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# Human Rights and Restrictive Practices: A Psychosocial Disability Perspective

**Embracing Change Project: NDIS and Psychosocial Disability Quality and Safety Forum**  
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# Aims of the presentation

1. Overview of the National Quality and Safeguarding Framework
2. UN CRPD – what are the relevant human rights?
3. What the research shows about restrictive practices?
4. What we are doing to safeguard people with psychosocial disability?

# 1. NDIS National Quality and Safeguarding Framework - In relation to Behaviour Support

- All Australian Governments are committed to evidence-based behaviour support strategies to both improve the quality of life of people with disability and reduce and eliminate the use of Restrictive Practices
- Consistent with Australia's international human rights obligations and the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector
- Joint Commonwealth/State responsibility: Commonwealth leadership in behaviour support and monitoring of Restrictive Practices role; states remain responsible for legislation and policy on authorisation and consent arrangements for Restrictive Practices



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## 2. UN CRPD (2006)

- Rights-bearers and duty-bearers
- Duty bearers are to respect, protect and fulfil the rights of people with a disability



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## 2. Relevant CRPD Articles

- ✓ Article 12 – equal recognition before the law
- ✓ Article 13 – access to justice
- ✓ Article 14 – liberty and security of the person
- ✓ Article 15 – freedom from torture or cruel, inhuman or degrading treatment or punishment
- ✓ Article 16 – freedom from exploitation, violence and abuse
- ✓ Article 17 – protecting the integrity of the person
- ✓ Article 18 – living independently and being included in the community
- ✓ Article 21 – freedom of expression and opinion, and access to information



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### **3. What the research shows about restrictive practices?**



# International Research Evidence Shows:

*(drawing from mental health,  
disability, aged care, children  
services, education, forensic  
settings and police)*



- ✓ Restraints and seclusion are not therapeutic, and have no scientific basis establishing their efficacy
- ✓ Restraint and seclusion do not effectively shape and change behaviour, and do not result in positive pro-social behaviour
- ✓ Restraint and seclusion are not used unless absolutely necessary, are often punitive and not for safety reasons

# International Research Evidence Shows:

*(drawing from mental health,  
disability, aged care, children  
services, education, forensic  
settings and police)*



- ✓ Restraints and seclusion do not keep the people we serve safe
- ✓ Restraints and seclusion do not keep staff safe
- ✓ Restraints and seclusion are not used objectively and not without bias
- ✓ It costs more to apply restraints and seclusion

# What do people feel when they are subjected to Restrictive Practices?

- They do not feel safe
- They recount their trauma and negative experience
- They feel violated and go through cycles of psychological distress
- They feel practices are unethical
- They feel helpless, hopeless and “spirit broken”
- They view their behaviours are in response to an offending or maladaptive environment



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# What do staff experience when they administer restraint and seclusion?



They feel angry and distressed

Re-traumatization of staff can occur

They require stress leave after applying restraint and seclusion

They found the experience demeaning

They experience one or more negative psychological experiences

They also feel anger when a colleague is injured during the process of restraint application



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# Put simply, in terms of mental health the research on Restrictive Practices show:



- ✓ Restrictive practices do not contribute to the recovery of the person.
- ✓ Dignity of risk often is often overlooked – being risk averse is common practice.
- ✓ Restrictive practices become necessary only when there is a significant risk to the safety of the person and or others.



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## 4. Safeguarding people with psychosocial disability

✓ **Safeguarding the dignity of the person and improving quality of life**

- Trauma-informed practice

✓ **Contemporary evidence-based practice aligned with the CRPD**

- Recovery Model and Positive Behaviour Support

✓ **Constructively improving the system to protect the rights of persons**

- Building capability and quality improvement
- National consistency across jurisdictions



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Thank you.