



## **Transcript: ‘Exploring the evidence to enable the elimination of restrictive practices in Australia’**

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## The event, each session and the recordings

Each recording noted below has captions and a full transcript. Each recording also has an Auslan interpretation recording with captions.

### Session 1: What we know about restrictive practices, their impacts, and harm:

- **8 mins:** Clare Gibellini, NDRP Board Chair, opens the event.
  - Link <https://www.youtube.com/watch?v=VbS-6-Jp79o>
  - Auslan <https://www.youtube.com/watch?v=5Zy0maK4g3w>
- **8 mins:** Hon. Amanda Rishworth, Minister for Social Services, gives a speech.
  - Link <https://www.youtube.com/watch?v=VcBR-tLgB04>
  - Minister's transcript <https://www.youtube.com/post/UgkxknCmGL2lFugvxae-YEpyeQzVr2XzFGqsx>
- **19 mins:** Professor Alastair McEwin AM shares what the Royal Commission learned.
  - Link <https://www.youtube.com/watch?v=-9TiphFXjeY>
  - Auslan <https://www.youtube.com/watch?v=z1lBbG7fVi0>
- **8 mins:** Jane Britt, event facilitator, introduces the event.
  - Link <https://www.youtube.com/watch?v=yiqgWTMVEu0>
  - Auslan <https://www.youtube.com/watch?v=0aETs8i2VME>
- **19 mins:** Jane Britt and Poppy Mullins talk about what makes a good life.
  - Link <https://www.youtube.com/watch?v=xACyQtEUiu8>
  - Auslan <https://www.youtube.com/watch?v=LQEG-5brFAE>
- **19 mins:** Professor Steele explains the current research.
  - Link <https://www.youtube.com/watch?v=9cxPgxLXiis>
  - Auslan <https://www.youtube.com/watch?v=bwjnkAC18pg>



**Session 2: The research and evidence to action gaps on how to eliminate restrictive practices:**

- Three speakers will share what their ideas about gaps in what we know:
  1. **10 mins Rod Carracher**, NDIS Quality and Safeguards Commission, on research needs
    - Link <https://www.youtube.com/watch?v=kbfX0-ggPLY>
    - Auslan <https://www.youtube.com/watch?v=sPRK4Wk4eUc>
  2. **7 mins Catherine McAlpine**, Inclusion Australia, on evidence gaps.
    - Link <https://www.youtube.com/watch?v=MGDP67-aJuM>
    - Auslan <https://www.youtube.com/watch?v=xwGHZXL1UQ>
  3. **7 mins Siobhan Campbell**, Department of Social Services, on policy needs.
    - Link <https://www.youtube.com/watch?v=HAZX6jK6mJo>
    - Auslan <https://www.youtube.com/watch?v=52MUBWxFqw4>
- **Panel 10 mins:** Jane Britt leads a panel discussion to get answers to your questions.
  - Link <https://www.youtube.com/watch?v=MCwmlE0gXg>
  - Auslan <https://www.youtube.com/watch?v=09sxaDjyTj8>

**Session 3: Building the evidence base for policy and practice to enable elimination of restrictive practices:**

- **9 mins:** Megan Spindler-Smith, PWDA, listen to advocates.
  - Link <https://www.youtube.com/watch?v=AemHmSSVRMU>
  - Auslan <https://www.youtube.com/watch?v=rsgHokSETj8>
- **12 mins:** Professor Sally Robinson talks about what has worked well in research.
  - Link <https://www.youtube.com/watch?v=VvXqEM6JXao>
  - Auslan <https://www.youtube.com/watch?v=KV0XljSg0Po>
- **9 mins:** Jane Britt asks the audience for ideas on what's next.
  - Link <https://www.youtube.com/watch?v=y4KGQtDgJwA>
  - Auslan <https://www.youtube.com/watch?v=nTsxHOkuKwA>



## National Disability Research Partnership

- **16 mins:** Professor Helen Dickinson talks about how research can address "Where to From Here" and Jane Britt and Clare Gibellini close the event and share support information.
  - **Link** <https://www.youtube.com/watch?v=1ywd1Zegx9s>
  - **Auslan** <https://www.youtube.com/watch?v=mlpAxSdTqAl>



## Session 1

### Clare Gibellini, Board Chair, NDRP

Clare Gibellini: Hello, everyone. Good afternoon, or good morning, depending on where you are in Australia today. My name is Clare Gibellini. I have the immense privilege of serving as the Board Chair of the National Disability Research Partnership. I use she/her pronouns and am joining you from the lands of the Whadjuk people in Boorloo or Perth. For people those with visual impairments, I am a white woman wearing a grey jumper, dark-rimmed glasses, giant Christmas earrings, and I have very short grey hair.

I want to begin by acknowledging the Traditional Owners of the land on which we meet today. As we gather to discuss important issues for people with disability, we acknowledge the strength, resilience, and cultural wisdom of First Nations people with disability. We know we are on First Nations land and respect the First Nations people from this land—where we live, work, play, swim, and dream together. We remember that First Nations people have lived here for many, many years, and we honour and respect all First Nations people and Elders. Their stories have so much to teach us, and I want to show my respects to all First Nations people joining us today. I also want to recognise the important contributions they continue to make to our communities and to our work together in the disability sector.

Maybe you can hear it in my voice, but I'm a little nervous because I'm really excited to welcome you to our very first Evidence to Action event, hosted by our organisation. This event represents a significant milestone for the NDRP as it reflects one of our key strategic objectives: mobilising the evidence we have into action. The NDRP exists to support collaborative, inclusive, and, most importantly, disability-led research that generates evidence for policy and practice. Our work is grounded in the principles of inclusion, respect, and partnership, and it is developed by and with people with disability, their representative organisations, and our allies.

After becoming an independent organisation in March of this year, the NDRP has been entrusted with \$13.6 million in Australian Government funding to lead this important work. Our goal is to ensure that research by and with people with disability informs real-world solutions that uphold the rights, dignity, and well-being of people with disability. Today, we are proud to launch the NDRP's Strategic Plan, which builds on the strong foundation set during the first four years. I would also like to give a big shoutout to all the members of the working party who got us to this point.



**Clare Gibellini:** With support from the Australian Government, we began this journey in 2020, guided by the vision and input of the disability community. Together, we developed key principles, created the NDRP Research Agenda, and set up a strong governance framework. Now, as an independent not-for-profit organisation, we are thrilled to be launching our first Strategic Plan, which will drive our work over the next five years. Our focus will be on funding disability-led research, strengthening research capacity, and turning evidence into meaningful action. Our team will pop a link to the Strategic Plan in the chat, or you can head to [www.ndrp.org.au](http://www.ndrp.org.au).

I also want to take a moment to acknowledge and thank the contributions of Inclusion Australia and People with Disability Australia in shaping this event. We are grateful to the national Disabled Persons and Representative Organisations who identified the topic of restrictive practices as a crucial priority for our first Evidence to Action event. Collectively, these organisations have provided valuable insight, leadership, and advocacy, guided by the principles of inclusion and collaboration. We are incredibly thankful for their input and for working in partnership with us now and in the future.

Today's event, "Exploring the Evidence to Enable the Elimination of Restrictive Practices in Australia," is not a small undertaking—it's a critical conversation. Restrictive practices have a profound impact on the lives of people with disability. We know from the Disability Royal Commission that eliminating these practices requires much more than just policy shifts. It demands a deep understanding of the evidence, collaboration across sectors, and the voices of people with lived experience guiding the way forward.

Over the next three hours, we will hear from a diverse range of speakers and stakeholders about the current state of research, evidence gaps, and the steps needed to mobilise this evidence into action. Before we start, I want to acknowledge something important about today's event. This gathering is part of a national conversation about what is needed to enable the elimination of restrictive practices. We know this is a complex, multifaceted issue—what some call a "wicked problem." We also know we're not going to solve it today or address every aspect of it in one event.

We recognise that this can be frustrating, and we know not everyone may leave today feeling like we've made the progress they hoped for. However, this discomfort is part of the process. It reflects the enormity and urgency of the task ahead of us. By acknowledging these realities now, we hope to create a space for open, honest, and constructive dialogue—because that is where change begins. Let's approach today's conversation with empathy and a shared commitment to learning and progression, even if the solutions take time.



**Clare Gibellini:** Finally, I want to express my thanks to all of you who have joined us today for being open to this conversation and taking part in the discussion. Before we go further, it's my pleasure to announce the Honourable Amanda Rishworth, the Minister for Social Services. Minister Rishworth has been a champion for inclusion, equity, and human rights. Her role is critical in shaping policies that advance the dignity and well-being of people with disability. Unfortunately, she couldn't join us live today, but we are honoured to share a pre-recorded message where she officially opens our event and provides her insights on the importance of evidence-based action to eliminate restrictive practices. We'll now go to the video from the Minister.

## Video: Hon. Amanda Rishworth, Minister for Social Services

Video link <https://www.youtube.com/watch?v=VcBR-tLgB04>



**Hon. Amanda Rishworth:** Good afternoon. I begin by acknowledging the traditional owners of the land in which I'm speaking to you, the Ngunnawal people, and pay my respects to elders past and present. I'd also like to acknowledge all people with disability here today for taking the time to be here at this important event, in particular Poppy Mullins, for your enduring commitment to improving the lives of people with disability. Thank you for your warm introduction, Clare.



**Hon. Amanda Rishworth:** I'm delighted to speak to you virtually to give the opening remarks at the first public event for the new National Disability Research Partnership. This is an important milestone and I'm excited to see us welcoming key stakeholders from across the country, people with disability, researchers, advocates, service providers and policy makers to look at how future research can help drive evidence-based decisions to work towards eliminating restrictive practices in all settings across Australia.

This is in the essence of the Partnership, which brings together people with disability researchers and government to develop a research agenda with the core goal of improving outcomes for people with disability. Importantly, the Partnership puts people with disability at the centre of driving research priorities to focus on issues that impact them. This partnership is an Australian first entity and will be instrumental in building the research evidence base about what works, to inform policy and practice, embedding lived experience at the heart.

That's why I'm very excited to see that the National Disability Research Partnership is now a reality. Our government knows that we need to work together to build better research on issues that affect people with disability. But importantly, the research is done with and by people with disability.

The Partnership has a collaboration at the heart of its foundation, with the development of the research agenda being a clear example of this. It has been co-designed with people with disability, disability representative organisations and government. This engagement identified that safety was among the areas most often noted as needing greater attention in disability research.

It has been highlighted as one of the fundamental challenges routinely experienced by people with disability and what they want addressed. As a result, safety is one of the key themes that underpin the Partnership research areas. And we know from the Disability Royal Commission how incredibly important this work is to uphold the rights of people with disability and ensuring we have the right safeguards in place.

Disability research supported by the Partnership will play a pivotal role in informing laws, reform and services to better support people with disability. This is particularly important in the current environment across Australia, with an increasing need for targeted disability research to align with the changing nature of disability practices, policy and technologies. The research will also support important reforms, including implementation of recommendations from the Disability Royal Commission and the Government's response to the independent review of the National Disability Insurance Scheme.





**Hon. Amanda Rishworth:** By sharing of a range of viewpoints today, we will strengthen our understanding of research around restrictive practices and the pathways forward to reduce and ultimately eliminate their use.

When it comes to restrictive practices, our government is taking action. As part of our initial response to the Disability Royal Commission, the Albanese Labor Government has invested \$1.2 million to reduce and eliminate the use of restrictive practices in the NDIS. This includes the development of a joint action plan with states and territories and the establishment of targets and performance indicators to drive the reduction and elimination of these practices.

The joint action plan will ensure engagement and commitment from all jurisdictions and establish strengthened relationships to progress cross-government action to reform the use of restrictive practices. It will also inform future phases of work that will involve reducing and eliminating the use of restrictive practices for people with disability in all jurisdictions across disability, health, education, and justice settings.

And I look forward to the outcomes of today's event and the future projects of the partnership feeding into this important work. Because our government understands that if we want to see progress, we need to have a strong evidence base to support our work, informed by and anchored in lived experience. To build a safe and inclusive Australia where everyone can participate, we need the lived experience of people with disability to be at the heart of how we work together.

### [Thanking Minister Rishworth]

**Clare Gibellini:** Thank you, Minister Rishworth, for those thoughtful and powerful remarks. We appreciate the support that we've been given from her office as we grow as an organisation. Also her commitment to upholding the rights of people with disability and driving meaningful change is greatly valued. We appreciate her leadership and the dedication of the Government to this work. So thank you for setting the tone for today's event and for her again for your continued support in our shared mission to eliminate restrictive practices and promote a more inclusive society in Australia.



## Professor Alastair McEwin

[Introducing Alastair McEwin]

**Clare Gibellini:** So now I'm very excited to introduce Alastair McEwin AM. Alastair is a highly respected advocate for the rights of persons with disability, and has an extensive experience across policy, law, and leadership in the disability sector.

As a former Disability Discrimination Commissioner, one of the 2 Royal Commissioners with lived experience of disability and a very passionate advocate for inclusive practices. Alastair's played a hugely pivotal role in promoting the elimination of restrictive practices in Australia.

Personally, I'm having a bit of a fangirl moment, Professor McEwin. So just bear with me. We're very, very honoured to have Alastair here with us today, to share his insights on the evidence that we have and the gaps that we need to address to eliminate restrictive practices entirely. So I'm going to hand over to you now, Alastair.

**Professor Alastair McEwin AM:** Thank you so much, Clare, for that lovely, warm, and engaging introduction. Good afternoon. I'm Alastair McEwin. I want to firstly acknowledge that I'm on the land of the Bidjigal people who are the traditional custodians of the land on which the University of New South Wales, Kensington campus is located. I pay my respect to the elders past and present. I also pay my respects to Aboriginal people who are part of this very important discussion today. Clare. Thank you again it's a real delight to be here because this is such an important topic. For those of you who are of low vision or blind. I am a middle aged, white man. I have dark hair. I'm wearing a blue shirt, and I'm wearing a dark jacket, and I'm wearing glasses. I have a few gray hairs as well, but they're perhaps not as noticeable on the screen. As many of you know. I spent 4 and a half years with 5 other Commissioners on the Disability Royal Commission. The full title, of course, being the Royal Commission into violence, abuse, neglect, and exploitation of people with disability. It was a privilege to be asked to be a part of this alongside my disabled colleague, Professor Rhonda Galbally, AC. We were the only 2 openly identifying disabled commissioners amongst six in total and there in way telling, that you often have in the disability sector in being in the minority.

That said, I'd like to think that the work we did and the work that many people did has contributed to the ongoing conversation, such as the one we're having today. In brief, the Royal Commission made 222 recommendations across a wide range of topics. I'm not going to go into detail through every recommendation about restrictive practices.



**Professor Alastair McEwin AM:** What I will do, for now is give you the headlines around the recommendation. The 1st one was around the need for a legal framework which actually means that disabled people could not be subjected to restrictive practices. So that was our 1st recommendation. The second recommendation was for immediate action to stop restrictive practices in certain settings, such as education, health, and mental health setting, and also again, children and young people with disability.

We've made a recommendation about improving data collection and public reporting on the use of psychotropic medication. We made recommendations on strengthening the evidence base on reducing and eliminating restrictive practices. And of course, that's what today's topic is all about. We also recommended that we need to improve the collection and reporting of data. And again, that's related to the topic of today. We believe and recommended that there should be targets and performance indicators, so that we can see that the elimination of restricted practices is happening.

And importantly, particularly for some of the Commissioners was, we recommended that all jurisdictions should amend or enact legislation to prohibit non-therapeutic procedure that result in the permanent sterilisation of people with disability.

Now, I really want to say a very important thing. Many of you today made enormous contribution to the Royal Commission, and I want to acknowledge this because the greater the voices and the greater the contribution that we, as a disability community make, it strengthens the evidence base, and it also means that it makes it harder for government and policy and policy making to ignore them. We have a history of having been ignored. I think we are getting in the room more and more, we've still got a long way to go. So this is why the Royal Commission is so important in that you can't go any higher in Australia than a formal Royal Commission. So the weight and the strength of the stories and experiences, and the information and the evidence that we got from so many people is vital to be able to say with stronger legitimacy.

This is the problem, and this is what needs to happen. So I want to say a huge thank you. The list is enormous, individually thanking people. We will be here for decades. So please know that the work you did, and I know in particular, that for many of you it was traumatic and upsetting to have to retain your story, so I acknowledge your bravery. I acknowledge the importance of why you shared those stories with us. Fundamentally, the lived experience disabled people, and the barriers they experienced was fundamental to how we made our recommendation. I'll give you an example.

I had many, many private sessions with disabled people, and in particular parents who talked to me about their experiences of trying to access mainstream education.



**Professor Alastair McEwin AM:** Again and again and again I heard the theme of parent try to enrol their child, disabled child into the local primary school, local mainstream primary school, and again and again they were prevented from doing so. By listening to these accounts again and again a clear theme and mode.

Parent wanted their child to be in the mainstream setting, and yet the mainstream setting was excluding them, and they often had no choice other than a special school or a segregated educational setting. So that's an example for me that was very powerful in the Royal Commission, listening deeply to what we were hearing, taking a step back and reflecting, and then working out what were the major thing that you can't ignore and say for me and for Rhonda Galbally, and Barbara Bennett in particular, that was a very important thing that drove us to provide the recommendation that we did ultimately in our report. In the final report we also made sure that disabled people could provide their information or evidence in whatever way suited their need. We had submission in artwork. We had submissions in video recordings. We also had people come to us and provide them over the phone, through email, through whatever mechanism works for them.

That was one big thing, and that's something that many researchers, that many people used too. What we're very conscious of was also knowing that many disabled people were in segregated settings, or in settings where there are either hard to reach, or, as I like to say, kept out of reach, and I think that in that terminology is important, that being kept out of reach by the system, or by organisations who are preventing disabled people from expressing their views or having their say. A couple of examples. We work with some disability organisations to facilitate people in group homes to provide the information through private session without necessarily those organisation or the group home, knowing that that was happening. Now, I'm not saying we did anything untoward. What I'm saying that we created the pathway for disabled person who may be shut away somewhere to be able to express or inform the Royal Commission of their view. So I want to say, a huge shout out and acknowledge those advocates. It works really hard to address the barrier that segregated setting create.

We also went into custodial settings, and we also make sure that we were alert to where other people might be. Of course, Covid and the pandemic. We spoke to some of our activities. However, we made, I think, on reflection, a genuine attempt to break down some of the barriers that can take place when you're conducting an inquiry or research.

And of course we did research, and I want to say a few thank yous to those who also provided research and conducted research on behalf of the Royal Commission, and I believe that we did, wherever possible, an inclusive approach, a disability inclusive approach, with that research.



**Professor Alastair McEwin AM:** I also want to take the opportunity to provide some of my own personal reflection on the challenge that Rhonda and I had in the internal ableism that was taking place in the Royal Commission, and I'm not going to reveal anything that was said internally. However, if we look at the final report and see the different views that work, I think it's fair to say that you can understand where I'm coming from in terms of the challenges, in addressing the use of language and in addressing the Ableism that is still very much part of society and in the systems and settings that we have in Australia. And one example is, and I'm going to quote from the Royal Commission Report.

And I just realized I didn't put the page number. And so I'm sorry you guys have to go and find it, and I just think it would be easy to add citation in my own report. But I know where it is, and I'm sure you can find it. You need to do it.

*The quote "Commissioners Rhonda Galbally AC and Alastair McEwin AM consider 'behaviours of concern' a pejorative expression and a social construct that implies the person with disability is at fault for their behaviour. Commissioners Galbally and McEwin instead prefer the expression 'behaviour seen as concerning'. To these Commissioners, this wording reflects the social and environmental factors that may contribute to the behaviour of a person with disability, including when this behaviour involves reactions – for example, to being in pain." <sup>1</sup>*

Now I want to make this very clear. I'm not citing this or quoting this just to bring attention to what I and wonder said. And did want to illustrate that as an example, where we've tried at every opportunity to challenge the language, to challenge the ableism, and to also highlight, where we very strongly felt that it was important that this be put in the final report, and not lost in the mist of time getting in a draft line somewhere on the floor.

So in summary, I want to provide you with some of my reflections on where to from here. I can see that we have hundreds of people in this workshop, and that's an amazing reflection of the commitment and the passion and the willingness that all of us have in terms of progressing what we need to do on the topic of restrictive practices. Let me very be very clear. Restrictive practices against disabled people are a form of violation of human rights and are recognised as such in the Convention on the Rights of Persons with Disability.

So in this conversation, therefore, we need to acknowledge this and focus our effort on how we eliminate restrictive practices. And what does the research tell us about how we can best achieve this. As I explained, for how we did our work in the Royal Commission, we acknowledge that not everyone is able to click on the survey or come to the Royal Commission and provide information on everything.

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<sup>1</sup> Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023) Final Report – Volume 6, Enabling autonomy and access, Section 5.2, page 496



**Professor Alastair McEwin AM:** Keep that in mind. Outreach is important. Think about the barriers of the people you are trying to talk to might be experiencing in their own life a good time with the perfect example, as I did earlier. The work you do also is an opportunity to influence the way we have conversation on a topic of restrictive practices. So I gave you that quote from the Royal Commission as an example of how you too in your own workplaces, your research centres, your university, government, the advocacy organisation, wherever you may be working, where can you challenge long held assumptions about language, and long held beliefs about disabled people. And that might be uncomfortable, well, disabled people live with the discomfort every day, so learn to live with that comfort if you find it challenging, and I know it's not easy, and I can tell you from personal experience. Some do. And I had some very interesting conversations internally in the Royal Commission.

It's been a real privilege to be part of this conversation. I was absolutely delighted, and said, yes, within 30 seconds of getting the invitation. I wanted to thank for her leadership, Mary Sayers and I'm at the risk of excluding people by going into a list. I want you to know you all play an incredibly vital role in progressing this conversation. I appreciate the Minister's words. I think, they are important, and I am pleased to see that you committed to the National Disability Research Partnership, and I look forward to seeing all of you go from strength to strength, and I playing a small role in that as well. Thank you.

**[Thanking Alastair McEwin]**

**Clare Gibellini:** Thank you, Professor McEwin, before I go into some remarks based on what you've said, I just want to let everybody know that we have a specific channel for Auslan interpreter. So if you go on the more button at the bottom of your screen, you should see a small globe symbol, and that's your interpretation channel. But reach out to the team if you don't, if you're struggling.

So I've got a few things just came to mind. I want to just acknowledge your conversation around the behaviours of concern. In my house, we call them behaviours of protest, because we feel that's what they are. So I just wanted to acknowledge that. And I also want to acknowledge and thank you for the fact that you raised the elephant in the room that's not often raised, which was about the internal ableism that you experienced, and that most of us kind of on the outside, but loosely connected, saw. So thank you for raising that.



**Clare Gibellini:** And finally, I also just want to acknowledge both your work and the work of the Royal Commission team as somebody who was locked behind the WA border during Covid I was very appreciative of the flexible and committed way in which the Commission team worked really hard to get the voices of folks here in WA heard because you were not physically allowed to come here for a really long time, so just wanted to publicly acknowledge that.

So, of course, always going to thank you for your ongoing commitment to advancing the rights of folks with disability, and I think I hope that you know how much we all value you for that work. And I just also really appreciate your reflections on the gaps in the evidence, and the need that we have for collective action. So thank you again, so much for being with us today.

**[Clarifying the Focus of the Event]**

**Clare Gibellini:** So we're going to get to the substantive part of the day. Today, I just want to emphasise and clarify the focus of our event. So this event today is not about justifying a gradual reduction in restrictive practices. Instead, we're focusing on what evidence and strategies we already have. And then what more is needed to accelerate their complete elimination? The event reflects the NDRP's commitment in building partnerships across a wide range of sectors, bringing together people with disability, bringing together researchers, service providers, and government agencies to co-create the evidence that we need for meaningful change. Our mission at the NDRP is to develop collaborative and inclusive research that informs policies and practice aligned with human rights, ensuring that the elimination of restrictive practices becomes a shared goal and not an isolated ambition.

Partnerships built through events like this are actually essential in turning that research into actionable outcomes.

**[Introducing Jane Britt]**

So I'm very pleased now to introduce everyone to the wonderful Jane Britt. She is a leading, disabled consultant, and our facilitator for today. Jane has a huge wealth of experience that would take most of the day to go through, and some great expertise and will ensure today's discussions are engaging, respectful, and productive. Now I'm going to hand over to you, Jane, and I hope everybody enjoys the rest of the session. Thank you.



## Jane Britt, Facilitator

### [Opening Remarks]

**Jane Britt:** Thank you very much Clare, for your very warm welcome. I'm really honoured to be facilitating this 1st evidence to action event hosted by the National Disability Research Partnership. Thank you, Minister Rishworth, and to Alistair McEwin also for setting the scene for today's discussions. My pronouns are she her. I am joining you from the lands of the Jagera and Turrbal people.

And just a bit of a description of me. I'm a white woman. I have long blonde hair. I wish I had to put in Christmas earrings as well like Claire did, but I do have little pearls in, and a checked shirt. I'm a deafblind woman.

So, as Claire mentioned, this event is an opportunity to explore the evidence, we need to eliminate restrictive practices and highlight the essential role of collaboration across sectors. It's also a platform where the voices and experiences of people with disability are front and centre, helping us shape future policy and practice. As part of the NDRP's commitment to role modelling best practices and accessibility and inclusion, the NDRP is working to embed accessible ways of working in everything they do. So, including events like this.

So Auslan interpretation is available throughout this event. So if you need to PIN the Auslan interpreters, Video, you can do so by right clicking or selecting the interpreters window and choosing PIN. Live captions are provided, and the link has been posted by the NDRP team.

As there is a large number of attendees for this event, we have turned off the chat function to ensure accessibility of the event. It also helps people using screen readers as screen readers read out all of the chat messages which can be hard to follow. This way, everyone can have a better and more accessible experience. You're welcome to use the Q&A function for any questions you have. You'll find this at the bottom of your screen, feel free to submit feedback comments and questions as they come up and we will address as many during the moderated Q&A session later in the event. If you encounter any technical difficulties or have other access needs, please reach out to our event support team who will post contact details.

I just want to highlight one important aspect of today's event before we get things rolling which is managing our time and transitions for the Auslan interpreters. So we'll need to pause or briefly interrupt speakers to allow the interpreters to switch and I will certainly be keeping speakers to their allotted time. If the interpreters don't get time to transition, some participants may miss out on key information and discussions. So thank you very much for your understanding and patience, as we work to make this event accessible for everyone.





**Jane Britt:** I'll be guiding us through each section, and if there's any changes or announcements during the event, I'll let you know. So the plan for today is to have a 1st session that will build on the findings from the Disability Royal Commission and provide insights into the impact of our of restrictive practices on individuals and communities. We'll hear from speakers who have worked closely on this issue to uncover the lifelong harm caused by these practices. After a break we'll have a second session which will explore the type of evidence and strategies needed to reduce and eliminate restrictive practices. We will hear from senior officials and CEOs, and conclude with a moderated Q&A, where you can ask questions and engage with the panel, after the break. Our final session will focus on disability-led research and the importance of better using existing evidence. We'll look at what evidence is needed and future insights from advocates and others closely involved with how the next steps might be taken and the role of research in filling evidence gaps and driving policy change.

Today's discussions will address sensitive topics, including trauma, restrictive practices and the impact of these practices on individuals and families. These conversations may be difficult, or the content may be very difficult for some participants. Please take care of yourselves, and if you need to step away throughout the event, feel free to step away and rejoin at any time. A list of support services will be shared by our event team, and we encourage you to reach out if you need assistance or support during or after this event. We want to ensure this is a safe and respectful space for everyone. We encourage you to engage fully, listen with empathy, and contribute to the conversation.

So before we dive into this conversation, I really want to acknowledge something important. The term eliminating restrictive practices is based on human rights principles, and might not be familiar or clear to everyone. Restrictive practices are actions that take away a person's freedom or ability to make their own choices. This can include things like physically restraining someone or preventing them from making their own decisions.

**Jane Britt:** Today, we want to focus on the experiences of people who are most affected by restrictive practices. Instead of only talking about restricted practices, we will discuss what safety, choice, and inclusion look like from the viewpoint of people with disability, and how these ideas can lead to a better life.

So I'm honoured to be joined by Poppy Mullins, who will share their experiences and insight. This is actually a turning of the tables the last time Poppy and I spoke to each other, Poppy interviewed me. So, Poppy, would you like to introduce yourself.



## Poppy Mullins in conversation on “Pathways to a good life: safety, choice, and inclusion for people with disability”

**Poppy Mullins:** Okay. Hello, everyone. Thanks for having me here. It's such an important event. My name's Poppy. I am joining you here today from Brisbane, the lands of the Jagera and Turrbal people. I'm a girl wearing a yellow dress with bees on it.

**Jane Britt:** Thank you, Poppy. And so what I want to start with today is talking about what meaning being safe means to you. So can you share what feeling safe means in your daily life? And what does a safe environment look and feel like for you?

**Poppy Mullins:** I suppose for me, a lot of what I see as my life is being safe, comes from feeling comfortable. It's about being treated like an adult by those I trust to see me in that way.

Before we start, I'd just like to put in a disclaimer that I've never been exposed to physical restrictive practices, so I can't speak to that. But what I can talk about, I suppose, is the social microaggressions of restrictive practices. So I guess the best illustration is the times when I haven't felt safe which includes being listened to and respected was when I was 14, at school. I required aides to help me in the classroom, but also to feed me at lunchtime, to make sure I had social interactions with able-bodied peers.

One example where I felt restricted, I was in about year 9, and the agreement with me that I would spend lunchtime in the eating area with my group of friends. At that time, my friendship group was going through some difficulties, and I really wanted to show my friends that they could rely on me and see me as a reliable person.

But there was one particular day, where the teacher aide, instead of taking me to the eating area, took me down to the special education unit. When I asked her why, she said, “Oh, because we're having a party for a staff member, so you'll eat your lunch down there.” That really shocked me. I was 14 years old, and this was someone I trusted, someone who knew what I needed in the classroom. Yet, she made a decision that excluded me socially and didn't consult me about it.

I didn't know what to say at the time. I think, when you're young and disabled, the first relationship kids have to navigate society is that of parent and child and so I see it as the responsibility of schools or other education providers to still have that safety, when you have a disagreement. Bear with me.



**Jane Britt:** Yes. Thank you so much for sharing that particular experience, Poppy. I guess what I can hear you sort of sharing through that experience is that, for you is about feeling, you said respected as an adult. But it's also it's not just about being physically safe. It's emotionally and even there saying about your social group that's being socially safe as well. There's a lot more to feeling safe than just the physical safety of a building.

Another angle I would really love to sort of explore with you is it's, talking about choice, and how important it is for you to be in charge of your own decisions. Can you describe maybe a time when you had the power to make your own decisions, and how much of a difference that made in your life.

**Poppy Mullins:** Well, it's really quiet interesting actually, because one of those time is when is when my parents were away, and with a support worker we were able to go out to dinner with a friend for dinner and then to a bar. It was something I had never done before, and it was an experience I had never had. I guess for me it was interesting, because I trusted that support worker, and because she trusted me enough to give me the space to talk with my friend and be in this bar.

It gave me the choice to decide whether I want to sit, stay in that environment or whether it was because of noise, whether it was going to be difficult for me and I found that because I knew I had that choice, I was actually able to stay in that bar for longer, and I didn't mind the noise and I had a very open conversation with my friend of the kind which I've been wanting since were teenagers. We're in our twenties now. And so I guess the other thing with giving people choices, not just about giving them a choice to live their life, but also the choice to be safe and exploring "ok, what would actually happen if I'm in a noisy environment". I've got that fear. But where does that come from? And I trust this person. I know nothing's going to happen to me and so maybe I will stay there for a bit longer. And it's that kind of, it's not enough that educators or support workers, give us this half goal, they can be a natural barrier around that. In a metaphorical sense, them having that understanding of what the person's fears are, and making sure that person knows that they're not just going to walk away while that person has a drink, they will be there and they won't hover and kind of be there. Being in certain environments is normal, it doesn't mean you need to be taken away, I suppose. If that makes sense.

**Jane Britt:** Yeah. So I guess you know in what you're just sharing there about your experience of being able to go to the bar and have that experience with your friends is that you were given the choice to be able to, I guess, know that you're safe in that environment while someone was still there, but not necessarily hovering and being there. But it's giving you choice and control to sort of be able to live the life that you want to live and connect to your friends and connect to your community.



**Jane Britt:** So I guess that helps you. You know that someone else is giving you that independence to be able to make an informed decision yourself about whether you're safe in that environment or not.

So I guess you know the last thing I'd love to talk a little bit about is problem solving. You know, life often presents us with challenges, and we all do need to find ways to work through them. How do you approach problem solving? So what kind of support helps you the most when you're faced with a difficult situation.

**Poppy Mullins:** Knowing that you respect me as the person I am now, not as the person my parents would tell a support worker I am. Not kind of using or seeing restrictive practices as something is not physical but understanding. What I'm saying is that it's important not to put your own expectations onto me.

If I don't meet those expectations, not being nervous or angry. me. For example, if we go to the cinema and there's a question about directions, understanding that I might not drive so relying on me to give directions isn't something that is a helpful expectation for both of us. So it has to be about those in our schools, those having or not having those expectations is fine. But then not taking those expectations away in a punitive manner.

If someone at school had just asked me, "Poppy, would you mind if someone different person feed you at lunch?" I would have said yes. I never would have felt trapped. But because they made that expectation that "It's not taking Poppy away from the classroom, it's just lunch—she won't mind." People need to respect what they think you will need as the adult, we are not people you say we are. And they will form in a school environment and if the young person with disability stay a child and not getting the chance to have interactions where you are an adult, you are just sort of staying in a state of having to "what do I actually say if a person touches me in a way I don't like" or if the car breaks down again, what do you do? But I don't know.

The key is to have those conversations early on, not to wait until something happens. But having expectations that nothing has happened yet, so we don't need to talk about this.

**Jane Britt:** thank you very much, Poppy. I think there's a couple of really important things that you just said there about, you know, not having people impose expectation. But also, you know, having those conversations upfront. So I guess you know you're talking about empathy. But you're talking about, you know, being safe in a way that you're feeling secure and respected by the other person, that you also be given choice, and that gives you control over your own life, and then problem solving being supported to work through any challenges that might arise. So maybe that day, if someone had asked the question that, as you said you, you might have been able to work through that.



**Jane Britt:** So I guess these are all essential parts of a good life for people with disability, and they remind us why it's so important to create environments that are inclusive and empowering. I really want to thank you, Poppy, so much for sharing your experiences, your voice and insights are really valuable to this particular conversation. So thank you very much.

**Poppy Mullins:** Thank you for having me, and I feel really honoured to be part of such an important event.

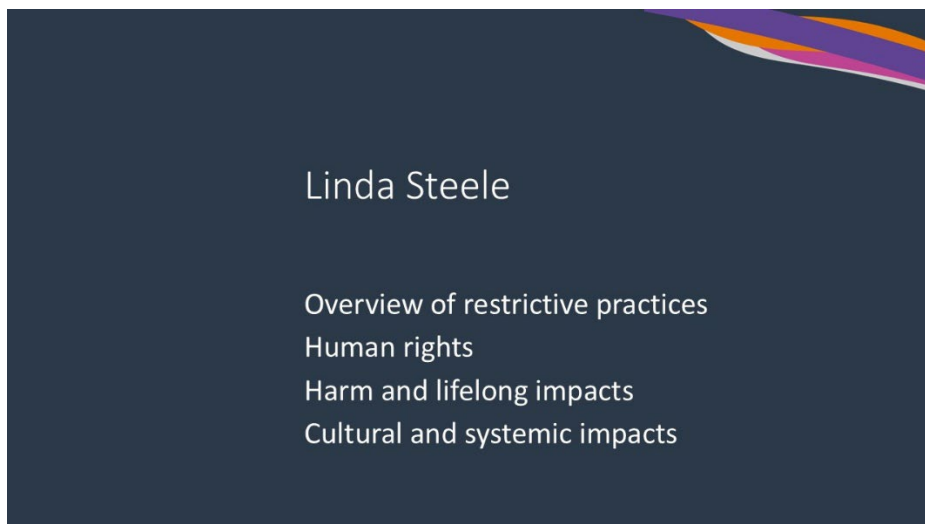
## Associate Professor Linda Steele

[Jane Britt Introducing Linda Steele]

**Jane Britt:** Thank you. And so next, I'm really pleased to introduce Associate Professor Linda Steele. Linda is a respected socio-legal researcher from the University of Technology Sydney, with extensive expertise in the intersections of disability, law, and social justice. Her work has been crucial in advancing our understanding of how restrictive practices are framed and experienced, and how we can work towards eliminating them in ways that uphold human rights.

Today, Linda will share insights from the Evidence to Action Brief she co-authored, highlighting key research gaps and opportunities that can guide us in eliminating restrictive practices.

Please join me in welcoming Associate Professor Linda Steele





**Associate Professor Linda Steele:** Thanks, Jane, and thank you to everyone who's here today for coming along for this important conversation. I'd just like to begin by acknowledging that I am on the lands of Gadigal People of the Eora Nation. I'd like to pay respect to Elders past and present and also welcome any Aboriginal and Torres Strait Islander people who here today and recognise that First Nations sovereignty over this land has never been ceded.

By brief introduction, my pronouns are she/her. I am a white woman aged in my forties with greying brown hair. I'm wearing a red and white dress, and I'm presenting from my office which has a white wall behind me.

Thank you to Mary Sayers, CEO of NDRP for invitation to speak and to Sue Tape for her guidance in preparing this presentation. Thank you to Poppy for sharing her experiences.

And just before I get into my presentation I just wanted to say how exciting it is, and how grateful I feel to be that we are at this place in the discussions around restrictive practices. For so long, so much energy has been put into establishing that restrictive practices are wrong, are harmful, are violence, do violate human rights. To actually be at this place when we're starting from that as our beginning and looking at how we go about elimination, what research we need, what evidence we need is really in itself significant. And something I think we need to recognise is successful in itself.

The research foundations for this presentation are a research report commissioned by the Disability Royal Commission on eliminating restrictive practices. I'd like to recognise the leadership of and vision of the lead author of that report, Claire Spivakovsky and myself and Dinesh Wadiwell, co-authored that report with Claire, so also like to acknowledge Dinesh, who unfortunately, could not be here today, and who is the co-author with me of the Evidence to Action Brief for NDRP.

And I'd also like to really thank everyone who engaged with us during the Disability Royal Commission research report and particularly the disabled people's organisations and others in the disability advocacy community and those that were on our expert advisory reference group, including some who are here today. And most importantly, just before I begin, I'd just like to recognise the lives and experiences at the centre of the topic that we're talking about today people with disability who are subjected to restrictive practices.

And I really encourage you to have a look at the Disability Royal Commission Research Report that I'll be referring to today. That includes an entire chapter of people's experiences of restrictive practices as told by them, and obviously also the Disability Royal Commission's reports as well, that includes documents, so many people's experiences.



**Associate Professor Linda Steele:** So today, I'll be briefly discussing what restrictive practices are, human rights issues, the harm and lifelong impacts of these practices and the cultural and systemic impact. So what are restrictive practices? Well, and Jane gave a little bit of an overview of that already. But when I say we, I'm referring to Dinesh and Claire. With our research report in our report, we defined restrictive practices as practices that are at odds with the human rights of people with disability and represent a significant form of violence and coercion. And we devised this definition that's up on the slide based on the findings presented in our research report.

## Defining restrictive practices

- Restrictive practices are legally authorised and/or socially and professionally sanctioned violence that targets people with disability on a discriminatory basis and are at odds with the human rights of people with disability.
- Restrictive practices include, but are not limited to, chemical, mechanical, physical and environmental restraint and seclusion, guardianship, forced sterilisation, menstrual suppression and anti-libidinal medication, financial management, involuntary mental health treatment, and other non-consensual or coercive interventions said to be undertaken for protective, behavioural or medical reasons.

So we say that restrictive practices are legally authorised and/or socially and professionally sanctioned violence that targets people with disability on a discriminatory basis and are at odds with the human rights of people with disability.

Restrictive practices include, but are not limited to, chemical, mechanical, physical and environmental restraint and seclusion, guardianship, forced sterilisation, menstrual suppression and anti-libidinal medication, financial management, involuntary mental health treatment, and other non-consensual or coercive interventions said to be undertaken for protective, behavioural or medical reasons.

So this definition emphasises three aspects:

- Often restrictive practices are authorised by law and sanctioned by community and professionals. So this then means that restrictive practices are set apart from other forms of violence which are typically seen as crimes or criminal offences, they're illegal.



**Associate Professor Linda Steele:**

- Restrictive practices are discriminatory in that they apply only to people with disability. Similar interventions on non-disabled people are given other names and are subject to more legal oversight.

Even if and I know that Professor McEwin mentioned this before in his presentation. The very concept restrictive practices is a specialised technical term that is not well known to the broader public. And indeed, sometimes people with disability who have been subject to restrictive practices don't always themselves, have not been taught, or had their awareness raised, about what restrictive practices are as well. So it's a term that is so specialised that sometimes that terminology itself sits it apart from what we understand to be violence or human rights violations.

- And the 3rd aspect of our definition is that restrictive practices violate human rights.

So there's a wide range of examples of what restrictive practices might be. And they're used in everyday settings, such as homes, schools, and healthcare environments. And our definition of restrictive practices is not too different to the definition utilised at the time of writing our report, by the National Disability Insurance Scheme, in its rules on restrictive practices as well. Next slide please.

## Restrictive practices are at odds with international human rights

- Absolute non-derogable prohibition on torture and cruel, inhuman or degrading treatment or punishment
- Prohibition of discrimination against people with disability
- Rights to protection from violence

So as we talked about in our research report, use of restrictive practices is at odds with international human rights obligations for the treatment of people with disability.

There is an absolute prohibition in human rights on torture and cruel, inhuman or degrading treatment or punishment. So this means that restrictive practices that rise to the level of torture and cruel, inhuman or degrading treatment or punishment, they must be prohibited. They can't simply be regulated by law or subject to complex processes of approval and oversight. They simply cannot be allowed at all.






**Associate Professor Linda Steele:** And this is in the Convention Against Torture. And also, we see this in the CRPD, or the Convention on the Rights of Persons with Disabilities (CRPD).

Additionally, there are strong human rights obligations in the CRPD relating to prohibition of discrimination against people with disability and also rights to protection from violence. There are also human rights obligations about people with disability having autonomy over their bodies and support to make decisions about their bodies and lives. And we also have human rights obligations in there about freedom of liberty, so people can't be detained.

The principle of dignity is at the core of international human rights obligations to prevent torture and ill-treatment, and also is at the core of obligations related to protection from violence and equality, and discrimination. And, use of restrictive practice, fails to respect the inherent dignity of people with disability.

And this is in so far as restrictive practices represent a form of violence that is applied on a discriminatory basis to people with disability. When this is the case, these practices, even if they don't rise to the level of torture, are still at odds with international human rights law, because they reflect discriminatory treatment.

So by reason of the human rights situation of restrictive practices, research and policy must be guided by a commitment to uphold human rights, focusing on how to eliminate restrictive practices rather than thinking about how we can justify them, regulate them, or manage them, or even simply reduce them. Next slide please.



## Restrictive practices are harmful and have lifelong impacts

- Strip people with disability of dignity
- Trauma, pain, harm and violation
- Abandonment and neglect
- Fear
- Disempowering, humiliating and dehumanising
- Cruel and punishing treatment
- Lifelong trauma and life-altering effects

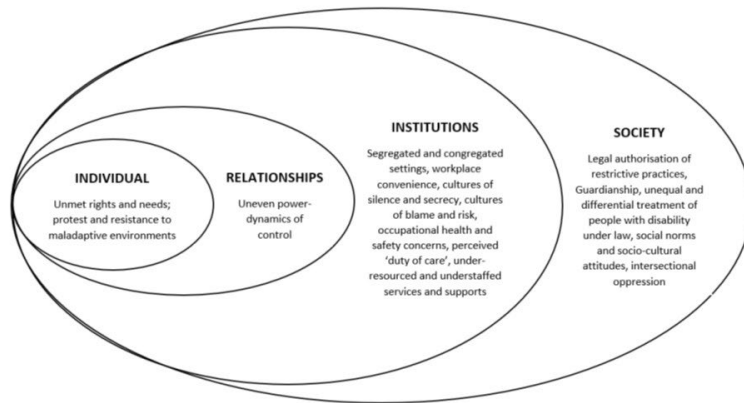


**Associate Professor Linda Steele:** So our analysis of the lived experiences available in advocacy submissions, government reports and academic research documents the harm and trauma caused by restrictive practices, this is both physical harm but also psychological, social harms as well. And these effects can be lifelong. And I'll just briefly introduce some of these. So, firstly:

1. **Trauma, pain, harm and violation.** So our report includes numerous accounts of people with disability speaking about their experiences as physically painful, psychologically harmful and as a violation. Secondly,
2. **Abandonment and neglect.** Our report provides numerous examples of people with disability who were either left alone in seclusion without any supervision, or who had their experiences of distress and harm ignored. The resulting effect of these experiences was people with disability felt abandoned by those tasked with supporting them, and in turn helpless to improve their circumstances. Thirdly,
3. **Fear.** Based on accounts examined in our report, many people who are subject to seclusion describe their experience of this as frightening. This manifested in different ways. It could be not knowing what will happen next, or it could be the brutality of that experience. Fourth, we found
4. **Disempowerment, humiliation and dehumanisation.** So, our report provides several examples of people with disability speaking directly to feelings of powerlessness in the context of restrictive practices. So, feeling like they had total lost total control, and everything had been taken away from them. Fifth,
5. **Cruel and punishing treatment.** So, there were examples of people with disability describing being subjected to restrictive practices who experienced this as cruel and/or as some, or as a form of punishment. So this includes people who talked about being put in cages or are subject to experiences that made them feel like they were 'caged' or 'treated like an animal'. Several accounts provided in our report express a common rationalisation among some people with disability that 'I must have done something really wrong' to be punished in this way. So that feeling that of shame and confusion about why this was even happening to them. Also,
6. **Lifelong trauma and life-altering effects.** So based on the accounts in our report, for some people with disability felt restrictive practices have life-altering effects and contributed to lifelong trauma. And it kind of fundamentally changed how a person with disability understood themselves and were able to understand the possible future they might have.

Associate Professor Linda Steele: Next slide, please.

## Cultural and systemic drivers of restrictive practices



Restrictive practices take shape in an ecological system of violence, coercion and control. This system extends out from individual people with disability, out to concentric circles of relationships, institutions and society.

Ableist attitudes, a lack of resources, and systemic issues in sectors like healthcare, education, and disability and aged care perpetuate the use of restrictive practices. Going off kind of building on what Alastair, Professor McEwin mentioned earlier use of restrictive practices is often normalised or justified in response to what is referred to as 'behaviours of concern'.

So we kind of justify it, as being the fault of the person, and their bad behaviour, rather than addressing the root causes and unmet needs related to this behaviour, which is a legitimate response to harmful environments and circumstances. And this is captured by the image on the screen. And I'll just briefly talk about. I'm nearly done and briefly talk about the different circles in this ecosystem. So firstly the individual, so:

1. **'Individual' Considerations:** There are assumptions about 'behaviours of concern'. Restrictive practices are often presented as a necessary response to an individual with their perceived 'behaviours of concern'. Our report shows that interactions commonly classified as 'behaviours of concern' are better understood as 'adaptive behaviours to maladaptive environments'. Secondly,
2. **'Relationship' Considerations:** So additional to the misinterpretation of an individual's experience and behaviour, then there are uneven power-dynamics at the relationship level. So, interacting with and extending from these assumptions about 'behaviour' are the



**Associate Professor Linda Steele:** enveloping relationships between people with disability and those who are tasked with supporting them. Our report shows how the use of restrictive practices breaks down relationships of trust between people with disability and support people, further entrenches unequal power relationships. Thirdly,

3. **'Institutional' Considerations:** So, relationships between people with disability and those tasked with supporting them take shape in institutional and organisational contexts. The research is unequivocal: people with disability are subject to the greatest use of restrictive practices in segregated and congregated contexts where they are clustered together and there's less access to support or transparency or advocacy. Research suggests that people with disability's lack of choice and autonomy within these settings is a key factor that contributes to the increased use of restrictive practices. Research also suggests that both within the segregated settings and beyond, there are five core workplace concerns about restrictive practices, that drive the use of restrictive practices:

- experience levels of staff;
- institutional cultures of blame and risk management;
- occupational health and safety concerns of staff;
- staff perceptions about their 'duty of care' obligations; and
- under-resourced services and supports.

4. **'Societal' Considerations:** So, ableist views towards people with disability position people with disability as lesser than and naturally unequal to people without disability. These views legitimate beliefs that people with disability can and should be subject to violent and coercive forms of intervention that would simply not be tolerated in relation to people without disability. Research suggests that ableist views can often be disguised in the **Associate Professor Linda Steele:** service and support sector as benevolence; as a 'commitment to care', or well-intended 'protection' for people with disability. For some people with disability, use of restrictive practices is further shaped and rationalised by other forms of prejudice and discrimination, such as racism and sexism.

Currently, there are few, if any, consequences for staff who use restrictive practices against people with disability. This is because, currently, restrictive practices are permitted and regulated via law and policy. This permission sustains cultures of silence, and further enforces the unequal power relationships. Ultimately, law enables use of restrictive practices by not holding those who use them to account, and by denying redress to those who have been subjected to them. And I'll finish up there. But I'll just put up on the screen while I'm finishing the final slide, which is our 8 steps to eliminating restrictive practices.



## Eight steps to eliminating restrictive practices

### Society

1. Prohibit Restrictive Practices: End legal authorisation for use of restrictive practices
2. Change Attitudes and Norms: Support awareness raising to address discriminatory attitudes and norms
3. Acknowledge and Address Historical Injustice: Publicly acknowledge past wrongs, support truth telling

### Institutions

4. Deinstitutionalise and Desegregate: Deinstitutionalise and desegregate environments

### Relationships

5. Recognise the Autonomy and Leadership of People with Disability: Support exercise of legal capacity
6. Utilise Trauma Informed Support Approaches: Reform service systems to recognise and respond to people with disability using trauma informed approaches

### Individual

7. Adequately Resource Independent Living and Inclusion: Fully resource and realise Article 19 CRPD rights to independent living and inclusion
8. Provide Redress for Victim-Survivors: Seek to rectify injustice through law reform and a national redress scheme

And you will see in the Evidence to Action Report by Dinesh and I, and some elaboration on where we might focus research in developing further knowledge that can drive this 8 steps to elimination. And importantly, you will see there that it's not simply about introducing laws, but addressing issues such as deinstitutionalisation and desegregation, and taking trauma informed approaches to service provision. And also delivering redress and truth, telling as well to ensure. We're recognising people's past experiences of harm and learning from that. So we change laws and practice in the future. So thank you.

**Jane Britt:** Thank you very much, Professor Linda Steele, and thank you very much for all of your research and insights. It provides us with a really clear understanding of the challenges and opportunities that we face. So we're really deeply appreciative of the thought provoking perspectives that you've shared with us today.

## Session 2

**Jane Britt:** We're about to dive into our next session, which will focus on the research and evidence gaps in eliminating restrictive practices.

We have three distinguished speakers that will be coming to share their insights about what's missing and what is needed for us to move forward effectively. Each speaker will have five minutes to present, and then we'll move into a panel discussion.



## Rod Carracher, Acting Deputy Commissioner of the Practice Quality Division, NDIS Quality and Safeguards Commission

Our first speaker is Rod Carracher. Rod Carracher is the Acting Deputy Commissioner of the Practice Quality Division at the NDIS Quality and Safeguards Commission. With over seven years as a Chief Practitioner for a major disability service provider and extensive leadership experience in disability services, youth justice, and social housing, Rod is committed to safeguarding the rights of people with disability. So, Rod, over to you.

**Rod Carracher:** Thank you, Jane, and welcome, everybody. Thanks for the opportunity to speak today. I'd like to begin by acknowledging the Traditional Owners of the land on which we meet today. I'm on the lands of the Wurundjeri people of the Kulin Nation, and I pay my respects to Elders past and present, and any Aboriginal or Torres Strait Islander people with us here today. So, I'm the Deputy Commissioner for Practice Quality in the NDIS Quality and Safeguards Commission. My pronouns are he/him, and to provide a visual description: I have short brown hair, blue-green eyes, and I'm wearing a white shirt and a blue jacket.

So current research and evidence gaps, it's a big question and one that has played a significant focus for me throughout my career, and I'm sure it has for many people attending today. So I'm going to outline, in brief, the research gaps that the Commission has identified as being of prominence. But it's by no means an exhaustive list, given 5 minutes. And hopefully we can expand on things through the discussion. But for me, firstly, there's a significant gap in the research on the lived experiences of people with a disability who are or have been subject to restrictive practices. People's personal experiences and stories are a powerful driver for change, and while some of this research has been undertaken for people engaging with mental health sector, there has been limited research conducted for people engaging in disability supports.

And there is especially limited research on the experiences of people with intellectual disability and complex communication needs and people with diverse social identities. Secondly, for me and the Commission's focus, there's a need for further research **Rod Carracher:** on the drivers of overprescribing of psychotropic medications. There is a lack of robust studies, exploring interventions to reduce psychotropic medications for people with a disability and chemical restraint is amongst the most used restrictive practice in Australia.

Perhaps we have a hangover from the medical model. Is chemical restraint a byproduct of a bygone era, a desire to fix or correct through medical interventions? When what we know is that it's not the answer, and can make things worse. The extended use of chemical restraint can cause many complications for people who are subject to it.



Do we embrace the social model of disability? And does that hold the key where adapting the environment is a critical element? Is it a focus on quality of life and that importance in quality of life reduces the need for chemical restraint to be prescribed? It's certainly a whole lot easier not to start a person on psychotropic medications. And what we've identified is the journey of de-prescribing is a complex and if and is not, and if not properly done, withdrawal symptoms are severe and often confused as re-emerging behaviours on mental illness, and an excuse to reinstate the medication.

So there's definitely more research to be done in that space. And I think it's a critical one for the rights of people with disability.

The 3<sup>rd</sup>, we have a gap relating to supported decision making and research in supported decision making, particularly with its interactions with policy and or legislative instruments relating to behaviour, support or restrictive practices. There is a need to further examine international examples of supported decision making, particularly how those frameworks and safeguards are applied in an Australian legal context, and particularly areas relating to dignity of risk and human rights protections.

So, for example, can supported decision making play a legal role in protecting an individual's rights, their right for a review or an appeal? When human rights limitations in the form of restrictive practices are being used or considered, can supported decision making play a part in strengthening our international obligations under the Convention of the Rights of Persons with Disability and particularly in relation to Article 12 of equal recognition before the law, with regards to the use of restrictive practices where people can use the law as part of their human rights and protections, and, fourth,

The makeup and deployment of the disability support workforce has changed over time and the casual and agency staff rotations are common factors for people using support staff. This makes consistent application of behaviour, support, and successful reduction and elimination of restrictive practices, significant challenge, as a stable and predictive environment are critical to success. So further research is on workforce makeup, career aspirations and

**Rod Carracher:** commitments, skills and deficits, cross-sector flows, training needs and career pathways will help the design of better support models for behaviour support implementation. We know that workforce training and organisational supports to embed positive behaviour support are inconsistent and further hindering effective implementation and the ability to evaluate what is working and what is not.

So we need to fill these gaps with stronger evidence, better collaboration and by centering the voice of people with a disability to create meaningful change.



So at the Commission, there's been significant efforts put into identifying the research and good evidence that we use in the development of our policies and education resources and what sets our regulatory priorities. So we draw on the information that's available through data insights, stakeholder consultations, the collaborative research projects that we're involved in and through incident and complaint reports we can draw on and target regulatory approaches. The effort we put in in terms of our compliance campaigns to target unauthorised restrictive practices and behaviour support compliance has drawn on this evidence and while there are being elimination of restrictive practices for some individuals through concerted efforts, there's still a very long way to go.

And any human rights limitation must not be applied unless it's in accordance with the law that permits it. And it's the Commission's role to ensure that compliance with these laws and the NDIS Act seek to reduce and eliminate restrictive practices. And, as Linda pointed out in a previous talk, there is no law that permits the torture, cruel, inhuman, or degrading treatment of people.

Importantly, research and evidence has helped shape the position on high risk and prohibited practices that must not be used. And I think steps forward in Northern territory and recently Victoria making moves to prohibit the use of seclusion for persons under 18. And the across the country the prohibiting use of physical restraints, in those physical restraints that are very dangerous to people with a disability. So lots of work underway and lots of things that we're focused on, and I'll pause there and come back to the session later for the Q&A session. Thanks, Jane.

**Jane Britt:** Yeah, thank you very much, Rod. For sharing your insights and highlighting, particularly the areas where we really do need more research.





### **Catherine McAlpine, Chief Executive Officer, Inclusion Australia**

**Jane Britt:** So I want to introduce our next panellist, who is Catherine McAlpine, CEO of inclusion. Australia. Catherine is a co-chair also of the National Disability Data Asset, with a strong background in disability advocacy. She has worked on major sector reforms and brings her experience as a carer and mother of a young man with an intellectual disability.

Catherine, the floor is yours. Thank you.

**Catherine McAlpine:** Thanks very much, Jane. It's lovely to be here. I'd also like to acknowledge that I live and work on the lands of the Wurundjeri people of the Kulin nation and pay my respects to the traditional owners of the land in which I am here today. I'd like to acknowledge that sovereignty was never ceded, and that, and welcome all Aboriginal and Torres Strait Islanders to the session here today. And also to thank the NDRP, for inviting me.

When the Disability Royal Commission started, the Australian Government provided some additional funding to the then six funded disability representative organisations, the DROs to support people with disability to participate. They also provided funding to Inclusion Australia for the pretty pragmatic reason that people with an intellectual disability were very likely to feature heavily in the DRC's work, and would need tailored and expert support to participate. Inclusion Australia decided to use a little bit of that money to invest in a rapid desktop data review of people with an intellectual disability. At the time we thought the information we wanted was pretty straightforward prevalence, demographics, government support, restricted decision making and practice, schooling, employment, living situations and access to technology. Link [https://www.inclusionaustralia.org.au/wp-content/uploads/2021/10/Our-Submissions\\_2020\\_10\\_Submission-to-the-DRC-on-Data-on-Intellectual-Disability.pdf](https://www.inclusionaustralia.org.au/wp-content/uploads/2021/10/Our-Submissions_2020_10_Submission-to-the-DRC-on-Data-on-Intellectual-Disability.pdf)

The report we received stated “...the compilation of data for this report highlighted the difficulties in accessing reliable and comparable information about people with intellectual disability. There is a need for agreement on definitions of intellectual disability to inform consistent data collection at Commonwealth and State and Territory levels to enable comparison accurate reporting to inform the provision of relevant supports and services, including advocacy.”

It also said, “...we were unable to find any publicly available data to report on the breakdown of prevalence by specific conditions. Similarly, data indicating multiple diagnosis is lacking. Government data related to those with intellectual disability in aged care, and those receiving education and skills training, those with guardianship and financial management is similarly lacking. A breakdown of the numbers and types of accommodation for people with an intellectual disability is not available.”



**Catherine McAlpine:** The report did, however, document, for example, the senior practitioner of Victoria's Department of Human Services database of reported cases of chemical or mechanical restraint.

This provided information of a bit over 30, nearly 31,000 episodes of restrictive interventions relating to behaviour interventions involving over 2,000 people during the sort of 2007-2008 period.

I myself will never forget when I served on the Victorian Disability Advisory Council, and we visited and I was a mother of a young primary school, aged child, with an intellectual disability and we went to the institutions, and I will never, ever forget, because I didn't know what was going to happen, that I would see a whole lot of middle aged people with intellectual disability completely zonked out on recliners, watching mindless TV.

The visceral reaction will never leave me.

And so it was both astounding and unsurprising to me to learn that over 65% of the use of restraints were described as 'routine'.

It brought home just how much restrictive practice is normalised and how data about it is not collected. Course, the DRC itself created a relative explosion in the data and evidence available about restrictive practice.

And it's commissioned report. And I'm going to say exactly the same words that Linda said before, to quote Linda and Claire.

*"..that it unequivocally found that people with disability are subject to the greatest use of restrictive practice in segregated and congregated contexts."*

He reported that while people with disabilities, experience of some forms of restrictive practice are well explored, such as experience of seclusion or involuntary mental health, treatment, experience of other forms of restrictive practice, such as guardianship or financial management are rarely considered.

Also, that very few researchers venture into group homes to speak with people with disability, and, to the best of our knowledge, little to no attempts have been made to capture the accounts of people with disability subject to restrictive practices in the context of Australian Disability Enterprises, day programs out of home care, immigration detention, and in the family home.



**Catherine McAlpine:** Many of you watching today will be aware of Inclusion Australia's 'polished pathway' provocation. Link <https://www.inclusionaustralia.org.au/wp-content/uploads/2022/10/The-Polished-Pathway-Final.pdf>

That is, that the interfaces of the government systems that people with intellectual disability need to navigate, have been polished in such a way that people with an intellectual disability, including people who are also autistic, are smoothly transitioned into a lifetime of segregation, and what is often overlooked is that there is now no doubt remaining, that segregation breeds the normalisation of restrictive practice.

The time has come to address the pathologic, pathologisation. I can't even say the word my own word, of behaviour, and the way this incentivises the use and overuse of restrictive practices.

We need to centre the lived experience of people with disability who have experienced restrictive practice in the research.

We need to investigate the role of the education system in producing traumatised young adults who now have a psychosocial disability on top of their dual diagnosis of intellectual disability and autism.

We need to better understand emotional dysregulation, and how early access to communication, support, and supported decision making, together with a sense of belonging in the community, are critical to the effort to eliminate restrictive practices.

Thanks, Jane.

**Jane Britt:** Thank you very much, Catherine, for speaking about the experiences of people with intellectual disability and disability more broadly, noting some of those practical challenges and some of the evidence gaps that we really do need to address.



**Siobhan Campbell, Branch Manager, Quality and Safeguards Policy, NDIS Markets and Safeguards, Department of Social Services**

**Jane Britt:** So now I'd like to move on to our 3rd panellist, who is Siobhan Campbell, Branch Manager, Quality and Safeguards Policy, NDIS Markets and Safeguards, in the Department of Social Services. So over to you, Siobhan, for the 3rd say, thank you very much.

**Siobhan Campbell:** Thank you, Jane. Hello, everyone! My name is Siobhan Campbell, and I'm joining you from the lands of the Gadigal people of the Eora Nation. I would like to acknowledge the traditional custodians of this land and the lands on which you're joining this event from. I'd like to pay my respects to Elders, past and present and extend my respect to all Aboriginal and Torres Strait Islanders joining this event today.

I'd like to thank the NDRP for having me here on behalf of Robyn Shannon, Deputy Secretary at the Department of Social Services. Robyn is very disappointed not to be with us today due to a personal emergency.

As Jane shared, I'm the Branch Manager for Quality and Safeguards Policy at the Department of Social Services, and I'm grateful for the opportunity to join my esteemed panellists for the opportunity to talk about what's needed for better policy.

As you are all aware, the Disability Royal Commission found that people with disability are disproportionately subjected to restrictive practices, and that these practices can be a violation of human rights. I understand that many people attending today's event spoke to the Disability Royal Commission about their own experiences, and I thank you for your continued commitment to progressing the rights of people with disability.

The Government understands and recognises that reform is much needed to reduce and ultimately eliminate the use of restrictive practices and is committed to strengthening quality and safeguards to ensure safe and supportive environments that respect the rights and dignity of people with disability.

Minister Rishworth, earlier today, in her opening address, referenced that the Government's response to the Disability Royal Commission, included the announcement of a number of measures that support the reduction and elimination of the use of restrictive practices for people with disability. These measures directly respond to recommendations that Professor McEwin spoke to today, particularly looking at those parts around data collection and evidence.



**Siobhan Campbell:** As we know, these recommendations were informed by consultations with researchers, the disability community, and their loved ones, about the use of restrictive practices, including people's own lived experience.

Following the Royal Commission, the Australian Institute of Health and Welfare (AIHW) will work with the Department of Social Services, the NDIS Commission, and State and Territory Governments to improve the collection as well as the reporting of restrictive practices data. This will include the much-needed development of consistent data definitions and collection methods on restrictive practices. The AIHW will be an important partner in ensuring we have a strong evidence base to inform the development of national restrictive practices policy.

This work will be staged, and the first stage is focusing on defining the scope of data on restrictive practices within the NDIS and completing a gap analysis on existing data collections on restrictive practices. The Australian Government, in collaboration with State and Territory Governments, will also establish targets and performance indicators to drive the reduction and elimination of restrictive practices, nationally.

This first stage of work, similar to the data, will focus on the development of targets and performance indicators in the NDIS and will provide an evidence base for continued reform. These targets and indicators are really looking to monitor progress, but also build cross-system accountability on the use of these practices.

Following the NDIS Review, the Australian Government has committed to working with States and Territories to reform the use of restrictive practices within the NDIS. A joint action plan will initially implement national action, and that's looking to reduce and eliminating the use of restrictive practices within the NDIS. But it's also looking to establish strengthened collaboration to national action to progress national action to reform the use of restrictive practices. And we know that that cross system collaboration is critical to change. As we know, we're not the first people to have this conversation and grapple with the complexity of restrictive practices reform.

Claire earlier referred to this as a 'wicked problem'. And we know that cross system collaboration will be critical in aligning policy and operations across government to ensure national outcomes on reducing and eliminating the use of restrictive practices are achieved.

As part of this national reform, we look forward to continuing to collaborate with the NDRP to identify opportunities for research to support this work. We recognise that safety is one of the key themes that underpin the NDRP Research Agenda.



**Siobhan Campbell:** We're also committed to ensuring and facilitating ongoing collaboration on this important reform with people for people with disability, their families, carers, peak advocacy groups, service providers, and governments, in terms of what's needed for better policy. It is important that there is a national approach, and it will be critical that we work together and strengthen our partnerships and linkages across research, advocacy, all levels of government, and with people with disability to drive much needed change.

That ongoing collaboration and support from all sectors will help to ensure the successful implementation of reform that will promote the human rights for people with disability, and before I wrap up I'd like to thank Poppy for sharing her experience today and highlighting the importance of having choice to have control. I don't think I could say it better than having the right to be respected and treated like an adult.

Finally, I'd like to congratulate the NDRP on the first Evidence to Action event and for progressing the development of evidence-based research. This will help shape policies and practices that result in better outcomes for people with disability. Thank you, Jane.

**Jane Britt:** Thank you very much, Siobhan, and especially thank you for stepping in at, you know, late notice to be able to present to us today, we really appreciate it.

### The panel

**Jane Britt:** So now, what we're going to do is move into a brief panel discussion. So let's dive into some of those questions we've received for our panellists.

So the one I have here is for Rod. How does the Commission plan to use existing and new research findings to develop and enforce policies that effectively reduce and eliminate restrictive practices across different service settings. So what are the steps to ensuring that this research informs practical regulatory actions? Rod over to you.

**Rod Carracher:** Thanks, Jane. That's a big one big question as well. But thank you. Look, I think the Commission is very committed to engaging in research activity and looking at the evidence that stems from research. And we all know that research into practice sometimes takes longer than it should. And our commitment is to try and drive research into practice as quickly as we can. The areas that we focusing on. I guess key to this question is that we're looking at areas of positive behaviour support. And what can we do in terms of the skills and expertise of positive behaviour support practitioners. So we have a positive behaviour support capability framework which sets out the criteria for practitioners who are in the market and provide those supports to people. We are undertaking a review of that plan through currently being led by Flinders University, but also in partnership with Monash and



Melbourne and Queensland Universities to look at the skill sets of positive behaviour practitioners. And looking how we can strengthen that area of the market.

We're also looking at what can we do in terms of human rights and how can we leverage off the CRPD to strengthen national consistency, and how we oversight restrictive practices and our combined efforts through State and Territories to reduce and eliminate restrictive practices. So we're just embarking on a piece of work at the moment, that will do a bit of a deep dive to see what further emphasis that we can put on the CRPD as the instrument that drives our efforts to reduce restrictive practices.

And as I mentioned, the workforce capability we're currently working with Latrobe University on the development of some e-learning practices on the implementation of behaviour support and increasing autonomy and quality of life for people who are subject to restrictive practices. So they're currently working on what will be 11 modules for disability support workers who will be able to access that free from the middle of next year. So there, I guess some of the things that we're focusing on to try and shifts the research into an evidence into practice. Thanks Jane.

**Jane Britt:** Yeah, thank you, Rod. It sounds like there's a lot of wide ranging activities going on at the commission there. Thank you for sharing some of the detail about that. So I guess the next question I have is for came in for Catherine McAlpine, and I know you've spoken to this a little bit already, but we would love you to sort of share a little bit more about what kinds of research or evidence are most urgently needed to understand and address the impact of restrictive practices on people with intellectual disabilities. So how can we ensure this research leads to rights-based practical alternatives. Over to you, Catherine.

**Catherine McAlpine:** Thank you very much, Jane. The sorts of research we need research done directly with people with intellectual disability, directly done with people that live in the settings, in group homes who have experienced restrictive practices. We also need cross, what I was referring to is cross sector research, because we have restrictive practices normalised in education and aged care and other settings, and in health, where we really need to unpick that there's a really big role that education plays, we look at the histories of people with really complex support, often who are both autistic and have an intellectual disability and how they experience violence and abuse while they're growing up. So by the time they're a young adult, they've already got a psychosocial disability. They've already got an experience of trauma. And we're already in a situation where we're having to deal with really complex behaviour support needs.

What we want to see is, how do we get to the right space? Practical alternatives is seeing that what of investments we can do in supports earlier on, what does supported decision



**Catherine McAlpine:** making look like for people much younger. What does belonging in the community, you know this feeling of alienation from the community, that people that young people feel, remembering that behaviour is a form of communication. And so for people who are exhibiting, you know, that might use violence or use other behaviours, it's because usually these other terrible things have happened. And so we really need to understand those drivers and also do research into some of the amazing work, for instance, that we see in the services for one where families of people with really high support needs have actually come up with some innovative solutions.

But we haven't done any research to sort of underpin it. All we have at the moment is anecdotal. But how do we put that together into proper research into good practice?

And the last thing I would say is, learning from what we're doing in the National Disability Data Asset, where we have a separate ethics approach, which is not just about the ethics that happens at universities and other places. Often, that's sort of problematic in the way it looks at vulnerability. So there's a whole sort of thing to unpick there in terms of the way that people with an intellectual disability can participate as co-researchers but also into the do no harm.

**Catherine McAlpine:** And will this really make a difference? There are too many projects that get up that actually won't make things better for people with disability. And so by having an ethics approach made up of people with disability, including intellectual disability, family members, that, you actually say, will this project actually do the, you know, make things better. And so that way we get the right research funded. Thanks, Jane.

**Jane Britt:** Yeah, thank you, Catherine. I guess you know, reflecting on a few of the things back there that you really said are important around having those supports quite early, making sure that there's research understanding the drivers of, you know, some of the experiences that people are having and that it's going right to the source that people with intellectual disabilities are involved in that research and giving their experiences as well. But that overall, you know, there's an ethics approach that the National Disability Data Asset, you know, it's sort of you know, using that that could be good modelling for some of the ethics around the research. The final question that we do have is for Siobhan.

And that is, how does the department plan to work with researchers and the disability community to ensure policies aimed at eliminating restrictive practices are informed by lived experience and the latest evidence? So what are the processes or partnerships you would recommend to make this collaboration effective? Siobhan.





**Siobhan Campbell:** What a question! Thanks Jane personally, having had the privilege of working in a number of universities with researchers, and now working with the disability community to make sure that we have evidence-based policy, I'm deeply committed to making sure that that is how we shape reform, particularly in relation to restrictive practices and I know that the government views that people with disability and the disability community need to be at the centre to all reform. And we also know that embedding an evidence base into policy reform means that we're creating sustainable change, and that is why we fully supported the establishment of the NDRP.

And I'm really proud to be part of this event. Today we trust that the NDRP will facilitate collaborative and inclusive disability led research through its research agenda. Important events like this one evidence into action, and it's brought together so much of the community and researchers, service providers and policymakers. And I will say that they haven't chosen an easy first topic, but it is absolutely setting the tone for what we need to do here together. And also collaboration with everyone present today ensures we have consistent and effective approaches to reducing and eliminating restrictive practices. And I would really encourage everyone who has joined today's event to continue to engage with reform underway as we continue to partner with researchers to make sustainable change. Thanks, Jane.

**Jane Britt:** Thank you very much, Siobhan, and thank you to all of the panellists, really, for all of your valuable insights and perspectives today, we really do appreciate hearing from all of you and Siobhan, I do agree. I'm quite proud to also be a part of this evidence to action event today. And hopefully, there'll be more of it in the future.

So I want to thank everyone also in the audience for your questions and engagement. We know there's so much more to be discussed, and your contributions are really crucial in driving this work forward.



## Session 3

### Megan Spindler-Smith

**Jane Britt:** And this will be our final session, where we'll hear from advocates. Gather your ideas and explore what has worked well in research to drive meaningful change. And just before I introduce our next guest, I'd like to say that I acknowledge that there has been a lot of questions that we weren't able to get to. However, these have been noted, and we will have a look at those later.

So our first speaker for this session is Megan Spindler Smith, Deputy CEO, of People with Disability Australia. Megan will share what advocates say are missing in terms of the research gaps what people with disability have been calling for when it comes to eliminating restrictive practices. Megan. Thank you very much for joining us, and I'll hand the floor to you.



**Megan Spindler-Smith:** Wonderful. Thank you so much, Jane.

For those of you that I have not had a chance yet to meet. As said, I am Megan Spindler Smith. I use they them pronouns, and I am joining from unceded Darug country in the Hawkesbury. For those who would like a visual description. I am a larger body, pale, fem presenting person, with red hair that is tied up, and I'm wearing glasses and have red lipstick and a blue top on.



So restrictive practices have already been shown throughout this really important discussion to lead to harm for many people with disability, including myself. From an advocacy perspective, eliminating restrictive practices has to be through consistent advocacy and empowering people with disability to be the leaders and co-designers of the research as pathways that prioritise our safety, thereby achieving academic and systemic change.

### What is missing?

- **Defining Restrictive Practices:** Actions that limit freedom, including seclusion, restraint, and chemical intervention. Used as a default in challenging situations.
- **Problem with Inconsistency:** Confusion across sectors and jurisdictions weakens safeguards and advocacy efforts.
- **Shared Understanding:** Unified definitions and standards promote dignity and drive consistent advocacy.

**Megan Spindler-Smith:** So what is missing? What we actually need from a systemic advocacy perspective is to ensure that a pathway to elimination of restrictive practices can be the reality it should be.

Firstly, we need to acknowledge we need our government decision makers, our practitioners, our supports and people with disability to fully understand what restrictive practices are. Recognising, that regulated violence is not acceptable. Acknowledging these actions violate the autonomy and dignity of people with disability, and often occur without our understanding or our consent.

Research should focus on systemic drivers and opportunities for elimination. The lack of consistency across Australia in our practices means that unified definitions and standards are critical to creating consistency, safeguarding rights and ensuring advocacy is both effective and impactful. However, this pathway cannot start without knowledge and education created by the disabled perspective through research driven knowledge creation.

Next slide.



## Empowerment through participatory research

- Safety and respect is essential: reducing fears around the impacts of when and how restrictive practices are applied.
  - Understanding the long-term impacts: trauma, loss of autonomy, disempowerment and dehumanisation.
- Building Knowledge:**
- Development of tools and resources that educate, recognise reality and empower self-advocacy for alternatives.

**Megan Spindler-Smith:** Empowering people with disability, starts by understanding what safety means from our perspective, feeling secure, respected and free from fear, is an inalienable human right. Elimination of practices that restrict our freedom, create long-term trauma or dehumanise us. Research that can support systemic advocacy, advocacy needs to be led by and with us. It must focus on how systems can better invest in supported decision-making, individual advocacy and culturally safe, trauma-informed approaches.

These measures are essential to ensuring that we, people with disability, are not only safe but empowered.

Effective research in this space is currently hampered by the limited number of people with disability allowed to be part of research. The academic field is not disability affirming, and creates barriers to participation that come from accessibility and ethics restrictions that directly create limiting barriers.

## Co-led and designed research

- Participatory action research and community-based participatory research
- Lived experiences shape solutions
- Addressing systemic and individual advocacy issues through inclusive research methods
- Research priorities focusing on the long-term impacts
- Understanding systemic drivers and opportunities to build the pathway for elimination
- Trauma-informed approaches to elimination
- Co-developing tools for rights awareness and supported decision making



**Megan Spindler-Smith:** Co-designed and led research is key having us as people with disabilities, shaping research ensures, findings are relevant, actionable and focused on solutions, not just on understanding the impacts or the prevalence. It's also about building knowledge and resources that can educate and empower both systemic and self-advocacy for systemic change through advocacy. We need a strong base of research that does not medicalise or quantify our experience.

Disability-led participatory research ensures people with disability lead the development of solutions with government and the decision makers. These frameworks, centred on lived experiences. In short, outcomes are grounded in the realities faced by those directly affected research priorities should include identifying systemic drivers of restrictive practices.

Developing trauma-informed approaches and creating tools for rights, awareness and supported decision-making, understanding the long-term impacts of restrictive practices. Even ones that have been co-developed is integral.

Co-led, and designed research not only addresses barriers, but empowers people with disability to have the control in our lives.

The one thing we have to be very clear of, though, is that there is no one size fits all people with disability, for what security, safety and bodily autonomy is.

Systemic change needs to acknowledge the flexibility that is required for us to have contextualised and individualised approaches for person-centred elimination of restrictive practices. More regulation of acceptable practices will not actually create safety.

Next slide.



## Where to from here?

- Research led, developed by and with directly impacted people with disability
- Co-development ensures solutions address systemic drivers and empower individuals
- Consistent definitions and standards are crucial for elimination
- Elimination pathways must integrate the lived experiences of people with disability for meaningful, rightsbased change



**Megan Spindler-Smith:** So where can we go from here? I have 2 questions for you. How are you making sure that the research that you do centres us? How can you make sure that the barriers to leading and engaging in this research are dismantled, open up pathways for research to be led, developed by and with those directly impacted by restricted practices.

The need for research ensuring people with disability have direct control over our lives will ensure that we can co-create solutions that address the systemic drivers for change and that empower us. This is imperative for systemic change. Implementing truly person-centred, supported decision-making frameworks where individual preferences and goals shape supports and services will make the difference to changing how it happens as a systemic level.

We need consistent Australian wide definitions and standards. Without those, pathway to elimination is halted. The way forward requires collaboration, consistency, and action. Elimination pathways must integrate lived experience, co-designed tools, and participatory research. Together we can ensure people with disability, live with dignity, autonomy, and freedom from restrictive practices. Thank you.

**Jane Britt:** Thank you so much, Megan, and especially for posing those really powerful questions there, really fantastic to hear the insights and messages from advocates working on the ground. And it's a real reminder of why we're here today, and why this work is really important, very much appreciate your message and presentation.



## Professor Sally Robinson

[Introducing Professor Sally Robinson]

**Jane Britt:** Our next speaker for today is **Professor Sally Robinson** from Flinders University. Sally has extensive experience in disability and community inclusion research. She will share insights on what has worked well in research and how we can build on those successes to eliminate restrictive practices. Sally, thank you very much for joining us.



**Sally Robinson:** Thank you, Jane, and Hi, everybody. I would like to just acknowledge that I'm coming to you from Kaurna land down in Adelaide, and acknowledge that land was never ceded, of course, and the importance of lands, culture, and knowledge to First Nations people. For people who'd like a visual description. I'm a well, defiantly middle aged, red headed woman with glasses. And I'm glad that I get to describe myself visually because I pushed the boat out and ironed my green shirt for you all today.

I would like to take a moment on a serious note, though, to describe and respect the contributions and the costs to disabled people and the people who are allied to them in being involved in research. We've talked about the costs of being involved in the Royal Commission, the costs of being involved in talking about abuse and violence. But we haven't talked about the costs to people in being involved in research. And there are often a lot of costs in being involved in research. That's about progressing change, because often it's about things that are really difficult in people's lives.



**Professor Sally Robinson:** So I do just want to take a minute to talk about that, and to give that a moment to respect and thank people for all of those costs.

I've been asked to talk really about how research can contribute to deepening and extending our knowledge in useful ways, especially when we're talking about difficult spaces such as this. I work with fantastic, inclusive teams of disabled people and non-disabled people, who work together in research about violence and abuse and safety and loneliness, and all kinds of tricky, difficult things and listening to Linda talk about her work, and everybody else who's spoken today has really, you know, left me reflecting, as I'm sure you all have been about how it's hard to make progress in these spaces. But I really want to just think, in these next few minutes about what the job of research in particular is, in helping us progress.



## How can research contribute to deepening and extending knowledge in useful ways, particularly in difficult spaces such as this?

Obviously, we're all working together. We all work in intersection in how we move forward. And I think the NDRP coming together is a really unique time, a really fertile time for us.

I think research and evidence can help when we're working in these really contested spaces, in sensitive, difficult spaces, when there's a lot of complexity. And there aren't easy answers to really complicated problems. And we've had lots of examples of very complicated problems today when we've got policy and practice goals that might align but not be the same. And today, I think we've had a really interesting example around eliminating or reducing, minimising, working towards eliminating restrictive practices. I think that's a great example where policy and research goals are aligned, but different where we need multiple kinds of answers, then to work our way towards solutions, to really naughty problems around, resolving violence and abuse, or working towards personal safety, or whatever our particular focus issue is.

And I think then it's really easy to feel overwhelmed and to go back to our respective corners and to focus on the issue that we're working on, and that we're really passionate about.





**Professor Sally Robinson:** One of the things that I think we can tend to do in research, though, is often to make it the job of disabled people, especially people who are marginalised for lots of reasons, lots of intersecting reasons, to identify what the harm is that they're experiencing, or whether the policy problem is one that they want to contribute to changing. And for abuse, about violence and abuse and neglect exploitation. I think one of the problems there, then, is that we've sat with our problems for a long time, and it's really past time now that we've moved to solutions post Royal Commission. It's really important now that hopefully, we'll see some resourcing, flowing, some opportunities flowing so that we can move to solutions focused work.

And as Megan just spoke so eloquently about the centrality of disabled people in that solution, making it work is so important. I think research can make a really important contribution from its vantage point in thinking about what evidence or particular sets of evidence can bring, to help inform policy and practice and rights discussions and debates. But I think it's really contingent on researchers and the people working in research teams to make that clear. And often we don't do a very good job of that.

So being transparent about the aims and the design and the approach of research matters especially because research really can affect what happens in people's lives for better or for worse. And I think a good example of that is the NDRP's move to safety as its first research focus. As several people have talked about, it's a really important opportunity, because it's a generative one. It's an opportunity to move into a positive productive space.

So just with the little few minutes that I've got remaining. I wanted to talk about having a framework that guides research, and how that's really important. And I think it's a really good contribution from the NDRP.

I want to lay down a little challenge as well, responding to something that was said earlier about how a framework and a strategy might help us collectively move forward to a problem about the lack of evidence that people have identified. I have a question really for you all, and for myself as well about whether there is actually a lack of evidence about people talking about restrictive practices, or whether there's a lack of us listening to people talk about things that constitute restrictive practices in their lives.

But we haven't taught, they don't use the term restrictive practices, and we haven't found the way of listening and acclimatising our frameworks to what people are talking about.



## NDRP Guiding Principles

- Advance high-quality research that informs disability policy and practice in Australia
- Value the knowledge of people with disability in research
- Strengthen disability research capacity
- Share research findings widely in useful and accessible ways

**Professor Sally Robinson:** I want to touch briefly on the NDRP Guiding Principles because they've got wide agreement. They've been very well consulted on among disabled people and allies and other stakeholders. And I think they're helpful in getting some consistency across our very diverse multidisciplinary field. And when we're looking to pursue change that moves us on from excluding disabled people from research about their own lives into a different space, I think they're really useful.

So the first guiding principle is about advancing high quality research that informs disability, policy and practice in Australia. And I've talked about that for a bit already. I just really want to point to the fact that the NDRP is really going to be focused on promoting collaborative research across Australia and implementing its research agenda and building an evidence base that connects policy and practice and research.

So I think, I've already talked about some of the tensions. But I think there are huge opportunities for research and policy to be in conversation with one another. But the explicit agenda of the NDRP, to ensure that the experiences of people with disability drive this collaboration is really important. And I really think it's important that we include people who are often left out of policy design, and to think carefully about how we make this dynamic and useful and engaging.

And that goes to the second principle, which is how we value the knowledge of people with disability in research. And so including people in the research as participants is important. But we're doing a little better in some of our research about including people as co-researchers, as collaborators, as research colleagues.

But we are not doing so well yet in research leadership, there are not very many of us who are leading research as disabled researchers and to build our research leadership is really important. And the NDRP, I hope, will play a really important role in building leadership from early career research onwards.



Professor Sally Robinson:

And I'm really looking forward to making a contribution there along with the other disabled research leaders around Australia and connecting different kinds of evidence. I think actually, I'll probably be repeating myself if I go on there.

I'd like to talk about strengthening disability, research, capacity and building that active and connected community of people who want to work in our field as well as building career pathways for researchers with disability, so that we're strengthening our capacity to conduct disability research as well as to work in partnership with the wider disability community.

And then, finally, I just want to move to the next slide and point you to how important it is for us to share our research findings widely and useful and accessible ways. And this is just one example which is probably familiar to lots of people of the APO, the Analysis and Policy Observatory. It has a great collection of research which is available without any sort of paywall. Link <https://apo.org.au/collection/309093/disability-research-collection>

Share research findings widely in useful and accessible ways



But there are lots of ways that we should be thinking about, the way that we share our work in video, in easy read, in accessible formats, so that we're not just concentrating on our \$15 words, but lots of ways for us to talk about sharing collaboratively as we move on and share our work together. The slides were moving ahead of me. So it's making me think I'm talking for too long, you can probably tell. I can talk underwater, so I'll stop now. Thanks, Jane.

After Professor Sally Robinson

**Jane Britt:** Thank you very much, Sally, and I especially love the challenge that you lay down for everyone listening today and for also sharing your expertise and giving us practical examples of what's worked in research, especially loved what you talked about there with you know, disability, leadership in research. It's really fantastic to sort of hear about the possibilities for change. And when research is inclusive and impactful. Thank you very much.

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## What do you think? Engaging the audience

**Jane Britt:** What we'll do now is, thank you for everyone for staying with us as we move into, you know how we can explore driving real change to eliminate restrictive practices. So this next part of the session is all about you. We want to hear your insight, your experiences, and your ideas for how we move forward.

We have 2 key questions to guide this conversation. So I'll introduce each question and share some prompts to get you thinking. You have many options for sharing your ideas.

- You can use the Q&A function that's in zoom.
- You can use the zoom whiteboard which the link is will be posted into the chat.
- or, if you want, you can take a moment to reflect and follow up with your thoughts via email after the event.

So the **first question** we want to ask is about research and evidence gaps.

What are the unanswered questions? What do we need a deeper understanding of to enable the elimination of restrictive practices?

And to help you frame your thinking. Here are a few prompts:

- What information is missing that would help service providers, carers, or families support people with disability without using restricted practices?
- And are there other areas where people's lived experiences are not being captured or understood in the current research?

Take a moment now to reflect and share your thoughts.

We'll collect all of your ideas and include them in the event proceedings to guide future research priorities. And I'll add there, too, that all of your questions today, even though we may not get to them or have not got to them. We want to respond to them really fully, and we'll be doing so after the event. We want to make sure you give you a full and proper response.

So that is why we haven't been able to get to all of them. But we will be doing so.

So just back to those questions.

What information is missing that would help service providers, carers, or families support people with disability without using restrictive practices and other areas where people's lived, experiences are not being captured or understood in the current research?



**Jane Britt:** So just having a look for some of the responses that are coming in.

There's a few more questions that have been added, which we will definitely be capturing. And just noting that recent comments are interested in helping by providing experience and skills as a physiotherapy researcher and like to be part of research. Yes, certainly we will be capturing that, and happy to follow up with you.

Andrea said: "An area I would like to see more research in is restricted practices in employment. As a highly educated professional with disabilities, I've been subject to a number of practices resulting in psychosocial disability."

Thank you very much, Andrea, for sharing your experience, really appreciate very much hearing directly from you about your experiences.

So just allowing you a little bit of time to be able to share your thoughts into the zoom whiteboard, or into the Q&A.

As you feel free, or even if you want to start collecting your thoughts, to be able to share them with us by email later.

Someone has added also in the chat that restrictive practices in mental health is not being acted upon so obviously something that needs to further investigation as well as understanding and whether adequate staff to person ratios would assist in eliminating restrictive practices. Thank you very much to the person who just shared that.

So just looking at the **second question** that we really would love to hear from you about is using existing evidence. Our second question focuses on the evidence and research. We already have what we know isn't being put into practice.

What specific research findings, reports, tools or strategies do you know of that could help eliminate restrictive practices, but aren't being widely used?

Can you share examples or ideas about why they aren't being applied, and what could help make them more accessible or impactful?

So what tools or resources would help service providers and regulators apply existing research to their work? How can we use research findings to encourage or require change? Should we focus on rewards or carrots or rules to enforcement sticks? And what do regulators and policymakers need to make evidence-based decisions? What kind of support, like training, resources, or collaboration would help providers and regulators put evidence into action?



**Jane Britt:** Please continue to share your ideas again through the Q&A. Or the Zoom whiteboard and we'll summarise these and consider these as ideas as part of our post event outcomes. So again, just having a look at the chat to see what is coming in.

'supported decision-making and mental health', I think there was a note from earlier. It's something that is really important.

From the whiteboard, peer support for families, looks like the whiteboard is now being seen. People are starting to add their comments there. Thank you very much. And carer and family inclusion. Really important. Value for money from the NDIS is extremely concerning approach for people that may be subject to restrictive practices. Someone said that they would like to see research into people with disability. Sorry, my screen just moved a little bit, and I'm vision impaired. So just catching up there.

"I would like to see research into people with disability who are nonverbal and often high support needs and unable to use functional communication. So a bit more focus in that area the fact that my service delivery has become more market based and the medical model has been replaced by a corporate model is another challenge being faced."

"Unions need education on the harm caused by restrictive practices as they are drivers of use." Another person has added there into the chat.

So we'd love for you to continue adding your thoughtful inputs and comments and experiences. And we will be collecting these, and they will be crucial in shaping how we mobilise evidence for action. And I really want to thank all of you for making those contributions, and especially for those of you sharing experiences.

The insights and ideas that you've shared today are really valuable. And if you think of anything else later please don't hesitate to email the NDRP team at [info@ndrp.org.au](mailto:info@ndrp.org.au)

Everything you've shared will be considered as part of the event proceedings and into broader efforts to eliminate restrictive practices. We'll also be including responses without names in the proceedings document. So your voice will continue to inform this work beyond today.



## Professor Helen Dickinson

[Introducing Professor Helen Dickinson]

**Jane Britt:** And next, we're really privileged that we'll be hearing from another person who is Professor Helen Dickinson, one of Australia's leading disability researchers. Helen Dickinson is a Professor of Public Service Research at the University of New South Wales, Canberra, specialising in public services and cross-sector collaboration with a long-standing research focus on disability policy and services. Helen is passionate about amplifying diverse voices in policy and research to ensure more inclusive and representative outcomes. Today as an NDRP Board member, Helen will guide us through how research can address the pressing question of where to from here. Helen, we're really pleased to have you here with us, and I'd like to hand over to you now. Thank you.

**Professor Helen Dickinson:** Thanks very much, Jane, and good afternoon, everybody. It's a real pleasure to be invited to speak at this first NDRP Evidence To Action event. My pronouns are she/her and I join you from the land of the Bunurong, and would like to pay my respects to elders, past and present. As a visual description. I'm a white woman in my mid-forties. I've got long, straight, brown shoulder length hair. I'm wearing a black shirt, and I'm sat in front of a light grey background.

So, as Jane said today, my job is to think a bit about what we've heard in terms of research, what its role is in driving change, and what kinds of research we need if we're going to work towards eliminating restrictive practices in some way. This is a really difficult role I've been given. We've had such an exceptional and wide ranging event that's covered a lot of ground in relation to restrictive practices and also the broader systems and policies that prevent or enable their use. We've heard from a number of different voices and perspectives on how we can work towards eliminating restrictive practices within Australia. Although even with a with a three hour session like we've had today, I don't think we've managed to cover every issue or perspective. And the different debates around this topic will continue, and we can still continue to engage in that in the resources that Jane has outlined for us. But I think we've had some really clear messages relating to the role that research can play and the types of research that we need in this space. I think we quite clearly heard that although research has an important role in driving change and helping to realise the elimination of restrictive practices, and we heard from Minister Rishworth that she views research playing a really important role in informing laws, different reforms and services to better help people with disability, and she particularly spoke of restrictive practices as one example, and reiterated the need for strong evidence base to support this work and to argue for reform and to underpin changes.



**Professor Helen Dickinson:** Alastair reminded us that we don't have good data around the use of restrictive practices, and that the Royal Commission made specific recommendations about the need to have this data, and we need not just to know whether restricted practices are being used. But also, if we're being successful in working towards eliminating these practices, so we need to check in on whether they're being used or not and without high quality evidence, we won't know what kinds of contexts and mechanisms are helpful in eliminating restricted practices, and the kind of factors that enable their use.

We heard from Linda Steele that restricted practices are an under investigated area within the academic literature, and that there are a number of important gaps. And while we know some of the cultural and systemic drivers of restricted practices, there's a need to unpack these various elements and their interrelationships. Further, I think we also know that the more marginalised you are, the less likely you are to be reflected in research data. And often that's not a product of those marginalised groups, but of the ability of researchers to really think creatively and engage. Developing a strong evidence base could clearly outline the significant harms that restrictive practices do, could challenge restricted practices and help to develop an evidence base about what the alternatives are. So it's not just enough to have high quality evidence to demonstrate that the restrictive practices are being used. We need evidence to show practice what alternatives there are to using these methods, and how individuals and organisations can work to achieve change and to eliminate those.

I think the absence of research around restricted practices, also speaks volumes in terms of whose voices are heard in research. A lot of the literature on restrictive practices is not, isn't framed using an approach that centres the experiences and rights of people with disability. And there's a distinct lack of scholarly investigation of the experiences of those who are subject to these practices. So this emphasises a need for research that really centres the voices of people with disability, because without that we can't get a full sense of the enablers and barriers to eliminating restricted practices.

This has a number of really important implications for research, and how we go about doing that. So it's not just enough that we include people who experience restricted practices as research subjects.

As many of the speakers we've heard today, have reminded us, it's really important where we conduct that research, and what opportunities we give people with disabilities to contribute in a way that works for them.

**Professor Helen Dickinson:** But in having people with disability as just research subjects, we don't fundamentally change how the power structures that perpetuate these practices, we don't disrupt those power structures. So as Catherine McAlpine really clearly articulated, we





need people with disability to be involved in determining the research questions, how to collect data supporting the interpretation of that data and any recommendations or conclusions that that research reaches.

And it's not just those who experience restricted practices who need to be engaged in these research processes. If we're going to do research that's meaningful and can promote systemic and cultural change, it needs to be undertaken collaboratively with a range of different partners across government, across service providers, across professional organisations.

High quality research often does this from early on in the research process. So I think often when we think about using research evidence in policy and practice, it's often described as a process of translation, and that sort of seems to suggest that all you need to do in order to get findings put into practice is to translate them into a different language.

But I think we know that if we want to get policymakers and practitioners to use evidence and to change how they do things, we need more than that, we need people to trust the source of evidence that it came from. We need them to trust the source in terms of the process that developed that data, and often it helps, if there's some kind of buy into the agenda or the research process from early on.

So we need good quality research that fills a number of the gaps identified today. And research also needs to include the voices of people with disability and needs to be collaborative with a range of different stakeholders, if it's going to drive change.

As a member of NDRP's Research Committee, I'm really excited that we have a funding round focused on the topic of safety, and really look forward to seeing a number of proposals that illustrate the elements of what our various speakers have talked about today as being needed in high quality research. Thank you, Jane.

### **After Professor Helen Dickinson:**

**Jane Britt:** Thank you very much, Helen, and particularly for those reflections and underscoring the power of research in driving, transformation and highlighting the critical areas that we need to address and collaborate on. So your call to action reminds us that research is not just about knowledge, but about mobilising evidence for real world change. We deeply appreciate your dedication to this work and your vision for a more inclusive and equitable future.



## Closing the Event – Jane and Clare

**Jane Britt:** As we come to the end of the event. I want to thank all of our speakers, panellists and especially all of you, for your engagement and contributions. Today we've explored the evidence gaps, heard from advocates and discussed what we need to do next.

Before we close, I want to remind everyone that support is available. If you need it, we will share a list of support services in the chat and follow up with an email that includes these resources. Please take care of yourselves and each other as you reflect on today's discussions.

Thank you once again for joining us for this important conversation. Jane Britt: I will give Claire the last word. Thank you, Claire.

### Support services

If you feel upset or need support, here are some services that can help:

- Lifeline Australia: 13 11 14 | [www.lifeline.org.au](http://www.lifeline.org.au)
- Beyond Blue: 1300 22 4636 | [www.beyondblue.org.au](http://www.beyondblue.org.au)
- SANE Australia: 1800 18 7263 | [www.sane.org](http://www.sane.org)
- 1800RESPECT (National Sexual Assault, Domestic and Family Violence Counselling Service): 1800 737 732 | [www.1800respect.org.au](http://www.1800respect.org.au)
- Carers Australia: 1800 242 636 | [www.carersaustralia.com.au](http://www.carersaustralia.com.au)

### Advocacy support

The National Disability Research Partnership (NDRP) focuses on research to drive systemic changes in policy and practice. However, NDRP cannot collect or respond to personal stories about restrictive practices. Advocacy can help defend your rights and interests.

Find advocacy support here:

- Disability Advocacy Network: <https://www.dana.org.au/find-an-advocate/>
- Disability Advocacy Support Helpline via Disability Gateway: Call 1800 643 787 (Monday to Friday, 8am–8pm)



**Clare Gibellini:** Thanks, Jane. I think it's a little bit dangerous to be giving me the last word about anything. But thank you so much, and thank you for the great job that you've done in facilitating today's event. This is a subject that for our community carries a lot of emotion, and I know, you know, that all of our speakers, including yourself, have been affected by this subject matter in some way. So I just wanted to personally thank you, for, you know, stepping forward and taking on the facilitation today, on what could be something that could be quite difficult to discuss.

So I will not go on for too long, but I do want to say an incredible thank you to everyone who has participated today, whether you have been attending and adding to the conversation through questions, or the whiteboard, or any other way that you have, I just want to say that we really value your input and engagement.

I've taken piles and piles and piles of notes, and learned lots of things that I didn't know, so I'm very grateful for that, and I'm really excited to have seen the thought provoking ideas that are very powerful ways, that we can move forward on this one. So I am going to say that I'm incredibly honoured to have been part of this very first NDRP Evidence To Action event, and you know, just acknowledging everybody's great involvement, and you know the willingness to push past the harm of the past and be part of these conversations.

So I've got a couple of things that I do want to share with you, as I conclude the event today. So firstly, I'm very, very excited to let everybody know that we have just yesterday, I believe, released the focus subject area for our very first NDRP research funding round, which is going to be around safety. (Link <https://www.ndrp.org.au/research/2025-funding-announcement>) Following on from this great discussion, our Board has chosen this as a reflection of our commitment to addressing what we see as a very critical issue for people with disability which is ensuring that they are safe and feel safe in all areas of our lives.

The topic actually underscores our belief that safety is fundamental to achieving equity and inclusion of people with disability. And the Board and I look forward to seeing some really innovative disability led research that tackles the challenges and helps us to transform policy and practice. I also want to share that I'm really, really excited, that part of the work that we will be funding, it sits under our capacity strengthening plan, which will include some funding for PhDs and early career scholarships for people with a disability. So I encourage everyone to visit our website, follow us on our socials and stay connected with us because we are putting quite literally our money where our mouth is and funding the capacity building of disabled researchers.



**Clare Gibellini:** Today is just the beginning of many important conversations. The NDRP is committed to ensuring that our research that we support informs real world solutions that will improve the lives of people with disability. For us mobilising evidence to action means that turning what we know into meaningful change, whether that's changing in policy, in practice or in our everyday interactions. We also know that we are not stand alone in this. Our work actually requires all of us to come together. That's researchers, advocates, policymakers, and community members to be relentless in our commitment to human rights and inclusion.

So let's continue the conversation, continue to work together, make sure that we're prioritising the voices of people with disability, and ensuring that all of the evidence that we gather actually drives action, no more talk, action to leading to a safer, more inclusive society for all of us.

So thank you. Thank you to all our speakers, to our interpreters, to our closed captioners, to the amazing NDRP staff, who have frantically been working in the background when tech doesn't work, and you know, supporting you in your questions and all of the ways that they have worked to get this together.

And again our speakers. Thank you so much, some of you I know quite well, and I'm just very appreciative that you put your hand up and said yes, to this, to this conversation, and to all of our audience. Thank you for your contributions for carving out three hours of your time at the end of what can only be described as a somewhat chaotic year for the disability community. And I'm saying that with kindness, so we appreciate that. And, as Jane has said, please do take care of yourselves, and remember that support is there if you need it, because this is a difficult subject, with a long history of trauma behind it, and we don't want to diminish its impact. So thank you. And we really look forward to seeing you again at future events and engaging with you in making a difference.

**END**