OPAN | Older Persons Advocacy Network

Restrictive practices: what older people need to know – and why it matters

TOP 10 WEBINAR QUESTIONS & ANSWERS

1	**How is a Restrictive Practice Substitute Decision-maker (RPSDM) appointed, and what role do they play in supporting an older person's rights and choices?** A RPSDM can only be appointed to make decisions about the use of restrictive practices when an older person doesn't have the capacity to provide informed consent themselves. Older people are presumed able to make their own decision, under the Act. Before involving an RPSDM, providers should use supported decision-making approaches to help the older person understand information, consider options, communicate their preferences and give consent, where possible. If that's not possible, the provider must first follow any applicable state or territory pathway. If there is no explicit legal pathway, or there are significant delays, the Commonwealth hierarchy may apply. Priority is given to: • a restrictive practices nominee chosen by the older person • the older person's partner • a relative or friend who was an unpaid carer before residential care • another relative or friend with a close, ongoing relationship • a person or body with state or territory authority to consent to medical treatment.

	An RPSDM's role is not to take away the older person's rights. Their role is to support and protect those rights by ensuring decisions about restrictive practices reflect the person's wishes, preferences and align with what they would have chosen for themselves.
2	**Do the restrictive practices laws protect older people when families and support networks seek to limit an older person's choices or freedoms such as deciding where they live?** Yes. Restrictive practices laws protect older people's rights, dignity and autonomy. If an older person has decision-making capacity, they have the right to make their own choices, including where they live, even if family members or others disagree. Family members and support networks cannot ask providers to restrict an older person's freedom simply because they believe it is in the person's best interests. Any restrictive practice must meet legal requirements and be used as a last resort. The restrictive practices rules do not cover all actions taken privately by family members or supporters. In some situations, state or territory guardianship, elder abuse, family violence, civil or criminal laws may also apply.
3	**What support is available to older people to understand, question or refuse restrictive practices when being suggested or used?** Older people have the right to understand, question and be involved in decisions about restrictive practices. Providers should support them to participate by providing information in a way the older person can understand, supporting them to consider options, answer questions, communicate their views and preferences, and giving them the time and support they need to make decisions.

	If the older person has decision-making capacity, they can refuse consent or withdraw consent. Disagreement, communication difficulties or a diagnosis alone does not mean an older person lacks capacity. Providers should be able to explain why a restrictive practice is being considered or used, what alternatives were tried, who gave consent, how it is documents and how it will be monitored, reviewed and reduced or stopped. An independent aged care advocate can help an older person understand information, express their wishes, prepare for a meeting, or make a complaint. Free and confidential advocacy support is available through OPAN's Aged Care Advocacy Line on 1800 700 600.
4	**If an older person living in residential aged care has decision-making capacity and wants to leave the home or go out into the community, can family members prevent this from happening or require the resident to remain within the home?** If an older person has decision-making capacity, they have the right to make their own decisions, including whether they leave the aged care home, spend time in the community, or take part in activities. Family members cannot override those decisions simply because they disagree with them. Restrictive practices cannot be used for the convenience or preference of others. Any restriction on a person's freedom of movement must meet legal requirements and only be used as a last resort to prevent harm. Where there are safety concerns, providers should work with the older person, their family, support networks and relevant health professionals to manage risks while supporting the person's independence and choice.
5	**When an older person is receiving Palliative Care in an aged care home and cannot make decisions for themselves, who should the staff contact for any patient**

	care? How should the wishes of the older person, substitute decision-makers, and family members be balanced? Palliative and end-of-life care decisions are primarily health-care consent decisions, governed by the law. Staff should first consider whether the older person can make the decision with appropriate support. If not, they should follow any valid advance care directive and seek consent from the person legally authorised to make health-care decisions on their behalf. An RPSDM can only make decisions about restrictive practices only. They are not automatically authorised to make other health care decisions, alright a person may hold both roles. Family members can provide important information, but family relationship alone does not give legal decision-making authority. If views differ, the care team should clarify who has authority, document the older person's known wishes and involve senior clinical, palliative care, ethics or legal support as needed. An advocate can help ensure the older person's voice is not lost. Medication genuinely prescribed for end-of-life care is excluded from the definition of chemical restraint when used for that purpose. However, it must still be clinically appropriate and used as prescribed.
6	**If medications are stored in a lock box to keep older people living with dementia safe from overdose, is this considered a restrictive practice?** Usually not. Storing medicines in a locked cupboard, trolley or lock box is generally considered a normal safety measure, not a restrictive practice. Commonwealth guidance recognised

	that medication storage areas are places residents would not normally access freely. However, context still matters. Limiting an older person's access to their own medicines can affect their autonomy even when it is not legally a restrictive practice. Providers should consider the older person's ability and wishes, explain the safety concern, seek appropriate consent, document the arrangement, and use the least intrusive option. This could include dose-administration aids, reminders, supervised self-administration, or support at set times. If there are concerns, ask whether the arrangement is a general medication-safety measure or an individual restriction, what assessment supports it, and when it will be reviewed.
7	**Who is responsible for writing a Behaviour Support Plan that includes restrictive practices and what skills, qualifications, or expertise are needed to do this effectively?** The registered residential aged care provider is responsible for ensuring a behaviour support plan is in place when behaviour support is needed, or a restrictive practice is being considered. The law does not require the plan to be written by a specific profession. The plan should be developed by people who have the skills and experience needed to understand the older person's situation, and in consultation with the older person and, where relevant, their RPSDM or other authorised representative. This may include nurses, doctors, allied health professionals, pharmacists, dementia specialists or other relevant experts.
8	**Is locking external doors considered a restrictive practice for people living with dementia? If so, under what circumstances can it be used?**

	It can be. Locking a door may be an environmental restrictive practice if it prevents an older person from moving freely and leaving an area, and if it is used to influence their behaviour. A diagnosis of dementia alone does not justify locking a door. However, not every locked door is a restrictive practice. Some areas, such as kitchens, maintenance areas or medication storage areas, may be restricted for safety reasons. Providers need to consider the purpose of the lock and its impact on the older person. If the lock restricts an older person, the provider must consider less restrictive options and, ensure any use meets legal requirements. Alternatives may include wayfinding, secure outdoor spaces, individualised engagement, technology used with consent, staff assistance, or supported outings.
9	**How can we prevent anti-psychotics medication from being used on an older person? What are the alternatives?** Antipsychotic medications should not be used as a first response to behaviours of concern. Before they are considered, providers should assess possible causes of the behaviour and non-restrictive alternatives should be explored. Alternatives should focus on understanding what the person is communicating through their behaviour and address the causes of distress. These may include: • treating pain, delirium, infection, constipation, dehydration, sleep problems or medicine side effects • supporting hearing, vision, communication and mobility needs • adjusting noise, lighting, temperature, crowding, routines or approaches to personal care

	• providing meaningful activities, social connection, music, outdoor access, reassurance, or culturally safe or trauma-aware support • seeking specialist advice, including Dementia Support Australia where appropriate.
10	**What information and resources are available to help older people understand their rights regarding restrictive practices and how to raise concerns if they feel their rights are being limited?** The Aged Care Act's Statement of Rights supports autonomy, dignity, freedom of choice, information and decision-making support, access to advocates and the right to raise concerns without reprisal. The older person does not have to manage the issue alone. An older person, their family or their support network can: • **Contact OPAN** for free, independent and confidential advocacy support on 1800 700 600. • **Contact the Aged Care Quality and Safety Commission** to make a complaint or give feedback on 1800 951 822 or through its online form. • **Get urgent help** by calling 000 if anyone is in immediate danger. Concerns about abuse of an older person can also be discussed through 1800 ELDERHelp (1800 353 374), which connects callers with the relevant state or territory service.