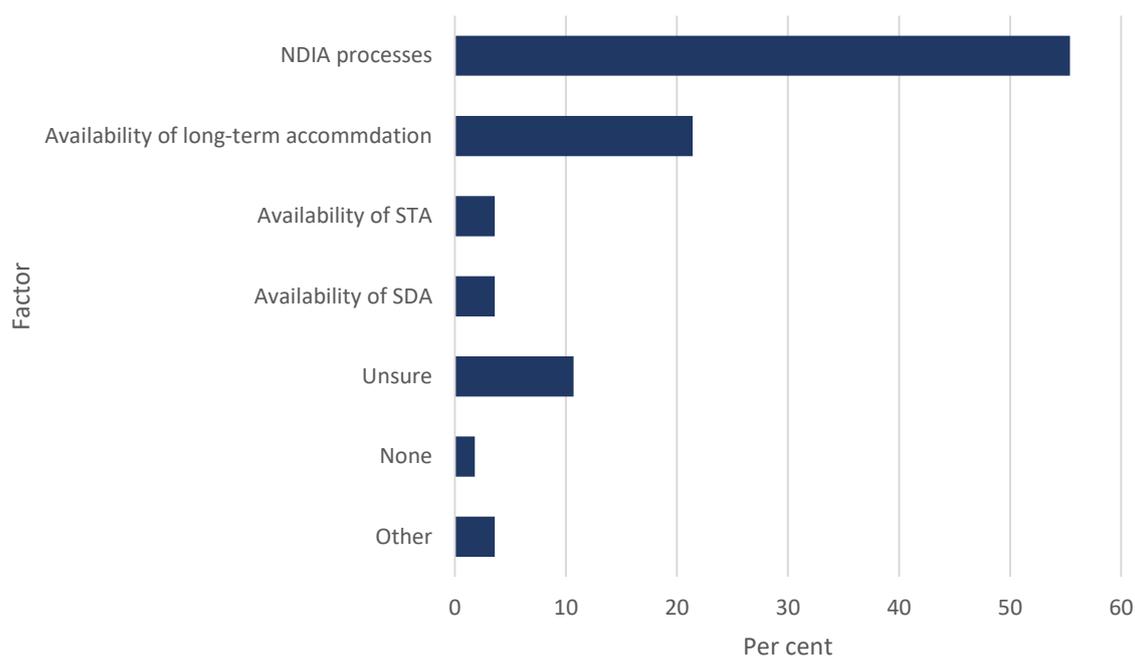


Source online survey

### Factors impacting on the ability for MTA to be accessed by eligible NDIS participants

Since the introduction of MTA funding, the most significant factor adversely affecting the ability of eligible NDIS participants to access MTA is not housing availability, but NDIA processes. (Figure 15).

**Figure 15 Factors impacting access to MTA**



Source online survey

According to 55% of respondents to the survey it was NDIS processes that impacted access to MTA. Part of this criticism as noted earlier however is due to a lack of understanding in the sector of the need for confirmation of a long term housing option for a participant prior to accessing MTA. One disability provider explained the difficulties they have noticed in the context of getting MTA into participants’ plans. They stated:

*Support coordinators (SCs) are finding it hard to get MTA in people's plans. If they do not have enough money in the individual's core support they have to go back to an urgent change of circumstances with NDIS and the general feedback from SCs in the past 4-6 months is that SCs are finding the NDIS won't support it unless the participant is highly likely to find permanent accommodation. Otherwise, if it is just for the 90 days then it tends to become respite. For it to be successful providers need to have SIL vacancies currently or are building places. Housing Hub is where they go to see what is on offer in terms of MTA. On average 10-14 weeks is the time for a SIL so MTA funding does not last as long as it can take to get a SIL and extensions are rarely approved. (SIL Provider, NSW)*

One criticism was the lack of knowledge about MTA within the NDIA:

*We have two young ladies one with cerebral palsy one with intellectual delay autism and they live together in a private rental that we rent. We had a girl that was a perfect match for another younger girl. It would have been so good and she was ready to move in and it would have meant that MTA would have been available in two weeks The planner of the second girl said that MTA is not for people transitioning out of hospital. It's only for people coming out of nursing homes...While we were able to find another participant [the] girl [refused MTA] is currently living in a transitional housing arrangement, not NDIS, and this is a girl at risk of abuse. (Disability Support Provider, NSW)*

and more specifically about the influential role of planners:

*[People with complex issues] should be at the top of the list to get help, but they're not, and the delays in the NDIA to get a review and to get help and then to get an experienced planner that's part of the problem. Trying to explain to a 20 year old person who is a planner why you need support for somebody who has high functioning autism with specific peculiarities, trying to explain the complexities of these people to 20 year old planners who have very little disability experience, lots of compassion. We should actually be having meetings with the planner who's going to make a financial decision for that person who has accountability and can hear the information first hand. I think there needs to be a level in the NDIA where people who have complex needs get to meet with the planner who's going to make decisions in their case not a planner who then writes up recommendations and it goes to some third party to make a financial decision for that person. So you're reliant on the messenger to interpret your needs and that's not fair. It is the right way to go for some people and I understand why the NDIA do it, I get the value of the system but for some of these specialist cases there is a need for discussions with experienced planners. (Disability Support Organisation, Vic)*

*We have completely lost confidence in the operation of it [MTA]. We actually had a participant who was taken off the street, person with mental health concerns. We had actually rented an apartment for her, we took a 90 day lease for her. She needed time to settle down, unstable for a time, then without notice the planner, the NDIA planner, turned off the MTA after two months and one week without consultation with the support coordinator without consultation with the casting guardian and without consultation with us. She's now back on the street when we were actually starting to see some improvements in her behaviours. (Disability Services and Support, NSW)*

Additionally, an SDA provider had concerns that they did not receive MTA funding directly:

*The money can only be accessed by an organisation other than the organisation providing the accommodation. So they overlooked that particular fact– who could access that budget line when they created this back 16 months ago so we are dependent upon our SIL partners to make the claim and then to pass the money on to us and therefore that creates for us a bit of exposure with people who are with organisations that are less financially viable. We are only an SDA provider which is the intention of the SDA programme at the beginning that we would walk together with SIL providers. Most accommodation providers can be SIL providers but there's the whole emergence of SDA providers many of whom have or have had vacancies and they are more than happy to make those vacancies available to people who have MTA in their plans. (SDA Provider, NSW)*

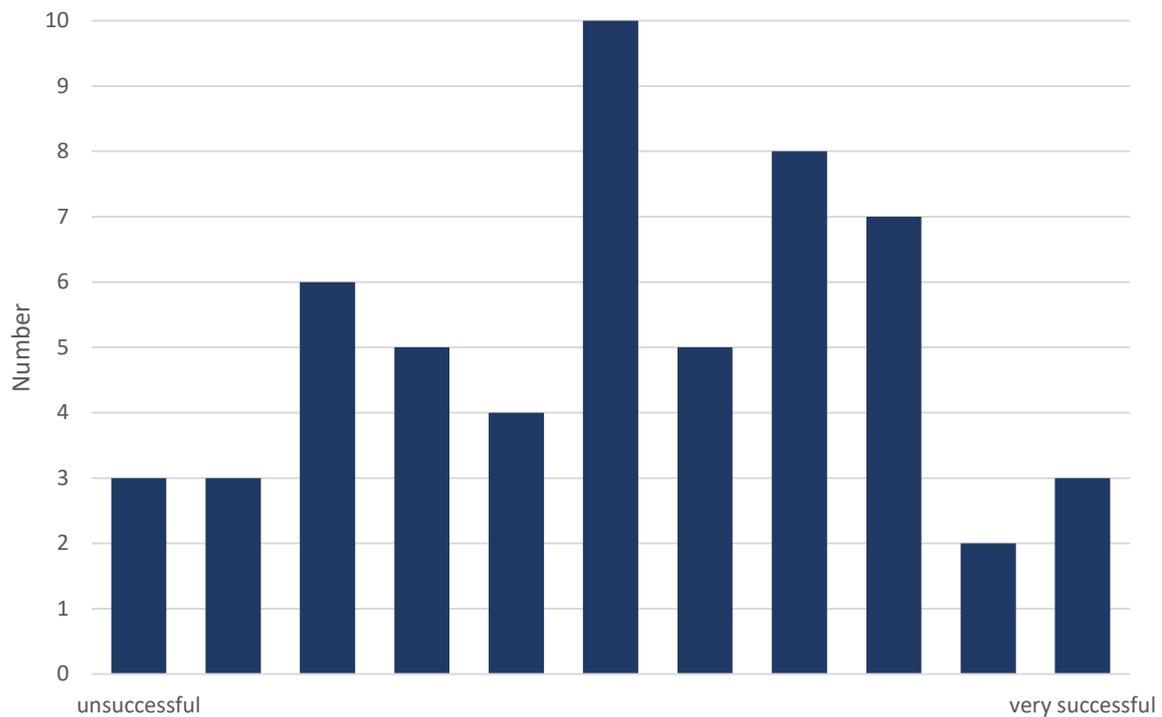
Another specific criticism was the mantra of choice and control but the NDIA did not always decide on the best option and desired outcome for participants:

*Accommodation options: So we're now having to deal with the challenge of options provided that provide a mixed challenge because the Review panel is saying you are a double amputee, you're 55 years of age, you can live with four other males in a group home somewhere. When in fact, this person has no desire to share the house with four other males. He wants to live the life he had before he had his legs cut off. (Disability Support Provider, Vic)*

#### Success of MTA

There were mixed feelings in the online survey about the success of MTA to transition people with disability to more permanent accommodation. Around 18% were not sure either way but slightly more considered it has been successful rather than unsuccessful (Figure 16). It is worth noting that this is a normal distribution, a worthy and positive outcome given the recency of the program.

Figure 16 Measure of success of MTA



Source online survey

MTA was seen to be successful from a number of angles:

*I think it's a long term addition to the suite of line items the that the NDIS can offer. (Disability Provider, NSW)*

*I think it's really useful because it gives us a different ability to be able to sometimes just trial people on their ability to live amicably and comfortably, or even feel happy in a particular situation. (Disability Provider, NSW)*

*I know that some of the reasons that the agency also introduced it was that they really could see that there was a gap on how do we work more closely with health and with justice. Where we've had the experience of taking people from both of those sectors I think its given us an ability to at least try and support people in a particular transitional phase of their life. (Disability Provider, NSW)*

*MTA was absolutely a fantastic mechanism to accelerate the discharge of long term medically stable people out of the hospital system.... it was a way to move people out of both nursing homes and hospitals and it was incredibly effective. (Support Coordinator, SA)*

*Really like the MTA idea that they put in because it gives you as long as the plan is funded and they fund the support within that MTA period appropriately then that really gives the provider the opportunity to get somebody into accommodation and out of hospital, a nursing home wherever and get them settled and find someone to match with them. It really does help the market. (Disability Provider, NSW)*

## Part Two: Requirements for a best practice MTA market

The purpose of this section of the report is to provide an insight into what may be required to enhance the current MTA market as one of best-practice nationally. Consideration will be given to the gaps in current processes and regulation, and importantly how the experience of participants could be improved nationally.

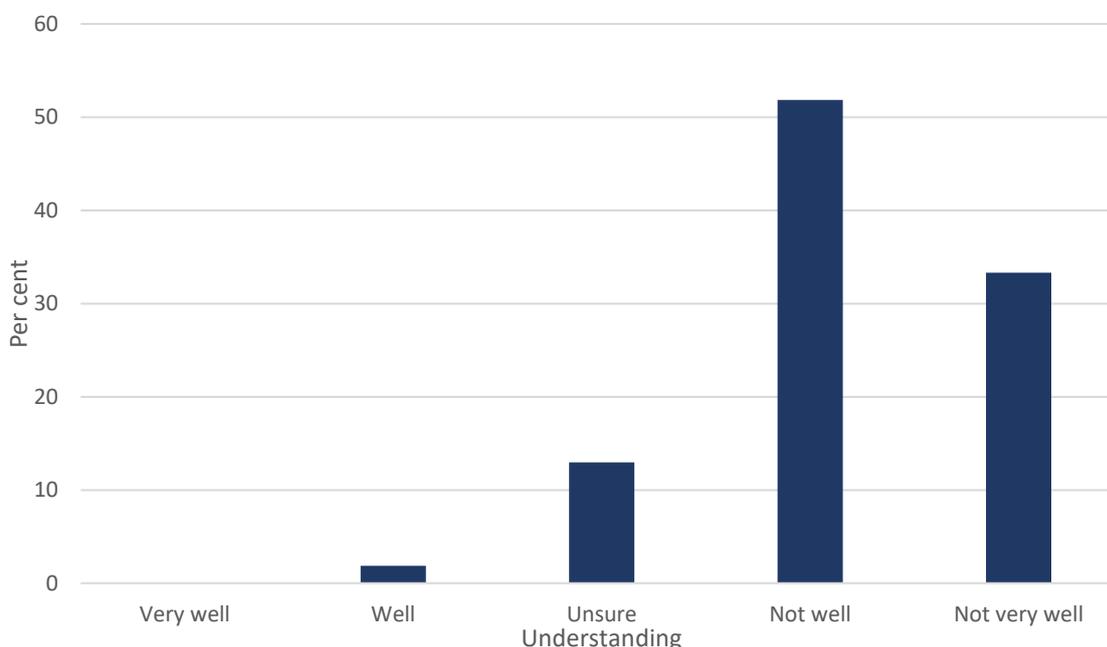
Recognising the sector is in its infancy the Department is seeking thoughts on a number of factors: knowledge across the disability sector about MTA, how to improve the processes of MTA, how to improve the experiences of recipients of MTA, adequacy of investment incentives in the sector; and the role of government in facilitating the supply of MTA.

### Gaps in current MTA market

#### Knowledge across MTA sector

An important basis for a program to work well is an understanding of that program across the population groups for which it has been designed, as well as the gatekeepers and professionals working in the area. MTA is a newly developed program and while one interviewee commented that the NDIS had done 'their utmost to put information out there' the consensus from the survey and interviews overall was that the MTA program/sector is not well understood across the sector. This has also been reflected in Part 1 of the report. In some respects, this assessment is not unexpected considering MTA funding has only been in operation for close to eighteen months. From the survey, in addition to the 85% who thought MTA was not well understood, another 13% were unsure about knowledge about MTA across the sector. Only 2% thought it was well understood (Figure 17).

Figure 17 Knowledge of MTA across the disability sector



Source online survey

In the beginning the lack of knowledge about the program, and the absence of a clear understanding of eligibility, according to some providers and workers in the sector, placed clients and providers at risk. Providers housed people on the belief they would be eligible for MTA and would get timely approval of the option of longer term accommodation. When this did not happen, according to the anticipated schedule, it left providers out of pocket and people with disability at risk of homelessness.

As noted in previous sections of the report a lack of understanding is still impacting on the availability of MTA to eligible people:

*MTA is not well known, it is often mixed up with respite. It is another form of respite. It is used as a form of crisis accommodation at times. (Disability Provider, SA and Vic)*

*I would say that MTA is glorified respite. I think in relation to STA difference is only in number of days or in duration. Only difference, otherwise same situation. We found it quicker for them [participants] to transition from STA to MTA as still have a little bit of funding in STA maybe there for six weeks and see person not able to transition into long term and when person moves in the first week you work towards to the next solutions however the grind space is the NDIS that does not work as fast as people working on the ground. (Disability Support Organisation, SA)*

*As a support coordinator I see agencies not really understanding the reason for MTA to the lack of agencies not wanting to provide MTA because financially they don't make as much money on MTA as they do from STA. (Disability Support Coordinator, SA)*

*People that require MTA currently in rehab care facilities, in hospitals rely on their social workers and support coordinators at those facilities to have this knowledge and they need to argue with the planners and this is where the process can break down. (Disability Service Provider, Qld)*

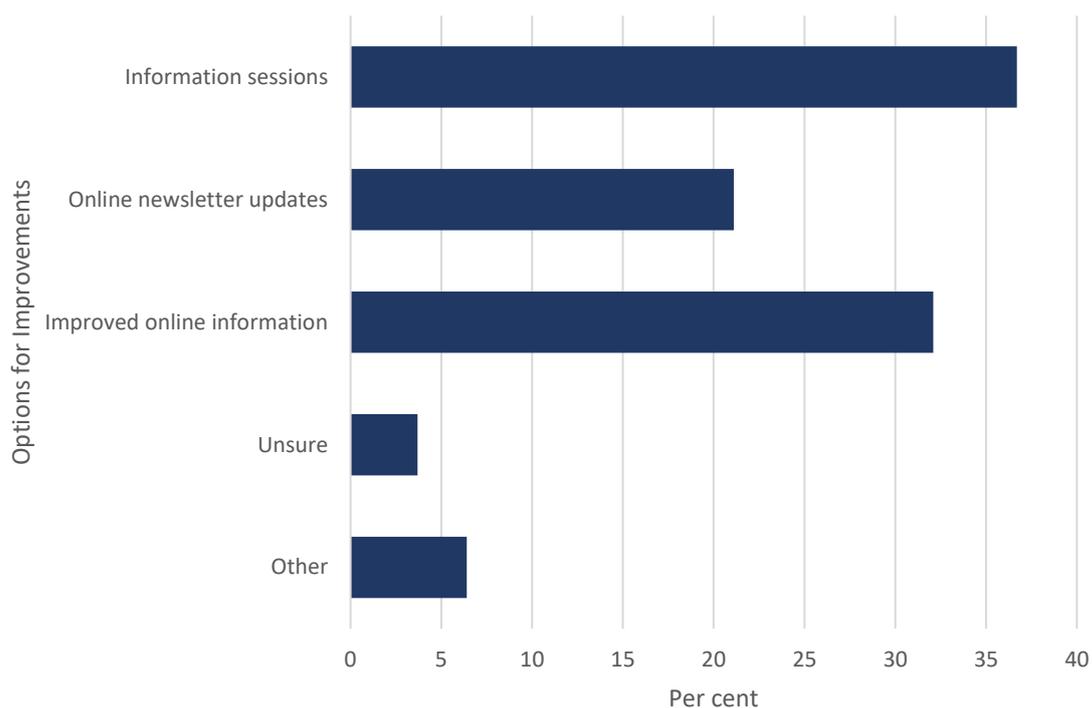
In addition to disability providers not clearly understanding the purpose of, operation of, and the benefits of, MTA to participants and their families, staff within the NDIA who are meant to be supporting and helping people through this program appear to not be very clear themselves on what it's for either.

The online survey sought peoples' choices about how to increase knowledge about MTA and all the options offered – information sessions, online newsletters and updates, improved online information – were considered important (Figure 18). Information sessions was very popular with 36% indicating this would be a useful option. Of course, these options were not mutually exclusive and so many respondents chose more than one option, and in reality, the broader your distribution of the message the greater the uptake and understanding of that information. Seven people in the survey offered 'other' suggestions for improving knowledge distribution and a number of these focused on specialist training – educate all NDIS offices, appropriate training for NDIA planners, encourage increased knowledge of support coordinators, and training for Local Health Districts (LHDs). A couple of comments were about respect – employing individuals who really care about participant needs and are not only focussed on the top line metrics and Local Area Coordinators (LACs) and National NDIA staff accepting that they don't know everything.

In addition to increasing the understanding and knowledge of professionals in the sector, one provider indicated that the participant and their family should not be left out of this loop:

*People living with disabilities, the participants themselves, they have no idea what MTA is all about even though there is information that they can access. A lot of the people that we work with haven't got that capacity to be able to understand what [MTA] means for them and what is available to them so henceforth they are working through the same professionals that might have misunderstandings of MTA. I'm also explaining it to families to say this funding can help them with accommodation but will not support things like personal care. (Disability Support Provider, SA)*

Figure 18 Suggested ways/methods to increase knowledge about MTA



Source online survey

#### Clarity on MTA eligibility

It is clear from the discussion above that greater clarity on MTA eligibility is very much needed. The online survey results supported this statement. The most prevalent ask was for more information and specifically greater clarity around eligibility – who, when, what timeframe – and the decision criteria. For example, comments around this included:

*There is no eligibility criteria and no provider guidelines available.*

*Guidelines funding and on what happens when participant's MTA is coming to an end and the gap before they transition to SIL or other.*

*MTA eligibility is too vague.*

*I think NDIA made it quite clear for eligibility, it is the process of applying that needs more clarity.*

*MTA is only a stepping stone to independence where NDIS pay for accommodation but you are responsible for everything else including food.*

*Length of time available.*

*Eligibility criteria and using it for transition out of hospital and community care.*

*Clarity of eligibility, seamless referral and acceptance of support. Plan management for all MTA placements to enable greater ease of connection.*

*In easy read point form, without 'gibblagob' language.*

While the question posed to respondents was about eligibility specifically, respondents felt they needed a greater understanding about finances, housing options and pathways. The aspect of money was raised in relation to greater clarity around how to access the money associated with MTA and what other monies

could be used for this. The need for greater clarity around the provision of housing led to the following comments:

*The clear definition that a participant must already have their permanent accommodation already identified.*

*Clarity around what constitutes a long term solution i.e., is it a letter of offer from an SDA provider for accommodation to be built?*

*Who to contact – we have tried for over 12 months to ascertain building MTA and long term accommodation with no response from the Department.*

*When facing homelessness – not just gap until SDA/SIL is ready.*

*How to support participants to transition into SIL if required; and similarly,*

*A journey map would be good given the length of time to make people ready for out of home living. What is the best process for them to follow?*

Ending on a positive note, one respondent on the need for greater clarity stated *not really, the solutions are out there, we just have to think, talk and do!*

#### Adequacy of investment in MTA market/sector

Through the online survey we sought the insights and suggestions of providers with regard to the adequacy of investment in MTA. Over half of respondents (28 of 54) who provided an answer to this direct question believed that the current incentives to providers are not appropriate to encourage further investment, though as a new sector within the disability space, people are undecided (30% of respondents did not have an opinion on the issue of investment). A range of suggestions were provided by people working in the disability sector as to how to encourage more investment.

Related to the discussion above, there was the suggestion of a greater focus by the NDIA on MTA which may stimulate the sector to provide more offerings. There were concerns raised in the discussion with providers of accommodation that they are taking a risk in leasing properties for short term rentals. While they understand that risks come with property investment, they are concerned about rule changes and not being compensated by the NDIA when this impacts on their business, so security around vacancies was seen as helpful. In this context a guaranteed length of MTA funding would allow lateral thinking organisations to lease suitable properties in locations with minimal financial risk. As an example, a provider outlined where a high-level needs person say from a stroke is currently residing in hospital and there is currently no SDA available for that person to move into. To help that person move into more appropriate accommodation that allows independent living and/or living with someone else requires a range of linked STA and MTA so it is the prescribed time frames of funding that are a barrier. Again, in this area of flexible pricing this provider suggested if different pricing arrangements based on regional markets were available then much better outcomes could be achieved.

Greater demand through easier access for NDIS participants may also enable accommodation providers to see the benefits in providing this form of accommodation. One support coordinator, spoken to as part of this study, indicated that at the moment it is much more profitable for organisations to provide STA than MTA.

Also, while they see the demand for MTA potentially encouraging investment there is not enough SDA properties available. One of the issues raised was the uncertainty around the approval process for SDA.

Many SDA providers have built one and two bedroom properties but the NDIA, despite supporting documentation, is only approving people to live in 3-4 bedroom share accommodation. This uncertainty means that some providers at present would rather have vacant properties than offer them for MTA. One interviewee stated that SDA providers are the most likely source of MTA because they are likely to have temporary vacancies in their properties. Therefore, SDA providers need to have visibility of the MTA service booking and be able to access that. This person believed there needs to be an adjustment to the purpose of MTA to the language that says something like – if a participant is most likely to be approved for SDA or an alternative form of transitional accommodation, then MTA can apply in order to accelerate the discharge from hospital for example, wherever they are able to take advantage of a potentially highly suitable dwelling for their particular needs and preferences. The recognised difficulty here is who is making a subjective view that a participant may be suitable for SDA or likely to be approved for SDA.

Another suggestion for stimulating investment in MTA is through simplified funding channels. The respondent to the survey outlined that planning is about forecasting and the difficulties to justify and plan for declines for example, in a participant's condition requiring clinical intervention and then having the person wishing to return to an independent life in the absence of an increase in funding and having to wait six to nine months for a review of a participant's plan to accommodate changes in circumstances.

More tax breaks for investors to become involved, and make it more profitable, were two suggestions without elaboration.

The specificity of the funding for MTA, was seen as a problem in the sense that there are many people with disability that need some form of ongoing suitable accommodation but there is no support for this:

*MTA needs to have flexibility built into it so it's not only for SIL or SDA proof customers and then I could help so many more people and I tell you what it would do reduce the wait on housing. it would increase our ability to make sure people are safe especially young people. We could keep them safe, we could keep a roof over their heads, we could keep them so that their condition doesn't worsen and that we can build their capacity within a safe setting. If we don't do that then these two guys that I just described to you [young males with approval to move into SIL currently in a motel room using MTA] they would be on the street and there's nothing I could do for them and they would go backwards. (Disability Provider, NSW)*

#### Improving processes and experiences for MTA participants

Many suggestions were provided about how the processes and experiences of MTA could be improved for participants. These suggestions can be categorised into a number of themes, generally already touched upon in this report – better information, process issues, funding, housing issues, and choice and control.

#### *Information*

As noted previously, there are numerous calls for more information that ensures everyone, planners, LACs, support coordinators, participants and their families, and disability organisations generally, have a much clearer understanding of MTA in its totality and/or what is specifically needed by certain parties. This information needs to be readily available, and easy to understand, beginning with the definition of MTA and how it differs from other accommodation or crisis supports like respite care and STA:

*One thing to do and the top level thing to improve the system, is education of service providers. That would be no 1 for me in terms of what's the use, what's the benefits for MTA what could be some of the outcomes of MTA. What are the benefits for them as an agency as well as for the participants because it feels like some agencies have forgotten that participants are the focal point of their service. And I guess also education for the participants themselves because they get lost in the MTA world because it is a different terminology, these are different systems and it's like wading your way through muddy waters. (Service Provider, SA)*

### Processes

This is the area that attracted the most attention in terms of improving the MTA experience, or even having the option of accessing MTA. It was noted more streamlined and less cumbersome NDIS processes including quicker turnaround times of plan reviews for participants with less pushback from the NDIS on people wanting to exit hospital or aged care would help. Similarly, participants were seen at risk if MTA processes were too slow in allocating MTA and longer term supports such as SDA and SIL with the potential for people to bounce back into hospital or aged care placements:

*[in terms of allocated days of 90] ... the more time the better because the issue isn't the provider necessarily finding the participant and matching them and getting them in because there's such demand, the issue is getting through the process with the NDIS to get the SIL approved. Ninety days with another 90 days if needed – 180 days, 6 months, that's ridiculously long but at the same time the NDIS are so understaffed and so backlogged that in some instances you probably need 180 days. (Disability Provider, Qld)*

Understanding whether this was just a one off opportunity for funding or whether another rolling application can be submitted for review was not clear to the disability community. On this basis it was felt that a person should be able to stay in MTA until their SDA is ready.

At times in the online survey and interviews, NDIA planners came under scrutiny and attack and so one of the processes to improve outcomes for participants is a call for more collaboration with and understanding from NDIS planners.

### Accommodation

Participants can only benefit from MTA if there are affordable medium term and longer term housing options in the community, and that these options are in areas participants want to be. Honest information has to be available about accommodation opportunities, or lack thereof. MTA and for that matter STA options, let alone respite are lacking in many areas and it is extremely difficult to find places:

*Accommodation is a massive issue in the NDIS space. Have STA, residential respite, long term- group homes, could even include holidays but MTA is quite vacant. (Disability Support Provider, Vic)*

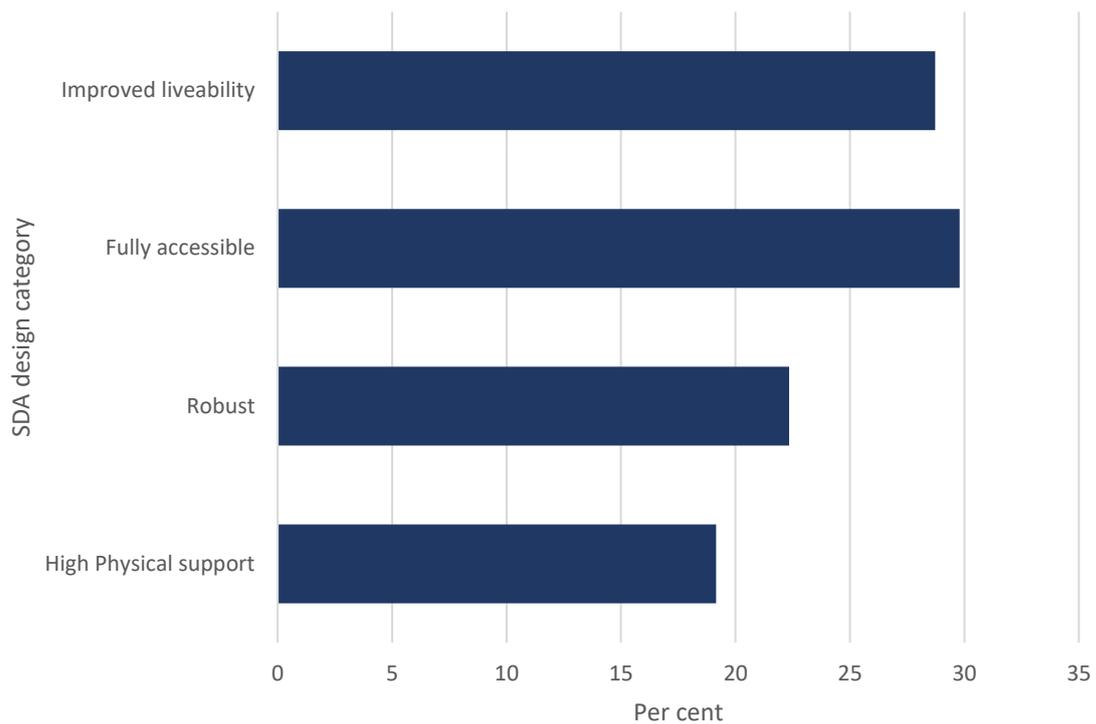
This can be particularly so depending on the support needs of clients. In this regard it was suggested that a register of MTA providers, locations and support options be available.

The online survey sought an understanding of the SDA equivalent design categories most requested for MTA. Figure 19 shows that the two most resource intensive categories of housing provision – high physical support and robust housing are the least requested. This is understandable, because both of these options are the least available across the country with the number of robust properties very low at 9.6% of all SDA properties. In fact, as of December 2020, there were no robust properties in Western Australia and the Northern Territory and only one in Tasmania (Table 13).

As noted by a service provider:

*So we need more robust accommodation across the board and we need opportunities for people to match into robust accommodation. We need to be able to work with providers to implement things to have appropriate funding for people who need this accommodation so that providers find these peoples' needs attractive because at the moment the marketplace works against them. For people with extreme behaviours they miss out on not just accommodation, but every service because they are seen too hard and they burn out their staff. Providers prefer not to take them. (Disability Provider, Vic)*

Figure 19 SDA equivalent design categories request for MTA



Source online survey

Table 13 New build/new build (refurbished) dwelling by design category and build type by state/territory, December 2020

State/Territory	Improved liveability	Fully accessible	Robust	High physical support	Total
NSW	550	313	90	653	1606
Vic	94	65	38	259	456
Qld	68	146	47	312	573
WA	11	45	0	38	94
SA	50	26	119	95	290
Tas	7	22	1	1	31
ACT	17	0	4	36	57
NT	4	10	0	4	18
<b>Total</b>	<b>801</b>	<b>627</b>	<b>299</b>	<b>1398</b>	<b>3125</b>

Source NDIS 2021d

### *Funding*

One request was for simplifying access to funding and the timely release of funds by agencies as often requests are in response to an emerging or critical situation.

### *Identifying potential participants*

In the Queensland context, that has relevance for other jurisdictions, one provider indicted the need to link with other service sectors. In this case it was the need to work with Queensland Health to assist with better community connectedness within wider regions. Linking with service providers to inform potential participants and involve all parties to meet including SDA and SIL providers will help ensure vacancies are filled or compatibility of clients is explored more.

### *Linkages with non NDIS services to support clients in MTA*

Following on from the above comment, numerous suggestions were provided as to which linkages with NDIS services are needed to better support clients in MTA. It appears better linkages are needed and necessary across the wide range of services people with disability and their carers/families intersect with on a regular basis. These included linkages with health departments, hospitals, counselling and financial/support management services, community housing, community nursing, domestic violence services and employment services, Centrelink, real estate agents, aged care, mental health services and the justice system. It was noted in regional Australia, the non-NDIS opportunities become very limiting.

### *Choice and control*

In all of this, choice and control for the participant needs to be respected and upheld. As one respondent to the survey, and some in the interviews stated, with the money available in the NDIS sometimes participants turn into dollar figures, they are not people anymore and their rights are lost. In their opinion one of the job functions of support coordinators and LACs is to empower the recipients of their choices and rights.

### *Role of government in facilitating the level of supply of MTA or similar accommodation*

There is a clear need for government to play an active role in facilitating access to medium term accommodation for people with a disability. In many respects, this section reiterates the findings already presented in this report. With a focus on government in particular, the responses below are about understanding the market, the sharing of information, government processes, the need for housing options, funding, and supports.

#### *Understanding of the market*

Respondents felt that there was a need for an understanding of the market for whom transitional accommodation is needed – what are the needs in the community, in health and aged care – what are the parameters to set market predictions. In all of this, there needs to be an understanding of participants' needs. Knowledge of the parameters of need will allow the setting of timeframes to achieve long term housing outcomes for people with disability. In fact, one person stated 'it [the government] should not be considering funding arrangements until triaging the problem and the solutions first.'

#### *The sharing of information*

As discussed previously there is a significant need for information and training sessions to increase knowledge in the sector about MTA. These sessions should be readily available to all NDIS providers and participants and their carers.

#### *Government processes*

The timeliness of NDIS processes is an area where providers need support. MTA is only for a limited time, is much needed to exit people from institutional care, so the repeated call is for appropriate turnarounds of NDIA plan reviews, assessment of SIL and SDA eligibility and the release of funding.

While some agencies have been able to manage the transitional process in 90 days this is very much influenced by locality and type of provider (i.e., if they have their own long term independent accommodation) in terms of the opportunities available across the spectrum of accommodation options – respite, STA, MTA, SIL, ILO, SDA. Greater flexibility around the number of days is seen as something that should be seriously considered– ‘90 days is short term thinking. 9-12 months is medium term in this sector’.

One other suggestion was to allow flexibility in core funding to be used whenever a person is homeless.

### Housing

A pressing issue across a number of sectors is the lack of availability of housing and in many respects this is more pressing for the disability community (Beer 2020), resulting in the entry of people into aged care, the remand system, the hospital system with a lack of exit options. The suggestions provided were for designated transitional housing for people with disability to be a focus of government, policies to stimulate and support investors in the sector and not for profits to increase supply. More property development needs to be encouraged and to increase efficiency in the market, and for an understanding of what is available, a nationally funded portal where providers can advertise vacancies needs to be established.

### Funding models

A number of funding suggestions were provided. Of course, incentives and surety of income for providers through adequate funding models was raised and that the NDIA should prioritise funding for transitional accommodation. In addition, it was stated the government should assist non-government organisations to set up MTA options, there should be subsidies for providers of level 3 accommodation, and more open connection between service providers and investors. Survey respondents were very much in favour of an MTA framework, similar to the SDA framework, as a means to achieve greater provision and quality in MTA.

### Supports

Supports were a clear factor in influencing access to MTA. While participants must have confirmation and a date for transitioning into a long term housing option, the availability of appropriate support funding is very important. In this respect it was felt that NDIS complex planning supports and service provision oversight is needed.

### Conclusion

MTA is seen as a valued addition to the range of supports provided through the NDIA/NDIS. As a relatively new sector there appears to be considerable room for improvement in the efficiency and value of this market to the disability sector. This research has provided some insight into the components of what a best practice MTA environment might look like however as there is great variability in needs, both across disability types and geographic areas, there is a need for more detailed focused consultation and work with the sector. A first step in moving forward however may be the research being undertaken for AHURI: *Accommodating adults with disabilities and high support needs: examining the range of tenures and support models that provide positive outcomes*, and *An Inquiry into enhancing the coordination of housing supports for individuals leaving institutional settings* (AHURI forthcoming a, b).

## Findings

Based on the evidence presented in this report, we consider:

- It should be acknowledged that MTA is meeting a pressing need. The Australian Government should acknowledge the program has been successful, especially in this early phase of its roll out.
- While it is difficult to quantify the level of demand in the market, the qualitative data in this report indicates a lack of suitable and appropriate MTA offerings across metropolitan, regional and rural Australia. This is the result of a lack of appeal from the market for the provision of this type of accommodation and the lack of knowledge in the sector about the purpose of MTA and the eligibility criteria.
- While MTA was highly valued in the sector as an accommodation option, its restrictive eligibility criteria means it is available to a select few. Overwhelmingly this review highlights the unmet demand in communities for affordable and appropriate housing for people with disability and particularly for accommodation that meets a robust standing.
- It needs to be noted that the ongoing constrained nature of the housing market means that housing needs in the disability sector will remain high for the foreseeable future without specific attention. Noting that the availability of capital impacts supply, that a review of the structure of the MTA be undertaken to explore how to ease access to the National Housing Finance and Investment Corporation (NFIC) for providers.
- An MTA framework similar to the SDA framework be developed to provide greater clarity for providers of and for those accessing MTA.
- A strategy be developed to promote greater uptake of MTA, where it is available by
  - Greater attention being given to the greater consistency of take up across all states and territories;
  - processes to facilitate access to the program to be improved;
  - an education program for those with a disability, their carers and providers should be initiated; and
  - information sheets should be provided to the sector in conjunction with forums with relevant agencies, including SIL providers and community housing providers.
- That opportunities be explored to ensure greater integration between the MTA and SDA programs and processes. Here MTA could have greater flexibility to allow participants to 'trial' providers and the experience of living in a different home while providers could 'trial' participants to better understand the participant's needs. This could result in assisting with the offering of placements that have the best chance of success for both parties.
- That it be acknowledged that MTA take up is geographically uneven, and that a program be developed to deliver MTA across regional areas and in rural centres.
- For a detailed understanding of the investment requirements for the development of MTA that a separate economic study be commissioned.

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## Appendix A: Data variables provided – providers and MTA participants

Table A1 Data variables provided - Providers

Variable
Number de-identified from system ID.
The trading name of the provider.
The legal name of the provider.
The locality (typically the suburb) of the provider.
Count of participants who have ever received MTA supports.
Count of participants who received MTA supports during December 2020.
Total of Payments Jan2020-Dec2020
Sum of MTA payments made during January 2020.
Sum of MTA payments made during February 2020
Sum of MTA payments made during March 2020.
Sum of MTA payments made during April 2020.
Sum of MTA payments made during May 2020.
Sum of MTA payments made during June 2020.
Sum of MTA payments made during July 2020.
Sum of MTA payments made during August 2020.
Sum of MTA payments made during September 2020.
Sum of MTA payments made during October 2020.
Sum of MTA payments made during November 2020.
Sum of MTA payments made during December 2020.

Source: NDIA administrative data

**Table A2 Data variables provided – MTA Participants**

<b>Variable</b>
Flag identifying whether participant received support for Individual Living Org
Always=1: I assume this is indicator now or ever had MTA
Flag identifying whether participant received support for Other assistance with group living
Flag identifying whether participant received support for Specialist Disability
Flag identifying whether participant received support for supported independent
Flag identifying whether participant received Short Term Accommodation
State
Stated gender of the participant
The age group of the participant
AGE
Aboriginal or Torres Strait Islander Status
Cultural and Linguistic Diversity status of the participant
Disability type
Severity
Indicates whether the participant is active in the NDIS as at 31 December 2020
Baseline or Review 1, 2 or 3 – Indicator showing the most recent outcomes survey review that a participant has had
What stops a participant from living in the home of their choosing.
How safe does the participant feel in their home.
Number plans participant had approved by NDIA
Date of the participant’s first plan approval

Source: NDIA administrative data

## Appendix B: Distribution and characteristics of medium term accommodation for people with disability at a point in time advertised on the web

Location	No of bedrms	No of bathrms	Car spaces	No of residents	Bedroom only	Whole house	Rent stated	Reasonable rent contribution as set by NDIA	SDA	Description
<b>New South Wales</b>										
North Macquarie-Calderwood	4	2	2	4	X					Modern house close to shops, wheelchair accessible, all female tenants.
Auburn	8	3	8	8	X					Close to city and shops, refurbished bathroom, support workers available 24/7.
Wentworthville	2	1	1			X			X	Apartment, high physical support, modern, short walk to services.
Emu Plains	1	1	1			X				SIL, MTA and STA.
Southern Highlands	2	2	2			X				Modern apartment, 24/7 support, furnished, accessible, MTA.
Ryde	2	1	2			X				Male 25-64 yrs old, participates in a day rehab program, 24/7 support available.
Minto	3	2	1			X		X	X	Townhouse, fully accessible, fully furnished, 4 min walk to transport.
Penrith	1	1	1			X		X	X	Pets allowed, apartment, high physical support, built-in robes.
Penrith	1	1	1			X				Apartment, part of a development, en suite and built-in robes.
Alexandria-Veriu Green Square	1	1	1			X				Brand new hotel, easy access to hospitals.
Smithfield	15	16	5	15	X					MTA, STA, self-contained studio rooms, en suite, kitchenette, furniture and furnishings.

Location	No of bedrms	No of bathrms	Car spaces	No of residents	Bedroom only	Whole house	Rent stated	Reasonable rent contribution as set by NDIA	SDA	Description
Mascot	2	2	2		X	X				Modern apartment, STA and MTA in a complex of 10 self-contained 1 or 2 bedroom units, you can have whole home or bedroom only.
Blue Mountains Blackheath	2	2	1		X	X		x	X	Fully accessible new development, 2 bedroom 2 bathroom so bedroom only and it's one of 4 apartments by 2 housemates.
Kurri Kurri	4	1	2			X				An old house with a renovated kitchen, 24/7 care available.
Mosman	3	1	0	3	X					Male 46-55 housemates, close to public transport.
Ultimo-Veriu Broadway	1	1	1			X				Wheelchair accessible, bring own support.
Camperdown-Veriu Camperdown	1	1	1			X				Apartment, pets allowed, furnished.
Penrith	2	2	2			X		X	X	Apartment, fully accessible, 4 mins to shops.
Merrylands	2	2	1			X		X	X	Fully accessible, apartment, 4 mins to shops and train.
Minto	6	5	4			X		X	X	New build or renovated property, close to shops and transport.
Oran Park	3	2	2	3	X					Medium or long term housing option, , 24/7 care, close to hospitals, male 56-65 yrs.
Regents Park	4	9	1			X	\$300/wk			Short, medium term and permanent, close to train stations and shopping centres.

Location	No of bedrms	No of bathrms	Car spaces	No of residents	Bedroom only	Whole house	Rent stated	Reasonable rent contribution as set by NDIA	SDA	Description
<b>Victoria</b>										
Redan	3	2	1	1		X				Renovated MTA for one person.
Frankston	2	2	2	1		X				Modern 2 bedroom and 2 bathroom home.
Deer Park	3	1	4	1		X				TSA, MTA, respite house.
Point Cook	3	2	1	1		X				STA, MTA and supported living.
Truganina	3	1	1	1		X		X		Modern house 3 bed one bath, open plan living, 24/7 service if needed.
Beaconsfield	3	2	2		X					90s house near shopping centres and public transport, 2 living areas, each bedroom has walk-in robe, share bathroom and separate toilet.
Shepparton	3	2	2			X	\$150/wk			This property will accept MTA funding instead of SDA funding for up to 90 days, utility costs are included as well as free unlimited Wi-Fi for staff and resident. Modern open plan house, MTA supported house.
Inner Eastern Melbourne	2	2	1			X	\$903/wk			MTA, includes your accommodation, furniture (except AT), utilities, Wi-Fi, cleaning and linen, nightly rate will depend on the property and your individual needs – ranging from a studio apartment to two bedrooms with standard layout through to full accessibility. No rent assistance is claimed. 3 km from the train and 6 km from the shops.
Frankston	2	2	1			X	\$903/wk			MTA, includes your accommodation, furniture (except AT), utilities, Wi-Fi, cleaning and linen.
Bayside Peninsula	1	1	1			X	\$903/wk			MTA, STA, 2 km to train shops and hospital, bring own support.

Location	No of bedrms	No of bathrms	Car spaces	No of residents	Bedroom only	Whole house	Rent stated	Reasonable rent contribution as set by NDIA	SDA	Description
Abbotsford	1	1	1			X	\$1295/wk			Serviced apartments with accessible rooms, 2 km to hospital and 1 km to transport.
Cranbourne East	3	2	2			X				STA, respite, emergency accommodation, child protection accommodation, 24/7 support provided by Aspire Health Services, tenants can't bring own core supports, modern.
Cranbourne West	3	2	2			X				Modern home, supported independent living, MTA, 24/7 support is provided by staff our qualified support workers in supporting people with mental health-related disability, intellectual disability and autism spectrum disorder, big covered entertainment area, and kitchen areas, a backyard with BBQ, converted into additional living space for residents to enjoy, each have built-in robes, close to transport and services.
Tarneit	2	2	2	2	X			X		90s-2000s house, basic. This property will accept MTA funding instead of SDA funding for up to 90 days, wheelchair accessible, female 26-35 for roommates, 3km from shops and 4 km from train.
Beaconsfield	4	2	2	4	X					STA / Emergency Accommodation / SIL NDIS participant funded, Supporting participants with sensory, intellectual or cognitive impairment, 24/7 support staff with disciplines in child protection, educationally advisory and teaching, disability and social and community workers, develop skills for independent living, MTA, Our indoor Atrium sensory aquarium – fish and turtles. Bus stop 50 metres, train station 10 min walk, medical and shops 2 km, all residents male 15-25 yrs, modern house open plan, SIL home.

Location	No of bedrms	No of bathrms	Car spaces	No of residents	Bedroom only	Whole house	Rent stated	Reasonable rent contribution as set by NDIA	SDA	Description
Inner Eastern Melbourne	2	2	1			X	\$903/wk			MTA, includes your accommodation, furniture (except AT), utilities, Wi-Fi, cleaning and linen, nightly rate will depend on the property and your individual needs – ranging from a studio apartment to two bedrooms with standard layout through to full accessibility. No rent assistance is claimed. 3 km from the train and 6km from the shops.
Frankston	2	2	1			X	\$903/wk			MTA, includes your accommodation, furniture (except AT), utilities, Wi-Fi, cleaning and linen.
Bayside Peninsula	1	1	1			X	\$903/wk			MTA, STA, 2 km to train shops and hospital, bring own support.
Abbotsford	1	1	1			X	\$1295/wk			Serviced apartments with accessible rooms, 2 km to hospital and 1 km to transport.
Cranbourne East	3	2	2			X				STA, respite, emergency accommodation, child protection accommodation, 24/7 support provided by Aspire Health Services, tenants can't bring own core supports, modern.
Cranbourne West	3	2	2			X				Modern home, supported independent living, MTA, 24/7 support is provided by staff our qualified support workers in supporting people with mental health-related disability, intellectual disability and autism spectrum disorder, big covered entertainment area, and kitchen areas, a backyard with BBQ, converted into additional living space for residents to enjoy, each have built-in robes, close to transport and services.
Tarneit	2	2	2	2	X			X		90s-2000s house, basic. This property will accept MTA funding instead of SDA funding for up to 90 days, wheelchair accessible,

Location	No of bedrms	No of bathrms	Car spaces	No of residents	Bedroom only	Whole house	Rent stated	Reasonable rent contribution as set by NDIA	SDA	Description
										female 26-35 for roommates, 3 km from shops and 4 km from train.
Beaconsfield	4	2	2	4	X					STA / Emergency Accommodation / SIL NDIS participant funded, supporting participants with sensory, intellectual or cognitive impairment, 24/7 support staff with disciplines in child protection, educationally advisory and teaching, disability and social and community workers., develop skills for independent living, MTA, our indoor Atrium sensory aquarium – fish and turtles, bus stop 50 metres, train station 10 min walk, medical and shops 2 km, all residents male 15-25 yrs, modern house open plan, SIL home.
Melbourne	1	1	1			X				Punthill Flinders Lane, CBD close to train station, modern apartment in Punthill Hotel, provide own support.
Caroline Springs	1	1	1			X				Punthill Caroline Springs (hotel), modern open plan.
Dandenong	1	1	1			X				Punthill Dandenong.
South Yarra	1	1	1			X				Punthill South Yarra Grand, modern apartment, close to hospital and public transport.
Oakleigh	1	1	1			X				Punthill Oakleigh, modern apartment, flexible accommodation options, easy driving to Monash medical centre.
Melbourne	1	1	1			X				Punthill Little Bourke, modern apartment, flexible accommodation options, easy access to transport.
Williamstown	1	1	1			X				Punthill Williamstown, various apartments.

Location	No of bedrms	No of bathrms	Car spaces	No of residents	Bedroom only	Whole house	Rent stated	Reasonable rent contribution as set by NDIA	SDA	Description
Melbourne	1	1	1			X				Punthill Manhattan, modern various apartments.
Essendon	1	1	1			X				Punthill Essendon, modern 1-2 bedroom serviced apartments, short drive to multiple hospitals.
Wantirna South	1	1	1			X				Punthill Knox, studio, 1 and 2 bedroom apartments, pets allowed.
Noble Park	5	2	1	5	X			X		1970s-80s house basic, all built-in wardrobes, hydraulic bath and stepless shower.
Cheltenham	52	52	15	52	X					SIL, short term respite and long term accommodation, This property will accept MTA funding instead of SDA funding for up to 90 days.
Doncaster	1	1	1			X				Accommodation for NDIS MTA participant with NDIS SDA High Physical Support design category funding to live in their own private apartment. Fully furnished, 24/7 assistance, SIL funding.
Cranbourne East	3	2	2			X				STA, MTA, SIL, Crisis Accommodation, 24/7 care, Aspire Health Services is the provider.
Cranbourne West	3	2	2			X				24/7 support in supporting people with mental health-related disability, intellectual disability and autism spectrum disorder, 2 toilets, built-in robes, backyard and entertaining area, medical centre a 2 min walk away.
Clyde	4	2	2			X			X	24/7 support in supporting people with mental health-related disability, intellectual disability and autism spectrum disorder, 2 toilets, built-in robes, backyard and

Location	No of bedrms	No of bathrms	Car spaces	No of residents	Bedroom only	Whole house	Rent stated	Reasonable rent contribution as set by NDIA	SDA	Description
										entertaining area, medical centre a 2 min walk away.
Clyde	4	2	2			X			X	24/7 support in supporting people with mental health-related disability, intellectual disability and autism spectrum disorder, 2 toilets, built-in robes, backyard and entertaining area, medical centre a 2 min walk away.
Maidstone	3	2	2			X		X	X	Modern townhouse, 24/7 support, close to transport and services, large yard, STA, MTA.
Point Cook	3	2	2	3	X					Female vacancy, all tenants female aged 36-45, close to shops and public transport.
Ocean Grove	3	1	2			X	\$903/wk or \$127.09/night			1 bathroom, 2 toilets, not wheelchair accessible, 300 m to shops
South Eastern Melbourne	2	3	0	2	X				X	Freshly renovated house units, two independent living units, partitioned, 24/7 care, MTA.
<b>Queensland</b>										
Brisbane	1	1	1			X	\$903/wk			We also provide respite accommodation, accommodation following hospital discharge and accommodation for families visiting family or loved ones in hospital. Bring own support, wheelchair accessible and built-in robes.
Eight Mile Plains	6	5	1		X				X	24/7 care ensuring safety and quality of life, short- medium- and long-term accommodation, wheelchair accessible.

Location	No of bedrms	No of bathrms	Car spaces	No of residents	Bedroom only	Whole house	Rent stated	Reasonable rent contribution as set by NDIA	SDA	Description
Springhill	1	1	1	1	X					Punthill Springhill, pets allowed, wheelchair accessible.
<b>Western Australia</b>										
Rockingham	2	1	1			X	\$129/night via NDIS Funding (Self, Plan or NDIA Managed Plans)			Apartment, lake view, STA, MTA, utilities included, modern, bring own support.
South Lake Gardens	2	2	2			X	\$129/night via NDIS Funding (Self, Plan or NDIA Managed Plans)			STA and MTA. This property will accept MTA funding instead of SDA funding for up to 90 days, close to train station and hospital, bring own support, modern property.
Queens Park	3	2	2	3	X					Gated community, bedroom 1 his-and-her robes and en suite, bedroom 2 built-in robes, renovated house with new kitchen and bathroom, walking distance to services, Auscare Disability support workers are available 24/7 to offer support in all areas of daily life, and transport is available for accessing events, activities and services in the community. RNs are also available to meet your individual support needs.
Baldivis	4	4	1	4					X	Brand new build, high physical support, support provided by Cocoon Group Services.

Location	No of bedrms	No of bathrms	Car spaces	No of residents	Bedroom only	Whole house	Rent stated	Reasonable rent contribution as set by NDIA	SDA	Description
										This property will accept MTA funding instead of SDA funding for up to 90 days, male and female tenants no age restrictions. 24/7 support.
<b>South Australia</b>										
Mt Barker – Best of Bluestone	3	2	2	3	X					Male housemates aged 36-45, all bedroom have own en suite, double garage with internal access, large communal living areas, modern house.
Modbury	3	2	1					X	X	Brand new house, close to Modbury Hospital and Tea Tree Plaza, Suitable for STA, MTA, long-term lease and SIL, 24/7 support provided, tenants can bring their own support.
Mitchell Park	3	2	1	3	X			X		Close to Flinders Medical Centre, bathroom en suites, wheelchair accessible, carers en suite, male and female housemates no age preference.
Evanston Park	2	2	2		X					STA or MTA, pets allowed, accessible features, 2 male housemates aged 36-45 yrs, older 70s house.
Mount Barker	4	4	1	4	X			X	X	High physical support, male and female housemates, 24/7 support, close to shops and medical, new build.
Elizabeth Grove	2	2	1	2				X	X	Male/female housemates, close to hospital and shopping, new build.
Paralowie	3	3	1	3	X			X	X	High physical support, male and female housemates, liveability care (service provider).
Morphett Vale	4	4	1	3	X			X	X	Liveability care, carer 24/7, male and female, high physical support.

Location	No of bedrms	No of bathrms	Car spaces	No of residents	Bedroom only	Whole house	Rent stated	Reasonable rent contribution as set by NDIA	SDA	Description
Northfield	4	4	2	3	X			X	X	Liveability care, carer 24/7, male and female, high physical support, new build.
Clearview	4	4	2	4	X			X	X	Liveability care, carer 24/7, male and female, high physical support, new build.
Elizabeth Grove	5	5	1	5	X			X	X	New build, high physical support, male and female, intercom.
Elizabeth Downs	5	5	1	5	X			X	X	New build, high physical support, male and female, intercom.
Seaford Meadows	5	5	1	5	X			X	X	New build, high physical support, male and female, intercom, open plan.
O'Sullivan's Beach	5	5	1	5	X			X	X	Carer on site as well in own room, short-, medium- and long-term accommodation, male and female, open plan, automatic blinds.
Davoren Park	5	5	1	5	X			X	X	Carer on site as well in own room, short-, medium- and long-term accommodation, male and female, open plan, automatic blinds, wheelchair accessible.
Elizabeth North	4	4	1	4				X	X	Carer on site as well in own room, short-, medium- and long-term accommodation, male and female, open plan, automatic blinds, wheelchair accessible.
Clearview	5	5	1	5	X			X	X	Carer on site as well in own room, short-, medium- and long-term accommodation, male and female, open plan, automatic blinds, wheelchair accessible.
Christie Downs	3	3	1	3	X			X	X	Carer on site as well in own room, short-, medium- and long-term accommodation, male and female, open plan, automatic blinds, wheelchair accessible.

Location	No of bedrms	No of bathrms	Car spaces	No of residents	Bedroom only	Whole house	Rent stated	Reasonable rent contribution as set by NDIA	SDA	Description
Munno Para West	5	5	1	4	X			X	X	Carer on site as well in own room, short-, medium- and long-term accommodation, male and female, open plan, automatic blinds, wheelchair accessible.
Salisbury East	5	5	1	4	X			X	X	Carer on site as well in own room, short-, medium- and long-term accommodation, male and female, open plan, automatic blinds, wheelchair accessible.
Salisbury East	3	3	1	3	X				X	High support, male and female.
<b>Northern Territory</b>										
Katherine East	3	2	2	3	X					Supported independent living and MTA, quiet neighbourhood, 4 min drive to centre of town, staff included, wheelchair accessible bus included along with shower hoists and chair, tailor support to the person, NT Friendship & Support is the provider.

Source: Housing Hub Website, [housinghub.org.au](http://housinghub.org.au)

Note. Tasmania 12 properties advertised – none as MTA; ACT 9 properties advertised – none as MTA.

