Victorian Senior Practitioner report 2022–23

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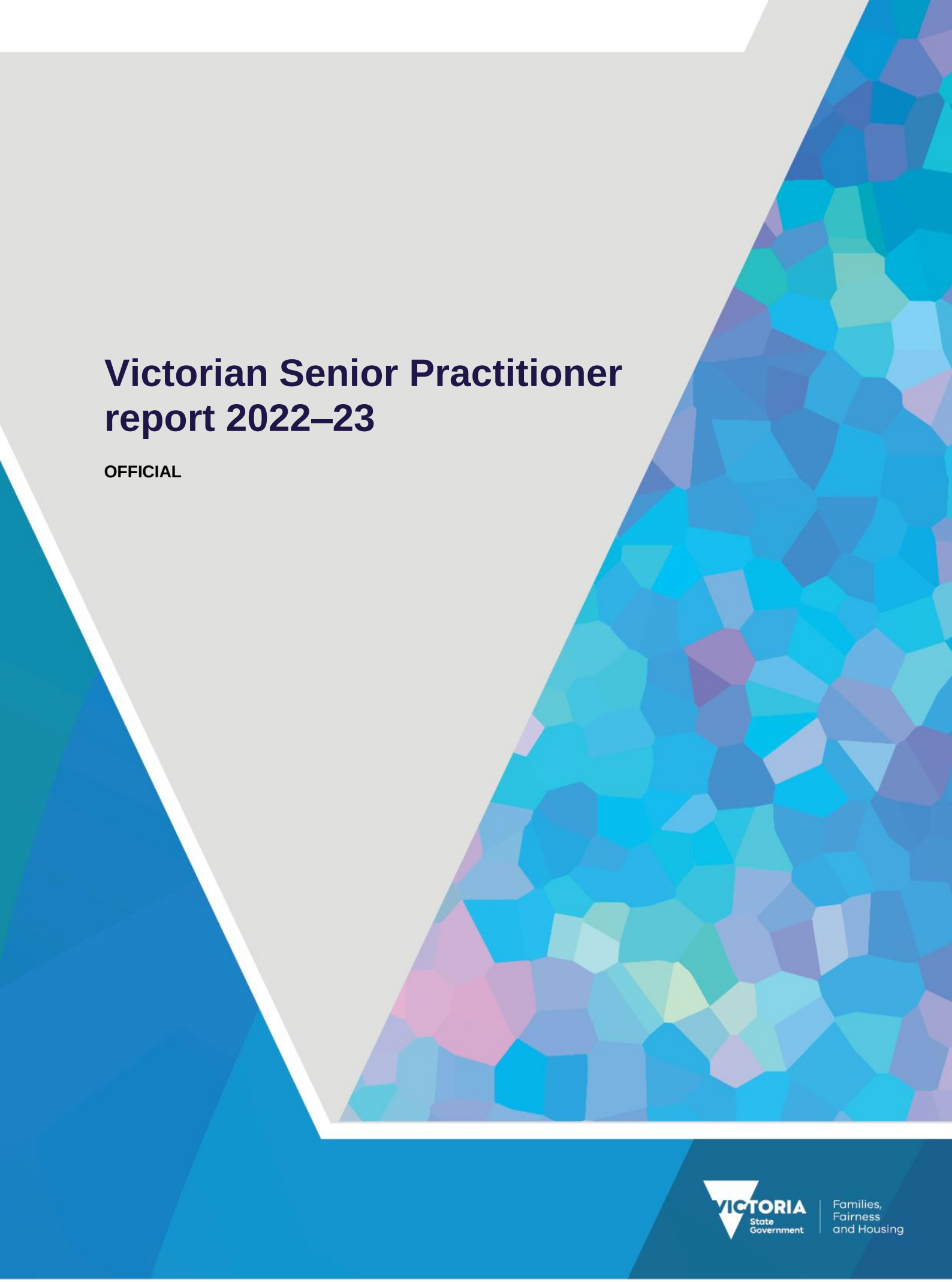

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Message from the Victorian Senior Practitioner

Welcome to the 2022–23 Victorian Senior Practitioner (Senior Practitioner) report. This year saw amendments to the *Disability Act 2006* (the Act). One very important change for me personally was the inclusion of a new function of the Senior Practitioner 'to promote the reduction and elimination of the use of restrictive practices by disability service providers and registered NDIS providers to the greatest extent possible' (s 24(1)(a)-(b)). This new function will guide our practice into the future.

As we are all aware, each jurisdiction operates in its own way to reduce and eliminate the use of restrictive practices within its own authorisation framework. 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.

From our monitoring of restrictive practices over 2022–23, we know that the number of people subject to restrictive practices has seen a small increase, driven mostly by rising chemical restraint. Our interpretations for this revolve around the fact that there are increasingly more new providers coming on board each year. Also, increased education and awareness has led to a rise in chemical restraint now being included in behaviour support plans. This is especially noticeable in our new cohorts of people in residential aged care facilities and dual disability clients. Most of the increase is in adults; however, children have remained steady for the past four years but well below the 484 who were on our system in 2018–19. Under Part 8 of the Act, which regulates compulsory treatment in Victoria, there have been two revocations of supervised treatment orders, which means a total of six revocations over the past two years.

Given everyone is more comfortable with working in the virtual space, the Senior Practitioner ran several online webinars and workshops throughout 2022–23, facilitating much larger attendance numbers than in previous years. More than 1,700 people attended the eight webinars we ran in 2022–23. We also ran 10 workshops, with each workshop limited to 50–60 participants.

We have also established a strong program of research including projects to examine the use of environmental restraint as detention, physical restraint, and chemical restraint. We have also instigated projects that will strengthen the role of the Independent Person and the authorised program officer, as outlined in the Act. We are collaborating with the University of Melbourne to deliver two education programs for the disability workforce, and these are funded until mid-2025.

This year saw the reintroduction of the promoting dignity grants. We have four successful grant recipients who have recently started their projects.

I would like to take this opportunity to thank all our staff for the dedicated work they have undertaken during the year. The ongoing commitment of all our staff to protecting the rights of people with disabilities subject to restrictive practices and compulsory treatment has been outstanding. I would also like to acknowledge the contributions of people with disability, families, carers advocates, our colleagues, project partners and internal and external stakeholders.

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 2006* (the Act). The Senior Practitioner is responsible for protecting the rights of people with disability who are subject to restrictive practices such as restraint and seclusion, and compulsory treatment.

The Act was amended in 2019. The *Disability (NDIS Transition) Amendment Act 2019* made amendments to the Act to enable Victoria to meet its obligations under the *National Disability Insurance Scheme quality and safeguarding framework*. Changes also ensure safeguards for people with disability in Victoria were not diminished during the transition to the full scheme under the NDIS.

Key amendments to the Act included:

- providing a process for authorising and prohibiting the use of restrictive practices by the Senior Practitioner for NDIS participants
- enabling the Senior Practitioner to give directions to registered NDIS providers and to notify the NDIS Quality and Safeguards Commission of matters relating to restrictive practices
- enabling the transfer and disclosure of information relating to registered NDIS providers and NDIS participants.

Further amendments to the Act were made this year, on 23 May 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 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.

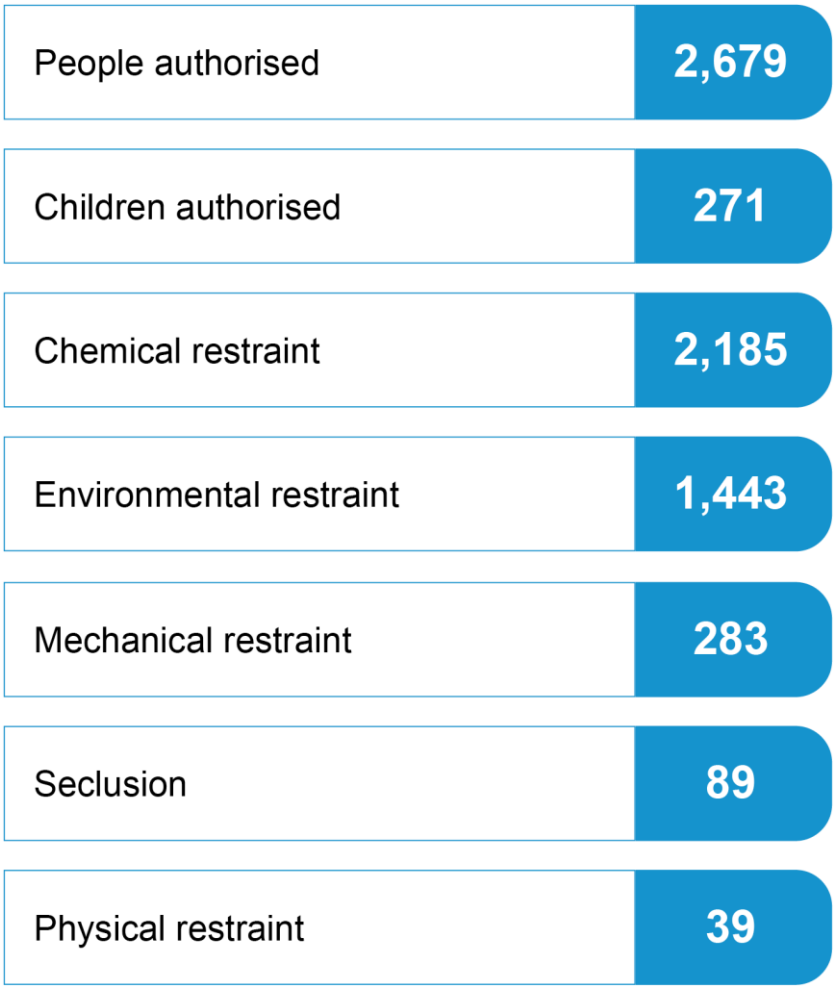
The Act also mandates specific responsibilities of the Senior Practitioner to:

- 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, compulsory treatment, and behaviour support planning. 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 2022 to June 2023.

Snapshots of the 2022–23 annual report

Figure 1: Restrictive practices (authorised and approved) snapshot

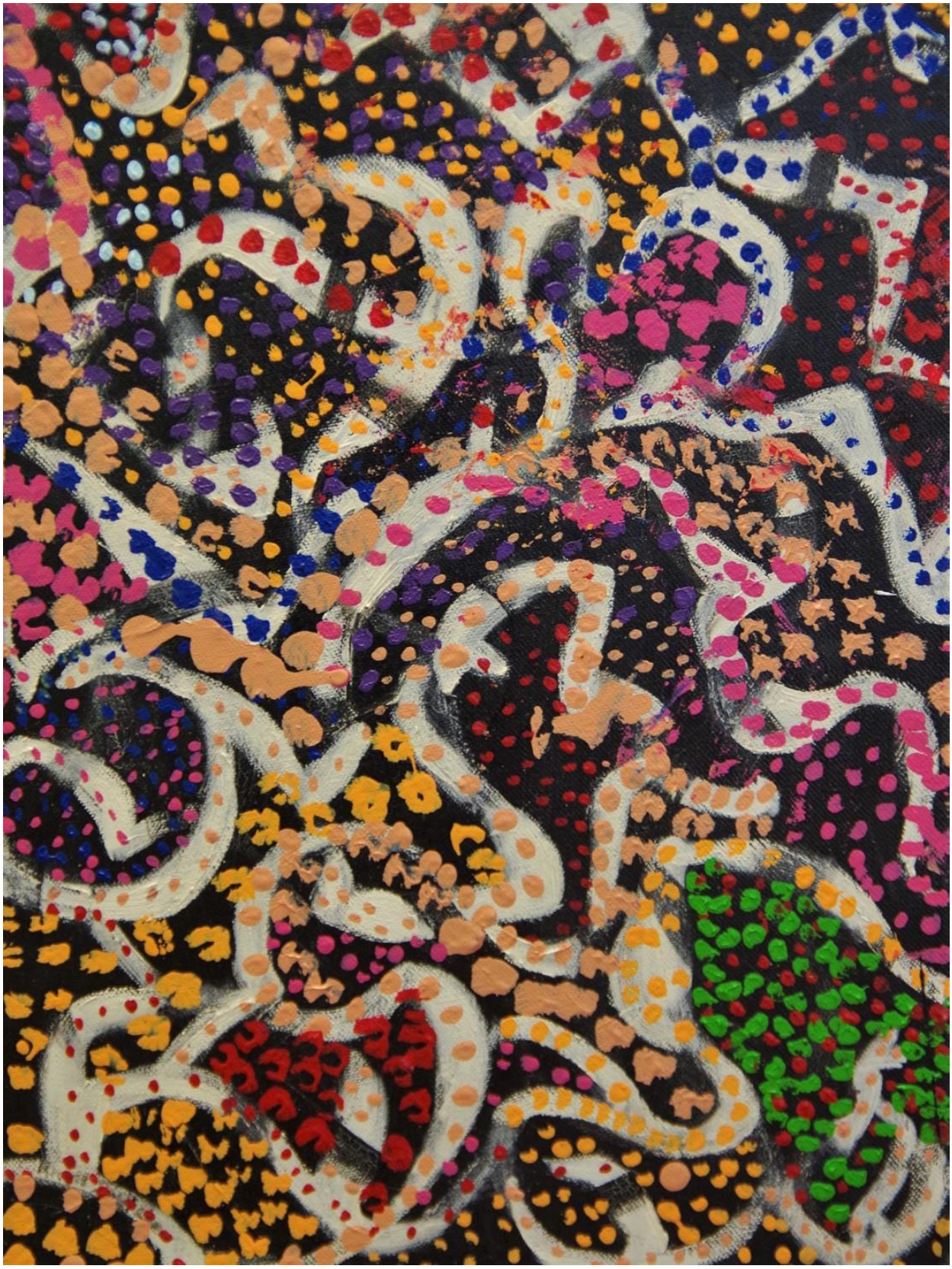


Refer to the Appendix for the Figure 1 data table.

Figure 2: Practice leadership and training snapshot

Refer to the Appendix for the Figure 2 data table.

Winning artwork by Shelley McMahon the Barbara Donovan & Sarah Guilfoil Art Competition Award at the VALID Having a Say Conference 2023 sponsored by Victoria State Government.



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 annual report details the authorisation of restrictive practices from NDIS-registered service providers and the quality of behaviour support plans (BSPs) received from NDIS service providers. The second part of this section reports on the use of compulsory treatment in Victoria.

This report no longer includes standalone figures on the reporting of restrictive practices to the Restrictive Intervention Data System (RIDS) by state-funded (in-kind) services in Victoria, given those specific numbers are negligible. Rather, these figures have been incorporated into the overall authorisation and approval figures. Since the rollout of the NDIS, the core function of the Senior Practitioner is now to monitor, rather than regulate, restrictive practices. As such, this report focuses on figures concerning the authorisation and approval of restrictive practices for Victorian NDIS participants.

It is important to note that data on the use of chemical restraint, mechanical restraint and seclusion have been collected since 2008–09. While data on physical restraint have been collected since 2011–12, data on the use of environmental restraint were only captured for the first time in 2020–21.

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 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, and
- there is evidence of planning for reducing and eliminating the regulated restrictive practice.

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

This section of the report presents some general, or overall, findings for restrictive practices approved and authorised by the Senior Practitioner in 2022–23 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, 2018–19 to 2022–23

Year	State-funded	NDIS	All
2018–19	2,324	–	2,324
2019–20	1,239	442	1,574
2020–21	1,040	1,760	2,178
2021–22	S85	2,268	2,335
2022–23	76	2,615	2,679

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 the period from 1 July 2022 to 30 June 2023, the Senior Practitioner approved or authorised the use of restrictive practices for 2,679 people.
- The number of people approved or authorised for the use of restrictive practice is 15 per cent higher than last year. This is mainly due to a large increase in the number of adults subject to chemical restraint, although there have also been proportionally smaller increases in the use of other restrictive practices.
- There are two main reasons for the 15 per cent increase in people approved and authorised for restrictive practices in 2022–23. First, two growing cohorts – people with disability in residential aged care, and people with psychosocial disability – have only recently been included in the NDIS and require authorisation of restrictive practices. As such, submissions for authorisations on RIDS by these cohorts have driven the numbers of people authorised and approved for restrictive practices in Victoria to a new highwater mark in this financial year. The second driver for the increase is the number of new registered providers who have come onto RIDS in the past two financial years. For instance, in 2019–20, only 23 new registered providers came onto the system. By contrast, in 2021–22, 106 new providers came onto the system, and in 2022–23, 124 new providers came onto the system.
- As the Senior Practitioner continues to drive sector-wide training and education, we would expect to see an increase in the authorisation and approval of restrictive practices that reflects a more accurate picture of what is occurring in the sector.

Table 1b: Number of children and number of adults authorised for restrictive practice in Victoria, 2018–19 to 2022–23

Year	Children	Adults
2018–19	484	1,849
2019–20	270	1,308
2020–21	276	1,912
2021–22	261	2,080
2022–23	271	2,415

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 the period from 1 July 2022 to 30 June 2023, the Senior Practitioner approved or authorised the use of restrictive practices for 10 more children than the previous year. However, the number of children approved or authorised for restrictive practices has remained relatively steady for the past four years since the dramatic drop in 2018–19.
- The number of adults approved or authorised restrictive practices continues to rise. In 2022–23, as with previous years, the increase in people approved or authorised for restrictive practices is attributable to adults.
- The 44 per cent drop in the number of children approved or authorised of restrictive practices over the past five years raises a question about the nature of the safeguards that are in place for the 213 fewer children overall since 2018–19. To answer this question, the Senior Practitioner has instigated a data linkage initiative to better understand what, if any, services those children are accessing in Victoria.

Authorised and approved use of restrictive practices in 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 2022–23 (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 five years of data, starting from 2018–19.

Chemical restraint

Chemical restraint, as defined in Part 1(3) – Definitions (1) of the Act, 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, 2018–19 to 2022–23

Year	Total people
2018–19	2,143
2019–20	1,417
2020–21	1,778
2021–22	1,884
2022–23	2,185

Table 2b: Total people authorised for chemical restraint by administration type, 2018–19 to 2022–23

Year	Total people PRN	Total people Routine	Percentage PRN	Percentage Routine
2018–19	700	2,083	32.7	97.2
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

Table 3a: Percentage of people authorised for chemical restraint who were authorised for different types of chemical restraint, 2018–19 to 2022–23

Drug type	2018–19	2019–20	2020–21	2021–22	2022–23
Antidepressant	41.9	43.0	38.9	37.2	36.0
Antipsychotic	72.8	74.3	75.3	75.7	73.3
Benzo and other sedatives	37.8	39.8	44.3	42.7	41.4
Menstrual suppression	5.1	4.9	6.7	6.2	5.7
Mood stabiliser	26.0	26.0	26.1	25.6	24.9
Psychostimulants	11.1	7.9	4.8	2.9	2.4

Note: Percentages will add to more than 100 per cent because most people were subject to two 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, 2018–19 to 2022–23

Drug type	2018–19	2019–20	2020–21	2021–22	2022–23
Antidepressant	898	478	691	699	786
Antipsychotic	1,561	825	1,337	1,425	1,602
Benzo and other sedatives	825	445	796	809	905
Menstrual suppression	110	54	119	117	124
Mood stabiliser	558	289	463	482	543
Psychostimulants	232	86	83	52	53

Key findings

- There has been a 16 per cent increase in the number of people authorised for chemical restraint compared with 2021–22 (2,185 people up from 1,884 people).
- This is a new highwater mark for chemical restraint, which is being driven by similar trends in previous years:
  - Antipsychotic and sedative medications were the most authorised chemical restraints (three in four people authorised for chemical restraint were authorised for antipsychotic medication; 41 per cent for benzodiazepines and other sedatives).
  - A significant number of people (36 per cent) were authorised for antidepressants.
- Like trends in previous years, antipsychotic and sedative medications were the most authorised chemical restraints.
- Over the past two years, the Senior Practitioner has invested heavily in education, training and awareness-raising campaigns exploring the appropriate use of chemical restraint and, as such, the continued rise in authorisation for using chemical restraint is to be expected. The assumption is that training more providers to better identify chemical restraint will inevitably lead to increased authorisation.
- However, the Senior Practitioner will be monitoring the upward trend of antipsychotic use closely over the next two years. The underlying expectation is that as the sector is increasingly supported to reduce the use of chemical restraint, the numbers will stabilise and then begin to decline.

Mechanical restraint

Mechanical restraint, as defined in Part 1(3) – Definitions (1) of the Act, 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, 2018–19 to 2022–23

Year	Total people
2018–19	192
2019–20	134
2020–21	258
2021–22	265
2022–23	283

Table 4b: Total number of providers with clients approved for mechanical restraint, 2018–19 to 2022–23

Year	Total providers
2018–19	59
2019–20	26
2020–21	70
2021–22	86
2022–23	97

Winning artwork by Matthew Lam for the Barbara Donovan & Sarah Guilfoil Art Competition Award at the VALID Having a Say Conference 2023 sponsored by Victoria State Government.

Table 5a: Percentage of people approved for mechanical restraint with different types of mechanical restraints, 2018–19 to 2022–23

Restraint type	2018–19	2019–20	2020–21	2021–22	2022–23
Bedrail	7.3	6.0	5.0	3.4	2.1
Clothing	40.1	33.3	24.4	25.3	25.8
Cuffs	1.6	1.7	0.8	0.4	0.7
Furniture	1.0	3.4	1.2	1.5	1.1
Gloves	5.7	6.8	6.2	7.2	6.4
Helmet	6.3	6.8	7.0	5.3	5.6
Other	19.8	24.8	43.0	45.7	41.3
Splints	7.8	6.8	4.3	3.4	2.8
Straps	24.5	29.9	43.4	38.1	39.6
Wheelchair	7.8	8.5	8.9	9.1	8.1

Table 5b: Number of people approved for mechanical restraint who were approved for different types of mechanical restraint, 2018–19 to 2022–23

Restraint type	2018–19	2019–20	2020–21	2021–22	2022–23
Bedrail	14	7	13	9	6
Clothing	77	37	63	67	73
Cuffs	3	2	2	1	2
Furniture	2	3	3	4	3
Gloves	11	8	16	19	18
Helmet	12	8	18	13	16
Other	38	23	110	121	117
Splints	15	7	11	9	8
Straps	47	32	112	101	112
Wheelchair	15	9	23	24	23

Key findings

- The number of people approved for mechanical restraint in 2022–23 has increased by 7 per cent compared with the previous year (265 people to 283).
- Over this period, the number of people approved for mechanical restraint is significantly higher compared with earlier years (for example, the number of people approved for mechanical restraint in 2022–23 is 47 per cent higher than 2018–19).
- This increase is driven primarily by Shared Supported Accommodation services whose approval numbers increased from 100 in 2018–19 to 197 in 2022–23.
- These findings reflect providers better identifying practice (rather than change in actual practice). For instance, some providers have become better at identifying – and therefore seeking approval for – mechanical restraint. But approvals for some types of mechanical restraint remain confused, particularly buckle guards and harnesses. Some providers are still confused about what constitutes restrictive practice versus safe transportation. In these instances, service providers have been encouraged to seek specialist assessment and prescription for straps, clothing, and other potential forms of mechanical restraint to ensure therapeutic use. And the expectation is that while advice is pending, service providers would seek approval for and report their use as restrictive practice.
- The percentages of use of most other types of mechanical restraints remains consistent with previous years.
- It is important to note that while the number for the category ‘Other’ in the tables above seems relatively high, a deeper dive into this category reveals that almost half of those deemed ‘other’ were incorrectly entered as such and could be attributed to one of the standard categories for mechanical restraint. Furthermore, ‘Harness’ accounts for more than 50 per cent of the ‘Other’ category and was considered as ‘Other’ at the time. However, ‘Harness’ was added as a standard category in July 2023. As such, the expectation is that the figure for ‘Other’ will decline in future.

Seclusion

Seclusion, as defined in Part 1(3) – Definitions (1) of the Act, 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, 2018–19 to 2022–23

Year	Total people
2018–19	69
2019–20	51
2020–21	85
2021–22	79
2022–23	89

Key findings

- There was a 13 per cent increase in the number of people approved for seclusion in 2022–23 compared with 2021–22 (89 people compared with 79).
- This means that the slight reduction in the number of people approved for seclusion in 2021–22 compared with 2020–21 has now been reversed.

- Of the 89 people approved for seclusion, 31 of those are new people approved for seclusion this year. This compares with 28, 53 and 18 new people approved for seclusion in the previous three years.

Physical restraint

Physical restraint, as defined in Part 1(3) – Definitions (1) of the Act, 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, 2018–19 to 2022–23

Year	Total people
2018–19	–
2019–20	3
2020–21	35
2021–22	41
2022–23	39

Key findings

- In past three financial years, there has been a very significant increase in the number of people approved to be subject to physical restraint. Three approvals were made in 2019–20, which is consistent with the average number of approvals for the previous decade. However, there were 35 approvals for 2020–21 and 41 in 2021–22.
- In 2022–23, a total of 39 people were approved for physical restraint, which is two fewer than the previous year.
- We know, through consultation with the sector, that physical restraint has sometimes been included in a BSP but not actually used. We also know that as a result, physical restraint has been removed from these plans and will continue to be removed from these plans next year. As such, a plateau in the numbers for physical restraint was predicted this year and we expect to see a decline in the numbers over the next few years.
- The Senior Practitioner's Physical restraint project: A 10-year review of the physical restraint direction paper, will provide further clarity around these issues when it is completed in 2024. Ultimately, what the project seeks to explore is whether the recent shift in practice, which allows for physical restraint to be authorised in BSPs, leads to a reduction in use of physical restraint. Or does allowing physical restraint to be authorised in BSPs result in an increase in the use of physical restraint because it normalises, or paves the way, for its use?

Environmental restraint

Environmental restraint, as defined in Part 1(3) – Definitions (1) of the Act, 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 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, 2018–19 to 2022–23

Year	Total people
2018–19	–
2019–20	232
2020–21	1,235
2021–22	1,329
2022–23	1,443

Winning artwork by Tammy Smith for the Barbara Donovan & Sarah Guilfoil Art Competition Award at the VALID Having a Say Conference 2023 sponsored by Victoria State Government.

Table 9a: Percentage of people authorised for environmental restraint with different types of environmental restraints (what is restricted) in 2020–21 to 2022–23

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

Table 9b: Number of people authorised for environmental restraint with different types of environmental restraints (what is restricted) in 2020–21 to 2022–23

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

Table 9c: Percentage of people authorised for environmental restraint with different means of environmental restraints (how is it restricted) in 2020–21 to 2022–23

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

Table 9d: Number of people authorised for environmental restraint with different means of environmental restraints (how is it restricted) in 2020–21 to 2022–23

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

Key findings

- There has been a 9 per cent increase in the number of people authorised for environmental restraint over the past year (from 1,329 people to 1,443 people).
- Across the past three years, authorisations were granted most commonly to restrict access to external and internal areas (in the last year affecting 52 per cent and 33 per cent of people authorised for environmental restraint respectively) and access to specific food or drink (37 per cent).
- Consistent with this pattern, the most common authorised means of restricting the environment is locked doors. In the last financial year, 59 per cent of authorisations for environmental restraint involved a locked abode door.
- 5.3 per cent of people authorised for environmental restraint in the last year were authorised for surveillance, which is consistent with previous years.
- The reduction in the numbers for locked item door is an encouraging trend that the Senior Practitioner will continue to monitor over the next financial year.
- It is worth noting, however, that the way environmental restraint is reported on RIDS makes interpreting some of these numbers more difficult than for other forms of restrictive practices. The Senior Practitioner expects that continued education in the sector will begin to address these shortcomings.
- One area of concern for the Senior Practitioner is understanding the threshold for when environmental restraint ends, and detention begins. This issue is currently being explored in the Environmental Restraint Project: Phase 2 – Detention.

Behaviour support plan quality evaluations

A BSP must be developed for any person subject to restrictive practices. As of 2019, if the person is an NDIS participant, the BSP must be written by an NDIS-registered behaviour support practitioner.

The Senior Practitioner uses the Behaviour Support Plan Quality Evaluation II tool (BSP-QE II)[1] to objectively assess the quality of BSPs received from disability service providers in Victoria.

In 2022–23, the Senior Practitioner evaluated a small selection of comprehensive BSPs that included restrictive practices requiring additional approval. The sample size of assessments was too small to suggest trends in quality across the sector, but the evaluations were used to upskill and educate individual practitioners and NDIS providers about improving the quality of their BSPs. The average score of these plans was 14.7, a similar average to the 2021–22 data (15.5).

A score of 14.7 is above the minimum score (13) that is known to result in reduced restrictive practices.

Key findings

Most BSPs assessed described:

- observable and measurable behaviours of concern
- underlying triggers that lead to the behaviour of concern occurring
- environmental supports that address triggers and setting events
- a replacement behaviour that would meet the identified function of the behaviour.

[1] Browning-Wright D, Saren D, Mayer GR 2003, The behaviour support plan – quality evaluation guide, viewed 23 October 2014 at Positive Environments, Network of Trainers website, http://www.pent.ca.gov.

We know from research that understanding the function of the behaviours of concern and introducing an alternative way for the person to meet their need will reduce the need for restrictive practices. And as with previous years, the evaluated BSPs suggest that more work is needed on providing:

- information on how positive behaviour and skill building will be positively reinforced
- a description of the behavioural goals to be achieved during the BSP so the support team is clear on what they are hoping to achieve over the course of the plan (such as increasing the use of replacement behaviour and decreasing the use of behaviours of concern)
- a clear plan for how the support team should work together, communicate, and review the progress of the behavioural goals.

Also, the BSPs evaluated in 2022–23 tended to contain generic positive behaviour support strategies with minimal information about how it is individualised for the person. Although many broad positive behaviour support strategies can be useful for most people (such as ‘active listening’), it is crucial to include strategies specific to the person, as well as how such strategies can be applied.

Restrictive practices audit review

Under the Act, the Senior Practitioner has powers to investigate, audit and monitor the use of restrictive practices and compulsory treatment (Disability Act, 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 function as an opportunity to work with disability providers in Victoria to improve the lives of people with disability by supporting providers to reduce and eliminate restrictive practices in their organisation.

In 2022–23 the Senior Practitioner’s Integrated Practice Advisory team conducted two audits.

One audit, a service outlet review, began in November 2022 and closed in March 2023. The audit focused on the use of restrictive practices at the service outlet and sought to ensure restrictive practices were being used in keeping with the authorisation provided by the APO associated with the provider. Overall, the Senior Practitioner was impressed with the operation of the service outlet and found that the service provider was engaging in a high standard of practice across the service outlet. Following the initial audit, the Senior Practitioner directed the provider to act on some minor issues relating to restrictive practices and the provider acted on all issues in good time. The audit was closed in June 2023.

A second audit included a full-service review of a large service provider across all its Victorian sites. This audit began in April 2022 and is now closed. Initial concerns about this provider were first identified during the authorisation process for restrictive practices. Ongoing discussions between the service provider and the Senior Practitioner about whether certain practices were considered regulated restrictive practices raised further concerns.

Key findings

Some key findings from this audit are outlined below and touch on several prominent themes including:

- a general lack of knowledge of regulated restrictive practices including practices prohibited by the Senior Practitioner
- the widespread use of prohibited practices including supine restraint, prone restraint, pin downs, take downs, basket holds, backwards lifts and guide downs

- the use of unauthorised restrictive practices for more than 150 people
- the use of de-escalation strategies that, on review, were considered not the least restrictive option available at the time
- the submission of BSPs not meeting legislative criteria – for instance, BSPs containing practices that were not proportional to the risk of harm, or BSPs failing to include robust fade-out plans.

Outcomes

Considering these findings, the Senior Practitioner issued a direction for several practices to cease immediately. The Senior Practitioner assisted the service provider in developing alternative strategies to improve practice across the organisation. This assistance included regular meetings to monitor progress of the Senior Practitioner's recommended actions over an 18-month period. Further opportunities were also identified for regular support and guidance, such as training, reflective practice meetings and linking the service provider in with tertiary institutions. The Senior Practitioner also pointed out that ongoing collaboration with the NDIS Quality and Safeguards Commission would help the provider to better understand its obligations.

While the audit has not yet closed, it is an example of the way in which the Senior Practitioner and the service provider worked together to explore and address the systemic issues that underpinned a limited understanding of restrictive practices and the authorisation process. Ultimately, through working together on an extensive audit, the Senior Practitioner and service provider reduced restrictive practices and supported compliance in a variety of ways including:

- stopping all prohibited practices and the use of electronic surveillance
- improving understanding of regulated restrictive practices, and the associated risks
- improving understanding of the authorisation process and legal criteria
- developing service descriptors and a clear supervision protocol.

Compulsory treatment data

In the context of this report, compulsory treatment refers to treatment of a person with an intellectual disability who is at risk of perpetrating serious violence on 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. Detention under the Act is defined 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 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-three people were subject to compulsory treatment during 2022–23, including four people who were, at times, on extended leave from custodial supervision orders under the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997* (CMIA). This is five fewer people than last year.

Twenty-five people were subject to supervised treatment orders at some time during the period 1 July 2022 to 30 June 2023. This includes six 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 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.

One new person was subject to a supervised treatment order in the past financial year, two orders were revoked, and one order was unable to continue because the person was incarcerated. Over the past two financial years, the Senior Practitioner has overseen the revocation of six supervised treatment orders.

At the end of 2022–23, 22 people remain subject to a supervised treatment order. This is two fewer than the number who were subject to this type of order at the end of 2021–22.

Eleven people were subject to compulsory treatment during the year in the Intensive Residential Treatment Program (IRTP), which is one more than the previous reporting year.

One person was admitted under a residential treatment order at a residential treatment facility during 2022–23. Two people were admitted to the IRTP under a custodial supervision order under CMIA during the year. Meanwhile, two people from the IRTP were granted extended leave from their custodial supervision orders under the CMIA and transitioned to a disability residential service.

Two people were subject to custodial supervision orders under the CMIA at the IRTP for the whole reporting period, the same number as last year. Also, there were two people who transitioned from extended leave from their custodial supervision orders to non-custodial supervision orders during the year.

Winning artwork by Kylie Scott for the Barbara Donovan & Sarah Guilfoil Art Competition Award at the VALID Having a Say Conference 2023 sponsored by Victoria State Government.

Table 10 shows that by 30 June 2023, eight people were subject to compulsory treatment at the IRTP:

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

Table 10: Number of people subject to compulsory treatment at the IRTP, by order type, Victoria, 2022–23

Order type	July 2022	Admitted / transitioned to order type or extended leave during 2022–23	Discharged / transitioned from order type or extended leave during 2022–23	June 2023
Residential treatment order	0	1	0	1
Supervision order, including interim, under the Serious Offenders Act	3	0	1	2
Supervision order under the *Serious Sex Offenders (Detention and Supervision) Act 2009*	0	0	0	0
Custodial supervision order under the CMIA	4	2	2	4
Security order	1	0	0	1
Extended leave	2	2	2	2
Total	8 in IRTP, 2 on extended leave	3 admitted to IRTP, 2 granted extended leave	1 discharge from IRTP, 2 granted extended leave, 2 transitions to non-custodial supervision orders following extended leave	8 people at IRTP, 2 on extended leave

Table 11 captures the types of orders people were subject to during the reporting period at the Long Term Residential Program (LTRP).

- There were no admissions or discharges from the LTRP in the reporting period. The five people who were subject to compulsory treatment at the LTRP 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.
- Three people were subject to custodial supervision orders under the CMIA.

Table 11: Number of people subject to compulsory treatment at the LTRP, by order type, Victoria, 2022–23

Order type	July 2022	Admissions during 2022–23	Discharges during 2022–23	June 2023
Supervision order, including interim, under the Serious Offenders Act	2	0	0	2
Custodial supervision order under the CMIA	3	0	0	3
Total	5	0	0	5

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. If it is necessary to detain the person 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, the Senior Practitioner may make an assessment order once for a person, for a maximum of 28 days. No assessment orders were made in 2022–23.

Client demographic data

Of the 43 people subject to a compulsory treatment order in 2022–23, 42 were male and one was female. There have only been four females subject to compulsory treatment since 2008–09.

In 2022–23 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 2022–23 was 39 years (as of 30 June 2023), ranging from 18 to 67 years. This is a similar age profile to the previous two years.

Table 12: Number of people subject to supervised treatment orders in Victoria, by accommodation type, 30 June 2023

Accommodation type	Number of people subject to supervised treatment orders
Non-departmental SFDA	6
Other departmental accommodation including disability accommodation services and SFDA	0
Transitioned from DAS to NDIS providers	9
Other community services organisations	9
Total	24

DAS = disability accommodation services; SFDA = specialist forensic disability accommodation

Compulsory treatment restrictive practice data

Table 13: Number of people subject to compulsory treatment who had a new treatment plan approved in 2022–23, 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 (including people on leave)	Security order	Residential treatment order	Total
Chemical restraint	14	3	3	1	0	21
Seclusion	4	0	0	0	0	4
Environmental restriction	25	5	8	1	1	40
Physical restraint	0	0	0	0	0	0
Mechanical restraint	0	0	0	0	0	0
Total people who had a new plan approved	25	5	8	1	1	40

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 2022–23, of all people subject to a supervised treatment order who had a new treatment plan approved in the period:

- 52 per cent had a treatment plan that included chemical restraint – this percentage is lower than the 82 per cent of people who had a plan of any type containing chemical restraint authorised in the period
- 10 per cent had a treatment plan that included seclusion – this percentage is higher than the 3 per cent 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.

The Senior Practitioner and VCAT must review supporting documentation before a supervised treatment order expires to determine whether the person continues to meet the legal criteria for a supervised treatment order and civil detention. The APO and the Senior Practitioner prepare separate submissions to VCAT to show how the person no longer meets all the criteria for a supervised treatment order.

During 2022–23, two supervised treatment orders were revoked.

Victorian Civil and Administrative Tribunal hearings

A VCAT hearing is convened with:

- the person being considered for a supervised treatment order
- their legal representative
- the Office of the Public Advocate
- 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 38 VCAT hearings held about compulsory treatment matters in 2022–23. 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.

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 six projects. The agenda also includes the ongoing refinement and development of two 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 two, which is ultimately aimed at training and supporting the NDIS workforce.

Training programs

Enabling Quality Behaviour Support Planning Course

In 2022–23 the Senior Practitioner continued to work with the University of Melbourne to refine and deliver the Enabling Quality Behaviour Support Planning Course (PBS Course). The course was delivered for the first time in 2020–21 and targets behaviour support practitioners to further develop their competencies in positive behaviour support approaches. In 2022–23, the PBS Course was be delivered to 180 practitioners.

In the middle of 2022–23, the Senior Practitioner and the University of Melbourne began transitioning the PBS Course into a multi-staged learning and development pathway of accredited courses for learners who are currently working in the disability sector. What this ultimately means is that over the next two years, the Senior Practitioner and the University of Melbourne will offer a series of four micro-credentialed courses that will replace the existing PBS Course. Micro-credentials are flexible units of learning focused on specific skills allowing 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 four micro-credentials will include:

- 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 – Specialist Level.

Over the next two years we expect 600 learners across this series of micro-credentials.

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 are required 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 2022–23, the course was delivered to 200 registered learners.

Projects

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

In November 2021 the Aged Care Quality and Safety Commission, the NDIS Commission and the Australian Commission on Safety and Quality in Health Care released a joint statement on the inappropriate use of psychotropic medicines to manage the behaviours of people with disability and older people. The statement recognised that inappropriate use of psychotropic medication was a safety and quality issue across the healthcare sector and that psychotropic medicines were being overprescribed and overused. The Senior Practitioner instigated a project to address this area of concern. The overarching aim of this project is to promote a multidisciplinary approach to reduce inappropriate psychotropic use, supported by educating and upskilling the workforce.

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 the over-reliance on medications, thereby improving the quality of life of people with intellectual disability.

Collaboration

Our partners on this project are Monash University and Hearth Australia. The project is scheduled to be completed in December 2024.

Project 2: Strengthening the role of APO project

In the April–June quarter of 2021–22, the Senior Practitioner refused 39 per cent of NDIS Interim and Comprehensive submissions. The high number of refusals creates extra work for all parties. As a result, the Senior Practitioner instigated a project aimed at strengthening role of the APO. The project looks to build the capacity of the APO workforce across Victoria, which 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 3: Existing barriers to safely integrating people with disability at risk of offending back into the community project

Senior Practitioner data shows that of the 24 clients currently subject to a supervised treatment order in Victoria, 11 have been subject to supervised treatment for more than 10 years. Supervised treatment orders provide oversight and human rights consideration, but they were never intended to be ongoing measures. In 2022–23, the Senior Practitioner instigated a two-part project that aims explore this issue.

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.

Collaboration

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

Project 4: Environmental restraint project: phase two – detention

This project will explore the high levels of use of environmental restraint in the disability sector and ways in which such restraint might be reduced. It will provide recommendations to inform practice. The aim of the project is to assess and identify the threshold for detention and identify when environmental restraint becomes detention.

Collaboration

Our partners on this project are Nous Group and People with Disability Australia. This project is scheduled to be completed in December 2023.

Project 5: Client voice project

In early 2022, the Senior Practitioner instigated a project to review the conspicuous absence of client voice in some of the Senior Practitioner's work. This is a two-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 implement 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 the development of 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 that recognises 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 require 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.

Collaboration

Our partner on this project is La Trobe University. This project is scheduled to be completed in June 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 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.

Collaboration

Our partners on this project are the University of Melbourne, Monash University and VALID. This project is scheduled to be completed in June 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 2022–23 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 and how to work towards reducing and eliminating restrictive practices.

As in previous years, there was a focus in 2022–23 on establishing a collaborative working relationship with APOs and behaviour support practitioners.

In 2022–23, the Integrated Practices Advisory team presented to 485 people including:

- registered aged care providers
- NDIS-registered behaviour support providers
- NDIS-registered disability service providers
- support coordinators
- Department of Families, Fairness and Housing staff
- general practitioners.

The Senior Practitioner also collaborated with other organisations to run training sessions. These included the Western Victoria Primary Health Network, the NDIS Quality and Safeguards Commission and other communities of practice.

Statewide webinars and workshops

The Senior Practitioner team ran a series of state-wide webinars and workshops for the first time in 2022–23. These webinars and workshops were targeted at 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.

The webinar topics included:

- defining restrictive practices
- the authorisation process for restrictive practices and key roles
- legislative requirements for authorisation of restrictive practices
- RIDS training.

The workshops covered a wide range of topics that had been suggested through feedback from the sector. The workshops were smaller and allowed for more discussion of complex situations and sharing of knowledge between providers.

As these webinars and workshops were held online, larger numbers could attend. More than 1,700 people attended the eight webinars. The Senior Practitioner team also ran 10 workshops, with each workshop limited to 50–60 participants.

Participant feedback from these activities will inform future workshop topics.

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 specifically developed for offenders with intellectual disability, as is the Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations who Offend – General Version (ARMIDILO-G).

The Senior Practitioner organises regular training sessions on administering and interpreting these assessment tools. The training sessions are conducted by Professor Doug Boer, the principal author of the assessments, and Dr Frank Lambrick. The Senior Practitioner sponsored one training session each of ARMIDILO-S and ARMIDILO-G in 2022–23. Individual consultancy in using the assessment tools was also provided on request.

Winning artwork by Kirstie Newcombe for the Barbara Donovan & Sarah Guilfoil Art Competition Award at the VALID Having a Say Conference 2023 sponsored by Victoria State Government.

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 Senior Practitioner offered to the sector in 2022–23.

Practice advice and consultations – Integrated Practice Advisory team

During 2022–23 the Integrated Practice Advisory team provided 2,432 instances of practice advice. Of those, 1,278 instances related to a specific person with a BSP; the other 1,154 instances related to more generalised practice issues. There is a rising demand across the sector for general and more individually tailored advice and guidance in behaviour support. For instance, four years ago, in 2018–19, the Integrated Practice Advisory team provided 1,145 instances of practice advice, which means that practice advice to the sector has more than doubled in four years.

In 2022–23 there were 1,842 enquiries directly related to authorising restrictive practices in a person's BSP. A further 542 instances related to concerns about operational service provision regarding restrictive practices by registered providers. Only one request (compared with nine last year) was received for targeted tailored organisational education and training, which is no surprise, given the extensive training and education sessions run by the Senior Practitioner over the past financial year.

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 attendance at client-centred meetings based on the person's presentation such as:

- the presence of significant problematic behaviour that requires intervention
- transitioning from the IRTP 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 is noncompliant 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 2022–23, the Compulsory Treatment team attended 233 case consultations and client-centred meetings. Usually, attendance at a consultation or a client-centred meeting is in person. However, in 2022–23 attendance at some care team meetings was via online platforms.

The Compulsory Treatment team also conducted three online compulsory treatment practice forums in 2022–23. Whereas consultations and client-centred meetings focus on issues specific to a person undergoing compulsory treatment, the forums focus on more general issues and are aimed at:

- sharing information about compulsory treatment
- addressing and promoting best practice
- supporting professional networking.

Informing public debate and opinion

The Senior Practitioner Seminar 2022

Every year the Victorian Senior Practitioner Seminar is held to provide feedback and information about the progress of projects being undertaken or commissioned by the Senior Practitioner, as well as to share any information about changes in the system.

In 2022–23, the Senior Practitioner Seminar was held as a hybrid event. We were delighted to see more than 100 people attend in person and more than 150 online. The seminar opened with an update from the NDIS Quality and Safeguards Commission. This was followed by a wonderful presentation from Dr Ben Richards, Director Advanced Analytics, Department of Health, that explored the long-term factors associated with using restrictive interventions. The afternoon session featured one presentation by the University of Melbourne's Professor Keith McVilly and Associate Professor Paul Ramcharan on the two training courses they have developed for APOs and behaviour support practitioners. This was followed by Janice O'Connor, Manager Research, and Innovation, Onemda, on co-designing an evaluation framework for people with intellectual disabilities, their families and service providers.

After the two years of interruptions wrought by COVID-19, it was wonderful to see so many familiar faces at the seminar.

Appendix: Data tables for figures

Figure 1: Restrictive practices (authorised and approved) snapshot

Category	Number
People authorised	2,679
Children authorised	271
Chemical restraint	2,185
Environmental restraint	1,443
Mechanical restraint	283
Seclusion	89
Physical restraint	39

Figure 2: Practice leadership and training snapshot

Category	Number
Practice advice consultations	2,432
Training	45
Client centred team meeting	233
VCAT hearings	38