

FACTSHEET: RESTRICTING ACCESS

POSITIVE BEHAVIOUR SUPPORT & RESTRICTIVE PRACTICES

The Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (the department) draws on its SOLID values (Strengths based, Open, Loyal, Innovative and Dedicated) to commit itself to supporting people with a disability to thrive.

As such, the department is committed to ensuring that adults with intellectual or cognitive disability are supported in appropriate ways which ensure personal safety while actively considering the adult's rights and needs. Furthermore, the department is committed to respecting, protecting and promoting human rights. Under the *Human Rights Act 2019*, the department, as a public entity, has an obligation to act and make decisions in a way that is compatible with human rights and, when making a decision, to give proper consideration to human rights.

This Fact Sheet provides practitioners, service providers and disability support workers with information about the authorisation and use of restricting access to objects as applied to adults (18 years or older) who:

- have an intellectual or cognitive disability
- are receiving services provided by the department, or services prescribed by regulation and funded under a NDIS participant plan
- behave in a way that causes physical harm or a serious risk of physical harm to themselves or others.

The intent of Part 6 of the *Disability Services Act 2006* is to promote positive behaviour support approaches; support the elimination or reduction of the use of restrictive practices; and to reinforce that, if restrictive practices are used, they are to be the least restrictive way of ensuring the safety of the adult or others (as is practicable in the circumstances).

What is restricting access?

Restricting the access of an adult with an intellectual or cognitive disability means *restricting the adult's access, at a place where the adult receives disability services, to an object to prevent the adult using the object to cause harm to the adult or others.*

Example of restricted access

Monica is 33 years of age and lives with another woman in a rented home. They are both supported in their home by paid staff. When Monica was a child, she drank washing up detergent and had to go to hospital. Her parents also said they kept the refrigerator locked as she would drink all the milk and water kept in the refrigerator. The staff have seen her try to drink the washing liquid and stopped her in time and she has been taking all the milk from the refrigerator; Monica has also attempted to consume raw chicken from the fridge on one occasion. Monica eats and drinks quickly, and can cough from choking if staff do not remind her to slow down. Staff are worried they will not be able to stop her from eating or drinking something dangerous and want to lock away anything that Monica may eat or drink when they are not around. Staff who support her feel that locking these away is the only way to keep her safe. They cannot be with Monica every moment of the day or night to support both Monica and her flat mate.

Monica's friend Lorna helps Monica with decisions and is recognised by Monica's parents as her informal decision maker. Monica does not have any other behaviours of concern.

When considering locking items away to keep Monica safe, the service provider must give a statement in the approved form to Monica, her family members and others in her support network about locking items away.

The statement must include why the service provider is considering locking items away; how Monica, her family or others in her support network can be involved and express their views in relation to this practice; who decides whether this practice can be used; and how Monica, her family or others in her support network can make a complaint about, or seek review of, this practice. The statement must be explained in a way that Monica is most likely to understand and is appropriate to her age, culture, disability and communication skills.

The service must undertake an assessment and try to find out why this behaviour occurs. The staff must talk with Monica, her informal decision maker and staff to evaluate which lifestyle changes may increase

Positive Behaviour Support & Restrictive Practices: Restricting access

Monica's quality of life. If locking away anything she may eat or drink is the best way to keep Monica from hurting herself, a Positive Behaviour Support Plan must be written. The Positive Behaviour Support Plan needs to detail the procedure so that Monica's flatmate can have a drink when she wants one. As Monica does not have a guardian for restrictive practice matter appointed, Lorna is able to consent to a PBSP that includes locking away the dangerous liquids and putting a lock on the refrigerator as restricting access..

Other examples of restricting access to objects are:

- removing an adult's possession or stopping them from using an item they own, e.g., radio, television, toy
- stopping an adult from using the telephone in their house
- stopping an adult from going into a room in their home (other than another person's bedroom unless agreed by the person whose bedroom it is)
- putting a lock or similar on the refrigerator door or food cupboard to stop an adult from accessing the contents.

The Act stipulates that restricting access must not be used punitively, or in response to behaviour that does not cause harm to the adult or others. Locking away items or stopping an adult from using an item to punish them violates the adult's human rights and is therefore against the law.

When should restricting access be considered?

Restricting access as a form of restrictive practice may be considered for use by services provided or funded by the department, or services prescribed by regulation and funded under a NDIS participant plan in the following circumstances:

- As part of a Positive Behaviour Support Plan that promotes positive outcomes for the adult and supports the reduction or elimination of restrictive practices.
- As the least restrictive way to prevent the adult's behaviour causing harm to the adult or others.
- As a time-limited response where there is a need to safeguard the adult and others from harm associated with the occurrence of the adult's behaviour.

Considerations for the use of restricting access strategies

A number of factors must be considered with regard to restricting access strategies in relation to an adult with an intellectual or cognitive disability:

- The relevant service provider must give a statement in the approved form about the use of restricting access strategies to the adult, their family members and others in the adult's support network.
- The benefit of the use of restricting access strategies to the adult must outweigh the possible negative effects on the adult and the risk involved if the restrictive practice is not used.
- Less-restrictive alternatives have been considered and found to be inappropriate or ineffective.
- Restricting access strategies are considered a short-term response only.
- A Positive Behaviour Support Plan has been developed, which details the use of the restrictive practice in the context of a proactive framework for reducing or eliminating challenging behaviour.
- Support staff and others have been trained in the use of the practice and assessed as competent.
- Systems have been put in place to allow the ongoing monitoring and review of the use of the practice.
- The practice must be reviewed within established timeframes.
- The adult with a disability, their family and relevant others must be involved and consulted at all stages of the process, including assessment, plan design, implementation and review.
- The adult's unique attributes must be considered, including their communication support needs as well as their cultural, linguistic and social background.

Positive Behaviour Support & Restrictive Practices: Restricting access

- Authorisation has been obtained from the relevant decision maker prior to implementation.

Restricting access strategies must not be used as a form of punishment or for organisational convenience (e.g. rostering issues or staff shortage).

Who can authorise the use of restricting access?

Where services are provided or funded by the department, or services prescribed by regulation and funded under a NDIS participant plan are considering the use of a restricting access strategy in response to the behaviour of an adult with an intellectual or cognitive disability, authorisation must first be sought. The Act specifies the authorisation requirements for the use of restricting access to objects and who can authorise the use of the practice.

If the service provider is only using restricting access and no other restrictive practices, then consent is required from a guardian for a restrictive practice (general) matter or, if a guardian has not been appointed by QCAT, a relevant decision maker for the adult.

If restricting access is used in combination with containment or seclusion, physical, mechanical or chemical restraint then the authorisation requirements for those restricted practices apply. For further information, refer to the Fact Sheet, [Authorising Restrictive Practices](#).

Where an adult only receives a respite or community access service, consent to use restricting access is required from a guardian for restrictive practice (respite) matters or, if not appointed, from a relevant decision maker for the adult.

Further Information

For more information, contact the Positive Behaviour Support and Restrictive Practices team on 1800 902 006 or enquiries_rp@dssatsip.qld.gov.au.

August 2022

Christopher Booker
Director, Positive Behaviour Support & Restrictive Practices