OBA-DEM-2026

Dementia Care and Behaviour Support: Effect, Purpose, and the Plan About Alternatives

Programme descriptor

DOCUMENT CONTROL

- Programme: Dementia Care and Behaviour Support: Effect, Purpose, and the Plan About Alternatives (OBA-DEM-2026)
- Audience: Prospective participants, employers and funding bodies
- Version 1.0 | Issued 24/09/2026 | Review due 01/12/2026
- Provider: OBA Nursing Academy

The finding this programme is built on

THE ACT DEFINES A RESTRICTIVE PRACTICE BY ITS EFFECT. THE RULES DEFINE FIVE OF THEM BY THEIR PRIMARY PURPOSE. AND THE ACT SAYS THE FIVE DO NOT LIMIT IT.

Aged Care Act 2024, section 17, in full: '(1) A restrictive practice in relation to an individual is any practice or intervention that has the EFFECT of restricting the rights or freedom of movement of that individual. (2) WITHOUT LIMITING SUBSECTION (1), the rules may provide that a practice or intervention is a restrictive practice in relation to an individual.' There is no list in the Act, no purpose element, and nothing about behaviour.

It matters because the two definitions catch different things, and workers are trained only on the narrower one. A device, a door, a dose or a hand can fall inside section 17-5 or outside it depending entirely on WHY it is being done - and the recorded reason is what answers that question. Meanwhile section 17(1) reaches anything with the EFFECT of restricting rights or freedom of movement, whatever the reason was. A worker who has only ever been taught 'the five' has been taught the part of the law that has an escape hatch in it, and not the part that does not.

What a participant can do afterwards

- State the Act's definition of a restrictive practice, and cite the provision.
- State what the five categories in the Rules turn on, and name the exclusion attached to each of the three that has one.
- Explain what the word 'reflexive' does in the physical restraint exclusion, and why a planned hands-on approach is not within it.
- List the eleven requirements at s162-15(1), and say which six an emergency suspends and for how long.

- Say who may assess and prescribe for chemical restraint, and how that differs from every other restrictive practice.
- Say when a behaviour support plan is required, what every plan must contain, and which causes of a behaviour of concern the instrument itself names.
- Work out who the restrictive practices substitute decision-maker is, and what the consent has to cover.
- And name the layers this programme deliberately does not state, and where to get each.

Structure

Module	Title	Time
00	Orientation: Effect, Not Purpose - and an Immunity With a Date on It	21 min
01	Where the Law Is: Act, Rules, Quality Standards, Code of Conduct	20 min
02	The Five Restrictive Practices, and What Each One Excludes	20 min
03	The Eleven Requirements That Apply to Every Restrictive Practice	20 min
04	Chemical Restraint: Who Assesses, Who Prescribes, and the Nine Recorded Matters	18 min
05	Emergencies: Six Requirements Suspended, Five That Never Are	18 min
06	The Behaviour Support Plan Is a Document About Alternatives	21 min
07	Behaviours of Concern: The Causes the Instrument Names	18 min
08	Informed Consent and the Restrictive Practices Substitute Decision-Maker	20 min
09	Monitoring, Review, and When It Becomes a Reportable Incident	20 min
10	Scope, the Code of Conduct, and What to Do on Monday	25 min

Total 6.5 CPD hours, measured. Assessment: 60 items at 80%, plus 5 case studies.

Who it is for

Role	Why
Personal care workers	Because the five categories are all anybody is taught, and the five are the half of the law with the exclusions in it. The Act's definition is four lines and nobody has read it.

Enrolled and registered nurses	s162-20 turns on an approved health practitioner WITH DAY-TO-DAY KNOWLEDGE of the individual, and s162-30 puts the monitoring obligations on the people who are there.
Clinical and care managers	The eleven requirements, the nine recorded matters for chemical restraint, and the consultation requirements at s162-75 all land here.
Educators and trainers	The sentences this programme corrects - 'there are five under the Act', 'in an emergency the rules do not apply', 'the plan is reviewed annually' - are in circulation because they are taught.
Quality and compliance staff	Act s16(1)(g) makes the reportable incident the departure from the requirements, which means the requirements are the evidence question.
Agency and contract staff	The Aged Care Code of Conduct binds an aged care worker of a registered provider, and how somebody is engaged does not take them outside it.

SCOPE, CURRENCY AND THE LIMIT OF THIS PROGRAMME

- This programme is professional development. It states what the Aged Care Act 2024 and the Aged Care Rules 2025 say, quotes them where the words matter, and cites the provision every time. It is not legal advice, not clinical advice, and not a compliance sign-off. It does not decide whether any particular practice is a restrictive practice, whether any particular person has capacity, whether any particular incident is reportable, or whether any provider or worker complies. Restrictive practices are also governed by the law of each State and Territory - Rules 162-15(1)(k) says so expressly - and this programme states none of that law. Decisions about an individual's care are for that individual, their substitute decision-maker where one applies, the treating practitioners and the provider, working within their own policies and their own jurisdiction's law.
- WHAT WAS READ, AND WHEN. Aged Care Act 2024 (C2024A00104), COMPILATION NO. 2, in force from 01/07/2026, no unincorporated amendments. Aged Care Rules 2025 (F2025L01173), COMPILATION NO. 10, covering 01/08/2026 to 20/09/2026, authorised version F2026C00802. Both read directly from the Federal Register of Legislation on 24/09/2026. THE RULES NEED PARTICULAR CARE: the version in force on the day this programme was written started on 20/09/2026, carries no compilation number yet and has unincorporated amendments, and six further versions are already registered ahead of it. Compilation 10 is the most recent COMPILED text and is what is quoted here. Before relying on any section number in this programme, open the current compilation and check it. Write down the compilation number and the date you looked.

SUPPORT AND WHERE TO RAISE SOMETHING

- Aged Care Quality and Safety Commission - 1800 951 822. To raise a concern or make a complaint about aged care services.
- Older Persons Advocacy Network (OPAN) - 1800 700 600. Free, independent advocacy for older people receiving aged care and their families.
- Lifeline - 13 11 14. 24 hours, seven days. National crisis support.
- You may stop this programme at any point and come back. Nothing is timed and there is no penalty.