



Australian Government

Department of Health, Disability and Ageing

Discussion paper 1: Nationally Consistent Approaches to Community Visitor Schemes

Discussion Paper: Strengthening Community
Visitor Schemes in Australia



Summary paper: Community Visitor Schemes

This paper provides important information about Community Visitor Schemes (CVS) in Australia and seeks your feedback to help shape the future of these schemes. The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the DRC) has called for nationally consistent CVS frameworks to ensure equitable safeguards (Recommendations 11.12). In response, the Australian Government (the government) is working with state and territory governments to identify areas for enhanced national consistency for state and territory led CVS across Australia. This initiative aims to support informed, collaborative dialogue across jurisdictions and stakeholder groups to assist governments to identify opportunities and hear the views of community and the sectors that benefit from CVS.

We acknowledge that some states do not currently have an operating CVS in their jurisdiction. Any consideration of future establishment or arrangements will need to be determined independently by respective state and territory governments. We welcome views from members of the public in all jurisdictions and will consider any feedback with these contexts in mind.

What we are talking about

CVS are independent organisations operating at the state and territory level in Australia, designed to help people with disability raise concerns and ensure their human rights are respected. CVS offer independent outreach into care environments through scheduled and unannounced visits. These programs were developed prior to the introduction of the National Disability Insurance Scheme (NDIS) and currently vary across Australian jurisdictions in terms of structure, scope and authority. The introduction of the NDIS has afforded more choice and control for people with disability, including in terms of living situations. However, this broadening of the disability accommodation landscape is accompanied by the need to strengthen and adapt the now differing approaches to oversight and safeguarding of people living in these settings.

CVS typically service "closed congregate accommodation environments," which historically meant institutions, but now generally includes group homes, involuntary psychiatric facilities, supported residential services and boarding houses.

A key feature of CVS is the unique power of community visitors to conduct independent onsite visits to these locations. During these visits, they enquire into people's safety, well-being, living conditions, and the quality of services received. Community Visitors can meet privately with residents and inspect relevant documentation. Their role is preventative and reactive, focused on person centred early identification and resolution of issues and human rights promotion through engagement with residents and staff, and escalating complaints and concerns to relevant bodies.

Currently, CVS operate in most Australian jurisdictions: the Australian Capital Territory, New South Wales, the Northern Territory, Queensland, South Australia, and Victoria. However, Western Australia and Tasmania do not currently operate CVS for disability services. The schemes vary in regard to structure, scope, and legislative basis, including whether they use paid workers or appointed volunteers.

What we have found so far

Since March 2025, the government and its expert supplier Where to have conducted research and commenced consultation with state and territory governments to identify opportunities for nationally consistent approaches. They have also commenced consultation with disability representative organisations. Through this consultation we have identified six key areas that underpin CVS functions.

Key CVS components:

Function	Important considerations
Eligibility	Each state and territory defines the accommodation settings which a community visitor is permitted to visit within its respective legislation. These types of congregate, closed disability accommodation settings are considered to hold a high degree of risks of harm and abuse due to the power imbalance inherent within them.
Access powers	To perform their functions effectively, community visitors can enter sites unannounced, conduct private conversations with the person with disability without provider oversight and review key documentation related to the support delivery.
Visitor skills and training	Community visitors are required to communicate with people with disability with high support needs as well with providers. A community visitor must also be able to refer complaints and assess identify when human rights and standards of care are not being upheld and to refer complaints appropriately.
Risk-based prioritisation	Each CVS is responsible for its own approach to the prioritisation and the scheduling of visits. The scheduling of visits can be informed by a number of factors, including concerns with a provider or the amount of time since a visit has occurred.
Processes and protocols	Key enabling functions such as information sharing, escalation protocols and complaints resolution impact the effectiveness of CVS operations. Further investigation of strengthening these processes across jurisdictions is required.
Coverage	Each CVS has a different approach to the frequency in which an accommodation setting is visited. This determination may be associated with perceived risk of harm and abuse or be dependent on operational considerations.

The impact of the NDIS on Community Visitor Schemes

The disability rights movement began in Australia around the 1980s and advocated for autonomy, inclusion, and person-centred support. This movement empowered people with disability to consider what accommodation setting best suits their individual needs and featured a shift away from larger congregate models towards community-based models.

Following the introduction of the NDIS in 2013, disability accommodation transitioned from being primarily government operated to an almost fully privatised model. As a result, accommodation options have expanded, including smaller shared living arrangements supported under the Supported Independent Living (SIL) framework.

CVS across Australia must now consider whether existing approaches adequately meet the needs of people with disability.

This shift has led to several challenges and inconsistencies in how states and territories approach CVS:

- **Scope and Authority:** Inconsistent arrangements across jurisdictions create confusion and gaps in supports for people with disability. The types of accommodation settings community visitors can enter is defined in the respective state or territory legislation. Therefore, people who live in accommodation settings outside of those defined in legislation are excluded from accessing CVS. For example, supported disability accommodation settings are visited to different degrees across different schemes with some visiting NDIS disability accommodation, others government run disability accommodation, and some visiting specialist disability accommodation settings.
- **Role Clarity:** There is sometimes a lack of clarity regarding the distinct role of CVS relative to the NDIS Quality and Safeguards Commission (NDIS Commission). The NDIS Commission, established in 2017, is primarily a regulator of NDIS providers, it responds to complaints, investigates concerns and takes compliance action where necessary, and works to ensure participants receive safe and quality supports. In comparison, CVS perform a person-centred human rights-based function, focusing on providing a voice to people with disability in closed accommodation settings, escalating complaints to the most appropriate bodies, which extend beyond the purview of the NDIS Commission.
- **Information Sharing:** The DRC highlighted the difficulties for CVS in regard to information sharing with the NDIS Commission and the National Disability Insurance Agency (NDIA). In public hearings held by the DRC, community visitors expressed that current information-sharing frameworks require strengthening and should be formalised to improve complementary safeguarding across agencies. Some CVS escalation protocols require community visitors to frame information gathered as a complaint to be shared with the NDIS Commission. This approach is not always appropriate and is further complicated by community visitors not receiving feedback or being notified of an outcome by the NDIS Commission due to privacy constraints.

- **Resourcing:** Community visitors have noted the dramatic rise in the number of sites where people with disability live and the challenges they face regarding their capacity to undertake frequent and effective safeguarding visits. Some schemes have reduced their visit frequency, shifting to a rolling schedule where sites that have never been visited are prioritised, while others are visited on an ad hoc basis when an issue is identified.
- **Recognition of the safeguarding function of CVS:** CVS is an independent safeguarding function run by state and territory governments. As such, the role of CVS is not explicitly defined as a formal safeguard within the NDIS Quality and Safeguarding Framework or included in the *National Disability Insurance Scheme Act 2013*, creating a "mismatch" between state legislation, which empowers community visitors, and the Commonwealth framework, where there is a lack of acknowledgement.

These issues underscore the need for greater national consistency in approaches to CVS and consideration of how CVS fits within the broader disability safeguarding landscape.

Why we are asking for feedback

The Government's initiative aims to drive more consistent approaches to CVS across Australia. Your views will inform our shared evidence base and support future policy development, consultation, and planning.

Various reports and reviews have highlighted the value of CVS and the need for reform:

- **Westwood Spice CVS Review (2018)** – Commissioned by the government to assess the future of CVS under the NDIS, this review recommended retaining state-based schemes while promoting national consistency. It called for shared definitions, clearer roles, structured information-sharing, and formal recognition of CVS within the NDIS Quality and Safeguarding Framework.
- **Robertson Review (2020):** Proposed a national CVS administered by the NDIS Commission to engage directly with high-risk participants, including those in private homes, emphasising the need for regular face-to-face safeguarding due to isolation risks.
- **South Australian Safeguarding Task Force Report (2020):** Highlighted legislative barriers for CVS access to NDIS-funded services and recommended clearer roles, improved training, risk-based visiting frameworks, and greater national coordination.
- **Joint Standing Committee on the NDIS Inquiry (2021):** Recommended recognising CVS in the NDIS Act and establishing a national CVS under the NDIS Commission.
- **Disability Royal Commission Final Report (2023):** Emphasised that CVS are crucial safeguards, especially for those with limited natural supports. It recommended that states and territories urgently implement or enhance CVS, ensure adequate resourcing for frequent visits to high-risk individuals, and work towards national consistency in scope, powers, monitoring standards, and data capture. The DRC also recommended amending the NDIS Act to formally recognise CVS and enable information sharing between CVS, the NDIS Commission, and the NDIA.

- **NDIS Review Final Report (2023):** Recommended state and territory governments, with Commonwealth support, ensure high-quality, nationally consistent CVS offerings that interface with the NDIS. It suggested CVS should focus on well-being, capacity building, and supporting individuals to manage risks and resolve problems, while also sharing insights with regulators.
- **Melbourne Disability Institute Study (2023):** Recommended urgent funding for CVS to perform its safeguarding role effectively, noting NDIS participant numbers with Specialist Disability Accommodation supports have increased significantly without a commensurate increase in CVS resources. It also suggested establishing CVS in Western Australia and Tasmania, expanding visitable sites to include Australian Disability Enterprises and day services, and investigating in-home visits for high-risk individuals on a voluntary basis with consent. The study supported formal recognition of CVS in the NDIS Act and formalising information-sharing agreements.

These reports highlight a collective understanding of the vital role CVS play in safeguarding people with disability and the need for coordinated, well-resourced, and consistent approaches nationwide.

Have your say

We want to hear from the general public, people with disability, their families, carers, and disability service providers about CVS. Your feedback will directly inform the ongoing work of considering opportunities to strengthen nationally consistent approaches to CVS across Australia.

Please consider the following:

1. What aspects of CVS do you find most supportive or beneficial?
2. Have there been any challenges or barriers you've faced when engaging with community visitors? If so, how were they addressed?
3. How effectively do community visitors communicate on behalf of people with disability within the broader community or service systems?
4. What qualities or skills should community visitors have to best meet the needs of people with disability needs?
5. Can you suggest any changes that would make CVS more accessible or responsive to the needs of people with disability?
6. What do you believe are the most important functions of CVS?
7. What types of accommodation settings should community visitors be able to attend? What settings should be prioritised? What factors should be prioritised when determining who should be visited?
8. Should community visitors be able to enter a private home? What considerations are needed to ensure the safety of people with disability in these settings?
(Such as consent, privacy and or opt in restrictions)

You can give feedback by:

- completing our [online survey](#)
- attending a virtual public consultation workshop
- send a written document submission to: CVSproject@wheretoresearch.com.au
- upload an audio file or video file [submission](#).

Health.gov.au

All information in this publication is correct as at August 2025

