



# Position statement

## Safe surround beds and safe sleepers

External use

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## Definitions

The meaning of key terms and abbreviations in this document are set out in the table below.

**Table 1 – Definitions, key terms and abbreviations used in this document**

Term or Abbreviation	Description
Behaviour support	Behaviour Support, also referred to as Positive Behaviour Support (PBS), is a human rights and values led approach. It includes an ongoing process of assessment, intervention, and data-based decision making. Behaviour Support focuses on skill building, creating supportive contexts through ecological and systemic change and reducing the likelihood and impact of behaviours of concern. It relies on person-centred, proactive and evidence informed strategies that are respectful of a person's dignity and aim to enhance the person's quality of life. Behaviour Support draws primarily from behavioural, educational, and social sciences, although other evidence-based strategies may be incorporated. It can be applied within a multi-tiered framework at the level of the individual and at the level of larger systems. (Adapted from Kincaid et al. 2016 and Leif et al. 2024)
Behaviour support plan	A behaviour support plan (BSP) is a document prepared in consultation with the person with disability, their family, carers, and other support people. The BSP contains person-centred, proactive, and evidence-informed strategies to enhance the person's quality of life. It addresses the needs of the person and reduces the likelihood and impact of behaviours of concern.
Behaviour Support Rules	<a href="#"><i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 (Cth).</i></a>
NDIS Code of Conduct	<a href="#"><i>National Disability Insurance Scheme (Code of Conduct) Rules 2018,</i></a> which applies to all NDIS providers regardless of registration.
Evidence-informed practice	Evidence-informed practice means integrating the rights and perspectives of the person with disability, with the best available research, professional expertise and information from the implementing or practice contexts.
NDIS Commission	The National Disability Insurance Scheme Quality and Safeguards Commission is a federal government agency established by section 181A of the <a href="#"><i>National Disability Insurance Scheme Act 2013</i></a> (Cth) to improve the quality and safety of supports and services delivered to people with disability.
NDIS Provider	A person, entity, business, or organisation that receives NDIS funding or who is a NDIS provider as prescribed by the NDIS rules.
Participant	A person with disability who is a participant in the National Disability Insurance Scheme (NDIS). They have a NDIS plan and use the funding in that plan to purchase supports and services.

Restrictive practice	Any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.
Regulated restrictive practice	A restrictive practice is a regulated restrictive practice if it is or involves any of the five types of restrictive practices that are subject to regulation and oversight by the NDIS Commission: (1) seclusion; (2) chemical restraint, (3) mechanical restraint, (4) physical restraint, and (5) environmental restraint.

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## Purpose

1. This document outlines the NDIS Commission's position on the use of safe sleepers or safe surround bed devices. It describes what these devices are, the context of their use and what NDIS providers need to consider in relation to use of the devices.

## Guideline scope

2. This position statement only considers safe sleepers or safe surround bed devices and does not comment on the use of bed rails. It has been developed for NDIS providers, both registered and unregistered. It may also assist NDIS participants and others who support them to uphold their rights and know what to expect from providers.

## Key points

3. Safe surround beds and safe sleepers are fully enclosed devices designed to prevent a person from leaving their bed during the night.
4. These devices are sometimes used in response to sleep issues, including behaviours of concern or harm related to a person's sleep.
5. There is no known evidence for the efficacy of these devices in treating sleep disorders or sleep issues.
6. NDIS providers are subject to legislated conditions in relation to use of these devices with a person with disability.
7. Use of these devices must be the least restrictive option, a last resort in proportion to the potential negative consequences of risk or harm, and for the shortest possible time to ensure safety.
8. Evidence-informed, proactive strategies that progress toward the elimination of the use of the device should be in place.
9. The use of these devices with a person with disability constitutes a regulated restrictive practice.

## What are safe sleepers or safe surround beds?

10. Safe sleepers and safe surround beds are devices specifically designed to prevent an individual from leaving their bed. Safe sleepers or safe surround bed devices are generally used in response to behaviours of concern or harm related to sleep or sleep disorders.
11. Safe sleepers and safe surround beds are a fully enclosed device, the purpose of the design of these devices is to prevent a person from exiting the bed. These devices are sometimes referred to as adaptive beds or enclosed canopy beds. Safe sleepers and safe surround beds have various forms and often include adjustable options. The common features of these beds are zips or locking systems that can only be opened from the outside, high walls made of either wooden rails or nylon mesh, and a mattress.

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## Context and potential impacts of use

12. Safe sleepers or safe surround bed devices are generally used in response to behaviours of concern or harm and/or sleep issues. People with disabilities are disproportionately affected by sleep disorders or issues related to sleep. Sleep issues may include:
  - frequent waking at night or short sleeps
  - problems settling to sleep
  - issues related to bedtime or going to bed
  - experiencing pain or frequent nightmares
  - seizures
  - sleep apnoea
  - teeth grinding
  - enuresis
  - involuntary limb movements that lead to frequent waking at night
  - distress related to sleep.
13. External factors can also affect a person's sleep. This may include a sleeping environment that is too cold, warm, loud, or light. Other factors also include routines that do not fit with a person's sleep needs or preferences. A person having sleep issues may also experience fatigue or irritability during the day. They may present with behavioural symptoms related to sleep issues. These may include increased aggression, crying, bedtime distress, calling out, or leaving the bed.
14. There is no known evidence for the efficacy or safety of the devices in addressing sleeping problems or behaviours of harm or concern. There are potential risks to the person with disability associated with the use of safe sleepers or safe surround beds.
15. Improper installation may result in a gap between the vertical rails and mattress risking entrapment. Often the users of these devices are people with physical or cognitive disabilities, or people who will have decreased alertness due to medication. These factors may mean they are at higher risk of entrapment when using these devices. Further, product safety warnings and disclaimers may not be easy to read or readily accessible. Product safety warnings may include weight limits, entrapment hazard warnings for the use of pillows and comforters within the device and specific bedding to be used to reduce the risk of entrapment.
16. Use of the devices may cause trauma or psychological distress and may negatively impact a person's relationship with carers or primary attachment figures. The use of these devices may impact a person's ability to communicate their needs and have someone respond in a timely manner leading to a potential risk of harm to the person. For some individuals, the use of these devices can lead to developmental impacts, including adverse impacts on opportunities for the person to develop skills for sleep management. The device may have long term impacts on the individual's autonomy. Long term use may lead to an over-reliance. This may mean the person becomes anxious without it.
17. The use of these devices, particularly long term, also has the potential to negatively impact a person's rights to inclusion in the community. They also lead to isolation or segregation from the community.

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## What does this mean for NDIS Providers?

18. The [NDIS Code of Conduct](#) requires that providers (registered and unregistered) and workers deliver supports and services in a safe and competent manner, with care and skill. Further the [National Disability Insurance Scheme \(Quality Indicators for NDIS Practice Standards\) Guidelines 2018](#) Part 5 (50)(5), asserts that in the provision of supports where a provider is implementing a behaviour support plan, workers should receive training in the safe use of restrictive practices.
19. Use of the devices should be informed by assessment, including medical, allied health and/or sleep specialist assessments. Where these devices are in use, protocols should be in place to reduce risk, for example, protocols should note the level of supervision required while in use, emergency exit plans and how the person can communicate that they wish to get out of bed. Medical, allied health assessment and/or consultation with specialist sleep services should be considered for a person with disability experiencing issues around sleep. Furthermore, consideration should be given to the underlying causes for the sleep issues, for example, health concerns around physical pain, nausea, or gastrointestinal issues.
20. For children and young people, a developmental approach that focuses on skills development is recommended. A child or young person's developmental, emotional, psychological, and social needs including those related to attachment, inclusion and sense of belonging should be considered. For adults, an approach focused on transitioning to evidence-based, less restrictive alternatives is recommended.
21. Specialist behaviour support providers and other NDIS providers should take all reasonable steps to explore and implement appropriate alternative strategies to address sleep disorders or behaviours of concern or harm related to sleep. Specialist behaviour support providers and other NDIS providers should be aware that use of safe sleepers or safe surround beds with a person with disability **must** be:
  - the least restrictive option
  - used only as a last resort
  - used in proportion to the potential negative consequences of risk or harm
  - used for the shortest possible time to ensure safety.
22. Where a participant is using the device, evidence-informed and proactive strategies that progress toward the elimination of the use should be in place. Evidence based strategies include, for example, cognitive behaviour therapy, light therapy, sleep hygiene and individualised sleep programs tailored to the individual's sleep preferences.
23. The use of regulated restrictive practices must be clearly outlined in a behaviour support plan. Further details are available in the fact sheet [Implementing providers: Facilitating the development of behaviour support plans that include regulated restrictive practices](#). The use of regulated restrictive practices must also be authorised in accordance with any state or territory legislation or policy requirements. Providers must not use any practice that is prohibited in the state or territory.

## Are these devices a regulated restrictive practice?

24. The use of safe sleepers or safe surround beds is considered a restrictive practice as it 'has the effect of restricting the rights or freedom of movement of a person with disability' ([National Disability Insurance Scheme Act 2013, s9](#)). Using restrictive practices on people with disability can present serious human rights breaches. The decision to use any restrictive practice needs

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careful clinical and ethical consideration, taking into account a person's human rights and their right to self-determination.

25. The use of these devices constitutes a regulated restrictive practice, and the use meets the definition for **mechanical restraint**. The [\*National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018\*](#) defines mechanical restraint as 'the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes'.
26. As there is no evidence for the effectiveness of safe sleepers or safe surround beds, they are considered to have no therapeutic or non-behavioural use, and so the implementation of these devices meets the definition of a mechanical restraint.

## Relevant legislation

27. This document is consistent with the requirements as outlined in the [\*National Disability Insurance Scheme Act 2013\*](#), [\*National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018\*](#), [\*National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018\*](#) and the [\*National Disability Insurance Scheme \(Code of Conduct\) Rules 2018\*](#).

## Key resources

- [\*Convention on the Rights of Persons with Disabilities\*](#), *United Nations Convention on the Rights of Persons with Disabilities*
- [\*Evidence-informed Practice Guide\*](#), NDIS Quality and Safeguards Commission
- [\*Implementing providers: Facilitating the development of behaviour support plans that include regulated restrictive practices\*](#), NDIS Quality and Safeguards Commission
- [\*Practices that present high risk of harm to NDIS participant: Position Statement\*](#), NDIS Quality and Safeguards Commission
- [\*Regulated restrictive practices guide\*](#), NDIS Quality and Safeguards Commission
- [\*Regulated restrictive practices with children and young people with disability practice guide\*](#), NDIS Quality and Safeguards Commission

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