

Appendix

Appendix A: D Mulkerin response to A Reilly, 23 July 2024



Office of the
Director-General

Department of
**Child Safety, Seniors
and Disability Services**

Your reference: 2022/08221

Mr Anthony Reilly
Queensland Ombudsman
investigations@ombudsman.qld.gov.au

Dear Mr Reilly

Response to proposed Forensic Disability Service second report

Thank you for your letter of 4 July 2024 regarding your office's investigation of the implementation of recommendations made in the 2019 Forensic Disability Service report and the proposed report for this investigation.

I appreciate the time you and your team made available to brief the department on the proposed report. Following this meeting Mr Matthew Lupi, Deputy Director-General, Disability Accommodation, Respite and Forensic Services, sought to clarify a few aspects of the report with Ms Tracy McNally, Acting Principal Investigator. These matters included:

- Clarifying that the snapshot reference to publishing operational practices would be updated to be consistent with wording on page 7.
- Discussing the use of the phrase "no longer detaining" on pages 14 and 18.

I understand that in addition to this the department has provided your office with a further three documents that relate to the Conflict of Interest Policy and the Memorandum of Understanding with the Director of Forensic Disability. I note these additional documents may assist to deal with some of the matters raised in the proposed report including Recommendation 7 and, as such, the final report may be updated accordingly.

Our formal response to the Proposed Report is attached.

I understand the Director of Forensic Disability will be providing a separate response in her capacity as an Independent Statutory Officer.

I look forward to receiving your final report, at which time we will respond specifically to each recommendation, including our proposals to implement them.

Should you require any further information or assistance in relation to this matter, please contact Mr Matthew Lupi on 3097 6346 or email to Matthew.Lupi@dndsatsip.qld.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to read "D Mulkerin".

Deidre Mulkerin
Director-General

23 / 7 / 2024

Enc (1)

Attachment 1

Response to Proposed Report – Ombudsman Act 2001 (Qld) s50

Forensic Disability Service – second report

The department welcomed this investigation and visit to the service from the Ombudsman in February 2023. Significant work had been undertaken to respond to the recommendations of the Ombudsman's 2019 Report following an extensive own-initiative investigation in 2018.

We welcome the findings of this report and the conclusions that significant improvements have been made since 2019. As a result of the implementation of recommendations from that report there has been marked improvement in many areas and most notably in the effective care, treatment and transition of clients. This second report shows that the benefits of the first investigation are being realised.

The department is particularly proud of the achievements that we have made in relation to the effective treatment, rehabilitation, transition and reintegration into the community of clients over the past five years. Pleasingly, of the seven clients at the Forensic Disability Service (FDS) during the 2021-22 period of this investigation, four have successfully transitioned and reintegrated back to community, one was returned by the Mental Health Court to a health setting that was considered more suitable and the remaining two are well on their way to transitioning to less restrictive settings in the community.

Opinions

The department notes the opinions related to the use of seclusion orders and the need to improve assessment, documentation and importantly considering Human Rights in the context of cumulative harm where orders are used frequently with any client.

The department will respond fully to Recommendations 10, 11 and 12 in partnership with the Director of Forensic Disability upon receipt of the Final Report.

Progress since 2019 Report

Practices, policies and procedures

Operational practices are reviewed every two (2) years or sooner if there are emerging issues and changes in policies issued by the Director of Forensic Disability. They are easily accessible to all staff electronically and in hard copy. (Refer Page 7)

Staff receive thorough training through induction on the practices and complete a Policy, Procedure and Operational Practice (PPOP) workbook which is an assessment-based tool to reinforce staff understanding of operational practices. Responses are reviewed and assessed by an Operational Team Leader, with feedback provided and included in performance discussions with staff. (Refer Page 8)

Individual Development Plans (IDPs) and Programs and Activities

I am pleased that you were able to observe the improvements made to IDPs and the Clinical Services and Programs delivered at the FDS. (Refer Page 9)

Attachment 1

I can advise that further changes have been made since your investigations began in early 2023 that address some of the areas you have highlighted as areas for improvement. Specifically:

- The process for IDPs was updated in 2023 and came into effect over the last six months.
- IDPs now include the program offered to and delivered for each client. The clinical assessment informs the plan and program offerings to respond to the identified rehabilitation and habilitation needs and this is now outlined in the clinical treatment plan that covers specific program provision and treatment for each client.
- These details are added to the client's individual treatment goals with progress or changes updated ongoing in their treatment plan.

Medication safety and security

I note the observation of improvements to record keeping regarding medications administered to clients. The current electronic record keeping system, Forensic Disability Act Information System (FDAIS), already has capacity to record all regulated behaviour control decisions including recording where medication is administered for behaviour control. (Refer Page 13)

There were no instances where medication was approved for or used for behaviour control. If there were there is existing capacity to record this in FDAIS.

That said, the department supports increasing the functionality of the system to include record keeping for all medications administered to clients including those not for regulated behaviour control.

Police attendance at the FDS

The advice provided by the department in 2019 around police attendance was specific to one client at that time. The statement, that the use of police for that client during the period of 2011 to 2018 (the review period) was not a form of behaviour control was correct.

The later reference to police attendance (2022) was for a different client and was deemed necessary at that point to respond to significant risk to staff, public and client safety. All other strategies to manage and regulate the client behaviour at the time had been unsuccessful.

The two statements are not incompatible or contrary. The comment in 2022 does not invalidate the earlier statement as they were specific to an individual at a point in time. (Refer Page 13)

Legal responsibility for person not at FDS

The department did receive legal advice that included a very clear description of the roles and responsibilities of the FDS and the Senior Practitioner in relation to the client not residing at the FDS at the time. This advice remains current and would apply if the circumstances were repeated for a client into the future. (Refer Page 15)