

Senior Practitioner report 2018–2019

Plain English



To receive this publication in an accessible format phone 9096 8427, using the National Relay Service 13 36 77 if required, or [email the Victorian Senior Practitioner team](mailto:Victorianseniorpractitioner@dhhs.vic.gov.au) <Victorianseniorpractitioner@dhhs.vic.gov.au>.

Authorised and published by the Victorian Government,
1 Treasury Place, Melbourne.

© State of Victoria, Australia, Department of Health and Human Services, September 2020.

ISSN: 2204-7204 (pdf/online/MS word)

Available at the [Victorian Senior Practitioner website](https://www.dhhs.vic.gov.au/victorian-senior-practitioner)
<https://www.dhhs.vic.gov.au/victorian-senior-practitioner>.

(2002644 – cover, images, figures)



Cover: Painting by Kylie N Scott

The artworks used in this report are by winners of the 2019 VALID Annual 'Having a Say' conference Art Competition sponsored by the Senior Practitioner. The theme for the 2019 artworks was 'Having a Say Forever'.

Message from the Senior Practitioner, Frank Lambrick



Hello. My name is Frank Lambrick. I am the Senior Practitioner for Disability. I work with a team of people.

This is my report about our work. It is our 12th annual report. It is about what we did from July 2018 to June 2019. In the rest of the report I will just write 2018–2019.

This report is written in Plain English. We have a complex copy that you can read too.

This year we counted how many times restrictive interventions were used. Restrictive interventions were used with 2,485 people in disability services.

Next year the National Quality and Safeguards Commission will count how many times restrictive interventions were used in services across Australia. We will not report this next year. But we will still be in charge of permissions to use restrictive interventions, compulsory treatment, and other things.

We have been working with the National Quality and Safeguards Commission. We are working on a way of helping people with disabilities across Australia.

This report has five sections:

- Restrictive interventions used with people with disabilities in Victoria
- Learning more about restrictive interventions through special projects
- Teaching other people about supporting people who use behaviours of concern
- Working with other people to help reduce use of restrictive interventions
- Making things better by writing and talking about restrictive interventions.

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

A handwritten signature in black ink, appearing to read 'F. Lambrick', written in a cursive style.

Dr Frank Lambrick
Senior Practitioner – Disability

Contents

Message from the Senior Practitioner, Frank Lambrick	4
The job of the Senior Practitioner	8
Restrictive interventions.....	10
Knowing about the restrictive interventions used with people with disabilities in Victoria in 2018–2019.....	11
Restrictive interventions in Victoria.....	12
Behaviour support plans	13
Visiting services to see restrictive interventions	15
Compulsory treatment	15
Learning more about restrictive interventions through special projects	18
The Roadmap project	18
Mechanical restraint project.....	18
Working with doctors	19
Stopping women’s periods.....	19
Teaching other people about supporting people who use behaviours of concern.....	21
Communication reports project.....	21
Promoting Dignity Grants.....	22
ARMIDILO-S.....	22

Working with other people to help reduce use of restrictive interventions	23
Compulsory treatment practice workshops.....	23
Compulsory treatment newsletters	23
Care team meetings for people under compulsory treatment	23
Student projects	23
Work with the Department of Education and Training	24
Making things better by writing and talking about restrictive interventions	25

The job of the Senior Practitioner

This report is about the job of the Senior Practitioner. It is about the Senior Practitioner's work from July 2018 to June 2019.

The Senior Practitioner is a special job. The main job of the Senior Practitioner is to protect the rights of people with disabilities who have restrictive interventions.

We help people who have disability services in Victoria. We help people whose disability services are paid for by the government.

The *Disability Act 2006* said Victoria needed a Senior Practitioner. The Act said that the Senior Practitioner must do some special things.

The Senior Practitioner must:

- Know about the restrictive interventions used with people with disabilities in Victoria
- Teach people about restrictive interventions and supporting people who use behaviours of concern
- Learn more about restrictive interventions by doing special projects and research.

The Senior Practitioner has an important role for people in compulsory treatment. Compulsory treatment is when the law courts have said that someone with a disability has broken the law and must have specific treatment.

Learning more is sometimes called doing research. We do a lot of important research. We have been doing this counting for longer than anyone else in the world.

We can do research on things that change and things that stay the same. We have learnt that many people with autism are on tablets to change their behaviour for a long time.

This report is about how we did these important jobs.



Victorian Senior Practitioner team, February 2020



**Rebekah Richardson and Katie White,
members of the Senior Practitioner team, 2018–19**

Restrictive interventions

Restrictive interventions 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 behaviours like deliberately breaking furniture.

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

- **Chemical restraint** is medication given to someone just 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 splints 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.
- **Seclusion** is locking someone in a room so they cannot get out.

There are other things that stop the rights of people with disabilities. We are learning more about these other things.

Here are other types of restrictions:

- Making people eat food that they have said they do not like
- Stopping people from going outside without a good reason.

Knowing about the restrictive interventions used with people with disabilities in Victoria in 2018–2019

One of the jobs of the Senior Practitioner is knowing about restrictive interventions in Victoria.

Disability service providers must tell us if they use any restraint with the people they support.

They must tell us:

- The name of the person restrained
- The person's gender: male, female, or other
- The person's disability
- The type of restraint used
- The amount of restraint used.

Disability service providers must show us the person's behaviour support plan. A behaviour support plan is a written plan. Behaviour support plans must say:

- The behaviour of concern
- What the staff will do to help the person
- The restrictive intervention
- How the restrictive intervention will help the person.

This part of the Annual Report is about restraint use, behaviour support plans, and compulsory treatment in Victoria 2018–2019.

Restrictive interventions in Victoria

Disability service providers must tell us about all the restrictive interventions that they use.

Number of people restrained

2,483 people with disabilities were restrained this year. This is more than last year.

Most of the people had been restrained for many years. We were told about 310 new people having restrictive interventions.

Chemical restraint

Chemical restraint is the use of tablets or medicine to control someone's behaviours of concern.

Nearly all the people with restrictive interventions have chemical restraint. They were given tablets or medicine to control their behaviour every day.

More than 300 people had medication for their behaviour only sometimes. This can be called PRN chemical restraint.

There were lots of different types of medications used for chemical restraint. More than half of the people who had chemical restraint took more than one type of medication.

Mechanical restraint

Mechanical restraint is the use of bodysuits, splints, or other things to stop a person from moving their body.

152 people had mechanical restraints this year. This is more people than last year.

Most of the people were put in clothes that they could not take off by themselves.

Seclusion

Seclusion is being locked in a room or place where you cannot get out.

59 people were secluded this year. This was more than last year.

Physical restraint

Physical restraint is holding or blocking somebody's body with force. Physical restraint stops people from moving about.

66 people were physically restrained this year. This is less than last year and the year before.

Most of the people were physically restrained once in the year.

Types of people with restrictive interventions

More males were restrained than females.

More adults were restrained than children.

Most of the people who were restrained were people with intellectual disabilities or autism.

Some of the children had brain injuries. They were given medication to change their behaviour.

Children with communication difficulties, vision problems and hearing problems were also given medication to change their behaviour.

Behaviour support plans

A behaviour support plan is a written report about a person with a disability. It is a plan for how staff should support a person who uses behaviours of concern. It should be a plan that says that restrictive interventions will only be used after all other

things are tried. This is sometimes called using the least restrictive alternative.

A behaviour support plan has lots of information.

In 2018–2019 there were 2,991 behaviour support plans sent to us.

Behaviour support plans that are written well

We know that support plans that are written well can help improve peoples' lives.

We have been working to improve behaviour support plans.

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

The Senior Practitioner looked at 149 plans to check if they had the information in them.

The plans from this year scored the same as last year's.

The things that were good in many of the plans were:

- Behaviours of concern were well described
- When and where behaviours happened was described
- Strategies for calming the person were described.

The thing that was poorly written in many of the plans was:

- There were no new, better behaviours for the person to learn, or plans for how to teach a better behaviour.

Good plans can help reduce the use of restrictive interventions.

Services need to write better behaviour support plans. If they do not write better plans, things will not get better for people with disabilities.

Visiting services to see restrictive interventions

The Senior Practitioner visited 47 places to see if restrictive interventions were being used. We visited group homes, day services, and respite homes. We visited services in the country and cities.

There were some problems in the services:

- Other restrictive interventions were being used, like locking doors inside the house to stop people getting into kitchens and laundries.
- People did not know what some restraints were, like chemical restraints.
- Strategies for reducing restraints were written down but they were not being used.
- Restraints were being used without a behaviour support plan.

Compulsory treatment

The Senior Practitioner helps people who are in compulsory treatment. Compulsory treatment is a special law. It is a law that says a person must have treatment for their behaviour.

Compulsory treatment is given to some people with intellectual disabilities who are at serious risk of hurting other people. They are people who might have hurt other people before. They have been in trouble with the law.

People in compulsory treatment live in the community or residential treatment centres. There is one residential treatment centre in Victoria.

People living in the community have a supervised treatment order. These people are watched most of the time and may be in a place that has locked doors. This is sometimes called civil detention.

Some people lived part of the year in the residential treatment centre and part of the year in the community.

People in compulsory treatment have rights. The Senior Practitioner supports the rights of people in compulsory treatment who have restrictive interventions. The Senior Practitioner and his team look at the treatment plans of people on compulsory treatment. We decide if the plan is good for the person.

Disability services looking after the person have to write reports. They have to say how the person is going with their treatment plan. They have to say how they are helping people have a better life.

People on compulsory treatment in the community in 2018–2019

There were 42 people in compulsory treatment living in the community this year. There was 41 men and 1 woman.

The people had hurt other people.

22 of the people on compulsory treatment had restrictive interventions. Most had chemical restraint. Some had seclusion and some had physical restraint.

The Senior Practitioner looked very carefully at the restrictive interventions used with people in compulsory treatment. The team looked at any changes made to a person's treatment plan.

The Senior Practitioner is also involved if a person does not need to be in compulsory treatment anymore. Two people did not need to be in compulsory treatment anymore.

Big decisions about compulsory treatment are made at the Victorian Civil and Administrative Tribunal. This is sometimes called VCAT.

We had 66 important meetings at VCAT for people on compulsory treatment.



Painting by Emily Johnson

Learning more about restrictive interventions through special projects

This year staff with the Senior Practitioner did four special projects.

The Roadmap project

The Roadmap for Achieving Dignity without Restraint is a special project involving many people. It is about the values people have. It is about how people think about behaviours of concern and restrictive interventions.

The Roadmap team ran training for 122 staff of people who were restrained. The staff wrote action plans for each person to make their lives better.

Half of the organisations talked to the team six months later. The other half said they were too busy with the NDIS.

One year after the training, twenty staff talked to us again. They said there were small good changes for the person they wrote the plan for.

Mechanical restraint project

We have been doing a special project looking at mechanical restraint for six years. Mechanical restraint is using things like bodysuits, helmets, and straps to stop a person from moving.

There have been five steps in the project:

1. We looked at reports on all the people with mechanical restraints. We looked at ways that the people were the same as each other.
2. We had a closer look at 39 of the people.

3. We got special new assessments for 10 people.
4. We worked with the support teams to help them to use the recommendations in the reports.
5. We wrote a guidebook from what we learnt.

Working with doctors

We did more work with doctors.

We think it is important for doctors to know about behaviours of concern and restrictive interventions.

They need to know if they are prescribing medications that are restrictive interventions.

They need to know if they can do something different than restrictive interventions.

We had an online training program for doctors, but not many doctors did the program.

We asked people at Swinburne University to look at it. They wrote a checklist for doctors to look at their own work.

Not enough doctors have used the checklist.

Stopping women's periods

Most women have bleeding from their bottom area every month when there are between their teenage years and their fifties. This is sometimes called a period or menstruation.

Some women have their bleeding stopped by a special injection or tablet. This is called menstrual suppression.

Menstrual suppression can be a restrictive intervention if it is done to change that woman's behaviour. It needs to be written in a behaviour support plan.

The injection and tablets can have bad side effects for the woman.

We wrote guides for disability support workers and doctors about menstrual suppression.

We think it is important that teams, including the woman with a disability, talk about why menstrual suppression might be used and the risks of doing it.



Painting by Kyra Drummond

Teaching other people about supporting people who use behaviours of concern

The Senior Practitioner thinks that learning is important for making things better. People need to learn about behaviours of concern. They need to learn about restrictive interventions. They need to learn about the rights of people with disabilities.

The Senior Practitioner's team do a lot of teaching. They teach a lot of different people.

Here is some of the teaching that we did:

- We taught 420 people about writing good behaviour support plans.
- We taught about 60 people from specialised disability services about knowing if something is a restrictive intervention and how to work out what the least restrictive intervention might be.
- We talked about restrictive interventions at other big events.

We also did special projects.

Communication reports project

We did a special project on communication reports. Many people with restrictive interventions have communication difficulties. Some of the difficulties are obvious, like not being able to talk. Some difficulties are not obvious, like not understanding complex ideas.

People with communication difficulties use more behaviours of concern than people without communication difficulties.

We did specialist communication reports on three people. The reports helped to write plans that consider what the person with a disability can understand.

Promoting Dignity Grants

We gave money to six groups of people to do their own learning. We call these Promoting Dignity Grants. Four of the groups finished their projects to help people.

ARMIDILO-S

We taught people about using a special assessment called the ARMIDILO-S. This assessment is about the risk of people with intellectual disabilities doing sex related crimes.

Working with other people to help reduce use of restrictive interventions

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

Here are some of the things that the Senior Practitioner did this year.

Compulsory treatment practice workshops

The compulsory treatment team had five workshops for people working with people in compulsory treatment. People learnt new things at the workshops.

Compulsory treatment newsletters

The compulsory treatment team sent out two newsletters. The newsletters shared new information, new resources, and told people what the compulsory treatment team was doing.

Care team meetings for people under compulsory treatment

The compulsory treatment team have an important job in going to team meetings about people in compulsory treatment. They answer lots of questions about people under compulsory treatment with restrictive interventions.

Student projects

Two psychology master's students and two occupational therapy master's students worked with the Senior Practitioner on projects. They helped five men who lived together. They worked with the staff to help them make the men's lives better.

We had two occupational therapy students work with the compulsory treatment team.

Work with the Department of Education and Training

A practice leader from the Senior Practitioner continued to work with the Department of Education and Training. The Department of Education and Training are in charge of primary and secondary schools in Victoria.

An Australian Government report said that Victoria is leading the way in reducing restrictive interventions in schools. More work is always needed.

Making things better by writing and talking about restrictive interventions

We let people know about best ways to support people who use behaviours of concern. We let people know about restrictive interventions.

We ran a big session with lots of speakers. They were all talking about helping people who use behaviours of concern and have restrictive interventions.

We wrote two papers for journals. We presented at some conferences.



Painting by Tammy Smith