




Speech By  
**Michael Crandon**

**MEMBER FOR COOMERA**

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**DISABILITY SERVICES (RESTRICTIVE PRACTICES) AND OTHER  
LEGISLATION AMENDMENT BILL**

 **Mr CRANDON** (Coomera—LNP) (4.48 pm): I rise to make a short contribution to the Disability Services (Restrictive Practices) and Other Legislation Amendment Bill 2013. First of all, I note that challenging behaviour, which is the focus of this particular bill, is described as ‘culturally abnormal behaviour(s) of such intensity, frequency and duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit the use of or result in the person being denied access to ordinary community facilities’.

That said, the Disability Services (Restrictive Practices) and Other Legislation Amendment Bill amends various aspects of the legislation. For example, clause 4 amends part 10A, which will be headed ‘Positive behaviour support and restrictive practices’. Clause 5 states—

**123A Purpose of pt 10A**

The purpose of this part is to protect the rights of adults with an intellectual or cognitive disability by—

- (a) stating principles to be taken into account by funded service providers in providing disability services to those adults with behaviour that causes harm to themselves or others; and
- (b) regulating the use of restrictive practices by funded service providers in relation to those adults in a way that—
  - (i) has regard to the human rights of those adults; and
  - (ii) safeguards them and others from harm; and
  - (iii) maximises the opportunity for positive outcomes and aims to reduce or eliminate the need for use of the restrictive practices; and
  - (iv) ensures transparency and accountability in the use of the restrictive practices.

Clause 7 inserts new section 123CA, which states—

- (1) This section applies to an adult with an intellectual or cognitive disability if the adult’s behaviour causes harm to the adult or others.

One very important aspect is the next subsection, which states—

- (2) A relevant service provider must provide disability services to the adult in a way that—
  - (a) promotes the adult’s—
    - (i) development and physical, mental, social and vocational ability; and
    - (ii) opportunities for participation and inclusion in the community; and
  - (b) responds to the adult’s needs and goals; and
  - (c) ensures the adult and their family and friends are given an opportunity to participate in the development of strategies for the care and support of the adult; and
  - (d) involves—
    - (i) positive behaviour support planning informed by evidence-based best practice; and

- (ii) the implementation of strategies, to produce behavioural change, focussed on skills development and environmental design;

...

- (f) recognises that restrictive practices should only be used—
  - (i) when necessary to prevent harm to the adult or others; and
  - (ii) if the use is the least restrictive way of ensuring the safety of the adult or others; and
- (g) recognises that restrictive practices should not be used punitively or in response to behaviour that does not cause harm to the adult or others;

I note that the Health and Community Services Committee has prepared a thorough report that made 11 recommendations. Those recommendations have been responded to by the minister. Not all the recommendations have been accepted, but certainly there has been a thorough explanation as to why not all of the recommendations were accepted and they all make very good sense.

As other members have said of their own electorates, within my community there are some absolutely fantastic organisations that look after people. I am talking about residential facilities, respite care and day-care facilities. They do a wonderful job. They engage with young people and they provide an opportunity for them to be a very positive part of the community. I need to bring the attention of the House to one particular case about which I have written to the minister. Once again I acknowledge that other members also deal with these types of matters on a daily basis. Certainly, over the five years that I have been a member of this place, I have had my fair share of concerns brought to me by family, in particular, in relation to the care of their child or loved one. We look into those situations and we find out what is going on. Sometimes we are able to make a difference. I hope that we will be able to make a difference in this particularly sad and difficult case.

I have received a handwritten letter from one of my constituents who is trying to get help for his 36-year-old son, David, who has Down syndrome. David's mother passed away the day after Mother's Day last year. David attended the Endeavour home at Kingston for a few years. He was very well liked by clients and staff. The father says that David needs this very much in his life, which highlights the benefit of these care facilities. Endeavour does a wonderful job right around the state. My constituent makes the very strong point that his son 'needs this very much in his life'. David was taken out of the residential care facility because prior to her passing his mother had indicated that she would like David to go back to live with family. In fact, he did do that. His brother and family picked him up and took him to live with them at Stanthorpe to experience a normal life, if you like. My constituent indicated that, unfortunately, he did not have a say in the matter, which was agreed to by the rest of the family. Sometimes these things are done with everyone's best interests in mind and certainly those of the individual most concerned.

Sadly, I have to report that on 16 December last year David was brought back to live with his father. His father makes the point that he was very happy to have his son back. He lives in Eagleby and while his son was living in Stanthorpe he found it difficult to visit him on a regular basis. However, because David had been taken out of the Kingston home, he cannot be taken back; it is as simple as that. The problem is this: my constituent is 81 years old, he is a pensioner and his only income is his pension, although clearly he receives money on behalf of David. He lives in a housing commission home, he is 81 years old and he has a 36-year-old son who can be difficult at times. In his letter he makes the point that you have to understand people such as David to be able to live with them and to add value to their lives. Unfortunately, David was a bit too much of a handful for the family at Stanthorpe, so he came home to his dad. His dad desperately needs to get him back into some sort of facility that will be good for David. Of course, at 81 years of age I think we can all appreciate that he is not going to be around forever and how much care can he take of a son with Down syndrome? I finish on that note.

I commend the minister for bringing this bill before the House. I commend the committee for its hard work. Looking through the report, I see that a lot of work was done and a lot of feedback was received from the community. That has created a bill that will improve the lot of those people in our community who need the type of support that is needed in the case that I referred to.