**Anonymous Submission**

**Question 1: Should the proposed legislative framework cover the out of home care setting?**

Yes.

**Question 2: Should the proposed legislative framework cover any other setting?**

All settings must be covered.

**Question 3: What issues and challenges are raised by there being different frameworks for the authorisation of restrictive practices in the disability service provision setting and the aged care setting?**

All people deserve the best care and respect. Limiting options for certain people is discrimination.

**Question 4: Do you support legislation requiring that restrictive practices on NDIS participants in the disability service provision, health, education and justice settings should be governed by the principles recommended by DRC Recommendation 6.35(b)?**

Yes.

**Question 5: Are there any other principles that should be considered?**

Best care at all times for all people.

**Question 6: Should a legislative framework prohibit any practices? If so, which practices and in which settings?**

All practices that restrict best care must be prohibited.

**Question 7a: Do you agree that the framework should use the NDIS definitions of restrictive practices?**

Yes with due diligence to best care.

**Question 7b: Do you agree that the Senior Practitioner should have the power to issue guidelines that clarify how the definitions apply in different situations?**

Yes with consideration for the needs of the individual.

**Question 8 : What role should the Senior Practitioner play in regulating behaviour support plans (BSP)?**

Each individual must be carefully assessed with on going support to improve the circumstances of the individual and their carers. More support and constant consultation with all of the required team and the person needing care.

**Question 9: Is there anything else the proposed framework should do to improve the quality of behaviour support plans (BSP)?**

Not to my knowledge.

**Question 10a: Should Authorised Program Officers (APOs) be empowered to authorise particular categories of restrictive practices without separate Senior Practitioner authorisation (a partially delegated model)?**

No.

**Question 10b: Should Authorised Program Officers (APOs) be empowered to provide preliminary approval of restrictive practices, with final authorisation provided in all cases by the Senior Practitioner (a two step model)?**

Yes.

**Question 10c: What would be the benefits and risks of the above two models for Authorised Program Officers (APOs)?**

Immediate care can be provided as required. The support of senior practices ensures best care can be ongoing.

**Question 11: Are there alternative approaches to authorisation that would be preferable to these models?**

All members of the care group must be involved. Family friends and support carers.

**Question 12: Should Authorised Program Officers (APOs) be required to be employed by a single provider? Or should APOs be permitted to be consultants to a number of providers?**

All APOs must be closely monitored to ensure best care whether employed by a single provider or a number of providers. Checks must in place to ensure safe provision of care.

**Question 13: Do you support the proposed duration of authorisation and emergency use proposals for restrictive practices?**

The senior practitioner must have authority to cancel authorisation of restrictive practices at all times. Emergency situations must be quickly assessed and authorised by the senior practitioner if they are to be ongoing.

**Question 14: Are there any additional grounds on which the Senior Practitioner should be able to cancel an authorisation?**

If the treatment is detrimental to the health and safety of the individual.

**Question 15a: Should authorisation decisions be open to internal review?**

Yes.

**Question 15b: Should authorisation decisions be reviewable at NCAT?**

Yes.

**Question 16a: Should rights to seek review be limited to the person or a person concerned for their welfare?**

Yes anyone who is concerned for the welfare of the care recipient and the recipient.

**Question 16b: Should the service provider have a right to seek review of a decision not to authorise a restrictive practice?**

Yes flexibility is key.

**Question 17: Should a person have a right to request the service provider review the Behaviour Support Plan (BSP) at any time?**

Yes at all times. And family and other supporters.

**Question 18: Should the Senior Practitioner have complaints handling and investigation functions either on receipt of a complaint, on its own motion, or both?**

Both.

**Question 19: Do you agree the Senior Practitioner should have the proposed powers to respond to misuse of a restrictive practice?**

Yes.

**Question 20: How should interaction with the NDIS complaints framework be managed?**

Through the person receiving care APOs senior practitioners must able consult with each other regarding complaints.

**Question 21: To which bodies should the Senior Practitioner have the power to share information and in what circumstances should the Senior Practitioner be permitted to share information?**

All concerned bodies appropriate to the issue at hand.

**Question 22a: Are the means by which the Senior Practitioner would have visibility of the use of restrictive practices by NDIS providers proposed in this Paper sufficient?**

Yes.

**Question 22b: How can reporting burden to the Senior Practitioner and the NDIS Commission be minimised?**

Clear communication with all bodies at all times ensures any issues are clear and informed.

**Question 23: Do you agree the Senior Practitioner should have the proposed education and guidance functions?**

Yes with support from educators.

**Question 24a: Should the Senior Practitioner have the power to impose sanctions for the misuse of restrictive practices, or are existing sanctions for misuse of restrictive practices sufficient?**

Yes the senior practitioner should have the power to impose sanctions.

**Question 25: Should the proposed framework provide for a legislated immunity from liability from the use of restrictive practices where the use was in accordance with an authorisation and done in good faith?**

Yes.

**Question 26: Are there any other functions which the Senior Practitioner should have? Should providers in the disability service provision setting be subject to any other requirements?**

I envisage the senior practitioner having the role of overseer and coordinator.

Providers must always have the best interests of the individual as the core of all actions.