



Communities
& Justice

Restrictive Practices Authorisation (RPA) News

RPA Newsletter - June 2020

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Welcome to our June 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 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:

- **New Resource:** [*COVID-19 webinar for General Practitioners*](#). The discussion for this webinar was around the impact of COVID-19 on people with a disability and how to keep them safe as restrictions are eased.
- [*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*](#)

Extension of the NSW interim authorisation model



Under the Bilateral Agreement between the Commonwealth and State/Territories, the NSW Government is responsible for the regulation of restrictive practices in relation to NSW participants in the National Disability Insurance Scheme (NDIS) and NSW NDIS providers.

NSW currently has an interim approach to authorising restrictive practices, which started on 1 July 2018 with the full-scheme NDIS. The interim approach was due to end on 30 June 2020. An interim approach was implemented to allow for a public consultation process to design the way authorisation will occur in the longer term.

The consultation process occurred across July and August of 2019. The process focused only on how the use of restrictive practices should be authorised in NSW.

The key themes and findings from the consultation have been synthesised and are contained in a report that will soon be released to the sector. To allow for further consultation and planning with the sector

around the transition to the new model, the current interim model in NSW will be extended until early 2021.

Further communication will occur in August 2020 with regards to the longer term model.



High demand for RPA Independent Specialists!

There has been a continued upward trend in requests for DCJ funded Independent Specialists.

In June 2020 alone, 88% of all RPA panels that operated across NSW included a DCJ Independent Specialist!

	Overall Statewide	Within Metro	Within Regional
Total RPA Panel meetings with a DCJ Independent Specialist	63%	58%	69%
Total Panel meetings without a DCJ Independent Specialists	37%	42%	31%

**From Dec 2018 - May 2020

Open tender to increase the register of DCJ Independent Specialists

DCJ will soon conduct an open tender to increase our register of DCJ Independent Specialists.

The tender will open on the NSW Government eTending website during July <https://www.tenders.nsw.gov.au/> so keep an eye out.

Authorisation concerns arising from a CRPT quality audit of RPA Submissions and Outcome Summaries

The CRPT recently conducted an audit on the quality of the Outcome Summaries and the panel's decision (s), to ensure appropriate alignment with NSW policy.



Overall, the findings were encouraging however some issues were identified:

- Authorisation timeframes, eg a provider's RPA panel gave interim authorisation for 6 months, not five.
- The absence of supporting information in the submission, eg no functional behaviour assessment as either a standalone document or embedded in the BSP, but the panel still authorised the practice for 12 months.
- The absence of a behaviour support plan. A panel authorised a practice in the absence of a BSP. A condition of authorisation should never be to develop a BSP.
- Bundling of restrictive practices into the one proposed practice within the submission, e.g two environmental restraint practices involving locking of doors and locking away of TV remote were bundled into the one proposed practice rather than being separated into two practices (section 6) within the submission. These two environmental restraints are clearly different practices and should have included two separate Proposed Practice sections within the submission, resulting in two Outcome Summaries.
- Periods of authorisation extended beyond the validity date of the BSP.
- Submissions progressed to a panel when the insufficient supporting documentation. This should have excluded them for consideration at that point in time. The submissions were clearly not ready to go to panel.

Also it is imperative that where administration staff are delegated to complete submissions or write up outcome summaries in the RPA System, they understand the context and the completed work is reviewed by a manager or clinician. If this support is required for a panel convenor, then the panel convenor should check the information being entered in the RPA System. There has been an identified quality issue where this task is being delegated.



Changes in the DCJ Central Restrictive Practices Team

With the step-down of disability services in DCJ, some staff in our Central Restrictive Practices Team have moved on, while others have joined.

The team remains committed to providing support to the sector in NSW in all areas of restrictive practice authorisation!



Separating RPA Submissions

Sarah is an NDIS participant who shares a home with four other residents. When Sarah makes a snack, she takes food from the fridge which does not belong to her; this happens several times per week. While each housemate labels their food Sarah will take the items anyway; this causes some concern among her housemates.

Sarah's key workers spoke to her about the possibility of buying a separate fridge. Sarah has minimal money so buying a separate fridge would take at least six months. In the meantime, however, a lock would be put on the main fridge in the kitchen and Sarah would not be able to access the food items without staff supervision. This is a restrictive practice of environmental restraint.

Sarah enjoys cooking and uses the kitchen utensils and appliances to make a great array of meals and snacks; she is able to do this independently. One day when Sarah was upset in the kitchen she waved a sharp knife around in a dangerous manner; this was the first time she had done this. When asked about the incident, Sarah said she was just only kidding. To keep everyone safe the kitchen drawer containing the sharp knives is

now locked; this is also the restrictive practice of environmental restraint.

An NDIS behaviour support practitioner was sought to help Sarah and her support team look at better ways for Sarah to go about her daily routines and eliminate the need to lock the fridge and the kitchen drawer. After reviewing the incidents, the staff team and behaviour support practitioner agreed Sarah's incident with the knife was a one-off incident and is uncharacteristic of her. To support this, the behaviour support practitioner did a risk assessment which gave evidence suggesting this was a one-off incident.

When the service provider applied for restrictive practices authorisation (RPA) they created two separate RPA Submissions for environmental restraint in the NSW RPA System. One Submission was made for the locked fridge and another for the locked cupboard. These two environmental restraints were clearly different practices and needed to involve two separate Proposed Practice sections within the NSW RPA System submission (section 6), resulting in two Outcome Summaries.

Sarah was subject to two restrictive practices of environmental restraint and the data in the RPA System shows this. This had to be done as two separate submissions because there were different reasons for why Sarah has these restrictions. Equally important, two separate submissions means Sarah can have each one faded at separate times. Since the locked drawer was assessed as a 'low-risk' there were better opportunities for the support staff to implement strategies that would allow for the drawer to be left unlocked. This could also be better demonstrated in the RPA system that the service was fading out one of the restrictions.

In the above, if the two were 'bundled' as one submission for environmental restraint, the service would have a much harder time showing in the RPA system that they were taking steps to fade out the restrictions because the locked fridge would take much longer to fade out than the locked drawer.



Spotlight On

Stephen Groombridge

Clinical Specialist

CatholicCare Hunter Manning

DCJ Independent Specialist

I have been working in the disability, mental health and OOHHC/PSP sectors for a number of years and undertaken a number of roles and functions. This commenced working at Stockton Centre as a Registered Nurse which then led to an appointment as Clinical Nurse Specialist in Behaviour Support. I transitioned from the government sector a few years later and have worked within the NGO sector ever since.

My roles have mainly focused on the provision of behaviour support services, the development of systems and processes, delivering sector wide training and supporting numerous service system reforms and changes. I have established numerous organisational clinical service platforms, built information management systems and established clinical governance frameworks and systems. I had a primary lead role establishing the first 'headspace' youth mental health service in the Hunter and undertaken various advisory roles with government across most human service sectors. During this period, I also completed a post graduate Masters degree and subsequently had an awesome time presenting at a number of state, national and international conferences both here in Australia as well as overseas.

I have enjoyed the collegiality, professionalism and unyielding commitment to many individuals and teams working within the sector. I have been inspired by the work of people like Burton Blatt/Fred Kaplan e.g. Christmas in Purgatory), Gary LaVigna, Tom Willis and Anne Donnellan (IABA), Dick Sobsey (Abuse and Neglect) and more recently the work being undertaken in the neurosequential trauma field e.g. Bruce Perry.

The field of disability and mental health never cease to amaze me. Emerging innovation in practice, better governance, and the use of 21st century technology is helping people achieve outcomes that perhaps were never even thought to be achievable in the past.

Part of this is the role of DCJ Independent Specialist. I see this role as tremendous opportunity to further enhance the sectors knowledge and understanding of the disability and mental health service sectors as well as ensuring the protection of people's inherent human rights. It is also an opportunity to canvas new innovative approaches that agencies are undertaking to support behaviour change and enhance the opportunity for people with disabilities to achieve their goals for a meaningful and rewarding life.

My number 1 tip for anyone involved with a panel is perhaps best captured in the following quote:

'By failing to prepare, you are preparing to fail'.



Test your knowledge!

Question 1: Are behaviour support plans that do not contain a restrictive provided to the NDIS Quality and Safeguards Commission?

Question 2: Who can provide consent for the the restrictive practice of seclusion for children and young people under 18 years?

Question 3: What does PRN mean?



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@fac.s.nsw.gov.au

Test Your Knowledge Answers

Question 1: No, only behaviour behaviour support plans that contain a restrictive practice are required to

be provided to the NDIS Quality and Safeguards Commission.

Question 2: The use of seclusion for a child or young person under 18 years is a prohibited practice. Consent cannot be obtained.

Question 3: PRN is a an abbreviation of the Latin term 'Pro re nata' meaning 'as required'.

Our mailing address is:

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