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Two years on: a qualitative study of the experiences of people with neurological disability living in accessible apartments in Australia

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ABSTRACT

Purpose: Although there is a shift towards smaller-scale, individualised housing, limited research exists on the long-term experiences of people with neurological disability and complex needs in these settings. This study explored the experiences of adults who had lived for two years in a “10+1” housing model, which consists of ten accessible apartments integrated into a larger mainstream development, with an additional unit for 24-hour support, as required.

Methods: Fifteen adults with neurological disability participated in semi-structured interviews exploring quality of life, participation, social connections, support, and the built environment. Grounded theory principles guided open and focused coding to identify themes and relationships.

Results: Three themes included: (1) Getting housing and support right for me, (2) Taking control, and (3) Personal growth. A core category of “becoming and being settled” underpinned these themes. While many participants described increased security and independence, challenges related to accessibility and support sometimes limited their sense of being settled.

Conclusions: Accessible apartments can support safety, independence, and personal growth for people with neurological disability. Ongoing improvements in design and onsite support are needed. A diverse housing market is essential to support choice, and rehabilitation should include planning for housing that aligns with individual needs and preferences.

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> IMPLICATIONS FOR REHABILITATION

- Inclusive accessible apartments with onsite support can enable control over daily routines and foster self-determination and personal growth by helping people with neurological disability feel settled.
- Rehabilitation should include planning for housing that allows individuals to choose where they live, including housing options that align with their needs and preferences.
- Collaborative approaches that integrate housing, support services, and rehabilitation are essential to address ongoing design and support challenges.

Introduction

The introduction of personalised funding schemes in countries such as the United Kingdom, parts of Europe, and Australia has transformed the delivery of disability housing and support services [1]. These policy reforms are grounded in the principles of the Convention on the Rights of Persons with Disabilities, which affirms the right of people with disability to live in the community on an equal basis with others, including the right to choose where and with whom they live, and to be free from segregation [1,2]. The first wave of deinstitutionalisation involved the transition of people with disability from large-scale institutional settings into suburban group homes that accommodate four to six residents with on-site support staff [3]. While this represented a shift towards community-based living, such arrangements continued to offer residents limited personal choice and control over living circumstances [4], have

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been associated with negative outcomes [5,6], and often do not align with individual preferences [7]. Additionally, many adults with disability remain living with ageing parents, in residential aged care, or in other shared accommodation arrangements that do not reflect their preferred living arrangement [8–11]. In response, a second wave of rights-based policy initiatives have increasingly prioritised the expansion of housing choices for people with disability, driving the development of more individualised housing alternatives to traditional group homes and other segregated living arrangements [6]. These housing models enable people to live in smaller, purpose-built settings, such as their own accessible apartments.

As cities become more compact and urbanised, apartment living presents an opportunity to reshape sprawling suburbs into more inclusive and accessible communities [12,13]. Construction of group homes and other land-based housing options (e.g., villas or units) is increasingly limited to the fringes of central and regional cities because they require affordable, large flat land packages, most likely found in less populated areas [14,15]. Reliance on these housing options risks excluding people with disability from living in urbanised areas close to the city, where infrastructure and services are more likely to be available [16]. Developing accessible apartments that can accommodate 24-h disability support is therefore critical to increasing housing choices and ensuring equitable access to urban living [7,14,17]. The introduction of Specialist Disability Accommodation (SDA) funding in Australia has expanded the diversity of built environments and support structures available for people with disability [18]. This includes accessible apartments designed for people with disability and high support needs [18–20]. Before the introduction of SDA, apartment living was largely inaccessible to people with disability unless they had the financial means to purchase and retrofit an apartment themselves [21]. A notable innovation in the housing market is the “10+1” model. This model integrates 6–10 apartments designed for people with disability, as well as a base for 24-h on-site support staff, within mainstream residential developments [22]. These apartments incorporate assistive and smart home technology, such as automated doors, lights, and heating, and an intercom system that is connected to nearby support staff. The development of the 10+1 model is currently more common in Australia. While similar approaches are implemented internationally, they are not yet consistently implemented worldwide [23]. This housing model has the potential to offer people with disability more choice in where, and how they live, including urban locations, with proximity to established infrastructure such as public transport and healthcare services, and close to family and social networks [1,2,16]. Despite its growing uptake, there has been very little evaluation of the 10+1 model.

Apartments within the 10+1 model are designed to High Physical Support accessibility standards [24]. This category currently comprises the largest share of new SDA dwellings, a trend expected to continue [25], with a substantial portion of existing and planned High Physical Support dwellings being apartments [18,25]. Access to a High Physical Support dwelling is intended for people with disability who experience substantial physical support needs, utilise equipment for mobility and transfers, benefit from features such as home automation, and who require access to 24-h support [22,24]. Accordingly, a high proportion of residents in these dwellings are people with neurological disability and complex support needs, such those with Acquired Brain Injury, Multiple Sclerosis, Spinal Cord Injury or Cerebral Palsy.

In Australia, accessible apartment living for people with disability and complex needs is a relatively recent development, and as such, there is currently limited research on the experiences of people living in these settings. Early research suggests that moving into accessible apartments in urban areas is associated with positive outcomes and experiences but also represents a significant transition for people with disability and complex needs [19,20,26]. Douglas et al. [20] evaluated outcomes of people with neurological disability before and 6–24 months after their move into accessible apartments. This research found that people with disability reported significant improvements in health, wellbeing, and home participation following the move. These findings are consistent with broader research across disability groups, showing improved mood, autonomy, and community participation after moving into individualised housing such as villas or units [27]. A qualitative follow-up study by Douglas et al. [19] described the move into accessible apartments for people with neurological disability as a transitional experience that involved a period of adjustment, including the need to build a strong support team, take on new responsibilities, and establish their apartment as a home. Complementing these findings, Carey et al. [26] examined the perspectives of family members of people with neurological disability and complex needs who moved into accessible apartments. This study further emphasised the magnitude of this transition and

underscored the importance of considered planning and a gradual adjustment process to enable positive experiences for both the residents and their families. More broadly, it has been found that people with cognitive disability typically require additional informal and formal support during the adjustment phase to individualised housing [27–29], and sustained success depends on adaptable environments and an appropriate mix of paid support [30–32]. However, little is known about the long-term experience of living in these settings, particularly for people with neurological disability [27]. This study therefore aimed to explore the experience of living in a 10+1 apartment two years after moving in, from the perspective of people with neurological disability and complex needs.

Materials and methods

Design

A qualitative research design was chosen for this study given the interest in understanding the experience of living in apartments, from the perspective of people with neurological disability and complex needs. Qualitative research is grounded in an interpretivist paradigm which acknowledges subjectivity and seeks to explore multiple perspectives on a phenomenon [33]. This study employed a constructivist grounded theory approach that informed both the data collection and analysis [34]. Grounded theory is a well-established qualitative research method used to investigate social phenomena, behaviours, and individuals' interactions with their environment [34]. We anticipated that the first-hand experience of residents would provide meaningful insights into the experience of people with disability living in accessible apartments.

Setting

This study was conducted within the context of Australia's National Disability Insurance Scheme (NDIS). The NDIS provides housing payments, known as Specialist Disability Accommodation (SDA), to eligible individuals with extreme functional impairments, or with very high support needs. Demand for SDA has steadily increased, prompting ongoing development across Australia [21,35]. The implementation of SDA policy in 2016 introduced the 'New Build' dwelling category to distinguish housing specifically built or refurbished to meet design standards. All participants in this study resided in SDA-funded New Build apartments designed to meet High Physical Support design standards [24]. Although typically single-occupancy, these apartments can accommodate a partner. Some apartments have a second bedroom and can accommodate a family member or housemate (with or without a disability). Apartments are designed for individuals who use mobility devices and transfer equipment and require access to 24/7 support [18]. This study focused on the "10+1" model, in which 6–10 SDA apartments are co-located within a larger private residential development comprising more than 70 apartments. An additional apartment serves as a base for on-site, 24-h support staff [36].

Participants

This study reports on the experiences of 15 adults (7 males, 8 females) with neurological disabilities who moved into SDA-funded 10+1 apartments in urban areas of Australia. The participants, aged between 20 and 66 years (mean age = 44 years), with a neurological disability: Acquired Brain Injury = 3, Cerebral Palsy = 3, Multiple Sclerosis = 1, Stroke = 1, Spinal Cord Injury = 1, Muscular Dystrophy = 1, Friedreich's Ataxia = 1, Spinal Muscular Atrophy = 1 and Other Neurological = 3. Participants were located across four Australian states: Victoria = 8, New South Wales = 5, Queensland = 1, South Australia = 1. Although a small number of participants may have lived in the same apartment complex, most resided in different complexes and accessed a variety of housing and service providers. As outlined above, each was a NDIS participant residing in a High Physical Support SDA apartment and therefore met eligibility criteria for individuals with extreme functional impairments and very high support needs [37]. One participant experienced a severe communication impairment but was able to communicate verbally. The interview with this participant was completed with a support worker nominated by the participant, and with the use of the screen-share function on Zoom. Participants received a range of disability support, with most

participants using a combination of on-site support and scheduled drop-in support. Participants had moved from diverse pre-move living environments: residential aged care = 5, group homes = 3, living with parents = 3, private rentals = 2, public housing = 1 and temporary accommodation (a hotel) = 1. All participants were fluent in English.

Participants in the current study were a part of a pilot cohort within a larger longitudinal mixed-methods study that uses a structured framework to systematically evaluate individual experiences and outcomes of moving to, and living in, newly built individualised housing models for people with disability. The broader study aims to recruit 250 participants across three time points and is designed to enable definitive statistical analysis as well as constructivist qualitative evaluation, both at the group level and within defined subgroups. This larger project represents the first comprehensive evaluation of SDA in Australia and will include the first assessment of the 10+1 model, globally. The participants in the current study were the first 15 participants to complete a follow-up interview at 24 months post-move. Participants had completed at least one interview previously, with some taking part in up to three earlier interviews as part of the larger study. No participants withdrew from this pilot sample.

Procedure

This study was approved by the La Trobe University Human Research Ethics Committee. Participants were invited by housing providers to take part in the study, with details of interested participants shared with the research team. Depending on preference, research assistants then emailed or called potential participants to further explain the study, schedule the initial interview, and complete the informed consent process. Research assistants were independent of housing and service providers and had diverse professional backgrounds, including social work, occupational therapy, and speech pathology. All research assistants had experience working with individuals with complex needs and communication difficulties. They identified as being female or non-binary. Prior to the interview, participants were provided with an information sheet detailing the research aims and the topics to be explored during the interview. Informed consent was provided by all participants before participating in the interviews. Interviews were held at a time and place convenient for participants, either face-to-face or *via* video conference [38].

The interview guide was developed by a speech pathologist and Emeritus Professor with extensive experience working with people with neurological disability. The semi-structured interviews were designed to accommodate participants' cognitive and communication needs using plain language information, verbal and visual prompts, rest breaks, and text-to-speech communication devices [39]. Flexible interview methods included using screen sharing as a visual prompt to support participation, as well as incorporating breaks or offering the option to complete the interview over multiple sessions were utilised. Three participants were supported by a close other during the interview. Interviews were conducted between 2019 and 2023.

The interviews explored participants' quality of life, community participation, social connections, and support use after two years in individualised housing. Questions included [1]: How has life been for you, and what are your goals? [2] What do you do inside and outside your home? [3] Who do you see regularly, and how often do you see them? [4] How much paid support do you receive, and how satisfied are you with your current support arrangements? [5] How well does the built environment of your home suit your needs? [6] How have you been feeling generally lately? [7] Have you had any worries or concerns? [8] Is there anything that has been going particularly well? [9] What changes have you noticed in your life over the past two years? [10] What have you learned through this experience? All interviews were audio recorded and transcribed verbatim. Transcripts were not routinely returned to participants but were provided if requested. Research assistants completed field notes following each interview.

Data analysis

Transcript analysis was guided by constructivist grounded theory methods, as described by Charmaz [34]. All transcripts were de-identified to protect participant anonymity, and pseudonyms were applied throughout. All transcripts were double coded by three researchers (KD, SO & ED) to enhance the consistency and rigour of the coding process. This double coding approach allowed all researchers to actively engage with

the data and facilitated consensus discussions to resolve discrepancies. Analysis progressed through two main phases: open and focused coding. Open coding began with line-by-line analysis to capture participants' experiences, with constant comparison techniques used to refine initial codes [33,34]. Focused coding then enabled examination of relationships within the data, supporting the development of categories and overarching themes. A coding tree was developed to guide the analytic process, organising initial descriptive codes into higher-order categories and emergent thematic groupings. Regular analytical discussions were held between the three researchers, with all coding decisions finalised through consensus. In line with constructivist grounded theory, memo writing and diagramming were used throughout to support abstraction and explore interconnections between emergent themes. This included use of theoretical sampling to inform participant selection in response to an emerging theoretical understanding [33]. Data collection and analysis continued iteratively until no new themes emerged and theoretical sufficiency was reached, indicating saturation of codes and themes [40,41]. Data management was supported by NVivo, which was used for initial coding and thematic organisation of transcripts, and Excel, which was used to track participant characteristics and document analytic decisions. Participants did not provide feedback on the findings for this study.

Findings

Analysis of 15 interview transcripts revealed three themes: (1) getting housing and support right for me; (2) taking control; and (3) personal growth. Each of these themes contribute to an overall experience of “becoming and being settled”; defined as the core category. [Figure 1](#) visually depicts the relationship between the core category and each of the themes. The following section introduces the core category and explores each theme in further detail. Participant quotes are referred to throughout, grounding the findings in the lived experience of the research participants. [Table 1](#) presents themes, codes and illustrative quotes for each of the themes. Quotes are accompanied by participants' ages, expressed relative to the mean age.

Core category: becoming and being settled

Central to the experience of the participants was “becoming and being settled” in their home. Jane (age >44) captured this experience by sharing, “*I'm settled now, I really like where I'm living, I like the – I like everything about it.*” While some participants described feeling settled in their home after two years,

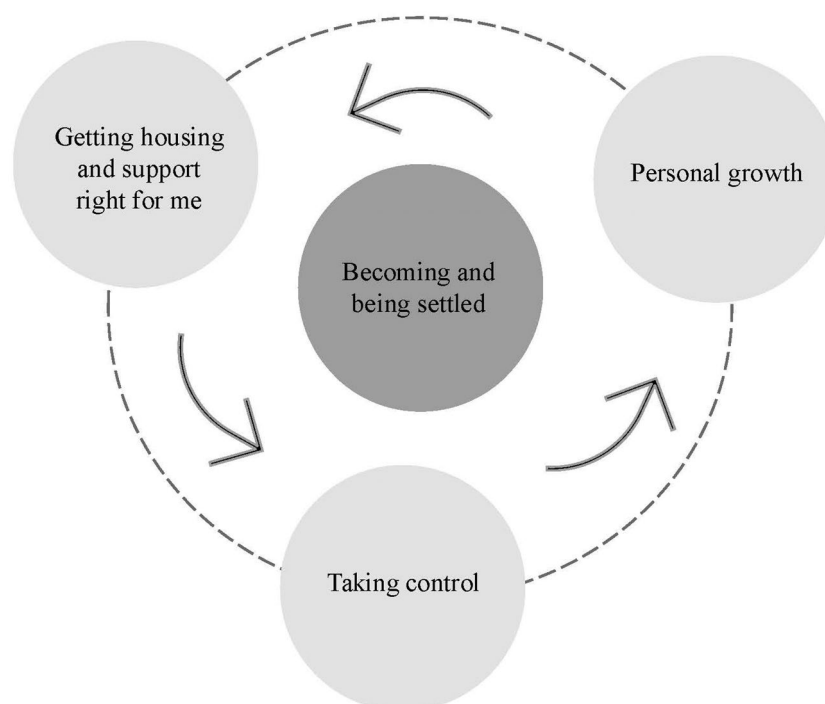


Figure 1. Relationship between the core category and each of the themes.

Table 1. Themes, codes and illustrative quotes.

Core category	Codes	Illustrative quotes
Becoming and being settled	Feeling settled, safe, secure; experiencing a greater sense of wellbeing	I've got more room. I feel more secure .- Steve (age >44) Just in general...things are much more settled. In terms of support work, in terms of – I don't know how to phrase it - Just the general daily living stuff. You've got the normal stresses that might come with that, but it's just life now. – Tina (age <44) [It] just feels great to have your own space and be able to breathe and just have a bit more freedom. – Susan (age <44) Just, I guess, the instability in my life and that it's across multiple facets. It's just there's not a lot of stability, and so I've only probably got my [support] team together in the last maybe two to three weeks. – Anne (age >44)
Themes	Codes	Illustrative quotes
Getting housing and supports right for me	Making housing choices; getting supports right; moving into new SDA; managing support; having housing choices	Probably the goals at the moment would be to find, or to set up a better environment, still in the SDA, but with adequate supports in place – Mark (age <44) I'm more independent, but like due to space and stuff, there's a lot of things I can't do..So yeah, that's one reason why we're thinking of moving. The only reason I haven't made my full decision is because we need to make sure the space is right and I've got the right services. – Kate (age <44) I've had issues ongoing with them [the onsite support] and some of them have been sorted and some of them haven't, but yeah, I'm just thinking a different model of care would work better. – Anne (age >44)
Taking control	Freedom, independence, autonomy, choice and control	I feel like I'm managing quite well. I believe I have, like, tools and so forth to keep me on track of everything. – Susan (age <44) [I'm] being more independent. – Rachel (age >44) Be involved in the process. Don't let people make decisions for you...don't assume that others will know better. – Paul (age <44) I still want to be [more] independent and do it myself. – Anne (age >44)
Personal growth	Building confidence; speaking up; becoming empowered; expanding horizons; asserting self; pursuing personal goals	But I must say one thing that's come out of being [out of] a nursing home; I've come out of my shell. – Kelly (age >44) I feel like I've always been able to do that a lot more, but I feel now is quite different because before - I think it was hard a bit to manage with other people always there...always thinking that they [need] to make decisions and stuff for me. Where, I don't believe that's been the case [here]. – Susan (age <44) I'm not reacting out of emotion as much, as I react more out of necessity now. I think I've just matured within myself. – Anne (age >44)

others were making progress towards being settled. Those participants who were becoming settled, described having learnt what they want and need to feel settled, and were in the process of adapting their existing apartment or moving to other individualised housing options to better meet their needs.

Being settled was characterised as feeling secure and safe. Matthew (age >44), who had previously lived in a private rental, described living in his apartment as, *“Security and everything like that, yeah. You just know you're safe. You've got a home... I've finally got a home.”* While Edward (age <44), made comparisons to his earlier experiences of unstable housing prior to moving into his apartment. He shared:

For someone who went to hospital after a really traumatic incident then didn't really have anywhere to go, then bounced around retirement homes and mental health facilities, crappy motels, this place is just the stability that often I thought I'd never get.

The provision of onsite support and the accessible design of their newly built apartments was critical to the experience of feeling safe and secure and thus being settled. Some participants spoke to the sense of security they felt due to onsite support arrangements in the 10+1 apartment, underscoring the importance of reliable onsite support. For example, Simone (age >44) said, *“It's the sense of peace. It's definitely all – all the way up there. Even though I'm alone, I'm not alone if you know what I'm saying.”* Participants also spoke to accessible design and smart home technology contributing to their sense of feeling settled by providing a level of autonomy in their home that they hadn't had previously. While many participants reported feeling secure in their apartment, some were still grappling with issues surrounding the accessibility of their apartment and onsite support, which acted as barriers to being settled. Participants also reflected upon the experience of having more control over their everyday living in their apartment and the personal growth experienced over the two years living in a 10+1 apartment.

Overall, while there was a range of experiences from becoming to being settled, participants valued living in their apartment, expressing how living there enabled an enhanced quality of life. Jane (age >44) captured this sentiment, sharing, *“I'm healthier. I'm happier. Everything has changed for the better.”*

Theme 1: Getting housing and support right for me

Critical to participants being settled in their apartment was getting their housing and support right for them. There were a range of experiences with some people who have moved or are planning to move due to apartment design or support issues, and others working towards getting their housing and support right in their current accommodation. Despite the range of experiences, there was an overall sense from the participants that following two years of living in a 10+1 apartment, they had learnt what they needed and wanted from their housing and support.

Participants shared positive experiences of what worked for them in their apartment. For many this included examples of smart home technology, the accessibility and space for wheelchair mobility and the proximity to community services. For example, Steve (age >44) who was feeling settled in his apartment said, *“Positives, most of my home is automated. So I just need to speak to Alexa...my air conditioner, my fans, my lights, and my blinds will be hooked up once they get the right controllers”*. Whereas Mark (age <44), who described feeling positive about some aspects of his housing and support, and dissatisfied with others, valued the community location of his apartment. He said, *“But it’s such a great apartment. Great location, there’s a Woollies next door so I don’t have to push myself miles to go to a shopping centre. Really, really good option”*. Edward (age <44) who also experienced positives and negatives valued the space of his apartment:

It’s got plenty of space, just like, with my wheelchair I can just go wherever. With a lot of places, I lived before here, there’s always either too narrow or too tall, and it just, like, felt like, like an intruder almost, living in those places, because I couldn’t really go wherever I wanted to just whenever I wanted to, but here, like, I just don’t even think about that stuff.

Several participants reflected that their apartment was not right for them with issues relating to the design of their apartment, including the size and layout, accessibility of bathrooms and kitchens, not being able to open doors and blinds independently and a lack of automation or automated features not working or yet to be set up. In these examples, participants were making adjustments to their apartment or were in the process of moving to a different 10+1 apartment, with the knowledge of what they needed to have in place before the move. For example, Tina (age <44) lacked sufficient autonomy in her apartment as she was unable to independently access her balcony, open the blinds, or use some features of her bathroom. She decided to make a planned and well-informed move to a different 10+1 apartment where she could do an inspection before she moved. She recognised the importance of taking time to ensure that the apartment met her needs, before physically moving into the apartment. She shared:

So, I’ve said to them that I – if I agree to move, there is no rush...It can be a much more staged, progressive move where you, you know, I said I want access to the building before I have to get out of here (Tina)

Onsite support was also identified as a challenge for many participants. While some were very satisfied with the combination of scheduled drop-in support and onsite support, others were dissatisfied with the availability of onsite workers citing a lack of prioritisation, the absence of a triage system and insufficient staffing. Simone (age >44) shared, *“... the trouble is they seem to be so bloody busy all the time”*... *“I think there’s no other choice. But I’m not the happiest. I don’t think – I think they can do better.”* The dissatisfaction with onsite support undermined participants’ sense of safety and security within their new living arrangements. For example, one participant shared that their experience with onsite support was so poor that their housing providers had relocated them:

...ended up going to NDIS commission and it was abuse and neglect causing physical injury from the concierge [onsite support] there, so yeah, they [SDA provider] moved me to where I am now because they manage this property as well (Anne, age >44)

A few participants had now lived in two 10+1 apartments, and at the time of exploring a third move, were questioning whether living in an apartment with shared onsite support was right for them. For example, Anne (age >44) has recognised that apartment living is not her preferred model. She shared, *“Physical design of building good...(but) Not everyone wants to live in an apartment tower.”* In her planned move, she was opting for a smaller individualised housing typology which consists of four units and four

other tenants. She explained, *"I don't know much about them, but [their model of care] and the fact that it's not apartment blocks is what I'm liking."*

Theme 2: Taking control

Many participants expressed a newfound sense of control over their life following two years living in a 10+1 apartment. Taking control of everyday life was reflected by participants deciding what happens in their homes, when and with whom, as well as in other aspects of life such as paying bills and managing finances. Edward (age <44) described this experience, saying, *"Yeah, you feel like it's your home. You're in control. You have all the autonomy over what happens and when."* Similarly, Simone (age >44), who had previously lived in a family home, shared, *"Yeah. It gives you so much more freedom. More like a human being rather than a "disabled person"."*

For many participants, taking control extended to managing their own support arrangements, including deciding who provides support, and when. Many participants spoke about the time it had taken to settle into these arrangements, with some choosing to employ sole traders rather than agency staff with a view to having more control over the staffing of their support programs and who they have in their home. Anne (age >44) expressed this preference:

I love having independent staff as opposed to agency, and it's just like I – I kind of like – it's not like I want to be boss, but it just – for me it gives me a sense of achievement that I've been able to hire these people and I can trust who I've hired based on, yeah, my gut instinct and my experience when I was working, but with agency they can send anyone any time and they keep changing the shift times on me and there's just that instability... but I'm at that point now where I can get my team together to have who I want to work with me.

While many participants expressed a sense of control two years post-move, some were still striving to gain control over aspects of their lives. For example, while Kelly (age >44) felt proud of managing her finances, *"I've got my own control now of my own funds"*, Kate (age <44) was still working towards this goal, *"I don't have control over my money situation, but I have control over everything else"*. Striving to gain control also applied to other aspects of life, like tenancy management. For example, Tina (age <44) shared her ongoing efforts:

I said to the tenancy manager who put my support coordinator in on everything I said to her, I said, "I'm capable of managing my own tenancy. They don't need to be involved, and they will only be involved at my discretion. I've now been having this conversation for two years, can you please put a note on my file?" and I actually got an apology.

For participants who had endured living in institutional settings prior to their move, they found living in a 10+1 apartment to be a sharp contrast to the regimented routines and lack of control. For example, Jake, who had lived in a nursing home for nearly seven years, reflected on what he valued in his current living situation. He said, *"I do what I want to do..."* This experience was compared to residential aged care where, *"You don't get any choice"*. Similarly, Jane shared:

My quality of life is just the freedom to do what I like, when I like. Not to have to tell anybody where I'm going and how long I'm going to be away or even ask permission...there's nothing like a stint in a nursing home to make you appreciate the ability to – to do what you like, when you like"

For many, the newfound control and autonomy experienced in their apartments is something they had previously aspired for. For example, Kelly (age >44), who had moved out of both a nursing home and her mother's home, shared, *"I guess I'm pretty independent...having come out of a nursing home and being at home with mum...I've always craved to be that"*.

Theme 3: Personal growth

Participants spoke about the ways in which moving into a 10+1 apartment had supported their personal growth, developing and evolving as an individual in multiple aspects of life. This included building

confidence, speaking up and learning to trust themselves. Participants also discussed pursuing their personal goals, such as employment, education, leisure and social pursuits, with some describing the newfound opportunity to have choice within these undertakings. Tina (age <44) shared her experience:

It's the first time ever where I've actually done what a regular person does and change a job to go to another one...being able to change jobs is a huge milestone for a person with a disability. I haven't had the luxury of being able to do that, so that, to me was a milestone, and go, "Oh, now I've done something that everyone else has done"

Some participants were beginning to explore social goals or were making more connections with the community and in their area of interest. For example, Paul (age <44) shared, *"Starting a book club 'one of the reasons I'm starting the book club actually is because I want to get to know some people locally.'"* Others expressed a growing confidence in learning to speak up for themselves and advocate for their needs. This newfound assertiveness allowed them to shape their living environments and daily routines in ways that better aligned with their personal preferences and goals. Susan (age <44) described this change as, *"I feel I've grown a lot... in terms of building my confidence and using my voice."* Similarly, Anne said, *"And learning to speak up for myself when things aren't right."* While Rachel's (age >44) support worker explained, *"Rachel's a lot stronger...learning to trust herself ...follow your instincts...being more independent."*

Participants attributed their personal growth to having a stable foundation, or "being settled" in their home. Edward (age <44) captured this sentiment:

Having that stability and that bit of foundation, it just helps you try and achieve more and do more to give back...if you truly want to grow and change and you know, have a life that's rewarding for other people, not just yourself, and you need, a home, a place to be, that's what I would say

Prior to moving into their apartment, many participants were living in unsuitable housing that constrained their ability to pursue personal goals. Now, with the provision of stable housing and support, some participants reflected on how their goals had become achievable. For example, one participant who had previously lived in a respite house with six other people where she had little control over her daily routine, including being put to bed at 5pm, was now able to pursue full time study and aimed to find a job after graduating. Another participant, Jane (age >44), who had previously lived in residential aged care, was now able to participate in leisure activities like travel, which improved her quality of life. She shared, *"The quality of life is turning out to be really good...doing leisure activities is improving quality of life."*

While participants reflected positively on the personal growth experienced over their two years in a 10+1 apartment, some were still adjusting to an increased level of responsibility. For instance, Mark (age <44), who had previously resided in aged care, expressed feeling overwhelmed by the increased responsibility of managing his own supports and his everyday living. He explained:

Well, the thing is when people get out of prison there's often these services to assist them to reintegrate back into the community, but that's not offered to people that get stuck into aged care, which I think is quite sad. It is, it's a heavy institutionalisation.

Mark reflected that while his goal was to have *"a place that I can call home"*, he has now learnt, from his experience living in his apartment, that the goal is more nuanced, describing it as *"having a safe environment and all his needs met"*. Similarly, other participants reported that after living in a 10+1 apartment for two years, they had learned what they needed to succeed in these living arrangements. For example, Susan (age <44) shared, *"I mean...I feel like I've been learning a bit more about what inputs I can make and so forth. I feel I've grown a lot."* While Anne (age >44) described the experience as, *"But it's kind of like moving back home to relearn how to live, is how I would describe living in concierge [10+1] SDA"*

Discussion

This study explored the experience of living in a 10+1 apartment from the perspective of people with neurological disability, two years post-move. Findings show that most participants were either settled or in the process of settling into their homes, reporting personal growth and greater control over their lives.

Participants described a range of benefits of living in their accessible apartments, including more control over daily routines and pursuing personal and social goals. Participants described various experiences and trajectories of “settling in”, highlighting the importance of thoughtful built design and onsite support to enable autonomy and a sense of security. These findings build upon earlier research demonstrating the substantial transition for people with neurological disability within the first 24 months, during which they are navigating new responsibilities and “making a home” in their apartments [19,26]. Moreover, this study extends existing evidence suggesting that living in smaller-scale, individualised housing is associated with more positive tenant outcomes [20,27]. Our findings indicate that for some participants, living in an accessible apartment for two years contributed to feelings of safety, stability, and “being at home”, a sense closely tied to psychological safety which has been associated with a range of psychosocial benefits [42]. Notably, this study also found that after two years, participants were enacting their right to choose more appropriate housing when their current living arrangements or supports weren’t right for them. While participants acknowledged the challenges associated with moving, these findings align with the Convention on the Rights of Persons with Disabilities, which upholds the right of people with disability to have greater choice and control over their lives [1,2].

Participants in this study reported that the built environment, particularly accessible design and use of home automation or assistive technology, was crucial for supporting autonomy, enhancing control over daily life, and helping them feel settled in their apartments. Previous research has demonstrated that the built environment plays a critical role in promoting independence and is widely recognised as a key contributor to wellbeing and quality of life for people with neurological disability [10,19,20,43,44]. Many participants in the current study reflected on their previous living arrangements that lacked a secure or accessible built environment and described the negative experiences that adversely affected their wellbeing and sense of belonging. In contrast, participants highlighted key design elements in their current apartments that enabled autonomy in their daily lives. These elements included sufficient space and a functional layout to allow freedom of movement, as well as the ability to independently operate key features, such as doors and blinds, through home automation or assistive technology.

However, while the apartments in the current study were built to High Physical Support accessibility standards and offered many advantages, participants reported that some aspects of the built environment still required further adjustments to meet their needs. The importance of housing that can be adapted to meet the needs of tenants with neurological disability has been highlighted in the context of apartments and other dwelling types to accommodate changing needs and incorporate emerging technologies, thus reducing future update costs [45,46]. In the current study, after two years of living in their apartment, some tenants were making changes to the built environment to better suit their preferences and functional requirements, while others were considering relocating to housing that offered a more suitable design. Designing apartments for people with neurological disability and complex needs requires careful consideration of spatial functionality to ensure the home is usable, accessible and desirable for tenants [23]. To improve future design of High Physical Support apartments, further post-occupancy research is needed to identify common issues experienced by tenants to guide collaborative efforts with the building sector to improve the design of accessible apartments [47,48]. Several participants in the current study reported that, at two years post-move, their home automation or assistive technologies were either not functioning properly or had yet to be installed. Previous research has demonstrated the benefits of effectively integrating these technologies to support independence and enhance safety for people with neurological disability and complex needs [49–51]. However, the potential of these technologies relies heavily on their reliability and consistent functionality [50,51]. Our findings indicate that addressing these home automation and assistive technology issues is an important area for improvement in accessible apartments.

Findings also highlight the critical role of onsite support in enabling tenants to feel settled within the 10+1 model. In this study, unreliable and, at times, poor-quality onsite support negatively affected participants’ sense of safety and security, ultimately undermining the extent to which they felt settled. While the shared onsite support model available in 10+1 apartments can offer flexibility, independence and privacy [36], several areas for improvement remain. The limited existing research on shared onsite support within the 10+1 model has underscored the importance of tenant choice and control over support agencies and shared support workers, as well as input into the ways services are delivered [36,52]. Our

findings build on this and emphasise the importance of clear communication regarding the prioritisation of support delivery as a key area for improvement. Tenants in the 10+1 model commonly access a combination of shared onsite support and scheduled supports [52]. While previous research has emphasised the importance of establishing a team of scheduled support workers during the initial transition into 10+1 apartments [19], our findings suggest that high-quality onsite support is important for long term satisfaction with the 10+1 model. However, there is currently a lack of research on the effective delivery of shared onsite support in these settings. Research on scheduled paid support highlights that quality is shaped by factors such as choice and control, trusted relationships, support worker competency and training, and continuity of support [53,54]. Rights-based support frameworks further emphasise the importance of aligning support with the person's values and preferences, and advocate for practices that extend beyond meeting minimum regulatory obligations [55]. It is therefore likely that these factors are also critical when designing and implementing onsite shared support across the 10+1 model. Further research is needed to understand how shared onsite support within this housing model can effectively meet tenants' needs and how tenants can have greater input into the design and delivery.

Findings from the current study underscore the long-term value of living in an accessible apartment, with participants describing a newfound sense of control and personal growth after two years. This included greater opportunities to make and act on decisions, ranging from everyday routines to more significant choices about housing and support, speaking to ways in which participants were leading more self-determined lives. Previous research has emphasised the importance of making and learning from decisions as an important aspect of developing self-determination [56–58]. Self-determination is characterised by goal-directed, self-regulated, and autonomous behaviour and has been associated with better outcomes in life domains such as employment, education, and independent living [59,60]. This was evident in the current study, as after two years, many participants were pursuing personal goals related to work, study, leisure and social engagements. Participants had also developed a clearer understanding of their housing and support needs and expressed more confidence in making informed and deliberate decisions that aligned with their preferred design and support arrangements. In Australia and internationally, policies that prioritise choice and control over housing and support for people with disability are relatively recent developments [61,62]. For many people with neurological disability and complex needs, this shift represents a major change, particularly for those who have moved from settings that previously offered limited opportunities for autonomy and personal growth [19,61]. Indeed, participants in the current study spoke to the ways in which their previous living arrangements had hindered their independence and described the ongoing learning required to gain control, make informed decisions, and pursue goals important to them. These findings highlight the importance of providing opportunities to trial, learn, and build confidence as a foundation for exercising greater choice and control [56,63]. Findings also underscore the value of stable housing to enable people to take action towards more self-determined lives. Given the substantial number of participants who moved from residential aged care or group homes, our findings indicate that 10+1 apartments offer a suitable alternative for people with very high support needs. Previous living arrangements are likely to influence post-move experiences, particularly as individuals adapt to a new way of living and greater self-sufficiency [19]. Future research should investigate how prior living situations shape experiences and transitions in 10+1 apartments and other individualised housing models over time.

Our findings support the view that accessible apartment developments have potential to uphold the rights of people with disability to choose to live in urban areas, with some participants describing the benefits of living in an apartment with accessible design situated in desirable community locations [1,2,16]. However, several participants questioned whether living in an apartment with shared onsite support was the right fit for them, citing issues with apartment design or the quality of onsite support as reasons for wanting to relocate. Internationally and in Australia, compact city planning has led to an increase in high-density apartment living, presenting opportunities to develop apartments designed for people with disability [7,14,64]. Research consistently shows that apartment design, and the built environment more generally, can influence mental and physical health outcomes [64–67]. Thus, while apartment living has significant potential to support urban living and broaden housing options for people with disability, this potential can only be realised through high-quality, well-designed builds. Additionally, for people with neurological disability and complex support needs, the effective delivery of support is

vital not only for improving quality of life, but also for ensuring the long-term viability of individualised housing models such as 10+1 apartments. Individualised housing models can incorporate a range of on-site, outreach and scheduled support arrangements [22,68]. This variety in support delivery has the potential to facilitate high-quality, person-centred support practices, as support can be built around the person [53,55,68]. Further research is needed to understand which support arrangements are most effective, for whom, and under what conditions. Ensuring the availability of diverse, well-designed housing options and support models is essential for enabling genuine choice and control for people with disability in where and how they live, and for developing sustainable, responsive housing solutions [7,68].

A key strength of this study is its focus on the perspectives of tenants with neurological disability, offering valuable insights into their long-term experiences of living in accessible apartments and addressing a significant evidence gap identified in the literature [27]. People with neurological disability represent one of the fastest-growing groups eligible for SDA funding, underscoring their significant role in shaping market demand and the importance of understanding their lived experiences within the most prevalent dwellings; High Physical Support apartments [25]. Additionally, the interview data, collected by skilled researchers with both professional and research experience working with people with complex disability, enhanced the quality and depth of the information gathered. However, several limitations should be noted. The study draws on a relatively small sample of people with neurological disability and complex support needs. Although the analysis reached theoretical sufficiency [40,41], it is important to consider the context in which the study took place. Participants were early adopters of the 10+1 model, at a time when individualised housing and support options were more limited in Australia. This may provide insight into why some participants were reconsidering their current living arrangements. Future research is needed for deeper investigation into the factors influencing decisions to move and preferences around relocation, particularly in the context of a more mature and varied individualised housing market [22,69]. Additionally, given the implications for community engagement and participation identified in this study, moving into a 10+1 apartment is likely to have socioeconomic impacts. Subsequent manuscripts from the broader study will follow participants over two years and incorporate comprehensive statistical analyses with relevant predictors, alongside qualitative findings, to inform a detailed economic impact evaluation.

At the two-year follow-up, participants described a range of “settling in” trajectories. Further research is needed to explore what factors shape these trajectories to help inform the development of targeted interventions to support successful transitions and sustained tenancies in accessible apartments, and individualised housing models more broadly. These trajectories are likely influenced by the implementation of support, as well as the design and management of apartments, including the role of service and housing providers. Future research should compare outcomes across different 10+1 models, examining variations in support, the built environment, and service provision. Lastly, it is also important to acknowledge the timing of data collection. Some of these interviews took place during the COVID-19 pandemic, when lockdown restrictions were in place. These circumstances may have limited participants’ opportunities for community and social participation [70].

This study provides important insights into the long-term experiences of people with neurological disability and complex needs living in accessible apartments, within the 10+1 model. At two years post-move, many participants reported feeling more settled and were making choices about their daily lives, housing, and support. Accessible design and appropriate support were crucial to feeling safe, secure, and ultimately settled. From the perspective of people with neurological disability, these findings highlight the value of accessible apartments and suggest that individualised housing models can support the right to have choice and control over housing and support [1,2]. At the same time, the findings underscore the need for continuous improvement in areas such as apartment design, assistive technology, and the quality and delivery of onsite support. These elements are essential for ensuring that housing designed for people with disability not only meets minimum standards but actively enables inclusion, wellbeing, and self-determination. More broadly, findings emphasise the importance of market variety in individualised housing typologies and support models so people with neurological disability and complex needs can make housing choices that align with their needs and preferences. As Australia’s individualised housing and support market matures, further research is needed to explore how design, support, and personal factors influence outcomes and experiences.

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No potential competing interest is reported by the authors.

Author contributions

CRedit: **Stacey Oliver**: Formal analysis, Project administration, Writing – original draft, Writing – review & editing; **Kate D’Cruz**: Formal analysis, Writing – original draft, Writing – review & editing; **Di Winkler**: Conceptualization, Methodology, Supervision, Writing – review & editing; **Jacinta Douglas**: Conceptualization, Methodology, Supervision, Writing – review & editing.

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