

**NATIONAL DISABILITY INSURANCE SCHEME (AUTHORISATIONS) BILL
(Serial 83)**

Continued from 13 March 2019.

Ms FYLES (Disabilities): Mr Deputy Speaker, I move that the bill be now read a second time.

Mr WOOD (Nelson): Mr Deputy Speaker, according to the explanatory statement:

This Bill will allow the protection of the most vulnerable people in the NT and prevent harm from the unnecessary use of restrictive practices.

It will affect NDIS participants and their guardians, if they have one; their families; the NDIS behaviour support practitioner; and the NDIS support provider involved in their care and support. According to the explanatory statement:

The purpose of this Bill is to:

- a) *provide for the regulation of restrictive practices for participants of the National Disability Insurance Scheme;*
- b) *to 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.*

A number of offences are established by the bill, including the unauthorised disclosure of confidential information and the production of misleading information. The bill also establishes a merit review process of decisions regarding restrictive practice. I support the bill. My understanding is that it is dealing with a gap in our legislation.

I realise that this does not necessarily apply in my personal circumstances, because you have to be 65 or under for the NDIS to apply, after that you come under aged care. From a personal perspective, I hope I do not go down the path where my good wife may need these sorts of restrictive practices, which would personally affect members of a family. There would be a lot of emotion involved if someone was required to have a restrictive practice to protect them and the people who work with them.

I remember a masseuse from the rural area who worked with people with dementia. She told me of the difficulty she had at times with older men. From speaking with her I know there may be a need for restrictive practices at times.

On the other side of it, I was listening to an interview with the CEO of Dementia Australia, who was going to the Royal Commission into Aged Care Quality and Safety. He felt that we have to get away from the use of restrictive practices. I am not an expert in this area, so I do not know how practical that is. He said that sometimes it may be a case of a person simply hugging someone. He said a lot more than that in the interview, but from what he said it seemed that there were other alternatives.

When you read the legislation, by having the Senior Practitioner, there will be a process to look at whether restrictive practices are required. Knowing there is an independent person to assess each patient before a decision is made will give us comfort. You will know that decision would be made with a lot of consideration.

We have a Mental Health Act—people are restrained there—youth detention and prisons. I am interested to know if there is any uniformity in the logic and processes behind this bill when dealing with people with mental illnesses. For instance, if they are in Cowdy Ward under involuntary admission, do the same principles apply? Do they apply to young people in relation to restrictive practices in our laws that we have just amended? Do they apply in prisons?

It is more a global question about dealing with human beings in different circumstances, coming under different legislation. Is it dealing with these people—although in different circumstances—using the same