

Comment



We asked four aged care stakeholders:

What needs to happen to significantly reduce restrictive practice use in Australia's aged care homes?

Homes need regular long-term staff and meaningful regulation

IF SOMEONE were yelling at you in a language you didn't understand, your immediate response would not be to restrain the person, nor would it be to locate a doctor who could prescribe a sedative. If you felt threatened, you'd no doubt take a backward step. But if you knew the person, you would want to know what the person was saying, and what was agitating them.

Restrictive practices are typically blunt tools used to modify a person's behaviour. Whether they are chemical, mechanical, physical, environmental or involve seclusion, they do nothing to address the reason for the person's actions.

And those actions, difficult though they may be for a stranger to interpret, are a form of communication.

It probably goes without saying that the aged care homes that are least likely to see significant usage of restrictive practices are the ones where people are treated with respect, and in which their views and wishes are genuinely sought, understood, and acted upon.

But if a person does exhibit what historically and euphemistically have been labelled 'behaviours of concern', what should happen? The optimal approach is not to rush to regulate the behaviour, but rather to seek to understand what the person is communicating. Are they in pain? Do

they feel threatened? Are they scared? Do they think something is happening that actually isn't?

Someone who knows them is much more likely to understand what is happening for the person. So one important way in which aged care homes can minimise restrictive practice usage is to employ regular long-term staff, who get to know residents and are in contact with others who know them.

Another key element here is for homes to have onsite or on-call behaviour management expertise, so that staff can be provided with assistance in learning, for instance, de-escalation and communication strategies when a person is agitated.

But to reduce and ideally eliminate restrictive practice usage in aged care homes we also need meaningful regulation.

We need an authorisation scheme that permits restrictive practice usage only in exceptional circumstances and which requires their use to be short-lived.

That scheme needs to prioritise the human rights of residents over administrative efficiency, and must ensure that clinical expertise, not expediency, underpins any restrictive practice authorisation. ■

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