



Director of
Forensic Disability

ANNUAL REPORT 2023-2024

Director of Forensic Disability

This Annual Report details the administration of the *Forensic Disability Act 2011* (Qld) and the associated activities and achievements for the 2023-24 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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Contact details:

Mail: Locked Bag 3405, Brisbane, Queensland 4001
Telephone: +61 7 3907 8820
Website: www.directorforensicdisability.qld.gov.au
Email: directorforensicdisability@dcssds.qld.gov.au

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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, present and emerging.

18 November 2024

The Honourable Amanda Camm MP
Minister for Families, Seniors and Disability Services and
Minister for Child Safety and the Prevention of Domestic and Family Violence
1 William Street
Brisbane Qld 4000

Dear Minister

I am pleased to present the 2023-2024 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 2023 to 30 June 2024. 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.

Please note that the Annual Report was originally sent to former Minister Charis Mullen, Minister for Child Safety, Minister for Seniors and Disability Services, and Minister for Multicultural Affairs on 27 September 2024. Former Minister Mullen was not able to table a copy of the Annual Report in the Legislative Assembly in accordance with the provisions of section 93 of the Act because of the 'caretaker' period associated with the 2024 State General Election (Qld).

Yours sincerely



Elizabeth Lane
Director of Forensic Disability

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Message from the Director of Forensic Disability

I am pleased to provide an overview of the 2023-2024 financial year. My primary focus has remained on ensuring the care and protection of Forensic Disability Service (FDS) clients through facilitating a collaborative relationship with the FDS whilst also preserving the independence of the Director of Forensic Disability role.

Monitoring and compliance activities have been a critical component of the work my team and I undertake. These activities provided opportunities to closely review processes to ensure clients receive the legislative care and protection they are entitled to. This has included analysing individual development planning, rehabilitation, risk assessment and management, limited community treatment, regulated behaviour control, medication, and record-keeping. I have provided further details about these reviews in this report.

This year I modified our monitoring and compliance approach to provide more active support and follow-up in relation to recommendations from compliance and quality improvement activity findings. My team has engaged closely with the FDS to share best practice approaches and to track their consideration of recommendations and implementation efforts. This more engaged process has enabled me to witness the real-time changes and improvements made by the FDS, under the leadership of the Administrator Debbie Van Schie. This collaborative approach has driven meaningful progress, reinforced compliance and elevated the quality of service delivery.

Notably, monitoring and compliance activities have prompted the FDS to develop updated documentation for individual development planning and strengthened links between clinical processes at the FDS, resulting in significant improvements. The Individual Development Plan (IDP) is the cornerstone of rehabilitation, support, care, and risk management for clients at the FDS. The new IDP document supports compliance with the *Forensic Disability Act 2011* while embedding the evidence-based components of the FDS Model of Care. I look forward to reporting progress in the IDP review scheduled for the upcoming financial year.

I commend the continued efforts and success achieved by the FDS over the last year in supporting clients to safely transition from the service to community. The FDS have demonstrated commitment to transition planning from the outset of a client's admission to the service, focusing on client skill development, goal achievement and securing the required supports to enable clients to live and be part of the community. The FDS have also overcome a range of barriers to advance the community reintegration of a client with complex support needs who has been detained at the FDS for an extended length of time.

I would also like to acknowledge other stakeholders who are critical to successful client transitions including supports and services within the Department of Child Safety, Seniors and Disability Services, the Office of the Chief Psychiatrist, Authorised Mental Health Services, clients' families, guardians and advocates, the NDIA and NDIS registered service providers.

Notwithstanding the recent progress in relation to transition there continues to remain a need for a stronger forensic disability service system in Queensland. Throughout this year I have advocated for a system that provides a continuum of supports to ensure clients are able to access the right services at the right time and be supported in the most appropriate and least restrictive environment possible. I have engaged with relevant stakeholders, gathering and sharing information, insights and evidence to support the development of an improved system and will continue to advocate for this.

I recently received the Queensland Ombudsman's Forensic Disability Service – second report, which is a follow-up to the August 2019 report. I am pleased to report that the Director and the Department have initiated many actions that address recommendations made and I am committed to further progressing actions throughout the next year.

Finally, I wish to thank the staff within my team for their hard work and commitment to striving towards continuous improvement and better outcomes for individuals with forensic and disability support needs.

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, support and protection of clients with a disability detained at the Forensic Disability Service (FDS).

The Act was passed into law as a direct response to two important and influential reports¹ into the area of care and treatment of people 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, care, support and protection of forensic disability clients² residing at the FDS. At the same time, the Act safeguards clients' human rights and freedoms while balancing their rights with the rights of other people. The Act also outlines how to promote individual development, enhance opportunities for quality of life and maximise opportunities for reintegration into the community. To meet the purpose of the Act, separate and distinct entities were established – the Director of Forensic Disability and the FDS.

Forensic Disability Service (FDS)

The FDS is a purpose-built medium security residential service that provides rehabilitation and habilitation supports and services for 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.

As a result of extensive damage to one of the FDS accommodation facilities in 2023, the FDS is currently able to operate as a five-person facility. The Department has advised that the rebuilding of and repairs to the damaged accommodation facilities are expected to be completed in late 2024.

Throughout the 2023-2024 period the FDS was responsible for six adults with an intellectual disability or cognitive impairment who were subject to a Forensic Order (Disability). These clients have been detained to the service because they have been deemed an unacceptable risk to the community by either the Mental Health Court or the Mental Health Review Tribunal; and assessed to benefit from specialist care and support, and habilitation and rehabilitation programs.

Although distinct and separate from the FDS, the Director of Forensic Disability liaises closely with the Administrator and staff at the FDS with the goal of transitioning clients

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.

through the programs and services provided by the FDS so that they may safely return to their community with an enhanced quality of life.

Statutory Roles under the Forensic Disability Act 2011

The Director of Forensic Disability

The Director of Forensic Disability is appointed by the Governor in Council under the Act and is independent when performing a function or 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 running of the facility and the management of the clients remains 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 permanently appointed in accordance with the *Public Sector Act 2022*.

Specifically, the team is comprised of a Principal Legal Officer, three Principal Advisors and administrative and business support roles.

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 protection of the rights of forensic disability clients under the Act. It encourages a high level of

compliance from the FDS and quality service delivery for 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 2023 and June 2024 were:

- Assisting Clients with their Medical Needs;
- Clinical Risk Assessment and Management;
- Individual Development Plans;
- Model of Care: Progress Update;
- Rehabilitation;
- Record keeping;
- Community Treatment and Other Leave; and
- The use of Regulated Behaviour Controls (RBC).

In addition, regular clinical compliance and monitoring activities involving the Director of Forensic Disability include involvement in IDP reviews, FDS client case conference and higher-level strategic management meetings to ensure that the care and support provided for clients align with best practice and meet the requirements of the Act. The Director of Forensic Disability also has direct engagement with the clients and regular meetings with the Administrator.

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

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 involuntary detention, assessment, care and support and protection of FDS clients comply with the Act. Typically, the Director's policies and procedures have a working duration of three years. After this, 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 adjust the policy as and when the need arises.

In the first months of 2023 the Director re-issued 33 policies and procedures. The policies and procedures remain current and provide continuity of guidance for FDS staff in their care, management and rehabilitation of clients detained to the FDS.

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. 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 Sector Act 2022*. The Administrator reports to the Director-General of the Department through the Deputy Director-General, Disability Accommodation, Respite and Forensic Services regarding the operational management of the FDS.

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

Highlights from the Administrator for 2023-24

2023/24 has been a year of positive progress on many fronts, not the least being on the outcomes and improved wellbeing for our FDS clients. I want to thank all the committed and skilled staff who work at the FDS for the dedication to our clients that has contributed to these positive outcomes.

In 2023-24:

- 6 Individuals were clients of the FDS.
- 2 clients transitioned fully to a community-based service with their supports funded by the NDIS and services provided by a team of professionals in the community services sector.
- 1 client was granted authority by the Mental Health Review Tribunal to live in a new purpose-built property in the community with supports provided by an NGO with oversight by the FDS. This is a significant step towards reintegration and a move to a less restrictive order to manage future offending risk.
- The Clinical team delivered 6 comprehensive programs for 7 individuals (comprising community and FDS clients) to address offending behaviours and improve the individual's capacity.
- 6 clients participated in Limited Community Treatment involving 685 individual sessions focussing on health, volunteering, sport and recreation, personal shopping, entertainment, religion and culture, habilitation skills development, personal matters and family visits.
- All FDS clients successfully engaged with a range of service providers to achieve the outcomes in their Individual Development Plans aligned to their treatment goals.
- First Nations clients were supported to remain connected to culture through Indigenous mens' groups, NAIDOC week celebrations, including 1 client participating in a cultural dance in front of a crowd during NAIDOC week 2023, family connection, elders' visits, phone contact, Emu farm visit, Aboriginal art groups and fishing.
- During the year my senior team and I led a continuous improvement program focussing on improving client outcomes and building connections with external support providers to ensure clients had access to a range of support.
- This included working closely with the NDIA to ensure sufficient supports were available to clients through their NDIS Plan.
- Specific improvements in 2023-24 include:
 - Engaging a more diverse range of clinicians within the team.
 - Adding a dedicated nurse practitioner to the service to oversee the health and wellbeing needs of clients.
 - Appointing a dedicated transition officer to support effective planning for clients transitioning back to community.

Debbie Van Schie

Administrator

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. This may include the client's guardian, allied person and/or advocate, Authorised Mental Health Service (AMHS), National Disability Insurance Agency (NDIA) representatives, registered service providers, and 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).

Admissions and Transfers 2023-24

During 2023-2024, the FDS admitted one new client into the service.

All clients residing at the FDS continued to make progress towards transition by engaging in treatment, meeting identified milestones, linking with National Disability Insurance Scheme (NDIS) supports and participating in graduated Limited Community Treatment (LCT).

Two clients transferred from the FDS to the community and a third client has been supported to access overnight leave from the FDS to progress their transition.

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 2024-2025 to maintain the processes of referral, transfer and oversight between the FDS and the health service system.

The FDS Model of Care

The FDS is a specialist medium secure residential service that provides rehabilitation programs for clients aimed at addressing forensic needs to reduce the risk of recidivism. Additionally, the FDS supports clients' habilitation skills to build independence skills, increase quality of life and skills to become active participants in the community.

The FDS Model of Care (MoC) was implemented in May 2021. The MoC broadly outlines key evidence-based practice frameworks that underpin services, assessment and planning approaches including:

- Person Centred Planning;
- Positive Behaviour Support;
- Trauma Informed Care;
- The Good Lives Model; and
- Risk Needs Responsibility Model.

Given the importance of a Model of Care in supporting clients the Director has undertaken a range of activities to monitor and develop the FDS implementation of the MoC. One such activity supported the development of a Model of Care Program Logic that outlines the short-term, medium-term and long-term goals of the implementation. The benefit of a program logic is its capacity to support forward momentum, to identify implementation barriers, and to establish clear parameters for success and evaluation. The FDS MoC Logic success indicators relate primarily to increasing staff capacity and skill to better support clients in line with the MoC.

Director of Forensic Disability monitoring activities in relation to the Model of Care implementation

During the 2023 - 2024 period, the Director of Forensic Disability conducted a review to explore the ongoing implementation of MoC. The review sought to understand achievements and barriers in progressing the MoC since May 2021. Additionally, the review analysed the FDS approach to the evaluation and sustainability of the MoC.

The MoC review found there were environmental factors impacting how the implementation occurred. The FDS responded dynamically to these challenges and progressed implementation towards the goals of the service, despite the challenges they faced. Achievements include:

- The implementation of a new staffing model, promoting strong clinical practices;
- Improved staff supervision and induction models supporting staff growth and development;

- Evidence of an improved transition process maximising client opportunities for community reintegration;
- Incorporation of Easy Read documents to improve accessibility and client engagement;
- Development of a new IDP template which better integrates the theoretical underpinnings of the MoC; and
- Updated operational practices that reflect contemporary practices within the service.

Each of these achievements promotes movement towards the goals stipulated in the MoC Logic.

The review identified next steps for the FDS including the sustainability of achievements through strengthening the documents and processes that drive the MoC. The review also recommended that the FDS incorporate more opportunities for evaluation of new processes and approaches to ensure best practice within the service.

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 transition to the community. Programs are delivered both individually and in group sessions enhancing clients' strengths and supporting them to achieve their goals. In line with the FDS MoC, the rehabilitative programs that the FDS offer 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 assists clients to build their coping skills prior to the commencement of specific offence programs including the SORP-ID and/or VRP-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 for clients with intellectual disability (e.g., substance use, emotion dysregulation, anger management, perspective taking skills).

The program utilises a reconceptualised DBT framework (Wise Mind-Risky Mind) and Good Lives Model 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. This includes sexuality 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 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 gain an understanding of sexuality and sexual health. The program is adapted to the specific needs of people with an intellectual disability with additional focus placed on modules and information pertinent to the client's offences, misconceptions and gender. Additional materials and activities support the learning styles of the group members, ensuring that every member has the opportunity to demonstrate their learning.

The Good Lives Model

The Good Lives Model (GLM) program is a strengths-based approach to offender rehabilitation and is premised on the idea that to reduce a person's risk of reoffending there is a need to build capabilities and strengths in people. The program is run over 15 weeks with a focus on the 11 "primary goods" centred around certain "good" states of mind, personal characteristics, and experiences. Each session 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.

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

A review of rehabilitation was completed by the Director in May 2024 and found that the FDS were compliant with legislation, ensuring a focus on promoting client's rehabilitation through the delivery of evidence-based programs.

The review identified a range of strengths in the provision of rehabilitative programs for clients at the FDS alongside community clients accessing programs, including:

- Rehabilitation programs are underpinned by the FDS Model of Care and the programs offered are evidenced based;
- Programs are individualised to meet the specific needs of clients through the process of clinical formulation, session planning, adapting materials and considering cultural and learning needs.
- Most clients are engaged in group programs, and those who are not are offered 1-1 sessions to target rehabilitation goals; and
- The FDS Program Facilitators receive an appropriate level of training and supervision to deliver the rehabilitative programs.

Quality improvement recommendations focussed on strengthening clinical guidelines to support a consistent and sustainable approach to program implementation and evaluation alongside promoting the generalisation of skills. Opportunities for development were also highlighted including strengthening culturally appropriate care at the FDS.

Individual Development Plans (IDP)

Individual Development Plans (IDPs) are critical in outlining strategies to promote clients' development. IDPs drive evidence-based practice and support at the FDS and are guided by the policy and procedure issued by the Director. The IDP must include an outline of the care and support to be provided to the client to:

- a) promote the client's development, habilitation and rehabilitation;
- b) provide for the client's care and support; and
- c) support the client to participate and be included in the community.

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

The Director completed a review of client IDPs in December 2023. This review examined legislative compliance with the Act and risk in relation to IDPs for clients at the FDS.

The Director's review found that the FDS was compliant with the legislation in the completion of IDPs across most areas of the Act. Two areas to support compliance under the Act were noted:

- Ensuring that clients understand their IDPs in a format that is appropriate for their communication ability; and

- Ensuring that the regular assessment by the Senior Practitioner is noted on FDAIS and is reflected in the IDP.

Additional areas for quality improvement included:

- Developing a process for streamlining the links between IDP Goals and limited community treatment to ensure that there are clear goals and outcomes for clients accessing the community; and
- Establishing a stronger focus on data collection and measurement of outcomes to better monitor progress and, therefore, provide evidence to support transition to community.

Since this review, the FDS have responded by developing and adopting a new template for the IDP. This template provides a more accessible format for clients, improves documentation for goal tracking and supports legislative compliance. There has been clear movement towards compliance and adoption of continuous improvement processes in individual development planning in response to collaborative development between the Director and the FDS clinical team.

Limited Community Treatment (LCT)

Limited Community Treatment (LCT) at the FDS is underpinned by the Act alongside policies and procedures which provide guidance and standards for compliance with the Act. LCT is reflected as a core element in the FDS Model of Care and is designed to promote the individual development, rehabilitation and transition of forensic disability clients to the community. LCT involves supervised and supported time outside of the FDS for clients to engage in activities that contribute to their skill development, independence, increased quality of life and assistance with community reintegration.

Access to 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

During the 2023-2024 financial year, a total of six clients received support at the FDS. Four of these clients participated in regular LCT, with two accessing overnight LCT as part of their planned community transitions. A fifth client did not engage in LCT from July to October 2023 but began overnight LCT in November 2023 as part of their reintegration into community. The final client was admitted to the service in late May 2024 and commenced accessing LCT on a gradual basis in accordance with Senior Practitioner conditions.

A review of LCT was completed by the Director in July 2024 to evaluate legislative compliance as well as any opportunities for quality improvement.

The review identified that 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 support clients’:

- Cultural and spiritual needs;
- Health and Well-being;
- Vocational skills;
- Family relationships; and
- Community integration and participation

The Director’s review identified a range of strengths of the LCT process including a strong commitment to supporting clients to access LCT and including clients in planning and reviewing these events.

Two compliance issues were identified which related to risk assessment and processes for additional oversight by the Senior Practitioner. Quality improvement recommendations focussed on strengthening links between clients’ IDPs and LCT, and improving venue and individual risk assessment processes.

At the time of the review, the FDS were updating their LCT Operational Practice and associated documentation, in order to improve processes to reduce risk and increase opportunities for client access to LCT to meet their individual development goals. The Director noted the range of activities being undertaken and/or planned by the FDS to improve processes and ensure compliance. Progress in this area is continuing to be monitored.

Clinical Risk Assessment and Management

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

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

Director of Forensic Disability monitoring and compliance activities in relation to Clinical Risk Assessment and Management

The Clinical Risk Assessment and Management review, completed by the Director in January 2024, identified that legislative compliance had been met with risk assessments occurring and risk management plans accessible within IDPs. However, many of the opportunities for quality improvement identified in previous reviews remained relevant. These included:

- Consolidating relevant risk information within the IDP to increase its utility in supporting clients and informing risk management plans;
- Identifying a consistent approach to risk management plans across all client IDPs;
- Embedding the FDS approach to positive behaviour support into practice sustainably; and
- Determining how risk management plans and positive behaviour support can be integrated within the IDP.

The findings from this review formed the basis of a number of workshops at the FDS facilitated by the Director of Forensic Disability. The workshops aimed to support the FDS to better operationalise their approach to clinical risk assessment and management. The workshops informed changes to the IDP template which now includes a clear and consistent approach to outlining client risk factors, risk management plans and links to positive behaviour support strategies. The workshops also prompted the FDS to commence work on documenting the clinical and operational processes to guide consistent risk assessment and management, in line with the MoC.

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 to ensure any use of RBC is compliant with the Act and the *Human Rights Act 2019*. These policies and procedures provide guidance to ensure any use of RBC is least restrictive and protects others with consideration of human rights.

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

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

In June 2024, the Director of Forensic Disability completed a review of RBC to ensure compliance 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 in the last financial year. The Director’s review identified evidence that regular medication reviews occurred 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. Seclusion can be ordered for a maximum of three hours. If the client’s risk of imminent harm remains high throughout the three-hour period and remains so at the end of a three-hour period, then a new seclusion order must be made. A Senior Practitioner authorising seclusion must demonstrate consideration of the client’s human rights.

In the 2023-2024 financial year two clients were subject to seclusion. One client was placed into seclusion on 48 occasions when the risk of imminent harm was present, and seclusion was identified as the least restrictive way to protect the client and/or others. Seclusion was ceased when the client was assessed as no longer an imminent risk and staff were able to safely re-engage and provide support. This client had strategies within their positive behaviour support plan to support the reduction of seclusion. A compliance issue was identified in the seclusion orders related to this client, namely there was insufficient documentation regarding a practitioner’s consideration of the client’s human rights.

The second client was managed extensively through seclusion, amassing 1206 seclusion orders during the 2023-2024 financial year. 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 most of his possessions and has access to items such as art activities, music and games when in seclusion. Additionally, seclusion does not prevent him from communicating and engaging with staff members and/or other visitors.

The review found that orders for this client consistently provided contextual information that reflected the client's ongoing complex needs and risk, including historical and dynamic risk, their feelings of control, safety, and security and how these link to seclusion and imminent risk. Further, the seclusion orders detailed why seclusion was considered the least restrictive approach for this client and how human rights had been considered. In accordance with legislative requirements, plans were in place that focused on reducing the use of seclusion with this client.

Seclusion orders for all clients 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. A Regulated Behaviour Control Register documenting the use of seclusion was maintained in accordance with s74 of the Act.

While the review found the FDS largely compliant with legislation in relation to seclusion, a number of quality recommendations were made including improving documentation of "no less restrictive way" and "imminent risk of harm" as part of decision making. A number of recommendations were also made to support compliance and quality improvement in relation to the consideration of human rights and supporting documentation. The review made further recommendations to ensure ongoing training and supervision is available to staff to reinforce the legislative requirements in relation to seclusion and other RBC measures.

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.

The Director did not receive any requests for mechanical restraint approval during 2023-24. Further, there are no mechanical restraints approved for use for any of the clients at the FDS.

Use of Reasonable Force in Relation to RBC

Section 68 of the Act states 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.

Use of Reasonable Force in relation to RBC was reviewed by examining Behaviour and Incident Report data and seclusion orders. There were no instances where reasonable force was reported to be used to place a forensic disability client into seclusion.

Assisting Clients with their Medical Needs

Supporting clients to meet their medical needs is a crucial priority at the FDS. The FDS assists clients to access doctors and other health practitioners to meet their medical

needs, with regular medical appointments and medication reviews, including clarification of the purpose of a prescribed medication and comprehensive annual health assessments. The FDS assists clients to access their prescribed medication, and as such, appropriate storage and documentation of medication use is important and must meet the legislation and the *Medicines and Poisons Act 2019*. Developing clients' understanding of their medical needs and developing their skills to successfully care for themselves with support is another important element of habilitative support to ensure their successful transition to community.

Director of Forensic Disability monitoring activities in relation to Assisting Clients with their Medical Needs

During 2023-2024, the Director completed a comprehensive review of the FDS assisting clients to meet their medical needs, in addition to monitoring this at each client's IDP review meeting.

The Director of Forensic Disability review found that the FDS were compliant with legislative and policy and procedure requirements. Findings from the review included:

- IDPs held information about how client health and well-being are being addressed, details of medication, and intervals of not more than three months to regularly review the client's medication;
- All clients had health care plans for their specific needs;
- Medication reviews were completed, and clarification of the purpose of the prescribed medication was in place;
- A master medication list and medication administration record were in place in the client's health file;
- Comprehensive health assessments (in accordance with the Comprehensive Health Assessment Program) were in place for each client and completed by a doctor within the last year; and
- There was evidence of cultural considerations in meeting medical needs, and evidence of links to relevant health providers.

Some areas were noted for quality improvement which focussed on improving referencing of plans in IDPs and clarity of documentation within PRN plans, progress records and incident reports. It was also recommended that consideration be given to providing clients with accessible information in relation to their medical needs, so that they can more effectively comprehend their medical needs and supports.

Information Systems and Recordkeeping

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.

The Director has issued *The Keeping of Records at the Forensic Disability Service* policy which outlines a range of recordkeeping obligations for specific roles under the

Act. The Director conducts reviews of the FDS compliance regarding recordkeeping standards under the Act at least annually.

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

During 2023-2024 the Director of Forensic Disability conducted an annual compliance and monitoring and quality improvement review of the FDS recordkeeping standards under the Act. On the whole the FDS met all relevant standards and continued to show improvement in the area of recordkeeping. There were some compliance issues noted including:

- An omission in the Register of Statutory Positions regarding practitioners authorised to exercise powers under Chapter 6 of the Act and administrative errors with the Medication Review Forms; and
- Ensuring the Senior Practitioner update client IDPs as soon as practicable after a significant IDP changing event occurred.

Actions were immediately taken by the FDS to address these issues.

The Director also made a number of recommendations relating to general recordkeeping improvement at the FDS including:

- Digitally linking relevant documents within FDAIS;
- Attention to detail regarding the administrative elements of forms and registers;
- Suggesting that human rights prompts could be included within FDAIS template forms;
- Providing greater detail when documenting the debriefing of clients after a legal hearing or significant meeting; and
- Continuing to prioritise the development and implementation of communication strategies to assist clients to access information.

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. The Director may decide to suspend the criminal proceedings 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 unsuspend 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 2023-24, one client was charged with committing criminal offences while detained to 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 2023-24, the Director of Forensic Disability received five complaints. Four of the complaints related to operational matters at the FDS. These four complaints were, as they arose, promptly referred to the Administrator for review and action. The four operational complaints were resolved relatively quickly and to the satisfaction of all, including the FDS client. The fifth complaint related to human rights. The client was not satisfied with the response and referred the complaint to the Human Rights Commission. The complaint remains before the Human Rights Commission.

Information sessions

Whilst the FDS senior management team are responsible for ensuring FDS staff are appropriately trained the Director's team are available to provide information sessions for FDS staff. The offer of 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. Information sessions provided in the last year related to sharing findings and increasing understanding of legislation in relation to compliance and quality improvement activities such as Limited Community Treatment, Clinical Risk Assessment and Management and Individual Development Planning. Sessions regarding accessible information for clients using easy read were also provided. Additionally, a range of workshops were facilitated to assist the FDS to strengthen clinical processes.

Appendix

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	<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 Child Safety, Seniors and Disability Services
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).