amaze
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Restraint and seclusion in schools

A guide for parents of children attending a Victorian school

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In this resource...

This booklet is a tool to help parents understand restraint and seclusion – what those terms mean, how they are used at home and in school, and where they can get more information and support for their child in school.

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Behaviours of concern

Behaviours of concern are very difficult or serious behaviours that reach a level where a child hurts themselves or others.

These behaviours are serious enough that a response is needed right away. It might be things like:

- Hitting, punching and biting themselves or others
- Self-injurious or suicidal behaviour
- Running (bolting) or wandering off
- Inappropriate sexual behaviour
- Taking off clothing to show their private parts of their body
- Head banging
- Behaviour that may hurt others, such as property damage

Behaviours of concern should always be treated as a form of communication.

Keeping the child and others safe is what is important in the moment. To keep people safe strategies that are called **restrictive interventions** are often used.

What are restrictive interventions?

Restrictive interventions are actions or items that are used to stop behaviour of concern. They tend to limit the child in some way, such as holding them down.

If a child has a history of difficult behaviours these interventions are sometimes used to stop them from happening again. They are sometimes used if the child makes dangerous threats, e.g. locking the child away from others.

These types of strategies are usually used by a person in authority, such as a parent, carer, teachers or support worker. With children, it is most likely to be an adult using the strategies.

What types of interventions are there?

In Victorian government schools, there are two types of interventions outlined in school guidelines:

Seclusion restraint	Physical restraint
Putting child in a room or isolated area, like a garden or playground, away from everyone else. If the child cannot get out of a room or isolated area, this is seclusion. If a child can leave a secluded place, but thinks they are not allowed to, this is also defined as secluding restraint.	The use of physical force to hold down, stop or subdue a child's movement. This could be all of a child's movement or some of it e.g. blocking one limb.

Seclusion is banned in Victorian schools.

Physical restraint can only be used in an emergency, such as if the child was going to harm themselves or others. This type of restraint shouldn't be used if there are other ways to manage the behaviour.

Other Restraints

There are two other types of restraint that are not permitted in Victorian schools:

- Chemical Restraint
  Medication given to change or limit child's control of their own behaviour.
- Mechanical Restraint
  A device or object that limits a child's movement or control of their own body.

Neither of these restraints should be used in Victorian Schools.

Read more about the Department of Education and Training guidelines on Restraint and Seclusion in school. There is also a Restraint and Seclusion parent information sheet available.

What about strategies I use at home?

There are some very common things that parents do or use to manage their child's behaviour that schools cannot use.

Even if you want to give permission. It's important to speak to your school – or, if your child has therapists involved, speak to them.

Why are these strategies a problem?

Restrictive interventions do not fix why the behaviours of concern happen in the first place and do not stop them from happening in the future. It can have a big impact on the child's development. They miss the chance to learn new things. Behaviours of concern should be treated as a form of communication.

Restrictive interventions can be confusing for the child. They may not understand what is happening to them. This can make the child feel bad. They can make the behaviours of concern worse, if the child is confused and scared.

Long-term use, or relying on the use of restrictive interventions has been shown to cause trauma. Limiting a person's freedom can be very bad for their mental health.

Physical restraint can be very dangerous for everyone involved. Physically holding a child can result in injury to the child and the person restraining. There are been cases of serious injury and death. Being in someone's personal space when they are upset can be unsafe, and sometimes makes the situation worse.

Studies have shown that restrictive strategies do not change a person's behaviour in the long term, so the behaviours of concern keep on happening.

Finding out the reason that a behaviour of concern happens is the first step to stop it happening again. This means that the real cause can be fixed, or things can be done to help the child for the better.

There are two examples of experiences of restrictive interventions on pages 9 and 12 of this booklet, that may help you understand more about the risks and problems that restrictive interventions can present.

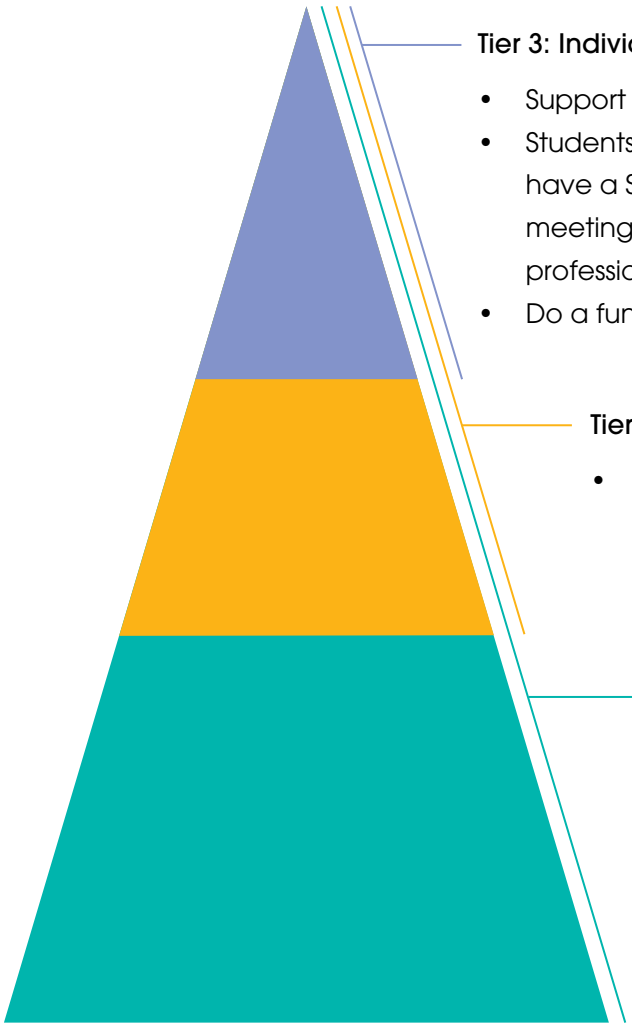
What can we do about behaviours of concern?

It is most important that the cause of the behaviour is found.

Your school and other professionals, like doctors or therapists, can help you with this. Using positive behaviour support (PBS) can help. PBS has been has been shown to help children with behaviours of concern. PBS can be used to develop an individual behaviour support plan for a child. In Victoria many schools use what is known as school-wide positive behaviour support (SW-PBS).

What is SW-PBS?

School-wide positive behaviour support is a whole school method way to support student behaviour. This is a planned way to support good behaviour and how to responsond to behaviours of concern. It is a tiered system with 3 levels:



Tier 3: Individual strategies

- Support to help an individual student that meets their needs
- Students with a disability or additional support needs may have a Student Support Group (SSG) meeting. SSGs are meetings between parent/carers, teachers and other professionals that can help your child.
- Do a functional behaviour assessment

Tier 2: Targeted strategies

- There may be a group of children that need some extra support. This could with learning, behaviour or mental health

Tier 1: Universal (all student) strategies

- Behavioural expectations are clear
- Expected behaviours are taught
- Rewards and consequences are clear
- School programs to build reliance and build self-esteem or prevent bullying

What is a functional behaviour assessment (FBA)?

A functional behaviour assessment is a way to find out why behaviours of concern happen.

This means writing down on a chart what happened **before, during and after the behaviour of concern**. This can help with finding out why the behaviour of concern is happening. There may be triggers or places where the behaviour of concern is more likely to happen.

Sometimes they are called an AB chart.

Date, Time and activity	**Antecedent (A)** Before the behaviour	**Behaviour (B)** What was the behaviour?	**Consequence (C)** How the behaviour was managed?
Mon June 5th 10.30am Mrs Jones	Lining up outside of the 1B classroom to come inside after recess.	Pushing other students out of the way and hitting own head.	Brought to the front of the line. Calmed down once inside the classroom.
Thurs June 9th 1.30pm Mrs Jones	Lining up inside the 1B classroom in preparation for a whole school assembly	Hit 2 other students and hitting own head	Brought to the end of the line and walked into assembly with Mrs Jones.

Sometimes your school will fill out a chart like the one above. They may ask you to fill in one at home. It is good to gather as much information as possible.

This information will be put into a Behaviour Support Plan (BSP). This plan will have information about how to prevent the behaviour of concern from happening. The plan will:

- Have a list of strategies to prevent the behaviour of concern
- Have a list of things that may need to be changed e.g. noise or lighting
- Have a list of coping strategies and how they will be taught
- Have a list of emergency strategies if a behaviour of concern happens
- Say how the behaviour of concern is written down on this chart and who should be told about it

Being involved in the writing of your child's plan is important. There may be strategies that you use at home, or strategies you may need to use to help your child. Working together is important for your child.

Find out more information about recording behaviour on the Department of Education and Training's website.

What about restrictive interventions and other services?

This can be confusing. There are different definitions of restrictive interventions in different services. In disability and out of home care services restrictive interventions can be used if they are stated in a behaviour support plan. If a restrictive practice is used it must be reported in an incident report to someone senior, like a manager. They are monitored by the government to make sure the BSP is being followed.

Different places have different rules about restrictive interventions. It is always good to speak to your school, therapist or service provider about what types of strategies are allowed. The school or service you are using may have to report on the restrictive interventions that are used. This means that someone senior, such as principal or an official from the government, may be looking over the strategies to make sure they have been followed properly.

Case study: Alice

Alice is 14 years old and has just started her first term of year 9 at her local secondary school. Lucy, her younger sister, has just started year 7 at the same school. Alice and Lucy live with their parents, a short 10 minute walk from school.

Alice has started having physical outbursts at school. On three occasions over an 8 week period this has resulted Alice hitting another student. These outbursts used to happen at home, most often after returning home from school. Usually they would be directed at Lucy. Sometimes her sister Lucy would want to play, and then physical altercation would start between the siblings. If Alice has a chance to go straight to her room for some down time to self-regulate, she would usually be in a much better mood before dinner time.

During Alice's SSG meeting, her parents requested less homework for Alice. It would often take Alice a few hours to recover after school to be able to self-regulate and calm herself to the point where she was able to focus on her homework. Most evenings the anxiety around having homework contributes to her anxiety which then becomes an unhelpful circle.

Alice has started seeing a private psychologist again about her anxiety, but also learning how to manage her emotions.

During the lunch period, Alice spends most the time alone, but will occasionally join a group of students to play card games. There have been three incidents in which Alice has hit her friends. All of the three occurred mid-game or after the game had finished. The teachers on yard duty were concerned about Alice's physically aggressive behaviour.

When the duty teachers have spoken to Alice about her behaviour, she finds it difficult when the group of friends get excited and distracted from the games.

This frustrates Alice, as they share 'in jokes' and because she doesn't spend much time with this groups outside of school, she finds its challenging. After these outbursts, this group of friends have asked Alice not to join them anymore.

Strategy 1: restrictive

After the first and second incident Alice received a detention for the incidences. On the third incident, the school requested that Alice spent her recess and lunch time supervised. A meeting was called with the school Principal, Alice and her parents. In this meeting Alice's parents revealed that Alice had received a diagnosis of anxiety during primary school and that recently she began seeing a private psychologist again. It was also revealed that Alice tends towards 'fight' rather than 'flight' when experiencing high levels of anxiety. Sometimes Alice will avoid stressful situations, but can find this hard to manage at school.

The Principal suggested that an SSG meeting should be set up, including the Well Being Coordinator from the school. Alice's parents requested that their private psychologist be involved too, as Alice had developed some good coping and management strategies in the past, and these will need to be adapted for secondary school.

Strategy 2: least restrictive

The Wellbeing Coordinator has noticed that Alice's anxiety has increased over the last year. Alice was quite defensive about her feelings when her teachers or the Wellbeing Coordinator spoke to her about her behaviour.

Alice's parent were eager to set up an SSG meeting and to invite along Alice's psychologist, whom Alice has been seeing on and off. Alice was diagnosed with anxiety during primary school and has been implementing strategies at home for some time. Some of these strategies did not transition across from primary to secondary school.

Alice has some anxiety triggers that her parents watch very carefully. A combination of fatigue and feeling a loss of control over a situation can result in Alice becoming physically aggressive. Particularly saying 'no' when she feels tired and overwhelmed can be a difficult situation for Alice to manage.

Alice has been working on emotional regulation skills at home and with her psychologist. She has been getting better at communicating with her sister and having a break. Also, her parents have made sure that Lucy gets attention from them after school, which allows Alice space to have some down time and self-regulate.

At the SSG meeting, Alice's psychologist had some good suggestions that could be integrated into her programme, such as including Alice in the school's mindfulness groups and developing an emotional regulation system that can be applied at school.

The psychologist suggest a wearable activity monitor to help Alice identify stress by showing an increase in her heart rate. In primary school Alice found using the programme 'The Incredible 5-Point Scale' very helpful. The psychologist suggested using a colour coding system be used as a signalling system between Alice and her teachers. This can help teachers 'check in' with Alice during classes, but also gives Alice a subtle way to communicate her anxiety without verbalising it.

Who can help?

There are a number of people who you can speak to for information and support.

Your school can assist. They may have some ideas, such as changes at school. Your school may know behavioural specialists that can work with your child. Behavioural specialists can develop strategies to suit to your child's needs. The school may be able to contact Student Support Services (SSS) for advice.

Speaking to your child's GP or paediatrician can be a good place to start. There may be medical or developmental checks that are needed and that they can advise on. Sometimes sudden changes in behaviour can be due to medical reasons. They may be able to refer you to other services that can help. It's good to rule this out first.

If your child has a disability, you can contact the National Disability Insurance Agency (NDIA). Your child may be able to get support through the NDIA. If your child is already registered and getting support from the NDIA, you can ask for a review if there has been a big change.

The Department of Education has some useful information for parents about how your school and NDIS services can work together.

Working as a team, with your child's school, therapists and doctors can be a good place to start.

Case study: Max

Max is a 9 year old boy. He lives with his parents and two siblings – one older and one younger. Max was diagnosed with autism at 3 years old, and attends a Special Development School.

Since Max was young, he has a history of absconding and has been lost in public places twice. Max's school has a fence and gates (unlocked during school hours), but Max has never wandered outside of the gate without an adult.

Max's parent requested a meeting with the school. They were really concerned about an upcoming excursion to a museum. The excursion would take place at a location that is in a built-up area with busy roads. Max's parents were quite concerned about this, as they have to use a customised stroller to take Max out into the community. There are few locations that they visit where Max is safe to walk without fear that he will wander off. Max doesn't like going in the stroller and has to be physically held down to get in.

Strategy 1: restrictive

In the meeting it was decided that Max's Dad will attend the excursion too as parent help. This meant that on the excursion that Max would be strapped into his stroller by his father and his father would accompany him on the excursion.

Strategy 2: least restrictive

The school informed Max's parents that they would not be able to use the stroller on the excursion, as it was a restrictive practice. They suggested to Max's parents that community safety is a goal they could work on at school. Max's school suggested that they conduct a Functional Behaviour Assessment. This meant the school and Max's parents would be recording what was happening before the behaviours occured. They would also record situations where Max is more likely to wander off. Max's parents liked this idea. The school engaged Max in community activities locally, such as going to the library, the local park and the supermarket to purchase supplies for cooking programmes.

The pattern that emerged was that when Max had been sitting for long periods of time (10 minutes or more) he would bolt. The school thought the reason was sensory-based, as Max was seeking input into his body. This could happen after drives, sitting on a bus, or being confined inside for long periods of time.

Some good tips

- If working with therapists or specialists, assessments and reports can be a good way to find out what the best strategy will be. You may already have assessments. Your therapist could do new assessments if they will help your child.
- Be careful about the advice given by a person who hasn't met your child, or advice from the internet. Some strategies may be easy, but can have other effects on the child or may not work at all.
- Always look for the reason for the behaviour of concern. Behaviours of concern have different reasons for happening. Different strategies will work with different children.
- Some items available for sale on the internet may not be allowed to be used in Victorian Schools or disability services. Speak to your school or therapist before buying these items.

Frequently Asked Questions

- **What do I do if I am concerned about my child's behaviour?**
  Always speak to your child's school first. You could either speak to your child's teacher. In secondary school, you could also speak to your child's year coordinator or wellbeing officer.
- **Can I give the school permission to use a seclusion, mechanical or chemical restraint?**
  No. Even with parent consent these types of restraint cannot be used in Victorian schools.
- **Doesn't physically restraining a child protect the child from harm?**
  Physical restraint should only be used in an emergency. If the situation can be handled in a safer way, it should be. It's a last resort.
- **What happens after that?**
  Schools must tell parents if their child has been physically restrained. Parents should meet with the school to talk about this and to develop a plan so this will not happen again.
- **What if I'm not happy with how a school is managing my child's behaviour, and I want to make a complaint?**
  Always speak to the school first. You can read the general school complaints policy on the Department of Education and Training website.

Useful Resources

- Raising Children Network
- Department of Education and Training Parent Resources
- Positive Partnerships – Resources for autistic school-aged children and young people
- Association for Children with a Disability - Keeping In Touch with School Resource

Support Services

- Talk to your school
- Speak to your child's paediatrician or GP
- If your child has a disability contact the National Disability Insurance Agency
- Contact your local Child and Adolescent Mental Health Service (CAMHS)
- Contact Headspace – National Youth Mental Health Foundation
- Contact the Association for Children with a Disability for information and advice
- Call Parentline counselling service on 1300 301 300