



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



Information sheet for families on the authorisation of restrictive practices

This information sheet is for family members of people with disability 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](#) website.

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1 Introduction

The State Government is committed to working towards the reduction and elimination of the use of restrictive practices for people with disability in Western Australia (WA) and has endorsed:

- the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Services Sector; and
- the National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework (NDIS Framework).

Under the NDIS Framework, the State Government is responsible for establishing arrangements for the authorisation of regulated restrictive practices (also referred to as 'restrictive practices' for short throughout the Policy) in NDIS services in WA.

The Policy establishes the requirements for authorisation of restrictive practices in relation to people who are receiving disability services funded through the NDIS or by the State Government.

People with disability, their families, carers, and other significant persons who people with disability choose to share their life with, are pivotal in this process.

2 What are restrictive practices?

A restrictive practice is any type of support or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.

There are five types of restrictive practices that can be used under certain circumstances. These are referred to as 'regulated restrictive practices' (for detailed information, see the [Regulated restrictive practices in Western Australia](#) webpage, or the 'Definitions of regulated restrictive practices' information sheet listed on the [restrictive practices resources](#) page under 'Providers and Behaviour Support Practitioners'):

- Seclusion – confining a person to a room or area by themselves where they are not able, or they believe that they are not able, to leave.
- Chemical restraint – the use of medication or chemical substance for the primary purpose of influencing a person's behaviour (not for the purpose of treatment, or to enable treatment, of a diagnosed mental health condition or physical illness or condition).
- Physical restraint – use of physical force to prevent, restrict, or subdue a person's movement.
- Mechanical restraint – use of a device to prevent, restrict, or subdue a person's movement (does not include the use of devices for therapeutic or non-behavioural purposes).
- Environmental restraint – restricting a person's access to all parts of their environment (including items or activities).

Families do not require authorisation under the Policy to use a restrictive practice with their family member.

Regulated restrictive practices require authorisation under the Policy in order to be used by a service provider (referred to as an 'Implementing Provider') supporting a person with disability.

There are some practices that fall outside of the scope of the Policy and do not require authorisation as a regulated restrictive practice. These include:

- Prohibited practices – some restrictive practices can never be regulated as they simply should not be used. These include some types of physical restraint that can lead to harm or death. For more information, refer to the 'Prohibited practices' section on the [Regulated restrictive practices in Western Australia](#) webpage, or the 'Prohibited practices' information sheet listed on the [restrictive practices resources](#) page under 'Providers and Behaviour Support Practitioners'.
- Therapeutic or safety devices or practices – devices or practices used for therapeutic or safety reasons (if the person objects to the use of device or practice, it may be considered restrictive practice).
- Management of non-intentional risk – strategies to manage non-intentional risk behaviours that occur as a result of circumstances rather than serving a purpose for the person (e.g. involuntary physical movements).
- Court orders – practices that are in place as outlined in a court order.

The use of regulated restrictive practices should be aligned with the following principles:

- Be used only as a last resort in response to risk of harm, and after the Implementing Provider has explored and applied other evidence-based, person-centred and proactive strategies.
- Be the least restrictive option possible in the circumstances that ensures safety of the person and/or others.
- Reduce the risk of harm to the person and/or others.
- Be in proportion to the potential risk of harm to the person and/or others.
- Be used for the shortest possible time to ensure the safety of the person and/or others.

See the 'Principles guiding the use of regulated restrictive practices' information sheet (listed on the [restrictive practices resources](#) page under 'Providers and Behaviour Support Practitioners') for more detailed information about these principles.

3 Policy requirements

Use of a regulated restrictive practice by an Implementing Provider needs to be authorised according to the requirements in the Policy and requires ongoing monitoring and reporting to the NDIS Quality and Safeguards Commission (NDIS Commission).

Authorisation requirements from 1 May 2021 onwards (Stage two):

1. A behaviour support plan (BSP) developed by an NDIS Behaviour Support Practitioner.
2. A Quality Assurance Panel process.

Service providers need to work towards the reduction and/or elimination of the use of restrictive practices for a person with disability.

NDIS Behaviour Support Practitioners need to work together with the person with disability, families and service providers to explore alternative ways to support a person with disability to work towards reducing the use of restrictive practices.

Behaviour Support Plan (BSP)

As per the authorisation process under the Policy, a BSP is required when a restrictive practice is being used by an Implementing Provider.

If families themselves use restrictive practice(s) with their family member, authorisation is not required, however, NDIS Behaviour Support Practitioners may still need to document the use of restrictive practice(s) in a BSP that is submitted to the NDIS Commission as part of their requirements. For queries regarding this requirement, you may wish to speak to the Behaviour Support Team at the NDIS Commission via:

wabehavioursupport@ndiscommission.gov.au.

An NDIS Behaviour Support Practitioner needs to develop the BSP and include the person with disability, the person's family, carers, guardian, other service providers, and/or other relevant people in the person's life, in the process.

The NDIS Behaviour Support Practitioner needs to support the person, family, and other relevant people in the person's life to understand any restrictive practice(s) that may be included in a person's BSP and share information about the intention to include restrictive practice(s) in the BSP in an accessible way.

The person with disability, or the person's family or guardian, can choose the NDIS Behaviour Support Practitioner who develops the BSP.

Under the Policy, a BSP that includes a regulated restrictive practice implemented by a provider needs to include information that addresses the principles outlined on page 4 of this information sheet. The BSP must be reviewed at least every 12 months.

Quality Assurance Panel

The Implementing Provider is responsible for convening or accessing a Quality Assurance Panel that reviews each regulated restrictive practice that has been proposed within the person's BSP.

A Panel must have at least two decision-making members:

1. A Senior Manager or Delegate of the Implementing Provider with operational knowledge and relevant experience in behaviour support and restrictive practice.
2. An independent NDIS Behaviour Support Practitioner (who is external to the Implementing Provider and who did not write the BSP).

At the discretion of the Implementing Provider convening or accessing the Panel, family members and/or other relevant people, including the NDIS Behaviour Support Practitioner who wrote the BSP, may be invited to participate in the panel discussion, however they are not able to partake in decision making to approve or not approve the restrictive practice as part of the authorisation process.

The Panel's decision to approve a restrictive practice must:

- be supported by all decision-making Panel members
- specify how long the authorisation applies for (not exceeding 12 months)
- detail any conditions that are imposed as part of the approval
- be recorded in the Quality Assurance Outcomes Summary Report (see document listed on the [restrictive practices resources](#) page under 'Forms') and submitted to the NDIS Commission as evidence of authorisation.

In some cases, a Quality Assurance Panel may not feel satisfied with the information available regarding a regulated restrictive practice and the practice under consideration may not be approved or may be approved subject to certain conditions (e.g. approved for one month with actions to address). In these situations, it will be important that further consultation with the person, their family and/or other stakeholders, takes place, in order to re-consider the use of the restrictive practice(s) and/or to respond to actions or requests for additional information for consideration at a future Panel meeting.

4 Contact information

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

Email: ARP@communities.wa.gov.au

Phone: 08 6217 6888 or free call 1800 176 888

Voice relay: 1300 555 727

Teletypewriter (TTY): 133 677

SMS relay: 0423 677 767

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