A national measure of environmental restraint – final report

Department of Health and Human Services

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nous | 20 YEARS OF INFLUENCE

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Contents

1 Executive summary

1.1 The NDIS is driving a national approach to the monitoring of restrictive practices to uphold the human rights of individuals with a disability

The use of restraint and seclusion to address behaviours of concern among individuals with disability impinges their human rights[1] . As such, restrictive practices should only be applied as last resort to reduce or prevent significant harm arising from behaviours of concern. Despite this, inappropriate use of restrictive practice is common, harmful, and can exacerbate the very behaviours it is intended to control[2][3]. Further, it has profound negative impacts on the health, wellbeing, and quality of life of people with disabilities and their carers[4]. In many cases, behaviours of concern can be reduced over time by applying positive behaviour support strategies that focus on clients' individual needs and on building their strengths and opportunities[5].

Australia is committed to reducing and eliminating the use of restrictive practices to protect the rights, freedoms and inherent dignity of people with disability[6][7]. Fundamental to this commitment are state and territory-based monitoring and authorisation schemes that educate and support service providers to achieve best practice. These schemes vary in terms of their basis in legislation, how restraint and seclusion are defined and monitored, and whether they are compulsory. As a result, the opportunity to share and generalise best practice across jurisdictions is minimised. This is set to change as state-based service providers transition to the National Disability Insurance Scheme (NDIS).

The NDIS Quality and Safeguards Commission (the Commission) – established in 2018 – introduces a nationally consistent approach to service provision. From 1 July 2020, the Commission will operate across all jurisdictions in Australia, and will oversee the application of policy and legislative frameworks including the NDIS Restrictive Practices and Behaviour Support Rules 2018 (NDIS Rules). The NDIS Rules specify five regulated restrictive practices – seclusion, chemical, mechanical, physical, and environmental – that must be undertaken in accordance with state and territory authorisation processes, contained within a behaviour support plan, and recorded and reported to the NDIS Commissioner, who is responsible for monitoring their use.

The Office of the Senior Practitioner, in consultation with the Disability and NDIS Branch within the Victorian Department of Health and Human Services, have jointly engaged Nous Group (Nous) to develop and validate a measure of environmental restraint. Although Victoria has a mature approach – enshrined in the *Disability Act 2006* (the Act) – to monitoring and authorising use of restrictive practice in disability services, environmental restraint is not currently required to be monitored or reported. As such, there is an urgent need to develop a measure of environmental restraint, suitable for use in both Victoria and within other jurisdictions, to educate providers, guide quality improvement, and monitor changes in practice.

1 United Nations Convention on the Rights of Persons with Disabilities (CRPD), Articles 14 and 16, 2008.
2 Webber L, McVilly K, Chan J, Restrictive Interventions for People with a Disability Exhibiting Challenging Behaviours: Analysis of a Population Database, Journal of Applied Research in Intellectual Disabilities, 24(6), 2011.
3 Webber L, Ramcharan P & McLean D, Minimising restraint: A Case Study, Intellectual Disability Australasia, 31(1), 12-15, 2010.
4 Duperouzel H & Fish R, Why couldn't I stop her? Self injury: the views of staff and clients in a medium secure unit, British Journal of Learning Disabilities, 36, 59-65, 2007.
5 Australian Psychological Society, Evidence-based guidelines to reduce the need for restrictive practices in the disability sector, 2011
6 Australian Government, National Standards for Disability Services, 2013.
7 Australian Government, National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector, 2014.

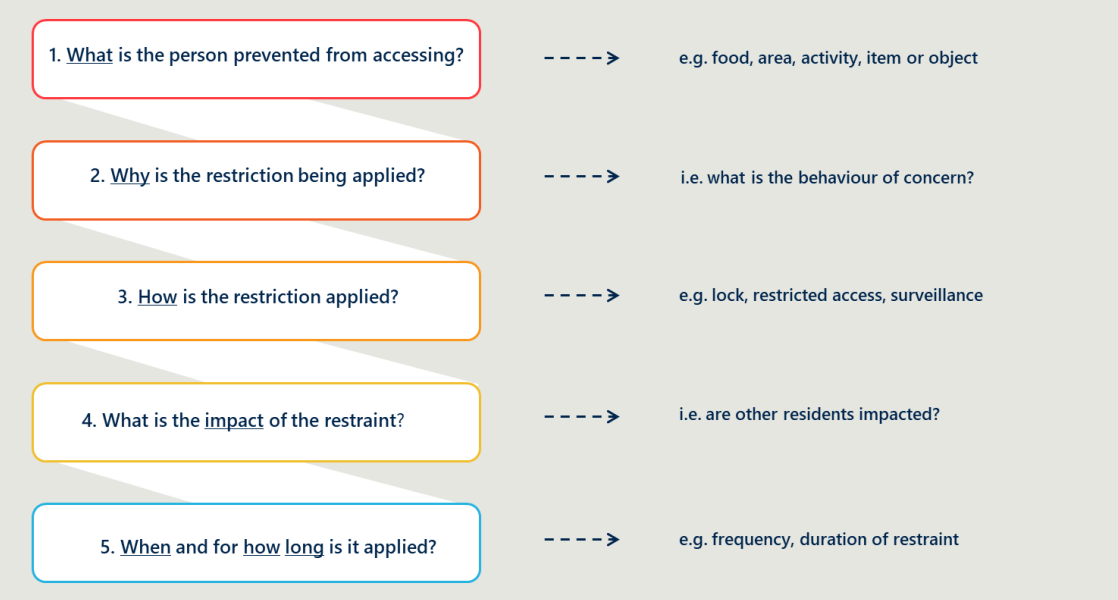
1.2 The proposed measure builds upon insights from comprehensive research and stakeholder engagement to ensure ease of use and utility

Nous' measure is informed by insights derived from 4 key information sources: a comprehensive desktop review and document analysis, a nation-wide survey of provider attitudes and practice, and individual interviews with 16 national stakeholders, and user testing of the measure with 5 support workers. Key findings are summarised below.

- Environmental restraint is the most common form of restrictive practice, present in a clear majority of services. It will be difficult to eliminate immediately.
- Provider understanding of environmental restraint is highly variable, both in terms of its application and its mitigation through positive behaviour support. Several factors explain this.
    - Some jurisdictions have well-established reporting and authorisation schemes that have built provider awareness of what constitutes restrictive practice; other jurisdictions are less mature.
    - Whether a specific action – such as locking a cupboard to prevent access to its contents – constitutes an environmental restraint depends upon the motivation underlying the action. In practice, this can be nuanced. For example, locking a cupboard to prevent access to dangerous chemicals or medications is considered a reasonable safety measure and is not restrictive. The same action undertaken to prevent a person from consuming multiple cups of coffee per day is restrictive. Understanding this complexity can be challenging for providers with less exposure to person-centred approaches and/or reporting restrictive practice.
- Providers acknowledge the value of reporting but would prefer a tool and monitoring practice that is respectful of their time constraints.
- Under the NDIS Quality and Safeguarding Framework, nationally-administered monitoring of restrictive practice will sit alongside state and territory-based authorisation. Although existing jurisdictional definitions of environmental restraint are mostly consistent, there are technical inconsistencies that will likely contribute to confusion among providers operating simultaneously under both frameworks. For example, Queensland has separate definitions and authorisation protocols for 'confinement' and 'restricted access to objects'. Under the national framework, these would both be characterised as environmental restraints.

These findings show that a fit-for-purpose measure must be simple and quick for providers to use, build awareness of what constitutes environmental restraint and why, be sensitive to incremental improvements in practice, and guide providers and practitioners towards positive change. Nous' proposed measure strikes the right balance between comprehensiveness and practicality. It is based on a conceptualisation of the practice of environmental restraint into five essential elements (see Figure 1). The measure comprises the minimal number of items required to sufficiently capture each essential element.

Figure 1 | Key elements of Nous' proposed measure of environmental restraint



The measure design fulfils these requirements.

- It educates and reduces provider uncertainty by placing primary emphasis on what is being restricted and why, rather than how the restriction is applied. For example, reporting that access to sweet food is restricted due to concerns about overeating is more important than the fact that access to those items is restricted by a locked cupboard rather than via absence of the items within a service.
- It is sensitive to change: it captures incremental changes in the frequency, duration and impact of restraint to capture improvement in the case where restraint is not eliminated.
- It assesses the impact of restrictive practice on clients, providing important data to guide prioritisation quality improvement efforts and to prompt providers to keep clients' human rights front of mind.
- User testing of the measure with five providers shows it is comprehensive, easy to use, and efficient.

1.3 Successful implementation requires support, resourcing and consideration of interjurisdictional differences

Our analysis and findings identify four factors critical to successful implementation.

1. Clear communication to explain the use of data collected via monitoring is crucial. Providers have a strong preference for monitoring to inform a supportive – as opposed to punitive – approach to ongoing education and training. Providers less experienced with reporting restrictive practices tend to have greater concern about how monitoring will be used.
2. Finding adequate resources to monitor restrictive practice and plan positive behaviour support – in terms of staff time and access to behaviour support specialists – is challenging for providers. It is important to acknowledge this legitimate challenge providers experience without being captured by it. Examples of innovative solutions to reduce or eliminate environmental restraint exist. Collating and sharing these examples will help the many providers who want to improve practice but who are unsure about how to do so.
3. During the transition to a national framework, inter-jurisdictional differences in the technical aspects of how environmental restraint is defined and authorised may contribute to confusion among providers in the short-term. This can be managed with clear communication and educative materials. Over time,

there is opportunity for states and territories to harmonise authorising schemes and develop a shared view regarding best practice while doing so.

4. Many providers will begin reporting for the first time as the National Quality and Safeguarding Framework is implemented. Experience in Victoria – which has had a state-wide reporting scheme since 2007 – shows support and education are fundamental to building understanding and compliance. Given environmental restraint is the most common form of restrictive practice, it is important sufficient resources are in place during implementation phase to speed uptake and compliance. A dedicated helpline for providers complemented by short online guides may help providers adjust more quickly and successfully.

2 Background and context

Reducing and eliminating the use of restrictive practices in disability services is a human right and a national priority. Restrictive practices involve the use of interventions or practices that restrict the rights or freedom of movement of a person with disability, with the primary purpose of protecting the person or others from harm[8]. A national approach to the regulation of restrictive practice will augment efforts to drive quality improvement and support continuous quality improvement across all jurisdictions. To support this vision, Nous has been jointly engaged by the Office of the Senior Practitioner and the Disability and NDIS Branch in Victoria to develop a nationally applicable measure of environmental restraint.

2.1 Minimising the use of restraint and seclusion of individuals with a disability upholds their human rights

Australia is committed to reducing and eliminating the use of restrictive practices to protect the rights, freedoms and inherent dignity of people with disability, and uphold its international obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD)[9]. This commitment is echoed in the National Disability Standards, which sets out standards of practice focused on human rights and quality management, applicable to disability service providers across Australia[10].

In 2014, disability ministers across Commonwealth, state and territory governments endorsed the *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector* (the National Framework), which outlines high-level principles and core strategies to reduce the use of restrictive practices in the disability services sector[11]. The National Framework defines chemical, mechanical and physical restraint and seclusion, and acknowledges certain other restrictive practices applicable only to some jurisdictions such as psycho-social and environmental restraint[11].

Restrictive practices should only be applied as a last resort measure to reduce harm or risk of harm arising due to behaviours of concern, defined as challenging or difficult behaviours exhibited by people with disability that impact the quality of life or physical safety of the individual or those around them[12]. However, recent inquiries show that restrictive practices are often used inappropriately and more frequently than necessary[13,14]. A growing body of evidence suggests that the routine and inappropriate use of restrictive practices is harmful, can exacerbate the behaviours it is intended to control[15], and has profound negative impacts on the health, wellbeing, and quality of life of people with disability as well as their carers[16].

Research evidence shows that in most cases understanding and responding to underlying issues causing behaviour using positive behaviour support will reduce or eliminate behaviours of concern without the

8 Australian Government, National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector, 2014.
9 United Nations Convention on the Rights of Persons with Disabilities (CRPD), Articles 14 and 16, 2008.
10 Australian Government, National Standards for Disability Services, 2013.
11 Australian Government, National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector, 2014.
12 Achieve Australia, Behaviours of Concern and Complex Needs, 2019
13 Parliament of Australia, Senate Standing Committee on Community Affairs, Report on the Inquiry into Abuse and Neglect Against People with Disability in Institutional and Residential Settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with Disability, 2015.
14 Parliament of Victoria, Family and Community Development Committee, Final Report on the Inquiry into Abuse in Disability Services, 2015.
15 Webber L, Ramcharan P & McLean D, Minimising restraint: A Case Study, Intellectual Disability Australasia, 31(1), 12-15, 2010
16 Duperouzel H & Fish R, Why couldn't I stop her? Self injury: the views of staff and clients in a medium secure unit, British Journal of Learning Disabilities, 36, 59-65, 2007.

need for restrictive practices. Positive behaviour support describes the integration of the contemporary ideology of disability service provision with the clinical framework of behaviour analysis[11], and focuses on strategies and methods that aim to improve a person's quality of life and reduce challenging behaviour[17]. In Australia, positive behaviour support is realised through the development and implementation of behaviour support plans (BSPs) by disability service providers for individual clients. The BSP identifies a range of evidence-based and person-centred, proactive strategies focused on the individual needs of the client and building their strengths and opportunities.

2.2 The NDIS is driving a national approach to the monitoring of restrictive practices in disability services

National conversations on achieving greater consistency and coordination in disability service provision have been taking place among practitioners, policy makers and advocates for many years. As part of the transition to the National Disability Insurance Scheme (NDIS), the NDIS Quality and Safeguards Commission (the Commission) was established as an independent agency in 2018 to realise and drive this vision. The Commission began operating in South Australia (SA) and New South Wales (NSW) from 1 July 2018, and will progressively operate in all jurisdictions from 1 July 2020. The Commission oversees the application of several new policy and legislative frameworks, including the NDIS Code of Conduct and Practice Standards, the NDIS Quality and Safeguarding Framework, and the NDIS Restrictive Practices and Behaviour Support Rules 2018 (NDIS Rules).

The NDIS Rules are a legislative instrument under the *National Disability Insurance Scheme Act 2013* which define five regulated restrictive practices: seclusion, chemical, mechanical, physical and environmental restraint. The NDIS Rules have introduced environmental restraint – defined as *restricting a person's free access to all parts of their environment, including items or activities*[18] – as a nationally reportable restraint by providers delivering services via the NDIS.

Restrictive practices must be undertaken in accordance with state and territory authorisation processes, contained within a behaviour support plan, and must be recorded and reported monthly to the NDIS Commission, which is responsible for monitoring their use. The Senior Practitioner, NDIS, has an educative role to oversee the provision of behaviour support, provide best practice advice, receive and review provider reports on the use of restrictive practices, and follow up on reportable incidents.

2.3 Victoria has been a national leader in provider reporting but does not currently measure environmental restraint

The NDIS Rules will be applicable in Victoria from 1 July 2019 as the NDIS Commission begins operating in this jurisdiction. As such, there is an urgent need to develop a measure of environmental restraint, suitable for use in both Victoria and within other jurisdictions to educate providers, guide quality improvement, and monitor changes in practice.

Victoria has had a mature approach to monitoring and authorising use of restrictive practice in disability services, enshrined in legislation. The *Disability Act 2006* introduced accountability measures that require disability service providers using restrictive practice to gain approval for its use and to develop behaviour support plans to minimise reliance on the restrictive practices. These plans must be lodged with the Senior Practitioner, who is conferred with legislative powers, duties and functions to monitor and review the use of restrictive practices in Victoria. All providers using restrictive practices are obligated to register with the Senior Practitioner, appoint an Authorised Program Officer (APO) to monitor the use of these practices

[17] Australian Psychological Society, Evidence-based guidelines to reduce the need for restrictive practices in the disability sector, 2011.
[18] National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018

within their own service, and must report monthly to the Senior Practitioner on the use of chemical, mechanical, physical restraints and seclusion through the Restrictive Intervention Data System (RIDS).

To date however, environmental restraint has not been defined in Victorian disability legislation and – while guidance[19] is provided regarding "other restrictive interventions not defined in the *Disability Act 2006*" – providers are not currently required to report their use of environmental restraint to the Senior Practitioner unless specifically directed to do so. The measure is being developed to address this gap and meet new requirements under the NDIS Rules.

2.4 A standard national measure will streamline and drive continuous quality improvement across all jurisdictions

While there is high-level commitment to reducing restrictive practices, an effective system-based response can only be realised through effective reporting and monitoring of the use of these practices, complemented by ongoing education and support to drive improvement towards best-practice. The National Framework outlined the use of data to inform practice as one of six core strategies for reducing and eliminating the use of restrictive practices[20].

Reporting leads to the collection and analysis of data, which in turn provides an evidence base to inform the development of appropriate policy and guidance, and monitor practice. Monitoring is also instrumental in shaping attitudes and driving change.

The regulation of restrictive practices has primarily occurred according to respective state and territory disability services and mental health legislation, as well as policy directives, codes of conduct and minimum standard guidelines. As a result, there is considerable variation in the definitions of restraint and seclusion, their basis in legislation, the degree to which they are reported and independently monitored, and whether they are compulsory. This is set to change as state-based service providers transition to the NDIS.

The benefits of reporting and monitoring would be enhanced through a national approach to regulation. The current NDIS reform context presents an opportunity to develop a measure of environmental restraint that can be applied across all jurisdictions to better understand practice and drive quality assurance.

[19] The Office of the Senior Practitioner, Victoria, Practice Guide, Other restrictive interventions: locked doors, cupboards, other restrictions to liberty and practical ideas to move away from these practices, 2010

[20] Australian Government, National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector, 2014

3 Data sources

To guide our enquiry and approach to designing the measure, we drew from 4 key sources of data: a comprehensive desktop review and document analysis, a nation-wide survey of provider attitudes and practice, individual interviews with 16 national stakeholders, and user testing of the measure with 5 support workers.

3.1 We followed key lines of enquiry designed to uncover practical considerations for a measure of environmental restraint

Nous approached this project from a practical lens, focused on developing a measure of environmental restraint and recommendations for implementation that balance comprehensiveness and rigour with practicality and usability. Accordingly, we shaped key lines of enquiry to address three key themes:

1. Understanding the current landscape regarding environmental restraint, including the views, understanding, and practices of providers, practitioners and regulators across Australia.
2. Understanding what ideal practice regarding environmental restraint could look like with a robust measurement protocol.
3. Implementation considerations, including barriers and enabling factors.

3.2 We undertook a comprehensive desktop review to understand the current national landscape

Nous conducted analyses of relevant policies, guidelines, codes of practice, frameworks, and legislation to understand how environmental restraint is currently defined, approved, reported and monitored across Australia. Findings from this review informed the national survey and stakeholder engagement protocols. A list of documents reviewed is provided in Appendix A.

3.3 We gathered extensive information from providers and national leaders to inform the design and recommendations for implementation of a measure of environmental restraint

To assess current provider understanding, attitudes, and practice, Nous undertook:

- a national online survey of service providers,
- a series of individual interviews with stakeholders across Australia, including Senior Practitioners, regulators, research and clinical experts, and service providers operating in Victoria and nationally.

3.3.1 National online survey

The online survey captured data from 386 providers regarding their understanding of, attitudes towards, and experience with the use of environmental restraint and positive behaviour support. Although the survey was distributed nationally, the majority of respondents were from Victoria (76%) and NSW (17%). A copy of the survey protocol is provided in Appendix B.

3.3.2 Stakeholder interviews

We undertook one-hour phone interviews with key stakeholders to explore our key lines of enquiry in more depth. The interview guide is available in Table 1. A list of stakeholders that took part in the consultation process is provided in Appendix C.

Table 1 | Stakeholder interview guide

Theme	Questions
Current practice	What do you have visibility over? Given that, what is your view of current practice? That is, is environmental restraint used as a convenience (by some at least) or as a last resort? Is it done as a last resort? How are impacts on others in the house minimised? If not covered above: probe about provider understanding and provider attitude.
Ideal practice	What is your view regarding ideal practice regarding environmental restraint?
Monitoring	How could we effectively translate monitoring of environmental restraint to quality improvement? Do you think monitoring is: • important? • useful? How does it yield maximum benefit?
Implementation	How can we shape the measure to make it as practical and usable as possible for providers? Do you see any potential barriers and enabling factors that will impact implementation? Do you have any questions or further thoughts about this project and environmental restraint more generally?

3.4 We undertook user testing with end users to ensure the measure is effective, efficient, and easy to use

We undertook user testing across two separate sessions[21] where – after a short preamble to introduce the project – staff were asked to use the measure to report on real scenarios of environmental restraint they had encountered. They were asked to recall two scenarios: a more common 'straightforward' one and a more challenging one they thought might be harder to report on. Following this, they provided feedback regarding the measure's performance in four areas.

1. Effectiveness: does the measure accurately capture all required information?
2. Efficiency: is the measure able to be completed quickly?
3. Ease of use: is the measure easy to understand and use?
4. Satisfaction: were they satisfied with the measure?

[21] The sessions were held with staff at ACSO and Life Without Barriers in Victoria.

4 The proposed measure is built upon insights from comprehensive research and stakeholder engagement to ensure ease of use and utility

Nous' proposed measure of environmental restraint follows from insights drawn from analysis of provider and stakeholder views. Results show that environmental restraint is likely present in almost every service and that providers – while generally highly supportive of reporting – have variable understanding and confidence of the practice and behaviour support. Providers also balance reporting, behaviour support planning, and authorising among many other duties.

Given this, to succeed, the measure must capture accurate and useful data for quality improvement, build provider understanding of environmental restraint, and be quick and easy to use.

4.1 Our measure of environmental restraint reflects insights from consultation

Environmental restraint is the most commonly used form of restrictive practice

Providers and practitioners indicate that environmental restraint is the most common form of restrictive practice in disability service provision settings. Results from the national survey suggest 70 per cent of shared supported accommodation services use some form of environmental restraint daily (see Table 2 for a more detailed breakdown).

Table 2 | Use of environmental restraint within shared supported accommodation services

Type of environmental restraint	Providers using daily or weekly
Restricted access to food, drink or objects using a locked cupboard or fridge	50%
Restricted access to phone or internet	16%
Locked doors to prevent residents from going outside	55%
Restricted access to sexual expression	17%

Further, stakeholders indicate that for many providers practices such as restricting access to food or objects using locked cupboards or doors is ingrained and therefore less likely to be recognised as restrictive compared to other forms of restrictive practices. In Victoria, the requirement to report restrictive practices involving chemical, physical, or mechanical restraint may contribute to a view that their use is more of a concern than environmental restraint. For this reason, there is a risk that environmental restraint will be underreported by providers who do not recognise their existing and common practice – often implemented with good intentions – as restrictive. To mitigate this risk, the measure must play an educative role in addition to serving as a pure data collection tool.

Provider understanding of environmental restraint is highly variable

Provider understanding of environmental restraint is highly variable, both in terms of its application and its mitigation through positive behaviour support. There are several reasons for this.

First, providers have variable experience with reporting and monitoring. For example, providers in Victoria, NSW, Tasmania, and Queensland have been required to report various restrictive practices and behaviour

support planning for some time (noting that this was not a legislative requirement in NSW before July 2018). Providers in other jurisdictions that have only recently commenced reporting have a steeper learning curve. There is variability within jurisdictions too; for example, in Victoria, there are many providers that do not use restraint (chemical, mechanical, physical) or seclusion and who therefore are not experienced reporters. Many will use environmental restraint and several stakeholders suggested that "minds will be blown" and that "it will be like starting from scratch with these providers".

Second, whether a specific action constitutes an environmental restraint depends upon the motivation and context underlying the action. In practice, this can be nuanced. For example, both providers and several senior stakeholders evaluated whether one of the example scenarios utilised in the national survey – i.e. restricting access to a person's garden due to weather conditions – would constitute an environmental restraint. Senior stakeholders identified that if access were restricted due to rain and a desire to keep the person from becoming wet, this would likely constitute a restraint. If it were done as a safety measure during an electrical storm, it would not. Many respondents to the online survey identified these issues and were able to provide behaviour support strategies that would mitigate the need to restrict access. However, evidence from stakeholder interviews and other respondents shows that some providers view restrictive actions as motivated primarily to maintain safety or welfare of the client; for example, protecting health by preventing someone from eating too much chocolate or coffee.

Stakeholders reported a misconception among some providers that behaviour support and duty of care are competing priorities. Some providers adopt a risk-based approach over a rights-based approach to environmental restraint, driven by a fear of an adverse consequence. For example, there may be a reluctance to unlock a cupboard for fear of 'what might happen' if it is unlocked. Nonetheless, providers responding to the national survey reported moderate-to-high confidence (7.3/10.0) to implement behaviour support to reduce environmental restraint, although one in five reported feeling unconfident. The measure must gather sufficiently comprehensive information on practice to ensure support and quality assurance efforts are appropriately tailored and targeted to lift understanding and confidence to provide behaviour support among providers who need it.

Providers are supportive of monitoring but would prefer a tool that is respectful of their resources time constraints

The national survey of providers across Australia indicates that there is strong support – at least among those who responded – for the introduction of monitoring to reduce environmental restraint. 94 per cent of respondents believe reporting is important and useful. Alongside this strong support, providers feel challenged by practical limitations on their time and resourcing and require a measure that is useful but fast and simple to complete.

There is an opportunity to reduce confusion by reconciling technical differences in definitions of restrictive practice present within jurisdictional authorising schemes

Under the NDIS Quality and Safeguarding Framework, nationally-administered monitoring of restrictive practice will occur alongside state and territory-based authorisation. Although existing jurisdictional definitions of environmental restraint are mostly consistent, there are technical inconsistencies that will likely contribute to confusion among providers operating simultaneously under both frameworks. For example, Queensland has separate definitions and authorisation protocols for 'confinement' and 'restricted access to objects'. Under the national framework, these would both be characterised as environmental restraints. In South Australia, restrictions designed to ensure safety are only considered restrictive if the client does not 'protest'. This distinction is not present in the national definition. See Section 5.3 for a detailed summary of existing jurisdictional reporting and authorisation schemes.

The measure must adopt the national definition of environmental restraint and therefore cannot consider these jurisdictional differences. However, as described in Section 5.1, in the short-term, providing clear communications explaining these differences; and in the longer-term, undertaking policy change to reconcile definitions could reduce regulatory complexity for providers.

4.2 Nous' proposed measure of environmental restraint

Nous' proposed measure conceptualises an environmental restraint as comprising five key elements (see Table 3). These five elements is the minimum set necessary to capture to fulfil the purpose of the measure.

1. **What** is the person prevented from accessing?
2. **Why** are they prevented from accessing it?
3. **How** is the restriction applied?
4. What is the **impact** of the restriction on clients?
5. **When** and for **how long** is the restriction applied?

Whether an action constitutes an environmental restraint, is determined by the underlying motivation and context. These two pieces of information are essential to understanding the restrictive practice. They are captured first within the measure to orient providers' focus on the what and why, rather than the how; building their ability to better discern instances of environmental restraint. The measure asks providers to evaluate whether individuals other than the client are impacted by the restraint, reinforcing the importance of clients' human rights. The measure assesses the frequency and duration of restraint to detect incremental shifts toward better practice even in the case where restraint is not completely eliminated.

Assessment across the five domains yields information regarding what providers are restricting, why they are restricting it, and how the restriction impacts on other clients and its frequency and duration. This informs identification of key support and development opportunities for prioritisation; for example, by identifying restrictive practices that tend to persist without improvement across many services. By including only the minimal number of items required to capture this essential information[22], the measure is user-friendly and can be completed quickly.

Table 3 | Proposed measure of environmental restraint

Category	Questions	Rationale
Administrative questions	**Choose reporting type** • Routine • PRN **Enter Plan ID or select BSP status** • Awaiting NDIS funding • Awaiting specialist behaviour support provider • Non-NDIS behaviour support plan **Choose authorisation status** • Authorised • Unauthorised	These questions bring attention to the requirement of restrictive practices usage to: 1. meet relevant state or territory government authorisation processes; and 2. be documented within a behaviour support plan, which is subject to regulation through the NDIS Quality and Safeguards Commission.
What was the person prevented from accessing	**Select the options that apply:** • Food or drink • Internal area(s) • External area(s)	This question reorients the opening focus of restrictive practice reporting towards the object, area or activity being restricted. This is intended to spur meaningful reflection on the reason for the restriction, supplemented by

[22] The stakeholder consultation provided support for the inclusion of an item to assess the impact of restrictive practice on the client. Although in principle this was supported, in practice it is difficult for providers to accurately assess impact. Inaccurate measurement could inadvertently undermine the rights of people with disability by minimising their experience of restrictive practice. As a result, the item was removed but could be reintroduced at a later time if adequate data quality could be achieved.

	• Personal item(s) / property • Household item(s) • Activity • Personal Privacy • Other (please specify) **Enter specific details** (e.g. coffee, kitchen, garden, tv)	subsequent questions on why the restriction is in place.
Why was the restriction applied?	**Choose behaviour of concern:** • Harm to self • Harm to others • Other (please specify below) **Is the restrictive practice required by a court or tribunal order?** • Tick if yes	NDIS behaviour support plans require statements of why restrictive practices are in place for authorisation purposes, however this information is not currently collected through the reporting and monitoring stage. Understanding why a restriction is in place is integral to enabling constructive and meaningful approaches to reducing its usage.
How was the restriction applied?	**Choose method of restriction:** • Locked door • Locked fridge, cupboard, pantry • Removal of item / object • Electronic surveillance • Supervision • Disabling of utility (e.g. internet) • Placing object out of reach • Other (please specify) **Enter specific details**	This question reflects current reporting language of the NDIS restrictive practices reporting form, with additional response options. Capturing the method of restriction is most useful when combined with information on what was restricted and why it was restricted to add further context.
What was the impact of the restraint?	**Impact on other residents** How many other clients are impacted by this restraint? (enter number) Are there mitigating strategies in place to minimise the impact of the environmental restraint on other clients? • Yes • No	
When and for how long was the restriction applied?	When was the restriction applied? • Enter start date/time • Enter end date/time **If restriction is event- or situation-based:** enter details of specific event or situation (e.g. during football matches, when staff supervision is unavailable)	Existing reporting frameworks use binary indicators (i.e. reporting whether the restraint was applied in a given month or not), which limits sensitivity to changes in practice. Research shows that providers commonly reduce environmental restraint incrementally rather than completely. Capturing detailed information on the frequency and duration of restraint is important to detecting gradual shifts toward better practice.

Each element of the measure adds value. The measure is intended to be efficiently comprehensive, with each element capturing a specific aspect of environmental restraint.

4.3 User testing confirms the measure is fit for purpose

Feedback from the user testing confirmed that the measure is both practical and sufficiently comprehensive. All five support workers who took part in the user testing reported highly positive evaluations across the four usability domains of effectiveness, efficiency, ease of use, and satisfaction.

Their feedback identified three refinements to the measure and its implementation.

1. Alter the wording of the final item from "If restriction is event-based: enter details of specific event" to "If restriction is event- or situation-based: enter details of specific event or situation". Providers suggested the revised wording would prompt workers to report richer information. Specifically, an 'event' might imply something being present whereas in some cases, it might be an absence – for example, a lack of staff supervision due to sick leave – that leads to a restrictive practice. The user tested suggested the latter wording is more likely to capture that information.
2. One tester suggested including an item to assess systemic barriers – such as resourcing or training – that might lead to persistent restraint. Understanding the reasons for persistent restraint has value, although we elected not to alter the measure to address this for two reasons. First, it violated the guiding design principle to measure only the essential elements of an environmental restraint. Second, many systemic factors contribute to practice. Rather than attempting to capture this in a routine monitoring mechanism, we believe these factors are best identified and addressed through parallel quality assurance and research processes such as those carried out by the Office of the Senior Practitioner, Victoria.
3. Reduce the reporting frequency for environmental restrictions occurring under a treatment order. A monthly reporting requirement for environmental restrictions implemented under a treatment order introduces burden on providers without an accompanying benefit. Providers agree there is value in reporting environmental restriction mandated by a treatment order – to contribute to regulators' knowledge of practice – but are reluctant to report monthly when they have no opportunity to revise practice.

5 Critical success factors for implementation of the measure

Our analysis and findings identify four factors critical to successful implementation.

1. Clear communication to explain the use of data collected via monitoring is crucial. Providers have a strong preference for monitoring to inform a supportive – as opposed to punitive – approach to ongoing education and training. Providers less experienced with reporting restrictive practices tend to have greater concern about how monitoring will be used.
2. Finding adequate resources to monitor restrictive practice and plan positive behaviour support – in terms of staff time and access to behaviour support specialists – is challenging for providers. It is important to acknowledge this legitimate challenge providers experience without being captured by it. Examples of innovative solutions to reduce or eliminate environmental restraint exist. Collating and sharing these examples will help the many providers who want to improve practice but who are unsure about how to do so.
3. During the transition to a national framework, inter-jurisdictional differences in the technical aspects of how environmental restraint is defined and authorised may contribute to confusion among providers in the short-term. This can be managed with clear communication and educative materials. Over time, there is opportunity for states and territories to harmonise authorising schemes and develop a shared view regarding best practice while doing so.
4. Many providers will begin reporting for the first time as the national Quality and Safeguarding Framework is implemented. Experience in Victoria – which has had a state-wide reporting scheme since 2007 – shows support and education are fundamental to building understanding and compliance. Given environmental restraint is the most common form of restrictive practice, it is important sufficient resources are in place during implementation phase to speed uptake and compliance. A dedicated helpline for providers complemented by short online guides may help providers adjust more quickly and successfully.

The rationale for each critical success factor is detailed below.

5.1 A supportive approach to changing practice is essential

An extensive consultation process on restrictive practices authorisation, reporting and monitoring underpinned the development of the NDIS Quality and Safeguarding Framework in 2015[23]. A consistent theme from the consultation which is acknowledged in the Framework is the need for a supportive approach that encourages providers to report the use of restrictive practices.

Our own consultation confirmed this finding. Stakeholders reported that some providers – particularly those less experienced with reporting – are concerned that a punitive approach will be taken. Providers are particularly fearful of punitive consequences in a more 'brand conscious' NDIS market and stakeholders consistently identified the need for the approach to reporting and monitoring to be underpinned by education, not regulation. Clear and reassuring communications should highlight the intended supportive approach to give providers comfort, build engagement, and encourage honest reporting.

23 NDIS Quality and Safeguarding Framework, Department of Social Services Consultation Report, 2015

5.2 Acknowledging resource constraints and sharing innovative solutions will improve practice

Most providers understand the important role monitoring plays in driving quality improvement but remain concerned about resource implications of monitoring and behaviour support. Numerous stakeholders argued that it is important to acknowledge these legitimate resource concerns. Nonetheless there are opportunities to regularly review and improve practice even under current resourcing arrangements. In many instances, providers and behaviour support specialists have devised and implemented innovative strategies in line with the NDIS Quality and Safeguarding framework (detailed below in Table 4). These innovations could be captured in short case studies and shared with the sector more widely to drive practice improvement.

Table 4 | Strategies from the NDIS Quality and Safeguarding framework

Core strategies for reducing and eliminating the use of restrictive practices[24]

Person-centred focus: including the perspectives and experiences of people with disability and their families, carers, guardians and advocates during restrictive practice incident debriefing, individualised positive behaviour support planning, staff education and training, and policy and practice development.

Leadership towards organisational change: leaders need to make the goal of reducing use of restrictive practices a high priority, and provide support to their staff to achieve it.

Use of data to inform practice: mechanisms—such as periodic review of behaviour support plans containing a restrictive practice, provider reporting on use of restrictive practices, reporting client assessments and individual/positive behaviour support plans—should be used to assess whether restrictive practices are still needed, and consider possible alternatives. Data is also important to determine what factors are effective in reducing or eliminating the use of restrictive practices.

Workforce development: key needs include understanding positive behaviour support and functional behaviour assessment, and skills for trauma informed practice, risk assessment, de-escalation, and alternatives to restrictive practices.

Use within disability services of restraint and seclusion reduction tools: use of evidence-based assessment tools, emergency management plans and other strategies integrated into each individual's positive behaviour support plan.

Debriefing and practice review: disability service providers should undertake regular review processes of their use of restrictive practices to identify areas for practice and systemic improvement.

5.3 Inter-jurisdictional variation should be managed during implementation

At least in the short-term, providers must simultaneously adhere to state-based authorising schemes and to the national monitoring scheme. Several technical differences exist in the definition of environmental restraint across jurisdictions. In the absence of clear communication and support, these inconsistencies will likely be an ongoing source of confusion and administrative burden with potential to negatively impact provider engagement. Section 4.1 provides examples of cases where the NDIS Commission's definitions and reporting requirements are inconsistent with state-based authorization processes.

24 Australian Government, National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector, 2014

5.4 Ensuring adequate support for reporting is a good investment

Over the next 12 months, all NDIS services will be required to report when they subject people with disability to restrictive practices. Although many services will have experience with reporting, a large number will not. The Victorian experience from the last 12 years demonstrates that ongoing support and education are critical to ensuring data integrity and compliance as staff turnover and new providers enter the market. Investing in support resources such as a dedicated helpline and online guides during implementation will more rapidly improve data quality and compliance to ensure meaningful insights can be drawn from the data to guide quality improvement.

Table 4 | Jurisdictional scan – definitions and monitoring frameworks for environmental restraint across Australia (April 2019)

Jurisdiction	Explicit definition? 	Independent monitoring? 	Legislated? 	Definition	Legislation	Who approves & monitors?
ACT				Any action or system that limits a person's ability to freely access the person's surroundings or a particular thing; or engage in an activity *(Senior Practitioner Act 2018)*	Senior Practitioner Act 2018 (ACT)	Approve: Senior Practitioner (via BSP) Monitor: Senior Practitioner (via service provider notifications)
NSW*			 (NDIS)	Restricts a person's free access to all parts of their environment, including items and activities *(NSW FaCS Restrictive Practices Guidance)*	NDIS Restrictive Practices and Behaviour Support Rules 2018	Approve: Restrictive Practices Authorisation (RPA) Panel Monitor: NDIS Commission
NT			 (restricted access)	Not defined specifically. Relevant similar term: **Restricting access** – the restriction of access by a resident of a residential facility to a thing at the facility for the purpose of (a) controlling the resident's behaviour; or (b) preventing the resident using the thing to cause harm to himself or herself or others. Example – locking a drawer in which knives are kept to prevent a resident from using them to cause harm *(Disability Services Act 1993)*	Disability Services Act 1993 (NT)	Approve & Monitor: CEO & Review Panel (on application)
QLD			 (restricting access)	Not defined specifically. Relevant similar term: **Containment** - physically prevent the free exit of the adult from premises where the adult receives disability services, other than by secluding the adult, in response to the adult's behaviour that causes harm to the adult or others **Seclusion** – physically confine an adult with an intellectual or cognitive disability alone in a room or area from which free exit is prevented in response to their behaviour that causes harm to themselves or others.	Disability Services Act 2006 (QLD)	Approve: Various (depends on definition and duration) - QCAT (if containment or seclusion) - Service provider (if restricted access only) - Public Guardian (short term containment) - Chief Executive DCDSS (short term restricted access)

				Restricting access – restricting the adult's access, at a place where they adult receives disability services, to an object to prevent the adult using the object to cause harm to the adult or others. E.g. locking a drawer in which knives are kept restricting access to a cupboard *(Disability Services Act 2006, QLD)*		Monitor: service provider
SA*			 (NDIS)	The use of physical or other barriers to prevent the person's free access to parts of their environment for the primary purpose of influencing or controlling that person's behaviour (for example, preventing someone who actively wishes to do so from accessing certain foods that pose a significant safety risk, such as allergic reaction) – *(Restrictive Practices Reference Guide for SA Disability Service Sector 2017)*	NDIS Restrictive Practices and Behaviour Support Rules 2018	Approve: Delegated restrictive practices compliance officer (internal) Monitor: NDIS Commission
TAS				A restrictive intervention in relation to a person (with a disability) that consists of the modification of an object, or the environment of the person, so as to enable the behavioural control of the person but does not include a personal restriction *(Disability Services Act 2011)*	Disability Services Act 2011 (TAS)	Approve & Monitor: Senior Practitioner
VIC				Lack of free access to all parts of the person's environment. Some examples would include locked doors, cupboards and other restrictions within homes *(Office of the Senior Practitioner, Practice Guide 2010)*		Approve & Monitor: Senior Practitioner
WA				Restricts a person's free access to all parts of their environment *(DSC Code of Practice for the Elimination of Restrictive Practices 2014)*		Approve & Monitor: Positive Behaviour Support Panel
National				Restricting a person's free access to all parts of their environment, including items and activities *(NDIS Restrictive Practices and Behaviour Support Rules 2018)*	NDIS Act 2013	Approve: NDIS Monitor: NDIS Quality and Safeguards Commission

Appendix A List of documents reviewed

Legislation	*National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules* 2018
	NDIS Act 2013 (Cth)
	Senior Practitioner Act 2018 (ACT)
	Disability Services Act 1993 (NT)
	Disability Services Act 2011 (TAS)
	Disability Services Act 2006 (QLD)
	Disability Act 2006 (VIC)
Policies, frameworks and guidelines	United Nations Convention on the Rights of Persons with Disabilities (CRPD), Articles 14 and 16, 2008
	United Nations Human Rights Council, Report of the Special Rapporteur on the rights of persons with disabilities, 2019
	Australian Government, National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector, 2014
	Australian Government, National Standards for Disability Services 2013
	Australian Psychological Society, Evidence-based guidelines to reduce the need for restrictive practices in the disability sector, 2011
	Victorian Government, Office of the Senior Practitioner, Practice Guide, Other restrictive interventions: locked doors, cupboards, other restrictions to liberty and practical ideas to move away from these practices, 2010
	Victorian Government, Office of the Senior Practitioner, Why is that locked? Legislative and practice requirements for disability residential services in Victoria, 2017
	New South Wales Government, Restrictive Practices Authorisation Procedural Guide, 2018
	New South Wales Government, Restrictive Practices Authorisation Policy, 2018
	New South Wales Government, Restrictive Practices Guidance Environmental Restraint
	Queensland Government, Authorising restrictive practices, 2016
	Queensland Government, Containment and seclusion information sheet, 2016
	Queensland Government, Disability Services policy, locking of gates, doors and windows, 2018
	South Australia Government, Restrictive practices reference guide for the South Australian disability service sector, 2017
	Tasmanian Government, Office of the Senior Practitioner, Fact sheet, environmental restrictions,
	Tasmanian Government, Restrictive interventions in services for people with disability guideline, 2014
	Western Australian Government, Code of practice for the elimination of restrictive practices, 2014

Other	Victorian Government, Implementing the Convention on the Rights of Persons with Disabilities: a resource for service providers, 2010
	Parliament of Australia, Senate Standing Committee on Community Affairs, Report on the Inquiry into Abuse and Neglect Against People with Disability in Institutional and Residential Settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with Disability, 2015.
	Parliament of Victoria, Family and Community Development Committee, Final Report on the Inquiry into Abuse in Disability Services, 2015.
	Australian Government, NDIS Quality and Safeguarding Framework, Department of Social Services Consultation Report, 2015
	Australian Law Reform Commission, Equality, Capacity and Disability in Commonwealth Laws (DP 81), Discussion Paper
	University of Melbourne, Melbourne Social Equity Institute, Seclusion and restraint project Report,
	Webber L, McVilly K, Chan J, Restrictive Interventions for People with a Disability Exhibiting Challenging Behaviours: Analysis of a Population Database, Journal of Applied Research in Intellectual Disabilities, 24(6), 2011
	Webber L, Ramcharan P & McLean D, Minimising restraint: A Case Study, Intellectual Disability Australasia, 31(1), 12-15, 2010
	Duperouzel H & Fish R, Why couldn't I stop her? Self injury: the views of staff and clients in a medium secure unit, British Journal of Learning Disabilities, 36, 59-65, 2007.

Appendix B Online survey protocol

Section	Question
Introduction	In partnership with the NDIS and with the Senior Practitioner in Victoria's Department of Health and Human Services, Nous is undertaking a national stakeholder consultation to inform the design of a national measurement protocol for monitoring environmental restraint of individuals with a disability. We are seeking your input to help us understand providers' level of familiarity and experience with environmental restraint, and existing views regarding its use, monitoring and options for positive behaviour support. Your responses will serve as crucial inputs to ensure: The final measure is both user-friendly and properly captures current practice, and Providers receive the support they need during implementation. The NDIS Restrictive Practices and Behaviour Support Rules 2018 include environmental restraint as a reportable restraint from 1 July 2018. This survey is an opportunity for you to provide valuable insights and influence national disability policy and practice. Below is a series of questions about your views and experience regarding environmental restraint. They should take you around 5-10 minutes to complete. The information you provide is completely anonymous and we have no way of linking specific responses to specific providers. Furthermore, only group data will be included in our reports so that specific individual respondents cannot be identified. If you have any questions about the survey, please do not hesitate to contact the Project Director, Ben Richardson <ben.richardson@nousgroup.com.au>. For more information on environmental restraint, refer to the NDIS Restrictive Practices and Behaviour Support Rules 2018.
Workplace and role	5. Please select your location of work • ACT • NSW • NT • QLD • WA • SA • TAS • VIC 6. Is your workplace in a rural or metropolitan region? • Rural • Metropolitan 7. Please select the option that best characterises the type of service you work in • Congregate care • Day program • Respite • Shared supported accommodation • Other – <write in> 8. How many clients typically reside in or access your service(s) on a given day? <write in> 9. Please select the option that best characterises your role within your organisation • Manager or Executive • Support worker or Carer (i.e. your work is primarily directly with clients) Other - <write in>

Scenarios	10. Below is a list of brief scenarios. For each, please indicate whether you believe it is most likely a type of environmental restraint by selecting 'yes', 'no' or 'maybe', and provide a short explanation of why. • Locking a pantry, cupboard or fridge • Limiting phone or internet access • Locking the front door to keep out intruders • Locking the front door to prevent someone from leaving the building • Having an exit door operated by a receptionist • Locking side gates to prevent exiting and entering • Locking bedroom doors to prevent others entering • Locking the medication cupboard • Restricting sexual expression • Locking the laundry door to prevent access to cupboards containing chemicals • Locking art supply cupboards in a multipurpose community building • Restricting access to a person's garden due to weather conditions 11. Approximately to what extent have the following scenarios occurred in your service over the past 12 months? *(never, less than monthly, monthly, weekly, daily)* • Locking a pantry, cupboard or fridge • Limiting phone or internet access • Locking the front door to keep out intruders • Locking the front door to prevent someone from leaving the building • Having an exit door operated by a receptionist • Locking side gates to prevent exiting and entering • Locking bedroom doors to prevent others entering • Locking the medication cupboard • Restricting sexual expression • Locking the laundry door to prevent access to cupboards containing chemicals • Locking art supply cupboards in a multipurpose community building • Restricting access to a person's garden due to weather conditions
Positive behaviour support	12. Have you implemented any positive behaviour support strategies to reduce or eliminate environmental restraint? (yes or no) • If yes, please provide a short description of the strategy and whether it was successful 13. In general, how confident are you in implementing positive behaviour support strategies to reduce or eliminate the environmental restraint? (*For managers, please response in relation to the staff you supervise*) • Response on a scale of 1 to 10 where 1 = not at all confident and 10 = extremely confident
Reporting environmental restraint	14. Do you believe it is important to report on environmental restraint? • Yes – please describe why you believe it is important • No – please describe why you believe it is not important
Other considerations	15. Are there any further comments you wish to make regarding the development and implementation of a measure to monitor environmental restraint?

Appendix C Stakeholder list

Stakeholder name	Jurisdiction	Organisation	Role
Charley Hodgson	TAS	Department of Communities	Senior Practitioner, Disability and Community Services
Mandy Donley	ACT	Community Services Directorate	Senior Practitioner
Tracey Harkness	National	NDIS Quality and Safeguards Commission	National Director of Behaviour Support
Dr Jeffrey Chan	National	NDIS Quality and Safeguard Commission	Senior Practitioner, Behaviour Support
Karen Major	National	Able Australia	National Quality and Compliance Manager
Dave Relf	National	National Disability Services	Victorian Quality and Safeguarding Manager
Peter Conway	NSW	Department of Family and Community Services	Manager Independent Specialists FACS Central Restrictive Practices Team, Disability Services
Angela Koelink	NSW	Department of Family and Community Services	Manager Policy Implementation Central Restrictive Practices Team, Disability Services
Professor Karen Nankervis	QLD	University of Queensland	Executive Director and Chair of the Centre of Excellence for Clinical Innovation and Behaviour Support
Vaishnavi Thirumanickam	SA	Department of Human Services	Senior Clinician (Psychologist), Positive Behaviour Support & Therapeutic Services
Renee Dela Cruz	VIC	Uniting Victoria and Tasmania	Principal Practitioner, Disability and Aged Care
Dr Matt Frize	VIC	Department of Health & Human Services	General Manager, Disability Forensic Assessment and Treatment Service, Office of the Senior Practitioner
Mark Buchanan	VIC	Department of Health & Human Services	Disability Accommodation Services, North East Metropolitan Area
Reece Adams	VIC	Monash Health	Deputy Director and Lead Researcher Centre for Developmental Disability Health
Marita Turner	VIC	Asteria Services	Manager, Community Options and Living
Kathryn Falloon	WA	Department of Communities	Consultant Psychologist, Disability Services

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