

BEYOND SIL COMMISSIONING

A national framework for independent facilitation, safeguarding, participant-led service design and market stewardship

Submission to the Supported Independent Living Commissioning Project
Department of Health, Disability and Ageing

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Choice Without Control Is Not Choice –

A large provider pool does not equate to increased participant choice and control, nor has it lead to cost savings from competition.

Government should expand the SIL Commissioning Project beyond the commissioning of support delivery It should commission nationally consistent independent facilitation, participant -led service design, household governance, quality oversight and preventative safeguarding.

The next phase of SIL reform should shift from maximising provider choice to maximising participant control. A large provider market has not consistently produced quality, innovation, accountability or sustainability. Independent Facilitation would give participants practical authority over service design, shared decision-making, provider performance and service change, including in markets where the number of viable providers is necessarily limited.

Government should implement Action 8.4 of the Independent Review of the NDIS by commissioning a shared-support facilitation function that empowers participants to exercise joint decision-making.

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Executive Summary

The Supported Independent Living (SIL) Commissioning Project is an opportunity to improve quality, safety, innovation, sustainability and participant outcomes. Commissioning should not be confined to selecting, restricting or contracting support providers. It should also resource participants to form compatible households, design shared supports, make collective decisions, select and change providers, monitor performance and raise concerns through an independent process.

This proposal directly gives effect to Action 8.4 of the 2023 Independent Review of the NDIS: "The National Disability Insurance Agency should commission a shared support facilitation function to empower participants sharing supports to exercise joint decision-making." The six-step model in this submission turns that recommendation into a practical commissioning design spanning household formation, shared governance, service design, provider procurement, performance management and ongoing safeguarding. [5]

An Independent Facilitator is a neutral, participant-focused professional commissioned separately from housing and support providers. The facilitator does not deliver support, own housing, manage tenancy, exercise guardianship or make decisions for participants. The role is to provide accessible information, supported decision-making, collective governance, service design, procurement assistance, independent monitoring and escalation support.

This is a participant-directed approach. Provider capability, standards and regulation remain essential, but restrictions on providers cannot by themselves give participants the knowledge, confidence and practical mechanisms needed to exercise control. Educated and well-supported participants can question assumptions, compare options, negotiate service standards and make informed joint decisions rather than being expected to accept a model designed and explained principally by a SIL provider.

Independent Facilitation should also form part of a nationally consistent safeguarding and market stewardship architecture. It should build on the important work of Community Visitor Schemes and current information-sharing reforms. Any integration or replacement of overlapping state and territory functions must preserve equivalent statutory access, independence, escalation powers and public accountability.

Central proposition

Choice Without Control Is Not Choice

For more than a decade, the NDIS has pursued participant choice by encouraging the growth of the provider market. The result has been more providers, but not necessarily better services, stronger accountability or more control for participants. Participants are often presented with a long list of providers offering variations of the same provider-designed model, with widely differing levels of quality. At the same time, the cost and complexity of SIL continue to increase.

The next stage of reform should therefore shift the emphasis from maximising the number of providers participants can choose from to maximising the control participants have over the services they receive.

Control means participants can determine:

- who they live with;
- what supports are shared and what remains individual;
- how the service is designed;
- what outcomes the provider must deliver;
- how quality and performance are measured;
- how household decisions are made;
- how concerns are resolved; and

- when and how a provider is replaced.

In some markets, particularly regional, remote, specialist or otherwise thin markets, participants may have only a limited number of viable providers. However, limited provider choice should not mean limited participant control. A participant may have only one suitable provider available but should still be able to influence the design, delivery, monitoring and improvement of that service.

Independent Facilitation makes this possible. It ensures participants are not simply choosing between providers. Participants are supported to design the service first and then require the provider to deliver it. This changes the central question from:

“Which provider will you choose?”

to:

“What support do you want, how should it work, and how will the provider be held accountable for delivering it?”

The next phase of SIL reform should focus less on how many providers are in the market and more on how much authority participants have within it. Participants should control the design of their supports, the rules governing shared services, the standards providers must meet and the process for reviewing or replacing a provider.

This is particularly important in thin markets, where provider choice may always be limited. Even when only one viable provider is available, participants can still exercise control over what is purchased, how it is delivered and how performance is assessed.

Choice asks, “Which provider do you want?”
Control asks, “What do you want the provider to do?”

Independent Facilitation provides the structure through which participants can exercise that control.

The success of choice and control should not be measured by the number of providers operating in a market. It should be measured by the influence participants have over their homes, supports and daily lives.

Market expansion has increased the number of providers, but it has not consistently delivered quality, accountability, innovation or value. Too often, participants choose a provider but do not control the service. The provider continues to determine the staffing model, shared routines, use of funding, performance measures and practical options available to the household.

SIL commissioning should reverse this relationship. Participants should design the service, establish the required outcomes and select a provider to deliver against that specification. This creates a competitive tender process that should drive prices down.

Independent Facilitators should support participants to make collective decisions, monitor performance and change providers when necessary.

The objective is not to remove meaningful choice. It is to stop treating provider numbers as a substitute for participant power.

A smaller, accountable market in which participants control their services may deliver more genuine participant choice and control, than a large and fragmented market in which providers control the options.

Five recommendations in brief

clarify the cohorts currently grouped under SIL;

commission nationally consistent Independent Facilitators;

separate service design, delivery and evaluation;

enable flexible participant-led sharing of defined supports; and

create an integrated safeguarding, information-sharing and market-intelligence framework.

Requested decision

Expand the SIL Commissioning Project to design and pilot a nationally funded Independent Facilitation Framework as a distinct commissioning stream, explicitly implementing Action 8.4 of the Independent Review of the NDIS.

1. Policy Context and Case for Change

SIL currently describes too many different things: a funding mechanism, a category of support, a service model, an operating model, a group-home arrangement and a broader duty-of-care relationship. These meanings conceal substantial differences in participant capability, risk, support intensity, housing, relationships and desired outcomes. A commissioning model should begin with a clear taxonomy rather than treating all participants receiving high levels of home support as one market.

Proposed category	Typical features	Primary policy response
Intensive supported living	Continuous support and significant decision-making, behavioural, medical or communication complexity.	Capable providers, continuity, supported decision-making and strong independent oversight.
Shared housing with shared supports	People intentionally live together and share defined supports while retaining individual lives and supports.	Compatibility, governance, transparent cost allocation and participant-led design.
Cluster or 10+1 arrangements	Separate dwellings with a shared on-site or overnight service.	Reliable contribution arrangements and coordination of shared and individual supports.
High-volume individual support	Many support hours, but the participant can direct workers without whole-of-life provider control.	Flexible purchasing and safeguards proportionate to risk.
Specialist or thin markets	Rare conditions, remote locations or cohorts for whom open competition may not sustain capability.	Targeted commissioning, continuity and shared risk.

2. What Is an Independent Facilitator?

Definition

An Independent Facilitator is a neutral, participant-focused professional commissioned separately from housing and support providers to help people design, govern, monitor and improve shared living and support arrangements while promoting supported decision-making, safeguarding, service quality and genuine choice and control.

The facilitator is a service-design partner, governance and relationship facilitator, quality and safeguarding partner, procurement support and contributor of privacy-protected market intelligence. Independence must be substantive: the facilitator and employing entity should have no financial interest in occupancy, support utilisation, provider retention or the outcome of procurement.

Role	How it differs from independent facilitation
Support coordinator	Implements an individual NDIS plan; facilitation governs shared arrangements and collective decisions.
Support provider	Delivers supports; the facilitator never delivers the support being evaluated.
Housing provider	Owns or manages housing; the facilitator has no vacancy, property or rental income interest.
Guardian	May hold legal authority; the facilitator maximises the participant's own participation and supported decision-making.
Independent advocate	Provides independent rights representation; facilitation is ongoing and operational and must preserve access to advocacy.
Community visitor	Monitors rights and safety under jurisdiction-specific powers; facilitation adds ongoing governance, design, procurement and performance functions.

3. The Six-Step Independent Facilitation Model

1. Match first: household formation and compatibility

Participants explore preferences, meet prospective housemates, trial compatibility and decide before a vacancy or provider model determines the outcome.

2. Shared governance and supported decision-making

The facilitator establishes accessible household agreements, meeting processes, decision rules, privacy boundaries, review processes and conflict pathways.

3. Participant-led service design

Individual needs and goals are mapped, genuine overlaps are identified, shared and individual components are distinguished, and outcomes and costs are made transparent.

4. Provider procurement and mobilisation

Participants develop specifications, invite quotations or proposals, compare providers, conduct interviews, appoint a provider and plan transition and mobilisation.

5. Performance, outcomes and accountability

Participants establish service standards and outcomes, review experience and evidence, address complaints and require service improvement where needed.

6. Ongoing safeguarding and continuous improvement

The facilitator maintains independent contact, identifies emerging risk, revisits arrangements as circumstances change, supports transitions and escalates unresolved concerns.

How the model improves participant choice

The model converts formal purchasing rights into practical authority. Participants influence who they live with, what they share, how the service is designed, which provider is engaged, how quality is measured and how arrangements change over time.

4. Implementation Framework

Phase 1 should co-design national practice standards, access, referrals, opt-in arrangements, supported decision-making, conflicts, privacy and interfaces with support coordination, guardianship, advocacy, tenancy, clinical governance and Community Visitor Schemes. Phase 2 should pilot the role across metropolitan, regional, remote and thin markets with both newly forming and established households. Phase 3 should independently evaluate participant, service, safeguarding, market and cost outcomes before national expansion.

Element	Recommended design
Funding and stewardship	National funding, operational independence and no payment linked to occupancy, provider retention or support expenditure.
Provider eligibility	Dedicated entities or ring-fenced units that do not deliver housing or support to the same participants and disclose related-party interests.
Access	Participant self-referral and referrals from families, advocates, guardians, planners, regulators and providers, with risk-based outreach.
Caseload	Adjusted for participant preference, complexity, communication needs, household dynamics and risk.
Accountability	National standards, supervision, peer review, participant feedback, accessible complaints, audit and independent evaluation.
Accessibility	Easy Read information, interpreting, communication supports, cultural safety and flexible engagement methods.

5. Supporting Genuine Choice and Control

Choice is not established merely by presenting a list of providers. Genuine choice requires accessible information, time, supported decision-making, a realistic ability to say no, influence over service design and a safe route to change. The facilitator gives participants practical authority over who they live with, what supports are shared, who provides those supports, how decisions are made, how privacy is protected and how providers are held accountable.

This bottom-up design builds the capability of participants and households. It complements provider regulation rather than assuming all improvement must be achieved by controlling providers. Participants receive the resources to understand the service being purchased, identify alternatives, establish expectations, review performance and act when a service does not meet agreed outcomes.

6. Supporting Participants with Complex Needs

Complexity should increase support for autonomy, not legitimise provider control. The SIL provider remains accountable for safe delivery, workforce capability, clinical and behaviour support obligations, emergencies and service continuity. The facilitator provides communication support, decision-specific assistance, compatibility planning, independent monitoring and higher-frequency contact where vulnerability or isolation is elevated.

- Use each participant's preferred communication and allow repeated engagement rather than relying on one meeting.
- Involve families, guardians, advocates and clinicians with clear roles while preserving the participant's voice.
- Treat compatibility and transition planning as formal safeguards.
- Monitor quality of life, relationships, community participation and unnecessary restrictions, not only hours or incidents.
- Maintain contingency arrangements for changes in funding, health, behaviour, provider viability or household membership.

7. Safeguards for Vulnerable Participants

- Structural independence from housing and direct-support providers.
- Regular private contact using the participant's preferred communication method.
- Supported decision-making that explains options, consequences and rights.
- Household-level review of compatibility, culture, shared costs, privacy and restrictions.
- Rights-based identification of coercion, neglect, unnecessary restrictions and barriers to visitors or community participation.
- Clear escalation timeframes and a no-wrong-door pathway for concerns.
- Contingency planning for funding changes, provider withdrawal, vacancies and household breakdown.
- Independent complaints about facilitators and continuing access to advocacy.
- Data minimisation, lawful information sharing and restrictions on secondary use.

8. National Safeguarding and Community Visitor Interface

Community Visitor Schemes perform important rights and safety functions but differ across jurisdictions. A nationally funded facilitation framework could integrate or progressively replace overlapping functions for NDIS-funded shared living only after co-design, evaluation, legislative analysis and intergovernmental agreement demonstrate equivalent or stronger protections. State and territory powers should remain until statutory access, escalation capability, independence and public accountability are preserved.

Relevant safeguarding information should be available to state and territory bodies under a formal protocol covering legal authority, consent, minimum data, urgent notification, joint response, duplication, correction rights and dispute resolution. Aggregated and de-identified information should support market stewardship without creating surveillance of participants.

9. Flexible Shared Supports and Participant-Led Bundling

Participants should be able to combine clearly defined support components voluntarily without accepting an all-in group-home model or one provider for all supports. Shared overnight response, morning or evening support windows, meal preparation, domestic assistance and household administration can coexist with individual supports for employment, health, education, relationships and community life.

- Describe each shared service, expected outcomes, staffing and price clearly.
- Allocate contributions transparently and document informed agreement, notice and withdrawal arrangements.
- Maintain individual contingencies so one funding change does not automatically destabilise the household.
- Do not require disclosure of personal information unrelated to collective decisions.
- Review regularly whether sharing remains wanted, fair and beneficial.
- Allow different providers for different bundles where that better meets participant preferences and capability needs.

10. Recommendations

Recommendation 1: Clarify the market

Co-design a national taxonomy distinguishing intensive supported living, shared housing and supports, cluster arrangements, high-volume individual support, specialist cohorts and thin markets.

Recommendation 2: Implement Action 8.4

Commission a nationally funded Independent Facilitation Framework with strong independence, accessibility, supervision, peer learning and accountability.

Recommendation 3: Separate functions

Separate participant-led service design, provider delivery and independent evaluation so one commercial interest does not control all three.

Recommendation 4: Enable participant-led sharing

Create funding and administrative mechanisms for voluntary sharing of clearly defined supports while preserving control over individual supports.

Recommendation 5: Integrate safeguarding and intelligence

Use facilitation as preventative safeguarding and market stewardship, with lawful and timely Commonwealth, state and territory information sharing.

11. Evaluation and Risk

Evaluation should measure participant influence, supported decision-making, rights, wellbeing, relationships, community participation, household stability, workforce continuity, complaints resolution, provider performance,

market gaps, innovation and system efficiency. Cost reduction should not be treated as success unless rights, safety and participant outcomes are maintained or improved.

Risk	Mitigation
Role duplication	Clear statutory and operational interfaces, shared protocols and no-wrong-door referrals.
Facilitator becomes another gatekeeper	Participant choice of facilitator where practicable, easy transfer, transparent decisions and independent complaints.
Conflict of interest	No housing or support delivery to the same participants; disclosure and audit of related entities and referrals.
Over-surveillance	Consent, proportionality, data minimisation and a focus on services, rights and agreed outcomes.
Loss of state safeguards	No transition until equivalent statutory access, independence and escalation powers are demonstrated.
Innovation causes instability	Small pilots, explicit consent, documented risk, contingency funding and clear stop rules.

12. Conclusion

The SIL Commissioning Project should commission the infrastructure that enables participants to shape, govern and evaluate shared supports. Action 8.4 already recommends the central function. The task now is to design it with the independence, accessibility, authority and accountability required to make joint decision-making real. Independent Facilitation can translate the NDIS promise of choice and control into a practical, supported and safeguarded reality.

Annexure A: Alignment with the Six Consultation Questions

Participants

Prioritise participants in shared arrangements, people with complex communication or decision-support needs, people with limited informal safeguards, unstable households and thin markets.

Quality

Rights-respecting, person-led support with capable workers, transparent sharing, independent evaluation and demonstrable participant influence.

Safeguards

Provider duty of care plus independent contact, supported decision-making, household review, effective escalation and transition safeguards.

Innovation

Participant-led service design and bounded pilots with agreed risk allocation, contingency funding and independent evaluation.

Choice

Influence over service content, standards, routines and accountability, including when provider count is limited.

Sustainability

Clear specifications, realistic pricing, workforce capability, proportionate obligations, shared risk and earlier response to household instability.

Annexure B: Author Background and Expertise

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Faye Minty brings more than 25 years of senior executive and chief executive experience across housing, disability and community services, together with more than 30 years of directorship experience across private and not-for-profit organisations. Her work combines social purpose, governance, strategy, financial sustainability, risk-informed decision-making, customer-centred service design and sector reform.

Relevant expertise includes community housing, Specialist Disability Accommodation, tenancy management, housing innovation, disability inclusion, participant outcomes, quality and safeguarding, government relations, stakeholder advocacy, partnerships and organisational sustainability. Governance and leadership experience includes Enliven Community, Enliven Housing, community housing peak bodies, the Australasian Housing Institute, The Sydney University Settlement and Ausworks Pty Ltd. Faye Minty led the merger of Capital Community Housing and Havelock Housing Association and has experience integrating acquired housing portfolios. Faye Minty holds a Bachelor of Applied Science from the University of Technology Sydney, 1994.

Annexure C: Action 8.4 of the Independent Review of the NDIS

Policy foundation for a commissioned shared-support facilitation function

The Independent Review into the National Disability Insurance Scheme, Working together to deliver the NDIS, was co-chaired by Professor Bruce Bonyhady AM and Lisa Paul AO PSM and delivered its Final Report in 2023. Recommendation 8 concerns housing and living supports that are fair and consistent and support participants to exercise genuine choice and control. Action 8.4 provides direct authority for the proposal in this submission. [5]

Action 8.4 in full
"The National Disability Insurance Agency should commission a shared support facilitation function to empower participants sharing supports to exercise joint decision-making." [5]

Why Action 8.4 matters

Sharing supports creates a distinct collective decision-making task. Participants may need to agree on the service model, staffing, household routines, provider selection, performance standards, complaints, funding changes and provider replacement. Without an independent and funded process, these decisions may be organised by parties whose responsibilities or financial interests do not align fully with every participant. Action 8.4 places the purpose of facilitation with the participants: empowering the people who share supports to exercise joint decision-making.

How this proposal implements Action 8.4

The proposed framework turns the Review's action into an operational national model. Independent Facilitators would be commissioned separately from housing and support providers. The facilitator would not decide for participants or deliver the supports under consideration. The facilitator would establish accessible processes through which each participant can understand options, express preferences, consider impacts on others and participate in a documented collective decision.

The six steps operationalise Action 8.4 across the complete life of an arrangement: supporting compatibility before commitment; establishing household governance and supported decision-making; designing individual and shared supports; procuring and mobilising providers; monitoring performance and outcomes; and maintaining independent safeguarding and continuous improvement.

A participant-directed commissioning approach

The proposal allocates public resources to the participants whose supports are funded. Provider standards, education and regulation remain necessary, but cannot alone build the information, skills, confidence and collective processes participants need to exercise control. Informed and well-supported participants can question assumptions, compare options, negotiate improvements and change a service safely rather than accepting a model solely because a SIL provider presents it as the available or practical option.

Relationship with Actions 8.3, 9.1 and 9.2

Action 8.3 recommends a funded process for participants to try new living arrangements at key life stages before committing. Action 9.1 recommends investment in housing and living data and analysis. Action 9.2 recommends a new funding approach for participants sharing living supports, with a stronger focus on quality and outcomes. Together with Action 8.4, these actions create a coherent pathway: test the arrangement, facilitate joint decisions, fund shared supports appropriately and learn from participant outcomes. [5]

Minimum commissioning features

- Operational independence from housing and support providers.
- A clear duty to maximise each participant's voice and supported decision-making.
- Accessibility for cognitive, communication, psychosocial, behavioural and medical complexity.
- Authority to work at individual and household levels while respecting privacy.
- Service design, procurement, performance review, transition and safeguarding functions.
- National standards, supervision, peer learning and accessible complaints.
- Privacy-protected reporting for quality improvement and market stewardship.

Conclusion

Action 8.4 is the clearest national policy basis for this submission. The Review did not propose leaving participants to negotiate shared supports alone or relying only on provider regulation. It recommended that the NDIA commission facilitation for the express purpose of empowering joint decision-making. This submission provides the detailed model required to implement that action.

References

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

2. NDIS Quality and Safeguards Commission, Strengthening Information Sharing with Community Visitors Project, Progress Report 2, May 2026.

3. Australian Government Department of Health, Disability and Ageing, About the changes to the NDIS, August 2026.

4. National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Act 2026.

5. Independent Review into the National Disability Insurance Scheme, Working together to deliver the NDIS: Final Report, 2023, Recommendation 8, Actions 8.3 and 8.4, and Recommendation 9, Actions 9.1 and 9.2. Official report: http://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf

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