




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

 **Mr WATTS** (Toowoomba North—LNP) (4.16 pm): I rise to support the Disability Services (Restrictive Practices) and Other Legislation Amendment Bill. This bill makes important legislative changes to the restrictive practice framework. The bill will ensure that there will be effective monitoring of the use of restrictive practices. It will further ensure that clients and their families, who are at the forefront, are fully involved in decisions about their lives and their support arrangements. It will also ensure that service providers can focus on client care and support which ultimately will lead to people having dignified lives.

Legislation on its own, however, can only do so much. I would like to commend the minister and her department on the significant work occurring alongside these amendments to build the capacity of service providers and clinicians to provide positive behaviour support to clients. We know that what really makes a difference in reducing and eliminating the use of restrictive practices is the implementation of a person centred, evidence based positive behaviour support strategy—strategies that recognise and address a person's needs and the functions of a behaviour and provide opportunities for change to that person's environment, support, or skills development and for that person to undertake activities which provide them with a better quality of life.

What are we really talking about here? We are talking about people having a life where they do not need to have the restraints that are outlined and are supported in other ways. Let us just have a look at what we are talking about from an restrictive practices point of view: containment; preventing someone from leaving a particular premises; seclusion; confining an adult in a room; chemical restraint by medication; other physical restraints; a mechanical restraint using a device to restrict movement of an adult or to prevent self-injury; and restricting access to objects. Many of us would take all of these things as highly restrictive practices and unacceptable for a person in society, but unfortunately there are people in our society who at different times might need these practices to safeguard their own safety.

Again, the purpose of regulating restrictive practices is to ensure that, while these restrictive practices might be used from time to time, they have regard for the human rights of the adults involved; it safeguards them and others from harm; it maximises the opportunity for positive outcomes and aims to reduce or eliminate the need for the use of restrictive practices; and—this is very important—ultimately it ensures transparency and accountability in the use of restrictive practices. The minister has done a good job in coming up with some sensible amendments that will not only reduce red tape by clarifying the purpose for which restrictive practices are used but also reduce prescriptive requirements in developing positive behaviour support plans. Why would we want to have interfering red tape to an excessive degree in that area? Obviously we need support plans in place that can reduce the need for these restrictive practices and red tape needs to be reduced in that area.

Providing flexibility in the appointment periods for guardians for restrictive practice matters is also an important area. Again, if restrictive practices are to be used, we need to make sure that they

are used only on the occasions where they are needed and to make sure that the guardians are in place to ensure that they are used correctly. Removing the requirement for a short-term plan for a short-term approval is also another important key element of the bill, as is making it easier for a client subject to the framework to transition to a new service provider. Again, red tape involved in changing from a service provider obviously will be very important in Toowoomba, which has Blue Care, Endeavour, which has a big operation in Toowoomba, and the Cerebral Palsy League. If clients choose to move between those different service providers for whatever reason they might choose, reducing the red tape involved in that transition is very good and is something that we should definitely support.

As I said, what would really make a difference in reducing and eliminating the use of restrictive practices is the implementation of a person centred, evidence based positive behaviour support strategy. It is very important to encourage positive behaviour support plans. We need to ensure that these plans meet the needs of that particular individual adult and that it is supporting that adult's development in terms of their skill base and maximising opportunities in which that particular client can improve their individual quality of life. Again, a very worthy objective of a behaviour support plan would be to reduce the intensity, frequency and duration of the behaviour that might cause harm to themselves or to others.

A constituent came to see me recently whose son had a particular episode and the police were called. Normally when the police have been called to help this particular person it has been done well, but on this occasion they were taken to the Toowoomba Hospital and put in the acute mental healthcare unit. Unfortunately, someone did not go through all of the steps that they should have because he was confined and suffers very much from being confined. All they needed to do in this particular case was leave the door open and the behaviour would have started to reduce, but upon closing the door the behaviour became more and more harmful for both the individual and others who were trying to help. So I think it is important that we have plans in place that will enable the reduction of these kinds of behaviours.

I understand the Department of Communities, Child Safety and Disability Services has made a number of recent changes that will enable it to provide more consistent clinical advice and increase training and support to the various service providers, and I think that will be a great change. Obviously the service providers operating in this area are always going to be striving for best practice, so having improvements in that area is a good thing. A state-wide clinical governance framework has also been developed and will be implemented to ensure consistent clinical practice and expectations. The Centre of Excellence for Clinical Innovation and Behaviour Support has been incorporated into the structure of the department to enable better influence and direct support for people with disabilities and challenging behaviours. The centre will play a central role in ensuring that we see real improvements in the lives of these adults. Over time, it will mean that there is less and less need for the restrictive practices that I spoke about earlier to be used by the disability service providers. I think we would all agree that that would be a good outcome.

Guidelines on positive behaviour support plans and the best practice model plan will provide service providers with a better understanding of how to prepare, implement and review effective positive behaviour support plans. As we know, these are the key to a better life for these individuals. Training in positive behaviour support approach should also have real gains for the clients. The centre will be rolling out training to service providers in all regions of Queensland to build sector capacity in the development and implementation of positive behaviour support plans. The centre will also be training professionals working in the disability sector on how to undertake assessment of adults with challenging behaviour to increase the capacity of the assessors and the quality of the assessments. Ultimately, this bill will reduce red tape, support the service providers and support the clients in having a better quality of life.

(Time expired)