

ECSN
Program

nulsen
group



Understanding Restrictive Practices – exploring the grey



Acknowledgement of Country

We would like to respectfully acknowledge the Traditional Custodians of the lands on which we are meeting either virtually or in person, and pay our respects to Elders past, present and emerging.

Acknowledgements

These webinars are developed and hosted by the NDIA ECSN Program.

Webinar content is informed by and contributed to from a range of sources including:

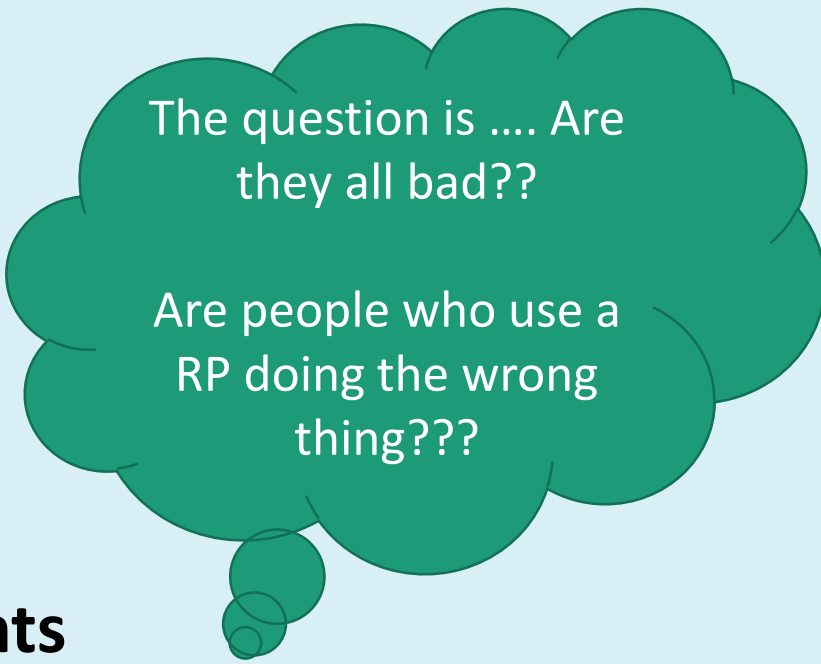


Government of **Western Australia**
Department of **Communities**



‘Restrictive Practices are any type of intervention or practice that **limits the rights or freedom of movement** of a person with a disability, where the primary focus of that intervention is to protect that person or others from harm’

National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector



The question is ... Are they all bad??

Are people who use a RP doing the wrong thing???

The Grey

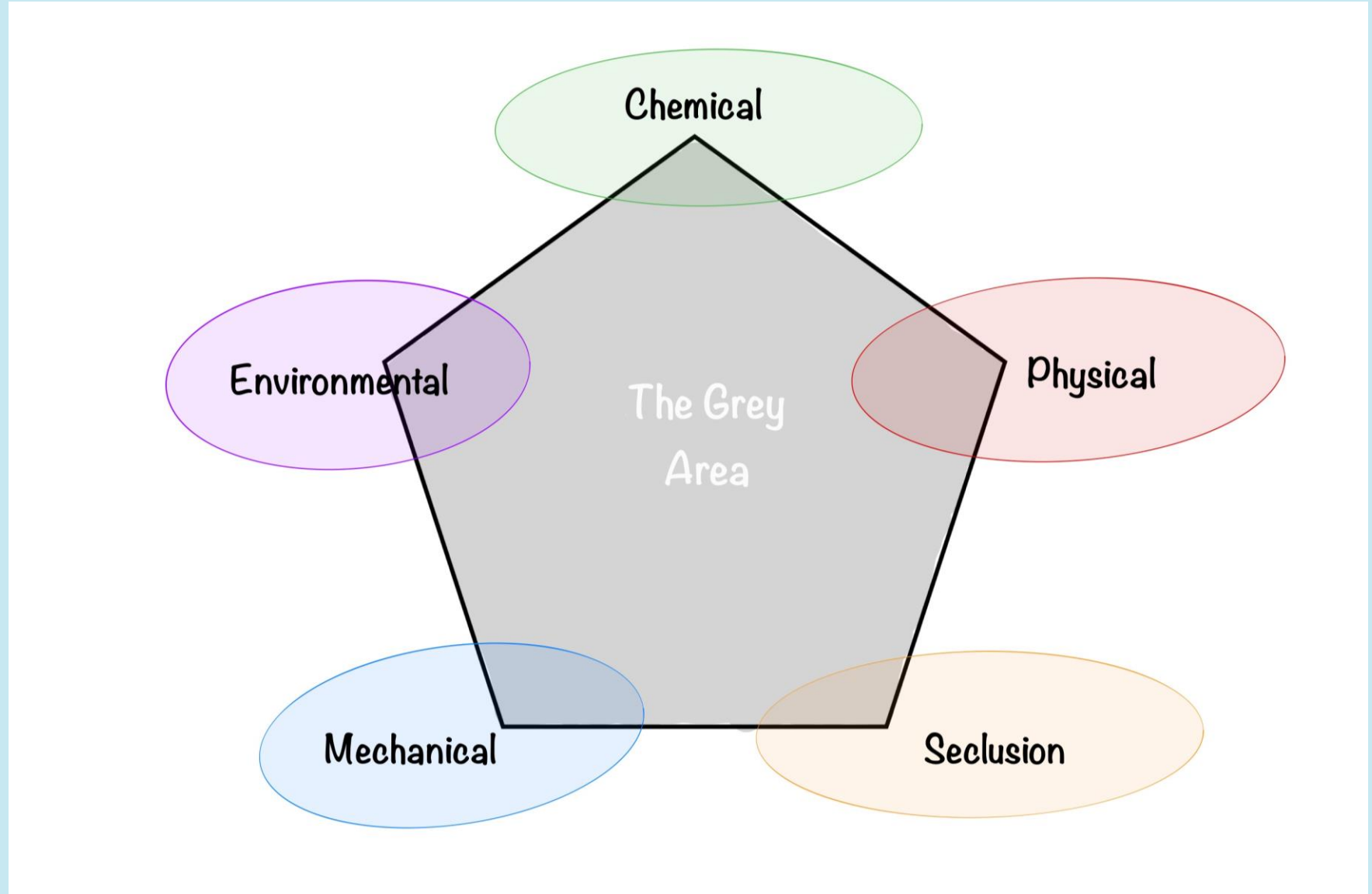
Consent – by who and how?

Age

Purpose

Context

Regulated
Restrictive
Practices



Physical Restraint

Definition:

Use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing a person's behaviour.



Environmental Restraint

Definition:

Restrictions in place that limit the person's free access to all parts of their environment.



Chemical Restraint

Definition:

Use of medication or chemical substance for the primary purpose of influencing a person's behaviour or movement. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment, of a diagnosed mental disorder, a physical illness or physical condition.



Seclusion

Definition:

The sole confinement of a person with disability in a room or physical space at any hour of the day or night where voluntary exit is prevented, implied, or not facilitated.



Mechanical Restraint

Definition:

Use of a device to prevent, restrict, or subdue a person's movement, or to control a person's behaviour. This does not include the use of devices for therapeutic purposes.



Not in scope
for
authorisation

Non-intentional Risk Behaviours


Therapeutic devices

Prohibited Practices

Court Orders

Why are Restrictive Practices used?

- ? Intent to safeguard and protect
- ? Focus on behaviour
- ? Culture of containment rather than skill development and support
- ? Power
- ? Assumptions about intent and capacity
- ? Not knowing what else to do
- ? Societal influences and history

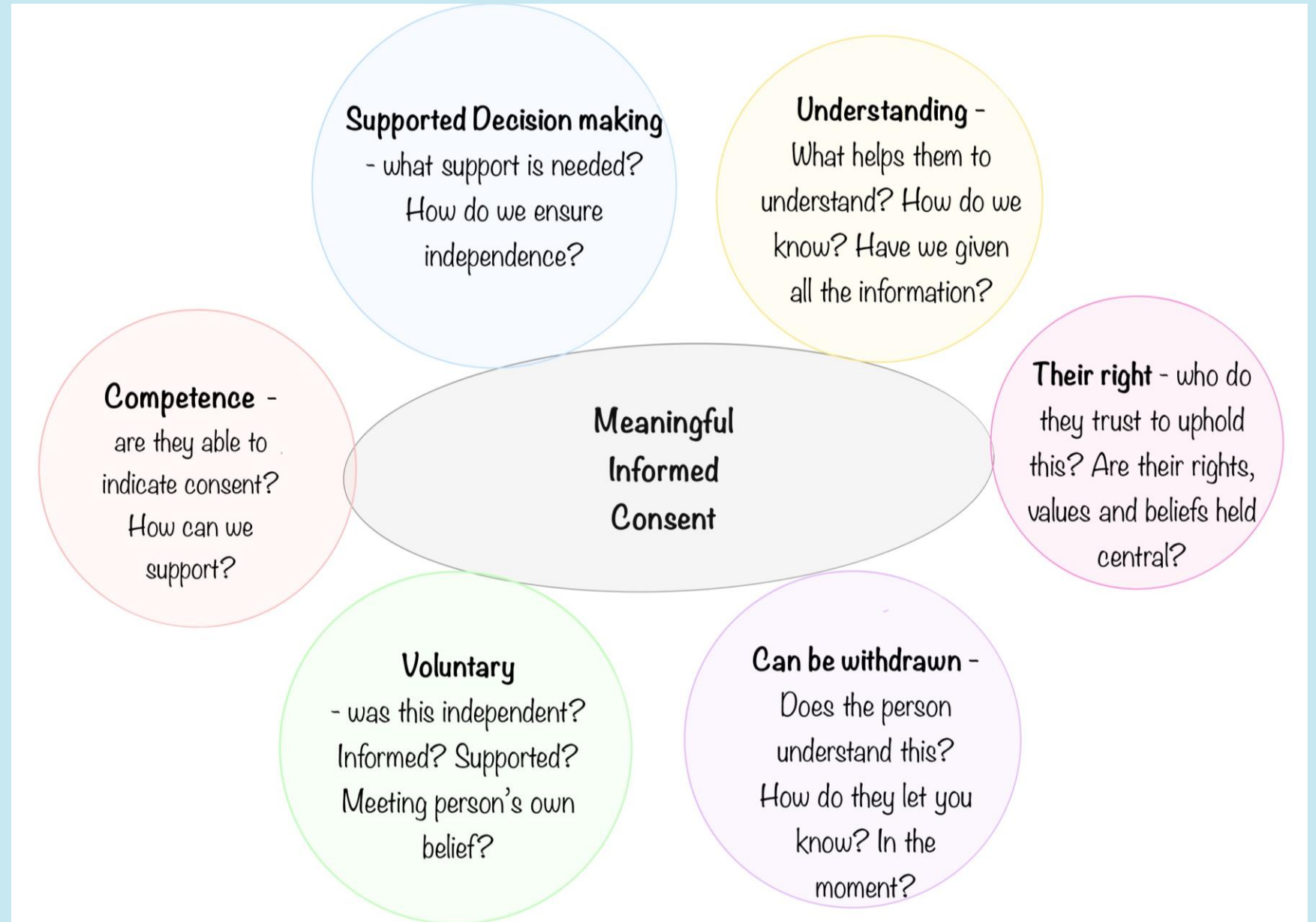


Why might families use RP?

When can Restrictive Practices be used?

- Reducing the risk of harm (self/others)
- Written into a Behaviour Support Plan
- Authorisation (as per State/Territory requirements)
- As a last resort
- The least restrictive response available, for the shortest time
- Proportionate to the potential harm to self or others
- Alongside support strategies and skill development for everyone, to reduce the need to use a RP over time.

Consent



Is it even a RP
if consent is
gained??

**So if a person gives consent, is it actually impacting
on their freedoms and rights ?**

It depends..... it is NEVER black and white

Who is consent gained from?

How was the decision made?

**Does the person have control to change or adjust
the practice?**


Is it imposed or the person involved?

If consent
is gained
from the
person....

- Is it determined and applied by others?
- Is it suggested by others?
- Is it controlled and implemented by others?

EVERY situation needs to be unpacked and discussed. As it may very well not be a RP, especially if consent is gained or supported decision making frameworks applied.

It may not be a RP if the person has agency to influence it.



Some common Questions related to RP

- Is 2 to 1 supports a RP?
- Are child locks on car doors a RP?
- Are front door locks a RP?
- Are locks on doors in a group residential setting a RP?
- Are tracking devices a RP?
- Are video surveillance in a person's home a RP?
- Are bedrails when in hospital a RP?
- Are all restrictions on choices a RP?
- Any others??

We need to be mindful of why we are regulating RP



Opening up discussion, planning and review



This is not about saying you can or cannot use RP



Culture of support not taking to account



Remember it's about the least restrictive option.

Example for us to consider

- 12-year-old boy who has autism
- Boy will pull carpet up and eat it, pulls lino flooring up too. Mum is requesting home mods in the NDIS plan - polished flooring (concrete)
- Mum is requesting 300kg bed, trundle which is bolted to the ground as he moves bed, jumps, uses it to get through the roof
- Lock on bedroom door (from outside) as he wakes up all hours of the night and takes off- Mum can't get any sleep
- Security mesh on fly wire (Crimsafe) again as he will try to get out of the windows any time of day or night
- He urinates and defecates clothes – can they access **a washing machine?**
- Also requesting security camera
- Therapists are saying it is all RP and debate about whether they can prescribe it.

Is it RP?

Is it fundable?

Is it reportable?

Questions



Other webinars in this series



Why RP rules? Implications on provider practice and operations

See Nulsen ECSN webpage



Understanding the RP authorisation process for WA

See Nulsen ECSN Webpage



Clarifying what Restrictive Practices are, exploring the 'grey' areas

Monday 7 September, 12:30pm to 1:30pm



What does evidenced based practice look like for Behaviour Practitioners?

Monday 21 September, 12:30pm to 1:30pm



Implications of Restrictive Practice rules for Self Management.

Monday 5 October, 12:30pm to 1:30pm



Thank you