

Restricting access

This Information 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; 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 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 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 drinking something dangerous and want to lock away anything that Monica may 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 do an assessment of the behaviour 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 Monica's quality of life. If locking away anything she may 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's does not have a guardian for restrictive practice matter appointed, Lorna is able to approve locking away the dangerous liquids and putting a lock on the refrigerator.

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); or
- putting a lock or similar on the refrigerator door or food cupboard to stop an adult from accessing the contents.

The Act recognizes that restricting access should 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 restrictive practices be considered?

Restricting access as a form 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 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; and
- 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 restricted access strategies

A number of factors must be considered with regard to restricted 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 restricted access strategies to the adult, their family members and others in the adult's support network;
- the benefit of the use of restricted 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;

- restricted 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 behavior;
- 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 time frames;
- 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; and
- authorisation has been obtained from the relevant decision maker prior to implementation.

Restricted access strategies must not be used as a form of punishment or for organisational convenience.

Who can authorise the use of restricting access?

Where services are provided or funded by Disability Services, 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 employing restricted 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, an informal decision maker for the adult.

If restricted access is used in combination with containment or seclusion, physical, mechanical or chemical restraint then the authorisation requirements those restrictive 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 an informal 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_DSA_RP@communities.qld.gov.au.

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