

## Purpose and Scope

Cahoots recognises that the use of restrictive practices is a breach of an individual's human rights and is committed to reducing and eliminating the use of restrictive practices across all services.

Underpinning this policy is the fundamental right of each participant supported by Cahoots to equal and full enjoyment of all human rights, free of discrimination in accordance with the United Nations Convention on the Rights of Persons with Disabilities, the National Disability Standards, specifically Standard 1- Rights and the NDIS Act 2013.

The purpose of this policy is to provide guidance on:

- The provision and promotion of positive behaviour support for Cahoot's participants who present with behaviours of concern
- The use of restrictive practices within a positive behaviour framework
- The unplanned use of a restrictive practice with the intent to safeguard the participant or others
- The reporting requirements for use of Authorised and Unauthorised use of Restrictive Practices

This policy applies to all of Cahoots' team, whether paid employees, members, volunteers, Board Directors, contractors, or participants. All parties are responsible for working within the policy and reporting when participant's human rights are compromised through the use of Restrictive Practice.

## Definitions

**Restrictive Practice:** Section 9 of the NDIS Act 2013 defines a restrictive practice as 'any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability'.

**Regulated Restrictive Practice:** The NDIS (Restrictive Practices and Behaviour Support) Rules 2018 identifies five categories of regulated restrictive practices that require authorisation; seclusion, chemical restraint, physical restraint, mechanical restraint and environmental restraint.

**Prohibited Practices:** Restrictive practices that are not authorised as they are considered abusive, unlawful, or unethical, such as pin down or takedown techniques, overcorrection, denial of key needs, degradation and vilification.

**Psycho-social Restraint (also a prohibited practices):** The use of inter-personal interactions, which might reasonably be construed by the person to whom they are directed as intimidating or aversive, and/or threats of social or other sanctions, which rely on eliciting fear to moderate a person's behaviour (McVilly, 2009).

**Therapeutic Device/s:** Devices for therapeutic or non-behavioural purposes are not mechanical restraints. These are defined as devices that assist a person with everyday functional activities or help their injuries heal e.g., mechanical supports used to achieve a proper body position, or a splint used on a person's arm to assist with independent eating.

**Behaviours of Concern:** Behaviours of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny the person access to the community or community facilities.

**Authorised Restrictive Practice:** A restrictive practice included in a participants BSP that has been reviewed by the implementing providers Quality Assurance (QA) Panel and has been recommended for use in accordance with the strategies outlined in the participants BSP.

**Unauthorised Restrictive Practice:** A restrictive practice included in a participants BSP that has been reviewed by the implementing providers Quality Assurance (QA) Panel and **not** recommended for use in accordance with the strategies outlined in the participants BSP.

**Behavior Support Plan (BSP):** A document prepared by a Behaviour Support Specialist in consultation with the person identified as having complex behaviours of concern, their family, carers, and other stakeholders, that addresses the behavioural support needs of the person. The behaviour support plan contains evidence-informed strategies and seeks to improve the person's quality of life.

**Implementing Provider:** Any NDIS service provider that uses a regulated restrictive practice in the course of delivering NDIS supports to a participant.

**NDIS Behaviour Support Practitioner:** A person whom the NDIS Quality and Safeguards Commissioner (NDIS Commissioner) considers suitable to undertake behaviour support assessments and to develop BSPs that may include the use of restrictive practices.

**Reportable Incidents (previously "Serious Incident"):**

An incident involving a Cahoots participant where one or more of the following occurs:

- Death;
- Serious injury;
- Abuse or neglect;
- Unlawful sexual or physical contact with, or assault of a person with a disability;
- Sexual misconduct committed against, or in the presence of, a person with a disability, including grooming of the person for sexual activity;
- Use of an unauthorised restrictive practice or, the use of an authorised restrictive practice if it is not used in accordance with the participants Behaviour Support Plan

**Quality Assurance Panel:** A panel established by the implementing providers to review the proposed restrictive practice/s in the participants Behaviour Support Plan to ensure the restrictive practice is evidence-based, the least restrictive option and is suitable for the behaviours of concern.

## Policy Statement

Under Cahoots duty of care, all staff must act in a reasonable manner to ensure the safety and wellbeing of all participants, staff, and volunteers.

Cahoots promotes a person-centred and evidence-based approach to behaviour support that focuses on improving the participants quality of life, addressing the underlying causes of behaviours of concern, and safeguarding the rights and dignity of people living with disability.

Cahoots will actively work towards the reduction and elimination of restrictive practices by only using restrictive practices as a last resort to manage behaviours of concern, after all other strategies have been exhausted.

If used restrictive practices will:

- be clearly identified within the participants Behaviour Support Plan;
- only be used as a last resort;
- be used for the least possible time;
- be the least restrictive alternative;
- only be used to prevent harm to the participant or others;
- not be used as a punishment or coercion;
- not be used for team member convenience;
- only be used with explicit consent from the participant and/or their decision maker;
- only be used as authorised by the Quality Assurance Panel

Cahoots recognises that implementing Restrictive Practices are not a long-term solution to a person's behaviour and will work with participants and their supports, to identify and implement other strategies to reduce the use of these practices where possible.

Cahoots also recognises that the use of an unauthorised restrictive practices may be necessary under a worker's duty of care or to preserve the rights and safety of the participant and others. In these instances, all unauthorised uses of restrictive practice must be reported as soon as is practicable via the incident management system and if required, a Reportable Incident will be submitted to the NDIS Quality and Safeguards Commission, in accordance with the guidelines.

## Behaviour Support Plans

Cahoots supports participants who may display behaviours of concern. These participants may be trying to communicate a need, have poor impulse control, self-awareness and be unable to self-monitor or regulate their emotions or behaviour. Behaviours of concerns that may present a barrier to participation in family and community activities may include:

- Verbal aggression
- Self-injury
- Aggressive behaviour
- Property destruction
- Disinhibited and impulsive behaviour
- Hyper-sexuality
- Impulsivity
- Fleeing

Cahoots works proactively with participants, their families, carers, and other stakeholders to understand the participants specific support needs and recognises that all human behaviour serves a purpose, including those behaviours that are deemed to be behaviours of concern.

Cahoots requires the participant, their family or carers to provide a copy of the current Behaviour Support Plan (less than 12 months old) prior to receiving services and to notify Cahoots when the BSP is reviewed. Cahoots will actively support the review of BSP by providing reports, STAR charts and other supporting information to facilitate the review.

Cahoots recognises that the use of Behaviour Support Plans is best practice when working with participants who display behaviours of concern and that some Behaviour Support Plans will include Regulated Restrictive Practices within the strategies of support.

## Regulated Restrictive Practices & Procedure

Participants that have Regulated Restrictive Practices included in their Behaviour Support Plans can receive support and services from Cahoots.

The Regulated Restrictive Practices defined by the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 are:

**Seclusion:** 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:** 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:** 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:** 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.

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

As an implementing provider, the Cahoots Service Delivery Team must assess the participants behaviour support needs, including the use of the Regulated Restrictive Practice to ensure Cahoots has the skills and resources to support the participant safely and effectively.

Where the Regulated Restrictive Practice is included within the BSP Cahoots must understand: the type of restraint being used, why it is being used, the circumstances in which it is to be used, what least restrictive strategies are to be utilised before implementing the restrictive practice and the time limits for use.

Cahoots must also assess if the Regulated Restrictive Practice is appropriate for implementation within the Cahoots service delivery environment.

Where it is determined the participants support needs can be met, the Behaviour Support Plan will be shared with the Cahoots team to ensure that they understand how to implement the behavioural support strategies, up to and including the implementation of Regulated Restrictive Practices. This may include training and/or demonstration of strategies by the Behaviour Support Practitioner, family, or carer, if required.

When using Cahoots services, the participant will be supported by a team member who has completed behaviour support training and is able to effectively implement behaviour support strategies and the restrictive practice/s included in the BSP.

The participant, their family or carers must provide any equipment associated with the restrictive practice (e.g., seatbelt lock) as Cahoots does not own equipment of this nature.

**NOTE:** Regulated Restrictive Practices are only to be used in accordance with the Behaviour Support Plan. However, it is likely that Cahoots will be approached to provide support for participants, whose medication profile contains routine, prescribed medications that are considered Chemical Restraints. These participants may not have the Behaviour Support Plan, or the medications (Chemical Restraints) may not have been included in the participants current Behaviour Support Plan. This factor will not be a barrier to service provision and Cahoots will work with the participant, their family and supports to initiate a review of the Behaviour Support Plan or if required a review of funding to include behaviour support.

Until such time as the Chemical Restraint is included in the Behaviour Support Plan, Cahoots will submit a Reportable Incident Report to the NDIS Quality and Safeguarding Commission for each incidence of unauthorised restrictive practice.

## Authorisation of a Regulated Restrictive Practice

Under the NDIS Framework, the State Government of Western Australia is responsible for the authorisation of regulated restrictive practices in NDIS services in WA (Western Australia). The “Authorisation of Restrictive Practices in Funded Disability Services Policy” requires Cahoots as an implementing provider to obtain Authorisation for each regulated restrictive practice that is to be utilised for a person with a disability.

In accordance with the Policy, Cahoots has established a Quality Assurance (QA) Panel to review and assess each regulated restrictive practice against the policy guidelines. The panel will determine if the Regulated Restrictive Practice can be “Authorised” for use in accordance with the practice and strategies outlined in the participants BSP and if it’s use is appropriate within the Cahoots service delivery environment.

The Cahoots QA Panel activities are guided by the QA Panel Terms of Reference and the members of the QA Panel are:

- Cahoots Operations Manager
- Cahoots Quality & Safeguarding Lead
- Cahoots Coordinator
- External Behavioural Support Practitioner

In supporting the Authorisation of Restrictive Practices, the Family Relationship Officers work with participant, their family, and carers to ensure Cahoots is listed as an Implementing Provider/Stakeholder on the participants Behaviour Support Plan and to gather the following participant documentation:

- Behaviour Support Plan (less than 12 months old)
- Functional Assessment (if available)
- Restrictive Practice Consent Form
- Cahoots Letter to Dr (to identify medications that are a chemical restraint)
- Any other supporting documentation

In circumstances where there are multiple providers that will be implementing the restrictive practice/s identified in a participants BSP a member of the Cahoots QA Panel will join with the other providers to contribute to the Panel process.

A unanimous decision must be reached for the Regulated Restrictive Practice to be authorised or not. The panel will also specify the length of time the authorisation applies for, which will be no longer than 12 months.

Once the QA panel has authorised a Regulated Restrictive Practice, the Quality Assurance Panel Outcome Report must be completed and lodged with the NDIS Quality and Safeguarding Commission.

All Authorised Regulated Restrictive Practices must be reported on monthly, for the duration of the participants Service Agreement with Cahoots.

## Reporting - Authorised Restrictive Practice

Use of Authorised Regulated Restrictive Practice is to be documented to record how often the practice is being used and why.

Cahoots Facilitators and Leaders are to complete a Restrictive Practices Incident Report for each use of an Authorised Regulated Restrictive Practice that occurs during a camp or program. Incident reporting must be completed within the day of the Regulated Restrictive Practice being implemented.

For internal reporting and notification procedures, refer to Cahoots Risk Matrix.

## Unauthorised Restrictive Practice

An unauthorised restrictive practice is:

The use of a Regulated Restrictive Practice included in a BSP that has **not** been “Authorised” by the implementing providers Quality Assurance Panel

Or

Any unplanned use of a Restrictive Practice for safeguarding the participant or Others Unauthorised Restrictive Practice is only to be used as a last resort when a participant has put themselves or others (another participant, staff or member of the public) in immediate danger. Examples being:

- To prevent a participant from placing themselves in a dangerous situation, such as running onto a road



- To prevent a participant from injuring themselves
- To prevent a participant from harming another participant, staff member, Leader or others

Only a Facilitator should carry out the restrictive practice unless they are unable to do so at the time required. Duty of care is to be considered for both the participant causing harm and the people at risk of harm.

Where restraint has been applied in the case of an emergency to prevent harm, the worker must:

- attempt non-restrictive strategies first
- use the least restrictive option available at the time
- use the minimum force required
- effectively minimise the risk to the safety of the person's concerned

## Personal Safety

The restrictive practice should only be carried out if the worker is not compromising their own safety to do so. Where a worker's safety is at risk, 000 police and/or ambulance should be called. E.g., a participant has a weapon. In this instance, the duty of care for the other participants and Cahoots team members should be prioritised.

## Reporting - Unauthorised Restrictive Practice

Use of an unauthorised restrictive practice is to be documented by Cahoots Facilitators and Leaders using the Restrictive Practices Incident Report.

The report must be completed on the day the incident occurred. It is critical that all non-restrictive strategies attempted to manage the situation are documented in the report to evidence that the restraint was used as a last resort and in the interest of duty of care.

For internal reporting and notification procedures, refer to Cahoots Risk Matrix.

Unauthorised use of a Restrictive Practice by an implementing provider constitutes a Reportable Incident and Cahoots will notify the NDIS Commission within five business days of becoming aware of the use of an unauthorised restrictive practice.

## Incident Review

All Restrictive Practice incidents are reviewed by the Cahoots Service Delivery Team and the participant, their family or carers are advised of the incident.

Where an unauthorised Restrictive Practice has been used as a last resort to safeguard the participant or other Cahoots will consult with the participant, their family and carers and conduct a review to assess if

- The participant is attending services that are appropriate for their support needs (e.g., attended Teen's camp but more suitable for High Support)
- The BSP requires review to ensure strategies are in place to support the participants safety
- A review of funding is required to include behaviour support, where no BSP is available

Cahoots will work with the participant, their family and supports to implement new strategies and mitigate risks but in some instances, Cahoots may determine that we are unable to meet the participants support needs until the Behaviour Support Plan is reviewed or in place and the Cahoots team is skilled and confident in implementing the behavioural support strategies.

Cahoots will communicate decisions and next steps to the participant, their family and carers and refer them to a Behaviour Support Practitioner if required.

## Inappropriate use of Restrictive Practice

If it is suspected or there is evidence of a worker inappropriately using Regulated Restrictive Practices, or using prohibited practices (including psycho-social restraints) the following actions will be taken;

- The worker may be suspended from the service while an investigation is conducted
- If the investigation evidence that the worker is in the wrong, they will be stood down from Cahoots Immediately
- Cahoots will report the incident to the NDIS Quality and Safeguarding Commission
- The inappropriate use of restrictive practice can be a criminal offence, Cahoots will report to authorities if deemed appropriate to do so (refer to risk matrix)

## Staff Training

Cahoots will run Positive Behaviours and Team Teach Trainings on an annual basis which all Facilitators and other key workers are required to attend.

## Reference and Related Documents

- United Nations Convention on the Rights of Persons with Disabilities
- National Disability Insurance Scheme Act 2013
- NDIS (Restrictive Practices and Behaviour Support) Rules 2018
- NDIS Practice Standards
- Government of Western Australia Department of Communities; Authorisation of Restrictive Practices in Funded Disability Services Policy 2020
- Definitions of regulated restrictive practices: Government of Western Australia, Department of Communities;
- Principles guiding the use of regulated restrictive practices: Government of Western Australia, Department of Communities
- A Guide for the Elimination of Restrictive Practices (third edition) Government of Western Australia, Department of Communities
- Positive Behaviour Support; Government of Western Australia, Department of Communities
- [NDIS Quality and Safeguarding Commission; Regulated Restrictive Practice](#)
- Incident and Hazard Management, Reporting and Recording Procedure

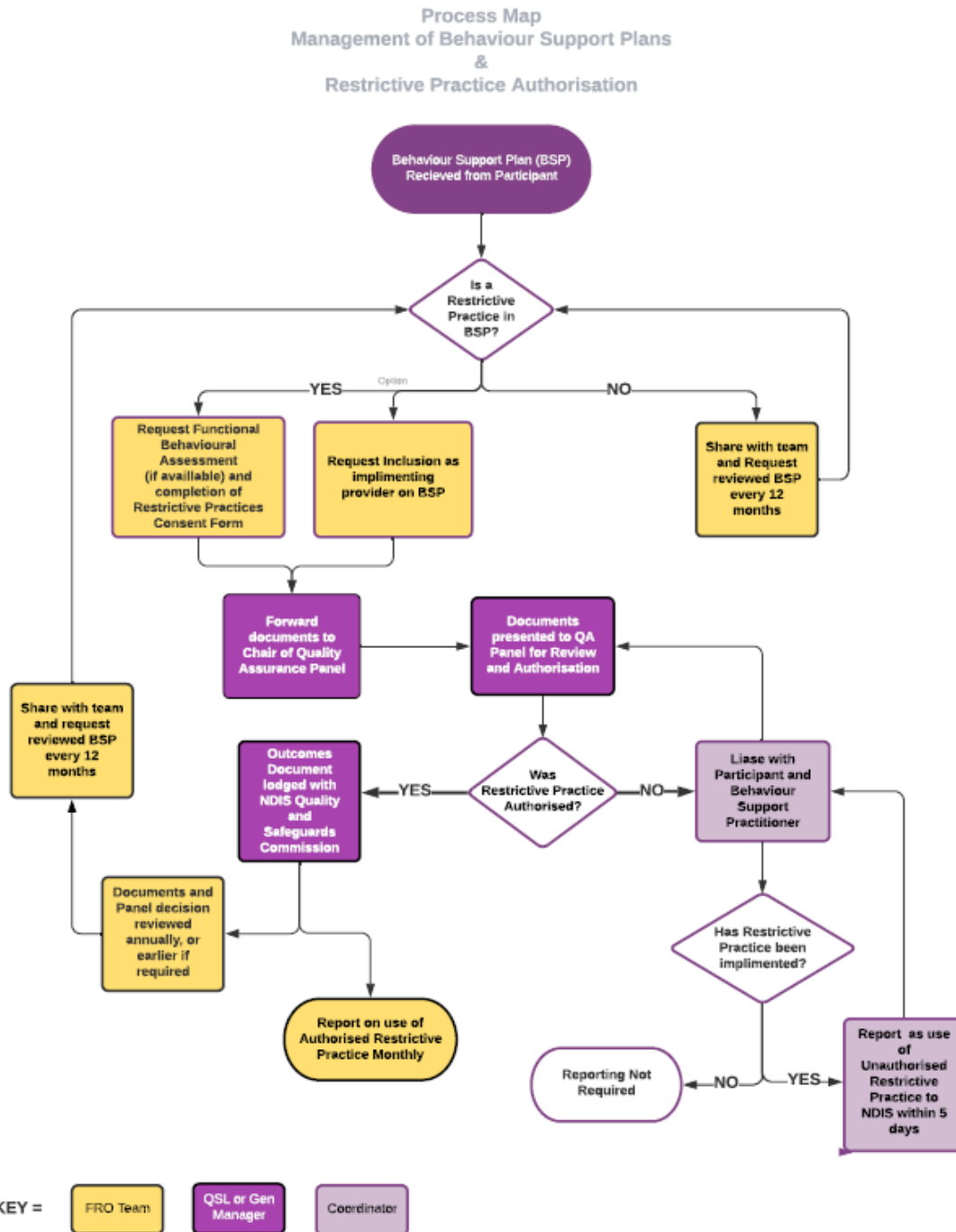


## Restrictive Practices Policy

- Risk Matrix and Notification
- Safeguarding Children and Adults at Risk Policy
- Managing Challenging Behaviours Procedure
- Protecting Participants from Harm Procedure
- Quality Assurance Panel Terms of Reference

## Appendix 1:

### Process Map Management of Restrictive Practices and Restrictive Practice Authorisation



## Versions

Version Number	Date	Description of Amendment
1.0	12/04/2019	Policy Created and Approved
2.0	29/10/20	Policy Updated
3.0	09/11/2021	Policy Updated including NDIS QS Commission

Owner	Approver	Next Review
Community Engagement Manager	CEO	Dec 2023