

Provider in Focus: Life Without Barriers



This month the FACS Central Restrictive Practices Team spoke to Robyn Bliss and Chris Zenere about Life Without Barriers experience implementing restrictive practices.

What does having oversight of restrictive practices mean for your organisation?

At *Life Without Barriers* we are committed to our Values of Building Relationships and being Imaginative, Respectful, Responsive and Courageous. Living these values means we have a dedicated commitment to providing people with a disability choice, control and least restrictive alternatives in all support we provide. This can only be done by having clear oversight of the restrictive practices we are implementing.

Our staff work in a very complex environment and in their desire to support people to be safe, they can sometimes lose focus on the goal of continually challenging the need for restrictive practices. An organisation with clear oversight of restrictive practices, the authorisation and review process and how the restrictions impact others, is in a great position to continually challenge and reduce the restrictions we place on people.

At LWB we like to celebrate when we can reduce or remove a restrictive practice from a person's life. We recently had an accommodation service that saw three people have significant reductions in the use of Chemical Restraint, via routine psychotropic medication. It was truly wonderful to see these men more vibrant and spontaneous. It was a credit to the team who have applied positive behaviour support strategies, predictable routines and created a warm home environment. The team leader said that "the whole place is louder and there are more smiles on faces".

How did your organisation adapt to the new *NSW Restrictive Practices Authorisation Policy* when it was released in June last year?

The introduction of routine, not just PRN, Psychotropic Medication as Chemical Restraint took some time to adapt to. We support a large number of people who take psychotropic medication and often had been taking them for many years. We have had to review the medication of every person and adapt our thinking about the reasons medication is used.

The changes in the definitions of seclusion did take some explaining to our staff. We don't have many people that require this practice, but in the location where it is implemented, intensive training was required.

Short Term Accommodation and Assistance has been a difficult space for the policy changes. We are often reliant on families to get PRN Protocols or BS Plans completed. Also we do find families that want our staff to implement a practice that is not included in a Behaviour Support Plan, so have needed to engage and educate the families on the *NDIS Quality and Safeguarding Framework* and *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*.

What were/are some of the challenges your organisation experienced when making these changes?

The introduction of Routine Psychotropic medication as a restrictive practice presented the challenge of us training our 700+ staff to understand what constitutes chemical restraint, and the exclusions (e.g. treatment of diagnosed mental disorder). Our own workplace trainers help a great deal with this. But we also had to spend time developing our skills at talking to prescribing doctors. Sometimes even the medical practitioner found it difficult to articulate if a particular medication was to treat or enable treatment of the condition or was in response to behaviours of concern.

Providing training to all our staff about the changes in definition was a challenge, both from an L&D and funding perspective. Again having our workplace trainers was invaluable.

The challenge within STAA was having our staff develop relationships with families to help them understand the *NSW Restrictive Practice Authorisation Policy*. The other challenge is because we have different combinations of people staying together, we needed to closely monitor the impact of restrictive practices on all people. For example, if one person needs a locked kitchen door (environmental restraint), we need to ensure we assist the other four people to access the kitchen.

Once the NSW (FACS) RPA System started, one challenge was getting the right people within the organisation access to the system. Another was the time needed to enter client details into the system.

What were/are some of the strategies or mechanisms your organisation has put in place to overcome these challenges?

We have a dedicated Project Officer that is working on the System for us. Assisting to collate documents, setting up new clients into the System and organising panel meetings. This has been invaluable as a resource, both in reducing the impact of this additional work and being an expert that staff can go to for advice.

We made sure that all the information and communications that came from both FACS and the Commission got out to all staff and that managers support staff to read and understand this information.

Is there a particular feature of the NSW (FACS) RPA System which has been particularly helpful or useful for your organisation?

The transparent recording of information has been brilliant. We previously relied on paper copies in a folder or having to organise secure electronic folders but version control was always a problem. Now anyone within management structure can get in to the System and see exactly where we are up to. Having all the documents loaded into one place has been great. I can go and look at the PRN protocol, or consent form at any time, when in the past these always seemed difficult to find.

Having access to the FACS funded Independent Specialists has made all the difference. Trying to run panel meetings without the funding to pay for a specialist was extremely difficult and the FACS Independent Specialists we have used so far have been knowledgeable, dedicated and a real asset.

We have been loving the newsletters. It has been a great way to ensure that staff are getting bite size bits of information about new systems and procedures, but has also been great at keeping restrictive practices at the front of all our minds. This is helping to create a culture shift, with staff being mindful of restrictive practices all the time and not just once a year or at panel time.

Has your organisation used any FACS funded Independent Specialists for your RPA panels? How was the experience?

Our experience using FACS funded Independent Specialists has been extremely positive. Since January 2019, LWB has utilised ten individual FACS funded Independent Specialists. The FACS Independent Specialists have all been very knowledgeable, flexible and assisted LWB to ensure that it is meeting its regulatory obligations.

FACS staff have been extremely flexible and accommodating in assisting LWB to arrange its RPA panels. Initially reviews of 8 clients with restrictive practices were being held on the same day and conversely, where we may have had only one client who required their restrictive practices to be reviewed FACS have ensured that the process of facilitating our proposed panel has been seamless.

During the panels themselves the FACS Independent Specialists have all shared their knowledge and additional strategies for assisting people who present with rather complex behaviours of concern. The recommendations and advice that has been shared during our RPA panels over the last six months has assisted our clients and contributed to our staff being better placed to support them.

A tremendous benefit we have found by having FACS Independent Specialists engaged for our RPA panels is the tips and experiences from other users of the System are able to be shared before, during and post a RPA panel.

There was an instance where the FACS Independent Specialist assisted our Panel Convenor to navigate the System for the first time and likewise, our staff have provided guidance to a FACS Independent Specialist in relation to the procedure of approving a Restrictive Practice in the Outcome Summary.

We have found that the collaboration and consultation that is involved with having a FACS funded Independent Specialist is invaluable during the planning, convening, implementation and administration of our RPA Panels.

Does your organisation have any advice for other organisations who are implementing restrictive practices and navigating their way through the requirements?

Utilise FACS Independent Specialists!

If you are not sure of a process when utilising the System refer to the user guides and then if there is still uncertainty email the Central Restrictive Practices Team at FACS to seek clarification.

Prior to commencing compiling submissions, enter Participants into the System. Entering the participants takes some time so make sure you leave yourself time to do that first.

When a Behaviour Support Plan has been lodged with the NDIS Commission and you have advised the NDIS Commission that there is agreement to a client's Behaviour Support Plan, check that the Behaviour Support Practitioner is a registered user of the System.

Communication flow with the Behaviour Support Practitioners is vital. Some are not registered with the System and some have been slow to get plans finalised. I would advise that organisations get used to talking to clinicians now.

Have a system in place to get information and training to your staff. Some of the changes were not easy for staff to follow at first and a planned response to staff training will be needed.

Having a dedicated Project Office to assist with System has been brilliant.

As soon as possible get your staff access to the System and get them to look around. The more staff interact with the System the more they will learn. There are heaps of resources available.

Make sure you prepare for each panel meeting. They will run much smoother if the manager has recently looked over all the material.

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