

RESTRICTIVE PRACTICES POLICY

INTRODUCTION / SCOPE

Matchu Pty Ltd. trading as “matchability”, provides services to people with a disability that enable the pursuit of person-centred supports that seek to maximise choices and individual preferences for people who request services.

Restrictive interventions are any intervention that is used to restrict the rights or freedom of movement of a person with a disability.

Matchability is committed to ensuring that restrictive practices are only facilitated where all other options have been explored, is proportionate to the risk, and the least restrictive means available to keep people safe.

This policy applies to all programs of Matchu and to all Staff, Contractors and Company Directors.

Restrictive practices are any intervention that is used to restrict the rights or freedom of movement of a person with a disability. Interventions of this type rely on external controls to restrict movement or responses of an individual primarily for the purpose of behavioural control of a person and include the following:

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 illness, a physical illness or a physical condition.

Mechanical restraint

The use, for the primary purpose of the behavioural control of a person with a disability, of devices to prevent, restrict or subdue a person’s movement.

Seclusion

The means of 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

Environmental restraint

A restraint that restricts a person’s free access to all parts of their environment, including items or activities.

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.

PURPOSE

To ensure the use of restrictive interventions is within the guidelines of the Disability Act 2006; that all attempts have been made to manage behaviour using positive behaviour support strategies and that the restrictive intervention used is the least restrictive option.

To provide guidance for PBS practitioners in supporting the person, implementing providers, families and networks with reduction and removal of restrictive practice.

POLICY

The use of restraint and seclusion must be consistent with the principles of the Disability Act 2006 and Behaviour Support Rules (NDIS 2018)

Restraint and seclusion are interventions of last resort. They must only be utilised within the context of broader positive support programs.

Individuals and their significant others must be involved in the decision-making process in accessible formats and fully informed of appeal mechanisms regarding the use of restrictive interventions.

An independent person must be sought to advocate for individuals who are subject to the use of restrictive interventions.

Restraint or seclusion may only be utilised if other less restrictive strategies have been unsuccessful, and the intervention is necessary to prevent a person from causing injury to self or others or to prevent the person from persistently and significantly destroying property.

The use of restrictive interventions must be included in the person's Behaviour Support Plan and be approved by the Authorised Program Officer and lodged with the Senior Practitioner. Restraint or seclusion may only be used for the period of time specified in the Behaviour Support Plan as approved by the Authorised Program Officer.

People subject to restrictive interventions must be provided with all basic requirements.

Behaviour Support Plans (BSPs) containing restrictive practice must be authored within one month of engagement and within 6 months, must have a comprehensive version in place. BSPs reviewed annually or earlier as determined by the Authorised Program Officer or as required.

If the restrictive intervention is to be utilised in more than one organisation Behaviour Support Plans should be developed and must be approved by all relevant Authorised Program Officers for each service.

All services engaging in the application of restrictive practice will be supported

Restraint reduction and removal

The reduction and removal of restrictive practice is an integral part of positive behaviour support. Matchability representatives should always promote the link between developing skills for the person, improving quality of life for people with a disability, and reduction and removal of restrictive practice.

PROCEDURE

All clients must have a restrictive practice review tool completed to identify any potential restrictive practices in place, regardless of whether they are being supported by service providers or in a family / informal supports environment.

Prior to a restrictive intervention being considered, relevant assessments should be undertaken to eliminate factors, which may be contributing to a client's behaviour, for example; communication, medical and sensory issues. Behavioural assessments including functional behaviour analysis that includes STAR charts and frequency recording must be completed.

Prior to the implementation of planned restrictive intervention, the strategy must be written up in a Behaviour Support Plan and the person and their independent person must be consulted about this.

The BSP must also be reviewed when there are changes in medication or behaviour and uploaded to the quality and safeguards commission portal as soon as possible.

People subject to restrictive interventions must be provided with all basic requirements such as bedding, clothing, food, drink, appropriate heating and cooling and toilet facilities.

Restraint reduction and removal

Effective restraint reduction and removal requires the following elements:

Effective Baselineing

A restrictive practice (RP) review tool should be completed to capture restrictive practices in place. It is important that this be carried out, either across various environments where the person may be restrained or further questioning of supporters. Consider other services that may implement RP (staff and family).

Education and Promotion

This means that Matchu representatives should, as soon as practical, elaborate Matchu's stance that we do not support the long-term use of restrictive practices in any form. In addition, representatives should explain and unpack the effectiveness of PBS (including quality of life improvements and skill development) in reducing Restrictive Practice. This extends to the person (as far as possible) and their support networks.

Collaboration and Planning

Collaboration and planning must involve the person and their networks. In the context of chemical restraint, a relationship should be formed (where possible) with the prescriber of the medication that may be considered restrictive.

- A Fade Out plan must be included in the comprehensive version of the behaviour support plan. This plan must contain a timeline for the reduction of RPs. This should be in collaboration with the person and networks.
- Training in Positive Behaviour Support should always include education about what types of restrictions the person is subject to and fade out plans and strategies.

ASSOCIATED DOCUMENTS & RESOURCES

Service Agreement

Customer Information Form

Behaviour Support Plan

Risk Assessment

Support Plan

Restrictive practice review tool

NDIS plan

All documentation within Matchability resource folder / Restrictive Practice

STANDARDS AND LEGISLATION

Disability Act 2006

NDIS act and Behaviour Support Rules (2018)