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

Prohibited practices

March 2026

Prohibited practices and restrictive practices

Regulated restrictive practices impact on the freedoms of persons with disability and may also impact on the person's dignity, safety, and right to have choice and control. Some restrictive practices which were once considered acceptable are currently considered to pose an unacceptable risk of harm.

Prohibited Practices are described within the Authorisation of Restrictive Practices in Funded Disability Services Policy (Policy) and must never be used. They cannot be authorised under the Policy.

For registered NDIS providers, a condition of their registration with the NDIS Quality and Safeguards Commission (NDIS Commission) is that they must not use restrictive practices that are prohibited in the State.

In some circumstances, the use of a prohibited practice may constitute unlawful conduct which could lead to criminal action or civil liability. There may also be other important reporting requirements (for example, mandatory reporting or reporting to the Police).

Which practices are prohibited?

Prohibited practices fall into two categories: certain physical restraints and punitive approaches. In determining whether a practice is prohibited, the practice needs to be considered in context. It is important to consider the circumstances of use, how the practice is applied and the experience of the person with a disability. For example, a person with a history of trauma may be traumatised by a practice which others may not find traumatising. The following physical restraints are prohibited.

The use of:

- prone restraint (subduing a person by forcing them into a face-down position)
- supine restraint (subduing a person by forcing them into a face-up position)
- pin downs (subduing a person by holding down their limbs or any part of the body, such as their arms or legs)
- basket holds (subduing a person by wrapping your arm/s around their upper and/ or lower body)

- takedown techniques (subduing a person by forcing them to free-fall to the floor or by forcing them to fall to the floor with support)
- 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 include:

- holding a person's head down on a table with arms behind their back
- tripping a person and pinning them to the floor.

Use of prohibited physical restraints is considered dangerous and could be associated with a high risk of injury and even death. Many physical restraints present significant risks to the person with disability and to the people supporting them.

Incorrect or improper use of a regulated restrictive practice may be considered a prohibited practice, for example improper use of a physical restraint.

The following punitive approaches are prohibited:

- aversive practices (any practice which might be experienced by a person as noxious or unpleasant and potentially painful)
- overcorrection (any practice where a person is required to respond disproportionately to an event, beyond that which may be necessary to restore a situation to its original condition)
- denial of key needs (withholding supports such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports)
- Practices related to degradation or vilification (practices that are degrading or demeaning to the person; may be perceived by the person or their guardian as harassment are unethical)
- practices that limit or deny access to culture (actions that limit participation opportunities or access to community, culture and language, including the denial of access to interpreters)
- response cost punishment strategies (a punishment of a person by denying access to a positive item or activity because of the person's behaviour).

Examples of punitive approaches include:

- washing a person's mouth out with soap (aversive practice)
- making a person mop the whole floor if they throw their drink (overcorrection)
- telling a person that if they don't comply, they can't have a soft drink with lunch (response cost punishment)
- telling a person that they can't have a visit from their family member because of their behaviour (denial of key needs)
- taking away a person's phone as a punishment for behaviour (response cost punishment).

How to prevent the use of prohibited practices

It is important to safeguard people with disability against the use of prohibited practices by supporting people to recognise and prevent their use. Clear guidance relating to prohibited practices should be included in organisational policies and procedures.

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

- The provision of information on 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.
- Clear policies and procedures around prohibited practices, including identifying, reporting and responding to prohibited practices. This information should be accessible to people with disability, family members, carers, and staff.
- Staff recruitment processes designed to seek out people with values that reflect a contemporary understanding of supporting people with disability (e.g. person-centred approaches).
- A culture of service provision that has human rights principles and values embedded and as a central focus.
- Staff training, support and supervision to build skills and understanding around positive behaviour support, restrictive practices and prohibited practices.
- A safe atmosphere where staff are encouraged and feel comfortable to discuss and problem-solve around behaviour support and restrictive practices.
- Encouraging 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).

Contact information

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

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