SUBMISSION TO THE DEPARTMENT OF HEALTH, AGEING AND DISABILITY

Supported Independent Living (SIL) Commissioning as part of the National Disability Insurance Scheme

SIL Going Forward

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Grazia has held senior roles in government including implementation of a significant state-wide program of reform impacting government and non-government disability service providers that support individuals with an intellectual disability who exhibit behaviours of concern. Grazia has led collaborations involving several agencies/organisations to achieve co-ordinated and integrated service delivery models, multi-agency funding partnerships, and joint initiatives with tertiary education sectors. Most recently Grazia has been a lead quality auditor of the National Disability Insurance Scheme, planning and undertaking quality audits and technical reviews of quality audit reports. She continues to be involved in the disability sector through systemic advocacy and maintains an active interest in the discourse of quality.

The National Ethnic Disability Alliance (NEDA) is Australia's national peak body representing people with disability from culturally and linguistically diverse (CALD) backgrounds, their families, and carers. NEDA holds Disability Representative Organisation (DRO) status and United Nations Economic and Social Council (ECOSOC) consultative status. We are governed by a Board with a majority of people with disability from migrant or refugee backgrounds and have member organisations in every state and territory. NEDA advocates federally for the human rights, inclusion and equitable access of CALD people with disability across all aspects of Australian life.

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Introduction

Supported Independent Living (SIL) supports represents a significant part of the National Disability Insurance Scheme (NDIS) from a budget perspective.

Approximately 37,000 participants are receiving SIL supports and government expenditure on SIL exceeds $16 billion each year.

While only a small proportion of NDIS participants receive SIL, it is one of the largest and most complex support types funded through the NDIS (Supported Independent Living (SIL) August 2026 Consultation Paper).

As at December 2025, there were some 8,500 active providers of SIL supports nationally.

The opportunity to address the proposal for a commissioning approach to SIL provision in the NDIS is much welcomed.

While previous inquiries, reviews, and stakeholder consultations have provided valuable qualitative insights into Supported Independent Living (SIL) operations, a critical gap remains: the absence of a comprehensive, nationwide evaluation of the SIL framework in recent years. These previous initiatives captured vital sector feedback, but lacked the methodology to deliver the robust, empirical evidence that a formal evaluation would have provided.

A commissioning approach could become a driver for *SIL going forward*, guided by the many priorities that have already been voiced by the disability sector. These priorities include quality, efficiency, consistency, equity, choice and control, connectivity to community, personalisation, cultural safety, availability, affordability, the right values, sector capacity, and provider capability. These priorities are not new. They feature throughout NDIS and disability provider and disability advocacy organisation's policies and practices.

The evolution of SILs

It is important to understand the legacy of the "group home" from which SILs emerged, as in some quarters of the sector, the terms are still used interchangeably, but should not be confused.

The concept of SIL, with an emphasis on independence, was formally acknowledged as part of the NDIS quality system only recently. While the NDIS as part of its registration groups requiring provider certification in 2018 listed "Assistance with daily life in a group or shared living arrangement", it was not until 2026 that the new registration group "Assistance with supported independent living" was added to the registration groups. This aligned with the commencement of the new SIL Practice Standards. In the intervening period from, group homes began to be referred to as SILs, were listed as SILs for the purposes of the quality audit, and they were audited against the existing standards of the Core Module of the Quality Practice Standards. It would be untrue to say that shared living in group homes was not audited before 2026.

The “group home” has been in evolution since the days of de-institutionalisation.

Many “group homes” emerged from the time of the de-institutionalisation of disability services for persons with disability, predominantly with cognitive disability. The goal was community integration and participation for persons with disability. The driver was human rights, following inquiries which denounced the harmful aspects of large-scale congregated care environments.

Individuals were offered re-location to suburban living from large institutional facilities into group homes of three or four and even up to 12 householders, all sharing the same house or inter-connected houses and sharing support workers. Daily living supports in these group homes were provided by State government departments or through the non-government sector, initially utilising block funding, and later individualised funding packages.

Over time, these older (legacy) homes were replaced with contemporary, more accessible housing solutions, and greater emphasis was placed on each householder’s right to have a choice of where and with whom they live. Increasingly, daily living supports were provided by the non-government sector.

With the introduction of the National Disability Insurance Scheme (NDIS), individuals residing in group homes, and individuals still “cared for” in other larger community and public health facilities, and privately owned supported residential services, were provided with opportunities to seek individual funding for daily living supports and accommodations of their choice, and to determine which NDIS providers would provide them with each of these supports.

SIL supports are provided for individuals residing in a range of housing settings. NDIS participants who receive SIL supports reside in NDIS-enrolled Specialist Supported Accommodation (SDAs), in social housing, or in private rental properties. They may continue to live in some of the older legacy group homes, but many have re-located to newer group homes, where, hopefully there may be a decreasing number of residents sharing tenancy and supports in line with the participants’ preferences and household sustainability.

There has been a relatively rapid evolution from institution to group homes to SILs. Many individuals who have received SIL approval and funding still reside in “group homes”.

But what is an important distinguishing feature of SIL supports is that they place emphasis on participant’s independence, safeguarding and cultural safety.

Reviews, research and feedback from participants and their families show us that in the right environments, independence can be achieved. This being reliant on support work practices such as active support, with the important support of therapies, through meaningful employment, social and community participation, and satisfactory housing design.

Focus of this submission

This paper highlights the overarching frames that have scaffolded provision of quality supports under the NDIS: the Human Rights principles upon which the NDIS Scheme

was introduced, and the NDIS Quality Framework against which providers are held to account.

Commissioning as a process can be used effectively to target gaps in services, to address under-representation of specific population groups in services, and can be designed to drive innovation and best practice. A well-informed commissioning process can shape how services match the needs of communities and population groups, and provide vulnerable cohorts with much needed safeguards and accountability processes.

This submission presents the case for an equity-oriented commissioning approach to identify providers which provide SILs that match both the disability and cultural needs of special cohorts which thus-far have been under-represented in SIL supports.

It has been documented in research that, for example, under-representation of migrants and refugees in support services has come about because of difficulty in negotiating the application process, limited understanding of the home and living options and of the difference between ILO (Independent Living Options) and SIL, the challenge of accessing personal, medical and allied health documentation that demonstrates need for supports. There may also be a lack of local availability of accommodation/housing suitable to meet their particular cultural needs for ongoing involvement of family, continued use of their preferred language, and maintenance of connection with cultural community.

Government programs across health and human services have identified several cohorts that require additional government attention and monitoring because of a history of exclusionary circumstances. These are:

- people with disability who are Aboriginal or Torres Strait Islander and have culturally specific support needs
- people with disability from culturally, ethnically, and linguistically diverse backgrounds and have culturally specific support needs
- people with disability living in regional, rural and remote areas.

These three groups are referred to throughout the submission as the “specialisation cohorts”, a term used by the Department and clarified below.

The submission is structured around three key areas as prompted by the Department’s key concepts and consultation questions the Supported Independent Living (SIL): What does good look like? Public consultation to help inform a possible ‘commissioning’ approach for part of the SIL market. Consultation Paper released in August 2026.

Key area 1 **Quality and rights**	**What do high-quality SIL supports look like?**
Key area 2	

Safeguarding and accountability	**How should SIL supports protect the safety, health, wellbeing and rights of participants?** **Which SIL participants could benefit most from additional government oversight of planning, delivering and monitoring of SIL supports?**
Key area 3 **Innovation and sustainability**	**How can innovation by SIL providers enhance the quality of SIL supports and outcomes for SIL participants?** **How can effective participant choice and control be enhanced, including in regions with smaller populations?** **What's needed to ensure that SIL providers are sustainable?**

Key Recommendations

Recommendation 1

That the proposed SIL Commissioning approach reflect human rights principles and participant rights as highlighted in the NDIS Practice Standards- the right to

- Person-centred supports
- Individual values and beliefs
- Privacy and Dignity
- Independence and Informed Choice
- Freedom from Violence, Abuse, Neglect, Exploitation and Discrimination

And that commissioning documentation require a provider to demonstrate an understanding of how these rights are upheld and evidenced in provision of daily living supports specifically for a chosen specialisation cohort.

In the context of this submission, *specialisation cohorts are people with disability*

- who are Aboriginal or Torres Strait Islander and have culturally specific support needs, or
- from culturally, ethnically, and linguistically diverse backgrounds and have culturally specific support needs
- live in regional, rural and remote areas.

Recommendation 2

That the commissioning documentation require a provider to describe how they would apply the following elements of the NDIS quality framework (Quality Roadway), to increase access to quality outcomes for participants from the specialisation cohorts

- Diverse markets
  Strong, diverse and responsive markets drive tailored high quality and safe supports
- Demand for innovation
  Participants' unique needs and goals drive innovative solutions and expanded service offerings
- Skilled workforce
  Skilled and knowledgeable workforce with appropriate qualifications, training, experience, and attitudes
- Culture and capability
  Supports are flexible, responsive, rights based and demonstrate a commitment to continuous improvement
- Collaboration and coordination
  Participants, service providers and stakeholders work together to achieve participant goals.

Recommendation 3

- That the commissioning documentation require a SIL provider to detail how they will implement supported decision-making practices that enable

residents within specialisation cohorts to make choices and decisions about their daily lives that:

- assist participants to live independently at home
- provide environments in which independence can flourish
- implement support work practices such as active support
- facilitate social and community participation by other providers, and
- enable work with other accommodation providers/tenancy managers in contemporary, fully accessible accommodation design in non-congregate living settings.

Recommendation 4

That the proposed SIL Commissioning approach give preference to registered NDIS service providers that are not conflicted by their intention to provide housing together with SIL supports and Support Coordination; and where it can be shown that through their related entities the provider will not provide both supports,

EXCEPT where a combination of SIL and housing supports can be shown to offer an innovative and beneficial solution for a specialisation cohort.

Recommendation 5

That when a DRAFT SIL Commissioning model becomes available, a culturally appropriate and accessible consultation process is planned and undertaken to target CALD NDIS participants and other persons with disability from CALD backgrounds, their families, multicultural disability advocacy organisations, multicultural service providers and key representative bodies including the National Ethnic Disability Alliance (NEDA);

And ensuring that:

- the timeframe and process for participation and return of feedback is enabling
- resources are made available in languages other than English.

Recommendation 6

That the commissioning documentation require a SIL provider to tender for one of the following 3 options or propose another innovative solution that will deliver the same outcomes for persons in specialisation cohort.

1. **Create integrated services** infrastructure in rural and remote areas to find efficiencies in shared corporate costs, quality systems, management, and staffing, where there is a need to deliver culturally-appropriate services for persons with disability from CALD backgrounds

2. **Expand existing CALD services** through providers that have multicultural governance structures, culturally-responsive quality systems, experience in recruitment and management of bi-cultural workers, and embedded culturally-appropriate practice

3. **Co-locate distinct CALD SIL environments with existing (non-CALD) SIL** providers in urban and regional areas to find efficiencies in shared corporate costs, quality systems, and management, but introduce bi-cultural staffing and practice that is appropriate for the distinct CALD SIL.

Recommendation 7

That the commissioning documentation require a SIL provider to detail the ways in which their quality systems and worker practices will assure safeguarding and cultural safety of people with disability from the specialisation cohorts.

Recommendation 8

That the Department, prior to releasing the commissioning documentation and applications, identify and release information about:

- locations of greatest demand for SILs, areas of current highest SIL provision, and areas of locational gaps for SILs, and
- locational priorities in relation to the specialisation cohorts.the

Recommendation 9

That as part of the commissioning documentation any larger established SIL providers should consider forming consortiums with smaller or specialised providers to bring knowledge and expertise to the wider organisation, ensuring that multicultural, and/or First Nations, and/or rural organisations are partners under arrangement; and that, should one of these specialised organisations depart the consortium, a replacement specialist organisation must be sourced in order for the consortium to retain its commissioning for that cohort.

Recommendation 10

That the Department implement an equity-oriented commissioning process that does not inhibit participant independence, choice and control, that delivers innovative and culturally safe SIL environments with strong safeguards, that avoids recreating congregate approaches, and requires that commissioned SILs are managed by providers who are not conflicted and are values-driven.

Other suggestions and recommendations are included as part of the text throughout the submission.

Key area 1 Quality and Rights

- What do high-quality SIL supports look like?

The quality roadway

The proposal for the development of a SIL Commissioning approach appears to be based on an already published quality framework referred to as the NDIS "Quality Roadway". The drivers and features of the Quality Roadway are represented in the following diagram (NDIS Commission website, August 2026).

The diagram indicates that participants' choices, preferences, and feedback shape the NDIS market, driving diversity, innovation, and quality improvements.

Human rights

The foundational instrument of the *National Disability Insurance Scheme Act 2023* is the *United Nations Convention on the Rights of Persons with Disabilities*.

Key objects of the NDIS Act 2013 include:

- to support the independence and social and economic participation of people with disability;
- to enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports

- promote the provision of high quality and innovative supports that enable people with disability to maximise independent lifestyles and full inclusion in the community

General principles under this Act include:

- The cultural and linguistic circumstances, and the sex, gender identity, sexual orientation and intersex status, of people with disability should be taken into account;
- People with disability should be supported in all their dealings and communications with the Agency and the Commission so that their capacity to exercise choice and control is maximised in a way that is appropriate to their circumstances and cultural needs.
- The relationship between people with disability and their families and carers is to be recognised and respected.
- In exercising their right to choice and control, people with disability require access to a diverse and sustainable market for disability supports in which innovation, quality, continuous improvement, contemporary best practice and
- Effectiveness in the provision of those supports is promoted.

The NDIS Practice Standards establish a quality system which is based on human rights. A foundational instrument which inform the *National Disability Insurance Scheme Act 2023* is the *United Nations Convention on the Rights of Persons with Disabilities*. Key objects of the NDIS Act 2013 include:

- to protect and prevent people with disability from experiencing harm arising from poor quality or unsafe supports or services provided under the NDIS, and
- to enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

The Practice Standards make clear that each participant accesses supports that promote, uphold and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making. Each participant accesses supports that respect their culture, diversity, values and beliefs. Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided. Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination.

Any commissioning approach that seeks to take SIL forward must still be based on these key foundational principles, that are further articulated through the Practice Standards.

Key area 2 Safeguarding and Accountability

- How should SIL supports protect the safety, health, wellbeing and rights of participants?
- Which SIL participants could benefit most from additional government oversight of planning, delivering and monitoring of SIL supports?

Safeguarding

The key area of safeguarding and accountability addresses the need for more stringent quality auditing, and the assurance of cultural safety for supports provided to participants with culturally, ethnically and linguistically diverse needs. This section also addresses the need to eliminate conflict of interest from the delivery of supports under the NDIS, recognising that conflict of interest has significant potential to limit participants' choice and control and undermine the quality of supports to participants.

Government oversight

Government oversight should encompass governance, financial and operational matters, use of restrictive practices, resident safety, staff training, incident and complaints handling, and quality outcomes.

To this end, the all quality auditing of the commissioned SIL providers (audits funded by the Department or the NDIS Commission), should be undertaken as complete certification audits to ensure comprehensiveness of the audit, be rigorous, and technically reviewed by a quality auditing expert.

The quality audits must be undertaken every 18 months at a minimum, by a *team* of expert quality auditors with proven experience in the provision of disability services, and including a consumer technical expert who represents the specialisation cohort. The sampling formula to ascertain the number of participant interviews and review of participant files should be increased from the current formula for sampling under the NDIS (Approved Quality Auditors Scheme) Guidelines which is inadequate.

All SIL certification audits should undertake assessment against the Core Module Standards and the SIL Practice Standards.

The final quality audit report, or a transparent summary of the report, should be made available publicly in English, Easy Read and in languages other than English where required.

Regular visits to the commissioned SILs by Community Visitors, assisted by language interpreters and/or First Nations representatives, as appropriate, should occur.

Cultural safety

Research tells us that much of the research around cultural safety conflates or confuses this with cultural competence. At the individual practitioner level, a culturally competent practice is described as awareness and knowledge of cultural groups that differ from their own, skills that allow them to work cross-culturally, being culturally sensitive and exhibiting cultural humility at the inter-personal level. Culturally competent individuals are important contributors to developing culturally safe systems.

However, cultural safety is operationalised at the systemic level where power inequities are challenged to bring about structural changes to mainstream institutions, and service infrastructure. Responsibility for cultural safety lies with the organisation and its system, in this case with the NDIS. It requires the organisation to address the power imbalance with recipients of services who in this case are considered different or minorities, or both.

Culturally safe organisations are characterised as inclusive, collaborative and engaging with recipients of services through culturally appropriate communication. The processes of such organisations are *equity-oriented*.

In the context of commissioning SIL services for the specialisation cohorts, an equity-oriented commissioning approach with the specialisation cohorts will ensure cultural safety and require an undertaking to co-design the commissioning model, and the service delivery model.

Advocacy

Even though SIL participants will have informal and formal decision-makers including appointed guardians, this does not mean they should not also have access to external, independent advocates. These are participants with complex and high support needs.

Participants from the specialisation cohorts will likely experience added barriers to choice and control, weakened further by the fact that they may not have allocated to them individual SIL funding. The advocate's right to enter a SIL to advocate for their client should not be denied.

SIL providers have a responsibility to ensure that residents are aware of their rights, and from whom to seek support should a resident be unhappy with their care/support and living arrangements.

In the best interests

As a consequence of the historical establishment and evolution of group homes, there are accommodations which are owned/operated by a registered SIL provider. Given the history of group homes, it is not surprising that families who have had a family member with a particular provider for both housing and daily living supports on a very long-term basis would likely not wish to disrupt a support arrangement that is working well.

The question for that provider then becomes why vacancies as they arise continue to be filled into this conflicted arrangement. A number of NDIS providers continue to offer both accommodation and SIL supports, and sometimes also Support Coordination.

Some new providers are seeking registration for any combination of SDA, SIL and Support Coordination.

Despite the NDIS Commission advising registered providers that this dual role in SDA and SIL gives rise to concerns about conflict of interest, a number of registered providers have continued to retain both functions as provider of housing and provider of daily living support for the same participants, as well as also maintaining a Support Coordination function which exacerbates conflicts of interest.

Demands to address conflict of interest are not new. The chronology that is presented in this table demonstrates increasing concern that the regulator should have been more proactive.

As early as **2018** with the release of the NDIS Practice Standards, the significant potential for conflict of interest in relation to the provision of both SDA and SIL by the same provider was included in Module 5 for Specialist Disability Accommodation.

(With the new Module 5A for Assistance with supported independent living in 2026, however, the message to providers in the Practice Standards however indicates to providers that mitigation of this conflict of interest is possible and will therefore not raise a nonconformity.)

In **2019**, the IAC gave formal advice to the NDIA that these conflicts should be avoided by requiring clear independence between the roles of Support Coordination, SIL, SDA and therapies.

The **2019** Review of the NDIS Act (known as the Tune Review), led by Mr David Tune AO PSM, was an independent evaluation of the National Disability Insurance Scheme Act 2013 commissioned by the Australian Government. It highlighted concerns about conflict of interest to which the Government's response in August **2020** was to state that "The Government also supports enabling participants to access their funded supports from a diverse range of service providers, if it is the participant's choice to do so, and ensuring service delivery arrangements protect participants from conflicts of interest."

In September **2020**, the NDIS/NDIA released a paper for provider and sector consultation. to address how to improve outcomes for participants who require SIL supports. It indicated that a long-term road map for SIL would need to address conflict of interest as many providers (39% at that time) were providing a combination of SIL, SDA and Support Coordination. It pointed to a number of reports including a report of the Joint Standing Committee on SIL which raised concerns about conflict of interest.

In **2022**, the Summer Foundation, an independent body which focusses on research, policy and innovation that aims to transform housing and living options for people with disability with high support needs stated that There is a conflict of interest present with providers supplying both housing and housing-related supports to participants and that the NDIA should require the complete separation of these supports.

A fact sheet issued **in 2023** by the NDS (the providers' representative body) stated that:
Conflicts of interest can compromise the ability of participants to make informed decisions and compromise services...Conflicts of interest can also impact on a person's ability to exercise choice and control in relation to services. For providers who deliver SDA and SIL: These providers are in a position to have significant influence over participants and the supports they access. It is important that SDA and SIL providers support participants' right to access the support and services they choose without fear or compromise. Where there might be limitations, such as the availability of choices available, it is important that this information is provided, is monitored regularly and solutions are worked towards.

In **2024** the NDIS/NDIA advised registered providers to make all efforts to avoid conflicts of interest through its Position Statement on *Conflicts of Interest in the NDIS Provider Market*. In this Position Statement acknowledges limited circumstances and situations where it may be difficult for providers and participants to avoid a conflict of interest. The limited circumstances where a conflict of interest MAY be unavoidable are:

- *where limited alternative service options are available within regional, rural and remote areas*
- *the services required involve specific cultural and religious choice and practices*
- *highly specialised services where there are few accredited providers operating nationally*
- *the participant chooses to receive supports from a specific provider after fully considering other available services or supports and they formally acknowledge and accept the presence of a conflict of interest with their chosen provider.*

And, the NDIS/NDIA Position Statement also has given directions should such (limited) circumstances arise:

- *If the conflict of interest can be avoided, providers record the steps taken including any alternative options that have been offered and discussed with the participant.*
- *If the conflict cannot be avoided, provide the organisation's conflict of interest policy to the participant and their decision supporters in an accessible format and explain if required, AND offer the participant alternative service options.*

The NDIS Commission and other stakeholders have drawn attention to this conflict of interest. However, the regulator enables providers to skirt it by:

- requiring the provider to issue two separate service agreements, each for housing/tenancy and for daily living support, and
- ensuring the participant's acquiesence with the provider's conflict of interest management policy, and the participant's signing of the dual agreements.
- Operating separate providers under the same or closely related Directors

The NDIS Commission has continued to accept and process applications from providers seeking to be registered for both SDA and SIL supports, despite reviews and inquiries highlighting concerns that where conflict of interest is allowed to flourish, the risks to the quality of supports and to the safety of participants can be compromised.

Therefore, as part of the commissioning of SIL supports, the regulator must eliminate conflict of interest arrangements from the NDIS sector. It should also be emphasised that there is still a conflict of interest even when a provider may be using 2 separate company entities still run by the same directors.

The enforcement of the policy to end this conflict of interest will require a revision of the new SIL Practice Standards as well as a revision of Module 5 Practice Standards for SDA to place beyond doubt that the conflict of interest in a provider offering both housing/accommodation and SIL supports will be removed.

By removing conflicts of interest involving SIL, SDA and Support Coordination by the same provider, choice and control are better protected and safeguarding can be strengthened.

Commissioning that targets migrants and refugees

The NDIS's CALD strategy of 2018 estimated that CALD participant numbers would rise to 20% to match the overall CALD proportion of the total Australian population. Progress on this objective however remains stagnant at 9% in 2026.

CALD under-representation in the NDIS appears significant, and even more so when we consider the inadequacy of the manner in which CALD data is collected and reported.

It is important to consider within CALD / NDIS contexts, that the make-up of CALD participants on the NDIS is predominantly 2nd and 3rd generation Australians, as opposed to newly arrived migrants and refugees. This is due to a number of factors including significant legislative exclusions to people with disability accessing permanent residency / citizenship, as well as system navigation barriers, access to specialist reports, translation of reports into other languages. There is also a further difficulty created by the NDIS' own requirement that specialist reports and documents used as evidence must be less than six months old.

NEDA (National Ethnic Disability Alliance (Australia)) reports that at a systemic level in the NDIS, there is a pervasive bureaucratic assumption that if someone was born here, speaks English and went to an Australian school, they have full structural equity. However, this is not always the case. For a person with a disability born in Australia and raised by parents or caregivers facing profound linguistic and cultural barriers, the parents' and caregivers' experience can alter the entire trajectory of an individual's care. The care provided by migrant and refugee parents and caregivers to the individual with disability can be impacted by the timeline to diagnosis, systemic literacy, levels of support - and these can fluctuate significantly from person to person.

NEDA advises that based on its own community engagement and consultations, the NDIS participants from CALD backgrounds who do identify as newly arrived or as a refugees, predominantly reside within family settings and that use of SIL funding is

quite rare, even where the care required is complex. This reflects a strong cultural trend within CALD communities to provide care within the home or community as a first preference, and while it may be reasonably expected that the percentage of SIL residents who identify as CALD would roughly mirror the percentage of CALD participants on the NDIS, this is not the case, and in actual fact, the number of CALD participants in SIL arrangements is reported by the NDIS to be only 4-5% of SIL recipients.

The CALD dashboard indicates that a very small percentage of adult CALD participants are in SIL, and it appears that the CALD cohort has remained at that low level despite SIL expenditure continuing to rise. There appears to be a prevalent gap in the reporting of any meaningful data from the NDIS that may help predict the growth of CALD demand for SIL and "like SIL" supports.

We could simply accept the view that migrants and refugees will not seek 24/7 SIL support because of their own cultural preferences and expectations that family and community will provide support as best they can. But we also need to understand that the low request for and low uptake of SIL may also be because:

- so few are aware of and experience the benefits of Independent Living Options (ILO) supports which can provide a pathway to SIL, and
- the lack of culturally supportive CALD SIL options.

The NDIS would do well to measure/document factors such as family structures, multigenerational households and informal caregiving in migrant and refugee communities going forward so that better and more informed planning can be taken into account and reflected as part of the NDIS CALD Strategy and, more specifically, to enable the sector to plan innovative and culturally appropriate approaches for SIL and SDA.

At the present time, community feedback indicates that many available disability supports are not culturally-appropriate and that SILs are clearly not fit for purpose for people from CALD backgrounds and this is driving the service gap that we see. (However, it has been to noted that some providers have commenced to take steps to offer culturally-specific SIL support.)

Research indicates that navigating the NDIS is too difficult for many migrants and refugees. For some they have felt a lack of approachability or responsiveness from providers, further complicated for some by geographic location of supports and the unaffordability of access to acceptable supports. This experience has dimmed the possibility of progressing a NDIS application or even implementing an approved NDIS plan.

NDIS Cultural and Linguistic Diversity (CALD) Strategy 2024-2028

The NDIS Commission has published its Cultural and Linguistic Diversity (CALD) Strategy 2024-2028 and Action Plan 2024-2028. These documents state that it will remain a priority to provide outreach to educate and connect with CALD communities who have not accessed the NDIS. The annual CALD Strategy 2025 progress report

indicates progress of CALD engagement strategies and activities by the Commission in partnership with key community organisations.

However, almost half-way through the implementation of this Strategy, we find at March 2026 that there are still only 67,501 CALD participants, representing only 9% of all NDIS participants. Additionally, the CALD access outcomes remain substantially lower (66%) than Non-CALD access outcomes (83%).

Commissioning that addresses the particular needs of migrants and refugees

In this submission it is proposed that consideration be given to developing a distinct commissioning approach that targets people with disability whose lived experiences are culturally, ethnically and linguistically diverse and require culturally sensitive and culturally safe responses.

The aim is to ensure that SIL supports can respond to persons with disability with complex and high support needs and that SIL providers understand and respond appropriately to the participant's family and community background.

Therefore, the NDIS provider that seeks to provide supports to this specialisation cohort must have an understanding of:

- The perceptions of disability within migrant and refugee cultures
- How to work within migrant and refugee family and community structures
- The migrant experience of settling in a new country and seeking inclusion in a new community
- Resettlement needs of individuals and families
- The refugee experience of loss of home, grief in displacement, and the lived experience of persons who may have acquired disabilities as part of violent displacement and stays in refugee camps
- Varying levels of proficiency in English, and in health literacy in Australia
- The potential impacts of the intersection of sex, race, ethnic origin, religion, sexual orientation, and disability
- The economic status of migrant and refugee communities, including impacts of government policies (Centrelink, Medicare) on migrants and refugees with disability (e.g., 10 years residency required prior to accessing a disability support pension).

Consultation that engages with migrants and refugees

It is acknowledged that participants from culturally, ethnically and linguistically diverse backgrounds who have supported independent living (SIL) funded in their NDIS plan, or participants who are currently receiving 8 or more hours per day of Assistance with Daily Life (ADL) supports were invited as part of the SIL Commissioning Consultation to participate in a limited number of online focus groups. They were invited to provide their views and expectations of SIL supports, AND of supports that are "like SIL" where participants receive supports for more than 8 hours per day of daily assistance at home.

Given the tight timeframe offered for responses, and given that only current NDIS participants and their families/carers were invited, and the manner in which the consultation questions were worded and distributed without accompanying information about interpreters and bi-cultural facilitators, it is unlikely that significant input will be captured.

Going forward, the Department and the NDIS should plan to engage with multicultural advocacy and multicultural representative organisations as well as CALD participants and CALD NDIS applicants, in ways that ensure cultural safety for the individuals with disability and their families.

Key area 3 Innovation and Sustainability

- How can innovation by SIL providers enhance the quality of SIL supports and outcomes for SIL participants?
- What's needed to ensure that SIL providers are sustainable?

This key area addresses the imperatives for innovation and sustainability. Here we put forward several factors and considerations that could be considered in developing innovative, viable and sustainable models by which SIL supports can effectively respond to the needs of the specialisation cohorts. Three options are presented.

Considerations shaping options

In this section three approaches for commissioning SIL for cultural communities are discussed, including options for integrating SIL with other health-related provision in rural and remote areas, exploring the possibility of existing (non-CALD) SIL developing distinct culturally-appropriate environments as part of their services, and expanding the services and supports of existing CALD organisations currently providing aged care to ethnically and linguistically diverse persons to also include SIL.

Each of these options have been developed cognizant of the need to innovate ways to establish and maintain sustainable SIL responses that meet the needs of participants form culturally, ethnically and linguistically diverse experiences, where matching cultural needs may be more important than matching disability needs in any co-residency options.

Three options

- **Create integrated services** infrastructure in rural and remote areas to find efficiencies in shared corporate costs, quality systems, management, and staffing, where there is a need to deliver culturally-appropriate services for persons with disability from CALD backgrounds

- **Expand existing CALD services** through providers that have multicultural governance structures, culturally-responsive quality systems, experience in recruitment and management of bi-cultural workers, and embedded culturally-appropriate practice

- **Co-locate distinct CALD SIL environments with existing (non-CALD) SIL** providers in urban and regional areas to find efficiencies in shared corporate costs, quality systems, and management, but introduce bi-cultural staffing and practice that is appropriate for the distinct CALD SIL.

Option 1 – Integration of specialisation cohorts in rural and remote areas

The Department of Health, Ageing and Disability is delivering the Integrated Care and Commissioning initiative to ensure people in rural, remote and First Nations communities get the support services they need has brought together health, aged care, disability and veteran's care to trial better supports in a number of trial sites.

Integration of services in rural areas and joined -up services across human services are not new concepts, but what is different about this initiative? What can we learn about reaching under-represented cohorts to provide un-interrupted and sustainable disability services through this initiative in rural and remote areas?

The Department implements Specialisation Verification initiative which validates that an aged care provider has the right skills, experience, and understanding to support specific diverse groups The Specialisation Verification Framework was developed to ensure that providers meet rigorous criteria beyond standard quality obligations. It is assessed at site level rather than just organisational level. Aged Care providers can apply for verification across nine specific community groups, including CALD backgrounds and regional/remote residents.

The provider at each outlet is required to meet 4 of the following criteria to attain verification in providing specialised care to aged care recipients that identify as having a culturally, ethnically and linguistically diverse background. The specialisation criteria listed here have been modified to apply to apply to services to people with disability.

- Provider is run by a recognised CALD community organisation (if applicable).

- One or more staff members is from a CALD background (reflecting the cultural, ethnic and linguistic background of participants) and are resourced and supported by management to act as 'champions' within the outlet to support NDIS participants and other staff.

- There are established connections and regular engagement with a community organisation which best represents the cultural, ethnic and linguistic demographic of NDIS participants.

- At least 90% of staff have completed annual training in culturally appropriate, cultural capability and trauma-aware and healing informed disability supports delivery.

- The outlet offers services in languages other than English.

- The outlet offers services which are culturally appropriate for the target CALD community.

- At least one person from the ethnic, cultural and linguistic background of the target community sits on the governing body of the provider relevant to the outlet.

- An active and resourced cultural diversity advisory group (which reflects the cultural diversity of the outlet's target community) contributes to the development, delivery and evaluation of specialised services.

- The outlet regularly recognises and supports participation in relevant local cultural celebrations and/or days/events of cultural significance.

- Policies and procedures are in place to support and promote the delivery of specialised services to CALD NDIS participants.

Option 2 - Expansion of existing CALD services to include SIL

A number of existing ethno-specific and multicultural services are providers of aged care supported living options, and some may also offer NDIS Individualised living options (ILO) for persons receiving more than 6 hours of in-home support to persons with disability living alone, living with housemates, living with a host, or another individualised arrangement.

These providers already have in place multicultural governance structures, culturally-responsive quality systems, experience in recruitment and management of bi-cultural workers, and embedded culturally-appropriate practice. It would be an expansion of their existing services for these providers to operate SIL under the NDIS.

Under this option it will be important that there be no assumption that younger adults with disability will be supported as part of the aged care residential system and

provision of support, and that the provider demonstrates a sound understanding of the NDIS SIL practice standards with emphasis on independence and active support for people with disability.

Option 3 - Co-location of CALD SILs with existing (non-CALD) SILs

When we approach the question of commissioning SIL, consideration must be given to whether the SIL models being operated are fit for purpose to meet the needs of all cohorts or whether they are only fit for purpose for the non-CALD cohort. The basic paradigm underpinning the NDIS support system is that it will meet the needs of all participants, recognising and responding to cultural, ethnic and linguistic needs of persons with high and complex support needs. This must also apply to SILs.

Co-location is not the same as integration. Where integrated services may share some corporate functions and management infrastructure and operate in the same or similar manner, co-location acknowledges that there are some clear differences in the operations and staffing and activities of the co-located services. Co-locations can involve placing quite disparate and distinct services under the same organisation/provider, while integration combines all services into the one operational system.

It is important that what is set up as a culturally distinct SIL, not be diluted over time, integrated into systemic requirements required of other non-CALD SILs, and then assimilated into a standardised model of SIL as part of the primary core business of the provider.

Particular cultural or language backgrounds living in mainstream SIL arrangements may have limited opportunities to communicate in their preferred language, access culturally appropriate meals, maintain cultural practices, or celebrate cultural and religious events that are meaningful to them.

These considerations may become even more significant as changes across the NDIS are anticipated result in reduced access to funded community participation and other supports that have traditionally enabled people to connect with their cultural communities and maintain cultural identity outside the home. In this context, SIL environments may play an increasingly important role in supporting cultural connection, belonging, and social inclusion. For some participants, their SIL home may become one of the primary places in which they are able to express and maintain cultural identity.

Conclusion

Supported Independent Living represents one of the most significant investments within the NDIS and one of the most influential mechanisms for enabling people with disability to exercise choice, control, independence and full participation in community life. The proposed commissioning approach presents a unique opportunity to shape the future direction of SIL and to ensure that government investment delivers high-quality, rights-based and culturally responsive supports.

This submission has argued that commissioning should be more than a procurement mechanism. It should be used as a strategic tool to improve quality, strengthen safeguarding, encourage innovation, address conflicts of interest, and respond to longstanding gaps in service access and availability. In particular, commissioning can play an important role in addressing the under-representation of people with disability from culturally, ethnically and linguistically diverse backgrounds, as well as participants living in regional, rural and remote areas and other cohorts whose needs have not been adequately reflected in the existing market.

A SIL system that genuinely promotes independence requires more than housing and daily support. It requires active support practices, supported decision-making, strong safeguards, culturally safe environments, community connection, meaningful participation, and accommodation models that avoid recreating institutional or congregate approaches under a different name. It also requires providers with the capability, experience and commitment to deliver these outcomes for the communities they seek to serve.

NEDA supports a commissioning framework that recognises diversity within the NDIS participant population and encourages specialised, innovative and culturally responsive approaches where these are necessary to achieve equitable outcomes. Participants should not be required to fit existing service models. Rather, the service system should be designed to respond to the needs, aspirations and lived experiences of participants.

The Department now has an opportunity to establish a commissioning framework that not only delivers sustainability and quality, but also advances the original intent of the NDIS: that people with disability are supported to live ordinary lives, exercise choice and control, maintain their cultural identity and connections, and participate as equal members of their communities. The success of SIL going forward should ultimately be measured by the extent to which these outcomes are achieved for all participants, including those who have historically been under-represented, underserved or excluded.

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