



Communities
& Justice

Restrictive Practices Authorisation (RPA) News

RPA Newsletter - September 2019

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

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Open Tender: Independent Specialists



The Department of Communities and Justice have recently opened a tender to source further Independent Specialists. To find out more information and to apply please [click here](#).

Applications close 3 October 2019 at 2.00pm

If you have any questions please contact the Central Restrictive Practices Team at RPAIndependentSpecialists@fac.s.nsw.gov.au.

Withdrawing an RPA Submission vs Ceasing an Authorised Restrictive Practice

Withdrawing an RPA submission in the NSW RPA System

What does withdrawing an RPA submission in the System do?



Withdrawing an RPA submission in the System is similar to deleting a document on your computer. Once the *withdrawn* button is clicked, while you are still able to view the withdrawn RPA submission in the System, you will not be able to use that form again.

Why would I need to withdraw an RPA submission?

You may need to do this because:

- There was an error in the RPA submission form, or
- The RPA submission was created by mistake.

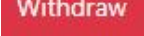
When can I withdraw an RPA submission in the System?

An RPA submission can be withdrawn either:

- before the submission form has been released, or
- before the RPA with Outcomes (Summary) has been completed.

You **cannot** withdraw an RPA submission once the submission has been assessed by an RPA panel.

How do I withdraw an RPA submission in the System?

To withdraw an RPA submission form in the System you need to click on the  button. This button can be found at the bottom of both the RPA submission form and the RPA with Outcomes form. When the *withdraw* button is clicked, the System will confirm that the submission is to be withdrawn and ask you to provide a reason for the withdrawal.

For further detailed instructions on how to withdraw an RPA Submission from the System please refer to the:

- [NSW Restrictive Practices Authorisation System User Guide Part 2: Submitting an Application](#);
- [NSW Restrictive Practices Authorisation System User Guide Part 3: Endorsement and Assigning Panel Members](#); and

- *NSW Restrictive Practices Authorisation System User Guide Part 4: Recording Outcomes and Decisions.*

Ceasing an authorised restrictive practice in the NSW RPA System

Why would I cease a restrictive practice instead of withdrawing the RPA submission in the System?



Where an authorised restrictive practice is no longer required, the practice should be **ceased** by creating a **review** within the System. You may need to do this because:

- the person is deceased
- the restrictive practice has been eliminated (practice is no longer required)
- the goals have been achieved
- the restrictive practice has been superseded
- the person has exited the service
- there has been a change in the service setting.

How do I cease a restrictive practice in the System?

The implementing service provider can cease a restrictive practice through the **review function** in the System. Once the review has been created a properly constituted RPA panel must be held. The panel must unanimously agree that the practice is no longer required. The Senior Manager can then cease the practice within the System.

To cease the practice, the Senior Manager must complete the following in **Section 7: RPA Review Decision** of the review form:

- **Decision:** Select *Withdrawn* from the drop down menu.
- **Decision Date:** Record the date the RPA panel made their decision
- **Reason for Decision:** Record why the RPA panel made that particular decision.
- **Withdraw Reason:** Select the most appropriate reason for withdraw from the drop down menu.
- **Review Not Required?** Tick the box next to this. You do not need to record a *Next Review Date*.

For further detailed instructions on how to create a review please refer to the [NSW](#)

Save the Date! Upcoming RPA Information Sessions



The Department of Communities and Justice will be hosting a series of information sessions in regional NSW.

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

These sessions will be held at the following locations and dates:

- **Tweed Heads: 22 October 2019, 10.30 am to 1.30 pm**
- **Dubbo: 30 October 2019, 10.00 am to 1.00 pm**
- **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.

New Resources



The RPA Temperature Check Survey Results

The findings of the Temperature Check survey are now available on the Restrictive Practices Authorisation web page!

Exploring the disability sectors' view on how the Department of Communities and Justice can improve restrictive practice authorisation decisions, these findings examine both the feedback we received from the disability sector and the actions the Department of Communities and Justice will take in response to this. Areas covered include:

- The RPA Policy
- The NSW RPA System
- Independent Specialists and RPA Panels

- Resources

To read the full document go to the [Restrictive Practices Authorisation web page](#).

NDIS Quality and Safeguards Commission: Provider Information Sessions 2019 Q&A

The NDIS Quality and Safeguards Commission (NDIS Commission) recently released a Behaviour Support Q&A Compendium. In June 2019 the NDIS Commission held a series of information sessions for NDIS providers across Australia. This Compendium contains the most common questions and answers from these sessions.

To access the Compendium please [click here](#).

Top Tips: Using the NSW RPA System



How do I reflect that consent has been waived for the use of environmental restraint?

The *NSW Restrictive Practices Authorisation Policy* states that under certain circumstances, the requirement for consent can be waived for the use of **environmental restraint**. So how do you reflect this decision in the NSW RPA System?

When completing **Section 7: Evidence of Formal Consent** in the RPA with Outcomes form in the System, the Senior Manager will need to enter the following information:

- **Person Responsible:** Enter the details of the Service Provider Manager.
- **Consent Capacity:** Select *Other* from the drop down menu.
- **Consent Date:** This date should be the same date as the RPA panel meeting date recorded above in *Section 4: RPA Outcome Decision* of the same form.
- **Description:** Record the reason the requirement for consent has been waived. Provide as much detail as possible.
- **Consent Document:** Upload any documentation which you may have as proof for why the requirement for consent can be waived.

7. Evidence of Formal Consent

Person Responsible:

Given Name

Middle Name

Family Name

Consent Capacity

Please select

Consent Date

Consent Expiry Date

Description

Consent Document

Upload a consent document:

Add file...

It is important to remember that the requirement for **consent can only be waived under certain circumstances and only for the use of environmental restraint**. For detailed information around the conditions this may apply, please refer to *section 4.4.5 Exception to the requirement for consent for the use of environmental restraint* in the *NSW Restrictive Practices Authorisation Policy*.



Behaviours of concern

Sadie is a 30 year old woman who lives in a granny flat on her own behind a supported accommodation service (group home). She has been diagnosed with Autism Spectrum Disorder (level 1) and a mild intellectual disability. Sadie can sometimes feel anxious and agitated as a result of unexpected change. This has previously led to her becoming aggressive towards staff and other residents in the group home.

Sadie has a history of being involved in serious incidents, including where she has become aggressive and broken the nose of another resident. Sadie has been prescribed PRN medication to manage her level of anxiety and agitation which has reduced incidents of injury to Sadie and others. More recently, staff who support Sadie have been reporting that

she has been requesting the medication without signs of agitation or anxiety. This has resulted in her PRN medication intake increasing from previously monthly to weekly.

Proposed restrictive practices

Sadie's service provider has submitted a request to authorise the use of chemical restraint, specifically the administration of diazepam 5mg PRN.

The submission includes a medical report from Sadie's general practitioner indicating that the purpose for the PRN medication is for agitation only. It is noted in the report that Sadie has not had a comprehensive review in over 12 months, including a mental health review.

The submission also includes a behaviour assessment and behaviour support plan. The behaviour support plan describes how Sadie's behaviours may escalate and how this is expressed. However the behaviour support plan does not provide guidance to staff on what to do when Sadie is feeling anxious and is requesting her medication, neither does it include any fade out strategies.

A One Page Profile, PRN Protocol and Information on Side Effects and Symptoms of Overdose have also been included in the submission.

Considerations for the RPA panel members

Key issues to be assessed by the RPA panel include:

- Why is Sadie asking for PRN?
 - Is it for the positive effects that the medication offers?
 - Is it for an opportunity to interact with staff or engage in other activities?
 - Is Sadie self-managing? Has Sadie developed insight into her emotions and behaviour?
- As Sadie has begun to ask for the restrictive practice to be implemented, is it still considered a restrictive practice?
- Why has the administration of PRN to Sadie increased from monthly to weekly?
- Why is the PRN medication being administered for both agitation and anxiety when the medical report states that the PRN is for agitation only?

Recommendations made by the RPA panel

The RPA panel granted authorisation for six months, with a review set for three months' time. The RPA panel has requested the following be implemented prior to the review:

- A medical review is to be undertaken to clarify the purpose of the PRN medication.
- A further functional assessment of Sadie's behaviour to be undertaken to investigate why Sadie is requesting the administration of PRN medication.
- An updated behaviour support plan is to be submitted to include any recommendations from the functional assessment, guidance to staff on when Sadie

is feeling anxious and requesting her medication, as well as fade-out strategies.

Did you know?

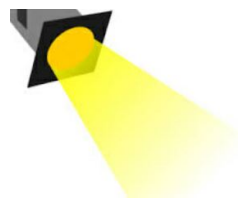


Under the NDIS Quality and Safeguarding Framework, states and territories are responsible for the authorisation of restrictive practices used by NDIS Providers and Behaviour Support Practitioners.

In NSW this means the [Department of Communities and Justice](#) is responsible for providing the following **key elements**:

- a policy framework for regulating RPA, and
- structural support to the sector through the Central Restrictive Practices Team, an online system for managing and monitoring RPA (NSW RPA System), and Independent Specialists to ensure that registered NDIS service providers have access to expert members for RPA panels.

Spotlight on...



Dr Lisa Fahey

Quovus
FACS Independent Specialist



How did you get to where you are today?

In a sense, I've been involved in the field of developmental disability, high needs support and psychological assessment and intervention, in one way or another, almost my whole life.

My parents and childhood experiences have clearly significantly shaped my career trajectory and interests. My Mum, a qualified mainstream teacher, was drawn to working with young people with Autism diagnoses. She worked at a very progressive specialist school in Brisbane, eventually becoming Principle. As children, my two younger brothers and I spent many hours at the centre, joining with the kids in holiday programs, or helping out as peer supports in classroom activities.

To round out my family influences, my Dad was a scientist, and I'm certain his profession's focus on ideas, evidence and process has had a profound effect on my approach in my subsequent professional life. As a family we also travelled and lived in a number of countries throughout both my primary and secondary schooling, where my parents both invested in their career missions. As a result, I think I gained a unique perspective and, at times, confronting insight on both the universal challenges for individuals and systems in the high needs behavioural health and welfare sectors, along with some feel for the difficulties and drive required to make and sustain change. In retrospect, this was a hugely formative time for us, and I'm quite certain these experiences helped to lay my future professional path.

I graduated from Queensland University with a Bachelor of Psychology, moving through to complete a Masters degree through the University of New England. As most freshly-minted psychologists would attest, entry to the clinical practice of the profession provides a highly-stimulating and challenging range of experiences, to say the least, and brings you into contact with exceptional colleagues, and provides exposure to Nursing and Psychiatry and absorbing casework. I worked in a number of institutional settings to support clinical intervention for people with significant behavioural and mental health needs in both QLD and NSW. Within the framework of government services, I have worked across a range of management roles, both in direct service provision and clinical support.

I was successful in being selected as one of a small group of clinicians in the initial Senior Practitioner project within NSW Disability Services. Lead by Mary Ellen Burke, this dynamic group took on a number of sector initiatives. A few of these colleagues have remained friends and inspirations to me today. Soon after I moved into a private consulting a role, which I have sustained now for over 20 years in various forms and business models. Eventually my consultancy work evolved into Quovus, and a number of software ventures, which make up the group of dedicated professionals I continue to work with to this day.

I have always been conscious of continuing my learning, both formal and informal. I began working towards a PhD qualification, which was achieved, with the great patience and assistance from those around me, in 2017. The subject of my thesis is the understanding of carer experience and psychological profile on Carer Capacity, which has been a key focus of my professional life as I daily seek to empower and mediate intervention for high needs individuals.

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

The opportunity for practice improvement through peer review combined, with a focus on evidence based practice is absolutely the 'gold standard' in clinical governance. I think the current model offers us a terrific opportunity for sector growth and the progress to achievement of participant outcomes. What I anticipate is that this intervention will continue

to contribute to clinician confidence and acknowledged practice models which will greatly enhance the sectors performance and achievements.

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

Although my position in the sector has evolved over time, I think, perhaps, a central role has always been to try and encourage people to think about the 'reality' of situations, to remain focused on what is pragmatic and doable. One of the wonders of humans is our imaginations, our relentless capacity to seek to turn ideas into form. However, the flipside of this can be that we can tend to think in 'idealised' ways; that is, we can, at times, use our time and energy pursuing the 'perfect' at the expense of the 'practicable'. *We need to be mindful to 'keep it real' and always acknowledge the importance of mediation.*

This is a bit like the famous 'thought-experiment', which I encourage all those involved in public policy development to keep in mind: Imagine you have the chance to design a society from scratch, including all the details and connections you feel are important. But, you don't get to decide for yourself which position you have in this society: How would this effect your planning and decision making? How do assumptions work their way into our thinking?

Another key aspect of my work has been to prioritise the value of teams in this sector. I would encourage those at all levels of the sector to always think carefully about the management of their professional relationships, and to keep in mind the lived experience of their colleagues 'in their workplaces'; from the particular challenges of the psychiatry clinic, for example, to those of running a group home or caring for an individual in their home or isolated community.

Allied to this is the need for safe and sustainable policy and procedure, and how this translates 'on the ground'. This is, of course, particularly critical when restrictive practices are being considered.

Echoing my comments above, I would encourage my colleagues to continue to think creatively about solutions to challenges, and that solutions are never 'final', but always contingent on new information.

And, finally, as my brother, who I have worked closely with at Quovus for the last 18 years (another family connection), often says: 'If the only tool you've got is a hammer, you tend to see everything as a nail'. That is, acquiring and applying new knowledge and skills, a life-long adventure, is exponential; and this is profoundly relevant to both ourselves as professionals and also, equally valuably, to those individuals we care for and support to have the chance to pursue safe and fulfilling lives.

Test your knowledge!



Question 1. What three things are required for restrictive practice authorisation?

Question 2. If you are restricting a person's free access to all parts of their environment, including items and activities what type of restrictive practice should you apply for?

Question 3. Is withholding supports such as possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports a regulated restrictive practice?

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@facns.nsw.gov.au.

Test Your Knowledge Answers

Question 1. 1. A behaviour support plan written by a behaviour support practitioner deemed suitable by the NDIS Commission, 2. Informed consent by the participant or their guardian; and 3. Approval by a RPA panel managed through internal policy and procedures of the registered NDIS provider.

Question 2. Environmental restraint.

Question 3. No this is not a regulated restricted practice. This is defined as a denial of needs and is considered a prohibited practices.

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All individuals registered with the NSW RPA System will automatically receive the RPA Newsletter.

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NSW Department of Communities and Justice - PI & CRPT · Level 4/219-241 Cleveland St · Strawberry Hills, Nsw 2000 · Australia