



Purple Orange

**Report on focus group
consultations regarding the draft
*Restrictive Practices Guidelines***

Final Report for the Department of Human Services

September 2021

About JFA Purple Orange

JFA Purple Orange is an independent, social profit organisation that undertakes systemic policy analysis and advocacy across a range of issues affecting people living with disability and their families.

Our work is characterised by co-design and co-production and includes hosting a number of user-led initiatives.

Much of our work involves connecting people living with disability to good information and to each other. We also work extensively in multi-stakeholder consultation and collaboration, especially around policy and practice that helps ensure people living with disability are welcomed as valued members of the mainstream community.

Our work is informed by a model called *Citizenhood*.

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1. Executive summary

This report describes results from two focus groups held in September 2021 organised by JFA Purple Orange at the request of the Department of Human Services. The focus groups comprised people living with disability, family members and carers, and support workers. A metro focus group was held in Adelaide and a regional focus group was held in a regional location. The purpose of the focus groups was to seek the views of participants about the draft *Restrictive Practices Guidelines*.

Understandings of the new authorisation framework

In both the metro and regional focus groups the level of awareness about the changes to the authorisation process was low. Both groups mentioned the complexity of the new arrangements and urged government to adopt an approach, such as co-design, that better utilises the lived experience expertise within the disability community for any future legislative changes. Participants in the metro focus group emphasised the importance of accessible points of contact with agencies while regional focus group participants highlighted the lack of services and supports available in communities like theirs. These elements were regarded as more influential for how people will experience the new authorisation arrangements than the content of formal government documents.

Decision-making processes

There was a consensus among metro and regional focus group participants that a person living with disability who is subject to restrictive practices should be involved in the decision-making processes to the greatest extent possible and at every step throughout the development of a Behaviour Support Plan and obtaining an authorisation.

The impact of the use of restrictive practices

The metro focus group participants reflected on the toll that restrictive practices can take on people and recommended that the Guidelines include specific guidance about debriefing, counselling, and accessing mental health support.

Complaints and appeals

Both focus groups agreed that complaints and appeals processes need to be person-centred and support and advocacy services need to be available to support those going through these processes.

Reducing and eliminating the use of restrictive practices

Both focus groups were sceptical about the influence of the Guidelines to reduce and eliminate the use of restrictive practices. However, the range of insights contributed provide a valuable lens into the issues and barriers that the government can address to help achieve this commitment. Metro focus group participants highlighted the need for accountability mechanisms including regular reviews, authorisations to include specific details about the circumstances in which a practice is approved, investment in independent advocacy support for people living with disability, the provision of accessible resources and training to support the use of alternative approaches, and a focus on empathy, values and culture within the disability sector, as well as the challenge regarding how the concept of “last resort” is applied. Regional participants reiterated the need to improve the availability of services and practitioners in regional areas, particularly to do functional assessments and develop Behaviour Support Plans, address the broader workforce and skills shortages, and recognise the broader range of settings where restrictive practices are used and how this interaction affects outcomes.

2. Background

In May 2021, the South Australian parliament passed the *Disability Inclusion (Restrictive Practices – NDIS) Amendment Bill 2021*. The Bill changes the way that the use of restrictive practices by NDIS providers on NDIS participants are authorised in South Australia. The new arrangements require the implementation of regulations and guidelines.

In June 2021, the South Australian government conducted a consultation on its draft *Disability Inclusion (Restrictive Practices—NDIS) Regulations 2021*, which will be implemented under the amended *Disability Inclusion Act 2018*. As part of this consultation process, the Department of Human Services commissioned JFA Purple Orange to conduct two focus groups and report back on the findings of the focus groups. This report was submitted in July.

In August and September 2021, the government consulted on draft *Restrictive Practices Guidelines*. Again, the Department of Human Services commissioned JFA Purple Orange to conduct two focus groups. This report contains a discussion of the results from these groups.

3. Methodology

JFA Purple Orange utilised both a general call-out and a targeted approach in order to recruit people living with disability and family members for these focus groups. The focus groups were held in metropolitan Adelaide and at a regional location in South Australia.

The metro focus group included three people living with intellectual disability and three people living with physical disability. Three support workers accompanied participants living with intellectual disability.

The regional focus group comprised eight participants including people living with disability and family members. Three support workers were present to support some of the participants.

The approach to facilitating the focus groups, including the way in which questions were phrased, was adapted to suit the accessibility requirements of those attending the focus groups.

3.1. Ethical considerations

This project was designed in accordance with the JFA Purple Orange Ethics Protocol. All participants gave informed consent prior to taking part in the focus groups. The research team provided all participants with information about how the focus groups would be conducted and provided them with background information about the proposed reforms prior to the focus groups.

All data captured during focus group sessions was stored securely in a password-protected electronic file within the JFA Purple Orange office. Data was stored in a de-identified and confidential format, with only the research team having access to the data.

3.2. Focus groups

The focus groups comprised people living with disability and family members. The metro focus group comprised six participants and was held in-person at JFA Purple Orange's office in Unley, South Australia. The regional focus group comprised eight participants and was held in-person at a regional location in South Australia. A mixture of disability types were

included across both focus groups, including representation from people living with physical, intellectual, acquired and sensory disability types.

Both focus groups lasted for approximately 90 minutes and were led by two facilitators, one of whom had lived experience of disability. Both facilitators held current police checks and disability-related employment screening clearances. All accessibility requirements were planned for and met by the researchers. All data was collected in accordance with the JFA Purple Orange Research Ethics Protocol and has been stored confidentially in a deidentified format.

The purpose of the focus groups was clearly outlined to participants via phone calls and emails prior to the focus groups and a verbal statement supplied by the researchers at the commencement of each focus group. The questions were based on the draft *Restrictive Practices Guidelines* issued by the Department of Human Services and the feedback survey on the South Australia government's 'yourSAy' consultation webpage.

All participants were offered an honorarium for their time.

4. Discussion of results from focus groups

This section describes the issues discussed by the focus groups. As explained above, the facilitators adapted the topics and questions to ensure they were presented in a way that was suitable, accessible, and inclusive for participants in each focus group. This is a broad outline of the approach:

Understandings of the new authorisation framework

1. This is not a test; we are interested in how you understand what the government is doing regarding the new restrictive practices framework because this tells us how clear the government's information is?
2. How do you expect these changes will affect you or another person who is the subject of restrictive practices?

Decision-making processes

3. What input should the person living with disability have into the authorisation decision-making process?
4. When should a person living with disability have input into the decision-making process?

Complaints and appeals

5. What is your understanding of how to lodge a complaint or appeal regarding a restrictive practice?
6. What do you think would be the ideal process to lodge a complaint or appeal regarding a restrictive practice?

Reducing and eliminating the use of restrictive practices

7. How can the government ensure that the use of restrictive practices is reduced and eliminated over time?

Wrap-up

8. Is there anything else that you would like to share with us?

4.1. Understandings of the new authorisation framework

We began each focus group with a discussion of what participants knew about the South Australian government's planned changes to the authorisation framework for restrictive practices regarding NDIS participants. This approach was designed to gauge levels of awareness and to identify gaps and areas of confusion that could be explained in the Guidelines.

4.1.1. Metro focus group

Metro focus group participants had no knowledge of the government's planned changes prior to this focus group being advertised and had limited knowledge of existing arrangements for authorisation. So far, the government's information and communication does not appear to have reached this audience. The legislation, Regulations and Guidelines are lengthy and not easily understood even by professionals working in the sector. These documents are not accessible to many, especially those living with intellectual or cognitive disability or acquired brain injury. Education and awareness will need to be key elements of the roll out of the new arrangements in order to maximise the chances for success.

This lack of awareness was acknowledged at two levels: first, regarding what restrictive practices are and, second, the authorisation requirements for their use on people living with disability. A participant reflected that the use of restrictive practices is currently a taboo topic and that while the Guidelines briefly mention the need for transparency regarding the authorisation requirements there is no recognition of the broader tendency for the use of restrictive practices to be kept hidden. The participant stated: *"I'm taken aback that I didn't really know about restrictive practices and that some of these practices could apply to me... It's really something that isn't talked about, it feels like a bit of a secret... and, if something happens, I wonder how easy it would be to sweep that under the rug."* Participants agreed that conversations about restrictive practices need to occur much more frequently, and the topic needs to be brought out into the open. It is important that a culture of openness and transparency is created in every aspect of the use of restrictive practices and that the problem of secrecy is acknowledged and proactively addressed within the Guidelines. Increased awareness and open discussion could act as a safeguard in and of itself.

Additionally, many participants associated restrictive practices authorisation with the NDIA rather than the South Australian government. This was reflective of a general level of confusion exhibited throughout the discussion and seemed to highlight the extent of change and upheaval occurring in recent years. Participants discussed the extent of change under the NDIS and how this had made it difficult to understand where to go and who to talk to about various issues. Change fatigue was evident among participants with one also raising the issue of uncertainty and fear about funding levels in NDIS plans.

Awareness of the new roles of Senior Authorising Officer and Authorised Program Officer is also still low. Participants hoped that a significant investment in outreach will support these new roles and spoke about the benefits of familiarity, continuity, and awareness for personal confidence. This also makes interactions about highly personal or possibly distressing matters emotionally easier for those affected. Reflecting on a recent experience, a participant said, *“Once I rang up my LAC to talk about something – that person had been gone for three months, they didn’t even realise I didn’t have an LAC.”*

Participants shared the experience of finding it difficult to contact anyone who could assist them with any problem they may have. One participant stated that *“the biggest challenge is that you can’t speak to anyone”* and described how they *“get the run around, always get the run around.”* Another reiterated that *“when you phone them, can never talk to anyone who can help you.”* A participant with a speech impairment described additional difficulties in being listened to and heard by anyone even when phone contact could be made with an agency. Getting another person to communicate on their behalf was disempowering: *“How do they know how you really feel?”* – or, in other words, it is *“about you, without you.”* The feeling of being *“put off”* contacting anyone about issues was a common experience among participants and, as they indicated, their families and supports. Similarly, the inability to follow up with the same person within an agency is a major frustration, with one participant indicating *“storytelling fatigue is a big aspect of disability life”,* which is *“hard enough in itself.”*

How the new arrangements translate into practical implementation and people’s real-life experiences is crucial for their success. Nevertheless, these experiences also provide insight into the importance of providing clear concise information and of having accessible points of

contact where people can easily access the advice they require and, simply put, *“be able to contact a human being.”* This includes providing options and skilled staff to support those with speech impairments or other diverse communicative needs, including those for whom phone or online methods are difficult to use.

As was highlighted by participants in our earlier focus groups (see pages 16-18 of the final report for the Regulations stage of this consultation), participants were concerned about the level of complexity and complication in the new arrangements and, specifically, in the Regulations and Guidelines. A participant stated: *“Policy needs to be as least taxing and least complicated as it can be, but still make a difference for people.”* Participants lamented that the new arrangements had not involved any co-design and that the expertise of people living with disability had not been fully and meaningfully engaged in the design process. Participants urged the government to adopt co-design approaches in all future work affecting South Australia’s disability community – *“at each and every stage.”*

4.1.2. Regional focus group

Regional focus group participants were grateful for the opportunity to participate because *“country voice is different to the city, but we get ignored.”* Participants felt that regional communities lack a voice in policy design and implementation.

Participants in this focus group were also largely unaware of what was happening regarding the new arrangements for restrictive practices authorisations, and again many attributed this responsibility to the NDIA. The overwhelming sentiment among the group was that the lack of services, qualified practitioners, and specialists available in regional communities would make it extremely difficult to properly implement whatever arrangements the government intends. As per our regional focus group held at a different location in June (see pages 30-31 of the final report for the Regulations stage of this consultation), the sense of remoteness from formal arrangements set in Adelaide was palpable.

NDIS funding for functional assessments and Behaviour Support Plans goes unused for multiple years because the services simply do not exist and people living with disability and their families or supporters have to fight to maintain that funding in the hope that a service may become available. A parent described: *“Our plan has been cut every year because we*

are not spending it because there are no services.” Another stated: *“The things that matter are not there.”* Most distressingly, a number of participants contributed to sharing an incident that occurred at a primary school where police were called to respond to a child living with disability’s behaviour resulting in the child being handcuffed.

Once again participants agreed that the new arrangements are complex and confusing and urged government to invest in education and awareness and to provide credible accessible information to counter the misinformation that circulates within the community. One example of this is the degree of intersection between the use of a restrictive practice and disciplining a child. A participant felt that this line is blurred.

4.1.3. Summary

While many of the matters raised in these wide-ranging discussions may not directly relate to the Guidelines documentation for the new authorisation arrangements in South Australia, they provide important and relevant information about the broader context in which these changes are being developed and implemented. Throughout these focus groups, participants have spoken passionately about their real-world experiences, which is an important indicator of how well systems are working, over and above what is written in formal government documents.

Key themes and ideas emerging from the focus group included:

- Awareness levels about the new arrangements are low in both city and regional groups
- The new arrangements are complex and confusing to at least some stakeholders
- The Guidelines and other documentation will need to clearly explain the complexities and be made accessible for, and inclusive of, all members of the community
- A range of accessible points of contact for the Senior Authorising Officer will be needed
- Workforce shortages need to be addressed by a strategy for recruitment and retention

- A significant investment in awareness and training will help to effectively implement the new arrangements. Participants were eager to learn more about how the new arrangements will work so these awareness and training initiatives are likely to be well-received
- The present reform process was limited in the extent it could reach a fuller range of voices of people living with disability. Future engagement could benefit from augmenting the process through co-design, especially for major legislative changes affecting people living with disability

4.2. Decision-making processes

4.2.1. Metro focus group

Metro focus group participants agreed that the person who is subject to the use of a restrictive practice should be involved in the decision-making process to the greatest extent possible at every stage. There should be full transparency and steps taken to ensure that information is communicated appropriately for each person and documents are accessible. Steps should be taken to ensure that the information that is communicated is understood without assuming that a person cannot or would not be able to understand. A participant described how their abilities are often underestimated due to their physical disability. This association of physical disability with intellectual disability and the implied conceptualisation of disability as always visible is a major concern. The participant stated: *“I really wish I could just get help with my physical needs and my skills and abilities are recognised.”*

Participants emphasised the importance of being understood and respected within the processes and how that makes it *“easier to emotionally cope.”* There was a consensus among participants that the person living with disability must always *“keep their place”* in the process because *“we live it on a daily basis”* and not be left out at any stage. A participant stated it was crucial to *“have the voices heard of everybody who has a role to play.”*

4.2.2. Regional focus group

Many participants in this focus group spoke about the lack of respect that they regularly encounter as people living with disability or as family members or supporters. Parents described facing accusatory and confronting environments when meeting professionals about their children and having information or problems that they disclose *“thrown back at us.”* A couple of parents among the participants described an atmosphere of fear with one describing a mindset that *“if your child doesn’t slot in”* assumptions are made of *“naughty kid, bad parent.”* Another recalled being told by a school principal, *“For number one, she needs better parenting at home.”* These parents felt that they are called upon to educate the professional workers, with one stating: *“Since [my child] was a week old I’ve felt like half my job has been educating the professionals.”* This participant urged the government to implement a requirement for a mandatory training module for all workers who interact with people living with disability including in the education, health, mental health, and allied health sectors.

Attitudes are often against including a person living with disability in decision making. In particular, practitioners, specialists, and GPs will sometimes give off-the-cuff advice, for example, tell a parent that an adult living with disability should be *“in a home.”* Such advice is usually given based on assumptions without consulting the person affected. A participant was concerned that the new arrangements would reduce decision-making opportunities for people living with disability: *“To the officer you just might be another box to tick so they may not actually take much notice of what you are really needing and trying to ask for. I see this too often in the disability sector today. People just have their own idea and don’t care what works or doesn’t work for you.”*

4.2.3. Summary

Across all focus groups conducted throughout this consultation process, there has been a clear consensus that the person who is to be subject to a restrictive practice must be fully and actively involved in decision making at every stage of both the process to develop a Behaviour Support Plan and the process to authorise the use of a restrictive practice. Key insights from the focus groups on this topic are:

- Supported decision making approaches should be adopted in order to place the individual at the centre of all decisions
- People living with disability and their families and supporters must be respected throughout every stage of the process

4.3. The impact of the use of restrictive practices

4.3.1. Metro focus group

Metro focus group participants steered the discussion to the seriousness and impact of using restrictive practices. A participant expressed a concern that the Guidelines do not adequately reflect the seriousness of the impact of the use of a restrictive practice on a person living with disability. As was highlighted by participants in our earlier focus groups (see pages 16-18 of the final report for the Regulations stage of this consultation), participants living with disability questioned whether there really is a clear distinction that can be made between more or less intrusive restrictive practices and were concerned about the additional complexity this approach creates. There was a fear that in developing the arrangements examples are viewed as merely “*case studies*” rather than “*real human beings with real lives.*” Concerns about the use of chemical restraints on people living with disability, as well as a heightened concern about how restrictive practices are used in institutions and group homes, again featured.

Recognising the serious impact of the use of a restrictive practice on a person, a participant suggested the Guidelines could more specifically and directly address best practices for care and support in the aftermath of the use of a restrictive practice. This could include guidance about debriefing, counselling, and making mental health supports available to both NDIS participants and workers. There was concern that the impact of restrictive practices is often downplayed and minimised, with one participant commenting, “*For me, even a small thing, what you would think is small, that’s not a small thing, a sense of agency being taken away, that is not a small thing.*” This participant described how a “*lingering feeling of anger or annoyance or frustration*” can be carried forward and have ongoing negative repercussions on their mood and quality of life. The participant stated: “*I couldn’t imagine what*

counselling and mental health would need to happen after a more severe intervention.”

Equally, a worker implementing restrictive practices may require support so that their professional confidence is maintained. A participant reflected: *“It may not be easy not to have something in place, but it wouldn’t be easy to put it in place too.”*

4.3.2. Regional focus group

This topic was initiated by a participant within the metro focus group and was not discussed at the regional focus group.

4.3.3. Summary

The Guidelines currently do not fully reflect the level of *“emotional complexity”* inherent in the use of restrictive practices for everyone involved. The importance of a sense of resolution, especially in circumstances of an emergency use of a restrictive practice, cannot be understated. The key insight from the metro focus group on this topic is:

- The Guidelines do not adequately address care and support for people subject to restrictive practices afterwards or for workers implementing practices, including for debriefing, counselling, and mental health support

4.4. Complaints and appeals

4.4.1. Metro focus group

Participants had very limited knowledge of how to lodge a complaint or an appeal under the arrangements. A participant said they would discuss a complaint with the provider involved, however others were concerned about conflicts of interest and the possibility of not having the issue dealt with satisfactorily. Another participant stated they assumed the NDIA had a body to deal with it, but they would need to research how to make a complaint on the internet.

Like the process itself, focus group participants believe complaints and appeals need to *“really involve the person living with disability who has had the experience”* because those who have not had this experience *“would not know what it is like”*. Complaints and appeals

processes should put *“the person first”* with empathy and understanding, while being designed to be timely and efficient.

4.4.2. Regional focus group

Like the arrangements in general, complaints and appeals conducted in the city seemed remote to most participants in the regional focus group. Nevertheless, a participant suggested that the arbitrariness of regulating restrictive practices is a cause of complaints and appeals because individual circumstances are not fully considered. Consistent rules applied by an authority outside the setting where a restrictive practice is being implemented can result in a loss of individual circumstances and environmental context, with one participant stating: *“How are they going to know if it’s better or not?”*

4.4.3. Summary

Focus group participants agreed that support will be required for those who need it throughout the authorisation process and especially during appeals processes. Key insights from the focus groups on this topic are:

- Complaints and appeals processes need to be person-centred
- An investment of resources in making independent advocacy services available to people engaged in a complaints or appeals process will be essential for these mechanisms to be effective

4.5. Reducing and eliminating the use of restrictive practices

4.5.1. Metro focus group

Acknowledging the serious impact of restrictive practices, a participant argued that the Guidelines should include a requirement for the regular review of Behaviour Support Plans and authorisations to help everyone involved take stock. People’s circumstances change regularly and this needs to be reflected in the process. A regular review process should explicitly require the documentation of a person’s positive behaviour change, achievements, and progress toward no longer requiring a restrictive practice to be used. This positive frame can help counter the negative reinforcement that is inherent in the use of restrictive

practices and help ensure that each person is treated as an individual. In addition to regular formal reviews, a participant suggested there be a requirement to demonstrate that the need to use restrictive practices is constantly re-evaluated throughout the period that approvals apply in order that both Behaviour Support Plans and authorisations are not set-and-forget requirements.

A participant expressed concern that the concept of “last resort” is not adequately defined, explained, or reinforced within the Guidelines. The participant suggested an authorisation should be required to outline the steps that need to be undertaken before a restrictive practice can be used in each instance. The participant expressed concern that the concept is often understood as permitting restrictive practices if other things have been tried in the past, rather than if alternative options have been used first in each instance. In the case of the former approach, a practice that becomes routine is unlikely to ever be reduced or eliminated. Ensuring that the “last resort” requirement is adhered to is seen as a significant challenge for the regulation of restrictive practices because once something is approved it can easily become a default approach. A participant stated: *“I think hammer back [to the government], all restrictive practices are intrusive, they all are, they all have to be used as a last resort.”*

Additionally, participants emphasised that authorisations need to be specific about when, how, by whom, and in what context a restrictive practice is approved to avoid excessive use. Proactive consideration needs to be given to *“a variety of options to achieve the same outcome”* and both the person living with disability and their support workers need to be involved in active dialogue to determine the best options and broader strategies. Participants supported the provision of advocacy services to support people to know their rights and work toward the best outcome. A participant stated: *“Only when you know your rights, you can really look after yourself.”*

The importance of provider and worker accountability for when and how they use restrictive practices and for seeking out and implementing alternative options was also emphasised. Full transparency and built-in checks and balances are essential to underpin this. More broadly, participants urged the Senior Authorising Officer to implement strategies to collect data and track measurable outcomes over time to ensure transparency

and progress toward reducing and eliminating the use of restrictive practices. Random checks were raised as an additional measure with participants then discussing how this could be implemented and whether it would represent an intrusion into the lives of people living with disability if officers randomly attend private homes. Opinions varied on whether this was an acceptable approach. One participant described it as a *“necessary evil for quality assurance.”* On the other hand, another participant suggested that change should be observable through documented changes to Behaviour Support Plans over time, although this less personal approach also has drawbacks: *“I don’t want to be just another tick-a-box, another statistic.”* Participants agreed with a statement that *“when you live with disability you often have to expose your business to a lot of people”* and any accountability mechanisms should consider this impost on individuals.

Participants described that there is often multiple providers and services involved in a person’s support team and that problems arise when there is no clear attribution of responsibilities for things like Behaviour Support Plans. Participants indicated that a more collaborative approach is needed alongside stronger accountability. A participant described that a provider’s approach can be: *“I won’t deal with this because this other service should do that, a hot potato situation, juggling hot potatoes but no one is catching, you slip through the cracks because they think someone else should or is doing it.”* For the person living with disability in this situation *“it’s very hard to function at your best and for things to improve”* while for workers *“it’s very hard to do your best work if you are not sure where your role begins and ends.”*

Training was cited as an essential component of a strategy to reduce and eliminate restrictive practices, including ongoing training. Participants described how over time support workers can relax and start to change how they operate so steps to support the maintenance of rigorous requirements are essential. This is counterintuitive to expectations that more experience leads to better quality support, but participants agreed that *“support workers can get better or worse over time.”* A participant described a long-term support worker losing his cool and calling him a name that is *“really sticking to my guts, I want to get rid of him”*, but the agency has indicated that the worker will only be removed from the support team if another indiscretion occurs. Another participant who uses a wheelchair described an experienced worker in a public school saying, *“Does she have to sit in that, she*

looks out of place,” therefore even “when people think that they are experienced, there are always ways you can learn.” There is a fine balance in selecting support workers because you *“don’t want people to be too under-experienced, but not so set in their ways.”*

Equally, the importance of workers having strong empathy was also highlighted so that they *“think about if they were facing such issues or circumstances, what kind of treatment would they want for themselves or their loved ones?”* Another participant reiterated this point: *“We are all the same, at the end of the day, we are all human.”* This point also emphasises a broader issue of values and culture within the disability sector.

4.5.2. Regional focus group

The inability of regional communities to access Behaviour Support Practitioners and other supports and specialists poses a significant barrier to any desire to reduce and eliminate the use of restrictive practices. This real-world reality means that even the best intentions captured in a Guidelines document will be ineffective, with a participant reiterating: *“There’s no point putting rules in and being fussy about rules if there’s no support.”* Another participant concurred: *“We don’t have the practitioners here, there’s no support ... people are begging ... there is no help for them.”* Often travel to Adelaide is also not an option, especially if there is no vehicle available or if the person living with disability becomes so unsettled by the unfamiliar travel that the trip is of little benefit. A participant said the best thing the government could do to reduce and eliminate restrictive practices was to *“give us help.”*

Participants reiterated that the workforce issues and skills shortage must be addressed for there to be any reduction and elimination of restrictive practices in the regions. A participant suggested an audit be conducted of services available and a strategy be developed to attract and retain staff in the regions. Ideally a choice of services would increase accountability and the ability for workers to move to a new employer within the sector if a job with one provider did not work out. This increased availability would also help address overload and burnout that is common among those who do work in the regions as they attempt to keep up with demand. Indeed, a participant lamented the fact that a good, qualified disability worker is now employed at a local service station after leaving a disability sector employer.

These issues have been exacerbated by many indirect impacts of Covid 19, such as an inability or reluctance for specialists to travel to provide face-to-face services in regional locations. Online methods, such as telehealth consults, have been inappropriate and ineffective for many people living with disability. A parent stated: *"I find it pretty much useless... he thinks it's someone on TV talking and it's boring."* Another said their child could not handle online appointments with a specialist in Sydney, but *"he's really good person-to-person."* This led to a discussion about a regional presence for the Senior Authorising Officer or their staff with one participant stating: *"My first thought is, where are these? How many officers will there be?"*

Focus group participants agreed that the use of restrictive practices in other settings, especially schools, cannot be separated from the discussion about reducing the use of restrictive practices on NDIS participants. The lack of consistency undermines alternative approaches while experiences in school settings cause significant impacts on behaviour and wellbeing. Some participants expressed concern that the Department of Education has no oversight or accountability for what occurs within its schools.

Participants reported that regional communities feel left in the dark and would welcome opportunities to engage with information and training to reduce and eliminate the use of restrictive practices. A parent stated: *"I can't go to the local 'better solutions' place and ask what can I do?"* Another said: *"If there are better ways to manage behaviours, tell me how to do what's better."* Participants had experienced attitudes to restrictive practices at both ends of the spectrum – ranging from an *"excuse"* for improper care to accusatory reactions where a parent is *"made to feel like a child abuser."* However, one participant described successfully reducing the reliance on chemical restraint *"slowly but surely"* and urged others to understand *"you don't have to just completely stop."*

Overall, participants agreed that there is a need for much greater education about alternative approaches and urged the new office of the Senior Authorising Officer to take up this role including by having a physical presence in regional communities, perhaps through a regular travel schedule. A participant stated: *"First step is to have somewhere to ask for help and for them not to judge."* Another argued it cannot be *"about policing this thing,"* but to *"help people do better"* because *"every home in Australia has at least a few times in their*

life used restrictive practices.” Still another said: “I’m still learning, I’m trying my best and I fail.”

A participant argued that the pendulum regarding restrictive practices swings too far especially with adults where behaviour change is slower and more challenging. The participant said: *“Help kids when they’re little, but when you have a child that is already an adult, it’s really, really hard.”* Other participants acknowledged the challenge once a person reaches adulthood and noted that government interventions that are seen as excessive regarding restrictive practices sometimes cause push back, with a participant stating: *“Stuff like that gives restrictive practices [regulation] a reputation as evil.”* This can also result from misunderstandings that rules or requirements are more draconian than they actually are. Although there was a desire for change within the focus group, there was also a sense of disillusionment, with a participant stating that *“it’s never going to happen.”*

4.5.3. Summary

Once again, the focus group discussions covered this topic in a way that is much broader than a focus on the Guidelines documentation, but these contributions are important for how the goal of reducing and eliminating the use of restrictive practices can be achieved. Participants were sceptical about the impact that formal documents could have on reducing and eliminating the use of restrictive practices and focused more on actions and values as essential to achieving this outcome. As demonstrated above, the metro and regional priorities diverged, but taken together provide a comprehensive set of considerations for government. Key insights from the focus groups on this topic are:

- The implementation of alternative options instead of the use of restrictive practices needs to be elevated and actively supported in reality, not just in the Guidelines
- The office of the Senior Authorising Officer will need to have a presence on the ground to support change and to provide accessible non-judgemental advice
- High-quality and accessible information resources are needed to support the use of alternatives to restrictive practices
- A significant investment in education, training and awareness will be required for all stakeholders

- Providing support to regional and rural communities needs to be prioritised particularly to address workforce and service shortages
- Strong accountability measures are needed including clear attribution of responsibilities and regular reviews
- Metro participants reported that “last resort” requirements are currently not adhered to, and this will require a targeted strategy to address
- The use of restrictive practices by NDIS providers interacts with their use in other settings, particularly schools, and a holistic and collaborative approach will be needed

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5. Conclusion

JFA Purple Orange thanks the Department of Human Services for the opportunity to assist them with their consultation on the proposed *Restrictive Practices Guidelines*. We hope that the feedback from the two focus groups will be of assistance as the government works towards the implementation of its new authorisation arrangements.

The process has generated a range of valuable insights into the lived experiences of restrictive practices and related matters and can assist the government in moving forward with the person's rights, voice, humanity and life chances uppermost in mind.

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