

Research – Modified Vehicle Purchases

There has been a theme developing in requests before the AAT for the Agency to purchase a vehicle and then to also fund modifications to the vehicle.

In an effort to assist participants/applicants in identifying appropriate pathways to purchase their own vehicle, we would like to compile a list of resources including the following:

Brief

- Low Income Loan resources
- Pre-owned modified vehicles for sale (is there a database/website etc. where these are listed? What are the safety requirements when selling/purchasing a pre-owned modified vehicle?)
- Community Organisations who assist in fundraising

What wheelchair accessible ride share services are available and where? (e.g. Uber WAV was being trialled in Australia in 2018, GoGet was a service available at Royal North Shore Hospital)

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|---------------------|--|
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Please note:

The research and literature reviews collated by our TAB Research Team are not to be shared external to the Branch. These are for internal TAB use only and are intended to assist our advisors with their reasonable and necessary decision-making.

Delegates have access to a wide variety of comprehensive guidance material. If Delegates require further information on access or planning matters they are to call the TAPS line for advice.

The Research Team are unable to ensure that the information listed below provides an accurate & up-to-date snapshot of these matters.

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2 Low Income Loan Resources

There are various websites that compare fixed and variable interest rates for personal loans as well as payday loan lenders. However, it isn't appropriate to provide links as these companies are often paid advertising fees by lenders and payday lenders can often end up being more expensive due to excessive administrative and establishment fees. Only government approved and not-for-profit organisations are presented below.

2.1 MoneySmart

[Moneysmart](#) is run by the Australian Securities and Investments Commission (ASIC), the corporate, markets, financial services and consumer credit regulator in Australia.

Its aim is to help Australians of all ages, backgrounds and incomes to increase their financial wellbeing and build a better life. Through the Moneysmart website they:

- encourage saving
- provide simple steps for the 1 in 3 people who feel stressed and overwhelmed by money
- encourage informed use of financial products and services
- increase retirement preparedness
- provide specialist support for priority audiences

They provide assistance with the below area:

- Managing your money
 - Financial counselling
 - Urgent help with money
 - Save for an emergency fund
 - Managing on a low income
 - Problems paying your bills
- Reduce you debt
 - Get debt under control
 - Pay off your mortgage faster
 - Debt consolidation
 - Switching home loans
- Plan for your future
 - Saving
 - Grow your super
 - Develop an investing plan
 - Financial advice
 - Life insurance
- Grow your wealth
 - Buying a house
 - Investor toolkit
 - Choose your investments
 - Shares
 - Managed funds and EFTs
- Tools and resources
 - Budget planner
 - Choosing a financial advisor
 - MySuper funds list
 - Superannuation calculator
 - Unclaimed money

2.2 Good Shepherd

[Good Shepherd](#) are a charitable organisation that support women, girls and families experiencing hardship. They provide various financial services including:

- No Interest Loans (NIL) – up to \$3,000
- Insurance – affordable and simple insurance policies
- Good Money Stores – financial services for people on low incomes

3 Locating Pre-Owned Modified Vehicles

Many of the suppliers of new modified wheelchair accessible vehicles sell used or demonstrator vehicles. These listed on each individual website and are often in high demand (some note they sell out before being listed on their website).

The E-Bility and Car Sales website appear to have the most used vehicles listed. They are the easiest to navigate and show vehicles from across the country.

Unable to find any safety requirements for sellers or purchases of pre-owned modified vehicles. It is generally the purchasers' responsibility to research a particular vehicle and have it inspected by a qualified mechanic before purchasing.

3.1 [Car Sales](#)

The Car Sales website doesn't have a feature which allows for the identification of wheelchair modified vehicles. However, you can keyword search 'disability' or 'wheelchair' and cars which match this description will be shown.

3.2 [E-Bility](#)

E-Bility is an accessible marketplace for all disability equipment and products. E-Bility is owned by the not-for-profit organisation IDEAS.

The website advertises private, commercial ex fleet or refurbished disability access vehicles. Cars are listed by individuals sellers with descriptions provided.

3.3 [Fabcar](#)

Fabcar stock a wide range of new and used wheelchair accessible vehicles for sale in Perth, Western Australia.

3.4 [Freedom Motors Australia](#)

Prices not listed but can be requested.

List the vehicle details (year, model, fuel type, petrol, colour, and odometer), modification details, inclusions, condition.

3.5 [Wheelchair Vehicle Sales](#)

Queensland business Wheelchair Vehicle Sales supply quality used vehicles from Japan that are factory modified. They currently have government approval to import 52 different vehicles models ([see compliance page for list](#)). A Description and vehicle details are provided for each vehicle.

3.6 [Integrity Care Sales and Rentals](#)

Integrity Car Sales and Rentals have a diverse range of wheelchair accessible cars and vehicles for sale. The modified vehicles advertised for sale are converted or manufactured specifically for disability access in mind.

All cars have Engineers Certificate and comply with the Australian Design Rules.

1. All disability vehicles are checked, tested, serviced and come with log books and warranties
2. All Wheelchair Car Conversions are done by the vehicle manufacturer to the highest standards

Various wheelchair access vans and van customisations include:

- Private and commercial use
- New and used existing vehicles for wheelchair car access
- Sloping mechanism
- Swivel chair
- Front seat or back seat passenger options available
- Multiple disabled access options available, i.e. two wheelchair positions available

3.7 [Auto Mobility](#)

Supplier of Wheelchair Access Vehicles (new and demonstrator models). They offer nation-wide service and repair, quality assurance and after sales support. They can provide multiple options including driver's seat, front passenger, and second or third row conversions.

3.8 [Mobility Vehicle Sales](#)

Company based in Adelaide, South Australia. For interstate buyers, vehicles can be transported all over Australia to your door. They advise to contact them with requirements as vehicles often sell before being listed on their website.

Imported vehicles are handpicked from Japan. The company "have nearly 25 years vehicle importing experience".

3.9 [Import Revolution](#)

Service the Melbourne, Geelong, Bendigo, Ballarat, and Gippsland areas regions. Provide imported cars which adhere to the Australian Design Rules through a registered automotive workshop. Sell new and used wheelchair accessible vehicles.

3.10 [Nation Wide Mobility Vehicles](#)

Located on the Sunshine Coast. List a range of vehicles such as Toyota Noah, Nissan Cube, Toyota Hiace, Toyota Porte, Toyota Tarago and Kia Carnival.

3.11 [MotorMan Imports](#)

Registered motor vehicle dealer at sells second hand wheelchair vehicles.

3.12 [East Coast Commercials](#)

Sell wheelchair buses and vans. No information provided on types or safety requirements.

3.13 [Insurance](#)

[Blue badge insurance](#) offers insurance for cars that have been converted for drivers or passengers with a disability. Other insurance companies can often see disability modifications as risks which leads to higher premiums. Some of the benefits include:

- Discounted premiums, by up to 25%^, for Disability Parking Permit users.
- New for old replacement option for disability conversions.
- Cover your family, friends, carers or support workers who drive your car.
- Monthly repayment options available.
- Up to \$5,000 cover for assistive technology (wheelchair, walkers, mobility scooter etc.) while in your car.

4 Community Fundraising Organisations

4.1 [Variety Vehicle Modification Grant](#)

Variety provides up to \$10,000 towards the modification of a vehicle to make it possible for a child to access and travel in the family vehicle, something they are currently unable to do due to their disability.

Vehicle modifications include changes to a vehicle or the installation of equipment in a vehicle that will enable a child to gain access to the vehicle. This can include enabling the child to:

- Get in and out of the vehicle with or without a wheelchair.
- Carry their wheelchair in or on the vehicle without lifting.
- Be transported safely whilst seated in their wheelchair.

4.2 [Sunshine Butterflies](#)

Sunshine Butterflies offers a 'Personal Fundraising Initiative' to assist families, individuals, and disability groups or clubs to raise funds for various supports. Through Sunshine Butterflies:

- Members are able to raise the funds needed to achieve their goals by using the security of a registered charity with deductible gift endorsement.
- Sunshine Butterflies will help members create their own personal fundraising page online.
- Members are able to send their page link to friends, family and colleagues who can read their story, make a donation and leave a personalised message.
- Personal Fundraising allows prospective donors to give directly to an appeal of their choice.
- Creating a personal fundraising page is quick, easy and most importantly secure. Donations are collected online and automatically transferred to Sunshine Butterflies who will then allocate the amount to the individual, family or group once the desired goal is reached.

4.3 Vehicle Modification Subsidy Scheme

Administered by the State Wide Equipment Scheme. Maximum subsidy of \$10,000, per person, over a seven year period.

A VMSS subsidy is not available as a contribution towards the cost of:

- the vehicle
- modifying multiple vehicles
- non-disability-specific items such as rear-vision cameras, rear-parking sensors, global positioning system devices, mirrors and cruise control
- vehicle transmission conversion
- vehicle running costs, statutory charges or insurance premiums
- modifications to vehicles owned by organisations
- items of second hand vehicle related modifications

Refer to the Vehicle Modification Subsidy Scheme [guidelines](#) for further information on eligibility and inclusions.

4.4 Australian Lions Foundation

The Australian Lions Foundation provides various grants that may possibly cover vehicle purchases or modifications.

General grants: must be for specific items and not for general or central funds. Projects for which support is sought must be community based welfare projects

Special Purpose Grants: To provide help and assistance in all forms for community welfare on a National, State or District basis. Such Grants may have conditions imposed, as regards use of the funds and ultimate accountability, as are deemed necessary. No matching funding shall be required for a Special Purpose Grant.

Compassionate Grants: Grant of funds to a person or families that are suffering financial hardship through illness or other necessitous circumstances judged worthy by the Trustees. In the first instance the applicant should contact the "Chairman of the Australian Lions Foundation" explaining details of the circumstances.

4.5 [Rotary Australia](#)

In January 2017, Rotary Australia announced its [Compassionate Grants program](#) to help Australians in need.

Grants are assessed by the Rotary Australia Benevolent Society (RABS) and funds distributed to **disadvantaged Australians** identified by local Rotary Clubs or Rotary Districts as being in need within their local or wider community.

Projects granted funding must meet RABS criteria for registration. They must provide direct relief to people in need. If the intended recipients are disadvantaged, the relief should target that disadvantage.

The concept of disadvantage is unlimited and could have arisen from sickness, suffering, distress, misfortune, disability, destitution, helplessness or poverty, any aspect of the negative side of the human condition. The criteria are not prescriptive but are to be used as a guide to determine the disadvantage.

[Example of projects funded](#) where person or group was potentially disadvantaged under the above criteria:

- **Provision of a modified family motor vehicle for a 6 year old with cerebral palsy**
- Modifications to a home to assist access and functionality for a quadriplegic
- Financial assistance for a seriously injured sportsman's family
- [Ongoing support for non PBS medicines](#) for a sufferer of Lymes disease
- Provision of a specialised bed for a person with Parkinson's Disease
- Supply insulin pumps to three children with juvenile diabetes
- Provision of improved prosthetics for an amputee
- Assistance to a family who lost everything in a fire
- Provision of financial assistance to a young family whose mother drowned

5 Wheelchair Accessible Ride Share Services

5.1 [Uber](#)

No evidence that Uber Wheelchair Accessible (WAV) is available in Australia. There are various reports of trials in Brisbane and Newcastle approximately 5 years ago. A *submission to the Inquiry into the operation of the Point to Point Transport (Taxis and Hire Vehicles) Act 2016* [1] found that:

- 1) The trial supported only a limited number of riders.
- 2) Success of the trial was limited due to eligible Taxi Transport Subsidy Scheme (TTSS) members not being able to use subsidies on Ube, and therefore are unable to compete on price.

In March 2020, Commercial Passenger Vehicles Victoria (CPVV) announced a pilot with Uber, inviting existing scheme members in the Greater Geelong area to use their subsidies through Uber [1].

Subsidies can be applied to a range of products including Uber X, Uber Assist and Uber XL, providing people with a permanent disability a greater choice in their transportation options.

Uber Assist uses certified drivers who can give special assistance to riders who may need extra help. Drivers can help load and unload assistive devices that can fit in the trunk of a standard sedan once folded or disassembled. The 'transport for all' report conducted by the Disability Resources Centre found that no participants in their survey used Uber assist as vehicles were never available when they needed them [2]. Others reported not wanting to use the service as they "*...did not feel that the drivers were adequately trained or regulated.*"

5.2 GoGet

Car share company [GoGet](#) has a Kia Carnival that is wheelchair accessible.

The car is available at a site located at the Royal North Shore Community Health Centre. 2 Herbert Street, St Leonards, NSW, 2065.

6 References

1. Uber. Submission to Inquiry into the operation of the Point to Point Transport (Taxis and Hire Vehicles) Act 2016. 2020. Available from: <https://www.parliament.nsw.gov.au/lcdocs/submissions/68063/0083%20Uber.pdf>.
2. Disability Resources Centre. Transport for all. 2019. Available from: <https://drc.org.au/wp-content/uploads/2018/11/drc0001-transport-report-online.pdf>.



Technical Advisory Branch (TAB)

Guide to Restrictive Practice Processes by Australian state and territory

Seclusion
Chemical
Mechanical
Physical
Environmental

April 2022

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Purpose

This document is a guide concerning the entities responsible for the authorisation for each of the regulated restrictive practices (RRP) (seclusion, chemical, mechanical, physical, and environmental) in each of the Australian states and territories.

The guide has been developed to assist TAB Advisors who provide advice on behaviour supports and restrictive practices, and should be read in conjunction with:

- [National Disability Insurance Scheme Act 2013](#)
- [NDIS Quality and Safeguards Commission Positive Behaviour Support Capability Framework](#)
- [NDIS Quality and Safeguards Commission Regulated Restrictive Practices Guide](#)
- [NDIS Quality and Safeguards Commission Regulated Restrictive Practices with Children and Young People with Disability](#)
- [National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018](#)
- [National Disability Insurance Scheme \(Provider Registration and Practice Standard\) Rules 2018](#)

Restrictive Practices

Restrictive practices are 'any practice or intervention that restricts the rights or freedom of movement of a person with a disability' (NDIS QSC, 2020). The NDIS (Restrictive Practices and Behaviour Support) Rules 2018) state that regulated restrictive practices (RRP) involve any of the following:

- **seclusion:** sole confinement of a person with a disability in a room or physical space, any hour of day or night, where voluntary exit is prevented, not facilitated or implied it is not permitted (Australian Government, 2018a). Seclusion does not include a person who chooses to have quiet time on their own in their room where they are able to come out at any time. It also does not include someone choosing to lock their door for privacy, where they are able to unlock the door and exit whenever they choose to (NDIS QSC, 2020).
- **chemical restraint:** use of medication or chemical substance for the primary purpose of influencing behaviour (Australian Government, 2018a). It does not include medication prescribed by a medical practitioner for the treatment of diagnosed mental disorder, physical illness or physical condition (Australian Government, 2018a). Chemical restraint does include use of medication to achieve menstrual suppression without informed consent of the person (NDIS QSC, 2020).
- **mechanical restraint:** use of a device to prevent, restrict or subdue movement for the primary purpose of influencing behaviour. It does not include use of devices for therapeutic or non-behavioural purposes (Australian Government, 2018a). A device used for safe transportation is not a mechanical restraint, however any device used during transport to prevent a behaviour of concern for safety reasons is considered a mechanical restraint (NDIS QSC, 2022).
- **physical restraint:** use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour (Australian Government, 2018a). It does not include if a person needs assistance in daily living activities to complete a task safely and accepts this support. For example, if the person needs physical help with dressing or brushing their teeth; it also does not include hand-on reflexive responses to guide or redirect a person from harm or injury (NDIS QSC, 2020).
- **environmental restraint:** restriction of a person's free access to all parts of their environment, including items or activities (Australian Government, 2018a).

New South Wales

Entity Responsible: NSW Government, Family and Children Services (Central Restrictive Practices Team (CRPT), 2019)

Authorisation process (CRPT, 2019a; CRPT 2019b)

1. Behaviour support plan is developed,
2. Informed consent is obtained by the participant or their guardian,
3. Authorisation is approved by a Restrictive Practices Authorisation (RPA) Panel managed through internal policy and procedures of the registered NDIS provider.

An RPA Panel must include a minimum of three roles:

1. A senior manager familiar with the operational considerations around the use of a restrictive practice in the intended service setting, who chairs the RPA Panel,
2. A specialist with expertise in Behaviour Support, can be provided by FACS or sourced by other means,
3. And a person who is independent of the service provider.

Where behaviour support expertise comes from a person external to the provider who is also not connected to the person with disability, they may serve both behaviour support and independent roles on the panel. In this scenario, the panel is made up of two people:

1. A senior manager familiar with the operational considerations around the use of a restrictive practice in the intended service setting, who chairs the RPA panel,
2. A specialist with expertise in behaviour support, can be provided by FACS or sourced by other means, and who is independent of the service provider.

The Behaviour Support Practitioner, delivering behaviour support, must participate in the RPA meeting to answer questions from the panel.

Interim Authorisations (CRPT, 2019a)

When there is a clear and immediate risk a restrictive practice may need to be used in the absence of a Behaviour Support Plan (BSP). In these circumstances an Interim BSP must be developed within one month of the use of regulated restrictive practice. Interim authorisation can be provided by a senior manager of the NDIS provider who specifies the length of time for which the interim authorisation applies, not exceeding five months.

Management of non-intentional risks (CRPT, 2019a)

Strategies to manage ‘non-intentional risk behaviours’ do not require authorisation. An appropriate allied health assessment must be used to identify whether behaviours are intentional or non-intentional. If the assessment determines that the behaviour is non-intentional, the response to this behaviour does not require authorisation under the RPA Policy. However, providers should be guided by the NDIS Commission as to whether the circumstance requires a BSP and should comply with reporting and other requirements in line with the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

These include:

- Behaviours that create physical risk related to mobility, transitioning or accidental movement
- Resistance to support for activities of daily living – behaviours that demonstrate discomfort associated with daily activities (i.e. shaving or brushing teeth)

Unsafe actions that unintentionally place the person at risk (i.e. no knife safety, reaching for a hot kettle, wandering out the front door without awareness of road safety) (CRPT, 2019a)

Lawful Orders

In New South Wales lawful orders, such as an extended supervision order, can direct legally binding restrictions on a person. Lawful orders are considered an authorised restrictive practice (CRPT, 2019a). The practice should still be referred to an RPA panel within 6 months for the purpose of evaluating how the order requirements are integrated into the BSP and its implementation (CRPT, 2019b). The RPA should be provided with a BSP developed after functional behaviour analysis by a registered behaviour support practitioner (CRPT, 2019a). The BSP must include details and limits of the restrictions allowed under the lawful order. Restrictive practices used beyond those permitted by the order must be authorised in the usual manner (CRPT, 2019b). Lawful orders can be placed for up to 5 years, and the Supreme Court can extend the order (CRPT, 2019a).

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| Environmental Restraint | <p>Consent:</p> <p>Under 18: Parent/Guardian OR the person with parental responsibility (e.g. the Minister for Family and Community Services) (CRPT, 2019a).</p> <p>Over 16: Consent from the person if they have capacity OR a guardian OR a person responsible (if previously agreed), OR as directed by an RPA Panel in limited circumstances (CRPT, 2019a).</p> <p>Others impacted by environmental restraint, for example, using a physical barrier like a locked door. A practice authorised as an</p> |
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| | <p>environmental restraint for a person using behaviours of concern is not, however, automatically authorised for use with any other person. In these cases, an RPA Panel must determine whether it is appropriate to authorise the use of the restrictive practice for all members of the household (NSW Family and Community Services (NSW FCS, 2020a).</p> |
| <p>Mechanical Restraint</p> | <p>Consent: Under 18: Parent/Guardian OR the person with parental responsibility (e.g. the Minister for Family and Community Services) (CRPT, 2019a) Over 16: Consent from the person if they have capacity OR a guardian with a restrictive practices function, including a person appointed by the Guardianship Division of the NSW Civil and Administrative Tribunal (CRPT, 2019a).</p> <p>Applying a mechanical restraint may also require physically restraining the person temporarily (NSW FCS, 2020b).</p> <p>Transportation- interventions to enable safe transportation are not considered mechanical restraint, and do not need to be authorised. e.g. buckle guard for a seat belt, 'child lock' on a door, adjustable vest to prevent unsafe unintentional movement in the vehicle. However it may be considered mechanical restraint if the primary purpose is to manage behaviour.</p> <p>Devices used for safe transportation, like seatbelt guards, or to prevent injury, like bed rails, may still be prohibited if they are used for inappropriate purposes, such as for punishment (NSW FCS, 2020b).</p> |
| <p>Chemical Restraint</p> | <p>Consent: Under 18: Parent/Guardian OR the person with parental responsibility (e.g. the Minister for Family and Community Services) (CRPT, 2019a) Over 16: The person if they have capacity OR other people, such as an advocate, solicitor, carer, or next of kin OR a person appointed by the Guardianship Division of the NSW Civil and Administrative Tribunal (CRPT, 2019a).</p> <p>Using medication to manage behaviours of concern should not be the only behaviour support strategy. BSP should include positive behaviour management strategies (NSW FCS, 2020c).</p> |
| <p>Physical Restraint</p> | <p>Consent: Under 18: Parent/Guardian OR the person with parental responsibility (e.g. the Minister for Family and Community Services) (CRPT, 2019a) Over 16: The person if they have capacity OR other people, such as a guardian with a restrictive practices function, including a person appointed</p> |

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| | <p>by the Guardianship Division of the NSW Civil and Administrative Tribunal (CRPT, 2019a).</p> <p>Section 158 of the <i>Children and Young Persons (Care and Protection) Act 1998</i> – physical restraint can only be used on a temporary basis and only to the extent necessary to prevent injury to any person, or seize and take from the child or young person: a weapon or object being used in dangerous manner, alcohol, illegal substance or other thing necessary to prevent injury to any person (NSW FCS, 2020d).</p> <p>Section 45 of the <i>Children and Young Persons (Care and Protection) Regulation 2012</i>- Evidence that the child or young person has received support and/or counselling in relation to each instance must be included with an application for authorisation to use physical restraint with a child or young person (NSW FCS, 2020d).</p> |
| <p>Seclusion Restraint</p> | <p>Consent:</p> <p>Under 18: Seclusion is prohibited for any person under the age of 18, e.g. sending a child to their room and preventing them from leaving the room (CRPT, 2019a).</p> <p>Over 18: The person if they have capacity OR other people, such as a guardian with a restrictive practices function, including a person appointed by the Guardianship Division of the NSW Civil and Administrative Tribunal (CRPT, 2019a).</p> <p>Seclusion is prohibited where it results in denial of key needs, such as access to bedding, water, climate controls or toilet facilities (NSW FCS, 2020e).</p> |
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| <p style="text-align: center;">Further information</p> | |
| <p><u>Restrictive Practice Resources Environmental Restraint Guidance</u></p> <p><u>Restrictive Practice Resources Mechanical Restraint Guidance</u></p> <p><u>Restrictive Practice Resources Chemical Restraint Guidance</u></p> <p><u>Restrictive Practice Resources Physical Restraint Guidance</u></p> <p><u>Restrictive Practice Resources Seclusion Guidance</u></p> <p><u>Restrictive Practice Authorisation Policy</u></p> <p><u>Restrictive Practices Authorisation Procedural Guide</u></p> | |

Victoria

Entity Responsible: State Government of Victoria, Victorian Senior Practitioner

(Department of Health and Human Services (DHHS), 2020a)

Authorisation process (DHHS, 2019a)

- Registered NDIS providers are to appoint an Authorised Program Officer (APO) and are to obtain approval from the Victorian Senior Practitioner for the appointment. Registered NDIS providers must comply with this as a condition of registration before using RRP on NDIS participants.
- If the APO considers the requirements in the Victorian Disability Act 2006 Section 132ZR(1) (State Government of Victoria, 2006) are met, the APO must first ensure that an independent person is made available to the NDIS participant before authorising the use of RRP.
- The independent person must not be: a disability service provider or representative of a disability service provider, or have any interest in a disability service provider which is providing, or has provided, disability services to the person with a disability.
- In addition to the APO authorising the use of the RRP the Victorian Senior Practitioner must provide approval for the use of RRP on NDIS participants if the practice is in the form of seclusion, physical restraint or mechanical restraint.
- After authorising the use of a RRP, the APO must provide the Victorian Senior Practitioner with required information within two working days, including a copy of the NDIS participant's NDIS BSP, name and details of the independent person who assisted the NDIS participant, any information relating to RRP that is not included in the BSP and any other information required by the Victorian Senior Practitioner.
- After this information is provided to the Victorian Senior Practitioner, the Victorian Senior Practitioner will provide written evidence of authorisation of RRP in the NDIS BSP to the registered provider/behaviour support practitioner.
- The registered provider/behaviour support practitioner must lodge evidence of authorisation to the NDIS Commission.

Use of regulated restrictive practice in an emergency (DHHS, 2019a)

- Use of regulated restrictive practice can be authorised by the person in charge of a registered NDIS provider if there is an imminent risk of serious physical harm to self or others and it is necessary to use a regulated restrictive practice to prevent that risk.

- The least restrictive option must be used
- The APO must be notified as soon as practicable.
- If the regulated restrictive practice will be used again, Part 6A and Part 6B of the Disability Act 2006 must be complied with.

Lawful Orders (DHHS, 2019b)

For an NDIS participant that is subject to a supervised treatment order or interim supervised treatment order, the Victorian Senior Practitioner may give written notice to the NDIS commissioner if:

- VCAT makes an interim supervised order or supervised treatment order
- The Victorian Senior Practitioner approves a material change to a treatment plan
- The supervised treatment order is varied, revoked or expires

The Victorian Senior Practitioner must provide written notice to the NDIS commissioner if an assessment order is made or revoked. An assessment order is made when it is necessary to detain a person with an intellectual disability to prevent a significant and imminent risk of harm to others, allowing a treatment plan to be developed for an application for a supervised treatment order.

An NDIS participant can be subject to a supervised treatment order granted by VCAT and can only be detained in accordance with the compulsory treatment provisions in Div 5 of Part 8 of the Disability Act 2006. For a supervised treatment order the NDIS participant must:

- have an intellectual disability
- be residing in an SDA enrolled dwelling under an SDA residency agreement
- have a treatment plan attaching an NDIS behaviour support plan approved by the Victorian Senior Practitioner, and
- pose a significant risk of harm to others that cannot be reasonably reduced by less restrictive means

A person with an intellectual disability can only be detained under the Disability Act 2006 if a supervised treatment order has been made by VCAT under Part 8 of the Disability Act 2006.

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| <p>Environmental Restraint</p> | <p>Authorisation process as outlined above.</p> <p>Detain- a form of restrictive practice used on a person for the purpose of reducing the risk of violence or the significant risk of serious harm the person presents to another person and includes physically locking a person in any premises and/or constantly supervising or escorting a person to prevent the person from exercising freedom of movement. This is considered an environmental restraint (DHHS, 2019a).</p> |
| <p>Mechanical Restraint</p> | <p>Authorisation process as outlined above.</p> <p>In addition to the APO authorising the use of the RRP the Victorian Senior Practitioner must provide approval for the use of regulated restrictive practices on NDIS participants if: the practice is in the form of mechanical restraint (DHHS, 2019a).</p> <p>Transportation: Devices used to allow safe transportation of people with a disability are not considered mechanical restraint. If additional restraints are used within a vehicle in response to behaviour and not for a medical condition or physical disability (such as a lap belt on a wheelchair for postural support), this is considered mechanical restraint (DHHS, 2020b).</p> |
| <p>Chemical Restraint</p> | <p>Authorisation process as outlined above.</p> |
| <p>Physical Restraint</p> | <p>Authorisation process as outlined above.</p> <p>In addition to the APO authorising the use of the regulated restrictive practice the Victorian Senior Practitioner must provide approval for the use of regulated RRP on NDIS participants if the practice is in the form of physical restraint (DHHS, 2019a).</p> |
| <p>Seclusion Restraint</p> | <p>Authorisation process as outlined above.</p> <p>In addition to the APO authorising the use of the RRP the Victorian Senior Practitioner must provide approval for the use of RRP on NDIS participants if the practice is in the form of seclusion.</p> <p>If seclusion is being used, appropriate bedding, clothing, food and drink is supplied, and the NDIS participant has access to adequate heating, cooling and toilet arrangements (DHHS, 2019a).</p> |

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| <p style="text-align: center;">Detailed information</p> |
| <p>Authorisation process for the use of regulated restrictive practices Victorian Disability Act 2006 Section 132ZR(1) V</p> |

Northern Territory

Entity Responsible: Northern Territory Government, Northern Territory Senior Practitioner (Northern Territory Government (NT Government), 2019)

The NDIS (authorisations) Act 2019 (NT Government, 2019) outlines the functions of the Senior Practitioner who is responsible for the Restrictive Practices Authorisation Framework (NT Government, 2021), and who will:

- I. Authorise the use of restrictive practices;
- II. Disallow inappropriate requests for restrictive practices;
- III. Produce and disseminate policies, standards and guidelines to promote best practice, lead sector capacity building and improve awareness to minimise the use of restrictive practices; and
- IV. Capture and record the authorisation of restrictive practices that are deemed to be necessary.

Authorisation process (NT Government, 2021)

An NDIS provider may apply to the Senior Practitioner for an authorisation or interim authorisation. An application for an authorisation or interim authorisation must be made in the approved form and include:

- particulars of the restrictive practice proposed to be applied to the participant
- a copy of the BSP or interim BSP that specifies the proposed restrictive practice
- information that shows the provider has engaged in consultation about the proposed use of a restrictive practice with: (a) the participant; and (a) the participant's family, carers, guardian or other relevant person
- particulars of the NDIS provider who will apply the restrictive practice to the participant
- details of restrictive practice applied to the participant over the 12-month period before the date of the application (authorised and unauthorised)
- any other information the NDIS provider considers relevant to the application
- any other information as prescribed by regulation

The Senior Practitioner must consider the application and decide whether to:

- grant the authorisation or interim authorisation; or
- refuse to grant the authorisation or interim authorisation – NDIS provider will be notified of the reasons for the decision; or

- request further information or propose an alternative restrictive practice for the authorisation or interim authorisation. Responses to a request for further information is required within 28 days or the application will lapse.

Authorisations only apply to the jurisdiction they are made in. If a participant relocates to the NT a new authorisation application will need to be made to the NT Restrictive Practices Authorisation Unit (NT Government, 2021).

Period of authorisation (NT Government, 2021)

- An authorisation is effective for 12 months from the date the authorisation is made, unless otherwise specified by the Senior Practitioner in the authorisation.
- An interim authorisation is effective for 6 months from the date the authorisation is made, unless otherwise specified by the Senior Practitioner in the authorisation.

Unauthorised use of RRP (NT Government, 2021)

- Unauthorised use of RRP relating to an NDIS participant is a reportable incident
- Unauthorised restrictive practices must be reported to the NDIS Quality and Safeguards Commission as a reportable incident until the BSP is activated in the NDIS Commission portal

Change of circumstances (NT Government, 2021)

- If there is a change in circumstances meaning the NT Restrictive Practices Authorisation Unit is no longer required, the service provider must notify the Restrictive Practice Authorisation Unit via email as soon as possible after the change
- Change of circumstance includes: elimination of restrictive practice, interstate move, exiting the NDIS or notification of deceased participant.

Lawful Orders (information received by email from NT behaviour support)

Reporting obligations for the NDIS Commission are via the reportable incident function prior to a BSP lodgement as 'unauthorised restrictive practice'. Once a practitioner has been engaged and develops a BSP, lodges it on the BS portal the forensic order becomes the authorisation and the plan includes reference to the order and how the provider can best support or facilitate the conditions of the order.

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| Environmental Restraint | Authorisation process as outlined above. |
| Mechanical Restraint | Authorisation process as outlined above. |
| Chemical Restraint | Authorisation process as outlined above. |
| Physical Restraint | <p>Authorisation process as outlined above.</p> <p>In the NT, authorisation will not be granted for the use of supine (face up position) or prone (face down) restraint (NT Government, 2021).</p> |
| Seclusion Restraint | <p>Authorisation process as outlined above.</p> <p>Prohibited: In relation to a person under the age of 18 years.</p> <p>NB. Seclusion includes isolation of a child or young person (under 18 years of age) in a setting from which they are unable to leave (NT Government, 2021).</p> |

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| Detailed information |
| <p>National Disability Insurance Scheme (Authorisation) Act 2019</p> <p>Restrictive Practices Authorisation Framework. Guidelines for NDIS Service Providers.</p> |

Queensland

Entity Responsible: Queensland Civil and Administrative Tribunal (QCAT) (QCAT, 2021)

The Disability Services Act 2006 (the Act) (Queensland Government, 2006) regulates the use of restrictive practices in adults with an intellectual or cognitive disability by services provided by Disability Services, or services prescribed by regulation and funded under a NDIS participant plan by specifying certain conditions under which they may be considered for use (Department of Communities, Disability Services and Seniors (DCDSS), 2019a).

Authorisation process (DCDSS, 2019a)

Regardless of how many service providers or number of restrictive practices, an adult should only have one BSP developed. Authorisation must be sought by each relevant disability service provider who intends to implement restrictive practice and for each type of restrictive practice. Who authorises a restrictive practice depends on:

- Whether the use of the restrictive practice is planned or unplanned
- Type of restrictive practice (containment and seclusion, chemical/mechanical/physical restraint or restricted access to objects)
- Type of disability service the adult is receiving (respite and/or community access only, or accommodation and community support alone, together, or in conjunction with respite and/or community access)

A matrix outlining authorisation of restrictive practice requirements can be found in the document '*Authorising restrictive practices*' (DCDSS, 2019a).

Short Term Approval

A short term approval can be made for a maximum of six months where (DCDSS, 2020a):

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

There are two decision makers that can give a short term approval (DCDSS, 2020a):

- The Public Guardian; or
- A delegate of the Chief Executive of the Department of Communities, Disability Services and Seniors. These delegates are the Principal Clinician in each region. For

containment and seclusion a short term approval can only be given by the Public Guardian.

- For all other types of restrictive practice a short term approval must be sought from a Principal Clinician

After short term approval is provided, the service provider should seek full approval and commence development of the positive BSP (DCDSS, 2020a).

Children

As of December 2020, there is no state based authorisation available for the use of regulated restrictive practices for participants under 18 years old (NDIS QSC, 2021).

Children under protection

The Department of Child Safety, Youth and Women (Child Safety) promotes the use of positive behaviour support to all children and young people in care (Department of Child Safety, Youth Justice and Multicultural Affairs, (DCSYJMA), 2020a), in accordance with the legislated standards of care outlined in, the Child Protection Act 1999 (the Act), sections 74 and 122 and the Charter of Rights for a child in care which is set out in Schedule 1 of the Act (Queensland Government, 2020).

The Child Safety Policy: Managing high risk behaviour (DCSYJMA, 2020a), refers to:

- children and young people subject to a care agreement, an assessment order, or an order granting custody or guardianship to the chief executive under the Act, including a temporary custody or transition order, and who are placed in a care arrangement under section 82(1) of the Act, and
- approved foster carers, kinship carers and staff employed by Child Safety and non-government organisations to provide direct care to a child or young person placed under the authority of section 82(1) of the Act

The policy acknowledges that restrictive practices can present risk and contribute to trauma to the child and those using the restrictive practices (Queensland Government, 2021). The Child Safety Policy: Managing high risk behaviour should be read in conjunction with the Positive Behaviour Support (604) policy (DCSYJMA, 2020b).

Principles for emergency use of restrictive practices (DCSYJMA, 2020a):

- the child or young person is behaving in a way that poses immediate risk of harm to themselves or others
- the practice is reasonable in all the circumstances of the behaviour
- there is no less restrictive measure available to respond to the behaviour
- paramount consideration must be given to the best interests of the child

Where restrictive practice has been used to manage high risk behaviour, including physical restraint, details of the incident must be reported by the carer or direct care staff member to Child Safety within 24 hours of the incident (DCSYJMA, 2020a).

Lawful Orders (information received by email from Qld behaviour support)

Restrictive practices should be proportionate to the risk and least restrictive option available. The restrictive practice needs to be outlined in a BSP, lodged with the NDIS commission, authorised in accordance with state requirements and lodged with the NDIS commission, and implementing providers need to complete monthly reporting to the NDIS Commission on the use of restrictive practices

Table note: Where the adult in is receipt of a funded accommodation support package and has additional respite/community access services, the general rule applies (DCDSS, 2019a).

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| Environmental Restraint | <p>Referred to as Restricted access to objects.</p> <p>Authorisation</p> <p>General: Guardian for restrictive practice (general) appointed by QCAT or if no appointment, an informal decision maker (DCDSS, 2019b).</p> <p>When only receiving respite or community access: Guardian for restrictive practice (respite) appointed by QCAT or if no appointment, an informal decision maker (DCDSS, 2019b).</p> <p>The locking of gates, doors or windows where the only reason is to prevent physical harm being caused to the adult with a skills deficit, is not considered a restrictive practice as defined under the Act (DCDSS, 2019d).</p> <p>The relevant service provider must confirm that the person for whom the strategy of locking gates, doors and windows is being considered:</p> |
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| | <ul style="list-style-type: none"> • is an adult (18 years or older), • has an intellectual or cognitive disability as defined under Section 144 the Act. <p>The relevant service provider must establish that the practice is not containment, seclusion, or restricting access as defined under the Act (DCDSS, 2019c; DCDSS, 2019d).</p> |
| <p>Mechanical Restraint</p> | <p>Authorisation General: Authorisation from the Guardian for restrictive practice (general) appointed by QCAT- Queensland Civil and Administrative Tribunal (DCDSS, 2019e).</p> <p>When only receiving respite and/or community access: Guardian for restrictive practice (respite) appointed by QCAT or if no guardian appointed, an informal decision maker (DCDSS, 2019e).</p> |
| <p>Chemical Restraint</p> | <p>Authorisation General: Guardian for restrictive practice (general) appointed by QCAT</p> <p>When only receiving respite and/or community access: <i>For PRN medication-</i> Guardian for restrictive practice (respite) appointed by QCAT</p> <p><i>If no PRN medication-</i> <i>Fixed doses for adult in respite-</i> Informal decision maker or guardian for restrictive practices (respite) appointed by QCAT (QCAT, 2021; DCDSS, 2020b) <i>Fixed doses for adults when on community access-</i> Guardian for restrictive practice (respite) appointed by QCAT (QCAT, 2021)</p> <p>*In all cases where chemical restraint is used or proposed, the adult’s treating doctor must be involved at all stages of the decision-making process (DCDSS, 2020b).</p> <p>Note: The use of medication such as a sedative, prescribed by a medical practitioner to facilitate or enable the adult to receive a single instance of health care is not considered chemical restraint under the Guardianship and Administration Act 2000. For example, providing a sedative to an adult before attending a dentist appointment (DCDSS, 2020b).</p> |
| <p>Physical Restraint</p> | <p>Authorisation General: Guardian for restrictive practice (general) appointed by QCAT (DCDSS, 2020c).</p> |

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| | <p>When only receiving respite and/or community access: Guardian for restrictive practice (respite) appointed by QCAT or if no guardian appointed, an informal decision maker (QCAT, 2021, DCDSS, 2020c).</p> <p>Practices used to assist the adult with daily living or therapeutic activities, or to keep the adult safe where the adult has a skills deficit and as a consequence is unable to perform a task safely are not intended to be restrictive practices (DCDSS, 2020c).</p> |
| <p>Seclusion Restraint</p> | <p>Authorisation</p> <p>General: Authorisation from QCAT (QCAT, 2021)</p> <p>When only receiving respite and/or community access: Guardian for restrictive practice (respite) appointed by QCAT (QCAT, 2021).</p> <p>Providers must work with Department of Communities, Disability Services and Seniors (DCDSS) in the assessment for, and development of, all positive BSP which include containment and seclusion (DCDSS, 2019a)</p> <p>NOTE: For all participants over the age of 18 that have containment and seclusion as a restrictive practice must have their plan developed jointly with the DCDSS (DCDSS, 2019a).</p> |

| <p style="text-align: center;">Detailed information</p> |
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| <p>Authorising Restrictive Practices</p> <p>Restricting Access</p> <p>Mechanical Restraint</p> <p>Chemical restraint</p> <p>Physical restraint</p> <p>Containment and seclusion</p> <p>Queensland Civil and Administrative Tribunal (QCAT): Guardian for restrictive practices</p> <p>Locking of gates, doors, and windows</p> <p>Child Safety Policy, Managing High Risk Behaviour (Policy No 646-2)</p> <p>Child Safety Policy, Positive Behaviour Support (Policy No 604-5)</p> |

Tasmania

Entity Responsible: Department of Communities, Office of The Senior

Practitioner (DCT, 2020a)

Restrictive Interventions

The Tasmanian Disability Services Act 2011 (section 34) (Tasmanian Government, 2021) describes two categories of restrictive intervention:

- Environmental restriction, in relation to a person with disability, means a restrictive intervention in relation to the person that consists of the modification of an object, or the environment of the person, so as to enable the behavioural control of the person, but does not include personal restriction (DCT, 2020b).
- Personal restriction, in relation to a person with disability, means a restrictive intervention in relation to the person that consists wholly or partially of (DCT, 2020c):
 - (a) Physical contact with the person to enable the behavioural control of the person or
 - (b) Taking an action that restricts the liberty of movement of the person

Approval process (DCT, 2021a)

- Restrictive interventions must be part of a positive BSP that promotes positive outcomes for the adult and supports the reduction or elimination of restrictive practices
- An environmental restriction can be approved by the Secretary of the Department of Communities Tasmania for up to 90 days (section 38), or by the Guardianship & Administration Board for up to 2 years after a hearing (section 42)
- A personal restriction can be approved by the Guardianship & Administration Board for up to 90 days without a hearing or for up to 2 years after a hearing (section 42)

Unauthorised restrictive practice is prohibited unless (DCT, 2021a):

- The action is used to prevent serious harm to a person with disability or others
- The action is the least restrictive option
- The Senior Practitioner is notified as soon as possible using the form "Reporting Unauthorised Restriction"

Prohibited restrictive practices (DCT, 2021a).

- Prone or supine restraint
- Pin downs

- 'Basket' holds and 'take downs'
- Punitive approaches such as aversive practice, denial of key needs, over correction

Lawful Orders

Restrictive practices authorised under other enactments relating to mental health services or guardianship do not require approval through the Disability Services Act 2011 (DCT, 2019a)

Examples of this include (but are not limited to) (DCT, 2019a):

- (a) Restriction and Supervision Orders under the Criminal Justice (Mental Impairment) Act 1999. These orders might require meeting specific conditions such as confinement in a secure mental health unit, or taking of a particular medication.
- (b) Involuntary admission to an approved facility for treatment (e.g. Treatment Orders Mental Health Act 2013.)
- (c) Treatment approved by 'person responsible', appointed guardian or the Guardianship and Administration Board (Guardianship and Administration Act 1995). For example – medication to control behaviour (Guardianship and Administration Regulations 2017; Section 12)

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| Environmental Restraint | <p>Approval for the use of an environmental restriction is obtained from the Secretary of the Department of Communities Tasmania, following a recommendation from the Senior Practitioner. The approval period is 90 days and may be subject to a number of conditions (DCT, 2021b).</p> <p>Surveillance and monitoring can include the process of capturing audio, visual or positional information about a person using electronic methods:</p> <ul style="list-style-type: none"> • Audio monitors record and monitor speech, e.g. baby monitors, intercoms; • Visual monitors record and monitor visual images, e.g. closed circuit cameras, still image cameras, portable video devices; • Positional monitors record the whereabouts of a person with global positioning system (GPS) devices which are the most commonly available method of monitoring a person's location; • Surveillance and monitoring can also include 'line of sight' supervision in 'real time' by support workers to prevent a person with disability from pursuing a certain course of action (DCT, 2021b). |
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| <p>Mechanical Restraint</p> | <p>Restrictive interventions that are for the sole purpose of enabling transport do not require approval i.e. seat belt buckle guard, universal harness and adjustable vest (DCT, 2019a).</p> <p>However, if a restraint is used for convenience of staff the practice is considered a form of abuse (DCT, 2019b).</p> <p>The use of the below restrictive practices for behaviour purposes need to be reported to the Office of the Senior Practitioner (DCT, 2019d):</p> <ul style="list-style-type: none"> • Buckle guard (if the client regularly undoes his/her belt). • Harness (if the client tries to interfere with the driver or other passengers). • Dedicated harness that requires modification to the vehicle. |
| <p>Chemical Restraint</p> | <p>Under the Disability Services Act, the use of chemical restraint does not need to be authorised. However under regulation 12(a) of the Guardianship and Administration Regulations 2017, there is a legal requirement for the 'person responsible' to consent to the 'administration of a restricted substance primarily to control the conduct of a person to whom it is given' (Tasmanian Civil and Administrative Tribunal, 2021).</p> |
| <p>Physical Restraint</p> | <p>Approval to use personal restriction needs to be granted by the Guardianship and Administration Board, following a recommendation from the Senior Practitioner. The approval period can be either 90 days, 6 months or up to 2 years and may be subject to a number of conditions (DCT, 2020c).</p> <p>The use of a bed rail to restrict a person's voluntary movement is a form of physical restraint and the use of a bed rail for this purpose would need approval from the Guardianship and Administration Board (GAB) via an application to the Senior Practitioner (DCT, 2019c).</p> <p>The use of a bed rail may not be deemed a personal restriction if:</p> <ul style="list-style-type: none"> • The person has decision making capacity and has requested bed rails • The person has involuntary movements during the night (e.g. seizures or 'restless' sleep) • The person does not have the skills to get out of bed without support (DCT, 2019c) <p>If a bed rail is being considered it is essential to consult with an OT and the Senior Practitioner (DCT, 2019c). If a bed rail is approved for</p> |

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| | <p>use then staff must increase their monitoring of the person at risk (DCT, 2019c).</p> |
| <p>Seclusion Restraint</p> | <p>Seclusion is a form of personal restriction. It can only be used if it is to prevent harm, used in the least restrictive way possible, as a last resort and authorised (DCT, 2019b).</p> <p>The use of seclusion should be reported to the Tasmanian Senior Practitioner to obtain authorisation for its use under provisions of the Disability Services Act (Use of a Personal Restriction) (DCT, 2019b).</p> <p>Where an adult with disability has a guardian appointed by the Guardianship and Administration Board (GAB), the guardian can consent to the use of seclusion if it meets the conditions above (DCT, 2019b).</p> <p>A parent's request for the use of sole confinement does not stop the action from being seclusion. Family members may advise a service provider that they want the person with the disability to be secluded however the service provider will still need to seek authorisation from the Tasmanian Senior Practitioner and report to the Commission (DCT, 2019b).</p> <p>If 'sole confinement', a 'time out', 'time away' or similar practices are used that don't meet the conditions above they will most likely be considered a form of abuse and not as RRP (DCT, 2019b).</p> |

| Detailed information |
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| <p>Disability Services Act 2011</p> <p>Restrictive Interventions in Service for People with Disability Procedure</p> <p>Surveillance and monitoring of people with a Disability</p> <p>Environmental restrictions</p> <p>Personal restrictions</p> <p>Locking of Fridges and Pantries</p> <p>Use of Bed Rails</p> <p>Seclusion</p> <p>Restrictive Interventions not Requiring Authorisations</p> |

South Australia

Entity Responsible: South Australian Civil and Administrative Tribunal (SACAT)

(Department for Communities and Social Inclusion (DCSI), 2015)

Authorisation– Adults

- If a person can provide their own consent for the use of restrictive practices (including sedative medication) then there is no need for substituted consent (SACAT, 2020).
- SACAT can appoint a substitute decision-maker under the Advance Care Directives Act 2013 (Government of South Australia, 2013); substitute decision makers have the roles, functions and responsibilities set out in Section 23 of that Act and can give consent to certain types of health care (SACAT, 2020). Chemical, environmental and mechanical restraints implemented without force can be consented to by a substitute decision-maker (SACAT, 2020).
 - Where there is no substitute decision-maker, consent can be provided by a 'person responsible'. If substituted consent is needed to the administration of medication for any purpose (including chemical restraint) or to any other type of health care (including environmental and mechanical restraint) a medical practitioner or health practitioner may seek the consent of a substitute decision maker under an advance care directive OR a 'person responsible' under the Consent to Medical Treatment and Palliative Care Act 1995 (SACAT, 2020).
 - A 'person responsible' is defined by the Consent to Medical Treatment and Palliative Care Act 1995 as a person who has the legal authority to provide or refuse consent for a person with impaired decision-making capacity. The legal order is as follows: a guardian with health-care decision making power, relative with close and continuing relationship, adult friend with close and continuing relationship, finally SACAT (SACAT, 2020).
 - A Guardian appointed by SACAT can make decisions on health care and certain restrictive practices to control behaviours (health care function) (SACAT, 2020).
- Some types of restrictive practices require SACAT specific authorisation under section 32 of the Act (called special power orders) (DCSI, 2015; SACAT, 2020):
 - Direct the person where to reside (directed residence/enforceable restraint)
 - Authorise detention in the place they will reside

- Authorise people responsible for daily care to use such force as may be reasonably necessary for the purpose of medical and dental treatment, day to day care and general well-being.
- An application for these restrictive practices must be made by the guardian or substitute decision maker and be authorised by SACAT under Section 32 of the Guardianship and Administration Act 1993 (DCSI, 2015). SACAT will only make the orders if they are satisfied the health and safety of the person, or safety of others, would be at risk if the order was not granted. The restrictive practice can only be to the extent authorised by SACAT (DCSI, 2015).

Authorisation – Children

- Consent required from parents/legal guardian (DCSI, 2015).

Informal Arrangements (Public Advocacy) (Office of the Public Advocate, 2018)

- SACAT can grant special powers that authorise detention and the use of force/restrictive practices, under section 32 of the Guardianship and Administration Act 1993
- If a restrictive practice is approved (e.g. locked fridge) by a guardian under a lifestyle decision, it requires a PBSP
- Public Advocate delegated guardians should only approve restrictive practices when a positive BSP exists

Lawful Orders

- SACAT is responsible for Detention and Treatment Orders and Community Treatment Orders (Legal Services Commission, 2022)
- The *Safeguarding People with Disability Restrictive Practices Policy* currently does not cover community treatment orders made under the Mental Health Act 2009 (DCSI, 2015).

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| Environmental Restraint | <p>A substitute decision maker or personal responsible can consent to environment restraints that do not use force, such as restricting a person’s access to parts of their environment, items and activities.</p> <p>Special powers order under s32 (1) (a) – directed residence/enforceable environmental restraint – SACAT can make an order to direct that a person reside in a specified place, or in such place as the guardian or substitute decision maker from time to time</p> |
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| | <p>thinks fit. A directed residence order will authorise the subject person's residence in the specified place and will enable the guardian or substitute decision-maker to ensure the person can be brought back if they leave that place (with police assistance if necessary) (SACAT, 2020).</p> |
| <p>Mechanical Restraint</p> | <p>A substitute decision maker or personal responsible can consent to the use of a device to prevent, restrict or subdue movement for the purpose of influencing behaviour where no force is used.</p> <p>Special powers order under s32 (1) (c) - physical restraint/use of force in care or treatment - SACAT can make an order to authorise persons involved in the care of a person to use such force as may be reasonably necessary for the purpose of ensuring the proper medical or dental treatment or day to day care and wellbeing of the person. This order will authorise care providers to use physical force/restraint as necessary to prevent or restrict a person's movements when administering medical treatment or health care including in the use of any type of chemical, environmental or mechanical restraint (SACAT, 2020).</p> |
| <p>Chemical Restraint</p> | <p>A substitute decision maker or personal responsible can consent to the use of chemical restraint where no force is used. a device to prevent, restrict or subdue movement for the purpose of influencing behaviour where no force is used and the person is not resisting the chemical restraint.</p> <p>Special powers order under s 32(1) (c) - physical restraint/use of force in care or treatment - SACAT can make an order to authorise persons involved in the care of a person to use such force as may be reasonably necessary for the purpose of ensuring the proper medical or dental treatment or day to day care and wellbeing of the person. This order will authorise care providers to use physical force/restraint as necessary to prevent or restrict a person's movements when administering medical treatment or health care including in the use of any type of chemical, environmental or mechanical restraint (SACAT, 2020).</p> |
| <p>Physical Restraint</p> | <p>Special powers order under s 32(1) (c) - physical restraint/use of force in care or treatment - SACAT can make an order to authorise persons involved in the care of a person to use such force as may be reasonably necessary for the purpose of ensuring the proper medical or dental treatment or day to day care and wellbeing of the person. This order will authorise care providers to use physical force/restraint as necessary to prevent or restrict a person's movements when administering medical treatment or health care including in the use of</p> |

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| | any type of chemical, environmental or mechanical restraint (SACAT, 2020). |
| Seclusion Restraint | Special powers order under s32 (1) (b) – detention or seclusion of the person in the place in which he or she is directed to reside under s 32 (1) (a) – SACAT can make an order to authorise detention, namely, that direct or indirect restrictions are placed on the person’s liberty or freedom of movement so that they may not freely come and go from a place, or any part of the place. The order will authorise restraints on the person leaving and will enable the person to be brought back if they leave or are removed from that place (with police assistance if necessary) (SACAT, 2020). |

| Detailed information | |
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| Restrictive Practices and Special Powers Safeguarding People with Disability Restrictive Practices Policy SA Office of the Public Advocate: Restrictive Practices | |

Western Australia

Entity Responsible: The Department of Communities (DoC, 2020a)

Authorisation process (DoC, 2020b)

- Authorisation must be obtained by an Implementing Provider for each RRP that is proposed to be implemented for a person with disability.
- From 1 May 2021, authorisation requires restrictive practices to be included in a BSP and introduces a mandatory Quality Assurance Panel which allows for independent review of the BSP and the proposed restrictive practices.
- The Authorisation Panel must include at least two members with a decision-making role:
 1. A senior manager (or their delegate) with the Implementing Provider with operational knowledge and relevant experience in behaviour support,
 2. An NDIS Behaviour Support Practitioner who is not the BSP author and not employed by the Implementing Provider.

Additional members may be included in the panel.

NOTE: The Panel’s recommendation to use a regulated restrictive practice must be supported by **all** panel members, specify the length of time for which the authorisation applies, which must not exceed 12 months, detail conditions they

decide to impose as part of the approval of the restrictive practice, and be recorded in the Quality Assurance Outcome Summary Report (Appendix 3 of the guidelines)

- BSPs developed by Behaviour Support Practitioners that include a restrictive practice, should involve consultation with the person with disability and if appropriate, their guardian, family and carers.
- The NDIS Behaviour Support Practitioner will consult with the person with disability to identify their needs and preferences in a calm and supportive environment
- The BSP must include strategies that are evidence-based and person centred and take account of the functions of the behaviour being considered, as well as any unmet needs that may be contributing to the behaviour
- It is recognised that some forms of restrictive practice pose an unacceptable risk of harm to people. These are termed 'prohibited practices' within the Authorisation of Restrictive Practices in Funded Disability Services Policy (DoC, 2020c) and must never be used. These include the following physical restraints, which can lead to harm or death:
 - the use of prone or supine restraint
 - pin downs
 - basket holds
 - takedown techniques
 - any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning
 - any physical restraint that has the effect of pushing the person's head forward onto their chest
 - any physical restraint that has the purpose or effect of compelling a person's compliance through the infliction of pain, hyperextension of joints, or by applying pressure to the chest or joints.

The following punitive approaches are also prohibited:

- aversive practices
- overcorrection
- denial of key needs
- practices related to degradation or vilification
- practices that limit or deny access to culture
- response cost punishment strategies.

Lawful Orders (DoC, 2020c)

- where a practice that would otherwise be a regulated restrictive practice is in place due to a court order, authorisation is not required under the 'Authorisation of Restrictive Practices in Funded Disability Services' Policy
- Implementing providers may request advice from the NDIS Commission or appropriate department regarding whether the circumstances require a behaviour support plan and compliance with NDIS (Restrictive Practices and Behaviour Support) Rules 2018

| | |
|--------------------------------|---|
| Environmental Restraint | <p>Authorisation process as outlined above (DoC, 2020b)</p> <p>Surveillance is the tracking of a person's behaviour or movement by audio, visual or location data (DoC, 2020c). It also includes accompanying a person or keeping them in line of sight at all times (DoC, 2020c).</p> |
| Mechanical Restraint | Authorisation process as outlined above (DoC, 2020b) |
| Chemical Restraint | <p>Authorisation process as outlined above (DoC, 2020b)</p> <p>The BSP must record the prescribing doctor's contact details, medication brand and chemical name, dosage and frequency, conditions and limitations of use, route, side effects, circumstances when the restraint is to be used, anticipated positive and negative effects of the medication, and why the medication is considered the least restrictive method of ensuring safety of the person and others. (DoC, 2020e)</p> |
| Physical Restraint | Authorisation process as outlined above (DoC, 2020b) |
| Seclusion Restraint | Authorisation process as outlined above (DoC, 2020b) |

| Detailed information |
|--|
| <p>Procedural Guidelines for Authorisation of Restrictive Practices in Funded Disability Services Stage Two</p> <p>Authorisation of Restrictive Practices in Funded Disability Services Policy</p> <p>Authorisation of restrictive practices</p> <p>Chemical restraint</p> <p>Surveillance</p> |

Australian Capital Territory

Entity Responsible: ACT Government, Community Services, Office of the Senior Practitioner (Community Services, 2021)

Authorisation process

A restrictive practice by a service provider is only permissible if used in a way that is consistent with a positive BSP for the person. The positive BSP must be approved by a registered positive behaviour support panel and registered by the Senior Practitioner (Community Services, 2018). The process is as follows:

- The provider must submit a positive BSP to a positive behaviour support panel for approval. Submission must occur one month prior to the Central Panel meeting, and the application must include the completed positive BSP approval panel template, copy of positive BSP and supporting documentation for the restrictive practice (e.g. reports from medical team, risk assessment) (Office of the Senior Practitioner (OSP), 2020b)
- The Central Panel will give the applicant/service provider written reasons for its decision to approve or not approve a positive BSP within one week of meeting (OSP, 2020b)
- If approved, the Central Panel will forward the positive BSP to the Senior Practitioner for registration within 28 days (OSP, 2020b). The Senior Practitioner may request further information from the Central Panel or applicant. When satisfied, the Senior Practitioner will send the provider, public advocate (if the person is under 18) and plan author: a copy of the approved plan and plan registration number (OSP, 2020b).
- The use of any restrictive practice within an approved plan is only authorised once registration has been confirmed by the Senior Practitioner (OSP, 2020b)
- Providers are required to monitor and record use of restrictive practices and forward reports to the Senior Practitioner (Community Services, 2018). For routine and 'as needed' restrictive practices identified within a positive BSP the report should be forwarded by the 5th day after the end of the month.
- The approved positive BSP must be reviewed monthly by the provider to determine whether restrictive practice is still required (Community Services, 2018).

Use of regulate restrictive practice in an emergency:

- Under Section 10 of the Senior Practitioner Act, a restrictive practice must not be used outside of a registered PBS Plan unless (Community Services, 2021; OSP, 2020a):
 - Provider or relevant person for the provider believes on reasonable grounds that it is necessary to use the restrictive practice to avoid imminent harm to the person or others
 - Restrictive practice is the least restrictive of the person as is possible in the circumstances having regard to the kinds of restrictive practice that may be used, how it is applied, and how long it is applied for
 - If practicable – the use of the restrictive practice is authorised by the person in charge of the provider.
- Emergency restrictive practices not identified within a positive BSP must be reported to the Senior Practitioner within 24 hours of the event (Community Services, 2018)

Lawful Orders (ACT Government, 2021)

Under the Senior Practitioner Act 2018, a person acting under the Corrections Management Act 2007, Children and Young People Act 2008 (Chapters 4 to 9), Mental Health Act 2015 and Mental Health (Secure Facilities) Act 2016 are exempt from provider obligations with respect to restrictive practices.

| | |
|--------------------------------|---|
| Environmental Restraint | Authorisation process as outlined above |
| Mechanical Restraint | Authorisation process as outlined above |
| Chemical Restraint | Authorisation process as outlined above |
| Physical Restraint | Authorisation process as outlined above |
| Seclusion Restraint | Authorisation process as outlined above |

| Detailed information |
|---|
| ACT Senior Practitioner for the elimination and reduction of restrictive practices Senior Practitioner Act 2018 Positive Behaviour Support Plans Factsheet Positive Behaviour Support Plan Guideline Positive Behaviour Support Panel Guideline |

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Consultation

| Entity | Summary of Consultation |
|--|--|
| C. <small>s22(1)(a)(i) - irrelevant information</small> (TAB research) | Document creation, Research on WA, SA and ACT |
| R. <small>s22(1)(a)(i) - irrelevant information</small> (TAB Advisor) | Preliminary research on NSW, QLD, NT, TAS, and VIC |
| J. <small>s22(1)(a)(i) - irrelevant information</small> (TAB research) | Review |
| SJP131 (TAB research) | Review |

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Note: Document uncontrolled in hardcopy

Safety of front versus second or third row vehicle conversion for wheelchairs

The content of this document is OFFICIAL.

Please note:

The research and literature reviews collated by our TAB Research Team are not to be shared external to the Branch. These are for internal TAB use only and are intended to assist our advisors with their reasonable and necessary decision-making.

Delegates have access to a wide variety of comprehensive guidance material. If Delegates require further information on access or planning matters they are to call the TAPS line for advice.

The Research Team are unable to ensure that the information listed below provides an accurate & up-to-date snapshot of these matters

Research question: Is it less safe to sit in the front passenger or driver position of a vehicle in a wheelchair, compared to second or third row?

Date: 05/10/2021

Requestor: Sally s22(1)(a)(i) - irrelevant

Endorsed by (EL1 or above): Nicole s22(1)(a)(i) - irrelevant

Cleared by: Felicity s22(1)(a)(i) - irrelevant

1. Contents

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2. Summary

Wheelchair users who are unable to be transferred into car seats require car modifications to be safely transported while seated in their wheelchair. Passengers who are seated in a wheelchair are more likely to be involved in crashes and experience non-crash related injuries than passengers seated in car seats.

The Australian Transport Safety Guidelines for People with a Disability and the NSW Guidelines for Modifying Vehicles for People with Disability outline guidance for vehicle modifications for wheelchair seated passengers based on the Australia/New Zealand requirements for Technical Systems and Aids for People with Disability.

None of these guidelines specifically recommend that the front or back car seats are safer for a wheelchair seated passenger. However, they outline important considerations for deciding where a wheelchair seated passenger should be positioned in a vehicle, such as the amount of head room, the size and model of the wheelchair, the type of vehicle, and the preference of the wheelchair seated passenger.

Research shows that the front passenger seat is safest for those seated in car seats aged over 15 as airbags prevent serious injury for older passengers, however there are no studies specifically investigating the differences in risk of injury between front and rear seated wheelchair passengers. Limited evidence suggests that airbags are beneficial for many adult wheelchair seated vehicle occupants.

Due to the lack of research on the impact of seat position on safety for wheelchair seated passengers, it is most important to focus on ensuring that the vehicle modification complies with the AUS/NZ requirements for Technical Systems and Aids for People with Disability. The position of the wheelchair seated passenger in the vehicle should be in a position where the safety requirements are best met, which may be in either the front or back rows depending on factors such as the model of the wheelchair and vehicle.

3. Vehicle transportation safety issues for wheelchair passengers

When travelling in a vehicle it is safest to be seated in the original equipment manufacturer's seat [1]. However, some people with disability who use wheelchairs are unable to transfer into a car seat or are required to remain in their wheelchair for posture support [2]. These passengers enter and travel inside the vehicle while remaining seated in their wheelchair, with the wheelchair secured to the car using a four-point strap tiedown system [3] or a wheelchair docking system [4].

Vehicle drivers and passengers who remain in their wheelchair are more likely to be involved in crashes than those who transfer to standard vehicle seats [1]. Wheelchair passengers are also more likely to experience non-crash related injuries, particularly in private vehicles [1].

The most common causes of serious or fatal injuries to passengers seated in wheelchairs are improper, incomplete or non-use of seat belt restraints [5], and incorrect wheelchair securement [6]. Improper seat-belt use can be due to wheelchair designs that make positioning the seatbelt properly difficult, or inadequate training of wheelchair user or caregiver on the procedure for properly positioning seatbelts [5]. Wheelchair seated passengers are also at greater risk of serious injury if they are facing sideways or backwards [3].

4. Wheelchair seated passenger safety guidelines in Australia

4.1 NSW Guidelines for Modifying Vehicles for People with Disability

According to the NSW Guidelines for modifying vehicles for people with disability, a wheelchair occupant must be secured using the vehicle's original seatbelt, with the frame of the wheelchair restrained separately [7]. The Wheelchair Tie-down and Occupant Restraint System (WTORS) must comply with the Australian/New Zealand guidelines, including:

- OEM seatbelts incorporating pre-tensioners should be retained as part of a vehicle's supplementary restraint system if the modification allows.
- A lap-only seatbelt should not be fitted where the WTORS is replacing an occupant seat that was previously fitted with a lap-sash seatbelt.
- Adequate space for forward head excursion, that being:
 - 950mm when used with a lap-only seatbelt
 - 650mm when used with a lap-sash seatbelt.
- The wheelchair's own postural support shall not be used unless certified as a wheelchair anchored belt restraint.
- Seatbelts and restraints shall be kept clean and coiled within the retractor when not in use.
- Seatbelt and WTORS webbing shall be protected from sharp edges or protrusions.
- A WTORS release mechanism should be within reach of the wheelchair occupant and marked or labelled to assist the user.
- Seatbelts and WTORS should be able to be released using one hand.

The guidelines outline that a wheelchair docking system can also be used to secure the wheelchair inside the vehicle. The docking system must comply with the AUS/NS standards

and be compatible with the passenger's wheelchair. A headrest and backrest with enough strength to reduce risk of injury in the event of a crash is also required.

4.2 Australian Transport Safety Guidelines for People with a Disability

The Transport Safety Guidelines for People with a Disability outlines a checklist for key considerations when deciding the type of vehicle modification to suit a wheelchair user's needs [8]:

- Overall height of the person sitting in the wheelchair, e.g. top of head to ground. Check door opening and height.
- Does the wheelchair need additional room to be restrained (is wheelchair longer/wider than most?).
- Where the passenger would like the wheelchair passenger to be positioned in the vehicle.
- Number of other passengers to travel in the modified vehicle with the wheelchair passenger.
- Positioning of rear compartment seats in relation to the wheelchair position.
- Position of wheelchair passenger in relation to other fittings in the rear compartment e.g. air conditioning vents.
- Door opening height of garage/carport.
- Clear area for wheelchair passenger to enter/exit the vehicle.
- Is rear or side access best for your needs?

5. Safety of front row versus back row seats for wheelchair seated passengers

Both the NSW and Australian Transport Safety guidelines offer no specific recommendation for whether the front passenger or back row seats are safer for wheelchair seated passengers [7,8]. The only specific recommendation for seating position in these guidelines is that wheelchair seated passengers should face forward. These guidelines outline many considerations when deciding how to modify a car for a wheelchair seated passenger, including the preference of the wheelchair user, the number of passengers travelling in the modified vehicle, the height of the wheelchair user, the car model, and the position of the wheelchair passenger relative to other fittings in the car. These different considerations would likely mean that the safety difference between the front and the back seats would depend on many factors such as the car model, the wheelchair model, and the passengers using the vehicle.

There is a lack of research on the impact of seat position on safety of wheelchair seated passengers. Most research on vehicle transport safety for wheelchair seated passengers focuses on comparing the effectiveness of different wheelchair restraint systems, different wheelchair models, and the use of seatbelts [5-6, 9-14]. For car seated passengers in cars manufactured after 1996, front seats are safer than back row seats for occupants over 15 years old, and back row seats are safer for passengers 15 years and younger [15]. It is not known if these results are the same for wheelchair seated passengers. The difference in safety between front and back row seats for car seated passengers is due to the deployment of airbags in the front seats, but not back seats, in the event of a crash. Airbags prevent serious injury for older passengers but can cause injury in children [16].

The Australian Transport Safety Guidelines provide no guidance around airbags for wheelchair seated passengers [8]. The NSW guidelines state that an exemption from the NSW Road and Maritime services is required if airbags are deactivated or removed as part of a vehicle modification [7]. There is no research investigating the effectiveness of airbags for wheelchair seated passengers, however there is one study which investigated the effectiveness of airbags for wheelchair seated drivers [17]. This study found that airbags are generally effective at reducing the risk of head and neck injuries for wheelchair seated drivers, however the airbags can cause serious injury if the driver is required to sit very close to the airbag module in order to operate the modified vehicle. It is therefore possible that airbags could be beneficial for adult wheelchair seated passengers if they are not seated too close to the airbag module. It is important to note that this study only investigated frontal impact crashes in one car model and one wheelchair type, so further research is required to confirm if airbags are effective for all wheelchair seated vehicle occupants under different crash conditions [17]. This study also only investigated the effectiveness of airbags on adults in wheelchairs, however it is likely that if airbags cause injury to car seated children aged 15 and under [16], they could also cause injury to wheelchair seated children.

Due to the lack of research on the impact of seat position on safety for wheelchair seated passengers, it is most important to focus on ensuring that the vehicle modification complies with the AUS/NZ requirements for Technical Systems and Aids for People with Disability to ensure that the passenger is safe [7,8]. This includes the correct amount of head room, correct Wheelchair Tie-down and Occupant Restraint System and seatbelt, and ensuring that the wheelchair is facing forward. The position of a wheelchair seated passenger in the vehicle should be where the safety requirements are best met and considers the preference of the passenger. The safest position in the vehicle may be in either the front or back rows depending on factors such as the wheelchair model, vehicle model, and the vehicle passengers [7,8]. The location of airbags and may also be considered when deciding seating position, with some evidence suggesting that airbags can prevent serious injury for wheelchair seated adults [17] but are known to cause injury to car seated children aged 15 and under [16].

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7. Version control

| Version | Amended by | Brief Description of Change | Status | Date |
|---------|------------|-----------------------------|---------------|------------|
| 0.1 | MBK223 | First draft | First Draft | 12/10/2021 |
| 0.2 | AHR908 | Comments and revisions | - | 12/10/2021 |
| 0.3 | MBK223 | Interim Revisions | Second Draft | 12/10/2021 |
| 1.0 | FFM634 | Final revisions | Final Version | 23/11/2021 |

Specialised driving lessons

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Research question: 1. How many hours of specialised driving lessons is generally required for an individual with a disability to learn how to drive and attain their driver's license? How does this vary between disability populations (e.g. ABI, Stroke, ID, ASD)?

2. What is the best practice approach for a driver rehabilitation program, are there any guidelines regarding the frequency of driving lessons and frequency of Driver Trained Occupational Therapist review/re-assessment?

3. What are the factors which determine successful attainment of licensing, especially for individuals with cognitive impairments?

Date: 01/12/2022

Requestor: Melody s22(1)(a)(i) - irrelevant

Endorsed by: Katrin s22(1)(a)(i) - irrelevant

Researcher: Aaron s22(1)(a)(i) - irrelevant

Cleared by: Stephanie s22(1)(a)(i) - irrelevant

Review date:

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2. Summary

This paper focussed on on-road driver training interventions for people with cognitive or emotional concerns which impact their driving. There is very little evidence evaluating on-road driving lessons despite this being one of the most widespread interventions used for driver training and rehabilitation. Lack of evidence for on-road driving lessons is a known issue for researchers and driver trained occupational therapists (DTOTs) and is frequently remarked on in the research literature.

Relevant studies have been conducted for drivers with Autism Spectrum Disorder (ASD) and traumatic brain injury (TBI). Surveys of driving instructors suggest learners with ASD may require 20-40 formal driving lessons. Evidence shows that while most people with TBI can return to driving, those who require additional training need on average seven 2hr formal driving lessons. Researchers have explored for other cohorts (stroke, mild cognitive impairment, psychosocial disability) but available studies were either exploratory (e.g., describing driver profiles) or examined other interventions (e.g., simulator training, driver education, physical rehabilitation etc.).

While there is consistent evidence that suggests people with disability take longer to get their license, any quantified results are based on very few studies and should be treated with caution.

No guidelines were found which offered recommendations for duration, frequency or number of driving lessons for people with cognitive or emotional concerns that might impact their driving. In response to lack of evidence, guidelines stress the need for individualised interventions which account for the learners' specific needs.

3. Guidelines

Database searches uncovered no published guidelines recommending an overall approach to frequency or duration of specialised driving lessons, reviews or reassessments for people with cognitive or emotional concerns that might impact their driving.

Assessing fitness to drive is a collaboration of AustRoads and the National Transport Commission and provides guidelines for determining when a driver with some medically relevant impairment meets licensing requirements (AustRoads & National Transport Commission, 2022). This includes required frequency of reassessment after a person has obtained their license. For example, reassessment may be more frequent if a driver has a progressive condition. However, *Assessing fitness to drive* does not provide recommendations around frequency of reassessment for drivers prior to obtaining their license. Nor does it provide guidelines around frequency or duration of lessons or rehabilitation strategy for drivers wanting to gain or regain their license. In fact, the guidelines state explicitly, “there is currently limited evidence to support the use of particular rehabilitation or retraining strategies” (AustRoads & National Transport Commission, 2022, p.23).

VicRoad’s *Guidelines for Occupational Therapy Driver Assessors* (VicRoads) does include some recommendations around driving lessons. VicRoads says, for instance, that driving instructors need to “use appropriate training methods to accommodate the driver’s past experience, current skill level and communication/impairment needs” (p.33). This might involve specifying number of lessons or recommending a duration of lessons. However, the guidelines do not specify how the DTOT’s should recommend frequency or duration of lessons.

Queensland’s *Controlled Environment Driver Training Guidelines* (Department of Transport and Main Roads, 2021) emphasises responding to individual learner circumstances and does not make recommendations around frequency or duration of lessons:

... consideration should be given to offering flexibility of approach and adapting learning principles to the needs of individuals, including those students with physical or mental health challenges. Driver trainers are not expected to conduct clinical assessments of special needs or challenges, but as educators there is a responsibility to be sensitive to these issues and to try to respond to them. Unfortunately, there is little research and evidence to prescribe specific driver training techniques for students with special needs; however, the key principle is to try to understand their circumstances and be as flexible in the conduct of training and communication methods as is reasonably practicable (2021, p.11).

The UK’s *National standard for driver and rider training* (National standard, 2020) outlines what a driver instructor should know when training learner drivers. It describes a client-centred approach which responds to individual needs and takes into account prior knowledge and experience of the learner. It does not provide guidance on frequency or duration of lessons.

4. Evidence for on-road driving lessons

There is a notable lack of evidence regarding the efficacy of on-road driving lessons for people with disabilities. A 2014 systematic review of occupational therapy assisted driver rehabilitation notes:

while it is our experience that the most common intervention approach used in clinical practice is a series of lessons with a driving instructor, we were unable to identify any studies that evaluated this intervention approach. This kind of intervention has received very limited description in the literature which may be due to the heterogeneous nature of the training provided. (Unsworth & Baker, 2014, p.112)

While there is some efficacy data published since 2014, the lack of evidence of on-road driving lessons for people with disabilities is noted in almost all studies referenced in this paper (AustRoads & National Transport Commission, 2022; Berndt et al, 2022; Vindin et al, 2021; Department of Transport and Main Roads, 2021; Dun et al, 2020; Sangrar et al, 2019; Wilson et al, 2018; Lindsay & Stoica, 2018; Unsworth et al, 2015; George et al, 2014). For example, as recently as 2021, Australian researchers in Perth and Sydney could claim to have completed the first experimental on-road driving training intervention study for people with ASD (Vindin et al, 2021, p.3708).

4.1 General

In a recent interview-based study of Australian DTOTs looking at self-reported clinical reasoning regarding recommendations for interventions, Berndt et al note that:

Participants asserted that peer-reviewed scientific research evidence for particular driver rehabilitation interventions was sparse, so they often deferred to clinical judgment and experience to guide practice. In the absence of specific driver rehabilitation intervention research evidence, general evidence was transferred across to a driver rehabilitation context, applied and then evaluated (Berndt et al, 2022, p.442).

Unfortunately, the authors do not elaborate on what this general evidence consists of. Participants reported factors related to on-road driving lessons as crucial to their decision making. For example, participants noted that in order to determine whether a skill was acquired, they needed to observe the skill being implemented across multiple lessons, rather than just once during an assessment. Responses also imply that a DTOT will create a hypothesis about the learner's driving ability and then test the hypothesis over multiple lessons.

Breault et al (2019) found young learners with disabilities took longer on average to learn to drive compared to young people without disabilities but did not provide details about average duration or frequency of lessons.

In their review, Sangrar et al (2019) found interventions including in-vehicle training could reduce driver errors and improve control of vehicle for older drivers. However, as the

interventions generally included multiple components (e.g., simulator training and group education) it is unclear how much of the effect could be attributed to on-road lessons. Also, the on-road component of training in these studies was generally limited to one or 2 sessions. Similar findings for older drivers were reported by Castalucci et al (2020). Beanland and Huemer (2021) raise the same concern regarding one- or 2-day driver training programs for all post-license drivers.

4.2 Autism Spectrum Disorder

A 2019 systematic review reported on 3 papers recommending strategies to assist people with ASD to drive. Strategies included shorter lessons, repetitions of lessons and regular, frequent and consistent lessons (Lindsay, 2019). The necessity for repeating lessons could be a reason people with ASD often take longer to learn to drive (Tyler, 2013).

The use of frequent repetition of lessons was supported in two publications reporting on an interview-based study of driving instructors (Myers et al, 2019; Myers et al, 2021). These studies always noted other specific strategies around duration and frequency of on-road driving lessons. One driving instructor suggested a typical pattern was 24hrs formal instruction from a driving instructor/OT plus another 200 hours of driving practice with parents/carers. Others described requiring 3 to 4 times more hours of on-road practice for people with ASD compared to those without. The authors suggested lessons can continue for 2-3 years. Instructors often recommended a course of driving lessons, followed by months or years of on-road practice with informal supports. During this time students were instructed to work on foundational pre-driving skills (e.g., learning to ride a bike or catch public transport independently) after which they may return for another course of driving lessons.

Participants in the Myers et al study predicted that around 30% of their students eventually got their license (Myers et al, 2019; Myers et al, 2021). This is consistent with evidence that 1 in 3 young people with ASD acquire their driver's license (Curry et al, 2018).

In 2018-2019, an Australian team of researchers completed a scoping review and RCT to examine interventions for young learner drivers with autism (Wilson et al, 2018; Vindin et al, 2021). The scoping review supports the suggestion raised in other studies (Myers et al, 2021; Myers et al, 2019; Lindsay, 2019; Tyler, 2013) that young drivers with ASD may require more lessons of shorter duration compared to those without ASD. In a survey of 388 respondents, Shepard et al (2022) found drivers with ASD typically required 20-40 professional driving lessons compared to people without who required on average 0-20 lessons, and driver with ASD typically got their license later. This is consistent with the only other quantified recommendation of an average of 24 lessons (Myers et al, 2019).

Wilson et al's (2018) scoping review found interventions reporting simulator or computer-based training but found no studies examining on-road driving lesson interventions. To address this gap, the research team designed an RCT to assess the efficacy of an on-road driving program for 72 young people with ASD (Vindin et al, 2021). In this study, both the intervention and control group were given 10 driving lessons with driving instructors who were not DTOTs. The

intervention group lessons were delivered by instructors trained in an ASD specific driving program. The control group lessons were delivered by instructors with no additional training. The researchers found large effect sizes for both groups but found no statistically significant difference between groups. It is noteworthy that both groups showed significant benefit after a course of on-road driving lessons with mainstream professional driving instructors. However, the authors note there is a possibility of self-selection bias resulting in a group of driving instructors with interest or experience in training young people with ASD.

4.3 Traumatic brain injury

Duration of driver training after traumatic brain injury depends on the severity of the injury (Schultheis & Whipple, 2014). Estimates for return to driving after TBI range from 42% to 98%. In their sample of 48 people with traumatic brain injury, Stolwyck et al (2019) found 31 were fit to drive following an assessment from an occupational therapist, while 9 of the 17 who failed the assessment were recommended take one or more driving lessons before being reassessed. All those who underwent driving lessons were re-assessed and cleared to return to driving. However, the report does not make clear how many lessons were required for the cohort of participants who failed the initial test.

Ross et al (2018) found in an Australian sample of 340 people with traumatic brain injury, 72% passed the initial post-injury driver assessment and of the 28% who failed the initial assessment, 98% passed after an average of 7 driving lessons (14 specialist driving instructor hours) and 2.5 on-road assessments (9.8 OT hours and 3.8 specialist driving instructor hours). Only 7 out of the 340 were not able to return to driving.

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Research Request – Learner Driver in Australia

Statistics and research to support the development of an NDIS funding position or at least an advice position.

For a Learner (Class C – car) driver in Australia – What are the percentage of learners who access driving lessons (as opposed to learning from family/friends)?

1.) For Learner (Class C – car) driver's doing the log book system – How many driving lessons do they usually require?

2.) For a Learner (Class C – car) driver, not doing a log book system but instead the state on-road licensing test - How many driving lessons do they usually require?

3.) Are there any differences (patterns) between different Australian states regarding driving instructor usage?

Brief

4.) Is there any evidence regarding the number of lessons an adult usually requires to learn to drive with a left accelerator in auto car as a new driver?

5.) Is there any evidence regarding the number of lessons an adult usually requires to re-learn to drive with a left accelerator in auto car (rather than a right one) as an existing driver?

6.) Is there any evidence regarding the maximum number of driving lessons funded by other funding agencies (eg TAC, Lifetime support scheme, DVA etc...) prior to them requiring further evidence (- if so what is the required evidence - ? a Driver Trained OT on -road assessment review)

7.) Is there any evidence regarding the position in regard to funding Learner driving lessons for other funding agencies (eg TAC, Lifetime support scheme, DVA etc...). Do they consider whether some or all of this is an everyday cost for consumers and therefore not cover it.

Date July, 2020

Requester Shannon s22(1)(a)(i) - inf (Assistant Director – TAB)

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Australia’s National Driver Licensing Scheme

In 1997, Australia implemented a National Driver Licensing Scheme (NDLS), establishing a single driver licence classification structure, eligibility criteria and a uniform set of requirements for key driver licensing transactions including the issue, variation, renewal, suspension and cancellation of licences.

Although Australia operates a federated licensing scheme (administered by the individual states and territories), the NDLS has been adopted by all Australian jurisdictions and, as a result, facilitates the mutual recognition between Australian jurisdictions of driver licences when transferring between jurisdictions. [1]

Australia’s standard graduated licensing system (GLS) for cars

All Australian jurisdictions have introduced a GLS for novice drivers. The fundamental components of Australia’s standard GLS policy framework are outlined below. All Australian jurisdictions currently meet or exceed these requirements. [1]

GLS requirements:

- Learner permit at 16 years – supervised driving required

- 12 months minimum holding of learner permit
- Requirement to undertake at least 50 hours supervised driving recorded in a log book
- Practical on-road test to achieve solo unsupervised licence
- Hazard Perception Test as part of GLS
- Solo licensing from 17 years
- Zero Blood Alcohol Content (BAC) and no hand held mobiles during entire learner/provisional period
- Lower demerit point threshold for novice drivers
- Community education about risks associated with:
 - Novice drivers and late night driving and carrying multiple passengers
 - Young drivers on a full licence and drink driving
- Support programs to assist disadvantaged drivers to progress.

Learners who access driving lessons with professional instructors as opposed to family/friends

No research or statistics could be sourced indicating learners who access driving lessons with professional instructors as opposed to family/friends.

In 2013 The Centre for Accident Research & Road Safety – Queensland, published a series of three reports which examined education and training for novice drivers. The third and final report [2] provided an overview of the graduated driver licensing (GDL) system and outlines the expert opinion of four international novice driver experts about the potential road safety impacts of different training approaches if applied to the GDL system in place within Queensland.

In looking at supervised on road practice the report indicated that *"All of the experts were in agreement that this is an effective way for the learner to gain experience and that there is strong potential for positive road safety effects in particular because of the potential to extend the learner phase using a mandated hours requirement. It was recognised that a certain amount of practice will be necessary before road safety effects can be realised, however, experts noted that there is no clear consensus in the literature as to how many hours this should be"*.

The report also looked at the advantages and disadvantages of professional instructor lessons as opposed to supervision by family/friends with the following observations:

Advantages

- Exposes learners to practice driving under supervision which has a low crash risk.
- Allows gradual progression of practice from low crash risk (e.g. car parks) to higher risk conditions (e.g. night time driving).
- Allows parents to judge if the novice is ready to take their test.
- Increasing quantity of private supervision during learner phase is the most investigated and promoted way to reduce P1 crashes and has been shown to be effective at reducing crash risk in the first 2 unsupervised years.

- Without private supervision learners would likely rely on professional lessons, which often lack variety.
- Research suggests bad habits picked up from private supervisors does not outweigh the overall benefits, and likely could be addressed by good professional instruction.
- Required 100+ hours has potential to delay licensing which has safety benefits.

Disadvantages

- Parents do not always have sufficient tools to assist them as supervisors.
- Not all parents are good drivers or good teachers. Learners may adopt poor/unsafe/risky driving from a private supervisor.
- It is not clear from research the extent to which supervised driving experience translates into safer driving when unsupervised.
- Effects are only found if supervised practice is for a longer rather than shorter time/distance travelled.
- Required 100+ hours results in more practice of novices but puts a strain on some families.

Number of Lessons: Log Book System/State on-road Licensing Test and Driving Instructor Usage

- No state stipulates the number of driving lessons required. Instead, most states stipulate the minimum number of hours of supervised driving which needs to be recorded in a log book.
- It appears to be recognized that the number of lessons required depends on the individual driver's skills, confidence and other factors.
- The number of hours required varies from state to state and varies according the age of the driver. In some states a log book does not need to be completed if the driver is over a certain age.
- For all states, it appears there are no requirements regarding number of driving lessons for Learner Drivers not doing a log book system but instead the state on-road licensing test.
- In all states anyone holding an appropriate licence can supervise/instruct the learning driver. No states stipulate the use a professional driving instructor. Only one state (NSW) gives an incentive to drivers to use a professional instructor by offering bonus log book hours.

Below is table summarizing the general requirements per state for log book systems and driver instructor usage.

| Australian State & Link to authority responsible for driver licensing functions | LOG BOOK SYSTEM | Driving Instructor Usage |
|--|---|---|
| <p>NSW: Roads and Maritime Services New South Wales</p> | <p>AGE: Under the age of 25 must complete a minimum of 120 hours of supervised driving experience (including at least 20 hours at night).</p> <p>Aged 25 or older doesn't need to fill out a log book or complete any minimum amount of supervised driving.</p> <p>LOG BOOK: Hours must be recorded in a paper log book or log book app.</p> <p><u>Exemptions</u> to the 120 hours include</p> <p>Previously held a NSW or interstate driver licence, other than a learner licence</p> <p>Previously held an overseas licence, other than a learner licence</p> <p>Hold an overseas licence, other than a learner licence, and are issued with a learner licence after failing one driving test</p> <p>Are specifically exempted by Roads and Maritime Services.</p> | <p>Anyone holding an appropriate licence can supervise/instruct the learning driver.</p> <p><u>Professional Driving Instructor</u></p> <p>No stipulation to use a professional driving instructor.</p> <p>There is a 3 for 1 bonus hours incentive: If Lerner has lessons with a professional driving instructor: for every 1 hour structured driving lesson, Lerner can record 3 hours driving experience in their log book.</p> |
| <p>VIC: VicRoads</p> | <p>AGE: Under the age of 21 must complete a minimum of 120 hours of supervised driving experience (including at least 20 hours at night).</p> <p>Aged 21 or older doesn't need to fill out a log book or complete any minimum amount of supervised driving.</p> <p>LOG BOOK: Hours must be recorded in a paper log book or log book app.</p> <p><u>Exemptions</u> to the 120 hours include:</p> <p>If the nature of your essential activities, occupation, employment or family circumstances means that 120 hours of supervised driving would cause you or your family undue hardship.</p> <p>If you have sufficient previous driving experience (interstate and overseas experience will be considered).</p> | <p>Anyone holding an appropriate licence can supervise/instruct the learning driver.</p> <p><u>Professional Driving Instructor</u></p> <p>No stipulation to use a professional driving instructor</p> |
| <p>QLD: Department of Transport and Main Roads Queensland</p> | <p>AGE: Under the age of 25 must complete a minimum of 100 hours of supervised driving experience (including at least 10 hours at night).</p> | <p>Anyone holding an appropriate licence can supervise/instruct the learning driver.</p> <p><u>Professional Driving Instructor</u></p> |



| Australian State & Link to authority responsible for driver licensing functions | LOG BOOK SYSTEM | Driving Instructor Usage |
|--|---|---|
| | <p>Aged 25 or older doesn't need to fill out a log book or complete any minimum amount of supervised driving.</p> <p>LOG BOOK: Hours must be recorded in a paper log book or log book app.</p> <p><u>Exemptions</u> to the 100 hours: Will need to prove that at least one of the following circumstances applies to you: No car available, No supervisor available. Limited access to a road network. Source></p> | <p>No stipulation to use a professional driving instructor</p> |
| <p>WA: Department of Transport Western Australia</p> | <p>AGE: Under the age of 25 must complete a minimum of 50 hours of supervised driving experience (including at least 5 hours at night).</p> <p>Aged 25 or older doesn't need to fill out a log book or complete any minimum amount of supervised driving.</p> <p>LOG BOOK: Hours must be recorded in an app log book only. No paper log book.</p> <p><u>Exemptions:</u> none sourced</p> | <p>Anyone holding an appropriate licence can supervise/instruct the learning driver.</p> <p><u>Professional Driving Instructor</u></p> <p>No stipulation to use a professional driving instructor</p> |
| <p>SA: Department of Planning, Transport and Infrastructure South Australia</p> | <p>AGE: Any age must complete a minimum of 75 hours of supervised driving experience (including at least 15 hours at night).</p> <p>Any age required to fill out a log book or complete any minimum amount of supervised driving</p> <p>LOG BOOK: Hours must be recorded in a paper log book or log book app</p> <p><u>Exemptions:</u> Exemption to hours of supervised driving may be granted if learner has driving experience from other states.</p> | <p>Anyone holding an appropriate licence can supervise/instruct the learning driver.</p> <p><u>Professional Driving Instructor</u></p> <p>No stipulation to use a professional driving instructor</p> |
| <p>TAS: Department of State Growth Tasmania</p> | <p>At least 80 hours of supervised driving experience (including at least 15 hours at night).</p> <p>Two stages to learner Driving:</p> <p>L1 Stage: No log book required, Supervisory Driver required.</p> <p>L2 Stage: Includes Driving Assessment, then Supervisory Driver required, and completion of log book (no app log) Source></p> | <p>Anyone holding an appropriate licence can supervise/instruct the learning driver.</p> <p><u>Professional Driving Instructor</u></p> <p>No stipulation to use a professional driving instructor</p> |

| Australian State & Link to authority responsible for driver licensing functions | LOG BOOK SYSTEM | Driving Instructor Usage |
|---|--|---|
| NT: Department of Transport Northern Territory | AGE: If under 25 years old need to hold provisional licence for at least two years before upgrading to a full licence. If you are 25 or older provisional licence needs to be held for at least one year. No minimum driving hours required. LOG BOOK: None required | Anyone holding an appropriate licence can supervise/instruct the learning driver. <u>Professional Driving Instructor</u> No stipulation to use a professional driving instructor |
| ACT: Road Transport Authority Australian Capital Territory | AGE: Under the age of 25 must complete a minimum of 100 hours of supervised driving experience (including at least 10 hours at night). Aged 25 or older required to complete 50 supervised driving hours including 5 at night. LOG BOOK: Hours must be recorded in the paper log book only. There is no app log. <u>Exemptions:</u> none sourced | Anyone holding an appropriate licence can supervise/instruct the learning driver. <u>Professional Driving Instructor</u> For the first 10 hours, 3 hours of supervised driving hours will be applied for each singular hour driven whilst supervised by an ACT Accredited Driving Instructor. |

Number of Lessons: Adults learning to drive with a left accelerator in auto car as a new driver

No research or statistics could be sourced indicating the number of lessons required for adults learning to drive with a left foot accelerator in auto car as a new driver.

Below is table summarizing the general requirements per state for adults learning to drive with a left accelerator in auto car.

| Australian State & Link to information regarding the left accelerator requirement | Summary of requirement |
|---|--|
| NSW: Roads and Maritime Services New South Wales Driving with a disability: Leg disabilities | In an automatic vehicle, the accelerator and brake can be used by either the right or left leg, or both (one for each pedal). If you only use your left leg, the accelerator should be fitted to the left of the brake pedal (unless Roads and Maritime approves operation with the pedals in their normal position). |
| VIC: VicRoads Guidelines for Occupational Therapy (OT) Driver Assessors. | A person who has no functional use of their right foot or leg needs to use a left foot accelerator unless they can demonstrate appropriate control by use of prosthesis (if relevant). VicRoads will not test an applicant if the left foot is used to operate an accelerator fitted to the right of the brake pedal. Where an additional accelerator pedal is fitted to the left of the existing brake pedal, both the right and left accelerator pedal must be independently capable of being rendered inoperable. |
| QLD: Department of Transport and Main Roads | While there are no requirements which specifically cover the location of a left foot brake or accelerator pedal, attention should be paid to the |

| Australian State & Link to information regarding the left accelerator requirement | Summary of requirement |
|--|--|
| Queensland Code of Practice Vehicle Modifications Version 4.2 February 2020 | operator's needs. Due care should also be taken to ensure there is sufficient clearance from the brake pedal, to reduce the risk of the driver accidentally depressing the incorrect pedal. Where a vehicle is fitted with an additional accelerator pedal, the accelerator pedal not in use must be able to be: fitted with a cover; or, folded away; or disconnected/rendered inoperative. |
| WA: Department of Transport Western Australia | Not found |
| SA: Department of Planning, Transport and Infrastructure South Australia | Not found |
| TAS: Department of State Growth Tasmania | Not found |
| NT: Department of Transport Northern Territory | Not found |
| ACT: Road Transport Authority Australian Capital Territory | Not found |

Number of Lessons: Adults re-learning to drive with a left accelerator in auto car (rather than a right one) as an existing driver

No research or statistics could be sourced indicating the number of lessons required for adults re-learning to drive with a left foot accelerator in auto car as an existing driver.

Number of Lessons: maximum number of driving lessons funded by other funding agencies

Other than a Victorian program funded by TAC, no evidence from other funding agencies could be found indicating a maximum number of driving lessons.

Traffic Accident Commission L2P Program

The [TAC L2P Program](#) is a state wide program funded by the TAC that matches young learner drivers with supervising driver mentors. The purpose of the program is to enable the learner driver to meet the mandated 120 hours of driving practice required to gain a probationary licence.

Participants are eligible for up to 7 professional driving lessons from a registered driving instructor.
[3]

Funding learner driving lessons for other funding agencies

Traffic Accident commission TAC

TAC do not indicate the number of lessons or hours of instruction they will fund.

TAC pay the reasonable cost of a driving program, when recommended by an occupational therapist and overseen by a qualified driving instructor, in the following circumstances:

- The transport accident injury imposes physical, psychological or cognitive restrictions on your client, and
- Driving and participation will enable your client to commence, or return to, safe and competent driving.

TAC can pay for:

- driving instructor fees.
- lessons and training on how to use adaptations in modified vehicles.
- travel for a specialised driving instructor when:
 - your client with special needs requires a suitably modified vehicle, and
 - an instructor with the necessary skills and experience is not located near your client's home.

TAC will not pay for:

- driving lessons for your client if their driver's licence or learner permit is under suspension or has been cancelled for reasons which are not directly related to their transport accident injuries
- driving permit and licence fees
- driving programs that are not conducted safely
- driving programs conducted by an occupational therapist with no specialist training in driver assessment [4]

TAC Driving assessment (Instructor) services provided on or after 1 July 2020 [5]

| Service Description | TAC Item Number | Maximum Payment Rate |
|---|-----------------|----------------------|
| Driving Assessment By Driving School - Driving Instructor Fees | | |
| For 30 Minutes | ED0015* | \$51.70 |
| For 45 Minutes | ED0015* | \$77.55 |
| For 60 Minutes | ED0015* | \$103.39 |
| Pro-Rata For Longer Periods | | |

Department of Veteran Affairs (DVA)

No evidence could be found with regard to funding for learner driving lessons.

Lifetime Support Scheme

No specific evidence could be found regarding learner driving lessons other than an indication that the scheme “facilitated driving lessons and modifications to a vehicle” for a SCI participant [6], and that another participant is “is undergoing lessons to learn how to drive a modified vehicle”. [7]

Cohorts

Although an extensive search was not carried out with regard to particular disability cohorts and driving education, there appears to be some research available in this area on learning methods, which may give insight into the number of hours/lesson requirements.

For example a study on learner drivers with cerebral palsy suggested a need for better methods for teaching CP learners search strategies, as problems increased for CP learners in those parts of training where high demands are set on visual search abilities. [8]

A 2017 study set out to explore the facilitators or barriers to driving education experienced by individuals with ASD or ADHD who obtained a learner’s permit, from the perspective of the learner drivers and their driving instructors. It found that driving license theory was more challenging for individuals with ADHD, whilst individuals with ASD found translating theory into practice and adjusting to “unfamiliar” driving situations to be the greatest challenges. [9]

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