



Royal Commission
into Violence, Abuse, Neglect and Exploitation
of People with Disability

Issues Paper

Restrictive practices

May 2020

Please be aware that the content and associated questions in this Issues paper maybe distressing or raise issues of concern for some readers.

There are a range of services available if you require support after reading this paper. Contact details for these services are located at the end of this paper under the heading 'Support to respond to this Issue paper'.

Introduction

Restrictive practices are a key area of inquiry for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Royal Commission).

The purpose of this paper is to invite information and discussion from the public on the use of restrictive practices on people with disability. We welcome any information that will assist the Royal Commission. A list of questions is included near the end of this paper. The questions are a guide. You do not have to answer every question.

More information about how to respond to this Issues paper is at the end of the paper.

If you wish to share an individual experience of violence, abuse, neglect or exploitation, experienced by you or another person with disability, please consider making a submission. You can contact us in writing, by telephone or by sending a video. More information is on our [website](#).

Attachment A sets out the Royal Commission's working definitions of violence, abuse, neglect and exploitation.

What are restrictive practices?

We understand that 'restrictive practice' is a term used in Australia to refer to any action, approach or intervention that has the effect of limiting the rights or freedom of movement of a person.¹

Restrictive practices can be used across Australia, as a last resort, to prevent or protect people from harm. This includes a perceived risk of harm.² This may include preventing or protecting an individual or others from behaviours referred to as 'challenging behaviours' or 'behaviours of concern'.

Restrictive practices include:

- **seclusion**, where a person is confined to a physical space and prevented from leaving. An example is locking a person in a room for a set period of time.

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- the use of **restraints**, which may be:
 - **physical**, for example, holding a person down on the ground so they cannot move in a hospital
 - **chemical**, for example, using medication to sedate a person
 - **mechanical**, for example, tying a person to a chair in a classroom, disconnecting the power of an electric wheelchair or taking a person's communication device away from them
 - **environmental**, for example, locking a garden area or fridge in a group home to stop people accessing it
 - **psychosocial**, for example, constantly telling a person that doing an everyday activity is too dangerous, without reasonable justification.³

Why are we looking at restrictive practices?

Our working definition of violence and abuse includes restrictive practices. Some consider it a 'disability-specific' form of violence.⁴

Restrictive practices can cause serious physical injury, psychological harm and may cause death. Psychological harm may include trauma, fear, shame, anxiety, depression and loss of dignity. Restrictive practices can damage relationships and trust between a person with disability and the person carrying out the restrictive practice, such as a support worker, doctor or teacher. They can increase power imbalances and feelings of helplessness and lead to a loss of independence.⁵

How we will look at restrictive practices

A human rights-based approach

We are committed to the rights of people with disability. Australia is required under the *UN Convention on the Rights of Persons with Disability*⁶ to respect, protect and fulfil the human rights of people with disability.

People with disability have a right to be free from violence and abuse,⁷ and torture or cruel, inhumane or degrading treatment.⁸ People with disability also have rights to physical and mental integrity,⁹ liberty¹⁰ and autonomy.¹¹ The use of restrictive practices may conflict with these human rights.

The United Nations Committee on the Rights of Persons with Disabilities (CRPD Committee) has called on Australia to establish a nationally consistent legal framework for the elimination of restrictive practices, in all settings including the home.¹² The CRPD Committee also called for this framework to protect all people with disability from psychotropic medication (medicine that can affect the mind, emotions and behaviour), physical restraint and seclusion under the guise of 'behaviour modification'.¹³ It also urged Australia to end the practice of detaining and restraining

children with disabilities in any setting.¹⁴ The CRPD Committee expressed particular concerns about the use of solitary confinement for long periods.¹⁵

The Committee on the Rights of the Child has called on Australia to address the use of restraint and seclusion related to education, leisure and cultural activities.¹⁶

Juan E Méndez, the former United Nations Special Rapporteur on Torture, called for all countries to introduce:

an absolute ban on all coercive and non-consensual measures, including restraint and solitary confinement of people with psychological or intellectual disabilities ... in all places of deprivation of liberty, including in psychiatric and social care institutions.¹⁷

The Royal Commission is also interested in the multi-layered experiences of people with disability of different age, sex, gender identity, sexual orientation and race. In particular, we will look at the experiences of First Nations people with disability and culturally and linguistically diverse people with disability.

A life-course approach

We want to better understand how people with disability have experienced violence, abuse, neglect and exploitation across their life. This means looking at the experiences people with disability have in early childhood, during schooling years, as young people and adolescents, and into adulthood and ageing.

Restrictive practices may occur at any point in a person's life, including in childhood, teenage years and adulthood. Restrictive practices can have ongoing effects across their life. There may be points in a person's life where they are at a higher risk of being subjected to restrictive practices.

A life-course approach recognises that all stages of a person's life are connected. If a person with disability experiences violence or abuse at one point in their life, it may affect them in later parts of their life. If a person has a traumatic life experience(s) early in life, this may affect how they experience the use of restrictive practices later in life. For example, if a person has experienced trauma related to closed spaces, then this may impact how they experience seclusion.

A life-course approach also considers life experiences across different generations. Society has a long history of restricting the rights or freedom of movement of certain people in society, including people with disability¹⁸ and First Nations people¹⁹. Many people continue to feel the effects of historical practices of restriction. We will consider experiences of systemic discrimination against First Nations people with disability. We will also consider the experiences of systemic discrimination against culturally and linguistically diverse people with disability. People from culturally and linguistically diverse backgrounds, particularly refugees, may have particularly traumatic experiences of restriction of movement and freedom prior to coming to Australia.

We are interested in understanding how laws, policies and practices that apply to restrictive practices can better support and enable people with disability across their lives.

Restrictive practices in all areas of life and settings

People with disability may be subject to restrictive practices across many areas of life and in many settings.

People with disability may have restrictive practices applied to them in their **homes**. Research indicates that restrictive practices are routinely used in group homes²⁰ and we have heard that their use in group homes is increasing.²¹ Restrictive practices are also often used during domestic and family violence and abuse.²² Restrictive practices may also be used in the **community**, such as in day programs or other disability service settings. This could include the failure to do something, for example, not taking a person to an appointment or service without a valid reason.

People with disability in **detention settings**, which includes a high number of First Nations people with disability, are at a high risk of restrictive practices. Prisoners and youth detainees with disability, particularly people with cognitive disability, are disproportionately secluded in solitary confinement for long periods of time.²³ People with disability are also at higher risk of restrictive practices after their release from prison,²⁴ which can contribute to a cycle of criminalisation and re-incarceration.

The use of medication to restrain people with disability is one form of restrictive practice that is enabled by the **health** system and common in **mental health** settings.²⁵ There is research that indicates medication is given to people with disability as a matter of routine, without any or sufficient therapeutic purpose to explain its use.²⁶

Some research indicates that students with disability are regularly subject to restrictive practices in **schools** and other education settings.²⁷ However, there is no consistent data collected in Australian schools on the use of restrictive practices.

People with disability may be subjected to restrictive practices at **work**, including in Australian Disability Enterprises (ADEs). Under the NDIS rules, ADEs are allowed to use restrictive practices.²⁸ There is limited data on the extent of their use in ADEs.

Current government approaches to restrictive practices

All states and territories have laws, policies, principles, standards and practices about restrictive practices. There have been some attempts by governments to develop consistent national approaches and strategies. Currently, there is no comprehensive or uniform legal framework that regulates the use of restrictive practices across settings and areas of life in Australia. This can make it difficult to understand what is allowed or not allowed.

National approaches

There have been three national agreements to reduce or eliminate the use of restrictive practices in Australia:

- In 2005, Health Ministers agreed to reduce, or if possible, eliminate the use of some restrictive practices in **mental health settings**²⁹
- In 2014, Disability Ministers from the Australian, state and territory governments agreed to the *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector*³⁰
- In 2016 the *National Principles to Support the Goal of Eliminating Mechanical and Physical Restraint in Mental Health Services*³¹ were endorsed by the advisory council to Australian Health Ministers.

These national agreements provide guidance to governments on restrictive practices, but are not laws.

Rules for the National Disability Insurance Scheme (NDIS) say what NDIS providers can and cannot do when it comes to using restrictive practices when they provide **NDIS supports**.³² NDIS providers who propose to use restrictive practices must put together a behaviour support plan and send it to the NDIS Quality and Safeguards Commission (NDIS Commission).³³ The behaviour support plan must follow certain rules.³⁴

There are also principles for **residential aged care providers** to minimise the use of restraints in aged care.³⁵ The principles require services to use restraints only as a last resort and regularly monitor and review the use of restraints. The use of restrictive practices on older people, including older people with disability, is currently being examined by the Royal Commission into Aged Care Quality and Safety.

State and territory approaches

States and territories usually authorise and regulate restrictive practices through law and policy. Some states require **disability service providers** to get approval from a state-based 'Senior Practitioner'. The role of a Senior Practitioner is to make sure that service providers follow standards on restrictive practices.

Guardianship laws may also play a role in authorising restrictive practices. A guardian is someone who is appointed by a board or tribunal to make decisions about another person's health, accommodation, services or other lifestyle matters. Guardians may also be able to make decisions about the use of restrictive practices.³⁶

State and territory **mental health** laws apply to the use of restrictive practices in mental health settings. This includes seclusion and forcing people to take medication to change their behaviour.³⁷

There are fewer regulations about the use of restrictive practices in schools and other **education** settings compared to other sectors, such as health.³⁸ State and territories have different laws and policies that apply to the use of restrictive practices in education settings. In each state and territory, direct guidance on the use of restrictive practices is provided primarily through policies and guidelines. For example, in Victoria, there is the Principles for reduction and elimination of restraint and seclusion in Victorian government schools. What is common across state and territories is a lack of laws that commit education providers, including schools, to reduce and eliminate restrictive practices in education.³⁹

Preventing and avoiding restrictive practices

Many people with disability, and representative and advocacy organisations and others argue that restrictive practices are not needed and should be eliminated.⁴⁰ Others consider that sometimes they are needed, as a last resort, to protect people from harm or from harming others.⁴¹

Research is showing that restrictive practices can be prevented or avoided. This research focuses on addressing what causes or leads to behaviours of concern and reducing these risk factors. This includes:

- Providing better community-based support to people with disability, including communication support
- Person-centred planning, for example individualised positive behaviour support plans
- Removing environmental barriers and risks in a range of settings, including group homes and mental health facilities. For example, providing options for sensory stimulus
- Respectful and trauma-informed support, including recovery-oriented care in crisis situations
- Advance care directives, where people can set out their 'will and preferences'⁴² as to how they wish to be treated in any future events
- Greater peer support and individual advocacy
- Better training for service providers and other professionals
- Co-designing and co-implementing measures to prevent and avoid restrictive practices with people with disability and their representative organisations, including First Nations and culturally and linguistically diverse people with disability and their organisations.⁴³

We would like to hear more about how the use of restrictive practices can be avoided. This includes hearing about alternative measures and strategies to restrictive practices to ensure people are safe and protected from harm.

Questions

Please answer as many of these questions as you wish. You do not need to answer them all and your response does not have to address any of the questions.

If you wish to share an individual experience of the use of restrictive practices, please consider making a submission. You can contact us in writing, by telephone or by sending a video. More information is on our [website](#).

Question 1: What are restrictive practices? Does the explanation in this paper need to change?

Question 2: What types of restrictive practices are applied to people with disability? Are certain types of restrictive practices more common than others?

Question 3: How often are people with disability subjected to restrictive practices?

Question 4: Where or in what circumstances are restrictive practices used?

Question 5: Why are restrictive practices used?

Question 6: What are the effects of restrictive practices?

Question 7: Is the use of restrictive practices different for particular groups of people with disability? If so, how?

- a. How is the use of restrictive practices on people with disability of different age, sex, gender identity, sexual orientation and race different? Are restrictive practices used on them at higher rates?
- b. How is the use of restrictive practices on First Nations people with disability different? Are restrictive practices used on First Nations people with disability at higher rates?
- c. How is the use of restrictive practices different for culturally and linguistically diverse people with disability different? Are restrictive practices used on culturally and linguistically diverse people with disability at higher rates?

Question 8: Does the use of restrictive practices lead to further violence and abuse, neglect and exploitation of people with disability? If so, how?

Question 9: Are current approaches to restrictive practices effective? This may include laws, policies, principles, standards and practices.

- a. Are there any gaps in the current approaches?
- b. If so, what are the impacts of these gaps?

Question 10: In what circumstances may restrictive practices be needed?

- a. What rules and safeguards should be apply?
- b. Should the same rules apply to all people?

Question 11: How can the use of restrictive practices be prevented, avoided or minimised?

- a. What needs to change in laws and polices?
- b. What needs to change in the community and within organisations?
- c. What are the barriers to this change?

Question 12: What alternatives to restrictive practices could be used to prevent or address behaviours of concern?

Question 13: Have we missed anything? What else should we know about restrictive practices?

Responding to this Issues paper

Responses to this Issues paper can be provided by:

- email to DRCEnquiries@royalcommission.gov.au
- letter to GPO Box 1422, Brisbane, Qld 4001
- phone on 1800 517 199 or +61 7 3734 1900 (between 9:00am to 5:00pm AEST Monday to Friday). We can make a time with you to take your response over the phone.

Responses can be in writing, an audio recording or a video recording. Responses can be in any language. The Royal Commission will translate the response to English.

We encourage responses by **28 August 2020**, however responses will also be accepted after this date.

Support to respond to this Issues paper

Blue Knot Foundation offers specialist counselling support and a referral service for anyone affected by the Disability Royal Commission.

For support please call their national hotline on **1800 421 468** (9am to 6pm AEST Monday to Friday, 9am to 5pm AEST Saturday, Sunday and public holidays).

In addition to the Blue Knot Foundation, the Australian Government provides support to assist people to engage with the Royal Commission. This support includes:

- free legal advisory services provided by National Legal Aid and the National Aboriginal and Torres Strait Islander Legal Services through the Your Story Disability Legal Service
- advocacy support services provided under the National Disability Advocacy Program.

Further information about these supports, including how to access them, is available on the [counselling and support](#) section of our website.

How we will use your response

All responses will inform the work of the Royal Commission.

We may make your response public, unless you tell us not to. Responses can be made anonymously.

We may publish your response on our website and your response may also be referenced in any public document prepared by the Royal Commission, for example, our interim and final reports.

More information about how the Royal Commission will [protect your confidentiality](#) is on our website.

Attachment A – Definitions

The Royal Commission has provisionally defined key terms as follows:

Violence and abuse – include assault, sexual assault, constraints, restrictive practices (physical and chemical), forced treatments, forced interventions, humiliation and harassment, financial and economic abuse and significant violations of privacy and dignity on a systemic or individual basis.

Neglect – includes physical and emotional neglect, passive neglect and wilful deprivation. Neglect can be a single significant incident or a systemic issue that involves depriving a person with disability of the basic necessities of life such as food, drink, shelter, access, mobility, clothing, education, medical care and treatment.

Exploitation – means the improper use of another person or the improper use of or withholding of another person's assets, labour, employment or resources including taking physical, sexual, financial or economic advantage.

Endnotes

- 1 Commonwealth, State and Territory Disability Ministers, *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector*, (1 May 2013).
- 2 For example, under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
- 3 Commonwealth, State and Territory Disability Ministers, *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector*, (1 May 2013), 4–5.
- 4 Senate Community Affairs References Committee, Parliament of Australia, *Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability* (Report, 25 November 2015; Transcript, Dr Claire Spivakovsky, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, Public Hearing 2: Homes and living, Melbourne, 3 December 2020, p 85 [28]; Linda Steele, 'Disability, Abnormality and Criminal Law: Sterilisation as Lawful and Good Violence' (2014) 23(3) Griffith Law Review 467; Alliance, Submission 147 to the Senate Community Affairs References Committee, Parliament of Australia, *Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability inquiry*, p 45–46
- 5 The Australia Psychological Society Ltd, 'Evidence-based guidelines to reduce the need for restrictive practices in the disability sector' (2011)
- 6 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008).
- 7 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008), art 16.
- 8 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008), art 15.
- 9 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008), art 17.
- 10 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008), art 14.
- 11 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008), art 12.
- 12 The Committee on the Rights of Persons With Disabilities, *Concluding observations on the second and third combined reports of Australia*, UN Doc CRPD/C/AUS/CO/2–3, 22 sess, (15 October 2019), [30(a)].
- 13 The Committee on the Rights of Persons With Disabilities, *Concluding observations on the second and third combined reports of Australia*, UN Doc CRPD/C/AUS/CO/2–3, 22 sess, (15 October 2019), [30(a)].
- 14 CRPD/C/AUS/CO/2–3 para 28(e).
- 15 UN Committee on the Rights of Persons with Disabilities, *Concluding observations on the combined second and third reports of Australia (Advanced Unedited Version)*, UN Doc CRPD/C/AUS/CO/2–3 (15 October 2019) para 29(b).
- 16 The Committee on the Rights of the Child, *Concluding observations on the fifth and sixth combined reports of Australia*, UN Doc CRPD/C/AUS/CO/5–6, 82 sess, (1 November 2019), [43(c)].
- 17 United Nations Human Rights Council, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, Juan E. Méndez (2013), [63].
- 18 Rachel Carling-Jenkins, *Disability and Social Movements: Learning from Australian Experiences* (Routledge, 2014); National People with Disabilities and Carer Council, *Shut Out: the Experience of People with Disabilities and Their Families in Australia, Commonwealth of Australia*, Canberra, 2009.
- 19 Tony Barta, 'Discourses of Genocide in Germany and Australia: A Linked History' *Aboriginal History* 25, 37; Helen Meekosha, 'A Feminist/Gendered Critique of the Intersections of Race and Disability: The Australian Experience' (Faculty of Education and the Department of Educational Studies at the University of British Columbia, 23 June 2005) 8 <http://wwda.org.au/wp-content/uploads/2013/12/vancouver1.pdf>; David Hollinsworth, 'Decolonizing Indigenous Disability in Australia' (2013) *Disability & Society* 28, 601–602.

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- 20 Claire Spivakovsky, 'Governing Freedom through Risk: Locating the Group Home in the Archipelago of Confinement and Control' (2017) 19(3) *Punishment & Society* 374; Lynne Weber, Keith McVilly and Jeffrey Chan, 'Restrictive Interventions for People with Intellectual Disability Exhibiting Challenging Behaviours: Analyses of a Population Database' (2011) 24(6) *Journal of Applied Research in Intellectual Disabilities*, p 495–507.
- 21 Ageing and Disability Commission, Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability in response to *Group homes Issues paper*, 4 March 2020, at ISS.001.00060, p 10.
- 22 Paul Harpur and Heather Douglas 'Disability and domestic violence: protecting survivors' human rights' (2014), 23(3), *Griffith Law Review*, p 405–433.
- 23 Ombudsman SA, *Ombudsman investigation into the Department for Correctional Services in relation to the restraining and shackling of prisoners in hospitals* (Report, July 2012) 1–4; Gina McKeon, 'Life on the inside: how solitary confinement affects mental health', ABC News (online, 9 October 2014) <>; Human Rights Watch, 'I Needed Help, Instead I Was Punished: Abuse and Neglect of Prisoners with Disabilities in Australia' (6 February 2018).
- 24 Forensicare, *Use of Restrictive practices on males released from prison and entering acute mental health services – Prepared for the Office of the Chief Psychiatrist* (Report, September 2017) 7.
- 25 Webber, Mcvilly, and Chan, 'Restrictive Interventions for People with a Disability Exhibiting Challenging Behaviours: Analysis of a Population Database', Lynne S. Webber et al., 'Factors Associated with the Use of Mechanical Restraint in Disability Services', *Journal of Intellectual & Developmental Disability*, 44/1 (2019), 116–20.
- 26 Webber, Mcvilly, and Chan, 'Restrictive Interventions for People with a Disability Exhibiting Challenging Behaviours: Analysis of a Population Database', Lynne S. Webber et al., 'Factors Associated with the Use of Mechanical Restraint in Disability Services', *Journal of Intellectual & Developmental Disability*, 44/1 (2019), 116–20.
- 27 Tony McCarthy, 'Regulating restraint and seclusion in Australian Government Schools, A Comparative Human Rights Analysis', (2018), vol 18 (2), *QUT Law Review*, p 200; Shiralee Poed, Kathy Cologon and Robert Jackson, 'Gatekeeping and restrictive practices with students with disability: results of an Australian survey' (2017), paper delivered at the Inclusive Education Summit, Adelaide October 2017, p 26.
- 28 National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
- 29 National Safety Priorities in Mental Health: a National Plan for Reducing Harm, National Mental Health Working Group, October 2005, p 17–9.
- 30 National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector, Department of Social Services, May, 2013
- 31 National Principles to Support the Goal of Eliminating Mechanical and Physical Restraint in Mental Health Services, Australian Health Ministers' Advisory Council, December, 2016.
- 32 National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
- 33 National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018
- 34 National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 rr 21, 24(3).
- 35 *Quality of Care Amendment (Reviewing Restraints Principles) Principles 2019* (Cth)
- 36 For example, *Guardianship Act 1987* (NSW), s 16(1)(d).
- 37 See, for example, *Disability Services Act 2006* (Qld) ss 166–171; *Mental Health Act 2016* (Qld) s 272; *Mental Health Act 2007* (NSW) ss 57(3), 81(2)(b), 82(3), 84; *Mental Health Act 2014* (Vic) ss 6,38, 42; *Mental Health Act 2009* (SA) ss 10, 16, 21, 25, 29, 32.
- 38 Senate Community Affairs References Committee, Parliament of Australia, *Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability*, and culturally and linguistically diverse people with disability, Report, November 2015, p 105.
- 39 Tony McCarthy, 'Regulating restraint and seclusion in Australian Government Schools, A Comparative Human Rights Analysis', (2018), vol 18 (2), *QUT Law Review*, p 200.
- 40 For example, Australian Civil Society CRPD Shadow Report Working Group, *Disability Rights Now 2019, Australian Civil Society Shadow Report to the United Nations Committee on the Rights of Persons with Disabilities*, 2019 p 27.

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- 41 As provided for under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
- 42 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008), art 12(4).
- 43 Melbourne Social Equity Institute, 'Seclusion and Restraint Project: Report', (University of Melbourne, 2018); Piers Gooding and others, 'Alternatives to Coercion in Mental Health Settings: A Literature Review' (University of Melbourne, 2018); M. Gómez-Carrillo, E. Flynn and M. Pinilla, 'Global Study on Disability-Specific Forms of Deprivation of liberty' (National University of Ireland Galway, 2018); The Australia Psychological Society Ltd, 'Evidence-based guidelines to reduce the need for restrictive practices in the disability sector' (2011); Lynne S. Webber, Ben Richardson, Kathryn L. White, Padraig Fitzpatrick, Keith McVilly & Sheridan Forster 'Factors associated with the use of mechanical restraint in disability services', (2019), vol 44 (1), *Journal of Intellectual & Developmental Disability*.



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