

NORTHERN TERRITORY AUTHORISATION PROCESS & NT COMPLEXITIES

NT RESTRICTIVE PRACTICES AUTHORISATION UNIT

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ACKNOWLEDGEMENT

I'd like to respectfully acknowledge the past and present traditional custodians of this land from which I'm coming to you today, the Larrakia people. It is a privilege to be living and working on Larrakia country.

OVERVIEW



- NT Authorisation Process
- Statistics
- Remote
- Complexities
- Health Care Decision Making Act



TYPES OF RESTRICTIVE PRACTICES (MIRROR THE COMMISSION)

**Mechanical
restraint**

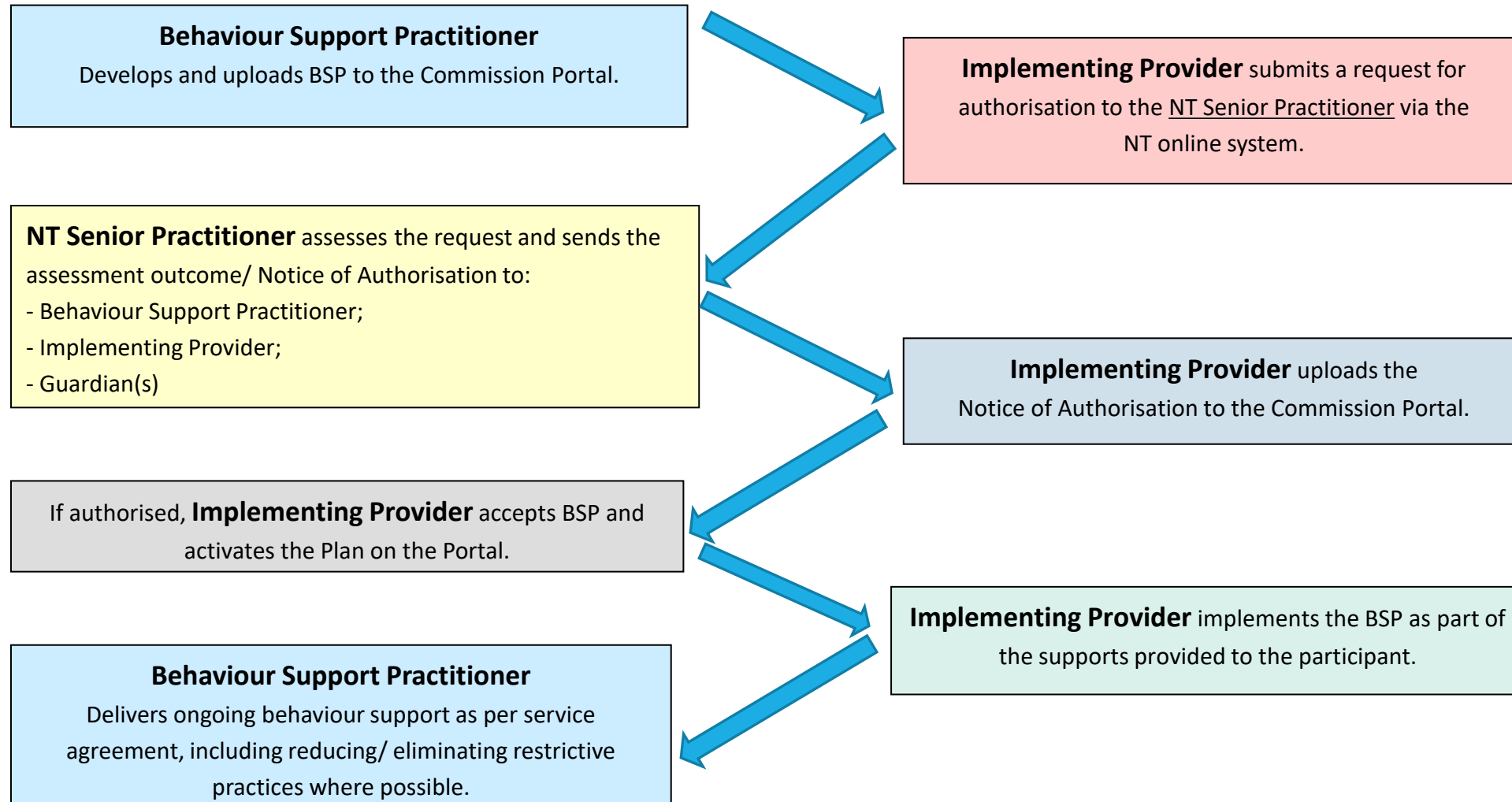
**Physical
restraint**

**Environmental
restraint**

**Chemical
restraint**

Seclusion

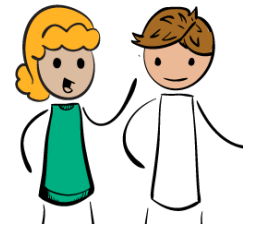
AUTHORISATION PROCESS



REQUEST FOR AUTHORISATION — APPLICATION CHECKLIST FOR SERVICE PROVIDERS

Disclosure Agreement (RPA-2A)	<ul style="list-style-type: none">• Must be signed by the Guardian (if the participant has a Guardian)• Can be signed by the participant, if they are their own decision maker.• Provides consent for personal information to be reviewed/ assessed in relation to the restrictive practice.
Evidence of consultation (RPA-2B)	<ul style="list-style-type: none">• Provider to complete.• Includes <u>discussions held with the participant</u> and their family, carers, guardian and/or other relevant persons about the provider using restrictive practices with the participant.
Copy of the Behaviour Support Plan	<ul style="list-style-type: none">• Must be downloaded from the Portal (Proda). This ensures it is the most recent version completed by the behaviour support practitioner.
Other information	<ul style="list-style-type: none">• Any other information the provider considers relevant to the application (e.g. incident reports, assessments, medication purpose form/medical reports for medication).

EVIDENCE OF CONSULTATION (RPA-2B)

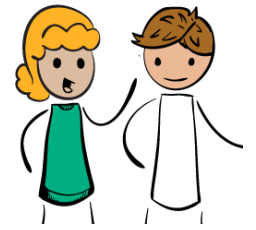


- People with disability have the right to actively participate in decisions that will affect their support and care; to the full extent of their capacity; including the provision of behaviour support.
- All requests for authorisation must include **evidence that the provider has engaged in direct consultation** about the use of a restrictive practice(s) with both
 - the participant; and
 - the participant's family, carers, guardian(s) or other relevant persons.
- Providers are required to use communication tools that meet the participant's communication needs.
 - communication tools may include the use of interpreters and/or
 - alternative/augmentative communication aids such as gestures, sign language, visual aids.

The Behaviour Support Practitioner's consultation outlined in the BSP will not be accepted.

EVIDENCE OF CONSULTATION (RPA-2B)

Restrictive Practices – Evidence of Consultation



4. Consultation details*	
1. Please name the tools or resources you used to assist your communication with the Participant.	Click or tap here to enter text.
2. Please describe the Participant's reaction to the restrictive practice, either their verbal response or description of your observations.	Click or tap here to enter text.
3. How do you plan to improve Participant consultation in the future?	Click or tap here to enter text.
4. <u>Was an appropriately accessible version of the behaviour support plan provided?</u> (An appropriately accessible BSP will be in a format that conveys information in a way that meets the participant's unique communication needs.)	Click or tap here to enter text.
5. Please describe how you consulted with the Participant's family, carers, guardian/s or other relevant person.	Click or tap here to enter text.

APPLICATION ASSESSMENT

Behaviour Support Plan

- Is consistent with the principles of the NDIS Authorisations Act (1), (2), (3).
- Is consistent with the NT Restrictive Practice Authorisation Framework.
- Is consistent with the requirements of the NDIS Restrictive Practice and Behaviour Support Rules.
- Contains strategies to reduce or eliminate the use of restrictive practices with the participant over time.



Regulated Restricted Practice

- Is necessary to prevent harm to the participant or others.
- Occurs in time limited and specific circumstances only.
- Is used as a last resort.
- Is the least restrictive approach reasonably available for the participant.
- Can be safely implemented.
- Is proportional to any possible negative outcome(s) or risk of harm.

OUTCOME OF ASSESSMENT

The outcome or Notice of Authorisation (NoA) will be sent to the implementing provider, participant/guardian & behaviour support practitioner.

- **Authorisation will be granted**

Or

- **Authorisation will be refused**

Or

- **Alternate practice will be proposed**



The NoA includes the rationale behind the assessment decision, including any future actions required.

DECISION REVIEW

- All decisions made by the Senior Practitioner are reviewable.
- The NDIS participant, their guardian; NDIS behaviour support practitioner or service provider can request a review.
- Application is made to the CEO, Department of Health for an internal review.
- An application for review must be made within 28 days of receiving the decision; unless the decision is to implement the restrictive practice, in which case an application for review can be made at any time.
- Following this, an application can be made to the Northern Territory Civil Administration Tribunal (NTCAT).



STATISTICS!



GEOGRAPHY

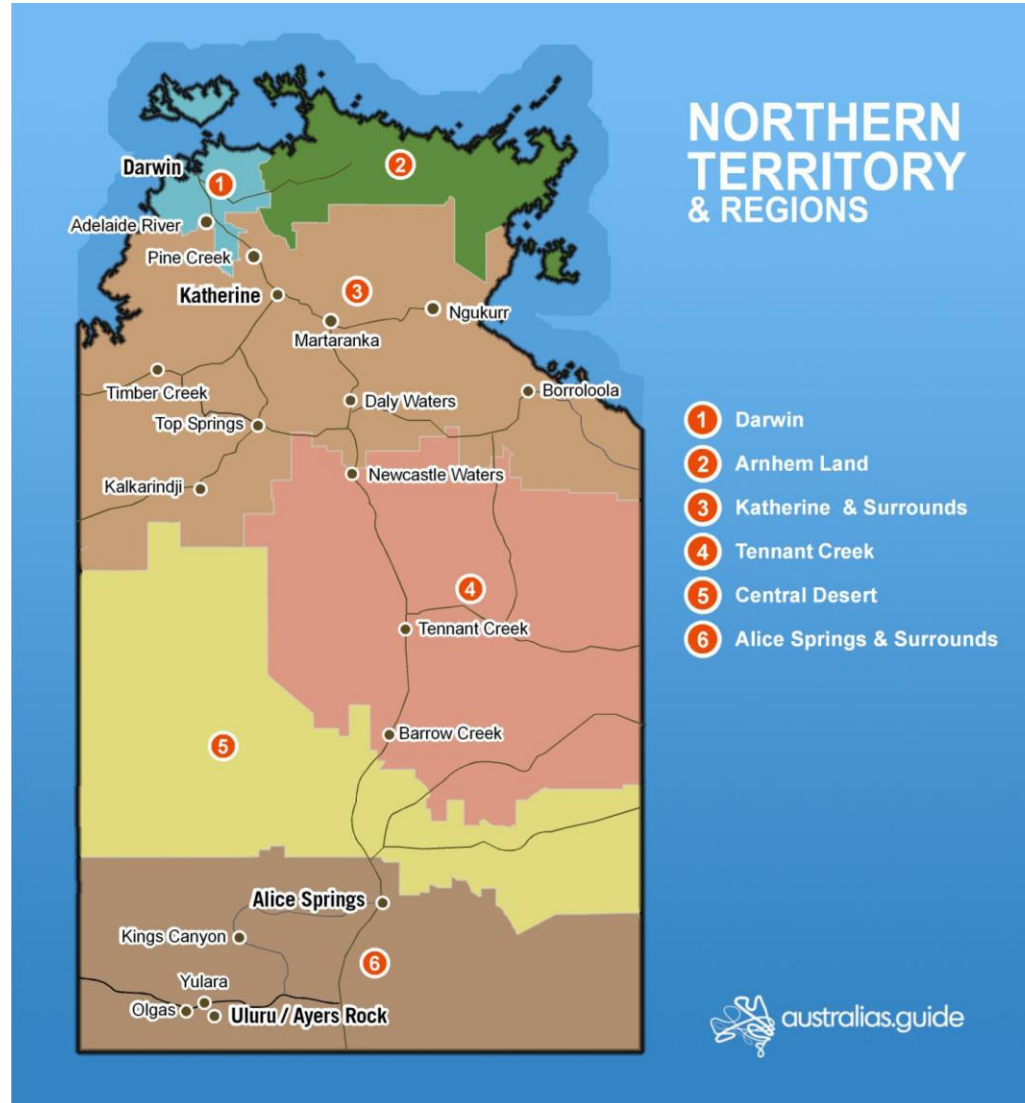
Distance can be a difficulty/ factor in providing services in the NT.

Darwin to Alice Springs:
15 hr (1,496.7 km)

Darwin to Nhulunbuy
28 hr (1,042.6 km)

With remote locations having further distances, and at times can be cut off due to weather.

(NT RPAU is based in Darwin, however is applicable to whole of NT).



REMOTE LOCATIONS

Issues to consider from the **Director, Indigenous & Remote Operations (NDIS)**

- Low NDIS literacy in communities in general – limited understanding of the NDIS, role of the NDIA and the Commission.
- Low numbers of complaints about NDIS providers have been received from participants living in remote communities.
- Limited access to resources in languages or formats that would be easily understood by participants. This is particularly problematic for service agreements and understanding the roles and services of different providers.

REMOTE LOCATIONS

Issues to consider from the **Director, Indigenous & Remote Operations (NDIS)**

- Limited service options available on community (thin markets) so participants either miss out (plan underutilisation) or need to travel to regional centres to receive services.
- Participants with complex needs have limited service options for SIL or accommodation supports, so have to move to larger communities or regional centres to receive these supports.
- Anecdotally, participants have raised issues about providers not providing culturally safe or culturally appropriate supports.

REMOTE LOCATIONS

Suggestions for working with remote locations:

- Seek a cultural consultant or someone who knows the community/people well and seek their advice about best way to engage.
- Important to build a shared understanding with the people you are talking with. Seek an understanding of what their goals are (they might be very different to what you think should be priorities).
- Some of the concepts that you might like to discuss with someone may not have equivalent words in language.
- If looking to make links with a community perhaps start with the clinic or an organisation that is based on the community – finding people on the ground who can assist.

PROJECT ECHO

‘Enhancing Care for People with Behavioural and Psychological Disabilities’

Project ECHO® is a virtual peer-group learning model for primary health care providers, including general practitioners, nurses, allied health professionals and community health workers. NT’s Project Echo forum is run by NT’s Primary Healthcare Network.

Via virtual platform, the ‘movement of knowledge’ assists to:

- provide connection between regional, remote and metropolitan workers
- assist GPs and primary care practitioners to gain disability specialist skills and knowledge
- alleviate long wait and travel times to see specialists
- create a virtual community of practice in the disability network
- strengthen knowledge and referral pathways



COMPLEXITIES

Avenues for authorisation:

- In the NT, authorisation of a restrictive practice requires a behaviour support plan. This means there is no avenue for authorisation (through the Senior Practitioner) for environmental restraints such as monetary/ tobacco restriction, when there is no corresponding behaviour of concern.

2:1 support:

- 2:1 support is not classified as a restrictive practice by default. Some Participants require 2:1 due to their support requirements. The distinction lays with the actions of the support workers, their 'doing' rather than their presence.

HEALTH CARE DECISION MAKING ACT

- In the second half of 2024, the NT Government will enact the *Health Care Decision Making Act 2023*.
- The Act nominates a hierarchy of decision makers who can provide consent for a consumer who has impaired decision making capacity, either temporary or ongoing, including consent for the use of a restrictive practice in a health care setting.
- The NT Senior Practitioner and Restrictive Practices Authorisation Unit are currently in the process of consulting in relation to development of Senior Practitioner Directives, which will sit underneath the new Act, and guide the use & authorisation of restrictive practices in these settings.

Contact details for queries:

Restrictive Practices Authorisation Unit
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