Psychosocial Sector NDIS Q&S Readiness Project

Bite-sized NDIS



Restrictive Practice
In Reality

Supported by:



Government of Western Australia
Department of Communities



Western Australian Association for Mental Health

Engagement Today



Experiences and questions welcome in chat box at any time



Jump in to ask questions, 'raise' your hand or use the chat box at any time



Today we will be using Mentimeter – an interactive forum; make sure your smart phone is ready!



This is a brave space, let's be kind to each other in our interactions.



Introductions

SECTOR READINESS PROJECT

for Psychosocial Service Providers

We acknowledge the traditional custodians of this land.

We recognise their continuing connection to land, water and community.

And we pay our respects to their Elders past, present and future.



We would like to acknowledge the courage and contribution of people with lived experience.

Reviewing Entree

Practice Standards & Quality **Indicators**

- What are they?
- Why do they exist?
- How do we incorporate them into our practice?

Resources

- CAM
- Core Module Readiness Workbook
- MHCC Assessment Tool
- Workforce Capability Framework

Workshop Content

This workshop does have reference to topics some participants may find distressing.

Please feel free to take time out from the session if you feel the need to.

Lifeline: 13 11 14



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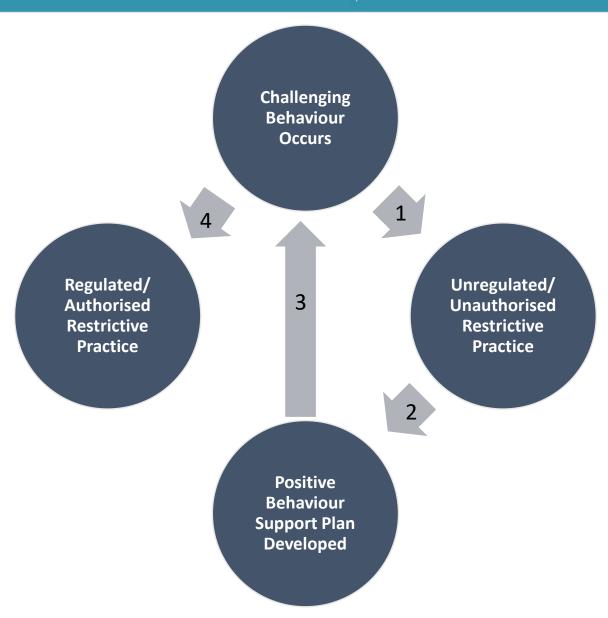
Positive Behaviour Support

The First Response

Restrictive Practice

The Last Resort





What is Challenging **Behaviour?**

'Behaviour of such intensity and/or frequency...that the physical safety of the person or others is likely to be placed in serious jeopardy, or, behaviour that is likely to ...result in the person being denied access to ordinary community facilities.'

Emerson & Einfield (2011)



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Why Does Challenging **Behaviour Occur?**

'Difficult behaviours are messages which can tell us important things about a person and the quality of his or her life'

-David Pitonyak





All Behaviour is:

Human

Contextual

Communicative



What Are Restrictive Practices?

Restrictive Practice means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.

Under the National Disability Insurance
Scheme (Restrictive Practices and
Behaviour Support) Rules 2020 certain
Restrictive Practices are subject to
regulation.

Regulated Restrictive Practices Guide (ndiscommission.gov.au)

"There is strong agreement that seclusion and restraint is a human rights issue, that it has no therapeutic value, that it has resulted in emotional and physical harm for consumers and staff, and that it can be a sign of a system under stress. " -National Mental Health Commission

Possible impacts of using Restrictive Practice on people with disability?

Do not address the underlying factors that cause the behaviour of concern.

Can cause trauma and psychological distress.

May result in a loss of dignity.

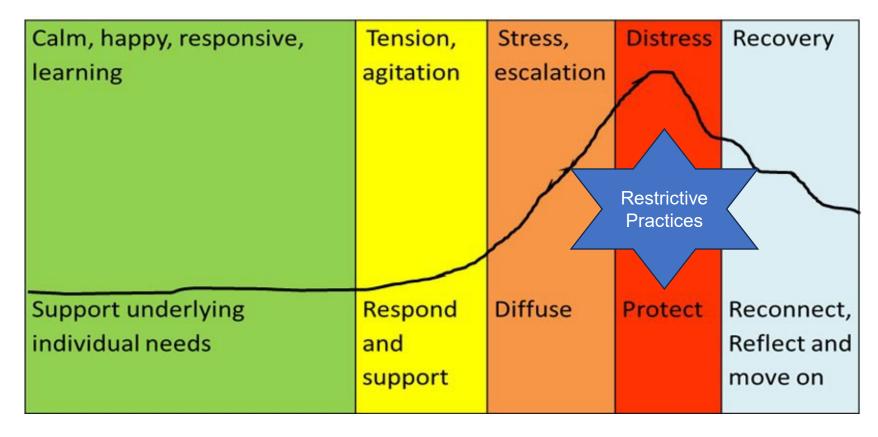
May be triggering to a person with a history of trauma and abuse.

Can limit personal freedom and ability to engage in daily life activities.

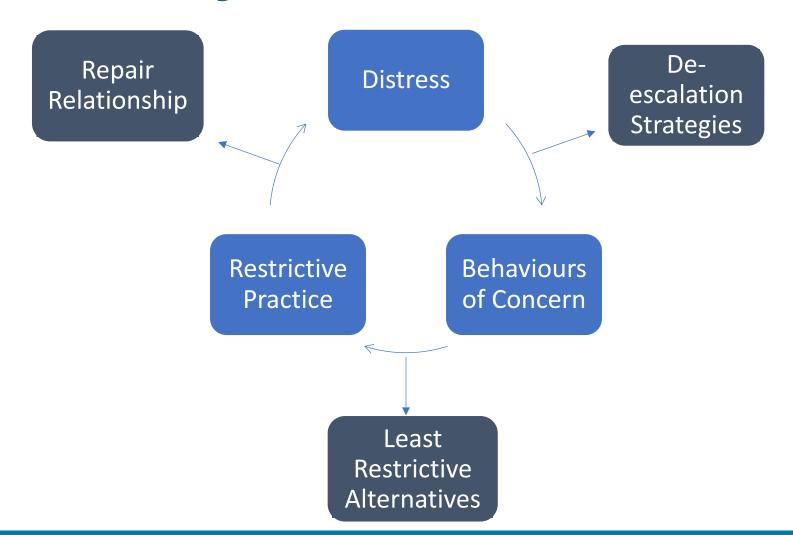
Can reduce meaningful interactions with carers and support staff.

Can lead to other behaviours of concern.

When Are Restrictive Practices **Appropriate?**



Cycle of Distress





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Restrictive Practice: Types



Seclusion



Chemical Restraint



Mechanical Restraint



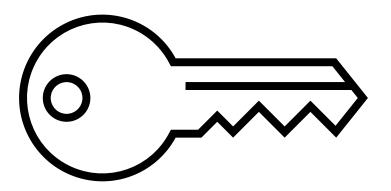
Physical Restraint



Environmental Restraint



Restrictive Practices Defined: Seclusion



Seclusion is the **sole confinement** of a person with disability in a room or a physical space.



Restrictive Practices Defined: Chemical

Chemical restraint is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour.



Restrictive **Practices Defined:** Mechanical

Mechanical restraint is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour.







Restrictive Practices Defined: Physical

Physical restraint is 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.



Restrictive **Practices Defined: Environmental**

Environmental restraint restricts a person's free access to all parts of their environment, including items or activities.



Regulated **Restrictive Practices**

Regulated Restrictive **Practices**

- Defined by NDIS Q&S Commission
- 5 Types
- Must have a BSP lodged by an implementing provider

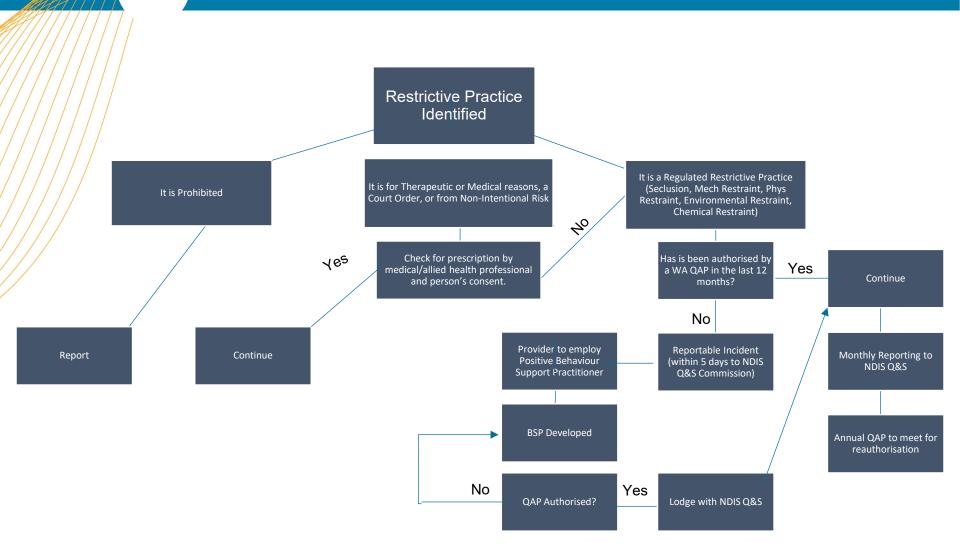
Authorised Restrictive Practices

Authorised Restrictive Practices

- Defined by WA Department of Communities
- Agreed to as a necessary act by a Quality Assurance Panel

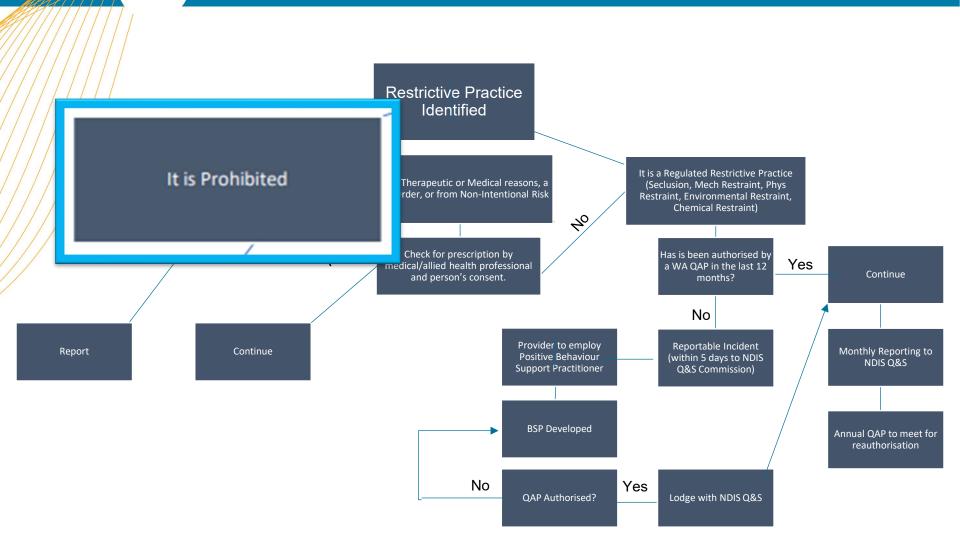






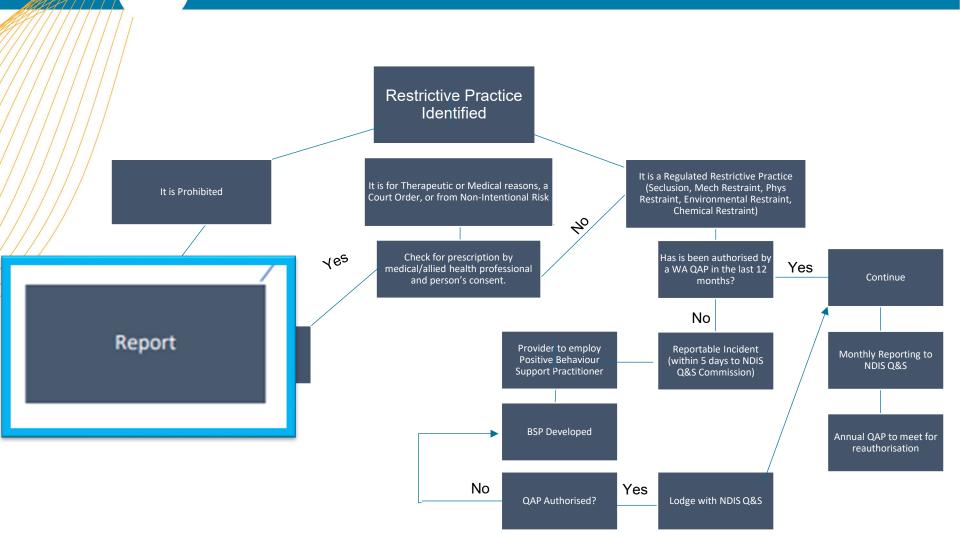






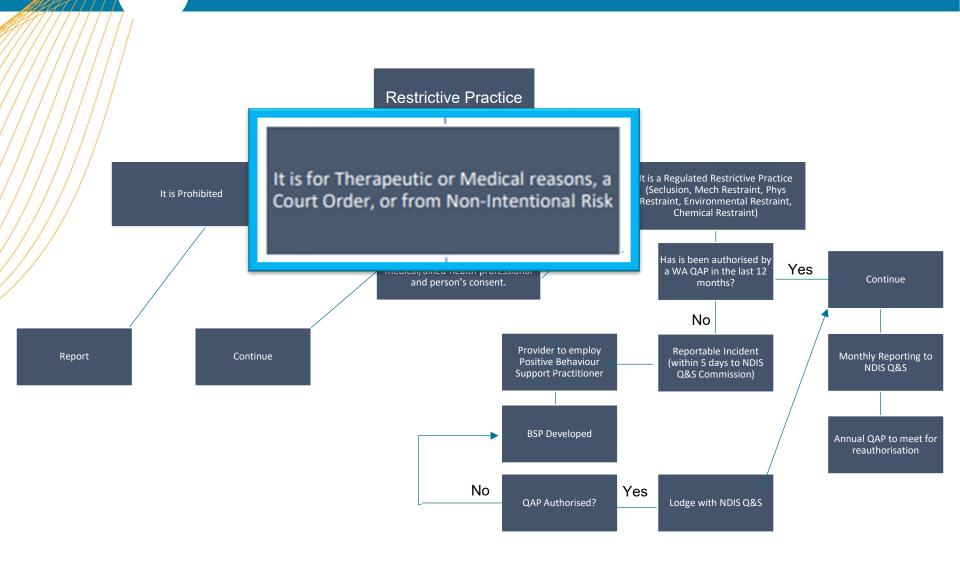






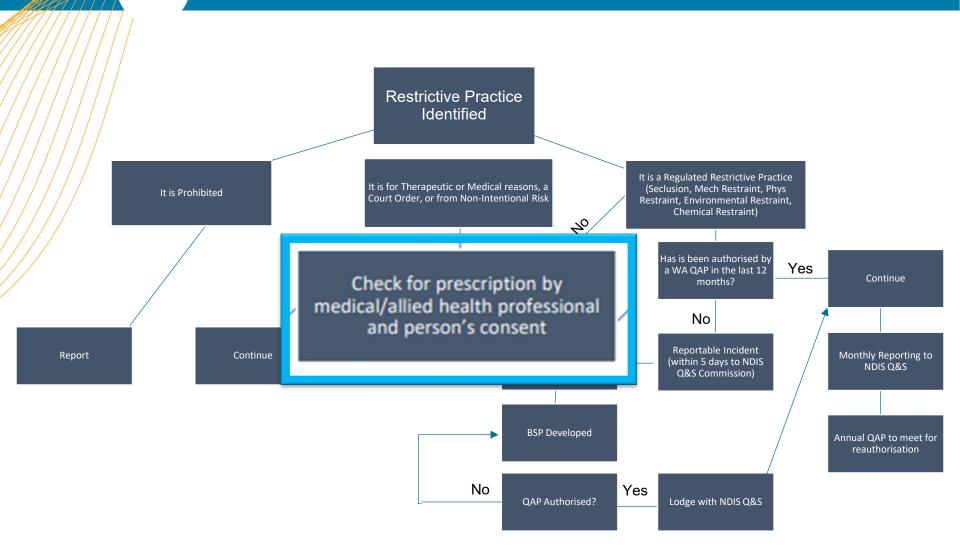






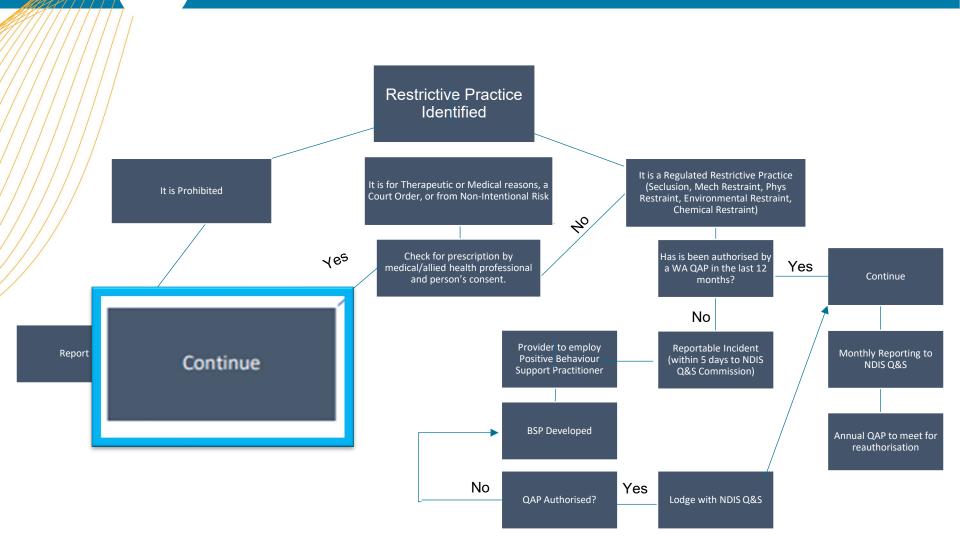






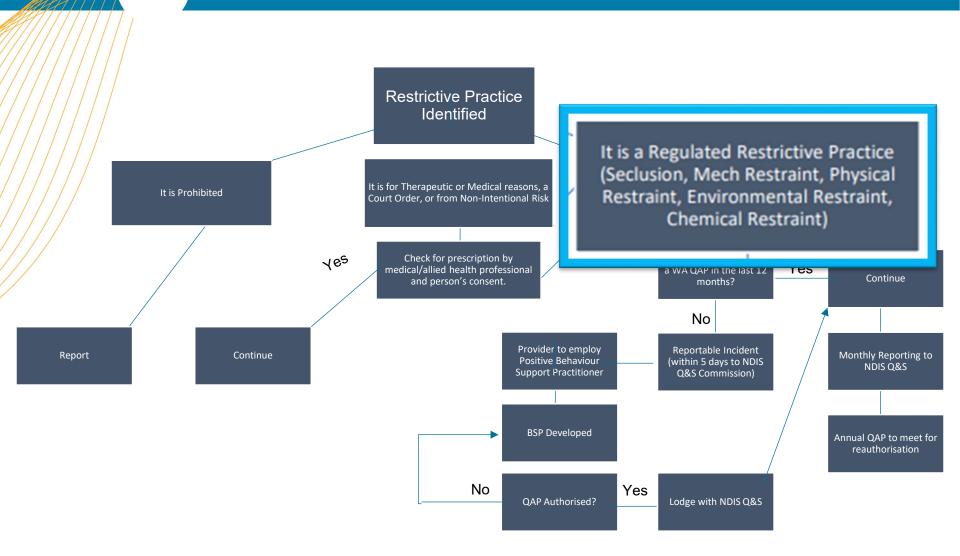






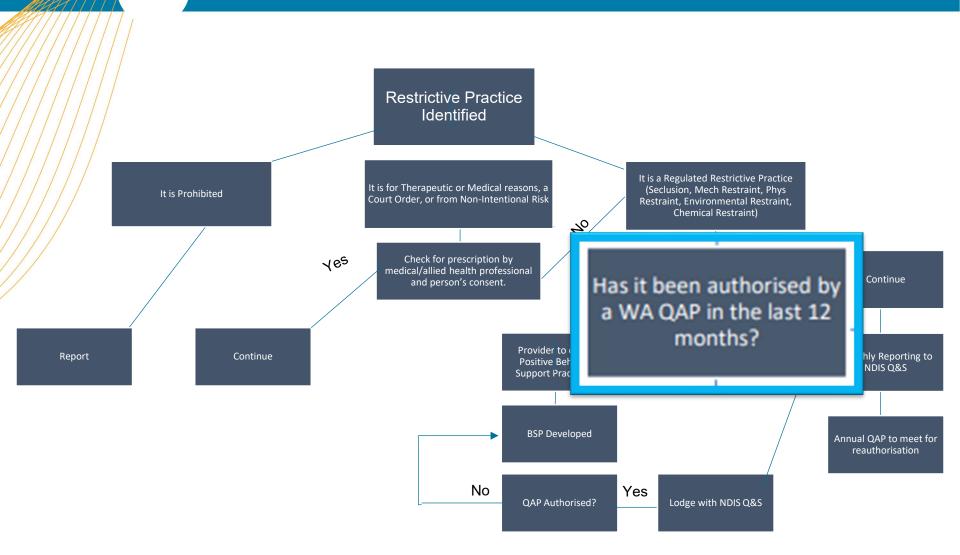






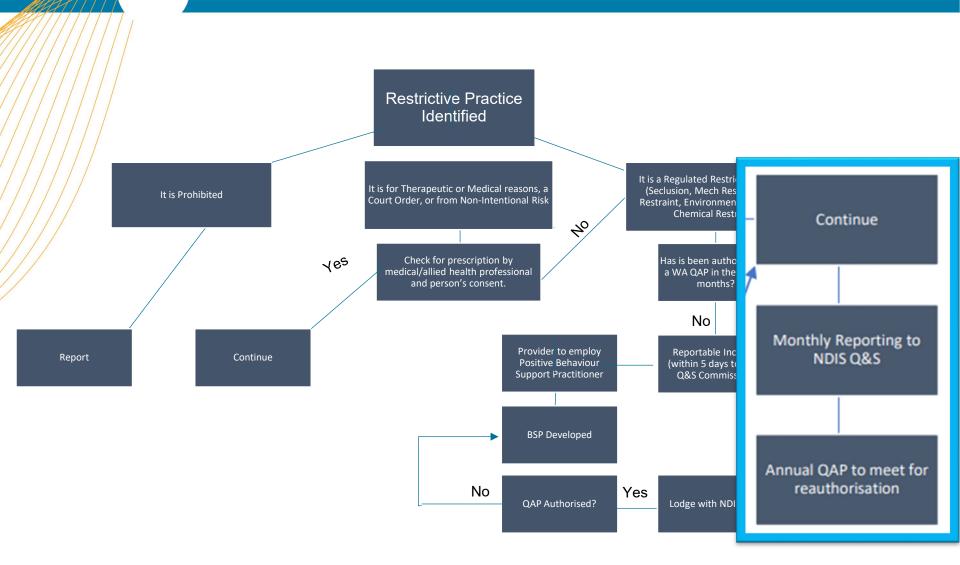






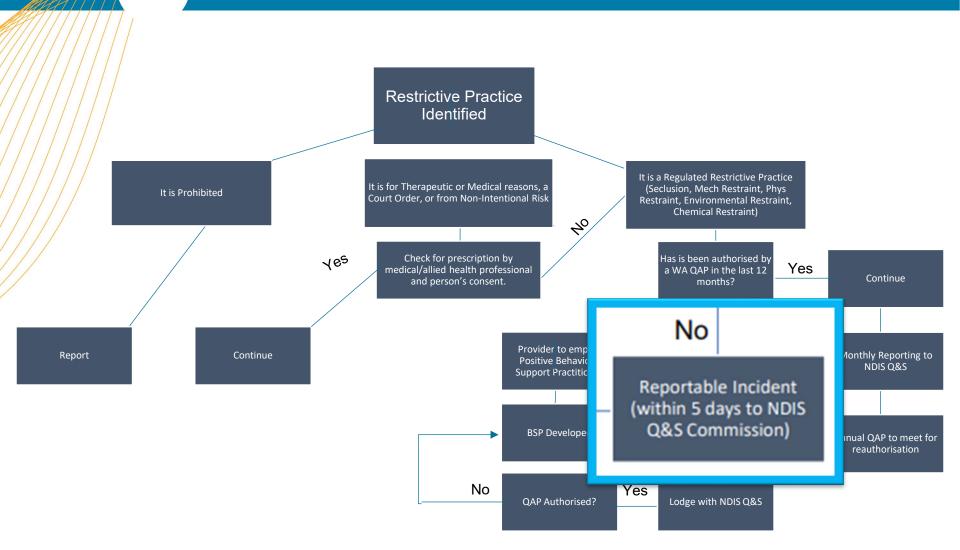






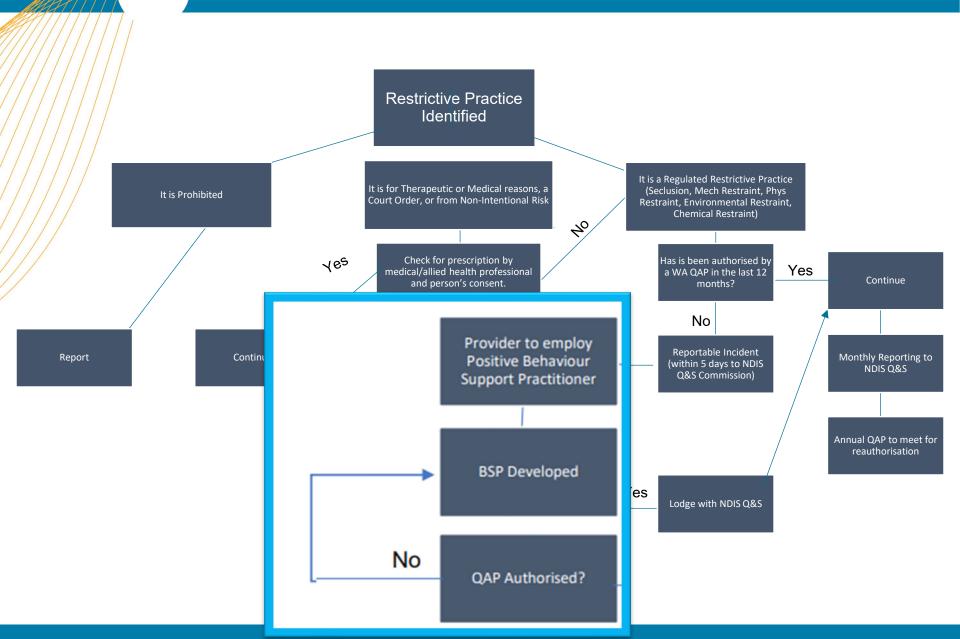






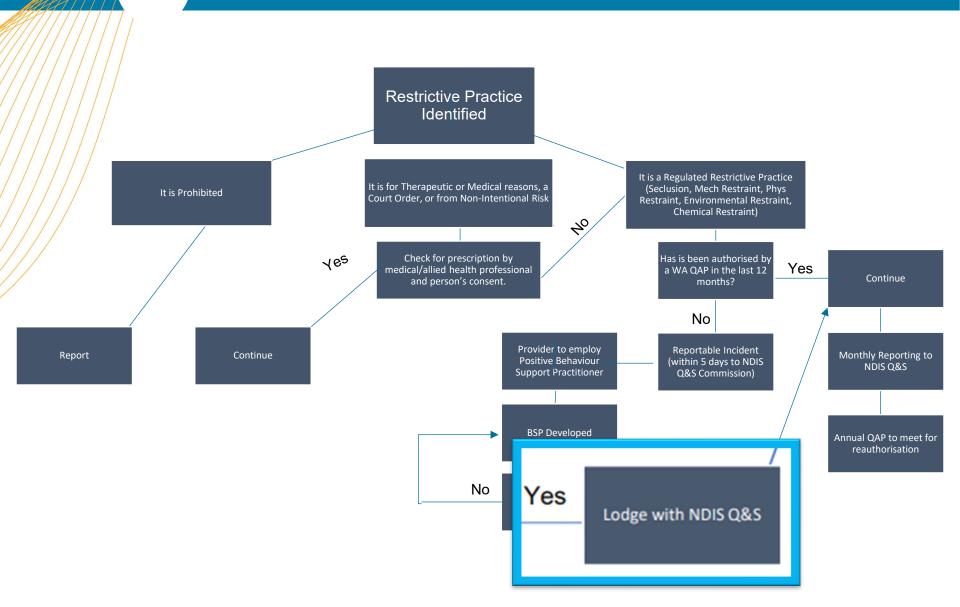
















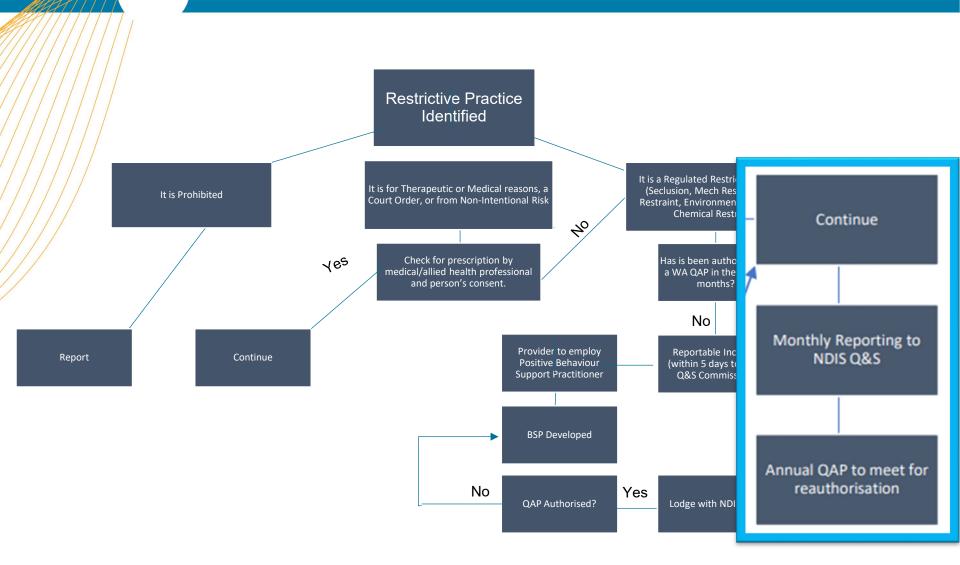
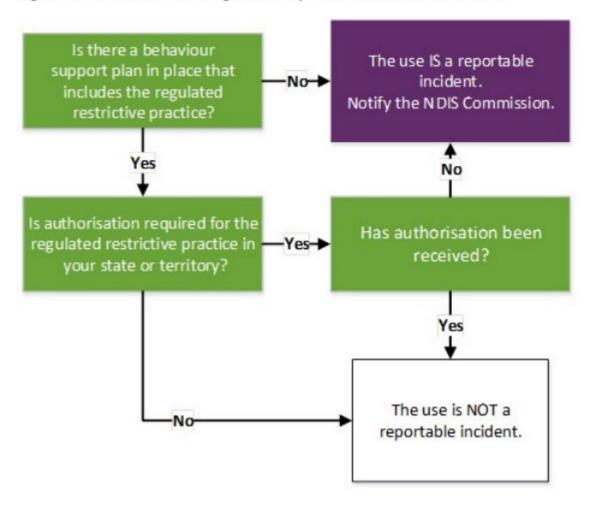




Figure 1: Flow chart outlining how a reportable incident is defined



From NDIS Quality and Safeguarding Commission

Reportable Incidents: **NDIS Q&S Commission**







Reportable Incidents



Incident or allegation

in connection with the provision of NDIS supports.

Follow internal incident management system processes

Reportable Incident

Death Serious injury Abuse or neglect Sexual or physical assault Sexual misconduct

24 hrs

Immediate Notification

Form

Five day Notification Unauthorised use of restrictive practice*

Five

day

Notification

*Restrictive practices: Seclusion

- Chemical restraint
- Mechanical restraint
- Physical restraint
- · Environmental restraint

Investigate

and Act

Notification to NDIS Commission

by Reportable Incident Approver via My Reportable Incidents

Potential remedial/regulatory action

eg. internal/external investigation, refer to another authorised body

Corrective action

Provider Non Reporting

A registered NDIS provider is only required to notify the NDIS Commission of reportable incidents connected to their own service provision.

If a reportable incident is witnessed by another service provider, this should be raised as a concern of "provider non reporting" if they think the NDIS Commission may not have been notified.



60 day Final report





Difficulties Reporting



WA Reportable Incidents:

WAReportableincidents@ndiscommission.gov.au

National Unauthorised Restrictive Practices:

URPnationaltaskforce@ndiscommission.gov.au

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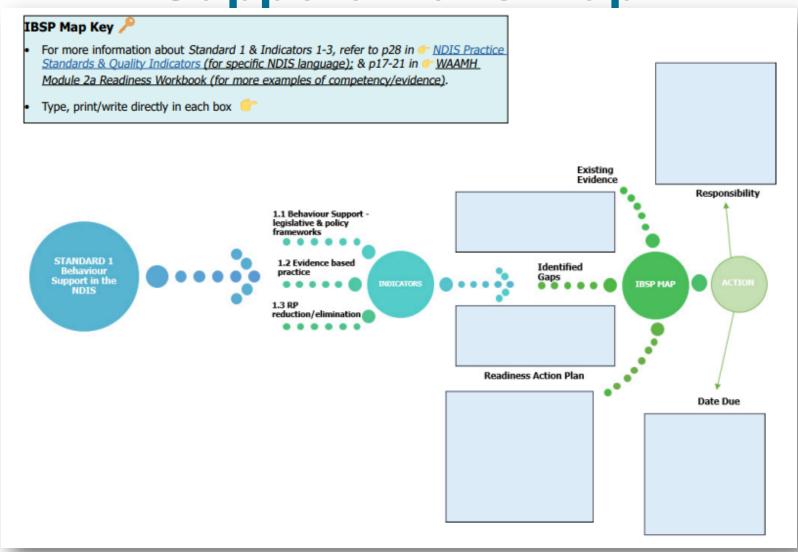


Resources

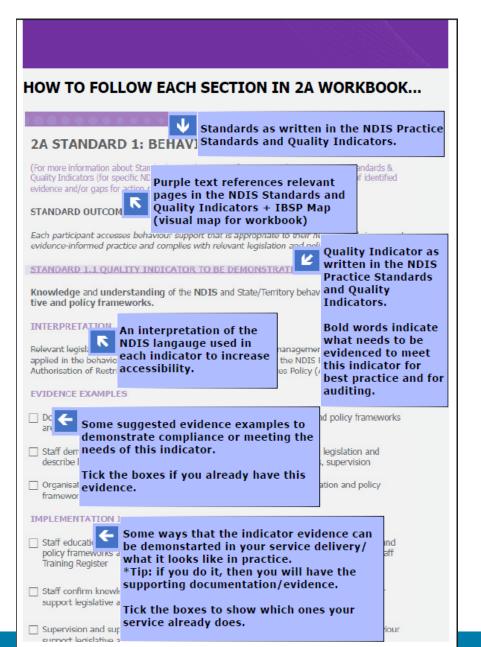


Developed by WAAMH & Mental Health Coordinating Council

Resource: Implementing Behaviour Support Plans Map



Module 2a Workbook



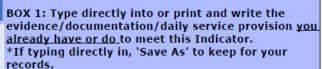
Module 2a Workbook

HOW TO FOLLOW BOXED SECTIONS IN 2A WORKBOOK...

This number refers to the Standard eq. 1 and relative Indicator e.g. 1 = 1.1. *Used in this WAAMH 2A Workbook and IBSP Map only



procedure)



GAPS IDENTIFIED (what you might be missing)



BOX 2: Type directly into or print and write the evidence/documentation/daily service provision you do not have or do to meet this Indicator.



READINESS ACTION PLAN (wh BOX 3: Type directly into or print and Standards and Quality Indicators) write what needs to be done to meet this Indicator. Ensure each action is delegated to a staff member with timeline. This can then be transferred into your Continuous Improvement Register and used for auditing.

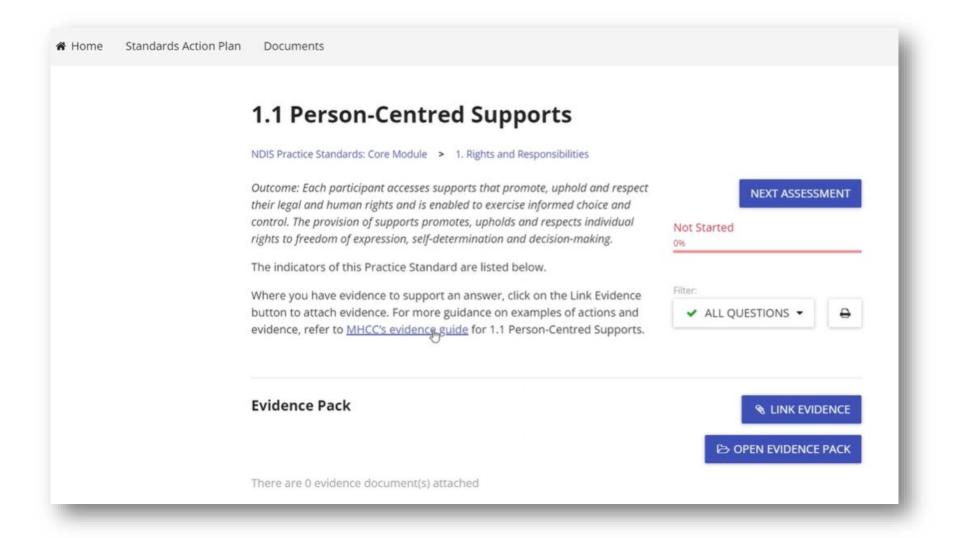
FURTHER INFORMATION

- National Disability Insurance S For Implementing Providers: Behavio
- This section will include extra resources and quidance for meeting the relative Indicator.

ort) Rules 2018

- Contact the NDIS Commission Behaviour Support Team: Call 1800 035 544 or email here
- Contact the NDIS Commission Behaviour Support Team in WA: Email here
- Responsibilities for Authorisation of Restrictive Practices in Western Australia

Resource: MHCC Self Assessment Tool



Resource: Restrictive Practice Internal Audit Tool & Guide

	-			COMPLETE	THIS SEC	TION FOR ALL PARTIC	IPANTS								TRACK	HE PROC	ESS OF I	RESTRIC	TIVE PRA	CTICE AUTHORIS	ATION AND REVIE	w
Participant Identification / NDIS Number	First Name	Last Name	Regulated Restrictive Practice in Place?	Choose which Regulated Restrictive Practice		Describe the Regulated Restrictive Practice	Proude a reason the Regulated Restrictive Fractice is in place	Current reporting requirement	Last date reported	Can the Regulated Restrictive Practice be removed safely?	Is the Regulated Restrictive Practice in a Behaviour Support	Is there funding for a Behaviour Support Practitioner?	If not, is there a plan review scheduled?	Reasonable steps to facilitate a Behaviour Support Plan are	Date the Behaviour Support Practitioner engaged	ו Plan is ort	Has a Quality Assurance Panel convened?	Is there informed consent from the participant or decision maken?	E	Outcome Summary lodged and Behaviour Support Plan activated		Date Behaviour Support Plan review due
93748521	Kaye	Kayes	Yes	Environmental	13/06/2023	Sharps (knives, scissors, etc) have been placed in a locked drawer only	Kaye has a history of self harm and was hospitalised on 12th June 2023 due to severity of self harm inflicted with sharp knife. Locking the self harm in the self harm to be s	FIVE (5) days	14/06/2023	No	No	No	Yes	Yes	16/06/2023	******	Yes	Yes	1/09/2023	Michele Burnlar / 846730	Michele Burnlar / September	20/08/2024

Other Support Options

- Internal Policies and Procedures
- External Supervision
- NDIS Community and Stakeholder Meetings (1st Wednesday of the month)
- Behaviour Support Community of Practice (2nd Thursday of the month)
- ARP Department of Communities

Any final questions?



"Understanding why a...[person's behaviour] is challenging is the first and most important part of helping them."

-Dr Ross Greene

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WAAMH CARE Hub

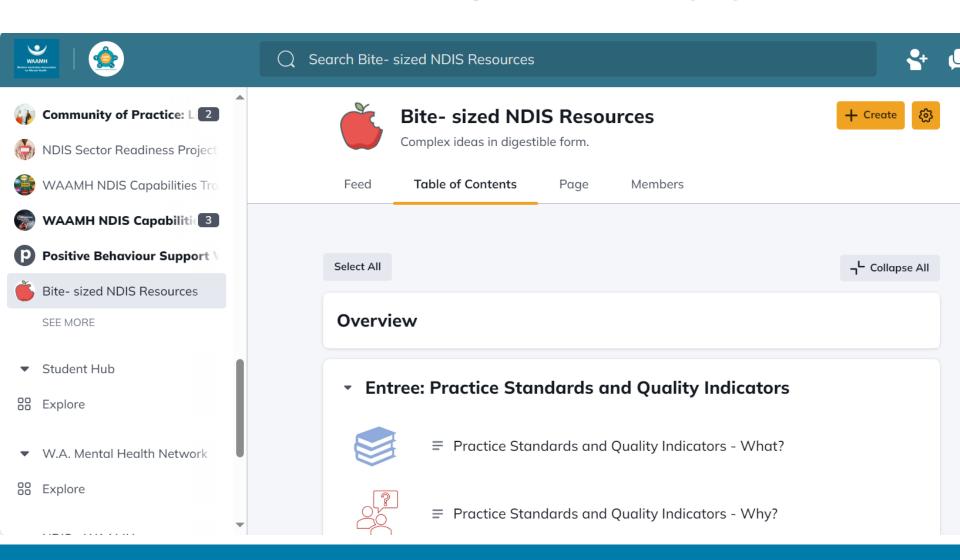


Collaborative and Responsive Engagement





WAAMH CARE Hub





Please note:
You will be sent a link to a short quiz to be completed over the next week.

This will assist you in integrating your knowledge from today's session.

ready4qsc@waamh.org.au













