



# Restrictive Practices



**Australian Government**  
Aged Care Quality and  
Safety Commission



Flip Guides have been designed as supplementary supports for the learning modules. The Guides include key messages and insights for your continued reflection.

# Need to Know: Restrictive Practice

Restrictive practices have long been used in care delivery, especially in the aged care setting.

Restrictive practices are used to manage potentially dangerous consumer behaviours. Restrictive practices include:



Due to the complex nature of aged care, restrictive practices have been thought of as necessary to keep consumers and carers safe in times of acute distress. This view has come at the cost of infringement of human rights.

For aged care consumers, this means **the right to:**

- Be safe and free from violence
- Be free from cruel, inhumane or degrading treatment
- Privacy
- An adequate standard of living, including access to adequate food, clothing and housing
- The highest possible standard of physical and mental health
- Have access to family and social connections.

Ultimately, the case for minimising restrictive practices is clear from a human rights, and consumer-centred care perspective. The use of restrictive practices, which are often used with the intent to minimise harm, can have devastating impacts on an individual's health and wellbeing.

Providers are now legally required to minimise the use of restrictive practices through genuine and well-implemented consumer-centred approaches.

## What does this mean for aged care providers?

Providers must implement a multidisciplinary, individualised model of care for people living with dementia or with other behavioural triggers, to minimise the utilisation of restrictive practices.

# Restrictive Practices: Obligations and Accountabilities

On 1 July 2021, the Aged Care Act 1997 and the Quality of Care Principles were updated in relation to restrictive practices and the processes required to ensure they are minimised. In addition to these changes, there are also additional legislated obligations and requirements for providers relating to the use of restrictive practices.

Please also view the [Consent for medication in aged care](#) or the [Consent for restrictive practices – Information for aged care providers](#) resources for more information on informed consent.

➔ *Please take a moment to review each of obligations on the following pages.*



Aged Care Act 1997



Quality of Care Principles 2014

Aged Care Quality Standards



Charter of Aged Care Rights



National Aged Care Quality Indicator Scheme



Serious Incident Response Scheme



Behaviour Support Plans



# Restrictive Practices: Obligations and Accountabilities (continued)

## Aged Care Act

The revised restrictive practices legislation in the [Aged Care Act 1997](#):

- Replaces the term 'restraints' with 'restrictive practices'
- Defines restrictive practices and the five types of restraint
- Details the requirements for the use of restrictive practices, including strengthening those in relation to consent, documentation, and monitoring
- Emphasises consumer-centred care and reinforces the rights of aged care consumers

by ensuring that restrictive practices are only used as a last resort to prevent harm

- Requires the provider to have a behaviour support plan (BSP) in place for each consumer who has restrictive practices considered, implemented or used as part of their care
- Introduces restrictive practices compliance notices and their potential for civil penalties if providers do not meet the requirements.

## Aged Care Quality Standards

The use of restrictive practices is also assessed under a number of the [Aged Care Quality Standards](#) (Quality Standards) that came into effect on 1 July 2019.

The Quality Standards require that clinical care is best practice and supported by a clinical governance framework that minimises the use of restrictive practices.

The Quality Standards clearly outline that providers must have organisation-wide governance systems for regulatory compliance. This includes compliance with the Quality of Care Principles for behaviour support planning and restrictive practices.



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# Restrictive Practices: Obligations and Accountabilities (continued)

## Quality of Care Principles 2014

2014 detail the Aged Care Quality Standards which were amended in 2021 to include regulatory obligations in and around the use of restrictive practises.

They stipulate:

- Restrictive practices are used only as a last resort, with suitable alternatives used as a first-order priority
- The need for restrictive practices must be assessed, approved and documented by an appropriately qualified health professional, medical or nurse practitioner who has day-to-day knowledge of the individual and their personal care needs and preferences
- Restrictive practices may be used outside the approved conditions for an individual in emergency

situations, but only for a short, discrete period of time

- The restraint used must be the least restrictive restraint available
- Whilst restrictive practices are in use, the individual must be continually monitored for signs of distress or harm.
- All conditions of the use of restrictive practices are formally documented and communicated to staff
- While in use, the individual must be continually monitored for signs of distress or harm
- The need for any restrictive practices must be regularly reviewed.

## Charter of Aged Care Rights

A provider is also legally required to help consumers understand their rights under the Charter of Aged Care Rights, which includes (but is not limited to) ensuring that consumers:

- Have their human rights protected
- Have control over the choices that impact their care
- Are treated with dignity and respect
- Are informed about the care they receive and how it'll be provided
- Live without abuse and neglect
- Have their identity, culture and diversity valued and supported.

# Restrictive Practices: Obligations and Accountabilities (continued)

## National Aged Care Quality Indicator Scheme

The QI Program requires providers to report against specific quality indicators on a regular basis, in a separate and different process to the Commission's assessment of restrictive practices under the Aged Care Quality Standards.

The [QI Program](#) requirements include reporting on the use of physical restraints, and the percentage of consumers who receive antipsychotic medication management.

## Serious Incident Response Scheme (SIRS)

Under the [Serious Incident Response Scheme](#), which commenced on 1 April 2021, the use of a restrictive practice that is inconsistent with the requirements set out in the Quality of Care Principles would constitute a reportable incident and must be notified to the Commission.

## Behaviour Support Plans (BSP)

As of 1 September 2021, it's a requirement for all residential aged care providers to have [Behaviour Support Plans](#) (BSP) in place for consumers that need them.

BSPs protect the rights, safety and wellbeing of older Australians, putting them at the centre of care planning and service delivery.

# Role of the Governing Body and Executives

Governing bodies and executives are required to outline their expectations related to restrictive practices through the design and implementation of policy, as well as engage in continuous oversight, monitoring and assurance activities. Ultimately the role of the Governing Body and Executives is to ensure their provider is upholding consumer rights. This can be done through a variety of methods:

## ✔ Set the tone and culture

- Assess an organisation's culture regarding restrictive practices.
- Provide visible leadership and guidance surrounding restrictive practices, such as for policies, training and communications.

## ✔ Listen to the consumer voice

- Establish a restrictive practice reference group to manage the coordination and reporting of consumer insights to governing body meetings.
- Continuously monitor and evaluate consumer insights through reporting and conversations with management.

## ✔ Use the data

- Regularly review client information, clinical data, and quality indicators to provide oversight of day-to-day operations.
- Regularly assess whether the governing body is receiving the correct information to guide your decision making regarding restrictive practices.

## ✔ Ask the right questions

Ask the right questions in response to the high-level data you receive regarding restrictive practices, including:

- What reporting do we need to get to ensure policies are being translated into care outcomes?
- What is the information telling us?

# Role of the Governing Body and Executive (continued)

If your governing body does not have the skills to effectively assess the data related to restrictive practices, you can seek advice from those who do.

## ✓ Understanding of workforce requirements

- Assess your workforce with a consumer-centred lens, e.g. do we have sufficient numbers of clinical staff trained in assessing behaviours and planning care.
- Do we have an adequately sized workforce to enable effective care to ALL consumers?

## ✓ Implement assurance processes

- Regularly engage in independent/external reviews to ensure policies and procedures are being followed within the organisation.
- Encourage management to perform regular internal assessments with a continuous improvement mindset to ensure policies and procedures are being followed.

## ✓ Ensure compliance

- Ensure the governing body and executive, management and workforce are all aware of the legislative obligations and reporting requirements regarding restrictive practices.

Additionally, integral to supporting the minimisation of restrictive practices is ensuring processes for compliance are documented and are well understood by staff. The governing body has overall responsibility for the oversight of quality management, and any delegation of responsibility for managing the minimisation should be clearly communicated and monitored.







## Tips and next steps

Please take a moment to review the below action list and brainstorm some additional actions and immediate next steps you could take towards supporting the minimisation of restrictive practices in your organisation.

- *Establish regular forums and reporting protocols through which the governing body and executive can oversee the management and embedding of high quality, inclusive and safe practices.*
- *Regularly analyse data related to the use of restrictive practises at your service or services to seek assurance that robust processes are in place and opportunities for improvement in care are identified.*
- *Ensure staff have the appropriate training in dementia care, delivery of consumer-centred care and restrictive practices, as well as in managing actual and potential aggression.*
- *Ensure the necessary processes and systems are in place to identify and understand the underlying cause of changed behaviour and to develop a range of strategies to minimise the use of restrictive practices.*
- *Ensure consumers are involved in the planning of their care and services. This can be done by embedding their voice in policies, processes and practices in your organisation.*
- *Ensuring all consumers who require Behaviour Support Plans have them as per the requirements set down on 1 September 2021.*

# Additional Resources

