Submission to the State Disability Plan Engagement paper

July 2026

OPA acknowledges the Traditional Custodians of the land on which we work and live, and that sovereignty was never ceded.

Contents

Recommendations

Recommendation 1

The next State Disability Plan should commit to investing in and delivering education to ensure that:

- disability service providers understand their legal obligations and the rights of people with disability
- education is co-designed with, or led by, people with disability and delivered by appropriate government departments, organisations and bodies.

Recommendation 2

The next State Disability Plan should hold disability service providers accountable, including by ensuring people with disability are supported to make complaints, recognising that complaints processes can be complex and difficult to access.

Recommendation 3

The next State Disability Plan should commit to investing in the delivery of co-designed education to health services and health professionals about good communication as a foundation for good healthcare, and the rights of people with disability.

Recommendation 4

The next State Disability Plan should commit to supporting high-quality co-design by ensuring people with disability are employed, appropriately supported and equipped with the skills needed to contribute effectively to co-design processes.

Recommendation 5

The next State Disability Plan should commit to ensuring access to appropriate housing for people with disability, particularly those who are marginalised, to promote and protect their human rights and prevent serious harms, including prolonged incarceration.

Recommendation 6

The next State Disability Plan should commit to legislative reform requiring Victoria Police to have an Independent Third Person present when interviewing a person with a cognitive impairment or mental illness, regardless of age. This should apply to alleged offenders, victims and witnesses.

Recommendation 7

The next State Disability Plan should commit to introducing adult safeguarding legislation to establish a specialist adult safeguarding function in Victoria, with the power to receive and assess reports of abuse, neglect and exploitation.

Recommendation 8

The next State Disability Plan should commit to funding, promoting and supporting independent disability advocacy and self-advocacy.

Recommendation 9

The next State Disability Plan should commit to expanding funding for independent legal and non-legal advice and advocacy to support people with disability to navigate and access the justice system.

About the Office of the Public Advocate

The Public Advocate is a Victorian statutory appointee who is independent of government and government services and works to safeguard the rights and interests of people with disability. The Public Advocate is supported in his work by staff of the Office of the Public Advocate (OPA). OPA is a non-corporate Victorian statutory authority. It is also a business unit of the Department of Justice and Community Safety.

The Public Advocate has functions under the *Guardianship and Administration Act 2019* (Vic), the *Disability Act 2006* (Vic) and the *Medical Treatment Planning and Decisions Act 2016* (Vic) which relate to promoting the independence and human rights of people with disability and protecting people with disability from abuse, neglect, and exploitation. To fulfil these functions OPA provides a range of critical services for people with decision-making disability or mental illness, including guardianship, investigations, advocacy, medical treatment decisions, advice and education.

OPA is supported in its advocacy work by volunteers across three volunteer programs: the Independent Third Person (ITP) program, the Corrections Independent Support Officer (CISO) program and the Community Visitors program.

ITPs attend Victoria Police procedures to provide essential human rights support to alleged offenders, victims, and witnesses with cognitive disabilities, including intellectual disabilities, mental illness, and acquired brain injury. The ITP program is a 24 hour, 7 days a week, state-wide volunteer service servicing all police stations in Victoria. CISO volunteers are experienced ITPs who support prisoners with an intellectual disability at Victorian prisons and/or remand centres during General Manager's Disciplinary Hearings.

Community Visitors are Victorian Governor-in-Council appointed volunteers who play a vital role in safeguarding the rights of people with disability and fostering their inclusion in the community. They are empowered to make unannounced visits to supported accommodation facilities to monitor and report on the services and quality of care being provided to residents and patients. They are appointed under three separate Acts of Parliament.[1]

A key function of the Public Advocate is to promote and facilitate public awareness and understanding about the Guardianship and Administration Act and other legislation affecting people with disability or people who may not have decision-making capacity. To do so, OPA produces community legal information resources and provides community education for professional and community audiences across Victoria on a range of topics such as the role of OPA, guardianship and administration, medical treatment decision making and enduring powers of attorney.

About OPA's Lived Experience Advisory Committee

OPA's Lived Experience Advisory Committee (LEAC) comprises experienced self-advocates who meet monthly to provide input into OPA projects, programs and systemic advocacy. OPA established its LEAC to also amplify the voice of lived experience of disability. Committee members are casual OPA employees or professional consultants and all are experienced self-advocates with diverse disabilities, backgrounds, and interests. To inform OPA's response to the consultation paper, the Committee held a workshop and focused on aspects of the Easy Read consultation paper most relevant to the work of OPA.

[1] The *Disability Act 2006* (Vic), the *Mental Health and Wellbeing Act 2022* (Vic), and the *Supported Residential Services (Community Visitors) Act 2010* (Vic).

Introduction

Human rights approach

This submission applies a human rights approach that:

- holds that all people with disability have the right to enjoy equality of opportunity and to effectively participate in, and be fully included in, society
- recognises that most challenges experienced by people with disability are a result of disabling systems and environments, rather than being due to an inherent 'lack' in the individual
- considers impairment as an expected dimension of human diversity
- seeks for people with disability to be supported and resourced to have the capabilities to lead a dignified and flourishing life.

About this submission

OPA welcomes the opportunity to contribute to this consultation. OPA's submission relates to the next State Disability Plan and focuses predominantly on the topics of health, housing and wellbeing, and fairness and safety, as pillars in the *Inclusive Victoria: state disability plan (2022–2026)*. This submission includes reflections of OPA's LEAC, examples of the work of OPA as it relates to the identified pillars, and examples of issues observed by OPA. In the submission OPA also shares feedback from the OPA LEAC relevant to these areas. The submission includes recommendations for the new State Disability Plan.

General feedback from the OPA LEAC

Co-design

The OPA LEAC reflected that in the development of the new State Disability Plan it would be good to see co-design processes follow from this consultation and from the feedback collected during this consultation process. For example, this could include the establishment of a working group (through a selection process) comprised of people with disability—with significant membership of strong self-advocates with cognitive disability— who are provided with the support that they need, and who are paid for their time and work.

This is imagined as different to the Victorian Disability Advisory Council, particularly because the suggestion is for people with cognitive disability to have the opportunity to play a leading role in the development of the new State Disability Plan. OPA notes that people with these disabilities are not always the focus, and the process and resulting plan will be much better for their input.

Education and awareness and the voice of people with disability

The OPA LEAC reflected on the importance of education initiatives that have the voice of people with disability at the centre:

- Government needs to fund education. The education should be led by people with disability, recognising that people with disability have the skills to educate people in how to communicate and engage with people with disability.
- 'We can't expect people who don't have disability to understand our experience and people who don't have disability should not speak for us.'
- However, we can expect that everyone can understand basic humanity: human rights education is important.

Health, housing and wellbeing

Reflections of the OPA LEAC

Healthcare

Below are reflections and suggestions of the OPA LEAC in relation to healthcare.

Attitudes and communication

- To have good healthcare, we need to continue to change the attitudes of all health professionals through education and building skills and knowledge.
- Healthcare communication needs to be accessible. We need everyone to understand what each other says.
- There needs to be more flexibility in healthcare so that services are accessible. This also means that it is important to consult with the person.
- For good communication there also needs to be pictures.
- There also needs to be pictures and information in different languages when needed.
- Health professionals need to know how to communicate with everyone, regardless of whether people have a disability or not.
- There needs to be no judgement in healthcare. This should be the case everywhere throughout the community.

Dental care

- Dentists need to be upskilled so that they have practical skills and knowledge so that they are able to treat people with disability.
- There are not enough special needs dentists, and they are too hard to get to.

Housing

Below are reflections and suggestions of the OPA LEAC in relation to healthcare.

- Some group home housing still doesn't allow people to be independent: with no freedom, they are mini-institutions because people have to rely on staff. People are made to rely on staff, whether they want to or not. This can be because of the physical environment, for example, the kitchen bench heights not being adjustable, and can also be because of attitudes.
- Staff can take out their own problems on people with disability. They can take advantage of the fact that the person may not be able to stand up for themselves.
- Service providers need training in relation to people with disability. There is not enough training.
- Government should provide more accessible housing for people with disability. There is not enough public housing.
- For safe and affordable housing, even SDA [specialist disability accommodation] housing may not have a kitchen bench with adjustable height.
- There needs to be standards and obligations for disability service providers.
- Government should set standards in legislation. It needs to be about how to make the providers accountable.
- The State Government should take on more responsibility to make sure that people with disability can access complaint processes easily. The processes can be impossible for people to access because processes are often not accessible. For example, it can be hard to know where to complain. Is it to a state or Commonwealth organisation? How do you reach the organisation? What is the complaints process? How long will it take?

- Housing providers need to recognise that everyone with disability has individual needs. It is important to meet people's individual needs in a timely manner and to consult with the person.
- 'I should have a voice and it is up to them to listen to me and to come back to me.'
- It needs to be accepted generally, by providers and the general community, that people with disability are people and we are diverse, as are all people.
- It is important that Aboriginal people with disability living in group housing settings have the opportunity for connection to culture and land.

Examples of OPA's work in this area

Healthcare

OPA plays a vital role in promoting the rights of people with decision-making disability in relation to medical treatment decisions and access to healthcare.

OPA provides education and information about:

- medical decision-making laws in Victoria
- options for planning for future medical treatment decisions
- support for decision making in relation to medical treatment decisions.

Under the Medical Treatment Planning and Decisions Act, the Public Advocate is empowered to make significant medical treatment decisions for people who:

- do not have decision-making capacity for the decision and
- do not have a medical treatment decision maker.

The Public Advocate delegates this role to staff in OPA's Medical Decisions Team and in line with the Victorian legislation, these medical decisions are made in accordance with the values and preferences of the person. The Public Advocate also has other functions under that Act in relation to notifications and certificates received from health practitioners. In 2024-25 the Medical Decisions team was involved in 501 matters.[2]

The Public Advocate can be appointed by the Victorian Civil and Administrative Tribunal (VCAT) as guardian of last resort for an adult where there is no other suitable person. He can delegate this role to a staff member of OPA. Depending on the terms of the guardianship order, the delegate guardian may make medical treatment decisions for a represented person who does not have decision-making capacity for the decision. In addition, the Public Advocate is commonly appointed with power to make decisions in relation to access to services. Access to appropriate services can be crucial to improve health outcomes for represented persons who are commonly among the most marginalised people in our society.

OPA's Guardianship in Hospital team provides a crucial service of guardianship for patients aged over 65 who require decisions to help them leave hospital. Funded by the Department of Health, it prioritises efficient, quick decisions to support positive outcomes for patients and free up valuable hospital beds. The Guardianship in Hospital team also educates healthcare professionals by convening regular health network meetings, helping build understanding about will and preferences and the capacity of Victorians to make their own decisions.

For 6 years OPA delivered its Healthy Discussions project, a project funded by the Australian Government. This powerful project, which ended in June 2026, has had the voice of people with disability at its heart. Through

[2] Office of the Public Advocate, *Office of the Public Advocate Annual Report 2024-2025* (Report, 2025) 23 <https://www.publicadvocate.vic.gov.au/opa-s-work/our-organisation/annual-reports/opa-annual-reports/828-opa-annual-report-2024-2025>

information sessions delivered by people with disability, a short video featuring people with disability, audio interviews conducted by and featuring people with disability, a collaboration with The University of Melbourne, together with the active involvement of OPA's LEAC, this project has contributed to improved communication between Victorian health professionals and people with disability. It has also contributed to improved understanding of disability. Within the resources available to it, OPA will seek to continue some of the initiatives begun under the project.

The Healthy Discussions project has shown the vital importance of co-design and people with disability leading education initiatives to promote the human rights of people with disability. Unless people with disability play a central role, education initiatives promoting the rights of people with disability can have the unintended effect of reinforcing assumptions and attitudes in society underestimating the skills and abilities of people with disability.

Housing and wellbeing

OPA coordinates the volunteer Community Visitor program. Community Visitors play a role that complements provider registration and regulation—undertaking the vital task of identifying service gaps, elevating resident concerns, and monitoring standards through unannounced visits to supported accommodation settings. For some people with disability, the Community Visitor might be the only person they see who is not paid to be in their life.

OPA advocate guardians undertake advocacy related to securing and maintaining appropriate housing and support services for represented persons. OPA's most recent annual report includes a case story that illustrates an example of this. The case story describes how the Public Advocate was appointed guardian for a person whose National Disability Insurance Scheme (NDIS) funding had been significantly reduced in a review, impacting on their housing security. The Public Advocate was appointed with power to make access to service decisions and to be able to start and defend legal proceedings in relation to decisions about access to services. In the case example, the advocate guardian undertook significant advocacy including negotiating with services who were seeking to withdraw from provision of support due to inadequate funding.

> Ultimately, the Administrative Review Tribunal matter was resolved with a new offer made prior to hearing that the guardian accepted on behalf [of the represented person]. The guardianship order had been set to end after 12 months without further hearing, however, given the decisions still required, the guardian requested a hearing for the guardianship order to be reassessed and continued.[3]

The *Residential Tenancies Act 1997* (Vic) requires SDA providers to notify the Public Advocate about statutory notices relating to the residential rights of a person with disability. The Public Advocate received 312 statutory notices in 2024-25, an increase of 95% on the previous year.[4] When statutory notices are received, OPA's Safeguarding and Individual Advocacy team completes a safeguarding review to determine whether resident-issued notices are in line with their will and preferences, and whether provider-issued notices are compliant with the Residential Tenancies Act. Where it is determined that advocacy is warranted or no other suitable avenue exists, OPA undertakes focussed advocacy on behalf of the resident with disability. Where there are issues with supported independent living providers or service, the relevant parties are informed about submitting a complaint to the NDIS Quality and Safeguards Commission, speaking to Consumer Affairs Victoria or seeking legal advice.

Where notice is not expressly required under the Residential Tenancy Act, requests for a safeguarding response for residents with disability can also be made directly to OPA by service providers, support

[3] Office of the Public Advocate, *Office of the Public Advocate Annual Report 2024-2025* (Report, 2025) 11.
[4] Ibid 31.

coordinators and relatives. These are known as non-statutory notices and include those relating to threatened relocation/eviction of a resident (including specialist forensic disability accommodation residents).

Examples of issues observed by OPA

Healthcare

Assumptions made about people with disability, discriminatory attitudes, delayed access to assessment and treatment, and siloed approaches in the treatment of people with disability are factors that adversely impact the health of people with disability. More must be done to support the needs of patients with disability who lack decision-making capacity—especially people living in SDA—to be supported appropriately to receive medical investigation and treatment in a timely way.

In its work with individuals throughout 2024–25, OPA observed an increasing need to educate sector professionals about legislative requirements relating to rights and consent. This includes consent for medical treatment or special medical procedures as set out in the Medical Treatment Planning and Decisions Act and the Guardianship and Administration Act.

Two case stories described in OPA's most recent annual report illustrate the issues. To summarise, in one instance, OPA's Medical Decisions Team received a request for a consent decision from a health service about a significant irreversible decision being proposed for a person who did not have decision-making capacity for the decision. OPA became concerned that judgments based on the perceived quality of life of the person with disability were overshadowing the health service's objectivity about the proposed treatment. OPA also became concerned that the treating team had inadequate understanding about the legislative requirements for acquiring consent for medical treatment decisions when a person lacks decision.[5]

In the second experience described, OPA received a request for a consent decision to remove one of the kidneys of a person with disability. On investigation, the Medical Decisions Team discovered that further investigations had not been followed up on or carried out after early assessments, likely resulting in worsening of the condition. The medical practitioners required for the surgery were also not aware of an additional surgical procedure for the person scheduled at the same hospital. OPA also learnt that in the past year, all contact with medical practitioners had been via telehealth appointments which had impacted on communication, and there had been no opportunity for the support of the hospital disability liaison officer.[6]

OPA has seen that the involvement of a disability liaison officer can make a big difference for a person. They can, and often do, play a pivotal role in coordinating care across departments, particularly in complex cases involving individuals with decision-making disability. Their impact is especially significant when the person has limited informal supports, as they help bridge critical gaps in navigating the health system and ensuring continuity of care. For example, in a regional case involving a person with cerebral palsy, scoliosis, and kidney disease, the disability liaison officer facilitated communication between specialists who were otherwise focused on isolated aspects of care. This coordination led to more holistic and effective treatment planning and better health outcomes for the person. They can also play a pivotal role in relation to the intersection with the NDIS.

OPA is aware that for significant numbers of people with cognitive disability their experiences of the health system and hospitals is of systems that don't engage effectively with them. When health services and hospitals fail to make reasonable adjustments and fail to support people to be at the centre of decisions about their own health this is detrimental in terms of accessible services and can impact on health outcomes for people with disability. To address the significant gap in health outcomes for people with disability, one area the

[5] Ibid 15.
[6] Ibid 24.

State Disability Plan should focus on is communication and the assumptions made about people with disability. It is an area that OPA's Healthy Discussions project has focused on over the 6 years of the project. The project included more than 100 information sessions and the development of the 'HealthCARE Conversations' short video.[7]

Housing and wellbeing

The OPA LEAC has reflected on barriers to complaining about disability service providers. This reflection is unsurprising given an issue that OPA observes:

> [T]he delineation of the provision of supports remains opaque for people whose lives cannot be neatly defined to a particular 'sector'; people who require support for housing but are reliant on NDIS support to demonstrate this need, or people whose lives are intertwined with justice, health or other service systems.[8]

Guardians must consider a person's will and preferences when making decisions, but in the context of working with people who may be experiencing abuse, neglect and exploitation, manipulated preferences are not uncommon. OPA produced a paper that describes different forms of targeted manipulation that OPA has known to be used against people with disability under guardianship, including indoctrination, coercive control and targeted incentives or 'bribes.'[9] The paper outlines that OPA has observed numerous examples of manipulation in relation to NDIS participant's choice of housing and services.

The Public Advocate, under the Disability Act, has statutory safeguarding responsibilities for Victorians with intellectual disability currently subject to detention and compulsory treatment under a Supervised Treatment Order (a civil order authorising the detention of persons with intellectual disability for compulsory treatment). OPA has observed that:

> A major barrier to effective treatment and eligibility for a STO is the lack of available, suitable, or secure accommodation to support the implementation of the order and related treatment. *This issue is further compounded by difficulties in obtaining adequate funding to support appropriate accommodation being secured. Unfortunately, this shortage comes at the expense of the individual. In some cases, the unavailability of appropriate housing leads to the person remaining incarcerated for lengthy periods, sometimes beyond that of the usual sentencing periods. This has significantly detrimental impacts on the person whose disability supports needs cannot be adequately provided for in the prison system which can result in reduced capacity, dysregulation and a deterioration in engagement.*[10]

In September 2024, OPA published its report *Foundations for change: OPA's engagement with Aboriginal people with disability*. The data from this report aligns with findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability in highlighting the over-representation of Aboriginal people with disability in child protection and criminal justice systems. It also points to the critical importance of access to appropriate housing for Aboriginal people with disability.

> As the Yoorrook Justice Commission has recognised, a home is a vital foundation for social and economic participation, good health, spiritual wellbeing and connection to Country and culture. For

---

[7] 'Resources to promote Healthy Discussions', *Office of the Public Advocate*, (Web page) <https://www.publicadvocate.vic.gov.au/opa-s-work/healthy-discussions-project/watch-online-healthcare-conversations>.

[8] Office of the Public Advocate, *Community Visitors Annual Report 2024-2025* (Report, 2025) 4.

[9] Office of the Public Advocate, *Manipulation and personal autonomy: Insights from adult guardianship* (Discussion paper, September 2024) <https://www.publicadvocate.vic.gov.au/opa-s-work/research/745-manipulation-and-personal-autonomy>.

[10] Office of the Public Advocate, *Office of the Public Advocate Annual Report 2024-2025* (Report, 2025) 29.

> Aboriginal people with disability who [OPA] works with, appropriate housing must go hand in hand with appropriate support services.[11]

OPA has long held concerns about residents living in Supported Residential Services (SRS) in Victoria in relation to residents' wellbeing, safety and human rights.[12] For example, the Acting Public Advocate notes in the 2024-25 Community Visitors annual report that a growing concern is the increasing number of SRS also operating as NDIS providers. This dual role presents regulatory challenges, as it is often unclear which safeguards apply.[13]

OPA is also aware that disability service providers do not always fully understand their legislative obligations and that there is the need for more education.

The Victorian Government has an important role in improving the quality and suitability of housing for people with disability in Victoria. As the state's largest provider of SDA, and with the Department of Families, Fairness and Housing as the major planner, funder and provider of housing and community services across the State, it should be supported to provide a broader range of housing options and demonstrate best practice in meeting diverse disability needs. Private SDA providers should be more regulated to prioritise the rights, needs and preferences of residents and deliver housing that supports genuine choice and inclusion.

Recommendation 1

The next State Disability Plan should commit to investing in and delivering education to ensure that:

- disability service providers understand their legal obligations and the rights of people with disability
- education is co-designed with, or led by, people with disability and delivered by appropriate government departments, organisations and bodies.

Recommendation 2

The next State Disability Plan should hold disability service providers accountable, including by ensuring people with disability are supported to make complaints, recognising that complaints processes can be complex and difficult to access.

Recommendation 3

The next State Disability Plan should commit to investing in the delivery of co-designed education to health services and health professionals about good communication as a foundation for good healthcare, and the rights of people with disability.

---

[11] Office of the Public Advocate, *Foundations for change: OPA's engagement with Aboriginal people with disability* (Report, August 2024) 3 <https://www.publicadvocate.vic.gov.au/opa-s-work/research/744-foundations-for-change>.

[12] Office of the Public Advocate, *Submission to the Royal Commission into Violence, Abuse Neglect and Exploitation of People with Disability, Public hearing 26: Homelessness, including experience in boarding houses, hostels and other arrangements* (Submission, December 2022) 9 <https://www.publicadvocate.vic.gov.au/opa-s-work/submissions/royal-commission-into-violence-abuse-neglect-and-exploitation-in-disability-care/584-opa-submission-to-the-drc-on-homelessness-and-supported-residential-services>.

[13] Office of the Public Advocate, *Community Visitors Annual Report 2024-2025* (Report, 2025) 7 <https://www.publicadvocate.vic.gov.au/opa-volunteers/community-visitors/community-visitor-annual-reports/833-community-visitors-annual-report-2024-2025>.

Recommendation 4

The next State Disability Plan should commit to supporting high-quality co-design by ensuring people with disability are employed, appropriately supported and equipped with the skills needed to contribute effectively to co-design processes.

Recommendation 5

The next State Disability Plan should commit to ensuring access to appropriate housing for people with disability, particularly those who are marginalised, to promote and protect their human rights and prevent serious harms, including prolonged incarceration.

Fairness and safety

Reflections of the OPA LEAC

The OPA LEAC reflected on what helps people with disability to be safe and suggested some ideas:

- People need to know their rights and where to complain.
- There needs to be good quality service provision.
- Self-advocacy needs to be better recognised, explained and valued.
- People need to know where the self-advocacy groups and organisations are.
- There needs to be more funding for advocacy services, including self-advocacy.

Examples of OPA's work in this area

The essential functions of Community Visitors are:

- Bringing the community gaze to residences through unannounced visits
- Assessing whether community expectations would be met in that living situation with the support provided
- Fostering wellbeing and community inclusion for residents
- Exposing violence, abuse, neglect and exploitation.[14]

To provide an idea of the work of volunteer Community Visitors, in 2024-25, 329 Community Visitors made 3223 visits either in person or remotely across 1105 residences and facilities.[15]

When OPA advocate guardians make decisions on behalf of represented persons they must weigh up rights promotion, rights protection, and the risk of serious harm to the person in the context of their will and preferences. In 2024-25 there were 879 new guardianship matters opened by OPA following guardianship orders made by VCAT appointing the Public Advocate.[16]

The Public Advocate also receives referrals from VCAT to investigate matters. These referrals may relate to guardianship and administration, orders about powers of attorney, medical treatment planning and decision, and special medical procedures. These referrals are managed by a specialist investigation team. Investigations can include, for example, investigations of allegations that a financial attorney has used the funds for themselves in breach of their duties.

---

[14] Office of the Public Advocate, *Community Visitors Annual Report 2024-2025* (Report, 2025) 6.
[15] Ibid 8.
[16] Office of the Public Advocate, *Office of the Public Advocate Annual Report 2024-2025* (Report, 2025) 25.

OPA coordinates the volunteer ITP program. Victoria Police arrange for an ITP whenever they suspect a person involved in a police procedure may have a cognitive impairment. ITPs are trained to assist individuals in understanding complex information, knowing and exercising their legal rights, and communicating effectively with authorities. They operate independently of police and do not offer legal advice. During 2024–25, 96 ITPs supported a record 5,388 police procedures, marking a 10% increase from the previous year and the highest number in the program's history.[17]

Examples of issues observed by OPA

It is concerning to note the overrepresentation of Aboriginal people supported by the ITP program, reflecting the overrepresentation of Aboriginal people in the criminal justice system. In 2024–25, 32% of people supported by an ITP volunteer identified as Aboriginal and/or Torres Strait Islander.[18]

It is also of concern that the use of ITPs is uneven across the State and there is a lack of utilisation of ITPs in some regions. This will not be adequately addressed without the legislative requirement for an ITP whenever someone with cognitive disability is being interviewed.

A pressing issue for Victoria is the need for adult safeguarding legislation for at-risk adults. In OPA's *Line of Sight* report OPA describes how:

> Each year, OPA receives more than 1100 calls from people raising concerns about neglect or abuse of people with disability. The callers are service providers, neighbours or family members who are concerned enough to contact the office for advice and, in many cases, expect that OPA or another agency will take action to address the situation. Unfortunately, this is not always possible.[19]

The report identifies gaps and failures in the current framework and makes recommendations to improve Victoria's safeguarding laws and practices for all at-risk adults.

The Victorian State Coroner has also recommended in a finding into death without inquest that:

> The Victorian Government implement as a priority, adult safeguarding legislation to establish adult safeguarding functions including but not limited to the assessment and investigation of and coordination of responses to allegations of abuse, neglect, and exploitation of at-risk adults.[20]

And:

> That any new adult safeguarding agencies be adequately funded by the Victorian Government to function in an effective manner.[21]

In addition, OPA's report, '*I'm too scared to come out of my room': Preventing and responding to violence and abuse between co-residents in group homes,*[22] which was tabled as an OPA submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, includes case examples

---

[17] Ibid 48.
[18] Ibid.
[19] Office of the Public Advocate, *Line of sight: Refocussing Victoria's adult safeguarding laws and practices* (Report, August 2022) 5. <https://www.publicadvocate.vic.gov.au/opa-s-work/research/503-line-of-sight-refocussing-victoria-s-adult-safeguarding-laws-and-practices>
[20] Judge Cain, J (4 August 2020) *Finding into death without inquest: CFT* (Case id. COR 2020 004205) Coroners Court of Victoria, 21 <https://www.coronerscourt.vic.gov.au/sites/default/files/COR%202020%20004205%20Form%2038%20-%20Finding%20into%20Death%20without%20Inquest_deidentified%20FINAL%20.pdf >.
[21] Ibid.
[22] Office of the Public Advocate, *'I'm too scared to come out of my room': Preventing and responding to violence and abuse between co-residents in group homes* (Report, November 2019) <https://www.publicadvocate.vic.gov.au/opa-s-work/research/142-i-m-too-scared-to-come-out-of-my-room>.

highlighting that, despite Victoria's focus on people being safe at home through family violence legislation and services, people living in group homes can fall through the gaps and can struggle to access similar protections and violence prevention services to be safe in their homes.

Recommendation 6

The next State Disability Plan should commit to legislative reform requiring Victoria Police to have an Independent Third Person present when interviewing a person with a cognitive impairment or mental illness, regardless of age. This should apply to alleged offenders, victims and witnesses.

Recommendation 7

The next State Disability Plan should commit to introducing adult safeguarding legislation to establish a specialist adult safeguarding function in Victoria, with the power to receive and assess reports of abuse, neglect and exploitation.

Recommendation 8

The next State Disability Plan should commit to funding, promoting and supporting independent disability advocacy and self-advocacy.

Recommendation 9

The next State Disability Plan should commit to expanding funding for independent legal and non-legal advice and advocacy to support people with disability to navigate and access the justice system.

Opportunity and pride

The OPA LEAC considered what helps people with disability feel proud about who they are and shared thoughts on the importance of social connectedness:

> We all need a strong social network. Family and friends are important. But not just family or friends, we all also need strong connections with other professionals we interact with, whoever it might be. We also need a welcoming community so that everyone has the chance for everyday meaningful social connections.

The reflections of the OPA LEAC highlight the needs for the State to promote disability awareness, participative health services, and appropriate housing for all disabilities, as well as awareness and accessibility in the areas of transport, education and public infrastructure.

Conclusion

The new State Disability Plan is a vital opportunity to plan effective ways to address gaps, systems and approaches that fail people with disability, that do not effectively empower people with disability or that fail to draw on the skills and expertise of people with disability.

For some of the recommendations contained herein, OPA recognises that there exists the challenge that recommendations related to disability service providers may be seen as largely an NDIS responsibility. However, while many disability services are NDIS funded, it is nonetheless appropriate that Victoria takes the lead and requires a specific standard from disability service providers so that Victorians with disability are respected and have the opportunity to fully participate and benefit from high quality services. Furthermore, all state government funded services, including mainstream services, have a responsibility to meet the needs of people with disability, and to listen to and be guided by the voice and experience of people with disability in the development and delivery of their services.

Finally, on the theme of accountability, OPA's LEAC has suggested that there be somewhere (different from Victorian Disability Advisory Council) that people with disability, and the community in general, can complain to if they identify that aspects of the new State Disability Plan are not being implemented effectively.