

FACT SHEET

Zero restrictive practices?



A restrictive practice (RP) is defined as any practice that may be used to restrain, or restrict the rights or freedom of movement of an individual.

Aspect has a duty of care to ensure that we protect all of the people who use our services and always works within a culture of safety to protect staff and service users. Sometimes Aspect staff need to use different strategies to keep a person safe. This might be holding them briefly so they don't run out into the road or moving them away from an area to somewhere calm and safe so they do not injure themselves or someone else.

Aspect recognises that safety strategies have the potential to be misused by being:

- an immediate quick fix rather than only as the last resort in a crisis
- overused and relied on
- a substitute for positive behaviour support strategies
- a permanent part of a person's support, even when they may not be needed; and
- used punitively

When these strategies are misused there are often profoundly negative consequences for the people they were meant to help. There are reports every year in the media where children, young people and adults with a disability have been left unsupported for long periods in isolation, been traumatised or injured by being restrained, moved inappropriately or been denied access to what are basic human rights. Additionally there is the potential for staff and other participants to be injured if they are not supported to manage a crisis safely.

Aspect continually reflects on best practice and sets important goals for improving services. This includes safeguarding the people we support and setting standards in line with National Disability Service (NDS) zero tolerance for abuse and neglect principles and practices.

Aspect is committed to continually working to eliminate unnecessary RPs or the misuse of RPs, and to systemically reduce existing RPs to ensure:

- They are used only as a last resort when other non-restrictive alternatives have been considered and trialled
- That the least restrictive option is always used for the shortest amount of time; and
- All restrictive practices are faded from use as soon as is safe to do so
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In addition, Aspect commits to all relevant national and state based legislation, guidelines and reporting requirements, including the NDIS Quality & Safeguards Commission, NSW FACS policies and framework, the Victorian Disability Act (2006) and the ACT Senior Practitioner Act (2018). Aspect also commits to implementing the highest standard across all settings and continually improving our approach based on international guidelines and research.

In 2019 Aspect established a Positive Behaviour Support and Restrictive Practice Governance Committee which reports to the Aspect Board. This committee includes autistic and family representation and:

- Monitors patterns of restrictive practices use across Aspect Therapy, Aspect Choose & Connect and Aspect Capable by reviewing data trends & recurring issues;
- Consults with Aspect staff across states & territories to hear key issues
- Reviews research and practice in the sector to reflect current thinking
- Makes systemic recommendations for improvement in quality and risk management processes that are known to reduce RP use;
- Implements best practice positive behaviour support organisationally;
- Ensures suitably qualified staff fulfil the role of the Restrictive Practices Compliance Officer / Authorised Program Officer, as and when required to be rotated amongst the Committee members;
- Participates as panel members for state-based authorisation processes and determines if applications meet authorisation requirements (see Restrictive Practices Authorisation Process in Aspect Therapy, Capable and Choose & Connect instruction); and
- Reports on the progress of the reduction of the use of unnecessary restrictive practices to the CEO and the Executive via the Strategic Executive meeting and the Board via the Governance Committee.
- Provides on-going communication with Aspect staff

Aspect would welcome a zero RP world, however, having deeply reflected on the issues, we have concerns about establishing a zero RP target.

There are 3 key issues that Aspect sees with a zero RP goal.

1. It is impractical. Life is infinitely complex. There are so many unpredictable and uncontrollable elements that result in challenging behaviour that puts the person or others at risk of harm and that requires a RP to support the situation safely. There are many occasions where not using a RP represents a failure of duty of care to that person or others.

2. There is a risk that it may encourage a culture of non-engagement with RP processes and non-reporting of RP use. With a zero RP goal, every RP then becomes a failure and a problem for individual staff members or the disability organisation. This presents a risk that **(a)** individual staff members from disability organisations may hide or not report the use of a RP for fear of 'making the service or organisation look bad' and **(b)** services refuse to accept students or participants with existing RPs into the organisation.

3. It causes uncertainty in staff in terms of what they can do to keep people safe. There have been a number of (non-Aspect) examples of situations where clients have been seriously injured because staff thought they were not able to intervene to keep people safe and have left that person to injure themselves to the point of hospitalisation.

Despite these concerns, Aspect is absolutely committed to the elimination of all unnecessary or misused restrictive practices, and to continuous improvement in reducing restrictive practices, through a comprehensive approach of internationally recognised evidence based strategies overseen by a dedicated governance committee.