



Director of
Forensic Disability

ANNUAL REPORT

Director of Forensic Disability

2020 - 2021

This Annual Report details the administration of the *Forensic Disability Act 2011* (Qld) and the associated activities and achievements for the 2020-21 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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Cultural acknowledgment

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 2021

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 2020 - 2021 Annual Report of the Director of Forensic Disability. This report is made in accordance with section 93 of the Forensic Disability Act 2011 (Qld) (the Act).

The Annual Report provides information on the statutory responsibilities and key activities of the Director of Forensic Disability from 1 July 2020 to 30 June 2021. 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

The Forensic Disability Service (FDS) fulfils an important function within the Queensland forensic disability service system in providing an alternative placement to secure mental health or correctional environments. It is well established in the research literature that there will always be a need for secure forensic disability services, such as the FDS, to accommodate the small numbers of people with intellectual or cognitive disabilities whose risk to the community necessitates the provision of intervention to address their offending behaviours in a secure setting. It is my opinion that the FDS also has potential to contribute more broadly to the forensic disability service system within Queensland, and beyond its physical boundaries with the right model, resourcing, and potentially changes to legislation and governance.

This year, it has been pleasing to see the FDS revitalise its model of care and approach to intervention in line with best practice, including solidifying evidence-based intervention approaches and programs. As Director of Forensic Disability, I am invested in ensuring that the intervention model is robust, sustainable and supported and, importantly, provides some capacity to offer its adapted rehabilitation programs to individuals on forensic order (disability) in the community. I commend the FDS for positioning its service delivery toward offering its services to eligible clients in the community during the forthcoming year, given the scarcity of criminogenic and/or adapted rehabilitation program options suitable for people with intellectual disability.

In addition to supporting the FDS in the development and implementation of a robust model of care, the Director of Forensic Disability workplan priorities for 2020 – 2021 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;
- Continuing to contribute and shape the Queensland forensic disability service system in line with the Queensland Government's *Section 157: Review of the operation of the Forensic Disability Act 2011*¹ and the *Addressing Systems and Strengthening Services: review of the Queensland Disability Service System Final Report*²;
- 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 medication, use of Regulated Behaviour Control (LCT) and recordkeeping;

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>

² Oglloff, 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>

- Undertaking quality improvement focused reviews of approaches to support and care at the FDS, such as those related to positive behaviour support and trauma informed care, medical assistance provided to clients, and human rights;
- Submitting relevant evidence to the Queensland Ombudsman to outline the Director of Forensic Disability's progress and completion of the recommendations from the Ombudsman's Forensic Disability Report³; and
- Collaborating with the FDS and the Department regarding enhancements to the Forensic Disability Act Information System (FDAIS) to increase legislative compliance and improve recordkeeping at the FDS.

At a strategic level, I have closely followed the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission). The public hearing focusing on the experiences of people with cognitive disability in the criminal justice system highlighted significant system issues across jurisdictions, including the overrepresentation of people in prison with cognitive disability and the issue of indefinite detention. Similar challenges to those aired within the Royal Commission have been highlighted in recent reviews of the Forensic Disability Service and Queensland's forensic disability service system^{2,3}. For example, the lack of disability and forensic supports across community and secure settings, the absence of early intervention models for risk or offending behaviours for persons with disability, challenges in effectively supporting clients with high and complex support needs in a secure environment to transition, and limited specialist forensic disability responses for persons with disability who come into contact with the criminal justice system. The absence of suitable step down accommodation options for forensic disability clients has also been identified as a barrier to transition from the FDS and contributing to long stay clients at the FDS, and I welcome the Queensland Government's capital investment in robust, secure accommodation for clients with challenging behaviours located in Wacol. I look forward to its completion and its prospective utility as step down accommodation in transitioning long stay clients from the FDS and toward independent accommodation in the community. However, I recognise that more needs to be progressed to ensure that the FDS does not continue to operate as a service in isolation in the absence of a broader forensic disability service system.

I have also been acutely interested in the Disability Royal Commission's consideration of people with cognitive disability in the criminal justice system and the NDIS interface. I acknowledge the significant benefits that the NDIS has brought to people with disability. For some, the availability of the right supports may have prevented or reduced contact with the criminal justice and/or mental health systems. Over the past 12 months, I have observed that clients at the FDS have been successfully linked to NDIS supports and services to address their disability needs through the NDIS Complex Needs Pathway. The availability of those disability supports has improved community access and aided successful transition from the FDS to the

³ The State of Queensland (Queensland Ombudsman) *The Forensic Disability Service report: An investigation into the detention of people at the Forensic Disability Service*. August 2019. <https://www.ombudsman.qld.gov.au/improve-public-administration/investigative-reports-and-casebooks/investigative-reports/the-forensic-disability-service-report>

community for some clients. However, I have also witnessed the tension of differentiating between the disability supports and supports and services that address a client's forensic or criminogenic need. I look forward to the findings of the Royal Commission who have also noted this tension throughout their hearings, and highlight that in many instances these needs are inextricably linked. I continue to advocate for a systemic approach that can meet the needs of people with disability and provide them with quality of life in the least restrictive environment, whilst ensuring community safety.

Lastly, I have been mindful of the impacts of COVID-19 on the broader community, but also on those within disability accommodation, noting the added precautions and restrictions applied to protect this vulnerable population. I have observed that the FDS has been responsive to both the public health directives and the needs of clients, and I have been repeatedly impressed by the resilience of both clients and staff during these periods.

Jenny Lynas ACM

Director of Forensic Disability

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 reports⁴ 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 clients⁵ 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 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.

⁴ *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.

⁵ 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 an independent statutory appointment made under the Act by the Governor in Council. 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. The Director's role is to assist the Mental Health Court and contribute to court proceedings for individuals diagnosed with an intellectual or cognitive disability who find themselves in the Mental Health Court system and 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 four officers (4 FTE) permanently appointed under the *Public Service Act 2008* (Qld) specifically, a Principal Legal Officer and three Principal Advisors. During 2020-21, the team were supported by temporary administrative and business support roles (2 FTE) funded by the Department.

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 appropriate 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.

Compliance monitoring and quality improvement activities conducted in line with the Framework between July 2020 and June 2021 included:

- Individual development planning for FDS clients;
- The use of Regulated Behaviour Controls (RBC);
- The application of Limited Community Treatment (LCT) provisions;
- Recordkeeping;
- Assisting clients to meet their medical needs;
- Client participation and human rights; and
- Positive behaviour support and trauma informed care.

Relevant findings from these activities are documented throughout this report. In addition to the above activities, the Director of Forensic Disability has undertaken a range of clinical compliance activities to ensure that the care provided to clients is both legislatively compliant and in line with best practice. Examples include involvement in clients' Individual Development Plan reviews, regular case discussions regarding all FDS clients, participation in NDIS Complex Needs Pathway meetings for clients at the FDS, and engagement with the FDS client reference group. The Director of Forensic Disability also has direct engagement with the clients and regular engagement with the Administrator.

Statutory Officers at the Forensic Disability Service

The Administrator

The Administrator is appointed by the Director of Forensic Disability 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 people 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 (2009)*. The Administrator reports to the Director-General of the Department through the Assistant 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.

Other statutory appointments at the Forensic Disability Service

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.

Highlights from the Administrator for 2020-21

Operational and transformational change in 2019-20 contributed to further significant reform in 2020-21 culminating in the introduction of a new operational structure for the Forensic Disability Service (FDS) in June 2021.

The FDS realignment and consolidation of its clinical staffing arrangements to better meet client need allowed more effective client engagement during awake and active periods, expanded service capacity to support Limited Community Treatment (LCT) and enabled clinicians to maximise opportunities for targeted clinical support to clients. Additionally, the introduction of a 24/7 operational team leader roster resulted in enhanced management support to staff and clients across the service.

The FDS Model of Care

In 2020-21, the FDS worked closely with the Director of Forensic Disability office to revitalise the FDS Model of Care which defines how services and intervention are delivered to FDS clients.

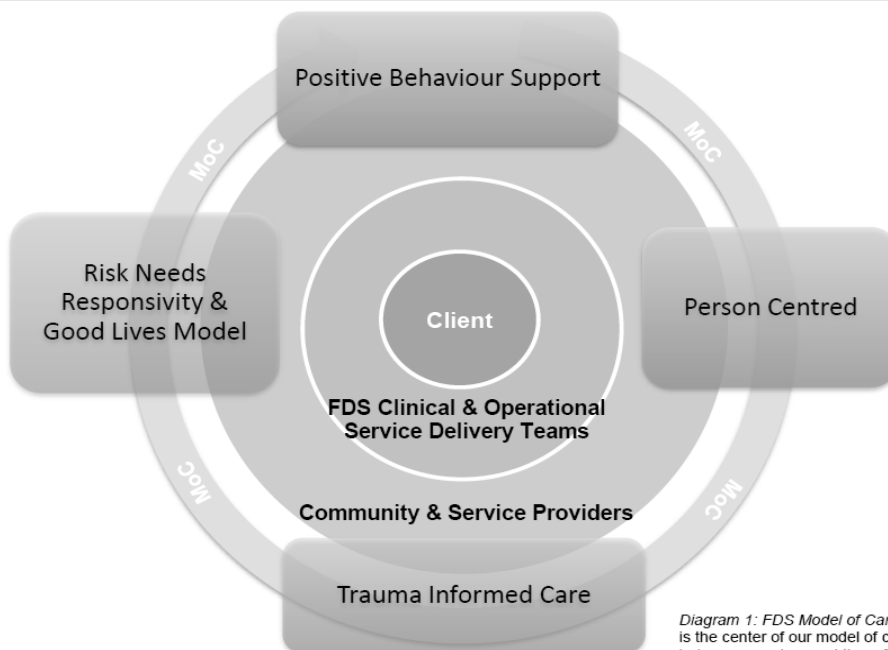


Diagram 1: FDS Model of Care (MoC) – Client is the center of our model of care with supports being wrapped around them from the FDS Clinical and Operational Services Team, Community and Service Providers and the MoC.

The revitalised FDS Model of Care is a best practice model and is supported by:

- Evidence based rehabilitative programs suitable and adapted for persons with intellectual disability;
- Program specific training and supervision by program developers and/or forensic disability services across jurisdictions with expertise in rehabilitative programs;
- Focus on Limited Community Treatment (LCT) as a key component of intervention delivered at the FDS;
- Staff training and professional development in trauma informed care and positive behaviour support; and
- The implementation of the new operational structure.

The new operating structure and Model of Care have positioned the FDS to provide some limited rehabilitative program delivery to community-based clients. Participation in FDS rehabilitation programs has been offered to clients on a forensic order (disability) locally, in recognition of the limited services catering to this population in the community.

Client outcomes and successes

The FDS worked closely with clients and all stakeholders to access appropriate NDIS supports, suitable accommodation and engaged the Mental Health Review Tribunal (MHRT) to support the necessary order changes. As a result, two clients were progressed back to their community of origin under community-based orders or extended LCT.

Other client outcomes and successes have included:

- client engagement in the new FDS rehabilitative programs (e.g. Stepping Stones, Adapted DBT, and offence specific programs);
- connections with vocational, educational, and volunteering organisations, with two clients regularly attending vocational studies through a local TAFE.
- specialist forensic psychologist input into risk management and positive behaviour support approaches for one complex client;
- continued engagement of clients with cultural supports and services, both in person and online;
- increased client engagement in LCT; and
- continued progress toward transition for several clients.

Debbie Van Schie

Acting Administrator, Forensic Disability Service

Client management at the FDS

Admission and Transfer

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 with the Director and the Chief Psychiatrist). These functions allow the Director of Forensic Disability to negotiate with the Chief Psychiatrist and reach agreement on the transfer of responsibility for forensic orders (disability) between the FDS and Authorised Mental Health Services (AMHS).

During 2020-21, one client formally transferred from the FDS to the community. Several other clients progressed towards transition by engaging in treatment, meeting identified milestones, linking with NDIS support coordinators, and participating in graduated LCT. One client commenced a graduated transition from the service to community-based accommodation using extended LCT arrangements.

There were no admissions to the FDS during 2020-21 however, there was direct engagement with several potential clients to determine whether a client may benefit from placement at the FDS. The Director of Forensic Disability also continues to monitor potential clients who may require a medium secure facility and will likely benefit from the FDS intervention model through the Mental Health Court system, through engagement with AMHSs and liaison with the Chief Psychiatrist.

As at 30 June 2021, the FDS was responsible for six clients, inclusive of five inpatients and one client subject to a community-based order.

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 support the client's community participation and reintegration. The IDP is reviewed on a regular 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. 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.

This year, the FDS introduced a 12-month IDP while retaining a quarterly IDP review process. Quarterly IDP review meetings occur with the client, the FDS clinical team, a representative of the Director of Forensic Disability and other relevant stakeholders, including family members, Guardians, Legal Representatives and Advocates as well as, in some instances, representatives from an AMHS. The FDS take the lead in coordinating these reviews.

The 12-month plan template captures essential legislative requirements and includes enhancements such as a clinical formulation focus, improved client goal and milestone tracking, an increased LCT and transition planning focus, and greater emphasis on positive behaviour support.

Director of Forensic Disability monitoring and compliance activity in relation to IDP

During 2020-21, IDPs have been monitored through attendance by a representative of the Director of Forensic Disability at each client's IDP review meeting. A review focused on the quality and compliance of IDPs was also undertaken between February and March 2021.

This review 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 noted to be a strength of the current IDPs;
- IDPs contained contemporary medication and health information for clients;
- Opportunities existed to improve documentation and evidence of contemporary risk assessment to strengthen the risk management plans within the IDP; and
- There was an opportunity to emphasise the importance of LCT through providing guidance in IDPs regarding how LCT was linked to rehabilitation and/or habilitation, and how LCT progression would be supported for clients.

The Director's review identified that there was slippage in currency of some client IDPs as a result of the transition to the 12-month IDP templates. This technical compliance issue was raised with the Administrator, and remediated. The review also recommended that the FDS consider also implementing an event-based review process to capture significant changes in the client's circumstances or management and ensure effective version control.

The Forensic Disability Service Model of Care 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.

Following the Director's 2020 'Interventions and Programs at the Forensic Disability Service' report, the FDS have reviewed their approach to delivering rehabilitation programs and revitalised the Forensic Disability Service Model of Care. The FDS have reviewed the suite of adapted programs available for clients, introducing new or updated programs to ensure that available offerings are suitable for the forensic disability cohort and in line with best practice. The FDS have also commenced planning and referral processes to deliver limited programs, supports and services to clients subject to a forensic order (disability) in the community.

The FDS provides a variety of programs, including 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 sessions provided.

A description of the programs offered at the service is provided below:

Rehabilitative Programs

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 Model⁶. 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.

⁶ Ward, T., & Gannon, T. (2006). Rehabilitation, etiology, and self regulation: the comprehensive good lives model of treatment for sexual offenders. *Aggression and Violent Behavior*, 11, 77-94.

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
- Community Living 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. As such, LCT is a critical component in working towards a client's transition from the FDS.

LCT conditions are determined by the Mental Health Review Tribunal and authorised by the Senior Practitioner. LCT differs for individual clients and is determined based on the client's individual skills and interests and is directly 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 over the past 12 months. These included:

- attendance at religious venues and related activities to support spiritual development and community inclusion;
- overnight stays in community of origin 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 to local organisations to promote health and wellbeing;
- visits to the library to support literacy skill development and prosocial activity;
- medical appointments and medical reviews to promote health goals;
- participation in community groups to connect to culture and other opportunities;
- 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;
- meetings to explore study/vocational options; and
- travelling by public transport to assist with the development of community living skills.

Director of Forensic Disability monitoring and compliance activity in relation to the application of LCT provisions

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

A review of LCT undertaken in May 2021 considered legislative compliance as well as any opportunities for quality improvement. It was established that all clients had been supported to participate in LCT. Most clients were supported to engage in a range of LCT activities over the 12-month period and for one client there was a notable increase in participation in LCT events, compared to the previous 12-month period. There remained one client with minimal engagement in LCT.

A sample of authorised LCT event plans was reviewed and 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 but found improvements could be made by better tailoring the plans to individuals and events.

LCT remains an important intervention to provide clients the opportunity for skill development, application of knowledge and skills in a community setting, social inclusion, networking, connection to community and enhancement of quality of life. 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. It was noted that LCT is now reflected in the *Forensic Disability Service Model of Care* as a critical component of support and intervention. The Director's review recommended that LCT be considered an intervention in and of itself, with greater emphasis on LCT specific goals within the IDP and a client's treatment.

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 procedures direct the FDS to notify the Director of Forensic Disability of any potential use, or use, of RBC so that the Director may implement any legislative provisions to review or cease use if deemed necessary.

Director of Forensic Disability monitoring and compliance activities in relation to the use of RBC

In March 2021, the Director undertook a review of *'Regulated Behaviour Control'* to ensure that any use by the FDS complied with legislative and policy provisions.

In accordance with Chapter 6 of the Act, the Director 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 2020-21. The Director'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.

Related to the review, the Director requested medication records for two clients be clarified due to insufficient clarity regarding purpose of medication. The FDS immediately sought additional medical advice in relation to the clients' medication regime, affirming that the medications were not prescribed for behaviour control purposes.

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 2020-21, one client was subject to seclusion. Seclusion has been used extensively within this client’s model of support due to the significant dynamic risk and complexity presented. Despite the use of seclusion, there have been ongoing opportunities presented to the client to reduce the use of seclusion, encourage appropriate engagement with others, and engage with activities including LCT.

It was found that seclusion orders met the requirements under s62(2), 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).

It was however identified that there could be improved documentation of the less restrictive strategies that have been tried prior to ordering seclusion. Further, it was recommended that the Senior Practitioner provide greater detailed strategies in the client’s IDP regarding how to avoid, reduce and eliminate any further use of seclusion for better compliance with s73 of the Act.

It was noted that enhancements to the Forensic Disability Act Information System (FDAIS) and staff training at the FDS have improved the ability of staff to report and authorise the use of seclusion at the FDS. A Regulated Behaviour Control Register documenting the use of seclusion was maintained in accordance with s74.

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 2020-21.

The Director of Forensic Disability did not receive any requests for mechanical restraint approval during 2020-21. 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, and using the minimum force that is necessary and reasonable in the circumstances 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.

The review examined 'Use of Reasonable Force' with any client at the FDS over the 12-month period. There were four instances of physical intervention identified within behaviour incident reports. These were not related to the use of RBC but in response to client behaviour which posed harm to staff or other clients. Each of these instances were reviewed by the Director of Forensic Disability.

Client Participation and Human Rights

Since commencement, the Act has contained several important general principles and safeguards relating to the human rights, care and protection of clients detained to the FDS. Chapter 1, Part 3 sets out the general principles for administration of the Act that the FDS staff must abide by, which in turn safeguard client rights, care, and protection. The general principles relate to:

- clients having the same basic human rights as others;
- promoting habilitation and rehabilitation;
- meeting clients' individual needs and goals;
- maintaining supportive relationships and community participation;
- including clients' views in making decisions;
- supporting and informing clients about the exercise of their rights; and
- the right to confidentiality.

The commencement of the *Human Rights Act 2019* on 1 January 2020 and the provisions contained therein further reinforced and enhanced the safeguards and general principles related to human rights within the Act. In line with these legislative frameworks, the Director issued the Director of Forensic Disability Policy - Client Participation and Representation and the Director of Forensic Disability Policy - Human Rights in January 2020. These policies outline how FDS clients are to be supported in decision making and choice, and the obligation to recognise and take into consideration human rights when making decisions that affect clients detained to the FDS.

Director of Forensic Disability review of client participation and human rights at the Forensic Disability Service

In November 2020, a review was completed in relation to the implementation of the Director of Forensic Disability policy and to capture the mechanisms and safeguards which protect the rights of clients at the service.

Overall, it was found that there were several effective mechanisms and forums at which clients could express their views and, importantly, participate in their rehabilitative and habilitative planning at the FDS. Clients were found to be supported to participate in regular IDP meetings and client reference groups, and they were also involved in decision making regarding planning and preparing for weekly activity. Clients had access to a range of stakeholders to express any concerns or opinions, both within and external to the FDS (e.g. Director of Forensic Disability, legal representatives and advocates, Guardians, Community Visitors, Allied Persons etc).

There was evidence that the FDS gave proper consideration to human rights in their decision making, however it was recognised and recommended that capturing these considerations within documentation could be improved. There were no complaints pertaining to human rights matters received by the Director of Forensic Disability during 2020-21.

Positive Behaviour Support and Trauma Informed Care and the FDS

The FDS adopts a Positive Behaviour Support (PBS) approach in supporting clients who may display challenging or dysregulated behaviour. PBS has a strong evidence base and presumes a person with an intellectual disability or cognitive impairment may present with challenging behaviours to communicate their needs or exert influence and control over their life. Through a PBS approach, practitioners aim to expand on the individual's behaviour repertoire, with a primary focus on enhancing their quality of life and a secondary focus on minimising their challenging behaviour. This can occur through teaching the client new skills or making changes to the environment within which they are supported.

Research also indicates that persons with an intellectual disability or cognitive impairment are more likely to have suffered from experiences or events resulting in a level of trauma. Best practice in supporting these persons is to assume the presence of traumatic history and service-level implementation of an integrated model of Trauma Informed Care (TIC). Clients at the FDS are therefore supported with an understanding and sensitivity that they may have past and present experiences of trauma, and FDS staff have a range of systems and strategies in place to support their wellbeing, coping and reduction of triggers for dysregulation or behaviours of concern.

Both PBS and TIC underpin the interactions and engagement of staff at the FDS and are key support approaches described within the *Forensic Disability Service Model of Care*.

Director of Forensic Disability monitoring and compliance activity in relation to positive behaviour support and trauma informed care at the FDS.

A review was completed in June 2021 to identify potential barriers or opportunities to enhance the application of positive behaviour support and trauma informed care at the FDS for continuous improvement purposes.

Broadly, there was recognition across all levels of staff engagement as to the importance of positive behaviour support and trauma informed care in supporting clients at the FDS. However, there was acknowledgement that positive behaviour support and trauma informed care could be better operationalised at the FDS and further work was being undertaken to embed these approaches. The senior management team indicated a strong commitment to improving practice in this area and further, the recently endorsed Forensic Disability Service Model of Care emphasised positive behaviour support and trauma informed, evidence-based practices underpinning service delivery at the FDS.

The review made a range of recommendations with the aim of improving positive behaviour support and trauma informed care within the FDS in accordance with related policies issued by the DFD.

Recommendations included:

- ensuring training and ongoing support and supervision for all staff in how trauma informed care and positive behaviour support is delivered at the FDS;
- ensuring staff understanding of how these evidence-based practices and support approaches link to a client's IDP, inform the delivery of programs and underpin therapeutic support within the FDS;
- embedding individualised positive behaviour support and trauma informed care approaches within key documents such as the IDP, relevant plans (PBSP, transition, risk management) and case notes;
- establishing an end to end process for PBSP development, implementation, and review; and
- ensuring a high level of clinical leadership and, where required, accessing expert advice and guidance internal and/or external to the Department.

Assisting Clients to Meet Their Medical Needs

In January 2020, the Director of Forensic Disability issued a new policy providing guidance in relation to supporting clients to access appropriate health care and prescribed medication. The policy emphasises proactive management and monitoring of clients' health needs, safe administration of any prescribed medication and compliance with relevant legislation.

Director of Forensic Disability monitoring and compliance activity in relation to assisting clients to meet their medical needs

In March 2021, the Director undertook a review of the support and assistance provided to clients to meet their medical needs. This review sought to affirm that FDS practice and associated processes were in accordance with legislation and the Director of Forensic Disability Policy - Assisting Clients to Meet their Medical Needs. The purpose of the review was also to identify any areas of risk, highlight good practice and areas for improvement.

The review found that the FDS have established new health record keeping systems, safeguards, improved medication and health management processes and developed a new training package. These enhancements were found to be in accordance with the Act and the Director of Forensic Disability Policy. They were also consistent with recommendations made within the 'Medication Project Report' (completed by the School of Pharmacy at the University of Queensland, 2017) commissioned by the previous Director of Forensic Disability to ascertain best practice regarding supporting clients with medication.

Overall, the review identified medication and health management practices at the FDS were being effectively implemented and there was evidence of a range of monitoring and oversight systems in place. Further, there was evidence of good practice, with annual comprehensive health assessments, all clients being linked to relevant health providers, including culturally appropriate services, and with specific health plans in place providing guidance for staff to support clients with complex health needs.

The review also noted a barrier to client admission to the FDS for individuals who were identified by health practitioners as requiring Behaviour Control Medication within their model of support. Given specific requirements for the use of Behaviour Control Medication under the Act, FDS currently has no capacity to support any client subject to Behaviour Control Medication, potentially limiting access for clients that may otherwise benefit from the service. It was recommended that the FDS review its capacity to support clients requiring Behaviour Control Mediation under the Act.

Other Matters

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 2021, the Director of Forensic Disability undertook an audit of FDS recordkeeping in accordance with the Act. It was determined that the FDS was compliant with its recordkeeping obligations under the Act and the Director of Forensic Disability Policy – The Keeping of Records at the Forensic Disability Service.

The review identified that there had been marked improvements in the structures and systems to support good recordkeeping at the FDS over the past 12 months, specifically related to the staged upgrade to FDAIS. This has resulted in a move away from paper-based systems, improved transparency and accountability and increased accessibility.

In the past year the FDS also transitioned its record management system to iDOCS, an electronic document management system providing increased accessibility, transparency, and version control.

While upgrades to FDAIS have occurred and a further upgrade pertaining to RBC was in final stages of development and testing, the review noted there was scope for further enhancements to FDAIS for it to become a fully integrated client information management system. Further consideration and potential investment in FDAIS to support recordkeeping at the FDS was recommended.

Overall, it was evident that the FDS have maintained a continuous improvement focus on recordkeeping, including developing and delivering training packages related to good recordkeeping. Furthermore, they have committed to utilising a record keeping maturity assessment as part of their recordkeeping and quality improvement approach.

Forensic Disability Act Information System (FDAIS) Improvements

Significant work was undertaken this year to enhance the Forensic Disability Act Information System (FDAIS), the electronic client information system used at the FDS. The enhancements were undertaken to improve functionality and increase compliance with the relevant legislation. This work was funded and commissioned by the Department and was overseen by a project board which included the Administrator and Director of Forensic Disability.

The initial upgrade to the system in June 2020 enabled staff to record behavioural incidents and any use of RBC (seclusion) on FDAIS. Additionally, in September 2020, the FDAIS capability was extended to include capacity for documenting client clinical case notes. Further planning

and development work have been undertaken focused on IDPs and the remaining RBC options for releases scheduled in 2021.

These FDAIS enhancements are considered significant improvements to record keeping practices at the FDS. Benefits are noted in terms of accessibility, including the ability to use this information to inform client care, as well as monitoring legislative compliance in accordance with the Director of Forensic Disability's functions under the Act.

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.

If the Director considers the evidence indicates the client may not have been of sound mind at the time of the alleged offence, or if the client is not considered fit for trial, then the Director may refer the matter to the Mental Health Court.

During 2020-21, one client was charged with committing serious offences against staff namely, assaults occasioning bodily harm. The Director undertook a review of the incident and determined that there was no proper basis to refer the charges to the Mental Health Court.

The client obtained independent legal advice and representation in relation to the charges. The criminal charges proceeded in the usual manner and are before the relevant Magistrates Court so they may continue according to law.

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 2020-21, the Director of Forensic Disability received three formal complaints, with two received directly from clients and one from a client's Guardian. Two related to operational matters and were referred to the Administrator for review and action. The third complaint was addressed by the Director of Forensic Disability. All three complaints were satisfactorily addressed in a timely manner.

Glossary and short forms

Short forms that may be used in the Director'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
DIRECTOR	The Director of Forensic Disability
FDS	Forensic Disability Service
FDAIS	Forensic Disability Act Information System
IDP	Individual Development Plan
LCT	Limited Community Treatment
MHA	<i>Mental Health Act 2016</i> (Qld)
MHC	Mental Health Court
MHRT	Mental Health Review Tribunal
NDIS	National Disability Insurance Scheme
NGO	non-government organisation
PBS	positive behaviour support

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

Defined term	Meaning
Act, the	The <i>Forensic Disability Act 2011</i> (Qld)
Administrator	The Administrator of the Forensic Disability Service
Chief Psychiatrist	The Chief Psychiatrist is an independent statutory officer under the <i>Mental Health Act 2016</i> (Qld). 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 <i>Mental Health Act 2016</i> (Qld).
Director	The Director of Forensic Disability
Director-General	The Director-General, Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships

Forensic Disability Client	Section 10 of the <i>Forensic Disability Act 2011</i> (Qld) 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 <i>Mental Health Act 2016</i> (Qld), 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 <i>Mental Health Act 2016</i> (Qld).
Information Notice	An information notice is a notice that entitles the applicant for the notice, or the applicant's nominee, to receive relevant information provided for in Schedule 1 of the <i>Mental Health Act 2016</i> (Qld) about the forensic disability client from the Director or Chief Psychiatrist.
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 <i>Mental Health Act 2016</i> (Qld). 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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