



NDIS Quality
and Safeguards
Commission

Next Steps: regulation for in-home and housing supports

Insights Report

December 2024



Acknowledgement of Country

The NDIS Quality and Safeguards Commission acknowledges the traditional custodians of the land on which we live and work. We pay our respects to their Elders past, present and emerging as well as any First Nations People reading this paper.

It is our hope that as Australians we can work together to make a meaningful difference for a more inclusive and respectful society for all.

Artwork by Presten Warren



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Executive Summary

Reviews have highlighted that in-home and housing support for people with disability with higher support needs remain heavily reliant on delivering supports in congregate arrangements such as group homes. The NDIS Review found housing and living supports, such as Supported Independent Living (SIL) and Specialist Disability Accommodation (SDA) continue to follow congregate delivery models, with only pockets of innovation.

In 2023, the NDIS Quality and Safeguards Commission (NDIS Commission) created an [Action Plan](#) to respond to the NDIS Commissioner's [Own Motion Inquiry into Aspects of Supported Accommodation](#) (the Inquiry). The Inquiry found gaps in oversight and the need for specific regulation for supported accommodation¹ to improve the quality and safety of supports to achieve better outcomes for people with disabilities.

Since the action plan release, the NDIS Review, the Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability (DRC), and the NDIS Provider and Worker Review Taskforce (the Taskforce) have each delivered their final reports and recommendations. All reviews have identified factors that expose people with disability to poor quality and unsafe supports.

In 2023, the NDIS Commission consulted with people with disability to strengthen the quality and safety of supports and identify what participants want housing and living support regulation to deliver. These consultations found people with disability want supports that are participant centred, focused on human rights, respect, privacy, are delivered by workers who are suitable, have the right training and create a harmonious and safe home

To make changes that improve the quality and safety of support, between August and October 2024, the NDIS Commission conducted a second round of extensive consultations focused on sector stakeholders to inform how these changes are progressed. These consultations engaged over 800 stakeholders through online and in-person sessions across Australia, including providers, workers, auditors, advocacy groups, industry representatives and subject matter experts. The consultation focused on:

- A review of the NDIS Practice Standards
- Developing new Practice Standards specific to Supported Independent Living
- Reviewing proposed options for the legal and practical separation of SIL and SDA.

The methodology for the consultation approach can be found at [Appendix A](#).

¹ Supported accommodation was a term used in the Inquiry to describe NDIS supports and services that are delivered in a group setting.

Key findings



Review of the NDIS Practice Standards

Review of the NDIS Practice Standards

The consultation found that the way NDIS Practice Standards are monitored and assessed needs to be improved to advance the quality and safety of supports. Stakeholders identified the need for simpler terminology, improved guidance materials and changes to the way audits are undertaken and shared.



Developing new Practice Standards specific to SIL

Developing new Practice Standards specific to SIL

Consultation identified comprehensive guidance, improved worker training and changes to the way audits are conducted as key enablers to support the development of SIL practice standards. Stakeholders identified a range of challenges they believed need to be considered when introducing new SIL NDIS Practice Standards. Stakeholders raised workforce capability gaps, funding constraints and difficulties when working with multiple stakeholders.



Options for the separation of SIL and SDA

Options for the legal and practical separation of SIL and SDA

Stakeholders expressed varying opinions on the approach to the legal and practical separation of SIL and SDA, although there was a stronger preference for complete separation, where a provider could only deliver either SIL or SDA, but not both. Stakeholders recognised that implementing this separation would pose significant operational challenges, such as providers withdrawing supports and services, potential service disruption, and impacts on participants with more complex supports. The consultation process revealed that clear regulatory guidance, transition plans and provisions for exceptional circumstances where separating SIL and SDA is not practical would be necessary for successful implementation.

Next steps

The NDIS Commission will use the consultation insights to guide the review of NDIS Practice Standards, support the development of new SIL NDIS Practice Standards in collaboration with people with disability in 2025, and shape advice regarding the legal and practical separation of SIL and SDA.





Background

In 2023, the NDIS Commission released its [Own Motion Inquiry into Aspects of Supported Accommodation](#). The Inquiry examined relevant reportable incidents and complaints made to the NDIS Commission to identify trends in issues occurring in supported accommodation, their causes, models of best practice and how the NDIS Commission could use its powers to ensure higher standards of support. The Inquiry found:

- There is a need for specific regulation of group home settings to enhance the quality and safety of these settings for people with disability
- Greater engagement with people living in group homes is required to support their exercise of choice and control
- The attitude and aptitude of the workforce drives a high number of the issues evident in group home settings
- The interaction of SIL and SDA arrangements impacts the ability of people with disability in supported accommodation to make changes to their living arrangements
- The NDIS Commission needs to better understand the supported accommodation market and how people interact with it, including by improving the collection, monitoring and analysing relevant data
- The interface with health and the supported accommodation system is not effective for many people living in these settings.

Several reviews have examined supported accommodation arrangements and found that regulation must be strengthened to ensure people with disability can fully exercise their rights in shared living arrangements. The DRC highlighted risks that can arise in shared living arrangements and recommended separating housing from individual supports to reduce conflicts of interest and strengthen oversight. The NDIS Review also identified the importance of participant choice in living arrangements and recommended mandatory separation between SDA and SIL providers. Most recently, the Taskforce identified workforce capability gaps in supported accommodation settings.

In response to these findings, the NDIS Commission developed a comprehensive [Action Plan](#) with nine key initiatives, focusing on elevating the quality and safety of supports, amplifying the voices of NDIS participants living in supported accommodation and maximising participants' choice, control, and experiences.

In addition to consultation and inquiries, the NDIS Commission uses a range of levers to gather evidence and drive change. These activities provide insights into what is working, challenges affecting good practice, and where regulatory intervention is required to support high quality and safe supports. Some of the levers the NDIS Commission uses include:



Regulatory campaigns and projects

The NDIS Commission builds connections with the sector and gathers insights to strengthen the quality of support and respond to emerging risk.



Grant programs and initiatives

The NDIS Commission provides guidance and uses grants to collaborate with the sector to support participants to understand and exercise their rights and assist providers and workers to uphold the rights of people with disability. These initiatives increase quality, innovation, and safety of supports.



Research and Evidence

The NDIS Commission collaborates and works with research and sector partners to strengthen the evidence base to guide effective programs and policies. Research and evidence inform the NDIS Commission's efforts in the reduction and elimination of restrictive practices, supporting better practice and promoting insights across the sector via Practice Alerts, changes to regulation, partnerships, and other initiatives.

Review of the NDIS Practice Standards

The [National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#) (NDIS Practice Standards) were developed in 2016, tested in 2017, and introduced into legislation on 1 July 2018. The NDIS Practice Standards are an important tool that outlines the minimum quality and safety standards NDIS providers and workers should deliver.

The NDIS Practice Standards work alongside the [NDIS Code of Conduct](#) to establish a benchmark for quality and safety expectations. The NDIS Practice Standards contribute to supporting people with disability in being aware of what quality service provision they should expect and enable NDIS providers to deliver progressively higher standards of support.

The NDIS Practice Standards have not undergone a comprehensive review since their implementation in 2018. The NDIS Commission has heard that the NDIS Practice Standards need to be updated to advance the quality and safety of supports. The NDIS Commission has heard from people with disability that they want supports that are more person centred and human rights focused. Providers have indicated that they want more guidance and better practice examples to support the delivery of NDIS supports.

This consultation sought to understand the current implementation strengths and challenges and gather feedback on a new NDIS Practice Standards approach that:

- Continues to have a strong participant human rights focus
- Changes from 'service outcome' to 'participant outcome'
- Improves quality indicators so they can be measured to demonstrate actions taken to achieve participant outcomes
- Strengthens practice guidance to support what 'good' looks like for higher risk supports.

What we heard


Improving the clarity, applicability and reliability of the NDIS Practice Standards

Consultations highlighted that current NDIS Practice Standards lack clarity, are inconsistently implemented and can have minimal impact. Stakeholders indicated they do not find the language clear and use the NDIS Practice Standards as a compliance tool rather than a quality tool.

Stakeholders reported that the wording and information about provider obligations, guidance and NDIS Practice Standards can be disjointed and difficult to understand, making it challenging for the workforce to demonstrate compliance and competency.

"The complex language of Practice Standards means it's difficult to understand at a glance without significant investment."





“The statements are rightfully focussed on participants, but this makes it very difficult to understand provider expectations to uphold the rights mentioned... the Standards themselves would be strengthened with further detail regarding practically what these mean for a provider.”

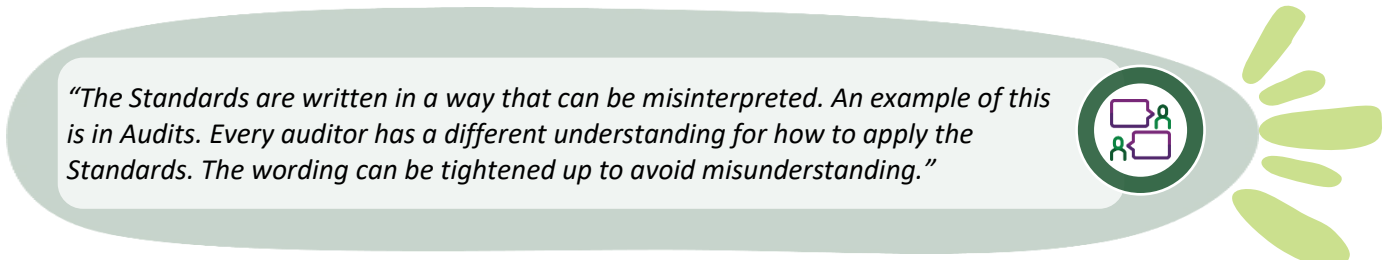
Stakeholders raised challenges about putting quality indicators into practice and the expectations around how they might be assessed (e.g., cultural safety and dignity of risk).

Stakeholders suggested the following improvements to enhance implementation of the NDIS Practice Standards:


- Simple terminology without the use of jargon
- Practical examples to demonstrate best practice, particularly for complex supports
- Participants’ version of the NDIS Practice Standards that is simplified and user friendly
- Practical training and e-learning
- Establish diverse participant-led reference groups to ensure NDIS Practice Standards and guidance is practical, meaningful and shapes how supports and standards evolve.

Impact of audits and the way NDIS Practice Standards are measured, communicated and deliver quality outcomes for participants

Stakeholders shared the way NDIS Practice Standards are assessed by third-party auditors can be subjective and varied due to each auditor having a slightly different interpretation of the NDIS Practice Standards.



“The Standards are written in a way that can be misinterpreted. An example of this is in Audits. Every auditor has a different understanding for how to apply the Standards. The wording can be tightened up to avoid misunderstanding.”



“Observation by auditors is important what does good quality look like.”

“There was no attempt to understand how our service provision supports a person to achieve their goals.”

Stakeholders expressed that audits focus too much on process and paperwork compliance and not enough on quality and provider practice.

Stakeholders highlighted that they share their audit outcomes with participants however, audit reports are too complex, dense and need to be translated for participants

While stakeholders support publication of audit reports to improve choice and control and incentivise practice quality, they expressed that audit reports do not communicate service quality in a way that is useful and accessible to participants. The complexity of quality indicators may be creating challenges in interpreting findings in a simple way.

"[We] provide audit results to people we deliver services to however, have to translate the results into a summary as its too dense and complex for participants to work with."

"Publish provider examples of best practice and audit reports. [We] work hard to deliver great supports and want more visibility. Providers who aren't providing a good service should be publicised."



"There needs to be clear evidence guidelines for auditing purposes, this evidence should be required by all providers regardless of registration status."

Stakeholders shared that implementation of the NDIS Practice Standards may be improved through transparent information about how auditors assess provider performance against the NDIS Practice Standards and increased learning opportunities and guidance post-audit to effectively apply service improvements.

Impacts of workforce, capability, and implementing NDIS Practice Standards

Stakeholders shared that adequate investment into workforce training is required to enable providers to implement NDIS Practice Standards and deliver quality and safe supports. Stakeholders shared that the cost of training and limited workforce capacity dedicated to upskilling outside of their direct care roles, are putting a strain on keeping providers financially viable, particularly small providers or those delivering in areas with significant workforce shortages.


"Consider what is a viable business model which needs to be balanced with the delivery of the Practice Standards, smaller providers will find this more difficult."



"[We] thought the key was training and without additional funding [we] are unable to lift staff up. [We] thought the Disability Worker Cost Model was poor and predict things will get worse if Standards are going to be lifted."

"Quality is impacted by compliance costs, as costs are not being spent on training and practice leadership no providers can afford to do it well."





Developing new Practice Standards specific to Supported Independent Living

The NDIS Commission is developing specific NDIS Practice Standards for SIL supports in response to findings from the Inquiry and subsequent reviews. These standards will focus on quality and safety in settings where participants share accommodation and daily supports.

Any new NDIS Practice Standards must support the rights of NDIS participants. Article 16 of the United Nations Convention on the Rights of Persons with Disabilities requires States Parties to, ‘take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.’ Article 19 requires State Parties to facilitate the full inclusion and participation of people with disability in the community and to prevent isolation and segregation.

To inform new standards, the NDIS Commission conducted extensive consultations across Australia, engaging with 120 participants and their families across six states and territories. Through a combination of small group discussions and larger community gatherings, these consultations revealed key factors that participants feel contribute to a positive home environment and should underpin the delivery of supports in accommodation settings. These are outlined in Figure 1 on the following page.

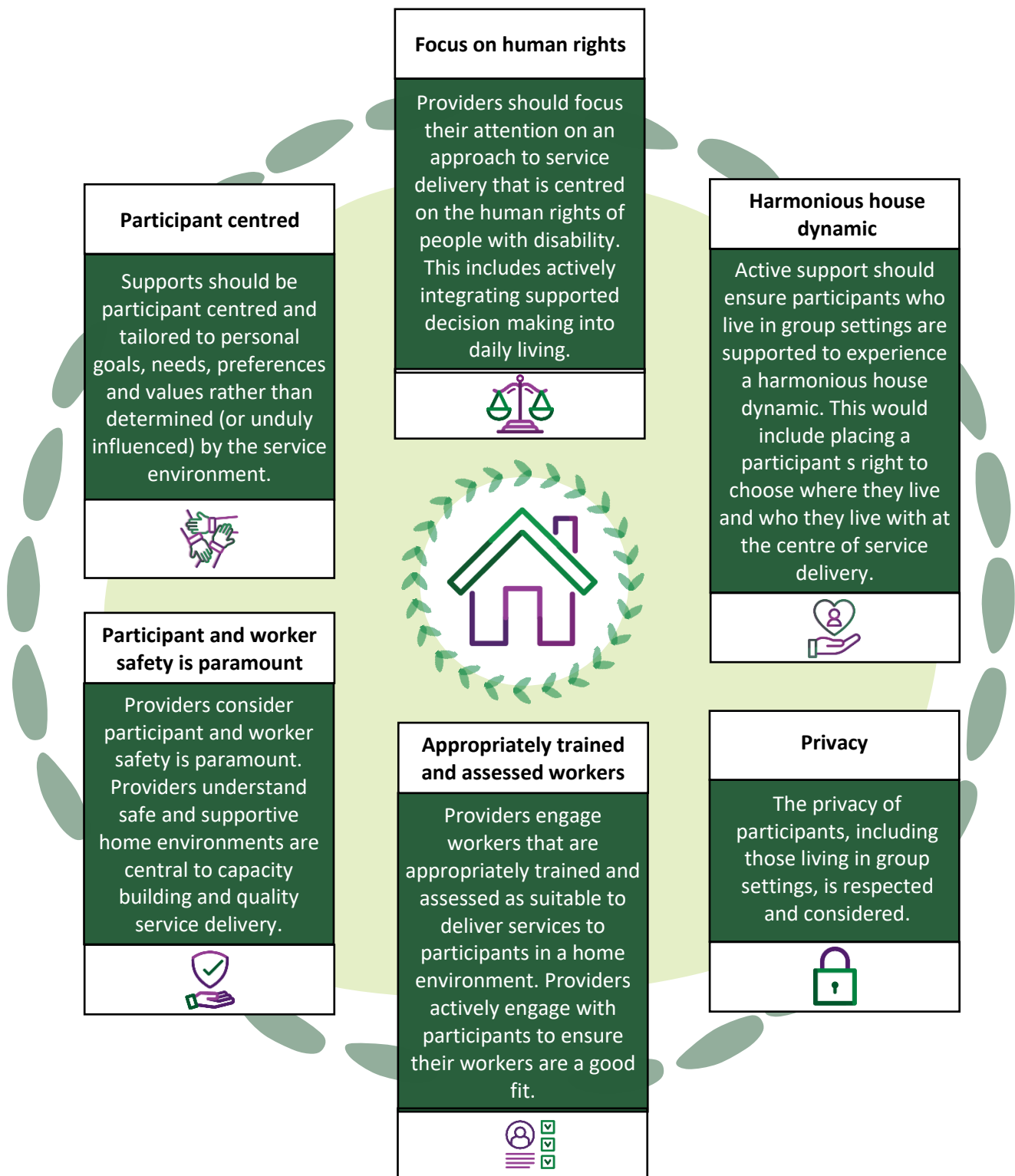


Figure 1 - Six key factors central to a good home life

What we heard

Stakeholder perspectives on the development of new SIL NDIS Practice Standards

Reviews have identified the need for a support-specific NDIS Practice Standard for SIL. While stakeholders were broadly supportive of the six key factors identified through participant consultations, some expressed concerns about how to operationalise these principles. A key challenge is the language and structure of the standards themselves. Stakeholders indicated a lack of clear operational guidance.

"The draft standards present as emotive statements rather than standards that a provider can implement, and the NDIS Commission can enforce."



Some stakeholders identified that tying the NDIS SIL Practice Standards to the United Nations Convention on the Rights of Persons with Disabilities was critical. Some stakeholders felt that focusing on a values approach to any new standards would be important.

Many stakeholders reported a clear tension between rights-based principles and operational realities, specifically raising challenges in supporting participants' dignity of risk and choice and control while balancing duty of care. Upholding individual choice and control when supports are shared was reported by some stakeholders as challenging. Some stakeholders raised difficulties in accommodating each participant's preferences for staff, routines, or other aspects of support, which they reported can lead to operational conflicts and compromises that impact the quality and consistency of support for all residents.

"There are some rights included which are very difficult to understand how a provider manages these. For example: Human Rights at Home: Very difficult for a provider to work with a participant to adjust living situations as the participant directs."

Some stakeholders shared the new Practice Standards needs to consider building and strengthening safeguards such as supporting a person to increase social and economic inclusion and make connections in the community.

Barriers and enablers to the implementation of new SIL NDIS Practice Standards

Some stakeholders identified barriers to successful implementation due to funding, resource limitations and the need for time to support worker competency and capability. Many stated that successful implementation requires sufficient time and financial support to adapt their processes, train staff and ensure compliance. Some providers raised experiencing financial strain, making it difficult to allocate additional resources towards implementing the new standard. Providers also stated that the financial pressure is further compounded by workforce challenges. Some stakeholders expressed implementation will need to consider supporting providers and workers to upskill which takes investment and resources.

Stakeholders raised issues with quality metrics, needing more case studies, and clearer definitions. Stakeholders cautioned against applying too prescriptive standards for home and living supports due to the significant diversity of participants' intersectional experiences and perspectives.



"...we need to allow providers time and resources to make/implement the changes, they are not funded for that."

"... issues include a lack of adequate funding for training, inadequate guidance and training on implementing the standards, and the regulatory burden from compliance."

"Appropriate resourcing is the biggest blocker to the practical application and keeping people safe."

"No mandate of qualification. Huge variability in how confident people will be in delivering services"

"...there is a need for a sophisticated discussion on balancing human rights and people with disabilities' right to protection."

"What happens if a participant changes their mind regarding what they want? How is this managed practically? How do stakeholders show they have done the right thing?"

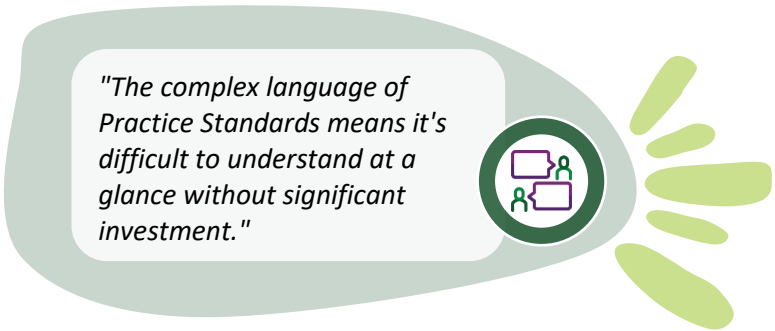


Some providers advised that new Practice Standards must provide clear direction but be flexible enough to reflect the ways people want to live their lives, their diverse experiences and choice and control.

Stakeholders advised that worker education, improved staff skills and capability, stronger guidance on NDIS Practice Standards implementation, and a stronger focus on choice and control is needed to deliver safe and quality home and living supports to people with disability.

Consultation responses suggested practical guidance to operationalise the NDIS Practice Standards would be useful, particularly in relation to supporting choice and control, balancing competing rights, and complex in-home supports like end-of-life care. Stakeholders also stressed that successful implementation requires moving beyond technical compliance and building genuine capability for quality service delivery.

Stakeholders were generally supportive of the intent of the SIL Practice Standards, however, to address implementation barriers, stakeholders called for guidance materials and support including:



Information on balancing competing rights



Improved worker training and engagement



Complex case studies to guide decision making



Clear definitions of requirements and expectations.

Stakeholders shared that for SIL Practice Standards to be successful, they should reflect the diversity of people with disability, maintain high expectations for upholding human rights, support the delivery of quality and safe supports and provide clear implementation guidance to support participants, their families and service providers.

Strengthening the SIL audit process




"What happens if a participant changes their mind regarding what they want? How is this managed practically? How do stakeholders show they have done the right thing?"

"Clients who do not speak to communicate and those with psychosocial disabilities are rarely included in audits."

"Auditors have a lot of oversight and need to know updates to legislative/regulatory requirements – but there is no upskilling to keep auditors on top of that responsibility."

Stakeholders advised that more consistency in auditor approaches, better skills in interviewing and engaging with people with disability about their experiences (particularly people with disability with more complex support needs), observing support delivery, and ensuring an accurate representation of people with disability in sampling methodologies is critical in ensuring participants are safe and get the best supports.

Some stakeholders raised concerns about a 'checklist' approach and audit processes driving compliance, but not quality improvement. Some stakeholders raised the importance of other quality and safeguarding mechanisms, for example, Community Visitor Schemes.



Reviewing proposed options for the legal and practical separation of SIL and SDA

SDA refers to specially designed homes with features that facilitate intensive supports for participants with extreme functional impairment or very high needs. In contrast, SIL is a type of home and living support provided in a person's home.

Currently, only registered NDIS providers can provide SDA funded through a participant's NDIS plan, with requirements and obligations specified in both the [National Disability Insurance Scheme \(Specialist Disability Accommodation Conditions\) Rule 2018](#) and the [National Disability Insurance Scheme \(Specialist Disability Accommodation\) Rules 2020](#) (SDA Rules). The SDA Rules require all providers to be registered NDIS providers and for all dwellings to be enrolled with the NDIA. The SDA Rules outline dwelling enrolment requirements such as design categories, building types and other features that impact prices.

The lack of separation between these services has emerged as a critical issue. Reviews have highlighted participants can experience reduced choice and control over their living arrangements when a single provider delivers both accommodation and daily supports. This creates potential conflicts of interest that can reduce choice and control and may put participants' tenancy security at risk if they wish to change their in-home support service provider.

An important focus of the separation is upholding the rights of participants. Article 19 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) recognises the right of people with disability to have freedom of choice regarding their living arrangements. Enabling people with disability to exercise choice and control over their supports is also a core principle of the [NDIS Act 2013](#) and a requirement under the NDIS Practice Standards.

Additionally, both the NDIS Review and the DRC have recommended mandating formal separation between SDA and SIL. The NDIS Review's Action 9.7 calls for strengthening SDA regulation and mandating the separation of SDA and living support providers. Similarly, the DRC's Recommendation 7.41 specifically calls for a review of mechanisms to transition away from allowing the same provider to deliver both SIL and SDA, with interim arrangements to strengthen oversight and address conflicts of interest.

To address these recommendations, three options to separate SIL and SDA were presented to stakeholders for consultation.



**Option 1:
Registration
level change**

Change the Rules so NDIS providers cannot register to provide both home and living supports. This option fully addresses recommendations made by both the DRC and the NDIS Review. However, this option would not capture participants receiving SIL and residing in non-SDA homes rented or owned by the same SIL provider which has been highlighted as an area requiring further review to ensure participant's tenancy rights are being upheld.



**Option 2:
Participant
level change**

Change the Rules so providers cannot provide both home and living supports to the same participant. This option would address conflict of interest and aims to centre the participant, however, only addresses some of the DRC and NDIS Review recommendations.




**Option 3:
Conflict of
interest change**

Strengthen conflict of interest requirements where providers deliver both home and living supports to the same participant. This option would not fully address the recommendations made by either the DRC or NDIS Review and would not meet the goal of separation.


What we heard

Stakeholder perspectives on separation options

Stakeholders acknowledged that option 1 would provide the strongest safeguards and best alignment with recommendations from the DRC and NDIS Review. They noted that the current combined arrangement can create situations where participants feel unable to change providers due to a perception that their housing arrangements will be at risk; this lack of choice and control undermines a key principle of the NDIS. However, while it received the strongest support of all the options, stakeholders expressed practical concerns about its implementation.



"Research indicates that organising support and tenancy separately is more effective. The biggest concern is that individuals are in situations where they must comply with the service, risking eviction."



"Under Option 1, SIL providers will lose control of what kind of accommodation is built, and how appropriate it is, e.g. some SDA builders are currently building accommodation designed for one to two ratios, whereas SIL providers might only be funded for one to three ratios."

Some stakeholders suggested option 2 might be more practical, particularly for thin markets and existing arrangements. They highlighted specific challenges in areas with limited provider options, while acknowledging the need for additional safeguards to prevent provider collusion. Option 2 was seen as a potential compromise that balances participant choice with market realities.



"Option 2 could be better for thin markets, though risk is collusion between providers."

"What about the people who have lived together for the last 20 years, now suddenly you have to make a choice? Option 2 is getting around that."

Stakeholders emphasised that strengthening conflict of interest requirements alone would not fully address the recommendations. Conflict of interest requirements are already considered an essential requirement in the current NDIS Practice Standards; however, it needs more consistent and strengthened implementation. Stakeholders called for greater oversight and enforcement of these requirements.



"Already have conflict of interest policy, need a better regulatory framework to make sure it works."

"Option 3 could work but need to do a better job of assessing if SIL providers are doing the right thing in an adequate way. Currently Auditors do not ask questions of SIL providers."



"The country towns and regional centres where supports are limited should have exceptions."


"Continuity of care and consistency important for remote areas."

Regional and remote areas were identified as requiring special consideration for any required changes, with stakeholders highlighting the potential for service gaps and reduced access to appropriate supports. There was concern that a blanket separation requirement could exacerbate existing challenges in these areas.


Impact of separation on participants and providers

Stakeholders highlighted that separation would create significant operational complexities, particularly in shared living arrangements where multiple participants receive supports from the same provider. There was concern that changes to one participant's support arrangements would have unintended consequences for others within the same household. This could potentially infringe on the rights and preferences of other residents.

Stakeholders raised serious concerns about potential market impacts, including the risk of providers choosing to exit the market entirely which could lead to significant disruption for participants. This was seen as a particular risk for smaller providers who may struggle to absorb the costs and complexities of separation.




"If one participant wants a new provider you will have to move as the remaining participants are happy with the provider."



"Could lead to providers selling homes to open market that will displace participants quite possibly away from family and community and SIL provider."


The impact on participants with complex needs emerged as a particular concern with stakeholders emphasising that these participants often rely on established relationships and consistent support arrangements; these could be disrupted by separation requirements. Stakeholders warned that this could lead to poorer outcomes and increased risk for these participants if these arrangements were not considered as exceptional circumstances.



"If we stop supporting this client - the client doesn't have family who are able to support them - you are shifting the issue and not addressing that person. We see providers relinquishing clients in this space."

Barriers and enablers to implementation

Clear guidance emerged as a critical enabler for successful implementation of separation. Stakeholders emphasised the need for practical, detailed guidance that supports them to understand and meet their obligations under any new arrangements.



"Guidance notes would be helpful. These things already exist in the marketplace, however formal shortened guidance from the commission would also be helpful."

"Develop more specific and practical guidelines for providers."

They called for worked examples, case studies and other resources to help translate policy into practice.

Financial viability was raised by stakeholders as a significant concern. Stakeholders stated that quality service delivery requires adequate funding support; smaller providers and those operating in thin markets would struggle with additional compliance costs. There was a call for targeted financial assistance to help providers transition to new arrangements.

"The cost of quality is a significant barrier to improvements in this space."

"Transitional funding is needed."

"Notable cost barriers to improving provider quality include the cost of accessing training for providers and their workers, the time commitment and a lack of suitably qualified trainers with experience with people with psychosocial disability."



Mechanisms and processes needed to separate SIL and SDA

Stakeholders shared a key requirement will be more monitoring and quality assurance focused on participant outcomes rather than just compliance. They suggested new approaches to measuring and reporting on service quality which included proposals for participant-led audits and more qualitative measures of performance.

"Is there a way to get the providers to give an annual report to the participant to show the quality of the supports that have been provided – including highlights of achievement. We are so focussed on compliance and not doing the wrong thing – that we don't focus on taking appropriate risks to get good outcomes for the participant."

"Audits should assess how far providers have progressed and what more they need to do, focusing on sincere service delivery rather than just compliance."



Stakeholders identified that cross-sector collaboration and additional safeguards where there are exceptional circumstances are crucial for successful implementation of separation. There was significant support to develop communities of practice and shared learning opportunities to improve service delivery. It was emphasised that ongoing dialogue and partnership between the NDIS Commission, providers and people with disability is needed to navigate the complexities of ongoing reform.

"Providing opportunities for providers to get together to share practice – community of practice – it would be great if the NDIS Commission supported this kind of engagement between providers."

"Effective collaboration agreements between SDA and SIL providers would be essential for making the reforms work."



Next steps

The consultation provided valuable insights about what changes can be made to improve the quality and safety of in-home and housing supports. These insights provided important perspectives on how providers, participants and the sector experience and interact with the NDIS Commission and have been used to inform the next steps for each consultation topic as well as broader regulatory reform work.

Review of the NDIS Practice Standards



Consultation has highlighted that current NDIS Practice Standards need to be simplified and redesigned to improve the way they are written, and to measure and assess quality and safety of supports.

The NDIS Practice Standards are being reviewed as part of the broader NDIS Commission Rules review to identify where changes can be made to improve.

In addition to the NDIS Practice Standards review the NDIS Commission is exploring how NDIS Practice Standards can be strengthened to:



Be rights based, relevant to participants and focus on participant outcomes.



Measure provider quality to strengthen responses to poor quality supports, incentivise good quality and promote continuous improvement.



Communicate information about service quality and characteristics to support informed choice and drive progressively higher standards of individualised supports

The Australian Government Response to the DRC outlined the Commonwealth, State and Territory Governments are supportive of reforms to the registration and audit process to enable a strengthened but risk-proportionate approach to regulating and monitoring the quality and safety of services. The review and any proposed changes to the NDIS Practice Standards will also be considered in the broader reform work that responds to these recommendations.

The NDIS Commission is exploring ways to strengthen participant voice and enhance participants' understanding about the supports they receive. The NDIS Commission will continue to promote capacity building initiatives for participants to understand what good looks like through the NDIS Workforce Capability Framework, NDIS Commission grants program and through sector engagement activities.

Developing new Practice Standards specific to Supported Independent Living



Improving quality and safety in home and living arrangements will require multiple regulatory approaches. In 2023, the Government provided funding of \$10.4 million over two years for the NDIS Commission to establish a new team that focuses on strengthening regulation of NDIS providers delivering SDA and SIL supports. The team began compliance activities in April 2024. Preliminary findings and case studies from this program of work will also inform the development of SIL NDIS Practice Standards. Some key findings and case studies are provided in [Appendix B](#).

The consultation findings align with recent reports and reviews, confirming how home and living supports are delivered is fundamental to independence and inclusion. Themes identified in reviewing the NDIS Practice Standards are directly relevant to developing SIL NDIS Practice Standards.

Consultation indicates that guidance to support implementation of new NDIS SIL Practice Standards is needed to increase provider and worker capability and skills relevant to the complexities that arise in home and living, for example, competing participant human rights and participant tenancy rights. The NDIS Commission is progressing work to strengthen its audit program to ensure meaningful participation of people with disability, support better engagement of participants with complex needs, improve interviewing and observational skills for audit teams, and increase focus on quality improvement rather than only compliance. New NDIS SIL Practice Standards need to consider cultural safety and drive trauma informed practice.

Reviewing proposed options for the legal and practical separation of SIL and SDA



Progressing the legal and practical separation of SIL and SDA has been consistently recommended by reviews including the DRC and NDIS review, reflecting concerns that the current combined arrangements create conflicts of interest and limit participant choice and control.

Implementing separation will be complex, requiring careful consideration of the anticipated practical challenges and potential unintended consequences. There are several practical considerations that were raised to support the practical and legal separation that need to be carefully addressed such as:

- Clear regulatory guidance and practical implementation support to help providers understand and meet their obligations under new arrangements
- Funding and transition assistance including determine what safeguards need to be in place to minimise service disruptions, particularly for participants with complex needs or those in thin markets
- Special considerations for thin markets and complex support arrangements where provider options are limited or highly integrated and separation could exacerbate existing challenges

-
- Improved quality frameworks that focus on participant outcomes, experiences, and choice rather than just technical compliance
 - Stronger cross-sector collaboration to facilitate shared learning, better practice and navigating implementation challenges.

These insights will inform the development of advice regarding separation of SIL and SDA that protects participant rights. The NDIS Commission will continue to work closely with participants, providers, and the sector more broadly to design and implement an appropriate separation mechanism that addresses the recommendations of the DRC and NDIS Review.



Appendices

Appendix A: Methodology

From August to October 2024, the NDIS Commission consulted on three topics and associated questions:

 <p>Review of the NDIS Practice Standards</p>		<p>How can we make sure that the NDIS Practice Standards help providers deliver safe and quality supports in the way participants choose?</p> <p>What do you think about the idea that the new Practice Standards should focus on what participants want from their supports?</p> <p>What things help participants know if they are getting quality and safe supports from a provider?</p> <p>How can we help providers and workers make sure participants get quality and safe supports?</p>
 <p>Developing new Practice Standards specific to SIL</p>		<p>What do you think might stop providers from following the new NDIS Practice Standards for supported accommodation?</p> <p>What support do you think providers might need to deliver safe and quality services to people with disability in supported accommodation?</p> <p>What do organisations do well to support participants in supported accommodation?</p> <p>What should auditors do to make sure participants in supported accommodation are safe and get the best supports?</p>
 <p>Options for the separation of SIL and SDA</p>		<p>How would each proposed separation option make it easier or harder for participants? Are there other approaches to separation?</p> <p>Are there circumstances where the same provider should deliver both home and living supports? How can participant rights be protected in these situations?</p> <p>What can we do to ensure these rule changes happen without issues?</p>

The consultation approach included the following sessions and attendees:

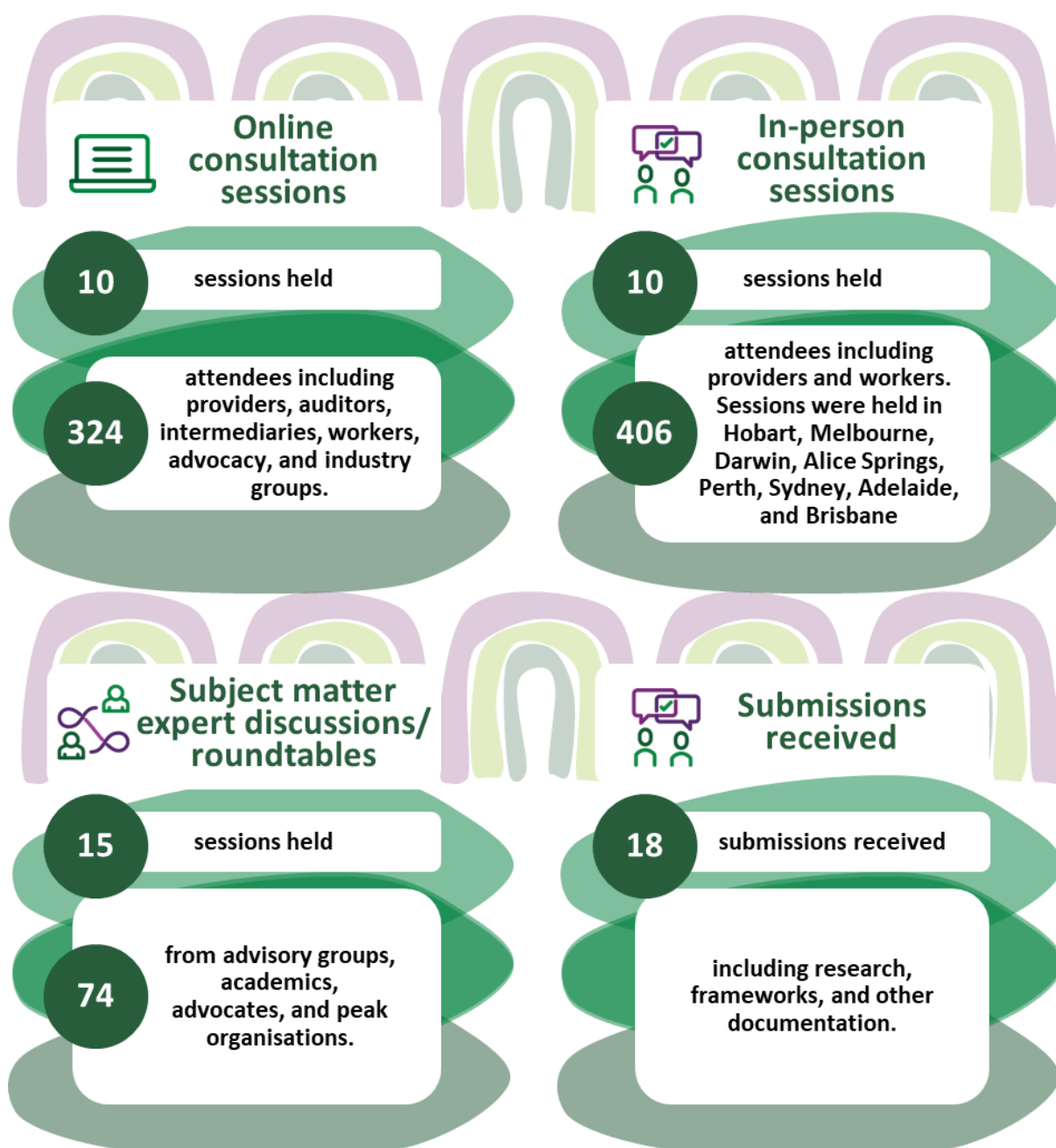


Figure 2 – Number of consultation sessions and attendees.

Additional targeted consultation occurred with the NDIA's Independent Advisory Council's Home and Living Group and the NDIS Commission's Consultative Committee, Provider Advisory Group and Complaints Advisory Group.

NDIS Commission staff scribed detailed notes during consultation sessions and breakout room discussions. All qualitative data was then coded and analysed using specialised software to conduct thematic analysis against a series of research questions. This approach identified key themes and insights across a diverse range of stakeholder responses. However, a limitation of the data collection process was the minimal markup and references and varied scribing approach within the dataset, making it difficult to identify the specific questions asked during sessions and who was speaking. This lack of detail may have reduced clarity and context in the analysis.

Appendix B: Housing and Living Supports regulatory campaign case studies

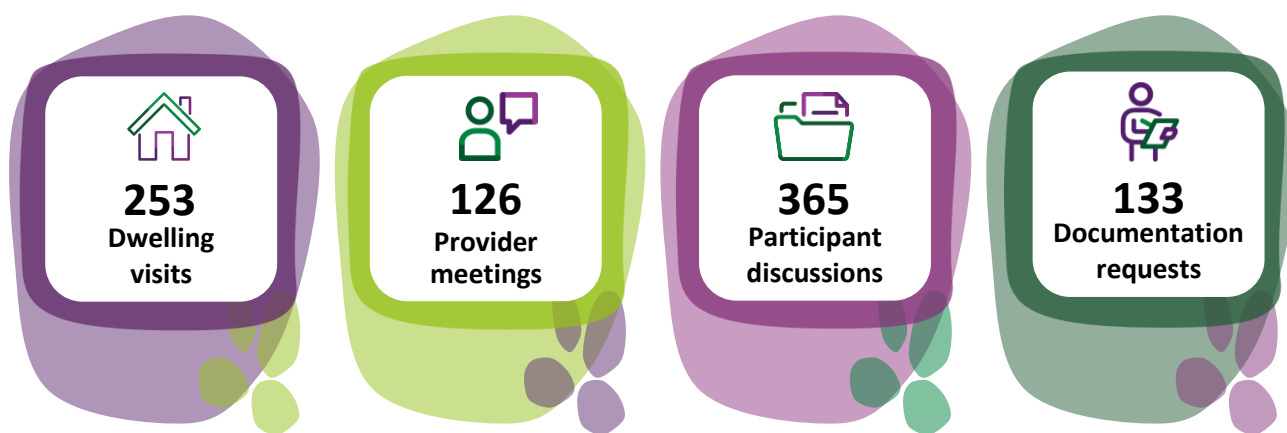
In 2023, the Australian Government provided funding of \$10.4 million over two years for the NDIS Commission to establish a new team that focuses on strengthening regulation of NDIS providers delivering SDA and SIL supports. The team began compliance activities in April 2024.

Campaign approach

The NDIS Commission commenced proactive compliance campaigns based on provider size, location and whether they had SDA registrations or dual SDA and SIL registrations. The NDIS Commission engagement involved three main components:

- Participant (and/or authorised representatives) engagement via site visits and phone calls - to gain insight into participants' experiences with SIL and SDA supports
- Provider meetings (virtual and face to face) - to understand how SIL/SDA providers operate and to provide feedback on engagement activities
- Documentation reviews via issuing of s56 notices - to review the quality and accuracy of service agreements, arrangements with SIL supports, conflict of interest and participant-dwelling information for site visit planning.

From April 2024 to 30 November 2024 the NDIS Commission conducted 253 dwelling visits, held 126 meetings with providers, had 365 discussions with NDIS Participants (or decision makers on their behalf) and issued 133 requests for documentation.



Place based campaigns occurred in Cairns QLD, and Ballarat and Bendigo VIC, with a Dubbo-Orange NSW campaign due for completion in December 2024. Large provider campaigns focused on providers with over 80 dwellings located in multiple states and territories, and occurred with coordinated activities, mobilising teams to conduct site visits concurrently across a scheduled week. Smaller providers were grouped together in tranches and allocated for individual case management.

Examples of issues identified

Where a participant receives all supports, including accommodation, SIL, community-based supports and support coordination through one provider, choice is sometimes limited to the options presented by the provider. However, some participants and their families described the benefits of the streamlined approach, particularly in relation to communication and oversight for complex support requirements. Many participants expressed a preference for one-on-one living over shared accommodation where they can have family and friends visit, work from home and/or continue living with their spouse.

Current regulatory requirements expect providers to meet minimum standards for conflict-of-interest disclosure and management. This means providers are not required to demonstrate the practical ways choice is promoted outside of the provider (or linked entities) such as through referrals or information.

Where a participant does not have SDA funding, there is a widespread practice of providers renting properties and subletting to participants below market rate. Participants are then placed in a house with a rooming/boarding agreement. When entering an established household, there is an expectation for incoming residents that supports in place for other housemates will be accepted by incoming residents.

While this model appears to support some NDIS participants, who without SDA funding, may otherwise find it challenging to access accommodation, there is limited oversight from a regulatory perspective on the suitability and quality of the accommodation.

Where the SDA provider is not the owner, reasonable modifications to improve the functionality and practical use of the accommodation is limited to the owner's appetite for modifications. This can result in kitchens, bathrooms and exit or entry areas that lack accessibility features for the participant. For example, unused swimming pools without ramps or rails, courtyards with steps instead of ramps, delays in maintenance and repair requests, and kitchens with storage incompatible for people in wheelchairs.

On the other hand, where the SDA provider owns the property, prompt modifications occur to accommodation (such as ramps, hoists, storage solutions or kitchen/bathroom layout) to improve the environment for participants and supports delivery.

Emerging themes

These proactive campaigns across diverse home and living arrangements throughout Australia have revealed that the quality of relationships between participants, their families, workers and providers is the primary driver of satisfaction with home and living supports. When all parties share a clear, current understanding of individual support requirements, participants typically report more positive experiences. Conversely, lack of clear understanding often leads to challenges in support, regardless of the accommodation type or provider arrangements.

Case Study Examples

Case Study 1

Provider L is supporting three participants who receive SIL. Provider L has leased a private rental through a real estate agent. They advise the NDIS Commission they would prefer not to do this, but they have had to because participants do not have SDA in their plan and are unable to secure a lease themselves. One participant's family member has requested the provider take the lease. Provider L develops a SIL service agreement which sets out that the provider will claim SIL funds, and the participant will pay board at \$150 a week (a percentage of the participant's Disability Support Pension payments) directly to the provider. Board payments include food, utilities, and living expenses. There is no tenancy agreement in place and participants are not advised of their tenancy rights. The arrangement is settled without an advocate.

Case Study 2

SIL provider R called an SDA provider at 4pm on a Friday afternoon to advise they were ceasing SIL support services to three participants living in the SDA provider's property.

Provider R advised they were unclear on their role and obligations in support and escalation in working with one participant whose behaviours of concern had recently escalated. The provider was concerned about the safety of the participants, their housemates, and workers. The participant's behaviour support plan was not current.

The provider expressed they had no other choice but to cease supports as they felt they were currently unable to support participants and ensure the safety of all parties.

Case Study 3

Three NDIS participants live together with 3:1 active support. Their home is in a regional town. The participants' families visit often. Two of the participants' families do not like the third participant's family. The two families communicate frequently with the SIL support workers that they do not like the third housemate's family. The SIL support workers agree with the two families, citing their dislike of the third housemate's family. Therefore, the SIL provider gives an ultimatum to the SDA provider that if they did not evict the third resident, the SIL provider will cease supports.

Appendix C: Glossary

Term	Definition
Auditor	An independent third party who assess NDIS providers against the NDIS Practice Standards to ensure they meet registration requirements and maintain quality standards
Code of Conduct	Support providers, key personnel and workers respect and uphold those rights by defining expected conduct, behaviour, and culture.
Community Visitor Scheme	A volunteer scheme where independent visitors check on people with disability in a range of accommodation settings to help safeguard their rights and wellbeing.
Conflict of interest	Can be potential or real and occurs when a worker or a NDIS provider is able to exploit their own professional or capacity for personal or corporate benefit.
Group home	A shared living arrangement where multiple NDIS participants live together and receive supports 24 hours a day.
Home and living arrangement	Ways in which NDIS participants live and receive supports in their home. This can include shared accommodation, independent living or living with family.
National Disability Insurance Agency	The Government agency responsible for administration of the NDIS.
NDIS Quality and Safeguards Commission	An independent Government agency established to improve the quality and safety of NDIS supports and services.
NDIS Practice Standards	Rules that set out the quality standards the NDIS providers must meet to provide supports and services to participants.
Participant	A person who the CEO of the NDIA decides meets the NDIS access requirements in response to a valid access request and so becomes a participant in the NDIS.
Quality indicators	Measures used to assess whether providers are meeting the NDIS Practice Standards and delivering quality supports.

Specialist Disability Accommodation	Housing that is specifically designed or modified to suit the needs of people who have very high support needs.
Support	Things to help a person undertake daily life activities and enable them to participate in the community and reach their goals.
Supported Independent Living	Is a type of home and living support that provides support and/or supervision of daily tasks to help people live as independently as possible.
Supported accommodation	A term used to describe NDIS supports and services that are delivered in a group setting.
Thin markets	Areas or regions where there are few NDIS service providers, often in rural and remote locations.
United Nations Convention on the Rights of Persons with Disabilities	An international human rights treaty of the United Nations intended to protect the rights and dignity of people with disability.
Worker	Persons employed or otherwise engaged by a NDIS provider. For example, people working in the disability support sector in either a paid or voluntary capacity for a NDIS provider.