

Submission to the Public Consultation on Nationally Consistent Approaches to Community Visitor Schemes

Discussion Paper 2: Strengthening disability safeguards through CVS

Submitted by: Australian Autism Alliance

The Australian Autism Alliance provides national policy expertise on autism and contributes evidence-informed advice to governments on system reforms affecting Autistic Australians.

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Acknowledgements

We acknowledge the First Nations and Traditional Owners of the land, sea and waterways and pay respects to Elders past, and present and recognise those whose ongoing effort to protect and promote Aboriginal and Torres Strait Islander cultures will leave a lasting legacy for future Elders and leaders.

We recognise the enduring connection that First Nations peoples have to land, waters, culture, and community. This land was, is, and always will be Aboriginal land.

We acknowledge the individual and collective expertise of those with a living or lived experience of disability, as well as the lived experience of people who have been carers. We recognise their vital contribution at all levels and value the courage of those who share their unique perspective for the purpose of learning and growing together to achieve better outcomes for all.

Contents

1	About the Australian Autism Alliance	4
2	Executive Summary	6
3.	System-Level Commentary	7
3.1	Strengthening CVS as Part of a System that Works	7
3.2	Autism-Specific Safeguarding Considerations	8
3.2.1	Communication as Safeguarding Infrastructure	8
3.2.2	Family and Informal Safeguarding	9
3.2.3	Data and Early Warning Systems	9
4	Summary of Recommendations	9
5	Strengthening the Vision	10
5.1	The Need for an Outcomes-Based Approach	10
6	Are the 5 principles easy to understand? Do they explain what CVS do and why they are important?	11
7	Do the principles reflect what matters most for people with disability, such as safety, rights, dignity and wellbeing? Is anything important missing?	11
8	Do the principles explain safeguarding and risk in a clear and fair way? Should anything change about how risk is described?	12
9	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?	13
10	Do the principles support visits that are respectful, person-led and focused on listening to people with disability?	13
11	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?	14
12	What are the priority areas that should have a baseline of consistency across schemes?	14
13	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?	15
14	Additional key recommendation: CVS as part of a safeguarding ecosystem	15
15	Conclusion	16

1 About the Australian Autism Alliance

www.australianautismalliance.org.au

The Alliance is a funded national peak body Disability Representative Organisation (DRO) providing a Strong Unifying Voice for Autism, and authoritative policy expertise on autism working with Australian government at all levels to strengthen policy and service systems affecting Autistic Australians. Established in 2016, the Alliance works to improve the life chances of Autistic people and strengthen collaboration across the Australian autism community.

The Alliance contributes futures-focused adviser expertise to a range of national advisory and reform processes, including DHDA Disability Representative Organisation program, the NDIA Autism Advisory Group, the NDIA DRCO Co-Design Advisory and Reform groups, NDIS Commission Disability Sector Consultative group, the National Autism Strategy Oversight Council, and National Health and Mental Health Roadmap for Autistic people. The Alliance is focused on system design solutions that enable disability systems to respond effectively to the diversity of Autistic support needs - “Change the System, Not the Person”.

Our membership represents a cohesive national network of key organisations with a diverse focus on autism – that is led by Autistic people, advocacy groups, peak bodies, service providers, and researchers. Together, this network provides a platform for the diversity of Autistic perspectives and lived experience across Australia.

Through our members and communication channels, the Alliance reaches more than half a million people and supports Autistic people and their families across the lifespan. Most importantly, our work is informed by Autistic people and the Australian autism community.





We:

- are Australia's first diverse collaborative network of autism organisations bringing together a range of autism interests.
- are a funded Disability Representative Organisation (DRO) since 2024 advocating reach well over half a million people through our communication channels and provide support to Autistic people across the lifespan from early childhood to adulthood. Most importantly, our work is informed by Autistic people and the Australian Autism community
- have significant national and international linkages for advocacy, research and service delivery.
- worked with government to secure pre-election commitments for the National Autism Strategy and National Health and Mental Health Roadmap
- continue to support government through being active in various roles and representations, including: DHDA DRO forums, the NDIA Autism Advisory Group, the NDIA DRCO Co-Design Advisory and Reform groups, NDIS Commission Disability Sector Consultative group, National Autism Strategy Oversight Council member, National Health and Mental Health Roadmap for Autistic people, and Children's Expert Advisory Group
- have been a witness at a number of inquiries including the Senate Inquiry into Autism and the NDIS Capability and Culture of the NDIA.
- commissioned the largest and most comprehensive community consultation survey of Autistic people and their families and carers in Australia to inform the Senate Inquiry into Autism with over 3,800 responses received.

2 Executive Summary

The Australian Autism Alliance welcomes the opportunity to respond to Discussion Paper 2: Strengthening disability safeguards through Community Visitor Schemes (CVS).

This submission is prepared with a particular focus on Autistic people, including those with high support and dependency needs, those who are non-verbal or use alternative communication (AAC), and their families and carers.

The Alliance's work is guided by a focus on advancing **systems that work for autism** — ensuring that safeguarding mechanisms are not only present, but effective in practice, recognise diversity, respond to complexity, and deliver meaningful outcomes across the life course.

This submission supports the development of nationally consistent approaches to CVS and recognises their critical role as an independent, relational and preventative safeguard operating within a broader ecosystem of oversight and protection.

However, consistent with the intent of the discussion paper, the Alliance emphasises that:

consistency in design does not guarantee consistency in outcomes — system alignment does.

In this context, CVS should be understood not only as a program, but as a critical component of a broader safeguarding system that must work cohesively to deliver outcomes.

The Alliance introduces a strengthened approach based on:

- outcomes-based consistency (not structural consistency alone)
- risk-informed prioritisation based on visibility and vulnerability
- recognition of communication and environment as safeguarding factors
- system integration and data-informed early warning
- workforce capability aligned to complexity

National consistency should be defined by consistent safeguarding outcomes - not uniform structures.

To achieve this, CVS must be designed and implemented as part of a broader system that:

- recognises complexity and diversity of need;
- prioritises those at highest risk;
- enables early identification and response; and
- delivers measurable improvements in safety, wellbeing and participation.

Ultimately, safeguarding success should be measured by whether:

- people are **seen**;
- people are **heard**;
- risks are identified **early**; and
- systems respond **effectively**

3. System-Level Commentary

3.1 Strengthening CVS as Part of a System that Works

The discussion paper positions CVS within a broader safeguarding ecosystem. The Alliance supports this and emphasises that CVS effectiveness is determined not only by how schemes are designed, but by how they function within the broader system.

Safeguarding failures often arise from:

- a. fragmentation between systems.
- b. lack of information sharing.
- c. unclear escalation pathways.
- d. limited visibility of people at greatest risk.

This highlights a critical system insight - **risk is highest where individuals are least visible and have the fewest independent eyes on them.**

The Alliance emphasises that risk must be understood not only at an individual level, but as a system-level phenomenon.

Safeguarding must therefore prioritise those:

- with communication barriers
- without informal supports
- experiencing isolation
- transitioning between systems

Rights are only meaningful when systems enable them to be realised in practice.

The Alliance also notes that system settings can unintentionally limit visibility and voice, including through non-publication provisions in guardianship matters “**gag laws**”.

This reinforces a core principle - **Safeguarding depends on whether systems enable people to be seen, heard and supported - not just whether mechanisms exist.**

This aligns with the Alliance’s broader work on ***Systems That Work for Autism***, which focuses on ensuring systems deliver outcomes - not just operate as intended.

3.2 Autism-Specific Safeguarding Considerations

Autistic people may experience safeguarding risks that are not adequately recognised in standard models. These include:

- **Behaviour as communication** - often misinterpreted as “challenging behaviour”
- **Masking and camouflaging** - leading to under-identification of distress
- **Compliance being misread as well-being**
- **Sensory environments** causing distress or escalation
- **Over-medication** masking harm or poor environments
- **Loss of agency** through support structures

This reinforces that **compliance does not equal safety** and requires skilled, nuanced observation.

3.2.1 Communication as Safeguarding Infrastructure

Communication is not just an access issue - it is **core safeguarding infrastructure.**

Without appropriate communication support:

- individuals cannot report harm
- distress may be misinterpreted
- risks remain hidden

This includes:

- AAC (Augmentative and Alternative Communication)
- non-verbal communication
- supported engagement

3.2.2 Family and Informal Safeguarding

Families and carers often act as informal safeguarding systems. However:

- they are not consistently engaged
- their insights are not systematically incorporated

Strengthening this connection improves visibility and responsiveness.

3.2.3 Data and Early Warning Systems

CVS should be positioned as part of a broader early warning system and insight mechanism within the national safeguarding architecture, supported by:

- data integration across CVS, NDIA, NDIS Commission and National Disability Advocacy Program providers (under DHDA)
- shared intelligence
- escalation pathways

This enables earlier intervention and system improvement.

4 Summary of Recommendations

Recommendation 1: Strengthen the CVS vision to explicitly incorporate outcomes.

Recommendation 2: Define national consistency through an outcomes-based framework.

Recommendation 3: Define national consistency as consistent protection in practice across jurisdictions.

Recommendation 4: Clarify that CVS are part of a broader safeguarding system and contribute to visibility and early risk identification.

Recommendation 5: Strengthen Principle 1 so national consistency is demonstrated through consistent outcomes across jurisdictions.

Recommendation 6: Strengthen Principle 5 by linking data and reporting to outcomes measurement, system performance and continuous improvement.

Recommendation 7: Strengthen Principles 2 and 3 as the mechanisms through which voice, dignity, early identification and response are delivered.

Recommendation 8: Recognise risk as both an individual-level and system-level issue.

Recommendation 9: Clarify CVS as an independent visibility, early warning and insight mechanism within the safeguarding system to reduce the risk of misunderstanding and strengthen differentiation from other functions.

Recommendation 10: Reinforce that effective communication support and communication-capable workforce practice are essential to person-led engagement.

Recommendation 11: Strengthen intersectionality, cultural safety and culturally appropriate engagement in the principles.

Recommendation 12: Focus baseline national consistency on outcomes and core system functions, including prioritisation, workforce, visit quality, data and escalation pathways.

Recommendation 13: Define success by whether people with disability are visible, heard and protected in practice.

Recommendation 14: Explicitly position CVS within the national safeguarding architecture as a system-level early warning and insight mechanism, ensuring that insights generated through CVS inform system-wide improvement, policy development and cross-agency coordination.

5 Strengthening the Vision

5.1 The Need for an Outcomes-Based Approach

The current vision describes what CVS is, rather than what it must achieve.

This creates a risk of consistency in design without consistency in outcomes across jurisdictions.

Consistency in design does not guarantee consistency in outcomes - system alignment does.

Recommendation 1: Strengthen the Vision by refining the vision to explicitly incorporate outcomes. For example,

“A nationally consistent Community Visitor Scheme that ensures all people with disability are safe, heard and respected, with risks identified early and responded to effectively - delivering equitable safeguarding outcomes across all jurisdictions.”

Recommendation 2: National consistency should be defined through an outcomes-based framework, ensuring CVS delivers consistent protection in practice. This should include measurable focus on:

- Safety outcomes
- Early identification of risk
- Equity across cohorts and locations
- Meaningful participation and voice

Recommendation 3: Define National Consistency to mean that, regardless of jurisdiction:

- People with disability are safe, heard and respected
- Risks are identified early and acted on quickly
- People who cannot self-advocate are actively reached and supported
- Safeguarding is equitable across geography, identity and service type

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

The principles are generally clear and provide a strong foundation for understanding the role and purpose of Community Visitor Schemes (CVS), particularly in highlighting their preventative and relational safeguarding function.

However, the Alliance suggests strengthening the framing to understand both *what CVS do* and *why they are important*.

Recommendation 4: Strengthen the framing to make it clearer that:

- a. CVS are not standalone mechanisms, but part of a broader safeguarding system
- b. their value lies not only in visits, but in contributing to system visibility and early identification of risk

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

The principles are clear and reflect key elements including safety, dignity and wellbeing. However, they primarily describe intent and approach, rather than clearly demonstrating how these translate into outcomes in practice.

Rights are only meaningful when systems enable them to be realised in practice.

The role of the principles should be to **enable and operationalise outcomes — not duplicate them.**

Strengthening is most relevant in:

- Principle 1: alignment with outcomes-based consistency
- Principle 5: linking data to outcomes and accountability
- Principles 2 & 3: delivering voice, dignity and early risk identification

Recommendation 5: Principle 1 explicitly recognise that national consistency is demonstrated through consistent outcomes across jurisdictions, supported by measurable indicators as outlined in the recommended outcomes framework.

Recommendation 6: Principle 5 is strengthened by more explicitly linking data and reporting to:

- a. outcomes measurement
- b. system performance
- c. continuous improvement

Recommendation 7: Principle 2 and 3 are strengthened by ensuring they are clearly understood as the mechanisms through which outcomes are delivered, particularly in relation to:

- a. voice and communication (Principle 2)
- b. early identification of risk and response (Principle 3)

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

The principles provide a useful foundation, but risk would benefit from being framed more explicitly as both:

- a. an individual-level issue; and
- b. a system-level issue.

This would provide a more complete and practical understanding of risk and better support effective prioritisation.

Recommendation 8: Recognise that risk must be understood not only at an individual level, but as a system-level phenomenon, where:

- a. risk increases when systems are fragmented;
- b. risk increases when communication is not accessible; and
- c. risk increases when individuals are not visible within safeguarding mechanisms

This reinforces the insight that risk is highest where systems fail to connect, and where there are the least independent eyes on a person.

9 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?

The principles go some way toward clarifying CVS's role, but this could be strengthened by more clearly positioning CVS within the broader safeguarding system.

CVS should be clearly positioned as an independent visibility, early warning and insight function within the safeguarding system.

Recommendation 9: Clarify CVS as an independent visibility, early warning and insight mechanism within the safeguarding system to reduce the risk of misunderstanding and strengthen differentiation from other functions.

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

This is a clear strength of the principles. The emphasis on relational engagement and listening aligns well with good safeguarding practice.

The Alliance suggests that this could be strengthened to ensure that all individuals, including those with complex communication needs, can meaningfully participate.

The effectiveness of CVS is fundamentally dependent on workforce capability that reflects the complexity of the population being supported.

Recommendation 10: Reinforce that:

- a) effective communication support is essential for person-led engagement; and

b) workforce capability must reflect the diversity of communication needs.

11 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 acknowledge diversity, which is positive. However, the Alliance suggests strengthening this to improve the practical application of the principles across diverse communities.

CVS must explicitly account for:

- Cultural identity (First Nations, CALD)
- Gender and sexuality
- Communication needs
- Age and life stage
- Socioeconomic and geographic context

Intersectionality must be treated as a **core risk factor**, not an add-on.

Recommendation 11: Strengthen by:

- a) explicitly recognising intersectionality (e.g. disability + culture + language);
- b) ensuring cultural safety is embedded as a core expectation; and
- c) reinforcing the need for culturally appropriate engagement approaches.

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

Priority areas should focus on outcomes and system performance, with national consistency defined by outcomes rather than uniform structures.

Consistent with Principle 3 (risk-informed safeguarding), prioritisation also should move beyond settings to a person-centred and system-informed approach.

Recommendation 12: Priority areas to focus on are outcomes and core system functions, including:

- a) prioritisation of individuals at highest risk;
- b) workforce capability and training standards;
- c) frequency and quality of visits;
- d) data collection and reporting; and
- e) escalation pathways and coordination with other safeguarding mechanisms

13 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 provide a strong foundation and will support improvement. However, success depends on implementation within the broader system. As reforms move into implementation, there is a critical opportunity to ensure these principles translate into measurable improvements in outcomes not just consistency of approach.

This aligns with Principle 5 (transparency and shared intelligence), which highlights the importance of data and system learning.

Recommendation 13: The most important outcome CVS should support is ensuring that people with disability are visible, heard, and protected in practice. This includes:

- a) earlier identification of risk;
- b) stronger system responsiveness; and
- c) improved safeguarding outcomes over time

14 Additional key recommendation: CVS as part of a safeguarding ecosystem

CVS should not operate in isolation. The key opportunity is to design a nationally aligned CVS that delivers consistent outcomes for the people who need it most — not just consistent systems.

Recommendation 14: Explicitly position CVS within the national safeguarding architecture as a system-level early warning and insight mechanism, ensuring that insights generated through CVS inform system-wide improvement, policy development and cross-agency coordination.

15 Conclusion

A nationally aligned CVS represents a significant opportunity to strengthen safeguarding.

However, this will only be realised if CVS is designed as part of a broader system that delivers outcomes — not just consistency.

Safeguarding works when systems enable people to be seen, heard and protected — not just when mechanisms exist.

Ultimately, success will be defined not by consistency of structure, but by whether systems are working together to ensure **people are seen, heard and protected in practice consistently across jurisdictions.**

We welcome the opportunity to discuss this submission further.