**Name**

Lisa Schaper

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

I think we need to stop restrictive practises in all settings any restrictive practises that's Chemical or Physical is Dangerous to participants safety and health as many group home staff nowadays are unqualified students that often exploit and deliberately mis use restrictive practises.

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

Yes group homes.

**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?**

In disability sector many group homes employ unqualified students that are free Labor these students are as young as 16 yrs old and they rough handle and man handle their clients and label them violent to wrongly justify dodgy chemical restrictive practises resulting in young clients so over sedated they sleep for 72 hrs straight giving staff a nice easy shift.

**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 far too many group homes in disability sector employ teenage unqualified students that was t a nice relaxing shift so their clients are all labelled violent a d drugged up heavily to keep them asleep for up to 72 hrs at a time.

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

Yes any restrictive practises should only be administered with written consent from the parents and families only because the public guardians allow the group homes do exactly what they like with Restrictive practises were group homes unqualified teenage staff often push for all clients to be under many restrictive practises that most clients don't even need.

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

All Physical and chemical restrictive practises should be outlawed completely as to many unqualified staff in group homes are exploiting and misusing them.

Physical restrictive practises are commonly used on any client wrongly labelled violent these physical restrictive practises are dangerous as it gives unqualified teenage staff permission to physically abuse their clients for being go difficult. Physical Restrictive practises should be Stopped ASAP.

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

Not entirely both Mechanical and physical restrictive practises are often misused by unqualified teenage staff as a form of punishment to all clients.

Both Mechanical and physical restraints must be stopped.

**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.

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

To be properly qualified and all plans need to be restraint free and drug free.

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

Yes they need to be more positive with positive strategies that target individual triggers without chemical or mechanical or physical restraints which are nothing but legalised abuse in most group homes.

**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)?**

Only any Restrictive practises with written Parental approval and not just the public guardians.

**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)?**

Only with written Parental approval and not just the consent of the public guardians.

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

Above would only work with written approval and parental consent only as too many group home staff lie and exaggerate clients behaviour to give staff a nice easy shift.

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

Yes All restrictive practises must have parental written consent to go ahead.

**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?**

Should be by ma y providers and only with written consent of the clients parents and family members.

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

No.

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

Only with written permission from a parent and family member.

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

Yes every three months.

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

No they favour the group homes to much and side with them.

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

Parents and family members only.

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

No.

**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.

**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?**

Way more family involvement.

**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?**

Minister of disability NDIS.

**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?**

More family involvement.

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

Yes but all Restrictive practises should have written Parental approval to go ahead only.

**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?**

Monthly.

**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?**

No.

**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?**

All group homes should have compulsory surveillance cameras that staff cannot tamper with.