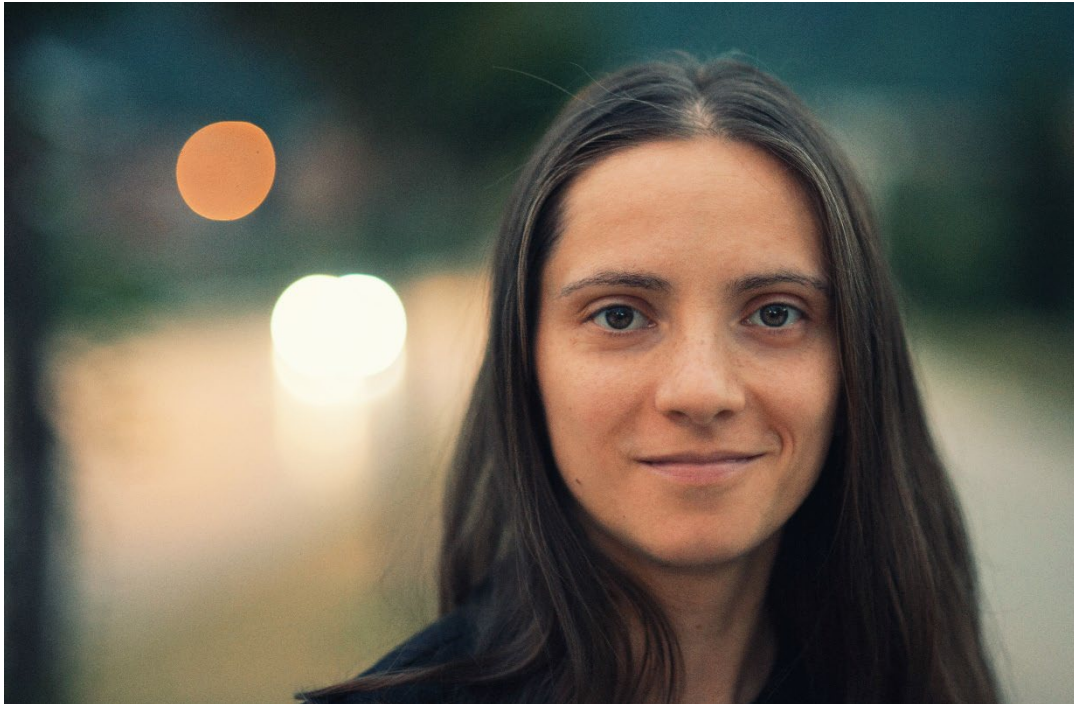




Bite-sized NDIS

Workbook 2:

Restrictive Practices in Reality



Content Warning:

This workbook focuses on
restrictive practices,
which may be
distressing to some
people.

We encourage
you to use your
judgement,
liberal self care,
and remember
the number for
Lifeline is
13 11 14 if you
need to debrief.

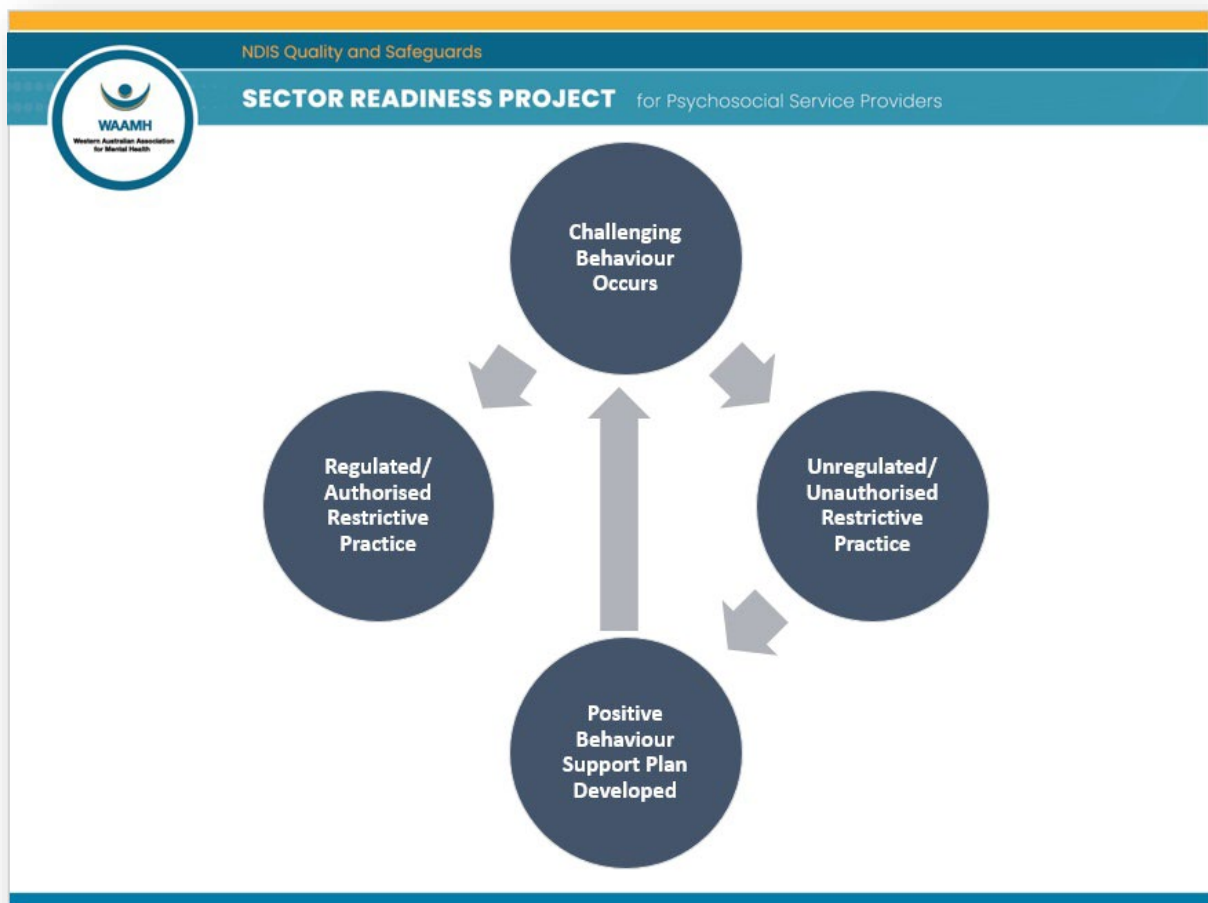


Restrictive Practice: The Last Resort



When we encounter behaviours of concern, best practice is to utilise PBS (Positive Behaviour Support) as a first response, and Restrictive Practices as a last resort. Today we're going to be examining Restrictive Practice, and in the next book we'll look at PBS. You may be wondering why we're doing it in that order, given that PBS should be the initial response...

Although best practice states that we should use PBS strategies to manage challenging behaviour, most people don't have funding for PBS interventions. So when a challenging behaviour (or behaviour of concern) takes place, the provider will often implement an unregulated and unauthorized restrictive practice (which must be reported to the Q&S commission). Then the person can apply for PBS funding, and a Positive Behaviour Support Plan (PBS Plan) can be developed, which will often (but not always) include when and how to implement certain restrictive practices, which are regulated and authorised. So the two are inextricably linked, and often Restrictive Practice comes first in practice.



Challenging Behaviour



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What is Challenging Behaviour?

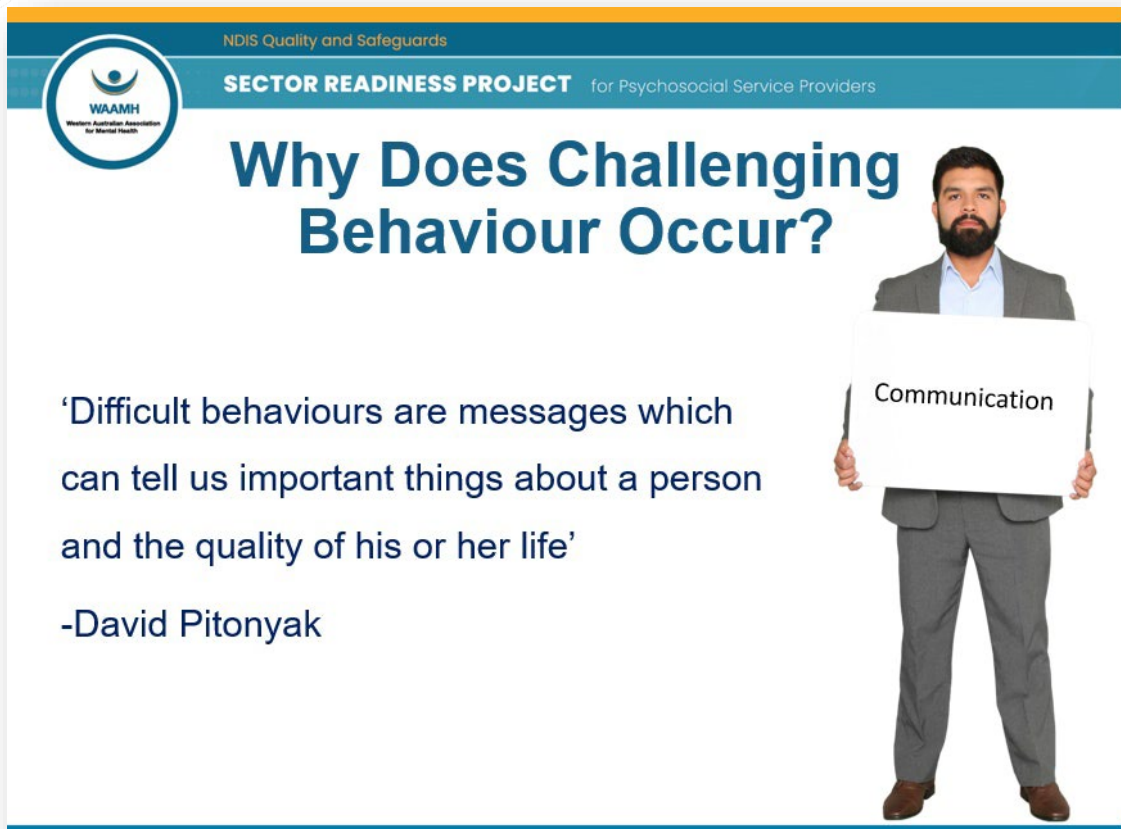
‘Behaviour of such **intensity** and/or **frequency**...that the physical **safety of the person or others** is likely to be placed in serious jeopardy, or, behaviour that is likely to ...result in the person **being denied access** to ordinary community facilities.’

Emerson & Einfield (2011)



When we are referring to behaviours of concern, sometimes called challenging behaviour, we're talking about behaviour of such intensity and/or frequency of duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or, behaviour that is likely to seriously limit the use of, or result in the person being denied access to ordinary community facilities.

Some people use the term 'challenging behaviour' and others use 'behaviours of concern' - they can be used interchangeably, however the NDIS Quality and Safeguarding Commission uses 'behaviours of concern'. Personally, we prefer 'challenging behaviour' because if we are challenged by someone else's behaviour, as a practitioner, that means we need to step up and think creatively to support the person, rather than simply being concerned.



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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

Communication

David Pitonyak says that ‘difficult behaviours are messages which can tell us important things about a person and the quality of his or her life.’ PBS is built on the premise that all behaviour is innately human, occurs in a specific context which should be examined, and is communicative in nature – in other words, it is telling us something important about the person.

Food for Thought



Some examples of challenging behaviour include self-harm, or running away... Can you think of others?



Behaviour is human because we all exhibit behaviours, all the time. It's just part of our humanity.

Behaviour is contextual - jumping up and down and singing at the top of your lungs is perfectly acceptable at a rock concert on a Saturday night, but less so in a library on a Tuesday morning.

Behaviour is communicative - it tells a story. This doesn't mean we are making a conscious choice to communicate through behaviour - if you meet someone you dislike, you may cross your arms or step back a little, not because you're intentionally meaning to convey that you dislike them, but rather as instinct.

Food for Thought



What might challenging behaviour be telling us about the person exhibiting it?

Restrictive Practices



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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 \(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au/regulated-restrictive-practices-guide)

"The use of restrictive practices for people with disability can present serious human rights breaches. The decision to use a restrictive practice needs careful clinical and ethical consideration, taking into account a person's human rights and the right to self-determination.

Restrictive practices should be used within a positive behaviour support framework that includes proactive, person-centred and evidence-informed interventions."

“There are some circumstances when restrictive practices are necessary as a last resort to protect a person with disability and or others from harm.

The NDIS Commission’s role is to provide registered NDIS providers and NDIS behaviour support practitioners with clear guidance to ensure appropriate safeguards are in place with the aim of reducing and eliminating the use of regulated restrictive practices where possible.”

Additionally, the National Mental Health Commission states; “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. “

ndiscommission.gov.au/sites/default/files/2022-02/regulated-restrictive-practice-guide-rrp-20200.pdf

Food for Thought



Why should restrictive practice be used only as a last resort?

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.

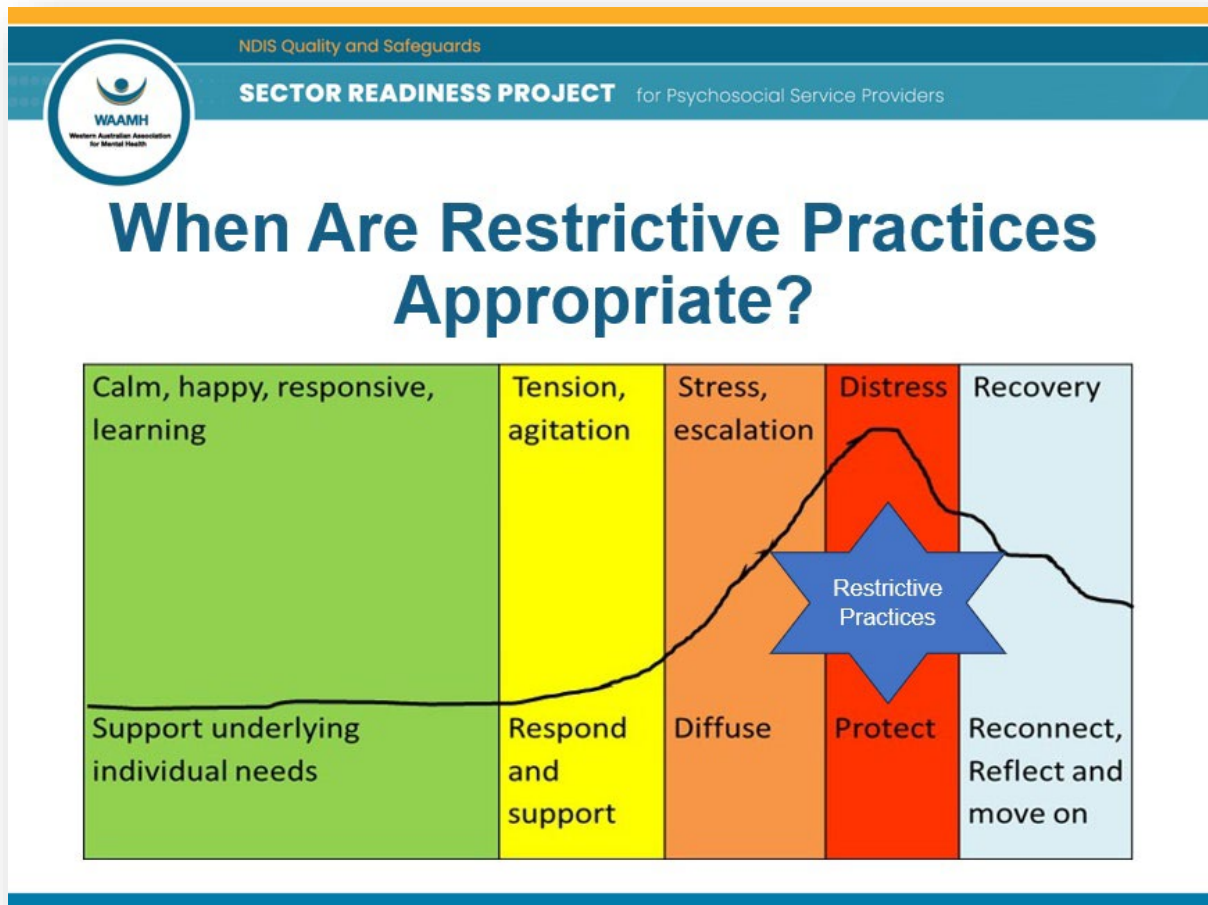
May be triggering to a person with a history of trauma and abuse.

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.

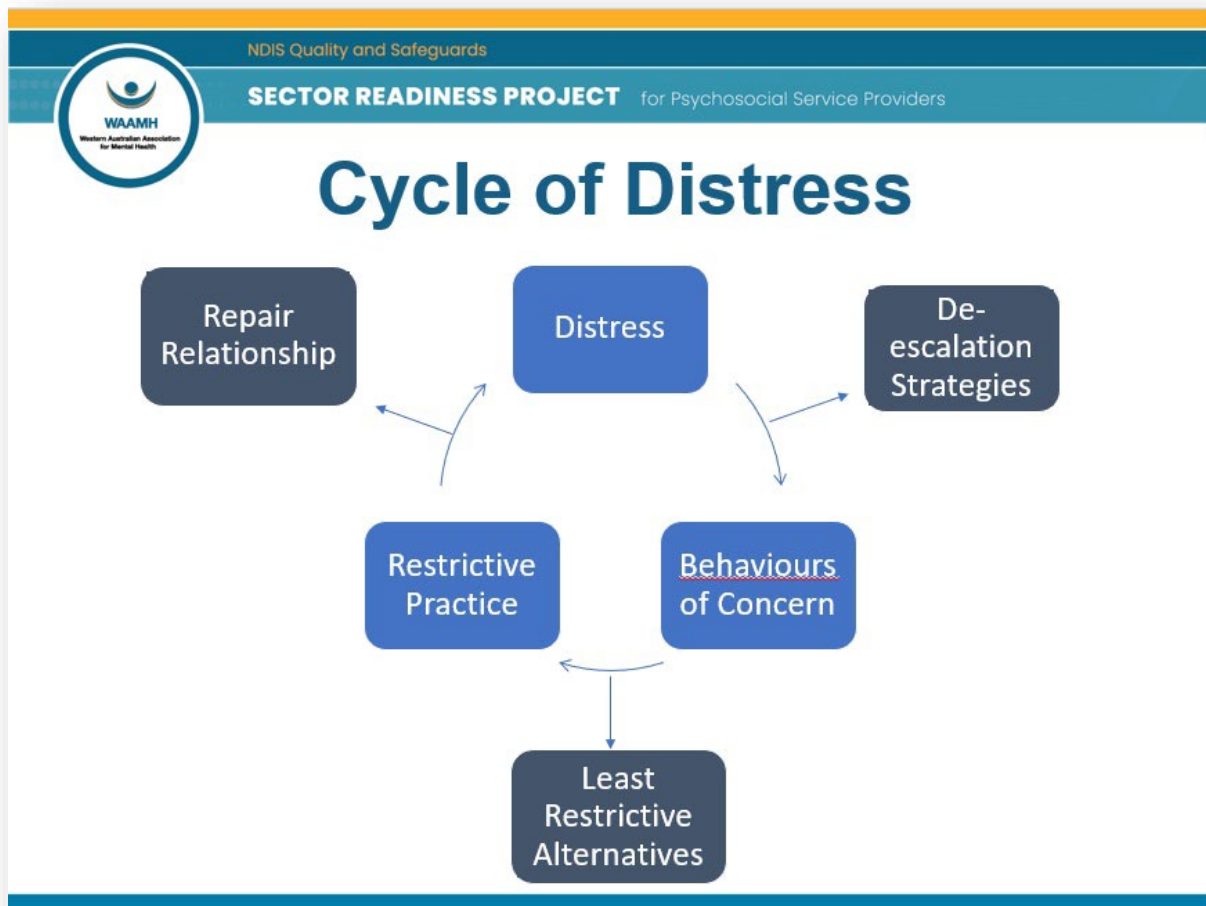
[Research Report – Restrictive practices: A pathway to elimination \(royalcommission.gov.au\)](#)



Restrictive practices should not be used when someone is in the “green zone” – when they are regulated, calm and open to new experiences. This is the time when we are working on building rapport with the person, and educating them in emotional regulation.

Nor should they be used when there is simply tension or escalation occurring – we should be instead implementing de-escalation strategies at those points. (As an aside, WAAMH does some great de-escalation skills training.)

When someone is at their peak of distress, and a behaviour of concern starts to occur, that’s when we implement a restrictive practice. The exception being chemical restraint, where it may be appropriate to administer medication just before the peak of distress.



When someone is experiencing distress, they are more likely to engage in behaviours of concern, leading to restrictive practice, which leads (usually) to further distress. There are multiple ways we can break the cycle...

When someone starts showing signs of distress, de-escalation techniques can be implemented to support the person in returning to a less distressed state.

Once a behaviour of concern presents, when less restrictive practices are implemented, there is less likelihood of further distress for the person.

If a restrictive practice must be implemented, work should be undertaken to repair the relationship with the person, and educate them in distress tolerance to prevent future use of restrictive practices.



What do they mean by "Regulated Restricted Practice?"

Some of these conditions include that the use of a regulated restrictive practice must:

- a) be clearly identified in the **behaviour support plan**
- b) authorised in accordance with state legislation
- c) be used only as a **last resort in response to risk of harm**
- d) be the **least restrictive response possible**
- e) **reduce the risk of harm to the person**
- f) be **in proportion**
- g) be used for the **shortest possible time**

In order for a restrictive practice to meet regulation requirements, the Behaviour Support Plan (BSP) must be lodged with the NDIS Quality and Safeguards Commission. It must be authorised in accordance with state legislation, and may only be used as a last resort in response to risk of harm. It must be the least restrictive option, proportionate to the risk of harm and used for the shortest possible time.

Types of Restrictive Practice



Seclusion



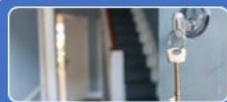
Chemical Restraint



Mechanical Restraint



Physical Restraint



Environmental Restraint

There are 5 types of regulated restrictive practice (and we're going to talk about what "regulated" means soon). These are:

Seclusion

Chemical restraint

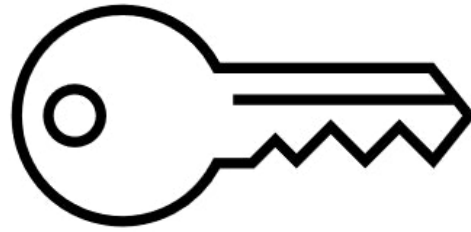
Mechanical restraint

Physical restraint

Environmental restraint.

It is worth noting that we are speaking in terms of the NDIS Quality and Safeguarding definitions and scope. Let's go through those and unpack the terms.

Restrictive Practices Defined: Seclusion



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

Seclusion is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted;

Example: “go to your room and don’t come out until you’re ready to apologise.” = this is seclusion because it is **implied** that voluntary exit is not permitted.

Food for Thought



How could seclusion be harmful to someone?



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Restrictive Practices Defined: Chemical

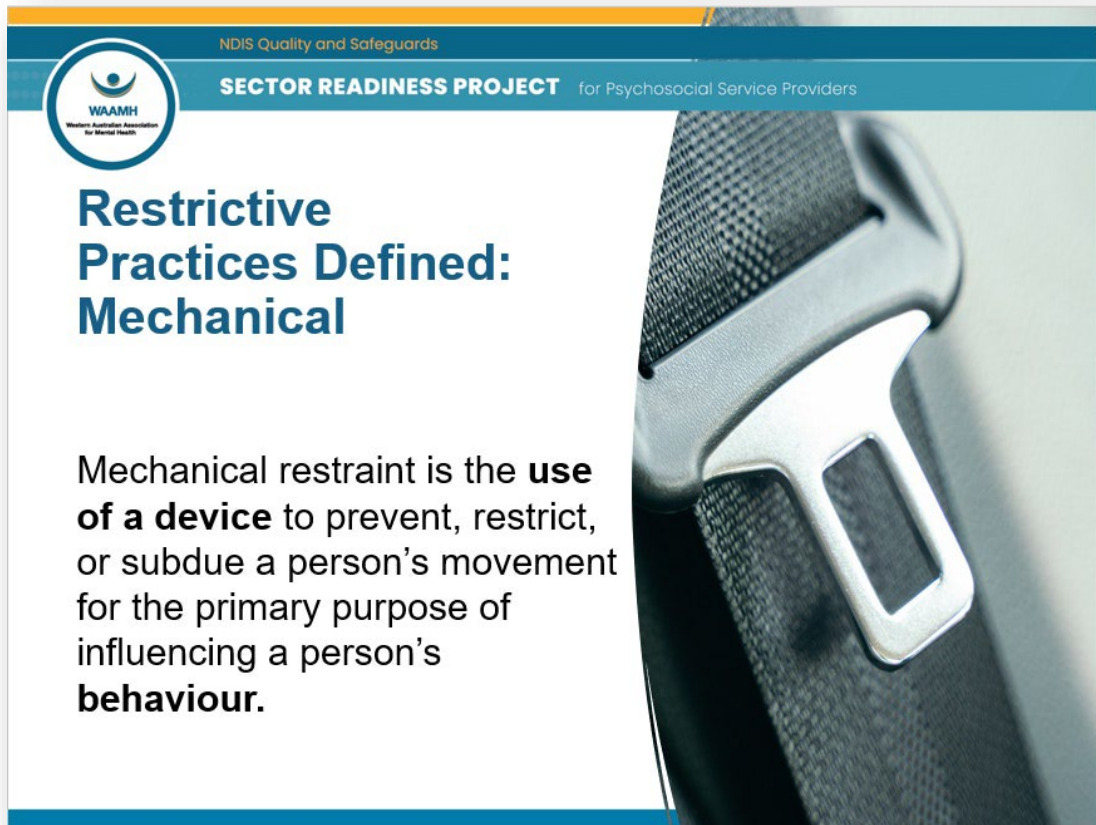
Chemical restraint is the use of **medication or chemical substance** for the primary purpose of influencing a person's **behaviour**.

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

It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.

Example: If someone has a diagnosis of anxiety, and they are prescribed PRN (administered as needed) medication to treat that anxiety, it is **not** a restrictive practice.

If, however, someone is prescribed PRN epilepsy medication to sedate someone (to change their behaviour) without epilepsy, then it **is** a restrictive practice.



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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**.

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 but does not include the use of devices for therapeutic or non-behavioural purposes.

Example: if someone has been prescribed the use of a lap belt for mealtimes by a medical practitioner, for non-behavioural purposes, then it is **not** a restrictive practice.

If, however, the lap belt is left on outside of mealtimes, it **becomes** a restrictive practice.



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**.

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.

Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered as the exercise of care towards a person.

Example – crossing the road: If you are walking with a client, talking, and they go to step out in front of traffic because they're deep in conversation, putting a hand out to prevent them from getting hit by a car is **not** a restrictive practice - it's what you would reasonably do for anybody.

If, however, as you approached the road, you said to the client, "now, we're going to cross a road, so hold my hand" then that **is** a restrictive practice, because you are proactively affecting their behaviour.

Restrictive Practices Defined: Environmental

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



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

Examples: locked doors, locked drawers, withheld items.

Food for Thought



How is environmental restraint different from seclusion?

Authorised vs Regulated Restrictive Practice

Regulated Restrictive Practices

Regulated Restrictive Practices

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

Regulated Restrictive Practices refer to the **national** recognition of restrictive practices, as defined by the NDIS Quality and Safeguarding Commission.

There are 5 types: seclusion, chemical restraint, physical restraint, mechanical restraint, and environmental restraint.

The NDIS Quality and Safeguarding commission requires a Behaviour Support Plan (for the client experiencing the restrictive practice) be lodged by an implementing provider.

Implementing Provider means the provider is registered to undertake behaviour management support.

The commission also requires local authorisation of the practices. This leads us to...



Authorised Restrictive Practices

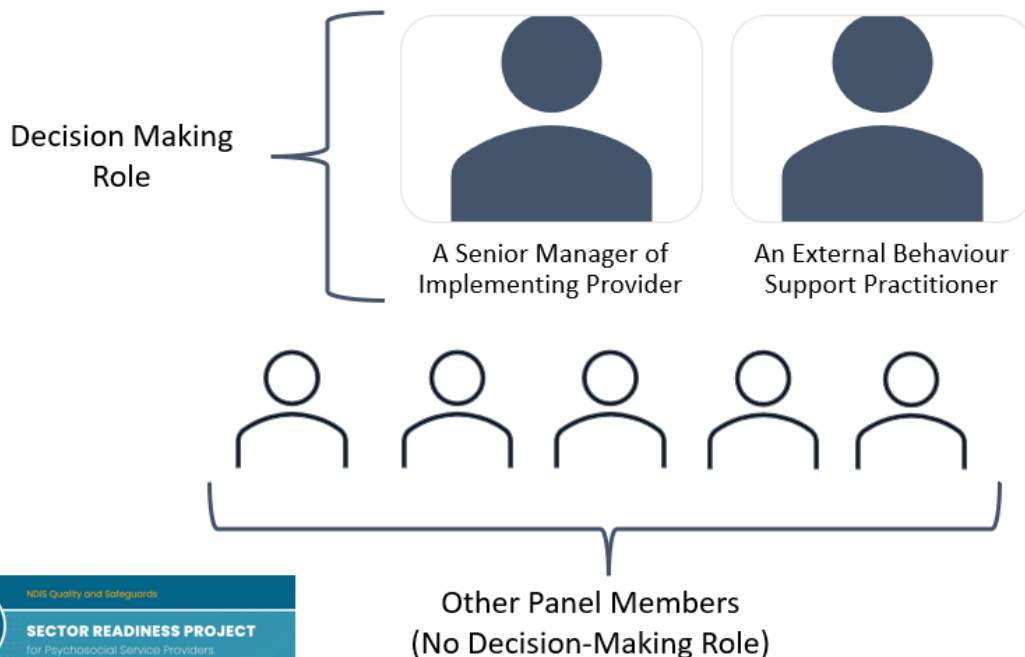
Authorised Restrictive Practices

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

In Western Australian legislation, a restrictive practice is defined by the WA Department of Communities, and must be agreed to as a necessary act by a QAP (Quality Assurance Panel).

[Authorisation of restrictive practices \(www.wa.gov.au\)](http://www.wa.gov.au)

Convening a Quality Assurance Panel



A Panel must consist of at least two members with a decision-making role:

1. A senior manager (or their delegate) with the Implementing Provider with operational knowledge and relevant experience in behaviour support.
2. An NDIS Behaviour Support Practitioner who is not the BSP (Behaviour Support Plan) author and not employed by the Implementing Provider.

Other members (no decision-making role) may include: the author of the BSP, the participant and their family/carers, any other stakeholders.



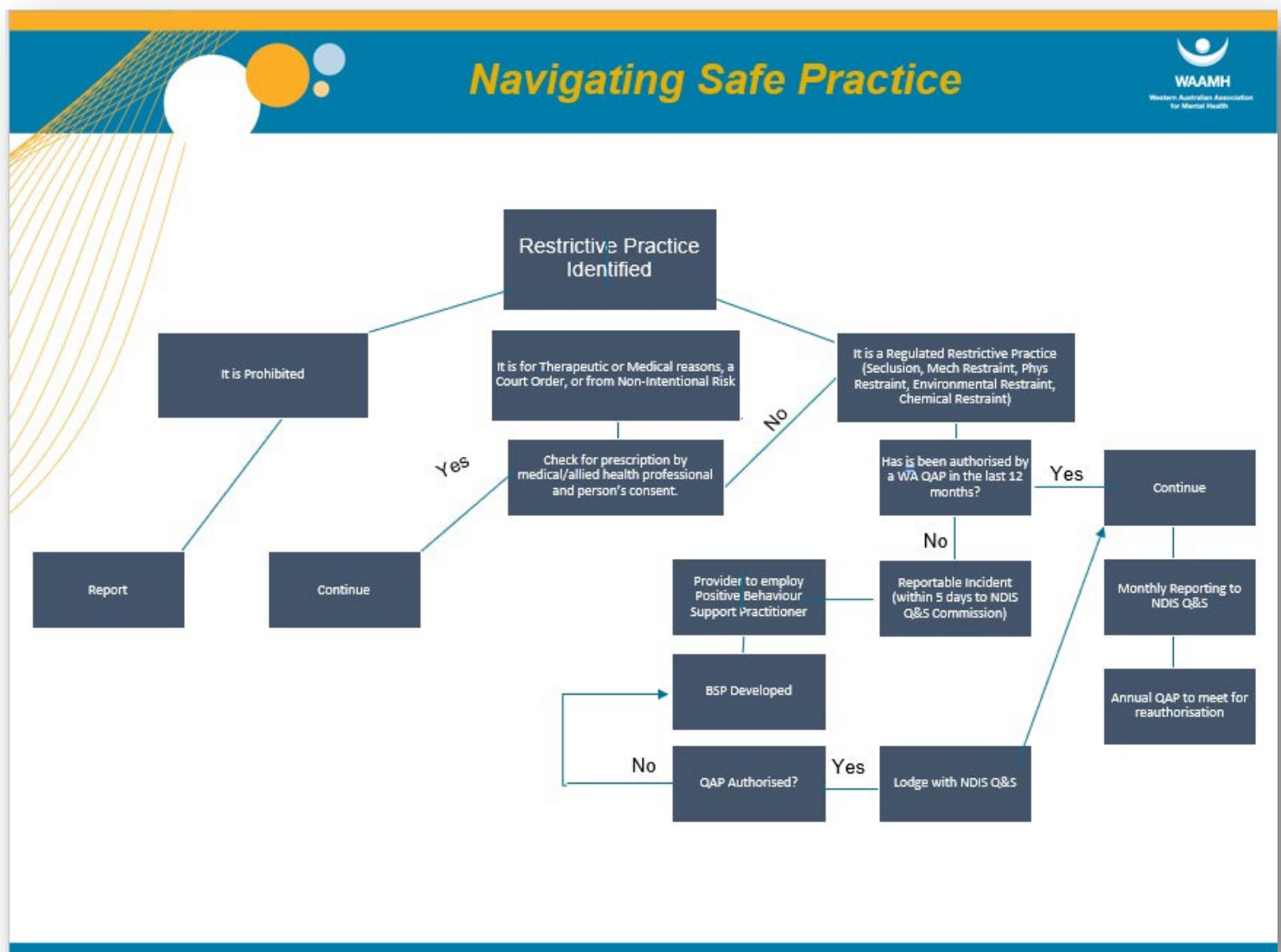
Principles of Authorisation

- Be used only as a last resort
- Be the least restrictive
- Reduce the risk of harm
- Be in proportion to the potential negative consequence
- Be used for the shortest possible time

You will notice that the principles for Authorisation (WA legislation) align perfectly with the National Quality and Safeguards Regulation (of Restrictive Practice) requirements.

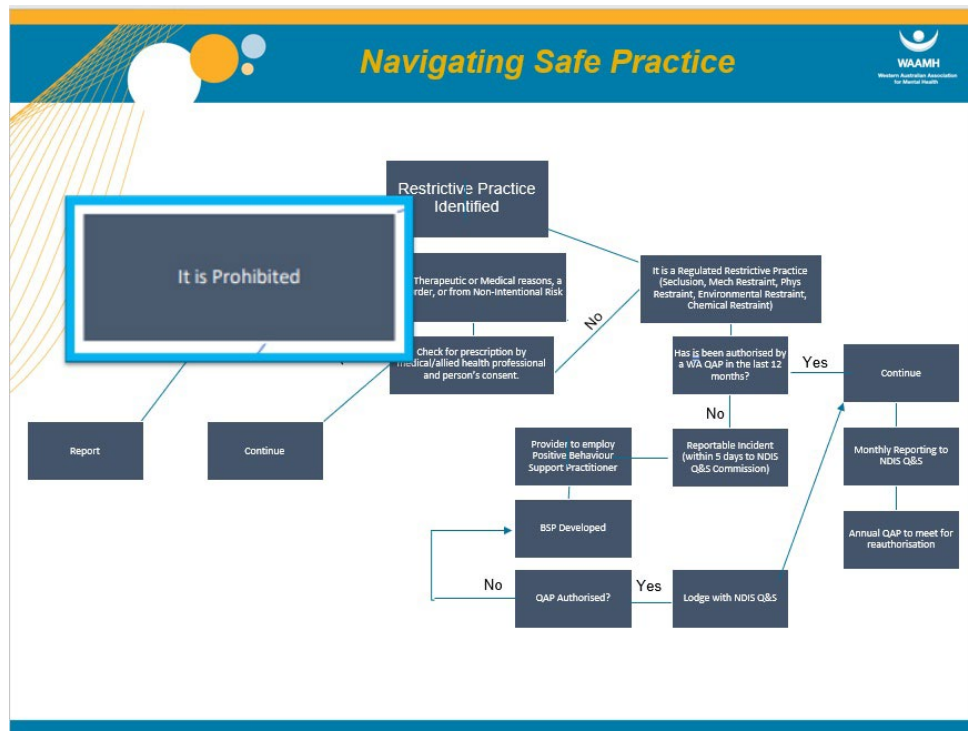
Navigating Safe Practice

Understanding how restrictive practices sit in the NDIS framework is represented in this chart.

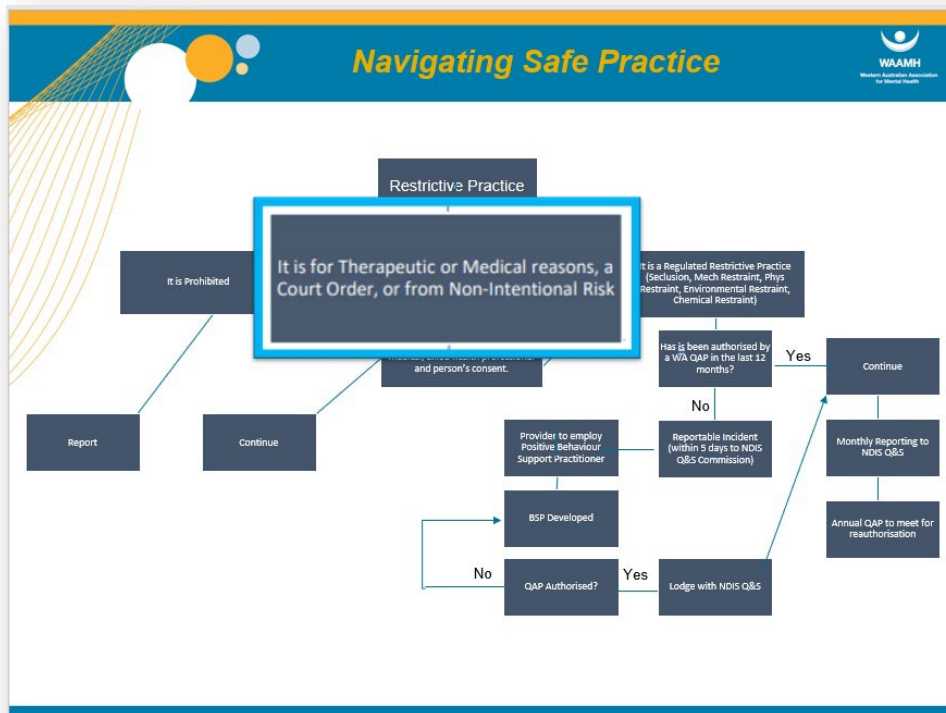


Now, let's break down how the flow chart works...

Firstly, ask, is it a prohibited practice? These will be discussed in the next module.



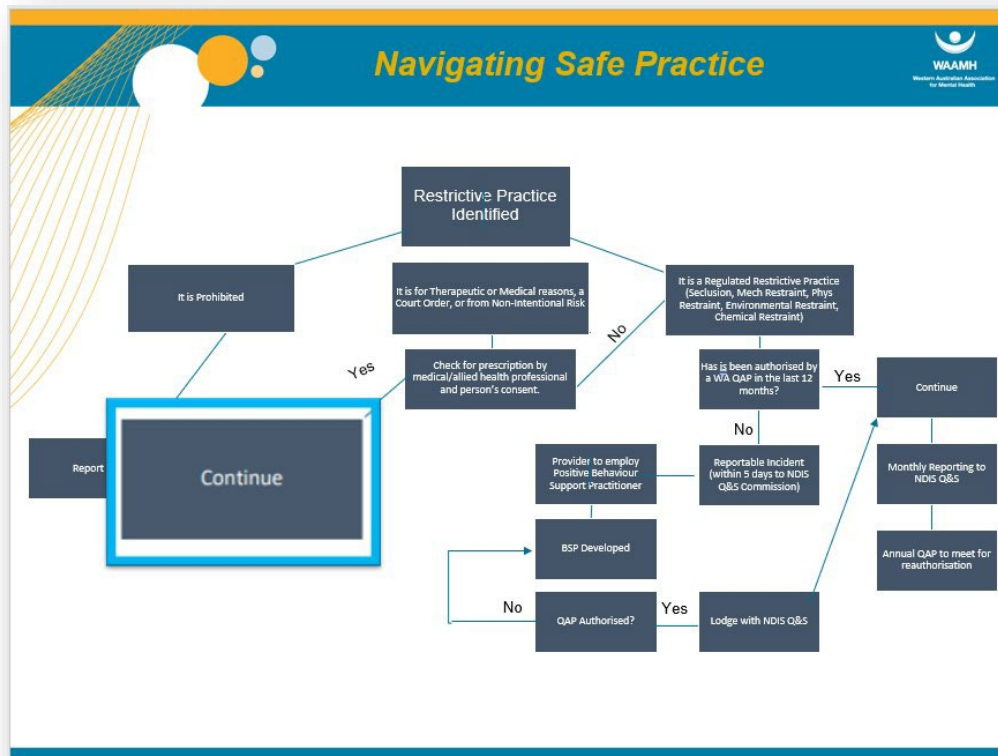
If it **is** a prohibited practice, it needs to be reported and ceased immediately. If it's **not** prohibited, does it serve a medical or therapeutic purpose, or is it in place because of a court order?



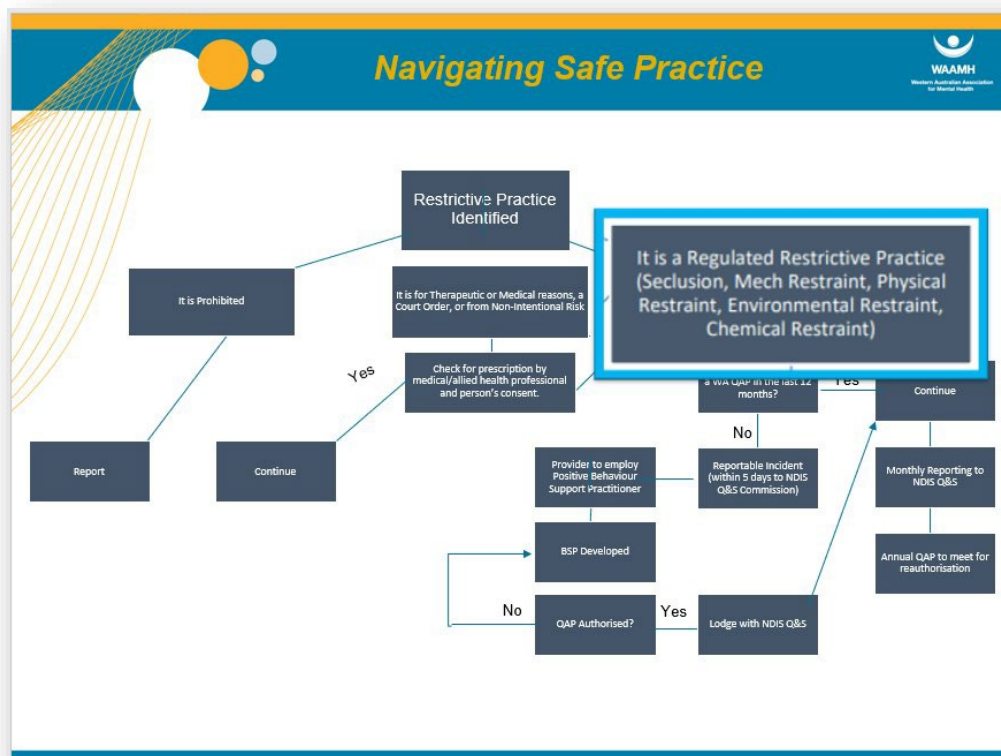
If that's the case, is the documentation signed off by a health professional, and is it current? Does the person consent to the practice?



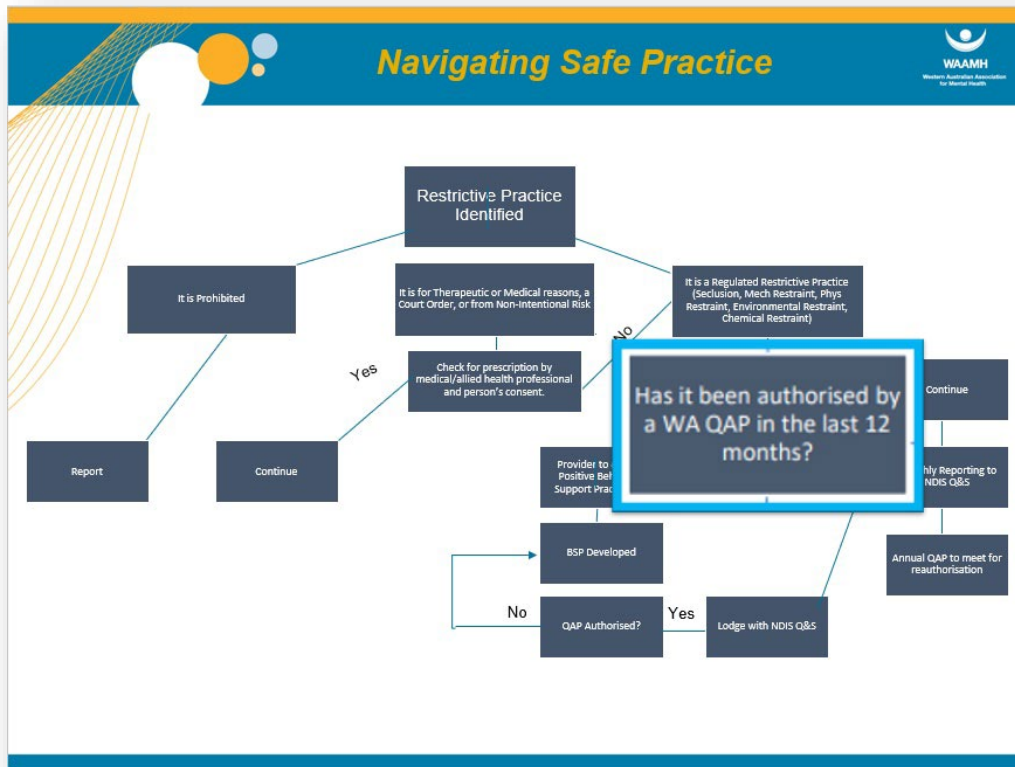
If so, continue the practice, no problems. Remember to schedule a review -prescriptions don't last forever.



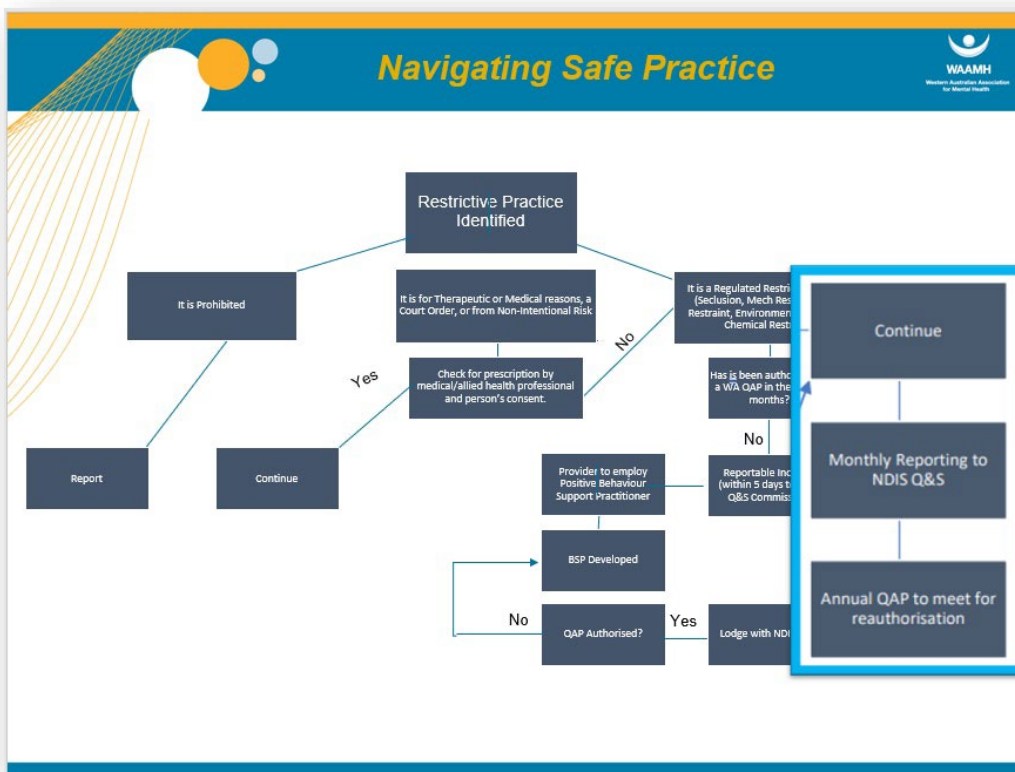
If the answer to the first two questions is not, then it must be a regulated restrictive practice, as defined by the NDIS Quality and Safeguarding Commission.



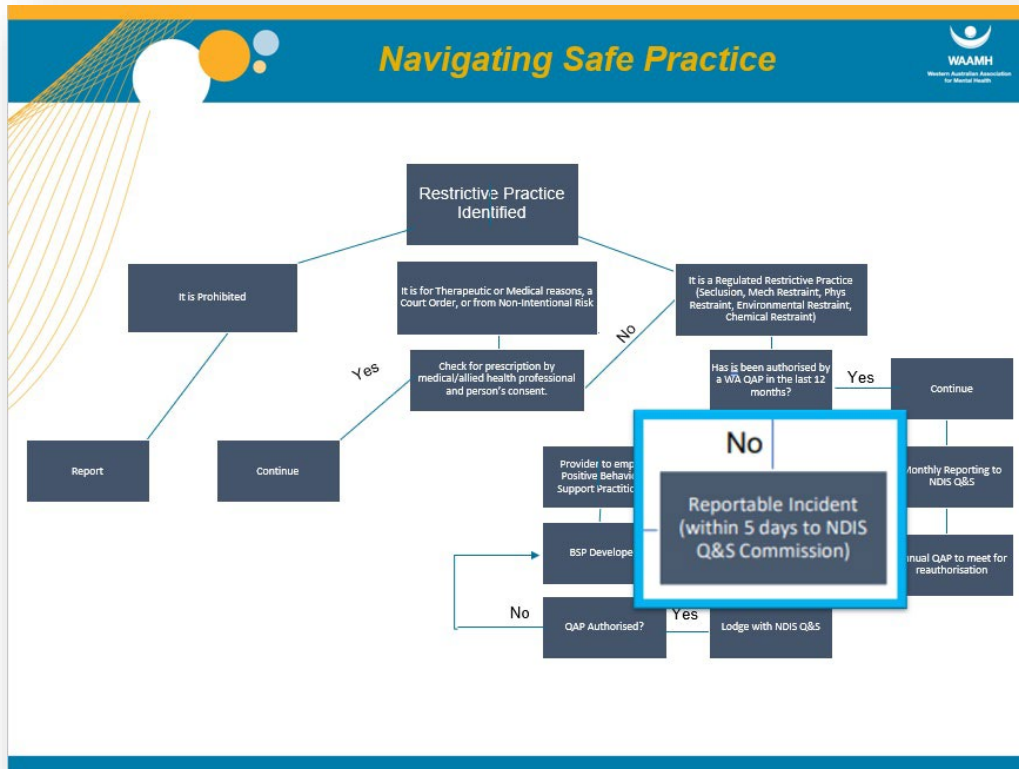
If so, has it been authorised by a Quality Assurance Panel **in the last 12 months?**



If yes, continue, and your managers need to ensure they report monthly to the NDIS commission, and convene a QAP (Quality Assurance Panel) annually to reassess.



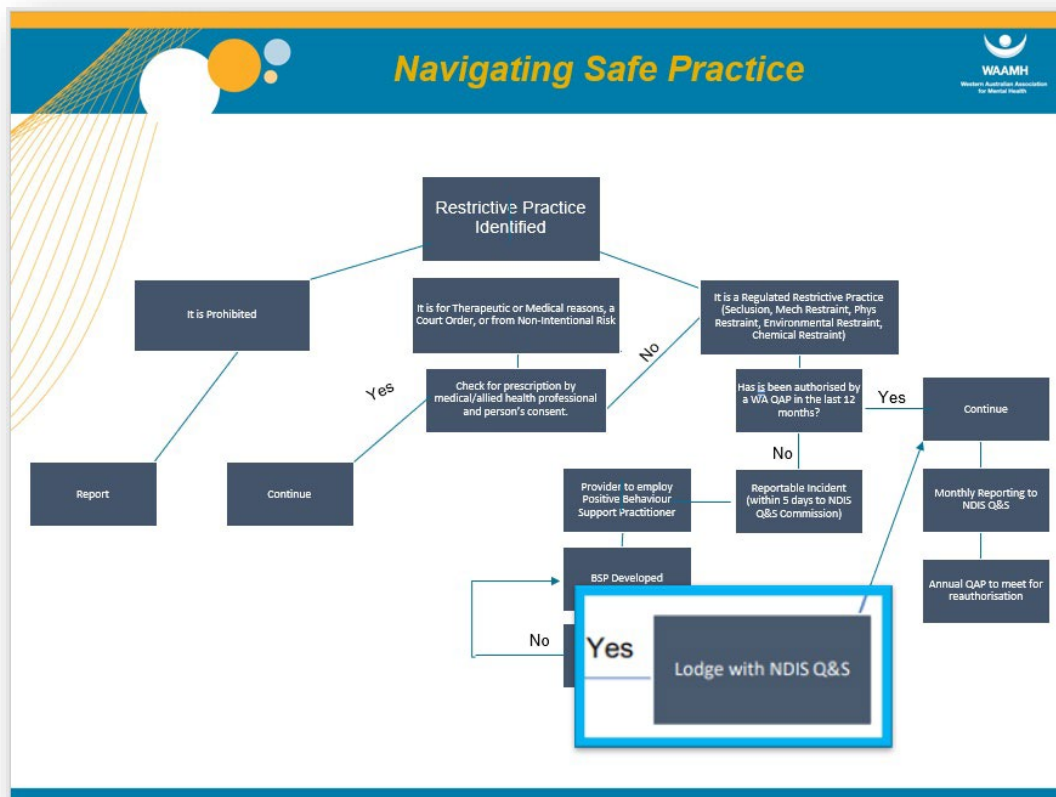
If it hasn't, it's actually a reportable incident, and **MUST** be reported to Commission within 5 days as a Reportable Incident.



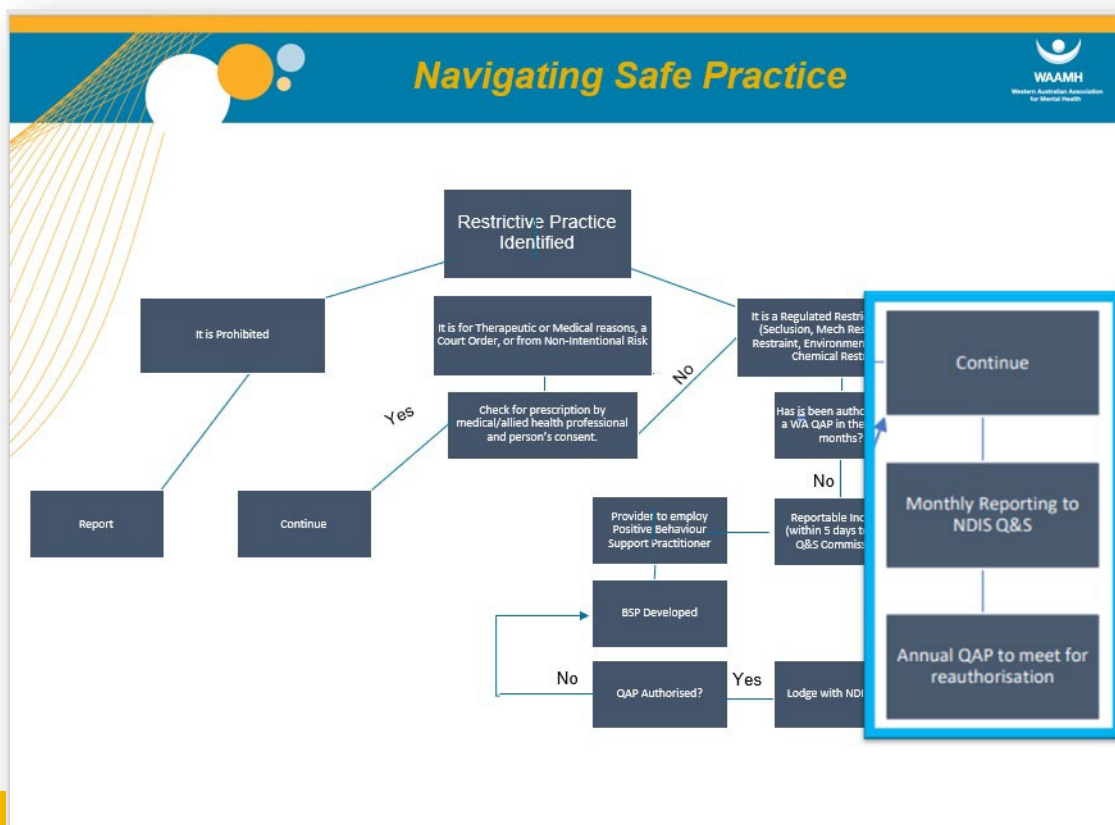
Then, the implementing provider needs to hire a Positive Behaviour Support Practitioner to develop a Behaviour Support Plan. The Quality Assurance Panel assesses the Behaviour Support Plan and if the QAP doesn't approve, a new Behaviour Support Plan must be developed.



If the provider is unregistered, or **not registered to provide behaviour management support**, they must refer the client to an implementing provider (one that **is** registered to provide behaviour management support).



Once the QAP has authorised the restrictive practice/s, the Behaviour Support Plan is lodged with the NDIS Q&S commission (via Proda).



Once submitted, the practice can continue and managers need to ensure they report monthly to the NDIS commission, and convene a QAP annually to reassess.

Prohibited Practices

These are the Prohibited Practices in WA. These practices are illegal and should be ceased immediately.

Western Australian Law: Prohibited Practices

Certain Physical Restraints

- The use of prone or supine restraint
- Pin downs
- Basket holds
- Takedown techniques
- Some physical restraints



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*Can you think of any
examples of these practices?*

Physical restraints that: that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning

Any physical restraint that has the effect of pushing the person's head forward onto their chest

Any physical restraint that has the purpose or effect of compelling a person's compliance through the infliction of pain, hyperextension of joints, or by applying pressure to the chest or joint

These practices are prohibited in the community services sector, however it is worth noting that other sectors may employ these practices (for example, the police force).

Western Australian Law: Prohibited Practices

Punitive Approaches

- Aversive practices
- Overcorrection
- Denial of key needs
- Practices related to degradation or vilification
- Practices that limit or deny access to culture
- Response cost punishment strategies

Aversive Practices means: use of unpleasant physical or sensory stimuli to modify behaviour or to punish.

Overcorrection means: requiring a person to perform restitutive actions either repeatedly or to a significantly higher standard than before a behaviour occurred.

Denial of key needs means disallowing someone from eating, drinking, sleeping using the bathroom.



Response Cost means: withdrawal of a preferred item or experience in an attempt to modify behaviour or to punish.

Again, this only refers to the community services sector.

As parents, we may be inclined to use response cost punishment strategies (for example, when the kids haven't made their beds and so you confiscate their phones) and that's acceptable, **but not** if you're a worker and the kids are your clients.

Scope of Implementing Provider



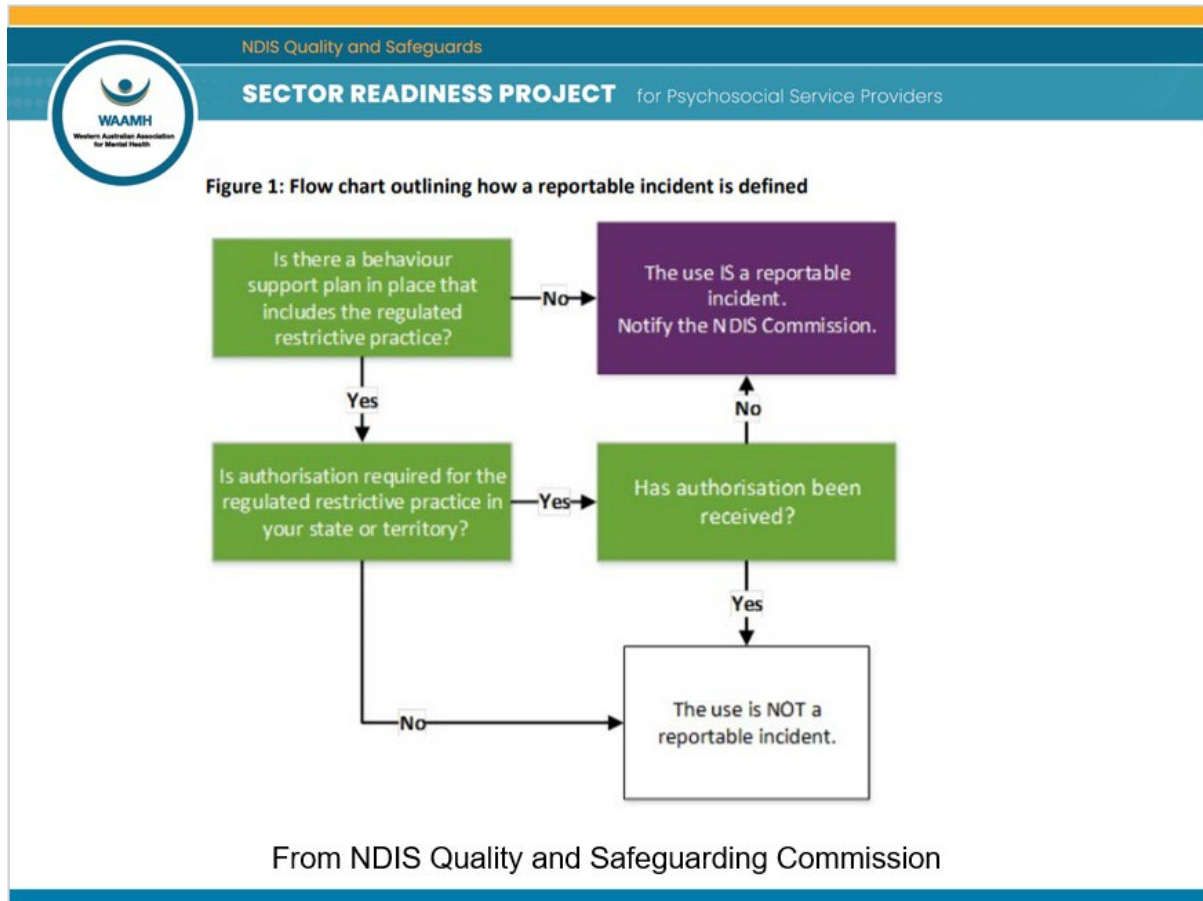
What do we mean by 'implementing provider'? A service provider who is registered with the NDIS Quality and Safeguarding Commission (certified by Module 2a) to provide behaviour management support.

Therapeutic or Medical reasons for the practice? There must be current authorisation from relevant medical professional AND the person must consent.

Court Ordered Practice – such as ITO or CTO, or court ordered curfew. It is worth noting that the wording of the court order must specifically request the practice for it to **not be considered restrictive practice**. For example, if the court order says, "X must be locked inside the house from 7pm every night" then it is **not** a restrictive practice, but if the court order says "X must not leave the house after 7pm every night" then if the service provider chooses to lock the doors at 7pm, it **is** considered a restrictive practice, because the court did not order that to occur, and the person had the right to choose not to follow the court order.

Practice Based on Non-Intentional Risk – for example, someone who does not exhibit a behaviour, but an uncontrollable action (such as redirecting or assisting if arm flapping)

Reporting Incidents





NDIS Commission Portal - Tips

- PRODA has a 30 minute time restriction
- Supporting Documentation can be added **after** submission
- All mandatory fields must be completed
- You must have the correct access to notify

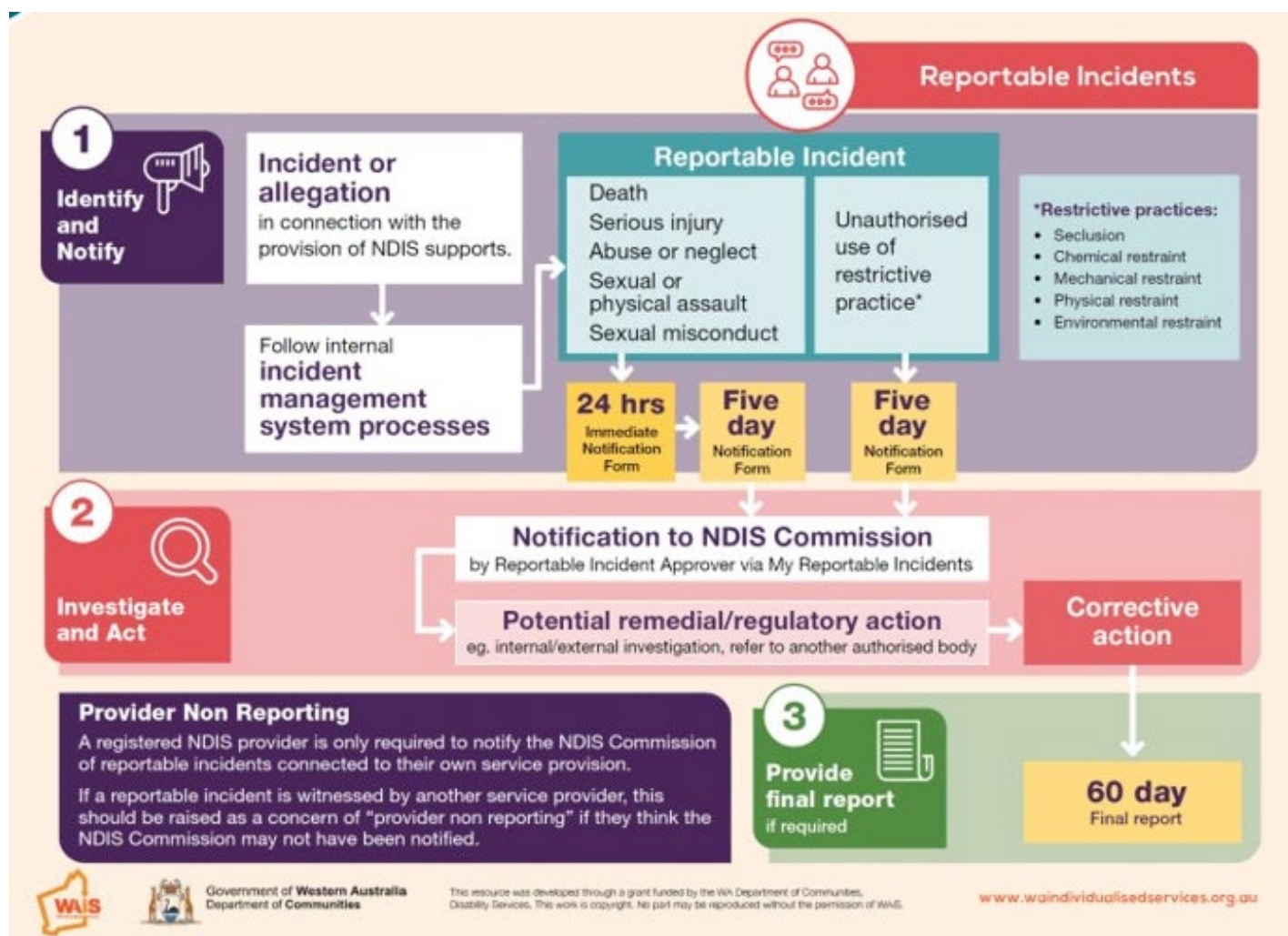
1. Draft the free text sections of information into a word doc and copy/paste it to avoid time out restrictions. Alternatively “save as draft” every 25 minutes.

2. Supporting documents can be added later, it is most important to get the key details in ASAP.

3. Mandatory fields are marked with a *, you cannot submit the form if they're not all completed.

4. You must be registered as a Provider Authorised RI (Reportable Incident) Approver or Provider Authorised RI Notifier.

This resource, developed by WA Individualised Services outlines time lines for reportable incidents.





Difficulties Reporting



WA Reportable Incidents:

WAReportableincidents@ndiscommission.gov.au

National Unauthorised Restrictive Practices:

URPnationaltaskforce@ndiscommission.gov.au

The email should include:

- the steps taken to complete the authorised notification form and the presenting issue (date and time attempted and contact made with the NDIS Commission e.g. Tier1 ICT or the Contact Centre);
- the name and NDIS number of the impacted person;
- the immediate response and steps taken to ensure the impacted person was safe;
- a brief description of the RI (reportable incident); and
- whether other authorities, such as the police, were notified.

Conclusion

In this workbook, you have learned:

- What restrictive practices are
- The types of regulated restrictive practice
- Why challenging behaviour occurs
- How to navigate safe practice
- Prohibited practices (in WA)
- How to report incidents (including unauthorised restrictive practice)

Remember, restrictive practice should only be used as a last resort, after person-centred, positive behavioural strategies have been attempted.

Other Resources

- The CAREhub has a vast selection of the WAAMH Sector Readiness Project's tools and templates available:
<https://carehub.waamh.org.au/>
- Mental Health Commissioning Council also has teamed up with BNG to provide a free online self assessment tool, which is free for registered providers:
Video explaining - [MHCC 2 \(wistia.com\)](#)
Tool - [NDIS Practice Standards Self-Assessment Tool - BNG SPP \(ngoservicesonline.com.au\)](#)
- The NDIS Commission has resources on reportable incidents:
<https://www.ndiscommission.gov.au/providers/complaints-and-incidents/notify-us-about-reportable-incident>
- NDS has a great library of resources too:
[NDIS Quality and Safeguards Resources](#)
- Department of Communities for WA Authorisation legislation and guidance
Authorisation of restrictive practices (www.wa.gov.au)