



Director of
Forensic Disability

ANNUAL REPORT 2024-2025

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 2024-25 financial year in an open and transparent manner to inform the Minister for Families, Seniors and Disability Services; Minister for Child Safety and the Prevention of Domestic and Family Violence, the Queensland Parliament and members of the public.

Public availability of report

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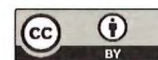
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Cultural acknowledgment

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.

24 September 2025

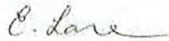
The Honorable Amanda Camm MP
Minister for Families, Seniors and Disability Services and
Minister for Child Safety and the Prevention of Domestic and Family Violence
GPO Box 2031
Brisbane QLD 4000

Dear Minister

I am pleased to present the 2024-2025 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 2024 to 30 June 2025. 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



Elizabeth Lane
Director of Forensic Disability

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Message from the Director of Forensic Disability

I am pleased to share the key achievements and progress made during the 2024–2025 financial year, highlighting our continued efforts to support the rights, care, and protection of clients within the Forensic Disability Service (FDS). Over the past year, we have focused on strengthening compliance, encouraging evidence-based practices, and fostering collaboration to improve outcomes for clients.

Compliance monitoring reviews have remained a central focus of our work. This year, we reviewed key areas including Individual Development Planning, Habilitation, Clinical Risk Assessment and Management, Limited Community Treatment (LCT) and Other Leave, Recordkeeping, and the Use of Regulated Behaviour Controls (RBC). These reviews assessed compliance with legislative requirements, with a strong emphasis on human rights, client participation, and transition planning. They also identified areas for further improvement to strengthen the support, care, and protection provided under the *Forensic Disability Act 2011* (the Act). We have continued to collaborate with the FDS to develop processes that track recommendations, ensure accountability, and promote continuous improvement.

This year, my team developed and piloted self-assessment tools for Individual Development Planning and LCT. These tools are designed to assist the FDS in monitoring performance, preparing for reviews, and fostering a culture of self-reflection and improvement.

Throughout the year, we prioritised the rights of clients at the FDS through regular visits and engagement. These visits provided opportunities to connect directly with clients, gain insights into their experiences, and examine the support and programs offered by the FDS. This work supports the provision of care and protection they are entitled to under the legislation.

Evidence-based practice remains critical to achieving the best possible outcomes for clients. To support this, my team has conducted literature reviews, participated in professional development activities, and held regular peer development sessions to maintain contemporary knowledge in forensic disability. This focus on evidence-based practice has informed our recommendations to the FDS during compliance reviews and client meetings and has been shared through presentations to the FDS. Additionally, we have established a Community of Practice for forensic disability professionals across Australia and New Zealand. This initiative has created a platform for collaboration, knowledge sharing, and the promotion of evidence-based practices across the sector.

Raising awareness of the Act and the needs of clients with forensic and disability requirements has been a priority. My team has worked closely with key agencies, including Queensland Health, the Public Advocate, and the Public Guardian, to share information, deliver presentations, and collaborate to better meet the needs of individuals within the forensic disability service system.

We have also commenced a review of policies and procedures to ensure they reflect the diverse needs of clients and staff. Initial consultations have been held with the FDS and the Department's Indigenous Strategy and Partnerships team to ensure cultural responsiveness is embedded in this work. This review will continue into the next financial year, and I look forward to sharing further updates in the 2025–2026 Annual Report.

The achievements of this year are a testament to the dedication and hard work of my team, the FDS, and our many stakeholders. I extend my sincere gratitude to everyone who has contributed to these outcomes, including the Department of Families, Seniors, Disability Services and Child Safety, the Office of the Chief Psychiatrist, Authorised Mental Health Services, clients' families, guardians, advocates, and National Disability Insurance Scheme (NDIS) service providers. Together, we are working towards a more responsive and effective forensic disability service system.

Elizabeth Lane

Director of Forensic Disability

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 FDS.

The Act was passed into law as a direct response to two important and influential reports¹ into the care and treatment of people with intellectual disability. Both reports highlighted the inappropriate detention of people 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 those 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, two separate and distinct entities were established – the Director of Forensic Disability (the Director) and the FDS.

Forensic Disability Service

The FDS is a purpose-built medium secure 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 Families, Seniors, Disability Services and Child Safety (the Department). The Department has recently completed the rebuilding of, and repairs to, a four-person unit within the FDS. The Department has operational responsibility, manages the budget and staffing, and provides the infrastructure for the day-to-day running of the service.

Throughout the 2024-2025 period, the FDS was responsible for five 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 were assessed to benefit from specialist care and support, and habilitation and rehabilitation programs.

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

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 Director of Forensic Disability

The Director 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 ensuring that 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.

The Director will appear as a party in Mental Health Court proceedings involving FDS clients or in proceedings involving individuals with an intellectual or cognitive disability who have been assessed as likely to benefit from the services of the FDS and offered a place in the FDS.

The Director is not responsible for the day-to-day operations of the FDS. The operation of the facility and management of clients remains the responsibility of the Administrator and the Department.

Officers of the Director of Forensic Disability

The Director is supported to perform the statutory functions under the Act by six officers permanently appointed in accordance with the *Public Sector Act 2022*.

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's 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. 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 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 2024 and June 2025 focused on:

- Individual Development Plans (IDP)
- Clinical Risk Assessment and Management
- Habilitation
- Limited Community Treatment (LCT)
- Recordkeeping
- The Use of Regulated Behaviour Control (RBC) – Seclusion.

In addition to formal monitoring processes, regular clinical compliance monitoring activities included the Director's involvement in IDP reviews, client case conference meetings and 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 also has direct engagement with the clients and convenes additional meetings with the Administrator and Senior Management Team where required.

Relevant findings from the Director's compliance monitoring and quality improvement activities are documented throughout this report.

Policies and Procedures

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

Issuing policies and procedures is a key method for the Director to ensure that the involuntary detention, assessment, care, support, and protection of FDS clients align with the requirements of the Act. Typically, these policies and procedures are designed to remain in effect for three years, after which they undergo a review to confirm their practicality, relevance, and currency. If amendments are necessary, the Director updates the policies and procedures as needed.

In 2023, the Director re-issued 33 policies and procedures. A review of these documents is now underway to ensure they remain up to date and continue to provide clear and consistent guidance for FDS staff in the care, management, and rehabilitation of clients detained to the FDS. The revised policies and procedures will be released in the 2025-2026 year.

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 the care of clients detained to the FDS
- giving effect to policies and procedures issued by the Director
- appointing Senior Practitioners and Authorised Practitioners
- maintaining records and registers
- providing a copy of the Statement of Rights and Responsibilities to clients
- 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, Service Delivery (Disability Services) regarding the operational management of the FDS.

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

Highlights from the Administrator for 2024-25

2024/25 has seen another year of positive and continued improvements for clients detained to the Forensic Disability Service (FDS). Staff have maintained our commitment to deliver positive outcomes and improved wellbeing for our FDS clients. On that note I would like to express how thankful I am to all our committed and skilled staff, in all areas, where each contributes to the work undertaken at the FDS. It is the dedication of our staff that allows us to provide the positive outcomes to clients I can highlight in this report.

In 2024-25:

- 5 individuals were clients of the FDS.
- 1 client 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 continues to reside in a purpose-built property in the community, with supports provided by an NGO, with oversight by the FDS. This continues to be a significant step towards transition and reintegration into the community.
- The Clinical team delivered 5 comprehensive programs for 5 individuals to address offending behaviours and improve the individual's capacity.
- 4 clients participated in Limited Community Treatment involving 609 individual sessions focusing on health, 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 men's groups, NAIDOC week celebrations, family connection, visits, phone contact, Aboriginal art groups and fishing.
- During the year my Senior Management Team and I have again led a continuous improvement program focusing on improving client outcomes and building connections with external support providers to ensure clients have access to a range of supports.
- This included working closely with the NDIA to ensure sufficient supports were available to clients through their NDIS Plan.
- Specific improvements in 2024-25 include:
 - All program clinicians attended additional training, delivered by the developer of the modified programs delivered at the FDS.
 - The advertising and subsequent appointment of a dedicated Positive Behaviour Support Practitioner.
 - Appointment of a Clinical Team Leader to guide and lead clinical oversight for clinicians.

Debbie Van Schie
Administrator

Other statutory appointments at the Forensic Disability Service

The Administrator is supported by other statutory roles, including Senior Practitioners 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 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 LCT for the client
- overseeing and implementing the use of RBC for clients if required
- searching forensic disability clients and possessions
- returning clients to the care and support of the FDS, if required.

Client Management at the Forensic Disability Service

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 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 Team in the Department. The objective of transition planning is to support clients to safely return to the community, however, where it is ascertained that a client is not benefiting from their placement at the FDS, this may also result in a transfer.

The Director has legislative powers and functions within the *Mental Health Act 2016* (MHA) to facilitate transition for clients from the FDS. These legislative functions enable the Director to liaise and come to a mutual decision with the Chief Psychiatrist regarding the transfer of responsibility for clients on Forensic Orders (Disability) between the FDS and an Authorised Mental Health Service (AMHS).

Admissions and Transfers 2024-25

In 2024–2025, the FDS admitted one new client, supported one client to successfully transition to the community, and facilitated overnight leave for another client as part of their ongoing transition plan.

The clients residing at the FDS continued to progress towards transition by participating in treatment programs, reaching key milestones, connecting with National Disability Insurance Scheme (NDIS) supports and engaging in graduated LCT activities.

The Director maintains regular contact with the Chief Psychiatrist on matters concerning persons with intellectual or cognitive disability who are subject to, or likely to become subject to a Forensic Order (Disability). The collaborative partnership between the Director, the Chief Psychiatrist, the FDS and relevant Authorised Mental Health Services remains essential in facilitating the smooth transition of FDS clients to and from the community.

Looking ahead to 2025-2026, these cooperative efforts will remain a priority to ensure the effective processes of referral, transfer, and oversight between the FDS and the broader health service system are sustained.

Rehabilitative programs

The FDS delivers a range of programs aimed at addressing offence-specific rehabilitation needs and criminogenic factors. These programs are designed to support skill development, promote positive behaviours and facilitate clients' safe transition to the community. Services are offered through both individual and group sessions, fostering clients' strengths and helping them work towards their personal goals.

Aligned with the FDS Model of Care, the following rehabilitative programs are provided by the FDS.

Adapted Dialectical Behaviour Therapy (A-DBT)

The Adapted Dialectical Behaviour Therapy (A-DBT) program is aimed at the 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 develop their coping skills prior to the commencement of offence specific programs. 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 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 incorporates a reconceptualised Dialectical Behaviour Therapy (DBT) framework (Wise Mind-Risky Mind) alongside the Good Lives Model to address violent offending behaviours. 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 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 an additional focus 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 can 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 completed over 15 weeks with a focus on the 11 primary goods related to states of mind, personal characteristics, and experiences. In each session, clients are guided to identify goals related to a specific primary good. Clients also explore how these goals may have been pursued in ways that contributed to offending behaviours. They are then supported to outline the steps required to achieve their goals in prosocial ways, as well as to recognise and address potential barriers to success.

Stepping Stones

Stepping Stones is a group 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.

Habilitation

Habilitation within the FDS encompasses programs, supports, and activities designed to help clients develop, maintain, and enhance skills essential for daily living. This focus on skill development not only promotes successful and safe reintegration into the community but also provides clients with meaningful and enjoyable experiences.

Habilitative support includes fostering adaptive functioning in areas such as social interaction, communication, self-care, and daily living skills. These programs offer a

variety of activities tailored to the individual needs of each client, providing opportunities for personal growth and skill development.

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

In May 2025, the Director conducted a review of habilitation within the FDS to develop practical recommendations for improvement. The review focused on assessing the supports and processes used to assist clients to build adaptive behaviour skills. It also examined how these skills were integrated into key processes, including IDP, LCT and Transition.

The findings highlighted that habilitation goals were consistently embedded into IDPs and LCT, with staff demonstrating a person-centred approach and proactively creating opportunities for skill development. It was also evident that the FDS is culturally aware and considers a client's culture when planning habilitation.

Quality improvement recommendations from the review included for FDS to:

- implement a consistent approach that explicitly guides staff and supports habilitative assessment, goal development, program implementation and review
- embed individualised assessments to understand a client's existing skills and to inform SMART goals in a client's Individual Development Plan
- develop and consistently implement a system for tracking habilitation goal progress
- foster and enhance existing culturally aware practices to create a more culturally responsive environment
- clarify the process for documenting human rights considerations when making decisions about strategies to support client habilitation.

A literature review was also completed regarding supporting adaptive behaviour skills and provided to the FDS as part of this review.

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
- c) support the client to participate and be included in the community.

Director of Forensic Disability compliance monitoring and quality improvement activities in relation to Individual Development Plans

In December 2024, the Director conducted a review of client IDPs at the FDS. The review assessed legislative compliance with the Act and evaluated risk factors related to IDPs.

The findings confirmed that the FDS was fully compliant with legislative requirements for IDPs across all areas of the Act. Additionally, the review noted that the two areas of non-compliance identified in the December 2023 review had been successfully addressed. These were ensuring the documentation of Senior Practitioner Assessments and providing accessible information for clients.

The review identified a range of improvements in individual development planning since the previous review, including improved documentation and strengthened connections between contemporary assessment information, clinical formulation and goal setting. The IDPs contained clearer risk assessment and management sections. The IDPs also provided improved accessibility for clients. Strengths were also noted regarding FDS staff actively working to connect clients with supports and services that consider and promote their cultural identity.

A range of quality improvement recommendations were made including for the FDS to:

- develop clear process to ensure the application of SMART principles when developing and reviewing client goals
- explore strategies to enhance goal tracking to better monitor client progress and provide robust evidence to support transitions to the community
- clarify the process for documenting decisions made in relation to a clients' IDPs where limitations on human rights have been imposed
- strengthen client preparation sessions and processes within IDP review meetings to support client's active participation.

Specific suggestions were provided within the review to assist the FDS to consider approaches to supporting the implementation of recommendations.

Clinical Risk Assessment and Management

The Director has issued three key 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. These documents provide a comprehensive approach to managing clinical risks, ensuring alignment with statutory requirements and best practice principles.

The Clinical Risk Framework conceptualises risk and outlines the principles that underpin effective risk management. It provides guidance on best practice approaches to risk assessment and management, offering a foundation for consistent and informed decision-making across the FDS.

The Clinical Risk Assessment and Management Policy highlights the importance of standardised, evidence-based clinical risk assessments. These assessments play a critical role in identifying criminogenic needs and understanding the circumstances under which behaviours of concern, including offending behaviours, are more likely to occur. The Policy directs the FDS to complete baseline risk assessments for all clients and ensure that a least restrictive risk management plan is in place.

The Clinical Risk Assessment and Management Procedure provides detailed guidance on implementing best practices for managing risk. It outlines statutory requirements and measures to protect the safety of clients, staff and the broader community.

Together, these documents establish a robust framework for clinical risk assessment and management, supporting the FDS in delivering safe, effective, and compliant services.

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

In March 2025, the Director completed a review of Clinical Risk Assessment and Management at the FDS that synthesised information from sources including Individual Development Plans, Limited Community Treatment Plans, Positive Behaviour Support Plans and Other Risk Management Plans. The review highlighted substantial progress since the 2024 review, which had noted challenges in comprehending the FDS's approach to risk assessment and management due to disjointed information.

Several initiatives were found to be promoting improved practice at the FDS including:

- the implementation of a new IDP format, consolidating risk relevant information
- the commencement of a Clinical Guide, directing clinical risk assessment and management processes
- the strengthening of Limited Community Treatment documents and processes
- the appointment of a Positive Behaviour Support Educator clinical role.

A number of quality improvement recommendations were made to capitalise on these initiatives and better align these practices with the Director's Clinical Risk Assessment and Management policy, procedure and framework.

Further recommendations were made to:

- review existing processes that occur in relation to active transition and strengthen risk oversight mechanisms where required
- strengthen documentation of human rights considerations when making decisions in relation to limitations on clients' human rights
- enhance client involvement in their risk management plans.

Limited Community Treatment

LCT at the FDS is guided by the Act and supported by policies and procedures that ensure compliance with legislative requirements. As a core component of the FDS Model of Care, LCT is designed to support individual development, rehabilitation, and transition of forensic disability clients into the community.

LCT provides clients with supervised and supported opportunities to spend time outside the FDS, engaging in activities that foster skill development, promote independence, enhance quality of life, and assist with reintegration into the community.

Access to LCT is determined by conditions set by the Mental Health Review Tribunal (MHRT) and authorisations granted by the Senior Practitioner. The structure and focus of LCT vary for each client, tailored to their unique skills, interests, assessed risks, and needs. It is closely aligned with clients' IDP goals required for a successful transition to community living.

Director of Forensic Disability compliance monitoring and quality improvement activities in relation to Limited Community Treatment

During the 2024-2025 financial year, a total of five 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. The final client was admitted to the FDS in June 2025 and did not access LCT from the FDS in the 2024/25 financial year.

The four clients accessed the community frequently. Clients were supported to engage in a range of LCT activities that aligned with their IDP and reflected client interests and development, effectively contributing to their reintegration and transition back to community. LCT was accessed by clients to support:

- cultural and spiritual needs
- health and well-being
- vocational skills
- family relationships
- community integration and participation.

In May 2025, the Director conducted a review on a small sample of LCT events to assess legislative compliance. A small sample was chosen as other reviews in 2024-2025 examined LCT from different perspectives, including clinical risk assessment and management and IDP reviews. No compliance issues were identified. The LCT review highlighted significant changes in FDS processes in planning and decision making to support clients to access the community. These changes included the introduction of LCT panel authorisation processes, as well as a new Venue/Activity Risk Assessment.

Regulated Behaviour Control

The Act includes provisions and safeguards regulating the use of RBC, which encompasses behaviour control medication, mechanical restraint, and seclusion. Its primary aim is to protect the rights of forensic disability clients by ensuring that RBC is only used when deemed necessary and as the least restrictive option to safeguard the health and safety of clients or others. To support compliance, the Director has issued policies and procedures aligned with the Act and the *Human Rights Act 2019*. These policies provide clear guidance to ensure that any use of RBC is the least restrictive option, prioritises safety, and upholds human rights.

In alignment with the Act, the *Director of Forensic Disability Policy – Regulated Behaviour Control* and supporting procedures for the use of seclusion, mechanical restraint, or behaviour control medication require the FDS to notify the Director of any RBC use. Additionally, the Act grants the Director the legislative authority to direct the cessation of mechanical restraint or seclusion where necessary.

Director of Forensic Disability compliance monitoring and quality improvement activities in relation to the use of Regulated Behaviour Control

In June 2025, the Director completed a review of RBC-Seclusion. The review considered a sample of orders from between 1 September 2024 and 31 May 2025.

No instances of mechanical restraint or behaviour control medication were used in the 2024-25 financial year.

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.

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 place a forensic disability client in seclusion.

In the 2024-2025 financial year two clients were subject to seclusion. The orders reviewed were compliant with the legislation. It was identified that orders were authorised by appointed Senior Practitioners for instances of seclusion and that documentation within orders specified imminent risk factors, least restrictive considerations and approaches, and consideration of limitation to human rights.

The first client was secluded on two occasions. On both occasions he was secluded to the intensive observation room and was removed from seclusion when his imminent risk of physical harm was no longer present.

The second client was placed into seclusion 745 times. The second client was returned to the FDS after a lengthy period of community treatment. Upon his return the client was experiencing heightened anxiety regarding his own personal safety and was a significant risk to his own safety and the safety of others. Senior Practitioners of the FDS considered that extensive use of seclusion was the least restrictive way to safely manage the client's risk to himself and others.

The review found that the second client's reasonable needs were met during periods of seclusion. Seclusion for this second client involved access to half of an FDS house including a living area, a bedroom, an activities room, a personal bathroom and two outdoor living spaces where he had ready access to natural light and fresh air. Throughout the period of seclusion staff were always available to the client and monitored the client's health and wellbeing.

A number of quality improvement recommendations were made including to:

- update IDPs, Positive Behaviour Support Plans, and strategies for reducing and eliminating seclusion to ensure they provide clear and practical guidance to support clients across different environments, where relevant (i.e. the FDS and transition environments)
- strengthen the implementation of strategies aimed at reducing and eliminating seclusion to ensure they are effective and aligned with best practices
- maintain a focus on improving documentation within orders by clearly outlining the decision-making process and rationale to demonstrate why seclusion is necessary, represents the least restrictive option, and justifies any limitations on human rights
- update the existing prompt in the Forensic Disability Act Information System (FDAIS) to better assist the Senior Practitioners in documenting why it was

reasonable and justified to limit the client's specific human rights when deciding to order seclusion.

Assisting Clients with their Medical Needs

Supporting clients to meet their medical needs is a key priority at the FDS. The FDS facilitates access to doctors and other health practitioners to address clients' medical requirements, ensuring regular medical appointments, medication reviews, and comprehensive annual health assessments. These reviews include clarifying the purpose of prescribed medications.

The FDS also ensures clients have access to their prescribed medications, with a strong focus on proper storage and documentation of medication use in compliance with relevant legislation, including the *Medicines and Poisons Act 2019*.

An equally important aspect of habilitative support is helping clients develop an understanding of their medical needs and building their skills to manage their health with support. This approach assists in preparing clients for a successful transition to community living, fostering independence and self-care.

In 2024-2025, practices to assist clients with their medical needs were considered in the Director's reviews on Recordkeeping and IDPs. These reviews noted that:

- The content of all client IDPs met legislative and/or policy and procedure requirements for the inclusion of medication details and reviews.
- Medication reviews were completed at least every 3 months in line with legislative requirements.

Quality improvement recommendations for assisting clients with medical needs were focussed on recordkeeping and included:

- strengthening guidance and oversight mechanisms to assist in promoting accurate completion of medication review forms
- identifying the potential opportunities or barriers to transferring current medication forms to FDAIS and seeking any required enhancements to FDAIS to support medication records for clients to be included.

Information Systems and Recordkeeping

An effective information management system is required to administer the FDS. The recordkeeping of clinical and administrative decisions not only assists in the operation of the FDS but also supports and protects the rights of the vulnerable clients detained to the service whilst reducing the risk to FDS staff and the wider community.

To support the FDS in its management of information, the Director has issued the *Keeping of Records at the Forensic Disability Service Policy*, which outlines a range of recordkeeping obligations and the basic standard required to administer legislative functions under the Act.

In June 2025, the Director conducted an annual compliance monitoring and quality improvement review of the FDS' recordkeeping standards under the Act.

The Director was pleased to note that there were no compliance issues, the FDS' recordkeeping was compliant with the legislative functions under the Act.

The Director noted that the FDS continued to show improvement in recordkeeping and that compliance issues noted in the 2023-2024 compliance monitoring and quality improvement review had been addressed and no new compliance issues had arisen.

Nonetheless, the Director made a number of quality improvement recommendations relating to general recordkeeping improvement that the FDS might consider adopting. Recommendations included:

- modifications to the wording of the human rights prompt on RBC seclusion order forms in FDS's information management system i.e. FDAIS
- where connected, reminding staff to link in FDAIS relevant behaviour incident reports and subsequent seclusion events
- document in FDAIS if a client has refused to engage in debriefings after legal hearings or in discussions about their IDP or other significant meetings.

Other Matters

Queensland Ombudsman's 'Forensic Disability Service – second report'

In August 2024 the Queensland Ombudsman (the Ombudsman) published the 'Forensic Disability Service – second report', which was a follow-up report to 'The Forensic Disability Service report' dated August 2019 (first report).

In his second report the Ombudsman made a total of 12 recommendations applicable to the operation and oversight of the FDS. The Director accepted all recommendations and, in co-ordination with the Deputy Director-General, Disability Services, has in 2024-25 been implementing the Ombudsman's recommendations.

The Director has undertaken a range of activities including:

- undertaking a review of IDPs with a focus on how the FDS can improve tracking of progress in a way that allows identification of outstanding treatment needs for clients
- The Director has reviewed the process of program delivery to clients at the FDS to ensure that staff are adequately trained to be able to deliver content and that there is adequate supervision for clinicians delivering programs.
- In undertaking compliance reviews throughout the last year, the Director has examined how clients' transitions are being supported and how human rights considerations are made and documented and provided relevant recommendations to improve practice.
- working with the FDS to strengthen the application of the Director's human rights policy, including the provision of information sessions
- The Director has undertaken reviews of the current Director's policies and procedures and relevant literature, related to areas of practice referenced in the Ombudsman's review - seclusion, human rights and individual development planning. The policies and procedures will be updated and reissued in the next financial year.

The Ombudsman is periodically informed of progress in relation to the 12 recommendations. The implementation of recommendations remains a work in progress and will continue into 2025-2026.

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 MHA, the Director 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 the client. Upon receipt of a Senior Practitioner report, the Director may decide 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 2024-25, one client was charged with committing criminal offences while detained to the FDS. The client's charges were dealt with in the criminal justice system.

Complaints

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

During 2024-25, the Director received no new complaints.

One outstanding complaint from 2023-2024 remains, lodged by an FDS client with several parties ('respondents'), alleging a breach of their human rights. The complaint was also referred to the Queensland Human Rights Commission (QHRC). The Director provided a response to the client and a conciliation conference was facilitated by QHRC in November 2024 involving the respondents and a representative for the client. The matter was unable to be resolved and QHRC have reported that they are preparing an unresolved complaint report. The Director is committed to responding to any recommendations made that relate to their function and role.

Information sessions

The FDS senior management team is responsible for ensuring that FDS staff receive appropriate training. In support of this, the Director's team provides information sessions tailored to enhance staff knowledge and skills in key areas. These sessions are offered for various reasons, such as changes in law, policy, or procedures; the intake of new staff; compliance monitoring and quality improvement findings; or requests to explore specific topics of interest.

This year, information sessions for FDS staff covered a range of topics, including compliance monitoring, quality improvement findings and evidence-based practice. Bi-monthly sessions were organised to assist staff to maintain current knowledge of relevant literature and research. Additionally, workshops were facilitated to strengthen

clinical processes and provide accessible information for clients using easy-read formats.

The Director's team delivered presentations to other stakeholders, including the Statewide Mental Health Intellectual Disability Service (SMHIDS) and the Department of Families, Seniors, Disability Services and Child Safety Service Delivery area. These presentations focused on sharing information about the role of the Director and fostering collaborative clinical knowledge.

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
Director	The Director of Forensic Disability
Administrator	The Administrator of the Forensic Disability Service
Act, the	<i>Forensic Disability Act 2011</i>
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
RBC	Regulated Behaviour Control

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

Defined term	Meaning
Administrator of the Forensic Disability Service	The Administrator of the Forensic Disability Service 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.
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).
Deputy Director-General	The Deputy Director-General, Disability Services, Department of Families, Seniors, Disability Services and Child Safety.
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.

Director-General	The Director-General, Department of Families, Seniors, Disability Services and Child Safety.
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).
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).