Physical Restraint

This Information Sheet provides practitioners, service providers and disability support workers with information about the authorisation and use of physical restraint as applied to adults (18 years or older) who:

- have an intellectual or cognitive disability;
- are receiving services provided or funded 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.

What is physical restraint?
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.

An example of physical restraint
Janice is 18 years of age and is supported by staff from an accommodation service to live in her own apartment. Three mornings per week she works at a plant nursery where she is supported by a community access service provider. Janice is not legally able to make decisions for herself and her parents make these for her.

At work and at home Janice has started to pinch her support workers and has broken their skin with her nails. This was something she had done in the past at school with teachers and fellow students and occasionally at home with her sister. The advice from her parents has been to hold her hand to prevent Janice from pinching, say “no”, and then guide her hand back to the task she is doing. This is the action Janice’s support staff have been using.

When considering holding her hand to prevent Janice from pinching, both the accommodation and community access service provider must give a statement in the approved form to Janice, her family members and others in her support network about holding her hands.

The statement must include why the service provider is considering holding Janice’s hands; how Janice, 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 Janice, 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 Janice is most likely to understand and is appropriate to her age, culture, disability and communication skills.
Both services must seek a short term approval from the Chief Executive of the Department of Communities, Child Safety and Disability Services or delegate, to hold Janice’s to stop her hurting others. The short-term approval gives Janice’s service providers time to assess her longer-term needs, undertake assessments and develop the positive behaviour support plan.

As the service who provides Janice with the most support, the accommodation service provider must apply to the Queensland Civil and Administrative Tribunal (QCAT) for a guardian for restrictive practice (general) matter to be appointed for Janice. Janice’s parents may want to be Janice’s guardian for restrictive practices or they may choose not to be. If the parents do not want to be Janice’s guardian for restrictive practice and there is no one else, QCAT will make the Public Guardian the guardian for restrictive practice (respite) matter for Janice.

The accommodation service provider must find an appropriately qualified person to do an assessment to obtain information about Janice and work out why she is pinching people. Both service providers must talk with Janice, her family, guardian for restrictive practice and others in her support network to work out what other changes may make life better for Janice. If holding Janice’s hand is the best way to keep people from being hurt a positive behaviour support plan must be written and sent to the guardian for restrictive practice (general) matter for authorisation/approval. The plan needs to include details of both service providers. Both service providers must have this authorisation to continue to hold Janice’s hand to stop her pinching and guide her back to the task.

Holding an adult to punish them will not be allowed as it violates the adult’s human rights and therefore against the law. Its use can only be considered when it may prevent people from being hurt. Other examples of physical restraint are:

- holding an adult’s arms down to their sides to stop them from moving;
- taking an adult’s hand and leading them in a direction they do not want to go;
- guiding an adult in a direction using your body to block the adult from moving in a different direction;
- a number of actions used to protect yourself or others from the behaviour of the adult by holding any part of the adult’s body; and
- using any part of your body to block or redirect the movement of the adult.

What is not intended to be restraint

Under the Act interventions require authorisation when they are used to respond to behaviour of an adult with an intellectual or cognitive disability that causes harm or serious risk of harm to the adult or others. Practices used to assist the adult with daily living or therapeutic activities, or to keep the adult safe where the adult has a skills deficit and as a consequence is unable to perform a task safely are not intended to be restrictive practices.

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2 This description of the authorisation process relates specifically to this example as the authorisation process will change depending on the disability service provided.
An example of a practice to assist the adult with daily living or therapeutic activities is where a staff member may use hand over hand modelling in order to support a client to complete a task such as dressing or eating. This might be as part of a planned approach to teach a new skill and the staff member might be holding the person’s hand or arm. It is not intended that this would be a restrictive practice.

It is not intended that it be a restrictive practice for a staff member to redirect an adult away from an unsafe situation, for example a busy road, where the adult cannot recognise the danger.

**When should restrictive practices be considered?**

Physical restraint, 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 a 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 themselves or others; and
- as a time-limited response where there is a need to safeguard the adult and others from significant harm.

**Considerations for the use of physical restraint**

A number of factors must be considered with regard to the use of physical restraint 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 restrictive practices to the adult, their family members and others in the adult’s support network;
- A positive behaviour support plan has been developed and details the use of physical restraint in the context of a proactive framework;
- The positive effects of using physical restraint must outweigh the possible negative effects on the adult and the risk involved if the restrictive practice is not used has been considered;
- Less restrictive alternatives must have been considered and found to be inappropriate or ineffective;
- Physical restraint must be considered a short-term response only;
- An appropriately qualified person has been involved in undertaking a comprehensive assessment;
- 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 timeframes;

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 (approval) has been obtained from the relevant decision maker prior to implementation.

Physical restraint must not be used in specific circumstances, including:

- when a relevant professional has assessed and contraindicated the use of physical restraint;
- when the use of physical restraint relies upon the experience of pain to force compliance; or
- when the use of physical restraint is a form of punishment or organisational convenience.

Who can authorise the use of physical restraint?

Where services provided or funded by Disability Services, or services prescribed by regulation and funded under a NDIS participant plan considers the use of physical restraint in response to the behaviour of an adult that causes harm, authorisation must be sought first. The Disability Services Act 2006 specifies the authorisation requirements for each type of restrictive practice and who can authorise the use of the practice.

Where physical restraint is used in combination with containment or seclusion, the authorisation requirements for containment and seclusion apply. For further information, refer to the Information Sheet, Authorising Restrictive Practices.

If the service provider is using or proposing to use physical restraint only or in combination with mechanical or chemical restraint, then the use of physical restraint as written in the person’s positive behaviour support plan can only be authorised by a guardian for a restrictive practice (general) matter appointed by the Queensland Civil and Administrative Tribunal (QCAT).

For a respite or community access service, consent to use physical restraint as written in the person’s respite/community access plan is required from a guardian for a restrictive practice (respite) matter if appointed or otherwise an informal decision-maker for the adult.

Further Information

For more information, refer to the “Positive Behaviour Support” page on the Disability Services website (http://www.communities.qld.gov.au/disability/key-projects/positive-behaviour-support) or contact the Centre of Excellence for Clinical Innovation and Behaviour Support on 1800 902 006.

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