



Queensland Advocacy Incorporated

Our mission is to promote, protect and defend, through advocacy, the fundamental needs and rights and lives of the most vulnerable people with disability in Queensland.

Systems and Individual Advocacy for vulnerable People with Disability

6 September 2019

Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
Canberra ACT 2600

By email: ndis.sen@aph.gov.au

Dear Committee

Thank you for the opportunity to offer this submission to the Inquiry into Supported Independent Living.

Our submission makes reference to shared documents on Page 16 which we have not included out of respect for the privacy of the individuals mentioned therein, however, should the Committee wish to view the document/s we will happily provide a redacted version in confidence.

Yours sincerely,

Michelle O'Flynn

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QAI endorses the objectives, and promotes the principles, of the Convention on the Rights of Persons with Disabilities.

Patron: His Excellency The Honorable Paul de Jersey AC

SUBMISSION TO

The Joint Standing Committee on the

National Disability Insurance Scheme

INQUIRY INTO

SUPPORTED INDEPENDENT LIVING

“Every human has four endowments - self awareness, conscience, independent will and creative imagination. These give us the ultimate human freedom... The power to choose, to respond, to change.”

[Stephen Covey](#)

“The ache for home lives in all of us, the safe place where we can go as we are and not be questioned.”



Maya Angelou

About QAI

Queensland Advocacy Incorporated (QAI) is a member-driven and non-profit advocacy organisation for people with disability. Our mission is to promote, protect and defend, through advocacy, the fundamental needs, rights and lives of the most vulnerable people with disability in Queensland.

Queensland Advocacy Inc. (QAI) is an association of persons with concern for the needs of people with disabilities with a constitutionally designated committee comprising a majority of people with disability; their wisdom and lived experience of disability is our foundation and guide.

QAI undertakes systems advocacy aimed at changing policies, laws and attitudes in ways that will benefit groups of people with disability rather than individuals alone.

QAI strives to maintain its complete independence as an organisation and to restrict its function solely to advocacy.

QAI has an exemplary track record of effective systems advocacy, with over thirty years' experience advocating for systems change, through campaigns directed to attitudinal, law and policy reform and by supporting the development of a range of advocacy initiatives in this state.

We have provided, for almost a decade, highly in-demand individual advocacy through our individual advocacy services – the Human Rights Legal Service, the Mental Health Legal Service and the Justice Support Program and more recently the National Disability Insurance Scheme Appeals Support Program and Decision Support Pilot Program.

Our Human Rights and Mental Health services offer legal advice and representation on guardianship, administration and mental health matters. Our Justice Support and NDIS Advocacy programs provide non-legal advice and support to people with disability in the criminal justice system and engagement with and access to the NDIS. This individual advocacy informs our campaigns at state and federal levels for changes in attitudes, laws and policies and assists us to understand the challenges, needs and concerns of people with disability.

QAI's constitution holds that every person is unique and valuable and that diversity is intrinsic to community. People with disability comprise the majority of our board and their lived experience of disability is our foundation and guide.



The following submission is based on the values, beliefs and aspirations that Australians with disability can have a good but ordinary life when they have personal power and control and are supported to exercise their autonomy and rights as other Australians.

As part of the committee's role to inquire into the implementation, performance and governance of the National Disability Insurance Scheme (NDIS), the committee will inquire into and report on Supported Independent Living (SIL), with particular reference to:

- a) the approval process for access to SIL;
- b) the vacancy management process, including its management and costs;
- c) the funding of SIL; and
- d) any related issues.



Recommendations

- Provide clear, transparent and honest information about SILS. Clarify the restrictions that SILS imposes on 'choice and control'. Explain that SILS pressures participants to share accommodation and support. Explain that SILS hinders planning and review.
- Prohibit SILs payments from going to providers who own or manage a Participant's housing. SILs is a key part of a de facto permit system for group homes, where the dwellings and their operators become the focus instead of people with disability.
- Organisations that currently deliver both housing and supported services will need to separate their services.
- Housing organisations that accept a transfer of stock from state and territory governments, and/or develop additional housing, will need to co-ordinate their housing with support services delivered by other organisations.
- People with disability and their networks, housing organisations and disability support organisations need information about what separating housing and support means in practice, and about good practice in coordinating service delivery when housing and disability services are provided by different organisations.
- Participants and/or families may participate and control the first plan, but regardless of their conflicts of interests, service providers tend to arrange subsequent plans and reviews and inflate quotes. This is problematic and must be addressed so that Participants control all of their Plans all of the time.
- Although, SIL typically relates to participant's in Supported Accommodation Services, i the NDIA cannot instruct NDIS participants to move into group homes as this is against the underlining principles of the NDIS Act 2013 as outlined in Sections 3 and 4 that also refers to the International Covenant on Civil and Political Rights



KEY MESSAGE: The solution to the abovementioned is to abolish Supported Independent Living (SIL) from Plans. Replace it with individualised NDIS Plans for everyone including people who wish to share accommodation and support.

Introduction and Key Issues

According to the NDIS website Supported Independent Living (SIL) *“is help with and/or supervision of daily tasks to develop the skills of an individual to live as independently as possible. These are the supports provided to a participant in their home, regardless of property ownership, and can be in a shared or individual arrangement.”*

Assistance provided to a participant will be included as part of their plan depending on the level of support they require to live independently in the housing option of their choice.

Providers working with participants who require SIL supports in their plans can use the Provider SIL Pack to assist them in developing the necessary quote and supporting documentation.

The Provider SIL Pack contains a calculation tool and submission templates that help providers to detail and cost supports to help people build their capacity to live more independently.”

- The problems with SIL is that it has been a barrier to people having the ‘choice and control’ that has been the overused and misused slogan for the NDIS since its inception.
- SIL has become the mechanism for the proliferation of the archaic block funded group home. Rather than enabling a person to live ‘independently in their home’, it is in reality shared care in a congregated setting, often not of the person’s choosing but instead organised, negotiated, and created by the NDIS system and the service providers.
- A dearth of truthful information about the inflexibility of SIL, has reinforced the misconception that a person with high and or complex support needs must therefore enter into a SIL arrangement.
- People formerly living alone and supported for 24 hours of support, 7 days per week under the state system, are pressured by NDIA Planners as unwilling participants into SIL arrangements and costing Plans accordingly.
- In most instances, the avoidance of information about alternatives and benefits of accessing the NDIS with a non-SIL funded Plan, and lack of transparency regarding the over-inflation of SILS quotes is forcing more people back to the archaic model of group or shared home living.
- If a participant wants to share with another person and articulates a desire to share some supports with their chosen housemate, (ie: overnight support only, or a combination of one



or two activities), each person is very possibly able to obtain a Plan that is not only going to meet their needs but also be less restrictive, more flexible should either housemate wish to relocate, and is possibly more efficient and effective.

- Some providers are 'padding out' their SILS quotes which would more than adequately support the individual without sharing should they wish to live alone.
- Moreover, a large number of service providers and some support coordinators are sharing documents publicly stating that 'vacancies' exist in houses and are actively seeking to fill them.
- This is a clear indication that many participants do NOT want to live in such arrangements despite shared documents and advertising proclaiming that individuals are seeking to share with like-minded housemates.
- The separation of roles of landlord from delivery of supports has not occurred even though the NDIS has been in various parts of the nation for several years. The rules of the NDIS has not mitigated the issues that arise if a person makes a complaint about either their residency or their support. People are still threatened with eviction be it in a group home, a hostel or a boarding house.
- Most people do not have any independent unbiased information about SIL and have the mistaken belief that because they live in shared accommodation that they must continue in the existing arrangements
- The advent of the NDIS was meant to ameliorate the problems and abuses that have occurred historically and repeatedly in group living arrangements. As the Productivity Commission Report states in 2011 that "vulnerability increases the risk of harm (under current arrangements and under the proposed NDIS), and arises in a number of ways:support is often delivered in private settings, such as people's homes or group homes, where inadequacies are less likely to be detected by others". The PC Report goes on to suggest that "the NDIA and DSOs could help people to make informed choices and purchases by providing information, advice and support. This effectively empowers people with a disability themselves to both discipline and reward service providers through their consumption decisions. In turn, this facilitates greater responsiveness to consumers amongst service providers and competition to deliver better quality."
- SIL is either not being implemented in the manner that the NDIA envisioned because Planners have neither the authority or the skills to imagine better, or SIL has been designed purely to save costs yet is not necessarily making those savings and the benefit has been mainly increased revenue for service providers.

SIL is about sharing supports. In practice, people with disability share SIL-funded supports at a common location that invariably is owned or run by the service providing the SIL supports.



For decades, people with disability have been trying to escape total institutions and live in community. Congregate care arrangements for people with disability share a defining quality with prisons, hospitals, boarding schools, mental health facilities, aged care and nursing homes, homeless shelters, military bases and immigration detention facilities: they are all defined by the wrap-around control of the physical space and the occupants' schedules, services, nourishment and medication. Institutions like these subordinate the occupants' needs to an overall purpose, like community risk management, containment, punishment, healing, education, management or training.

Institutions are the antithesis of 'choice and control', because what individuals want does not necessarily line up with the goals of the institution. Where they differ, the goals of the institution always trump those of the individual. The more inconsistent individual and institutional goals become, the tougher the institution has to be, and the more discipline, restraint and punishment it must use to achieve its goals.

Institutional representatives necessarily stand in a superior and directive relationship with the constituents. Add to that imbalance the dependent and exposed position of people who have impairments and the institution becomes a breeding ground for violence, abuse, restraint and neglect.

That is what Justice Carter found at the Challinor Centre and Basil Stafford, two of Queensland's most notorious (now closed) institutions that housed people with disability until 1998 and 2013.¹ He found that the nature of the institutions themselves that was responsible for the so-called 'challenging behaviours' that warranted physical, mechanical and chemical restraint, containment and seclusion of people with disability. Carter J observed that "[c]hallenging behaviour was a feature of institutional life [and] 70% of residents at Basil Stafford Centre and 54% of residents at Challinor Centre exhibited various forms". He also noted that "large or clustered accommodation facilities are more likely to be counter-productive in addressing behavioural issues".² People died in those places because they had no choices, no-one outside to turn to and nowhere else to go; unwanted, unloved and without hope.

It is not reasonable to house people together only because they have disabilities. Whether the facility is a large institution like Stockton, near Newcastle, or any of the hundreds of the small group homes around Australia, the only reason for its existence is an institutional one: congregate arrangements save money for service providers, funding bodies, and, ultimately, the state and voting public, but those savings come at a cost to people with disability, who have less choice, less control, less freedom, more restraint, and a lower quality of life.

.. clause in SDA/SIL Resident Handbook

We recognize the right of personal choice however restrictions on the consumption of alcohol at the facility may be imposed. Excessive use of alcoholic beverages leading to unacceptable behaviour may jeopardize your continued stay.

¹ Hon W.J. Carter Q.C. July 2006. Report To Honourable Warren Pitt M.P. Minister For Communities Disability Services And Seniors - Challenging Behaviour And Disability A Targeted Response.

² Ibid, p 12-13.



SIL is an NDIS provision that sustains and perpetuates congregate, institutional living for people with disability. On its own, SIL *could* be a way for people with disability to exercise choice and control in their living arrangements: two people could choose to live together, for example, and use SILs funding as a way to build their capacity for independent living and to share supports at the same time, but that is not the way that SIL has been adopted. Instead, SIL often is coupled in Plans with congregate Specialist Disability Housing funding, which nominally should be paid to a separate provider but in practice rarely is. Or, SIL funding sustains support for the occupants of non-SDA group homes that are owned or managed by the same organisation that is providing SIL supports.

For seven years I've been one of more than a dozen residents living at a formerly block-funded facility that has a mix of single and two bedroom apartments, a shared dining room where meals are served 3-times per day from a central kitchen (2x choices at lunch and dinner) and a laundry service. My apartment has two bedrooms and a share bathroom in-between.

I call it a 'facility' because that is how it is referred to over and over in the contract, as in 'You are responsible to courteous to the other residents at the facility'.

I've been there with two other women over that time, but I was not consulted about my new co-residents. They both have passed on, and the room that was theirs is now off-limits to me. I prefer the privacy now that I'm the only occupant in my unit. The additional staff interaction and the associated lack of privacy is the most difficult thing to endure and to manage.

The property owner and the service provider are the same entity. This is never an ideal situation.

My accommodation agreement is separate to my support agreement, but the two are linked by clauses such as the one that prohibits residents from purchasing supports (other than Community Access) from any other provider. I feel disinclined to move, because everything must change if I do - even when the provider increased my rent by just over 44% because that was "the amount on the NDIS Price Guide", with very little notice and no consultation.

Use of Community Access hours in individual packages has almost been 'commandeered' by the service provider with individuals strongly encouraged to use staff with whom they are familiar with through receiving personal care to accompany them on outings.

An attitude of this as a workplace first and individual's homes somewhere further down the line. This would be less the case in truly independent living in a genuine community setting.

SIL props up the institutional 'legacy' arrangements pre- NDIS. The parallel with the use of restrictive practices is striking. The Queensland restrictive practices legislation was meant to promote the reduction and elimination of physical, mechanical and chemical restraint, containment and seclusion; it's stated objective to regulate the use of restrictive practices and sanction their



application only as a last resort and in the least restrictive manner, reducing and eventually eliminating them.

Instead, the legislation has become a rubber stamping mechanism, a 'permit' system that allows service providers to maintain business as usual, and, in particular, allows them to maintain people with disability in pressure-cooker congregate arrangements that generate the 'challenging behaviours' that trigger applications for restrictive practices in the first place.

The evidence discovered through our NDIS Appeals and other advocacy services suggests that SILs too has become a key part of a *de facto* permit system for group homes, where the dwellings and their operators become the focus instead of people with disability. In a person-centred approach, services would not 'vacancy manage' group homes to maximise returns by advertising upcoming spaces and potential occupants, but the Summer Foundation's 'Housing Hub', for example, offers a tenancy matching service for specialist disability accommodation providers, so that they can match 'the most appropriate tenants for your development'.³ They offer to "shortlist [...] relevant candidates for your vacancy" and provide you with "a report with detailed assessment of all identified candidates".⁴

In order to comply with fidelity to our obligations to the Convention on the Rights of Persons with Disability Articles 19 (Living Independently and Being Included in Community) and Article 16 (Freedom from Exploitation, Violence and Abuse); we must implement the themes of the National Disability Strategy with authenticity and discard the tattered and filthy remnants of the past.

No Single Provider

Queensland tried to learn from the mistakes that the 2006 Carter Report uncovered. It regulated the use of 'restrictive practices'. The legislation required clinical team assessments and the development of Positive Behaviour Support Plans, and the state government closed some of the larger institutions.

Like many other states and territories,⁵ Queensland also added to its disability services legislation the principle that state-funded disability services should be designed and operated to ensure that no single provider exercises control over all or most aspects of the life of a person with a disability.⁶ Adopted as a principle rather than an enforceable requirement, this approach meant that the separation of housing and support remained an aspiration rather than an implemented reality. Thousands of people remained in group homes, large and small, run by large providers. Independent housing rarely was available, and if it was it could not be used because support was not available. Queensland spent less than any other state or territory *per capita* on disability support.⁷

³ <https://www.thehousinghub.org.au/tenancy-matching>

⁴ Ibid.

⁵ WA, Victoria, ACT, NSW

⁶ *Disability Services Act 2006* (Qld) s 28.

⁷ Productivity Commission. 2011. *Disability Care and Support*, p 136.



As the Productivity Commission envisioned it, the NDIS promised to change that by providing funds to people with disability stuck in group homes to buy the supports they would need to move out and live independently. The separation principle is not expressed in the NDIS legislation,⁸ but in 2014

Bruce Bonyhady spoke about the importance of separating the provision of housing and disability services.⁹

To facilitate choice, NDIS participants are assessed and funded separately by the NDIA for Specialist Disability Accommodation (SDA) and Supported Independent Living (SIL). The NDIA has predicted that over time this separation would improve choice and control for participants by allowing a change of support or accommodation provider without necessarily changing the other.¹⁰

In the interim, the Provider Toolkit's 'Terms of Business for Registered Providers' states that while the same provider can deliver SDA housing and SIL with separate contracts for each service, they must do so only with active management of conflicts of interest. A Registered Provider must not (by act or omission) constrain, influence or direct decision making by a person with a disability and/or their family so as to limit that person's access to information, opportunities and choice and control.¹¹

Helen Nugent confirmed this approach in her response to a QAI letter that expressed our concerns about conflicted service provider practices:

... the current nature of the market has resulted in some providers delivering support coordination supports, in addition to providing other services and supports under the NDIS. These providers must have a robust conflict of interest policy and controls in place. This includes having procedures in place to mitigate conflicts of interest.

Providers must be able to demonstrate the effectiveness of their internal conflict of interest policies and controls to the NDIA as requested, and the NDIA may conduct an audit of the effectiveness of these policies and controls to ensure choice and control principles are being respected. Where a participant chooses to have both their support coordination as well as other supports delivered by the same provider, the provider must:

- *Document the participants preferred choice for this delivery arrangement;*
- *Document other options being presented to the participant;*

⁸ National Disability Insurance Scheme Act 2013 (Cth).

⁹ For example, separation was a theme of a speech in 2014 by the then Chair of the NDIA, Bruce Bonyhady at a Community Housing Federation of Australia forum on disability housing.

¹⁰ National Disability Insurance Scheme (Registered Providers of Supports) Rules 2013 Terms of Business for Registered Providers (effective 1 July 2016)

¹¹ https://providertoolkit.ndis.gov.au/sites/default/files/ndis_terms_of_business.pdf



- *Document how they have assisted the participant to make an informed decision about all available support options; and*
- *Document and implement a scheduled process for the participant to review and confirm that these arrangements are still desired.*

In addition, under the NDIA Terms of Business, a registered provider must not (by act or omission) constrain, influence or direct decision making by a person with disability and/or their family so as to limit that person's access to information, opportunities and choice and control".¹²

In practice, however, many disability service organisations not only fail to manage conflict of interest, they actively *resist* the separation of their housing and support functions. They treat housing and support as the key to their long term survival.

This is the overt strategy pursued by Queensland's private hostel owners. Prior to the NDIS these owner/managers ran Dickensian, wrap-around institutions. Their activities were unregulated until the coverage of rooming house and hostel residents in the *Residential Services (Accommodation) Act 2002* and the *Residential Services (Accreditation) Act 2002*, and later in an amended *Residential Tenancies Act* in 2006.

Hostel owners survived regulation despite their protests that their businesses would no longer be viable. Now, the NDIS is viewed as an opportunity to 'double-dip' by charging NDIS participants additional fees, including SIL, through the NDIS portal. In addition to rent, they charge for the services that previously were included residents' fees (set at ~85% of the Disability Support Pension) for rent, board and any personal supports that were rarely provided by hostel staff.

Other service providers actively pursue Participants' housing *and* support funding. According to one,¹³ the NDIA's shift from focusing on 'choice and control' to 'reasonable and necessary supports' is partly attributable to lobbying by service providers that wanted to delay or halt the push for separation. The NDIS represents uncertainty and risk. Service providers cling to well-established models that involve the delivery of support to tenants in housing that the service provider owns or manages on behalf of another agency, usually a state or territory government, and the scarcity of appropriate, accessible and affordable housing supports their risk aversion.

The result is that people with disability are bearing an unfair share of the costs associated with SIL arrangements. Many accommodation agreements state explicitly that the resident may only seek to replace their service provider if that provider is de-registered by the NDIA or becomes insolvent. People with disability have no choice but to sacrifice their own choice and control while accommodation/service providers reduce their risk of a vacancy and gain income security accordingly.

¹² Dr Helen Nugent. Email responding to QAI email re 'SILS and related problem activities of some direct support providers', 4 March 2019.

¹³ The Summer Foundation toolkit reports this: <https://www.summerfoundation.org.au/wp-content/uploads/2018/01/separating-housing-and-support-toolkit.pdf>



... extract from an NDIS accommodation agreement:

12. Change of service provider

You must tell us if you wish to end your service agreement with us for us to provide you with supported independent living or COS services at the property.

While we are your service provider for supported independent living at the property, you may only seek to replace us if:

- we are de-registered by the NDIA, or
- we become insolvent.

The Sham of Choice and Control

For many people with wrap-around accommodation and support, the choice is all or nothing. Their contracts prohibit them from making choices around support, and the only choice available to them is to move from one wrap-around provider to the next. There is no guarantee that the provider will not disclose and exchange their personal details without consent.

For the many people with disability who now have SILS in their NDIS packages¹⁴ little has changed. They still live in the same 'legacy' dwellings where prior to the NDIS they received wrap-around, block-funded accommodation and supports. Their day-to-day living arrangements, particularly their support arrangements, have not altered since the advent of NDIS 'choice and control'. Service providers invariably operate with a presumption that continuation of the current arrangements is the 'default'. Choice of dwelling or support provider is a theoretical possibility but not a practical one, because:

- Affordable alternative accommodation, particularly self-contained single accommodation, is not available;
- When affordable accommodation is available, few participants receive sufficient supports funds to enable independent living;
- Providers have a vested interest in keeping participants where they are because Participants who exercise choice and control represent 'risk' and disruption.

¹⁴ In Queensland, for example, there were 3220 NDIS Participants in SIL at the end of the first quarter 2019. Depending on the nature of the building and the occupants' support needs, some legacy dwellings qualify as Specialist Disability Accommodation ('SDA') (although SILs providers can operate out of non-SDA dwellings) and therefore attract specific SDA payments in addition to the rent that they charge the occupants.



Example: QAI was approached by a participant and his family who needed urgent assistance in regard to the SIL application made by their service provider. The person has articulated to Department of Communities for many years that they wanted to change service providers even though the funding at that time was a block arrangement. The young man lives with one other co-tenant although up until recently, there were two other people.

He is the primary tenant in this Department of Housing property, and has the purpose built accessible bedroom and bathroom.

Issues of co-tenant sexual abuse were raised and that person was moved, but continued misappropriation of the person's support hours to the other co-tenant resulted in the person in question experience neglect of his personal care, hygiene, feeding, missing out on some of his community access and ongoing complaints of very poor quality of service (i.e. mould and cockroach infestation in the house).

The person in question and his family have been constant in their quest to move from this service agreement and sought Department assistance to have the block funding split but this never occurred despite assurances that it would. In 2017 the family obtained another service for community access and to utilise the choice and control available in the state "Your Life Your Choice" program.

In May 2018 the person and his family notified in writing to the service provider more complaints about the support staff and the service provider emailed to set up a meeting to discuss those concerns. At the same time the service provider acknowledged the intent of the participant to leave the service with his NDIS Plan.

In August 2018 the family contacted the local NDIA Office outlining issues and concerns about the service provider and articulated their desire to change providers at a planning meeting for NDIS supports.

November 2018 the family emailed the service provider supports coordinator to inform him of the NDIS Planning meeting to be held in December.

February 2019 the participant's mother wrote to the supports coordinator again to check on the progress of moving the other co-tenant and again raised concerns regarding the lack of care to her son and the filthy condition of the house.

Later that day the participant and his family were informed that the service provider had submitted a SIL application back in August 2018, without their knowledge or consent.

This family – like so many others – believe that if a person requires 24x7 care, or that if they have lived in shared accommodation there is no other option than SIL under the NDIS. The NDIA does not offer or promote alternatives or solutions and does not disclose the restrictions of SIL funding.



“Tom will always be in a SIL arrangement and this plan will be for 1:2 but having a 3 bedroom house and one for carer, they (service provider) may be able to add another housemate in future. The other young man moving in will be from another organisation as well but has done music with Tom for 5 years and have similar interests.”¹⁵

Tom’s SIL Plan quote was double the funding under the former state system.

One service provider who had supported people living alone independently with 24 hours of daily support for many years reported to us that *“Each person went to their NDIA meeting without any discussion about entering into a SIL arrangement. The NDIA contacted our service following their meetings and advised that each funding arrangement had to be a SIL. XXX Service was just beginning its transition to the NDIS so was not aware of any reason why this option should not be considered. We consulted with each individual about the SIL application, going into detail about the budget and supports requested, all agreed to proceed on that basis. There was never a discussion that anyone applying for the SIL arrangement would have to enter into shared supports – it was on the basis that they all remained living alone in their own home. Five people were provided with 6 month plans and two with 12 month plans (all SIL arrangements) and all were advised that they needed more evidence to support why they shouldn’t share supports with other people.*

All seven people wish to continue living alone in their own home with 24 hours of daily support. Our service doesn’t support anyone living in a shared housing arrangement and has no intention of changing this practice.

*The information you (QAI) have provided is extremely useful in identifying the risk to people applying for SIL arrangements and the conflict of interest with support coordinators. Of the five people whose plans are coming up for the scheduled review, four people have external support coordinators. XXX Service has received **constant pressure from the NDIA** requesting us to submit SIL applications for every person we support who lives alone and receives 24 hours of daily support, so hence my enquiry to see what evidence could be provided to ensure that people continue to live alone in their own home.”*

Other queries posed to us include a person who is desperate to leave a 1:2 SILS arrangement because of risk behaviours of a co-tenant.

Another person who has high support needs was living in a shared arrangement prior to her NDIS Planning meeting and wishes to have another service provider as the current arrangement pools her funds to support the other co-tenants which has resulted in far fewer hours of support than she wishes as she has more independence that she wants to exercise. Her complaints have resulted with poor treatment and her rights to access appropriate level of care and support are not being met.

¹⁵ Name has been changed to protect the identity of the person



It is apparent to advocates working with individuals and families that service providers are quite open about **not** supporting clients out of co-tenancy arrangements and support coordinators openly co-tenancing clients between themselves

We are aware of documents shared by a range of service providers (with a view to sharing with cleaning services) that reads as a vacancy management register, and while not disclosing Participants' names, describes them by age, gender, support needs interests and location. Given this is shared across regional locations we are concerned that people are easily identifiable and breaches their privacy.

We have no confidence that every person described on this document has full understanding of the implications of SILS arrangements, its limitations and restrictions should the person or other tenants wish to leave the service or the residence. In fact, we question that every person listed on the document wishes to remain in a shared living arrangement.

Service providers not only have no interest in encouraging and supporting people to seek alternative service provision, or accommodation; they have a vested interest in the *status quo*, as do some guardians, statutory or not, and family members. QAI knows of more than one service provider who has denied that people with disability have a choice about their SILS-funded support providers.

Some of the practices we are aware of include:

- Service providers have been submitting SILS applications to the NDIA without the permission and knowledge of participants.
- Participants have little understanding of the implications of a SILS agreement, and have the mistaken belief that because they are living in shared accommodation and need to remain in this arrangement.
- Participants who wanted to move away from a co-tenant have discovered that a SILS application was submitted without their consent.
- Service providers have openly declared that they are not supporting clients out of co-tenancy arrangements.
- Support coordinators are co-tenancing clients to the benefit of the provider and so that funding can be merged.
- Costing for SIL agreements are often greater than what participants get for their individual NDIS plans, but without the restrictions of the SILS framework.
- Support coordination services are offering incentives to employees to get them to sign-up participants to their service - with higher commissions for SIL arrangements and funded from Participants Plans.



- It appears that some service providers collude rather than collaborate and employ fierce and aggressive marketing tools with exclusive and wrap around service agreements directed at vulnerable people with disability and their families who are already confused by the complexity of the NDIS landscape.

<https://www.theaustralian.com.au/nation/ndis-company-that-offered-no-services-stole-370000/news-story/8181232a497e64ca6f10d2a32b3af2f7>

Example 1: <https://www.hcpassociation.com.au/ndis-registration>

*'You can tap into this **high need area** and start claiming funds for all different kinds of services ranging from Cleaning, Home Care, Disability Accommodation, Therapeutic Supports, Health Care and Safety Products, to Home and Vehicle Modifications. The payments can range from \$41-\$220 per hour depending on the services you intend to provide.*

The Health Care Providers Association runs a program which allows new and current businesses to enter the NDIS space. The registration process can be quite fierce and generally requires a lot from the individual or business. This program will assist you with the entire registration process and compliance documents to meet the current standards of the NDIS. HCPA will even assist you in getting your first clients to ensure that you're moving forward on your business venture'.

Example 2: <https://caretochange.com.au/our-services/>

'Care to Change believes in collaborating with individuals and their families to deliver supports that are designed for your needs. We can offer the following:

[Supported Independent Living](#)

[Finding a Housemate](#)

[In-home support](#)

[Support with Community Participation](#)

[Accommodation Services](#)

[Support Coordination](#)

[Plan Management](#)

[Specialised Disability Accommodation](#)

Participants must be careful about what they wished for in the NDIS and careful about their 'choices' - they may not have any control at all!

With specialists in SILS emerging and now providers actively campaigning for 'respite' QAI is very concerned

The NDIS Code of Conduct states that Providers must:-



'Act with integrity, honesty and transparency

Integrity and honesty are crucial to developing trust between you and people with disability so you must be transparent about your qualifications and any limits on your competencies. You must disclose to your NDIS provider if you have failed a worker screening clearance or been subject to a professional misconduct finding.

People with disability have a right to get information about the comparative cost and effectiveness of treatments and the risks and benefits of service options.

You should declare and avoid any real or perceived conflict of interest in your work.

You should avoid giving, asking for or accepting inducements or gifts that may influence decision-making or service delivery under the NDIS. This includes to and from people with disability, their family or carers, or other service providers. You must avoid unethical practices such as over-servicing and high-pressure sales.'



QSSS CLIENT REFERRAL BONUS

- QSSS is taking referrals to assist people with Physical disabilities who receive NDIS, DVA and CoS Funding;
- QSSS Service Area is the whole state of Qld;
- **Earn up to the value of a \$250 Voucher of your choice when your client referral is successful!***

**Eligibility criteria applies.*

Queensland Support Services & Solutions offers high quality personal support (including in-home, personal care, housekeeping and community support) to Clients with physical disabilities throughout Qld who receive funding to live and participate within the community.

**Earn yourself a FREE voucher
up to \$250 very easily with a
client referral!!!**

P: (07) 5543 6757 | M: 0487 913 990

E: admin@qsss.com.au | E: support@qsss.com.au

W: www.qsss.com.au



Larger so-called 'reputable', well-recognised providers are also offering inducements to participants:-



https://www.abilityforum.org.au/web/abilityForum.home?in_src=FB101&fbclid=IwAR2V84sKUzuhfXD7bqzQezOY0qlcmdF2zfqYiAbiv9xI4dUit6ZhE-AHEow

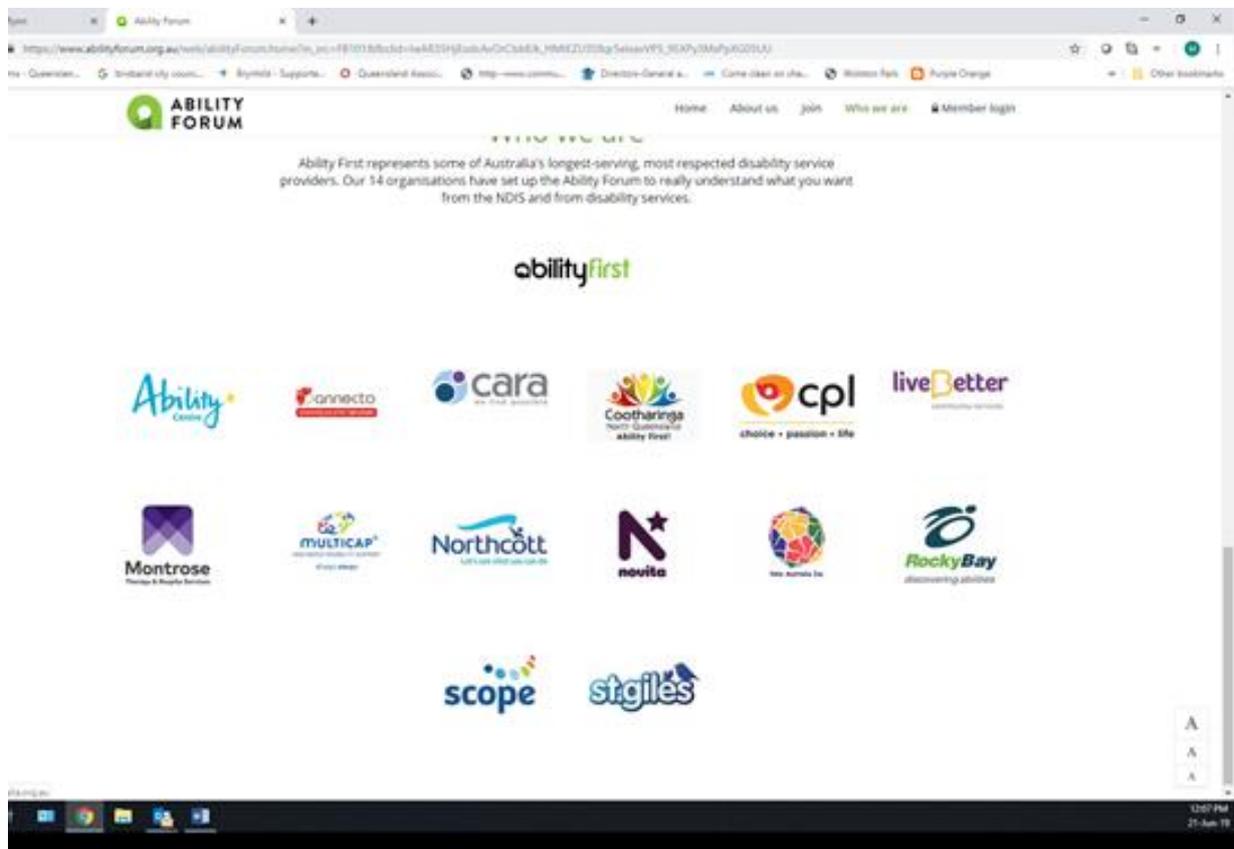
'About The Ability Forum

The Ability Forum is your opportunity to make disability services and the National Disability Insurance Scheme (NDIS) work better for you.

If you are a person with a disability, or a key decision-maker in the life of a person with a disability, join our community to have your say and help build better services for people with disability.

We will send you emails asking you to complete short surveys.

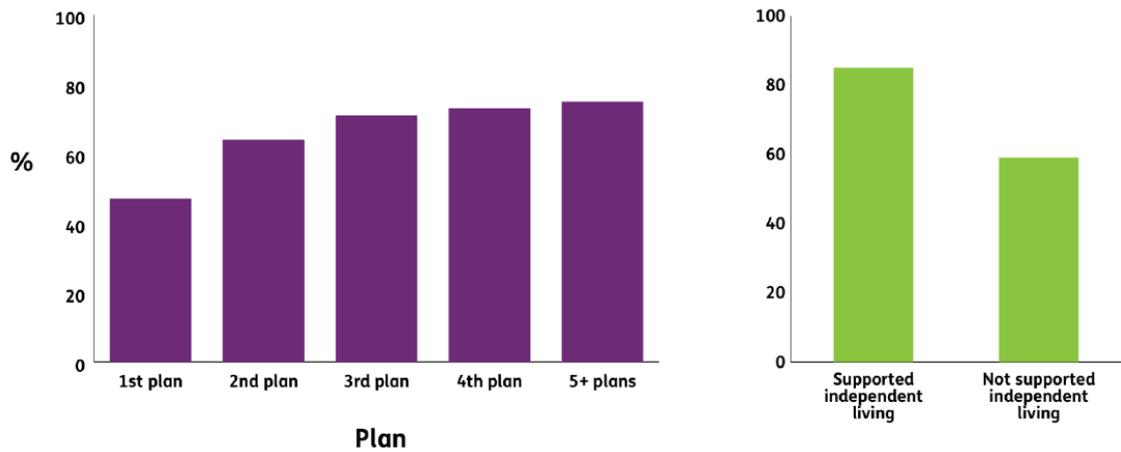
In return, you will be rewarded for your time: each time you do a survey you will earn points which can be converted into gift cards or vouchers that you can use for shopping. The points you earn may be different for each survey. We will tell you how many points you can earn each time we email you about a survey.'



In Conclusion

SIL represents an opportunity for service providers, not for Participants. The following graph, taken from NDIS Data, shows the relative utilisation of supports depending on whether or not a Participant has SIL in their Plan.

Utilisation of supports by plan number / with or without SIL



Source: COAG Disability Reform Council Quarterly Report June 2019, pg. 38 and 39

The difference between the two indicates that Participants are vulnerable to exploitation by rapacious service providers. Participants do not need SIL, but they do need better support coordination and time to build their own capacity to utilise their Plans.



Addendum

In Queensland, approximately 3220 NDIS Participants have SIL in their Plans. The majority of those Participants reside in 'legacy'¹⁶, existing, or new group homes with two to seven occupants.

Total 3220 NDIS Participants in SIL in Qld (end of 1st quarter 2019)

#####	QLD	Bundaberg	139
#####	QLD	Ipswich	287
#####	QLD	Mackay	99
#####	QLD	Toowoomba	365
#####	QLD	Townsville	239
#####	QLD	Rockhampton	206
#####	QLD	Beenleigh	322
#####	QLD	Brisbane	746
#####	QLD	Cairns	215
#####	QLD	Maryborough	169
#####	QLD	Robina	313
#####	QLD	Caboolture/Strathpine	76
#####	QLD	Maroochydore	37
#####	QLD	QLD - Other	7

¹⁶ 'Existing properties that accommodate six or more residents' (NDIS SDA Price Guide).

