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Communities
& Justice

NSW Restrictive Practices Authorisation (RPA)

News

RPA Newsletter - April 2021

In this Issue

Welcome to the April 2021 issue of the NSW RPA Newsletter. In this issue we will be discussing:

- [COVID - 19](#)
 - [NSW RPA Webinars](#)
 - [Let's Talk Quality](#)
 - [Chemical Restraint: Dosage](#)
 - [Case Study](#)
 - [Spotlight On Jackie Grozdanovski](#)
 - [Test your knowledge!](#)
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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 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](#)
 - [Service Providers](#)
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NSW RPA Webinars

DCJ are conducting two webinars in May 2021. One will focus on the end-to-end process of submitting and approving restrictive practices in the NSW RPA System. The other will focus on authorisation requirements.

Webinar 1 - RPA Requirements in NSW

Date: 20 May 2021

Time: 10:30am – 12.30pm

This session is recommended for anyone who is new to RPA in NSW or who would like a better understanding of the requirements for authorising a restrictive practice.

Participants will have the opportunity to ask policy-related questions.

For Registration: Please register via this [link](#).

Webinar 2 - End-to-end NSW RPA system demonstration

Date: 27 May 2021

Time: 10:30am – 12 noon

This session is recommended for new users of the RPA System who have not attended previous information sessions. It will focus on how to submit and approve restrictive practices in the NSW RPA System. The webinar will also include an overview of roles and responsibilities according to the function (i.e. Behaviour Support Practitioner) and how key dashboard components can assist with the monitoring of practices.

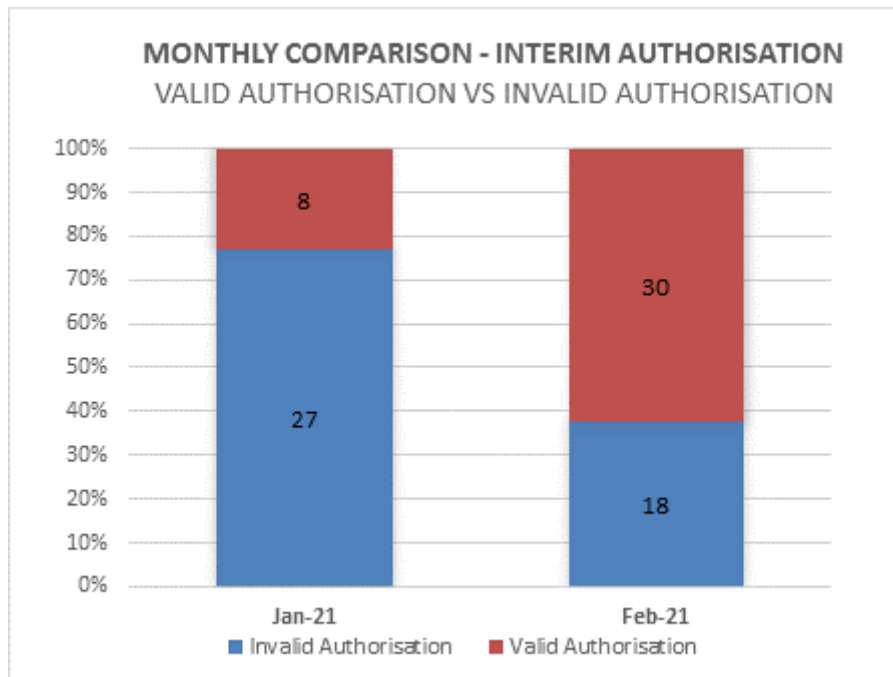
For Registration: Please register via this [link](#).



Let's Talk Quality

The Central Restrictive Practices Team has now completed the review of all outcome summaries finalised in the NSW RPA System for February 2021. Below is a summary of our findings, and the actions we have taken.

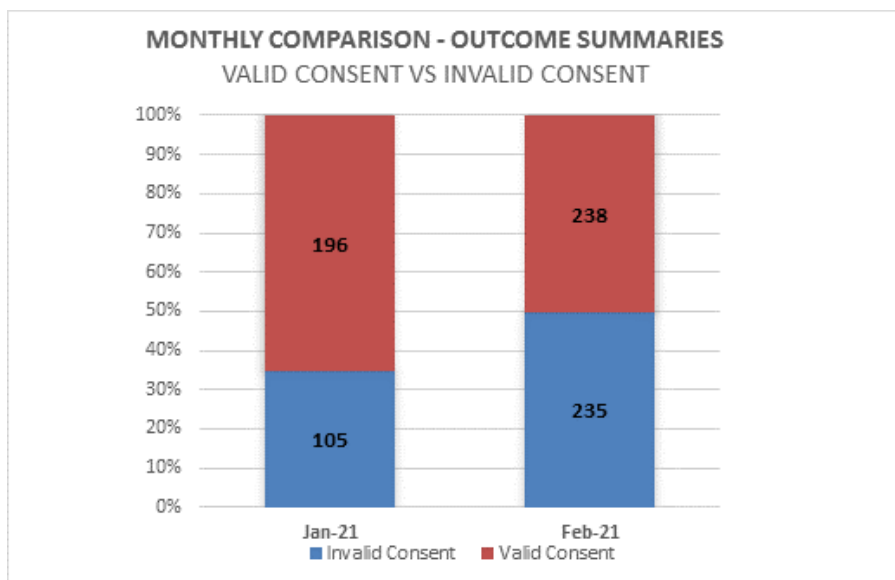
Interim authorisation



There was a significant improvement from the review conducted on January 2021 outcome summaries. Of the 48 interim authorisations reviewed for February 2021, 18 (37.5%) were considered invalid for the following reasons:

- The date the practice was first used is more than 6 months ago (11)
- Authorisation sought for previously authorised practice (6)
- No interim behaviour support plan attached to the interim submission (1)

Consent



Of the 473 outcome summaries reviewed from February 2021, 235 (49%) were considered invalid due to inappropriate consent being provided. Although the percentage of invalid outcome summaries has increased, there has been an increase in the number of queries from service providers since the March 2021 RPA Newsletter seeking clarification around consent requirements. The reasons consent was deemed invalid were:

- No evidence of consent for practice attached (116)
- Consent provided by unauthorised person (75)
- Consent provided by unauthorised person AND no evidence of consent for practice attached (20)
- Consent for BSP, not to implement practice (16)
- Consent expires before authorisation period (8)

Actions taken by the Central Restrictive Practices Team

- Correspondence has been sent to all of the organisations who were found to have invalid interim authorisation to inform them of the issues identified, advise them of the actions required to rectify the issues identified, and their reporting requirements to the NDIS Quality and Safeguards Commission.
- DCJ Independent Specialists will continue to highlight the consent requirements at RPA Panels for the practices that are being authorised.
- Additional focus on consent requirements will be included in the RPA Requirements Webinars that are hosted monthly by the Central Restrictive Practices Team.

The Central Restrictive Practices Team will be conducting a further review of outcome summaries completed in March 2021, and will keep the sector informed of the results.



Chemical Restraint: Dosage

When an RPA panel considers the use of chemical restraint, it is the use of the medication in either a routine or PRN basis that they are authorising.

The panel will be guided on the correct dosage by medical reports that the provider has uploaded with the submission.

Practitioners must include the name of the medication in their Behaviour Support Plan and the circumstances under which the medication should be administered, for example routine or PRN. This then becomes the practice of chemical restraint an RPA panel will consider. When implementing providers make an RPA submission they must name the practice, the name of the medication and how it is to be administered, i.e. routine or PRN. The dosage does not need to be included in naming the practice, this can be included in section 4 of the submission where a provider uploads the medication administration charts and medical reports.

For further guidance on including chemical restraint in an RPA submission, please contact the Central Restrictive Practices Team at restrictivepracticesauthorisation@facs.nsw.gov.au.



Case Study

Charlotte is a 19 year old woman with a disability who lives with her family; her father is her person responsible. Although Charlotte lives in her family home she accesses a number of NDIS-funded supports. These are: overnight respite one weekend every three months, transportation to and from work, supported employment two days per week, and support to access the community on weekends.

Charlotte also displays a number of behaviours of concern and has a behaviour support plan which contains restrictive practices; these practices include:

- the use of a seatbelt lock and child locks whilst in a car which is implemented by her family, respite service, transportation and community support providers
- PRN medication which is implemented by her family and by all service providers
- locked kitchen cupboards which is implemented by her family, employment and respite providers

A panel's decision to authorise a restrictive practice is limited to those implementing providers who are represented on the RPA panel. Since Charlotte has four NDIS-funded providers implementing restrictive practices, these need to be authorised by RPA panels which have representatives from each of the four providers. Each provider will need to be registered in the NSW RPA System and will each need to create a submission to cover the restrictive practices they will be implementing. As Charlotte's family is not NDIS-funded, they do not need to obtain restrictive practices authorisation to implement the practices.

All four providers' RPA Panels have authorised Charlotte's restrictive practices they are to respectively implement. In doing this, all four providers also need to separately obtain consent to implement the practices.

As Charlotte's father is her person responsible, he can only consent to the use of the PRN medication; he cannot provide valid consent for the other restrictive practices.

As Charlotte is unable to provide consent to the restrictive practices it means she requires a legally appointed guardian with a restrictive practices function to consent to the

implementation of these practices. Her family applies to the NSW Civil and Administrative Tribunal (NCAT) who appoint Charlotte's father as her legal guardian with a restrictive practices function. After obtaining this function, Charlotte's father provides consent to each of the four implementing providers to implement the practices. In each instance, RPA is only considered complete once each of the four implementing providers receive consent to implement from Charlotte's father, which is uploaded to the outcome summary in the NSW RPA System.

SPOTLIGHT



Jackie Grozdanovski

Manager

DCJ Central Restrictive Practices Team

How did you get to where you are today?

I'm a strong believer in everything happens for a reason and I've been lucky enough to have been presented with some amazing opportunities. Not all of those opportunities were my preferences at the time, however, I've come to realise that some of those missed opportunities/disappointments have actually been blessings.

I was in a job that wasn't fulfilling and I really wasn't enjoying it anymore. I was trying to decide what direction I wanted to take and I had a friend that worked in an ADHC group home and she suggested I had the right attitude and should apply for a job as a casual RSW whilst I decided. So I did and in no time realised this was the industry that both challenged and inspired me and so began my journey.

Working for such a large and supportive government agency gave me the opportunity to explore a variety of roles and expand my knowledge and skills. I went to university part time and gained my Bachelor in Education (Habilitation) and over a 10 year period I worked my way around accommodation and respite in a variety of roles. During this period I was involved in the implementation of restrictive practices as well as the preparation of applications for restrictive practice authorisation, taking into account the importance of person centeredness and data collection to support people with disability.

I spent the next 10 years gaining skills and experience in Commissioning and Planning, Sector Reform, the Boarding House Reform Team and a number of Special Project roles, whilst I gained further qualification in business and management. In Commissioning and Planning I managed contracts and supported disability service providers within the NGO sector to align with government requirements including authorisation of restrictive practices.

With the introduction of the NDIS and the conclusion of ADHC, I explored the NGO sector and worked as the National Quality and Assurance Lead for Life Without Barriers (LWB). This opportunity gave me valuable insight into the non-government sector and the complexities the sector faces from another lens. Whilst at LWB I came across an amazing opportunity to develop a Restrictive Practices Framework with NSW Department of Education. Yep, I was back in the government sector. As I wrapped up the framework and sent it off for approval and just before the panic of 'where to now' could set in, the role of the Manager Restrictive Practices with DCJ popped up and here I am.

In your role what advice would you give to panel members?

Be organised and make informed decisions with the person at the centre of decision making.

What do you like about working in the Central Restrictive Practices Team?

I like 'why' the team is here.

During my time at DCJ I have slowly gotten to know the team and we all have different skill sets, knowledge and experience which is invaluable to the holistic approach to working as a team. We are always learning from each other, which I love.

The one thing that doesn't differentiate is our 'why'.

I think having a shared why means we have a shared purpose and direction and this makes reaching outcomes so much more effective and achievable. It provides a foundation that influences what we do and how we do things.

QUIZ!

Test your knowledge!

Question 1: True or False? When making a decision to authorise chemical restraint or not, the RPA Panel is authorising the dosage of the medication?

Question 2: Where can the contact details for the DCJ Independent Specialist sitting on an upcoming panel be found in the RPA System?

Question 3: What type of restrictive practice is it - Environmental Restraint or Seclusion? Staff (and other residents) retreating to a secure office while the person is restricted to the remainder of the house and is unable to leave.



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:

Q1: False. The decision of an RPA Panel to authorise chemical restraint is authorising the specific medication and authorising the circumstance in which it is to be administered (routine or PRN). The RPA Panel is not authorising the dosage amount.

Q2: The contact details, including phone number and email address, for a DCJ Independent Specialist sitting on an RPA Panel can be found in section 10 of a submission. The contact details for the panel convenor can also be found here.

Q3: This restrictive practice would be Seclusion.



Our mailing address is:
RestrictivePracticesAuthorisation@facss.nsw.gov.au

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NSW Department of Communities and Justice - CRPT - L 4 219-241 Cleveland Street - STRAWBERRY HILLS, NSW 2012 - Australia