Government of **Western Australia**
Department of **Communities**

Regulated restrictive practices

March 2026

What are regulated restrictive practices?

A restrictive practice is defined as 'any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability'. They should only be used in the context of safeguarding a person with disability and/or those around them, in response to a behaviour of concern.

The use of restrictive practices for people with disability can present serious human rights breaches. The decision to use a restrictive practice needs careful clinical and ethical consideration, taking into account a person's human rights and the right to self-determination. Restrictive practices should be used within a positive behaviour support framework that includes proactive, person-centred and evidence-informed interventions.

When there is a behaviour of concern, it's an indication that something is happening for a person. The person may be communicating an unmet need or have feelings of distress or being overwhelmed. It's important to understand what the person may be experiencing to help understand what supports they need in their life.

Whilst working towards understanding what supports a person needs it may be necessary to use a restrictive practice to keep people safe. Restrictive practices should only be used as a last resort, and after a range of other strategies have been trialled and implemented to support what the person needs.

Currently there are five regulated restrictive practices in services funded by the NDIS and through state funded disability services.

Seclusion

Seclusion is defined as the sole confinement of a person with disability in a room or physical space at any hour of the day or night where voluntary exit is prevented, implied, or not facilitated. Some examples of seclusion may include:

- time out alone in a locked room, the person's home or any physical space where the person cannot voluntarily exit.
- a person being told to stay in their bedroom until they are calm. This is seclusion as the person believes they cannot leave their room.

Seclusion does not include when a person chooses to have quiet time or space on their own in their room, where they are able to come out at any time on their own accord. It also does not include someone choosing to lock their door for privacy, where they are able to unlock the door and exit whenever they choose to.

Chemical restraint

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 physical condition.

Under the Authorisation of Restrictive Practices in Funded Disability Services Policy (Policy), if a provider is delivering a service at the point in time when a chemical restraint is self-administered or the provider themselves administer it, then that provider must seek authorisation.

If a provider is not delivering a service at the point in time the person has been administered or has self-administered the medication, but delivers a service while the person may still be under the influence of the medication, it is critical that the provider is aware of protocols associated with the use of the chemical restraint (for example, monitoring for any side effects) and strategies to support the person's needs.

Implementing Providers and/or NDIS Behaviour Support Practitioners need to confirm the purpose of medication use with the medical practitioner as well as clarify the conditions under which medication should be administered. If there is uncertainty as to whether the medication is prescribed to address an underlying condition or behaviour support needs, then it must be interpreted as a chemical restraint.

Physical restraint

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 a person's behaviour. Some examples of physical restraint may include:

- physically holding any part of a person's body, to stop a behaviour from occurring, e.g. holding down a person's hand to stop them from pulling their hair
- using your body to physically guide a person to walk in a certain direction.

Physical restraint does not include if a person needs assistance in their daily living activities to complete a task safely and the person accepts this support, for example if the person needs physical help with dressing or brushing their teeth.

Physical restraint under the Policy also does not include the use of a hands-on technique in an emergency situation to guide or redirect a person away from potential harm or injury, consistent with what could reasonably be considered exercising care towards a person.

Mechanical restraint

Mechanical restraint is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing or controlling a person's behaviour. This does not include the use of devices prescribed for therapeutic or safety reasons.

It is possible for a therapeutic device to be used inappropriately. For example, a qualified allied health professional may prescribe a device to support posture at mealtimes and specify it is only to be used at these times. If the device is used outside of these times, or outside of prescribed directions for use, it could constitute a mechanical restraint.

Environmental restraint

Environmental restraint involves restricting a person's free access to all parts of their environment, including items or activities.

Examples of environmental restraint include locked doors, cupboards and fridges where the person cannot open them.

Contact information

For more information, please contact the Department of Communities Behaviour Support Consultancy Team:

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