



Information for families on the authorisation of restrictive practices

March 2026

Family members play an important role in making sure a person with disability is safe and supported well.

To help keep a person and those around them safe, sometimes a restrictive practice might be used. When this happens, it is important for everyone to work together to make sure the restrictive practice is used appropriately and safely.

The Authorisation of Restrictive Practice in Funded Disability Services Policy requires that when an NDIS funded or State-funded disability service provider (Implementing Provider) use a restrictive practice with disability, the restrictive practice must be authorised.

Authorisation aims to ensure the restrictive practice reduces the risk of harm to the person with disability or others.

Restrictive practices requiring authorisation

There are five types of regulated restrictive practices in disability services.

- **Seclusion** – is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.
- **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 a physical condition.
- **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 their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.



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- **Mechanical restraint** – is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes.
- **Environmental restraint** – involves restricting a person's free access to all parts of their environment, including items or activities.

The following practices do not require authorisation:

- Therapeutic or safety devices or practices – equipment or practices used for therapeutic or non-behavioural purposes. However, if a person objects to the use of the device or practice, it may be considered a restrictive practice.
- Strategies to manage non-intentional risk behaviour – strategies to manage involuntary behaviours that occur without serving a purpose for the person with disability (e.g. involuntary physical movements).
- Practices which are specified in Court Orders.

There are some practices that should never be used. These are called prohibited practices. These practices pose an unacceptable risk of harm to a person. If you think prohibited practices are being used, you can raise this with the Implementing Provider and/or Behaviour Support Practitioner (Practitioner).

Authorisation requirements

For a restrictive practice to be authorised, it needs to be included in a Behaviour Support Plan (BSP). A Quality Assurance (QA) Panel then reviews it and approves or does not approve the use of the restrictive practice.

Behaviour support plans

The BSP aims to improve a person's quality of life by developing strategies to better meet the person's needs. A Practitioner completes the BSP by working together with the person with disability, their carers/family members, and their paid supports. It is important that everyone, including the person at the centre of the plan, understands why a restrictive practice is being used and is involved in decisions about restrictive practices. A BSP needs to be reviewed at least every 12 months.

When a restrictive practice is included as part of a BSP, information should be included to address how the restrictive practice use meets the following principles:

1. Be used only as a last resort and after other strategies have been explored/trialled.
2. Be the least restrictive option while ensuring the safety of the person and/or others.
3. Reduce the risk of harm to the person and/or others.
4. Be in proportion to the potential risk of harm to the person and/or others.
5. Be used for the shortest possible time.



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Quality Assurance Panel

The Implementing Provider is responsible for organising the QA Panel. The QA Panel reviews all restrictive practices that have been included in a person's BSP. A QA Panel must have at least two decision-making members:

1. A Senior Manager (or their delegate) who has a good understanding of Positive Behaviour Support and who is employed by the Implementing Provider.
2. A Practitioner who did not write the BSP and who is not employed by the Implementing Provider.

Other people may be invited to join the QA Panel as non-decision-making members such as the person who the plan is about, their families/carers, the Practitioner who wrote the BSP and any other important people in the person's life.

For a QA Panel to authorise the use of a restrictive practice, a plan which outlines the steps to reduce and eliminate the use of the restrictive practice over time is required.

The authorisation of a restrictive practice is for a specified length of time and cannot exceed 12 months.

A QA Panel Outcome Summary Report records the outcome of the QA Panel meeting. QA Panel attendees can ask the Implementing Provider for a copy of the QA Panel Outcome Summary Report.

If there are concerns about the QA Panel decision/s, they can be raised with the Implementing Provider in the first instance and then with the Department of Communities if the concerns are unable to be resolved with the Implementing Provider.

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Contact information

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

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