

## FACT SHEET - OFFICE OF THE SENIOR PRACTITIONER

# Locking of Fridges and Pantries

## Background

This Fact Sheet aims to provide some assistance when considering locking access to the fridges and pantries of people being supported under the *Disability Services Act 2011* (the Act). This practice may be defined as an 'environmental' restrictive intervention under the Act. **Free access to food and drink is a basic human right.**

## Definition of an environmental restriction

Environmental restriction in relation to a person with disability means a restrictive intervention in relation to the person that consists of the modification of an object, or environment of the person so as to enable the behavioural control of the person but does not include a personal restriction.

Therefore locking access to a person's food, their pantry or fridge may be considered an environmental restriction. If this is in place without appropriate approval, your organisation may be acting in contravention of the legislation.

An environmental restriction requires approval from the Secretary of the Department of Communities Tasmania or the Guardianship and Administration Board via the Senior Practitioner.

It is important to note that some environmental restrictions may not need to be approved because they have been assessed by the Senior Practitioner as being for 'therapeutic purposes' (for further information please see the '*Restrictive interventions not requiring authorisation*' Fact Sheet).

## Why lock access to people's food?

Sometimes service providers, organisations or workers consider this necessary for a variety of reasons. For example, some of the people we support may have Pica (eating inedible substances) or workers may think a person is overweight and should go on a diet.

However, in spite of these reasons, which may be determined as being in the best interests of the person being supported, approval is still required prior to locking access to food. This is the case, even if a doctor has recommended the practice.



## What do I need to do?

Initially, alternative solutions need to be considered. Look for ways a person can have as much independence as safely possible. For example, is it possible to get a smaller fridge which contains safe/ healthy foods and drink which can be easily accessed by the person?

Consideration needs to be given to other people in the environment who may wish to access food independently. What impact will the locking up of food have upon them?

Advice from a speech and language pathologist may need to be sought- for example, a mealtime management plan may be required.

Dietician's advice may be required, particularly if considering restricting access to food.

Doctor's examination/recommendations may be needed.

A behaviour support plan may be necessary to assess the situation and determine alternatives. An assessment of behaviour and a multi element behavioural plan will usually help to eliminate the need for a restrictive intervention. Singh, Lancioni, Singh, Winton, Singh, McAleavey & Atkins (2008) for example, demonstrated the use of mindfulness techniques helped to manage the cravings of a person with Prader-Willi.

Behavioural approaches have also been found to be very effective at reducing the incidence of pica in individuals (Hagopian, Rooker & Rolider, 2011).

It is important to consider the seeking of food may not always be about appetite, but instead serve an alternative function for the person.

Support with communication may be required:

- people may take more food than is safe or healthy if they do not have a method to ask about food, or to get information about food and meal routines;
- a person may not have a way of knowing how much time will pass until the next meal (a few minutes? a day?). Limited access to food in the past may make hoarding food seem necessary to them;
- the person may not know when they will have their favourite food again. This may seem like a good reason to get the item when it is available;
- the person may not know if their supply of food is safe from others (will it be taken away by another person or a well-meaning staff person?). The person may have experienced this in the past, even if it is no longer the case. This may be another reason to get the food whenever it is available;
- the person may not always eat enough food at one mealtime sitting (for example may have trouble concentrating, swallowing, sensory issues, fatigue and so on). They may not have a way to indicate they need help getting food when genuinely hungry, or that they need to access small amounts of food consistently throughout the day.



Detailed information can be provided to the Senior Practitioner to help inform the decision about whether or not the practice is considered restrictive. The Senior Practitioner can provide advice on the next steps the organisation need to take.

## Who can authorise the use of restricting access to food?

Restricting access to food in an environmental restriction under the *Disability Services Act (2011)*. Approval for the use of an environmental restriction is obtained from the Secretary, following a recommendation from the Senior Practitioner. The approval period is 90 days and may be subject to a number of conditions.

## Further Information?

Further information, please refer to the following policies, procedures and fact sheets:

- *Disability Services Act 2011*
- 'Restrictive Interventions in Services for People with Disability' Guidelines (DCS, 2014)
- Senior practitioner fact sheet
- 'Restrictive interventions not requiring authorisation' Fact Sheet
- *Australian Psychological Society (2011). Evidence-based guidelines to reduce the need for restrictive practices in the disability sector.*

## How do I contact the Tasmanian Senior Practitioner?

Telephone: (03) 6166 3567    Mobile: 0428 197 474

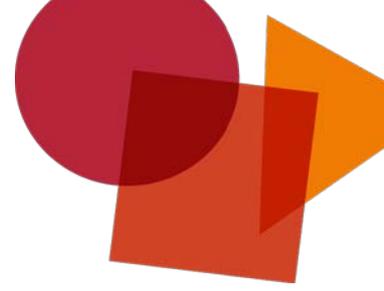
Email: [seniorpractitionerdisability@communities.tas.gov.au](mailto:seniorpractitionerdisability@communities.tas.gov.au)

Web: [www.communities.tas.gov.au/disability/office-of-the-senior-practitioner](http://www.communities.tas.gov.au/disability/office-of-the-senior-practitioner)

Further information about Restrictive Interventions can be found on the Riset Tas link below.



**Access practice resources and restrictive intervention information via Riset-TAS online: [Riset-Tas Link](#)**



## Further Information?

Hagopian, L.P., Rooker, G. W. & Rolider, N. U. (2011). Identifying empirically supported treatments for pica in individuals with intellectual disabilities. *Research in Developmental Disabilities*, 32, 2114-2120.

Singh, N.N., Lancioni, G.E., Singh, A.N., Winton, A.S.W., Singh, J., McLeavey, K.M., & Atkins, A.D. (2008). A mindfulness-based health wellness program for an adolescent with Prader-Willi syndrome. *Behaviour Modification*, 32 (2), 167-181.

*Please note: The information contained in this document is provided as an initial guide only. It is not intended to be and is not a substitute for legal advice. Service providers should seek their own independent legal advice with reference to the implementation of the legislation.*