



Consent Form in Relation to use of Regulated Restrictive Practices

Summary

Authorisation under NSW Legislation and the NDIS Commission is required for the use of regulated restrictive practices and can only be used in accordance with a behaviour support plan.

Where support strategies are used with the intention of influencing or changing an individual's behaviour they must be clearly documented in a Behaviour Support Plan developed by an appropriately accredited Behaviour Support Practitioner. In circumstances where a Behaviour Support Plan recommends the use of certain strategies or practices which impose restrictions on the individual's rights or freedom, these must be clinically justifiable, fit within the context of industry best practice, and may be implemented only with legal consent. Regulated Restrictive Practices include:

- Chemical Restraint
- Mechanical Restraint
- Physical Restraint
- Environmental Restraint
- Seclusion

The person who can provide legal consent for each of these practices may vary, subject to the age of the individual, their capacity to provide informed consent, and the specific type of practice itself.

This form requests your consent to utilise a Regulated Restrictive Practice as part of the support that Child Care Services Taree and Districts Inc. provides for the person for whom you act as a substitute decision maker.

In addition to your consent, any use of a Regulated Restrictive Practice also requires formal authorisation and oversight through a Restrictive Practices Panel which reviews the appropriateness of the use of the practice. Panel members include independent professionals from external agencies to maximise impartiality in decision-making processes. The Panel's role is to act as a safeguard to ensure that all possible steps are taken to minimise any restrictions placed on an individual in the context of their support, and to maximise their opportunities for quality of life.

If you would like further information regarding Providing Consent, Regulated Restrictive Practices, or the Restrictive Practices Panel please contact the Child Care Services Taree and Districts Inc. NDIS Coordinator or you can refer to the Family and Community Services (FaCS) Restrictive Practices Authorisation Policy and Procedural Guide (June 2018) available on their website.



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Consent for the use of a Regulated Restrictive Practice

I _____ (Person Responsible/Guardian) give consent for Samaritans to use the below listed Restrictive Practice in the provision of behaviour support for _____ (Participant).

I have been made aware of, and understand:

- The specific behaviours of concern which necessitate the use of this practice, and the risks to the individual and others which are associated with these behaviours
- How this Restrictive Practice will be implemented
- How the Restrictive Practice will be monitored and reviewed
- Any proposed means for reducing the impact of this Restrictive Practice on the person.

Type of Restrictive Practice: _____ (eg. Mechanical)

Specific Details of Practice:

Date Practice Commenced:

Name of Person Responsible / Guardian:

Signature:

Date:

Relationship:

Phone: (h) _____ / (m) _____

Please Return Form to:

Child Care Services Taree & Districts Inc.
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