

NSW Department of Education

Restrictive Practices Framework

This Framework is not in force. The department is reviewing this Framework as part of a broader review of its approach to restrictive practices

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Purpose

All students in NSW public schools and government preschools have a right to an inclusive learning environment and to feel safe at school. We know that staff care deeply about the safety and wellbeing of all students and want clear guidance on how to best meet their individual needs whilst keeping themselves and others safe.

Sometimes, to help keep a student, or others, healthy and safe at school, we need to limit or restrict some of their actions. These limits are called 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.

This Framework outlines mechanisms to support schools to plan for the safe and effective use of restrictive practices when they are necessary, to consider alternative strategies and to record decision-making around the use of restrictive practices.

The purpose of using principle-based decision-making to support the use of restrictive practices, is to help schools manage risks and promote student safety when there are no other less restrictive options available.

The use of restrictive practices must be monitored, proportionate to the possible risks of harm, and reduced and eliminated over time, wherever possible.

This requires careful consideration and balancing of the rights and safety of the child or young person, with the rights and safety of other people impacted by the behaviour and use of the restrictive practice.



Principle-based decision making

This Framework expresses the NSW Department of Education commitment to the principle-based use of restrictive practices across our education system, to protect the rights, safety and freedom of a student, while balancing the safety of staff, students and others.

The NSW Government is committed to the national goal of reducing and eliminating the use of restrictive practices, wherever possible. We recognise that in some cases, restrictive practices may still be necessary to protect the health and safety of students and staff.

To meet this commitment, we want to ensure that restrictive practices only be used as a last resort and are the least restrictive approach to meeting the health, safety and wellbeing needs of all students, and/or staff in our NSW public schools and government preschools.

Using restrictive practices in NSW public schools and government preschools

This Framework provides guidance to all departmental staff, volunteers, contractors and visitors, on how to plan and use restrictive practices in NSW public schools and government preschools. This guidance also applies to school related activities, including excursions, cultural activities, sporting and social events, and students using the Assisted School Travel Program.

Other NSW government agencies and third-party providers have their own plans and guidelines to follow whilst providing services to students in other contexts and may have different or additional strategies in place. This includes plans such as Authorised Care Plans, which are developed by NSW Ambulance.

This Framework outlines that restrictive practices only be used:

- in the way they have been recommended or prescribed by an external medical practitioner, allied health professional or external behaviour support practitioner.
- as a last resort, after less restrictive approaches and strategies have been tried.
- when planned in consultation with the student, where possible, and parents/carers and in line with the 6 principles for decision-making outlined in this Framework.
- with consent from parents/carers.

The Framework should be read in conjunction with the [Restrictive Practices Reduction and Elimination Policy](#), the [Restrictive Practices Planning Procedures](#) and [Environmental Restraints Planning Procedures](#).

Prohibited practices

Prohibited practices such as the misuse of medication, the use of restrictive practices as a form of discipline or punishment or the use of a life-threatening physical restraint, interfere with basic human rights, are unlawful and unethical in nature, and are incompatible with the NSW Disability Principles.¹ The use of prohibited practices is never permitted in NSW schools or government preschools. Refer to the department's [Restrictive Practices Reduction and Elimination Policy](#) and [Prohibited Practices fact sheet](#) for more information.

Duty of Care and Work Health and Safety

In fulfilling its [duty of care to students](#), the department is committed to providing everyone in its workplaces with a safe and healthy working and learning environment and the safety of students and staff is paramount in all circumstances. The use of restrictive practices needs to be balanced with the work health and safety needs of the whole school community.

All departmental staff owe a duty of care to students. This duty requires staff to take reasonable steps to protect students from foreseeable risks of physical or psychological injury or harm. This also includes taking reasonable steps to maintain a student's wellbeing and dignity.

The department also has a responsibility to support and promote the health, safety and wellbeing of all our staff. Staff must take reasonable care for the health and safety of themselves and others at the workplace and cooperate with their employer so far as reasonably practical, to enable compliance with the [Work Health and Safety Act 2011](#).

The use of restrictive practices to meet the health, safety and wellbeing needs of students, must be used in line with staff responsibilities under duty of care and Work Health and Safety legislation.



¹ The Disability Principles are set out in section 4 of the Disability Inclusion Act, which are intended to promote community inclusion of people with disability.

Using restrictive practices as an emergency or crisis response

In an emergency or crisis, it may be appropriate to use a restrictive practice to protect a student from a real and immediate risk or threat of injury to themselves or others and if there is no less restrictive way to respond.

An emergency or crisis refers to situations where a student's behaviour has escalated to the point where their own safety or the safety of other students and staff is at risk. This can also include situations where a student's behaviour unintentionally puts themselves or others at risk, including situations where the student's wellbeing needs to be maintained.

Sometimes, an emergency or crisis response is needed to respond to behaviours that are already known and planned for, or as a response to new or escalating behaviours, for example behaviours that are outside of an existing plan.

What is considered an emergency or crisis will look different in every school, depending on the needs of the students. Crisis situations can directly or indirectly impact a single student or staff member, or multiple students. Crises can happen before, during, or after school and on or off school grounds, including on excursions.

Staff must act if a student's behaviour threatens their own safety, the safety of other students and the safety of staff, provided it is safe to do so. Whilst staff do have a duty of care, they do not have to act if there is a significant risk to their own or others' safety.

Sometimes incidents may occur that involve students who have an established individual behaviour support plan or behaviour response plan. However, crisis responses may also be linked to new behaviours or a previously unexperienced escalation of behaviour where there is no interim or comprehensive support plan in place. In these circumstances, the use of restrictive practices must be proportionate to the risk or threat of harm and necessary to protect the student or others.

A crisis response should never be used as a de facto behaviour support strategy. After a crisis response, where it is anticipated that the behaviour may occur again, the school should undertake individual behaviour support planning to identify proactive prevention and intervention strategies to support positive behaviour in the future. This may include undertaking an assessment to identify and understand the form, function and context of the behaviour.

The use of restrictive practices as an emergency or crisis response do not need to be recommended by an external practitioner because they should not be used as a proactive preventative behaviour support strategy.

Unintentional behaviour

Sometimes restrictive practices may need to be used to protect a student in circumstances where their behaviour is unintentionally putting themselves or others at risk.

This includes behaviours such as having limited awareness of road safety or of risks associated with climbing. Unintentional behaviour can also occur as a result of a lack of capacity to make informed decisions due to physical limitations or a heightened emotional or confused state. Using restrictive practices in this way is also part of a staff member's duty of care obligation.

Following the use of a restrictive practice in an emergency or as a response to unintentional behaviour, it is essential that appropriate support is offered to all students and staff impacted. This may include physical and psychological support, or ongoing monitoring and recovery support. For students, it may be appropriate to refer them to talk with the school counsellor or other mental health and wellbeing supports which may require parent/carer consent.

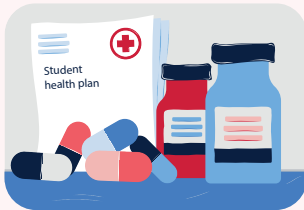
Where an incident impacts the health, safety and wellbeing of staff, staff should be encouraged to access the [Employee Assistance Program – Supporting You](#) for counselling support or see their doctor following an incident. In serious incidents, onsite or telephone support can be arranged via the department's Incident Report and Support Hotline.



Categories of restrictive practice

For the purposes of this Framework, the department has adapted the definitions of “restrictive practice” that apply to registered providers under the National Disability Insurance Scheme (NDIS), so they make sense in a school context and provide clear guidance to school-based staff on the requirements for planning and using restrictive practices safely like in schools.

There are 5 categories of restrictive practice.



Chemical restraint

Chemical restraints are medications or chemical substances that are used with the primary purpose of influencing a student’s behaviour. Chemical restraints are usually prescribed to help a student remain regulated, minimise behaviours of concern, and improve their ability to engage in learning. Most medications prescribed by an external medical practitioner to treat a diagnosed illness or health condition are **not** considered chemical restraints, including medications used to treat ADHD.



Mechanical restraint

Mechanical restraints are devices, aids or equipment that are used to influence a student’s behaviour or movement, to keep them safe and support them to participate at school. Mechanical restraints include devices, aids, or equipment such as harnesses, pelvic belts, trays, or disability specific postural support. Mechanical restraints restrict the movement of a student, and need to be used safely and effectively so they don’t cause injury or harm to the student or staff.



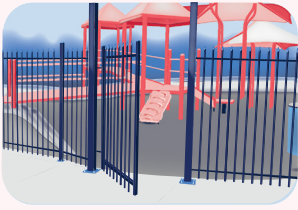
Physical restraint

Physical restraint is the use of physical force to prevent, restrict or subdue the movement of a student’s body or part of their body, such as clinical or therapeutic holds. Students are not free to move away when they are being physically restrained.

Physical restraint may be required:

- to safely support or provide comfort to a student, for example during the administration of medication such as insulin; or
- as a crisis response or in response to unintentional behaviour, where there is an imminent risk of harm to the student, other students or staff.

Physical restraint does not include actions like full or partial physical prompts or holding the hand of a young student, where they are free to move away. Physical prompts may be used to assist a student through part of an activity or to complete a task entirely to keep them safe or to support them to learn a new skill. An example of a physical prompt is hand over hand assistance or a teacher gently taking a student’s hand to assist them when walking down a flight of stairs if they need additional support.



Environmental restraint

An environmental restraint refers to physical barriers or boundaries, including some types of fences and locks, that are used to prevent an individual student or group of students, from freely exiting a space or accessing some parts of their school environment. Environmental restraints may be needed if a student has displayed a behaviour that may put their safety or the safety of other students or staff at risk.

An example of environmental restraint includes using a gate in front of a classroom to prevent a student from leaving without a teacher, or installing a lock on a drawer that contains sharp objects such as knives.

When making decisions about the school environment, schools need to be aware of areas in their school environment where a student or group of students, could potentially be restricted or secluded, and everyone understands how to use these areas appropriately. This may include ensuring that doors or gates that lead to areas where a student could potentially be secluded, are left open or unlocked during the school day.

There are some physical barriers, boundaries and practices that are always allowed so the whole school community is safe and secure. This includes perimeter fences, lockable external school gates, locks on areas that contain hazardous materials and locks on administrative and staff spaces. These practices are called universally safe assets and infrastructure, and are not considered an environmental restraint. The full list of universally safe assets and infrastructure is included in the Restrictive Practices Planning section in the [Environmental Restraints Planning Procedures](#).

It is also not safe for all students to have free access to all parts of their school environment at all times. It is not a restrictive practice for schools to use strategies including timetabling, to set clear rules around when different groups of students are allowed to use an area, for example play equipment, the library or sporting fields.



Seclusion

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 closed or locked as well as where the door is blocked by other objects or held closed by another person.

Seclusion is not permitted for use other than as a crisis or emergency response or in response to unintentional behaviour, where:

- a student's behaviour poses an imminent threat of harm or danger to themselves or others; and
- there is no less restrictive means of responding in the immediate circumstances to keep the student or others safe, or to maintain the student's dignity.

Seclusion in these circumstances should be for the shortest time possible and discontinued as soon as the immediate danger has dissipated. See the [Restrictive Practices Reduction and Elimination Policy](#) for more information.

Seclusion is not the same as the self-directed time-out or teacher directed time-out strategies. Seclusion also does not include detentions or reflection rooms, in situations where the student can freely exit an area, or other situations which are not a response to behaviours of concern.

See the [Seclusion Fact Sheet](#) or the [Detention and Time-out Guidelines](#) for further guidance on the use of seclusion and time-out strategies.

Decision-making principles

In NSW public schools and government preschools, restrictive practices can only be used if they have been recommended or prescribed by an external medical practitioner, allied health professional or external behaviour support practitioner.

Parents and carers need to convey the recommendation or prescription advice to schools and work with the school to plan how the restrictive practice should be used at school, including the length of time it is needed, and how to use the restraint safely and effectively to meet the needs of their child.

It is important to remember that there are inherent risks in using restrictive practices, which can negatively impact on students, as well as other students and staff if they are not used appropriately. Consideration of the principles will promote the reduction and elimination of inappropriate or unnecessary uses of restrictive practices, wherever possible, and support schools to use restrictive practices safely.

The use of restrictive practices in all NSW public schools and government preschools must be guided by the following 6 principles. Use of the principles can be targeted at different levels of decision-making in schools, from planning for individual needs to considering systemic requirements, such as reviewing school-wide procedures and how to use their school environment to best meet the needs of their students.



These principles are:

Student-centred



A student-centred approach puts students at the centre of decisions that affect their lives and understands the needs of the individual in a particular environment. Supporting a student's needs should be informed by evidence, including recommendations or prescriptions from an external medical practitioner, allied health professional or external behaviour support practitioner. Consultation must occur with the student, wherever possible, their parents/carers, and support staff or specialists, as needed. Consideration should also be given to potential child protection and/or trauma backgrounds that a student may have experienced, as well as consideration of the culture, religion, beliefs, linguistic circumstances, disability and the gender of the student and their family.

Least restrictive



Using the least restrictive practice means making sure that the restraints used are the least restrictive possible to meet the individual needs of the student. Restrictive practices should only be used if they are reasonably required to safely manage a risk or behaviour of concern and to protect the rights or safety of the student or others, after less restrictive approaches or strategies have been tried.

For the shortest time



Restraints should only be used for the shortest possible time to ensure the safety of the student, and others. The use of the restraint should cease or be removed as soon as it is safe to do so. This also means when planning, the restrictive practice should be planned to be used for the shortest amount of time possible with the aim to reduce or eliminate its use over time, wherever possible.

Helping to reduce and eliminate restrictive practices



This Framework recognises that there are some restrictive practices that need to be used on an ongoing basis to keep a student safe. This may include some types of medications, which should be reviewed regularly by the prescribing medical team.

However, in some cases, it may be possible to reduce the use of restrictive practice over time. This may include using less restrictive strategies to meet the student's needs, using the practice less frequently or for a shorter period of time. In other cases, some restrictive practices may be able to be eliminated where they are no longer needed to meet the needs of a student or group of students. This may include some types of internal fences or gates with locks that prevent students being able to freely exit a space. Sometimes, it may be possible to remove the restrictive practice completely, as long as it doesn't create a health or safety risk.

Ongoing monitoring and review of restrictive practices, in consultation with parents and carers will support schools to assess whether the ongoing use of a restrictive practice can be reduced or eliminated over time.

Monitored



Principals or their delegate should monitor the ongoing use of a restrictive practice, to ensure it is being used in line with the advice from an external medical practitioner, allied health professional or external behaviour support practitioner, and the plan that was agreed and consented to by the parents/carers. Monitoring also ensures that the risk is being safely managed and that the student is not at risk of any foreseeable harm or injury.

Restrictive practices must always be monitored when they are being used. This will ensure that it they are used for the shortest time possible and are removed safely. Staff should also monitor the student following the use of any restrictive practice.

At a planning level, the use of a restrictive practice should be monitored to ensure that the risks associated with the use of the practice is outweighed by the foreseeable risk of harm or injury to the student or others if the practice is not used.

Reviewed regularly



The use of restrictive practices at both a student and system level should be reviewed regularly to make sure that the restrictive practice is still needed to safely manage a behaviour of concern and/or meet the individual health, safety or wellbeing needs of a student, to assess the effectiveness of the practice and to identify how its use can be improved. Regular review is also an important factor in risk reduction.



Planning the use of restrictive practices

A student may require different types of support delivered in different ways along the care continuum, from prevention or early intervention to targeted and individual intervention - to best meet individual 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.

In some circumstances, the use of a restrictive practice may be the least restrictive approach to meeting the health, safety or wellbeing needs of the student. Where the use of a restrictive practice has been recommended or prescribed, schools must follow the advice of the relevant practitioner, but should ensure there are other, less restrictive strategies in place as well, to support the student at school.

Appropriately planning the use of restrictive practices requires consultation and collaborative planning between staff, students, parents/carers, support staff and specialists within and outside the department, as needed, to address the student's individual needs. The views of the student should be taken into consideration, wherever possible, and parent/carer consent obtained.²

Schools must have evidence they have planned, consulted and have consent for the use of a restrictive practice. Schools can make decisions about where to document restrictive practices, depending on the type of restrictive practice being planned. This may include documenting restrictive practices in relevant student support plans.

Schools use a range of individual plans for different needs that cover behaviour, support or potential risks. These plans specify a range of evidence-based, student-centred and proactive strategies that focus on the individual needs of the student in different circumstances. These plans may include a restrictive practice.

Examples of individual support plans which may include the use of restrictive practices include [Individual Behaviour Support Plans](#), [Behaviour Response Plans](#), Personalised Learning and Support Plans, [Individual Health Care Plans](#), Student Management Plans (prescribed by a treating medical team), [Attendance Plans](#) and [Risk Management Plans](#). Schools can use the [Restrictive Practices Planning Checklist](#) to support planning, as needed. See the [Recording Evidence of Restrictive Practices Fact Sheet](#) for more information.

² Consent must be obtained from parents/carers when planning restrictive practices. See the [Restrictive Practices Planning Procedures](#) for further information.

Support and resources

Behaviour and engagement:

a range of resources, behaviour supports and planning tools, and professional learning materials can be found, and accessed, via the Behaviour and Engagement section of Education NSW's website.

Universal Resources Hub:

a central place for teaching and school-based staff to access quality assured teaching, learning and school improvement resources, including a range of resources to build skills and confidence in supporting students with disability and additional needs and strengthen inclusive practice in schools.

Personalised support for student learning:

information and resources for personalised support for student learning can be found, and accessed, via the Disability, Learning and Support section of Education NSW's website.


Database of providers:

this searchable database allows school staff to locate providers by service type and geographical location. Each individual provider has a profile page which provides further details on delivery modes and techniques as well as the specific cohorts that their services are directed to. These profiles are accessible by school staff.



We acknowledge the homelands of all Aboriginal people and pay our respect to Country.

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