**Organisation**

Liger Supports

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

Yes. BTW. I just spent 2 hours doing this and bumped my phone and it was all lost.

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

Yes sil and private homes.

Some people with specific needs are treated like slaves.

**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?**

Asd is not dementia.

My mother is 95. Has dementia, she needs the doors locked where she lives. Common sense.

**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?**

Yes.

People with different needs need different rp.

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

Yes.

Rp as legislation stated but also coercive control.

...if you don't make yr bed you can't have yr cake..

This is rp.

**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)?**

To ensure quality supervision and training.

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

A Behaviour Practitioner needs to be tertiary qualified in humanitarian disciplines.

**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)?**

It should be a team approach.

**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)?**

Transparency.

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

Not sure.

**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?**

Free to be consultants.

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

Yes.

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

Yes.

Reportable incidences and changes to circumstances.

**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. It needs to be transparent.

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

Yes. A review is fair.

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

It depends on who the person is.

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

Not sure.

**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?**

Transparently but I'm not sure.

**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?**

Not sure.

**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?**

Observe and act.

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

I don't know, I'm not a sp.

**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, but it needs to be a consultation process.

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

Not sure.

**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?**

To provide guidance and mentoring.

To uphold the importance of the behaviour assessment report not just the current bsp ndis template.