

Adults receiving respite and community access services only — assessment and planning requirements

This information sheet applies where an adult is receiving respite and/or community access services **only**.

If an adult is receiving respite or community access services in conjunction with accommodation support the full planning and assessment requirements of the legislation apply.

Where a respite or community access provider proposes to use a restrictive practice in providing a service to an adult with an intellectual or cognitive disability, the planning and assessment requirements outlined in Part 6, Division 5 of the *Disability Services Act 2006* (the Act) apply. The exception to this is the use of chemical restraint (fixed dose) in respite only which is covered under section 168 of the Act (for more information on fixed dose chemical restraint please refer to the website above).

Division 5 recognises that the extent of the assessment and planning process for the approved use of a restrictive practice needs to correspond to the intensity of the relationship between the service provider and the adult. Services providing community access and respite only may not be involved in some aspects of the adult's life e.g. healthcare or may have limited input into decisions that affect the adult's behaviour such as their living environment. Hence, the requirements set out below take into account the nature of respite and community access services while still providing safeguards to adults with an intellectual or cognitive disability subject to restrictive practices and the staff supporting them.

Development of a respite/community access plan

Division 5 sets out the requirements for service provision, which includes the use of a restrictive practice, to an adult with intellectual or cognitive disability receiving respite or community access services. The first requirement is to develop a respite/community access plan (the plan).

Consultation

In developing the plan, a service provider must consult various people in the adult's life in order to find as much information possible about:

- the adult's needs;
- the behaviour that causes harm to the adult or others;
- the consequences of that behaviour; and
- the factors contributing to the behaviour.

The Act states the views of the following people must be considered when gathering the above information:

- the adult;

- any guardian or informal decision maker for the adult;
- any other relevant service provider;
- any other person that the service provider considers is integral to the development of the plan (e.g. a family member or key health care provider).

Risk assessment

Under the Act respite and community access service providers are required to identify and keep a record of the risks associated with providing respite or community access services to the adult. The respite or community access service provider is also required to have procedures that will mitigate those risks. Possible risks may include:

- the adult's behaviour causing harm to another client;
- inadequately trained staff;
- the service environment not meeting the adult's needs.

Such risks associated with supporting the adult may provide a useful indicator of the need for a comprehensive assessment of the behaviour that causes harm.

Behavioural assessment

Behavioural assessment is the process of collecting and evaluating relevant information about the person, the environment and the behaviour. To understand the factors contributing to the behaviour that causes harm to the adult or others a behavioural assessment should be completed.

A behavioural assessment will also assist service providers to understand that behaviour occurs as a result of the interaction between the adult and the environment in which they are supported. A good behavioural assessment will inform the hypotheses of why the person is using behaviour that causes harm and the strategies to be used in the respite/community access plan.

Respite/Community Access plan

The primary goal of any behaviour support plan is to improve the person's quality of life with a secondary goal of reducing or eliminating challenging behaviour. Respite and community access service providers considering the use of a restrictive practice to support an adult with an intellectual or cognitive disability must develop a plan. The plan must explain how the use of a restrictive practice is the least restrictive way of ensuring the safety of the adult or others. The plan must also detail the strategies to be employed, how they will be implemented and why those particular strategies have been chosen.

Under the Act a respite/community access plan **must** state:

Information about the adult

- the adult's name
- the relevant decision maker — i.e. guardian appointed for restrictive practice (respite) matters or informal decision maker.

Information about the behaviour that causes harm

- a detailed description of the behaviour that causes harm to the adult or others

- the consequences of the behaviour

Information about the proposed restrictive practice

- a description of the restrictive practice/s to be used in relation to the adult
- the reasons for using the restrictive practice/s
- details of how the use of the restrictive practice is the least restrictive way of ensuring the safety of the adult or others

Preventative and positive strategies

- any strategies that must be attempted before using the restrictive practices
- a description of the positive strategies that will be used to:
 - meet the adult's needs and improve the adult's capabilities and quality of life; and
 - reduce the intensity, frequency and duration of the adult's behaviour that causes harm to the adult or others.

Reactive strategies

- the procedure for using the restrictive practice/s
- how the use of the restrictive practice will be observed and monitored
- any other measures necessary to ensure the adult's proper care and treatment, that must take place while the restrictive practices are being used

Additional requirements

For most types of restrictive practices there is additional information that must be included in the plan as outlined below:

For containment and seclusion:

- a description of the place where the person will be contained or secluded

For seclusion:

- the maximum period for which seclusion may be used at any one time and the maximum frequency of the seclusion

For chemical restraint:

- the name of the medication to be used and any available information about the medication (e.g. information about possible side effects)
- the dose, route and frequency of administration, including medication to be administered as and when needed, and the circumstances in which the medication may be administered, as prescribed by the adult's treating doctor
- the name of the adult's treating doctor

For mechanical or physical restraint:

- the maximum period for which the restraint may be used at any one time

Changing a Respite/Community Access Plan

Where a change is required to an authorised respite/community access plan, the respite and community access service is responsible for coordinating the process for making a change. This can be achieved by consulting the appropriate parties and obtaining the consent of the relevant decision maker (e.g. a guardian for a restrictive practice (respite) matter or if not appointed, the informal decision maker).

Where consent to change the plan is not obtained, the respite/community access plan will remain in place in its unchanged form. The respite and community access service must apply the restrictive practice in accordance with the current respite/community access plan with the consent of the guardian or informal decision maker.

Further Information

This information sheet covers the planning and assessment requirements only. For more information contact the Positive Behaviour Support and Restrictive Practice team on 1800 902 006 or enquiries_DSA_RP@communities.qld.gov.au.

June 2019