**Organisation**

Quovus

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

My view would be that OOHC should hold a matched standard for clinical practice to NDIS frameworks; however the efficacy of the use of a Senior Prac across children's services and adult services would in my opinion be unhelpful. There are significant conflicts in both the legislation and guardianship that I feel prevent united authorisation. That said clinical standards and benchmarks could be usefully combined.

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

Yes -Aged care, Education + Health Services + justice would greatly benefit from shared standards, language and criteria for definitions. I hesitate around the use of the Snr Prac model as above due to the complexity of context variation, mediation and barriers of politics.

**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?**

* Guardianship + consent legislation
* Mediation to context of very different settings + priorities for care stakeholders + support engagement / skills/ investment/ motivation
* Primary participant profile

**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 .. with the condition include that context specific examples are included + that consideration is made for "therapeutic rational for practice”.

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

As above - there does need to be further guides around philosophy of practice.

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

The short answer is yes BUT I believe that this needs extensive expert consultation + an appeals process for exceptions or case by case review. It is my experience that current practice guides have in fact been miss used to prevent participant access to services and practice definitions not understood.

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

Yes with the noted inclusions as flagged in previous question.

**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?**

I currently don't agree that the proposed Snr Prac model would serve the sector.

I do however feel that there should be a panel of suitably expert practitioners who are able to advise + guide definitions.

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

I am not in support of the currently framed role of the Snr Prac.

I do support monitoring of QA for BSPs, but rather by panel or peak body, authorised supervision structures and benchmarks for practice + compliance standards.

The current framework around standards is useful but would benefit from greater refinement linked to intervention focus.

I support both practitioner qualifications + credentialing.

As noted above I support a benchmark around practitioner qualification.

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

* Supervisor accreditation + practitioner evidence of engagement
* Professional peak body -> ethical practice model
* Practitioner requirement for qualification + registration

**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)?**

I am not in support of the Snr Prac + APO model - happy to discuss further.

**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)?**

NA - happy to discuss further.

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

Primary risks relate to the inevitable distance from desirable practice, along with the limitation around sector mediation; particularly if the intent is to foster broader professional investment in the Standards.

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

* Expert Panel with State/ National advisory responsibilities + appeals + sector leadership
* Advanced Practitioner(s) acc for supervision + plan endorsement + plan approval + via portal
* DCJ systems> Plan auditing + standards monitoring for compliance of uploaded plans

**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?**

NA

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

Noting previous responses -> I am not in support of the Snr Prac or APO model.

However I do endorse consideration of the proposal 6-7-8 for an alternative model.

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

* Lack of linkage to EBP
* Challenges to ethical conduct
* Participant or stakeholder objections

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

Note previous responses.

Yes under a panel model.

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

Yes but in respect of that legislation.

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

No.

**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 .. with conditions.

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

Please ref previous response -> I do not support the Snr Prac Model or APO.

Panel responsibility.

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

Please ref previous response -> I do not support the Snr Prac Model or APO.

Panel + Supervisor responsibility.

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

Via Panel.

**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?**

* Case by case > situational
* Generally focused on practice governance
* Supervision + supervisor practice

**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 this is one of the areas of significant concern and fragility in the model.

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

As per previous feedback.

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

As per previous feedback -> Expert panel + Supervisors + monitoring portal.

**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?**

NO - DCJ monitoring body to submit to Panel.

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

As above.

**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?**

This is a critical discussion for further information > plan vs implementation vs consent.

This is a key area poorly served by the Snr Prac + APO model.

**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?**

NA as per previous alternative model.