

Restrictive Practices Information Booklet

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Welcome,

to your Restrictive Practices Information Booklet!

This toolkit has been developed in response to the legislative changes of Government in regards to the use of restrictive practices in service delivery.

Research has shown the negative impacts that long term or unrequired use of restrictive practices can cause in the lives of people with disability.

Based on this, the NDIS Quality and Safeguards Commission developed the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. This is a legislative document that has changed and outlines the requirements of organisations such as Community Living Australia regarding the use of restrictive practices in service provision.

This legislation and Community Living Australia as an organisation are committed to reducing or where possible eliminating the use of any type of restrictive practice in the delivery of services to people with disability.

This toolkit will help you develop an understanding of:

- Restrictive Practices - what they are and the different types that exist
- What is required so that, if they are used, they are used legally and minimally
- How Positive Behaviour Support can assist in the reduction of the use of restrictive practices
- The legislative changes that have been introduced by Government to ensure their use is either reduced or eliminated
- The requirements and processes of Community Living Australia in documenting, reporting, reviewing and using restrictive practices in service delivery.



Why is the legislation changing?

Research in the industry as summarised in the ‘Restrictive Practices Reference Guide for the South Australian Disability Service Sector’ developed by the Department for Communities and Social Inclusion, has shown that people with disability are often subject to practices that restrict their freedom, movement or ability to make decisions.

It states that South Australians, irrespective of ability, are entitled to lead lives that are meaningful, participatory and self-determined.

It also outlines that any use of a restrictive practice has the potential to cause long-term physical and psychological harm and that the use of unauthorised restrictive practices is an infringement of a person’s human and, in many cases, civil rights.

The aim of the new legislation is to reduce the dependence of disability service systems on the use of restrictive practices for addressing behaviours of concern.

It outlines that the use of restrictive practices is not considered therapeutic, nor an effective long-term strategy to address behaviours of concern and that they may constitute false imprisonment and/or battery.

While restrictive practices may be used in some circumstances there are concerns that such practices can also be imposed as a ‘means of coercion, discipline, convenience, or retaliation by staff, family members or others providing support’.

It has been found that people with disability, especially those with cognitive impairment and psychosocial disability, are routinely subjected to unregulated and under-regulated behaviour modification or restrictive practices.

There is also significant inconsistency in the regulation of restrictive practices across the industry, hence why changes to the legislation were required to make the process of gaining approval, reporting, documenting and reviewing the use of restrictive practices more clear for service providers, people with disability and their families.

It has also been identified that there is a general lack of training, understanding and awareness in the industry regarding restrictive practices and their use.

A real life example below shows how pervasive and yet unidentified the use of restrictive practices are in services across Australia:

- In Western Australia three organisations supporting sixty individuals agreed to be “champions” for change in the use of restrictive practices.
- Their staff were asked how many restrictive practices were used and the answer was fewer than 10.
- After training on restrictive practices, they identified over 100 restrictive practices – meaning their use was far more prevalent and wide spread than was expected
- Training increased the identification and reduced the use of restrictive practices – leading to improved service quality and outcomes for the clients.

Changes to the Legislation

The NDIS Quality and Safeguards Commission have developed the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

This legislative document was created to stipulate the requirements that any disability organisation or individual providing services as part of the National Disability Insurance Scheme (NDIS) must abide by in service delivery in regards to restrictive practices.

The legislation is aimed at protecting and preventing harm to persons with disability in the NDIS market.

The aim is to minimise or eliminate where possible the use of restrictive practices by disability service organisations. It is also a strong focus to ensure there is standardised requirements across the industry in terms of how approvals, requests and reviews are obtained and conducted.

The impact of the changes in the legislation and what this means for Community Living Australia as a service provider is outlined in greater detail within this toolkit.

You can find the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 at: <https://www.legislation.gov.au>.

What Is a Restrictive Practice?

A restrictive practice is a practice, device or action that removes another person's freedom or interferes with another person's ability to make a decision.

This includes:

- Detention
- Seclusion
- Environmental restraint
- Chemical restraint
- Physical restraint
- Mechanical restraint
- Exclusion
- Aversive restraint
- Prone physical restraint
- Supine physical restraint
- Psycho-social restraint.

Our Obligation as a Service Provider

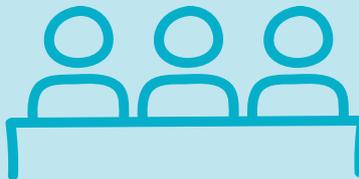
Before a restrictive practice is approved:

- ✓ All less restrictive alternatives must be investigated and documented
- ✓ A positive behaviour support plan might be required as per legislation
- ✓ Appropriate prescription, consent and endorsement must be obtained
- ✓ The restrictive practice must be viewed as a last resort, have a time limited strategy and a regular review of the practice must be planned
- ✓ Collateral outcomes on other clients must be outlined, documented and where possible improved or minimised
- ✓ Appropriate consent must be given
 - » This may include consent by the person, a substitute decision maker or a guardian with specific Section 32 authorisation of SACAT (South Australian Civil and Administrative Tribunal)

IN GENERAL:



A review of any restrictive practice must be done at least every 6 months



A Committee must be implemented with the task of reducing the use of restrictive practices across the organisation



A Restrictive Practices Compliance Officer must be appointed to liaise with Team Leaders and Regional Managers to ensure that when a restrictive practice is used the correct process has been followed.

A detailed process flowchart showing the process our organisation and employees must follow in getting the use of a restrictive practice approved is provided on page 12-13.

Restrictive Practices Explained

Under the legislation there are some restrictive practices that are permitted to be used providing the correct approvals, processes and requirements are met. However, there are also some restrictive practices that are illegal and are never allowed to be used under any circumstances.

 **Allowed Restrictive Practices**
These require recording, reporting and appropriate approvals.

 **Prohibited Restrictive Practices**
These are illegal and are never allowed to be used under any circumstances.

Mechanical Restraint



The use of a device to prevent or restrict a person's free movement for the primary purpose of controlling that person's behaviour.

It does not include:

- The use of therapeutic devices e.g. splints
- or the use of safety devices e.g. seat belts, wheelchair trays or bed rails to prevent injury from falls.

However, it is considered a mechanical restraint if a person resists or objects to its use.

Physical Restraint



The prevention and restriction of free movement for the purpose of controlling behaviour.

It does not include physical contact to guide or redirect a person away from immediate potential harm or injury.

Seclusion



The sole confinement of a person, at any hour of the day or night, in any room where doors/windows cannot be opened by the person.

Chemical Restraint



The use of medication to influence or control a person's behaviour or normal bodily function.

Chemical restraint does not include the administration of:

- Relevant medication prescribed by a medical practitioner for the treatment of a diagnosed mental or physical illness
- Pre-procedural medication to reduce anxiety regarding the procedure, and where the person is not resisting the medication.

Detention



Preventing a person from leaving the place where they receive disability services.

Detention may include:

- Locked doors, windows or gates
- Constant supervision and escorting.

Environmental Restraint



The prevention of free access to all parts of the person's environment, e.g. not allowing access to various parts of their house or locking refrigerators.

Exclusion



The act of preventing a person from participating, deliberately ignoring or not including a person in an activity or decision should not be used. It is a form of punishment.

Aversive Restraint



The practice of using physical, sensory or verbal stimuli e.g. spray with water in response to behaviours, should not be used.

Psycho-social Restraint



The use of power-control strategies e.g. use of voice (demeaning) tone, ignoring the individual or withdrawing privileges should not be used.

Supine and Prone Restraint



These restraints are hazardous, potentially lethal and have caused deaths in the past and should never be used in any circumstance.

Supine is when someone is restrained in the position of lying on their back.

Prone is when someone is restrained in the position of lying on their front.

Is it ever okay to use a Restrictive Practice?

Yes, the least restrictive practice possible can be used as long as:

- ✓ There is documentation that all other options have been tried first
- ✓ A risk assessment has been done
- ✓ The correct approval and consent to use the restrictive practice has been obtained as outlined in a Positive Behaviour Support Plan (PBSP).

What if the use of a Restrictive Practice is requested by a family member or carer?

The process on the following page must be followed by all Community Living Australia employees when providing services.

A restrictive practice can only be used when the correct approvals, consents and processes are in place, regardless of the demands of any family member or carer of a client.

This is a legal requirement and all disability service providers under the NDIS are required to abide by the legislation.

If a family member or carer thinks that a restrictive practice is necessary, they must work with Community Living Australia to obtain the required information and approvals prior to the restrictive practice being used.

Reviews and Identification of Restrictive Practices

Reviews of all Restrictive Practices must be undertaken every 6 months.

The aim is to minimise or eliminate their use by implementing Positive Behaviour Support Plans along with various other supports.

What happens if someone uses a Restrictive Practice which is not:

- An emergency?
- Not an approved practice?

This will depend on the nature of each individual incident and will be assessed by the Practice and Quality Team.

Reporting the Use of Restrictive Practices

When using the different types of restrictive practices, they require different forms and levels of reporting. These are outlined below:

Consented Restrictive Practice

If a consented restrictive practice is used:

It only requires clinical notes that can be used for evidence at the 6 monthly restrictive practice review

Emergency Restrictive Practice

If an emergency restrictive practice is used:

An Incident Report is to be completed by the Support Worker documenting the rationale behind its use

If the same restrictive practice is used more than twice a Restrictive Practice Plan must be initiated by the relevant Team Leader

Different Restrictive Practice

(not included in plan)

If a different restrictive practice than what is outlined in the client's plan is used:

Follow Emergency restrictive practice reporting requirements (outlined above)



Restrictive Practice Application and Consent Process

SUBMISSION

You have identified the need for a Restrictive Practice

You are:

- A Support Worker
- An Intake Officer
- A Team Leader
- A Client Service Resource Team Member

Complete a Restrictive Practice Application and Consent Form



Submit to Team Leader



Team Leader submits application to Regional Manager



Regional Manager reviews application

APPROVAL

Denied



Put other steps into place

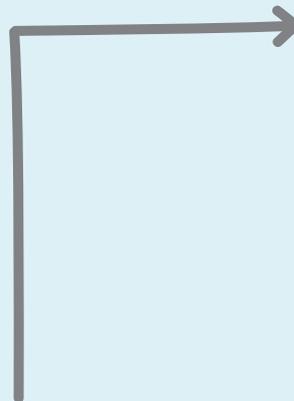
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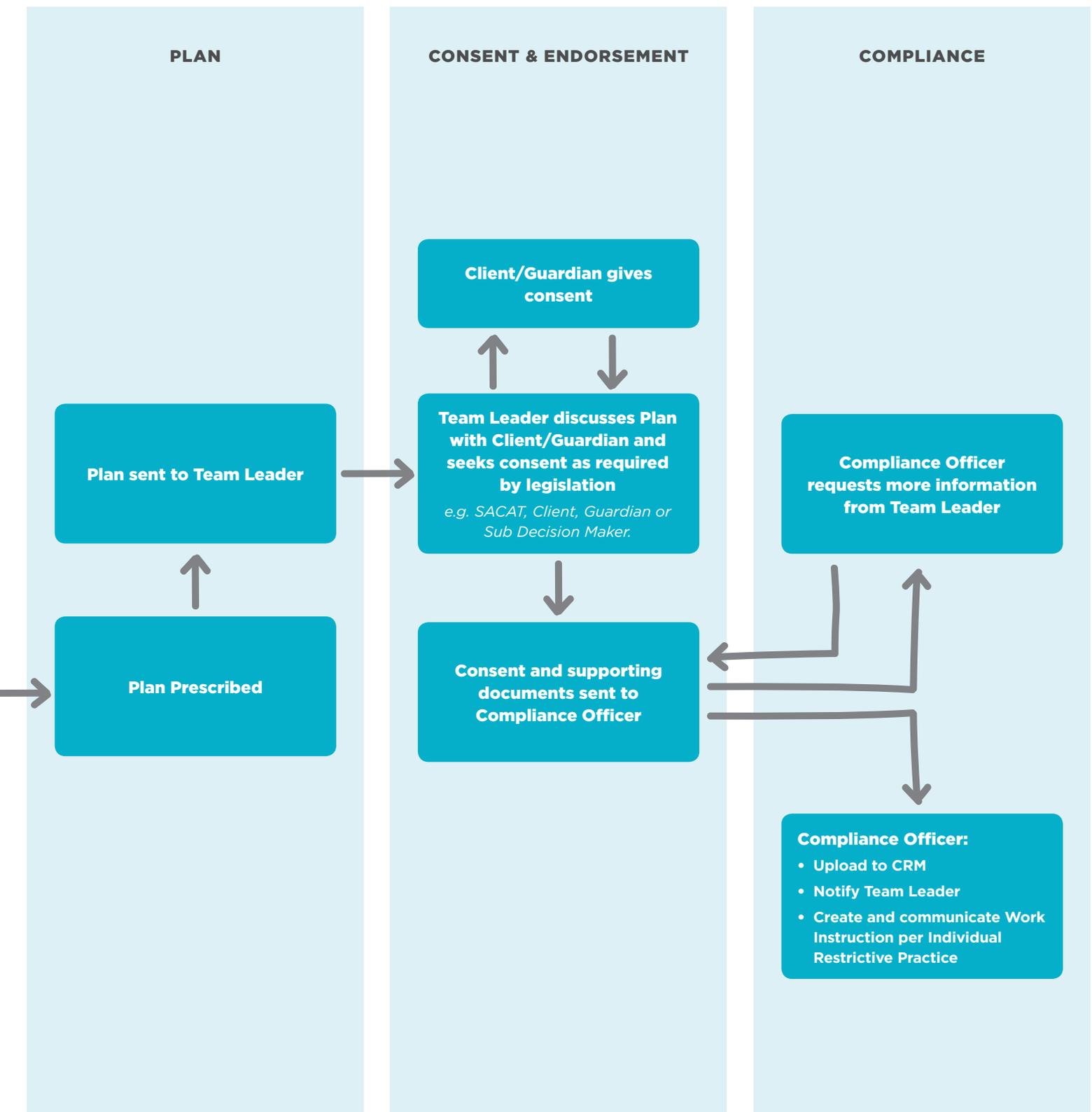


Team Leader refers to prescribing person for Plan

i.e. Client Resource Team, Doctors, Occupational Therapy, Physio or Psychologist

Submission outcome sent to Team Leader





Other Information and Resources

There are many documents and resources that will help to inform you and provide greater information regarding restrictive practices and their use in South Australia.

Community Living Australia Resources

(Contact Community Living Australia to request a copy)

- Policy Statement
- Operating Procedure
- Restrictive Practice Audit Flowchart
- Restrictive Practice Application and Consent Flowchart
- Restrictive Practice Review Form
- Restrictive Practice Practitioner Form
- Work Instruction

Publicly Available Resources

National Disability Insurance Scheme

(Restrictive Practices and Behaviour Support) Rules 2018

www.legislation.gov.au

Restrictive Practices Reference Guide for the South Australian Disability Service Sector

www.dcsi.sa.gov.au

Australian Law Reform Commission – The Use of Restrictive Practices in Australia

www.alrc.gov.au

National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector (the ‘National Framework’)

www.dss.gov.au

National Disability Services (NDS) Video Site

<https://vimeo.com/ndsvideos>

Contact Information

If you have any questions or concerns regarding restrictive practices, please feel free to contact your relevant Team Leader or Regional Manager or call us on (08) 8536 5888.

Community Living Australia

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