

# Recognising Restrictive Practices: a guide





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## About the Zero Tolerance initiative

Zero Tolerance is an initiative led by NDS in partnership with the disability sector. Using a human rights approach, Zero Tolerance outlines strategies for service providers to improve prevention, early intervention and responses to abuse, neglect and violence experienced by people with disability. Put simply, **Zero Tolerance means abuse is never OK**. It urges providers to focus on rights and target abuse to create safer, more empowering environments for people they support.

An expanding range of Zero Tolerance tools and resources for the disability sector is available to support safeguarding approaches for people with a disability. See the NDS website for more information: https://www.nds.org.au/resources/zero-tolerance

# **About this guide**

This guide accompanies the NDS Zero Tolerance *Recognising Restrictive Practices* films. You can use this guide to work through the films individually, with your team or – if you are a supervisor – in supervision and training.

The films and guide should be used in conjunction with your organisation's policies and procedures and any other expert bodies in your state or territory. Although specific policy and legislation varies depending on which state or territory you live and work in, these films will assist your team start conversations about restrictive practices and how people might be supported in different ways.

Links to further information and resources are provided at the end of the guide.



## Introduction

A **Restrictive Practice** is any practice ... 'that has the effect of restricting the rights or freedom of movement of a person with disability with the primary purpose of protecting the person or others from harm'<sup>1</sup>. These practices can also be called restrictive interventions. Restrictive practices are often authorised for use as part of a person's behaviour support plan to make sure people can be supported safely.

There are different rules across Australia about behaviour support plans, use of restrictive practices, and who approves them. It is important to understand what rules apply in your state or territory and work with local experts to support people safely.

Restrictive practices can also be overused or misused. They might be used:

- without the proper authorisation
- without knowing that something is a restrictive practice
- for too long and without being regularly reviewed
- for reasons other than keeping people safe
- to control people or to make people act in a certain way
- as a form of abuse and neglect
- due to a lack of training, knowledge or reflection about less restrictive alternatives

Restrictive practices can have a serious impact on the health and wellbeing of people with disability. This is one of the reasons why Australia has made a commitment to reducing and eliminating the use of restrictive practices for people with disability. The new *National Quality and Safeguarding Framework* will continue this work, and provide guidance for the disability sector on finding more empowering ways to support people.

This guide and accompanying short films have been developed as part of the *Zero Tolerance Initiative* to help explore restrictive practices from a human rights perspective. They will help you to think about what restrictive practices are and the impact they have on the people you support. They will help you to explore less restrictive ways to support people safely.

<sup>&</sup>lt;sup>1</sup> p4, National Framework for Reducing and Eliminating the Use of Restrictive Practices (2014)



#### About the films

The *Recognising Restrictive Practices* films have been developed for people who work in the disability sector. They are designed to help you to recognise restrictive practices when you see or use them and start conversations about how to do things differently.

There are seven topics, each with two films:

- Seclusion
- Chemical restraint
- Mechanical restraint
- Physical restraint
- Restricted access
- Power control
- Consequence control

Part 1 provides information about the restrictive practice and a scenario to be used for reflection and conversation. Part 2 shows people from different parts of the disability sector talking about the scenario from a range of perspectives.

For each topic, watch the scenario on your own or with your team. Then answer the following questions:

- What did you observe?
- What impact do you think this has on the people involved?
- What would you question about this scenario?
- What could be done differently?

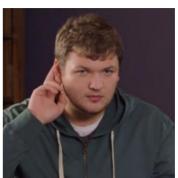
Once you have finished, watch the second film to see what others have observed. Think about how the points raised in the films relate to the people you support and discuss anything that might be done differently in the future. In many situations, you might feel that the way a person is being supported is not right, but not be sure about what other options are available. Share ideas and knowledge within your team and think about where else you can go for support and information.



# Meet our characters:







Ray

**Emma** 

Jai





Tom

Kim







**Penny** 

Jordan

Lesley

# **Cast and Crew**

Emma Jean-Marie CadbyTom Alex Litsoudis

Ray Greg Muir

Jai Benjamin Oakes

Kim Kevin Stanton

Jordan Adam Balales

Lesley Lisa Dezfouli

**Penny** Maria Thu Fampidi

**Director** Duy Huynh, Beyond Edge

#### Restricted access

Restricted access is when a person is denied access to a room or part of their own home. It is sometimes called 'environmental control' or 'environmental restraint'.

Examples of restricted access include:

- locked cupboards or fridges
- not being able to access your own possessions without permission
- rooms that are locked and can't be accessed without permission
- not being able to access the community



#### "Tom moves in"



"The fridge stays locked.
That's the house rules"

"Why? That's weird"

#### In this scenario we see

Tom moves in to his new house. He tries to put his milk away in the fridge but finds it is locked. Lesley (the house supervisor) explains that the fridge is locked because another person who lives in the house has a history of hiding food under her bed. Lesley tells Tom if he wants the fridge open, he just needs to ask. Later, we see Tom packing food and kitchen items into a box to take back to his room.

- How do you think Tom feels about his new home? How would you feel?
- Are there any similar 'house rules' in place for anyone you support? Why?
- How comfortable are you to question restrictions that you don't understand?
- How do you work with people to reduce the use of restrictions like this?
- How do you ensure that restrictions placed on one person do not impact on other people?



## **Seclusion**

Seclusion is when a person is left alone in a room or space and they can't leave, or they believe they can't leave.

Examples of seclusion include:

- being locked in a room or area and unable to leave
- being left alone in a room and believing you can't leave
- being unable to leave a room or area due to inaccessible door handles

#### "Working in the garden"



"Jai, get out of the way or you'll have to go back inside"

#### In this scenario we see

Tom, Emma, Jai, Greg and Jordan are in the garden, working and talking. Jai approaches Tom and stands in front of him. Tom is not sure what Jai wants so he asks Jordan, the support worker, to intervene. Jai takes holds of the rake that Tom is using. Jordan tells Jai he needs some time out and takes him inside away from the others. Later we see Jai looking through the window as everyone else carries on with the day.

- What do you think is happening for Jai? How do you think he is feeling?
- What could Jordan have done differently?
- Do you ever call 'time out' with people you support? Why does this happen?
- Are there people you support who don't use words to communicate? What are some specific actions you can take to better support people with different communication needs?



#### **Chemical restraint**

Chemical restraint is the 'use of medication for the primary purpose of influencing a person's behaviour or movement'.<sup>2</sup>

Examples of chemical restraint include:

- Use of psychotropic medications when behaviours may not be occurring
- over-medication or misuse of medication
- long term use of medication without a review to reduce the use of medication for the purposes of behaviour management
- menstruation suppression

#### "Penny and Kim"



"...he's just acting up and I'm way behind on my cleaning."

"But he's not due for his meds until 9pm..."

#### In this scenario we see

Kim is using his computer whilst Penny is cleaning. Penny accidentally turns the Wi-Fi off. Kim tries to let her know and get her attention but Penny thinks he is just 'acting up'. Penny gets a phone call from someone who suggests she give Kim his night medication early which she does. Kim falls asleep and Penny carries on with her cleaning.

- What would you do in Penny's situation? Is this OK? Are there times when this is OK?
- Do you know what medication people are taking and why? What are the side effects?
- What is in place to ensure medication is only used as prescribed/regularly reviewed?

<sup>&</sup>lt;sup>2</sup> p5 National Framework for Reducing and Eliminating the Use of Restrictive Practices (2014)

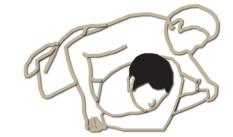


# **Physical restraint**

Physical restraint is 'sustained or prolonged use of physical force to prevent, restrict, or subdue movement of a person's body or part of body [for] influencing behaviour'<sup>3</sup>

Examples of physical restraint include:

- Pinning someone down to stop them acting in a certain way or to change their behaviour
- Holding a person's arms or legs to stop them moving



## "Movie night"



"I've never seen him like this before."

"He's been doing this a lot lately. I just have to hold his hands until he calms down..."

#### In this scenario we see

Kim and Penny are visiting Tom in his new house. Whilst the group watch a movie Kim seems to hit himself in the face repeatedly. Tom and Jordan worry about Kim. Penny tells them that he has been doing this a lot lately, and that she just holds his hand down until he feels better. Penny pushes Kim's arm down and holds it on his tray.

- What are some of the reasons why Kim might be hitting himself? Is Penny helping or making things worse?
- How do you decide how to support someone who tries to harm themselves?
- What systems do you have in place to record changes in behaviour and share this information with staff and other relevant professionals?

<sup>&</sup>lt;sup>3</sup> p5 National Framework for Reducing and Eliminating the Use of Restrictive Practices (2014)



#### **Power control**

Power control is where a person uses their position of power or authority to control another person's behaviour or make them do something.

Examples of power control include:

- being told not to move or to speak
- being told to sit down
- treating adults like they are children



#### "Dinner time"



"Hands on your laps, everyone"

"We are not kindergarten people."

#### In this scenario we see

Tom has made souvlaki for his new housemates. Everyone sits down to eat at the table. Tom is about to start eating but Emma stops him. Jordan explains that they must wait until everyone is ready to start eating. Lesley tells everyone to put their hands in their laps. Tom is surprised at the way everyone is being treated but Emma is used to it.

- How do you feel watching this film? Who do you think makes the rules in this house?
- Have you even seen any power imbalances like this in your job? How did you feel?
   What did you do?
- How do you support people to choose how they want their lives to be?



# **Consequence control**

Consequence control is when someone uses warnings, threats or intimidation to make someone do what they want them to do.

Consequence control often involves threats about things, people or activities that are important to the person. Examples include:

- personal threats involving relationships or possessions
- coercion or bribery
- punishment or implication of punishment



#### "Out for lunch"



"Do you want me to call your brother and tell him that you can't go to the footy tomorrow?"

"It's up to you. Your choice"

#### In this scenario we see

Ray and Lesley are having lunch at a café. Lesley tells Ray that they need to leave so she can finish her shift on time. Ray hasn't finished his meal and doesn't want to leave. Lesley asks Ray if he wants her to call his brother and cancel their planned day at the football. Ray thinks about this and reluctantly agrees to leave.

- Lesley says "It's up to you. Your choice." Do you think this is true?
- How else might you Lesley have handled this situation?
- Have you seen examples of this kind of control in your work?
- What would you do if you saw an exchange like this between a colleague and someone you support?



#### **Mechanical restraint**

Mechanical restraint is the use of a device to limit someone's movement or control behaviour.

Examples of mechanical restraints include:

- Clothing which limits someone's movement and which the person cannot remove
- Velcro straps and belts
- Seatbelt locks
- Putting on a person's wheelchair brakes so they can't move if they want to

#### "A day out"



"He's got ants in his pants"

"Come on, we'll take you to the bus"

#### In this scenario we see

Tom, Emma and Jordan are planning a day out. Jai tries to get Jordan's attention but Jordan tells him to go away. Jai tries to get Jordan's attention again so Jordan asks Lesley for support. She decides that Jai can wait in the bus. She clips Jai into his seat using a seatbelt lock and returns to the group. Later, when the group return from their trip, Jordan tells Jai he will come back to get him once they have unpacked the van.

- Why does Lesley lock Jai in the van? What would have been a better way for her to support Jai?
- Can you think of any examples of mechanical restraint for people you support?
- Why are they used? Is there an alternative?
- What is in place to make sure that therapeutic devices or devices like seatbelt locks are not used outside of their prescribed use?



# Further information, resources and support

Jurisdiction	Supporting materials
ACT	2017 consultation re: an ACT Office of the Senior Practitioner: <u>link</u>
Northern Territory	NT Government Quality and Safeguarding Framework: <u>link</u>
New South Wales	ADHC Behaviour Support and Practice Manual: <u>link</u>
Queensland	Centre of Excellence for Clinical Innovation and Behaviour Support: <u>link</u>
South Australia	Office of the Senior Practitioner: <u>link</u>
	Office of the Public Advocate: <u>link</u>
Tasmania	DHHS Office of the Senior Practitioner: <u>link</u>
Victoria	DHHS Office of Professional Practice: <u>link</u>
	DHHS Behaviour Support Planning Toolkit: <u>link</u>
	Restrictive Interventions Self-Evaluation Tool (RISET): <u>link</u>
	Roadmap to Dignity without Restraint: <u>link</u>
Western Australia	<ul> <li>Code of Practice for the Elimination of Restrictive Practices: <u>link</u></li> <li>DSC Positive Behaviour Strategy: <u>link</u></li> </ul>
National	<ul> <li>National Framework for the Reduction and Elimination of Restrictive Practices: <a href="link">link</a></li> <li>National Quality and Safeguards Framework: <a href="link">link</a></li> </ul>

# References

Australian Government (2014). *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector.* 

Ramcharan, P., Nankervis, K., Strong, M. & Robertson, A. (2009). *Experiences of restrictive practices: A view from people with disabilities and family carers*. RIMT University.

Office of Professional Practice: Restrictive Interventions Self-Evaluaton Tool (RISET) <a href="http://www.surveygizmo.com/s3/2741253/Has-a-Restrictive-Intervention-Occurred">http://www.surveygizmo.com/s3/2741253/Has-a-Restrictive-Intervention-Occurred</a>