

Containment and seclusion

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

- have an intellectual or cognitive disability; and
- are receiving services provided by Disability Services, or services prescribed by regulation and funded under a NDIS participant plan; and
- 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 containment and seclusion?

Contain

To contain an adult with an intellectual or cognitive disability means, in part, to prevent the free exit of the adult from premises where the adult receives disability services, other than secluding the adult in response to the adult's behaviour that causes harm to the adult or others. Containment may include securing an exit with a lock or deploying a barrier to prevent the adult from being able to freely exit the premises.

Seclude

To seclude an adult with an intellectual or cognitive disability means to physically confine the adult alone, at any time of the day or night, in a room or area from which free exit is prevented in response to the adult's behaviour that causes harm to the adult or others. This includes securing an exit with a lock or deploying a barrier to prevent the adult from being able to freely exit the room or area.

An example of containment

Mary is 41 years of age and had a car accident when she was 30. Mary has a brain injury as a result of the accident and is no longer able to make many decisions. She needs help to look after herself and someone to manage her money. Her parents have died so Mary lives in a house with 24 hour support by a supported accommodation service. The Queensland Civil and Administrative Tribunal made the Public Guardian her guardian for personal decisions and the Public Trust to assist with money management.

Several times a week Mary leaves her house and visits her neighbours' to ask for cigarettes. She becomes upset when the neighbours say no and she has damaged their property, for example, she threw rocks that broke windows and tried to kick in doors. After

a few weeks of this Mary's staff made sure that she could not leave the house by locking the doors. Mary yells and swears at the staff when she cannot leave but after about an hour she calms down, they talk with her and she is then able to engage in other activities.

Staff keep a supply of cigarettes for Mary, but they attempt to reduce the number she smokes because of health concerns. Attempts to distract her from smoking are largely unsuccessful. Mary still attempts to leave the house in search of cigarettes, so staff keep doors locked.

The service must ask for short term approval from the Office of the Public Guardian, to lock the doors to keep Mary inside.

The service must also give a statement in the approved form to Mary, her family members and others in her support network about locking Mary in the house.

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

As soon as possible, the service must talk to their local Disability Services office to ask for a multidisciplinary assessment. Locking Mary in is containing her. The Director of Clinical Practice from Disability Services will arrange for an assessment to assess whether locking Mary inside is the least restrictive way to keep Mary and others safe. Clinicians from Disability Services will talk with Mary, the Public Guardian and the support staff to work out what other changes may be needed to make Mary's life better and why she may be doing this. If locking Mary inside the house is necessary to keep people safe, Disability Services will write a positive behaviour support plan. The plan will be sent jointly with Mary's accommodation support provider to the Queensland Civil and Administrative Tribunal (QCAT) to ask for authorisation/approval of the use of the restrictive practice/s.

Stopping an adult from leaving a place to punish them will not be allowed as it is against the adult's human rights and therefore against the law. This can only be done when it stops people from being hurt. Other examples of containing a person are when:

- an adult is not able to leave work;
- an adult is not able to leave a public place e.g. bowling alley, cinema, playing field.

Doors, windows or gates may need to be locked because an adult may become lost or not cross the road safely or know about other dangers without help. This is not the same as containing someone to stop people being hurt due to the person's behaviour.

An example of seclusion

Kevin is 23 years of age and has moved from his family home to rent a house with two other men. The men are provided supported accommodation services by a funded service provider. Kevin moved from home because his mother was sick and she was his only carer at home. Kevin is unable to speak more than a few words and is not legally able to make decisions for himself. His mother is his informal guardian.

After two weeks in his new home, Kevin pushes one of the other men in the house and starts to pull things off shelves and out of cupboards. This is dangerous and people are at risk of being hurt. Staff try to calm Kevin but he becomes more upset and so the staff member guides Kevin out in to the backyard and closes and locks the door so he cannot come back in to the house. The staff member then cares for the other two men and cleans up inside. Kevin cannot leave the backyard as it is fully fenced and he is unable to come back inside without staff opening the door.

The staff member and the team are unable to understand why Kevin is behaving this way and have had to place him in the backyard to protect everyone once before. He calms down after about half an hour in the backyard.

When considering placing Kevin in the backyard to protect everyone, the service provider must give a statement in the approved form to Kevin, his family members and others in his support network about placing Kevin in the backyard when he is upset.

The statement must include the reason that the service provider is considering placing Kevin in the backyard when he is upset; how Kevin, his family or others in his support network can be involved and express their views in relation to this; who decides whether this practice can be used; and how Kevin, his family or others in his support network can make a complaint about, or seek review of, the use of this practice. The statement must be explained in a way that Kevin is most likely to understand and is appropriate to his age, culture, disability and communication skills.

The service must ask for short term approval to put Kevin in the backyard from the Office of the Public Guardian. As soon as possible, the service must talk to their local Disability Services office to ask for a multidisciplinary assessment. Putting Kevin in the backyard is seclusion. The Principal Clinician from Disability Services will arrange for an assessment to work out if putting Kevin in the backyard is necessary. Clinicians from Disability Services will talk with Kevin, his mother and the staff about what other changes may make Kevin's life better and why he may be doing this. If putting him in the backyard is needed to keep people safe, the Disability Services will write a Positive Behaviour Support Plan. Disability Services in conjunction with Kevin's service provider will send the Plan to QCAT for authorisation/approval of the use of the restrictive practice/s.

The use of seclusion as punishment violates the adult's human rights and is against the law. Restrictive practices may only be used to reduce or eliminate behaviour that is harmful or presents a strong possibility of harm occurring to the person or others. It is important to not do this if there is a risk the person can or will harm themselves if left alone. Other examples of secluding someone are when:

- an adult is placed in their bedroom by themselves and prevented from leaving the room whether the door is locked or not;
- an adult is placed in an area that they are unable to leave away from other people in a workshop or respite centre .

Containment and seclusion should only be used as part of a planned response to an adult's behaviour that causes harm and where it has been demonstrated that such responses are the least restrictive method of preventing harm to the person or others.

Important note: *The locking of gates, doors and windows to safeguard adults who only have a*

skills deficit that places them at risk is not a restrictive practice under the Act. For further information see the Information Sheet: Locking of Gates, Doors and Windows.

When should restrictive practices be considered?

Containment and seclusion, as forms of restrictive practice, may be considered for use by services provided or funded by Disability Services, or services prescribed by regulation and funded under a NDIS participant plan in the following specific circumstances:

- as a 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 themselves or others.
- as a time-limited response where there is a need to safeguard the adult and others from significant harm associated with the adult's behaviour.

Considerations for the use of containment and seclusion

A number of factors must be considered with regard to the use of containment and seclusion in relation to an adult with an intellectual or cognitive disability:

- the service provider must give a statement in the approved form about the use of containment and seclusion to the adult, their family members and others in the adult's support network;
- the benefit of containment and seclusion to the adult must outweigh the possible negative effects on the adult and the risk involved if the restrictive practice is not used;
- evidence that less restrictive alternatives have been considered and found to be inappropriate or ineffective;
- containment and seclusion is considered a short-term response only;
- two or more appropriately qualified or experienced people have been involved in undertaking a multidisciplinary assessment;
- a Positive Behaviour Support Plan has been developed and details the use of the restrictive practice in the context of a proactive framework;
- support staff and others have been trained in the use of the practice and assessed as competent;
- while subject to containment or seclusion, the person's comfort and physical needs must be considered, including access to sufficient bedding and clothing, food and drink, heating or cooling, toilet facilities and medication as required;
- systems are in place to allow the ongoing monitoring and review of the use of the practice;
- the practice must be reviewed within established time frames;
- the person 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; and

- authorisation (approval) has been obtained from the relevant decision maker prior to implementation (see below “who can authorise the use of containment and seclusion”).

Containment and seclusion must not be used in specific circumstances, including:

- when contra-indications to the use of containment and seclusion have been assessed and identified by a relevant professional; or
- as a form of punishment or for organisational convenience.

Who can authorise the use of containment and seclusion?

Where a service provided or funded by Disability Services, or a service prescribed by regulation and funded under a NDIS participant plan considers the use of containment or seclusion is required in response to the behaviour of an adult that causes harm, authorisation must be sought first.

The Act specifies that the use of containment or seclusion by a general service provider (such as an accommodation service) can only be authorised by the Queensland Civil and Administrative Tribunal (QCAT).

For a respite or community access service provider, consent to use containment or seclusion is required from a Guardian for restrictive practice (respite) matters.

For further information on different authorisations required for containment or seclusion in different service circumstances refer to the Fact Sheet, [Authorising Restrictive Practices](#).

Further Information

For more information, contact the Positive Behaviour Support and Restrictive Practice team on 1800 902 006 or enquiries_DSA_RP@communities.qld.gov.au.

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