



Innovation in housing and living for people with disability

Environmental scan report

August 2024



SUMMER
FOUNDATION

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Introduction

Adequate housing is a basic human need and foundational to having a reasonable quality of life.¹ A recent Royal Commission in Australia found that many of the 17,000 people with disability living in group homes are at risk of significant violence, abuse, and exploitation.² Group homes can be mini-institutions, where the rhythm of everyday life revolves around the needs of staff, and residents have little or no say over whom they live with. Group homes and other large residential facilities for people with disability are closed systems where a single provider is often both the landlord and the disability support provider.³ A recent government report cites thousands of incidents of serious injury, abuse, and neglect of people with disability, including incidents of unlawful sexual conduct and incidents of death that took place in group home settings.⁴

One rationale for group homes is economies of scale. There is little evidence to support the claim that these models are cost effective at providing quality support or delivering good outcomes for people with disability. In Australia, the annual cost of support within disability housing has increased by 26% annually over the last 2 years, from \$8.5 billion to \$13.4 billion.⁵ There is also a significant cost resulting from poor quality support. The annual cost of violence, abuse, neglect, and exploitation of Australians with disability is estimated to be \$46 billion per annum.⁶

The introduction of the National Disability Insurance Scheme (NDIS) in Australia over a decade ago has not delivered the expected outcomes for many people who need access to 24/7 support. While the transition from block funding to individualised funding has improved outcomes for some people with disability, many people with cognitive disability who were living in group homes prior to the introduction of the scheme are still 'captive' to the same providers. Their lives have not changed in terms of choice and control over where they live, their support, or the quality of the services they receive.⁷

In 2007, Australia was one of the original signatories to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The UNCRPD states the rights of people with disability to choose where and with whom they live and not be obliged to any particular living arrangement.⁸ Despite this, many providers of group homes and other institutional disability housing in Australia are denying people with disability the right to decide where they live, who they live with, and who provides their support.

¹ Kavanagh, A. M., Aitken, Z., Baker, E., LaMontagne, A. D., Milner, A., & Bentley, R. (2016). [Housing tenure and affordability and mental health following disability acquisition in adulthood](#). *Social Science & Medicine*, 151, 225–232.

² Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). [Inclusive education, employment and housing. Final report. Volume 7](#).

³ Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2023). [Working together to deliver the NDIS. NDIS Review: Final report: Supporting analysis](#).

⁴ NDIS Quality and Safeguards Commission (2023). [Inquiry Report: Own Motion Inquiry into Aspects of Supported Accommodation](#).

⁵ NDIA. (2023). [NDIS quarterly report to disability ministers: Q3 2023-2024](#). National Disability Insurance Agency.

⁶ Vincent, J., McCarthy, D., Miller, H., Armstrong, K., Lacey, S., Lian, G., Qi, D., Richards, N., Berry, T. (2022). [Research Report - The economic cost of violence, abuse, neglect and exploitation of people with disability](#).

⁷ Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2023). [Working together to deliver the NDIS. NDIS Review: Final report: Supporting analysis](#).

⁸ United Nations. (2006). [Convention on the rights of persons with disabilities and optional protocol](#).

In 2016, the National Disability Insurance Agency (NDIA) released the Specialist Disability Accommodation (SDA) policy, pricing, and payments approach to fund housing for people with extreme functional impairment or very high support needs.⁹ The aim of the policy, pricing, and payments approach was to leverage private investment to fund new contemporary housing for people with disability, that is designed to foster independence and enable the efficient delivery of support. While 4,854 new dwellings have been built for 8,874 NDIS participants since the introduction of SDA payments,¹⁰ the SDA market has not delivered the range of innovation needed to meet the diverse needs of NDIS participants eligible for SDA across Australia.¹¹

The NDIS also funds Supported Independent Living (SIL), which is disability support provided in the home for everyday tasks. Most people who receive SIL in the scheme share a home with other NDIS participants (e.g. in a group home).¹² There are 34,310 NDIS participants receiving SIL with an average NDIS plan cost of \$409,400 per person per annum.¹³ Not everyone who receives SIL is receiving SDA payments. Many of these participants and some people living in SDA are living in closed settings with a limited ability to decide where they live, who they live with, and who provides their support. In addition, they are at increased risk of abuse, neglect, and exploitation.

Further, the NDIA's current policy and pricing structure for SIL are not providing the drivers or incentives in the scheme for providers to look at how they might reduce reliance on rosters of paid support workers by introducing innovation in supports. For example, combining monitoring technology with remote and face-to-face paid support.

In 2020, the NDIA introduced Individualised Living Options (ILO) as a more contemporary alternative to group homes in an effort to diversify and enrich the spectrum of housing and living support options.¹⁴ ILO is flexible funding that pays for in-home support, host living arrangements, or living alone with support from neighbours, family, friends, or community members. However, the implementation of this policy at a national level has been disappointing compared to the promising outcomes seen in Western Australia prior to the NDIS.¹⁵ The adoption of ILO has been limited, with only a small number of participants moving from exploring ILOs to actual implementation. During the 2022-23 period, of the 1,344 participants who explored ILO, only 55 progressed to implementation.¹⁶ The NDIA's decision not to index ILO or review the ILO funding bands (currently benchmarked against 2020 prices) has meant that ILO is currently not a viable funding proposition for many participants or providers. There are indications that participants who use, explore, and design ILO frequently go on to build their individualised arrangements with core or SIL funds as a consequence.

⁹ NDIA. (2016). [Specialist Disability Accommodation: Decision Paper on Pricing and Payments](#).

¹⁰ NDIA. (2023). [Supplement P Specialist Disability Accommodation 2023-24 Q3](#).

¹¹ Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2023). [Working together to deliver the NDIS. NDIS Review: Final report: Supporting analysis](#).

¹² Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2023). [Working together to deliver the NDIS. NDIS Review: Final report](#).

¹³ NDIA. (2024). [NDIS quarterly report to disability ministers: Q3 2023-2024](#). National Disability Insurance Agency.

¹⁴ NDIA. (December, 2019). [COAG Disability Reform Council Quarterly Report: Q2 2019-2020](#).

¹⁵ Laragy, C., Fisher, K. R., Purcal, C., & Jenkinson, S. (2015). [Australia's individualised disability funding packages: when do they provide greater choice and opportunity?](#) *Asian Social Work and Policy Review*, 9(3), 282-292.

¹⁶ Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2023). [Working together to deliver the NDIS. NDIS Review: Final report: Supporting analysis](#).

Acknowledging the lack of innovation in housing and living supports in Australia, the NDIS Review sought to identify more innovative models in their report.¹⁷ However, most of the models highlighted by the NDIS Review do not adhere to the principles of the UNCRPD. Most are segregated settings and offer tenants little choice and control over who provides their support.

For example, the Supported Independent Living Cooperative (SILC) model uses family-led governance, where families of residents form cooperatives to oversee household decisions for houses that generally have 2-3 people with intellectual disability sharing support.¹⁸ Further, the Haven model provides people with psychosocial disability with private units and shared community spaces with 24/7 onsite shared living support.¹⁹

Supported Affordable Accommodation (SAA) Trust in Tasmania builds affordable modular co-located units for people with disability and headleases them to disability support providers.²⁰ The built environment and model of support in the Community Living Initiative (CLI) is specifically designed to meet the needs of Aboriginal and Torres Strait Islander people with disability. The design, implementation, delivery, and governance of CLI are centred on establishing a culturally secure service directed by Aboriginal and/or Torres Strait Islander individuals.²¹

There are pockets of innovative housing and living supports in Australia that are more aligned with principles of the UNCRPD. Most of this innovation relies on the social capital provided by families or SDA apartments integrated into larger residential development. At an individual level, some families have used an ILO approach to set up living arrangements where people with disability have more choice and control over where they live, who they live with and who provides their support. In some of these arrangements, people with disability are living with housemates that do not have a disability.

Prior to the NDIS, apartment living was not common for people with disability needing access to 24/7 support. Apartments for people with disability is the only disability housing innovation that has scaled in Australia in the last decade. Some SDA providers are implementing the 10+1 model where the provider purchases 10 apartments off the plan within a larger mainstream development.²² An additional apartment is purchased to provide a base for 24-hour onsite support staff. There are now over 1,800 single occupancy apartments enrolled in the SDA market²³ and more than 700 in the pipeline.²⁴ This model was designed to share 24/7 support across 10 apartments with some additional 1:1 support for more intensive support for planned tasks such as personal care, cooking, and community activities. However, the way that support is delivered varies across different SDA providers, support providers and sites.

¹⁷ Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2023). [Working together to deliver the NDIS. NDIS Review: Final report: Supporting analysis.](#)

¹⁸ Supporting Independent Living Co-Operative. (2023). [About SILC.](#)

¹⁹ The Haven Foundation. (2024). [About us – The Haven Foundation.](#)

²⁰ Supported Affordable Accommodation. (n.d.). [About Us.](#)

²¹ Synapse. (2024). [Community Living Initiative \(Cairns\).](#)

²² Summer Foundation. (2016). [Housing and Support Demonstration Projects.](#)

²³ NDIA. (2023). [Supplement P Specialist Disability Accommodation 2023-24 Q3.](#)

²⁴ Aimers, N., Morgan, A. J., Wellecke, C., Tuohy, L., Mulherin, P., Rothman, R., Rathbone, A., & Winkler, D. (2023). [Specialist Disability Accommodation Supply in Australia.](#) Housing Hub and Summer Foundation.

The support provided in disability housing in Australia is poor quality, expensive, and becoming more costly each year. The rising cost of support (\$10.2 billion per annum) provided to the 5% of NDIS participants in SIL represents a quarter of total scheme payments.²⁵ Ensuring home and living supports are fit-for-purpose will not only drive better outcomes for NDIS participants, it is also critical to overall scheme sustainability.

The NDIS Review did not provide a plan for how housing and living support should be transformed to provide high quality and cost effective supports to people who need access to 24/7 supports.

Delivering better outcomes for participants with housing and living supports while safeguarding the sustainability of the Scheme hinges on service delivery innovation. There is an urgent need to pilot and scale more innovative and contemporary models of housing and support that deliver better outcomes for people with disability.

This environmental scan aims to:

- Identify and document local and international exemplars of contemporary housing and living support for people with significant disability in order to inform innovation in housing and living support options for NDIS participants
- Identify new ways of delivering high quality and efficient support to people who require significant levels of support, including 24/7 support
- Inform new thinking regarding the built environment, technology, and support and how these work together to enable people with disability to live with dignity in the community



²⁵ NDIA. (2023). [NDIS quarterly report to disability ministers: Q3 2023-2024](#). National Disability Insurance Agency.

Method

Search and scan procedure

The environmental scan consisted of 3 stages. These were:

1. A review of models and documents known to project team members, and following references to other models mentioned in these documents
2. Broad Google searches for models across 4 countries
3. A request to local and international experts to identify any additional models

The initial focus of the environmental scan was on grey literature. Once a model was identified, a targeted search was undertaken to obtain additional information including examples of its implementation and outcomes. When information could not be found online about aspects of a model, the organisation was contacted and asked to provide further information, though this approach had limited success.

The Google searches were conducted using the Advanced Search function across 4 countries: the United Kingdom, Canada, Denmark, and Sweden. Three separate searches were used for each country, specifically targeting models relating to the built environment, technology, and support. The searches were conducted in an incognito browser to reduce the impact of personal search history and search algorithms.²⁶ The results were limited to a timeframe between January 1, 2020 and January 30, 2024. The search was restricted to the PDF filetype, with the first 50 search results being saved and reviewed, in line with previous research.²⁷ When there were less than 50 search results, all were reviewed. The terms used for each respective search are outlined in the table below.

²⁶ Atkinson, L. Z., & Cipriani, A. (2018). [How to carry out a literature search for a systematic review: a practical guide.](#) *BJPsych Advances*, 24(2), 74-82.

²⁷ Cullerton, K., Adams, J., Forouhi, N., Francis, O., & White, M. (2019). [What principles should guide interactions between population health researchers and the food industry? Systematic scoping review of peer-reviewed and grey literature.](#) *Obesity Reviews*, 20(8), 1073-1084.

Table 1. Searches and terms used

Search Topic	Search Terms
Built environment	"assisted living", AND "disability", AND "Home" OR "housing" OR "accommodation" OR "living" OR "environment" OR "support" OR "services", AND "innovation" OR "best practice" OR "contemporary" OR "change", AND "design" OR "redesign", AND "scattered" OR "integrated" OR "individualised" OR "independent" OR "personalised" OR "supported" OR "community" OR "network", filetype: pdf
Technology	"assisted living", AND "disability" AND "home" OR "living" OR "environment" OR "support" OR "services", AND "innovation" OR "best practice" OR "contemporary" OR "change", AND "technology" OR "modifications" OR "design" OR "redesign", filetype: pdf
Support	"assisted living", AND "disability", AND "home" OR "housing" OR "accommodation" OR "living" OR "environment" OR "support" OR "services", AND "innovation" OR "best practice" OR "contemporary" OR "change", AND "support workers" OR "informal supports" OR "formal supports", AND "scattered" OR "integrated" OR "individualised" OR "independent" OR "personalised" OR "supported" OR "community" OR "network", filetype: pdf

Once the first 2 stages of the environmental scan had progressed and produced models of housing and living support, these models were briefly summarised and sent to experts in the housing and living support sector for input. The experts were asked if there were any models, to their knowledge, that were not included that should be considered. The models they replied with were reviewed for inclusion in the scan.

Inclusion and exclusion criteria

This environmental scan included all models that have been identified in recent reports from key stakeholders (the NDIA, the NDIS Quality and Safeguards Commission, the NDIS Review, the Independent Advisory Council, and the Disability Royal Commission) as potential solutions. Some of the 'innovation' or potential solutions included in these reports are not very new (e.g. Active Support), and some of the services or models described may not be seen by some as contemporary (e.g. co-locating 10-16 people with disability in a segregated setting living in their own unit without any choice in who provides their support). The Housing Innovation Bank was also a useful source of models to review.²⁸

Models that were excluded included:

- Stand alone technology solutions that were not integrated within the home or the model of support

²⁸ Griffith University. (2017). [Housing Innovation Bank - Best innovative practice in housing and support, including Specialist Disability Accommodation.](#)

- Models of housing and living support that were specific to people with Huntington's disease or multiple sclerosis (as these are the focus of 2 concurrent research projects)
- Additional models of housing and living support specific to people with psychosocial disability (an environmental scan specific to this cohort is needed to do the topic justice).

Verification of 1-page summaries

In order to check the accuracy of the information in this report, a draft version was sent to 22 organisations or individuals associated with the models identified along with a brief explanation of the project. Respondents were asked to review the section relevant to their model and provide suggestions and feedback. Replies were received from 16 organisations, though only some had feedback to provide. This feedback was reviewed and content that improved the summary of the model was incorporated into the report.

Results

The Advanced Google searches returned varying results across the 4 countries searched. In the United Kingdom search for built environment innovations, 182 results were reported by Google, with 32 of them being unique, accessible links. For the search on technology innovations, there were 148 results and 36 accessible links. For support innovations, there was only 1 search result.

For Canada, the built environment search returned 2,380 results, of which the first 50 were reviewed. The technology search gave 250 results, with the first 50 being reviewed. For the support search, only 6 results were returned.

The Denmark searches for built environment and technology innovations resulted in 3 results each, and the support search returned 38 results, with 27 being accessible. For the support search, quotation marks had to be removed from the search terms to return any results. All 3 Sweden searches were conducted without quotation marks for the same reason. In the built environment search, there were 56 results, 30 of which were accessible. The technology search saw 112 results and the first 50 were reviewed. Finally, the search for support innovations gave 26 results, with 13 accessible.

Overall, the Google searches were not a very successful avenue for identifying models, with issues such as minimal results and significant overlap with the aged care sector. The number of search results did not always lead to that same number of links being presented by Google. In these cases, the links that were available were reviewed.

After review, the environmental scan resulted in 23 Australian and international models being selected for inclusion in this report. These models were found to be contemporary (more individualised and inclusive than traditional housing and living support models), innovative (involved unique features of the built environment and/or support provided beyond traditional models), and suited to the population of NDIS participants. The models present innovations in the built environment and/or the provision of support.

Three of the models related to the built environment, 9 related to the support (with an additional 2 specifically about support with assistive technology), and 5 had a combination of the built environment and support. Four of the models were frameworks that guide support delivery. The organisations presented with each model are not necessarily the progenitors of the model, but an example of their implementation. Not all of the models presented in the scan align with the UNCRPD principles of being able to choose where and with whom to live; however, they are included to provide insight into what some stakeholders consider to be contemporary housing and living options.

For each model included in the report, the following information is presented:

- Name of model: The official name of the model of housing and living support, or a suitable moniker if one was not found
- Name of organisation: The name of the organisation who delivers the model
- Address: The organisation's address
- Country: The organisation's country of origin
- Contact: A contact email for the organisation or program, or their contact form if one was not available
- Website: The organisation's website or webpage about the model

- Type of innovation: Whether the innovation comes from the built environment, technology, the support provided, or a framework to guide the delivery of high quality support.
- Description of housing/support/framework: A brief description of the model and the service delivered
- Details of innovation: A brief description of what aspects of the model are innovative and what we can learn from it
- Population served: The populations of people with disability that the model serves
- Outcomes: The intended and/or evaluated outcomes of the model
- Cost of housing/support: The costs and savings associated with the model (not included for Frameworks)
- Funding: The funding sources of the model (not included for Frameworks)
- Challenges and limitations: Potential factors that impact the implementation of the model in Australia or at scale

Not all models had enough publicly available information to complete each section. Some models of housing and living support were found to be similar in design and concept to others. In these cases, models were appended in an additional section as “Similar services,” making note of the apparent differences and variations.

The models are presented by type of innovation (built environment, support, built environment and support, monitoring technology with support, and framework) below.

Built environment

Name of model: Modular Co-located Unit

Name of organisation: Supported Affordable Accommodation Trust

Address: Level 1, 18 Ross Ave, Rosny, Tasmania

Country: Australia

Contact: <http://www.saatas.com.au/contact-us.html>

Website: <http://www.saatas.com.au/>

Type of innovation:

<input checked="" type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of housing: The Supported Affordable Accommodation (SAA) Trust builds affordable, accessible homes in factories. The typical site has 3 2-bedroom units or 6 1-bedroom units in 1 building, with a maximum of 4 buildings per site. Units are generally built to a Silver Level of accessibility.²⁹ Strengthened beams will accommodate the installation of a ceiling hoist running between the bed and bathroom. The units are leased to disability support providers and funded by investors in the unit Trust. SAA Trust operates in Tasmania and has delivered disability housing on a range of sites (11 for disability in 2023 and 1 for older adults in early 2024).

Details of innovation: Building accessible housing in a factory has the potential to be cost effective at scale. It offers potential solutions for regional and rural areas where it is difficult to find the tradespeople needed.

Population served: A range of vulnerable people needing support in the home including some people with a disability.

Outcomes: No evaluation of the built design or tenant outcomes.

Cost of housing: The units are leased by the support service provider for multi-year terms with options to extend for 20 years or more. The support provider sub-leases units to residents. Board and lodging costs are payable by the residents to the service provider. The cost of the rental component of the board is kept at or below the NDIS defined affordable rent level per bed (i.e. 25% of the full Adult Disability Pension with supplement, plus the maximum Commonwealth Rental Assistance supplement).

Funding: SAA Trust received an initial \$6 million federal grant for affordable housing to deliver 27 2-bedroom units with 9 additional rooms to accommodate support workers who may sleepover to provide overnight support. In the current model, dwellings are financed by investors. SAA Trust is not currently a registered SDA provider and is in the process of becoming a registered Community Housing Provider.

Challenges and limitations: The support provider is also the landlord. Residents are obliged to use the support provider leasing the units - if they are not satisfied with their support and want to change their support provider they may need to move house. Units meet minimum standards for accessible design and can accommodate a ceiling hoist. However, the units may not meet the needs of people with a physical disability who require the other features of Gold or Platinum Liveable Housing Design.

²⁹ Livable Housing Australia. (2017). [Livable Housing Design Guidelines](#).

Name of model: Moveable Units

Name of organisation: Homes Victoria

Address: 50 Lonsdale Street, Melbourne, Victoria

Country: Australia

Contact: <https://www.housing.vic.gov.au/contact-a-housing-office>

Website: <https://www.housing.vic.gov.au/public-housing-movable-units>

Type of innovation:

<input checked="" type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of housing: A scheme started by the Victorian Government in 1975 where a moveable unit or bungalow is installed on the property of family or friends to give the person with disability their own independent and private space while still being close to support. The units contain a bedroom, ensuite, kitchen, and living room. Some people have successfully used their units as stepping stones to moving out of the family home.

Details of innovation: With the combination of a publicly funded housing option, privacy and independence, and being on the property of family or friends, the moveable unit scheme offers a flexible option for people with disability to live safely with their own space. Another highlight is the potential to move the unit, in the event of the family or friends moving house, and keeping the same living environment.

Population served: The Victorian Government offers moveable units as a public housing option for people with disability and older adults. The renter must meet the [eligibility criteria](#) for public housing.

Outcomes: The intended outcomes of this model are increased independence and privacy while still maintaining a higher level of safety and proximity to family or friends. No evaluation information could be found.

Cost of housing: In a movable unit, rent is called a hiring fee. The hiring fee is around 25 per cent of an individual's total income.

Funding: As a public housing initiative in Victoria, the service is funded by the Victorian Government.

Challenges and limitations: This model requires the person with disability to have someone who is willing and able to accommodate them on a property with enough space to house the unit. While some people with disability may have the social capital to make this work, many may not.

Name of model: 10+1

Name of organisation: Liverty Housing

Address: Office 246, Two Melbourne Quarter, 697 Collins St, Docklands, Victoria

Country: Australia

Contact: info@livertyhousing.org.au

Website: <https://www.liverty.org.au/>

Type of innovation:

<input checked="" type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of housing/support: This model usually has 10 single occupancy apartments designed for people with disability, integrated in a larger apartment complex. The apartments incorporate communication and smart home technology and are located near public transport and community amenities. One additional apartment provides a base for the support workers who provide onsite shared support 24/7. Most tenants have additional 1:1 support when they need support for extended periods of time (e.g. personal care, community participation).³⁰ This model was initially pioneered by the Summer Foundation in Australia through 2 demonstration projects. These first 2 projects were gifted to Liverty Housing. This model has been replicated by Liverty Housing and many others.

Details of innovation: The 10+1 model allows for people with disability to live integrated with their community while still having access to the support they need.

Population served: People with disability who qualify for SDA funding.

Outcomes: An initial evaluation found that moving to the 10+1 model, tenants increased independence, health, wellbeing, and community integration.³¹ A qualitative study found that transition between the 2 environments was a challenging period of adjustment in which participants felt like a pioneer navigating new opportunities and responsibilities.³²

Cost of housing/support: The apartments are priced in accordance with NDIS SDA funding. Support costs are reduced to due shared support.

Funding: The apartments are funded through SDA funding as part of the NDIS.

Challenges and limitations: The implementation of onsite shared support varies across different providers and sites. While some housing providers engage tenants in choosing the onsite shared support, many do not. There is scope to work with tenants and providers to tailor the shared support to meet the needs and preferences of tenants on each site and ensure all tenants get good value from the shared onsite service.

Similar services: [Enliven Housing](#), [iNSiTU Housing](#), and others replicated the Liverty model. [United for Care 'vertical village'](#) is another high density model that uses SIL funding but not SDA. United for Care repurposed smaller student accommodation at the start of COVID for people with disability who were homeless.

³⁰ Douglas, J., Winkler, D., Oliver, S., Liddicoat, S., & D'Cruz, K. (2022). [Moving into new housing designed for people with disability: Preliminary evaluation of outcomes](#). *Disability and Rehabilitation*, 45(8), 1370-1378.

³¹ Ibid.

³² Douglas J., Winkler D., D'Cruz K., Oliver S., Liddicoat S., Naismith J., & Wakim D. (2024). [Being a pioneer: a qualitative study of moving into individualised housing from the perspective of adults with neurological disability](#). *Brain Impairment*, 25, IB23079.

Support

Name of model: The Buurtzorg Model

Name of organisation: Buurtzorg

Address: Twentelaan 15, 7609 RE Almelo, Netherlands

Country: The Netherlands

Contact: <https://www.buurtzorg.com/contact-us/>

Website: <https://www.buurtzorg.com/>

Type of innovation:

<input type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of support: The Buurtzorg model is a different approach to managing and organising support in the home. Self-organising teams (of up to 12 nurses) deliver services to an area or neighbourhood. The team determines what tasks they need to complete and how the client might become more self-sufficient. Instead of multiple people (e.g. nurses, assistants, cleaners) providing different support, all support is delivered by nurses. IT systems are used to streamline administrative processes.

Details of innovation: Large disability providers in Australia often have several layers of management above the people providing the direct support. Buurtzorg gives more autonomy and ownership to local “cells” of workers.

Population served: People with disability and older people.

Outcomes: One review found a 50% reduction in required hours of support, improved quality of support, and increased work satisfaction.³³ Buurtzorg patients’ satisfaction was 30% higher than the average in the Netherlands, and patients were only utilising 40% of their entitled support, indicating increased efficiency in support.

Cost of support: The average home-care costs for Buurtzorg was 6,428€ (approximately \$10,500 AUD), compared to 7,995€ (approximately \$13,200 AUD) for other providers.³⁴

Funding: Health insurance companies pay for the costs of home care services in the Netherlands.

Challenges and limitations: Australia uses low skill and low cost staffing models for support in the home.³⁵ Local policy may not align with the self-managed team structure.³⁶

Similar services: [Neighbourhood Care](#) is implementing the Buurtzorg model in Western Australia and Queensland.

³³ KPMG. (2016). [Value Walks - Successful habits for improving workforce motivation and productivity in healthcare.](#)

³⁴ Gray, B., Sarnak, D. O., & Burgers, J. (2015). [Home Care by Self-Governing Nursing Teams: The Netherlands' Buurtzorg Model.](#) Commonwealth Fund.

³⁵ Buurtzorg International. (2018, July 8). [Buurtzorg is now officially represented in Australia.](#)

³⁶ Hegedüs, A., Schürch, A., & Bischofberger, I. (2022). [Implementing Buurtzorg-derived models in the home care setting: a Scoping Review.](#) *International Journal of Nursing Studies Advances*, 4, 100061.

Name of model: Circles of Support and Microboards

Name of organisation: Community Living Project

Address: 31 Saltash Avenue, Christies Beach, South Australia

Country: Australia

Contact: info@clp-sa.org.au

Website: <https://communitylivingproject.org.au/category/circles/>

Type of innovation:

<input type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of support: Circles of Support engage the individual and their network to increase the control an individual has over their life. The Circle of Support is made up of people the individual chooses among family, friends, and their community. Decisions are made by the individual, in conjunction with their Circle of Support. These decisions include choosing support staff, the levels of support required, emergency support, and how to achieve the individual's goals. Microboards are a more formal version of Circles of Support. The people on the microboard form a corporate entity with rules and role guidelines.

Details of innovation: The use of an individual-focused and '360 degree' decision-making process can result in a more complete plan of support and maximise the control the individual has over their life and decisions.

Population served: A range of people with disability.

Outcomes: In a review of 3 Australian programs, the people at the centre of the circles were able to strengthen and extend their social networks (according to family members).³⁷

Cost of support: Many Circles of Support members participate on a volunteer basis. There are costs related to facilitation (e.g. administration, organisation, preparation, and coordination).

Funding: In Australia, some Circles of Support programs can be funded through NDIS funding.

Challenges and limitations: While Circles of Support can build upon existing support networks and leverage the strengths of relationships, not everyone has strong social connections. Some services focus on capacity building to help people without support networks to build them, though they incur greater time and administrative costs.³⁸

Similar services: [The National Resource Centre for Circles of Support and Microboards](#) lists providers in Australia that use Circles of Support.

³⁷ Araten-Bergman, T. & Bigby, C. (2022). [Forming and supporting circles of support for people with intellectual disabilities – a comparative case analysis](#). *Journal of Intellectual & Developmental Disability*, 47(2), 177-189.

³⁸ Ibid.

Name of model: Family-run Cooperatives

Name of organisation: Supported Independent Living Cooperative

Address: Level 4, 64 Clarence St, Sydney, New South Wales

Country: Australia

Contact: staff@silc.coop

Website: <https://www.silc.coop/>

Type of innovation:

<input type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of support: Groups of families of people with disability come together and set up a cooperative to run a supported independent living home with the support of Supported Independent Living Cooperative (SILC). People with disability and their families form a Cooperative Board where they work with the person with disability to make decisions about where they live, who they live with, who they employ, when they receive individual support, and when they receive shared support. SILC supports the cooperatives to explore the design set up, and have set up single resident homes, shared homes with 2 to 3 people with disability, and individual living options models. SILC supports the cooperatives with co-design, project management, and administrative functions. SILC currently supports 14 cooperatives in New South Wales. Families, as a cooperative board, are required to govern and have oversight of their entity, to ensure it runs smoothly. For this reason, the model requires families to commit to their director responsibilities.

Details of innovation: The main innovation of this model is the focus on a family-led home, rather than a support provider-led service.

Population served: The model supports people with disability with severe cognitive and communication impairments who require significant support with decision-making.

Outcomes: The model is part of the first round of the NDIA Home and Living Demonstration Project, which is still ongoing.³⁹ Outcome data is not currently available.

Cost of support: There is a \$1,300 AUD subscription fee per fortnight per house operator, with additional costs per resident (\$300 AUD for the first, \$200 AUD for the second, and \$50 AUD for the third). Four percent of the NDIS funding received is also paid as part of the fee. In addition, \$100 AUD per employee per fortnight is paid for staff support services.⁴⁰

Funding: The support provided in the houses is funded by the NDIS.

Challenges and limitations: This model is reliant on people with severe cognitive impairment having someone in their support network able to take on the responsibility of being a cooperative member and engaging in making decisions. A family-led cooperative is less appropriate for people with more capacity to make their own decisions.

³⁹ NDIA. (2024, January 15). [Home and living demonstration projects.](#)

⁴⁰ Supported Independent Living Cooperative. (2022). [SILC Schedule of Fees and Services.](#)

Name of model: Homeshare

Name of organisation: Shared Lives Australia

Address: Melbourne, Victoria

Country: Australia

Contact: <https://www.shared-lives.com.au/about-us>

Website: <https://www.shared-lives.com.au/>

Type of innovation:

<input type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of support: In this model, a person needing support has a home with a spare room and offers it for free or at low-cost rent to a ‘home sharer’ in exchange for some informal or occasional support (10 hours, in the case of Shared Lives Australia). The support provided by the home sharer varies and may include companionship, assistance with shopping, gardening, and cooking. This arrangement is overseen by a homeshare coordinator who matches the individuals and monitors safety and mutual benefit. While formal support is not provided by the home sharer, they can be provided by a support worker in tandem with the home sharer’s informal support.

Details of innovation: The homeshare model offers people who need support the opportunity to live with someone who is not family, build social connections, and access informal support.

Population served: Shared Lives Australia serves older adults. However, this model is used internationally for people with disability as well.⁴¹

Outcomes: An evaluation of a large Homeshare pilot in the UK reported outcomes including improved wellbeing, reduced loneliness, and support around the home.⁴² Homeshare Australia and New Zealand Alliance (HANZA, <https://www.hanza.org.au/>) highlight increased choice and control, safety and security, and lower stress as well.⁴³

Cost of support: The home sharer pays a reduced rate of rent, or no rent at all. There is a fee for the home sharer to cover the matching process and administration, as well as support and access to the Shared Lives app.

Funding: The organisations that match and support homeshare arrangements generally receive government funding.

Challenges and limitations: This model is a type of [Individualised Living Option \(ILO\)](#) that was introduced by the NDIS in 2020; however, this and other ILOs are not always funded using ILO line items. To date, this model has not been implemented at scale in Australia. This model tends to require a lot of social capital to set up and maintain.

Similar services: [My Supports \(Australia\)](#) supports homeshare arrangements. [Homeshare ACT](#) works with NDIS participants and seniors. Avivo in Western Australia supports [Homeshare](#) and [Host Family](#) arrangements. Developmental Disability WA provides a [list of 12 organisations](#) that provided host family and home sharing services in Western Australia in 2016.

⁴¹ HomeShare International. (n.d.). [About homesharing](#).

⁴² Traverse. (2018). [Evaluation of the Homeshare Pilots](#).

⁴³ Homeshare Australia and New Zealand Alliance. (2014). [Homeshare and the National Insurance Disability Scheme](#).

Name of model: Co-resident

Name of organisation: One2One

Address: 3 Padbury Terrace, Midland, Western Australia

Country: Australia

Contact: info@one2onewa.com.au

Website: <https://one2onewa.com.au/>

Type of innovation:

<input type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of support: In the co-residency model, a supporter lives in a person with disability's home and provides an agreed level of support in exchange for both payment and rent support. They help the individual to develop and maintain their lifestyle, support their health and wellbeing, provide a sense of belonging, and more. The co-resident's rent costs are covered as part of this arrangement, which can also come with the added benefit of reducing the individual's rental costs. The housing can be privately owned, rented, SDA, or social housing. The co-resident is not the only provider of support. A team of staff (support workers, respite co-workers, etc.) and informal supports are also involved.

Details of innovation: This model offers a more formalised and intensive support arrangement compared to the homeshare model, in terms of the structure and nature of the support provided.

Population served: A range of people with disability.

Outcomes: The intended outcomes of the model are support and companionship provided in the individual's home. No evaluation data could be found.

Cost of support: Supporters are compensated for 24-hour care shifts at the Social, Community, Home Care, and Disability Services Award rate.⁴⁴ Alternatively, they can be engaged through a "Shared Management" approach, where a "household employer" engages a co-resident, with assistance from One2One. Costs vary across supports and needs, but are lower than traditional 1:1 SIL arrangements.

Funding: Co-residency is supported as an ILO through the NDIS, though this funding is often insufficient. Other NDIS funding options include SIL and flexible core supports.

Challenges and limitations: To participate in a co-residency program, the individual needs their own home, which can be a difficult criteria to meet. However, other programs where the individual moves into another person's home may be appropriate in those cases.

⁴⁴ Fair Work Ombudsman. (2022). [24 hour care in the Social, Community, Home Care and Disability Services Award](#).

Name of model: Host Families

Name of organisation: Shared Lives Plus

Address: Eleanor Rathbone House, Connect Business Village, 24 Derby Road, Liverpool

Country: The United Kingdom

Contact: info@sharedlivesplus.org.uk

Website: <https://sharedlivesplus.org.uk/>

Type of innovation:

<input type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of support: A person with disability is matched with an approved self-employed Shared Lives Carer who has a spare room in their home. The participant shares in the host's family and community, through moving in with them, day support, or short term stays (respite). Regulated by the UK Care Quality Commission, 97% of schemes are rated good or outstanding, making it the highest quality form of social care in England. Shared Lives Plus is operating at scale with nearly 12,000 people supported across the UK in 2022-23. It has been identified as a key innovation to be scaled further as part of the Department of Health and Social Care's Accelerating Reform Fund.⁴⁵

Details of innovation: The Shared Lives Carer earns between £350-£650 (approximately \$681 AUD to \$1,265 AUD) per week, receives payment for rent and cost of living expenses, and is provided training and support. No qualification is required to be a Shared Lives host. Payments are non-assessable for tax purposes with an £18K threshold per household (\$35,000AUD).

Population served: The majority of participants are people with intellectual disability (73%), though the service also involves people with autism (8%), people with psychosocial disability (6%), people with physical impairment (2%), and people with dementia (2%).⁴⁶

Outcomes: Shared Lives Plus reports that almost all (97%) participants felt they were part of the family most of the time. Most (85%) felt their social life had improved, 91% felt involved with the community and 85% had more choice in their daily life.⁴⁷

Cost of support: Early costs are typically £8,000-£30,000 (approximately \$15,561 AUD to \$58,348 AUD) lower per person for a person with a learning disability compared to other social care.⁴⁸

Funding: Funding is received from local authorities and local NHS organisations.

Challenges and limitations: In the UK, the largest barrier to the growth of Shared Lives is the recruitment of Shared Lives Carers, who can be underpaid. Lack of social worker knowledge and use of this option is also a major barrier. To implement at scale in Australia, this model may require additional policy work to set up and proactively manage quality and safeguards. There may also be some industrial relations barriers in Australia related to the way hosts are paid under this model.

Similar services: [My Place](#) in Western Australia supports around 400 people in Homeshare and Host Family arrangements. The Kansas (USA) state government provides an online [design and standards manual](#) for Host Family Arrangements.

⁴⁵ Department of Health and Social Care. (2023, October 24). [Innovation projects in adult social care receive £42.6 million boost](#).

⁴⁶ Shared Lives Plus. (2023). [The State of the Sector](#).

⁴⁷ Ibid.

⁴⁸ Ibid.

Name of model: Night Time Attendant Care

Name of organisation: Mobile Attendant Care Service

Address: 77 Leckie Road, Kedron, Queensland

Country: Australia

Contact: macs@macsinc.org.au

Website: <https://macsinc.org.au/services/>

Type of innovation:

<input type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of support: This model involves a mobile team of support workers operating between 5pm and 6am, providing short duration drop-in support. The team assists with transfers, repositioning throughout the night, medication assistance, and anything that enhances comfort and lifestyle throughout the night when other services are less accessible. Assistance can be requested in advance as well as when needed on an unplanned basis. The organisation also provides a drop-in service during the daytime on a smaller scale.

Details of innovation: This service model allows for flexible support to be delivered in the person's home on both a scheduled and unscheduled basis. It can provide a cost effective alternative to onsite or sleepover disability support services, and where a second support worker is only required for a short period of time (e.g. 2-person transfers).

Population served: People, aged 18 and older, with a physical disability.

Outcomes: The intended outcomes of this model are reliable support when it is known to be needed in advance and flexible support for unplanned instances. No evaluation information could be found.

Cost of support: Mobile Attendant Care Service (MACS) charges an hourly rate. The minimum assist time is 15 minutes plus a 30-minute travel fee.

Funding: Services are paid through disability support funding, such as the NDIS, or as direct costs to the client. MACS is a registered NDIS provider.

Challenges and limitations: The service currently operates within a 30 minute radius around Chermside and Underwood in Brisbane. This service has been operating for many years on a small scale. Developing and implementing a strategy to replicate and scale this type of service nationally has potential to provide a high quality and cost effective alternative to shared support or sleepover support for some NDIS participants.

Similar services: Nightlife (Australia) also offers flexible nighttime support in Melbourne through their [Night Mobile Support Team](#). [Spinal Cord Injury Australia](#) offers an Occasional & Emergency Services program in Sydney, where staff can assist with planned needs and emergency situations between 6pm and 5am.

Name of model: Emergency After-Hours Response Services (EARS)

Name of organisation: Annecto

Address: 81 Cowper Street, Footscray, Victoria

Country: Australia

Contact: enquiries@annecto.org.au

Website: <https://www.annecto.org.au/ears/>

Type of innovation:

<input type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of support: An after-hours telephone support service for non-medical emergencies. The service operates between 5pm and 9am on weekdays and at all hours on weekends and public holidays. They can assist with organising in-home support that is needed at short notice. A field response officer can also be dispatched when needed.

Details of innovation: EARS offers an option for non-medical support and advice needed on an ad-hoc, emergency basis. Many people with disability do not want or need a disability support worker in their home or onsite after hours or overnight. They do; however, want support to be available when they need it. Some people choose to live independently and can be effectively supported over the phone to make decisions or solve problems when things go wrong. For some people this might be a suitable alternative to overnight inactive support or onsite shared support as they become more independent over time.

Population served: People with disability, older adults, and their support workers, families, and friends, who are not receiving other services or support.

Outcomes: No evaluation information could be found.

Cost of support: The service is free for the people living in the regions covered.

Funding: The service is supported by the federal and state governments.

Challenges and limitations: This model has the potential to provide cost effective quality support for NDIS participants. However, there are no drivers or incentives for support providers to build the capacity of NDIS participants and transition them away from individualised face-to-face support to more cost effective models. At the start of the NDIS, it was anticipated that a range of more flexible and cost effective models like this would emerge. This type of service appears to be underutilised and may not be financially sustainable in the current scheme with payment models that favour providing planned, face-to-face disability support.

Name of Model: Good Neighbour Model

Name of organisation: Elmira Developmental Support Corporation

Address: 118 Barnswallow Drive, Elmira, Ontario

Country: Canada

Contact: rhurst@elmirasupportivehousing.com

Website: <https://elmiraintentionalcommunity.ca/what-is-a-good-neighbour/>

Type of innovation:

<input type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of support: In the Good Neighbour model, members of the community are offered reduced rent in exchange for the provision of informal support to people with disability living nearby or within the same complex. The neighbours monitor wellbeing and can act as a safety net, while fostering a positive and welcoming community. They do not provide formalised support.

Details of innovation: This model provides a source of informal support with obligations specified through the rent arrangement.

Population served: A range of people with disability.

Outcomes: The intended outcomes of this model are informal and social support being provided to people with disability, as well as an early checking system before minor issues become serious. No evaluation information could be found.

Cost of support: The “Good Neighbours” are compensated with reduced rent.

Funding: No funding information could be found.

Similar services: An example of this model in Australia is South Burnett Community Training Centre’s Heritage Lodge.⁴⁹

⁴⁹ Queensland Government. (2017, February 13). [Nina | People with Disability](#).

Built environment and support

Name of model: Haven

Name of organisation: The Haven Foundation

Address: Building 8, Level 3/584 Swan St, Burnley, Victoria

Country: Australia

Contact: info@havenfoundation.org.au

Website: <https://havenfoundation.org.au/>

Type of innovation:

<input checked="" type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of housing/support: Haven builds up to 16 units for people with psychosocial disability, with some shared community spaces. The model is currently in use across Victoria.

Details of innovation: Haven model is relatively contemporary for this cohort.

Population served: People with psychosocial disability who qualify for social housing with the Victorian Housing Register. While models that serve people with psychosocial disability were excluded from our scan, the Haven model has been included for its inclusion in the NDIS Review.⁵⁰

Outcomes: One study found that moving to a Haven service decreased acute psychiatric care, increased vocational education and training, and improved social connections.⁵¹ Another evaluation found improved independence and self-confidence, as well as reduced mental distress.⁵² Days spent in hospital also decreased after moving into a Haven service (53.1 days on average pre-move and 7.4 days on average post-move).

Cost of housing/support: The average cost per night in the Haven model is \$302 AUD.⁵³ The average Assistance with Daily Living budget for people living in a Haven was \$119,000 AUD per year, compared to \$296,700 AUD on average for other supported accommodation.⁵⁴

Funding: The Haven Foundation initially received funding from the Victorian Government for building the homes. Support is funded by the NDIS.

Challenges and limitations: The new buildings and quality of support provided by Haven are a significant improvement on other supported accommodation options for people with psychosocial disability (e.g. boarding housing and Supported Residential Services). However, co-locating 16 people with disability on 1 site with no integration with mainstream accommodation does not meet contemporary standards in the broader disability sector. Residents must use Haven's parent company (Mind Australia) for shared 24/7 supports, though can choose their other supports.

⁵⁰ Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2023). [Working together to deliver the NDIS. NDIS Review: Final report: Supporting analysis.](#)

⁵¹ Lee, S., Gilling, J., Kular, B., & Duff, C. (2013). [Exploring the impact of housing security on recovery in people with severe mental illness. Monash University.](#)

⁵² Mind Australia. (2023). [Submission on the National Housing and Homelessness Issues Paper.](#)

⁵³ Ibid.

⁵⁴ Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2023). [Working together to deliver the NDIS. NDIS Review: Final report: Supporting analysis.](#)

Name of model: Community Living Initiative

Name of organisation: Synapse

Address: Mantra Trilogy Towers Level 2, Suite 2, 80-84 Abbott Street, Cairns City, Queensland

Country: Australia

Contact: info@synapse.org.au

Website:

<https://synapse.org.au/creating-real-change/our-research-work/programs-initiatives/community-living-initiative-cairns/>

Type of innovation:

<input checked="" type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of housing/support: A model of housing and support that is designed specifically for Aboriginal and/or Torres Strait Islander people with disability. Aspects of the design, model, delivery, and governance have been built to create a culturally safe service that is led by Aboriginal and/or Torres Strait Islander people.⁵⁵ The model prioritises the involvement of the individual in the delivery of the service, flexibility, building natural supports in the community, and development of skills. A mentor, independent of the support team, works to strengthen the service by engaging with individuals and staff.

Details of innovation: This model provides innovation in both the built environment and culturally informed support for the population of Aboriginal and/or Torres Strait Islander people with disability in Northern Queensland.

Population served: The model is for Aboriginal and/or Torres Strait Islander people with neurological disability.

Outcomes: The model intends to improve autonomy, choice, and sense of belonging. It also aims to build capability in dealing with the stresses Aboriginal and/or Torres Strait Islander peoples with disability face. A post occupancy evaluation found that tenant social and emotional wellbeing improved.⁵⁶

Cost of housing/support: Information on the cost of the service was not found.

Funding: Synapse received a \$4,592,720 grant in 2012 from the Supported Accommodation Innovation Fund prior to the commencement of the NDIS.⁵⁷

Challenges and limitations: The Cairns Community Living Initiative is planned to be replicated in other parts of Australia. Given the relatively high cost of this development, replication may be challenging with the current SDA payments available from the NDIS.

⁵⁵ People Oriented Design. (n.d.) [Synapse SAIF, Cairns](#).

⁵⁶ Synapse. (2019). [Annual Report 2019](#).

⁵⁷ Department of Families, Housing, Community Services, and Indigenous Affairs. (2013). [Fact Sheet Supported Accommodation Innovation Fund \(SAIF\)](#).

Name of model: KeyRing

Name of organisation: KeyRing

Address: 21 St Olav's Court, Lower Road, London

Country: The United Kingdom

Contact: enquiries@keyring.org

Website: <https://www.keyring.org/who-we-are>

Type of innovation:

<input checked="" type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of housing/support: A standard KeyRing network includes 10 individuals living in close proximity to each other. Nine people are vulnerable adults, and 1 is a Community Living Volunteer (CLV) who resides rent-free in the network. The CLV devotes a minimum of 12 hours per week to assist members with tasks like managing finances, accessing education, or finding employment opportunities. The CLV also encourages reciprocal support among members and facilitates community inclusion.

Details of innovation: This low-intensity model provides locally sourced support including community volunteers, paid staff, and an emphasis on mutual aid among peers.

Population served: People with mild intellectual disabilities, psychosocial disability, and autism.⁵⁸

Outcomes: Positive outcomes such as member satisfaction have been documented.⁵⁹ Preventative financial benefits were identified in a UK program from the avoidance of crisis and non-crisis outcomes. The estimated savings were £278,347 per annum (approximately \$539,000 AUD)/£5,352 per week (approximately \$10,500 AUD).⁶⁰

Cost of housing/support: One source has indicated that the KeyRing model costs a local authority approximately £79,000 p.a (approximately \$153,000 AUD).⁶¹

Funding: In the UK, KeyRing receives funding through the Supporting People program, which aims to help vulnerable individuals maintain their housing or tenancy agreements.

Challenges and limitations: Initiating this model seems challenging. It could involve identifying 10 people with disability living in a densely populated neighbourhood to build a KeyRing network of sufficient size. Alternatively, sourcing 10 affordable and accessible dwellings within walking distance from each other may require partnering with a developer on a greenfield or brownfield development site.

Similar services: [Neighbourhood Networks](#) (Scotland). It is unclear if the My Place KeyRing program from Northern Support Services for People with Disabilities Inc. or Marillac Neighbourhood Connection are still operating in Australia.⁶²

⁵⁸ Fyffe, C. & Bigby, C. (2008). [Strategic Issues and Directions for KeyRing in Victoria Final Report](#). La Trobe University.

⁵⁹ Ibid.

⁶⁰ Housing LIN. (2018). [Establishing the Financial Case for KeyRing](#).

⁶¹ Governance International (2019, February). [The Network is the Key: How KeyRing supports vulnerable adults in the community](#).

⁶² Fyffe, C. & Bigby, C. (2008). [Strategic Issues and Directions for KeyRing in Victoria Final Report](#). La Trobe University.

Name of model: Project Independence

Name of organisation: Project Independence

Address: 2 King Street, Deakin, Australian Capital Territory

Country: Australia

Contact: enquire@projectindependence.com.au

Website: <https://projectindependence.com.au/>

Type of innovation:

<input checked="" type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of housing/support: Ten 1-bedroom units for people with intellectual disability with a shared kitchen and living area. A Live-in Resident Coordinator is employed on each site for household management, shopping, cooking, cleaning, basic maintenance, and responding to urgent or emergency situations. An operations manager works across all sites, who assists the residents to develop supported decision-making skills.

Details of innovation: Project independence builds 10 units on 1 site and enables people with intellectual disability to have some equity in their home.

Population served: People with mild to moderate intellectual disability.

Outcomes: A survey of 7 residents found that most residents reported being more independent, part of a community, and being enabled to cope more effectively.⁶³ Project Independence has been a good stepping stone for people moving out of the family home. A KPMG return on investment report found: reduced need for informal support, increased quality of life through independence, greater likelihood of work, higher life satisfaction through home ownership, and security for the future through home ownership.⁶⁴

Cost of housing/support: Residents pay an upfront fee for their unit, and a portion of their rent goes towards equity in the property. The resident can elect at any time to pay off the unit in full. When they sell and move out from Project Independence, they receive their equity and part of the capital gains.

Funding: Project Independence was initially funded by donations, bequests, and the Australian Capital Territory Government.⁶⁵ New projects mainly rely on concessional loans, philanthropic support, as well as the upfront fee and rent from tenants.⁶⁶ Live-in Resident Coordinator support is funded through NDIS payments.⁶⁷ The financial model that makes housing affordable and enables some people with intellectual disability to have equity in their homes is attractive to some people with disability and families.

Challenges and limitations: Project Independence has 10 people on 1 site in a segregated setting.

⁶³ Project Independence. (2022). [Social Impact Report](#).

⁶⁴ KPMG. (2022). [Project Independence: Return on investment analysis](#).

⁶⁵ ACNC. (2017, January 26). [Project Independence Ltd](#).

⁶⁶ KPMG. (2022). [Project Independence: Return on investment analysis](#).

⁶⁷ Ibid.

Name of model: Intentional Communities

Name of organisation: Getting a Life Intentional Community (Hartley Lifecare)

Address: 6 Hodgson Place, Pearce, Australian Capital Territory

Country: Australia

Contact: enquiries@hartley.org.au

Website: <https://www.hartley.org.au/event/benambra-intentional-community/home>

Type of innovation:

<input checked="" type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of housing/support: Getting a Life Intentional Community (also known as Benambra) is built around 3 people with disability living in a public housing development with 25 dwellings. Neighbours provide a network of informal support. The 3 people with disability also live with a co-resident each, who provide support in exchange for free rent and a salary.

Details of innovation: Intentional communities are designed to provide strong community and informal support for the people with disability they are built around.

Population served: People with intellectual disability.

Outcomes: The 3 young men have lived in this intentional community for over a decade. The Benambra community is described as a safe, warm, and friendly place to live where the 3 people with a disability are well known by their neighbours.

Cost of housing/support: At Benambra, the homes are state funded public housing. The cost of support is unknown.

Funding: The construction of the dwellings and the community was funded by the Australian Capital Territory Government.

Challenges and limitations: Benambra took 11 years to develop and required a huge amount of social capital and commitment from family members. Starting an intentional community built around people with disability requires buy-in from many stakeholders. In Australia, replication and scaling intentional communities could involve partnering with community housing providers or housing co-operatives developing a brownfield or greenfield site.

Similar services: Internationally, 'intentional communities' have served as a model of housing for people with disability for decades. Some models have historically relied heavily on volunteers, others are quite segregated (e.g. 50% of residents in a village having an intellectual disability).⁶⁸ International intentional communities include [L'Arche](#), [Camphill](#), [Brookewood](#) (USA) and [Deohaeko](#) (Canada). Some like Het Dorp (Netherlands) started as a segregated village and are being redesigned to be a more inclusive community.⁶⁹

⁶⁸ Randell, M., & Cumella, S. (2009). [People with an intellectual disability living in an intentional community](#). *Journal of Intellectual Disability Research*, 53(8), 716-726.

⁶⁹ Liebermann, W. K. (2016). [Humanizing Modernism? Jaap Bakema's Het Dorp, a Village for Disabled Citizens](#). *Journal of the Society of Architectural Historians*, 75(2), 158-181.

Monitoring technology with support

Name of model: Just Roaming

Name of organisation: Just Checking

Address: Just Checking Ltd, The Mill, Brome Hall Lane, Lapworth, Warwickshire

Country: The United Kingdom

Contact: support@justchecking.co.uk

Website: <https://justchecking.co.uk/just-roaming/>

Type of innovation:

<input type="checkbox"/> Built Environment	<input checked="" type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of support: Just Roaming is a service that utilises sensors to monitor activities in real-time, combined with in-person support as needed. The sensors can, for example, register when someone gets up in the morning or when they go to bed, when there is movement in any room, when appliances (e.g. the oven) are being used, and when people arrive or leave the property. Alerts from the sensors, and their corresponding priority level (low, medium, or high) are shown on the Just Roaming app. By sending alerts to mobile phones, Just Roaming enables responsive support from 'roaming' support workers, ensuring timely intervention based on individual needs.

Details of innovation: Just Roaming is an innovative and cost-effective model which utilises technology as part of a "digital ecosystem."

Population served: People with learning disabilities and autism.

Outcomes: A case study reported that the overnight support was more personalised, flexible, and responsive. Individuals were less beholden to staff schedules, had more freedom to start and end their day when they chose, and were not interrupted by patrolling "just in case" checks. The organisation was able to allocate staff more effectively using alert data showing what supports were needed and when.⁷⁰

Cost of support: The cost for the Stirling support provider before Just Roaming (for 3 sleep-in support workers) was £103,455 (approximately \$201,702 AUD), and was able to be reduced to £66,000 (approximately \$128,677 AUD) for 1 worker monitoring the system.⁷¹

The annual subscription cost of the Just Roaming package depends on the technology implemented and the needs of the individual, with 2 costing options being £3,210 (approximately \$6,256 AUD) and £3,745 (approximately \$7,299 AUD).

Funding: Funded by the National Health Service in the UK.

Challenges and limitations: There may be privacy concerns for the person being monitored. There are no real drivers or incentives in the NDIS for support providers to look at how they might replace or reduce reliance on rosters of paid support by developing new services that combine monitoring technology with remote and on-call face-to-face paid support.

⁷⁰ Just Checking. (2020). [Just Roaming - Case Study](#).

⁷¹ Ibid.

Name of model: Telecare and Remote Support

Name of organisation: Rest Assured

Address: 180 Professional Ct., Lafayette, Indiana

Country: The United States of America

Contact: <https://restassured.com/contact-us/>

Website: <https://restassured.com/people-with-disabilities/>

Type of innovation:

<input type="checkbox"/> Built Environment	<input checked="" type="checkbox"/> Technology	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Framework
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Description of support: This model is a system of sensors in the home combined with remote support. They do not provide hands-on support. Instead, they inform a contact when in-person support is needed. Four service types are available: active support (real-time monitoring), check-in support (regular check-ins), emergency watch (passive monitoring of emergencies), and family support (family access to monitoring).

Details of innovation: Monitoring technology is still evolving, with new methods and devices emerging. Combining this with real-time monitoring can build the potential for independent living, with the safety net of alerts and check-ins.

Population served: People with cognitive, intellectual, and/or developmental disability.

Outcomes: The intended outcomes of this service are increased safety, as well as emergency response and prevention. No evaluation information could be found.

Cost of support: \$350 USD (approximately \$536 AUD) for installation, then \$125-250 USD (approximately \$191-383 AUD) per month for the renting of the equipment, and \$6 USD (approximately \$9 AUD) per hour for active monitoring.⁷²

Funding: Some US states fund the service through Medicaid.

Challenges and limitations: While privacy concerns may limit people's willingness to use monitoring technology, some people may prefer to use this technology to live more independently. There has been less innovation in service development and the use of technology than was anticipated when the NDIS started a decade ago. There are no real drivers or incentives in the scheme for providers to look at how they might replace or reduce reliance on rosters of paid support by developing new services that combine monitoring technology with remote and face-to-face paid support.

Similar services: There are a range of products to monitor the well being of older people and people with disability. Monitoring technology has the potential to support the delivery of high quality and cost effective support where it is tailored to the specific needs and preferences of NDIS participants and combines monitoring with human interaction (e.g. telecare, shared onsite support, mobile support service, and/or call out service). Other similar monitoring services identified in our search included: [CARETEQ's \(Australia\)](#) [SOFIHUB](#) [IntelligentLilli \(UK\)](#) and [SOL Connect's \(UK\)](#) [FlexiLife](#).

⁷² National Council on Aging. (2023, December 5). [5 Best Monitoring Systems for Older Adults \(2024\)](#).

Frameworks

Name of model: Active Support

Name of organisation: La Trobe University Living with Disability Research Centre

Address: Health Sciences Building 1, La Trobe University, 1 Kingsbury Drive, Bundoora, Victoria

Country: Australia

Contact: lids@latrobe.edu.au

Website: <https://www.everymomenthaspotential.com.au/>

Type of innovation:

<input type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input type="checkbox"/> Support	<input checked="" type="checkbox"/> Framework
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Description of framework: Active support is a model of working with people with intellectual disability that was developed in the UK in the 1990s.⁷³ Active support is a person centred practice, a way to support people with intellectual disabilities to engage in meaningful activities and social interactions. There are 4 principles: 1. Every moment has potential; 2. Graded assistance to ensure success; 3. Maximising choice and control; and 4. Little and often. Active support is underpinned by theory and empirical evidence. Rights-based values and knowledge about things such as task analysis, communication, behavioural reinforcement, and learning are translated into this specific person centred practice that can be taught to support workers regardless of previous education and training.⁷⁴

Details of innovation: Active support was recognised by the NDIS Quality and Safeguards Commission as the only evidence based practice relevant to people with intellectual disabilities in supported accommodation.⁷⁵

Population served: People with intellectual disability.

Outcomes: There is 30 years of international evidence that active support improves outcomes including increased quality and amount of assistance, as well as participation, engagement, choices, and quality of life.⁷⁶ Challenging behaviours have also been reduced.⁷⁷

Challenges and limitations: Active support is a promising framework that has been implemented in Australia for many years. However, active support has been difficult to embed in services. To date, active support has not transformed the quality of services received by Australians with severe intellectual disability living in supported accommodation.⁷⁸

⁷³ Jones, E., Perry, J., Lowe, K., Allen, D., Toogood, S., & Felce, D. (1996). *Active support: A handbook for planning daily activities and support arrangements for people with learning disabilities. Booklet 1: Overview*. Welsh Centre for Learning Disabilities Applied Research Unit. University of Wales, Cardiff.

⁷⁴ Bigby, C. (2024) *Supporting Engagement in Everyday Life at Home and in the Community: Active Support*. In C. Bigby & A. Hough (Eds.), *Disability Practice: Safeguarding Quality Service Delivery* (pp. 121-142). Palgrave Macmillan Singapore.

⁷⁵ NDIS Quality and Safeguards Commission (2023). *Inquiry Report: Own Motion Inquiry into Aspects of Supported Accommodation*.

⁷⁶ Bigby, C., Bould, E., Iacono, T., Kavanagh, S., & Beadle-Brown, J. (2020). *Factors that predict good Active Support in services for people with intellectual disabilities: A multilevel model*. *Journal of Applied Research in Intellectual Disabilities*, 33(3), 334-344.

⁷⁷ Beadle-Brown, J., Hutchinson, A., & Whelton, B. (2012). *Person-centred active support—increasing choice, promoting independence and reducing challenging behaviour*. *Journal of Applied Research in Intellectual Disabilities*, 25(4), 291-307.

⁷⁸ NDIS Quality and Safeguards Commission (2023). *Inquiry Report: Own Motion Inquiry into Aspects of Supported Accommodation*.

Name of model: Frontline Practice Leadership

Name of organisation: La Trobe University Living with Disability Research Centre

Address: Health Sciences Building 1, La Trobe University, 1 Kingsbury Drive, Bundoora, Victoria

Country: Australia

Contact: lids@latrobe.edu.au

Website: <https://www.practiceleadershipresource.com.au/>

Type of innovation:

<input type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input type="checkbox"/> Support	<input checked="" type="checkbox"/> Framework
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Description of framework: Frontline Practice Leadership is a particular type of frontline management and is necessary to ensure good active support occurs all day, every day.⁷⁹ It comprised 5 tasks: 1. Focussing staff attention on the quality of life of the people supported; 2. Supervising the practice of each staff member individually; 3. Allocating and organising staff through shift plans that give workers a sense of how they are going to organise their time, and whom they are going to support and how to provide support; 4. Observing staff, giving feedback, coaching staff and modelling good practice; and 5. Facilitating teamwork and team meetings. Frontline practice leaders should be skilled in active support, regularly present in services, and know the staff and the people they support. They need time for practice leadership tasks which can often be swamped by administrative duties.

Details of innovation: Frontline practice leadership is presented by the NDIS Quality and Safeguards Commission as part of a best practice framework.⁸⁰

Population served: People with intellectual disability.

Outcomes: Frontline practice leadership was found to predict active support⁸¹ and was associated with greater levels of engagement.⁸²

Challenges and limitations: The framework requires time and investment for teams and leaders to be more involved in leadership practices, including taking time to directly observe workers in their roles.

⁷⁹ Bigby, C., Bould, E., Iacono, I., & Beadle-Brown, J. (2020). [Predicting good Active Support for people with intellectual disabilities in supported accommodation services: Key messages for providers, consumers and regulators](#). *Journal of Intellectual and Developmental Disability*, 45, 279-289.

⁸⁰ NDIS Quality and Safeguards Commission. (2023). [Inquiry Report: Own Motion Inquiry into Aspects of Supported Accommodation](#).

⁸¹ Bould, E., Bigby, C., Iacono, T., & Beadle-Brown, J. (2019). [Factors associated with increases over time in the quality of Active Support in supported accommodation services for people with intellectual disabilities: A multi-level model](#). *Research in Developmental Disabilities*, 94, 103477.

⁸² Bould, E., Beadle-Brown, J., Bigby, C., & Iacono, T. (2018). [The role of practice leadership in active support: Impact of practice leaders' presence in supported accommodation services](#). *International Journal of Developmental Disabilities*, 64(2), 75-80.

Name of model: Personalised Support

Name of organisation: Citizen Network

Address: Citizen Network Research, Bierlow House, 8 Oakdale Road, Sheffield

Country: The United Kingdom

Contact: hello@citizen-network.org

Website: www.citizen-network.org

Type of innovation:

<input type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input type="checkbox"/> Support	<input checked="" type="checkbox"/> Framework
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Description of framework: Personalised support is structured around 5 key aspects that foster best practice support. These aspects are: helping people achieve citizenship, completely tailoring the support to the individual, working together with the individual and their family, commitment and versatility to dynamic situations, and building on the resources of the individual and their community. Personalised support can be applied to a range of services related to planning, capacity building, and the delivery of everyday supports. The Citizen Network has 21 members in Australia, indicating significant interest from local advocacy organisations and providers. Personalised support appears to be implemented more effectively when the individual is in control of their budget. In an example in Scotland, longer durations of individuals being in control of their budget was associated with greater levels of personalised support.⁸³

Details of innovation: Personalised support provides a framework that champions the individual as an active citizen with rights, potential, and a life to lead.

Population served: A range of people with disability.

Outcomes: The intended outcome of personalised support is citizenship for people with disability, and meeting objectives related to purpose, freedom, money, home, help, life, and love. In a Scottish Government evaluation, personalised support was found to increase independence, resulting in lowered costs.⁸⁴ Another evaluation reported cost savings of £1.79 million (approximately \$3.44 million AUD) over 4 years.⁸⁵

Challenges and limitations: In the current policy environment in Australia there is a focus on increasing regulation and efficiency, and reducing cost. This may make the implementation of personalised support challenging given it emphasises innovation and creativity at a systems level, and more flexibility at an individual level and disability rights. However, personalised support has been implemented effectively at scale in the highly regulated UK system.

⁸³ Duffy, S. & Sly, S. (2017). [Progress on Personalised Support - Results of an International Survey by Citizen Network](#). Citizen Network.

⁸⁴ Squire, A. & Richmond, P. (2017). [No Place Like Home - The Economics of Independent Living](#). Citizenship Network (formerly Centre for Welfare Reform).

⁸⁵ Ellis, R., Sines, D., & Hogard, E. (2015). [Better Lives - An evaluation of the Choice Support Personalisation Program for adults with learning difficulties in Southwark](#). Citizenship Network (formerly Centre for Welfare Reform).

Name of model: Model of Citizenship Support

Name of organisation: JFA Purple Orange

Address: 104 Greenhill Road, Unley, South Australia

Country: Australia

Contact: admin@purpleorange.org.au

Website: www.purpleorange.org.au

Type of innovation:

<input type="checkbox"/> Built Environment	<input type="checkbox"/> Technology	<input type="checkbox"/> Support	<input checked="" type="checkbox"/> Framework
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Description of framework: The Model of Citizenship Support is an approach that enables people with disability to explore what a good life is for them and what assets they can draw on to advance this. The model can be applied to any aspect of a person's life, including housing and living supports. A central part of the model is how to think about a person's life chances by exploring 4 elements, called the Four Capitals. These are: Personal Capital (how the person sees themselves), Knowledge Capital (what the person knows and can do), Material Capital (the tangible resources the person can access), and Social Capital (the person's social connections). The model details assessments and methods to assess risks, identify gaps, and consequently identify ways to build the Four Capitals.⁸⁶

Details of innovation: This model has been identified by the NDIS Independent Advisory Council as a method for people with disability to plan a good life and address gaps and safety challenges.⁸⁷

Population served: The model was originally developed to explore how best to invest in a good life for people with disability, older people, people with ongoing mental health issues, homeless people, and anyone at greater risk of being excluded from typical chances in life.

Outcomes: The intended outcome of this model is citizenship, a word coined to describe a meaningful life where an individual takes up valued roles and membership in ordinary community life. No evaluation information could be found.

Challenges and limitations: Applying these principles in the current service system would require a significant commitment to service redesign and change from organisations delivering support in disability housing.

⁸⁶ Williams, R. (2013). [Model of Citizenship Support](#). JFA Purple Orange.

⁸⁷ Independent Advisory Council to the NDIS. (2021). [Choice and control to safely live a good life of belonging and citizenship](#).

Discussion

Given the Australian government spends \$10.20 billion per annum on support for NDIS participants in SIL, there is a remarkable lack of data on what works and outcomes being delivered. While there is some emerging evidence regarding the outcomes of moving to new housing,⁸⁸ there is little evidence to guide the development and scaling of innovations to deliver high quality and cost effective support.⁸⁹ In an attempt to identify existing models to inform future directions in support, we conducted this environmental scan.

Doing a rigorous Google search for this environmental scan was challenging and did not result in many innovative models being identified. This could be attributed to inconsistent terminology and a lack of information being conveniently available. Most of the models in the report were instead identified by the authors and by local and international experts. While the broad search for innovation was not as fruitful as desired, the targeted search driven by the authors and experts did provide a useful, if limited, pool of models that have found varying levels of evidence for outcomes. These provide a basis for considering how we might increase the range and scale of housing and support options for people with disability who need access to 24/7 support.

Many of these models have merit in the positive outcomes they deliver for people with disability. There is a potential to use a combination of models to improve the quality and efficiency of housing and living support delivered in Australia. An individual's needs and desires are often not neatly addressed by 1 model. Instead, aspects and components of models that suit the individual might be blended together and be dynamic in response to how their needs and desires change over time. By taking this individualised and fluid approach, the solution that works best for the individual might be achieved. For example, modular co-located units could be built offsite and brought to areas with limited accessible housing. These units could then be installed with monitoring technology with a self-managed roaming support team who service a number of different sites within range, providing planned and unplanned support. These teams could be trained in 1 or more of the frameworks mentioned in this report. Residents could be joined by a homesharer, or a "good neighbour" could live onsite or nearby. Any number of these elements could be included or omitted to design a bespoke model that suits the needs of the individual. Combining and scaling some elements of these models has the potential to transform the quality and cost of support delivered in housing and living supports.

The future of the NDIS

Some of the models of housing and support that were identified by recent government reports as innovative have institutional elements and do not meet contemporary standards for disability housing. These include living locations that are segregated and not integrated with the wider community, not having complete control over who provides support, and not always being able to choose who you live with. In line with the UNCRPD, the next iteration of the NDIS should foster a range of living arrangements including living with a partner, children, friends with or without a disability, or alone, with control over location and support providers.⁹⁰

⁸⁸ Douglas, J., Winkler, D., Oliver, S., Liddicoat, S., & D'Cruz, K. (2023). [Moving into new housing designed for people with disability: preliminary evaluation of outcomes](#). *Disability and Rehabilitation*, 45(8), 1370–1378.

⁸⁹ Topping, M., Douglas, J., & Winkler, D. (2024). [Building an evidence-based multi-level system of quality disability support for adults with acquired neurological disability](#). *Disability and Rehabilitation*.

⁹⁰ United Nations. (2006). [Convention on the rights of persons with disabilities and optional protocol](#).

One of the challenges for both the scheme and the market is that a decade in, there is very little aggregate data on the housing and support needs and preferences of people who need access to 24/7 support.

As the NDIS evolves, recommendations have been made by the NDIS Review to improve the scheme. One of the recommendations of the NDIS Review is to apply an average support ratio of 1:3 for the 40,867 people who need access to 24/7 supports. Some NDIS participants are anxious that this ratio will be used as a blunt instrument to reduce the cost of NDIS plans. As an average, a 1:3 ratio for the whole population may be reasonable, but it could overlook the needs of participants at an individual level. There is simply not enough data available on the specific support needs of the 40,867 people. For example, some people in this group are ventilator dependent quadriplegics, others require 2:1 support due to behaviours of concern, and at the other end of the spectrum there are people living in group homes with cognitive disability who are relatively independent in some everyday tasks in the home and their local community.

While government is yet to formally respond to the NDIS Review recommendations, including the recommendation on the 1:3 shared support ratio, there is an urgent need for innovation and disruption in the way support is delivered to people who need access to 24/7 supports. The disability sector needs to design a range of innovative housing and support options that deliver better outcomes for NDIS participants within the funding envelope of a shared support ratio of 1:3. This is critical for ensuring better outcomes for participants and the sustainability of the Scheme.

Transforming the market

Based on the evidence in recent government reports, it is clear that the current regulatory system for disability housing is not working.^{91,92} However, regulation that is not carefully designed and proportionate has the potential to add another layer of cost and further restrict the lives of NDIS participants. Increased regulation tends to favour established business models and stifle innovation.⁹³ Without innovation and disruption in the way support is delivered in disability housing, there is little hope of achieving the radical change in quality and efficiency needed.

Independent analysis is needed to understand what is driving the increase in the cost of delivering services to people who need access to 24/7 support. Understanding the fixed and variable costs of delivering support in disability housing in the current predominant business model may be useful for informing innovation and prioritising potential solutions. This analysis could also shed light on how the current and proposed changes to policy, regulation, or pricing that may impact on costs and facilitate or inhibit innovation and transformation of service delivery.

While technology has transformed service delivery in most other industries, the way support is delivered in disability housing has changed little over the past 2 decades. The NDIS has not incentivised providers to invest in technology in the delivery of services. The NDIA has an important role to play encouraging investment in technology and guiding the market towards its use. This environmental scan identified 2 promising models that incorporated technology with a model of support (Just Roaming and Telecare and Remote Support). Given the urgent need for transformation, an environmental scan specific to how technology might be used to increase quality and drive down the cost of support in disability housing is warranted.

⁹¹ NDIS Quality and Safeguards Commission (2023). [Inquiry Report: Own Motion Inquiry into Aspects of Supported Accommodation](#).

⁹² Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). [Inclusive education, employment and housing. Final report. Volume 7](#).

⁹³ Norberg, J. (2023). [The Capitalist Manifesto](#). Atlantic.

Conclusion

The current business model sees providers working to maximise the value of NDIS plans and provide as much in-person support as possible. This environmental scan identified some green shoots in the disability sector that could be supported to scale and some international models that could be replicated in Australia. It also showed that some of these models have been achieved with a reduction in costs of supports. The current reform of the NDIS needs to make sure that policy, regulation, and pricing, support and enable scaling of models that are delivering outcomes and value to participants. Future NDIS policy also needs to incentivise the design of new user-led services that leverage technology to improve the quality, efficiency, and outcomes for NDIS participants.⁹⁴

What next?

Tell us what we missed

We would love to hear about any new or additional innovative or best practice models of support that are missing from this report. When we receive enough new content we will look to update this environmental scan. Email: research@summerfoundation.org.au

Ideas, innovation, and partnering to scale

In the next evolution of the Summer Foundation we are focusing on finding the best ideas, co-designing solutions and partnering with others to have impact at scale. If you have any ideas or potential solutions for improving the lives of people with disability who need access to 24/7 support, we would love to hear from you. ideas@summerfoundation.org.au

⁹⁴ Commonwealth of Australia, Department of the Prime Minister and Cabinet. (2023). [Working together to deliver the NDIS. NDIS Review: Final report: Supporting analysis.](#)

Appendices

Appendix A: Other models, resources and information

Some of the models and innovations found during the environmental scan were not included in the final report, due to the exclusion criteria. We have included these here to recognise their innovation and potential to improve the lives of people with disability along with other useful information and resources.

[AHURI report on mental health housing and support services](#) - Focuses on homelessness.

[AHURI report appendices](#) - Provides a detailed list of housing and mental health programs in Australia.

[Citizen Network](#) - An international network of organisations and individuals, championing the cause of equality, diversity, and community for people with disability.

[Housing Innovation Bank: Best innovative practice in housing and support, including Specialist Disability Accommodation](#) - A Griffith University report with the aim of identifying and understanding best practice in housing and living supports and their effective replication in Australia.

[Hunter Inclusion Project](#) - A peer support initiative where people with disability who have left institutional care support others who are in the process of leaving institutional care.

[Living with Disability Research Centre \(LIDS\)](#) - La Trobe University's research centre for people with cognitive disability, their lives, and their experiences.

[Nightingale Housing](#) - Sustainable apartment complexes with some of the apartments being built as Specialist Disability Accommodation.

[Western Australia's Individualised Services \(WAIS\)](#) - An organisation that provides information and advice to support and develop individualised and self-directed supports and services.

Appendix B: People who provided feedback

Throughout the environmental scan, experts and organisations were contacted to obtain guidance and feedback about the field and specific models of housing and living support. This was done in distinct waves at different stages of the project.

Firstly, Australian and international experts were sent a preliminary list of models at the end of the search process and were invited to provide any additional models that were missing.

Later, while collating information on the models, organisations were contacted to help fill gaps in information and content.

Finally, once the report was drafted, organisations and experts were contacted to give them the opportunity to review and provide feedback and additional information on respective models.

We would like to thank all those involved for their feedback, insights, and suggestions:

- Alastair McEwin (Grattan Institute)
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- Daniel Romano (Annecto)
- Eddie Bartnik
- Ewan King (Shared Lives Plus)
- Frances O'Reilly (Annecto)
- George Taleporos (Summer Foundation)
- Glenn Keys (Aspen Medical)
- Ilan Wiesel (The University of Melbourne)
- Karen Fisher (The University of New South Wales)
- Keith McVilly (The University of Melbourne)
- Leah Anderson (Annecto)
- Magnus Tideman (Halmstad University)
- Mark Heeney (Mind Australia)
- Onat Sanchez-Schwartz (Camphill Hudson)
- Ralph Doedens (Supported Affordable Accommodation Trust)
- Robbi Williams (Purple Orange)
- Rod Davies (One2One)
- Samuel Bennett (Grattan Institute)
- Simon Duffy (Citizen Network)
- Stuart Miller (Liverty Housing)
- Tanya Edmonds (Homes Victoria)
- Teigen Bywater (Summer Foundation)