**Name**

Ruth Bacchus

**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?**

The legislation should cover every setting and service needed by people who might be subject to restive practices.

**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?**

Different frameworks might lead to each service being in a separate silo and this might lead, among other problems, to a lack of smooth transitions.

**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?**

Every principle related to human rights should be considered.

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

Practices that are restrictive without necessity should be prohibited. Restrictions should be used as a last resort and with consultation among every stakeholder.

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

Yes, since the NDIS framework seems broader.

**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)?**

Senior Practitioners should play a major role in consultation and coordination with others involved in the BSP, including the person affected.

**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)?**

No.

**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)?**

No.

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

A cooperative and coordinated model would better serve all parties.

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

Yes.

**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?**

Yes.

**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?**

Both.

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

Yes.

**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?**

The Senior Practitioner should have power to impose sanctions.