

Restrictive Practices Authorisation (RPA) News

RPA Newsletter - January 2020



In this Issue

Happy New Year and welcome to our January issue of the RPA Newsletter. We hope everyone had an enjoyable and safe holiday! In this issue we will be discussing:

- Evidence of Authorisation for Behaviour Support Plans lodged with the NDIS Commission
- Upcoming RPA Information Sessions
- NSW RPA System: New Reports Available!
- Case Study
- New Resources
- Restrictive Practices Authorisation: A human rights frame and international law
- Spotlight On: Michael Caballero
- Test Your Knowledge!

Plan's lodged with the NDIS Commission

Recent upgrades to the NDIS Commission Portal means the lodgement of Behaviour Support Plans (BSP) now requires evidence of authorisation to be provided <u>before</u> the status of the BSP can become 'active'. In NSW this evidence is a finalised NSW RPA System Outcome Summary indicating that authorisation was given.

The following steps outline the process for providing evidence of authorisation for the lodgement of a **new plan** (since 9 December) with the NDIS Commission:

- NDIS Commission Portal The new BSP is to be uploaded by the practitioner to the NDIS Commission portal (the BSP status is *Draft*).
- 2. NSW RPA System A copy of the 'Draft' BSP is uploaded to the NSW RPA System (by the practitioner or implementing provider), as supporting documentation for submissions for authorisation by an RPA Panel.
- 3. NSW RPA System The decision regarding authorisation for use of the practice is made in the context of the BSP, by the RPA Panel (or senior manager giving Interim Authorisation) and this is documented on the Outcome Summary.
- 4. NDIS Commission Portal The implementing provider gives a copy of the finalised Outcome Summary/ies to the practitioner to upload to the NDIS Commission Portal. An Outcome Summary per practice, per provider is required. Only approved Outcomes Summaries indicating authorisation has been obtained need to be uploaded.
- 5. NDIS Commission Portal The practitioner enters the details of the authorisation/s for each implementing provider (BSP status changed to *Pending*).
- 6. NDIS Commission Portal The implementing provider accepts the BSP and associated reporting responsibilities (BSP status changed to *Active*).

Draft

- Practitioner enters details and attaches the plan.
- Plan is visible once implementing provider is added.
 Plan can not be
- Plan <u>can not</u> be approved by Authorised Reporting Officer (ARO).

Pending

- Plan changes to pending when practitioner clicks 'Send draft'.
- 'Approve' button becomes available under the 'Provider' view.
- A task is sent to the primary ARO.

Δctive

- Plan changes to active when ARO clicks 'Approve'.
- 'Report' button available under 'Monthly reporting of restrictive practices' view.
- If there's more than one provider, but only one has approved, it will be 'partially active'.

Closed

- When the plan is reviewed and a new plan is lodged, the status is set to closed by the practitioner.
- If the plan is not set to closed, and the end date passes, the status will change to expired.

Where a BSP is already uploaded to the NDIS Commission portal (prior to 9 December), the steps to be followed are outlined in these resources:

• The NDIS Q&S Commission Newsletter.

- The NDIS Q&S Commission 'Lodging a behaviour support plan user guide' his resource will be updated in the near future to reflect the steps above.
- The NDIS Q&S Commission webinar 'Tips on using the NDIS Commission Portal'.

For further information about the NDIS Commission Portal please click here.

For further information on how to use the Department of Community and Justice's NSW RPA System please refer to the NSW RPA System User Guides or contact the Central Restrictive Practices Team on RestrictivePracticesAuthorisation@facs.nsw.gov.au.

Save the Date: Upcoming RPA Information Sessions



The Department of Communities and Justice will be hosting a series of information sessions in north west NSW during February.

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

Sessions will be held at the following locations:

- Gunnedah: 4 February 2020, 1.00pm to 3.00pm
- Tamworth: 5 February 2020, 10.00am to 12.00pm
- Armidale: 5 February 2020, 1.00pm to 3.00pm
- Glen Innes: 6 February 2020, 10.00am to 12.00pm

For further information and to register your attendance with Eventbrite, please click on the Information Sessions tab on the Restrictive Practices Authorisation web page.

NSW RPA System: New Reports Available!

Did you know you have access to a **suite of reports** in the NSW RPA System that you can use to analyse and report on your organisations use of restrictive practices?

The NSW RPA System currently provides 7 predefined easy to use reports along with 6 data filters. These reports are Excel based which makes it easy to create engaging and dynamic outputs.

To access these reports in the NSW RPA System, click on the Report menu item in your menu bar. This will open up a drop down list of all of the reports available.

Home Dashboard Participant RPA Submission Outcome Review Service Provider Practitioner Panel Meetings • Report • Help

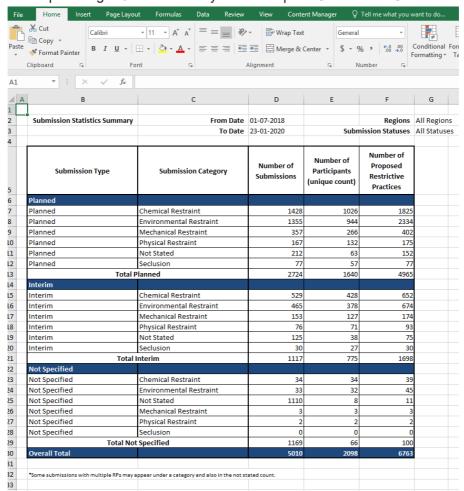
Currently, the following reports can be generated by the NSW RPA System:

Submission Statistics	The Submission Statistics report generates two sub-reports: 1) a report summarising the types of submissions (planned or interim) and restrictive practice categories your organisation has entered into the NSW RPA System; and 2) a report which summarises the above further by dividing the data by the Participants NDIS Region.
Submissions by Status/Disability	The Submissions by Status/Disability report generates two sub-reports: 1) a report which breaks down the total number of practices and participants submitted by your organisation into the NSW RPA System by their RPA submission form status (i.e. Draft, New, Released, Completed, Withdrawn); and 2) a report which summarises the number of practices and participants by the primary disability of the participants.
Submissions by Behaviour of Concern	The Submissions by Behaviour of Concern report provides a summary of the total number of restrictive practices within your organisation grouped by the behaviour of concerns that were identified on the RPA submission forms in the System.
Submissions by Service Provider	The Submissions by Service Provider report provides an overall summary of the restrictive practices and participants within each branch of your organisation (if any) in the System.
Outcome Summary by Status	The Outcome Summary by Status report provides a breakdown of the total number of restrictive practices, which have been released to an RPA Panel for authorisation, by their outcome summary statuses (New, Pending Panel Approval, Pending Consent, Completed, Cancelled).
Panel Meeting Report	The Panel Meeting Report is a detailed extract on RPA Panel meetings that have been held for RPA submissions. It provides information such as: meeting details, panel member names, and approval status of the outcome or review.
Submission Status by Month	The Submission Status by Month report provides an overview of the number of restrictive practices entered into the NSW RPA System by your organisation each month. This is divided by the restrictive practices category.

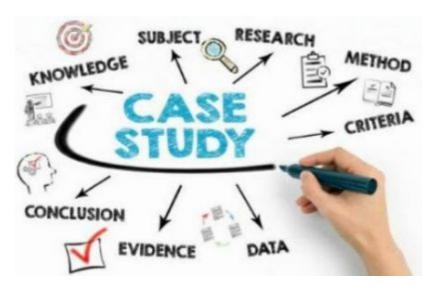
Each of these reports can be filtered by:

Date Range	By default every report is run from 1/07/2018 – TODATE. This filter will allow you to narrow down to a specific date.
NDIS Region	This filter will allow you to run any of the reports for a specific region(s). The result will be for those participants that come under the selected region(s).
Submission Status	Use this filter to run a report on submissions with specific status(s).
Outcome Status	Use this filter to run a report on submissions with specific Outcome summary status(s).
Organisation	By default your organisation is always selected.
Branch	This will allow you to run any of the reports for a specific branch(s).

Want to give the reports a go! Click here to try the first report "Submission Statistics".



For further instructions on how to generate a report in the NSW RPA System please refer to the NSW RPA System User Guide - Part 6: Dashboards and Reports or contact the Central Restrictive Practices Team at Restrictive Practices Authorisation @facs.nsw.gov.au.



Behaviours of concern

Jane is a 45 year old woman who has a mild intellectual disability.

Jane enjoys going for drives to spot particular types of cars. Sometimes when the car is moving or stopped at a traffic light Jane will deliberately attempt to get out of the car and run off. To prevent her from leaving the vehicle, Jane's provider has obtained a seat belt buckle cover.

Proposed restrictive practice

As Jane's behaviour places herself at risk when she attempts to leave the vehicle when it is unsafe to do so, Jane's provider has submitted an application for the authorisation of the use of the seat belt buckle cover (mechanical restraint) through the NSW RPA System.

Jane's NDIS provider has engaged a registered behaviour support practitioner to update her behaviour support plan addressing Jane's behaviour of concern. Jane's provider has submitted this behaviour support plan, along with a one page profile on Jane, a functional behavioural analysis and a register which logs the use of the seat belt buckle cover.

Considerations for the RPA Panel members

Key issues to be assessed by the RPA Panel members:

- Is this the least restrictive option available to ensure Jane's safety and the support workers safety? Have any other strategies been attempted to manage the behaviour of concern?
- Is Jane going to be receiving any skills and traffic safety training to allow strategies to be
- Are all documents submitted with the restrictive practice application within date and not expired?
- Are the proposed restricted practices referred to in Jane's Behaviour Support Plan?

Recommendations made by the RPA Panel

In this instance the RPA Panel has authorised the use of mechanical restraint for a period of 12 months with a review date set for 6 month's time. This is because the RPA Panel believes the

restrictive practice requested is the least restrictive option available and all of the required supporting documentation has been submitted with the application, is sufficient, and has not expired.

The RPA Panel has requested a review of the restricted practice in 6 months time so they can reassess the need for the restricted practice after Jane has participated in some skill development.

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 and we can share your story through our newsletter!

New Resources



Chemical Restraint Case Study Video

A new animated video on the authorisation of chemical restraint as a restrictive practice is now available to view on the Restrictive Practice Authorisation web page.

To view the video, please click here.



RPA Panel Simulation Video Coming Soon!

A video simulating a restrictive practices authorisation panel is coming soon. Featuring a professional actor with a disability, and also two RPA Independent Specialists, this video provides a good practice example of the end-to-end RPA Panel process - from discussing the application with the NDIS participant, through to the RPA Panel meeting, and finally ending with completing and discussing the RPA Panel outcome with the person.

To watch the video stay tuned!

Restrictive Practices Authorisation: A human rights frame and international law



The use of restrictive practices for people with a disability and behaviours of concern is a human rights issue. Importantly, Australia is a signatory to the United Nations Convention of the Rights of Persons with Disabilities (UNCRPD) (2006) and therefore has obligations under international law with particular reference to Article 15 of the UNCPRD that 'States Parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment' *.

More broadly Australia has agreed to be bound by international law protecting the rights of all people, including people with disability. For example the Convention on the Rights of the Child as well as other major human rights instruments relate to the area of restrictive practices and the protection of rights of people with a disability.

* UN General Assembly, Convention on the Rights of Persons with Disabilities: resolution / adopted by the General Assembly (2007), Available at: http://www.refworld.org/docid/45f973632.html.

Spotlight On

Michael Caballero

Specialist Service Manager/Senior Psychologist Life Without Barriers DCJ Independent Specialist



How did you get to where you are today?

As with many young people, knowing what you want to do when you grow up can be a daunting task. I started off in university studying a degree in accounting and quickly realised it was not for me. I then switched to a marketing degree and it still did not feel right. It was then through the assistance of a guidance counsellor that offered me an opportunity to explore various topics of interest before I commit to another degree. It was Psychology that won me over.

Throughout my studies I then had to start thinking about work experience. My now Father-In-Law

at the time was working as a disability support worker and suggested that I gain some experience in the disability sector. Excited to get some experience and apply my learning to a new job, was met by a challenging situation in which I was confronted by a behaviour of concern.

I remember feeling scared, shocked and confused as to what was occurring and at the same time feeling helpless on how to help this young man who was obviously in distress. It was later that I then found that this young man had only recently underwent surgery and his stitches were coming undone causing pain. It was this moment that intrigued my interest in the field, and I wanted to learn more about how I could help.

After university I really wanted to start working and so I opted for the 4+2 psychology pathway instead of going on to do masters. My first full time role was as a Disability Caseworker at the Junction Works (TJW). Working at TJW gave me an opportunity to work with many people with disability and further cemented my interest in the sector.

At the time it was not easy to find a psychology position in the sector however I was fortunate that my primary psychology supervisor was working at Interaction Disability Services and I was able to volunteer my time to gain knowledge and experience in psychology behaviour support. This quickly turned into a permanent position and after 3 years was promoted to a senior role providing behaviour support, psychological assessment + therapy and supervising 4+2 psychology students.

After 2 years in this position I was then employed as a Clinical Management position at Sunnyfield Disability Services which I could not pass up. Here I had an opportunity to work alongside not only psychologists, but also behaviour support practitioners, speech pathologists and physiotherapists which gave me a deeper understanding of other clinical professions within the sector.

During my time at Sunnyfield, the NDIA had started its trials and I was tasked with assisting the team to transition to the NDIS. I had also started to build the team and as part of that I was lucky to be able to hire a very experienced occupational therapist in order to complete our multidisciplinary service.

When my wife became pregnant with my daughter, I felt that it was time to leave Sunnyfield and find a job closer to home in order to achieve a better work-life balance. I then found a position as a Senior Psychologist at Achieve Australia and have recently begun working as a Specialist Service Manager at Life Without Barriers.

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

Prior to the NDIA I spent a lot of time on panels either as the chair for my own organisation or as an independent for external organisations. So, I have had experience of being an independent and having the pleasure of an external practitioner coming as an independent on the panels that

I chaired.

As an independent, I had the opportunity to review applications with a fresh set of eyes and provide a different level of scrutiny. I found that through gaining an understanding of the case, there would be instances where information would be elicited that may not have occurred without the independent present. This however would vary as most organisations tended to have a panel member with behaviour support experience, but some did not. In these instances, the independent role became increasingly important as it was the primary role that would critically evaluate the behaviour support plans and provide advice and guidance from a clinical and safeguarding perspective.

As a panel chair, I have also had the opportunity to work alongside some very experienced behaviour support practitioners who bring a fresh set of ideas and recommendations and I have also worked with less experienced practitioners who found it difficult to contribute.

Move into NDIA with billable hours and organisations not being able or willing to continue to allocate clinical resources to RPA management and the importance of Independent Specialists becomes clear. DCJ Independent Specialists firstly allow for the allocation of practitioners to sit at RPA panels within the NDIA context, but secondly and most importantly that these practitioners are specialists in their field. The introduction of the DCJ RPA System also enables organisations to find and allocate a specialist who they may not have had access to in the past.

I believe that the introduction of DCJ Independent Specialists has provided a major benefit to the sector ensuring that RPA panels are convened with experts in behaviour support.

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

Make sure you are prepared. This means having the right people in the room and ensuring that all are familiar with the case and are ready to answer any questions the Independent Specialist may have. It is also best practice to have the behaviour practitioner available during the panel hearing and so conveners should make all attempts to have them available during the meetings. Organisations should set an expectation with their behaviour practitioners that they ensure sufficient funding is reserved for attendance at RPA panels if required.

Test your knowledge!



Question 1. If a participant requires both PRN and routine chemical restraint, do these restrictive practices need to be approved in the NSW RPA System as two separate outcome summaries or

one outcome summary?

Question 2. Can the restrictive practice seclusion be authorised for children or young people under 18 years of age?

Question 3. What is the definition of a "Prohibited 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@facs.nsw.gov.au.

Test Your Knowledge Answers

Question 1. Two separate outcome summaries (one for PRN chemical restraint and one for routine chemical restraint) should be generated by the NSW RPA System once the submission form has been released to the RPA Panel. Both of these outcome summaries will require individual approval by all Panel members.

Question 2. Seclusion is considered a prohibited practice for children and young people under 18 years of age. Authorisation should never be given for this cohort.

Question 3. Prohibited means that the practice is not to be used. Some practices will never be authorised and must never be used as they are considered unlawful or unethical. Allegations or suspicions of prohibited practices are considered reportable incidents and should be managed and reported in line with the requirements of the NDIS (Incident Management and Reportable Incidents) Rules 2018. Prohibited practices include those that constitute assault and wrongful imprisonment. Such practices are criminal offences or civil wrongs. Prohibited practices also include those that may not be unlawful but are unethical and violate the United Nations Convention on the Rights of Persons with Disabilities.

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RestrictivePracticesAuthorisation@facs.nsw.gov.au

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