Inclusion Australia

Community Visitor Scheme Consultation
Submission to the Department of Health, Disability and Ageing

Sent via email: CVS@wheretoresearch.com.au

2 April 2026

Re: Strengthening disability safeguards through Community Visitor Schemes

Dear Consultation team,

We thank the Department of Health, Disability and Ageing (the Department) for the opportunity to provide a submission to the current consultation round. Inclusion Australia is the national peak organisation representing the rights of Australians with an intellectual disability and their families. Founded more than 70 years ago in 1954, our mission is to work to make sure people with an intellectual disability have the same opportunities as people without disability. We provided a submission last year as part of the first round of consultation on Community Visitor Schemes (CVS), which can be found on our website.

We strongly support a nationally consistent approach to CVS. This must build on existing local expertise, connect into independent advocacy and other important community-led informal supports, and be sustainably resourced to match true community need – for people with disability within and outside the National Disability Insurance Scheme.

The Disability Royal Commission unequivocally showed that experiences of violence, abuse, neglect, and exploitation are frequently and disproportionately experienced by people with an intellectual disability,[1] and that those experiences are more likely to (though do not solely) take place in segregated settings, separate from the broader community.[2] People with an intellectual disability are likely to experience life in such settings.[3] As such, the development of a nationally consistent CVS is of considerable importance for our community.

We are pleased to provide the following submission and have structured our responses according to the questions posed in the discussion paper. We also wish to note from the outset that we firmly believe that the design and implementation of the principles guiding CVS must be co-designed with people with an intellectual disability, and would welcome further conversations about specific, targeted consultation.

We are also interested in clarification regarding which residential settings will fall under a new scheme, including Supported Independent Living, services-for-one, and Individual Living Options. We are concerned that providing feedback on principles without this contextual information may limit meaningful consultation, and we warmly invite further conversations with your team about this and any of the feedback provided below.

Warm regards,

Maeve Kennedy

Deputy CEO
Inclusion Australia

Are the 5 principles easy to understand? Do they explain what CVS do and why they are important?

The five principles are generally clear and easy to understand, and we agree with them in principle. At the same time, our Policy Officers with an intellectual disability have noted that some language may be confusing or appear contradictory.

For example, Principle 1 refers to "national consistency with local flexibility," yet currently CVS do not operate in Western Australia or Tasmania, and any decision to establish them will be made by state governments. It is therefore not clear to us how national consistency could be operationalised alongside local variation. We recognise that these details may still be under development; however, the overall principles would be strengthened by clearer guidance on how a consistent national approach can be maintained while accommodating local legislative and delivery models.

Similarly, the Easy Read versions of the principles were difficult to understand for the Policy Officers with an intellectual disability who reviewed them. Their feedback was that the images did not always match the text and the documents themselves were too long. Additionally, the documents do not explicitly reference people with an intellectual disability, which may lead to a perception that CVS will not include or impact this cohort.

Do the principles reflect what matters most for people with disability, such as safety, rights, dignity, and wellbeing? Is anything important missing?

While the principles reference safety, rights, dignity, and wellbeing, the very short consultation timelines have meant it has not been possible to engage directly with people with an intellectual disability outside of our Policy and Advocacy team. We recommend a targeted consultation with this community, particularly those living in accommodation settings that would be visited by CVS.

In addition, operational guidelines that sit beneath these principles should be co-designed with people with an intellectual disability to ensure they reflect what matters most to them and provide an opportunity for their direct, contemporary experience and expertise to inform practice.

Do the principles explain safeguarding and risk in a clear and fair way? Should anything change about how risk is described?

Currently, risk appears to be defined largely by setting, but other factors should also be considered, such as past history of harm or neglect, a person's ability to understand what good-quality service looks like, communication barriers, and arrangements with a single provider over a person's lifetime. It is not clear who will define risk or how prioritisation will occur.

Greater clarity on these processes is needed to ensure that risk assessments are fair, transparent, and responsive to individual circumstances.

Do the principles make it clear what CVS is responsible for and how this role is different from complaints bodies, regulators, or advocates? Could any parts be misunderstood?

It may be useful to provide a visual overview of all safeguarding measures, including what CVS do and do not do, alongside other formal and informal safeguards such as advocacy services, family involvement, the NDIS Commission, and workplace regulators.

Clear, explicit messaging is required to ensure a shared understanding of the CVS role, particularly because people have experienced different models of CVS across the country. This clarity is essential to avoid confusion or misunderstandings about what CVS can and cannot do.

Do the principles support visits that are respectful, person-led, and focused on listening to people with disability?

To be truly person-led, visits must incorporate trauma-informed practices, recognising the history of violence, abuse, neglect, and exploitation experienced by many people with an intellectual disability and their families. Principles should provide clear guidance on consent, particularly for people who have alternate decision makers.

Supported decision-making practices should underpin all aspects of CVS visits and be a core focus of training and development for community visitors. Particular attention must be given to people with an intellectual disability who do not have access to informal supports, as CVS often represents their only truly independent safeguard.

Community Visitors must retain the ability to use their observational skills to identify safeguarding concerns, rather than relying solely on complaint mechanisms. Many of the current state-based CVS work in part because they do not rely on the person with a disability making a complaint but, on the skill and expertise of the visitor to recognise when and where there are issues.

For example, an experienced Community Visitor may observe a person with a disability being denied access to the kitchen in their own home and recognise this as a potential unauthorised restrictive practice and follow this up with staff. This approach ensures that the rights of people with disability are actively upheld.

Do the principles recognise and respect different cultures, communities, and identities, including First Nations people and culturally and linguistically diverse communities? What could improve this?

The principles should be co-designed with First Nations people and other diverse communities, including culturally and linguistically diverse (CaLD) and LGBTIQA+ communities, to ensure their lived experiences are reflected.

Intersectionality should also be explicitly considered, for instance, the experiences of First Nations people with disability living in remote areas. Such an approach will ensure that CVS practices are inclusive, culturally safe, and responsive to diverse needs.

What are the priority areas that should have a baseline of consistency across schemes?

A baseline of national consistency should cover who can be visited and the types of settings included.

Community Visitor training must meet minimum requirements that include supported decision-making; trauma-informed practices; cultural diversity and inclusion; Positive Behaviour Support including restrictive practices; safeguarding; and recognition of good practice standards.

Shared datasets and minimum visitation expectations should be established, particularly in situations where high risk has been identified. National coverage should include all states, including WA and Tasmania, and the meaningful involvement of people with an intellectual disability should be ensured across all aspects of the scheme.

Overall, do you think these principles will help CVS work better in the future? What is the most important thing they should protect or improve?

The principles have the potential to strengthen CVS if implemented effectively. Independence is essential, including the ability of Community Visitors to communicate confidentially with people with disability and access relevant records with consent.

Relationships between CVS and national and state regulatory systems should be strengthened, and CVS should maintain the ability to report directly to Ministers and Parliament. National consistency should be used to strengthen the scheme and safeguard its intent rather than dilute its purpose.

Endnotes

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[1] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. 2023. Executive Summary: Our vision for an inclusive Australia and Recommendations. Retrieved from: https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Executive%20Summary%2C%20Our%20vision%20for%20an%20inclusive%20Australia%20and%20Recommendations.pdf., p. 84-85.
[2] McVilly, K., Ainsworth, S., Graham, L., Harrison, M., Sojo, V., Spivakovsky, C., Gale, L., Genat, A., Zirnsak, T. (2022). Outcomes associated with 'inclusive', 'segregated' and 'integrated' settings: Accommodation and community living, employment and education. A research report commissioned by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. University of Melbourne, Australia.
[3] McVilly, K. et al. 2022. Outcomes associated with 'inclusive', 'segregated' and 'integrated' settings.