



Welcome to the first 2010 Senior Practitioner Update to keep you informed of the work of the office and some of the interesting joint projects occurring across the state. I would also like to hear from you and the work you are doing to protect rights.

It has been almost three years since the role of the Senior Practitioner was established. In that time, I have noted an increasing awareness of and the conversations occurring about safeguarding people's rights when they are subject to restrictive interventions. There is tremendous goodwill to do the right thing and there are many things we can improve on. I encourage you to read the second annual report as it outlines some simple strategies you can implement to improve practice and planning.

Dr Jeffrey Chan
Senior Practitioner

Supporting You to Protect Rights



An exciting project is a "Roadmap for supporting people to achieve dignity without restraints" – this project builds on the research on the experiences of people with disability and their family carers subject to restraints and seclusion. The aim of the Roadmap is to provide disability service providers with a sound contemporary framework based on the principles of safety of the person and staff, and human rights consistent with the Charter and UNCRPD. It will be a tool that will assist management and staff to adopt a "whole-of-organisation" approach to bringing change in practice and organisational culture. The Roadmap will be available for trial application in July – August 2010. For more info, contact Daryl Lang.

Another project is the Mechanical Restraint Reduction Strategy. This work extends the work on Children and Young Person project we did last year and complements the work on the Chemical Restraint Reduction Strategy. This strategy offers practical and "hands-on" intervention with a team of professionals. The team has identified many persons who may benefit from this project; the team will be in touch with the relevant service providers to commence the strategy. For more info, contact Brent Hayward.

Look out for the Senior Practitioner education and training sessions. Information flyers have already been sent out. Highly recommended! For more info, contact Chris Page.

Working with You to Improve Practice



In partnership with Yooralla, our Mindfulness project will look at the effectiveness of mindfulness practice in reducing behaviours of concern and improving staff wellbeing, and reducing OH&S costs. The pilot partnership project with Yooralla involves staff from two supported accommodation houses, their managers and the CEO undertaking a Monash University course in mindfulness. Monash University will also be evaluating the pilot. It is my hope that this exciting demonstration pilot will provide quantitative and qualitative evidence for this exciting approach. For more information, contact Dr Lynne Webber.



FOR PEOPLE WITH A DISABILITY

SCOPE is working with us on the development of building the foundations for effective communication for people with behaviours of concern subject to restrictive interventions. The Communication project aims to develop a resource kit, build professional capacity, particularly of speech pathologists and improve organisational skills to better support effective communication. Communication or the lack of is a common trait in many people with behaviours of concern. For more info, contact Jeff Chan.

A joint disability-mental health project is close to completion. Like other projects, this builds on the chemical restraint reduction strategy with strong representation from mental health, disability and medical practitioners in the reference panel. And a random audit of 200 persons has started. An outcome will be recommended guidelines for medical practitioners. For more info, contact Mandy Donley.

Making Reporting Requirements Easier



There will be an exciting development this year in the way restrictive interventions (RI) are reported. The Restrictive Intervention Data System (RIDS) is a reporting tool currently used by disability support providers to fulfill their requirements under the *Disability Act 2006* (Vic). From 1 July 2010, there will be a revised version of **Enhanced RIDS** released. The revised RIDS will change the focus of the system from a reporting event (i.e. RI use) to a person-centred system.

The elements and benefits of the revised RIDS includes:

- Behaviour support plans will be submitted to the office electronically via RIDS
- Reduction in the administrative burden for disability service providers by eliminating need to send physical document to the Senior Practitioner
- Reporting of the RI will be linked to the proposed use of the RI in the BSP
- Enable disability support providers to monitor and analyse their own data. Standard reports have been developed to assist you.

The office is currently providing training to all DSPs to demonstrate with the revised version of RIDS expected to be release on 1 July 2010.

For more info, contact Anthony La Sala.

We are also scoping a project on developing an **e-BSP** (Electronic- Behaviour Support Plan) – the aim is to develop a simpler and clearer format that will meet legislative requirements and address the concerns our audit has found over the past years. An **e-BSP** will also mean reporting will be easier and faster, and allows for better analysis that disability service providers can use to improve behaviour support planning and reviews. This project is in a scoping phase and will keep you informed of progress. For more info, contact Jeff Chan.

A **Practice Guide on Persons Subject to Compulsory Treatment Order** will be finalised shortly. This guide will provide further clarity on the process and procedures, and expectations required of disability support providers. There have been a few VCAT hearings and decisions that have impacted on this process. For more info, contact Rod Carracher.

For further information please contact the Office on telephone number (03) 9096 8427 or email: seniorpractitioner@dhs.vic.gov.au

Translating Research into Practice

Several **Senior Practitioner Research Partnership projects** have been completed and the reports have been forwarded to the office. The plan is to organise a forum in which you can hear of the findings of the research partnership projects. Some of the completed projects that we have received so far are:

- Collaboration in the Development of Behavioural Social Scripts in Reducing Behaviours of Concern and Restrictive Interventions
- A way of life: Report on embedding a culture of positive behaviour support in a Victorian disability organisation

For more info, contact Dr Lynne Webber.

The office's second annual report referred to the **Behaviour Support Plan-Quality Evaluation II (BSP QE II)**, an audit tool to evaluate the quality of behaviour support plans that was trailed on a random sample of 60. To date the BSP QE II has been found to be a useful and informative audit tool to help improve practice and planning of BSPs. As such, the office is now expanding the trial of the **BSP QE II** (n=200) and is training several professionals on its use. If it works well, the office will roll-out training of the BSP QE II later in the year or early 2011. For more info, contact Dr Lynne Webber.



Another exciting tool that the office has been trailing is the **Personal Well-Being Index**. The Office and three graduate students from Deakin University are currently involved in a pilot study to use the Personal Wellbeing Index--Intellectual Disability to assess the quality of life of people who are subjected to restrictive interventions. The PWI--ID was designed in Australia at Deakin University by Professor Robert Cummins and Anna Lau and can be downloaded from the Australian Centre of Quality of Life Website <http://www.deakin.edu.au/research/acqol>. The study is first of its kind.

Our latest research finding....

1. Koritsas, Iacono, Carling-Jenkins and Chan (2009) looked at the effect of challenging behaviour on the well-being of disability workers. Their key findings were:

- The majority had been exposed to challenging behaviour.
- Disability workers were no more depressed, stressed or anxious than other health professionals.
- Worker's well-being was influenced by job characteristics, having a tertiary qualification and having little contact with people who show challenging behaviour.