Victorian Senior Practitioner report 2023–24

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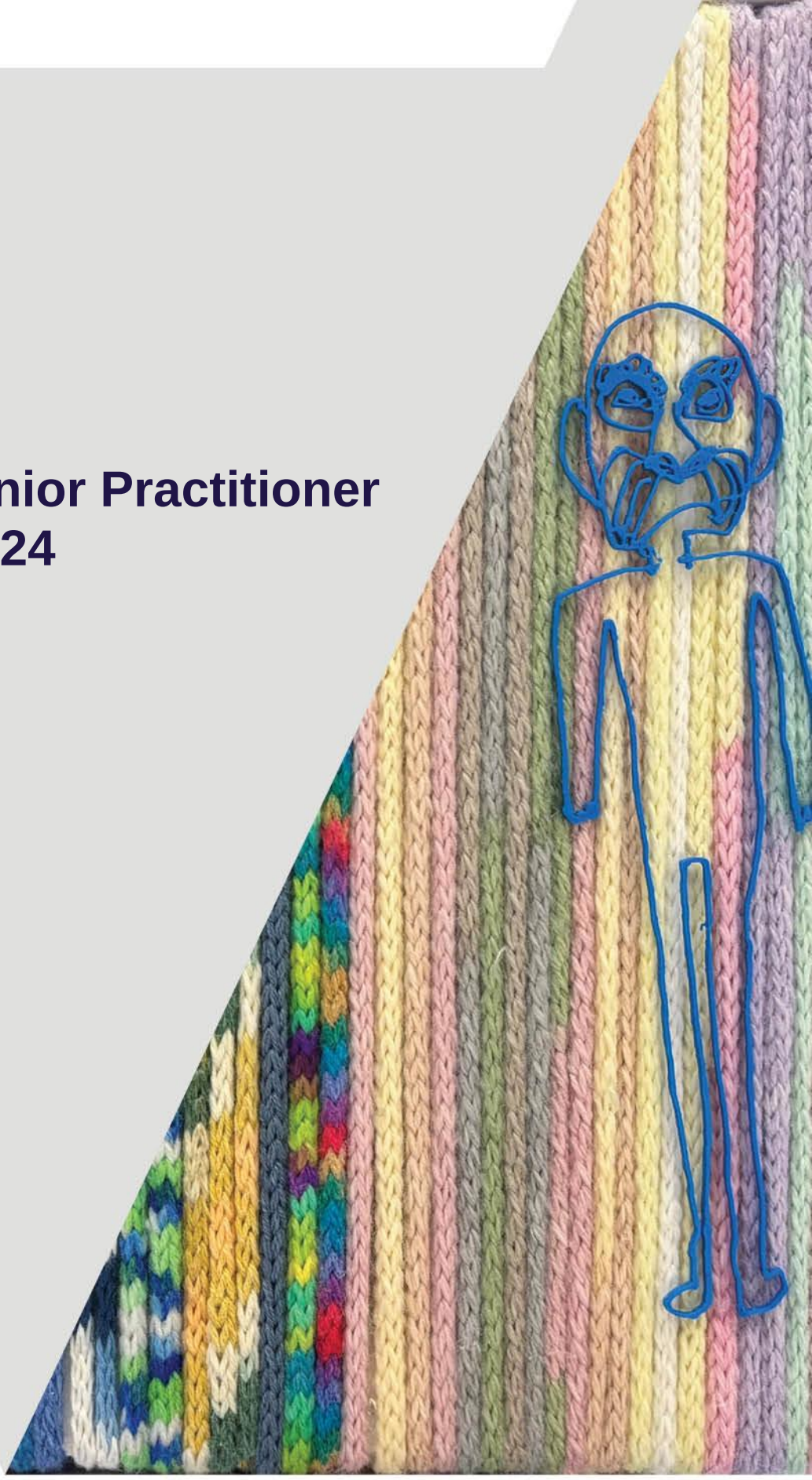

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Winning artwork by Hayden McLean from the Barbara Donovan & Sarah Guilfoil Art Competition Award, with the theme 'The Future is Ours!'. The awards are sponsored by Victoria State Government and were presented at the VALID Having a Say Conference 2024.

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Message from the Victorian Senior Practitioner

Hello, my name is Mandy Donley, and as the Senior Practitioner I would like to welcome you to the 2023–24 annual report.

As always, I would like to take this opportunity to thank all our staff for their ongoing commitment to protecting the rights of people with disabilities subject to restrictive practices and compulsory treatment. The reduction and elimination of restrictive practice is everybody's business. And I would like to acknowledge the contributions of people with disability, families, carers advocates, our colleagues, project partners and internal and external stakeholders.

Over the past 2 years we have developed a strong program of research here the office of the Senior Practitioner. Some of these projects are nearing completion. The Environmental Restraint Phase 2: Detention project was completed this year, and it will be available to the sector soon. Meanwhile, the *Physical restraint: A 10-year review of the physical restraint direction paper* project and our project aimed at strengthening the role of the Independent Person will be finalised before the end of 2024. Two further projects, the Strengthening the Role of the APO project and the Multidisciplinary Approach to Reduce the use of Psychotropic Medicines project are progressing well and will continue into 2024–25. This year, we also continued our fruitful collaboration with the University of Melbourne to develop and deliver 2 further micro-credentials aimed at proficient behaviour support practitioners. These 2 micro-credentials are Positive Behaviour Support: Specialist Forensic Disability Practice and Positive Behaviour Support: Autism Affirming Practice and are funded until the middle of 2025. We also reintroduced the Promoting Dignity grant program this year, after a long hiatus. I would like to congratulate the 4 successful grant recipients who received funding for their wonderful and innovative projects.

Our data shows we have several Aboriginal people, including some children, reported as being subject to restrictive practices. My team is committed to creating a more connected and responsive system to improve the way we provide safeguards to Aboriginal communities across Victoria. This is in response to our own restrictive practices data, and to the Yoorrook Truth and Justice Commission, Treaty and Closing the Gap, which we acknowledge will have wide-ranging impacts on the way we work with Aboriginal Victorians into the future. We plan to build strong relationships with community and Aboriginal Community Controlled Organisations working in the sector.

The Senior Practitioner team ran several online webinars and workshops throughout 2023–24 and these drew larger attendance numbers than in previous years. We also continued to work towards developing a Community of Practice for authorised program officers (APOs) and we expect to see this begin in early 2025.

As we are all aware, each jurisdiction operates in its own way, and within its own authorisation framework, to reduce and eliminate the use of restrictive practices. We now have 661 providers registered on the Restrictive Interventions Data System to implement restrictive practices. This is a

significant increase from the previous year. Victorian legislation relies on the expertise of the APOs. We were encouraged to see more than 250 APOs register for the free online APO course at the University of Melbourne in 2023–24. As we work towards a nationally consistent model, it is important that we acknowledge that this can be a difficult landscape to navigate for all our stakeholders.

I look forward to another year working together to enliven our *Victorian Charter of Human Rights* in everything we do.

Mandy Donley
Victorian Senior Practitioner

The role of the Senior Practitioner

The Senior Practitioner role was established in 2006 when the Victorian Parliament enacted the Disability Act. The Senior Practitioner is responsible for protecting the rights of people with disability who are subject to restrictive practices. Restrictive practices include physical restraint and seclusion, and compulsory treatment.

The Disability Act was amended in 2019, under the *Disability (NDIS Transition) Amendment Act 2019*. This made amendments to the Act to enable Victoria to meet its obligations under the *National Disability Insurance Scheme quality and safeguarding framework*. Further amendments to the Disability Act were made in 2023, under the *Disability and Social Services Regulation Amendment Act 2023*. These amendments enhance the role of the Senior Practitioner, including by providing a new function to promote the reduction and elimination of restrictive practices by disability service providers and registered NDIS providers to the greatest extent possible.

The Disability Act continues to mandate that the Senior Practitioner:

- develops guidelines and standards for restrictive practices and compulsory treatment
- conducts research into the use of restrictive practices and compulsory treatment
- provides relevant education – for example, about human rights and positive behaviour support – to workers involved in supporting people with disability.

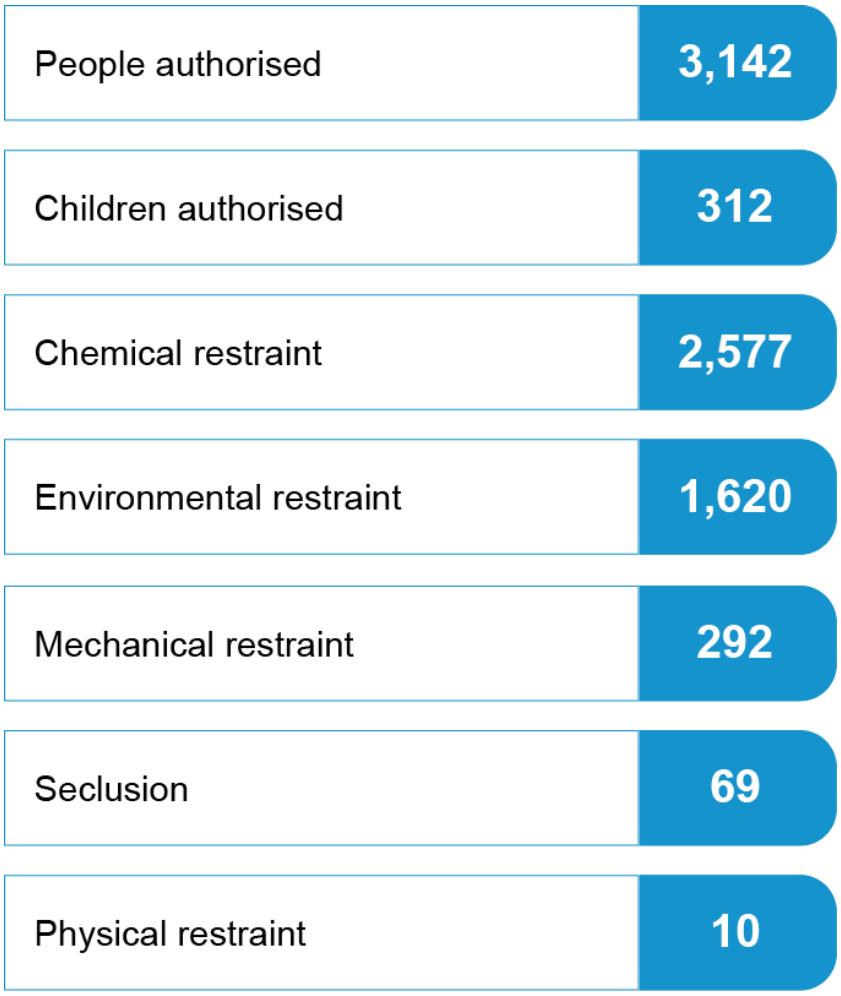
The Disability Act also mandates specific responsibilities of the Senior Practitioner to:

- approve and monitor treatment plans developed for people subject to compulsory treatment
- oversee the implementation of supervised treatment orders
- issue lawful directions to disability services on any law, policy or practice, where relevant, to a compulsory treatment order matter.

The purpose of this report is to outline trends in the use of restrictive practices. It also describes how our safeguarding activities have specifically improved the lives of people with disability over the course of the financial year from July 2023 to June 2024.

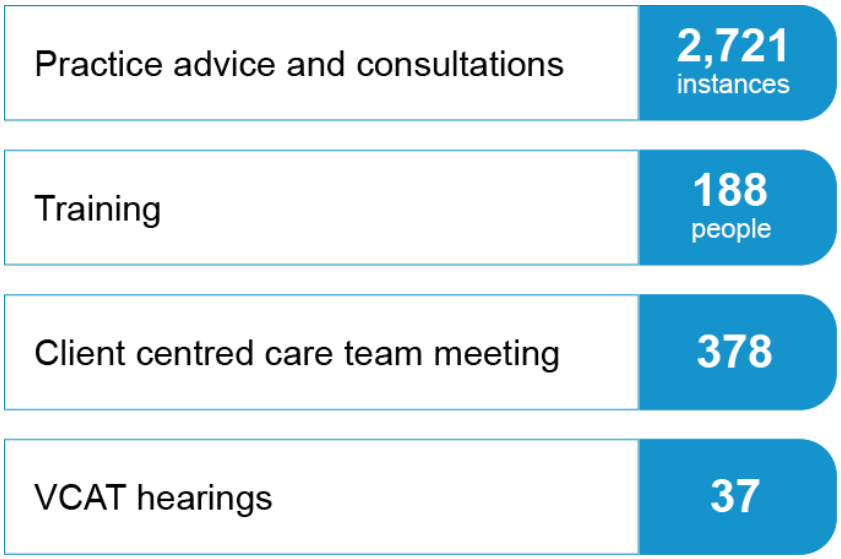
Snapshots of the 2023–24 annual report

Figure 1: Restrictive practices (authorised and approved) snapshot



Refer to the Appendix for the Figure 1 data table.

Figure 2: Practice leadership and training snapshot



Refer to the Appendix for the Figure 2 data table.

Monitoring and evaluating practice

A function of the Senior Practitioner is 'to evaluate and monitor the use of restrictive practices across services and to recommend improvements in practice to the Minister and the Secretary' (Disability Act, s 24(1)(h)). The first part of this section of the report details the authorisation of restrictive practices from NDIS-registered service providers. The second part of this section reports on the use of compulsory treatment in Victoria.

Since the rollout of the NDIS, the core function of the Senior Practitioner is to track, rather than regulate, restrictive practices. As such, this report focuses on figures concerning the authorisation and approval of restrictive practices for Victorian NDIS participants.

Authorisation and approval of restrictive practices

For Victorian NDIS participants, the Senior Practitioner oversees an authorisation process for using regulated restrictive practices included in an NDIS behaviour support plan (BSP). Once the authorised program officer (APO) has provided authorisation, the Senior Practitioner must also approve the use of mechanical and physical restraint, and seclusion.

The Senior Practitioner and the Integrated Practice Advisory team review applications to use restrictive practices to ensure compliance with the following legislative requirements:

- the use of the regulated restrictive practice is necessary to prevent harm to self or others
- it is the least restrictive practice option under the circumstances
- there is evidence of planning for reducing and eliminating the regulated restrictive practice.

Authorised and approved use of restrictive practices among disability service providers and NDIS providers – general

This section of the report presents general findings for restrictive practices approved and authorised by the Senior Practitioner in 2023–24 in comparison with previous years (Tables 1a and 1b).

Table 1a: Number of people authorised and approved to be subject to a restrictive practice in Victoria, 2019–20 to 2023–24

Year	State-funded	NDIS	All
2019–20	1,239	442	1,574
2020–21	1,040	1,760	2,178
2021–22	85	2,268	2,335
2022–23	76	2,615	2,679
2023–24	66	3,088	3,142

Note: Within a certain period, the total count of people may not equal the sum of people per plan type because an individual may have more than one type of plan in that period.

Key findings

- In 2023–24, the Senior Practitioner approved or authorised the use of restrictive practices for 3,142 people.
- The number of people approved or authorised for the use of restrictive practice is 17% higher than last year. This represents a similar increase to the previous year, which saw a 15% rise in approvals and authorisations.
- The rise in approvals and authorisation is mainly due to a large increase in the number of adults subject to chemical restraint and, to a lesser extent, an increase in environmental restraint.
- The 2 primary factors driving the 17% increase in people approved and authorised for restrictive practices in 2023–24 are similar to the previous year. The first, and most significant, driver for the increase is the number of new registered providers who have come onto the Restrictive Interventions Data System (RIDS) in the last financial year. In 2022–23, 124 new providers came onto the system. In 2023–24 a further 162 new providers came onto the system. Second, submissions for authorisations on RIDS by 2 cohorts – people with disability in residential aged care and people with psychosocial disability – have continued to increase again this year.

Table 1b: Number of children and number of adults authorised for restrictive practice in Victoria, 2019–20 to 2023–24

Year	Children	Adults
2019–20	270	1,308
2020–21	276	1,912
2021–22	261	2,080
2022–23	271	2,415
2023–24	312	2,834

Note: Within a period, the total count of people may not equal the sum of people by age group. This is because an individual may have had more than one plan in that period, and they may have been different ages on the dates when those plans were authorised or approved. Age was calculated as being a person's age on the date when their plan was authorised or approved.

Key findings

- In 2023–24, the Senior Practitioner approved or authorised the use of restrictive practices for 41 more children than the previous year. This represents a 15% increase when compared with the previous year.
- The number of adults approved or authorised for restrictive practices continues to rise. In 2023–24, the Senior Practitioner approved or authorised the use of restrictive practices for 419 more adults than the previous year, which represents an increase of 17%.

Authorised and approved use of restrictive practices among disability service providers and NDIS providers – specific

This section of the report presents the findings for specific restrictive practices authorised and approved by the Senior Practitioner in 2023–24 (Tables 2 to 9). In some of the tables below, percentages – rather than absolute numbers – are reported. This is to maximise the comparability of results with previous years. Also, for ease of viewing, all tables show only the past 5 years of data, starting from 2019–20.

Chemical restraint

Chemical restraint refers to 'the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness, or a physical condition.'

Table 2a: Total number of people authorised for chemical restraint, 2019–20 to 2023–24

Year	Total people
2019–20	1,417
2020–21	1,778
2021–22	1,884
2022–23	2,185
2023–24	2,577

Table 2b: Total people authorised for chemical restraint, by administration type, 2019–20 to 2023–24

Year	Total people – PRN	Total people – routine	Percentage – PRN	Percentage – routine
2019–20	406	1,067	36.5	96.0
2020–21	733	1,662	41.3	93.6
2021–22	744	1,768	39.6	94.0
2022–23	768	2,039	35.1	93.3
2023–24	957	2,360	37.1	91.6

PRN = pro re nata – as needed/required

Table 3a: Percentage of people authorised for chemical restraint who were authorised for different types of chemical restraint, 2019–20 to 2023–24

Drug type	2019–20	2020–21	2021–22	2022–23	2023–24
Antidepressant	43.0	38.9	37.2	36.0	35.2
Antipsychotic	74.3	75.3	75.7	73.3	72.9

Drug type	2019–20	2020–21	2021–22	2022–23	2023–24
Benzo and other sedatives	39.8	44.3	42.7	41.4	43.6
Menstrual suppression	4.9	6.7	6.2	5.7	5.5
Mood stabiliser	26.0	26.1	25.6	24.9	23.3
Psychostimulants	7.9	4.8	2.9	2.4	1.8

Note: Percentages will add to more than 100% because most people were subject to 2 or more chemical restraints each year and not all drug classes are included in this table.

Table 3b: Number of people authorised for chemical restraint who were authorised for different types of chemical restraint, 2019–20 to 2023–24

Drug type	2019–20	2020–21	2021–22	2022–23	2023–24
Antidepressant	478	691	699	786	906
Antipsychotic	825	1,337	1,425	1,602	1,878
Benzo and other sedatives	445	796	809	905	1.124
Menstrual suppression	54	119	117	124	143
Mood stabiliser	289	463	482	543	601
Psychostimulants	86	83	52	53	47

Key findings

- There has been an 18% increase in the number of people authorised for chemical restraint compared with 2022–23 (2,577 people up from 2,185 people).
- This is new highwater mark for chemical restraint, which is being driven by similar trends as in previous years:
  - Antipsychotic and sedative medications were the most authorised chemical restraints (3 in 4 people authorised for chemical restraint were authorised for antipsychotic medication; 44% for benzodiazepines and other sedatives).
  - A significant number of people (35%) were authorised for antidepressants.
- Like trends in previous years, antipsychotic and sedative medications were the most authorised chemical restraints.
- Over the past 3 years, the Senior Practitioner has invested heavily in education, training and awareness-raising campaigns exploring the appropriate use of chemical restraint. The continued rise in authorisation for the use of chemical restraint is expected. The assumption is that training more providers to better identify chemical restraint will inevitably lead to increased authorisation.

Mechanical restraint

Mechanical restraint refers to 'the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purpose'.

Table 4a: Total number of people approved for mechanical restraint, 2019–20 to 2023–24

Year	Total people
2019–20	134
2020–21	258
2021–22	265
2022–23	283
2023–24	292

Table 4b: Total number of providers with clients approved for mechanical restraint, 2019–20 to 2023–24

Year	Total providers
2019–20	26
2020–21	70
2021–22	86
2022–23	97
2023–24	149

Table 5a: Percentage of people approved for mechanical restraint with different types of mechanical restraints, 2019–20 to 2023–24

Restraint type	2019–20	2020–21	2021–22	2022–23	2023–24
Bedrail	6.0	5.0	3.4	2.1	1.0
Clothing	33.3	24.4	25.3	25.8	28.4
Cuffs	1.7	0.8	0.4	0.7	0.7
Furniture	3.4	1.2	1.5	1.1	0.3
Gloves	6.8	6.2	7.2	6.4	5.5
Harnesses	N/A	N/A	N/A	N/A	29.1
Helmet	6.8	7.0	5.3	5.6	5.8
Other	24.8	43.0	45.7	41.3	33.6

Restraint type	2019–20	2020–21	2021–22	2022–23	2023–24
Splints	6.8	4.3	3.4	2.8	2.1
Straps	29.9	43.4	38.1	39.6	25.0
Wheelchair	8.5	8.9	9.1	8.1	12.0

Table 5b: Number of people approved for mechanical restraint who were approved for different types of mechanical restraint, 2019–20 to 2023–24

Restraint type	2019–20	2020–21	2021–22	2022–23	2023–24
Bedrail	7	13	9	6	3
Clothing	37	63	67	73	83
Cuffs	2	2	1	2	2
Furniture	3	3	4	3	1
Gloves	8	16	19	18	16
Helmet	8	18	13	16	17
Harnesses	N/A	N/A	N/A	N/A	85
Other	23	110	121	117	98
Splints	7	11	9	8	6
Straps	32	112	101	112	73
Wheelchair	9	23	24	23	35

Key findings

- Mechanical restraint requires secondary approval by the Senior Practitioner if proposed for use. The number of people approved for mechanical restraint in 2023–24 increased slightly, by 3%, compared with the previous year (from 283 people in 2022–23 to 292 people in 2023–24).
- This relative stability for the past financial year follows a sustained increase in mechanical restraint since 2018–19.
- The proportionate use of some mechanical restraints has shifted over the last year. For example, the use of straps fell to 25% from 40%, wheelchair restraint increased from 8% to 12%, and the use of the ‘other’ category fell to 34% from 41%.
- The percentages of use of most other types of mechanical restraints is consistent with previous years.
- The percentage of people authorised for mechanical restraint under the category ‘Other’ has, as expected, dropped significantly in this financial year. In previous years, ‘Harnesses’ often accounted for more than 50% of the ‘Other’ category, but ‘Harnesses’ was added as a standalone category in July 2023. As a result, the ‘Other’ figure declined in 2023–24.

Seclusion

Seclusion refers to the 'sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted'.

Table 6: Total number of people approved for seclusion, 2019–20 to 2023–24

Year	Total people
2019–20	51
2020–21	85
2021–22	79
2022–23	89
2023–24	69

Key findings

- There was a 23% decrease in the number of people approved for seclusion in 2023–24 compared with 2022–23 (69 people in 2023–24 vs 89 in 2022–23).
- Seclusion requires secondary approval by the Senior Practitioner if proposed for use. Across 2023–24, the Integrated Practice Advisory team worked closely with providers and care teams on seclusion. This work involved:
  - embedding best practice
  - focusing on exploring least restrictive options
  - stepping out what other behaviour support strategies might be used instead of seclusion
  - working through all these options via regular consultation with care teams.
- The results from this sort of consultation can sometimes take a while to emerge. As such, the Senior Practitioner was encouraged to see providers implementing best practice in positive behaviour support. This led to a significant drop in approvals for seclusion in 2023–24.

Physical restraint

Physical restraint refers to 'the 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. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.'

Physical restraint has been reported to the Senior Practitioner since July 2011. From 1 July 2019 the requirement for using physical restraint changed from an emergency and planned emergency basis to a PRN basis (pro re nata – as needed/required). This change was in line with the Senior Practitioner's physical restraint direction, which was modified to reflect this change.

Table 7: Total number of people approved for physical restraint, 2019–20 to 2023–24

Year	Total people
2019–20	3
2020–21	35
2021–22	41
2022–23	39
2023–24	10

Key findings

- Physical restraint requires secondary approval by the Senior Practitioner if proposed for use. In 2023–24 there was a significant decrease in the number of people approved for physical restraint compared with 2022–23 (10 people in 2023–24 vs 39 in 2022–23).
- This represents a 74% decrease in the number of people approved for physical restraint in the past financial year.
- In 2023–24 the Integrated Practice Advisory Team engaged with providers to consult on the use of physical restraint and sought to highlight the Senior Practitioner's *Physical restraint direction paper*. Through such consultation, it was clear that physical restraint was sometimes included in a BSP but did not meet the definition or was not proposed for future use. The use of physical restraint can only be approved where the requirements outlined in the direction paper are met. As such, a decrease in the numbers for physical restraint was anticipated for this financial year.
- When it completes in December 2024, the Senior Practitioner's *Physical restraint: A 10-year review of the physical restraint direction paper project*, will continue to bring further attention to the key issues around physical restraint.

Environmental restraint

Environmental restraint refers to a 'restraint, which restricts a person's free access to all parts of their environment, including items or activities'.

The Senior Practitioner began authorising environmental restraint in 2019–20, although RIDS was only modified in 2020 to enable entry of environmental restraint directly into the system. In the first full reporting year (2020–21) after modifying RIDS, 1,235 people were authorised to be subject to environmental restraint. Two years later the number of people authorised to be subject to environmental restraint has risen to 1,443 people (Table 8). Tables 9a to 9d show a year-on-year comparison of providers' applications for approval of environmental restraint and have detail about:

- *what* is to be restricted (for example, outside access, food and drink)
- *how* the restriction is to be applied (for example, via locked door or surveillance).

Table 8: Total people authorised for environmental restraint, 2019–20 to 2023–24

Year	Total people
2019–20	232
2020–21	1,235
2021–22	1,329
2022–23	1,443
2023–24	1,620

Table 9a: Percentage of people authorised for environmental restraint with different types of environmental restraints (what is restricted), 2020–21 to 2023–24

Restraint type	2020–21	2021–22	2022–23	2023–24
Access (other)	34.0	23.3	23.1	25.8
Activity	8.7	9.0	9.8	8.3
External access	56.8	53.0	51.6	49.8
Food and drink	45.9	38.8	37.3	34.0
Household	33.5	30.5	27.6	30.3
Internal access	43.6	38.5	33.3	28.8
Personal item	24.6	22.5	21.3	18.8
Privacy	6.6	8.7	8.4	5.2

Table 9b: Number of people authorised for environmental restraint with different types of environmental restraints (what is restricted), 2020–21 to 2023–24

Restraint type	2020–21	2021–22	2022–23	2023–24
Access (other)	420	310	333	418
Activity	107	120	141	134
External access	701	704	745	807
Food and drink	567	516	538	551
Household	415	405	398	491
Internal access	540	512	481	467
Personal item	304	299	307	304
Privacy	82	116	121	84

Table 9c: Percentage of people authorised for environmental restraint with different means of environmental restraints (how is it restricted), 2020–21 to 2023–24

Restraint means	2020–21	2021–22	2022–23	2023–24
Applied (other)	35.2	38.6	39.4	36.3
Disabled utility	4.0	3.6	3.6	2.9
Locked abode door	67.4	61.2	59.0	57.2
Locked item door	54.1	46.5	39.4	40.2
Object out of reach	10.0	9.9	8.5	9.0
Removed object	18.0	17.2	18.0	21.8
Supervision	23.5	23.3	23.7	19.2
Surveillance	5.7	5.3	5.3	4.4

Table 9d: Number of people authorised for environmental restraint with different means of environmental restraints (how is it restricted), 2020–21 to 2023–24

Restraint means	2020–21	2021–22	2022–23	2023–24
Applied (other)	435	513	569	588
Disabled utility	49	48	52	47
Locked abode door	832	813	851	926
Locked item door	669	618	569	651
Object out of reach	125	132	123	146
Removed object	222	229	260	353
Supervision	290	310	342	311
Surveillance	70	70	76	71

Key findings

- In 2023–24 there was a 12% increase in the number of people authorised for environmental restraint from last year (from 1,443 people in 2022–23 to 1,620 people in 2023–24).
- Across the past 3 years, authorisations were granted most commonly to restrict access to external areas (in the last year affecting 50% of people authorised for environmental restraint) and access to specific food or drink (34%).
- The rate of people restricted from internal areas has dropped, from 44% in 2020–21 to 29% in 2023–24.
- Consistent with this pattern, the most common authorised means of restricting the environment is locked doors (57% of authorisations in the last year involved a locked abode door).
- 4.4% of people authorised for environmental restraint in the last year were authorised for surveillance, down from 5.3% the year before.

- One ongoing area of concern for the Senior Practitioner is understanding the threshold for when environmental restraint ends and detention begins. This issue was explored in the Environmental Restraint: Phase 2 – Detention project. The findings from this report will be shared with the sector in early 2025.

Restrictive practices audit review

Under the Disability Act, the Senior Practitioner has powers to investigate, audit and monitor the use of restrictive practices and compulsory treatment (s 27(2)(c)).

Audits are used to identify and examine the use of restrictive practices by disability service providers and NDIS providers. They are routinely conducted each year across Victoria. For the Senior Practitioner, audits offer an opportunity to work with disability providers to improve the lives of people with disability by supporting providers to reduce and eliminate restrictive practices in their organisation. In 2023–24 the Senior Practitioner's Integrated Practice Advisory team conducted 2 audits.

One audit, a service outlet review, concluded in August 2023. The audit focused on the use of chemical restraint. The Senior Practitioner was satisfied that authorisation by the APO met Disability Act criteria. However, the Senior Practitioner noted that there was room for improvement in broader health management practices and also in collaboration with medical practitioners to explore appropriate reduction in chemical restraints. It was also noted that the BSPs lacked detailed planning in fading out the chemical restraints.

A second audit included a full-service review of a large service provider across all its Victorian sites. This audit began in December 2023. Initial concerns about this provider were first identified during the authorisation process for restrictive practices. Key findings were shared with the provider in the middle of 2024 and covered a variety of areas for improvement including:

- underreporting and use of unauthorised restrictive practices
- non-compliance with the authorisation process for using regulated restrictive practices
- concerning medication management practices
- the quality of BSPs not meeting legislative criteria.

The Senior Practitioner is working with this provider to convert the key findings into an action plan. This plan will help build the capacity of the provider to identify and reduce the use of restrictive practices.

Compulsory treatment data

In the context of this report, compulsory treatment refers to treatment of a person with an intellectual disability who is considered to pose a significant risk of serious harm to another person. A person may be admitted to a residential treatment facility under a court order or a live-in disability residential service in the community under a supervised treatment order.

Part 8 of the Disability Act allows civil detention to be provided in the community under a supervised treatment order. The Act defines detention as:

- physically locking a person in any premises
- constantly supervising or escorting a person to prevent the person from exercising freedom of movement.

This part of the Disability Act also legislates for court-mandated detention in a residential treatment facility through orders including residential treatment orders, parole, custodial supervision orders, extended supervision orders and security orders. This section of the report outlines the key data concerning people subject to compulsory treatment.

Forty-two people were subject to compulsory treatment during 2023–24. This included 5 people who were, at times, on extended leave from their orders. This is one less person than last year.

Twenty-five people were subject to supervised treatment orders at some time during 2023–24. This included 4 people who were subject to interim supervised treatment orders for part of the year. The interim orders included people who had already been subject to supervised treatment orders, but the Victorian Civil and Administrative Tribunal (VCAT) deemed it necessary to make a short order for all parties to work through issues before returning to VCAT for a supervised treatment order to be determined, or where a person was not legally represented.

Three new people were subject to a supervised treatment order in the past financial year. No orders were revoked, 2 expired and one order could not continue because the person was incarcerated. Over the past 3 financial years, the Senior Practitioner has overseen the revocation of 6 supervised treatment orders. Two supervised treatment orders expired in the same period.

At the end of 2023–24, 22 people were still subject to a supervised treatment order. This is the same as the number of people who were subject to this type of order at the end of 2022–23.

Ten people were subject to compulsory treatment during the year in the Residential Treatment Facility (RTF) Fairfield, which is one less than the previous reporting year.

During 2023–24 one person was admitted to the RTF Fairfield under a security order and one person was admitted under a parole order. Meanwhile, 2 people from the RTF Fairfield were granted extended leave, one from their supervision order and one from their custodial supervision order under the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997* (CMIA). Both transitioned to a disability residential service, where they remained at the end of the period.

Three people were subject to custodial supervision orders under the CMIA at the RTF Fairfield for the whole reporting period. This is one more person than last year. Also, there were 2 people who transitioned from extended leave from their custodial supervision orders to non-custodial supervision orders during the year.

Table 10 shows that, by 30 June 2024, 8 people were subject to compulsory treatment at the RTF Fairfield:

- One person was subject to a supervision order under the *Serious Offenders Act 2018*.
- One person was subject to a residential treatment order.
- Two people were subject to a security order.
- Three people were subject to custodial supervision orders under the CMIA.
- One person was subject to a parole order.

Table 10: Number of people subject to compulsory treatment at the RTF Fairfield, by order type, Victoria, 2023–24

Order type	July 2023	Admitted during 2023–24	Transitioned during 2023–24	June 2024
Residential treatment order	1	0	0	1
Supervision order, including interim, under the Serious Offenders Act	2	0	1	1
Supervision order under the *Serious Sex Offenders (Detention and Supervision) Act 2009*	0	0	0	0
Custodial supervision order under the CMIA	4	0	1	3
Security order	1	1	0	2
Parole order	0	1	0	1
Extended leave	2	2	2	2
Total	8 in RTF Fairfield, 2 on extended leave	2 admitted to RTF Fairfield, 2 granted extended leave	2 granted extended leave, 2 transitions to non-custodial supervision orders following extended leave	8 people at RTF Fairfield, 2 on extended leave

Table 11 captures the types of orders people were subject to during the reporting period at the Residential Treatment Facility (RTF) Bundoora.

- There were no admissions and one discharge from the RTF Bundoora in the reporting period.
- Four people who were subject to compulsory treatment at the RTF Bundoora at the start of the reporting period remained there for the entire period. Two people were subject to supervision orders under the Serious Offenders Act and 2 people were subject to custodial supervision orders under the CMIA.
- One person subject to custodial supervision orders under the CMIA was granted extended leave and transitioned to government-managed specialist forensic disability accommodation at Kookaburra House.

Table 11: Number of people subject to compulsory treatment at the RTF Bundoora, by order type, Victoria, 2023–24

Order type	July 2023	Admitted during 2023–24	Transitioned during 2023–24	June 2024
Supervision order, including interim, under the Serious Offenders Act	2	0	0	2
Custodial supervision order under the CMIA	3	0	1	2
Total	5	0	1	4

Assessment orders

An APO may apply to the Senior Practitioner for an assessment order to be made for a person with an intellectual disability living in a residential service. People may be detained to prevent a significant risk of serious harm to another person and assessments need to be undertaken to enable the urgent development of a treatment plan. If it is necessary to detain the person, the Senior Practitioner may make an assessment order once for a person, for a maximum of 28 days. No assessment orders were made in 2023–24.

Client demographic data

Of the 42 people subject to a compulsory treatment order in 2023–24, 41 were male and one was female. There have only been 4 females subject to compulsory treatment since 2008–09.

In 2023–24 the primary types of offending behaviour that resulted in people being subject to a supervised treatment order were sexual violence and violence (non-sexual).

The average age of people subject to compulsory treatment in 2023–24 was 39 years (as of 30 June 2024), ranging from 19 to 68 years. This is a similar age profile to the previous 2 years.

Table 12 shows the number of people subject to supervised treatment orders in Victoria, by accommodation type, at the end of the reporting year.

Table 12: Number of people subject to supervised treatment orders in Victoria, by accommodation type, 30 June 2024

Accommodation type	Number of people subject to supervised treatment orders
Specialist forensic disability accommodation	5
Other residential services	1
Senior Practitioner–approved accommodation	2
Specialised disability accommodation	14
Total	22

'Other residential services' includes disability accommodation operated by non-government organisations that meets the definition of 'residential service' under s 3 of the Disability Act.

Senior Practitioner–approved accommodation is accommodation approved by the Senior Practitioner under s 187 of the Disability Act.

Compulsory treatment restrictive practice data

Table 13 shows the number of people subject to compulsory treatment who had a new treatment plan approved in 2023–24, by order type and restrictive practice types contained in those plans.

Table 13: Number of people subject to compulsory treatment who had a new treatment plan approved in 2023–24, by order type and restrictive practice types contained in those plans

Restrictive practice type	Supervised treatment order, including interim	Supervision order, including interim	Custodial supervision order under CMIA	Security order	Residential treatment order	Parole order	Total
Chemical restraint	13	4	2	1	0	0	20
Seclusion	6	0	0	0	0	0	6
Environmental restriction	23	4	7	2	1	1	38
Physical restraint	0	0	0	0	0	0	0
Mechanical restraint	1	0	0	0	0	0	1
Total people who had a new plan approved	23	4	7	2	1	1	38

Table 13 only includes restrictive practices approved in a treatment plan. It does not include any data on the use of restraints in an emergency.

In 2023–24, of all people subject to compulsory treatment who had a new treatment plan approved in the period:

- 53% had a treatment plan that included chemical restraint. This percentage is lower than the 82% of people who had a plan of any type containing chemical restraint authorised in the period.
- 16% had a treatment plan that included seclusion. This percentage is higher than the 2% of people who had a plan of any type containing seclusion authorised in the period.

Revocation

The Senior Practitioner, an APO or the person who is subject to the supervised treatment order can apply to VCAT to have their treatment plan reviewed and the order can be revoked. There were no revocations in this reporting period.

Expiry

S196A of the amended Disability Act allows a Supervised Treatment Orders to expire when the Authorised Program Officer determines that it is no longer required. This process allows the Senior Practitioner and the Office of Public Advocate (OPA) to review a decision by the APO to allow the order to expire and direct an application should either party deem it necessary. In practice this has occurred through active consultation between the APO, the Senior Practitioner, OPA and the person's NDIS Behaviour Support Practitioner in determining whether it is appropriate for the order to expire.

During 2023–24 two STOs expired.

Victorian Civil and Administrative Tribunal hearings

VCAT hearings include:

- the person being considered for a supervised treatment order
- the person's legal representative
- an Office of the Public Advocate representative
- a Senior Practitioner representative
- the APO
- any relevant supporting staff from the person's disability residential service.

If VCAT is satisfied that the criteria for a supervised treatment order are met, it will make an order for up to one year, at which point the supervised treatment order will be reviewed.

The Compulsory Treatment team attended 37 VCAT hearings held about compulsory treatment matters in 2023–24. As is usually the case, these hearings covered a variety of issues such as:

- reviews for supervised treatment orders, including interim orders (which can be made until a supervised treatment order is determined)
- treatment plan reviews for people under compulsory treatment in residential treatment facilities
- material change hearings when a variation to a plan was requested that would increase restrictions
- revocation of supervised treatment orders.

Winning artwork by Madi Hunt 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.

Projects to deliver evidence-informed outcomes

A function of the Senior Practitioner is ‘to undertake research into restrictive interventions and compulsory treatment and provide information on practice options to disability support providers’ (Disability Act, s 24(1)(g)). The Senior Practitioner has a long history of partnering with the sector and tertiary institutions to fulfil this function. The Senior Practitioner’s research agenda, 2022 to 2024, currently has 6 projects. The agenda also includes the ongoing refinement and development of 2 evidence-informed training programs, both of which aim to build capacity in the disability workforce. These training programs align with the strategic policy directions driven by the NDIS *National workforce plan 2021–2025*, specifically by addressing priority number 2, which is ultimately aimed at training and supporting the NDIS workforce.

Training programs

Enabling Quality Behaviour Support Planning Course

In 2023–24 the Senior Practitioner continued to work with the University of Melbourne to deliver a series of 4 micro-credentialed courses for behaviour support practitioners. Micro-credentials are flexible units of learning focused on specific skills. They allow learners to upskill in flexible increments rather than committing to an entire accredited course of study. It is ideal for those who need to combine work and study.

The series of 4 micro-credentials includes:

- Positive Behaviour Support – Part A – Core level
- Positive Behaviour Support – Part B – Core + Proficient level
- Positive Behaviour Support – Forensic Disability – Specialist Level
- Positive Behaviour Support – Autism Spectrum Disorder – Specialist Level.

In 2023–24 more than 300 learners progressed through this series of micro-credentials.

The initial endorsement and sponsorship of the Senior Practitioner for this initiative represented a significant investment in the sector. In 2025 the University of Melbourne will make these micro-credentials more widely available for behaviour support practitioners across Australia. The intention is to build sustainability into this important offering and to ensure the micro-credentials continue to have relevance not only in Victoria but across Australia.

Authorised Program Officer Professional Learning and Development Course

In 2020–21 the Senior Practitioner funded a multi-year proposal for the University of Melbourne to deliver the Authorised Program Officer Professional Learning and Development Course until 2025. APOs play a critical role in authorising restrictive practices. They have to authorise the use of all restrictive practices in their organisation and ensure BSPs are implemented. The Senior Practitioner acts as a complementary safeguard to the NDIS Commission to authorise or approve regulated restrictive practices. In 2023–24 more than 200 registered learners took part in the course. Over the next year the Senior Practitioner will work the university to refine the APO course and transform it into a micro-credential.

Projects

Project 1: Chemical restraint project: A multidisciplinary approach to deprescribing

This project seeks to promote the quality use of psychotropic medicines in people with intellectual disability through upskilling the workforce and promoting interdisciplinary collaboration. The care team will be upskilled on current evidence and best practice guidelines so individualised plans incorporate positive behaviour support strategies and a comprehensive medication review. A particular focus will be placed on quality fade-out plans with detailed response strategies to manage escalations in behaviour(s) of concern during the fade-out process.

The aim of this project is to equip the care team with the necessary skills to effectively manage behaviours of concern without over-relying on medications. This will improve the quality of life of people with intellectual disability.

Project 1 collaboration

Our partners on this project are Monash University and Hearth Australia. The project is scheduled to complete in December 2025.

Project 2: Strengthening the role of APO project

In 2023–24 the Senior Practitioner started a project aimed at strengthening the role of APOs. The project looks to build the capacity of the APO workforce across Victoria. This in turn will allow the Senior Practitioner to focus on the key function of safeguarding the rights of people who are subject to regulated restrictive practices and ensuring appropriate standards are followed. The project ultimately aims to:

- reduce administrative burden
- increase capacity-building activities
- reduce potential unauthorised restrictive practice.

This project aims to provide structured practice leadership and advice to the sector through regular educational webinars and interactive workshops to build the capacity and capability of the implementing providers and APOs.

Project 2 collaboration

Our partner on this project is the University of Melbourne. The project is scheduled to complete in June 2025.

Project 3: Existing barriers to safely integrating people with disability at risk of offending back into the community project

Part 1 – Review of the implementation of supervised treatment orders

Part 1 of this project looks to examine the implementation of supervised treatment orders, as well as impediments to transition, with a view to reducing their long-term use. Key objectives include:

- reviewing the Compulsory Treatment team supervised treatment order processes
- developing practice guidance that targets best practice
- stakeholder consultation using supervised treatment orders.

Part 2 – Existing barriers to integrating people with intellectual disability at risk of offending back into the community

Part 2 of this project includes a comprehensive and multijurisdictional review to examine how people at risk of offending with intellectual disability are supported in Australian jurisdictions. It looks to identify systemic issues that lead to ongoing supervision, restriction and environmental restraint of people with intellectual disabilities that impact on their autonomy and freedom across Australia.

Project 3 collaboration

Our partners on this project are RMIT, Swinburne University, ACSO, VALID and the Department of Social Services. The project is scheduled to complete in December 2024.

Project 4: Environmental restraint project: phase 2 – detention

This project explored the high levels of use of environmental restraint in the disability sector and ways to reduce such restraint. The final report has recommendations to inform practice. The aim of the project was to assess and identify the threshold for detention and to pinpoint when environmental restraint becomes detention.

Project 4 collaboration

Our partners on this project were Nous Group and People with Disability Australia. This project completed in December 2023.

Project 5: Client voice project

This is a 2-part project. Part 1 is a review of models for including client voice in government organisations, non-government organisations, service providers and other entities. The project will then develop and put in place a client voice framework across the office of the Senior Practitioner. Part 2 of the project is a review of the role of the Independent Person and developing new resources for the Independent Person.

Part 1: Development and implementation of a client voice framework for the Victorian Senior Practitioner

The aim of the project is to develop a safe, sustainable and implementable client voice framework for the Senior Practitioner. This framework will recognise the importance of incorporating the voices of people with lived experience. This will improve the Senior Practitioner's design and delivery of its services, programs and practices. Specifically, it will:

- explore the elements and principles that underpin models and frameworks for client voice, co-production and supported decision making on sensitive issues
- spell out the principles that should underpin working with people with lived experience, outline the elements of support such people might need to take part, and recommend the kinds of resources needed for engaging in this important work
- develop of a strategy for implementing the framework across the office of the Senior Practitioner.

Part 2: Review of the role of Independent Person and the Independent Person toolkit

Part 2 of the project will conduct a review of all resources and practices currently in use at the Senior Practitioner that are ostensibly aimed at including the voice or perspectives of our client base in the work we do. It will:

- review and re-conceptualise the role of the Independent Person
- review current resources such as the Independent Person toolkit to assess the efficacy of such resources

- review all existing practices focused on embedding client voice in Senior Practitioner practice
- develop new resources based on the principles of supported decision making and client voice.

Project 5 collaboration

Our partner on this project is La Trobe University. This project is scheduled to complete in December 2024.

Project 6: Physical restraint project: a 10-year review of the physical restraint direction paper

From 2011 to 2019, physical restraint was regulated through the Senior Practitioner's direction paper as a planned emergency response to serious harm. However, since 2019, physical restraint has been, and continues to be, regulated under the NDIS behaviour support rules as a PRN restrictive practice. This transition to the NDIS rules on using physical restraint appears to have increased the use of physical restraint. This has possibly resulted in a decrease of oversight and safeguarding in Victoria. There is concern about occupational violence among disability service providers and workers. There is also some confusion in the sector around physical restraint versus duty of care. This project explores emerging issues and looks to strengthen safeguarding and the use of physical restraint in Victoria.

Project 6 collaboration

Our partners on this project are the University of Melbourne, Monash University and VALID. This project should complete in December 2024.

Project 7: Buildings foundations for rights-based behaviour support in the disability sector

This project aims to develop evidence-based service guidelines (minimum expectations) for rights-based behaviour support for disabled people in Supported Independent Living (SIL). This includes those elements of support that establish environments/systems around a person that promote and protect human rights, reduce regulated restrictive practices and reduce the need for specialist and resource intensive behaviour support services.

Project 7 collaboration

Our partners on this project are Flinders University, Monash University, NDS, Queensland Government (Department of Communities, Child Safety and Disability Services), and Government of Western Australia (Department of Communities). The project is scheduled for completion in December 2025.

Project 8: Short-term psycho-education for paid carers to reduce over medication of adults with intellectual disabilities (SPECTROM): Process evaluation of a practice leadership mentoring model project

There has been a recent significant rise in the administration of psychotropic medications by unlicensed disability support workers (DSWs) to address behaviours of concern in adults with intellectual disability in the absence of a psychiatric diagnosis. In 2021 and 2022, a pilot study was conducted using the Short-term Psycho-Education for Paid Carers To Reduce Over Medication (SPECTROM) training resources to train a group of residential staff who supported adults with intellectual disability and complex behavioural support needs, about psychotropic medications and alternatives to their use. This project builds on that initial project to trial and evaluate the effectiveness of a mentor-based practice leadership approach to the training of DSWs and work

with individuals with intellectual disability and complex behavioural support needs to support them to consider reducing their use of psychotropic medication.

Project 8 collaboration

Our partners on this project are Western Sydney University and Life Without Barriers. This project is scheduled for completion in December 2025.

Winning artwork by Belinda Hewitt 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.

Promoting best practice through professional development

A function of the Senior Practitioner is ‘to provide education and information with respect to restrictive interventions and compulsory treatment to disability service providers’ (Disability Act, s 24(1)(b)).

This section of the report describes various education and training opportunities given to disability support providers in 2023–24 including online and virtual opportunities.

Restrictive practices reduction training

The Senior Practitioner continued to provide training to the sector on:

- understanding restrictive practices
- the authorisation process
- how to work towards reducing and eliminating restrictive practices.

There was a focus in 2023–24 on building foundational knowledge of restrictive practices and the legislative requirements for new providers. We also concentrated on working with professionals outside of the disability sector, such as medical professionals, to reduce and eliminate restrictive practices.

In 2023–24 the Senior Practitioner team presented to 320 people including:

- registered aged care providers
- NDIS-registered behaviour support providers
- NDIS-registered disability service providers
- medical practitioners (psychiatrists, paediatricians, neurologists and general practitioners)
- Department of Families, Fairness and Housing staff
- other regulatory organisations.

The Senior Practitioner also collaborated with other organisations to run training sessions. These included the University of Melbourne, medical colleges and other communities of practice.

Statewide webinars, workshops and e-learning modules

In 2022–23 the Senior Practitioner team ran a series of statewide webinars and workshops for the first time. These webinars and workshops targeted APOs, behaviour support practitioners and any staff at disability service providers involved in using restrictive practices. The aim of the sessions was to support the sector to increase its confidence in identifying and reducing restrictive practices, as well as understanding the authorisation process and the legal requirements. These webinars were extremely well received across the sector and there were repeated requests from the sector to record the webinars.

In 2023–24, as a response to a clear demand in the sector for on-demand learning tools, the Senior Practitioner developed a series of e-learning modules based on the webinars run in the previous year.

The modules covered the following topics:

- defining restrictive practices
- the authorisation process and key roles
- legal requirements for authorising restrictive practices
- Restrictive Intervention Data System (RIDS) training.

The modules are available on the Senior Practitioner webpage. They provide a clear overview of restrictive practices and the authorisation process. In 2023–24 there were 3,742 unique users who visited the page that hosts the 5 e-learning modules. The Senior Practitioner was encouraged to see a high level of engagement with all 5 modules.

ARMIDILO-S and ARMIDILO-G training

Risk assessment and management is a central consideration for compulsory treatment when working with offenders with intellectual disability.

The Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations who Offend – Sexually (ARMIDILO-S) is a risk assessment and management tool that has been developed for offenders with intellectual disability. The Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations who Offend – General Version (ARMIDILO-G) is another.

The Senior Practitioner organises regular training sessions on administering and interpreting these assessment tools. Professor Doug Boer, the principal author of the assessments, run the training sessions. The Senior Practitioner sponsored 2 training session each of ARMIDILO-S and ARMIDILO-G in 2023–24 as well as one ARMIDILO-G User Group workshop. Individual consultancy in using the assessment tools was also provided on request.

Winning artwork by Sarah Velli 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.

Supporting best practice through advice, partnerships and consultation

A function of the Senior Practitioner is 'to develop links and access to professionals, professional bodies and academic institutions for the purpose of facilitating knowledge and training in clinical practice for people working with persons with a disability' (Disability Act, s 24(1)(f)).

This section of the report describes the practice advice, consultations, care team meetings and VCAT hearings that teams within the office of the Senior Practitioner offered to the sector in 2023–24.

Practice advice and consultations – Integrated Practice Advisory team

As noted previously, the Senior Practitioner has seen a rising demand across the sector for general and more individually tailored advice and guidance about positive behaviour support and the authorisation process. That trend continued over the past year. During 2023–24 the Integrated Practice Advisory team provided 2,721 instances of practice advice. This represents a 12% increase on the past year (2,721 instances in 2023–24 up from 2,432 instances in 2022–23). Of those, 1,838 instances related to a specific person with a BSP. The other 883 instances related to more generalised practice issues.

In 2023–24 there were 1,437 enquiries about authorising restrictive practices in a person's BSP. There were 902 enquires about a specific person's BSP. Another 351 instances related to concerns about operational service provision of restrictive practices by registered providers.

Practice advice and consultations – Integrated Service Practice team

The Integrated Service Practice team is a new team that is funded as part of the Complex Needs Project. The team aims to improve service responses for people aged 16 years and older, with complex functional needs who pose an unacceptable risk of harm to the community and who are experiencing significant service gaps. The team provides expert advice and drives practice improvement across the Department of Families Fairness and Housing.

In 2023–24, the Integrated Service Practice team established a Complex Needs Community of Practice, which met 9 times over the year. The team also provided secondary consultation on 38 cases to a range of internal stakeholders that addressed systemic issues and provided information and advice on particularly complex cases.

Client-centred meetings, case consultations and compulsory treatment forums

One way in which the Compulsory Treatment team supports the sector is by engaging in case consultations and attending client-centred meetings for people subject to compulsory treatment.

The team prioritises attending client-centred meetings based on the person's presentation such as:

- the presence of significant problematic behaviour that requires intervention
- transitioning from the RTF Fairfield to the community or between community providers
- significant issues with implementing a treatment plan

- the presence of significant service gaps that affect risk management and meeting the client's need
- multiple diagnoses that contribute to a complex presentation
- recent use of seclusion and physical restraint
- when a client does not comply with an order, if the client is on a new order, revocation, or preparation for revocation, and if the client is going through a transition period (with accommodation, support services and clinical support).

In 2023–24 the Compulsory Treatment team attended 378 case consultations and client-centred meetings.

There were 3 compulsory treatment forums held throughout the year attended by APOs, behaviour support practitioners, other clinicians and both internal and external stakeholders.

The forums covered practice issues relating to implementing compulsory treatment across the sector.

Winning artwork by Michael Burrowes 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.

Informing public debate and opinion

The Senior Practitioner Seminar 2023

In December each year the Senior Practitioner holds an annual seminar to provide an update about the progress of research projects being undertaken or commissioned by the Senior Practitioner.

In 2023–24 the Senior Practitioner Seminar was a hybrid event. The Senior Practitioner was delighted to see more than 100 people attend in person and another 200 people joining online. The seminar opened with an address by Dan Stubbs, the Victorian Disability Worker Commissioner. Presentations that delved into the Senior Practitioner's program of research followed. The University of Melbourne's Professor Keith McVilly (and his research team) provided an update on the *Physical restraint: A 10-year review of the physical restraint direction paper* project. Professor Stuart Thomas, from RMIT, presented on the progress of the *Review of the implementation of Supervised Treatment Orders* project and Professor Christine Bigby, La Trobe University, presented on the *Client voice* project. Meanwhile, for the second year running, Janice O'Connor, Manager of Research and Innovation at Onemda, provided a presentation on co-designing an evaluation framework for people with intellectual disabilities, their families and service providers.

Winning artwork by Anna Russ 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.

Appendix: Data tables for figures

Figure 1: Restrictive practices (authorised and approved) snapshot

Category	Number
People authorised	3,142
Children authorised	312
Chemical restraint	2,577
Environmental restraint	1,620
Mechanical restraint	292
Seclusion	69
Physical restraint	10

Figure 2: Practice leadership and training snapshot

Category	Number
Practice advice consultations	2,721 instances
Training	188 people
Client-centred team meeting	378
VCAT hearings	37