



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 Policy' (the Policy) that applies in Western Australia from 1 December 2020.

For further detailed information please refer to the [authorisation of restrictive practices](#) website.

Guiding principles

Section 4.1.2 of the 'Procedure guidelines for authorisation of restrictive practices in NDIS funded disability services – Stage two' outlines a set of underlying principles that need to guide the use and authorisation of any regulated restrictive practices that are implemented in a person's 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 restrictive practice needs to be clearly documented in the person's BSP¹ 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.

¹ See Appendix 4.1 and 5 of the 'Procedure guidelines for authorisation of restrictive practices in NDIS funded disability services – Stage two' for example templates that can be used to document a restrictive practice within a BSP.



Principles guiding the use of regulated restrictive practices

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 requirements' information sheet (listed on the [restrictive practices resources](#) page under 'Providers and Behaviour Support Practitioners') for additional information to consider when developing BSPs.

Restrictive practice used as a last resort

The restrictive practice to 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.

- Consider if reasonable steps have been taken to explore and apply other strategies including evidence-based, person-centred and proactive strategies. Please see the Positive Behaviour Support (PBS) Information Sheet for further guidance.



Principles guiding the use of regulated restrictive practices

- The restrictive practice is used only as last resort once satisfied that other reasonable steps have been taken.
- For example: PRN medication is only offered after other strategies have been tried in supporting a person through their behavioural escalation cycle as reflected in a comprehensive BSP.

The least restrictive response possible

The restrictive practice to be the least restrictive response possible in the circumstances to ensure the safety of the person and/or others.

- Consider other less restrictive options that have not yet been implemented or trialled.
- Consider other less restrictive options that have been considered, trialled or implemented in the past. Consider whether reasons for these less restrictive options not being used are adequate.
- Consider alternatives that have an evidence base for being effective in addressing the person's unmet needs that may be contributing to the behaviour and/or the presenting behaviour of concern.
- State why a less restrictive option is not possible.
- For example: preventing access to the kitchen due to concerns regarding knife safety is not the least restrictive practice. Other less restrictive options may include sharp knives being placed in a safe place, allowing the person access to the whole kitchen.
- For example: denying computer access of any kind to control risk of sex offending. Other less restrictive options may include supervised computer access at specified times or blocks via computer programs that prevent access to particular sites or content.

Reduce the risk of harm to the person with disability and/or others

- Consider the intent for the restrictive practice.
- Restrictive practice use should only be implemented to reduce risk of harm to the person with the disability and/or others.
- Consider the risk of harm to the person and/or others if the restrictive practice is not used in the current circumstances.
- Restrictive practices should not be implemented for any other reason e.g. inadequate staff numbers.
- For example: preventing access to particular foods for a person with a health condition that is impacted by eating particular foods to reduce hospital admissions.



Principles guiding the use of regulated restrictive practices

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, may be considered disproportionate to the risk.

Restrictive practice to be used for the shortest possible time to ensure the safety of the person with disability and/or others

- Consider both how long the restrictive practice is used each time it is used – is this the shortest amount of time required to keep the person safe?
- Consider how frequently the restrictive is used, across the person's daily life and life span.
- For example: if a person uses a onesie to preserve their dignity, it is used at specific times of risk and is not used when it is not required, meaning the person would not be wearing the onesie all day and all night every day.

Contact information

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