

# Restrictive and prohibited practices in out-of-home care

FOR PROFESSIONALS

Kids in care often display challenging behaviours, which can be difficult for carers to manage. It's important that carers understand practices are either restricted or prohibited. This is to ensure kids are not harmed, punished or stripped of rights and freedoms.

## Restrictive practices

"Restrictive practices, also known as restricted practices, involve some form of intervention on the child's freedom in order to protect them or others from harm. When a restrictive practice is used, it should only be employed as part of a formal behaviour intervention as set out in an approved BSP. Restrictive practices should only be used on a temporary basis along with a broader positive strategy to support behaviour. The principle of using the least intrusive approach possible applies to any behaviour support strategy."

*DCJ Behaviour support in OOHC Guidelines*

## Types of restrictive practices

There are several types of restrictive practices, including:

- **physical restraint** - an action taken to restrict movement to prevent kids from being hurt or causing harm. It does not include physical assistance or support for involuntary movement, physical assistance in activities of daily living (such as washing, dressing, or eating), functional support, or aid/safety devices used to prevent injury where they do not resist
- **non-exclusionary time out** - a response to a specific behaviour in which carers withdraw their attention or interaction with a child/teen for a period of time so that they do not reinforce the behaviour
- **exclusionary time out** - removing kids from a situation to prevent reinforcement of a specific behaviour of concern. It may only be used as a temporary measure to restrict kids who might otherwise seriously injure themselves or another person
- **restricted access** - limiting independent access to items, activities, experiences or places using physical barriers. The intention of this practice is to influence a behaviour in order to manage safety or health risks
- **response cost** - a planned response to a specific behaviour that involves kids losing access to items/activities that they find rewarding as a consequence for behaviour
- **psychotropic medication** - any prescribed medication which affects cognition (such as perception and thinking), mood, level of arousal and behaviour. For advice about whether a medication is psychotropic, contact the prescribing medical practitioner or a behaviour support expert.



It's vital to note that there are additional safeguards around the use of restrictive practices for kids in out-of-home care, including:

- when restrictive practices are in place, a behaviour support expert must be consulted
- a Behaviour Support Plan (BSP) must be updated (or developed if one does not exist) to include the restrictive practice, with the endorsement of a behaviour support expert
- restrictive practices must be signed off by a Principle Officer
- those implementing restrictive practices may require specialised training.

### Prohibited practices

"Prohibited practices are unethical and may constitute a criminal offence or incur civil liability. They are also seen as a violation of a child's basic human rights and must not be used. Caseworkers are to inform carers about what constitutes a prohibited practice. Service providers must ban prohibited practices in their behaviour support policy and inform staff and carers that they must not use these practices."

*DCJ Behaviour Support in OOHC Guidelines*

Prohibited practices are against the law and must not be used, under any circumstances, as a behaviour management strategy. These strategies are prohibited from use because they involve abuse, assault or control.

### Types of prohibited practices

Prohibited practices for kids in out-of-home care include:

- using physical force as punishment (e.g. smacking)
- using any punishment that takes the form of immobilisation
- chemical restraint
- force feeding kids or depriving them of food
- using a punishment to intentionally humiliate or frighten
- denying access to basic needs or supports
- wrongful imprisonment (i.e. depriving kids of their liberty without legal authority)
- seclusion (i.e. placement of kids in a setting where they are confined in a room or area from which they cannot leave)
- using psychotropic medication or physical restraint as the only behaviour support strategy
- punishment that involves withholding family or significant other contact, or involves the threat to withhold contact
- unethical practices such as taking away rewards kids have earned, or allowing them to skip school as a reward
- using 'aversives' (i.e. applying something painful or unpleasant to the face or body)

- overcorrection (i.e. responding to kids in a way that is out of proportion to the original behaviour)
- changing or making threats to change a case plan or BSP in order to punish
- using a restrictive practice without an approved behaviour support plan.

If you identify carers using prohibited practices, ensure they cease immediately and follow reportable conduct guidelines.

### **Next Steps**

Work with your carers to identify appropriate behaviour support strategies. Where required, develop suitable BSPs and ensure carers have the skills and knowledge to implement them. If you hold concerns about the strategies carers are using, help them to recognise restrictive or prohibited practices and identify alternative strategies.

When restrictive practices are required, work with a behaviour support expert to develop a suitable BSP, ensuring appropriate approvals and implementation occur.