NSW Restrictive Practices Authorisation (RPA)

News

RPA Newsletter - October 2020

In this Issue

Welcome to the October 2020 issue of the NSW RPA Newsletter. In this issue we will be discussing:

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

Managing behaviours of concern and using restrictive practices during COVID-19 isolation

The NDIS Quality and Safeguards Commission has developed a fact sheet to support the sector in preventing the escalation of behaviours of concern during COVID-19.

Key points

- The fact sheet was developed with advice from the Australian Government Department of Health.
- It explains how to prevent the escalation of behaviours of concern and the use of restrictive practices.
- It also contains guidance for providers on using psychotropic medications to manage behaviours of concern during COVID-19 isolation.

Fact sheet click here

Unauthorised Restrictive Practices Webinar

This webinar provides information relating to a notice (as a condition of registration under S 73F(2)(i) of the NDIS Act 2013) that was issued on 6 July 2020 by the NDIS Quality and Safeguards Commissioner to registered providers in New South Wales and South Australia.

The notice requested information on the provider's use of unauthorised restrictive practices where the use is not in accordance with:

- an authorisation and there is an authorisation process in relation to the use of the restrictive practice; and/or
- a behaviour support plan for the NDIS participant.

Click here

Upgrade to NSW RPA System

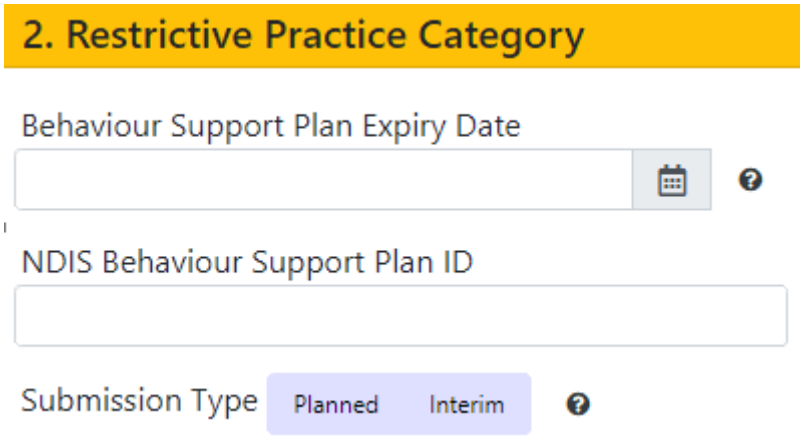
New Feature is now live!: Behaviour Support Plan Expiry Date

A new field has been added to the NSW RPA system, Section 2. Restrictive Practice Category of the Submission form.

This field is used to record the expiry date of the Behaviour Support Plan. This information is required before the Submission can be released.

The RPA expiry date must be prior to or align with, the expiry date of the Behaviour Support Plan.

The information in this new field will alert users when an Outcome Summary with an RPA end date exceeds the expiry date of the Behaviour Support Plan.



DCJ Independent Specialists

RPA Panels convened by registered NDIS providers are to include a specialist with expertise in behaviour support.
The NSW Government has established and maintains, a pool of Behaviour Support Specialists to ensure that registered NDIS providers have access to independent expertise in behaviour support.

The role of Independent Specialist includes:

- Ensuring the application is evidence-based, is the least restrictive option and can be safely implemented.
- Ensuring the practice will address the behaviours of concern and consideration has been given to fade out strategies.
- Ensuring the decision is in keeping with the principles of the UNCRPD.
- Ensuring that the Panel is impartial and decisions are transparent.
- Challenging the need and rationale for strategies, and exploring resourcing challenges.

The senior manager of the service provider acts as the chair and convenes the RPA panel. This is not the role of the Independent Specialist.

Organisational approaches to reducing the use of restrictive practices

Linda Hume, National Lead for Behaviour Support, National Autistic Society UK, explores how services address their service provision to implement and monitor such a framework and how the role of practice leadership underpins an organisational response.

Some highlights:

- There is a nice practical definition of the function of the behaviours.
- The iceberg metaphor for an organisational approach is really helpful.
- The outcome data is quite interesting on using functionally and non-functionally based approaches to interventions.

- 17 minutes and 21 seconds https://www.youtube.com/watch?v=o7bI6YNN3oQ&t=17m21s
- Long version https://www.youtube.com/watch?v=o7bI6YNN3oQ

Case Study

Introduction

Warren is a 52-year-old man with diagnoses which include mild intellectual disability, schizophrenia, diabetes and chronic obstructive airways disease. He is overweight, and his G.P. has recommended that he modify his diet and exercise habits in order to lose weight, and that Warren further reduce and limit his cigarette intake. Warren has a history of institutional care, and cigarettes have become an important part of his daily routine. When he lived in an institutional setting some years ago, cigarette breaks were a time he remembers fondly as he had close 1:1 time with staff.

Warren engages in a range of behaviours of concern, which include physical aggression and verbal aggression directed at others, including both support workers and other residents. Warren received some behaviour support funding in relation to these behaviours, and it was identified by the practitioner that Warren's cigarettes were rationed. Staff identified that this was done with Warren's inclusion and consent, that Warren's G.P. recommended it, and that Warren had signed a 'Cigarette Agreement' to this effect. Warren noted to the behaviour practitioner that he didn't like his cigarettes being restricted, but understood it was 'the rules' and that it helped him to 'not run out of darts'. Warren noted that other residents had their cigarettes at the same time too.

It was also identified however that Warren's cigarettes had already been rationed prior to the medical appointment, and it was noted that these behaviours can be exacerbated by periods in which Warren has run out of preferred items, including cigarettes, and that maintaining access to this resource was an effective support for his mental health and behavioural presentation.

On this basis, the behaviour practitioner identified this practice as restrictive in the Behaviour Support Plan, and asked that the NDIS provider seek authorisation for the use of the practice through the DCJ RPA System & Panel process, and that Warren be invited to share his experience of the restriction with the Panel.

Panel Considerations

The Panel comprised of the Regional Manager of the provider, a DCJ Independent Specialist, and was attended by Warren's house manager who lodged the submission, and

by Warren himself, with support from Gary, his key worker. Warren was able to identify for the Panel some of his interests, including going fishing, some personal goals, including getting fitter, and to share his experience of living in his home. He was able to tell the Panel that he received a cigarette each hour during the day, and that he wanted more, but it was helpful for him, so that he always had spare smokes. After 15 minutes, Warren identified that he'd had enough of meetings, and asked to leave. The Panel thanked him for his contribution.

The provider had uploaded with the submission the functional assessment of behaviour, the behaviour support plan, a G.P. letter, weight charts, behavioural data, and Warren's personal one-page profile.

The Panel noted that the behavioural data supported evidence that when Warren ran out of cigarettes he had engaged in aggressive behaviour, in one case threatening a community member who then gave him a cigarette of his own, and in another case threatening a staff member within the home.

The Panel also reflected on Warren's medical advice to reduce smoking. It was noted that Warren continued to smoke 15 cigarettes a day, and the G.P. had recommended this be further reduced to 10. Staff reported that Warren understood this recommendation, but had chosen not to implement this, as he acts as his own decision-maker.

A discussion was also had about what would happen in the event that Warren chose to withdraw his consent for the cigarette agreement, and whether staff would therefore cease to ration them. It was noted that this would be risk-laden, and that perhaps an alternate decision-maker may need to be considered.

Decision and Conditions

The Panel identified that the behaviour practitioner's view of the practice as being restrictive was correct, in that the practice impacts on Warren's free access to his own possessions, even though Warren self-consents. It was noted that one of the consenting parties for Environmental Restraint can be the person themselves, where they have capacity.

The Panel was satisfied that Warren was aware of and able to consent to the practice, as was evident in his own testimony. It was noted that there was sufficient evidence that Warren had not been able to manage in the past without this support, and that in the event of him not having access, this posed a risk of harm to self and others.

The Panel did however recommend that Warren be encouraged to build some greater insight into the management of his own cigarette rationing, and to explore some alternatives forms of rationing, e.g. with visual aid supports, having a cigarette container/drawer in his room with increasing access to multiple hours/cigarettes over time, and exploration of educational supports in relation to his health and why the doctor had recommended a further reduction.

The Panel also noted that as Warren was the consenting party for the use of this practice, in the event that his consent was withdrawn, that the practice should cease, and a review of either the need for the practice be undertaken in consultation with Warren, or alternate

forms of support be explored.

SPOTLIGHT

David Coyne
Principal of David Coyne and Partners
DCJ Independent Specialist

How did you get to where you are today?
Shortly after emigrating from the United Kingdom to Australia as a teenager with my family

my Mother commenced working in a disability facility in Wollongong. My Mum would often work weekends and sometimes had concern I'd make my own mischief, at home for long periods on my own. She used to ask me to come in to work on weekends sometime, to keep an eye on me but also for the young residents to have a non - disabled peer. An early version of 'social role valorisation' I'd say. This really was the start of my career in the Disability Sector! This early exposure led to me studying Psychology at the Universities of Wollongong and Sydney and registering as a Psychologist.

I've spent over 30 years in Government roles in the United Kingdom, N.S.W and the Australian Public Service. All roles have had a human service focus and included clinical and senior executive roles in Disability, Mental health, Justice, Child Protection and Guardianship environments. Most relevant to the work of a DCJ Independent Specialist is my role as Executive Director, Office of the Senior Practitioner/ Clinical Innovation & Governance. This role was instrumental in establishing a range of services for people with multiple and complex support needs including building the various behaviour support capability strategies and restrictive practice authorisation strategies. This role was also, on reflection, instrumental in bringing a range of sectors together to appropriately support people with a disability e.g. establishing the Memorandum of Understanding between Disability Services and Mental Health and leading the development of two University Chairs in Mental Health and Behaviour Support. Most importantly these initiatives started to remove silos between services and focus on the needs of people with a disability.
In more contemporary times I've been responsible for two significant initiatives at a national level, rolling out the NDIS in NSW Sydney and establishing the Complex Support Needs Pathway within the National Disability Insurance Agency. A highlight was receiving an Australia Day Merit award for the work led rolling out the NDIS in Sydney.

What do you see are the benefits of having the FACS Independent Specialists participating on RPA Panels?
It's a great privilege to be selected as an independent specialist. In being selected the NSW Government has taken a broad approach to expertise, skill and knowledge. It has chosen specialists with many years' experience in clinical settings, experts working with specific cohort's e.g. dual diagnosis, justice, autism etc. Specialists have also been chosen who have a depth and breadth of knowledge in relation to managing and leading service systems, this is critical knowledge for panels where service blocks are resulting in individuals not receiving the access to the right supports or whose supports are restricted. Panel members and independent specialists will remain focussed on what is good and best practice and ensure restrictive practice authorisation decisions are made in line with this practice, policy and legislative guidelines.

Do you have any advice or tips for those who may be sitting on or convening an RPA Panel in the future?
I think some of the key issues would be firstly prepare well. Review the reports, make notes and prepare a range of questions if in fact there is information missing. Also do any research beforehand on particular diagnosis, medications etc. People will be relying on you to bring your knowledge and thoughtful presence.

On the day, most importantly remember you are assisting professionals to make recommendations and decisions that affect a person's life and wellbeing. This has to be at the forefront of our work.

Test your knowledge!

Question 1: The use of restrictive practices must be authorised in NSW. There are three requirements for authorisation. What are they ?

Question 2: Does the submission need to be completed on the RPA System before a request can be made to source the services of a DCJ funded Independent Specialist?

Question 3: Can RPA panel still proceed if the NDIS provider's submission is not ready / incomplete?

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: 1. a behaviour support plan is developed, 2. informed consent is obtained by the participant or their guardian, 3. authorisation is approved by an RPA Panel managed through internal policy and procedures of the registered NDIS provider.

Q2: Yes.

Q3: No! A submission can be incomplete for the following reasons: - the uploaded BSP is more than 12 months old; - essential supporting documents, such as Functional Assessment of Behaviour has not been uploaded; - the ‘release’ button has not been clicked, which means that the RPA Panel cannot see the submission and therefore have not read the document; - all sections of the form have not been completed.
