

Introduction

All South Australians 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 NDIS providers, behaviour support practitioners, people with disability, family members and other professionals to identify restrictive practices that may be in use.


Some restrictive practices are regulated by the Restrictive Practices Authorisation Scheme when they are implemented by registered NDIS 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.

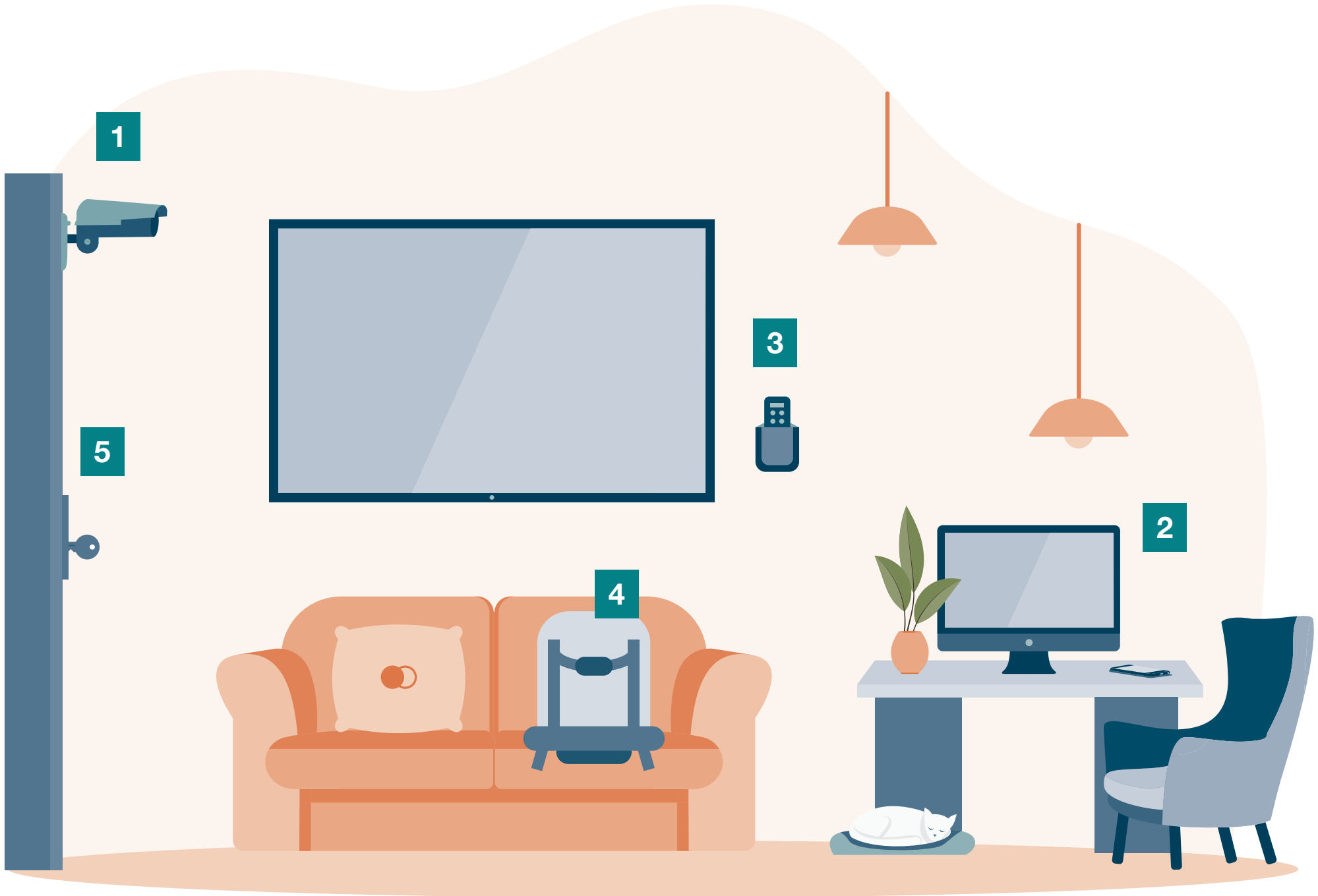
Having open, transparent and accountable discussions about restrictive practices helps professionals to ensure that restrictive practices are only used:

- 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 in the disability sector.



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Lounge Room

Closed-circuit television

1

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

Restricted access to internet, social media or phones

2

If the person is restricted from using phones, the internet or social media to prevent their communication with other people, or for recreational purposes then this is likely to be a restrictive practice.

Restricted access to the internet or social media for children and young people is not considered a restrictive practice where it is in line with community standards for their age.

Restricted access to electronics

including phones, gaming devices, TV

3

Restricted access to electronics to minimise or prevent a risk of harm can be authorised as a restrictive practice unless the device is a primary means of communication for that person.

Perspex over a TV is not a restrictive practice if the person can still turn it off, change volume and channels.

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

4

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 other people's bedrooms or staff office

5

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 locked while in use, locked utility areas that staff generally do not access).

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.



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Kitchen

Locked fridge, freezer, cupboards or pantry

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Locking fridges and freezers to manage behaviours of concern (e.g. to prevent choking hazards, or access to sharp objects) 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.

Locked kitchen door

3

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

Restricted access to sharps and glass items

4

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

Restricted chemicals

5

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

Hiding chemical restraints food/drink for the primary purpose of concealment

6

including via PEG feeds

Concealment of chemical restraints are recognised as being a more intrusive practice that requires authorisation.

Crushing medication in a person's food or drink for safe administration to prevent choking with the knowledge of the person is not a restrictive practice.

Hardening modifications

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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.



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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).

Restricted access to electronics

3

Restricted access to electronics to minimise or prevent a risk of harm is likely to be a restrictive practice.

Seclusion in a room

4

Seclusion in a room is likely to be a restrictive practice.

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

Sensor alarms, sensor mats and listening devices

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The use of sensor mats and alarms and the use of listening devices 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.





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Bathroom

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

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

This is not a restrictive practice within the scheme if the person does not display behaviours of concern or resist the physical supports.

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 must be authorised.

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

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

4

prescribed by a medical doctor

If used to minimise or prevent a behaviour of concern that creates a risk of harm, these are likely to be chemical restraints.

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.

Restricted access to shower and taps

5

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.





Laundry

Locked cupboard(s)

1

Locking cupboards to 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.

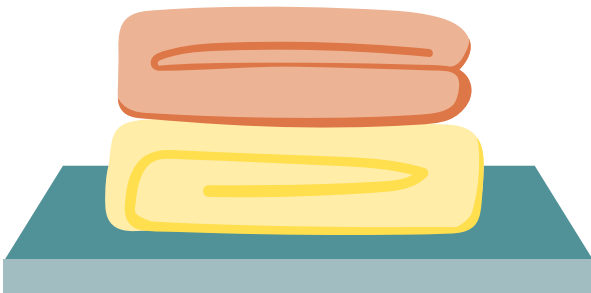
Locked laundry door

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.





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Staff Room

Seclusion other room

1

Circumstances where staff withdraw to a locked space for safety, and the person is secluded by themselves in the remainder of the house and cannot leave as the 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.

Restricted access to food, alcohol or cigarettes

2

Restricting access to food, alcohol and cigarettes is likely to be a restrictive practice.

Withholding ATM card or money

3

Where no administration orders exist via South Australian Civil and Administrative Tribunal (SACAT) (with Public Trustee or nominated person), this is likely to be a restrictive practice.





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Outside the house

Locked external door(s), windows and gates

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To be authorised under the scheme, the following conditions must be met:

- it is a residential premises, and
- where NDIS supports and services are provided on a 24-hour basis, and
- where the person does not have such supports to safely leave the premises at their discretion.

The locking of external doors or gates for the purposes of security is not a restrictive practice requiring authorisation as long as the person can leave when they want.

Restricted access to visitors

2

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.

Intensive supervision

e.g. 1:1, 2:1

3

Close supervision or shadowing to influence the person's behaviour is likely to be a restrictive practice.

The intensive supervision involves constantly monitoring a person (environmental scanning, looking for triggers, use of prompts and redirections to prevent behaviours of concern) to prevent their access to items, areas, or activities.

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.

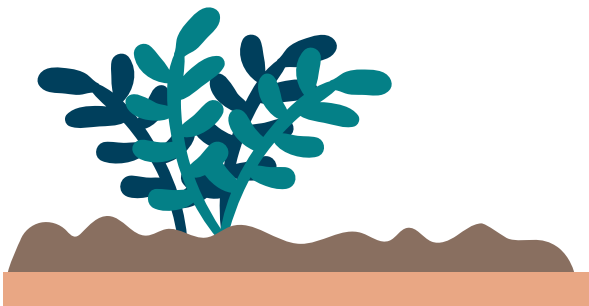
Restricted access to activity

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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.

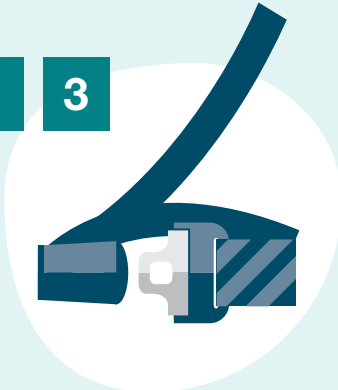
This is likely to be a restrictive practice.



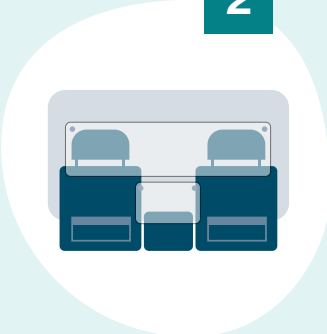


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Car

Harness in vehicle

in place or in addition to a vehicle seat belt

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If the harness is to address behaviours of concern, then this is likely to be a restrictive practice.

Dividing screen or car lock

2

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.

If these are being used for the purposes of safe travel, then these are not considered to be a restrictive practice.

Seat belt buckle cover or lock

3

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 seatbelt 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.

Seclusion in car or vehicle

4

Where a seatbelt cover/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 the Restrictive Practices Authorisation Scheme please visit:

www.rpdi.sa.gov.au

This website includes resources, documents and videos to help you understand the Restrictive Practices Authorisation Scheme.

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 Restrictive Practices Unit administers the Restrictive Practices Authorisation Scheme in South Australia. The unit is led by the Senior Authorising Officer and includes authorising officers and supporting staff.

The Restrictive Practices Unit is on Kaurna land and located within the Department of Human Services.

Contact the Restrictive Practices Unit

1800 862 004

DHSRestrictivePracticesUnit@sa.gov.au



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