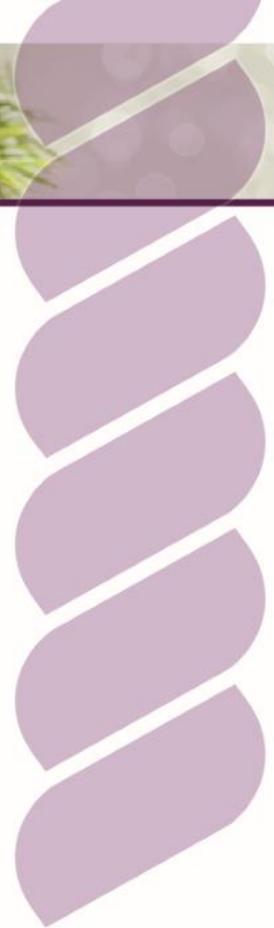




Positive Behaviour Support

Supporting sector transformation



“Institutions are places of abuse”: The experiences of disabled children and adults in State care

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We can categorically refute the view that abuse did not occur, or that it occurred in only a few isolated incidents. Those people who have had the opportunity to share their lived experiences of State care with independent and safe third parties have highlighted abuse as a pervasive presence within their lives – something that was perpetrated by their peers, as well as by people appointed by the State to care for them; something that occurred when they were children and when they were adults; and as something that was experienced through seemingly small abuses of power, as well as acute assaults on their minds and bodies.

Neglect

No comfort, no family relationships, lack of basic care, constant cold

Emotional and psychological abuse

Constant fear, self-harm, long-term impacts include inability to make decisions or trust others

Physical restraint or control

Locked doors, restricted-access areas, no free movement, prevented from accessing dining rooms and bedrooms at different times of day

Physical abuse

Physical and sexual abuse perpetrated by staff and other residents.

Spiritual and financial abuse

Loss of communities, Pākehā customs in institutions, no control over money, theft

Most of the disabled people...indicated that they had lived in State care in childhood, and adulthood, and many remained in “care” in the form of residential disability services for their entire lives.

Attention should also be given to the services that have replaced institutions in supporting disabled people... abuse and power are not in the past. Various approaches have been used to audit and otherwise assess quality of care in the non-governmental organisation sector (NGOs), however gaps remain that make it possible for abuse and neglect to go undetected.

System Failure

People not having their basic needs met, possibly due to understaffing or inadequate training

Failure to attend to the emotional and psychological development of children due to understaffing, inadequate training or an abusive culture

Use of control and restraint practices (environmental, physical or chemical) for punishment rather than therapeutic purposes

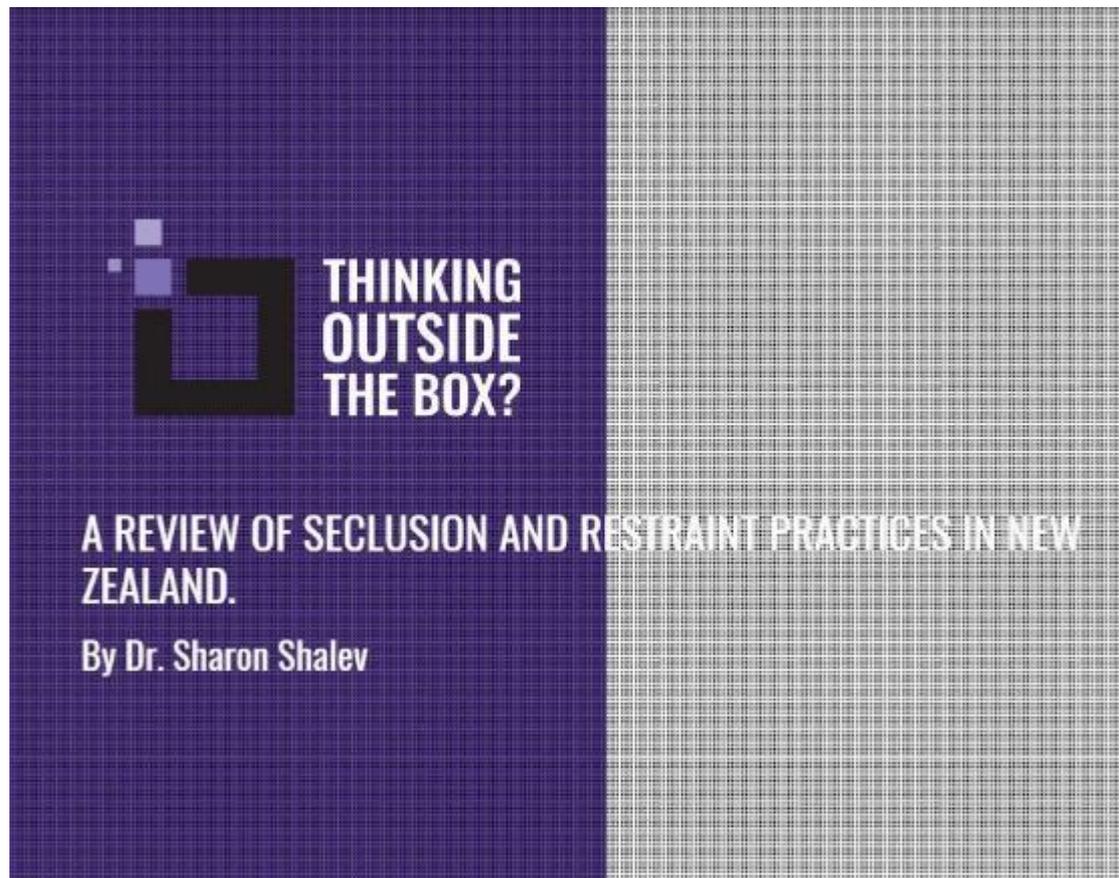
Exposure to physical violence and sexual abuse

System that allowed carers to repeatedly abuse children and adults

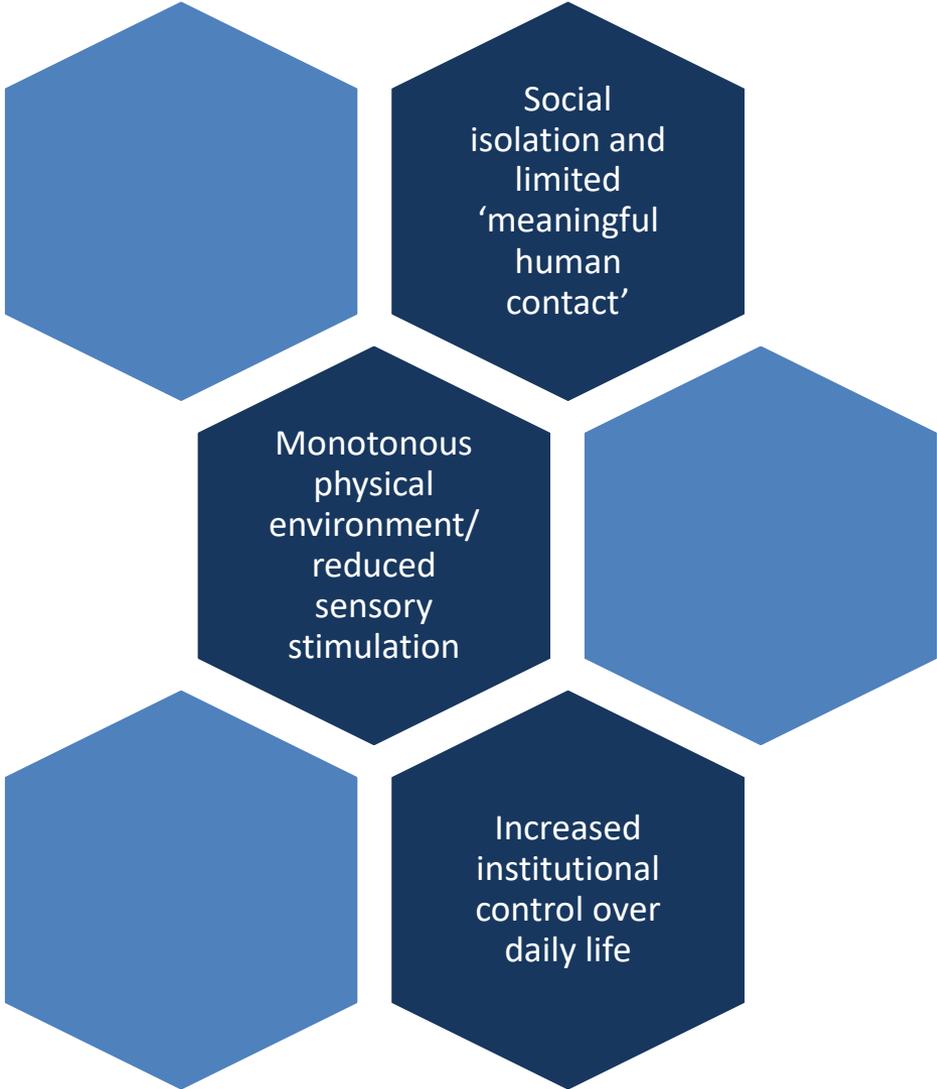
While institutional abuse continues to be treated as a practice of the past, there is an obvious gap in our knowledge of the current impact of this abuse on the health and social outcomes of people with learning disability in New Zealand.

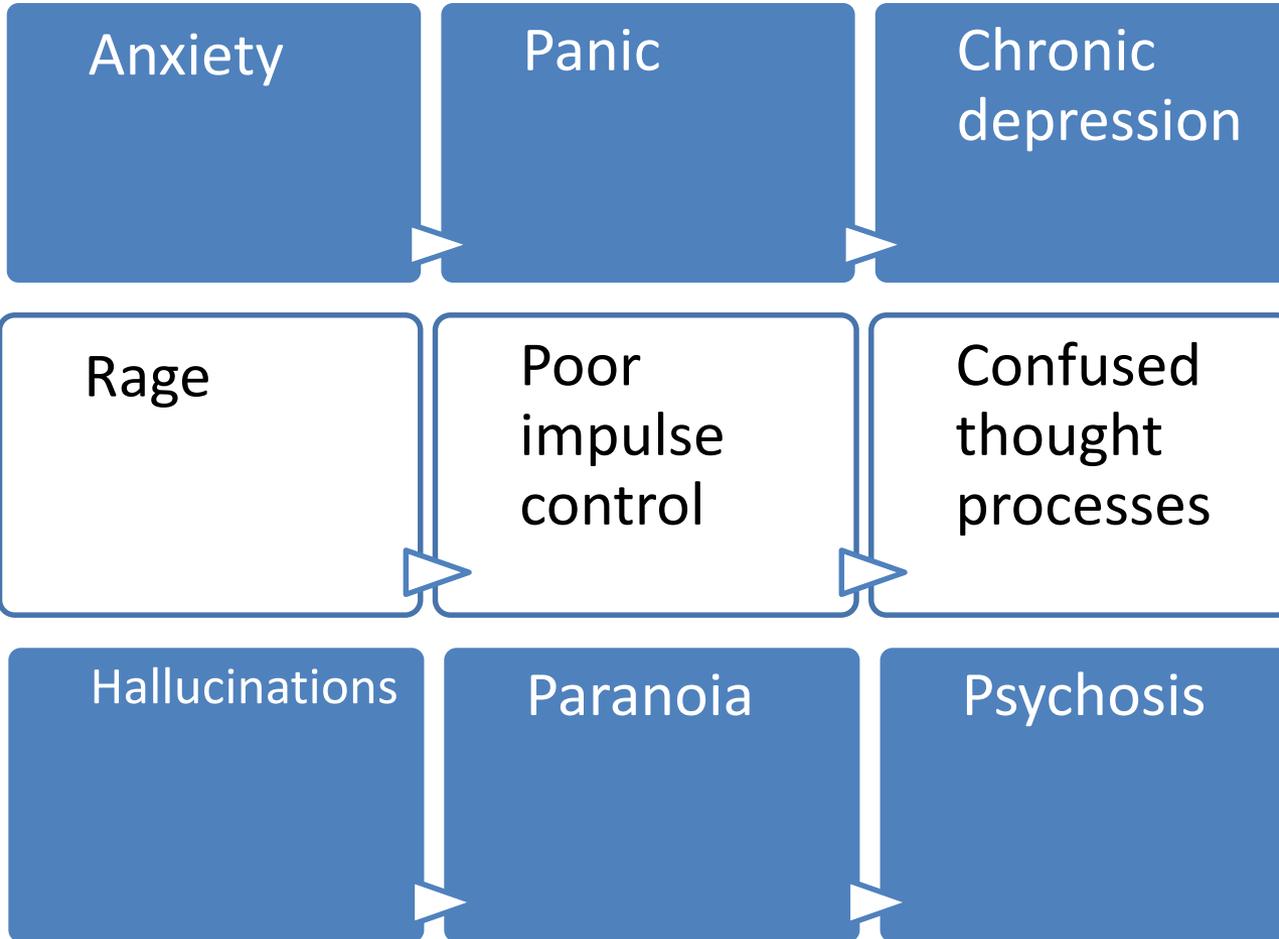
If we are to learn from this experience, it highlights the need to support families that include disabled children. As pointed out in Robert [Martin]'s biography in relation to a comment from his sister *"Heather wonders whether, had her parents received some counselling in how to cope with their little boy, things might have been different."* We have to ask the question whether the State is providing sufficient support to families of young disabled people today?

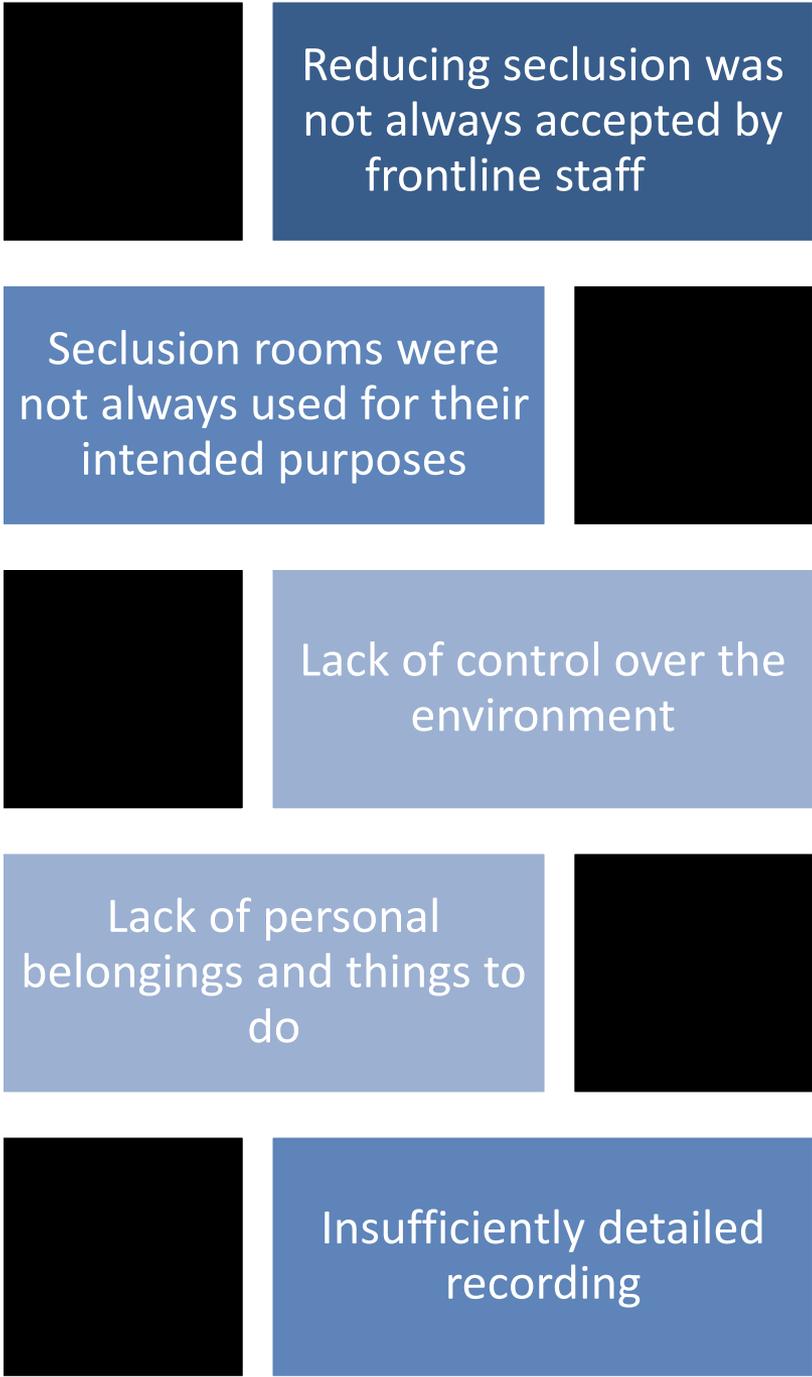
...some individuals will carry with them the damage caused by solitary confinement long after their release from solitary confinement.



Seclusion







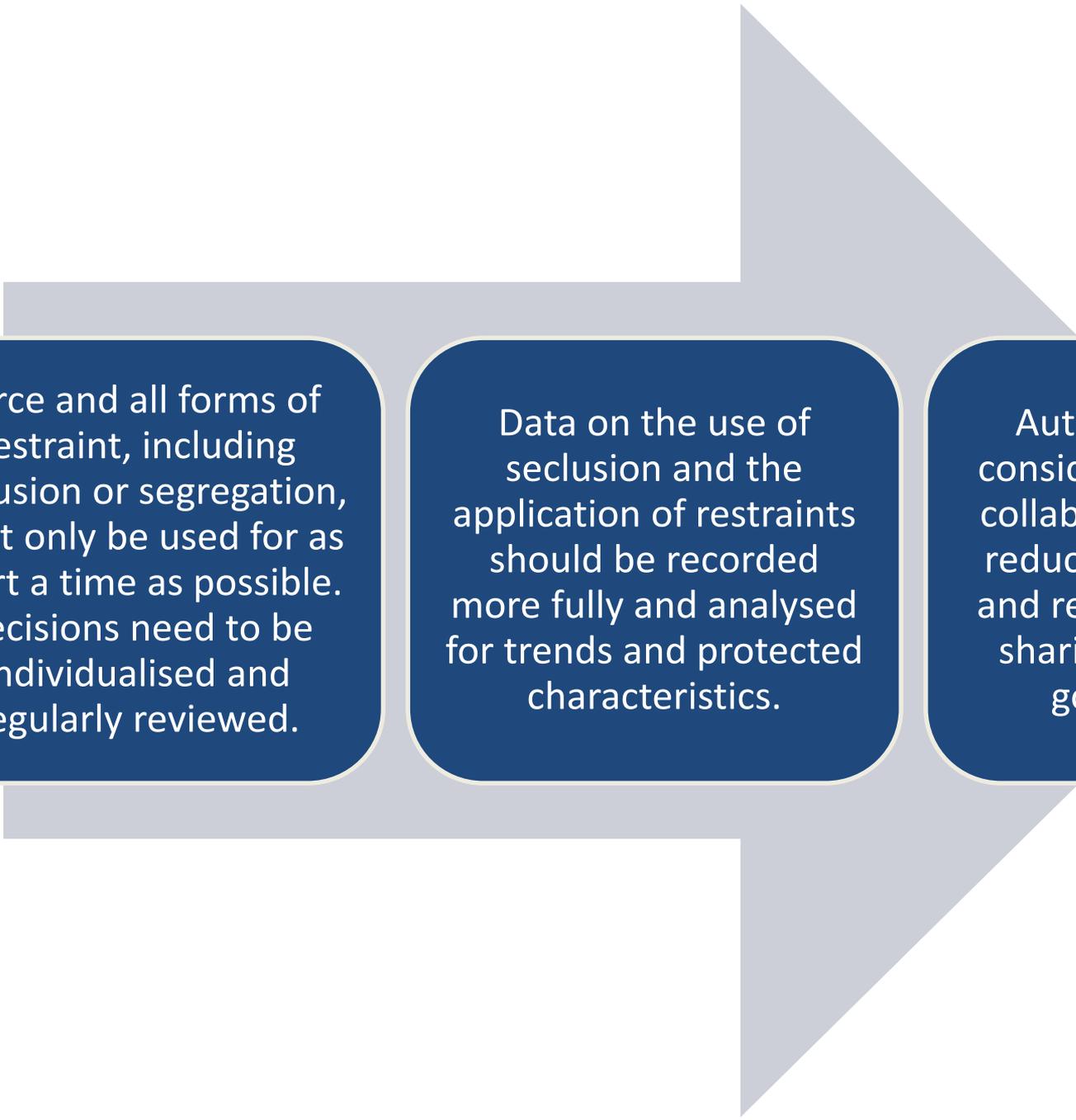
Reducing seclusion was not always accepted by frontline staff

Seclusion rooms were not always used for their intended purposes

Lack of control over the environment

Lack of personal belongings and things to do

Insufficiently detailed recording



Force and all forms of restraint, including seclusion or segregation, must only be used for as short a time as possible. Decisions need to be individualised and regularly reviewed.

Data on the use of seclusion and the application of restraints should be recorded more fully and analysed for trends and protected characteristics.

Authorities should consider cross-sectoral collaboration aimed at reduction of seclusion and restraint practices, sharing learning and good practice.

The MOH and DHBs should be applauded for their commitment to policies aimed at the reduction, and eventual elimination of seclusion... This can be done through further training which may also help to address staff concerns about policies to eliminate the use of seclusion.

More work should be carried out to better understand the variation in practice between different DHBs.

Further work is needed to better understand the views and experiences of those subjected to seclusion or the application of restraint and those of staff... Further work is also needed to gain a better understanding of the apparent overrepresentation of Māori... as well as cultural aspects of seclusion and restraint.

What is Positive Behaviour Support?

- * Evidence-based approach

- * Focus on Quality of Life

- * Behaviour occurs for a reason

- * Behaviour is a form of communication

- * Comprehensive approach to assessment, planning and intervention

- * Working with family and carers to better understand the person

What does PBS look like in practice?

Person centred- support

Reduction
in
restrictive
practices

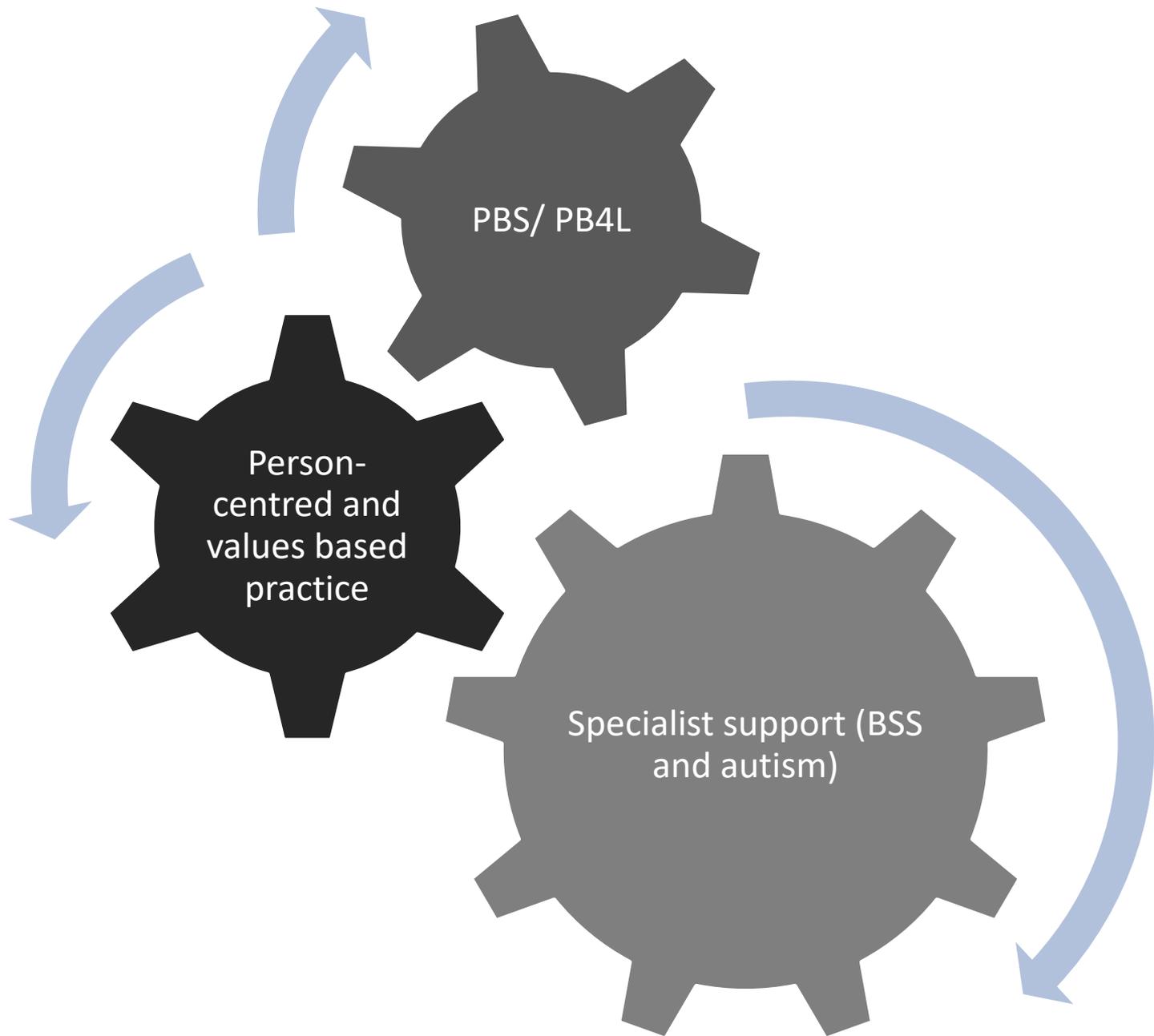
Inclusion of
whānau an
support
network

Assessment-
based
interventions
and
Behaviour
Support Plans

Environmental
re-design

Skill building

Staff development and systems change



PBS/ PB4L

Person-centred and values based practice

Specialist support (BSS and autism)

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graph LR; A[Values based practice] --> B[Data and information]; B --> C[Population based approach]; C --> D[Professional learning and development]
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**Values based
practice**

**Data and
information**

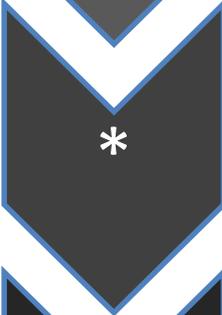
**Population based
approach**

**Professional
learning and
development**



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- Promote the uptake of foundation level PBS training



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- Coaches programme: managers, leaders and embedding change



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- Community of Practice

BILD

Theory and understanding

Behaviour and functional assessment

Implementing Behaviour Support Plans

QOL and wellbeing, including focus on autism, happiness and data/indicators

Key components: ABA, self determination, person-centred planning

Coaches Programme

Proactive and reactive strategies, skill building

Reducing restrictive practice, including a focus on data collection and practice leadership

Coaching practice, leadership and quality assurance

Embedding PBS into organisations

Action planning

“The hardest thing for me was closed doors, locked doors. The staff had keys in their pockets on big chains. They had windows open only that much, so you couldn’t climb out.”

--excerpt from Mavis’ story

“There were some people who screamed or shouted for no reason. It was just a way of making it through the day.”

--Robert Martin

“By using a Positive Behaviour Support approach, we commit to trying to understand and address the issues that contribute to a person needing to display challenging behaviours. This is at a personal, family, service system(s) and society wide level. **Our focus should never be solely just at the level of the person whose behaviour we want to understand and modify.**”

*Positive Behaviour Framework, Effective Service Design
Disability Services Commission, NDS, Government of WA*

For more information

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**Te Pou o te
Whakaaro Nui**