



NDIS Restrictive Practice Policy

Scope

This policy applies to anyone involved in the delivery of Brook RED NDIS services and supports.

Purpose

This policy sets out Brook RED's position on regulatory restrictive practice and how Brook RED will respond to situations requiring restrictive practice.

Principles

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

Brook RED values individual self-determination and at all times endeavours to let people determine what they do and do not wish to do. Where an individual's behaviour would or does place individuals, property, or Brook RED operations at risk it may be necessary for Brook RED employees to intervene to prevent or stop a behaviour. In this event, Brook RED will endeavour to intervene using the *least restrictive alternative* such that the individual's freedoms are limited as minimally as possible while ensuring the safety and wellbeing of people, property or operations.

Types of Regulated Restrictive Practice under the NDIS

Seclusion

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;

Chemical restraint

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;

Mechanical restraint

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;

Physical restraint

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.

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Environmental restraint

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

Policy

- Any restrictive practices have to be developed by an NDIS Behaviour Support Practitioner
- Any restrictive practice must be clearly identified in the NDIS participants Positive Behaviour Support Plan (PBSP)
- We will work with NDIS Behaviour Support Practitioner to implement the behaviour support plan that they have created
- NDIS participants, guardians or substitute decision makers will be consulted about their behaviour in a way they are most likely to understand, including details of the supports to address their behaviour and the use of restrictive practices
- NDIS participants will be made aware of why the use of restrictive practices (if any) is being considered, and how they can make their views known and exercise their rights
- NDIS participants, family and support networks will have the opportunity to express their views about a NDIS participant's behaviour, the supports to address the behaviour and the use of restrictive practices and have these views considered

Use of regulated restrictive practices:

- Should only be used as a last resort, and with proof that everything else has been tried first
- Should only be used if the behaviour might harm the person or others
- Should only be used for the shortest time possible
- Should only be used if the person has given permission to use the practice or approval has been given by the person's guardian
- Should only be used if we have first thought about how it might affect the rights of the person
- Should only be used if the practice is written in a behaviour support plan

Reporting the use of restrictive practices

Brook RED will comply with all federal and state government reporting requirements for any use of restrictive practice. Each time a regulated restrictive practice is being used, it will be recorded and reviewed at least every 12 months.

Where we support people with regulated restrictive practices in their PBSPs, we will provide monthly reports to the NDIS Quality Safeguards Commissioner on any use of those approved practices.

Authorisation

Authorisation of Restrictive Practices is gained after the NDIS Behaviour Support Practitioner has lodged the PBSP with the relevant statutory bodies.

Where a NDIS participant cannot provide consent for the use of a regulated restrictive practice, the guardian or substitute decision maker must approve use if required. In some cases this may be a formal guardian appointed by QCAT.

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Unauthorised use of restrictive practice

This include any instance of use:

- Without 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 or neglect
- Due to lack of training, knowledge or reflection about less restrictive alternatives

Prohibited Practices

- Any form of corporal punishment (such as smacking or hitting)
- Any punishment intended to humiliate or frighten a person
- Any punishment that involves immobilising a personal with chemical or physical restraint
- 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
- Overcorrection, where the punishment is out of proportion to the behaviour
- Punishment that involves threats to withhold family contact or change any part of a person's individual lifestyle plan
- Denying access to basis needs and supports
- Unethical practices such as rewarding a person with cigarettes or alcohol
- Act other act or failure to act that is an offence under federal, state or territory laws

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

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Reduction and Elimination

Brook RED is committed to the reduction and elimination of restrictive practice and believes in upholding the human rights of people with a disability in line with the UN Convention on the Rights of Persons with Disabilities.

Brook RED is committed to the following core strategies for reducing or eliminating restrictive practice:

- Person-centred focus – Including the perspectives and experiences of people with a 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
- Leadership – Making a goal of reducing use of restrictive practices a high priority and providing support to staff to achieve it
- Use of data to inform practice – Periodic review of behaviour support plans contained restrictive practices, 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
- Workforce development – Key needs include understanding positive behaviour support and functional assessment and skills for trauma informed practice, risk assessment, de-escalation, and alternative to restrictive practices
- 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 PBSP
- Debriefing and practice review – Regular reviews of the use of restrictive practices to identify areas for practice and systemic improvement

Definitions of Terms Used

Least restrictive alternative

The action that least limits an individual's rights or freedom of movement while ensuring that risk to people, property and operations is appropriately managed.

References

Clarification of Purpose of Use Form

NDIS (Quality indicators) Guidelines 2018

NDIS (Restrictive Practices and Behaviour Support) Rules 2018

NDIS Commissioner Restrictive Practice Monthly Reporting Form

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Document Control and Record of Changes

Version	Effective Date	Approved by	Summary of Change	Date of Next Review
Version 01	September 2019	Eschleigh Balzamo	Introduction of new policy	January 2020
Version 02	July 2021	Eschleigh Balzamo	Review and Update	July 2023

The General Manager has overall responsibility for this policy. If there are any questions regarding this policy, please direct these to the Business Services Manager or General Manager.