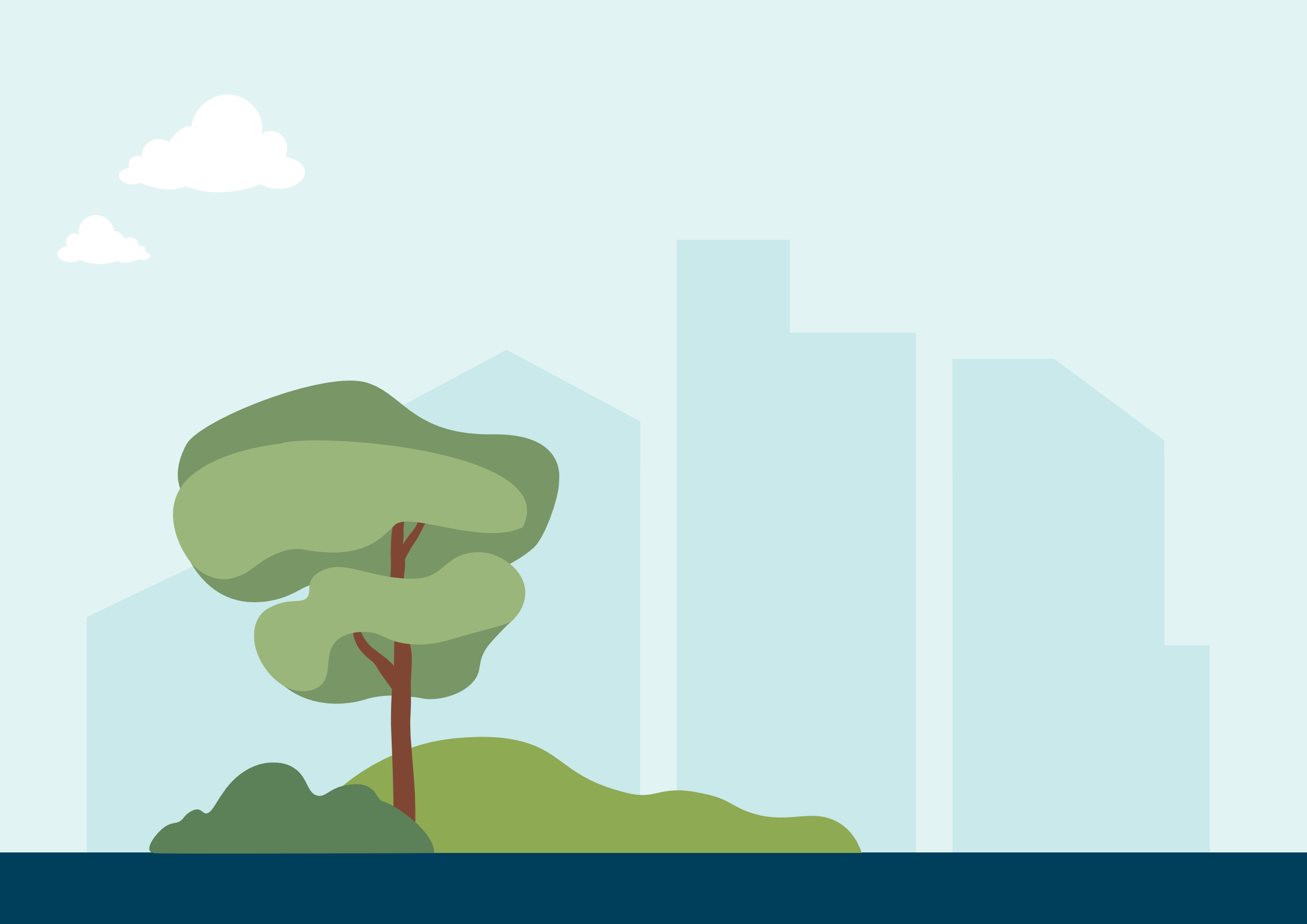


Restrictive Practices

in and around the home





Introduction

All Tasmanians have the right to a life that is meaningful, self-determined and connected with the people and communities around them.

When communities are inclusive and fair, people with disability can participate and contribute on the same basis as all others.

Restrictive practices are any interventions that restrict the rights and freedoms of a person, with the goal to protect that person or others from harm. People with disability are more likely to experience restrictive practices than other members of the community.

This guide sets out a range of restrictive practices that may be found in and around the home. It helps providers, behaviour support practitioners, people with disability, family members and other professionals to identify restrictive practices that may be in use.


In Tasmania, the Senior Practitioner authorises and oversees the use of restrictive practices by disability services providers.

The illustrations provide a visual prompt for discussions with people with disability about restrictive practices. It may also be helpful for people with language or literacy barriers.

Having open, transparent and accountable discussions about restrictive practices helps professionals to ensure that restrictive practices are only used:

- as a last resort in limited situations
- to prevent someone from hurting themselves or others
- in a way that is focused on the person's needs, goals, experiences, and perspectives.

This guide should be used in the context of person-centred care that understands and values a person's inherent dignity, autonomy and quality of life.



**By working together,
restrictive practices
can be reduced and
eliminated in the
disability sector**



Lounge Room

Surveillance Technology

1

CCTV and surveillance technology used to monitor or modify a person's behaviour is likely to be a restrictive practice. CCTV and surveillance technology for general employee oversight or security against external parties is not a restrictive practice.

Surveillance technology includes, but is not limited to, baby monitors, any cameras that have visual and audio viewing or recording capabilities. Use of surveillance technology is not a restrictive practice in itself but can be a significant infringement on a person's human rights and privacy.

However, surveillance technology used to facilitate the use of a restrictive practice will need to be identified in a behaviour support plan and authorised by the OSP.

Surveillance technology outside of the property for security against external parties is unlikely to be a restrictive practice. The use of surveillance technology in bedrooms and bathrooms is particularly invasive and may be a breach of privacy laws.

Restricted access to other bedrooms or staff office

2

Restricted access to an area where a person is not permitted due to general community standards is not a restrictive practice (e.g. staff office or sleeping area, rooms of other residents, bathrooms while in use).

If access to these areas is normally permitted, but is restricted for a particular person, or when a person engages in a behaviour of concern, then this is likely to be a restrictive practice.

If a person's belongings are kept in a locked staff office or locked spare room, this is likely to be a restrictive practice.

Straps, lap belt or harness on chairs, trays on tables that can't be removed

3

These devices are likely to be mechanical restraints when used for influencing a person's behaviour and not for postural support or therapeutic treatment (e.g. to support people with involuntary muscle movement, spasms, seizures, or poor balance).

Restricted access to electronics

4

including phones, iPads, gaming devices, TV

Stopping someone from using electronics may be a restrictive practice. A Perspex cover over a TV is not a restrictive practice if they can still use it. Taking away a TV remote is a restrictive practice.

If a device is their main way to communicate, they should be able to use it when needed.

Sometimes, limiting electronics for children is not a restrictive practice because it is common for all children.

Restricted access to social media, internet or phones

5

Restricting a person from using phones, Internet (including websites and streaming services) or social media to prevent them from communicating with other people, or engaging in recreational interests, is likely to be a restrictive practice.

Restricted access to electronics, the Internet or social media for children and young people is not considered a restrictive practice if it aligns with community standards for their age.



Kitchen

Locked fridge, freezer, cupboards or pantry

1

Locking fridges and freezers to manage behaviours of concern (e.g. to prevent choking hazards, access to sharp objects, or access to food items) is likely to be a restrictive practice.

Restricted access to appliances

2

including kettle, microwave, toaster or stove

Where the person has restricted access to appliances due to unsafe behaviours (either the items are locked/disabled), this is likely to be a restrictive practice.

Item modifications

3

Modifications that change an item's functionality so that it cannot be used as intended (e.g. a cover being locked over a stove top) to minimise or prevent a risk of harm, is likely to be a restrictive practice.

Hiding medications in food/drink for the primary purpose of concealment

4

including via PEG feeds

Hiding medicine in food or drink to make administration easier or safer to give is not a restrictive practice. However, it requires the consent of the person or their guardian, and must follow a medication administration protocol or written authority from the medical practitioner.

Restricted access to sharps and glass items

5

Where the person has restricted access to knives, scissors, and sharp items, this is likely to be a restrictive practice.

Restricted chemicals

6

Restricted access to common household chemicals (e.g. detergents and washing liquids) is likely to be a restrictive practice.

Locked kitchen door

7

Locking a kitchen door to minimise or prevent a risk of harm is likely to be a restrictive practice.

Restricted or hidden access to food items

8

Putting items in hard-to-reach places (like a top cupboard or bottom drawer) or covering them with other objects to hide them is likely to be a restrictive practice.

Limiting the amount of food or drinks a person has access to (e.g. soft drinks, packets of chips, amount of fluids), is likely to be a restrictive practice.

If a person has a doctor's recommendation, a meal management plan, or a diet plan that includes restrictions, following these plans may still be considered a restrictive practice.

If the person does not agree with the restrictions (for example, they want to eat regular food even if it could cause choking), staff must still follow the plan to keep the person safe. However, they should also seek authorisation to use a restrictive practice.



Bedroom

Bedrails or bed canopy

1

This is likely to be a restrictive practice where the purpose is to keep a person in their bed to address or manage a person's behaviour.

This is not a restrictive practice where the use of the device is to ensure a person does not fall out of bed due to muscle spasms or involuntary muscle movements, or to provide postural support.

Protective headgear, helmets, gloves or restrictive clothing

2

This is likely to be a restrictive practice when the item's purpose is to reduce harm from a person's behaviour, for example, head banging (helmet), scratching body to self-harm (gloves) or smearing of bodily materials (onesie or bodysuit).

Silent sensor alarms and sensor mats

3

The use of sensor mats and silent alarms to enable support (e.g. to use the toilet overnight) are not a restrictive practice.

These items may trigger staff attention which may result in a restrictive practice (e.g. physical restraint, environmental restraint) that must be authorised.

Be aware that the use of these devices may breach a person's right to privacy if used inappropriately.

Seclusion in a room

4

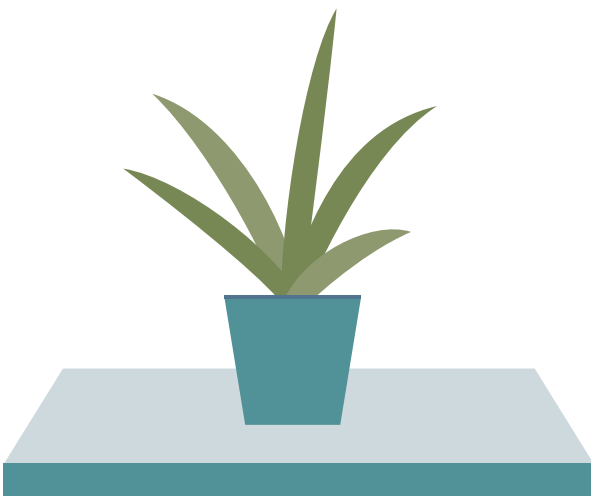
Seclusion in a room is likely to be a restrictive practice. The following are all likely to be considered seclusion and a restrictive practice: if a person believes they cannot leave the room, if furniture or items are placed in the person's way to prevent them from leaving, or if a person's mode of mobility such as wheelchairs or crutches are removed from their reach.

Restricted access to the bedroom is also likely to be a restrictive practice.

Restricted access to electronics

5

Restricted access to TV, phones, or games is likely to be a restrictive practice. Sometimes, limiting electronics for children at bedtime is not a restrictive practice because it is a common rule for all children.





Bathroom

Holding a person's body or limbs during personal care tasks

1

Where a person displays a behaviour of concern during personal care tasks (e.g. hitting, kicking others, verbally protesting) and the use of physical restraint is required to manage the behaviours, this is likely to be a restrictive practice.

Locked bathroom door

2

Locking a bathroom door to minimise or prevent a risk of harm is likely to be a restrictive practice.

Locking an entire room should be avoided where possible and a rationale should be provided as to why this is the least restrictive option.



Monitoring devices

GPS trackers or smart watches

3

Devices worn to monitor the person's movement and track their whereabouts, prevent them from going to a certain location or stop them from wandering is a restrictive practice and must be authorised.

It is not a restrictive practice if the person wears a smart watch for general timekeeping and other functions.

Restricted access to shower and taps

4

Where people are prevented from being able to turn on or off the taps due to their behaviours, this is likely to be a restrictive practice.

Hiding or limiting access to personal care products to prevent the person from ingesting, wasting or using excessive amounts of the products is likely a restrictive practice.

Medication for the primary purpose of influencing a person's behaviour

5

prescribed by a medical doctor

Use of a medication specifically to minimise or prevent a behaviour of concern is likely to be chemical restraint.

Hormonal manipulation to manage sexual behaviours, reduce libido, or suppress menstruation due to a person's behaviour is likely to be a chemical restraint.

Regular review is required with the prescribing practitioner.



Laundry

Locked cupboard(s)

1

Locking cupboards to restrict access to items or manage behaviours of concern is likely to be a restrictive practice.

Restricted chemicals

2

Restricted access to common household chemicals (e.g. shampoo, conditioner, toothpaste, detergents and washing liquids) is likely to be a restrictive practice.

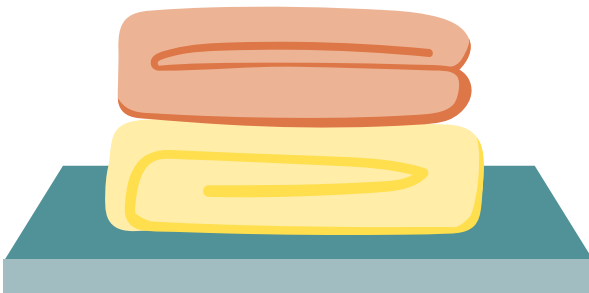
Locked laundry door

3

Where a person is restricted from an area through a locked door to minimise or prevent a risk of harm, this is likely to be a restrictive practice.

Locking an entire room should be avoided where possible and a rationale should be provided as to why this is the least restrictive option.

Locks on appliances (e.g. washing machine lids) may be a less restrictive alternative option to locking entire room but will still require authorisation.





Staff Room

Restricted access to food, alcohol, cigarettes or other personal belongings

1

Keeping a person's belongings in the staff room so they cannot access them is likely to be a restrictive practice.

Restricting access to food, alcohol, or cigarettes – including limiting or rationing these items – is also likely to be a restrictive practice.

Seclusion in another room

2

If staff withdraw to a locked space for safety, and the person is secluded by themselves in the remainder of the house and cannot leave because external doors are locked, this is likely to be a restrictive practice.

Consideration should be given to whether the environment holds any safety hazards and provides the appropriate level of sensory input (or reduction) to support the person to de-escalate. The person must be actively monitored and supported throughout the period of seclusion.

Withholding ATM card or money

3

Withholding a person's ATM card or money is likely to be a restrictive practice.

Even if there is a TASCAT (Tasmanian Civil and Administrative Tribunal) administration order, preventing a person they from accessing their card or cash is also likely to be a restrictive practice and requires authorisation.

However, disability services providers enforcing the administration order (e.g. telling a person they can't have access to their bank card or cash when requested), is likely restrictive and requires authorisation.





2

4

6

3

1

5

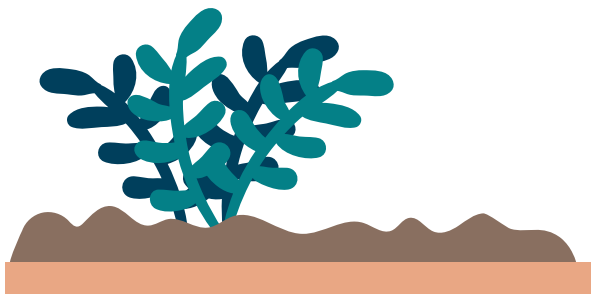
Outside the house

Locked external door(s), windows and gates

1

Locking external door(s), windows and gates is likely to be a restrictive practice if the person is unable to unlock these, and they are not provided with assistance to leave safely whenever they want to.

Locking of external doors or gates for the purposes of security is not a restrictive practice if the person can leave whenever they want without conditions (e.g. needing to ask staff for permission, needing to ask staff for a key). Locking of external doors or gates to keep others out is not a restrictive practice but locking of external doors or gates to keep the person from leaving without support is restrictive.



Intensive supervision

e.g. 1:1, 2:1

2

Supervision may not always be a restrictive practice, but is often associated with facilitating a restrictive practice. Supervision of a person to prevent the person from accessing certain items, areas, people, or activities is considered a restrictive practice. It is the act of preventing the person's access that is a restrictive practice, not the supervision itself.

Restricted access to activity

3

If a person remains in a space with others, but to minimise or prevent a risk of harm is:

- prevented from interacting or engaging with others, or
- prevented from engaging in activities or events that others are involved in.

This is likely to be a restrictive practice.

Strollers, harness or child leashes

4

Strollers, leashes and harnesses for older children and adults (beyond normative child development usage) to manage or contain behaviour is likely to be a restrictive practice.

Restricted access to the community

5

If a person is not allowed to go out because of inadequate support or if staff decline to facilitate access to the community because the person is heightened, this is likely to be a restrictive practice.

Restricted access to visitors

6

If a person has restrictions on visitors at home, and they are restricted from using their home as they wish, this is likely to be a restrictive practice.



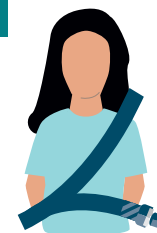
1 2



3



4



Car

Harness in vehicle

in place or in addition to a vehicle seat belt

1

If the travel harness is used to manage a behaviour of concern (e.g. to stop the person from interfering with the driver), this is likely to be a restrictive practice.

If the travel harness is prescribed for postural support when travelling in a vehicle, it is unlikely to be a restrictive practice.

Seat belt buckle cover or lock

2

Seat belts are a legal requirement for all. The use of the seat belt cover or lock to provide safety during transport is not a restrictive practice.

Where a seat belt cover or lock is used to restrain a person when they are not being transported (there is a prolonged period before going to the destination, or after reaching the destination or paused along the way) this is likely to be a restrictive practice.

Dividing screen or car lock

3

If these devices are used to restrain a person when they are not being transported (e.g. delays before the travel begins, extended pause during travel or delays getting out of the car when travel has ended) this is likely to be a restrictive practice.

A dividing screen between the driver and the back seat and the use of child and window locks in vehicles used ONLY during transport (i.e. taking a person from one place to another) is unlikely to be a restrictive practice.

Seclusion in car or vehicle

4

Where a seat belt cover, harness, or lock is used to restrain a person by themselves in a vehicle when they are not being transported, this is likely to be a restrictive practice.





Additional Resources

For further information about restrictive practices and authorisation of restrictive practices in Tasmania, please visit:

www.dpac.tas.gov.au

This website includes resources to help you understand the use of restrictive practices in Tasmania.

The NDIS Quality and Safeguards Commission is an independent agency established to improve the quality and safety of NDIS supports and services.

www.ndiscommission.gov.au

contactcentre@ndiscommission.gov.au

1800 035 544

The Senior Practitioner authorises and monitors the use of restrictive practices in Tasmania. Anyone with a concern or question about the use of restrictive practices can contact the Office of the Senior Practitioner to report a concern or request information.

seniorpractitioner@dpac.tas.gov.au

(03) 6166 9199

The Office of the Senior Practitioner thanks the South Australian Government for sharing resources that supported the development of this booklet.



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Notes

