Submission:

Mr Martin Foley MP

Minister for Housing, Disability and Ageing, Mental Health and Equality and Creative Industries

DHHS Senior Practitioner Report 2016-17



Contact:  ****

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Disability Advocacy Victoria Inc. is the peak body for independent disability advocacy organisations within Victoria.

This submission is in response to the statistics in the 2016-17 Senior Practitioner Report (‘SPR’) regarding the use of restraint and seclusion against people with disabilities. The statistics have caused us alarm. The increase in the figures, rather than what should be a significant decrease given the National Framework for Reducing and Eliminating the Use of Restrictive Practices and the Disability Services Sector, indicates that Victorians with disabilities are being failed in relation to the protection they require from restrictive practices. In our view, this needs to urgently change.

The research tells us that behaviours of concern can be effectively mitigated with the application of evidence-based behavioural practices. Therefore, we must assume that many of the restrictive practices being used by Department of Health and Human Service (“DHHS”) staff and their contractors, is unnecessary.

This raises breaches of the:

1. *International Covenant on Civil and Political Rights;*
2. *International Covenant on Economic, Social and Cultural Rights;*
3. *Convention on the Rights of Persons with Disabilities;*
4. *Convention on the Rights of the Child;*
5. *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*; and
6. *Victorian Charter of Human Rights and Responsibilities Act*

As a result of the 2016-17 SPR statistics regarding restriction and seclusion, the evidence is that there is a failure in current approaches to the treatment of behaviours of concern.

According to the statistics between 2015- 2016 and 2016-17, there has been:

* An increase in seclusion by 27.9%
* A decrease in chemical restraints by 0.27%
* An increase in mechanical restraints by 12.8% and
* An increase in physical restraints by 18.6%.

The most evident failure in the current approach is regarding efforts to address preventative issues before restraint and seclusion practices are carried out. Evidenced-based approaches to positive behaviour support would reduce the restraint and seclusion deemed as being necessary, and would uphold Victoria/Australia’s human rights obligations.

The report claims that the number of people reported as being subjected to restrictive interventions is a ‘number that is essentially unchanged from the previous year’. The data above indicates a different scenario, other than chemical restraint, which experienced a minor decrease. However, even if the statistics were similar to the year before, this would not be acceptable given the requirement to reduce and eliminate restrictive practices across the sector.

You would be aware of the risks of injury and death as a result of restrictive practices. Therefore, in our view, this situation is currently critically urgent. For far too long, members of the Behaviour Support Services team who many disability care staff rely upon to support professional positive behaviour plans, have not shown an ability to competently deal with severe to profound behaviours of concern. This must change. In light of the recent report, we respectfully make the following recommendations.

Recommendation 1-

A commitment to review the reasons behind the increased restraint and seclusion statistics (including personnel and practices).

Recommendation 2-

A commitment to require Applied Behaviour Analysis approaches to addressing behaviours of concern.

Recommendation 3-

A commitment to offering scholarships to Behaviour Support Services personnel in order that they can undertake accredited behaviour analytical studies at Monash University. The Department of Education and Training have currently offered similar scholarships and have numerous staff attending this course.

Recommendation 4-

A commitment to using staff qualified in behaviour analysis to support people with disabilities receiving government services.

Recommendation 4 –

The Office of Senior Practitioner is taken out of DHHS and becomes an independent statutory authority, with powers to direct.