



NDIS Quality
and Safeguards
Commission

Getting the message right:

What we need to know about Restrictive Practices.

Australian Guardianship & Administration Council Bi-Annual Meeting

31 August 2018 - Darwin NT

Dr Jeffrey Chan, Senior Practitioner

NDIS Quality and Safeguards Commission – Behaviour Support Function

NDIS National Quality and Safeguarding Framework



- All Australian Governments are committed to evidence-based behaviour support strategies to both improve the quality of life of people with disability and reduce and eliminate the use of Restrictive Practices
- Consistent with Australia's international human rights obligations and the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector
- Joint Commonwealth/State responsibility: Commonwealth leadership in behaviour support and monitoring of Restrictive Practices role; states remain responsible for legislation and policy on authorisation and consent arrangements for Restrictive Practices
- Commonwealth's leadership role will sit with the new NDIS Quality and Safeguards Commission

NDIS Quality and Safeguards Commission – Behaviour Support Function



The NDIS Commission’s Senior Practitioner will provide leadership in relation to behaviour support and in the reduction and elimination of the use of restrictive practices by NDIS Providers

- Building the capacity of behaviour support practitioners
- Developing policy and guidance materials
- Education, training and advice to implementing providers
- Monitoring and analysing the use of Restrictive Practices
- Assisting states and territories in the development of nationally consistent Restrictive Practice definitions and minimum standards for authorisation

Regulated 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: *NDIS Act* s 9
- **‘Regulated Restrictive Practices’** are:
 - Seclusion
 - Chemical restraint
 - Mechanical restraint
 - Physical restraint
 - Environmental restraint

Regulated Restrictive Practices



Regulated Restrictive Practices can only be used in the context of:

1. Reducing the risk of harm to the self or others
2. Clearly being identified in a Behaviour Support Plan
3. Authorisation (however described) by the State/Territory where required
4. Only being used as a last resort
5. Being the least restrictive response available
6. Being proportionate to the potential harm of self or others
7. Being used for the shortest possible time
8. The NDIS participant being given opportunities to develop new skills that have the potential to avoid the need for a Restrictive Practice

NDIS Commission Structure



Senior Practitioner
Dr Jeffrey Chan

Clinicians – National

- Strategic policy
- System design
- National Education and support materials
- Plan audits

Clinicians – Regional

- Practitioner and provider support
- Interface with jurisdictions
- Best practice behaviour support
- Plan audits

Research

- Developing the evidence base
- Supporting the development of education and support materials

Behaviour Support Analysis

- Analysis of behaviour support and restrictive practice data

Behaviour Support – Raising the Bar



- Behaviour Support aimed at safeguarding the dignity of the person and improving their quality of life
- Contemporary evidence-based practice
- Constructively reducing behaviours that may lead to harm of self or others
- Work towards the reduction and elimination of Restrictive Practices

Specialist Behaviour Support Provider Requirements



- Use Behaviour Support practitioners deemed suitable by the NDIS Commission
- Timeframes – 1 month interim plan, 6 months comprehensive plan, review plan at least every 12 months
- Develop plans that meet NDIS Commission requirements:
 - Developed in consultation with the person with a disability, their support network and implementing provider
 - Based on a comprehensive biopsychosocial assessment including a functional behavioural assessment
 - Contain contemporary evidence-based behavioural strategies including environmental adjustments to constructively reduce behaviours of concern
 - Work towards reducing and eliminating Restrictive Practices
 - Be developed in a form approved by the Commissioner and lodged with the Commission

Person: WILL HURLEY

Plan type: Comprehensive

Plan status: Pending

Behaviour support practitioner: UAT 40
UAT Inc Assessor 40

Overview

Person details

Key contacts

Plan details

Assessment

Proactive strategies

Providers

Behaviours of concern

Schedule of restrictive practices

Monthly reporting of restrictive practices

Behaviour support plan overview

Overview of the behaviour support plan at a glance

Notifications

Important notifications for the plan

More than 3 providers:

Y

More than 3 restraints:

N

Report due:

Report due in 14 days

Behaviour support plan overview

Plan Id:

4-3Z58SEU

Plan created date:

09/05/2018

Behaviour support practitioner:

BIT35_NQSC166

RP authorisation status:

Unauthorised

Provider list

Provider business name

Review date

The trustee for CBA TRUST

04/04/2019

J & S Plus Support Services

04/04/2019

Supplemental

Page 9

Implementing Provider Requirements



- **Providers implementing behaviour support plans that may involve the use of Restrictive Practices must be registered**
- **Any Restrictive Practices that may be used must be:**
 - Implemented in accordance with a behaviour support plan
 - Authorised or consented in line with the state/territory requirements (including short-term approvals)
- **Keep records on the use of Restrictive Practices**

Implementing Provider Requirements (continued..)



- **Providers must report regularly on the use of regulated Restrictive Practices**
 - Monthly reporting of use of Restricted Practices in accordance with the behaviour support plan (note: for short-term approvals in SA, QLD and TAS this reporting is fortnightly)
 - Comply with reportable incident requirements (e.g. when a Restrictive Practice requires authorisation but this has not been obtained, if the practice is used it must be reported within 5 days)
- **Take all steps to facilitate the engagement of a behaviour support practitioner if a behaviour of concern arises or if a behaviour support plan needs to be reviewed**
- **Support staff to receive appropriate training in implementing evidence-informed strategies**
- **Work with the behaviour support practitioner to monitor outcomes for the person with disability and the progress of the behaviour support plan's implementation**

Reports - Record Keeping



1. Impact to the person with disability or another
2. Any injury
3. Whether the RP was a reportable incident
4. Behaviour of concern
5. Reason for use of RP
6. Time, date and place of RP
7. Names and contact details of those involved, including witnesses
8. Actions taken in response to RP
9. Less restrictive options considered
10. Actions and strategies used leading up to the use of RP

Role of the Authorising Reporting Officer



- **Responsible for reviewing and submitting monthly reports on the use of Restrictive Practices**
- **Fields included are:**
 - Restrictive Practice type and subtype
 - Duration
 - Where was it used
 - Behaviour of concern
 - Free text comments section
- **Monthly reports are to be submitted to the Commission no more than 5 business days after the end of the month.**

Monthly Reporting of Restrictive Practices



ROUTINE REPORTING:

- Used for reporting against an agreed routine schedule
eg. daily dose medication
- Report on the monthly use of any *regulated Restricted Practice* that is described in the behaviour support plan.

Transition Arrangements



For existing providers transitioning with existing participants:

- If a behaviour support plan is in place and authorised – notify the Commission within 3 months, ensure arrangements are in place until plan review (12 months max) or Commissioner deems otherwise
- If authorised but no behaviour support plan – facilitate the development of a plan within 6 months or Commissioner deems otherwise
- If no authorisation or behaviour support plan – notify the Commission within 1 month, develop an interim plan within 3 months



What do we need to know about Restrictive Practices?

Myths and Assumptions..

Changing our thinking, attitude & behaviour towards the use of Restrictive Practices



***“JUSTICE WILL NOT BE SERVED
UNTIL THOSE WHO ARE UNAFFECTED
ARE AS OUTRAGED
AS THOSE WHO ARE”***

- Benjamin Franklin



International Research Evidence Shows:

- ✓ Restraints and seclusion are not therapeutic, and have no scientific basis establishing their efficacy
- ✓ Restraint and seclusion do not effectively shape and change behaviour, and do not result in positive pro-social behaviour
- ✓ Restraint and seclusion are not used unless absolutely necessary, are often punitive and not for safety reasons



International Research Evidence Shows:

- ✓ Restraints and seclusion do not keep the people we serve safe
- ✓ Restraints and seclusion do not keep staff safe
- ✓ Restraints and seclusion are not used objectively and not without bias
- ✓ It costs more to apply restraints and seclusion

What do people feel when they are subjected to Restrictive Practices?



- ✓ They do not feel safe
- ✓ They recount their trauma and negative experience
- ✓ They feel violated and go through cycles of psychological distress
- ✓ They feel practices are unethical
- ✓ They feel helpless, hopeless and “spirit broken”
- ✓ They view their behaviours are in response to an offending or maladaptive environment

Ramcharan et al. (2009)
Strout (2010)
Stubbs et al. (2009)

What do staff experience when they administer restraint and seclusion?



- ✓ They feel angry and distressed
- ✓ Re-traumatization of staff can occur
- ✓ They require stress leave after applying restraint and seclusion
- ✓ They experience one or more negative psychological experiences
- ✓ They found the experience demeaning
- ✓ They also feel anger when a colleague is injured during the process of restraint application

Evidence to reduce and eliminate restraints and seclusion:



- ✓ Uphold the dignity of the person across all settings, circumstances, and communities; and enliven the CRPD so the person can exercise his/her rights
- ✓ Set the right tone and direction in organisational culture - call out immediately when something is not right. Start with a “whole person within a large system” approach in service delivery and practice
- ✓ There are rights based treatment approaches – e.g. Positive Behaviour Support, Mindfulness
- ✓ Safeguarding system – legislation, policy and practice; culture change and improving the system

Thankyou



***“JUSTICE WILL NOT BE SERVED
UNTIL THOSE WHO ARE UNAFFECTED
ARE AS OUTRAGED
AS THOSE WHO ARE”***

- Benjamin Franklin