



Communities  
& Justice

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# Restrictive Practices Authorisation (RPA) News

RPA Newsletter - October 2019

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## In this Issue

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

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## The NSW RPA System: What's New



Earlier this month, Users were informed of the release of new upgrades to the RPA System. This continuous improvement of the RPA System is our commitment to adapt and evolve and to keep pace with User's needs. The upgrades that occurred include:

## Endorsing Behaviour Support Practitioner

The authoring Practitioner of the behaviour support plan attached to an RPA Submission or Review **must login to the system and click either the approve or decline button**. This provides the Practitioner the opportunity to ensure the behaviour support plan is up-to-date and allows them to ensure that the RPA Submission or Review reflects the plan. These buttons can be found at *Section 9: Endorsement of Behaviour Support Practitioner/Clinician*.

Accept Decline


**Notification emails** will be sent to Practitioners when the applicant clicks the **Save** button. If endorsement does not occur immediately, a follow up email will be sent three days after the first email, and then every two weeks thereafter. Similarly, the applicant will be advised via email when the Practitioner has endorsed the application.

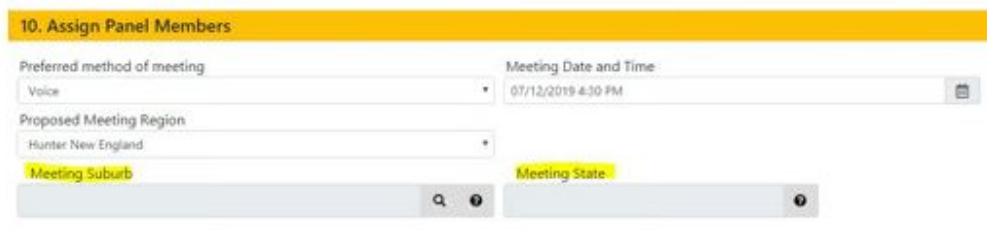
**The system will not allow the RPA application to progress until the Practitioner has clicked on the accept button in the form.** It is therefore important that all parties are registered in the RPA system.

If endorsement has not yet been provided to existing submissions, we strongly recommend Service Providers contact their endorsing Practitioners to ensure that they are aware of these changes.

For instructions on how to add a Practitioner account to the system, please refer to the [NSW RPA System User Guide - Part 1: Accessing the System](#).

## Panel Meeting Details

Panel meeting details in the RPA submission form now capture the **suburb** of where the proposed meeting is to be held. To add the suburb to the meeting details, click on the  icon. This will open a free text box where you can enter the suburb.



10. Assign Panel Members

Preferred method of meeting	Meeting Date and Time
Voice	07/12/2019 4:30 PM
Proposed Meeting Region	
Hunter New England	
Meeting Suburb	Meeting State

The following business rules have now been built into the RPA system in regards to booking a DCJ funded Independent Specialist:

- If the request for an Independent Specialist occurs less than **15 days before the scheduled panel meeting date**, applicants will not be able to self-select their own Independent Specialist from a drop down list in the system. Instead, the system will automatically tick the box next to *FACS to assign* and the Central Restrictive Practices Team will arrange an Independent Specialist for your RPA panel.

FACS to assign panel member

- Independent Specialists can only be booked for RPA panel meetings which occur during business hours, **9.00am to 5.00pm Monday through to Friday**.
- Independent Specialists can now set their **availability** in the System. This will be used to provide filtered lists of available Independent Specialists to applicants when they choose to select their own DCJ funded Independent Specialist in the system. This will be based on the scheduled panel meeting date.

November 2019

Mon	Tue	Wed	Thu	Fri	Sat	Sun
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

- For all assignments, **Independent Specialists must log into the system and click either the accept or decline button** when invited to an RPA panel meeting. They will have **24 hours to respond** before the system cancels the request. Where a request is cancelled or declined the Central Restrictive Practices Team will source and allocate an Independent Specialist to your panel.

## The Review Form

The review date for an authorised practice cannot be set beyond the expiration date of the RPA approval. As such, **reviews can now only be created on authorised practices where the expiry date has not passed.** The only exception to this is where a practice is not being re-authorised and is to be withdrawn/ceased. The RPA expiration date can be found in *Section 4: RPA Outcome Decision* in the Outcome Summary form.

In addition to the above, the review form will now include a list of all previous reviews which have been completed on the associated RPA with outcomes.



## Other Updates

The following additional updates have also been made to the RPA system:

- **Service Provider Branches:** The RPA system will now limit users from viewing and accessing information in the system that belongs to other branches within their service organisation they are not assigned to in their profile.
- **NDIS registration ID's:** The different NDIS registration ID's required when setting up a Practitioner account in the RPA system have been updated. This is in response to discussions with NDIS Quality & Safeguards Commission.
- **References to IPRP:** All reference to IPRP have been removed from the Interim RPA submission form. Where applicable, only a reportable incident ID is required.
- **Documentation:** The naming convention of documents required as a part of an RPA submission have been updated.
- **Panel Member Approval:** A disclaimer is now visible in *Section 8. Panel Member Approval* of the RPA with Outcomes and the Review form. This is to clarify responsibility and ensure the integrity of the RPA process.

### 8. Panel Member Approval

**Disclaimer:** The users acknowledge that there has been no conflict of interest in participating in the decision for this restrictive practice authorisation.

The Restrictive Practice Authorisation RPA System User Guides will be updated shortly. For further information and guidance on how to navigate the RPA system please refer to the RPA system *Quick Reference Guides* found under the *Help* menu in the RPA system. If you have any further questions please contact the Central Restrictive Practices Team at [RestrictivePracticesAuthorisation@facns.nsw.gov.au](mailto:RestrictivePracticesAuthorisation@facns.nsw.gov.au).

## Principles of Positive Behaviour Support (PBS)

The evidence from the research is clear: behaviours of concern and implementing restrictive practices can typically be reduced with positive behaviour support (PBS) strategies!

PBS supports people of all ages in all settings in reducing behaviours of concern by increase the person's quality of life, and decreasing behaviours that causes harm to the person or others that usually result in restrictive practices.

PBS focuses on understanding the purpose that the behaviour of concern is serving for the person within their environment. What's more, PBS focuses on identifying the person's strengths, areas for skill development, and making changes to the person's environment to help make communication and interaction easier for the person.

#### Remember to practice the seven 'Ps' of positive behaviour support:

- **Person-centred:** ensuring the person is always at the centre.
- **Partnership:** working closely with the person and their supporters to shape the process.
- **Planned:** creating a clear and positive Behaviour Support Plan (BSP) to ensure shared understandings and accountability.
- **Positive:** focusing on being preventative, not just reactive.
- **Purposeful:** using a Functional Assessment to know the reason for the behaviour.
- **Process driven:** following a process of identifying, assessing, planning, implementing, monitoring and evaluating data.

The main feature of positive behaviour support is the use of a **Behaviour Support Plan (BSP)** based on a **Functional Behavioural Assessment (FBA)** developed by a **Behaviour Support Practitioner**.

A Functional Assessment of behaviour (sometimes known as a 'Behaviour Assessment') is the process for determining the function or purpose behind a person's behaviour usually involves the collection of data (such as observations, file reviews and discussions between the Behaviour Support Practitioner and those who know the person well) to develop an understanding of the circumstances that contribute to the behaviour of concern.

The Functional Behaviour Assessment then informs the Positive Behaviour Support Plan so effective individualised strategies and replacement behaviours, in a way that reduces the occurrence and impact of those behaviours of concern, and the use of restrictive practices.

The Behaviour Support Plan and should contain:

- **Strategies to build on the person's strengths.**
- **Strategies to reduce the behaviour(s) of concern.**
- **Positive strategies to be used prior to using restrictive practice.**
- **Identification of regulated restrictive practices.**
- **A detailed summary/protocol for each proposed restricted practice.**
- **Evidence of the consultation process with others (including a person with knowledge of positive behaviour support) during the plan development.**
- **Strategies for monitoring and team responsibilities.**

*Reference: Positive Behaviour Support Plan Guideline, ACT Government, April 2019.*

For further information please refer to the [NSW Restrictive Practices Authorisation Policy](#) and the [NSW](#)





### **Behaviours of concern**

Phil is a 34 year old man who lives in an accommodation setting with two other residents. Phil has a diagnosis of moderate Intellectual Disability, Autism Spectrum Disorder, and Epilepsy. Phil currently has an approved restrictive practice of environmental restraint (locked doors) as he will leave the premises without support. Phil has no road safety awareness and has previously been hit by a car.

Phil has lived in his current environment for the last four years following a successful a successful transition from the family home. The residents in the home, including Phil, attend day programs. They all follow a regular routine on return from the day program where they are offered a drink and a snack on return and are encouraged to relax after a day of structured activities.

Staff have recently become concerned about Phil as he has started to become distressed when he returns to the home from his day program. Phil will run around the house, sometimes screaming. If staff or residents try to approach him, Phil will either strike himself in the face, grab the clothing of anyone who comes to close, or attempt to bite other people. These episodes of distress are increasing in frequency and duration. Staff fear for Phil's safety, as well as that of the other residents.

### **Proposed restrictive practices**

Phil's service provider has submitted a request to authorise the use of PRN chemical restraint (Diazepam) to help manage his behaviour when escalated. The RPA submission includes a one page profile on Phil, a behaviour assessment report and a current behaviour support plan. The behaviour support plan includes a clearly defined environmental restraint (locked doors) procedure. The RPA submission does not include a recent medical report, any protective behaviour training for the co-residents, or any fade-out strategies .

### **Considerations for the RPA panel members**

Key issues to be assessed by the RPA panel include:

- How frequently is Phil's behaviour escalating? Is there a correlation between Phil's attendance at his day program and his subsequent behaviour of concern? What is Phil's relationship and interaction like with his co-residents?
- What other strategies have been attempted to manage the behaviour of concern (physical aggression)?
- What training will staff receive in regards to the use of chemical restraint?  
Has a fade-out strategy been included in the behaviour support plan?

### Recommendations made by the RPA panel

In this instance, the RPA panel has not authorised the use of chemical restraint. This is because the supporting evidence is insufficient and does not explore less restrictive alternatives. The RPA panel has made the following recommendations to the service provider in order to explore less restrictive alternatives to reduce the immediate risk of harm and enable work on longer term strategies:

- A functional analysis of Phil's behaviour and a medical review are to be undertaken to investigate why Phil is demonstrating physical aggression and signs of distress.
- An updated behaviour support plan is to be submitted to include any recommendations from the functional assessment and medical review, as well as fade-out strategies.
- Explore less restrictive strategies to manage the behaviour of concern for Phil, such as redirecting his attention or holding his arms when he uses aggression towards staff or co-residents (authorisation would still be required to use this restrictive practice).
- Skill development for Phil in recognising his anxiety and managing this more appropriately.
- Skill development for both the staff and co-residents with respect to identifying the characteristics of when Phil is escalating.

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## The RPA System: A training environment for all users

### NSW (FACS) Restrictive Practices Authorisation System Training Environment

Did you know that there is an [RPA System Training Environment](#) available on the RPA web page for all users to become familiar and experience the features and functionalities of the RPA system. The training environment mimics the live RPA System and allows all users to create practice submissions using all profile types within the system.

When using the Training Environment it is important to **make sure you are not logged into the live RPA system**. You can do this by looking for the yellow **training** icon in the top right hand corner of the webpage.

## Training Environment

The RPA System Training Environment allows you to experience the features and functionalities of the RPA System.

To [access](#) the RPA System Training Environment please [click here](#).

For the [login](#) details for the RPA System Training Environment please [click here](#).

We strongly encourage all users to use this training environment to become familiar with the NSW RPA System, particularly in light of the recent updates made. If you have any questions please contact the Central Restrictive Practices Team at [RestrictivePracticesAuthorisation@fac.s.nsw.gov.au](mailto:RestrictivePracticesAuthorisation@fac.s.nsw.gov.au).

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## Save the Date! Upcoming RPA Information Sessions



The Department of Communities and Justice has been hosting a series of information sessions in regional NSW.

Focusing on Restrictive Practices Authorisation in NSW these sessions provide an overview of requirements and processes in NSW, including case studies and scenarios which highlight good practice.

If you would like to attend, places are still available at the following session:

- [Albury: 7 November 2019, 10.00 am to 1.00 pm](#)

For further information please go to the [Information Sessions tab](#) on the Restrictive Practices Authorisation web page. Here you will find a link to Eventbrite where you can register your attendance.

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## Spotlight on...

[Dr Mark Clayton](#)

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

I began my professional career as a mature age student through a Dip Teach (Primary) and Bachelor of Education pathway with a specialisation in Special Education (1977-1980) after Jackerooing for 3 years. I commenced teaching children with visual impairments in 1981 working as a classroom teacher where I learned braille (English, Maths, Science and Music code). I won a scholarship to study Special Education at Master's level at Macquarie University in 1984, which at that stage was regarded as the model for teacher training in Special Education. In my final year I worked as a visiting teacher supporting students with visual impairments in regular classrooms. During my Masters training I worked in two specialised model sites (North Rocks Deaf and Blind and Gladesville Hospital) and began my work in, and love for, a behaviour analytic model. This developed my passion to work with complex students and I became a teacher consultant with the NSW Department of School Education for children with severe intellectual disability who were institutionalised. A large part of this role was to firstly locate children who were in institutions and then, where possible, help the institution to develop teaching and learning programs. An important goal of this work was to try and get these young people into school-settings and the work primarily focused upon Stockton, Gladesville, Bambi Nursing Home, The Hall for Children, Bloomfield Hospital, and Morisset Hospital.

I won a Harkness Fellowship to study Special Education at Doctoral level at the University of Illinois (Champaign-Urbana) in 1989. The program was extraordinary and I was working with some of the best researchers in the world in behaviour analysis and supporting people with severe intellectual; disabilities. After completing my Ph.D in 1992 I returned to Australia and started working as Principal of Glenfield Park Special School, a school for children with mild intellectual disability and behaviour disorder. I was seconded to work in an advisory role for two Ministers of Education Dr Terry Metherall and later Mrs Virginia Chadwick where I had an opportunity to shape policy and practice in Special Education and try and swing the balance for a more inclusive educational model.

Following these secondments, I was appointed Lecturer in Special Education at The Macquarie University Special Education Centre where I coordinated post graduate studies in Special Education and taught classes in Instructional Design and Behaviour Problems. I left the university to take up several principalships over the years in Special Schools (Alice Betteridge, Sylvanvale and Giant Steps) before moving into a clinical behaviour role with Autism Spectrum Australia. I established the Aspect Behaviour Support program, and with a colleague, established a model program for adolescents with autism with complex needs and challenging behaviour operating in western Sydney and Recipe for Success, a parent training program which was later used as a model for a national parent training model.

I was appointed as Director of Adults and Behaviour and after several years left to commence work with Sunnyfield where I held senior roles in Strategy, Shared Living, and NDIS Transition which included managing the clinical team. I resigned to semi-retire and start Behaviour Change Consulting.

I feel as though I have come full circle as I am now back where my passion has always been which is working with and for people with complex behaviours and the people caring and supporting them. My training and career have really helped shaped who I am, and most of the time, I am always guided by good data and the behaviour analytic model.

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

The main benefits are a new set of eyes and importantly a level of objectivity about the process as it is applied to an individual. Largely, I see my role as being educative, inquisitive and reinforcing. I am always pleased to see the type and level of work that is being undertaken and I am always pleased to see well written behaviour support plans. Some Behaviour Support Plans are not well written, so part of the role of the is to provide feedback on things that need improving or need more consideration.

**Do you have any advice for any providers and practitioners conducting or involved in RPA panels?** Preparation is the key to a good panel meeting. Making sure that all the documentation has been collated and has been read by those participating, ensuring that key personnel are available to address an individual client profile and answer specific questions and ensuring that good minutes are taken. It makes the process work smoothly if the convenor is able to enter directly into the C&J RP Portal so that the outcomes or review can be approved as soon as possible.

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## **Test your knowledge!**



**Question 1.** Can you use the review function in the NSW RPA System to re-approve an existing restrictive practice when the when the RPA expiry date has passed?

**Question 2.** What button do you need to click in the NSW RPA System to send a notification to the endorsing practitioner and panel members?

**Question 3.** If you are opting to use a DCJ funded Independent Specialist and your RPA panel is within 15 days of making the request, what will the NSW RPA System do?

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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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### Test Your Knowledge Answers

**Question 1.** No, the review function in the NSW RPA System cannot be used to re-authorise a restrictive practice where the expiry date on the *original* authorised restrictive practice has expired. This expiry date can be found in the Outcome Summary. If you need to re-authorise a practice which has expired, you must create a new submission.

**Question 2.** You need to click the 'Save' button on the RPA Submission Form and the Review Form in order to send a notification via the NSW RPA System to the endorsing Practitioner and/or the panel members.

**Question 3.** Where an RPA Panel meeting date is set to occur within 15 days of allocating a DCJ funded Independent Specialist onto your panel in the NSW RPA System, the System will automatically tick the box next to *FACS to assign*. This will send a notification to the Central Restrictive Practices Team who will allocate the most suitable Independent Specialist to your panel. You cannot choose an Independent Specialist from the drop-down list when your panel is due to occur in 15 days or less.

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Our mailing address is:

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

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