



Restrictive Practices Authorisation (RPA) News

RPA Newsletter - April 2019

In this Issue

Welcome to our third issue of the RPA Newsletter! We hope you all had an excellent Easter. In this issue we will be discussing:

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RPA Policy & Procedural Guide Updates

A number of updates to the *NSW Restrictive Practices Authorisation Policy* and the *NSW Restrictive Practices Authorisation Procedural Guide* are currently under consideration.

Many of these updates have been identified as a result of providers, practitioners and stakeholders seeking clarification. Updates being considered include:

[Supported Decision Making](#)

Greater emphasis on the need for participant engagement and inclusion across elements in the RPA Panel and the authorisation process.

Therapeutic or Safety Devices

Language is being aligned more closely with the definitions of restrictive practices from both the *NDIS Restrictive Practices and Behaviour Support Rules* (Section 6) and the *Restrictive Practices Authorisation Policy* (Section 3.1).

RPA Panel Membership Roles

Further clarification regarding what would be considered an appropriately constituted Panel.

Cessation of Practice

The inclusion of the important aspect of 'ceasing' the use of a restrictive practice which is no longer required.

To read the current *NSW Restrictive Practices Authorisation Policy* and the *NSW Restrictive Practices Authorisation Procedural Guide* please visit the [FACS Restrictive Practices Authorisation Portal](#).



2019 NDS NDIS Provider Forums

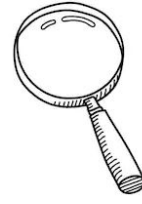
The FACS Central Restrictive Practices Team will be presenting at the **2019 NDS NDIS Provider Forums** across late April to May.

The forums are relevant to service delivery under the NDIS and will include the following:

- The NDIA will provide an update on developments in the complex care pathway, market information and update around pricing;
- Quality and Safeguarding under the NDIS, including the changes in how restrictive practices are authorised in NSW;
- The NDS will provide an update on the latest policy developments in NSW and nationally, as well as a round-up of all of the resources and supports available to NDS providers.

The forum is a free event but registration is essential. For event details and to register your attendance please [click here](#).

The FACS Central Restrictive Practices Team looks forward to meeting you and discussing topical aspects of restrictive practice authorisation.



RPA Reviews versus Re-Authorisation: What's the Difference?

What is a review?

A review of a restrictive practice authorisation is required when a RPA Panel decides to monitor the progress of the implementation and/or the enacting of their recommendations. The review of a submission can occur at any time within the authorisation period, once or according to a schedule of multiple reviews. While often requested by a Panel, it can also be requested by those implementing the practice.

The review process ensures that the recommendations made by RPA Panels are being progressed by service providers as a part of their commitment to the reduction and elimination of restrictive practices. It also provides the opportunity for service providers to provide feedback to the Panel in regards to any constraints they are facing or any improvements gained by enacting these recommendations.

There are many situations within a submission which could require a review. For example an environmental restraint strategy (locked pantry doors) may receive 12 months authorisation however the panel wishes to be updated after 6 months with regard to the progress of attempts to fade the use of the locked pantry.

A panel may request a schedule of reviews within the authorisation period e.g. seclusion is authorised for 6 months and the panel wishes to be updated every 2 months to monitor the effectiveness and impact of the strategy for the person and those implementing the practice.

It is important to remember that a review is not a re-authorisation, or renewal of authorisation which is about to expire. As such, the date of review and the date of expiry should not be the same. These dates should also not occur within a short time frame of each other. When setting a review date, consideration to the expiry of the authorisation should be given to allow time for service providers to action recommendations and collect data, and to avoid the duplication of information when submitting for re-authorisation.

For instructions on how to create a review within the NSW (FACS) RPA System please see Chapter 10 in the [NSW \(FACS\) RPA System User Guide](#).

What is re-authorisation?

Re-authorisation is required where the person has an existing restrictive practice in place which is authorised, however it is due to expire or has expired.

When seeking a re-authorisation for an existing restrictive practice within the System a new RPA Submission must be created. This ensures that information and documents supporting submissions for re-authorisation are updated on at least an annual basis. This is in line with the *NDIS Restrictive Practices and Behaviour Support Rules 2018* requirement of behaviour support plans being reviewed every 12 months.

When a new RPA submission is created the form will pre-populate with all historical submissions that have been completed within the System. Service providers and the Panel can refer to this when completing new submissions.

For instructions on how to create a new RPA Submission within the NSW (FACS) RPA System please see Chapter 4 in the [NSW \(FACS\) RPA System User Guide](#).

If a restrictive practice is being implemented where the authorisation has expired, it is considered to be a reportable incident and providers are obliged to notify the NDIS Commission Reportable Incident Team. To notify the NDIS Commission Reportable Incident Team please email them at reportableincidents@ndiscommission.gov.au.

If you have any further questions about reviews versus re-authorisations, please email the FACS Central Restrictive Practices Team at RestrictivePracticesAuthorisation@facs.nsw.gov.au.

NSW (FACS) RPA System Updates

Recent key updates which have been made to the NSW (FACS) RPA System (the System) include:

Reports	A suite of reports can now be generated and exported from the System. These reports will assist service providers to further analyse data and will assist service providers in generating specific itimised reports based on a selected criteria.
Dashboard: New Filters	Users can now filter for Submission Status and Outcome Status on the Dashboard. These filters will allow the user to drill down and filter charts and tables across the Dashboard and provide a more precise view of RPA Submissions and Outcomes.
Dashboard: Printing	Users can now export, print and share the Dashboard as a PDF file.

Quality Review of the NSW (FACS) RPA System

The FACS Central restrictive Practices Team have recently reviewed the quality of the information which is being entered into the NSW (FACS) RPA System.

During this review, we have observed key fields under sections **5: Summary of Targeted Behaviour of Concern** and **6: Summary of Proposed Restrictive Practices** in the RPA Submission form have been populated with symbols or references to the attachments above such as the Behaviour Support Plan. Examples found include full stops, question marks, "Refer to BSP", and "See attachments".

5. Summary of Targeted Behaviour of Concern					
Behaviour of Concern	Background	Impact on Quality of Life	Identified Issues/Risk	Action	
No data available in table					

6. Summary of Proposed Restrictive Practices				
Service Settings	Behaviour of Concern	Restricted Practice Category	Action	
No data available in table				

To ensure the integrity of the System all information entered must be meaningful and structured so users, such as Panel Members, can easily access accurate information in a timely manner which is participant focused and will assist in improved decision making.

Information about using the NSW (FACS) RPA System RPA requirements can be found in the [NSW Restrictive Practice Authorisation Policy](#), the [NSW Restrictive Practice Authorisation Procedural Guide](#), and the [NSW \(FACS\) RPA System User Guide](#).

If you have any further questions please contact the Central Restrictive Practices Team at RestrictivePracticesAuthorisation@facs.nsw.gov.au.

Case Study

From time to time the FACS Central Restrictive Practices Team will be including case studies in the Restrictive Practices Authorisation (RPA) News. These case studies are designed to provide insight into the decision making processes around restrictive practice authorisation.

Behaviours of concern:

Ben is a 50 year old male who lives in a group home. He has moderate intellectual disability, sees a psychiatrist for anxiety and agitation however no mental health diagnosis has been recorded. He is currently on routine psychotropic medication and has PRN administered when 'agitated'.

Ben has been involved in some conflicts with two other residents three years ago. These involved physical and verbal aggression. One of these incidences involved Ben grabbing a kitchen knife and chasing another resident. No harm occurred, however the other resident's parent reported the incident to the police and an AVO ensured. The Service Provider is unsure if the AVO is still in place. Ben's initial behaviour support plan was developed three years ago.

Proposed Restrictive Practices:

Ben's service provider has submitted a restrictive practice authorisation form through the NSW (FACS) RPA System for environmental restraint (locking away knives). No submission has been made for the use of chemical restraint.

Decision making process by RPA Panel:

Key issues which would be assessed by the RPA panel members include:

- Is the practice of locking knives away still required considering the incident described occurred three years ago? What contributed to this behaviour at the time of the

incident? What behavioural assessments have occurred over this time period to warrant the continuation or fade-out of the environmental restraint?

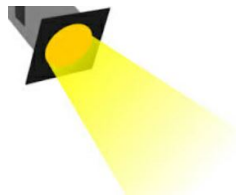
- If Ben is being administered routine psychotropic medication and PRN why hasn't a chemical restraint submission been made? Is there a current medical report available?
- Is the prior AVO between residents still current? If it is what measures are in place at the supported accommodation to enact the AVO? Do these measures require restrictive practice authorisation?
- Has the behavioural support plan been regularly revised or is there a more recent version?
- Has a fade-out of the environmental restraint been attempted?

Recommendations made by the RPA Panel:

In this instance, the RPA panel has provided conditional approval for six months for the submission of environmental restraint (locking of knives). The Panel has requested the following be implemented before the review of the submission which has been set to occur in four months.

- A functional behavioural assessment is to be conducted.
- The behavioural support plan is to be updated.
- Submission for chemical restraint is required.
- Options must be explored to fade-out the use of the environmental restraint.

Spotlight on...



Jason Dehlyia

*Clinical Advisor, Kirinari Community Services
FACS Independent Specialist*



How did you get to where you are today?

My introduction to the disability sector was 'unintentional', with the purpose of being employed for a short period of time. This decision was made over 20 years ago and I am now currently in the role of Clinical Advisor with Kirinari Community Services. During this time I have been exposed to a vast array of experiences, opportunities, and interactions which have affirmed why I work in this sector.

My mother gave me the idea to begin working in a direct support role in supported accommodation with Ageing, Disability and Home Care (ADHC). Working in supported

accommodation provided an opportunity in one of the many ways that support to people with an intellectual disability is delivered. I found working in the 'behaviour' space enjoyable and rewarding. Subconsciously, it also provided an understanding of 'behaviour support' from the point of the implementer, and the term 'restrictive practices'.

After completing a Bachelor of Social Science I went into the role of Case Manager. Case management was not an idea I had considered, neither was leaving direct support work. For this I have to acknowledge my family for the motivation to act on this change. In 2007, following a brief experience of case management, I had the opportunity to move into the Behaviour Support Practitioner role, and subsequently the Regional Behaviour Intervention Team in Western New South Wales, continuing with the theme of ADHC. The opportunity to develop and deliver positive behaviour support both from a local level and regional level has a number of rewards, especially when change is noted. The role of Regional Behaviour Support Specialist provided further opportunity to be involved in a number of projects aimed at capacity building. This has given me experience with restrictive practices mechanism in different areas of support. This has included the direct implementation of restrictive practices, their submission, participating on the restrictive practices authorisation panel. This in turn has aided my role of FACS Independent Specialist.

In 2016, I was offered the opportunity to work with Kirinari Community Services in the role of Clinical Advisor and more recently as a FACS Independent Specialist. The role of Clinical Advisor is a diverse and exciting role in the area of behaviour support, providing significant opportunity to promote positive behaviour change. This role has included the facilitation of restrictive practice panels, mentoring and practice support, systems enhancement and development. It has also given me the opportunity to experience the implementation of the NDIS from an NGO involvement. In 2018, I graduated with a Masters of Forensic Mental Health. This has contributed to my role as Clinical Advisor.

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

There are undoubtedly a number of benefits and criteria of the FACS Independent Specialists. For me, this includes the opportunity to share experiences and promote an understanding of restrictive practices. Benefits of the FACS Independent Specialist role include creating the opportunity to support the efforts of organisations and their support of those customers. This is especially when some service providers are not necessarily large by comparison to others, and do not have the historical experience from frequent attendance at restrictive practices panels. The FACS Independent Specialist provides this connection.



Test Your Knowledge!

1. What is the maximum amount of time an RPA Panel can authorise a planned RPA submission for?
 2. Diazepam is prescribed as a muscle relaxant after seizure activity. Would this be considered a chemical restraint?
 3. How many days' notice is required when requesting a FACS Independent Specialist?
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Did You Know?

The first of two video resources about Restrictive Practice Authorisation in NSW have now been released! The first video provides a brief overview of RPA in NSW including:

- How the RPA policy changes impact NDIS Service Providers.
- What is considered a restrictive practice.
- What to do when a Behaviour of Concern is identified.
- An overview of the RPA Panel requirements and processes.
- Lodging RPA submissions in the NSW (FACS) RPA System.
- Interim authorisation requirements.

Click [here](#) to view the video.



Get in Contact!

RPA News will be published monthly on the [FACS RPA webpage](#). If you would like to suggest a colleague or service to be included in *Spotlight On...*, or if you have any questions about restrictive practices authorisation or this newsletter, please email:

RestrictivePracticesAuthorisation@facs.nsw.gov.au.

Answers

Q1. A planned RPA submission can be authorised for a maximum of 12 months by an RPA Panel.

Q2. In this specific example, this would not be considered a chemical restraint and therefore authorisation would not be required. This is because the primary purpose for the prescription of Diazepam in this instance is to treat a physical illness. It has not been prescribed for the purpose of addressing behaviours of concern.

Q3. A FACS Independent Specialist must be requested at least 15 business days before the RPA Panel date.

Our mailing address is:

RestrictivePracticesAuthorisation@facs.nsw.gov.au

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