National Centre for Disability Advocacy

Systemic Advocacy Insight Report – Closed Environments

National Centre for Disability Advocacy

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Abbreviations

Abbreviation	Definition
ADE	Australian Disability Enterprise
CVS	Community Visitors Scheme
DANA	Disability Advocacy Network Australia
NCDA	National Centre for Disability Advocacy
NCF	National Coordination Function
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
SDA	Specialist Disability Accommodation
SIL	Supported Independent Living
SRS	Supported Residential Services
STA	short term accommodation (also known as short term respite)

Content warning

This report describes examples of abuse, neglect, and exploitation of people with disability living in closed, segregated settings. This report may be distressing to some readers. We encourage you to seek support if you need it.

Executive summary

This report, produced by the National Centre for Disability Advocacy (NCDA), examines systemic issues affecting Australians with disability living in closed environments.

Building on previous NCDA Systemic Advocacy Insight Reports, this work focuses on people with disability living in settings such as group homes, boarding houses, forensic units, prisons, and other institutional or semi-institutional environments. It considers how service design, institutional culture, and regulatory arrangements continue to affect autonomy, human rights, and access to independent advocacy.

The 2025 NCDA Systemic Advocacy Forum found that, despite the intent of the National Disability Insurance Scheme (NDIS) to support independence and choice, many participants continue to experience restrictive environments that replicate institutional and health-based models of care, limiting control over daily life.

Across discussions, 8 key systemic issues were identified:

Theme 1 – Need for strengthened practice standards
Supported Independent Living (SIL) standards are seen as unclear and inconsistently applied. Participants called for plain-English, enforceable standards that strengthen rights, guarantee access to advocates and Community Visitors, protect against retaliation, and clearly separate advocacy from service delivery.

Theme 2 – Quality oversight and lack of regulation
Limited oversight and some unregistered providers contribute to inconsistent quality and weak accountability, with concerns that operational priorities can override residents' rights.

Theme 3 – Right of access for Community Visitors and advocates
Provider gatekeeping and restricted entry limit independent oversight. Stronger legal protections are needed to ensure consistent access for advocates and Community Visitors.

Theme 4 – Lack of privacy during advocacy meetings
Advocacy meetings often lack privacy, reducing confidentiality and making it harder for people to speak freely or safely.

Theme 5 – Rights, dignity, and access barriers across closed environments
Across settings, people with disability face restricted advocacy access, complex systems, and limited oversight, reducing visibility of rights issues and accountability.

Theme 6 – Supported Residential Services and understanding of rights
Supported Residential Services (SRS) providers were seen as having inconsistent understanding of rights and advocacy, with financial pressures and eviction risks discouraging people from raising concerns.

Theme 7 – "No wrong door" approach
Fragmented systems create gaps in accountability. A coordinated "no wrong door" approach was called for so issues are addressed regardless of where they are raised.

Theme 8 – Linking systemic action and networks
There is strong interest in greater collaboration across organisations to strengthen systemic advocacy, oversight, and regulatory engagement in closed environments.

Advocacy implications

Forum participants emphasised that all these themes are interconnected and reflect broader systemic design challenges rather than isolated service failures. They identified

the need for strengthened SIL practice standards, improved regulatory coordination, and clearer safeguards for access, privacy, and accountability.

Key reforms include ensuring advocates have a guaranteed right of access to closed environments, strengthening protections against retaliation, improved transparency of accommodation settings, and clearer separation between service delivery and advocacy functions.

The findings highlight that systemic change cannot be achieved through individual advocacy alone. It requires coordinated action across federal, state, and territory governments to strengthen regulation, improve accountability, and ensure that people with disability can live in genuinely inclusive and rights-based community settings.

Without these reforms, there is a risk that institutional practices will continue within community-based or health models, which undermines the intent of the NDIS and Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities and Australia's Disability Strategy 2021–2031.

Introduction

The National Centre for Disability Advocacy (NCDA) is delivered by Disability Advocacy Network Australia (DANA) and funded by the Australian Government Department of Health, Disability and Ageing.

The NCDA's purpose is to improve access to, and the quality of, independent disability advocacy services as part of Australia's Disability Strategy 2021–2031.[1]

The NCDA has 3 main functions, which are:

- capacity building
- identifying and addressing unmet demand and service gaps
- identifying and elevating systemic advocacy issues.

This report focuses on systemic issues affecting people living in closed environments.

About this report

This is the third Systemic Advocacy Insight Report produced by the NCDA.

While this report focuses on a new topic, it continues to explore key issues identified in earlier reports, particularly:

- access to advocacy
- loss of autonomy for people with disability, and
- problems with how systems are designed.

In this report, those issues are explored through the experiences of people living in closed environments.

The report draws on insights from across the disability advocacy sector, including organisations funded under the National Disability Advocacy Program and similar state-funded organisations across Australia.

It aims to inform key stakeholders, including:

- DANA
- Disability Representative Organisations and Disability Representative and Carer Organisations
- the disability advocacy sector
- federal and state/territory governments and relevant agencies.

[1] Department of Social Services, 3 February 2022, Australia's Disability Strategy 2021–2031.

Methodology

NCDA Systemic Advocacy Forum

In November 2025, the NCDA hosted an online forum on systemic advocacy in closed environments. Participants examined key issues through structured questions and open discussion.

Forum objectives

The forum aimed to:

- identify and discuss systemic issues affecting people with disability in closed environments
- share current systemic advocacy work and emerging areas of concern across the sector
- provide a safe place for discussion and peer learning relating to systemic advocacy work across the country
- facilitate the introduction of advocates interested in addressing different emerging issues/areas
- enable collaborative relationships that may result in further joint systemic work.

Forum participants

Twenty-nine people from the individual advocacy sector attended, including:

- executive leaders
- systemic advocates
- individual advocates.

Participants came from all states and territories.

Forum structure

The forum agenda (see Appendix) introduced DANA's systemic advocacy work. Following opening introductions and scene setting, Inclusion Australia outlined its work on SIL practice standards. Participants then moved into breakout sessions, enabling more focused discussion in smaller settings and creating space to identify systemic issues and explore opportunities for collaboration.

Key questions

Participants were provided with questions in advance and asked to consider the following during the breakout session:

1. What have you identified as a significant issue related to people in closed environments?
2. Can you discuss barriers you have encountered in accessing people with disability living in closed environments?
3. The NDIS Commission is currently developing new practice standards for SIL. What do you think should be included in the standards?
4. What actions (campaigns, submissions, strategies) are you involved in that address systemic issues in closed environments?

Participant responses were collated and analysed, and themes are presented later in the report.

Closed environments

For the purpose of the 2025 Systemic Advocacy Forum, “closed environments” referred to accommodation or institutional settings where people with disability may not be freely able to leave, or where their freedom, autonomy, and access to the outside world are restricted. These settings often involve varying levels of supervision, decision-making, and controlled access to services, visitors, communication, and independent advocacy. While the settings differ in structure, funding, and governance, participants identified common experiences relating to limited autonomy, reduced privacy, social isolation, and barriers to raising concerns safely.

The accommodation and institutional settings discussed throughout this report include:

- **Specialist Disability Accommodation (SDA)**: Housing designed for people with extreme functional impairment or very high support needs. SDA homes are built or modified to improve accessibility and support people to live with appropriate physical assistance.
- **Supported Independent Living (SIL)**: NDIS-funded support services that assist people with disability to live in shared or individual housing arrangements, often in group homes for people with high support needs. SIL funding covers support workers and daily support services rather than rent or living expenses.
- **short term accommodation (STA)**: Temporary accommodation and support, sometimes referred to as respite, funded through the NDIS. STA is commonly delivered in shared or group settings and may operate alongside long-term supported accommodation.
- **Supported Residential Services (SRS)**: State or territory regulated boarding houses or hostels that provide accommodation and varying levels of support for people with disability. These services often sit between independent living and more intensive support models.

In addition, closed environments may also include:

- group homes and boarding houses
- forensic disability and secure mental health facilities
- prisons and correctional facilities
- residential aged care facilities (including for younger people with disability)
- juvenile detention and out-of-home care group homes
- hospital and long-term institutional settings, including rehabilitation and secure psychiatric units.

Previous NCDA reports and discussions at the 2025 Systemic Advocacy Forum highlighted ongoing issues for people living in closed environments, particularly in relation to access to advocacy. Barriers included restricted communication, limited private spaces for conversations, and inconsistent access for independent advocates. Even where advocates could enter services, people were not always able to meet with them in private, making it difficult to speak openly about abuse, neglect, concerns about their care, or other sensitive issues.

Discussions also highlighted that these environments are often structured around provider operations and staffing arrangements, rather than the rights, preferences, and day-to-day choices of residents. Participants described clear power imbalances, with many people

reluctant to raise concerns due to fear of losing housing or support, or damaging relationships with staff. There were also concerns about people being placed into unsuitable or unsafe accommodation because of limited vacancies and a lack of alternative options.

Previous NCDA work has also pointed to an increase in restrictive practices and guardianship. Participants noted that guardianship is sometimes used early in decision-making pathways, rather than as a last resort, reducing autonomy for people transitioning from child protection or into adult services. Recent NDIS reforms, such as more frequent plan reviews, repeated evidence requirements, and reduced flexibility, were also seen as adding administrative burden and undermining confidence in decision-making.

Across these discussions, participants emphasised that addressing these issues requires stronger rights protections, better coordination across systems, increased investment in both individual and systemic advocacy, and genuine partnership with people with disability and their representative organisations.

These issues directly shaped the context of the forum discussions and informed the key themes outlined below, particularly the need for stronger, enforceable practice standards in supported accommodation.

Key themes

Theme 1 – Need for strengthened practice standards

Inclusion Australia is assisting the NDIS Commission to develop quality indicators to address a new practice standard for SIL. They emphasise that standards must be written in plain English and include practical evidence guides that leave no room for misinterpretation by providers. Their goal is to shift the power dynamic by providing clear expectations for providers and support workers and building self-advocacy capacity for residents.

> *We developed an evidence guide that doesn't leave wiggle room. It makes it clear what the expectations are for everyone ... that has been missing for a long time.*
>
> — Inclusion Australia

Forum participants reinforced the need for strengthened SIL practice standards that should strengthen the rights of residents and the effectiveness of advocates. Forum participants agreed practice standards should include:

- **guaranteed access for independent advocates and Community Visitors**, with entry rights similar to section 156 of the new *Aged Care Act 2024*, to ensure residents can be informed of their rights and connected with advocacy

  > *[We need] a right of access ... [that] needs to be written in there so nobody can say, "oh, well, no, I don't know who you are and I'm suspicious. And so, I'm not going to open the door to you".*
  >
  > — Advocate, Vic

- **explicit protection against retaliation**, ensuring residents who engage with advocacy services do not face negative consequences for seeking help
- **provision of private and accessible meeting spaces**, separate from bedrooms, where residents can speak with advocates confidentially and without oversight from providers, staff, or other residents

- **mandatory training for staff on the role of independent advocates**, to reinforce that advocacy is separate from service delivery and not a compliance or "policing" function
- **stronger regulatory language requiring providers to actively facilitate access to advocacy**, including obligations to "must refer" residents to independent advocacy services where requested, rather than treating this as optional or discretionary
- **clear separation of roles to avoid conflicts of interest**, ensuring support workers are not positioned as gatekeepers to advocacy or complaints processes
- **independent facilitation of resident forums and feedback processes**, delivered by external parties to ensure discussions about living conditions are genuine, safe, and free from provider influence or coercion.

Overall, participants emphasised that practice standards must move beyond aspirational guidance and instead establish enforceable requirements that actively shift the balance of power towards residents.

Theme 2 – Quality oversight and lack of regulation

Forum participants raised significant concerns about the growth of profit-driven providers operating with limited transparency and accountability. Advocates across jurisdictions described providers prioritising financial convenience over residents' choice, control, and quality of care, resulting in basic human rights being compromised.

> *It's all about profit and making money over providing individual services to residents.*
>
> — Advocate, NSW

A lack of effective regulation, particularly the prevalence of unregistered providers, was identified as a key contributor to weak oversight. Without registration or clear reporting requirements, many providers operate with limited external scrutiny, making it difficult to monitor service quality or uphold residents' rights. Advocates also raised concerns about providers blurring the line between disability support and healthcare, with some employing clinical staff as support workers and defaulting to medicalised models of care.

Examples were given of residents being placed in housing based on the convenience of the provider rather than compatibility with other residents. This lack of choice and control coupled with inflexibility across the system of supports means people with disability are seen as products.

Advocates expressed concern that NDIS attracts providers who see it as money-making scheme rather than genuine care. They highlighted a critical skills gap, stating:

> *My concern is that we have lots of people around that can tell you everything about the NDIS, but [don't know] how to support someone with a disability.*
>
> — Advocate, NT

Such providers also lack ethical integrity, with advocates sharing examples of providers poaching participants from others with offers of incentives.

Advocates from Western Australia reinforced this, noting that providers dominate disability expos, "pushing their wares ... rather than the participants needs. They arrive, rent houses, and operate with no physical office or local leadership, making it impossible to hold them accountable*".*

Another Western Australian advocate highlighted an example of a provider going into a community with a large First Nations population. Providers employed staff from overseas who had little understanding of how to providing culturally appropriate support and what it means to return to Country.

Regulation concerns were summarised very clearly:

> *I think … It's very, very hard to regulate when there are so many unregistered providers, and it's very concerning.*
>
> — Advocate, WA

Advocates discussed how the NDIS has monetised these services, leading providers to keep everything "in-house" to protect their financial interests rather than seeking the best external support for the resident.

> *There is a bit of an ... adversarial vibe of, you're here to just accuse me of not being amazing or, you know, not being a good provider ... instead of thinking, well, the advocate is there to actually make sure that the person is getting the best outcome … we just want to work with the provider to get the best outcomes.*
>
> — Advocate, Qld

An advocate from South Australia highlighted the mismatch of clients as a major issue, where individuals are moved to suit the "convenience factor of the provider" rather than based on the compatibility of housemates. Examples:

- An unwell woman was placed in a home with "two very burly sort of men" because the provider refused to look outside their own company for more appropriate accommodation. Despite there being allegations of abuse, the provider said there were no options to place the woman in other accommodation.
- A trained lawyer who uses a wheelchair, "a very smart man, I must add", was placed in a house with people with intellectual disability, which was not an appropriate match.

An advocate from New South Wales reinforced this, stating that a person's fundamental right to choose where or who they live with is "routinely being ignored" and that people are treated "just like cattle ... to have money made out of". They also noted that residents often went without proper medical care because changing support needs are not identified or well communicated.

A recurring theme was the disconnect between NDIS funding models and participants' actual needs, particularly those living in shared accommodation. Advocates highlighted that the NDIS often fails to fund individual choices or appropriate support ratios, which forces participants into restrictive settings that do not facilitate a "good life".

> *The NDIS doesn't fund for individual choice or a range of options at an appropriate level ... the inconsistency with what the NDIS is funding and what a participant really needs to live a good life.*
>
> — Advocate, Vic

Theme 3 – Right of access for Community Visitors and advocates

Advocates reported significant gatekeeping by providers, with some actively preventing residents from contact with independent advocates. Inclusion Australia said this invisibility is compounded by the lack of external scrutiny across different jurisdictions.

An advocate from South Australia shared their experience:

> *We had a person who lives in a group home who was given our number through their supported employment provider, but they did not have access to a phone to call us. It took them months to get access to a phone to make a call.*
>
> *When the person did speak to an advocate, they spoke about how they hated where they lived. When the support coordinator eventually contacted the advocate, they were more concerned with how the client contacted us rather than resolving the issues.*

Despite recommendations from the Disability Royal Commission for a well-resourced nationally consistent approach to the Community Visitors Scheme (CVS), participants noted there is currently no system-wide model capable of providing regular, day-to-day external scrutiny of this sector across Australia.

This is compounded by limitations in existing CVS arrangements. Community Visitor access is generally linked to registered facilities, but scope and eligibility vary across jurisdictions, which can mean some SIL group homes fall outside coverage depending on the local arrangements. An advocate from Queensland discussed this difficulty, highlighting that in their state, group homes accommodating SIL participants are often not required to be registered or to disclose their location.

Participants outlined significant variation across jurisdictions:

- The Northern Territory has community visitor functions in place, however, their scope and coverage differ from Community Visitor Schemes operating in other jurisdictions.
- From participants' experience, visits under the Victorian Community Visitor Program were described as relatively infrequent at the dwelling level.
- The New South Wales Community Visitor arrangements were described by participants as having limited coverage and variability in how visits are delivered across regions.
- A recent inquiry in Queensland called for more frequent visits.

Across discussions, advocates strongly supported the need for unannounced visits by Community Visitors and independent advocates. However, concerns were raised that current access arrangements can enable providers to stage environments ahead of scheduled visits. In jurisdictions where client consent is required prior to entry, providers may be alerted in advance, reducing the independence of the visit.

An advocate from South Australia described how this can manifest in practice:

> *It's predetermined and scheduled and everything looks immaculate ... and there's roses everywhere.*

Concerns were also raised about the potential for coercion immediately following external visits, with one advocate from South Australia noting:

> *You can't outpace the current systems and still be safe ... As soon as you walk out the driveway, it's on for young and old, the coercion.*

Overall, participants emphasised that meaningful access requires not only formal visit rights but also the ability for advocates and Community Visitors to engage independently, unpredictably, and without provider mediation.

Theme 4 – Lack of privacy during advocacy meetings

Lack of transparency and access to privacy in group accommodation settings was a common concern across all advocates. A number of advocates shared that if they were

able to gain access, it was rare to meet a client in private. Meetings were often held in common areas in full view of support workers or other clients. This significantly hampers open communication between advocates and their clients.

In addition, many providers are unregistered or have little oversight, making it harder to protect and uphold residents' human rights.

> *You have to go through the group home to contact the participants so that they know that you're meeting with them ... and there's always someone around and there's someone listening and that's always the case.*
>
> — Advocate, NSW

To address confidentiality constraints, some advocates reported arranging meetings off-site, including in locations such as Australian Disability Enterprises (ADEs). However, participants noted this is not always feasible, particularly where services such as ADEs, day programs, accommodation, and support coordination are operated by affiliated providers, limiting residents' connection to independent spaces or supports.

Concerns were also raised about deliberate practices that restrict external engagement. One advocate from Victoria described instances where providers had actively limited a resident's contact with external supports:

> *I am working with a man at the moment, where the provider banned that person's only friend from visiting the house because they felt the friend was encouraging the person to express their dissatisfaction. And then they tried to ban the support coordinator because they said that she was also colluding.*

The same advocate described barriers to facilitating private advocacy discussions, including refusal to allow the resident to leave the premises due to provider concerns about mobility equipment.

> *When I tried to take him out of the house, as there was no private space for the advocacy conversation. The provider asserted that the wheelchair was unsafe, so he couldn't leave the premises ... the way they can have so much power over the person's access to independent advocacy is shocking.*
>
> — Advocate, Vic

Overall, participants emphasised that the lack of private, independent spaces for advocacy interactions significantly undermines confidentiality, limits safe disclosure, and reinforces provider control over access to external support.

Theme 5 – Rights, dignity, and access barriers across closed environments

While the primary focus of the forum was on group home settings, advocates also highlighted systemic issues across a range of other closed and restricted environments, where access, oversight, and respect for rights were described as significantly constrained.

Clinical settings

An advocate from Queensland raised concerns about hospital-based mental health wards, where people with disability experience high levels of restriction and complex layers of authority. These conditions were reported to create significant barriers for independent advocates seeking to access and support patients.

Participants also noted that organisational induction and workplace culture in some clinical settings can normalise deficit-based or negative language about patients, which may undermine dignity and reinforce disempowering attitudes from the point of entry into care.

An advocate from the Northern Territory supported this view, arguing that institutions are less about “bricks and mortar” and more about “what happens inside those buildings”.

Prisons

Access to people with disability in correctional settings was identified as a major challenge. An advocate from Western Australia described significant logistical barriers, including long waiting times and complex administrative processes required simply to determine whether a person may need support. Locating individuals with intellectual disability within the prison system was also reported to be difficult.

An advocate from Victoria further highlighted barriers to engagement with people in custody for the purposes of NDIS access, noting that information pathways are informal and fragmented:

> *We are reliant on the word of mouth between prisoners.*
>
> — Advocate, Vic

Participants also noted limited mechanisms for coordinated assessment or timely access to support services within correctional environments.

Aged care settings

Concerns were also raised regarding people with disability living in aged care settings. An advocate from Victoria described a situation where a person with disability residing in an aged care facility was being defrauded by their community participation provider. Concerns arose when provider shift reports did not align with the aged care facility’s records, prompting further investigation. Formal reports were lodged with both the NDIS Quality and Safeguards Commission and the Victorian Disability Worker Commission.

In the same facility, another resident receiving NDIS-funded continence supports was reported to be receiving services through the aged care provider instead of a disability-specific provider. The resident was nonverbal and highly vulnerable, with no clear access to augmentative communication or supported decision-making. Participants noted ongoing concerns regarding oversight of funding arrangements and difficulty in identifying and engaging the relevant support coordinator.

Overall, advocates emphasised that across clinical, correctional, and aged care settings, people with disability continue to experience reduced visibility, limited advocacy access, and systemic barriers to dignity, autonomy, and accountability.

Theme 6 – Supported Residential Services and understanding of rights

Advocates reported that providers of SRS, including state/territory registered private boarding houses and hostels, can often be difficult to deal with because they have a limited understanding of residents’ rights and the role of advocates.

An advocate from Victoria noted an increase in the number of SRS owners who are providing NDIS services. Pressure is placed on the residents to use these services, and if residents decline, they are either evicted or face rent increases.

> *It’s choice and control when it suits ... But as soon as the resident wants to do something they don’t agree with, then it’s a duty of care issue. We’ve just flipped the script around constantly. And that lack of real understanding and commitment to individual rights is clearly a barrier.*
>
> — Advocate, Vic

An advocate from Victoria characterised SRS operators as profit-driven and often defensive, with a limited understanding of disability rights. It was noted that these proprietors often operate with a mindset that residents should be “grateful” for basic food

and accommodation, despite the operators taking a significant portion of the resident's disability support pension.

The atmosphere in these settings creates a culture of fear; residents are terrified to speak out against providers due to the threat of eviction and homelessness, which enforces a silence that makes advocacy difficult.

> *They move away from safeguarding the individual's rights really quickly if they think that they're going to come under scrutiny or get into trouble.*
>
> — Advocate, Vic

Advocates expressed that they are often perceived as "troublemakers", with providers fearing they will increase their workload or identify breaches of their obligations.

An advocate from Victoria drew a parallel between the behaviours of the traditional SRS providers and a new breed of SIL property providers.

> *They are suspicious of advocates and very defensive about what they are doing. They have very limited understanding of supported decision making.*

Theme 7 – "No wrong door" approach

A recurring issue across discussions was the absence of a clear and coordinated regulatory pathway for resolving concerns in closed environments. Advocates described situations where reports of abuse, neglect, or poor practice are not consistently acted upon due to uncertainty or overlap in agency responsibilities, resulting in matters being passed between jurisdictions without resolution.

An advocate from Victoria described how responsibility is often contested between agencies, with the NDIS Quality and Safeguards Commission referring tenancy-related concerns to other regulators, while housing and consumer affairs bodies may lack either the mandate or capacity to intervene in unregistered group homes or SRS:

> *The commission's view ... they push back and say it's a tenancy issue; we don't touch tenancy issues. It's a service quality issue as well. So, yes, there's barriers everywhere.*
>
> — Advocate, Vic

Inclusion Australia also raised concerns about limitations within current auditing and compliance frameworks, noting that regulators may not always have visibility over the full scope of a provider's operations, particularly where providers operate multiple group homes or services across different locations.

Participants highlighted that these gaps in oversight contribute to fragmented accountability, where issues can fall outside the remit of any single agency. As a result, concerns may remain unresolved or progress slowly through multiple referral pathways.

Advocates emphasised the need for a consistent "no wrong door" approach across jurisdictions, ensuring that any report of harm or rights violations is actively received, appropriately escalated, and followed through, regardless of which system it enters.

Theme 8 – Link systemic action and networks

Various organisations and networks are actively working to address systemic issues in closed and segregated settings through research, sector education, and coordinated advocacy.
Current initiatives include:

- **Monitoring and documenting institutional practice**: Several groups are tracking systemic issues through tools such as institutionalisation "report cards" and

contributing to joint submissions to the NDIS Commission regarding “sharp practices” (a range of practices involving unfair treatment or taking advantage of people) and the coercion of vulnerable participants.

- **Private Congregate Care Alliance (Victoria)**: This alliance brings together advocates and legal services to develop coordinated policy responses to issues arising in SRS and other private residential accommodation settings.
- **Disability Advocacy NSW**: Work is underway to address legal and ethical complexities where parents or guardians acting under Enduring Power of Attorney may not have appropriate authority to consent to or restrict contact with individuals. This includes developing clearer approaches to ensuring access to advocacy and safeguarding individual rights in these contexts.

Conclusion

The findings of this third Systemic Advocacy Insight Report underscore that despite the national commitment to “choice and control” under the NDIS, many Australians with disability, particularly those living in closed environments, continue to experience isolation, limited autonomy, and systemic neglect. In practice, the shift from large-scale institutions to smaller, community-based settings has, in many cases, reproduced institutional characteristics within private and unregulated environments.

The evidence gathered from advocates through the 2025 NCDA Forum indicates the current system is fraught with significant “grey zones” where oversight is minimal and provider power is unchecked. Key issues include:

- **Limited visibility of supported accommodation settings**: Many SIL-funded shared living arrangements operate outside effective oversight, with regulators, advocates, and Community Visitors often unable to identify or access these homes due to a lack of transparent location data and inconsistent registration requirements.
- **Profit and convenience-driven service delivery**: In SRS and similar settings, housing allocations and support arrangements are frequently shaped by provider vacancy pressures rather than individual compatibility or preference. Core rights, such as privacy, choice of food, and decisions about co-residency, are reported as being inconsistently upheld, contributing to experiences of disempowerment and reduced agency.
- **Restricted access to independent oversight**: Providers are often positioned as gatekeepers to the home environment, limiting access for advocates and Community Visitors. Participants emphasised the need for clearer legal frameworks that guarantee access for independent oversight bodies while still respecting the rights of residents to privacy and control over their home environment.
- **Fragmented regulatory responsibility**: The intersection between tenancy law (state and territory responsibility) and disability service regulation (NDIS Commission oversight) creates complexity in accountability pathways. Participants highlighted the need for a coordinated “no wrong door” approach across jurisdictions to ensure that complaints and safeguarding concerns are addressed regardless of where they are first raised.

The development of the new NDIS Practice Standards for SIL is an important opportunity to strengthen safeguards for people with disability. This includes creating a mandatory right of access for advocacy organisations, addressing conflicts of interest in service

delivery, improving regulatory clarity, and supporting people with disability to live in more open and inclusive environments.

Advocacy organisations cannot drive this change on their own. Real change requires a coordinated national effort from federal, state, and territory governments. This means moving beyond a focus on buildings and accommodation models to address the institutional cultures and practices that still exist within some services. Stronger regulation, genuine accountability, and listening to the lived experience of people with disability are all essential if Australia is to meet the goals of the Disability Strategy 2021–2031 and uphold its commitments under the United Nations Convention on the Rights of Persons with Disabilities.

Appendix: Systemic Advocacy Forum Agenda

Welcome, acknowledgement, housekeeping

DANA overview of the policy context

David Petherick – Interim CEO

David has stepped into the role of Interim CEO of DANA. He is on loan from Rights Information and Advocacy Centre. He has 30 years of experience advocating for people with disability in not-for-profit and government sectors.

Inclusion Australia SIL Practice Standards Project

Mary Mallett needs no introduction to many people associated with DANA as she was CEO for 8 years before taking up the role as Interim Disability Commissioner in Tasmania. Mary is currently a Senior Project Officer at Inclusion Australia.

Michelle Haddon has over 30 years of experience supporting people with disability across advocacy, service delivery, and leadership roles. She is currently working with Inclusion Australia on the SIL Practice Standards Project.

Introduce breakout rooms

Outline:

- 45 minutes to discuss 4 questions
- housekeeping to ensure order within the breakout rooms

Breakout rooms

1. What have you identified as a significant issue related to people in closed environments?
2. Can you discuss barriers you have encountered in accessing people with disability living in closed environments?
3. The NDIS Commission is currently developing new practice standards for SIL. What do you think should be included in the standards?
4. What actions (campaigns, submissions, strategies) are you involved in that address systemic issues in closed environments?

Feedback from breakout rooms

Meet back and give a brief overview of the main discussion points from the forum.

Evaluation and close

Email: ncda@dana.org.au

The NCDA is funded by the Australian Government Department of Health, Disability and Ageing.