



Introducing Restrictive Practice and Positive Behaviour Support

March 2021

INTRODUCTION

Bayley House supports adults with intellectual disability to lead active, empowered lives. We strive to support all clients to participate in the community, to make informed decisions, and to engage positively with others around them.

Our approach is guided by appropriate and contemporary policy, international human rights charters and Government legislation. In order to achieve positive and practical outcomes we work primarily with clients but also with families and health practitioners. Bayley House is a service provider and whilst we believe we have valuable insights and experience to contribute to the discussion we also appreciate that we are not family members and our perspective may be different to that of family members.

Our commitment is that we will work with all relevant people in an endeavour to reach a shared view of best practice for each individual. In those rare circumstances where shared agreement is not reached our clear responsibility is to act in the interests of the client and in accordance with relevant legislation; that is what we will do.

Warwick Cavanagh
Chief Executive Officer
Bayley House

BAYLEY HOUSE IS COMMITTED TO

- The wellbeing, inclusion, safety and quality of life of people with disability
- Ensuring that each person's human rights are respected and upheld
- Working together to develop positive behaviour support plans
- Reviewing supports provided to reduce or eliminate the use of restrictive practices

We do not support the use of restrictive practices but use them when nothing else has worked to keep clients and others safe.



CODE OF CONDUCT

The Code of Conduct is an important part of the NDIS Quality and Safeguarding Framework.

It promotes the health, safety and wellbeing of people with disability, by setting the required conduct for NDIS providers and workers.
The obligations in the Code are fundamental to the rights of people with disability.

When providing supports or services to people with a disability, a person covered by the Code must:

- Respect your rights to freedom of expression, self-determination and decision-making as long you are following the law
- Respect the privacy of people with disability
- Provide supports and services in a safe and competent manner, with care and skill
- Act with integrity, honesty and transparency
- Quickly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability
- Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability
- Take all reasonable steps to prevent and respond to sexual misconduct

[Universal Declaration of Human Rights video](#)



UNDERSTANDING RESTRICTIVE PRACTICE

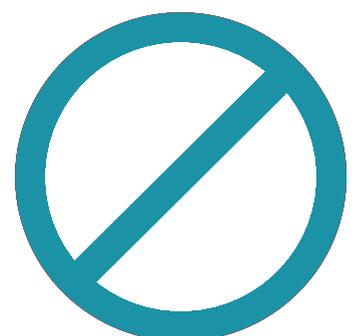
Restrictive practice is anything that takes away a client's right to move freely. It does not include directing someone away from danger or using medication prescribed by a doctor for the treatment of a diagnosed mental disorder, a physical illness or a physical condition.

Restrictive practices are subject to regulation.

Restrictive practices can only be used:

- When approved in a Behaviour Support Plan (BSP)
- When used in accordance with the plan for the time approved
- Restrictive practices may be used when a client's behaviour is unsafe, or they hurt themselves or others
- Restrictive practices are used when nothing else works to stop a client's behaviour of concern
- The least restrictive alternatives must always be used before more restrictive options are considered. We work together to reduce or eliminate the need for a restrictive practice
- Restrictive practices must not be forever.

Clients have the right to speak up about their restrictive practice.



DEFINING RESTRICTIVE PRACTICE

Environmental

Restricting a person's free access to all parts of their environment, including items or activities e.g. locked refrigerator, cupboards, pantry, or doors.

Chemical

The use of medication or chemical substance for the primary purpose of influencing a person's behaviour.

Does not include medications prescribed by a medical practitioner for the treatment of a diagnosed mental disorder, a physical illness or condition.

Seclusion

The confinement of a client 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.

Mechanical

The use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour

Does not include the use of devices for therapeutic or non-behavioural purposes.

Physical

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. Does not include guiding and showing the way or redirecting a person from harm

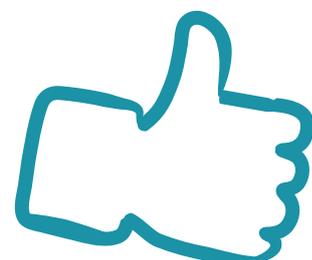
WHAT IS POSITIVE BEHAVIOUR SUPPORT (PBS)?

There must be a plan about the support a client needs. This is called a Behaviour Support Plan.

A Behaviour Support Plan must be developed by a registered specialist behaviour support provider.

Behaviour Support Plans look at ways to help clients to improve their quality of life and reduce behaviours of concern.

Positive Behaviour Support is about working together to understand why the behaviour occurs and to help stop the behaviour of concern.



RESPONSIBILITIES

No one can use a restrictive practice on another person without authorisation in a behaviour support plan by a registered support provider.

Staff must report any use of a restrictive practice without authorisation immediately.

Incidents are reviewed and managed to ensure the safety and well-being of all clients, staff and volunteers.

