



PARLIAMENTARY JOINT COMMITTEE ON
HUMAN RIGHTS
INQUIRY INTO THE QUALITY OF CARE
AMENDMENT (MINIMISING THE USE OF
RESTRAINTS) PRINCIPLES 2019

Submission, 15 August 2019

*A strong voice and a helping hand
for all providers of age services*

Leading Age Services Australia

Leading Age Services Australia (LASA) is the national peak body representing and supporting providers of age services across residential care, home care and retirement living. Our purpose is to enable a high performing, respected and sustainable age services industry delivering affordable, accessible, quality care and services for older Australians. We represent our Members by advocating their views on issues of importance and we support our Members by providing information, services, training and events that enhance performance and sustainability.

LASA's membership base is made up of organisations providing care, support and services to older Australians. Our Members include private, not-for-profit, faith-based and government operated organisations providing age services across residential aged care, home care and retirement living. 55% of our Members are not-for-profit, 37% are for-profit providers and 8% of our Members are government providers. Our diverse membership base provides LASA with the ability to speak with credibility and authority on issues of importance to older Australians and the age services industry.

LASA's position to use of restrictive practices in aged care

LASA believes that it is the responsibility of aged care providers and their care staff (e.g. nurses, personal care assistants, medical practitioners and allied health professionals) to minimise the use of restraint in residential aged care settings and aspire to a restraint free environment.

LASA stresses that any use of physical and chemical restraint must be part of a broader approach to care and behaviour management, and should include their family and friends as appropriate. A key focus in efforts to reduce the use of restraint should be research and education on alternative responses.

LASA's position on restrictive practices, including chemical restraint, is captured in our response¹ to the Australian Law Reform Commission *Elder Abuse - A National Legal Response* and in our Statement to the Royal Commission in Aged Care Quality and Safety². In LASA's view, the principle that restraint should be a last resort is widely accepted across the sector. There are few age services providers that would not support the principle of minimising the use of restraint. However, there is variation in the way that providers are able to operationalise the principle of minimising restraint.

To assist providers in minimising their use of restraint LASA has actively supported initiatives to reduce the use of both physical and chemical restraint including the use of the *DECISION-MAKING TOOL: Supporting a Restraint Free Environment in Residential Care* and as a member of the steering committee of the '*Reducing Use of Sedatives*' (*RedUse*) Project to promote the appropriate use of sedatives, in particular antipsychotics and benzodiazepines both of which were referenced during the expert testimony during the recent Royal Commission hearing in Sydney.

Educational approaches important to changing practices

LASA believes that an educational approach to behavioural change by care givers to be the best first line response when seeking to change practice. LASA noted that a *DECISION-MAKING TOOL: Supporting a Restraint Free Environment in Residential Care*³ is available to support Residential Services. The Decision-Making Tool suggests the use of any restraint must always be the last resort after exhausting all reasonable alternative management options and viewed as a temporary solution to any behaviour causing concern. The Decision-Making Tool also comments that the application of restraint, for any reason, is an imposition on an individual's rights and dignity and, in some cases, may subject the person to an increased risk of physical and/or psychological harm. The inappropriate use of restraint may constitute assault, battery, false imprisonment or negligence.

Support for Evidence-based practice

LASA strongly supports evidence-based practice and would like to see more research activity in aged care delivery.

¹ <https://lasa.asn.au/aged-services-in-australia/lasa-submissions/> Member Briefing Paper- ALRC Report on Elder Abuse.

² <https://agedcare.royalcommission.gov.au/hearings/Documents/exhibits-2019/19-february/WIT.0024.0001.0001.pdf>

³ *DECISION-MAKING TOOL: Supporting a Restraint Free Environment in Residential Care* <https://agedcare.health.gov.au/ageing-and-aged-care-publications-and-articles-training-and-learning-resources-decisionmaking-tool-supporting/decision-making-tool-handbook-supporting-a-restraint-free-environment-in-residential-aged-care> (sighted February 2017)

LASA was a partner in the 'Reducing Use of Sedatives' (RedUSE) Project⁴. Funded by the Australian Government Department of Social Services, the RedUSE Project aimed to promote the quality use of antipsychotics and benzodiazepine medications in residential settings. These medications are often used for sedative (chemical restraint) purposes. The project involved residential service staff, General Practitioners, the Pharmacist providing quality use of medicine services for the organisation and their supply pharmacy.

This project highlighted the importance of a multidisciplinary approach to support the person, their family and friends and the staff of services to have positive outcomes for the appropriate use of these medicines.

RedUSE is a multi-strategic, interdisciplinary, structured initiative, which employs several approaches specifically targeted to improve sedative use. First trialled successfully in 2008, the RedUSE project study involved 25 Tasmanian RACFs. In 2013 the Department of Health, through the 'Dementia and Aged Care Service Fund', funded a national expansion to reach 150 RACFs throughout Australia in 6 states and the A.C.T. from 2014-2016.

Although several interventions had been designed and trialled to reduce sedative medication use in RACFs, few had evaluated the clinical impact of such a program on the residents themselves. There was strong demand from RACFs to participate in RedUSE after LASA and Aged and Community Services Australia (ACSA), promoted the project in print and online newsletters, resulting in over 300 expression of interest forms. The project concluded in 2016.

⁴ <http://www.utas.edu.au/wicking/research/services/RedUSE>