



Recognising Restrictions on people's lives: Guide

Contents

- Acknowledgements 3
- Cast and crew 3
- Disclaimer..... 4
- Copyright..... 4
- Introduction 5
- About this guide 5
- About the Recognising Restrictions on people’s
lives films 6
- Before you begin 7
- Film 1 - What are restrictive practices? 9
- Film 2 - Recognising Restrictions to accessing items,
activities, and parts of the environment 10
- Film 3 - Recognising Restrictions to free movement
with a device 12
- Film 4 - Recognising Restrictions to free movement
using physical force 14
- Film 5 - Recognising Restrictions to free exit by
using sole confinement 16
- The impact of restrictions on people’s lives 18
- What does the evidence tell us? 19
- When a restrictive practice is used 20
- Find out more 21
- References 22

Acknowledgements

National Disability Services would like to acknowledge the funding from the Victorian Government which allowed these resources to be developed.



We would also like to express our gratitude for the time and expertise given in the development of these resources by:

- Kerrie Hancox, Krysia Birman, Katie White and Bonnie O’Leary from the Department of Health and Human Services, Office of Professional Practice
- Associate Professor Paul Ramcharan and Dr Raelene West, RMIT University
- David Relf, Senior Positive Behaviour Support Practitioner, Yooralla
- Hayley Dean, Chief Operating Officer, Melba Support Services
- Dr Hilary Johnson, Strategic Research Project Advisor, Scope
- Jean-Marie Cadby, Actor, Fusion Theatre Company
- Greg Muir, Actor and Advocate, Weave Movement Theatre
- Members of the Recognising Restrictive Practices Project Reference Group
- Members of the Northern Territory Zero Tolerance Working Group and staff from Somerville Disability Services
- Duy Huynh and the beyondedge team (www.beyondedge.com)
- NDS (National Disability Services) Learn and Develop: Nicole Jenkins
- NDS (National Disability Services) Zero Tolerance: James Bannister, Liz Collier, Sarah Nicoll, and Mary Lou McPherson

Cast and Crew

We would also like to say a very special thankyou to all the actors who brought these characters and ideas to life on screen. Thank you!

Emma	Jean-Marie Cadby
Ray	Greg Muir
Kim	Kevin Stanton
Lesley	Lisa Dezfouli
Tom	Alex Litsoudis
Jai	Benjamin Oakes
Jordan	Adam Balales
Penny	Maria Thu Fampidi
Director	Duy Huynh, Beyond Edge

Disclaimer

The information provided in this guide is intended for general use only. It is not a definitive guide to the law and best practice, does not constitute formal advice, and does not take into consideration the circumstances and needs of your organisation.

Every effort has been made to ensure the accuracy and completeness of this document at the date of publication. NDS cannot be held responsible and extends no warranties as to the suitability of the information in this document for any particular purpose and for actions taken by third parties.

All stories used throughout this guide and these films are fictional and are for educational purposes only.

We will also map our learning to the Convention on the Rights of People with Disability and the PBS (Positive Behaviour Support) Capability Framework.

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Introduction

We all need to be able to recognise when there are restrictions on people's lives.

Restricting a person can be a breach of human rights and can have a serious impact on their health and wellbeing.

These are some of the reasons Australia has made a commitment to reducing and eliminating the use of restrictive practices for people with disability. Reducing and eliminating restrictive practices is an obligation we all have under the Convention of Rights of People with Disability (CRPD).

Being able to notice when someone's right are limited, when you are providing support is the first step towards change.

This guide and accompanying short films have been developed as part of the Zero Tolerance Initiative to help explore restrictive practices from a human rights perspective.

The Zero Tolerance Initiative outlines strategies for service providers to improve prevention, early intervention and responses to abuse, neglect and violence experienced by people with disability. It urges all of us to focus on rights and target abuse to create safer, more empowering environments for people you support. Put simply, **Zero Tolerance means abuse is never OK.**

About this guide

This guide accompanies the NDS Zero Tolerance Recognising Restrictions on people's lives films. You can use this guide:

- to work through the films on your own
- with your team; or
- if you are a supervisor – in supervision and training.

Importantly, these films will assist your team start conversations about how people might be supported in different ways.

You might also find it helpful to have a copy of the [\(NDS\) Empowerment Circle](#) with you as you work through the films. The Empowerment Circle gives a way to see if a practice is good (green zone), poor (orange zone) or abusive (red zone) and how to shift those practices.

There are reporting requirements when people's freedoms or rights are restricted. These films and guide should be used with:

- your organisation's policies and procedures
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018

- National Disability Insurance Scheme Act 2013 – with a focus on ‘reportable incidents’
- specific policy and legislation relevant to the state or territory you provide support in, about prohibited practices and authorising regulated restrictive practices
- the NDIS (National Disability Insurance Scheme) Commission’s Regulated Restrictive Practices Guide

About the Recognising Restrictions on people’s lives films

These films will help you recognise restrictions when you see or use them, understand the impact on the person and explore how to do things differently.

Important: Please note these films are NOT illustrating the use of authorised regulated restrictive practices and do not meet the criteria below. The films explore better ways to support people and show how things can be done differently.

An authorised restrictive practice must be:

- used only as a last resort in response to risk of harm to the person with disability or others,
- only be used if the provider has explored and applied evidence-based, person-centred, and proactive strategies
- be the least restrictive response possible in the circumstances to ensure the safety of the person or others
- reduce the risk of harm to the person with disability
- be in proportion to the potential negative consequence or risk of harm
- be used for the shortest possible time to ensure the safety of the person with disability or others
- in a behaviour support plan and be clearly described
- authorised by the State or Territory the person lives in.

We hope the films help teams and practitioners to think about ways to reduce and eliminate any restrictive practices that may be authorised for use with the people you are working with.

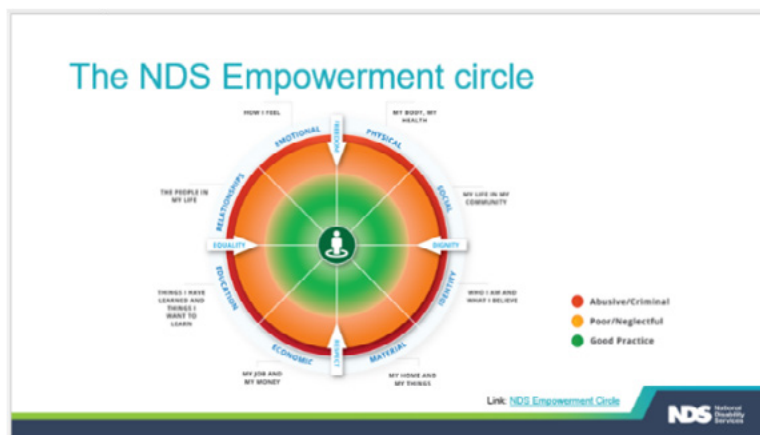
Before you begin:

Introduce the theme ‘What makes a good life?’ using the NDS Empowerment Circle Resource

Activity: You will need a visual or paper copies of the eight life areas and the NDS Empowerment Circle.

We know that there are several things that contribute to our quality of life. This might be your friends and family, holidays, your career, your studies, having a roof over your head and money in the bank.

Ask people to take a moment to consider the things that brings them quality of life. There are no ‘wrong’ answers. List them or share in group. Introduce the eight life areas by linking them where possible. For example, link family or friends to ‘Relationships.’



- Physical (my health and my body)
- Social (my life in my community)
- Identity (who I am and what I believe)
- Material (my home and my things)
- Economic (my job, my money)
- Education (things I have learnt and things I want to learn)
- Relationships (the people in my life)
- Emotional (how I feel)

Things to highlight:

- The eight areas are important for all people, not just people with a disability.
- None are more important than the others.
- When all these life areas are in balance, we feel good and in control.
- What if one area is not going well?
- What impact does this have?

- If we care less about the other life areas, all may be affected.
- Even if seven of the eight areas are good, one area not being good can change everything. (Example: If I feel unhappy in my relationships, I stop going to the gym (Health), have difficulty concentrating at work (Economic), I don't go out and spend time with friends or social groups (Social), I just don't feel good about myself (Identity).
- We need to be attentive to all areas of our lives and do the same for the people we support.

Activity: Empowerment Circle

The Empowerment Circle is a tool to help you think about how people can be more empowered in all areas of their life.

We know that abuse, neglect, and poor practice can happen in every area of a person's life. The Empowerment Circle will help you think about ways to support people to be more empowered in each of these areas through good practice.

The Empowerment Circle and the eight life areas shows:

- 1) 'Empowered' in the centre. This is the target when supporting people and is different for everyone.
- 2) Green represents: Positive or Good Practice.
- 3) Orange represents: 'Poor or neglectful practice'.
- 4) Red represents: 'Abuse or Crimes'.

Share work examples to illustrate the difference between green, orange, and red, noting this will look different for everyone.

Things to highlight:

- There are many reasons why people's practice or experience may slip from green to orange.
- It is a slippery slope from orange to red.
- When we think about abuse, neglect, and violence towards people with disability, we must not only consider criminal and reportable incidents, but also all the everyday experiences of poor practice, neglect, and misuse of power.
- Don't wait for things to be in the red.
- Act on anything in the orange or red areas.

Activity: Individually or as a group, think of someone you are supporting according to the 8 life areas focusing on the red, orange, or red zones. Discuss ways things could be done differently

Film 1 - What are restrictive practices?

The NDIS (Restrictive Practices and Behaviour Support) Rules 2018 define a restrictive practice as: ‘any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability’.¹

Using restrictive practices can significantly limit a person’s human rights and can have a serious impact on the health and wellbeing of people with disability.

Australia has made a commitment to reduce and eliminate the use of restrictive practices for people with disability. This is part of our commitment under the Convention on the Rights of People with Disabilities (CRPD).

Restrictions can be overused or misused

They might be used:

- without knowing that something is restricting a person’s human rights
- without teaching new ways to get needs met
- without using proactive strategies to reduce the risk
- for too long at one time
- for too long over time and without being reviewed
- for reasons other than keeping people safe
- to control people or to make people act in a certain way
- as a form of abuse and neglect (intentional or unintentional)
- due to a lack of training, knowledge, or reflection about less restrictive alternatives
- without the proper authorisation.

Even when there is authorisation for restrictive practices, we need to be aware that they can be misused and overused. They must only be used as described in the behaviour support plan. Research shows people with disability who are subject to restrictive practices are more at risk of abuse, neglect, and exploitation.

Questions to think about:

- What are restrictive practices?
- How are restrictive practices used and misused?
- What is the impact of restrictive practices?
- What can we do to reduce and eliminate the use of restrictive practices?

Finding different ways to do things and speaking up

In many situations, you might feel that the way a person is being supported is not right, but not be sure about what other options are available. We know that staff training, supervision and reflective practice is critical. It is important to encourage new staff to question why restrictive practices are in place and foster a positive organisational culture to ensure people feel safe to speak up.

There is a list of useful resources on Page 21 under the heading Find out more.

Film 2 - Recognising Restrictions to accessing items, activities, and parts of the environment

“The fridge stays locked. That’s the house rules.”

“Why? That’s weird.”



“Tom moves in” - In this scenario we see

Tom moves into his new house. He tries to put his milk away in the fridge but finds it is locked. Lesley (the house supervisor) explains that the fridge is locked because another person who lives in the house has a history of hiding food under her bed. Lesley tells Tom if he wants the fridge open, he just needs to ask. Tom’s access to his food and drink has been restricted (and so is his housemates). This is called ‘environmental restraint,’ you may have also heard it called restricted access, or environmental control. Later, we see Tom packing food and kitchen items into a box to take back to his room.

Watch the scenario

- What did you observe?
- What impact do you think this has on the people involved?
- What would you question about this scenario?
- What could be done differently?

Watch part two - reflections

Listen to what others have observed. Think about how the points raised in the films relate to the people you support and discuss anything that might be done differently in the future.

Things to talk about

- How do you think Tom feels about his new home? How would you feel?
- Are there any similar ‘house rules’ in place for anyone you support? Why?
- How comfortable are you to question restrictions that you don’t understand?
- How do you work with people to reduce the use of restrictions like this?
- How do you ensure that restrictions placed on one person do not impact on other people?
- Is this a reportable incident? An unauthorised restrictive practice?

A locked fridge is only one example of restricting access to items. Other activities and places might look like:

- The front door being locked, and only staff have the key.

- Restricting access to household items or food in locked cupboards or fridges.
- Not being able to access your own possessions without asking or getting permission.
- Rooms that are locked and cannot be accessed without asking or getting permission.
- Not being able to access the community.
- Not being able to come and go freely in your yard.

More about environmental restraint

The NDIS (Restrictive Practices and Behaviour Support) Rules 2018 define environmental restraint as a practice:

“Which restricts a person’s free access to all parts of their environment, including items or activities.”

The use of environmental restraint as a regulated restrictive practice must be a part of a positive behaviour support plan. A positive behaviour support plan will introduce skills and strategies to work towards reducing the regulated restrictive practice.

NOTE: In this example there may be an approved plan for a Tom’s co-tenant, needing review, however this is also impacting Tom and would not be approved RRP for Tom.

Film 3 - Recognising Restrictions to free movement using a device

“Come on, we’ll take you to the bus”
“He’s got ants in his pants”



“A day out” - In this scenario we see

Tom, Emma, and Jordan are planning a day out. Jai tries to get Jordan’s attention, but Jordan tells him to go away. Jai tries to get Jordan’s attention again, so Jordan asks Lesley for support. She decides that Jai can wait in the bus. She clips Jai into his seat using a seatbelt lock and returns to the group. Later, when the group return from their trip, Jordan tells Jai he will come back to get him once they have unpacked the van.

Watch the scenario

- What did you observe?
- What impact do you think this has on the people involved?
- What would you question about this scenario?
- What could be done differently?

Watch part two - reflections

Listen to what others have observed. Think about how the points raised in the films relate to the people you support and discuss anything that might be done differently in the future.

Things to talk about

- Why does Lesley lock Jai in the van? What would have been a better way for her to support Jai?
- Can you think of any examples of a device is used to restrict the movement of someone you support?
- Why are they used? Is there an alternative?
- What is in place to make sure that therapeutic devices or devices like seatbelt locks are only as prescribed or approved?
- Is this a reportable incident? Is it an unauthorised restrictive practice?

Restrictions using a device might look like:

- Clothing which limits someone’s movement and which the person cannot remove.
- Velcro straps and belts.

- Seatbelt locks.
- Putting on a person's wheelchair brakes so they cannot move if they want to.

About mechanical restraint

The NDIS (Restrictive Practices and Behaviour Support) Rules 2018 define mechanical restraint as a practice:

“that uses a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes.”

The use of mechanical restraint as a regulated restrictive practice must be a part of a positive behaviour support plan. A positive behaviour support plan needs to say when and for how long the mechanical restraint can be used. The positive behaviour support plan will introduce skills and strategies to work towards reducing the regulated restrictive practice.

The NDIS Commission has identified devices that cause harm to a person with disability can be identified as abuse and be against the law. This includes but is not limited to hand cuffs in any form; devices that stop a person's legs/feet from moving; ropes used to tie hands or other body parts. Any device intended to cause harm or hurt a person with disability is considered abuse, must be stopped immediately and reported to the NDIS Commission within 24 hours.

Film 4 - Recognising Restrictions to free movement using physical force

“I’ve never seen him like this before.’
“He’s being doing this a lot lately. I just have to hold his hands until he calms down’



“Movie night” - In this scenario we see

Kim and Penny are visiting Tom in his new house. Whilst the group watch a movie Kim seems to hit himself in the face repeatedly. Tom and Jordan worry about Kim. Penny tells them that he has been doing this a lot lately, and that she just holds his hand down until he feels better. Penny pushes Kim’s arm down and holds it on his tray.

Watch the scenario

- What did you observe?
- What impact do you think this has on the people involved?
- What would you question about this scenario?
- What could be done differently?

Watch part two - reflections

Listen to what others have observed. Think about how the points raised in the films relate to the people you support and discuss anything that might be done differently in the future.

Things to talk about

- What are some of the reasons why Kim might be hitting himself?
- Is Penny helping or making things worse?
- How do you decide how to support someone who tries to harm themselves?
- What systems do you have in place to record changes in behaviour and share this information with staff and other relevant professionals?
- Is this a reportable incident?

Restricting the free movement when:

- A person’s hand is held down to prevent them from hitting themselves.
- Taking someone’s arm and pulling them in a direction they do not want to go.
- Holding down a part of someone’s body to address a behaviour of concern.

About physical restraint

The NDIS (Restrictive Practices and Behaviour Support) Rules 2018 define physical restraint as a practice:

“the use or action of physical force to prevent, restrict or subdue movement of a person’s body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person”

The use of physical restraint as a regulated restrictive practice must be a part of a positive behaviour support plan. There are many risks for the person and the staff when using physical restraint. Physical restraint should only be used as a last resort. This will be considered in the assessment and development of the positive behaviour support plan.

Some physical restraints are prohibited practices, they must never be used. They can cause serious harm or death. The NDIS Commission lists the prohibited practices in the Regulated Restrictive Practices Guide.

Film 5 - Recognising Restrictions to free exit by using sole confinement

“Jai get out of the way or you’ll have to go back inside”

“Working in the garden” In this scenario we see

Tom, Emma, Jai, Greg, and Jordan are in the garden, working and talking. Jai approaches Tom and stands in front of him. Tom is not sure what Jai wants so he asks Jordan, the support worker, to intervene. Jai takes hold of the rake that Tom is using. Jordan tells Jai he needs some time out and takes him inside away from the others. Later we see Jai looking through the window as everyone else carries on with the day.



Watch the scenario

- What did you observe?
- What impact do you think this has on the people involved?
- What would you question about this scenario?
- What could be done differently?

Watch part two - reflections

Listen to what others have observed. Think about how the points raised in the films relate to the people you support and discuss anything that might be done differently in the future.

Things to talk about

- What do you think is happening for Jai?
- How do you think he is feeling?
- What could have been done differently?
- Do you ever call ‘time out’ with people you support? Why does this happen?
- Are there people you support who do not use words to communicate?
- What could you and your team do to better support people with different communication needs?
- Is this a reportable incident?

Restricting the free exit of a person by using sole confinement might look like:

- being locked in a room or area, such as your home or backyard, and being unable to leave
- being left alone in a room and believing you cannot leave
- being unable to leave a room or area due to inaccessible door handles.

About Seclusion

The NDIS (Restrictive Practices and Behaviour Support) Rules 2018 define seclusion as the:

“sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.”

In some states and territories seclusion is prohibited for people under 18 years of age.

Note: Like all restrictive practices, seclusion should only be used when other strategies have not worked and as a last resort to keep people safe. The use of seclusion as a regulated restrictive practice must be a part of a positive behaviour support plan.

The impact of restrictions on people's lives

All restrictions have impact. In your everyday work it is important to recognise any restrictions on people's lives and be aware of the impact on the person.

- find out why a restriction is in place
- know if it is approved and part of a plan?
- follow reporting procedures of your organisation
- explore what better, less restrictive approaches
- use positive strategies everyday – these reduce the use of restrictive practices and improve quality of life
- learn about why some behaviours happen (function) to help in your work
- think about what can be done differently.

Some of the impacts of restrictions for the person

- negative effects on how the person is perceived
- impacts on relationships with others
- creates negativity and mistrust between person and support worker
- puts focus on behaviours instead of the person
- may ignore serious underlying issues
- affects health and life expectancy
- affects confidence
- affects ability to learn new skills
- reinforces dependency on staff.

Some of the impacts on others when restrictions are used

- restrictions on one person can impact on how other people feel, act, and respond to situations
- flow on restrictions to rights and personal freedom
- distressing to watch
- vicarious trauma
- learned behaviours
- compliance, anxiety and fear
- institutionalisation
- can affect relationships with others if they are part of a consequence.

Some of the impact on staff and culture

- see people through a behaviour lens
- focus on 'monitoring' people rather than building relationships

- creates a 'fearful' environment
- decrease in motivation
- models poor culture for new staff
- sets a precedent for how to support a person with a disability that is acceptable.

What does the evidence tell us?

Research recognises the negative effect of restrictive practices on well-being and quality of life of people who have disabilities (Sigafoos, Arthur, & O'Reilly, 2003; Singh, Lloyd, & Kendall, 1990) as restraint or seclusion often lead to reduced opportunity to engage in daily activities, fewer social opportunities, and social isolation.

“High quality behaviour support plans lead to a reduction in restrictive practices over time.”

“Lower quality plans lead to an increase in restrictive practices” (Webber, L., Richardson, B., Lambrick, F., & Fester, T. 2012).

“Strong leadership, workforce development and the use of debriefing (for people who use services and staff) following the application of restrictive interventions can reduce the level of use of restrictive practices” (LeBel et al, 2012).

What can providers do?

When considering the support needs of people who may use behaviours to communicate their unmet needs, it is important to place our focus on the environments of concern, rather than the behaviours of concern. When peoples' needs are met through environmental changes and people are supported well, most often, restrictive practices are not needed.

These strategies include:

- Having and creating positive social interactions
- Supporting communication
- Supporting participation in meaningful activity
- Fostering community connection
- Providing consistent and predictable environments, personalised routines, and activities
- Giving support to establish and/or maintain relationships with family and friends
- Providing regular opportunities for choice and building these skills
- Encouraging independent functioning, with 'just enough' support
- Ensuring personal care and health support needs are met
- Providing acceptable built environments
- Using trauma informed strategies
- Understanding that behaviour has a function (is for a reason)
- Being mindful, as a skilled support worker and carer.

Adapted from McGill, P., Bradshaw, J., Smyth, G., Hurman, M., & Roy, A. (2014).

When a restrictive practice is used

“It is important to review the incidents where a restrictive practice has been used. A best practice approach would include a debrief and a practice review” (Huckshorn, 2005 in Australian Government, 2013).

First, an immediate debrief to ensure everyone is safe and the incident has been recorded well. This would include a discussion with those involved, the impact of the person, with staff and people who were witness to the incident.

A follow up practice review looking at the root causes (why it occurred) of the incident. This can help to reduce the level of restrictive practise used and start the conversation about how things can be done differently.

Further Discussion: Practices proposed to be prohibited.

The NDIS Quality and Safeguards Commission has a function of assisting states and territories to develop a regulatory framework for restrictive practices. A major step in developing that framework is national agreement on a list of restrictive practices that should be prohibited by states and territories.

States and territories are in the process of introducing changes that bring their respective authorisation processes into alignment with these shared principles. Some of the practices listed are already prohibited in some jurisdictions.

This paper outlines practices proposed to be prohibited and include:

- 8 Specific forms of physical restraint
- 6 Punitive approaches
- The NDIS Quality and Safeguards Commission: Practices proposed to be prohibited

Find out more

Find out more about upholding human rights, preventing abuse, and recognising restrictive practices in the [Zero Tolerance a collection of resources](#).

You may find these Zero Tolerance resources help identify and discuss restrictions on people's rights:

- [Understanding Abuse- Human Rights and You \(eLearning program\)](#)
- Empowerment Circle – ([see activity](#))
- [Understanding Abuse Learning Bites: 3–5-minute videos addressing eight life areas in the Empowerment Circle Foundations](#)
- [Positive Cultures Films and Guide](#): A set of eight short films and a guide about creating cultures where every person feels valued, listened to and safe to speak up.
- [Trauma Informed Support Films and Guide](#): Will assist support workers, providers, people with disability and their families to understand what trauma is, the impact it can have, and ways in which everyone in an organisation can provide trauma-informed support.
- [Regulated Restrictive Practice Guide](#) - the guide explains what a restrictive practice is and sets out information on the five types of regulated restrictive practices. Source: The NDIS Quality and Safeguards Commission.

See your Jurisdiction for information about authorisation

For information about authorisation for regulated restrictive practices and other practices your jurisdiction oversights please see the legislative framework for your state or territory.

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NDIS Quality and Safeguards Commission (2020). Regulated Restrictive Practices Guide. Penrith, Australia: NDIS Quality and Safeguards Commission. Accessed at <https://www.ndiscommission.gov.au/document/2386> on the 8 December 2020.

Worker Orientation Module | NDIS Quality and Safeguards Commission (ndiscommission.gov.au) workers and encourage existing workers to undertake the module over time, as part of their ongoing learning and to support compliance with the NDIS Code of Conduct.

Office of Professional Practice: Restrictive Interventions Self-Evaluation Tool (RISET) <http://www.surveygizmo.com/s3/2741253/Has-a-Restrictive-Intervention-Occurred>.

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