



Carers Victoria submission

Disability Worker Regulation Scheme proposed registration standards

**Disability Worker Regulation Scheme proposed regulations
Consultation Papers**

February 2020

AN AUSTRALIA THAT VALUES AND SUPPORTS ALL CARERS

ABOUT CARERS VICTORIA

Carers Victoria is the state-wide peak organisation representing people who provide care. We represent more than 736,600 family carers across Victoria – people caring for someone with a disability, mental illness, chronic health issue or an age-related condition.

People receiving care could be a parent, child, spouse/partner, grandparent, other relative or friend. Carers Victoria is a member of the National Network of Carers Associations, and the Victorian Carer Services Network. Carers Victoria is a non-profit association which relies on public and private sector support to fulfil its mission with and on behalf of carers.

Carers Victoria is a member-based organisation. Our members are primarily family carers, who play an important role in informing our work, contributing to advocacy and strategic aims, and distributing information more widely to other carers.

This policy paper was prepared by Carers Victoria's Policy Team.

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Introduction

Carers Victoria supports the establishment of the Disability Worker Registration Board of Victoria (the Board) and the opportunity to comment on the proposed Disability Worker Regulation Scheme registration standards ahead of implementation in July 2020.

Disability worker registration is an important mechanism in addressing the significant level of abuse, exploitation and violence which occurs every day against people with disability, their families and carers (we will use the term clients hereafter). Families and carers are among the most important safeguards for their relative or friend through personal relationships and community connections. Carers Victoria regularly receives reports from carers who are concerned or have witnessed poor conduct or harm to their relative or friend with disability. As the Disability Services Commissioner attests, many complaints come from families and carers.¹

As a workforce development tool, disability worker registration will contribute to the sustainability of care relationships. Carers often lament the poor quality of workers who are ostensibly there to provide them with the opportunity for respite to look after their own mental and physical health or pursue their own goals of employment, study or volunteering.

We are pleased the scope of the Regulation Scheme covers services delivered through a number of schemes, including the National Disability Insurance Scheme (NDIS), Transport Accident Commission (TAC), WorkSafe Victoria (WSV) and privately funded services. The publicly available Register of Disability Workers will be an important means by which clients can independently verify the registration of disability workers in the increasingly decentralised and casualised workforce setting.

However, Carers Victoria has reservations about the proposed registration standards. We believe they are unlikely to provide confidence to clients that Registrants will have minimum qualifications, be required to demonstrate or develop expertise in specific areas of practice or undergo adequate professional development to maintain their skills.

We appreciate there are likely to be several factors impacting on the development of effective registration standards, including the voluntary nature of a Scheme imposed upon the sector, the long timetable the Board has flagged for embedding the new system and a cynical attitude towards regulation as an unnecessary inhibitor of individual choice and workforce growth.

Carers Victoria understands it takes time to embed new systems for those working in a sector known for poorly enforced regulation. However, we hope the Board gains confidence in setting a high bar and developing registration standards that make it

¹ Disability Services Commissioner (2017) *Disability services complaints data (2007-15): What have we learnt so far?*, Melbourne; <https://www.odsc.vic.gov.au/wp-content/uploads/FINAL-DSC-Complaints-Data-Paper.pdf>

meaningful to workers and clients alike, whilst maximising the safety and dignity of people with disability, their families and carers.

This submission will selectively respond to questions posed in the Consultation Paper drawing on the expertise of families and carers amongst our staff, clients and membership base.

Selected responses to questions raised in the Disability Worker Regulation Scheme proposed registration standards Consultation Paper

CRIMINAL HISTORY

Are there any disadvantages with adopting a criminal history check using identical criteria to the NDIS worker screen?

Carers Victoria supports the Board's proposal to set a registration standard about criminal history from the commencement of the Scheme on 1 July 2020.

Carers Victoria cannot identify any disadvantages with adopting a criminal history check using identical criteria to the NDIS worker screen. Doing so will facilitate workers' abilities to deliver services under a number of schemes to maintain flexibility in the workforce. Schemes may include the National Disability Insurance Scheme (NDIS), Transport Accident Commission (TAC), WorkSafe Victoria (WSV) and privately funded services.

CONTINUING PROFESSIONAL DEVELOPMENT

Is ten hours of continuing professional development per year enough to maintain or increase worker skills and knowledge? Are the time and costs of this amount reasonable?

Carers Victoria does not support the Board's proposal to not set a registration standard about continuing professional development for the first registration period.

We are unsure why the Board only seeks to quantify continuing professional development (CPD) by the number of hours per year, rather than taking a more qualitative approach of understanding whether the CPD undertaken *maintains, improves and broaden the skills, knowledge and expertise* of workers. In other words, workers may easily attend ten or even 20 hours of substandard training on a topic of little or no quality and value. Conversely, five hours spent on CPD delivered by qualified educators in a reputable training setting is more valuable to the worker, clients and community.

We recommend the Board reviews and endorses potential training events offered by external organisations and individuals with established records of knowledge and competency to support Registered Workers in their CPD. Due to the Regulation Scheme largely coming into effect as a result of recommendations from the 2015 Parliamentary Inquiry into Abuse in Disability Services, we also recommend the design and delivery of training by people with disabilities, families and carers be

promoted by the Board. This will provide people with disabilities, their families and carers the opportunity to utilise their lived experience in a professional manner and encourage workers to view people with disability, families and carers as people who can direct services as well as receive them.

With regards to the reasonableness of time and costs, CPD is likely to be considered a self-education expense by the Australian Taxation Office (ATO) because it is incurred to gain or produce an assessable income. The course(s) must have sufficient connection to the employee's current work activities and:

- maintain or improve the specific skills or knowledge required in current work activities
- result in, or is likely to result in, an increase in income from current work activities.

Further, the ATO allows claims related to the cost of attending seminars, conferences or education workshops which are sufficiently connected to work activities. This can include formal education courses provided by professional associations. Deductions for travel related to attendance is also allowed under some circumstances.²

Carers Victoria recommends the Board supports workers to understand that CPD undertaken has potential to be deducted at the end of the financial year like workers in other sectors.

While the Consultation Paper states, the costs of CPD may be absorbed by employers, workers or both; it is important to acknowledge attendance at training is not only a cost for the course itself but also a loss of income for casual workers who are only paid for client-facing time. The Board may choose to provide workers with subsidies or scholarships to pursue their CPD if they commit to remaining in the workforce for a specified period.

[What areas of professional development are desirable? What is an appropriate balancing between maintaining skills and developing new skills?](#)

Desirable professional development should be defined as that which *maintains, improves and broaden the skills, knowledge and expertise* of workers.

The workforce for people with disability will inevitably be varied to account for the individual needs and preferences of the client base. However, there are skills and capabilities which are necessary for all human service workers such as reflective practice, family-centred practice, manual handling, supported decision-making, communication assistance, nutrition, person-centred positive behaviour support, working effectively with people with Autism Spectrum Disorders (ASD), paediatric

² <https://www.ato.gov.au/Individuals/Income-and-deductions/Deductions-you-can-claim/Other-work-related-deductions/Seminars.-conferences-and-education-workshops/>

disability support, adult disability support and effective communication skills. This is by no means an exhaustive list.

There is a need for disability workers to develop an effective understanding of State and Commonwealth legislation regarding delivery of services to people with disability, their families and carers. This requires being informed about the relevant legislation, regulations and policies and how to demonstrate them in practice. We wish to emphasise the importance of the Victorian Carers Recognition Act (2012) and the Commonwealth Carer Recognition Act (2010) which provide a legislative basis for providing family centred and sensitive service. We highlight the purposes of the Victorian *Carers Recognition Act 2012*:

- (a) recognise, promote and value the role of people in care relationships; and
- (b) recognise the different needs of persons in care relationships; and
- (c) support and recognise that care relationships bring benefits to the persons in the care relationship and to the community; and
- (d) enact care relationship principles to promote understanding of the significance of care relationships.

Further, CPD should equip workers with an effective understanding of United Nations Convention on the Rights of People with Disability and the skills needed to enact and support the expression of an individual's will and preferences in their daily lives including religion, sexuality and gender.

By endorsing CPD which has been designed and delivered by people with disability their families, the Board will play an important role in breaking down barriers people with disability and families face to full participation, respect and dignity.

[What types of activities and modes of delivery suitable for professional development \(such as online modules, in-house training, attendance at information sessions/seminars, formal training\)?](#)

All the activities and modes listed above might be suitable for professional development in so far as they are offered by organisations and individuals with established records of knowledge and competency. A person with an interest in the sector may also organise unpaid work experience with an organisation or individual client.

Carers Victoria recommends the Board issue specific guidelines to avoid confusion about what constitutes unsuitable modes of delivery. Lack of oversight in this area could result in watching videos on YouTube being considered a legitimate form of self-education.

[Should common requirements such as maintaining currency in First Aid and cardiopulmonary resuscitation \(CPR\) be included in the ten hours of professional development?](#)

Maintaining currency in first aid and CPR *maintains, improves and broaden the skills, knowledge and expertise* of workers. As an essential component of professional

conduct for an individual working with a person with disability, First Aid certification should be included as part of continuing professional development.

The Red Cross ‘Current industry standards state First Aid Training must be updated every three years, with the CPR component to be updated annually’.³

How might the standard be different for practitioners and support workers?

Different standards of CPD for practitioners and support workers should reflect the duties they perform and their level of responsibility in undertaking their respective roles.

LANGUAGE SKILLS

How necessary are English language skills to delivering disability services?

Carers Victoria offers qualified support for the Board’s proposal to set a Registration Standard about English language skills in the first registration period. We believe this proposal is likely to be controversial because it is one of the few areas the Board seems resolute to draw a line in the sand at its inception rather than after the transition period.

Anecdotally, many carers report support workers (in the disability and aged care sector alike) have poor English language skills which impact on their ability to undertake their duties appropriately and safely. However, the question of English language skills must be assessed against what we trust is the Board’s primary mission to uphold the rights of people with disability [their families and carers] to access safe and quality services. The necessity of English language skills in delivering disability services is dependent on the language of the client(s) and their needs. Proficiency in English is critical in circumstances where workers are responsible for administering medication or advocating on behalf of the client.

We recommend the Board sets registration standards about communication which should be defined in the same manner as Article 2 of the UNCPRD 2006: Communication includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology.

Moreover, Carers Victoria recommends the Board should set Registration standards which should ensure communication is respectful to all people in care relationships as outlined in the Victorian Carers Recognition Act (2012).

The Board should register workers who can read and understand instructions communicated by others and implement them correctly – this can include

³ <https://www.redcross.org.au/get-involved/learn/first-aid/first-aid-training>

administering medication, navigating public/private transport, making food and feeding using a PEG tube. However, the Board should be cognisant of the impact excluding workers who cannot demonstrate sufficient English proficiency will have on clients from culturally and linguistically diverse communities. These clients may need to choose between communicating with other people in their first language and using unregistered workers.

Is self-declared competency in speaking or communicating in English enough or should workers provide evidence of their competency? What would be an effective and efficient way of assessing and proving competency?

There is no simple answer to this question when one considers the language requirements for visa applications are not always enforced. In these situations, a certificate of language proficiency may be null and void.

If the Board proceeds with setting a registration standard of competency in speaking and communicating in English, it is recommended applicants provide evidence to support this claim. An effective and efficient way of assessing and proving competency could involve the presentation of completion of a secondary or tertiary education or a face-to-face test.

Is self-declared competency in speaking or communicating in any other language(s) sufficient or should workers provide evidence?

Carers Victoria's response to this question assumes it does not include Auslan.

Disability workers should be able to stipulate the level of their proficiency in language(s) other than English. They should not have to provide evidence if they simply claim their skills can be used in every day, informal conversation with client(s). However, Australian evidence should be required if they claim to be able to provide translating and/or interpreting services or if employed in a specifically bilingual worker role. These skills are usually enacted in more official contexts such as healthcare delivery, education or financial matters and the worker has a specific legal responsibility. If the Board chooses to publicise the language abilities of disability workers, it should provide a caveat these claims have not been verified.

How might an English standard be different for practitioners and support workers?

Standards of English language competency should be the same for practitioners and support workers.

NATURE, EXTENT, PERIOD AND RECENCY OF ANY PREVIOUS PRACTICE EXPERIENCE

Should workers be required to demonstrate a period of continuous practice? How long is enough?

Carers Victoria offers qualified support for the Board's proposal to not set a registration standard about recency of practice for the first registration period.

We understand a period of continuous practice is separate to a continuous tenure with one employer.

We recommend the Board be cognisant of the many factors contributing to an individual's ability to maintain a continuous period of practice. As the peak body for unpaid carers and family, Carers Victoria is acutely aware of the challenges some family members face when trying to combine their care roles with paid employment. Sometimes, these challenges can be too great, and the individual withdraws from paid work. Time away from employment is a significant barrier to re-entering the workforce for many.⁴

Moreover, setting a registration standard regarding a period of continuous practice may unintentionally disadvantage students who work during quieter periods.

We recommend the Board requests further evidence from applicants to support any concerns about periods of continuous practice.

Should workers be required to demonstrate recent practice? How recent should it be?

As already stated in this submission, there are many factors which contribute to an individual's ability to enter and remain in the workforce. This includes parenthood and/or caring for children with disability or ageing parents. Setting a registration standard regarding recent practice may unintentionally exclude workers who can capably deliver safe services to clients.

Carers Victoria recommends the Board requests an applicant to demonstrate practice in an unregistered capacity for six of the last 12 months prior to their application for registration.

If a worker has a break from practice, how long is too long to demonstrate sufficient recency and continuity of practice?

Any length of period will appear arbitrary because it is unlikely to consider individual circumstances such as those already described. For example, a worker who has practised for ten years and was not employed in the sector for two years may find questions about sufficient recency and continuity of practice unfair. We recommend the Board issues guidelines around a break from practice of two years or more being too long to demonstrate sufficient knowledge of current practices, legislation and regulations. The worker will need to demonstrate their knowledge has been refreshed through recognition of prior learning or work in an unregistered capacity. The guidelines should be universally applied so workers are aware of the implications their employment decisions may have.

⁴ Gray, M. & Edwards, B. (2009) 'Determinants of the labour force status of female carers', *Australian Journal of Labour Economics*; 12:1, p.7.

How might a recency of practice standard be different for practitioners and support workers?

Carers Victoria recommends standards related to recency of practice should be the same for practitioners and support workers.

PHYSICAL AND MENTAL HEALTH

What type or level of impairment might pose a risk to the safety of a person with disability and/or the public?

Carers Victoria supports the Board's proposal not to set a registration standard in relation to physical or mental health for the first registration period. We would not support a proposal to do so after the transition period ends.

We are concerned this question assumes it is possible to clearly identify a type or level of impairment which might pose a risk to the safety of a person with disability and/or the public; however, there is not a strong causal relationship between the two variables.

It is essential the Board understands its responsibility to maximise the safety to people with disability, their families, carers and/or the public; however, it is unlikely setting a registration standard in this area will successfully screen and exclude those workers. The relationship between the Board and applicants is different to the relationship between workers and employers. Individuals are protected by State and Federal Equal Opportunity laws which prohibit mandatory disclosure of impairments such as disability or mental illness, unless doing so "directly relates to the genuine requirements of the job."⁵

We fail to see how a registration standard about impairments may decrease the risk to the safety of a person with disability and/or the public. Rather, as numerous Inquiries and Commissions have shown, harm is more likely to occur in closed settings and in contexts of poor regulation and enforcement of regulation. Workers who seek to cause harm will do so if they believe adverse reports about them made by people with disability, their families and carers will not be believed, investigations will be slow and inadequate or whistle-blowers (workers and clients) will be punished by management or co-workers who wish to maintain the status quo.

"When contravening conduct comes to its attention, the regulator must always ask whether it can make a case that there has been a breach and, if it can, then ask why it would not be in the public interest to bring proceedings to penalise the

⁵ <https://www.humanrightscommission.vic.gov.au/the-workplace/workers-rights/disclosing-disability>

*breach...Bringing proceedings does not preclude negotiation about how the proceedings may be resolved...*⁶

What things should an applicant for registration and the Board consider in understanding what types of impairment might pose a risk to safety?

Carers Victoria will not comment on this question.

How might a mental health and physical health standard be different for practitioners and support workers?

There should be no difference between practitioners and support workers because the baseline is the risk to safety of the client, their family or carer, irrespective of title or qualifications.

SCOPE OF PRACTICE

Is there value in extending or limiting scope of practice by setting standards?

Carers Victoria does not support the Board's proposal to not set a registration standard about scope of practice for the first registration period.

Limiting an applicant's scope of practice is an important mechanism to ensure the safety and dignity of clients. If the Board's proposal is unchanged, it risks the continuation of poor practices which characterise much disability service provision. For example, applicants who do not know how to minimise the risk of choking and aspiration for clients with dysphagia, swallowing or eating issues should not be allowed to practice in supported accommodation settings or other contexts where they must prepare food and support the client to eat. The Disability Service Commissioner's Inaugural Review of disability service provision to people who have died found a significant number of clients died from choking on food.⁷ In three cases, the dietary needs for people were not known by the service provider and in other cases, the individual's risk of choking was known, yet the service provider did not adopt adequate measures to mitigate the risk. The Board's choice to limit the scope of practice of workers will send a strong signal to employers to refrain from employing inexperienced workers and/or they must provide adequate training and supervision to do so.

We believe there is clear value in extending or limiting scope of practice by setting registration standards for applicants in the first registration period. We are concerned this information will not be displayed on the public register. The Board's proposal does a disservice to potential applicants, clients and the community by setting the bar too low for the existing workforce. A cursory glance at the websites of two

⁶ Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry (2018) Interim Report; Volume 1, page 277.

⁷ <https://www.odsc.vic.gov.au/2019/11/08/3846/>

comparable organisations shows The Law Institute of Victoria and the Australian Association of Social Workers operate a public register of members. Both organisations host websites which allow the community to search for prospective professionals, 'drilling down' by location, client type/areas of law; specialist accreditations/expertise and biography.

Carers Victoria recommends the Board support potential clients by maintaining a current list of workers who can demonstrate a specific scope of practice. We believe it is likely disability workers will want to promote themselves on their point(s) of difference. Furthermore, setting standards about scope of practice facilitates a certain level of autonomy from employers; for instance, a worker may be employed by an organisation which specialises in service delivery to people with an ASD; however, he/she may have qualifications and experience in service delivery to people with complex bowel care needs. If this information is publicly displayed, the worker may be able to independently connect with clients.

Those workers who are new entrants to the workforce can be supported to develop career pathways by pursuing interest in a scope(s) of practice. This is also likely to help the Board in its function of developing the workforce by easily identifying areas of skills shortage.

[What areas could be defined with a scope of practice standard and how could competence be demonstrated?](#)

There are many existing and emerging areas of specialisation in the delivery of services to people with disability, their families and carers. Service users are best placed to support the Board to define a scope of practice standard. Competency can be demonstrated through formal training or experience, despite the perceived burden on disability workers and/or employers. If left unregulated, this is an area which is likely to continue to pose a risk to people with disability, their families and carers.

[How might scope of practice standards be different for practitioners and support workers?](#)

Standards related to scope of practice should be the same for practitioners and support workers.

OTHER ISSUES RELEVANT TO ELIGIBILITY FOR REGISTRATION OR CAPACITY TO PRACTICE COMPETENTLY AND SAFELY

[Should the Board set standards in relation to any other matter?](#)

Carers Victoria recommends the Board sets standards in relation to advertising disability services by Registered Workers. We believe this will support the professionalisation of the workforce. If the Board has an interest in protected titles and enforces this interest, workers are also likely to understand their conduct is now under a new level of scrutiny. This will help to address the power imbalance which may exist between clients and disability workers, in particular clients who have an intellectual disability, may have difficulty in communicating independently, have no or

little natural supports or are people from marginalised communities, such as people who are Aboriginal and Torres Strait Islander, who identify as lesbian, gay, bisexual, transgender, queer or questioning, asexual (LGBTIQ+) or who are from culturally and linguistically diverse (CALD) backgrounds.

REGISTRATION GUIDELINES

Carers Victoria supports the Board's proposal to set registration guidelines requiring registered workers to comply with the Scheme's Code of Conduct. We believe adopting the current NDIS Code of Conduct is appropriate to maintain consistency and convenience for clients as well as workers.

Carers Victoria cannot identify any disadvantages in requiring registered workers to comply with the Code of Conduct.

OTHER FEEDBACK

Carers Victoria recommends the Board develop – in consultation with all relevant stakeholders, particularly people with disability, families and carers – an Evaluation Framework to review the registration standards and their implementation.

We also recommend the Board promotes the finalised registration standards through a comprehensive funded communications strategy to inform people with disability, families and carers of what they should expect from disability services, how to identify a Registered worker and their right to complain when these services fall short of expectations.

The communications strategy should include individuals and organisations which people with disability, their families and carers utilise to ensure a whole of community approach to maximising the safety and dignity of people with disability. Some of these community members can include general practitioners, medical and allied health professionals, advocacy organisations, legal services, maternal and child health nurses, other Council workers, childcare operators and educators, teachers and neighbourhood houses; however, this is not an exhaustive list.

Carers Victoria is available to assist in informing its member and client base of the registration standards.

Carers Victoria would also like to see the public reporting of data on complaints, including complaints made by carers, referrals and reportable incidents.

The advocacy and safeguarding role of carers in raising concerns and reporting complaints is critical; however, carers are not always supported in this role. Carers have reported to Carers Victoria they feel excluded in the complaints process.

Some carers who have raised complaints regarding the person they support have felt they did not receive adequate communication and information throughout the complaint process. Further, the additional psychological distress placed on the carer going through the complaints process is seldom acknowledged. As such, in-house

complaints processes should always include ways to recognise, respect and support carers.

People with disability and carers alike need to feel safe to make a complaint or provide negative feedback without fear of adverse consequences or loss of service'. As the Parliamentary Inquiry into Abuse in Disability Services heard countless times, carers often experience adverse consequences of advocating for the person they care for, such as disrespectful treatment, exclusion from decision-making and threats of applications to VCAT for guardianship.

Complaints made by carers should trigger the inclusion of information on carer support services in future correspondence with the complainant. This is especially important if the nature of the complaint is psychologically distressing, as carer support services provide funded counselling and emotional support for carers.

DISABILITY WORKER REGULATION SCHEME PROPOSED REGULATIONS

Do you agree with the recommendation to adopt the NDIS Code of Conduct as the Code of Conduct that Victorian unregistered disability workers must comply with? Why?

Carers Victoria agrees with the recommendation to adopt the NDIS Code of Conduct as the Code of Conduct with which Victorian unregistered disability workers must comply.

A nationally consistent Code of Conduct will make it easier for families and carers to keep track of the obligations of disability workers in delivering services.

Are there any changes from the NDIS Code of Conduct that you think need to be made to ensure safeguards in Victoria are not reduced? Why?

While the NDIS Code of Conduct was the subject of considerable consultation, Carers Victoria recommends the obligations should be applied to all the people in the care relationship who are impacted by the delivery of services. This is consistent with the Victorian Carers Recognition Act (2012) which obliges care support organisations to “take all practicable measures to ensure that the care support organisation and its employees and agents reflect the care relationship principles in developing, providing or evaluating support and assistance for persons in care relationships” (Part 3 s. 11 (c)).

The NDIS Code of Conduct should also be revised to include obligations to *communicate in a form, language and manner that enables the participant to understand the information provided and make known their preferences*. This element has been integrated into the obligation to respect for individual rights, however, we believe effective communication is essential to planning required services and supports for people with disability and carers and should be a key component of the Code of Conduct.

Communication should be defined in the same manner as Article 2 of the United Nations Convention on the rights of persons with disability 2006: This should include providing access to an Auslan or LOTE interpreter when required.

Obligation 4: Act with integrity, honesty and transparency.

While this element raises potential conflicts of interest in disability service provision, it should be expanded to include service providers who provide both plan management and disability supports to have mechanisms in place to deal with conflicts of interest as set out in Rule 3.15 of the National Disability Insurance Scheme (Registered Providers of Supports) Rules 2013.

Obligation 7: Take all reasonable steps to prevent and respond to sexual misconduct.

This obligation should include sexual relations between service providers and participants, both consensual and non-consensual, expressly dealing with the power differential in such relationships. This obligation was previously contained in the indicative elements of an NDIS Code of Conduct developed in the Framework but has since been omitted in the proposed NDIS Code of Conduct.

Carers Victoria believes the Code of Conduct should refer to the obligations of nominees representing NDIS participants, as the existing procedures and principles regarding appointment of, and communication with, nominees is currently unclear and inconsistent, raising issues for participants and nominees alike.

[What kind of information and supports do you think would be useful to assist with communicating and implementing the Code of Conduct to people with disability and their families, carers, disability workers and providers?](#)

There is likely to be an endless variety of information and supports which will be useful to assist with communicating and implementing the Code of Conduct to relevant stakeholders. This will include the gamut of means and devices people with disability, families and carers use to communicate, including but not limited to: languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology.

Carers Victoria recommends that the Commission should devise and fund a comprehensive communications strategy to inform include individuals and organisations with whom people with disability, their families and carers are likely to interact, to ensure a whole of community approach to maximising the safety and dignity of people with disability. Some of these community members can include general practitioners, medical and allied health professionals, advocacy organisations, legal services, maternal and child health nurses, Council/Shire workers, childcare operators and educators, teachers and neighbourhood houses; however, this is not an exhaustive list.

[Would you like to comment on any other aspects of the proposed Code of Conduct?](#)

No.

PRESCRIBED OFFENCES

[Do you agree with the proposed approach to align prescribed offences under the Scheme with NDIS worker screening? Why?](#)

Carers Victoria agrees with the proposed approach to align prescribed offences under the Scheme with NDIS worker screening; however, the Commissioner's ability to investigate and prohibit unregistered disability workers who have committed prescribed offences from working in the disability sector will be constrained by external factors. It is well known people with disability, families and carers refrain from reporting harm caused to themselves because lack of practical support to do so,

a fear of retribution from individuals or organisations and refusals by Police Departments or Government agencies to investigate allegations.

OTHER PROPOSED REGULATIONS

Would you like to comment on any aspect of the proposed regulations?

Carers Victoria believes the list of prescribed agencies and entities for information sharing is comprehensive. The proposed regulation prescribing the receipt which an authorised officer is required to issue when seizing items is adequate.