

Possible 'commissioning' approach for part of the Supported Independent Living market

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and Ageing

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Introduction

The Public Guardian and Trustee for the Northern Territory welcomes the opportunity to provide feedback on the Supported Independent Living commissioning project. The Office of the Public Guardian and Trustee is an independent statutory office responsible for protecting the rights and interests of adults with impaired decision-making capacity, including people affected by intellectual disability, acquired brain injury, dementia and mental illness.

For many represented persons, Supported Independent Living is not simply a funded support arrangement; it is their home and their primary source of day-to-day assistance. The quality of Supported Independent Living supports can therefore directly influence a represented person's ability to exercise choice and control, maintain privacy and dignity, develop and maintain independence, participate in their community and make decisions about their own life.

For represented persons who may have limited capacity to identify, communicate or advocate for concerns about the supports they receive, a service system cannot rely solely on the individual to identify poor practice or seek change. Appropriate mechanisms are required for proactive oversight, early identification of concerns and timely intervention where supports are not meeting the person's needs or expected standards of quality and safety. Quality and safeguarding should therefore be fundamental features of any Supported Independent Living model, rather than matters addressed separately or retrospectively once concerns arise.

The Public Guardian and Trustee supports further exploration of commissioning where it can strengthen service quality, safeguards and sustainability. Any model should complement existing NDIS regulatory arrangements, preserve genuine participant choice and control, and recognise the particular challenges of thin markets and remote service delivery in the Northern Territory.

The Northern Territory context

The Northern Territory presents unique challenges for the delivery of disability and other essential services due to its vast geographic size, dispersed population and high proportion of residents living in regional, remote and very remote locations. Service delivery is also affected by significant workforce, transport, infrastructure and market constraints. These factors can substantially affect a person's ability to access appropriate disability supports, participate meaningfully in community life and mean that approaches developed for metropolitan markets may not operate in the same way in the Northern Territory.

A significant number of adults supported by the Public Guardian and Trustee identify as Aboriginal and many reside in regional, remote and very remote communities. These regional and remote communities often experience limited or non-existent disability service markets, chronic workforce shortages, language and literacy barriers, digital exclusion and significant gaps in mainstream health, housing and crisis supports. Together, these factors can create substantial barriers to accessing services and participating in community life.

Aboriginal people with disability in the Northern Territory may also experience intersecting barriers associated with poverty, overcrowded housing, trauma, racism, justice-system involvement and reduced access to culturally safe services. These factors can compound existing barriers to participation and community inclusion, particularly in remote and very remote communities.

The absence of viable remote Supported Independent Living options can have particularly significant consequences for people who wish to remain connected to their family, community and country. The Northern Territory has the highest proportion of people under guardianship per capita, with people under guardianship living across urban, remote and very remote areas. Notwithstanding this, limited availability of appropriate services in remote communities can result in people being forced to relocate to major centres such as Darwin or Alice Springs, where Supported Independent Living and other disability support services are more available. Where appropriate supports cannot be provided locally, relocation may effectively become the only practical option. This raises

important questions about equity and genuine choice and control, particularly where accessing disability support comes at the cost of connection to family, community, culture and country. This disconnection from significant cultural systems can increase disability support requirements such as behavioural support practitioners, cultural brokers and return to country supports.

The establishment of a commissioning model in remote and regional communities will require adequate resources to support not only the commissioning and procurement of services, but also whole of government recognition of the community development necessary to establish the conditions in which those services can be sustainably delivered. This may include investment in local workforce development, engagement with communities and families, development of local infrastructure and service capacity, and building relationships and partnerships necessary to support sustainable service delivery.

Supported Independent Living commissioning

The Consultation Paper highlights previous reviews and inquiries, including the Disability Royal Commission and the Independent Review of the NDIS, which identified opportunities to improve the quality, innovation and sustainability of Supported Independent Living supports.

Commissioning would provide government with a more active role in shaping and overseeing the Supported Independent Living system, without government directly delivering services. This may include setting expectations for quality, safety, outcomes, provider capability and service availability and overseeing whether those expectations are met.

The Government has not yet made decisions about the form, scope or implementation of any future commissioning model. It is therefore unclear what commissioning would look like in practice in the Northern Territory, including the extent to which it would complement or alter existing NDIS regulatory and safeguarding arrangements.

Any commissioning model must retain a strong focus on individual choice and control. Commissioning should not result in a person being required to access a particular commissioned Supported Independent Living service simply because it is the service available within their community or region. The availability of a commissioned service should not, of itself, displace an individual's right to express a preference about where and with whom they live and the nature of the supports they receive. The commissioning framework should therefore retain sufficient flexibility to support individualised arrangements.

Existing oversight and regulatory mechanisms

NDIS services in the Northern Territory already operate within national regulatory and safeguarding arrangements, principally through the NDIS Quality and Safeguards Commission, including mandatory registration and Practice Standards for Supported Independent Living providers, as well as, in limited circumstances, the [Northern Territory Community Visitor Program](#). Any additional oversight introduced through commissioning should complement, rather than duplicate, existing regulatory functions.

However, regulatory compliance alone does not necessarily demonstrate that a person is receiving high-quality, person-centred and outcome-focused support. Commissioning may add value where it provides more active oversight of service quality, identifies emerging or systemic issues, supports provider improvement and enables commissioning decisions to respond to persistent poor performance.

Any proposed additional functions should therefore have a clearly defined purpose and demonstrate how they will improve the quality, safety and outcomes of supports for people with disability without creating unnecessary regulatory or administrative duplication.

NDIS Quality and Safeguarding Commission

The NDIS Quality and Safeguards Commission's functions include registering and monitoring NDIS providers, overseeing compliance with the NDIS Code of Conduct and Practice Standards, responding to complaints, concerns and reportable incidents, including allegations of abuse and neglect, and undertaking investigations and enforcement action where required.

Consideration should be given to how information about provider performance, quality concerns and identified risks could be shared and used across commissioning and regulatory frameworks. This could include clear processes for identifying and escalating concerns, monitoring provider performance and using evidence of persistent or systemic poor-quality practice to inform commissioning decisions.

Supported Independent Living registration and practice standards

The recent introduction of the Supported Independent Living Practice Standards and Supported Independent Living Action Plan from 1 July 2026 represents a development in the regulation and oversight of Supported Independent Living services. All Supported Independent Living providers are now required to be registered with the NDIS Quality and Safeguards Commission and are required to undergo certification audits, comply with the core NDIS Practice Standards and the supplementary Supported Independent Living Practice Standards, and meet all applicable conditions of NDIS registration. Public Guardian and Trustee strongly supports this change in requirements and believes it will add to the safeguarding of participants.

It will be important to understand how these new requirements interact with broader NDIS quality and safeguarding obligations and what practical impact they have on the quality and consistency of Supported Independent Living services. Registration and compliance with prescribed standards provide an important baseline for safety and quality but should not necessarily be equated with the delivery of high-quality, person-centred supports.

There may therefore be value in allowing sufficient time to assess the effectiveness of the new framework before introducing additional regulatory or oversight requirements that are intended to address substantially the same concerns. Any commissioning model should be designed with a clear understanding of what existing regulation does, and does not, achieve.

Safeguarding risks in Supported Independent Living

The Public Guardian and Trustee is particularly concerned about safeguarding risks for people receiving Supported Independent Living who are highly dependent on paid supports and may have limited ability to identify, communicate or report concerns. In many cases, these services are relied upon for the person's day-to-day care, health, safety and wellbeing.

These risks are particularly significant in the Northern Territory, where there are gaps in broader adult safeguarding and independent visiting mechanisms applicable to Supported Independent Living environments. Where a person has limited communication, impaired decision-making capacity, few informal supports or no realistic alternative provider, they may be more vulnerable to abuse, neglect and exploitation due to deficiencies in workforce capability, continuity, supervision or provider oversight.

The Northern Territory Community Visitor Program provides an important independent safeguarding function within its current statutory scope but does not provide a general visiting mechanism for people receiving Supported Independent Living. Nationally, work is underway to strengthen consistency in Community Visitor Schemes following recommendations of the Disability Royal Commission.

The Public Guardian and Trustee supports extending Community Visitor Program safeguards to all Supported Independent Living services in the Northern Territory, including services delivered through any alternative commissioning model. Commissioned services should be subject to the

same independent safeguarding arrangements as other Supported Independent Living providers.

A commissioning model may provide an opportunity to strengthen safeguards by establishing clear expectations for workforce capability, provider governance, supervision, quality assurance, incident management and ongoing monitoring, and by providing mechanisms to intervene where providers do not meet those expectations.

Any commissioning model should include mechanisms for identifying and responding to concerns before they escalate, rather than relying primarily on complaints or incidents being raised after harm has occurred. This is particularly important for people who may be unable to recognise, communicate or independently act on concerns about the supports they receive.

Measuring high-quality Supported Independent Living supports

The Public Guardian and Trustee has significant experience representing persons with disability receiving Supported Independent Living services and has observed a range of issues that can negatively affect service quality and the achievement of positive and sustainable outcomes for represented persons.

These include:

1. Challenges associated with high turnover of support workers.
2. Maintaining continuity of support.
3. Variable levels of consultation with allied health professionals.
4. Inconsistent implementation of professional recommendations.
5. Role confusion regarding the responsibilities of Supported Independent Living providers and
6. Insufficient consideration of compatibility when matching co-tenants.

The Public Guardian and Trustee has also observed opportunities for greater innovation and flexibility in the delivery of Supported Independent Living supports, as well as opportunities to ensure that residential environments are experienced as homes that promote independence, choice and quality of life. Supported Independent Living encompasses a wide range of service models, living arrangements and levels of support, reflecting the diverse needs, preferences, capabilities and circumstances of the people who access these services. This may include arrangements where a person lives alone with individually tailored supports, shared living arrangements with other people, smaller or more dispersed residential arrangements, or more traditional group-based models, with the nature and intensity of support varying according to the participant's individual needs.

Government commissioning may provide an opportunity to establish clearer expectations for the quality, safety, capability and outcomes of Supported Independent Living services, while supporting diversity and innovation in how those services are delivered. High-quality Supported Independent Living should be characterised by an appropriately skilled and capable workforce, individualised and person-centred supports, collaborative relationships with the person and their support network, linkages with mainstream services and culturally informed practice. Providers should have the capability to understand and respond to the individual circumstances, preferences, communication styles and support needs of the people they support, including the cultural and community context in which those supports are delivered.

Importantly, Supported Independent Living is delivered in people's homes. Any commissioning model should therefore promote stability, security and genuine choice in living arrangements and include clear mechanisms for responding to conflict between participants, co-tenants or providers. Where issues cannot be resolved, there should be pathways to change providers or support arrangements without unnecessarily requiring the person to leave their home or exit the commissioned model.

Commissioning should support continuous improvement and innovation while maintaining consistent minimum expectations for quality and safeguarding. Innovation should be directed towards better outcomes for participants, rather than change for its own sake.

Alternative commissioning should not be designed or assessed primarily as a cost-saving measure. A model premised on reducing expenditure risks undermining the quality, sustainability and individualisation of supports that commissioning is intended to achieve.

The effective implementation of a commissioning model may result in increased expenditure where additional investment is required to address service gaps, attract and retain an appropriately skilled workforce, provide flexible and individualised supports, and establish appropriate quality assurance and oversight mechanisms.

Cost should therefore not be the primary measure of the success of a commissioning model. Greater emphasis should be placed on whether the model improves service availability, quality, sustainability, innovation, participant outcomes and genuine choice and control.

Performance monitoring should consider whether commissioned services are achieving meaningful outcomes for the people they support, rather than relying primarily on measures of service activity, utilisation or cost. The effectiveness of commissioning should ultimately be assessed by whether it delivers sustainable, high-quality and responsive supports that improve the lives of people requiring Supported Independent Living.

Building the capacity of Supported Independent Living providers

A site-based evaluation and quality improvement model is likely to provide a more meaningful picture of service quality than an approach focused on reporting and documentation. Site-based oversight provides an opportunity to observe the living environment and the way supports are delivered in practice, and to engage directly with represented persons, support workers, providers and relevant professionals.

This approach should not be limited to identifying deficiencies or assessing compliance. It should be used as an opportunity to work alongside providers, house teams and frontline staff to identify practical improvements, strengthen capability and support organisational learning. This could include assessing the capability and practice of the house coordinator, the effectiveness of the house team and the working relationship with the Positive Behaviour Support Practitioner, particularly where these roles are central to understanding and responding to the individual's needs.

Commissioning should also promote active support approaches that maximise a person's participation in everyday activities and decisions and support them to exercise greater independence and control within their own home. The quality of support should not be assessed only by whether required tasks are completed, but by whether staff actively enable the person to participate, develop skills, exercise preferences and engage in ordinary daily life.

Investment in this type of practical, relationship-based oversight has the potential to address issues earlier, build the capability of providers and staff, and support sustained improvements in the quality of Supported Independent Living supports, rather than producing superficial compliance outcomes.

Commissioning may also provide an opportunity to use digital reporting and data more effectively to support proactive oversight. Automated identification of patterns across incident reports, complaints and other quality indicators could assist in detecting emerging risks, recurring service issues or deterioration in provider performance and trigger earlier review or intervention. This should be designed to improve responsiveness and reduce duplication, rather than impose additional administrative reporting burdens on providers.

The focus should therefore be on an approach that combines oversight with practical support,

capacity building and continuous improvement. This would enable quality concerns to be identified earlier and provide opportunities to work directly with providers and frontline staff to strengthen practice, rather than relying predominantly on compliance reporting after issues have emerged.

For people receiving Supported Independent Living, this approach has the potential to provide greater assurance that supports delivered in the home are responsive to individual needs and goals, uphold their rights and promote their independence, participation and quality of life.

Thin market of Supported Independent Living services

Thin markets affect not only service availability, but also service quality, continuity and participant choice. Workforce shortages, staff turnover and limited provider capacity can make it difficult to recruit and retain appropriately skilled workers, develop flexible service models or respond when a person's needs and circumstances change.

These pressures may also create safeguarding risks. Where a person is highly reliant on paid support, poor continuity, inadequate workforce capability and limited alternatives can increase vulnerability to neglect, abuse and exploitation.

For represented persons, thin markets may mean there is no realistic alternative to an unsuitable or poor-quality arrangement. Genuine choice and control therefore requires more than the technical availability of a service; there must be viable and appropriate alternatives.

Commissioning may assist by identifying service gaps, setting clearer expectations and supporting provider development. However, commissioning alone cannot address circumstances where there is insufficient workforce, housing, infrastructure or provider capacity. Additional oversight or procurement requirements will not, of themselves, create a sustainable market where the underlying capacity to deliver services does not exist.

Conclusion

The Public Guardian and Trustee supports further exploration of Supported Independent Living commissioning where it can deliver better quality, safety, sustainability and outcomes for people with disability. Any commissioning model should complement existing NDIS regulatory and safeguarding arrangements, preserve genuine choice and control and recognise that Supported Independent Living is not simply a service model, but fundamental to a person's day-to-day life, independence and experience of home.

In the Northern Territory, effective commissioning will require more than the procurement and oversight of services. It will require active investment in the conditions necessary for quality services to exist and be sustained, including a skilled local workforce, capable providers, culturally safe and place-based service models, strong safeguards and appropriate infrastructure and service capacity. This is particularly important in thin and remote markets, where commissioning alone cannot create genuine choice if viable alternatives do not exist.

Commissioning should therefore be designed to expand and strengthen sustainable options for people, rather than simply redistribute an already limited market. Its success should be measured by whether people have genuine choice about where and with whom they live, can remain connected to family, community, culture and country where they choose, receive safe and high-quality supports and experience meaningful improvements in independence, participation and quality of life. Cost and compliance are relevant considerations, but they should not be the primary measures of success.