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| Guide to the emergency use of physical restraint in out-of-home care |
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| To receive this publication in an accessible format phone 9096 7366, using the National Relay Service 13 36 77 if required, or [email Robyn Gumley](mailto:robyn.gumley@dhhs.vic.gov.au) <robyn.gumley@dhhs.vic.gov.au>  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Department of Health and Human Services March 2018.  ISBN 978-1-76069-222-3 (pdf/online/MS word)  Available at [Program requirements for out-of-home care services](https://providers.dhhs.vic.gov.au/program-requirements-out-home-care-services) <https://providers.dhhs.vic.gov.au/program-requirements-out-home-care-services> |
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# Position statement

All children and young people in out-of-home care have experienced some level of trauma in their lives which can have a significant impact on many aspects of their functioning, including their behaviour.

Research and experience confirms that children in out-of-home care may have developmental delays, and are more likely to experience difficulties achieving at school than other children. They also experience a higher incidence of mental health, emotional and behavioural difficulties than other children. Children who have experienced abuse and neglect may develop ways of coping that, while possibly helpful in the environments in which they developed, present challenges in the homes in which they are placed and their relationships with others. Children and young people who show behaviours that may result in harm to themselves or others are more likely to be subjected to practices that are restrictive, aversive or result in their exclusion.

Carers play a significant role in supporting children and young people to develop the life skills needed to grow, develop and to participate fully in their social, school and community life. Safe and responsive caring techniques are essential to support children to build and maintain relationships and to develop positive behaviours that help them get along with others. Carers and staff must be supported with the knowledge and skills to safely respond to behaviours by addressing why the child or young person uses the behaviour and put into place strategies that will reduce their need to use the behaviour in future to get their needs met. In serious circumstances where a child or young person’s behaviour may result in harm to themselves or others, more intensive support and behaviour planning will be required. It is through planning and informed behaviour support that a reduction in restrictive practices, such as physical restraint, can be achieved.

*Guide to the emergency use of physical restraint in out-of-home care* sets out the Department of Health and Human Services’ (the department) expectation for carers and community service organisations providing out-of-home care regarding the use of reasonable physical restraint in an emergency in line with their duty of care and the *Children Youth and Families Act 2005*. This policy recognises that the use of physical restraint can cause injury or harm to both children and young people, and to those performing the restraint, and it can seriously impact on the relationship between children and their carers. Physical restraint can also contribute to re-traumatisation for individuals and does not facilitate long term change in behaviour.

For these reasons, reasonable physical restraint may only be used as an emergency, must never be used as a form of punishment and it must be the least restrictive option. When physical restraint is used, the person must use the minimum force necessary and for the shortest duration necessary to reduce the present risk to the child, carer or others. In the event that physical restraint is used, monitoring and reporting is required to ensure the best possible outcomes for children and young people, carers and staff.

The policy should be read in conjunction with the department’s practice guide to promote positive behaviour support; *Behaviour planning to best support children and young people in out-of-home care* and the *Victorian Handbook for Foster Carers* or *Manual for Kinship Carers* (if applicable).

# Definitions

The following terms are used throughout this policy document in the context of the definitions outlined below.

| Term | Definition |
| --- | --- |
| **Behaviours of concern** | Behaviour of concern is behaviour of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion.[[1]](#footnote-1) Examples include children and young people threatening or hurting each other, running onto the street or railway tracks or self-harming. |
| **Behaviour Support Plan** | A plan developed for a child or young person that specifies a range of strategies to be used in supporting the [person](http://www.austlii.edu.au/au/legis/vic/consol_act/da2006121/s3.html#person)'s behaviour including proactive strategies to build on their strengths and increase their life skills.  Development of a behaviour support plan should align with an individual’s *Looking After Children* *Care and Placement Plan* and be consistent with a Positive Behaviour Support framework |
| **Duty of care** | Duty of care refers to the duty (legal obligation) to take reasonable care to avoid acts or omissions that could expose a child to a reasonably foreseeable risk of injury or harm.  Reasonable care requires that the least restrictive action is applied in the circumstances. For example, grabbing a child or young person’s clothing to prevent them from running into busy traffic, or holding their arm to prevent them from placing their hand on a hot stove, or preventing self-injury by holding the child or young person’s hand to stop them from hitting their own body. |
| **Emergency** | Emergencyrefers to a sudden state of danger requiring immediate action to prevent or manage a serious risk of harm to the person, another person or people, which is imminent. Action by a carer that is reasonable and necessary in an emergency situation is consistent with a carer’s duty of care to the child or young person. |
| **Physical assistance or physical guidance** | Physical assistance or physical guidance means the use of non-coercive physical contact for the purpose of the wellbeing and support of a child or young person; to enable them to undertake everyday activities, or for therapeutic purposes, or to comply with duty of care expectations. For example, taking or holding a child’s hand before crossing a road or physically assisting a child with dressing, as appropriate to their age and skill level.  Whether physical assistance amounts to physical restraint will depend on the extent of the use of assistance and reasonableness of the level of physical force applied. |
| **Physical restraint** | Physical restraint refers to the use of physical force to prevent, restrict or subdue movement of that person’s body or part of their body, which is not physical assistance or physical guidance, for the primary purpose of the behavioural control of the person.[[2]](#footnote-2) |
| **Reasonable force** | Reasonable force is defined as the minimum force necessary to prevent harm or injury to the child or young person, oneself and/or others. |
| **Seclusion** | Seclusion refers to placing a child or young person alone in a room or area from which they are physically prevented from leaving. 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. Isolation is one of the core elements of seclusion.  The department does not support the use of seclusion in out-of-home care |

# Introduction

## Purpose

The purpose of this policy is to set out the department’s expectation for people involved in the care of children or young people in out-of-home care in relation to the emergency use of physical restraint.

The policy assists workers and carers to understand:

* The circumstances in which the use of reasonable physical restraint and/or force may be used under section 161B of the Children Youth and Families Act 2005.
* Actions prohibited under the *Children Youth and Families Act 2005.*
* Emergency use of reasonable physical restraint that is consistent with a carer’s duty of care to children and young people in their care.
  + The department’s expectation in relation to prohibited physical restraints.

This policy supports the role of a trauma-informed, proactive and positive behaviour support framework as a way of responding to behaviours of concern. It recognises the best interest principles for children and young people under the *Children Youth and Families Act 2005*, as well as their rights and freedoms under the *Charter of Human Rights and Responsibilities Act 2006.*

For kinship carers, the policy assists carers with understanding the reasonable and necessary actions carers can take in emergency circumstances in line with the common law duty of care.

## Scope

The focus of this policy is the emergency use of physical restraint by workers and carers in the delivery of out-of-home care. This includes residential care and home-based care (including kinship care, foster care and lead tenant).

The policy does not apply to permanent carers (Permanent Care Order) or Secure Welfare Services (refer to the Secure Welfare Practice Manual).

The policy should be read in conjunction with the department’s practice guide to promote Positive Behaviour Support; *Behaviour planning to best support children and young people in out-of-home care* and other relevant policies outlined in section 8.

For children and young people with a disability living in residential services, delivered by a registered disability service provider including those who receive funding from Victorian Disability Services or are in receipt of an National Disability Insurance Scheme package, all existing quality and safeguarding requirements and obligations under the *Disability Act 2006* continue to apply.Queries can be directed to the Office of the Senior Practitioner at seniorpractitioner@dhhs.vic.gov.au.Reasonable physical restraint in out-of-home care

The best interests and safety of children and young people are paramount in any decision that impacts on them. Children and young people should be supported to participate in decision making that affects their life.

This policy recognises that physical restraint is a restrictive practice that can result in death or injury to children and young people. Carers can also suffer injury when using physical restraint. Physical restraint can negatively impact on relationships and the emotional wellbeing of children and young people, their carers and staff and it does not contribute to long term behaviour change.

All references to physical restraint refer to reasonable physical restraint unless specifically stated.

The following additional principles have been developed to underpin the current policy and assist carers and community service organisations with implementation of the policy requirements.

## 1. Guiding principles

* When children or young people show behaviours of concern, they have the right to receive individualised, culturally and developmentally appropriate, effective and evidence-based support that maximises their wellbeing, rights and quality of life, and reduces the behaviour of concern.
* Staff and carers should be supported to develop the knowledge and skills to safely respond to behaviours of concern based on a positive approach to behaviour support. A positive approach to address behaviour of concern is trauma-informed, proactive and promotes skill development, positive connections with carers and significant others, and healing for the child or young person in care. This includes participation of carers and significant others in behaviour support planning.
* Safety is a paramount consideration and prevention and de-escalation strategies play a critical role in responding to behaviours of concern.
* Carers and community service organisations delivering out-of-home care will work towards the reduction and elimination of physical restraint as a response to behaviours of concern, wherever possible.

## 2. Reasonable physical restraint in emergency circumstances

Children and young people in out-of-home care are not to be physically restrained by staff or carers, except in emergency circumstances, as set out below.

A duty of care requires staff and carers to take actions necessary to prevent a reasonable risk of harm to a child or young person.

In all circumstances where reasonable physical restraint is used in an emergency, staff or carers are required to ensure:

* The physical restraint is reasonable and necessary to prevent the child from harming themselves, or others, or from damaging property.
* The reasonable physical restraint used is the least restrictive of the child or young person in the circumstances. That is, the minimum level of force as is reasonable and necessary is used to protect against the danger or harm.
* The reasonable physical restraint is applied for the shortest duration as is necessary to reduce the present risk, and removed once the risk has reduced.
  + Physical restraint is only used where the risk of not using the restraint outweighs the risk of using the restraint.

Physical restraint must never be used as a form of punishment, to discipline a child or young person or as a routine behaviour support strategy. It is not an appropriate response to:

* Uncooperative behaviour such as a child or young person’s refusal to comply with a direction, unless that refusal to comply creates a risk to the safety of the child or young person or another person.
  + Verbal threats of harm from a child or young person, except where there is a reasonable belief that the threat will be immediately enacted.[[3]](#footnote-3)

In general, physical restraint is not an appropriate response to prevent a child or young person from leaving the home. Physical restraint should only be used to prevent a child or young person leaving their home without permission, where it is reasonable and necessary to prevent harm to the child/young person or other persons, in line with the requirements set out above. The use of reasonable physical restraint in these circumstances must not result in seclusion.

Freedom of movement is a right under the *Charter of Human Rights and Responsibilities Act 2006.* This means that when determining the need for physical restraint, carers need to balance the rights of the child or young person with what is necessary and reasonable to prevent harm.

This policy is consistent with section 161B(a) of the *Children, Youth and Families Act 2005* which prohibits the use of physical force unless it is reasonable and –

* necessary to prevent a child from harming him or herself or anyone else, or from damaging property
* necessary for the security of the out-of-home care service or place where the child is cared for or
  + otherwise authorised by law.

For staff and carers, any contravention of the prohibition of the use of reasonable physical force, as provided for under the *Children, Youth and Families Act 2005,* will be subject to investigation and reported to Victoria Police, and may lead to criminal charges being laid or other staff and/or carer disciplinary action.

### Additional considerations

There are multiple considerations when using physical restraint, including the risk of physical and/or emotional harm to the child or young person, the carer and others who witness the physical restraint.

Wherever possible, carers should avoid physical restraint by using defusing or other relevant de-escalation strategies or by removing themselves and others from the area. For reoccurring behaviour, these strategies should be outlined in a child or young person’s behaviour support plan.

Factors to consider before undertaking any physical intervention include:

* Age, physical health and size/or weight of the child or young person and issues that may increase the risk to the person (for example, physical health, disability, neurological problems (such as, epilepsy), musculoskeletal problems, medication that might affect heart or respiratory function, and communication issues).
* Environmental or contextual factors that indicate physical restraint is not appropriate, for example, the child or young person has been physically unwell, is experiencing recent bereavement or distress, has a heightened emotional state due to significant change (such as a change in placement or relationships), is eating or just finished eating or is in an environment that might increase risk to the child or young person or any other person (for example, in confined spaces such as a bathroom).
* The child has a weapon or other instrument that may place the carer or others at immediate risk of harm and there is a reasonable belief a threat will be immediately enacted.
  + The carer is confident the child can be held safely.

The restraint of a child or young person should never get to the stage that any of the following signs are evident:

* signs of limited breathing such as rapid/shallow/laboured breathing or panting
* grunting, statement of an inability to breathe or absence of breathing
* limpness
* discolouration of the face (indicating reduced oxygen)
* vomiting
  + seizure
  + physical injury.

**In these circumstances the carer or worker should immediately stop the restraint and seek medical assistance.**

## 3. Prohibited physical restraints

Any restraint which covers the child or young person’s mouth or nose, in any way restricts breathing, pushes the head towards the chest, bends a child or young person forward at the waist, takes the child or young person to the ground into the prone or supine position, involves the hyperextension of joints or application of pressure to the neck, chest, abdomen or joints must not be used.

The use of the following restraints on children or young persons is prohibited by the department:

* + Prone restraint - holding a child or young person by forcing them to lie on their stomach in a face-down position.
  + Supine restraint - holding a child or young person by forcing them into a face-up position.
  + Basket holds - holding a child or young person with the intent of restricting their movement by wrapping your arm/s around their upper and/or lower body.
  + Take down techniques - which force a child or young person to free-fall to the floor or by forcing them to fall to the floor with support.

## 4. Seclusion

The department does not support the use of seclusion in out-of-home care. Rooms or areas designed specifically for the purpose of seclusion or which are used solely or primarily for the purpose of seclusion are not permitted. Seclusion must not be used as a routine or planned behaviour management response or to punish or discipline a child or young person.

## 5. Follow up requirements

Actions required following the use of physical restraint include:

* If any medical or health concerns become evident during or after the use of restraint, the child who has been physically restrained should be examined by a health professional as soon as possible.
* Community service organisations are required to ensure debriefing is offered to the child, carer and any other witnesses to the physical restraint as soon as practicable.

## 6. Reporting and reviewing physical restraint

The use of physical restraint and/or seclusion must be reported, documented and reviewed in line with the department’s incident reporting processes.

In addition, where there is frequent or repeated use of reasonable physical restraint, the child or young person’s behaviour support plan must be reviewed.

This section does not replace any reporting requirements for registered disability service providers supporting children and young people with a disability, including those who receive funding from Victorian Disability Services or are in receipt of an National Disability Insurance Scheme package.

### Client Incident Management System

The department has commenced work to develop and implement a new Client Incident Management System (CIMS), which will focus on the most serious incidents and will strengthen processes, systems and workforce capability to prevent, and effectively manage client incidents. As part of this work, the department is building an information and technology solution that will support the new CIMS.

The *Client Incident Management System Guide* outlines the approach and key actions to identify, report and manage client incidents including the actions and responsibilities of service providers and the department.

There are two processes for reporting a client incident, depending on whether the incident resulted in a Major Impact or Non-Major Impact on the child or young person. An assessment by the service provider of the impact on child or young person will determine the reporting process which must be followed.

Major Impact incidents require service providers to notify divisional offices of the incident within 24 hours. The service provider must also record details on their client incident register.

Further details about incident types and [CIMS](http://providers.dhhs.vic.gov.au/cims) can be found at: [<http://providers.dhhs.vic.gov.au/cims>](http://providers.dhhs.vic.gov.au/cims)

Pending implementation of CIMS, reporting and responding of incidents will continue to be in line with the  *Critical client incident management instruction (Technical update 2014)* and *Guidelines for responding to quality of care concerns in out-of-home care (Technical update 2014).*

### Additional reporting guidance for out-of-home care

The following provides specific program advice to guide reporting in relation to physical restraint of a child or young person in out-of-home care. This additional guidance is intended to provide general advice to support the decision making process. In all circumstances, incident categorisation should be dependent on an assessment of the individual circumstances in line with the *Client Incident Management System Guide.*

* Any allegation of physical abuse must be reported as a Major Impact incident.
* The use of physical restraint that is not consistent with the policy must be reported as a Major Impact incident such as physical abuse or poor quality of care. This includes the use of excessive or unreasonable force in an emergency circumstance and non-emergency use of physical restraint.
* The use of prohibited physical restraint, as outlined in this policy, is to be reported as a Major Impact incident-physical abuse staff to client.
  + Incidents involving the reasonable use of physical restraint (as defined in this policy) are to be reported as Non-Major Impact incidents, such as inappropriate physical treatment or poor quality of care, dependent on an assessment of the circumstances.

Consideration may be given to whether the pattern of incidents involving reasonable physical restraint, when taken together, meet the level of harm for a major impact incident. This may be the case even if each individual incident is a Non-Major Impact incident.

Reporting reasonable physical restraint should include: a description of the immediate risk requiring the use of restraint, complete description of the restraint used, the name(s) of persons performing the restraint, what actions were taken to avoid the use of physical restraint, how long it was used for, any injuries that may have occurred and processes undertaken following the use of restraint to ensure the safety of the child or young person and staff.

Best practice considerations for reviewing instances of reasonable physical restraint have been developed at **Appendix 1.** This advice does not replace requirements to investigate or review client incidents as outlined in *Client Incident Management System Guide,* butaims to provide an additional framework for reviewing instances of physical restraint*.*

The department will continue to work in partnership with out-of-home care providers to understand pattern and trends regarding the use of physical restraint in out-of-home care.

## 7. Behaviour support planning

Children and young people who are experiencing, or have experienced, trauma, loss, grief or poor attachments, and those engaging in behaviours of concern have the right to receive appropriate behavioural support to meet their individual needs. Development of a behaviour support plan should align with an individual’s *Looking After Children* *Care and Placement Plan* and be consistent with a Positive Behaviour Support framework.

Behaviour support planning occurs through a child or young person’s care team, who manage the day-to-day care and best interests of the child in accordance with the overall case plan and Cultural Support Plan, where applicable .

### Considerations when working with Aboriginal children and young people

Aboriginal people in Victoria have experienced trauma as a result of colonisation, including the associated loss of culture and land. When developing a behaviour support plan for an Aboriginal child or young person, it is important to consider the added impact of discrimination, transgenerational trauma and disconnection from culture.

Cultural supports are an essential element of the behaviour support plan for an Aboriginal child or young person. Aboriginal people should be involved in the development of a behaviour support plan, therefore an Aboriginal Community Controlled Organisation should be consulted as part of the development of the behaviour support plan. This will ensure the cultural appropriateness of the plan and that culturally appropriate supports are in place or planned to support the child or young person. The child’s Cultural Support Plan can provide guidance on organisations to engage as well as existing cultural supports that could be utilised as part of the behavioural support plan, which are culturally responsive to the unique needs of the Aboriginal child.

### Developing a behaviour support plan

A behaviour support plan is different to a ‘safety plan’ or ‘crisis plan’ which outline strategies or interventions in response to a behaviour of concern that has escalated to a critical point. Safety or crisis plans may form part of a behaviour support plan.

The behaviour support plan should consider the age and development the child or young person, their trauma history, disability and their cultural and/or religious needs, and the function of the behaviour.

In addition to understanding and addressing the underlying factors contributing to behaviour, the plan should minimise responses that might re-traumatise the child or young person and promote skill development and recovery from trauma. Past forms of abuse experienced by a child or young person will determine response actions that must be avoided. For example, if a child has a sexual abuse history or negative experiences of being held down, any holding actions may be perceived negatively from the child or young person and can lead to an unpredictable and heightened reaction to the response. A plan should include:

* A description of the behaviour and the context in which it occurs, including triggers. Data should be collected over time to inform an understanding of the behaviour.
* An assessment of the behaviour so as to better understand the function of the behaviour for the child or young person (why the child or young person uses the behaviour).
* Strategies to reduce the likelihood the child or young person will repeat the behaviour through teaching substitute behaviour, making changes to the environment, teaching the child new skills and reinforcing desired behaviour.
* Strategies to de-escalate behaviours safely so as to minimise the use of, and need for restraint in emergency circumstances.

Children and young people should be provided with the opportunity to participate and have their views taken into account in behaviour support planning, having regard to their age and ability to understand.

A practice guide: *Behaviour planning to best support children and young people in out of home care* is available to assist workers and carers with more effective planning to respond to behaviours of concern.

## 8. Policy and legislative context

The key legislation which underpins this policy regarding the use of reasonable physical restraint in an emergency in out-of-home care is the *Children, Youth and Families Act 2005* (the Act).

### Children, Youth and Families Act 2005

Section 10 of the Act states that the best interests of a child must always be paramount when making a decision. When determining whether a decision or action is in the child’s best interests, consideration must be given to the need to protect the child from harm, the need to protect the rights of the child and the need to promote the child’s development, taking into account their age, stage of development, culture and gender. This also applies in determining whether the use of physical restraint is reasonable and necessary in the circumstance.

Section 161B of the Act prohibits the use of physical force, corporal punishment, that is an action which inflicts, or intended to inflict, physical pain or discomfort as punishment, any form of psychological pressure intended to intimidate or humiliate a child, any form of physical or emotional abuse in relation to children in an out-of-home care service, including in a secure welfare service, or in the care of an out-of-home carer.

In 2014, amendments were made to the Actto provide for the conduct, regulation and monitoring of safety and security practices for children and young people placed in secure settings and in out-of-home care services, including legislative safeguards to ensure practices are conducted in a manner compatible with the *Charter of Human Rights and Responsibilities Act 2006*.

As provided in this policy, there will be situations where reasonable physical restraint is necessary as an absolute last resort, to prevent harm to a child or others. In these situations, the safest, least intrusive physical intervention is to be used, for the minimum time necessary.

### Charter of Human Rights and Responsibilities Act 2006

The *Charter of Human Rights and Responsibilities Act 2006* (the Charter) outlines the rights, freedoms and responsibilities which are protected by the Charter and imposes an obligation on all public authorities to act in a way that is compatible with human rights.

This policy has been reviewed to ensure compliance the Charter. The rights engaged by the policy include:

* Right to life
* Protection from torture and cruel, inhumane or degrading treatment
* Protection of families and children
* Right to liberty and security
  + Humane treatment when deprived of liberty

For further information see: www.humanrights.gov.au

### Child Safe Standards

The *Child Wellbeing and Safety Act 2005* provides an overarching framework for promoting positive outcomes for all children and enables implementation of the Child Safe Standards.

The Child Safe Standards aim to improve the way organisations that provide services for children prevent and respond to child abuse that may occur within their organisation.

Standards include processes for responding to and reporting suspected child abuse (Standard 5) and strategies to identify and reduce or remove risks of child abuse (Standard 6).

From 1 January 2016, the Child Safe Standards apply to organisations funded or regulated by government that provide services for children.

Further information about the Child Safe Standards is available on the website of the [Commission for Children and Young People](http://www.ccyp.vic.gov.au/child-safe-standards/index.htm) <http://www.ccyp.vic.gov.au/child-safe-standards/index.htm>.

### Out of Home Care service delivery

Out-of-home care services must also be delivered in accordance with the following legislation and policy:

* ***Child Wellbeing and Safety Act 2005***
* ***Occupational Health and Safety Act 2004***
* **Reportable conduct scheme**
* ***Charter for children in out-of-home care***
* ***United Nations Convention on the Rights of the Child***
* ***Department of Health and Human Services Standards***
* ***Critical client incident management instruction* (2014) - pending CIMS**
* ***Guidelines for responding to quality of care concerns in out-of-home care* (2014) – pending CIMS**
* ***Responding to allegations of physical or sexual assault* (2014) – pending CIMS**
* ***Client Incident Management System Guide* (December 2016)**
* ***Program requirements for home-based care in Victoria***
* ***Program requirements for lead tenant services in Victoria***
* ***Program requirements for residential care in Victoria*** 
  + ***Program requirements for the delivery of therapeutic residential care in Victoria*.**

Other policies and practice advice to be considered include:

* *Practice guide: Behaviour planning to best support children and young people in out-of-home care*
* Child Protection manual
* *Looking After Children Framework*
* *Foster Carer Manual*
* *Manual for Kinship Carers*
* *Best Interest Case Practice Model* 
  + Specialist practice resources – Child Protection

# Appendix 1 – Considerations for reviewing incidents of physical restraint.

Best practice when reporting physical restraint includes, wherever possible, outlining a description of the immediate risk requiring the use of restraint, complete description of the restraint used, how long it was used for, any injuries that may have occurred and processes undertaken following the use of restraint to ensure the safety of the child or young person and staff. This information will assist in reviewing the incident.

The review of incidents involving physical restraint should consider if action taken was appropriate and to consider what planning needs to occur in future to support prevention, de-escalation and future response strategies should the behaviour reoccur.

The review should consider:

* The safety and wellbeing of the child, carer and other people present during the physical restraint.
* The quality of the information received outlining the use of physical restraint.
* Whether sufficient attempts were made to defuse the situation.
* An assessment of the appropriateness of the use of physical restraint including the presence of imminent risk, how the child was restrained, who undertook the restraint and whether the carer requires further supports and/or training.
* Whether the child’s safety needs during and after the use of physical restraint were met.
* What follow up supports were provided to the child, carer and any person who witnessed the physical restraint. This could include, for example, restorative practices to strengthen or repair the carer/child relationship and if any further supports are required.
* The previous circumstances (antecedents) to the behaviour and how this might impact prevention and early detection.
* Whether the child’s behaviour support plan needs to be revised.
* Evidence of positive behaviour support planning to address the factors impacting on the behaviour and reduce the need for future use of physical restraint.
* The role of the care team in supporting the child and carer in addressing the behaviour of concern.
  + The need for consultation with the department’s divisional Principal Practitioner following the use of physical restraint or where physical restraint is frequently reported. Where applicable, this should also include the Community Service Organisation’s therapeutic specialist. Consider if referral to another agency is needed in the best interests of the child or young person.

1. The Royal College of Psychiatrists, *Challenging behaviour: a unified update* (April 2016). [↑](#footnote-ref-1)
2. Senior Practitioner, Physical restraint direction paper, DHHS (May 2011) [↑](#footnote-ref-2)
3. These requirements are consistent with the *Restraint of Student: School Policy and Advisory Guide*, Department of Education and Training, June 2016. [↑](#footnote-ref-3)