



Family &
Community
Services



Council for
Intellectual Disability



Restrictive Practice

Easy Read Guide



Easy Read

www.facs.nsw.gov.au

What's in this document?

What this policy means for you	1
Behaviours of concern	4
Positive behaviour support	5
Behaviour support plans	6
Types of Restrictive Practice	7
Things that are never allowed	11
Consent	12
Rules for children	14
Rules for young people	16
Restrictive Practices Authorisation Panel	17
How the RPA Panel makes decisions	18
People who can ask for a Restrictive Practice	19
Making a complaint	20

What this policy means for you



This document is about the Authorisation of restrictive practices.

A **restrictive practice** takes away your rights or freedom.

Authorisation means a restrictive practice has been approved to keep you safe or others around you safe.



In Australia there is a set of rules that says each state and territory is responsible for the authorisation of restrictive practices.

This set of rules is called the **NDIS Quality and Safeguarding Framework**.



In NSW Family and Community Services has made a policy that tells service providers how they must authorise restrictive practices.

They are called FACS for short.

What this policy means for you



Service providers **must** follow the FACS policy and make sure restrictive practices are authorised.



There are some important documents that say restrictive practices should be used less.

These documents are

- National Framework for Reducing and Eliminating the use of restrictive practices in the Disability Services Sector
- NDIS Quality and Safeguarding Framework

What this policy means for you



The NSW Government wants to make sure restrictive practices are only used as the last choice.

This means they should only be used if

- Positive behaviour support does not work
- and**
- There is a risk of harm to you or someone else



Restrictive practices take away some of your human rights.

International law says you have human rights.

One of these laws is called the **Convention on the Rights of Persons with Disabilities (CRPD)**.

Australia must follow the CRPD.

This means Australia must reduce and get rid of restrictive practices.

Behaviours of concern



Some people with a disability have behaviours of concern.

Behaviours of concern are also known as challenging behaviours.

A behaviour of concern can be

- When you hurt yourself or someone else
- If you run away
- If you break things like furniture



Some people might have behaviours of concern when they

- Are in pain, hurt or upset
- Do not feel understood

Positive behaviour support



Behaviours of concern should be helped with positive behaviour support.

Positive behaviour support means supporting a person to learn skills to stop their behaviours of concern.



If positive behaviour support does not work a restrictive practice might be used so you don't get hurt.

If a restrictive practice is needed it must be part of your behaviour support plan.

A **behaviour support plan** is a plan to help you reduce your behaviours of concern.

Behaviour support plans



A behaviour support practitioner will meet you and do a behaviour **assessment**.

They want to get to know you and how you manage your actions.

They will write a plan to help fix the reasons you have behaviours of concern.

It must be written with you, your supporters and service provider.

It must be about what you need.

If it contains a restrictive practice it must be given to the NDIS Quality and Safeguards Commission.

Types of Restrictive Practice



The NDIS have rules about restrictive practices.

These rules are for everyone in Australia.

The rules say there are 5 types of restrictive practices

1. Seclusion
2. Chemical restraint
3. Mechanical restraint
4. Physical restraint
5. Environmental restraint



1. Seclusion

Seclusion is when you are put in a room or space on your own and you cannot get out.

Seclusion is not allowed if you are under 18 years old.

Types of Restrictive Practice



2. Chemical restraint

Chemical restraint is when you are given medication to stop your behaviour.

A chemical restraint could be used to

- Stop you from being too sad or too excited
- Keep you calm
- Keep you safe

Medication for behaviour support might be called PRN if it is only used sometimes.

If medication for behaviour support is used every day it is a restrictive practice.

Chemical restraint does **not** include your usual medication given to you by your doctor for other things not related to your behaviours of concern.

Types of Restrictive Practice



3. Mechanical restraint

Mechanical restraint is when equipment is used on you to stop you from doing something.

It does **not** include equipment that is used for therapy or to keep you safe.



4. Physical restraint

Physical restraint is when someone stops you from moving.

Your support worker might do this to stop you from hurting yourself or someone else.

It does **not** include when someone holds your hand to cross the road.

Types of Restrictive Practice



5. Environmental restraint

Environmental restraint is when someone stops you from doing things in your house or outside.

An environmental restraint could be

- Locks on the cupboard or fridge
- When something is taken away such as a mobile phone or TV

Things that are never allowed



A **prohibited practice** is when something is never allowed.

Some examples are

- Something that is mean or painful
- If someone gets very angry about a mistake you have made
- When someone who is not a doctor makes you take medication that was not for you
- Seclusion of children or young people
- Using restrictive practices without permission

Staff have to tell someone if a prohibited practice happens.

It is called a **reportable incident**.

They have to tell the NDIS Quality and Safeguards Commission.

Consent



NDIS rules say service providers need consent to use restrictive practices.

Consent means you say yes to restrictive practices used on you.

You must be given information you can understand to make your choice about consent.

For example you could get information in

- Easy read
- Pictures
- Sign language

You can choose not to give consent.

This means you can say no to restrictive practices.

If you cannot consent then your guardian can do it for you.

Consent



You must be given support to understand information and to communicate your choice.

No one can force you to give consent.

There might be more than 1 restrictive practice.

You do not have to say yes to each one. You can change your mind about consent.

Rules for children



A child is someone who is under 18 years old.

Children cannot consent to restrictive practices.

A parent or guardian can consent to restrictive practices.



They can say yes or no to these restrictive practices

- Mechanical restraint
- Physical restraint
- Chemical restraint
- Environmental restraint

Rules for children



Seclusion is never allowed for children.

If a child is under the parental responsibility of the Minister for FACS there are different rules for consent.

Only a person with parental responsibility can consent to restrictive practices.

A person with parental responsibility is decided by the court.

Consent must be recorded in the child's case plan.

The behaviour support plan must be approved by Director of Child and Family Community Services.

Rules for young people



A young person is someone who is between 16 and 18 years old.

A young person can give consent to restrictive practices if they have capacity.

Capacity means that a person can understand their rights and their choices.

If a young person does not have capacity then a guardian can give consent.



If the young person does not have a parent or guardian then a guardian can be legally appointed.

The guardian will be able to make decisions about some restrictive practices.

A guardian cannot consent to chemical restraint or seclusion.

Only the Tribunal can consent to chemical restraint.

Seclusion is never allowed for young persons.

Restrictive Practices Authorisation Panel



This is called a RPA Panel for short.

The RPA Panel make decisions about restrictive practices.

It is a group of at least 2 people:

- A senior manager from your service provider
- an independent specialist in behaviour support

An independent specialist is someone who knows how to support you and your behaviour.

They do not work for the service provider.



You can tell the RPA Panel to tell them what you think and how you feel.

The RPA Panel can have other people in it like an advocate.

Everyone on the RPA Panel must agree with the decision.

Restrictive practices can only be used for up to 1 year at a time and then they must be authorised again.

How the RPA Panel makes decisions



The RPA panel will make a decision about the restrictive practice.

The RPA panel must consider these things

- How the restrictive practices will make your life better
- If the restrictive practice is the least restrictive option
- How the service provider will use the restrictive practices in a safe way
- The plan to stop using it in the future

The RPA Panel can decide if the restrictive practices can happen or cannot happen.

They can also say only some parts of the restrictive practices can be used.

People who can ask for a Restrictive Practice



Service providers have to ask the RPA Panel if they want to use a restrictive practice.

The person who asks for the restrictive practice cannot be on the RPA Panel.

Sometimes a restrictive practices might be used as an urgent response to a critical incident.

In an emergency the service might use a restrictive practice to keep you safe.

They will need to find ways to not have to use it again.

If they have to use it again they need to have authorisation.

They can only do this for up to 5 months.

Making a complaint



If you or someone you know is in serious danger you must call 000.

If you need help to make a complaint you can ask someone you trust such as

- Family or friend
- An advocate
- Your GP

You can complain to

- Your service provider or
- FACS or
- NDIS Quality and Safeguards Commission

You can complain to your service provider about restrictive practices.

You can complain if you do not like the restrictive practice you have.

If you are not sure if you have restrictive practices you can ask.

You must speak up if a prohibited practice is being used on you.

Making a complaint



FACS

FACS' policy tells service providers how they must authorise restrictive practices.

You can complain to FACS if you think there is something wrong with the way your restrictive practice was authorised.

To make a complaint to FACS

- Go to this website
<https://www.dcj.nsw.gov.au/contact-us/feedback-complaints.html>
- Send an email to
RestrictivePracticesAuthorisation@facs.nsw.gov.au

Making a complaint



NDIS Quality and Safeguards Commission

You can make a complaint about restrictive practices to the NDIS Quality and Safeguards Commission.

The Commission is different to FACS and the NDIS.

The Commission makes sure NDIS providers are registered and doing a good job.

You can make a complaint to the Commission if your service provider

- Uses an unauthorised restrictive practice
- Is being unsafe

To make a complaint to the NDIS Quality and Safeguards Commission

- Call 1800 035 544
- Go to this website www.ndiscommission.gov.au