Director of
Forensic Disability

ANNUAL REPORT

Director of Forensic Disability

2021-2022

This Annual Report details the administration of the *Forensic Disability Act 2011* (Qld) and the associated activities and achievements for the 2021-22 financial year in an open and transparent manner to inform the Minister for Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships, the Queensland Parliament and members of the public.

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We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of this country and recognise their connection to land, wind, water, and community. We pay our respect to them, their cultures, and to Elders both past and present.

30 September 2022

The Honourable Craig Crawford MP
Minister for Seniors, Disability Services and
Aboriginal and Torres Strait Islander Partnerships
PO Box 15457
BRISBANE CITY EAST QLD 4002

Dear Minister

I am pleased to present the 2021-2022 Annual Report of the Director of Forensic Disability. This report is made in accordance with section 93 of the *Forensic Disability Act 2011* (the Act).

The Annual Report provides information on the statutory responsibilities and key activities of the Director of Forensic Disability from 1 July 2021 to 30 June 2022. Specifically, this report outlines the function and operation of the Forensic Disability Service (FDS) and its compliance with the relevant legislative provisions, governance and administration as contained in the Act.

Yours sincerely

Jenny Lynas ACM
Director of Forensic Disability

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Message from the Director of Forensic Disability

As a specialist medium secure forensic disability service and the only one of its kind in Queensland, it is imperative that the Forensic Disability Service (FDS) is able to deliver a suitable, sustainable and evidence-based model of care to guide intervention and engagement with its clients. In May 2021, the FDS commenced implementation of its revitalised Model of Care (MoC). The MoC broadly outlines key evidence-based practice frameworks that underpin service delivery including assessment and planning approaches as well as rehabilitation programs and habilitation, limited community treatment and reintegration opportunities at the FDS. Given the importance of the MoC in supporting the care of forensic disability clients, promoting individual development and opportunities for quality of life, and maximising opportunities for reintegration to the community, the implementation of the MoC by the FDS has also been an area of key interest for the Director of Forensic Disability. To this end, the Director of Forensic Disability completed two reviews to support and monitor the implementation in September 2021 and June 2022.

The FDS has made progress in its MoC implementation through staff training, implementing evidence-based rehabilitation programs for clients at the service, and offering intervention opportunities for individuals with similar needs from the community. The Director of Forensic Disability review in September 2021 captured progress in initial implementation and the planned short term goals identified by the FDS, while the June 2022 review was able to evidence progress towards meeting those short term goals as well as positive client outcomes in the form of program completions. However, as with any service level change, 'drift' or divergence, and other risks may emerge, and there may be barriers or limiting factors impeding implementation and delivery of the expected goals. The June 2022 review identified some emerging and potentially limiting factors associated with staff turnover, including reduction in capacity and growth, vacancies in key roles, and some 'drift' from the original MoC intent. In order to counter some of these potential pitfalls, the Director of Forensic Disability supported the FDS to develop a 'program logic' to establish clear parameters for success and support future evaluation. It is hoped that the FDS will utilise the MoC Program Logic as part of their governance to guide MoC implementation, and to circumvent potential drift away from MoC objectives. Promoting practice leadership and drawing from the experience of the disability sector in building capable environments will support the development of depth and capacity within the service and may also assist in ensuring sustainability of the MoC. I look forward to seeing further positive outcomes from the MoC for clients and the FDS.

In addition to taking an interest in the successful implementation of the MoC, the Director of Forensic Disability workplan priorities and areas of focus for 2021-2022 included:

- Facilitating the transition of clients from the FDS to the community, as well as identifying other clients with forensic and disability needs who may benefit from the supports and services of the FDS;
- Undertaking monitoring activities to ensure compliance with the Act, including undertaking specific reviews pertaining to the development and implementation of

Individual Development Plans (IDPs), application of Limited Community Treatment (LCT), use of Regulated Behaviour Control (RBC) and recordkeeping; and
- Undertaking quality improvement-focused reviews of approaches to support and care at the FDS, such as clinical risk assessment and management at the FDS.

June 2022 represents the conclusion of the 2021-2022 annual reporting period and also the mid-point of my five year appointment as the Director of Forensic Disability. As such, it provides an opportunity to report not only on the Director of Forensic Disability priorities for the past 12 months, but also to reflect on changes over my tenure, and look to the future for the forensic disability service system within Queensland.

Stepping into the Director of Forensic Disability role, my priorities were centred on addressing the recommendations of the 2019 Ombudsman's review into the FDS. This was a key focus for the first 12 months, and I am pleased to reflect on steps taken, in particular, completing a review of interventions and programs at the FDS culminating in the identification of appropriate intervention options for forensic disability clients and recommendations for consideration by the FDS, and the Department; implementing a rolling schedule of legislative compliance activities; completing a review and reissue of all Director of Forensic Disability policies and procedures including the development of new policies such as positive behaviour support, trauma informed care and risk management; and establishment of a web presence for the Director of Forensic Disability that reflects the independence of the Director of Forensic Disability separate to the Department.

Since commencing in the role, I have also been able to witness the FDS contribution to the timely transition of clients through the provision of treatment, supporting skill development, client independence and quality of life while balancing the protection of the community. It is recognised that transition is the cumulative effort of a range of stakeholders committed to supporting the client and the safety of the community. Client movement has led to new referrals to the service and increasing demand. It has been pleasing to see throughput of the service in this regard. The availability of step down accommodation in the form of robust, secure accommodation for clients with challenging behaviours provides a potential pathway for the remaining clients detained to the FDS, with one property becoming available during the 2021 – 2022 period. I hope for the benefit of the clients, their families, and for the service overall that this accommodation with the right support model can prove to be an appropriate alternative to the FDS.

Looking forward, I hope to see more action in relation to the Queensland Government's *Section 157: Review of the operation of the Forensic Disability Act 2011* [1] and the recommendations within the *Addressing Needs and Strengthening Services: Review of the*

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[1] The State of Queensland (Department of Communities, Disability Services and Seniors) Section 157: Review of the operation of the *Forensic Disability Act 2011* Final Report.
https://documents.parliament.qld.gov.au/tableOffice/TabledPapers/2018/5618T1581.pdf

Queensland forensic disability service system[2] which identified potential areas of enhancement within the FDS, the administrative, legislation and governance arrangements, and the broader forensic disability service system within Queensland. Without progressing these enhancements and reforms, investment in, and changes to the forensic disability service system, the FDS will continue to operate as a service in isolation.

Specific to the Director of Forensic Disability workplan for 2022 -2023, the priorities include a full review of the Director of Forensic Disability policies and procedures to ensure that these remain consistent with changes to relevant legislation and evidence-based practices and developments within the forensic and disability spheres. The focus will also include leveraging statutory 5 year reviews to support the transition of clients who have been detained at the FDS for considerable periods of time to more appropriate accommodation and support options outside the FDS; as well as identifying opportunities for the FDS to better link and partner with other departments, services and supports to improve client outcomes.

Jenny Lynas ACM
Director of Forensic Disability

[2] Ogloff, J. R. P., Ruffles, J., & Sullivan, D. (2018). *Addressing Needs and Strengthening Services: Review of the Queensland forensic disability service system.* Unpublished Report, Centre for Forensic Behavioural Science, Swinburne University of Technology.
https://documents.parliament.qld.gov.au/tableOffice/TabledPapers/2018/5618T1581.pdf

The *Forensic Disability Act 2011*

The *Forensic Disability Act 2011* (the Act) provides for the involuntary detention, and the care and support and protection, of particular people with an intellectual or cognitive disability.

The Act was passed into law as a direct response to two seminal reports[3] into the area of care and treatment of persons with intellectual disability. Both reports highlighted the inappropriateness of detention of persons with intellectual or cognitive disability on forensic orders in mental health facilities.

The purpose of the Act is to provide involuntary detention and care and support and protection of the forensic disability clients[4] while at the same time safeguarding their rights and freedoms; balancing their rights with the rights of other people; promoting individual development and enhancing their opportunities for quality of life and maximising their opportunities for reintegration into the community. To meet the purpose of the Act, separate and distinct entities were established – FDS, and the Director of Forensic Disability.

Forensic Disability Service (FDS)

The FDS is a purpose-built medium security facility located at Wacol. The service cares for and supports up to 10 adults with an intellectual disability or cognitive impairment who have been detained to the service on forensic orders (disability).

The service is operated by the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (the Department). The Department has operational responsibility, controls the budget and staffing, and provides the infrastructure for the day-to-day running of the service.

Although separate and distinct to the FDS, the Director of Forensic Disability works closely with the Administrator and staff at the FDS with the goal of transitioning clients through the programs and services provided so that they may safely return to their community with an enhanced quality of life.

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[3] *Challenging Behaviour and Disability: A targeted Response* by Justice Bill Carter and *Promoting Balance in the Forensic Mental Health System: Final Report* by Brendan Butler SC.

[4] Section 10 of the *Forensic Disability Act 2011* defines a forensic disability client as an adult who has an intellectual or cognitive disability for whom a forensic order (disability) is in force if, under the *Mental Health Act 2016*, the Forensic Disability Service is responsible for the adult.

Statutory Roles under the *Forensic Disability Act 2011*

The Director of Forensic Disability

The Director of Forensic Disability is appointed by the Governor in Council under the Act and is independent when exercising a power under the Act. The main functions of the Director include:

- ensuring the protection of the rights of forensic disability clients under the Act;
- ensuring the involuntary detention, assessment, care, support and protection of forensic disability clients comply with the Act;
- facilitating the proper and efficient administration of the Act;
- monitoring and auditing compliance with the Act;
- promoting community awareness and understanding of the administration of the Act; and
- advising and reporting to the Minister on any matter relating to the administration of the Act.

The Director of Forensic Disability may also be a party in Mental Health Court proceedings involving individuals with an intellectual or cognitive disability where these individuals may benefit from the services of the FDS.

The current Director of Forensic Disability was appointed in January 2020 for a five-year term.

The Director of Forensic Disability is not responsible for the day to day operations of the FDS. The day to day operations including the running of the facility and the management of the clients are the responsibility of the Administrator, and the Department.

Officers of the Director of Forensic Disability

The Director of Forensic Disability is supported to perform the statutory functions by six officers (6 FTE) permanently appointed under the *Public Service Act 2008*. Specifically, the team is comprised of a Principal Legal Officer, three Principal Advisors, and administrative and business support roles (2 FTE).

The Director of Forensic Disability approach to Compliance Monitoring and Quality Improvement

The Director of Forensic Disability Compliance Monitoring and Quality Improvement Framework (the Framework) outlines an approach that is risk based, proportional, transparent, accountable, impartial, objective and in line with the independence of the Director of Forensic Disability. The Framework was developed to ensure the detention, assessment, care and support and protection of forensic disability clients comply with the Act. It encourages a high level of compliance from the FDS and quality service delivery to FDS clients. The Framework and its areas of focus are reviewed annually.

Compliance monitoring and quality improvement activities conducted in line with the Framework between July 2021 and June 2022 included:

- Individual development planning for FDS clients;
- The use of Regulated Behaviour Controls (RBC);
- The application of Limited Community Treatment (LCT) provisions;
- Recordkeeping; and
- Clinical risk assessment and management.

In addition to the above activities, the Director of Forensic Disability completed two progress reviews of the MoC implementation. Regular clinical compliance monitoring activities involving the Director of Forensic Disability include involvement in IDP reviews and FDS client case management updates to ensure that the care provided to clients aligns with best practice and meets the requirements of the Act. The Director of Forensic Disability also has direct engagement with the clients and regular engagement with the Administrator.

Relevant findings from the Director of Forensic Disability Compliance Monitoring and Quality Improvement activities are documented throughout this report.

Statutory Officers at the FDS

The Administrator

The Administrator is appointed under the Act and is responsible for the day to day operation of the service, in addition to a range of statutory responsibilities under the Act. Forensic order (disability) clients detained to the FDS are in the legal custody of the Administrator. The primary functions of the Administrator include:

- ensuring care of clients detained to the FDS;
- giving effect to policies and procedures issued by the Director of Forensic Disability;
- appointing Senior Practitioners and Authorised Practitioners;
- maintaining records and registers;
- providing a copy of the Statement of Rights and Responsibilities to clients; and
- choosing an allied person for forensic disability clients who do not have capacity to choose their own allied person.

In operating the service, the Administrator and the Department have staffing and human resource, finance and infrastructure responsibilities under the *Financial Accountability Act 2009* and the *Public Service Act 2008*. The Administrator reports to the Director-General of the Department through the Deputy Director-General, Disability Accommodation, Respite and Forensic Services regarding the operational management of the FDS.

The Administrator also has a legislative reporting obligation to the Director of Forensic Disability in relation to client care and legislative functions under the Act.

Highlights from the Administrator for 2021-22

The *Forensic Disability Service Model of Care* (MoC)

The FDS continues to embed the new MoC. The MoC applies to all staff and has been adopted by the whole service. Every employee at the FDS including the clinical, operational and forensic officers, and the administration and management team has been familiarised with the MoC. The MoC guides staff in the provision of support to clients to undertake treatment, to improve their lives, and to transition to the community.

The MoC is underpinned by evidence-based practice identified as important and relevant for supporting clients with disability and forensic needs. The FDS provides a variety of programs including specific rehabilitation programs and services that support the maintenance and development of skills, increase positive behaviours and work towards transitioning clients to their community.

The FDS continues to provide rehabilitative programs to community-based persons who are subject to a Forensic Order (Disability). These programs are delivered in a group setting on site at the FDS.

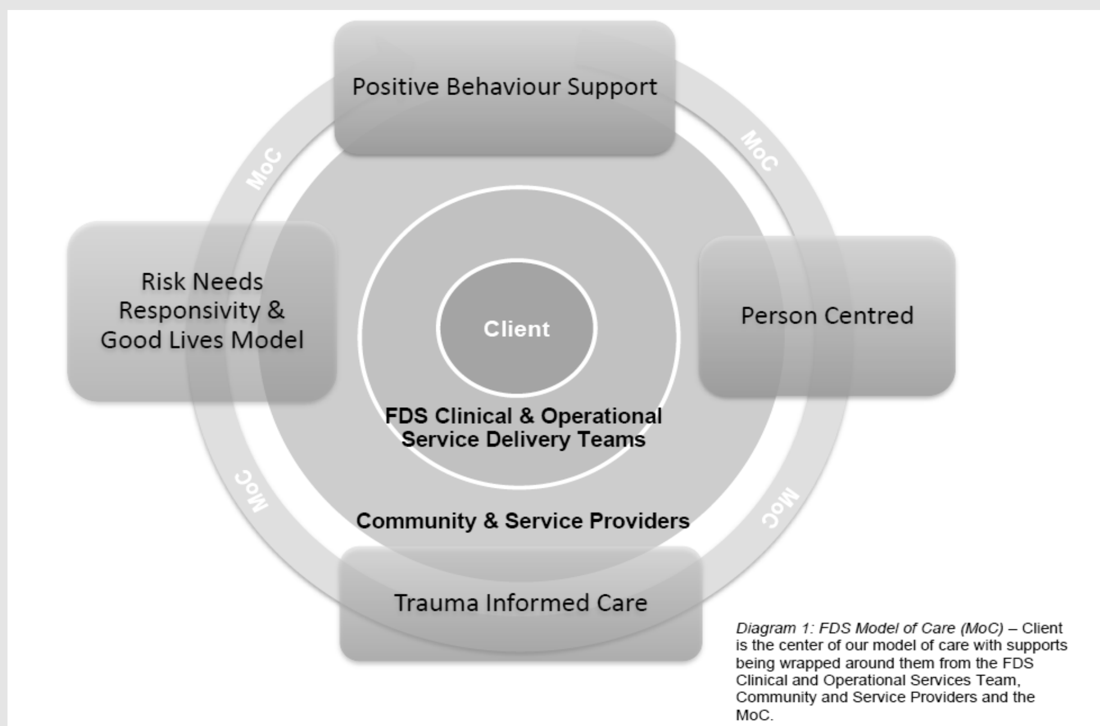

Diagram 1: FDS Model of Care (MoC) – Client is the center of our model of care with supports being wrapped around them from the FDS Clinical and Operational Services Team, Community and Service Providers and the MoC.

Client outcomes and successes

This year the FDS has successfully progressed three clients from the service with two clients transitioning from inpatient to community category and returning to their community of origin, and a third community category client transferring to another service. Forensic oversight for these clients now rests with their local AMHS. Another client is currently returning to their community on extended LCT. These outcomes are the result of extensive planning and working closely with clients and stakeholders.

The FDS is also working closely with another client and their stakeholders to access NDIS support services and identified accommodation to actively support their transition to the community.

Other successful outcomes included:

- Acceptance of two additional clients who were identified as likely to benefit from the FDS rehabilitative programs (e.g Stepping Stones, Adapted Dialectical Behaviour Therapy and offence specific programs);
- Two FDS clients regularly attend vocational studies through a local TAFE;
- One client regularly attends an external organisation in a volunteering capacity; and
- Completion of capital works to progress transition for a long term client.

Client benefits of new structure and rostering

The new operating structure of the FDS has been in place for 15 months and included changes in the rostering of staff providing direct rehabilitation and habilitation to clients with a move to 12-hour shifts.

A key benefit of this change for clients has been an increase in flexibility for client LCT, as LCT can now extend for the full duration of the longer shifts.

A review of the new roster was finalised in February 2022 with minimal changes required. In this respect, the realignment has been successful in meeting the needs of clients and the FDS.

Acknowledgement of the FDS team

The FDS is staffed by a dedicated team, who work hard on a daily basis to achieve the best possible outcomes for our clients and stakeholders. This year they have also led and embraced a range of service improvements. They deserve acknowledgement and praise for their efforts and successes.

Debbie Van Schie
Administrator
Forensic Disability Service

Other statutory appointments at the FDS

The Administrator is supported by other statutory roles, including the Senior Practitioner and Authorised Practitioners. Appointments of Senior Practitioners and Authorised Practitioners are made by the Administrator.

Under the Act, the main functions and powers of a Senior Practitioner relate to the clinical management of clients at the FDS and include:

- preparing an Individual Development Plan (IDP) for the client;
- modifying the IDP as the client's needs and requirements change;
- overseeing the implementation of the client's treatment in accordance with the IDP;
- authorising Limited Community Treatment (LCT) for the client;
- overseeing and implementing the use of Regulated Behaviour Control (RBC) for clients if required;
- searching forensic disability clients and possessions; and
- returning clients to the care and support of the FDS, where required.

Client management at the FDS

Admission and Transfer

Admission considerations

Individuals are admitted to the FDS only where a decision has been made that the FDS is an appropriate option by either the Mental Health Court (MHC), the Mental Health Review Tribunal (MHRT) or a transfer has been agreed between the Director of Forensic Disability and the Chief Psychiatrist.

A client who is referred to the FDS must meet the minimum requirements for admission to the service, including:

- the person is subject to a Forensic Order (Disability);
- the person has a diagnosed intellectual or cognitive disability (as defined in the Act) but does not require treatment or care for a mental illness under the *Mental Health Act 2016*; and
- the person is likely to benefit from care and support offered by the FDS.

Where a client meets the minimum requirements for the FDS, a more thorough suitability assessment is undertaken to understand if the individual is appropriate for admission to the FDS. Additional factors that will be considered include (but are not limited to):

- the person's requirement for a medium secure environment;
- the criminogenic needs that can be addressed through rehabilitative programs delivered at the FDS;
- the person's intellectual functioning, cognitive capacity and adaptive functioning and ability to be able to successfully participate in, and benefit from, evidence-based rehabilitative programs (with reasonable adaptations);
- the person's mental health needs that may impact on their ability to participate effectively in rehabilitation and habilitation programs and services at the FDS;
- the person's cultural needs;
- the person's ability to co-tenant with other forensic disability clients and cohabit with the current cohort of clients at the FDS; and
- whether the person is likely to benefit from supports and programs enabling them to transition to the community.

Placement at the FDS is intended to be time limited, with the client to transfer from the service once they have completed their relevant programs and interventions. Where it is ascertained that a client is not benefiting from their placement at the FDS and its intervention, this may also result in a transfer from the service.

The Director of Forensic Disability has legislative powers and functions within the *Mental Health Act 2016* to facilitate transition for clients from the FDS (section 353 – transfer of responsibility by agreement between the Director of Forensic Disability and the Chief Psychiatrist). These functions allow the Director of Forensic Disability to negotiate with the

Chief Psychiatrist to transfer responsibility for forensic orders (disability) between the FDS and an Authorised Mental Health Service (AMHS).

During 2021-22, three clients formally transferred from the FDS to the community, while another client continued to make significant progress towards transition by continuing to engage in treatment, meeting identified milestones, linking with NDIS supports and participating well in graduated LCT.

There were two new admissions to the FDS during 2021-22. The Director of Forensic Disability continues to monitor and assess potential clients who may require a medium secure facility and will likely benefit from the FDS intervention model. The Director undertakes this monitoring via participation in the Mental Health Court system, through engagement with AMHSs and liaison with the Chief Psychiatrist. As at 30 June 2022, the FDS was responsible for five inpatient clients.

Individual Development Plans (IDP)

IDPs are integral to a client's care and support while detained to the FDS. The IDP is designed to promote the client's development, habilitation, and rehabilitation, provide for the client's care and support, and guide the client's community participation and reintegration.

The IDP is reviewed on a quarterly basis to ensure it remains up to date and considers changes for clients, including those related to risk, skill development and current habilitation and rehabilitation needs. Stakeholders involved in informing the IDP include the FDS clinical team and the client as well as other relevant stakeholders including family members, guardians, legal representatives and advocates, representatives of the Director of Forensic Disability and in some instances, representatives from the AMHS which will be responsible for the client upon transition from the FDS. The IDP also includes activities and planning for transition recognising that the FDS is a residential treatment facility where the expectation is that clients are supported to return to the community following engagement in treatment.

Director of Forensic Disability Compliance Monitoring and Quality Improvement activity in relation to IDP

During 2021-22, the Director of Forensic Disability completed a comprehensive review of all client Individual Development Plans as at 31 October 2021, in addition to monitoring IDPs through attendance at each client's quarterly IDP review meeting.

The Director of Forensic Disability review of IDPs found that:

- IDPs were in place for all clients and reviews were occurring on a quarterly basis;
- The Senior Practitioner regularly engaged with clients to discuss their care and support under the IDP;
- Positive behaviour support strategies were incorporated within IDPs for all clients;
- Goals and actions supporting transition were evident throughout IDPs including approaches to addressing barriers;
- IDPs contained relevant medication and health information for clients; and

- LCT specific goals for all clients were reflected in IDPs, mapping how the client is to be supported to access the community to give effect to the client's MHRT conditions.

Overall, IDPs were found to be compliant with legislative, policy and procedural requirements. It was further observed that since the 2020-2021 review, the FDS has focused on improvements in this area through:

- The implementation of an IDP Operational Practice to guide staff developing, informing or supporting a client's IDP;
- Accessing IDP training by the Director of Forensic Disability for clinicians regarding the development and implementation of IDPs in accordance with legislation, policy and procedure; and
- Progressing upgrades to the Forensic Disability Act Information System (FDAIS) to support IDPs.

The *Forensic Disability Service Model of Care* (MoC) and approach to rehabilitation and habilitation

The FDS offers an intensive, residential treatment option with rehabilitative programs addressing forensic needs to reduce the risk of recidivism, as well as habilitative programs and interventions aimed at increasing quality of life and the client's ability to function in the community. The provision of rehabilitative and habilitative intervention is a cornerstone to service delivery at the FDS and is embedded within the Act.

In May 2021, the FDS released its revitalised *Model of Care: Forensic Disability Service* (MoC) which informs service delivery, broadly outlines key evidence-based practice frameworks that underpin services, assessment, and planning approaches; and describes the rehabilitative programs offered, and the habilitation, limited community treatment and reintegration opportunities at the FDS.

The Director of Forensic Disability conducted two reviews to monitor progress and implementation of the MoC to focus and sustain attention on this important area of service delivery.

The September 2021 interim review captured progress during initial implementation stages of the MoC and highlighted short term goals the FDS expected to achieve within a 6 month period. There was evidence of progress in establishing service-level infrastructure to support MoC implementation, including introduction of a new operating model and commencement of new rehabilitative programs.

The June 2022 review focused on tracking implementation progress, and supporting the FDS to formalise their MoC Program Logic to assist with implementation and future evaluation. A program logic is a common tool used in the implementation of a program (or in this instance, a model of care) which maps short-, medium- and long-term goals of a program and the activities and outputs needed to achieve stated goals. A benefit is its capacity to support forward momentum, identify implementation barriers and establish clear parameters for success and evaluation.

Evidence showed the FDS was achieving or progressing towards some of the 6 month goals identified in the September 2021 interim review, including in program delivery and program completions. However, potential barriers flagged in the interim review had arisen such as impacts associated with staff turnover, and challenges commonly observed with change programs such as divergence from the planned deliverables. While the FDS have made promising progress implementing their new MoC within the first 12 months, continued focus on the key drivers for the MoC and appropriate controls and governance for the implementation are required to ensure there is no drift from the activities and outputs set down in the MoC Program Logic. The review undertaken by the Director of Forensic Disability further identified opportunities to build staff capacity through continued training, supervision and practice leadership. If adopted, this will provide a solid foundation for the FDS to meet its medium and long term objectives as outlined in the MoC Program Logic.

Rehabilitative Programs

The FDS provides a variety of programs, including offence specific rehabilitation programs and services that address criminogenic needs, support the development of skills, increase positive behaviours and work towards safe placement in the community. Programs are delivered both individually and in group sessions enhancing client's strengths and supporting them to achieve their goals. All staff working at the FDS have a role to play in supporting programs or individual intervention through ensuring the skills developed are reinforced with the client outside of the program sessions provided.

In line with the FDS MoC, the rehabilitative programs that may be offered at the service include:

Stepping Stones

The Stepping Stones Foundational Skills program forms the clinical backbone of treatment at the service. Stepping Stones is a group based rehabilitative program based in Cognitive Behaviour Therapy (CBT) which aims to develop client emotional regulation and address behaviours of concern.

Elements of Stepping Stones are informed by a strength-based approach and the Good Lives Model. The skills developed within program sessions are reinforced throughout the client's stay at the FDS. Clients can expect to participate in the Stepping Stones program for approximately 6 months.

Adapted Dialectical Behaviour Therapy (A-DBT)

The Adapted Dialectical Behaviour Therapy (A-DBT) program is aimed at development of adaptive coping skills for emotional distress. The group program is based on DBT skills training and has been adapted for clients with intellectual and developmental disabilities. Clients can expect to participate in the A-DBT program for 3 – 6 months.

Violence Reduction Treatment Program (VRP-ID)

The Violence Reduction Program (VRP-ID) is a 12-month program providing traditional components of a Cognitive Behavioural Therapy (CBT) violent offending treatment program (i.e. violent offending cycle, relapse prevention, cognitive model). The VRP-ID additional modules systematically address risk factors associated with violent recidivism in clients with intellectual disability (e.g. substance use, emotion dysregulation and anger management, perspective taking skills).

The program utilises a reconceptualised DBT framework (Wise Mind-Risky Mind) and Good Lives Model (Wise Life) in violent offending treatment. This program is specifically developed for clients with cognitive or intellectual impairments who demonstrate moderate to high risk of violent behaviour, have severe behavioural problems and/or maladaptive personality traits.

Sexual Offender Rehabilitation Program – Wise Life (SORP-ID)

The Sexual Offending Rehabilitation Program (SORP-ID) is a 12-month program providing traditional components of a CBT-based sexual offending treatment program (e.g. sexual offending cycle, relapse prevention, cognitive model).

The SORP-ID incorporates additional modules that systematically address risk factors associated with sexual recidivism in clients with intellectual disability (e.g. sex education and healthy relationships, substance use, deviant sexual interest and arousal, perspective taking skills and victim empathy). This program utilises the reconceptualised DBT framework (Wise Mind-Risky Mind) and Good Lives Model (Wise Life) in sexual offending treatment. This program is designed for clients with intellectual disability who present as moderate to high risk of sexual recidivism.

Habilitative Programs

Habilitative Programs are those aimed at enhancing quality of life and skill building targeting individual needs in social, health and wellbeing, self-care, and hygiene. Habilitative programs are tailored around the individual's needs, with the goal of increasing capacity to live and function in the community. Examples of programs run by the FDS include:

- Literacy and Numeracy
- Healthy Living and Life skills
- Cooking and Shopping skills
- Money Management
- Vocational skill building or education
- Computer and Technology Literacy

Vocational and educational endeavours are supported through enrolments with formal training providers such as TAFE Queensland and/or on-the-job skills development through volunteering.

Limited Community Treatment (LCT)

LCT is an integral part of a client's support and care whilst at the FDS and contributes to their rehabilitation and habilitation, as well as supporting them to actively participate in the community. LCT involves the client spending time outside of the FDS engaging in activities that contribute to skill development, increase quality of life, and assist in community reintegration.

It is important that LCT opportunities continue to develop in frequency and variety and allow increased independence, where assessed as possible and safe to do so. LCT is also reflected as a core element within the MoC. As such, LCT is a critical component in working towards a client's transition from the FDS.

LCT is determined by conditions imposed by the MHRT and authorisations by the Senior Practitioner. LCT may differ for individual clients based on the client's individual skills and interests and is linked to their assessed risk, need and the goals they need to achieve for successful transition to community living.

Clients have accessed a range of activities, programs, and appointments in the community using LCT over the past 12 months. These included:

- regular attendance at TAFE course;
- attendance at religious venues and related activities to support spiritual development and community inclusion;
- overnight stays in community to maintain connection with community and assist clients' reintegration;
- regular volunteering with community organisations to support skill development and engage with client's specific interests;
- visits with family members;
- walks in the local area to promote health and wellbeing and where relevant, to demonstrate independence and compliance with forensic order conditions;
- visits to the library to support literacy skill development and prosocial activity;
- medical appointments and medical reviews to promote health goals;
- engaging with services and support agencies to build advocacy, community and social skills;
- attendance at community events, such as markets, cultural festivals, music concerts and art events;
- swimming and attendance at the gym to promote health and wellbeing;
- shopping activities to support community engagement skills, literacy, numeracy and budgeting;
- regular participation in social sporting activities to promote health and social goals; and
- travel by public transport to assist with the development of community living skills.

Director of Forensic Disability Compliance Monitoring and Quality Improvement activity in relation to the application of LCT provisions

The Director of Forensic Disability is represented at each client's IDP meeting to monitor client engagement in LCT, including how it links with specific rehabilitative, habilitative and reintegration goals.

A review of LCT undertaken in June 2022 considered legislative compliance as well as any opportunities for quality improvement. Most clients were supported to engage in a range of LCT activities over the 12-month period however, two clients present with unique challenges in relation to accessing the community, and as such, engaged minimally in LCT.

A sample of authorised LCT event plans was reviewed and was found compliant with subsection s20(3)(a) to (f) of the Act. There was also evidence in LCT plans that risks were assessed with consideration of the community and the proposed venue. The review identified risk management plans were in place for all client LCT events.

It was further observed that since the 2020-2021 review, the FDS had focused on improvements in this area through:

- including specific IDP goals and milestones for LCT for each client;
- improving documentation and processes that support LCT;
- identification of opportunities to potentially further streamline the LCT process,
- promoting the role of LCT in generalising rehabilitation and habilitation gains to real world situations, informing future risk management and improving quality of life;
- ensuring staff continue to build skills and capacity to consider and effectively apply risk mitigation strategies on LCT and maximise incidental learning opportunities during LCT events; and
- continuing to identify LCT opportunities that can develop in frequency, variety and allow increased independence, where assessed as appropriate and safe to do so.

Regulated Behaviour Control (RBC)

The Act has provisions and safeguards for the use of RBC which includes behaviour control medication, mechanical restraint, and seclusion. The Act aims to protect the rights of forensic disability clients by regulating the use of any RBC, and ensure that it is only used if considered necessary and the least restrictive way to protect the health and safety of clients or to protect others. Policies and procedures have been issued by the Director of Forensic Disability to ensure any use of RBC is compliant with the Act and is the least restrictive way to protect the health and safety of clients or to protect others.

In conjunction with the Act, the *Director of Forensic Disability Policy - Regulated Behaviour Control* and supporting procedures related to the use of seclusion, mechanical restraint or behaviour control medication direct the FDS to notify the Director of Forensic Disability of any use of RBC. Under the Act the Director of Forensic Disability is granted legislative power to direct the cessation of the use of RBC – mechanical restraint or seclusion – if felt necessary.

Director of Forensic Disability Compliance Monitoring and Quality Improvement activities in relation to the use of RBC

In March 2022, the Director of Forensic Disability undertook a review of RBC to ensure that any use by the FDS complied with legislative and policy provisions.

In accordance with Chapter 6 of the Act, the Director of Forensic Disability must be notified of any use of RBC. Further, specific documentation and registers must be kept in relation to any use.

Use of Behaviour Control Medication

According to the Act, behaviour control medication is *"the use of medication for the primary purpose of controlling the client's behaviour. However, using medication for a client's health care is not a behaviour control medication."*

There were no instances where behavioural control medication was administered at the FDS during 2021-22. The Director of Forensic Disability's review identified evidence of regular medication reviews occurring for all clients in accordance with the Act, including clarification of the purpose of medication. These practices provide assurance that any use of behaviour control will be identified.

Use of Seclusion

Seclusion is defined under the Act as "*the confinement of the client at any time of the day or night alone in a room or area from which the client's free exit is prevented*". Seclusion can only be used if it is necessary to protect the client or other persons from imminent physical harm, and if there is no less restrictive way to protect the client's health and safety or to protect others.

During 2021-22, four clients were subject to seclusion.

Three clients were placed into seclusion for short periods in response to these clients engaging in behaviours which were assessed as presenting imminent risk to self or others. More specifically, over the twelve month period, one client was placed into seclusion on 15 occasions, one client was placed into seclusion on three occasions, and another client was placed into seclusion on three occasions. These instances of seclusion ceased when the clients were assessed as no longer an imminent risk and staff were able to safely reengage and provide support to these clients.

Seclusion has been used more extensively for one client due to the significant dynamic risk and complexity presented. Despite the use of seclusion, ongoing opportunities have been presented to the client to reduce the use of seclusion, to encourage appropriate engagement with others, and to engage with activities including LCT. A Plan for the Reduction and Elimination of Use of Seclusion is also in place for this client.

The review found that a Regulated Behaviour Control Register documenting the use of seclusion was maintained in accordance with s74 of the Act. Further, seclusion orders met the requirements under s62(2) of the Act, including outlining the reasons for seclusion, the time the order was made and when the authorisation ended, minimum observation intervals and strategy, and special measures of care and support (e.g. staffing model, interaction style). However, a need to better document consideration of "no less restrictive way" as part of decision making was identified in some instances.

Use of Mechanical Restraint

The definition of Restraint under the Act is *"the restraint of the client by use of an approved mechanical appliance preventing the free movement of the client's body or a limb of the client"*.

There were no instances where mechanical restraint was used under the Act during 2021-22.

The Director of Forensic Disability did not receive any requests for mechanical restraint approval during 2021-22. Further, there are no mechanical restraints approved for use for any of the clients at the FDS.

Use of Reasonable Force

The Act provides that a Senior Practitioner or Authorised Practitioner may, individually or with lawful help use the minimum force that is necessary and reasonable in the circumstances to administer behaviour control medication to a forensic disability client, use restraint on a forensic disability client, or place a forensic disability client in seclusion. Moreover, the Act provides that a practitioner or Administrator and anyone lawfully assisting may exercise the Administrator's power to detain a FDS client using the minimum force that is necessary and reasonable in the circumstances.

'Use of Reasonable Force' was reviewed through examining 12 months of Behaviour and Incident Report data. There were three instances of physical intervention recorded within FDAIS Behaviour and Incident Reports that reflect a use of reasonable force. These were not related to the use of RBC but to safely respond to client behaviour which posed harm to staff or other clients. Each of these instances were reviewed by the Director of Forensic Disability.

Clinical Risk Assessment and Management

The Director of Forensic Disability issued three documents in 2020 to guide clinical risk assessment and management at the FDS including the *Clinical Risk Framework,* the *Director of Forensic Disability Clinical Risk Assessment and Management Policy* and the *Director of Forensic Disability Clinical Risk Assessment and Management Procedure*. The framework conceptualises the risk and principles that underpin good risk management and outlines best practice approaches to risk assessment and management.

The *Policy* highlights the importance of standardised, evidence-based clinical risk assessments and the key role they play in identifying criminogenic need and the circumstances under which offending, or behaviours of concern are more likely to occur. The policy sets out a directive that the FDS ensure there is baseline assessment undertaken for all clients and a least restrictive risk management plan in place. The *Procedure* guides best practice to ensure the FDS adhere to necessary statutory requirements related to management of risk as well as ensure the safety of clients, staff and the community. The *Procedure* outlines a range of specific static and dynamic risk assessments as well as key areas that the FDS should focus on related to management of risk, including in relation to LCT and daily clinical risk management.

Director of Forensic Disability Compliance Monitoring and Quality Improvement activity in relation to Clinical Risk Assessment and Management

A review of the FDS approach to Clinical Risk Assessment and Management was completed in June 2022. The review found that:

- Up to date static and dynamic risk assessments were undertaken and documented within each client's IDP;
- Functions of behaviour are considered and inform risk management strategies;
- Risk formulation information is contained within client IDPs;
- Risk assessments inform a range of strategies outlined in clients' IDPs including rehabilitation, habilitation, LC, and risk management strategies;
- Risk management plans were contained within clients' IDPs, demonstrating a least restrictive approach and included proactive and reactive strategies.

The following opportunities were identified to support improved practice:

- Consolidating relevant risk information within the IDP to increase its utility in supporting clients and informing risk management plans;
- Identifying a consistent approach to risk management plans across all client IDPs;
- Continued implementation and embedding of the FDS approach to PBS at the FDS;
- Determining how risk management plans and positive behaviour support can be integrated within the IDP; and
- Highlighting the importance of relational security within risk management in the IDP or when supporting the client.

The Director of Forensic Disability intends to review the risk management and assessment policy and procedure and risk framework in the coming year.

Other Matters

Promoting practice leadership in embedding the FDS Model of Care

Throughout the year, the Director of Forensic Disability has promoted practice leadership as being a useful approach in embedding the MoC at the FDS, and building a capable environment, and one that is skilled in the application of PBS. The MoC espouses positive behaviour support (PBS) as one of its central tenets with PBS being an evidence-based person-centred approach to supporting clients with intellectual or cognitive disabilities who engage in challenging behaviour. For forensic clients, often the behaviours which have brought the client in contact with the criminal justice system or the behaviours that present risk to others or property can be viewed within the continuum of challenging behaviours. Therefore, these behaviours and risk overall may be reduced if PBS is applied effectively. Taking this approach also means that within a community context, a positive behaviour support plan may also assist clients and their support team to be safer. PBS is a framework for developing an understanding of the challenging behaviour based on a functional assessment of the social and physical environment and the broader context in which it occurs. Understanding the function of the behaviour(s) informs the development, implementation, and evaluation of personalised proactive and reactive strategies to reduce challenging behaviours, building an enduring system of support, and ultimately enhancing quality of life. At the FDS, the Individual Development Plan outlines PBS approaches at an individual level for all clients. Some clients may also have a comprehensive multicomponent Positive Behaviour Support Plan (PBSP).

Recognising that challenging behaviours are an interaction between client and their environment, it is appropriate to consider how features of an environment inclusive of the client's supports and the service itself can lead to a reduction in challenging behaviour. McGill, Bradshaw, Smyth, & Roy (2020) identify *capable environments* as *environments associated with reduced frequency and/or severity of challenging behaviour*[5]. Characteristics of capable environments were identified as including positive social interactions, support for communication, support for participation in meaningful activity, provision of consistent and predictable environments, provision of opportunities for choice, encouragement of more independent functioning, mindful and skilled support staff, and a management and organisational context that promotes these characteristics. As a specialist forensic disability service, these characteristics are critical to service delivery and client outcomes.

[5] McGill, P., Bradshaw, W., Smyth, G. H., & Roy, A. (2020). Capable environments. *Tizard Learning Disability Review, 25*(3), 109-116. doi:10.1108/TLDR-05-2020-0007

Practice Leadership

Research suggests that practice leadership can assist in developing and sustaining capable environments. [6][7][8] Practice Leadership has been described as having five components:

1. Focusing leadership on staff support for service users' quality of life;
2. Allocation and organisation of staff support to meet service users' needs and wants;
3. Coaching staff in good practice through feedback and modelling of good practice;
4. Regular review of staff practices on an individual basis; and
5. Reviewing the extent to which staff teams are enabling service users to be actively engaged in meaningful activities and relationships during regular team meetings.[9]

Practice leadership can help focus the role of staff to be more active, facilitative, person-centred and enabling. On-the-job training, in situ coaching, mentoring, regular observation, modelling and a focus on engagement and person-centred active support in team meetings and supervision can contribute to sustained improvements in service delivery. Further, it can lead to increased engagement between staff and clients, positive interactions, participation, independence, choice and inclusion. Practice leadership can also create higher levels of job satisfaction for staff and better role clarity[10].

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[6] Hume, L., Khan, N., & Reilly, M. (2021). Building capable environments using practice leadership. *Tizard Learning Disability Review, 26*(1), 1-8. doi:10.1108/TLDR-07-2020-0017

[7] McGill, P., Vanono, L., Clover, W., Smyth, E., Cooper, V., Hopkins, L., Barret, N., Joyce, C., Henderson, K., Sekasi, S., Davis, S & Deveau, R. (2018). Reducing challenging behaviour of adults with intellectual disabilities in supported accommodation: a cluster randomized controlled trial of setting-wide positive behaviour support. *Research in Developmental Disabilities*, *81*, 143-154.

[8] Beadle-Brown, J., Bigby, C., & Bould, E. (2015). Observing practice leadership in intellectual and developmental disability services. *Journal of intellectual disability research*, *59*(12), 1081-1093. https://doi.org/10.1111/jir.12208

[9] Mansell, J., Beadle-Brown, J., Ashman, B., & Ockenden, J. (2004). *Person-centred active support: A multi-media training resource for staff to enable participation, inclusion and choice for people with learning disabilities*. Brighton, UK: Pavilion.

[10] Murphy, B, Beadle-Brown, J, Despott, N, Leighton, D (2016). *Practice Leadership in Disability Support Organisations: NDIS Readiness for Organisations, Volume 1.* Melbourne: Inclusion Melbourne.

Information Systems and Record Keeping

In January 2020, the *Director of Forensic Disability Policy – The Keeping of Records at the Forensic Disability Service* was released which outlines the information and record keeping requirements under the Act.

Recordkeeping in accordance with the Forensic Disability Act 2011

In June 2022, the Director of Forensic Disability undertook an audit of FDS recordkeeping in accordance with the Act. Overall, within the last 12 months, there appears to have been a continued focus on improving record keeping practices under the Act. IDP record keeping documentation was found to be up to date, use of regulated behaviour control has been documented and met legislative requirements in relation to recordkeeping. Records of medication reviews were documented on a three-monthly basis supporting legislative requirements, and there was evidence of a range of mechanisms in place to communicate plans and reports in a manner that supported a client's understanding.

One recommendation for compliance was made relating to the register of the use of RBC. FDAIS enhancements had been introduced to ensure that the register fulfilled the requirements of s74 of the Act however, testing of the FDAIS functionality for behaviour control medication has identified that additional enhancements are required. As no regulated behaviour control medication was used throughout the year, this was not a legislative compliance issue, however, changes to FDAIS to capture required information will ensure future compliance. Pending changes to FDAIS, an addendum register will be required in the event that regulated behaviour control medication is used at the FDS.

Complaints

Clients, client representatives and members of the public may make complaints to the Director of Forensic Disability about any aspect of the FDS.

During 2021-22, the Director of Forensic Disability received four formal complaints, two received directly from clients and two from a client's Guardian. Three related to operational matters and were referred to the Administrator for review and action. The fourth complaint was addressed by the Director of Forensic Disability.

Criminal Proceedings

The FDS is a medium secure facility providing involuntary care and treatment for clients with criminogenic and challenging behaviours.

Although FDS staff are trained to manage challenging behaviours, there are occasions when a client's behaviour may result in a criminal assault of a staff member or another client.

If a staff member is assaulted by a client, it is at the staff member's discretion whether they make a criminal complaint to the Queensland Police Service (QPS). FDS staff have the same rights and protections as any other member of the community, and where staff choose to make a complaint to the QPS, the FDS will support them through this process.

Under chapter 4 of the *Mental Health Act 2016* the Director of Forensic Disability may, unilaterally or upon request, decide to suspend the criminal proceedings in relation to a criminal charge/s brought against an FDS client in order to obtain a Senior Practitioner report regarding, amongst other things, the client's state of mind at the time of the alleged offending and the client's fitness for trial. Upon receipt of the Senior Practitioner report, and any other relevant material, the Director will decide whether to no longer suspend the criminal proceedings and let the charges proceed through the criminal justice system or divert the charges to the Mental Health Court.

Any FDS client charged with an offence retains all their legal rights in relation to the criminal charge/s and with the assistance of their legal representative may decide how they will legally proceed in relation to criminal charges.

During 2021-22, two clients were charged with committing criminal offences while at the FDS.

Glossary and short forms

Short forms that may be used in the Director of Forensic Disability's Annual Report may include:

Short forms	Full phrase
AMHS	Authorised Mental Health Service(s)
CHART	Clinical Habilitation and Rehabilitation Team
DSDSATSIP	Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
FDS	Forensic Disability Service
FDAIS	Forensic Disability Act Information System
IDP	Individual Development Plan
LCT	Limited Community Treatment
MHC	Mental Health Court
MHRT	Mental Health Review Tribunal
NDIS	National Disability Insurance Scheme
NGO	non-government organisation
PBS	positive behaviour support
PBSP	Positive Behaviour Support Plan

Defined terms that may be used in the Director's Annual Report may include:

Defined term	Meaning
Act, the	The *Forensic Disability Act 2011*
Administrator	The Administrator of the Forensic Disability Service
Chief Psychiatrist	The Chief Psychiatrist is an independent statutory officer under the *Mental Health Act 2016*. The primary role of the chief psychiatrist is to protect the rights of voluntary and involuntary patients in authorised mental health services and ensure compliance with the *Mental Health Act 2016*.
Director-General	The Director-General, Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships

Forensic Disability Client	Section 10 of the *Forensic Disability Act 2011* defines a forensic disability client as an adult who has an intellectual or cognitive disability for whom a forensic order (disability) is in force if, under the *Mental Health Act 2016*, the Forensic Disability Service is responsible for the adult.
Forensic Disability Service	The secure residential facility at Wacol, Queensland, for people with an intellectual disability who are subject to a forensic order (disability)
Forensic Order (Disability)	Forensic order (disability) is defined in section 134 of the *Mental Health Act 2016*.
Limited Community Treatment	Under Limited Community Treatment, a client receives care and support in the community for up to seven days.
Mental Health Court	The Mental Health Court decides whether a person charged with a criminal offence was of unsound mind or diminished responsibility when the offence was allegedly committed or is unfit for trial. The court also hears appeals from the Mental Health Review Tribunal and inquiries into the lawfulness of a patient's detention in authorised mental health services.
Mental Health Review Tribunal	The Mental Health Review Tribunal is an independent statutory body under the *Mental Health Act 2016*. The primary purpose of the Mental Health Review Tribunal is to review the involuntary patient status of persons with mental illnesses, as well as individuals subject to a forensic order (disability).

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