# Principles guiding the use of regulated restrictive practices

This information sheet provides guidance as to the principles guiding the use of regulated restrictive practices and is part of a series of information sheets that have been developed to help everyone understand the Authorisation of Restrictive Practices in Funded Disability Services Policyq(the Policy) that applies in Western Australia from 1 December 2020.

For further detailed information please refer to the <u>authorisation of restrictive practices</u> website.

## **Guiding principles**

Section 4.1.2 of the **P**rocedure guidelines for authorisation of restrictive practices in NDIS funded disability services . Stage twoqoutlines a set of underlying principles that need to guide the use and authorisation of any regulated restrictive practices that are implemented in a pel•ong life.

These principles are relevant to:

- NDIS Behaviour Support Practitioners developing behaviour support plans (BSPs) that contain regulated restrictive practices
- Implementing Providers (providers implementing restrictive practices)
- All Quality Assurance Panel members (both the Senior Manager/Delegate(s) of the Implementing Provider and the independent NDIS Behaviour Support Practitioner).

### The restrictive practice must be clearly identified in the BSP

A leedicice place neede to be cleall doc mended in the peleone BSP<sup>1</sup> for the purposes of accurately describing the practice that is being proposed or being used to share information and understanding with all stakeholders, and to support the Quality Assurance Panel process.

<sup>&</sup>lt;sup>1</sup> See Appendix 4.1 and 5 of the **P**rocedure guidelines for authorisation of restrictive practices in NDIS funded disability services . Stage twoqfor example templates that can be used to document a restrictive practice within a BSP.



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This includes documenting:

#### Rationale for the restrictive practice

Circumstances in which the restrictive practice is to be used (including information on when, where, location, time and how the restrictive practice is used).

Statement of how this will be used only as a last resort in response to a risk of harm to the person with disability and/or others, and after the Implementing Provider has explored and applied other evidence-based, person-centred and proactive strategies. Description of the anticipated positive and negative effects of using the restrictive practice on the person.

Statement of why the restrictive practice is the least restrictive way of ensuring the safety of the person and others.

Statement of how this is in proportion to the potential risk of harm to the person and/or others.

Statement of how this will be used for the shortest possible time to ensure the safety of the person with disability and/or others.

#### **Elimination/Fade-out plan**

Strategies for fading out the use of the restrictive practice . identifying a staged plan that outlines how the restrictive practice(s) will be reduced and eventually eliminated over time is recommended.

#### Monitoring and reporting

Monitoring and evaluation (outline what monitoring and data collection procedures will take place regarding the use of the restrictive practice(s)).

Details of who is responsible and how will this be recorded, managed and shared.

Please see the Behaviour Support Plan requirementsqinformation sheet (listed on the <u>restrictive practices resources</u> page `nde¦ Ploçidel• and Behaçio` | S` ppolc Placidonel•) for additional information to consider when developing BSPs.

#### Restrictive practice used as a last resort

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# Restrictive practice to be in proportion to the potential negative consequence or risk of harm

- Consider negative consequences and risk of harm of implementing the restrictive practice including increase in distress or anxiety.
- Consider impact on quality of life e.g. limiting access to a kitchen for knife safety reasons, limits independence, and choice and control.
- Consider if these negative consequences are in proportion to the proposed restrictive practice.
- For example: a person may be at risk of self-harm if they have access to knives. Locking away all cutlery, or limiting access to the whole kitchen,