

## **Submission to the Royal Commission on the restrictive practices issues paper**

### **Introduction**

The use of restrictive practices is a serious infringement of a person's rights, nonetheless there are limited circumstances where there may be no other way to ensure the safety of the person or another. As such, a number of principles and regulatory tools should guide the use of restrictive practices when there are no alternatives. Historically, understanding, regulation and use of restrictive practices has varied across the country. The National Disability Insurance Scheme Quality and Safeguards Commission – and the framework in which it operates – should help drive greater consistency in how and when restrictive practices are used, and drive a reduction in their use. When this is in place, efforts should focus on how such a uniform approach could be extended into other settings. The absence of regulation in some environments is concerning.

This submission highlights key principles for restrictive practice use (aimed at reduction and elimination), notes some operational considerations pertaining to the NDIS, provides insight into the development and use of behaviours support plans, and considers opportunities for change.

### **Background**

Prior to the establishment of the NDIS Commission, each jurisdiction was responsible for the quality assurance scheme (if there was one at all) that regulated disability services delivered under its management. As a result, there was significant variation in how (and if) restrictive practices were authorised, reported and used within disability services. The variations across jurisdictions were pronounced: in legislation; authorisation; oversight by Senior Practitioners; the involvement of Public Advocates, Guardians and/or others; reporting requirements; and penalties for misuse. Some actions considered to be a restrictive practice in one state were not considered to be in another.

The introduction of the NDIS, beginning in 2013, represented a shift to a national disability support system, supported by a new quality and safeguards regulator (implemented over time). Despite the creation of a national regulator – the NDIS Commission – some elements of quality and safeguards unfortunately remain the responsibility of state and territory jurisdictions. The authorisation of restrictive practices is one such devolved responsibility, as is the management of the worker screening clearance.

The National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Services Sector<sup>1</sup> ('National Framework'; 'Framework') aspires to national consistency (as distinct from uniformity). The Framework, committed to by all states and territories and the Commonwealth, sets out a series of principles on restrictive practices to guide their use (when necessary), and to drive their reduction and elimination. The Framework explicitly notes the *United Nations Convention on the Rights of Persons with Disabilities* (CRPD) as its starting point. The principles acknowledge the need for: a human-rights-based, national, person-centred approach; high-quality outcomes and occupational safety; accountability; collaboration and education. Central to the principles is that 'restrictive practices should occur only in very limited circumstances, as a last resort and utilising the least restrictive practice for the shortest period of time possible [and only] where they are proportionate and justified in order to protect the rights or safety of the person or others' (p. 6). In our view, these principles are sound.

The National Framework was followed by the release of the NDIS Quality and Safeguarding Framework in 2017. The National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules<sup>2</sup> ('the Rules') followed in 2018. The Rules outline, under the authority of the *NDIS Act 2013*, the obligations of providers of NDIS supports — specifically those which involve behaviour support and/or restrictive practices, the conditions of provider registration, and related authority vested in the NDIS Commission.

The Rules add a number of requirements, including the need for restrictive practices to be outlined in a behaviour support plan and for ways to reduce or eliminate the need for restrictive practices to be explored. In addition, they require that the use of restrictive practices be authorised in accordance with the relevant state or territory process, however prescribed.

While the principles outlined are broadly sound, their utility should be measured by their application. Navigating the interactions between individual freedoms, safety of service users and workers, dignity of risk, occupational safety, duty of care, specialist practitioner shortages, worker training and other complex elements is the daily work of many disability service providers. A number of these complexities are canvassed below.

### **Why restrictive practices occur**

NDS advocates for the reduction and elimination of restrictive practices. Restrictive practices occur in a number of environments, including during provision of disability

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<sup>1</sup> DSS 2013, National Framework for Reducing and Eliminating the Use of Restrictive Practices in Disability Services Sector, Australian Government, <https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-framework-for-reducing-and-eliminating-the-use-of-restrictive-practices-in-the-disability-service-sector>

<sup>2</sup> National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, <https://www.legislation.gov.au/Details/F2018L00632>

support. This submission focuses on the application of restrictive practices within disability service provision, as well as where service providers may play a role with respect to restrictive practices in other settings (a service user's family; or in another service setting, such as health, for example).

### *Key propositions*

Each instance of restrictive practice— by nature — infringes a person's rights. As such, each instance should be treated with a high degree of circumspection and an appreciation of the gravity of each application and its potential impacts.

Given the seriousness of restrictive practices, principles should guide their use. NDS considers each of the following propositions to be fundamental and non-negotiable; they broadly map onto principles in the National Framework and the NDIS Rules, and have been based on principles proposed in a discussion paper into a review of restrictive practice authorisation in NSW<sup>3</sup>, with the addition of consideration of impact on other service users.

Restrictive practices should be:

- Person-centred
- Least restrictive
- For the shortest time possible
- Monitored
- Reviewed
- Used with a view to reducing or eliminating restrictive practices
- Used with no impact on other service users. If impact is unavoidable, it should be minimal and specifically managed.

A restrictive practice should, ideally, be implemented by a person who is appropriately trained. Myriad factors can precipitate a behaviour of concern and need to be considered — rather than the behaviour being considered an isolated incident or one that was not initiated by some factor. Importantly, consideration must be given to the fact that, for many people, behaviours of concern serve a communication function.

Finally, acknowledgement should be given to the wide array of people and organisations which may be involved at various points in a restrictive practice being implemented. These include the person themselves; their family, carers and/or advocate; other service users; the workers implementing the restrictive practice; other workers; the provider; public guardian/public advocate or similar; government agencies; authorising bodies; regulators and funders. For some of these, NDS would suggest they should have input into the decision-making on authorising and implementing restrictive practices — these include the person themselves, their family, carers, advocates and guardian, the provider, and relevant authorising bodies.

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<sup>3</sup> NSW Government 2019, Restrictive Practices Authorisation in NSW — Consultation discussion paper, (<https://static.nsw.gov.au/nsw-gov-au/1562903318/RPA-Consultation-Discussion-Paper-accessible.pdf>).

Having acknowledged that restrictive practices impinge on a person's rights, in some circumstances there may be no other way to ensure the safety of the person themselves, other service users, workers, or people in the community. In such circumstances, principles are pivotal in ensuring the extent to which the restrictive practice contravenes a person's rights is as minimal as possible. It is also the case that in some circumstances a restrictive practice may be an enabler for an individual. For example, the use of medication may allow a person to access the community where they would otherwise be unable to do so without the possibility of behaviours representing an unmanageable risk to themselves or others.

Used properly, restrictive practices can reduce the risk of harm to a person and/or the people around them. Used improperly, restrictive practices can result in: reliance on the restrictive practice instead of looking for less-restrictive alternatives; loss of skill development by the service user; an embedding of uneven power dynamics between the service user and worker/provider; a long-term impact on the service user, including trauma; and result in risk-aversion/lack of dignity of risk.

There has been, for some time now, a movement away from the medical model of disability to a social model, which considers disability to be primarily a social construction and emphasises the role societies play in making all parts of life accessible to people with disability. The currently emerging view is undergirded by a consideration of a biopsychosocial model – which looks at the interconnection between biology, psychology and socio-environmental factors. Using this model as a lens through which to consider restrictive practices may provide some insight into a process which often considers a behaviour of concern to be either the result of psychological factors, physical factors or socio-environmental factors – it is likely most often a combination of several of these.

*Examples of complexity: When rights conflict*

Disability service provision involves the interaction of multiple parties, the interests of whom sometimes conflict. At an organisational level, there is a duty of care to all service users, and this may be in tension with concepts of dignity of risk and choice and control for individual service users. Additionally, a service user's family may have wishes that conflict with that of the provider or service user, and/or which are not able to be carried out by the service provider. An example is when a service provider is asked to perform a practice which the family carries out at home, but which represents an unauthorised or unregulated restrictive practice. Additionally, each worker has the right to a safe working environment, and the community has a right to expect to be safe when in public.

Any abuse experienced by a person with disability is unacceptable; this includes when it is the result of the behaviour of another person with disability. Restrictive practices may be in place to guard against situations where one service user experiences adverse impacts of the behaviours of another service user – this has been referred to as a

‘wicked problem’<sup>4</sup>. The Victorian Office of the Public Advocate’s report ‘I’m too scared to come out of my room’, provides an illustration of the complexity and ubiquity of so-called ‘client-on-client’ incidents. In the report, the Public Advocate considers three contributors:

- environment — including inappropriate placements and a lack of alternative accommodation
- workforce issues — including lack of training, insufficient staff and lack of leadership
- cultural issues — particularly tacit acceptance and normalisation of violence and bullying<sup>5</sup>

NDS understands this report has been provided to the Royal Commission.

### **Operational considerations**

#### *Areas of inconsistency*

National consistency in the understanding and application of restrictive practices is an appropriate goal. It is outlined in the National Framework and is a key tenet of the move to a national scheme under the NDIS. The aim for national consistency in restrictive practice authorisation was reiterated by states, territories and the Commonwealth as recently as July this year during a Disability Reform Council meeting where ‘ministers supported the draft national principles for restrictive practice authorisation as a key milestone in the path to national consistency’<sup>6</sup>. This draft is not currently publicly available.

Historical difference across jurisdictions results in variable knowledge and expertise on restrictive practices across the country. The move to a national regulator has resulted in the need for substantial upskilling among frontline staff and managers to ensure they understand all the new definitions and requirements.

Consistent understandings and definitions of restrictive practices within states would also reduce confusion. For example, while the NSW Department of Communities and Justice (formerly ‘Family and Community Services’) has adopted the definitions and categories of restrictive practices in the NDIS Rules, the NSW Civil and Administrative

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<sup>4</sup> John Chesterman, Deputy Public Advocate (speech delivered at OPA Roundtable, Melbourne, 29 July 2019).

<sup>5</sup> OPA 2019, ‘I’m too scared to come out of my room’: Preventing and responding to violence and abuse between co-residents in group homes, (<https://www.publicadvocate.vic.gov.au/media-centre/377-violence-by-co-residents-in-group-homes>).

<sup>6</sup> DRC communique ([https://www.dss.gov.au/sites/default/files/documents/07\\_2020/statement\\_-\\_disability\\_ministers\\_meeting\\_24\\_july\\_2020.pdf](https://www.dss.gov.au/sites/default/files/documents/07_2020/statement_-_disability_ministers_meeting_24_july_2020.pdf))

Tribunal's definitions are less precise<sup>7</sup>, while NSW Health's definition of chemical restraint focuses on restricting movement, rather than behaviour, and explicitly excludes *pro re nata* medication from its definition<sup>8</sup>. Given each of these has a role to play in restrictive practice use or authorisation, variance in understanding makes it particularly difficult to achieve good outcomes in an efficient way.

*NDIS resources required for restrictive practice authorisation*

All use of restrictive practices in the NDIS is authorised through a process determined by each jurisdiction. This authorisation process comprises a review of a comprehensive and detailed behaviour support plan that has been developed by a behaviour support practitioner who has been deemed suitable by the NDIS Commission and is registered to deliver specialist behaviour support services.

In order for an NDIS participant to have a positive behaviour support plan (BSP) developed, they must have funding in their NDIS plan under the support item 'Specialist Behavioural Intervention Support'. This support item includes the development of a BSP by behaviour support clinicians, who must be registered with the NDIS Commission. An amount is allocated to this budget as part of the 'reasonable and necessary' decision-making process. The amount allocated will generally allow for a number of hours that are able to be spent by the behaviour support practitioner to undertake an assessment and develop a plan.

Additional funding may be allocated for families, carers and staff working with the NDIS participant to be trained in how to implement any strategies that have been developed by the behaviour support clinician. Unfortunately, this funding is limited and almost never includes the cost of back-filling staff while being trained.

At this stage it is not possible to use funding from any other area of a participant's plan to fund development of a BSP. This means that participants who do not have funding in this support category but for whom a restrictive practice is required are not able to use their NDIS funding to have a BSP developed. Where there is funding allocated, the amount allocated must also be sufficient for the behaviour support practitioner to undertake a comprehensive assessment and develop the BSP.

There are several reasons why an NDIS participant who requires a BSP may not have Specialist Behavioural Intervention Support funding in their plan, however two of the most common are:

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<sup>7</sup> NCAT 2019, 'NCAT Fact Sheet (Guardianship Division): Restrictive practices and guardianship, ([https://ncat.nsw.gov.au/documents/factsheets/gd\\_factsheet\\_restrictive\\_practices\\_and\\_guardianship.pdf](https://ncat.nsw.gov.au/documents/factsheets/gd_factsheet_restrictive_practices_and_guardianship.pdf)).

<sup>8</sup> NSW Health 2020, Seclusion and Restraint in NSW Health Settings ([https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020\\_004.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_004.pdf)).

- The planner either doesn't understand the need for a BSP at the time of building the plan, or determines that specialist behavioural intervention support funding is not 'reasonable and necessary'
- A BSP or the use of a restrictive practice was not required at the time of developing the plan, however due to a change in the participant's circumstances a BSP is now required

In these circumstances, when the need for a BSP is identified, the only recourse available to a participant is to seek a plan review. Providers and participants report significant delays in the NDIA arranging a plan review, which then affects when a participant's new goals and needs relating to behaviour support can be funded. Similarly, where plans do not include adequate funds for BSP development, training and monitoring, a plan review is also required. The provision of funding to develop a BSP sits with the NDIA. If not provided, the organisation may be unable to implement any positive support or restrictive practices, resulting in risks for the participant and other people.

Even though NDIS March 2020 Quarterly Report data<sup>9</sup> indicates that the number of open reviews along with the time taken to close reviews has decreased where restrictive practices are required, a more immediate response is needed to ensure that appropriate funding can be included in a participant's plan for a BSP to be developed.

While waiting for authorisation to use a restrictive practice, all unauthorised use must be reported to the NDIS Commission. Without the guidance of a BSP based on a comprehensive assessment, a participant may experience a restrictive practice that is not the most suitable. Participants may also find that their choices in terms of support structures and providers are limited, as some providers may not continue to support a participant requiring restrictive practices where these have not been authorised and where there is not BSP in place.

### *Possible means of resolving the issue*

In order to address this issue the following processes could be implemented:

- The use of an unauthorised restrictive practice (apart from a single use) should trigger an automatic allocation of funds to enable a behaviour support practitioner to meet with the participant with a view to developing an interim BSP. Following an initial assessment the practitioner could provide a report to the NDIA that could be used either as part of a plan review or to assist with 'reasonable and necessary' decisions around the appropriate amount of funding required to develop a comprehensive BSP.
- Where a participant has had a BSP with restrictive practices included in their previous NDIS plan, funding should be included in the subsequent plan for a further BSP to be developed. Specialist Behavioural Intervention Support funding should only cease where this is recommended by a specialist behaviour support

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<sup>9</sup> NDIA 2020, COAG Disability Reform Council: Quarterly Report, 31 March 2020, (<https://www.ndis.gov.au/media/2351/download>).

practitioner and evidence has been provided that behaviours of concern have reduced. Even where restrictive practices are no longer required, many participants will require the development, review and monitoring of the effectiveness of positive behaviour support strategies.

- It is essential that sufficient funding be included in a participant's plan to enable adequate monitoring and review of BSPs. Where this is not sufficient, a report from a behaviour support practitioner could trigger an automatic additional allocation that would enable a review of the BSP to be completed. The NDIA could then use this report to assist with 'reasonable and necessary' decisions related to the funding required to develop a BSP.
- Recognising that both planning decisions around 'reasonable and necessary' supports relating to behaviour supports may be complex, the NDIS Commission and the NDIA could work together to develop a 'reasonable and necessary' funding template specific for this line item that includes all the necessary components of identified required practice (included in the NDIS Rules<sup>10</sup>). Required steps in developing a plan include: conducting a functional behavioural assessment; data collection; consultation with the participant and/or their representative; development of the plan; staff training to implement the plan; participation in the authorisation panel; review of incidents; and annual review of the BSP.

## **Behaviour support**

### *Behaviour Support Practitioners*

Development of a BSP requires a behaviour support practitioner, who are increasingly hard to access. As per the NDIS Rules, a behaviour support practitioner must be considered suitable to deliver specialist behaviour supports by the NDIS Commission. Prospective behaviour support practitioners need to meet the skills and knowledge areas outlined in the PBS Capability Framework and provide evidence as to how they are engaging in continued professional development. While there is limited hard data regarding the availability of behaviour support practitioners, in practice many are allied health professionals — such as speech therapists or psychologists — an occupational category service providers consistently report as among the most difficult to recruit and retain<sup>11</sup>. While this is true across the nation as a whole, access to behaviour support practitioners in rural and remote areas is even more difficult.

Additionally, NDS continues to hear of inconsistency in the quality of behaviour support practitioners from the point of view of Behaviour Support Plan-implementing providers.

### *Training*

The most comprehensive and proficient behaviour support plan is only as good as its implementation. As such, in addition to the availability and quality of behaviour support

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<sup>10</sup> National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, (<https://www.legislation.gov.au/Details/F2018L00632>).

<sup>11</sup> NDS 2019, State of the Disability Sector Report, 20 November 2019, p. 55 (<https://www.nds.org.au/news/state-of-the-disability-sector-report-2019-released>).



practitioners, training of the workers *implementing* the behaviour support plan is paramount. Training for implementation can fall to behaviour support practitioners, whose ability to train staff is variable.

The NDIS funds some 'shadow shifts', mainly used to introduce new workers, and not for a sufficient amount for some participants. In the context of support for people with complex support needs, this can result in staff commencing work with a person without the requisite skill and knowledge to provide adequate support. Training should also include information on what is a restrictive practice; the various factors that can precipitate behaviours of concern; the potential impacts of restrictive practices on a person, including in the long-term; the concept of least-restrictive alternative; focus on 'lesser-known' restrictive practices such as consequence control and environmental restraint; and recognition that behaviours of concern may be communicatory. A useful complementary tool is the Restrictive Intervention Self-Evaluation Tool ([RISET](#)), developed by the Senior Practitioner in Victoria and now also used in Tasmania. The tool guides workers through a series of questions which help them to understand whether a restrictive practice has occurred.

Beyond training for use of restrictive practices, good general staff training may decrease the need for restrictive practices to be used in the first place. This includes training in person-centred and active support, in communication skills (particularly how a particular individual may communicate), and in understanding the various ways people communicate (through behaviour, for example).

Part of NDS's commitment to quality and safeguarding is demonstrated via the Zero Tolerance framework. Within the framework is a suite of short films and an accompanying guide<sup>12</sup> which explore the use of restrictive practices, encouraging reflection and conversation about less restrictive way of supporting people. The films are widely used throughout the sector<sup>13</sup>.

### *Behaviour support plans*

Behaviour support practitioners frequently report disparities between the number of hours required to effectively implement a behaviour support plan and the hours funded in a participant's plan. In one example provided to the NDIA by an NDS member, plans had returned with between one-fifth and one-half of the hours originally requested. The provider sought the answer to the questions 'what should be omitted?' and 'how can we deliver within the funding provided and still adhere to the NDIS Commission requirements?' These are difficult decisions which providers such as this one face. At the time of writing, this provider has not yet received a response.

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<sup>12</sup> Available via the NDS website: <https://www.nds.org.au/zero-tolerance-framework/considering-additional-risk>

<sup>13</sup> NDS has provided a more detailed overview of Zero Tolerance in our response to the Royal Commission's issue paper on Rights and Attitudes: <https://www.nds.org.au/policy-library/nds-disability-royal-commission-submission-rights-and-attitudes>

While the NDIS Commission has a focus on behaviour support practitioners, it doesn't have detailed oversight of behaviour support plans (because this is the responsibility of each of the jurisdictions). This leads, inevitably, to a situation in which the NDIA controls the funds, the NDIS Commission regulates (registered) providers and ensures they maintain minimum standards, respective states and territories are in control of the quality approval processes for the use of restrictive practices — however there remains little oversight of the outcome. How is this participant's life improving and is the use of restrictive practices decreasing?

### **Conclusion**

In this submission, we have provided a brief consideration of the historical context to restrictive practices with respect to disability service provision, highlighting several areas of complexity – in particular, where the movement to a national scheme has nonetheless retained state and territory functions.

The aspiration of national consistency, committed to in the National Framework in 2013, is still yet to be realised, leaving people with disability who may be subject to restrictive practices at the mercy of a 'postcode lottery'. The realisation of this aspiration would be assisted by consistent practices across jurisdictions for the approval of restrictive practices, substantial upskilling of the workforce, a significant rise in number of behaviour support practitioners, and a focus on the implementation (as well as development) of behaviour support plans. Greater understanding of the causes of behaviours of concern, and more detailed data, derived from consistent approaches to the use of restrictive practices will allow the sector to move towards the goal of their reduction and elimination.

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**National Disability Services** is the peak industry body for non-government disability services. It represents service providers across Australia in their work to deliver high-quality supports and life opportunities for people with disability. Its Australia-wide membership includes almost 1200 non-government organisations which support people with all forms of disability. Its members collectively provide the full range of disability services—from accommodation support, respite and therapy to community access and employment. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Federal governments.

## **Appendix: Two programs working to improve practice**

### **Case Study: Conversations and Collaborations**

#### *Behaviour Support Practitioner Workshops*

NDS was funded by the NDIS Commission to deliver a capacity-development program for behaviour support practitioners in every state/territory over 2019-20. Learning objectives link to the Positive Behaviour Support (PBS) Capability Framework and draw on contemporary, evidence-based practice. Four workshops occurred throughout 2019-20; the recorded versions of these workshops are available for viewing via the [NDIS Quality and Safeguarding Resources webpage](#).

Topics delivered throughout 2019-20 included:

- Supporting teams to consistently implement positive behaviour support plans
- Reflective practice
- Collecting meaningful data and measuring outcomes
- Supporting the person (and their support network) to be involved in all aspects of positive behaviour support

More than 400 behaviour support practitioners participated. An evaluation survey demonstrated 98% of respondents indicated participation had enhanced their professional positive behaviour support practice and capacity to support the professional development of colleagues. The BSP workshops will be continuing throughout 2020-2021, on a quarterly basis, in every state and territory.

#### *Recognising Restrictive Practices Workshops*

Recognising Restrictive Practice workshops were facilitated across Australia to establish a common understanding of the legislation in all states and territories. The workshops promoted an understanding of restrictive practices and provided an opportunity for examples of good practice to be shared. Attendees were familiarised with available resources and provided with information about how to use them. Resources include those developed by NDS's Zero Tolerance initiative and resources available via state-/territory-based restrictive practice authorisation bodies or on the NDIS Commission's website. 821 people participated.

More than four in five (82%) respondents said that it had enhanced their understanding of what constitutes a restrictive practice, and 15% said it had possibly enhanced their understanding. Only 3% said that it had not. There was a similar pattern of responses when participants were asked whether they had a better understanding of state-based restrictive practice authorisation requirements after the workshop: 82% said 'Yes', 15% said 'Possibly', and 3% said 'No'.

NDS has been funded by the NDIS Commission to facilitate a large, national, virtual conference focussing on Positive Behaviour Support and the Reduction and Elimination of Restrictive Practices in 2020-21.

## **Case study: Western Australia workshops**

Since 2018 NDS has been delivering a series of workshops across Western Australia to increase provider understanding of Positive Behaviour Support and the elimination of Restrictive Practices. The workshops supported PBS Practitioners, Coordinators and Senior Managers of implementing providers in development of action plans for complying with state and NDIS Commission requirements. The workshops were delivered by experienced Positive Behaviour Consultants and funded by the Department of Communities, Western Australia.

### *Positive Behaviour Support and Elimination of Restrictive Practices*

Objectives: understanding restrictive practices benchmarking audit, data collection and analysis; embedding PBS Framework across organisations; assessment of internal PBS systems, development of action plans and challenges

### *Understanding and Assessing Restrictive Practices*

Objectives: deepening understanding of why restrictive practices occur; identifying types of regulated restrictive practice; reflecting on each regulated restrictive practice type.

### *Restrictive Practices Auditing*

Objectives: developing plans for restrictive practice audit within their organisation; exploring indicators and evidence of restrictive practices, documentation and observation; practicing soft skills including interviewing people to identify potential restrictive practice use

### *Positive Behaviour Support Readiness: Organisational Self-Assessment*

Objectives: considering PBS Capability framework requirements for implementing providers; identifying barriers to implementation and how to overcome them; considering tools useful to organisations