

## Evidence of Restrictive Practice Consultation

<b>Participant Name:</b>		<b>Date</b>	
<b>NDIS Number:</b>			
<b>Name, role and organisation of person completing this form</b>			
<b>Relationship to the participant</b>			

<b>Restrictive Practice type and sub-category</b> <i>If necessary, this consultation form may be completed for each restrictive practice.</i>	
<b>When and how did you consult with the participant about this Restrictive Practice?</b>	
<i>Consider how you have used appropriate and accessible language, communication tools such as visuals, social stories, videos, AAC systems.</i>	
<b>When discussing this Restrictive Practice, did the participant convey any positive or negative thoughts or feelings?</b>	
<i>This may be expressed verbally or non-verbally (body language, gestures, vocalising, nodding/ shaking head, facial expressions).</i>	
<b>When implementing the restrictive practice, how did the participant respond?</b>	
<i>Do they resist, ignore or accept the restrictive practice? Consider body language, gestures, vocalising, nodding/ shaking head, facial expressions).</i>	

**Does the behaviour of concern change when the Restrictive Practice is used?**

*Does the behaviour of concern escalate, reduce, or stay the same? Has the restriction itself become a trigger for behaviours of concern?*

**Is the participant's view of the restrictive practice represented in their behaviour support plan?**

*Has the practitioner described the participant's views and responses in their plan? How have the restrictive practices or strategies been amended to reflect the participant's views.*

**Have you discussed this Restrictive Practice with the participant's legal guardian / family members? What are their views?**

*Has the practitioner or NDIS provider explained their legal obligations to reduce and eliminate restrictive practices where safe to do so? Have alternative strategies to manage behaviours of concern been discussed and the pros and cons of each strategy identified?*

## Evidence of Restrictive Practice Consultation Form – **EXAMPLE only**

<b>Participant Name</b>	<b>John Smith</b>	<b>Date</b>	<b>20/03/2050</b>
<b>NDIS Number:</b>	<b>1234567890</b>		
<b>Name, role and organisation of person completing this form</b>	Mary Jones, Support Worker, Hands Across the Water Pty Ltd		
<b>Relationship to the participant</b>	Worked with John for past 3 years providing personal care		
<b>Restrictive Practice type and sub-category</b>	Environmental - Locked cupboard		
<b>When and how did you consult with the participant about this Restrictive Practice?</b>			
<ul style="list-style-type: none"> <li>• After dinner and shower. This is a time of day when John is usually feeling calm and relaxed.</li> <li>• Using plain, simple words and short sentences.</li> <li>• John uses key word signs and facial gestures to communicate and is pretty good at telling us what he thinks about things.</li> </ul>			
<b>When discussing this Restrictive Practice, did the participant convey any positive or negative thoughts or feelings?</b>			
<ul style="list-style-type: none"> <li>• Using a social story developed specifically for John, staff explained that if John eats all the food in the cupboard, he can get very sick (diabetic).</li> <li>• Staff ensured John was in a calm and relaxed mood when they read this social story to him.</li> <li>• John nodded and smiled when he saw the pictures of himself in the story but indicated that he likes to eat the food (pointing excitedly at the pictures of the food).</li> <li>• John shook his head (“no”) at the picture of the food being locked in the cupboard.</li> </ul>			
<b>When implementing the restrictive practice, how did the participant respond?</b>			
<ul style="list-style-type: none"> <li>• John knocks on the cupboard door to show us what food he wants after signing hungry/food.</li> <li>• John shakes his head and frowns.</li> <li>• John helps staff lock it afterwards and does not get upset when they lock it.</li> </ul>			
<b>Does the behaviour of concern change when the Restrictive Practice is used?</b>			
<ul style="list-style-type: none"> <li>• John goes quiet and won’t look at you immediately before his behaviour of concern escalates. It will escalate if staff do not respond quickly or when he has to wait more than 5 minutes.</li> <li>• John can be redirected away from the locked cupboard by staff he trusts and is familiar with.</li> <li>• Staff notice that his behaviours escalate if he is denied access to the cupboard when he is unwell/tired.</li> </ul>			
<b>Is the participant’s view of the restrictive practice represented in their Behaviour Support Plan?</b>			
<ul style="list-style-type: none"> <li>• John’s responses are reflected under the “consultation” section of the plan.</li> <li>• The Practitioner has established strategies to enable the reduction of routine locked cupboard; cupboard now locked on a PRN basis, based on evidence that John tries to open the cupboard first thing in the morning only.</li> </ul>			
<b>Have you discussed this Restrictive Practice with the participant’s legal guardian / family members? What are their views?</b>			
<ul style="list-style-type: none"> <li>• Practitioner met with John’s mother, Judy Smith, on 12/06/2023 to discuss the use of this restrictive practice. Judy is supportive of a fade-out plan, beginning with the reduction from routine to PRN.</li> </ul>			