

Aspect's Response to the Restrictive Practices Issues Paper Summary

Disability Royal Commission

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What is the Disability Royal Commission about?

This Royal Commission is called the **Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability**.

We call it the Disability Royal Commission.

The Disability Royal Commission wants to know about people with disability and their experience of:

- **violence** – if someone's body is being hurt by someone else
- **abuse** – if someone is being treated badly
- **neglect** – if someone is not being helped in the way they are supposed to be
- **exploitation** – if someone is being taken advantage of.

What is the Restrictive Practices Issues Paper?

The Disability Royal Commission wrote about people with disability and the use of **restrictive practices**.

Restrictive practices are actions that stop people from:

- moving
- doing what they want
- having access to places or things.

This paper is called the Restrictive Practice Issues Paper (**Issues Paper**).

Restrictive practices are used to stop or prevent a person's **challenging behaviour**.

Challenging behaviour is a person's actions that

- are not safe for that person
- are not safe for other people
- stop the person from doing things they want to.

Challenging behaviour is often used by a person to communicate when the person has no other way to tell the people around them what they need to say.

Restrictive practices should only be used when there is no other option to keep people safe.

There are some rules in Australia about when restrictive practices can be used.

Some people believe restrictive practices should never be used.

The Issues Paper wants to know what can be done instead of restrictive practices.

Aspect's response to the Issues Paper

People and organisations do not have to respond to the Issues Paper. It is a choice.

Aspect wrote back about the Issues Paper to the Disability Royal Commission in September 2020.

This is a summary of what we wrote. There is more information in Aspect's **full submission**.

Aspect wrote about the following topics.

The types of restrictive practices

There are many types of restrictive practices.

Restrictive practices can be harmful to a person if used in the wrong way.

Restrictive practices should only be used:

- if there is no other safe choice
- for the least amount of time
- in the least restrictive way.

Seclusion

Seclusion is when a person is made to stay alone in a space or room and not allowed to leave.

An example of seclusion is when a person who has behaviours that are unsafe to other people is left alone in a room for a period of time.

A person in seclusion must always have access to:

- Food
- Drink
- A toilet.

The person in seclusion must be checked on often to be sure that the person is safe.

The seclusion must stop as soon as possible.

Seclusion is not when a person chooses to spend time alone and choose to stop being alone at any time.

Physical restraint

Physical restraint is where a person uses their body to stop another person from moving.

Physical restraint can also make a person move.

An example of physical restraint is a person's arm is held to make that person walk from an unsafe place to a safe place.

The physical restraint should stop as soon as possible.

Aspect thinks that all people who might need to use a physical restraint should learn how to do physical restraints safely.

Unsafe ways of physical restraints should not be allowed.

Physical restraint is not helping a person move their body to help such as:

- doing exercises in physical or occupational therapy
- help to hold an object that a person wants to use
- holding hands of small children to cross the road.

Chemical restraint

Chemical restraint is when a medicine is used to change the actions or behaviour of a person.

The medicine used may be taken every day or only sometimes.

An example of chemical restraint is where a person takes a medicine every day that makes them feel calm so that the person does not hurt themselves.

A chemical restraint can only be given if a doctor says that person can have the medicine.

A chemical restraint is not when a medicine is given to a person to help them with a mental illness.

Mechanical restraint

Mechanical restraint is where a device is used to stop or change a person's behaviour.

An example of mechanical restraint is where a person is made to wear a helmet to prevent injury when the person chooses to bang their head.

Mechanical restraint can also be when a device that a person needs is taken away or stopped.

Another example of mechanical restraint is where a person's wheelchair brakes are used to stop a person moving to an unsafe place.

Mechanical restraints should be stopped as soon as they are not needed for safety.

Mechanical restraint is not the use of an aid to help a person such as the use of:

- child restraints in cars
- splints to help a person walk.

Mechanical restraint devices must be suitable for the person.

Mechanical restraint devices are not to be used:

- when there is no safety reason
- with devices that are not recommended by health professionals
- to stop a person communicating.

Environmental restraint

Environmental restraint is when a person's access to a place or activity or object that the person would normally have access to is stopped.

An example of environmental restraint is where a fence is locked to stop a person from leaving an area without the people who look after that person.

Environmental restraint cannot be used to stop a person from accessing items or places they need like food or toilets unless there is a safety reason.

Environmental restraints should be stopped as soon as they are no longer needed for safety.

Environmental restraint is not keeping dangerous objects like knives or chemicals away from small children.

Psychosocial restraint

Psychosocial restraint is where a person uses their words or actions to control another person.

Psychosocial restraint is used to make the person:

- do something that the person does not want to
- miss out on something that the person wants.

Psychosocial restraint stops a person from having choice and control about what they want to do.

Research shows that psychosocial restraint is:

- not part of positive behaviour support
- harmful to a person.

An example of psychosocial restraint is when an adult is not allowed to choose when they go to bed.

Aspect thinks that psychosocial restraint can sometimes be abuse.

Aspect does not use psychosocial restraint.

Psychosocial restraint is not a communication technique known as **sabotage**.

Sabotage is when an item is moved just out of reach of a person learning to communicate.

The item is moved so that the person tries to communicate what they want using their communication strategies.

Prohibited practices

Prohibited practices are practices that are never allowed.

Prohibited practices are abuse.

Prohibited practices include using restrictive practices when

- there are other safer options available
- there is no attempt to teach the person skills needed to stop the restrictive practice
- the restrictive practice is used in a way that is not authorised
- the restrictive practice is used to punish a person.

Prohibited practices are also anything that is used to

- scare or embarrass a person
- hold a person in a way that can affect the person's breathing
- hurt a person's body or feelings
- take away key needs like food and drink or shelter

Prohibited practices do not help with a person's challenging behaviour.

Prohibited practices do not help carers and staff think about what a person's challenging behaviour is trying to tell them.

The **Aspect Practice Think Tank** and Aspect want any programs that make an autistic person do something that feels bad or painful to that person to also never be allowed.

An example of a therapy program that can make an autistic person feel bad or experience pain is

- forced eye contact
- stopping the person from doing an action that helps them to cope like **stimming**.

When restrictive practices are allowed in Australia

Each state and territory in Australia has different rules about restrictive practices use in disability services.

The NDIS Quality & Safeguards Commission also has rules about restrictive practices.

In some states and territories, disability service providers can:

- apply to use restrictive practices
- be approved to use restrictive practices.

States and territories have different rules about how restrictive practices can be used in:

- schools and places people go to learn and study
- mental health services
- hospitals and health care services.

Some states and territories don't have any rules about using restrictive practices in any settings.

Restrictive practices may be used in places where the government has no rules about restrictive practice use like

- at home
- at work
- at supports and services that are available to everyone.

These are called **mainstream** supports and services.

Some people with disability have **guardians**.

A guardian is a person who acts and makes choices for a person when the person cannot make their own choices.

A guardian might be:

- a family member
- a friend
- chosen by the government.

Some guardians for people with disability might have the power to decide if restrictive practices can be used for that person.

Restrictive practices use for people with disability

Research tells us that many people with disability experience restrictive practices at some time in their life.

Aspect has seen through its work some common uses of restrictive practices in different settings.

Sometimes a restrictive practice that is in place for a person can affect the other people around that person.

Restrictive practices may be used more often

- in places where there are many different needs and challenges all at the same time
- in places where only people with disability go to receive support
- with children and young people
- with adults who do not have some skills to do a task on their own
- with people with disability who cannot communicate easily
- in places where there are no clear instructions about what is or is not allowed when there are challenging behaviours
- in a person's home where sometimes punishment is used to manage behaviour

- in education settings that have a focus on **discipline**

Discipline is where a person may be punished for a behaviour that is against the rules of the education setting they attend.

Restrictive practices affects on people with disability

Research says that restrictive practices used in a prohibited way are harmful because the restrictive practice use can

- seriously hurt a person's body
- cause a person to die
- affect a person's mental health
- make a person feel worried or sad
- make a person feel bad about the person who uses restrictive practices
- take away a person's human **rights**.

Rights are rules about how everybody should be treated fairly.

Restrictive practices use is less likely to cause a person harm if the restrictive practice is used

- with a behaviour support plan
- only when there is no other safety option
- used in agreed ways
- when the person with disability or their guardian has given consent
- when explained what is happening to the person with disability

Using restrictive practices when there is no other safety option can help to

- keep the person with disability and others safe
- improve access to community and participation in activities

- manage safety while a person learns new skills or a problem is solved.

What helps there be less restrictive practices use

There are 3 main ways that people think restrictive practices can be used less.

1. Prevent restrictive practice use by using good practice disability support
2. Reduce restrictive practice use by using restrictive practice reduction strategies
3. Stop all restrictive practice use.

Good practice disability support

Good practice disability support is support that helps to prevent the need for restrictive practice use.

Good practice disability support includes where a disability support service has

- A **culture** that respects people with disability and that every person is different.

Culture is the ideas and behaviours of a group of people.

- **Policies and procedures** that tell staff what the staff can do to positively manage challenging behaviours.

Policies and procedures are written instructions that tell a person what the service believes and how to do a task.

An example of a helpful policy and procedures is the use of **positive behaviour support**.

Positive behaviour support is a way of working together with the person with disability to have a safe and good life.

Positive behaviour support will help to

- Make helpful changes in a person's life

- Teach a person new skills
- Find answers to problems a person is having that cause challenging behaviours

- **Capable environments**

Capable environments are places that help a person have the right supports to

- be social
- communicate
- join in activities that the person wants to.

- Good quality positive behaviour support.

Good quality positive behaviour support makes sure that the behaviour support plan is

- the right fit for a person and the places they go to in their life
- made with the person with disability and with the consent of the person or their guardian
- checked by a positive behaviour support professional to make sure the plan includes all that it needs
- put into place properly with training of all people who need to use the positive behaviour support plan
- looked at regularly to make sure the positive behaviour support plan is working

- Supports at different levels

Support at different levels thinks about different areas to help such as

- Making the environment better for people with disability
- Helping a person with skills or communication

- Looking at individual problems that happen and how to make them better
- Regular training for staff on why a person might have challenging behaviours and how to use positive behaviour supports.

Restrictive practice reduction strategies

Restrictive practice reduction strategies are ways to reduce how often a restrictive practice is used.

The NASMHPD Six Core Strategies and the **National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector** are strategies that have worked across the world to reduce some restrictive practices.

These strategies are

1. To use leadership to make positive changes in organisations
2. Use data about what is happening to know what to do next
3. Help workers to learn and have useful skills
4. Use tools to reduce seclusion and restraint use
5. Put the person with disability at the centre of all that the organisation does
6. Talk about problems that happen and think about how to change actions to make problems better

Stop all restrictive practices

Some people think that restrictive practices must never be used.

People who think that restrictive practices must never be used think that restrictive practices will always be harmful to a person.

Research shows that sometimes when a place tries to stop restrictive practices that people with disability who show challenging behaviours are stopped from going to that place.

Aspect thinks that a goal of no restrictive practices is not helpful because

- the reasons for restrictive practice use are not simple
- different environments have different needs for safety strategies
- sometimes a restrictive practice is the only safety option left
- people with disability may get left out of supports and services or the community
- people or organisations might use a restrictive practice for safety and try to hide that a restrictive practice has been used.

Hiding the use of a restrictive practice means that it cannot be checked to make sure the restrictive practice was used safely.

Aspect and restrictive practices use

Aspect works to respect the rights of all people that use Aspect services or go to Aspect schools.

Aspect makes sure that students and participants are safe at Aspect schools and services.

Sometimes after all other safety options have been tried Aspect staff may use a restrictive practice to keep everyone safe.

If Aspect uses a restrictive practice Aspect will make sure that the restrictive practice is only used

- when there are no other safety options
- for the least amount of time
- in the least restrictive way.

Aspect makes sure all staff learn the rules about restrictive practice use.

Restrictive practice use even when it is needed for safety should only be used

- in the way it is written in a person's positive behaviour support plan
- with the consent of the person with disability or their parent or guardian

- with plans to help the person with disability communicate or learn skills so that the safety issue stops
- or in an emergency where a person is in danger.

An example of when a restrictive practice may be used in an emergency where a person is in danger is moving a person away from someone or something that can hurt them when the person has not been able to follow verbal or visual instructions to move.

Aspect staff must never use prohibited practices.

Aspect also follows the rules about using restrictive practices in each state or territory or in the NDIS.

Aspect knows that we can keep working to improve how Aspect works.

Work to use less restrictive practices at Aspect

Aspect uses good practice disability supports.

Aspect also uses restrictive practices reduction strategies.

We believe both of these ways of preventing and reducing restrictive practices are important at Aspect and in the community.

Aspect believes that restrictive practices should be allowed only

- as a safety strategy when there are no other safe options
- for the least possible amount of time
- in the least possible restrictive way
- with rules about when it is and is not ok to use restrictive practices in all settings and places
- with the government or an organisation that is not Aspect looking at all restrictive practice uses in Australia to make sure the rules are followed
- with a focus on what will make a good life for a person with disability.

How Disability Royal Commission will use Aspect's response

The Disability Royal Commission will use the information Aspect gave them to:

- complete their work
- decide if they want to ask Aspect for more information
- share information