



# Restrictive Practices Policy

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## Contents

1. Context	4
2. What is a Prohibited Practice?	4
3. What is a Restrictive Practice?	4
4. Policy principles	5
5. Who does this policy apply to and when?	5
6. What are icare’s Restrictive Practice Authorisation requirements?	6
7. Restrictive Practice Authorisation (RPA) Panels	6
8. Consent	7
8.1 Consent for Children and Young Persons	7
8.2 Consent for Adults	7
8.3 Capacity of the Restrictive Practice Authorisation (RPA) Panel to provide consent in exceptional circumstances	7
9. Other lawful orders	8
10. Crisis response to a critical incident	8
11. Authorisation requirements	8
Table 1: Table of requirements	9
12. Authorisation practice and governance support	10
13. References	10
Appendix 1: Policy context summary	11
International	11
National	11
NSW	11
icare	11
Appendix 2: Glossary of terms	11

## 1. Context

icare is committed to delivering person-centred support to all of its participants, including those who have complex needs including challenging behaviour.

Challenging behaviour, also known as behaviours of concern, is defined as behaviour of such intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion (1).

This policy outlines icare's mandatory requirements for service providers and icare staff when working with participants with challenging behaviour in relation to the use of Restrictive Practices. A Restrictive Practice is any practice or intervention that has the effect of restricting the rights or freedom of movement of a person (1).

While it is recognised that different standards are currently applied to the regulation and use of Restrictive Practices across different jurisdictions such as aged care, health and education, icare seeks to align with the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector which was endorsed by the COAG Disability Reform Council meeting on 21 March 2014 (2).

Underpinning this policy is the fundamental right of every icare participant, particularly those who are vulnerable due to disability, to equal and full enjoyment of all human rights and fundamental freedoms without discrimination of any kind, as outlined in the United Nations Convention on Rights of Persons with Disability (UNCRPD) (3).

Recognising an individual's rights and freedom is paramount. It is imperative therefore, that the human rights of icare funded participants are protected and promoted during all service planning and service delivery.

## 2. What is a Prohibited Practice?

A Restrictive Practice differs from a Prohibited Practice. Some practices are prohibited and must never be used. A Prohibited Practice is any practice which interferes with a participant's basic human rights, are unlawful or unethical in nature, and are incompatible with the objects and principles of the Disability Inclusion Act 2014. A Prohibited Practice includes any of the following:

1. Aversion, which is any practice which might be experienced by a person as noxious or unpleasant and potentially painful
2. Overcorrection, which is any practice where a person is required to respond disproportionately to an event, beyond that which may be necessary to restore a disrupted situation to its original condition before the event occurred
3. Misuse of medication, which is administration of medication prescribed for the purpose of influencing behaviour, mood or level of arousal contrary to the instructions of the prescribing general practitioner, psychiatrist or paediatrician
4. Seclusion of children or young people, which is isolation of a child or young person (under 18 years of age) in a setting from which they are unable to leave for the duration of a particular crisis or incident
5. Denial of key needs, which is withholding supports such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports
6. Unauthorised use of a Restrictive Practice, which is the use of any practice that is not properly authorised and /or does not have validity or does not adhere to requisite protocols and approvals

or any practice that:

- is degrading or demeaning to the person
- may reasonably be perceived by the person as psychological abuse, harassment or vilification (3)

## 3. What is a Restrictive Practice?

A Restrictive Practice is any intervention and/or practice that is used to restrict the rights or freedom of movement of a person with disability, severe injury or another health condition with the primary purpose of protecting the person or others from harm (4).

Restrictive Practices should only be used in very limited and specific circumstances, as a last resort, and utilising the least Restrictive Practice and for the shortest period of time possible under the circumstances. Restrictive Practices should only be used when they are proportionate and justified to protect the rights or safety of the person or others.

icare's definitions of Restrictive Practices are aligned with the NDIS Quality and Safeguards Commission definitions:

Type	Description
Seclusion	The sole confinement of a person with disability, severe injury or another health condition in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted
Physical restraint	The 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 their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.
Mechanical restraint	The use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes.
Chemical restraint	The use of medication or chemical substance for the primary purpose of influencing a person's behaviour. 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 a physical condition. Chemical restraint includes both PRN and routine doses of psychotropic medications for behaviour.
Environmental restraint	A restraint that restricts a person's free access to all parts of their environment, including items and activities.

## 4. Policy principles

- icare supports the use of Positive Behaviour Support Plans as best practice when working with participants with challenging behaviour
- icare supports the reduction and elimination of the use of Restrictive Practices, and to ensure that when they are used, the least restrictive option is implemented.
- Service providers delivering funded support to icare participants must not use Prohibited Practices at any time
- Service providers delivering funded support to icare participants are not to use Restrictive Practices with icare participants without the appropriate authorisation
- Any use of a Restrictive Practice by an Approved Service Provider without a Restrictive Practice Authorisation (RPA) is considered by icare as an Adverse Event and must be reported to icare within 24 hours of the event
- Any proposed use of Restrictive Practices must be documented within the context of a participant's Positive Behaviour Support Plan which has been developed by an experienced Positive Behaviour Support practitioner in consultation with the participant, their guardian and the service provider delivering support to the participant, prior to being considered for authorisation.

- All authorised use of Restrictive Practices with icare participants must be for an authorised time period that must not exceed 12 months
- Service Providers must report any concerns about the use of Prohibited Practices or use of unauthorised Restrictive Practices by anyone providing support to a participant to icare.

## 5. Who does this policy apply to and when?

This policy applies to all service providers who provide funded support to icare participants.

The policy is effective from 1 June 2019. Service Providers have 3 months to ensure full compliance.

icare staff are required to uphold this policy and facilitate participant access to a Positive Behaviour Support practitioner where challenging behaviours are identified.

icare acknowledges that currently there are some gaps in the approach to the reduction and elimination of Restrictive Practices across jurisdictions which may impact on its participants (e.g. health, aged care and education). In these circumstances, icare approved service providers are required to report to icare any known or observed use of Prohibited or Unauthorised Restrictive Practices with icare participants in other jurisdictions or service settings and request for icare to investigate this further.

## 6. What are icare's Restrictive Practice Authorisation requirements?

Authorisation is the endorsement for identified Restrictive Practices to be implemented by service providers with an individual participant, in a service setting, by particular staff and under clearly defined circumstances.

icare has three requirements for the use of an Authorised Restrictive Practice:

1. a Positive Behaviour Support Plan must be developed by an experienced Positive Behaviour Support practitioner. The plan must be based on a Functional Behaviour Analysis which identifies the reason for the behaviour
2. specific, informed consent must be obtained from the participant or their guardian, and
3. authorisation must be approved and documented by a Restrictive Practice Authorisation (RPA) Panel.

The decision by an RPA Panel to provide authorisation to implement a Restrictive Practice will be based on relevant supporting information such as the Positive Behaviour Support Plan, which is informed by a Functional Behaviour Analysis completed by an experienced Positive Behaviour Support Practitioner.

A critical role of the authorisation process is to support the reduction and elimination of the use of Restrictive Practices and to ensure that when they are used, the least restrictive option is implemented.

## 7. Restrictive Practice Authorisation (RPA) Panels

A Restrictive Practice Authorisation Panel (RPA Panel) is to be convened by icare to review any proposed use of a Restrictive Practice with an icare participant.

As a minimum, an RPA Panel must consist of:

- the participant's icare contact person
- the Positive Behaviour Support practitioner who has developed the participant's Positive Behaviour Support Plan and any therapist prescribing equipment or practices which are deemed restrictive (see note about consent)
- wherever possible, the participant or their guardian (provided the guardian has the authorisation to agree to a restrictive practice), and

- a Senior Manager (or nominated representative) of the service provider involved in implementing the behaviour support plan
- the external approved case manager (where there is one involved)

An independent Positive Behaviour Support practitioner must also participate in an RPA Panel meeting if the Positive Behaviour Support practitioner who developed the participant's Positive Behaviour Support Plan is employed or contracted directly by the attendant care service provider.

An independent Positive Behaviour Support practitioner may also be requested to attend any RPA Panel meeting where there is some contention about the ongoing or proposed use of Restrictive Practice, and icare considers that an additional independent opinion would be of value.

The participant's icare contact person is to convene and chair the RPA panel, ensuring panel members are contacted, meetings scheduled, papers distributed, and icare notified of the RPA panel outcomes.

Any recommendation for the use of a Restrictive Practice requires formal authorisation by the RPA Panel. The panel is required to consider the appropriateness of a documented Positive Behaviour Support Plan and evaluate the recommendations in the context of the provider's operations, as well as the appropriateness of the strategy to achieve the intended outcomes.

Core to the RPA Panel's decision-making is whether the proposed strategy is the least restrictive option available, and whether there are appropriate plans to reduce or eliminate the use of Restrictive Practices for the participant.

The RPA Panel's decision to authorise a Restrictive Practice must be unanimous. On making its determination, the panel must specify the length of time for which the authorisation applies, for a period not exceeding 12 months. Where a unanimous decision cannot be reached, the Restrictive Practice remains 'unauthorised'.

Minutes of the RPA Panel outcomes are to be completed and saved onto the participant's icare file. A copy is to be distributed to all panel members and copies sent to the Attendant Care Unit and the icare Safeguarding Governance Committee for internal tracking and reporting. This must be completed within 5 business days to ensure all parties have full visibility of the panel outcomes. The RPA Panel report must contain:

- a copy of the Positive Behaviour Support Plan, including information about the proposed Restrictive Practice and the Functional Behaviour Analysis
- documented evidence of current consent to the use of any proposed Restrictive Practice
- RPA Panel meeting minutes outlining the outcomes of discussions and the panel's recommendation
- scheduled timeframe for review

The participant's icare contact person is responsible for scheduling the subsequent review RPA Panel meetings within the agreed timeframe.

The Positive Behaviour Support practitioner is responsible for completing an updated Positive Behaviour Support Plan with the participant prior to subsequent RPA Panel review meetings.

## 8. Consent

Consent is the permission given by the person (where they have the capacity to consent) or the person with authority to consent on the person's behalf (where they do not have capacity to consent). Specific, informed consent is needed to use a Restrictive Practice as a component of an overall Positive Behaviour Support Plan. Consent requirements for Restrictive Practices are summarised in **Table 1: Table of Requirements** (p.9-10).

### 8.1 Consent for Children and Young Persons

Consent for a child in relation to a Positive Behaviour Support Plan should be obtained from the parent or guardian. Where a child is under the parental responsibility of the Minister for Family and Community Services, consent for the use of a

Restrictive Practice, including chemical restraint, must be obtained from the person with parental responsibility.

This consent must be documented in the child or young person's Positive Behaviour Support Plan. The Positive Behaviour Support Plan must be approved by the Director, Child and Family, Community Services.

**Note:** The NSW Guardianship Act 1987 defines a child as being under 18 years of age.

The NSW Children and Young Persons (Care and Protection) Act 1998 distinguishes between a child (under 16 years) and a young person (16-18 years).

### 8.2 Consent for Adults

Where a participant does not have the capacity to consent to the use of a Restrictive Practice as a component of a Positive Behaviour Support Plan, and where there is no appropriate person(s) to consent or agree to the use of the practice on their behalf, a legally appointed guardian is required. In such cases specific authority to consent may be granted to a guardian by the Guardianship Division of the NSW Civil and Administrative Tribunal. This guardian must be appointed with a Restrictive Practice function. A guardian is not required where:

- restraint is being used as part of risk management for safety, unless the person or someone else is objecting to the practice or strategy; or
- minimum force or confinement is used in a crisis to prevent harm.

Where an application to the Guardianship Division has been made, a copy must be provided to the RPA Panel as evidence at the earliest opportunity. Responses from the Guardianship Division to all applications should also be provided to the RPA Panel.

### 8.3 Capacity of the Restrictive Practice Authorisation (RPA) Panel to provide consent in exceptional circumstances

Under certain, exceptional circumstances an RPA Panel has the capacity to provide consent to the use of Restrictive Practices. This capacity applies only to Environmental Restraint.

This capacity is only appropriate where:

- a strategy has been authorised by the RPA Panel, and
- the participant is unable to consent, and
- there is no close friend or relative who can support the participant to consent, and
- in the opinion of the RPA Panel, based on precedent and in consultation with relevant stakeholders, the Guardianship Division is considered unlikely to appoint a guardian with a Restrictive Practice function, or
- an application has been made to the Guardianship Division in accordance with a direction from the RPA Panel, but a decision has not yet been reached, or
- an application has been made but the Guardianship Division has declined to appoint a guardian with a Restrictive Practice function.

## 9. Other lawful orders

In NSW a range of lawful orders can impose legally binding restrictions on an individual. These orders can direct that supervision, monitoring and management conditions (including electronic monitoring) are imposed on a person who has come into contact with the criminal justice system after they are released into the community.

Lawful orders are considered an 'authorised' Restrictive Practice for the purpose of this policy, however are not the responsibility of icare or services providers funded by icare to support a participant.

## 10. Crisis response to a critical incident

A crisis response may be required in situations where a participant engages in a new behaviour or there is a previously unexperienced degree of severity in the escalation of their behaviour, there is a clear and immediate risk of harm linked to that behaviour(s) and there is no interim or comprehensive Positive Behaviour Support Plan in place to manage this.

In such circumstances, use of an unauthorised Restrictive Practice may be considered necessary under the service provider's duty of care to manage the risk. This is referred to as a crisis response. A crisis response should only be used after the service provider has tried to de-escalate the situation using non-restrictive strategies. In responding to a crisis, the service provider should use the minimum amount of restriction or force necessary, the least intrusion and apply the strategy only for as long as is necessary to manage the risk. A crisis response should never be used as a de facto routine behaviour support strategy.

Where responses to crisis include the use of a Restrictive Practice, the use is unauthorised and constitutes an Adverse Event and must be reported to icare within one business day of the event occurring. A service provider may not need to use the Restrictive Practice again, however where it is anticipated it will be needed again, it must be included in a comprehensive or interim Positive Behaviour Support Plan and authorisation for its further use must be sought.

In these circumstances, interim authorisation for the use of Restrictive Practices may be provided by the service provider's Senior Manager. In providing interim authorisation, the Senior Manager must consider the following:

- the participant's interim Positive Behaviour Support Plan
- specific, informed consent from the participant or their guardian

In providing interim authorisation, the Senior Manager of the provider specifies the length of time for which the interim authorisation applies, which cannot exceed 28 business days.

The service provider is to notify icare that an updated comprehensive Positive Behaviour Support plan is required and whether the Senior Manager has provided interim authorisation for the Restrictive Practice.

## 11. Authorisation requirements

icare has defined requirements for authorisation of Restrictive Practices in each category.

These requirements are summarised for each category in the table below:

**Table 1: Table of requirements**

Restrictive practice	Approval	Supporting evidence	Author	Authorisation	Consent
Seclusion	Interim (28 business days)	<ul style="list-style-type: none"> <li>Interim Positive Behaviour Support Plan</li> </ul>	Practitioner	Service provider's Senior Manager	U18: Prohibited +18: Either: <ul style="list-style-type: none"> <li>The person if has capacity</li> <li>Guardian with RP function</li> </ul>
	General	<ul style="list-style-type: none"> <li>Positive Behaviour Support Plan</li> <li>Functional Behaviour Analysis</li> </ul>	Practitioner	RPA Panel	
Physical restraint	Interim (28 business days)	<ul style="list-style-type: none"> <li>Interim Positive Behaviour Support Plan</li> </ul>	Practitioner	Service provider's Senior Manager	U16: Parent/Guardian +16: Either: <ul style="list-style-type: none"> <li>The person if has capacity</li> <li>Guardian with RP function</li> </ul>
	General	<ul style="list-style-type: none"> <li>Positive Behaviour Support Plan</li> <li>Functional Behaviour Analysis</li> </ul>	Practitioner	RPA Panel	
Mechanical restraint	Interim (28 business days)	<ul style="list-style-type: none"> <li>Interim Positive Behaviour Support Plan</li> </ul>	Practitioner	Service provider's Senior Manager	U16: Parent/Guardian +16: Either: <ul style="list-style-type: none"> <li>The person if has capacity</li> <li>Guardian with RP function</li> </ul>
	General	<ul style="list-style-type: none"> <li>Positive Behaviour Support Plan</li> <li>Functional Behaviour Analysis</li> </ul>	Practitioner	RPA Panel	
Chemical restraint	General	<ul style="list-style-type: none"> <li>Positive Behaviour Support Plan</li> <li>Functional Behaviour Analysis</li> <li>Medical report</li> </ul>	Practitioner  Medical practitioner	RPA Panel to note including any actions to seek medical review of usage	Medical practitioner to obtain consent: U16: Parent/Guardian +16: Either: <ul style="list-style-type: none"> <li>The person if has capacity</li> <li>Guardian with RP function</li> </ul>

Restrictive practice	Approval	Supporting evidence	Author	Authorisation	Consent
Environmental restraint	Interim (28 business days)	<ul style="list-style-type: none"> <li>Interim Positive Behaviour Support Plan</li> </ul>	Practitioner	Service provider's Senior Manager	U16: Parent/Guardian +16: Either: <ul style="list-style-type: none"> <li>The person if has capacity</li> <li>Guardian with RP function</li> </ul>
	General	<ul style="list-style-type: none"> <li>Positive Behaviour Support Plan</li> <li>Functional Behaviour Analysis</li> </ul>	Practitioner	RPA Panel	

## 12. Authorisation practice and governance support

As part of its commitment to reducing and eliminating the use of Restricted Practices with its participants, the outcomes of RPA Panels and any unauthorised use of Restrictive Practices or Prohibited Practices will be reported to the icare Safeguarding Governance Committee by the Attendant Care Unit. This ensures that this committee has oversight of the use of Restrictive Practices with participants.

The use of Restrictive Practices without authorisation or use of any Prohibited Practices with icare participants poses an immediate or serious risk of harm to the participant and to the reputation of icare.

Breaches of the policy will be managed by icare in accordance with the Lifetime Care/Workers Care Service Provider Quality Assurance Framework, depending upon the nature and seriousness of the situation.

It is noted that all icare approved attendant care service providers are also required to comply with ACIS 2018, specifically Essential Level 2.6 and Level 3, 6.1 Complex Behavioural Support to maintain certification and ACIA: Procedure for the Management of a Serious Adverse Event or Serious Reportable Incident involving an ACIS Certified Organisation (July 2018).

## 13. References

1. Restrictive Practices Authorisation Policy – June 2018 Version 1.0, Central Restrictive Practices team NSW Family and Community Services 2018
2. National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Services Sector, COAG 2014
3. Article 1, United Nations Convention on the Rights of Persons with Disabilities
4. The NSW Restrictive Practices Authorisation Procedural Guide (June 2018) Version 1.0, Central Restrictive Practices team NSW Family and Community Services 2018
5. ACIA 025 – Procedure for the Management of Serious Event Incident Complaint of an ACIS Certified Provider or ACIA Member, July 2018

## Appendix 1: Policy context summary

### International

- UN Convention on the Rights of Persons with Disability

### National

- National Disability Strategy 2010–2020
- NDIS Quality and Safeguarding Framework
- National Framework for Reducing and Eliminating the use of Restrictive Practices in the Disability Service Sector 2014
- Disability Discrimination Act 1992
- The Privacy Act 1988 and the Australian Privacy Principles (March 2014)
- Australian Community Industry Association (ACIA): Procedure for the Management of a Serious Adverse Event or Serious Reportable Incident involving an ACIS Certified Organisation or ACIA Member.

### NSW

- Disability Inclusion Act 2014 and Disability Inclusion Regulation 2014
- NSW Guardianship Act (1987) and Guardianship Regulations 2010
- Child Protection (Working with Children) Act 2012.

- NSW Anti-Discrimination Act 1977
- Mental Health Act 2007
- Mental Health (Forensic Provision) Act 1990
- Work Health and Safety Act 2011 and Work Health and Safety Regulation 2017 (WHS Regulation).
- NSW Child Safe Standards for Permanent Care 2015, NSW Office of the Children’s Guardian.
- Child Protection (Working with Children) Act 2012.
- Living in the Community: Putting Children First (July 2002).
- Individual planning for children and young people living in out-of-home care: Policy and practice guide (January 2011).
- NSW Interagency Guidelines for Child Protection Intervention (2006).

### icare

- Schedule 4 – Attendant Care and Nursing Services in icare (July 2017)

## Appendix 2: Glossary of terms

Term	Definition
Abuse	Abuse refers to sexual assault, physical, emotional, financial and systemic abuse, domestic violence, constraints and Restrictive Practices and to neglect.
Approved Service Provider	icare Care and Community has contracts with service providers who are approved to deliver particular service types. These include: <ul style="list-style-type: none"> <li>• Attendant Care</li> <li>• Care Needs Assessors</li> <li>• Case Managers</li> <li>• Planning Facilitators (Dust Diseases Care)</li> </ul>
Attendant Care Providers	An attendant care provider is a service provider approved to provide support to the participant. They can assist with day-to-day activities such as personal care, managing medication, home rehabilitation programs and community participation.
Attendant Care Unit	icare has a team to oversee the panel of Attendant Care Providers. This team ensures compliance with the Panel Provider Agreement and can be accessed to trouble shoot or provide advice and support to service providers and internal icare staff. This team can be contacted at <a href="mailto:attendantcare@icare.nsw.gov.au">attendantcare@icare.nsw.gov.au</a>

Term	Definition
Aversion	An unpleasant stimulus (e.g. an unwanted cold bath, excessive chilli powder on food, liquid sprayed into a person's face etc). Aversion is often used with the intention of manipulating behaviour. Such practices are prohibited.
Capacity	<p>A person has capacity to consent if they are able to demonstrate an understanding of the general nature and effect of a particular decision or action and can communicate an intention to consent (or to refuse consent) to the decision or action.</p> <p>A person's capacity to make a particular decision should be doubted only where there is a factual basis to doubt it. It should not be assumed that a person lacks capacity just because he or she has a particular disability, severe injury or another health condition. A person may have the capacity to exercise privacy rights even if they lack the capacity to make other important life decisions. See also Consent.</p>
Care Needs Assessment	A care needs assessment is funded by icare and conducted by an allied health professional who meets icare's approval requirements. The care needs assessment considers the participant's positive behaviour support plan and the impact this has on the type of attendant care support and any specialised training needed for attendant care workers to deliver supports to the participant.
Care Needs Assessor	A Care Needs Assessor is a service provider approved by icare to assess participant support needs and to recommend the attendant care support they require.
Challenging Behaviour	<p>Behaviour of such intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion.</p> <p>Any behaviour displayed by a person which is considered challenging or inappropriate by others, or which gives rise to reasonable concern, may be considered as challenging. However, the use of the term challenging should be understood in terms of the social context in which behaviour occurs, rather than a symptom of individual pathology.</p>
Chemical Restraint	<p>The use of medication or chemical substance for the primary purpose of influencing a person's behaviour.</p> <p>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.</p> <p>The use of medication on either a routine or PRN basis may constitute chemical restraint.</p>
Children and Young Persons	<p>Under the NSW <i>Children and Young Persons (Care and Protection) Act 1998</i>, a Child is defined as a person under the age of 16 years.</p> <p>A Young Person is defined as a person who is aged between 16 and 18 years.</p>
Consent	<p>Generally, the term consent refers to permission given by a person with capacity to do so, or person(s) with legal authority to do so, on behalf of the person. For consent to be valid it must be voluntary, informed, specific and current. A person must be free to exercise genuine choice about whether or not to give or withhold consent, but it is only genuine if the person giving consent has the capacity and authority to do so.</p> <p>Consent also has specific meaning under the <i>NSW Guardianship Act 1987</i>. See: <a href="http://www.lawlink.nsw.gov.au/opg">www.lawlink.nsw.gov.au/opg</a></p> <p>See also Capacity above.</p>

Term	Definition
Critical Incident	An unexpected or unplanned action or event which results in or has the potential to result in actual harm to persons or damage to property
Functional Behaviour Analysis	An analysis of the possible purposes a behaviour serves in the environment. This is done via careful assessment and systematic evaluation of antecedents and consequences of the behaviour to identify those factors that influence the likelihood of the behaviour occurring.
Guardian	A legally appointed substitute decision maker granted the authority to make personal, medical, lifestyle and in some cases financial decisions on behalf of a person with decision-making disabilities.  See Guardianship Division of the NSW Civil and Administrative Tribunal <a href="http://www.ncat.nsw.gov.au">www.ncat.nsw.gov.au</a>
Guardianship Division	The Guardianship Division of the NSW Civil and Administrative Tribunal is a statutory body established under the NSW Guardianship Act 1987. Its function is to consider applications for guardianship of persons 16 years and over who cannot make their own major life decisions.
icare contact person	The icare contact person is the person who has operational responsibility for the participant and has a good understanding of the participant and their circumstances. This person may be the participant's Community Living Facilitator, Coordinator or Rehabilitation Case Manager.
Office of the Children's Guardian	The NSW Office of the Children's Guardian is an independent statutory authority that works to improve the protection of children in NSW by helping organisations, employers and individuals understand the meaning, importance and benefit of being child safe. Its regulatory functions relate to statutory out-of-home care, voluntary out-of-home care, adoption services, and the Working with Children Check and child safe organisations.  <a href="http://www.kidsguardian.nsw.gov.au/about-us/the-childrens-guardian">www.kidsguardian.nsw.gov.au/about-us/the-childrens-guardian</a>
Person Responsible	This is a person with legal authority to make decisions about medical or dental treatment for a person who lacks capacity to give informed consent. The "person responsible" is defined in the NSW Guardianship Act 1987. The person responsible is not the same as the next of kin.  <a href="http://www.publicguardian.justice.nsw.gov.au">www.publicguardian.justice.nsw.gov.au</a>
Person-centred practice	A service provision that places the participant at the centre and, to the extent that they are able, in charge of the planning, design and implementation of the supports they need.
Person with Parental Responsibility	There is provision under the <i>NSW Children and Young Persons (Care and Protection) Act 1998</i> to enable the Secretary of Family and Community Services to apply to the Children's Court to remove a child from the family home and place them under the parental responsibility of another suitable person or of the Minister for Family and Community Services.
Physical Restraint	The restriction of a person's movement or behaviour by the use of a device or physical force.
Positive Behaviour Support (PBS)	A multicomponent framework for understanding Challenging Behaviour derived from applied behaviour analysis. PBS is based on assessment of the broad social and physical context in which the behaviour occurs and constructs socially valid interventions to enhance quality of life outcomes for both the participant, their carers and support workers.

Term	Definition
Positive Behaviour Support Plan	A document written by the PBS practitioner in close collaboration with key stakeholders. It sets out the case formulation for why challenging behaviour occurs and details the PBS practices introduced to help the participant achieve as much as is possible of their goals without exhibiting challenging behaviour.
PRN	A term used generally in the administration of medication, which is an abbreviation of the Latin term “Pro re nata” meaning “as required”.
Prohibited Practice	Practices which interfere with basic human rights, are unlawful and unethical in nature, and are incompatible with the objects and principles of the NSW <i>Disability Inclusion Act 2014</i> .
Response Cost	This is the withholding from a person of positively valued items or activities in response to a particular behaviour or set of behaviours (e.g. access to a computer or TV program). A response cost strategy is classified a Restrictive Practice.
Restricted Access	The use of physical barriers such as locks or padlocks, the use of increased supervision, or the imposition of enforceable limits or boundaries in an environment beyond normally accepted community practices (e.g. front door locked) in order to limit a person’s access to items, activities or experiences, with the intention of manipulating a particular behaviour or managing risk.
Restrictive Practice	<p>Any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability/disability, severe injury or another health condition.</p> <p>The use of a Restrictive Practice must be informed by strict written guidelines which provide clear conditions and limitations on their use. Implementation of a Practice requires:</p> <ul style="list-style-type: none"> <li>• Behaviour support plan</li> <li>• Legal consent</li> <li>• Authorisation by an RPA Panel</li> </ul>
Restrictive Practice Authorisation (RPA)	Authorisation is endorsement for identified Restrictive Practices to be implemented with a certain individual, in a particular service setting, by associated staff and under clearly defined circumstances.
Restricted Practice Authorisation (RPA) Panel	A panel comprising as a minimum, a senior manager of the service provider, an independent specialist and an icare team member, who authorise the use of a Restrictive Practice based on supporting information, such as a behaviour support plan.
Seclusion	The sole confinement of a person with disability/disability, severe injury or another health condition in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.
Senior Manager	<p>A Senior Manager is defined as a manager who has responsibility and oversight of the service provider’s risk management and quality services.</p> <p>An attendant care service provider’s Care Coordinator is NOT deemed a Senior Manager for the purposes of this policy.</p> <p>Attendant care service providers may have their own internal policies and procedures to support the Senior Manager’s decisions to provide interim authorisation for the use of restrictive practices under this policy.</p>