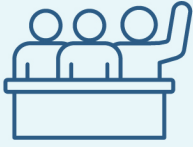




ARP Bulletin 19



Our rules about restrictive practices

What you need to know about our policy: Authorisation of Restrictive Practices in Funded Disability Services Policy

Easy Read bulletin

Issue 19: July 2026



How to use this bulletin



We are the Government of Western Australia
Department of Communities (the Department).

We wrote this **bulletin**.



A bulletin is important news we share with
the community.

Bold
Not bold

We wrote some words in **bold**.

We explain what these words mean.

There is also a list of these words on page **24**.



You can ask someone you trust for support to:

- read this bulletin
- find more information.



This is an Easy Read summary of another bulletin.
It only includes the most important ideas.



You can find our other bulletins on our website.
www.wa.gov.au/government/document-collections/authorisation-of-restrictive-practices-resources

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About our bulletins



Restrictive practices are actions that stop people from:

- moving
- doing what they want.



We wrote a **policy** so everyone knows what rules we have about restrictive practices.

A policy is a government plan for how to do things.



We call it the Authorisation of Restrictive Practices in Funded Disability Services Policy.



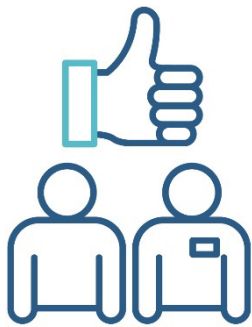
Sometimes **providers** use restrictive practices to keep people safe.

A provider supports people with disability by delivering a service.

We wrote our bulletins to share information about:



- our policy



- research about **positive behaviour support**.

Positive behaviour support is about supporting a person with disability to live a good life.

Positive behaviour support is about working together to:



- understand someone's behaviour
- meet their needs
- provide the right support to them.

What is seclusion?



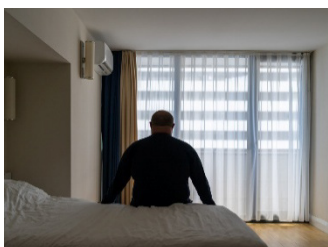
In this bulletin, we talk about **seclusion**.

Seclusion is when someone is made to stay alone in a room or a space.

This includes when they:



- can't leave
- or
- feel like they can't leave.



For example, if a provider sends a person to a room where they:

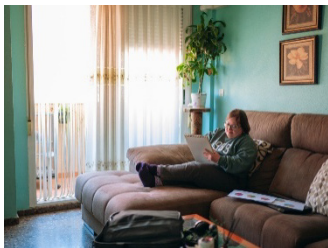
- are alone
- can only leave when they behave a certain way.



It's also seclusion when a provider locks themselves in a room away from the person.

This means the person:

- is alone in the rest of the house
- can't leave.



It's not seclusion when a person:

- chooses to be alone in a room or space
- can leave the room at any time.



Seclusion is a type of restrictive practice.

Rules providers must follow about seclusion



Providers must follow rules in our policy to use seclusion.



Providers must only use seclusion if someone shows **behaviours of concern**.



Behaviours of concern are things someone does that might put:

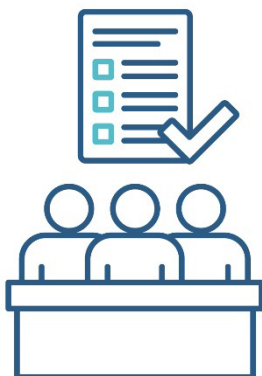
- themselves in danger
- other people in danger.



Providers must make sure seclusion has been included in the person's **behaviour support plan**.



A behaviour support plan is a document that explains what support a person needs.



A **Quality Assurance Panel** is a group of people who must:

- check a behaviour support plan
- decide if the restrictive practice can happen
- follow the rules in our policy about restrictive practices.

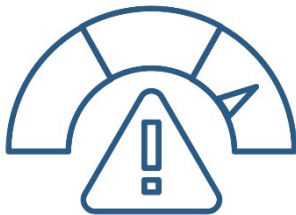
A Quality Assurance Panel will make sure providers:



- have tried better ways to support a person before using seclusion



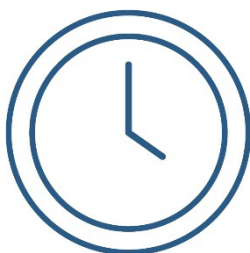
- only use seclusion when it's the least restrictive practice to keep people safe



- only use seclusion when it lowers the risk of harm to people



- only use seclusion when it doesn't cause more harm than the behaviour

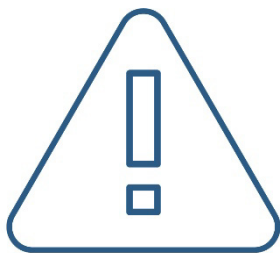


- only use seclusion for the shortest time possible.

What a provider needs to think about



Providers must think about how seclusion affects a person before they use it.



Seclusion can cause more harm to a person that has experienced **trauma**.



Trauma is the way a person feels about something bad that happened to them.

For example, they might feel very scared or stressed.

Trauma can affect a person for a long time.



Providers should:

- listen to what the person needs
- understand how to support the person.

This will help providers:



- understand how seclusion affects the person



- try other ways to manage behaviour before they use seclusion



- stop or use less seclusion.

Getting ready for a Quality Assurance Panel



There are some documents people need to have to get ready for a Quality Assurance Panel.



This includes reports from past Quality Assurance Panel meetings.

We call these reports an 'Outcome Summary Report'.

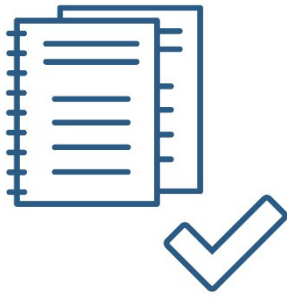


These reports have information about decisions a Quality Assurance Panel has made.



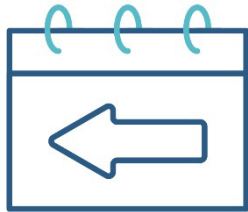
This includes information about:

- why they made their decision
- what they suggest.



The provider who will run the meeting needs to make sure people have the documents they need.

This includes past Outcome Summary Reports.



The provider needs to do this before the meeting.



The previous reports support the Quality Assurance Panel to make new decisions.



There must only be one report written about the person with disability.

The provider will write this report after the meeting.



All Outcome Summary Reports must follow the template on our website.

www.wa.gov.au/organisation/department-of-communities/quality-assurance-panels

Working together to use less restrictive practices

The best way for providers to use positive behaviour support is to work with:



- the person with disability



- their family



- their support workers



- other people that know them well.



Working with these people can help everyone:

- understand what the person wants and needs
- give the person the right support.



This includes **behaviour support practitioners**.



Behaviour support practitioners work with a person to create a behaviour support plan.



They follow the rules in our policy about restrictive practices.

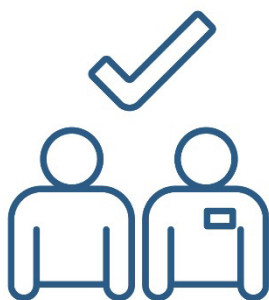


Some behaviour support plans might include restrictive practices.



These plans must support our 5 **principles** for each restrictive practice.

Principles are important ideas that guide us.



1. Providers must try better ways to support a person before using a restrictive practice.



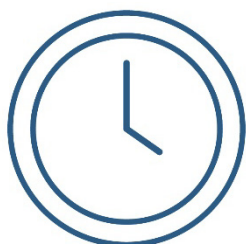
2. Providers must only use the least restrictive practice to keep people safe.



3. Providers must only use a restrictive practice that lowers the risk of harm to people.



4. Providers must only use a restrictive practice that doesn't cause more harm than the behaviour.



5. Providers must only use a restrictive practice for the shortest time possible.

Plans to stop or use restrictive practices less



Behaviour support plans need to include information about how a provider will:

- stop using restrictive practices
- use restrictive practices less over time.

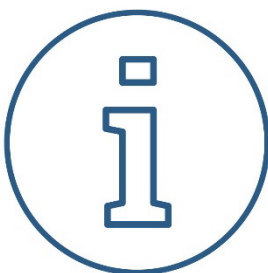


Behaviour support practitioners must work with the person and their support team.

They must work together to understand:



- what the person wants

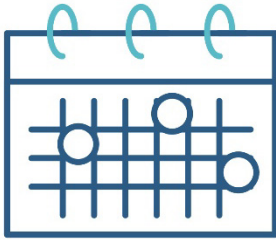


- what information they need to collect before they can use a restrictive practice less



- when to start using the restrictive practice less.

For example, information about:



- how often the provider uses the restrictive practice



- what other supports the provider uses



- when behaviours of concern happen.



Behaviour support practitioners should work with the support team to decide who will:

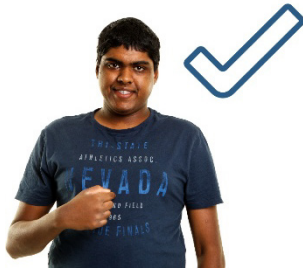
- collect the information
- check the information.



Making a plan makes it safe for everyone when the restrictive practice is used less.

Working in ways to support what a person needs

It's important providers and behaviour support practitioners:



- meet the needs of the person with disability



- stop or use less restrictive practices



- make sure staff can take part in meetings about the information they collect.



It's also important that everyone respects the **rights** of people with disability.



Rights are rules about how people must treat others:



- fairly
- equally.

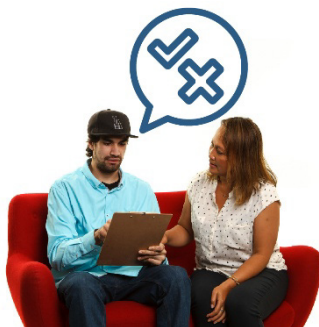
It's also important that a person's support team:



- supports people with disability to live a good life



- uses **supported decision-making**.



Supported decision making is when someone supports a person with disability to make important decisions about their life and how they live.

More information

You can contact us if you have questions or want to share your thoughts.



You can call us.

1800 176 888



You can also email us.

arp@communities.wa.gov.au



The National Relay Service

Speak and Listen

1300 555 727

SMS relay number

0423 677 767



Teletypewriter (TTY)

133 677

Word list

This list explains what the **bold** words in this document mean.



Behaviour support plan

A behaviour support plan is a document that explains what support a person with disability needs.



Behaviour support practitioners

Behaviour support practitioners work with a person to create a behaviour support plan.

They follow the rules in our policy about restrictive practices.



Behaviours of concern

Behaviours of concern are things someone does that might put:

- themselves in danger
- other people in danger.



Bulletin

A bulletin is important news we share with the community.



NDIS Quality and Safeguards Commission (NDIS Commission)

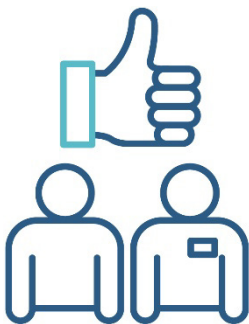
The NDIS Commission makes sure people with disability who take part in the NDIS:

- are safe
- get good services.



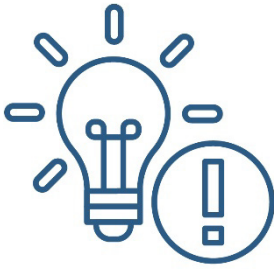
Policy

A policy is a government plan for how to do things.



Positive behaviour support

Positive behaviour support is about supporting a person with disability to live a good life.



Principles

Principles are important ideas that guide us.



Providers

Providers support people with disability by delivering a service.



Quality Assurance Panel

A Quality Assurance Panel is a group of people who must:

- check a behaviour support plan
- decide if the restrictive practice can happen
- follow the rules in our policy about restrictive practices.



Restrictive practices

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- moving
- doing what they want.



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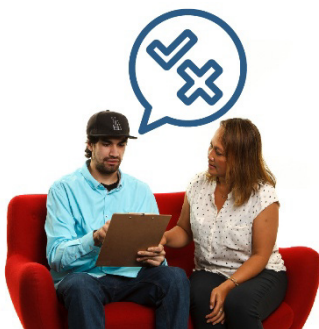
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Trauma



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For example, they might feel very scared or stressed.

Trauma can affect a person for a long time.



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