



Curiosity into capability

Submission on Supported Independent Living commissioning

Public consultation to help inform a possible 'commissioning' approach for part of the SIL market

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Position

Commission the conditions for reliable, safe and sustainable support - not ownership of the participant, their home, their relationships or their decisions.

Executive summary

NableU supports a more active government role where the ordinary NDIS market is not reliably delivering safe, high-quality and sustainable Supported Independent Living (SIL). We do not support commissioning becoming a default mechanism that replaces participant-directed choice with government allocation, provider capture or regional monopoly.

The Department's consultation paper says approximately 37,000 participants receive SIL and annual government expenditure exceeds \$16 billion. It also makes clear that commissioning may not be suitable for the whole SIL market and that no decision has been made about its form, scope or implementation. [1]

The case for stronger market stewardship is real. The NDIS Review found that competition alone has not delivered access in every market, that thin markets can leave participants with limited or no access to supports, and that government needs a wider set of market tools including alternative commissioning and provider-of-last-resort arrangements. [5][6][7]

The case for restraint is equally real. The NDIS Review also found that many people receiving housing and living supports have too little choice about where they live, who supports them and who they live with, and that SIL and group-home arrangements continue to dominate despite concerns about choice, inclusion and innovation. [4]

NableU therefore recommends targeted, reversible commissioning where a defined market or continuity failure is evidenced, with participant rights built into the commissioning architecture rather than left to provider discretion.

Principal recommendations

1. Participant authority remains primary. Additional government oversight must not become additional government ownership of personal decisions.
2. Housing and support remain legally and practically separable. A participant must not risk losing their home because they change SIL provider. [2][3]
3. Choice must remain real inside commissioned markets. Preserve provider and worker choice wherever practicable; where only one provider is viable, preserve other dimensions of choice and strong exit and review rights.
4. Commissioning should respond to a defined failure, not become the default architecture for SIL. Review whether the intervention remains necessary.
5. Provider-of-last-resort arrangements should be explicit for essential 24/7 support. [7][8]
6. Quality should be measured through participant outcomes and lived experience, not merely compliance activity, hours delivered or cost.
7. Safeguards should be evidence-based, proportionate and reviewable rather than paternalistic.
8. Workers require training, supervision, stable rostering, handover, debriefing, escalation pathways and adequate staffing.
9. Technology should reduce friction without expanding surveillance; portability and interoperability should be contractual expectations.
10. Provider sustainability must recognise genuine availability, workforce, thin-market and quality costs without insulating providers from participant choice.

About NableU

NableU Community Systems Incorporated is a NSW incorporated not-for-profit community association developing participant-first support and community infrastructure. Its public-benefit objects include reducing disability and neurodivergence-related disadvantage, promoting dignity, agency, autonomy, cognitive equity and accessibility, developing accessible physical and digital infrastructure, building practical capability, and undertaking research and policy advocacy.

NableU is not making this submission as a SIL provider. Our contribution is a participant-first systems and policy perspective informed by disability and neurodivergent lived experience, support-system design, the NDIS reform evidence base, and our work on explicit consent, delegated authority, portability, continuity, cognitive accessibility and support relationships.

Our policy canon asks whether a system leaves the person with more effective agency, capability, understanding, connection and control than they would otherwise have had, without imposing avoidable harm or burden on other people.

That question is particularly important in SIL because support is delivered inside a person's home, often continuously. SIL can therefore become either an unusually strong enabler of autonomy or an unusually strong source of institutional control.

Threshold position: when commissioning is justified

Commissioning is not inherently participant-centred or provider-centred. Its effect depends on design.

The NDIS Review recognised that ordinary competition does not work in every disability-support market. Thin markets can leave people with funded supports but no viable service, and governments need more than passive market monitoring when critical supports cannot be obtained. [5][6]

However, SIL also sits in a domain where reviews have repeatedly identified weak choice, provider dominance, group-home institutional dynamics and conflicts between housing and support. [4] A poorly designed commissioning model could reinforce those problems by replacing an imperfect open market with a small number of geographically protected providers and weaker exit rights.

NableU recommends a presumption in favour of participant-directed purchasing where it is functioning, with commissioning introduced where the Department can identify a specific problem the model is expected to solve, such as:

- persistent thin-market failure;
- repeated inability to sustain 24/7 coverage;
- provider withdrawal or collapse risk;
- serious and persistent quality failure not corrected by ordinary regulation;
- participants with complex support needs being systematically declined by the market;
- regional or remote service gaps;
- failed transitions from hospital, residential aged care, justice, homelessness or other institutional settings; or
- circumstances where continuity of essential support cannot reasonably be secured through ordinary market mechanisms.

For each commissioned cohort or geography, government should publish the problem definition, evidence for intervention, expected outcomes and review criteria. Commissioning should be capable of stepping back if the market becomes sufficiently functional; it should not become permanent through administrative inertia.

Question 1 - Participants

Which SIL participants could benefit most from additional government oversight?

The relevant question should not be "which diagnoses need more government control?" It should be "where is the risk of market or service failure greatest, and where would additional stewardship materially improve continuity, quality or participant outcomes?"

Participants most likely to benefit include people who:

- require genuinely continuous or high-intensity support where a service interruption creates immediate risk;
- live in rural, regional or remote communities with few viable providers or significant workforce shortages;
- have highly specialised support requirements that only a limited workforce can safely deliver;
- have experienced repeated provider withdrawal, failed placements or unstable rosters;
- are transitioning from hospital, residential aged care, justice, homelessness or another setting where failure to establish support can prolong institutionalisation or create crisis;
- receive shared supports where one provider's commercial decisions materially affect several participants at once;
- live in arrangements where the same or related entity controls both housing and support, creating heightened conflict-of-interest risk;
- have communication, cognitive or decision-support needs that make it harder to identify poor practice, change provider or use complaints processes without assistance;
- have limited informal advocacy or are socially isolated;
- are at heightened risk of neglect, coercion or restrictive practices; or
- are consistently unable to access funded supports because the relevant market is not functioning.

Additional oversight should not reduce the rights of these participants. Higher vulnerability to market failure is a reason for more effective support for choice, not less choice.

Commissioning eligibility should therefore be based on observable market and service conditions rather than diagnosis alone. Participants should receive an accessible explanation of why a commissioned pathway applies, what choices remain, how they can challenge or review the arrangement, and when the arrangement will be reconsidered.

Question 2 - Quality

What do high-quality SIL supports look like?

High-quality SIL starts with a simple proposition: the workplace is somebody's home, not the other way around.

The current SIL Practice Governance Standard says workers should recognise that their workplace is first and foremost a participant's home. It requires rights-based, person-centred and trauma-informed practice, supported decision-making, worker competence and support that reflects the participant's needs, preferences and communication style. [2]

The tenancy, housing and support standard separately requires clear, accessible arrangements and states that tenancy should not be contingent on receiving services from a particular provider. Participants should be able to review, change or end service arrangements without being disadvantaged in relation to housing. [3]

A commissioning model should reinforce those standards rather than create a competing quality regime. In practice, high-quality SIL should mean:

- meaningful participant control over daily routines, privacy, visitors, food, relationships, activities and use of the home;
- participant influence over who supports them and a safe way to raise concerns about individual workers;
- workers who understand the participant's communication style, support needs, preferences and goals;
- minimised worker turnover and unplanned substitutions, with early and accessible communication when changes are unavoidable;
- proper handover and demonstrated competence before workers independently deliver specialised supports;
- shared support arrangements that do not erase individual goals, privacy or legitimate one-to-one needs;
- support for ordinary community life rather than an institutional routine organised mainly around provider efficiency;
- access to clear information about funded support, delivery, ratios and what happens when staffing or house circumstances change;
- reliable backup arrangements for unfilled shifts;
- learning and corrective action from incidents, complaints and recurring failures;
- capability-building where consistent with participant goals, without forced independence; and
- tenancy security through reasonable changes in support provider.

Quality measures for commissioning

Government should not judge commissioned SIL primarily by hours delivered, claims volume or an absence of formal complaints. A low complaint rate can indicate high quality, but it can also indicate fear, inaccessibility or lack of confidence that complaining will help.

A balanced quality dataset should include:

- participant-reported experience and participant-defined goal progress;

- frequency and duration of unplanned support gaps;
- worker continuity and turnover;
- participant involvement in worker, housemate and home decisions;
- complaints, resolution time, repeat complaints and evidence of retaliation protection;
- use and reduction of restrictive practices where applicable;
- preventable hospitalisation or crisis escalation only where a reliable causal relationship can be established;
- community participation and maintenance of relationships where these are participant goals;
- tenancy stability;
- provider exits and emergency transfers;
- workforce supervision and training; and
- independent audit findings connected to actual participant experience rather than document presence alone.

Outcome measures should be risk-adjusted so providers are not rewarded for avoiding participants with more complex support needs.

Question 3 - Safeguards

How should SIL supports protect safety, health, wellbeing and rights?

Safeguarding should protect people without converting their home into a controlled institution.

The strongest safeguard is not a single compliance mechanism. It is a system in which power is distributed, decisions are visible, participants can communicate safely, workers are competent and supported, housing is not contingent on accepting one provider, and there is a credible path to exit when something is wrong.

Independent and cognitively accessible complaints

Participants need a route to raise concerns outside the provider's management chain. Complaints processes should support different communication modes, advocates and supporters, and should not depend on sustained executive function, repeated retelling of the same history or one rigid channel.

Commissioners should monitor not only complaint numbers but whether participants know how to complain, whether complaints are resolved, whether similar concerns recur and whether any adverse service or housing consequence follows a complaint.

Separation of housing and support

The 2026 SIL Practice Standards now make this expectation explicit. [3] Commissioning contracts should make separation of tenancy and support a structural condition, not merely a provider policy. Where one corporate group or related entities provide both housing and support, conflicts should be transparent and independently monitored.

Supported decision-making

Participants should receive the time, communication method and assistance necessary to understand decisions about routines, workers, housemates, services, risks and changes to support. Supported decision-making is now a dedicated element of the SIL Practice Standards and should be embedded in commissioning requirements. [2] The existence of a nominee, guardian or family member should not automatically displace the participant's own will, preferences and communication.

Proportionate risk management

Risk cannot be removed from ordinary life. Safeguards should recognise dignity of risk and use the least restrictive response capable of addressing the demonstrated danger. A commissioning contract should not reward blanket institutional restrictions simply because they are administratively easier to defend.

Workforce safeguarding

Poorly supported workers become a participant-safety risk. Providers should demonstrate:

- competent induction and handover;
- training matched to actual participant needs;
- supervision and practice leadership;

- adequate staffing and realistic rosters;
- access to debriefing after difficult or distressing incidents;
- escalation pathways when a worker is outside their competence or an environment is unsafe; and
- systems that allow workers to report poor practice without retaliation.

This supports participants and workers simultaneously rather than treating their interests as opposing.

Provider of last resort and continuity

The NDIS Review recommended a published provider-of-last-resort policy to ensure participants continue to access supports when markets fail. [7] The Disability Royal Commission separately recommended urgent coordinated provider-of-last-resort arrangements. Governments accepted that recommendation in principle, and the latest published progress report records it as in progress. [8]

SIL commissioning should integrate with that national continuity architecture. Participants who cannot safely go without support should not have to discover during a provider failure which government body considers the problem somebody else's responsibility.

Question 4 - Innovation

How can innovation enhance SIL quality and participant outcomes?

Innovation should be judged by whether it gives participants a better life, more effective agency, safer continuity or greater capability - not by whether a provider has introduced a new product, dashboard or organisational process.

Promising areas include:

- assistive and smart-home technology chosen by the participant to increase control and reduce unnecessary dependence;
- participant-controlled digital support plans and communication preferences that can move with the participant across workers and providers;
- better scheduling and continuity systems that give participants early notice of changes and reduce missed shifts;
- workforce models that retain trusted workers and allow appropriate participant input into recruitment and team composition;
- shared-support models that achieve efficiency without requiring people to surrender choice over where or with whom they live;
- small-provider, cooperative or consortium models that can pool back-office capability while preserving local relationships;
- local workforce development in thin markets;
- interoperable records that allow a participant to change provider without rebuilding their entire support history; and
- data systems that identify service gaps and recurring quality problems without turning the participant's home into a surveillance environment.

Commissioning should enable innovation, not freeze one service model

Long contracts and narrow procurement specifications can entrench incumbent practice. Government should specify the outcomes, rights and minimum safety conditions that must be achieved while leaving room for different delivery models.

Smaller, community-controlled and participant-led organisations should have realistic routes into commissioned markets. Procurement requirements should be proportionate to service risk and should not create administrative barriers so large that only the biggest incumbents can compete.

Technology procurement should require data portability and interoperability where practical. A participant should not lose practical access to their own support information because a provider contract ends.

Question 5 - Participant choice

How can effective choice and control be enhanced, including in smaller regions?

The greatest risk in SIL commissioning is that government solves "too few viable providers" by formally giving participants only one provider.

Where a market can sustain several good providers, participants should continue to choose among them. Where it cannot, commissioning should preserve as many dimensions of choice as the market genuinely allows.

Choice should be decomposed rather than treated as all-or-nothing

Even if a locality can sustain only one commissioned provider for a shared overnight or availability component, it may still be possible for participants to retain choice over:

- individual one-to-one workers;
- some individual support components;
- daily routines and scheduling;
- who enters private areas of the home;
- housemates and new-tenant decisions;
- community participation supports;
- advocates and decision supporters; and
- whether to change housing where another viable arrangement exists.

Commissioning design should preserve these choices explicitly rather than allowing a shared-support contract to expand into control of every support relationship.

Minimum safeguards where a single provider is commissioned

- an independent and accessible complaints route;
- transparent quality and performance information;
- participant governance or structured participant input;
- periodic independent review and re-tender or market testing;
- clear termination and replacement triggers;
- protection against retaliation;
- rights to use external individual supports where operationally safe and funded;
- data portability;
- no tenancy penalty for provider complaints or reasonable support changes; and
- a clear mechanism for participants collectively to seek replacement where confidence has materially broken down.

Thin markets require active market development

Commissioning should not simply declare a market permanently thin. Government should continue to build supply through regional loadings where justified, local workforce training, coordinated demand information, community-controlled and locally governed providers, provider consortia, shared infrastructure, transitional assistance for new entrants, and provider-of-last-resort arrangements for acute failure.

The NDIS Review describes a spectrum of market tools between passive markets and direct commissioning, including market facilitation, market access settings, pricing and payment approaches, alternative commissioning and provider-of-last-resort arrangements. [6] SIL policy should use that spectrum rather than assume one national model will fit every market.

Question 6 - Provider sustainability

What is needed to ensure SIL providers are sustainable?

Provider sustainability matters because a financially non-viable 24/7 support service eventually becomes a participant continuity and safety problem. However, sustainability should mean the ability to deliver reliable, rights-based support over time - not protection from participant choice or competition.

A sustainable model should recognise the real cost of:

- 24/7 availability and backup coverage;
- workforce recruitment and retention;
- competent induction, supervision and ongoing training;
- participant-specific handover and practice leadership;
- operating in rural, regional, remote or otherwise thin markets;
- emergency and transition arrangements;
- compliance and quality assurance;
- vacancies and temporary changes in shared arrangements where these create genuine unavoidable costs; and
- coordinating complex shared and individual supports.

Payment design

Government should consider payment structures that separate legitimate availability and market-maintenance costs from actual participant support delivery. This can reduce pressure to recover system costs through opaque participant charges or over-servicing.

Potential models could combine transparent participant-linked funding for delivered supports, explicit availability or thin-market payments where necessary, time-limited transition funding, carefully designed quality components with anti-gaming protections, and provider-of-last-resort funding for exceptional continuity obligations.

Outcome-based payment should be used cautiously. Poorly designed metrics can incentivise providers to avoid participants with more complex needs or optimise documentation rather than life outcomes.

Administrative proportionality

SIL providers must be registered and the new SIL Practice Standards apply from 1 July 2026. [2] Commissioning should not duplicate the same assurance work through parallel contract reporting unless the additional information serves a clear purpose.

Government should ask of every additional reporting requirement:

- 1. What risk or decision does this information support?**
- 2. Is the burden proportionate?**
- 3. Can the same assurance be obtained from existing verified evidence?**
- 4. Can the process be simplified without reducing accountability?**

Provider diversity

A sustainable market should not become a market of only very large organisations. Smaller providers, local organisations, cooperatives and participant-led models can offer continuity, local knowledge and relational quality that large procurement systems sometimes struggle to reproduce.

Commissioning criteria should test capability, governance, workforce resilience and outcomes proportionately rather than using organisational scale itself as a proxy for quality.

Ten design requirements for any future SIL commissioning model

1. Publish the problem definition before selecting the commissioning model

For each commissioned cohort or geography, identify the failure being addressed, the evidence supporting intervention and the intended outcome.

2. Preserve participant-directed purchasing wherever the market is functioning

Commissioning should not displace functional participant choice merely for administrative consistency.

3. Separate housing, shared-support commissioning and individual support authority

Do not allow a contract for one layer to silently confer control over the others.

4. Build portability into contracts

Participants should retain accessible copies of service agreements, support preferences, relevant plans, schedules and information necessary to transition safely between providers, subject to privacy and lawful recordkeeping requirements.

5. Require supported decision-making and cognitive accessibility throughout

Important information, complaints, provider changes, reviews and consent processes must be available in forms the participant can actually use.

6. Measure continuity as a first-class quality outcome

Track unfilled shifts, emergency substitutions, worker turnover, notice of changes and participant experience of continuity.

7. Establish transparent provider-of-last-resort responsibility

Participants requiring essential continuous support should never have to discover during a provider collapse which government body considers the problem somebody else's responsibility.

8. Protect relationship continuity

Participants should be able, where lawful and practically feasible, to preserve trusted worker relationships when changing provider. Commissioning contracts should avoid structures that unnecessarily capture worker-participant relationships.

9. Preserve contestability even where competition is impossible

A single active provider should still face transparent standards, independent review, replacement mechanisms and periodic testing of whether alternatives have become viable.

10. Require open evaluation and an exit test

Government should publish the evaluation framework, aggregate performance measures, participant experience findings and evidence used to decide whether commissioning should expand, change, continue or end.

Conclusion

SIL commissioning could improve outcomes where the existing market is genuinely failing. It could also reproduce older institutional dynamics under a new procurement structure if provider viability becomes the organising principle and participant authority becomes secondary.

The policy objective should therefore not be to choose between "market" and "commissioning" as ideologies. It should be to use the least controlling mechanism that reliably delivers safe, high-quality and sustainable support in the circumstances.

A successful SIL system should make reliable support easier to obtain without making the participant easier to control.

Government should intervene strongly where continuity, quality or market viability requires it, while preserving the maximum meaningful participant choice, portability, dignity and authority compatible with those safeguards.

References

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