



Restrictive Practices

Introduction

This policy is about regulated restrictive practices. A restrictive practice is defined as any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability, with the primary purpose of protecting the person or others from harm.

All types of restrictive practices

Type	Description
<ul style="list-style-type: none">● Prohibited practices	Any practice or action that may be experienced by a person as noxious, unpleasant or painful. Types of practices that are prohibited include aversive restraints, consequent driven practices, exclusion and psychosocial restraints
<ul style="list-style-type: none">● Chemical restraint	The use of medication or chemical substance for the primary purpose of influencing a person's behaviour or movement. It does not include the use of medication prescribed by a medical practitioner for treating a diagnosed mental illness or physical condition.
<ul style="list-style-type: none">● Environmental restraints	Any restriction to a person's free access to all parts of their environment. For example: <ul style="list-style-type: none">● Locking cupboards and refrigerators● Taking away things people like● Stopping the person from going to places they enjoy
<ul style="list-style-type: none">● Mechanical restraint	The use of a device to prevent, restrict or subdue a person's movement for the primary purpose of influencing their behaviour. It does not include the use of devices for therapeutic or non-behavioural purposes. For example, it may include the use of a device to assist a person with functional activities as part of occupational therapy, or to allow for safe transportation.
<ul style="list-style-type: none">● Physical restraint	The sustained or prolonged 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 a person's behaviour.
<ul style="list-style-type: none">● Seclusion	Sole confinement of a person with disability in a room or physical space at any hour of the day or night where voluntary exit is prevented, impeded or not facilitated.

Regulated restrictive practices

Of the types of restrictive practices, only regulated restrictive practices are allowed and then only with strict controls in place. Regulated restrictive practices include:

- Seclusion
- Chemical restraint
- Mechanical restraint
- Physical restraint
- Environmental restraint

Any form of restrictive practice other than regulated restrictive practices are considered prohibited practices.



Prohibited practices

Prohibited practices include but are not limited to:

- Any form of corporal punishment (for example, smacking or hitting)
- Any punishment intended to humiliate or frighten a person
- Any punishment that involves immobilising a person with chemical or physical restraint including supine and prone restraint holds
- Force-feeding or depriving a person of food
- Use of medication to control or restrain a person without a behaviour support plan, proper medical authorisation or legal consent
- Use of punishing techniques, such as putting a person in a hot or cold bath, putting spice in their food, or squirting liquid on their face or body
- Overcorrection, where the punishment is out of proportion to the behaviour (for example, making a person clean an entire room because they tipped their meal on the floor)
- Confinement or containment of a child or young person (anyone under 18 years of age) such as forcing them to remain in a locked room or other place that they can't leave
- Punishment that involves threats to withhold family contact or change any part of a person's individual lifestyle plan
- Denying access to basic needs or supports
- Unethical practices, such as rewarding a person with cigarettes or alcohol
- Any other act or failure to act that is an offence under federal, state or territory laws

Applicability

When

- Applies to supports and services provided to participants with a positive behaviour support plan that include the use of a regulated restrictive practice.
- Applies when a prohibited practice or unauthorised regulated practice is used.

Who

- Applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy

- NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (Cth)
- NDIS (Quality Indicators) Guidelines 2018 (Cth)

Restrictive practice principles

We support the reduction and elimination of the use of restrictive practices. Any use of restrictive practice will take into consideration the participants cultural and communicative needs. We will only use restrictive practices:

- As a last resort, and with proof all other ways of evidence-based, person-centred and proactive strategies have been tried first
- If the behaviour might harm the person or others



- For the shortest time possible
- In the least restrictive way possible
- That are proportionate and justified
- If the participant or the participant's guardian has given consent
- If the appropriate authorisation by state or territory bodies has been granted
- If we have first understood why the participant has complex behaviour and how the restrictive practice will affect the rights of the participant
- If the practice is written in a NDIS lodged positive behaviour support plan developed by a positive behaviour practitioner or specialist in consultation with the participant, the participants' family, support network and/or advocate

We will be transparent and accountable for the use of restrictive practices through accurate record keeping and reporting.

We will regularly review records to assess the success, need and application of restrictive practices.

Reduction and elimination

We are committed to the reduction and elimination of restrictive practices and to uphold the human rights of people with disability in line with the UN Convention on the Rights of Persons with Disabilities, NDIS Safeguarding Framework and the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector. We are committed to achieve this by following the core strategies detailed below.

Core strategy	Description
<ul style="list-style-type: none">● Person-centred focus	Including the perspectives and experiences of people with disability and their families, carers, guardians and advocates during restrictive practice incident debriefing, individualised positive behaviour support planning, staff education and training, and policy and practice development.
<ul style="list-style-type: none">● Leadership towards organisational change	Making a goal of reducing use of restrictive practices a high priority, and providing support to staff to achieve it.
<ul style="list-style-type: none">● Use of data to inform practice	Mechanisms such as periodic review of positive behaviour support plans containing a restrictive practice, provider reporting on use of restrictive practices, reporting client assessments and individual/positive behaviour support plans—should be used to assess whether restrictive practices are still needed, and consider possible alternatives. Data is also important to determine what factors are effective in reducing or eliminating the use of restrictive practices as well as highlighting areas for workforce training and development.
<ul style="list-style-type: none">● Workforce development	Key needs include understanding positive behaviour support and functional behaviour assessment, and skills for trauma informed practice, risk assessment, de-escalation, and alternatives to restrictive practices.
<ul style="list-style-type: none">● Use within disability services of restraint and seclusion reduction tools	Use of evidence-based assessment tools, emergency management plans and other strategies integrated into each individual's positive behaviour support plan. Changes to the therapeutic environment. Meaningful activities aimed at lifestyle improvement and increased engagement.
<ul style="list-style-type: none">● Debriefing and practice review	<p>Regular reviews of the use of restrictive practices to identify areas for practice and systemic improvement.</p> <p>If an unanticipated or emergency use of a restrictive practice occurs an immediate debriefing should occur to ensure that everyone is safe, that satisfactory information is available to inform later structured debriefing and the participant is safe and being appropriately monitored.</p>



Participant assessment

We will assist in identifying participants with complex behaviour support needs and refer them to an NDIS approved positive behaviour support practitioner for assessment. A positive behaviour support practitioner, in consultation with the participant, participant’s family, support network and/or advocate and the organisation, will be responsible for establishing a positive behaviour support plan which may include restrictive practices. The use of restrictive practices in a participant’s positive behaviour support plan will have clear protocols for implementation and use. These practices will be reviewed at least every 12 months with the intent to reduce or eliminate the requirement of restrictive practices.

Authorising restrictive practice

Commonwealth, state and territory legislative and policy frameworks provide guidelines around the use of restrictive practices, including that the intervention is the least restrictive response available, is used only as a last resort, that the risk posed by the proposed intervention is in proportion to the risk of harm posed by the behaviour of concern and with the intent to reduce and eliminate the use of the restrictive practice.

The use of a restrictive practice will only be approved as part of a positive behaviour support plan. Participants or the participants guardian, person responsible or substitute decision-maker must consent to the proposed restrictive practices included in the positive behaviour support plan. It is also required we have the relevant state or territory approval to implement and use restrictive practices. The relevant approving authorities are detailed below.

	Seclusion	Chemical restraint	Mechanical restraint	Physical restraint	Environmental restraint
ACT	Central Positive Behaviour Panel (Central panel)	Central panel	Central panel	Central panel	Central panel
NSW	NSW Government, Department of Family and Community Services Restrictive practices authorisation system	NSW Government, Department of Family and Community Services Restrictive practices authorisation system	NSW Government, Department of Family and Community Services Restrictive practices authorisation system	NSW Government, Department of Family and Community Services Restrictive practices authorisation system	NSW Government, Department of Family and Community Services Restrictive practices authorisation system
NT	NT Senior Practitioner	NT Senior Practitioner	NT Senior Practitioner	NT Senior Practitioner	NT Senior Practitioner
Qld	<ul style="list-style-type: none"> ● Queensland Civil and Administrative Tribunal (QCAT) ● guardian for a restrictive practice (respite)* ● public guardian** 	<ul style="list-style-type: none"> ● Guardian for a restrictive practice (general) ● relevant decision-maker* ● guardian for a restrictive practice (respite)* ● key management personnel for service provider** 	<ul style="list-style-type: none"> ● Guardian for a restrictive practice (general) ● relevant decision-maker* ● key management personnel for service provider** 	<ul style="list-style-type: none"> ● Guardian for a restrictive practice (general) ● Relevant decision-maker* ● key management personnel for service provider** 	<ul style="list-style-type: none"> ● Relevant decision-maker ● relevant decision-maker (respite)* ● key management personnel for service provider**



SA	South Australian Civil and administrative Tribunal (SACAT)	Participant or guardian, person responsible or substitute decision-maker.	SACAT	SACAT	<ul style="list-style-type: none"> ● Participant or guardian, person responsible or substitute decision-maker. ● Directed residence approved by SACAT
Tas	Submission to Tas Senior Practitioner than approval by Guardianship and Administration Board (GAB)	Authorisation not required. Governed by Mental Health Act 2013 (Tas).	Submission to Tas Senior Practitioner than approval by GAB	Submission to Tas Senior Practitioner than approval by GAB	<ul style="list-style-type: none"> ● <90 days: Secretary of the Department of Health and Human Services ● Submission to Tas Senior Practitioner than approval by GAB
Vic	Authorised Program Officer (APO) and Victorian Senior Practitioner	APO	APO and Victorian Senior Practitioner	APO and Victorian Senior Practitioner	APO
WA	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders

*applies when the adult participant’s services other than when the participant is only receiving respite care and/or community access.

**applies when the adult participant receives respite and/or community access services.

Record keeping

We will keep record of the following:

- Restrictive practices that are ongoing (e.g. chemical restraint with a daily fixed dose)
- Restrictive practices that are ‘unscheduled’ (e.g. physical restraint, seclusion, chemical restraint prescribed on an ‘as needed’ basis, also known as PRN medication)
- Occasions when the use of an unauthorised restrictive practice is defined as a serious incident—also reported as a serious incident

The detail of the report on the use of regulated restrictive practices includes:

- A description which includes:
 - The impact on to the participant or others
 - Any injury to the participants or others
 - Whether the use was a reportable incident
 - Why it was used
- A description of the behaviour of the participant that lead to its use
- The time, date and place at which its use started and ended



- He names and contact details of any witnesses to its use
- The actions taken in response to its use
- What other less restrictive options were considered or used before
- The actions taken leading up to its use, including any strategies used to prevent the need for the use of the practice

All records must be kept for at least 7 years from the date of the document.

Reporting authorised restrictive practices to the NDIS

If we support participants with positive behaviour support plans that include the routine use of a regulated restrictive practice, we will report on the use of those practices each month to the NDIS Commission. This report will include:

- Type of restrictive practice used
- A brief description of the practice
- Details of medication (if required)
- Related behaviour concern

If we support participants with positive behaviour support plans that include as needed use (PRN) of a regulated restrictive practice, we will report on the use of those practices each month to the NDIS Commission. This report will include:

- Type of restrictive practice used
- A brief description of the practice
- Details of medication (if required)
- Related behaviour concern
- Date used
- Time commenced
- Time ceased
- Our incident report reference

If we support participants with positive behaviour support plans that include the use of a regulated restrictive practice, but the practice was not used during the reporting month we will submit a NIL report to the NDIS Commission.

If we are supporting participants with short term approval from a state or territory on the use of a regulated restrictive practice, we will provide a report to the Commissioner every 2 weeks on the use of those regulated restrictive practice while the approval is in force.

Reporting restrictive practices to state or territory based authorities

In addition to record keeping and the reporting to the NDIS Commission the Australian Capitol Territory, Northern Territory, Queensland, Tasmania and Western Australia require the use of regulated restrictive practices to be reported to their relevant agencies, departments or offices within the specific time frames as outlined below.



	Report to	Routine restrictive practice in a PBSP	PRN restrictive practice in a PBSP	Emergency restrictive practice not in a PBSP/unauthorised
ACT	ACT Senior Practitioner via Restrictive Practice Data Reporting (RPDP)	monthly	monthly	within 24 hours
NT	Office of disability as a critical incident			within 24 hours
Qld	Department of Communities, Disability Services and Seniors via Online Data Collection.	as practice used or monthly	as practice used or monthly	
Tas	Disability and Community Services Senior Practitioner			as soon as possible (1 day)
WA	Department of Communities as a serious incident report			within 7 days

Unauthorised use of restrictive practices

Unauthorised use of restrictive practices is any instance of use:

- Without a positive behaviour support plan and not compliant with state or territory legislation (during transitional stages of the NDIS)
- Without the proper authorisation
- Without knowing that something is a restrictive practice
- For too long and without regular review
- For reasons other than keeping people safe
- To control a person or to make a person act in a certain way
- As a form of abuse and neglect
- Due to a lack of training, knowledge or reflection about less restrictive alternatives

If we have instigated any form of unauthorised restrictive practices described above, we must:

- Report the incident to the NDIS Quality and Safeguards Commission within five business days or 24 hours if the incident harmed the participant
- Report the incident to any state or territory as required

If the regulated restrictive practice will be ongoing then we will:

- Obtain authorisation (however described) for the ongoing use of the regulated restrictive practice from the relevant state or territory as soon as reasonably practicable
- Lodge evidence of that authorisation with the NDIS Commissioner as soon as reasonably practicable after it is received
- Arrange the development of an interim behaviour support plan for the participant by a specialist behaviour support provider that covers the use of the practice within one month after its first use
- Arrange the development of a comprehensive behaviour support plan for the participant by a specialist behaviour support provider that covers the use of the practice within 6 months after its first use



Breach of policy

A breach of this policy may place the organisation in breach of NDIS Guidelines which could result in:

- An investigation into the organisation by the NDIS
- The organisation being de-registered from the NDIS
- Civil penalties
- Criminal convictions and fines

Any employee found in breach of this policy will face disciplinary action up to termination of employment.