Prohibited practices

This information sheet provides guidance as to prohibited 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](http://www.communities.wa.gov.au/restrictivepractices) website.

# Prohibited practices and restrictive practices

Regulated restrictive practices inherently impact on the freedom of the person with disability to whom they are applied. It is recognised that restrictive practices can also enhance safety which in turn can support access to the community and improved quality of life for the person. These benefits must be weighed carefully against potential adverse impacts of restrictive practices on the person and others. Some of these impacts could be to the person’s dignity, safety, and rights to have choice and control. People with disability must also be protected from abuse and neglect, and it is important to note that some restrictive practices once considered acceptable are now recognised to constitute abuse and neglect.

To safeguard people against potential risks, the Policy contains clear principles that must be adhered to when implementing restrictive practices (these are outlined in section 4.1.2 of the ‘Procedure guidelines for authorisation of restrictive practices in NDIS funded disability services – Stage two’ and further described in the ‘Principles guiding the use of regulated restrictive practices’ information sheet [refer to the [restrictive practices resources](https://www.wa.gov.au/government/document-collections/authorisation-of-restrictive-practices-resources) page for documents]). These principles are intended to apply rigorous standards to the use of restrictive practices, to ensure that any adverse impact is minimised. In addition to this, it is recognised that some forms of restrictive practice pose an unacceptable risk of harm to people and must never be used. These practices are prohibited and therefore not considered to be regulated restrictive practices.

Prohibited practices cannot be authorised under the Policy and use of prohibited practices must be reported to the NDIS Quality and Safeguards Commission incident reporting team for NDIS participants and to the Department of Communities for state disability funded participants.

## Which practices are prohibited?

Broadly, prohibited practices fall into two categories, certain physical restraints and punitive approaches.

**The following physical restraints are prohibited:**

* 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.

Examples of prohibited physical restraints:

* Holding a person’s head down on a table with arms behind their back
* Tripping a person and pinning them to the floor.

**The following punitive approaches are prohibited:**

* Aversive practices (use of unpleasant physical or sensory stimuli to modify behaviour or to punish)
* Overcorrection (requiring a person to perform restitutive actions either repeatedly or to a significantly higher standard than before a behaviour occurred)
* Denial of key needs
* Practices related to degradation or vilification
* Practices that limit or deny access to culture
* Response cost punishment strategies (withdrawal of a preferred item or experience in an attempt to modify behaviour or to punish).

Examples of punitive approaches:

* Washing a person’s mouth out with soap (aversive practice)
* Making a person mop the whole floor as a consequence for throwing their drink (overcorrection)
* Telling a person that if they don’t comply, they will not be given a soft drink with lunch (response cost punishment)
* Telling a person that they won’t be allowed to go out or to have a visit from their family member because of their behaviour (denial of key needs)
* Taking away a person’s belongings as a punishment for behaviour (response cost punishment).

## What can I do to prevent the use of prohibited practices?

In addition to being prohibited according to the Policy, some of the practices listed above may also constitute abuse or neglect. It is important to safeguard people against their use by supporting staff to recognise and prevent the use of prohibited practices. Clear guidance relating to prohibited practices should be contained within organisational policies and procedures.

The following guidelines may support implementing providers to prevent the use of prohibited practices.

* Ensure that you have a clear understanding of restrictive practices, as well as what may constitute a prohibited practice. This information should be readily accessible to all staff, participants and their family members.
* Develop clear policies and procedures for identifying, reporting and responding to prohibited practices and make them accessible to people with disability, family members, carers and staff.
* Design staff recruitment processes to seek out people with values that reflect a contemporary understanding of supporting people with disability (e.g. person-centred approaches).
* Build a culture of service provision that has human rights principles and values embedded and as a central focus.
* Ensure that staff undertake training and are supported with supervision to build their skills and understanding around positive behaviour support, restrictive practices and prohibited practices.
* Cultivate a safe atmosphere where staff are encouraged and feel comfortable to discuss and problem-solve around behaviour support and restrictive practices.
* Encourage people with disability and their families to seek support around restrictive practices or raise concerns about possible prohibited practices (with access to an advocate where needed).

For additional information, see the ‘Positive behaviour support’ information sheet (listed on the [restrictive practices resources](https://www.wa.gov.au/government/document-collections/authorisation-of-restrictive-practices-resources) page under ‘Providers and Behaviour Support Practitioners’).

# Contact information

For enquiries about the Policy, please contact the Department of Communities – authorisation of restrictive practices team:

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# References

* McAdam D., Knapp V.M. (2017) Overcorrection. In: Volkmar F. (eds) Encyclopedia of Autism Spectrum Disorders. Springer, New York, NY. <<https://doi.org/10.1007/978-1-4614-6435-8_1305-3>>

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