

When does safety become restraint and does restraint become damaging when we just need sleep?

Claire Grey, OT, Clinic Specialist, Medifab

Outline

1. Defining Challenging Behaviour
2. Safety
3. Restraint: What It Is and Why It Matters
4. Starting Points for Intervention
5. Exploring All Options
6. Equipment for Safety and Regulation
 - High-Sided Beds
 - Safespace Beds and Units

What is challenging behaviour?

- Behaviours that interfere with learning, social interaction, or safety
- Can include aggression, self-injury, property damage, or disruption
- Influences: neurodevelopmental conditions, communication deficits, unmet need

*Behaviour can be described as **challenging**, when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion.*

Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists: 2007.

Taken from the Behaviour Support Services, DSS220B New Zealand Government

Reframing the narrative- Behaviours of concern



Safety as a priority

WHO definition of safety
“the absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with health care to an acceptable minimum.”



Restraint Minimisation-Least Restrictive Care

A principle-centered approach that prioritises autonomy, dignity, and ethical safety in care.

Definition:

A care strategy designed to avoid or reduce the use of physical, chemical, or environmental restraints, ensuring interventions are proportionate and respectful.

Minimal Harm

- Accepts that some level of risk may lead to harm, while striving to keep harm as low as ethically possible through thoughtful planning and communication.

Minimal Risk

- Focuses on proactive measures to ensure that only highly unlikely risks remain—especially vital when safety concerns are paramount.

Values-Based Care

- Grounded in dignity, human rights, and a trauma-informed perspective
- This care model emphasizes empathy and personal history in decision-making.

- Safety V freedom= Promoting personal autonomy while maintaining protective boundaries
- Duty of care V individual rights =Balancing professional responsibility with respect for personal choice
- Responsiveness vs thoughtfulness= Acting quickly when needed, but always with empathy and intention



*We may not be able to eliminate all risk, but we can navigate it wisely
and with compassion*

New Zealand Standard NZS 8134:2021

Restraint minimisation and Safe practice

- ✓ Restraint as a Last Resort
- ✓ Proactive and Reactive Strategies
 - ✓ Minimising Harm
 - ✓ Person-Centered Approach
 - ✓ Ongoing Monitoring and Review
- ✓ Documentation and Transparency

Key requirements when using restrictive equipment

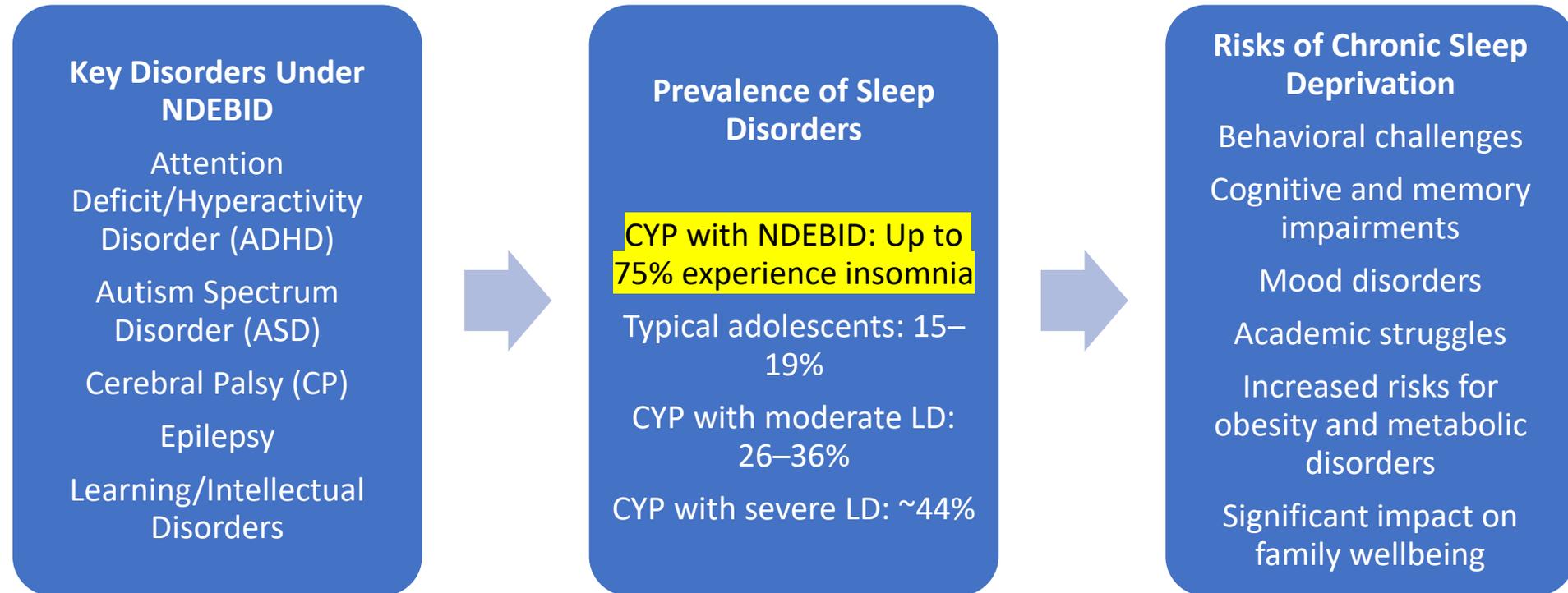
- Consideration Prior to Use
- Informed Consent
- Training and Education
- Cultural Considerations
- Equipment and Resources
- Evaluation and Review
- Know the user well and what they and their caregivers need ****understand their safety needs****
- Be aware of the use of restraint and rationale behind it, consent to use
- Adequate training on restraint minimization techniques and equipment
- Respecting the cultural needs of the user during process
- Using approved equipment
- Regular review of restrictive equipment

What restraint is not

- Punishment
- Control
- Limitation of rights
- Exclusion
- In place of a carer
- Forceful
- Inflict pain

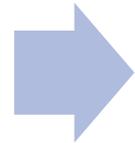


Sleep disorders and neurodevelopmental, emotional, behavioral, and intellectual disorders (NDEBID) in children and young people



The Connection Between Sleep Problems and Emotional and Behavioural Difficulties in Autistic Children: A Network Analysis

Study Focus: Explores interactions between sleep problems, autism symptoms, and emotional/behavioral difficulties in 240 autistic children



Key Findings: Depression, anxiety, and behavioral difficulties are central themes. Depression, anxiety, and repetitive behaviors (RRBs) are strong underlying themes

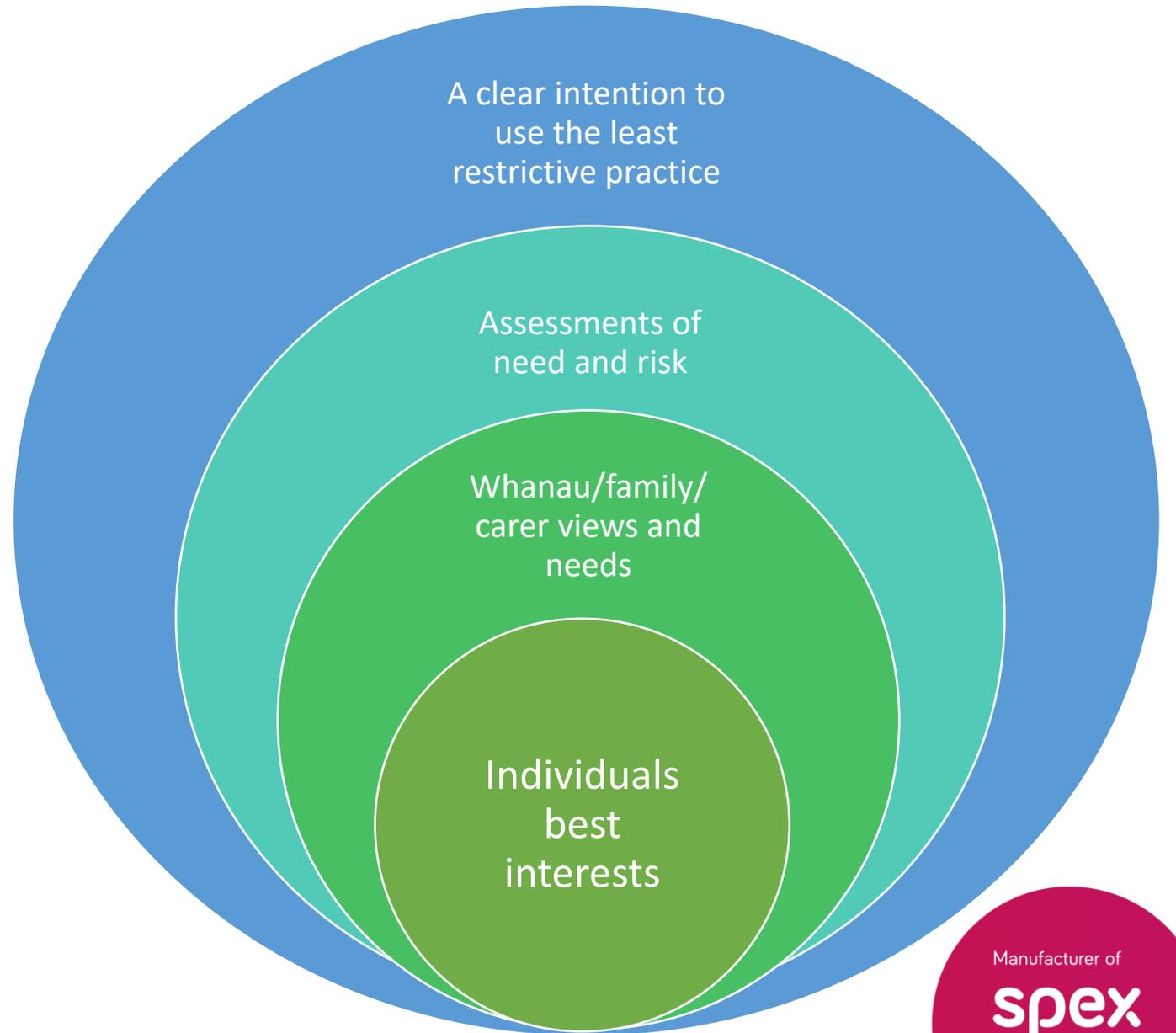


Conclusion: High Rate of Sleep Problems Autistic children experience a high rate of sleep problems, worsening autism symptoms and increasing emotional/behavioral difficulties.

Q: How do we ensure least restrictive practice is used as well as keeping everyone safe from harm?

A: We work together as a team

- MDT
- Behaviour service
- Funders
- Equipment Suppliers

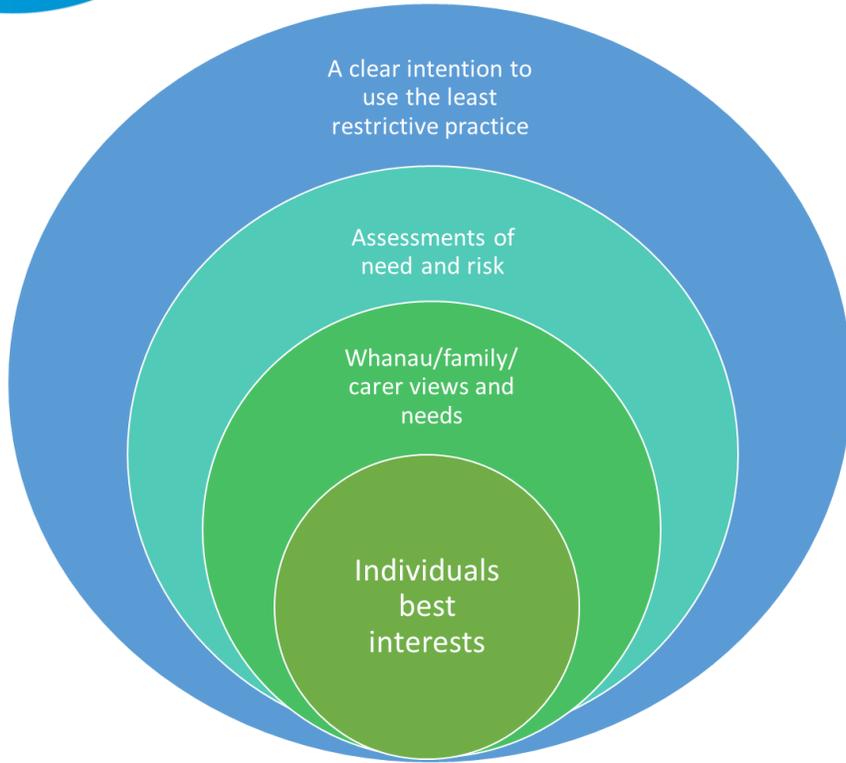


Behaviour services and Funding Bodies

- **Specialist Positive Behaviour Support (PBS)** is a values-driven, evidence-based framework designed to improve quality of life for people with disabilities and/or autism, their whānau, and wider support networks.
- **Equipment and modification services** (such as Accessable and Enable) supports disabled people and their whānau to live as independently, safely, and actively as possible, at home and in their communities.
- Key Objectives
 - ✓ Enable participation in everyday life
 - ✓ Enhance safety and autonomy
 - ✓ Provide meaningful and consistent support



Comprehensive Needs Assessment



Identified Need	Required Features	Associated Goal
<p>Night time safety Does the person mobilize unsafely overnight? Are there risks of falls, wandering, or injury?</p>	High-sided bed, fall mats, sleep monitoring system	Reduce overnight risks and incidents
<p>Emotional retreat Is a retreat space needed to reduce overstimulation or manage behavior? Does the sleep space serve as part of a calming routine?</p>	Sensory-safe room, controlled lighting, calming textures	Support emotional regulation and self-settling
<p>Carer wellbeing Is carer sleep compromised? Would safer infrastructure reduce stress? Can environmental design lessen reliance on overnight staffing?</p>	Remote monitoring, reduced disturbances, ergonomic access	Improve carer sleep and support longevity
<p>Complex care in bed Is the bed used solely for sleep, or also for care tasks (e.g. continence support, repositioning, feeding)? Sleep management and its role in behavioural outcomes</p>	Adjustable bed, side access, hygiene-friendly materials	Maintain dignity and efficiency during care tasks
<p>Transfer support Method: Independent, assisted, hoist, slide board, etc. Frequency: How often do transfers occur?</p>	Hoist compatibility, side rails, bed height adjustability	Enable safe transfers with minimal physical strain
<p>Clinical referrals Method: Independent, assisted, hoist, slide board, etc. Frequency: How often do transfers occur?</p>	Documented clinical input, practitioner engagement	Fulfill regulatory and ethical requirements

Least to Most Restrictive Approach

- **Start with low-cost, low-restriction options:**
 - Bed rails, alert systems, non-slip flooring, visual aids, low beds,
- **Evaluate effectiveness** of each option
- **Document trial outcomes** and explain why they do or don't meet the person's needs
- **Only escalate to restrictive solutions** (e.g. high-sided bed or safe room) with team consensus, clinical justification, and behavior support plans

Key considerations include:

- Evidence of prior trials
- Alignment with goals
- Risk vs. autonomy balance

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Equipment for Safety and Regulation

Manufacturer of
spex

High-Sided Beds



Use: Used for children/young persons at risk of wandering or injury during sleep

Benefits: containment, injury prevention, improved sleep hygiene

Why it may not be suitable:
if user can get between gaps
banging on hard sides
climbing and hanging off bars-entrapment

Considerations: accessibility, dignity, cost and funding pathways

Safe Surround and Genie Bed



Features:

- Wooden slatted sides – withstand forces
- Ability to see through slats
- No canopy/roof
- Locking mechanism at top on outside of bed frame
- Safe Surround – crawl, side transfer, step transfer
- Genie Bed – same transfer method or use of transfer aid

Safespaces



Use: Used for children/young persons/adults at risk of wandering or injury during sleep, safe place for sensory regulation

Benefits: High safety standards for self-injurious or high-risk behaviours,
Multi-use function: sleep, regulation, time-out and sensory modulation
can be re-issued

Why it may not be suitable: if space is limited, if it needs to be moved frequently

Considerations: accessibility, space, dignity, cost and funding pathways

medifab Safespaces



Features:

- Safespaces offer a safe and comfortable environment which ensure every inch that is contactable by the user is completely free of solid/hard surfaces, with flexible sides and soft padded floors or bases.
- Units can be floor based or on a high low bed for access
- Units have open tops for hoisting or closed tops for climbers
- Completely customisable (zips, windows, PVC panel, Mesh, Colour)

Key differences between high sides and safe spaces

High sided bed

- Off the shelf sizing- quick turnaround
- Pre made design
- Open slat design
- Outside locking
- Solid wood material
- No roof
- Aesthetics

Safespaces

- Custom made- allow for fabrication and shipping from UK
- Fully customisable
- Enclosed sides design with windows
- Can lock outside and have inside access if desired
- Vinyl or padded sides
- Can have roof

Consideration and Procurement Pathway: High-Sided Bed/Safespaces

1. Initial Engagement with Funding Body
 - Clarify intended clinical and functional purpose - Confirm needs unmet by lesser or lower-cost alternatives → *e.g. Safespace bed for self-injurious behavior*

2. Regulatory Considerations Recognize classification as Pathway B restraint
 Prepare documentation: Clinical rationale

- Professional endorsement
- Alignment with restraint policy

Coordination with Key Stakeholders→
 Liaise with **NASC** and **Explore**
 → Establish referral pathways
 → Integrate behavioural support planning
 → Align with funding requirements

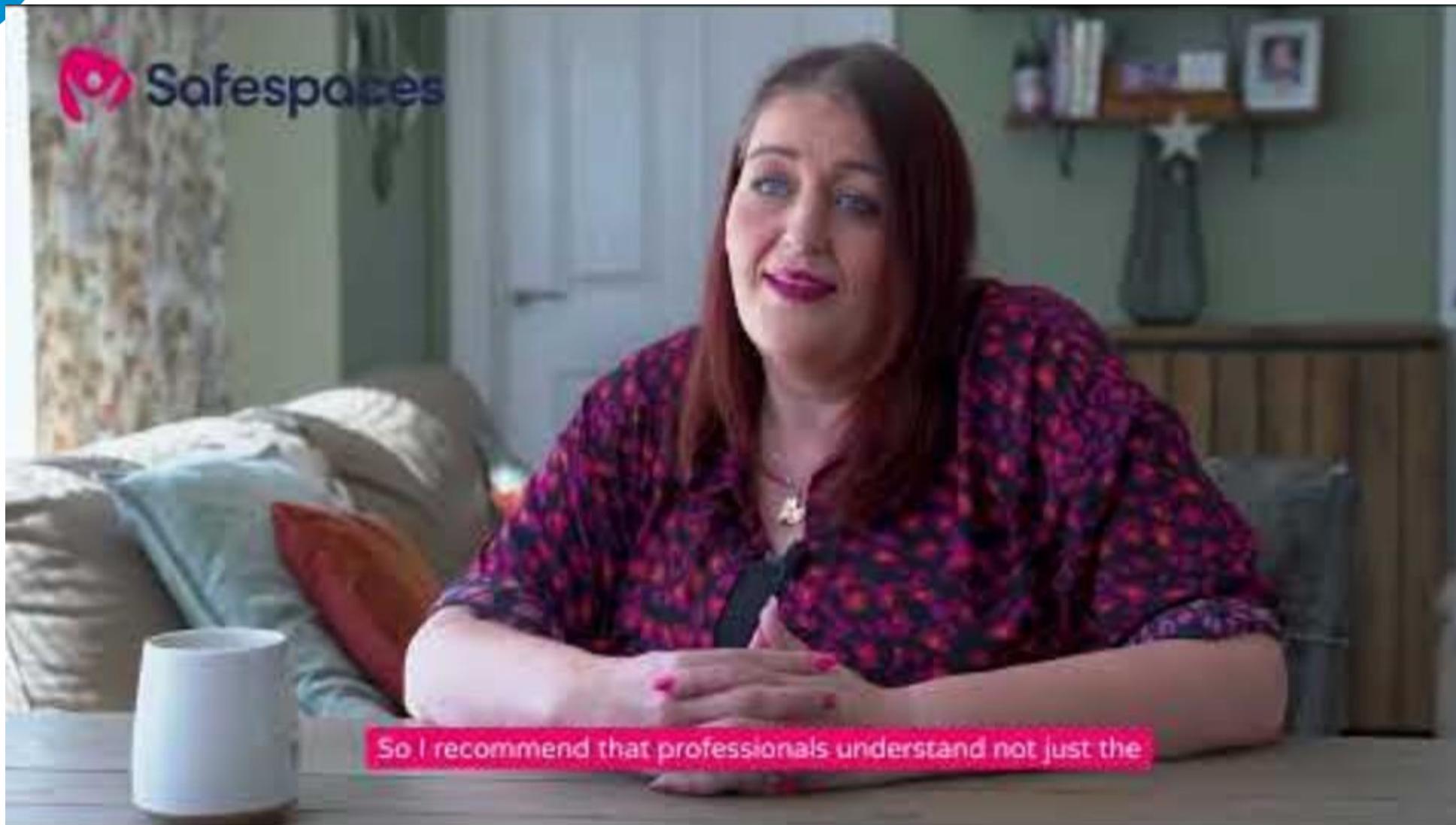
4. Sourcing Equipment Quotes
 → Request preliminary quote from **Medifab**
 → Confirm:

- Bed specifications
- Safety/accessibility features
- Required customisation

5. Final Determination and Procurement
 → Collaborate with **whānau** and **supplier**
 → Confirm bed type and functional needs
 → Finalise accessories and installation plan
 → Secure formal quote and complete funding documents

Submission to Panel / Approval Process

Issacs story



British Institute for Learning disabilities <https://www.bild.org.uk/resources/>

Ogundele, M. O., & Yemula, C. (2022). Management of sleep disorders among children and adolescents with neurodevelopmental disorders: A practical guide for clinicians. *World journal of clinical pediatrics*, 11(3), 239–252

Sommers, L., Papadopoulos, N., Fuller-Tyszkiewicz, M., Sciberras, E., McGillivray, J., Howlin, P., & Rinehart, N. (2025). The connection between sleep problems and emotional and behavioural difficulties in autistic children: A network analysis. *Journal of Autism and Developmental Disorders*, 55(1159–1171). <https://doi.org/10.1007/s10803-024-06298-2>

- Disability Support Services NZ

<https://www.disabilitysupport.govt.nz/providers/disability-support-services-operational-policy>

https://www.disabilitysupport.govt.nz/search?q=DSS220B&action_Search=Search&csrf_token=7cdacf29ebef0e2b59eac8de13acfbafd65544c

<https://www.disabilitysupport.govt.nz/providers/equipment-and-modification-services/manuals-and-practice-guidelines>

- Explore Services

<https://explorewellbeing.org.nz/our-services/behaviour-support/>

- Funding Bodies

<https://www.accessable.co.nz/>

<https://www.enable.co.nz/>

- New Zealand Standards

NZS 8134:2021 is approved for providing health and disability services. Refer Health and Disability Services (Safety) Standards Notice 2021.

<https://www.standards.govt.nz/>

<https://safespaces.co.uk/>

Emerson, E., & Einfeld, S. L. (2011). *Challenging behaviour*. Cambridge University Press.

<https://www.who.int/news-room/fact-sheets/detail/patient-safety>