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SDA data project stakeholder consultation insights 2024

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The SDA data project

The National Disability Insurance Agency (NDIA) is working to improve the public data shared for Specialist Disability Accommodation (SDA) through the SDA data project.

The project aims to:

- improve accessibility and reliability of SDA data,
- support informed decision making, and
- guide providers and investors to address future SDA needs.

As part of the project, Finity Consulting (Finity) conducted consultations with over 100 stakeholders, such as SDA providers, investors, participants and their families and carers to gather information about SDA data. The consultation concluded in January 2025.

What we wanted to find out from the consultation stage

- What was the experience of using the current SDA public data and tools?
- What SDA data and information is needed to help us make future changes and improvements?

What we heard from participants

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- SDA vacancy listings online need to be kept up to date and checked to make sure they are trustworthy.
- The tools that help people find SDA such as SDA Finder, Housing Hub and GoNest need to include more information that is relevant for users.
- When searching for an SDA, participants are interested in key dwelling details such as:
 - o building type,
 - o design category,
 - o location (e.g. LGA or Suburb),
 - o floor plans,
 - \circ local information such as how close the SDA is to local amenities,
 - o cost of rent,
 - inclusion of specific accessibility features like automations and smart technology,
 - o building dimensions,
 - information about the number of residents living in the property and their demographics, and
 - information about the existing care provider(s) already operating in the SDA.
- Information should be shared by providers in a way that is helpful and easy to use, for example, virtual walk-throughs and accurate photos of the SDA.
- NDIS participants are getting help from their support networks, such as Support Coordinators, care providers or social media (e.g., Facebook groups) to find the right SDA.
- Participants are looking to connect with others seeking an SDA in the same area. This is especially important for CALD communities, First Nations people or others seeking culturally appropriate housing matches.
- It can take time to find the right SDA.

What we heard from SDA providers, developers and other stakeholders

- The NDIA should invest in more up-to-date and detailed data to help investors and providers plan for future development.
- More data on where people need SDA across Australia is needed to help build SDA in the right places. This includes releasing demand and supply information by building types, design categories and more detailed locations.

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- Update and release accurate forward-looking demand projections on future SDA needs, which should be detailed, regularly updated, with limitations clearly explained.
- User-friendly tools and visual reports such as interactive dashboards and visual data (rather than raw tables) would make it easier to understand trends and customise reports.
- There needs to be clearer explanations for data changes when NDIA updates its data. Transparency on the assumptions and methods used are important for understanding market trends.
- There is not enough information about fire safety and disaster risks in SDA homes, which is critical for people with disabilities in emergencies.
- SDA providers would like to connect with eligible participants who have not been able to find a suitable SDA.
- More participant feedback on housing and collecting and tracking satisfaction is important to improve housing quality and outcomes.
- Addressing conflicts of interest by better monitoring of SDA providers, care providers, and support coordinators to ensure participants have genuine choice and control over services.

Next Steps

Finity have shared the detailed feedback they collected back to the NDIA and are working with the Agency to develop how we can improve the way we collect and share SDA data. This will help make SDA data more useful for participants, providers and the community.