



**LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY**

**Social Policy Scrutiny Committee**

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**Inquiry into the National  
Disability Insurance Scheme  
(Authorisations) Bill 2019**

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**May 2019**



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## Chair's Preface

This report details the Committee's findings regarding its examination of the National Disability Insurance Scheme (Authorisations) Bill 2019. In accordance with the *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Services Sector*, the *NDIS Quality and Safeguarding Framework* and associated NDIS Rules, this Bill establishes the authorisation of restrictive practices for Northern Territory NDIS participants.

The Bill also provides the operational structure for the newly created role of the Senior Practitioner whose functions include the authorisation and disallowance of the use of restrictive practices; production and dissemination of policies, standards and guidelines to promote best practice, lead sector capacity building and raise awareness to minimise the use of restrictive practices; and recording the authorisation of restrictive practices that are deemed to be necessary.

The Committee received five submissions to its inquiry, all of which supported the intent of the Bill and welcomed its introduction. However, while acknowledging that the Bill will meet the NT's obligations to provide an authorisation process for the use of restrictive practices for NDIS participants, concerns were raised regarding the limited scope of the proposed legislation. Clarification was also sought regarding the operation of various aspects of the Bill. For the most part, the issues raised were either beyond the scope of the Bill or related to operational matters that are provided for in the NDIS Rules.

The Committee has recommended that the Assembly pass the Bill with the proposed amendment as set out in recommendation three. To ensure consistency with the *Disability Services Act 1993* (NT), the National Standards for Disability Services, and the Disability Services (Principles and Objectives) Instrument 2018 (Cth), the Committee has recommended that the 'Principles' in the Bill be amended to include participants' rights in relation to the regular review of services and the pursuit of grievances in relation to those services.

The Committee has also made three recommendations for action by the Government. As set out in recommendations two, four and five, these go to ensuring all departmental policies and procedures align with the intent of the legislation regarding the use of restrictive practices; that further consideration be given to safeguarding the independence of the Senior Practitioner; and that a review of the operation of the legislation be undertaken as soon as practicable after the end of the first year of its operation for tabling in the Assembly.

On behalf of the Committee, I would like to thank all those who provided submissions or appeared before the Committee at public hearings. The Committee also thanks the Office of Disability in the Department of Health for their advice. I also thank my fellow Committee members for their bipartisan commitment to the legislative review process.



**Ms Ngaree Ah Kit MLA**  
**Chair**

## Committee Members

	<b>Ms Ngaree Ah Kit MLA</b> Member for Karama	
	<b>Party:</b>	Territory Labor
	<b>Parliamentary Position:</b>	Acting Deputy Speaker
	<b>Committee Membership</b>	
	<b>Standing:</b>	Standing Orders and Members' Interests
	<b>Sessional:</b>	Social Policy Scrutiny
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	<b>Party:</b>	Independent
	<b>Parliamentary Position:</b>	Acting Deputy Speaker
	<b>Committee Membership</b>	
	<b>Standing:</b>	Standing Orders and Members' Interests
	<b>Sessional:</b>	Social Policy Scrutiny
	<b>Mrs Lia Finocchiaro MLA</b> Member for Spillett	
	<b>Party:</b>	Country Liberals
	<b>Parliamentary Position:</b>	Deputy Leader of the Opposition, Opposition Whip
	<b>Committee Membership</b>	
	<b>Standing:</b>	Privileges
	<b>Sessional:</b>	Social Policy Scrutiny, Economic Policy Scrutiny
	<b>Ms Sandra Nelson MLA</b> Member for Katherine	
	<b>Party:</b>	Territory Labor
	<b>Parliamentary Position:</b>	Acting Deputy Speaker
	<b>Committee Membership</b>	
	<b>Standing:</b>	House, Public Accounts
	<b>Sessional:</b>	Social Policy Scrutiny
	<b>Mr Chansey Paech MLA</b> Member for Namatjira	
	<b>Party:</b>	Territory Labor
	<b>Parliamentary Position:</b>	Deputy Speaker
	<b>Committee Membership</b>	
	<b>Standing:</b>	House, Privileges
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## **Acknowledgements**

The Committee acknowledges the individuals and organisations that provided written submissions or oral evidence at public hearings.

## Glossary of Terms, Abbreviations and Acronyms

Authorised Restrictive Practice	A restrictive practice that is used by a provider in relation to a participant, following a process through which the provider has sought, and obtained, formal permission to have the restrictive practice included in the participants' positive behaviour support plan, through the relevant state or territory approval process.
COAG	Council of Australian Governments
CRPD	United Nations Convention on the Rights of Persons with Disabilities 2006
CVP	Northern Territory Community Visitor Program
DCLS	Darwin Community Legal Service
HCSCC	Northern Territory Health and Community Services Complaints Commission
LWB	Life Without Barriers
NDIS	National Disability Insurance Scheme
NDIS Commission	National Disability Quality and Safeguards Commission. This is an independent agency established to regulate the NDIS market, provide national consistency, promote safety and quality services, resolve problems and identify areas for improvement.
NDIS Framework	National Disability Insurance Scheme Quality and Safeguarding Framework 2016. The NDIS Framework provides a nationally consistent approach to help empower and support NDIS participants to exercise choice and control, while ensuring appropriate safeguards are in place, and establishes expectations for providers and their staff to deliver high quality supports.
NDIS Provider	A person or organisation registered with the NDIS to provide supports to participants or to manage the funding for supports for participants.
Non NDIS provider	A provider that supports an NDIS participant but is not registered as an NDIS provider.
NSDS	National Standards for Disability Services 2013
NTCAT	Northern Territory Civil and Administrative Tribunal
OPG	Northern Territory Office of the Public Guardian
Positive Behaviour Support Plan (PBSB)	A positive behaviour support plan for a person with an intellectual or cognitive disability is a plan that describes the strategies to be used to: <ul style="list-style-type: none"> <li>a) meet that person's needs</li> <li>b) support that person's development of skills</li> <li>c) maximise opportunities through which that person can improve their quality of life</li> <li>d) reduce the intensity, frequency and duration of behaviour that causes harm to the person or others</li> </ul>

	The plan should also specify the conditions under which restrictive practices (if required) may be used.
Restrictive Practice	Any intervention which restricts the rights or freedom of movement of a person with disability who displays behaviours of concern, where the primary purpose of that intervention is to protect them, or others, from harm. It is a last resort intervention that occurs in the context of a positive behaviour support plan and should be used in proportion to the risk posed by the behaviour it is intended to address (see also 'authorised restrictive practice' and 'unauthorised restrictive practice')
Unauthorised Restrictive Practice	A restrictive practice that is used by a provider in relation to a participant when approval (through the relevant state or territory approval process) has not been obtained to include it in the participant's positive behaviour support plan. This is classified as a serious incident for reporting purposes.



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## Terms of Reference

### Sessional Order 13

#### *Establishment of Scrutiny Committees*

- (1) Standing Order 178 is suspended.
- (2) The Assembly appoints the following scrutiny committees:
  - (a) The Social Policy Scrutiny Committee
  - (b) The Economic Policy Scrutiny Committee
- (3) The Membership of the scrutiny committees will be three Government Members and one Opposition Member nominated to the Speaker in writing by the respective Whip and one non-party aligned Member to be appointed by motion.
- (4) The functions of the scrutiny committees shall be to inquire and report on:
  - (a) any matter within its subject area referred to it:
    - (i) by the Assembly;
    - (ii) by a Minister; or
    - (iii) on its own motion.
  - (b) any bill referred to it by the Assembly;
  - (c) in relation to any bill referred by the Assembly:
    - (i) whether the Assembly should pass the bill;
    - (ii) whether the Assembly should amend the bill;
    - (iii) whether the bill has sufficient regard to the rights and liberties of individuals, including whether the bill:
      - (A) makes rights and liberties, or obligations, dependent on administrative power only if the power is sufficiently defined and subject to appropriate review; and
      - (B) is consistent with principles of natural justice; and
      - (C) allows the delegation of administrative power only in appropriate cases and to appropriate persons; and
      - (D) does not reverse the onus of proof in criminal proceedings without adequate justification; and
      - (E) confers powers to enter premises, and search for or seize documents or other property, only with a warrant issued by a judge or other judicial officer; and
      - (F) provides appropriate protection against self-incrimination; and
      - (G) does not adversely affect rights and liberties, or impose obligations, retrospectively; and

- (H) does not confer immunity from proceeding or prosecution without adequate justification; and
  - (I) provides for the compulsory acquisition of property only with fair compensation; and
  - (J) has sufficient regard to Aboriginal tradition; and
  - (K) is unambiguous and drafted in a sufficiently clear and precise way.
- (iv) whether the bill has sufficient regard to the institution of Parliament, including whether the bill:
- (A) allows the delegation of legislative power only in appropriate cases and to appropriate persons; and
  - (B) sufficiently subjects the exercise of a delegated legislative power to the scrutiny of the Legislative Assembly; and
  - (C) authorises the amendment of an Act only by another Act.
- (5) The Committee will elect a Government Member as Chair.
- (6) Each Committee will provide an annual report on its activities to the Assembly.

Adopted 24 August 2017

## Recommendations

### Recommendation 1

The Committee recommends that the Legislative Assembly pass the National Disability Insurance Scheme (Authorisations) Bill 2019 with the proposed amendment set out in recommendation 3.

### Recommendation 2

The Committee recommends that, to ensure consistency across agencies, the Government develop and implement a whole of government policy which aligns with the intent of the proposed legislation with regards to the use of restrictive practices.

### Recommendation 3

The Committee recommends that Clause 5 (Principles) of the Bill be amended to include that:

- (i) Participants receiving services have the same right as other members of Australian society for those services to be reviewed regularly; and
- (ii) Participants have the same right as other members of Australian society of the pursuit of a grievance in relation to services.

### Recommendation 4

The Committee recommends that the Government give further consideration to safeguarding the independence of the Senior Practitioner.

### Recommendation 5

The Committee recommends that the Government review the operation of the proposed legislation and present a report to the Legislative Assembly as soon as practicable after the end of its first year of operation.

# 1 Introduction

## Introduction of the Bill

1.1 The National Disability Insurance Scheme (Authorisations) Bill 2019 (the Bill) was introduced into the Legislative Assembly by the Minister for Disabilities, the Hon Natasha Fyles MLA, on 20 March 2019. The Assembly subsequently referred the Bill to the Social Policy Scrutiny Committee for inquiry and report by 7 May 2019.<sup>1</sup>

## Conduct of the Inquiry

1.2 On 22 March 2019 the Committee called for submissions by 3 April 2019. The call for submissions was advertised via the Legislative Assembly website, Facebook, Twitter feed and email subscription service. In addition, the Committee directly contacted a number of individuals and organisations.

1.3 As noted in Appendix 2, the Committee received five submissions to its inquiry. The Committee held a public briefing with the Office of Disability in the Department of Health on 1 April 2019 and public hearings with seven witnesses in Darwin on 12 April 2019.

## Outcome of Committee's Consideration

1.4 Sessional order 13(4)(c) requires that the Committee after examining the Bill determine:

- (i) whether the Assembly should pass the bill;
- (ii) whether the Assembly should amend the bill;
- (iii) whether the bill has sufficient regard to the rights and liberties of individuals; and
- (iv) whether the bill has sufficient regard to the institution of Parliament.

1.5 Following examination of the Bill, and consideration of the evidence received, the Committee is of the view that the Legislative Assembly should pass the Bill with the proposed amendment as set out in recommendation 3. In addition, the Committee has made three recommendations for action by the Government regarding implementation and subsequent review of the proposed legislation.

### Recommendation 1

**The Committee recommends that the Legislative Assembly pass the National Disability Insurance Scheme (Authorisations) Bill 2019 with the proposed amendment set out in recommendation 3.**

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<sup>1</sup> Hon Natasha Fyles MLA, Minister for Disabilities, *Daily Hansard - Day 5 – 20 March 2019 final*, <http://www.territorystories.nt.gov.au/jspui/handle/10070/306552>, pp.1-4

## **Report Structure**

- 1.6 Chapter 2 provides an overview of the policy objectives of the Bill and the purpose of the Bill as contained in the Explanatory Statement.
- 1.7 Chapter 3 considers the main issues raised in evidence received.

## 2 Overview of the Bill

### Background to the Bill

2.1 The staged transition to the National Disability Insurance Scheme (NDIS) commenced in the Northern Territory on 1 July 2016, with the full NDIS scheme to be operational in the Northern Territory as of 1 July 2019. As noted by the Minister in presenting the Bill, as of this date the NDIS Quality and Safeguards Commission (the NDIS Commission) will also come into effect.

The NDIS Commission is a new independent agency established to improve the quality and safety of NDIS supports and service. It will regulate the NDIS market, provide national consistency, promote safety and quality service and identify areas for improvement.<sup>2</sup>

2.2 As provided for in the *NDIS Quality and Safeguarding Framework* (NDIS Framework), and the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 (Cth), while the NDIS Commission will have a monitoring and oversight role, the Northern Territory is required to provide an authorisation process through the role of a Northern Territory NDIS Senior Practitioner.<sup>3</sup> However, as noted by the Minister, at present the Territory's legislation only requires authorisation for the use of restrictive practices by a government operated secure care facility and does not extend to the regulation of restrictive practices by NDIS providers for NDIS participants in the Territory.<sup>4</sup>

### Purpose of the Bill

2.3 In accordance with the *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Services Sector*, the NDIS Framework and associated NDIS Rules, the Bill establishes the authorisation of restrictive practices for Northern Territory NDIS participants and provides the operational structure for the newly created role of the Senior Practitioner.<sup>5</sup> In doing so, the Explanatory Statement notes that the Bill seeks to protect "the most vulnerable people in the NT and prevent harm from the unnecessary use of restrictive practices."<sup>6</sup>

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<sup>2</sup> Hon Natasha Fyles MLA, Minister for Disabilities, Daily Hansard, *Day 5 – 20 March 2019 final*, <http://www.territorystories.nt.gov.au/jspui/handle/10070/306552>, p.1

<sup>3</sup> Hon Natasha Fyles MLA, Minister for Disabilities, Daily Hansard, *Day 5 – 20 March 2019 final*, <http://www.territorystories.nt.gov.au/jspui/handle/10070/306552>, pp.1-3; see also Australian Government (Department of Social Services), *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Services Sector*, [https://www.dss.gov.au/sites/default/files/documents/04\\_2014/national\\_framework\\_restrictive\\_practices\\_0.pdf](https://www.dss.gov.au/sites/default/files/documents/04_2014/national_framework_restrictive_practices_0.pdf); Australian Government (Department of Social Services), *NDIS Quality and Safeguarding Framework*, <https://www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-quality-and-safeguarding-framework-0>; and National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 (Cth)

<sup>4</sup> Hon Natasha Fyles MLA, Minister for Disabilities, Daily Hansard, *Day 5 – 20 March 2019 final*, <http://www.territorystories.nt.gov.au/jspui/handle/10070/306552>, pp.1-3; see also *Disability Services Act 1993* (NT), ss 41-44

<sup>5</sup> Hon Natasha Fyles MLA, Minister for Disabilities, Daily Hansard, *Day 5 – 20 March 2019 final*, <http://www.territorystories.nt.gov.au/jspui/handle/10070/306552>, p.2

<sup>6</sup> Explanatory Statement, *National Disability Insurance Scheme (Authorisations) Bill (Serial 83)*, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.1

- 2.4 As highlighted in the Statement of Compatibility with Human Rights, the Bill seeks to achieve this by providing:

safeguards around the use of restrictive practices to a NDIS participant who requires their use due to behaviours of concern that place the participant or others at risk of harm. ... The approach taken in the NDIS Quality and Safeguarding Framework has a focus on the reduction and elimination of the use of restrictive practices in line with the UN Convention of the Rights of Persons with Disabilities (CPRD) by promoting behaviour support strategies including positive behaviour support and imposing significant oversight requirements where restrictive practices are used as a last resort. It uses a variety of regulatory mechanisms to develop a holistic system for the safeguarding of the human rights of people with a disability.<sup>7</sup>

- 2.5 Given the above, the primary purpose of this Bill is to:

- a) provide for the regulation of restrictive practices for participants of the National Disability Insurance Scheme;
- b) create the new role of the Senior Practitioner to:
  - a) authorise and disallow the use of restrictive practices;
  - b) produce and disseminate policies, standards and guidelines to promote best practice, lead sector capacity building and improve awareness to minimise the use of restrictive practices; and
  - c) capture and record the authorisation of restrictive practices that are deemed to be necessary.<sup>8</sup>

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<sup>7</sup> Statement of Compatibility with Human Rights, *National Disability Insurance Scheme (Authorisations) Bill (Serial 83)*, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.1

<sup>8</sup> Explanatory Statement, *National Disability Insurance Scheme (Authorisations) Bill (Serial 83)*, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.1

## 3 Examination of the Bill

### Introduction

- 3.1 All of the submissions received supported the intent of the Bill and welcomed its introduction. However, clarification was sought regarding the operation of a number of provisions within the Bill. The Committee notes that in many instances the issues raised were either beyond the scope of the Bill, or referred to operational matters that are provided for under the *NDIS Quality and Safeguarding Framework* (NDIS Framework) and associated NDIS Rules.
- 3.2 The following discussion considers the main issues of concern raised in submissions and the subsequent advice provided to the Committee by the Office of Disability in the Department of Health (the Department).

### Clause 4 – Application of Act

- 3.3 Clause 4(1) provides that the proposed legislation ‘applies in relation to NDIS providers who seek to apply restrictive practices to participants in the delivery of services to participants.’ While acknowledging that the Bill will meet the NT’s obligations under the NDIS Framework and associated NDIS Rules, submitters expressed their concern and disappointment that the Bill fails to safeguard the rights of all people with disabilities that may be subject to restrictive practices.
- 3.4 For example, the Health and Community Services Complaints Commission (HCSCC) noted that:
- the conclusion to the Statement of Compatibility with Human Rights states that “The Bill advances the protection of the rights of people with disability in Australia consistent with the Convention of the Rights of Persons with Disability and provides extra safeguards for the use of restrictive practices.” This statement implies that the rights of **all** people with disability are protected, and secondly that the rights of all people with disability are protected with **all** service providers. The application of the Bill only applies to “participants” – that group of people who will receive services funded under NDIS, and only applies if the services are directly funded by the NDIS.<sup>9</sup>
- 3.5 The Office of the Public Guardian (OPG) pointed out that the impact of the targeted scope of the Bill (NDIS service provider and NDIS participant specific) has two significant implications:
1. There is inconsistency of authorisation and monitoring of the use of restrictive practices for NDIS participants and other persons with disability receiving supports from service sectors who are not NDIS service providers including aged care, education and health care services.
  2. There is inconsistency of authorisation and monitoring of a NDIS participant through their different life stages and/or when they receive services and supports from service sectors who are not NDIS service providers. For example, the authorisation and monitoring of restrictive practices in relation to a NDIS participant changes for that individual as they move between the NDIS service provider (restrictive practices

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<sup>9</sup> Health and Community Services Complaints Commission, Submission 4, p.1



authorised and monitored) and an educational facility and/or a health care service (restrictive practices unauthorised and unmonitored).<sup>10</sup>

- 3.6 Similar concerns were expressed by the Darwin Community Legal Service (DCLS)<sup>11</sup> and the NT Community Visitor Program (CVP). The CVP also noted that the *Senior Practitioner Act 2018* (ACT) adopts a broader approach whereby:

the ACT legislation ensures that restrictive practices authorisation and monitoring is now in place in education, disability, child protection and other regulated settings.<sup>12</sup>

- 3.7 The Department advised that in determining the most appropriate model for the Northern Territory consideration was given to other approaches and included consultation with other jurisdictions.

It is still early days. The other jurisdictions are still working on their legislation to have it link in with the new NDIS Quality and Safeguards Commission. The ACT has its *Senior Practitioner Act*, which is broader. However, they do the authorisation, but they also do the monitoring and reporting of themselves for education and child protection. It is the only jurisdiction, though, that is broader.<sup>13</sup>

We touched base with every state and territory to see what practices were used and what would work best in the Territory. We certainly recognised that we needed a big capacity-building component of the senior practitioner. Some states did not have the capacity-building bit as strong. We have taken bits and pieces, but also worked with the NDIS Commission and other senior practitioners from other jurisdictions.<sup>14</sup>

- 3.8 The Committee heard that while the Department of Health is a registered NDIS provider,<sup>15</sup> in instances where a NDIS participant receives services from service sectors who are not NDIS providers, the use of restrictive practices would be subject to the legislation, policies and procedures applicable to that service sector.<sup>16</sup> Noting that after-school services for the Department of Education may be registered NDIS providers, the Department further clarified that:

if the education service provider is a NDIS registered provider of behaviour supports, any use of restrictive practices will be included in the NDIS participant's behaviour support plan. Authorisation of the restrictive practice must be obtained as per the requirements of this Bill.

If the education service provider is not a NDIS registered provider of behaviour supports, they would need to comply with the Department of Education's policies and procedures with regard to use of restrictive practices.<sup>17</sup>

- 3.9 The CVP also sought clarification regarding clause 4(2) of the Bill which provides that 'if a participant is also a person to whom Part 4 of the *Disability Services Act 1993* applies, this Act prevails.' As noted in their submission:

<sup>10</sup> Office of the Public Guardian, Submission 3, p.2

<sup>11</sup> Darwin Community Legal Service, Submission 1, pp.1-2

<sup>12</sup> NT Community Visitor Program, Submission 5, pp. 3-4

<sup>13</sup> Vállí Camara, Senior Policy Officer, Office of Disability, Committee Transcript, 12 April 2019, p.13

<sup>14</sup> Robyn Westerman, Senior Manager NDIS Implementation, Office of Disability, Committee Transcript, 12 April 2019, p.13

<sup>15</sup> Samantha Livesley, Senior Director, Office of Disability, Committee Transcript, 12 April 2019, p.15

<sup>16</sup> Department of Health, *Responses to Written Questions*, 12 April 2019, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.1

<sup>17</sup> Department of Health, *Responses to Written Questions*, 12 April 2019, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.2

The CVP has a visiting, inspection and complaints resolution function for residents under the *Disability Services Act 1993*. At present, the behaviour support function is provided by the Specialist Support and Forensic Disability Unit (SSFDU) in the Office of Disability. Some (but not all residents) have a NDIS plan approved. The CVP considers that there needs to be more clarity in how Part 4 will continue to operate if the Bill comes into effect.<sup>18</sup>

3.10 The Department advised that following introduction of the proposed legislation:

the Community Visitor Program will not have an oversight role for restrictive practices for NDIS participants whose behaviour support is provided by an NDIS Behaviour Support Practitioner and NDIS service provider. This will be the role of the NDIS Commission. The existing role of the Community Visitor Program, as per Part 6 of the *Disability Services Act 1993* will not change, with the exception of the inquiry function relating to the use of restrictive interventions for NDIS participants, as this will be overseen by the NDIS Commission. Consequential amendments to the *Disability Services Act 1993* will be required. Part 4 of the *Disability Services Act 1993* will continue to operate in its current form for non-NDIS participants as these clients will not be subject to the new Bill.<sup>19</sup>

3.11 The CVP also noted that the Bill does not clarify how the legislation interacts with the *Mental Health and Related Services Act 1998*.<sup>20</sup> However, as pointed out by the Department:

the mental health sector provided feedback during the consultations that this legislation and behaviour support in general is not applicable to people with a mental illness. The mental health sector stated that functional behavioural assessment is appropriate for someone with cognitive impairment but not in the context of mental illness or psychiatric disability where the behaviour is driven by psychiatric symptomatology and requires a medical response.

If a person has a dual diagnosis of intellectual disability and mental illness, the behaviour support plan would be implemented in the community and disability care facilities. However, if they were mentally unwell and required treatment for their mental illness, the *Mental Health and Related Services Act 1998* (the Act) would apply as the restraint and seclusion referred to in the Act is for treatment and/or compliance with treatment for their mental illness.<sup>21</sup>

### **Committee's Comments**

3.12 The Committee notes the clarification provided by the Department regarding the scope and application of the proposed legislation. However, while the Committee acknowledges that authorising the use of restrictive practices by non-NDIS providers is beyond the scope of the proposed legislation, it is of the view that the introduction of the Bill presents an opportunity for the Government to develop and implement a whole of government policy that aligns with the intent of the proposed legislation with regards to the use of restrictive practices and ensures consistency across all agencies.

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<sup>18</sup> NT Community Visitor Program, Submission 5, p.6

<sup>19</sup> Department of Health, *Responses to Written Questions*, 12 April 2019, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.3

<sup>20</sup> NT Community Visitor Program, Submission 5, p.8

<sup>21</sup> Department of Health, *Responses to Written Questions*, 12 April 2019, <https://parliament.nt.gov.au/committees/spsc/83-2019>, pp.3-4

## Recommendation 2

**The Committee recommends that, to ensure consistency across agencies, the Government develop and implement a whole of government policy which aligns with the intent of the proposed legislation with regards to the use of restrictive practices.**

## Clause 5 – Principles

- 3.13 Clause 5 sets out a list of general principles underpinning the proposed legislation that NDIS providers must take into account when delivering services to participants with behaviour that has the potential to cause harm to themselves or others. As noted in the Explanatory Statement:

the principles focus on the rights of the participant and align with the *United Nations Convention on the Rights of Persons with Disabilities* of which Australia is a signatory.

These principles have been drawn from the Northern Territory *Disability Services Act 1993*, *Disability Services Act 1986* (Cth), and the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector.<sup>22</sup>

- 3.14 The CVP expressed the view that:

the principles would be enhanced by including the right to regular review. Although this is inherent in how the framework is structured, it is a guiding principle for treatment and care in the *Disability Services Act 1993* and the National Disability Standards. As such, it is appropriate to explicitly state it in the principles of the legislation.<sup>23</sup>

- 3.15 In contrast to the existing principles in the *Disability Services Act 1993*,<sup>24</sup> the *National Standards for Disability Services*,<sup>25</sup> and the Disability Services (Principles and Objectives) Instrument 2018 (Cth),<sup>26</sup> the Committee also noted that the Principles in the Bill do not provide that participants have the same right of pursuit of any grievance in relation to services as other members of Australian society.

- 3.16 The Department subsequently advised that it was supportive of the feedback provided and would propose amendments to the Bill to include the additional principles.<sup>27</sup>

## **Committee's comments**

- 3.17 As agreed to by the Department, to ensure consistency with the *Disability Services Act 1993* (NT), the National Standards for Disability Services, and the Disability Services (Principles and Objectives) Instrument 2018 (Cth), the Committee considers

<sup>22</sup> Explanatory Statement, *National Disability Insurance Scheme (Authorisations) Bill (Serial 83)*, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.2

<sup>23</sup> NT Community Visitor Program, Submission 5, p.2; see also Senior Practitioner Act 2018 (ACT), s. 8

<sup>24</sup> *Disability Services Act 1993* (NT), schedule 2, paragraph (g)

<sup>25</sup> Australian government (Department of Social Services), *National Standards for Disability Services*, [https://www.dss.gov.au/sites/default/files/documents/06\\_2015/nsds\\_full\\_version.pdf](https://www.dss.gov.au/sites/default/files/documents/06_2015/nsds_full_version.pdf), pp.17-18

<sup>26</sup> Disability Services (Principles and Objectives) Instrument 2018 (Cth), s6(7)

<sup>27</sup> Department of Health, *Responses to Written Questions*, 12 April 2019, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.4

that the Principles in the Bill should be amended to provide that, in the delivery of services to participants with behaviour that has the potential to cause harm to themselves or others, NDIS providers should also take into account a participant's rights in relation to the regular review of services and the pursuit of grievances in relation to those services.

### **Recommendation 3**

**The Committee recommends that Clause 5 (Principles) of the Bill be amended to include that:**

- (i) Participants receiving services have the same right as other members of Australian society for those services to be reviewed regularly; and**
- (ii) Participants have the same right as other members of Australian society of the pursuit of a grievance in relation to services.**

## **Part 2 – Senior Practitioner**

3.18 Part 2 of the Bill provides for the appointment of the Senior Practitioner and sets out the associated functions and powers of the role. Clause 9 provides that the Minister must appoint a public sector employee to be the Senior Practitioner. In doing so, the Bill requires that 'the Minister must be satisfied that the employee has the qualifications, clinical experience and personal qualities necessary to exercise the Senior Practitioner's powers and perform the Senior Practitioner's functions.'

3.19 Clause 10 sets out the functions of the Senior Practitioner which include the authorisation and disallowance of the use of restrictive practices; production and dissemination of policies, standards and guidelines to promote best practice, lead sector capacity building and raise awareness to minimise the use of restrictive practices; and recording the authorisation of restrictive practices that are deemed to be necessary.<sup>28</sup>

3.20 With regards to the appointment of the Senior Practitioner, the CVP expressed concern that the Bill and the explanatory statement are silent on the independence of the Senior Practitioner noting that:

from experience, the CVP considers that the independence of such a position from the Department of Health is a critical component of an effective quality and safeguards framework.<sup>29</sup>

With respect to how this independence may be secured within the Bill, the CVP notes that both the *Disability Services Act 1993* and the *Mental Health and Related Services Act 1998* provide that the Minister cannot appoint a person who has a contract with the agency delivering services. This currently means that the role [of Community Visitor] is located within a statutory independent office in the Attorney-General's Department.<sup>30</sup>

3.21 By way of clarification, the Department advised that:

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<sup>28</sup> Explanatory Statement, *National Disability Insurance Scheme (Authorisations) Bill (Serial 83)*, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.1

<sup>29</sup> NT Community Visitor Program, Submission 5, p.4

<sup>30</sup> NT Community Visitor Program, Submission 5, p.5

the role of the Senior Practitioner is different from that of the community visitor in that it is an administrative function to authorise restrictive practices and does not have an investigative function.<sup>31</sup>

The framework for behaviour support, developed through the Quality and Safeguarding subgroup that reports to the COAG Disability Reform Council separates the roles of authorising of restrictive practices to state and territory entities and the monitoring and oversight of restrictive practices to the NDIS Commission, creating a separation of functions and powers.<sup>32</sup>

- 3.22 Ms Samantha Livesley (Senior Director, Office of Disability) acknowledged that the independence of the Senior Practitioner was raised during consultations on the Bill, with stakeholders expressing the view that to avoid any potential for a conflict of interest, the position should not be located within the Office of Disability.<sup>33</sup> Noting that the location of the Senior Practitioner will be “an organisational placement decision by the Department of Health”<sup>34</sup> Ms Livesley further advised that:

currently, the Senior Practitioner would still be within the Department of Health, but will not be reporting to me as the Senior Director of the Office of Disability, and will not be connected to this office.<sup>35</sup>

- 3.23 However, given that the Department of Health is, itself, a registered NDIS provider, the CVP pointed out that there is still potential for a conflict of interest to arise if the Senior Practitioner is located within the Department of Health since they would be required to:

exercise functions relating to the authorisation of restrictive practices within facilities operated by the Department of Health. This occurs by virtue of section 4(2) of the Bill, in which the authorisation and review process applies to the Secure Care Facility (Alice Springs) and appropriate places operated by the Department of Health (such as the ‘Cottages’ in Darwin, adjacent to the Darwin Correctional Centre).<sup>36</sup>

- 3.24 While the Department advised the Committee that making the position independent of the Department of Health was not under consideration at the present time:

we would not rule that out as a further step. We have only just recently achieved the transfer of the Public Guardian after 20 years with the Department of Health to the Attorney-General’s Department. The focus has been on establishing a process and the position, and getting the legislation in place. That could be something that could be looked at further down the track.<sup>37</sup>

- 3.25 The Office of the Public Guardian also suggested that to ensure transparency and accountability, the Bill should require that the Senior Practitioner prepare an annual report for tabling in the Assembly.<sup>38</sup> However, as is the case with other program areas, the Department pointed out that:

<sup>31</sup> Department of Health, *Responses to Written Questions*, 12 April 2019, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.5

<sup>32</sup> Department of Health, *Responses to Written Questions*, 12 April 2019, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.4

<sup>33</sup> Samantha Livesley, Senior Director, Office of Disability, Committee Transcript, 1 April 2019, p.4

<sup>34</sup> Samantha Livesley, Senior Director, Office of Disability, Committee Transcript, 1 April 2019, p.6

<sup>35</sup> Samantha Livesley, Senior Director, Office of Disability, Committee Transcript, 12 April 2019, p.11

<sup>36</sup> NT Community Visitor Program, Submission 5, p.5

<sup>37</sup> Samantha Livesley, Senior Director, Office of Disability, Committee Transcript, 12 April 2019, p.11

<sup>38</sup> Office of the Public Guardian, Submission 3, p.3

as the Senior Practitioner is not a statutory position, KPI's [Key Performance Indicators] will be developed and reported against in the Department of Health's Annual Report.<sup>39</sup>

3.26 The Darwin Community Legal Service sought clarification as to how the proposed NT Senior Practitioner will interact with the National Senior Practitioner.

We understand that this legislation is intended to operate alongside the National NDIS Quality and Safeguarding Framework and the NDIS Quality and Safeguards Commission which currently has a separate National Senior Practitioner. It is not clear how the NT Senior Practitioner and their staff will interact with the National Senior Practitioner and the Commission. It would be useful for government to provide clear information about the respective roles and the overall governance structure for restrictive practices.

3.27 In response, the Department advised as follows:

the NT Senior Practitioner will be a suitably qualified and experienced senior NTG [Northern Territory Government] employee. The NDIS Commission is establishing an office in Darwin (as of 1 July 2019) and the NT Senior Practitioner will also be based in Darwin. The NT Senior Practitioner's interaction with the NDIS Commission will be facilitated through operational guidelines and subject to a structural governance arrangement. Information on authorised restrictive practices will be shared with the NDIS Commission through an ICT system to enable effective monitoring by the NDIS Commission.

In the lead up to the NDIS Commission being operational in the NT, there will be significant engagement with the sector and information sessions conducted regarding the framework and roles and responsibilities of the different parties involved in behaviour support. An information session is currently being planned for mid-May 2019 for service providers and behaviour support practitioners.

The NDIS Commission has a web site that covers all their functions and has a tab specific for behaviour support <https://www.ndiscommission.gov.au/providers/behaviour-support>. This website provides an overview of the Commission's role in general with links to the legislation and the Behaviour Support Rules. The NDIS Commission has advised that they will be conducting extensive stakeholder engagement once they have a presence in the NT. They are currently recruiting to the NT based NDIS Commission roles.<sup>40</sup>

### **Committee's Comments**

3.28 As advised by the Department, the Committee notes that the NT Senior Practitioner will not have an oversight or monitoring function in relation to restrictive practices. Furthermore, to limit the potential for any conflict of interest, the Committee understands that the Senior Practitioner will not be located within the Office of Disability. Rather, the position will, at least initially, be located within the Department of Health.

3.29 However, the Committee remains concerned that there is still potential for a conflict of interest given that the Senior Practitioner will exercise functions relating to the authorisation and review of restrictive practices for NDIS participants within facilities operated by the Department of Health, itself a NDIS provider. In the interests of

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<sup>39</sup> Department of Health, *Responses to Written Questions*, 12 April 2019, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.6

<sup>40</sup> Department of Health, *Responses to Written Questions*, 12 April 2019, <https://parliament.nt.gov.au/committees/spsc/83-2019>, pp.4-5

transparency and accountability, the Committee is of the view that further consideration should be given to safeguarding the independence of the Senior Practitioner.

#### **Recommendation 4**

**The Committee recommends that the Government give further consideration to safeguarding the independence of the Senior Practitioner.**

### **Part 3 – Authorisation for Restrictive Practices**

- 3.30 Clause 14 of the Bill provides that an NDIS service provider may apply to the Senior Practitioner for an authorisation or interim authorisation for the use of restrictive practices and outlines the requirements of the application. Clauses 15 to 20 then set out the role of the Senior Practitioner in relation to authorising or refusing to authorise applications, including the conditions in which a restrictive practice may be authorised; restrictive practices that the Senior Practitioner may not authorise; provision for the Senior Practitioner to propose the use of an alternative restrictive practice; the period an authorisation or interim authorisation is effective for; and the Senior Practitioner’s power to revoke an authorisation or interim authorisation at any time.
- 3.31 As summarised below, clarification was sought on various aspects of the authorisation of restrictive practices as provided for under this Part, with a number of submitters concerned that the Bill lacked sufficient detail.<sup>41</sup> However, as highlighted by the Department, for the most part the concerns raised by submitters are addressed in the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 and the associated NDIS (Incident Management and Reportable Incidents) Rules 2018 which underpin the authorisation provisions within the Bill.<sup>42</sup>
- 3.32 With regards to applications for authorisation, the OPG suggested that the Bill should also require that applicants provide:
- details of any interactions the NDIS service provider has had with the [NDIS Quality and Safeguards] Commission over the previous 12 months including the number of reportable incidents, any complaints made to the Commission about the service provider and the outcomes of these complaints.<sup>43</sup>
- 3.33 As provided for under clause 14(2)(vi) of the Bill, the Committee notes that the NDIS provider is compelled to provide any other information relevant to the application. Under clause 14(3) the Senior Practitioner may request further information from the applicant which must be provided within 28 days after the request is made. Where an applicant fails to respond to a request for further information within the required timeframe, clause 14(5) provides that the application lapses. The Department further advised the Committee that:

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<sup>41</sup> Darwin Community Legal Service, Submission 1, p.2 ; Life Without Barriers, Submission 2, pp.1-2; Office of the Public Guardian, Submission 3, p.3; NT Community Visitor Program, Submission 5, p.6

<sup>42</sup> Samantha Livesley: Senior Director, Office of Disability, Committee Transcript, 1 April 2019, p.2; see also

<sup>43</sup> Office of the Public Guardian, Submission 3, p.3

the National Disability Insurance Scheme (Protection and Disclosure of Information – Commissioner) Rules 2018 (the Rules) set out when the NDIS Commission can make disclosures of protected information. The Rules provide under section 20 when the Commissioner may disclose information to Departments or authorities following either a request from the Department or the Commissioner’s own initiative. The Commissioner may have regard to the functions of the NT Senior Practitioner, as proposed in this Bill, when deciding to disclose information. The NT Senior Practitioner may request information from the NDIS Commission in the performance of the Senior Practitioner’s functions.<sup>44</sup>

3.34 It is also noted, that pursuant to section 26 of the NDIS (Incident Management and Reportable Incidents) Rules 2018, and in accordance with section 67E of the NDIS Act 2013, the Commissioner may share information in relation to a reportable incident with an ‘authority of a State or Territory that has responsibility for matters relating to people with a disability, including the provision of supports or services to people with a disability.’<sup>45</sup>

3.35 Life Without Barriers (LWB), the CVP and OPG expressed concern that the Bill does not incorporate any concession allowing service providers to implement restrictive practices as an immediate safety response without prosecution.<sup>46</sup> As the OPG pointed out:

in circumstances of emergency a NDIS service provider may be required to use a restrictive practice for a participant while they await the determination of their application for authorisation. The Bill does not address any circumstances or time period in which this may be permitted (without legal liability) for the NDIS service provider or a process whereby an urgent application for authorisation may be made.<sup>47</sup>

3.36 However, as advised by the Department, the Committee notes that the “reporting and monitoring of emergency or unauthorised restrictive practices is the jurisdiction of the NDIS Quality and Safeguards Commission.”<sup>48</sup> As such, the conditions relating to the use of regulated restrictive practices that apply to all registered NDIS providers are set out in the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (the Rules). Section 9(2)(a) provides that the use (other than a single emergency use) of a restrictive practice must be authorised in accordance with the State or Territory’s authorisation process.

3.37 As detailed in paragraphs 3.41 and 3.42 below, as of 1 July 2019 the unauthorised use of a restrictive practice, for example in the case of an emergency, must be reported to the NDIS Commission within five business days. Depending on the circumstances, sections 11 and 12 of the Rules then provide that the NDIS provider must obtain authorisation for the ongoing use of the regulated restrictive practice and lodge it with the Commissioner as soon as practicable; take all reasonable steps to facilitate the development of an interim behaviour support plan that covers the use of

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<sup>44</sup> Department of Health, *Responses to Written Questions*, 12 April 2019, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.7

<sup>45</sup> National Disability Insurance Scheme (Incident Management and Incident Reportable Incidents) Rules 28 (Cth), note to section 26; National Disability Insurance Scheme Act 2013, (Cth), s 67E(iii)

<sup>46</sup> Life Without Barriers, Submission 2, pp.1-2; NT Community Visitor Program, Submission 5, p.6; Office of the Public Guardian, Submission 3, p.3

<sup>47</sup> Office to the Public Guardian, Submission 3, p.3

<sup>48</sup> Department of Health, *Responses to Written Questions*, 12 April 2019, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.7



the practice within 1 month after the first use of the regulated restrictive practice; and the subsequent development of a comprehensive behaviour support plan that covers the use of the practice within 6 months after the first use of the regulated restrictive practice. Sections 14 and 15 set out the NDIS provider's reporting and record keeping obligations in respect of the use of regulated restrictive practices.

- 3.38 LWB and OPG also raised concerns that the Bill does not include the time period within which the Senior Practitioner is required to respond to an application for authorisation or interim authorisation.<sup>49</sup> As the OPG explained:

timing is an essential component of responding to the needs of persons with disability who are displaying behaviour that may require the use of a restrictive practice and the OPG submits that the Bill include time frames in which the Senior Practitioner must respond to applications under the Bill.<sup>50</sup>

- 3.39 As provided for under clause 12 of the Bill, the Senior Practitioner is empowered to 'make guidelines for this Act, including guidelines in relation to the use of restrictive practices', and in doing so 'must consult with relevant persons or entities in the disability service sector and community members as appropriate.' The Department advised that:

these guidelines will outline the processes to operationalise the Bill, such as the timeframes within which the Senior Practitioner is required to respond to an application for authorisation or interim authorisation of a restrictive practice.<sup>51</sup>

- 3.40 The DCLS also raised concerns regarding the absence of provisions relating to the reporting of unauthorised use of restrictive practices.

The Bill appears to focus on practices that the Senior Practitioner may authorise and does not provide information about reporting of restrictive practices that do not comply with the legislation. It is important that clear information is given to all stakeholders about how to report if they observe any restrictive practice being used without Senior Practitioner authorisation, and how to report prohibited practices that cannot be authorised by the Senior Practitioner under clause 17.<sup>52</sup>

- 3.41 As noted in the Department's *Critical Incident Reporting Guidelines*, as of 1 July 2019, NDIS service providers will be required to comply with the NDIS (Incident Management and Reportable Incidents) Rules 2018. In accordance with these Rules, NDIS providers must establish an incident management system which details procedures for the identification, recording and reporting of incidents.<sup>53</sup>

- 3.42 Pursuant to section 16(f) the use of a restrictive practice in relation to a person with a disability, other than where the use is in accordance with an appropriate authorisation, is classified as a reportable incident. Section 17 further provides that a reportable incident includes a reference to a reportable incident that is alleged to have occurred. Pursuant to section 21, where a NDIS provider becomes aware that

<sup>49</sup> Life Without Barriers, Submission 2, p.2; Office of the Public Guardian, Submission 3, p.3

<sup>50</sup> Office of the Public Guardian, Submission 3, p.3

<sup>51</sup> Department of Health, *Responses to Written Questions*, 12 April 2019, <https://parliament.nt.gov.au/committees/spsc/83-2019>, pp.7-8

<sup>52</sup> Darwin Community Legal Service, Submission 1, p.2

<sup>53</sup> Department of Health, *Critical Incident Reporting Guidelines*, 2018, <https://digitallibrary.health.nt.gov.au/prodispui/bitstream/10137/1655/3/Critical%20Incident%20Reporting%20OGuidelines.pdf>, p.3; National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 (Cth), Division 2

a reportable incident has occurred in connection with the provision of supports or services by the provider, they must notify the NDIS Commissioner in writing within five business days after the provider became aware that the reportable incident occurred.

- 3.43 Although the Senior Practitioner does not have a reporting role, the Department acknowledged that where the Senior Practitioner becomes aware of the use of an unauthorised restrictive practice or a breach of an authorisation, it is expected that they would advise the NDIS Commission accordingly.<sup>54</sup>

### **Committee's Comments**

- 3.44 The Committee is satisfied with the Department's clarification regarding the intended operation of Part 3 of the Bill in relation to the authorisation of restrictive practices, and the way in which the proposed legislation interacts with the NDIS Rules. The Committee also acknowledges that the Bill provides that the Senior Practitioner may, in consultation with key stakeholders, make guidelines which will outline processes to operationalise the proposed legislation.
- 3.45 However, given the nature of the Bill and the range of concerns expressed by submitters, the Committee considers it would be prudent for the Government to review the operation of the legislation as soon as practicable after the end of its first year of operation and present a report to the Legislative Assembly.

### **Recommendation 5**

**The Committee recommends that the Government review the operation of the proposed legislation and present a report to the Legislative Assembly as soon as practicable after the end of its first year of operation.**

## **Clause 28 – Review by NTCAT**

- 3.46 Part 4 of the Bill provides for internal and independent review of decisions regarding the authorisation or refusal to authorise restrictive practices made by the Senior Practitioner in accordance with clauses 15(1)(a) or (b), 18(2)(a) or (b), or 20(1). Pursuant to clause 21(2), an 'affected person' for a reviewable decision is the NDIS provider who made the application for authorisation or interim authorisation for a restrictive practice; or the NDIS behaviour support practitioner for the behaviour support plan or interim support plan; or the participant or the participant's guardian.
- 3.47 Where a review is conducted by the internal reviewer, clause 26 provides that following receipt of the internal reviewer's subsequent recommendation, the CEO must affirm the decision, vary the decision, or set aside the decision and substitute a new decision. Clause 28 then provides that 'the NTCAT has jurisdiction to review a decision made under section 26.'
- 3.48 While supporting the proposed arrangements for internal and independent review of authorisations decisions made by the Senior Practitioner, the CVP questioned the

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<sup>54</sup> Committee Transcript, 12 April 2019, p.13

extent to which independent review by the NTCAT was appropriate in such a specialised area. The CVP expressed the view that it would be preferable if the Bill incorporated provision for the establishment of an independent specialist review panel similar to that currently provided for in the *Disability Services Act 1993*.

By contrast, in the *Disability Services Act 1993*, section 40 provides for the establishment of a Review Panel. The Review Panel's membership (s70) requires that the Panel is comprised of a lawyer, a person with a special interest or expertise in people with a disability (including a provider of services having a complex cognitive impairment), and a person representing the interests of the community. Provision for statutory independence of members of the Panel is also included.<sup>55</sup>

3.49 The Department advised the Committee that while consideration was given to inclusion of provisions for a specialist review panel in the drafting of the Bill:

NTCAT was chosen for the review function because it is an established forum to review a wide range of administrative decisions. NTCAT has over 30 members from diverse professional backgrounds that are available to be a part of the Tribunal, including (but not limited to) doctors, lawyers and psychologists.<sup>56</sup>

### **Committee's Comments**

3.50 The Committee is satisfied with the Department's response and notes that the provisions within the Bill are consistent with equivalent legislation in the ACT, Victoria and Queensland.<sup>57</sup>

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<sup>55</sup> NT Community Visitor Program, Submission 5, p.7

<sup>56</sup> Department of Health, *Responses to Written Questions*, 12 April 2019, <https://parliament.nt.gov.au/committees/spsc/83-2019>, p.9

<sup>57</sup> *Senior Practitioner Act 2018* (ACT); *Disability Act 2006* (Vic); *Disability Services Act 2006* (QLD)

## **Appendix 1: Submissions Received**

### **Submissions Received**

1. Darwin Community Legal Service
2. Life Without Barriers
3. Office of the Public Guardian
4. Health and Community Services Complaints Commission
5. NT Community Visitor Program

### **Note**

Copies of submissions are available at: <https://parliament.nt.gov.au/committees/spsc/83-2019>

## **Appendix 2: Public Briefing and Public Hearings**

### **Public Briefing – 1 April 2019**

#### ***Department of Health***

- Samantha Livesley: Senior Director, Office of Disability
- Vállí Camara: Senior Policy Officer, Office of Disability

### **Public Hearing – 12 April 2019**

#### ***Darwin Community Legal Service***

- Linda Weatherhead: Executive Director
- Leigh Kinsela: Senior Advocate, Seniors and Disability Rights Service

#### ***NT Community Visitor Program***

- Sally Sievers: Principal Community Visitor, NT Community Visitor Program

#### ***Office of the Public Guardian***

- Beth Walker: Public Guardian

#### ***Department of Health***

- Samantha Livesley: Senior Director, Office of Disability
- Robyn Westerman: Senior Manager NDIS, Office of Disability
- Vállí Camara: Senior Policy Officer, Office of Disability

### **Note**

Copies of hearing transcripts and tabled papers are available at:

<https://parliament.nt.gov.au/committees/spsc/83-2019>

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