

Purpose

Early Start Australia (ESA) recognises, upholds and promotes the rights of people with disability and their right to personal freedom and is committed to eliminating restrictive practices.

ESA's Eliminating Restrictive Practices Policy meets the National Standards for Disability Services (specifically standard 1: rights); and the National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework Quality and Practice Standards (specifically support planning; responsive support provision; and implementing behaviour support plans). It complies with state and territory-based legislation, the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 and the Positive Behaviour Support Capability Framework for NDIS providers and behaviour support practitioners July 2019 (Update February 2021).

Scope

This policy applies to all ESA staff, students, and volunteers. This policy guides staff on the standards of practice regarding eliminating the use of restrictive practices. Refer also to the Positive Behaviour Support Policy and Incident Management Policy and Procedure.

Definitions

Behaviour Support Practitioner: a person the Commissioner considers is suitable to undertake behaviour support assessments (including functional behaviour assessments) and to develop behaviour support plans that may contain the use of restrictive practices. Only practitioners who are considered suitable in accordance with the Positive Behaviour Support Capability Framework for NDIS providers and behaviour support practitioners July 2019 (Update February 2021) can deliver these supports.

Implementing provider: providers who implement restrictive practices as part of a behaviour support plan. ESA is an implementing provider.

Informed consent: means a person is provided with appropriate and adequate information in order to make a decision which they make freely and without unfair pressure or influence. Part of informed consent is that the person also understands the consequences of their decisions.

Positive Behaviour Support: a comprehensive approach to assessment, planning, and intervention which focuses on addressing the person's needs, their environment and overall quality of life. It is an evidence based approach to supporting people with disabilities who use behaviours of concern. It seeks to both improve the quality of life of the person with a disability and to reduce the impact of the person's behaviour of concern.

Restrictive practices: any intervention and/or practice that has the effect of restricting the rights or freedom of movement of a person with disability. The NDIS Commission Behaviour Support Rules define five types of regulated restrictive practices: seclusion, chemical, mechanical, physical, and environmental.

Restrictive interventions: see restrictive practices.

Behaviours of concern: when clients behave in ways that might hurt themselves, hurt other people, risk harm to them or others, or break things or when the behaviour of concern becomes a barrier to their participation in daily life.

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

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

Mechanical restraint: the use of a device to prevent, restrict or subdue a person's movement for the primary purpose of influencing a person's behaviour (different from a therapeutic device).

Therapeutic device: something put on a person to help them to move or stay healthy and which can help to reduce pain, improve health or help the person do an activity.

Physical restraint: 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.

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

Psychosocial restraint: recognised in WA, this is the use of power-control strategies that include but are not limited to requiring a person to stay in one place until told they can leave, directing a person to remain in a particular physical position (e.g. lying down), ignoring, withdrawing privileges or otherwise punishing as a consequence of non-cooperation.

Emergency use of restrictive practice: when trying to save a person's life, trying to stop a person from being injured, or trying to stop other people being injured.

Prohibited practices: physical restraints that are prohibited, including use of prone or supine restraint; pin downs; basket holds; takedown techniques; any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive function; any physical restraint that has the effect of pushing a person's head forward onto their chest; any physical restraint that has the purpose of compelling compliance through infliction of pain or pressure.

Therapeutic or safety devices or practices: therapeutic or safety devices or practices that impose limitations on a person's freedoms but do not constitute a regulated restrictive practice (and do not require authorisation). If the person with disability objects to their use, their application is considered a regulated restrictive practice.

Principles

Restrictive practices can have profoundly negative effects on a person's quality of life and can represent serious human rights infringements. ESA provides person-centred interventions, with the aim of reducing and eliminating the use of restrictive practices. When providing behaviour supports, ESA's obligations are to:

- Obtain authorisation for the use of restrictive practices from the relevant state / territory (when required);
- Use regulated restrictive practices only in accordance with an approved behaviour support plan;
- Ensure all staff are trained in the support strategies outlined in the behaviour support plan;

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- Report (monthly) to the NDIS Commission on the use of restrictive practices; and
- Report any unauthorised use of restrictive practices to the NDIS Commission (reportable incident)
- Provide an opportunity for affected employees to debrief following any unauthorised used of restrictive practice or serious or critical incident has occurred as per Incident Management Policy and Procedure
- Offer support including referral to specialist organisations, counselling services or by providing information on advocacy services to affected clients, their families, their friends or carers as per Incident Management Policy and Procedure

Where appropriate and necessary, developmentally appropriate environmental adjustments and safety measures e.g. putting dangerous equipment up high are used, and do not constitute restrictive practice. Restrictive practices are not used as a punishment or for staff convenience.

Refer to the Specialist Behaviour Support Policy, should we be required to prepare a behaviour support plan (with or without use of restrictive practices)

Use of Restrictive Practices

Sometimes, using one or more regulated restrictive practices might be the only way to keep an NDIS participant and / or others safe. ESA staff can implement regulated restrictive practices where they:

- Reduce the risk of harm to the participant or others;
- Are clearly identified in a behaviour support plan (developed by an NDIS registered behaviour support practitioner);
- Are authorised by the state / territory when required (ESA's responsibility see table below);
- Are used as a last resort;
- Are the least restrictive response available;
- Are proportionate to the potential harm to self or others; and
- Are used for the shortest possible time.

Where restrictive practices are recommended in a person's behaviour support plan, the behaviour support plan itself and details of the restrictive practice must be recorded on ESA's Restrictive Practice Register maintained by the Clinical Training Manager.

Emergency or unauthorised use of restrictive practice

Sometimes a restrictive practice might be necessary in an emergency and / or may be used without being authorised. If unplanned restrictive practices are applied due to an incident, the incident and the restrictive practice must be reported immediately to the Practice Principal as per the requirements of the ESA Incident Management Policy and Procedure. This will include an opportunity to debrief and there is also a requirement for ESA to report what happened under NDIS Commission reportable incident requirements – see table below.

Working with Third Parties

ESA staff must comply with ESA policy even when working with third parties (for example, the Education Department or client accommodation). ESA staff should ask the third party for evidence of appropriate

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registrations and authorisations in any use of restrictive practices, and are not authorised to use restrictive practices without ESA having appropriate documentation and support in place. Any witnessed use of restrictive practices by a third party, without appropriate registrations and authorisations should be reported as an incident via the ESA Incident Management Policy and Procedure. Each incident will be reviewed by the Clinical Services Committee and Clinical Quality Compliance Committee and reported following the NDIS Quality and Safeguarding guidelines.

Training

ESA provides access to training to its clinic staff on positive behaviour support and the elimination of restrictive practices on a regular basis. This training includes information on the authorisation process for restrictive practices and practical strategies for de-escalation for all staff members.

Authorisation and Reporting

Authorisation and reporting requirements for the use of restrictive practices are the responsibility of each state and territory.

State	
WA	Authorisation: To implement any restrictive practices, we must convene or access an Authorisation Panel once a behaviour support plan is in place and consent is obtained. The Panel must as a minimum include a senior ESA representative with operational knowledge and relevant experience; and an independent NDIS Behaviour Support Practitioner (not the author of the behaviour support plan) following the Procedure-guidelines-for-authorisation-of-restrictive-practices-Stage-two.pdf (www.wa.gov.au).
Victoria	Authorisation: Victorian Senior Practitioner – see the <u>Victorian Department of Families</u> , <u>Fairness and Housing website for Restrictive Practices resources</u> The Restrictive Intervention Data System (RIDS) is available to report events of routine, when required, or emergency restrictive interventions. Providers can also use the electronic Behaviour Support Plan (eBSP) online reporting function to develop quality behaviour support plans as an alternative to a paper version. See this <u>website</u> for further information. If restrictive practices are being implemented, ESA is aware of the need to have an authorised program officer. The Senior Practitioner – Disability, Victorian Department of Health and Human Services can also be contacted on (03) 9096 8427.
Queensland	Authorisation and Reporting: see this <u>link</u> for details about authorisation requirements for adults. No specific requirements exist in relation to elimination of restrictive practices for children. The Online Data Collection (OCD) Portal is available to report the approval and consent to use restrictive practices and more information can be found <u>here</u> .

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State	
Tasmania	Authorisation: as endorsed by the Senior Practitioner. Refer to this website for information on approval process. Reporting: the Department of Health and Human Services requires providers to report unauthorised restrictive intervention as soon as possible to the Disability and Community Services Senior Practitioner, in accordance with the Policies and Procedures provided at Tasmanian Department of Community and Disability Services. Further information about restrictive interventions can be found at RISET Tas. RISET Tas. The Community Services Senior Practitioner can be contacted via email at seniorpractitionerdisability@dpac.tas.gov.au or mobile 0428 197 474
Australian Capital Territory	Approval: all Positive Behaviour Support Plans that include a restrictive practice must be approved by a registered Positive Behaviour Support Panel and registered by the Senior Practitioner (ACT). Reporting: all uses of a restrictive practice to the Senior Practitioner, whether there is a positive behaviour support plan in place for the person or not. This can be via telephone on (02) 6205 2811 or email actseniorpractitioner@act.gov.au
Northern Territory	Refer to: NT Restrictive Practices Authorisation Framework. Request for authorisation must be submitted by the implementing provider through the Restrictive Practices Authorisation Website to the Restrictive Practices Authorisation Unit and the Senior Practitioner for NT is responsible for authorising restrictive practices.
New South Wales	Authorisation: refer to the NSW Restrictive Practices Authorisation Policy and Procedural Guide and Restrictive Practices Authorisation portal by the NSW Government Family and Community Services. The portal allows for request of an independent specialist for RPA panels, and allows for forms to be submitted for authorisation. Unauthorised use of restrictive practices is a reportable incident. Children must be provided with support to make informed decisions about the use of restrictive practices.
South Australia	Authorisation and Reporting: Refer to the <u>Restrictive Practices Reference Guide</u> and <u>Restrictive Practices Guidelines</u> . The <u>DCSI Managing Critical Incidents Policy</u> requires restrictive practice which constitutes a critical incident to be reported and information on the process for reporting restrictive practices can be found on the <u>SA Government Disability Restrictive Practices</u> page.

NDIS Commission Requirements

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The behaviour support functions of the NDIS Commission are led by a national Senior Practitioner responsible for providing leadership in behaviour support, and in the reduction and elimination of the use of restrictive practices by NDIS providers.

Reporting requirements to the NDIS Commission apply, regardless of whether local authorisation and reporting is required. Restrictive practices are reported using the monthly reporting form, available via the Commission's portal, in accordance with these <u>Guidelines for all clients with a registered Behaviour Support</u> Plan. This includes reporting that there were no restrictive practices used for that month.

Responsibilities

All client-facing staff are responsible for supporting the elimination of restrictive practice; and for compliance with this policy in the use and reporting of restrictive practices.

All client-facing staff must participate in training on positive behaviour support and elimination of restrictive practices.

The Clinical Training Manager is the restrictive practices compliance officer and is responsible for ensuring staff comply with the requirements of this policy and have sufficient skills, knowledge and ability to meet these requirements; and for ensuring that all unplanned restrictive practices are added to the Register.

As a continuous quality improvement approach to evaluate the effectiveness of ESA's Eliminating Restrictive Practice and Positive Behaviour Support policies and procedures, the Clinical Services Committee will discuss positive behaviour support and elimination of restrictive practices.

Compliance

Staff found to be non-compliant with this policy are subject to appropriate disciplinary action by ESA including, but not limited to one or more of the following:

- Counselling;
- Further training and development;
- Demotion;
- Suspension;
- Warning;
- Referral to appropriate legal and regulatory bodies as appropriate;
- Termination of employment (with or without notice or any payment); or
- Termination of engagement (in the case of contractors)

Associated Documents

Specialist Behaviour Support Policy Positive Behaviour Support Policy ESA Incident Management Policy and Procedure External Reporting Policy

Source:

NDS Standard 1 Policy Template: Eliminating restrictive practices policy

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NDS Standard 1 Procedure Template: Eliminating restrictive practices procedure

NDIS Quality and Safeguards Commission (2020). *Regulated Restrictive Practices Guide*. Penrith, Australia: NDIS Quality and Safeguards Commission.

Various State and Territory Government websites (including those linked within the document itself).

NDIS Commission Website: https://www.ndiscommission.gov.au/providers/behaviour-support

NDIS Quality and Safeguards Commission Behaviour Support Competency Framework Version 1 May 2018 National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector (National Restrictive Practices Framework)

Positive Behaviour Support Capability Framework

WA Department of Communities Office of Disability Procedure Guidelines for Authorisation of Restrictive Practices in NDIS Funded Disability Services- Stage 2 (April 2021)

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