Government of South Australia
Department for Child Protection

Foundational theories and knowledge Understanding Restrictive Practices Practice Paper

1. Introduction

This practice paper provides DCP case workers and residential care workers (including agency carers working in DCP residential care facilities) with a comprehensive understanding of what restrictive practices are, when and why they may be used, how to minimise their use, and how to ensure children and young people in care are safe and their human rights upheld and protected.

Please note that in this document, the term Aboriginal refers to all people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander. This term is used as the First Nations Peoples of South Australia are predominantly Aboriginal peoples and it is their preferred term. We acknowledge and respect that it is preferable to identify Aboriginal peoples, where possible, by their specific Language group or Nation.

When considering the use of restrictive practices for Aboriginal infants, children and young people, DCP workers must have regard for and apply the Aboriginal Child Placement Principle and the five core elements: Prevention, Partnership, Placement, Participation, Connection and the precursor, Identification.

1.1 Definitions of restrictive practices

A restrictive practice is any practice or intervention that restricts the rights or freedom of movement of a person, with the primary purpose of protecting the person or others from harm.

It is recognised that restrictive practices may present human rights infringements and have the potential to negatively impact on the healthy development of children and young people. Depending on the type of restrictive practice used, serious physical injury and psychological harm can occur. Psychological harm may include trauma, fear, shame, anxiety, depression and loss of dignity. Restrictive practices can damage relationships and trust between a child or young person and their carer or other professionals. These practices can increase power imbalances and lead to feelings of helplessness and loss of independence. When used longer than they need to be to ensure safety, restrictive practices can affect the child or young person's ability to learn crucial life skills.

Restrictive practices should be time-limited strategies, used as a last resort to ensure safety, not as a primary intervention to enable a change in a child or young person's behaviour. Restrictive practices may be necessary to ensure the immediate safety of a child or young person engaging in dangerous behaviour or to ensure the safety of others. Where these practices are used, careful consideration and regular review

is essential to ensure that such practices are still required or whether they can be reduced or ceased if they are not effective or required.

Table 1 provides further contextual information on types of restrictive practices which may be deemed reasonable to protect a child or young person (or others) from harm.

Table 1: Restrictive practice definitions

Term	Definition	What is not considered a restrictive practice
Physical restraint	The use or action of physical force to prevent, limit or subdue the movement of a child or young person's body or part of the person's body.	A reflex action of reasonable physical force and duration intended to guide or direct a child or young person in the interests of their safety or where there is an imminent risk of harm (for example, holding a child's hand while crossing the road, grabbing a child who is about to run into traffic or gently guiding a young child or older child with disability by holding their arm).
Example of ***appropriate*** physical restraint: Using a Crisis Prevention Institute (CPI) Safety Intervention Training physical restrictive intervention when a child or young person is about to strike another person. Example of ***inappropriate*** restrictive intervention (physical holding): Using a CPI safety intervention physical restraint because a child swore at you.		
Term	**Definition**	**What is not considered a restrictive practice**
Environmental restraint	Any action or system that limits a child or young person's ability to freely access their surroundings or a particular thing or engage in an activity.	The use of reasonable safety precautions (for example, a fence or lock) around potentially dangerous environments/appliances/objects (for example, stairs or a cupboard for safe storage of sharp implements) to prevent incidents.
Example of ***appropriate*** environmental restraint: Locking kitchen cupboards with non-food items (for example, dishwashing liquid) because a child or young person eats non-food items. Examples of ***inappropriate*** environmental restraint: Locking kitchen cupboards and the fridge because a child or young person is considered to eat too much or removing a child or young person's personal items as a consequence for poor behaviour.		

Term	Definition	What is not considered a restrictive practice
Mechanical restraint[1]	The use of a device to prevent, restrict or subdue the movement of all or part of a child or young person's body.	The use of a device for therapeutic/safety purposes as prescribed by a relevant practitioner or legislation. Adherence to the SA Regulations regarding the use of seat belts and child restraints in vehicles is not considered a restrictive practice.
Example of ***appropriate*** mechanical restraint: Using a seat belt in a wheelchair for a child or young person's safety or the use of a car seat to ensure the child or young person's safety when travelling. Example of ***inappropriate*** mechanical restraint: Turning off or locking a wheelchair or keeping a child who can walk strapped in a pram for excessive periods or when not necessary.		
Term	**Definition**	**What is not considered a restrictive practice**
Chemical restraint	The use of medication or chemical substance for the primary purpose of influencing a child or young person's behaviour.	The use of medication prescribed by a medical practitioner for the treatment of a mental or physical illness or condition[2].
Example of ***appropriate*** chemical restraint: Providing medication p.r.n (which means 'as circumstance require, when needed') and as prescribed by a medical practitioner to reduce escalation of a child or young person's behaviour. Example of ***inappropriate*** chemical restraint: Providing non-prescribed medication to control/reduce escalation of a child or young person's behaviour (including using over the counter substances like Phenergan without recommendation by a medical practitioner).		
Term	**Definition**	**What is not considered a restrictive practice**
Seclusion	The sole confinement of a child or young person at any time of the day or night in a room or other space from which free exit is prevented, either implicitly or explicitly, or not facilitated.	Accepting the child or young person's self-isolation, when the child or young person has chosen to go to their room.
Example of ***appropriate*** seclusion: Suggesting a child or young person go to another room to de-escalate an argument between peers for a reasonable period (consistent with the child or young person's wellbeing plan) where they can leave freely. Example of ***inappropriate*** seclusion: Locking a child or young person in their room or telling a child or young person they are not allowed to come out of their room.		
Term	**Definition**	**What is not considered a restrictive practice**
Verbal directions/Psychological restraint	The use of verbal or non-verbal communication to control a child or young person's behaviour or force a position. This involves behaviour that includes using a demeaning tone of voice, swearing, using manipulation and or coercion, using derogatory terms or	Stating expectations or rules or giving a child or young person directions or instructions to assist them to self-regulate.

[1] As per the NDIS Quality and Safeguards Commission (2022) 'Any mechanical restraint that is intended to cause hurt or harm to a person with disability is considered abuse. The use of mechanical restraints which are abusive **must** be ceased and reported to the NDIS Commission within 24 hours'.

[2] Refer to DCP Residential Care Procedure – Medication and medical treatment (2018) for the required steps in giving medication to children and young people.

	threatening a negative consequence to control an outcome.	
Example of ***appropriate*** verbal directions: Telling a child or young person to stop slamming doors or using CPI verbal de-escalation techniques such as 'if' and 'then' or providing an incentive to a child or young person to complete chores (for example, telling a child or young person that if they finish cleaning their room, they can spend time doing an activity they enjoy). Example of ***inappropriate*** verbal directions: Telling a child or young person they cannot go to family contact or a cultural event if they do not clean their bedroom.		
Term	**Definition**	**What is not considered a restrictive practice**
Surveillance	The use of audio and or visual recordings to monitor a child or young person's behaviour. Surveillance technology refers to devices that collect information about a child or young person through electronic means. Examples include the use of Closed Circuit Television (CCTV), audio monitors such as baby monitors and intercoms, Global Positioning System (GPS) devices and motion sensor alarms.	Age appropriate monitoring or surveillance to ensure a child's safety (such as, a baby monitor to observe the safe sleep of an infant).
Example of ***appropriate*** surveillance: Regularly checking in with a child or young person who has recently expressed suicidal ideation or the use of surveillance technology to enable support or increase a child or young person's independence and freedom of movement. Example of ***inappropriate*** surveillance: Using a camera to unnecessarily observe a child or young person and infringing on their developmentally-appropriate privacy.		

1.1.1 Why are restrictive practices used?

Children and young people who have experienced trauma, including intergenerational trauma experienced by Aboriginal children and young people, often have difficulty forming trusting relationships and feeling safe. Some may experience delays in their emotional, social and cognitive development. The effects of trauma and development delays can impact children and young people's capacity to manage stressful situations and regulate their emotions and behaviour. Placement changes and instability can further exacerbate feelings of rejection, fear and confusion that contribute to behaviours of concern.

In addition, a significant number of children and young people in care have a diagnosed disability. Disability may affect a child or young person's capacity to understand their environment and communicate their views, feelings and needs. This can lead to children and young people feeling overwhelmed and frustrated and displaying challenging behaviour that can pose a risk to themselves or others.

Dysregulated responses and behaviours can be difficult for carers to manage and can take time to improve or cease. At times, a child or young person's behaviour may escalate and, wherever possible, strategies other than restrictive practices should be implemented to respond to their needs. While it may sometimes be necessary to introduce a restrictive practice to prevent or respond to behaviour that presents a serious

and immediate risk of harm to self or others, such practices must be used as a last resort. Where restrictive practices have been used, regular reviews should occur to ensure that alternative strategies are considered and/or re-introduced wherever possible in an attempt to minimise the use of restrictive practices.

1.1.2 Planned and unplanned restrictive practices

For children and young people who have a disability and have an active NDIS Plan in place[3], certain restrictive practices may be recommended in a Positive Behaviour Support Plan (PBSP) developed by a NDIS funded Behaviour Support Practitioner. The purpose of a PBSP is to document ways to respond to or prevent behaviours of concern. PBSPs may also be included in a child or young person's DCP Residential Care Wellbeing Plan (for non-NDIS and NDIS participants). Examples include:

- 'Line of sight' supervision when medication is provided and it is known that a young person may not take the medication
- Locking the front door of the home where a child or young person frequently runs from the house and onto the road, in conjunction with teaching road safety through education, role modelling and supervision.

Unplanned restrictive practices are those used in a crisis for immediate prevention of harm to self or others. The practice is not part of a planned approach to management of behaviour and is used as a last resort (such as in a situation where a child or young person's behaviour escalates without warning, the child or young person does not respond to de-escalation and the use of a CPI is required to prevent them hurting themselves or others).

Regulation 6 of the *Family and Community Services Regulations 2024* specifies force may be used against a child or young person in residential care:

- where reasonably necessary to prevent harm to themselves or others; or
- to prevent significant damage to property.

Use of force must be proportionate in the circumstances and only used:

- as a last resort to ensure immediate safety where no other intervention strategies are available
- in the least restrictive way

[3] The *Disability Inclusion Act 2018* (Part 6A), and the *Disability Inclusion (Restrictive Practices – NDIS) Regulations 2021* create a statutory scheme requiring National Disability Insurance Scheme (NDIS) service providers to apply for authorisation to use restrictive practices in the course of delivering NDIS supports to NDIS clients, including children and young people in care. The authorisation requires specific processes and rules that must be adhered to if restrictive practices need to be used by NDIS service providers working with children and young people who are NDIS participants. Further, the Restrictive Practices Guidelines 2022 administered by the Department for Human Services (DHS), provides details about the operation of the authorisation scheme, and outlines the key steps and requirements for case workers and residential care workers who are providing support to children and young people in care who are in scope of the legislation and accompanying authorising scheme.

- for the shortest period possible.

Where force has been used, a written report must be prepared by the employee who administered the force and verified by each employee/s involved or witness to the incident.

Where a child or young person has been subject to the use of force, they must be offered a reasonable opportunity to prepare an account of the use of force and the incident/circumstances leading up to it. If the child or young person accepts the offer to prepare an account, the account must be either written, signed and dated by the child or young person themselves, or if the child cannot write, written, signed and dated under their instructions by a person they nominate. Note: the person who is nominated to record the child or young person's account cannot be a person who was present during the use of force or the circumstances leading to the use of force. The written report is to then be submitted to the supervisor of the residential care facility via C3MS.

Refer to the Significant incident reporting Procedure or the Residential Care: Incident management Procedure for more information and procedures regarding reporting incidents involving physical intervention and other incidents that cause or are likely to cause significant negative impact on the safety, health or wellbeing of children and young people, staff or others.

1.1.3 Using Restrictive Practices

The use of a restrictive practice might occur when a child and young person's behaviour is escalating over time and is becoming unsafe, or after an unplanned use of restrictive practice in a 'crisis' situation. When making the decision to use a restrictive practice, consideration must be given to determining whether the practice is the least restrictive option possible and must carefully consider the risks associated with using or not using the restrictive practice. The child or young person's care team must determine whether a restrictive practice is necessary or appropriate for use with a child or young person.

It is important to understand the child or young person's needs and developmental stage (particularly for children and young people with a disability) to determine whether a practice is appropriate for their age and development or whether it is restrictive. DCP case workers and residential care workers should be aware and consider that as a child or young person develops, grows and matures in independence, it is possible that what was considered an age appropriate practice at a certain point in time can evolve and become a restrictive practice.

There are a number of key considerations when considering the use of a restrictive practice:

- *Age and development:* The practice must be consistent with the child or young person's developmental or emotional age.
- *Individual needs:* Consideration must be given to the child or young person's needs, including their culture, language, religion, beliefs, gender, sexual expression, and their family.

- *Least restrictive:* The restrictive practice is the least restrictive response possible in the circumstances to ensure the safety of the child, young person or others.
- *Shortest time and last resort:* Implementation of a restrictive practice is for the shortest possible time and only as a last resort after exploring and applying other proactive strategies.
- *Behaviour support:* Understanding the function and reasons for the behaviour and ensuring more proactive measures have been utilised to reduce and/or prevent the behaviour and meet the function of behaviour in a pro social and positive way.
- *Reduction and elimination:* With the introduction of a restrictive practice, the effectiveness of the practice must be monitored and reviewed and proactive efforts made to trial less restrictive options, and reduce or eliminate the practice.
- *Trauma informed responses:* Care and support for the child or young person is trauma informed and recognises that the use of restrictive practices can lead to further trauma.
- *Collaboration:* Where possible, restrictive practices are only considered after consultation with the care team, including any allied health or medical practitioners who are working with the child or young person.
- *Physical and psychological risk assessment:* When possible, before the introduction of a restrictive practice, consideration must be given to any risks associated with the use of the practice such physical or psychological injury.
- *Staff training:* Appropriate training must be provided (as required) to ensure safe use of the practice and support implementation of the PBSP, child or young person's case plan and/or DCP Residential Care Wellbeing Plan.

For NDIS participants, all details regarding any authorised restrictive practices are contained in the child or young person's PBSP. For non-NDIS participants, it is important that the details regarding the use of planned restrictive practices be documented in the child or young person's DCP Residential Care Wellbeing Plan and the child or young person's case plan.

If carers or staff feel unclear, it is important to consult with senior staff and the care team to discuss the best approach. If a child or young person is a NDIS participant and has a PBSP developed by a NDIS funded Positive Behaviour Support Practitioner, consultation between the care team and the practitioner should be prioritised. If restrictive practices are being used for a child or young person with disability and there is not a Positive Behaviour Support Practitioner involved, the DCP case worker should consult with a DCP Regional Disability Consultant regarding inclusion of funding for this in their NDIS Plan as a priority[4]. The

[4] NDIS (Incident Management and Reportable Incidents) 2018, Part 3 s14 stipulates that certain incidents that happen, or are alleged to have happened, in connection with the provision of supports or services by registered NDIS providers are known as ***reportable incidents***. These incidents include the death, serious injury, abuse or neglect of a person with disability and the use of restrictive practices in particular circumstances. If a reportable incident occurs, or is alleged to have occurred, the registered NDIS provider must give details about the incident to the Commissioner within 24 hours, while others must be notified within 5 business days.

use of restrictive practices must be regularly reviewed to ensure they remain appropriate and reflective of the child or young person's development.

1.1.4 Cultural safety for Aboriginal children and young people

When working with Aboriginal infants, children, young people and their families, it is important to acknowledge the experiences of Aboriginal families and communities, including racism, socioeconomic disadvantage and intergenerational trauma, and the pain and suffering experienced by children and young people, their families and communities as a result.

Culturally safe practice when supporting a child or young person's behaviour involves having an awareness of the potential impact of restrictive practices on people and communities. All Aboriginal children and young people have the right to live in a care environment that makes them feel culturally safe, respected, valued and connected. Ensuring that the use of restrictive practices does not impact the connection of children and young people to family, Community, culture and Country is critical. Restrictive practices must not prevent access to cultural connections, return to country, and participating in cultural ceremonies and activities. Inappropriate cultural restrictions include, but are not limited to:

- limiting engagement in traditional ceremonies
- disallowing cultural language and culturally significant foods
- limiting engagement with other members of their same culture and language group
- forced separation of children from families as a means to control behaviour of Aboriginal people.

The use of restrictive practices risks re-traumatising children and young people and may amplify fear and mistrust of staff and services. It is therefore critical to raise awareness and provide accessible information about the possible impacts of restrictive practices on Aboriginal children and young people and their families. Consultation with a Principal Aboriginal Consultant (PAC) ensures transparency about the implementation of behaviour support strategies and plans. The importance of maintaining meaningful connection to the child or young person's family and kin supports their sense of belonging and identity, leading to greater resilience and lifelong overall wellbeing.

When developing alternative strategies for behaviour support with Aboriginal children and young people, it is important to reflect on how strengths of culture and cultural connectedness can support wellbeing and positive behaviours. Working with a PAC is important to develop strategies to provide cultural guidance and support to the child or young person. Strategies to support positive behaviours may include:

- access to positive cultural role models and mentors
- access to significant Aboriginal people to support or mentor
- consistency with, and implementation of, the child or young person's Aboriginal Cultural Identity Support Tool (ACIST)
- access to cultural healing methods (including Ngangkaris), smoking ceremonies and cultural cleansing
- connecting with the outside environment (as opposed to going to their room for example) to de-escalate

- self-care rituals like creating a special space or a collection of special items to connect to Country when not on Country (for example, dirt/earth from Country or having sand and shells from beach for children or young people connected to the coast)
- access to art, music and dance that represents their family and people, including traditional musical instruments or traditional art practices
- consider facilitating a family and kin meeting to provide Aboriginal cultural advice to bolster positive behaviour support planning.

Working with PACs and Aboriginal practitioners can help staff to understand and interpret the cultural needs for the child or young person. For more information, refer to the Aboriginal Child Placement Principle Practice Paper.

1.1.4 Cultural safety for children and young people from a culturally and linguistically diverse (CALD) background

As similar to Aboriginal children and young people, when working with children and young people from a CALD background, it is important to acknowledge the experiences of families and communities from CALD backgrounds, including racism, socioeconomic disadvantage and intergenerational trauma and the pain and suffering experienced by children and young people, their families and communities as a result.

Culturally safe practice when supporting a child or young person's behaviour involves having an awareness of the potential impact of restrictive practices on people and communities. All children and young people from a CALD background have the right to live in a care environment that makes them feel culturally safe, respected, valued and connected. Ensuring that the use of restrictive practices does not impact the connection of children and young people to family and culture is critical. Restrictive practices must not prevent access to cultural connections and participating in cultural and religious ceremonies and activities. Inappropriate cultural restrictions include, but are not limited to:

- limiting engagement in traditional and religious ceremonies
- disallowing cultural language and culturally significant foods
- limiting engagement with other members of their same culture and language group.

Religion is considered as a significant aspect of identity in almost every CALD family. Children and young people from CALD backgrounds who are removed from their families are at significant risk of losing connection to their religion. Where this occurs it can have negative effects on their immediate and ongoing sense of identity, self-worth, personal growth and wellbeing. Consultation with DCP Multicultural Services for advice and support should occur to ensure children and young people from diverse backgrounds remain connected to their families, community, religion, beliefs and culture. It is important that the care team working with the child or young person receive cultural appropriate information and support.

When developing alternative strategies for behaviour support with children and young people who identify as CALD, it is important to reflect on how strengths of culture and cultural connectedness can

support wellbeing and positive behaviours. Working with DCP Multicultural Services is important to develop strategies to provide cultural guidance and support to the child or young person. Strategies to support positive behaviours may include:

- access to positive cultural role models and mentors
- access to significant community members people to support or mentor
- consistency with and implementation of the child's Cultural and Linguistically Diverse Identity Support Tool (CALDIST)

Further information relating to working with children and young people who identify as CALD can be found in the Working with cultural diversity Practice Paper.

1.1.5 The importance of behaviour support

To ensure the safety of a child or young person (or others), restrictive practices are best used in conjunction with a behaviour support plan and other supports to minimise and address the behaviours that led to the introduction of a restrictive practice. Strategies may include: supervision, diversion, proactive engagement of the child or young person in meaningful activities, addressing sensory needs and use of de-escalation strategies. Consideration should also be given to the need for children and young people to engage in appropriate therapies.

1.1.6 Introducing planned restrictive practices

Before introducing a restrictive practice, it is crucial to consider the following:

- What is the child or young person trying to tell us with this behaviour and does it serve a function? (All behaviour is communication and serves a function)
- What do we think (or know) is contributing to or triggering the behaviour and what can we do to minimise or prevent this?
- Is the restrictive practice required to ensure the safety or wellbeing of the child or young person and others?
- What is the potential impact of this practice on the child or young person (including psychological, physical, emotional, developmental)?
- What is the purpose and likely effectiveness of the practice? Who is suggesting that a restrictive practice is used? Is the request being made by care staff or someone else in the care team?
- What are the feasible alternative strategies to this practice (for example, attempting increased supervision, diversion and distraction or skill development)?
- What does the child or young person say about their reason for behaviour and their view of the proposed restrictive practice?
- Is there a plan to 'step-down' from using the practice to reduce or eliminate its use?
- Have we sought cultural advice?
- How do we know if the child or young person feels culturally safe?
- Have we spoken with the members of the care team (including the DCP case worker, therapist, general practitioner, paediatrician or psychologist) and can they assist with strategies?

- Has a referral for therapy or a consult been considered or completed to obtain advice behaviour support (for example, with DCP Psychological Services, Regional Disability Consultants or the DCP Specialist Services Team)?
- Is there pending therapeutic support for the child or young person or are there systems issues preventing adequate behaviour support or care? (Consider referring for a Complex Case Review Meeting where appropriate.)

Planned restrictive practices should not be introduced without:

- A trauma informed approach to care being implemented
- Agreement and description recorded in the child or young person's case plan and Residential Care Wellbeing plan/PBSP (refer to the Wellbeing Plan section in the Support children and young people in residential care key step in the DCP Residential Care chapter of the Manual of Practice).

1.1.7 Balancing the needs of multiple children and young people in one environment

Meeting the needs of all children and young people in one home is a challenging task. Where restrictive practices are required for one child or young person in a home, it is important to consider the needs of the other children and young people who live there and the impact these practices may have on them. If practices limit the rights of the other children and young people in the home, there needs to be consideration of how to limit this impact and efforts made to ensure they understand why restrictive practices are currently required.

1.1.8 Prohibited practices

Regulation 5 of the *Family and Community Services Regulations 2024* stipulates treatment that is prohibited from use with children and young people in residential care facilities.

A child or young person placed in a residential care facility must not be subjected to any of the following kinds of treatment:

a. corporal punishment of any form (that is, any action that inflicts or is intended to inflict physical pain or discomfort);
b. isolation from other children in the facility by, for example, being kept apart from the normal routine of the facility;
c. psychological pressure or emotional abuse of any form;
d. deprivation of medical attention, basic food or drink, clothing or any other essential item;
e. deprivation of sleep;
f. unjustified deprivation of contact with persons outside the facility;
g. any other treatment that is cruel, inhuman or degrading.

The *Disability Inclusion (Restrictive Practices – NDIS) Regulations 2021* further outlines the following practices prohibited for use with children and young people who are subject of restrictive practices implemented by a NDIS provider in the context of services funded by the NDIS:

a. prone position restraint;

b. supine restraint;
c. any form of restraint to restrict or affect a person's respiratory or digestive function;
d. forcing the head of a person forward onto the person's chest;
e. any form of restrictive practices that involves or includes the deliberate infliction of pain or discomfort to secure compliance.

2. Guidance and key readings

Refer to the following practice papers for additional information on trauma, child development, relationship based practice and supporting children and young people with complex behaviours.

Child and adolescent development Practice Paper

Supporting children and young people in care with high risk and complex behaviours Practice Paper

Trauma Practice Paper

Relationship Based Practice Practice Paper

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Steckley, L. (2012) 'Touch, physical restraint and therapeutic containment in residential child care', *British Journal of Social Work*, Volume 42, p537-555. Accessible here.

Understanding applying Aboriginal and Torres Strait Islander Child Placement Principle. Accessible here.

3. Relevant Training

The Sanctuary Model

Crisis Prevention Institute (CPI) Safety Intervention (SI) training – book via Plink

Document control

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