|  |  |
| --- | --- |
| Resource  | Information and link |
| What is Positive Behaviour Support? | Positive behaviour support is an evidenced based framework consisting of four main elements:1. Developing an understanding about why challenging behaviours occur by assessing the impact of the social and physical environment and broader context on the person.
2. Involving stakeholders and capturing their perspectives.
3. Using the understanding from assessment to implement and evaluate a person-centred sustainable support system around the person.
4. Focusing on enhancing quality of life outcomes for the person and those around them.

Families, carers, and other significant persons with whom people with disability choose to share their life are pivotal in the positive behaviour support process.[People with disability, their families and carers (www.wa.gov.au)](https://www.wa.gov.au/organisation/department-of-communities/people-disability-their-families-and-carers)Other resources for understanding behaviour support:<https://www.autismspectrum.org.au/about-autism/what-is-autism/positive-behaviour-support-at-aspect>  |
| The Quality and Safeguards Commission (QSC) | The quality and safeguards Commission has now rolled out Nationally. The NDIS Quality and Safeguards Commission is an independent agency established to improve the quality and safety of NDIS supports and services. The QSC regulates NDIS providers, provide national consistency, promote safety and quality services, resolve problems, and identify areas for improvement. [Home | NDIS Quality and Safeguards Commission (ndiscommission.gov.au)](https://www.ndiscommission.gov.au/)Each state and territory have an authorization process for restrictive practices recommended by a behaviour support practitoner. Information on the authorization process in WA can be found [Authorisation of restrictive practices (www.wa.gov.au)](https://www.wa.gov.au/organisation/department-of-communities/authorisation-of-restrictive-practices) |
| What is a restrictive practice? | The NDIS Act 2013 defines a restrictive practice as ‘*any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability’*.Restrictive practices are generally used in the context of keeping people and/or others safe in relation to a challenging behaviour that a person may be engaging in and, if required, should adhere to the following:* be used as a last resort in response to risk of harm
* be the least restrictive option that ensures safety of the person and others
* reduce the risk of harm to the person and/or others
* be in proportion to the risk of harm to the person and/or others
* be used for the shortest possible time to ensure the safety of the person and/or others.
 |
| What are regulated restrictive practices? | There are five regulated restrictive practices, which if in place for an individual, must be authorized with the QSC: 1. **chemical restraint** is ‘*the use of medication or chemical substance for the primary purpose of influencing a person’s behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition’*.
2. **mechanical restraint** is “*the use of a device to prevent, restrict, or subdue a person’s movement for the primary purpose of influencing a person’s behaviour but does not include the use of devices for therapeutic or non-behavioural purpose*”
3. **physical restraint** is “*the use or action of physical force to prevent, restrict or subdue movement of a person’s body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person*”
4. **environmental restraint** is “*environmental restraint, which restricts a person’s free access to all parts of their environment, including items or activities*”
5. **seclusion** is “*sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted*”.

Information obtained from: [Regulated Restrictive Practices Guide (ndiscommission.gov.au)](https://www.ndiscommission.gov.au/sites/default/files/documents/2021-03/regulated-restrictive-practice-guide-rrp-20200.pdf). This resource provides helpful decision trees for each restrictive practice to determine if it is a reportable restrictive practice with the QSC.There is a specific guide for restrictive practices with children: <https://www.ndiscommission.gov.au/sites/default/files/documents/2021-05/rrp-children-and-young-people-disability.pdf>Webinar from the ECSN program: Clarifying what restrictive practices are and exploring the grey areas - <https://ecsn.nulsen.com.au/clarifying-what-restrictive-practices-are-exploring-the-grey-areas/>  |
| Banned/ prohibited practices in WA | It is recognised that some forms of restrictive practice pose an unacceptable risk of harm to people. These are termed ‘prohibited practices’ within the Authorisation of Restrictive Practices in Funded Disability Services Policy (the Policy) and must never be used. These include the following physical restraints, which can lead to harm or death:* the use of prone or supine restraint
* pin downs
* basket holds
* takedown techniques
* any physical restraint that has the purpose or effect of restraining or inhibiting a person’s respiratory or digestive functioning
* any physical restraint that has the effect of pushing the person’s head forward onto their chest
* any physical restraint that has the purpose or effect of compelling a person’s compliance through the infliction of pain, hyperextension of joints, or by applying pressure to the chest or joints.

The following punitive approaches are also prohibited:* aversive practices
* overcorrection
* denial of key needs
* practices related to degradation or vilification
* practices that limit or deny access to culture
* response cost punishment strategies.

[Authorisation of restrictive practices (www.wa.gov.au)](https://www.wa.gov.au/organisation/department-of-communities/authorisation-of-restrictive-practices) |
| Practice alerts  | The practice alerts explain the risks associated with each topic, how to manage these and provider obligations. Usually, a multidisciplinary approach is required to manage the risks associated with the topic. This information should be included in someone’s comprehensive behaviour support plan. Further information can be found: [Resources | NDIS Quality and Safeguards Commission (ndiscommission.gov.au)](https://www.ndiscommission.gov.au/resources#practicealerts) |
| Information for the people we work with and their network | Positive behaviour support easy English: <https://www.ndiscommission.gov.au/sites/default/files/documents/2020-04/scope-easy-read-about-positive-behaviour-support-capability-framework-web-accessible.pdf>Supporting adults who behave in challenging ways (a guide for families): <https://ddwa.org.au/resources/i-am-trying-to-tell-you-something/>  |