Self Manager Hub

Submission on Supported Independent Living commissioning

Participant choice and control must remain at the heart of the NDIS

Consultation: Supported Independent Living (SIL): What does good look like?

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Our position

The NDIS foundational principles are participant choice and control. Government must respect these principles and preserve each participant's right to decide where they live and who provides their support. Commissioned services must be opt-in. No participant should be forced into a commissioned service or have their self-directed or individualised arrangement disrupted by commissioning.

About Self Manager Hub

Self Manager Hub is Australia's leading organisation for NDIS participants and nominees who self-direct their supports, including people who self-manage their funding. We support people who self-manage or self-direct their supports to build arrangements that reflect their own lives, priorities, needs and capabilities.

Our perspective is grounded in lived experience, including the experience of people with high and complex support needs who rely on support every day. Many have developed highly individualised arrangements because standard provider-led models did not deliver the flexibility, continuity, safety or control they needed.

Executive summary

Self Manager Hub welcomes efforts to improve SIL quality, safety and sustainability. There are serious and longstanding problems in some SIL settings. Stronger oversight of providers, better information, independent monitoring and effective enforcement are needed. However, greater government control over provider selection is not the solution.

The consultation paper says commissioning may change how some participants engage a SIL provider and asks which parts of the market may be most suitable. [1] There is a real risk that commissioning could become a government-controlled list, panel or allocation system that removes participant choice and control over who provides support from participants.

Self Manager Hub strongly opposes any approach that removes or weakens participant choice and control. Commissioned services must be available only on an opt-in basis, with the participant’s free and informed agreement and access to supported decision-making where needed. Participants must be able to decline or leave a commissioned service without being penalised or losing access to the supports they need.

Forcing a person to use one of a small number of government-selected providers (or potentially one provider in regional and remote communities) would remove meaningful choice and control and reduce the safety of participants. It would shift power away from people with disability and towards providers given access to a captive market. A participant's ability to leave is one of the strongest forms of safety and accountability in the NDIS. If leaving means losing funding, housing, shared support arrangements or access to any alternative provider, that accountability largely disappears.

In a closed commissioning model, a provider's commercial accountability shifts to the government contract manager and away from the person receiving support. Meeting contract requirements is not as beneficial to the participant as is listening, adapting and earning the participant's continued trust. Providers with guaranteed access to participants have less incentive to respond when a person's needs, preferences or circumstances change.

Provider accountability to the participant is essential to safety and wellbeing. Participants must be able to leave an unsafe provider and access alternative supports quickly when they experience violence, abuse or neglect. A closed commissioning model risks undermining this safeguard by restricting the providers available and making it harder to leave. These risks are particularly serious for people with high and complex support

needs, people who communicate nonverbally or need communication support, First Nations people, people from culturally and linguistically diverse backgrounds, and people in regional and remote communities. Where commissioning leaves participants with fewer viable provider options, their ability to secure safe, appropriate support will be more severely constrained.

A closed commissioning model would also reduce innovation. New, small, specialist, culturally responsive and participant-led providers could be locked out by procurement thresholds, fixed contract cycles and compliance costs designed around large incumbents. Existing providers would have less reason to adapt when participants cannot readily take their funding elsewhere. Government would risk entrenching the very service models the consultation is meant to improve.

Commissioning should therefore be understood as active market stewardship, not government selection of a participant's provider. Government can set clear standards, monitor outcomes, publish comparable information, invest in workforce and service development, and directly address genuine supply gaps. The participant must retain the final decision about where they live, who they live with and who provides their support. Commissioning must preserve existing self-directed and individualised arrangements, including chosen workers, direct employment, funding management preference and control over day-to-day support.

Recommendations

1. Make commissioned services strictly opt-in. Participation must require the participant’s free and informed agreement, with supported decision-making where needed. No person should be automatically enrolled, allocated to a service or required to opt out. Declining or leaving must not trigger a funding penalty, loss of housing or withdrawal of essential support.
2. Rule out closed provider panels, provider allocation and any requirement that participants use only a government-contracted or government-approved subset of otherwise lawful providers.
3. Require a minimum of three panel provider options, including in regional and remote communities.
4. Keep SIL funding individualised and portable. Funding must follow the participant when they change provider, move home or choose a different home and living arrangement.
5. Protect continuity of existing arrangements. Commissioning must not disrupt a participant’s chosen providers or workers, direct employment, self-direction, individualised living arrangement or funding management. No transition should occur merely to fit a commissioning model. Any participant-chosen transition must be planned with them and maintain uninterrupted support.
6. Fund supported decision-making, independent advocacy and accessible information so that people can make and act on their own decisions.
7. Separate housing and support wherever possible. A participant must be able to change their SIL provider without risking their tenancy, home or relationships with housemates.

8. Prohibit commissioning arrangements that compel shared living, predetermined housemates, fixed staffing ratios or group-based routines against a participant's will and preferences.
9. Maintain open pathways for new, innovative, specialist, culturally responsive, regional and participant-led providers to enter the market and grow.
10. Protect self-management, direct employment, self-direction and other individualised home and living arrangements as ongoing choices for both existing and new participants. Receiving 24/7 support must not trigger compulsory entry into provider-led SIL or a commissioned service. Participants must remain free to establish or develop an individualised arrangement outside the commissioned system.
11. Use commissioning in thin markets only to add supply or guarantee a service of last resort. Participation must remain opt-in, including in regional, rural and remote areas. Any arrangement should be locally co-designed, time-limited and independently reviewed, while preserving individual funding and the right to choose an alternative provider or self-directed arrangement. Critically, multiple people with disability from the local community must be included in the decision-making panel responsible for selecting commissioned providers.
12. Require the NDIS Quality and Safeguards Commission to prioritise rapid response and action to complaints about SIL and SDA providers, with strong whistleblower protections and protections for NDIS participants against repercussions by providers.
13. Support provider sustainability through evidence-based pricing, rural and remote loadings, workforce development, continuity funding and streamlined administration, not guaranteed access to captive participants.
14. Require detailed co-design with people who receive SIL, including people with intellectual disability, communication support needs, First Nations people, and culturally and linguistically diverse communities.
15. Publish the proposed model, evidence base, human rights assessment, competition assessment, costs, provider selection rules and participant protections before any decision. Pilot and independently evaluate the model, with clear stop criteria and a sunset clause.

Threshold issue: what does 'commissioning' mean?

The paper defines commissioning broadly as government taking a more active role in planning, funding, delivery and monitoring. It also says commissioning may change how some participants engage a SIL provider. [1] Those words cover very different possibilities, from sensible market stewardship to a closed procurement system that determines which providers participants may use.

This distinction must be resolved before policy development proceeds. Government oversight of quality is not the same as government control of personal decisions. The government has a legitimate role in setting enforceable standards, monitoring provider conduct, correcting market failures and ensuring services and service choice exist in thin markets. It should not take over the participant's role as purchaser and decision-maker.

The NDIS foundational principles are participant choice and control. Government must respect these principles and preserve the participant’s right to decide where they live and

who provides their support. An opt-in model must add a genuine option without displacing existing arrangements or closing off individualised alternatives.

The following features would be unacceptable:

- a closed list or panel that participants must use
- government or an intermediary allocating a provider to a person or household
- funding paid to a contracted provider in a way that prevents the participant taking it elsewhere
- contracts that bundle housing, support, shared staffing and vacancy management so tightly that changing provider becomes impractical or impossible
- automatically transferring participants into a commissioned service, or disrupting their chosen providers, workers or self-directed arrangements without their free and informed agreement
- procurement criteria that effectively exclude small, emerging, specialist or participant-led providers or individualised living arrangements designed by the participant or their informal support network.

Rights and policy foundations

Choice and control are not optional features of the NDIS. The NDIS Act states that people with disability should be supported to exercise choice in planning and delivery, determine their own best interests, and engage as equal partners in decisions affecting their lives. It also says plan preparation and funding management should, as far as reasonably practicable, be individualised and directed by the participant. [2] A commissioning model should be tested against these principles from the outset.

Article 19 of the United Nations Convention on the Rights of Persons with Disabilities recognises the equal right to live in the community, to choose where and with whom to live, and not to be obliged to live in a particular arrangement. The UNCRPD Committee's guidance makes clear that independent living involves control over day-to-day life and access to individualised support responsive to personal requirements. [3] [4] Restricting the providers a person can choose directly constrains those freedoms because SIL workers enter the person's home and influence almost every part of daily life.

The Disability Royal Commission concluded that people with disability should be able to choose where, with whom and how they live, and who supports them. It also warned that denying choice and control can increase exposure to violence, abuse, neglect and exploitation. [5] [6] A policy intended to improve safeguards must not weaken the person's practical power to reject, leave or replace a service.

The NDIS Review similarly recommended genuine choice and control in housing and living supports and a diverse, innovative range of options. [7] Its market analysis explains that competition can improve quality because participants can leave poor-performing providers and move their funding to better ones. [8] A closed provider market would move in the opposite direction.

Responses to the consultation questions

Question 1: Which participants could benefit from additional government oversight?

Additional oversight may benefit participants where there is evidence of provider or market failure, abuse, violence, neglect, or repeated service breakdown, conflicts between housing and support, or a genuine local supply gap.

No participant cohort should lose choice because government considers them "high risk" or "high intensity". High support needs, intellectual disability, complex communication needs, limited informal support or residence in a group home must not become grounds for reducing self-determination. Vulnerability arises from unequal power, dependence on a single provider, insecure housing and lack of independent support. A closed commissioning model could intensify those conditions.

Practical features of helpful oversight include:

- independent monitoring proportionate to identified risks
- regular private contact with participants using their preferred communication method
- access to independent advocacy and supported decision-making
- rapid investigation of complaints, incidents and unexplained service changes
- continuity support when a provider fails or a participant wants to leave
- targeted market development where there are too few genuine options

Where government commissions a service to fill a gap, participation must be voluntary and opt-in. This must apply to every participant, including people with high support needs and people in thin markets. A lack of local options must trigger investment in alternatives and continuity support, not compulsory entry into a commissioned service. The commissioned option must sit alongside individual funding, self-directed arrangements and open-market choices.

Question 2: What do high-quality SIL supports look like?

High-quality SIL starts with the person, not the provider's operating model. Quality is experienced in ordinary life: who comes into the home, whether workers have the necessary values and attitudes, whether communication is clear and effective, whether participant needs and preferences are upheld and respected, whether the person can make decisions and choices, and whether support builds a life in the community rather than organising a person's life around the needs of a provider.

High-quality SIL should include:

- the participant freely choosing whether or not to use one of the commissioned services, choosing their provider and having a supported pathway to leave or change provider
- meaningful influence over recruitment, matching, training and removal of individual workers

- support based on the participant's goals, culture, identity, communication and daily preferences
- reliable staffing, chosen workers and continuity of relationships
- privacy and control within the home, including private space and participant control over who comes into their home
- individual interests can be pursued and the participant is supported to be a part of their chosen community; rather than persistently grouped with co-residents for all activities
- Transparent, plain English service agreements that are easy to understand and that are tailored to the needs of the participant – with providers required to provide Easy Read service agreements to individuals who need them
- clear outcomes defined with the participant and reviewed with them
- responsive complaints processes with retaliation prohibited and strong whistleblower protections
- separation of housing and support so a complaint or provider change does not threaten the person's home

Government can require these features through standards, contractual conditions for any publicly commissioned service, data reporting, independent audits and enforcement. These requirements should form a floor across the market. They do not require a closed provider pool.

Question 3: How should SIL protect safety, health, wellbeing and rights?

Choice and control are safeguards. A person who can dismiss a provider, take their funding elsewhere and remain in their home has more practical power than a person whose only option is to complain to the same organisation on which they depend.

A captive market weakens this safeguard. If only a small number of commissioned providers can receive SIL funding, participants may reasonably fear that speaking up will jeopardise service continuity or leave them with no alternative. The existence of a complaints policy cannot compensate for the absence of a credible exit.

A strong safeguarding framework should include:

- individualised and portable funding
- independent advocacy and decision-making support
- accessible, confidential and external complaints channels
- anti-retaliation protections and active monitoring after a complaint
- community visitors and participant-led monitoring and peer support
- effective worker screening, supervision, competency checks and incident response
- transparent publication of substantiated compliance action and service quality information

- involving the participant's chosen support network and family in ways that respect their wishes
- clear separation of the roles of funder, provider, landlord and complaint investigator
- mandatory, unannounced community visitor programs in all states and territories (WA and Tasmania do not currently have one)
- Rapid, prioritised complaint handling and response to SIL and SDA complaints by the NDIS Quality and Safeguards Commission

Safeguards should support people to take reasonable risks and make decisions. They should not be used as a rationale for government or providers to substitute their judgement for the person's will and preferences.

Question 4: How can innovation improve SIL?

Innovation often begins outside established service systems. It often emerges from a small or relatively new provider, a culturally specific organisation, a participant-led entity, a direct employment arrangement, or people with disability and our families and support networks responding to market failure. A procurement model built for large providers can screen these options out before participants ever see them.

Long contract terms and high entry costs can freeze the market around current models. Selected providers may focus on compliance with the contract rather than responsiveness to participants. They are not incentivised to be responsive and innovative when they have a captive market of participants.

Government should encourage innovation by:

- keeping funding portable and ensuring participants may use their funding flexibly
- offering seed funding and outcome-based trials for participant-led and small-scale models
- funding co-design and evaluation led by people who use SIL supports
- sharing demand and outcomes data so new providers can identify unmet needs

Question 5: How can participant choice and control be enhanced?

This question should determine whether commissioning proceeds at all. Choice must mean more than choosing between two or three providers selected by government, or a single provider in regional and remote communities. It must include the ability to choose a provider outside a panel, keep a trusted existing provider, engage a new entrant, use a participant-led entity, or choose a different home and living support model.

Make consent meaningful and protect continuity

Opt-in must mean an active, informed choice made before entry. Participants must receive accessible information about the service, alternatives, funding implications, how to complain and how to leave, with time and independent support to decide. Silence, a plan reassessment, a provider contract change or another household member's agreement must not be treated as consent. Agreement to one service must not be treated as agreement to transfer all supports.

A decision to decline a commissioned provider must not be used to reduce a participant's budget, change how their funding is managed, remove chosen workers or make access to essential supports conditional on joining. Procurement timelines and provider contract changes must not override the participant's decisions. Written protections must be reflected in policy, commissioning contracts and participant information, with an accessible independent pathway to challenge breaches.

Existing arrangements must continue while any participant-chosen change is planned. Participants must retain control over their workers, roster, recruitment, training and daily routines. If they choose to move into or out of a commissioned service, transition planning must be led by them, preserve valued relationships wherever they wish, and prevent gaps in support. Commissioning must not itself become a reason to reclassify or dismantle an individualised arrangement.

At a minimum, participants should control decisions about:

- who provides their support
- where and with whom they live
- whether supports are shared and with whom
- how and with whom they spend their time
- how workers are recruited, matched, trained and supervised
- how funding is managed and how services are changed

A participant must be able to withdraw consent and leave a commissioned service, including to return to or establish a self-directed or individualised arrangement. They must not lose their home, face a funding penalty or experience a gap in essential support because they make that choice. There must be no exit fee, artificial notice period or requirement to prove provider failure before leaving. Transition support must be available, particularly where needs are complex or shared supports must be reorganised.

In regional, rural and remote areas, limited supply is a reason for government to **build more options**, not formally ration the few options that remain. Measures may include workforce housing, training, travel and remote loadings, support for local and First Nations organisations, provider-of-last-resort arrangements and portable contingency funding. Local commissioning should be community-led with people with disability included in the decision making panel responsible for commissioning providers, and should never prevent a participant engaging another suitable provider.

Accessible information is also essential. Participants should be able to compare provider ownership, workforce stability, complaints, compliance action, use of restrictive practices, prices, shared staffing assumptions and participant-reported outcomes. Government's role should be to make informed choice possible, not to make the choice for the person.

Question 6: What is needed for provider sustainability?

Provider sustainability matters because participants need reliable support. However, sustainability should mean the capacity to deliver safe, high-quality services that people actively choose. It should not mean protecting provider revenue by limiting participants' ability to leave.

Sustainable SIL requires:

- pricing based on the full cost of quality support, including supervision, training and participant engagement
- appropriate rural, remote, complexity, intensity and workforce loadings
- fair conditions, training and career development for workers
- reasonable and consistent administrative requirements
- continuity arrangements for provider failure and workforce shortages
- appropriate vacancy funding that does not pressure participants to accept unsuitable housemates
- timely payment and clear rules about shared-support calculations
- market information that helps responsible providers plan and invest

Commissioning contracts can create financial stability, but they also create concentration risk. Large contracts favour providers with the strongest tendering capacity rather than the strongest participant outcomes. If contracts are used, they should be non-exclusive, open to periodic entry, transparent, subject to performance and rights-based measures, and capable of being ended when participants consistently choose alternatives. Contracts must not promise providers guaranteed participants, compulsory referrals or occupancy targets that create pressure to transfer people from their chosen arrangements.

Provider sustainability and participant power must be aligned. The strongest long-term incentive should be to earn and retain participants' trust by meeting their individual needs.

Minimum design tests for any future model

Before recommending or piloting a commissioning model, government should publish evidence showing that it passes each of the following tests:

- **Opt-in test:** Does entry require free and informed agreement, with supported decision-making where needed, and can every participant decline without penalty or loss of essential support?
- **Continuity test:** Are existing self-directed and individualised arrangements protected from disruption, including chosen workers, direct employment, rosters and funding management?
- **Choice test:** Can existing and new participants choose providers outside any government panel and establish or develop individualised arrangements? Are there a minimum of three commissioned providers in all locations?
- **Exit test:** Can a participant leave promptly, take their funding elsewhere and return to or establish a self-directed arrangement without losing housing or continuity of support?
- **Entry test:** Can capable new, small, specialist and participant-led providers enter throughout the life of the model?

- **Rights test:** Is the model consistent with the NDIS Act's principles, the UNCRPD and supported decision-making?
- **Quality test:** Does the model measure participant-defined outcomes and lived experience?
- **Safeguard test:** Does it reduce dependency and conflicts of interest and provide independent monitoring, advocacy and redress?
- **Thin-market test:** Is intervention limited to a demonstrated supply problem and designed to add options rather than displace them?
- **Transparency test:** Are selection criteria, contracts, performance, complaints, conflicts and evaluation results publicly available?

Co-design, transparency and evaluation

The next stage must be co-designed with people who receive SIL and other forms of 24/7 support. Consultation after officials and providers have settled the main architecture is not co-design. People with disability must share power over the problem definition, options, safeguards, pilot design, evaluation measures and decisions about whether the model continues.

Government should publish the full options paper, modelling, evidence, rights assessment, competition assessment and draft participant protections before selecting a preferred model. Any pilot must be opt-in and have an independent evaluator, public baseline data, participant-defined outcomes, disaggregated results, clear stop criteria and a sunset date. Evaluation must examine whether participants could freely decline and leave, whether existing arrangements were disrupted, and whether individualised alternatives remained available. Any evidence of coercion or commissioning-related interruption of essential support must trigger immediate corrective action and a review of whether the pilot should continue.

Conclusion

SIL supports need reform. Too many people experience rigid services, poor-quality support, unsafe power imbalances and living arrangements shaped around provider convenience. Stronger government action is required, but the form of that action must be directed at increasing participant choice and control, not reduce it.

A government-controlled provider market would repeat a central failure of institutional service systems: decisions about a person's home and support would be made upstream by funders and providers, with the person left to choose only from what has already been decided or have no choice at all. It would reduce innovation and weaken the most immediate accountability mechanism available to participants: taking their funding elsewhere.

Self Manager Hub urges government to adopt participant-led market stewardship. Set and enforce high standards, publish information, invest where supply is weak, and fund independent advocacy and supported decision-making. Any commissioned service must be an option that participants actively choose and can leave. Keep funding portable, protect existing self-directed and individualised arrangements, and preserve each person's authority to decide who enters their home and provides their support.

References

[1] Department of Health, Disability and Ageing, Supported Independent Living (SIL): What does good look like? Consultation paper, August 2026.

[2] National Disability Insurance Scheme Act 2013 (Cth), current compilation as at 27 August 2026, especially sections 4 and 31. View source

[3] United Nations, Convention on the Rights of Persons with Disabilities, Article 19: Living independently and being included in the community. View source

[4] Committee on the Rights of Persons with Disabilities, General comment No. 5 (2017) on living independently and being included in the community. View source

[5] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, Final Report, Volume 7: Inclusive education, employment and housing, 2023. View source

[6] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, Final Report, Volume 10: Disability services, 2023. View source

[7] Independent Review into the NDIS, Working together to deliver the NDIS: Recommendations 8 and 9, 2023. View source

[8] Independent Review into the NDIS, Market challenges, choice, competition and contestability, 2023. View source