**Name**

Judith Leslie

**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 instances where a third party is assumed to have a greater say than the person affected.

**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?**

Inequality, inequity and loss of freedom of individual choice.

**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)?**

I SUPPORT THE IDEA WHILST BEING MINDFUL OF THE FACT THAT IT OFTEN FAILS IN PRACTICE

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

There should be widespread consultation with those likely to be affected.

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

Any practice that takes away from an individual the right of personal opinion or consent should be prohibited.

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

No I abhor all practices that treat individuals as objects not sentient beings*.*

**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?**

No, there is too much room for personal bias or convenience to sway a single person.

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

The Senior Practitioner should only be part of a multipartite consultation.

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

BSPs MUST always be mindful of the potential perils of individual Senior Practitioners having an overriding voice and role.

**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)?**

As previously stated restrictive practices should not be defined by single persons.

**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)?**

Two steps are slightly better than a single one but still leaves opportunity for ill-advised personal positions to override the more Junior role.

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

As before there is too much room in both models for individual bias or convenience to advise restrictive practices.

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

Committees comprising at least one advocate for the person concerned. All members to have familiarity with each case.

**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?**

The Single provider model leaves the way open to Officers being bound by the Corporate Guidelines of their employer.

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

Only Proposal 8 leaves room for compassionate intervention.

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

All authorisations should be truly mindful and cognisant of the wishes of the person who will be affected by the authorisation.

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

Not necessarily.

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

No too many mistakes have been made by using a body rather than a person/people most cognisant of the individual concerned.

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

In the first instance: Yes.

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

Not without due deference to those most concerned with the welfare of the individual to be affected.

**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?**

Yes this should be mandatory.

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

Yes.

**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?**

A report on the attitude of those most interested in the wishes and well-being of the individual concerned.

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

By regular consultation with the person concerned and/or family or individuals most cognisant of the person to be affected.

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

With caution bearing in mind the individual bias that may be problematic. The SP should only be part of the process of advising and planning restrictive practices.

**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?**

More sanctions are necessary including the requirement of input from those most cognisant of the individual affected.

**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?**

In theory reasonable but "in good faith" leaves too much leeway for restrictive practices to be used for the convenience of individuals or institutions.

**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?**

The Senior Practitioner Must have consulted and carefully listened to each person likely to be/have been affected by restrictive practices.