

The Junction Clubhouse Cairns Ltd		
Policy: Restrictive Practices		
Policy number: JQS.P4.4		Date adopted: 28/08/2019
Authorised by: Approved		
Date last reviewed: 06/11/2019	Reviewed by: Quality Review Panel	Date of next review: 06/11/2021

Related documents:	
Related policies and procedures, How To Task Lists, forms, registers or other organisational documents of The Junction	<ul style="list-style-type: none"> • Member service charter • Access policy • Feedback policy • Complaints by Members policy • Incident Report • Risk Management policy • Work, Health and Safety – General policy • Service Delivery Policy • Collaboration in Service Delivery Policy • My Junction Plan • Behaviour Support Plan
Other standards	<ul style="list-style-type: none"> • National Mental Health Standards • International Standards for Clubhouse programs • NDIS Practice Standards • NDIS Quality and Safeguarding Framework • Resources from The Centre of Excellence for Behaviour Support • Human Services Quality Standards
Legislation or other requirements	<ul style="list-style-type: none"> • National Disability Insurance Scheme Act 2013 (Restrictive Practices and Behaviour Support) Rules 2018 • QLD Disability Services Act 2006 • Work Health & Safety Act 2011 • Work Health and Safety Regulation 2011 • Human Rights Act 2019 (QLD)

1. Purpose

The purpose of this policy is to ensure that The Junction understands its obligations in accord with the Disability Services Act 2006 regarding **Restrictive Practices** and to ensure it provides a safe environment for members and others at the workplace.

2. Scope

This policy applies to all employees, members, contractors, volunteers and visitors involved in the operations of The Junction Clubhouse Cairns Ltd.

3. Policy statement: Our commitment

The Junction is committed to delivering support services and activities that respond to the individual behaviours, needs and strengths of its members, their families and communities. We want members to be confident that their individual behaviours, needs and issues have been understood; that there is a clear plan in regard to the support services they will receive; and that there is assistance available to build relationships with other agencies within the community as appropriate.

The Junction recognises that there are a small proportion of people with an intellectual or cognitive disability who may require additional supports to address behaviours of concern that are of such intensity, frequency or duration that the safety of the person or others is placed in jeopardy; or may cause a risk of harm more broadly. In these circumstances, the focus is on supporting the individual, family and carers to understand the underlying functions of the behaviours and implement strategies to assist the individual to decrease the behaviours of concern, identifying more productive ways for the individual to have their needs met. Depending on the needs of the individual, a range of supports may be able to improve their quality of life, including the opportunity to build social skills, participate in activities, develop communication skills, and by making environmental adjustments.

The Junction does recognise however that in limited circumstances, and as a last resort, a **Restrictive Practice** may be used, the primary purpose of which must be to respond to protect the individual or others from harm.

4. Definition – Restrictive Practice

Restrictive Practice:

The *Disability Services Act 2006 (the Act)* defines restrictive practices as any of the following practices used to respond to the behaviour of an adult with an intellectual or cognitive disability that causes harm to the adult or others:

- Containing or secluding the adult
- Using chemical, mechanical or physical restraint on the adult; or
- Restricting access of the adult

These terms are further defined in the Act as follows:

- **Contain** an adult with an intellectual or cognitive disability means physically prevent the free exit of the adult from premises where the adult receives disability services, other than by secluding the adult, in response to the adult's behaviour that causes harm to the adult or others.
- **Seclude** an adult with an intellectual or cognitive disability means 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.
- **Chemical restraint**, of an adult with an intellectual or cognitive disability means the use of medication for the primary purpose of controlling the adult's behaviour in response to the adult's behaviour that causes harm to the adult or others.
- **Mechanical restraint**, of an adult with an intellectual disability, means the use of, for the primary purpose of controlling the adult's behaviour, of a device in response to the adult's behaviour that causes harm to the adult or others to –
 - (a) Restrict the free movement of the adult; or
 - (b) Prevent or reduce self-injurious behaviour.
- **Physical Restraint**, of an adult with an intellectual or cognitive disability, means the use, for the primary purpose of controlling the adult's behaviour, of any part of another person's body to restrict the free movement of the adult in response to the adult's behaviour that causes harm to the adult or others.
- **Restricting access**, of an adult with an intellectual or cognitive disability, means restricting the adult's access, at a place where the adult receives the disability services, to an object in response to the adult's behaviour that causes harm to the adult or others to prevent the adult using the object to cause harm to the adult or others.

Use of a Restrictive Practice:

A restrictive practice should only be used:

- Where necessary to prevent harm to the adult or others; and
- Where it is the least restrictive way of ensuring the safety of the adult or others.

A relevant service provider should provide disability services in a way that:

- Promotes the adult's development and physical, mental, social and vocational ability and increase opportunities for participation and inclusion in the community;
- Responds to the adult's needs and goals;
- Ensures the adult and their family and friends are given an opportunity to participate in the development of strategies for the care and support of the adult;
- Involves positive behaviour support planning informed by evidence-based best practice which includes the implementation of strategies, to produce behavioural change, focussed on skills development and environmental design;
- Ensures transparency and accountability in the use of restrictive practices;
- Recognises that restrictive practices should not be used to punish an adult or in response to behaviour that does not cause harm to the adult or others;
- Aims to reduce or eliminate the need for restrictive practice; and
- Ensures restrictive practices are only used as prescribed in the approved positive behaviour support plan or respite community access plan for the adult.

5. Procedure Details

The Junction recognises that when working with individuals with a cognitive and intellectual incapacity, there may be occasions where we engage with a member who has positive support plan in place from another provider; or we need to implement a restrictive practice strategy to manage a challenging behaviour where a member is at risk of harming themselves or someone else. The following are the **six steps** that must be undertaken by The Junction to ensure an understanding of the obligations and legal requirements it must meet for the use of a restrictive practice where this is deemed necessary.

Step 1 – Identifying any Restrictive Practice in use

Assessment and identification of any restrictive practices in use at The Junction is to be undertaken by the Director of Operations and/or Delegate at all times utilising the Queensland Department of Communities, Disability Services and Seniors *Restrictive practice identification tool*. If following assessment, any restrictive practices are identified by the Director of Operations and/or Delegate; the following questions are to be considered:

- Does the member experiencing restrictive practice fit the target group (as outlined in the *Restrictive practice identification tool*) for the legislation?
- Is the restrictive practice being used to prevent the member's behaviour from causing harm to themselves or others?
- Is the restrictive practice being carried out safely and appropriately?
- Can anything be done immediately to support the member and keep everyone safe instead of using the restrictive practice?

If, following consideration of these questions, the Director and/or Delegate believes a restrictive practice is still required, they must proceed to Step 2.

Note: All completed *Restrictive practice identification tool* documentation is to be stored securely and is the sole responsibility of the Director of Operation's office.

Step 2 – Providing a statement about the use of restrictive practices

When considering the use of a restrictive practice, the Director of Operations and/or Delegate must provide a statement about the use of restrictive practice to the member (in a format the member is most likely to understand) and other key stakeholders e.g. family.

The statement provided must explain:

- Why the Director of Operations and/or Delegate is considering using restrictive practices in relation to the member;
- How the member and identified key stakeholders can be involved and express their views in relation to the use of restrictive practices;
- Who decides whether restrictive practices will be used in relation to the member; and
- How the member and the interested person can make a complaint about, or seek review of the use of restrictive practices.

The statement explained to the member must be:

- In the language or way the member is most likely to understand; and
- In a way that has appropriate regard to the member's age, culture, disability and communication ability.

The Director of Operations and/or Delegate is to utilise the Centre of Excellence for Clinical Innovation and Behaviour Support's *Statement on the use of restrictive practices for an adult with cognitive/intellectual disability* which meets the requirements set out above. This statement can be sourced through the positive behaviour support website. It is important that this statement is not just given to the member, but is discussed in regard to how the information can be individualised for them. Sometimes the statement may need to be discussed over a couple of conversations.

Step 3 – Making a Short-term approval application

Where there is an immediate and serious risk of harm to the member or others, the Director of Operations and/or Delegate can apply for a short-term approval to use a restrictive practice for a limited time.

A short term approval to use a restrictive practice is limited to situations where:

- The adult has impaired capacity for making decisions about the use of restrictive practices in relation to themselves;
- There is an immediate and serious risk that, without the approval, the adult's behaviour will cause harm to the adult or others;
- The use of the restrictive practice is the least restrictive way of ensuring the safety of ensuring the safety of the adult or others; and

For containment and seclusion the Public Guardian will decide whether to give short-term approval.

For all other restrictive practices the Chief Executive delegate from the Department of Communities, Child Safety and Disability Services will decide whether to give short-term approval.

To commence the process, the Director of Operations or Delegate will contact one of the above and discuss the adult's behaviour and the reasons why a restrictive practice is being considered. To assist with preparing for this discussion the Department of Communities, Child Safety and Disability Services *short-term approval: a guide for service providers* resource is to be downloaded and referred to.

The Public Guardian or Chief Executive delegate will give notice of their decision to approve or not to approve the short-term use of the restrictive practice.

Depending on the decision, the following must be adhered to:

- **Short-term approval is not approved:** use of the restrictive practice is to be stopped immediately.
- **Short-term approval is approved:** the conditions outlined in the short-term approval must be met and the A, B or C process outlined in the Department of Communities, Child Safety and Disability Services *Six steps to meet the requirements* resource used in order to meet the full requirements for the use of a restrictive practice.

The Director of Operations or delegate must also submit a Form 6-4 (available on the Department of Communities, Disability Services and Seniors website) to notify the department of the short-term approval.

Step 4 – Developing a positive behaviour support plan

The *Disability Services Act 2006* outlines the need for a positive behaviour support approach, not just where restrictive practices are required. Central to this approach is a positive behaviour support plan, which is informed by an assessment and:

- Outlines strategies that respond to the person's needs and the causes of the challenging behaviour;
- Reduces or eliminates the use of restrictive practices; and
- Improves the person's quality of life

Any members with challenging behaviours should have a positive behaviour support plan and one should be developed before considering or applying for approval or consent for the use of restrictive practices.

The Junction is committed to Positive Behaviour Support using an evidence-based approach to support members who use challenging behaviour. Any Positive Behaviour Support at The Junction will seek to both improve the quality of life of the member and to reduce the impact of the person's challenging behaviour. Positive Behaviour Support is not therefore solely focused on eliminating challenging behaviour. Rather, it seeks to improve quality of life by understanding why the member needs to engage in challenging behaviour, and then addressing that need.

To do this Positive Behaviour Support at The Junction relies on three related elements:

1. Understanding why the person engages in challenging behaviour (this understanding is developed by conducting a Functional Behaviour Assessment);
2. Finding the environmental causes for challenging behaviour, and then modifying them so that the behaviour is unnecessary;
3. Teaching the person new skills to meet their needs without having to resort to challenging behaviour.

When a member's behaviour indicates that they may need a positive behaviour support plan, the Director of Operations or delegate will convene a panel, generally consisting of the Director of Operations and the member's Recovery Facilitator. Other panel members may be co-opted as necessary e.g. other involved service providers. This panel will undertake the assessment and planning phase and the Director of Operations will support the Recovery Facilitator's activities with professional regular and ad-hoc supervision. The assessment and

planning component will form part of the member's My Junction Plan through The Junction's case management system SRS.

As members of The Junction generally receive support from more than one service, and depending on the level of behaviour management required, other service providers may be involved in the behaviour support assessment and planning, and activity phases. This will ensure that a member does not have several behaviour support plans with different services, rather, a single support plan. Generally, which ever service provides the most support hours to the member, it should take primary responsibility for coordinating the assessment and planning activities and obtaining authorisation for the member. In situations where primary responsibility is difficult to ascertain or by mutual agreement between service providers, this arrangement may vary.

The Positive Behaviour Support Plan will summarise the three abovementioned elements, and use them to describe practical ways of more effectively supporting the person who uses challenging behaviour.

The plan is explicitly targeted at achieving the two objectives of improving quality of life and reducing the impact of challenging behaviour.

The Positive Behaviour Support Plan will clearly describe:

- Why the person uses challenging behaviour;
- How the environment must be changed to make this behaviour unnecessary;
- Specific approaches to teaching the person new skills so that they do not have to rely on the challenging behaviour to have their needs met;
- What the objectives of the plan are; and
- How all people in the person's life (i.e. their 'team') will contribute to implementing the plan.

The behaviour support panel is to ensure that all aspects of engagement with the member and any assessment and planning takes into consideration and is sensitive to the cultural beliefs and practices of members from Aboriginal and Torres Strait Island and culturally and linguistically diverse backgrounds.

Step 5 – Seeking approval, implementation & review of the plan

In the case where a positive behaviour support plan has been developed to support a member with challenging behaviours without the use of a restrictive practice the Director of Operations or delegate will ensure the following steps are adhered to:

- Implementation – All stakeholders identified in the plan are part of implementation
- Review – That the plan is reviewed on an ongoing basis to ensure it remains relevant to the person's need and is been implemented as intended

- Communicate – Communication is to occur regularly with the required stakeholders about the plan and the implementation of the strategies in the plan

In the case where a positive behaviour support plan has been developed in relation to an approved short-term approval for a restrictive practice, the Director of Operations or delegate must:

- Seek full approval from the *required authority*
- Implement the positive behaviour support plan
- Review the plan on an ongoing basis to ensure it remains relevant to the person's need and is been implemented as intended;
- Communicate regularly with the *required authority* about the use of the restrictive practice (including frequency) and the implementation of the strategies in the plan; and
- Formally review the plan with the *required authority* (at intervals as directed) and seek re-approval

Note: The *required authority* is as outlined in Step 3; for containment and seclusion – the Public Guardian, and for all other restrictive practices the Chief Executive delegate from the Department of Communities, Child Safety and Disability Services.

Step 6 – Recording and reporting on the use of all restrictive practices

The Director of Operations or delegate must notify the Department of a restrictive practice approval through the use of Form 6-4 (available on the Department of Communities, Disability Services and Seniors website). A new form must be submitted when approval/consent to use a restrictive practice as written in the positive behaviour support plan (as described in Step 5) is obtained.

The lodgement of this Form generates the creation of a restrictive practices client profile in the service provider's online data collection (ODC). The Director of Operations or delegate must use this restrictive practices reporting system within ODC to record every instance of use of a restrictive practice.

6. Procedure Communication and Implementation Plan

The Director of Operations or delegate is responsible to ensure the following actions are undertaken:

Target Group:

The Junction staff, members, volunteers and stakeholders

<p>Timeline and frequency for communication and implementation: Within 1 month of approval; and following any updates/revisions</p>
<p>Method of communication:</p> <ul style="list-style-type: none"> • Verbal – as part of the regular House meeting procedure review discussion sessions. • Written – Copy available in The Junction’s Quality Folder • Visual – Copy posted on The Junction’s Quality Board • Electronic – Copy saved in the Junction’s electronic Policy folder
<p>Education and training to support implementation:</p> <ul style="list-style-type: none"> • Staff meetings and supervision • Utilising the resources and training available through the Centre of Excellence for Clinical Innovation and Behaviour Support.

7. Review processes

<p>Policy review frequency: Annually</p>	<p>Responsibility for review: The Director of Operations</p>
<p>Review process: The Director of Operations as Chair of the Quality Review Panel convenes the panel to conduct review.</p>	
<p>Documentation and Communication: Documentation and communication: All policy decisions will be documented and communicated using the Quality Review Panel observing the Document control HTTL. Note: add version number after review.</p>	