



# HOW TO WRITE A HOUSING PLAN – GUIDE

August 2019

## ABOUT THIS GUIDE

The How to write a Housing Plan – Guide has been created to help support coordinators and allied health professionals write housing plans for NDIS participants who want to test their eligibility for Specialist Disability Accommodation (SDA) funding. It provides information on what to include to achieve the best possible outcome for the person you're working for.

The purpose of a housing plan is to provide the NDIA with evidence that the person you're working for requires SDA to reach their goals, maximise their independence, and social and economic participation.

This Guide will help you complete the Housing Plan Template, which you can download here <https://www.summerfoundation.org.au/resources/housing-plan-template/>. The template will become your housing plan and should be submitted to the NDIA. In February 2019 the government announced reforms to the SDA Pricing and Payments Framework. The Summer Foundation has produced a summary of these changes and you can access it here: <https://www.summerfoundation.org.au/resources/summary-of-changes-to-specialist-disability-accommodation-framework/>

In March 2019 the government revised the *SDA Rules 2016* to reflect the changes to the SDA Pricing and Payments Framework. This Guide reflects the new *SDA Rules 2016*. Changes include removing *SDA Rule 3.2* requiring people to exhaust all suitable supports and pathways as an alternative to SDA prior to being considered for SDA. One consequence of the removal of some of the old *Rules* is that the new *Rules* are no longer a complete number sequence. If you require further information, read Parts 3 & 4 of the *SDA Rules 2016* in full. You can access them here: <https://www.legislation.gov.au/Details/F2019C00257>

It's estimated that around 28,000 or 6% of NDIS participants will be eligible for SDA. The vast majority of people with a disability will live in a mainstream housing option. Support coordinators and allied health professionals need to manage people's expectations around eligibility for SDA.

Where a person meets the eligibility requirements for SDA set out in Part 3 of the *SDA Rules*, the SDA panel must be satisfied that SDA is a *reasonable and necessary* support for them. So, despite the removal of *SDA Rule 3.2* requiring people to exhaust all suitable supports and pathways as an alternative to SDA prior to being considered for SDA, the housing plan should still include a paragraph demonstrating to the panel that the person has exhausted their mainstream housing options. That, even with capacity building supports, assistive technology, home modifications and/or increased person-to-person supports, a mainstream housing option would not support them to work towards their goals.

The Summer Foundation has developed a series of resources to assist people with disability pursue their preferred housing and support arrangements. You can access them here: <https://www.summerfoundation.org.au/ndis-housing-resources/>

The Summer Foundation has launched UpSkill to provide training and mentoring to support coordinators working with people with complex needs in aged care, or at risk of entry, or in hospital to live well in the community.

You can read more about UpSkill here:

<https://www.summerfoundation.org.au/project/upskill/>

UpSkill runs a training module *How to write a housing plan* for support coordinators and allied health professionals. The workshop provides a practical demonstration of how to develop a housing plan using these resources. To ensure you hear about UpSkill training in your state or territory, please sign up the UpSkill mailing list here: <https://www.summerfoundation.org.au/get-involved/upskill-mailing-list/>

If you specialise in working for people with complex disability and have, or would like to develop, specialist expertise working with people in residential aged care (RAC), in hospital, or, in the community and at risk of admission to RAC, please consider listing your services on the UpSkill referral directory. This will ensure that we can link people in or at risk of admission to RAC to a support coordinator or allied health professional with the appropriate expertise to assist them to work towards their goals. <https://www.summerfoundation.org.au/join-the-upskill-directory/>

## **HOW THIS GUIDE WAS DEVELOPED**

This Guide is not an official NDIS document. Decisions regarding SDA are now being made by the SDA panel, comprising six senior people from within the NDIA.

The NDIA uploads the housing plan and appendices to their client records management (CRM) system. A planner either from the local area office or the complex participant pathway uses the material in the housing plan to populate a pro forma document that goes to the SDA panel for consideration. However, members of the SDA panel can access all a participant's information held on the CRM to assist them in their deliberations.

We have developed the Guide to assist you to respond to the *SDA Rules 2016*. It contextualises SDA within the overall intent of the NDIS. It highlights critical sections of the *SDA Rules 2016* and makes suggestions about the evidence to include in a housing plan. Part 3 of the *SDA Rules 2016* sets out the eligibility criteria for SDA and we recommend that you present the findings of allied health professional/s. Part 4 deals with determining the appropriate SDA design category, building type and location and we recommend that you present the preferences of the person you're working for and the reasons behind their preferences. When completing the SDA housing plan template, cross reference *SDA Rule* numbers in the template with tips and examples in this Guide.

A housing plan should enable the SDA panel to clearly identify:

- The person's own words, their housing preference and the reasons behind their preference
- Evidence about how the person's disability impacts their housing need and preferences
- Evidence that directly addresses the SDA eligibility criteria
- How SDA could assist the person to reach their goals, maximise their independence, social and economic participation

This revised Guide incorporates feedback from the NDIA. It shares the expertise of our Tenancy Matching Service (TMS), which assists people to find appropriate housing. As at 1 June 2019 the TMS, working with 5 SDA providers, had seen 70 people offered tenancies in a new build SDA property. Of these, 30 people were approved by the SDA panel for a high physical support, single occupancy apartment, and 23 people had moved into their new home. We want to see these numbers grow.

We welcome feedback on the Template and this Guide. Please contact me at: [penny.paul@summerfoundation.org.au](mailto:penny.paul@summerfoundation.org.au)

# STRUCTURE

**This Guide is in 6 parts:**

**How to use this Guide**

**Critical parts of the NDIS Act 2013**

**Section 1:** The purpose of a housing plan

**Section 2:** SDA eligibility criteria

**Section 3:** Language and referencing your sources

**Section 4:** A guide to completing the housing plan template

**How to use this Guide** explains the tips and examples.

**Critical parts of the NDIS Act 2013** reproduces parts of the *NDIS Act 2013* that underpin a housing plan.

**Section 1** outlines the purpose of this Guide and the evidence the SDA panel needs to determine a person's eligibility for SDA.

**Section 2** will assist you to understand the two eligibility pathways for SDA and will help you determine if you are going to provide evidence in relation to meeting the criteria for either:

(A) extreme functional impairment pathway (*SDA Rule 3.5 & 3.6*)

**OR**

(B) very high support needs pathway (*SDA Rule 3.7 & 3.8*)

Ensure the evidence you provide matches the relevant eligibility pathway.

**Section 3** discusses when to use the person's own words and phrasing, linking your evidence to the *SDA Rules* and referencing your sources.

**Section 4** is the workings behind the SDA housing plan template headings. It highlights relevant *SDA Rules*, makes suggestions about evidence that may be relevant to address each *Rule*. It also provides tips, examples and links to relevant Summer Foundation resources.

## HOW TO USE THIS GUIDE

Read right through this Guide before you enter information into the template.

This Guide reproduces critical sections of the NDIS Act 2013 and the *SDA Rules 2016*.

*Legislation* and *Rules* appear like this:

*SDA Rule 3.1A* participant is eligible for SDA if the participant meets the assessment criteria in paragraphs 3.4-3.8.

If you're unsure, check the *NDIS Act 2013*:

<https://www.legislation.gov.au/Details/C2018C00276>

Or the *SDA Rules*: <https://www.legislation.gov.au/Details/F2019C00257>

This Guide includes tips. Tips appear like this:



You should always use the name of the person you're working for, avoid using 'the participant' or 'the resident'.

This Guide includes examples. Examples appear like this:

Example:

*Jane has an extreme functional impairment in mobility and self-care. Jane uses a power wheelchair for all mobility and requires a ceiling hoist and the assistance of 2 people for all transfers.*

(Billy Smith, March 2019, *OT Housing report*, paragraph 6, see appendix)

The Summer Foundation has developed NDIS housing resources that will assist you to gather evidence for a housing plan. Prompts to resources appear like this:



The Summer Foundation has developed the SDA housing plan template to provide a structure for an SDA housing plan, you can access it here:

<https://www.summerfoundation.org.au/how-to-write-a-housing-plan-template/>

# CRITICAL PARTS OF THE NDIS ACT 2013

## Parts of the *NDIS Act 2013* that underpin a housing plan:

The *SDA Rules 2016* are a legislative instrument made under the *NDIS Act 2013*. You can access the *NDIS Act 2013* here:

<https://www.legislation.gov.au/Details/C2018C00276>

One of the Objects of the *NDIS Act 2013* is to give effect to Australia's obligations under the Convention on the Rights of Persons with Disabilities. The *Act* also has a General Principles section, which provides an overarching framework for the implementation of the NDIS.

### 4. General principles guiding actions under this Act:

- (1) People with disability have the same right as other members of Australian society to realise their potential for physical, social, emotional and intellectual development.
- (2) People with disability should be supported to participate in and contribute to social and economic life to the extent of their ability.
- (3) People with disability and their families and carers should have certainty that people with disability will receive the care and support they need over their lifetime.
- (4) People with disability should be supported to exercise choice, including in relation to taking reasonable risks, in the pursuit of their goals and the planning and delivery of their supports.
- (5) People with disability should be supported to receive reasonable and necessary supports, including early intervention supports.
- (6) People with disability have the same right as other members of Australian society to respect for their worth and dignity and to live free from abuse, neglect and exploitation.
- (7) People with disability have the same right as other members of Australian society to pursue any grievance.
- (8) People with disability have the same right as other members of Australian society to be able to determine their own best interests, including the right to exercise choice and control, and to engage as equal partners in decisions that will affect their lives, to the full extent of their capacity.
- (9) People with disability should be supported in all their dealings and communications with the Agency and the Commission so that their capacity to exercise choice and control is maximised in a way that is appropriate to their circumstances and cultural needs.

Section 34 of the *NDIS Act 2013* sets out the criteria that must be met for a support to be funded, including SDA.

*NDIS Act 2013, Section 34 Reasonable and necessary supports:*

(1) For the purposes of specifying, in a statement of participant supports, the general supports that will be provided, and the reasonable and necessary supports that will be funded, the CEO must be satisfied of all of the following in relation to the funding or provision of each such support:

(a) the support will assist the participant to pursue the goals, objectives and aspirations included in the participant's statement of goals and aspirations;

(b) the support will assist the participant to undertake activities, so as to facilitate the participant's social and economic participation;

(c) the support represents value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support;

(d) the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice;

(e) the funding or provision of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide;

(f) the support is most appropriately funded or provided through the National Disability Insurance Scheme, and is not more appropriately funded or provided through other general systems of service delivery or support services offered by a person, agency or body, or systems of service delivery or support services offered:

(i) as part of a universal service obligation; or

(ii) in accordance with reasonable adjustments required under a law dealing with discrimination on the basis of disability.



## SECTION 1– PURPOSE OF A HOUSING PLAN

The purpose of a housing plan is to provide relevant quality information to the SDA panel so it can determine whether a person is eligible for SDA funding. And if they are, the most appropriate design category, building type and location that the panel considers reasonable and necessary for them.

The housing plan should immediately connect the SDA panel with the person, where they would prefer to live and why. It must provide evidence that addresses the SDA eligibility criteria using the language of the *SDA Rules*. It should also communicate to the SDA panel how an SDA response would assist the person to meet their goals and improve their life stage outcomes.

The NDIS Independent Advisory Council has written a paper that takes an ‘ordinary life’ in 21st century multicultural Australia as its starting point when thinking about reasonable and necessary supports for a person at a particular life stage under the NDIS. It notes that people with disability share the ordinary aspirations of their peers without disability but need reasonable and necessary NDIS support to achieve them. You can access it [here](#).

You will need to complete a housing plan for a person for whom other housing options are not suitable or available. That is, they can’t live in mainstream housing, even with capacity building supports, assist technology, home modification or increased core supports. They may be:

- Stuck in hospital
- Living in residential aged care
- Wanting to move from a group home to another type of SDA property
- Wanting to leave the family home
- Other

Find out if they meet the criteria of having either an extreme functional impairment or very high support needs, so they can search for housing in the evolving SDA market via sites such as [thehousinghub.org.au](http://thehousinghub.org.au)



Submit the housing plan in Word format so a planner can use it to complete the internal form that goes to the SDA panel.

Avoid using text boxes and tables, as they are difficult to work with and make cutting and pasting evidence into the form difficult.

## SECTION 2 – SDA ELIGIBILITY CRITERIA

### What is SDA

Specialist Disability Accommodation (SDA) is for people who require specialist housing solutions, including to assist with the delivery of supports that cater for their extreme functional impairment or very high support needs.

SDA does not refer to support services, but to the house (bricks and mortar) where a person lives. For example, SDA may have specialist design features for people with very high needs. Or it may be in a location that reduces the cost of supporting people to live independently.



The *SDA Rules* are complex and understanding how to read the *Rules* will be helpful. You don't need to address all the *Rules* or all the subsections of all the *Rules*. Subsections are indicated with roman numerals in brackets, e.g. (i). Look out for 'and' / 'or'. The use of 'and' indicates that you must address all the criteria; 'or' indicates that you need only address one of the sections.

#### Example:

The 'or' after 3.4 (a) indicates that the person must meet EITHER 3.4 (a) OR 3.4 (b), not both.

#### SDA assessment criteria

SDA Rule 3.4 A participant meets the SDA assessment criteria if either:

(a) the participant has an extreme functional impairment and requires an SDA response (see paragraphs 3.5-3.6); or

(b) the participant has very high support needs most appropriately met by an SDA response (see paragraphs 3.7-3.8).

## Eligibility for SDA

The *SDA Rules 2016* Part 3 Eligibility for SDA, sets out two eligibility pathways. People only need to meet the criteria in one pathway.

**Either**, they have an **extreme functional impairment** and require an SDA response (*SDA Rules 3.5 & 3.6*).



**Extreme functional impairment** – this pathway is for people who have extremely reduced functional capacity to undertake one or more of the activities of mobility, self-care or self-management; and the person has a high need for person- to-person supports in undertaking the activity even with assistive technology, equipment or home modifications.

**Or**, they have **very high support needs** most appropriately met by an SDA response (*SDA Rules 3.7 & 3.8*).



**Very high support needs** – this pathway is for people who have previously lived in an institution or SDA for long periods; or have a very high need for person-to-person supports, either immediately available or constant, for a significant part of the day and either; there are limitations in the availability, capability or capacity of their informal support network or risk to its sustainability; or the person poses a risk to self or others.



A housing assessment from an allied health professional familiar with the *SDA Rules 2016* will assist the SDA panel to determine whether or not the person meets the SDA eligibility criteria. If the person does not have an 'extreme functional impairment' or 'very high support needs' then they are unlikely to be eligible for SDA.



The Summer Foundation has developed a Guide to allied health housing assessments, to assist allied health professionals write to the *SDA Rules*. You can access it here: <https://www.summerfoundation.org.au/resources/allied-health-housing-assessments/>

## SECTION 3 – LANGUAGE, REFERENCING AND MAKING RECOMMENDATIONS

### Advice form the NDIA

The SDA panel prefers clear concise unbiased housing plans. Therefore, it's important that you keep the housing plan as short and to the point as possible. Avoid emotive language, this means that you can only present the evidence and information that you have gathered. While you may believe that access to appropriate housing and support will '*transform a person's life*' this type of language is not helpful in a housing plan. Instead, stick to the facts, for example, you may say that '*appropriate housing would allow the person to move out of an aged care facility*', or '*to live closer to their informal support network.*' The key is to present the facts as clearly as possible.

Determining whether or not a participant is eligible for SDA, and if so, the design category dwelling type, location and occupancy configuration that is reasonable and necessary for them, is the role of the SDA panel. It is your role to present the evidence they require to make a fully informed decision.

### Participant voice

It is crucial that the SDA panel understands the preferences and experience of the person you are working for. Wherever possible use the person's own words and phrasing to bring them alive to the SDA panel.



The Summer Foundation has developed *My housing preferences* to capture the person's housing needs, preferences and the reasons behind them. You can access it here: <https://www.summerfoundation.org.au/resources/my-housing-preferences/>

If the person is reliant on informal supports, for example, living with an ageing parent, consider including a *carer statement* to capture the impact of providing care on the person's informal supporters.

If the person has a nominee or guardian in place, consider including a *nominee* or *guardian statement* to provide relevant information to the SDA panel.

Use quotation marks or italics and a reference to make it clear to the SDA panel when you are quoting the person, a family carer, nominee or guardian.



Write your reports using an active writing style. You can find out more about active writing here: <https://www.monash.edu/about/editorialstyle/writing/verbs>

### **Linking your evidence back to the *SDA Rules***

It's difficult for the SDA panel to link general information back to the *SDA Rules*. You can assist them by writing directly to the *Rules*.

Begin your sentences with phrases to orientate the reader, for example:

- Based on the evidence presented I conclude that housing with good physical access and design features that cater to Jeremy's sensory impairments would support him to be independent in self-care and the activities of daily living. (Raj Patel, July 2019, *Occupational therapy housing assessment report*, paragraph 9, see appendix)
- My assessment demonstrates that Ricky would be able to spend significant time alone, and to toilet and shower independently in a fully accessible dwelling. (Sally Gould, May 2019, *Occupational therapy housing assessment report*, paragraph 5, see appendix)
- Deborah Casten, occupational therapist, performed the Functional Independence Measure (FIM) a recognised and validated assessment tool, to determine that in response to SDA Rule 3.5 (a): 'Tom has an extreme functional impairment in mobility and self-care. Housing with high level physical access including hoists and assistive technology would maximise Tom's independence and assist him to reach his goals.' (Deborah Casten, June 2019, *Occupational therapy housing assessment report*, paragraph 7, see appendix)

OR

- Rule 3.6 (c) An SDA response would represent better value for money for the following reasons ...

OR

- In addressing Rule 3.6 (c) of the *SDA Rules 2016*, an SDA response would represent better value for money for the following reasons ...

OR

- Re SDA Rule 4.6 (a), Tom is clear that:

*‘Living by myself would give me the opportunity to spend time alone as well as the space to spend time with and be sexual with my girlfriend’* (Tom Jones, May 2019, *My Housing preferences*, paragraph 12, see appendix)

It’s both Tom’s goal and preference to live by himself. A single occupancy apartment would support his aspiration of developing his relationship in accordance with his life stage...

## Referencing

The purpose of a housing plan is to present unbiased evidence from a variety of credible sources to the SDA panel. Do not make unsupported claims or present personal opinions. To avoid this, quote directly from your sources and reference your quotes. All sources should be included in the appendix. Ensure your evidence has numbered paragraphs so the SDA panel members can easily go back to the original source and find the quote in context.

Example:

*Jane poses a risk to herself when in the community if not supervised at a 1:1 ratio.*  
(John Nagy, May 2019, *Behaviour support plan*, paragraph 12, see appendix)

Tom experiences spasms in his lower and upper limbs, especially when fatigued.  
(Angela Richards, June 2019, *Occupational therapy, housing assessment report*, paragraph 8, see appendix)



Include all your source documents in the appendix to the housing plan when you submit it to the NDIA.

The SDA panel will have a hierarchy of evidence, in relation to Part 3 of the *SDA Rules*, Eligibility for SDA. They will rely on outcome measures of validated assessment tools, administered by allied health professionals with relevant expertise, to determine whether a person meets the SDA eligibility criteria and SDA is a reasonable and necessary support for them.

Save time by stipulating in service agreements with allied health professionals that they:

1. Establish their credibility with the SDA panel by providing you with a brief professional biography (see example below)
2. Include a summary of their contact with the person, the length of treatment and the consultation history
3. Number each paragraph in their reports
4. Avoid complex formatting such as text boxes
5. Write directly to the *SDA Rules* using the language and phrasing of the particular *Rule* they are addressing
6. Summarise assessments that have been done, the date, citing internationally recognised or standard/best practice assessment tools such as Functional Independence Measure (FIM) or Community Integration Questionnaire – Revised (CIQ-R). Be sure to include the scale, the score and an interpretation of the person's score in the context of the *SDA Rules 2016*.

Example:

*The FIMs is a 7-point scale, ranging 1 – dependent to 7 – independent. Lower scores reflect a greater need for assistance. Chris scored 1.5 on the FIMs, illustrating an extreme functional impairment in mobility, self-care and self-management.*

(Emma Jansen, June 2019, *Occupational therapy housing assessment report*, paragraph 23, see appendix)

Example of a professional biography:

*I have a Master's degree in Occupational Therapy and am a registered practicing occupational therapist. I have more than 15 years' experience working in the area of brain and spinal cord injuries. I currently work in private practice specialising in supporting young people to maximise their independence.*



## **Other sources of credible evidence**

**Carer statements:** The NDIS is intended to support people with disability to live an ordinary life. Due in part to funding constraints under the previous state based disability systems many people with disability rely on their parents for housing and personal care well into adulthood. The NDIS does not expect people to live with their parents well into adulthood. Nor does it expect parents to continue to provide housing and personal care to their adult sons and daughters.

Where relevant, include a carer statement communicating clearly to the SDA panel the nature of the care provided, its impact and any threats to its sustainability.

**Support or care plans:** A support plan from the person's current support provider, day service or a care plan from a residential aged care facility, all provide credible evidence of a person's support requirements in response to *SDA Rules* Part 3 Eligibility for SDA 3.5 & 3.6 **or** 3.7 & 3.8.

**Behaviour support plans:** A history of behaviours of concern, and/or where a person poses a risk to themselves or others may provide valid evidence of the need for a housing response (*SDA Rule* 3.7 & 3.8). They may also provide relevant evidence where a person would prefer to live alone.

**Incident reports:** A history of housing-related incidents is relevant and should be included. Incident reports may provide evidence of the need for an SDA response (*SDA Rule* 3.6 or 3.8). If you can't access the actual incident reports consider using secondary sources. For example, the person or their carer could outline the incidents that have occurred, and their impact, while the person has been living in shared supported accommodation.

## SECTION 4 – COMPLETING THE TEMPLATE



Write for your reader. The SDA panel doesn't know and will never meet the person. The panel members can only make their decision on the information they have. Assist the planner to transfer relevant evidence into the pro forma by writing concise housing plans that present credible evidence with appropriate referencing, have a logical structure and are easy to read.

Submit your housing plan on your organisation's letterhead. Make sure it includes:

**Date of report:** the date of submission

**Author:** your name and contact details

**Organisation:** the organisation you work for

**Purpose:** outline why you are preparing this report

**The person and their preferred method of communication:**

**If appropriate, the contact person and their preferred method of**

**communication:** Ensure you tell the SDA panel the person's preferred method of communication. For people who rely on a representative - either a plan nominee or an NDIS nominee - or a guardian, provide clear instructions about who they should be communicating with, their contact details and preferred method of communication.

**Table of contents:** When you have completed the template, insert a table of contents. The template is formatted using headings, the top tier heading will automatically appear with page numbers in the table of contents. To insert a table of contents, go to 'Insert' on your menu bar, from the drop-down list choose 'Index and tables' then choose 'Table of contents' and choose 2 levels. The table of contents can be easily updated if you modify your document. Use your mouse to hover over it and right click, then choose the appropriate option under 'Update table of contents'

## The person

Use this section to introduce the person to the SDA panel. Provide a brief but comprehensive overview of the person making an application for SDA funding.

This is similar to the 'About me' section of a person's NDIS plan.



It is important to value people as the experts in their own lives. Complete this section quoting directly from the person.

## Housing

**Current housing and support arrangements:** The person should provide a brief outline of where and with whom they live, their informal support network and if they are at risk in any way. They should tell the SDA panel where they would like to live and why.



Only provide a brief high-level overview here, you are required to provide a detailed outline for *SDA Rule 4.6*. Remember your readers, avoid repetition.

## Goals, objectives and aspirations

Begin by importing the person's NDIS goals from their current plan. If the person has developed additional goals since the plan was developed or the plan didn't include all their goals list them here. Use sub headings to assist the SDA panel members. For example: 'NDIS goals' and 'Other goals and aspirations'.



Illustrate the link between the person achieving their goals and aspirations and their preferred housing and support arrangements e.g. improved relationships - living close to friends. Preparing their own meals - living close to a shopping centre. Travelling independently - living close to accessible public transport.

If a goal has changed or is no longer relevant, note it here.

Example of NDIS goals:

*Alex's current plan is dated November 2018 and includes the goal: "be safe in my home". However, in November 2018 Alex was unaware of SDA. In March 2019 Alex revised her goal to: "I would like to live on my own and feel safe. I would like to live in a home that supports me to do as much as I can for myself. I want to live close to my best friend and the local shops." (Alex Williams, March 2019, My housing preferences, paragraph 4, see appendix)*  
*Alex intends to change her goal at her plan review. She submitted an application for a review on 2 April 2019.*

Use this section to highlight any other goals and aspirations the person has.

Example of Alex's other goals and aspirations:

*I'm studying at university and it's my goal to graduate in 2021.*

*I would like to meet a partner and get married.*

*(Alex Williams, March 2019, My housing preferences, paragraph 5, see appendix)*

## Background information (in the person's own words)

Use the person's own words to introduce themselves to the SDA panel. People should indicate if they have a lifelong or acquired disability. People with an acquired disability should tell the panel about their previous life, and goals to restore it. All people should communicate their cherished life roles such as parent, or worker, their interests, hobbies, social connections and what's most important to them. Include their life goals, details about how they spend their time, for example, if they work, study or attend a day placement.

## Primary disability

Use evidence from allied health professionals to explain to the SDA panel the impact of the person's disability on their day to day function.

To assist your readers, use sub headings to organise your material.

For example:

Diagnosis:

Impact of disability on:

- Communication
- Mobility
- Self-care
- Self-management
- Cognition
- Behaviour
- Other



Remember that the SDA panel members will not meet the person, so ensure you are clear about the impact of the disability. For example, if you are describing someone's limited hand function, give an example of what the person can or cannot do because of the limited hand function e.g. *Jane is able to clasp a cup with her right hand, but unable to clasp a pen.*

(Emma Jansen, June 2019, *Occupational therapy housing assessment report*, paragraph 14, see appendix)

## Secondary disability and other health conditions

List any secondary disabilities and outline their impact. For example, a person with significant disability may also experience depression. Include information about their depression and its impact on their day-to-day life.

## SDA Rules 2016 Part 3 – Eligibility for SDA

### SDA assessment criteria

Refer to allied health assessments to determine the relevant eligibility pathway for the person you're working for. Provide the SDA panel with evidence that the person has **either**:

An 'extreme functional impairment' *SDA Rules 2016* 3.5 (a) & (b) and 3.6 (a) & (b)

**Or:**

Very high support needs most appropriately met by an SDA response *SDA Rules 2016* 3.7 (a) or (b) and 3.8 (a) & (b).



**Remember, you only need to discuss**

**EITHER**



**Extreme functional impairment**

**OR**



**Very high support needs**



Only enter into service agreements with allied health professionals who understand the language and logic of the NDIS and who agree to write a report that directly address the *SDA Rules 2016*.



## **Extreme functional impairment**

An extreme functional impairment is defined in the SDA Rules under *SDA Rules 2016* 3.5 (a) & (b) and 3.6 (a) & (b).

A housing plan must address points 3.5 (a) & 3.5 (b) for the person to be considered for SDA funding.

### **3.5 (a) Extreme functional impairment**

*SDA Rule 3.5 (a) the impairment results in an extremely reduced functional capacity of the participant to undertake one or more of the activities of mobility, self-care or self-management.*

Example of 3.5 (a):

*3.5 (a): Jane has an extreme functional impairment in mobility and self-care. Jane uses a power wheelchair for all mobility and requires a ceiling hoist and the assistance of 2 people for all transfers. Due to her limited upper limb function, Jane also requires assistance from another person for all her tasks of daily living. (Billy Smith, March 2019, Occupational therapy housing assessment report, paragraph 6, see appendix)*

Example of 3.5 (a):

*3.5 (a) Tom has Cerebral Palsy, which significantly impacts his lower and upper limbs. He uses a power wheelchair for all mobility. Tom controls his power wheelchair himself by using his left hand. He has limited fine motor skills, limited ability to reach for items and experiences spasms in all 4 limbs. Tom requires a hoist and the support of 2 staff for all transfers. (John Nagy, April 2019, Occupational therapy housing assessment report, paragraph 9, see appendix)*

### **SDA Rule 3.5 (b) High need for person-to-person supports**

*SDA Rule 3.5 (b) the participant has a very high need for person-to-person supports in undertaking the activity even with assistive technology, equipment or home modifications.*

Example of 3.5 (b):

*3.5 (b) Due to Jane's extreme functional impairment, she has a high need for person-to-person supports and will continue to do so, even with equipment, assistive technologies or home modifications.*

(Billy Smith, March 2019, *Occupational therapy housing assessment report*, para 14. For further evidence of Jane's extreme functional impairment, see paragraphs 6-16, see appendix)

### **SDA Rule 3.6 (a) & (b) Requires an SDA response**

Where a person meets the criteria of having an extreme functional impairment, the housing plan must also address the *SDA Rules* 3.6 (a), (b), (c) & (d). Provide evidence to the SDA panel that the person requires an SDA response and the outcome of funding SDA for the person.

*SDA Rule 3.6 The participant requires an SDA response if, when compared to other supports alone, combine SDA and other supports:*

- (a) would be likely to better assist the participant to pursue the goals, objectives and aspirations in the participant's statement of goals and aspirations;*

Example of 3.6 (a):

*3.6 (a) Living in a single occupancy apartment with access to on-site overnight support would be likely to better assist Sarah to pursue her goals, objectives and aspirations [insert relevant goals, objectives and aspirations] as stated in her NDIS plan by....*

or

Example of 3.6 (a):

*3.6 (a) Tom's goal is [Insert Tom's goal].*

*An SDA response would assist Tom to achieve this goal by...*



(b) Be likely to be more effective and beneficial, having regard to current good practice, because of the extent to which it would, where possible (provide evidence in support of at least one statement (i) to (v) below):

- I. mitigate or alleviate the impact of the participant's impairment upon their functional capacity;
- II. prevent the deterioration of their functional capacity;
- III. improve their functional capacity;
- IV. maintain or promote the participant's ability to build capacity, including in the medium or long term; or
- V. maintain or enhance the participant's opportunities to develop skills

VI.



Communicate the **outcome** of appropriate housing and support for the person. An SDA response in combination with other supports would....

### **SDA Rule 3.6 (c) Value for money**

*SDA Rule 3.6* The participant requires an SDA response if, when compared to other supports alone, combine SDA and other supports:

3.6 (c) Would represent value for money; **and**

Consider the cost savings that may result from the person having access to suitable and stable housing with individually tailored supports. For example:

- Reduced need for person-to-person supports over time
- Fewer hospital admissions
- A reduction in behaviours of concern
- Achievement of their goals

The appropriate SDA design category will support the person to control their own environment, open doors and windows, control the temperature etc, resulting in a reduction of person-to-person support costs.

### **SDA Rule 3.6 (d) Stability and continuity of support**

*SDA Rule 3.6* The participant requires an SDA response if, when compared to other supports alone, combined SDA and other supports:

(d) would promote stability and continuity of supports, particularly for participants currently residing in SDA.

Example of 3.6 (d):

*3.6 (d) Zelda has a progressive neurological condition, and a team of support workers to assist her to maintain her independence. Following a recent loss of function, Zelda moving to specialist disability accommodation, high physical support, would prevent the further deterioration of her functional capacity. It's important to Zelda that she can bring her support workers with her; promoting continuity and stability of her supports.*

(Scott Mazey, May 2019, *Occupational therapy housing assessment*, paragraph 6, see appendix)

## **B** Very high support needs

### **SDA Rule 3.7 (a) Very high support needs**

*SDA Rule 3.7 A participant has very high support needs if:*

- (a) the participant has previously lived in SDA for extended periods, and this has impacted the capacity of the participant to transition to alternative living arrangements and supports; **or***
- (b) the participant has a very high level need for person-to-person supports, either immediately available or constant, for a significant part of the day **and either:***
  - (i) there are limitations in the availability, capacity or capability of the participant's informal support network, or risks to its sustainability; **or***
  - (ii) the participant is at risk or poses a risk to others, and that risk could be mitigated by the provision of SDA, having particular regard to the participant's response to risk and the interaction of the participant with the environment.*

Example of 3.7 (a):

*3.7 (a) Ian has Down Syndrome. At 19 he moved into a group home with friends from his day program. He has lived with the same 3 residents for 25 years. Ian's weekly routines are determined by the support organisation, while his daily activities are closely managed by the house staff. Ian has little input into what he does during the day or for leisure.*

(John Bekker, May 2019, *Occupational therapy housing assessment*, paragraph 2, see appendix)

Example of 3.7 (a):

*3.7 (a) Nick was raised by his grandmother. In 2012 she broke her hip and was admitted to residential aged care.*

*Nick moved into a 5-bedroom supported accommodation but was unhappy there as he had no choice over his housemates, his routine or daily life. House policy demanded that Nick leave the house every day at 9am and not return until 3pm.*

*In 2013 the household dynamics changed when a new resident moved in. A number of incidents followed and Nick received significant injuries. In the months that followed, Nick became increasingly withdrawn and was diagnosed with depression in September 2013.*

*In December 2013 Nick was temporarily transferred to a respite house where he faced the same issues of having to leave between the hours of 9am and 3pm and was required to organise his routine around the staffing roster. Nick is clear that in order to feel safe he needs control over his environment, his day-to-day choices and care routine.*

*Over the next 18 months, Nick's physical and mental health declined. He was admitted to hospital in May 2016, where he remained for 3 months. When he was ready for discharge, there was no vacancy at the respite house where he had been staying and he had nowhere to go.*

*In August 2016, aged 21, Nick was permanently admitted to residential aged care.*

*Nick is now a 24-year-old man living in an aged care facility where the average age of residents is 80+. He has no visitors and is only funded for 5 hours of community access per week. Nick is socially isolated, has mental health issues, and has minimal access to therapeutic supports. His functional capacity to live an ordinary life is declining significantly.*

*(Sienna Weber, June 2019, Psychological report re Nick's Drake's housing and support needs, paragraph 4, see appendix)*

Detail the level of person-to-person support the person needs. To be eligible for SDA under this pathway, the person must require support to be constant or immediately available for a significant part of the day.

Highlight any gaps in the person's current informal support arrangements and the associated risks. If the person is living with ageing parents explain this to the panel and include information from both the person and their parent/s about their preferred housing and support model.

Example of 3.7 (b):

*3.7 (b) Jane is 25 years old and has a diagnosis of autism and intellectual disability. Jane requires a secure environment while at home or at her day service and 1:1 support if in the community due to her behaviours of concern, which include absconding and self-harm.*

(Emma Jansen, March 2019, *Occupational therapy housing assessment*, paragraph 4, see appendix)

Example of 3.7 (b) (i):

*3.70(b) (i) Jane lives at home with her mother and has 2 siblings who also have a disability. Jane's mother has expressed on-going concern about her capacity to support Jane in the longer term and would like to explore alternative housing for Jane.*

(Emma Jansen, March 2019, *Occupational therapy housing assessment*, paragraph 5, see appendix)

Example of 3.7 (b) (ii):

*37 (b) (ii) Ivan is currently in shared supported accommodation with four other male residents who are all at least two decades his senior. Ivan is isolated and has withdrawn to his room after a series of violent incidents involving Ivan and the older residents.*

*A behaviour support plan has been put in place and the fixtures and fittings in Ivan's room have been replaced with more robust materials following years of repeated damage. Ivan is also subject to physical restraints, including locks on his bedroom door and window.*

*There has been high staff turnover at the house and one worker is on stress leave following an alleged assault by Ivan.*

*Prior to moving into shared supported accommodation Ivan lived with his elderly mother who also reported enduring years of physical and verbal abuse from Ivan.*

*Ivan has expressed a clear preference for living on this own. It's likely that the outcome of Ivan living on his own in robust housing would be a reduction in his behaviours of concern. This would allow Ivan to pursue his interest in model trains and explore opportunities to attend a local community group for model train enthusiasts. It may also result in improved OH&S for Ivan's support workers leading to greater continuity in Ivan's support staff and a further reduction in his behaviours of concern, as well as reduced reactive maintenance costs. Providing suitable stable housing with person-centered supports could result in a longer term outcome of Ivan no longer benefitting from the features of robust housing.*

*(Joan Goodes, May 2019, Occupational therapy housing assessment, paragraph 8, see appendix)*

*'I'm angry all the time, the people here really set me off.'*

*(Ivan Betts, February 2019, My Housing Preferences summary report, paragraph 4, see appendix).*

**SDA Rule 3.8** The *SDA Rules* also require evidence that the person's very high support needs are most appropriately met by an SDA response.

Communicate to the SDA panel the outcome of appropriate housing and support for the person.

SDA Rule 3.8 The very high support needs are most appropriately met by an SDA response if, when compared to other supports alone, combined SDA and other supports:

(a) would be likely to better assist the participant to pursue the goals, objectives and aspirations in the participant's statement of goals and aspirations;

(b) would be likely to be more effective and beneficial, having regard to current good practice, because of the extent to which it would, where possible:

(i) reduce the participant's future need for supports which might be required due to inappropriate accommodation;

(ii) assist the participant to pursue goals related to life opportunities and life transitions;

(iii) mitigate or alleviate the impact of the participant's impairment upon their functional capacity;

(iv) prevent the deterioration of their functional capacity;

(v) improve their functional capacity;

(vi) maintain or promote the participant's ability to build capacity, including in the medium or long term; or

(vii) maintain or enhance the participant's opportunities to develop skills; and



At least 1 of the criteria (i) to (vii) must be met, but not all. Include evidence of as many as possible, including comprehensive evidence of at least 1.

Example of 3.8 (a):

*3.8 (a) An SDA response would assist Jane to achieve her goal as stated in her NDIS plan “.....”*

Example of 3.8 (vii):

*3.8 (vii) An SDA response where Jane can live with another person of her choosing would provide more opportunities to develop independent living skills, such as meal preparation and social participation.*

*Example: Jane is currently living with her mother who provides her with a lot of day to day support. However, Jane is 25 years old and would like the same opportunities as other people her age. It's one of Jane's NDIS goals 'to move into a home of her own and share with one other housemate, and to develop her own routines.'*

*(Antonio Russo, February 2019, Occupational therapy housing assessment report, paragraph 3)*

Example of 3.8 (i-vii):

*3.8 (i-vii) Tom lives in an aged care facility. He has no choice or control over the provider or timing of his personal care supports. The aged care model does not support Tom's active participation daily living tasks, including showering, toileting, meal preparation etc.*

*Moving to age appropriate fully accessible housing and having choice and control over his supports is likely to allow Tom to regain self-care skills by supporting him to shower and toilet at his own pace and prevent him from permanently losing bladder and bowel control. Regaining control over his bodily functions would greatly assist Tom to rebuild his self-esteem and confidence. Vital precursors to Tom re-establishing his role as a father of his two adolescent daughters, and to taking an active role in the social and economic life of his community.*

*Prior to being permanently admitted to aged care Tom was a chef and enjoyed all aspects of preparing and eating food. Tom describes the food at the aged care facility as 'slop' and is currently living on snack foods from a vending machine. He is gaining weight rapidly. Tom wants to be able to take control of his diet again. Moving to SDA with an appropriate support model would support Tom to actively participate in planning, shopping and preparing his own meals.*

*(Aanya Patel, February 2019, Occupational therapy housing assessment report, paragraph 10)*

### **SDA Rule 3.8 (c) Value for money**

SDA Rule 3.8 The very high support needs are most appropriately met by an SDA response if, when compared to other supports alone, combined SDA and other supports:

3.8 (c) would represent better value for money, having regard to:

- (i) whether combined SDA and other supports would be likely to substantially improve the life stage outcomes for, and be of long-term benefit to the participant; **and**
- (ii) the cost of providing the participant with supports needed to live in accommodation other than SDA, taking into account whether those supports may be shared with few or no other participants and the limitations of the participant's informal support network.

Consider the cost savings that may result from stable housing and appropriate supports for example, stable housing and supports may result in fewer hospital admissions or incidents, or, a person living on their own may display fewer behaviours of concern / protest.

Supporting someone to leave an aged care facility may represent better value for money by assisting the person to pursue their goals. Housing with home automation that allows a person to control their environment may significantly reduce the cost of person-to-person supports over their lifetime.

There may also be cost benefits for people who require 1:1 supports, where they are happy to share a home with others.

### **Summary of the person's support needs**

All housing plans should provide a brief summary of the person's support needs to provide the panel with relevant context for making a determination regarding the most suitable SDA design category, building type and location for the person.

### **SDA Rules 2016 Part 4 – Determining the SDA type and location**

Once a person has been assessed as eligible for SDA, the panel will need to determine the appropriate SDA design category, building type and location for the person and, where necessary, an alternative interim option.

Clearly state the person's housing preferences, and the reason behind their preferences. The person's preferences will influence the design category, building type and location funded. The SDA panel will also consider evidence from allied health professionals detailing the person's requirement for person-to-person supports both informal and paid, and the interaction between the building type and design category and person-to-person supports.



The Summer Foundation has developed *My housing preferences* to assist you to capture the person's housing preferences in their own words. See, <https://www.summerfoundation.org.au/resources/my-housing-preferences/>



### **SDA Rule 4.3 Determining the design category & SDA Rule 4.4**

There are 5 SDA housing design categories, the appropriate design category will be determined by the SDA panel after considering the person's specific needs:

- Basic - without specialist design features but with a location, or other features, that cater for the needs of people with disability, and assist with the delivery of support services
- Improved liveability - incorporates a reasonable level of physical access and design features to assist people with sensory, intellectual or cognitive impairment
- Fully accessible – wheelchair accessible, provides a high level of physical access for people with significant physical impairment
- Robust - incorporates a high level of physical access, resilient fixtures and fittings to reduce a person's risk to self and others, as well as the need for reactive maintenance.
- High physical support - provides high level physical access and is assistive technology ready, for people with significant physical impairment and very high support needs



Basic housing is usually a group home with no special features, built prior to July 2016. A person applying for SDA funding should receive a determination for design type from one of the other 4 categories above.

## **SDA Rule 4.5 Determining the building type**

There are 5 SDA building types:

- Apartments
- Villas, duplexes and townhouses
- Houses
- Group homes
- Larger dwellings (long-term housing for more than 5 residents, only funded in limited circumstances)

When determining the building type that will best meet the needs of the person, the SDA panel will consider *SDA Rule 4.6*.

## **SDA Rule 4.6 The person's preferred building type**

Outline the person's preferred building type. Link the information in this section with the person's goals. Provide details of how living in their preferred building type will assist the person to reach their goals.

*SDA Rule 4.6* The appropriate building type for a participant is to be determined out of the building types in paragraphs 4.5(a)-(d), having regard to:

- (a) the participant's preferences, if those preferences are established and align with the participant's statement of goals and aspirations;
  - (b) the features of the building type;
  - (c) the support model that is most appropriate for the participant including immediately available or constant person-to-person supports (see paragraph 4.7);
  - (d) the participant's support needs; and
  - (e) whether the building type would represent value for money in that the costs would be reasonable, relative to both the benefits achieved and the cost of alternatives;
- as well as the extent to which the building type would:
- (f) facilitate social and economic participation, in particular how the building type would impact on:
    - (i) the participant's ability to engage in the life of the household and community; and
    - (ii) the dynamics of the household, having regard in particular to the participant's ability to share with others and build relationships;
  - (g) facilitate past, established or planned connections or the continuation of established connections, in particular of culture or community;
  - (h) increase, reduce or mitigate the risks to the participant and others, having particular regard to the participant's response to risk and the interaction of the participant with the environment;
  - (i) improve life stage outcomes for, and be of long-term benefit to, the participant;
  - (j) impact on the participant's capacity or capability, in particular, the extent to which a building type would:

- (i) alleviate the impact of the participant's impairment on their daily functioning;
- (ii) enhance the participant's skill development, in particular independent living skills;
- (iii) increase the benefit and effectiveness of supports other than SDA for the participant's skill development, in particular independent living skills; and
- (iv) enhance the opportunity for a move to accommodation other than SDA, or to lower cost SDA, in particular through a transition period with intensive capacity building supports;
- (k) facilitate or sustain informal supports, and the extent to which informal supports would reduce the cost of other supports;
- (l) facilitate or hinder the provision of other supports required by the participant; and
- (m) facilitate access to other support or specialist services required by the participant which are not funded or provided through the NDIS.

When determining the SDA location, the SDA panel will consider the person's preferences. Location may refer to a geographical region or a particular address of an SDA property.



When determining the building type it will fund for an individual, the panel will consider the person's preferences and support needs. Building types may also reflect the person's preferred location, for example people who want to live in an inner-city location are likely to be funded to live in an apartment. While people who want to live in a rural location are likely to be funded to live in a house. Provide evidence of how the person's preferred building type will improve their life outcomes.

Provide a picture of the person's current housing situation, as well as a brief overview of the housing and support arrangements that have worked or not worked for the person and why.

If the person is at risk in their current housing, or poses a risk to others, explain this to the SDA panel. A *carer statement*, *risk assessment*, *incident report*, or *behaviour support plan* may provide relevant evidence of relationship issues, incidents of sexual, physical or verbal abuse, the vulnerability of informal support arrangements, etc.

If the person is currently living in inappropriate housing, explain this to the SDA panel. Wherever possible use the person's own voice, words and phrasing.

Where this is not possible, provide the panel with an explanation as to why, and use information from their representative or informal supporter, such as a parent, sibling or friend. Include the following information:

- Type of home, apartment, townhouse, free standing home etc. including the number of bedrooms required
- Living with others or alone - it is important to state if the person would prefer to live by themselves or with others. You should include the reasons for their preference

Example:

*Tom uses a wheelchair to get around. He lives in private rental and the landlord is concerned about the damage caused by Tom's wheelchair as he moves around the house. The house has a standard bathroom and Tom can't access the shower. Tom currently showers twice a week at his local gym.*

*(Jane Smith, March 2019, Occupational therapy housing assessment report, paragraph 7, see appendix)*



For more information about SDA design categories, building types and location please refer to the Summer Foundation's SDA Payments Guide: <https://www.summerfoundation.org.au/resources/sda-payments-guide/>

#### **SDA Rule 4.7 The most appropriate support model**

4.7 The most appropriate support model for the participant is considered having regard to their support needs. For example:

(a) if the participant requires immediately available person-to-person supports but can be left alone for periods of time, the most appropriate support model may be concierge or mobile support;

(b) if the participant requires constant person-to-person supports and cannot be left alone for periods of time, the most appropriate support model may be shared on-site support.

Provide one or two brief paragraphs from allied health assessments to assist the SDA panel to understand the person's daily support needs. Consider these questions:

- Can the person be on their own during the day?
- How many hours of support do they require each day?
- Do they need access to support overnight?
- Does the person require support to be immediately available?
- Would concierge or mobile support be appropriate?

Then outline the support model that would maximise the person's independence in their preferred housing option.

Example:

*Tom would require planned support on a daily basis for his morning routine (2hrs), midday routine (1.5hrs), evening routine (1.5hrs) and bedtime routine (30 mins). Tom can be left alone for up to 2 hours but will require concierge support to be available to him on-site in case of unplanned needs (e.g. using the bathroom or needing a drink), as well as to assist him to reposition in bed at least once overnight (5.5 hours per day - total 38.5 hours per week).*

*In addition, Tom would require support to access the community to attend his gym classes 1 x weekly (4hrs) and his university study 3 x weekly (6hrs per day - total 18hrs per week).*

*(Ying Li, February 2019, Occupational therapy housing assessment report, paragraphs 5 & 6, see appendix)*

Example:

*Jane requires supervision constantly throughout the day and requires a secure environment to reduce behaviours of concern (absconding). Jane cannot be left without supervision but within the right environment, can move around freely in different areas of a home e.g. garden or sensory room. Jane generally sleeps well once asleep but would require checks from staff every 2 hours as she can on occasion wake up and begin to wander.*

*(Thanh Pham June 2018, Occupational therapy housing assessment report, paragraph 7, see appendix)*

## **SDA Rule 4.8 Determining the location**

Location refers to both a suburb and the region the suburb falls within. The SDA panel will provide funding for a person to live in a region.



The geographical regions used by the NDIA refer to Australian Bureau of Statistics Statistical Area Level 4 (SA4), go to:

<http://stat.abs.gov.au/itt/r.jsp?ABSMaps>

## **SDA Rule 4.9 Determining the appropriate location for the person**

Outline the person's housing history in terms of location, clearly state where they would prefer to live and why. Link their preferred location back to their goals. Where relevant, include any information on how living in their preferred location may mitigate identified risks.

4.9 The appropriate location for a participant is to be determined having regard to:

- (a) the participant's preference, where that preference is established and aligns with the participant's statement of goals and aspirations, and where the preference is important on the basis of the participant's support needs and on the basis of one or more of the matters mentioned in paragraphs (e) or (f) or paragraphs 4.6(h), (i) or (k)-(m);
- (b) the extent to which the location would be likely to better assist the participant to pursue the goals, objectives and aspirations in the participant's statement of goals and aspirations;
- (c) the features of the location, including the accessibility of community services;
- (d) where the participant lives now and the history of where the participant has lived, including any recent changes;
- (e) the extent to which the location would facilitate past, established or planned connections or the continuation of existing connections, in particular of culture or community;
- (f) the extent to which the location would be likely to facilitate social and economic participation, in particular how the location would impact on the participant's ability to engage in the life of the household and community; and
- (g) whether the location would represent value for money, having regard to the extent to which the location would:
  - (i) facilitate or sustain informal supports, and the extent to which informal supports would reduce the cost of other supports;
  - (ii) facilitate or hinder the provision of other supports required by the participant; and
  - (iii) facilitate access to mainstream supports or specialist services required by the participant.

Example:

*Kate is unsettled by external stimuli over which she has no control. She has been involved in ongoing, occasionally violent, disputes over noise with the other residents at the villa units where she lives. Kate has a preference to live in a house in a quiet rural location.*

(Marcus Oliver, June 2019, *Occupational therapy housing assessment report*, paragraph 9, see appendix)

Example:

*Zina is currently living in a rural location without access to a private vehicle or public transport. Since the death of her mother last year, Zina has expressed concern at her increasing social isolation and lack of access to employment. One of Zina's goals is to find employment. Moving to appropriate fully accessible housing in a vibrant inner suburb, with accessible public transport would assist Zina to meet this goal.*

(Kelly Chan, July 2019, *Occupational therapy housing assessment report*, paragraph 6, see appendix)

## **Equipment and assistive technology**

Ensure the occupational therapist provides a prescription for any required assistive technology (AT) to maximise the person's independence in their preferred housing and support arrangement.

For example:

- A high physical support apartment is 'AT ready' but the person will need a prescription for the required AT to be funded in their plan
- A high physical support apartment has been designed and built to accommodate a ceiling hoist, but the person will need a prescription for a hoist to be funded in their plan

Example:

*Housing with specialist design features including an accessible hallway, doorways and rooms, a ceiling hoist and an emergency communication system would assist Tom to maximise his independence.*

(Christos Argyris, June 2019, *Occupational therapy housing assessment report*, paragraph 10, see appendix)

#### **SDA Rule 4.11 Participants already residing in SDA who wish to stay there**

If the person is currently in SDA and it is not meeting their needs, explain to the SDA panel any issues with the dwelling type, design category, location or support model. Or, explain to the panel any discrepancies between the SDA where the person resides and their SDA funding and how this could be remedied.

If the person has a current offer from an SDA provider, include details of the offer here.



If the person has an offer of SDA, ensure you request funding for any prescribed assistive technology in the housing plan. This will allow the SDA panel to provide funding for both the SDA dwelling and the purchase and installation of the assistive technology, and prevent delays when people are ready to move into their new homes.

#### **SDA Rule 4.12 Support coordination**

4.12 The CEO may consider whether support coordination and other capacity building supports are required to assist the participant in finding and moving into SDA.

Include evidence of the capacity building supports that the person would require to transition into SDA. Provide the panel with an itemised transition plan including the support coordination and allied health hours needed to build the capacity of the person to establish a sustainable SDA tenancy.



## Overall summary

Provide a one paragraph summary of the person's background, current unsuitable housing, and the potential outcome of appropriate housing and support focusing on how it would support the person to achieve their goals and ordinary life stage outcomes.

## List of appendices

A complete list of sources by Author, Date, *Title*

## Finalising your Housing Plan

Delete the SDA eligibility Rules inside the Assessment of SDA eligibility that you did not complete, indicated by this instruction [Only complete this section for a... ]

Insert your table of contents, go to 'Insert' in your toolbar and choose – 'Index and tables' then choose – 'Table of contents'

Delete all instructions in the Template [inside square brackets].

Submit the completed housing plan with a request for a review on the basis of a change in circumstances <https://www.ndis.gov.au/participants/using-your-plan/changing-your-plan/change-circumstances>

At the planning meeting we recommend that the person chooses to either self-manage or plan manage their NDIS supports.



People who opt to self-manage or use a plan manager/financial intermediary to manage their NDIS supports may benefit from greater flexibility during the transition to SDA.