Victorian Senior Practitioner report 2022 – 2023

Plain language summary

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A message from the Victorian Senior Practitioner

Welcome to my report. My name is Mandy Donley. I work with a team of people.

This is our Plain Language Annual Report. This report is about our work from July 2022 to June 2023.

The laws in the Disability Act 2006 changed this year. The law now says that the Senior Practitioner must encourage people to use less restrictive practice. We must try to use no restrictive practices with people with disability. This influences my job.

Every state and territory in Australia has slightly different rules about restrictive practices. We are trying to make the same rules across all of Australia. This change can be tricky for some people.

We have been counting how many people in Victoria have restrictive practices. The number of people has gone up. There are more people who have chemical restraint than last year.

We have done some teaching on the internet this year. We have done some teaching face to face.

We have done research to learn more about restraint.

Thank you to all the staff who work for me. Thank you to the families and services who work with us.

Mandy Donley

Victorian Senior Practitioner

Restrictive practices

Restrictive practices are things done to another person to stop them from doing behaviours of concern.

A **behaviour of concern** might be a behaviour like hurting yourself or hurting another person. It might be a behaviour like deliberately breaking furniture.

Restrictive practices are things that restrict the rights of a person using behaviours of concern. There are a few different types of restrictive practices: chemical, mechanical, physical, environmental, and seclusion.

- **Chemical restraint** is medication given to someone to stop them doing a behaviour. It does not include medications for health problems or mental illness.
- **Mechanical restraint** is use of equipment to stop someone moving. 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 a mechanical restraint.
- **Physical restraint** is another person strongly holding someone to stop them from moving. It is different from helping someone gently.
- **Environmental restraint** is changing a person's house or space so they cannot get to their things freely. For example, locking the door so someone cannot get their food or technology is environmental restraint.
- **Seclusion** is locking someone in a room so they cannot get out.

The job of the Victorian Senior Practitioner

The job of the Senior Practitioner is to protect the rights of people with disability in Victoria who have restrictive practices. The job started in 2006.

In 2019 there was a change in the Disability Act because NDIS started. The changes said what we must do and what the NDIS must to do.

This year, the Act said that we must:

- Know about the restrictive practices used with people with disability in Victoria
  - Say yes or no to disability services when they ask for permission to use restrictive practices
  - Give special instructions to disability services if there are worries about restrictive practices
  - Talk with the NDIS Commission
- Write guidelines about the safest way to use restrictive practices
- Learn more about restrictive practices by doing special projects
- Teach people about restrictive practices and supporting people who use behaviours of concern.

The Senior Practitioner has an important role for people with compulsory treatment. Compulsory treatment is when somebody from the law courts has said that that someone with a disability has broken the law and must have specific treatment. The Senior Practitioner must see treatment plans and know about any restrictive practices that will be used with these people.

This report is about how we did these jobs from July 2022 to June 2023.

Important numbers in the report

The number of people who we said could have restrictive practices	2,679
The number of children with restrictive practices	271

The number of people who had different types of restrictive practices:

The number of people who had chemical restraint	2,185
The number of people who had environmental restraint	1,443
The number of people who had mechanical restraint	283
The number of people who had seclusion	89
The number of people who had physical restraint	39

The number of times we have helped people with their questions	2,432
The number of people trained by us	455
The number of care team meetings that we went to	233
The number of VCAT hearings that we went to	38

Knowing about the restrictive practice used with people with disability in Victoria

One of the jobs of the Senior Practitioner is knowing about restrictive practices in Victoria. We say when restrictive practices are allowed to be used. We say when Behaviour Support Plans need to be done better.

Restrictive practices approved in Victoria

We make the decision about when restrictive practices can be used with Victorians who get NDIS supports. This is sometimes called authorisation and approval. The Authorised Program Officer from services sends us the application to use a restrictive practice with a person.

We make sure that the application:

- Names a restrictive practice that will prevent a person from hurting themselves or another person
- Names a practice that will be the least restrictive way to work with the person and prevent harm
- Show a plan for using less restrictive practice over time.

We said “yes” to the applications for 2,679 people. 271 people were children and 2,415 people were adults. This was more people than last year.

The number was bigger because we included people with disability who lived in residential aged care and people with psychosocial disability. The number was bigger because there were 124 new disability providers in Victoria.

Chemical restraint

Chemical restraint was the most asked for restrictive practice. More than 2,100 people had medication in their plans. This number was bigger than last year.

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

We have done a lot of work to try to reduce chemical restraint. We hope the number of people with chemical restraints will go down in the future.

Mechanical restraint

283 people had applications for mechanical restraint, such as clothes or straps that stopped them from moving their body. The number of people with mechanical restraint has increased. The number of disability services using mechanical restraint has increased.

We think that the numbers have got bigger because people better understand mechanical restraint. They are learning that they must ask for permission to stop someone from moving.

Some people still get confused about car buckle guards and wheelchair harnesses. Services must get help from a specialist to know if something is used for safety, therapy, or to control a person's behaviour.

Seclusion

89 people were given approval to have seclusion to control their behaviour.

Physical restraint

Physical restraint is people being held strongly to stop them from moving and doing something that might hurt themselves or another person. 39 people had physical restraints requests in their plans.

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

We will be doing a project to understand physical restraint use.

Environmental restraint

Environmental restraints were approved in the houses or services of 1,443 people.

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

We will be doing a project on locked doors.

Behaviour support plans

A behaviour support plan is a written report about a person with a disability who uses behaviours of concern. It is a plan that says how staff should support the person. It should be a plan that says that restrictive practices will only be used after all other planning and responses have been tried. This is called using the least restrictive option.

A behaviour support plan contains lots of information.

We know that behaviour support plans that are written well can help to improve people's lives.

The Senior Practitioner uses a special checklist called the Behaviour Support Plan – Quality Evaluation II or BSP-QEII to measure how good a behaviour support plan is.

The Senior Practitioner looked at some of the plans using the BSP-QEII to check if they had the right information in them.

The quality of the plans was similar to last years.

Many of the plans included:

- A clear description of the behaviour
- The things that happened right before behaviours or concern; these are sometimes called trigger or setting events

- Some ways to fix the triggers and settings
- Better ways for the person to express their feelings.

Many of the plans could be made better by:

- Better information about supporting new skills and behaviours
- Clear goals for teams to achieve
- Clear plans of how the team will work together
- Ways to help people that are specific to the person, not just general ideas that might help everyone.

Visiting services to see if restrictive practices are being used

We visited services to see what restrictive practices were used. We talked to the services about what we saw.

We visited two disability services in Victoria.

One of the services was doing the right work. They were asking permission for the right things. We gave them advice on some things to do better. They fixed up the things that we suggested.

The second service was a big disability service provider. We had requests for permission to use restraint from the service. We were concerned about some of these requests. We decided to visit the service to see what was happening.

We found some problems in the big disability service provider. We found lots of restraint being used without permission. We found illegal restraint types being used.

We said that some of the services had to stop immediately. We worked with other parts of the service to improve them. We said they needed training and more support to do the right thing. We are still working with the service to make it better.

Compulsory treatment

The Victoria 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.

Some people with compulsory treatment must live in specific services. This is called a supervised treatment order. A person might be living in home with locked doors and be watched all the time if they leave the house.

43 people had compulsory treatment this year.

25 people had supervised treatment orders. Some of the people were different people from last year.

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

All of the people had restrictive practices. Half of them had medication to change their behaviour. Some of the people had seclusion plans.

Two of the people did not need to have supervised treatment orders any more this year.

Learning more about restrictive practices through special projects

The Senior Practitioner does special projects to learn more about restrictive practices. This year, we worked with disability services and universities on 6 projects and 2 training programs.

Training programs

We worked with the University of Melbourne on two different training programs for behaviour support practitioners and Authorised Program Officers.

Projects

We worked on 6 projects:

- Chemical restraint project – medication that changes behaviours that are prescribed too often and people working together to make things better
- Authorised Program Officer project – helping them make better choices about correct behaviour support plans
- Supporting people with disability who are a risk of doing criminal offences to move back into the community safely
- Environmental restraint project – reducing environmental restraint and understanding when restraint might become detention
- Voice of people with disability at the Office of the Senior Practitioner
    - 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 and understands

their behaviour support plan but does not do paid work for them

- Physical restraint project – what has happened in the last 10 years?

Teaching other people about supporting people who have restrictive interventions and compulsory support

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

We ran training for 455 people about reducing restrictive practices.

We ran training sessions on the internet for people across Victoria. More than 1,700 watched our webinars.

We ran face to face workshops for many people.

We also ran training about the ARMIDILO assessment tool. This is a special questionnaire about the risks and how to manage a person with an intellectual disability who might do sexual crimes.

Working with other people to help reduce the use of restrictive practices

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

Here are the things that we did this year.

- Answering questions

  Every day people call and email us to ask questions about restrictive practices. We provided advice 2,432 times this year.
- Helping at the meetings of people under Compulsory Treatment

  We went to 233 meetings for people with disability who were very complex.
- Compulsory Treatment training

  We ran 3 training sessions on compulsory treatment.

Making things better by writing and talking about restrictive practices

Every year we hold a big presentation to tell people about our work. We share information about other good things that are happening for people.

This year we ran the session online and face to face at the same time. More than 100 came to presentations in person and more than 150 people watched the presentations online.