



Disability Rights Advocacy Service Inc

Safeguarding and promoting the rights and
interests of people with disability, their families

INQUIRY INTO THE NATIONAL DISABILITY INSURANCE SCHEME IMPACT ON SOUTH AUSTRALIAN PARTICIPANTS WITH COMPLEX NEEDS WHO ARE, OR ARE AT RISK OF, LIVING IN INAPPROPRIATE ACCOMMODATION FOR LONG PERIODS

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Acknowledgement of Country



[Image Description: Aboriginal and Torres Strait Islander flags]

The Disability Rights Advocacy Service Inc acknowledges that this submission was completed on Kurna Land. We pay our respects to Elders past, present and emerging. We recognise the continuing relationship with the lands and seas and connection to culture.

*Kurna Miyurna yaiya yarta-mathanya Wama Tarntanyaku, parnaku yailtya, parnaku tapa puru purruna.
Kurna Miyurna ithu yailtya purruna, yarta kuma puru martinthi, puru warri-apinthe, puru tangka martulayinthe.*



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Background

Disability Rights Advocacy Service is part of a national network of disability advocacy organisations funded by the Australian Government Department of Social Services to provide individual advocacy, individual capacity-building and systemic advocacy for persons with disability. We service three areas in South Australia, representing people who reside within greater metropolitan Adelaide, the Adelaide Hills and Murray Bridge, the South-East and Coorong region, and the Riverland.

As part of our work our advocates frequently liaise with clients who are homeless, facing homelessness, or trying to access housing.

In putting together this submission we have reviewed key research and interviewed advocates, surveyed persons with disability and their carers, and spoken to housing organisations and government officials. We argue that Australia's current housing policies are neglectful of persons with disability.



Affordability and Access

Ability to access and navigate the requirements of the NDIS and the adequacy of funding in NDIS plans to fund the supports required.

1. As an advocacy service we are seeing an influx of people with disability who are requesting assistance with NDIA access rejections, particularly in relation to understanding the requirements and providing enough evidence and documentation to prove the permanency and substantial impacts of their disability. Often applicants are rejected at the access stage and experience unsuccessful internal reviews (review of a decision), with limited or no appropriate communication explaining reasons why the application was rejected. Unsuccessful internal reviews then allow for applicants to apply for an external review through the Administrative Appeals Tribunal (AAT). The external or AAT appeals processes are often long, complex and require additional evidence (documentation) often at a cost to appellants.
2. DRAS Clients who are receiving advocacy support through the NDIS Appeals Advocacy program report feelings of additional stress, exacerbation of conditions, experience financial pressure just to name a few of the negative impacts of the long legal processes. We note that a high percentage of appeals to the AAT are successful and overturn NDIA rejection decisions. Many of these appeals should be resolved by the NDIA in first instance upon internal review or providing additional information, clear and appropriate communication, and support to NDIS applicants.
3. From a housing and homelessness perspective, we are also seeing an influx of people with disability accessing our services to get assistance due to them facing homelessness, eviction or living in unsuitable housing.
4. The Specialist Homelessness Services annual report from the Australian Institute of Health and Welfare addresses homelessness and disability from a national perspective, In 2019–20, roughly 290,500 Specialist Homelessness Service (“SHS”) clients received support from specialist homelessness services. Of SHS clients with known disability status, 8.6% (or 22,800) have disability. Around one-third (30% or 6,700) of clients with disability have severe or profound disability (or 2.5% of all SHS clients with known disability status).
5. People with disability may have a greater exposure to risk factors associated with homelessness than the general population (Beer et al. 2012). Low income, lack of social support, limited engagement with the labour market, compounded by the need for specialised assistance and services, can leave some people with disability increasingly vulnerable to the risk of homelessness and the negative impact of homelessness.
6. Timely access to safe, suitable and long-term housing can be critical to the wellbeing of people with disability, providing independence and the ability to participate in social, economic, sporting and cultural life. Housing that meets accessibility requirements, is nearby to public transport, as well as quality and affordable support services is also vital for those with disability (COAG 2011).
7. According to the most recent data:
 - 87% of people with severe or profound disability live in the community / in private dwellings;
 - 99% of people aged under 65 with disability live in private dwellings compared to 91% of people aged 65 and over;
 - 8/10 people (82%) with disability who live in private dwellings live in a separate house.



8. Recent decades have seen a large shift towards supporting people with disability to live in private dwellings. This has mostly been driven by changes for young people with disability. For example, 1 in 500 people aged 0–34 with severe or profound disability lived in cared accommodation in 2018, compared with around 1 in 100 in 2003 (ABS 2019b).
9. The more severe a person’s disability is, the more likely they are to live in cared accommodation and the less likely they are to live in the community – 87% (or 1.2 million) with severe or profound disability living in private dwellings, compared with close to 100% (or 2.9 million) with other disability. This difference is smaller among younger people with disability than older people with disability:
 - 99% (or 716,000) of people aged under 65 with severe or profound disability live in private dwellings, compared with close to 100% (or 1.7 million) of those with other disability;
 - 75% (or 517,000) of people aged 65 and over with severe or profound disability and over do so, compared with close to 100% (or 1.3 million) of those with other disability.¹

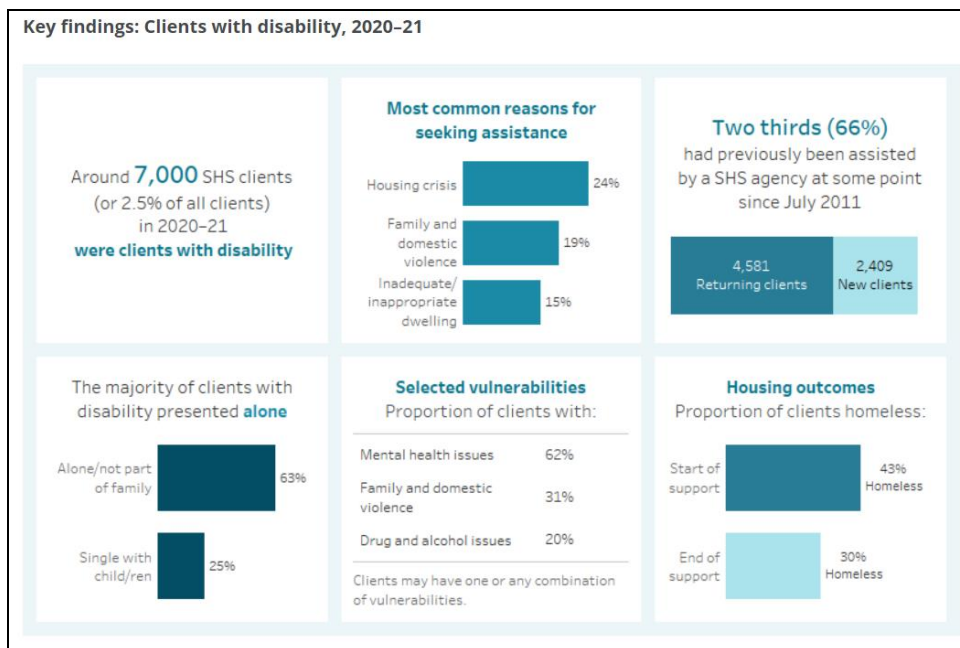


Figure 1: Australian Institute of Health and Welfare, Specialist homelessness services annual report 2020–21, Key Findings.

10. Some people with disability may be able to get access to Specialist Disability Accommodation (SDA) or Supported Independent Living (SIL) if this is included in their NDIS Plan. However, many people with disability do not have access to the NDIS. For example, there is an estimated four million people living with disability in Australia and only 500,000 people on the NDIS.

¹ Australian Government, Australian Institute of Health and Welfare, Specialist homelessness services annual report 2020–21 accessed:8th August 2022 <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-with-disability>



11. There is also only a limited number of NDIS participants that have been approved to have SDA or SIL included in their NDIS Plan. The cost of SDA or SIL is out of reach for persons with disability unless they can get the cost covered in some other way. This means that many persons with disabilities who may benefit from SIL or SDA do not have access to this type of accommodation due to financial or administrative barriers.
12. From our understanding it is difficult to get SDA or SIL approved in an NDIS Plan because of the requirements for a person with disability, in that they need to have a substantially reduced functional capacity and require 24/7 supports.
13. SIL is funded individually under the NDIS to each person according to their needs. It is a shared living arrangement of 2-7 NDIS participants. Participants get assistance with daily life tasks and have access to 24/7 care. There are three levels of support that can be accessed. However, the cost of funding from the NDIS often does not include rent, board or lodging, day to day living expenses such as food, activities, personal care supports if the person is hospitalised, vehicle costs, household budgeting or bill paying activities, or expenses relating to holidays, including travel costs.² Our clients have told us that SIL has financial and administrative barriers, such as the amounts charged to their NDIS Plans, and an onerous process in seeking suitable supports, making complaints, or changing providers.
14. SDA is offered for persons with disability on the NDIS with extreme functional impairment or high needs that require person-to-person support. Homes are specially designed to be more accessible based on disability related support needs. The cost of accommodation itself is funded separately to personal care supports, supported independent living, individualised living options and some assistive technology options. SDA may also involve a shared home with a small number of other people, wherein the NDIS participant has a private bedroom. In some cases, participants may be able to live in SDA by themselves if that meets their support needs and circumstances. Participants pay for rent, bills and other day-to-day expenses.³
15. As a result of the limited NDIS Plans including SDA or SIL, or a lack of access to the NDIS, many persons with disability are instead turning to private accommodation or social housing. However, these options are often not accessible or affordable.
16. Mean house prices in South Australia are \$614,300 according to the ABS as of December 2021⁴, whereas rental prices are \$465 for houses and \$380 for units as of March 2022.⁵ From our experience these prices are pushing many out of the private housing market, particularly persons with disabilities, people on income support, single parents, new migrants and refugees. We are seeing a lack of access particularly for people with 'invisible' disability, such as psychosocial, intellectual, sensory or behavioural disabilities, or brain injuries.
17. Social housing is struggling to keep up with the demand of access requests. The South Australian Housing Authority (SAHA) has confirmed that up to 17,000 people are on their waitlist with limited vacancies per year. We are concerned that many of our clients on Category 1 (the highest category) face several years of waiting to get into social housing.

² Supported Independent Living, NDIS, 20 June 2022, accessed:8th August 2022 [Supported Independent Living | NDIS](#)

³ Specialist Disability Accommodation, NDIS, 25 July 2022, accessed:8th August 2022 [Specialist Disability Accommodation | NDIS](#)

⁴ Australian Bureau of Statistics, 2021, accessed:8th August 2022 [Residential Property Price Indexes: Eight Capital Cities, December 2021 | Australian Bureau of Statistics \(abs.gov.au\)](#)

⁵ Domain Group, Domain Rental Report, accessed:8th August 2022 [Domain Rental Report - March 2022 | Domain](#)



18. As an advocacy service we have also experienced a lack of collaboration between public and community housing in assisting individuals and families to obtain a house, with unclear guidance around who is responsible, and back-and-forth between housing associations.
19. Another challenge is that many social and community housing accommodation options such as apartment blocks are often not suitable for people with 'invisible' disabilities, such as physical, psychosocial, sensory, or behavioural disabilities.
20. While we acknowledge that social housing is not emergency accommodation, we note with concern that crisis accommodation is often inaccessible for persons with disabilities, so is not an alternative option to secure housing.
21. Persons with disability are at increased risk of harm living in often unsuitable crisis accommodation. We have clients with disability who have spent many months or years in transitional housing that is unsuitable or unsafe for their needs.
22. At the same time as the cost of purchasing a house or renting privately has increased, wages and income support have not kept up. Analysts also fear that the increasing interest rates will have an increased impact on rising house costs.
23. The current public and community housing stock is also not meeting the housing demand and investment has declined over time. Across 2001-2020 the share of public housing in South Australia declined from up to 50,000 to 30,000 places.⁶

Another housing alternative that has been used, particularly for children or teenagers, is to house persons with disability in Aged Care facilities. This has not been an ideal situation, particularly for younger people who are not able to develop social networks with their peers. This has often led to social isolation of young people with disability.

24. We surveyed persons with disabilities about their experiences with accessing housing in South Australia.

People told us that affordability of housing was a major concern for them:

"I feel like if I wanted to move I wouldn't be able to because there is so little private rental accommodation available – certainly for what I can afford to pay"

"There is a gap between homelessness services and public housing for people with disability. Homelessness services are not willing to accommodate autism access needs. NDIS won't fund to support me to find a safe housing and the public waiting lists are years. Private rental is too complicated to access and is unaffordable."

"There are no other options for me to move into affordable housing so I have been forced to stay where I am with an extra rent increase but now I can't afford to feed myself"

⁶ South Australian Council of Social Services, Submission to the Select Committee Inquiry into Privatisation of Public Services in South Australia, 2021 p 2, accessed 2 August 2022: [SACOSS Supplementary Submission - Housing.pdf](#)



“Due to cost and availability in the rental market, it is very hard to relocate anywhere. Currently we are on a periodical lease and hope something else becomes available, but we have been looking for over 6 months now, pet policy for myself, and cost is not good. Options are seldom, and not overly affordable”

“Trying to obtain lower cost housing is unaffordable on benefits”

“It is expensive, and as usual a total rush to find a house before a lease is up, meaning little time to find something better and more affordable... which I guess is irrelevant because so little affordable housing exists!”

“I’m in a very vulnerable position my landlords are selling my house, I’m on JobSeeker and stand no chance of obtaining a suitable place to live”

25. We welcome the recent commitment by the South Australian government to invest \$180 million into social housing, which would create 400 new homes, and update 350 existing vacant properties. However, access to affordable housing is a national issue and the Federal Government should also step in to increase investment in social housing, as State government commitments cannot keep up with housing demand.
26. Persons with disability told us that access to available and accessible housing in a safe area is an urgent priority that is not being afforded to them overall. Specialist disability accommodation housing is also not meeting their needs, as it is not flexible and personalised to persons with disability and their carers. We heard a common theme that persons with disability want the State Government to increase access to public housing because it is more affordable.
27. Persons with disability have told us the affordability and availability of housing could be improved in the following ways:

“Bans on rental increases, massive social housing developments, more training to Housing SA staff on how they deal with people, more disability housing access to housing for carers, fixing up of older housing/community houses, increases to payments for rent, options for lower incomes to “purchase” property instead of being stuck on the cycle of renting. More help from services to access property before becoming homeless and being moved into emergency accommodation”

“Having more access to public housing would help alleviate so much stress for those on waiting lists. Big corporations need to pay their fair share of tax so as the rest of society can have some semblance of a stable life”

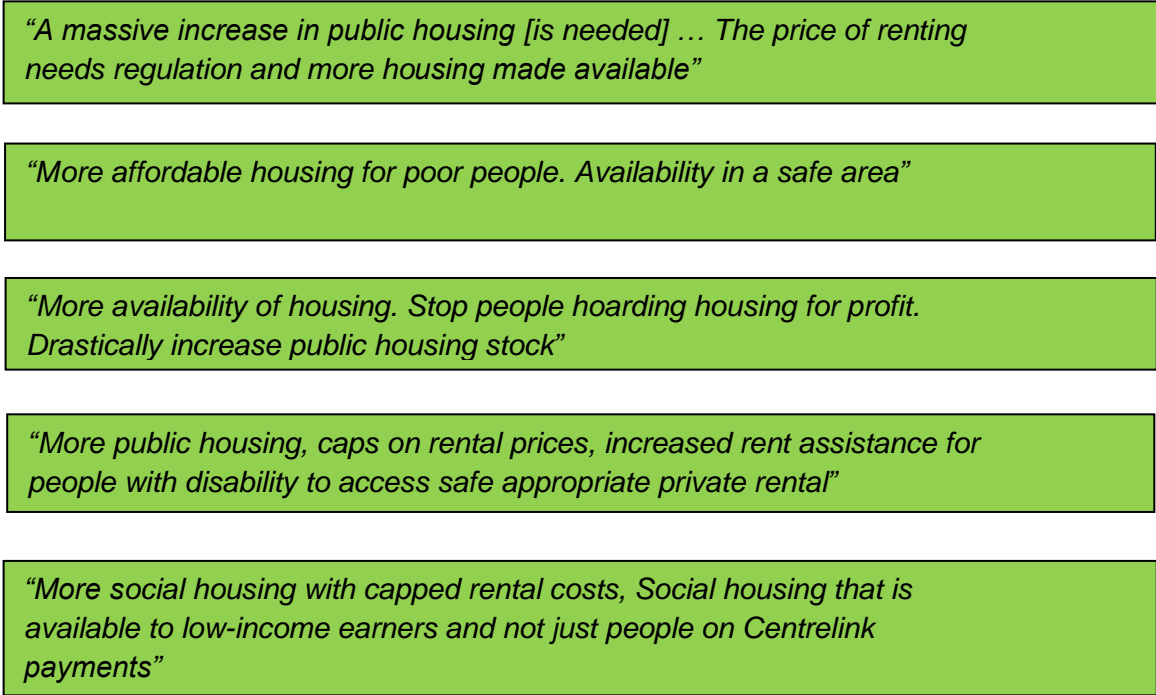


Figure 2: Word cloud of responses to the DRAS survey question 'What changes would you like to see to improve the housing sector in South Australia?'

property areas affordable housing available access social housing
 people us rental rent housing lower incomes
 increase people disability public housing support
 Availability community made

Accessibility

The timeliness of approval for appropriate specialist disability supports, including home and living decisions through the NDIS; and processes that may lead to delays

25. As an advocacy service we have had clients come to us for help in obtaining housing that is physically and sensory-accessible. Housing often does not meet the needs of persons with disabilities and it can be difficult to get approval for disability housing modifications.
26. Often applications for a change of circumstances through the NDIS are required if a person with disability needs to change accommodation or requires additional home modifications. It requires additional evidence to be provided, it can be a long process which is not always responsive and can cause additional stress and increase the risk of homelessness.



27. NDIS participants must negotiate with their SIL or SDA providers to request transfers if they do not think that the current accommodation, they are residing in is suitable for their needs. This can be a long and drawn-out process. Often clients need support from their NDIS Support Coordinators or an advocacy service to negotiate the termination of a lease, transfer approval, moving to new accommodation. The NDIS does not provide funding for moving costs.
28. The South Australian Housing Association (SAHA) has developed their *Disability Access and Inclusion Plan 2020-2024*, as part of their obligations under the *Disability Inclusion Act 2018 (SA) (DIA)*. We are at the midpoint of the delivery of this plan. The Plan is also part of the broader 10-year strategy of the South Australian Government, *Our Housing Future 2020-2030*.
29. According to the Plan, in 2020 people with disability made up 39% of public and Aboriginal housing tenants (12,324), 37% of social housing registrations (6,390) and 25% of the private rental assistance program (13,933). Mental health, physical disabilities and intellectual disabilities were the primary disabilities.⁷
30. Persons with disability residing in public and Aboriginal housing properties can request housing modifications if it does not meet their needs. Only SAHA offers disability housing modifications officially, and they must often be supported by comprehensive diagnostic and functional assessment reports that can be difficult or expensive to obtain.⁸
31. SAHA has also developed internal Sustainable Housing Principles which include detailed requirements about accessibility around and inside a house, as well as housing modifications.⁹ However, SAHA has only committed to 'silver' access, which is the minimum requirement for accessibility as opposed to 'gold' or 'platinum' access.¹⁰
32. The *DIA* only applies to government agencies and their partner organisations (for example, Housing SA is partnered with community housing providers). People with disability living in private rentals do not have the benefit of knowing that their landlord or real estate agent is accountable to a Disability Access and Inclusion Plan. This is despite many people with disability renting privately, particularly due to the reduction in numbers of public and community housing places available, and the lack of affordable houses available to purchase.
33. Persons with disability may struggle to access housing that meets their needs in the private rental market. The *Residential Tenancies Act 1995 (SA)* is the core legislation that governs private rental accommodation, including the rights of tenants and obligations of landlords or real estate agents. There are no obligations put on private landlords or real estate agents to allow for housing modifications, except that they cannot refuse installation of the internet or a digital television under s 70 of the Act and s 12 of the *Residential Tenancies Regulations 2010 (SA)*. This means there are no obligations on private agencies to allow for housing modifications. Many rental advertisements also state that they do not accept tenants with pets, which can be a significant barrier for persons with disabilities who rely on support companions.

⁷ Government of South Australia, SA Housing Authority, Disability Access and Inclusion Plan 2020-2024, 2020, p 5.

⁸ SA Housing Authority, Housing Modifications for people with disability policy [Housing modifications for people with a disability policy | SA Housing Authority](#) accessed:8th August 2022.

⁹ SA Housing Authority, [Sustainable Housing Principles 2.3 SAHT Universal Housing Design Criteria](#) accessed:8th August 2022.

¹⁰ SA Housing Authority, Disability Access and Inclusion Plan 2020-2024, 2020, Government of South Australia, p 21



34. The *Disability Discrimination Act 1992* (Cth) and the *Equal Opportunity Act 1984* (SA) may provide a legal avenue for persons with disability to make complaints about private landlords or real estate agents if they do not provide a housing modification when requested. However, the legal test for discrimination can be a high bar to meet, and it can be difficult to prove that someone is being discriminated against *because of their disability*.
35. We have also heard concerns that affordable housing or social housing is concentrated into particular areas i.e. the northern suburbs of Adelaide. This means that if persons with disability are facing homelessness they may also have the added barrier of either having to move away from support services, networks, schools or NDIS funded treating teams, or rejecting a housing offer. This can be a particular barrier for persons with disability from Culturally and Linguistically Diverse or Aboriginal and Torres Strait Islander backgrounds.
36. Due to a lack of available and accessible housing, as an advocacy service we have seen a concerning policy from SAHA in which people are faced with a '3 strikes and you're out' policy when being offered housing. This means that persons with disability may be forced to take unsuitable housing under the threat of not being offered any housing at all.
37. On the other hand, as an advocacy service we have seen a concerning rise of tenants being given an eviction notice through no fault of their own. For example, a private landlord selling their property, or a public housing tenant being told to move out to 'make way' for others.
38. Persons with disability have told us that the availability of accessible housing is of concern:

"I would like to see rental inspections reduced from as often as a month to twice a year at most. I would like more insulation for rental properties, the ability to have pets, more affordable housing, less discrimination against families and people with children, more ability to make changes to a rental property"

"I have been under pressure to be relocated by the agency that manages my property. The State Manager when told why I wanted particular colours for the painting of the interior of my house (to help positively affect my moods), instead of what I call Institutional Beige and 50 Shades of Depressing Grey, said a majority of their tenants had mental health issues and didn't ask for specific colours. Very dismissive of how people come to acquire mental health challenges and how individuals develop coping mechanisms"

"Special assistance disability housing service should be case-managed. Inclusive of physical, intellectual and mental health. More public housing and caps on private rental prices. Increased rent assistance for people with disability to access safe and appropriate private rental"



“Huge increase to access, commit to accessibility standards. Make affordable housing”

“I wish there was more affordable housing for lower income, and that we were not discriminated against if we have pets, most of us have animals, as they are for support”

“Bring back more affordable homes through HAS, bring back community buses in back streets, don’t put people with disabilities in hilly areas, far from shops and transport. Don’t mix us with homeowners that treat us poorly, stigmatising and discriminating us causing more stress and anxiety to the point of being too scared to even go outside. More community support from experienced people... NDIS is useless”

“[We need] more availability of purpose-built accommodation suitable for disabled people”

“Houses should be designed not to be as narrow and sardine-can-like as possible. Most public houses should be accessible for everyone. And public transport in metropolitan areas should have to be much closer to these houses”

“I am frustrated by how little chance I have to change things in my rental, that I have inspections every 2.5 months requiring a high level of cleanliness and that repairs sometimes take a long time”

Delivery of Supports

The ability of the NDIS workforce and market (including the specialist disability accommodation policy settings and market) in South Australia to deliver necessary accommodation and funded supports.

39. Training for staff in the housing industry should be reviewed and updated to ensure that organisations are accessible for persons with disabilities.
40. NDIS workers in South Australia must follow the screening process under the *DIA*.¹¹ NDIS workers under the NDIS Commission should complete the NDIS Quality and Safeguards Commission’s online

¹¹ *Disability Inclusion Act 2018* (SA) Part 5A – Screening of NDIS workers;



[Worker Orientation Module, 'Quality, Safety and You'](#), to assist NDIS workers to better support people with disability. This was developed in consultation with the sector, including NDIS providers and people with a disability. Registered NDIS providers under the NDIS Commission should include the module in their induction processes for workers, as part of compliance under the NDIS Code of Conduct.

41. The NDIS Code of Conduct applies to a broad range of parties, such as registered NDIS providers and their employees, unregistered NDIS providers and their employees, providers delivering information, connections and capacity-building activities, and providers delivering Commonwealth Continuity of Support Programme services for people over the age of 65. Guidelines are available for NDIS and workers to assist them in understanding their obligations under the NDIS Code of Conduct. NDIS participants can lodge complaints about NDIS workers or service providers with the NDIS Quality and Safeguards Commission.¹²
42. A common issue which arises in the delivery of NDIS supports is when a NDIS participant raises concerns regarding living arrangements or needs to secure alternative accommodation due to risk, suitability or other factors. Often NDIS accommodation providers are limited in what alternatives can be provided and often vulnerable people have to remain in inappropriate housing/accommodation until suitable accommodation becomes available.
43. Often NDIS accommodation providers including SIL and SDA experience challenges of complexities of needs of NDIS participants living together in close proximity often leading to increases of behaviours of concern and violence. Due to limitations on NDIS funding NDIS participants often receive limited support and have a lower quality of life due to staff ratios 1:5 and 2:6. This often exacerbates when there is limited access to alternative or appropriately trained workers who have a detailed understanding of the individual circumstances, needs of a person with disabilities and complexities of the household.
44. SAHA has disability awareness training which could be updated to include mental health first aid training and autism-awareness training.
45. It is unclear whether community housing providers deliver disability awareness or mental health first aid training across the board.
46. Private real estate agents or property managers are not required to have disability awareness or mental health first aid training. In South Australia they are required to follow a professional code of conduct. However, professional development such as ethics or disability awareness is not mandated as part of maintaining their practice licence.
47. Due to COVID-19 there is also currently a shortage of builders and construction workers that is impacting the capability of South Australia's workforce. Some workers have also moved interstate to take up the opportunities in Victoria and Western Australia who are making big investments into social housing.

¹² NDIS Quality and Safeguards Commission, *The NDIS Code of Conduct (Guidance for Workers)* March 2019, accessed 2 August 2022: [NDIS Code of Conduct | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au/ndis-code-of-conduct)



DRAS Case Studies

The impact on the wellbeing of participants of these inappropriate accommodation arrangements.¹³

Case Study 1:

Three people with disability all housed in the one Supported Independent Living (SIL) accommodation. Unfortunately, as none of the individuals were given the opportunity to decide who to live with, the residents had very conflicting behaviours which later resulted in violence between residents. Additionally, the staff at the Supported Independent Living accommodation were inadequate, culminating in a situation where the DRAS client had a heart attack and the ambulance was not called until the following day which meant, from a hospital perspective, he was in hospital longer due to the further damage to his heart and more complex condition, which could have been avoided by earlier medical intervention. In this situation, the 'Guardian' intervened and found him alternative living arrangements.

In this client's case, they wished to live independently rather than sharing a home with others, but due to the NDIS funding system, it is not possible to financially support people living on their own. Due to the implications of the housing shortage, there are not enough houses for individuals, therefore clients are put together. However, if the Royal Commission decides that an NDIS client should have the ability and opportunity to live alone, then that also will impact the current housing crisis.

Case Study 2:

The client is from an ATSI background who was removed from their family as a child and grew up in a foster home. The Client has a diagnosis that includes:

Schizophrenia, Borderline Personality Disorder, intellectual disability, PTSD and a range of other psychological and physical disabilities. Penelope experiences constant intense pain from compressed fractures in their spine. The client lives in Supported Disability Accommodation in a regional town in South Australia and their accommodation is currently at risk because their NDIS funding has been severely cut and their therapy team is being asked to justify the client's need for 1:1 support. As the client lives independently in their own unit, the accommodation provider is not willing to allow them to continue living there without a minimum level of support due to concerns about the client's safety.

After the NDIS reduced the client's funding in their NDIS Plan – a DRAS advocate supported them through submitting an internal review of the NDIS decision. The Review was not successful and DRAS is currently supporting the client to appeal this decision at the AAT. The client is at extreme risk of losing their accommodation if the NDIS do not provide them with the support that is essential to enable them to live independently.

Case Study 3:

A client wanted a minor modification to their Housing SA house so it was suitable for them to live in, which was refused by Housing SA who claimed it was the NDIS' responsibility not theirs. This resulted in DRAS appealing this decision and Housing SA paid for the modification. This speaks to an issue of clients needing house modification from Housing SA, which is refused on the basis of them seeking NDIS support which culminates in the client with nowhere to go.

¹³ Further case studies can be provided to the Inquiry upon request.



Case Study 4:

A client who suffers from lung cancer and is currently undertaking chemotherapy has several problems with their home including needing their security screens urgently replaced, they are unable to run the heating and cooling system, the plumbing in the laundry isn't working which results in flooding and black mould needs to be treated. The client fears that the lack of clean air in their home is worsening their condition. Since DRAS' involvement there have been a few improvements made, but the client has yet to receive any real certainty around when these issues will be resolved. Due to this client's condition and the state of their house, they are currently at real risk of ending up in hospital, unless intervention occurs.

Recommendations

1. Improve the level of accessibility and affordability for Specialist Disability Accommodation (SDA) and Supported Independent Living (SIL) providers, as well as providing a right of access to accommodation providers for disability advocates through a funded Community Visitor Scheme (CVS). This includes:
 - a. Access to and communication with support workers and provider management;
 - b. Physical accessibility of homes;
 - c. Safety and privacy for residents;
 - d. Financial barriers for participants;
 - e. How accessible and transparent the complaints process is;
 - f. The procedures for transferring between providers;
 - g. Culturally-safe providers;
 - h. Trauma-informed practice;
 - i. LGBTIQ+ friendly providers.
2. Improve NDIA administrative procedures to make them more accessible for NDIS participants by reviewing the decision-making by the NDIA, particularly at the internal review level. Long and onerous appeal processes to the Administrative Appeals Tribunal (AAT) could be avoided if NDIS participants were given increased support and communication from the NDIA in an ongoing way. This includes helping participants and their families or carers to understand their NDIS Plans, what the NDIA can reasonably fund, discrepancies between the recommendations of treating healthcare professionals and what the NDIA has funded, how the NDIS can help them achieve their goals, why certain supports or therapies have not been included in participants' NDIS Plans, and what further evidence might be needed from healthcare professionals or specialists to ensure participants needs are being met.
3. Review and improve the level of training and professional development that NDIS workers supporting persons with disability in SDA or SIL providers receive, particularly looking at whether it is fit-for-purpose.
4. Increase public and community housing stock to a level that meets community demand. For example, there are currently 17,000 people on the SAHA wait-list.



5. Increase renter's rights and amend the *RTA* to include the following:
 - a. A right of housing modifications for persons with disabilities;
 - b. A right to bring pets into residential properties;
 - c. A ban on no-cause evictions.
6. SDA, SIL, SAHA and community housing providers make a commitment to 100% 'platinum' access for all new housing builds as per *Liveable Housing Australia* guidelines.¹⁴
7. The National Construction Code to be reformed so all new private housing builds are required to be 100% 'platinum' access.
8. The *DIA* State Disability Inclusion Plan to include an action point as to how State Government will work with private housing organisations and associations to make housing more affordable, available and accessible for persons with disability.
9. More collaboration between SAHA, community housing providers and the NDIA when persons with disability are facing eviction or homelessness and attempting to obtain secure housing.
10. Ensuring that persons on the Disability Support Pension can be placed on at least Category 2 for SAHA in both the registration *and* transfer process.
11. State Government should collect data on the number of young people with disability in Aged Care facilities in South Australia and monitor their experiences. More secure and stable housing options should be created so young people with disability can have sustainable social networks with peers.
12. Amend the *Disability Discrimination Act 1992* (Cth) and the *Equal Opportunity Act 1984* (SA) to make it clearer that refusing a housing modification is discrimination against persons with disability.
13. Increase rent assistance and income support payments for those relying on Centrelink.
14. Review government Home-Buyer schemes to investigate the impact on inflation and house prices, with a view to ensuring they do not inadvertently cause house prices to rise.
15. Mandate training for SAHA and community housing frontline staff for disability awareness, mental health first aid training, cultural awareness and trauma-informed practice. This should also include training for responding to disclosures of domestic or sexual violence.
16. Update the requirements that real estate agents and property managers need to maintain their practice licence, by mandating disability awareness, mental health first aid training, cultural awareness, and trauma-informed practice.

¹⁴Livable Housing Australia Platinum, 2022 [LHA Platinum \(livablehousingaustralia.org.au\)](https://www.livablehousingaustralia.org.au) accessed 22 July 2022.