Amaze Position Statement

Restrictive Practices

Key points

* Autistic people are subjected to restrictive practices in a variety of settings, including schools, disability services, supported accommodation and group homes, hospitals, mental health facilities and prisons.
* Restrictive practices can have short and long term negative impacts and give rise to serious physical and mental harm, including death.
* Amaze recommends:
* A nationally consistent framework that works towards eliminating restrictive practices across ALL service systems and sectors, is facilitated by the Council of Australian Governments, draws upon evidence informed strategies for reducing and eliminating restrictive practices and consistently defines key terms, such seclusion and physical restraint.
* Capacity building and education to operationalise the framework and improving public awareness of issues relating to restrictive practices.
* A government led approach to building the understanding and use of positive behaviour support programs across sectors, and designing/modifying built environments (including by making necessary adjustments or providing resources) to support sensory regulation and executive functioning.
1. Background

Restrictive practices involve the use of interventions and practices that have the effect of restricting the rights and freedoms of movement of an autistic person. These primarily include restraint (chemical, mechanical or social) and seclusion[[1]](#endnote-1) but also include psycho-social restraint, consequence driven strategies and environmental restraint.[[2]](#endnote-2)

Current evidence concludes that restrictive practices have a negative effect on health, wellbeing and quality of life for people with disability,[[3]](#endnote-3) and can give rise to serious adverse consequences, including increasing behaviours of concern, post-traumatic stress, serious injury and death.[[4]](#endnote-4)

1. Current experiences, regulation and reviews.

Currently, autistic people (and people with disability more generally) who display ‘challenging behaviours’ or ‘behaviours of concern’, may be subjected to restrictive practices in a variety of settings including: schools, disability services, supported accommodation and group homes, hospitals, mental health facilities and prisons. , Behaviours of concern include behaviours that may become a barrier to a person’s participation in family, school or community life and/or pose a risk to their health and safety or those of other people.[[5]](#endnote-5)

Restrictive practices may infringe on a person’s human rights.[[6]](#endnote-6) The United Nations Committee on the Rights of Persons with Disabilities recently raised concern about the current use of restrictive practices within Australia, especially for those with intellectual impairment or psychosocial disability, in various settings. The Committee recommended that Australia take steps to end such practices, including the establishment of an independent national preventive mechanism to monitor places of detention.[[7]](#endnote-7)

The regulation of restrictive practices in Australia arises primarily under state and territory disability services and mental health legislation, and under a range of policy directives, statements and guidance materials.[[8]](#endnote-8) There is variation in the regulation of restrictive practices across states and territories, and there are inconsistencies between service systems.

Recent work reviewing the efficacy, regulation and use of restrictive practices in Australia has been undertaken within a number of different services systems including disability services, National Disability Insurance Scheme (NDIS), education and mental health. This includes:

* ‘Held back: the experiences of students with disabilities in Victorian Schools – Analysis paper’. Victorian Equal Opportunity and Human Rights Commission, 2017.[[9]](#endnote-9)
* ‘Final Report to the Inquiry on services for people with autism spectrum disorder’, Victorian Parliament, 2017.[[10]](#endnote-10)
* ‘Australian Government response to the Senate Community Affairs References Committee report: Violence, abuse and neglect against people with disability in institutional and residential settings..’, Australian government, 2017;[[11]](#endnote-11)
* ‘NDIS Quality and Safe Guarding Framework’, Disability Reform Council, 2016;[[12]](#endnote-12)
* ‘Report on the Inquiry into Abuse and Neglect against People with Disability in Institutional and Residential Settings..’, Senate Community Affairs References Committee,2015;[[13]](#endnote-13)
* ‘A Case For Change’ position paper, The National Mental Health Commission 2015;[[14]](#endnote-14)
* ‘Equality, Capacity and Disability in Commonwealth Laws’, Australian Law Reform Commission Report 2014;[[15]](#endnote-15)
* ‘National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector’ endorsed by Commonwealth, State and Territory Disability Ministers 2014;[[16]](#endnote-16) and
* ‘Held back: The experiences of students with disabilities in Victorian schools report’, Victorian Equal Opportunity and Human Rights Commission, 2012.[[17]](#endnote-17)

The recently introduced NDIA Quality and Safeguarding Framework also aims to regulate restrictive practices for the purposes of the NDIS and reduce their use through positive behaviour support. It also establishes an independent NDIS Quality and Safeguards Commission to oversee the delivery of quality and safe services for NDIS participants across Australia, including through reviewing and reporting on restrictive practices.

1. What needs to be done?

Amaze supports working towards the elimination of restrictive practices of people with disability, including autistic people, consistent with the United Nations Convention of the Rights of Persons with Disabilities. This is a complex and multifaceted issue, however people have the right to receive safe and effective care, support and services, and to work in an environment that is safe and supportive.

A National Framework relevant to ALL service sectors should be developed, drawing on the following evidence informed core strategies to eliminate restrictive practices:

1. **Person centred and focussed**: including the perspectives of people with disability and their families/carers in all decision making, training and policy development, as well as the development, implementation and review of individualised behaviour support planning.
2. **Leadership towards organisational change:** ensuring leaders prioritise the reduction of restrictive practices, support their staff to move away from the use of restrictive practices and encourage the use of evidence based positive behaviour support.
3. **Use of data to inform practice**: evaluating the use of restrictive practices, setting targets and informing alternative approaches.
4. **Workforce development**: building understanding and capabilities to use positive behaviour support and other restrictive practice alternatives.
5. **Use within services of restraint and seclusion reduction tools**: integrating restrictive practice reduction tools into each individual’s support plan.
6. **Debriefing and practice review:** ensuring service providers regularly review incidents, and their processes related to reducing restrictive practices, in order to identify areas for practice and systemic improvement. [[18]](#endnote-18)

Amaze primarily encourages the use of positive behaviour support strategies and would welcome the inclusion of positive behaviour support guidelines in a National Framework. Amaze also encourages better design/modifications to built environments and any other adjustments to service provision or information resources that may help prevent challenging behaviours and behaviours of concern.

Amaze welcomes the recommendation of the Victorian Parliament in its recent ‘Final Report to the Inquiry on services for people with autism spectrum disorder’, that “[t]he Victorian Government enable the roll out of the school-wide Positive Behaviour Support program to all government mainstream and specialist schools, to manage behaviours of concern, as a matter of priority”. It also welcomes the recommendations for better design/modifications to built environments to support sensory regulation and executive functioning, i.e. supporting autistic people to feel safe, calm and secure.[[19]](#endnote-19)

1. Key recommendations
2. A nationally consistent framework that works towards eliminating restrictive practices across ALL service systems and sectors, is facilitated by the Council of Australian Governments, draws on evidence informed strategies and includes consistent definitions of key terms, such as for seclusion and physical restraint.
3. To support the governing framework, appropriate government investment in:
	1. Development of legislation, standards and guidelines as appropriate to support national consistency;
	2. Capacity building and education within service systems to operationalise the framework;
	3. Awareness raising of issues relating to restrictive practices amongst key stakeholders, including people with disability, their families and carers.
4. A government led approach to building the understanding and use of positive behaviour support programs across sectors, and designing/modifying built environments (including by making necessary adjustments or providing resources) to support sensory regulation and executive functioning.

Attribution:

This work should be referenced as:
Amaze 2018, Position Statement – Restrictive Practices, available at
www.amaze.org.au

1. References
1. National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector, Australian Government, 2014 [↑](#endnote-ref-1)
2. NDIS Quality and Safe Guarding Framework, Commonwealth Department of Social Services,2016 [↑](#endnote-ref-2)
3. Report on the Inquiry into Abuse and Neglect against People with Disability in Institutional and Residential Settings..”, Senate Community Affairs References Committee, 2015; Sigafoos J., Arthur M., O’Reilly M. (2003). Challenging behaviour and developmental disability. London, England; Singh, N. N., Lloyd, J. W., & Kendall, K. A. (1990). Non-aversive and aversive interventions: Introduction - in A. C.Repp & N. N. Singh (Eds.), Perspectives on the use of non-aversive and aversive interventions for persons with developmental disabilities (pp. 3-16). Sycamore, IL: Sycamore. [↑](#endnote-ref-3)
4. McVilly, K, Physical restraint in disability services: Current practices, contemporary concerns, and future directions. A report commissioned by the Office of the Senior Practitioner. Melbourne: Department of Human Services, 2009; Paterson, B., Bradley, P., Stark, C., Saddler, D., Leadbetter, D., & Allen, D. Deaths associated with restraint use in health and social care in the UK: The results of a preliminary survey. Journal of Psychiatric and Mental Health Nursing, 10, 3-15, 2003. [↑](#endnote-ref-4)
5. Equality, Capacity and Disability in Commonwealth Laws, Australian Law Reform Commission, 2014 [↑](#endnote-ref-5)
6. United Nations Convention on the Rights of Persons with Disabilities; United Nations Convention on the Rights of the Child. [↑](#endnote-ref-6)
7. Committee on the Rights of Persons with Disabilities, ‘Concluding Observations on the Initial Report of Australia, Adopted by the Committee at Its Tenth Session (2–13 September 2013)’ (United Nations, 4 October 2013) [35]—[36] [↑](#endnote-ref-7)
8. Ibid [↑](#endnote-ref-8)
9. Victorian Equal Opportunity and Human Rights Commission 2017. Held back: the experiences of students with disabilities in Victorian Schools – Analysis paper. August 2017. Available at [www.humanrightscommission.vic.gov.au/resources](http://www.humanrightscommission.vic.gov.au/resources) [↑](#endnote-ref-9)
10. Victorian Parliament 2017. Inquiry into Services for People with Autism Spectrum Disorder - Final Report. Family and Community Development Committee. June 2017. Available at <https://www.parliament.vic.gov.au/fcdc/article/2588> [↑](#endnote-ref-10)
11. https://www.dss.gov.au/sites/default/files/documents/03\_2017/government\_response\_to\_senate\_inquiry\_into\_violence\_abuse\_and\_neglect\_1\_march\_17.pdf [↑](#endnote-ref-11)
12. https://www.dss.gov.au/sites/default/files/documents/04\_2017/ndis\_quality\_and\_safeguarding\_framework\_final.pdf [↑](#endnote-ref-12)
13. http://www.aph.gov.au/Parliamentary\_Business/Committees/Senate/Community\_Affairs/Violence\_abuse\_neglect/Report [↑](#endnote-ref-13)
14. <http://www.mentalhealthcommission.gov.au/our-work/national-seclusion-and-restraint-project/our-position-paper-a-case-for-change.aspx> [↑](#endnote-ref-14)
15. Ibid [↑](#endnote-ref-15)
16. Ibid [↑](#endnote-ref-16)
17. <http://www.humanrightscommission.vic.gov.au/index.php/our-resources-and-publications/reports/item/184-held-back-the-experiences-of-students-with-disabilities-in-victorian-schools-sep-2012> [↑](#endnote-ref-17)
18. Rimland, S 2011. Strategies and barriers to minimising the use of restrictive practices; a review of initiatives across human services sectors. Report prepared for the DPRWG by the Centre of Excellence for Behaviour Support, cited in DSS 2014. National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector, Australian Government. [↑](#endnote-ref-18)
19. Victorian Parliament 2017. Inquiry into Services for People with Autism Spectrum Disorder - Final Report. Family and Community Development Committee. June 2017. Available at <https://www.parliament.vic.gov.au/fcdc/article/2588> [↑](#endnote-ref-19)