

BACKGROUND

The Western Australia Alliance to End Homelessness (WAAEH) commissioned the Home2Health Research Team to explore the availability and accessibility of **disability, aged, and palliative care** services and supports for people experiencing homelessness. This project had three key components: (i) a desktop review of available services in Australia, and best practice examples internationally; (ii) a review of recent literature & evidence, and (iii) an online survey distributed to service providers, stakeholders, and individuals with a lived experience of homelessness. The survey aimed to gain insight and feedback on challenges faced by those without stable housing in accessing necessary supports and services across these three areas, and to inform solutions. The survey undertaken from April-May 2024 had 123 responses, including 12 individuals with a lived experience.

Three snapshot reports have been developed to provide an overview of barriers, enablers, and recommendations to improve access to these services for people experiencing homelessness in the three focal areas of disability, aged, and palliative care. For this snapshot on **NDIS & disability services and support**, the research team have triangulated key findings and recommendations across key literature and relevant policy documents, undertaken a service mapping exercise, and have drawn on the 103 relevant survey responses (97 service providers, and six lived experience). Of the 97 service providers:

 **71%**
REFER PEOPLE THEY
SUPPORT TO
DISABILITY SERVICES

 **81%**
SUPPORT PEOPLE REQUIRING
DISABILITY SERVICES BUT
CANNOT ACCESS THEM

 **16%**
PROVIDE DIRECT
NDIS / DISABILITY
SUPPORT

WHAT IS THE NDIS?

Established in 2013, the National Disability Insurance Scheme (NDIS) is a federal government program providing needs-based support to Australians with permanent and significant disabilities (incl. their families & carers).¹ The NDIS provides funding directly to individuals to cover a broad range of necessary disability services, including:

- ◆ home-based care or specialised disability accommodation
- ◆ daily consumables and mobility equipment
- ◆ Household & vehicle modifications
- ◆ assistance with daily self-care activities

The scheme is designed to support people with disabilities throughout their life, promoting their participation in the community and improving their quality of life.¹ The NDIS Complex Support Needs Pathway is available for people who have a disability and other issues, such as a history of incarceration or homelessness, who need a higher level of specialised supports.²

WHAT DOES THE LITERATURE & PUBLISHED EVIDENCE TELL US?

International and Australian evidence shows that there is an intersecting and bidirectional relationship between disability and homelessness.³⁻⁵ That is, **having a disability puts people at higher risk of housing insecurity or homelessness, whilst homelessness itself can lead to onset of disability.**⁵⁻⁷

Living with disability can place people **at greater risk of homelessness** primarily due to associated socioeconomic disadvantage such as poverty, unemployment, educational opportunity, and additional medical expenses.^{3,5,8} Additionally, there is a lack of suitable or supported accommodation options, particularly if independent living skills or mental health are impacted; there are fewer informal family carer options,⁵ or there is co-occurring experiences of violence or adverse childhood experiences.^{5,9} Being **homeless can also result in or accelerate disability onset**, for example via cognitive impairment as a result of injury, violence, victimisation, and trauma,^{7,9} onset of early frailty,¹⁰ rates of mental illness⁸⁻¹⁰ and problematic substance misuse impacting on development and/or advancement of physical and psychosocial disabilities.¹¹ **Psychosocial disability** is an internationally recognised term to describe the experience of people living with mental health conditions, including the ability to function, think, and manage social aspects of their lives.⁸ People experiencing homelessness have high rates of psychosocial disability, and **those with psychosocial disability are less likely to have access to the support in which they are entitled to**, and face a barrage of additional service access barriers.^{9,11}

In Australia:

- ◆ one in ten people accessing Specialised Homelessness Services in 2022-2023 reported having a disability,³ and half of these individuals identified housing as their primary reason for seeking assistance.^{3,4}
- ◆ 18% of the population live with a disability, but more than a third (36%) of households in social housing had at least one person living with a disability.³
- ◆ people with a disability were at greater risk of homelessness than those in the general population, with the risk of homelessness being much higher for people with a learning, intellectual or psychological disability.⁵

OF THE 97 SERVICE PROVIDER SURVEY RESPONDENTS TO ANSWER QUESTIONS RELATING TO NDIS:



93%

SUPPORTED PEOPLE AFFECTED BY EARLY ONSET FRAILITY
(premature aging)



94%

SUPPORTED PEOPLE THAT HAD BEEN EXCLUDED BY SERVICES DUE TO AOD USE



94%

SUPPORTED PEOPLE AFFECTED BY BRAIN INJURY & COGNITIVE IMPAIRMENT



97%

SUPPORTED PEOPLE WITH MISSING DOCUMENT *(e.g., missing ID or medical histories)*

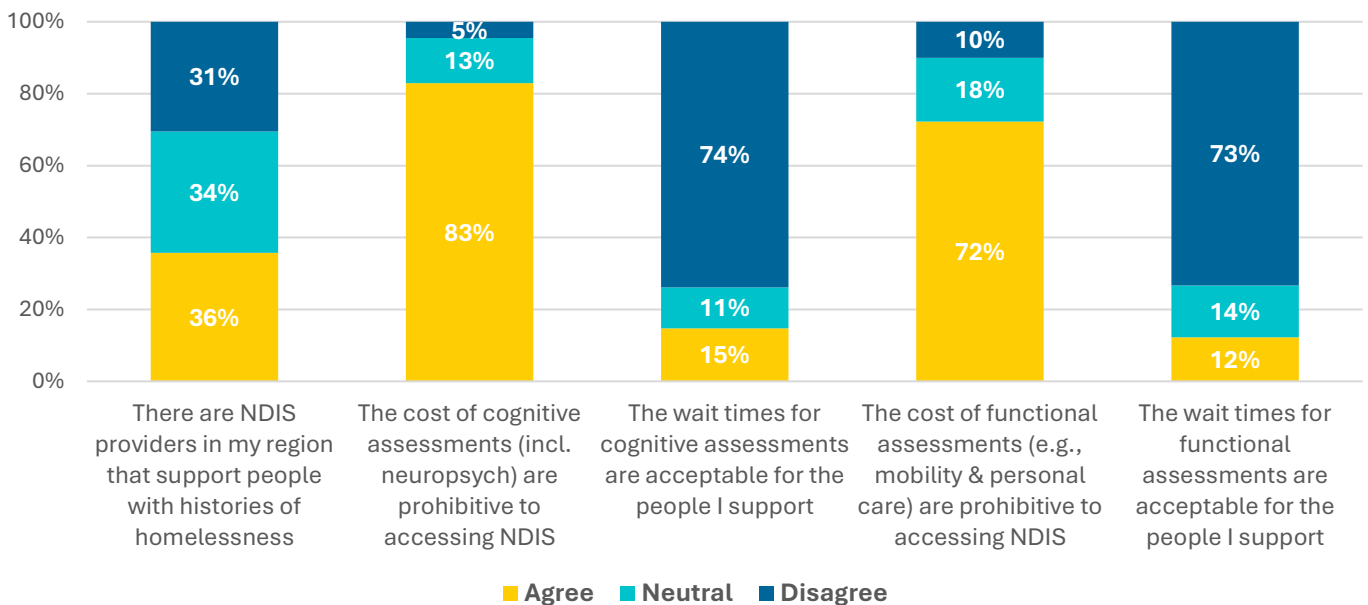


There is an urgent need for access to neuropsychological assessments for many people experiencing homelessness with the vast majority of state-based disability services having disappeared. Obtaining NDIS funding is predicated on having information from objective assessments from health professionals, for example cognitive, neuropsychology testing). To carry out such testing, people need to be in a more stable social situation, medically optimised and had completed detox from any substance use, and this rarely occurs in the short time frame of most hospital admissions. Consequently, rough sleepers miss out the very testing that NDIS requires to obtain a suitable support package for their complex needs.



- Dr Amanda Stafford, Clinical Lead RPH Homeless Team

For the 97 survey respondents that answered yes to supporting clients directly or indirectly with disability-related supports, they were also asked if they agreed with five statements about the NDIS and related services. Overall, the majority (>72% for each question) found costs and wait times of both functional and cognitive assessments prohibitive. With the availability of sufficient NDIS services in their areas, mixed (about a third agreed or disagreed).



The main issue is the housing crisis, and as a result, the lack of affordable rental spaces, or stable long-term accommodation where people can be settled while other support services are put into place. The NDIS is slow, and the lack of administrative funding to help organisations train support workers is frustrating - as routine and stability are the goals for long-term care and community engagement.

Homelessness is rampant in our area, and we are finding that the small Specialist Homelessness Services are not equipped to deal with the overload of people who cannot access the NDIS due to not meeting the eligibility criteria. Over demand on services is burning people out.
- Health Service Provider, South-West WA

OPEN ENDED-SURVEY RESPONSES:

Services have poor knowledge of homelessness and how it impacts your access to healthcare (e.g. lack of consistent address, health impacts, trauma). If you can't afford private health insurance, you face long wait times... As a young person, my health concerns were rarely taken seriously along with my experiences of homelessness. Homelessness was detrimental to my health in so many ways that a normal GP or health specialist didn't understand. - **Person with Lived Experience of Homelessness**

...support needs are not being met, a crucial reason for this is the lack of awareness on the ground of how to access support services. When I was homeless, I just didn't know who to contact. - **Person with Lived Experience of Homelessness**

For people with multiple complex needs who have been assessed as needing supported independent living care, access is almost impossible. This means the most vulnerable people are left most at risk (of physical, sexual harm, increased health exacerbations) while sleeping rough. - **Homelessness Service Provider, Victoria**

BARRIERS TO NDIS & DISABILITY CARE FOR PEOPLE EXPERIENCING HOMELESSNESS

Australia's disability sector encompasses a wide range of support services and programs, with individual engagement highly dependent on an individual disability and support requirements. The NDIS can be challenging for many people to access, however for individuals with a psychosocial disability who are experiencing homelessness these challenges can be exponential.^{5,12} Access to the NDIS assumes that people with disability have the knowledge, capacity, and support networks to find and connect to services, apply for an NDIS plan/package, and access support. For those with psychosocial disability, they may not identify/recognise that their needs could be described as having a disabling condition,¹¹ thus may have not even attempted to access the NDIS.

The following barriers have been compiled from examining the current literature and using feedback from survey respondents working in the homelessness, health, and disability sectors, and people with lived experience. Awareness and understanding of such barriers are useful for homelessness, health, community organisations, and disability services as challenges to be mindful of as they point to areas where additional support (or time) may be required, and speak to some of frustrations people experiencing homelessness may have previously encountered.

Accessibility of NDIS Supports & Services for People Experiencing Homelessness

- ◆ Eligibility criteria often precludes people experiencing homelessness, with having no fixed address deeming someone ineligible for home-based supports.¹²
- ◆ Assessment processes don't often consider factors associated with homelessness which may affect symptom presentation, including having multiple co-existing disabilities, substance misuse and/or mental health issues.^{8,12,13}
- ◆ Long wait-times for NDIS assessments and specialist appointments mean critical time interventions are missed, with this population group further excluded due to incomplete applications & non-attendance.^{6,14}
- ◆ High costs of specialists & allied health appointments to obtain medical documents & supporting evidence.¹²
- ◆ Lack of ID and documentation (e.g., medical history) often prevents submission of application.^{12,14,15}
- ◆ Practical barriers e.g., lack of transportation, phones & email access contribute to delays in assessments, applications, and accessing support.^{12,14,15}
- ◆ Complicated forms, applications, and systems made more challenging for someone with poor health literacy, psychosocial disability, and/or no support networks.^{12,14}
- ◆ Substance use or mental health crisis impeding capacity to engage when they present to services.¹²
- ◆ Limited choice in regional & remote NDIS providers.^{6,16}

Suitability of NDIS Supports & Services for People Experiencing Homelessness

People experiencing/at risk of homelessness often have had poor past experiences with government services and health providers, leading high rates of distrust and reluctance to engage. Thus, trauma informed, and culturally competent approaches are required.

- ◆ Poor understanding of homelessness, dual diagnosis, trauma, and cultural appropriateness among NDIS providers.¹²
- ◆ Poor understanding of NDIS processes and services among homelessness & health service providers.^{8,12,14}
- ◆ Inadequately trained support workers to facilitate transition into supported residential care following periods of homelessness or incarceration.¹⁷
- ◆ Poor understanding among NDIS consumers regarding the size and scale of their NDIS package, and their rights to be included in decision making processes.¹⁷
- ◆ Prohibitive clearance processes limiting capacity of NDIS service providers to employ adequately qualified staff and/or volunteers.
- ◆ Lack of trauma informed language and approaches (e.g., use of deficit-based language to meet criteria).¹²

Young People Leaving Care

- ◆ Lack of adequate advanced planning for support after leaving care for young people with a disability (planning tends to be rushed, with a lack of 'second options' if the first option falls through).¹⁸
- ◆ Disability support provided after leaving care is seen as a large 'step-down' in the intensity of support provided and is often not adequate to meet young people's support needs.^{18,19}
- ◆ Inadequate time to link young people leaving care with the NDIS support services they need upon leaving (caseworkers may lack an understanding of the necessary steps that must be undertaken to receive NDIS support, or the timeframe need to undertake assessments).¹⁸

Limited Appropriate Housing and Supported Accommodation Options

- ◆ A lack of public housing options, particularly in regional and remote areas of WA means people experiencing homelessness and disability cannot receive necessary NDIS support without secure accommodation.^{20,21}
- ◆ Shortage of accessible & appropriate accommodation options and providers further prohibits those with disability, especially those with more complex care needs.^{8,20}

Predatory Business Behaviour amongst NDIS Providers Towards People Experiencing Homelessness

Last year, the Mental Health Legal Centre in Victoria, released a [damning report](#) on predatory practices being undertaken by among some NDIS providers, including:

- ◆ Provision of low quality, or non-existent supports and accommodation by predatory NDIS service providers, with poorly coordinated regulatory oversight.¹⁷
- ◆ Intentionally deceptive conduct & unethical practices by NDIS providers, resulting in people feeling 'locked in' to inadequate accommodation and supports.¹⁷

UNIQUE CHALLENGES TO ACCESSING NDIS WHILE EXPERIENCING HOMELESSNESS – A CASE STUDY

Background: “Roland” is an Aboriginal man in his early forties with a long history of intermittent homelessness following displacement from Country and Community. He was transferred to Perth for a below-knee amputation to combat a life-threatening foot infection. Roland was transferred to a rehabilitation service to have a prosthetic leg fitted; however, the hospital environment was difficult for him to navigate, and he self-discharged to the street in his wheelchair. Roland left before any specific supports and accommodations could be put in place, as a result he was re-admitted to hospital after a couple months. This time Roland was discharged to Perth’s Medical Respite Centre (MRC), a post-hospital discharge location specifically for people experiencing homelessness to receive medical care in a home-like environment.

Support Provided: While at the MRC, Roland was supported to access photo ID, was approved for the Subsidised Transport Scheme for wheelchair taxi transport, and was assisted with his NDIS application. As Ronald had “No Fixed Address” he failed to meet NDIS eligibility criteria and was unable to begin the process of being fitted for a prosthetic leg. Following multiple case-conferences between hospital staff, MRC workers, and as his newly appointed NDIS service coordinator, Roland was finally accepted for a planned hospital admission in a rehabilitation unit for prosthesis fitting, gait training, and physiotherapy. Staff were able to advocate for the use of the MRC as Roland’s ‘home address’, which allowed him to successfully access his new NDIS plan following weeks of advocacy, consultation, and evidence gathering by support staff.

Outcome: Roland was housed with an NDIS package which provides in-home carer support, and access to regular GP appointments, outpatient consultations, and physiotherapy sessions to assist with the use of his new prosthesis. As well as other services and supports required. Roland reports that his mental health, self-esteem and level of independence have improved markedly now that he has a stable and supported situation to live.

Note: not his real name.

Referrals to NDIS are almost non-existent however there are many that would benefit from the support. Many homeless young people struggle to have enough capacity to have a shower, eat and look for accommodation, let alone start a long and difficult journey of trying to get support through the NDIS.

– Homeless Service, Perth Metro

...Better access to services such as a regular shower that are disability friendly - such as a fold down bench in the shower itself. The Lake Leschenaultia disabled shower is a very good example. I used to have to do things like swim in the Swan River to keep clean.

– Person with Lived Experience

FACTORS THAT ENABLE ENGAGEMENT & ACCESS TO NDIS & DISABILITY SUPPORT

The following factors have been identified in either the literature, by service users, or by key stakeholders working with people experiencing homelessness who require NDIS and disability support access.

For Homeless Services and Sector

- ◆ Storing important documents on behalf of people experiencing homelessness and requesting paperwork from other providers reduces barriers and saves time during the application process.¹²
- ◆ Employing peer workers with a lived experience of disability and homelessness to build trust, rapport and help reassure people.
- ◆ Upskilling and training case workers to specialise in NDIS.
- ◆ Provision of reasonable accommodations to improve overall accessibility of homeless service to make people with disability.
- ◆ Having staff who are experienced and qualified with mental health support and psychosocial disability, and knowledgeable on issues of homelessness,¹² trauma, and cultural views/understanding of disability.²⁰
- ◆ Participating in local Rough Sleeper Coordination Groups and other relevant community/advocacy groups supporting people experiencing homelessness who may require NDIS support.
- ◆ Having proactive conversations focussing on support needs and goals rather than using deficit-based language.¹²

For Healthcare & Support Services

- ◆ Educating staff on the NDIS, who is eligible, and what to include in support letters (incl. key phrases, terms and language to use).²⁰
- ◆ Using reputable tools and resources to determine impact of disability on day-to-day life.¹²
- ◆ Forging and strengthening networks & collaborations between frontline service providers and disability support providers that facilitate streamlined applications, and knowledge of local services available.
- ◆ Using step-down facilities post-hospital discharge to facilitate time for support services to engage, process applications and provide support.²⁰
- ◆ Having a physical presence at homeless services to assist in preparing applications and educating sector staff.
- ◆ Making resources available (information and staff) in regional/remote towns in addition to cities.
- ◆ Flexibility with support plans for those without an address (incl. providing outreach support).
- ◆ Education packages to improve healthcare equity and reduce stigmatising behaviours and improve key service approaches including strengths-based, person-centred, trauma-informed, and culturally safe and responsive care.

HELPFUL INFORMATION, RESOURCES, & TRAINING AVAILABLE

While there is extensive information available online for individuals and service workers to understand the NDIS system, there are few formal resources that specifically address the intersection of disability and homelessness. Below is a collection of useful resources, guidebooks, and training materials that attempt to fill this information gap and provide support to service providers and others assisting individuals with experiences of homelessness to better navigate the NDIS system and disability sector.

FOR PEOPLE USING NDIS, THEIR FAMILIES & CARERS

- ◆ The [Building Tenancy Skills](#) project (partnership between Shelter WA and People with disabilities WA) produced numerous resources including a tip video about [NDIS and renting](#)
- ◆ A NDIS Housing Options [user-friendly workbook](#) for WA developed by Summer Foundation in collaboration with Shelter WA, that is designed to help people work through their housing needs and options.
- ◆ The [ConnectGroups](#) website contains a list of NDIS peer support groups in the Perth region, with contact details, and website links for each.
- ◆ Mission Australia's [NDIS Resource Page WA](#) contains a list of disability advocacy agencies and a list of community events.

FOR HOMELESS & HOUSING SECTOR PROVIDERS

- ◆ The Independent Community Living Australia's **Project Embark** aimed to improve NDIS access for people experiencing homelessness. While the project concluded in June 2024, there are multiple useful resources that were developing including video's on [Using NDIS Phrases](#) and [outlining functional impairments effectively](#) a webinar on [navigating the NDIS](#) and a very comprehensive guidebook called '[I Can Help People Access the NDIS](#)', which provides a step-by-step guide on how to complete an NDIS application for client's experiencing homelessness and mental and/or psychosocial disability.
- ◆ reimagine.today has a useful [step-by-step guide](#) on their website, including a video on [providing supporting evidence for psychosocial disability](#).
- ◆ VincentCare Victoria created [NDIS Guidelines for Homelessness Services](#) that provide practical advice on engaging with people with disability and directions on how to work with the NDIS to get the best outcomes for clients.
- ◆ Summer Foundation has created a range of resources to facilitate improved service provision and housing support for people with disability and experiences of housing instability, including [sample NDIS plans](#), a [Toolkit](#) on separating housing and support for housing providers & [guidebook for housing providers](#) to better understand the NDIS, and funding supports available
- ◆ Queensland Shelter's webinar on [Housing, Homelessness & the NDIS](#) on how to access the NDIS.
- ◆ Homeless Link (UK) '[Learning Disabilities and Homelessness Toolkit](#)' is designed for services who support people experiencing homelessness with intellectual disabilities. It provides information on making appropriate and reasonable adjustments such as communication styles, providing accommodations for people (i.e., finding quieter areas to meet, using plain language, breaking tasks into steps etc.)

FOR HEALTH PROFESSIONALS

- ◆ Mission Australia's webinar on [improving mainstream service access](#)
- ◆ NDIS's website has [helpful links and information for GPs and other health professionals](#)
- ◆ This [health literacy guide](#) has comprehensive information for supporting people with cognitive impairment or intellectual disability, including those in supported accommodation. However, does not make any specific recommendations regarding homelessness.

FOR NDIS PROVIDERS

- ◆ Wellways Australia created a [handbook for NDIS providers](#) to better work with people experiencing homelessness with psychosocial disability, and to help them identify and mitigate housing risk, instability and homelessness.

FOR EVERYONE

- ◆ The [Reasonable and Necessary Podcast](#) by the Summer Foundation, while not homeless-specific, episodes include deep dives on the Disability Royal Commission, how to protect yourself from dodgy providers, what good NDIS support looks like including Specialist Disability Accommodation.

WHAT CURRENT POLICIES/STRATEGIES ARE RELEVANT FOR LEVERAGING IMPROVED ACCESS TO THE NDIS FOR PEOPLE EXPERIENCING HOMELESSNESS?

Despite the substantial reforms brought about by the introduction of the NDIS, Australia continues to face challenges in providing comprehensive and equitable disability care for all individuals. Here, relevant state and national policies and strategies have been identified and reviewed, with a focus on noting touchpoints for advocacy for greater consideration of the needs of people experiencing homelessness.

STATE

- ◆ The [All Paths Lead to a Home: WA's 10-Year Strategy on Homelessness](#), notes the NDIS as a substantial source of support for people who are living with disability and experiencing homelessness. However, recognises that disability is rarely captured as a core contributing factor to homelessness and that experiencing homelessness presents multiple challenges to identifying disability.
- ◆ The 2023 [Parliamentary Inquiry into Funding of Homelessness Services in WA](#) highlights the need for improved funding of homelessness services to adequately meet the needs of people experiencing homelessness and disability in WA. The Inquiry noted the significant deterioration in housing access and affordability across the State, especially for those with diverse needs (incl. people with disability) and recognised that developing a tailored response for vulnerable cohorts must be a priority for future homelessness policy.
- ◆ The 2019 [WA Sustainable Health Review](#), Rec 15 outlines the need for improved the interface between health, aged care, and disability to prevent people from falling between support gaps. While no specific reference to homelessness is made, this recommendation highlights the need for improved connections and partnerships between service providers to ensure more cohesive and accessible care pathways.
- ◆ The [State Disability Strategy 2020-30](#) recognises that some people with disability face additional challenges due to their vulnerability including homelessness, with one of their strategic priorities specifically relating to housing. Outcome 9 of the [Action Plan](#) is that people with disability have the right to access to suitable housing.

NATIONALLY

- ◆ The [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#); numerous recommendations aim to review and improve the policy prioritisation of people with disability who are experiencing, or at risk of homelessness. Including:
 - ◆ Prioritising people with disability in the National Housing and Homelessness Agreement (NHHA) (Rec 7.33), and forthcoming the National Housing and Homelessness Plan (NHHP) (Rec 7.40).
 - ◆ Recommending the Australian Government increase its focus on homelessness on Australia's Disability Strategy (Rec 7.34).
 - ◆ Focusing on preventing homelessness during transitions between services and institutional settings (Rec 7.39).
- ◆ The [2018 Royal Commission into Aged Care Quality and Safety Final Report: Care, Dignity and Respect](#), directly discusses proactive measures for homelessness, and disability services. Particularly the need for State and Territory governments to develop and fund short- and long-term housing to cater for the needs of this group.
- ◆ The [Independent Review into the National Disability Insurance Scheme 2023](#), concluded that the NDIS had been providing inadequate support for individuals with more complex psychosocial needs, contributing to cyclical relationship between healthcare institutions, homelessness, and incarceration. Additionally, the Complex Support Needs Pathway did not meet the unique support needs of people experiencing homelessness. The Review recommended urgent action to address the shortage of accessible housing, and ensure all Australian governments agree to and publish a targeted action plan for housing under Australia's Disability Strategy, the NHHA, and NHHP (Rec 9.11).

RECOMMENDATIONS

The following recommendations are synthesised from the literature, evidence of 'what works' elsewhere, and suggestions from the sector survey. While much of the feedback received related to the need of improved NDIS processes, systems and navigability more broadly, the aim of this snapshot is to provide actionable recommendations for the WAAEH and the homelessness sector to improve access to disability services and supports for people experiencing homelessness. Recommendations are grouped around five themes.

Build Capacity of Staff Supporting People Experiencing Homelessness Needing NDIS

- ◆ WAAEH, AAEH, and Shelter WA ◆ WAAEH to work with the Office of Disability, peak bodies such as websites to provide useful NDIS links and resources on websites, with clear signposting to this information on websites and in search terms.
 - ◆ People with disabilities WA, and people with lived experience to:
 - ◆ Develop eLearning module on homelessness and accessing the NDIS applicable to WA context.
 - ◆ Identify existing training forums where e-learning modules or other information could be embedded.
 - ◆ Review applicability of training guides and workbooks developed elsewhere for WA frontline homeless workforce (see useful resources). Consider WA adaption or additional resources to address gaps identified.
- ◆ Regional or localised homelessness networks to provide links to useful NDIS resources and service options (e.g. Melbourne's [Eastern Homelessness Network](#))

RECOMMENDATIONS CONT.

Advocate for Improved Information Sharing & Coordination Between Homelessness and Disability Sector

- ◆ WAAEH to liaise with Office of Disability & peak bodies in WA to determine opportunities for involvement and representation of homelessness organisations.
- ◆ Leverage existing networks to disseminate awareness about disability/homelessness nexus, such as the Dept. Health's [Disability Health Network](#) (or similar).
- ◆ AH3N establish a community of practice/interest group to improve connections and coordination between frontline homelessness services, primary care providers, disability support providers and NDIS staff.

Improve Accessibility of the NDIS System & Disability Services for People Experiencing Homelessness

Advocate to Office of Homelessness, Office of Disability and Department of Health to:

- ◆ Pilot embedded NDIS navigator's into homelessness Engagement Hubs and/or homeless health services.
- ◆ Fund a free neurological assessment service similar to that offered by [The HayMarket Foundation](#) (Sydney) to enable cognitive and other assessments that are required for NDIS but are cost prohibitive for this cohort (and services supporting them).
- ◆ Reinstate the NDIS access support program piloted at Bentley Hospital circa 2020 to facilitate NDIS access for people experiencing homelessness with psychosocial disability.²²
- ◆ Fund the embedding of neuropsych expertise within the RPH Homeless Team to facilitate assessments required to determine NDIS eligibility and support patients with brain injury & cognitive impairment. Examples include the Homeless Neuropsychology Pathway team (London), and the embedded neuropsychologist in homeless teams at St Vincent's Hospital Sydney and St Andrew's Hospital Dublin.

Develop Position Statement for Homeless Sector to Align Disability-Related Advocacy

We propose that the WAAEH, A3HN, or AAEH jointly develop a short position paper to align sector advocacy and engagements with other sectors. The [Public Health Association of Australia's position papers](#) are an example of a statement of the key policy position of the peak body on various public health priority issues.

Policy positions could include:

- ◆ People with disability have the right to equitable and fair disability support and service access, regardless of whether they have an address or not.
- ◆ Meaningful involvement of people with disability and experiences of homelessness must be included in the development, implementation and monitoring of policy, and in decision that affect them.

Key asks and actions could include:

- ◆ Automatic inclusion of support coordination for people experiencing homelessness within their first NDIS plan to ensure the effective transition to NDIS support.
- ◆ Increased subsidisation and financial support for specialist assessment appointments, to reduce wait times and ease financial burden of NDIS assessment on those with no/low-income.
- ◆ Reform for the NDIS Complex Support Needs Pathway process to better meet needs such reducing evidence-demand regarding documentation (i.e., no fixed address, lack of formal I.D.), creation of a homelessness flag on NDIS application forms.
- ◆ Provision of NDIS outreach workers to meet clients where they are at (i.e., accommodation settings, day services, refuges) and facilitate applications directly with clients and caseworkers.
- ◆ Longer-term access to post-care services for young people with disability leaving care (i.e., minimum 25 years) to ensure safe transition to adult services. Additionally, work with the Youth Homeless Advisory Council (or similar) to develop recommendations regarding young people leaving care requiring NDIS access, and review relevance of recommendations from [this Victorian report](#).

Build Data & Evidence on the Impact of Disability for People Experiencing Homelessness

- ◆ WAAEH/A3HN and associated members to develop research priorities framework to guide research groups and academics on current sector priorities, gaps and areas of interest. For example:
 - ◆ Investigating rates of psychosocial disability among people experiencing homelessness
 - ◆ Non-availability of appropriate NDIS accommodation as a barrier to hospital discharge or referrals from homeless services
- ◆ Encourage range through WA university networks collaborative research grants in this area (e.g., via Future Innovation Research Fund).

ADDITIONALLY, FOR FRONTLINE HOMELESSNESS SERVICES:

- ◆ See 'useful resources' page for examples of programs, training opportunities, guidebooks and other relevant information on homelessness and disability.
- ◆ **Continue advocating for your clients** - Document frustrations/obstacles, wins and success stories, services gaps & barriers regarding navigating disability services. We are always looking for advocacy-related issues and case study examples. Please send through to:
 - ◆ Our Home2Health Research Team: home2health@nd.edu.au
 - ◆ The WA Alliance to End Homelessness: info@waaeh.org.au

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