



 **Housing Hub.**

# Housing Support for NDIS participants in Hospital

A guide to help NDIS participants stuck in hospital.

[housinghub.org.au](https://housinghub.org.au)



# Housing Support for NDIS participants in hospital

Sourcing suitable housing is frequently reported as a barrier to discharge by hospital teams. Understanding housing options and how to engage with housing and support providers can assist with preventing delays related to finding a discharge destination.

These resources have been designed for hospital clinicians to support NDIS participants who are stuck in hospital without a confirmed discharge destination. There are 5 resources outlining best practice when searching for housing for NDIS participants in hospital, each with a case example based on real situations.



## Understanding Housing Needs and Preferences

Before housing exploration can begin, it is essential to know what housing and support arrangements to look for. [View resource](#)



## How to search for Housing

There are many ways to search for housing, and this can be completed by anyone on the team. [View resource](#)



## Engaging with Providers

It's essential to have the right conversations with providers prior to presenting options so non-viable options can be ruled out early. [View Resource](#)



## Presenting housing Options

Supporting people to have informed choice is person-centred and upholds their human rights. [View resource](#)



## Planning for the Long Term

Long term plans ensure that discharge is efficient and sustainable. [View resource](#)

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# Understanding Housing Needs & Preferences



Sourcing suitable housing is frequently reported to be a barrier to timely hospital discharge. Understanding housing options and how to engage with housing and support providers, can help prevent discharge delays.

## Housing needs

Consider what accessible design features the person requires and if it is reasonable to expect this within mainstream housing. If yes, consider private rentals or eligibility for social housing. If not, the person may be [eligible for SDA](#). Consider which [design category](#) would best suit their needs.

## Housing Preferences

It is important to also ask about preferences including location, access to transport, pets, smoking, living with family or living alone.

## Temporary compromises

Ask about what is 'not negotiable' and which preferences are open to a 'temporary compromise' for a period of time. Examples of compromises include a portable floor hoist instead of a ceiling hoist or living with another person until a single occupancy dwelling becomes available.

## Top Tricks and Tips



A number of resources are available to work through housing needs and preferences, including the Housing Needs and Preferences guide and template.



Ask the person to rate their preferences. This will identify which are most important, and which are open to a temporary compromise.



People can use the Housing Hub to find examples of housing they like, and kick start a housing search.

## Case Study

A conversation with James and his support team identified his essential needs as wheelchair accessibility, space for medical equipment, and an active overnight support model.

Equally important were housing preferences including living close to family, natural light, and a garden space for outdoor activities.

James confirmed he would be willing to make a temporary compromise on location for up to 6 months, if all other needs and preferences were met. Having a clear understanding of this resulted in a more efficient discharge, as James was able to discharge to an interim option while waiting for long term housing in his preferred suburb.

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# How to Search for Housing



As a part of collaborative discharge planning, confirm amongst the care team who will complete which tasks in the search for housing and supports. A range of online platforms for disability housing are available including [Housing Hub](#), [Nest](#) and the [NDIS SDA finder](#).

If the listings don't align with what you are looking for, a good strategy is to use the [Housing Hub](#) or [NDIS provider finder](#) to find local providers in the area. Contact the providers to ask if they have any options which have not yet been advertised, or to see if they can provide a custom solution.

## Interim housing

Interim housing is another term for 'temporary compromise' housing options. Interim options often use a person's longer-term NDIS funding (eg. SDA, SIL, other) and meet many, but not all, of a person's housing needs and preferences. Interim options need to be sustainable enough to last until a longer-term arrangement has been sourced.

In some cases, [Medium Term Accommodation](#) (MTA) could be a suitable interim option, however MTA is only funded for 90 days.

Always consider if MTA is an efficient discharge option. For example, the onboarding and training of support workers takes considerable time, and this is usually required for discharge to MTA the same way it would be required for any option.

## Top Tricks and Tips



Search for the person's ideal long term housing first. If this is available right now, this will make for a smoother discharge straight to long term housing.



A Housing Seeker profile can be created on the Housing Hub to alert the person to new listings which match their needs and preferences.



Think creatively using the person's temporary compromises. For example, accessible AirBnB or holiday rentals can sometimes work.

## Case Study

Eric required SDA High Physical Support housing. Unfortunately, there were no SDA vacancies in Eric's preferred suburbs immediately available. There was, however, one new build in the area due to be completed in 6 months. When the support coordinator contacted the SIL provider for the property, they discovered the provider had similar vacancies in the area.

The SIL provider offered a non-SDA vacancy (not yet advertised) in the same suburb that could meet Eric's needs on a temporary basis, with a plan to transition to the SDA property once it was complete. Eric made a temporary compromise with using a mobile hoist for the duration of living in the interim property, but otherwise it met the rest of his needs and preferences. Eric will then use a ceiling hoist once he moves into the long term SDA property.

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# Engaging with Providers



Housing providers include SDA providers and the owners of non-SDA properties - the landlords. Support providers, such as SIL providers, sometimes also act as a landlord or own a property. It is always preferable to have separate providers for housing and support, as this promotes a person's choice and control.

It is important to provide enough information when presenting housing options, to allow for an informed decision to be made. Having information on hand such as functional reports, recommended [rosters of care](#) or [behaviour support plans](#) will help with these conversations.

It is also important to discuss anything which could cause the arrangement to break down in future. This includes staff experience and qualifications, and policies relating to pets, smoking or substance use as they relate to a person's needs and preferences. Where relevant, always ask if the support provider is registered to deliver restrictive practices.

## Questions for Providers



Ask what minimum funding would be required to accept the person and meet their needs.



Ask about timeframes to move in. This may include the recruitment and training of support workers.



Ask about any out of pocket costs for the person, including rent, food, furniture and utilities.

## Case Study

Rebekah was funded for a 3 resident, High Physical Support, SDA house. However, the hospital team recommended she live alone due to very specific support needs and significant behaviours of concern. Despite Rebekah's shared funding, housing providers of 1 resident SDA dwellings were contacted and asked if they would accept her current SDA funding.

Where the housing provider was open to this, a conversation with the onsite support providers followed to ask about their experience and qualifications, and confirm if they were registered to provide restrictive practices. Providers were given basic de-identified information to assist in determining if they could accept Rebekah's funding and meet her support needs. Providers who could not meet her needs were ruled out.

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# Presenting Housing Options



It is the decision of the person, or their legal decision maker, to choose the discharge destination. It is considered a human right to choose where you live, and who you live with. The hospital team plays an important role in supporting people to exercise their rights and choose a discharge destination. Wherever possible, a person should be presented with multiple housing options for discharge. Presenting only one option is not a choice, as discharge itself is rarely optional.

Presentation of housing options should include the information obtained when engaging with providers so the person is well-informed. Presenting a choice of viable options reduces the risk of the housing or support arrangement breaking down in the community. To help people understand their options, it is often beneficial to list the 'pros and cons' of each option, based on the person's needs and preferences.

Present long-term options, as well as any potential interim options, at the same time. People are more likely to be receptive to a temporary compromise if they know there is a longer-term option in progress.

## Top Tricks and Tips



Make sure all of the right people are shown the housing options. This could include the person, family members and a legal guardian.



Present all viable housing options at one time in the same way. This will help people compare the pros and cons for each option. Presenting options on different days can cause confusion.



Act quickly on applying for housing once a decision has been made.

## Case Study

A housing search for Victoria revealed five viable housing options. Of these, three were interim housing options that immediately addressed her accessibility and support needs, but did not fully align with her preferences. There were two long-term housing solutions which aligned with her needs and preferences, however required a custom build with a construction time of at least 12 months. All five options were presented to Victoria and her guardian, and included the pros and cons of each.

This included an explanation on how the interim housing options provided practical solutions while awaiting a more permanent arrangement. This approach ensured that Victoria and her guardian could make an informed decision on both the long term and the interim housing options simultaneously.

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# Planning for the long term



Long term housing options are where people can live well for as long as they wish. These options meet the needs and preferences of the person and are sustainable from a financial perspective.

Planning for the long term means putting a plan in place that will sustain the person living out of hospital into the foreseeable future. When the long term plan has not been considered, this can lead to a breakdown of supports within the community resulting in a readmission to hospital.

People are also more likely to be receptive to an interim discharge option if they know there is a longer term plan. Therefore, planning for the long term may help to speed up discharge as well as prevent readmissions.

Make sure to discuss long term plans in your handover to the person's community support team. In particular, the Support Coordinator needs to know about any future needs, including changes to NDIS funding.

## Top Tricks and Tips



Consider if the person's NDIS plan will continue to sustain them in the community. Are there enough hours and funds available? If not, discuss a plan of action with the support coordinator.



Things to consider include therapy hours, future assessment needs, equipment hire or purchase, and support funding.



Consider timeframes for plan reviews. NDIS decision making timeframes are generally longer in the community compared to in hospital.

## Case Study

Azhar has a progressive condition and has just started using a standing lifter to transfer from bed. His OT recommended a ceiling hoist would be best for him long term, even though he does not require it now. Azhar's team applied for High Physical Support SDA funding however the request was declined, as there was not enough evidence of his need for a ceiling hoist in the future.

Azhar agreed to discharge to a property where a standing lifter can be used. The Support Coordinator and hospital OT discussed his long term needs, and made sure there was enough OT funding in his NDIS plan for a community OT to write an updated report with more evidence about his future need for a ceiling hoist and pursue a High Physical Support SDA outcome. Azhar is less likely to require readmission to hospital due to a housing related need when his function declines in the future.

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## Acknowledgements

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