



# Restrictive Practices Authorisation (RPA) News

RPA Newsletter - April 2020

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Welcome to our April issue of the RPA Newsletter. In this issue we will be discussing:

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We encourage you to help spread the word and forward the monthly RPA Newsletter on to your colleagues. Help us keep the NSW disability sector informed about restrictive practice authorisation in NSW.

## COVID-19



The Central Restrictive Practices Team (CRPT) acknowledges that this is a challenging time for everyone.

The NDIS Quality and Safeguards Commission, NSW Government and Council for Intellectual Disability (CID) links below provide information, resources and advice on the management of COVID19 for service providers. The first link relates to behaviour support and restrictive practices:

- [Coronavirus \(COVID-19\): Behaviour support and restrictive practices](#)
- [Coronavirus Disease 2019 \(COVID-19\) Outbreaks in Residential Care Facilities](#)
- [NDIS Commission coronavirus \(COVID-19\) information](#)
- [Help us save lives](#)
- [Staying safe from Coronavirus](#)
- [Service Providers](#)

## Restrictive Practices Authorisation Frequently Asked Questions



An updated list of frequent asked questions and answers. This is useful Information for NDIS Registered Service Providers.

The update can be found [here](#)

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## National Disability Services Supported Decision Making Module



Decision-making is a human right and an essential part of everyone's life.

Developed and distributed on behalf of NSW Public Guardian, this e-learning module introduces the Supported Decision Making Practice Framework and discusses in detail the various elements of the framework.

The module will help you in building your existing knowledge and skills to promote consistent best practice in supported decision-making.

Location: National (Online)

Date: 1/01/2020 to 30/06/2020

Registration: [Purchase now](#)

Cost:

NSW Residents: Free of charge until June 2020

Non-NSW Residents: \$35.00 + GST per user

For individual users, with orders 10 or more: \$29.00+ GST per user

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## National Disability Services Practice Leadership Workshop for Behaviour Support Practitioners #3 - Live Webinar



Location: Webinar

Date: 14/05/2020

Registration: [Register now](#)

The development of practice leadership skills amongst behaviour support practitioners is the focus of this series.

The third webinar in this series will look at ways to collect and use meaningful data and how to measure outcomes.

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## National Disability Services Restrictive Practices Authorisation Webinar



In partnership with the Department of Community and Justice Disability Services Performance Improvement & Central Restrictive Practices Team, NDS will be hosting a webinar aimed at building the capacity of the NSW Disability Sector around restrictive practice authorisation and implementation amidst the COVID-19 pandemic.

Featuring a panel of behaviour support practitioners who are also DCJ (FACS) Independent Specialists, the session is designed to provide the NSW sector with practice support around some of the RPA challenges presented by the COVID-19 environment.

Aimed at providers who are implementing restrictive practices, this interactive webinar will provide an opportunity for attendees to discuss challenges around implementing positive behaviour support strategies in the face of social/physical distancing and disrupted routines.

This webinar will be suitable for managers, front line managers and direct support staff in NSW disability providers working in environments where restrictive practices are in place.

Location: Online

Dates: 14/05/2020 to 21/05/2020

Cost: Free

Registration: [Register here](#)

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## What is Practitioner Endorsement?



Practitioner endorsement of an RPA submission is an acknowledgement from the involved behaviour support practitioner that the practice/s has been appropriately represented in the submission as it is intended to be used in the context of the behaviour support plan. This acknowledgement should come from the practitioner responsible for the delivery of behaviour support. Ideally this endorsement is provided by the authoring practitioner.

Where the behaviour support practitioner involved is not the author of the behaviour support plan, they can provide endorsement for the submission. In the event that there is no current behaviour support practitioner involved, a number of options can be explored to obtain endorsement by approaching:

- the author of the behaviour support plan
- a senior practitioner within the service provider who delivered behaviour support (authoring practitioners previous employer)

Where a practitioner has been approached for endorsement of the submission, it can only be provided where they have (or have had) the

- Primary responsibility for behaviour support as the involved practitioner; or

- Secondary responsibility for the behaviour support via the clinical supervisory role of the practitioner responsible for the direct support.

## NSW RPA System update



Thank you for your continued support in utilising the NSW RPA System and maintaining policy requirements even in these difficult times.

As a commitment to the continuous improvement of the system based on user feedback and accessibility, a few small updates were released last week.

<b>Outcome Summary</b>	
<p>New field within the outcome decision section "Panel Recommendations"</p>	<p><b>Panel Recommendations (optional)</b></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Test</p> </div> <p>This section is for the recording of all additional suggestions/actions that the RPA Panel identifies as useful for the situation presented in the submission. These are not conditions.</p>
<p>Changes to the "Review not required" check box</p>	<p>This checkbox has now been updated to "Panel requires a review of use"</p> <p><input type="checkbox"/> <b>Panel requires a review of use</b>                      <b>Review to occur by</b></p> <p><b>Panel requires review of use</b>  Restrictive practices should be reviewed throughout the authorisation period, particularly where conditions or recommendations have been applied.</p> <p><b>Review to occur by ...</b>  The RPA Panel should identify the timeframe in which the practice should be reviewed as part of monitoring and oversight.</p>

<p>Help text now included</p>	<p>We have added additional help text within the outcome summary form. Click on the ? symbol next to a field to reveal additional information on how to complete the form.</p> <p><b>4. RPA Outcome Decision</b></p> <p>Decision Approved</p> <p>Decision Date 16/04/2020 Meeting Date 13/04/2020</p> <p>Why was the authorisation given/declined ?</p> <p>Test Reason Test Reason</p> <p>Conditions (optional) Test conditions</p> <p>Why was the authorisation given/declined</p> <p>It is important to provide a clear and descriptive explanation for why the RPA Panel arrived at the identified decision. This is the opportunity for the RPA Panel to provide an account of the rationale used to reach the decision.</p> <p>It should be detailed enough to explain to others not present at the meeting why the decision was an appropriate and reasonable determination.</p>								
<p>Review Log</p>	<p>The outcome summary page will now list review/s related to the outcome.</p> <p>Related Review/s</p> <table border="1"> <thead> <tr> <th>ReviewID</th> <th>Review Date</th> <th>Review Decision</th> <th>Review Status</th> </tr> </thead> <tbody> <tr> <td>80047</td> <td>20-Jun-2019</td> <td></td> <td>Released</td> </tr> </tbody> </table> <p>Users will be able to navigate to a particular review by clicking on the review id.</p>	ReviewID	Review Date	Review Decision	Review Status	80047	20-Jun-2019		Released
ReviewID	Review Date	Review Decision	Review Status						
80047	20-Jun-2019		Released						
<p>Additional information about the submission</p>	<p>Details such as the type of behaviour, description of the practice have now been added to the outcome summary.</p>								
<p>On the RPA with Outcomes page</p>	<p>Additional information about the outcome summary has been added along with status of approval for a panel member.</p>								
<p><b>REVIEW</b></p>									
<p>Practitioner endorsement - system notification</p>	<p>The ongoing notifications to remind a practitioner that an endorsement is pending, has now been adjusted to only notify 6 weeks prior to the actual review date. This will reduce the amount of system emails that are being sent and received by practitioners.</p>								
<p>Review "unsubmit" option</p>	<p>Similar to other forms in the system (submissions and outcomes), users will now be able to unsubmit a review to amend details prior to it being completed.</p>								

**Revised Mechanical Restraint - Safe Transportation Guide**



We have revised our Mechanical Restraint - Safe Transportation Guide to include important information about the use of seat belt buckle covers to comply with NSW Roads and Maritime requirements.

The updated guide is available here [Mechanical Restraint Safe Transportation Guide](#)

**Trauma Informed Support videos from National Disability Services**



We are pleased to forward on some important new resources from National Disability Services regarding being better trauma informed.

They're all available on the NDS Zero Tolerance webpage – [here](#).

The vimeo links are available here:

- Film 1 – Understanding Trauma: <https://vimeo.com/395869419>
- Film 2 – What is Trauma Informed Support?: <https://vimeo.com/395870408>
- Film 3 – A Trauma Informed Approach to Positive Behaviour Support: <https://vimeo.com/395866704>
- Film 4 – How Can Organisations Embed a Trauma Informed Approach?: <https://vimeo.com/395866278>
- Film 5 – Building Networks of Support and Recognising Vicarious Trauma: <https://vimeo.com/395865301>



## People living semi-independently and restrictive practices authorisation

### Introducing Jessica

Jessica is a 24-year-old NDIS participant who lives semi-independently in her own flat. Jessica's NDIS service provider offers drop-in active support every morning and evening to enable Jessica to complete her daily living tasks like housework and the preparation of meals. Jessica has a good relationship with all her support staff and she has the unequivocal support and love of her family who live nearby. Jessica is realising many of the goals in her NDIS Plan. She just started a part-time job at the local animal shelter and is excited to soon go on a holiday for the first time without her parents. Jessica says she is happy with the level of support being offered to live her life and is enjoying her independence.

### Behaviours of concern

In recent months, Jessica experienced a number of near choking episodes on food. Some of these incidents occurred when staff were present, other times they only became aware after the incidents happened. During the last incident, support staff had just arrived, and Jessica was noted to be having difficulty breathing and in a distressed state. Support staff immediately called an ambulance. At a follow-up meeting with her speech pathologist it was recommended that Jessica modify her diet due to her chewing and swallowing difficulties. Now all of Jessica's meals are minced and moist.

Support staff have observed that Jessica is not always following this modified diet. When they try and discuss this with Jessica, she becomes upset, shouting and striking out at staff. These outbursts are uncharacteristic for Jessica. Staff are concerned that Jessica will choke when there is no one present to provide assistance.

A behaviour support practitioner was engaged using Jessica's NDIS funds to conduct a functional behaviour assessment and develop a behaviour support plan. The practitioner recommended the locking of pantry cupboards to ensure Jessica only eats suitable foods. This strategy, where only her support staff hold a key to the locked cupboards is a restrictive practice of environmental restraint. Jessica expressed that she was very upset about her earlier outbursts and these were affecting her relationships with her support staff. Jessica's medical practitioner also prescribed some medication to be administered on *as required* basis (PRN) to help Jessica to calm. Jessica

does not have a diagnosed mental health need so this strategy was a restrictive practice of chemical restraint. The behaviour support practitioner incorporated the chemical restraint strategy into the behaviour support plan. Jessica's implementing service provider has now made a Restrictive Practice Authorisation submission through the DCJ RPA System for approval to implement the restrictive practices of environmental restraint and chemical restraint.

### Considerations for the RPA panel members

The RPA panel comprised of a senior manager of the service provider as convener and a FACS independent specialist. Jessica's behaviour support practitioner was also available via phone to answer any questions regarding Jessica's behaviour support plan and the proposed restrictive practices.

Because Jessica lives semi-independently, there was less data and evidence in terms of logs, incident reports than the panel would normally expect. The provider had uploaded the functional assessment of behaviour, the behaviour support plan, hospital records, progress notes, medication charts, reports PRN protocol as well as a Jessica's personal one-page profile.

### Panel Decision

The RPA panel recommended that Jessica still have free access to healthy food options though were satisfied that the locking of some of the cupboards containing riskier food products was the least restrictive intrusive option while still managing risk.

After a long discussion the RPA panel did not believe there was evidence to support the use of medication and did not authorise the use of chemical restraint.

The RPA panel recommended that the behaviour support practitioner liaise with Jessica's speech pathologist and a social story be developed for Jessica so she could understand why some foods were no longer appropriate. With understanding, Jessica would be able to self-regulate with a view to fading the locks or the pantry cupboards.

*Have you got a real case example of where fading the use of a restrictive practice led to positive outcomes for a person you support? Let us know by emailing [RestrictivePracticesAuthorisation@facs.nsw.gov.au](mailto:RestrictivePracticesAuthorisation@facs.nsw.gov.au) and we can share your story through our newsletter!*

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## Spotlight On

### Christine Coates

*Clinical Director at Aurora Regional Services  
DCJ Independent Specialist*



### How did you get to where you are today?

I feel very privileged to say that I have been working within the Positive Behaviour Support space for over 15 years, and although it can be challenging at times, there is nothing more enjoyable than seeing the individuals and families that we support working towards their goals and achieving them.

I started by studying a Bachelor of Behavioural Science. I chose this course due to an interest in truly understanding the functions and reasons behind behaviour. I have found that using a functional behavioural analysis, evidence-based approach is something that really resonated with me, and that this was an area that I wanted to work in.

My first role was as a clinician in private practice on the Gold Coast working predominately with children with Disability and their families, predominately those with an Autism Spectrum Disorder and young people in the Out of Home Care space. This is where I honed my skills in developing and implementing evidence based Positive Behaviour Support plans and conducting functional behavioural assessments for people with a Disability and really found my passion for empowering individuals and families to have choice and control over the decisions that impact their daily lives, and to make lasting change.

Since then I have have continued to work in Disability Services and Out of Home care in senior management roles for organisations across Australia. I have been fortunate to meet some amazing mentors throughout my career who have shared their passion and knowledge and believe this is something that should be encouraged throughout the sector. I have managed clinical teams, chaired restrictive practice panels and provide supervisions for other specialists, and been involved in the organisational rollout and implementation NDIS Quality and Safeguard Commissions Positive Behaviour Support and Restrictive Practice Framework. I am now Clinical Director at Aurora Regional Services who provide supports to those in regional areas of NSW and DCJ Independent Specialist

based in the Central West.

## What do you see are the benefits of having a DCJ Independent Specialist participating on RPA Panels?

I'm a big believer in a best practice approach to restrictive practices that upholds the rights of every individual. The benefit of having an independent specialist on the RPA panel is that it allows people to engage with and learn from a range of professionals who have a wealth of industry knowledge and experience in the sector and this extra level of scrutiny can only work in the benefit of the participant.

## Do you have any advice for any providers and practitioners conducting or involved in RPA Panels?

Organisation is key!!! Set aside plenty of time to prepare and review documents in order to fully understand the participant and their level of need.

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## Test your knowledge!



Question 1. Diazepam is prescribed as a muscle relaxant after seizure activity. Would this be considered a chemical restraint?

Question 2. How many days' notice is required when requesting an Independent Specialist?

Question 3. Who must follow the FACS RPA policy and make sure restrictive practices are authorised?

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## Get in contact!



RPA News will be published monthly on the Department of Communities and Justice [Restrictive Practices Authorisation web page](#). If you would like to suggest a colleague or service to be included in *Spotlight On...* or *Provider in Focus*, or if you have any questions about restrictive practices authorisation or this newsletter, please email: [RestrictivePracticesAuthorisation@facs.nsw.gov.au](mailto:RestrictivePracticesAuthorisation@facs.nsw.gov.au).

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### Answers:

Question 1. *It would not be considered a chemical restraint* and therefore authorisation would not be required. The primary purpose for the prescribed Diazepam in this instance is to treat a medical condition. It has not been prescribed for the purpose of addressing behaviours of concern.

Question 2. An Independent Specialist must be requested at least *15 business days* before the RPA Panel date.

Question 3. *All NDIS Service providers* who implement restrictive practices must comply with the NSW RPA policy.

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Our mailing address is:

[RestrictivePracticesAuthorisation@facs.nsw.gov.au](mailto:RestrictivePracticesAuthorisation@facs.nsw.gov.au)

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