**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 NDIS funded settings.

**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?**

From my understanding the model is being practiced within Victoria and support the approval process as a behaviour support practitioner, immensely.

**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?**

No.

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

Yes, the current ones in place.

Although, there needs to be more guidelines around response cost. This is proven, when done ethically and consistently, to be an effective method in managing and reducing the use of behaviours of concern / risks of harm.

This needs to be governed like an RP, as it can be taken out of context if not appropriately delivered and implemented. Potential for only approved therapists/practitioners to be able to implement.

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

Yes.

**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!

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

Approval with other parties overseeing its use to ensure there are no to minimal gaps and participants are not neglected due to being overlooked by a busy Senior Prac.

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

Change the template and require Functional Behaviour Assessment Reports, not just the completion of a Functional

Behaviour Assessment Interview.

The template does not align with the NDIS PRODA portal nor the DCJ portal.

**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)?**

Yes chemical and environmental.

**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, as it will improve flow.

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

Miss managed restraints. Oversight. Personal understanding.

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

No.

**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?**

Single provider, to maintain consistency and a governed learning/knowledge base that can be provided to all employee's, meaning every participant is governed and RP's are judged by the same information.

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

Duration, yes.

Emergency, yes. Although it should not replace the interim authorisation process. You are leaving them open to being overlooked and not safeguarding participants.

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

Major changes in a person's life.

**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?**

No.

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

Yes.

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

Yes.

**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 yes.

**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?**

Unsure.

**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?**

With consent.

**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?**

I believe so.

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

Have a governing body.

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

Yes.

**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.

**Question 24b: How should the interaction between sanctions provided for under NDIS legislation and the proposed framework be managed?**

Unsure.

**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?**

No.