

## Practices proposed to be prohibited

Under section 181H of the *National Disability Insurance Scheme Act 2013,* the NDIS Quality and Safeguards Commissioner has a function of assisting states and territories to develop a regulatory framework for restrictive practices. An important step in developing that framework is national agreement on a list of restrictive practices that should be prohibited by states and territories.

In December 2018, the NDIS Commission developed a list of practices proposed to be prohibited taking into account states' and territories' existing guidelines and practice advice regarding restrictive practices. In May 2019, the list was agreed to by the National Senior Practitioners Practice Leadership Group and submitted to the Senior Officials Working Group for agreement. The list is set out below.

In December 2019, the Disability Reform Council<sup>1</sup> endorsed prohibiting the practices that are listed. The Council also agreed to prioritise efforts towards attaining national consistency, guided by shared principles for restrictive practice authorisation. States and territories are in the process of introducing changes that bring their respective authorisation processes into alignment with these shared principles. Some of the practices listed are already prohibited in some jurisdictions.

## Specific forms of physical restraint

- a) The use of prone restraint, which is subduing a person by forcing them into a face-down position.
- b) The use of supine restraint, which is subduing a person by forcing them into a face-up position.
- c) Pin downs, which is subduing a person by holding down their limbs or any part of the body, such as their arms or legs.
- d) Basket holds, which is subduing a person by wrapping your arm/s around their upper and or lower body.
- e) Takedown techniques, which is subduing a person by forcing them to free-fall to the floor or by forcing them to fall to the floor with support.
- f) Any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning.
- g) Any physical restraint that has the effect of pushing the person's head forward onto their chest.
- h) Any physical restraint that has the purpose or effect of compelling a person's compliance through the infliction of pain, hyperextension of joints, or by applying pressure to the chest or joints.

<sup>&</sup>lt;sup>1</sup> The Council of Australian Governments (COAG) Disability Reform Council (the Council) was chaired by the Commonwealth Minister responsible for disability and consisted of Commonwealth, State and Territory Ministers within disability and treasury portfolios. The Council was replaced in 2021 by the Disability Reform Ministers' Meeting.

## **Punitive approaches**

- a) Aversive practices, which is any practice which might be experienced by a person as noxious or unpleasant and potentially painful. For example, threats, deliberate cold baths, applying chilli powder to the hands to prevent biting, sitting on a person to prevent them from self-harming.
- b) Overcorrection, which is any practice where a person is required to respond disproportionately to an event, beyond that which may be necessary to restore a situation to its original condition. This is often used as a punitive measure. For example, a child draws all over their desk at school and they are made to clean the whole classroom.
- c) Denial of key needs, which is withholding supports such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports. For example, denying access to basic needs such as toilet paper, sanitary items, stopping a person from seeing their friends or family.
- d) Practices related to degradation or vilification. For example, practices that are degrading or demeaning to the person; may be perceived by the person or their guardian as harassment are unethical.
- e) Practices that limit or deny access to culture. For example, actions that limit participation opportunities or access to community, culture and language, including the denial of access to interpreters.
- f) Response Cost, which is a punishment of a person who forgoes a positive item or activity because of the person's behaviour. For example, a planned outing is cancelled because the person did not follow the morning routine.

See the <u>Regulated Restrictive Practices Guide</u> for more information about regulated restrictive practices.

## References

Central Restrictive Practices Team. (2019). *NSW Restrictive Practices Authorisation Procedural Guide* - June 2019. Department of Family and Community Services: New South Wales.

Disability Reform Council. (2019). *Communique 13 December 2019.* The Council of Australia Governments: Perth.

Restrictive Practices Authorisation Unit. (2019). *Restrictive Practices Authorisation Framework (August 2019).* Department of Health: Northern Territory.

Senior Practitioner. (2011). *Physical Restraint Direction Paper (May 2011).* Department of Health and Human Services: Victoria.