



Australian Government

Department of Health, Disability and Ageing

Nationally Consistent Approaches to Community Visitor Schemes

Plain English Discussion paper 2: Strengthening disability safeguards through CVS



Purpose

To test a draft approach for running Community Visitor Schemes (CVS) that works more similarly nationwide but can be adapted locally, based on agreed principles and plans for the future.

Introduction

This paper supports round 2 of consultation about strengthening CVS in Australia. It builds on what we heard in round 1 from people with disability, families, carers, advocacy groups, service providers and governments.

Round 1 included an online public survey, stakeholder interviews and lived experience interviews that ran from August to October 2025. Feedback showed that CVS play an important role in keeping people safe, particularly in group homes and shared housing. People value them for being independent and human-rights focused. However, rules differ across Australia about who CVS can visit, how often and how they coordinate with other safety organisations. This leads to confusion and uneven protection.

In response to round 1 feedback, state and territory governments have developed 5 guiding principles for CVS. These principles help governments see shared values while still allowing for local laws and needs. They clarify the role of CVS and make it easier to share learning across states and territories.

Round 2 asks: Are these principles clear and strong enough? Your feedback will help finalise the principles and inform governments on the opportunities for future changes.

1. What are Community Visitor Schemes?

CVS are independent programs run by state and territory governments. They help people with disability raise concerns and protect their rights, safety and wellbeing through scheduled and random visits to places where people live and receive care.

CVS were created before the NDIS. Now people with disability have more choice about where they live, creating more types of accommodation. CVS need to adapt to keep people safe in these different settings.

CVS usually focus on group homes, psychiatric facilities and boarding houses. These places can have power imbalances and little connection to the wider community, which may increase the risk of harm.

Community visitors can enter these settings as independent visitors. They talk with residents, look at living conditions and check support quality. They can meet privately with residents and sometimes review records. Their role is to prevent or deal with problems, raising issues with the right organisations when needed.

CVS have a different role from regulators and advocates. They listen, observe and raise concerns early, helping people know where to go for other support.

CVS operate in most states and territories, but their powers are limited. Clear communication about what CVS can and cannot do is essential to maintaining trust with people with disability,

families and the broader community. They vary in how they are set up and where they operate. This shows the need for a more consistent approach while respecting local contexts.

2. Project aims

The 2023 [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#) recommended developing consistent approaches to CVS across all state and territory governments that run CVS.

The project will help states and territories make CVS more consistent across Australia, strengthen oversight in higher-risk settings, clarify roles with other safeguarding bodies and improve learning nationwide.

3. What we heard in round 1

Many people in the consultation said CVS are important for preventing harm. Being able to meet people where they live, listen to them and raise concerns early was seen as a key strength.

People also said:

- there are differences in who community visitors can visit and how often
- we need clearer ways to understand and prioritise risk
- visitors need to be skilled, well-trained and culturally responsive
- it's unclear how CVS fits with regulators, complaints bodies and advocacy services.

4. A shared vision for CVS

Based on work with states and territories, the Department of Health, Disability and Ageing has drafted a proposed national vision for CVS, which is to:

... provide an equitable safeguard which upholds the rights and wellbeing of people with disability living in a range of settings across Australia. Community visitors provide an independent, proactive, and human-rights-based approach to visiting which operates independently under frameworks established by state and territory legislation.

A shared vision recognises this important role and guides states and territories when setting up or improving their schemes. CVS provides a vital service for people with high support needs.

The vision aligns with the UN Convention on the Rights of Persons with Disabilities, which protects the human rights of all people with disability, including those who need intensive support.

We are looking for feedback on the proposed vision statement.

5. The 5 guiding principles

In round 1, the government asked for feedback on the effectiveness, accessibility and scope of CVS, including visitor qualities, communication practices, operational challenges, priority settings for visits and safeguards for home visits. Based on this feedback, we developed 5 principles for CVS. We are looking for feedback on these principles, which aim to provide a practical national approach that can be adapted for local use.

PRINCIPLE 1:

National consistency with local flexibility: A shared national vision should give clear purpose and allow states and territories to compare their work while being flexible for local laws and needs. The vision should focus on the rights and outcomes of people with disability using CVS and represent best practice that promotes dignity, inclusion and safety.

This includes:

- adopting common baseline approaches in areas such as eligibility, access powers, induction, data definitions and reporting
- allowing jurisdictions to exceed or adapt minimum expectations based on local needs and resources
- building a sustainable visitor workforce through consistent training, values-based recruitment and appropriate screening
- supporting workforce development and retention.

What this means for CVS

CVS across Australia work towards shared goals even though local systems differ. This helps people understand what CVS do and what to expect, wherever they live.

PRINCIPLE 2:

Rights-based, relational and culturally responsive practice: CVS respects the dignity, independence and cultural identity of people with disability. This happens through respectful, person-centred visits and inclusive practice that is culturally safe and gender-safe.

This includes:

- visitors acting as independent oversight, not inspectors or compliance officers
- respecting consent, privacy, informed choice and the right to decline a visit
- building respectful relationships over time
- culturally responsive practice for First Nations peoples
- diverse visitor recruitment, including lived experience and varied identities
- accessible information and communication supports.

What this means for CVS

Visitors listen, respect choices and build trust. They recognise cultural differences and ensure visits feel safe and respectful.

PRINCIPLE 3:

Safeguarding purpose and risk-informed focus: CVS focuses on keeping people safe and well. It uses a nationally consistent understanding of risk along with local knowledge.

This includes:

- using a shared national concept of risk based on likelihood of harm and lack of protective factors
- focusing on settings with higher safeguarding risks
- using insights from visitors, residents, families and carers
- adjusting priorities as risks and service environments change
- recognising different risk factors across settings.

What this means for CVS

CVS plan visits using information about risk, so they focus time where it is most needed.

PRINCIPLE 4:

Clarity of role, purpose and boundaries: CVS has a clearly defined role that works alongside (not instead of) regulators, complaints bodies and advocacy services.

This includes:

- CVS acting as a community safeguard, not a regulator or investigator
- clear escalation pathways with feedback where appropriate
- consistent communication of roles to residents, families and providers
- collaboration with the NDIS Quality and Safeguards Commission and other agencies
- maintaining independence from government and service providers.

What this means for CVS

Visitors listen, observe and raise concerns. Other bodies investigate or enforce rules.

PRINCIPLE 5:

Transparency, accountability and shared intelligence: CVS works openly and shares what it learns with the system. It uses consistent data to strengthen visiting across Australia.

This includes:

- clearly communicating purpose and activities
- reporting on themes, insights and coverage

- using consistent data definitions where practical
- lawful and ethical information sharing with relevant agencies
- protecting privacy and cultural safety.

What this means for CVS

CVS collect information in consistent ways to identify patterns and improve safeguarding while protecting privacy.

6. We want your feedback

We want feedback from people with disability, families, carers, service providers, advocates and community members.

You may answer as many questions as you wish:

1. Are the 5 principles easy to understand? Do they explain what CVS do and why they are important?
2. Do the principles reflect what matters most for people with disability, such as safety, rights, dignity and wellbeing? Is anything important missing?
3. Do the principles explain safeguarding and risk in a clear and fair way? Should anything change about how risk is described?
4. 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?
5. Do the principles support visits that are respectful, person-led and focused on listening to people with disability?
6. 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?
7. What are the priority areas that should have a baseline of consistency across schemes?
8. 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?

7. How to give feedback

You can:

- complete our online survey: [Start the Survey](#)
- send a written submission to: CVSproject@wheretoresearch.com.au
- record an audio or video submission via the project link: [Make a submission](#).