A model for the elimination of restrictive practices for people with an intellectual disability and Services for One

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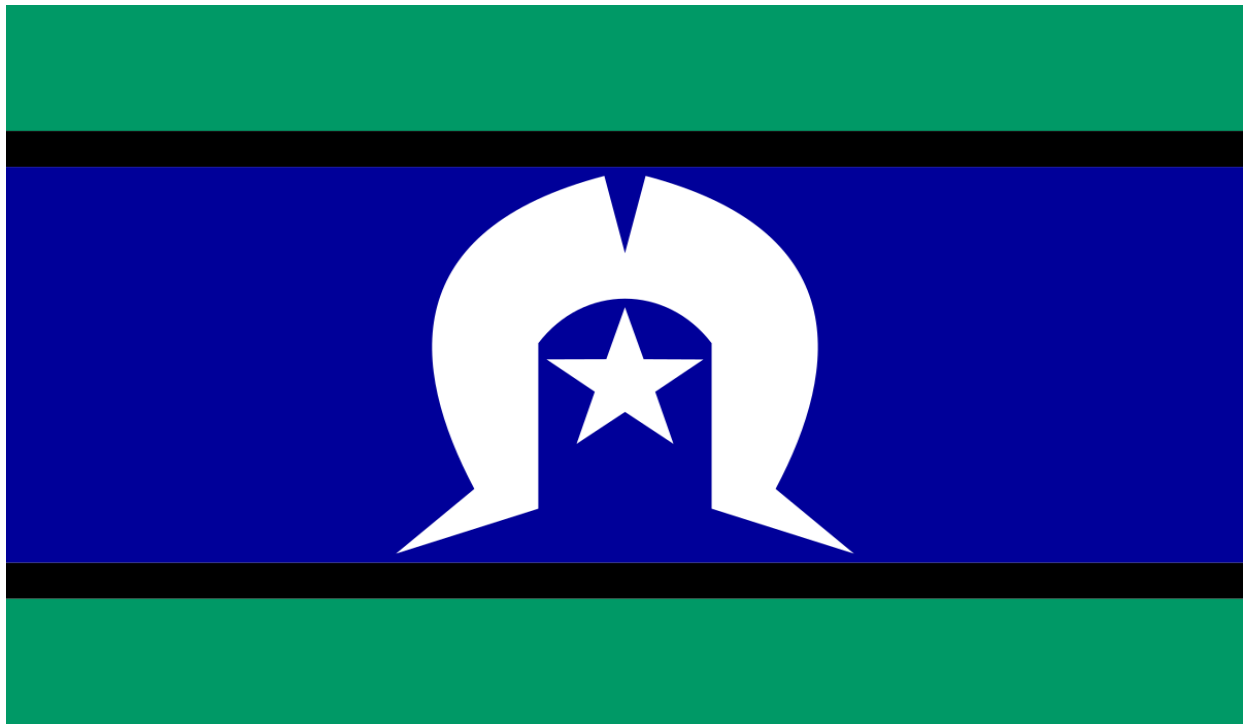
Acknowledgement of Country



About us

We are the national Disability Representative Organisation for people with an intellectual disability and their families.

We bring people together through our members to support and advocate for people with an intellectual disability.

Parent experience

- Keeping him safe
- Measuring risk
- Changes in legislation strengthened my advocacy
- Oversight from the Office of Professional Practice
- Understanding dignity of risk
- Context of learning
- The impact of trauma
- Finding the gold

Individual advocacy

Extent of the problem

Recurring themes

The vulnerability for those with complex communication needs

Systemic advocacy

- Findings of the Disability Royal Commission
- A lack of data on individual stories of reduced or eliminated restrictive practice
- A big focus on what restrictive practices are rather than what the least restrictive options could be.
- A general intent to reduce or eliminate restrictive practice
- The need for a generally agreed national plan to move toward a system that supports the right of every person with intellectual disability to a life free of restraint.

Emerging themes

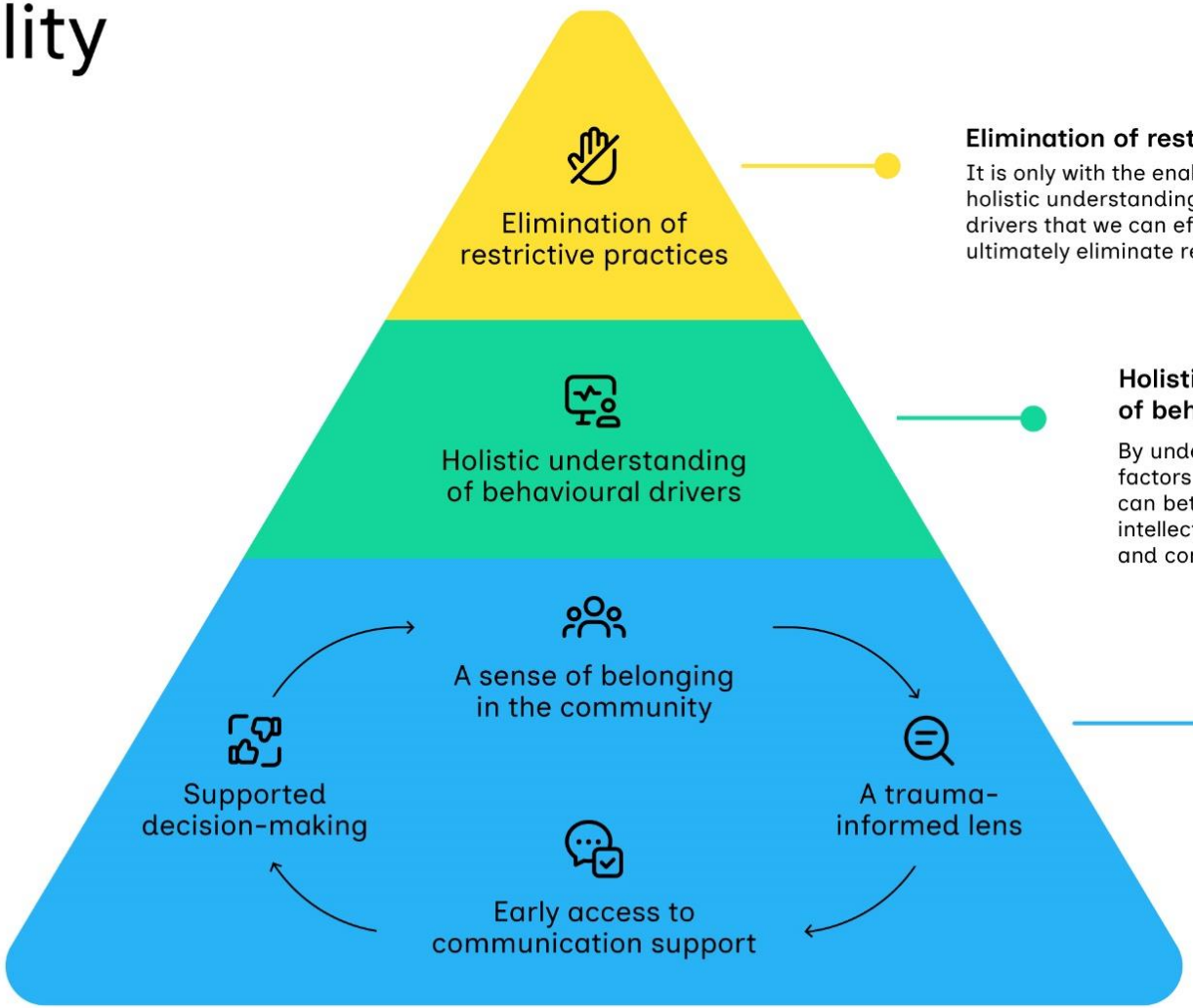
A service-for-one is often set up by families to organise and provide support for people with complex support needs and multiple disabilities. Many people with complex needs in our community have experienced severe neglect and abuse in mainstream disability services. Families typically developed services-for-one after trying a range of other options. This has enabled the family member with disability to receive the level of tailored and individualised supports they need, provided in a way that centres their needs and preferences.

Emerging themes

While there is little research available about this approach so far, available evidence suggests that there is a reduction in the use of restrictive practices through adaptations that can be made in a service-for-one. These benefits are observed when people have access to KEY essential supports

A model for eliminating restrictive practices for people with an intellectual disability

Inclusion Australia



Elimination of restrictive practices

It is only with the enablers in place and holistic understandings of behavioural drivers that we can effectively reduce and ultimately eliminate restrictive practices.

Holistic understanding of behavioural drivers

By understanding the context and the factors that are driving behaviour, we can better support people with an intellectual disability to retain choice and control over their lives.

Essential inclusion and support

These four interconnected enablers are foundational to the inclusion, support and wellbeing of people with an intellectual disability. The presence of each enabler strengthens the others.

Enablers

Outcome

Source: See Appendix A for full breakdown of references

Enabler: Communication Support

AAC

Listening

Watching

Video

Non-electronic visual aids

Voice intonation

Declarative language

Enabler: Trauma informed lens

- The Disability Royal Commission clearly demonstrated that experiences of violence, abuse, neglect, and exploitation are frequently and disproportionately experienced by people with disability.
- We know that those experiences are more likely to (though do not solely) take place in segregated settings, separate from the community. The impact and trauma caused by these experiences is enormous and can be life-long.

Citation: Keith McVilly., Ainsworth, S., Graham, L., Harrison, M., Sojo, V., Spivakovsky, C., Gale, L., Genat, A., Zirnsak, T. (2022). Outcomes associated with ‘inclusive’, ‘segregated’ and ‘integrated’ settings: Accommodation and community living, employment and education. A research report commissioned by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. University of Melbourne, Australia.

Blue Knot Foundation's *Disability Guidelines for Trauma-Informed Practice* describe a trauma-informed practice as one that:

- Is not clinical treatment
- Recognizes that many issues are trauma-related and requires people to be trained to act on this awareness
- Follows the principle of 'do no harm'
- Understands the effects of stress and trauma on the brain and body
- Considers what trauma has happened to a person and not what is 'wrong' with a person
- Regards 'symptoms' as expressions of coping strategies
- Is sensitive to the person's comfort levels and to the way in which a service is delivered, not just what a service is
- Works with the person rather than doing something 'to' or 'for' the person.

Kezelman, C. and Dombrowski, J. Disability Guidelines for Trauma-Informed Practice: Supporting people with disability who have experienced complex trauma. Blue Knot Foundation. Retrieved from: https://blueknot.org.au/product/guidelines-for-trauma-informed-practice-disability-digital-download/ Page 89.

Enabler: A sense of belonging in the community

“An individual is made welcome, where they feel welcome, where they know they belong, where they know they are safe, and where their voice is heard and acted upon … it is where people live … in close personal relationships with others, where they have friends and advocates and where they are free to express their philosophical/religious beliefs, sexual and cultural identities, that people can live a quality life free from violence, abuse, neglect and exploitation.”

Disability Royal Commission Final Report

Belonging

Research commissioned by the Disability Royal Commission argued that in exploring the policy and practice directions needed for people with disability to live in an inclusive society, we need to consider the ways this can and does take place through:

- Community belonging
- Visibility and feeling valued within one's community
- Unpaid, freely entered social connections.

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Enabler: Supported decision making

There is increasing evidence that the elimination of restrictive practices is contingent on people with disability having access to the supports and empowerment to exercise (and build capacity to exercise) these rights

Research commissioned by the Disability Royal Commission was clear that:

Legal systems and service systems must facilitate autonomy

Legislation and court jurisdictions enabling substituted decision-making must be replaced with those that are not disability-specific and additionally enable supported decision-making

Service and health systems need to be educated and resourced to implement supported decision-making

Systems of supported decision-making should not over-regulate the lives of people with disability. [xxvii]

A holistic understanding of behavioural drivers

"A behaviour of concern is likely to be produced by 'an environment of concern' … behaviours seen as being 'of concern' can be understood better as adaptive behaviours to maladaptive environments … and should be seen as legitimate responses to difficult environments and situations, and not a reason for restrictions designed to change the person and their behaviour."

Paul Ramcharan, Karen Nankervis, Maria Strong & Alan Robertson, 'Experiences of restrictive practices: A view from people with disabilities and family carers: A final research report to the Office of the Senior Practitioner', Research report for Office of the Senior Practitioner, Victorian Government, May 2009, p 11.

Changed lives

No longer exposed to restrictive practices

A more hopeful approach to least restrictive options

Safer learning environments

Richer experiences of supported decision making

Genuine social connections

Strengthened family connections

A LIFE FREE OF RESTRAINT