



Supported Independent Living (SIL) Commissioning Consultation

*Submission to the Department of Health,
Disability and Ageing*

Submitted to SILconsultation@health.gov.au

September 2026

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About AMPARO

AMPARO Advocacy is a Queensland Peak and Representative body for people from culturally and linguistically diverse backgrounds with disability, which advocates for the human rights, opportunities, voices, lived experiences and concerns of people with disabilities and their families to bring about positive and sustainable changes to legislation, policy and practice in Queensland and Australia.

As a non-profit community-based organisation guided by the UN Convention on the Rights of Persons with Disabilities (CRPD), we provide independent and vigorous individual advocacy, systemic advocacy, and capacity building supports with and on behalf of the diverse people and families we serve.

Our vision is that people from a culturally and linguistically diverse background with disability are respected, valued and included in family, community and broader society, with equitable access to information, services and supports - and on their terms.

With offices in Brisbane, Logan, Ipswich and Toowoomba, AMPARO Advocacy is governed by a voluntary management committee, the majority of whom are people from a culturally and linguistically background with disability. AMPARO's Inclusive Leadership Network (ILN), comprised of Queensland leaders from culturally and linguistically backgrounds with disability, strengthens our ability to engage in important conversations and systemic advocacy where nothing is about, without – or led by - people with disability.

AMPARO Advocacy is funded by the Queensland State Government's Department of Families, Seniors, Disability Services and Child Safety and Australian Government Department of Health, Disability and Ageing, as well as through projects funded by the Queensland Disability Network (QDN) and Speaking Up For You (SUFY).

Executive Summary

AMPARO Advocacy's submission to the Supported Independent Living (SIL) Commissioning Consultation is short and concise. Our submission is grounded in the fundamental concern that we do not think the Department of Health, Disability and Ageing's (the Department) August 2026 consultation paper adequately considers how:

a commissioning model designed around the mainstream SIL market, with a "culturally responsive" feature added on afterwards, can deliver genuinely rights-based outcomes for people from culturally and linguistically diverse backgrounds with disability

AMPARO Advocacy can only support a commissioning approach *for, with and to* culturally and linguistically diverse people with disability that is human-rights based - meaning built from the ground up *with* migrant and refugee communities, their advocates and multicultural disability support providers. This is consistent with Australia's obligations as a ratifying party under the UN Convention on the Rights of Persons with Disabilities (CRPD) and the UN Committee on the Rights of Persons with Disabilities' General Comment No. 5 on Article 19.¹

A mainstream SIL commissioning approach cannot be retrofitted or subsequently embedded into a model designed for the mainstream population if it is to be fit-for-purpose to address the current and future unique needs of people from culturally and linguistically diverse backgrounds in Queensland and throughout Australia.

According to the Australian Institute of Health and Welfare (AIHW), in 2022 there were an estimated 5.5 million Australians with disability (21% of the total population), most (97%) living in the community (in households), and 3.3% living in supported accommodation such as group homes or aged care facilities.² Of the people with disability in Australia in 2022, the AIHW further reports that 26% were born overseas, including 15% in non-English speaking countries. These figures highlight the strong likelihood that at least one-quarter of individuals with disability in SIL accommodation in Australia are from culturally and linguistically diverse backgrounds. Therefore, there is compelling need to ensure that the priorities and needs of people from culturally and linguistically diverse backgrounds with disability are not an after-thought in commissioning model approaches or in the composition of those organisations that

¹¹ Article 19 CRPD – Living independently and being included in the community:

States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

Please also see [UN Committee on the Rights of Persons with Disabilities General comment No. 5 \(2017\) on living independently and with Disabilities being included in the community \(CRPD/C/GC/5\)](#).

² Australian Institute of Health and Welfare (2026) [People with disability in Australia 2026, Summary - Australian Institute of Health and Welfare](#). Available Online.

will be inevitably retained by the Australian Government to both govern and provide them. AMPARO Advocacy is also more widely concerned about whether the Australian SIL system can be genuinely human rights based in practice under a commissioning model, given how the broader disability SIL system and its governance arrangements currently and are proposed to operate in the consultation paper. This includes the reforms progressed by the 2026 amendments to the [National Disability Insurance Scheme Act 2013](#) (Cth).

We raise this as a structural question for the Department's attention; it is beyond the scope of this short submission, but should not be lost sight of in any commissioning model design, its governance, and its operation.

Given the short consultation window, AMPARO Advocacy welcomes the opportunity to be involved in the Department's targeted consultation and workshop activities that the August 2026 consultation paper flags for the second half of 2026.

Discussion Questions

Question 1 – (Participant) Which SIL participants could benefit most from additional government oversight?

Culturally and linguistically diverse participants should be treated as a distinct cohort for this question, not folded into a general ‘diverse communities’ consideration alongside geography.

A person’s support needs cannot be separated from their cultural, linguistic, religious and migration context, and cultural rights. For example, who an individual is comfortable sharing a home with (gender, age, religion), what language their support workers speak, and what food, prayer, hygiene and family-contact practices matter to them. We refer the Department to the cultural rights of people from culturally and linguistically diverse backgrounds with disability as out set in:

- (1) Article 30(4) CRPD - Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture;
- (2) In the specific Queensland context, the Human Rights Act 2019 (Qld) section 27 - Cultural rights—generally - All persons with a particular cultural, religious, racial or linguistic background must not be denied the right, in community with other persons of that background, to enjoy their culture, to declare and practise their religion and to use their language.

Participants for whom no existing local provider can genuinely meet these needs stand to benefit most from a deliberate government-led approach. However, that approach must be co-designed with local, place-based communities from the outset. It cannot be assumed a mainstream commissioned model, likely run as well as governed through the proposed commissioning model by mainstream service providers, can flex to meet the needs of culturally and linguistically diverse participants after the fact. Again, we refer the Department to Article 19 CRPD, where a co-designed collaborative practice is directed. Public sector co-designing practice is beginning to mature,³ but it must be grounded in human rights principles, law and practice. This is of particular imperative to meet the specific needs and priorities, as well as cultural rights, of people from culturally and linguistic diverse backgrounds with disability.

Question 2 – (Quality) What do high-quality SIL supports look like?

High-quality SIL for a person from a CALD background looks like a home *on their terms* that adapts to them, not the reverse – routines, food, decoration, religious observance and household roles shaped by the person’s own culture, values, priorities and preferences; not by provider convenience, provider cost-savings, or a generic activities-of-daily-living checklist. It means support delivered by workers who are trained and deeply respectful of the specific cultural and linguistic needs and rights of people from culturally and linguistically diverse backgrounds with disability (including intersectional gender needs), and who thus can communicate in the person’s language, or through properly engaged interpreters, and ‘doing with’ rather than ‘doing for’. It also means genuine attention to who a person shares a home with – cultural or religious mismatch between housemates, gender, or isolation as the only culturally and linguistically diverse resident in a shared arrangement can undermine quality and wellbeing regardless of how well individual tasks are performed or a support worker is trained.

³ Blomkamp E (2018) The promise of co-design for public policy. *Australian Journal of Public Administration* 77(4):729–743.

Question 3 – (Safeguards) How should SIL supports protect safety, health, wellbeing and rights?

Safeguards are only effective if they are culturally accessible and grounded in human rights principles and practices. A participant or family member who cannot easily raise a concern in their own language, or who does not trust that a mainstream complaints process understands their circumstances, is not adequately safeguarded on paper alone.

We recommend safeguards include a genuinely resourced pathway to raise concerns through interpreters and bicultural workers, and resourcing for independent advocacy organisations such as AMPARO Advocacy. Otherwise, there is real risk that specific attention to the cultural, linguistic or religious needs of SIL participants from culturally y diverse backgrounds becoming quietly deprioritised in shared living arrangements where a participant is outnumbered or unsupported in asserting them.

In the Queensland context, this is of note vis-à-vis the Human Rights Act 2019 (Qld)’s section 15 Recognition and equality before the law, section 17(c) Protection from torture and cruel, inhuman or degrading treatment, and section 27 Cultural Rights – generally.

Question 4 – (Innovation) How can innovation enhance quality and outcomes?

The most important innovation available is process innovation. It is about co-designing a distinct SIL model or models *with* people from culturally and linguistically diverse backgrounds with disability and their families as well as with place-based communities, advocates and multicultural disability support providers – rather than treating cultural responsiveness as a feature added to a single, centrally designed commissioning model. Cultural responsiveness and cultural safety must be the norm.

AMPARO Advocacy strongly encourages the Department to pilot and evaluate at least one commissioning model specifically developed with and for culturally and linguistically diverse communities, alongside whatever mainstream model emerges from this process, and to resource that design work properly rather than assuming it can be retrofitted later.

Question 5 (Participant choice) How can effective participant choice and control be enhanced?

AMPARO Advocacy believes that person-led practice – placing the participant at the front of decisions about their own home, support and daily life, rather than merely at the centre of a process others design – is critical to genuine choice and control.

Genuine choice and control, consistent with Article 19 CRPD, means a participant from a culturally and linguistically diverse background can choose to live with people who share their language or culture if that matters to them, and choose not to, if it doesn’t. This is about not accepting whatever placement a thin SIL local market makes available.

We are concerned that in thin markets, ‘choice’ can quietly collapse into taking whatever vacancy exists, with cultural and language match the first thing traded away in provider resource and cost-efficiencies. Any commissioning approach must treat growing culturally and linguistically matched provider and workforce capacity as a core part of addressing thin markets, not an optional extra pursued only once mainstream capacity is secured. Ensuring that commissioned models have governance arrangements that actively involve and are led by people from culturally and linguistically diverse backgrounds with disability is critical.

Choice and control also depend on a participant’s home not being contingent on their choice of provider. We welcome the new SIL Practice Standard on tenancy, housing and support arrangements taking effect with mandatory SIL registration from 1 July 2026, which requires

separate agreements for housing and support and confirms a participant can change support providers without automatically losing their home.

However, a standard on paper is not the same as a genuine choice in practice. In a thin SIL market, or where no alternative provider can offer a culturally and linguistically matched service, a participant's right to change providers without losing their tenancy means little if there is nowhere else to go. Commissioning design must be judged against whether it makes this protection real – including by ensuring independent advocacy and information, resourced with interpreters and bicultural workers, is genuinely available and accessible to support a participant's decision – not only whether the paperwork complies. This will involve specific resourcing of organisations like AMPARO Advocacy to undertake associated and timely advocacy work both at the individual and systemic level. Such additional resourcing is critically important to ensure transparent and accountable implementation of the standards in practice.

In turn, the above further is depends on genuine investment in provider diversity and market development in thin markets, so that culturally safe, locally based services are viable alternatives rather than the first casualty of limited supply. Existing thin market tools (information platforms and market facilitation) have made only limited difference, and direct market intervention has been used sparingly. A commissioning approach for SIL should not default to the same light-touch tools where the market gap is cultural or linguistic rather than simply geographic. In a thin market, a person can only meaningfully choose between providers (or leave one without losing their home) if more than one genuine option actually exists.

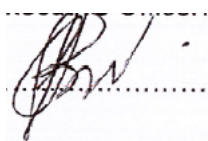
Question 6 (Provider sustainability) What's needed to ensure SIL providers are sustainable?

A panel-style commissioning model that favours scale risks structurally excluding the smaller, multicultural and community-controlled providers that are often best placed to deliver genuinely culturally matched SIL. This is a dynamic AMPARO Advocacy has seen play out elsewhere in the NDIS market. Provider sustainability settings should explicitly value and fund bicultural and multicultural workforce capability and should include a deliberate strategy for bringing smaller multicultural providers into a panel or equivalent arrangement, rather than a size or volume threshold that only larger, generalist and mainstream providers can meet.

Closing note

AMPARO Advocacy's position in this submission is grounded in Article 19 CRPD and the Committee on the Rights of Persons with Disabilities' General Comment No. 5, in the UN thematic study on the right to live independently and be included in the community (A/HRC/28/37), and in practice literature on person-centred, human-rights-based supported living. We also draw attention to academic literature cautioning that independent living and personalisation policy does not automatically deliver rights-based outcomes without genuine investment and structural reform. We would welcome the opportunity to discuss this submission further and ask to be included in the Department's planned targeted consultation and workshop activities later in 2026.

Yours sincerely,



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Further reading

- Tibii (2025) Why Person-Centred & Human-Rights Based SIL Makes a Real Difference. tibii.com.au
- UN Committee on the Rights of Persons with Disabilities (2017) General comment No. 5 on living independently and being included in the community (Article 19), CRPD/C/GC/5.
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- Grattan Institute (2024) Better, safer, more sustainable: how to reform NDIS housing and support.