



Disability Royal Commission's recommendations

The Disability Royal Commission's Final Report, released in 2023, includes detailed recommendations aimed at eliminating restrictive practices and upholding the rights and dignity of people with disability. These recommendations, from Volume 6, address the systemic and cultural changes required across sectors, including health, education, and disability services. This document includes the recommendations related to restrictive practices, providing critical insights for researchers, policymakers, and advocates to drive action and systemic reform.

Citation

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023) Final Report - Volume 6, Enabling autonomy and access, page 429, recommendation 6.35 – 6.41. [Access the report here.](#)

Recommendation 6.35 Legal frameworks for the authorisation, review and oversight of restrictive practices

- a) States and territories should ensure appropriate legal frameworks are in place in disability, health, education and justice settings, which provide that a person with disability should not be subjected to restrictive practices, except in accordance with procedures for authorisation, review and oversight established by law.
- b) The legal frameworks should incorporate the following requirements, appropriately adapted to sector-specific contexts:
 - Restrictive practices should only be used:
 - as a last resort, in response to a serious risk of harm to a person with disability or others, and only after other strategies, including supported decision-making, have been explored and applied
 - as the least restrictive response possible to ensure the safety of the person with disability or others
 - to the extent necessary to reduce the risk of harm and proportionate to the potential negative consequences from the use of restrictive practices
 - for the shortest time possible.
 - Decisions to authorise restrictive practices should be subject to independent review.



- The use of restrictive practices should be subject to independent oversight and monitoring.
- c) The legal frameworks should set out the powers and functions of a Senior Practitioner for restrictive practices in disability service provision (or equivalent authority). These powers and functions should include:
 - promoting the reduction and elimination of the use of restrictive practices
 - protecting and promoting the rights of people with disability subjected to restrictive practices
 - developing and providing information, education and advice on restrictive practices to people with disability, their families and supporters, and the broader community
 - considering applications to use restrictive practices in disability service settings and authorising their use according to procedures consistent with the Draft Principles for Consistent Authorisation
 - developing guidelines and standards, and providing expert advice, on restrictive practices and behaviour support planning
 - receiving complaints about the use of restrictive practices and the quality of behaviour support planning
 - investigating the use of restrictive practices and the quality of behaviour support planning, either in response to complaints or of its own motion
 - acting in response to complaints and investigations where appropriate.

Recommendation 6.36 Immediate action to provide that certain restrictive practices must not be used

State and territory governments should immediately:

- Adopt the list of prohibited forms of restrictive practices agreed by the former Disability Reform Council in 2019 and provide that the use of seclusion on children and young people is not permitted in disability service settings.
- Provide that the following are not permitted in health and mental health settings:
 - using seclusion and restraint as a means to reduce behaviours not associated with immediate risk of harm
 - using seclusion and restraint as a form of discipline, punishment or threat
 - restrictive practices that involve or include deliberate infliction of pain to secure compliance



- using prone or supine holds, using any restraint intended to restrict or affect respiratory or digestive function, or forcing a person's head down to their chest
- secluding a person who is also mechanically restrained
- secluding a person who is actively self-harming or suicidal
- using metal handcuffs or hard manacles as a form of mechanical restraint (unless under police or other custodial supervision while in the health facility)
- vest restraints for older people
- neck holds
- drugs, or higher doses of drugs, that create continuous sedation to manage behaviour
- seclusion of children and young people.
- Provide that the following are not permitted in education settings:
 - the use of restrictive practices:
 - as a form of discipline, punishment or threat
 - as a means of coercion or retaliation
 - in response to property destruction
 - for reasons of convenience
 - life threatening physical restraints, including physical restraints that restrict a student's breathing or harm the student by:
 - covering the student's mouth or nose, or in any way restricting breathing
 - taking the student to the ground into the prone or supine position
 - causing hyperextension or hyperflexion of joints
 - applying pressure to the neck, back, chest or joints
 - deliberately applying pain to gain compliance
 - causing the student to fall
 - having a person sit or kneel on the student
 - chemical restraints
 - mechanical restraints
 - clinical holding:
 - as a behaviour support strategy
 - to enforce the compliance of a student in undertaking personal care that is non-urgent and does not present a risk to the student
 - to punish a student
 - denial of key needs, such as food and water.



Recommendation 6.37 Data collection and public reporting on psychotropic medication

The NDIS Quality and Safeguards Commission, the Australian Commission on Safety and Quality in Health Care and the Aged Care Quality and Safety Commission should:

- publish joint annual progress reports on implementation of measures under the Joint statement on the inappropriate use of psychotropic medicines to manage the behaviours of people with disability and older people
- commission an independent evaluation of these measures to determine whether they have resulted in a reduction in the use of psychotropic medicines against people with cognitive disability. The evaluation should be co-designed with people with cognitive disability and their representative organisations and its results should be publicly reported.

Recommendation 6.38 Strengthening the evidence base on reducing and eliminating restrictive practices

The National Disability Research Partnership should commission a longitudinal study of the impact of positive behaviour support and other strategies to reduce and eliminate restrictive practices.

This study should:

- be co-designed with people with disability and relevant experts and professionals from the disability, health, education and justice sectors, to ensure the findings are relevant across a range of settings
- include the experiences and identify the intersecting needs of a broad range of people with disability, such as First Nations people with disability, LGBTIQ+ people with disability, and culturally and linguistically diverse people with disability.

Upon completion, the findings of the study should be made publicly available. Interim findings should be published at regular intervals.

Recommendation 6.39 Improving collection and reporting of restrictive practices data

The Australian Institute of Health and Welfare should work with state and territory governments to develop consistent data definitions and collection methods on restrictive practices across all jurisdictions and align reporting periods. These definitions and collection methods should be finalised by the end of 2024.



Using consistent definitions and collection methods, state and territory governments should collect and publish data on the use of restrictive practices in health, education, and justice settings. This data should be collected and published on an annual basis, with publication commencing by the end of 2025 at the latest. Data should identify, to the greatest extent practicable:

- restraint type, including chemical, physical, mechanical, environmental and seclusion
- disability status
- types of impairment
- age
- gender
- First Nations people
- culturally and linguistically diverse people
- people who identify as LGBTIQ+.

Recommendation 6.40 Targets and performance indicators to drive the reduction and elimination of restrictive practices

The Australian Government and state and territory governments should establish sector-specific targets and performance indicators to drive the reduction and elimination of restrictive practices over time. This should be at both the national and state and territory levels for disability, health, education, and justice settings. These targets and performance indicators should be established by 1 July 2025 at the latest.

Recommendation 6.41 Legislative prohibition of non-therapeutic sterilisation

- a) All jurisdictions should amend or enact legislation prohibiting non-therapeutic procedures resulting in permanent sterilisation of people with disability, except where:
 - there is a threat to the life of the person with disability were the procedure not performed or
 - the person with disability is an adult and has given voluntary and informed consent to the procedure, with support for decision-making if required.
- b) All jurisdictions should amend or enact legislation in accordance with paragraph a) by the end of 2024.
- c) The Australian Guardianship and Administrative Council (AGAC) should expand its annual collation and publication of data on the sterilisation of people with disability. This data should include the number of applications, reasons for applications, reasons for the



outcomes of applications and the number of approvals to conduct a sterilisation procedure.

Where this does not already occur, the data should be collected and provided to AGAC annually by:

- the Federal Circuit and Family Court of Australia
- state and territory superior courts
- state and territory guardianship and administration bodies.

The data should be de-identified, as appropriate. It should be disaggregated, to the greatest extent possible, by:

- disability status
 - types of impairment
 - age
 - gender
 - First Nations people
 - culturally and linguistically diverse people
 - people who identify as LGBTIQ+.
- d) A review of legislation enacted or amended according to paragraph a) of this recommendation should be conducted every five years, in light of the data published according to paragraph c). This review should aim to strengthen protections for people with disability and avoid consequences which hamper reproductive autonomy.