

Authorisation of Restrictive Practices

November 2025



“I was locked in my home. It made it like a gaol.” - CID member

Goal: For people with intellectual disability to have maximum say and freedom in their lives with strong safeguards that minimise the use of restrictive practices.

What CID wants

The NSW Government is making a law about authorisation of restrictive practices. We want this law to:

1. Establish an independent **Senior Practitioner** who promotes good practice and improved skills in behaviour support via education.
2. Promote the practice of **Supported Decision Making principles** so people with intellectual disability can make their own decisions about restrictive practices.
3. Require the authorisation of major restrictive practices by the **Senior Practitioner** and by a **multi-member panel of NSW Civil and Administrative Tribunal (NCAT)** for the most intrusive practices.
4. **Safeguard against conflicts of interest** and ensure that service providers cannot authorise restrictive practices.
5. Set out a framework to **promote consistent good practice** across all service systems, with a focus first on specialist disability services.

Where things stand

- A **restrictive practice** is “any action, approach or intervention that has the effect of limiting the rights or freedom of movement of a person” (DRC Restrictive practices Issues paper, 2020).
- Disability service providers are largely untrained in positive behaviour support and supported decision making, resulting in the use of restrictive practices.
- Inadequate consideration and funding of wrap-around support and strategies to reduce restrictions means that people with intellectual disability are often subjected to unnecessary restrictive practices that remove their choices and autonomy. This leads to decreased capacity and increases psychosocial risk.
- Restrictive practices in disability services require two steps for authorisation: first by a service provider panel, then consent by the person or their guardian appointed by NCAT.
- Decision making rights are being eroded by an increase in Tribunal-appointed substitute decision makers with a restrictive practices authority.
- Some restrictive practices impact a person’s rights much more than others, but all restrictive practices currently need the same level of authorisation. For example, the same formal processes apply to locking away cleaning fluid as does major medication to control a person’s behaviour. This causes strain on the system.
- Other pressures include large caseloads for service providers and decision makers. Service providers need guidance and support on how to approach supporting reasonable risk while balancing appropriate safeguards for people. A senior practitioner can help guide good practice.
- The **Disability Royal Commission** (DRC) highlighted a need for much greater scrutiny around the use of restrictive practices, and recommended changing to a Senior Practitioner Authorisation model, which the NSW Government plans to do.

Case study

Taylor is 26 years old and has an intellectual disability. He has been living in a group home with two other residents for three months. The house is always locked for the safety of another resident.

Taylor has not been happy since moving in and keeps running away from his day program, so he doesn't have to return to the group home. As a result, Taylor is no longer allowed to leave the day program to get lunch, a restrictive practice that makes Taylor very distressed.

Sarah, Taylor's Positive Behaviour Practitioner, speaks to Taylor about how he is feeling. At first, Taylor is too sad to talk, but after a few sessions, he tells Sarah that he doesn't like living in his group home. Because staff aren't always available to open the back door, he cannot play basketball when he wants to. He also shares that other residents keep entering his bedroom without his permission at the house, and that he loved going to the shops, but misses his friends now that he can't go because of the restrictive practice at his day program.

Sarah asks Taylor how things could be better. Taylor says he should be able to go into the backyard whenever he wants to. Sarah asks Taylor if he would also feel better if he could lock his room, and Taylor says yes. Sarah asks if he would be happy in his new home if those two things could happen. Taylor agrees. Sarah works with Taylor and the staff to enact these changes. Now that things are better at home, Taylor has not attempted to run away from work, and he is able to go to the shops again.

☑ CID's key achievements

- For 50 years, CID has been promoting the use of positive behaviour support and strict controls on the use of restrictive practices.
 - CID partnered with Flinders University to develop an online resource called **Deciding with Support**, which provides information and tools to help people make decisions about their behaviour support plans. The resource is for people with behaviour support plans, support people, service providers, and behaviour support practitioners.
 - CID has a **Supported Decision Making Information Hub** to help build skills, decision making ability and autonomy.
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📌 Where to from here

CID will continue working with the Government to create a fairer restrictive practices system that is underpinned by supported decision making principles, seeks consent, and educates the disability sector.

“People with disability and older people are sometimes given medication to control them. We need good health care and good support, not more medicine”. CID Health Project Worker