

<b>POLICY TITLE:</b>	<b>RESTRICTIVE PRACTICE POLICY</b>		
<b>VERSION:</b>	004	<b>DATE EFFECTIVE:</b>	15/05/2020
<b>AUTHORISED BY:</b>	Chief Executive Officer	<b>DATE REVIEWED:</b>	08/05/2024

## SUMMARY

This policy outlines the safe and legal use of restrictive practices and encourages the reduction and elimination of practices.

## PURPOSE

ARC Disability Services Inc. (ARC) is committed to providing clear expectations, guidelines, education, and information to all employees regarding Restrictive Practices. This policy aims to define restrictive practices, outline the appropriate circumstances for their use, and ensure staff are well-informed about the legislative requirements under the NDIS Positive Behaviour Support Capability Framework, the NDIS (Restrictive Practices and Behaviour Support) Rules 2018, the Disability Services Act 2006, and the Guardianship and Administration Act 2000.

## SCOPE

This policy applies to all ARC employees, Board members and Volunteers.

## LEAST RESTRICTIVE APPROACH

ARC follows a least restrictive alternative approach wherever possible when providing support. This is defined as a system or an option that causes the least disruption to a person and maximises their independence and freedoms. Following the least restrictive alternative may require the use of regulated restrictive practices to be approved and implemented to ensure balance of; quality of life, safety of Participants/Employees and to uphold an individual's Human Rights.

## IDENTIFYING RESTRICTIVE PRACTICES

Restrictive practices are any actions or interventions that limit the rights or freedom of movement of a person with disability. They are used to prevent harm to the person or others, but may have negative impacts on the person's dignity, autonomy, and wellbeing.

The National Disability Insurance Scheme (NDIS) and the Queensland legislation have different definitions and categories of restrictive practices. However, both frameworks aim to reduce and eliminate the use of restrictive practices, and to protect the human rights of people with disability who receive support services.

A practice that is not considered restrictive in Queensland may still be considered restrictive by the NDIS. For example, restricting access to the environment may not require authorisation in Queensland, but it may be considered a form of environmental restraint by the NDIS and require the appropriate plans, approval and reporting.

To identify whether a practice is restrictive, it is important to consider the following questions:

- Does the practice limit the person's rights or freedom of movement?
- Does the practice affect the person's dignity, autonomy, or wellbeing?
- Is the practice necessary to prevent harm to the person or others, or is there a less restrictive alternative?
- Is the practice proportionate to the level of risk or harm?

If the answer to any of these questions is yes, the practice may be considered restrictive and should be reported and managed accordingly.

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The *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* recognises the below as restrictive practices:

PRACTICE	DESCRIPTION
Chemical Restraint	Using medication or chemical substances to control or subdue a person's behaviour, or to influence their mood or mental state
Environmental Restraint	Restricting a person's free access to all parts of their environment, including items or activities
Mechanical Restraint	Using devices or equipment to restrict a person's movement or functioning, or to prevent or reduce self-injury
Physical Restraint	Using body contact or physical force to restrict a person's movement or prevent them from accessing something
Seclusion	Confining a person alone in a room or area from which they cannot freely exit

The Queensland *Disability Services Act 2006* recognises the below as restrictive practices:

PRACTICE	DESCRIPTION
Chemical Restraint	Administering medication to a person for the primary purpose of influencing their behaviour, rather than treating a medical condition
Containment or Seclusion	Physically preventing a person from leaving an area or location or isolating a person in an area or location where they are not able to leave without permission or assistance
Mechanical Restraint	Applying a device to a person's body, or securing a person's clothing to something else, to restrict their movement or prevent them from injuring themselves or others
Physical Restraint	Using physical force, or the threat of physical force, to stop a person from doing something or to make them do something
Restricting Access	Restricting access to an object to prevent the adult using the object to cause harm to the adult or others.

## AUTHORISATION OF RESTRICTIVE PRACTICES

The authorisation of restrictive practices is a serious and complex matter that requires careful consideration and oversight. ARC is committed to aligning with the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* and *Disability Services Act 2006* in relation to obtaining, implementing and reporting on authorised restrictive practices.

The process of authorising the use of restrictive practice is detailed within ARC's *Restrictive Practice Management Procedure*.

## STATEMENT ABOUT THE USE OF RESTRICTIVE PRACTICE

The *Disability Services Act 2006* stipulates that if ARC is considering the use of restrictive practices for an adult with an intellectual or cognitive disability, ARC is required to provide a statement to the individual in the format they understand best, explaining the general use of restrictive practices.

This will be provided to:

- The Participant.
- A person with sufficient and continuing interest in the Participant (an interested person).

The statement must state:

- Why ARC is considering using restrictive practices in relation to the Participant.
- How the Participant and the interested person can be involved and express their views in relation to the use of restrictive practices.
- Who decides whether restrictive practices will be used in relation to the Participant; and
- How the Participant and the interested person can make a complaint about, or seek review of, the use of restrictive practices.

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Also, ARC must explain the statement to the Participant:

- In the language or way, the Participant is most likely to understand; and
- In a way that has appropriate regard to the Participant's age, culture, disability and communication ability.

The purpose of this provision is to ensure that the Participant, family members and others in the Participants support network who have ongoing involvement in the Participant's life are aware:

- Why ARC is considering that any restrictive practice might be necessary.
- How they can be involved in planning and decision making and express their views.
- Who will make the decision whether or not to authorise the restrictive practice; and
- What are the review and redress avenues, should there be a complaint.

## IMPLEMENTATION OF RESTRICTIVE PRACTICE

When a Participant receives a Positive Behaviour Support Plan that includes an authorised regulated Restrictive Practice, ARC engages in a collaborative process to understand and implement the plan's strategies. This includes ensuring that staff are well-informed and trained as necessary, and that documentation practices are in place to record any variations from the Participant's routine.

## STAFF TRAINING

ARC is committed to providing high-quality support to Participants, ensuring their safety and dignity, as well as the wellbeing of our staff. In line with this commitment, ARC ensures training is provided for all staff involved in the use of restrictive practices.

The training is structured as follows:

- **General Online Training:** All staff will receive foundational training that covers the essentials of restrictive practices, including their definition, types, associated risks, and the human rights considerations involved.
- **Service Coordination Training:** Staff in service coordination or management roles will undergo additional training to expand their understanding and application of restrictive practices within their service delivery.
- **Practitioner-Led Training:** Staff directly implementing restrictive practices will receive hands-on training from a positive behaviour support practitioner or the Service Coordinator.

Training will be delivered through a blend of online modules, face-to-face and on-the-job mentoring, ensuring a well-rounded and practical learning experience for all staff members.

## RESTRICTIVE PRACTICE REPORTING

The NDIS (Restrictive Practices and Behaviour Support) Rules 2018 mandate that ARC report on all authorised and emergency uses of regulated Restrictive Practices.

## AUTHORISED RESTRICTIVE PRACTICE REPORTING

Authorised Restrictive Practice reporting involves collecting and recording data on the frequency, duration, and impact of regulated Restrictive Practices that are implemented in accordance with a Behaviour Support Plan developed by a behaviour support practitioner, and authorised by the relevant state or territory authority, with consent from the person with a disability or their guardian

ARC is required to report monthly on the use of authorised Restrictive Practices to the NDIS Quality and Safeguards Commission via the Provider Portal. The purpose of this reporting is to monitor the use of Restrictive Practices and ensure that they are reduced or eliminated over time in accordance with the person's behaviour support plan.

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## EMERGENCY RESTRICTIVE PRACTICE REPORTING

If a regulated restrictive practice is utilised in an emergency without prior authorisation, it is considered a reportable incident according to the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*.

ARC is mandated by law to report any unauthorised use of restrictive practices to the NDIS Quality and Safeguards Commission within five business days, as outlined in ARC's *Incident Management Policy* and the associated procedure. If the incident results in harm to a person with a disability, the report must be made within 24 hours. The *Emergency Use of Restrictive Practice Procedure* offers detailed guidance on the roles and responsibilities when such unauthorised use occurs.

If the use of the restrictive practice is anticipated to recur, ARC will seek short-term approval from the appropriate body and, with the necessary consent, arrange for the Participant to work with a Positive Behaviour Support Practitioner. This process is further detailed within ARC's *Restrictive Practice Procedure*.

Reporting to the NDIS Quality and Safeguards Commissioner doesn't replace any other obligations to report to other government departments/agencies/law enforcement. ARC is only required to notify the NDIS Commission of reportable incidents that occur within direct service provision.

## NOTIFICATION OF OBSERVATION

In the event that an ARC employee (such as a support coordinator or support worker) witnesses or becomes aware of an incident or conduct (defined by the *Incident management Policy*) involving another NDIS provider this will be reported through ARC's internal incident reporting processes and will then be raised with the commission. This is fulfilling ARC's obligation as a service provider under the NDIS Code of Conduct

If an employee who identifies a concern chooses to report it directly to the commission, independent of ARC, their decision will be respected and supported.

## REDUCTION AND ELIMINATION OF RESTRICTIVE PRACTICES

At ARC, our commitment to reducing and eliminating restrictive practices is aligned with the overarching principles of the NDIS Act and the NDIS Quality and Safeguards Commission's guidelines. Our policies are designed to ensure that restrictive practices are used only as a last resort, prioritizing de-escalation techniques and alternative interventions.

Our staff receive training in these methods, and we conduct regular reviews of our practices to ensure they remain consistent with the latest evidence-based approaches. We strive to create a supportive environment that promotes independence and upholds the well-being of all participants, in accordance with the *National Framework for Reducing and Eliminating the Use of Restrictive Practices*.

We are dedicated to a policy direction that emphasises person-centered support, informed choice, and consent, reflecting our ongoing commitment to legislative compliance and the promotion of positive behaviour support.

## RESTRICTIVE PRACTICE WITHIN FAMILY HOMES

ARC acknowledges that often we provide support to Participants within their family home. ARC Staff and the families of Participants are not subject to the same rules in respect to Restrictive Practice.

If a family member of a participant requests the use of an unauthorised restrictive practice, staff members should respectfully decline and explain the reason for this decision. The staff member should then direct the family to discuss the matter with the Service Coordinator for further guidance.

The Service Coordinator can discuss and inform the parent/guardian of this policy, clarifying that such practices cannot be carried out by ARC staff. Families are encouraged to engage with the coordinator to explore alternative approaches or to consider the need for positive behaviour support.

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## EXEMPT PRACTICES

Certain practices that are not deemed restrictive under the NDIS and Queensland legislation include:

- Locking away medication, cleaning products, or other hazardous substances for safety reasons.
- Using seat belts, child locks, or booster seats in vehicles as required by law.
- Providing supervision or guidance to assist a person with disability to engage in activities of daily living.
- Using handrails, ramps, or mobility aids to facilitate access and movement.
- Implementing routines or schedules to support a person's independence and wellbeing.

These practices are not considered restrictive because they are either consistent with community standards, necessary for health and safety, or aimed at enhancing a person's quality of life. They do not limit a person's freedom of movement, decision-making, or access to positive experiences.

## LOCKED DOORS, GATES AND WINDOWS

### SKILLS DEFICIT

Some adults with an intellectual or cognitive disability, who have a skills deficit, may face risks when they are outside their home without supervision. In such cases, it may be appropriate to consider the use of locked doors, gates and windows. ARC will work with an appropriate professional who can assess the adult's skills, abilities and support needs, as well as the potential risks they may encounter.

The assessment must involve the adult and their support network and consider a range of support options that can enhance the adult's safety and wellbeing. If a decision is made to lock doors, gates or windows as a support strategy, this should be documented and approved by the Chief Services Officer (CSO).

The locking of doors, gates or windows should be done only if necessary and appropriate and should be reviewed regularly. The person's dignity and human rights should be respected at all times, and reasonable steps should be taken to minimise the impact of the strategy on other adults with a disability who share supports at the premises.

### COMMUNITY STANDARDS

The below are examples of other cases where it would not be considered a restrictive practice to lock doors, gates or windows:

- Maintaining building security or privacy, as per the *Building Security Policy*.
- Protecting the health and safety of the person or others, such as preventing access to hazardous substances, equipment or environments.
- Complying with fire regulations or emergency procedures.
- Following community standards or norms, such as locking doors at night or when leaving the house

In these cases, ARC will ensure the Participant has alternative means of accessing the community, activities or items that they need or want, and that they're informed and consulted about the reasons and arrangements for locking doors, gates or windows. The person should also have the opportunity to exercise their decision-making and consent, where possible, and to raise any concerns or complaints.

## WHEN IT IS A RESTRICTIVE PRACTICE

NDIS and Queensland legislation define the locking of doors, gates or windows as a restrictive practice if it is done to restrict a person's access to the community, activities or items, based on their behaviour. This may include:

- Locking internal doors of a household to prevent a person from accessing certain rooms or areas
- Locking external doors or gates of a property to prevent a person from leaving or entering
- Locking windows to prevent a person from opening them or climbing out
- Using keypads, codes or alarms to lock or unlock doors, gates or windows

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## RELATED DOCUMENTS

- Participant Rights and Person-Centred Supports Policy
- Positive Behaviour Support Policy
- Incident Management Policy
- Training and Professional Development Policy

## REFERENCES

- Disability Services Act 2006 (Queensland)
- National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector 2013 (Commonwealth)
- NDIS Act 2013 (Commonwealth)
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (Commonwealth)
- NDIS Code of Conduct
- Positive Behaviour Support Capability Framework 2019 (updated February 2021)

## AUTHORISATION

This Policy is approved and issued by:



**BENJAMIN KEAST**

Chief Executive Officer

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