



Housing as a barrier to hospital discharge

Policy Position Statement by the Summer Foundation

July 2022

Key messages

- People with disability who have high and complex needs often get stuck in hospital due to challenges accessing the housing and support needed to leave hospital.
- Lengthy hospitalisations place people with disability at risk of further health complications, poor quality of life and referrals to residential aged care (RAC) or other inappropriate accommodation settings.
- The transition from hospital to home requires a coordinated approach between the National Disability Insurance Scheme (NDIS) and health and housing sectors.
- Timely and accurate decisions on housing and support across both the NDIS and mainstream government service systems would decrease the duration of hospital stays and improve patient health and wellbeing.

Background

Housing is an established social determinant for health. Australian disability housing policy has moved away from institutional settings towards more individualised housing, recognising that the home is important for promoting stability, dignity and quality of life. Approximately 6% of NDIS participants (participants) are eligible for Specialist Disability Accommodation (SDA) via the NDIS. The remaining 94%, as well as people with disability who are not eligible for the NDIS, rely on the mainstream housing market to meet their needs.

The Federal, state and territory disability ministers recently agreed to develop a strategy to improve hospital discharge for participants.¹ There is a lack of housing and support options for people with disability that is hindering timely hospital discharge.² Enabling access to appropriate housing and supports when participants are clinically fit for discharge prevents disruptions to patient flow and poor health outcomes stemming from extended hospital stays.

¹ Commonwealth of Australia (2022) 'Disability Reform Ministers' Meeting: Communique 17 June 2022'. Link [here](#).

² Other barriers to discharge include ambiguity around NDIS and health responsibilities, inefficient discharge planning and varying levels of knowledge and specialisation in the health sector regarding the NDIS and the support needs of people with disability. See: Summer Foundation (2021) 'Hospital discharge of NDIS Participants with high and complex needs'. Link [here](#).

The Summer Foundation has identified the following problems:

1. The mainstream housing market fails to meet the needs of people with disability

Research shows that a thin housing market with a lack of appropriate housing options frequently results in delayed discharge.³ Not only are there limited numbers of available housing options but they are often inaccessible or do not meet the preferences of people with disability. Limited housing options impact their ability to live well. Discharge planning for clinicians is made complicated due to the intensive searches required to identify and secure appropriate housing.

“The surgeon was saying, “If you’re not out of there in two weeks’ time, we’re going to send you back to the hospital until you find accommodation.” So I was really annoyed with that attitude...that upset me...if I went back to the hospital. I do nothing. You just lay in bed doing nothing.”

Lauren - Participant

Private housing

Current housing stock already fails to meet the needs of Australians with disability and demand for accessible housing is anticipated to almost double over the next 40 years.⁴ More than a decade ago, the building industry committed to uphold voluntary accessibility standards set by the [Livable Housing Design Guidelines](#) (LHDG) to ensure all new housing being accessible by 2020. But only 5% of new home builds achieved this. This means that many people with disability are living in housing that does not meet their needs yet they are unable to move because of the lack of better, affordable alternatives.

Accepting that a voluntary code for accessible housing does not work, most states and territories have agreed to the inclusion of mandatory minimum accessibility standards in the new [National Construction Code](#) (NCC), which are in line with the Silver level standard specified in the LHDG. But these provisions are yet to be implemented and homes constructed to this standard will not be accessible for people with high and complex needs. People who are dependent on accessibility at the Gold or Platinum level require wider internal spaces and a shower and bedroom on the ground floor, among other improvements.

Public and social housing

People with disability are often forced to rely on public and social housing, yet public and social housing encompasses only 6% of the Australian market,⁵ and are often burdened by stretched resources, long waitlists and limited choices. Much of the existing stock is not suitably designed or well located for people with disability. Although the majority of state and territory governments have commitments to improve social housing, targets to ensure accessibility for people with disability are lacking.

³ La Trobe University and Summer Foundation (2022) ‘Evaluating the discharge planning process: Barriers, challenges, and facilitators of timely and effective discharge for people with disability and complex needs’. Link [here](#).

⁴ Wellecke C, D’Cruz K, Winkler D, Douglas J, Goodwin I, Davis E and Mulherin P (2022) ‘Accessible design features and home modifications to improve physical housing accessibility: A mixed-methods survey of occupational therapists’. *Disability and Health Journal*, 15 February 2022. Link [here](#).

⁵ Goodwin I, Davis E, Winkler D, Douglas J, Wellecke C, D’Cruz K, Mulherin P and Liddicoat S (2022) ‘Making homes more accessible for people with mobility impairment: A lived experience perspective’. *Australian Journal of Social Issues*, 2 May 2022. Link [here](#).

2. The NDIA's decision-making processes prevent participants who require SDA to discharge from hospital in a timely manner

NDIS processes are a key driver to lengthy and unnecessary hospital delays. The median time taken for SDA decisions is 97 days.⁶ As of June 2022, out of 7,616 applications completed by the Home and Living Panel,⁷ 45% were completed in over 60 days and only 4% in under 14 days, meanwhile another 3,973 applications remained open.⁸

Ultimately, even where hospitals have efficient processes for their side of the hospital discharge trajectory, delays from the National Disability Insurance Agency (NDIA) often result in prolonged hospital admissions. As at November 2021, NDIA data showed that there were 1,140 participants who were waiting on a plan to be approved so that they could be discharged from hospital.⁹ These participants are more likely to experience a decline in their health and wellbeing. The delayed discharge also adds pressure on an already stretched hospital system and may be costing taxpayers over \$800 million per year.¹⁰

“The only reason I was there longer was because [the] NDIS couldn't get their act together.”

Will - Participant

3. There is an emerging trend of state-based interim housing models to address hospital long stays

Transitional housing models often see people with high and complex needs being discharged to substandard accommodation such as an old hospital wing that has been converted into housing/bedrooms. These often emulate institutional cultures and practices with rotating roster models of support. These do not have capacity to focus on individual needs or support to regain functionality and independence. Residents are at risk of experiencing poorer outcomes the longer they stay there. As such, this approach to transitional housing is no more of an alternative to hospital.

Although these housing models are designed to be transitional, they often end up being permanent because the difficulties in securing long-term housing and supports remain. People with high and complex needs can get stuck in transitional housing for several years due to a lack of available opportunities for transitioning back to the community.¹¹ This suggests that current systems do not support the timely provision of long term housing and support options and the NDIA does not escalate Home and Living requests from participants who are in transitional housing.

⁶ Public Interest Advocacy Centre and Housing Hub (2022) 'Housing Delayed and Denied: NDIA Decision-Making on Specialist Disability Accommodation Funding' p5. Link [here](#).

⁷ The NDIA does not have data on the timeframes for decision-making for 862 (11%) of the 7,616 closed applications. See: National Disability Insurance Agency (2022) 'NDIS Quarterly Report to disability ministers: 30 June 2022' p81. Link [here](#).

⁸ National Disability Insurance Agency (2022) 'NDIS Quarterly Report to disability ministers: 30 June 2022' p81. Link [here](#).

⁹ Commonwealth (2021) 'Senate Community Affairs Legislation Committee: Answers to Questions on Notice.' Social Services Portfolio, Estimates. Question No: NDIA SQ21-000226

¹⁰ Summer Foundation (2022) 'Pre Budget Submission 2022'. Link [here](#).

¹¹ Summer Foundation (2020) 'Transitional housing and support in Australia for people with disability: Environmental scan'. Link [here](#).

4. People with disability are often forced into inappropriate housing

Despite the availability of appropriate discharge destinations, many people with disability are still being discharged to inappropriate housing. Across 423 participants who were surveyed for a national study of hospital discharge, conducted by La Trobe University and the Summer Foundation, most respondents were discharged to private residences (217 participants) or unknown destinations (120 participants). The next most common discharge destinations were group homes (26) and RAC (19). Only 14 participants were discharged into SDA.¹²

The Federal Government's [Younger People in Residential Aged Care \(YPIRAC\) Strategy](#) asserts that no younger people should be discharged to RAC. A younger person with disability requires highly specialised support; this is vastly different to that of an older person needing end-of-life care. RAC facilities are fundamentally not designed to support a younger person's continued social and emotional support, community participation and development. As their quality of life declines, it becomes increasingly difficult for them to leave RAC.^{13,14}

The [Aged Care Assessment Guidelines](#) provides safeguards to prevent younger people from unnecessarily entering RAC. All identified participants seeking an aged care assessment must first be referred to the NDIA YPIRAC Planners and Accommodation Team for support and guidance to explore alternative accommodation. Despite SDA vacancies and state-based housing options that are available or could be arranged, the NDIA appears to believe that no suitable alternatives to RAC exist. Participants are often told that RAC is the only option for them. Referral pathways and discharge destinations for people with disability need to be better understood. Housing must be carefully considered and appropriate for the person and their ongoing support needs.

"In most of my experiences, when people in hospital needed to be discharged, the sub-acute departments were not great with housing, leading participants to aged care."

Emily - NDIS support coordinator

Group homes are also associated with poor outcomes for people with disability. From 1 July to 31 December 2021, 15.6% of accounts of violence, abuse, neglect and exploitation occurred in group homes. The lack of choice and control for people with disability in terms of where they live, who they live with and who provides their support is a central concern.¹⁵ In group homes, schedules are often set, making choices around daily living and community access restricted.

¹² Note: Data is collected at the point of discharge; therefore the number of participants who may end up living in SDA long term may be higher due to the number of participants who are discharged into interim housing but who may be applying for SDA funding seeking a vacant dwelling. See: La Trobe University and Summer Foundation (2022) 'Evaluating the discharge planning process: Barriers, challenges, and facilitators of timely and effective discharge for people with disability and complex needs'. Link [here](#).

¹³ Summer Foundation (2022) 'A more inclusive and just society for people with disability' p9-10. Link [here](#).

¹⁴ Winkler D, Farnworth L and Sloan S (2006) 'People under 60 living in aged care facilities in Victoria' *Australian Health Review* 30(1) 100-108. Link [here](#).

¹⁵ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2020) 'Overview of responses to Group homes Issues paper' p6. Link [here](#).

The way forward

1. Improving housing accessibility

Housing accessibility is best achieved by incorporating accessible design features in the construction of new dwellings.¹⁶ A thriving SDA and accessible housing market will address accessibility needs now and into the future. Post-construction modifications are less likely to meet accessibility requirements, creating challenges and risks for participants while increasing costs.^{17,18}

Every state and territory must commit to implementing the new NCC to support accessible housing for all Australians with disability. The states and territories that have committed to these mandatory accessibility standards have the opportunity to influence the rest of the country, including the building industry, and demonstrate that universal design can be both cost-effective and improve the quality and accessibility of housing for all users.

However, implementing the new NCC is not enough on its own to improve housing accessibility for people with disability. State and territory governments must lead the way for social, public and private housing to better accommodate the varied accessibility needs of people with disability. By mandating the proportion of homes that need to be constructed in line with LHDG Silver, Gold and Platinum Level standards, the needs of people with disability who have complex needs will be addressed. Social and public housing that is required to support the 94% of participants who are not eligible for SDA funding, and other people with disability, should be constructed in line with LHDG Gold Level at a minimum. This will improve choices and ensure accessibility for people with disability who face significant affordability barriers to purchase or rent an accessible home.

Recommendation 1: All levels of government must work together to deliver disability housing strategies that are co-designed by people with disability to ensure the social, public and private housing markets are able to meet the varied needs of people with disability.

This must include:

- Developing specific social housing targets to ensure accessibility for people with disability who require LHDG Silver, Gold and Platinum Level housing as relevant to each Local Government Area.
- Auditing current social and public housing to determine whether they meet residents' diverse accessibility needs and current design standards, and updating or rebuilding these as required.
- Appropriately funding community housing providers to build the right housing in the right locations.

Giving people with disability more options for accessible housing gives them more safe options to move into as soon as they are clinically fit for discharge. It will simplify housing searches to enable timely discharge.

¹⁶ Summer Foundation (2021) 'Accessible design, hospital discharge and ageing in place: A national survey of occupational therapists'. Link [here](#).

¹⁷ Melbourne Disability Institute and Summer Foundation (2020) 'Accessible Housing - The Way Forward: Response to the Australian Building Codes Board Consultation RIS'. Link [here](#).

¹⁸ Summer Foundation (2021) 'Accessible design, hospital discharge and ageing in place: A national survey of occupational therapists'. Link [here](#).

2. The NDIA needs to make timely and accurate decisions regarding housing and supports

Increased availability of NDIS funding for SDA and supports would prevent discharge delays and disrupt pathways to RAC and other inappropriate housing for younger people with disability. While not all participants who request SDA will be eligible for it, many of them occupy a hospital bed while they wait for the NDIA to make a decision. Requesting housing and supports through the NDIS, and the availability of these, are essential steps in the discharge planning process for many people with disability.

Timely and accurate decisions on funding for SDA and supports will allow participants to access the supports they need to discharge from hospital. The Summer Foundation advocates for the NDIA to take 10 days to allocate funding for housing and support, in line with what the NDIA has stated was its aim for Home and Living decisions.

The Home and Living Panel is capable of making decisions within a 10 day timeframe.¹⁹ In an effort to improve decision-making, the NDIA's new Home and Living supporting evidence form incorporates Home and Living decisions with statutory planning phases for decisions including changes of situation, participant requested reviews and more.²⁰ Further work can be done at an administrative and procedural level to improve the likelihood of Home and Living decisions being made within 10 days.

Practical solutions include:

- Streamlining the pre Home and Living Panel process to improve the quality, rigor and consistency of the evidence provided to the Home and Living Panel
- A triage process to assess the information provided to the NDIA and determine if there is all the information required to make a decision regarding SDA and support
- The development and implementation of Home and Living Panel decision templates, to make it easier for the panel to consistently document and communicate decisions and reasons for decisions

Recommendation 2: The NDIA must invest in measures to simplify administration and decision-making to support participants to submit high quality and relevant information. This will enable the Home and Living Panel to make timely and accurate decisions.

Timely and adequate NDIS funding for housing and support achieves better outcomes for participants whilst also making hospital discharge planning more efficient.

¹⁹ The NDIA closed 287 Home and Living applications within two weeks from 1 April to 30 June 2022. See: National Disability Insurance Agency (2022) 'NDIS Quarterly Report to disability ministers: 30 June 2022' p81. Link [here](#).

²⁰ National Disability Insurance Agency (2022) 'Home and living supporting evidence form' Link [here](#).

3. Coordinated transitional housing and support models

Securing long-term housing should always be prioritised over short or medium-term housing. However, appropriate interim options that bridge the gap between hospital and community should be considered if the long-term solution is not available. Transitional housing should act as a safe alternative to RAC, group homes and other inappropriate settings while also easing pressure on the health system by freeing up needed hospital beds.

Good transitional housing models have the potential to improve residents' capacity for independence and facilitate a safe reintegration to community living.²¹ People with disability are more likely to have significantly reduced care needs when they leave transitional housing where there are rehabilitation and occupational therapy activities and other supports that focus on capacity building and social integration. In the long-term this will reduce dependence on paid and unpaid supports and hospital readmissions that often occur due to rushed hospital discharge/return to community living.²²

Transitional housing must be time-limited and look to identify a long-term housing option early in the stay, to ensure it does not become a person's long-term housing. Yet flexibility in how transitional housing policy is applied must be maintained. People with disability must receive the support they need to progress to a long-term housing solution, with flexible options to ensure smooth transition between transitional housing and home.

Recommendation 3: Transitional housing models that are developed to reduce long hospital stays need to be a collaborative effort between Federal and state and territory governments, ensuring people with disability can safely integrate back into the community.

A good transitional housing model includes:

- The provision of supports that focus on capacity building and social integration
- Safeguards that incentivise decision-makers to secure long-term housing and supports in a timely manner, and ensure people with disability do not get stuck in the transitional housing

²¹ Summer Foundation (2020) 'Transitional housing and support in Australia for people with disability: Environmental scan'. Link [here](#).

²² Summer Foundation (2021) 'Hospital discharge of NDIS Participants with high and complex needs'. Link [here](#).