# ANNUAL REPORT 2018–19

## Director of Forensic Disability

Queensland Government

This annual report details the administration of the *Forensic Disability Act 2011* (Qld) and the associated activities and achievements for the 2018–19 financial year in an open and transparent manner to inform the Minister for Communities and Minister for Disability Services and Seniors, the Queensland Parliament and members of the public.

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**2018–19 Annual Report of the Director of Forensic Disability**

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## Artistic Contributions

This Annual Report showcases artwork created by current and former forensic disability clients and is used with their permission. Our thanks go to the artists for making it possible to showcase their works and copyright for the works remains with the clients.

*Front cover*

23 December 2019

The Honourable Coralee O'Rourke MP
Minister for Communities and
Minister for Disability Services and Seniors
1 William Street
Brisbane QLD 4000

Dear Minister

I am pleased to present the 2018–19 Annual Report of the Director of Forensic Disability. This report is made in accordance with the requirements of section 93 of the *Forensic Disability Act 2011* (Qld) (the Act).

The annual report provides information on the statutory responsibilities and key activities of the Director of Forensic Disability from 1 July 2018 to 30 June 2019 and highlights the ongoing strengthening of response to some of Queensland's most marginalised and vulnerable individuals.

This report includes outlining the function and operation of the Forensic Disability Service and its compliance with the relevant legislative provisions, governance and administration as contained in the Act.

While the Director of Forensic Disability is a statutory appointment but not a statutory *body*, this Annual Report aligns with the requirements set out in the *Annual report requirements for Queensland Government agencies,* August 2019.

Yours sincerely

Professor Karen Nankervis
A/Director of Forensic Disability

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# The Year in Review

2018-19 saw the Director of Forensic Disability (the Director) continue to work closely with the Administrator of the Forensic Disability Service (FDS) and the Department of Communities, Disability Services and Seniors (DCDSS). With the Director and Administrator having roles and functions under the *Forensic Disability Act, 2011* (Qld) (the Act), and the Department having operational responsibility for the service (through the Administrator and the Senior Executive Director, Disability Accommodation and Respite Services & Forensic Disability Service), a collaborative working relationship is essential.

The operation of a medium secure forensic disability service is complex and can be challenging in an environment where it is not embedded within a system that spans the delivery of disability and forensic supports across community based and secure settings. Such a system should include the provision of early responses to offending behaviours and the risk factors that are known to contribute to offending as well as specialist responses. It also ensures that people can access supports and services within their community, that only those who require detention in a secure setting are admitted, and there is timely transition for those who have transitioned through the secure service programs.

It is well established in the research and practice literature that there is a need for secure forensic disability services such as the FDS to accommodate the small numbers of people with intellectual or cognitive disabilities whose risk to the community necessitates the provision of programs to address their offending behaviours in a secure setting. However, while the FDS operates as a service in isolation and without the previously described system having been established, the FDS will continue to face challenges. These challenges are associated with previous admissions of clients who were unable to benefit from the programs and services; pressure to admit people on a forensic order (disability) who will not benefit from the placement but for whom there are no other options; and unnecessarily extended detention at the FDS due to a lack of step down options being available.

However, despite this, 2018-19 has seen continued improvements to the supports provided to forensic disability clients (people with intellectual or cognitive disability who are detained to the Forensic Disability Service). Previous audits conducted by the Director have been the focus of continuous improvement action at the FDS. This includes improvements to the suitability assessments for people on a forensic order (disability) referred to the Director for potential admission, continuous improvements to the development of individual development plans and the rehabilitative and habilitative programs, and planning for transition through the FDS.

This Annual Report will not only report on the statutory responsibilities and key activities of the Director of Forensic Disability, it will also focus on the issues of admission into and transfer out of the FDS.

## Reviews of the FDS and the forensic disability service system

Over 2018 and 2019 two reviews into the supports and services for forensic disability clients were conducted. One was a review of the forensic disability service system *Addressing Needs and Strengthening Services: Review of the Queensland Forensic Disability Service System* (referred to herein as the Ogloff report) completed in March 2018. This review was tabled in the Queensland Parliament by Minister O'Rourke on the 9 October, 2018 as an attachment to the final report; *Review of the operation of the Forensic Disability Act 2011.* The second was an investigation into the treatment of people in the forensic disability system, commencing in May 2018, with the Ombudsman's '*Draft Proposed Report*' provided for feedback before the end of the financial year.

***Ombudsman's report***

In May 2018 the Queensland Ombudsman commenced an investigation into the treatment of people within the broader forensic disability system. The scope of this investigation was the management of persons subject to a Forensic Order (Disability) in Queensland with a focus on reviewing whether persons subject to a Forensic Order (Disability) under the responsibility of the Forensic Disability Service (FDS) or an Authorised Mental Health Service (AMHS) were receiving appropriate care in compliance with relevant legislation. Furthermore, the investigation was to consider whether responsibilities between agencies was effective and consistent, that interagency collaboration was sufficient to achieve effective and cohesive services and whether there was a sufficient framework, with supporting coordination and resources to provide appropriate transition options for people detained at the FDS or AMHS.

This investigation was warmly welcomed by the Director as it was hoped that it would be an opportunity for transparency and clarity regarding improvements that could be made at the FDS and within the broader Queensland forensic disability system. It was also thought that the investigation may highlight some of the good work that is being done throughout the state with people on forensic orders (disability) as well as within the FDS.

After the commencement of this investigation the scope was narrowed by the Ombudsman to focus solely on the FDS and omitted any review of the wider forensic system in Queensland. This investigation continued in 2018-19. The FDS and the Director of Forensic Disability cooperated and supported the needs of the investigation throughout the year.

The Ombudsman's officers visited the FDS in order to review files, documents and records as well as conducted interviews with some FDS staff and representatives of other agencies. The Director was concerned that the investigation would not be comprehensive and accurate if there was a lack of client and family input as well as direct briefings on the programs and performance of the FDS in terms of client outcomes. As such the Director invited the Ombudsman to visit the FDS and meet the clients, family members/allied persons, the clinical team and any other stakeholders as part of his investigation. This invitation offered an opportunity to gain detailed knowledge of the rehabilitative and habilitative programs at the FDS as well hear firsthand from the clients and their families of their experiences at the FDS and understand the achievements of clients past and present. Unfortunately this offer was declined.

The Ombudsman provided consultation to stakeholders in the form of a 'Draft Proposed Forensic Disability Service' report in May 2019, to which the former Director of Forensic Disability provided a considered and thorough response, advising on many aspects of the proposed report for consideration by the Ombudsman.

It was acknowledged in the Ombudsman's proposed report that the highlighted issues were not new. The Director advised that these historical issues were the impetus for the Director's reform agenda which had commenced prior to the Ombudsman's investigation. The Ombudsman was also advised that the Director had already been actively taking actions to improve processes and practices at the FDS, in collaboration with the FDS Administrator and DCDSS.

Many aspects of the Ombudsman's proposed draft report were refuted by the Director, based on evidence and information known to the Director. This included information and opinions in the Ombudsman's proposed draft report in relation to the use of medication for behavior control and the use of seclusion with one client, "Adrian". In relation to these specific issues the Ombudsman was advised;

- The use of medication for behaviour control: that since the commencement of the Forensic Disability Service medication has never been administered for the purpose of client behaviour control. At the FDS if a client's General Practitioner or Medical Specialist has prescribed the use of medication to treat a client's specific medical ailment (not for the purpose of behaviour control) then that medication may only be used in accordance with the treating doctor's directions and to medically treat the client's specific ailment.

- Seclusion of "Adrian": that there has never been any abuse of the regulated behaviour control – seclusion – in relation to the care of "Adrian" whilst at the FDS. The Director advised the Ombudsman of her opinion that the seclusion of "Adrian" had at all times been lawful, had at all times been the least restrictive way to protect Adrian's health and safety and/or protect the safety of others and had at all times complied with statutory provisions of the *Forensic Disability Act 2011*.

  Further, the Director expressed concern that the proposed report did not recognise the complexities and challenges associated with supporting "Adrian" in an environment that was not suited to his level of needs and risk to others. The Ombudsman was informed of the opinion of an independent expert that;
  *"[Adrian's] presentation and circumstances are enormously complex and perhaps the most complex and concerning case within the reviewer's range of experience. His circumstances are the product of many years of restriction that commenced well before his intake into the FDS."*

Additionally, the Ombudsman was advised that a range of issues identified by the Ombudsman were historical and did not reflect the current status at the service. It was also documented that there was a lack of acknowledgement of the positive, contemporary work that is being done at the FDS.

It is hoped that in due course, a continued spotlight can be shone on the Queensland forensic disability system to make improvements for all clients on forensic orders (disability), not just those who are admitted to the FDS, despite the lack of a forensic disability system.

The Director welcomes any constructive advice provided by the Ombudsman, and will work collaboratively with the FDS and the Department to ensure that the recommendations made in the final report are considered and implemented as appropriate.

***Review of the Queensland Forensic Disability Service system.***

In March 2018 a comprehensive review of the Queensland Forensic Disability Service System was completed by Professor James Ogloff, Dr Janet Ruffles, and Dr Danny Sullivan (Swinburne University of Technology). This review commenced in late 2017 and was commissioned by Queensland Health and the then Department of Communities, Child Safety and Disability services (DCDSS when the report was completed).

The Ogloff report contained findings and recommendations in relation to the need for both a secure forensic disability service (the FDS) as well as a forensic disability service system. In relation to the FDS it was identified that "the difficulty in transitioning clients from the FDS has been compounded by the isolation and separation of the FDS from the wider disability and mental health sectors, having been established in the absence of a coherent service strategy and with no clear linkages and exit pathways for clients to the wider service system (p.x)[1]. It was also noted that the majority of people who are on forensic orders (disability) are under the responsibility of Queensland Health and that the Director has a narrow remit that only extends to those people detained to the FDS.

Of note were the findings in relation to the FDS where it was identified that for the first five or six years it has struggled in its purpose, with clients who should never have been admitted, but were admitted due to a lack of appropriate options outside. This lack of options has resulted in transition from the FDS being an issue, with two clients continuing to be inappropriately placed at the FDS due to a lack of alternative accommodation appropriate to their needs and risk.

However, it was also noted that;

> …"The FDS also has a number of strengths. The facility itself well-designed, well-resourced and well-staffed by people with a range of different skills and expertise, many of whom expressed dedication to working with the clientele. It should also be acknowledged that the FDS provides a valuable service in managing a small number of people with intellectual disability or cognitive impairment who engage in serious challenging behaviours that present a high risk of safety to themselves and the community. (p.xi)"[2]

[1] Ogloff, J.R.P., Ruffles, J., & Sullivan, D. (2018). *Addressing Needs and Strengthening Services: Review of the Queensland Forensic Disability Service System.* Unpublished Report, Centre for Forensic Behavioural Science, Swinburne University of Technology.

[2] ibid

The report goes on to state that many of the issues associated with the FDS stem from the fact that it is not embedded in a wider service system. Further, the lack of a forensic disability system with clear linkages and transition pathways and appropriate services in the community is a very real danger to the extended periods of detention that have characterised the FDS.

It was also noted in the report that numerous stakeholders identified the lack of step-down facilities in regional areas was a major hurdle to transition from the FDS as well as strong reticence on the part of the AMHS's about the return of FDS clients to their region.

This report made a number of recommendations for improvement to the forensic disability system and it is important that these recommendations are addressed by government as without this there will continue to be a lack of clear relationships, formal agreements, operating frameworks and a lack of integration within the wider service system, leading to lengthy periods of detention and placements in restrictive and inappropriate settings for people on forensic orders (disability).

The Director will continue to examine the findings and recommendations of this report in relation to the FDS and the Director's role for actions in 2019-20.

## The Work of the Director of Forensic Disability

June 30, 2019 saw the completion of Ms Vanda Wieczorkowski's term as Director of Forensic Disability. Ms Wieczorkowski commenced in the role in October 2015. For the period of this Annual Report Ms Wieczorkowski was the Director.

Ms Wieczorkowski as Director commenced a program of reform on the back of longstanding issues of performance at the FDS. She achieved;

- The development of a structured and comprehensive suitability assessment process to ensure that only people who will benefit are admitted to the FDS. A new *Referral and Admission* policy and procedure was issued to support this new assessment and admission process. The suitability assessment is now a comprehensive process that determines whether a person will benefit from the service, the programs they will participate in and the likely duration they would remain at the FDS.
- Strongly advocated to ensure that only clients who are likely to benefit from the FDS are admitted during her tenure, despite significant pressure from stakeholders who may perceive that, as there are no other options for some people with an intellectual disability, the FDS is the only accommodation available, regardless of the purpose of the FDS and the person's ability to benefit from the programs and transition to the community.
- Comprehensive 5 year reviews for 9 clients, reviews that were instrumental in facilitating the transfer of clients from the FDS.
- Improved clinical practice and the care and support of people detained at the FDS through audits and practice leadership.
- Reviewed and reissued policies and procedures.
- Transfer of six clients from the FDS.

- Worked closely with the FDS Clinical and Habilitative and Rehabilitative Team (CHART) to establish clear IDP processes, including 3 monthly reviews that involve all relevant stakeholders as well as coaching and mentoring CHART.

These reforms have demonstrated benefit for the clients at the FDS and contributed to the transition of several clients after the years of inertia acknowledged in the Ogloff report. Analysis of the processes undertaken to transition clients through the FDS demonstrates the enormous effort the Director continued to undertake to facilitate the transfer of clients including; initiating transfer discussions and ongoing planning with the Chief Psychiatrist and Queensland Health, engaging in a range of meetings with clients, their families and relevant stakeholders to facilitate transition plans (e.g. Regional Authorised Mental Health Services, Public Guardian, DCDSS representatives, NGO service providers), undertaking risk assessments, advocating for clients transfers at their MHRT hearings and addressing multiple barriers that arose throughout the client's transition.

***Achievements in 2018-19***

In the previous financial year (2017-18), the Director developed an influential body of work for the FDS which included the review and reissue of numerous (28) policies and procedures. These reissued policies and procedures aimed to ensure best practice and reflect recent changes to legislation. The policies and procedures focused on providing clear guidance aligned to the current evidence base in critical practice areas such as, referral and admission, transition and exit, individual development plans, clinical risk assessment & management and community treatment and other leave. The range of reissued policies and procedures have contributed to ensuring evidence based services and programs are delivered to clients as soon as they are admitted to the FDS and effectively monitored and evaluated so that clients receive maximum benefit while at the FDS and are not detained to the service any longer than required.

This financial year has focused on embedding and implementing the directions and approaches of the reissued policies and procedures in 2018. This has promoted a consistent framework for the care and protection of the clients at the FDS and a consistent practice approach managed by clinical and operational staff at the FDS.

Key policies that have been implemented include the *Referral and Admission* Policy and Procedure that has promoted the fluid admission of two clients in the past year. This occurred following a structured and dependable suitability assessment process and has allowed transparency and clarity to stakeholders regarding the FDS requirements from the outset of the assessment. Two clients were successfully supported to transfer to the FDS following clear, concise and thorough assessment processes.

A crucial piece of work undertaken throughout the year was seeking engagement and understanding with the National Disability Insurance Agency (NDIA) system as it commenced its final stages of full implementation into Queensland. In large, this has seen the cessation of clinical and operational services by DCDSS, and it is important to acknowledge the years of positive work and services provided to an enormously vulnerable cohort of individuals. DCDSS has provided enduring and high quality support to clients who present with hugely complex needs, and DCDSS staff involved in this

area have dedicated their work to empowering and benefiting these individuals, including those on forensic orders.

Nonetheless, it has been important for the Director to closely monitor the rollout of the NDIA and the impact this period of transition has had on forensic disability clients, particularly for clients who are transitioning from the FDS to community based support. It has also been crucial to understand the supports available to clients in community based settings and the expectations we can have moving forward for their appropriate care and support under the NDIA.

The Director's team has continued to work closely with CHART to improve the Individual Development Planning process, and to enhance forensic disability skills and knowledge in assessment and treatment. The improvements made over the last 12 months in the structure of the Individual Development Plan (IDP) document has now allowed a renewed focus on ensuring that the IDP review meetings, and information gathered to inform IDPs, is far more accurate, useful and informative. Importantly, the Director has focused on supporting the FDS to ensure that IDPs document a client's progress throughout their time at the FDS, and reflect the client's therapeutic pathway.

At a strategic level, the Director has been involved and contributed to feedback in the review of the broader forensic disability service system and providing recommendations. This has included providing critical information to the state-wide steering committee regarding what would be considered the best approach moving forward for the FDS, and forensic disability clients across Queensland.

# The Forensic Disability Act 2011

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

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

The purpose of the Act is to provide involuntary detention and care and support and protection of the forensic disability clients[4] while at the same time safeguarding their rights and freedoms; balancing their rights with the rights of other people, promoting individual development and enhancing their opportunities for quality of life and maximizing their opportunities for reintegration into the community.[5] In order to meet the purpose of the Act the separate and distinct entities - the Forensic Disability Service (FDS), a medium secure service, and the Director of Forensic Disability were established.

Although separate and distinct in their functions and responsibilities, the Administrator of the FDS and the Director of Forensic Disability work closely together with the combined goal of beneficially transitioning clients through the programs and services provided by the FDS so that clients may transfer out of the FDS and safely return to their community with a reduced likelihood of engaging in offending behaviours and with an enhanced quality of life.

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

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

[5] Section 3 *Forensic Disability Act 2011*

# Statutory Role of the Director of Forensic Disability

The Act established the Director of Forensic Disability (the Director) as an independent statutory position appointed by the Governor in Council. The role of the Director of Forensic Disability is to have statutory oversight of the Forensic Disability Service (FDS), facilitate the proper and efficient administration of the Act and to monitor the protection of the rights of persons in the FDS.

The Director, in exercising their powers under the Act, is not under the control of the Minister. Therefore, in exercising their statutory powers, the Director is independent. The Director is appointed by the Governor in Council for a stated term of no longer than 5 years.

The Director's powers relate to the functions of the Director under the act, namely ensuring that the involuntary detention, assessment, care and support and protection of forensic disability clients complies with the Act.

**Functions and Powers**

The Act provides the Director with functions and powers to facilitate the proper and efficient administration of the Act, including ensuring that the FDS complies with the Act.

The main functions of the Director include:

- ensuring the protection of the rights of forensic disability clients under the Act
- ensuring the involuntary detention, assessment, care, support and protection of forensic disability clients complies 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.

More specific powers and functions of the Director relating to the administration of the Act include:

- powers to issue policies and procedures about detention, care and support of clients
- undertaking a five year review of the care and support provided by the FDS for clients who have been clients for a continuous period of five years
- preparing a Statement of Rights for forensic disability clients and their allied persons
- declaring an Administrator of the FDS
- appointing Authorised Officers to conduct investigations under the Act.

The Director is not responsible for the day to day operations of the FDS as the FDS is a service managed by the DCDSS.

**Officers of the Director of Forensic Disability**

The Director is supported to perform the statutory functions by four officers appointed under the *Public Service Act 2008* (Qld), a Principal Legal Officer and three Principal Advisors.

# Statutory Officers at the FDS

## The Administrator

The Administrator is appointed under the Act by the Director of Forensic Disability.[6]

The Administrator of the FDS has both statutory responsibilities under the Act as well as being responsible for a range of operational responsibilities. As well as coordinating and overseeing the operation of the Act, the Administrator is responsible for the day-to-day operations and management of the FDS. Forensic disability clients are in the legal custody of the Administrator.

The primary functions of the Administrator include:

- ensuring care of people detained to the FDS
- giving effect to policies and procedures developed 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; 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 of Communities, Disability Services and Seniors (the department) have staffing and human resource, finance and infrastructure responsibilities under the *Financial Accountability Act (2009)* and the *Public Service Act (2009)*.

**Activities of the Administrator 2018-19**

*This year saw Mr Graeme Kirkup complete a two year term as Administrator of the FDS in February 2019. In March 2019 Ms Sharon Stephenson was appointed as Acting Administrator of the FDS.*

*During the last 12 months, the FDS has continued to provide rehabilitative and habilitative programs that address the needs of the clients, in accordance with each of their Individual Development Plans. There has also been the introduction of two new programs that support the development of literacy and technology use for the clients. These new programs are individualised and have been tailored to meet client's goals. The literacy program also contains specialised material that is designed for Indigenous readers.*

[6] Section 96 Forensic Disability Act 2011.

*The FDS has recently enlisted elders to attend the FDS on a fortnightly basis. They will be offering spiritual guidance and cultural support to our first nation clients. This is a very welcomed addition to the services offered at FDS.*

*The services of external providers have also been sought to assist us in our commitment to deliver rehabilitative programs and assessments. This offers our clients access to a broader scope of expertise to enable their individual needs to be met.*

*In the past 12 months we have seen one client successfully transition back into the community and we have been in a position to provide placement at the facility for further clients from various locations around Queensland. Transition planning continues for other forensic disability clients to move out of the facility in the next financial year.*

*The FDS has been able to employ a further 23 new casual workers to fill staffing vacancies and support existing staff with fatigue management. FDS staff have a genuine dedication to the clients and transition back into the community. The ongoing recruitment of staff enables the service to meet the needs and goals of the clients.*

*The service continues to evolve our delivery model to ensure continuous improvement. We are always passionate about our purpose and will always strive to provide a service that fulfils the intent of its establishment. We are grateful for feedback and will always endeavour to improve the way the service operates.*

*The FDS continues to work together with the Director of Forensic Disability, the Office of the Public Guardian, Community Visitors, NDIA, health care professionals and client families.*

Ms Sharon Stephenson
**Acting Administrator, Forensic Disability Service**

## Senior Practitioner

The Senior Practitioner of the FDS has a range of legislative responsibilities as outlined in the Act.

The main functions and powers of a senior practitioner 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 for the client
- overseeing and implementing the use of regulated behaviour control for clients if required
- searching forensic disability clients and possessions
- returning clients to the care and support of the FDS, where required.

The Senior Practitioner also manages the clinical habilitation and rehabilitation team (CHART) at the FDS.

In addition to the Senior Practitioner, there are also a number of FDS staff who are provided with a limited set of powers to act as a Senior Practitioner. These are the Senior Practitioners Limited Powers and the Senior Practitioners On Call.

The Senior Practitioner Limited Powers are specifically appointed to assist with a particular forensic disability client who presents with significant complex and challenging behaviours. This can involve the need to authorise seclusion to manage the risk posed by this client. The Senior Practitioners On Call are the Clinical Team Leaders and Managers required to perform a limited set of Senior Practitioner functions outside of business hours or when the Senior Practitioner is absent from the FDS.

The Senior Practitioners are supported by Authorised Practitioners.

## Authorised Practitioners

Authorised practitioners are appointed by the Administrator of the FDS. In appointing an authorised practitioner, the Administrator must be of the opinion that the person has the necessary expertise and experience relevant to the role. Authorised Practitioners work in a clinical role with the clients and have responsibilities under the Act to ensure their proper care and support.

The main functions and powers of an authorised practitioner include:

- delivering treatment programs in accordance with the IDP
- monitoring and recording a client's progress in relation to the IDP
- working closely with the senior practitioner to adjust an IDP were appropriate
- implementing, reporting, and documenting the use of regulated behaviour control for clients where required
- having regard to the IDP when making decisions for clients
- searching forensic disability clients and possessions

# Forensic Disability Service 2018–2019

The Forensic Disability Service (FDS) is a purpose built medium secure transition service designed to provide a therapeutic residential program for up to ten people with intellectual or cognitive disability who are subject to a forensic order (disability) whose offending behaviours are a present risk to the community. A focus of the FDS is to promote the client's development, habilitation and rehabilitation and enhance their opportunities for quality of life so that, when appropriate, the clients may safely transfer from the FDS back into the community.

The FDS is located on government land in Wacol and comes under the administration of the Senior Executive Director, Disability Accommodation and Respite Services & Forensic Disability Service, DCDSS. The DCDSS has operational responsibility, controls the budget and provides the infrastructure for the day-to-day running of the service. The service is staffed by a range of clinical and operational staff who provide for the care, support and protection of the clients. CHART provides assessment and treatment interventions, including the delivery of skills-based and offence-specific programs to those detained to the FDS.

The criteria for admission as a client of the FDS is determined by a suitability assessment that requires a person to:

- be between 18 and 65 years of age;
- have an intellectual disability or cognitive impairment;
- not require involuntary treatment and care for a mental illness;
- be on a forensic order (disability);
- need the level of restriction and security to ensure the safety of the person and the community;
- have the ability to engage in programs; and
- be able to benefit from programs and services delivered by the FDS to facilitate community reintegration.

Clients remain at the FDS for the duration of their programs and until it has been determined that they can safely transfer back to their community.

The clients reside in three, four bedroom houses located within the FDS. However, due to the extreme nature of one client's behaviour and the risk the client poses to self and others, the client is accommodated within one of these houses as a sole occupant. As a result, in 2018/19 there were only two houses available for other FDS clients.

An additional client is accommodated offsite but remains the forensic responsibility of the FDS.

## Transition and Transfer

Placement at the FDS is intended to be time limited, with the client to transfer out once the benefit of the placement is realised or it is ascertained that the person is not benefiting from their placement at the FDS and the programs available.

The Director holds crucial legislative powers and functions within the *Mental Health Act 2016* to facilitate transition for clients from the FDS (section 353 – transfer of responsibility by agreement with the Director and the Chief Psychiatrist). These functions allow the Director to negotiate with the Chief Psychiatrist (Mental Health) and reach agreement on the transfer of the responsibility of forensic orders (disability) between the FDS and Authorised Mental Health Services. This is one manner in which a client may be transferred to, or transitioned from the FDS.

During 2018-19, one client transferred out of the FDS and two new clients were admitted into the FDS.

The Director regularly liaised with Chief Psychiatrist to identify persons who may benefit from the treatment, programs and care offered by the FDS. Additionally, the Director elected into a number of proceedings in the Mental Health Court (MHC) to ascertain whether or not individuals were suitable for admission to the FDS.

At the end of 2018-19 the FDS had two vacancies following transfers of clients to and from the FDS.

### Admission to the FDS - Suitability Assessments

The Director has continued to undertake suitability assessments where appropriate for referrals made for clients to the FDS. The Director is regularly apprised of matters going through the Mental Health Court to which the Director is a party, and can elect into the matter where it is deemed to be appropriate. The Director has also received referrals from Authorised Mental Health Services (AMHS's), who are supporting clients on existing forensic orders (disability) in the community or in a secure mental health facility.

The Director re-issued a policy and procedure in June 2018 that outlined comprehensive suitability and admission requirements for any client who is referred to the FDS. This also outlined the necessary suitability assessment that was required in order to ensure that the FDS only accepts clients who are going to benefit from the care and support offered at the service and present with risk that warrants the need for a medium secure facility.

Learning from the past has been critical in improving the process for which clients are admitted to the FDS. There are now clear expectations regarding suitability requirements and these expectations are now transparent to colleagues from Mental Health Services. The FDS should not operate as an indefinite accommodation option, and the work done to improve intake and admission processes ensures that the FDS operates as it was intended – as a transitional model where clients are expected to be returning to the community after addressing their criminogenic and developmental needs at the service.

Over the 2018-19 period the Director has had direct involvement in numerous complex case panels, and undertaken suitability assessments for over ten separate individuals. The suitability assessments have involved:

- Meeting with the clinical team and the client
- Undertaking an evidence based risk manageability assessment
- Reviewing and understanding the following:
    - The individual's ability to benefit from the programs available
    - The individual's motivation to participate in the adapted programs
    - The risk presented by the client to the community that warrants the need for a medium secure service.

Over the last twelve months a number of referrals were made to the Director to consider the transfer of a client to the FDS. At times it has been necessary to decline referrals for differing reasons. Examples include one individual referred who may have benefitted from rehabilitative and habilitative intervention, however the suitability assessment highlighted the individual's risk to themselves and the community was at a level where a medium secure environment was unwarranted. This particular individual demonstrated little risk when supported appropriately by his NGO service, attended a range of community sporting activities on a weekly basis, and had commenced a part time volunteer work arrangement. It would have been extremely unsettling and destabilising for this client to be moved to Brisbane, under environmental conditions that did not meet their individual risk. This client's NGO team was supported to develop new strategies and the staff were offered the opportunity to engage in training by the Director.

Another client referred to the FDS had been living for an extended period in a temporary homeless housing lodge. After exploring the individual's risk and needs, it became clear that there were a range of protective factors in place for the person in their local community, and that his primary need was for housing and increased development of his NDIA plan. This referral was declined as the FDS is not intended to be an accommodation option where an individual is not displaying any current dynamic risk to the community. The Director assisted in case conferencing and providing advice to the NGO support team with regard to how to best support this individual to meet his forensic disability needs and supports that may need to be considered in a review of his NDIA plan.

Similarly, another client referred to the FDS had a range of serious recent criminal charges and complexities regarding supporting him in the community. This individual had poor community supports, little family engagement and was left to manage himself largely on his own. In undertaking a suitability assessment however, significant deficits and difficulties in cognitive functioning were identified, such that deriving benefit through participation in the adapted group interventions offered at the FDS would have been unlikely. Furthermore, a range of cognitive assessments confirmed that his deficits in memory would not likely allow him to process or understand key concepts that would be delivered. This highly vulnerable individual was deemed to be better supported in a community environment, where he had a predictable and highly skilled NGO staff team supporting his daily activity. The Director maintained involvement in this case conference to support stakeholders to increase this support package and be available for any forensic disability

advice to the mental health team.  Eventually, this individual was found more suitable accommodation with a new service provider better equipped to meet his needs.

This important work has been critical to ensuring that only those individuals who are able to benefit from the FDS and require such a service are admitted. With this suitability assessment well embedded in practice, there is far more opportunity now for the FDS to ensure it is acting within its intended purpose, as a transitional facility for individuals to be admitted for a time limited, therapeutic period.

The Director has worked with the Chief Psychiatrist (Mental Health) to ensure a common understanding of the purpose of the FDS.

### Admission to the FDS - Transfers to the FDS

Of the clients for whom the Director has undertaken suitability assessments, two clients subject to forensic orders (disability) were referred to the FDS and responsibility for their forensic orders (disability) was transferred to the FDS in the 2018-19 year. Both of these individuals had suitability assessments undertaken by the Director's office as a part of the intake process which found that they would benefit from the rehabilitative and habilitative intervention offered at the FDS. In June 2019 another client was accepted with transfer pending to occur in July 2019.

It has been critical for the Director to maintain expectations and ensuring the right clients are admitted to the service. The three clients that were accepted over the course of the year were referrals that met all the above criteria, and individuals for whom the FDS has the potential to make an impact to their lives. These individuals all had ability to benefit from what is offered at the FDS, from both adapted programs as well as access to specialist staff available to reinforce the learnings from group settings.

A key issue for one client was how the lack of meaningful support in the community was resulting in the individual placing themselves in highly risky situations, and subjecting themselves to increasingly significant charges. Among the need for rehabilitative intervention related to managing anger and aggression towards others, this individual clearly required a holistic approach to supporting a range of other areas in their life, including health and wellbeing, social interaction, engaging appropriately with others, developing life goals and importantly to build some self-esteem. Targeting all of these needs in a community setting, where there was ongoing access to substances and little by way of support and supervision, was deemed to be challenging and highly unlikely to be successful under the circumstances. After meeting with the client's family and the health team, it was decided the FDS was going to be the most appropriate option to address his criminogenic needs, develop relevant skills and give this individual the best possible opportunity for a positive future.

Another client who transferred to the FDS had been on forensic order (disability) since 2016 and had been living in the community however, there were a range of concerns regarding their behaviour and increasingly risky presentation. Subsequent to this, the individual re-offended and was placed on remand in a Correctional Facility. The MHC agreed that this individual should be bailed to a

secure mental health facility, however, given the client did not have any mental health concerns, the Chief Psychiatrist requested the Director consider whether the FDS could be a more appropriate option for the individual. The Director's suitability assessment determined that this individual continued to present a significant risk to the community and were he transferred to the FDS it would be likely that he could benefit from the rehabilitative and habilitative programs available. As a result, an agreement between the Chief Psychiatrist and the Director was made to transfer him to the FDS.

The Director has assisted in ensuring that all new clients who transferred to the FDS this year were supported by family during the transfer process. This included advocating that for one client from Central Queensland, the client's mother was arranged to travel with the client in order to meet with the staff at the service, and see the environment where her son would be living. This family support and relationship with key family members during a client's admission is considered a critical element to successfully working with client.

### Transition through and transfer from the FDS - Processes

The Director, working with the Administrator of the FDS, has continued to improve processes and practice in regard to ensuring the timely movement of clients through the service, and to navigate the barriers that arise as a client moves from a medium secure environment to the community. Improvements in processes to support transition include; the development of meaningful IDPs with a more thorough transition focus, liaising with community stakeholders, improving reports and submissions to the MHRT and of course understanding the client's goals and aspirations for the future.

While the Director and the Administrator continue to improve processes within the FDS, it must be acknowledged that external factors are a significant barrier to the transfer of clients out of the FDS. It must also be acknowledged that while a client may be ready for transfer and the FDS is working to make this happen, the Director and the Administrator have little or no control over the options available for the client outside of the FDS. This includes the amount of funding available to the client, the availability of appropriate accommodation and supports, and the willingness of stakeholders to accept and support the transfer of forensic disability clients. These are contributing factors to clients remaining at the FDS longer than necessary.

The next section of this report provides further information on the factors that impact on the transition and transfer of clients out of the FDS.

### Transition and transfer from the FDS - Pathways to transition from the FDS

A pathways analysis of each client who has transferred out of the FDS since its establishment was completed to develop a comprehensive understanding of the barriers and enablers to the transfer of clients from the FDS over time. This pathways analysis enables the identification of the significant barriers to FDS clients returning to the community, and required improvements to systems and barriers. As noted earlier, the 2018 review of the Queensland forensic disability service system (Ogloff, Ruffles, & Sullivan, 2018) identified significant service gaps in the way the forensic disability cohort are supported, with recommendations for significant work to be undertaken to establish a

system of supports for this cohort. As also acknowledged by the 2018 report, without the establishment of a forensic disability system the FDS will continue to be isolated and separated from the broader disability and mental health sectors with no clear linkages and exit pathways to the wider service system, resulting in longer admissions for the clients than necessary.

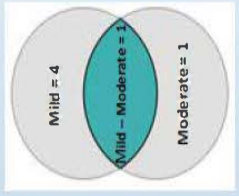
This pathways analysis provides information as to how the lack of a forensic disability system impacts upon the clients of the FDS. The following figure illustrates the pathways into and out of the FDS and the barriers and enablers affecting a client's transition to the community.

## 2011

### Background

♀ = 1 ♂ = 5


Intellectual functioning




*Appointed Decision-maker*

Public Guardian Family/Other

Index offences

| Serious Offences (adult & children) |
|---|
| Rape & Sexual Assault |
| Assault |
| Wilful Damage |
| Arson |
| Stealing |

Risk to the Community

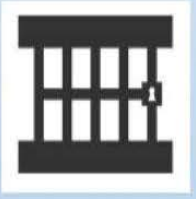
| | |
|---|---|
| History of physical &/or sexual abuse & neglect | n=4 |
| Previous incarceration | n=4 |
| Unstable housing & placement breakdown | n=3 |
| Child Safety | n=4 |
| Substance abuse, self-harm, challenging behaviour | n=6 |
| Multiple admissions to AMHS | n=5 |

### Accommodation Immediately Prior to FDS

Authorised Mental Health Service

x 5

Correctional Centre



x 1

Average stay in Authorised Mental Health Service or Correctional Centre = 2.5 years

Range

9 months → 5.4 years

**Admission to Forensic Disability Service**


## 2011 - 2016

### DFD 5 Year Review

Benefitted from placement at FDS n = 5

Decreases in challenging behaviour = 4

Decreased need for secure environment

Decreased risk of offending

Recommendations:
Transition to Community n = 5

Graduated transition to community = 1

**Discharge from Forensic Disability Service**
Time from initial request from DFD for transfer
Mean = 1.6 years Range: 13 months – 2.2 years

## 2016 - 2017

### Barriers to Transition

Lack of community based options and/or funding for supports

Delays in transition planning by the FDS

Geographically remote location of origin & lack of required supports

Lack of community based supports & service providers


Difficulties for FDS staff to engage NDIA at time of transition

Stakeholder refusal/opposition to transition

### Enablers to Transition

Available & willing family & informal supports

No or little assessed risk to community

Decreases in challenging behavio

Connections to activities & networks established while at the FDS

Established networks & available services and supports

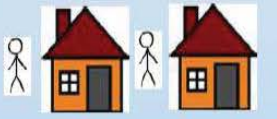
Renewed department leadership to support transition

## 2017 - 2018

### Destination

x 1


x 1



Community = 4

Known offences since transition

*Transfer into the FDS*

The cohort of clients who have transferred from the FDS since its establishment demonstrated the well-established developmental risk factors in the development of criminal behaviour. All had mild to moderate intellectual disability and most had prejudicial childhoods involving significant sexual and/or physical abuse or neglect and involvement with Child Safety due to protection concerns. As the clients demonstrated the early development of challenging and other behaviours of harm, they also experienced multiple admissions to AMHS' prior to their placement immediately prior to admission to the FDS.

All of the clients had lengthy placements in AMHS' or prison, up to five years, as their placement immediately prior to their admission to the FDS. These placements were regarded as inappropriate for the cohort, particularly in terms of being able to appropriately provide programs to address criminogenic needs, but necessary due to the need for a secure setting to prevent harm to themselves or others. However, it should be noted that without placement at the FDS it was likely that they would continue to be detained in these inappropriate settings indefinitely.

*Progress through the FDS*

The client pathway through the service was documented in the 5 year reviews conducted by the Director. These reviews demonstrated that only one client had derived minimal benefit from their placement at the FDS. This client had not participated in the programs offered as a result of legal advice and accordingly, their level of risk to enable community placement had not decreased.

The 5 year reviews established that the clients had benefitted from their placement at the FDS through the programs and opportunities provided to them. Significantly, these benefits were reductions in challenging behaviours, a decreased risk of offending and therefore a decreased need for placement in a secure environment. As a result of their placement at the FDS these clients were able to reintegrate into the community. Only one client was recommended to have a graduated transition to the community, involving placement at an AMHS for a period of time until proper community based supports and safeguards could be put in place.

The clients, who had previously been placed in an AMHS for an average of 2.5 years with no imminent prospects or plans for transition to the community due to ongoing risk, now had the opportunity for community living as a result of the benefit they derived from the FDS.

*Barriers to Transfer out and exit*

There were a number of barriers to the timely transfer of the clients from the FDS. Many of these barriers were out of the control of the FDS and the Director who have no control over resources and opportunities outside of the FDS. A prominent issue was the lack of community based options, primarily appropriate accommodation and most importantly, funding for supports and services. A number of barriers were identified, and included the following:

- A significant lack of appropriate community based options for clients leaving the FDS.
- A lack of funding to support the transition process and community based support and accommodation
- Coordination between NDIS, FDS and Health has at times been difficult and laboured.
- Authorised Mental Health Services in a client's region of origin have advocated for FDS clients to transition first to an inpatient setting within a hospital, allowing local health teams to then support the graduated transition. There are concerns associated with client regression with this approach.
- MHRT adopted a more cautionary approach to transfer of clients to the community, strongly considering all stakeholders views on risk within client hearings. At times the understanding of risk for an individual client had differed between parties.
- Mental Health teams who oversee clients' forensic orders report that it is difficult to transition to geographically remote locations as they lack the supports in the local area expected of transition planning and stakeholders. This has been cited as a reason for not accepting the request to transfer a client's forensic order.
- Disability Services regions and other agencies not accepting responsibility for supporting and resourcing client transition out of the FDS.
- MHRT denial of submissions due to risk concerns.
- Chief Psychiatrist and Authorised Mental Health Service refusal to accept the transfer of forensic order of the clients.
- A lack of focus on transition planning and action by the FDS, possibly exacerbated by the lack of options, resources and access to pathways.

It is interesting to note that the barriers to transfer experienced by the FDS were consistent with other secure forensic disability services in the United Kingdom where it was found that obstacles to transition were a) waiting for/lack of appropriate facilities and resources; b) treatment resistance and/or poor compliance with therapies; c) continuing actual risk and challenging behaviour; d) legal system/other Ministries opposition to the proposed pathway and/or refusal for transfer; and e) the client's notoriety, risk of reprisal within the community of origin or proposed transfer.[7]

### *Enablers to Transfer*

Many of the clients had circumstances that should have enabled their timely transfer out of the FDS and into the community. These included the decreases in challenging behaviours and level of risk as well as the presence of networks and supports within the community. Sometimes these supports and networks were established while the client was detained at the FDS. For others these supports and networks were already in existence and had been maintained.

However, despite the presence of these enablers, this did not translate into timely transfer from the FDS even after the 5 year reviews established that the clients could return to the community and

[7] Hall, I., Yacoub, E., Boast, N., Bates, R., Stamps, R., Holder, S., & Beadman, M. (2014). Secure inpatient services: a needs assessment. *Journal of Intellectual Disabilities and Offending Behaviours, 5,* 38-53.

that delays in their transfer would not be beneficial. Given the barriers encountered, as previously described, renewed departmental leadership was required to facilitate transition. This led to the establishment of the *Five year review implementation working group* co-chaired by the South-West Regional Executive Director (Mr Matthew Lupi) and the Executive Director of the Centre of Excellence for Clinical Innovation and Behaviour Support (Professor Karen Nankervis). Mr Lupi was tasked with the responsibility to ensure that the DCDSS regions enacted their responsibilities and supported the transition of clients from the FDS as well as to ensure collaborative transition planning with the Chief Psychiatrist and regional Authorised Mental Health Services (who are responsible for oversight of people on forensic orders).

The Five year review implementation working group meetings were held on a regular basis with;

- Queensland Health Chief Psychiatrist and regional AMHS
- Regional DCDSS representatives
- Executive Director, Disability Services Commissioning (funding packages and service agreements)
- The Director of Forensic Disability
- The FDS Administrator

The purpose of this working group was to liaise, discuss and identify approaches to transfer clients from the FDS to implement the recommendations of the Director's five year reviews.

*Outcomes of the FDS post-transfer*

Of the six clients, two were transferred to a placement in an AMHS, one of whom was transferred as part of a graduated return to the community, and four were transferred to community based arrangements. The placement of the client in an AMHS as a graduated process was the preferred process of the AMHS and the Chief Psychiatrist.

Since transfer, the Director is not aware of any subsequent offending behaviours and the community placements have been sustained.

*Concluding comments*

This pathways analysis demonstrates that the clients who have been admitted to the FDS have complex needs with adverse backgrounds of abuse, neglect, and multiple placement breakdowns leading to inappropriate and lengthy detention in AMHS' or correctional facilities after being on placed on a forensic order.

For the clients who participated in the programs offered at the FDS the benefits derived reduced risk and therefore clients were able to transition to the community. While each of the clients had lengthy stays in the AMHS' and/or correctional facility prior to their admission to the FDS, their stay at the FDS was longer than required. Overwhelmingly the barriers to transition and transfer related to factors outside the control of the Director and the FDS, being a lack of resources and options, not having the ability to influence other systems to support or prioritise the client, and importantly, a

lack of funding packages to support their transition. This analysis clearly demonstrates that having a secure service that sits in isolation from other systems, including a forensic disability service system with the availability of step up and step down options, puts the clients at a disadvantage in terms of timely transition through the service and access to community based supports and arrangements appropriate to their needs.

Despite this, the placement at the FDS for nearly all of the clients has been beneficial, leading to stability and improved quality of life.

### Transition and Transfer from the FDS – 2018-19

Two current forensic disability clients from the original cohort admitted after the FDS opened remain at the FDS despite the 5 year review finding that neither client was likely to receive benefit from ongoing detention at the FDS. Both clients present with extremely challenging and complex behaviours and have been deemed to require a multi-agency response for future management. During the past year the FDS committed a full time staff member to exploring transition options for both clients, including the availability of step down accommodation on the Wacol precinct. The FDS has been working with these clients, their family, relevant stakeholders, NDIA and DCDSS to identify and plan transition options for these two clients. The Director has also briefed the Director General, Communities, Disability Services and Seniors (DCDSS) of the complexities of these challenging individuals, and sought ongoing support to identify a suitable accommodation options and support models outside of the FDS. No suitable alternative accommodation and support arrangements have been available for these clients. The Director will continue to advocate for the meeting of the needs of these clients as their placement at the FDS is inappropriate.

The Director maintains regular meetings with the Chief Psychiatrist to discuss potential referrals to, and transitions from the FDS. In 2018-19, the Director made two formal applications to the Chief Psychiatrist for the transfer of two clients from the FDS to the relevant local AMHS. For one of these clients, a Five Year Review report had previously outlined the Director's view that they had ceased benefitting from the care and support offered at the service and the FDS had exhausted all opportunities to engage in rehabilitative and habilitative interventions. However, agreement was not reached between the Director and the Chief Psychiatrist regarding this client's transfer to an AMHS.

Subsequently, in October 2018, the Director utilised their powers and functions as a party to MHRT to call for an urgent hearing for the client, and to submit an 'Applicant Review' of the forensic order to raise the issue for the tribunal's consideration. However, the MHRT was also unwilling to authorise the transfer to an AMHS. The client remains at the FDS and no other suitable arrangements outside of the FDS have been identified.

The second transfer application to the Chief Psychiatrist occurred for a client who was admitted to the FDS in 2011. During his time at the FDS this client completed all required therapeutic programs, demonstrated an ability to apply his learnings, embraced opportunities to access a range of activities and subsequently, this client flourished at the FDS. The FDS assessed that his criminogenic risk

factors had reduced through his completion of a range of adapted programs and development in skills. He has also established himself in numerous activities and groups that have included basketball teams, cooking classes and social events.

After clearly demonstrating the skills and abilities to live safely in the community, he was supported to undertake a graduated transition from the FDS. In exploring his views and wishes for his future, it was clear that he wanted to remain in the Brisbane area and maintain connection to the range of activities established for him while he was a client at the FDS. An appropriate share house arrangement was found and he initially undertook a process of meeting a new support team, slowly increasing the time spent with this team and overnight at his new accommodation.

The MHRT reviewed the client's forensic order on 30 August 2018 and changed conditions of the forensic order to enable him to spend up to seven days per week in his transition accommodation. These new conditions allowed him to remain in the community and engage in a range of community based activities, while still requiring to return to the FDS one day a week to engage in final programs and activities. Ultimately, this client fully transitioned from the FDS in November 2018 and is reported to be living successfully and happily in the community.

## Support and Care at the FDS

### Individual Development Plans (IDP)

Individual Development Plans (IDP) must be prepared by the Senior Practitioner for each forensic disability client. The IDP is designed to promote the client's development, habilitation and rehabilitation, provide for the client's care and support, and support the client to participate and be included in the community and ultimately transition from the FDS to live in the community.

Contact with families is an important aspect of a client's support and care at the FDS and critical in assisting them in their transition home to their region of origin when they have completed their rehabilitation and habilitation. Client's IDPs include strategies to ensure connection is maintained and includes telephone, skyping and face-to-face visits facilitated by the FDS. Client contact with families and guardians has been facilitated, and engagement with the NDIA and Mental Health Service has occurred in order to collaborate on transition planning as a critical component of the IDP.

The 2018 Director's audit identified a range of deficits in relation to the quality and accessibility of the IDPs and subsequently the Director worked with the FDS to revise the IDP template and improve IDP planning processes. Over the past 12 months the development and regular review of high quality IDPs has been a focus of the FDS. All client's IDPs have been developed based on the latest template, ensuring that the content of each plan complies with the Act. Client's IDPs have been developed with input from key stakeholders and a copy sent to the Director's office. Where required, feedback has been provided to rectify any issues.

Three monthly IDP review meetings have been occurring at the FDS with the client, the clinical team, a representative of the Director of Forensic Disability and any other relevant stakeholders including

family members, Guardians, Legal Representatives and Advocates as well as in some instances representatives from an AMHS from a client's region of origin. The FDS have coordinated these meetings including ensuring relevant stakeholders are invited, clients are prepared for the meeting, summaries of activities of the previous three months are provided, future plans are discussed and actions identified for the next three months.

CHART have improved processes to support the client's understanding of their IDP and to promote their participation in the IDP review meeting. For example they have developed a version of the IDP in a format that is meaningful to the client. Furthermore, they have summarised information about what they have been doing over the previous three months in a format that they can understand to assist them to participate and contribute to the development of their next IDP.

A critical component of individual development planning is transition planning. Facilitating clients' transition from the FDS has historically been a challenge due to a range of factors including systemic issues such as, a lack of funding, accommodation and resourcing for the provision of supports in the community to adequately respond to the needs of this cohort.

The transition to the NDIS for clients in Queensland was completed on June 30 2019. In order to support the IDP and client transition processes it has been crucial for the FDS to ensure that clients are connected to the NDIS and accessing the supports they require. Ensuring NDIS involvement from the outset of the client's time at the FDS is integral to a client successfully transitioning through the FDS and will be a focus of the Director going into 2019-20.

### Rehabilitation and Habilitation Programs

Clients admitted to the FDS have been attending rehabilitative and habilitative programs to address their individual criminogenic needs and prepare them for transition to the community. These adapted programs complement participation in a range of LCT events that also promote their transition from the FDS. Clients are supported to utilise the skills they learn in programs and demonstrate pro-social, positive behaviours while they are in the community.

A range of rehabilitation and habilitation programs have been delivered during 2018-19 by CHART to address the clients' criminogenic and developmental needs. All programs were delivered in a group multi-modal format via written, spoken, visual and gestural means to support client learning. Individual sessions were also provided to clients where they required further consolidation of concepts, skills and opportunity to practice skills taught. Clients were provided with homework exercises between sessions and assisted by support staff to complete.

These rehabilitative and habilitative programs fit within an overarching model of positive behaviour support for people with disability at the FDS in terms of developing new skills to increase clients' quality of life, and decrease risk and challenging/offending behaviour.

**Rehabilitation Programs:**

| Alcohol and Drug Program | Anger management (SCOPE) | SPORT |
|---|---|---|
| The Alcohol and Drug program is a psychoeducation program that aims to help the participants recognise the factors which have led to their dependence upon alcohol and/or drugs, how this contributed to their offence pathway and to identify strategies for managing these factors in a prosocial way. It encourages the development of self-awareness, and self-determination in managing drugs and alcohol in their daily lives. There is currently no validated substance abuse programs for people with intellectual disability being delivered in Australia. The program at the FDS was developed and piloted by clinicians at the FDS based on their experience in the AOD field and mainstream literature.<br><br>The program supports participants to develop a relapse prevention plan which identifies previous triggers for use, psychological, social and emotional management strategies and links abstinence to a meaningful life. Participants are supported to identify support structures in their community to support ongoing abstinence. | The Anger Management Program is a program developed by Hrepsime Gulbenkoglu and Nick Hagiliassis for SCOPE (Vic) Ltd. This Program was designed specifically for people with intellectual disability. The Program is based on Novaco's (1975) cognitive-behavioural conceptualisation of anger. This program is a guided cognitive behavioural program, grounded in a solid theoretical framework and empirical evidence for its efficacy in clinical practice.<br><br>The assessment and treatment approach is designed to engage and motivate clients with recurrent anger management problems and their manifestation in serious aggressive behaviour. This program aims to assist clients to better understand their past and present experience of violence and anger and to identify helpful and unhelpful ways of dealing with anger. The program aims to assist client's to develop insight into triggers, signs and consequences of their anger and strategies to develop effective coping skills and problem solving skills. | The Social Problem Solving and Offence Related Thinking (SPORT) program was developed by Professor Bill Lindsay to target maladaptive criminal thinking styles in individuals with intellectual disabilities. The program is based on cognitive behaviour therapy techniques and promotes clear problem solving techniques, pro-social thinking and moral development and encourages the identification and analysis of thinking errors. It is delivered at the FDS using the established manual.<br>The SPORT program generally acts as a pre-cursor to more specific offence based interventions such as anger management and alcohol and drug programs. |

| Good Lives Model Program | Everybody Needs to Know Program |
|---|---|
| The Good Lives Model (GLM) is a strength based approach to offender rehabilitation developed by Tony Ward and colleagues aimed at reducing offending behaviour through developing a person's capacity to meet their needs in a prosocial way. The GLM Program is a ten module group-based program developed to introduce the GLM concepts to clients, promote their understanding of a "Good Life" and identify their strengths and interests. These strengths and interests then inform the clients Individual Development Plan.<br><br>Each module of the GLM Program attends to one of the Primary Goods (innate human needs) identified in the GLM and focuses on increasing a client's understanding as to how they can satisfy the Primary Goods in a prosocial way thus creating a protective factor against making poor decisions and re-offending. The GLM Program also aims to assist in identifying where clients may be trying to meet primary goods in a maladaptive way and identify how they can instead attain the goods in socially acceptable, non-offending way. | The Everybody Needs to Know Program is an adapted therapeutic program developed by Family Planning Queensland designed specifically for educating people with a disability regarding issues such as sexuality, safe sex, consent and relationships. There is a general recognition that people with intellectual disabilities may not possess age appropriate levels of sexual knowledge for a range of reasons and that sex education training is an effective therapeutic intervention for people with intellectual disability, especially those who have histories of sexual offending and inappropriate sexual behaviour. |

**Habilitation Programs:**

All activities at the FDS are intended to develop the day to day skills of the clients. The following programs are examples of the structured habilitative activities provided at the FDS.

| Literacy & Numeracy Program |
| --- |
| The literacy and numeracy program is an individualised intervention which aims to assist clients to develop reading, writing, comprehension and numeracy skills utilising personal interests and real world examples and applications. There is a strong focus on increasing opportunities for active participation in the community and it is also an opportunity to develop confidence, self-advocacy and mastery. This program incorporates project - and problem-based learning approaches to engage clients in utilising daily activities and personal interests to build on existing literacy and numeracy skills. For example, incorporating budgeting into cooking and personal shopping supports numeracy skills, money counting and banking. Understanding clients' specific interests informs the resources to be employed and the focus of the intervention. |

| Letter Writing |
| --- |
| The Letter writing program formed part of the literacy program whereby clients were supported to improve their literacy skills by writing letters home to family. Letters are hand written or typed and posted to family to support the clients in maintaining family and cultural connectedness. |

| Computer Skills |
| --- |
| The Computer Skills Program is an individualised program which aims to assist in the client's transition to community through improving literacy, numeracy and computer literacy by accessing relevant sites of interest to clients e.g. movie reviews, TV Guide, football scores, etc. It focuses on teaching the clients the skills to be able to find information by themselves, responsibly use the internet and online services (e.g. Centrelink, banking, Medicare etc.) and strengthen interests and knowledge. |

| Cooking Program |
| --- |
| Clients are encouraged to participate in cooking programs to support the development of new skills such as meal planning and food preparation skills as well as learning how to create healthy, cost effective and easy to prepare recipes. Clients are encouraged to plan and prepare a meal of their choice at least once a week and supported to develop a cookbook tailored to their learning needs and individual tastes. |

*Untitled*

## Limited Community Treatment (LCT)

Limited Community Treatment (LCT) is an integral part of a client's support and care whilst at the FDS and contributes to their rehabilitation and habilitation, as well as supporting them to actively participate in the community. LCT involves the client spending time outside of the FDS engaging in activities that will contribute to skill development, increase quality of life and assist in community reintegration. As such, LCT is a critical component in working towards a client's transition from the FDS.

LCT differs for individual clients and is determined based on the client's individual skills and interests and is directly linked to their assessed risk, need and the goals they need to achieve for successful transition to community living. LCT is a significant part of the IDP process and the approach to a client's LCT is documented in their IDP. LCT conditions are determined by the Mental Health Review Tribunal and authorised by the Senior Practitioner.

The Director, the Administrator and the Senior Practitioner advocate to the MHRT to explore any opportunities that enable more LCT, including visits home. Whilst MHRT decisions have enabled planning for clients to visit their communities of origin no actual visits have taken place.

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

- cultural links groups and participation in NAIDOC events to promote cultural connection
- attendance at church to support spiritual development and community inclusion
- special Olympics training squad for fitness, skill development and social inclusion
- overnight stays at transitional accommodation
- attendance at psychoeducation sessions regarding developing and maintaining healthy lifestyles
- regular volunteering at with community organisations to support skill development and engage with clients' specific interests
- visits with family members
- walks to local organisations to promote health and wellbeing
- visits to the library to support literacy skill development and prosocial activity
- medical appointments and medical reviews to promote health goals
- participation in community groups to connect to culture and other opportunities
- attendance at community events, such as markets, cultural festivals, music concerts and art events
- swimming and attendance at the gym to promote health and wellbeing
- shopping activities to support community engagement skills, literacy, numeracy and budgeting
- regular participation in social sporting activities to promote health and social goals
- meetings to explore study/vocational options
- travelling by public transport to assist with the development of community living skills
- attendance at an external cooking program to increase cooking skills

On 10 April 2019 a prohibition notice was issued to the Administrator of the Forensic Disability Service by Workplace Health and Safety Queensland. The notice directed that Limited Community Treatment (LCT) with a 1:1 staff to client ratio must cease where maintaining a line of site is a condition of the LCT. The Director and the Department requested this notice be reviewed on the basis that this could result in reducing clients' access to LCT which goes against the principles of reintegration and a least restrictive approach. As at 30 June 2019 the Prohibition Order had been withheld and the Director was working with the FDS and Senior Executive to ensure that clients continued to access regular LCT. This was done in consideration of the conditions set by the Mental Health Review Tribunal, with a focus on meeting clients' rehabilitative and habilitative needs and supporting their right to participate and be included in the community whilst ensuring staff safety was maintained.

# Legislative Oversight

In April 2018, the Director of Forensic Disability's Legislative Compliance and Clinical Performance Audit Report was completed and identified 39 actions to ensure compliance with the Act. Alongside the actions for compliance, the Director's audit report made recommendations to improve practice at the FDS. The completion of the Audit was an important step in identifying issues and areas for improvement at the service. The focus for the 2018-19 year has been to monitor and oversee the implementation of the April 2018 Audit. This has included overseeing necessary changes in response to that Audit, and ensuring the implementation of actions to address the issues.

In response to the Audit, the Administrator developed an action plan in June 2018 to address the identified issues. The Director, Senior Executive and Administrator commenced a collaborative process to monitoring the progress in relation to the action plans, and ensure follow through in relation to all proposed actions. The Administrator reported that the FDS has implemented all actions to rectify issues raised in the Audit regarding compliance with the Act.

The FDS has sought to address the recommendations made in the Audit regarding best practice over the past year. The action plan developed by the Administrator also incorporated actions to address recommendations for practice improvement, including establishing new processes that streamline workflow and maintain compliance with the Act.

Moving forward to 2019-20, the Director has identified the need to complete a further audit to formally review compliance and identify any areas of practice that may require further improvement. This audit will allow the Director to quantify that the actions undertaken by the FDS to rectify compliance issues from the previous audits are sufficient and maintainable at the FDS.

## Policy and Procedure

The 2017-18 year was an important year in the development and reissuing of policies and procedures related to the care, support, protection and human rights of clients at the FDS. This year there has been a focus on ensuring these policies and procedures have been implemented and embedded into the practice at the FDS. The Director has consistently liaised with the Administrator regarding the effectiveness of these documents in supporting best practice at the FDS. The Administrator is responsible for operationalising these documents, and can request further guidance or provide feedback as required regarding the provisions within Director issued policies and procedures.

The Administrator has sought to operationalise the Director's policies and procedures by undertaking a project to develop underpinning 'practice' documents. These practice documents are intended to provide FDS staff with specific guidance in relation to operationalising the Director's policies and procedures in day to day practice. While the Administrator issues these practice documents, the Director has continued to advise on the process throughout the year.

The upcoming year will see the Director commence a review and updating, where appropriate, of the Director's policies and procedures. The review of the policies and procedures will take into consideration the *Human Rights Act 2019*. The Director issued policies and procedures are already strongly aligned with the *United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)* as well as the *Forensic Disability Act (2011)* which stipulates the Director's role in upholding the same human rights of forensic disability clients. The *Human Rights Act 2019* will be expected to commence in its entirety on 1 January 2020, and all policies and procedures issued by the Director will have been reviewed and comply with this act by this time.

## Overseeing Client Benefit and Progress

The Director attends the FDS on a regular basis to discuss issues with the Administrator, Senior Practitioner and other FDS staff, and where possible meet with clients. An additional communication and monitoring process was established by the Director over the last year, requiring the Administrator to provide weekly reports to the Director's office regarding practice issues at the FDS. These reports assisted the Director to remain appraised of relevant issues at the FDS in relation to the involuntary detention, assessment, care and support and protection of forensic disability clients. This provided the Director with the information required to ensure the proper and efficient administration of the Act and to take actions necessary to perform the Director's functions.

A continuing systemic issue at the FDS is the absence of a suitable electronic information system. Without such a system the recording of legislatively related activities such as, the development and implementation of IDPs, the use of regulated behaviour control and LCT, relies on paper based records which makes it difficult to monitor and evaluate these practices. The Department has recently engaged an external consultant to identify whether the current electronic system can be streamlined, upgraded or replaced in order to enhance work practices at the FDS. The Director considers that this is an important element to improve the FDS ability to effectively monitor and record client data, evidence improvements or barriers to progress and ensure compliance with the legislation.

## Internal Reviews of Critical Incidents

To ensure the support, care and protection of clients is maintained during times of escalated client behaviour or any other reportable incident, the Director is fully appraised of critical incidents that occur at the FDS. The FDS must also report critical incidents to the Department as per policy guidelines when required.

The *Notification of Critical Incidents to the Director* Policy outlines the provisions for the Administrator to notify the Director of critical incidents, with detailed expectations to be followed. The FDS is required not only to notify the Director of critical incidents, but also any incidents of noncompliance, or suspected noncompliance with the Act. The Policy outlines the ongoing notification to the Director required to communicate the details of the management and follow up in addressing the incident, and changes to practice at the FDS to ensure the incident does not occur again in the future.

The Director has received formal and informal notification of critical incidents throughout the year. On two occasions, the Director initiated a comprehensive review into the care and support of clients in two separate incidents. The incident reviews sought to understand the factors related to the unfolding of the incidents, and consider any improvements that could be made by the service in regards to future management of similar situations. The review also looked to explore the decision making of FDS staff and made recommendations to improve the processes and best practice in managing critical incidents.

One review resulted in the Director's recommendation for the Department to further investigate the incident that occurred, as well as updating processes involved in contacting Senior Practitioners outside of business hours. Where there were findings outside of the scope of the investigations, these were separated and provided to the Department for review and action.

## Temporary Absence Approvals

As part of the Director's oversight function to ensure the rights and functions of disability clients at the FDS the Director is provided with the power to approve temporary absences from the FDS for the purpose of attending medical appointments, appearing in court or for other purposes the Director considers appropriate on compassionate grounds. During 2018-19 the Director approved a number of temporary absences for clients to receive medical treatment and on one occasion to permit a client to attend a funeral. All approved temporary absences were limited in duration and required FDS staff to escort the client whilst in the community.

## Regulated Behaviour Control

The Act has provisions and safeguards for the use of regulated behaviour control including behaviour control medication, mechanical restraint and seclusion. The Act aims to protect the rights of forensic disability clients by regulating the use of any regulated behaviour control, 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 Forensic Disability to ensure any use of regulated behaviour control is compliant with the Act and is the least restrictive way to protect the health and safety of clients or to protect others. The Regulated Behaviour Control policy and procedure directs the FDS to notify the Director of any potential and/or use of a regulated behaviour control so that the Director can implement any legislative provisions to cease or review its use, if deemed necessary.

There has been no use of behaviour control medication or restraint for any clients at the FDS and seclusion is rarely used with the exception of its use with one client. Seclusion is defined under the Forensic Disability 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 is only used as a last resort to manage extreme aggression and violence, and where there are safety concerns for other clients, staff and others.

Seclusion has been a long-standing approach to one client's management at the FDS and was utilised in a range of historic support arrangements prior to this client's admission to the FDS. This client requires a high secure environment due to his real and significant risk to himself, others and the community. It is often this client's preference to remain secluded and he can become highly threatening and aggressive if staff attempt to coerce him into leaving his area and interact with others when he prefers not to. As the FDS is a *medium* secure environment and is not an appropriate placement for this client, the FDS has adapted a living environment for this individual to best support his needs and the safety of staff. Seclusion for this client involves access to half of an FDS house including a living area, a bedroom, an activities room, a personal bathroom and two outdoor living spaces. This client manages the majority of his possessions, and has access to personal devices such as a television, games console, art projects and music player.

Numerous attempts have been made to decrease this client's risk and address his criminogenic needs including the provision of three separate lengthy periods of one-on-one psychological intervention provided by a forensic psychologist. FDS staff and management report that they prioritise planning how to best minimise the use of seclusion and the client's aggressive outbursts. Risk assessments occur at least on a three hourly basis to monitor the client's dynamic risk factors and determine if another seclusion order is required, or if the client can be supported to share space with others (and therefore end seclusion). However, due to the client's extreme challenging behaviour and rejection of offers to leave his area to engage with others, the client often remains in a secluded environment.

While in seclusion however, this client is provided with constant opportunities to engage and interact with staff via an open servery window. Staff are rostered on shift 24/7 with three staff rostered on for the majority of the day to allow for participation in activities and conversation and to create opportunities to leave his area and interact freely with others and activities. Staff regularly engage the client in games, art activities, cooking and interaction throughout the day both within his own living environment and in other areas of the FDS.

The Audit undertaken by the Director in 2018, identified several compliance issues with the recording and documentation of seclusion orders. The Administrator has reported improvements to a range of processes at the FDS to address these issues and support future compliance with the Act and use of regulated behaviour control, including:

- Reviews by the Senior Practitioner of all seclusion orders as a safeguard to ensure legislative compliance and provide feedback for improvement where necessary.
- Seclusion Orders being sent to the Director as soon as practicable after an Order has been made.
- The provision of training to staff.
- Operational staffing levels reviewed daily by the Senior Service Manager (SSM) to ensure the necessary level of staffing to manage and support all client's needs in the least restrictive manner.

## Criminal Proceedings

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

Although the FDS staff are trained to handle 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 or not they make a criminal complaint to the Queensland Police Service (QPS). FDS staff have the same rights and protections as any other member of the community and where staff choose to make a complaint to the QPS, the FDS will support them through this process.

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

During 2018-19, two clients were charged with committing serious offences against staff namely, assault occasioning bodily harm and serious assault of a public officer. For these charges the Director requested a Senior Practitioner Report into the alleged offences. A Notice of Suspension of Proceedings was also issued to the Chief Executive of Justice in accordance with sections 616 and 617 of the *Mental Health Act 2016*.

The client's obtained independent legal advice and representation in relation to the charges. The relevant parties elected to have the charges dealt with summarily in the Magistrates Court of Queensland and as such the matters did not require referral to the Mental Health Court.

The Director continues to work with the Administrator of the FDS to minimise the risk of harm to both staff and clients.

## Director's attendance at Mental Health Review Tribunal hearings

Under the *Mental Health Act 2016* client's forensic orders are reviewed by the Mental Health Review Tribunal twice a year. The Director has the right to appear at all Mental Health Review Tribunal hearings involving FDS clients. In 2018-19 the Director or her legal representative attended all hearings and made submissions in relation to the care, support and protection of all clients detained at the FDS.

## Appointment of Authorised Officer

There was only one appointment of an Authorised Officer during the 2018-19 year. The Director-General of the Department of Communities, Disability Services and Seniors as Chief Executive under the Act appointed Professor James Ogloff to undertake a review into clinical, administrative and operational matters at the FDS.

# National Disability Insurance Scheme

In 2018-19 all remaining clients who were continuing to receive Disability Services in Queensland transitioned to the National Disability Insurance Scheme (NDIS), including those clients residing at the FDS.

In 2018-19 only two forensic disability clients residing at the FDS had current NDIS plans in place. One client's plan contained funding for support coordination to assist with transition planning. Another client's plan was finalised and contained an extensive range of supports to enable this client to successfully transition from the FDS and access continued supports to live and actively participate in the community.

A third client who is detained to the FDS but does not reside at the FDS had a plan that contained an extensive range and high level of supports to enable him to safely live on the Wacol site under a positive behaviour support model of support, as per the Disability Services Act (2006), whilst continuing to be the responsibility of the Forensic Disability Service.

The Director has been involved in a working group considering the NDIS and applied principles for justice, including the interface with corrective services and the FDS. The justice principles indicate that the NDIS will support capacity and skill building related to a person's ability to live in the community post release. Unlike individuals in a custodial setting who have a clear timeframe for their detention, the FDS must consider and plan for the client's transition from the outset of the client's admission. Therefore, there is current consideration and negotiation regarding how the NDIS supports clients whilst they are detained to the FDS.

The NDIS 'complex support needs pathway' has been established by the National Disability Insurance Agency (NDIA) to provide specialist support to people with disabilities who have challenges impacting on their lives, including contact with the criminal justice system of being detained in a secure service. The complex support needs pathway provides a higher level of specialised supports in the person's NDIS plan including specialised planners and supports coordinators and will be fully implemented in Queensland after full transition to the NDIS after 1 July 2019.

It is the Director's view that all clients at the FDS should be automatically included in the NDIS complex support needs pathway to enable the provision for a specialist planner and supports coordinator upon admission to the FDS to ensure they are provided with an NDIS plan that will support successful transition to the community when appropriate. The Director will continue to work with the FDS, the NDIA, clients and their decision makers to ensure that the right supports are in place to support clients to successfully transition to the community when their rehabilitative and habilitative needs have been adequately addressed and risks are able to be managed. This will ensure that all FDS clients will benefit from the involvement of NDIS and ensure they have appropriate support and resources available to them throughout their time at the FDS. This also ensures that there is no delay for package development at the time a client is ready to transfer from the service, as this work will have been ongoing throughout their entire time at the FDS. It is hoped

that this will alleviate the impact of barriers that previous FDS clients have been exposed to in their return to community reintegration, by ensuring better supports and more individualised packages and plans at the time the client is ready to transition.

The NDIS provides the opportunity for clients to access funding and therefore supports that were not previously available, therefore enhancing timely transition from the FDS. There will now be the opportunity for community access services to work alongside FDS staff to support gradual reintegration to the community through LCT.

# Forensic Disability Service System Review

The Forensic Disability Act Review (FDA Review) was undertaken by the Department Communities, Disability Services and Seniors (DCDSS) at the same time as the independent system review - the Forensic Disability Service System Review (FDSS Review). The FDSS Review was commissioned by the then Department of Communities, Child Safety and Disability Services (DCCSDS) and Queensland Health and was completed in March 2018. The subsequent report – the Ogloff report, was provided to the Director, however at 30 June 2018 the FDA review was still being completed by DCDSS. These reports are to be tabled in Parliament and the Director is looking forward to working with the relevant government agencies to ensure recommendations to improve the service system can be enacted.

The Director advocated for client and family involvement in the systems review and ensured that Forensic Disability Review Steering Committee had opportunity to seek feedback from current and former clients of the FDS. The Director also provided feedback on the 'Proposed Forensic Disability System Model' developed by the Forensic Disability Review Steering Committee.

The review considered the FDS and the need for a forensic disability system as it was identified that the difficulty in transitioning clients for the FDS has been "compounded by the isolation and separation of the FDS from the wider disability and mental health sectors, having been established in the absence of a coherent service strategy with no clear linkages and exit pathways for clients to the wider service system (p. x)"[8]

[8] Ogloff, J.R.P., Ruffles, J., & Sullivan, D. (2018). *Addressing Needs and Strengthening Services: Review of the Queensland Forensic Disability Service System.* Unpublished Report, Centre for Forensic Behavioural Science, Swinburne University of Technology.

# Staff Development, Training and Promoting Community Awareness

The Director arranged and funded risk assessment training for two days in August 2018 to provide key FDS staff with the skills required to administer evidence based risk assessments for individuals with intellectual disability. The training in the specific risk assessment tool was provided by Professor Doug Boer, who was involved in the research and development of the tool and has significant forensic disability expertise.

In September 2018 and June 2019 induction training was provided by FDS and the Director's team to new FDS staff in relation to supporting and caring for forensic disability clients. Topics included policies and procedures, the Forensic Disability Act 2011, rehabilitation and habilitation, clinical risk assessments, individual development plans and the Forensic Disability System in Queensland.

In September 2018 the Director presented at a Mental Health Forensic Liaison Officer (FLO) symposium and provided information about FDS referral and admission processes, rehabilitation, transition challenges and future directions. Mental Health FLO's support clients on forensic orders in the community, and it is important they understand what the FDS may be able to provide to individuals. Presenting at this symposium was a valuable opportunity for the Director to outline and clarify a range of important information about the FDS including what clients can be referred, the programs available, the vision of the FDS and the transition pathway to return the client to their community of origin. The networking and presentation at the symposium aimed to increase understanding of what the FDS is designed to offer clients, and was reported to have been warmly received by those involved.

In November 2018 the Director's team presented to Queensland Corrective Services Psychologists on the topic of intellectual impairment/cognitive disability and offending, including the approach to working with clients at the FDS. Corrective Services specifically requested this presentation, due to the significant number of prisoners who they are working with who have a diagnosed intellectual disability, or whom they suspect of having an intellectual disability, not yet diagnosed. This training assisted staff to consider relevant research in relation to this cohort and outlined approaches and strategies used within the FDS.

In March 2019, the Director facilitated a visit to the FDS from the Public Advocate, her legal officer and the Commissioner of the Anti-Discrimination Commission Queensland. The aim of the visit was to provide them an opportunity to meet with clinical staff and clients and to present information about the clinical work and programs delivered by the FDS. The clinical team presented examples of client rehabilitative and habilitative work, and the Public Advocate and guests were also escorted to visit the three client accommodation houses and meet with clients and support staff.

In December 2018 the Director commissioned a behavioural expert and clinical psychologist Dr Gary Radler, to review the positive behaviour support approach currently being adopted by the FDS. Dr Radler specifically reviewed one client's PBSP and acknowledged the high quality of the

plan however, also made some recommendations for improvement. Dr Radler suggested the FDS could benefit from engaging a specialist PBSP supervisor to assist staff with plan implementation and recommended a review of the educational, training and support needs of the staff supporting this particularly complex client. A copy of Dr Radler's report was provided to the Administrator of the FDS for consideration in their approach to implementing a positive behaviour support approach.

One day introductory training in positive behaviour support was delivered to 10 staff members at the FDS in February 2019, delivered by the Centre of Excellence for Clinical Innovation and Behaviour Support (the Centre). Additionally, three staff members participated in the five day 'Positive Behaviour Support Writing Plans' course arranged and funded by the Centre.

# Future Directions

During the next financial year a new Director of Forensic Disability will be appointed following on from the recommendations of the Ogloff and Ombudsman's reports supporting a review of the role. The successful appointee will commence in January 2020 and will be responsible for establishing the strategic agenda for the Director, with a continued focus on increasing understanding and awareness of the needs of people with forensic and disability needs across the criminal justice, mental health, and disability service systems.

The priorities for the Director in the year ahead include;

- Increasing recognition of the role and function of the FDS, including its suitability only for people with the ability to benefit from its services and programs, who require a medium secure environment, are able to co-tenant and are able to transition to the community after a period of treatment
- Facilitating access for all FDS clients to access the NDIS Complex Support Needs Pathway with full NDIS implementation within Queensland, and ensuring specialist planners and supports coordinators are working alongside the FDS and the Director to ensure the transition of FDS clients into the community is both timely and supported
- Progressing and embedding changes resulting from the recommendations from the Ombudsman's report and the Section 157: Review of the operation of the *Forensic Disability Act 2011*, including the Ogloff report
- Preparing, and providing ongoing support in the implementation of the *Human Rights Act 2019* with a full review of all policies and procedures issued by the Director
- Continuing to provide specialist advice, oversight and support to the FDS to fulfil its legislative responsibilities, and identifying opportunities to support the FDS in building its capacity to provide quality programs and services to its clients.

# Glossary and short forms

The Director's Annual Report uses these short forms:

| Short forms | Full phrase |
|---|---|
| **AMHS** | Authorised Mental Health Service(s) |
| **CHART** | clinical habilitation and rehabilitation teams |
| **DCCSDS** | The former Department of Communities, Child Safety and Disability Services |
| **DCDSS** | Department of Communities, Disability Services and Seniors |
| **DIRECTOR** | The Director of Forensic Disability |
| **FDS** | Forensic Disability Service |
| **IDP** | individual development plan |
| **LCT** | limited community treatment |
| **MHA** | *Mental Health Act 2016* (Qld) |
| **MHC** | Mental Health Court |
| **MHRT** | Mental Health Review Tribunal |
| **NAIDOC** | National Aborigines and Islanders Day Observance Committee |
| **NDIA** | National Disability Insurance Agency |
| **NDIS** | National Disability Insurance Scheme |
| **NGO** | non-government organisation |
| **PBS** | positive behaviour support |

The Director's Annual Report uses these defined terms:

| Defined term | Meaning |
|---|---|
| **Act, the** | The *Forensic Disability Act 2011* (Qld) |
| **Administrator** | The Administrator of the Forensic Disability Service |
| **Chief Psychiatrist** | The chief psychiatrist is an independent statutory officer under the *Mental Health Act 2016* (Qld). The primary role of the chief psychiatrist is to protect the rights of voluntary and involuntary patients in authorised mental health services and ensure compliance with the *Mental Health Act 2016* (Qld). |
| **Director** | The Director of Forensic Disability |
| **Director-General** | The Director-General, DCDSS (formerly, the Director-General, DCCSDS) |

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|---|---|
| **Forensic Disability Client** | Section 10 of the *Forensic Disability Act 2011* (Qld) defines a forensic disability client as an adult who has an intellectual or cognitive disability for whom a forensic order (disability) is in force if, under the *Mental Health Act 2016* (Qld), the Forensic Disability Service is responsible for the adult. |
| **Forensic Disability Service** | The secure residential facility at Wacol, Queensland, for people with an intellectual disability who are subject to a forensic order (disability) |
| **Forensic Order (Disability)** | Forensic order (disability) is defined in section 134 of the *Mental Health Act 2016* (Qld). |
| **Information Notice** | An information notice is a notice that entitles the applicant for the notice, or the applicant's nominee, to receive relevant information provided for in Schedule 1 of the *Mental Health Act 2016* (Qld) about the forensic disability client from the Director or Chief Psychiatrist. |
| **Limited Community Treatment** | Under limited community treatment, a client receives care and support in the community for up to seven days. |
| **Mental Health Court** | The Mental Health Court decides whether a person charged with a criminal offence was of unsound mind or diminished responsibility when the offence was allegedly committed or is unfit for trial. The court also hears appeals from the Mental Health Review Tribunal and inquiries into the lawfulness of a patient's detention in authorised mental health services. |
| **Mental Health Review Tribunal** | The Mental Health Review Tribunal is an independent statutory body under the *Mental Health Act 2016* (Qld). The primary purpose of the Mental Health Review Tribunal is to review the involuntary patient status of persons with mental illnesses, as well as individuals subject to a forensic order (disability). |
| **Queensland Health** | The Department of Health |