

Onguard!

A REGULAR NEWSLETTER FOR PRIVATE GUARDIANS IN NSW

SEPTEMBER 2008

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PGSU

STATISTICS

In the 2007 - 2008 financial year the PGSU was contacted by **285** private and enduring guardians and there were **517** new appointments of private guardians.



Office of the
Public Guardian
Attorney General's
Department of Law

LIFESTYLE MATTERS!

An invitation to better guardianship

friday 24 october 2008

The networking day for private and enduring guardians is getting closer. The Private Guardian Support Unit (PGSU) is busy organising this day to ensure that it is a fun and informative day. Not only will the day be about providing you with information it is also a chance for you to network with other guardians, people who are possibly in a similar situation as you.

In this edition of Onguard you will find your registration form for the networking day and general information about the day's programme.

If you are thinking of attending the networking day you will need to complete the registration form and return with payment to the PGSU by Wednesday 8 October 2008. Remember registrations are also open to your support people, that is your family and friends who assist you in your decision making role.

When you register you will also need to nominate your preference for one of the concurrent sessions in the 'Complaints Workshops' and 'Functions in Focus' workshops. These are smaller workshops so to make sure you get into the session you want nominate early as places are limited.

If you have any questions about the networking day or the programme please contact the PGSU on (02) 8688 6060 or toll free on 1800 451 510 or email informationsupport@opg.nsw.gov.au.

The Statewide Behaviour Intervention Service

The Statewide Behaviour Intervention Service (SBIS) is a tertiary level service which is managed by the Office of the Senior Practitioner (OSP). SBIS, which is part of DADHC (the Department of Ageing, Disability and Homecare) provides clinical consultation to government and non-government agencies working with people who have intellectual disability and significant challenging or offending behaviour.

This service is available to local clinical staff or management in relation to clients who are in accommodation and day program services or who live with family members. Work is undertaken collaboratively with these local partners to meet needs at the time as well as to build their knowledge and practical skills so as to meet similar needs in the future. In addition SBIS has a service development function which is met through the provision of training related to challenging behaviour and enhancement of behaviour support practices at both a systemic and provider level.

In this article Brett Owens, Senior Clinical Consultant, answers our questions to help explain the role of the SBIS.

What are the qualifications of staff in SBIS? Other than their qualifications do staff have to undertake special training and supervision to be working within the unit?

Currently staff from a variety of backgrounds and disciplines are employed as Senior Clinical Consultants, including degree or diploma in Nursing, Social Work, Education, Psychology, Social Sciences or Behavioural Sciences. Staff also have considerable demonstrated experience in the areas of clinical assessment, mental health, disability and design and implementation of behaviour support and intervention plans. All staff have extensive experience in working with people with intellectual disabilities who engage in challenging behaviour. There is no required 'special training' that staff must complete, however, SBIS ensures that all staff have ongoing access to training and professional development as well as regular supervision.

How do people with a disability, who are engaging in challenging behaviour(s), get referred to the SBIS?

A referral comes from the local DADHC or non-government service provider. A guardian or family member who contacts SBIS expecting to make a referral will be referred back to their local DADHC office or the DADHC Information Referral and Intake phone number to begin the service request process there.

SBIS expects that the person making the referral will discuss this with the client, the guardian/advocate, and the organisation's management before contacting SBIS. A key contact in the SBIS service request process is the Manager Behaviour Support (MBS) - a DADHC employee in each region who liaises with DADHC and non-government clinical services. SBIS requires consultation with the MBS prior to accepting or rejecting a service request.

Why would a referral be made?

Referrals are made for a number of reasons:

- People might want an independent party to offer a second opinion on matters clinically relevant to the situation;
- A local DADHC or non-government clinician may be responding to a service request that is outside her/his experience and would like help in the assessment and/or intervention phases;
- Training on a range of clinical topics, including clinical assessment, general behaviour support, and implementation;
- A person with a disability or his/her support network might want the system supporting the person looked at to see if it is providing the appropriate support. This type of referral is less about the individual and more about looking at the supports for that person and if they are operating efficiently and effectively;
- Short consultations (lasting up to 2 hours) occurring as 1:1 consult with a clinician or a group case discussion.

Can anyone make a referral and is there any cost in making a referral or receiving SBIS services?

Anyone can make an enquiry but a referral is only accepted after negotiations between and with key stakeholders which includes local DADHC, especially the MBS. There are no costs for referrals. Organisations may be charged on occasion to help meet some of the costs for training (for example, hiring a training venue).

When referrals are made what is the average timeframe before assessment and implementation of the plan?

That's difficult to answer because of the varied nature of the support we provide. Often we only work on assessment or implementation, not both. Timeframes can be prolonged because we are generally dealing with complex and difficult matters involving a number of people. Our strength is in providing skills and knowledge to local support networks and this may take time.

Would the timeframe be the same for people in rural areas (any other comments for people in rural areas)?

Distance is a key factor here; it can be more costly in terms of time and money to visit rural staff. We aim to tailor the support to the presenting needs of the case. If face-to-face support is required, we will endeavour to provide this as much as practically possible. If it is not possible it is balanced out with more telephone and email contact. We are currently investigating the use of web cams and video conferencing as another means of contact.

What are the benefits of having SBIS involved for a person with an intellectual disability who is engaging in challenging behaviour?

Benefits include:

- access to highly experienced Behaviour Support clinicians
- SBIS can have a role in advocating for relevant resources to be made available
- a state-wide perspective and objective viewpoint from clinician(s) not directly involved in service provision / support
- access to an extensive library
- the skills and capacity of clinicians (both government and non government) is enhanced which has flow on effects to other clients
- a free and accessible service to people with disabilities in metro and rural areas.

What are the criticisms that SBIS may receive?

- timeliness: as we work with local staff and families things may be slower than if we did the work ourselves
- small amount of in-person contact. We consider that local staff (DADHC or non-government service provider) must remain the primary contact for the client even when referred to SBIS
- our viewpoint may at times be very different from that of key stakeholders
- our recommendations may require resources beyond those immediately available

What is the approach taken when a person is referred?

We ensure the person is eligible for DADHC services and has an intellectual disability and the referral is supported by the service provider and DADHC MBS. During initial consultations the problem is defined and an initial way forward in terms of assessment, intervention or implementation is negotiated with key persons. A clinician, sometimes two, is allocated to the service request and a service agreement between SBIS and the local clinical service provider is negotiated. The clinical works then starts.

What kinds of questions should a guardian ask when the person they are guardian for is referred to the SBIS and is being assessed etc?

- why is it necessary to refer, who requested the referral and why
- what specifically will be SBIS role and how will this differ from local clinical input
- how can I get involved
- who will be my contact
- how frequently do I want to be updated on progress/problems
- what will I need to give consent to
- what other services might also be available and why were they ruled out
- what perspective on understanding human behaviour is being used, what are the strengths and limitations of the approach
- how long will it take to start/complete the assessment, intervention, implementation phases

What advice could you give a guardian who feels that the person they are guardian for needs some behaviour intervention support but feels that nothing is being done about it?

Seek the opinions of the key people involved (for example, the case manager/key worker, social worker, network manager). If not satisfied then you could contact the Regional Manager Behaviour Support and discuss your concerns. You could also request information from, or make a referral to, the relevant regions Information Referral and Intake (IRI) unit.

What can a guardian do to improve their understanding of behaviour and behaviour management?

Guardians should familiarise themselves with the role conferred to them by the Guardianship Tribunal. The Tribunal and DADHC's website has useful resources relating to people with intellectual disability who engage in challenging behaviour.

Guardians could also make a service request for a short consult with an SBIS clinician or a number of Guardians could make a service request to SBIS or the local DADHC region for a training session on understanding challenging behaviour and behaviour support and intervention.

Guardians could also ask for copies of the support agency's policies and procedures regarding behaviour support.

The PGSU would like to thank Brett Owens for his assistance and time in preparing this article. For further information contact the Statewide Behaviour Intervention Service on (02) 8876 4000 or go to their website at www.dadhc.nsw.gov.au.

OPG RESTUCTURE

In 2005/06 the Office of the Public Guardian (OPG) undertook a Strategic Planning Process, with the aim to enhance the quality of service that we provide to our clients, to increase our capacity for systemic advocacy, and to equip the Office with the resilience to meet both internal and external future demands. As a result of this process, the OPG has undergone a restructure and has made some important changes to the way we operate. These changes came in to full effect on 30th July 2008.

This is an exciting time for the OPG, and the changes will provide an enhanced guardianship service to our clients. If you would like more information on the OPG restructure visit our website at www.lawlink.nsw.gov.au/opg or contact the OPG on **8688 2650** or toll free on **1800 451 510**.

cracking the code on _____ _____ MEDICAL JARGON & MEANING

As a guardian with a medical and dental consent function, you may need to read medical reports or written applications for medical consent. You may also be looking at medical charts at a nursing home or group home. Medical practitioners use a number of abbreviations in prescribing medication. We have listed some of the common terms in the table below. You may find these useful in your decision making role.

Medical abbreviation	Latin	Meaning
bd	bis die	twice a day
g		gram
IM		intramuscular
IV		intravenous
mane	morning	to be given in the morning
mcg		microgram
nocte	night	to be given at night
qid	quarter in die	four times a day
pr		by rectum
prn	Pro re nata	As needed. The dosage of the medication as well as how often the medication can be given in 24 hours should be indicated
SC, subcut		subcutaneous
stat		immediately
tds	ter die sumendum	three time a day

The PGSU is a free and confidential information and support service for private guardians in NSW. PGSU is a branch of the Office of the Public Guardian (OPG) and is not part of the Guardianship Tribunal or Office of the Protective Commissioner. PGSU publishes 'Onguard!' and 'After the Hearing'.