



Restrictive Practices Authorisation (RPA) News

RPA Newsletter - August 2020

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Welcome to our August 2020 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

- [Guidelines on the rights of people with disability in health and disability care during COVID-19](#)
- [For your information NSW Health has just launched it's new accessible resources on COVID-19](#)
- [Easy read version of What you must do under new Coronavirus rules](#)

- [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](#)
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DCJ has just launched 'enAble RPA' – we need your help

What is it?

enAble RPA is an enabling tool. It has been designed to empower and support the NSW disability sector to recognise and appropriately respond to restrictive practices.

The Senior Practitioner, Disability in Victoria, developed the Restrictive Intervention Self-Evaluation Tool (RISET) to assist disability service providers to understand the use of restrictive practices. The purpose of the tool was to guide users through important information to help them understand when a restrictive practice could or has occurred.

enAble RPA is a tailored version of the RISET tool, adapted for NSW.

Why it Matters.

Using this tool, users will learn more about restrictive practices and how they are regulated in NSW, including when a practice needs to be authorised before it can be used. Users will also learn about better ways to support the person to minimise and eliminate the use of restrictive practices. enAble RPA also supports users to identify the use of restrictive practice and plan and prepare for the support of a person who may use behaviours of concern.

How it Works.

Access to enAble RPA is via the link: [enAble RPA Link](#) which is located on the DCJ RPA webpage in the 'enAble RPA' tile, in the RPA System 'News' section, and the link is also located in the DCJ RP team's signature block. No login is required and access is free. enAble RPA can be used on mobile devices such as smartphones and iPads. A save function and a print function are also a features of the tool. Saving or printing a PDF is a useful function as this can show how enAble RPA has supported the user to clarify their understanding of restrictive practices. enAble does not record any identifying information about the user or their associated interest areas in the tool.

Who It's For.

enAble RPA is for everyone, people with disability, service providers, support staff, families, employers, RPA Panel members and policy staff.

We need your help to promote enAble RPA: [enAble RPA Link](#)



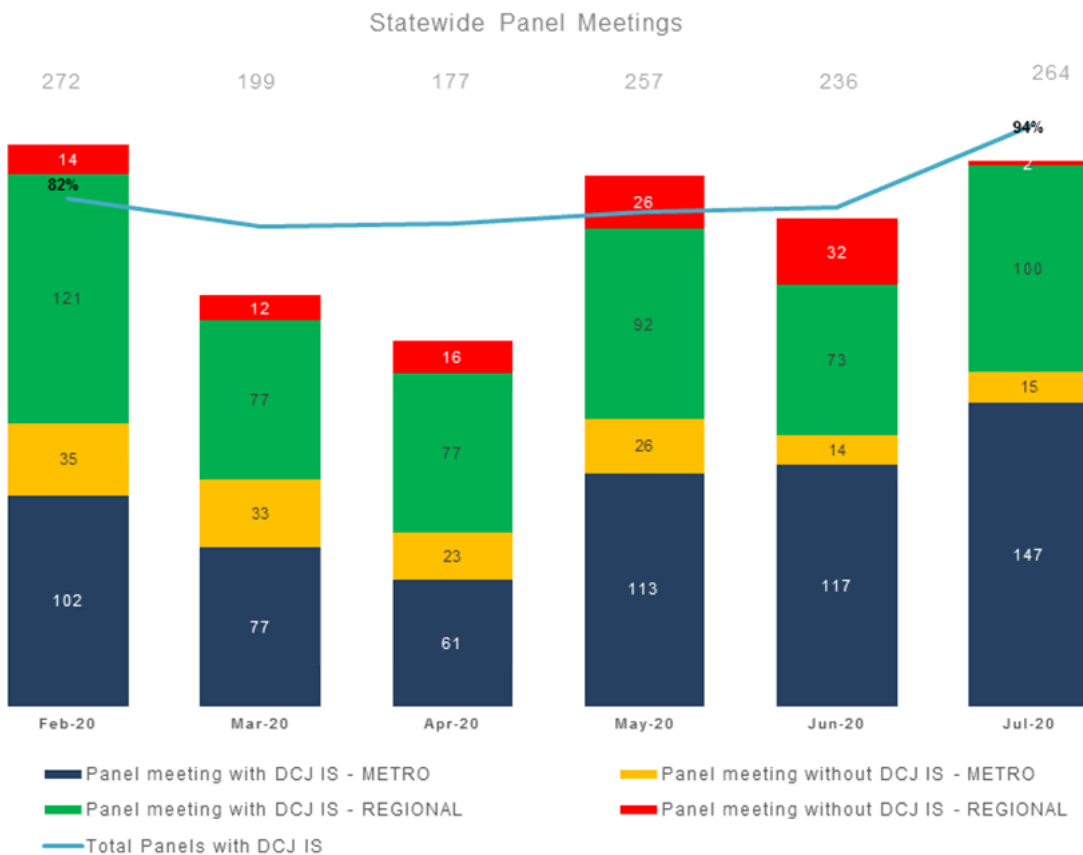


Independent Specialist Demand

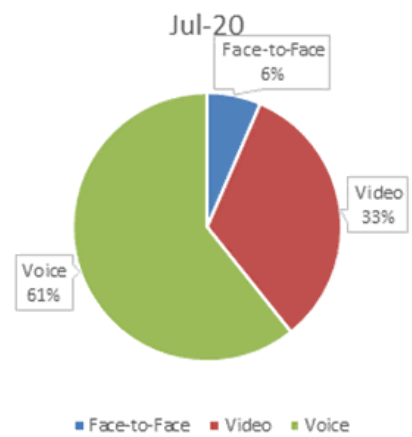
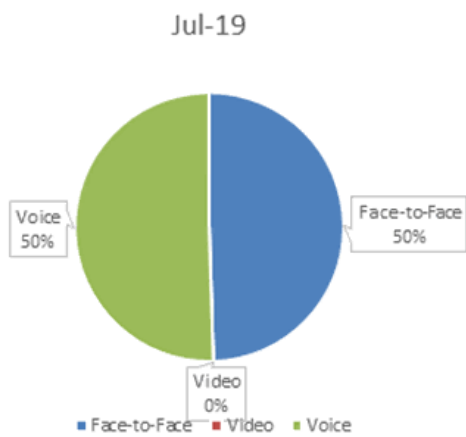
In July 2020, there were 264 panel meetings. DCJ IS's attended 247 (94%) of these panels. This is the highest month to date and increase over June, which had an attendance rate of 81%. Regional panels accounted for most of this increase. 98% of all regional panels included a DCJ IS.

Since September 2018	Overall Statewide	Within Metro	Within Regional
Total Panel meetings with DCJ IS	66%	62%	70%
Total Panel meetings without DCJ IS	34%	38%	30%

Last month (July 2020)	Overall Statewide	Within Metro	Within Regional
Total Panel meetings with DCJ IS	94%	91%	98%
Total Panel meetings without DCJ IS	6%	9%	2%



The charts below show a comparison of the panel meet methods between July 2019 and July 2020. In July last year, 50% of all panels attended by a DCJ IS were face-to-face, as compared to only 6% this year. This is presumal due to COVID-19 and the increased use of remote working technology.



RPA System Upgrades

The NSW RPA system is being updated! The new version incorporates upgrades, new features and modifications in accordance with development plans and feedback received from users. This information can be found under the 'Help' menu of the RPA System. [Click here](#) and log into RPA System.



Supporting Practice Leadership: A Collation of Resources

This collation of resources has been developed to support Practice Leaders who supervise direct support staff in the disability sector to gain a better understanding of the array of resources that are available to support them to do their job well. A collection of practice guides, fact sheets, film-based training resources, e-learning programs and templates have been collated and categorised.



RPA Submissions and Management Representation on RPA Panels

The Central Restrictive Practices Team has had a number of queries relating to why someone, as the author of a Restrictive Practices Authorisation (RPA) submission, can assign themselves to be the management representative on a panel.

The [Restrictive Practices Authorisation Procedural Guide](#) outlines that “no member of the RPA Panel can bring an application for the Panel’s consideration”. Here, there would be a conflict of interest as the person making the submission would also be approving the practice. It is for this reason, a person who completes the submission cannot assign themselves to be a member on the panel.

Who Should Complete an RPA Submission

As a minimum, it is recommended that any person making an RPA submission have a knowledge of the:

- person who is subject to the restrictive practices
- person’s behaviour support plan
- RPA process in NSW

It is also recommended any person approving an application should not be a line-report of the author of the submission. There is potential for this to be perceived as a conflict of interest because someone with seniority is completing a submission which one of their line reports is required to authorise.

Who Can Be a Management Representative on an RPA Panel

The [Restrictive Practices Authorisation Procedural Guide](#), states that the management representative must be “a senior manager familiar with the operational considerations around the use of a restrictive practice in the intended service setting, who chairs the RPA Panel”. This applies to the management representative providing both interim and planned approvals.

This definition means that the person who oversees the implementation of the restrictive practice can do so from an organisation-wide perspective. This level of accountability is required to ensure that:

- restrictive practices are being implemented safely for the person and staff alike,
- staff are appropriately trained, and
- reporting requirements by the NDIS Quality and Safeguards Commission are adhered to.

It is therefore recommended that management representatives on a panel be someone who has oversight across the organisation and is someone who is at least one manager higher than a service team leader.

Graduate Certificate in Positive Behaviour Support

The Graduate Certificate in Positive Behaviour Support is designed to provide a specialised program of study to prepare professionals to support people with disabilities who present with behaviours of concern to live a life of dignity in the community.

Entry Requirements:

To gain entry into the Graduate Certificate in Positive Behaviour Support a candidate must have:

- An undergraduate degree or higher qualification in Allied Health, Nursing, Human Services, Social or Behavioural Sciences or a related field.

OR

- Significant previous experience working in providing disability services, in a job role involving the self-directed application of knowledge of positive behaviour support planning and implementation, with substantial depth in this specialised area of practice and exercise of independent judgement and decision-making.

Program Unit and Cost:

To achieve the Graduate Certificate in Positive Behaviour Support, students must complete:

- BSBLED805 - Plan and implement a mentoring program \$3,600
- PBSPIA801 - Provide high-level independent assessment services within a positive behaviour support framework \$3,600

Time:

Start of Study September 1, 2020:

- Tuesday and Thursday Evenings

For further information [click here](#)



MONASH
University

Monash - Short Course Engaging in Positive Behaviour Support Practices

Positive behaviour support (PBS) is progressively being adopted by state and national governments as a preferential model to address behaviours of concern displayed by individuals with diverse needs. This program, comprised of three modules, will provide essential knowledge relating to the tiers of support offered through PBS. The program is best suited to educators, disability support workers and allied health professionals.

Mainstream educators will benefit from the strategies that will be discussed in relation to school-wide support, and will enhance their understanding of support offered in tiers two and three. Overall, the program will equip all participants with essential skills to implement PBS strategies with confidence, and to meet part of the requirements for registration as a Core Behaviour Support Practitioner.

Date: Online course available from 31 August 2020

Length: Self-paced online learning - 12 hours, plus approximately 10 hours independent study

Location: Online

Fees: \$497 (incl GST)

For further information [click here](#)

Case Study - Environmental Restraints

Lara, Rosie and Evelyn are three individuals who live in a group home which is staffed 24 hours per day. All three have various restrictive practices in place for them and all are authorized. Lara has environmental restraint to restrict her access to cigarettes, Rosie has chemical restraint for use of routine psychotropic medication, and Evelyn has a number of environmental restraints in place for her compulsive eating of food which is a choking risk. One of Evelyn's environmental restraints is restricted access to the fridge and kitchen cupboards which contain food which means that these are locked for all three individuals.



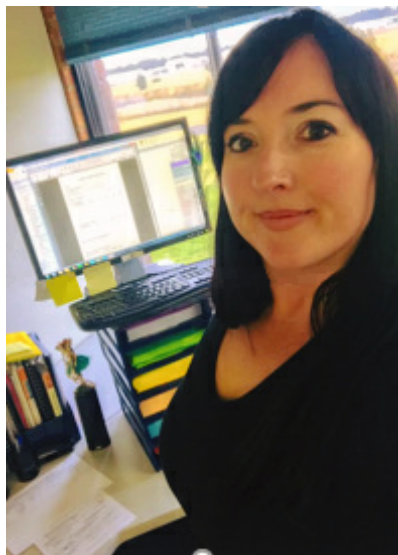
The service provider previously tried giving Lara and Rosie a key to the fridge and cupboards however neither had the skills to manage the keys; Lara and Rosie lost their respective keys a number of times which Evelyn found and used to access food. The current practice is Lara and Rosie are able to access food in the fridge and cupboards they need to ask staff to unlock these for them.

The service provider was concerned that locking the cupboards and fridge are restrictive practices for all three individuals, not just Evelyn. To ensure they were meeting the person's needs in-line with service resources and legislative requirements, the service provider, as part of their due diligence, undertook a restrictive practices Impact Assessment in line with the Person, Service and Systems principles outlined on [pages 12-21 of the case review guide](#).

The impact assessment revealed that as Lara and Rosie have to ask for the cupboards and fridge to be unlocked, this practice does impact on them; further, giving them key was not currently a suitable alternative. However, the assessment also determined that environmental restraint for the locked fridge and kitchen cupboards was in place to manage Evelyn's behaviour only.

The results of the impact assessment meant that although authorisation is not required in this regard, in order to safeguard the impact on Lara and Rosie, the Panel provide six months conditional authorisation for the locked fridge and cupboards; the condition was that Lara and Rosie be taught the skills to manage the key, appropriate data be gathered on this skill building exercise, and failing this, alternate options be explored.

The panel then reconvened six months later to review the matter; during these six months Lara and Rosie both successfully learnt to use the keys to the fridge and cupboards. As Lara and Rosie now had free access to the cupboard which did not put Evelyn at risk, the panel was able to provide approval of the practice for Evelyn for the remaining months.



Spotlight

Libby Kinsela

Behaviour Support Practitioner, Allevia
DCJ Independent Specialist

How did you get to where you are today?

Once upon a very long time ago I was a young university student studying a double major in Psychology and English Literature. At the end of that degree I made a decision to pursue the study of Psychology over literature after working in a clinic with children and young people with learning disabilities. I went on to do further degrees in Psychology and Education. That's the boring part of my story out of the way.

The best part is my actual lived experience of disability in my work and in my personal life. During my university studies I started working as a "Social Educator" that was the

job title back then for a Disability Support Worker. On my very first day on the job I had a very confronting experience that could have ended my career before it even began instead it was a pivotal moment that I am grateful for. I was supporting a gentleman who had just been moved out of a large institution that had been closed amidst allegations of abuse and neglect. He had been moved to a residential group home with three other people from the facility. He was in the lounge room and was very upset, yelling, screaming and using what he had at hand to throw at people, including his own waste products. The scene was confronting to all the senses and in my young naiveté I ended up a part of the chaos and much the worse for wear. When my shift finished my first response was to hand in my resignation. The more I reflected upon what happened the more I wanted to understand what had gone so very wrong. This was the beginning of my passion for trauma informed practice. I realised that this gentleman had gone through a lifetime of very stressful experiences, he was scared and did not feel safe. There was no behaviour support plan to follow or communication strategies. I knew that I could have done better if I knew better and was determined to learn as much as I could.

In time, I became the Manager of that particular residence and it was my mission to make sure that all of the residents had access to the best health care, staffing supports and behavioural supports that I could find. It was during this time that I met my current CEO at Allevia, Philip Petrie who at the time was a Behaviour Support Consultant called in by organisations to assist with complex support situations. He confirmed my belief that often "behaviours of concern" were most often the way a person communicated an unmet need. Over the next five or so years our team worked to stabilise the mental and physical health of the residents and by the time I left the role I was satisfied that great progress had been made in improving the residents quality of life and happiness.

I married and then had two children. As is the unpredictable nature of life both of my children have multiple disabilities (Autism Spectrum Disorder, ADHD, Anxiety, Sensory Processing Disorder, Developmental Coordination Disorder to name a few). My experience of disability then became a continuous lived experience beyond "work" and "study". After a Bachelor and Masters in Psychology I decided that I needed a Bachelor of Primary Education as well and was a teacher in both the state and Catholic systems for many years as it allowed me flexibility. I was retraining to be a school counsellor to combine both my passion for Psychology and Education when I realised that the needs of my own children were where my focus needed to be and I withdrew from the re-training program. Divorce complicated my situation, being a single mother of two kids with additional needs was hard. For a few years I dedicated myself to raising my children. I used a home therapy program offered by ASPECT called Autism Pro to build skills of daily living and encourage communication. This was before the days of the NDIS. When my daughter was offered a place in an ASPECT school I was able to consider returning to the workplace. It was during this time that my paths crossed with Philip again and he offered me a role as a Behaviour Support Practitioner at Allevia eight years ago.

Over the past eight years I have been very happy to see the rise in understanding about trauma and how the past can affect our present moment experiences and what we do about that. Keeping up with developments in the field of trauma informed practice is my passion as is human rights. Allevia was known as an ADHC provider of last resort for many years, often accepting on very short notice people in crisis that other providers could not support and as a result has a diverse range of people requiring complex supports that has continually expanded my knowledge and experience. My lived experience of disability in my family also informs me as much as my studies on the subject. I believe without any doubt that every person on this planet is equal and the rights and freedoms of people with a disability are no different to anyone else.

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

I have had the pleasure of walking organisations through their first panel experience as well as participating in some very well organised and efficient large panels by established providers. Whether it be an organisations first experience or fiftieth experience the Independent Specialist brings to the panel their unique knowledge and experience which inevitably is called upon to clarify an issue or illuminate a new perspective that improves the quality of service provision. I carry with me my expertise gained from my qualifications as well as multi-faceted experience from the ground up as a Disability Support Worker, House and Line Manager, Teacher, Behaviour Support Practitioner and mother of two amazing people with disabilities. Each Independent Specialist has their own wealth of knowledge and experience to offer and having access to the whole team is like a living library of priceless collective knowledge and experience.

Before becoming a CJS Independent Specialist I was called to attend many dedicated in-house and also joint Restrictive Practices Authorisation panels with different providers as an Independent as well as in the capacity of a Behaviour Support Practitioner. Sometimes it was very hard for providers to find an appropriately skilled Independent Specialist to donate their time on their panel. After the implementation of the NDIS and the withdrawal of block funding and focus on billable hours it became even harder to find that available expertise for RPA panels. It was from understanding and experiencing these difficulties myself that I was personally motivated to become a CJS Independent Specialist.

Do you have any advice or tips for those who may be sitting on or convening an RPA Panel in the future?

Firstly, just a small housekeeping request. I have had a few experiences where times of the submission have been changed from the times booked on the portal without notification. If any changes need to be made to scheduled times please let the Independent Specialist know as we can only see what is recorded on the portal.

More information is better than less when it comes to uploaded documents. Evidence is needed to make decisions.

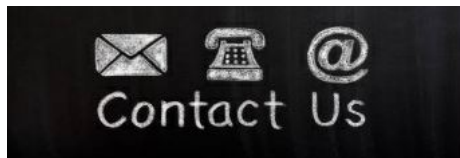
If in doubt just ask. Part of the role of the CJS Independent Specialists is to build the capability of NDIS participants and providers to uphold the rights of persons with disabilities. The Behaviour Support rules are intended to support participants to be informed purchasers and consumers of NDIS supports and services and to live free from abuse, neglect, violence and exploitation. I personally would like to see more NDIS participants attending the panels where possible. On the occasions this has occurred it has been beneficial for all concerned. For more information on how see the NSW Restrictive Practices Authorisation Policy [4.2 Involving the person in the RPA process](#).

Test your knowledge!

Question 1: Who can consent to the use of seclusion on a child?

Question 2: Who do you contact if you require help using the NSW RPA System?

Question 3: I can choose my own Independent Specialist from the drop-down list when the panel is due to occur in 15 days or less? True / False



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: Seclusion is prohibited for use on a child or young person. Consent or authorisation cannot be provided.

Question 2: For assistance using the NSW RPA System you can contact the Central Restrictive Practices Team at RestrictivePracticesAuthorisation@facs.nsw.gov.au

Question 3: False

Our mailing address is:

RestrictivePracticesAuthorisation@facs.nsw.gov.au

Why am I getting this?

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