

Understanding the Impact of the Roadmap for Achieving Dignity without Restraint - The Roadmap

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ASID Conference
7 Nov 2019



Why are we doing this research?

To examine knowledge, awareness and use-misuse of restrictive practices by disability support workers (DSWs)

The research questions became:

- 1) To what extent can The Roadmap for the Reduction of Restrictive Practices reduce the use of restrictive practices by DSWS over a period of one year,
- 2) To what extent is a day training intervention suitable for the delivery and subsequent implementation and scaling up of the Roadmap?

The Roadmap Training Day

The Roadmap (P Ramcharan) Key Areas

- Choice and control – originator of choice
- Post-Traumatic Stress Disorder Trauma (PTSD) – cumulative traumas and reconstructing histories
- Risk and benefit – dignity of risk
- Causes of behaviours of concern – environmental, quality of interactions, staff/org responses, models of causation
- Organisational Change - supporting a change in culture/ the authorising environment
- Human rights
- The looking glass self – workforce self-reflection

NDS films titled *Recognising Restrictive Practices* <https://www.nds.org.au/zero-tolerance-framework/considering-additional-risk>

NDS Empowerment Circle tool (Bannister and Collier 2016) – to help DSWs reflect on their practice and reflect on the lives of the clients they support – using 8 life-area-domains
<https://www.nds.org.au/zero-tolerance-framework/understanding-abuse>

The Roadmap research aims

- assess the implementation of The Roadmap in effecting cultural change within the service provider landscape in relation to understanding and use of restrictive practices by DSWs on pwd
- increase the quality of life and human rights of pwd by reducing their experience of restrictive practices and extending their personal choices and self-determination
- increase DSW understanding of behaviours of concern and use-misuse of restrictive interventions of pwd receiving support services from service provider organisations
- improve organisational capacity of managers and DSWs to manage and respond to behaviours of concern of pwd

Research design - mixed methods

- Participant DSWs and managers completed 6 statistical tools that were sought to measure proxy outcomes related to change in a client they supported in choice-making, behaviours and wellbeing over the 12 months (included SIB-R, WHODAS) - Time1(a) - before the training day intervention to obtain a baseline
- DSWs and managers then attended the full day Roadmap training day intervention
- DSWs at training day completed the NDS Empowerment Circle tool in final session of the training day Time1(b) which contained a likert scale measure and 3 open-ended questions related to each life-area-domain (eg physical, social, identity, economic etc). The questions prompted DSWs to explain why they gave the scale measure they did for a client they support in that domain, any actions for change and potential barriers and enablers to change
- In 6 months (Time2) and then 12 months (Time3) DSWs and managers completed all of the 7 schedules again
- voluntary interviews
- ongoing followup with orgs through Project Reference Group meetings - #6 (held quarterly through research)

Data - Scale

We began with:

- 8 disability service provider orgs in Vic participated - 1 or 2 training days each
- 129 DSWs in total provided at least one set of schedules at Time1
- The 6 statistical schedules provided a solid statistical baseline measure
- The NDS Empowerment Circle tool - 1 statistical schedule and qual data (massive Time1 qual data-set 70K words)

By Time2 and Time3 (*issues in field and getting schedules back):

- 4 ongoing participating disability service provider orgs in Vic
- Time2 - 54 sets of schedules
- Time3 - 22 sets of schedules
- Significantly less The NDS Empowerment Circle tool qual data for Time2 and Time3
- 16 in-depth interviews DSWs Time2 and Time3 discussing change



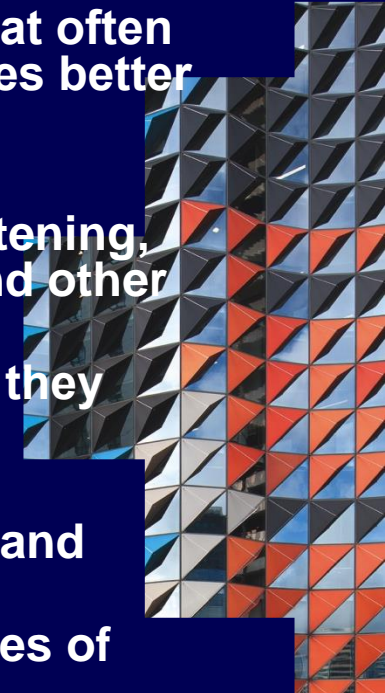
Findings - The Roadmap

- Except in relation to socially offensive and uncooperative behaviours, the outcome data did not show statistically significant changes in perceptions of client behaviour over the study period
- Some improvements were registered in relation to client choice of what to do in spare time and in relation to client choices of day services but not at a level of statistical significance. No increases in well-being were found for the sample as a whole
- However, additional analysis of the statistical data and the interview data explored what changes could be attributable to the Roadmap training. The data pointed to a smaller group of DSWs that did actively engaged in implementing their Roadmap Plans and achieving positive change (the 22 Time3 participants)
- *Where implemented*, the Roadmap produced significant successes and positive impact. Success was most powerful when implemented by small teams and not just by individuals

The Roadmap - tipping point

A finding of this study is that there are a 'complex of factors' that often seem to come together to produce a 'tipping point' that produces better lives and better behaviours. These factors are, inter alia:

- A change in staff behaviour - paying attention to the client, listening, responding and moving things forward based on discussion and other explorations of opportunity and resources to pursue change
- Maximising communication and 'reading' client wishes where they cannot be expressed verbally
- Changes to pervasive choices
- Increased control by the client over implementation of choice and activities
- Positive changes to environment, levels of interaction and types of engagements



The Roadmap - Choice-making

The findings help theorise the proposition that since none of us are free to choose, what we should be measuring is not the choice made, but the limitations placed on choice

Key Point

It is important to measure the limitations on freedom in terms of the extent to which these are the same in extent and nature to the rest of the population. This is a matter of social justice. The choice-making resource in the Roadmap tools goes part way to doing this but needs further development

Theorising...

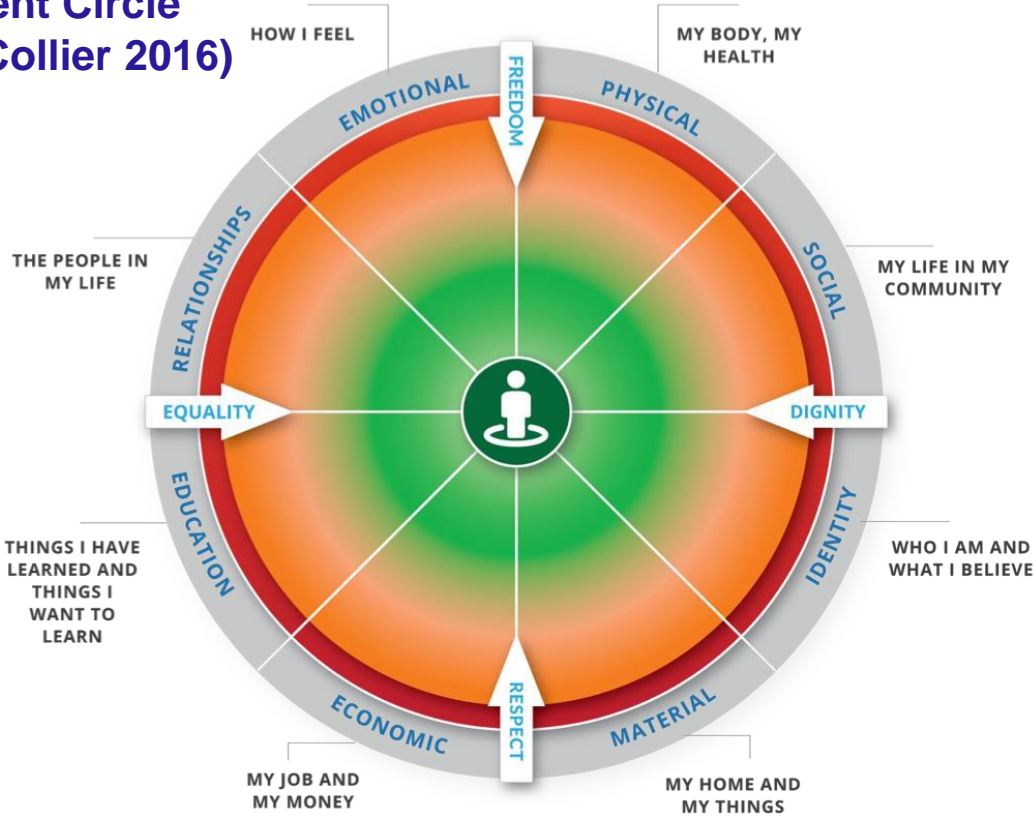
'omission' things that contribute to behaviours can be missed if not considered. For example many environmental controls such as locked doors/fridges are an issue. But so too are issues around meeting rights around freedom of movement and intersectional rights, respect for routines, needs of all clients and so forth. In terms of interests in personalised plans it might be possible to predict what was necessary and what was missing

'commission' the plethora of minor factors that impinge on freedom are unlikely to be seen as a restrictive practice. Yet as a collection of mini-controls and limitations on freedom they are in effect a restrictive practice

'exception' the many limitations placed on clients because of systems and policies that set boundaries associated with resources, actions, environments and choice that get legitimised. These need to be recognised and considered within a framework of social justice



The Empowerment Circle (Bannister and Collier 2016)



© NDS 2016



The Empowerment Circle tool (Bannister and Collier 2016)

Focus on restrictions related to DSW practice and clients moving towards empowerment in 8 life-area-domains [qual data - pos/neg/change analysis]:

- Physical - exercise, health, eating, getting to medical appointments, completion of multiple plans
- Social - in what settings is social occurring, with how, with who, supports required, impact of BOCs
- Identity - opportunity to express, consent to discuss
- Material - felt choice and ownership of belongings
- Economic - capacity to manage funds, decision-making and who is in control
- Education - opportunities to learn - formal/informal
- Relationships - with who (only paid staff, family sometimes rarely), capacity to facilitate
- Emotion - capacity to express, how, impact of BOCs

The Empowerment Circle

Cross-cutting themes:

- Outward reflection by DSWs on external barriers - Authorising environment within org eg debriefing after event, org supports for emotions/fatigue, NDIS - resources that will be available, varying training and supervision provided by different orgs, casual status of many staff
- Inward looking reflection on their own practice by DSWs - very candid (out of ideas, time, try our best)
- high responsibility felt by DSWs in the role - monitor, advocate, support client wellbeing e.g. challenging medical treatment plans/chemical restraint levels,
- Impacts on responses - DSWs subjectivity in reporting
- Varying family interventions
- Way BSPs are being used (last resort or immediate because of fear/no knowledge of client)
- Capacity of client to adequately communicate needs

The Roadmap - difficult research in a difficult time on a difficult and complex issue related to DSW practice

Working with VET to incorporate findings into units of competency in certificate training

Working with NDS around Empowerment Circle tool data

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Thank you!

