

# The Use of Seclusion and Restraint on Children and Youth

**Department for Children and Families (DCF)  
Family Services Division (FSD)**

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# Restraint & Seclusion (R&S) Definitions

## **Restraint:**

Restraint is the application of physical force by one or more individuals that reduces or restricts the child/youth's freedom of movement, including an escort.

## **Seclusion:**

Seclusion is the confinement of a child/youth in a segregated room, for the purpose of preventing harm to self or others, with the child/youth's freedom to leave physically restricted. Seclusion is not a punishment.

# Incident Reporting Elements

- Details of incident (date, time, location, intervention type/technique, etc.)
- Events leading up to event
- De-escalation techniques employed
- Reason/justification for restraint/seclusion
- Injury or medical care administered to child or staff
- Event-related property damage
- Administrative review/follow-up
- Parent/guardian notification

# Restraint & Seclusion Tracking: Previous Practice

## Where we started (3+ years ago)

- Notification of all nature of incidents (including R&S) were reported by residential programs to the assigned Family Services Worker (FSW), who maintain the reports in the case file
- Incidents resulting in injury or hospitalization of a child would be submitted to DCF's Residential Licensing and Special Investigations Unit (RLSI) - subject to regulatory or investigative procedure
- Incidents of a severe nature, that may have jeopardized the placement, health of residential milieu, or capacity of milieu may have been submitted to DCF's Specialized Services Unit (SSU)
- Notifications may have occurred verbally or via written report. Depending on the nature/severity or verbal notification, written notification may have been requested

# Restraint & Seclusion Tracking: Current Practice

## Current Practice

- All residential programs are required, per contract, to report all incidents of restraint or seclusion in writing to the Specialized Services Unit (SSU), as well as the assigned Family Services Worker (FSW).
- All reports are submitted in writing, but the format varies from program to program.
- R&S incident reports are centrally maintained in child-specific residential files, as well as in a common file for all R&S incidents. At the district office, paper copies of the reports are maintained in the child-specific case file.
- DCF manually updates a spreadsheet of summarized information from the incident reports for notification to the Office of Child, Youth, and Family Advocate (OCYFA).
- DCF can submit the full report of any R&S incident to the OCYFA upon request.

# Challenges with the Current Tracking Practice

- Administratively cumbersome
- Inconsistent reporting format/structure
- Timeliness of OCYFA information access
- Workforce “bottlenecks”
- Systemic limitations to data analysis
- Program-specific reporting barriers

# Numbers by Year

## 2023 (7/1/23-12/31/23)

- 116 Incidents Reported
  - 4 Reporting Providers
  - 9 of the 116 reported incidents included some level of seclusion

## 2024

- 338 Incidents Reported
  - 4 Reporting Providers
  - 33 of the 338 reported incidents included some level of seclusion

## 2025

- 132 Incidents Reported
  - 11 Reporting Providers
  - 42 of the 132 reported incidents included some level of seclusion

# Future Tracking Opportunities

- Universal Restraint and Seclusion Reporting Instrument
- OCYFA access to shared reports
- All new, renewed, amended contracts standardize reporting requirements
- Possible virtual reporting tool with automatic reporting features
- Other ideas/feedback?



# Out-of- State Residential Placement

- DCF currently has 47 youth in out-of-state residential care placements
- 41 of these youth are placed within programs in the region (New Hampshire and Massachusetts)
- 6 youth are out-of-region (Virginia, Florida)
  - 4 of the 6 could have been served by the planned VT Psychiatric Residential Treatment Facility (PRTF) program
  - 1 of the 6 could have been served by the planned Green Mountain Youth Campus long-term treatment program