



Restrictive Practices and Behaviour Support Procedures

Related Policy	Participant Safety Policy
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Person/Body Responsible	Chief Executive Officer
Approved By	Chief Executive Officer
Signature	Date March 2025

1. Purpose

Mental Health Foundation ACT (MHF) recognises that everyone’s human and legal rights should be respected at all times, and restrictive practices can represent serious human rights infringements. MHF is therefore committed to eliminating restrictive practices consistent with the United Nations *Convention on the Rights of Persons with Disabilities*.

These Procedures meet Core Modules 2 and 2a of the *National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework Practice Standards*, the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*, the *Australian Capital Territory Senior Practitioner Act 2018* and the *New South Wales Restrictive Practices Authorisation Policy and Procedural Guide*.

2. Scope

These Procedures apply to all MHF staff, students undertaking their industry placement for their studies and volunteers working directly with MHF participants.

3. Definitions

Positive Behaviour Support (PBS) - focuses on person-centred interventions to address the underlying causes of behaviours of concern or challenging behaviours while safeguarding the dignity and quality of life of people with disability who require specialist behaviour support. This is the approach mandated in the *Senior Practitioner Act 2018 (ACT)* to reduce and eliminate restrictive practices.

BSS – refers to a Behaviour Support Specialist, who undertakes a functional behaviour assessment and develops a behaviour support plan for a participant.



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.

Commission – refers to the National Disability Insurance Scheme Quality and Safeguards Commission.

Environmental restraint – restricts a person’s free access to all parts of their environment, including items and activities.

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.

NDIS – means the National Disability Insurance Scheme.

PBSP – refers to Positive Behaviour Support Plan.

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.

Positive Behaviour Support Panel – established under section 14 of the *Senior Practitioner Act 2018* (ACT) is responsible for among other things ensuring that any ‘restrictive practice included in the plan is necessary to prevent harm to the person or others and is the least restrictive approach reasonably available’.

Restrictive practices - Defined under the *Senior Practitioner Act 2018* (ACT) as a practice that is used to restrict the rights or freedom of movement of a person for the primary purpose of protecting the person or others from harm.

Rules – refers to the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*.

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.

4. Positive Behaviour Support Plans

Where an MHF participant’s behaviours of concern place the participant or others at risk of harm, and a regulated restrictive practice is required, a Positive Behaviour Support Plan (PBSP) will be prepared.



MHF will work with an external Commission registered Behaviour Support Specialist (BSS) to prepare a PBSP for the participant, ensuring that the participant's quality of life will be improved and the PBSP meets their needs.

If it is believed that the participant does not have appropriate decision-making capacity MHF will ensure that the participant's formal guardian, carer or an independent advocate are involved in the PBSP development process.

In some cases an interim PBSP may be required and MHF will work closely and quickly with the BSS and other relevant parties to ensure that any Interim Plan is able to be prepared and implemented quickly.

In the ACT, the PBSP must go to a Positive Behaviour Support Panel for approval, then it is registered with the ACT Office of the Senior Practitioner, and finally lodged with the Commission. See the Senior Practitioner Guidelines for more information on this process: [Office of Senior Practitioner](#).

For Participants from NSW, the PBSP must meet the requirements of the [NSW Department of Family and Community Services Restrictive Practices Team \(RP Team\)](#).

4.1. Behaviour Support Plan Implementation

When implementing behaviour support plans, MHF will work with the BSS in charge of the PBSP to ensure that the participant and if relevant other external parties are provided with a rationale of the PBSP's strategies.

Once a participant has a PBSP in place, only the restrictive practices set out in that plan will be implemented by MHF.

Use of any restrictive practice that is not approved as part of a participant's PBSP will be reported to the Commission, the ACT Office of Senior Practitioner and/or NSW RP Team as required under paragraph 5.4 below.

MHF will ensure that staff are available that are trained to work with the participant that has a PBSP. MHF will mentor staff to support them to understand their obligations and role in reducing and eliminating the use of restrictive practices.

MHF staff in consultation with the BSS will identify strategies for how they will be implemented and monitored.

MHF staff will align support delivery with evidence-informed practice and positive behaviour support.

5. Restrictive Practices

MHF provides person-centred interventions, with the aim of reducing and eliminating the use of restrictive practices.

Under the Rules of the NDIS, certain restrictive practices are subject to regulation:

- Chemical restraint
- Environmental restraint
- Mechanical restraint
- Physical restraint
- Seclusion

The intent of the Rules is to ensure that restrictive practices as set out in the BPSP are only used:

- in response to a behaviour of concern
- as a last resort
- for the shortest possible time
- in the least restrictive way;
- to avoid imminent serious harm to the person or others
- in accordance with a registered PSBP
- in an emergency situation/critical incident requiring an immediate response due to imminent serious harm to the person or others.

5.1. Use of a Restrictive Practice

MHF staff must cease restrictive practices as soon as they are no longer required or at the end of the authorisation period.

MHF staff will always seek alternatives to using restrictive practices and will work with participants, BSS and other key stakeholders to ensure feedback and ongoing evaluation that leads to reduction of restrictive practices moving forward.

Staff must talk to participants who display behaviours of concern, and (with their consent), their support network and other service providers, about the need for restrictive practices and the risks associated with them. At all times, alternatives to using restrictive practices should be promoted in these discussions.

5.2. What is not a restrictive practice?

The ACT Senior Practitioner has confirmed that storing medications in a locked cabinet on behalf of an MHF participant is not considered a restrictive practice on its own.



5.3. Monitoring and reporting on Restrictive Practices

MHF will work with the support networks of participants with a restrictive practice in place as part of their PBSP.

As part of reporting requirements for every shift, MHF staff will keep detailed information on the use of restrictive practices and managing implementation of the participant's PBSP as needed.

The MHF Management Committee will review all use of unauthorised restrictive practices, and will delegate liaison and consultation with the BSS and other parties as necessary with a view to working towards reducing the use of restrictive practices altogether and eliminating the need for a PBSP.

MHF will report on the use of any restrictive practices as per the requirements set out in paragraph 5.4 below, we will also work with the participant's BSS and other clinical supports to monitor

5.4. Reporting Restrictive Practices to the ACT Senior Practitioner and the Commission

Under section 10A of the *Senior Practitioner Act 2018* (ACT), if MHF staff use an authorised restrictive practice, MHF will report the use of the restrictive practice to the ACT Senior Practitioner, within 5 days of the restrictive practice being used.

In addition, the use of an unauthorised restrictive practice will also be reported to the Commission within 5 days.

The reporting of these incidents through the Commission Portal 'My Reportable Incidents' page is the responsibility of the Chief Executive Officer or their delegate.

For NSW, the RPA ICT System is used to report on PBSP.

References

ACT Senior Practitioner	<i>Fact Sheet</i> <i>Positive Behaviour Support Plans Guidelines</i>
Department of Social Services (Cth)	<i>National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Support Sector, 2013</i>
Dementia Support Australia	<i>Behaviour Support Plans</i> (accessed online 13 September 2023)



Disability Services Consulting	<i>Incident Management and Reportable Incidents – NDIS Quality and Safeguarding</i>
Empowered Community Services	<i>The Use of Restrictive Practices Policy and Procedure, 2019</i>
Minda Incorporated	<i>Practice Excellence Policy, Implementing Behaviour Support Plans, 2021</i>
My Ability Australia	<i>Implementing Behaviour Support Policies, Module 2A, 2022</i>
National Disability Insurance Scheme Quality and Safeguards Commission	<p><i>Behaviour Support online</i></p> <p><i>Incident Management Systems – Detailed Guidance for Registered NDIS Providers, June 2019</i></p> <p><i>New Behaviour Support Plans Developed under the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 – Australian Capital Territory</i></p> <p><i>Regulated Restrictive Practices online</i></p>
New South Wales Government	<i>Restrictive Practices Authorisation Policy and Procedural Guide</i>
Office of the Senior Practitioner (ACT)	<i>Positive Behaviour Support Panel Guideline, How to Establish and Conduct a Positive Behaviour Support Panel.</i>

Document History				
Author	Version	Amendment	Owner	Date of Effect
Corporate Services Manager	1.0	Document Created	Chief Executive Officer	4/10/2019
Corporate Services Manager	2.0	Reviewed for currency. Only minor grammatical changes made.	Chief Executive Officer	3/5/2022
Registered Nurse	3.0	References Updated. Relevant changes re NDIS	Chief executive Officer	16/8/22

Document History				
Author	Version	Amendment	Owner	Date of Effect
Corporate Services Manager	4.0	<p>'Purpose' added referencing respect of human rights and the UNCRPD.</p> <p>'Scope' added to define who the procedures apply to.</p> <p>Definition of 'Positive Behaviour Support Panel' included.</p> <p>Definition of 'Rules' – referring to NDIS Restrictive Practices rules included.</p> <p>Included wording around intent that restrictive practices are only used in exceptional circumstances.</p> <p>Clarification of when a PBSP will be prepared and how.</p> <p>Included separate para on implementation of PBSP.</p> <p>Clarification that only those restrictive practices that have been authorised can be implemented.</p>	CEO	October 2023
Corporate Services Manager	5.0	Updated 4 th para under 4.1 to 'MHF will ensure staff are available that are trained' rather than all staff are trained.	CEO	March 2025