**Name**

Nathan Dore

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

I THINK THAT IT NEEDS TO BE SOMETHING THAT IS NOT USED AS PEOPLE WITH DISABILITY CAN BE HARMED IF THEY MAKE THE NOT RIGHT WAY OF USEING THEM

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

MAY NEEDED TO LOOK THAT WHEN USING IT OR WHAT OTHER WAYS CAN THEY HELP THEM MAKE BETTER THINKING ABOUT THEY CARE

**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?**

I WAS IN LIVERPOOL HOSPITAL AND I WAS GIVEN SOME THAT MAKE MY BREATH HARDER AND MY MOUTH WAS HARM AND NOT BODY LOOKED AFTER ME AND THIS TALK OVER 24 HOURS BEFORE I CAN BREATHE WITH BOTH MY MOUTH AND NOSE WITH OUT NEEDED SUPPORT

**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)?**

THIS NEEDS TO BE SOME ONE WHO IS MAKING SURE THAT THE PERSON HOW NEEDS CARE IS GETTING HELP NOT AS IT IS EASY TO DO THIS NOT TALKING TO THEM AND GIVIING THEM A SAY IN THEY CARE

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

SOME TIMES THEY NEED TO GIVE THEM TIME TO MAKE SURE THAT IT IS IN THEY BEST CARE OR THAT THEY IS NOT OTHER WAY OF HELPING THEM AND IT NEEDS TO HAVE MORE THEN 2 DOCTORS SIGN THAT THIS CAN BE USED

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

SOME TIMES PEOPLE WITH DISABILITY ARE TRYING TO MAKE SURE THAT THEY ARE GETTING WHAT IS GOING ON WITH THEY BODY TO OTHER PEOPLE AND THEY ARE NOT GETTING UNDERSTANDING AND THEY ARE TRYING TO MAKE SURE THAT ARE GETTING THE BEST CARE THEY CAN BUT OTHER PEOPLE ARE MAKING IT HARDER FOR THEM TO DO THIS

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

NO AS THIS SHOULD BE LOOKING THAT THEY MEDICATION AND WHAT AER THE OTHER WAYS THEY THEY CAN BE MAKING SURE THAT THE CARE IS MEETING THEY NEEDS AND NOT GIVING SUPPORT WORKERS THE RIGHT TO PUT THIS OUT AND SAY THAT THEY ARE NOT GIVING THEM 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?**

NO

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

YES

**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)?**

MAKE SURE THAT THEY MEET THEM BEFORE DOING ANY THING

AND TALKING WITH THEY AND OTHER PEOPLE THAT HAVE A GOOD UNDERSTANDING ABOUT STOPING THIS

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

YES

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

YES AND DOCTORS SHOULD ALL SO GET A SAY

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

YES

**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?**

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?**

NO

**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?**

NO

**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?**

NO

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

MAKING SURE THAT THEY ARE RIGHT AND ARE GIVE WHAT IS GOING ON

**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?**

YES

**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?**

YES