Reimagining shared housing and living

Workshop findings and recommendations

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Reimagining shared housing and living

Workshop findings and recommendations

CITATION GUIDE

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Executive summary

Many Australians with disability have limited control over their housing. This includes its location, layout, or who tenants live with. Furthermore, some people live in housing that fails to meet their needs, for extended periods of time. This includes residential aged care (RAC), older and large group homes, transitional accommodation, and hospitals. The *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* has heard evidence that around 17,000 people with disability live in group homes, and are vulnerable to violence, abuse and neglect. Likewise, the NDIS Quality and Safeguards Commision has conducted recent investigations into group homes, revealing widespread issues and the need for more quality and safety in the provision of these homes. Many group homes are old and large semi-institutional arrangements that limit the choice and control of people with disability. In the coming years, most of these will cease receiving specialist disability accommodation (SDA) payments as they no longer meet modern standards of accessibility or the needs of the people who live there.

There is a need to reimagine group homes. This is not limited to the physical, bricks-and-mortar characteristics of homes, but also encompasses the support provided, the work culture among workers, and the governance and business models of providers. To help the transition away from older group homes to modern shared living, the Housing Hub ran a series of workshops with stakeholders in 2022. Between them, workshop attendees were providing, financing or managing over 750 properties for NDIS participants, or over 2,400 places. The aim of the workshops was to:

- Explore options for new models of shared housing and living

- Identify the main barriers to reforming existing group homes

- Address the main barriers to change and explore possible solutions

- Identify next steps in moving to new models of shared housing and living

This report provides background to the workshops, and discusses the main findings and recommendations.

Key findings

Workshop attendees spent time discussing and aligning behind a collective vision for the future of shared housing and living, and agreed that:

We can not afford to **recreate or maintain institutions** for people with disability, in which the group mindset restricts and hinders an individual's right to autonomy, flexibility and self-determination.

We believe **applied ethics frameworks and design-thinking principles** will ensure people with disability can arrange a home that meets their needs and preferences, and facilitate positive change to where and how an individual chooses to live as their life evolves.

For those who choose to live in a shared arrangement, we commit that **tenant-centric governance, culture and support models** are the antidote for institutionalism. And that the viability of this approach rests on harnessing emerging sustainable financing models.

The insights shared through the workshops, along with existing research in the shared living space, revealed barriers to change, progress and better outcomes for people with disability. The 4

barriers listed below were recognised as the most common and most significant. These barriers were:

1. Engaging with tenants about new models of shared housing and living

2. Shaping cultural reform within shared housing and living, including establishing social connection in the home and local community

3. Designing a business and financial model that can support the transition from traditional group homes to contemporary models of housing and support

4. Intersection of the NDIS and its practicalities with the need to innovate

Recommendations

1. **Better data**
   a. Collate and disseminate data for people who currently live in group homes to improve the sector-wide understanding of this cohort. Data should include:

      i. Tenant quality of life

      ii. Rights and choices currently available

      iii. Tenant housing, support needs and preferences

      iv. Characteristics and features of existing and legacy stock

2. **Funding allocation**
   a. Complete an initial review of housing and support needs and preferences and likely SDA funding eligibility. This would:

      i. Enable tenants to explore and make an informed choice about alternative housing and support options

      ii. Enable providers to more accurately forecast the size of the investment needed to modernise group homes and meet tenant demand

   b. Enable greater flexibility in how tenants apply their funding to shared living arrangements to facilitate better governance, sharing and personalisation. This funding flexibility should be at the discretion of tenants, not organisations

   c. Explore alternative social, public and private options for the minority of people who currently live in group homes but do not qualify for SDA payments

3. **Living design**
   a. Specialist exploration and design capabilities are required to support people with disability to exercise genuine choice in designing their preferred living arrangement, and coordinate the suite of services needed to construct, maintain and evolve their living arrangements. Collate and publish what is known about this specialty to improve understanding and quality of living design services across the sector

4. **Governance models**
   a. Develop independent governance models for shared living to facilitate supported and collective tenant-led decision making in shared living arrangements, ensuring

tenant control over how they live (with who, how they are supported and what happens in their home)

5. **Provider capability**
    a. Human-centric services

        i. Develop provider capabilities to operationalise applied ethics frameworks that translate human rights principles into human-centred products and services

        ii. Develop provider commitment to the independent collection of social impact measurement and benchmark data and insights to improve and evolve services

    b. Social innovation and experimentation

        i. Develop necessary conditions for social innovation within providers, including harnessing lived experience and research; fostering ideation, prioritisation and development capabilities; and reinforcing effective risk and investment appetites

        ii. Develop test and learn cultures in which providers can take a lean and iterative approach to building on new ideas

        iii. Align NDIA and NDIS Quality and Safeguards Commission policies and practices with the need to maintain safe and healthy standards without allowing compliance to stifle innovation

    c. Support workforce

        i. Invest in the capability of support workers to take a 'coaching' approach to support provision, building capacity of people to live independently rather than taking charge and 'doing for' people with disability

        ii. Invest in the capability of support workers to facilitate tenant-led decisions, rather than assume the role of decision maker on a tenant's behalf

6. **Collaboration**
    a. Commit to structured sharing and review practices as a sector in which providers can learn and adapt in practical, additive ways

    b. Create more opportunities for cross pollination between people and organisations with diverse perspectives. This should include large service providers, small service providers, government and industry strategists and influencers, as well as perspectives beyond the disability sector, including legal, social financing and strategy from across social, community and human services

    c. Publish findings from experimentation projects in disability housing to encourage industry-wide learning and innovation

    d. Set new benchmarks and expectations for shared housing and living that supports tenants to transition away from traditional group homes as they become obsolete

Discussion questions

Stakeholder perspectives and suggestions are invited on the methodology, assumptions, and analysis of this discussion paper. The following questions may serve to guide feedback on this paper, but more general comments are also welcome.

1. Do you have any feedback or suggestions regarding the assumptions, findings or recommendations in this report?
2. Do you have any additional data or insights that might be able to inform the next phase of this work?

Please provide feedback to research@summerfoundation.org.au

Introduction

In 2011, the Australian Productivity Commission identified an overall lack of housing options for people with disability.[1] Few things are more fundamental than having somewhere to live. For people with disability, a well-designed home in the right location can enable more independence, increased community participation and social connection.[2] The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) states that people with disability have the right to choose where and with whom they live. Article 19 of the UNCRPD imposes obligations upon Australia to ensure that:

> Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement.[3]

Despite this, many Australians with disability have limited control over their housing. This may include its location and layout, or even who they live with.[4] Furthermore, some people live in housing that fails to meet their needs, for extended periods of time. This includes residential aged care (RAC), older and large group homes, transitional accommodation, and hospitals. Australia's *Disability Strategy 2021-2031* lists accessible housing as an ongoing policy priority for the federal government. The strategy stipulates that 'accessible and well-designed housing supports independence and social and economic participation.'[5] Despite this priority, Australia has a significant undersupply of accessible housing.[6] The shortage of appropriate disability housing is particularly severe for those with profound disability and complex needs who require supported and accessible housing. Many of these people are living in older group homes.

The ongoing *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* (Disability Royal Commission) has heard evidence that around 17,000 people with disability live in group homes, and are vulnerable to violence, abuse and neglect.[7] People with disability are funded to live in group homes through a patchwork of Federal and State funding options, including social housing, the Disability Support Pension, Commonwealth Rent Assistance, and the National Disability Insurance Scheme (NDIS). Many group homes are old and large semi-institutional arrangements that limit the choice and control of people with disability. Most of these will cease to be eligible for SDA funding in the coming years, as they no longer meet modern

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[1] Productivity Commission (2011). *Disability care and support*. **https://www.pc.gov.au/inquiries/completed/disability-support/report**

[2] Oliver, S., Gosden-Kaye, E. Z., Winkler, D., & Douglas, J. M. (2020). The outcomes of individualised housing for people with disability and complex needs: A scoping review. *Disability and Rehabilitation*. **https://www.tandfonline.com/doi/full/10.1080/09638288.2020.1785023**; Wiesel, I., Laragy, C., Gendera, S., Fisher, K., Jenkinson, S., Hill, T., Finch, K., Shaw, W. and Bridge, C. (2015). Moving to my home: Housing aspirations, transitions and outcomes of people with disability, AHURI Final Report No. 246, Australian Housing and Urban Research Institute Limited. **https://www.ahuri.edu.au/research/final-reports/246**

[3] UN (2008). *Convention on the rights of persons with disabilities*. United Nations Department of Economic and Social Affairs. **https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html**

[4] Oliver, S., Gosden-Kaye, E. Z., Winkler, D., & Douglas, J. M. (2020). The outcomes of individualised housing for people with disability and complex needs: A scoping review. *Disability and Rehabilitation*. **https://www.tandfonline.com/doi/full/10.1080/09638288.2020.1785023**

[5] Australian government (2021). *Australia's disability strategy 2021-2031*. **https://www.dss.gov.au/disability-and-australias-disability-strategy-2021-2031**

[6] CIE (2021). *Proposal to include minimum accessibility standards for housing in the National Construction Code: Decision regulation impact statement*. Centre for International Economics. **https://www.abcb.gov.au/sites/default/files/resources/2021/Final%20Decision%20RIS%20accessible%20housing_PDF.pdf**

[7] Australian government (2020). *Public hearing 3: The experience of living in a group home for people with disability*. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. **https://disability.royalcommission.gov.au/publications/public-hearing-report-public-hearing-3-experience-living-group-home-people-disability**

standards of accessibility or the needs of the people who live there. In addition, the NDIS Quality and Safeguards Commission has recently released a report detailing up to 7,000 investigations it has completed on incidents and complaints in the last four years in group homes.[8] It found widespread instances of complaints relating to the abuse and neglect of residents of group homes.

The Housing Hub believes that there is an opportunity to consider how ageing group homes could be redeveloped. This redevelopment is not limited to the physical, bricks-and-mortar characteristics of the dwelling. It also encompasses the support provided within the home, the work culture among support workers, and providers' governance and business models. This redevelopment will help to create settings for people that enable choice over living arrangements, housemates and supports.

Currently, specialist disability accommodation (SDA) funding and housing provides such an opportunity for many NDIS participants. However many thousands of participants live in old SDA group homes, and many more live in group settings that do not qualify for the 'basic' level of SDA funding. Additionally, some SIL providers are headleasing private rentals and setting up new group homes in dwellings that are not designed to be accessible. Consideration of these participants is also required. To facilitate the transition away from older group homes to modern living arrangements, it will be necessary to take into account the perspectives of participants, providers and regulators.

In October to November 2022, the Housing Hub ran a series of workshops designed to gather collective knowledge about SDA-funded group homes from providers and regulators. Specifically, these workshops and the broader body of work were focused on housing for people with disability who have a preference to live with other people with disability.

The aim of the workshops was to convene a group that represented a cross-section of the sector, sharing perspectives and knowledge in order to:

- Explore options for new models of shared housing and living

- Identify the main barriers to reforming existing group homes

- Address the main barriers to change and explore possible solutions

- Identify next steps in moving to new models of shared housing and living

This report provides background to the workshops, and discusses the main findings and recommendations towards a better future for people with disability who choose to live in shared arrangements.

Interestingly, although the Housing Hub workshops were conducted before the NDIS Quality and Safeguards Commission's findings were released, there were several shared observations and recommendations. This includes the way people with disability are supported to exercise choice and control over their living arrangements, the culture and capability of the support workforce in shared living arrangements, the governance of shared living, and the limitations of data in the shared accommodation space.

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[8] NDIS Quality and Safeguards Commission (2023). *Inquiry report: Own motion inquiry into aspects of supported accommodation*. **https://www.ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-and-reviews/own-motion-inquiry-aspects**

Understanding group housing and living

Group homes, which typically accommodate 4 or more people with disability, were widely regarded as a positive development in the 1970s as they replaced larger disability institutions with more person-centric care.[9] However, recent research finds that despite their benefits compared with institutional arrangements, there is considerable variability across group homes, in relation to outcomes and quality of life for the people living there.[10] In group homes, people with disability are often segregated from the community and live according to rigid staff routines, rosters and work priorities.[11] In turn, this negatively impacts the choice and control of their housing and support, as well as their community participation.[12]

Living in a built environment that is not adaptable to the needs of people with disability, diminishes choice and control and increases support costs.[13] Although group homes in Australia vary in their age and configurations, residents generally have limited – if any – say about who they live with.[14] Group homes also have few inherent drivers to foster independence and reduce support needs over time.[15] The ongoing Disability Royal Commission found that the approximately 17,000 people with disability living in group homes are particularly vulnerable to violence, abuse and neglect.[16]

In assessing Australia's observance of the UNCRPD, the United Nations raised concerns about the existence of 'disability-specific residential institutions' in Australia that limit the autonomy of people with disability.[17] In essence, the 'group' mindset that was used to design the infrastructure of these homes has, over time, also shaped the culture and support within the home. This largely limits people with disability to group activities and group decisions made by staff on behalf of people with disability. A recent review of academic research has found that despite early optimism about the transition from institutions to community-based shared-living, in many group homes 'often institutional values and culture persist.'[18] In turn, this has led to increased focus on the quality of support provided within group homes, rather than simply considering the physical layout or characteristics of the home.

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[9] IAC (2018). *Pathway to contemporary options of housing and support*. Independent Advisory Council to the NDIS.
https://disability.royalcommission.gov.au/system/files/exhibit/EXP.0009.0001.0013.pdf

[10] Bigby, C., Knox, M., Beadle-Brown, J., Clement, T., and Mansell, J. (2012). Uncovering dimensions of culture in underperforming group homes for people with severe intellectual disability. *Intellectual and Developmental Disabilities*; Humphreys, L., Bigby, C., Iacono, T., and Bould, E. (2022). Patterns of group home culture in organisations supporting people with intellectual disabilities: A cross-sectional study. *Journal of Intellectual & Developmental Disability*.

[11] Keogh, F. (2009). *Disability and mental health in Ireland: Searching out good practice*. Genio.
https://www.genio.ie/publications/disability-mental-health-ireland-searching-out-good-practice

[12] Wiesel, I. (2011). Allocating homes for people with intellectual disability: Needs, mix and choice. *Social Policy & Administration*, 45(3), 280-298.

[13] Wiesel, I. (2020). *Living with disability in inaccessible housing: Social, health and economic impacts*. University of Melbourne.
https://disability.unimelb.edu.au/__data/assets/pdf_file/0019/3522007/Accessible-Housing-FINALREPORT.pdf

[14] Australian government (2020). *Overview of responses to group homes issues paper*. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.
https://disability.royalcommission.gov.au/system/files/2020-07/Issues-paper-Group-homes.pdf

[15] Clement, T., and Bigby, C. (2010). *Group homes for people with intellectual disabilities: Encouraging inclusion and participation*. Jessica Kingsley Publishers.

[16] Australian government (2020). *Public hearing 3: The experience of living in a group home for people with disability*. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.
https://disability.royalcommission.gov.au/publications/public-hearing-report-public-hearing-3-experience-living-group-home-people-disability

[17] UN (2019). *Concluding observations on the combined second and third periodic reports of Australia*. United Nations Committee on the Rights of Persons with Disability.
http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsnzSGolKOaUX8SsM2PfxU7sdcbNJQCwlRF9xTca9TaCwjm5OlnhspoVv2oxnsujKTREtaVWFXhEZM%2F0OdVJz1UEyF5leK6Ycmqrn8yzTHQCn

[18] Bigby, C., Knox, M., Beadle-Brown, J., and Bould, E. (2014). Identifying good group homes: Qualitative indicators using a Quality of Life framework. *Intellectual and Developmental Disabilities*.

Some people with disability currently sharing a home with other people with disability may seek to move into more individualised housing if the opportunity arises. However, some people will prefer to remain living in shared housing, and the Disability Royal Commission has heard evidence that group homes are likely to remain a part of Australia's mix of disability housing for years to come.[19] Recognising this, research has investigated the factors required to create 'good' group homes.[20] Based on findings from Australia and internationally, the *Guide to Good Group Homes* was developed as a resource to inform people with disability and their families, housing providers, and government stakeholders.[21] The quality of homes is assessed against 8 domains:

1. Emotional wellbeing
2. Interpersonal relations
3. Material wellbeing
4. Personal development
5. Physical wellbeing
6. Self-determination
7. Social inclusion
8. Rights

Based on these indicators, the guide provides the factors that make the most difference to the quality of group homes:

- **Practice of frontline staff and managers** – Behaviour of staff is adapted to the communication and support needs of individuals, and management plays an active role in supervising staff and maintaining standards
- **Culture** – Staff share an organisational culture based on shared values and exhibit responsible and respectful behaviour towards people with disability
- **Policy and procedures** – Staff are only hired who are skilled and who maintain a high quality of support by meeting the needs of the people with disability
- **Design** – Homes for no more than 6 people, including a mix of disability severity levels and people who do not exhibit behaviours of concern that may negatively impact others[22]

This guide and other outcomes frameworks for disability housing[23] underpin attempts to reimagine group housing and design shared living and support options that will meet the needs and preferences of people with disability.

Funding options for housing and support

Quantifying the number of people with disability living in group homes in Australia is difficult. There is insufficient publicly available data, and the information that is available is incomplete. According to findings from the *Survey of Disability, Ageing, and Carers*, approximately 13,500 people with

[19] Australian government (2020). *Public hearing 3: The experience of living in a group home for people with disability*. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. **https://disability.royalcommission.gov.au/publications/public-hearing-report-public-hearing-3-experience-living-group-home-people-disability**

[20] Bigby, C., Knox, M., Beadle-Brown, J., and Bould, E. (2014). Identifying good group homes: Qualitative indicators using a Quality of Life framework. *Intellectual and Developmental Disabilities*.

[21] Bigby, C. & Bould, E. (2017). *Guide to Good Group Homes, Evidence about what makes the most difference to the quality of group homes*. Centre for Applied Disability Research. **www.cadr.org.au**

[22] Bigby, C. & Bould, E. (2017). *Guide to Good Group Homes, Evidence about what makes the most difference to the quality of group homes*. Centre for Applied Disability Research. **www.cadr.org.au**

[23] 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*. **https://www.tandfonline.com/doi/full/10.1080/09638288.2022.2060343**

disability aged 0-64 lived in cared-accommodation, rather than private households.[24] However, it is not clear whether the definition of 'cared-accommodation' includes NDIS-funded group homes.[25] Similarly, the Disability Royal Commission has found that approximately 17,000 people with disability live in group homes.[26] However, there is a lack of publicly available data for these people, and it is difficult to know what their housing situations are, including where they live and how their accommodation is funded. Despite limitations with much of the data, there is some information about NDIS-funded group homes.

NDIS-funded group homes

Participants of the NDIS with housing needs may be eligible for funding for SDA. SDA is housing designed to meet the needs of participants with 'extreme functional impairment and/or very high support needs,'[27] increasing their independence, general wellbeing, and social and economic participation. The NDIA estimates that up to 6% of all NDIS participants, or over 28,000 people, are likely eligible for SDA funding.[28] Research shows that a well-designed SDA home in the right location can allow for more independence, improved wellbeing, greater community connection and access to informal supports.[29]

Specialist disability accommodation

Group homes are the predominant model of SDA for people with high support needs. SDA group homes are defined as 'accommodation for between 4 and 6 people, where extensive or pervasive paid staff support is provided to the residents, both in the home and when leaving it to use community-based settings.'[30]

Based on SDA stock enrolled with the NDIA, over 11,483 (58%) places for NDIS participants are in dwellings accommodating 4 or more people (see Figure 1).[31] Of these, at least 10,013 (51%) are in older group homes (Existing and/or Legacy stock).[32] NDIA data lists Legacy stock as offering places for 6+ tenants, which means that there are *at least* 1,398 Legacy SDA places available. However, many Legacy SDA are designed for 10 or more residents,[33] meaning that the real number of places in Legacy group homes is likely to be considerably higher than 1,398.

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[24] ABS (2019). *Disability, ageing and carers, Australia: Summary findings*. Australian Bureau of Statistics. **https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release**

[25] The definition includes 'hospitals, nursing homes, aged care hostels, cared components of retirement villages, psychiatric institutions, and other 'homes' such as group homes for people with disability where a person must have been a resident, or expected to be a resident, for three months or more.'

[26] Australian government (2020). *Overview of responses to group homes issues paper*. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. **https://disability.royalcommission.gov.au/publications/group-homes**

[27] Participants receiving SIL or ILO payments may also be receiving SDA payments, but not necessarily. Some participants receive SDA funding, but not SIL or ILO. Some do not receive SDA, but do receive SIL or ILO funding. And others still receive SDA *and* either SIL or ILO funding.

[28] Australian government (2021). *Senate Community Affairs Legislation Committee: Answers to questions on notice*. Social Services Portfolio. NDIA SQ21-000118. **https://www.aph.gov.au/api/qon/downloadattachment?attachmentId=be23f5a1-fbba-41f9-a389-e3cb9737563a**

[29] 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*. **https://www.tandfonline.com/doi/full/10.1080/09638288.2022.2060343**

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

[31] NDIA (2022). *SDA enrolled dwellings and NDIS demand data*. National Disability Insurance Agency. June 2022, Appendix P, Tables P.13. **https://data.ndis.gov.au/media/2770/download**

[32] NDIA (2022). *SDA enrolled dwellings and NDIS demand data*. National Disability Insurance Agency. June 2022, Appendix P, Tables P.14. **https://data.ndis.gov.au/media/2770/download**

[33] Over 45% of Legacy homes listed on the Housing Hub were designed to accommodate 10 or more residents. See Wellecke, C., Robertson, J., Rathbone, A., Winkler, D., Rothman, R. and Aimers, N. (2022). Housing Hub Listings Snapshot. **https://www.housinghub.org.au/resources/article/provider-marketing-guide**

SDA policy and payments were designed to foster the phasing out of Legacy SDA, facilitating the transition of tenants to more modern housing and living arrangements. To do this, NDIS payments to Legacy SDA will cease 5 or 10 years after their initial enrollment, depending on the number of places.[34] For instance, a report by the Victorian government revealed over 110 government-owned Legacy SDA dwellings would stop receiving payments by 2029.[35]

Figure 1 – Supply of SDA places, by build type as of September 2022 (excluding in-kind arrangements)

Places in dwellings for 1-3 residents	
New Build/New Build (Refurbished)	4,256
Existing	4,033
Legacy	-
Sub-total	8,289
Places in dwellings for 4-5 residents	
New Build/New Build (Refurbished)	1,470
Existing	8,615
Legacy	-
Sub-total	10,085
Places in dwellings for 6+ residents	
New Build/New Build (Refurbished)	-
Existing	-
Legacy	≥1,398
Sub-total	≥1,398
Total	≥19,772

Supported independent living and individualised living options

While SDA payments cover the cost of the physical housing, they do not cover the cost of the in-home support that people with disability require. For many participants living in SDA, this is what supported independent living (SIL) and individualised living options (ILO) funding arrangements are designed to cover.

SIL funding pays for the assistance from support workers at home for people who need very high levels of person-to-person support, including 24 hours per day.[36] SIL funding is most often provided to participants living in shared accommodation, including group homes. This allows for the sharing of support between participants, which is designed to lower the costs to the NDIA.

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[34] NDIA (2021). *NDIS pricing arrangements for Specialist Disability Accommodation 2021-22*. National Disability Insurance Agency. **https://ndis.gov.au/providers/housing-and-living-supports-and-services/specialist-disability-accommodation/sda-pricing-and-payments**

[35] DHHS. (2019). SDA asset strategy. Department of Health and Human Services. **https://disability.royalcommission.gov.au/system/files/2022-04/VIC.0001.0506.0125.pdf**

[36] NDIA. (2022). *Operational guideline: Supported independent living*. National Disability Insurance Agency. **https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/home-and-living-supports/supported-independent-living**

Another approach is participants living alone but in close proximity to each other – such as in the same apartment complex – where on-site support workers are available to all participants.[37] According to NDIA data, as of September 2022 there were 19,358 participants with SDA funding in their plans, and 26,950 with SIL supports. While most participants with SDA also receive SIL, this is not always the case. There are over 7,500 participants receiving SIL but not SDA. However, many of these people are likely to be eligible for SDA.

SIL homes are emerging in the sector, responding to an unmet demand from participants who have SIL but do not have adequate or any SDA funding. In a SIL home, participants are offered housing and support based on their SIL funding package, Commonwealth Rent Assistance and a proportion of their Disability Support Pension.

SIL homes are not held to the same regulatory standards as SDA, with responsibilities falling under the NDIS Practice Standards and Quality Indicators alone.[38] This results in reduced compliance obligations and associated oversight by the NDIS Quality and Safeguards Commission. This can leave SIL home providers to self-regulate their tenancy management practices. SIL homes can result in more limited choice and rights to the participant as one provider supplies both housing and supports, and can restrict the participant's access to other support services.

In addition to SDA-funded and SIL-only group homes, some NDIS participants receive funding for respite, short-term accommodation (STA),[39] or medium-term accommodation (MTA).[40] These housing types are designed as interim options, including for when participants transition from one housing arrangement to another. For instance, this might be for a participant who has moved out of hospital or residential aged care, and is waiting for an available SDA to move into.

Finally, ILO funding takes a more tailored approach, rather than relying on paid support workers and rosters of care common to SIL arrangements.[41] For instance, participants with ILO funding might prefer to live with family or friends, housemates, or with a host family. In this case, the ILO funding might cover the cost of support needed within the home environment, such as cooking or personal care. Unlike SIL funding, it is not designed for participants who need intensive around-the-clock support or regular overnight assistance.

Facilities larger than group homes

There is a paucity of publicly available information about the number of people with disability living in shared living arrangements that are not SDA-enrolled accommodation. For instance, a 2018 report found that in Victoria there were over 3,000 people living in supported residential services (SRS).[42] Of these people, nearly 80% had a disability, but only 16% were NDIS participants.[43] In addition to SRS, some states like New South Wales have registered 'assisted boarding houses,' in

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[37] Winkler, D., Finis, C., D'Cruz, K., Mulherin, P., de Costa, M., Rathbone, A., Condi, A., & Douglas, J. (2022). *Support in Specialist Disability Accommodation (SDA) apartments*. Summer Foundation. **https://apo.org.au/node/316938**

[38] Meanwhile, the regulatory framework for SDA encompasses the NDIS Rules and policies covered in the SDA Practice Standards (supplementary module of the NDIS Practice Standards and Quality Indicators) and SDA Pricing Arrangements

[39] NDIA (2022). *Operational guideline: Short term accommodation or respite*. National Disability Insurance Agency. **https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/home-and-living-supports/short-term-accommodation-or-respite**

[40] NDIA (2022). *Operational guideline: Medium term accommodation*. National Disability Insurance Agency. **https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/home-and-living-supports/medium-term-accommodation**

[41] NDIA (2022). *Operational guideline: Independent living options*. National Disability Insurance Agency. **https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/home-and-living-supports/individualised-living-options**

[42] Victorian government (2018). *2018 supported residential services census*. Department of Health and Human Services. **https://providers.dffh.vic.gov.au/supported-residential-services**

[43] Since 2018, the number of NDIS participants in Victoria has increased significantly, and the state government has enrolled many of its group homes as SDA, which makes current estimates of the number of people living in SRS difficult.

which tenants may have their own room, but share common areas with other residents.[44] Finally, some State governments have established interim housing options for some people with disability moving out of hospital, but who are awaiting their long-term housing to become available.[45]

Demand: Tenant profiles and needs

Obtaining an accurate picture of demand for SDA group homes is difficult. The NDIA's SDA demand data outlines total demand for SDA based on location and design category. However, it does not provide important information like the build type and the living arrangements being sought (e.g. living alone or with housemates), or other specific property features. For example, as of September 2022, the NDIA's SDA demand data revealed that there were 144 NDIS participants living in Parramatta seeking SDA, of whom 43 were seeking an Improved Livability property.[46] However, this data does not reveal how many of these 43 already have a housing offer and are waiting for a dwelling to be complete or a preference to live alone, with family, with friends, or with 1 or more additional NDIS participants. It also does not reveal how many want to live in an apartment, townhouse, group home or other build types. This lack of granularity means that the NDIA's demand profile is incomplete and complicates SDA investor and provider decisions about the types of new properties to build, and the features that should be included to match demand. Additionally, the NDIA data that is available only paints a picture of current demand, giving investors and developers little insight into what future demand might be. This may hinder the ability to invest in new, appropriately designed and located properties that match the demand profile at the time of build completion.

The Housing Hub lists disability housing vacancies, including SDA, and is in a unique position to augment existing demand data. By connecting housing seekers with homes that suit their needs and preferences, the Housing Hub has been built to collate data that will assist the market in developing new housing that aligns with what people with disability are looking for. Housing seekers can use the Housing Hub to set up a housing seeker profile. This is completely voluntary, and the site can be used without creating a profile. If housing seekers choose to create a profile on the Housing Hub, it is made clear that their information will be used in a de-identified way to inform the market about what seekers want. This profile data can be used to understand the characteristics of housing seekers, as well as their housing needs and preferences. Once a person has created a profile on the Housing Hub, they can update their preferences, needs, and personal information at any time.

Table 1 below presents the characteristics and housing preferences for people who have created a seeker profile on the Housing Hub website.[47] It is important to note that most data fields are optional when creating a profile on the Housing Hub. Therefore, the figures below may not include data for all housing seeker profiles. The table compares all seekers on Housing Hub (n=4,761) with those who have identified that they want to live with other people with disability (n=628).

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[44] New South Wales government (2022). *Boarding houses*. Department of Communities and Justice. **https://www.facs.nsw.gov.au/providers/housing/assisted-boarding**

[45] South Australian government (2022). *Transition 2 home: Independent review May–June 2022*. Department of Human Services. **https://dhs.sa.gov.au/__data/assets/pdf_file/0004/131647/T2H-Independent-Review-June-2022.pdf**

[46] NDIA (2022). *NDIS quarterly report to disability ministers: Q1 2022-2023*. National Disability Insurance Agency. Table P.12. **https://www.ndis.gov.au/about-us/publications/quarterly-reports**

[47] Administrative data on housing seeker profiles on the Housing Hub website, October 2020 to August 2022. For more information about this dataset, see: Wellecke, C., Robertson, J., Rathbone, A., Winkler, D., Aimers, N. (2022). *Housing seeker snapshot*. Housing Hub and Summer Foundation. **https://www.housinghub.org.au/resources/article/housing-hub-data-snapshot-housing-sekers**

This data is not exhaustive and represents a proxy for real demand data for shared living arrangements for people with disability. However, it does offer greater insights into demand than what is publicly available.

Table 1 – Housing seeker characteristics and housing preferences (n=4,761)

	All seekers (n=4,761)[48]	Seekers who want to live with other people with disability (n=628)
Current Location	Mostly located in: 1. Victoria 2. NSW 3. QLD 4. SA	Mostly located in: 1. Victoria 2. NSW 3. QLD 4. SA
Age	Mostly between 18 and 64 years old. The most common age range was 25-34 years	Mostly between 18 and 64 years old. The most common age range was 25-34 years
Disability Type	The most common disability types were: 1. Autism 2. Psychological 3. Acquired Brain Injury	The most common disability types were: 1. Autism 2. Other Intellectual 3. Acquired Brain Injury
Current living situation	Mostly living in privately owned properties, followed by renting from a private landlord	Mostly living in privately owned properties, followed by supported accommodation
Satisfaction with current living situation	62% were dissatisfied with their current housing situation	53% were dissatisfied with their current housing situation
Preferences to rent/buy	83% were looking for a rental property	89% were looking for a rental property
When to move	67% wished to move immediately	63% wished to move immediately
Support needs	43% have support needs for more than 8 hours per day	69% have support needs for more than 8 hours per day
SDA design category	Most common: High Physical Support, followed by Improved Liveability and Fully Accessible	Most common: Improved Liveability, followed by High Physical Support and Fully Accessible
Top 5 housing features	1. Cooling 2. Heating 3. Outdoor area 4. Built-in wardrobes 5. Accessible Features	1. Cooling 2. Heating 3. Outdoor area 4. Accessible Features 5. Built-in wardrobes

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[48] Data should be interpreted with caution, since indicating a preferred living situation is optional for housing seekers. In total 951 seekers wanted to 'live by myself', while 2,628 did not select any option.

About the workshops

In October to November 2022, the Housing Hub convened a series of workshops with stakeholders operating in the current group home space. Attendees included representatives from several organisations, including 1 SDA provider, 3 SIL providers operating in Legacy and Existing SDA, 1 impact investor, 1 SDA tenancy manager, and members of the NDIS Independent Advisory Council and its Home and Living Reference Group (see Table 2). Between them, workshop attendees were providing, financing or managing over 750 properties for NDIS participants, or over 2,400 places. These included over 440 SDA enrolled properties (≅1,700 places), and over 300 SIL-only properties (≅700 places).

Table 2 – Workshop attendees

Rob White *Cerebral Palsy Alliance*	Tim Pines *Cerebral Palsy Alliance*	Brad Swan *Life Without Barriers*	Faye Minty *Enliven Housing*
Terry Symonds *Yooralla*	Melissa Cofre *Yooralla*	Leighton Jay *NDIS Independent Advisory Council*	Peter Gregory *NDIS Independent Advisory Council's Home & Living Reference Group*
Tim Sunwoo *Havelock Housing*	Matt Tominc *Conscious Investment*	Queenie Tran *Conscious Investment*	

Findings

During the workshops, a variety of experiences and perspectives were shared by attendees. These reflected the group's diversity of roles and functions. Attendees spent time discussing and aligning behind a collective vision for the future of shared housing and living.

Collective vision for shared housing and living

Workshop attendees agreed that:

We can not afford to **recreate or maintain institutions** for people with disability, in which the group mindset restricts and hinders an individual's right to autonomy, flexibility and self-determination.

We believe **applied ethics frameworks and design-thinking principles** will ensure people with disability can arrange a home that meets their needs and preferences, and facilitate positive change to where and how an individual chooses to live as their life evolves.

For those who choose to live in a shared arrangement, we commit that **tenant-centric governance, culture and support models** are the antidote for institutionalism. And that the viability of this approach rests on harnessing emerging sustainable financing models.

This vision acknowledges that the sector is moving away from institutional settings and environments for people with disability. This includes group living approaches and mindsets that restrict and hinder individuals' rights to autonomy, flexibility and self-determination.

The group discussed the need to harness applied ethics frameworks and design-thinking principles to support people with disability in designing and arranging a home that meets their needs and preferences, including as their life evolves over time. This could ensure people with disability have access to quality, independent advice and support in exploring their living and housing options in a way that enables them to articulate their needs and preferences. And for those that choose to live in a shared arrangement, new tenant-centric models are needed.

From the collective vision, the group explored what was needed to translate the vision into a reality in which tenant rights and quality of life outcomes were at the centre.

A new model for shared housing and living

Four pillars for improved quality of life in shared living arrangements

- Infrastructure model
- Support model
- Governance model
- Business model

The workshop discussion, along with a review of the existing research on shared living in the sector, highlighted 4 pillars needed in order to underpin new and improved models of shared housing and living. These were:

1. Infrastructure model
2. Support model
3. Governance model
4. Business model

These pillars, though distinct from one another, intersect to facilitate genuine choice for tenants, and the ability to exercise their rights in the shared living environment. To improve quality of life for tenants in shared living arrangements, all 4 pillars would need to be in place.

Throughout the workshops, attendees stressed the importance of access to *quality information* and a *tenant-led transition* to any new models of shared living and housing. Without this, the pillars of new shared housing and living would not catalyse improvements to quality of life for tenants. It is vital for tenants to lead decision making about how, where and with whom they live; however, supporting tenants in this process requires specialist capabilities.

The 4 pillars will now be expanded upon individually.

Infrastructure model

Central to the infrastructure model is ensuring that the built environment in and around the home is designed to improve the quality of life for tenants. This includes a tenant-centric architectural design in which the tenant has private and individualised space. For example, this could be their own entrance to the home, their own bathroom and some living space. If this also includes communal areas, these should serve tenant needs, rather than the very different needs of support staff working in the house. This would allow tenants the opportunity to easily move between personal and shared spaces, and make the house a home.

Reimagined shared housing and living would feature small configurations informed by tenant choice over how many others they live with in technology-enabled homes that are appropriately located and integrated with the community. Homes should also be owned and managed by different organisations – be it private, charitable or government – with the housing provider entering into formal agreements with people with disability as tenants.

Support model

The premise of the support model is that individual and shared supports in and around the home are structured to improve the quality of life for tenants. Central to this is tenant-led choice and control over these supports (e.g. how, when and by whom support is provided), whether that is over individualised or shared supports, including the right of tenants to choose not to engage in shared activities. Tenants should be able to engage in planned and spontaneous interactions with supports, including unstructured 'neighbourhood' (also known as 'informal') supports around the home. To be effective, support should be delivered with a capacity building mentality in which the role of a support worker is more akin to a support partner or coach, rather than taking charge and 'doing for' a person with disability. This would strengthen an individual's capacity to develop social capital and live independently.

Governance model

The governance model stipulates the need to maintain a culture in which tenants are part of a community with shared values, rather than a fixed group where one size fits all. This is done through tenant-centric governance systems and practices that enable tenant-led choice, control and decision making around what support is provided, by whom and how often, ensuring tenant control over how the home operates. This includes, but is not limited to, tenant decision making on who they live with, ways for tenants to feel uncompromised and unconflicted when providing feedback to housing and support providers (e.g. not being worried about losing their home) and family integration as desired.

To achieve this end, governance systems should be independently delivered, and impact measurement to quantify and qualify tenant outcomes should be conducted to support the integrity of the tenant-led culture in the home.

Business model

A successful business and financial model relies on funding being available to develop and maintain the quality of homes, living standards and tenant outcomes. With supports funded under the NDIS, SDA will cover the ongoing infrastructure costs. In addition to this, more one-off funding is required to support the redevelopment of current group homes into more contemporary designs, as well as the tenant transition to new living arrangements.

As the SDA market continues to grow for new shared housing and living, partnerships are required between providers, government and capital. These models should incentivise government investment and involvement in social and housing innovation. And as the picture of participants who want to live in shared arrangements but are not eligible for SDA funding becomes clearer, similar partnerships and funding models should be explored in order to meet this demand.

Exploring the barriers to change

The insights shared through the workshops, along with existing research in the shared living space, revealed barriers to achieving the kind of change, progress and better outcomes explored above. While there were a number of barriers identified, the 4 barriers listed below were recognised as the most common and most significant. These barriers were:

1. Engaging with tenants about new models of shared housing and living

2. Shaping cultural reform within shared housing and living, including establishing social connection in the home and local community

3. Designing a business and financial model that can support the transition from traditional group homes to contemporary models of housing and support

4. Intersection of the NDIS and its practicalities with the need to innovate

Engaging with tenants about new models of shared housing and living

Simply offering new options for group housing and living is not enough to help transform the market. This is because tenants must first go on an exploration and living redesign journey in order to make informed, supported decisions. For tenants who have lived in one setting for a long time, assistance with this transition is especially important.

About this barrier:

- Need for quality, well-designed and carefully implemented information resources and tools for people with disability to identify what they want in a home, and support to choose new/different models as desired
- Varying levels of readiness for people with disability and their families in going through a significant life change such as moving homes
- Lack of availability and variety of case studies on emergent housing options to help people with disability visualise alternatives
- Reality that many people with disability currently won't have the appropriate funding in their NDIS plans and will need support to structure and advocate for this funding to the NDIA
- Ability for independent organisations that support tenants in decision making to draw on frameworks that facilitate genuine choice for tenants, balancing an individual's human rights and dignity of risk with the constraints of viable housing options
- This choice needs to align with housing supply, matching the design and architecture of a home to the diversity of specific and individual tenant needs; especially in the case of Robust SDA where the variety of physical, sensory and cognitive needs make it complex to match people with properties and housemates

Shaping cultural reform within shared housing and living, including establishing social connection in the home and local community

It is not just physical reform that needs to take place in modernising shared housing: there is a predominance of outdated cultural and social concepts within existing shared housing settings, largely characterised by a 'group' mindset that is reinforced by staff-centric spaces, systems and practices within the home.

Included in this is the recognition that friends, family, neighbours and community play a role in turning a house into a home. These are often referred to as 'informal' supports. Outdated models of group housing show that unless there is an intention to build homes in a way that fosters neighbourhood and community connection, people with disability can live isolated, disconnected lives in which their formal, paid supports are the only way to break that isolation.

About this barrier:

- The 'group' mindset used to design the infrastructure of shared housing and living has, over time, also shaped the culture within the home, largely limiting people with disability to group activities and group decisions
- Outdated group housing is often operated with staff-centric decision making systems and practices rather than tenant-centric ones (e.g. decisions about who is providing support and when/how it is provided, decisions about when and how meals and social activities take place)
- It is still common to link the provision of housing and support (i.e. the same organisation provides both services), which can result in tenants feeling conflicted when providing feedback, or if they would like to change their support provider without impacting their housing
- Support workers approach their work with a mindset of taking charge and 'doing for' tenants, rather than adopting a coaching or capacity building mindset
- Established risk appetites within service organisations and providers may stifle innovation and change

- The SDA Design Standards only address the physical infrastructure of a home and does not provide government-backed, sector-wide quality and safeguarding best practice on the governance and culture of co-located tenancies
- There is limited tenant-input in the choice of housemates and/or support staff, leaving them without input into the operations of the home
- More needs to be done to facilitate shared and supported decision-making for tenants, especially for tenants with intellectual disability
- Informal supports have been recognised as one way to support Scheme sustainability and ensure gaps in formal supports are covered in case of emergency
- Specific expertise is required to support tenants in group housing to develop the interpersonal skills required to develop the relationships and social capital that may lead to informal supports and greater independence
- These relationships cannot be left to chance, there needs to be an intention to develop them through the design of the home (e.g. a model that incorporates 'hosts' or low-rent housemates alongside co-located tenants with disability)

Designing a business and financial model that can support the transition from traditional group homes to contemporary models of housing and support

The cost of innovation within the home and living space is expensive. This is especially true in the initial redevelopment of existing group homes. While SDA is designed to cover the ongoing costs, there is a lack of funding to transition old homes into modern SDA shared living arrangements that match tenant demand. This is in part due to the fact that there are no widely-known, scalable business models in the market that can accommodate these costs. Beyond SDA, this is also true for housing models that cater to participants without SDA funding.

About this barrier:

- Funding is required for the redevelopment of shared housing stock. Capital costs being funded through debt will require a sufficient return to be generated through rental payments to service the debt
- Philanthropic funding is not a sustainable, scalable solution to these redevelopment needs
- For-profit fund managers are unlikely to accept below market rental returns
- Costs will vary depending on location. Some tenants currently living in group housing have lived in the one location for most of their lives and there is a sense that moving them to areas with more affordable housing (e.g. outer suburban areas of major cities) would be disruptive to their emotional and social health
- Matching demand and supply is challenging given lack of granularity in demand data, hindering the ability to invest upfront capital
- SDA covers the ongoing infrastructure costs of housing (i.e. rent) however, this only covers a small proportion of NDIS participants. For those not eligible for SDA funding but in need of shared living arrangements, there is a funding gap given the amount that tenants can personally afford in rent would be insufficient to provide a market return
- Rental assistance comes under the purview of social and community housing departments within government
- State governments have different positions on community housing

Intersection of the NDIS and its practicalities with the need to innovate

A vital part of delivering services to people with disability is ensuring the affordability, health and safety of these services. The NDIA and NDIS Quality and Safeguarding Commission, as regulators of sector-wide standards on pricing, health and safety, set and maintain the vital preconditions for effective service provision. These standards are adopted by NDIS Registered Providers of Support and, in doing so, have operational implications on how a service is delivered. This includes the space in which providers are able to experiment and innovate.

About this barrier:

- Regulatory requirements placed on providers can limit the space in which they are able to test new ideas in partnership with people with disability and their families
- The necessary review and management of regulatory requirements by service provider boards and executive leadership can adversely affect innovation culture, creating a risk-averse environment
- Innovation should not come at the risk to health and safety for people with disability but the need to experiment with new ideas, ways of working and services is also vital to affecting positive changes in health, safety and quality of life for people with disability

Addressing the barriers to change

To address these barriers and move the sector towards a new vision and model for shared housing and living, workshop attendees identified a series of actions that should be taken to stimulate change. These actions, though distinct from one and other, are interconnected and will not achieve effective, sustainable change for people with disability if done in isolation. A number of actions must be taken concurrently to ready tenants, providers, regulators and communities for improved outcomes in shared housing and living for people with disability.

Recommendations

1. **Better data**
   a. Collate and disseminate data for people who currently live in group homes to improve the sector-wide understanding of this cohort. Data should include:

      i. Tenant quality of life

      ii. Rights and choices currently available

      iii. Tenant housing, support needs and preferences

      iv. Characteristics and features of existing and legacy stock

2. **Funding allocation**
   a. Complete an initial review of housing and support needs and preferences and likely SDA funding eligibility. This would:

      i. Enable tenants to explore and make an informed choice about alternative housing and support options

      ii. Enable providers to more accurately forecast the size of the investment needed to modernise group homes and meet tenant demand

   b. Enable greater flexibility in how tenants apply their funding to shared living arrangements to facilitate better governance, sharing and personalisation. This funding flexibility should be at the discretion of tenants, not organisations

   c. Explore alternative social, public and private options for the minority of people who currently live in group homes but do not qualify for SDA payments

3. **Living design**
   a. Specialist exploration and design capabilities are required to support people with disability to exercise genuine choice in designing their preferred living arrangement, and coordinate the suite of services needed to construct, maintain and evolve their living arrangements. Collate and publish what is known about this specialty to improve understanding and quality of living design services across the sector

4. **Governance models**
   a. Develop independent governance models for shared living to facilitate supported and collective tenant-led decision making in shared living arrangements, ensuring tenant control over how they live (with who, how they are supported and what happens in their home)

5. **Provider capability**
    a. Human-centric services

        i. Develop provider capabilities to operationalise applied ethics frameworks that translate human rights principles into human-centred products and services

        ii. Develop provider commitment to the independent collection of social impact measurement and benchmark data and insights to improve and evolve services

    b. Social innovation and experimentation

        i. Develop necessary conditions for social innovation within providers, including harnessing lived experience and research; fostering ideation, prioritisation and development capabilities; and reinforcing effective risk and investment appetites

        ii. Develop test and learn cultures in which providers can take a lean and iterative approach to building on new ideas

        iii. Align NDIA and NDIS Quality and Safeguards Commission policies and practices with the need to maintain safe and healthy standards without allowing compliance to stifle innovation

    c. Support workforce

        i. Invest in the capability of support workers to take a 'coaching' approach to support provision, building capacity of people to live independently rather than taking charge and 'doing for' people with disability

        ii. Invest in the capability of support workers to facilitate tenant-led decisions, rather than assume the role of decision maker on a tenant's behalf

6. **Collaboration**
    a. Commit to structured sharing and review practices as a sector in which providers can learn and adapt in practical, additive ways

    b. Create more opportunities for cross pollination between people and organisations with diverse perspectives. This should include large service providers, small service providers, government and industry strategists and influencers, as well as perspectives beyond the disability sector, including legal, social financing and strategy from across social, community and human services

    c. Publish findings from experimentation projects in disability housing to encourage industry-wide learning and innovation

    d. Set new benchmarks and expectations for shared housing and living that supports tenants to transition away from traditional group homes as they become obsolete

Discussion questions

Stakeholder perspectives and suggestions are invited on the methodology, assumptions, and analysis of this discussion paper. The following questions may serve to guide feedback on this paper, but more general comments are also welcome.

1. Do you have any feedback or suggestions regarding the assumptions, findings or recommendations in this report?
2. Do you have any additional data or insights that might be able to inform the next phase of this work?

Please provide feedback to research@summerfoundation.org.au