



Summer
Foundation

Belonging not bureaucracy

**An environmental scan of safeguarding in shared
lives-type arrangements for people with disability**

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PREPARED BY

Summer Foundation Ltd., ABN 90 117 719 516 PO Box 108, Box Hill 3128, VIC Australia
Telephone: 1300 626 560

info@summerfoundation.org.au

www.summerfoundation.org.au

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Introduction

The National Disability Insurance Scheme (NDIS) is yet to deliver the promised choice and control in housing and living supports for the more than 40,000 people with disability in Australia with high support needs.¹ Many of these people are still stuck in group homes where they are at increased risk of violence, abuse, neglect and exploitation.² There is an urgent need for innovation and a greater diversity of housing and living supports in Australia.³

Currently, Individualised Living Arrangements (ILAs) are an under-utilised housing and living support option for NDIS participants. ILAs offer participants greater flexibility and the opportunity for improved life outcomes.

Despite the positive outcomes and their cost-effectiveness,⁴ there are only about 500 NDIS participants currently supported through provider-facilitated ILAs.⁵ The Summer Foundation's *Moving Out, Moving On: Beyond group homes for NDIS participants* report highlights that in order for ILAs to become more widespread, there must be more certainty in the operating environment and greater awareness, skills and knowledge amongst providers and people with disability.⁶ This includes the need for greater understanding of effective safeguarding in living arrangements where people with disability share their lives with members of the community. Understanding these safeguarding approaches in Australia and internationally helps identify any improvements for regulation and safeguarding of ILAs.

Effective safeguarding in ILAs is critical to building the confidence of participants, families, and government that ILAs enable people with disability to exercise choice and control in their lives while being free from harm. This consideration of safeguarding of ILAs is occurring in the broader context of findings of abuse, neglect and exploitation, particularly in segregated and congregate settings.⁷ Both the Disability Royal Commission (DRC)⁸ and the NDIS Review⁹ emphasised the reliance on 'overly protective measures' and the need for safeguards to be empowering, tailored to the unique needs and wants of the individual and to enable the person to take risks and make decisions. Alongside the DRC, the NDIS Provider

¹ The figure of more than 40,000 comprises the number of NDIS participants who receive SIL, SDA, ILO or intensive daily living supports funding. This figure controls for those who receive both SDA and SIL. The total cost (about \$15 billion) is the aggregate/total of NDIS plan budgets for this cohort.

² Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023). Final report. <https://disability.royalcommission.gov.au/publications/final-report>

³ Independent Review into the NDIS (2023). Working together to deliver the NDIS. Final report: Supporting analysis. <https://www.ndisreview.gov.au/sites/default/files/resource/download/NDIS-Review-Supporting-Analysis.pdf>

⁴ Burke, A., et al. (2025). *Moving out, moving on: Beyond group homes for NDIS participants*. Summer Foundation. Melbourne, Australia. <https://assets.summerfoundation.org.au/app/uploads/2025/06/02134913/Summer-Foundation-Moving-Out-Moving-On-Report.pdf>

⁵ Burke, A., et al. (2025). *Moving out, moving on*.

⁶ Burke, A., et al. (2025). *Moving out, moving on*.

⁷ D'Cruz, K., et al. (2025). Understanding the housing and support experience of people with complex disability in Australia: A qualitative analysis of submissions to the Disability Royal Commission. *Australian Journal of Social Issues*. <https://doi.org/10.1002/ajs4.70038>

⁸ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2020). Issues paper: Safeguards and quality, p. 3. <https://disability.royalcommission.gov.au/system/files/2022-03/Issues%20paper%20-%20Safeguards%20and%20quality.pdf>

⁹ Independent Review into the NDIS (2023). Working together to deliver the NDIS. Final report: Supporting analysis, p. 202.

and Worker Registration Taskforce also recommended consideration of formal safeguards for congregate living. This included expanding and standardising Community Visitors Schemes and the introduction of an 'Advanced' registration category for providers offering high-risk supports or providing supports in high-risk settings, including in group homes.¹⁰

This environmental scan explores how safeguarding approaches are structured in ILAs and comparable shared living arrangements in Australia and internationally. The scan includes literature and key informant insights about ILAs, foster care and aged care in Australia, and shared living arrangements for people with disability in Canada, the United States, and the United Kingdom (UK). The report also highlights areas to consider in strengthening safeguarding for people supported through an ILA in Australia based on insights from the scan.

The findings of this scan will be used in the development of a policy report on any proposed improvements for regulation and safeguarding of ILAs in Australia.

Method

The scan aimed to identify both formal and informal safeguarding mechanisms in ILA-type approaches locally and internationally. This scan focuses on safeguarding in arrangements where there is a live-in supporter. This report is based on a review of grey and academic literature across disability, aged care, foster care, and community living domains in Australia and other English-language countries.

Understanding the systems and the practice of safeguarding internationally is important for assessing what is going well and what can be improved. These systems and approaches were included because of their similarities to shared living arrangements in Australia, specifically:

- The arrangement is in a private residence
- The person with support needs is supported by a community member, namely the person they are living with
- The community member is unpaid or compensated through a stipend or reduction in rent, not an hourly wage
- The person being supported may access paid supports in addition to the informal support they get from the person they are living with

While shared lives approaches for people with disability differ across jurisdictions they were included because they adhered to each one of the criteria above. There is variation in how these arrangements are named, but all those mentioned in this report align with the above points to some extent.

Approaches in Australian systems such as foster care and aged care were also included for their alignment with some of these elements. The inclusion of these approaches does not imply all traits are shared with ILAs in Australia, nor that they share a common underlying

¹⁰ Wade, N., et al. (2024). NDIS provider and worker registration taskforce: Final report, p. 26. Department of Social Services. <https://www.dss.gov.au/national-disability-insurance-scheme-review-and-reforms/resource/ndis-provider-and-worker-registration-taskforce-advice>

philosophy. There are other approaches in Australia that support people to live in the community, supported by members of the community.¹¹ These are not covered in detail in this scan; however, they share common safeguarding approaches. These include adherence to legislative requirements and codes of conduct, checks including reference and accommodation checks, clarity about roles, and avenues for incident or complaint management.

There is a varied knowledge base about ILAs in Australia and internationally; therefore, this scan was undertaken with an exploratory method, taking an iterative and flexible approach to sourcing evidence. This is because understanding a jurisdiction’s safeguarding regime requires piecing together varied and disparate information across multiple sources. Terminology varied across jurisdictions and authors retained original terms where possible. This means that similar terms such as ‘provider’ or ‘support’ appear across many contexts but may mean different things. The authors have explained the variation in definitions in the relevant section the term relates to.

Initial searches used combinations of broad terms (e.g., ‘disability’, ‘safeguarding,’ ‘risk,’ ‘shared lives,’ ‘disability housing’) and were refined to include specific housing arrangements (e.g. ‘homeshare’, ‘host’, ‘co-resident’) as themes emerged. A snowballing approach was then used to identify additional sources.

To understand the key challenges and opportunities of safeguarding in ILAs, the team conducted 17 interviews with key informants from various sectors and jurisdictions, and people currently supported through ILAs and their family members or supporters (see Table 1). Interviews were audio recorded and transcripts underwent thematic analysis.¹² Two research assistants independently coded interview transcripts using a combination of inductive and deductive strategies, drawing on both pre-determined themes and emerging insights. Codes were discussed and refined collaboratively with the report authors, with final themes determined through consensus and iterative review.

Table 1: Key informant characteristics

Sector	Number of informants	Jurisdiction(s)
ILA provider	3	WA, QLD, UK
Capacity building/advocacy organisation	4	ACT, VIC, Ontario
Government official	1	VIC
Foster care provider	1	WA
Aged care housing provider	1	VIC
Consultant/sector expert	2	British Columbia (B.C.) & Nova

¹¹ These include the Community Refugee Integration and Settlement Pilot and International Students’ Homestay.

¹² Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*. <https://doi.org/10.1191/1478088706qp063oa>

Sector	Number of informants	Jurisdiction(s)
		Scotia (N.S.), USA
People supported through an ILA (inc. people with disability, housemates and family members)	5	VIC, WA

Findings

Results of the scan into best practice approaches to safeguarding in ILA-type arrangements are discussed here. Overall, there was a significant lack of academic literature on ILAs in general, and safeguarding practices in ILAs in particular. Therefore, the findings draw primarily from grey literature or academic literature about considerations relating to safeguarding for people with disability in general. Insights from key informant interviews are also shared within the relevant jurisdiction and under common themes.

Australian approaches

Individualised Living Arrangements

Legislative and policy context

The approach to safeguarding participants in the NDIS uses a combination of formal and informal safeguards.

Formal safeguards include laws, policies, complaints processes, regulatory oversight, and funded supports in a participant's NDIS plan. Informal safeguards (sometimes referred to as 'natural safeguards') include self-advocacy, trusted relationships, and support from family, friends, neighbours, and the community.

The *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD) states that all people have a right to a life that is safe and free from harm and to make decisions.¹³

The *NDIS Act 2013* acknowledges the need to balance the right to take risks with freedom from harm. It states the right of people with disability to live free from abuse, neglect and exploitation',¹⁴ and it also embeds self-determination and the dignity of risk into formal legislation.¹⁵

The *NDIS Quality and Safeguarding Framework* (the Framework) guides the provision of safe and high-quality supports for NDIS participants.¹⁶ The Framework pre-dates the

¹³ UN (2008). Convention on the rights of persons with disabilities, Article 16 and 3. United Nations Department of Economic and Social Affairs.

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

¹⁴ *National Disability Insurance Scheme Act 2013* (Cth). Section 4(6)

¹⁵ *Ibid.* Section 4(4)

¹⁶ Department of Social Services (2016). NDIS quality and safeguarding framework.

https://www.dss.gov.au/system/files/resources/ndis_quality_and_safeguarding_framework_final.pdf

establishment of the regulatory functions of the NDIS Quality and Safeguards Commission and articulates a vision for safeguarding. According to the Framework:

[Safeguards are] actions designed to protect the rights of people to be safe from the risk of harm, abuse and neglect, while maximising the choice and control they have over their lives.¹⁷

The Framework outlines three main safeguarding approaches:

Developmental safeguards aim to empower participants by building their skills, confidence, and decision-making capacity, including through supported decision-making and strengthening informal networks.

Preventative safeguards aim to identify and reduce risks before harm occurs, using tools like provider registration, worker screening, and adherence to the NDIS Code of Conduct.

Corrective safeguards respond to incidents through complaints handling, reportable incidents, and regulatory enforcement.¹⁸

The Framework highlights the importance of informal safeguards, stating that:

A person with disability who has a supportive network of family and community members and is included in their community will be better protected by these natural safeguards than they could by any safety net built by governments.¹⁹

Safeguarding practice

The *Moving Out, Moving On* report outlined the robust safeguarding practices currently used by ILA providers to promote the wellbeing and safety of the person with disability in the arrangement.²⁰

ILAs can be facilitated by organisations or by individuals who self-direct their arrangements. At present, mandatory registration is required for a small number of support types. Outside of these, organisations and individuals have discretion over whether they are registered with the NDIS Quality and Safeguards Commission. Registered providers are generally registered for three years and are subject to both the preventative and corrective safeguards mentioned above.

These safeguards are designed to reduce risk before harm occurs. Minimum requirements include compliance with any applicable Practice Standards, the NDIS Code of Conduct, NDIS worker screening for key personnel, systems for managing incidents and complaints, and audit requirements. The Commissioner can apply enhanced registration conditions (additional requirements) to meet a provider's specific risk indicators. Unregistered providers

¹⁷ Ibid., p. 102.

¹⁸ The frameworks, policies, guidance, and agencies set up to safeguard NDIS participants are further summarised in Appendix A.

¹⁹ Department of Social Services (2016). NDIS quality and safeguarding framework, pp. 26-27.

²⁰ Ibid.

must adhere to the NDIS Code of Conduct.²¹ Both registered and unregistered providers can elect to have all their workers undergo worker screening checks.

The most common safeguarding approaches present in ILA arrangements include:

- Providers registering with the NDIS Quality and Safeguards Commission.
- The NDIA's assessment of the adequacy of funding for monitoring and safeguarding in the ILO Service Proposal.
- Requirement in the ILO Service Proposal that ILAs include a combination of supports.
- Thorough vetting of matches, including interviews and checks (including police and reference checks).
- Interviewing of potential matches by family and/or the person with disability.
- Paid coordinators to oversee arrangements – this includes maintaining a low household-to-provider ratio to ensure coordinators can build relationships with the person with disability and the supporter to undertake the quality assurance and monitoring of arrangements.
- Agreements between the person with disability and the supporter about the expectations within the arrangement, including the compensation received by the supporter.
- Face-to-face check-ins and periodic reviews by ILA providers.
- Feedback from participants and from the supporter about what is, and is not, working well.

ILA providers across the country also promote the development of informal safeguarding by enhancing social connections through a range of different types of relationships. This includes through the host or homesharer and their networks, paid support, and family and friends. Strategies which contribute to greater social connection and wellbeing and act as a safeguard against harm include:

- Circles of support²²
- Peer-support groups²³
- Microboards²⁴
- Supported decision-making^{25 26}

²¹ NDIS Quality and Safeguards Commission (n.d). About registration, <https://www.ndiscommission.gov.au/provider-registration/about-registration>

²² Araten-Bergman, T., & Bigby, C. (2021). Forming and supporting circles of support for people with intellectual disabilities – a comparative case analysis. *Journal of Intellectual & Developmental Disability*. <https://doi.org/10.3109/13668250.2021.1961049>

²³ Peersman, G., & Fletcher, G. (2019). Peer support approaches: To what extent are they appropriate, acceptable, beneficial? What is needed to implement them well? Australia and New Zealand School of Government (ANZSOG). <https://www.unsw.edu.au/content/dam/pdfs/ada/sprc/research-reports/2021-06-research/2021-06-Peer%20support%20Approaches.pdf>

²⁴ Morris, R., et al. (2024). The impact of microboards on social and community inclusion of adults with intellectual and developmental disabilities: "To not just exist, but to truly live." *Research and Practice in Intellectual and Developmental Disabilities*. <https://doi.org/10.1080/23297018.2024.2312134>

²⁵ Chesterman, J. (2024). Adult safeguarding in Australia after the Disability Royal Commission. *Research and Practice in Intellectual and Developmental Disabilities*. <https://www.tandfonline.com/doi/abs/10.1080/23297018.2024.2316291>

²⁶ Bigby, C., et al. (2023). Diversity, dignity, equity and best practice: a framework for supported decision-making. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability <https://disability.royalcommission.gov.au/policy-and-research/research-program>

Key informant insights

Key informant interviews were conducted with representatives from ILA providers, independent statutory bodies, capacity building organisations and those working across multiple systems like foster care and disability. Key informants discussed:

- The importance of natural safeguards in shared living arrangements.
- The more people with disability have access to numerous and varied supports (such as families, other support workers, visibility in community, and friends), the safer they are.
- Being alert to warning signs, such as a lack of natural safeguards
- The importance of developing strategies to ensure at least some informal support is present in the ILA:

‘Having people who...love and care about the person around them is crucial...it’s always going to be people who keep people safe.’

- A lack of awareness from NDIA officials and frontline staff about housing options like ILAs. This means planning conversations with people with disability may never fully uncover the range of options that suit an individual’s needs and goals.
- Whether the recommendations from the DRC and NDIS Review to standardise Community Visitors Schemes across the country could include a shift from ‘visitable sites’ (like group homes) to ‘visitable people’. These might be individuals with high support needs and higher risk profiles, but who are not living in congregate care. This is particularly relevant in the context of more person-centred approaches and individualised funding under the NDIS, including ILAs.

Foster care (Australia)

Legislative context

All Australian governments have agreed to the *National Framework for Protecting Australia’s Children 2021–2031*, which outlines the need to keep children safe. While there is an emphasis on early intervention and family support services to keep people in community and prevent families from interacting with the child protection system, some children and young people are supported through foster care.

Foster care in Australia is the placement of a child in the home of a carer who is receiving a payment from a state or territory to care for the child. This is for children and young people who cannot live with their parents, and falls under the umbrella term of Out of Home Care (OOHC).²⁷

Specific foster care laws, policies, and guidance vary by state. For example, in Victoria the *Children, Youth and Families Act 2005* defines the rights of children in OOHC, the

²⁷ Stevens, E., & Gahan, L. (2024). Improving the safety and wellbeing of vulnerable children: A consolidation of systemic recommendations and evidence. Australian Institute of Family Studies and the Australian Human Rights Commission. <https://aifs.gov.au/sites/default/files/2024-06/RR-Improving-safety-wellbeing-vulnerable-children.pdf>

responsibility of government, and the powers for authorities to investigate.²⁸ Each state has its own guiding documents that outline the rights of children and the duties of carers which emphasise rights, development and freedom from harm.²⁹ A review of the Australian Foster and Kinship Care system also found that internal review and complaints mechanisms were largely the same across the country.³⁰

Safeguarding Practice - Victoria

Safeguarding practices may differ by jurisdiction. This section focuses on Victoria because it was the first state to implement Child Safe Standards,³¹ and to introduce a reportable conduct scheme.³² Victoria also has the Commission for Children and Young People, which provides independent monitoring and oversight of the Child Safe Standards, the power to start inquiries, and administer a reportable conduct scheme.³³

In Victoria, organisations that deliver OOH are subject to program requirements which cover client care, placement management, carer suitability and environment, human resources, and organisational requirements.³⁴ This process recognises the role community organisations are playing in being contracted by the state to provide foster care. The process for accreditation and regulation of foster carers is also set out in guidance and standardised. It includes a National Police check, Working with Children Check, health and psychological assessments, and reference checks. Training, assessments, and interviews are conducted as part of foster carer recruitment. An accreditation panel reviews the foster carer's application with all the information. Once accredited, the carer receives ongoing support and monitoring through regular visits from the child's (or young person's) caseworker, support groups, and requirements for ongoing training. Foster carers are provided an allowance to cover day-to-day expenses for children and young people in their care under 18. The allowance is determined by age, complexity of need, and the type of care the carer has been accredited to provide.³⁵

Children in foster care also receive support and oversight through visits from their case worker and through care team meetings. Care team meetings bring together key people and organisations involved in the safety and wellbeing of the child to plan, deliver, and review care plans and address concerns. They usually involve the child or young person (where

²⁸ *Children, Youth Families Act 2005* (Vic).

²⁹ Department of Families, Fairness, and Housing (n.d.). Victorian foster care charter.

<https://services.dffh.vic.gov.au/victorian-foster-care-charter-word>

³⁰ Arney, F., et al. (2022). Report of the Independent Inquiry into Foster and Kinship Care. Government of South Australia.

<https://apo.org.au/sites/default/files/resource-files/2022-12/apo-nid321381.pdf>

³¹ Commission for Children and Young People. (2022). Stronger Child Safe Standards come into force from today.

<https://ccyp.vic.gov.au/news/stronger-child-safe-standards-come-into-force-from-today/>

³² Department of Families, Fairness and Housing. (2024). Review of Victoria's Reportable Conduct Scheme: Final Report. Victorian Government.

https://www.parliament.vic.gov.au/4964f5/globalassets/taled-paper-documents/taled-paper-8192/review-of-victoria_s-reportable-conduct-scheme---final-report.pdf

³³ Commission for Children and Young People. (n.d.). Monitoring out-of-home care and child protection.

<https://ccyp.vic.gov.au/monitoring-and-advocacy/out-of-home-care-and-child-protection/>

³⁴ Department of Human Services (2014). Program requirements for home-based care in Victoria. Victorian Government.

<https://providers.dffh.vic.gov.au/program-requirements-out-home-care-services>

³⁵ Department of Families, Fairness and Housing. (2024). Car allowances - information for carers factsheet. Victorian Government. <https://services.dffh.vic.gov.au/care-allowances-information-carers-factsheet-word>

applicable), foster carer, case manager, department officials, biological family (where appropriate), teachers, health professionals, and legal representatives.

For children or young people wanting to make complaints, the process varies across the country. In some states, such as Victoria and South Australia, there is a system handled by the relevant government department. Analysis of these independent complaints systems found them to be challenging for carers to navigate and difficult to ensure they are heard.³⁶ Further there is a need to ensure the voices of children and young people are present in the complaints process and that it remains independent to minimise fear of repercussions.³⁷

System-level recommendations on safeguarding in foster care

A review of systemic recommendations for improving safety for children and young people in child protection and youth justice highlighted the importance of stability in education. This is because education settings are a vital connection to the community and changes break important regular connections for children and young people.³⁸ The review also found that foster carers need to be adequately supported to ensure child safety.

Key recommendations to strengthen safety in foster care include:

- Providing adequate financial support for carers especially when supporting children with complex needs.
- Professional development and training for carers throughout the placement.³⁹
- Access to respite care, counselling and health services for the child in placement.
- Supporting relationships with informal and natural supports like community, and the child or young person's biological family.⁴⁰
- Including the carer in information, decision making and consultation opportunities. Not being included in the care team made it challenging for them to advocate on behalf of the child.⁴¹
- Improving independent oversight and monitoring practices, and that child-focused practice be embedded in the complaints process.⁴²
- Independent visitor schemes, similar to Community Visitors Schemes for people with disability, were offered by the review as an avenue for independent oversight and monitoring.⁴³

³⁶ Ibid; Foster care association of Victoria (2024). Annual report 2023-24, p.9.

<https://www.fcav.org.au/assets/annual-report/ardigitalfinal24.pdf>

³⁷ Arney, F., et al. (2022). Report of the Independent Inquiry into Foster and Kinship Care.

³⁸ Stevens, E., & Gahan. L. (2024). Improving the safety and wellbeing of vulnerable children: A consolidation of systemic recommendations and evidence. Australian Institute of Family Studies and the Australian Human Rights Commission.

<https://aifs.gov.au/sites/default/files/2024-06/RR-Improving-safety-wellbeing-vulnerable-children.pdf>

³⁹ Stevens, E., & Gahan. L. (2024). Improving the safety and wellbeing of vulnerable children: A consolidation of systemic recommendations and evidence.

⁴⁰ Smart, J., S. Muir, J. Hughes, K. Goldsworthy, S. Jones, L. Cuevas-Hewitt, and C. Vale. (2022). Identifying strategies to better support foster, kinship and permanent carers: Final report. Australian Institute of Family Studies.

https://aifs.gov.au/sites/default/files/2022-07/22-01_identifying-strategies-to-better-support-carers-final-report.pdf

⁴¹ Stevens, E., & Gahan. L. (2024). Improving the safety and wellbeing of vulnerable children: A consolidation of systemic recommendations and evidence.

⁴² Ibid.

⁴³ Ibid.

Key informant insights

Key informant interviews about the practice in foster care highlighted the critical window of opportunity for a young person when they turn 18 and transition out of foster care. Informants stressed the importance of getting this transition into adulthood right. This includes the need to effectively navigate from the foster care system to any other support system required by the young person.

Key informants highlighted the importance of ensuring the young person was still surrounded by community, given the role of these connections in providing natural safeguards. They also discussed the concepts of microboards and circles of support and adapting them to young people leaving the child protection system.

'They're so reliant on the system because you often don't have that natural network that we all take for granted.'

'I think there's a danger in having all your eggs in one basket and just relying on one carer because they're not invincible and it leaves that person very vulnerable.'

For young people with a disability in foster care, there was concern about adequate housing options, and that ILAs are a great alternative to group homes, which are often the default option. Key informants talked about how foster care placements for young people with disability can naturally transition into an ILA as a lot of the hallmarks of how the young person and carer live together are the same. The main difference is that the young person is no longer in the care of the state. Rather, the young person would be expected to contribute to the household as an adult. This can be a tricky transition for all parties to navigate.

In terms of formal safeguards, key informants discussed the importance of an ombudsman role separate to the department. This separation of powers ensures there is continued oversight of the performance of the department in each state or territory that is responsible for administering OOHC.

Aged care (Australia)

Legislative context

The *Aged Care Act 2024* sets out responsibilities of aged care providers, including the safety and rights of residents in residential aged care. A key intent of this legislation is to support older Australians to live at home for longer. While most of the Federal Government's aged care budget goes to residential aged care, two-thirds of all aged care participants use their supports in their own home.⁴⁴

Under the Act, every older person is presumed to have the ability to make their own decisions, and the right to take risks.⁴⁵ The Act also supports older people to have access to a new 'registered supporter' role that helps support them to make their own decisions.⁴⁶

⁴⁴ Royal Commission into Aged Care Quality and Safety (2021). Final Report: Summary.

<https://www.royalcommission.gov.au/system/files/2021-03/final-report-executive-summary.pdf>

⁴⁵ *Aged Care Act 2024* (Cth). Section 23 (1c)

⁴⁶ My Aged Care (n.d). Upcoming changes to support roles and relationships.

<https://www.myagedcare.gov.au/arranging-someone-support-you/upcoming-changes-support-roles-and-relationships>

The Aged Care Quality and Safety Commission oversees the monitoring of aged care providers against the Aged Care Quality Standards. The standards focus on dignity of risk, choice and control, and mandate providers to promote a culture of safety and quality.⁴⁷ The standards apply to both residential aged care and support at home services. Only providers approved by the Federal Government can deliver at-home services, and providers are subject to worker checks and performance audits.

Homesharing for older Australians

Some older Australians live in homesharing arrangements where they receive light assistance around the house and companionship from a live-in supporter for a reduction in the supporter's living expenses, including free rent. Examples of these initiatives include:

- The Homeshare Pilot Program⁴⁸
- Holdsworth HomeShare⁴⁹
- Life Shared⁵⁰

Homeshare programs do not currently fall under the purview of the Aged Care Quality and Safety Commission. This is because homeshare is not recognised as a viable option for people to remain in their home under the Home Care Package (HCP). Under the new Act, a single provider may manage and deliver all an individual's services under the Support at Home program. A person cannot choose to use a different provider for each service they need.⁵¹ Lighter-touch supports for everyday living such as cleaning, gardening, shopping, or meal preparation must only be provided by registered providers.⁵²

Some existing homeshare models are overseen by the Homeshare Australia and New Zealand Alliance (HANZA). HANZA is a peak body for providers and plays a capacity-building role for the sector. In a joint submission to the Royal Commission into Aged Care Quality and Safety in 2019, HANZA highlighted the negative impact on safety and quality in homeshare when funding is inadequate.⁵³ Live-in supporter vetting, background checks, and ongoing monitoring requires staff who are trained to recognise potential warning signs.

⁴⁷ Australian Government Department of Health and Aged Care. (2025). The Strengthened Aged Care Quality Standards - Final Draft.

<https://www.health.gov.au/our-work/strengthening-aged-care-quality-standards/final-draft>

⁴⁸ St Vincents de Paul Society South Australia. (n.d.). Homeshare. <https://www.vinnies.org.au/sa/get-involved/homeshare>

⁴⁹ Department of Communities and Justice. (2023). Home Share program to reduce homelessness. NSW Government.

<https://dcj.nsw.gov.au/news-and-media/media-releases-archive/2021/home-share-program-to-reduce-homelessness.html>; Skatssoon, J. (2019). Homeshare scheme targets isolated seniors. Australian Ageing Agenda.

<https://www.australianageingagenda.com.au/clinical/social-wellbeing/homeshare-scheme-targets-isolated-seniors/>

⁵⁰ Life Shared. (2025). Life Shared brochure 2025.

<https://www.dropbox.com/scl/fi/96ztlntzv1yim1gquoz5/Life-Shared-brochure-2025.pdf?rlkey=s413hypjoltlrluk3rjb978oq&e=1&st=7iglbwon&dl=0>

⁵¹ Australian Government Department of Health, Disability and Ageing. (2025). Support at Home services fact sheet.

<https://www.myagedcare.gov.au/sites/default/files/2025-07/support-at-home-program-services.pdf>

⁵² Australian Government Department of Health, Disability and Ageing. (2025). Support at Home program - Booklet for older people, families and carers (second edition).

<https://www.health.gov.au/sites/default/files/2025-07/support-at-home-program-booklet-for-older-people-families-and-carers.pdf>

⁵³ Hawking, T., Campbell, R., & Campbell, B. (2019). Homeshare: Getting on together - A submission to the Royal Commission into Aged Care Quality and Safety. The Australia Institute.

<https://australiainstitute.org.au/wp-content/uploads/2020/12/P687-Homeshare-aged-care-RC-submission-low-res.pdf>

International shared living approaches

The scan of international shared living arrangements focused on countries which had approaches to housing and living support with the most resemblance to ILAs in Australia, and had publicly available information in English. The examples included are not an exhaustive list of countries that offer shared living arrangements for people with disability. However, there is enough information from these approaches to draw out common themes and implications for Australia.

Shared Lives (UK)

Shared Lives is an approach to social care support that operates in the UK. Shared Lives commenced in the 1970s and was based on the premise that social care should happen in the community, not in an institutional setting. Shared Lives arrangements recruit paid carers through an in-depth matching process. There are over 10,000 Shared Lives carers in the UK, of whom nearly 60% are live-in carers, while the remainder offer short breaks or day-support. Nearly 80% of people supported under the schemes have a learning disability.⁵⁴ Carers typically provide relational care, including support that would be provided in a family or informal setting. Shared Lives carers are self-employed contractors who receive a tax-free amount per year (being £19,690 for 2025-26) plus a weekly amount for each person receiving care (the weekly amount for an adult is £495 for 2025-26). Therefore, a carer providing care for an adult for the full year should have a qualifying amount of £45,430 (approximately AUD 93,000).⁵⁵

Shared Lives carers are normally paid weekly by the local authority from a mixture of allowances that the person with disability receives. This amount varies between local authorities and is often based on the needs of the person with disability being supported.⁵⁶ A recent study of Shared Lives found that people with disability living in these arrangements scored highly across outcome domains including quality of life, health, independence, and community engagement.⁵⁷ Similarly, a survey of older people living in Shared Lives arrangements found high overall quality of life for people using the scheme.⁵⁸ Shared Lives saves £12,000 to £26,000 per person, per year (≈AUD\$24,000 to \$53,000) compared to supported living or residential care.⁵⁹

⁵⁴ Shared Lives Plus (n.d.). The state of Shared Lives - all UK and Nations Reports.

<https://sharedlivesplus.org.uk/our-work-and-campaigns/research-and-reports/our-shared-lives-reports/state-of-shared-lives/the-state-of-shared-lives-archive/>

⁵⁵ HM Revenue & Customs (2025) 'BIM52765 - Care providers: qualifying care relief: calculation of qualifying amount'.

<https://www.gov.uk/hmrc-internal-manuals/business-income-manual/bim52758>

⁵⁶ HM Revenue & Customs. (2025). BIM52758 – Care providers: qualifying care relief: shared lives care. GOV.UK.

<https://www.gov.uk/hmrc-internal-manuals/business-income-manual/bim52758>

⁵⁷ Brookes, N., et al. (2024). Supporting people to live well: A multimethod study of Shared Lives (adult placement). *British Journal of Learning Disabilities*. <https://doi.org/10.1111/bld.12556>

⁵⁸ Callaghan, L., et al. (2017). Older people receiving family-based support in the community: A survey of quality of life among users of 'Shared Lives' in England. *Health and Social Care in the Community*.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC5573976/#hsc12422-bib-0027>

⁵⁹ Shared Lives Plus (2024). Shared Lives: Better outcomes for less.

<https://sharedlivesplus.org.uk/our-work-and-campaigns/research-and-reports/shared-lives-outcomes-and-quality/>

Formal safeguards

The UK's *Equality Act 2010* enshrines the rights of people with disability against discrimination,⁶⁰ setting the legal framework for equality in housing and the right of people to live in community. The *Social Care Act 2014* outlines safeguarding procedures for Shared Lives schemes. Schemes must be registered with the Care and Quality Commission (CQC), which inspects and monitors schemes and provides oversight and guidance. The CQC ensures carers are subject to rigorous approval, background checks, training, and ongoing supervision. The CQC also publishes safeguarding data on Shared Lives providers, including inspections and audits, and has published a Safeguarding Quality statement, which all providers must subscribe to.⁶¹

All Shared Lives schemes must have a Designated Safeguarding Lead, who leads updating policies, receiving and responding to concerns about abuse or neglect, liaising with Safeguarding Adults Boards (SABs), ensuring staff are trained in safeguarding, and auditing incident reports. Shared Lives services are provided by the local government authority, making Shared Lives staff and registered managers council employees. Carers (the hosts, homesharers) are self-employed, but recruitment is done via local council. Shared Lives carers are funded through a person with disability's adult care budget.

In the UK, local authorities have statutory powers to deliver social care. Local authorities also have safeguarding duties, including to:

- Lead a multi-agency local adult safeguarding system to prevent and respond to abuse and neglect.
- Establish SABs with membership from the local authority, National Health Service and police.
- Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.⁶²

SABs develop, share and implement a joint safeguarding strategy, and are also responsible for the process of running Safeguarding Adult Reviews (SARs).⁶³ SARs are reviews that aim to promote learning and improvement actions to prevent harm. Learnings from the SARs are embedded into ongoing provider practice.

Safeguarding practice

There were approximately 145 Shared Lives schemes in operation in the UK in 2022–23.⁶⁴ Review of CQC's Inspection reports of Shared Lives services indicated the following as good safeguarding practices:

⁶⁰ *Equality Act 2010* (c. 15).

⁶¹ Care Quality Commission. (2024). Safeguarding.

<https://www.cqc.org.uk/guidance-regulation/providers/assessment/single-assessment-framework/safe/safeguarding>

⁶² Social Care Institute for Excellence. (n.d.). The Care Act 2014: Safeguarding adults.

<https://www.scie.org.uk/safeguarding/adults/care-act-safeguarding-adults/>

⁶³ Social Care Institute for Excellence. (2024). Safeguarding Adults Reviews (SARs) under the Care Act 2014.

<https://www.scie.org.uk/safeguarding/adults/reviews/care-act/>

⁶⁴ Shared Lives Plus. (2023). Shared Lives sector remains resilient amongst new opportunity for growth – The state of the UK sector 2022–2023.

<https://sharedlivesplus.org.uk/2023/12/14/shared-lives-sector-remains-resilient-amongst-new-opportunity-for-growth-the-state-of-the-uk-sector-2022-2023/>

- *Robust safeguarding procedures:* Services must have clear policies and procedures to protect individuals from abuse and neglect, and providers and carers are trained to recognise signs of abuse and know how to report concerns appropriately.
- *Effective risk assessment and management:* Individual risk assessments are conducted to identify potential hazards related to health, environment, or behaviour. These assessments should be documented in a plan and be regularly reviewed and updated to reflect changes in an individual's circumstances.
- *Strong recruitment practices:* Thorough background checks, including criminal record checks, are essential for all staff and carers. This ensures that only suitable individuals are employed or approved to provide care. The success of matches between the person with disability and the carer relies in part on the amount of time and resources dedicated to finding the right match.
- *Learning from incidents:* Services have mechanisms to report, investigate, and learn from accidents or near misses. Sharing lessons learned with staff and carers can prevent future incidents.
- *Ongoing training and support:* Providing continuous training and support to carers ensures they have the necessary skills and knowledge to deliver safe care. Regular supervision and opportunities for professional development are present.
- *Person-centered care:* Placing individuals at the centre of their care planning and involving them in decisions about their support promotes safety and wellbeing. Respecting their choices and preferences is crucial to upholding genuine choice and dignity of risk.⁶⁵

A separate review of the policies and practices associated with positive outcomes in Shared Lives also pointed to the importance of:

- Training and supervision of Shared Lives carers.
- A matching process, including pre-placement preparation and graduated meetings and visits.
- Finding the right carers, including a strong emphasis on the right qualities: kindness, caring nature, genuineness, and to be 'on the ball'.
- Personalised care, including support tailored to the wishes and needs of the person.
- Flexibility (for carers to respond to changing needs) balanced with consistency of carers to be providing the care for extended periods of time.⁶⁶

Despite these robust safeguarding mechanisms, the government acknowledges limitations to the CQC's capacity to regulate and oversee Shared Lives. This includes the lack of clinical and social work experience in their staff and the time-limited nature of assessments.⁶⁷ As important as these critiques are, CQC inspection reports have highlighted Shared Lives

⁶⁵ A review of a number of CQC Inspection reports, then grouped together by recurring themes. A sample report is provided: Care Quality Commission. (2022). Shared Lives Service Inspection Report: West Northamptonshire Council. <https://api.cqc.org.uk/public/v1/reports/8624fe3b-88c1-44c2-8d43-7051c6f29e6f?20221108130000>

⁶⁶ Toms, G., Prendergast, L., Jones, C., Tudor-Edwards, R., & Seddon, D. (2022). Understanding what matters in the Shared Lives support model: A rapid literature review to develop a logic model. Bangor University. <https://sharedlivesplus.org.uk/wp-content/uploads/2023/03/Rapid-evidence-review-report-Toms-et-al.-2022.pdf>

⁶⁷ Department of Health and Social Care. (2024). Review into the operational effectiveness of the Care Quality Commission: full report. <https://www.gov.uk/government/publications/review-into-the-operational-effectiveness-of-the-care-quality-commission-full-report/review-into-the-operational-effectiveness-of-the-care-quality-commission-full-report>

Schemes as rating highly in key components for effective safeguarding. In October 2023 CQC rated 97% of Shared Lives schemes in England as 'good' or 'outstanding', in comparison to just 78% for the wider social care sector. This makes it one of the safest forms of social care in England.⁶⁸

Key informant insights

Key informants highlighted the key role of external support workers in identifying things the carer might miss due to their close relationship with the person with disability. These external support workers could notice things and intervene before there is a need for formal safeguarding procedures, to the benefit of all parties:

'Relationships start to emerge and so you probably need...other people around, people who can check those people out...'

Insights also include the importance of the matching process which starts at the application and vetting stage. Informants discussed how rigorous and extensive the application to become a Shared Lives carer is, including police checks and interviews, as well as building solid relationships with potential carers to ensure the right fit. Most people who have stopped being a carer did so because of external life circumstances, not because of failed arrangements. This speaks to the amount of work done at the beginning of an arrangement to ensure compatibility, longevity, happiness and safety of all parties:

'We have to make sure the carer is safe and we have to make sure the people we support are safe.'

On formal safeguards, informants raised the importance of multiple avenues from which safeguarding occurs. Safeguarding is a combined effort from the CQC, Shared Lives providers and local authorities/councils.

Homeshare (Canada)

British Columbia

In British Columbia, homeshare arrangements for people with disability have become the predominant form of support outside of the family home⁶⁹, with shared living models now outnumbering staffed homes 4:1.⁷⁰ Community Living British Columbia (CLBC) is Canada's most widely recognised homeshare program with a high percentage of people with disability opting for this living arrangement. In 2023-24, CLBC supported 4,301 people to live in homeshare services.⁷¹ Homesharers in British Columbia are contractors and receive a flat, non-taxable stipend as well as contributions for housing and from the person with disability.

⁶⁸ Shared Lives Plus (2024), How Shared Lives is rated by regulators across the UK.

<https://sharedlivesplus.org.uk/our-work-and-campaigns/research-and-reports/shared-lives-outcomes-and-quality/>

⁶⁹ Hole, R., & Sharma, R. (2025) Housing and living options for people with disabilities in British Columbia: A key informant study. Canadian Institute for Inclusion and Citizenship. Forthcoming.

⁷⁰ Ibid.

⁷¹ Community Living British Columbia. (2024). 2023/24 Annual service plan report.

https://www.bcbudget.gov.bc.ca/Annual_Reports/2023_2024/pdf/agency/clbc.pdf

The amount of funding provided varies based on the support needs of the person with disability.⁷²

Homeshare involves a household providing unscheduled daily support for a flat, non-taxable stipend. Several types of homeshare exist:

- Standard life-share: the person moves into caregiver's dwelling.
- 'Flipped' life-share: the person holds the lease or title; the caregiver moves in.
- Hybrid two-suite models: side-by-side suites funded as homeshare but offering near-independent space.

Evaluations of homeshare have found that the model increases wellbeing, self-determination, and social inclusion of participants compared to group homes.⁷³ An important contributing factor is the capacity of people to choose flexible arrangements and the quality of relationships in the homeshare arrangement.⁷⁴ Homeshare was also found to be up to 70% less expensive than group homes for people with disability.⁷⁵ The research also highlighted the importance of maintaining safeguarding mechanisms, especially in contexts where people with disability might have limited contact with anyone other than the homesharer. In these situations, informal safeguarding via community connections beyond the support provider are critical.

Formal safeguards

In British Columbia, protection against discrimination for people with disability is enshrined in the Human Rights Code.⁷⁶ The Human Rights Tribunal is an independent body that investigates complaints and can take enforceable action.⁷⁷ CLBC is a Crown corporation that was created in 2005 and is governed by the *Community Living Authority Act*. CLBC receives funding from the provincial government and funds services for adults with disability, including homeshare. Homeshare providers (the households themselves) are contracted by an agency which directly oversees their work. CLBC monitors the work of the agencies.

CLBC is a 'designated agency' under the *Adult Guardianship Act* which gives it responsibility to respond to and investigate situations involving allegations of abuse, neglect or self-neglect of adults with disability.⁷⁸ This is referred to as an Adult Guardian Investigation,

⁷² Community Living British Columbia (2024), Homesharing Rates Effective 1 April, 2024.

<https://www.communitylivingbc.ca/wp-content/uploads/CLBC-Home-Sharing-Rates.pdf>

⁷³ Hole, R., Stainton, T., & Rosal, A (2015). "Living a Good Life" - Quality of life and home share. Community Living British Columbia.

<https://citizenship.sites.olt.ubc.ca/files/2014/07/Living-a-Good-Life-Quality-of-Life-and-Home-Share-August-2015.pdf>.

See also: Stainton, T., Hole, R., Charles, G., Yodanis, C., Powell, S., & Crawford, C. (2006). Residential options for adults with developmental disabilities: Quality and cost outcomes. Victoria, BC: British Columbia Ministry of Children and Family Development.

⁷⁴ Hole, R., et al. (2015), Home Sharing and People With Intellectual Disabilities: A Qualitative Exploration. *Journal of Policy and Practice in Intellectual Disabilities*. <https://doi-org.ez.library.latrobe.edu.au/10.1111/jppi.12138>

⁷⁵ Hole, R., Stainton, T., & Rosal, A (2015). "Living a Good Life" - Quality of Life and Home Share. Community Living British Columbia.

<https://citizenship.sites.olt.ubc.ca/files/2014/07/Living-a-Good-Life-Quality-of-Life-and-Home-Share-August-2015.pdf>

⁷⁶ Government of British Columbia. (n.d.). Human Rights Code (R.S.B.C. 1996, c. 210). BC Laws.

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96210_01

⁷⁷ BC Human Rights Tribunal. (n.d.). Home. <https://www.bchrt.bc.ca/>

⁷⁸ Community Living British Columbia. (2018). Adult Guardianship and CLBC: What to do if you believe someone with a developmental disability is being abused or neglected and needs assistance.

<https://www.communitylivingbc.ca/wp-content/uploads/2018/08/Adult-GuardianshipandCLBC-2018.pdf>

and involves collaboration with police, health authorities, and the Public Guardian and Trustee of British Columbia.⁷⁹

A number of changes to guidance and practice have been implemented recently, in part due to the death of a person with disability in homeshare in 2018.⁸⁰ Recommended changes to the system included updated standards for homesharing; new standards to assess decision-making capabilities for people with disability with agreements for decision making where appropriate; hiring more staff to oversee arrangements; strengthening the case management system; increased homesharer compensation and training to ensure adequate levels of support; and developing risk-based standards for drop-in inspections.⁸¹

Safeguarding practice

CLBC delegates authority of safeguarding practice to homeshare providers, relying on their processes and systems to keep participants safe. Given the popularity of homesharing, there are resources available to improve the safety of people with disability. These include:

- The Vulnerability Assessment and Safeguard Analysis, which is a checklist with indicators of safety and wellbeing across the domains of independence, social participation, wellbeing, home environment, and provider quality.⁸²
- A Coordinator's Handbook that sets out standards of quality, accreditation, and safety and monitoring tools.⁸³

CLBC developed these resources in collaboration with the sector.

Leaders across the homeshare sector have highlighted that safeguarding needs to strike a balance between people getting the support they need, and their right to independence.⁸⁴ This balance includes valuing the dignity of risk of individuals and their natural supports, along with formal monitoring policies and protocols. The study found that the most successful homeshare arrangements, characterised by longevity and good matching, help the person with disability lead an ordinary, self-directed life through connection to community. As one sector leader reasoned, 'a safe life without choice, is not much of a life.'⁸⁵

⁷⁹ Ibid.

⁸⁰ Hole, R., & Sharma, R. (2025) Housing and Living Options for People with Disabilities in British Columbia.

⁸¹ Auditor General of British Columbia. (2021). Community Living BC's framework for monitoring home sharing providers. Province of British Columbia.

https://www.oag.bc.ca/app/uploads/sites/963/2024/08/OAGBC-20210615-Community-Living-BC_RPT.pdf; Coroners Service of British Columbia. (2025). Verdict at coroner's inquest: Findings and recommendations as a result of the coroner's inquest pursuant to Section 38 of the Coroners Act, [SBC 2007] c. 15, into the death of Girard. Ministry of Public Safety and Solicitor General, Province of British Columbia.

https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/inquest/2025/girard_vcc.pdf

⁸² BCCEO Network. (2023). Vulnerability and Safeguards Analysis.

<https://bcceonetwork.ca/wp-content/uploads/2023/10/Vulnerability-and-Safeguards-Analysis-public.pdf>

⁸³ Community Living British Columbia. (n.d.). Resources for Home Sharing Coordinators.

<https://www.communitylivingbc.ca/for-service-providers/home-sharing/home-sharing-coordination-resources/>

⁸⁴ Hole, R., & Sharma, R. (2025) Housing and Living Options for People with Disabilities in British Columbia.

⁸⁵ Hole, R., & Sharma, R. (2025) Housing and Living Options for People with Disabilities in British Columbia.

Nova Scotia

The province of Nova Scotia is also overhauling its system of support for people with disability. Like British Columbia, Nova Scotia has a *Human Rights Act*, as well as a Human Rights Commission with investigation and compliance powers.⁸⁶

The provision of homeshare in Nova Scotia has been influenced by government responses to two court cases in 2014 and 2021. The Human Rights Remedy outlined the ways in which the government would address systemic discrimination and support people with disability to live in the community, including in homeshare.⁸⁷ The government is currently designing the province's homeshare program, with reports highlighting the change required to equip existing staff and service providers to understand and deliver homeshare.⁸⁸

Nova Scotia's design of their homesharing system is considering knowledge from other systems, including British Columbia to ensure it is a well-supported and well-monitored model of support. This model is informed by research about the higher quality of life people with disability experience when they are more included in community and has a strong focus on ensuring compatibility between the person with disability and their homesharer. Nova Scotia is designing their model as a 'professional support' model which requires homeshare providers to have training, continuous professional development, standards and reporting requirements. Homeshare providers are contractors (not employees) and receive a tax-free income.⁸⁹

Nova Scotia is working to ensure that their approach to homesharing:

- Appropriately supports organisations that coordinate homeshare arrangements.
- Incorporates oversight and monitoring to ensure people live good, safe lives in communities.
- Is appropriately funded and supported for the long-term.
- Incorporates a focus on natural supports: people with disability being involved in their community, seeing family and friends, and not having one person with sole responsibility for providing support.⁹⁰
- Ensures organisations oversee an appropriate number of homeshare arrangements (20-22 homeshare arrangements maximum per coordinator).

⁸⁶ Province of Nova Scotia. (2018). Nova Scotia Human Rights Act, R.S.N.S. 1989, c. 214, as amended.

<https://nslegislature.ca/sites/default/files/legc/statutes/human%20rights.pdf>; Nova Scotia Human Rights Commission. (n.d.). Human Rights in Nova Scotia. Province of Nova Scotia. <https://humanrights.novascotia.ca/> Province of Nova Scotia. (2018). Nova Scotia Human Rights Act, R.S.N.S. 1989, c. 214, as amended.

<https://nslegislature.ca/sites/default/files/legc/statutes/human%20rights.pdf>; Nova Scotia Human Rights Commission. (n.d.). Human Rights in Nova Scotia. Province of Nova Scotia. <https://humanrights.novascotia.ca/>

⁸⁷ Bartnik, E., & Stainton, T. (2023). Human rights review and remedy for the findings of systemic discrimination against Nova Scotians with disabilities: Technical report of the independent experts to the Disability Rights Coalition and the Province of Nova Scotia. Province of Nova Scotia, Department of Opportunities and Social Development.

<https://www.dsp-transformation.ca/sites/default/files/2024-07/human-rights-remedy-dsp-final-report.pdf>

⁸⁸ Province of Nova Scotia. (2025). Human Rights Remedy 2025 Annual Progress Report. Department of Opportunities and Social Development.

https://dsp-transformation.ca/sites/default/files/2025-06/human_rights_remedy_2025_annual_progress_report.pdf

⁸⁹ CBC Canada (2025), New program helps people with disability move out of institutions and into homes.

<https://www.cbc.ca/player/play/video/9.6644931>

⁹⁰ Ibid.

- Includes safeguards in the contract so a person with disability has an alternative support if their homesharing arrangement needs to end.

Key informant insights

Key informant insights gave us unique perspectives into the well-established homeshare system in British Columbia and the reform underway in disability support in Nova Scotia. A key informant with knowledge of the government design and practice of the homeshare program discussed learnings from systems across Canada, including:

- Ensuring the hosts or homesharers have adequate respite options to enable a break. Some jurisdictions in Canada did not adequately fund respite, which the province of Nova Scotia is learning from in the design of their homeshare program.
- Standardising service agreements or contracts between providers and hosts to ensure that the agreements are appropriate to help safeguard the person with disability appropriately. Service agreements should stipulate minimum standards of service and safety. This includes funding the provider enough to develop a strong contract, or have one created by government that all providers can use. These service agreements must include backup plans in case the arrangement fails:

‘Having a really good contract is one of our first safeguards.’

- Building the cost-of-living increases and rent into a person with disability’s funding plan. This ensures compensation for hosts and homesharers keeps pace with the costs of providing good support for the person with disability and to protect the feasibility of the program.
- Funding communities of practice to share best practice, facilitate ongoing training and development of providers and agencies, and provide a platform for the sector to discuss issues with government.
- Ensuring caseloads of staff overseeing homeshare arrangements are capped at a ratio that facilitates safe arrangements. High caseloads can result in burnout, stress, and staff missing crucial warning signs or conducting inspections without intent or ability to follow up. Government reviews of homeshare in British Columbia also recommended lowering staff caseloads.
- Ensuring the design and implementation of individualised funding for people with disability is flexible enough that people can get the supports they need from the providers they want.
- Ensuring any risks and safeguards are considered at the start of a homeshare arrangement, including whether a particular arrangement needs more follow up than the minimum requirements. This is based on the individual’s circumstances including how connected they are in community and the type of support provided.

Host and Homeshare (United States)

While this scan focused on the better-known examples of Shared Lives (UK) and Homeshare (Canada), two examples from the United States – South Dakota and Texas – are considered briefly below based on the availability of public information on their Shared Living programs.

Federal context

The key enabling legislation for Shared Living in the United States is the *Social Security Act*. This law created the federal Medicaid program, and under Section 1915(c) states can fund their own programs like Shared Living by applying for Home and Community-Based Services waivers. The state-run Shared Living programs must adhere to federal rules on programs funded under these waivers,⁹¹ including:

- Demonstrate that providing waiver services will not cost more than providing these services in an institution.
- Support individuals' full access to the community.
- Ensure individuals' rights to privacy, dignity, respect, and freedom from coercion and restraint.
- Optimise individual initiative, autonomy, and independence in making life choices, including in daily activities, physical environment, and personal associations.
- Ensure that services follow an individualized and person-centered plan of care.⁹²

Other laws like the *Americans with Disabilities Act* set out further guardrails for broad prohibition of discrimination against people with disability.

Each state has its own licensing, certification, and oversight mechanisms for these Shared Living arrangements, which are run mostly by the states' departments of health or human services. Providers of shared living arrangements must obtain necessary licenses, undergo regular inspections, and adhere to state-specific rules. Providers are also independent contractors, and federal labour laws apply to the arrangement.⁹³ The Federal Department of Labor has confirmed that there is no employment relationship. Further, a 2018 court case in Pennsylvania also determined that providers are not to be paid general wages, overtime and benefits.⁹⁴

South Dakota CHOICES (Shared Lives) program

South Dakota has a number of Medicaid waivers operated by the Department of Human Services. Shared Living is funded under the CHOICES waiver, and is designed as a living option for a person with a disability who lives with someone who wants to share a life and provide supports. Data from 2023 suggests that there were 113 people in Shared Living arrangements in the state.⁹⁵ Hosts are provided with a daily rate stipend that varies based on

⁹¹ Centers for Medicare & Medicaid Services. (2014). Medicaid Program: State Plan Home and Community-Based Services; 5-Year Period for Waivers, Provider Payment Reassignment, and HCBS Setting Requirements. Federal Register, 79(11), 2948–3039.

<https://www.federalregister.gov/documents/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>

⁹² Alvarez & Marsal. (n.d.). Family Support 360 and Shared Living Program Assessment. South Dakota Legislative Research Council. <https://mylrc.sdlegislature.gov/api/Documents/254894.pdf>; American Civil Liberties Union. (2018). ACLU FAQ on the Home and Community-Based Services (HCBS) Settings Rule.

https://www.aclu.org/sites/default/files/field_document/aclu_faq_-_hcbs_settings_rule-final_1-10-18.pdf

⁹³ U.S. Department of Labor. (2014). Fact Sheet #79G: Application of the Fair Labor Standards Act to Shared Living Programs, including Adult Foster Care and Paid Roommate Situations. Wage and Hour Division.

<https://www.dol.gov/agencies/whd/fact-sheets/79g-flsa-shared-living>

⁹⁴ American Network of Community Options and Resources (ANCOR). (2018). State and national organizations support innovative shared living model.

<https://www.ancor.org/capitol-correspondence/state-and-national-organizations-support-innovative-shared-living-model/>

⁹⁵ Alvarez & Marsal. (n.d.). Family Support 360 and Shared Living Program Assessment. South Dakota Legislative Research Council. <https://mylrc.sdlegislature.gov/api/Documents/254894.pdf>

the needs of the individual with disability they live with.⁹⁶ South Dakota has also recently expanded the program to include people with all levels of support needs.

Evaluation of Shared Lives program

In 2023, an evaluation of HCBS waiver programs in South Dakota (including Shared Living) was conducted to identify service improvements. The evaluation found that the program is more cost effective than a group home and reaches a significant percentage of the total serviceable population (compared to comparable state peers). Providers also felt they had enough training and supervision to do the job, and that their duties were clear.⁹⁷

One of the key areas for improvement related to safeguarding is to help Shared Lives providers (often families of the person with disability) access respite options to avoid burnout. Further, the evaluation recommended more staffing in the DHS' Division of Developmental Disabilities (DDD), including an ombudsman or complaints manager.

Texas⁹⁸

Texas' Home and Community-based Services (HCS) is a Medicaid waiver program that allows for people with disability to live in, amongst other things, host homes.⁹⁹ The goal of HCS programs is for people to integrate into their local community and have opportunities to participate as citizens to the maximum extent possible.¹⁰⁰ Host home providers are provided a daily rate based on the person with disability's level of need.¹⁰¹ The Texas Department of Health and Human Services (DHHS) contracts agencies and local intellectual and development disability authorities (LIDDAs) for service coordination. LIDDAs help people with disability find HCS services for them within their county.

Formal safeguarding

DHHS provides guidance for people choosing their HCS provider, including a checklist of questions to ask¹⁰² and a handbook about an individual's rights in HCS programs.¹⁰³ DHHS has also published the HCS Handbook, which outlines the relevant State Titles and Codes that HCS providers must comply with. The Handbook outlines HCS requirements and the role of the Long-Term Care Regulator (LTCR), the body that oversees monitoring, safety, quality of care, and protection of peoples' rights. The LTCR conducts initial and follow-up

⁹⁶ Vista Care. (2022). South Dakota Host Home Provider FAQ.

<https://vistacare.org/wp-content/uploads/2022/03/SOUTH-DAKOTA-Host-Home-FAQ.pdf>

⁹⁷ Ibid.

⁹⁸ Texas was included in the scan due to the potentially high proportion of people with disability in shared living arrangements, as indicated by the National Core Indicators survey. National Core Indicators - Intellectual and Developmental Disabilities. (n.d.). Who We Are. <https://idd.nationalcoreindicators.org/who-we-are/>

⁹⁹ Texas Health and Human Services Commission. (2025). What is HCS? Home and Community-Based Services.

<https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/hcs/what-is-hcs.pdf>

¹⁰⁰ Texas Health and Human Services Commission. (n.d.). Residential options for individuals with an intellectual disability or related conditions.

<https://www.hhs.texas.gov/sites/default/files/documents/services/disability/residential-options-brochure.pdf>

¹⁰¹ Texas Health and Human Services Commission. (2019). Home and Community-based Services (HCS) Program Billing Guidelines.

https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/handbooks/HCSBG/HCS_Program_Billing_Guidelines.pdf

¹⁰² Texas Health and Human Services Commission. (n.d.). Questions to ask providers before selection.

<https://www.hhs.texas.gov/sites/default/files/documents/idd-provider-checklist.pdf>

¹⁰³ Texas Health and Human Services Commission. (2021). Home and Community-Based Services: Rights Handbook.

<https://www.hhs.texas.gov/sites/default/files/documents/hcs-rights-handbook.pdf>

certification of host homes, unannounced drop-in visits, and surveys to evaluate their compliance with certification principles of individual rights, protection from abuse, neglect, and exploitation, and adequate supervision and safety standards.¹⁰⁴

Host homes must also report critical incidents, and the LTCR has the power to investigate and take enforcement action, including terminating the certification of the host home. Further, the Health and Human Services Commission Office of the Ombudsman receives and resolves complaints made by the public about services, staff, and programs. They can conduct independent reviews of complaints or refer to other relevant authorities.¹⁰⁵

Common themes from national and international key informants

Formal safeguarding

A range of formal safeguards and quality assurance practices were identified at multiple levels which were central to managing risk, maintaining accountability, and upholding the rights and wellbeing of people with disability in shared living contexts.

- Informants emphasised the foundational role of clear, structured agreements in safeguarding. Contracts, ranging from formal service agreements to informal letters between housemates, were viewed as essential for setting expectations and preventing potential future issues.
- Foundational practice requirements were imposed by governments, peak bodies, and providers themselves, such as regular check-ins, training, worker screening and reporting.
- The effectiveness of oversight was tied with coordinator capacity. Several informants noted that limiting caseloads was essential for effective oversight, allowing coordinators to maintain strong engagement with participants.
- External mechanisms, such as audits, mandatory reporting, and government inspections, were seen as vital safeguards to hold providers accountable when internal systems fell short.

Informal safeguarding

Key informants emphasised the importance of natural safeguards for people with disability in shared living arrangements, with the view that people keep people safe. Key informants emphasised:

- The establishment of a support network as an integral natural safeguard, consisting primarily of unpaid supports who were known to and trusted by the person with disability, such as family members and neighbours. Approaches to building support networks where they did not exist before include circles of support and microboards.
- Building the capacity of the person with disability and their support network to ensure their own safety. The aim of capacity building is to promote independence,

¹⁰⁴ Texas Health and Human Services Commission. (2022). Long-term care regulatory (Section 14000).

<https://www.hhs.texas.gov/handbooks/home-community-based-services-handbook/14000-long-term-care-regulatory>

¹⁰⁵ Texas Health and Human Services Commission. (2023). Implementation of regulatory settings criteria for Home and Community-Based Services (HCBS).

<https://www.medicaid.gov/medicaid/home-community-based-services/downloads/tx-jan1-subs.pdf>

supported decision-making and self-advocacy. One service provider viewed their role in capacity building as ultimately making their services redundant.

- People with disability (or their family or live-in supporters) identified capacity-building techniques including practising independent living skills, such as using appliances and making schedules and routines, before moving into the arrangement. Interviewees recognised the inevitability of something going wrong, and focusing on building the skills to deal with it. Capacity-building for flatmates included getting to know the person with disability they are living with and their preferences. This includes sitting down with loved ones and the ILA provider to listen and learn about the individual.
- People with disability identified the right flatmate as one of the strongest safeguards, relied upon as a trusted source of informal support, from building skills to recognising any potential hazards.
- Respecting the dignity of risk as a key component of safeguarding and personal development. Many key informants saw risk-taking not as something to eliminate, but as a necessary part of learning and independence. For some, this meant transitioning away from settings with high supervision to environments where they could gradually develop their own safeguarding strategies.
- People with disability were safest when they had more informal support than formal support. People with disability supported through an ILA-type approach expressed this as connection to families, a good relationship with the flatmate(s), and being known in the community, such as in local restaurants, cafes, malls, and other places of gathering as well as work or volunteering.

Balancing formal and informal safeguards

Key informants consistently emphasised that successful safeguarding relies on a balance between formal services, informal supports, and the person with disability being at the centre. Key insights included:

- Providers and families often co-developed clear agreements that reflected individual goals and preferences, and allowed for day-to-day autonomy while keeping provider involvement in higher-risk areas.
- Natural supports, including family, were seen as essential to maintaining stable living arrangements, yet some informants cautioned against over-reliance that could undermine a person's independence in an ILA. To maintain a healthy balance, providers aimed to involve families without dominating the decision-making process or placing undue pressure on them.
- Formal reporting pathways, such as internal safeguarding teams and regulatory oversight, were valued when necessary. Informants also emphasised the importance of adaptive systems that could respond to incidents and evolving needs. This collaborative, responsive model was seen as the most effective way to manage, rather than eliminate, risk.
- The importance of the ILA provider's role in setting up the arrangement and putting in place guardrails. People with disability discussed the provider's role in capacity building, monitoring arrangements and being well-connected to local communities to

draw on skills and knowledge to benefit the ILA (for example, being connected to real estate agents where there is a housing undersupply)

Barriers to safeguarding in ILAs

Barriers to effective safeguarding included:

- The rigidity of funding structures and the bureaucratic challenges people with disability face when navigating systems. For international informants, inflexible funding rules restrict people's ability to access ILAs. For Australian informants, most felt the NDIS' Individualised Living Options application process was challenging, requiring a lot of work with inconsistent communication and decision-making from the NDIA.
- Significant gaps in implementing and understanding safeguarding practices. When reporting abuse to the NDIS Quality and Safeguards Commission, some informants received either a delayed response or no reply.
- The need for the NDIA to prioritise building natural safeguards for participants as an investment, instead of relying on paid support to keep people safe. Informants also raised a general lack of government awareness around informal safeguarding.

Discussion

This scan indicates that a considered and deliberate approach to safeguarding occurs in the shared living arrangements in all jurisdictions included as part of the scan. This approach includes formal structures (such as legislation and policy) which outline safeguarding principles and requirements. It also includes informal, practice-based approaches which embed a range of strategies to maximise both safety and wellbeing of people in shared living arrangements. Some jurisdictions have more established and bespoke formal structures around the safeguarding of ILA type arrangements for people with disability.

Evidence in the scan highlights the importance of an approach to safeguarding which is proportional to any risk for the person with disability and is grounded in maximising their 'natural' safeguards. Mechanisms such as organisational safeguarding teams and regulatory oversight were valued when necessary, and needed to be adaptive and responsive to evolving needs to effectively manage risk.

This scan has identified areas for further consideration for potential improvements in the regulation and safeguarding of ILAs in Australia. These are:

1. **Safeguarding should be underpinned by the individual's dignity of risk**, recognising genuine choice and connection to community as the most effective safeguards. Formal safeguarding should ensure that these things are in place, and not erode a person's choice and control.
2. Elements of safe and successful shared living arrangements are **similar across all jurisdictions**. There is an emphasis on:

- **Person-centred and individualised planning** to support people to achieve aspirations and potential, including to take their own risks in line with their personal goals
 - **Strong organisational processes** which include:
 - Thorough matching to ensure the compatibility and values between the flatmate or host and the person with disability, which integrates safeguarding into the recruitment and onboarding process.
 - Clear agreements between a person with disability and/or provider and live-in supporter that reflect individual goals and preferences, and allow for day-to-day autonomy.
 - **Clear arrangements for live-in supporters** such as:
 - Minimum standards for live-in supporters (for example, police checks).
 - Compensation for the supporter commensurate with the role required.
 - Classification of the supporter as a volunteer for host and homeshare arrangements in most schemes, ensuring arrangements avoid the hallmarks of an employment relationship and are not professionalised.
 - **Embedded risk management and monitoring** including:
 - Plans for individuals that create broader connection to community and reduce risk of isolation or sole person/provider support
 - Regular check-in processes with all parties.
 - A low caseload volume for ILA coordinators to establish good relationships with everybody in the living arrangement.
 - Having time apart, including short breaks, to ensure variation in environment and relief of any pressure or stress within the relationship.
3. **Capacity building for all actors** is an important tool for safeguarding and the success of shared living arrangements. This includes capacity building for people with disability to gain confidence in recognising risk and what keeps them safe and to imagine how they would like to live, capacity building for families, supporters, and providers.
4. Across most jurisdictions, shared living arrangements are subject to **some form of mandatory registration and independent oversight**. While the approach to mandatory registration differs from place to place, in all countries registration allows for government oversight of the arrangement, including, in most places, the powers to conduct inspections and drop-ins. However, there is a need to ensure formal safeguards (such as registration) are proportionate to risk and do not over-burden the arrangement.

Appendix A - Summary of safeguarding of NDIS participants in Australia

The table below summarises formal safeguards that govern the practice of providers, workers, and others in the sector to help ensure the safety of participants.

Guidance	What does it do in relation to safeguarding in ILAs?
NDIS Act ¹⁰⁶	<ul style="list-style-type: none"> • Embeds participants' right to safety, choice and control. • Establishes the NDIS Quality and Safeguards Commission. • Articulates the function and powers of the Commissioner..
NDIS Rules	<ul style="list-style-type: none"> • The Rules are legislative instruments made under the NDIS Act, and set out more detailed operation of the NDIS. Relevant Rules include those which guide decision making about NDIS supports, plan administration and registration of providers. • Rules relating to the NDIS Quality and Safeguards Commission are made by the Commissioner, which provides for an efficient pathway to respond to safeguarding or regulatory change where risk is identified that must be addressed through regulatory powers.
National Disability Insurance Agency	<ul style="list-style-type: none"> • Provides participant funding for NDIS supports. • Determines whether to grant a participant's plan management request. • Provides approval for ILO Service proposals. • Ensures that participant funds are being managed in accordance with the plan.
NDIS Participant Safeguarding Policy ¹⁰⁷	<ul style="list-style-type: none"> • Supports participants to create or increase formal and informal safeguards. • Supports participants to identify, assess and manage risk of harm such as violence, abuse, neglect and exploitation. • Clarifies roles and responsibilities in the NDIS support system. • Improves safeguarding resources for people with disability, NDIA and Partner staff (i.e. Local Area Coordinator and Early Childhood Partner organisations).
NDIS Quality and Safeguards Commission	<ul style="list-style-type: none"> • Registers and regulates NDIS providers. • Monitors compliance by all providers with the NDIS Code of Conduct and audits registered providers against the NDIS Practice Standards. • Responds to concerns, complaints, and reportable incidents, including abuse and neglect. • Other regulatory tools able to be used in a proportionate and/or escalated manner to any validated breach include enforceable undertakings, which hold providers to account on how they have to address non-compliance notices. • Works with the NDIA and the Department of Health, Disability and Ageing to steward the NDIS market, with particular responsibility for market oversight.

¹⁰⁶ National Disability Insurance Scheme Act 2013 (Cth).

¹⁰⁷ National Disability Insurance Agency (2023). NDIS participant safeguarding policy.

<https://www.ndis.gov.au/participantsafeguarding>

Guidance	What does it do in relation to safeguarding in ILAs?
NDIS Quality and Safeguarding Framework ¹⁰⁸	<ul style="list-style-type: none"> ● Empowers participants to exercise choice and control. ● Guides the application of safeguards. ● Expects providers to deliver high-quality and safe supports.¹⁰⁹
NDIS Code of Conduct ¹¹⁰	<ul style="list-style-type: none"> ● Establishes standards for both registered and unregistered providers, their key personnel and NDIS workers to prevent harm in the delivery of supports. ● Requires providers, key personnel and workers to act on concerns and report risks to participants. ● Promotes respect for participant autonomy and decision-making, balancing protection with the dignity of risk.
NDIS Practice Standards ¹¹¹	<ul style="list-style-type: none"> ● Establishes the rights of participants and responsibilities of registered providers. ● Articulates outcome areas for registered providers to benchmark their performance in delivering supports. ● Defines safeguards across areas like incident management, behaviour support, and worker screening. ● Applies to registered providers with quality indicators assessed through the registration process.
NDIS Worker Screening Checks	<ul style="list-style-type: none"> ● Checks criminal history and past misconduct to assess risk of working with people with disability. ● Required for workers in risk-assessed roles in which workers are involved in the direct delivery of supports. ● Optional for unregistered providers.
Provider registration	<ul style="list-style-type: none"> ● In order to register with the NDIS Commission, providers must adhere to the NDIS Code of Conduct, NDIS Practice Standards, have key personnel and workers subject to an NDIS Worker Screening Check, have undergone a suitability assessment by the Commission and be issued with a certificate of registration. ● Mandatory for providers delivering higher-risk or complex supports. <ul style="list-style-type: none"> ○ Providers offering an ILA, whether registered or not, must adhere to NDIS' ILO Guideline, explain steps to ensure participant safety in the ILO Service Proposal, and undertake Quality & Safety reports if something goes wrong. ○ Where an ILA is in Specialist Disability Accommodation, the provider of the SDA is subject to mandatory registration accessible against a specific supplementary module of the Practice Standards.

¹⁰⁸ Department of Social Services (2016). NDIS quality and safeguarding framework.

¹⁰⁹ In its response to the DRC, the government has provided \$15.6 million to DSS to establish a 'Quality and Safeguarding Framework and Disability Support Ecosystem Safeguarding Strategy to help unify safeguarding mechanisms across the disability sector.'

¹¹⁰ *National Disability Insurance Scheme (Code of Conduct) Rules 2018* (Cth).

<https://www.legislation.gov.au/F2018L00629/latest/text>

¹¹¹ NDIS Quality and Safeguards Commission (2021). NDIS practice standards and quality indicators.

<https://www.ndiscommission.gov.au/rules-and-standards/ndis-practice-standards#paragraph-id-9473>

Appendix B - Comparison of select safeguarding measures in Shared Lives arrangements

	Australia	British Columbia	Texas	United Kingdom
Rights enshrined in law	- NDIS Act - State-based human rights/ disability Acts	- Canadian Charter of Rights - Community Living Authority Act - Adult Guardianship Act	- Americans with Disability Act - Social Security Act Title XIX (Medicaid)	- Social Care Act - Equality Act 2010
Statements of safety or expectations	- Participant Safeguarding Policy - NDIS Quality & Safeguarding Framework	- Standards for Homesharing - Numerous quality assurance policies	- Your Rights in a Home and Community-based Services (HCS) Program	- CQC Fundamental Standards of Care
Government oversight of shared living providers (i.e. registration scheme)	- Quality and Safeguards Commission Recommended mandatory registration for home & living providers	- Community Living British Columbia (CLBC) - Mandatory registration through CLBC-contracted agencies	- LTCR in DHHS Mandatory licensing for host home providers	- Care Quality Commission - Mandatory registration for home and living providers
Drop-in inspection powers	No	Yes	Yes	Yes
Remuneration of life sharer/host	Various means, including reduced rent	Tax-free payment	Tax-free payment	Tax-free payment
Rigorous matching process of person with disability and life sharer	Yes, although can vary	Yes, although can vary	Unclear	Yes, although can vary