

FACT SHEET

Information for parents and carers – restrictive practices

What are restrictive practices?

Sometimes, to help keep a child or young person healthy and safe at school, we need to limit or restrict some of their actions. These limits are called restrictive practices. In our schools, restrictive practices include anything we do to keep someone safe that also restricts a child or young person's rights or freedom of movement.

There are 5 main types of restrictive practices:

- **Physical restraint** which is physically limiting or stopping a child or young person's movements, such as by holding their hand to keep them safe when crossing a busy road.
- **Mechanical restraint** which is using a device that limits movement, such as a wheelchair safety belt that supports a student to use a wheelchair safely.
- **Chemical restraint** which is using medication prescribed by a doctor to help a student remain regulated, minimise behaviours of concern, and improve their ability to engage in learning.

- **Environmental restraint** which is a barrier that limits access to an object or area, such as locking a gate to prevent a child from running onto a busy road.
- **Seclusion** refers to leaving a student alone in a room or area from which they are prevented from leaving, or reasonably believe that they cannot leave, by a barrier or another person, for any length of time. This includes situations where a door is locked as well as where the door is blocked by other objects or held closed by another person. This is never allowed in schools unless there is an immediate risk of harm to a child or someone else.

When used in the right way, restrictive practices can support students to access and engage in their learning and make school safer for the student and others. We have rules about how restrictive practices can be used in schools that protect the rights of students so that restrictive practices are not used in the wrong way.

The Restrictive Practices policy is not in force. Restrictive practices in our schools
This document is subject to change

The Department of Education uses definitions of "restrictive practices" that are different to those in other settings. This helps our school staff to understand how to plan and use restrictive practices safely in a school environment, in the way they are recommended or prescribed. This protects students and staff so that these restrictive practices are only used when needed and for the shortest time possible.

How restrictive practices are used in NSW public schools and government preschools

Every child or young person has different individual needs around behaviour, learning, health, safety and wellbeing. They may need different types of support at school to help meet these needs.

The safety of students and staff is the most important thing. Our staff must always take reasonable steps to protect our students from risks of injury or harm. This is called duty of care and applies to all department staff in NSW public schools and government preschools.

Restrictive practices must only be used:

- as recommended or prescribed by an external medical practitioner, allied health professional or external behaviour support practitioner to meet the student's health, safety and wellbeing needs
- as a last resort after other evidence-based, student-centred strategies have been tried
- as planned by the classroom teacher and/or school Learning and Support Team in consultation with parents/carers and the student
- with the consent of the parents/carers, and in consultation with the student, where possible
- in an emergency or crisis, if it is necessary and safe to do so.

In emergency or crisis, recommendations or prescriptions from external medical practitioners, allied health professionals, external behaviour support practitioners and/or consent from parents/carers may not be accessible. If restrictive practices are used without being planned with the consent of the parents/carers, then staff must immediately report it to the principal or delegate.

The planned use of restrictive practices must follow these principles:

1. Student-centred and relevant to the needs and circumstances of the student
2. The least restrictive option
3. For the shortest time
4. Reduced or eliminated, wherever possible
5. Monitored when in use
6. Reviewed regularly to ensure they are necessary, effective and are still in line with these 6 principles.

Who can prescribe or recommend restrictive practices?

Restrictive practices may be recommended or prescribed by doctors or specialist allied health professionals, including General Practitioners (GPs), psychologists, occupational therapists, speech pathologists, physiotherapists, exercise physiologists or external behaviour support practitioners. [The prescribing/recommending restrictive practices fact sheet](#) can be used by doctors or specialist allied health professionals to record advice around when your child needs to use the restrictive practice and how to use it safely.

If your child does not have a treating doctor or specialist allied health professional, and you think that a restrictive practice may be necessary, you can discuss this with your child's school. If you would like further information, you can also [contact your local education office](#) and ask for the student support services learning and wellbeing team.

Emergency or crisis situations

We may need to use a restrictive practice to protect students or staff in an emergency or crisis. We will only do this if there is a real and immediate risk or threat of harm. An example could be where one student is trying to physically attack another student or staff member.

We may also need to use a restrictive practice to protect a student from actions that could put them at immediate risk or threat of harm. An example could be holding a student back if they are unsafe around stairs or on balcony areas.

If there is an emergency or crisis and we need to use a restrictive practice to keep your child or someone else safe, the school will not have time to seek your consent first. However, the school must notify you within 24 hours that a restrictive practice was used and consult with you about strategies to support your child in the future.

You may request a meeting if this happens. During the meeting, you may wish to discuss any individual planning and risk assessments for your child and/or strategies to meet their support needs. Existing plans may need to change, or new plans may need to be developed to better support your child in the future.

The school must also offer appropriate support to all students and staff affected by an emergency or crisis. This may include counselling support, or ongoing monitoring and recovery support, which may require your consent.

Prohibited practices

There are some restrictive practices that are never allowed in our schools. These are called prohibited practices. Examples could include using medication in an unsafe way, or physically restraining a child in a way that could cause significant harm.

It is also prohibited for schools to use a restrictive practice with your child without engaging in planning with you first and in consultation with an external medical practitioner or specialist allied health practitioner, unless it is in response to an emergency or crisis or to protect a child or young person from immediate risk of harm.

Planning for the use of restrictive practices

If we need to plan for using restrictive practices with your child, school staff will work together with you and your child to understand their needs and plan how the school will meet those needs. Teachers, support staff and other specialist allied health professionals may also be involved as needed. You can use the [Parents/Carers Toolkit – Using Restrictive Practices at School](#) to support you in having conversations with your child’s school about restrictive practices.

We will not use restrictive practices with your child unless they have been recommended by an external medical practitioner, allied health professional or external behaviour support practitioner, except in an emergency or crisis. In most cases, we will need you to provide information about any restrictive practice that has been recommended or prescribed. This could include a letter from a doctor, a report from a relevant professional like an occupational therapist or psychologist, or important information about how to use a restrictive practice safely.

We will not use restrictive practices with your child without your consent, except in an emergency or crisis. You can give your consent by sending an email or a letter to the school or by telling a school staff member that you consent during the planning process. If you give your consent verbally, the school will keep a record of the conversation and will confirm your consent in writing. You can change your mind at any time by telling the school, verbally or in writing, that you do not consent to a restrictive practice being used any more.

The school will keep detailed records of the planning process, the planned restrictive practice, the evidence you provided, and your consent to the use of a restrictive practice.

The approach for supporting your child will be reviewed regularly by the school, in consultation with you. We will work together to adjust plans to continue meeting your child’s needs over time.

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

Working with your child's school

Students get the best educational outcomes when school staff, parents and students are all working together. We encourage you to contact your child's school if you have concerns about their behaviour, wellbeing or learning. Most concerns can be resolved by talking to the people involved.

Your child's teacher is often the best place to start. In primary school and government preschools, contact your child's teacher. In high school, you can contact the teacher or head teacher of a specific subject, or your child's year advisor.

If you are unsure who to speak to about your child's learning and wellbeing at school, the staff in the administration office and/or support staff may be able to help find the best person. Sometimes this may be the principal or another member of the school executive. The school may also involve the local Learning and Support team to support planning for your child.

In some cases, your child may need to be referred to an external health professional. Speaking with your doctor is a good starting point, as they can make referrals to other professionals with relevant expertise in health, wellbeing and behaviour.

The [Parents/Carers Toolkit – Using Restrictive Practices at School](#), can be used to support you to have conversations with your child's school about your child's needs, including restrictive practices.

More information

More information on supporting student behaviour and personalised learning support can be found the [NSW Department of Education website](#). Personalised learning support for Aboriginal and Torres Strait Islander students can also be found on the department's website.

If you have specific concerns or believe department guidelines and policies are not being followed, you can raise this in person, by email, over the telephone or by letter to your child's school or you can make a complaint by completing the [complaints form](#) on the NSW Department of Education's website.

The Restrictive Practices policy is not in force.
This document is subject to change