

RESTRICTIVE PRACTICES PLANNING PROCEDURES

Implementation document for the Restrictive Practices Reduction and Elimination policy

Policy document number: PD-2022-0478-01-V01.0.0

Implementation date: 23 January 2023

Applicable from: 23 January 2023

Contact: Director, Disability Strategy

Email: Correspondence-DisabilityStrategy@det.nsw.edu.au

The Restrictive Practices Policy is not in force and this document is subject to change

Document history

Version	Date	Description	Approved by
1.0.0	23/01/2023	First publication	Deputy Secretary, Learning Improvement

The Restrictive Practices policy is not in force and this document is subject to change

Contents

1	Definitions.....	4
2	Overview	5
2.1	Purpose of this document.....	5
2.1.1	Policy support.....	5
2.1.2	Behaviour and learning support	5
2.2	Legal context	5
2.3	Consultation and consent for the use of restrictive practices	6
2.3.1	Consultation	6
2.3.2	Consent.....	6
2.3.3	Record keeping for consultation and consent.....	7
2.3.4	Complaints	7
2.4	Planning to use restrictive practices	7
2.4.1	Medical and specialist advice.....	7
2.4.2	Decision-making principles	8
2.4.3	Whole-school planning.....	8
2.4.4	Emergency or crisis response planning for individual students	9
2.4.5	Planning the use of restrictive practices and record keeping.....	9
2.4.6	Transition planning.....	10
2.4.7	Restrictive practices planning checklist.....	10

The Restrictive Practices policy is not in force and this document is subject to change

1 Definitions

Behaviours of concern – These are challenging, complex or unsafe behaviours that requires more persistent or intensive interventions. Behaviours of concern include behaviour unsafe to the student, staff or other students, or behaviour that puts the student or others at risk of psychological or physical harm. It does not include low-level, developmentally appropriate behaviours, such as testing boundaries and rules, which can be redirected and minimised through universal behaviour support strategies. Behaviours of concern require intensive and individualised interventions in addition to targeted and universal strategies. See the [care continuum](#).

Decision-making principles – The use of restrictive practices in all NSW public schools, school-related activities (including excursions, cultural activities, sporting and social events) and students using the Assisted School Travel Program must be guided by the following 6 decision-making principles – student-centred, least restrictive, for the shortest time, helping to reduce and eliminate restrictive practices, monitored, and reviewed regularly.

Individual student support plan – Schools may have a range of individual plans for different needs that cover behaviour, support or potential risks. These plans will specify a range of evidence-based, student-centred and proactive strategies that focus on the individual needs of the student in different circumstances.

Prohibited practices – Practices that must never be used in schools because they interfere with basic human rights, are unlawful and unethical in nature, and are incompatible with the NSW disability principles as outlined in the [Disability Inclusion Act 2014](#). Schools should refer to the [Restrictive Practices Reduction and Elimination policy](#) for a list of prohibited practices.

Restrictive practices – A restrictive practice is any action that has the effect of restricting the rights or freedom of movement of a person, with the primary purpose of protecting the person or others from harm. There are 5 categories of restraint – seclusion, chemical, mechanical, physical and environmental. For more information, see the department's [Restrictive Practices Framework \(PDF 6 MB\)](#).

Universally safe assets and infrastructure – Universally safe assets and infrastructure are standard security or health and safety practices and are appropriate in all school settings. Some universally safe assets and infrastructure might be restrictive; however, they align with normal community standards. Universally safe assets and infrastructure have some or all of the following characteristics – they reflect the provision in all school settings, the area is not considered part of the student's school environment, and/or the area presents a significant risk of injury or illness. Schools must make sure they only use these practices for the purposes set out in the [Environmental Restraints Planning Procedures \(PDF 425 KB\)](#) (Appendix A).

2 Overview

2.1 Purpose of this document

This document supports the implementation of the [Restrictive Practices Framework \(PDF 6 MB\)](#) and [Restrictive Practices Reduction and Elimination policy](#). It provides guidance for schools and government preschools planning the use of all restrictive practices where necessary and outlines the additional requirements for environmental restraint (see the [Environmental Restraints Planning Procedures \(PDF 425 KB\)](#) for more information).

2.1.1 Policy support

The [Restrictive Practices Staff Directory](#) is a resource for schools to access advice from different teams across the department to support their implementation of the [Restrictive Practices Framework \(PDF 6 MB\)](#) and [Restrictive Practices Reduction and Elimination policy](#). This may include advice on duty of care or consent, compliance, risk management, planning and using restrictive practices, and reporting.

2.1.2 Behaviour and learning support

Principals, teachers and school staff can access expertise and assistance to support the individual needs of children and young people. The department, along with some external agencies, have a range of services school staff can access, including from:

- School-based Learning and Support teams
- Delivery Support teams
- the Specialist Allied Health and Behaviour Support Scheme
- Aboriginal Education and Wellbeing Officers.

A child or young person may require different types of intervention delivered in different ways along the care continuum – from universal, to early intervention, to targeted individual support – to best meet their needs. This may include the use of restrictive practices. Restrictive practices should also be considered as a continuum, with the use of restraints ranging from least restrictive to most restrictive. For more information, see the [care continuum](#) and care continuum resources.

2.2 Legal context

As a department, we want to reduce and eliminate the inappropriate and unnecessary use of restrictive practices, wherever possible. This goal is consistent with the United Nations Convention on the Rights of the Child and the United Nations Convention on the Rights of Persons with Disabilities. This is because restrictive practices impinge on the rights and freedoms of children and young people, even if they are necessary to keep them safe.

It is vital that any school use of restrictive practices is informed, so that we continue to protect the rights of children and young people, in balance with the safety of students, staff and others.

Schools have a duty to:

- take reasonable steps to reduce the risk of reasonably foreseeable harm to students in accordance with their legal duty of care
- ensure the health, safety and welfare of employees and other people in the workplace in accordance with obligations under the [Work Health and Safety Act, 2011](#).

While the use of restrictive practices may be necessary in some circumstances to meet this duty, schools must have a lawful purpose for using such practices.

2.3 Consultation and consent for the use of restrictive practices

2.3.1 Consultation

If a restrictive practice has been recommended or prescribed, schools must work with parents and carers, and the student wherever possible, to understand when the restraint should be used, including the length of time, and how to use it safely and effectively to meet the student's needs at school.

Consultation means providing parents/carers and students with an opportunity to express their views. This includes providing context to incidents, sharing information about their child's needs and having input on the strategies outlined in individual support plans.

Consultation does not mean that parents/carers or students can make decisions that don't align with the health and safety needs of the whole school or enforce any of their own risk management strategies.

Based on the consultation, schools will need to document when and how the restrictive practice will be used, in line with the advice from the external medical practitioner, allied health professional or external behaviour support practitioner. This could include documenting the practice in an individual student support plan, see [section 2.4.5](#). See the [Environmental Restraints Planning Procedures \(PDF 425 KB\)](#) for more information on consultation requirements for environmental restraints.

If a school is unable to obtain relevant advice or information for the use of a restrictive practice, and believes that the planned restrictive practice is required, the school should contact [Legal Services](#) for advice.

2.3.2 Consent

Once the school has documented how the restrictive practice will be used, parents and/or carers must review the plan and provide their consent to the restrictive practice being used in the way it is documented. Schools cannot use the restrictive practice until parents and/or carers have given their consent.

Consent given must be:

- voluntary – the consent must be an expression of genuine choice about whether to give or withhold consent, and without pressure or coercion
- informed – all relevant information must be given to the student and parent and/or carer in a format they understand (including the nature of the risk, proposed restraint and circumstances of use)
- specific – consent must be specifically sought for each type of restraint
- current – consent must be obtained each time the plan is reviewed.

To ensure consent is current, schools need to consider a range of factors including:

- what type of restrictive practices is being used
- whether the restrictive practice is being used as it was planned, agreed and consented to, in line with the 6 principles for decision-making
- the effectiveness of the practice and whether its use could be reduced or eliminated
- any changes to the student's circumstances, for example, new advice from treating medical practitioners
- how often the relevant practice should be reviewed.

Consent is not required in an emergency or crisis situation if schools are responding to a real or immediate risk of injury or harm to the student or others. If a school is unable to obtain parent and/or carer consent for the use of a restrictive practice, but believes that the planned restrictive practice is required, and all other behaviour strategies have been used, the school should contact [Legal Services](#) for advice.

2.3.3 Record keeping for consultation and consent

Schools must keep detailed records of where consultation has occurred and that consent has been obtained. It is considered best practice that the parent and/or carer sign the plan where the restrictive practice is recorded. However, consent can also be given verbally. If verbal consent is obtained, schools should take detailed notes of the meeting and ensure the documentation is dated.

Schools should keep records of consultation, consent and any plans, in line with existing requirements. This means that records need to be retained until a student reaches the age of 25 or a minimum of 7 years after the student leaves the school.

Effective record keeping practices include:

- keeping records of meetings held at school to plan for and review the use of restrictive practices involving teachers, students, parents/carers, other specialist staff and professionals, such as learning and support team meeting records or in parent/carer communication books/toolkits
- keeping records of any discussions with parents/carers, the student and/or specialist staff about the use of restrictive practices, including review meetings
- keeping records and documentation of behaviour support responses and interventions
- keeping planning documentation for students who require the use of a restrictive practice
- documenting risk management plans
- documenting decisions made, the reasons for those decisions and processes followed
- keeping records of any consultation, or attempts at consultation, with students, parents and carers, and external agencies to discuss a student's behaviour, including parent-teacher interviews
- capturing consent in relevant student plans or in documentation kept with the plan.

2.3.4 Complaints

Principals must ensure students and parents and/or carers can access appropriate complaint processes and that complaints relating to restrictive practices are handled promptly, in line with the [Complaints Handling policy](#).

2.4 Planning to use restrictive practices

Restrictive practices can only be used if they have been recommended or prescribed by an external medical practitioner, allied health professional and/or external behaviour support practitioner and with consent from the student's parents/carers. In some cases, an environmental restraint can only be used if it has been authorised by the Executive Director, School Performance. See the [Environmental Restraints Planning Procedures \(PDF 425 KB\)](#) for more information.

2.4.1 Medical and specialist advice

In line with the [Student Health in NSW Public Schools policy](#), parents and/or carers need to convey advice and information from an external medical practitioner, allied health professional or external behaviour support practitioner to the school. In most cases, this can be done either verbally or by providing written records or reports.

[Written request \(DOCX 74 KB\)](#) is required for the use of chemical restraints. Medication must be provided to the school in a pharmacy labelled container, in line with the department's [administering medication guidelines](#). Schools must ensure the label includes the student's details, the name of the prescribing doctor and pharmacy, date and the dosage.

Schools should also make sure that a review date has been set by the external medical practitioner, wherever possible. Schools can then use this information to document how the chemical restraint will be used.

If a student requires the use of a planned physical or mechanical restraint, including the use of mobility or postural support, devices, aids or equipment, it is essential that schools understand how to use the restraint safely.

Schools should seek additional information from parents and/or carers if they have further questions around why a restraint has been prescribed or recommended or how it should be used. In some cases, it may also be appropriate for schools to consult directly with the student's external medical practitioner, allied health professional and/or external behaviour support practitioner, if consent has been obtained from the parents and/or carers to do so.

2.4.2 Decision-making principles

The role of the school is to use the 6 principles in the [Restrictive Practices Framework \(PDF 6 MB\)](#) to guide the safe and effective planning and use of a restrictive practice in a school context. The principal, or their delegate, should monitor the use of restrictive practices in their school to ensure that they are being used safely and in line with the 6 principles.

In line with the Restrictive Practices Framework, the use of restrictive practices must be:

- student-centred, and consider the needs of the individual student to ensure the practice is culturally, developmentally and age appropriate
- the least restrictive option
- used for the shortest possible time
- reduced or eliminated, wherever possible
- monitored
- reviewed regularly to ensure practices are necessary, effective and in line with the decision-making principles, national laws, and additional regulations that apply to children in department preschool classes.

Using these principles can involve different levels of decision-making in schools, from planning for individual needs to reviewing school or system-wide procedures and how to use their school environment to best meet the needs of their students.

Schools must:

- plan the use of restrictive practices in consultation with parents and/or carers, support staff or specialists, as needed, and with the student where possible
- document the use of restrictive practices
- only use restrictive practices in the way they were recommended or prescribed by an external medical practitioner, allied health professional and/or external behaviour support practitioner.

2.4.3 Whole-school planning

It may be necessary for some schools to include the use of some types of restrictive practices in their [Work Health and Safety Management Action Plan \(DOCX 196 KB\)](#), found on the [WHS Management Program](#) page. This will support schools to prioritise, plan and implement safety requirements, where restrictive practices are needed, or are potentially needed, to maintain the health and safety of the whole school community.

Schools may also use their [School Behaviour Support and Management Plan \(PDF 120 KB\)](#) to document the use, or potential use, of restrictive practices as part of the whole-school approach to supporting behaviour, across the care continuum. A whole-school approach to planning restrictive practices, where necessary, will support schools to take a strategic and integrated behaviour management approach, while balancing the health and safety needs of the whole school community.

This will also ensure all staff understand the school's procedures for using restrictive practices appropriately, as well as how to respond in an emergency or crisis.

Depending on the health and safety needs of the students and staff, this may include:

- specialist equipment and/or supports such as hoists or lifts, that are used by multiple students (mechanical restraints)
- the use of internal fences, gates or locks that are not considered universally safe assets or infrastructure, which are used for the purposes of health and safety
- the use, or potential use, of seclusion or physical restraint as a crisis response.

These practices may be necessary to meet the needs of a student or students who are currently enrolled. However, schools should engage in an ongoing review process to assess the ongoing need for these practices and ensure less restrictive strategies and interventions are also in place. Schools should ensure these practices and procedures are communicated to parents and carers.

Whole-school planning must be undertaken, in line with the [6 decision-making principles](#), as well as relevant departmental policies and procedures and staff training.

The use of whole-school restrictive practices must be included in planning for individual students. This will ensure the use of whole-school restrictive practices for individual students is student-centred and safely and effectively meets their individual needs. Consultation and parent and/or carer consent is also required, in line with the guidance for planning in [section 2.3](#) and [section 2.4.5](#).

2.4.4 Emergency or crisis response planning for individual students

An individual [Risk Management Plan \(DOCX 202 KB\)](#) or [Behaviour Response Plan \(PDF 180 KB\)](#) should be used if a student's behaviour frequently escalates to a crisis point and interferes with the safety of staff, the student themselves and those around them. The plan will guide the actions of others to respond consistently, to reduce the distress of the individual student and to keep everybody safe. The use of strategies, including seclusion, physical restraint and physical intervention, as a crisis response, must be student-centred and consistent with relevant whole-school plans (see [section 2.4.3](#)), departmental policies and procedures and staff training.

2.4.5 Planning the use of restrictive practices and record keeping

Schools must have evidence they have planned, consulted and have consent for the use of a restrictive practice for individual student. Schools can make decisions about where to document restrictive practices, depending on the type of restrictive practice being planned.

Examples of individual student support plans that could include the use of restrictive practices are [Individual Behaviour Support Plan \(DOCX 105 KB\)](#) or [Behaviour Response Plan \(PDF 180 KB\)](#), [Personalised Learning and Support Plan](#), [Individual Health Care Plan \(DOCX 67 KB\)](#), [Student Management Plan](#) (prescribed by a treating medical team), [Attendance Plan \(PDF 453 KB\)](#) and [Risk Management Plan \(DOCX 202 KB\)](#). Schools must use the Restrictive practices planning checklist to support planning (see [section 2.4.7](#) for more information).

Schools need to document:

- advice from the external medical practitioner, allied health professional and/or external behaviour support practitioner
- parent and/or carer consultation and consent
- when the restrictive practice is used and for how long
- the less restrictive strategies that have been tried and/or are being used as well
- which staff are trained to use the restrictive practice
- how the restrictive practice will be monitored when in use and afterwards
- the date set to review the ongoing use of the restrictive practice.

Restrictive practices must be reviewed whenever circumstances change, or in line with the schedule for review agreed in consultation with parents and/or carers. This will help schools ensure the restrictive practice is being used appropriately, safely and effectively, and determine whether its use can be reduced or eliminated. In the early years of school, reviews should occur more frequently to ensure any restrictive practices used continue to be culturally, developmentally and age appropriate.

Where more invasive restrictive practices are planned, more frequent reviews should occur. Parents and/or carers and the school need to agree to the frequency of review for using restrictive practices, which should not exceed 12 months.

2.4.6 Transition planning

Schools are encouraged to support students transitioning to a new school to have a positive experience. Sometimes a school may be advised that a new student is enrolling who requires a chemical or mechanical restraint, or has previously exhibited behaviours of concern, including behaviours that may put themselves or others at risk.

In these cases, it may be necessary for schools to put in place interim risk mitigation strategies until formal risk assessment and planning can be undertaken and appropriate behaviour support put in place. This may include restrictive practices such as internal fencing or gates. The use of these strategies should still align with the 6 decision-making principles for restrictive practices, to ensure the practice is the least restrictive and used for the shortest time possible. Schools should ensure they review the ongoing use of the restrictive practice as part of the planning process. See the General enrolment procedures (PDF 297 KB) or Legal Issues Bulletin 43 for more information on the enrolment of students in government schools and issues around safety and wellbeing.

2.4.7 Restrictive practices planning checklist

Relevant school staff, including the school-based Learning and Support team, can use the Restrictive Practices Planning Checklist (PDF 2000 KB) when planning the use of a restrictive practice:

- for a new student, where there is no documentation on the use
- that has been a newly recommended or prescribed restrictive practice
- that is currently being used but is not appropriately documented.

The checklist must be completed when planning the use of an environmental restraint. See the Environmental Restraints Planning Procedures (PDF 425 KB) for more information.

The checklist aligns with the 6 decision-making principles outlined in the Restrictive Practices Framework (PDF 6 MB), and relevant departmental policies and procedures. Do not use the checklist in an emergency or crisis situation.