

Department of Families, Seniors, Disability Services and Child Safety

## Short Term Approval: A Guide for Service Providers

The Department of Families, Seniors, Disability Services and Child Safety (the department) is committed to ensuring that adults with intellectual or cognitive disability are supported in appropriate ways which ensure personal safety while actively considering the adult's rights and needs.

The department is committed to respecting, protecting and promoting human rights. Under the Human Rights Act 2019, the department, as a public entity, has an obligation to act and make decisions in a way that is compatible with human rights and, when making a decision, to give proper consideration to human rights.

This Fact Sheet gives service providers a brief overview of the short term approval provisions of the Disability Services Act 2006 (The Act) and the Guardianship and Administration Act 2000.

### What is a short term approval?

A short term approval provides time-limited authority to use a restrictive practice. This provides time for assessing the adult's longer-term needs and, if required, obtaining a full approval or consent for the use of a restrictive practice by the authorising body as detailed in a Positive Behaviour Support Plan.

A short term approval can be made for a maximum of six months where:

- there is an immediate and serious risk of harm to the adult or others
- the restrictive practice is the least restrictive way of ensuring the safety of the adult or others.

### When to seek a short term approval

A short term approval may be appropriate after an emergency (e.g. a critical incident where a restrictive practice is used) or where a disability service provider first identifies the need for a restrictive practice (e.g. a new adult enters a service with a known history of behaviour that causes harm).

There are some instances where a short term approval cannot be given. This can include where there is:

- a containment or seclusion approval is in place for the adult
- a guardian for a restrictive practice (general) matter is already appointed and has made a decision about the use of the restrictive practice.
- a guardian for a restrictive practice (respite) matter and the relevant service provider proposes to contain or seclude the adult in the course of providing respite services or community access services to the adult.

### Short term approval decision makers

There are two decision makers who can give a short term approval:

- The Public Guardian.
- The Chief Executive of the department. Principal Clinicians are the Chief Executive's delegates.

For containment and/or seclusion (whether or not other restrictive practices are being used), short term approval can only be given by the Public Guardian.

For all other types of restrictive practice (where containment or seclusion is not used), short term approval must be sought from a Principal Clinician.

## **Requesting a short term approval**

To request a short term approval, a service provider can contact the decision maker to discuss the situation. The service provider will provide the information the decision maker needs to make a decision using the relevant short term approval application form (depending on if the decision maker is the Public Guardian, or the Chief Executive of the department). If a service provider is in any doubt about whether or not a practice is a restrictive practice, they should submit an application to the decision maker to make that decision. The decision maker must also consult with relevant interested parties such as the adult, their guardian or informal decision maker.

The decision maker will send a Notice of Decision to the service provider and other appropriate applicants in regards to their Short Term Approval Application. If a short term approval is given the decision maker must outline:

- the period for which the approval has effect
- the conditions under which the approval is subject.

Once a short term approval is provided, the service provider should seek full approval/consent and start developing the Positive Behaviour Support Plan as soon as possible.

The service provider must also notify the department about approvals given for use of restrictive practices within 14 days of receiving the short term approval. This must be done through the Online Data Collection (ODC) reporting.

## **When a delegate does not have enough information to make a decision about the use of restrictive practices (not containment or seclusion)**

Sometimes a delegate is unable to make a decision about the short-term use of a restrictive practice, for example where the practice is outside the definitions of a restrictive practice as defined in the Act. Where a delegate requests further information within a timeframe, and the right information is not received, the delegate may be unable to make a decision about the application, or they may make a decision based on the information provided at that time.

Where a delegate is unable to make a decision or not approved an application and the restrictive practice is used, service providers must report the use as unauthorised use to NDIS Quality and Safeguards Commission as required.

## **Changing or extending a short term approval**

A short term approval can only be changed under exceptional circumstances. A short term approval cannot be extended, but a further period of approval can be requested under exceptional circumstances. In both instances, the service provider will need to discuss any such circumstances with the decision maker.

## **When a short term approval ends**

A short term approval ceases when:

- a QCAT containment or seclusion approval is given or not given
- a guardian for a restrictive practice (general) matter is appointed and gives, or refuses to give, consent to the service provider to use the restrictive practice

- the term of the approval expires
- the service provider identifies the restrictive practice is no longer needed.

In most cases it is the service provider's responsibility to inform the decision maker of the need to end an approval.

The service provider must also notify the department in the approved form when the short term approval stops having effect. This is form 6-5 "Notification of change to a restrictive practice approval (includes cessation)" and is completed on the Online Data Collection (ODC).

Form 6-5 is available via [this ODC page](#).

## Other information

A service provider may seek a review of a short term approval decision by applying to QCAT.

## Contact details

Telephone the decision maker for containment and/or seclusion (the Public Guardian) during office hours on 1300 653 187 to discuss a short term approval application.

For more information or to make an application for restrictive practices other than containment and/or seclusion, please contact the Restrictive Practice Operations team (see [Contact Information](#)).

## What information should I have available?

When requesting a short term approval, to speed up the approval process, the service provider is to have the following information available at the time of the initial conversation with the decision maker:

- The adult's details, including confirmation that the person is an adult with an intellectual or cognitive disability with impaired decision- making capacity about the use of restrictive practices.
- Service provider details including the location of the service outlet, what disability service is being delivered to the adult, and details of any other disability services involved in the adult's support.
- Information on previous or existing restrictive practices in use, including details of requests for a restrictive practice including where QCAT or a guardian for a restrictive practice matter has approved/not approved a restrictive practice.
- Any guardian or substitute decision maker appointments relating to the adult.
- A description of the behaviour and harm caused to the adult or others including the immediate and serious risk of harm to the adult or others.
- Where a number of critical incidents and an unapproved restrictive practice has been used, information in relation to the incident review and risk management strategies.
- A description of the restrictive practices used or required and alternative less restrictive strategies that the service provider has attempted which have proven unsuccessful.
- If chemical restraint is being requested, the name and contact details of the treating doctor and details of the consultation, including the treating doctor's views.
- If the adult is on a forensic order or an involuntary treatment order under the *Mental Health Act 2000*, whether the authorised psychiatrist has been consulted and, if so, their views.
- How the restrictive practice is the least restrictive way of ensuring safety.
- The views of the adult's significant others to the use of the restrictive practices.

- 
- The appropriateness of consulting with the adult directly.

The '[Short term approval application form](#)', available on the website, assists in gathering this information. All information must be documented in the form with evidence attached (e.g. clarification of purpose of medication, behaviour recording) as described on the application form.

## **Further Information**

For more information, contact the Restrictive Practice Operations team on 1800 902 006 – Option 2 or at [rpo\\_restrictivepracticeapprovals@dcssds.qld.gov.au](mailto:rpo_restrictivepracticeapprovals@dcssds.qld.gov.au).