Director of
Forensic Disability

ANNUAL REPORT

Director of Forensic Disability

2022-23

This Annual Report details the administration of the *Forensic Disability Act 2011* (Qld) and the associated activities and achievements for the 2022-23 financial year in an open and transparent manner to inform the Minister for Child Safety, Seniors and Disability Services, the Queensland Parliament and members of the public.

Public availability of report
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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.

29 September 2023

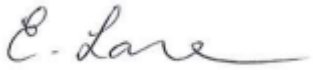
The Honourable Craig Crawford MP
Minister for Child Safety and
Minister for Seniors and Disability Services
PO Box 15457
BRISBANE CITY EAST QLD 4002

Dear Minister

I am pleased to present the 2022-2023 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 2022 to 30 June 2023. 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



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Message from the Director of Forensic Disability

I am pleased to provide you with an update for the 2022-2023 financial year on key developments and changes in the landscape of forensic disability.

The Director of Forensic Disability (the Director) and team have worked throughout the year to facilitate the proper and efficient administration of the *Forensic Disability Act 2011* (the Act), including monitoring the support and care provided to forensic disability clients detained to the Forensic Disability Service (FDS). This has involved working closely with the Administrator of the FDS, Ms Debbie Van Schie. The FDS fulfils an important function within the Queensland forensic disability service system in providing an alternative placement to secure mental health or correctional environments.

Ms Jenny Lynas, who held the position of the Director for three years, left the role in February 2023. Her leadership has been instrumental in influencing the approach to forensic disability services, setting high standards for excellence, and ensuring that clients receive the care and support they deserve and that it is in line with the legislation. Whilst in the role, Ms Lynas directed key pieces of work that have contributed to better outcomes for clients. Importantly, she instigated a review of interventions and programs at the FDS culminating in the identification of appropriate intervention options for forensic disability clients to be considered by the FDS and the importance of implementation of a Model of Care at the FDS. She also developed a compliance monitoring and quality improvement framework underpinned by principles of risk assessment, transparency, proportionality and impartiality and objectivity. The framework has ensured the implementation of a rolling schedule of compliance activities and contributed to improvements at the FDS. Ms Lynas also strongly advocated for forensic disability service system enhancement and reform.

Since Ms Lynas transitioned from the role, the Director role has been performed by both Dr Murray Rieck and I. Throughout the transition, the Director and team have remained steadfast and consistent on their core function and commitment in progressing the work agenda for the year. This has included, reviewing and reissuing policies and procedures to promote the support, care and protection of clients under the supervision of the FDS in compliance with the Act. The team has undertaken a range of compliance monitoring and quality improvement activities including, reviewing individual development planning documentation and processes, limited community treatment processes, the use of regulated behaviour control and record keeping. To foster best practice at the FDS, additional activities were undertaken to identify growth opportunities related to the FDS Model of Care including, strengthening training and knowledge regarding adopting positive behaviour support and trauma informed approaches and enhancing approaches to support client habilitation and limited community treatment. Mechanisms to monitor progress at the FDS, identify potential barriers and contribute to improvements have also been enhanced.

Beyond monitoring and training functions, the Director and team have worked with the FDS throughout the year to ensure there is a strong focus on the provision of rehabilitation,

habilitation and a graduated approach to limited community treatment, with a commitment to supporting client transition and community safety. The FDS has continued to provide a schedule of interventions based on client needs and this has included the delivery of programs to community-based outpatients. The FDS can be commended for working steadfastly to collaborate with relevant stakeholders and drive transition planning. Over the past year the FDS has successfully transitioned one client back to community and transition milestones have also been progressed for two clients who have been detained for an extended period at the FDS. The Director's team has also worked closely with the Administrator of the FDS and Senior Practitioner to enhance referral and suitability assessment processes.

Within the broader landscape, the Director and Acting Directors have remained committed to collaborating with various stakeholders across the system to advocate for improved supports and services for individuals under forensic orders (disability). Engagement with the Department of Child Safety, Seniors and Disability Services, the National Disability Insurance Agency (NDIA), the Chief Psychiatrist, Authorised Mental Health Services, the Public Advocate and Public Guardian continues to pave the way for positive system-wide changes. The final report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the evidence and research the Commission shared throughout the inquiry will also be carefully considered in undertaking the Director's role of ensuring the rights, care and protection of forensic disability clients.

The Department of Child Safety, Seniors and Disability Services has made a commitment to reviewing and developing an improved service delivery model for the forensic disability service system in Queensland. Like previous Directors of Forensic Disability, I believe this commitment is critical to achieve better outcomes for individuals with forensic and disability needs across Queensland. A forensic disability service system should provide a continuum of supports recognising the importance of early intervention and evidence-based supports provided at the right time and within the least restrictive environment possible. Transitional, step-down accommodation options should also be prioritised alongside building the capability of the sector to provide high quality support and care to ensure that clients can access suitable accommodation and appropriate supports to safely return to community. It is vital that this work is progressed to improve the forensic disability service system and ensure the well-being of those under forensic orders.

I look forward to the coming year and the opportunity to support continuous improvements to the FDS and where possible, contributing to developments to the broader forensic disability service system.

Elizabeth Lane
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 disability clients detained at the Forensic Disability Service.

The Act was passed into law as a direct response to two seminal reports[1] 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[2] 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 – the FDS, and the Director of Forensic Disability.

Forensic Disability Service (FDS)

The FDS is a purpose-built medium security residential service that provides rehabilitation and habilitation supports and services to individuals with a cognitive impairment or intellectual disability who have offended and are subject to a forensic order disability. The service is located at Wacol and is operated by the Department of Child Safety, Seniors and Disability Services (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.

In 2022-2023 extensive damage to one of the FDS accommodation facilities resulted in the FDS being only able to operate as a five person facility. To date, the FDS continues to support and is responsible for five adults with an intellectual disability or cognitive impairment who are subject to a forensic order (disability) and have been detained to the service. The Department has advised that the rebuilding of and repairs to the damaged accommodation facilities is subject to funding being available and is not expected to be completed until late 2024.

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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[1] *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.

[2] 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 Directory 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;
- issuing policies and procedures about 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;
- advising and reporting to the Minister on any matter relating to the administration of the Act; and
- undertaking five year reviews of client's benefit from care and support for clients who have been clients for a continuous period of five years.

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 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 under the Act 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's 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 2022 and June 2023 included:

- Individual Development Plans for FDS clients;
- Positive Behaviour Support and Trauma Informed Care;
- Habilitation support;
- The use of Regulated Behaviour Controls (RBC);
- The application of Limited Community Treatment (LCT) provisions;
- Access to Care and Amenities; and
- Record keeping.

In addition, regular clinical compliance monitoring activities involving the Director of Forensic Disability include involvement in IDP reviews, FDS client case conference updates and higher-level strategic management meetings to ensure that the care and support 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.

Updated Policies and Procedures

Under the Act, the Director of Forensic Disability must issue policies and procedures about the detention, care and support and protection of forensic disability clients.

For the Director, issuing policies and procedures is a primary means of ensuring the protection of the rights of FDS clients under the Act. Typically, the Director's policies and procedures have an operational duration of three years. At the three year mark, all policies and procedures are reviewed to ensure they are practicable, useful and up to date.

Additionally, if a policy or procedure requires amendment, the Director will amend the policy as and when the need arises.

The three year review of the Director's policies and procedures fell due this past year. Accordingly, from December 2022 – January 2023 the Director reviewed, updated (where applicable) and re-issued all 34 of the Director's policies and procedures to ensure they remain useful and provide continuity of guidance for the FDS staff in their care and management of FDS clients.

All of the Director's policies and procedures are in the public domain and may be found on the Director of Forensic Disability website (www.directorforensicdisability.qld.gov.au).

Statutory Officers at the Forensic Disability Service

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.

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, if required.

Client Management at the FDS

Admission and Transfer

Placement at the FDS is intended to be time limited, whereby a client will be supported to transfer from the service once they have completed relevant programs and interventions and there are plans in place to assist them to safely return to their community. Planning for a client's transition to return to living in the community is considered upon admission to the FDS and occurs through individual development planning processes and designated transition planning meetings.

Transition planning is driven by the FDS but involves collaboration with the client and relevant stakeholders who may include the client's guardian, client's advocate, Authorised Mental Health Service (AMHS), National Disability Insurance Agency (NDIA) representatives or registered service providers, or the Positive Behaviour Support and Restrictive Practices Unit in the Department. The objective of transition planning is to support clients to safely return to living in the community, however 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* (MHA) to facilitate transition for clients from the FDS (section 353 MHA – transfer of responsibility by agreement between the Director of Forensic Disability and the Chief Psychiatrist). These legislative functions enable the Director of Forensic Disability to liaise and come to a mutual decision with the Chief Psychiatrist regarding the transfer of responsibility for forensic orders (disability) between the FDS and an Authorised Mental Health Service (AMHS).

During 2022-23, clients continued to make significant progress towards transition by continuing to engage in treatment, meeting identified milestones, linking with National Disability Insurance Scheme (NDIS) supports and participating in graduated Limited Community Treatment (LCT). One client was transferred from the FDS to the community and another client has been supported to access overnight leave from the FDS to progress their transition.

The Director also completed one 5 year review for a client over the past year. Whilst the review concluded that the client was not likely to receive benefit from the model of care at the FDS and that transition planning must be prioiritised for this client, it recognised that a lack of accommodation options continued to be a critical barrier in progressing his transition. Positive progress has occurred throughout the year in relation to transition planning for this client. The FDS have worked closely with stakeholders to progress transition plans, including engaging a service provider to commence getting to know, understand and support the client whilst he remains at the FDS. Additionally, the

Department has invested in an accommodation option that is anticipated to meet this client's future needs.

A further client was transferred to an AMHS secure inpatient unit via an order by the Mental Health Court.

Interagency collaboration

The Director of Forensic Disability and the FDS have established improved approaches to working collaboratively with the NDIA, Complex Support Needs Branch, throughout the year. A Justice Liaison Officer is now linked with the FDS, attending on regular basis, in addition to NDIA planners and supports coordinators. The collaborative focus has been on ensuring clients are able to access the necessary and reasonable disability supports through the NDIS and identifying any barriers so that transition planning remains on track.

The Director has frequent contact with the Chief Psychiatrist regarding matters relating to persons with intellectual or cognitive disability and who are subject to, or likely to become subject to a Forensic Order (Disability). The collaborative work between the Director, the Chief Psychiatrist, the FDS and various relevant authorised mental health services is integral to the transition of FDS clients to and from the community. Moreover, the collaborative approach continues to deliver improved outcomes for FDS clients. Interagency collaboration will continue in 2023-2024 and continue to strengthen the processes of referral, transfer and oversight between the FDS and the health service system.

The FDS Model of Care and approach to rehabilitation and habilitation

The FDS is a specialist medium secure residential service that provides rehabilitation aimed at addressing forensic needs to reduce the risk of recidivism, and improve habilitation skills, aimed at increasing quality of life and the client's ability to function in the community.

The FDS model of care broadly outlines key evidence-based practice frameworks that underpin services, assessment and planning approaches including:

- Positive Behaviour support;
- Trauma informed care;
- Person centred practice;
- Risk Needs Responsivity Model; and
- Good Lives Model.

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 clients' 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 clients outside of the program sessions provided.

In line with the FDS Model of Care (MoC), the rehabilitative programs that the FDS offer at the service include:

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. This program is delivered to clients prior to the commencement of the SORP-ID and/or VORP-ID. 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.

Everybody Needs to Know

The Everybody Needs To Know (ENTK) program was developed by Family Planning Queensland to support people with intellectual disability to access information and to gain an understanding of sexuality, sexual health and reproduction for both males and females. The

program is adapted to the specific needs of the group with additional focus placed on modules and information pertinent to the client's offences, misconceptions and gender. Additional material and activities support the learning styles of the group members, ensuring that every member has the opportunity to learn and demonstrate their learning.

The Good Lives Model

The Good Lives Model (GLM) program is a strengths-based approach to offender rehabilitation and is therefore premised on the idea that in order to reduce a person's risk of reoffending there is a need to build capabilities and strengths in people. The good lives model program is run over 15 weeks with a focus on the 11 "primary goods" i.e., certain 'good' states of mind, personal characteristics, and experiences. Each week clients are supported to identify goals related to a different primary good, the steps needed to reach the goals and the potential barriers in achieving their goals.

Stepping Stones

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. Clients can expect to participate in the Stepping Stone program for approximately 6 months.

Habilitative Programs

Habilitative Programs are supports 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 and supports provided or facilitated by the FDS include:

- Literacy and numeracy;
- Healthy living and life skills;
- Cooking and shopping skills;
- Money management;
- Vocational skill building or education including through enrolments with formal training providers such as TAFE Queensland and/or on-the-job skills development through volunteering; and
- Computer and technology literacy.

Director of Forensic Disability monitoring and compliance activities in relation to the habilitation approach

Habilitative care and support is critical in developing a client's skills and knowledge to prepare them for a sustainable transition to community. The Director reviewed habilitation support at the FDS in 2022-23. This qualitative improvement review of habilitation sought to understand both the formal and informal delivery of habilitative programs to clients,

including the process by which an individual's goals and needs are met. The review explored how the delivery of habilitation is embedded (implemented and documented) within the FDS Model of Care and promoted in day-to-day service delivery. The Director did this by examining documentation (such as the IDP, LCT event plans and outcomes and case notes) and conducting discussions with staff and clients to gather information and seek their views. There was evidence that elements important to habilitation have been considered and delivered at the FDS, and some infrastructure to support this has been developed. The FDS has operational practices and key documents (such as the IDP and LCT documents) that recognise the importance of habilitation. There was evidence of assessment of adaptive behaviour functioning and individual goals and support approaches to meet habilitation needs and reporting of support.

Whilst the FDS have elements of a habilitation structure in place, review recommendations included developing a structured best-practice framework for habilitation that is firmly embedded into the Model of Care and quality improvements to planning, implementation and recording of habilitation activities and outcomes.

Individual Development Plans (IDP)

Every client at the FDS must have an 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 transition to community.

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. 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 monitoring and compliance activities in relation to IDP

During 2022-23, the Director of Forensic Disability completed a comprehensive review of all client Individual Development Plans as at 31 October 2022, 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:

- All IDPs were in place for all clients and reviews were occurring on a quarterly basis;
- Positive behaviour support strategies were incorporated within all IDPs for all clients;
- Goals and actions supporting transition were evident throughout all IDPs including approaches to addressing barriers;

- All IDPs included a risk assessment and management plan in terms of forensic risk, behaviours of concern and other relevant risks;
- All IDPs incorporated the most recent MHRT order or conditions;
- All IDPs included LCT specific goals and outlined how the FDS intends to support clients to access the community to give full effect to their MHRT conditions; and
- All IDPs contained contemporary medication and health information for clients.

Overall, IDPs were found to be compliant with legislative, policy and procedural requirements, however, areas for development include:

- Strengthening the approach to ensuring contemporary multidisciplinary assessment informs a client's IDP;
- Ensuring annual Comprehensive Health Assessment Programs are undertaken;
- Establishing a sustainable method of regular Senior Practitioner assessment and documentation;
- Ensuring relevant risk assessment and management information is reflected in IDPs;
- Ensuring processes are in place to ensure all stakeholders views can be included in IDPs.

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 FDS Model of Care. 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.

Director of Forensic Disability monitoring and compliance activities in relation to LCT

A review of LCT undertaken in June 2023 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 that aligned with client interests and development, effectively contributing to their reintegration and transition back to community. LCT was utilised appropriately to develop clients':

- Educational and vocational skills;
- Health and well-being;
- Daily living skills;

- Social skills;
- Family relationships; and
- Community re-integration and participation.

Two clients presented with unique challenges in relation to accessing the community and engaged minimally in LCT. However, towards the end of the year, one of these clients was supported to access supervised overnight LCT as part of their planned transition to community.

Authorised LCT event plans evidenced alignment between the LCT events and MHRT conditions and demonstrated that LCT was authorised to progress individual development and to promote community participation and reintegration. It was also evident that LCT plans contained risk management strategies. It was further observed that since the 2021 – 2022 review, the FDS had focused on improvements through:

- promoting LCT as an integral part of client development;
- increasing LCT instances for a complex client;
- improving adherence to record keeping processes;
- maintaining the use of quality templates that support the legislation; and
- continuing to identify LCT opportunities that can develop in frequency, variety and allow increased independence.

The review identified that the implementation of the LCT authorisation process required improvement especially pertaining to risk identification and its consideration in decision making. The review also identified the need to improve documentation in relation to plan writing, LCT outcomes and decision making. A range of recommendations were made. The Director of Forensic Disability presented findings to staff to promote understanding of the legislation and the LCT policy and procedure and to facilitate reflective discussion to assist the FDS to develop improved processes.

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 ensures 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.

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

In May 2023, 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 2022-23. 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 2022-23, four clients were subject to seclusion.

Three clients were placed into seclusion for short periods in response to their behaviours which were assessed as presenting imminent risk to self or others. These instances of seclusion ceased when the clients were assessed as no longer an imminent risk and staff were able to safely reengage with these clients. For all clients where seclusion was used, it was ensured that PBSPs were in place with a focus on utilising proactive and less restrictive strategies prior to the use of seclusion.

Seclusion has been used extensively for one client due to the significant dynamic risk and complexity presented. This client requires a high secure environment due to the significant risk he presents to himself, others and the community. In order to understand seclusion for this client it is important to acknowledge that it is this client's preference to remain in a physically separate area from others but one where he can communicate and engage with others when he wishes. Additionally, this client can become highly threatening and aggressive if staff attempt to coerce him into leaving his area and interact with others if this is not his preference.

The FDS has adapted a living environment for this client to best support his needs and the safety of staff. Seclusion for this client involves access to half of an FDS house including a

living area, a bedroom, an activities room, a personal bathroom and two outdoor living spaces. This client manages the majority of his possessions and has access to personal items and art projects. Staff are rostered on shift 24/7 and are always available to provide this client with support to ensure his safety and in accordance with his preferences and interests throughout the day. Support will commonly include assistance to participate in activities including, skill building activities, art, games, music, exercise, or activities of daily living; engaging in conversations driven by the client's wide range of interests and curiosity; and providing emotional support and opportunities to strengthen his ability to utilise adaptive coping strategies and develop emotional awareness.

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 recent RBC review reemphasised the importance of the FDS documenting the implementation of strategies to reduce and eliminate seclusion for this client.

The RBC 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). A need to better document consideration of "no less restrictive way" as part of decision making was identified in some instances and some Individual Development Plans required elaboration in terms of the specific strategies in place to avoid, reduce or eliminate the use of seclusion. Further, it was identified through the review that there was some confusion regarding the processes for use of urgent seclusion (i.e., seclusion ordered by an Authorised Practitioner) resulting in instances where there were delays in the notification of the senior practitioner and subsequent assessment of clients. Clarification was provided to staff regarding processes and the importance of timely notifications.

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 2022-23.

The Director of Forensic Disability did not receive any requests for mechanical restraint approval during 2022-23. 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 11 instances of physical intervention recorded that included assault avoidance strategies and restrictive holds reflecting a use of reasonable force by FDS staff. Each of these instances were reviewed by the Director of Forensic Disability and found to have occurred in the context of imminent risk. The importance of accurate and detailed reporting in response to such instances was reinforced in the RBC review.

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 behaviours of concern 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 behaviours of concern. 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 activities in relation to Positive Behaviour Support and Trauma Informed Care

A positive behaviour support and trauma informed care review was completed in December 2022. The review sought to identify the status and current use of positive behaviour support and trauma informed care at the FDS.

The review identified that there had been a general improvement in the quality of the positive behaviour support plans and processes since the last review in June 2021, and processes to support and monitor the implementation of the plans were in place. The review established that primary documents such as the IDPs were embedded with positive behaviour support and trauma informed care, however it was also evident that barriers, such as staff turn-over and vacant Senior Clinical Leader positions negatively impacted optimal practice.

Recommendations for quality improvements centred on the need for staff development to better implement, monitor, record and review positive behaviour support and care at the FDS. To support these recommendations and improve practices at the FDS, the Director of Forensic Disability worked with the FDS to provide training packages specific to trauma informed care and positive behaviour support, which was delivered as part of induction for new staff members in December 2022.

Information Systems and Record Keeping

The keeping and maintaining of full and accurate records about the clinical and administrative decisions of the FDS is essential to the proper, efficient and therapeutic running of the service. Accordingly, the Director of Forensic Disability conducts audits and reports on compliance by the FDS with regard to relevant record keeping standards under the Act at least annually.

Director of Forensic Disability monitoring and compliance activities in relation to record keeping

The Director of Forensic Disability undertook an audit of FDS record keeping in accordance with the Act. Overall, within the last 12 months, staff at the FDS have continued to improve record keeping practices under the Act. The use of regulated behaviour control was documented and met legislative requirements in relation to record keeping. 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.

Two recommendations for compliance were made. The first relating to the documentation of client assessment in accordance with the IDP and the second relating to maintaining an up-to-date complaint and feedback register. Prior to this record keeping review, FDAIS enhancements had been introduced to ensure that the RBC 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.

Searches

Legislation provides for the FDS to carry out a search of a place or person or to seize an item to enable proper security to be maintained and to ensure the safety of clients, staff and visitors within the FDS. The Director addresses the use of search in the policy *Safety Practices at the Forensic Disability Service,* and this was updated in February 2023.

Director of Forensic Disability monitoring and compliance activities in relation to searches

In September 2022, the Director undertook a review of the Use of Search at the FDS to ensure compliance with requirements and principles of the Act. The review found that the FDS thoroughly report on any use of search including of the client's personal living space or of the client themselves. The FDS were found to be documenting all uses of searches authorised by practitioners and generally providing an adequate level of detail as required by the Act. All searches were undertaken by practitioners who had the powers to authorise searches, and where required, the Administrator was present to authorise further powers required for more regulated searches, such as a 'pat down' search.

Areas for improvement were identified and recommendations included:

- Revising search report forms to include prompts for staff to document information pertaining to how client privacy and dignity was met and how the client was informed about the search;
- Ensuring documentation includes clinical justification as to why an item has been seized, where this is applicable.

Access to basic care and amenities

The Director developed a policy to guide the care and support provided to clients at the FDS in terms of care and access to basic amenities in November 2022. The policy outlines the care and basic amenities that clients should have access to and requires that effective measures and processes are in place to support access and to document, monitor and review the care requirements.

Director of Forensic Disability monitoring and compliance activities in relation to Access to basic care and amenities

A review of access to care and basic amenities was undertaken by the Director in March 2023. Findings indicated that clients have access to care and basic amenities at the FDS, including personal care items, personal hygiene products, tele-communication devices, and access to

visitors and medical practitioners. There was evidence that clients are supported to actively engage in activities to maintain a clean and comfortable living environment and where clients are not satisfactorily maintaining a hygienic environment, staff intervene when it is assessed as safe to do so. It was also noted that case notes in relation to care and access to basic amenities are being completed and senior management report an improvement in the quality of documentation.

It was recommended that a particular client with high and complex disability support needs have an individualised plan in place in relation to how the FDS monitors, visually inspects and intervenes when there are concerns in relation to this client's hygiene and cleanliness. It was identified that an operational practice guide had been newly developed by the FDS to assist in giving effect to the policy and improve consistency and documentation of support provided to clients. It is anticipated that the risk management approach outlined in the new practice guide and planned links within the client's Individual Development Plan may help to clarify and improve the approach when clients are not maintaining a clean environment.

Other Matters

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 2022-23, one client was charged with committing criminal offences while 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 2022-23, the Director of Forensic Disability received a total of one complaint. The complaint was from an FDS client and related to an operational matter. The complaint was referred to the Administrator for review and action. The complaint was resolved relatively quickly and to the satisfaction of all, including the FDS client.

Information sessions

The training of FDS staff is primarily the concern of senior management at the FDS. However, the Director's team are available to provide information sessions or 'refreshers' for FDS staff if requested. The request for an information session may arise from a multitude of reasons. For example, a change in the law or policy and procedure, the intake of new FDS staff, a result of

compliance monitoring and quality improvement findings, or simply a request to discuss a topic of interest. Some of the information sessions that the Director has been requested to provide in the last year include:

- The role of the Director of Forensic Disability;
- Regulation of behaviour control;
- Trauma informed care;
- Positive behaviour support; and
- Limited Community Treatment.

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
DCSSDS	Department of Child Safety, Seniors and Disability Services
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	*Mental Health Act 2016* (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 *Forensic Disability Act 2011* (Qld)
Administrator	The Administrator of the Forensic Disability Service
Chief Psychiatrist	The Chief Psychiatrist is an independent statutory officer under the *Mental Health Act 2016* (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 *Mental Health Act 2016* (Qld).
Director	The Director of Forensic Disability
Director-General	The Director-General, Department of Child Safety, Seniors and Disability Services
Forensic Disability Client	Section 10 of the *Forensic Disability Act 2011* (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 *Mental Health Act 2016* (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 *Mental Health Act 2016* (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 *Mental Health Act 2016* (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 *Mental Health Act 2016* (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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