SWAN Submission to the Supported Independent Living (SIL) Commissioning Model Consultation

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www.swanautism.org.au

Acknowledgements

SWAN acknowledges the traditional owners of the land on which this submission was produced, the Wardandi Noongar people. We acknowledge their deep spiritual connection to this land and extend our respects to community members and Elders past and present.

About SWAN

South West Autism Network (SWAN) is a not-for-profit, charitable organisation that has been supporting autistic individuals and their families in the south-west region of Western Australia for the past 17 years. We are a Disabled Persons Organisation (DPO) with more than 2,000 members, and we provide free support to many more people with disability and their families. All staff, volunteers, and Board members either have a disability or are family members of someone with a disability.

Our primary role in the community is to provide information, peer support, advocacy, and connections to mainstream and disability services. We build the capacity of people with disabilities and their families to navigate disability and mainstream systems to meet their needs and participate in their local communities. We support people seeking diagnosis, post-diagnosis, and across their lifespan, and provide autistic-safe space group programs for autistic children, teens, and young adults. We also deliver Youth Mental Health First Aid training to the wider community.

As a regional not-for-profit Disabled Persons Organisation (DPO) providing information, peer support and advocacy, we are able to draw on 17 years' experience supporting autistic individuals and their families, carers, support workers, allied health professionals, and the wider community. Our submission aims to address potential unintended consequences of the proposal to commission Supported Independent Living (SIL), with a particular focus on people with disability in regional and remote communities.

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Introduction

South West Autism Network (SWAN) welcomes the opportunity to comment on the proposed commissioning approach for the Supported Independent Living (SIL) market.

SWAN is a Disabled Persons Organisation based in regional Western Australia. Our position is grounded in the right of people with disability to live where, how and with whom they choose; to have genuine control over their daily lives and support arrangements; and to be safe from violence, abuse, neglect and exploitation.

We strongly oppose the introduction of a commissioning approach for the SIL market. SWAN is extremely concerned that a commissioning model would reduce provider diversity, consolidate services into large group-home models, and remove the practical ability of people with disability to choose or change their SIL provider. These outcomes would dangerously undermine safety, rights, choice and control.

Commissioning must not be used to direct people into group homes, limiting them to a single contracted provider, or replacing participant-led arrangements with a provider-led system. It should be used only to expand options, strengthen safeguards and make high-quality, individualised support available in every community.

The consultation paper uses the term “commissioning” broadly. It could mean sensible Government action to develop markets, set clear quality expectations, monitor outcomes and respond to genuine gaps in supply. However, it could also lead to a closed provider panel, provider allocation system, or arrangement where people can use funding only with Government-selected providers. These are very different models and must not be treated as the same thing.

The Government has an important role in setting and enforcing standards, addressing market failure, publishing useful information, supporting workforce development and making sure support is available where it is needed. Importantly, however, the Government must not take over the participant’s role in deciding who enters their home, who provides their support, where they live or who they live with.

A note on language:

This submission consistently refers to participants as the decision makers in their own lives. Wherever possible, the participant must retain the right to make decisions that affect them or be supported to make decisions, including Circles of Support and Microboards. Where a participant is genuinely not able to make or contribute to decisions about their own life, a substitute decision-maker other than their service provider may make decisions in their best interests.

SWAN's key position

SWAN strongly oppose any changes to disability supports which reduce choice and control or in any way limit the human rights and autonomy of people with disability in Australia. Any SIL commissioning approach must be built on the following non-negotiable principles:

1. **Commissioned SIL services must be strictly opt-in.** A participant must give free and informed agreement before agreeing to use a commissioned service. They must retain the right to choose to stay with their existing SIL provider, self-directed or self-managed arrangement or service-for-one. No one should be automatically enrolled, allocated to a provider, or required to opt out. People must be able to refuse or leave a commissioned service without a funding penalty, loss of housing, withdrawal of essential support or disruption to their chosen arrangements.

2. **No person with disability should be forced into a group home.** Shared living must be a genuine choice, not the default response to cost, market conditions or provider convenience. A person must not be required to live with housemates they do not choose, shared staffing, fixed staffing ratios or group routines that do not suit their needs and may put their safety at risk.

3. **People with disability and families must retain a real choice of SIL provider**, including in regional, rural and remote communities. Commissioning must never create a sole-provider market or a closed provider panel that participants are required to use. *Choice ↑ Safety.*

4. **Every regional and remote community should have at least three viable SIL provider options.** This is a minimum safety requirement, not simply a market preference. Participants must also be free to continue using a trusted provider, choose a provider outside a panel, engage a new provider or develop a self-directed SIL alternative.
5. **SIL funding must remain individualised and portable.** Funding must follow the participant if they change provider, move home, change their living arrangement or return to, or establish, a self-directed arrangement.

6. **Existing and future self-directed, self-managed and services-for-one arrangements must be protected.** A person who wants to direct their own SIL arrangements, engage non-registered providers or directly employ workers must retain that right. Receiving 24/7 support must not trigger compulsory entry into provider-led SIL or a commissioned service.

7. **Restrictions on self-management must be evidence-based and proportionate.** The NDIA should undertake an individual safeguarding assessment before changing the way funding is managed. Funding should only be made agency-managed as a last resort - where there is genuine, documented evidence that self-managing or using non-registered providers creates a real risk of harm, and a documented educated approach was taken by the NDIA first. The NDIA must implement the promised educative approach which has been lacking, provide written reasons for decisions, regularly review restrictive decisions and ensure appeal rights are fully explained, with minimal administrative burden on participants.

8. **Local people with disability must be central decision-makers in commissioning.** Multiple local people with disability, preferably including people who use SIL, must hold

positions with real voting power on panels that decide which providers are commissioned in their community. Organisations must not be chosen solely on the basis of their capacity to write a strong Tender application. Tender applications do not equate to safe, quality service provision; lived experience is necessary to selection of the most suitable providers.

9. **Participant safety depends on the ability to leave.** A participant must be able to change provider without losing their home, support, relationships, funding or safety. There must be no exit fees, artificial notice periods or requirement to prove provider failure before a participant can leave.

10. **Commissioning should be active market stewardship, not Government selection of a participant's provider.** It should build supply, improve quality and strengthen safeguards without creating captive markets for providers and reduced safety for participants.

Why choice is a safeguarding issue

Choice of provider is not a consumer extra. It is a core safeguard against violence, abuse, neglect, exploitation and poor-quality support.

A person who has only one SIL provider in their community may be unable to complain safely. They may reasonably fear that a complaint could lead to the loss of support, potential homelessness, conflict with staff, or having no alternative provider available. This risk is especially acute where the same organisation controls a person's support workers, house, tenancy arrangements, transport and social participation.

A closed commissioning model worsens this issue, as highlighted by the Disability Royal Commission's recommendations 7.41, 7.42, 7.43 and 11.12. It replaces the participant (customer) as providers main point of accountability with the Government's contract manager. Meeting a contract requirement is not the same as listening to the person, adapting to their needs and earning their ongoing trust. Providers with guaranteed access to participants have less reason to act responsively when a person's needs, preferences or circumstances change - thus reducing participant safety.

Commissioning must measure success by whether a participant can exercise meaningful choice in practice. A person does not have choice merely because a policy says they may choose. They have choice when there are accessible alternatives; clear, independent information; support to make a decision; the ability to trial or change providers; access to self-directed and non-commissioned alternatives and continuity of support during transition.

Community Visitor Schemes: an urgent independent safeguard

SWAN strongly recommends the urgent establishment of properly funded, independent Community Visitor Schemes in **every** Australian state and territory.

The Australian Government's own Community Visitor Schemes Review confirms that disability Community Visitor Schemes operate in six jurisdictions, while Western Australia and Tasmania do not currently have one. The Disability Royal Commission recommended that states and territories urgently establish schemes where none exist, resource frequent

visits for people at elevated risk, and work towards nationally consistent scope, powers, monitoring and information-sharing.

A Community Visitor Scheme is an essential safeguard for people with disability who live in Supported Independent Living, group homes, supported accommodation and other settings where they may be isolated, dependent on providers, or unable to raise concerns safely. Community visitors provide proactive and independent contact, and support participants to access advocacy, lodge complaints and escape from violence, abuse or neglect. They can identify concerns that a participant may not be able to report, may be afraid to report, or may not recognise as abuse, neglect, exploitation or a breach of their rights.

For people who have limited communication, limited informal supports, high support needs, or only one available provider, complaints systems alone are not enough. A person cannot safely rely on a complaints process if they fear losing their home, losing support, being treated differently by staff, or having no alternative provider to move to. Independent visitors provide an important early-warning system and a pathway for concerns to be addressed before more serious harm occurs.

A nationally consistent Community Visitor Scheme framework should include:

- Legislation that gives community visitors clear powers to visit relevant disability accommodation and SIL settings, speak privately with participants, inspect relevant records, identify risks and refer concerns to appropriate authorities.
- Regular and unannounced visits, with more frequent visits for people at higher risk of violence, abuse, neglect or exploitation.
- Coverage of all SIL and supported accommodation settings, including services delivered by registered and non-registered providers where people with disability are living in provider-controlled, shared or otherwise high-risk arrangements.
- Independence from SIL providers, housing providers and the NDIS Quality and Safeguards Commission, while maintaining clear pathways for information-sharing, referrals and escalation.
- Visitors with disability, lived experience, cultural capability and communication capability, including the ability to engage respectfully with autistic people, people with intellectual disability, people with complex communication needs, First Nations people and culturally and linguistically diverse communities.
- Accessible information for participants and families about the program, including how to request contact with a community visitor.
- Public reporting on systemic issues, trends, compliance concerns and Government action, while protecting individual privacy.
- Direct links with independent advocacy services and escalation pathways, so that people who raise concerns can receive support to understand their rights, make complaints, challenge decisions and change providers quickly and with minimal administrative burden and no repercussions.

Western Australia and Tasmania should establish a disability Community Visitor Scheme as a matter of urgency. Its absence leaves a major gap in proactive independent oversight for people living in SIL and other supported accommodation. This is especially concerning in regional and remote Western Australia, where provider choice is typically limited or non-existent. In practical terms, geographically isolated people with limited or no alternate provider options are unable to leave an unsafe or unsuitable service, and the lack of an independent Community Visitor Scheme in the state with the most significant geographic distances dramatically increases this risk.

Community visitors must complement and encourage, not replace, participant choice, independent advocacy, complaints pathways, NDIS Commission oversight and strong provider regulation. A Community Visitor Scheme is most effective where people can also access multiple SIL provider options and change supports without losing their home or the supports they require to survive.

Response to the Consultation Questions

1. Participants who may benefit from additional oversight

Additional Government oversight may be appropriate where it strengthens a participant's rights and safety *without reducing their control over who supports them or where they live.*

Oversight may be particularly important for participants who:

- Receive high-intensity or 24/7 support; and
- Live in shared arrangements, including group homes; and
- Experience communication barriers or rely on others to support decision-making; and
- Have limited informal supports or are socially isolated.

Government intervention to expand provider options may be appropriate for some:

- Regional, rural or remote communities where provider options are extremely limited or do not exist.
- Participants experiencing intersecting barriers, including First Nations people, people from culturally and linguistically diverse communities, and people whose gender, sexuality or identity is not respected by currently available services.
- Participants at risk of being separated from their community, family, culture, Country or support networks because local options are not available.
- Communities experiencing provider or market failure, repeated service breakdowns, conflicts between housing and support, violence, abuse, neglect or exploitation.

However, oversight must focus on providers and systems, rather than treating the participant or their disability as the source of risk. People with disability must not lose autonomy because they have complex support needs, communicate differently, live in a group home or live in an area with a thin market. Vulnerability to abuse is created by unequal power, dependence on one provider, insecure housing and a lack of independent support.

Commissioning should not be imposed on a person simply because they receive 24/7 support. It must not remove access to individualised support, services-for-one, self-direction or direct employment.

Where Government commissions a service to fill a genuine gap, participation ***must*** remain voluntary and opt-in. A lack of local options may trigger investment in alternatives, independent oversight and continuity support, but must not be used to justify compulsory entry into a commissioned service.

2. What high-quality SIL looks like

High-quality SIL is person-directed, rights-based and individualised. It supports a person to live an ordinary life in a home they have chosen, with control over their routines, relationships, privacy, food, culture, communication, community participation and goals.

High-quality SIL includes:

- Genuine participant choice between individual and shared living arrangements, with no pressure to enter or remain in a group home.
- A participant choice of provider that is real and practical, including the ability to retain a trusted provider and change provider without losing one's home or support.
- The participant's free, informed choice about whether to use a commissioned service, with independent information and supported decision-making where wanted or needed.
- Individualised support plans developed with the participant and, where they want, their family, supporters, advocate and chosen decision-support people.
- Meaningful participant influence over the recruitment, training, supervision and choice or removal of individual workers.
- Staff who understand and respect the participant's communication, sensory, cultural, identity, health and behavioural support needs.
- Reliable staffing, participant-chosen workers and continuity of relationships.
- Privacy and control within the home, including a private space and control over who enters the person's home.
- Support that builds participants' independence, skills, relationships and community participation rather than creating dependence on a service.
- Support for a person to pursue their own interests and participate in their chosen community, rather than being routinely grouped with co-residents for activities.
- Clear separation of housing and support wherever possible, so that changing a support provider does not mean becoming homeless or having to move.
- Accessible, comparable and independent information about provider quality, worker stability, complaints, support models, staffing, costs, participant experience and vacancies.
- Plain English service agreements that are tailored to the participant and available in Easy Read or other accessible formats when needed.
- No use of shared support arrangements unless they are individually agreed, suitable for each person and regularly reviewed.

A commissioning model should require outcomes that matter to the person, not only outputs that matter to a provider. Measures should include whether the person has choice over daily life; can see family and friends as desired (eg. SWAN has received reports of SIL providers requiring participant family members to book appointments within specified days and times to see their family member); participates in community; feels safe; is supported by workers they know and trust; and can leave or change the service if needed.

Government can set these expectations through standards, contractual conditions, public reporting, independent audits and enforcement. These should be minimum protections across the market, and do not require a commissioned provider panel.

3. Safeguards, rights and wellbeing

The strongest safeguard in SIL is a person's practical ability to exercise their rights, make decisions and *leave an unsafe service*.

Commissioning should require the following safeguards:

- At least three SIL provider options in every regional and remote community, supported through active market development where necessary.
- No sole-provider contracting arrangements and no closed panels that participants are required to use. If an interim exception is considered unavoidable in an isolated location, it must be time-limited, independently monitored, publicly reported, and accompanied by a funded plan to establish additional options. It must never be treated as an acceptable permanent model.
- Separation between housing, support and tenancy arrangements wherever possible, so a person can change provider without risking homelessness.
- Retention of individualised and portable funding, so funding follows the participant if they change provider, change living arrangements or return to a self-directed arrangement.
- Independent advocacy, peer support, supported decision-making and accessible complaints pathways, with information provided in formats that suit the participant.
- A nationally consistent, independent and properly resourced Community Visitor Scheme in every state and territory, including urgent establishment in Western Australia. Community visitors should make regular and unannounced visits to SIL and other supported accommodation settings, prioritising people who are isolated, have limited informal supports, experience communication barriers, live in shared settings or have limited ability to change provider.
- A right to make a complaint anonymously or with support, with protection from retaliation, strong whistleblower protections and active monitoring for reprisals after a complaint.
- Rapid, prioritised complaint handling and action by the NDIS Quality and Safeguards Commission for complaints about SIL and Specialist Disability Accommodation (SDA) providers.
- Regular independent contact with participants away from their provider and support workers, especially for people with limited informal support.
- Clear transition arrangements, including continuity funding, where a participant wants to change provider or leave an unsafe arrangement.
- Transparent reporting of serious incidents, complaints, staff turnover, restrictive practices, worker vacancies, compliance action and participant outcomes.
- Strong safeguards against conflicts of interest where a provider controls multiple elements of a person's life, including housing, support, transport and social activity.

Government implementation of safeguards must not remove a person's choice. *Choice* ↑ *Safety.* The NDIA should assess actual risk on an individual basis when deciding whether a participant can self-manage SIL funding or use non-registered providers. Agency management should only be used when there is genuine, evidence-based risk of harm in the proposed arrangement. It should be the least restrictive response, subject to review, and accompanied by clear reasons and appeal rights.

4. Innovation

Innovation in SIL should mean more choice, independence and safety for people with disability. It should not mean new ways to group people together, reduce staffing, centralise services or transfer risk to participants and families.

Innovation most often starts outside large, established service systems. It can come from small or emerging providers, culturally responsive organisations, participant-led organisations, co-operatives, direct employment arrangements and people with disability and families responding to gaps in the market. Procurement models designed around large providers can prevent these options from developing or exclude them before participants have a chance to choose them.

The Government's approach should encourage:

- Self-directed supports, direct employment, services-for-one and flexible arrangements using both registered and non-registered providers where the participant chooses.
- New, specialist and culturally responsive providers, including local and First Nations organisations.
- Workforce initiatives that build local capability in regional and remote areas, including training, mentoring, portable employment arrangements, workforce housing and locally based recruitment.
- Technology chosen by the participant that improves communication, independence, connection and safety, rather than replacing necessary human support.
- Flexible transition supports so people can move from hospital, family homes, residential aged care or unsafe accommodation into homes of their choice.
- Models that enable people to remain connected to family, culture, Country and community.

Government should create room for innovation through flexible outcome-based contracting, seed funding for new local providers, transparent market information, shared demand and outcomes data, and commissioning processes that do not favour only large organisations with extensive tender-writing capacity. If contracts are used, they should be non-exclusive, transparent and open to capable new entrants throughout the life of the model.

5. Participant choice and control, including thin markets

Effective choice and control means a person can decide where and with whom they live, who supports them, how support is delivered, what happens in their home and whether to change arrangements. It must include the practical ability to act on those decisions.

If the Government proceeds with a commissioning model, SWAN strongly recommends a minimum requirement of **three viable SIL provider options in every regional and remote community**. There must be no community in Australia where a person is left with only one SIL provider option.

This minimum is essential because it:

- Gives participants who prefer (or are not able) to self-direct SIL a realistic option to change provider when support is unsafe, unsuitable or incompatible.
- Reduces fear of making complaints and helps prevent retaliation.
- Encourages providers to be responsive, respectful and accountable.

- Reduces dependence on a single organisation that may control housing, staffing and support.
- Helps participants choose services that match their communication, culture, goals and preferred support model.

Choice must mean more than selecting from two or three providers chosen by Government. A participant must be able to keep a trusted existing provider, choose a provider outside a panel, engage a new entrant, use a participant-led organisation, directly employ workers or choose a different home and living support model.

The choice to use a commissioned provider must be an active and informed decision. Participants must receive accessible information about the service, alternatives, funding implications, how to complain and how to leave. They must have time and access to 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 refuse a commissioned provider must not be used to reduce a participant's support 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. These protections must be set out clearly in policy, commissioning contracts and accessible participant information, with an independent way to challenge breaches.

Existing arrangements must continue while any participant-chosen transition 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 where they wish, and prevent gaps in support. Commissioning must not 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 retain the right 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.

Where there are fewer than three providers, commissioning must invest in building the market rather than accepting the lack of choice. This should include start-up grants, local-provider development, shared workforce solutions, workforce housing, support for participant-led and co-operative models, flexible travel and service-delivery arrangements, rural and remote loadings, and mechanisms for providers from nearby areas to enter the market. A provider-of-last-resort arrangement and portable contingency funding may be

needed in some locations, but must not become a compulsory or permanent substitute for choice.

Commissioning decisions must be made locally. Each decision-making panel must include multiple local people with disability, preferably people who use SIL. They must be selected through an open and accessible process, paid for their expertise, provided with independent support if wanted, and have genuine voting and decision-making authority. One token disabled person on a panel is not sufficient.

The panel should assess not only provider viability but also the provider's record on human rights, accessible communication, workforce quality, complaints, local relationships, cultural safety, support for self-direction and ability to enable participants to leave or change provider.

Accessible information is 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.

6. Provider sustainability

Provider sustainability matters, but it must be understood as the capacity to deliver safe, person-led and high-quality support over time. If a provider's model relies on participants having nowhere else to go, grouping people together against their wishes, suppressing complaints or reducing individual choice; the service does not meet the minimum bar for safety, quality or person-directed supports.

Sustainable SIL requires:

- Fair and predictable pricing that reflects the real costs of high-quality support, including in regional and remote locations.
- Funding that recognises travel, recruitment, training, supervision, staff retention, culturally safe practice and continuity of support in thin markets.
- Appropriate rural, remote, complexity, intensity and workforce loadings.
- Fair conditions, training, supervision, career development and retention strategies for workers, including leave entitlements and permanent employment opportunities, rather than long term casual employment status.
- Ongoing market-development investment for small local providers, participant-led models and new entrants, rather than procurement rules that advantage only large providers.
- Contract arrangements that reward participant outcomes, rights, choice, safety and workforce quality.
- Sufficient flexibility to enable self-directed supports, services-for-one and other individualised arrangements.
- Clear and proportionate accountability requirements that do not create unnecessary administrative burden for small local providers.
- Timely payment, clear rules about shared-support calculations and reasonable administrative requirements.
- Appropriate vacancy funding that does not pressure participants to accept unsuitable housemates.

- Transition and continuity funding to protect participants and workers when providers enter, leave or change within a local market.
- Market information that helps responsible providers plan and invest.

Commissioning contracts may create some financial stability, but they also produce risk. Large contracts favour providers with the strongest Tender writing skills, rather than providers with the best participant outcomes. If contracts are used, they should be non-exclusive, open to new applicants, transparent, subject to rights-based and participant-defined performance 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 move people from their chosen arrangements.

Commissioning must not fund provider sustainability by locking participants into a single provider or group-home model. It must fund a sustainable ecosystem of options. **The strongest long-term incentive for providers should be to earn and retain participants' trust by meeting their individual needs.**

Required design features for any commissioning model

SWAN strongly oppose block funding and direct commissioning disability supports. People with disability and our families campaigned for the NDIS because those arrangements were not effective, supportive, or in too many cases, safe.

If the Australian Government progresses a SIL commissioning model, SWAN recommends that the model include the following mandatory features:

1. A clear legislative and policy statement that no person may be compelled into a group home or shared living arrangement because of commissioning, cost or market availability.
2. Commissioned services must be strictly opt-in. Entry must require the participant's free and informed agreement, with supported decision-making where needed. Declining or leaving must not result in a funding penalty, loss of housing or interruption to essential support.
3. Preservation of self-management, self-direction, direct employment and use of non-registered providers for SIL where chosen by the participant and/or their nominee.
4. A prohibition on closed provider panels, provider allocation and any requirement for a participant to use only a Government-contracted or Government-approved subset of otherwise lawful providers.
5. A minimum of three viable SIL provider options in every regional, rural and remote community, with funded market-development plans wherever that threshold is not currently met.
6. A prohibition on permanent sole-provider commissioning arrangements.
7. SIL funding that remains individualised and portable, so it follows the participant when they change provider, move home or choose another home and living arrangement.
8. Protection of existing self-directed and individualised arrangements, including chosen workers, direct employment, rosters, funding management and service agreements. No participant should be moved or have supports disrupted simply to fit a commissioning model.
9. Separation of housing, tenancy and support, with practical transition arrangements so participants can change provider without losing their home.

10. Individual, evidence-based safeguarding assessments before any decision to make a participant's funding agency-managed. Decisions must use the least restrictive option, provide written reasons, be reviewable and include appeal rights.
11. Multiple local people with disability on every commissioning and provider-selection panel, with real authority, accessible participation, remuneration and independent support. People with lived experience of SIL should be actively recruited.
12. Commissioning criteria that assess human rights, participant outcomes, complaint safety, cultural safety, independent advocacy access, staff quality, provider responsiveness and a provider's ability to support participants to transition away.
13. Urgently establish and fund nationally consistent disability Community Visitor Schemes in every state and territory, including Western Australia and Tasmania. Schemes must be independent, legislated, adequately resourced, able to make regular and unannounced visits to SIL and other supported accommodation settings, and empowered to speak privately with participants, identify risks, inspect relevant records, refer matters and share information with the NDIS Quality and Safeguards Commission, NDIA and other relevant oversight bodies.
14. Independent, accessible complaints, advocacy, supported decision-making and monitoring mechanisms that are separate from providers and available to participants and families.
15. Strong anti-retaliation protections, whistleblower protections and rapid, prioritised investigation and action on SIL and SDA complaints by the NDIS Quality and Safeguards Commission.
16. Public reporting at local level on provider options, service availability, complaints, serious incidents, restrictive practices, workforce stability, participant outcomes and progress towards the minimum three-provider requirement.
17. Funding and procurement arrangements that support small, local, community-led, participant-led, specialist and innovative providers alongside larger organisations.
18. Publication of the proposed model, evidence base, human rights assessment, competition assessment, costs, provider-selection rules, contracts and participant protections for further feedback from people with disability, families and our representative organisations before any decision to proceed with a SIL commissioning model is made.
19. Any pilot must be opt-in, independently evaluated and have public baseline data, participant-defined outcomes, disaggregated results, clear stop criteria and a sunset clause. 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.
20. Co-development and ongoing governance led by people with disability, not consultation alone.

Conclusion

SIL commissioning should only proceed if it expands, rather than narrows, the choices available to people with disability. The test is simple: **Will a person have more control over their home and support, be safer if things go wrong, and have a real ability to leave an unsuitable provider?**

A system that directs people into group homes, gives providers guaranteed participants, limits people to a closed list of providers or leaves them with only one provider option cannot meet that test. It creates dependency, weakens accountability and **increases the risk that**

people will remain in unsafe or unsuitable arrangements because there is nowhere else to go.

SWAN urges the Australian Government to design any commissioning approach around human rights, local disabled people's leadership, provider diversity, self-direction and genuine participant choice. Government should set and enforce high standards, publish useful information, invest where supply is weak, and fund independent advocacy and supported decision-making. It should not make personal home and support decisions on behalf of people with disability.

In regional and remote Australia especially, a minimum of three SIL provider options must be treated as a core safeguard and a condition of safe, rights-based service delivery. Any commissioned service must be an option that a participant actively chooses, can leave safely and can replace with another provider or individualised arrangement – without repercussions or bureaucratic barriers.

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