**Name**

Warren Allsopp

**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?**

Yes.

**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?**

Don't know.

**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)?**

If the Greens Party recommends it, then I support it.

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

Don't know.

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

There must be total transparency concerning the application of physical restraint.

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

Don't know.

**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?**

Don't know.

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

Don't know.

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

If you don't know, then I certainly don't know.

**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)?**

Don't know.

**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)?**

Don't know.

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

Don't know.

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

Don't know.

**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?**

Don't know.

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

Don't know.

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

Don't know.

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

All reviews should be open & transparent, with information concerning those decisions open to any & all concerned.

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

Don't know.

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

Should rights be limited? A concerning proposition.

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

"Should.... have a right to.... ? What does this question even mean?

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

"Should a person have a right..... "? to do anything.... ?

**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?**

Proposed powers... to intervene, concerning abuses? Oh, no. Not at all. Best to let it lie & then sweep it under the rug.

**Question 20: How should interaction with the NDIS complaints framework be managed?**

Expertly & professionally.

**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?**

All bodies.

**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?**

All pertinent information, at all times.

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

Pretend it doesn't exist in the first place.

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

No, no. Ignorance is bliss.

**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?**

Misuse of restrictive practices should be revealed & exposed immediately to all concerned, & that includes the public at large.

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

Well.

**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 accordance with.... ....done in good faith".... the last refuge of the scoundrel. This isn't America.

**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?**

Such as acting with decency, honour, common sense, professionalism, empathy, genuine concern & compassion? What other requirements are there?