Key points

✓ If the person uses behaviours of concern, a functional behavioural assessment must be completed, regardless of whether environmental restraint is used.

✓ If environmental restraint is used to reduce risk of harm, safe alternatives should be offered, e.g. a safe backyard if a front door is locked to prevent exit onto a busy road.

✓ Use of environmental restraint must be authorised for all people whose human rights and freedoms are restricted by the use of a practice, e.g. other members of a household.

✓ If the person has difficulty communicating, then a communication assessment will help find strategies the person could use to communicate their issues.

✓ If you are unsure whether a practice is an environmental restraint or not, seek advice.

Introduction to environmental restraint

An environmental restraint is a restrictive practice that restricts a person’s free access to all parts of their environment, including items and activities.

It is difficult to estimate the prevalence of environmental restraint, partly because restrictions within this category are often referred to by different terms, or counted in combination with other types of restrictive practices. Environmental restraint can include use of physical barriers, such as locks or padlocks, or enforceable limits or boundaries beyond normal community practices to limit a person’s access to items, activities, or experiences, for the purpose of managing a risk or behaviour of concern.

Environmental restraint, particularly where access is limited only to a specific, high risk object, may be the least restrictive alternative in some circumstances. Environmental restraint is, however, associated with loss of freedom and choice, emotional trauma, behaviour escalation, and risk to human rights and personal dignity for a person.¹

A restrictive practice is an intervention which has the effect of restricting the rights, freedom of movement, or access of a person with a disability who is displaying a behaviour of concern. Restrictive practices should be used only in limited circumstances as a last resort and not as a first response to behaviours of concern, or as a substitute for adequate supervision. We are working towards the reduction and elimination of the use of restrictive practices.

Restrictive practices include:
  • Seclusion
  • Physical Restraint
  • Mechanical Restraint
  • Chemical Restraint
  • Environmental Restraint.

The NSW Government oversees authorisation of restrictive practices by registered NDIS providers. The NDIS Quality and Safeguards Commission provides leadership in behaviour support and in the reduction and elimination of restrictive practices.
Does the definition of environmental restraint apply for all participants affected by a restraint?

Some types of environmental restraint used to influence the behaviour of one person may have unintended consequences for another person. In a group home, for example, using a physical barrier like a locked door can limit the rights and freedoms of other people living in the home. A practice authorised as an environmental restraint for a person using behaviours of concern is not, however, automatically authorised for use with any other person.

Withholding personal items such as a mobile phone, computer game, or TV program in response to behaviours of concern can also affect other people.

Keeping knives in a locked drawer, for example, may be authorised to manage a behaviour of risk by one person, but also restricts the freedoms of other residents whose supports do not include this practice. Subjecting the other people to the same restriction is, therefore, unauthorised. In many cases, the effects on other people can be managed, such as by giving other people in the house a key to the drawer. In some cases, however, the safety risk may require that only workers have access to a key and all members of the household need to ask a worker if they want access to a restricted object. In these cases, an RPA Panel must determine whether it is appropriate to authorise the use of the restrictive practice for all members of the household.

What issues do I need to consider for participants when using environmental restraint?

Environmental restraint should not be used without consent. For consent to be valid it must be voluntary, informed, specific and current. Where possible, consent should be obtained from the person if they are an adult or young person (16-18 years). Consent may also be given by a guardian, a person responsible (if previously agreed), or as directed by an RPA Panel in limited circumstances.

An RPA Panel may only direct that an authorised environmental restraint strategy be implemented where:

- a strategy has been authorised by the RPA Panel, and
- the person is unable to consent and no close friend or relative can support the person to consent, and
- in the opinion of the RPA Panel, the Guardianship Division is unlikely to appoint a guardian with a restrictive practice function, or
  - an Application has been made to the Guardianship Division, but a decision has not yet been reached, or
  - the Guardianship Division has declined to appoint a guardian with a restrictive practice function.

Consent for the use of a regulated restrictive practice for a child should be obtained from a parent or guardian, or the person with parental responsibility (e.g. the Minister for Family and Community Services).
What special considerations apply when restricting access to basic human rights?

Some people use behaviours of concern that involve risks of harm associated with basic human rights such as access to food, drink, toileting, or hygiene facilities. Access to food may be restricted because a person may, for example, have serious food allergies, or be prone to consuming food or drink too quickly creating a risk of choking or drowning. A person may be prone to unsafe behaviours associated with toileting, such as handling or eating faeces. Particular care must be taken if any restriction is applied or proposed to be applied to basic human rights such as access to food, water, and toileting and bathing facilities.

The causes of behaviours of concern may not be about appetite, toileting or hygiene, but instead serve a different function for the person. Communication support may help them to express their concerns, and to understand their environment, in ways that reduce or eliminate the behaviour. A person may, for example, be concerned that their food will be taken away from them, or increased appetite may be a side effect of medication.

Strategies should be the least restrictive effective alternative and should enable the person to safely have as much independence and dignity as is possible. If a restrictive practice is used, such as locking a fridge or pantry to prevent access to particular food items, for example, it may still be possible to provide unrestricted access to lower risk alternatives, such as foods and drinks it is safe for the person to access as desired.

An RPA Panel will consider whether environmental restraint is an appropriate, evidence-based, and least restrictive strategy to manage behaviours of concern.

What less restrictive alternatives to environmental restraint should I consider?

A range of positive behaviour support strategies may assist a person to manage behaviours of concern without the need for environmental restraint. This may include less restrictive environmental changes that can influence the person’s behaviour, and helping them to learn new behaviours without infringing on their rights.

Some examples of less restrictive changes include:

- teaching or encouraging the person to use different behaviours such as communication skills to express their needs or mindfulness
- making changes to the person’s living environment that encourage positive behaviours without being restrictive, such as storing a target object behind an object associated with a positive behavioural response
- interpersonal strategies that minimise the likelihood of events such as frustration, under-stimulation and boredom, and over-stimulation that are known triggers for behaviours of concern
- helping people to make choices that promote safety.

Behaviour support interventions that are consistent with functional assessment findings are more effective in managing behaviours of concern. For example, some people who are distressed when routines change can benefit from help to prepare for changes so that they are less distressed. All behaviour support plans need to be based on a functional behaviour assessment so that strategies can address the purposes of the behaviour.
What duty of care issues should I consider when using environmental restraint?

Anyone for whom an environmental restraint is recommended or used should have a functional behaviour assessment to identify the purpose of the behaviour and the appropriate environmental, personal, and social supports needed to decrease the occurrence of that behaviour.

Environmental restraint may be effective as a short-term strategy, but it does not help the person to develop lasting alternative strategies to manage behaviours of concern. In some cases, an environmental restraint strategy will increase behaviours of concern or extend them into new areas as behaviours of resistance. If a person has limited access to desired food when they are hungry, for example, they may seek to exercise choice over food in other ways, such as by stealing food. The person should be observed carefully to ensure that they do not use new, potentially riskier behaviours, in response to the restrictive practice.

Duty of care issues associated with using environmental restraint may extend beyond a person using behaviours of concern. Other members of a household, for example, may also experience negative effects on their personal freedom due to use of an environmental restraint in a way that affects others, e.g. a locked drawer or fridge. Environmental restraints should not be used with any person without authorisation.

Sometimes behaviours of concern have physical causes, such as an illness like gastro-oesophageal reflux or untreated fractures, which may result in the person feeling sad, angry or aggressive. Prior to behaviour support, a medical practitioner needs to conduct a thorough health assessment.

Further reading


