

Citizens Against Restraint



Belief Statement and Position Paper

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Citizens Against Restraint

Who We Are and Why We Have Come Together

Citizens Against Restraint is a group of citizens, family members and service workers who have come together because of our concern about the use of restraints in human services (health, education, community and social services).

We are taking individual and communal action based on our concerns. We have developed a position paper about our beliefs, concerns and response to human service restraint use and training.

We want to raise awareness about the true and traumatic impact of restraints on people who are restrained, those who do the restraining, and those who witness the event. We want to stimulate discussion about the moral issues involved, the kind of society we want to live in, and what that society does in our name.

But our goal is clear -- to ultimately stop the use of restraints by human services.

We urge individuals in other communities and provinces, who are concerned about this issue to form local groups, inform themselves and take action toward this goal.

Our particular group first came together in 1994, after the death of Mr. Jim MacIntyre. Jim was killed as a result of being restrained by staff in a large homeless shelter in Toronto. Friends and colleagues of Jim's family came together to support his parents and siblings. As we prepared for the Coroner's Inquest, we came to more fully realize in a concrete way that Jim's death was not a rare or isolated incident. The deaths of two children, Stephanie Jobin and William Edgar, because of restraint use also led to Coroner's Inquests. Those inquests led to a requirement that staff in social services be taught to use restraints. We have seen the problems with restraint use and required training emerge in many areas of human service including long term care, mental health, developmental services, the education system, and corrections.

In response to these patterns and developments, we decided that personal action was called for. We believe this is a critical moral issue in human services today.

Citizens Against Restraint -- Belief Statement and Position Paper

This Position Paper was developed by a working group of individuals, all of whom have personal friendships and/or family connections to people with various kinds of disabilities. Some of us also work in human services.

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Citizens Against Restraint

Statement of Belief

As concerned citizens, we reject restraint use and restraint training by human services. We want the use of restraint and training in restraint by human services in Ontario to stop. We want government approval and funding of restraint use and restraint training to stop. We want more relevant and effective moral approaches to serving vulnerable people adopted and supported.

The frequent and long-term use of restraint is physically and emotionally wounding so many people with bodily and intellectual impairments. People of all ages, from children to elders, have even been killed from being restrained by trained human service workers acting within their agency's guidelines. Service workers themselves, and we as a society, lose out when such harmful practices are legitimized and even encouraged. This is a moral issue.

We believe that the use of restraint, and the training of service workers to use restraint, is a destructive approach to serving socially devalued people of any age. Therefore, we call on the citizens and the human service organizations of Ontario, as well as governmental and legislative bodies, to put an end to the use of and training in human service restraint.

Citizens Against Restraint

Position Paper

Background

A pattern of social, political, and human service developments has created a dangerous situation in Ontario and elsewhere for people with physical and intellectual impairments who receive services. A growing atmosphere of fear and violence runs through society (i.e., in the media, neighbourhoods, schools, cities, political circles, etc.), accompanied by an acceptance of the use of control and violence as a response to such fear. Human services in particular increasingly rely on 'behavioural' approaches (e.g., Intensive Behavioral Intervention, Applied Behavioral Analysis, etc.) which seek to control and manage 'behaviours' rather than understand and help people. We see increasing pressures to exclude people who are stereotypically perceived as menaces or behaviour problems from being eligible to receive services. We have seen a rise in the prevalence of organizations which claim to train human service workers in 'violence prevention and management,' the 'management of assaultive behaviour' or 'de-escalation,' but that actually are teaching millions of service workers how to use control and violence against very vulnerable children and adults. At the same time, government regulations are requiring more and more human service workers to be trained in restraint techniques.

These developments and others have resulted in more and more human service organizations and human service workers in Ontario and elsewhere accepting and using restraint as a 'necessary' if regrettable approach. Millions of human service workers worldwide have been taught how to restrain, and have actually restrained human service clients. A growing number of human service clients have been injured or even been killed from being restrained by trained staff who were doing their job within a service system that condones restraint use as a valid approach.

As concerned citizens, we are alarmed by these developments. We fear the growing acceptance of restraints and restraint training as 'needed human service approaches.' We are saddened by the frequent and long-term human service use of restraint which has resulted in so many children,

adults and elders being harmed in their bodies, minds and spirits. We are afraid of the direction in which these trends are taking our human services, as even more controlling approaches become standard practice.

Human Service Power and Control

The use of restraints in human services does not exist in a vacuum; it is rooted in the power and control which human services wield. Most human service organizations today have a great deal of power. They have: money; staff whom they train and supervise; supplies, equipment and buildings; control over information, records, and files; the ability and authority to impose sanctions on the people who receive their services; and social, legal, and governmental legitimacy. Obviously, not all organizations have access to all these resources, nor to the same degree. We also acknowledge that at least in theory, human service power can be used toward the good or toward the harm of service recipients.

Armed with such power, however, agencies can and often do control the lives of the socially devalued people who receive their services, particularly when those people have little if any power themselves. Services commonly can control: physical movement; relationships, interactions, or communication with others; living arrangements; employment; schooling; possessions; economic status; social status; leisure time; health care; and future options and planning. Such human service control is rife with problems. This is certainly not an exhaustive list; and again, not all organizations have control over all these areas, or to the same degree.

Human Service Restraint

One of the most common, indeed growing, forms by which human services control people is by the ongoing acceptance, teaching and use of restraint. This is not just a problem in Ontario, but across this country and within many other countries as well.

Restraint is the use of force to limit another person's movement. Someone typically can be restrained in three ways: physically, by the use of direct physical contact to limit movement; mechanically, by the use of mechanical devices to limit movement; and chemically, by the use of drugs to inhibit movement. We distinguish human service restraint use from other

practices, such as a mother stopping her son from running into the street by grabbing him, or a friend stopping another friend from getting into a fist fight. These are different from human service restraint use, no matter what others say. One vital difference lies in the nature of a freely-given relationship of a friend or a parent compared to an agency-based human service relationship.

When we use the term 'human service restraint,' we include: staff restraining a client under the mandate of a program or agency; staff being taught specific restraint techniques; and government as well as agency policies which require restraint training and restraint use. We use the terms 'human services' and 'human service workers' broadly. We include for example developmental services, 'mental health' services, the educational field, homeless services, hospitals, services to elders, etc. Human service workers include group home workers, social workers, personal support workers, administrators, trainers, nurses, teachers, nursing home aides, etc.

Our Analysis of Human Service Restraint Use

The use and teaching of restraints as a human service approach brings up many ethical questions, which moves us into the moral domain. This means that human service restraint use, including its endorsement and required training, raises questions of right and wrong. It affects not only the restrained person, but also the person doing the restraint, those who see restraint being done, those who teach others to restrain, those who oversee restraint use, etc. Human service restraint use affects the relationships between the person restrained and those doing the restraint. Therefore, it requires a personal moral decision from each person involved in its use and training; i.e., is it right or wrong to use and teach restraint as a human service approach?

We have carefully studied this issue for over two years. In our studies, we have learned much from our relationships with vulnerable people and their families. We have benefited from reflecting on our shared moral principles. We acknowledge that many if not most other people and organizations have come to different conclusions than we have on this issue. Yet we have come to believe that the use of and training in restraint

as a human service technique, particularly over the long run, is not a moral or relevant approach to serving socially devalued children or adults. It is based on false assumptions, and the costs it exacts are much too great.

Human service restraint used on a vulnerable person, particularly over the long run, often harms the restrained person physically, emotionally, and psychologically. It has killed a significant number of children, adults and elders. Contrary to what most people say, it does not truly keep anyone safe. We do not ignore the fact that some human service restraint has stopped someone (although not necessarily the *restrained* person) from getting physically hurt, at least in the immediate situation. This is by no means always the case however, as illustrated by the alarming number of media stories and documented studies concerning restraint-related injuries and deaths.

Human service restraint use can often also physically, emotionally and psychologically harm the person *doing* the restraint. For example, staff may get injured. They may feel guilty, fearful, conflicted or confused. They may withdraw emotionally from the people they restrain, or repress their negative thoughts and feelings about restraint use.

The use of restraint often also damages the relationships between the persons restrained and the persons doing the restraint. Even when restraint is not used or is not used often, just the teaching of restraint, as well as agency policies requiring restraint use, often harm the relationship between the persons restrained and the persons doing the restraint. Even the *possibility* of restraint being used creates a strong negative dynamic in human service programs that undermines trust between the server and served. It makes it much harder for staff and managers to see other more positive or even less negative possibilities for serving in difficult situations. It makes it even more difficult to “step into the shoes” of the individual served. Just the possibility of the use of restraints in a service sets up a pattern of power and control between the server and the served, which is a poor basis for a helping relationship.

The human service use of restraint is inevitably surrounded by cover-up, disguise and deception. It is often cloaked in language that hides the

negative reality of the harm which it causes. For example, a major and false stereotype about restraint use is that it is only, or even just predominantly, used in situations of imminent danger. This is not true. Yet many programs, services and systems claim and act as if it were true. Similarly, motives to maintain power and control over people by the use of restraint are described as necessary 'therapeutic' or 'emergency' restraint. The deaths of people who were killed by restraint are often explained with misleading legal language, such as 'positional asphyxia.' Those who restrained human service clients until they died rarely are charged with murder or brought to justice for what they did, despite the fact that some coroners' reports have used the terms 'manslaughter' and 'homicide' in describing deaths caused by human service restraint.

Restrained people are overwhelmingly and largely falsely held responsible by service workers and the public for their restraint. Human service restraint use has a number of causes, such as communication difficulties, priority of staff convenience over the needs of the people served, interpersonal conflict, staff fears, poor service conditions, societal stereotypes, etc. Most of these causes are not brought about by the person who is restrained. Rather, they are brought about directly or indirectly by the actions of human service systems, agencies, programs, administrators, and workers. Yet, human service restraint use is consistently 'justified' by blaming the restrained person.

A mindset of power and control, which human service restraint use is intimately linked to, makes abuse and violence by human service staff against vulnerable people much more likely to occur. It opens a door that should not be opened. Human service restraint use often violates the noble principles of service to those in need. It demeans the dignity of the persons involved -- the dignity of the restrainers *and* the restrained persons.

Our Beliefs and Principles

We firmly believe in respecting the inherent dignity of each person; regardless of age, ability, impairment, history of past acts, and social status. This belief implies, among other things, that we recognize our shared humanity with other people, particularly socially devalued people. The inherent dignity of all people calls us to desire and to work toward the

good of others. We realize that our good is wedded to the good of others, and that what hurts others also hurts us.

We believe in the importance for both those who serve and those who are served of assuming personal moral responsibility for their actions. This implies, among other things, trying to do the right thing, ideally regardless of the potential cost to oneself. We are responsible for the impacts of our actions. Therefore, we should resist the pressures and temptations to hand our responsibility over to a government body, an agency, or those above us on an organizational chart. We believe that it is also important to invite others to take responsibility for their own actions. We should all strive to avoid human service approaches such as restraint which are rooted in the use of control *over* other people, particularly adults, in favour of more equitable approaches which uphold personal dignity, morality and responsibility.

We believe in trying to provide service at the lowest level of formality which is effective. This belief implies, among other things, that those with the closest knowledge of a problem should be directly involved in problem-solving. It is essential to build personal connections with others which are not dependent on formal organizations. We should use as much as possible typical resources (i.e., family, friends, neighbours, work, school, faith communities, etc.) and typical approaches (i.e., effective teaching strategies, positive role modeling, high expectations, positive physical and social environments, etc.) when serving others. We should strive to reduce unnecessary bureaucracy, formalization and complexity within our services, programs and agencies as much as possible.

Conclusion

We commit ourselves to acting on our beliefs and our principles in our individual and communal efforts to serve those in need. We call on others to critically (re-) examine their own beliefs and principles as regards human service restraint use and restraint training. We make this call out of our desire to see the human service use of restraint and restraint training in Ontario decrease and indeed stop, while more relevant and effective moral approaches to serving vulnerable and socially devalued people are widely taught and adopted.