First Peoples
Disability Network

First Peoples Disability Network Australia

Supported Independent Living (SIL) Commissioning Consultation

Submission to the Department of Health, Disability and Ageing, September 2026

About First Peoples Disability Network Australia

First Peoples Disability Network Australia (FPDN) is the national peak organisation representing Aboriginal and Torres Strait Islander people with disability, their families and communities. FPDN's work is based on the principles of self-determination and "nothing about us, without us". It is also guided by the:

- UN Convention on the Rights of Persons with Disabilities (CRPD)
- UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- UN Declaration on the Rights of Indigenous Peoples (UNDRIP)
- Australia's Disability Strategy 2021-2031
- National Agreement on Closing the Gap

FPDN advocates for the rights, inclusion and wellbeing of First Nations people with disability across all areas of life, including health, justice, education, housing and social security. We believe and follow our framework for a Cultural Model of Inclusion which emphasises ensuring the cultural, social and emotional wellbeing of First Nations people with disability to move past the rigid and culturally unsafe medical and social models of disability.

Introduction

First Peoples Disability Network Australia (FPDN) welcomes the opportunity to respond to the consultation on the possible commissioning of Supported Independent Living (SIL).

FPDN does not support commissioning SIL where it would entrench shared, congregated or provider-controlled living. Australia should be moving towards deinstitutionalisation and individually chosen supports, rather than creating a new government contracting system around an already restrictive model.

Government intervention may be beneficial where it creates access to supports in thin or failed markets and enables Aboriginal and Torres Strait Islander people with disability to remain connected to community, culture and Country. However, it must be community-led and must not reduce a person's choice about where, how or with whom they live.

1. Commissioning must not entrench institutional living

The starting point must be the right of people with disabilities to choose where, how and with whom they live, and to receive the support needed to participate in community life.

Article 19 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) requires that people with disability are not obliged to live in a particular arrangement and have access to individualised, in-home and community support.[1] SIL, particularly when delivered through shared and provider-controlled arrangements, can reproduce institutional features. People may have limited choice over who they live with, who enters their home, how their daily life is organised and whether they can change providers without risking their housing or essential support.

In 2019, following its review of Australia's combined second and third periodic reports under the CRPD, the United Nations Committee on the Rights of Persons with Disabilities expressed concern that Australia's Specialist Disability Accommodation framework could "facilitate and encourage the establishment of residential institutions" and require people with disability "to live in particular living arrangements to access NDIS supports". The Committee recommended that Australia establish a national framework for the "closure of all disability-specific residential institutions, and the prevention of trans-institutionalisation".[2]

Commissioning SIL risks moving Australia in the opposite direction to this advice. It must not become another form of trans-institutionalisation by placing stronger government and provider structures around living arrangements that restrict choice and control.

The Disability Royal Commission similarly found that group homes can deny autonomy and choice, limit community connection and expose residents to violence, abuse, neglect and exploitation. All Commissioners supported significant reform and the expansion of more inclusive housing options, and five Commissioners recommended phasing out group homes.[3]

The appropriate policy direction should be to progressively replace shared and provider-controlled models with individualised housing and support options that give people genuine choice and control.

Government intervention may be justified to build the availability of supports in thin or failed markets. However, it must not require people to enter or remain in shared living arrangements, accept a provider selected for the household or move from their home to change providers.

2. Choice and control are essential safeguards

The consultation paper asks whether greater oversight could improve safety. This is an important question, but oversight is not automatically a safeguard. If government or contracted providers gain greater control over placements, funding or service design, commissioning may reduce the participant's control while describing that loss as protection.

FPDN rejects any approach that identifies people as suitable for commissioning because they have complex or high support needs, cognitive or communication disability, limited informal support, or difficulty navigating the existing market. These circumstances may increase a person's need for support to exercise choice, but they do not justify transferring greater control over their life to government or a contracted provider.

Additional oversight should be directed at failing markets, unsafe services and provider conduct, rather than be imposed on particular groups of people. Defining a cohort for commissioning risks creating a separate system in which people with the greatest support needs have fewer rights, fewer choices and less control than other NDIS participants.

Government commissioning can itself create risk. If government determines which providers may operate, assigns providers to households, controls service models or limits how funding can be used, decisions currently belonging to the participant may be transferred to government and providers. Increased government involvement must not be presumed to produce greater safety. It must be assessed according to whether it expands or restricts the person's rights, choice and control in practice.

For Aboriginal and Torres Strait Islander people with disability, the risk of increased government control cannot be separated from the history and continuing effects of colonisation. Governments have exercised control over where Aboriginal and Torres Strait Islander people could live, separated people from family, community and Country, removed Aboriginal and Torres Strait Islander decision-making, and placed people in institutions and other government-determined arrangements. A commissioning model that gives government greater influence over who provides a person's daily support, where services are available or the conditions under which support is received risks reproducing these patterns of control. This history makes self-determination, community authority, cultural safety and genuine choice essential safeguards not additional considerations.[4]

No person should be required to surrender control over their home, supports or daily life in exchange for service availability, continuity or protection. Where a market is failing, the government's responsibility is to create more genuine options, not decide on a person's behalf which option they must accept.

For some people, losing the choice of provider, support model or living arrangement can increase their exposure to violence, abuse, neglect and exploitation. A pathway to complain after harm has occurred is a mechanism for redress; it is not, by itself, a safeguard. The primary aim must be to prevent harm by reducing provider control, preserving genuine choice and ensuring people can change providers without losing their home or essential support. Complaints mechanisms remain necessary, but they cannot compensate for arrangements that create or increase the risk of harm, particularly where a person cannot communicate privately or access independent advocacy.

In many shared SIL arrangements built around a single provider, residents are effectively required to use that provider. An individual participant may therefore be unable to change providers without the agreement of other residents or without leaving their home. In these circumstances, housing and support remain effectively tied together, and genuine individual choice may not exist. Reform must confront this structural problem. It is not enough to describe housing and support as separate if a person cannot exercise that separation in practice.

This risk is particularly serious for Aboriginal and Torres Strait Islander women and girls with disability, who experience intersecting racial, disability and gender discrimination. The Convention on the Elimination of All Forms of Discrimination against Women, including its guidance on the rights of Indigenous women and girls, requires responses to gender-based violence to protect victim-survivors' agency, autonomy and participation.[5]

Shared and provider-controlled settings can also increase the risk that restrictive practices become part of a person's ordinary support. If commissioning proceeds, it must not legitimise or expand their use. Any model must actively prevent and reduce restrictive practices, work towards their elimination and include independent oversight and enforceable accountability.

Commissioning, assessment, and incident review must also guard against diagnostic overshadowing. Distress, withdrawal, communication differences or resistance to unsafe support must not be automatically attributed to disability or treated only as "behaviour of concern", particularly where racism, cultural misunderstanding and ableism influence how a person is perceived.

At a minimum, any reform must guarantee:

- that a person's housing is not conditional on using a particular support provider
- the right to remain in their home when they change or cease using a provider
- continuity of essential support during any transition
- independent advocacy, supported decision-making and communication assistance
- confidential, accessible and culturally safe complaints and emergency response pathways
- independent monitoring, enforceable standards and protection from retaliation.

3. First Nations communities must control local solutions

FPDN recognises that active market stewardship may be beneficial where thin or failed markets leave people without support, particularly in rural and remote communities. People should not have to leave family, community, culture or Country to obtain disability support. However, a government-selected provider is not community control.

FPDN's Housing and Homelessness Position Statement says that "systems, not individuals, drive the crisis". It calls for clear separation of housing and supports, alternative commissioning for First Nations and remote communities, and Aboriginal community-controlled delivery.[6]

FPDN has also supported alternative commissioning that coordinates community demand in rural, regional and remote areas, but only where its design, implementation and evaluation occur through place-based partnerships, strengthen the community-controlled sector and are guided by First Nations measures of success.[7] That support does not extend to commissioning SIL as a provider-centred housing model or reducing any participant's right to choose their home, the people they live with or the supports they receive.

This position is consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), which protects the right of Indigenous peoples to participate in decisions affecting them, to be consulted in good faith and to develop and, as far as possible, administer programs through their own institutions.[8]

Any commissioning affecting Aboriginal and Torres Strait Islander people or communities must therefore be designed, governed and evaluated with the people affected, including Aboriginal and Torres Strait

Islander people with disability. Aboriginal Community Controlled Organisations (ACCOs) should be prioritised and funded to build sustainable local capacity.

Not every Aboriginal and Torres Strait Islander person or community currently has access to an ACCO with the capacity to deliver the required supports. Where no suitable ACCO exists, government must not default to unilateral procurement. It must establish genuine, shared decision-making, invest in local capability, require enforceable cultural safety and involve FPDN and relevant First Nations representative organisations.

This approach also reflects Australia's Disability Strategy 2021–2031 and its outcomes relating to inclusive homes and communities; safety, rights and justice; and personal and community support. It is also consistent with the National Agreement on Closing the Gap Priority Reforms concerning shared decision-making, strengthening the community-controlled sector and transforming government organisations.[9]

4. Quality, innovation and sustainability must be defined by lived experience

Quality and innovation must be defined by the people who live in or have lived in SIL and other supported living environments. They are best placed to identify what causes harm, what does not work, what works when delivered well and what is needed to support a good life.

This involvement must extend beyond consultation. People with lived experience must have meaningful, ongoing, and properly supported authority in the design, governance, monitoring, and evaluation of any reform. This must include people with high support needs, people with cognitive and communication disability, and Aboriginal and Torres Strait Islander people with disability. Their involvement must be accessible, culturally safe, and appropriately remunerated.

Quality cannot be measured primarily through provider compliance, service continuity, or financial performance. A service cannot be considered high quality if it is reliable for government and providers but restricts the rights, autonomy or daily life of the person receiving it. Quality must be understood through the person's experience of safety and connection, choice, privacy, dignity, cultural connection, relationships, community participation and control over their home and supports.

Innovation must not become another term for reducing costs, sharing supports, lowering staffing levels, introducing surveillance or standardising people's lives. Genuine innovation expands the options available to people. It should enable individually chosen and portable supports, greater separation between housing and service provision, flexible support arrangements, community-controlled approaches, and voluntary cooperation between participants where they choose it.

Provider sustainability is important because people need stable, reliable supports. However, provider viability must not be achieved by limiting participant choice, concentrating the market, keeping shared homes fully occupied, or making people responsible for vacancies. Commissioning must not create financial incentives to place people together, prevent them from changing providers or maintain service models that would otherwise be inconsistent with their rights.

Sustainable services require funding that reflects the actual cost of delivering safe and high-quality support. This includes a skilled and fairly paid workforce, supervision, training, cultural safety, emergency and transition capacity, and the additional costs of operating in regional, rural and remote

communities. Funding arrangements must also enable smaller, individualised and community-controlled models to operate, rather than favouring only large providers who are able to absorb financial risk.

If commissioning proceeds, its success must be determined primarily by whether people experience greater rights, choice, safety and control, not by whether government achieves administrative efficiency or providers achieve financial certainty. Any outcomes framework must therefore be developed and evaluated with people who use or have used supported living services.

5. Minimum safeguards if commissioning proceeds

These safeguards do not amount to FPDN endorsement of SIL commissioning. They are minimum conditions intended to prevent foreseeable harm if the government decides to proceed.

Before any commissioning model is approved or piloted, government must:

- publish a human rights impact assessment, including an assessment of compatibility with CRPD Article 19 and the risk of institutionalisation or trans-institutionalisation
- co-design the model with people who use SIL, people with high support needs, First Nations people with disability and their representative organisations
- prohibit compulsory placements, assigned providers and any requirement to share a home or supports as a condition of receiving funding
- require providers to prevent and reduce restrictive practices and work towards their elimination, with independent oversight and enforceable accountability
- ensure housing is not conditional on using a particular support provider
- ensure participants can retain their home and essential supports when changing providers
- recognise and address the barriers to genuine individual choice created by shared support arrangements
- direct commissioning towards expanding individualised support options and addressing identified local service gaps
- require commissioning affecting Aboriginal and Torres Strait Islander people or communities to be community-led or community-controlled
- require cultural safety to be a mandatory and enforceable quality and safeguarding requirement for every commissioned SIL provider
- establish independent monitoring, independent advocacy, accessible complaints, rapid safeguarding responses and enforceable remedies, supported by publicly reported and disaggregated data.

Cultural safety must be a mandatory safeguard

Cultural safety must be treated as a mandatory quality and safeguarding requirement for commissioned SIL services, not as an optional feature of participant choice or a matter addressed through workforce training alone.

The consultation paper contains a significant gap. It expressly identifies Aboriginal and Torres Strait Islander communities in Question 1 and refers to the availability of culturally safe services in Question 5. However, cultural safety is not expressly included in its definitions of either service quality or safeguards.

This risks treating cultural safety as something desirable when available, rather than a basic condition of safe and high-quality service delivery.[10]

The Australian Government should require all commissioned SIL providers to comply with enforceable cultural safety requirements. These requirements should be strengthened and embedded throughout the NDIS Practice Standards and Quality Indicators for SIL providers. Compliance should be assessed through provider registration, audits by approved quality auditors and ongoing compliance activity by the NDIS Quality and Safeguards Commission, with regulatory action taken where providers fail to meet the requirements.[11]

The existing SIL Practice Governance Standard refers to worker training in cultural safety. This is necessary but insufficient. Completion of training does not demonstrate that a service is culturally safe. Providers must be required to show that cultural safety is embedded across their governance, workforce, service delivery, safeguarding, complaints and incident-management processes, and the outcomes experienced by Aboriginal and Torres Strait Islander participants.

Measurable cultural safety indicators should be developed in genuine partnership with Aboriginal and Torres Strait Islander people with disability and their representative organisations. Compliance should require evidence of:

- organisational governance, policies and accountability for cultural safety, rather than reliance on training alone;
- demonstrated workforce cultural capability, supported by ongoing supervision and competency assessment;
- culturally safe support planning, risk assessment and safeguarding practices;
- protection of each participant's connection to family, kin, community, culture and Country;
- recognition of Aboriginal and Torres Strait Islander understandings of family, community, collective relationships and decision-making, while preserving the participant's individual rights, will and preferences;
- culturally safe, accessible and trauma-informed complaints and incident-response mechanisms;
- access to independent and culturally safe First Nations disability advocacy;
- active and accountable relationships with First Nations disability organisations and relevant local Aboriginal community-controlled organisations;
- participant-defined measures of cultural safety, recognising that cultural safety is determined by the person receiving the service;
- monitoring and public reporting of service outcomes, incidents and complaints affecting Aboriginal and Torres Strait Islander participants; and
- corrective and regulatory consequences where a provider fails to meet cultural safety requirements, particularly where failures are serious, systemic or repeated.

These requirements must apply equally in metropolitan, regional, rural and remote areas. Commissioning must not lower expectations of cultural safety because culturally safe providers are limited or a local service market is thin. Government must instead invest in First Nations community-controlled service capacity and ensure commissioning arrangements support, rather than displace, trusted local organisations.

Cultural safety is inseparable from service quality and safeguarding. A SIL service cannot be considered safe or high quality if it isolates a participant from family, community, culture or Country; fails to

recognise racism or cultural harm; prevents culturally informed decision-making; or does not provide a safe and accessible way to raise concerns.

Recommendations

FPDN recommends that the Australian Government:

1. make deinstitutionalisation and the expansion of individualised housing and support options the primary objective of home and living reform.
2. not introduce SIL commissioning where it would entrench shared, congregated or provider-controlled living, reduce participant choice or tie access to support to a particular living arrangement.
3. use any commissioning only to increase the availability of supports and address demonstrated service gaps, without requiring people to enter or remain in shared living arrangements or accept a provider selected for the household.
4. ensure commissioning affecting Aboriginal and Torres Strait Islander people or communities is community-led or community-controlled, prioritises and builds the capacity of ACCOs, does not displace trusted local organisations, and is designed, governed and evaluated with Aboriginal and Torres Strait Islander people with disability and their representative organisations.
5. require any quality and outcomes framework to be developed, governed and evaluated with people who use or have used supported living services, including Aboriginal and Torres Strait Islander people with disability, and to include participant-defined cultural safety indicators and disaggregated monitoring of outcomes, incidents and complaints affecting Aboriginal and Torres Strait Islander participants.
6. (if commissioning proceeds), make cultural safety a mandatory and enforceable quality and safeguarding requirement for every commissioned SIL provider; embed measurable requirements in the NDIS Practice Standards and Quality Indicators; and assess compliance through provider registration, independent audit and ongoing regulatory activity by the NDIS Quality and Safeguards Commission, with corrective and enforcement action where requirements are not met.
7. (if commissioning proceeds), require providers to prevent and reduce restrictive practices and work towards their elimination, supported by independent oversight and enforceable accountability.
8. publish a human rights impact assessment and implementation safeguards before any commissioning model is approved or piloted.

Conclusion

Australia should not respond to problems in SIL by making SIL more permanent. The objective must be to reduce institutional and provider control and expand individualised, culturally safe supports that enable people with disability to live in homes and communities of their choosing.
Government intervention should create those options, including supports that enable Aboriginal and Torres Strait Islander people with disability to remain connected to family, community, culture and Country. It must not commission restrictive living arrangements on participants' behalf.

First Peoples Disability Network

References

1. United Nations, *Convention on the Rights of Persons with Disabilities*, article 19; Committee on the Rights of Persons with Disabilities, *General Comment No. 5 (2017) on living independently and being included in the community*.
2. Committee on the Rights of Persons with Disabilities, *Concluding observations on the combined second and third periodic reports of Australia*, CRPD/C/AUS/CO/2-3 (2019), paragraphs 37(a) and 38(a).
3. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report*, Volume 7, Part C (2023), particularly recommendations 7.41–7.44.
4. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report*, Volume 9: *First Nations people with disability* (2023), particularly sections 1.3 and 2.2 on the impacts and legacy of colonisation, Chapter 3 on cultural safety, and Recommendation 9.12 on disability-inclusive cultural safety standards, https://disability.royalcommission.gov.au/publications/final-report-volume-9-first-nations-people-disability.
5. United Nations, *Convention on the Elimination of All Forms of Discrimination against Women*; Committee on the Elimination of Discrimination against Women, *General Recommendation No. 35 (2017)*, paragraph 28, and *General Recommendation No. 39 (2022) on the rights of Indigenous women and girls*.
6. First Peoples Disability Network Australia, *Position Statement: Housing and Homelessness* (May 2026), pages 1 and 3.
7. First Peoples Disability Network Australia, *Submission to the inquiry into NDIS participant experience in rural, regional and remote Australia* (2024), pages 17–19.
8. United Nations, *United Nations Declaration on the Rights of Indigenous Peoples*, articles 18, 19 and 21–23.
9. Australian Government, *Australia's Disability Strategy 2021–2031*, outcome areas: Inclusive Homes and Communities; Safety, Rights and Justice; and Personal and Community Support; Coalition of Peaks and Australian Governments, *National Agreement on Closing the Gap*, Priority Reforms One to Three.
10. Australian Government Department of Health, Disability and Ageing, *Public consultation to help inform a possible 'commissioning' approach for part of the SIL market* (2026), consultation webpage and discussion paper, particularly Questions 1, 2, 3 and 5, https://consultations.health.gov.au/disability-and-carers-group/sil-consultation/.
11. NDIS Quality and Safeguards Commission, *Supported independent living: Practice governance* (29 June 2026), particularly the Practice Governance Standard and its quality indicators; *National Disability Insurance Scheme Act 2013* (Cth), Part 3A; and *National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018* (Cth), https://www.ndiscommission.gov.au/rules-and-standards/ndis-practice-standards/sil/practice-governance.

Accessibility Statement

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