

FACT SHEET – FREQUENTLY ASKED QUESTIONS

Children and Restrictive Practices

Clarifying Child specific decision making around what is considered a restrictive practice under the Tasmanian Disability Services Act

Key issues

- Age appropriate ways of addressing the behaviour or risk
- Age appropriate environmental features
- View copy of the relevant document (e.g., food safety, universal infection precautions)

General – Children preschool age or younger (i.e., under age 5)

The cases below are unlikely to be considered restrictive although there is an assumption that a proportional response is used. That is, verbal communication and/or environmental change is used prior to physical intervention; and physical intervention is the least amount of restriction needed to keep the child and others safe. For example:

- Removal of an item from a child when the item does not belong to him/her (e.g., removing a drink bottle from a child who has taken another child's bottle).
- Action needed to comply with universal precaution issues, notably infection control / food safety.
- Action related to a shared space where a child with a documented food or other allergy is often present (e.g., peanut allergies). Documented evidence supporting an allergy and medical risk. The response to an allergy would be similar to universal infection precautions, although an allergic reaction has the potential of becoming a significant medical issue. Note for consistency reasons the same approach would be acceptable regardless of whether the child with the allergy is present on the day or not.
- Outdoor safety issues – 'no hat no play' – 'no sunscreen no play' – 'no shoes no play'
- Age norms for issues such as locked gates and external doors, holding hand when out, limiting access to stove or oven, restricted access to sharps and matches, use of bed rails, use of harness style car restraint, supervising a bath.
- Storing chemicals, medicines, sharps, batteries, matches and lighters in a locked and or out of reach cupboard





General guidelines for children 5 to 8 years old

Issues raised at children's respite. Note: if a restriction is due to a client's behaviour (e.g., weaponizing sharps; taking & eating other people's food) then regardless of the age, the restriction is a restrictive practice and needs approval.

Not restrictive:

- Locked front gate to the respite centre (in some respite situations this may be locked external doors if there is no fence and gate) – not restrictive for children aged 5 to 8 as children's perceptual and cognitive abilities are not sufficiently developed to make sound judgements.
- Holding onto child's hand in a public area or potentially dangerous situation (when the child does not want their hand held) <https://www.brisbanekids.com.au/until-age-still-holding-childs-hand/>
- Removing electronic devices at key times such as bedtime or after a set period (community norm).
- Locking up sharps, notably kitchen knives. However, if the restriction is due to a client's behaviour (e.g., history of self-harm, weaponizing sharps) then it is a restrictive practice.
- Lockable switch to isolate the stove and oven.
- Supervising child in bath and toileting
- Locking up cleaning chemicals – not restrictive in a respite setting as the child would not be expected to do cleaning on respite.
- Storing medicines, batteries, matches and lighters in a locked and or out of reach cupboard
- Supervising online activity
- Set bedtimes. According to guidelines, children aged 5-11 should be in bed by 9pm <https://raisingchildren.net.au/pre-teens/healthy-lifestyle/sleep/school-age-sleep>

Restrictive, needing approval.

- Limiting access to stove or oven.
- Taking the taps off the bathroom water (note the building should have a tempering valve or other means to reduce water temperature to a safe level).

General guidelines – young persons aged 9 to 15.

To become a capable adult, a child must learn to take on responsibility, make decisions and form their own identity.

Not restrictive

- Supervising online activity
- Storing medicines in a locked and or out of reach cupboard
- Removing electronic devices at key times such as bedtime if part of 'Respite house-rules'.
- Bathing supervised, if support is provided due to functional ability of the young person



Restrictive

- Locked external doors and gates. At this age young persons should be able to be in the community on their own.
- Holding hands in public when the young person does not want his/her hand held.
- Restricting access to kitchen.
- Restricting access to sharps.
- Bathing supervised if no functional disability. Can leave the door ajar, for hearing purposes, as long as privacy is maintained.

Additional documents

NDIS commission – Regulated restrictive practices with children and young people with disability practice guide <https://www.ndiscommission.gov.au/document/2741>

The Australian Parenting Website <https://raisingchildren.net.au/>