

# ACT SENIOR PRACTITIONER REPORT 2019-20

REPORT ON FUNCTIONS UNDER THE *SENIOR PRACTITIONER ACT 2018*





I am pleased to present my second annual report, which details some of the key achievements of the Office of the Senior Practitioner, working in close collaboration with our government, non-government and community partners, to continue to reduce and eliminate restrictive practices in the Australian Capital Territory.

2019-20 has been marked by significant challenges for the entire community. The devastating effects of the summer bushfires and the current and ongoing COVID-19 pandemic have challenged us all to adapt the way we balance risks, uphold individual human rights and improve quality of life.

I have witnessed incredible resilience and flexibility on the part of individuals, families, carers and service providers in ensuring the safety and wellbeing of our most vulnerable citizens in such difficult circumstances.

During the pandemic, providing oversight of restrictive practice in the ACT has meant ensuring community health restrictions for the whole community did not turn into restrictive practice for a vulnerable few. The ACT community of practitioners are to be commended for sharing their innovative ideas to ensure people continued to enjoy as much freedom as possible within the rules.

In addition, the Office of Senior Practitioner has maintained its legislative functions, including

providing education and support for all sectors to understand and comply with their legislative responsibilities. There have now been seven events in the Senior Practitioner Seminar Series, with experts from across Australia sharing their research, knowledge and expertise, free of charge, with ACT providers.

As foreshadowed in my last report, several amendments to *Senior Practitioner Act 2018* ('the Act') were passed into law on 15 June 2019. These amendments have further embedded an open, positive culture of reporting on the use of restrictive practices in routine or emergency situations. The planned delay of offences and penalties under Part 8 of the Act has also provided more time for the Senior Practitioner to provide education and system supports for providers, as well as consult with key stakeholders on the development of a compliance framework.

From 1 July 2020, the Act enables penalties for an inappropriate use of a restrictive practice. Wherever possible, in accordance with the Act, the Senior Practitioner will endeavour to work with providers to address issues of non-compliance through education, engagement and capacity building. However, criminal prosecution may be sought for alleged breaches under the Act, especially where the conduct is likely to cause harm to a person.

In accordance with section 50 of the Act, I present a copy of this report to the Director General to be included in the Community Services Directorate Annual Report.

A handwritten signature in black ink, which appears to read 'Mandy Donley'.

Mandy Donley  
ACT Senior Practitioner  
July 2020

This report details the key achievements and activities undertaken by the Office of the Senior Practitioner to inform, educate and raise awareness; build capacity and capability; and grow professional expertise across the ACT. This work is informed by the functions of the Senior Practitioner, as set out in the Act.

## LEGISLATIVE FUNCTIONS OF THE SENIOR PRACTITIONER

Section 26 of the Act defines the functions of the Senior Practitioner as follows:

- a) To promote the reduction and elimination of the use of restrictive practices by providers to the greatest extent possible;
- b) To oversee the use of restrictive practices in accordance with this Act;
- c) To ensure, to the greatest extent possible, that –
  - i) the rights of people who may be subject to restrictive practices are protected;
  - ii) providers comply with any applicable guidelines and standards on the use of restrictive practice;
- d) To develop guidelines and standards on the use of restrictive practices;
- e) To disseminate information, provide education, and give advice about restrictive practices and the rights of people who may be subject to restrictive practices;
- f) To give advice to providers about reducing and eliminating the use of restrictive practices;
- g) To give advice to people who may be subject to restrictive practices under positive behaviour support plans;
- h) To give directions to providers about the use of restrictive practices under positive behaviour support plans;
- i) To develop links and access to professionals, professional bodies and academic institutions for the purpose of promoting knowledge and training in restrictive practices;
- j) To carry out research into the reduction, elimination and use of restrictive practices and provide information on best practice options to providers;
- k) To undertake any other function as directed, in writing, by the Director-General, Community Services Directorate (CSD), or any other function given to the Senior Practitioner under the Act or another territory law; and
- l) Any other function given to the senior practitioner under the Act or another territory law.

## LEGISLATION AND POLICY

The Act is a significant piece of legislation. However, like any new legislation, after careful consideration amendments are sometimes necessary to ensure that the intention of the Act can reasonably be fulfilled and that no one is unfairly disadvantaged by its provisions.

On 15 June 2019, the *Senior Practitioner Amendment Bill 2019* was passed by the ACT Legislative Assembly. The amendments were to:

- enable the Senior Practitioner to share information with the National Disability Insurance Scheme (NDIS) (Section 42);
- allow the use of restrictive practices outside of a registered plan in limited and clearly specified circumstances (Section 10(b)) and require such emergency uses to be reported to the Senior Practitioner within five days (Section 10A); and
- remove the penalty of imprisonment for breaching Section 46 of the Act.

Significantly, the offences and penalties provided under Part 8 of the Act were delayed, commencing instead at the end of this reporting period, on 1 July 2020. A fact sheet on offences and penalties was developed and published online prior to this time to help providers prepare to meet their obligations under the Act. A Plain English version of the factsheet is also available to ensure this information reaches a wider audience.

## IMPLEMENTATION OF THE ACT

### DISABILITY

Overall, there has been good engagement by disability providers under the Act. However, since the roll out of the NDIS Quality and Safeguarding Framework on 1 July 2019, there have been concerns about the limited number and availability of NDIS-registered behaviour support practitioners who are deemed suitable to write positive behaviour support plans.

The Senior Practitioner recognised that the current 'thin market' of NDIS-qualified practitioners has made it difficult for many participants with behaviour support funding in their NDIS plan to access the assistance they require. This is particularly the case for participants with complex needs who are subject to restrictive practices.

In addition, some positive behaviour support plans submitted to the Senior Practitioner for registration were not of a high standard, providing further evidence that the capacity and capability of some providers in the ACT are inadequate at this time.

In collaboration with the Office for Disability, the Senior Practitioner has identified this as a priority issue requiring intervention. Discussions are continuing with the sector, NDIS Quality and Safeguarding Commission and Department of Social Services about a possible way forward.

### EDUCATION

The Office of the Senior Practitioner has continued to support the work of the education and education and care sectors to support the development of policies, processes and practices that enable providers to meet the requirements of the Act.

As one of the only jurisdictions in Australia that has specific legislation providing a framework for reducing and eliminating restrictive practices for children in education settings, ACT education providers are well positioned to establish and refine approaches to recognise and address the functional causes of behaviours of concern that may lead to, or result in, restrictive practices being applied.

While Catholic Education and the Association of Independent Schools continue to have access to the Central Panel to review and approve positive behaviour support plans containing a restrictive practice, the Education Directorate has recently established its own Panel to undertake this function. The Senior Practitioner was delighted to see the Education Directorate achieve this important milestone and looks forward to working collaboratively to ensure good quality and legislatively compliant plans that reduce and eliminate the use of restrictive practices for children in ACT public schools.

Work continues in adapting and developing technology to enable quick and efficient reporting processes that aim to accurately capture episodes of restrictive practices in line with the legislative requirements. The Senior Practitioner remains committed to partnering with the education sector to develop specific resources, not only reporting pathways, designed to increase understanding of restrictive practices and how the sector can contribute to a holistic response for the child to effect real change over time.

Schools and education and care settings, as some of the main cornerstones of our community, are in a unique position to proactively and positively intervene to not only help reduce and eliminate the

risk of restrictive practices occurring, but also by leading the way in positive behaviour support in order to provide the best possible learning environment and change the trajectory of children's lives in their care.

## **CARE AND PROTECTION OF CHILDREN**

During the last reporting period, the Office of the Senior Practitioner collaborated with Child and Youth Protection Services (CYPS) on the development of robust policy and procedures to align with the Act. This work has seen the sector to move forward with developing and registering positive behaviour support plans for children and young people in care who may be subject to restrictive practices.

The Office meets with care and protection providers on a weekly basis. These meetings have not only been valuable in building constructive working relationships, they have also raised awareness of restrictive practices, enhanced providers' capacity to implement positive behaviour support, and has made it possible to identify sector champions to drive cultural change. In addition to the weekly stakeholder meetings, the Senior Practitioner has continued to offer training and information sessions and provide ongoing support to the sector as required.

The Office has also been pleased to be part of the work being undertaken by CYPS to develop a clear behaviour support response framework. This framework will better support staff to identify and respond to behaviours of concern and develop positive behaviour support strategies to reduce, and ideally eliminate, the use of restrictive practices for children and young people in care.

CYPS has also consulted with the Office on the development of a central point of data collection to identify, in a systemic manner, children and young people who may be subject to restrictive practices and require a plan. In reviewing this data, the priority during 2020-21 has been on meeting the behaviour support needs of children and young

people in residential care who are already NDIS participants with a view to engaging NDIS behaviour support practitioners to develop their plans. For those children and young people who do not have NDIS funding, the Senior Practitioner, CYPS and ACT Together have developed agreed roles and processes to develop and register positive behaviour support plans.

The next tranche of work will be to address the needs of children and young people in foster care, and later, kinship care placements where the use of restrictive practices may be an issue.

## **ENSHRINING A POSITIVE BEHAVIOUR SUPPORT FRAMEWORK IN THE ACT**

Positive behaviour support is an evidence-based framework aimed towards increasing a person's quality of life and decreasing any behaviours of concern. It is multi-tiered and establishes the social culture and supports which are needed in order to improve outcomes, including safety, for all people.

In order to achieve meaningful outcomes for people using a positive behaviour support framework, providers should implement:

- practices which rely on evidence for guidance and decision making;
- systems to support the implementation of the evidence-based practices; and
- effective data collection and analysis to monitor the implementation and further guide decision making.

The Act enshrines positive behaviour support as a core framework for reducing and eliminating restrictive practices. To this end, in 2019–2020 the Senior Practitioner has focused on investing in administrative, professional and organisational systems that facilitate implementation of the multi-tiered approach. These systems include:

- expanding the membership of the Central Panel, which reviews and approves plans, to include

individuals with more diverse expertise or experience;

- working collaboratively with all sectors on revising the Senior Practitioner’s guidelines to reflect legislative amendments;
- hosting four more in the series of Senior Practitioner Seminar events, which anybody can attend free of charge to build knowledge and awareness of research, policy and practice on topics that support the Act;
- commissioning the development of an online reporting and data system, which is expected to be launched later in 2020;
- working with the Office for Disability, Commonwealth Government, and NDIS Quality and Safeguarding Commission to increase access to NDIS-registered behaviour support practitioners.

## INFORMING, EDUCATING AND RAISING AWARENESS

- *To promote the reduction and elimination of the use of restrictive practices by providers to the greatest extent possible*
- *To disseminate information, provide education, and give advice about restrictive practices and the rights of people who may be subject to restrictive practices*
- *To give advice to providers about reducing and eliminating the use of restrictive practices*
- *To give advice to people who may be subject to restrictive practices under positive behaviour support plans*

Senior Practitioner information sessions continue to be offered free of charge. The challenges of the current pandemic and social distancing did not slow down our commitment to ensuring these sessions continued - we simply moved them online. A total of 30 interactive sessions on the Act and role of the Senior Practitioner were presented. Fourteen of these sessions were offered to anybody impacted by the Act, while 16 were targeted specifically for key stakeholders, two of whom were interstate jurisdictions looking to understand our context better.

### SENIOR PRACTITIONER SEMINAR SERIES

The Senior Practitioner Seminar Series continues to showcase Australian research, policy and evidence-based practice to support the Senior Practitioner’s functions under the Act.

Each Seminar Series event was promoted through a range of service provider networks, the Senior Practitioner webpage, and Eventbrite online. The feedback has been overwhelmingly positive, and the generosity and goodwill of the presenters much appreciated.

Four events in the Series were held throughout 2019–2020. The focus, particularly for the two held in 2020, was embedding clear understanding of the assessment and planning processes underpinning positive behaviour support, with the Community of Practice driving key questions to be addressed during the seminars.

Three of the four events were held in person, however, with the onset of the COVID-19 pandemic, the fourth event had to be moved online which was a challenge in coordination and mastering technology.

All presentations and resources from these events are available on the Senior Practitioner website at: <https://www.communityservices.act.gov.au/qualitycomplaints-and-regulation/office-of-the-seniorpractitioner/seminar-series>

## INFORMATION SHARING WITH OTHER KEY OVERSIGHT ROLES

Under Section 42 of the Act, the Senior Practitioner can share protected information with certain specified entities if satisfied on reasonable grounds that the information is necessary for the exercise of their respective functions.

The Senior Practitioner meets with the Chief Psychiatrist as needed to work towards the streamlined oversight of restrictive practices for consumers transitioning between facility-based mental healthcare and community support settings and a collaborative way forward.

Regular discussions have also been had with the Chief Medical Officer, particularly in relation to prescribing practices of psychotropic medications for people who come under the oversight of the Senior Practitioner.

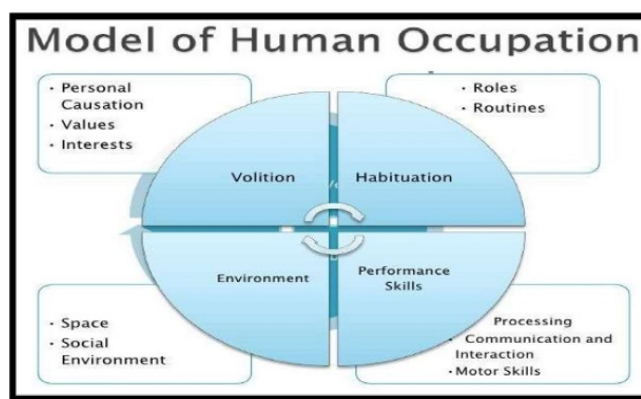
The oversight of the Senior Practitioner is strengthened by the requirement to provide a copy of all plans for children and young people aged under 18 years to the Public Advocate. The Senior Practitioner meets with the Public Advocate and her team on a regular basis, as well as other members of the Human Rights Commission including the Disability Commissioner.

Regular meetings have been held between the Office of the Senior Practitioner and the Ombudsman's office to discuss common issues around restrictive practices reporting and the Reportable Conduct Scheme. Due to sector uncertainty, many incidents are reported to both Offices and, at times, are incorrectly reported. Further education and clarification for the sector is needed going forward.

## GROWING PROFESSIONAL EXPERTISE

- *To develop links and access to professionals, professional bodies and academic institutions for the purpose of promoting knowledge and training in restrictive practices*
- *To carry out research and provide information on best practice options to providers*

## OCCUPATIONAL THERAPY PROJECT PLACEMENT



The Office of the Senior Practitioner, Sharing Places and the University of Canberra worked collaboratively to create a 20-week part-time project placement for a Master of Occupational Therapy Student.

The aim of this project placement was to reduce the use of restrictive practices being used at a day program delivered by Sharing Places where a number of adults with disabilities exhibited various behaviours of concern. The project sought to achieve this objective by creating a supportive environment that would enhance participants' occupational engagement and participation, thereby reducing behaviours of concern. The Masters student used the Model of Human Occupation (MOHO) and followed three frames of reference – sensory, behavioural and psychological – to guide her practice and clinical decision-making.

With the ongoing supervision by a registered Occupational Therapist from the University of Canberra and guidance from the Senior Practitioner, the student created a folder with day program participants' individual occupational profile to ensure person-centred care, developed a portable sensory kit to meet participants' sensory needs, and completed environmental modifications to the day program room to ensure a safe and supportive environment for all participants and staff members.

Some key outcomes of the project were that:

- 60 per cent of the day program staff members valued the participants' individual occupational profile;
- Half of the day program participants engaged in sensory stimulation using the portable sensory kit;
- Day program staff members strongly agreed that the day program room was more tidy, practical and aesthetically appealing and agreed that the room provided a calm environment supporting social interactions and occupational engagement and participation.

To conclude, this project placement demonstrated the relevance of Occupational Therapy in reducing the use of restrictive practices in adults with disabilities.



**Sensory kit made up of unused items.**

Next year the Office of the Senior Practitioner will host two Masters of Social Work students from the Australian Catholic University.

Currently a group of academics from ACT, Victoria, Queensland and New South Wales meet with the Senior Practitioner on a regular basis to discuss current research projects and opportunities to conduct research using the ACT restrictive practice data.

### **LAUNCH OF THE RESTRAINT FREE ACT VIDEO AT SENIOR PRACTITIONER WEBINAR 5 JUNE 2020**



Protecting the rights of individuals who receive support from providers in the ACT, who may be subject to restrictive practices, is at the centre of everything the Senior Practitioner does. A key aspect of this is raising awareness about restrictive practices and the role of the Senior Practitioner amongst individuals, families, carers and the broader community.

One of our concerns was effectively engaging members of culturally and linguistically diverse (CALD) community to raise awareness and start the conversation about restrictive practices. In partnership with Rebus, Advocacy for Inclusion, FerosCare and the Consumer Reference Group, the Senior Practitioner developed a short video to broadly outline the Act and provide the definitions of restrictive practices in a variety of community languages. As the video says, we're all working towards a Restraint Free ACT, it doesn't matter what language you say it in.



We were incredibly fortunate in the making of the Restraint Free ACT video to have had Sue Salthouse provide the opening. Sue's recent passing shocked many in our community. She was generous with her time and energy and her passion for protecting the rights of vulnerable people in our community. She will be greatly missed.

## **COMMUNITY OF PRACTICE**

The Senior Practitioner established a regular and ongoing community of practice to support all behaviour support practitioners during the implementation of both the Act and the NDIS Quality and Safeguarding Framework and legislation. As well as providing valuable peer support and networking, the community of practice provides the opportunity for plan writers to receive updates from the Senior Practitioner, the local NDIA Director and members of the NDIS Quality and Safeguarding Commission behaviour support team.

As more practitioners provide services in the ACT, the community of practice will be a vital source of information, shared resources and case examples to drive the reduction and elimination of restrictive practices in favour of a positive behaviour support framework.

## **MENSTRUAL SUPPRESSION**

During the year, work has been undertaken to raise community awareness around menstrual suppression for women with disabilities.

Menstrual Suppression is the temporary or permanent cessation of menstruation using pharmacologically active substances or surgical intervention. This can include hormonal implants and Intrauterine devices (IUD).

Women with a disability have the same right as any other woman to make choices and decisions about their bodies and to be supported to understand the relevant information in order to make those choices and to understand the impact of those decisions.

To better understand and respond to menstrual suppression in women with a disability, a multi-agency working group has been established by the Senior Practitioner.

Information and resources for carers supporting women with disability to manage menstruation can be found on the Senior Practitioner website: <https://www.communityservices.act.gov.au/quality-complaints-and-regulation/office-of-the-senior-practitioner>

The following vignette provided by Chelsea's family outlines some different ways that a young woman with an intellectual disability can be supported to have agency over her own body and illustrates the importance of work in this area.

“Be quick and don’t waste water”, we said to our daughter during a period of drought and water restrictions. In reply our daughter created the 12 second shower.

This was a detailed dance showing off her flexibility, allowing all parts of her pre-soaped body to become wet, and therefore clean. The concepts of personal hygiene were understood but their use was both literal and creative.

### ***Periods are a normal part of life.***

As she got older, we talked about the changes our bodies go through and the joy of menstruation, or periods, for some of the population. It was not easy to convince her that menstruation was a good thing. We used plain language, books with clear pictures, demonstration and open conversation. Eventually she said, “Enough! Do I have to do this?” and we replied, “Yes. it is just the way it is”. Despite our worries she felt well prepared.

One day she came home from school to say “Oh yeah, my butt blood (her name) came today. It was fine... I used the stuff in the bag.” “What a relief I thought” “This will be OK”.

### ***Learning how to deal with your period can take time.***

The idea of a period continuing past the first day, or more than once, or at home, at other people’s houses, in the car, at sport - we got through with lots of conversation and assurances and routines. Later she tried to negotiate having her period. “It is just so uncomfortable with my pyjamas. Can I start it in the morning?” The need to be careful with hygiene, to empty rubbish, that not all people will be comfortable or appropriate to talk to about this challenge, we kept working on.

Her periods were uncomfortable, as they are for many, so we sought advice and used pain relief medication. Some suggested using an implant or contraceptive to suppress, or stop, menstruation altogether, but as we had said to our daughter, “this is normal” and “this will settle down”. Her periods were irregular, and we managed this at home, at school and with lots of help. Her periods were heavy, so we sought more advice and supported her to manage this.

### ***Its normal to have cramps (sore squeezing feelings) or to feel bloated (swollen up) when you have your period.***

The champion efforts of education staff in the school and camp environments supporting and embracing this natural and awkward process was essential. All this we managed as individuals, a family and a community for two years.

### ***It can take up to 2 years for the time between periods to be the same.***

Things didn’t “settle down” though. Her periods were so frequent, so lengthy, so heavy and so uncomfortable, that she sat in the bathroom and said, “I am not coming out until you make this stop”. We went back to the doctor.

### ***If your period is too sore or happens too often you should see a doctor.***

The very helpful GP tried to explain it with pictures and plain language. Our daughter looked at me and said, “ Seriously Mum. Again? It is still gross”. We tried increasing the pain relief and anti-inflammatory medication as we waited for blood test results and specialist appointments. Two specialists discussed the options with me and with our daughter.

### ***The doctor will check that you are healthy and let you know what things you can do that might help you feel better.***

When she was asked about stopping her periods altogether, she drew on the experience of those she trusts. She asked family, her friends, some teachers and decided she should have a period just like other women. She started on medication (a contraceptive pill) to try to manage the heaviness and frequency of her periods. She was keen to try and thrilled with her first period after the medication started. She was so surprised at the change that she continued to expect blood flow after the first few days and expected she was going to need to get up during the night to change her pad like she had to before.

The second period after the medication started was not as great, but she continues to remember to take her medication and showed an understanding of the menstrual cycle and the effect of medication for her.

***It's your choice if you have your period, or if you would like help to change how often you have it. People you trust can help you understand the different choices.***

It's still early days and the effect may not last. I am not certain, even though we've tried to explain, that she understands the contraceptive nature of the pill or the risks of its long-term use. This was a carefully thought out decision made together that has consequences. Because our daughter has an intellectual disability, the risk of increased vulnerability and exploitation, which may be more easily disregarded for other women, was a factor in the decision.

We continue to believe it is important for our daughter to experience life to the full. To explore options and make decisions about her health, wellbeing and lifestyle in the same way as her mother, sister, her cousins and friends.

***Medicines are meant to help.***

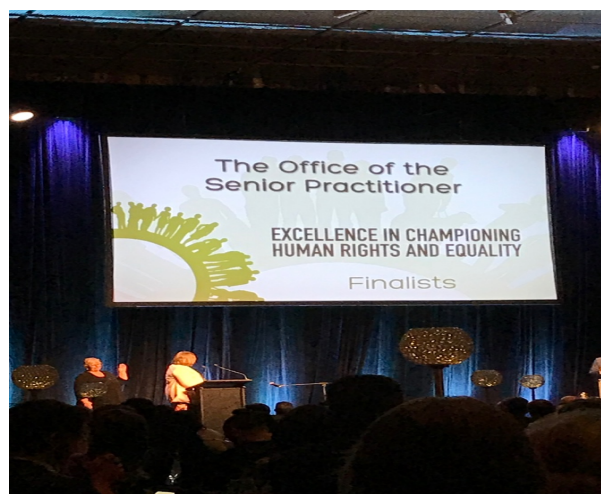
***All medicines can have effects other than what you want help with (side effects). It is important to understand all the effects that a medicine will have before making a choice.***

## BUILDING CAPACITY AND CAPABILITY

- *To oversee the use of restrictive practices in accordance with this Act*
- *To develop guidelines and standards on the use of restrictive practices*
- *To ensure, to the greatest extent possible, that the rights of people who may be subject to restrictive practices are protected, and providers comply with any applicable guidelines and standards on the use of restrictive practice*
- *To give directions to providers about the use of restrictive practices under positive behaviour support plans*

## CONSUMER REFERENCE GROUP

The Office of the Senior Practitioner has continued to strive towards having the voice of individuals who may be subject to restrictive practices at the heart of everything we do. While this is a work in progress, progress has been made towards providing more information and resources in an accessible format, as well as promoting a safe space for people subject to restrictive practices to freely speak of their experiences.



During the year, the Senior Practitioner was especially pleased to convene the first consumer reference group in partnership with Advocacy for Inclusion. This consumer reference group is invaluable in reviewing restrictive practice resources and providing insight into how the Senior Practitioner's oversight, procedures and policies can be improved and made to be more inclusive.

The Office of the Senior Practitioner was pleased to be nominated for the Human Rights Award at the 2019 ACT Chief Minister's Inclusion Awards for the work being undertaken to promote the perspectives of people with disabilities. However, the credit and honour of the nomination rightly belong with the members of the group. The Senior Practitioner would like to formally thank and acknowledge the inaugural membership for stepping up and tackling difficult topics with grace, humour and fair amount of pragmatism.

### **POSITIVE BEHAVIOUR SUPPORT PANELS TO APPROVE PLANS**

Under the Act, all positive behaviour support plans that include a restrictive practice must be approved by a registered Positive Behaviour Support Panel and registered by the Senior Practitioner. The Panel's role is to ensure that plans are consistent with the Act and any guidelines issued by the Senior. In deciding whether to approve a plan, the Panel must be satisfied that any restrictive practice is necessary to prevent harm to the person or others, is the least restrictive approach reasonably available, and that the plan includes strategies to reduce and eliminate any restrictive practices over time.

The interim Central Panel, established by the Senior Practitioner during early implementation of the Act, continues to operate and has been the only mechanism for plans to be approved throughout the year.

Adjusting to the physical distancing restrictions imposed by COVID-19 required some agility from both the Office, Panel members and meeting participants. The Panels now run entirely online using phone and video technology. In 2019–20, the Central Panel convened 25 times and considered 86 plans presented by providers. 74 of those plans were approved by the Central Panel.

A total of 61 plans were then registered by the Senior Practitioner. Thirty-eight plans remain active as at 30 June 2020.

### **INTERFACE WITH NDIS QUALITY AND SAFEGUARDING COMMISSION**

The NDIS Quality and Safeguarding Commission is responsible for regulating the use of restrictive practices nationally, however the authorisation of positive behaviour support plans containing restrictive practices remains with each jurisdiction. The Office of the Senior Practitioner continues to meet with the Behaviour Support Team from the NDIS Quality and Safeguarding Commission on a regular basis. The ACT Senior Practitioner also attends national meetings with other Senior Practitioners and senior executives to discuss best practice and progress towards the reduction and elimination of restrictive practice in each jurisdiction. The ACT Senior Practitioner is currently involved in two collaborative projects with Department of Social Services, ACT government and the NDIS to address the thin market of positive behaviour support specialists available to NDIS participants in the ACT.

Sandra is a 56-year-old woman who lives on her own. Sandra has a diagnosis of intellectual disability and Schizophrenia.

Sandra receives NDIS support to help her manage her medications, shop and prepare meals, get to and from her place of work as well as to various leisure activities.

Historically, Sandra has always had locks on her food pantry, fridge and freezer.

There had been documented times when the food pantry may have been accidentally left unlocked, and Sandra would eat certain foods, including raw flour and uncooked pasta. She would also open packets of biscuits or open tins of food and eat them all at once.

Support workers would leave food for Sandra in a smaller unlocked fridge that she could access whenever she was hungry.

Recognising that limiting access to food is a type of environmental restraint, her Client Services Manager and support team used positive reinforcement to discuss with Sandra her choices for food. Sandra was encouraged to express her feelings about her hunger and why she chose to eat certain foods if she had access to them. Sandra started to show some understanding that there are times when everyone might choose to “binge” on certain foods, even those who do not have an intellectual disability.

While Sandra’s Positive Behaviour Support Plan was being created, certain changes were made in preparation. Sandra’s food pantry, fridge and freezer were left unlocked from Monday to Friday. Sandra was encouraged to talk with her support workers and honestly tell them what she had eaten. Through this discussion Sandra began to understand even

more that it was her choice and right to eat food when she wanted.

The Positive Behaviour Support Panel approved Sandra’s Plan for 12 months, with the goal of eventually removing all the locks permanently.

To date, Sandra does tell the support workers that occasionally she may have consumed a packet of biscuits or finished a large tub of yoghurt. This is no different to what any of us might choose to do in our own homes. What Sandra is no longer doing is eating raw flour or uncooked pasta.

The next step in the process is to have the food pantry, fridge and freezer left unlocked over the weekends, which will commence from June. That will then mean that Sandra will have access to her food 24 hours a day, 7 days a week!

Another strategy which has been successful is that Sandra is constantly receiving positive reinforcement in her choices with food from all her support workers. She also regularly rings her Client Services Manager to tell them that she “wanted to eat something last night, but all I did was eat a noodle soup.”

People who are receiving support usually have every aspect of their life documented and scrutinised. “Unacceptable behaviour” is often the term that is used. In any single day, how many of us could be deemed of displaying “unacceptable behaviour” if we were being observed?

Sandra appears to be in quite a happy and settled period in her life. She is well supported with her choices and encouraged to express her independence. Sandra’s disability does not restrict her from making her choices and living her life to the full.

## DRIVING A POSITIVE REPORTING CULTURE IN THE ACT

The Act requires providers to report on all episodes of a restrictive practice used in accordance with a registered positive behaviour support plan or outside of a plan in certain emergency harm to self or harm to other situations.

During 2019-2020, 25,409 episodes of restrictive practices were reported for 195 individuals.

Chemical restraint is by far the most common type of restrictive practice in use, which reflects a similar trend noted in national data sets within the NDIS. Environmental restraint is the second most prevalent type of restrictive practice, followed closely by mechanical restraint.

The number of episodes, while large, represents a positive reporting culture within the ACT.

### Potential data issues

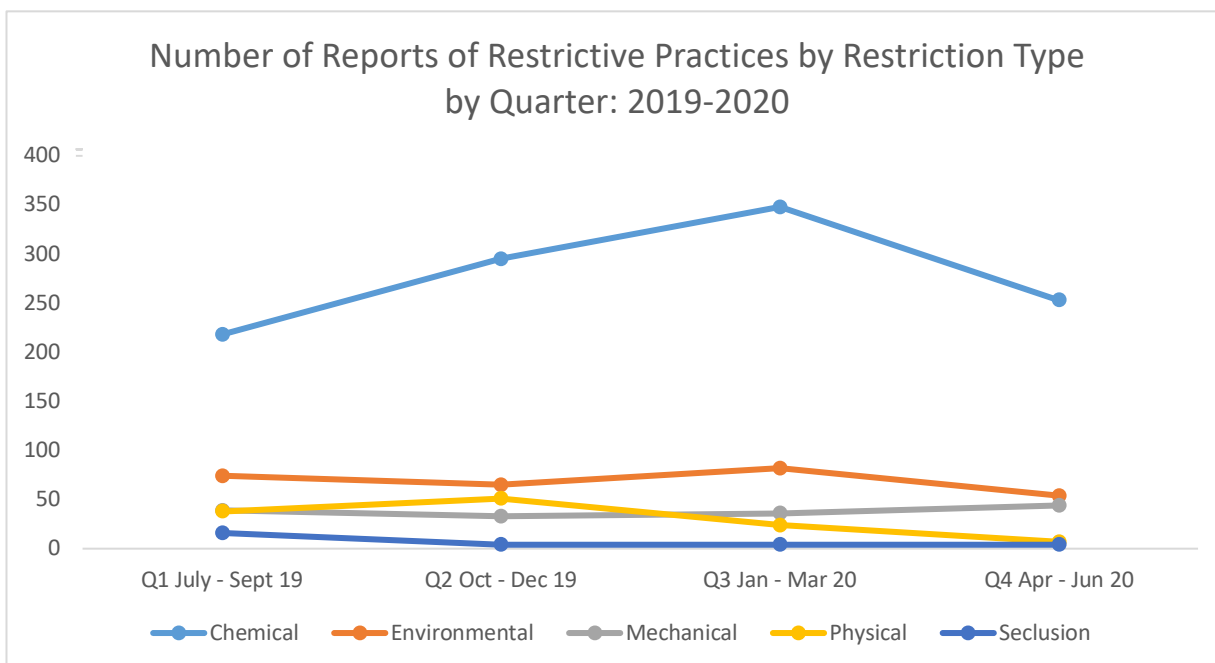
As seen in the graph below, there was a drop in the reporting of all restrictive practices, except for mechanical restraint, from March 2020. However, this may not be indicative of a reduction of restrictive practices used during this time. The impact of COVID-19 community restrictions on people's daily practice may have influenced accuracy

of reporting. The impact of COVID-19 on the use of restrictive practices has yet to be examined in detail.

Some restrictive practices may be unreported or information may be missing due to the interim measures in place to collect the data while a new Restrictive Intervention Data System is developed for the ACT, leading to undercounting of some types of restrictive practices. For example, low quality of reporting where a restrictive practice is applied much of the time (such as use of bodysuits or long acting chemicals).

Also, there were instances where data has been amended in reports where there was information not supplied in the reporting fields. If further information was included in the body of text, this information has been included as best as possible. Where further information was not available the record has been excluded, again potentially resulting in underreporting. Alternatively, some reports contained multiple types of restrictive practices, which are counted separately. This may result in a slightly higher count of the number of reports.

As a result, the interim reporting arrangements mean that the data is indicative only.



### Total Episodes of Restrictive Practices

TOTAL EPISODES	Quarter1			Quarter2			Quarter 3			Quarter 4			Financial Year Totals		
	Emergency	Routine	PRN	Emergency	Routine	PRN	Emergency	Routine	PRN	Emergency	Routine	PRN	Emergency	Routine	PRN
Chemical	750	1,987	10	1,288	3,924	1	2,090	4,445	11	1,641	2,894	7	5,769	13,250	29
Environmental	250	941	10	418	678	1	397	658	11	192	561	7	1,257	2,838	29
Mechanical	126	189	26	86	363	0	101	242	0	183	107	0	496	901	26
Physical	261	0	0	188	0	51	85	0	23	64	0	0	598	0	74
Seclusion	121	0	0	136	0	0	95	0	0	59	0	0	411	0	0
Total	1,432	3,117	46	2,104	4,965	53	2,600	5,345	45	2,126	3,562	14	8,262	16,989	158
	TOTAL Q1 4,595			TOTAL Q2 7,122			TOTAL Q3 7,990			TOTAL Q4 5,702			TOTAL EPISODES 25,409		

### Total Reports of the use of Restrictive Practices

TOTAL REPORTS	Quarter1			Quarter2			Quarter 3			Quarter 4			Financial Year Totals		
	Emergency	Routine	PRN	Emergency	Routine	PRN	Emergency	Routine	PRN	Emergency	Routine	PRN	Emergency	Routine	PRN
Chemical	161	37	20	194	94	7	286	60	2	194	57	2	835	248	31
Environmental	33	31	10	43	22	0	61	21	0	35	19	0	172	93	10
Mechanical	24	12	3	26	7	0	28	8	0	39	5	0	117	32	3
Physical	38	0	0	49	0	2	21	0	3	4	0	3	112	0	8
Seclusion	16	0	0	4	0	0	4	0	0	4	0	0	28	0	0
	465	80	33	512	123	9	544	89	5	367	81	5	1,888	373	52
	TOTAL Q1 578			TOTAL Q2 644			TOTAL Q3 638			TOTAL Q4 453			TOTAL REPORTS 2,313		

Over the coming year, the Senior Practitioner will continue to drive models of support that promote greater coordination across sectors and between service providers. The new Restrictive Intervention Data System (RIDS) will be vital, not only for reporting all uses of a restrictive practice, but will also enable different service providers across multiple sectors to confidentially share and collaborate in the development and implementation of a positive behaviour support plan for a person.

RIDS will offer providers a free web-based, easy to use reporting system. Providers will also analyse data at the individual, group and service level, manage the risk of restrictive practices within their agency, and receive alerts about any uses of a restrictive practice outside of a registered positive behaviour support plan. This will allow providers to more effectively monitor the use (and reduction) of restrictive practices over time.



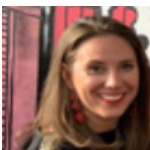
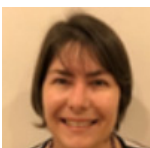
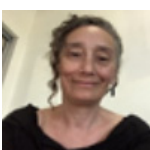

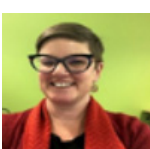
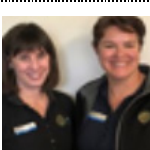
The system will also incorporate a new function for providers, that of an Authorised Panel Member (APM) which will streamline the Positive Behaviour Support Panel process and build further capability regarding Positive Behaviour Support Plans within providers.

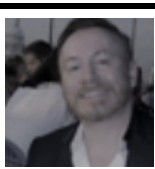



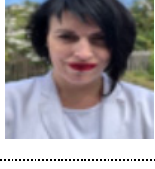





Another area of focus for 2020-21 will be further strengthening sector awareness about the requirements of the Act. Extensive consultation has occurred with government, non-government and community stakeholders to develop and refine two new disallowable instruments, which will be presented to the Legislative Assembly. The first will be an Implementation Guideline for Disability Services. The second instrument will be a comprehensive Guideline on the enforcement of penalties and offences under Part 8 of the Act, which will apply to all sectors covered by the Act.



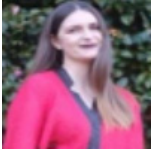



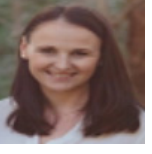
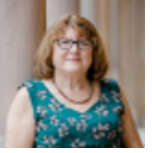
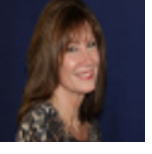


# SEMINAR SERIES PRESENTERS

The ACT Senior Practitioner gratefully acknowledges everybody who gave their time to present at the four events in 2019-2020

PRESENTER	TOPIC
 <b>Dr Sue Packer AM</b>	...“For We Are Young and Free”..?
 <b>Professor Keith McVilly</b>	Psycho-social Restraint in Disability Services –Beginning a Discussion
 <b>Chelsea Troutman</b>	Understanding behaviour through the lens of the child
 <b>Donna White</b>	The Positive Behaviour Support Capability Framework
 <b>Susan Fowler</b>	The nervous system and behaviours of concern
 <b>Christina Keeble</b>	Proactive Practice is the best Prevention
 <b>Dr Sheridan Kerr</b>	Promoting Positive Play Practices
 <b>Melinda Connor Sophia Hehir</b>	ACT Child Development Service Early Identification.

PRESENTER		TOPIC
	<b>David Coyne</b>	Complex Support Needs Briefing
	<b>Deb Clark</b>	The Role of Technical Advisory Team
	<b>Amanda Charles</b>	Disability Justice Strategy
	<b>David Bromhead</b>	Life Space Crisis Intervention
	<b>Jackie Vaughan</b>	Flexible Education A Community of Schools
	<b>Dr Frank Lambrick</b>	ARMIDILO – the Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations who offend
	<b>Dr Danny Sullivan</b>	Forensic Mental Health Services and Disability
	<b>Professor Douglas Boer</b>	ARMIDILO-S – the Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations who offend sexually
	<b>Dr John Kasinathan</b>	Imminent aggression in adolescents: Dynamic Appraisal of Situational Aggression: Youth Version (DASA: YV)
	<b>Hayley McClellan Mark Ferris</b>	Understanding the NDIS & Feros Care’s role as NDIS Local Area Coordinator for the ACT

PRESENTER	TOPIC
	<b>Shilo Preston Stanley</b> Multidisciplinary assessment & positive behaviour support
	<b>Tej Kaur</b> Clinical assessments in school
	<b>Dr Amelia Wheeler</b> Constructing children and young people: critically reflecting on ‘best interests’
	<b>Craig McIvor</b> <b>Donna White</b> Workshop: Positive Behaviour Support – Assessment: Principles and Application
	<b>Eva Harara</b> EACH, a community partner with the National Disability Insurance Agency
	<b>Michael Daffern</b> The Dynamic Appraisal of Situational Data
	<b>Debra Corfield</b> <b>Donna White</b> Workshop: Positive Behaviour Support – Planning: Principles and Application
	<b>Karen Nankervis</b> So, you have a quality positive behaviour support plan. Job Done!
	<b>Lynne Webber</b> Research with Behaviour Support Plan Quality Evaluation tool II