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## Restrictive Practices Authorisation (RPA) News

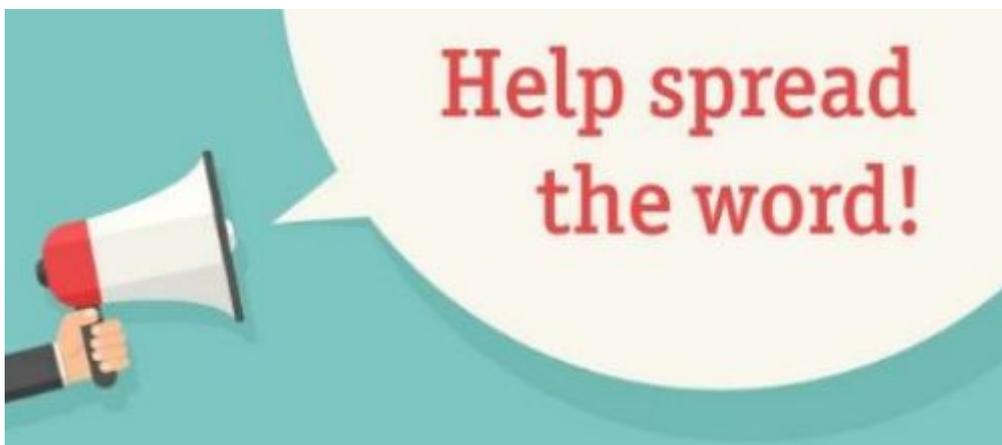
RPA Newsletter - March 2020

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### In this Issue

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

- [COVID-19 Resources](#)
  - [The RPA User Guide and video tutorials](#)
  - [Restrictive Practices information for families](#)
  - [Case Study - restrictive practices and the family home](#)
  - [Spotlight on: Jo Threlfo](#)
  - [Test Your Knowledge!](#)
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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.

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# 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](#)
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## RPA User Guide and video tutorials



The Central Restrictive Practices Team has launched a series of RPA System video tutorials. These short videos demonstrate how to use the NSW RPA System. This suite of tutorials complement the existing RPA System resources available on the NSW Restrictive Practices Authorisation web page.

These videos are available on the [User Guide tab](#) on the NSW Restrictive Practices Authorisation web page.

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## Restrictive Practices information for families

This brief information sheet will inform families on what they need to know when a NDIS

service provider needs to use a restrictive practice.

The information sheet includes topics such as the types of restrictive practices, using restrictive practices safely, consent, how to make a complaint and further links to resources.

- [Restrictive Practices Information for families](#)



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## Restrictive practices for children and young people who are NDIS participants living in the family home and receiving supports from NDIS providers

### Luca's story

Luca's family were increasingly concerned that aggressive incidents were becoming more serious and may lead to Luca being excluded from school, or socially isolated from the rest of the children. They knew they needed to do something.

Lucas' paediatrician prescribed medication to manage his behaviours of concern, which his parents will administer in the family home on a routine basis. Luca does not have a mental health diagnoses.

The family engaged a NDIS behaviour support practitioner (practitioner) using Luca's NDIS funds. Following a functional assessment of behaviour which identified the reason for the behaviour, the practitioner developed a Behaviour Support Plan (BSP) containing positive behaviour support strategies to minimise the occurrence of incidents and help Luca learn new skills to replace the behaviour. The BSP also incorporated the restrictive practice of

chemical restraint.

Because the BSP contains a regulated restrictive practice of chemical restraint, the practitioner is required to lodge Luca's BSP in the NDIS Quality and Safeguards Commission's portal. However, authorisation and reporting on the use of the practice is not required as the restrictive practice is being implemented by the family.

*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

Joanne Threlfo

*JPT Positive Partnerships*

*DCJ Independent Specialist*



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

When I reflect on how I ended up working in then disability sector I cannot help but think about my personal experience when I was young. I spent a lot of time as a toddler with my cousin who had a moderate intellectual disability and lived at home in the central west region of NSW in the early sixties. We referred to her as 'sub-normal' as was the language of that time. She died during her first respite stay in her mid 30's.

I believe this history led to my mother and I doing volunteer work after school with a severely disabled young girl in her family home, encouraging her to be active with the idea that hours of physical activity would 'cure' her. That was the seventies. So after graduating with a Bachelor of Arts Major in social sciences in 1985 I ventured of into welfare related work. I started in juvenile Justice. In my stint I was threatened with a pool cue when I asked for a young man to give another young offender a turn. I learnt very quickly about creative crisis communication to keep myself and the other young person safe. I decided JJ was too late to help young people and applied to work in a youth refuges. On a weekend shift I was threatened with a knife by a young person so he could collect his car thieving tools from the office – again crisis communication kept me safe. I then changed to disability services. Without the detail I worked in supported accommodation before joining the Special Programme Support Service at Wahroonga in 1989 behaviour team. I stayed in government disability clinical services, management, senior clinical roles etc till the our transfer from Ageing Disability and Home Care in 2017. As challenging behaviour is an expression of needs in the absence of other ways of communicating. I developed a strong interest in Augmentative Communication and

undertook some post graduate study in the school of linguistics at Macquarie Uni where I also completed my master of arts in 1995. Since 1989, I worked in behaviour intervention and senior clinical roles across all disability settings. From this I became an advocate for de-institutionalisation and positive behaviour support approaches that are effective. I still am. I've always remained passionate about human rights for people with disabilities and the role of behaviour clinician is the role where one can make a difference.

A highlight for me was being trained to be a trainer in Helen Anderson and Associates Person Centred Thinking project rolled out in Aging Disability and Homecare, which gave me more tools to work with in providing better lifestyle and outcomes for individuals. My other passion is to develop and mentor behaviour clinicians who started in direct care roles as I feel their experience equips them to develop very good working relationships with disability services and families as they can relate to the relevant issues and challenges in providing positive support.

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

The benefits of having the independent specialists participating on RPA panels is the educative role that they can provide. The selection criteria used for the recruitment of the specialists ensures a level of clinical knowledge and experience that promotes positive behaviour support across the RPA panels. It also provides 'independence' in that the clinician is separate from the organisation. This independence ensures the organisation is accountable and transparent in the practices they are implementing.

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

The advice I would provide to others sitting on or convening RPA panels is to recommend conditions that will lead to continuous improvement in the clinical support provided. RPA is not about ticking a box to say the assessment and behaviour support plan is completed. Its also about reviewing the evidence on implementation of the positive behaviour support strategies and the improvements gained. Data on skill development as well as data on frequency and severity is how the specialist can evaluate if the intervention is working. I have recently had to remind managers and clinicians on panels there is no use spending money on positive behaviour support plans if they are not implemented. So we as specialists need to ensure the services implement the plans and if they are not effective request a review from the clinician. I strive to be positive but also adamant that certain policy requirements are met.

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**Test your knowledge!**



Question 1. Who completes and releases the Outcome Summary in the NSW RPA System?

Question 2. Who can provide Interim RPA authorisation?

Question 3. The NSW Government is responsible for the \_\_\_\_\_ of restrictive practices.

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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

Q1. The Panel Convenor / Service Provider Manager is responsible for completing and releasing the Outcome Summary in the NSW RPA System.

Q2. Interim authorisation can be provided by a senior manager of the NDIS provider.

Q3. The NSW Government is responsible for the regulation of restrictive practices.

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Our mailing address is:

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

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