



Restrictive Practices Policy and Procedure



Purpose and Scope

The purpose of Network Rehabilitation Group's Restrictive Practices Policy and Procedure is to clearly define what a Restrictive Practice is and how we expect all employees to respond if they believe a Participant's Human Rights are being compromised. We are committed to upholding the United Nations Convention on the Rights of Persons with Disabilities and to eliminating the use of restrictive practices wherever possible. Where restrictive practices are considered, we ensure they are used only as a last resort, in line with positive behaviour support principles, and with appropriate authorisation. We work in partnership with participants, families, behaviour support practitioners, and relevant oversight bodies to ensure that any use of restrictive practices is lawful, transparent, and aligned with the participant's goals, dignity, and wellbeing.

This policy and procedure applies to all employees, contractors, participants, and family members who engage with Rehabilitation Support Services and Network Case Management Services.

1.0 Definitions

Restrictive Practices: Any intervention which restricts the rights or freedom of movement of a person with disability who displays behaviours of concern, where the primary purpose of that intervention is to protect them, or others, from harm. It is a last resort intervention that occurs in the context of a positive behaviour support plan and should be used in proportion to the risk posed by the behaviour it is intended to address.

Unauthorised Restrictive Practices: A restrictive practice that has not been authorised by a positive Behaviour Support Practitioner, NRG's Quality Assurance Panel and the NDIS Quality and Safeguards Commission.

Authorised Restrictive Practices: A restrictive practice that has been authorised by a Positive Behaviour Support Practitioner, NRG's Quality Assurance Panel and the NDIS Quality and Safeguards Commission.

Behaviours of concern (challenging behaviours): Behaviours of such intensity, frequency, or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit the use of, or result in, the person being denied access to ordinary community facilities.

Positive behaviour support plan: A positive behaviour support plan for a person with an intellectual or cognitive disability is a plan that describes the strategies to be used to: (a) meet that person's needs (b) support that person's development of skills (c) maximise opportunities through which that person can improve their quality of life (d) reduce the intensity, frequency and duration of behaviour

that causes harm to the person or others. The plan should also specify the conditions under which restrictive practices (if required) may be used.

Behaviour support practitioner: Someone who has been approved as an NDIS registered provider to provide complex behaviour supports to NDIS participants. Will have to demonstrate the ability to meet competency requirements relating to the development, implementation, review and monitoring of the positive behaviour support plan.

Implementing provider: Service provider funded through the NDIS to deliver supports to a person with a disability, Rehabilitation Support Services and Network Case Management Services are implementing providers.

2.0 Policy

Network Rehabilitation Group is committed to reducing and eliminating restrictive practices. We abide by all legal and human rights and believe in every person's right to self-determination and dignity of risk. We believe that all people should be able to:

- be treated equally before the law and equal protection under the law
- live free from abuse, neglect, and exploitation
- have respect for their culture, individual worth, and dignity
- determine their own best interests and exercise choice and control and,
- access the support they need to make decisions and communicate their needs and choices.

As a last resort a small proportion of our participants may need additional supports to reduce any risk of harm to themselves or others, due to behaviours of concern. If these additional supports take away the person's human rights, dignity of risk or freedoms they are defined as a **restrictive practice** under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules and need to be reported. The NDIS defines restrictive practices in the follow categories:

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. *Example: being made to stay in a room away from others.*

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. *Example: being made to take medicine to help stop a person hurting themselves.*

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. *Example: Being made to wear certain clothing to prevent the person picking at their skin or harming themselves.*

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. *Example: Forcibly holding a person's arm down to stop them hitting themselves.*

Environmental restraint: Environmental restraint restricts a person's free access to all parts of their environment, including items or activities. *Example: Locking the fridge to stop a person eating too much food.*

3.0 Procedure

As an implementing provider Network Rehabilitation Group has a responsibility to ensure we notify the NDIS of any practices we believe are restrictive practices and follow the NDIS Quality and Safeguards Commission and Department of Communities guidelines to authorise the restrictive practice.

The **Regulated Restrictive Practices Process Flow** on page 5 of this document shows the steps of Regulated Restrictive Practices in chronological order. It identifies the responsibilities of the **Implementing Provider** and interrelationships between the Individual, their family, Behaviour Support Practitioner and others important in the person's trusted network of supports.

If an action is occurring that you believe is a restrictive practice NRG will take the following steps:

As a **Support Worker**, we require you to:

1. Complete restrictive practices training as per your **Induction**, where you'll learn how to identify restrictive practices for your participants.
2. Remember your Induction training and refer to your **Support Worker handbook** if you're not sure. Also referring to this policy at the website or **When I Work App**.
3. **Report all practices** you believe are removing a person's human rights and you think is a restrictive practice by phoning the office on 9387 6881; and,
4. Report what you think may be a restrictive practice by submitting an **Participant Incident Form** to incident@networkcms.com.au

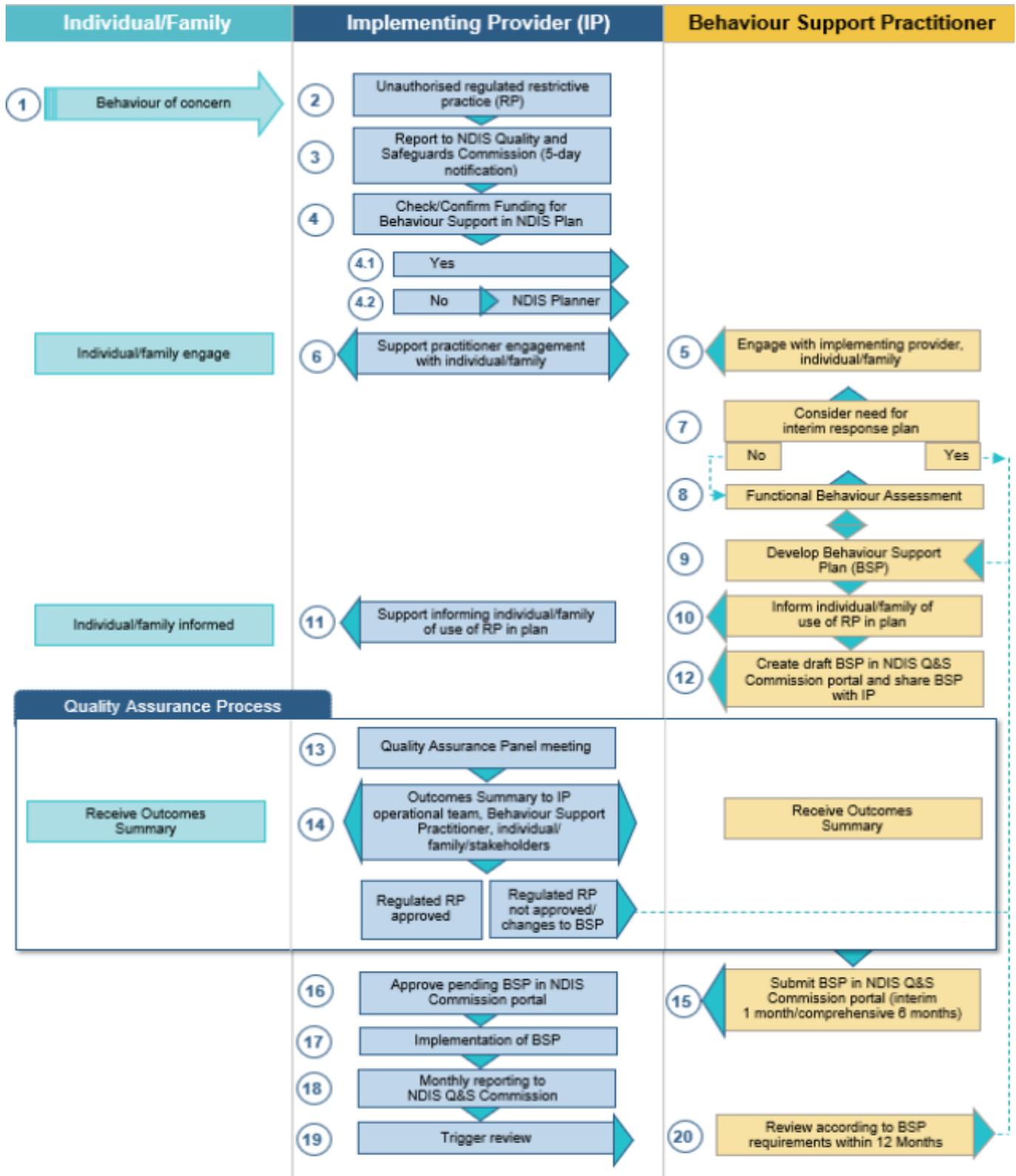


FIGURE 1 Regulated Restrictive Practices Process flowchart

<https://waamh.org.au/assets/ndis/procedure-guidelines-for-authorisation-of-restrictive-practices-stage-two.pdf>

The **Participant Incident Form** will be reviewed in accordance with NRG's **Incident Management Policy and Procedure**. If there is a restrictive practice identified, we will follow the steps outlined in Figure 1. Once the Positive Behaviour Support Practitioner (PBSP) has uploaded the Behaviour Support Plan to the NDIS Quality and Safety Commission portal we will arrange for all Support Workers on the Participant's team to receive training from the PBSP on how to implement the plan. The **Participant's Support Plan** will also be updated to reflect the change in support requirements.

As a **Coordinator**, we require you to:

1. Complete restrictive practices training as per your **Induction**, where you'll learn how identify restrictive practices for your participants.
2. Remember your induction training and refer to your **Coordinator handbook** if you're not sure what constitutes a restrictive practice.
3. **Report to the implementing provider all practices** you believe are removing a person's human rights and you think are restrictive practices.
4. If the plan does not include funding for positive behaviour support, lodge a change of situation form outlining the need for funding for a behaviour support practitioner and support your participant to source, link and engage with specialist behaviour support provider.
5. Notify the **NCMS Manager** via email or phone call and add a file note to Lumary outlining your concerns regarding the restrictive practices and the actions you have taken within five days with an update of what was identified and what actions have been taken.

As the **NRG Safety and Quality Leadership Team**, we require you to:

1. Notify the **NDIS Quality and Safeguards Commission** of the use of a restrictive practice that is unauthorised or not in accordance with a behaviour support plan within five business days of being made aware of the incident. If, however, the incident has resulted in harm to the Participant, it must be reported within 24 hours.
2. Convene a **Quality Assurance Panel** which will include an independent Positive Behaviour Support Practitioner. The panel's role is to assess if the restrictive practices outlined in the Participant's Behaviour Support Plan align with NRG's values and we are confident and capable to implement them. The panel will create an Outcomes Summary Report and if the Implementing Provider we will submit it to the NDIS Commission on Behaviour Support Portal, to the Behaviour Support Practitioner, the Participant, their family, and relevant stakeholders.
4. If regulated restrictive practice is not approved and/or changes to the Behaviour Support Plan are required, return to Step 9 of the flow chart in conjunction with Steps 5 to 8.

As the **Implementing Provider**, we require **RSS** to:

1. Approve the pending Behaviour Support Plan on the NDIS Commission portal.
6. Implement the Behaviour Support Plan.
7. Update the Participant's Support Plan with the Behaviour Support Plan

8. Ensure staff are trained in how to implement the Behaviour Support Plan through training with the Behaviour Support Practitioner
9. Liaise with the Positive Behaviour Support Practitioner as required whilst implementing the plan
10. Liaise with RSS Manager, When I Work schedule and Participant's Support Worker team to obtain the information required to submit monthly reporting to the NDIS Commission.
11. Contact the Positive Behaviour Support Practitioner 3 months out from the plan ending to ensure there is enough time for the plan to be reviewed and updated.
12. Trigger review.

4.0 Related internal documents

NRG Quality Assurance Panel Outcome Summary Template
 Incident Management Policy and Procedure
 Participant Accident and Incident Form
 Risk Management Framework
 Risk Management Policy and Procedure
 Participant Charter
 Code of Conduct

5.0 Supporting legislation and standards

National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
 UN Convention on the Rights of Persons with Disabilities
 National Disability Strategy
 National Disability Insurance Scheme Act
 NDIS Quality and Safeguards Commission Regulated Restrictive Practices Guide

Authorised

Brett Costello

Brett Costello, Managing Director

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