

Victorian Senior Practitioner report 2023 - 2024

Plain language



Winning artwork by Hayden McLean from the Barbara Donovan & Sarah Guilfoil Art Competition Award, with the theme 'The Future is Ours!'. The awards are sponsored by Victoria State Government and were presented at the VALID Having a Say Conference 2024.



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A message from the Victorian Senior Practitioner



Hello, my name is Mandy Donley. I am the Senior Practitioner.

This is our plain language annual report. This report is about our work from July 2023 to June 2024

Thank you to my staff. They do important work for people with disabilities who have restrictive practices in the behaviour support plan. They do important work for people with Compulsory Treatment.

Thank you to everyone we work with.

We have been doing research and projects about restrictive practices.

We have counted numbers of people in Victoria with restrictive practices

We have also counted the number of Aboriginal children and adults with restrictive practices in their behaviour support plan. We want to work better with Aboriginal communities in Victoria.

We did training on the internet. We brought people together, like Victorian authorised program officers.

We had 661 disability services who told us about restrictive practices. This number is bigger than last year.

I look forward to working with you for another year. We will keep working with the Victorian Charter of Human Rights.

Mandy Donley

Victorian Senior Practitioner

The job of the Victorian Senior Practitioner

The job of the Senior Practitioner started in 2006. The Disability Act says that the Senior Practitioner must protect the rights of people with disability in Victoria who have restrictive practices in their behaviour support plan.

The Disability Act changed in 2019 and 2023 because of the national disability insurance scheme (NDIS). The changes say what the Senior Practitioner must do and what the National Disability Insurance Scheme must to do.

The Disability Act said that the Senior Practitioner must:

- Write guidelines about the safest way for disability service providers to use restrictive practices and compulsory treatment
- Learn more about restrictive practices by doing projects
- Teach people about restrictive practices and supporting people who use behaviours of concern.

The Senior Practitioner has a job to:

- now about the type of restrictive practices used with people with disability in Victoria
- know about people who have supervised treatment orders
- give directions to disability services who support people with supervised treatment orders.

This report is about how we did these jobs from July 2023 to June 2024.

Important numbers in the report

The number of people who we said could have restrictive practices **3,142**

The number of children with restrictive practices in their behaviour support plan **312**

The number of people who had different types of restrictive practices in their behaviour support plan

- chemical restraint **2,577**
- environmental restraint **1,620**
- mechanical restraint **292**
- seclusion **69**
- physical restraint **10**

The number of times we helped people with questions about restrictive practices **2,721**

The number of people the Senior Practitioner trained about the risks of restrictive practices **188**

The number of care team meetings that we went to **378**

The number of Victorian Civil and Administrative Tribunal hearings that we went to **37**

Knowing about the use of restrictive practices in Victoria

One of the jobs of the Senior Practitioner is knowing about how many people have restrictive practices in their behaviour support plan in Victoria. We say when restrictive practices are allowed to be used.

Restrictive practices approved in Victoria

We make the decision about when restrictive practices can be used with Victorians who have national disability insurance scheme (NDIS) supports. This is sometimes called authorisation and approval.

The authorised program officer from a disability service sends the Senior Practitioner an application asking to use a restrictive practice with a person. If the restrictive practice is chemical restraint or environmental restraint, the authorised program officer decides if these can be used. The authorised program officer needs to make sure that the application meets the legal criteria.

If the restrictive practice is mechanical restraint, physical restraint or seclusion, the Senior Practitioner needs to make sure the application meets the legal criteria.

The legal criteria include:

- That the restrictive practice will be used to stop a person from hurting themselves or other people
- That the restrictive practice is the least restrictive way to stop people from getting hurt

There is a plan for reducing and stopping restrictive practices over time The Senior Practitioner decided that the application

asking to use restrictive practices met the legal criteria for 3,142 people. This was more people than last year.

The number was bigger because this year we included people with disability who lived in residential aged care and people with psychosocial disability. The number was also bigger because there were 162 new disability providers in Victoria.

Chemical restraint

Chemical restraint is medication given to someone to stop them doing a behaviour. It does not include medications for medical conditions or mental illness.

Chemical restraint was the most common restrictive practice in peoples plans. More than 2,500 people had medication in their behaviour support plans. This number was bigger than last year.

Many of the people were given antipsychotic medication, but they did not have a diagnosed mental illness. The medication was given to change their behaviour. Many people were given medications to make them sleepy and change their behaviour. Many people were given antidepressant medication, but they did not have a diagnosis of depression.

We have done lots of work to try to reduce chemical restraint. We have run training and education.

Mechanical restraint

Mechanical restraint is the use of equipment to stop someone moving a part of their body. Mechanical restraint could be a bodysuit that stops someone touching their body, or a splint to stop someone moving their arm. A seatbelt and buckle guard used in a car is not always a mechanical restraint if used to support.

The Senior Practitioner looked at all the requests to use mechanical restraint.

292 people had applications for mechanical restraint. Some people had clothes that stopped their movement, like bodysuits. Some people had harnesses that stopped movement. Some people were put in wheelchairs to stop them moving freely.

Seclusion

Seclusion is locking someone in a room so they cannot get out. The Senior Practitioner looked at all the requests to use seclusion.

The Senior Practitioner agreed that the behaviour support plans for 69 people met the legal criteria for the use of seclusion.

This number was less than last year. The Senior Practitioner helped disability service providers to think of less restrictive ways to support people.

Physical restraint

Physical restraint is when someone stops a person from moving a part of their body to stop a behaviour. It is different from gently helping someone

We said yes to 10 people having physical restraint in their behaviour support plans.

This is a much smaller number of people than last year.

We think that sometimes people have physical restraint in their plan, but it did not need to be used.

In 2023 – 2024 we talked a lot more about the physical restraint direction paper. This helped to reduce the number of times physical restraint was included in behaviour support plans.

Environmental restraint

Environmental restraint is when a person is stopped from having certain things, doing certain activities, or going to certain places in your home or in the community. For example, locking the fridge so someone cannot get their food is environmental restraint.

We said yes to having environmental restraint for environmental for 1,620 people. This is more people than last year.

Some people had front locked doors that stopped them from going outside. Some people had locked cupboards or rooms in their homes. Some people had their possessions locked away.

We are doing a project on locked doors called the environmental restraint: Phase 2 – detention project.

Visiting services to see how restrictive practices are being used

We visited services to see what restrictive practices were used. We talked to the services about what restrictive practices we saw disability providers use. This is called an audit.

We visited two disability services in Victoria.

At one disability service, we looked at chemical restraint. We gave them ideas about how to better look after people's health. We talked with some doctors about chemical restraint. We gave the doctors ideas about how to reduce chemical restraint.

At the other disability service, we had some concerns about their use of restrictive practices. We gave them support to understand the risks of using restrictive practices and ideas about using less restrictive ways.

Compulsory treatment

The Victorian Senior Practitioner helps people who have compulsory treatment. Compulsory treatment is a special law for people with an intellectual disability who are at serious risk of hurting other people. The law says the person must have specific treatment.

42 people had compulsory treatment this year. Some people with compulsory treatment must live in specific services. This is called a supervised treatment order. A person might live in a house with locked doors and be watched all the time if they leave the house. Two people stopped having a supervised treatment order because it reached its finishing date.

Nearly all the people with compulsory treatment were men. Many of them had been violent to other people.

Many of the people had restrictive practices in their plans. The most common restrictive practice was environmental restraint. Half of the people had chemical restraint in their plans.

Victorian Civil and Administrative Tribunal (VCAT) hearings

Victorian Civil and Administrative Tribunal is a type of court for big decisions. Hearings are meetings to make big decisions.

People who have a supervised treatment order have big decisions made by Civil and Administrative Tribunal.

We went to 37 Civil and Administrative Tribunal hearings.

Learning more about restrictive practices through projects

The Senior Practitioner does special projects to learn more about restrictive practices. This year, we worked on 10 projects and training programs with disability service providers and universities.

Training programs

We worked with the University of Melbourne on training programs for behaviour support practitioners. 300 people did this training program. More people will be able to do them in the next year.

We worked with the University of Melbourne on a training program for authorised program officers. More than 200 people did this training.

Projects

We worked on 8 projects:

- Chemical restraint project – about medications that are prescribed too often and the importance of people, such as doctors working together to make things better
- Authorised program officer project – helping them understand the legal criteria that a behaviour support plan needs to meet
- Supporting people who are a risk of doing criminal offences, move safely back into the community
- Environmental restraint project – reducing environmental restraint and understanding when environmental restraint might become detention
- Voice of people with disability who have restrictive practices in their behaviour support plans for example,

- How have people with disability had their voices heard – what have other people said?
- The role of the independent person – a person who knows the person with a disability well and explains the restrictive practices in their behaviour support plan and that the person has a risk to seek a review at Victorian Civil and Administrative Tribunal.
- Physical restraint project – what has happened over the last 10 years?
- Rights and behaviour support in disability services – guidelines for better support
- Project on reducing the over-medication of people with intellectual disability. Supporting disability support workers to become practice leaders.

Teaching people about restrictive practices and Compulsory Treatment

One of the jobs of the Senior Practitioner is to give training and education.

We gave training to 188 people about reducing restrictive practices.

We worked with other services to run training session about reducing restrictive practices.

We ran training for approved program officers and behaviour support practitioners on the internet.

We also ran two training days about the assessment of risk and manageability of individuals with developmental and intellectual limitations who offend assessment tool. This is special questionnaire about the risks and how to support a person with an intellectual disability who might do sexual crimes or other dangerous behaviour.

Working with people to help reduce the use of restrictive practices

The Senior Practitioner works with other services to share information, to learn together, and do new projects together.

This year we:

- answered 2,721 questions about restrictive practices
- attended 378 meetings for very complex people with disability on a compulsory treatment order
- ran three training sessions on compulsory treatment.

Senior Practitioner forum

Every year we hold a big presentation to tell people about the work of the Senior Practitioner. We share information about good things that are happening for people who have restrictive practices in their behaviour support plan.

This year the Senior Practitioner forum was online and face to face. More than 100 people came to presentations and 200 people watched the presentations online.