NDIS Quality and Safeguards Commission

Behaviour Support Plan Quality

Summary results to December 2021

16 August 2022

NDIS Quality and Safeguards Commission

Key points

- This report provides a summary of results related to quality evaluations of 2,744 behaviour support plans (BSPs) submitted between 1 July 2020 and 31 December 2021.
- Quality evaluations were conducted using the BSP-QEII, a 12-item research-based scoring instrument to rate the quality of a BSP and NDIS Commission Companion Tool that review items associated with the NDIS Restrictive Practices and Behaviour Support Rules 2018.
- The national median score of evaluated plans was 12 out of 24, which falls in the 'weak' quality range; 80% of BSPs were scored in the underdeveloped or weak quality categories.
- Based on the findings of this audit, the NDIS Commission is undertaking a series of actions to lift the capability of Behaviour Support Providers and improve the quality of plans.

Introduction

NDIS Commission behaviour support teams have undertaken a national project to evaluate the quality of lodged comprehensive Behaviour Support Plans (BSPs). A behaviour support plan (BSP) is a document that contains individualised, evidence-based strategies to address the needs of a person identified as having behaviours of concern. For the planned interventions to be successful, a BSP needs to be technically and clinically competent, as well as understandable to those with an interest in it.

BSP quality evaluations are conducted using the Behaviour Support Plan - Quality Evaluation II[1] Tool (BSP-QEII) and the NDIS companion tool that includes review items associated with the NDIS (Restrictive Practices and Behaviour Support) Rules 2018. The BSP-QEII is a 12-item research-based scoring instrument that can be used to rate the quality of a BSP and support the process of behaviour support planning. Plans can be rated on a three-point scale for each of the 12 categories (0, 1 or 2) giving a total score out of 24. Total scores are categorised into the following ranges: Weak (0-12), Underdeveloped (13-16), Good (17-21), and Superior (22-24).

The companion tool has 19 components (excluding administrative and follow up items), with most items scored as either 'Yes', 'Partial' or 'No'. The companion tool captures additional information on BSP quality relating to the areas of consultation, functional behaviour assessment, regulated restrictive practices, implementation and review, and readability.

BSP quality evaluations provides the NDIS Commission with objective information in four key areas:

NDIS Framework domains	Information provided by the BSP quality evaluations
Safeguarding	1. Identification of participant risks for immediate follow up with the practitioner and/or implementing provider (for example: prohibited practices)
Safeguarding	2. Identification of provider non-compliance with the Restrictive Practice and Behaviour support rules that cannot be obtained through data analysis (for example evidence of functional behaviour assessments or authorisation).
Quality	3. Providing targeted feedback to specialist behaviour support providers on the quality of BSPs developed by their practitioners
Quality	4. Informs the development practice guidance and educational activities to improve BSP quality and reduce or eliminate restrictive practices.

BSP Quality evaluations are consistent with the NDIS Commission's behaviour support functions set out in the *National Disability Insurance Scheme Act 2013* section 181(H) (d) and (e).

BSP Quality Evaluations align with the requirements for providers set out in the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 and NDIS (Quality Indicators) Guidelines 2018.

[1] California Department of Education, PENT, Browning-Wright, D., Mayer, G. R., & Saren, D. (2013). The behavior support plan-quality evaluation guide.

Results

This report provides a summary of results related to 2,744 BSP quality evaluations lodged between 1 November 2020 to 31 December 2021.

Evaluation by state:

State /Territory	Number of BSPs evaluated	% of total
ACT	46	1.7
NSW	805	29.3
NT	12	0.4
QLD	542	19.7
SA	294	10.7
TAS	38	1.4
VIC	583	21.2
WA	410	14.9
PBSCF[2]	13	0.5
Missing state	1	0.0
Total	2,744	100

Total BSP-QEII scores

BSPs considered likely to affect positive change in behaviours of concern and include best practice, score 17 or more out of 24 using the BSP-QEII (within the 'Good' or 'Superior' ranges). From the current results, only 19.7% (n=538) of BSPs scored 17 or more. The national median score of evaluated plans was 12 out of 24. This falls in the 'weak' quality range.

The national scores break down into the following quality categories:

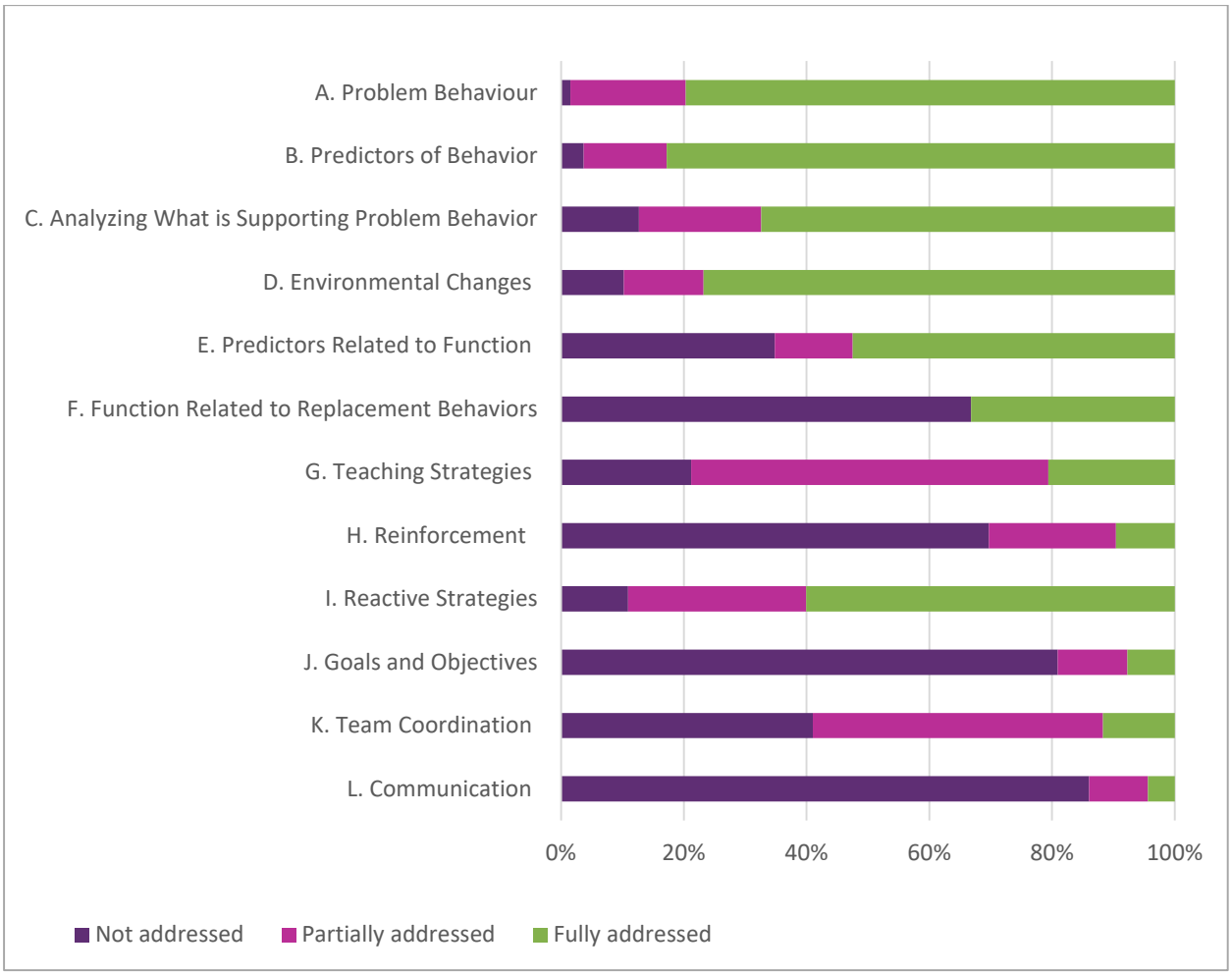
Results of the BSP quality evaluations	Weak	Underdeveloped	Good	Superior
National Scores (N=2,732*)	1410 51.6%	784 28.7%	449 16.4%	89 3.3%

[2] PBSCF represents non-lodged BSPs evaluated as part of the practitioner suitability assessment process.

* Excludes 12 plans evaluated with the NDIS Commission Companion Tool but not the BSP-QEII

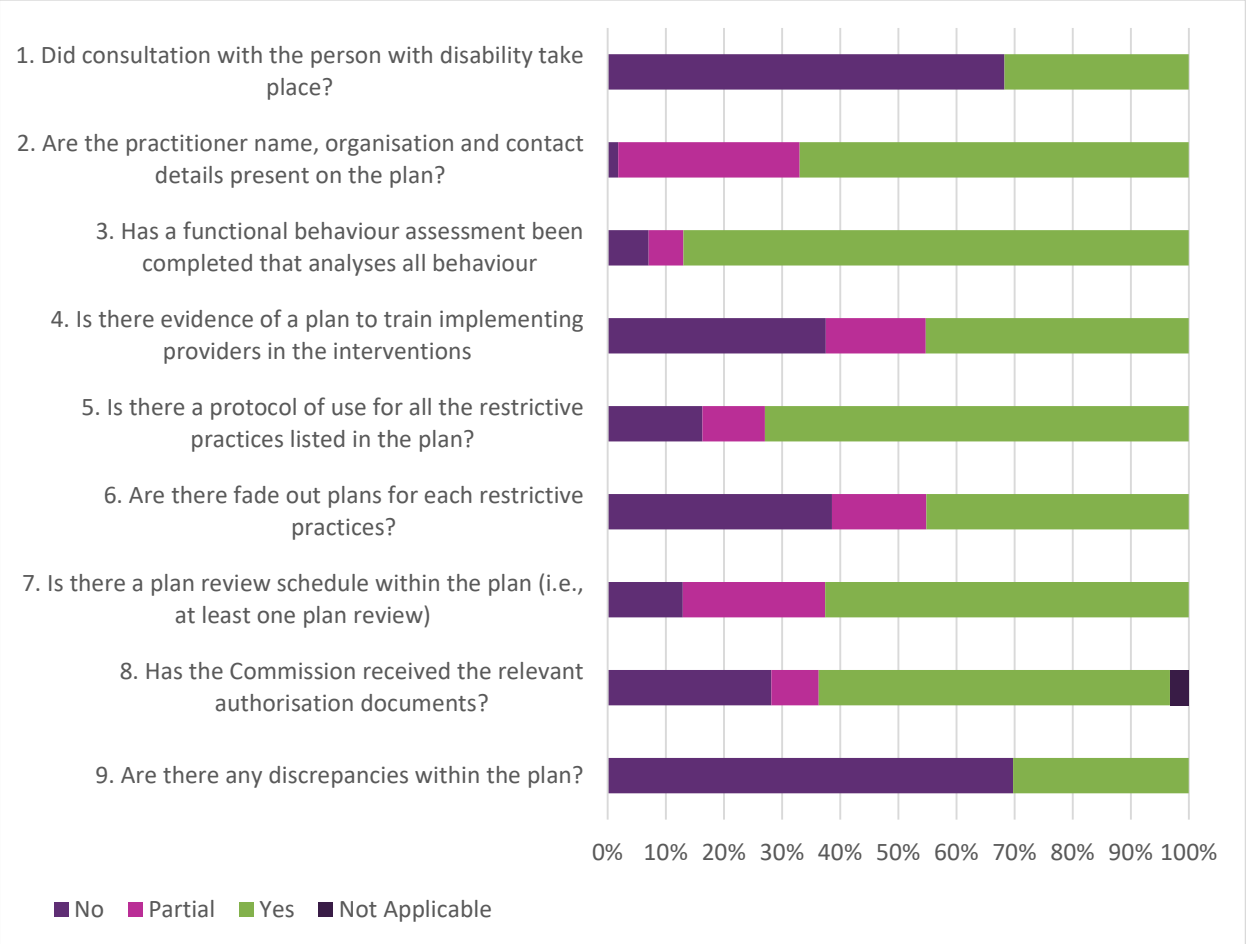
BSP-QEII domain scores

Behaviour support plans scored well in domains related to identifying and analysing behaviours of concern and developing reactive strategies. However, domains such as relating function to replacement behaviours, participant skill development and implementation of positive behaviour support strategies tended to receive poorer ratings.



Companion Tool scores

The major area that was not adequately addressed using the companion tool was participant consultation, with only 32% (n=871) of all plans reviewed showed evidence of consultation with the person with disability.



Current initiatives aimed at improving the quality of BSPs

The NDIS Commission is undertaking a series of actions to lift the capability of Behaviour Support Providers and improve the quality of plans.

Appendix:

BSP-QEII domain scores table

Domains of the BSP-QEII	Not addressed (%)	Partially addressed (%)	Fully addressed (%)
A. Problem Behaviour	1.5	18.8	79.6
B. Predictors of Behaviour	3.7	13.5	82.8
C. Analysis of Factors Supporting Problem Behaviour	12.7	19.9	67.4
D. Environmental Changes	10.2	13	76.7
E. Predictors Related to Function	34.8	12.7	52.5
F. Function Related to Replacement Behaviours	66.8	0	33.2
G. Teaching Strategies	21.2	58.2	20.6
H. Reinforcement	69.7	20.7	9.6
I. Reactive Strategies	10.9	29	60
J. Goals and Objectives	80.9	11.4	7.7
K. Team Coordination	41	47.3	11.7
L. Communication	86.1	9.6	4.4

Companion Tool scores table

National scores from the audit of Behaviour Support Plans	No	Partial	Yes	Not Applicable
1. Did consultation with the person with disability take place?	1,873	-	871	-
2. Are the practitioner name, organisation and contact details present on the plan?	50	856	1838	-
3. Has a functional behaviour assessment been completed that analyses all behaviour	193	165	2386	-
4. Is there evidence of a plan to train implementing providers in the interventions	1030	472	1242	-
5. Is there a protocol of use for all the restrictive practices listed in the plan?	447	295	2002	-
6. Are there fade out plans for each restrictive practices?	1059	445	1240	-
7. Is there a plan review schedule within the plan (i.e., at least one plan review)	354	673	1717	-
8. Has the Commission received the relevant authorisation documents?	773	224	1657	90
9. Are there any discrepancies within the plan?	1914	-	830	-

Position Statement

Practices that present high risk of harm to NDIS participants

Updated July 2023

1. Key points

- Certain practices place NDIS participants at high risk of harm and are associated with adverse and catastrophic outcomes such as long-term psychological or physical injury and death.
- The use of some of these practices may constitute abuse and/or neglect of an NDIS participant. These include specific forms of physical restraint and punitive approaches.
- Some of these practices are also prohibited by law in some states and territories.
- The NDIS Commission is concerned about the use of practices that present a high and unacceptable risk of harm to NDIS participants.
- The NDIS Commission's position on these practices is clear, that is, they should **not** be used.
- Use of these practices by NDIS providers, both registered and unregistered, constitutes a serious breach of the NDIS Code of Conduct.
- The NDIS Commission will take strong action against any provider and individuals that engage in these practices.
- Any practice that presents a high risk of harm to NDIS participants must be **immediately** ceased and appropriate action taken to ensure participant safety, health and well-being.
- The practice should be replaced with proactive and evidence-informed alternatives that have been based on a risk assessment.

2. Purpose and Overview

The use of practices that present high risk of harm to participants is inconsistent with Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The practices present serious breaches of the rights of people with disability, are unethical, and violate a person's dignity. Practices that present harm may result in abuse, unlawful physical contact or neglect when used with NDIS participants.

Therefore, this position statement aims to help protect NDIS participants from unacceptable and catastrophic outcomes. It describes specific forms of physical restraint and punitive approaches that present an unacceptable risk of harm and must not be used. It also explains the corrective action providers must take immediately to uphold participants rights and dignity, and provide safe and quality services which comply with their legislative requirements.

The NDIS Commission will take action where they aware that any of these practices are being used by NDIS providers (registered or unregistered providers) as they constitute a breach of the NDIS Code of Conduct. Any provider supporting NDIS participants and using these practices may be liable to prosecution under applicable state or territory civil or criminal legislation. Additionally, there are practices not referred to in this document that are prohibited in states or territories. Providers should also be aware that it is a condition of their registration not to use any practice that is prohibited in a state or territory in which they operate.

3. Types of practices that present high risk of harm

Specific forms of physical restraint

Unsafe physical restraint can lead to trauma, injury or death. The use of prone restraint for instance, can cause sudden death, due to a risk of the restraint causing a cardiac event. Use of these types of restraints are further associated with the risk of postural asphyxiation, asphyxiation by choking or vomiting, and obstruction of a person's airways.

Adverse non-lethal outcomes can also result from the use of these forms of restraint. Participants may suffer bruising, tissue damage, fractures, broken bones, concussions, and/ or long term injury as a consequence of these practices. The psychological and emotional impacts may lead to overall poorer quality of life outcomes, adverse relational impacts, trauma or post-traumatic stress disorder. Some specific forms of physical restraints that present a high risk of harm to participants and should not be used, are outlined in Table 1 below.

Table 1: Specific forms of physical restraint that present a high risk of harm to participants: definitions, examples and risks

Physical restraints that present a high risk of harm	Example	Associated risks
Basket hold Subduing a person by wrapping your arm/s around their upper and/ or lower body.	• A support worker hugs a participant from behind, wrapping their arms around the participant, to prevent the participant from engaging in self-harm. • An 8 year old participant is being supported in their family home by a support worker. The participant becomes frustrated during a game and starts to hit their sibling. The support worker grabs the participant in a bear hug, with the support worker wrapping their arms around the participant's chest to prevent them from continuing to hit.	Physical harm including risk of asphyxiation, injury or death. Psychological and/or emotional harm.
Prone restraint Subduing a person by forcing them into a face-down position.	• In response to a participant damaging property, one support worker holds the participant's arms down along their body and a second support worker moves the participant onto the participant's stomach on the floor, then holds their legs down while the other support worker continues to hold the participant's arms down.	Physical harm including risk of asphyxiation, injury or death. Psychological and/or emotional harm.
Supine restraint Subduing a person by forcing them into a face-up position.	• In response to a participant damaging property one support worker holds the participant's arms down along their body and a second support worker moves the participant onto the participant's back on the floor, then holds their legs down while the other support worker continues to hold the participant's arms down.	Physical harm including risk of asphyxiation, injury or death. Psychological and/or emotional harm.

Physical restraints that present a high risk of harm	Example	Associated risks
Pin downs Subduing a person by holding down their limbs or any part of the body, such as their arms or legs.	• A participant is laying on their back. To stop them from getting up, a support worker stands over the participant and pushes the participant's arms against the ground holding the participant down.	Physical harm including risk of injury. Psychological and/or emotional harm.
Takedown techniques Subduing a person by forcing them to free-fall to the floor or by forcing them to fall to the floor with support.	• To prevent a participant from grabbing another person across a table, the participant's chair is taken away from underneath them causing them to fall to the floor. • To prevent a participant from running into a shop, they are tripped causing them to fall to the ground.	Physical harm including risk of asphyxiation, injury or death. Psychological and/or emotional harm.
Any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning.	• A support worker places both palms onto a participant's chest and applies pressure, pushing the participant against a wall, to prevent the participant from moving closer to another participant. • A support worker puts their hands on a participant's neck to pressure them to release from biting something.	Physical harm including risk of asphyxiation, injury or death. Psychological and/or emotional harm.
Any physical restraint that has the effect of pushing the person's head forward onto their chest.	• A participant is biting onto a pillow. A support worker places their hand on the participants head and pushes the participants head towards their chest in attempt to have the participant release the bite.	Physical harm including risk of asphyxiation, injury or death. Psychological and/or emotional harm.

Physical restraints that present a high risk of harm	Example	Associated risks
Any physical restraint that has the purpose or effect of compelling a person's compliance through the infliction of pain, hyperextension of joints, or by applying pressure to the chest or joints.	• A participant is grabbing at the TV remote that is in a support worker's hand. The support worker grabs the participant's hand and bends the participant's hand back from the participant's wrist towards the arm, causing pain.	Physical harm including risk of injury. Psychological and/or emotional harm.

Punitive approaches

The use of punitive approaches may constitute emotional, psychological and/ or social abuse of a participant. These practices are not aligned with contemporary positive behaviour support approaches, and are unethical. Participants may experience emotional and/ or psychological harm and poorer social, relational, and overall quality of life outcomes as a result of punitive practices. Specific examples of punitive practices that should not be used, are outlined in Table 2.

Table 2: Punitive approaches that present a high risk of harm to participants: definitions, examples and risks

Punitive approaches that present a high risk of harm	Example	Associated risks
Aversive practices Any practice which might be experienced by a person as noxious or unpleasant and potentially painful.	• A support worker applies chilli powder to a participant's nails so that the participant will stop biting their nails. • To prevent a participant from running away from staff, a support worker grabs the participant's shoulder and twists the skin slightly to inflict pain which causes the participant to stop running. • A support worker tells a participant that they will throw the participant's family photos out, and that they won't be able to see their family again if they continue to scream. • A provider uses high pitched alarms or noises to prevent a participant from doing something, or to make them do something.	Psychological and/or emotional harm

Punitive approaches that present a high risk of harm	Example	Associated risks
Response Cost A punishment of a person who forgoes a positive item or activity because of the person's behaviour.	• A participant's provider cancels a participants outing to attend a barbeque with friends and family because the participant refused to brush their teeth as part of their morning routine.	Psychological, emotional and/or social harm
Practices that limit or deny access to culture. Actions that limit participation opportunities or access to community, culture and language, including the denial of access to interpreters.	• A participant speaks Anindilyakwa fluently, and some English. The participant is being supported by a new worker who does not speak Anindilyakwa and is not sure how to access an interpreter. The participant expresses that they wish to access an interpreter, however the worker refuses to use an interpreter and tells the participant that they will just have to get by with English. • A participant is prevented from going to a place of religious worship because their support worker does not believe in the religion.	Psychological, emotional, and/or social harm
Overcorrection Any practice where a person is required to respond disproportionately to an event, beyond that which may be necessary to restore a situation to its original condition. This is often used as a punitive measure.	• A participant resides in a supported independent living arrangement. The participant independently accesses the community and one day, the participant returns home with some alcohol and proceeds to drink it. The next day a support worker finds the participant intoxicated in the bedroom. In response, the provider makes the participant clean the bedroom and the entire apartment. In addition, the provider makes the decision to restrict the participant's access to their own money and decides that the participant can only access the community with staff support.	Psychological, and/or emotional harm

Punitive approaches that present a high risk of harm	Example	Associated risks
Denial of key needs Withholding supports such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports.	• A participant requests support to access an advocacy service. The participant's provider refuses to facilitate access to an advocacy service, telling the participant that they do not think the participant requires an advocate. • Support workers repeatedly fail to ensure that a participant has adequate access to sanitary items.	Physical harm or injury. Psychological, emotional, and/or social harm.
Practices related to degradation or vilification. Practices that are degrading or demeaning to the person; may be perceived by the person or their guardian as harassment are unethical.	• A participant refuses to take their medication. In response, a support worker swears at the participant and calls them derogatory names. • Support workers force a participant to dress up in a costume and dance around in the backyard, as the support workers consider this entertaining.	Psychological, emotional, and/or social harm

4. Practice remediation – What to do if a high risk practice is being used with an NDIS participant?

Providers must **immediately** cease using practices that present a high risk of harm to participants. Appropriate action must also be taken to ensure participant safety, health and well-being. This should include the use of an alternative strategy that has been based on a risk assessment. The following steps should be followed for immediate remediation of any unacceptable practice.

If a practice has been included in a behaviour support plan:

- If the practice is included as a recommended strategy in a positive behaviour support plan for a participant, the practice must be immediately ceased.
- The specialist behaviour support provider who developed the behaviour support plan should be consulted and a review of the plan conducted to ensure only strategies that are safe, and uphold the dignity of the participant are used.
- The practice should be removed from the plan, or the plan should be clearly amended to highlight that the practice should not be used under any circumstances.

- The specialist behaviour support provider should work closely with providers that implement the behaviour support plan to mitigate potential risks as any high risk practices are ceased and alternative strategies are implemented. This will also ensure that workers have the knowledge and skills needed for the implementation of strategies that promote safety for the participant, workers and others.
- The provider may need to seek an independent review of the behaviour support plan. This may involve contacting an alternate specialist behaviour support provider, or discussing the participant's circumstances further with the NDIA.

If there is no behaviour support plan and a practice is used by an NDIS provider:

- Providers must provide supports and services in a safe and competent manner and should undertake a risk assessment immediately.
- The risk assessment should determine the circumstances surrounding the use of the practice and implement alternative strategies that are safe for all and uphold the dignity of the participant. The risk assessment should consider whether the participant has unmet behaviour support needs that may require the development of a behaviour support plan.
- The continued use of any practice described in this document under any circumstances, including as an 'emergency' measure is unacceptable and not appropriate. For instance, if a basket hold was previously used as a response to behaviours of concern, alternative strategies that can safely replace the practice should be immediately implemented. This may include (but is not limited to) increasing staffing levels to support a participant while a risk assessment and actions to develop safe, proactive and evidence-informed strategies are undertaken.
- NDIS Providers must take reasonable steps to facilitate the development of a behaviour support plan and obtain authorisation in accordance with the state or territory process (however described) if any regulated restrictive practices are being used with the participant. For further details see Understanding behaviour support and restrictive practices - for providers | NDIS Quality and Safeguards Commission (ndiscommission.gov.au).
- NDIS Providers need to consider their obligations to report to the NDIS Commission when a practice is being used that may present a high risk of harm to a participant – see How to notify the NDIS Commission about a reportable incident.

5. Legislative obligations and regulatory actions

- All NDIS providers are bound by the NDIS Code of Conduct. This applies to providers (registered and unregistered) and workers are also held to account in a personal capacity.
- Providers and workers have obligations under the NDIS Code of Conduct to provide supports and services in a safe and competent manner, with care and skill. Use of practices that present a high risk of harm to participants breaches this part of the NDIS Code of Conduct.

- The NDIS Commission will take strong legal and/or regulatory action against any provider or individual, including NDIS behaviour support practitioners and other NDIS workers, who engage in these practices.
- Such Code of Conduct breaches will result in the NDIS Commission taking compliance and enforcement action. This may be administrative in nature or court-based, and include compliance or infringement notices, banning of a worker or revoking of practitioner suitability, and civil penalties [for more details see Compliance and Enforcement | NDIS Quality and Safeguards Commission (ndiscommission.gov.au)].

6. Additional considerations

- A range of evidence-informed alternative practices that promote the rights and dignity of a participant should be considered by an NDIS behaviour support practitioner and providers. These may include positive behaviour support, trauma informed practice, environmental modifications, person-centred planning, and mindfulness techniques.
- A participant's unmet health needs can contribute to behaviours of concern. Providers should provide proactive support to ensure a holistic approach to a participant's health care needs. This may include supporting the participant to access a comprehensive health assessment. See Practice alert – Comprehensive health assessment (PDF, 316 KB).
- Providers should also undertake practice reviews to examine organisational or contextual factors that may be contributing to the use of practices that present a high risk of harm to participants. See Practice Reviews - A framework for NDIS Providers (PDF, 309 KB).
- Providers also need to consider their ethical and legal obligations to notify other relevant authorities of the use of the practice. These authorities may include police, child protective services, Aged Care Commission, National Disability Insurance Agency and other state or territory based authorities with safeguarding responsibilities.
- Additionally, providers, workers, participants and other persons can contact the NDIS Commission if they are aware of any practices being used that present a high risk of harm to participants - see General enquiries.

7. Resources

- Convention on the Rights of Persons with Disabilities, United Nations General Assembly
- Evidence Matters, NDIS Quality and Safeguards Commission
- Implementing providers: Facilitating the development of behaviour support plans that include regulated restrictive practices, NDIS Quality and Safeguards Commission
- Practice reviews - A framework for NDIS Providers, NDIS Quality and Safeguards Commission
- Regulated restrictive practices guide, NDIS Quality and Safeguards Commission

- Regulated restrictive practices with children and young people with disability practice guide, NDIS Quality and Safeguards Commission
- Resources to support incident reporting, management and prevention, NDIS Quality and Safeguards Commission

8. Further information

Contact the NDIS Quality and Safeguards Commission

Website: www.ndiscommission.gov.au/providers/behaviour-support

Phone: 1800 035 544 (Monday to Friday)

Email: BehaviourSupport@ndiscommission.gov.au

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Evidence-Informed Practice Guide

July 2023

Key points

- Evidence-informed practice supports NDIS providers to achieve compliance with their obligations under the NDIS legislation.
- Evidence-informed practice means integrating the best available contemporary research with the rights and perspectives of people with disability, the expertise of professionals, and information from the implementing or practice context(s).
- Evidence-informed practice upholds the rights of the person with disability and involves doing more of 'what works'. It helps providers to continuously learn and improve the quality of the supports and services they provide.
- Evidence-informed practice involves focusing on outcomes, including those which improve the person's quality of life, inclusion and social participation.
- Evidence-based guidelines and practice alerts are published by the NDIS Commission and other reputable sources. These resources offer helpful summaries of the best available research and outline the implications for practice.
- There are tools and approaches that can support the implementation of best evidence into real-world practice. This involves considering the strength of the available evidence, the fit with current needs and priorities; and the capacity to implement within the available resources.
- People with disability should be provided with accessible information about the best available evidence and support (if required) to make decisions about their supports and services.
- NDIS providers should take all reasonable steps to prevent the use of strategies and approaches that may cause harm or have been proven to be ineffective. Use of such approaches may breach the NDIS Code of Conduct and/or a provider's conditions of registration, and may result in compliance and enforcement action.

Purpose

This Guide outlines the NDIS Commission's position on evidence-informed practice and what is expected of NDIS providers. It describes what evidence-informed practice is, why it is important, how it can be implemented by NDIS providers, and where to find further information.

Scope

This Guide has been developed for NDIS providers, both registered and unregistered. It may also assist NDIS participants and others who support them to uphold their rights and know what to expect from providers. For more information see the legislative linkage section. An Easy Read version of this document will also be made available.

This Guide acknowledges that evidence is continually evolving and does not comment on specific interventions or new trials being undertaken.

This Guide does not comment on the National Disability Insurance Agency's planning processes or funding decisions in relation to evidence-informed practice, services or supports. For more information see the NDIA's guidance on Evidence-based best practice.

What is evidence-informed practice?

Evidence-informed practice is a process for making informed decisions about the delivery of supports and services. It focuses on outcomes, including those which improve the person's quality of life, inclusion and social participation. Evidence-informed practice requires stakeholders to work together in the spirit of collaboration to consider the available evidence (as per Figure 1), implement the chosen approach or intervention and monitor outcomes achieved.

For the NDIS Commission, evidence-informed practice means integrating the rights and perspectives of the person with disability, with the best available research with professional expertise and information from the implementing or practice contexts.

This is illustrated in Figure 1 below and the subsequent discussion of each component.

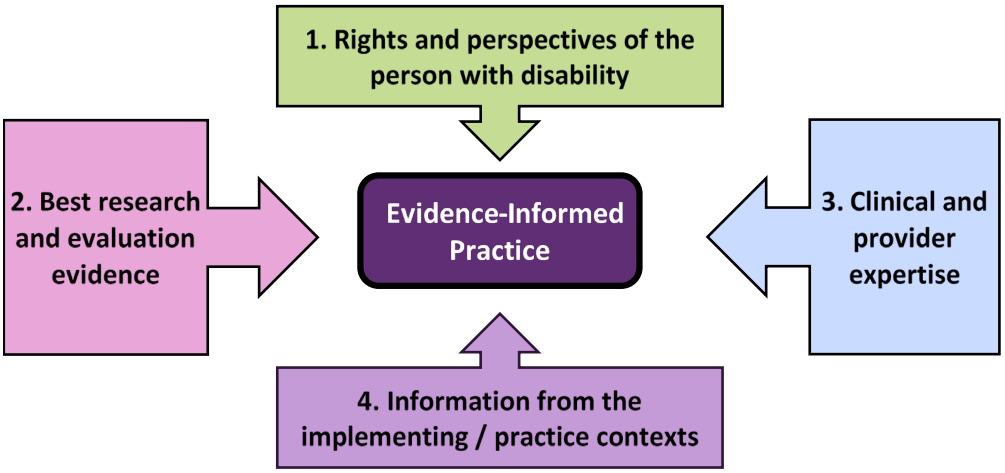

Figure 1: NDIS Commission's model of evidence-informed practice
(Adapted from Sackett, et al. 1996 and Hoffman et al. 2016).

For the extended description of Figure 1, refer to the Appendix.

The NDIS Commission has adopted the term "evidence-informed practice" for the purpose of this document and consistency with legislation. It is acknowledged that the term and concept of "evidence-based practice" may be used in other settings and practice contexts. For the purposes of this document, evidence-informed practice and evidence-based practice mean the same thing.

1. Rights and perspectives of the person with disability

Evidence-informed practice emphasises and upholds a person's human rights and dignity. It is a collaborative process that takes into account each person's values, preferences and circumstances. It considers how best to work with that person and evaluate outcomes in partnership with the person.

This means:

- Respecting and upholding a person's human rights.
- Recognising that the person with disability is an expert in their own life.
- Focusing on a person's identity, their unique values, beliefs, preferences, priorities and circumstances.
- Including and considering people important to the person with disability, such as friends and family (with their permission).
- Supporting self-determination and decision making.

See the Supporting participants sections for further information about ways to share information about evidence and best practice to support informed decision making.

2. Best research and evaluation evidence

There are two main types of evidence that can be considered in evidence-informed practice:

1. Evidence from the research literature.
2. Evidence collected through practice ("practice-based evidence").

Where there are gaps in the research literature, providers are more likely to rely on practice-based evidence. In doing so, providers must be mindful that practice-based evidence may not be objective or generalisable to different contexts or situations. This is discussed further in *Practice-Based Evidence*.

2. 1 Evidence from the research literature

Providers should consider the best available evidence, according to the evidence hierarchy as shown in Figure 2:

- The evidence hierarchy ranks study types based on the strength of their research method.
- Well-designed systematic reviews and randomised controlled trials have the strongest evidence, and expert opinion and anecdotal experience are the weakest type of evidence.
- The evidence hierarchy considers the effectiveness of a given approach or intervention; and to a much less extent the risks or potential harms of using a given intervention or approach.

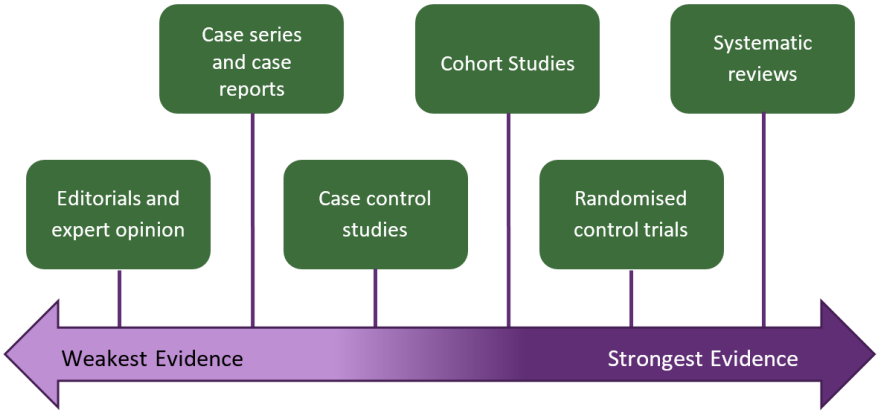

Figure 2: Hierarchy of research evidence
Source: Adapted from NSW Department of Communities and Justice (2020).

For the extended description of Figure 2, refer to the Appendix.

Providers should also consider the reliability of the sources, the age of the research, and whether there are any potential conflicts of interest:

- Reliable sources include clinical guidelines, university publications, and peak body websites (see *reputable sources* section below).
- With respect to the age of the research, use current and contemporary evidence.
- "*A conflict of interest exists in a situation where an independent observer might reasonably conclude that the professional actions of a person are or may be unduly influenced by other interest"* (NHMRC, 2019). Conflicts of interest can be financial or non-financial.

2.2 Practice-based evidence

Practice-based evidence involves the gathering of evidence during practice.

This can include:

- Collecting data as part of routine practice and using that data to evaluate the effectiveness of interventions or approaches over time.
- Obtaining regular feedback from the individual participant to evaluate whether their desired outcomes are being achieved by the particular intervention or approach.

Providers and workers should not rely solely on practice-based evidence unless there are gaps in the research evidence / literature or existing practices have not achieved the desired outcomes. In such circumstances, providers are encourage to refer to *reputable sources* for guidance to prevent harm and ensure the provision of quality and safe supports.

When collecting data and measuring participant outcomes providers should use valid and reliable tools if they are available (Davis et al. 2018). Where such tools are not available, seek the participant's views on the intervention and collect other data to determine whether it is having its intended effect. For example, asking the participant about the impact of an intervention and / or using incident reports to determine whether it is resulting in the reduction in the use of restrictive practices.

3. Clinical and provider expertise

Providers, practitioners, clinicians and workers all have different experience, training, knowledge and judgement that is developed over time. This expertise can be used alongside best evidence and the participant's perspective in deciding how an intervention or approach should be managed, developed or implemented.

NDIS providers are expected to provide supports and services in a safe and competent manner with care and skill. This includes working with the scope of their knowledge and skills.

If you do not have the right qualifications or enough professional expertise to meet the person's needs in an evidence-informed way:

- Talk to the participant about options to identify the person or provider that has the right qualifications and expertise to provide the support they need, and facilitate access to that support if appropriate.
- Where appropriate build strategies into your continuing professional development plan in discussion with your supervisor or line manager.
- Engage and collaborate with practitioners, clinicians and providers who have the skills to provide care, and who are qualified to do so. For example, this may involve case conferencing, co-allocations, peer review and supervision process.
- Consider your scope of practice as an individual practitioner or worker and where referrals may be required to ensure the right expertise is available.

4. Information from the implementing / practice contexts

The success of any evidence-informed practice or approach can be significantly affected by the environment. Information from the implementing / practice context can be used to influence decisions about what research can be adopted for practice and how research might be used or adapted to address real-world circumstances in accordance with the available resources.

Implementation science (also known as knowledge translation or translational research) offers a scientific way to monitor the implementation or uptake of a practice, policy or approach. There are various models, frameworks and tools that can be tailored to meet the needs of different practice contexts. They may help providers to identify and address barriers and enablers to the delivery of supports (see *Practice Resources* section below).

The NDIS Worker Capability Framework includes a range of supervisory and management tools to support best practice thinking and design of service models.

Why is evidence important?

An evidence-informed approach means participants' needs are met in the best possible way, and their human rights and dignity upheld. As shown in Figure 3, using evidence helps NDIS providers and workers to provide quality supports. It helps them to 1. Do more of 'what works' 2. Explain the 'why' and 3. Continuously learn and improve together.

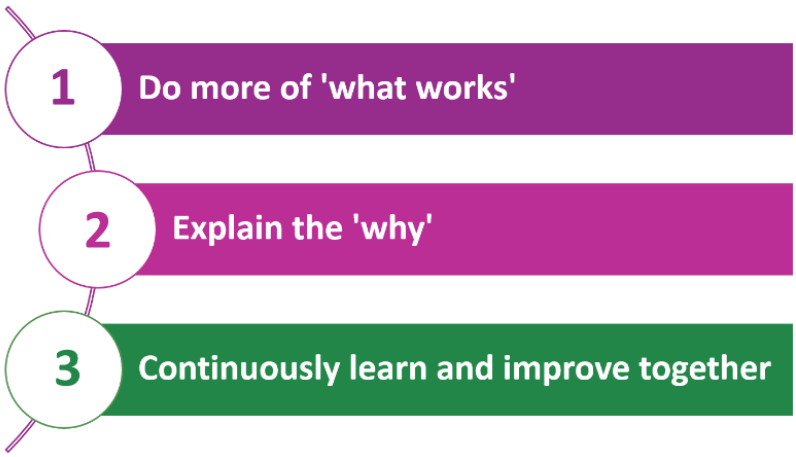

Figure 3: Why is evidence important
Source: Adapted from NSW Department of Communities and Justice (2022).

1. Do more of 'what works'.

Using evidence:

- Helps to provide services that meet the needs of participants and communities.
- Informs participants' and / or provider decision making.
- Can help avoid harmful or ineffective approaches.

2. Explain the 'why'

- Using evidence helps to explain how outcomes will be achieved, why particular approaches are being proposed, or why a particular service is needed.

3. Continuously learn and improve together

- Using and collating evidence of what works for groups or individuals helps to continuously improve the quality of supports and services.
- Undertaking Practice Reviews as part of continuous quality improvement and incident management ensures that services and supports are safe and meet the person's needs.

How to do evidence-informed practice

There are five key steps for undertaking evidence-informed practice (adapted from Straus et al. 2011). These are shown in Figure 4:

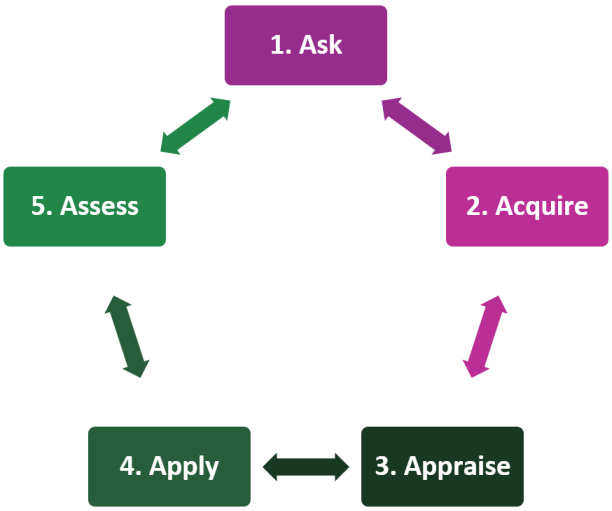

Figure 4: Steps in evidence-informed practice

1. Ask

Formulate a specific question to be answered.

- Ask the participant and their supporters what approaches and outcomes are important to them.
- Define the situation, topic or problem area.
- Identify any specific disability, age or other characteristics of the person or population you are interested in.
- Consider if you want to compare specific approaches or interventions.

2. Acquire

Search for the best possible evidence from high quality sources (see *reputable sources* below).

- Use the best research evidence available to inform your supports and services.
- Where there are gaps in the research evidence, review practice-based evidence and seek advice from professionals who have the appropriate expertise.

3. Appraise

Appraise the evidence for its quality (see *evidence hierarchy* above) and relevance to the situation.

- Include the participant's perspectives and the particular service context when appraising the evidence and the situation.

4. Apply

Apply the evidence in line with the person's values and preference and in combination with professional experience and skill.

5. Assess

Assess the effectiveness of the approach and ways to improve next time, taking into account the participant's views and preferences.

Supporting participants

Providers should support participants to make evidence-informed decisions about their supports and services in accordance with supported-decision making principles by:

- Explaining the best available evidence in an appropriate and accessible format.
- Being transparent about the strength of the available evidence and any limitations or gaps in the evidence.
- Presenting the different options available supported by the evidence.
- Highlighting the benefits and risks of any given strategy or approach.
- Supporting the person to be involved and respecting their right to freedom of expression, self-determination and decision-making.

Where a participant has expressed interest in an intervention or approach that is known to be unproven or harmful, NDIS providers should discuss these risks with the person and promote evidence-informed alternatives. In doing so the principle of dignity of risk must be balanced with the provider's safeguarding, legal and ethical responsibilities. This may necessitate a referral to other professionals for specialist advice and support.

What to avoid?

Providers should be particularly cautious about "fads". A "fad" is an intervention or approach that quickly grows in popularity but has no scientific evidence to support its effectiveness (Jackson, 2016).

It is important to maintain a level of caution, even scepticism about interventions that:

- Seem too good to be true.
- Promise quick fixes or "cures".
- Are very expensive.
- Claim to treat or resolve a wide range of issues and conditions across ages and populations.
- Are heavily advertised and marketed in emotive and subjective ways (e.g., testimonials).
- Have not been independently reviewed or evaluated.

Consistent with the NDIS Code of Conduct and providing safe and competent supports and services, NDIS providers should:

- Not use strategies or approaches that can cause harm to the participant or others.
- Not use aversive or unethical approaches which impinge on participant's rights and dignity.
- Not use strategies or approaches that have been disproven or are known to be ineffective.
- Not ignore or minimise the participant's perspective.
- Not work beyond their scope of practice without the necessary supports and safeguards (e.g., this could include supervision). Scope of practice means working within your knowledge, skills and experience; engaging in continuous improvement and professional development activities; and knowing when to refer on.
- Be mindful of potential conflicts of interest (e.g., gaining benefit from recommending a particular service and not declaring this openly).

The delivery of dangerous and disproven approaches is likely a breach of the NDIS Code of Conduct and/or a provider's conditions of registration, and may result in compliance and enforcement action.

Some examples of reputable sources for evidence

- Australian Commissions for example:
  - NDIS Quality and Safeguards Commission - https://www.ndiscommission.gov.au/
  - Aged Care Quality and Safety Commission - https://www.agedcarequality.gov.au/
  - Australian Commission on Safety and Quality in Health Care - https://www.safetyandquality.gov.au/
  - Australian Human Rights Commission - https://humanrights.gov.au/
- Australian Disability Clearinghouse on Education and Training - https://www.adcet.edu.au/
- Australian Institute of Family Studies - https://aifs.gov.au
- Autism CRC (Cooperative Research Centre for Living with Autism) - https://www.autismcrc.com.au/
- Cochrane Library of systematic reviews - https://www.cochranelibrary.com/
- Guidelines International Network - https://g-i-n.net/international-guidelines-library
- Government departments for example:
  - Australian Government Department of Health and Aged Care – https://www.health.gov.au/
- Professional registration bodies such as the Australian Health Practitioner Regulation Agency (AHPRA) - https://www.ahpra.gov.au
- Professional associations such as the Australian Psychological Society - https://psychology.org.au
- Raising Australian Children Network – https://raisingchildren.net.au

- National Disability Insurance Agency - https://ndis.gov.au/
- National Health and Medical Research Council - https://www.nhmrc.gov.au/
- NICE Guidance - National Institute for Heath and Care Excellence – https://www.nice.org.uk/
- Scottish Intercollegiate Guidelines Network (SIGN) - https://www.sign.ac.uk/our-guidelines/
- Sax Institute - https://www.saxinstitute.org.au/
- World Health Organisation - https://www.who.int/

Practice resources

- The Hexagon Tool to assess how a program or practice might fit into an implementing provider's existing work and context – https://nirn.fpg.unc.edu/resources/hexagon-exploration-tool
- Dissemination and Implementation Models Webtool for planning and implementing an intervention - https://dissemination-implementation.org/tool/
- NDIS Commission Practice Reviews - https://www.ndiscommission.gov.au/resources/language-and-formats/easy-read-information#paragraph-id-5142
- NDIS Workforce Capability Framework – https://workforcecapability.ndiscommission.gov.au/
- Implementing Evidence-based Practice - https://workforcecapability.ndiscommission.gov.au/tools-and-resources

Legislative linkages

The Guide recognises that adopting evidence-informed practice places both registered and unregistered providers in a better position to demonstrate compliance with their obligations under the NDIS legislation.

NDIS Act

This Guide aligns with the *NDIS Act 2013*, including guiding principle of section 4(15) which states:

> "In exercising their right to choice and control, people with disability require access to a diverse and sustainable market for disability supports in which innovation, quality, continuous improvement, **contemporary best practice** and effectiveness in the provision of those supports is promoted."

It is in furtherance of the Commissioner's functions, including sections 181E(e) and 181H(b):

> 181E(e) "to promote continuous improvement amongst NDIS providers and the delivery of progressively higher standards of supports and services to people with disability"
>
> 181H(b) "developing policy and guidance materials in relation to behaviour supports and the reduction and elimination of the use of restrictive practices by NDIS providers"

Finally this Guide relates to sections 73J and 73V of the NDIS Act:

> 73J "registered providers must comply with the conditions of registration"
>
> 73V "NDIS Code of Conduct", which applies to both registered and unregistered providers.

NDIS Code of Conduct

This Guide supports provider and workers to demonstrate compliance with the *NDIS (Code of Conduct) Rules 2018*, which includes:

> "In providing supports or services to people with disability, a Code-covered person must:
>
> (a) act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions; and
>
> (c) provide supports and services in a safe and competent manner, with care and skill
>
> (f) act with integrity, honesty and transparency; and
>
> (g) take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of people with disability"

Rules and Guidelines for Registered NDIS Providers

This Guide relates to the conditions of registration placed on registered NDIS providers as outlined in the:

- *NDIS (Provider Registration and Practice Standards) Rules 2018*
- *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*

The Guide also relates to the quality indicators:

- *NDIS (Quality Indicators for NDIS Practice Standards) Guidelines 2018*

Appendix

Extended descriptions for figures 1 and 2

Figure 1: NDIS Commission's model of evidence informed practice

The image shows four boxes which are titled:

1. Rights and perspectives of the person with disability.
2. Best research and evaluation evidence.
3. Clinical and provider expertise.
4. Information from the implementing or practice context.

Each of the four boxes has an arrow pointing to a central text box which reads: Evidence-informed Practice.

(Return to Figure 1: NDIS Commission's model of evidence-informed practice, page 3.)

Figure 2: Hierarchy of research evidence

The image shows six different types of research evidence organised along a continuum, with the weakest evidence on the far left and the strongest evidence on the far right.

From weakest to strongest, the types of research evidence are:

1. Editorial and expert opinion.
2. Case series and case reports.
3. Case control studies.
4. Cohort studies.
5. Randomised control trials.
6. Systematic reviews.

(Return to Figure 2: Hierarchy of research evidence, page 5.)

References

Australian Government (2018) *'Australian Code for the Responsible Conduct of Research'*, NHMRC website, accessed 24 February 2023.

Davis E, Young D, Gilson M, Swift E, Chan J, Gibbs L, Tonmukayakul U, Reddihough D and Williams K (2018) 'A Rights-Based approach for service providers to measure the quality of life of children with a disability', *Value Health*, 21:1419–27.

Hoffmann T, Bennett S and Mar CD (2016) *Evidence-based practice across the health professions*, 3rd edn, Elsevier Australia, Chatswood.

Jackson S (2016) 'Help or harm? Spotting fad interventions', *Altogether Autism Journal,* 1: 8-9.

NHMRC (2019) 'Identifying and managing conflicts of interest' NHMRC website, accessed 27 June 2023.

NSW Department of Communities and Justice (2022) *'What is evidence-informed practice?'*, DCJ website, accessed 24 February 2023.

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Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB and Richardson WS (1996) 'Evidence Based Medicine: What It Is And What It Isn't', *British Medical Journal*, 312:71–72.

Straus S, Glasziou P, Richardson W and Haynes R (2011) *Evidence-based medicine: how to practice and teach it*, 4th edn, Churchill Livingstone Elsevier, Edinburgh.

Acknowledgement

The NDIS Commission would like to acknowledge the important contributions made to this Guide by people with lived experience of disability, the Senior Practitioners Practice Leadership Group and the Alliance 20.

For more information

Contact the NDIS Quality and Safeguards Commission

Phone: 1800 035 544 (Mon-Fri)

Website: https://ndiscommission.gov.au/resources/provider-and-worker-resources

Email: behavioursupport@ndiscommission.gov.au

researchandpractice@ndiscommission.gov.au

NDIS Quality and Safeguards Commission

Interim Behaviour Support Plan Checklist: Requirements for Specialist Behaviour Support Providers

This document outlines good practice and the conditions of registration that apply to specialist behaviour support providers when developing Interim Behaviour Support Plans. It aims to help improve the quality of behaviour support plans and ensure compliance with legislative requirements.

Specialist behaviour support providers and their NDIS behaviour support practitioners can use this tool to assist with their compliance and quality assurance activities.

Use of this resource is optional. It does **not** need to be submitted to the NDIS Commission.

What is an Interim Behaviour Support Plan (Interim BSP)?

An Interim BSP is a short document that contains general preventative and responsive strategies designed to keep the person with disability and others safe.

It clearly describes the behaviours of concern and includes protocols to follow to minimise the risk of harm. It also identifies if, when and how any regulated restrictive practices are to be applied.

An Interim BSP focuses on safeguarding and risk mitigation whilst a functional behavioural assessment is undertaken and a Comprehensive Behaviour Support Plan is developed with the person with disability.

Requirements when developing an Interim BSP

Specialist behaviour support providers must adhere to a range of requirements when developing Interim Behaviour Support Plans. These are conditions of their registration as a registered NDIS provider.

These are outlined below and are drawn from the following legislative suite:

- National Disability Insurance Scheme Act 2013
- National Disability Insurance Scheme (Code of Conduct) Rules 2018
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

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Additional Resources Recommended

- **Positive Behaviour Support Capability Framework (PBSCF) (PDF, 1 MB)**

  This is the framework used by the Commissioner to consider a practitioner's suitability in accordance with section 181H of the NDIS Act and the NDIS (Restrictive Practices and Behaviour Support) Rules 2018. It outlines the knowledge and skills required to deliver contemporary, evidence-informed behaviour support. The 'Interim Response' domain relates specifically to the development of Interim Behaviour Support Plans.

Implications

The requirements outlined in this document include conditions of registration imposed on registered NDIS providers under sections 73F, 73H and 73J of the NDIS Act. Where these requirements are not met, then action is needed to ensure compliance and quality services for NDIS participants. Failure to comply with the requirements may result in compliance and enforcement action, in accordance with sections 73J and 73V of the NDIS Act 2013.

Interim BSP Checklist begins on the following page.

It includes the following sections:

NDIS Quality and Safeguards Commission

Interim Behaviour Support Plan Checklist

Plan details

Name / NDIS participant number

BSP ID / Date of BSP

NDIS Behaviour Support Practitioner

Practitioner ID number

Specialist Behaviour Support Provider

Provider Registration ID

Checklist completed by

Date

Tick the item if the behaviour support plan demonstrates the requirement as described. There is a place for you to write additional notes and any follow up actions at the end of the checklist.

Developed by

1. Developed by a registered NDIS provider of specialist behaviour support, who uses an NDIS behaviour support practitioner. Their name and contact details should be clearly stated in the plan.

Note: an 'NDIS behaviour support practitioner' means a person the Commissioner considers is suitable to undertake behaviour support assessments (including functional behavioural assessments) and to develop behaviour support plans that may contain the use of restrictive practices.

Timeframes

2. Developed within 1 month of the specialist behaviour support provider being 'engaged' if the plan contains regulated restrictive practices.

Note: a provider is considered 'engaged' from either the date of the service agreement, or the date specified in the service agreement (i.e. where a date is specified in the agreement by which the provider is to commence developing the plan).

3. Informs and is replaced by a Comprehensive Behaviour Support Plan within 6 months of the specialist behaviour support provider being 'engaged' if the plan contains regulated restrictive practices.

Core values

4. Respects and upholds the person's dignity and rights.

5. Person-centred, evidence-informed and responsive to needs.

- [ ] 6. Focuses on safety and minimises the risk of harm to the person with disability and others. It meets the person's immediate needs.
- [ ] 7. Complies with Commonwealth, State and Territory laws and policies.
- [ ] 8. Gives due consideration to the person's wishes, is proportionate and least restrictive.
- [ ] 9. Culturally competent and strength-based, increasing the capacity of the person and other relevant people.

Consultation

Note: There are specific consultation requirements in relation to Regulated Restrictive Practices. These are outlined later in the RRP section of the checklist.

- [ ] 10. Developed with the person with disability, their family, guardian and other relevant people (e.g., implementing providers, specialists and mainstream services). Information is documented (ideally in the plan) about when and how this has occurred.
- [ ] 11. A copy of the plan is given to the person and, with their consent, to their family, guardian and implementing providers for their consideration and acceptance prior to it being lodged with the NDIS Commission (if required).

Contents

- [ ] 12. Is a brief and useable document which is easy to follow and action (i.e., it is not long or comprehensive).
- [ ] 13. Evaluates the risks of harm to the person and others.
- [ ] 14. Takes into account previous assessments, but it does not include a functional behavioural assessment.
- [ ] 15. Contains general preventative strategies (i.e., evidence-based, person-centred and proactive).
- [ ] 16. Clearly describes the behaviours of concern and includes reactive strategies for responding when they occur.
- [ ] 17. Includes strategies to manage and minimise the risk of harm to the person and others.
- [ ] 18. Includes changes within the environment that may reduce or remove the need to use regulated restrictive practices.
- [ ] 19. Clearly identifies the use of any regulated restrictive practices. The plan includes protocols, procedures or similar which detail what restrictive practice are to be used, when, why, how, and by whom (including details of the implementing providers).
- [ ] 20. Identifies how people will be provided with the advice, guidance and support they need to effectively implement the plan.

NDIS Quality and Safeguards Commission

Regulated Restrictive Practices (RRP)

- [ ] 21. The type of any regulated restrictive practices are clearly identified (i.e., seclusion, chemical restraint, mechanical restraint, physical restraint, environmental restraint).
- [ ] 22. The RRP is included for use only as a last resort in response to risk of harm to the person or others, and after exploring and applying evidence-based, person-centred and proactive strategies.
- [ ] 23. The RRP is the least restrictive response possible in the circumstances.
- [ ] 24. The RRP reduces the risk of harm to the person or others.
- [ ] 25. The RRP is proportionate to the potential negative consequences or risk of harm.
- [ ] 26. The RRP is used for the shortest time possible.
- [ ] 27. All reasonable steps are taken and strategies included in the plan to reduce and eliminate the use of each RRP.
- [ ] 28. The person with disability, their family, guardian, and other relevant people are engaged in discussions about the need for a RRP. Alternatives are promoted as part of these discussions.
- [ ] 29. The person with disability, their family, guardian, and other relevant people, are provided details of, the intention to use a RRP as part of the plan, in an appropriately accessible format. We expect how this occurred is documented (ideally in or attached to the plan).
- [ ] 30. Implementing providers are made aware of their reporting requirements and are assisted to understand any state or territory authorisation requirements.

Authorisation

- [ ] 31. Developed in accordance with the State or Territory's restrictive practice authorisation and consent requirements, however described.

Lodgement with the NDIS Commission

- [ ] 32. Lodged in the NDIS Commission portal as soon as practicable after it is developed, if it contains regulated restrictive practices.

This involves:

- [ ] Lodging the plan regardless of who is implementing it (i.e., includes plans only implemented by family / non-NDIS services).

Lodging the plan regardless of whether State or Territory authorisation is required, or has been obtained.

NDIS Quality and Safeguards Commission

☐ 33. Lodged in the manner as required by the Commissioner.

This involves:

- ☐ Attaching a copy of the behaviour support plan.
- ☐ Linking all implementing NDIS providers.
- ☐ Ensuring the details entered in the portal are accurate and consistent with the behaviour support plan.

Implementation and monitoring

☐ 34. Reasonable measures are taken to ensure the person with disability, their family and implementing providers understand the rationale underpinning the Interim BSP.

☐ 35. Support is provided to implement the plan and monitor its efficacy. This includes person-centred training, coaching and mentoring; and ongoing support to identify and address barriers.

☐ 36. If training from a third party is recommended in relation to the safe use of a restrictive practice, then oversight is retained to ensure the training address the strategies contained within the plan.

☐ 37. The effectiveness of strategies is evaluated through regular engagement with the person with disability, and by reviewing incidents and data collected by implementing providers.

Notes and actions

Policy Guidance: Developing Behaviour Support Plans

This document outlines the NDIS Commissioner's expectations of specialist behaviour support providers and NDIS behaviour support practitioners when developing behaviour support plans that contain regulated restrictive practices.

Expectations

Specialist behaviour support providers should ***review*** and where necessary ***revise*** their current behaviour support plan templates, and other relevant policies and procedures to ensure their alignment with the following expectations. It is expected that specialist behaviour support providers and NDIS behaviour support practitioners:

1. Uphold the rights of people with disability and take all reasonable steps to reduce and eliminate the need for, and use of regulated restrictive practices.
2. Develop high quality, evidence-informed behaviour support plans that comply with all requirements as set out in the Rules and in any state or territory authorisation requirements (however described).
3. Develop behaviour support plans in consultation with people with disability and the people who support them.
4. Provide people with disability and their supporters with behaviour support plans and other information (e.g., in relation to the use of regulated restrictive practices) in appropriately accessible formats.
5. Support the effective implementation of behaviour support plans to meet the needs of the person with disability.
6. Measure, monitor and evaluate outcomes, including improvements in quality of life, behaviour change and steps to reduce and eliminate restrictive practice.
7. Provide responsive, timely and appropriate supports to meet the person's needs in a safe and competent manner, consistent with the NDIS Code of Conduct and the relevant Practice Standards.
8. Have policies, procedures and processes to:
    a. Ensure person-centred supports that uphold participant's human and legal rights, and enable them to exercise informed choice and control
    b. Manage risk, safeguard participants and increase the quality of behaviour support provided
    c. Build the capabilities of NDIS behaviour support practitioners
    d. Implement quality management systems that promote a culture of continuous improvement.

Resources

- NEW Regulated Restrictive Practices Summary and Protocols – this represents the revised regulated restrictive practice protocol component of a behaviour support plan. It replaces the existing protocols in the NDIS Commission's behaviour support plan templates.
- Interim and Comprehensive Behaviour Support Plan Checklists – tools which outline good practice and the requirements when developing behaviour support plans.
- Evidence Matters: Developing Quality Behaviour Support Plans – a literature summary by University of Queensland and funded by the NDIS Commission.
- Practices that present high risk of harm to NDIS participants: Position Statement – outlines practices that present an unacceptable risk of harm to participants and must not be used by registered and unregistered NDIS providers.
- Practice Guides around restrictive practices
- Evidence Matters: Organisation approaches to reducing restrictive practices
- Deciding With Support – a supported decision making toolkit designed for behaviour support developed by Flinders University and funded by the NDIS Commission
- Positive Behaviour Support Capability Framework – outlines the knowledge and skills required to deliver contemporary, evidence-informed behaviour support and is used to consider a practitioner's suitability.
- NDIS Workforce Capability Framework – describes the attitudes, skills and knowledge expected of all workers funded the NDIS and a range of practical examples and resources

Legislative linkages

This document is in furtherance of the Commissioner's functions as set out in sections 181E, F and H of the NDIS Act 2013, and the requirements as outlined in the NDIS Code of Conduct, NDIS (Provider Registration and Practice Standards) Rules 2018 and part 3 of the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

NDIS Quality and Safeguards Commission

Regulated Restrictive Practice Summary & Protocols

Restrictive practices infringe on the rights and freedom of movement of people with disability. All reasonable steps must be taken to reduce and eliminate their use. There are five types of regulated restrictive practices:

- Chemical restraint.
- Environmental restraint.
- Mechanical restraint.
- Physical restraint.
- Seclusion.

Definitions of each practice and conditions of use are set out in legislation. For more information see the Regulated Restrictive Practices Guide, RRP with Children and Young People Practice Guide, Surveillance Technology Practice Guide, and Safe Transportation Practice Guide.

Summary of Regulated Restrictive Practices (RRP)

This summary and the RRP protocols relate to the use of RRP with (***insert the participant's name***.)
(Use the table below to list any NDIS providers and other people who are implementing the RRPs.)

Person / Provider	**Registration ID or ABN**	**Service location (outlet)**	**Type of RRPs used** *(i.e., chemical, environmental, mechanical, physical restraint, seclusion)*

Consultation about Regulated Restrictive Practices

*(Use the table below to demonstrate who was consulted **about the intent to include and/ or the application of, a regulated restrictive practice(s)** as part of the behaviour support plan; and how this occurred in an **appropriately accessible format**.)*

Who was consulted	**When**	**How**

Authorisation

Note: Behaviour support plans that include the use of regulated restrictive practices **must** be developed and authorised in accordance with any authorisation and consent requirements in the relevant state or territory. A copy of the behaviour support plan and evidence of authorisation must also be lodged with the NDIS Commission consistent with the Rules.

Regulated Restrictive Practice Protocol(s)

(Protocols should be written for each RRP to outline why they are needed and the conditions under which they can be used. This must include a plan to reduce and where possible eliminate their use. This information can be recorded in the second column of the table below, replacing the definitions.)

Environmental / Mechanical / Physical Restraint / Seclusion

Description of RRP	*(Describe the regulated restrictive practice here. What does it involve?)*
Rationale	*(Outline here why the RRP is needed. What behaviour of concern does it aim to decrease or stop? Demonstrate how it is **proportionate** and the **least restrictive** way of **reducing risk of harm**. How is it used as a **last resort** and for the **shortest possible time**?)*
Circumstances to be used	*(State here whether the use is **Routine** (i.e., in constant or daily use) OR **PRN** (i.e., used as needed in response to a specific risk or behaviour of concern). Provide any additional information here as required.)*
Strategies to be used first	*(Outline here the evidence-informed, person-centred and proactive strategies to be used before the RRP; or provide details about where this information is contained in the behaviour support plan.)*
Procedure	*(Provide detailed instructions here about how the RRP will be used. The procedure should demonstrate that the RRP is only used as a last resort and for the shortest time possible. Outline any debriefing or other strategies that are required after the RRP is used.)*
Impacts and Safeguards	*(Describe here the anticipated effects of using the RRP. What are the impacts on the person and others? How will any risks be mitigated? Outline any strategies or safeguards needed to prevent misuse.)*
Training, monitoring and review	*(Describe here any specific training requirements in relation to the use of the RRP. How and when will the use of the RRP be recorded, reported, monitored, and reviewed?)*
Plan to reduce and eliminate RRP	*(Describe here the steps to be taken to reduce and eliminate the need for, and the use of, the RRP. Outline who is responsible for each step and when this should occur.)*

Chemical Restraint Protocol

(Attach a Medication purpose form and/ or provide medication details in the table below. This information can be recorded in the second column, replacing the definitions.)

- Any information included is for reporting purposes **only**. It is **not** for administrative purposes.
- Medication should **only** ever be administered in accordance with the prescriber's instructions, noting that the prescribed medication, dose and frequency may change over time.
- Details about chemical restraint must be entered into the Commission's portal for the purpose of reporting and monitoring the use of regulated restrictive practices.

Medication	*(Insert the medication or drug name here.)*
Route	*(Describe here the route of administration, e.g., implant, injection, nasal, oral, PEG, PR (per rectum), PV (per vagina), patch.)*
Dosage	*(Record the dosage amount and unit of measurement here. Note, the Commission's portal will ask for a total daily dose.)*
Frequency / Circumstances to be used	*(State here whether the use is **Routine** (i.e., in daily use) OR **PRN** (i.e., used as needed in response to a specific risk or behaviour of concern). Provide any additional information as required.)*
Medical practitioner / prescriber's name	*(Record here the name and role of the medical practitioner who prescribed or last reviewed the medication.)*
Date prescribed or last reviewed	*(Insert the date the medication was prescribed or last reviewed.)*
Date of next review	*(Insert details regarding when the medication will next be reviewed.)*
Rationale	*(Outline here why the medication is needed. Demonstrate how is it **proportionate** and the **least restrictive** way of **reducing risk of harm.** How is it used as a **last resort** and for the **shortest possible time**?)*
Strategies to be used first	*(Outline here the evidence-informed, person-centred and proactive strategies to be used before the medication; or provide details about where this information is contained in the behaviour support plan.)*
Procedure	*(Provide detailed instructions here about how the medication will be used, consistent with the prescriber's instructions.)*
Impacts and Safeguards	*(Describe here the anticipated effects of using the RRP. Outline any potential **side effects** of the medication. Outline any strategies or safeguards needed to prevent misuse, e.g., maximum daily dose.)*
Training, monitoring and review	*(Describe here any specific training requirements in relation to the medication. How and when will the use of the medication be recorded, reported, monitored and reviewed?)*
Plan to reduce and eliminate RRP	*(Describe here the steps to be taken to reduce and eliminate the need for, and the use of, the RRP. Outline who is responsible for each step and when they should occur.)*

Document information

This document represents the revised regulated restrictive practice protocol component of a behaviour support plan. It replaces the existing protocols in the NDIS Commission's behaviour support plan templates. Specialist behaviour support providers are expected to ensure that they update and align their practice with this guidance. For further information about good practice and the conditions of registration that apply to specialist behaviour support providers when developing behaviour support plans see the Behaviour Support Plan Checklists.

Document owner

National Policy and Clinical Guidelines, Practice Quality and Clinical Advisory Division

Version

Regulated Restrictive Practice Summary and Protocols – Version 1

Date

October 2023

Contact

behavioursupport@ndiscommission.gov.au

BSP Template Review

Summary of Findings

July 2023

Executive Summary

- The NDIS Commission has undertaken a review of the current behaviour support plan templates, that is, the Interim and Comprehensive Behaviour Support Plan (BSP) templates. This report summarises the methodology and key findings of the review.
- The BSP Template Review process was co-designed with people with disability and consisted of an anonymous online survey, focus groups, and targeted consultation with peak bodies and providers. It also involved a review of evidence-informed practice.
- Strengths, challenges and ideas for improvement were explored.
- A total of 603 responses were received via the online survey (n=426) and focus groups (n=177).
- More than 80% of survey respondents had used the NDIS Commission's BSP templates and 67% of BSPs reviewed in recent quality evaluations had used or adapted the Commission's template.
- Data from recent BSP quality evaluations (using the BSPQEII), found that use or adaptation of the Commission's Comprehensive BSP template was associated with marginally higher quality plans compared with other formats. However the quality remained 'under-developed' on average.
- Some survey respondents liked that the templates provided a consistent format and helped them meet some of their legal and policy requirements. However they also reported that the templates were hard to change and make person-centred.
- Four key themes and ten sub-themes were identified that the BSP templates will need to achieve:

  Principles

  1. Upholds human rights and promotes the reduction and elimination of restrictive practices
  2. Person-centred, strength-based and proactive to improve quality of life

  Design

  3. Co-designed to meet diverse user needs
  4. Increased accessibility

  Content

  5. Content areas are fit-for-purpose
  6. Goal-driven and measurement of outcomes
  7. Based on contemporary evidence-informed practice
  8. Supports compliance with regulatory requirements

  Systems, tools and resources

  9. Considers the connection with other systems
  10. Supported by complementary resources and guidance

- Recommendations are offered to address these key themes. They include a suite of accessible and co-designed behaviour support plan templates which support best practice in behaviour support, uphold participant's rights and promote the reduction and elimination of restrictive practices.

Contents

Background to the BSP Template Review

Template Origins

In 2018, the NDIS Quality and Safeguards Commission (NDIS Commission) made two behaviour support plan templates available on the website. They included an Interim Behaviour Support Plan template and a Comprehensive Behaviour Support Plan template.

These templates were informed by positive behaviour support and the legislated requirements as outlined in the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* and the *NDIS (Registration and Practice Standards) Rules 2018.* The structure was also aligned with the *Commission's Operating System*, which is the portal used by practitioners and providers to lodge behaviour support plans containing regulated restrictive practices and complete monthly reporting.

In response to sector feedback, revisions were made in 2019 to streamline the templates and improve their fit with practice. This involved changes to the format and design, removing some content and unnecessary repetition. Overall the length of the documents was reduced by 80%. No further updates have occurred since this time.

The NDIS Commission has never mandated the use of the behaviour support plan templates. Rather specialist behaviour support providers and NDIS behaviour support practitioners can choose to use them or any other plan format that best meets the needs of the NDIS participant and their supporters; provided that it also complies with the Rules and any authorisation requirements (however described) in the relevant state or territory. It is noted that in some jurisdictions, such as Victoria, NDIS providers must use either the NDIS Commission's template or an alternate form as specified by the Victorian Senior Practitioner.

The NDIS Commission's templates were the first nationally consistent behaviour support plan templates available to the sector. Whilst not flawless, the templates have provided a scaffold to support practice and an important foundational benchmark.

The Quality of Behaviour Support Plans

In 2022 the NDIS Commission published a paper on Behaviour Support Plan Quality. This involved the evaluation of 2,744 Comprehensive Behaviour Support Plans containing regulated restrictive practices that were lodged with the NDIS Commission between 1 July 2020 and 31 December 2021. The results indicated that 80% of the behaviour support plans were of 'weak' or 'under-developed' quality (using the BSPQEII tool); and only 32% showed evidence of consultation with the person with disability.

In response, the NDIS Commission commenced a number of activities to uplift the quality of behaviour support plans. This has included co-designing participant fact sheets about positive behaviour support, rights and what can be expected from providers; BSP checklists for providers outlining the requirements when developing behaviour support plans; and the current review of the existing BSP templates. A number of grant projects are also underway including 'The Right Direction' and 'Deciding with Support' which produced a suite of evidence-based and co-designed supported decision making tools for behaviour support.

The NDIS Commission completed further reviews of BSP quality in 2023. This involved a random sample of 100 Comprehensive Behaviour Support Plans that were active, partially active or pending in the Commission's Operating System (COS) in the month of February 2023. This review found that over the past 12-18 months there have been small improvements in BSP quality, however more work is required. 71% of Comprehensive Behaviour Support Plans were found to be of 'weak' or 'under-developed' quality and only 40% showed evidence of consultation with the person with disability.

Purpose

The BSP Template Review aims to:

1. Evaluate the effectiveness of the current behaviour support plan templates.
2. Co-design future fit templates which reflect contemporary evidence informed practice, uphold participant's rights and promote the reduction and elimination of restrictive practices.

This report aims to summarise the findings of review and to make recommendations to inform the next phase of the co-design work.

Scope

There are a number of factors which impact on the utility of the BSP templates. Whilst all provide helpful contextual information, some are beyond the scope of this review to resolve.

For example:

- National Disability Insurance Agency (NDIA) planning processes and funding decisions;
- Proposed amendments to legislation and / or policy on restrictive practices and authorisation;
- Reporting systems, including PRODA and the Commission's Operating System (COS or 'the portal').

Methodology

The BSP Template Review involved:

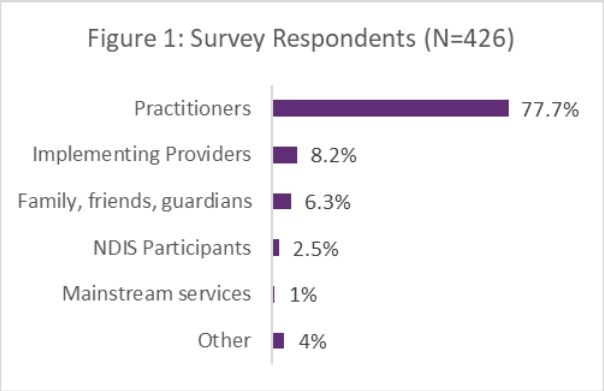
1. An anonymous online survey, that was co-designed and written in Plain English.
2. Focus groups, facilitated nationally with practitioners and providers.
3. Targeted consultation, with peak bodies representing participants, families, providers, state and territory authorisation bodies, NDIA and the Department of Social Services.
4. A review of evidence-informed practice.

A thematic analysis was then completed to identify, analyse and share key themes emerging in the data. Importantly, people with lived experience of disability were involved in all stages of the review.

1. Online survey

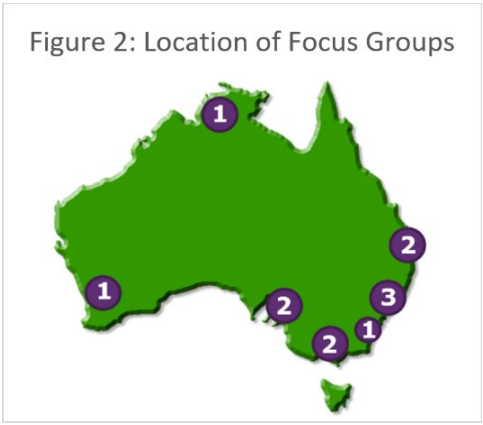
An online survey platform, Survey Monkey, was used to collect anonymous, non-identifiable feedback on the BSP templates. The survey consistent of a series of seven questions including a combination of multiple choice options and free text responses. Respondents were asked about their personal and professional experiences using the templates, what they liked and disliked about the templates and for ideas to strengthen or reimagine them for the future. Decision logic was utilised to streamline the survey and only present respondents with relevant questions based on their previous answers provided.

As shown in Figure 1, there were 426 respondent to the online survey. This included people with disability (2.5%), family, friends and guardians (6.3%), behaviour support practitioners (77.7%), support workers and implementing providers (8.2%), and mainstream services (1%). 4% of respondents had other roles in allied health, state and territory authorisation and research. Some also had dual roles (e.g., as parent and practitioner). 95.5% of survey respondents indicated they had been involved in developing and / or implementing a behaviour support plan.

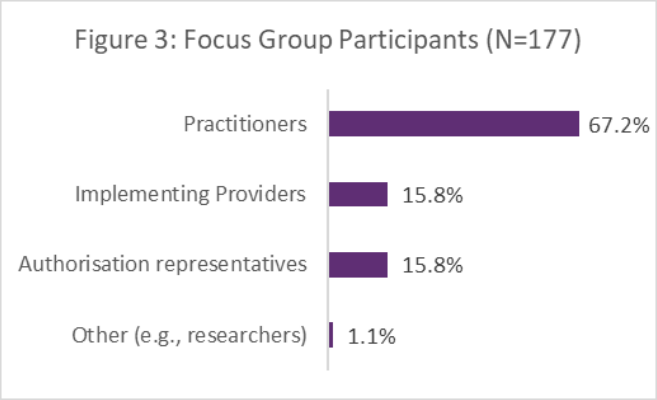


2. Focus groups

A total of 12 focus groups sessions were facilitated by the NDIS Commission across Australia. These locations are shown in Figure 2, and included Western Australia, the Northern Territory, South Australia, Victoria, the Australian Capital Territory, New South Wales and Queensland.



As shown in Figure 3, there were 177 participants in the focus groups. This included NDIS behaviour support practitioners (67.2%), implementing providers (15.8%) and people in restrictive practice authorisation roles (15.8%). 1.1% of participants were from other roles including researchers and university lecturers.



3. Targeted consultation

Targeted consultation was sought from a number of key groups, including:

- Inclusion Australia, a peak body representing people with disability
- Alliance 20, a consortium of some Australia's largest disability service providers
- Senior Practitioners Practice Leadership Group which includes representatives from
    - State and Territory authorisation bodies
    - Technical Advisory Branch (NDIA)
    - Department of Social Services.

4. Evidence-informed practice

As outlined below, this review considered both research-based and practice-based evidence.

Systematic Literature Review on Behaviour Support Plan Quality (2023)

A systematic literature review was prepared for the NDIS Commission by Professor Karen Nankervis and Dr Maria Vassos from The University of Queensland. They categorised quality markers for BSPs into three areas being behaviour assessment, technical compliance with behavioural principles and plan implementation. These quality markers are outlined below.

a. Behaviour Assessment

- Person-centred approach to assessment and plan development
- Direct observation of the person in the relevant environments using data collection methods
- The use of indirect data collection methods such as interviews and standardised measures

- Other sources of information consulted e.g., reports from health professionals, case notes etc.

b. Technical Compliance with Behavioural Principles

- Clear description of the behaviour(s) including frequency, duration, and severity
- An analysis of the antecedents/triggers, setting events and consequences
- Proposed function(s) of the behaviour(s) and the identification of functionally equivalent replacement behaviour(s) (FERBs)
- Person-centred goals which are measurable and achievable around behaviour change and quality of life
- Person-centred environmental change(s) linked to setting events and triggers/antecedents to reduce behaviour(s) and enhance quality of life
- Skill development to teach alternative behaviours, FERBs and other relevant skills
- Person-centred reinforcement to support the teaching of behaviours and skills
- Other strategies related to meeting the physical, health, and social needs of the person
- Reactive strategies to maintain the safety of the person and others, prompting desired behaviours, re-direction or distraction, debriefing, etc.
- A plan to fade-out the use of restrictive practices as soon as possible

c. Plan Implementation

- Social validity - Acceptance of the proposed interventions by the person with disability, and other people implementing the BSP or who have an interest in the person's wellbeing
- Training – Staff and family members are supported to implement the proposed interventions, which may include role playing, coaching, feedback and mentoring
- Regular and planned communication to review and troubleshoot implementation issues
- Outcome measurement to assess the effectiveness of the BSP to achieve the proposed intervention goal(s), be it behavioural outcomes or quality of life outcomes
- Treatment fidelity / planned process to measure if the BSP is being implemented as intended
- A planned process to review the BSP on a regular basis to check its effectiveness
- Readability – Concise plans that use plain, easy to read and understand language

See **Evidence Matters: Developing Quality Behaviour Support Plans** for the full report and references.

Practice-based evidence / alternate BSP templates

Practitioners, providers and other interested parties were invited to share alternate behaviour support plan templates to inform the review.

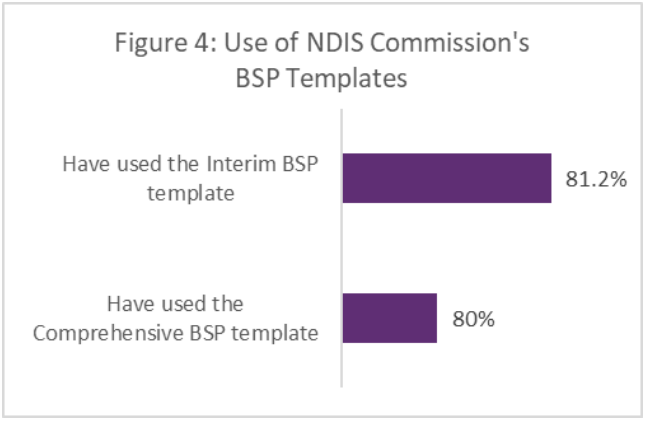
Samples were also collected via a search of online grey literature.

In total 17 alternate behaviour support plan templates were considered.

Findings

Usage of the BSP templates

In considering current rates of usage, the 2023 review of BSP quality found that 67% of Comprehensive BSPs from a random sample of lodged plans had used or adapted the NDIS Commission's template. Further, as shown in Figure 4, more than 80% of survey respondents reported that they had used the Commission's templates at least once.



Whilst some people said: *"The template should be mandatory…so that all plans are then set out the same."* Others supported the current approach: *"Make its use optional."*

For those that had not used the templates:

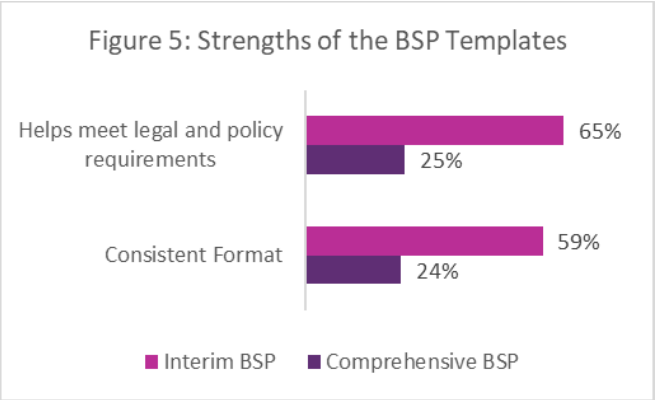
- 13 - 19% were not aware the templates existed. This indicates the importance of a broader communication strategy.
- 27% said they did not like the current templates.
- Other reasons given for not using the templates included provider decisions and personal preferences to best meet the needs of the person with disability and align with other contemporary models of practice.

Quality of the BSP templates

A random sample was taken of 100 Comprehensive Behaviour Support Plans lodged with the NDIS Commission and which were active, partially active or pending in COS in the month of February 2023. These plans were sorted into three groups in accordance with whether the NDIS Commission's BSP template was used, had been adapted, or whether an alternate BSP format was used. Corresponding data from the 2023 BSP quality reviews was then used to determine if there was any difference in BSP quality between these groups. It was found that plans which used or adapted the NDIS Commission's Comprehensive Behaviour Support Plan template were associated with marginally higher quality scores on the BSP-QEII (average score of 15) when compared with plans in alternate formats (average score of 14). However, regardless of the BSP template used, the overall quality of BSPs was still found to be 'under-developed' on average.

Strengths associated with the current templates

The top two things that survey respondents **liked** about the current templates (as shown in Figure 5) were that 1) they helped them meet their legal and policy requirements and 2) provided a consistent format for behaviour support plans.

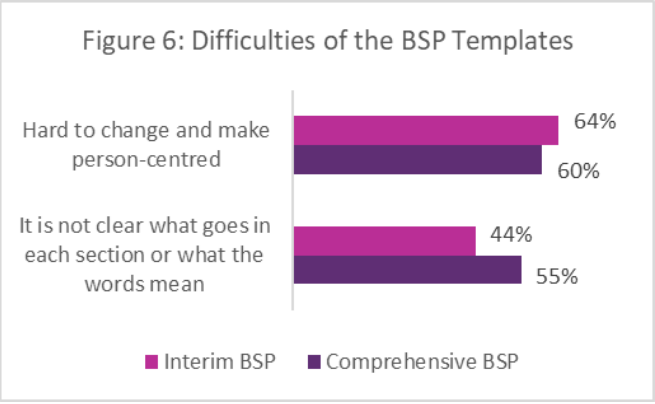


Note: An error was identified in the online survey which meant respondents could only choose one thing they liked about the Comprehensive BSP template, as opposed to selecting multiple options. This issue was isolated to a single item. It explains the differences in the percentages as shown above.

Feedback from focus group validated the findings of the survey about the strengths of each template.

Challenges associated with the current templates

The top two things that survey respondents **disliked** about the current templates (as shown in Figure 6) were that 1) they were hard to change and make person-centred and 2) it is not clear what goes in each section or what the words mean.



The focus groups and targeted consultation feedback, echoed the importance of co-production and a person-centred approach. In addition, extensive feedback was also provided about the templates purpose, length, design, contents and accessibility. This feedback was used to inform the thematic analysis.

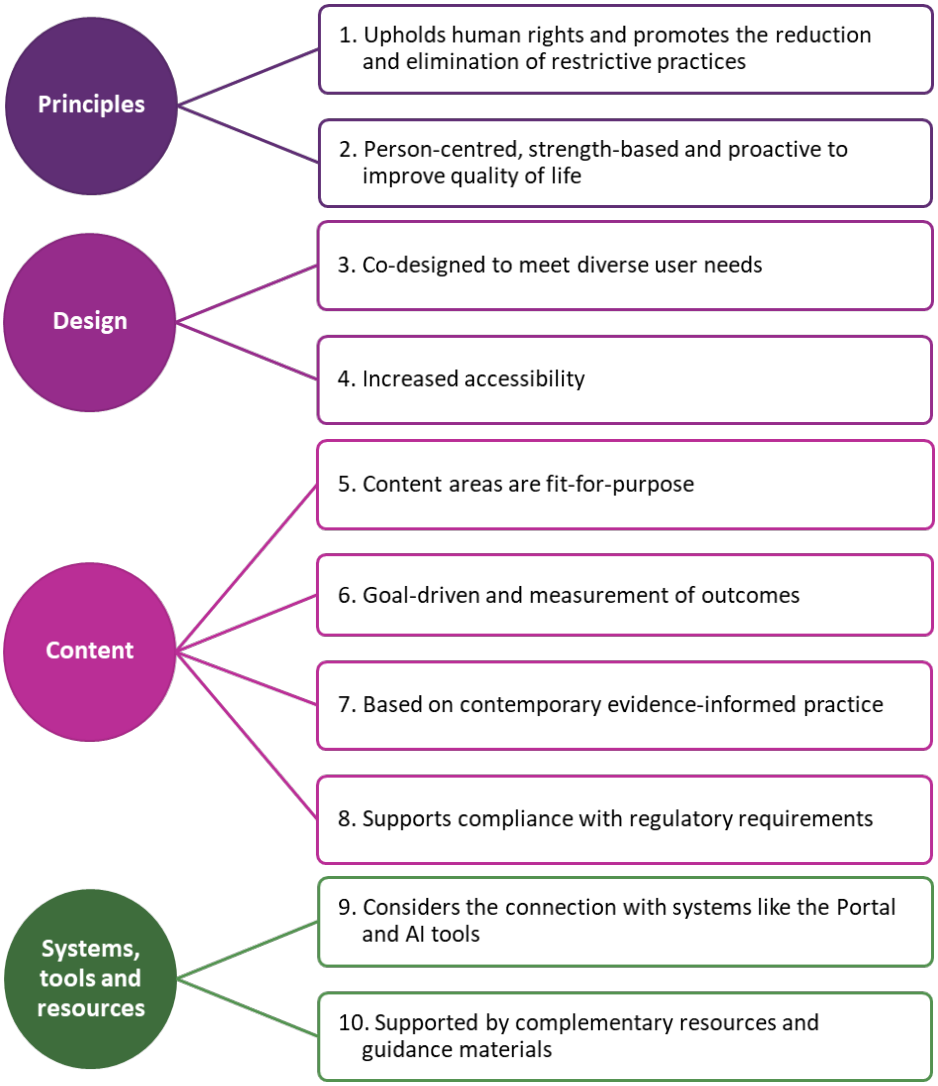
Key Themes

A thematic analysis was undertaken to synthesise the available information obtained from the survey, focus groups, targeted consultation and review of evidence informed practice. This identified four key themes:

- **Principles,** being the foundational values and philosophy underpinning use of the templates.
- **Design**, being the look, functionality and accessibility of the templates.
- **Content**, being the alignment of the information contained in the templates with the documents' purpose, evidence-informed practice and the regulatory environment.
- **Systems, tools and resources**, being the relationship of the templates to other existing resources and guidance material.

For the purpose of this report, these themes have been broken into **ten sub-themes** which are discussed in further detail. Whilst the current BSP templates demonstrate aspects of these themes, feedback indicated significant changes are required to genuinely achieve these objectives.

Figure 7: Key Themes



Discussion

1. Upholds human rights and promotes the reduction and elimination of restrictive practices

It is without dispute that human rights must be the central tenet on which any BSP template is developed. Respecting, protecting and fulfilling the rights of people with disability aligns with Australia's obligations under the Convention on the Rights of Persons with Disabilities (CRPD). It supports the objects and principles of the *NDIS Act 2013* and reflects contemporary evidence-informed practice in behaviour support.

> "Restrictive practices are and should be considered a **serious infringement** on a person's human rights."

This review has highlighted the need to strengthen the alignment of the BSP templates with a human right lens, particularly in relation to the use of restrictive practices. The *NDIS Act 2013* defines a restrictive practice as *"any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability*". There are five kinds of restrictive practices that are subject to regulation and oversight by the NDIS Commission including seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint. There are stringent conditions regarding the use of these practices as outlined in the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*. This includes (but are not limited to) that regulated restrictive practices must be:

- Clearly outlined in a behaviour support plan
- Authorised in accordance with state and territory authorisation processes (however described)
- Used only as a last resort in response to risk of harm and after first exploring and applying evidence-based, person-centred and proactive strategies
- The least restrictive response possible in the circumstances to ensure safety
- Reduce the risk of harm to the person or others
- Proportionate to the potential negative consequences or risk of harm
- Used for the shortest time possible to ensure the safety of the person or others.

Participants must be informed about the intention to include regulated restrictive practices in their BSP. They must also be given opportunities to participate in community activities and develop new skills that have the potential to reduce or eliminate the need for restrictive practices in the future. Previous iterations of the BSP templates (i.e. V1, 2018) included additional prompts regarding some of the above conditions. However, these sections may have been unintentionally diluted in the 2019 streamlining of the BSP templates. There is a notable absence of the word 'rights' in both templates.

In remedying this situation it is pertinent that the revised templates thoughtfully and deliberately call out participant's rights; that evidence of consultation and co-production is required; that greater structure and scaffolding is provided to ensure the conditions of use around restrictive practices are adequately demonstrated; and that 'fade out plans' are effective in reducing and eliminating the use of restrictive practices. Since publishing the templates in 2019 the NDIS Commission has developed a number of resources which could assist in achieving these goals. This includes co-designed fact sheets about participant's rights in behaviour support and the *Positive Behaviour Support Capability Framework* which articulates the knowledge, skills and values required by practitioners to deliver behaviour support including the development of behaviour support plans (BSPs).

2. Person-centred, strength-based and proactive to improve quality of life

One criticism of the current BSP templates is that they focus too heavily on behaviours of concern and restrictive practices rather than celebrating, and understanding the person more holistically. This highlights an unintentional disconnect with a rights-based approach and the values underpinning positive behaviour support. On further review, it is possible that the streamlining of the templates in 2019 may have inadvertently contributed to this situation. In response, it is critical that the revised BSP templates adopt a person-centred, strength based and proactive approach; and that this is reflected in the structure, sequence and language used throughout the templates.

> "I don't like BSPs, because they fail to address **my human side**. It focuses on my challenging behaviours, never **my strengths**."
>
> – person with disability

Stakeholders resoundingly told us that that the BSP templates must:

- Be co-produced with people with disability and their supporters
- Prioritise getting to know the person in a meaningful way (e.g., 'All about me' elements)
- Focus on strengths and skills of the person with disability
- Be disability affirming and celebrate diversity
- Respect the person's voice and support their decision making
- Identify the person's goals, needs and preferences
- Facilitate trust and relationships
- Foster an understanding of them as a person (e.g., including what is important to and for them)
- Provide information about the environment(s) and supports around the person (including how these systems can support them and set them up for success)
- Acknowledge behaviour happens for a reason. It is not who the person is
- Be weighted towards proactive rather than reactive supports and strategies
- Be holistic, easily tailored and responsive to the person's needs and circumstances
- Be re-ordered to align with a person-centred, strength based and proactive approach.

> "**understand[ing] underlying drivers** of behaviour, such as unmet needs, communication barriers or… trauma responses … creates opportunities for **person-centred** support that promotes peoples' **strengths** and works **proactively** with the person… and other[s] to find holistic solutions"
>
> – Inclusion Australia

Revising the templates through this lens provides the opportunity to alter the frame of reference taken by other people when supporting the person and implementing the behaviour support plan. It could be argued that this approach puts people on the path to success, with relationships and understanding being the foundation on which to achieve meaningful change and promote quality of life.

3. Co-designed to meet diverse user needs

In revising the BSP templates, a co-designed approach has been and will continue to be essential to ensure we hear, understand and accommodate the needs and perspectives of the diverse users involved. First and foremost, the voice of people with disability must be at the centre. People with disability have told us emphatically that behaviour support plans must focus on their personhood, their rights and inherent dignity rather than reducing the focus to behaviour alone, or worse yet restrictive practices. The templates must also compel practitioners to provide evidence of the steps taken to consult and co-produce BSPs consistent with the legislative requirements.

> "Involving the person in their BSP recognises people with disability as **experts** of their own lives, as well as promoting **choice and control** and ownership of decisions and strategies to **improve quality of life**."
>
> – Inclusion Australia

Other stakeholders and partners in the co-design process include:

- Family members, friends, guardians and other supporters
- NDIS behaviour support practitioners and specialist behaviour support providers
- Support workers and providers implementing behaviour support plans
- Allied health professionals and mainstream supports and services
- Researchers and others with an interest in the wellbeing of people with disability
- Restrictive practice authorisation bodies and other agencies involved in safeguarding, regulation, authorisation or funding capacities.

These stakeholders have important roles in the development, implementation, monitoring, review, authorisation, safeguarding, regulation and funding of behaviour support plans. The methodology underpinning this review has sought to understand the needs and views of each of these parties, and their feedback has been synthesised and woven through all thematic elements.

It is a rather ambitious aim to develop BSP templates that adequately cater to the broad and diverse needs of people with disability, their supporters and other stakeholders. With this in mind, it is proposed that a suite of templates might be a more appropriate outcome. In fact it should be expected that some individuals will be best supported through tailored plans customised to their unique needs and circumstances as opposed to using a specific template as the base. For example, for individuals with multiple and complex needs or specific requirements due to psycho-social disability, episodic or degenerative conditions. This is in keeping with a person-centred approach and presents the opportunity for innovation, including templates in an Easy Read format specifically designed with and for participants.

> "…people who will be writing them [need to] have a **voice** of what needs to be included and omitted."
>
> – NDIS behaviour support practitioner

Although some people have welcomed this review, others have expressed concerns about how the changes might impact them. Further consultation and piloting of the revised templates will be beneficial to ensure the recommendations of this review are successfully enlivened and that any issues, gaps or barriers are promptly identified and rectified prior to full scale rollout.

4. Increased accessibility

Designing for accessibility aims to accommodate the needs of all users and ensure equal opportunity to access information, consistent with Article 9 of the CRPD. All stakeholders and sources of evidence consulted agreed that the BSP templates need to be more accessible. This means ensuring that the templates are easy to find, access, perceive, distinguish, navigate, use, adapt, understand and implement.

> "**Simplify** the format. Simplify the language so it is **accessible**."
>
> – implementing provider

4.1 Easy to find and access

Just like the strategies in a behaviour support plan need to be easy to find and follow, the BSP templates need to be easy for practitioners and other interested parties to find and access. A portion of survey respondents were unaware that the templates existed. This highlights the need to consider their ease of access on the website and a communication strategy to support broader visibility.

4.2 Easy to read and distinguish

In addition to being designed in a way that is visually appealing, the BSP templates must be presented in a way that is easy to read. This includes using fonts, text size, line spacing and colour contrast ratios that are easy to see and process. Colour alone should also not be relied on to convey meaning but rather supported with descriptive text. Accessibility also requires careful consideration of formatting elements. For example, avoiding tables and drop down elements where possible, using in-built heading and paragraph styles, alternative text and placing any images in line with text to ensure the content is accessible for people with disability including those who user screen readers.

> "The template can be challenging for people to **navigate** and find the information that they need. The formatting of the tables makes the document visually hard to **read and access.**"
>
> – specialist behaviour support provider

4.3 Easy to navigate, use and adapt

The BSP templates need to be succinct and logically sequenced through a person-centred lens for ease of navigation and use. Consideration should be given to a table of contents, descriptive hyperlinks and quick reference summaries to help users find the information they need. The design and format must be easy to adapt without requiring specialised software or advanced computer skills. For example, the templates should be flexible, open-ended, and not restricted or locked. Providers have indicated that they need to be able to easily add their own logo and stylise the document in accordance with their branding.

4.4 Easy to understand and implement

In revising the BSP template it is critical that the target audience is kept in mind to ensure they are easy to understand and implement in an effective and meaningful way. In undertaking this review, concerns have been raised about the length and readability of many behaviour support plans. It is noted that some are in excess of 100 pages and pitched at a university-grade level. This is incongruent with implementers needs. Instead, jargon and legalese words need to be replaced with Plain English and everyday language. Some stakeholders have suggested incorporating visual supports as an adjunct to the text to further support understanding. To summarise in the words of W3C, the body responsible for web accessibility standards, *"accessibility is essential for people with disability and useful for all."*

5. Content areas are fit-for-purpose

> "[The Interim BSP] should just be a **Safety Plan** developed immediately to keep everyone safe. Leave the … comprehensive information to the Comprehensive BSP."
>
> – NDIS behaviour support practitioner

This review identified the need to clearly articulate the purpose of each document and align the contents with that purpose. Currently the two templates are very similar and neither includes goals or a statement of purpose. Furthermore, some of the terminology is not consistently understood (e.g., high/low risk scenarios and formulation). This impacts the usability of the templates. In ensuring the content is fit-for-purpose, any extraneous information needs to be removed, for example, information about processes not directly relevant to the person such as portal procedures and legalese about compliance. This will rightfully reinstate the focus on the person. Functional assessment also needs to be removed from the Interim BSP template. This information is unlikely to be available at the time of writing the Interim BSP and/or may delay its delivery. It is also not in keeping with the necessary focus on safeguarding and risk mitigation.

Some of the key content areas flagged by stakeholders include the following:

- Identifying information about the person, plan and practitioner
- Purpose of the plan and the person's goals (both behavioural and for improved quality of life)
- Evidence of consultation with the person, other people and sources of information
- Information about the person, their strengths, skills, history, health, communication and other needs. This must fit the type of plan and person's wishes about sharing personal information.
- Proactive strategies that build on the person's strengths, build trust, relationships and promote quality of life (noting an Interim BSP may focus on preventative strategies linked to triggers)
- A clear description of behaviours of concern, known triggers and setting events etc.
- In Comprehensive BSPs only - a summary of meaning or proposed function(s) which captures the multiple factors contributing to and maintaining the presenting difficulties
- Environmental change strategies to remove barriers and address 'environments of concern'
- Skill building opportunities (in Comprehensive BSPs), e.g., to teach FERBs (where appropriate), and other daily living or 'lagging' skill to improve quality of life and reduce restrictive practices
- Response strategies to keep everyone safe (possibly presented as an escalation cycle)
- Restrictive practice protocols/procedures linked to legislated conditions of use including fade out strategies to support the reduction and elimination of restrictive practices
- Information about the implementing contexts including the training and support required
- Data collection, outcome measurement, communication and review processes
- A sign off section (e.g., for the practitioner, supervisor of core practitioners, parent/ Guardian/decision maker; and to record training and implementation support for workers).

There are differing views about whether to include a functional assessment in the Comprehensive BSP however a summary of findings may promote understanding. Note, contrary to survey feedback, QLD consent and authorisation bodies have confirmed there is no requirement to separate the two.

6. Goal-driven and measurement of outcomes

This review provides a significant opportunity to strengthen the focus on goals and outcomes. This is particularly important given the Commission's previous findings that 80% of Comprehensive Behaviour Support Plans do not include clear goals or objectives. Stakeholders have echoed these concerns and highlighted that the current templates only include placeholders and prompts for behavioural goals. This could be mistaken to imply that the person alone is responsible for changing, learning new skills and / or "fixing the problem". This is of course inaccurate. In contrast, a contemporary, evidence-informed approach to behaviour support requires a broader conceptualisation of goals including quality of life and goals related to environmental and systemic change. A 'SMART' approach in collaboration with the person is also indicated to agree upon and work towards Specific, Measurable, Achievable, Realistic and Time-bound goals.

> "…needs to be more focus on **goals relating to quality of life** and **environmental change**, rather than only **teaching skills**"
>
> – NDIS behaviour support practitioner

Person-centred goals and outcome measures can help ensure:

- Supports and services are focused and meaningful
- Connections are made between strategies, supports and the person's goals or aspirations
- Principles of supported decision making are promoted
- Collaboration and coordination occurs and fosters a shared understanding
- Priorities are understood
- Behaviour support is evidence-informed
- Strategies address the person's needs, the function of behaviour and their broader life goals
- Opportunities for change are readily identified and embraced
- Environmental and systemic changes are considered and pursued
- Progress is noticed and celebrated (including small wins) to build momentum
- Barriers and issues are identified and resolved
- Confidence and hopefulness is fostered
- Results are achieved and measured as efficiently as possible.

> "…a stronger focus on how strategies are **measured**"
>
> – Family member

In revising the BSP templates, further consideration is needed to bolster the focus on outcome measurement. Currently the templates only briefly mention incident reports, data collection and communication in the context of implementation support. Revisions could involve drawing on the Commission's *Compendium of Resources* as a starting reference point for relevant outcome measurement tools (e.g., frequency, episodic, impact and quality of life measures). Additional emphasis must also be placed on the voice of the person to ensure their views are adequately considered in any monitoring and review processes.

7. Based on contemporary evidence-informed practice

It is essential that any revision to the BSP templates are congruent with contemporary evidence-informed practice. This means that they need to integrate the best available research with the perspectives of people with disability, clinical expertise and information from the implementing or practice contexts. This is why a multi-faceted methodology was adopted to inform this review.

> "…extracted from 90 sources …[BSP] quality markers could be categorised into … **behavioural assessment**, technical compliance with **behavioural principles**, and plan **implementation**."
>
> – Nankervis & Vassos (2023)

Evidence-informed practice:

- Upholds the rights of people with disability
- Involves doing more of 'what works'
- Focuses on outcomes and explains why things work
- Promotes continuous learning, quality improvement and innovation
- Is a fundamental part of positive behaviour support.

Positive behaviour support is an evidence-informed, person-centred and proactive approach that upholds the rights of people with disability, and integrates contemporary ideology of disability service provision with the clinical framework of applied behaviour analysis and other contemporary models of evidence-informed practice. Findings of a systematic literature review have been detailed previously in this report, but by way of reminder were found to include behaviour assessment, technical compliance with behavioural principles and plan implementation.

> "Triggers are not always the reason behind a behaviour it is far more complex than that... [An] understanding of **neuroscience** and **trauma-informed care** needs to be the focus."
>
> – Implementing provider

In undertaking this review, stakeholders emphasised the importance of contemporary ideology and other approaches such as trauma-informed practice. Given the high prevalence of systemic violence and abuse experienced by people with disability, a trauma-informed approach is considered an essential part of contemporary evidence-informed practice in behaviour support. Trauma-informed practice involves creating safe environments and understanding the psychological and neurobiological impacts of trauma. It shifts the focus from 'what is wrong with a person' to an understanding 'what has happened to them'. It further reconceptualises behaviour of concern as a potential trauma response, building empathy and supporting the person's regulation and other needs. In revising the BSP templates, consideration should be given to integrating trauma-informed principles of safety, trust, choice, collaboration and empowerment (Kezelman and Dombrowski 2021). Samples of other BSPs show ways some of this could be achieved.

Overall, the behaviour support plan templates need to draw on principles of applied behaviour analysis and also allow flexibility to integrate other evidence-informed lenses as appropriate to meet the needs of the individual. In doing so positive behaviour support plans can be tailored to the individuals needs and put strategies and supports in place that have the greatest likelihood of improving their quality of life.

8. Supports compliance with regulatory requirements

In addition to developing person-centred and accessible behaviour support plans, specialist behaviour support providers have a range of legislative and policy obligations they must also adhere to. These requirements include conditions of registration. They aim to provide necessary safeguards for participants and a benchmark for quality supports and services.

> "**balance** between developing a template that ensures all **regulations** are included and …. one that is **easy to use, implement and person centred**."
>
> – NDIS behaviour support practitioner

Some of these requirements are outlined in the:

- *NDIS Act 2013*
- *NDIS (Code of Conduct) Rules 2018*
- *NDIS (Provider Registration and Practice Standards) Rules 2018*
- *NDIS (Quality Indicators for NDIS Practice Standards) Guidelines 2018*
- *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*.

In addition to these national requirements, there are state and territory laws and policies, including in relation to use of restrictive practices. Providers and practitioners have reported that understanding and adhering to all these different requirements can be challenging, particularly when providing services across multiple jurisdictions. This is an area where additional guidance and resources have been requested. Stakeholders have also reported that this is an area where the BSP templates can be particularly helpful in providing prompts and scaffolds to assist them in meeting their regulatory requirements.

> "There is additional information required in plans by the **Authorisation schemes**, which is different in different States/Territories."
>
> – National specialist behaviour support provider

Work to align nationally consistent principles for restrictive practice authorisation is ongoing. This means that there are currently significant differences in the authorisation requirements and processes across jurisdictions. Additional work is needed to ensure that the revised BSP templates include all information required by the state and territory restrictive practice authorisation schemes (or at least as much as possible). Whilst an important goal, it is important to acknowledge that this may be difficult to achieve. As such there may be components where practitioners and providers will continue to need to provide additional contextualisation to ensure they adhere to all their requirements, including those beyond the scope of the NDIS Commission's powers.

Although the current templates are approved by the NDIS Commissioner for the purposes of section 23 of the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*, use of these templates has never been mandated by the NDIS Commission. It is recommended that this approach is maintained, until ***at least*** such time as:

1. The BSP templates are shown to reliably facilitate high quality behaviour support plans (i.e. that are statistically significant findings).
2. When use of a consistent template has the broad support of participants, providers and authorisation bodies.

9. Considers the connection with other systems

It is important to acknowledge that a behaviour support plan is not a standalone document. Rather it has close intersections with a number of other tools and systems which are a necessary part of quality assurance, regulation and reporting. Where possible, aligning the sequence and content of the revised templates with existing tools and systems will assist providers to transfer information from the revised BSP templates to other required systems as efficiently and easily as possible, minimising administrative burden. In doing so consideration must be given to the strengths and limitations of each tool or system to ensure the most useful elements are included. This involves considering which systems are essential versus desirable for use. Any revisions must also prioritise the needs and perspectives of the person with disability and their supporters as opposed to being driven purely by operating systems or a provider centric view.

> "it would be good to have…. [sections] that **match** the Commission's requirements on the **portal**, and in order for **ease of input**"
>
> – NDIS behaviour support practitioner

For example, the revised BSP templates need to consider the connections with:

- The Commission's operating system ('the portal') used to lodge plans containing regulated restrictive practices and submit reports on the use of restrictive practices etc.
- Measures of BSP quality both existing and emerging (e.g., BSP-QEII, Essentials 10, BSPQA-tool and AI tools – due for release in late 2023)
- Any existing BSP templates or forms approved by the state and territory authorisation bodies (e.g., The Victorian Senior Practitioner's approved BSP form, QLD's Model Plan and Statement of use of restrictive practices)
- Forms, processes and systems used to lodge applications for restrictive practice authorisation in each state or territory such as, RIDS (ACT and VIC), RPA System (NSW and NT), RPS (SA), DPAC Forms (TAS), Disability Connect/OPG (QLD)
- Recommendations of the NDIS Review and / or Disability Royal Commission (as relevant).

> "…there should be an expectation that practitioners **self-assess** the **plan [quality]** against the BIP-QEII… or some other measurement [tool]"
>
> – NDIS behaviour support practitioner

Whilst the NDIS Commission's portal is largely outside the scope of this review, one area of particular relevance is the restrictive practice sub-types. Examples of sub-types can be found in Appendix A of the current BSP templates. The sub-types help providers to readily identify and report on restrictive practices in the portal, for example, when multiple environmental restraints are used. However, there are no data definitions which impacts on their reliability and / or consistency of use. Further some sub-types may not be compatible with latest thinking (e.g., in relation to the regulation of safe transportation). This needs to be resolved and decisions made about which sub-types should be retained, removed or combined. This should occur in consultation with the state and territory authorisation bodies to promote national consistency. Consideration is also needed about whether this should be retained as an appendix or best captured in a complementary resource such as a portal quick reference guide.

10. Supported by complementary resources and guidance

The BSP templates currently includes minimal prompts and explanatory notes. Further, the prompts that do exist tend to focus on restrictive practices as opposed to more proactive elements. This is an area where greater clarity and guidance is needed either in the BSP templates, in complementary resources or a combination of the two. Some practitioners have also requested guidance in the form of samples and examples. This may pose a risk of a cut and paste approach which is at odds with a person-centred approach to behaviour support.

> "… **list** of any **mandatory sections** in a plan would support practitioners know what the commission requires for an interim and a comprehensive"
>
> – NDIS behaviour support practitioner

In addition to the BSP templates, some practitioners requested a checklist of requirements for Interim and Comprehensive Behaviour Support Plans. This resource is now available (see link below). To facilitate finding other useful resources, it has been suggested that descriptive hyperlinks could be embedded in the BSP templates.

> "Many practitioners have never done any formal PBS training so these headings do not provide enough **guidance** on what is expected and it is up to supervisors to train them in **how to do PBS**"
>
> – NDIS behaviour support practitioner

Although the templates provide scaffolding and foundational support, they do not guarantee BSP quality or meaningful outcomes for people with disability. These elements are largely dependent on the practitioner and providers involved. Consistent with the Positive Behaviour Support Capability Framework, practitioners need to develop a broad range of knowledge and skills to provide effective behaviour support. This "how to" guidance may be acquired in various ways including formal training, supervision, coaching and mentoring, co-allocations with more skilled practitioners, communities of practice, written guidance and practice resources.

Since the BSP templates were published in 2019, the NDIS Commission has published a number of resources which will complement the revised BSP templates. This includes:

- Participant Fact Sheets about Behaviour Support
- Positive Behaviour Support Capability Framework
- Compendium of Resources for Positive Behaviour Support
- Practice Guides around restrictive practices and Medication purpose form
- Practice Alerts and Evidence Summaries
- Evidence Matters: Developing Quality Behaviour Support Plans
- Organisational approaches to reducing restrictive practices
- Interim and Comprehensive BSP Checklists
- NDIS Commission Portal Quick Reference Guides

There are also a number of projects underway including the development of artificial intelligence tools to assess BSP quality, practice guidance around dignity of risk and resources to facilitate support-decision making in behaviour support. Additional links will be shared with the sector once available. The revised BSP templates will need to be aligned with these resources as much as possible and include relevant cross-linkages so that the sector can also benefit from these additional guidance resources.

Recommendations

The recommendations of this review have been organised in accordance with the ten sub-themes detailed in this report. Note, some recommendations relate to multiple sub-themes, however will only be recorded in one area to avoid duplication and repetition.

1. To uphold the person's human rights and promote the reduction and elimination of restrictive practices

1.1 Highlight the rights of NDIS participants in the templates. This should include specifically calling out participant's rights and linking these rights to the purpose of each document.

1.2 Consider providing links to the CRPD and other easy read resources such as the participant fact sheets for behaviour support which explain the rights of NDIS participants when receiving behaviour support.

1.3 Align the content more closely with the Positive Behaviour Support Capability Framework, which is underpinned by the CRPD and good practice in behaviour support.

1.4 Revise the restrictive practice protocols to ensure they cover all conditions of use as outlined in section 21 of the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*. This would require practitioners and providers to demonstrate how they are upholding the rights of participants and ensure the use of restrictive practices is minimised.

1.5 Provide additional structure and scaffolding around fade out strategies to promote the reduction and elimination of restrictive practices.

1.6 Outside of the revised templates, consider developing additional resources to facilitate discussions around the intended use of restrictive practices, drawing on existing models and samples available, such as the Queensland model statements.

2. To be person-centred, strength-based and proactive and improve quality of life

2.1 Add sections for information about the person to foster relationships and help others get to know the person in a meaningful way. For example, this could include what is important to and for the person, their strengths, skills, goals, needs and preferences.

2.2 Consider utilising person-centred thinking tools and questions to organise information, particularly in (but not limited to) the Interim Behaviour Support Plan template.

2.3 Consider how the templates foster an understanding of the person and the reasons underpinning any behaviour which places the individual or others at risk of harm. This is particularly important in the context of the Comprehensive Behaviour Support Plan.

2.4 Ensure the templates emphasise and prioritise the use of person-centred, strength-based and proactive strategies rather than focusing on the use and reporting of restrictive

practices. This includes considering the type of prompts and guidance embedded in the templates.

2.5 Sequence the content consistent with a person-centred, strength-based and proactive approach.

2.6 Use contemporary and disability affirming language.

2.7 Cross-link or promote the use of complimentary resources including Deciding with Support, a suite of support decision making tools for behaviour support.

3. To co-design templates that meet diverse user needs

3.1 Ensure a co-designed approach to developing the revised templates is maintained. This should include ongoing consultation with a wide range of stakeholder groups as identified in this review.

3.2 A suite of behaviour support plan templates is recommended in order to cater to diverse user needs. This is consistent with a person-centred approach and the development of tailored and responsive plans.

For example consideration should be given to developing:

3.2.1 A behaviour support plan template in an Easy Read or Plain English Format.

3.2.2 A behaviour support plan that aligns with existing measures of BSP quality.

3.2.3 A behaviour support plan template that promotes progressive practice including the integration of contemporary evidence-informed lenses such as a trauma-informed practice.

3.3 The revised BSP templates should be piloted and refined if/as necessary prior to a broad sector roll out.

3.4 The current BSPs templates should remain available (at least as a transitional arrangement) in acknowledgement of their current usage.

3.5 A communication strategy is needed to support the release of the new templates and promote their uptake.

3.6 Use of the NDIS Commission's BSP templates should remain optional.

4. To increase accessibility

4.1 The revised templates need to be succinct, logically sequenced and written in everyday language with the target audience in mind. This includes consideration of readability, and removing jargon and legalese wording about provider compliance.

4.2 Consider adding clarifiers or definitions where necessary to build a shared understanding; and / or remove inconsistently understood terminology.

4.3 Consider adding a table of contents and / or quick reference summaries to help users find the information they require as quickly and easily as possible.

4.4 The input of graphic designers is needed to ensure the revised templates are visually appealing and “user friendly”.

4.5 The fonts, text size, colours, contrast ratios, line spacing and layout need to be distinguishable (i.e., easy to see and process).

4.6 Consider adding visual supports such as an escalation cycle or traffic lights system as an adjunct to the text. Ensure that colour alone is not relied on to convey meaning but rather supported with descriptive alternative text consistent with the accessibility requirements of any visual or design elements.

4.7 The formatting needs to be flexible and easy to adjust without requiring specialist software or advanced computer skills. For examples, providers need to be able to add their own logo and adjust the colour schemes in accordance with their branding requirements.

4.8 Limit the use of tables and drop down elements where possible and use in-built heading and paragraph styles, alternative text and place any images in-line with text to ensure the content is accessible for people with disability including those who use screen readers.

4.9 The accessibility of the revised templates needs to be tested to ensure they pass accessibility requirements.

4.10 The revised templates need to be uploaded in an easy to find location on the website and broadly publicised in accordance with an agreed Communications Plan.

5. To ensure content areas are fit-for-purpose

5.1 Information about the person, practitioner and provider, including contact details is needed in both templates.

5.2 Evidence of consultation with the person and other people that support them must be required in both templates.

5.3 Clarify the different purposes of an Interim and Comprehensive Behaviour Support Plan by adding a proposed definition and overarching goals in the revised templates. These elements should not be fixed but rather allow for further adaptation by users.

5.4 The content of each template must be aligned with the purpose and type of behaviour support plan. This includes,

5.4.1 Adding important information about the person to both templates, ensuring the type, amount and depth of information is appropriate to the type and purpose of the plan. The person’s preferences about sharing personal /sensitive information must also be taken into account.

5.4.2 Retaining sections for both proactive and response strategies, that safeguard participants, uphold their rights and dignity while supporting others to

understand and meet their needs. Again, the type, amount and depth of information should also be appropriate for the type and purpose of the plan.

5.4.3 Removing functional analysis and hypotheses from the Interim Behaviour Support Plan template; and retaining (at a minimum) a summary of the assessment finding in the context of the Comprehensive Behaviour Support Plan template.

5.4.4 Ensuring sections or prompts are included for strategies to address "environments of concerns" to an extent that reflects the level of understanding and analysis available at the time of writing and in accordance with the type of plan.

5.4.5 Providing greater scaffolding to promote skill building opportunities in the Comprehensive Behaviour Support Plan. This should not be limited to teaching functional equivalent replacement behaviours, but also consider other daily and functional skills to improve social participation and quality of life, including the reduction of restrictive practices.

5.5 Ensure the revised restrictive practice protocols link to all conditions of use and provide additional scaffolding to support the development of fade-out strategies.

5.6 Retain a sign off section, with the option to also include practitioner capability levels, and supervisor sign off where required. Consider an optional placeholder to record consent from the person or substitute decision maker regarding the contents of the plan.

5.7 Replace jargon with Plain English and everyday language, consistent with the recommendations around accessibility. This includes

5.7.1 Replacing technical terms such as "formulation" with more accessible language and / or providing prompts, definitions or explanatory guidance to ensure a shared understanding.

5.7.2 Removing sections which have found to be confusing and inconsistently applied. For example, high and low risk scenarios.

5.8 Remove content related to the Commission's Operating Systems and lodgement processes to reinstate the focus on the person with disability. Complementary resources can be developed or linked to provide this other guidance.

5.9 Consider if there is any other content that would be better suited to complementary practice guidance and quick reference guides.

6. To increase the focus on goals, implementation and outcome measurement

6.1 Ensure the templates prompt the clear articulation of goals, both behavioural and quality of life.

6.2 Goals related to environmental and systemic change should also be encouraged.

6.3 Consider incorporating a SMART approach to goal-setting (i.e., Specific, Measurable, Achievable, Relevant, and Time-Bound).

6.4 Provide greater scaffolding about implementation supports including training, data collection, communication and review processes.

6.5 Information about training requirements and plans should not be limited to the use of restrictive practices but rather be holistic and focus on building a shared understanding and capabilities necessary to reliably implement the plan.

6.6 Ensure there is a dedicated space for outcome measurement. This might include milestones, timeframes and how outcomes will be measured.

6.7 Consider linking to outcome measurement tools or resources, to facilitate the better monitoring of impact and outcomes, including but not limited to the Compendium of Resources.

6.8 Embed prompts to ensure the voice of the person with disability is adequately considered in any monitoring and review processes. Again this might involve cross-linking resources like Deciding with Support and other person-centred planning resources.

7. To reflect contemporary evidence-informed practice

7.1 The terminology used should be reflective of the values and ideology of contemporary disability service provision in behaviour support. This includes considering how the person, disability, behaviour and strategies are all referred to.

7.2 Ensure the templates reflect the capabilities as described in the Positive Behaviour Support Capability Framework.

7.3 Ensure the markers of quality behaviour support plans as identified in the evidence matter summary are reflected in the Comprehensive Behaviour Support Plan template, and where relevant in the context of the Interim BSP too.

7.4 Consider how the template framework and language used can be flexible enough to support the inclusion of other contemporary models of evidence informed practice where appropriate.

8. To support compliance with regulatory requirements

8.1 Use of the Commission's behaviour support plan templates should remain optional at least until such time as they are shown to reliably facilitate high quality plans and there is broad participant and stakeholder support for a consistent format.

8.2 Align the templates with the provider's legislated requirements, as outlined in the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* and the *NDIS (Registration and Practice Standards) Rules 2018.*

8.3 Cross check the content with the recently published BSP Checklists to ensure they are congruent with good practice and the conditions of registration that apply to specialist behaviour support providers when developing behaviour support plans.

8.4 Overlay the state and territory regulatory requirements in relation to the authorisation of restrictive practices and accommodate these where possible. Acknowledging that it may not be possible to achieve this completely until greater national consistency is achieved.

8.5 Consider removing or repositioning disclaimers and 'important information' about the form's (template) approval from the front page of the templates. In consultation with the Legal and Integrity division consider whether this information might better be captured in the declaration section, and whether it should mention BSP quality in addition to compliance requirements.

9. To consider the connection with other systems

9.1 Align the content with markers of good practice and measures of BSP quality. For example, including the BSPQA-tool and associated AI tools currently in development through NDIS Commission funded Grants.

9.2 Where possible, and congruent with the needs of participants, align the revised templates with the Commission's Operating System to streamline lodgement and reporting process.

9.3 Ensure the revised templates include the information required by the state and territory based systems and processes to obtain restrictive practice authorisation.

9.4 Review and update the regulated restrictive practice sub-types and develop data definitions in consultation with the state and territory authorisation bodies to promote national consistency.

9.5 Consider and address recommendations of the NDIS Review and Disability Royal Commission as relevant.

10. To provide complementary resources and guidance

10.1 Revise the prompts and explanatory notes in the BSP templates to have a greater focus on proactive elements.

10.2 Ensure the prompts embedded in the templates remain succinct, with more detailed information in the complimentary practice guides and evidence-informed materials.

10.3 Provide cross-linkages to complimentary "how to" resources, e.g., including the PBSCF, Practice Guides, Evidence Matters and Portal Quick Reference Guides.

10.4 Remove procedural information about the portal and plan lodgement, to retain the focus of the plan on the person and their supporters.

10.5 Promote usage of the Interim and Comprehensive BSP Checklists and highlight that these resources are responsive to the feedback obtained by this review.

10.6 Consider collating a Resource Map on behaviour support assessment and functional behavioural assessment to build on the existing suite of resources.

10.7 Consider other tools for supervisors given their instrumental role in building the capability of practitioners and lifting the quality of behaviour support plans.

10.8 Move guidance about processes such as portal useability and "how to" guidance about positive behaviour support from the templates into complementary resources.

Conclusion

This report summarises the findings of the BSP template review. It was informed by a broad methodology, centred on consultation and a co-design process. Key themes were identified and a range of revisions proposed to uphold participant's rights, uplift quality and enliven the principles of contemporary evidence-informed practice in behaviour support. Implementing the recommendations of this report will improve the design and accessibility of the BSP templates. It will also ensure the suite of templates is fit-for-purpose, responsive to needs and aligned with relevant laws, policy, systems and practice resources.

Acknowledgements

The NDIS Commission would like to gratefully acknowledge the important contributions made to this review by people with lived experience of disability, family members, peak bodies, practitioners and providers. The NDIS Commission is committed to continuing these important partnerships into the next phases of the work as we co-design the suite of revised BSP templates.

The BSP Template Review project is an important and ongoing piece of work for the Practice Quality and Clinical Advisory Division under the leadership of Dr Jeffrey Chan (Deputy Commissioner Practice Quality and Clinical Advisory) and Donna White (Director, National Policy and Clinical Guidelines).

The project is led by Shailaja Menon (Practice Advisor) and Debra Corfield (Assistant Director). Shailaja brings lived experience of disability, an understanding of behaviour support and a passion for accessibility and human rights. Debra is a registered psychologist with an extensive background in behaviour support and a passion for capacity building and quality supports which uphold human rights and improve quality of life.

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Appendix – Quotes

Theme 1: Principles

Quote related to Sub-theme 1: Upholds human rights and promotes the reduction and elimination of restrictive practices

An NDIS behaviour support practitioner said “Restrictive practices are and should be considered a serious infringement on a person's human rights.”

Quotes related to Sub-theme 2: Person-centred, strength-based and proactive to improve quality of life

A person with disability said “I don't like BSPs, because they fail to address my human side. It focuses on my challenging behaviours, never my strengths.”

Inclusion Australia, a peak body representing people with disability said “understanding underlying drivers of behaviour, such as unmet needs, communication barriers or trauma responses creates opportunities for person-centred support that promotes peoples’ strengths and works proactively with the person and others to find holistic solutions”

Theme 2: Design

Quotes related to Sub-theme 3: Co-designed to meet diverse user needs

Inclusion Australia said “Involving the person in their BSP recognises people with disability as experts of their own lives, as well as promoting choice and control and ownership of decisions and strategies to improve quality of life.”

Quotes related to Sub-theme 4: Increased accessibility

An implementing provider said “Simplify the format. Simplify the language so it is accessible.”

A specialist behaviour support provider said “The template can be challenging for people to navigate and find the information that they need. The formatting of the tables makes the document visually hard to read and access.”

Theme 3: Contents

Quote related to Sub-theme 5: Content areas are fit-for-purpose

An NDIS behaviour support practitioner said “The Interim BSP should just be a Safety Plan developed immediately to keep everyone safe. Leave the comprehensive information to the Comprehensive BSP.”

Quotes related to Sub-theme 6: Goal-driven and measurement of outcomes

An NDIS behaviour support practitioner said “needs to be more focus on goals relating to quality of life and environmental change, rather than only teaching skills.”

A family member said “a stronger focus on how strategies are measured.”

Quotes related to Sub-theme 7: Based on contemporary evidence-informed practice

Karen Nankervis and Maria Vassos in their 2023 systematic literature review said “extracted from 90 sources, BSP quality markers could be categorised into behavioural assessment, technical compliance with behavioural principles, and plan implementation.”

An implementing provider said “Triggers are not always the reason behind a behaviour it is far more complex than that. An understanding of neuroscience and trauma informed care needs to be the focus.”

Quote related to Sub-theme 8: Supports compliance with regulatory requirements

An NDIS behaviour support practitioner said it is a “balance between developing a template that ensures all regulations are included and one that is easy to use, implement and person centred.”

Theme 4: Systems, tools and resources

Quotes related to Sub-theme 9: Considers the connection with other systems

An NDIS behaviour support practitioner said “it would be good to have sections that match the Commission's requirements on the portal, and in order for ease of input.”

Another NDIS behaviour support practitioner said “there should be an expectation that practitioners self-assess the plan quality against the BIP-QE2 or some other measurement tool.”

Quotes related to Sub-theme 10: Supported by complementary resources and guidance

An NDIS behaviour support practitioner said “a list of any mandatory sections in a plan would support practitioners know what the commission requires for an interim and a comprehensive.”

Another NDIS behaviour support practitioner said “Many practitioners have never done any formal PBS training so these headings do not provide enough guidance on what is expected and it is up to supervisors to train them in how to do PBS.”

(Prompt) Additional guidance and instructions for use are offered throughout the template. Delete these prompts prior to finalising the Comprehensive Behaviour Support Plan.

Comprehensive Behaviour Support Plan

CONFIDENTIAL

Person details

Person's name:		**NDIS Participant #:**	
Date of Birth (age):		**Gender:**	
Address:		**State or Territory:**	

Plan dates

Comprehensive BSP date:		**BSP Review date:**	

Practitioner and provider details

NDIS Behaviour Support Practitioner:		**Contact details:**	
Specialist Behaviour Support Provider:		**Registration ID:**	

Contents

Purpose

The purpose of this Comprehensive Behaviour Support Plan is to:

- Respect and uphold the person's **rights and dignity**.
- **Improve quality of life** and support progress towards positive change.
- Provide **detailed and holistic information about the person** with disability and their needs.
- Provide **person-centred, proactive and evidence-informed strategies** such as environmental changes and skill development to improve overall quality of life, self-determination and **address the underlying function(s)** of the person's behaviour.
- Provide **response strategies** to keep the person and others safe.
- Where relevant, **identify any regulated restrictive practices** used and how they will be reduced and eliminated. Note restrictive practices should **only be used as a last resort** and may not be necessary to minimise the risk of harm.

Consultation

(Prompt) In this section, document who was consulted in developing the Comprehensive BSP, including in relation to the intent to include regulated restrictive practices.

Consultation with the Person

(Prompt) Use the first table below to describe how the person with disability was consulted in an appropriately accessible format. Outline what they were consulted about, when and how this occurred.

What was the person consulted about, when and how	Details provided about intent to include RRP
	(Yes / No / NA)

(Prompt) For information and resources about how to facilitate supported-decision making in developing the plan see the Deciding with Support toolkit.

Consultation with Others

(Prompt) Use the following table to document how the person's family and other relevant people such as implementing providers, specialists and mainstream services were consulted.

Name, role and contact details	What were they consulted about, when and how	Details provided about intent to include RRP
		(Yes / No / NA)

Other Sources of Information

(Prompt) In this section, list other sources of assessment information considered in the functional behavioural assessment and that informed the development of this Comprehensive Behaviour Support Plan.

E.g., adaptive and psychometric assessments, questionnaires, data, reports from medical practitioners and allied health professionals.

- Insert the name or type of assessment information, author/assessor/source, and date.
- For examples of assessment tools that can be used for the purposes of behaviour support assessment, planning, intervention, monitoring and review see the Compendium of Resources.

About the Person

(Prompt) In this section, provide more detailed and holistic information to help others understand the person and their needs, based on the functional behavioural assessment. The type and amount of information shared should be relevant to the purpose and goals of the Comprehensive BSP and reflect the person's wishes and respect their right to privacy.

(Prompt) Provide information in bullet form and / or under a series of sub-headings drawing on the findings of the functional behavioural assessment. For example this might include:

- **All about me** - how would the person describe themself? What do they want others to know?
- **Strengths, skills and aspirations** – what are they good at? What do others admire about them? What are some of their skills and talents? What are their dreams and aspirations?
- **Relevant social history** – which may include information about living arrangements; education and employment; family and relationships; culture, religion and spirituality; interests, hobbies, leisure; and significant life events relevant to understanding the person and their needs.
- **Disability and health needs** – based on confirmed diagnoses. Provide information about their disability, physical and mental health needs, and this effects them.
- **Communication needs, choice and control** - describe the person's communication needs. How do they best understand information? How do they communicate information to other people? Do they use any devices or AAC systems? How does the person make decisions and choices?
- **Routine** – what is important to know about the person's routine? How do they spend their time? (E.g., work, study, recreation and other roles.) Outline any specific needs related to predictability, change and navigating their routine.
- **Sensory needs** – outline any sensory needs such as sensations that the person seeks, avoids or finds distressing.
- **Likes and dislikes**

Risks of harm

(Prompt) In this section, outline any behaviours that present a risk of harm to the person, others or their environment drawing on the findings of the functional behavioural assessment.

This information can be recorded in the second column of the table below, replacing the definitions.

Description of behaviour	Clearly describe the behaviour(s) that present a risk of harm here. Describe the behaviour(s) in observable and measurable terms. E.g., hits others with a closed fist.
Frequency / Duration	Describe how often and / or for how long the behaviour currently occurs.
Intensity	Describe the intensity or severity of the behaviour here.
Setting events	Outline any setting events or prior events here that increase the likelihood of the behaviours occurring.
Triggers	Outline any triggers or antecedents that precede the behaviour. E.g., activities, events, people, places, times that trigger the behaviour.
Risks	Outline the risks associated with the behaviour. What are the risks of harm to the person, others and / or the environment?
Maintaining factors	Outline what occurs after the behaviour that increases or maintains that behaviour.

History of behaviour and intervention

(Prompt) Briefly describe here the history of the behaviour(s). When did the risk of harm first emerge? Note any interventions which have been trialled and the outcomes achieved (i.e., what worked versus didn't).

Why the behaviour occurs

(Prompt) In this section, explain the hypothesised **function** of the behaviour. That is, the reasons why it occurs and the bio-psycho-social factors that contribute to and maintain it.

(Prompt) The **formulation** provided should integrate the assessment information with clinical knowledge, theory and practice. It should provide a shared, evidence-informed and holistic understanding of why the behaviour occurs to inform the choice and prioritisation of strategies.

(Prompt) It is suggested that the formulation considers predisposing, precipitating, perpetuating and protective factors (i.e., the "4P's" model). Definitions of these terms are provided below.

- **Predisposing factors** – are background factors, historical events and areas of vulnerability that increase the likelihood of the behaviour occurring.
- **Precipitating factors** – are stressors and onset events that directly precede or trigger the behaviour.
- **Perpetuating factors** – are factors that reinforce, exacerbate or maintain or the behaviour.
- **Protective factors** – are individual and / or systemic strengths that may counteract the predisposing, precipitating and perpetuating factors.

Goals

(Prompt) In this section, outline the quality of life, skill development, strategy related and / or behavioural goals to be achieved through the implementation of this plan. A SMART goal format is recommended (i.e., specific, measurable, achieveable, relevant and time-bound). Consider, what does a good a life look like to the person?

Proactive strategies

(Prompt) In this section, provide evidence-based, person-centred and proactive strategies. Provide strategies that are logically related to the identified triggers, meet the person's needs and address the functions of the behaviour. Includes strategies to:

- Enhance the person's quality of life
- Promote the person's active engagement in meaningful daily activities of their choice
- Provide opportunities to participants in community activities of their choice
- Make environmental changes to meet the person's needs and reduce or remove the need to use regulated restrictive practices.

(Prompt) There are many different ways that proactive strategies can be presented. Choose a presentation style that best meets the needs of those implementing the Comprehensive Behaviour Support Plan. Present information in a way that helps others to understand and effectively implement the strategies.

- Example 1: Provide strategies in bullet form.
- Example 2: Provide strategies under a series of sub-headings such as:
  - **Enabling environments**
  - **Responsive and regulating relationships**
  - **Communication, choice and control**
  - **Health and wellbeing**
  - **Community connections.**
- Example 3: Use a table (as shown below) to outline proactive strategies for each type of behaviour.

Behaviour	**Proactive Strategies**
Name the behaviour here.	Insert proactive strategies here.

Skill development

(Prompt) In this section, provide strategies to support the development of new skills to:

- Improve the person's quality of life
- Build daily living skills and improve social and economic participation and independence
- Address the function of the behaviour
- Where relevant teach functionally equivalent replacement behaviours
- Reduce or remove the need for regulated restrictive practices.

(Prompt) This information can be recorded in the second column of the table below, replacing the definitions.

Skill	Clearly describe the goal or skill to be taught.
Rationale	Describe the reason for teaching this skill. How does it relate to quality of life, the person's needs, the function of the behaviour or the reduction and elimination of regulated restrictive practices?
Teaching Strategy	Describe the steps to be taken to teach and / or support the development of the new skill. Include who will do what, when, how and using what material or resources. How will the supports around the person assist them to develop the skill?
Reinforcement	Describe how the skill will be reinforced and strengthened over time.

Response strategies

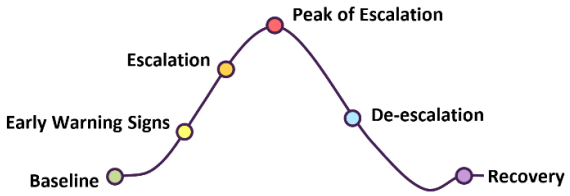
(Prompt) In this section, provide strategies to diffuse and de-escalate the situation in consideration of the person's preferences. Provide strategies to promote safety and minimise the risk of harm.

(Prompt) There are many different ways that response strategies can be presented. Choose a presentation style that best meets the needs of those implementing the Comprehensive Behaviour Support Plan. Present information in a way that helps others to understand and effectively implement the strategies. This may involve the use of visual supports. Examples of a few layout options are offered below or you may choose to present the response strategies in a different way.

- Examples 1: Strategies could be listed in bullet form.
- Example 2: A table could be used to outline the response strategies for each type of behaviour.

Behaviour	What it means	How to respond
Name the behaviour here.	State the function or reason.	Insert response strategies.

- Example 3: Response strategies could be mapped against an escalation cycle, as shown below.



What this looks like	What to do
Baseline • Describe what this looks / sounds like.	• Refer to the proactive strategies section.
Early Warning Signs • Describe what this looks / sounds like.	• Insert response strategies here to help people to respond as quickly as possible to any early warning signs.
Escalation • Describe what this looks / sounds like.	• Insert response strategies here to help people to respond de-escalate the situation.
Peak of Escalation • Describe what this looks / sounds like.	• Insert response strategies here to help keep people safe and minimise the risk of harm.
De-escalation • Describe what this looks / sounds like.	• Insert response strategies here to support de-escalation and calm the situation.
Recovery • Describe what this looks / sounds like.	• Insert strategies and supports here that are needed following the incident. E.g., debriefing, relational repair and support to re-engage in routine activities.

Regulated Restrictive Practices

Restrictive practices infringe on the rights and freedom of movement of people with disability. All reasonable steps must be taken to reduce and eliminate their use.

(Prompt) In this section, outline the any regulated restrictive practices to be used as part of the Comprehensive BSP. There are five types of regulated restrictive practices:

- Chemical restraint
- Environmental restraint
- Mechanical restraint
- Physical restraint
- Seclusion.

(Prompt) Definitions of each practice and conditions of use are set out in legislation. For more information see the Regulated Restrictive Practices Guide, RRP with Children and Young People Practice Guide, Surveillance Technology Practice Guide, and Safe Transportation Practice Guide.

(Prompt) Delete this section if there are no regulated restrictive practices to be used as part of the Comprehensive BSP.

Summary of Regulated Restrictive Practices (RRP)

(Prompt) Use the table below to list any NDIS providers and other people who are implementing the RRPs.

Person / Provider	**Registration ID or ABN** (if relevant)	**Location** (e.g., service outlet)	**Type of RRPs used** (i.e., chemical, environmental, mechanical, physical restraint, seclusion)

Authorisation

Note: Behaviour support plans that include the use of regulated restrictive practices **must** be developed and authorised in accordance with any authorisation and consent requirements in the relevant state or territory. A copy of the behaviour support plan and evidence of authorisation must also be lodged with the NDIS Commission consistent with the Rules.

Regulated Restrictive Practice Protocol(s)

(Prompt) Write protocols for each RRP to outline why they are needed and the conditions under which they can be used. Include a plan to reduce and where possible eliminate their use. Record this information in the second column of the table below, replacing the definitions.

Environmental / Mechanical / Physical Restraint / Seclusion

Description of RRP	Describe the regulated restrictive practice here. What does it involve?
Implementers	List the providers and people who will implement the RRP. There is no need to include registration or service location details provided that this is already outlined in the summary table above.
Rationale	Outline here why the RRP is needed. What behaviour does it aim to decrease or stop? Demonstrate how it is **proportionate** and the **least restrictive** way of **reducing risk of harm**. How is it used as a **last resort** and for the **shortest possible time**?
Circumstances to be used	State here whether the use is **Routine** (i.e., in constant / daily use) OR **PRN** (i.e., used as needed in response to a specific risk or behaviour). Provide any additional information here as required.
Strategies to be used first	Outline here the evidence-informed, person-centred and proactive strategies to be used before the RRP; or provide details about where this information is contained in the behaviour support plan.
Procedure	Provide detailed instructions here about how the RRP will be used. The procedure should demonstrate that the RRP is only used as a last resort and for the shortest time possible. Outline any debriefing or other strategies that are required after the RRP is used.
Impacts and Safeguards	Describe here the anticipated effects of using the RRP. What are the impacts on the person and others? How will any risks be mitigated? Outline any strategies or safeguards needed to prevent misuse?
Training, monitoring and review	Describe here any specific training requirements in relation to the use of the RRP. How and when use of the RRP be recorded, reported, monitored, and reviewed?
Plan to reduce and eliminate RRP	Describe here the steps to be taken to reduce and eliminate the need for, and the use of, the RRP. Outline who is responsible for each step and when this should occur.

Chemical Restraint Protocol

(Prompt) Attach a Medication purpose form and / or provide medication details in the table below. Record this information in the second column, replacing the definitions. To limit duplication, multiple routine medications can be included in the one protocol if the other protocol details are the same.

- Any information included is for reporting purposes only. It is **not** for administration purposes.
- Medication should **only** ever be administered in accordance with the prescriber's instructions, noting the prescribed medication, dose and frequency may change over time.

Medication Details Including medication name, dose, route and frequency / circumstances to be used	Describe here the • **Medication or drug name** • **Dosage amount** and unit of measurement. Note, the Commission's portal will ask for a total daily dose. • **Route of administration**. E.g., implant, injection, nasal, oral, PEG, PR (per rectum), PV (per vagina), patch. • **Frequency / circumstances to be used** - **Routine** (i.e., in daily use) OR **PRN** (i.e., used as needed in response to a specific risk or behaviour of concern). Provide additional information as required. e.g., Lithium, 300mg, orally, morning and night (routine use)
Medical practitioner / prescriber's name	Record here the name and role of the medical practitioner who prescribed or last reviewed the medication.
Date prescribed or last reviewed	Insert the date the medication was prescribed or last reviewed.
Date of next review	Insert details regarding when the medication will next be reviewed.
Implementers	List the providers and people who will implement the RRP.
Rationale	Outline here why the medication is needed. Demonstrate how is it **proportionate** and the **least restrictive** way of **reducing risk of harm.** How is it used as a **last resort** and for the **shortest possible time**?
Strategies to be used first	Outline here the evidence-informed, person-centred and proactive strategies to be used before the medication; or provide details about where this information is contained in the behaviour support plan.
Procedure	Provide detailed instructions here about how the medication will be used, consistent with the prescriber's instructions.
Impacts and Safeguards	Describe here the anticipated effects of using the RRP. Outline any potential **side effects**. Outline any strategies or safeguards needed to prevent misuse or medication errors? E.g., maximum daily dose.
Training, monitoring and review	Describe here any specific training requirements in relation to the medication. How and when use of the medication be recorded, reported, monitored and reviewed?
Plan to reduce and eliminate RRP	Describe here the steps to be taken to reduce and eliminate the need for, and the use of, the RRP. Outline who is responsible for each step and when they should occur.

Practices to be ceased immediately

(Prompt) In this section, document any advice provided about practices that should be ceased. Delete this section if there are nil practices to be ceased.

Some practices present a high and unacceptable risk of harm to people with disability and / or should not be used for legal, ethical, or other clinical reasons.

The following practice(s) should be CEASED (stopped) immediately:

- (Prompt) Insert any practices to be stopped.

Rationale

(Prompt) Outline the safety, legal, human rights, ethical, clinical, and / or other reasons why the practice should be ceased. Clearly outline the risks of harm.

Alternate Strategies

(Prompt) Specify the strategies that should be used instead or refer to where information about these strategies can be found in the behaviour support plan.

Implementation support, monitoring and review

(Prompt) In this section, identify the key roles, responsibilities, actions and communication pathways required to effectively implement the Comprehensive Behaviour Support Plan. Outline how the plan and strategies will be monitored (e.g., through regular engagement with the person, incident reports and data collection); and how outcomes will be measured and the plan reviewed.

Action area	Task	Person(s) responsible	Timeframe
RRP Authorisation (if required)			
Training			
Implementation of strategies			
Monitoring (e.g., feedback from the person, incident reports and data collection)			
Reporting (e.g., to NDIS Commission)			
Communication (including post incident de-briefing)			
Outcome Measures (linked to each goal)			
Review of BSP			

Practitioner declaration

I declare that:

- I have been considered suitable as an NDIS behaviour support practitioner as defined in section 5 of the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (the Rules).
- I am duly authorised by the specialist behaviour support provider (as stated in this form) to submit this behaviour support plan.
- I understand the requirements of registered NDIS providers in relation to reporting the use of regulated restrictive practices.
- I have read the NDIS Quality and Safeguards Commission's (NDIS Commission) Practice Guidance about regulated restrictive practices and behaviour support.
- I understand that I can use the Behaviour Support Plan (BSP) Checklists to check the quality of the behaviour support plan and ensure compliance with requirements.
- I have developed this behaviour support plan in accordance with the legislative requirements as set out in the Rules and in accordance with the state or territory's restrictive practice authorisation and consent requirements, however described.
- I understand that behaviour support plans containing regulated restrictive practices must be lodged with the NDIS Commission, consistent with the Rules. For Comprehensive BSP this includes attaching a copy of the functional behavioural assessment.
- I understand that the NDIS Commission is bound by the *Privacy Act 1988* in relation to the collection and use of personal information, and that more information can be found in the Privacy Collection Statement and Privacy Policy at www.ndiscommission.gov.au/privacy.
- I understand that the NDIS Commission will, if required, use the information contained in the BSP to undertake compliance and enforcement activities consistent with the *National Disability Insurance Scheme Act 2013* (the Act) and any Rules established under the Act.
- I acknowledge the NDIS Commission may share the information contained in the behaviour support plan with relevant Commonwealth, State, and Territory agencies including the Police.
- To the best of my knowledge, the information provided in this behaviour support plan is true, correct and accurate.
- I acknowledge that the giving of false or misleading information to the Commonwealth is a serious offence under section 137.1 of the schedule to the *Criminal Code Act 1995*.

Practitioner's electronic signature:

Practitioner's name:

Practitioner ID #:

Job title:

Date:

Note: If the practitioner is considered suitable at the 'core' level as per the Positive Behaviour Support Capability Framework, they should be supervised by a practitioner at the 'proficient' level or above. Supervisors of core practitioners should sign below to indicate their endorsement and oversight if the behaviour support plan contains the use of regulated restrictive practices.

Supervisor's electronic signature:

Supervisor's name:

Supervisor's Practitioner ID #:

Job title:

Date:

---------- ***Delete this page prior to printing*** ----------

Document information

The Comprehensive Behaviour Support Plan template V3.0 is approved by the NDIS Quality and Safeguards Commissioner for the purposes of section 23 of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

The NDIS Commission make no representation about, and accepts no liability for the accuracy of information in the Comprehensive Behaviour Support Plan.

The NDIS Commission is bound by the *Privacy Act 1988* in relation to the collection and use of personal information. More information can be found in the Privacy Collection Statement and Privacy Policy at www.ndiscommission.gov.au/privacy. The NDIS Commission will, if required, use the information contained in the BSP to undertake compliance and enforcement activities consistent with the *NDIS Act 2013* (the Act) and any Rules established under the Act.

The NDIS Commission would like to gratefully acknowledge the important contributions made by people with disability, family members, practitioners, providers, peak bodies and the state and territory restrictive practice authorisation bodies who have informed the revised Comprehensive Behaviour Support Plan template.

Document owner

Practice Quality Division
NDIS Quality and Safeguards Commission

Version

Comprehensive Behaviour Support Plan V 3.0

Date

December 2023

Contact

behavioursupport@ndiscommission.gov.au

Feedback

Click to provide anonymous feedback via an online survey or scan the QR code below

NDIS Quality and Safeguards Commission

Participant fact sheet 6

What to expect if your NDIS provider uses restrictive practices

Restrictive practices are sometimes used to help keep people safe. Restrictive practices are used to help stop or change your behaviour. But they also take away your rights. They can stop you from going places and doing what you want.

This fact sheet explains what to expect if your NDIS provider is using restrictive practices. We sometimes call them **implementing providers**.

Number 1: NDIS providers who use restrictive practices must be registered with the NDIS Quality and Safeguards Commission

- Using restrictive practices has risks. To help keep you safe, your NDIS provider must be **registered** if they use restrictive practices.
- **Registered** means the NDIS provider has been checked by the NDIS Commission. They must have 'Module 2a'. This means they know about behaviour support plans and restrictive practices.
- Registered NDIS providers have Rules they must follow. This includes when they use restrictive practices.

Number 2: Your NDIS provider develops a service agreement with you. They provide the agreed supports.

- Your NDIS provider develops a service agreement with you.
- Your service agreement shows all the supports you have agreed to. The supports your NDIS provider will deliver are to help you achieve your goals.
- Your input is important to make sure the supports meet your needs.

Number 3: Your NDIS provider helps you get behaviour support if you need it

- All behaviour happens for a reason. Behaviour support helps to understand these reasons. It helps people meet your needs and provide the right support. It helps stop or use restrictive practices less.
- To find out more, see Participant factsheet 1: What is positive behaviour support and Participant factsheet 4: What to expect from your specialist behaviour support provider.
- Your NDIS provider can help you to find a specialist behaviour support provider. See Participant factsheet 3: Choosing a specialist behaviour support provider.
- Your NDIS provider will work with the behaviour support provider you choose. They will support you to get a behaviour support plan as soon as possible.
- If there are barriers in developing your behaviour support plan your NDIS provider may follow up with:
    - your Local Area Coordinator,
    - the NDIA,
    - your support network or
    - the NDIS Commission.
- Everyone works together to make things better and help you live your best life.

Number 4: You have the right to ask questions about the use of restrictive practices

- You have the right to ask why restrictive practices are used. You have the right to ask what can be used instead of restrictive practices.
- When restrictive practices are used, your NDIS provider supports actions to reduce and eliminate the use of these practices. Your NDIS provider follows your behaviour support plan about when and how to use any restrictive practices. They work with you to stop restrictive practices or use them less.

Number 5: Restrictive practices are only used as a last resort to help keep you and other people safe

- There are Rules about the use of restrictive practices. These Rules help protect your rights.
- For example, some of the Rules say, your NDIS provider must only use restrictive practices for the shortest time possible. They must try other strategies first.
- Restrictive practices must stop if there is no longer a risk of harm. For example, if your needs are met and your behaviour stops or changes.
- See the Regulated Restrictive Practice guide for information. This is also available in an easy read version.

Number 6: Your NDIS provider does not use practices that are against the law or harmful to you

- There are Rules about how NDIS providers and workers must behave. This is called the Code of Conduct. This is also available in an easy read version.
- NDIS providers are not allowed to hurt you. You have a right to good and safe supports.
- For the NDIS Commission's view on high risk practices, see the link Practices that present high risk of harm to NDIS Participants.
- There are also rules in each state and territory. Some things cannot be used at all. We call this "**prohibited**". This means your NDIS provider is not allowed to do them. Your NDIS provider can tell you more about prohibited practices in the state or territory where you live.

Number 7: Your NDIS provider gets authorisation or approval to use any restrictive practices (if needed)

- Each state or territory has different rules about the authorisation or approval of restrictive practices. Your NDIS provider follows the rules about when and how to get this.
- If your NDIS provider is authorised or approved to use a restrictive practice, they must show this to the NDIS Commission.

Number 8: Your behaviour support plan is put into action

- Your NDIS provider uses the strategies in your behaviour support plan.
- They work with your behaviour support provider to learn how to put your plan into action. For example, by attending training.
- Your NDIS provider helps make things better. They support you to live the life you want.
- Your NDIS provider makes changes to the environment. For example, they may make a quiet space for you to do activities that help you feel calm.
- Your NDIS provider helps you learn new skills to meet your needs.

Number 9: Your NDIS provider makes sure workers have the knowledge and skills they need to support you

- Your NDIS provider employs workers who have the knowledge and skills to provide safe and good supports.
- Your NDIS provider makes sure workers are trained in your behaviour support plan.
- Workers are also trained in other areas to meet your needs. For example, about your health and communication needs.

Number 10: Your NDIS provider records and reports using restrictive practices

- Your NDIS provider must tell the NDIS Commission if they use restrictive practices.
- Your NDIS provider keeps records about their use of restrictive practices. This includes who used the restrictive practice, when, where and why.

Number 11: Your NDIS provider checks how things are going

- Things can change over time. Your NDIS provider talks to you about these changes and what you need.
- If things have changed, you can ask for your plan to be reviewed and updated. You can ask for restrictive practices to be stopped if they are no longer needed.
- Your NDIS provider talks to your behaviour support provider when changes need to be made to your behaviour support plan.
- If you agree, feedback is shared. Everyone checks that things are getting better and that you are living your best life.
- If you are not happy with your NDIS provider you can tell the NDIS Commission. See Information for Participants - Make a Complaint.

More information

- Participant fact sheet 1: What is positive behaviour support
- Participant fact sheet 2: Understanding your rights
- Participant factsheet 3: Choosing a specialist behaviour support provider
- Participant fact sheet 4: What to expect from your specialist behaviour support practitioner
- Regulated Restrictive Practice Guide - Easy Read
- Regulated Restrictive Practices with Children and Young People - Easy Read
- Practices that present high risk of harm to NDIS Participants: Position Statement
- Guide to the NDIS Code of Conduct – Easy Read
- Making a Complaint – Easy Read

General enquiries

Call: 1800 035 544 (free call from landlines). Our contact centre is open 9.00am to 5.00pm (9.00am to 4.30pm in the NT) Monday to Friday, excluding public holidays.

Email: contactcentre@ndiscommission.gov.au

Website: www.ndiscommission.gov.au

What are high-risk practices?

Easy Read guide

How to use this guide

The NDIS Quality and Safeguards Commission (NDIS Commission) wrote this guide.

When you see the word ‘we’, it means the NDIS Commission.

We wrote this guide in an easy to read way.

We use pictures to explain some ideas.

Bold

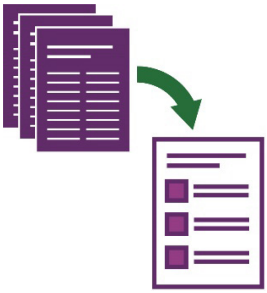
Not bold

We wrote some important words in **bold**.

This means the letters are thicker and darker.

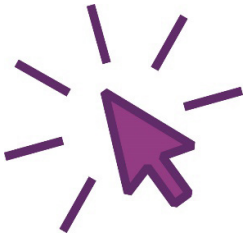
We explain what these words mean.

There is a list of these words on page 15.



This Easy Read guide is a summary of another document.

This means it only includes the most important ideas.



You can find the other document on our website.

www.ndiscommission.gov.au

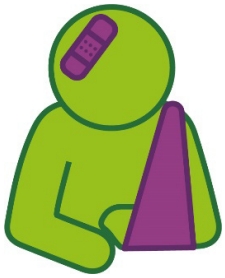
You can ask for help to read this guide.

A friend, family member or support person might be able to help you.

What's in this guide?

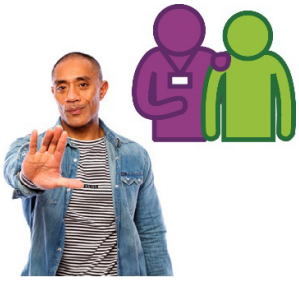
What's this guide about?

High-risk practices are actions that can:



- hurt a person's body

- punish a person for something they did

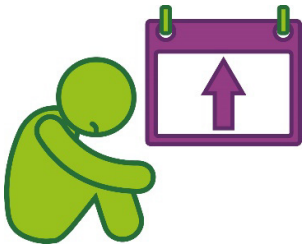


- stop a person from getting the support they need.

For example, a high-risk practice can be when someone forces a person to the ground to stop them from:

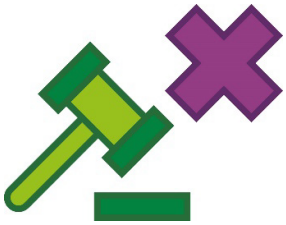
- moving
- doing what they want.

High-risk practices can lead to people getting hurt or even dying.



And they can cause emotional pain that lasts a long time.

High-risk practices are never okay.



They are against the law in some states and territories.

They are also against people's **rights**.

Rights are rules about how people must treat you:

- fairly
- equally.

We want to stop anyone using high-risk practices on **participants**.

Participants are people with disability who take part in the NDIS.

In this guide, we explain the types of high-risk practices participants can experience.

In this guide, we also explain:

- what happens if a **provider** uses high-risk practices
- what you can do if you know about someone using them.

Providers support people with disability by delivering a service.

And it's their job to make sure participants are safe when they use their services.

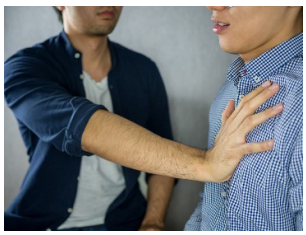
What are high-risk practices?

Stopping a participant from moving

High-risk practices might hurt a participant to stop them from moving.

For example, someone might:

- hold a participant on the ground
- force a participant to fall to the floor.



Or they might push on a participant's chest or throat.

It includes practices that affect how a participant:

- breathes
- digests and eats food.

Punishing a participant

High-risk practices might also include doing things that:

- punish a participant for something they did
- stop a participant from getting the support they need.

They might:

- cause emotional pain to a participant

- stop them from seeing friends and family.

These types of practices include making a participant feel bad for doing something so they won't do it again.

For example, yelling at a participant when they don't want to take their medicine.

High-risk practices include keeping a participant away from their **culture** or community.

Your culture is:

- your way of life
- how you think or act now because of how you grew up
- your beliefs
- what is important to you.

These types of practices also include keeping a participant away from key supports, like:

- their family

- people who speak up for them.

Key supports can also be everyday items that you need, like toilet paper.

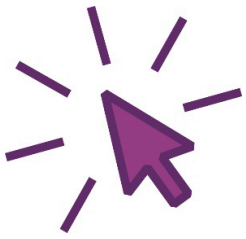
What happens if a provider uses these practices?

We have a list of rules about how providers and support workers should behave.

We call it the NDIS **Code of Conduct**.

The NDIS Code of Conduct says providers must deliver safe services.

This means they must not use high-risk practices.



You can find out more about the NDIS Code of Conduct on our website.

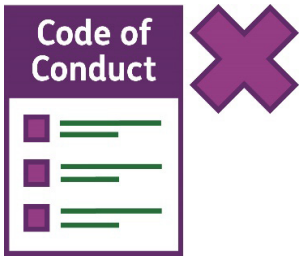
ndiscommission.easyread.com.au/ndis-code-of-conduct/

All providers must follow the NDIS Code of Conduct.

Even if they aren't **registered** with the NDIS Commission.

When a provider is registered with us, it means we have checked them.

This helps to make sure they provide good and safe services.



If a provider uses high-risk practices, it breaks the rules of the NDIS Code of Conduct.

This could lead to the NDIS Commission working to:

- stop them doing it again
- make sure everyone is safe.

We might take **legal action** against the person who used the high-risk practice.

Legal action is when we take someone to court for breaking the law.

A provider might find out a worker is using these practices on a participant.

The provider must:

- stop the practices straight away
- make sure the worker doesn't do it again.

They must also make sure the participant is safe.

You can tell us if you know about anyone using a high-risk practice.

You can call us.

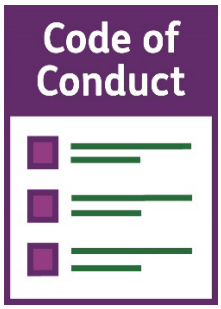
1800 035 544

You can also email us.

contactcentre@ndiscommission.gov.au

Word list

This list explains what the **bold** words in this guide mean.



Code of Conduct (the Code)

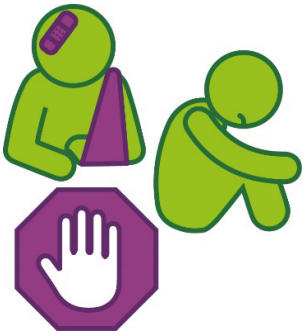
The Code is a list of rules about how providers and support workers should behave.

Culture

Your culture is:

- your way of life
- how you think or act now because of how you grew up
- your beliefs
- what is important to you.

High-risk practices



High-risk practices are actions that can:

- hurt a person's body
- punish a person for something they did
- stop a person from getting the support they need.

Legal action

Legal action is when we take someone to court for breaking the law.

Participants

Participants are people with disability who take part in the NDIS.

Providers

Providers support people with disability by delivering a service.

Rights

Rights are rules about how people must treat you:

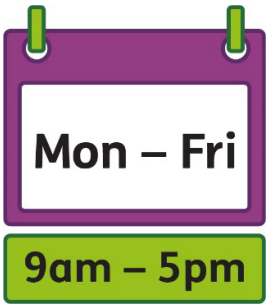
- fairly
- equally.

Registered

When a provider is registered with us, it means we have checked them.

This helps to make sure they provide good and safe services.

Contact us

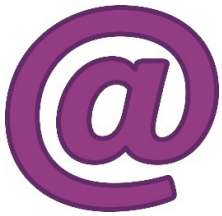


You can call us from 9 am to 5 pm, Monday to Friday.

If you live in the Northern Territory, you can call us from 9 am to 4.30 pm.

You can call us.

1800 035 544



You can send us an email.

contactcentre@ndiscommission.gov.au

You can write to us.

NDIS Quality and Safeguards Commission

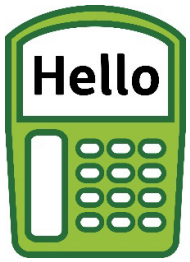
PO Box 210

Penrith

NSW 2750

You can go to our website.

www.ndiscommission.gov.au



TTY

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The National Relay Service

Speak and Listen

1300 555 727

SMS relay number

0423 677 767

Internet relay calls

internet-relay.nrscall.gov.au

You can follow us on LinkedIn.

au.linkedin.com/company/ndiscommission

You can follow us on Facebook.

www.facebook.com/NDISCommission

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Quote job number 5784.

Policy Guidance: Working within your knowledge, skills, and experience

This document outlines the NDIS Commissioner's expectations of NDIS providers, NDIS behaviour support practitioners, and all NDIS workers to work within their knowledge, skills, and experience; and to engage in continuing professional development. This is sometimes referred to as 'scope of practice' and is essential to ensure the delivery of high quality and safe supports and services.

These expectations are consistent with good practice and the legislated requirements as set out in the *NDIS Act 2013* (the Act) and associated Rules including (but not limited to) the NDIS Code of Conduct, and the NDIS Practice Standards. They also align with NDIS Commission policies and guidelines as applicable (e.g., the NDIS Practice Standards Verification Module – Required Documentation). The NDIS Quality and Safeguards Commission will take strong and decisive regulatory action against those who work outside of their knowledge, skills and experience; and who do not provide supports and services in a safe and competent manner, with care and skill[1].

The following expectations are additional to role specific registration, accreditation, credentialing, or suitability requirements (e.g., as required by NDIS behaviour support practitioners, allied health professionals or for the delivery of high intensity supports in the NDIS).

Expectations

In delivering supports and services, NDIS providers, NDIS behaviour support practitioners and NDIS workers should:

1. Work within the scope of their knowledge, skills, experience, qualifications, and role; and where relevant, within the conditions of any registration to ensure that supports and services are delivered safely and competently, and are lawful and effective.

2. Collaborate with and, where relevant, refer to other suitably qualified practitioners, professionals, and providers. This should ensure the needs of a person with disability are met in a timely and appropriate manner without interruption and that the highest quality of support and outcomes are delivered.

3. Understand the limits of their skills and knowledge and take steps to identify, minimise and manage any risks of harm to people with disability and others. This involves considering any safeguards, supports, skill uplift, and adjustments necessary when seeking to broaden their scope of practice to ensure competency.

[1] The Federal Court of Australia's penalty judgement in The *NDIS Commission v LiveBetter Services Pty Ltd* [2024] FCA 374 demonstrates the consequences for conduct by NDIS providers which is contrary to the objects of the NDIS Act. The failure to ensure that support workers have adequate training/competencies can be fatal to people with disability.

4. Proactively consider the needs of each person with disability and the capabilities, systems and resources required to meet or exceed the relevant requirements of the Act and associated Rules. This is consistent with a person-centred, human rights, and evidence-informed approach, provider governance and operational management requirements.

5. Implement quality management systems, inclusive of policies and procedures, that promote a culture of continuous improvement and engage in professional development activities such as further education, training, supervision, and practice reviews.

6. Periodically review their capabilities, scope of practice and professional development needs using the available capability frameworks and practice resources. For example, see the NDIS Workforce Capability Framework and Positive Behaviour Support Capability Framework, Self-Assessment Resource Guide, Practice Alerts and Guides.

7. Transparently, accurately, and honestly represent their qualifications, knowledge, skills, experience, and capabilities.

8. Respect each person with disability's human and consumer rights. This involves consulting with the person (and / or their representatives) and supporting them to make informed choices and exercise control in relation to the supports and services provided.

Examples of working within knowledge, skills, and experience

- An NDIS provider ensures all their workers receive competency-based training to provide supports in a safe and competent manner, with care and skill.
- Only registered NDIS providers of specialist behaviour support can undertake behaviour support assessments (including functional behaviour assessments) and develop behaviour support plans.
- Until the NDIS Commissioner has considered a person suitable as an NDIS behaviour support practitioner, they cannot undertake behaviour support assessments (including functional behaviour assessments) or develop behaviour support plans, even under supervision.
- Only suitably qualified medical practitioners can make recommendations regarding the prescription, administration, and cessation of medication.

Resources

- NDIS Worker Orientation Module – an interactive online course that explains the obligations of NDIS workers under the NDIS Code of Conduct.
- NDIS Workforce Capability Framework describes the attitudes, skills and knowledge expected of all workers funded under the NDIS. It also includes a range of helpful Tools & Resources.
- Positive Behaviour Support Capability Framework (PBSCF) – outlines the knowledge and skills required to deliver contemporary, evidence-informed behaviour support. It is used to consider a practitioner's suitability in accordance with the NDIS (NDIS Behaviour Support Practitioner Application) Guidelines 2020.

- Self -Assessment Resource Guide for the PBSCF - provides guidance on how behaviour support practitioners can assess their capabilities against the PBSCF.
- Evidence-Informed Practice Guide – provides guidance about evidence-informed practice, including the importance of expertise provided by professionals and those working in the implementing or practice contexts.
- Deciding With Support – a supported decision-making toolkit designed for behaviour support developed by Flinders University and funded by the NDIS Commission.
- NDIS Practice Standards Verification Module – Required Documentation – outlines the requirements of each profession including qualifications and / or experience, continuing professional development, worker screening, insurances, and the completion of the mandatory NDIS worker orientation program.

Legislative linkages

This document supports the Commissioner's functions as set out in sections 181E, F and H of the NDIS Act 2013, and the requirements as outlined in the NDIS Code of Conduct, NDIS (Provider Registration and Practice Standards) Rules 2018, NDIS (Restrictive Practices and Behaviour Support) Rules 2018 and the NDIS (NDIS Behaviour Support Practitioner Application) Guidelines 2020.

NDIS Quality and Safeguards Commission

(Prompt) Additional guidance and instructions for use are offered throughout the template. Delete these prompts prior to finalising the Interim Behaviour Support Plan.

Interim Behaviour Support Plan

CONFIDENTIAL

Person details

Person's name:		**NDIS Participant #:**	
Date of Birth (age):		**Gender:**	
Address:		**State or Territory:**	

Plan dates

Interim BSP date:		**Comprehensive BSP due date:**	

Practitioner and provider details

NDIS Behaviour Support Practitioner:		**Contact details:**	
Specialist Behaviour Support Provider:		**Registration ID:**	

Contents

Purpose

The purpose of this Interim Behaviour Support Plan is to:

- Provide **brief information about the person** with disability and their needs.
- Outline **general preventative and response strategies** to keep the person and others safe.
- Respect and uphold the person's **rights and dignity**.
- Where relevant, **identify any regulated restrictive practices** used and how they will be reduced and eliminated. Note restrictive practices should **only be used as a last resort** and may not be necessary to minimise the risk of harm.
- Safeguard and minimise the risk of harm whilst a functional behavioural assessment is undertaken and a Comprehensive Behaviour Support Plan is developed with the person.

Consultation

(Prompt) In this section, document who was consulted in developing the Interim BSP, including in relation to the intent to include regulated restrictive practices.

Consultation with the Person

(Prompt) Use the first table below to describe how the person with disability was consulted in an appropriately accessible format. Outline what they were consulted about, when and how this occurred.

What was the person consulted about, when and how	Details provided about intent to include RRP
	(Yes / No / NA)

(Prompt) For information and resources about how to facilitate supported-decision making in developing the plan see the Deciding with Support toolkit.

Consultation with Others

(Prompt) Use the following table to document how the person's family and other relevant people such as implementing providers, specialists and mainstream services were consulted.

Name, role and contact details	What were they consulted about, when and how	Details provided about intent to include RRP
		(Yes / No / NA)

About the Person

(Prompt) In this section, provide information that helps others get to know the person in a meaningful way. Provide a brief overview (1-2 page profile) of what is important to, and for, the person and outline their needs. This information will not be based on a comprehensive assessment. The type and amount of information shared should reflect the person's wishes and respect their right to privacy.

(Prompt) Provide information in bullet form and / or under a series of sub-headings which are tailored to the person's needs and preferences. For example, this could utilise person-centred thinking tools and include the following types of information:

- **All about me** – how would the person describe themself? What do they want others to know about them, their current circumstances, living arrangement, employment / education, their history and cultural identify?
- **Strengths, goals and aspirations** – what are they good at? What are their goals and dreams?
- **Disability, health, communication, sensory and other support needs** (based on confirmed diagnoses)
- **People, places, activities and events of importance to the person**
- **Likes and dislikes**.

Risks of harm

(Prompt) In this section, outline any behaviours which present a risk of harm to the person, others or their environment. Provide preliminary information about the behaviour(s), triggers (if known) and the risks that need to be minimised. This information will not be based on a comprehensive functional behavioural assessment.

This information can be recorded in the second column of the table below, replacing the definitions.

Description of behaviour	Clearly describe the behaviour(s) that present a risk of harm here. Describe the behaviour(s) in observable and measurable terms. E.g., hits others with a closed fist.
Frequency / Duration	Include information about how often and / or for how long the behaviour currently occurs. If this information is not readily available at the time of writing this plan, provide an estimation or delete this row.
Intensity	Include information about the intensity of the behaviour here. If this information is not readily available at the time of writing, provide an estimation or delete this row.
Triggers	Include information about triggers here. If this information is not readily available at the time of writing, delete this row.
Risks	Identify the risks associated with the behaviour. What are the risks of harm to the person, others and / or the environment? What are the immediate risks that need to be minimised?

Preventative strategies

(Prompt) In this section, provide general preventative strategies that are evidence-based, person-centred and proactive. Provide strategies that meet the person's immediate needs and minimise the risk of harm. Includes changes within the environment that address any known triggers and that may reduce or remove the need to use regulated restrictive practices.

- Outline preventative strategies here.
- Use sub-headings if needed to organise information.
- Alternatively, you may choose to use a table (as shown below) to outline preventative strategies for each type of behaviour.

Behaviour	**Preventative Strategies**
Name the behaviour here.	Insert preventative strategies here.

Response strategies

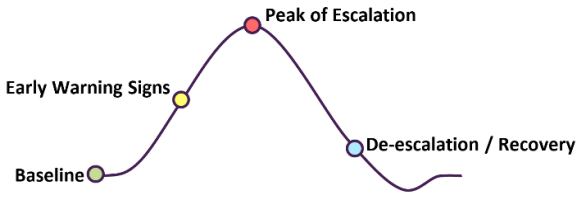
(Prompt) In this section, provide strategies that focuses on safety and which minimise the risk of harm to the person, others and / or their environment. Provide strategies to meet the person's immediate needs.

(Prompt) There are many different ways that response strategies can be presented. Choose a presentation style that best meets the needs of those implementing the Interim Behaviour Support Plan. Present information in a way that helps others to understand and effectively implement the strategies. This may involve the use of visual supports. Examples of a few layout options are offered below or you may choose to present the response strategies in a different way.

- Examples 1: Strategies could be listed in bullet form.
- Example 2: A table (as shown below) could be used to outline the response strategies for each type of behaviour.

Behaviour	Response Strategies
Name the behaviour here.	Insert response strategies here.

- Example 3: Response strategies could be mapped against an escalation cycle, as shown below.



What this looks like	What to do
Baseline • Describe what this looks / sounds like.	• Refer to the preventative strategies section.
Early Warning Signs • Describe what this looks / sounds like.	• Insert response strategies here to help people to respond early and de-escalate the situation.
Peak of Escalation • Describe what this looks / sounds like.	• Insert response strategies here to help keep people safe and minimise the risk of harm.
De-escalation / Recovery • Describe what this looks / sounds like.	• Insert response strategies here to support de-escalation and calm the situation. Also include supports needed following the incident.

Regulated Restrictive Practices

Restrictive practices infringe on the rights and freedom of movement of people with disability. All reasonable steps must be taken to reduce and eliminate their use.

(Prompt) In this section, outline the any regulated restrictive practices to be used as part of the Interim BSP. There are five types of regulated restrictive practices:

- Chemical restraint
- Environmental restraint
- Mechanical restraint
- Physical restraint
- Seclusion.

(Prompt) Definitions of each practice and conditions of use are set out in legislation. For more information see the Regulated Restrictive Practices Guide, RRP with Children and Young People Practice Guide, Surveillance Technology Practice Guide, and Safe Transportation Practice Guide.

(Prompt) Delete this section if there are no regulated restrictive practices to be used as part of the Interim BSP.

Summary of Regulated Restrictive Practices (RRP)

(Prompt) Use the table below to list any NDIS providers and other people who are implementing the RRPs.

Person / Provider	**Registration ID or ABN** (if relevant)	**Location** (e.g., service outlet)	**Type of RRPs used** (i.e., chemical, environmental, mechanical, physical restraint, seclusion)

Authorisation

Note: Behaviour support plans that include the use of regulated restrictive practices **must** be developed and authorised in accordance with any authorisation and consent requirements in the relevant state or territory. A copy of the behaviour support plan and evidence of authorisation must also be lodged with the NDIS Commission consistent with the Rules.

Regulated Restrictive Practice Protocol(s)

(Prompt) Write protocols for each RRP to outline why they are needed and the conditions under which they can be used. Include a plan to reduce and where possible eliminate their use. Record this information in the second column of the table below, replacing the definitions.

Environmental / Mechanical / Physical Restraint / Seclusion

Description of RRP	Describe the regulated restrictive practice here. What does it involve?
Implementers	List the providers and people who will implement the RRP. There is no need to include registration or service location details provided that this is already outlined in the summary table above.
Rationale	Outline here why the RRP is needed? What behaviour does it aim to decrease or stop? Demonstrate how it is **proportionate** and the **least restrictive** way of **reducing risk of harm**. How is it used as a **last resort** and for the **shortest possible time**?
Circumstances to be used	State here whether the use is **Routine** (i.e., in constant / daily use) OR **PRN** (i.e., used as needed in response to a specific risk or behaviour). Provide any additional information here as required.
Strategies to be used first	Outline here the evidence-informed, person-centred and proactive strategies to be used before the RRP; or provide details about where this information is contained in the behaviour support plan.
Procedure	Provide detailed instructions here about how the RRP will be used. The procedure should demonstrate that the RRP is only used as a last resort and for the shortest time possible. Outline any debriefing or other strategies that are required after the RRP is used.
Impacts and Safeguards	Describe here the anticipated effects of using the RRP. What are the impacts on the person and others? How will any risks be mitigated? Outline any strategies or safeguards needed to prevent misuse.
Training, monitoring and review	Describe here any specific training requirements in relation to the use of the RRP. How and when will use of the RRP be recorded, reported, monitored, and reviewed?
Plan to reduce and eliminate RRP	Describe here the steps to be taken to reduce and eliminate the need for, and the use of, the RRP. Outline who is responsible for each step and when this should occur. In context of the Interim Behaviour Support Plan, this may also include work that is to be undertaken to understand the function of the presenting behaviour and develop comprehensive strategies to meet the person's needs and reduce the need to use RRPs in the future.

Chemical Restraint Protocol

(Prompt) Attach a Medication purpose form and / or provide medication details in the table below. Record this information in the second column, replacing the definitions. To limit duplication, multiple routine medications can be included in the one protocol if the other protocol details are the same.

- Any information included is for reporting purposes **only**. It is **not** for administration purposes.
- Medication should **only** ever be administered in accordance with the prescriber's instructions, noting the prescribed medication, dose and frequency may change over time.

Medication Details Including medication name, dose, route and frequency / circumstances to be used	Describe here the • **Medication or drug name** • **Dosage amount** and unit of measurement. Note, the Commission's portal will ask for a total daily dose. • **Route of administration**. E.g., implant, injection, nasal, oral, PEG, PR (per rectum), PV (per vagina), patch. • **Frequency / circumstances to be used** - **Routine** (i.e., in daily use) OR **PRN** (i.e., used as needed in response to a specific risk or behaviour of concern). Provide additional information as required. e.g., Lithium, 300mg, orally, morning and night (routine use)
Medical practitioner / prescriber's name	Record here the name and role of the medical practitioner who prescribed or last reviewed the medication.
Date prescribed or last reviewed	Insert the date the medication was prescribed or last reviewed.
Date of next review	Insert details regarding when the medication will next be reviewed.
Implementers	List the providers and people who will implement the RRP.
Rationale	Outline here why the medication is needed. Demonstrate how is it **proportionate** and the **least restrictive** way of **reducing risk of harm.** How is it used as a **last resort** and for the **shortest possible time**?
Strategies to be used first	Outline here the evidence-informed, person-centred and proactive strategies to be used before the medication; or provide details about where this information is contained in the behaviour support plan.
Procedure	Provide detailed instructions here about how the medication will be used, consistent with the prescriber's instructions.
Impacts and Safeguards	Describe here the anticipated effects of using the RRP. Outline any potential **side effects**. Outline any strategies or safeguards needed to prevent misuse or medication errors? E.g., maximum daily dose.
Training, monitoring and review	Describe here any specific training requirements in relation to the medication. How and when will use of the medication be recorded, reported, monitored and reviewed?
Plan to reduce and eliminate RRP	Describe here the steps to be taken to reduce and eliminate the need for, and the use of, the RRP. Outline who is responsible for each step

	and when they should occur. It includes work to identify the function of behaviour and develop comprehensive strategies to reduce RRPs.

Practices to be ceased immediately

(Prompt) In this section, document any advice provided about practices that should be ceased. Delete this section if there are nil practices to be ceased.

Some practices present a high and unacceptable risk of harm to people with disability and / or should not be used for legal, ethical or other clinical reasons.

The following practice(s) should be CEASED (stopped) immediately:

- (Prompt) Insert any practices to be stopped.

Rationale

(Prompt) Outline the safety, legal, human rights, ethical, clinical, and / or other reasons why the practice should be ceased. Clearly outline the risks of harm.

Alternate Strategies

(Prompt) Specify the strategies that should be used instead or refer to where information about these strategies can be found in the behaviour support plan.

Implementation support and monitoring

(Prompt) In this section, identify the key roles, responsibilities, actions and communication pathways required to effectively implement the Interim Behaviour Support Plan. Outline how the plan and strategies will be monitored (e.g., through regular engagement with the person, incident reports and data collection). Identify how this information will then inform the functional behavioural assessment and the development of a Comprehensive Behaviour Support Plan.

Action area	Task	Person(s) responsible	Timeframe
RRP Authorisation (if required)			
Training			
Implementation of strategies			
Monitoring (e.g., feedback from the person, incident reports and data collection)			
Reporting (e.g., to NDIS Commission)			

Action area	Task	Person(s) responsible	Timeframe
Communication (including post incident de-briefing)			
Development of Comprehensive BSP			

Practitioner declaration

I declare that:

- I have been considered suitable as an NDIS behaviour support practitioner as defined in section 5 of the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (the Rules).
- I am duly authorised by the specialist behaviour support provider (as stated in this form) to submit this behaviour support plan.
- I understand the requirements of registered NDIS providers in relation to reporting the use of regulated restrictive practices.
- I have read the NDIS Quality and Safeguards Commission's (NDIS Commission) Practice Guidance about regulated restrictive practices and behaviour support.
- I understand that I can use the Behaviour Support Plan (BSP) Checklists to check the quality of the behaviour support plan and ensure compliance with requirements.
- I have developed this behaviour support plan in accordance with the legislative requirements as set out in the Rules and in accordance with the state or territory's restrictive practice authorisation and consent requirements, however described.
- I understand that behaviour support plans containing regulated restrictive practices must be lodged with the NDIS Commission, consistent with the Rules.
- I understand that the NDIS Commission is bound by the *Privacy Act 1988* in relation to the collection and use of personal information, and that more information can be found in the Privacy Collection Statement and Privacy Policy at www.ndiscommission.gov.au/privacy.
- I understand that the NDIS Commission will, if required, use the information contained in the BSP to undertake compliance and enforcement activities consistent with the *National Disability Insurance Scheme Act 2013* (the Act) and any Rules established under the Act.
- I acknowledge the NDIS Commission may share the information contained in the behaviour support plan with relevant Commonwealth, State, and Territory agencies including the Police.
- To the best of my knowledge, the information provided in this behaviour support plan is true, correct and accurate.
- I acknowledge that the giving of false or misleading information to the Commonwealth is a serious offence under section 137.1 of the schedule to the *Criminal Code Act 1995*.

Practitioner's electronic signature:

Practitioner's name:

Practitioner ID #:

Job title:

Date:

Note: If the practitioner is considered suitable at the 'core' level as per the Positive Behaviour Support Capability Framework, they should be supervised by a practitioner at the 'proficient' level or

above. Supervisors of core practitioners should sign below to indicate their endorsement and oversight if the behaviour support plan contains the use of regulated restrictive practices.

Supervisor's electronic signature:

Supervisor's name:

Supervisor's Practitioner ID #:

Job title:

Date:

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Document information

The Interim Behaviour Support Plan template V3.0 is approved by the NDIS Quality and Safeguards Commissioner for the purposes of section 23 of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

The NDIS Commission make no representation about, and accepts no liability for the accuracy of information in the Interim Behaviour Support Plan.

The NDIS Commission is bound by the *Privacy Act 1988* in relation to the collection and use of personal information. More information can be found in the Privacy Collection Statement and Privacy Policy at www.ndiscommission.gov.au/privacy. The NDIS Commission will, if required, use the information contained in the BSP to undertake compliance and enforcement activities consistent with the *NDIS Act 2013* (the Act) and any Rules established under the Act.

The NDIS Commission would like to gratefully acknowledge the important contributions made by people with disability, family members, practitioners, providers, peak bodies and the state and territory restrictive practice authorisation bodies who have informed the revised Interim Behaviour Support Plan template.

Document owner

Practice Quality Division
NDIS Quality and Safeguards Commission

Version

Interim Behaviour Support Plan V 3.0

Date

December 2023

Contact

behavioursupport@ndiscommission.gov.au

Feedback

Click here to provide feedback via an anonymous online survey or scan the QR code below

Policy Guidance: The safe reduction and elimination of regulated restrictive practices

This document outlines the NDIS Commissioner's expectations of NDIS providers when reducing and eliminating regulated restrictive practices to ensure this occurs in a safe and competent manner with care and skill. These expectations are consistent with good practice and the legislative requirements as set out in the NDIS Act 2013 and associated Rules.

This document furthers the Policy Guidance: Developing Behaviour Support Plans and acknowledges that studies have shown that high quality behaviour support plans are associated with a reduction in the use of restrictive practices.

Expectations

In reducing and eliminating regulated restrictive practices (RRPs), NDIS providers should:

1. Carefully consider and apply the definitions of regulated restrictive practices and the conditions of use as outlined in the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.
2. Work in collaboration with the person with disability, their family, other providers and relevant specialists to ensure a coordinated approach.
3. Ensure proactive and person-centred strategies are implemented to meet the person's needs and increase quality of life. This includes making changes within the environment and providing opportunities for the person to participate in community activities and develop new skills.
4. Foster environments that respect the person's needs and choices, while ensuring safety.
5. Develop, implement and review plans and strategies to minimise and manage risks to the person and others.
6. Take an evidence-informed approach, based on data.
7. Ensure behaviour support plans contain a graduated, step by step process to reduce and eliminate regulated restrictive practices that can be implemented, monitored and evaluated.
8. Build workers' capabilities to meet the person's needs and implement high quality and person-centred behaviour support.
9. Demonstrate leadership and organisational commitment to promoting and upholding the rights of people with disability and using least restrictive alternatives.
10. Implement quality management systems that promote a culture of continuous improvement through activities such as supervision, debriefing, reflective practice and practice reviews - which are documented.

The above expectations are additional to the requirement that any high risk practices presenting an unacceptable risk of harm to participants should be ceased immediately and replaced by least restrictive alternatives.

Resources

- Policy Guidelines: Developing Behaviour Support Plans – this outlines the NDIS Commissioner's expectations when developing behaviour support plans that contain regulated restrictive practices.
- NEW Interim and Comprehensive Behaviour Support Plan templates – the revised BSP templates (V3.0) reflect contemporary evidence-informed practice and were informed by consultation with people with disability, family members, practitioners, providers, peak bodies and the state and territory restrictive practice authorisation bodies.
- Regulated Restrictive Practices Summary and Protocols – this represents the revised regulated restrictive practice protocol component of a behaviour support plan. It replaces the existing protocols in the NDIS Commission's behaviour support plan templates.
- Interim and Comprehensive Behaviour Support Plan Checklists – tools that outline good practice and the requirements when developing behaviour support plans.
- Evidence Matters: Developing Quality Behaviour Support Plans – a literature summary by University of Queensland and funded by the NDIS Commission.
- Practices that present high risk of harm to NDIS participants: Position Statement – outlines practices that present an unacceptable risk of harm to participants and must not be used by registered and unregistered NDIS providers.
- Practice Guides around restrictive practices
- Evidence Matters: Organisation approaches to reducing restrictive practices
- Deciding With Support – a supported decision making toolkit designed for behaviour support developed by Flinders University and funded by the NDIS Commission
- Positive Behaviour Support Capability Framework – outlines the knowledge and skills required to deliver contemporary, evidence-informed behaviour support and is used to consider a practitioner's suitability.
- NDIS Workforce Capability Framework – describes the attitudes, skills and knowledge expected of all workers funded the NDIS and a range of practical examples and resources.
- National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector

Legislative linkages

This document is in furtherance of the Commissioner's functions as set out in sections 181E, F and H of the NDIS Act 2013, and the requirements as outlined in the NDIS Code of Conduct, NDIS (Provider Registration and Practice Standards) Rules 2018 and part 3 of the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.

NDIS Quality and Safeguards Commission

Policy Guidance: Working within your knowledge, skills, and experience

This document outlines the NDIS Commissioner's expectations of NDIS providers, NDIS behaviour support practitioners, and all NDIS workers to work within their knowledge, skills, and experience; and to engage in continuing professional development. This is sometimes referred to as 'scope of practice' and is essential to ensure the delivery of high quality and safe supports and services.

These expectations are consistent with good practice and the legislated requirements as set out in the *NDIS Act 2013* (the Act) and associated Rules including (but not limited to) the NDIS Code of Conduct, and the NDIS Practice Standards. They also align with NDIS Commission policies and guidelines as applicable (e.g., the NDIS Practice Standards Verification Module – Required Documentation). The NDIS Quality and Safeguards Commission will take strong and decisive regulatory action against those who work outside of their knowledge, skills and experience; and who do not provide supports and services in a safe and competent manner, with care and skill[1].

The following expectations are additional to role specific registration, accreditation, credentialing, or suitability requirements (e.g., as required by NDIS behaviour support practitioners, allied health professionals or for the delivery of high intensity supports in the NDIS).

Expectations

In delivering supports and services, NDIS providers, NDIS behaviour support practitioners and NDIS workers should:

1. Work within the scope of their knowledge, skills, experience, qualifications, and role; and where relevant, within the conditions of any registration to ensure that supports and services are delivered safely and competently, and are lawful and effective.

2. Collaborate with and, where relevant, refer to other suitably qualified practitioners, professionals, and providers. This should ensure the needs of a person with disability are met in a timely and appropriate manner without interruption and that the highest quality of support and outcomes are delivered.

3. Understand the limits of their skills and knowledge and take steps to identify, minimise and manage any risks of harm to people with disability and others. This involves considering any safeguards, supports, skill uplift, and adjustments necessary when seeking to broaden their scope of practice to ensure competency.

[1] The Federal Court of Australia's penalty judgement in The *NDIS Commission v LiveBetter Services Pty Ltd* [2024] FCA 374 demonstrates the consequences for conduct by NDIS providers which is contrary to the objects of the NDIS Act. The failure to ensure that support workers have adequate training/competencies can be fatal to people with disability.

4. Proactively consider the needs of each person with disability and the capabilities, systems and resources required to meet or exceed the relevant requirements of the Act and associated Rules. This is consistent with a person-centred, human rights, and evidence-informed approach, provider governance and operational management requirements.

5. Implement quality management systems, inclusive of policies and procedures, that promote a culture of continuous improvement and engage in professional development activities such as further education, training, supervision, and practice reviews.

6. Periodically review their capabilities, scope of practice and professional development needs using the available capability frameworks and practice resources. For example, see the NDIS Workforce Capability Framework and Positive Behaviour Support Capability Framework, Self-Assessment Resource Guide, Practice Alerts and Guides.

7. Transparently, accurately, and honestly represent their qualifications, knowledge, skills, experience, and capabilities.

8. Respect each person with disability's human and consumer rights. This involves consulting with the person (and / or their representatives) and supporting them to make informed choices and exercise control in relation to the supports and services provided.

Examples of working within knowledge, skills, and experience

- An NDIS provider ensures all their workers receive competency-based training to provide supports in a safe and competent manner, with care and skill.

- Only registered NDIS providers of specialist behaviour support can undertake behaviour support assessments (including functional behaviour assessments) and develop behaviour support plans.

- Until the NDIS Commissioner has considered a person suitable as an NDIS behaviour support practitioner, they cannot undertake behaviour support assessments (including functional behaviour assessments) or develop behaviour support plans, even under supervision.

- Only suitably qualified medical practitioners can make recommendations regarding the prescription, administration, and cessation of medication.

Resources

- NDIS Worker Orientation Module – an interactive online course that explains the obligations of NDIS workers under the NDIS Code of Conduct.

- NDIS Workforce Capability Framework describes the attitudes, skills and knowledge expected of all workers funded under the NDIS. It also includes a range of helpful Tools & Resources.

- Positive Behaviour Support Capability Framework (PBSCF) – outlines the knowledge and skills required to deliver contemporary, evidence-informed behaviour support. It is used to consider a practitioner's suitability in accordance with the NDIS (NDIS Behaviour Support Practitioner Application) Guidelines 2020.

- Self -Assessment Resource Guide for the PBSCF - provides guidance on how behaviour support practitioners can assess their capabilities against the PBSCF.
- Evidence-Informed Practice Guide – provides guidance about evidence-informed practice, including the importance of expertise provided by professionals and those working in the implementing or practice contexts.
- Deciding With Support – a supported decision-making toolkit designed for behaviour support developed by Flinders University and funded by the NDIS Commission.
- NDIS Practice Standards Verification Module – Required Documentation – outlines the requirements of each profession including qualifications and / or experience, continuing professional development, worker screening, insurances, and the completion of the mandatory NDIS worker orientation program.

Legislative linkages

This document supports the Commissioner's functions as set out in sections 181E, F and H of the NDIS Act 2013, and the requirements as outlined in the NDIS Code of Conduct, NDIS (Provider Registration and Practice Standards) Rules 2018, NDIS (Restrictive Practices and Behaviour Support) Rules 2018 and the NDIS (NDIS Behaviour Support Practitioner Application) Guidelines 2020.

Policy Guidance: Developing Behaviour Support Plans

This document outlines the NDIS Commissioner's expectations of specialist behaviour support providers and NDIS behaviour support practitioners when developing behaviour support plans that contain regulated restrictive practices.

Expectations

Specialist behaviour support providers should ***review*** and where necessary ***revise*** their current behaviour support plan templates, and other relevant policies and procedures to ensure their alignment with the following expectations. It is expected that specialist behaviour support providers and NDIS behaviour support practitioners:

1. Uphold the rights of people with disability and take all reasonable steps to reduce and eliminate the need for, and use of regulated restrictive practices.
2. Develop high quality, evidence-informed behaviour support plans that comply with all requirements as set out in the Rules and in any state or territory authorisation requirements (however described).
3. Develop behaviour support plans in consultation with people with disability and the people who support them.
4. Provide people with disability and their supporters with behaviour support plans and other information (e.g., in relation to the use of regulated restrictive practices) in appropriately accessible formats.
5. Support the effective implementation of behaviour support plans to meet the needs of the person with disability.
6. Measure, monitor and evaluate outcomes, including improvements in quality of life, behaviour change and steps to reduce and eliminate restrictive practice.
7. Provide responsive, timely and appropriate supports to meet the person's needs in a safe and competent manner, consistent with the NDIS Code of Conduct and the relevant Practice Standards.
8. Have policies, procedures and processes to:
    a. Ensure person-centred supports that uphold participant's human and legal rights, and enable them to exercise informed choice and control
    b. Manage risk, safeguard participants and increase the quality of behaviour support provided
    c. Build the capabilities of NDIS behaviour support practitioners
    d. Implement quality management systems that promote a culture of continuous improvement.

Resources

- NEW Regulated Restrictive Practices Summary and Protocols – this represents the revised regulated restrictive practice protocol component of a behaviour support plan. It replaces the existing protocols in the NDIS Commission's behaviour support plan templates.
- Interim and Comprehensive Behaviour Support Plan Checklists – tools which outline good practice and the requirements when developing behaviour support plans.
- Evidence Matters: Developing Quality Behaviour Support Plans – a literature summary by University of Queensland and funded by the NDIS Commission.
- Practices that present high risk of harm to NDIS participants: Position Statement – outlines practices that present an unacceptable risk of harm to participants and must not be used by registered and unregistered NDIS providers.
- Practice Guides around restrictive practices
- Evidence Matters: Organisation approaches to reducing restrictive practices
- Deciding With Support – a supported decision making toolkit designed for behaviour support developed by Flinders University and funded by the NDIS Commission
- Positive Behaviour Support Capability Framework – outlines the knowledge and skills required to deliver contemporary, evidence-informed behaviour support and is used to consider a practitioner's suitability.
- NDIS Workforce Capability Framework – describes the attitudes, skills and knowledge expected of all workers funded the NDIS and a range of practical examples and resources

Legislative linkages

This document is in furtherance of the Commissioner's functions as set out in sections 181E, F and H of the NDIS Act 2013, and the requirements as outlined in the NDIS Code of Conduct, NDIS (Provider Registration and Practice Standards) Rules 2018 and part 3 of the NDIS (Restrictive Practices and Behaviour Support) Rules 2018.