Reforming Queensland’s authorisation framework for the use of restrictive practices in NDIS and particular disability service settings

Options for reshaping part 6 of the *Disability Services Act 2006*

Queensland Government

Minister’s message

As the Minister for Disability Services, I am committed to ensuring that we have legislation in place to promote, protect and safeguard people with disability in Queensland.

As Queensland’s transition to the National Disability Insurance Scheme (NDIS) is now complete, it is important to continue to consider what laws we need in place in Queensland to support the NDIS and reflect the state’s new roles and responsibilities in relation to quality and safeguarding functions.

On 1 July 2019, the NDIS Quality and Safeguarding Framework commenced in Queensland. This Framework provides a nationally consistent approach to help empower and support NDIS participants to exercise choice and control, while ensuring appropriate safeguards are in place so providers and their staff deliver high-quality supports.

Many quality and safeguarding functions have transitioned to the NDIS Quality and Safeguards Commission (the NDIS Commission) as part of Queensland’s transition to the NDIS. However, Queensland remains responsible for discrete quality and safeguarding functions, including authorisation of the use of restrictive practices, operation of a community visitor program and worker screening.

One of the NDIS Commission’s behaviour support functions is to assist states and territories to develop a regulatory framework, including nationally consistent minimum standards, in relation to restrictive practices. The objective of this is to deliver better outcomes for people with disability, including in the reduction and elimination of the use of restrictive practices.

A set of principles for nationally consistent restrictive practice authorisation processes (national principles) have been developed by the NDIS Commission. The Queensland Government is committed to working through what the national principles could mean for Queensland in close consultation with affected persons, their families and providers.

Queensland has a well-established positive behaviour support and restrictive practices framework for adults with an intellectual or cognitive disability receiving specialist disability services under the *Disability Services Act 2006*. Implementation of the national principles in Queensland could involve significant changes to this existing framework. To ensure our approach takes into account the needs and wishes of people with disability and their families and advocates, we want you to contribute to the Queensland Government’s consideration of the future design of Queensland’s authorisation framework.

This consultation paper asks for your feedback on how particular aspects of Queensland’s authorisation framework could be designed to ensure streamlined operation under the NDIS. The ideas for reform included in this paper are ideas only at this stage, and your input will help shape the future design of Queensland’s authorisation framework.

I encourage you to share your views on the ideas raised in this paper. This is very important to ensure your views inform the Government’s ongoing consideration of how Queensland’s authorisation framework can deliver better outcomes for people with disability.

I welcome your participation and feedback to ensure our legislation continues to meet the needs of Queenslanders with disability, and their families and carers, both now and into the future.

The Honourable Craig Crawford MP
Minister for Seniors and Disability Services and
Minister for Aboriginal and Torres Strait Islander Partnerships

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1. New roles and responsibilities under the NDIS

The *Disability Services Act 2006* (DSA) and *Guardianship and Administration Act 2000* (GAA) create a legislative scheme to safeguard the rights of particular adults where at times restrictive practices may be required to manage behaviour to prevent harm to the adult or to someone else.

Queensland has a well-established framework for the authorisation of restrictive practices for adults with an intellectual or cognitive disability, based on a guardianship model. This framework applies where an individual is receiving supports under the NDIS or receiving disability services provided or funded by the Queensland Government under the DSA.

On 1 July 2019, the NDIS Quality and Safeguards Commission (NDIS Commission) commenced operation in Queensland. This represents a fundamental change to how the quality and safeguards around supports for people with disability are ensured across Australia.

Under the *National Disability Insurance Scheme Act 2013* (the NDIS Act), the NDIS Commission has a behaviour support function to provide leadership in behaviour support and in the reduction and elimination of the use of restrictive practices by NDIS providers. This includes overseeing the use of behaviour support and restrictive practices, and assisting states and territories to develop nationally consistent minimum standards for restrictive practices.

In recognition of the high level of safeguards achieved by the Queensland authorisation framework, minimal changes were made as part of Queensland's transition to the NDIS. The main change was that while Queensland remained responsible for the authorisation of restrictive practices in relation to NDIS participants, the NDIS Commission became responsible for all other aspects of the regulatory framework.

Level of approval required in Queensland's existing authorisation framework	
Restrictive practice	**Who can approve**
Short-term approval	
Containment or seclusion	Public Guardian
Chemical, mechanical or physical restraint and restricted access to objects	Chief executive of Disability Services
General approval	
Containment or seclusion	Queensland Civil and Administrative Tribunal (QCAT)
Chemical, mechanical or physical restraint	Guardian for restrictive practice (general) matter appointed by QCAT such as a family member, friend or adult guardian
Restricted access to objects	Guardian for restrictive practice (general) matter appointed by QCAT or, if there is no guardian appointed by QCAT, an informal decision-maker for the adult (such as a family member or friend, but not a paid carer for the adult within the meaning of the GAA)

Respite/community access services (where either or both are the only disability services accessed by the adult)	
Containment or seclusion	Guardian for restrictive practice (respite) matter appointed by QCAT
Chemical restraint (generally)	Guardian for restrictive practice (respite) matter appointed by QCAT
Fixed (daily) dose chemical restraint in respite services only	Guardian for restrictive practice (general) matter appointed by QCAT or, if there is no guardian appointed by QCAT, an informal decision-maker for the adult
Physical or mechanical restraint	Guardian for restrictive practice (respite) matter appointed by QCAT or, if there is no guardian appointed by QCAT, an informal decision-maker for the adult
Restricted access to objects	Guardian for restrictive practice (respite) matter appointed by QCAT or, if there is no guardian appointed by QCAT, an informal decision-maker for the adult

Table 1: Level of approval required in Queensland's existing authorisation framework

Key elements of Disability Services role in Queensland's existing authorisation framework		
Role of the chief executive (Disability Services)	**Scope**	**Definitions of restrictive practices**
The chief executive is responsible for: • providing short-term approvals for the use of physical, mechanical or chemical restraint, and restricted access to objects • deciding whether multidisciplinary assessments for the use of containment or seclusion will be conducted • developing and changing positive behaviour support plans that include the use of containment or seclusion.	Queensland's authorisation framework only applies to adults with an intellectual or cognitive disability.	Restrictive practices are defined and include: • containment and seclusion • chemical, mechanical and physical restraint • restricted access to objects. The locking of gates, doors and windows in response to an adult with a skills deficit is not considered a restrictive practice under Queensland legislation.

Table 2: Key elements of Queensland's existing authorisation framework

2. The context

2.1 Scope of Queensland's authorising framework

This consultation paper is about possible options for reshaping part 6 of the DSA, which provides an authorising framework for the use of restrictive practices in NDIS and certain disability service settings. Consideration of the use of any restrictive practices in other service settings (for example, health facilities, residential aged care facilities, schools, early childhood education services, or the Forensic Disability Service) is out of scope.

2.2 Principles to guide the development of nationally consistent restrictive practices authorisation arrangements

As outlined above, while states and territories remain responsible for authorisation of the use of restrictive practices under the NDIS, one of the NDIS Commission's statutory functions is to assist states and territories to develop nationally consistent minimum standards for restrictive practices.

On 24 July 2020, the then Disability Reform Council (now the Disability Reform Ministers Meeting) agreed to draft national principles (shown in table 3 below) to guide the development of nationally consistent restrictive practices authorisation arrangements. Queensland has provided in-principle support for these principles, noting that significant work still remains to explore what they mean for Queensland.

Principle 1:	Authorisation arrangements for the use of restrictive practices on people with disability are provided for in legislation and support the reduction and elimination of restrictive practices as agreed by all Australian governments
Principle 2:	Authorisation arrangements, and the systems surrounding them, should be designed to support positive outcomes for people with disability who are subject to restrictive practices with the objective of reducing and ultimately eliminating those practices
Principle 3:	People with disability who are subject to restrictive practices have the same protections and rights to be free from abuse, neglect and exploitation regardless of their disability, age and where they live
Principle 4:	People with disability and their support networks are actively supported in the decision-making process about the use of restrictive practices, and alternative practices that may improve outcomes for the person with disability through the reduction of their use
Principle 5:	Authorisation decisions made under state and territory regulatory frameworks are informed by independent advice from experts with relevant training, skills and experience in positive behaviour support and restrictive practices
Principle 6:	Authorisation frameworks should ensure that any conflicts of interest between key parties involved in decision making on the use of restrictive practices, being people with disability, their support networks, and service providers are effectively mitigated
Principle 7:	Authorisation arrangements promote independence and dignity of risk while also considering the interests and protection of rights of the person with disability
Principle 8:	Decisions made on the use of restrictive practices are able to be reviewed if required through relevant state or territory mechanisms

Principle 9:	Authorisation arrangements are streamlined and take into account the impact of administrative burden on providers enabling resources to be focused on quality service delivery to people with disability
Principle 10:	Commonwealth state and territory governments will continue to work together to apply these principles in practice, using the NDIS governance arrangements to monitor progress in achieving national consistency

Table 3: Principles for nationally consistent restrictive practices authorisation arrangements

Queensland is generally already compliant with most of the national principles. The main potential discrepancies between the authorisation process in Queensland and the national principles are in relation to:

- Principle 3 (scope)—Queensland's authorisation framework does not currently apply to children with disability, or adults with disability other than an intellectual or cognitive disability.
- Principle 6 (guardianship)—Guardians for restrictive practice matters currently have a decision-making role in Queensland's authorisation framework, which potentially creates a perceived conflict of interest with other aspects of their role as a person's guardian. For example, a guardian may be responsible at the same time for protecting the rights of the person with disability while also authorising the use of practices which can substantially limit those rights.
- Principle 8 (review of decisions)—Queensland's authorisation framework does not currently allow for strict administrative review of all decisions.
- Principle 9 (streamlining)—Queensland's authorisation framework is complex, especially in comparison to other jurisdictions, and can be difficult for people, including guardians and providers, to navigate.

2.3 Independent review

In 2020, Griffith University's Policy Innovation Hub undertook an independent review of Queensland's positive behaviour support and restrictive practices framework (independent review) on behalf of Disability Services and the Department of Justice and Attorney-General.

The purpose of the independent review was to consider whether improvements could be made to better align with the NDIS Quality and Safeguarding Framework (QSF) and the national principles for nationally consistent restrictive practices authorisation (discussed below), while ensuring appropriate safeguards were maintained. The scope of the independent review was limited to the use of restrictive practices by NDIS providers.

A copy is available here: https://www.dsdsatsip.qld.gov.au/our-work/disability-services/disability-connect-queensland/positive-behaviour-support-restrictive-practices.

2.4 Ministerial review

The independent review has also informed a broader Ministerial review, under section 241AA of the DSA, of the operation of certain provisions inserted into the DSA to support Queensland's transition to the NDIS. The purpose of the Ministerial review was to consider the appropriateness, relevance and use of those provisions, as Queensland's and the NDIS Commission's new roles are implemented, and the service provider market develops. These include provisions relating to restrictive practices functions.

2.5 United Nations Convention on the Rights of Persons with Disabilities

The purpose of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. Australia has ratified and agreed to be bound by the terms of the CRPD under international law.

Consistent with the CRPD, and its intent to protect the rights, freedoms and inherent dignity of people with disability, any new authorisation framework for the use of restrictive practices in Queensland must aim to reduce and eliminate the use of restrictive practices.

2.6 *Human Rights Act 2019* (Qld)

Any authorisation framework for the use of restrictive practices in Queensland must also be compatible with the human rights protected in Queensland's *Human Rights Act 2019*. The authorisation of restrictive practices on adults and children with disability will intersect with numerous human rights, including for example, the right to:

- recognition and equality before the law
- protection from torture and cruel, inhuman or degrading treatment
- liberty and security, and
- protection of family and children.

While these human rights are not absolute, they may only be restricted in a way that is lawful, reasonable and can be demonstrably justified in a free and democratic society based on human dignity, equality and freedom.

3. Ministerial review

3.1 Purpose of the Ministerial review

In 2019, section 241AA was inserted into the DSA to require that a Ministerial review to be conducted in relation to particular provisions in the DSA that were made to support full-scheme operation of the NDIS in Queensland.

The purpose of the Ministerial review was to consider the appropriateness, relevance and use of those provisions as Queensland's and the NDIS Commission's new roles are implemented, and the service provider market develops.

The following provisions of the DSA were subject to the Ministerial review:

- application of provisions in relation to complaints about the delivery of disability services by particular service providers (section 32A and part 3)
- application of the provisions in relation to the positive behaviour support and restrictive practices framework (section 140 and part 6)
- Disability Services functions to conduct multidisciplinary assessments and develop and change positive behaviour support plans which include containment or seclusion (part 6, division 3, subdivisions 2 and 3), and
- application of the provisions in relation to the locking of gates, doors or windows for adults with skills deficit (section 216 and part 8, division 2).

3.2 Findings of the Ministerial review

The following are the findings of the Ministerial review:

3.2.1 Complaints handling function

The Ministerial review found consideration should be given to removing the regulation making powers at section 32A, which allow service providers to be brought in or out of scope of Disability Services' complaints handling function in relation to the delivery of disability services. The powers were included to ensure all relevant disability services were covered by either Disability Services' or the NDIS Commission's complaints handling functions, and that there were no circumstances in which a consumer did not have a formal avenue of complaint. However, these powers are unnecessary as all relevant service providers are already adequately covered.

3.2.2 Application of Queensland's restrictive practices framework

The Ministerial review found consideration should be given to amending section 140 to clarify beyond doubt that Queensland's restrictive practices framework (under part 6 of the DSA) only applies to disability supports and services provided by registered NDIS providers under an NDIS participant's plan, or funded or provided by Disability Services. The intention of section 140 is to ensure that the restrictive practices framework applies to the provision of these supports and services, even if the service provider also uses other funds or resources to provide particular disability services. It is not intended that the DSA cover the field relating to the use of restrictive practices in other service settings, such as health and mental health services and schools.

The Ministerial review also found that consideration should be given to retaining the power to make a regulation excluding particular service providers from the authorisation framework. Retention of this power provides the necessary flexibility if required to support the market as it continues to develop in response to the transition to the NDIS.

3.2.3 Multidisciplinary assessments and positive behaviour support plans

Under the DSA currently, the chief executive of Disability Services is solely responsible for conducting multidisciplinary assessments, and for developing and changing positive behaviour support plans, which involve containment or seclusion. The Ministerial review found that consideration should be given to removing these responsibilities to enable non-government service providers to also undertake these functions. This would better align with the NDIS principle of choice and control for people with disability and the draft national principles for restrictive practices authorisation, and would bring Queensland into line with arrangements in other jurisdictions. It would also appropriately recognise and support the increasing capacity of the market to undertake these functions. However, it is critical that the market is ready to take on those functions. Accordingly, a well-planned and phased removal of these functions should occur.

3.2.4 Locking gates, doors and windows in response to a skills deficit

The Ministerial review found that consideration should be given to defining and regulating the practices of locking gates, doors or windows in response to a skills deficit—which are currently defined under the DSA as not being restrictive practices and are subject to a policy-based safeguarding framework—as restrictive practices. This would ensure the same level of safeguards apply to these practices as to other types of restrictive practices, and would achieve greater national consistency (given that these practices are considered restrictive practices under the relevant Commonwealth legislation).

This finding is consistent with the findings of the independent review. The regulation of the practices of locking gates, doors or windows in response to a skills deficit is also considered in more detail in subsequent sections of this consultation paper (in sections ‘4. Ideas for new authorisation framework’ and ‘5. Ideas to consider’).

QUESTIONS
Do you support the Ministerial review findings, and why?
Do you have any other comments, thoughts or ideas on these issues?

4. Ideas for new authorisation framework

4.1 Expanding the scope of Queensland's restrictive practice authorisation process to include all NDIS participants

Why is it important?
Expanding the scope of Queensland's authorisation framework to apply to all NDIS participants would have a number of significant benefits. These include that it would: • align with the principles for nationally consistent restrictive practices authorisation arrangements, in particular principle 3, which requires that people with disability who are subject to restrictive practices have the same protections and rights • have regard to the human rights of all NDIS participants who are subject to restrictive practices • maximise safeguards for all NDIS participants, and • ensure transparency and accountability at the state level in relation to the use of restrictive practices.

What do our current laws say?
Part 6 of the DSA (which provides for Queensland's restrictive practices authorisation framework) only applies to adults with an intellectual or cognitive disability.

Other important information	
NDIS (Restrictive Practices and Behaviour Support) Rules 2018 **(Cth)**	The *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (Cth) (Rules) set out conditions of registration that apply to all registered NDIS providers who use regulated restrictive practices in the course of delivering NDIS supports or services to a person with disability. This includes an adult or child with any type of disability who receives NDIS supports or services from a registered NDIS provider. The practical implications are that where a registered NDIS provider does not have to seek authorisation from Queensland to use restrictive practices, they must still develop a behaviour support plan and report on the use of restrictive practices to the NDIS Commissioner if they are using restrictive practices regulated under the QSF.
Other jurisdictions	In all other states and territories in Australia, the relevant authorisation framework extends to all NDIS participants. This makes Queensland unique, in that Queensland's current authorisation framework only applies to NDIS participants who are adults with an intellectual or cognitive disability.

Ideas for reform	
A. Expand Queensland's authorisation framework to include all adult NDIS participants.	Queensland's authorisation framework could apply to all adult NDIS participants, regardless of the person's disability. **Issues to consider** Queensland's existing authorisation framework is a guardianship-based model for decision-making, which reflects its current application to adults with an intellectual or cognitive disability who lack decision-making capacity. Expansion of scope to a broader cohort of adults with disability may require a new authorisation framework that recognises the presumption of decision-making capacity. This presumption recognises that an adult who has capacity to make decisions may choose not to consent to the use of restrictive practices.
B. Expand Queensland's authorisation framework to include all child NDIS participants.	Queensland's authorisation framework could also apply to NDIS participants who are children. **Issues to consider** A child is a person who is under 18 years of age. There may be certain types of restrictive practices which may be used on adults, but which are never suitable for use on children (for example, seclusion). Where a person with authority to act for a child does not consent to the use of restrictive practices with that child, the use of restrictive practices may not be able to be authorised.

QUESTIONS
Which ideas do you support and why?   **Do you have any other comments, thoughts or ideas?**

4.2 Align Queensland's restrictive practice definitions with those in the *NDIS (Restrictive Practice and Behaviour Support) Rules 2018* (Cth)

Why is it important?
Aligning Queensland's restrictive practice definitions with those in the Rules would set clear and consistent expectations for registered NDIS providers in relation to the provision of disability supports to NDIS participants, and the application of authorisation processes where the use of restrictive practices may be required.

What do our current laws say?

Part 6 of the DSA applies to adults with an intellectual or cognitive disability, meaning an adult with disability who has a condition attributable to an intellectual or cognitive impairment, or a combination of the impairments.

The DSA regulates the following types of restrictive practices:

- ***containment***: means physically preventing the free exit of the adult from premises, other than by secluding the adult, in response to the adult's behaviour of harm. This may include locking doors, windows or gates, however it is not considered containment if an adult has a lack of road safety skills and a door is locked to prevent them wandering close to a road.
- ***seclusion:*** means physically confining the adult alone, in a room or area from which free exit is prevented, in response to the adult's behaviour of harm.
- ***chemical restraint:*** means the use of medication for the primary purpose of controlling the adult's behaviour of harm. This does not include using medication for treating a diagnosed mental illness or physical condition.
- ***physical restraint:*** means the use of any part of another person's body to restrict the free movement of the adult in response to the adult's behaviour of harm.
- ***mechanical restraint:*** means the use of a device to either restrict the free movement of an adult in response to the adult's behaviour of harm, or to prevent or reduce self-injurious behaviour.
- ***restricted access:*** means restricting the adult's access to an object, for example a kitchen drawer with knives, in response to the adult's behaviour of harm.

The practice of locking of gates, doors and windows to prevent physical harm being caused to an adult with a skills deficit (for example, an adult with an intellectual or cognitive disability who cannot leave the premises unsupervised because he or she lacks road safety skills) is not within the definition of a 'restrictive practice' for the purposes of Part 6. However, the practice is still regulated under Part 8, Division 2 of the DSA to ensure protection of a person's rights and liberties.

The DSA outlines who is the appropriate decision-maker for the authorisation of restrictive practices, which is different for different forms of restrictive practices (this is discussed in more detail in section 4.4). The DSA also includes the requirement that authorisation is dependent on a compliant positive behaviour support plan being in place. A positive behaviour support plan must be reviewed at least once every 12 months. This timeframe mirrors the Rules.

Other important information	
***NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)**	The Rules apply to regulated restrictive practices which includes seclusion and chemical, mechanical, physical and environmental restraint. The key difference between the Rules and Queensland's authorisation framework is the definition of ***environmental restraint*** under the Rules. Under the Rules, environmental restraint means a person's free access to all parts of their environment, including items or activities, is restricted. This broad definition encompasses both containment and restricted access as defined the DSA. In addition, the locking of gates, doors and windows in all circumstances is considered a restrictive practice within the definition of environmental restraint under the Rules. Unlike under Queensland's framework, there are no unique provisions that apply where gates, doors and/or windows are locked to prevent physical harm being caused to an adult with a skills deficit.

Ideas for reform	
C. Adopt the definitions of restrictive practices as defined under the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (Cth).	Queensland could adopt the definitions of restrictive practices as defined under the Rules. The definitions identify the practices to which the regulatory framework applies, rather than the circumstances in which these practices may be used. **Issues to consider** The definition of environmental restraint under the Rules includes both restricted access to objects and containment. These are very different types of restrictive practices with very different potential impacts on people's rights.
D. While adopting the definitions of restrictive practices as defined under the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (Cth), also ensuring safeguards recognise containment as a distinct category of restrictive practice.	The definition of 'environmental restraint' under the Rules is broad and includes a wide variety of practices. The practices range from locking a pair of scissors or other sharp object away in a drawer (restricting access to objects), to containing a person within a particular space (containment). While adopting the definition of 'environmental restraint' under the Rules, Queensland could also recognise containment as a distinct subcategory from other forms of environmental restraint. This would allow further safeguards to be provided for containment which has a much greater impact on a person's rights than other forms of environmental restraint.
E. Remove the unique immunity provisions in relation to the locking of gates, doors and windows under Part 8, Division 2 of the DSA.	The locking of gates, doors and windows in all circumstances could be defined as a restrictive practice in Queensland, meaning Queensland's

	authorisation framework would apply to all instances of this practice. **Issues to consider** Currently, under the QSF, registered NDIS providers who lock gates, doors or windows in Queensland in response to an adult with a skills deficit are required to develop positive behaviour support plans, and report usage to the NDIS Commission. However, due to Queensland's unique provisions in relation to the locking of gates, doors and windows in response to an adult with a skills deficit, they are not required to seek authorisation for the use of this practice. Removal of Part 8, Division 2 of the DSA would mean that, in all circumstances, the locking of gates, doors and windows would constitute a restrictive practice in Queensland. Registered NDIS providers would then be required to seek authorisation for the use of this practice in all instances.

QUESTIONS
Which ideas do you support and why?   **Do you think containment should be recognised as a separate sub-category of environmental restraint?**   **Do you have any other comments, thoughts or ideas?**

4.3 Expressly prohibit certain forms of restrictive practices

Why is it important?
The purpose of carefully regulating the use of restrictive practices is to reduce, and ultimately to eliminate, their use. Where there are certain types of restrictive practices whose use is never justified or necessary, the law should make it clear that use of these practices is prohibited.

What do our current laws say?
The DSA does not prohibit any types of restrictive practices. However, the DSA only permits the use of restrictive practices if it is in response to the adult's behaviour that causes harm to the adult or others, and does not allow the use of a restrictive practice in a punitive manner or in response to behaviour that does not cause harm to the adult or others. The use of any restrictive practices is therefore not permitted under the DSA unless the use is necessary to protect the person restrained or others from harm.

Other important information	
***NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)**	The Rules set out the conditions of registration that apply to all registered NDIS providers who use restrictive practices in the course of delivering NDIS supports. These conditions include requiring that restrictive practices not be used where the relevant state and territory prohibits such use.
Other jurisdictions	Most states and territories prohibit certain types of restrictive practices generally, as well as those prohibited just in relation to children or young people (under 18 years of age). For example, the following practices are prohibited in certain jurisdictions: • aversion (any practice or action that may be experienced by a person as noxious, unpleasant or painful) • overcorrection (any practice where the response to an event is disproportionate to the event itself) • misuse of medication (where medication is administered to a person, contrary to the instructions of the prescriber, for the purpose of influencing the person's behaviour, mood or arousal levels) • denial of key needs (any practice to prevent a person's access to basic needs or personal supports) • use of prone or supine restraint (subduing a person by forcing them into a face-down or face-up position) • basket holds (subduing a person by wrapping ones arm or arms around their upper and/or lower body) • practices for the purpose of harassment or vilification or actions that are unethical, degrading or demeaning to a person or may be perceived by the person or the person's guardian as harassment or vilification • practices or actions which limit or deny access or participation to community, culture and language, including the denial of access to interpreters; and • in relation to a person under the age of 18 years— seclusion.

Ideas for reform	
F. Prohibit certain types of restrictive practices in relation to NDIS participants who are adults.	Queensland could prohibit certain types of restrictive practices in relation to NDIS participants who are adults. **Issues to consider** If supported, the types of restrictive practices that should be prohibited.
G. Prohibit certain types of restrictive practices in relation to NDIS participants who are children.	Queensland could prohibit certain types of restrictive practices in relation to NDIS participants who are children. **Issues to consider** If supported, the types of restrictive practices that should be prohibited.

QUESTIONS
Which ideas do you support and why?   **Do you have any other comments, thoughts or ideas?**

4.4 More streamlined authorisation process for restrictive practices

Why is it important?
If the scope of Queensland's authorisation framework is expanded to include all NDIS participants (discussed in section 4.1 above), it will be necessary to also consider Queensland's predominately guardianship-based authorisation framework. This framework reflects that the existing scope only includes adults with an intellectual or cognitive disability, and is not appropriate where persons have capacity and do not require a guardian to make decisions on their behalf. The framework is also not appropriate for children. Stakeholders have also suggested that the current framework is also generally very complex and difficult to understand and negotiate, particularly for new NDIS providers. A more streamlined authorisation process for restrictive practices would: • align with the national principles for nationally consistent restrictive practices authorisation arrangements, in particular principle 9 • potentially move away from a model where guardians make authorisation decisions for the use of restrictive practices (which, as noted in section 2.2 above, may not be consistent with principle 6) • reflect a simpler and more transparent approach, and • allow the disability service sector to have a single point of accountability for restrictive practice authorisation decisions.

What do our current laws say?
Queensland's legislative framework provides a multi-step authorisation process, depending on the type of authorisation sought and restrictive practice. Key features include: • QCAT is responsible for approving the use of containment and/or seclusion • a person's guardian (who can include the Public Guardian, if appointed) for restrictive practice matter (general) is responsible for approving the use of chemical, mechanical or physical restraint, and restricted access to objects • for restricting access, if there is no guardian for a restrictive practice (general) matter for the adult—an informal decision-maker for the adult may provide approval • the Public Guardian is responsible for short-term approvals for containment and/or seclusion, and • the chief executive of Disability Services is responsible for providing short-term approvals for the use of physical, mechanical or chemical restraint, and restricting access. The chief executive of the Disability Services also has the following functions: • deciding whether multidisciplinary assessments for the use of containment or seclusion will be conducted, and • developing and changing positive behaviour support plans that include the use of containment or seclusion.

Other important information	
***NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)**	The Rules refer to a state or territory authorisation process (however described) in relation to the use of a regulated restrictive practice, and require providers seeking to use a restrictive practice to obtain an authorisation through the state or territory process. Under the Rules, an NDIS behaviour support practitioner can undertake behaviour support assessments (including functional

	behavioural assessments) and develop behaviour support plans that contain a restrictive practice.
Other jurisdictions	Other states and territories generally have more streamlined authorisation frameworks. For example, in Victoria, an Authorised Program Officer (appointed by an NDIS provider) may authorise the use of restrictive practices. Additional approval for the use of seclusion, mechanical and physical restraints must be obtained from Victoria's Senior Practitioner. Similarly, in the Northern Territory, an NDIS provider may apply to the Northern Territory's Senior Practitioner for an authorisation or interim authorisation for the use of restrictive practices. Unlike Queensland, no other jurisdiction prescribes that, in certain circumstances, multidisciplinary assessments or positive behaviour support plans can only be developed by the chief executive (or equivalent). Instead, there is a general focus across other jurisdictions on the Senior Practitioner undertaking functions such as: • providing high-level authoritative advice in relation to contemporary clinical practice developments occurring at national or international levels in relation to the safe application, elimination or reduction of restrictive practices • developing guidelines to support NDIS providers in relation to the use of restrictive practices • authorising the use of some or all forms of restrictive practices, and approving the appointment of officers or panels (including officers or panels located in service providers) which are empowered in select circumstances to approve certain forms of restrictive practices • developing links and access to professionals, professional bodies and academic institutions for the purpose of facilitating knowledge and training in clinical practice for persons working with persons with disability • building capacity in the disability service sector through increasing the level of awareness and understanding of restrictive practices within the sector, and • undertaking research into restrictive practices and providing information on practice options to disability service providers and registered NDIS providers.

Ideas for reform	
H. Assessment to be done, and behaviour support plans developed, in accordance with the *NDIS (Restrictive Practice and Behaviour Support) Rules 2018* (Cth).	This would involve removing the current legislative requirement that only the chief executive of Disability Services can: (a) determine whether a multidisciplinary assessment will be conducted; and (b) develop and change positive behaviour support plans including containment and/or seclusion. Assessments and the development of plans would be conducted in accordance with the Rules, which permit both of these functions to be undertaken by an NDIS behaviour support practitioner (which can be the registered NDIS provider).

	Issues to consider Disability Services will need to work closely with the NDIS Commission and service providers to ensure the market's readiness and capacity to perform this function and any conflicts of interest that may arise.
I. Creation of new roles, such as: • An Authorised Program Officer (or similar role), responsible for authorising the use of selected restrictive practices which have been delegated by the Senior Practitioner. • A Senior Practitioner (or similar role), responsible for authorising the use of all other restrictive practices.	The creation of new roles could be considered to support an administrative model of authorisation. For example: • a Senior Practitioner—who could be a highly qualified and experienced clinician appointed by the government under legislation to administer the restrictive practices framework. • an Authorised Program Officer—who could be a clinician with certain qualifications and experience, as determined by the Senior Practitioner, who is appointed by a registered NDIS provider and approved by the Senior Practitioner. An Authorised Program Officer could then be responsible for authorising the use of delegated restrictive practices for specified periods of time. In some instances, an Authorised Program Officer could make a preliminary decision for the use of a restrictive practice, which would then require approval from the Senior Practitioner or QCAT (if QCAT retains its current authorising function). If Queensland adopts the definitions of restrictive practices as defined under the Rules, the types of restrictive practices will be: • seclusion • chemical restraint • mechanical restraint • physical restraint, and • environmental restraint (which encompasses containment, restricted access to objects as currently defined the DSA, and the locking of gates, doors and windows). **Issues to consider** *Level of authorisation for the use of restrictive practices* Consideration is required of the following matters: • What are the issues to consider in relation to the potential creation of roles like a Senior Practitioner or Authorised Program Officer? • If these types of roles were created: o What types of restrictive practices could an Authorised Program Officer authorise for use?

- What types of restrictive practices could an Authorised Program Officer make a preliminary authorisation decision for, but with that decision then required to be approved by the Senior Practitioner (or QCAT, if QCAT retains its current authorising function)?
- What length of time (up to a maximum of 12 months) could an Authorised Program Officer make an authorisation decision on their own authority (including either an interim or general approval)?
- Are there any restrictive practices that only the Senior Practitioner (or QCAT) could authorise?

Containment
A further issue to consider is the authorisation/approval that is appropriate for the use of containment. While the Rules include containment as a type of 'environmental restraint', it is very different than other types of environmental restraints. Containment has a significant impact on a person's rights and liberties, and should only be used with appropriate safeguards. There are a number of options for the authorisation of containment, including authorisation by:

- QCAT
- the Senior Practitioner
- an Authorised Program Officer, with that decision then required to be approved by the Senior Practitioner, or
- an Authorised Program Officer.

Independence of Authorised Program Officers
A key issue to consider is what safeguards would be necessary to ensure Authorised Program Officers have the necessary level of independence from the registered NDIS provider by which they are appointed or engaged. Safeguards could include, for example, that:

- an Authorised Program Officer must have specified clinical qualifications and experience, as determined by the Senior Practitioner
- the appointment of an Authorised Program Officer must be approved and periodically reviewed by the Senior Practitioner
- Authorised Programs Officers must not be involved in the preparation of Behaviour Support Plans, and
- all Authorised Program Officer decisions must be notified to the Senior Practitioner, who would then have powers to audit or monitor performance.

	Finally, the capacity of the market in Queensland to take on the Authorised Program Officer function would be another consideration.
J. Including research and education as mandatory functions of the Senior Practitioner (or similar role).	This could increase the level of awareness and understanding of restrictive practices within the sector, and contribute to the reduction (and ultimately in many instances to the elimination) of the use of restrictive practices. **Issues to consider** It is important that the functions of any new roles (such as a Senior Practitioner) do not duplicate the functions of the NDIS Commissioner.

QUESTIONS
Which ideas do you support and why?   **If an Authorised Program Officer (or similar role) is created, what types of restrictive practices should be subject to both authorisation by an Authorised Program Officer and additional approval by the Senior Practitioner?**   **If an Authorised Program Officer (or similar role) is created, what types of restrictive practices would be suitable for authorisation by an Authorised Program Officer without additional approval?**   **Should QCAT retain an authorisation role for containment and/or seclusion? Or should QCAT role be limited to the review of decisions made by an Authorised Program Officer and/or Senior Practitioner?**   **Do you have any other comments, thoughts or ideas?**

4.5 QCAT to review administrative decisions only

Why is it important?
An important safeguard is that any decision made in relation to the use of restrictive practices under Queensland's authorisation framework is accountable and can be reviewed on its merits. QCAT is Queensland's established body for merits review of administrative decisions. If the proposal to streamline the authorisation process for restrictive practices (discussed in section 4.4 above) is accepted, QCAT's role could be recast away from approving the use of restrictive practices and toward reviewing decisions by the primary decision-maker. This would: • align with the national principles for nationally consistent restrictive practices authorisation arrangements, in particular principle 8 (which requires that primary decisions be reviewable) • reflect a streamlined, simpler and more transparent approach.

What do our current laws say?
QCAT's role Currently, QCAT is responsible for approving the use of containment or seclusion. In certain circumstances, QCAT may also make an interim order in relation to containment or seclusion without hearing and deciding the proceeding, or otherwise complying with the requirements of the DSA*,* for a period of no more than three months. **Internally reviewable decisions** Under the DSA, a decision by the chief executive that a multidisciplinary assessment will not be conducted or a positive behaviour support plan will not be developed may, on application by an ***interested person***, be internally reviewed by the chief executive. Within 28 days of an application being received, Disability Services will either confirm, amend or substitute another decision for the original decision. An ***interested person*** may be: • the relevant service provider • the adult, or • a guardian or informal decision maker for the adult who was consulted by the Principal Clinician when making the decision. **Reviews by QCAT** Authorisation decisions Under the DSA, a containment or seclusion approval has effect for the period stated in the order, but the period cannot exceed 12 months. QCAT may review an approval which includes containment or seclusion at any time on its own initiative or following an application from certain persons, including the adult, 'interested person' for the adult, the public guardian, the relevant service provider or the chief executive to determine whether a restrictive practice is still needed. An 'interested person', is a person who has a sufficient and genuine concern for the rights and interests of the other person. Appointment of a guardian for restrictive practices Under the GAA, the appointment of a guardian for restrictive practices has effect for the period stated in the order, but the period cannot exceed two years. QCAT may review the appointment of a guardian for restrictive practices at any time on its own initiative or following an application from certain persons, including the adult, an interested person for the adult, the public guardian, the relevant service provider or the chief executive.

Other important information

Other jurisdictions	In Victoria, the Victorian Civil and Administrative Tribunal (VCAT) has the following role in relation to reviewable decisions: • an NDIS participant may apply to VCAT for review of the Authorised Program Officer's decision to authorise the use of a restrictive practice • if an Authorised Program Officer authorises the use of a regulated restrictive practice on an NDIS participant and that use also requires additional approval by the Senior Practitioner, the NDIS participant may apply to VCAT for a joint review of the decision to authorise the use and the decision to approve the use • a registered NDIS provider may apply to VCAT for review of a decision by the Senior Practitioner not to approve the use of a regulated restrictive practice; and • a registered NDIS provider may apply to VCAT for a review of a decision by the Senior Practitioner to refuse the appointment of an Authorised Program Officer, or a decision to revoke the appointment of an Authorised Program Officer.

Ideas for reform	
K. Allow relevant persons to apply to QCAT for review of a decision made under Queensland's authorisation framework. *These decisions could include:* • authorisation of restrictive practices by an Authorised Program Officer (or similar role), or • approval of restrictive practices by a Senior Practitioner (or similar role).	Under this option, QCAT would no longer be responsible for appointing guardians for restrictive practice matters. Instead, QCAT's role would be refocused toward reviewing decisions made under Queensland's authorisation framework, which could involve reviewing decisions made by an Authorised Program Officer (or similar role) or Senior Practitioner (or similar role). The exact nature of the decisions that would be reviewable by QCAT would depend on the authorisation regime (described at section 3.4 above) and the types of restrictive practices which could be authorised by different entities and roles. One option is for QCAT to retain the approval of containment. In this case, QCAT would review the approval at regular intervals or certain persons could continue to apply for a review at any time. If an Authorised Program Officer or Senior Practitioner-type role authorises/approves containment, then this decision could be reviewable by QCAT. **Issues to consider** The types of authorisation decisions that should be considered reviewable decisions and the applicable time periods attached to reviews.
L. Allow providers to apply to QCAT for a review of a decision to refuse the appointment, or revocation, of an Authorised Program Officer (or similar role).	If a role similar to an 'Authorised Program Officer' is created, an NDIS provider could apply to the Senior Practitioner for approval to appoint an Authorised Program Officer.

These decisions could include: • A decision by the Senior Practitioner (or similar role) to not appoint an Authorised Program Officer, and • A decision to revoke the appointment of an Authorised Program Officer by the Senior Practitioner (or similar role).	The Senior Practitioner could consider the application, including the mandatory criteria the proposed Authorised Program Officer must meet, and approve the appointment of the Authorised Program Officer if the Senior Practitioner considers it appropriate. The Senior Practitioner could also revoke the appointment of an Authorised Program Officer if the Senior Practitioner considers it appropriate. The Senior Practitioner would need to inform the NDIS Commissioner of the decision to refuse the approval of an Authorised Program Officer, or revoke the appointment of an Authorised Program Officer. **Issues to consider** It is important to consider whether an NDIS provider should be able to apply to QCAT to review a decision by the Senior Practitioner to: • refuse an application for approval of an appointment of an Authorised Program Officer (or similar role), or • revoke the appointment of an Authorised Program Officer (or similar role).

QUESTIONS
Which ideas do you support and why?   **Do you have any other comments, thoughts or ideas?**

4.6 Facilitate greater active participation of people with disability in the authorisation and use of restrictive practices

Why is it important?

People with disability are the natural authorities for their own lives and have the right to make decisions about matters that affect them, including in relation to the use of restrictive practices.

The regulation of restrictive practices should make provision for supported decision-making and the active engagement of affected people in the authorisation process, including:

- recognising the presumption of capacity for decision-making and requirement for consent where a person has capacity
- ensuring appropriate supports and consultation opportunities are incorporated in the process of determining if restrictive practices are required, to ensure the person and their interests are captured
- actively incorporating the person, their wishes and interests in the preparation of Positive Behaviour Support Plans
- ensuring the person's interests and wishes are represented in decisions that must be made on their behalf, and
- providing for opportunities to review decisions made to authorise the use of restrictive practices.

What do our current laws say?

Statement about use of restrictive practices

The DSA provides that if a relevant service provider is considering using restrictive practices in relation to an adult with an intellectual or cognitive disability, then the relevant service provider must give a statement—the Model Statement—in the approved form to the following persons about the use of restrictive practices generally:

- the adult, and
- a person with sufficient and continuing interest in the adult (an interested person).

The Model Statement must detail:

- why the relevant service provider is considering using restrictive practices in relation to the adult
- how the adult and the interested person can be involved and express their views in relation to the use of restrictive practices
- who decides whether restrictive practices will be used in relation to the adult
- how the adult and the interested person can make a complaint about, or seek review of, the use of restrictive practices, and
- that Disability Services, in accordance with the *Disability Services Regulation 2017*, will be collecting information regarding the use of restrictive practices in relation to the adult.

Also, the relevant service provider must explain the Model Statement to the adult:

- in the language or way the adult is most likely to understand, and
- in a way that has appropriate regard to the adult's age, culture, disability and communication ability.

The purpose of this provision is to ensure that the adult, family members and others in the adult's support network who have ongoing involvement in the adult's life are aware of:

- why the relevant service provider is considering a restrictive practice might be necessary
- how they can be involved in planning and decision making and express their views
- Who will make the decision whether or not to authorise the restrictive practice, and

- what are the review and redress avenues, should the person be dissatisfied with the process or decision.

The Model Statement is available on the Disability Services website, to be used by service providers to help them to meet this requirement.

Consultation
There are number of decisions and processes where, under the DSA, the Chief Executive must consult with a range of people before making an authorisation decision.

These decisions and processes include:
- deciding to conduct a multidisciplinary assessment
- deciding to develop a positive behaviour support plan (where containment and seclusion are proposed)
- development of the positive behaviour support plan (where containment and seclusion are proposed), and
- deciding whether a plan should be changed.

Similarly, there are a number of processes where the relevant service provider must consult with a range of people. These include:
- conducting an assessment of the adult
- conducting a risk assessment of the adult (where a respite or community access services is the only provider), and
- development of a positive behaviour support plan, or
- development of a respite/community access plan.

The people who must be consulted, have their views considered and be given the opportunity to participate in the development of plans for the adult include:
- the adult
- if the adult has a guardian or informal decision-maker—the guardian or informal decision maker
- each relevant service provider providing disability services involving the use of restrictive practice/s to the adult
- if the adult is subject to a forensic order, treatment support order or treatment authority under the *Mental Health Act 2016*—the authorised psychiatrist responsible for treatment of the adult under that Act
- if the adult is a forensic disability client—a senior practitioner responsible for the care and support of the adult under the *Forensic Disability Act 2011*, and
- any other person considered to be integral to the decision or process. For example, for chemical restraint, the adult's treating doctor must be consulted.

Consultation and engagement with all the people who have an ongoing involvement in the adult's life ensures the adult and their family and friends are given an opportunity to participate in the development of strategies for the care and support of the adult.

Review
As outlined in more detail in 4.6, there are opportunities for the review of decisions made internally within government under the DSA, and externally by QCAT.

Internally reviewable decisions
- a decision by the chief executive that a multidisciplinary assessment will not be conducted, and
- a decision by the chief executive that a positive behaviour support plan will not be developed.

Externally reviewable decision by QCAT • authorisation decisions for the use of containment or seclusion, and • the appointment of a guardian for restrictive practices.

Other important information	
***NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (Cth)**	The Rules include conditions in relation to how behaviour support plans containing a restrictive practice must be developed. These include that, in developing and reviewing a behaviour support plan for a person with disability, the specialist behaviour support provider must take all reasonable steps to: • consult with the person with disability, and • consult with the person with disability's family, carers, guardian or other relevant person. In addition, when consulting, the specialist behaviour support provider must provide details of the intention to include a restrictive practice in the behaviour support plan, in an appropriately accessible format, to: • the person with disability subject to the plan, and • the person with disability's family, carers, guardian or other relevant person.

Other jurisdictions	In Victoria, the Senior Practitioner may approve the use of seclusion, physical restraint or mechanical restraint, and an Authorised Program Officer (appointed by an NDIS provider) may authorise the use of other types of restrictive practices.
	An Authorised Program Officer must ensure that an independent person is available to explain to an NDIS participant:
	• the proposed use of restrictive practices on the NDIS participant, and
	• that the NDIS participant may seek, as the case requires—
	    ○ a review of the Authorised Program Officer's decision to authorise the use of restrictive practices, or
	    ○ a joint review of the Authorised Program Officer's decision to authorise the use of regulated restrictive practices and the Senior Practitioner's decision to approve the use of regulated restrictive practices.
	If the independent person considers that—
	• the NDIS participant is not able to understand the proposal to use the restrictive practices, and
	• the requirements of Part 6B of the *Disability Services Act 2006* (VIC) or the relevant requirements of the *NDIS Act 2013* (Cth) or the Rules are not being complied with—the independent person may report the matter to the Public Advocate or the Senior Practitioner.
	An independent person assisting the NDIS participant must not—
	• be a disability service provider or an NDIS provider for the NDIS participant
	• be a representative of a disability service provider or an NDIS provider for the NDIS participant
	• have any interest in a disability service provider or an NDIS provider for the NDIS participant, or
	• have any responsibility in relation to the development or review of the NDIS participant's NDIS behaviour support plan.

QUESTIONS
Do you support the current requirements to consult with the person with disability and relevant others as part of the authorisation process?   **Are there additional opportunities or supports where a person with disability could be consulted and incorporated in the process of authoring restrictive practices?**   **Are there additional occasions, or supports, which could be provided to assist a person with disability to ask for information or a review of an authorisation decision to use a restrictive practice?**   **Do you have any other comments, thoughts or ideas?**

4.7 Senior Practitioner must publish data on the performance of their functions

Why is it important?
If streamlining the authorisation process for restrictive practices involved the creation of a new role of Senior Practitioner (or a similar role, as discussed at section 4.4 above), the requirement for the Senior Practitioner to publish information on the performance of their functions will make it is possible to focus on what the evidence shows in Queensland, and to use this to directly inform policy and practice and to drive system-wide improvements.

What do our current laws say?
The chief executive of Disability Services currently has the following prescribed functions under the DSA: (a) conducting multidisciplinary assessments for the proposed use of containment or seclusion; (b) the development of positive behaviour supports plans that include containment or seclusion; and (c) providing short-term approvals for the use of restrictive practices other than containment or seclusion. The chief executive does not currently publish information on the performance of these functions. One idea put forward by this paper is the establishment of the role of a Senior Practitioner (or similar role) in Queensland. A Senior Practitioner (or similar role) could perform many of the authorising functions currently performed by the chief executive, the Public Guardian and QCAT.

Other important information	
***NDIS Act 2013* (Cth)**	Under the NDIS Act, the NDIS Commissioner's behaviour support functions include: • overseeing the use of behaviour support and restrictive practices, including by collecting, analysing and disseminating data and other information relating to the use of behaviour supports and restrictive practices by NDIS providers, and • undertaking and publishing research to inform the development and evaluation of the use of behaviour supports and to develop strategies to encourage the reduction and elimination of restrictive practices by NDIS providers.
Other jurisdictions	In Victoria, the Senior Practitioner role was established in 2006 through the enactment of the *Disability Act 2006* (Vic). Victoria has collected long-term population-level data on the use of restrictive interventions and behaviour support plans over 14 years. This has enabled investigations into what has changed over time, and what factors have affected these changes. For example, in Victoria, people with autism are more likely to be restrained over the long term (for periods over at least three years) with antipsychotic medication than people without autism.

Ideas for new laws	
M. Senior Practitioner (or similar role) to publish data about performance of its functions.	If a role like a Senior Practitioner was created, there could be a requirement for that role to publish relevant data. **Issues to consider** The types of information a Senior Practitioner (or similar role) could publish could include the numbers and types of approvals for restrictive practices, the particular conditions or disabilities of the NDIS participants receiving restrictive practices, and the length of time restrictive practices are applied. It would be necessary to consider the interaction of this function with the NDIS Commission to ensure no duplication of effort.

QUESTIONS
Which ideas do you support and why?   **Do you have any other comments, thoughts or ideas?**

5. Ideas to consider

Please let us know what you think about the following ideas for reform.

You can answer all of the questions or some of the questions and even parts of the questions, it is up to you.

1. **Should we expand Queensland's authorisation framework to include all NDIS participants?**

□ Yes

□ No

□ No opinion

Comments

2. **Should the Commonwealth's definitions of restrictive practices, as defined under the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (Cth), be adopted?**

□ Yes

□ No

□ No opinion

Comments

3. **Should the locking of gates, doors and windows in response to an adult with a skills deficit be treated as a restrictive practice?**

□ Yes

□ No

□ No opinion

Comments

4. Should certain types of restrictive practices be prohibited? If Queensland's authorisation framework were to extend to children, are there are restrictive practices that should be prohibited in relation to this cohort in particular?

□ Yes

□ No

□ No opinion

Comments

5. Should the exclusive legislative functions of the chief executive of Disability Services (i.e. to determine whether a multidisciplinary assessment will be conducted, and to develop and change all positive behaviour support plans which include containment and/or seclusion) be removed?

□ Yes

□ No

□ No opinion

Comments

6. Should the authorisation process for restrictive practices be streamlined through the creation of new roles, such as Senior Practitioner (or similar role) or Authorised Program Officer (or similar role)?

□ Yes

□ No

□ No opinion

Comments

7. If a new Authorised Program Officer (or similar role) were created, what restrictive practices and/or length of authorisation should they be responsible for approving?

□ No opinion

Comments

8. If a new Senior Practitioner (or similar role) were created, what restrictive practices and/or length of authorisation should they be responsible for approving?

□ No opinion

Comments

9. Should QCAT be retained as a decision-maker for approving the use of containment and/or seclusion?

□ Yes

□ No

□ No opinion

Comments

10. Should QCAT be able to review all decisions to authorise restrictive practices?

□ Yes

□ No

□ No opinion

Comments

6. How to make a submission

You will find ideas to assist you in making a submission throughout this paper. You may wish to comment on all of the ideas presented, or only on those that interest you. You can make your submission in writing, via email or online**.**

Email: restrictivepracticesreview@dsdsatsip.qld.gov.au

Mail: Strategic Policy and Legislation, Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships, GPO Box 806 Brisbane Qld 4001

Online: www.qld.gov.au/restrictive-practices-review

We will not publish your comments without your consent. Please tell us if you agree to your comments being published or used in public documents.

Do you consent to your comments being published? □ Yes □ No