

## Fact Sheet: When can restrictive practices be used in residential aged care and home care?

This Fact Sheet will provide information on restrictive practices for people receiving funded aged care services in an aged care facility or home and community setting in Victoria, under the [Aged Care Act 2024 \(Cth\)](#) (**Aged Care Act**). The Aged Care Act will come into force on 1 November 2025.

A restrictive practice is a practice or intervention that restricts a person's rights or freedom of movement, and includes the use of medications, devices or physical force. The restrictive practice obligations of aged care providers in an aged care facility (**Residential Provider**) differ to those providing services in a home or community setting (**Home Care Provider**).

This Fact Sheet will summarise the different types of restrictive practices, the obligations of Providers, and the law in Victoria on who can consent to a restrictive practice.

## What does a restrictive practice look like?

There are five types of restrictive practices:

1. **Chemical Restraint** is the use of medication or a chemical substance for the primary purpose of controlling a person's behaviour. Chemical restraint does not include medication for a diagnosed mental or physical conditions and illnesses, or end of life care. An example of a chemical restraint is giving a person a sedative to control their behaviour.
2. **Physical Restraint** is the use of physical force to prevent, restrict or subdue movement of a person's body, or part of a person's body for the primary purpose of controlling a person's behaviour. It does not include the use of a hands-on technique in a reflexive way to guide or redirect the person away from potential harm or injury if it could reasonably be considered to be the exercise of care towards the person. Examples could include physically blocking a person's access to an area or restraining a person to give medication.
3. **Mechanical Restraint** is the use of a device to prevent, restrict or subdue a care recipient's movement for the primary purpose of controlling a person's behaviour. Mechanical devices primarily used for approved medical, therapeutic or non-behavioural purposes, such as wheelchairs to increase mobility, or splints or casts for injuries, are not restraints. Examples of mechanical restraints include belts or harnesses that restrict a person's movement.
4. **Environmental Restraint** involves restricting a person's free access to all parts of their care environment (including items and activities) for the primary purpose of controlling a person's behaviour. Examples of environmental restraint include restricting a person from accessing rooms in their home, locking away a mobile phone, or preventing a person from watching TV.
5. **Seclusion** involves the solitary confinement of a person in a room or a physical space where voluntary exit is prevented or not facilitated, for the primary purpose of controlling a person's behaviour. Examples of seclusion include locking a person in their room, directing a person to a specific area where the person believes they are not allowed to leave, or leaving a person in an area where the person is unable to leave and is left on their own.

For more information, please see our full collection of Fact Sheets on Restrictive Practices, [here](#).

# Checklist of Residential Provider Obligations

## **A Residential Provider can only use a restrictive practice if;**

- ☐ it is used as a last resort to prevent harm to the Resident or other persons
- ☐ alternative strategies are considered and used to the extent possible
- ☐ it is used only to the extent that it is necessary and in proportion to the risk of harm, and for the shortest time necessary to prevent harm;
- ☐ it complies with the Resident's Behaviour Support Plan, any other care plans, the Aged Care Quality Standards, and the Charter of Aged Care Rights
- ☐ informed consent to its use has been obtained, except in an emergency.

**Restrictive Practice Substitute Decision Making:** A decision to use a restrictive practice requires informed consent from the Resident, or their Restrictive Practices Substitute Decision Maker (**RPSDM**) if it has been determined that the Resident cannot make their own decisions. In Victoria, there is an order of persons who can be RPSDMs and a process for their appointment. For more information [view our Fact Sheet on RPSDMs](#).

**Emergency:** In an emergency, informed consent and compliance with the Behaviour Support Plan are not required, however the Resident's RPSDM must be informed as soon as practicable after the emergency. The restrictive practice used must be in the least restrictive form and for the shortest time possible.

If a Residential Provider uses **physical, mechanical, environmental restraint or seclusion**, they must be satisfied that a **health practitioner** with day-to-day knowledge of the Resident has;

- ☐ assessed the Resident as posing a risk of harm to themselves or any other person; and
- ☐ assessed that the use of the restrictive practice is necessary.

For the use of **chemical restraint**, a **medical practitioner** must make the above assessments.

## **The Residential Provider must document:**

- ☐ Behaviour and assessments relevant to the use of restrictive practice;
- ☐ Alternative strategies that have been considered or used;
- ☐ Duration, frequency and intended outcome of the restrictive practice, and how it is to be monitored;
- ☐ Any engagement with persons, other than the health or medical practitioner, in relation to the use or assessment of the restrictive practice;
- ☐ A record of the informed consent from the Resident or their restrictive practices substitute decision maker

## **While a Restrictive Practice is being used, the Residential Provider must:**

- ☐ monitor and review the use of the practice and document the review in the Behaviour Support Plan;
- ☐ monitor the Resident for signs of distress or harm, changes in mood or behaviour, including ability to engage in activities and to maintain independent function (to the extent possible);
- ☐ consider if appropriate alternative strategies can be used, or changes to the environment could be made, for the restraint to be reduced or stopped; and
- ☐ provide information about the effects and use of the chemical restraint to the prescribing practitioner - if the restrictive practice is chemical restraint.

## Requirements of a Home Care Provider when using a restrictive practice

A Home Care Provider can only apply a restrictive practice when;

- ☐ the use of the restrictive practice is included in the person's Care and Services Plan; and
- ☐ the use of the restrictive practice is in accordance with the information provided in the Care and Services Plan.

Details about the use of the restrictive practice must be documented by the Home Care Provider as soon as practicable after its use.

**A Care and Services Plan** is a written document that must be prepared by the Home Care Provider in consultation with the individual, the individual's supporters (if any), and any other persons involved in the care of the individual. It outlines the person's personal and clinical care requirements, including:

- a) the circumstances in which the restrictive practice may be used including the behaviours of concern, and,
- b) the manner in which the restrictive practice is to be used, including its duration, frequency and intended outcome.

While not mandatory, a Home Care Provider may also have in place a Behaviour Support Plan, which may contain information on the person's care needs in relation to restrictive practices.

A Home Care Provider that uses a restrictive practice not in accordance with the Care and Services Plan must report the incident to the Aged Care Quality and Safety Commission.

### **Legal remedies for unlawful restrictive practices**

- Unauthorised use of a restrictive practice may be considered assault or false imprisonment and may give rise to civil or criminal actions in severe cases.
- A person may seek an injunction from the courts to prevent the restraint from happening or continuing.

### **What can you do if you or someone you know is being restrained inappropriately?**

- Make a complaint to the home care provider.
- Make a complaint to the [Aged Care Quality and Safety Commission](#) (ACQSC).
- Contact [ACJ](#) if you are unsure of your rights for a free legal consultation.

## **Contact Aged Care Justice if you would like a free legal consultation:**



**Email:** [info@agedcarejustice.org.au](mailto:info@agedcarejustice.org.au)

[Complete Get Help Form](#)

**Website:** [www.agedcarejustice.org.au](http://www.agedcarejustice.org.au)

**DISCLAIMER:** This fact sheet is for general information purposes only and does not represent legal advice. As it is not intended to be comprehensive in relation to the topic, other inclusions or exemptions may apply. The law and policy referred to in this document was in force on 01/07/2025.