OTSi
Occupational Therapy Society for Invisible Disability

Occupational Therapy Society for Hidden and Invisible Disability (OTSi)

Submission to the Department of Health, Disability and Ageing

Supported Independent Living Consultation, August 2026

Executive Summary

The Occupational Therapy Society for Hidden and Invisible Disability (OTSi) welcomes the opportunity to contribute to the consultation on Supported Independent Living (SIL).

OTSi's position is that SIL must be understood within the original purpose of the National Disability Insurance Scheme (NDIS), Australia's obligations under the *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD), and the findings and recommendations of the Disability Royal Commission.

In particular, **Article 19 of the UNCRPD must be foundational to SIL policy**. People with disability have the right to live in the community with choices equal to others, including the right to choose where and with whom they live. Requiring substantial or 24-hour support does not diminish these rights.

OTSi supports stronger government oversight where it protects people from violence, abuse, neglect, exploitation, unsafe practice and institutionalisation. However, oversight must not become a mechanism for transferring greater control from participants to providers or government. The purpose of safeguarding should be to strengthen the person's power, voice and ability to exercise choice, not to make them more dependent upon the service system.

OTSi makes the following key recommendations:

1. **Embed Article 19 and the right to independent living and community inclusion as the foundation of SIL policy.** People must be able to choose where and with whom they live, including age-appropriate, low-density shared living where this is their genuine choice.
2. **Maintain individualised, portable funding and genuine participant choice and control.** SIL must not return to provider-controlled block funding or models in which people become a captive market.
3. **Separate housing and support provision as a core policy principle.** Changing a support provider should not jeopardise a person's home, tenancy or relationships. Therapy and other professional supports should also remain independent of both housing and SIL providers and be chosen by the participant, family and/or nominee in accordance with the person's wishes.
4. **Recognise access to qualified allied health professionals and professional evidence as a core disability safeguard.** Timely access to AHPRA-registered allied health professionals, including occupational therapists, and proper consideration of professional evidence are essential to understanding functional needs, support requirements, risks including dignity of risk, and environments in which people can live safely and meaningfully.

5. **Ensure safeguarding is independent of service providers and landlords.** This should include accessible advocacy, supported decision-making, complaints and navigation, nationally consistent adult safeguarding functions and a single accessible entry point for concerns, referrals and support.
6. **Establish a nationally consistent Community Visitors Program** capable of independently visiting SIL and other NDIS-supported living environments, including where people may have limited communication or limited capacity to raise concerns themselves.
7. **Prioritise people experiencing layered complexity**, including people with psychosocial disability living in congregate or highly provider-controlled environments, people with communication support needs and people whose housing, support and health needs intersect.
8. **Implement the relevant Disability Royal Commission recommendations**, particularly those addressing freedom from violence and exploitation, equitable access to health care, restrictive practices, housing and tenancy protections, independent navigation and nationally consistent adult safeguarding.
9. **Apply the same rights, principles and safeguards to people living in other NDIS-supported housing arrangements.** Safeguarding should not depend upon whether a person happens to receive a service labelled SIL.
10. **Use commissioning only as a provider-of-last-resort mechanism**, where there is demonstrated absence of quality alternatives. Commissioning must not become a pathway back to provider-controlled disability services.

1. About the Occupational Therapy Society for Hidden and Invisible Disability (OTSi)

OTSi is a national society whose purpose is to enable occupational therapists who work alongside people with invisible and hidden disabilities, to reduce barriers to full participation in our world as active citizens of Australia.

Our focus is ensuring access to resources, opportunities, and supports for people with invisible disabilities of all ages, including access to occupational therapy. OTSi has a strong voice in systemic advocacy and policy direction, as well as enabling individuals to build better lives. Currently, over 70% of OTSi members identify as having a disability and/or as carers.

OTSi brings a particular perspective to SIL because occupational therapists understand the interaction between a person's abilities, health, environment, routines, relationships, housing and supports. This is particularly important for people whose disability may be hidden or poorly understood, including people with psychosocial, cognitive, intellectual and other forms of disability.

2. A rights-based foundation for SIL

OTSi considers that SIL policy must begin with the recognition that a person does not surrender their human rights because they require substantial support.

Article 19 of the UNCRPD recognises the equal right of people with disability to live in the community with choices equal to others. It requires States Parties to ensure that people have the opportunity to choose their place of residence and where and with whom they live and are not obliged to live in a particular living arrangement. It also requires access to the support necessary to enable living and inclusion in the community and to prevent isolation and segregation.

This principle has direct implications for SIL.

A person requiring 24-hour support may choose to live alone. They may choose to live with a partner, family member, friend or housemate. They may choose an age-appropriate, low-density shared environment in which they have their own living space and receive the support required to live as independently as possible.

The fact that a person needs support does not mean that government, a provider or a service model should determine their home for them. If the person can only access 24-hour support by living with two other people, then they do not have a genuine choice about where or with whom they live

Choice must also be meaningful. A theoretical right to choose is not sufficient where there is only one provider, where changing providers means losing one's home, or where a person cannot access independent advice and advocacy.

This is why OTSi strongly supports, as a principle, the separation of housing from support provision.

Where practicable, a person should be able to change their SIL provider without losing their home. Likewise, therapy and other professional supports should not be controlled by either the housing provider or SIL provider. They should remain professionally independent and be selected by the participant, family and/or nominee in accordance with the participant's preferences and legal rights.

This reflects the original intention of the NDIS: the person should have choice and control over their supports, rather than being required to fit the service available. Australia cannot go backwards on housing policy for disabled people..

CONSULTATION QUESTION 1

Which SIL participants could benefit most from additional government oversight of planning, delivering and monitoring of SIL supports?

OTSi supports strong safeguarding for all people receiving SIL. However, oversight should be particularly focused where there is a significant imbalance of power or where a person may have difficulty independently accessing protection and redress.

This includes people who have substantial or complex support needs; communication or cognitive disabilities; require support with decision-making; have psychosocial disability; have limited informal support; live in congregate or highly provider-controlled environments; have difficulty accessing alternative providers; depend upon the same organisation for housing and support; or experience multiple and intersecting forms of disadvantage.

Importantly, complexity should trigger greater support and safeguarding, not reduced autonomy.

People with psychosocial, cognitive and intellectual disability, and autism, living in congregate care require particular attention. Safeguarding frameworks must recognise the risks created when housing, support, health care, daily routines and social relationships are controlled by the same organisation.

Independent advocacy, complaints and navigation supports must therefore be accessible and separate from service providers and landlords, operating consistently across jurisdictions. A person who needs to leave a commissioned housing arrangement should have an independent person funded under the ndis to support finding a new accommodation.

A nationally consistent Community Visitors Program should also be established or strengthened to provide an independent presence in SIL and other supported living environments. Community visitors should be appropriately trained to identify less visible forms of harm, including coercion, neglect, social isolation, financial exploitation and restrictions on ordinary decision-making. Visits should include mechanisms for hearing directly and privately from residents, including people who communicate without speech or require supported communication.

CONSULTATION QUESTION 2

What do high-quality SIL supports look like?

High-quality SIL supports the person to live **their own life**, rather than organising the person's life around the provider's staffing arrangements.

Quality should therefore be assessed through the person's lived experience.

A person should have meaningful control over their daily routines, food, visitors, relationships, activities, privacy, personal care, community participation and use of their home.

They should have a meaningful role in choosing and changing workers. Continuity of trusted relationships should be protected, while ensuring that people can raise concerns about workers without fear of retaliation.

Shared living should only occur where it reflects the person's genuine preferences. Shared staffing must not result in people being required to follow collective routines, activities or schedules for provider convenience.

People should be supported to maintain relationships, pursue education and employment, access health care, participate in community life and develop interests outside the service. Most importantly, people should be supported to make decisions.

Communication differences must not be interpreted as an absence of preference or capacity. People must have access to information in forms they can understand, sufficient time to consider options, and supported decision-making where required.

High-quality SIL should also support **reasonable risk-taking**. Safety cannot mean eliminating every risk from a person's life. A system that prevents people from making ordinary choices in the name of safety may itself become restrictive and discriminatory.

A critical safeguard: independent allied health expertise and professional evidence

OTSi considers this issue sufficiently important to warrant explicit recognition in the national SIL safeguarding framework.

Access to qualified allied health professionals and independent professional evidence of need is itself a disability safeguard.

Timely access to AHPRA-registered allied health professionals, including occupational therapists, supports accurate understanding of a person's functional needs, health risks, communication, support requirements and environmental needs.

This is particularly important where disability is hidden, fluctuating, psychosocial or otherwise poorly captured by standardised administrative processes.

Professional assessment can identify risks and support requirements that may not be apparent through provider reports or administrative monitoring. It can also identify when an environment, staffing arrangement, support ratio, daily routine or housing configuration is contributing to functional deterioration, distress, unsafe situations or loss of participation.

Occupational therapy evidence is particularly relevant to understanding the interaction between the person and their living environment. Occupational therapists can assess how housing design, accessibility, sensory characteristics, routines, equipment, environmental demands, support availability and the person's functional abilities interact to influence safety, independence and participation.

This evidence can assist in determining not simply whether a person requires support, but what type of environment and support arrangement is likely to enable that person to live safely and meaningfully.

Safeguarding frameworks should therefore explicitly recognise that timely access to qualified allied health professionals and proper consideration of professional disability evidence are critical protective safeguards.

Policy settings that limit access to allied health expertise, devalue professional evidence or substitute standardised administrative processes for professional judgement risk undermining safeguarding objectives.

This risk is particularly significant for people with psychosocial, hidden and invisible disabilities, whose needs may not be adequately represented through diagnosis, standardised assessment or administrative categories alone.

Allied health professionals must also remain independent of SIL and housing providers. A provider should not be able to commission, control or selectively present professional evidence concerning the person's needs where that creates a conflict of interest.

The participant should retain the right to choose their professional supports.

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CONSULTATION QUESTION 3

How should SIL supports protect the safety, health, wellbeing and rights of participants?

Safeguarding must encompass both **protection from harm and protection of rights**.

A person is not genuinely safe if they are physically protected but socially isolated, prevented from making ordinary choices, unable to leave a provider, denied appropriate health care or unable to communicate concerns.

OTSi therefore supports a safeguarding framework encompassing protection from violence, abuse, neglect and exploitation; independent advocacy and supported decision-making; accessible complaints and redress; protection from retaliation; independent monitoring and Community Visitors; access to health and allied health professionals; appropriate management and oversight of restrictive practices; protection of tenancy and occupancy rights; separation of housing and support wherever possible; genuine provider choice and an effective right of exit; continuity of essential support during transitions; and meaningful participation in decisions affecting the person's life.

These principles align closely with the Disability Royal Commission's recommendations concerning the right to live free from exploitation, violence and abuse; equitable access to health services; systemic discrimination; restrictive practices; housing and homelessness; independent navigation; and nationally consistent adult safeguarding.

OTSi particularly supports implementation of the following Disability Royal Commission recommendations as relevant to SIL and the broader disability support safeguarding framework:

Recommendation 4.7 — the right to live free from exploitation, violence and abuse.

Recommendation 4.9 — equitable access to health services.

Recommendation 4.28 — systemic discrimination.

Recommendations 6.35 and 6.38 — stronger legal frameworks, oversight and evidence concerning restrictive practices.

Recommendations 7.33–7.37, 7.40 and 7.43 — disability-inclusive housing and homelessness policy, accessible and adaptable housing, stronger tenancy and occupancy protections, and a roadmap towards phasing out group homes.

Recommendation 10.2 — independent support coordination and navigation.

Recommendations 11.1–11.3 — nationally consistent adult safeguarding functions, an integrated national adult safeguarding framework and a national 'one-stop shop' for complaints, reporting, referral and support.

These recommendations should not be treated as separate policy streams. They are interconnected components of a rights-based disability support system.

Housing, support and professional services must remain appropriately independent

OTSi supports the principle of separating housing from support provision wherever practicable.

A person's home is not a service.

Changing a support provider should not mean losing one's home, tenancy, community or relationships. Equally, a housing provider should not determine which support provider, therapist or other professional a person must use.

Therapy and other professional supports should remain independent of both housing and SIL providers. Participants, families and nominees should retain meaningful choice over these professionals, consistent with the participant's wishes and legal rights.

This separation is not merely a market-design preference, it is a safeguarding mechanism.

Where one organisation controls a person's housing, support, professional evidence and access to alternative services, the imbalance of power becomes particularly significant. The person may have a nominal right to complain or change providers but no practical ability to exercise that right.

Case example:

Annie is an OT visiting a participant Bruce for capacity building in the area of showering. He lives in a home with SIL supports. Bruce has identified that he becomes distressed when having a shower and the support workers talk to each other and this is noisy and distracting for him (and result in him feeling excluded from the conversation). Annie supports Bruce to have a conversation with the support workers about this need. The SIL management advise Bruce to cease working with Annie as she is too critical and replace Annie with the OT who is employed by them.

The NDIS must not recreate the dependency and power imbalances associated with historical provider-controlled models of disability accommodation.

Australia cannot go backwards on housing policy for disabled people.

CONSULTATION QUESTION 4

How can innovation by SIL providers enhance the quality of SIL supports and outcomes for SIL participants?

Innovation should be judged by whether it increases **choice, control, autonomy, safety, participation and quality of life**.

This includes supporting individualised living arrangements, self-direction, direct employment of workers where appropriate, smaller community-based models and participant-led approaches. Innovation should not simply mean creating larger or more efficient service models. Nor should technology become a substitute for human support or a mechanism of surveillance.

Government should maintain a diverse provider ecosystem that includes small, local, culturally responsive providers. A market dominated by large organisations can reduce genuine choice, particularly where procurement arrangements make it difficult for smaller providers to participate.

A diverse market is itself an important safeguard because genuine choice requires genuine alternatives.

Commissioning must remain a provider-of-last-resort mechanism

OTSi recognises that government may need to intervene where there is insufficient quality supply to meet people's needs.

However, commissioning should be used only as a **provider-of-last-resort mechanism**, where there is demonstrated absence of sufficient quality alternatives.

Commissioning must not become a mechanism for guaranteeing providers participants or occupancy, displacing existing quality providers or recreating provider-controlled disability services.

Any commissioning model should be voluntary for participants, transparent, time-limited where appropriate and independently evaluated. Government should publish the evidence supporting the intervention, including consideration of available providers, costs, participant rights, market competition and the impact on existing individualised arrangements.

The existence of a commissioning arrangement should not itself become evidence that commissioning is required indefinitely.

10. The same rights and safeguards must apply beyond SIL

OTSi strongly recommends that government avoid creating a safeguarding framework that protects people only when their housing happens to be formally classified as SIL. The underlying rights and risks are not determined by the label attached to the accommodation.

People living in other NDIS-supported housing arrangements may experience the same risks of provider dependency, restrictive practice, isolation, inadequate accessibility, inappropriate support, conflicts of interest or difficulty changing providers.

The same rights, principles and safeguards should therefore apply across NDIS-supported living environments.

The framework should follow the person and the risks they experience, rather than the administrative category of their housing.

Conclusion

The NDIS was created because people with disability and their families fought for the right to have greater control over their lives.

The disability rights movement had already experienced the consequences of provider-controlled, block-funded disability services. People were too often a captive market, with little practical ability to determine where they lived, who supported them or how they spent their lives. Those lessons must not be forgotten.

The strongest safeguarding system is one in which people have genuine alternatives, independent professional advice, access to advocacy, meaningful control over their supports, the ability to change providers, secure housing and an independent mechanism through which concerns can be heard and acted upon.

OTSi therefore supports a SIL framework founded on Article 19 of the UNCRPD and the original principles of the NDIS: choice, control, dignity, inclusion, independence and equal citizenship.

And the more complex a person's disability and support needs are, the more important it is that the system provides the independent professional expertise, advocacy and safeguards necessary to make those rights real.

We must not go backwards on housing. We must not go backwards on choice and control. And we must not mistake provider or administrative convenience for participant safety.