QIDAN

Queensland Independent Disability Advocacy Network

Disability Advocacy and Domestic Family & Sexual Violence Project Report

Department of Families, Seniors, Disability Services and Child Safety

Working together to achieve positive change for people with disability

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Executive Summary

After noticing a significant increase in contact from people with disability who were experiencing domestic, family, and sexual violence (DFSV) Queensland Advocacy for Inclusion (QAI) on behalf of the Queensland Independent Disability Advocacy Network (QIDAN) was given funding from the Department of Families, Seniors, Disability Services and Child Safety to conduct a project centring on building the workforce capacity of QIDAN members to better respond to DFSV, and looking for ways that the DFSV sector can better assist people with disability.

In consultation with the disability advocacy sector, we heard that advocates are increasingly working on matters involving people DFSV, which often take more time and require specialist knowledge, and quality relationships with DFSV services. Comparing data from QIDAN between the first quarter in 2024 with quarter 1 2026, the number of **QIDAN service users identified as experiencing or at risk of DFSV increased by 108%, while the time spent on these matters increased by 140%**. In consultation with the DFSV sector, we were told they wanted to better support victim survivors with disability but levels in knowledge about accessibility and how best to support people with disability varied, and they often did not have the time or capacity to upskill.

In May 2026, we brought together disability advocates and DFSV workers, as well as other stakeholders, to start building relationships in regional areas. We heard from participants that there are significant barriers that people with disability face depending on the area, and that there are limited relationships between DFSV services and disability advocates. We also heard a number of local solutions.

For outcomes for people with disability to improve, QIDAN believes that the Queensland Government must invest in strengthening cross-sector collaboration, coordination and system navigation for people with disability experiencing DFSV, prioritise place-based responses for regional, rural and remote communities, and embed disability-inclusive practice across Queensland's DFSV Sector.

About QIDAN and Project Context

QIDAN is a statewide network of independent organisations providing individual advocacy to Queenslanders with disability.[1]

QIDAN member organisations are independent from government and service providers. This independence enables advocates to provide rights-based support centring the voice, will and preferences of people with disability, including where systems, families, or service provider may be connected to harm.

QIDAN advocates have observed a sustained and significant increase in people with disability seeking advocacy support while experiencing DFSV. This work is increasingly complex, requiring extended engagement, risk management, and navigation across multiple systems.

This growth has occurred within an already stretched sector, while connections between disability advocacy and DFSV services remain inconsistent. As a result, people with disability experiencing DFSV are at risk of falling between systems that are currently not designed to work together.

Understanding DFSV and Disability

People with disability experience DFSV in ways shaped by systemic barriers, reliance on others, and unequal power dynamics, as per the findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (DRC).[2] Violence may include misuse of guardianship, control of finances or supports, restriction of communication, and exploitation within service systems.

People using violence may include not only partners or family members, but also carers, support workers, or others within disability settings.

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[1] https://qidan.org.au/

[2] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: Final Report, *Volume 8: Criminal justice and people with disability* (2023) p 327-330.

A lack of consistent data means the full extent of DFSV experienced by people with disability remains under-recognised. [3]

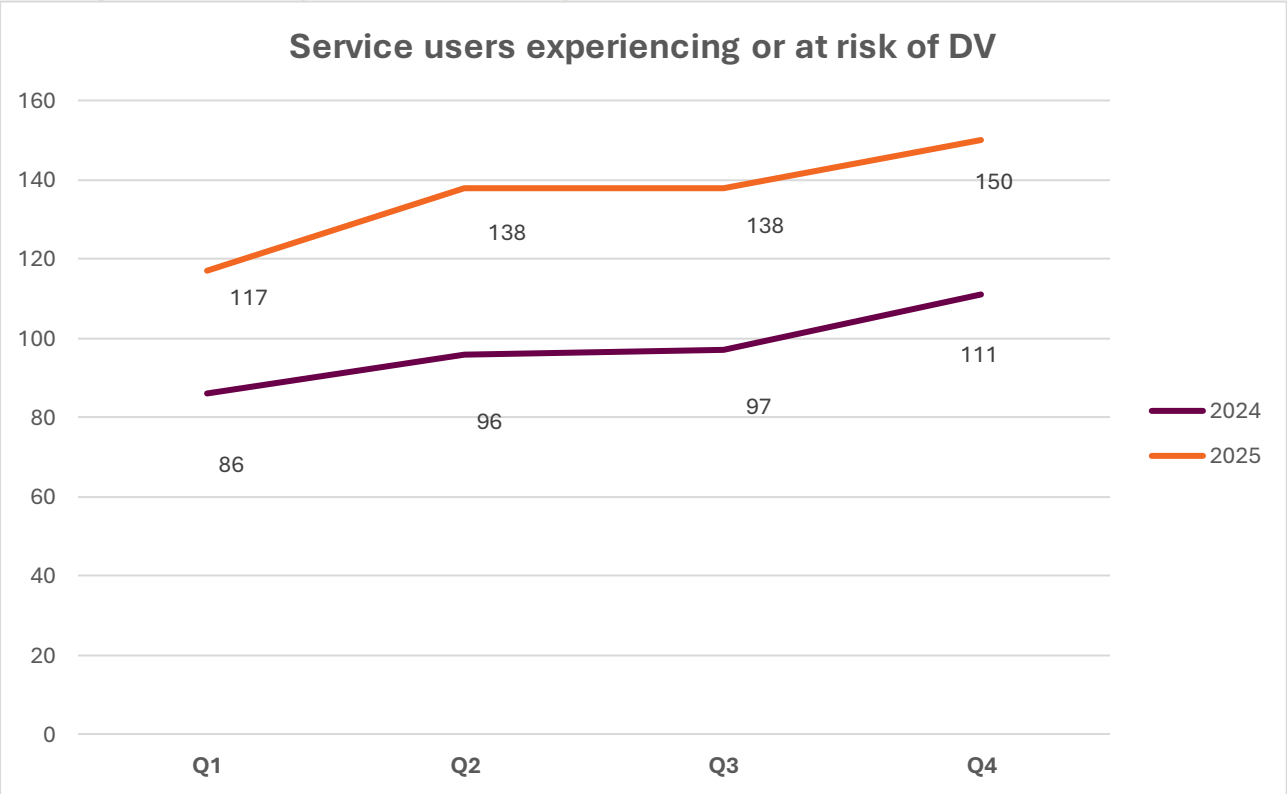
QIDAN Data Insights

Data from QIDAN between 2024 and 2026 highlights both the scale and intensity of this work:

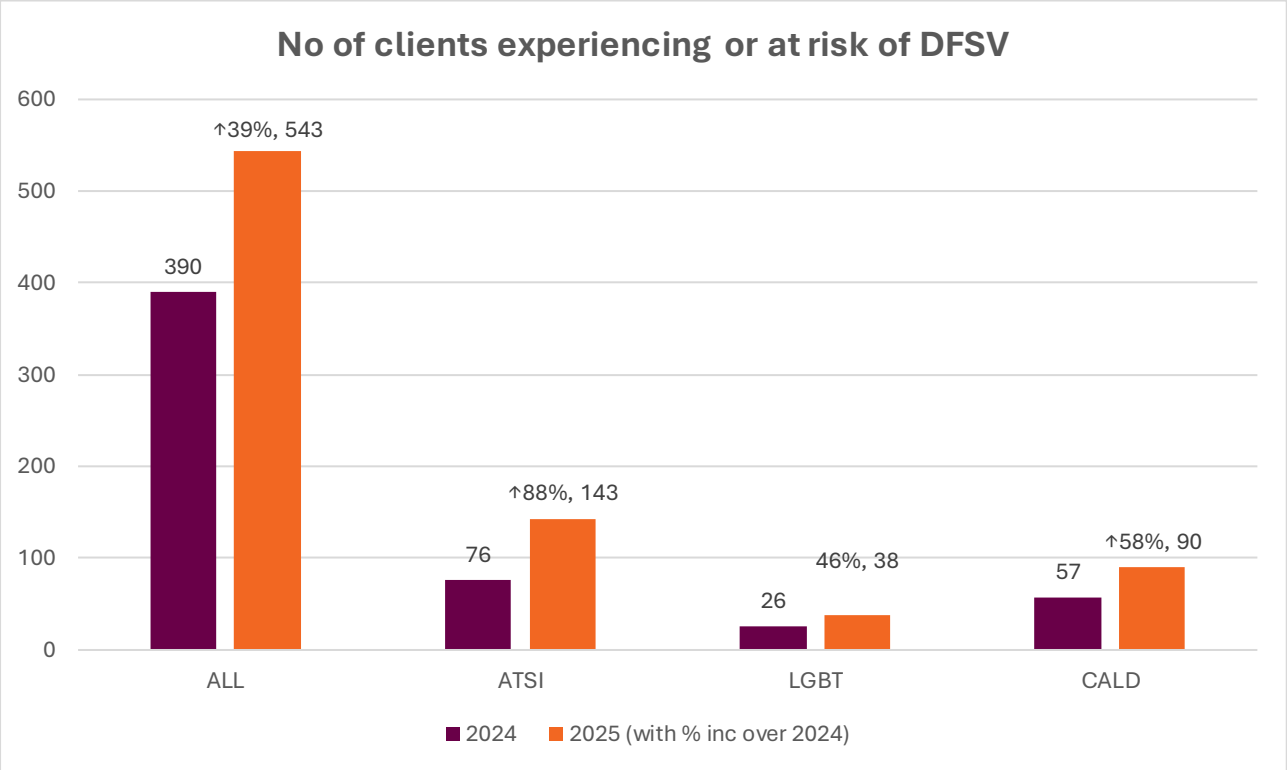
- A 46 per cent increase in advocacy matters involving DFSV
- Disproportionate and increasing time required to support these matters
- Higher impact for Aboriginal and Torres Strait Islander people, CALD communities, and LGBTQIA+ people

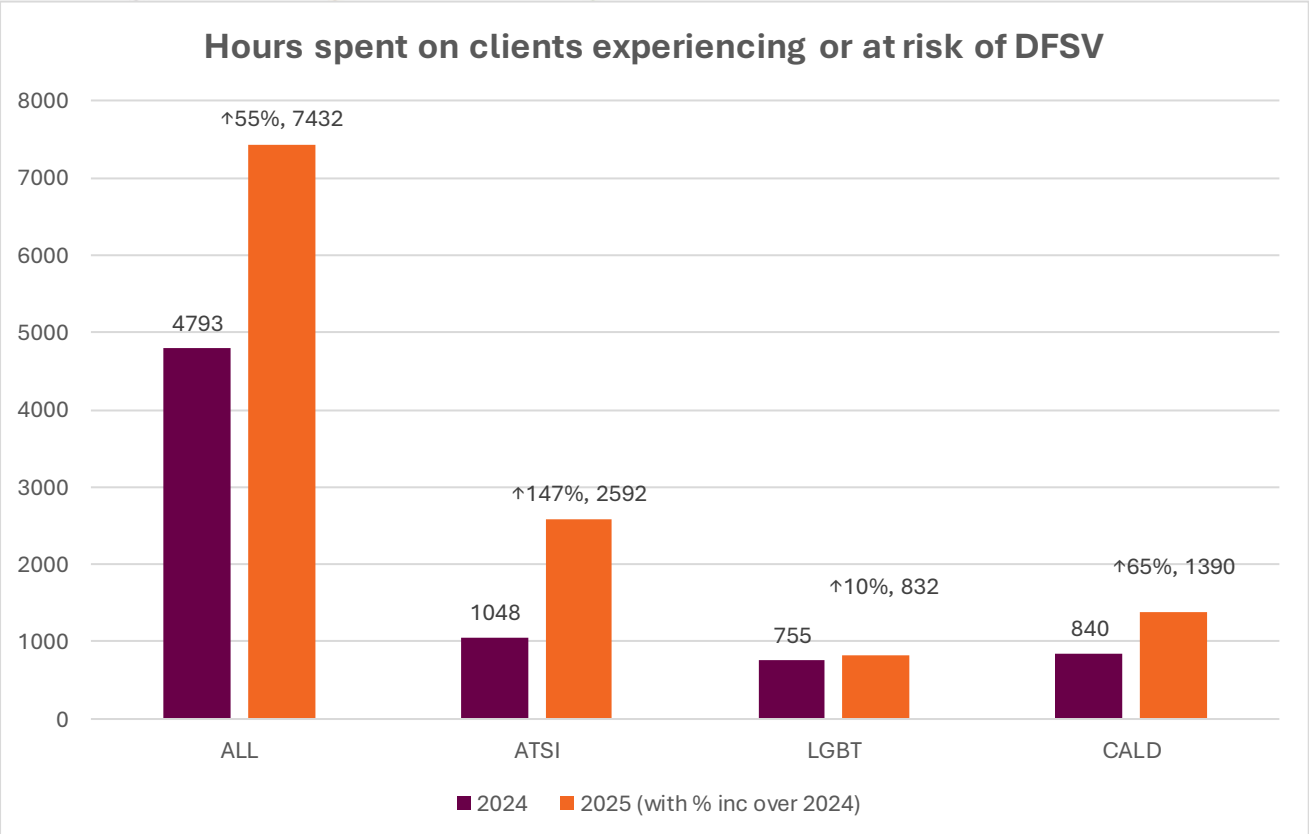
Clients experiencing DFSV require substantially more advocacy time, reflecting complexity and system navigation needs.

Our data also indicates likely underreporting, with many cases identified only after trust is established.



[3] https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/people-with-disability


No of clients experiencing or at risk of DFSV
600
500
400
300
200
100
0
390
↑39%, 543
76
↑88%, 143
26
46%, 38
57
↑58%, 90
ALL
ATSI
LGBT
CALD
2024
2025 (with % inc over 2024)


Hours spent on clients experiencing or at risk of DFSV
8000
7000
6000
5000
4000
3000
2000
1000
0
4793
↑55%, 7432
1048
↑147%, 2592
755
↑10%, 832
840
↑65%, 1390
ALL
ATSI
LGBT
CALD
2024
2025 (with % inc over 2024)

Locational context and place-based considerations

To inform engagement, publicly available DFSV datasets were reviewed to understand broader system pressures across Queensland.

This analysis highlighted that regional, rural, and remote areas often experience higher system demand and coordination challenges.

Data from *The Red Heart Movement* Femicide and Child Death Map (2020–2025) identified higher relative impacts in some communities when considered against population size including Mount Isa, Doomadgee, Rossville, Biggenden, Palm Island, and Rockhampton.[4] Queensland Courts data on domestic violence orders showed consistently high volumes of DVOs in regional centres including Mount Isa, Rockhampton, Gladstone, and Cairns, with similar geographic patterns observed for strangulation offences. Queensland Police Service crime charge data across the same period highlighted regional, rural, and remote areas, including discrete Aboriginal and Torres Strait Islander communities, as experiencing sustained DFSV system pressure.[5]

It is important to note these datasets reflect reported incidents only and do not capture the full extent of DFSV. Underreporting of domestic violence is widely recognised across Australia, with estimates suggesting only 14 to 36 per cent of victim-survivors report the most recent incident to police.[6] As such, reported figures are likely to represent a significant underestimate of actual prevalence, particularly for people with disability.

This contextual understanding supported a place-based approach, recognising that geography, service availability, and infrastructure significantly shape responses.

[4] https://australianfemicidewatch.org/mapping-femicides/

[5] https://www.courts.qld.gov.au/__data/assets/pdf_file/0005/886046/dfv-statistics.pdf

[6] https://www.aihw.gov.au/family-domestic-and-sexual-violence/responses-and-outcomes/police/fdv-reported-to-police

What We Heard

As part of this project, broad and sustained engagement was undertaken across the disability advocacy and DFSV sectors to inform learning, relationship-building, and system understanding. Engagement included:

- Three statewide Communities of Practice (CoP) with disability advocates from across Queensland, with approximately 50% of QIDAN's advocates attending.
- Participation by more than 60 disability advocates in Modified Service Delivery training delivered by the Patricia Giles Centre for Non-Violence.
- Consultations and ongoing conversations with frontline disability advocacy organisations across Queensland for project feedback and direction.
- A dedicated DFSV panel at the 2025 QIDAN Conference, bringing together perspectives from disability advocacy and the DFSV sector.
- Engagement with more than 35 DFSV organisations, including Queensland and interstate peak bodies, specialist DFSV services, researchers, and policy stakeholders.
- Consultation and knowledge building about disability advocacy to the Sunshine Coast DFV Collective.
- Participation in sector-wide policy forums and consultations, including Australia's National Research Organisation for Women's Safety (ANROWS) consultations and engagement with the Queensland Domestic and Family Violence Alliance (formerly the Queensland Domestic Violence Services Network (QDVSN)).
- Presentations and discussions with DFSV peak and coordination bodies to test emerging insights and support early sector reflection.
- Presenting at the Women's Health and Equality (WHEQ) Understanding Pathways to Safety: Brisbane Domestic & Family Violence Forum 2026 to over 400 DFSV Workers in Brisbane.
- Attending the first national Community of Practice for workers in the disability and family violence sectors.

- Two in person regional roundtables centred around DFSV and Disability Advocacy.
- An online forum, with over 90 people registered, on DFSV and Disability bringing together speakers from across Australia to discuss the impact of DFSV on people with disability, alongside proposed systemic and community solutions

The following section brings together key insights from across this engagement, highlighting areas of convergence, tension, and opportunity between the disability advocacy and DFSV sectors.

Perspectives from the disability advocacy sector

Disability advocates reported a significant increase in DFSV-related matters, requiring longer engagement and complex system navigation. These matters often require extended engagement, heightened risk assessment, and sustained navigation across multiple service systems, while maintaining a rights-based approach centring the voice, will and preferences of people with disability.

In regional and remote areas, multiple DFSV services often operate alongside a single advocacy organisation, yet relationships and referral pathways are inconsistent. Disability advocates reported the size and geography of service areas can make relationship building particularly challenging for disability advocacy organisations with limited on-the-ground presence across multiple communities. This can leave people with disability navigating complex systems without supports and it creates missed opportunities for coordinated wrap around support.

Disability advocates shared examples illustrating variation in local system connectivity. In some regions, including Mount Isa, limited opportunities for sustained engagement between disability advocacy organisations and frontline DFSV services were identified as a barrier to coordinated responses. In contrast, advocates also described regions such as the Gold Coast, where strong, locally embedded relationships between disability advocacy organisations and DFSV services have supported more collaborative practice and

improved outcomes for victim survivors. These examples reinforced that effective coordination is possible but highly dependent on local context and resourcing.

Disability advocates also reflected on variability in confidence and knowledge when responding to DFSV disclosures. Following three CoP sessions, 25 advocates self-assessed their confidence in engaging and supporting people with disability experiencing DFSV at an average of 3.24 out of 5 (1 being no knowledge at all, and 5 being expert level knowledge), and their knowledge of relevant services and supports at an average of 3.28 out of 5.

One advocate reflected that *"from a practice perspective, I don't always feel equipped to respond to the full scope of DFSV-related needs simply by virtue of being a disability or mental health advocate. I sometimes question whether defaulting to advocacy referrals is the most client-centred approach, compared with prioritising specialist DFSV services and bringing advocacy in alongside — rather than as the primary response."* This reflection was echoed across the sector and highlights the importance of continued shared learning, clearer role delineation, and stronger cross-sector collaboration, particularly in complex situations involving carers, service providers, guardianship, or reliance on paid supports.

Perspectives from the domestic, family and sexual violence sector

DFSV services expressed strong willingness to improve responses for people with disability, alongside recognition that disability inclusion remains an area of development. Services consistently described high demand, workforce pressure, and limitations to build specialist capability.

Understanding and experience working with disability varied across DFSV services. Some organisations reported confidence working with people with disability but tended to focus on physical accessibility, while others had developed deeper practice through previous engagement with disability advocacy organisations or specialist services.

A recurring theme was a limited understanding of disability advocacy within DFSV services. Many workers struggled to distinguish advocacy from paid service provision, and

where advocacy was recognised, it was often narrowly associated with NDIS related matters. This lack of familiarity contributed to uncertainty about the role disability advocacy could play in supporting victim survivors.

DFSV services identified several recurring challenges when supporting people with disability. These included navigating accessible legal options, responding to changes in NDIS circumstances linked to DFSV, supporting clients through guardianship and administration processes, recognising forms of coercive control that intersect with carer arrangements or service provision, and sexuality and bodily autonomy. DFSV practitioners noted these issues often fall outside the traditional scope of DFSV responses and require additional time and specialist knowledge of disability systems and frameworks.

Issues with workforce shortages were also reflected in the 2025 WorkUP Queensland Workforce Survey[7], which identified increasing workload pressures, growing complexity in client presentations, and ongoing needs relating to workforce wellbeing.

Many DFSV workers had worked with victim survivors who had children with disability. Services reflected that these situations are often highly complex and can involve increased involvement from child safety, which may create additional barriers for victim survivors seeking support. Some workers noted that parents who have experience DFSV, may be reluctant to fully disclose the extent of their child support needs when seeking additional assistance through the NDIS, due to fears around child safety's involvement and concerns being raised about their parenting ability. Conversations highlighted that some women with children with disability may remain in violent relationships due to financial reliance on a partner, reliance on shared caregiving arrangements, or concerns about losing practical support or respite.

Services in regional, rural, and remote areas consistently described the impact of limited local services, as well as workforce shortages, and geographic isolation on people with disability experiencing violence. Conversations highlighted challenges relating to privacy,

[7] https://workup.org.au/news/workup-queensland-workforce-survey-2025-overview/

stigma, conflicts of interest, and maintaining anonymity when seeking support in smaller communities.

The DFSV sector also told us that they have significant concerns regarding people with disability being misidentified as the person using violence by police and the courts.

DFSV services expressed strong interest in improving collaboration with disability advocacy organisations and increasing mutual understanding of roles. Many practitioners reflected that clearer referral pathways, shared learning opportunities, and stronger local relationships would support more coordinated, client centred responses.

Case Studies

Tom

Tom* is a 17-year-old with a physical disability, who uses a manual wheelchair. Tom was unable to leave his house unassisted, and his family refused to assist him with daily living tasks, such as getting out of bed, showering, toileting, and preparing food. Tom was also being physically assaulted by his older siblings and father. Tom contacted an advocate anonymously, looking for information about his rights and options to move out of his family home to flee the DFV he was experiencing. He explained he would have left the home if his usage of his manual wheelchair did not prevent this.

With Tom's consent, the advocate made a report to child safety. Child Safety visited the property and alerted the family they had received reports of DFV towards Tom against QAI's advice. As a result, the DFV perpetrated against Tom by his family increased and Tom attempted suicide. Child Safety and The Queensland Police Service both attended Tom's home after the suicide attempt and Tom's family responded to this by forcefully cutting off his support workers, which only isolated him further.

With help from his advocate, Tom was able to access temporary respite care to escape the DFV. However, Child Safety disclosed the location of the respite care to Tom's family which resulted in an attempt to physically remove Tom and his belongings from the

respite care. Only at this point, the police decided to intervene and prevented Tom from returning to his family home.

Tom and the advocate continued to request Child Safety's involvement and escalated his issue to the Minister for Child Safety, resulting in Child Safety finally opening a case for Tom. Child Safety disappointingly could not substantiate Tom's accounts of DFV and refused to offer alternative accommodation for him. Instead, Tom's Child Safety Officer communicated with his family, telling them he must return home.

Tom's advocate helped him to contact a Supported Independent Living (SIL) provider, who offered Tom accommodation while they waited on increased NDIS funding. Tom remains in the SIL today and has still not been offered housing by Child Safety but is safe from DFV.

Wendy

Wendy* is a 55-year-old woman who lives in regional Queensland. Unfortunately, Wendy suddenly lost her life-long partner and became unwell and was admitted as an inpatient to a mental health unit. During this time, Wendy's two brothers made applications for an interim and substantive order seeking to appoint them both as Wendy's guardians and administrators under the Guardianship and Administration Act 2000 (Qld). Wendy's brothers did this without consulting her. In accordance with these applications, the Queensland Civil and Administrative Tribunal made an order appointing her brothers as her guardians for most personal matters and administrators all financial matters.

Wendy and her brothers had an amicable relationship prior to this order, however, after the order was made, Wendy began to feel as though her brothers were controlling all aspects of her life and not consulting with her prior to doing so. Because her brothers were appointed as guardian for the personal matter about who Wendy could contact, her brothers became controlling over who Wendy could contact and made attempts to prevent Wendy contacting her new partner. Wendy was also denied access to her savings account and had noticed money was being spent from her accounts by her brothers without any communication or justification of the expenses. This level of control left

Wendy feeling incredibly anxious and upset and as though her relationship with her family had significantly changed. Wendy came to QAI looking for assistance to help remove herself from this level of control by her brothers. With the help of her advocate, Wendy made an application to remove them as her guardians and administrators and was ultimately successful. Wendy now has control of her finances and is free from the DFSV perpetrated by her brothers.

**Names have been changes to protect confidentiality*

Place-Based Insights from Regional and Sector Engagement

Mackay

Mackay was identified as a priority location for engagement due to the high proportion of advocacy matters involving people with disability experiencing DFSV, as reported by Mackay Advocacy Inc (MAI). The roundtable brought together disability advocacy organisations, legal services, local government, and community organisations to explore local system dynamics and opportunities for improved coordination.

What we heard

Participants identified a range of structural and system-level barriers impacting people with disability experiencing DFSV in the Mackay region. These included:

- Challenges navigating guardianship and administration processes, including misuse of Enduring Power of Attorney arrangements
- Financial exploitation and limited access to financial autonomy
- Barriers within policing and legal systems, including misidentification of victim-survivors due to disability related behaviours
- Inconsistent disability-informed practice across services
- Housing insecurity and limited access to accessible accommodation
- Difficulties navigating NDIS supports in the context of DFSV

- Cost of living pressures exacerbated by difficulties obtaining legal, tenancy and Centrelink support when attempting to leave unsafe situations
- Workforce shortages and inconsistent service availability
- Limited disability knowledge within mainstream DFSV services
- Challenges in cross-sector collaboration, with limited attendance from the specialist DFSV support service and no representation from the local sexual assault support service.

Participants also highlighted the complexity of maintaining confidentiality and managing conflicts of interest in regional communities where services and individuals are closely connected.

What is working

Despite these challenges, participants identified examples of strong local collaboration. In particular, MAI described positive, established relationships with the Mackay Council, where they work collaboratively towards shared outcomes for people with disability.

There was strong support for strengthening cross-sector relationships across disability advocacy, DFSV, housing, legal, and health services. Participants identified opportunities for:

- Improved and earlier intervention and referral pathways
- Increased cross-sector training and professional development to improve disability confidence, accessibility, awareness of advocacy and disability service systems
- Interagency collaboration and networking
- Co-location or more integrated service models
- Improving access to accessible housing, transport, and support services for people with disability experiencing violence

What this shows

The Mackay roundtable highlighted that strong relationships between services are possible, where relationships are locally embedded and sustained. However, these

approaches are not consistently replicated between the DFSV and disability advocacy sectors, and require ongoing investment in relationship-building and shared capability.

Mount Isa

Mount Isa was identified as a priority location due to the significant challenges experienced in regional and remote communities, including higher levels of system pressure, limited service availability, and geographic isolation. The roundtable brought together disability advocacy organisations, DFSV services, government representatives, and community organisations to explore local barriers and opportunities.

What we heard

Participants described a range of interconnected and unique challenges and opportunities for people with disability experiencing DFSV in Mount Isa and surrounding communities, including:

- Limited access to specialist services and crisis supports
- Workforce shortages across multiple sectors with the need for local workforce development
- Housing shortages and overcrowding
- High costs and limited availability of transport
- Geographic isolation and limited-service presence on the ground in Mount Isa

- Barriers to maintaining communication with services, including unreliable phone access
- Limited availability of Auslan interpreters
- Low health literacy and limited disability awareness across services
- Cultural and community factors, including stigma, racism, and the impact of close community dynamics
- Limited understanding of consent, guardianship, and substituted decision-making
- Lateral violence and strained relationships between services, resulting in difficulties in referral pathways and inconsistent engagement between organisations
- The importance of community education initiatives tailored to the realities of remote communities, including education regarding disability, consent, bodily autonomy, and DFSV
- The need for improved information sharing between services, outreach into remote communities, increased visibility of services, and stronger interagency collaboration

Participants also highlighted challenges related to service coordination, including strained relationships between organisations and inconsistent referral pathways. Concerns were raised about people with disability "slipping through the cracks" where services do not consistently identify disability or understand support needs.

Additional issues identified included the impact of alcohol and drug use, gambling, and concerns related to Blue Card requirements, particularly where disclosure of violence may affect employment opportunities.

When reflecting on the event, the issue of the limited physical accessibility of older buildings in remote towns such as Mount Isa came up with the QAI project team. Despite accessibility requirements being communicated to the venue hosting the roundtable in advance, the allocated room still included a step, highlighting how accessibility in remote areas can often be misunderstood. One roundtable attendee shared the story of a client, who was a wheelchair user experiencing abuse within the home, was living in accommodation where the only toilet was located upstairs. As a result, support workers

were required to transport them into the centre of town each night so they could access public toilet facilities. This points to broader structural barriers in regional infrastructure that can impact life significantly for people with disability.

What is working

Participants demonstrated strong willingness to improve collaboration and build more coordinated responses across sectors. In remote contexts, DFSV practitioners were observed to often operate in generalist roles, developing practical knowledge of disability in the absence of locally embedded specialist advocacy services.

The roundtable itself contributed to strengthening relationships between services and increasing shared understanding of roles, particularly between disability advocacy organisations and local DFSV services. Participants identified opportunities for:

- Strengthening collaboration and relationship building between disability advocacy, DFSV, legal, housing, and health services to improve coordinated regional responses.
- Increasing outreach, flexible service delivery, and place-based supports to better respond to remote communities.
- Improving disability knowledge, accessibility, and trauma-informed practice across services.
- Increasing access to advocacy, legal assistance, accessible housing, transport, and crisis supports in regional and remote areas.
- Supporting sustainable workforce development and reducing service gaps caused by workforce shortages and limited specialist services.
- Embedding accessibility more consistently across community infrastructure, events, housing, and service delivery.
- Strengthening community awareness, prevention, and early intervention responses for people with disability experiencing violence.
- Supporting ongoing local networking and cross-sector relationships to maintain relationships and share knowledge across services.

What this shows

The Mount Isa roundtable highlighted the importance of place-based approaches that reflect the realities of remote communities, including service scarcity, workforce constraints, and infrastructure limitations. It reinforced the need for increased outreach, sustained local engagement, and investment in workforce capability to support coordinated responses for people with disability experiencing DFSV.

Challenges and Opportunities

Engagement across the disability advocacy and DFSV sectors highlighted a number of shared challenges, alongside emerging opportunities to strengthen system responses for people with disability experiencing DFSV.

Fragmented and disconnected service responses

Responses to DFSV and disability are often delivered through separate systems with limited coordination. Disability advocacy and DFSV services frequently operate in parallel, without shared understanding of roles, clear referral pathways, or sustained local relationships.

This fragmentation increases the burden on people with disability to navigate multiple systems independently, often at times of crisis, and can result in gaps in support or delayed responses.

At the same time, examples of strong local collaboration demonstrate that more coordinated responses are achievable where relationships are intentionally built and maintained, highlighting an opportunity to strengthen coordination through clearer pathways and supported cross-sector engagement.

Limited disability-inclusive capability within mainstream DFSV services

Disability awareness and capability within mainstream DFSV services varies significantly. While some services have developed inclusive practices, others lack confidence in responding to the specific needs of people with disability, particularly where communication, decision-making, or system navigation is involved.

This inconsistency affects the accessibility and effectiveness of responses and can limit the ability of services to recognise and respond to disability-specific forms of coercive control. This presents a clear opportunity to build shared capability across sectors through structured, ongoing training and cross-sector learning.

System design not aligned to the lived experiences of people with disability

Existing legal, health, and support systems are not consistently designed to respond to the lived realities of people with disability experiencing DFSV. Processes are often complex, inaccessible, or based on assumptions that do not reflect reliance on supports, interaction with multiple systems, or experiences of control within service environments. As a result, system responses — including guardianship, child safety involvement, and service delivery arrangements — can unintentionally compound harm rather than provide protection.

This highlights the need to strengthen system design, accessibility, and navigation, and to ensure that responses better reflect the ways violence is experienced by people with disability.

Compounding impacts for people with intersecting identities

People with disability who also experience other forms of marginalisation, including Aboriginal and Torres Strait Islander people, LGBTQIA+ people, and those living in regional and remote communities, face additional and compounding barriers to safety and support.

These intersecting factors are often not consistently recognised or addressed within existing DFSV responses, resulting in uneven access to services and outcomes across different communities.

This underscores the importance of responses that are place-based, culturally safe, and responsive to complexity.

Recommendations

These recommendations must be read in conjunction with the Disability Royal Commission's recommendations regarding legal and safeguarding responses to DFSV experienced by people with disability and Queensland's broader domestic and family violence reform agenda. Our recommendations are directed to the Queensland Government:

1. Fund and support sectors to co-design and maintain locally relevant referral pathways and embed expectations for coordination within funding agreements, practice guidelines, and training, strengthening coordination between disability advocacy and DFSV services.
2. Invest in strengthening disability inclusion across DFSV services, by requiring Disability Inclusion Action Plans through funding agreements and supporting services to develop, implement, and report on them, as a way to comply with the *Disability Discrimination Act 1992*.
3. Fund co-designed training for DFSV services and embed participation requirements within service agreements and sector standards, strengthening disability capability across the DFSV workforce.

4. Set minimum accessibility expectations within funding and infrastructure programs and provide targeted funding for communication access and physical accessibility of DFSV services and environments, particularly in regional, rural and remote regions where barriers such as transport, housing, and service availability need to be addressed.
5. Embed consistent disability data collection and reporting requirements into funding DFSV service agreements and system performance frameworks, improving system visibility of people with disability experiencing DFSV.
6. Amend legislative definition of DFSV to include all relationships in which people with disability experience DFSV, disability-based violence and abuse and all domestic settings including group homes, as per DRC recommendation 8.24.

Next Steps and Ongoing Work

QIDAN will continue to play a key role in strengthening collaboration, capability, and system navigation between the disability advocacy and DFSV sectors by:

1. Continuing and expanding regional engagement and supporting relationship building between disability advocacy, DFSV, and other stakeholders.
2. Facilitating shared learning opportunities to strengthen capability within disability advocacy.
3. Strengthen the role of Disability Advocacy Pathways as a key connector between sectors, supporting DFSV services to access disability advocacy and navigate disability systems.
4. Improve visibility and understanding of the role of disability advocacy, including when and how advocacy should be engaged alongside specialist DSFV responses.
5. Explore opportunities to support more integrated responses, including place-based and collaborative models that reduce system fragmentation and improve outcomes for people with disability experiencing DFSV.