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# Behaviour Support Plan Checklists

**Briefing Session for Specialist Behaviour Support Providers**

**[Date]**

Presented by [Name and Role]

# Briefing Overview



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## Background - BSP Types, Format, Quality & Requirements

## Purpose of the BSP Checklist

## Target Audience and Scope

## Accessing and exploring the Checklists

## Using the BSP Checklists in practice

# What is a Behaviour Support Plan?



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Under the NDIS, a behaviour support plan means either:

- **An Interim Behaviour Support Plan**, which focuses on safeguarding and risk mitigation in the short term.

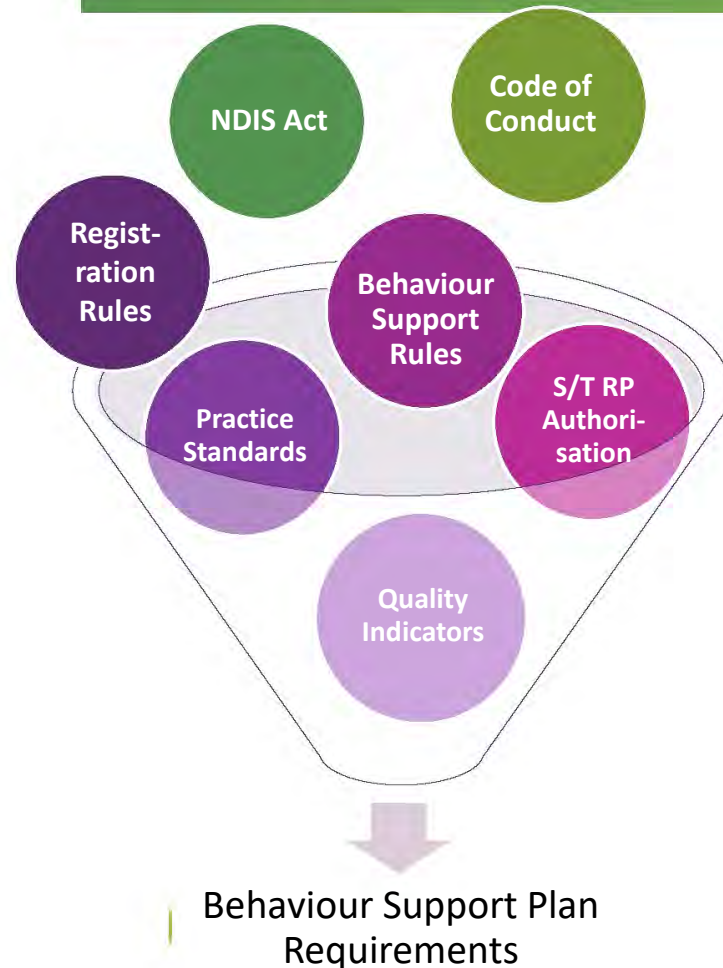
or

- **A Comprehensive Behaviour Support Plan**, which is based on assessment, tailored to the individual's needs and contains proactive and evidence-informed strategies to improve quality of life and address the function of any behaviours of concern.



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# BSP Requirements



Providers must adhere to a range of requirements when developing BSPs.

Providers / practitioners have said:

- Understanding these requirements can be difficult
- A list of mandatory sections would help them know what it is required /expected.

# Snapshot of Current Plan Format



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Interim and Comprehensive Behaviour Support Plan **templates** are [available](#) but their use is **not mandatory**.

The BSP templates are currently under review, with a survey of 426 stakeholders finding:

- **80% had used the BSP templates** at least once but many prefer and choose to use alternate formats.



In practice this leads to **multiple and varied Behaviour Support Plan formats**.

# Behaviour Support Plan Quality



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The NDIS Commission has found that:

- **80%** of comprehensive behaviour support plans containing regulated restrictive practices were **‘weak’ or ‘under-developed’**; and
- **Only 32%** contained **evidence of consultation** with the person with disability.

Improving the quality of Behaviour Support Plans, including their compliance with regulatory requirements is critical in upholding the rights of NDIS participants and reducing and eliminating restrictive practices through proactive, person-centred and evidence informed supports.

# The BSP Checklists aim to..



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- Outline **good practice and the conditions of registration** that apply to Specialist Behaviour Support providers when developing Behaviour Support Plans.
- Clarify the **expectations** of an Interim versus a Comprehensive Behaviour Support Plan.
- Help providers **improve the quality** of behaviour support plans, **demonstrate compliance** with regulatory requirements and **uphold participant's rights**, including promoting the reduction and elimination of restrictive practices.

## Target Audience & Scope



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### The BSP Checklists are:

- ✓ **For registered providers of Specialist Behaviour Support.**

Note: a person or provider must be registered to develop behaviour support plans (including plans without restrictive practices)

- ✓ **Differentiated for an Interim versus a Comprehensive BSP.**

- ✓ **Relevant for Behaviour Support Plans both with and without RRP.**

Note: Whilst some requirements relate specifically to plans containing regulated restrictive practices, good practice suggests that all Behaviour Support Plans should demonstrate the requirements as outlined in the checklists.

- ✓ **Optional for use.**



## Scope: What they are not



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- × **Not mandatory.**
- × **Do not need to be submitted to the NDIS Commission.**
- × **Do not teach practitioners how to do positive behaviour support.**  
For more information about the knowledge and skill capabilities required refer to the Positive Behaviour Support Capability Framework.
- × **Do not list all conditions that apply to a provider's registration.**
- × **Do not outline the specific authorisation requirements and process in each state or territory.**
- × **Do not address PRODA, portal or funding issues.**

# Accessing the BSP Checklists



Available now as PDF Fillable Forms

Can be viewed and downloaded from the NDIS Commission's website



<https://ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers#paragraph-id-6797>

# Exploring the BSP Checklists

Consistent Structure in both checklists

## Preamble

- Scope and purpose
- Key definitions
- Legislative links



## Comprehensive 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 Comprehensive 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 a Comprehensive Behaviour Support Plan?

A Comprehensive Behaviour Support Plan (Comprehensive BSP) is a holistic document based on a behaviour support assessment, (including a functional behaviour assessment).

It contains proactive and evidence-informed strategies to improve a person's quality of life and support their progress towards positive change. It addresses the underlying function(s) of the person's behaviour of concern and where appropriate, identifies functionally equivalent replacement behaviours.

A Comprehensive BSP outlines any environmental changes required, provides skill development opportunities, and includes response strategies to be followed when the behaviour(s) of concern occurs. The plan also identifies if, when and how any regulated restrictive practices are to be applied, and includes fade out strategies to promote their reduction and elimination over time.

### Requirements when developing a Comprehensive BSP

Specialist Behaviour Support providers must adhere to a range of requirements when developing Comprehensive BSPs. 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](#)

# Contents & Sequence



## 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. It outlines the knowledge and skills required to deliver contemporary, evidence-informed behaviour support. The 'Planning' domain relates specifically to the development of Comprehensive BSPs.

- [Compendium of Resources](#)

This resource provides a comprehensive list of positive behaviour support assessment tools that can be used in assessment, planning, intervention, monitoring and or review.

## 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.

## Preamble

- Additional Resources Recommended
- Implications linked to the powers in the NDIS Act

## Contents

- 11 hyperlinked sections
- The Interim BSP Checklist has 37 items.
- The Comprehensive BSP Checklist has 48 items.
- Some items match across both checklists.

### Comprehensive BSP Checklist begins on the following page.

It includes the following sections:

Plan details.....	3
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Timeframes.....	3
Core values.....	3
Consultation.....	4
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Implementation, monitoring and review.....	6
Notes and actions.....	7

# Using the Checklists

Begins page 3

Plan details

Checkboxes

- Tick when the BSP demonstrates the requirement. Otherwise the box should be left blank.

Adding Notes

- Notes and actions section at the end.
- Can also use sticky notes.



## Comprehensive Behaviour Support Plan Checklist

### Plan details

Name / NDIS participant number e.g., Mr John Smith	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 6 months 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).*

### Core values

3. Respects and upholds the person's dignity and rights.
4. Person-centred, evidence-informed and responsive to needs.
5. Maintains or improves the person's quality of life.
6. Complies with Commonwealth, State and Territory laws and policies.
7. Gives due consideration to the person's wishes, is proportionate and least restrictive.

# Items



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Some items **match** across both checklists.

- E.g.,

- 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.
- 10. The BSP is 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.

# Items



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Some items are **nuanced** to reflect subtle differences.

- E.g.,

Interim →  15. Contains general preventative strategies (i.e., evidence-based, person-centred and proactive).

Comprehensive →  16. Contains evidence-based, person-centred and proactive strategies that address the person's needs and the functions of the behaviour(s).

Some items are **unique** to the particular checklist.

- E.g., functional assessment items in the Comprehensive BSP Checklist



8. 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.

9. A behaviour support assessment that identifies unmet needs and the function or purpose of the behaviour(s) is completed with the person with disability, their family, guardian and other relevant people.
10. The BSP is 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 tailored, holistic and comprehensive document. It aims to maintain and improve the person's quality of life, meet their needs and address the function of the behaviour(s).
13. Takes into account previous behaviour support assessments and other assessments. It supersedes the existing Interim BSP.
14. Includes (or is based on) a functional behavioural assessment, that analyses the function of all behaviours of concern.
15. The assessment / analysis considers the person's developmental history and factors that trigger, contribute to and maintain the behaviour(s) of concern. It also identifies strengths and protective factors.
16. Contains evidence-based, person-centred and proactive strategies that address the person's needs and the functions of the behaviour(s).
17. Makes environmental changes to meet the person's needs and where relevant reduce or remove the need for regulated restrictive practices. These strategies are logically related to the triggers and / or function of the behaviour(s).
18. Promotes the person's active engagement in meaningful daily activities and provides opportunities to participate in community activities.
19. Includes skill development programs / opportunities to teach new skills (including those which address the function of the behaviour and / or reduce or remove the need for regulated restrictive practices).



20. Where appropriate, identifies reinforcers and functionally equivalent replacement behaviours that are logically linked to the function of the behaviour.
21. Clearly describes the behaviours of concern and includes reactive strategies for responding when they occur to minimise the risks.
22. 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).
23. Identifies how people will be provided with the advice, guidance and support they need to effectively implement the plan.
24. Includes clear goals and objectives.
25. Includes a plan for monitoring its effectiveness.
26. Describes the roles, responsibilities and communication pathways for those involved in developing and / or implementing the plan.

#### Regulated Restrictive Practices (RRP)

27. The type of any regulated restrictive practices are clearly identified (i.e., seclusion, chemical restraint, mechanical restraint, physical restraint, environmental restraint).
28. 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.
29. The RRP is the least restrictive response possible in the circumstances.
30. The RRP reduces the risk of harm to the person or others.
31. The RRP is proportionate to the potential negative consequences or risk of harm.
32. The RRP is used for the shortest time possible.
33. All reasonable steps are taken and strategies included in the plan to reduce and eliminate the use of each RRP, including fade out plans.
34. 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.
35. 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).





36. Implementing providers are made aware of their reporting requirements and are assisted to understand any state or territory authorisation requirements.

#### Authorisation

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

#### Lodgement with the NDIS Commission

38. 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.
39. 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, monitoring and review

40. The plan has good contextual fit (i.e., it meets the needs of the person with disability and those implementing the plan across different environments and ensures the necessary resources and systems in place to support implementation).
41. Reasonable measures are taken to ensure the person with disability, their family and implementing providers understand the rationale underpinning the Comprehensive BSP.
42. Support is provided to implement the plan and monitor its efficacy.
43. Person-centred training, coaching and / or mentoring is facilitated or delivered to support the effective implementation of strategies.
44. 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.



45. Ongoing support is provided to identify and address barriers to implementation.
46. The effectiveness of strategies is evaluated through regular engagement with the person with disability, and by reviewing incidents and data collected by implementing providers.
47. Reviewed at least every 12 months; or sooner if there is a change in circumstances. The date for review should be clearly stated in the plan.
48. Modifications to the plan and strategies are made as needed. These changes are communicated and training provided (where required).

#### Notes and actions



## **Discussion:**

**When and how could the BSP Checklists be used in practice?**

# Questions & Comments

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## For more information

- [behavioursupport@ndiscommission.gov.au](mailto:behavioursupport@ndiscommission.gov.au)
- [ADD RELEVANT S/T EMAIL ADDRESS]



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# **NDIS Quality and Safeguards Commission**

Project Management Plan

**Improving Behaviour Support Plan Quality**

## Document Control

### Contact for enquiries and proposed changes

Name	Senior Practitioner Division
Email	§22

### Record of Amendments

Version	Date	Author	Status	Change Description
0.1	13/12/2022	§22	Draft	Reviewed by Senior Practitioner
0.1	20/12/22	§22	Final	No changes needed

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<b>Author</b>		§22 Assistant Director Behaviour Support	
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<b>Version</b>	<b>Date</b>	<b>Status</b>	<b>Change Description</b>
0.1	20/12/2022	Final	n/a
<b>Approved by</b>		§22	
<b>Approval date</b>		20/12/2022	

# 1 Project Overview

## 1.1 Background

The NDIS Commission's behaviour support teams completed quality evaluations of 2,744 behaviour support plans containing regulated restrictive practices and lodged with the NDIS Commission between 1 July 2020 and 31 December 2021. The BSP-QEII<sup>1</sup> and a Companion Tool were used to evaluate quality and compliance with the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*. The national median score was 12 out of 24, indicating plans were of 'weak' quality. Further to this 80% of the behaviour support plans scored in the underdeveloped or weak quality categories.

Based on these findings, the NDIS Commission commenced a series of actions to lift the capability of behaviour support providers and improve the quality of plans. This project plan summarises several of these actions and outlines their key milestone and deliverables for 2022/23. It provides additional details and an updated schedule of activities drawing on the endorsed BSP-QEII Recommendations Communications Plan (D22/125714).

## 1.2 Project Objectives

This project (or series of projects) aims to lift the capacity and capability of behaviour support providers and practitioners in delivering better quality behaviour support plans.

## 1.3 Project Outcomes

This project aims to:

- Lift the quality of behaviour support plans as assessed using the BSP QE-II and other tools
- Improve the quality and safety of services and supports provided to NDIS participants
- Ensure participants have accessible information about quality behaviour support
- Increase clarity for providers about legislative and policy requirements when developing behaviour support plans
- Provide evidence-informed practice guidance to enhance workforce capability
- Provide resources to complement existing guidance materials and frameworks.

The project aligns with the NDIS Commission's Strategic and Corporate Plans:

1. The rights of people with disability (PM 1.1 and 1.3)
2. Quality providers and workers (PM 2.1)
3. Thriving and diverse markets (PM 3.1)

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<sup>1</sup> Behaviour Support Plan Quality Evaluation II - Browning-Wright, D., Mayer, G. R., & Saren, D. (2013). The behavior support plan-quality evaluation guide. California Department of Education, PENT.

## 1.4 Project Outputs

The project outputs include:

### Stage 1 Output: Checklists

- Interim Behaviour Support Plan Checklist
- Comprehensive Behaviour Support Plan Checklist

### Stage 2 Output: Practice Guidance

- Behaviour Support Plan Quality Practice Guide

### Stage 3 Output: Behaviour Support Plan Templates

- Revised Interim Behaviour Support Plan Template
- Revised Comprehensive Behaviour Support Plan Template

## 2 Project Considerations

### 2.1 Boundaries

This project plan will not provide specific details about the Stage 2 Outputs. This information is contained in the University of Queensland's Behaviour Support Plan Quality and the PBSP Resource Timeline.

### 2.2 Dependencies

This project builds on existing work completed or in progress, specifically the Behaviour Support Plan Quality Review Report. Whilst project activities will be worked on concurrently across all output areas, the three stages of outputs have a logical and deliberate sequence. With respect to interdependencies, delays in the delivery of one output and key project milestones in one area may have flow on effects to the other. For example, the practice guidance on behaviour support quality will need to be delivered before a review of the behaviour support plan templates is conducted. The publication and dissemination of key outputs must also occur in the context of other projects and initiatives being completed by the Senior Practitioner Division to ensure a considered and coordinated approach to consultation and communication. For example, publication of any of the noted project outputs will be scheduled to follow the finalisation and release of the Participant fact Sheets for Behaviour Support including the Easy Read versions and Introductory Video.



### 3 Project Milestones

Table 1 | Project Milestones

Event / Milestone	Date	Status
<i>Publication of the Behaviour Support Plan Quality Report – Summary results to December 2021</i>	<i>August 2022</i>	<i>Complete</i>
<i>Publication of the external facing Interim and Comprehensive Behaviour Support Plan Checklists</i>	<i>February 2023</i>	<i>In progress</i>
<i>Publication of the Behaviour Support Plan Quality Practice Guide</i>	<i>February/March 2023</i>	
<i>Finalisation and implementation of the internal facing Interim and Comprehensive Behaviour Support Plan Checklists</i>	<i>March 2023</i>	
<i>Publication of revised Behaviour Support Plan templates following participant and provider consultation process</i>	<i>June 2023</i>	

## 4 Project Strategy and Timing

Table 2 | Project Strategy and Timing

Action	Start-date	End-date
<b>Existing Foundational Work</b>		
<i>Publication of the Behaviour Support Plan Quality Report – Summary results to December 2021</i>	-	<i>August 2022</i>
<b>Stage 1 – Behaviour Support Plan Requirements</b>		
<i>Map legislative and policy requirements for interim and comprehensive behaviour support plans</i>	<i>May 2022</i>	<i>June 2022</i>
<i>Internal and external consultation on the behaviour support plan checklists</i>	<i>July 2022</i>	<i>August 2022</i>
<i>Legal services review and finalisation of behaviour support plan checklists</i>	<i>August 2022</i>	<i>November 2022</i>
<i>Publication of external facing behaviour support plan checklists</i>	<i>January 2023</i>	<i>February 2023</i>
<i>Development of instructions for use and/or operating procedures to integrate internal facing behaviour support plan checklists into core business</i>	<i>December 2022</i>	<i>February 2023</i>
<i>Roll and training for behaviour support teams   the use of the behaviour support plan checklists</i>	<i>February 2023</i>	<i>March 2023</i>
<b>Stage 2 – Behaviour Support Plan Quality Practice Guide</b>		
<i>UQ to draft Practice Guide</i>	<i>November 2022</i>	<i>January 2023</i>
<i>Consultation on practice guide</i>	<i>January 2023</i>	<i>January 2023</i>
<i>UQ to finalise the behaviour support plan quality practice guide</i>	<i>January 2023</i>	<i>February 2023</i>
<i>Develop and enact a communication plan to publish and disseminate practice guide</i>	<i>February 2023</i>	<i>March 2023</i>

Action	Start-date	End-date
<b>Stage 3 – Behaviour Support Plan Templates</b>		
<i>Initial scoping of potential behaviour support plan template changes completed with behaviour support operational teams</i>	2021	2021 (noting then work placed on hold in 2022 to follow on from stage 1 and 2 actions)
<i>Note: This work was placed on hold in 2022 to enable focus on the publication of the quality report and the participant fact sheets for behaviour support. It was also determined that the co-design of the templates should follow from stage 1 work focused on compliance with requirements and stage 2 work focused on practice guidance.</i>		
<i>Review themes of behaviour support plan quality report and develop a survey to gather stakeholder feedback on current templates</i>	December 2023	December 2023
<i>Develop and implement a plan for conducting focused groups</i>	January 2023	March 2023
<i>Implement stakeholder survey process</i>	January 2023	March 2023
<i>Collate feedback and revise behaviour support plan templates</i>	March 2023	April 2023
<i>Internal and targeted external consultation on the revised templates</i>	April 2023	April 2023
<i>Finalise revised behaviour support plan templates</i>	May 2023	May 2023
<i>Develop and enact a communication plan to publish and disseminate templates</i>	May 2023	June 2023

## 5 Stakeholder Impact

Table 3 | Proposed Stakeholder Engagement

Stakeholder Group	Possible Concerns	Engagement strategies
<i>Participants</i>	Whether the actions improve the quality of supports and services from the perspective of the person with disability.	Consultation in stages 2 and 3 of this project to develop resources that are reflective of participants expressed views.
<i>Families, carers, guardians, advocates</i>	Whether the actions improve the quality of supports and services and meet needs of families, carers, guardians and advocates.	Consultation in stages 2 and 3 of this project to develop resources that are reflective of participants expressed views.
<i>Behaviour support providers</i>	Understanding provider obligations can be complicated. Diverse workforce with varied knowledge and skills. Are target end users of the resources.	Consultation in stages 2 and 3 of this project to develop resources that are reflective of participants expressed views.
<i>Implementing providers</i>	Whether the actions have contextual fit and improve the quality of supports and services provided in collaboration with implementing providers. Whether the resources are usable.	Consultation in stages 2 and 3 of this project to develop resources that are reflective of participants expressed views.
<i>Authorising bodies</i>	Whether the actions improve the quality of behaviour support plans and the implications for authorisation processes. The consistency of messaging nationally about quality expectations.	Consultation in stages 1 and 3 of this project to develop resources that are reflective of participants expressed views.
<i>NDIS Commission</i>	Consistency of expectations and assessment of quality	Consultation in stages 1, 2 and 3 to develop resources that enable nation consistency.

## 6 Risk Management

Table 4 | Risk Assessment

Risk	Mitigation strategies
Delays in activities may have flow on effects to other tasks, particularly consultation and the roll out of resources to the sector	There a number of actions being completed concurrently, this gives some flexibility in pivoting and re-prioritising actions and timeframes if required.
Data security – when using survey platforms	Ensure no personal identifying information is reported in online survey tools. Only use online platform for general feedback on existing resources / tools. Augment with a focus group approach.
Consultation demands on sector	This project involves a number of consultation points to ensure co-design and fit for purpose resources are developed to lift the quality of behaviour support plans. Timing these requests will be important so as to not overload the sector and also to accommodate Christmas closedown periods.
If we do not consult participants and the sector the resources and templates may not be fit for purpose and may not reflect participant or provider's needs.	Consultation with participants and providers to be completed in each stage of work, to test ideas and co-design the resulting resources.
Revising and publishing the behaviour support templates will require the involvement of Comms and graphic design. This may have associated costs and be dependent on their availability.	Engage with Comms early and seek participant and sector feedback to determine if graphic design is required.

## 7 Reporting

Progress will be reported quarterly as key deliverables in the division's business plan for 2022/23. The working group responsible for deliverable #2 improving the quality of behaviour support plans will contribute to key project activities and provide project oversight, in addition to the Director National Behaviour Support.



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# BSP Template Review

## Summary of Findings

July 2023



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## 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.

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## 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.

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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:

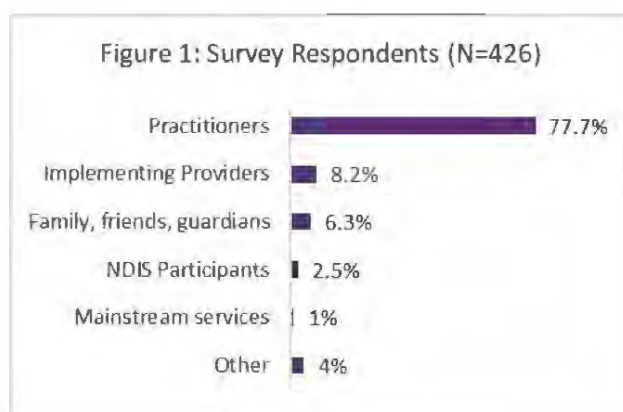
1. An anonymous online survey, that was co-designed and written in Plain English.
2. Focus groups, facilitated nationally with practitioners and providers.
3. Targeted consultation, with peak bodies representing participants, families, providers, state and territory authorisation bodies, NDIA and the 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

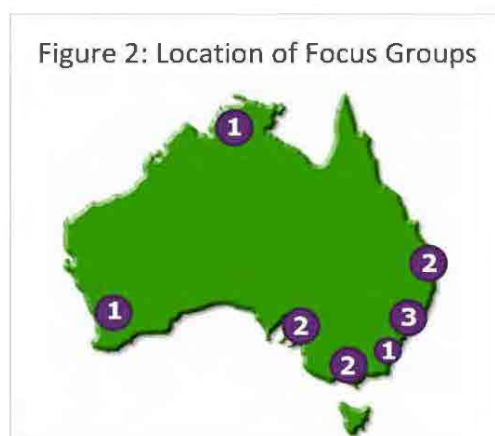
An online survey platform, Survey Monkey, was used to collect anonymous, non-identifiable feedback on the BSP templates. The survey consisted of a series of seven questions including a combination of multiple choice options and free text responses. Respondents were asked about their personal and professional 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 respondents 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.

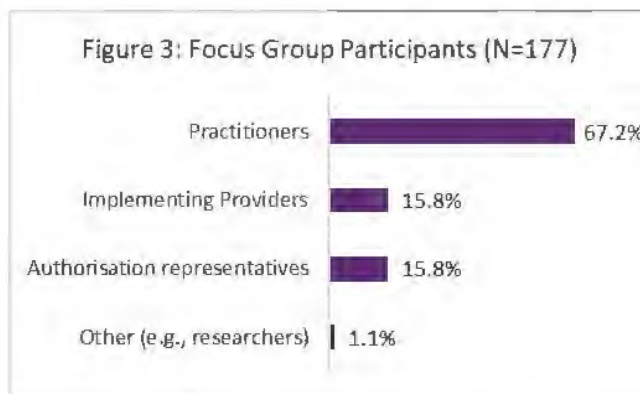


## 2. Focus groups

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.

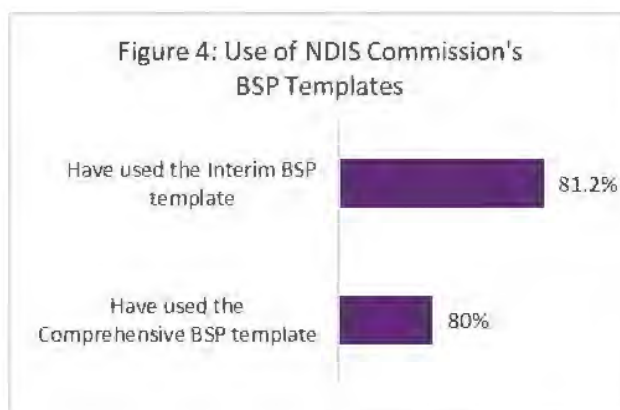
Samples were also collected via a search of online grey literature.

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:

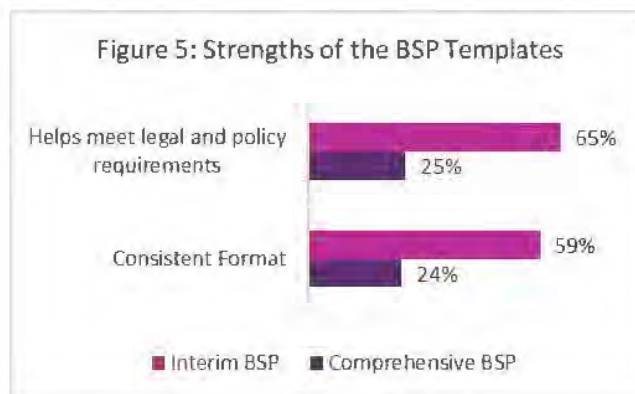
- 13 - 19% were not aware the templates existed. This indicates the importance of a broader communication strategy.
- 27% said they did not like the current templates.
- Other reasons given for not using the templates included provider decisions and personal preferences to best meet the needs of the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

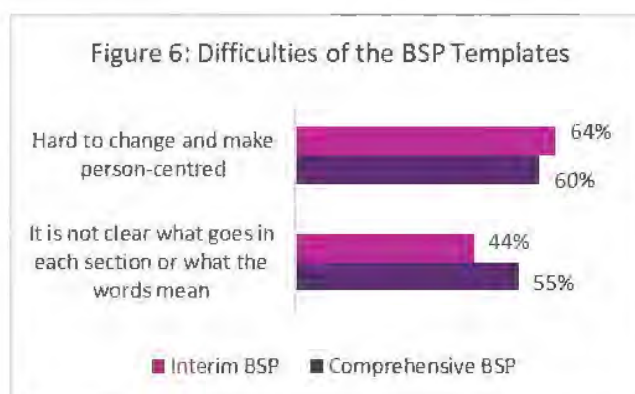


Note: An error was identified in the online survey which meant respondents could only choose one thing they liked about the Comprehensive BSP template, as opposed to selecting multiple options. This issue was isolated to a single item. It explains the differences in the percentages as shown above.

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.

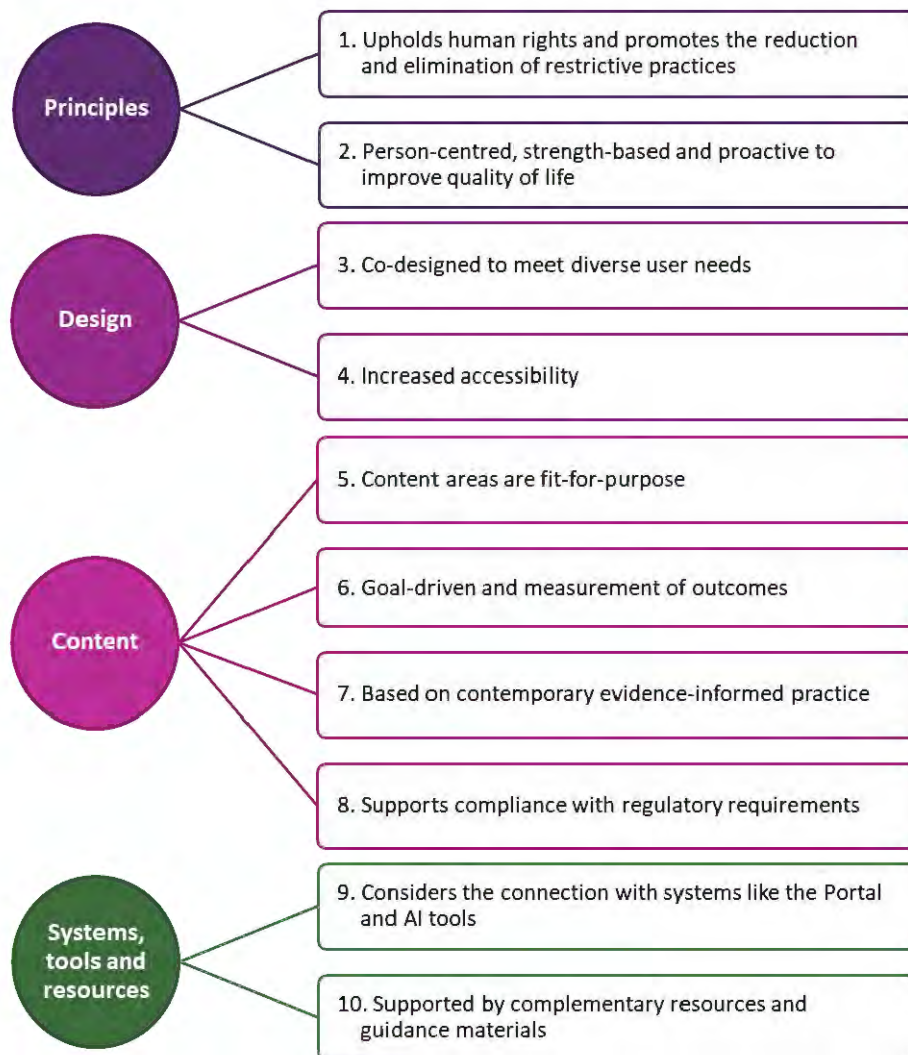
## Key Themes

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 use 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

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.

“[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

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.

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.

“...extracted from 90 sources ...[BSP] quality markers could be categorised into ... **behavioural assessment, technical compliance with behavioural principles, and plan implementation.**”

– Nankervis & Vassos (2023)

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.

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.

“**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

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.

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## 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
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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.
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- 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 s22 Deputy Commissioner Practice Quality and Clinical Advisory) and s22 (Director, National Policy and Clinical Guidelines).

The project is led by s22 (Practice Advisor) and s22 (Assistant Director). s22 brings lived experience of disability, an understanding of behaviour support and a passion for accessibility and human rights. s22 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.

## References

Centre of Research Excellent in Disability and Health (2021) [\*Research Report: Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia\*](#), Royal Commission into Violence, Abuse, Exploitation and Neglect of People with Disability, accessed 27 March 2023.

Kezelman CA and Dombrowski JK (2021) [\*Disability Guidelines for Trauma-Informed Practice\*](#), Blue Knot Foundation, accessed 4 July 2023.

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Nankervis K and Vassos M (2023) [Evidence Matters: Developing quality behaviour support plans](#), NDIS Quality and Safeguards Commission, accessed 11 July 2023.

NDIS Quality and Safeguards Commission (2019) [Interim Behaviour Support Plan Template](#), NDIS Quality and Safeguards Commission, accessed 5 January 2023.

NDIS Quality and Safeguards Commission (2019) [Comprehensive Behaviour Support Plan Template](#), NDIS Quality and Safeguards Commission, accessed 5 January 2023.

## 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.”



**NDIS Quality  
and Safeguards  
Commission**

## Communication Brief

This brief is intended to provide the Communications, Engagement and Education team with information that will help us to support your communications needs in the most efficient and effective way possible.

<b>Project name</b>	Update to Positive Behaviour Support Capability Framework December 2024 (PBSCF v4.0)
<b>Project sponsor</b>	Rod Carracher
<b>Related projects</b>	Behaviour support and restrictive practices policy  External Evaluation of the Positive Behaviour Support Capability Framework and (NDIS behaviour support practitioner) suitability assessment process.
<b>Date submitted</b>	2 January 2025 (Updated 5 February 2025)
<b>Key contact</b>	s22
<b>Approved by</b>	Simon Edwards Assistant Commissioner, Practice Quality Capability Branch
<b>Key dates</b>	<ul style="list-style-type: none"> <li>• <b>20 December 2024</b> - Update to the Commission website to announce Flinders University reviewing the PBS Capability Framework (<b>Actioned</b>)</li> <li>• <b>30 January 2025.</b> – Upload of PBS Capability Framework V4 2024 to NDIS Commission website (Positive Behaviour Support Capability Framework landing page).</li> <li>• <b>19 February 2025</b> - Letters sent to practitioners/providers re; progression position of Commission, the upload of the PBS Capability Framework V4 December 2024 on website and review undertaken by Flinders University for the Evaluation of the Positive Behaviour Support Capability Framework/Suitability assessment process</li> </ul>

### Project overview:

The Positive Behaviour Support (PBS) Capability Framework (the Framework) guides the NDIS Commission's work on behaviour support capability and is used to consider the suitability of NDIS behaviour support practitioners to deliver specialist behaviour support services under the NDIS.

The Framework supports the operation of the Behaviour Support Rules (section 5) and the National Disability Insurance Scheme (NDIS Behaviour Support Practitioner Application) Guidelines 2020 in conjunction with the Self-Assessment Resource Guide for the Positive Behaviour Support Capability Framework 2021 with respect to the assessment, consideration and revocation of practitioner suitability.

The NDIS Commission updated the PBS Capability Framework (Version 1) in 2021 following the publication of the Guidelines and the Self-Assessment Resource Guide for the PBS Capability Framework (May 2021) and an internal review, to ensure the framework, guidelines, and self-assessment tools were consistent with the intent of the NDIS Act. The PBS Capability Framework Version 2 was amended in June 2024 to align with the NDIS Commission's Operational Policy Framework.

Version 3 (June 2024) of the PBS Capability Framework also included a definition section, provided clarity concerning the two application pathways, and progression through the practitioner capability levels. The PBS Capability Framework Version 3 was reviewed, and this current version now includes additional definitions and further information on the new entry level behaviour support practitioner pathway.

An external Evaluation of the Positive Behaviour Support Capability NDIS Behaviour Support Practitioner Suitability Assessment Process is underway by Flinders University. Messaging to the sector has commenced with this being published on the NDIS Commission website on 20 December 2024.

### **Strategic priority:**

The PBS Capability Framework forms the basis for determining the suitability of NDIS behaviour support practitioners, and is one of two key external facing policies concerning Behaviour Support under the NDIS.

### **Objectives:**

The PBS Capability Framework v4 December 2024, was updated as part of the OPPO project, and to reflect current suitability application pathways, and how practitioners can progress through the capability levels. These updates will support the sector to gain further clarification on entering the correct application pathway, undertaking the suitability assessment process and understanding the Commission's position on progression through the capability levels. Updates will provide clarity to the sector and reduce inbox queries received in relation to the two assessment pathways and progression through the practitioner capability levels. The update will also clarify that progression does not apply to practitioners who came through the new entry pathway but rather, the self assessment process only.

### **Success measures:**

- Applicants, practitioners, industry leaders and providers are aware of the required capabilities to enter the appropriate pathway to be considered suitable as a NDIS behaviour support practitioner.
- A reduction in queries to the NDIS Practitioner Inbox related to progression of applications and the supervisor endorsement process.
- Assessors will see an uplift in the quality of applications lodged by applicants/practitioners.
- Feedback from social media posts
- Internal staff feedback
- The sector are aware of the external evaluation project which is feedback via various stakeholders groups.

### **Key stakeholders:**

- NDIS Behaviour support practitioners

- Specialist behaviour support providers with registration 0110
- Various industry leaders/bodies - i.e., Behaviour Support Practitioners Australia (BSPA), National Disability Service (NDS)
- State and territory authorising bodies
- Communities of practice

### Target audience:

- NDIS behaviour support practitioners
- Specialist behaviour support providers registered for 0110
- Anyone considering to apply to become an NDIS behaviour support practitioner.

### Key messages

#### The NDIS Commission have updated the Framework

The Positive Behaviour Support Framework helps the NDIS Commission to decide who should be a NDIS behaviour support practitioner. We have made some changes to the Framework. The changes that have been made are to:

- 1) Help people understand how to apply to become a practitioner.
- 2) Help practitioners understand how they can progress through the different practitioner levels.

For more information refer to the NDIS Quality & Safeguards Commission website here for the framework: [The Positive Behaviour Support Capability Framework](#).

### Reviewing the Framework

Flinders University are helping the NDIS Commission to review the Framework and how we decide who can be an NDIS behaviour support practitioner. This work will help improve behaviour support services.

Information about how you can have your say will be available early 2025 on the Commission website see: [The Positive Behaviour Support Capability Framework | NDIS Quality and Safeguards Commission](#)

### Timeline

Activity/Milestone	Date
<ul style="list-style-type: none"> <li>• PDMS lodged for updated to PBSCF v4.0 and key messaging to sector of the evaluation of the PBSCF/Suitability assessment process</li> </ul>	9 December 2024 – Actioned
<ul style="list-style-type: none"> <li>• PDMS for progression letters lodged (Mikaela) separate PDMS</li> </ul>	9 December 2024 – Actioned
<ul style="list-style-type: none"> <li>• Update to the Commission website to announce Flinders University reviewing the PBS Capability Framework</li> </ul>	20 December 2024 – Actioned

<ul style="list-style-type: none"> <li>• The PDMS to be cleared for approval for the release of PBSCF v4, key messaging and supplier of external evaluation of PBSCF and suitability assessment process</li> </ul>	7 January 2025 – Actioned
<ul style="list-style-type: none"> <li>• The PDMS to be cleared for progression comms (letter to Practitioners/Providers) (Rod) separate PDMS</li> </ul>	24 January 2025 – Actioned
<ul style="list-style-type: none"> <li>• Comms request upload of PBSCF v4 (simple request) (Sally) 3 days</li> </ul>	29 January 2025 – Actioned
<ul style="list-style-type: none"> <li>• Request update to NDIS practitioners autoreply (Sally)</li> </ul>	30 January 2025 – Actioned
<ul style="list-style-type: none"> <li>• Social media request is lodged (3 weeks) turnaround to request to be actioned 31.1.25</li> </ul>	30 January 2025 – Actioned
<ul style="list-style-type: none"> <li>• Script is sent to the Contact centre re: upload of PBSCF v4.</li> </ul>	30 January 2025 – Actioned
<ul style="list-style-type: none"> <li>• The PBSCF v4 is uploaded to the NQSC website</li> </ul>	30 January 2025 – Actioned
<ul style="list-style-type: none"> <li>• Quote to be actioned with mail house (noting a 6 day turnaround to action) (Mikaela)</li> </ul>	31 January 2025 – Actioned
<ul style="list-style-type: none"> <li>• Email is sent to PQ Engagement requesting email to be sent to PQ division regarding upload of PBSCF v4, progression and announcement of external review with Flinders University for review of PBSCF /Suitability assessment process</li> </ul>	6 February 2025
<ul style="list-style-type: none"> <li>• Provide Email update to Senior Practitioners Leadership Group (SPLG)</li> </ul>	12-14 February 2025 from Senior practitioner email (PQ Engagement to develop)
<ul style="list-style-type: none"> <li>• NDS practitioners forum PQ Engagement/PQ Suitability</li> </ul>	12 February 2025
<ul style="list-style-type: none"> <li>• Letters are sent to the sector re; progression (Mail House)</li> </ul>	19 February 2025
<ul style="list-style-type: none"> <li>• Social media is launched</li> </ul>	19 February 2025
<ul style="list-style-type: none"> <li>• Publish comms in NQSC newsletter</li> </ul>	Next newsletter February 2025 TBA
<ul style="list-style-type: none"> <li>• CoPS event March PQ Engagement and Practitioner suitability (added)</li> </ul>	5 March 2025 (Tasmania)
<ul style="list-style-type: none"> <li>• CoPS event March PQ PQ Engagement and Practitioner suitability (added)</li> </ul>	27 March 2025 ( ACT)



<ul style="list-style-type: none"> <li>• CoPS event April PQ PQ Engagement and Practitioner suitability (added)</li> </ul>	30 April 2025 (Northern Territory)
<ul style="list-style-type: none"> <li>• CoPS event May PQ PQ Engagement and Practitioner suitability</li> </ul>	May TBA (Victoria)

## Budget

No Cost

## Communication Activities

### Internal audiences

- The updated PBSCF v4.0 will be published on the NDIS Commission website and in the Regulatory Resources Library on QSCNet.
- Publishing on the NQSC website of the review undertaken by Flinders University for the evaluation of the PBS Capability Framework and suitability assessment process and publishing the PBSCF v4.0 on the website will ensure Commission staff are aware of the external evaluation being undertaken by Flinders University, and the NDIS Commission's role in assessing practitioner suitability applications and the Commission's position on the assessment of progression applications.
- An email to PQ division will ensure the division is aware of the updated PBSCF v4.0, and the external Evaluation of the Positive Behaviour Support Capability Framework and Suitability Assessment Process by Flinders University.
- The contact centre will be provided a script prior to the release of the PBSCF v4.0 on the Commission website and of the review being undertaken by Flinders University for the evaluation of the PBS Capability framework and suitability assessment process.
- Note, the Practitioner Suitability team has been advised that alerts/messaging cannot be added to QSCnet at present as the content/page is at capacity.

### External audiences

- The updated policy PBS Capability Framework v4.0 will be published on the NDIS Commission website in late January 2025.
- Website announcement of the review by Flinders University of the PBS Capability Framework and suitability assessment process was published on the NDIS Commission website 20 December 2024 see: [The Positive Behaviour Support Capability Framework | NDIS Quality and Safeguards Commission](#)
- Publish in NQSC newsletter the updated PBSCF V4 with link to framework XXXX and the evaluation undertaken by Flinders University of the PBS Capability Framework and Suitability Assessment Process.

- 
- Update the NDIS Practitioner inbox autoreply to provide messaging on the release of the PBS Capability Framework v4.0, and the procurement of Flinders University for the review of the PBS Capability Framework and Suitability Assessment Process
  - Provide an email regarding the update of the PBS Capability Framework v4.0 and information concerning the external review of the framework by Flinders University to the Senior Practitioners Leadership Group.
  - Speaking points/powerpoint on the PBS Capability Framework v4.0, and the procurement of Flinders University for the external review of the PBS Capability Framework and suitability assessment process.
  - Social media posts (LinkedIn, Instagram and Facebook) see social media brief.
  - Presentation to Community of Practices and NDS re PBSCF v4.0, and the procurement of Flinders University for the external review of the PBS Capability Framework and Suitability Assessment Process.
  - Letters sent via email (through contractor Mail House) to practitioners and specialist behaviour support providers re; the Commission's position on the assessment of progression applications, the updated PBS Capability Framework v4.0, and the procurement of Flinders University for the external review to PBS Capability Framework and suitability assessment process.

Internal	External
<p>Publication of the PBSCF V4 in the Regulatory Resource Library - liaise with Operational Policy team to facilitate this in line with guidance on requesting publication available on QSCNet</p> <p>Responsible: PQ Practitioner Suitability and Capability and regulatory response</p>	<p>Email update to Senior Practitioners Leadership Group</p> <p>Responsible: PQ Practitioner Suitability and Capability (via <a href="mailto:SeniorPractitioner@ndiscommission.gov.au">SeniorPractitioner@ndiscommission.gov.au</a> mailbox)</p>
<p>PQ division email update of PBSCF v4 , key changes and review undertaken by Flinders for the evaluation of the PBSCF and Suitability Assessment process</p> <p>Responsible: PQ Practitioner Suitability and Capability</p>	<p>Social media posts (LinkedIn, Instagram and Facebook) to be promoted</p> <p>See social media template</p> <p>Responsible: PQ Practitioner Suitability and /Capability and Communications and engagement</p>
<p>Scripting provided to the contact centre for updated PBSCF v4, key changes and review undertaken by Flinders for the evaluation of the PBSCF and Suitability Assessment process</p> <p>Responsible: PQ Practitioner Suitability and Capability</p>	<p>Scripting provided to the contact centre for updated PBSCF V4 , key updates and review undertaken by Flinders for the evaluation of the PBSCF and Suitability Assessment process</p> <p>Responsible: PQ Practitioner Suitability and Capability &amp; Contact Centre staff</p>
<p>Update the NDIS practitioners auto reply to include link to the PBSCF v4.0, and the procurement of Flinders University for the external review of the PBSCF/suitability assessment process</p> <p>Responsible: PQ Practitioner Suitability and Capability and IT</p>	<p>Update the NDIS practitioners auto reply to include link to the PBSCF v4.0 and the procurement of Flinders University for the external review of the PBSCF/suitability assessment process.</p> <p>Responsible: PQ Practitioner Suitability and Capability and IT</p>
	<p>Publish in the NQSC newsletter the updated PBSCF V4, position on progression and Flinders University procurement for review of the PBSCF/Suitability assessment process.</p> <p>Responsible: PQ Practitioner Suitability and Capability and Communications and engagement</p>

	<p>Speaking points/powerpoint for engagement to be finalised in January 2025 concerning key updates to PBSCF v4.0 and the external review of the PBSCF/Suitability assessment process, ready for Communities of Practices and other key stakeholders engagement</p> <p>Responsible: PQ Practitioner Suitability and Capability and PQ Engagement</p>
	<p>Letters sent via email (through contractor Mail House) re: progression position of Commission, updated to PBSCF v4.0 and review of PBSCF/suitability assessment process by Flinders.</p> <p>Responsible - PQ Practitioner Suitability and Capability.</p>
	<p>Attendance at CoPS and NDS as per schedule outlined</p> <p>Responsible – PQ Engagement in attendance with PQ Practitioner Suitability and Capability team members</p>

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# Communication Plan

## BSP Template Review – Summary of Findings

### Objectives

- To share the findings of the BSP Template Review to promote self-regulation and continuous improvement amongst NDIS providers.
- To uplift behaviour support plan quality and compliance with regulatory requirements.

### Target audiences

- Specialist Behaviour Support Providers and NDIS behaviour support practitioners
- NDIS providers implementing behaviour support plans
- NDIS participants, their family, carers and informal supports
- Peak bodies and advocacy groups
- Senior Practitioners Practice Leadership Group including restrictive practice authorisation bodies, DSS and the NDIA
- NDIS Commission staff

### Key Messages

- Practice Quality and Clinical Advisory Division has undertaken a review of the behaviour support plan templates and prepared a report regarding the findings.
- An Easy Read version of the report is also in development
- The Summary of Findings is to be published on the NDIS Commission website. Suggested location is at the bottom of the [Understanding behaviour support and restrictive practices - for providers page](#), with a link in the page contents at the top.

Proposed wording:

The NDIS Commission has undertaken a co-designed review of the current behaviour support plan templates to inform the development of future fit templates which reflect contemporary evidence informed practice, uphold participant's rights and promote the reduction and elimination of restrictive practices. This report summarises the key findings of the review.

## Proposed communication activities and channels

### Phase 0 (Pre-release, September 2023)

Activity	Requirements and notes
Final review of the Report	Communications Team to review
Report accessibility (Word and PDF)	Communications Team to create accessible PDF version. Practice Quality and Clinical Advisory to develop an Easy Read or Plain English version.
Key messages	Practice Quality and Clinical Advisory to prepare ELT paper regarding the findings of the report
Supporting text for website	Draft wording for the website provide on page 1 of this Comms Plan to introduce the report on the website.

### Phase 1 (Publication, September/October 2023)

Activity	Requirements and notes
Website update	Publish the report at the bottom of the <a href="#">Understanding behaviour support and restrictive practices - for provider page</a> top.
QSCnet update and QSCnews article	Material to be drafted and approved

### Phase 2 (Post-release, October to December)

Activity	Requirements and notes
Social Media (Facebook and LinkedIn)	Post to social media (Facebook and Linked In) after publication on the website. Practice Quality and Clinical Advisory to assist drafting wording.
Provider/participant newsletters	Articles to be drafted and approved
NDIA and relevant industry stakeholders to distribute to their networks	Practice Quality and Clinical Advisory Division to circulate the findings report via the Senior Practitioners Practice Leadership Group.

## Activity delivery plan

Date	Communication channel/method	Activity detail	Who	Status	Notes
Sept 23	Final review	Communications Team to review report for style/format and accessibility	Communications	In progress	
Sept 23	PDMS brief	Final endorsement for publication and endorsement of draft communications plan	Practice Quality and Clinical Advisory	In progress	
Sept 23	Website update	Upload report to the website using wording as proposed on page 1 of this communications plan	Communications	Not yet commenced	
Oct 23	ELT Paper	Paper regarding the findings of the review to be presented to ELT	Practice Quality and Clinical Advisory	In progress	
Oct 23	QSCnet update / QSC news	News article linking to report	Communications	Not yet commenced	
Oct 23	Social Media post	Promote the report on social media. Practice Quality and Clinical Advisory to help draft wording.	Communications	Not yet commenced	
Oct 23	Accessible reports	Develop Easy Read / Plain English version of the report Easy Read versions of the report	Communications	In progress	
Oct/Nov 23	Accessible reports	Publish Easy Read / Plain English version of the report in the website	Communications	Not yet commenced	
Dec 23	Masterclass	Findings to be disseminated in the masterclass webinar on BSP Quality	Practice Quality and Clinical Advisory	Not yet commenced	
TBC	Provider/participant Newsletter	Content to be drafted by Comms with input from Practice Quality and Clinical Advisory.	Communications	Not yet commenced	
TBC	NDIA and relevant industry stakeholders	Disseminate to SPPLG and other networks inclusion to peak bodies who contributed to the review.	Practice Quality and Clinical Advisory	Not yet commenced	

## Document Control

Date	Version	Summary of Changes	Author
18 September 23	0.1	Drafted communications plan	S22





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# Easy Read Participant Fact Sheets for Behaviour Support: Communications Plan

## Overview

Behaviour Support have developed a series of Easy Read fact sheets for participants. These fact sheets complement existing Plain English fact sheets published on our website.

The fact sheets clearly and factually explain:

- Positive behaviour support
- Participant's rights
- How to find and choose a provider who meets the participant's needs
- What can be expected from specialist behaviour support providers
- How to resolve or respond to problems

The intention is to publish the Easy Read fact sheets on the NDIS Commission website and alongside an introductory video.

## Audience

The primary target audience is:

- NDIS Participants, and their support networks
- Advocates

The resources may also be of interest to:

- NDIS providers and workers
- Behaviour Support Practitioners
- NDIS Commission staff

## Key messages

- The NDIS Commission has developed a series of Easy Read fact sheets about behaviour support.
- The Easy Read Facts Sheets complement existing Plain English versions available on our website. They include the most important information and are augmented with images.

- The fact sheets have been written with and for NDIS participants, with the assistance of the Information Access group.
- They aim to:
  - help NDIS participants to understand more about positive behaviour support and their rights
  - assist participants to choose supports that are right for them
  - explain what to expect from specialist behaviour support and what to do if the support or services is not meeting expectations.
- The fact sheets include:
  - What is positive behaviour support
  - Understanding your rights
  - Choosing a specialist behaviour support provider
  - What to expect from your specialist behaviour support provider
  - What to do if you are not happy with your specialist behaviour support provider.

## Additional information

A brief introductory video is being developed to accompany the fact sheets. This addition has been included in the communications plan below and will provide additional opportunities to communicate the availability of the Fact Sheets. The video will feature Shailaja Menon, Practice Advisor and utilise a presentation that was developed following the publication of the Plain English resources.



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## Communication plan

Date	Internal / External	Audience	What	Activity	Who	Status
3 February 2023	External	Information Access Group & NDIS Commission	Easy Read Fact Sheets	<ul style="list-style-type: none"> <li>Finalise the Easy Read Facts Sheets in consultation with the Information Access Group</li> </ul>	Communications & Behaviour Support with the Information Access Group	
3 February 2023	External	NDIS participants, NDIS providers and workers, Behaviour Support Practitioners	Video	<ul style="list-style-type: none"> <li>Finalise presentation to introduce the resources</li> <li>Record the video by recording the presentation in teams</li> </ul>	Behaviour Support (with input of Communications if needed)	
20 February 2023	Internal	Senior Practitioner / Commissioner	PDMS Approval	<ul style="list-style-type: none"> <li>Approval to publish the Easy Reads and accompanying Video to be raised in PDMS</li> </ul>	Behaviour Support, Senior Practitioner and NDIS Commissioner	

Date	Internal / External	Audience	What	Activity	Who	Status
27 February 2023	External	NDIS participants, NDIS providers and workers, Behaviour Support Practitioners	You Tube	<ul style="list-style-type: none"> <li>Publish Video on You Tube</li> </ul>	Communications (with Behaviour Support)	
27 February 2023	External	NDIS participants, NDIS providers and workers, Behaviour Support Practitioners	Website	<ul style="list-style-type: none"> <li>Publish Easy Read Fact Sheets and embed Video on website</li> </ul>	Communications (with Behaviour Support)	
28 February 2023	External	NDIS participants, NDIS providers and workers, Behaviour Support Practitioners	Provider newsletter	<ul style="list-style-type: none"> <li>Request article inclusion</li> </ul>	Communications (with Behaviour Support)	

Date	Internal / External	Audience	What	Activity	Who	Status
28 February 2023	Internal	NDIS Commission staff	Email	<ul style="list-style-type: none"> <li>Email to Contact Centre and Behaviour Support Teams and engagement, to advise Easy Read Fact Sheets and Video now available</li> </ul>	Behaviour Support	
March 2023	External	NDIS Participants	NDIA participant communications	<ul style="list-style-type: none"> <li>Request article inclusion</li> </ul>	Communications (with Behaviour Support)	
March 2023	Internal	NDIS Commission staff	QSCnet	<ul style="list-style-type: none"> <li>Carousel item (inclusion in QSCnews, dependent on available space)</li> </ul>	Communications (with Behaviour Support)	
From March 2023	External	NDIS participants, NDIS providers and workers, Behaviour Support Practitioners	Social Media	<ul style="list-style-type: none"> <li>Posts on Facebook and LinkedIn</li> </ul>	Media and Communications (with Behaviour Support)	

Date	Internal / External	Audience	What	Activity	Who	Status
March 2023	External	Contributors to the Fact Sheets (e.g., peak bodies, Senior Practitioner Practice Leadership group)	Email	<ul style="list-style-type: none"> <li>Email stakeholders who contributed to developing the Fact Sheets to advise Easy Read versions and video now available</li> </ul>	Behaviour Support	
March 2023	External	NDIS Commission state and territory offices and Engagement team	Email	<ul style="list-style-type: none"> <li>Update existing speaking points to use during Engagements (flagging Easy Read versions and video now available)</li> </ul>	Communications (with support from Behaviour Support)	
March 2023	External	NDIS participants	SAFEGuards newsletter	<ul style="list-style-type: none"> <li>Article</li> </ul>	Communications (with Behaviour Support)	

# Communication Plan – Evidence-Informed Practice Guide

## Objectives

- To promote guidance material developed by the NDIS Commission about evidence-informed practice.

## Target audience

- NDIS providers, both registered and unregistered.
- Senior Practitioners Practice Leadership Group
- Government agencies – relevant state and territory agencies, NDIA, DSS, and any others identified
- NDIS Commission staff
- NDIS participants
- Carers/informal supports

## Key Messages

- The NDIS Quality and Safeguards Commission has developed guidance materials for NDIS providers about evidence-informed practice.
- The Guide describes what evidence-informed practice is, why it is important, how it can be implemented, and where to find further information.
- The Guide will be published on the NDIS Commission’s Evidence Matters page and promoted through newsletters, social media and provider education and engagement sessions.
- An Easy Read version will also be developed.

## Proposed communication activities and channels

### Phase 0 (pre-release)

Activity	Requirements and notes
Final review of the Guide	Communications Team to review – completed 30 June 2023

Activity	Requirements and notes
Accessibility (Word and PDF)	Communications Team to create accessible versions of the Guide 3 July 2023
Supporting text for website	Nil introductory text needed. Can sit directly under the existing evidence summary introductory blurb.

### Phase 1 (fact sheet publication, July 2023)

Activity	Requirements and notes
Website update	Publish on the Evidence Matters landing page
Website news article	TBC with Comms
QSCnet update and QSCnews article	TBC with Comms
Contact and Early Resolution Centre script	As per key messages section of this Comms Plan

### Phase 2 (post-release, July to September)

Activity	Requirements and notes
Social Media (Facebook and LinkedIn)	Post to social media in July/August
Email to behaviour support practitioners	Targeted provider alert to all behaviour support practitioners
Provider newsletter	Release date is TBC
NDIA and relevant industry stakeholders to distribute to their networks	Practice Quality to disseminate via the Senior Practitioners Practice Leadership Group, to be shared amongst their networks.
Promote resource Education and Engagement Sessions	Practice Quality to promote the resource in their education and engagement sessions.



## Activity delivery plan

Date	Communication channel/method	Activity detail	Who	Status	Notes
30 June	Final review of fact sheets	Communications Team to review fact sheets for style/format and accessibility	Communications	Completed	
3 July	Accessibility	Communications to convert Guide into accessible word and pdf formats	Communications	In progress	
20 June / 3 July	PDMS brief	Final endorsement of the Guide and communication plan	Practice Quality	In progress	
July	Website update	Publish on the Evidence Matters landing page	Communications	In progress	Linked to Comms website re-design
TBC	QSC news	Article for next edition of QSCnews	Communications	Not yet commenced	
TBC	Contact and Early Resolution Centre Scr	Provide the CERC with ket points as per above and link to website once available	Practice Quality	Not yet commenced	To use key points as per this Comms Plan
July	SPPLG, NDIA and relevant industry stakeholders	Disseminate via Senior Practitioners Practice Leadership Group including the NDIA. Identify and contact other relevant stakeholders to support further dissemination.	Practice Quality and Communications	Not yet commenced	
August	Social Media post	Promote the Guide via social media	Communications	Not yet commenced	
TBC	Provider Newsletter	Content plan being drafted	Communications	Not yet commenced	
December	Accessible reports	Develop Easy Read version	Practice Quality	Not yet commenced	Pending completion of training and access to image library

## Document Control

Date	Version	Summary of Changes	Author
3 July 2023	0.1	Drafted communications plan	§22



NDIS Quality  
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## Communication Plan

### Policy Guidance on Working within your knowledge, skills, and experience (July 2024)

#### Objective:

- To provide policy guidance about scope of practice and continuing professional development to support the delivery of safe, competent, and quality supports and services.
- To improve compliance with legislative obligations under the NDIS Act 2013 and associate Rules.

#### Target audience:

- NDIS Providers
- NDIS Behaviour Support Practitioners (and applicants awaiting suitability)
- NDIS workers
- NDIS Commission Staff

#### Key Messages:

- The NDIS Quality and Safeguards Commission has developed Policy Guidance to clarify the expectations of NDIS providers, practitioners, and workers to work within their knowledge, skills, and experience and to engage in continuing professional development.
- These expectations are consistent with good practice and the legislative obligations as set out in the NDIS Act and associated Rules.

#### Proposed Communication Activities and Channels:

##### 1. Website Publication

- **Location:** [Understanding behaviour support and restrictive practices - for providers | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au/understanding-behaviour-support-and-restrictive-practices-for-providers)

- **Title:** Policy Guidance: Working within your knowledge, skills, and experience

**Description:** This Policy Guidance outlines the NDIS Commissioner's expectations of NDIS providers, NDIS behaviour support practitioners and NDIS workers to work within the scope of their knowledge, skills, and experience; and to engaging continuing professional development to ensure the delivery of high quality and safe supports and services.

**Format:** To be attached in PDF, Read a-loud and Word format.

**Accessibility:** Final accessibility checks to be completed by the Communications team prior to publication.

##### 2. Social Media / Provider Newsletter

- Promotion of the resource through social media and other communication channels will include messaging consistent with the approved guidelines.

# Behaviour Support and Restrictive Practices Policy Communication Plan October 2024

## Objectives

To inform relevant stakeholders of the Behaviour Support and Restrictive Practices Policy.

## Target audiences

### External stakeholders

- Providers, workers, participants, families, carers and other community members/the public
- Senior Practitioners Leadership Group (SPLG)

### Internal stakeholders

- NQSC staff
  - PQ Division staff

## Key messages

### External

- The NDIS Commission has developed the Behaviour Support and Restrictive Practices policy to outline the NDIS Commission's leadership role in relation to behaviour support, and the reduction and elimination of the use of restrictive practices.
- The policy provides insight to the Practice Quality Division's Role within the NDIS Commission and what you can expect from the NDIS Commission in overseeing and regulating behaviour support and the reduction and elimination of restrictive practices.
- The policy outlines that the NDIS Commission's approach to uplift and regulate the quality and safety of behaviour support and reduce and eliminate the use of restrictive practices is guided by five key principles: Safeguarding, Compliance, Capability Building, Evidence-informed practice and Co-regulation.
- If you would like to provide any feedback or have questions about this policy, please post your message here and we will endeavour to respond as soon as possible.

### Internal

- The new Behaviour Support and Restrictive Practices Policy is now published on the NDIS Commission website and in the Regulatory Resources Library on QSCNet.
- This policy outlines the NDIS Commission's leadership role in relation to behaviour support, and in the reduction and elimination of the use of restrictive practices. It also provides insight to the Practice Quality Division's Role within the NDIS Commission.
- The policy provides five key guiding principles to uplift and regulate the quality and safety of behaviour support and reduce and eliminate the use of restrictive practices. These are Safeguarding, Compliance, Capability Building, Evidence-informed practice and Co-regulation.

- All staff should familiarise themselves with the policy. Staff are encouraged to discuss the policy in their team meetings and consider how the work you do plays a role in promoting quality behaviour support and the reduction and elimination of restrictive practices for people with disability.
- If you have any questions or feedback about the policy, please contact the PQ Advisory and PQ Engagement teams by emailing [s22@nqsc.com.au](mailto:s22@nqsc.com.au)

## Communication Activities

Internal	External
Publication NQSC website Responsible: PQ Advisory, Communications	Publication NQSC website Responsible: PQ Advisory, Communications
Publication in the Regulatory Resource Library - liaise with Operational Policy team to facilitate this in line with guidance on requesting publication available on QSCNet Responsible: PQ Advisory	Email update to Senior Practitioners Leadership Group Responsible: PQ Advisory (via <a href="mailto:s22@nqsc.com.au">s22@nqsc.com.au</a> mailbox)
All staff email update - include contact centre briefing as part of this activity – comms to provide template Responsible: PQ Advisory (in conjunction with CPCT/Operational Policy team?)	Social media promotion – inclusion of feedback option / questions - comms to provide social media template Responsible: PQ Advisory, Communications
QSCNet news item Responsible: PQ Advisory, Communications	Presentation to Community of Practice and NDS Responsible: PQ Engagement, PQ Advisory

### Evaluation methods:

- Click rates (NQSC website) at 3- and 6-months post publication
- Feedback from social media posts
- Internal staff feedback



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Primary Contact: [insert first name from column D] [insert last name from column E]

Provider Email: [insert email address from column F]

Provider Legal Name: [Insert from column B in spreadsheet]

Registration ID: [Insert from column A in spreadsheet]

Dear NDIS Specialist Behaviour Support Provider,

## The safe reduction and elimination of regulated restrictive practices

In November 2023, I wrote to specialist behaviour support providers and NDIS behaviour support practitioners to clarify my expectations when developing quality behaviour support plans that focus on the reduction and elimination of restrictive practices. At that time, I highlighted our escalated regulatory response and provided information and resources to assist you to comply with the requirements of the *National Disability Insurance Scheme Act 2013* (NDIS Act) and related Rules.

I am now writing to further clarify my expectation of NDIS providers, practitioners and workers that the reduction and elimination of restrictive practices must occur in a safe and competent manner, with care and skill. These expectations are outlined in additional [Policy Guidance: The safe reduction and elimination of regulated restrictive practices](#). This guidance is in furtherance of my functions as set out in sections 181E, F and H of the [NDIS Act](#), and the requirements as outlined in the [NDIS Code of Conduct](#), [NDIS Practice Standards](#), and [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018](#). This guidance also acknowledges that studies have shown that high quality behaviour support plans are associated with a reduction in the use of restrictive practices.

Consistent with the NDIS Commission's commitment to upholding the rights of people with disability and uplifting the quality of behaviour support plans, I am now releasing revised versions of the [Interim and Comprehensive Behaviour Support Plan Templates \(V3.0\)](#). These templates reflect contemporary evidence informed practice and are the result of extensive consultation with people with disability, family members, peak bodies, practitioners, providers and the state and territory restrictive practice authorisation bodies.

The revised Interim and Comprehensive Behaviour Support Plan templates are approved for the purposes of section 23 of the [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018](#). Use of the templates is strongly encouraged along with the [BSP Checklists](#) to ensure that quality behaviour support plans are developed and implemented. These resources will also assist you to comply with legislative requirements and take steps to safely reduce and eliminate regulated restrictive practices.

Any queries about these documents can be directed to [behavioursupport@ndiscommission.gov.au](mailto:behavioursupport@ndiscommission.gov.au)

Yours sincerely

**Tracy Mackey**  
Commissioner

[day] January 2024

T 1800 035 544  
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**NDIS Quality  
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Commission**

**Primary Contact:** [insert first name from column D] [insert last name from column E]

**Provider Email:** [insert email address from column K]

**Provider Legal Name:** [Insert from column B in spreadsheet]

**Registration ID:** [Insert from column A in spreadsheet]

Dear NDIS Behaviour Support Provider,

### **Developing behaviour support plans and eliminating restrictive practices**

The NDIS Quality and Safeguards Commission (NDIS Commission) has escalated its regulatory response to NDIS behaviour support providers who do not comply with the requirements of the *National Disability Insurance Scheme Act 2013* (the NDIS Act) and related Rules. As part of the NDIS Commission's compliance activities, I am writing to you with information and resources that will assist you to comply with your requirements as a registered provider of 'Specialist Positive Behaviour Support' (registration group 0110) and as set out in the following:

- [NDIS Code of Conduct](#);
- conditions of registration, including compliance with relevant [National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#); and
- Part 3 of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (the [Rules](#)), including how a Behaviour Support Plan (BSP) must be developed and what it must contain.

I wrote to you in February this year about improving the quality of behaviour support plans (BSPs) following the quality evaluation of plans that was completed in 2021 (see the report [here](#)). My previous letter focused on the engagement and consultation with NDIS participants, and the people who support them, in the development of BSPs; and obtaining information about how providers were complying with the requirements outlined in paragraphs 20(3)(d) and 20(3)(e) of the Rules.

I am writing to you now about my expectations of providers in developing quality BSPs that focus on the reduction and elimination of restrictive practices. These expectations are outlined in new [Policy Guidance: Developing Behaviour Support Plans](#). This guidance is in furtherance of my 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 Practice Standards, and part 3 of the Rules.

In addition, a [Regulated Restrictive Practices Summary and Protocols](#) document has been published on the NDIS Commission's website. This is the first step in revising the existing [BSP templates](#) to reflect contemporary evidence and upholding participant's rights. This document can be an appendix or replace the regulated restrictive practice protocol component of a behaviour support plan. These documents should be used with the [BSP Checklists](#) to ensure that you meet your legislative requirements, improve quality of BSPs and focus on the reduction and elimination of restrictive practices.

T 1800 035 544

E [behavioursupport@ndiscommission.gov.au](mailto:behavioursupport@ndiscommission.gov.au)

PO Box 210

Penrith NSW 2750

[www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)

I am committed to taking strong and decisive regulatory action against NDIS providers and workers who do not uphold the rights of NDIS participants. NDIS Commission activities have escalated, and coercive compliance and enforcement actions are being taken against non-compliant NDIS providers in an effort to reduce and eliminate the use of restrictive practices. I will be holding providers to account for the development of quality BSPs that focus on the reduction and elimination of restrictive practices in line with legislative requirements.

Any queries about these documents can be directed to [behavioursupport@ndiscommission.gov.au](mailto:behavioursupport@ndiscommission.gov.au)

Yours sincerely



**Tracy Mackey**  
Commissioner

1 November 2023





NDIS Quality  
and Safeguards  
Commission

Practitioner name: [insert first name from column B] [insert last name from column C]

Practitioner email: [Insert from column E in spreadsheet]

Practitioner ID: [Insert from column A in spreadsheet]

Dear NDIS Behaviour Support Practitioner,

## The safe reduction and elimination of regulated restrictive practices

In November 2023, I wrote to specialist behaviour support providers and NDIS behaviour support practitioners to clarify my expectations when developing quality behaviour support plans that focus on the reduction and elimination of restrictive practices. At that time, I highlighted our escalated regulatory response and provided information and resources to assist you to comply with the requirements of the *National Disability Insurance Scheme Act 2013* (NDIS Act) and related Rules.

I am now writing to further clarify my expectation of NDIS providers, practitioners and workers that the reduction and elimination of restrictive practices must occur in a safe and competent manner, with care and skill. These expectations are outlined in additional [Policy Guidance: The safe reduction and elimination of regulated restrictive practices](#). This guidance is in furtherance of my functions as set out in sections 181E, F and H of the [NDIS Act](#), and the requirements as outlined in the [NDIS Code of Conduct](#), [NDIS Practice Standards](#), and [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018](#). This guidance also acknowledges that studies have shown that high quality behaviour support plans are associated with a reduction in the use of restrictive practices.

Consistent with the NDIS Commission's commitment to upholding the rights of people with disability and uplifting the quality of behaviour support plans, I am now releasing revised versions of the [Interim and Comprehensive Behaviour Support Plan Templates \(V3.0\)](#). These templates reflect contemporary evidence informed practice and are the result of extensive consultation with people with disability, family members, peak bodies, practitioners, providers and the state and territory restrictive practice authorisation bodies.

The revised Interim and Comprehensive Behaviour Support Plan templates are approved for the purposes of section 23 of the [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018](#). Use of the templates is strongly encouraged along with the [BSP Checklists](#) to ensure that quality behaviour support plans are developed and implemented. These resources will also assist you to comply with legislative requirements and take steps to safely reduce and eliminate regulated restrictive practices.

Any queries about these documents can be directed to [behavioursupport@ndiscommission.gov.au](mailto:behavioursupport@ndiscommission.gov.au)

Yours sincerely

**Tracy Mackey**  
Commissioner

[day] January 2024

T 1800 035 544

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Penrith NSW 2750

[www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)



NDIS Quality  
and Safeguards  
Commission

Practitioner name: [insert first name from column B] [insert last name from column C]

Practitioner ID: [Insert from column A in spreadsheet]

Dear NDIS Behaviour Support Practitioner,

## Developing behaviour support plans and eliminating restrictive practices

The NDIS Quality and Safeguards Commission (NDIS Commission) has escalated its regulatory response to NDIS behaviour support practitioners who do not comply with the requirements of the *National Disability Insurance Scheme Act 2013* (the NDIS Act) and related Rules. As part of the NDIS Commission's compliance activities, I am writing to you as an NDIS behaviour support practitioner with information and resources that will assist you to comply with the requirements as set out in the following:

- [NDIS Code of Conduct](#);
- conditions of registration, including compliance with relevant [National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#); and
- Part 3 of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (the [Rules](#)), including how a Behaviour Support Plan (BSP) must be developed and what it must contain.

I am also writing to you about my expectations of NDIS behaviour support providers and NDIS behaviour support practitioners in developing quality BSPs that focus on the reduction and elimination of restrictive practices. These expectations are outlined in new [Policy Guidance: Developing Behaviour Support Plans](#). This guidance is in furtherance of my 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 Practice Standards, and part 3 of the Rules.

In addition, a [Regulated Restrictive Practices Summary and Protocols](#) document has been published on the NDIS Commission's website. This is the first step in revising the existing [BSP templates](#) to reflect contemporary evidence and upholding participant's rights. This document can be an appendix or replace the regulated restrictive practice protocol component of a behaviour support plan. These documents should be used with the [BSP Checklists](#) to ensure that legislative requirements are met, improve quality of BSPs and focus on the reduction and elimination of restrictive practices.

I am committed to taking strong and decisive regulatory action against NDIS providers and workers who do not uphold the rights of NDIS participants. NDIS Commission activities have escalated, and coercive compliance and enforcement actions are being taken against non-compliant NDIS providers in an effort to reduce and eliminate the use of restrictive practices. I will be holding providers to account for the development of quality BSPs that focus on the reduction and elimination of restrictive practices in line with legislative requirements.

Any queries about these documents can be directed to [behavioursupport@ndiscommission.gov.au](mailto:behavioursupport@ndiscommission.gov.au)

Yours sincerely

**Tracy Mackey**  
Commissioner

1 November 2023

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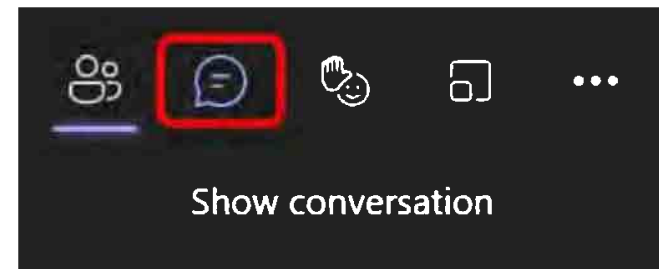
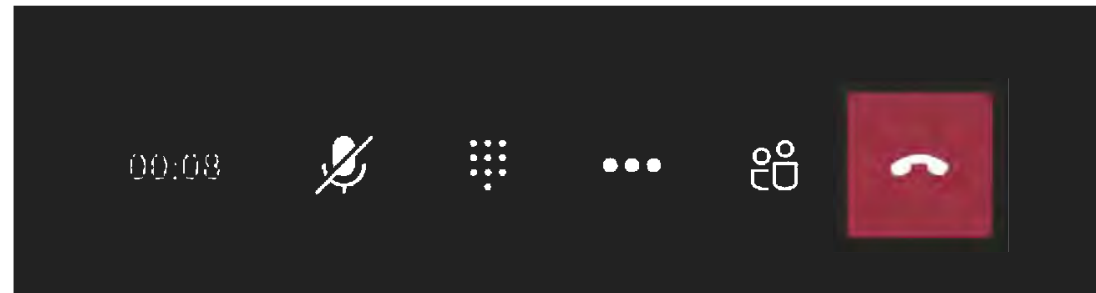
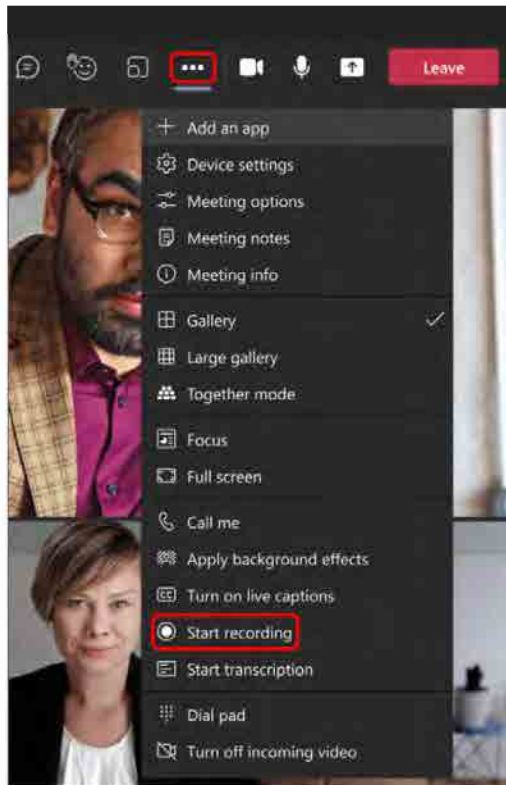
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# Revised BSP Templates - Briefing Session

s22

Practice Quality Advisory

# House Keeping



# Briefing Overview



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Commission

**Why did we review the BSP template?**

**How did we review them?**

**What did we find out in our consultation and thematic analysis?**

**What do the revised BSP Templates look like?**

**Where you can find them?**

**What's next?**

# Background



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## 2018

- **The NDIS Commission published BSP templates v1.0 based on COS fields.**
- **First nationally consistent BSP templates available to the sector**
- **But there was no consultation in their development.**

## 2019

- **The NDIS Commission streamlined the BSP templates v2.0**
- **Overall the length was reduced by 80%**

# Why did we review the BSP Templates?



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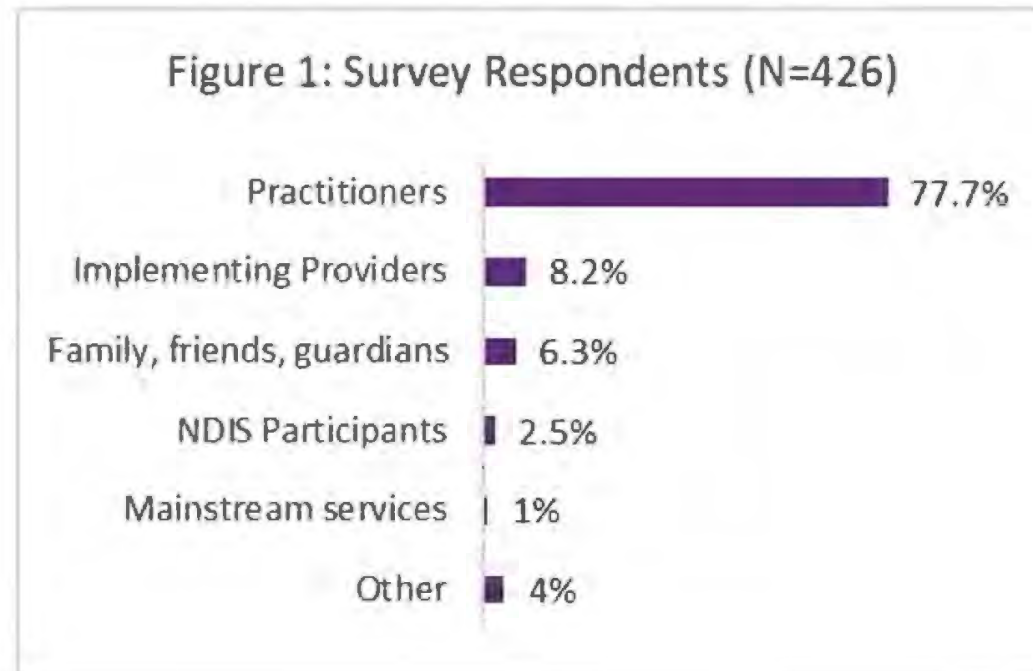
- 
- **A review of the templates was long overdue.**
  - **There had been no consultation in the development of the templates.**
  - **The quality of BSP's was poor.**
  - **We needed to change this.**

# How did we review the BSP Templates?



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## 1. Online survey





# How did we review the BSP Templates? Continued



## 2. Focus groups

Figure 2: Location of Focus Groups



Figure 3: Focus Group Participants (N=177)



# How did we review the BSP Templates?



## 3. Targeted consultation

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



Australian Government  
Department of Social Services

# How did we review the BSP Templates?



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## 4. Evidence-informed practice

- [Nankervis & Vassos \(2023\) Systematic Literature Review on Developing Quality BSPs](#)

**Quality markers of Behaviour Support Plans include**

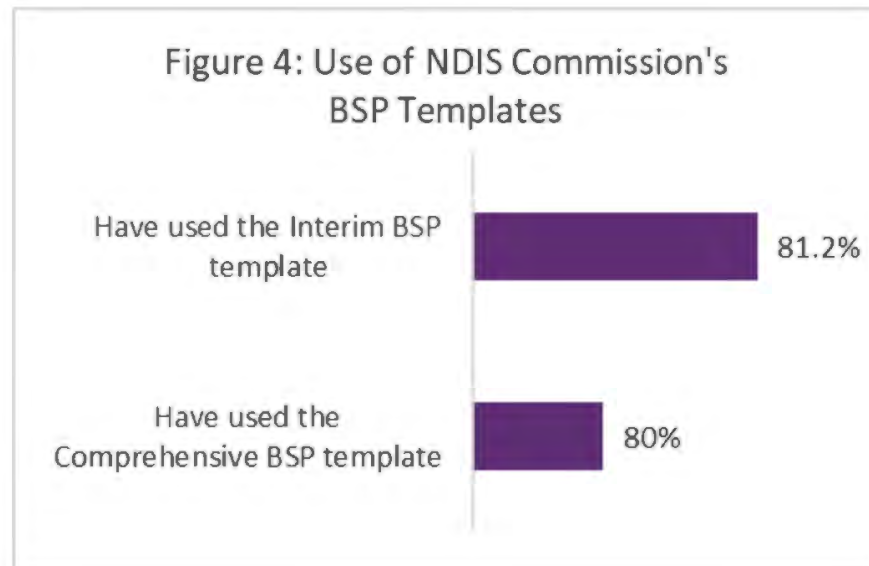
- 1. behaviour assessment,**
  - 2. technical compliance with behavioural principles**
  - 3. plan implementation.**
- **17 Alternate BSP Templates.**

# What did we find out?



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## Usage and Quality



### BSP Quality Reviews (Feb 2023; n=100)

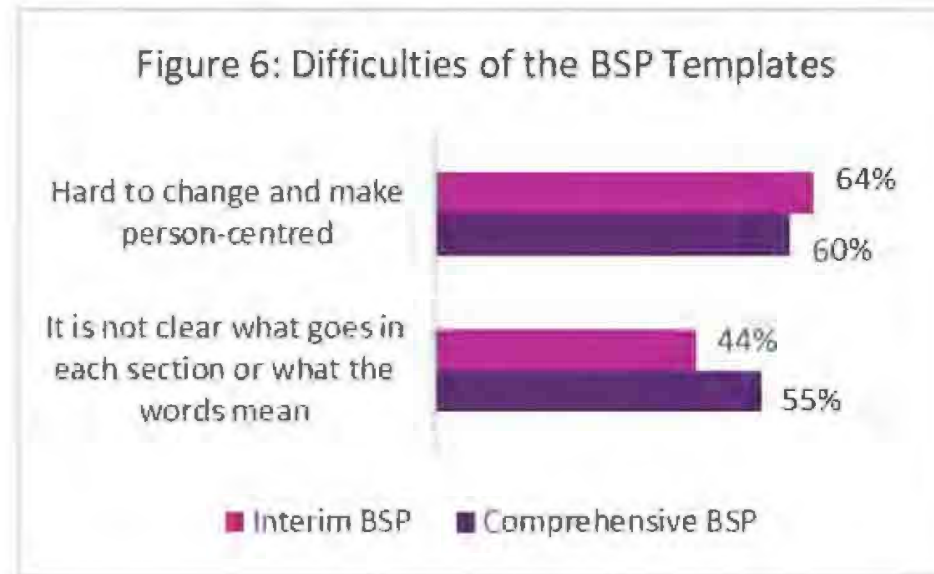
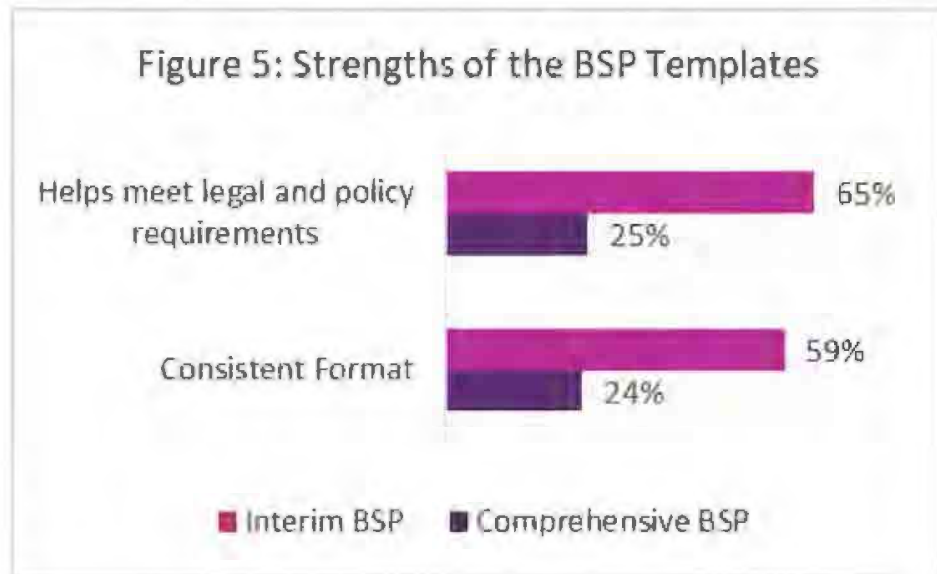
- 67% used or adapted the Commission's Comprehensive BSP template.
- Commission's template (V2.0) associated with marginally higher quality scores.
- Regardless of template, overall quality still 'under-developed' on average.

# What did we find out?



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## Strengths and Challenges





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# What did we find out ? continued

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## 4 key themes:

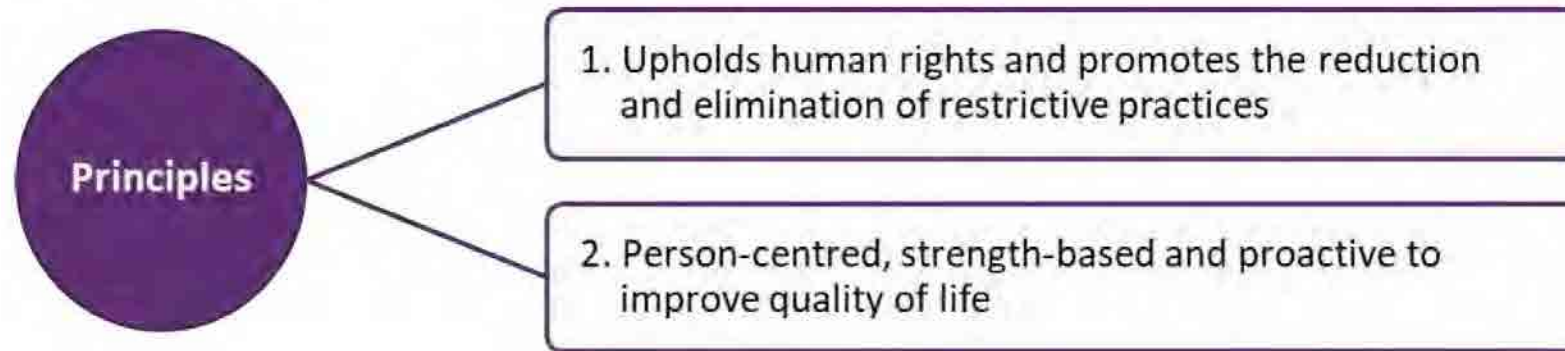
**1. Principles**

**2. Design**

**3. Content**

**4. Systems, tools and resources.**

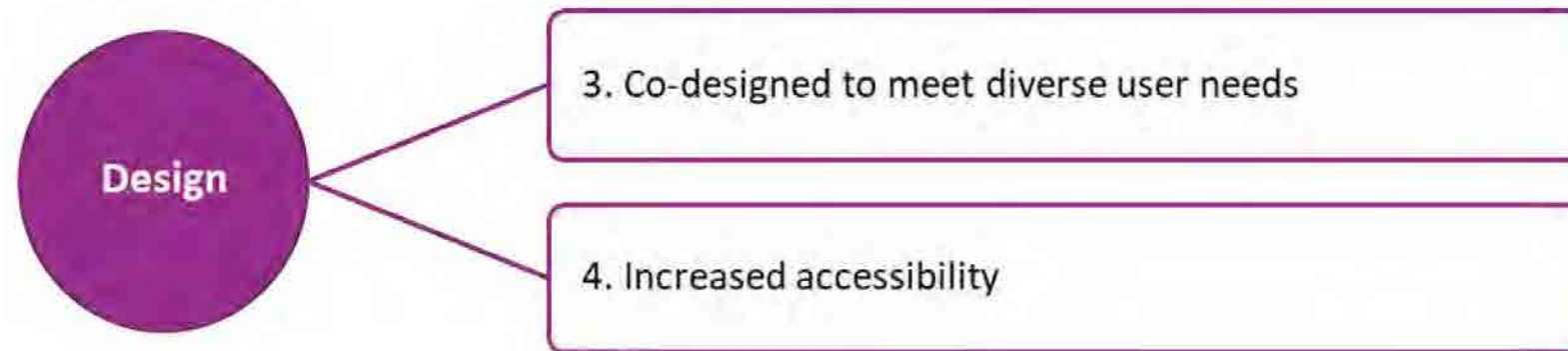
# What did we find out? Key Themes



# What did we find out?



## Key Themes

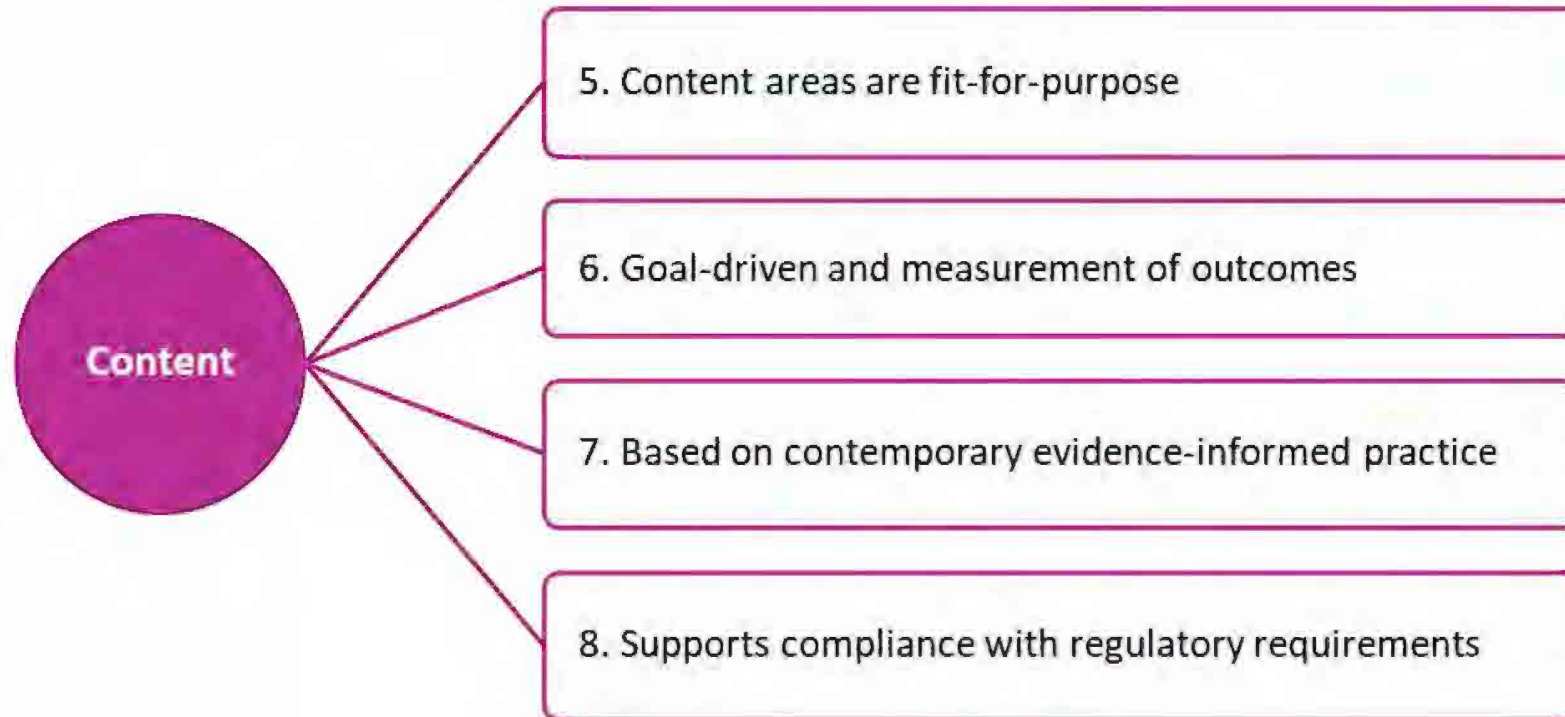




# What did we find out?



## Key Themes

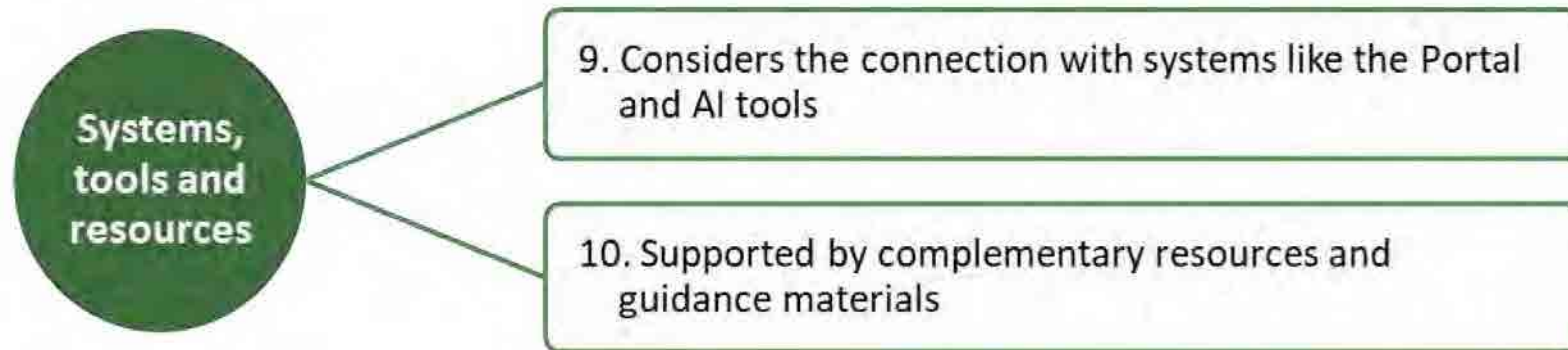


# What did we find out?



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## Key Themes



## Some quotes



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“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

“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

“**Simplify** the format.  
Simplify the language  
so it is **accessible.**”

– implementing provider

# Summary of Findings Report



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You can find a copy of the full report and recommendations on our website : [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)

[Template Review Summary of Findings Report](#)

# Putting the recommendations into action



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---

## First steps

- [Regulated Restrictive Practices Summary and Protocols](#)
- [Policy Guidance: Developing Behaviour Support Plans](#)
- **Mail out – 1 November**

# Putting the recommendations into action continued



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## Phase two

- [Revised Interim and Comprehensive BSP Templates V3.0](#)
- [Policy Guidance: The safe reduction and elimination of RRP](#)
- Mail out – 30<sup>th</sup> January

# What do the revised BSP Templates look like?



## Behaviour Support Plan – Interim

Participant name:

### Plan details

Behaviour support practitioner:		Practitioner ID:	
Specialist behaviour support provider:			
Start date:	Click or tap to enter a date	End date:	Click or tap to enter a date
Retrev. date:	Click or tap to enter a date	State/Territory:	Choose an item
Is a electronic approval in place? (If not click here)		Choose an item	

### Important Information

This form 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. This form seeks to collect information – including personal information – for the purpose of administering and enforcing the National Disability Insurance Scheme Act 2013 and the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018. Please refer to the Privacy Collection Statement and the NDIS Quality and Safeguards Commission's Privacy Policy at <https://www.ndis.com.au/privacy>. The NDIS Commission makes no representations about, and accepts no liability for, the accuracy of information in this document.

### Instructions for lodging behaviour support plans

1. Complete the behaviour support plan on a document. You can use your own template or this template.
2. Engage and support the implementing provider(s) as needed in obtaining authorisation.
3. Include details of authorisation under the schedule of restrictive practices.
4. Go to the NDIS Commission's portal <https://www.ndis.com.au/>
5. You will need a PRODA account. Once you log in with your PRODA account, request access for 'NDIS BSP Practitioner'. You will receive an email within approximately two business days confirming your approved access.
6. Log in and select the 'Behaviour Support' tile. Click on 'Create plan' and select interim or comprehensive. Enter the person details, key contacts, details of start and end date of the plan, the providers who will be implementing the restrictive practices, behaviours of concern and the schedule of restrictive practices.
7. Go to 'attachments' on the left hand side navigation menu and attach this template.
8. Go to the 'details' tab and click on 'send draft'.
9. Further guidance material about how to lodge the plan is available on our webpage.



{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

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### 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:	

V2.0 V3.0

# What's next?



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- 1) Promoting of the new templates**
- 2) Participant resources about the intent to include RRPS in a BSP**
- 3) Heading only version of the template**
- 4) Expanding the suite of available templates**
  - long term goal to have Plain English/Easy Read Format and a trauma informed version



# Questions?



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# NDIS Commission Policy

## Behaviour Support and Restrictive Practices

Version 1.0 (May 2024)



**NDIS Quality  
and Safeguards  
Commission**

NDIS Quality and Safeguards Commission

PO Box 210, Penrith NSW 2750

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## Definitions

The meaning of key terms and abbreviations in this policy are set out in the table below.

**Table 1 – Definitions, key terms and abbreviations used in this document.**

Term or Abbreviation	Description
Behaviour support	Behaviour Support, also referred to as Positive Behaviour Support (PBS), is a human rights and values led approach. It includes an ongoing process of assessment, intervention, and data-based decision making. Behaviour Support focuses on skill building, creating supportive contexts through ecological and systemic change and reducing the likelihood and impact of behaviours of concern. It relies on person-centred, proactive and evidence informed strategies that are respectful of a person's dignity and aim to enhance the person's quality of life. Behaviour Support draws primarily from behavioural, educational, and social sciences, although other evidence-based strategies may be incorporated. It can be applied within a multi-tiered framework at the level of the individual and at the level of larger systems. (Adapted from Kincaid et al. 2016 and Leif et al. 2023)
Behaviour support plan	A behaviour support plan (BSP) is a document prepared in consultation with the person with disability, their family, carers, and other support people. The BSP contains person-centred, proactive, and evidence-informed strategies to enhance the person's quality of life. It addresses the needs of the person and reduces the likelihood and impact of behaviours of concern.
Behaviour Support Rules	<i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 (Cth).</i>
Evidence-informed practice	Evidence-informed practice means integrating the rights and perspectives of the person with disability, with the best available research, professional expertise and information from the implementing or practice contexts.
High risk practice	A practice that places a person with disability at high risk of harm and is associated with adverse and/or catastrophic outcomes, such as long-term psychological or physical injury and/or death.
NDIS behaviour support practitioner	A person who is considered suitable by the NDIS Commissioner following an assessment undertaken pursuant to section 181D (2) of the NDIS Act to undertake behaviour support assessments (including functional behaviour assessments) and to develop behaviour support plans for NDIS participants that may contain regulated restrictive

	practices. A NDIS behaviour support practitioner is also a NDIS worker.
NDIS Commission	The National Disability Insurance Scheme Quality and Safeguards Commission is a federal government agency established by section 181A of the <i>National Disability Insurance Scheme Act 2013</i> (Cth) to improve the quality and safety of supports and services delivered to people with disability.
NDIS Commissioner	NDIS Commissioner means the Commissioner of the NDIS Quality and Safeguards Commission as referred to in section 181C of the <i>National Disability Insurance Scheme Act 2013</i> (Cth).
NDIS provider	A person, entity, business or organisation that receives NDIS funding or who is a NDIS provider as prescribed by the NDIS rules.
NDIS worker	A person who is employed or otherwise engaged by a NDIS Provider to provide NDIS supports and services to people with disability. A NDIS behaviour support practitioner is also a NDIS worker.
Participant	A person with disability who is a participant in the National Disability Insurance Scheme (NDIS). They have a NDIS plan and use the funding in that plan to purchase supports and services.
Person-centred practice	An approach underpinned by recognition of the fundamental human right to equality and self-determination, and the recognition and facilitation of what matters to that person. It is a holistic approach that prioritises wellbeing and quality of life directed at the person's will and by the person's needs and preferences in the context of the person's world (including environments and relationships), individual expression, values and beliefs.
Prohibited practice	Practices that are prohibited by law in the relevant State or Territory in which a registered NDIS provider provides supports or services to a person with disability.
Restrictive practice	Any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.
Regulated restrictive practice	A restrictive practice is a regulated restrictive practice if it is or involves any of the five types of restrictive practices that are subject to regulation and oversight by the NDIS Commission: (1) seclusion; (2) chemical restraint, (3) mechanical restraint, (4) physical restraint, and (5) environmental restraint.
Unauthorised restrictive practice	Where a regulated restrictive practice is used without authorisation by the relevant State or Territory (however described) or is not used in accordance with a behaviour support plan for the person with disability.

## Purpose

1. This policy outlines the NDIS Commission's leadership role in relation to behaviour support, and in the reduction and elimination of the use of restrictive practices.
2. Behaviour support under the NDIS is an evidence-informed practice based on the principles of positive behaviour support. It aims to improve the quality of life of the person with disability by developing and implementing individualised strategies that are responsive to the person's needs, reduce the likelihood and impact of behaviours of concern, and minimise the use of restrictive practices.
3. NDIS participants can access behaviour support from registered NDIS providers of specialist behaviour support and NDIS behaviour support practitioners. Supports and services may also be delivered by NDIS providers and workers who implement behaviour support plans that may contain the use of regulated restrictive practices. NDIS providers and workers must adhere to *National Disability Insurance Scheme Act 2013* (Cth) (**NDIS Act**), and associated Rules.
4. The NDIS Commission's role is to uphold the rights of, and promote the health, safety and wellbeing of, people with disability and promote progressively higher standards of NDIS behaviour support services.

## Policy scope

5. This document applies to the NDIS Commission's role in regulating the quality and safety of behaviour support services and the use of regulated restrictive practices by NDIS providers, workers and NDIS behaviour support practitioners. The document does not provide policy principles in relation to NDIS behaviour support practitioner suitability or capability (see the [Positive Behaviour Support Capability Framework document](#)). This policy should be considered in conjunction with the Positive Behaviour Capability Framework (PBS Capability Framework).

## Relevant legislative provisions

6. This policy is in furtherance of part of the NDIS Commissioner's behaviour support function as set out in section 181H of the NDIS Act. The PBS Capability Framework addresses sections 181H (a)(i) and (ii) of the NDIS Act, which are not covered in this document.
7. This policy also provides additional information about the requirements outlined in the *NDIS (Code of Conduct) Rules 2018* (Cth), *NDIS (Provider Registration and Practice Standards) Rules 2018* (Cth) and the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018* (Cth).

## Policy statements

8. The NDIS Commission's Practice Quality Division provides leadership in behaviour support, and in the reduction and elimination of the use of restrictive practices.
9. The Practice Quality Division works to fulfil the functions vested in the NDIS Commissioner under section 181H of the NDIS Act and apply the NDIS Commission Regulatory Strategy in relation to behaviour support and the reduction and elimination of restrictive practices. This includes

undertaking capability building and operational activities that engage the full suite of regulatory levers (diagram 1).

**Diagram 1. NDIS Quality and Safeguards Commission High Level Regulatory Strategy, December 2022. Regulatory Levers and Tools (pg. 13).**



10. The NDIS Commission's approach to uplift and regulate the quality and safety of behaviour support and reduce and eliminate the use of restrictive practices is guided by five principles: Safeguarding, Compliance, Capability Building, Evidence-informed practice and Co-regulation. The regulatory levers are embedded throughout the principles and are applied together with other relevant NDIS Commission policies.

### Safeguarding

11. Where it is identified that the quality of behaviour support or the use of regulated restrictive practices, high risk, and/or prohibited practices pose a safety risk to a person with disability, a timely response is delivered to uphold their rights and quality of life. The response takes appropriate regulatory action to:

- a. remove or minimise the risk of harm to the person with disability.
- b. secure NDIS provider and worker compliance with the NDIS Act.

### Compliance

12. The NDIS Commission takes a risk informed and proportionate approach to monitoring behaviour support and the use of regulated restrictive practices.

13. Consistent with the NDIS Commission's approach to compliance and enforcement, all available regulatory levers are used to:



- a. ensure compliance with the NDIS Act and relevant Rules.
  - b. improve the quality and implementation of behaviour support plans.
  - c. reduce the use of regulated restrictive practices, including the use of unauthorised restrictive practices.
  - d. eliminate the use of high risk and prohibited practices
14. NDIS providers and workers who do not comply with legislative obligations are held to account through the NDIS Commission's compliance and enforcement activities.

### Capability Building

15. Best-practice leadership, policy, guidance, and education on behaviour supports and the reduction and elimination of the use of restrictive practices is delivered. This includes the provision of advice and subject matter expertise across Commission functions.
16. Capability and operational activities consider other service and support systems connected to people with disability, NDIS providers, NDIS workers, and other stakeholders (including those internal and external to the NDIS Commission).
17. Practice Quality advice is rights-based, evidence-informed and, person centred.
18. Resources, guidance materials and engagement activities about behaviour support and restrictive practices are co-designed or developed in consultation with people with disability, NDIS providers, and relevant stakeholders as appropriate.
19. Accessibility needs are considered and addressed in the preparation and delivery of resources and guidance.

### Evidence-informed practice

20. Strategies to promote and evaluate the quality of behaviour support and the reduction and elimination of restrictive practices are:
- a. evidence- informed and data-driven.
  - b. outcome focussed and measurable.
  - c. collaborative, coordinated and developed in consultation with subject matters experts including within the NDIS Commission and external partners (for example, participants, NDIS providers, peak bodies, universities).

### Co-regulation

21. The NDIS Commission promotes a nationally consistent regulatory framework, including nationally consistent minimum standards for the use of restrictive practices. This involves undertaking work with state and territory authorising bodies to promote national consistency, in line with the principles of the *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector*.

## Monitoring and evaluation

22. The implementation of this policy will be monitored and evaluated to facilitate continuous improvement. Practice Quality Division recognises the role of data driven approaches to regulation, and the timely and efficient collection, analysis and dissemination of information relating to behaviour support and the use of restrictive practices.

23. The Practice Quality Division reviews effectiveness and impact through:

- A range of quantitative and qualitative measures
- routine reporting and analysis of the number of people with disability subject to regulated restrictive practices and unauthorised restrictive practices
- review of changes in regulated restrictive practices use over time
- identification of risks to people with disability, and changes in this over time
- regular review of the quality and compliance of behaviour support plans.



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## Comprehensive 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 Comprehensive 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 a Comprehensive Behaviour Support Plan?

A Comprehensive Behaviour Support Plan (Comprehensive BSP) is a holistic document based on a behaviour support assessment, (including a functional behaviour assessment).

It contains proactive and evidence-informed strategies to improve a person's quality of life and support their progress towards positive change. It addresses the underlying function(s) of the person's behaviour of concern and where appropriate, identifies functionally equivalent replacement behaviours.

A Comprehensive BSP outlines any environmental changes required, provides skill development opportunities, and includes response strategies to be followed when the behaviour(s) of concern occurs. The plan also identifies if, when and how any regulated restrictive practices are to be applied, and includes fade out strategies to promote their reduction and elimination over time.

### Requirements when developing a Comprehensive BSP

Specialist Behaviour Support providers must adhere to a range of requirements when developing Comprehensive BSPs. 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. It outlines the knowledge and skills required to deliver contemporary, evidence-informed behaviour support. The 'Planning' domain relates specifically to the development of Comprehensive BSPs.

- [Compendium of Resources](#)

This resource provides a comprehensive list of positive behaviour support assessment tools that can be used in assessment, planning, intervention, monitoring and or review.

## 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.

### Comprehensive BSP Checklist begins on the following page.

It includes the following sections:

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## Comprehensive 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 6 months 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).*

### Core values

3. Respects and upholds the person's dignity and rights.
4. Person-centred, evidence-informed and responsive to needs.
5. Maintains or improves the person's quality of life.
6. Complies with Commonwealth, State and Territory laws and policies.
7. Gives due consideration to the person's wishes, is proportionate and least restrictive.



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8. 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.

9. A behaviour support assessment that identifies unmet needs and the function or purpose of the behaviour(s) is completed with the person with disability, their family, guardian and other relevant people.

10. The BSP is 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 tailored, holistic and comprehensive document. It aims to maintain and improve the person's quality of life, meet their needs and address the function of the behaviour(s).

13. Takes into account previous behaviour support assessments and other assessments. It supersedes the existing Interim BSP.

14. Includes (or is based on) a functional behavioural assessment, that analyses the function of all behaviours of concern.

15. The assessment / analysis considers the person's developmental history and factors that trigger, contribute to and maintain the behaviour(s) of concern. It also identifies strengths and protective factors.

16. Contains evidence-based, person-centred and proactive strategies that address the person's needs and the functions of the behaviour(s).

17. Makes environmental changes to meet the person's needs and where relevant reduce or remove the need for regulated restrictive practices. These strategies are logically related to the triggers and / or function of the behaviour(s).

18. Promotes the person's active engagement in meaningful daily activities and provides opportunities to participate in community activities.

19. Includes skill development programs / opportunities to teach new skills (including those which address the function of the behaviour and / or reduce or remove the need for regulated restrictive practices).



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20. Where appropriate, identifies reinforcers and functionally equivalent replacement behaviours that are logically linked to the function of the behaviour.
21. Clearly describes the behaviours of concern and includes reactive strategies for responding when they occur to minimise the risks.
22. 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).
23. Identifies how people will be provided with the advice, guidance and support they need to effectively implement the plan.
24. Includes clear goals and objectives.
25. Includes a plan for monitoring its effectiveness.
26. Describes the roles, responsibilities and communication pathways for those involved in developing and / or implementing the plan.

### **Regulated Restrictive Practices (RRP)**

27. The type of any regulated restrictive practices are clearly identified (i.e., seclusion, chemical restraint, mechanical restraint, physical restraint, environmental restraint).
28. 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.
29. The RRP is the least restrictive response possible in the circumstances.
30. The RRP reduces the risk of harm to the person or others.
31. The RRP is proportionate to the potential negative consequences or risk of harm.
32. The RRP is used for the shortest time possible.
33. All reasonable steps are taken and strategies included in the plan to reduce and eliminate the use of each RRP, including fade out plans.
34. 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.
35. 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).



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36. Implementing providers are made aware of their reporting requirements and are assisted to understand any state or territory authorisation requirements.

## Authorisation

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

## Lodgement with the NDIS Commission

38. 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.

39. 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, monitoring and review

40. The plan has good contextual fit (i.e., it meets the needs of the person with disability and those implementing the plan across different environments and ensures the necessary resources and systems in place to support implementation).

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

42. Support is provided to implement the plan and monitor its efficacy.

43. Person-centred training, coaching and / or mentoring is facilitated or delivered to support the effective implementation of strategies.

44. 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.





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45. Ongoing support is provided to identify and address barriers to implementation.
46. The effectiveness of strategies is evaluated through regular engagement with the person with disability, and by reviewing incidents and data collected by implementing providers.
47. Reviewed at least every 12 months; or sooner if there is a change in circumstances. The date for review should be clearly stated in the plan.
48. Modifications to the plan and strategies are made as needed. These changes are communicated and training provided (where required).

## Notes and actions



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**(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

<b>Person's name:</b>		<b>NDIS Participant #:</b>	
<b>Date of Birth (age):</b>		<b>Gender:</b>	
<b>Address:</b>		<b>State or Territory:</b>	

## Plan dates

<b>Comprehensive BSP date:</b>		<b>BSP Review date:</b>	
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## Practitioner and provider details

<b>NDIS Behaviour Support Practitioner:</b>		<b>Contact details:</b>	
<b>Specialist Behaviour Support Provider:</b>		<b>Registration ID:</b>	

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## 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 themselves? 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.

<b>Description of behaviour</b>	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.
<b>Frequency / Duration</b>	Describe how often and / or for how long the behaviour currently occurs.
<b>Intensity</b>	Describe the intensity or severity of the behaviour here.
<b>Setting events</b>	Outline any setting events or prior events here that increase the likelihood of the behaviours occurring.
<b>Triggers</b>	Outline any triggers or antecedents that precede the behaviour. E.g., activities, events, people, places, times that trigger the behaviour.
<b>Risks</b>	Outline the risks associated with the behaviour. What are the risks of harm to the person, others and / or the environment?
<b>Maintaining factors</b>	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, achievable, 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.

<b>Skill</b>	Clearly describe the goal or skill to be taught.
<b>Rationale</b>	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?
<b>Teaching Strategy</b>	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?
<b>Reinforcement</b>	Describe how the skill will be reinforced and strengthened over time.

## Response strategies

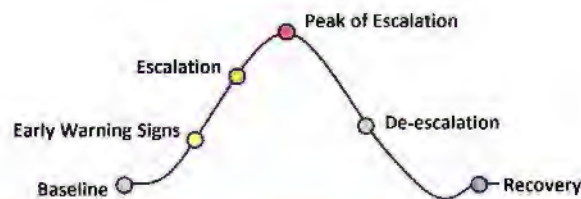
(Prompt) In this section, provide strategies to diffuse and de-escalate the situation in consideration of the person's preferences. Provide strategies to promote safety and minimise the risk of harm.







(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
 <b>Baseline</b> <ul style="list-style-type: none"> <li>• Describe what this looks / sounds like.</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to the <a href="#">proactive strategies</a> section.</li> </ul>
 <b>Early Warning Signs</b> <ul style="list-style-type: none"> <li>• Describe what this looks / sounds like.</li> </ul>	<ul style="list-style-type: none"> <li>• Insert response strategies here to help people to respond as quickly as possible to any early warning signs.</li> </ul>
 <b>Escalation</b> <ul style="list-style-type: none"> <li>• Describe what this looks / sounds like.</li> </ul>	<ul style="list-style-type: none"> <li>• Insert response strategies here to help people to respond de-escalate the situation.</li> </ul>
 <b>Peak of Escalation</b> <ul style="list-style-type: none"> <li>• Describe what this looks / sounds like.</li> </ul>	<ul style="list-style-type: none"> <li>• Insert response strategies here to help keep people safe and minimise the risk of harm.</li> </ul>
 <b>De-escalation</b> <ul style="list-style-type: none"> <li>• Describe what this looks / sounds like.</li> </ul>	<ul style="list-style-type: none"> <li>• Insert response strategies here to support de-escalation and calm the situation.</li> </ul>
 <b>Recovery</b> <ul style="list-style-type: none"> <li>• Describe what this looks / sounds like.</li> </ul>	<ul style="list-style-type: none"> <li>• Insert strategies and supports here that are needed following the incident. E.g., debriefing, relational repair and support to re-engage in routine activities.</li> </ul>

## 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 RRP.

Person / Provider	Registration ID or ABN (if relevant)	Location (e.g., service outlet)	Type of RRP 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

<b>Description of RRP</b>	Describe the regulated restrictive practice here. What does it involve?
<b>Implementers</b>	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.
<b>Rationale</b>	Outline here why the RRP is needed. What behaviour does it aim to decrease or stop? Demonstrate how it is <b>proportionate</b> and the <b>least restrictive</b> way of <b>reducing risk of harm</b> . How is it used as a <b>last resort</b> and for the <b>shortest possible time</b> ?
<b>Circumstances to be used</b>	State here whether the use is <b>Routine</b> (i.e., in constant / daily use) OR <b>PRN</b> (i.e., used as needed in response to a specific risk or behaviour). Provide any additional information here as required.
<b>Strategies to be used first</b>	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.
<b>Procedure</b>	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.
<b>Impacts and Safeguards</b>	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?
<b>Training, monitoring and review</b>	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?
<b>Plan to reduce and eliminate RRP</b>	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.

<b>Medication Details</b> Including medication name, dose, route and frequency / circumstances to be used	Describe here the <ul style="list-style-type: none"> <li>• <b>Medication or drug name</b></li> <li>• <b>Dosage amount</b> and unit of measurement. Note, the Commission's portal will ask for a total daily dose.</li> <li>• <b>Route of administration.</b> E.g., implant, injection, nasal, oral, PEG, PR (per rectum), PV (per vagina), patch.</li> <li>• <b>Frequency / circumstances to be used - Routine</b> (i.e., in daily use) OR <b>PRN</b> (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)</li> </ul>
<b>Medical practitioner / prescriber's name</b>	Record here the name and role of the medical practitioner who prescribed or last reviewed the medication.
<b>Date prescribed or last reviewed</b>	Insert the date the medication was prescribed or last reviewed.
<b>Date of next review</b>	Insert details regarding when the medication will next be reviewed.
<b>Implementers</b>	List the providers and people who will implement the RRP.
<b>Rationale</b>	Outline here why the medication is needed. Demonstrate how is it <b>proportionate</b> and the <b>least restrictive</b> way of <b>reducing risk of harm</b> . How is it used as a <b>last resort</b> and for the <b>shortest possible time</b> ?
<b>Strategies to be used first</b>	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.
<b>Procedure</b>	Provide detailed instructions here about how the medication will be used, consistent with the prescriber's instructions.
<b>Impacts and Safeguards</b>	Describe here the anticipated effects of using the RRP. Outline any potential <b>side effects</b> . Outline any strategies or safeguards needed to prevent misuse or medication errors? E.g., maximum daily dose.
<b>Training, monitoring and review</b>	Describe here any specific training requirements in relation to the medication. How and when use of the medication be recorded, reported, monitored and reviewed?
<b>Plan to reduce and eliminate RRP</b>	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
<b>RRP Authorisation</b> (if required)			
<b>Training</b>			
<b>Implementation of strategies</b>			
<b>Monitoring</b> (e.g., feedback from the person, incident reports and data collection)			
<b>Reporting</b> (e.g., to NDIS Commission)			
<b>Communication</b> (including post incident debriefing)			
<b>Outcome Measures</b> (linked to each goal)			
<b>Review of BSP</b>			

## 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](http://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 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](http://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](mailto:behavioursupport@ndiscommission.gov.au)

### Feedback

[Click to provide anonymous feedback via an online survey or scan the QR code below](#)





# What is positive behaviour support?

## Easy Read fact sheet



## How to use this fact sheet



The NDIS Quality and Safeguards Commission (NDIS Commission) wrote this fact sheet.

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



We wrote this fact sheet in an easy to read way.

We use pictures to explain some ideas.

**Bold**  
Not bold

We have written some words in **bold**.

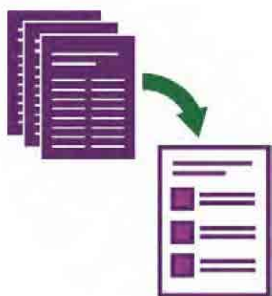
This means the letters are thicker and darker.

We explain what these words mean.



We wrote 5 fact sheets about behaviour support.

This is fact sheet 1.



This Easy Read fact sheet is a summary of another fact sheet.

This means it only includes the most important information.

You can find the other fact sheet on our website.



[www.ndiscommission.gov.au/participants/incidents-and-behaviour-support/understanding-behaviour-support-and-restrictive-practices](http://www.ndiscommission.gov.au/participants/incidents-and-behaviour-support/understanding-behaviour-support-and-restrictive-practices)



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## What is positive behaviour support?

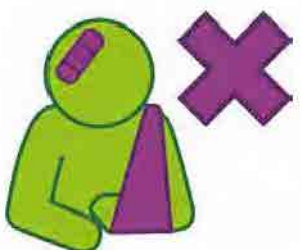


**Positive behaviour support** aims to help you live your best life.



Positive behaviour support helps people:

- understand your behaviour
- meet your needs
- provide the right support to you.



Positive behaviour support does not hurt you.



We also sometimes call it specialist behaviour support.

## How can behaviour support help you?

Behaviour support helps you:



- get support that meets your needs



- have choice and control in your life



- take part in your community



- get along with other people.

It also helps you:



- learn new skills and ways to cope



- be safe.

## How does behaviour support work?



**Specialist behaviour support providers** are people or services that deliver positive behaviour support.

We also call them behaviour support providers.



Behaviour support providers will write a behaviour support plan with you.

We explain behaviour support plans in the next section.



They will help other people use the plan.



They will also check that the plan is working.

Our other fact sheets have more information about:



- how you can find a behaviour support provider near you



- what you can expect from your behaviour support provider.



## What is a behaviour support plan?



There are two types of behaviour support plans.



One plan focuses on keeping everyone safe in the short term.

We call this an Interim Behaviour Support Plan.



The other type of plan explains:

- why your behaviour happens
- how other people can meet your needs.

We call this a Comprehensive Behaviour Support Plan.

Your behaviour support provider will write your behaviour support plan with:



- you
- your family
- other people who support you.

Behaviour support plans include ways to:



- help you have a good life



- meet your needs



- keep you and others safe



- make things better.

## What are restrictive practices?



Sometimes behaviour support plans include **restrictive practices**.

They do this to help keep everyone safe.



Restrictive practices can help:

- stop behaviour
- change behaviour.



They can also stop you from:

- going places
- doing what you want.

For example:



- using a helmet if you are hitting your head



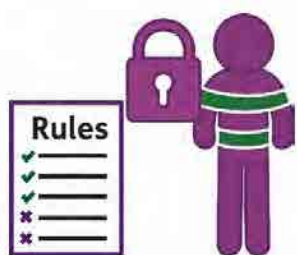
- locking away sharp things, like knives.



Restrictive practices can also take away your **rights**.



Rights are rules about how everyone should be treated.



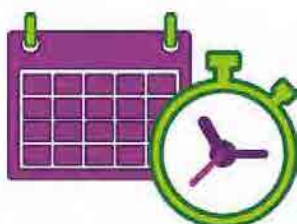
There are rules about the use of restrictive practices.

These rules help protect your rights.

For example, restrictive practices must only be used:



- after trying other things first



- for the shortest time possible.

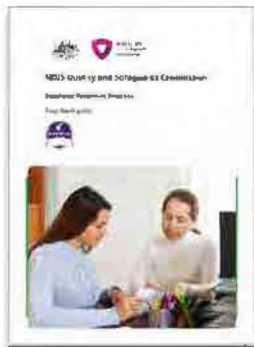


**Registered** providers must follow these rules.

This means we have checked them.



You can find more information about restrictive practices on our website.



You can find an Easy Read version of our Restrictive Practices guide on our website.

[www.ndiscommission.gov.au/resources/language-and-formats/easy-read-information#paragraph-id-5140](http://www.ndiscommission.gov.au/resources/language-and-formats/easy-read-information#paragraph-id-5140)



We also wrote an Easy Read guide about using restrictive practices with children and young people.

You can find it on our website.

[www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers#paragraph-id-2730](http://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers#paragraph-id-2730)

## Contact us



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You can write to us.

NDIS Quality and Safeguards Commission

PO Box 210

Penrith

NSW 2750



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You can follow us on Facebook.

[www.facebook.com/NDISCommission](https://www.facebook.com/NDISCommission)



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# Understanding your rights

## Easy Read fact sheet



## How to use this fact sheet



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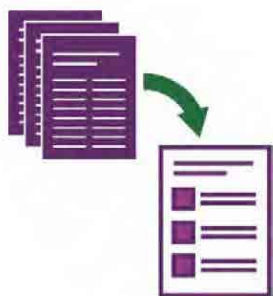
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We explain what these words mean.



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This is fact sheet 2.



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You can find the other fact sheet on our website.

[www.ndiscommission.gov.au/participants/incidents-and-behaviour-support/understanding-behaviour-support-and-restrictive-practices](http://www.ndiscommission.gov.au/participants/incidents-and-behaviour-support/understanding-behaviour-support-and-restrictive-practices)



You can ask for help to read this fact sheet.

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

## What are rights?



**Rights** are rules about how everyone should be treated.



People with disability have the right to be treated the same as everyone else.

For example, you have the right to be:



- safe



- treated fairly



- respected.

You also have the right to:



- make choices



- take part in your community.

## The law and your rights



There are **laws** that protect your rights.

Laws are rules that we all must follow.

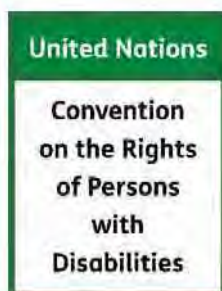


We have a law called the *NDIS Act 2013* (the Act).



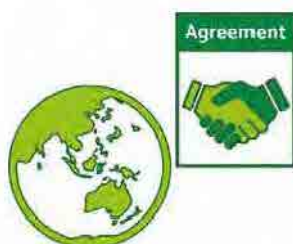
The Act makes sure that **participants** are treated fairly.

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



The Act also supports the goals of the **United Nations Convention on the Rights of Persons with Disabilities**.

We call it the UN Convention.



The UN Convention is an agreement between countries about making sure that people with disability are treated fairly.

## Positive behaviour support and your rights

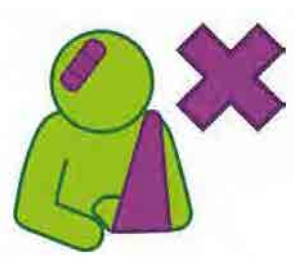


**Positive behaviour support** aims to help you live your best life.

Positive behaviour support helps people:



- understand your behaviour
- meet your needs
- provide the right support to you.



Positive behaviour support does not hurt you.

When you get behaviour support, you have the right to:



- have a say about things that are important to you



- feel safe to ask questions



- get good supports.



You also have the right to take part in writing your **behaviour support plan**.

A behaviour support plan explains how other people should support you to live your best life.

It helps people understand your behaviour.



## Restrictive practices and your rights



Sometimes behaviour support plans include **restrictive practices**.

They do this to help keep everyone safe.



Restrictive practices can help:

- stop behaviour
- change behaviour.



They can also stop you from:

- going places
- doing what you want.

For example, a restrictive practice might be:



- using a helmet if you are hitting your head



- locking away sharp things, like knives.



Restrictive practices can also take away your rights.



You have a right to have any restrictive practices in your plan explained to you.



Over time, you have a right to have less or no restrictive practices in your life.



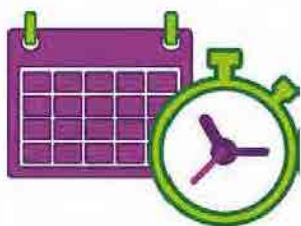
There are rules about the use of restrictive practices.

These rules help protect your rights.

For example, restrictive practices must only be used:



- after trying other things first



- for the shortest time possible.



**Registered** providers must follow these rules.

This means we have checked them.



You can find an Easy Read version of our Restrictive Practices guide on our website.

[www.ndiscommission.gov.au/resources/language-and-formats/easy-read-information#paragraph-id-5140](http://www.ndiscommission.gov.au/resources/language-and-formats/easy-read-information#paragraph-id-5140)

## How do we protect your rights?



We make sure participants get services that are safe and good.



We also make sure that providers treat you fairly.



If you are not happy with how you are being treated, you can make a **complaint**.

A complaint is when you tell us something is wrong with your supports or services.



You can find information about how to make a complaint on our website.

[www.ndiscommission.gov.au/participants/participants-make-complaint](http://www.ndiscommission.gov.au/participants/participants-make-complaint)



You can also contact us to make a complaint.

Our contact details are on the next page.

## Contact us



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Monday to Friday.



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# How to choose a specialist behaviour support provider

Easy Read fact sheet



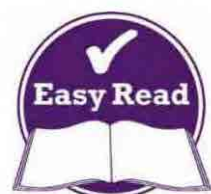


## How to use this fact sheet



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We use pictures to explain some ideas.

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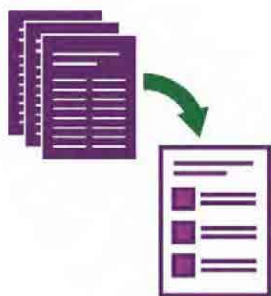
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We explain what these words mean.



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This is fact sheet 3.



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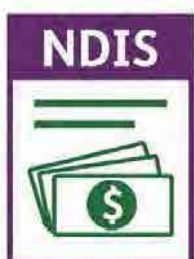
You can ask for help to read this fact sheet. A friend, family member or support person may be able to help you.

## Step 1. Check your NDIS plan

An **NDIS plan** is a document that includes information about:



- you and your goals
- what support you have now
- what support you need
- the **funding** the NDIS will give you.



NDIS funding is the money from your plan that pays for the supports and services you need.



Your NDIS plan will tell you how much funding you have for **positive behaviour support**.

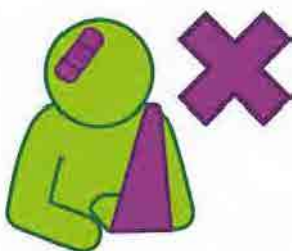


Positive behaviour support aims to help you live your best life.

Positive behaviour support helps people:



- understand your behaviour
- meet your needs
- provide the right support to you.



Positive behaviour support does not hurt you.



We also sometimes call it specialist behaviour support.



Funding for behaviour support is called 'Improved Relationships'.

It is in the 'Capacity Building' part of your NDIS plan.



You can use your funding to pay for a **behaviour support plan**.



A behaviour support plan explains how other people should support you to live your best life.

It helps people understand your behaviour.



You can use your funding to train the people who support you to use your plan.



If you don't have funding for behaviour support, you may need to talk to the NDIA.

You can call them.

**1800 800 110**



You can also talk to the person who helped you write your NDIS plan.

For example, your local area coordinator.



The NDIA wrote an Easy Read version of a booklet about how to use your NDIS plan.

You can find it on the NDIS website.

**[www.ndis.gov.au/participants](http://www.ndis.gov.au/participants)**

## Step 2. Find a specialist behaviour support provider



**Specialist behaviour support providers** are people or services that deliver positive behaviour support.

We also call them behaviour support providers.



Behaviour support providers must be **registered** with us to provide behaviour support.

This means we have checked them.



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



You can search for behaviour support providers on the NDIS website.

[www.ndis.gov.au/participants/working-providers/  
find-registered-provider/provider-finder](http://www.ndis.gov.au/participants/working-providers/find-registered-provider/provider-finder)



You can find and read reviews on the internet.

You can also talk to:



- family and friends



- other people who help you.



### Step 3. Ask questions to find out if they can meet your needs



You can ask behaviour support providers if they are registered to provide behaviour support to **participants**.

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



You can ask how they provide their services.



You can also ask about their experience.

## Step 4. Make a service agreement

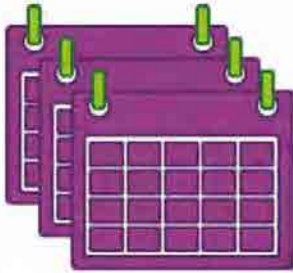


When you choose a behaviour support provider, they will make a **service agreement** with you.



A service agreement is a document that explains what you and your provider have agreed to.

The service agreement should also include:



- how long supports will go for



- how you can change or end supports



- what happens if you do not agree with something.



You might need to sign another document.

It says it is okay for the provider to share information with other people that support you.



You can find more information about service agreements on the NDIS website.

[www.ndis.gov.au/participants/working-providers/making-service-agreement](http://www.ndis.gov.au/participants/working-providers/making-service-agreement)

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# What to expect from your specialist behaviour support provider

Easy Read fact sheet



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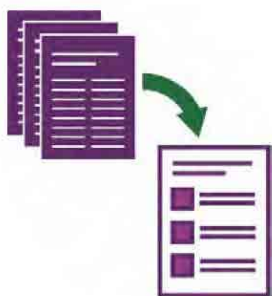
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- provide the right support to you.



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**Specialist behaviour support providers** are people or services that deliver positive behaviour support.

We also call them behaviour support providers.



Behaviour support providers must be **registered** with us to provide behaviour support.

This means we have checked them.



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



They must also use **NDIS behaviour support practitioners** to deliver supports.

They have:

- learned about behaviour support
- know how to provide behaviour support.



In this fact sheet we explain what behaviour support providers must do.

We explain what you can expect from them.

## Following the rules



We want to make sure **participants** get good and safe services.

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



So we have rules about:

- who can provide behaviour support
- how they provide behaviour support.



The rules are written in the:

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



The rules include using **best practice**.

Best practice is doing things that we know work well.

## Making a service agreement



Your behaviour support provider will make a **service agreement** with you.



A service agreement is a document that explains what you and your provider have agreed to.



You can find more information about service agreements on the NDIS website.

[www.ndis.gov.au/participants/working-providers/making-service-agreement](http://www.ndis.gov.au/participants/working-providers/making-service-agreement)

You can also find more information about service agreements in fact sheet 3.



You can find it on our website.

[www.ndiscommission.gov.au/participants/incidents-and-behaviour-support/understanding-behaviour-support-and-restrictive-practices](http://www.ndiscommission.gov.au/participants/incidents-and-behaviour-support/understanding-behaviour-support-and-restrictive-practices)

## Having a say about things that are important to you



Your behaviour support provider will spend time getting to know you.



You should feel safe to ask questions.

You can talk about things that are important to you.



If you agree, your behaviour support provider will also talk to other people that support you.

Everyone will work together to:



- make things better



- help you live your best life.

## Making an Interim Behaviour Support Plan



Your behaviour support provider will write an Interim Behaviour Support Plan with you.

An Interim Behaviour Support Plan focuses on keeping everyone safe in the short term.



Your behaviour support provider will write the plan with:

- you
- your family
- other people who support you.



They should write this plan within one month of meeting with you.

## Doing a functional behaviour assessment



After your behaviour support provider writes your Interim Behaviour Support Plan, they will learn more about you.



They will do a **functional behaviour assessment**.

A functional behaviour assessment tries to work out what is happening and why.

In this fact sheet we call it an assessment.



Your provider will:

- get to know you
- talk to other people in your life
- read information about you.

They will also look at the places where you spend time.



This will help them to understand:

- your behaviour
- how to best support you.



## Making a Comprehensive Behaviour Support Plan



Your behaviour support provider will use the information from the assessment to write another behaviour support plan.

We call this a Comprehensive Behaviour Support Plan.



This plan will help to make your life better.

The plan will focus on:



- why your behaviour happens



- how to meet your needs.



It will help you learn:

- new skills
- ways to cope.



It will also explain how to change the places where you spend time.



Your behaviour support provider should write this plan within 6 months of when they first met you.

## Using less, or no, restrictive practices



Sometimes behaviour support plans include **restrictive practices**.

They do this to help keep everyone safe.



Restrictive practices can help:

- stop behaviour
- change behaviour.



They can also stop you from:

- going places
- doing what you want.

For example:



- using a helmet if you are hitting your head



- locking away sharp things, like knives.



Restrictive practices can take away your **rights**.



Rights are rules about how everyone should be treated.



There are rules about the use of restrictive practices.

These rules help protect your rights.

For example, restrictive practices should only be used:



- after trying other things first



- for the shortest time possible.



You have a right to have any restrictive practices in your plan explained to you.



A copy of the plan must also be given to us.



You can find more information about restrictive practices on our website.



You can find an Easy Read version of our Restrictive Practices guide on our website.

[www.ndiscommission.gov.au/resources/language-and-formats/easy-read-information#paragraph-id-5140](http://www.ndiscommission.gov.au/resources/language-and-formats/easy-read-information#paragraph-id-5140)



We also wrote an Easy Read guide about using restrictive practices with children and young people.

You can find it on our website.

[www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers#paragraph-id-2730](http://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers#paragraph-id-2730)

## Training for the people who support you



Your behaviour support provider will help to put your behaviour support plans into action.



They will teach everyone how to use the plan.



They will train the people who support you.

The training can be done in different ways.

For example face-to-face or online.



You can choose if you want to take part in the training.

This will help everyone to understand:



- the best way to help you
- how to meet your needs
- if, when and how to use restrictive practices.

## Reviewing your plan every year, or sooner if needed



When a behaviour support provider **reviews** your plan, they check to make sure it's working well.

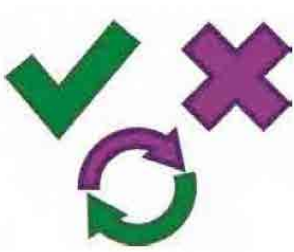
Your behaviour support provider will talk to:



- you



- the people who support you.



They will check what:

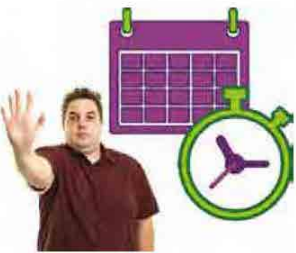
- is working well
- is not working
- has changed.



Everyone will work together to make sure things are getting better.



Your behaviour support provider will update your plan to make sure it meets your needs.



They will try to use:

- less restrictive practices
- or
- no restrictive practices.



## Contact us



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



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



You can call us.

**1800 035 544**



You can send us an email.

[contactcentre@ndiscommission.gov.au](mailto: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](http://www.ndiscommission.gov.au)



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[www.facebook.com/NDISCommission](https://www.facebook.com/NDISCommission)



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# What to do if there is a problem with your specialist behaviour support provider

Easy Read fact sheet



## How to use this fact sheet



The NDIS Quality and Safeguards Commission (NDIS Commission) wrote this fact sheet.

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



We wrote this fact sheet in an easy to read way.

We use pictures to explain some ideas.

**Bold**  
Not bold

We have written some words in **bold**.

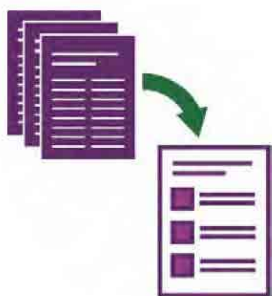
This means the letters are thicker and darker.

We explain what these words mean.



We wrote 5 fact sheets about behaviour support.

This is fact sheet 5.



This Easy Read fact sheet is a summary of another fact sheet.

This means it only includes the most important information.



You can find the other fact sheet on our website.

[www.ndiscommission.gov.au/participants/incidents-and-behaviour-support/understanding-behaviour-support-and-restrictive-practices](http://www.ndiscommission.gov.au/participants/incidents-and-behaviour-support/understanding-behaviour-support-and-restrictive-practices)



You can ask for help to read this fact sheet.

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

## What is this fact sheet about?



**Positive behaviour support** aims to help you live your best life.

Positive behaviour support helps people:



- understand your behaviour
- meet your needs
- provide the right support to you.



We also sometimes call it specialist behaviour support.



**Specialist behaviour support providers** are people or services that deliver positive behaviour support.

We also call them behaviour support providers.



Most behaviour support providers try to give people with disability good services and supports.

But sometimes there are problems.



In this fact sheet we explain what choices you have when there is a problem.



## Tell people about the problem



If there is a problem, you can tell someone that you trust.

They can help you decide what to do about the problem.



If you feel safe, tell your behaviour support provider about the problem.



You can work together to fix the problem.



If the problem can't be fixed, you can:

- end the service
- make a **complaint**.



When you make a complaint, you tell someone that something is wrong with your supports or services.

## How to make a complaint



We want to make sure people with disability get good and safe services.



So when there is a problem, you can contact us to make a complaint.

Our contact details are on page 10.

You can also:



- visit our website  
[www.ndiscommission.gov.au/participants/participants-make-complaint](http://www.ndiscommission.gov.au/participants/participants-make-complaint)
- fill out a Complaint Contact Form.

## How to end or change your service



You might choose to end your service.

This means you want to stop getting services from your behaviour support provider.



Your **service agreement** explains what you need to do if you want to stop or change their services.



A service agreement is a document that explains what you and your provider have agreed to.



Your behaviour support provider might also have a **cancellation policy**.

This is a document that explains what will happen when you want to end or change their services.



When you have ended your service, you can search for a new behaviour support provider.



You can choose what information you want to share with your new behaviour support provider.

You can find more information about choosing a behaviour support provider in fact sheet 3.



You can find it on our website.

[www.ndiscommission.gov.au/participants/incidents-and-behaviour-support/understanding-behaviour-support-and-restrictive-practices](http://www.ndiscommission.gov.au/participants/incidents-and-behaviour-support/understanding-behaviour-support-and-restrictive-practices)

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# What are high-risk practices?

Easy Read guide





## How to use this guide



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

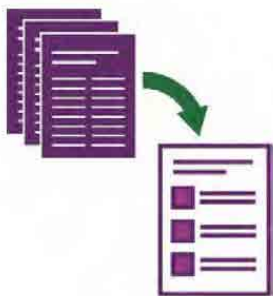
# Not bold

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](http://www.ndiscommission.gov.au)



You can ask for help to read this guide.

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## What's in this guide?

What's this guide about?	5
What are high-risk practices?	8
What happens if a provider uses these practices?	12
Word list	15
Contact us	17

## 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.

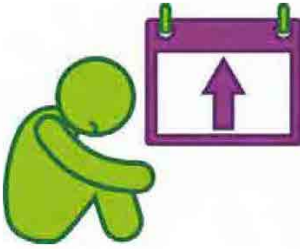
For example, a high-risk practice can be when someone forces a person to the ground to stop them from:



- moving
- doing what they want.



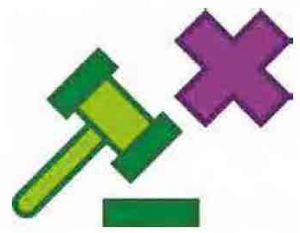
High-risk practices can lead to people getting hurt or even dying.



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.

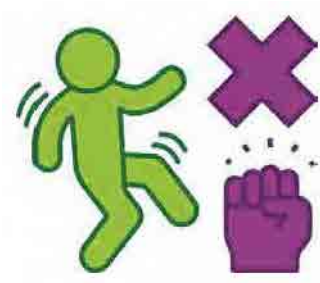


Providers support people with disability by delivering a service.

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

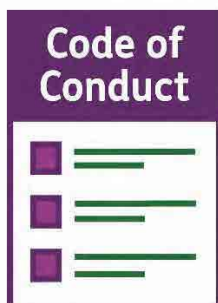


- people who speak up for them.



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/](https://ndiscommission.easyread.com.au/ndis-code-of-conduct/)



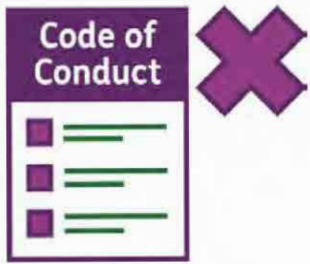
All providers must follow the NDIS Code of Conduct.

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**

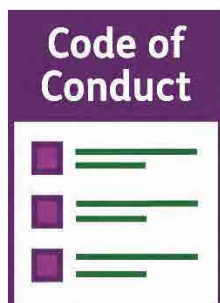


You can also email us.

[contactcentre@ndiscommission.gov.au](mailto: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



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Monday to Friday.



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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.

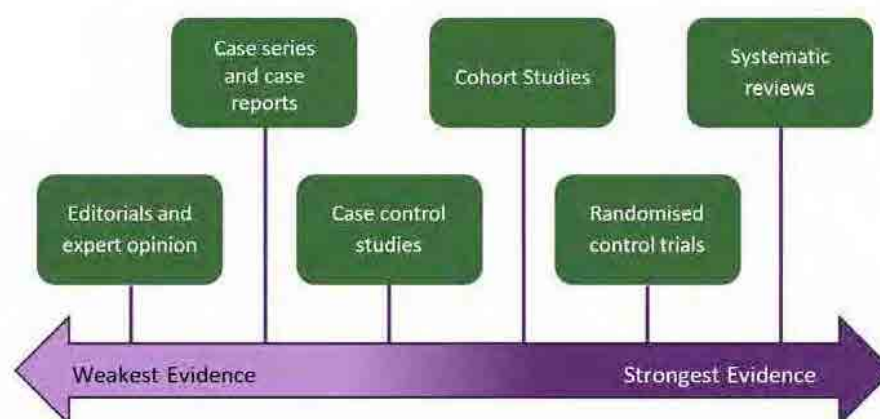


Figure 2: Hierarchy of research evidence

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 encouraged 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 within 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.

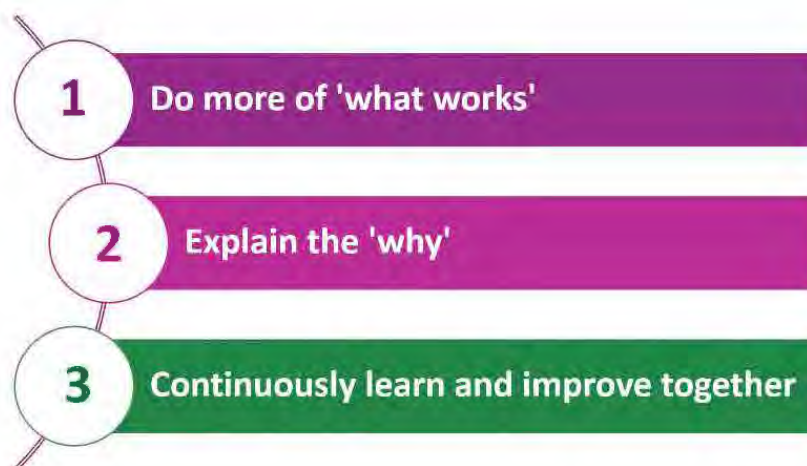


Figure 3: Why is evidence important

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:

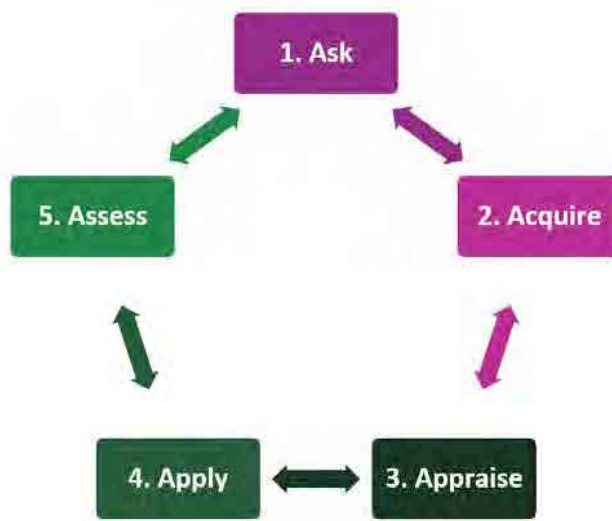


Figure 4: Steps in evidence-informed practice

### 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 Health 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](tel:1800035544) (Mon-Fri)

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

Email: [behavioursupport@ndiscommission.gov.au](mailto:behavioursupport@ndiscommission.gov.au)  
[researchandpractice@ndiscommission.gov.au](mailto:researchandpractice@ndiscommission.gov.au)





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## 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:

Plan details.....	3
Developed by.....	3
Timeframes.....	3
Core values.....	3
Consultation .....	4
Contents .....	4
Regulated Restrictive Practices (RRP).....	5
Authorisation .....	5
Lodgement with the NDIS Commission .....	5
Implementation and monitoring.....	6
Notes and actions.....	6



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## 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.



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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.



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## 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.



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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



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**(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

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## Person details

<b>Person's name:</b>		<b>NDIS Participant #:</b>	
<b>Date of Birth (age):</b>		<b>Gender:</b>	
<b>Address:</b>		<b>State or Territory:</b>	

## Plan dates

<b>Interim BSP date:</b>		<b>Comprehensive BSP due date:</b>	
--------------------------	--	------------------------------------	--

## Practitioner and provider details

<b>NDIS Behaviour Support Practitioner:</b>		<b>Contact details:</b>	
<b>Specialist Behaviour Support Provider:</b>		<b>Registration ID:</b>	

## Contents

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## 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 themselves? 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.

<b>Description of behaviour</b>	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.
<b>Frequency / Duration</b>	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.
<b>Intensity</b>	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.
<b>Triggers</b>	Include information about triggers here. If this information is not readily available at the time of writing, delete this row.
<b>Risks</b>	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.

<b>Behaviour</b>	<b>Preventative Strategies</b>
Name the behaviour here.	Insert preventative strategies here.

## Response strategies

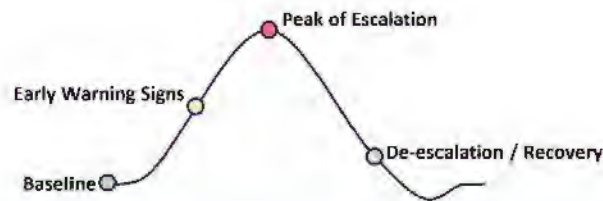
(Prompt) In this section, provide strategies that focuses on safety and which minimise the risk of harm to the person, others and / or their environment. Provide strategies to meet the person's immediate needs.





(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
 <b>Baseline</b> <ul style="list-style-type: none"> <li>• Describe what this looks / sounds like.</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to the <a href="#">preventative strategies</a> section.</li> </ul>
 <b>Early Warning Signs</b> <ul style="list-style-type: none"> <li>• Describe what this looks / sounds like.</li> </ul>	<ul style="list-style-type: none"> <li>• Insert response strategies here to help people to respond early and de-escalate the situation.</li> </ul>
 <b>Peak of Escalation</b> <ul style="list-style-type: none"> <li>• Describe what this looks / sounds like.</li> </ul>	<ul style="list-style-type: none"> <li>• Insert response strategies here to help keep people safe and minimise the risk of harm.</li> </ul>
 <b>De-escalation / Recovery</b> <ul style="list-style-type: none"> <li>• Describe what this looks / sounds like.</li> </ul>	<ul style="list-style-type: none"> <li>• Insert response strategies here to support de-escalation and calm the situation. Also include supports needed following the incident.</li> </ul>

## 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 RRP.

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

<b>Description of RRP</b>	Describe the regulated restrictive practice here. What does it involve?
<b>Implementers</b>	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.
<b>Rationale</b>	Outline here why the RRP is needed? What behaviour does it aim to decrease or stop? Demonstrate how it is <b>proportionate</b> and the <b>least restrictive</b> way of <b>reducing risk of harm</b> . How is it used as a <b>last resort</b> and for the <b>shortest possible time</b> ?
<b>Circumstances to be used</b>	State here whether the use is <b>Routine</b> (i.e., in constant / daily use) OR <b>PRN</b> (i.e., used as needed in response to a specific risk or behaviour). Provide any additional information here as required.
<b>Strategies to be used first</b>	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.
<b>Procedure</b>	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.
<b>Impacts and Safeguards</b>	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.
<b>Training, monitoring and review</b>	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?
<b>Plan to reduce and eliminate RRP</b>	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 RRP 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.

<b>Medication Details</b> Including medication name, dose, route and frequency / circumstances to be used	Describe here the <ul style="list-style-type: none"> <li>• <b>Medication or drug name</b></li> <li>• <b>Dosage amount</b> and unit of measurement. Note, the Commission's portal will ask for a total daily dose.</li> <li>• <b>Route of administration</b>. E.g., implant, injection, nasal, oral, PEG, PR (per rectum), PV (per vagina), patch.</li> <li>• <b>Frequency / circumstances to be used - Routine</b> (i.e., in daily use) OR <b>PRN</b> (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)</li> </ul>
<b>Medical practitioner / prescriber's name</b>	Record here the name and role of the medical practitioner who prescribed or last reviewed the medication.
<b>Date prescribed or last reviewed</b>	Insert the date the medication was prescribed or last reviewed.
<b>Date of next review</b>	Insert details regarding when the medication will next be reviewed.
<b>Implementers</b>	List the providers and people who will implement the RRP.
<b>Rationale</b>	Outline here why the medication is needed. Demonstrate how is it <b>proportionate</b> and the <b>least restrictive</b> way of <b>reducing risk of harm</b> . How is it used as a <b>last resort</b> and for the <b>shortest possible time</b> ?
<b>Strategies to be used first</b>	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.
<b>Procedure</b>	Provide detailed instructions here about how the medication will be used, consistent with the prescriber's instructions.
<b>Impacts and Safeguards</b>	Describe here the anticipated effects of using the RRP. Outline any potential <b>side effects</b> . Outline any strategies or safeguards needed to prevent misuse or medication errors? E.g., maximum daily dose.
<b>Training, monitoring and review</b>	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?
<b>Plan to reduce and eliminate RRP</b>	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 RRP.

## 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
<b>RRP Authorisation</b> (if required)			
<b>Training</b>			
<b>Implementation of strategies</b>			
<b>Monitoring</b> (e.g., feedback from the person, incident reports and data collection)			
<b>Reporting</b> (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](http://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 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](http://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](mailto:behavioursupport@ndiscommission.gov.au)

### Feedback

[Click here to provide feedback via an anonymous online survey or scan the QR code below](#)





**NDIS Quality  
and Safeguards  
Commission**

# Annual Report

1 July 2023 – 30 June 2024

The NDIS Quality and Safeguards Commission is an independent body that works with people with disability, providers and the community to deliver nationally consistent, responsive and effective regulation of NDIS providers.





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# Acknowledgment of Country

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The NDIS Quality and Safeguards Commission acknowledges the Traditional Custodians of the lands upon which we work.

We pay our respects to their Elders past, present and emerging. We thank all Aboriginal and Torres Strait Islander people who share their knowledge of Country and culture with us so that we can work together to shape culturally appropriate services for a more inclusive society.

Artwork by Presten Warren



# Letter of transmittal



NDIS Quality  
and Safeguards  
Commission

30 September 2024

The Hon Bill Shorten MP  
Minister for the National Disability Insurance Scheme  
Parliament House  
CANBERRA ACT 2600

Dear Minister,

I am pleased to present the annual report of the NDIS Quality and Safeguards Commission (NDIS Commission) for the year ended 30 June 2024 (reporting period). This report has been prepared in accordance with the requirements of the *Public Governance, Performance and Accountability Rule 2014* (PGPA Rule) and *Public Governance, Performance and Accountability Act 2013* (PGPA Act). Subsection 46(1) of the PGPA Act requires me to provide you with a report for presentation to the Australian Parliament.

This report includes the NDIS Commission's audited annual financial statements as required by subsection 43(4) of the PGPA Act. It also includes the NDIS Commission's Annual Performance Statements as required under paragraph 39(1)(b) of the PGPA Act.

In accordance with section 10 and as required by subsection 17AG(2) of the *Public Governance, Performance and Accountability Rule 2014*, I certify that the NDIS Commission has:

- ◆ prepared fraud and corruption risk assessments and fraud and corruption control plans;
- ◆ implemented appropriate mechanisms for preventing, detecting incidents of, investigating or dealing with, and recording and reporting, fraud and corruption that meet the specific needs of the NDIS Commission;
- ◆ taken all reasonable measures to deal appropriately with fraud and corruption relating to the entity.

Yours sincerely,

**Michael Phelan APM**

Acting NDIS Quality and Safeguards Commissioner

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E [contactcentre@ndiscommission.gov.au](mailto:contactcentre@ndiscommission.gov.au)

PO Box 210, Penrith NSW 2750  
[www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)



# How to read this report

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The purpose of this annual report is to inform the Parliament and the Australian public of the activities the NDIS Quality and Safeguards Commission (NDIS Commission) undertook between 1 July 2023 and 30 June 2024.

The report contains our results and an analysis of our performance against the measures and targets set out in the NDIS Commission Corporate Plan 2023–24.

This report has been compiled in accordance with the legislative requirements, as specified by the *Public Governance, Performance and Accountability Rule 2014* (PGPA Rule).

**Part 1** of the report provides an overview from the NDIS Commissioner, highlighting the achievements in the 2023–24 financial year.

**Part 2** details the NDIS Commission's roles, functions, purpose and key activities, demonstrating where we fit among our stakeholders. It explains each division's purpose and introduces key personnel. It also showcases our major projects and initiatives during 2023–24.

**Part 3** contains the Annual Performance Statements, which summarise the results and analyse the performance measures and targets set in our Corporate Plan 2023–24.

**Part 4** provides summaries and tables of annual financial statements and financial performance reporting.

**Part 5** includes details of the NDIS Commission's management and accountability processes, detailing the corporate governance structure, audit committees and procurement processes.

**Part 6** focuses on human resource management, employee profiles and remuneration.

**Part 7** includes other mandatory information relevant to the NDIS Commission.

This report, and an Easy Read version, is available online at [Corporate Documents](#)<sup>\*</sup>, or via the [Transparency Portal](#)<sup>†</sup>.

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\* [ndiscommission.gov.au/about/corporate-documents](https://ndiscommission.gov.au/about/corporate-documents)

† [transparency.gov.au/publications/social-services/ndis-quality-and-safeguards-commission/ndis-quality-and-safeguards-commission-annual-report-2022-23/ndis-quality-and-safeguards-commission](https://transparency.gov.au/publications/social-services/ndis-quality-and-safeguards-commission/ndis-quality-and-safeguards-commission-annual-report-2022-23/ndis-quality-and-safeguards-commission)

**For more information about this report, please contact us by:**

email: [contactcentre@ndiscommission.gov.au](mailto:contactcentre@ndiscommission.gov.au)

phone: 1800 035 544

teletypewriter (TTY) users phone: 133 677, and then ask for 1800 035 544

website: [www.ndiscommission.gov.au](https://www.ndiscommission.gov.au)

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# Part 1

## Introduction

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# Message from the Acting Commissioner



I am pleased to present my first annual report as the Acting NDIS Quality and Safeguards Commissioner (NDIS Commissioner). It is an honour to share our achievements over the past 12 months with the disability community and the Australian public.

I was appointed Acting NDIS Commissioner in March 2024, which means I have not been directly involved in many of the achievements we share in this report. In that respect, I acknowledge Tracy Mackey, who led the NDIS Quality and Safeguards Commission (NDIS Commission) during much of the 2023–24 reporting period.

The NDIS Commission received 111,345 complaints and reportable incidents in the

12 months from 1 July 2023 to 30 June 2024 – a 78% increase from the previous year. We resolved 58% of these complaints within 90 days. The most common issues raised with us included complaints about provider practice, worker conduct and capability, and allegations of neglect or abuse.

We attribute this increase to several factors, including growth in the National Disability Insurance Scheme (NDIS), our efforts to promote our role and functions as a risk-based regulator in the disability sector and, in turn, better awareness among NDIS participants and providers of their respective rights and obligations.

Throughout the 2023–24 financial year, we increased our compliance activities to address instances of unacceptable behaviour, unsafe practices, and poor quality supports and services. We conducted two civil penalty proceedings and increased the issuance of banning orders by 34.7%, compliance notices by 162.5% and registration revocations by 79.8% from the previous year. The number of infringement notices we issued also increased more than tenfold in the same period, while the number of warning letters issued quadrupled.

Additionally, the NDIS Commission's Safeguarding Team actioned more than 1,300 matters that removed people with disability from the immediate risk of abuse, neglect, assault, homelessness, loss of supports and services, or other serious harm. This team was formed in December 2022 to resolve urgent matters that, while not always falling within the NDIS Commission's legislated remit, represent a serious threat to people with disability needing immediate help.

We want to see complaints stabilise over time. This means ensuring that NDIS participants can easily identify unacceptable behaviour and exercise their rights when their supports and services are unsafe or of poor quality. We also want all NDIS providers and workers – including those who are unregistered and allied health professionals – to staunchly recognise and abide by the **NDIS Code of Conduct**<sup>\*</sup>.

In the past year, we implemented several preventative campaigns to promote safe practices and the quality of providers' services in the NDIS, such as reviewing and updating our behaviour support plan (BSP) templates in consultation with participants and other stakeholders. We held drop-in sessions, including in remote areas, to allow participants to raise issues with us directly, and we conducted targeted awareness campaigns and forums focused on topics such as supported residential services, the use of restrictive practices and regulatory compliance.

The NDIS Commission also joined a taskforce with the Australian Competition and Consumer Commission (ACCC) and the National Disability Insurance Agency (NDIA) to address the **unfair pricing of NDIS supports and services**<sup>†</sup>.

## Operating efficiently

In the past year, we continued refining our structure, systems and processes to ensure we are doing as much as we can with the resources we have, while also meeting our duty of care to NDIS participants.

This included almost doubling our workforce to 1,036 employees on 30 June 2024, following an additional funding allocation of \$142.6 million in the 2023–24 Federal Budget. This allowed us to create several valuable teams, such as the Provider Relations; Litigation and Dispute Resolution; Indigenous and Remote Operations; and Practice Quality Compliance teams.

Additionally, the Home and Living Supports team was created in April 2024, following the allocation of a further \$10.4 million in government funding (over two years) in November 2023 as a direct outcome of the NDIS Commission's **Own Motion Inquiry into supported accommodation**<sup>‡</sup>. The team is responsible for strengthening the regulation of Specialist Disability Accommodation (SDA) and Supported Independent Living (SIL) providers. During its first three months of operation in the 2023–24 reporting period, the team issued 54 corrective action requests.

We also doubled the number of calls handled by our Contact Centre, following a technology upgrade to a cloud-based system in April 2024. Call-handling rates jumped from around 40% under the legacy system to 80%, meaning we are helping more people more quickly. The new system features an Interactive Voice Response system to queue and redirect calls and a webchat feature that is available on the **NDIS Commission's website**<sup>§</sup>.

The Contact Centre milestone precedes our Data and Regulatory Transformation (DART) program, which is a complex multi-year project to upgrade the NDIS Commission's outdated technology systems.

In May 2024, the NDIS Commission received an additional funding allocation of \$160.7 million (over four years) in the 2024–25 Federal Budget to support the delivery of the DART program. The funding will be used to update the NDIS Commission's systems to better collect, share and analyse data, so that we can more effectively protect NDIS participants, and regulate providers and workers.

## Lived experience matters

Many of our achievements are the intended consequence of pursuing closer links with the community we serve and using the insights from

\* [ndiscommission.gov.au/about/ndis-code-of-conduct](https://ndiscommission.gov.au/about/ndis-code-of-conduct)

† [ndiscommission.gov.au/fair-pricing](https://ndiscommission.gov.au/fair-pricing)

‡ [ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-reports-and-reviews/support-accommodation#paragraph-id-6118](https://ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-reports-and-reviews/support-accommodation#paragraph-id-6118)

§ [ndiscommission.gov.au](https://ndiscommission.gov.au)

those interactions to make sensible operational and regulatory investments.

In August 2023, we reorganised our **Consultative Committee**<sup>\*</sup> into a group of 20 external stakeholders whose insights and feedback help us ensure we have the right regulatory protections in place for people with disability. In support of our commitment to people with disability, more than 50% of the committee members are NDIS participants.

Almost 11,000<sup>†</sup> people completed the NDIS Commission's *Stakeholder Sentiment Survey* between 7 June and 10 July 2024. The survey measured key stakeholders' awareness, understanding and trust of our role and functions. According to the results of the survey, 83% of respondents said they trust the NDIS Commission, while 96% of providers surveyed said training had increased their understanding of what quality and safety mean to NDIS participants.

We completed two own motion inquiries (OMI) that collectively considered more than 4,000 stakeholder submissions, interviews, complaints and reportable incidents.

The first OMI into Platform Providers was published in September 2023. It explored the emergence and popularity of online provider services, with a particular interest in whether these services offer people with disability in rural and remote areas greater choice.

Part One of our OMI into Support Coordination and Plan Management was published in August 2023. It investigated whether the NDIS Commission should change how it regulates support coordinators and plan managers.

Internally, we established five Employee Network Groups to encourage greater diversity and advocacy across the NDIS Commission. The groups include our:

- ◆ Rainbow Network
- ◆ Enable Network (Disability and Carers)

- ◆ First Nations Network
- ◆ Young Professionals Network (under 35)
- ◆ CALD (Culturally and Linguistically Diverse) Network.

We also learned more about our employees' understanding of their regulatory responsibilities through our inaugural Regulatory Practice Maturity Survey (RPMS). Feedback from the RPMS is used to identify and develop practical regulatory learning programs.

Our efforts to learn from our stakeholders were significantly bolstered by the many thousands of Australians who shared their experiences of the NDIS through independent reviews. Notably, the reports of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission) and the NDIS Review, were delivered in September and December 2023, respectively, and led to the creation of the NDIS Provider and Worker Registration Taskforce in February 2024.

Their stories clearly conveyed the support people with disability need and expect from the NDIS and our organisation. I would like to acknowledge the strength of the people with disability and their supporters who shared their experiences and assure the disability community that we will continue working hard to be the trusted regulator of the NDIS.

## Achieving our vision

As the regulator of the NDIS, we are motivated by our vision to support *people with disability to achieve their aspirations*. We do this by upholding their rights, protecting their access to high-quality and safe disability supports and services, and providing the regulatory rigour that allows people with disability to have choice and control over how they live their lives.

Defined in 2022, this vision motivated the NDIS Commission staff throughout the 2023–24 reporting period. We formulated our vision and purpose after many discussions with our

\* [ndiscommission.gov.au/about/who-we-are/consultative-committee](https://ndiscommission.gov.au/about/who-we-are/consultative-committee)

† A total of 10,949 stakeholder surveys were completed between 7 June and 10 July 2024 – NDIS Quality and Safeguards Commission, Stakeholder Survey 2023-24, ORIMA Research August 2024.

most important stakeholders – people with disability, our employees, providers, workers and several of our partners in the disability community.

This is important because it gets to the crux of what matters most in any community – and particularly in the public service – a shared understanding and purpose.

The achievements outlined in this annual report reflect the combined efforts of dedicated staff and stakeholders to ensure that the rights of people with disability are protected and respected.

**Michael Phelan APM**


Acting NDIS Quality and Safeguards  
Commissioner

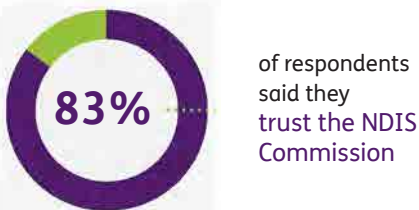
30 September 2024



# Snapshot of the year

## Engagement

 **10,949** responses received in the *stakeholder sentiment survey* between 7 June and 10 July 2024



 **>500** events attended by NDIS Commission representatives

## Calls and enquiries

 **191,727** calls received

## Budget uplift

**\$71.191 million**

increase in resources during 2023-24

 **29,436** emails received

**\$10.4 million**

additional funding to strengthen regulation on Specialist Disability Accommodation and Supported Independent Living providers

## Compliance & enforcement

**124**

banning orders  
(34.7% increase compared to the previous year)

**187**

revocations of registration  
(79.8% increase compared to the previous year)

**42**

compliance notices  
(162.5% increase compared to the previous year)

**147**

infringement notices  
(1,236.4% increase compared to the previous year)

**3,558**

warning letters  
(7,312.5% increase compared to the previous year)

**1,300**

safeguarding matters actioned within 48 hours of receipt

**\$1.8 million**

civil penalty issued by the Federal Court to LiveBetter

## Capability uplift

**1,035**

the total NDIS Commission workforce (an increase of 500 people compared to the previous year)



**410**

staff enrolled in the Australia and New Zealand School of Government (ANZSOG): The Professional Regulator Program



**\$11.9 million**

invested in the telephony system



## Complaints management

**29,054**

complaints received

**78% Increase**

compared to the previous year

**15,064**

complaints closed

**10% Increase**

compared to the previous year

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# Part 2

## About us

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Our achievements during this year . . . . .	38

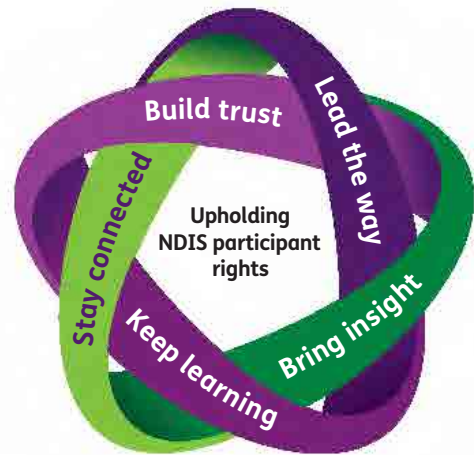
# Overview

## Our role as a regulator

In accordance with section 181D of the *National Disability Insurance Scheme Act 2013* (NDIS Act), The NDIS Quality and Safeguards Commissioner (NDIS Commissioner) has the following functions:

- ◆ the core functions (see “[Appendix 1. NDIS Commissioner’s core functions](#)” on page 164)
- ◆ the registration and reportable incident functions
- ◆ the complaints functions
- ◆ the behaviour support function
- ◆ such other functions that are conferred on the NDIS Commissioner by, or under, the NDIS Act or any other law of the Commonwealth
- ◆ to do anything incidental or conducive to the performance of the above functions.

## Our cultural principles



## Our priorities



Amplifying participant voices



Accelerating regulatory impact



Improving quality



Our people



Integrated capability

## Our Vision

People with disability achieve their aspirations.

## Our Purpose

To uphold the rights of NDIS participants, to elevate quality and safety and enable consumer independence.

## Our impact areas



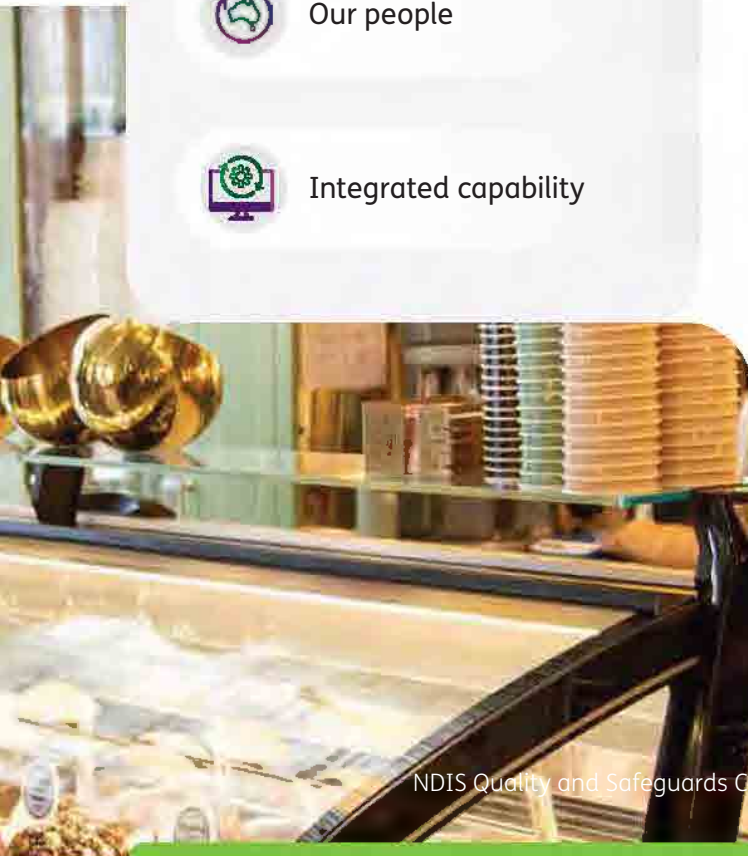
Rights of people with disability



Quality providers and workers



Thriving, diverse markets





**NDIS Quality  
and Safeguards  
Commission**

## NDIS Quality and Safeguards Commission

As a contemporary and purpose-led regulator, the NDIS Quality and Safeguards Commission (NDIS Commission) is an independent agency established to improve the quality and safety of the NDIS supports and services provided to NDIS participants. The NDIS Commission puts the rights of people with disability at the centre of our regulatory activities.

## How we fit

The NDIS Commission and the NDIA are established under the NDIS Act.

The NDIS Commission works with the NDIA, the Department of Social Services (DSS), state and territory governments, NDIS participants and NDIS providers to deliver the NDIS.



### NDIS participants

An NDIS participant is a person with disability who meets the access requirements to become a participant in the NDIS. As a participant, a person with disability can access NDIS community linkages and individualised planning processes to identify the reasonable and necessary supports they need to achieve their goals and aspirations. NDIS participants receive funding to work towards specific goals in their NDIS plans.



### National Disability Insurance Agency

The NDIA is an independent statutory agency whose role is to implement the NDIS, which supports a better life for Australians with significant and permanent disability and their families and carers. The NDIA improves the independence and the social and economic participation of eligible people with disability by managing a financially sustainable NDIS with proper, efficient and effective resource use.

## National Disability Insurance Scheme

As part of our world-first approach to providing disability support, the NDIS enables people with disability to receive a reasonable and necessary package of flexible supports to help them pursue their goals and aspirations. By putting people at the centre of NDIS decision-making, people with disability can exercise choice and control how they live their lives.

### NDIS providers



An NDIS provider is a person, business or organisation that delivers NDIS-funded supports to participants. Providers have different areas of experience and expertise. A registered NDIS provider is a person or organisation that is registered with the NDIS Commission in accordance with section 73E of the NDIS Act. NDIS providers must be registered to deliver certain kinds of supports.

### Workers



Under the NDIS Commission, a worker is anyone who is employed or otherwise engaged to provide NDIS supports and services to people with disability. Workers can be paid or unpaid, and can be self-employed, employees, contractors, consultants, and volunteers. State and territory worker screening units, on behalf of the NDIS Commission, assess whether a person who works, or seeks to work, with people with disability poses a risk to them. A worker will either be cleared or excluded from working in certain roles with people with disability.



# What we do

## Complaints and Engagement Division

The Complaints and Engagement Division comprises:

- ◆ Complaints and Incidents
- ◆ Communication, Engagement and Education.

### Complaints and Incidents

Complaints and Incidents are responsible for responding to concerns, complaints and reportable incidents relating to the quality and safety of services and supports providers and workers provide to participants.

Complaints and Incidents work closely with complainants, the person with disability (and, where relevant, their formal and informal supports) and providers to progress and resolve complaints, manage incidents, and build participant and provider capability. It also works with other divisions to ensure that issues are addressed at an individual and system level, driving improvements in the quality of services and supports provided to participants.

The division aims to help participants and their supporters understand their rights, including their ability to exercise choice and control as consumers of NDIS supports and services. It also aims to elevate participants' rights by ensuring providers and support workers understand and meet their obligations under the NDIS Code of Conduct.

### Communications, Engagement and Education

Communications, Engagement and Education ensures NDIS Commission

messaging is coordinated, coherent and consistent, and highlights rich, shared stories that underpin a culture of inclusion.

Communications, Engagement and Education creates compelling co-designed content and uses various methods to engage with a wide variety of stakeholders, including participants, providers, workers, advocates and NDIS Commission employees. The primary goal is to uplift the disability sector's capability by increasing awareness of participants' rights and providers' and workers' obligations.

The division's goal is to educate and engage the disability sector on key issues through easy and informative content (for example, an accessible and user-friendly website and social channels) and consultations with participants, their support networks, providers and workers.

## Regulatory Operations Division

The Regulatory Operations Division comprises:

- ◆ Regulatory Campaigns and Projects
- ◆ Market Operations
- ◆ Compliance and Enforcement.

The Regulatory Operations Division enables the NDIS Commission to deliver core regulatory functions, supported by three branches and the Office of the Deputy Commissioner, which includes the Risk, Intelligence and Delivery; Operational Assessment; and Business Improvement and Quality teams.

The Risk, Intelligence and Delivery team provides high-quality and timely intelligence reports to support regulatory objectives and inform operational areas of the

NDIS Commission on risks and threats to participant safeguarding, compliance with obligations, the integrity of the NDIS and the quality of services provided to participants.

The Operational Assessment team is responsible for taking a risk-based approach to reviewing closed matters across our Reportable Incidents, Compliance, Investigations and Complaints functions. Analysing these matters provides us with important insights to improve regulatory practice.

The Business Improvement and Quality team partners with staff to support the efficient and effective delivery of regulatory operation transformation and business improvement projects across the division. The team measures, assesses and improves the quality of the work undertaken and supports business planning activities across the division.

### Regulatory Campaigns and Projects

Regulatory Campaigns and Projects plays an important role in promoting and progressing the NDIS Commission's proactive and risk-responsive regulatory posture. This is achieved by targeted compliance campaigns and high-intensity responses to urgent safeguarding matters. The team uses both reactive and proactive regulatory levers. It works with our people to develop and enhance regulatory capability to build a confident, professional regulatory workforce. The team works with internal and external stakeholders to build connections.

### Market Operations

Market Operations regulates a thriving market of quality registered providers and workers. This is achieved by assessing providers for registration under the NDIS and undertaking audit and monitoring activities to ensure providers meet their

legal obligations in providing high-quality and safe supports and services. Market Operations is the national leader for NDIS worker screening, administers the NDIS Worker Screening Database and leads interagency engagement for market entry.

### Compliance and Enforcement

Compliance and Enforcement monitors provider and worker conduct via incident reports, complaints, registration processes and information sharing with other regulators and bodies such as the NDIA. It uses a range of powers, including banning providers and workers. Its compliance and enforcement actions are responsive and proportionate to the non-compliance identified. These actions seek to ensure the NDIS Commission removes unscrupulous providers to keep people safe from harm.

## Practice Quality Division

The Practice Quality Division comprises:

- ◆ Practice Quality Capability
- ◆ Practice Quality Operations.

The Practice Quality Division delivers the NDIS Commission's regulatory function specific to behaviour support and the use of restrictive practices in the NDIS. The division seeks to improve participants' quality of life by improving the quality of behaviour support and reducing restrictive practices over time. It provides national leadership on best practice in behaviour support, safeguards the human rights of NDIS participants, and

takes compliance action against NDIS providers that place participants at risk. It also works with providers who develop BSPs, and providers who use restrictive practices.

### Practice Quality Capability

Practice Quality Capability focuses on lifting provider capability through education, leadership and direct action. This is achieved through the direct safeguarding of participants, determining the suitability of behaviour support practitioners, providing clinical and policy advice in relation to best practice in behaviour support, and delivering national education and engagement support on the safe use of restrictive practices and their reduction.

### Practice Quality Operations

Practice Quality Operations further drives the impact of and improves provider quality by taking compliance action in relation to restrictive practice use and poor-quality behaviour support interventions (including the use of prohibited practices), overseeing the use of unauthorised restrictive practices, providing advice and consultation about the use of restrictive practices and behaviour support, and undertaking the analysis of restrictive practice data to support risk-based and data-driven approaches by the Practice Quality Division.

## Regulatory Policy, Insights and Review Division

The Regulatory Policy, Insights and Review Division comprises:

- ◆ Data and Insights
- ◆ Regulatory Insights.

This division enables us to deliver on the NDIS Commission's outcomes and legislative functions by delivering strategic policy development and advice, market design and oversight, data and analysis activities, and major projects and initiatives. The division also supports the NDIS Commissioner with inquiries and reviews, as well as NDIS workforce initiatives. The division's functions include the Strategic Programs function, which administers the NDIS Support for NDIS Providers' Grants Program, as well as the Research and Evaluation function, which develops and designs the NDIS Commission's research program, evaluates designs to inform best practice, and uses evidence-based information to lift service quality and improve participant outcomes. It brings expertise, evidence and perspective to the NDIS ecosystem.

### Data and Insights

Data and Insights is responsible for the NDIS Commission's data governance and analytics functions, and enables the NDIS Commission to manage and use data effectively. It oversees strategic initiatives and ensures operational excellence to navigate the complex disability ecosystem effectively. This includes providing advice on research and evaluation methods and planning and reporting. The division works closely with the NDIS Commissioner, key stakeholders and enabling areas to ensure policy and regulatory reform is practical, efficient and responsive to evolving needs, fostering innovation and growth.

### Regulatory Insights

Regulatory Insights oversees the delivery of the strategic regulatory quality improvements rolling program of work, including new policy proposals, and monitoring the market to deliver evidence-informed reforms and continuous improvements. It uses market data to identify and monitor trends, risks and innovations in the NDIS market and

provide insights into emerging or complex systemic issues. It works closely with regulatory areas and external stakeholders to continuously improve the regulatory framework and enhance the NDIS Commission's regulatory influence.

## Legal Services and Internal Integrity

The Legal Services and Internal Integrity Branch comprises:

- ◆ Legal Services
- ◆ Internal Integrity Unit.

This division enables us to fulfil the NDIS Commission's statutory functions by delivering legal supports and services across the NDIS Commission, and supporting the Commissioner in managing legal and integrity risks.

### Legal Services

Legal Services provides a full range of in-house legal services to support the NDIS Commission's regulatory and corporate functions. It also advises on the application of legislation the NDIS Commission administers, problem-solves and supports robust administrative decisions made under the legislative framework, and manages court and tribunal proceedings.

Legal Services works closely with the NDIS Commissioner and regulatory areas to continuously improve the regulatory framework. This work includes advising on legal policy matters and managing amendments to the legislation, the NDIS Rules and notifiable instruments. Legal Services advises on the NDIS Commission's various corporate and governance obligations, including workplace relations matters, information law matters and capability building across the NDIS Commission.

### Internal Integrity Unit

The Internal Integrity Unit manages disclosures relating to the NDIS Commission under the Public Interest Disclosure Act 2013, including undertaking independent investigations into these disclosures. It also investigates alleged workplace misconduct and complaints from external stakeholders about the NDIS Commission.

The Internal Integrity Unit manages all internal reviews of decisions the NDIS Commission makes under the NDIS Act; processes requests for NDIS Commission information and records under the Freedom of Information Act 1982; and handles privacy-related matters on behalf of the NDIS Commission, including privacy inquiries, privacy complaints and requests for access to and correction of personal information under the Privacy Act 1988.

The Internal Integrity Unit has established the framework for enabling us to comply with the NDIS Commission's legislative obligations. It monitors the compliance and continuously builds the capability of NDIS Commission staff.

## Planning Performance and Delivery

The Planning, Performance and Delivery Branch comprises:

- ◆ Planning, Performance and Governance
- ◆ Delivery and Strategy
- ◆ Office of the Commissioner
- ◆ Parliamentary Services.

Planning, Performance and Delivery assists the NDIS Commission by coordinating enterprise-wide initiatives and enabling the flow of information within it. This occurs in the form of secretarial services, corporate reporting, project reporting, ministerial

and parliamentary correspondence, and support for the Commissioner. Its contribution ensures that the NDIS Commission meets strategic priorities and that these priorities are operationalised effectively.

### Planning, Performance and Governance

Planning, Performance and Governance is responsible for delivering the NDIS Commission's planning and reporting activities in accordance with the PGPA Act. It administers the Planning and Performance Framework and is responsible for its implementation. It works closely with key stakeholders to ensure the work of the NDIS Commission is planned, monitored and reported in a consistent and cohesive way. This includes the NDIS Commission's Portfolio Budget Statement, Corporate Plan, Annual Performance Statements and annual report. These corporate documents demonstrate how the NDIS Commission meets its priorities and fulfils its purpose.

### Delivery and Strategy

Delivery and Strategy is a key enabling area, responsible for enterprise-level project oversight. This includes monitoring progress against enterprise-wide initiatives and alignment with the NDIS Commission's five-year strategic outlook. Delivery and Strategy supports continuous improvement, providing the frameworks and structures to deliver innovative and effective programs that support the delivery of regulatory excellence and a one-Commission approach.

### Office of the Commissioner

The Office of the Commissioner provides high-level executive support to the NDIS Commissioner. There is a strong focus on stakeholder engagement and customer service, liaising with departmental staff, senior staff in the NDIS Commission, and counterparts in other Australian

Government agencies and state and territory governments. Office of the Commissioner staff work together in their dynamic roles to identify linkages, anticipate needs and develop solutions where required. They provide advice and support for the NDIS Commissioner on a day-to-day basis.

### Parliamentary Services

Parliamentary Services is the NDIS Commission's central coordination point for ministerial and parliamentary activity, including ministerial correspondence, ministerial submissions and briefs, coordination activities such as question-time briefs, Senate estimates and parliamentary committee hearings.

## Corporate Division

The Corporate Division comprises a range of enabling functions, including finance, procurement, people, information and communications technology (ICT), information management, audit fraud and risk, property, security and workplace services. The Chief People Officer, Chief Finance Officer, Chief Information Officer and Chief Information Security Officer work within the Corporate Division.

The Corporate Division enables the NDIS Commission to deliver on outcomes by providing people-centric and reliable processes, systems, services and information. Corporate uses strong business partnering relationships and subject matter expertise to facilitate appropriate, risk-informed decision-making, support and resource use.



### Finance, People and Procurement

Finance, People and Procurement supports all NDIS Commission employees and senior leadership with a range of human resource (HR), finance and procurement services, and provides high-quality data for enhanced decision-making. A range of initiatives is underway across functions to streamline services to support improved business outcomes.

### Chief Information Officer

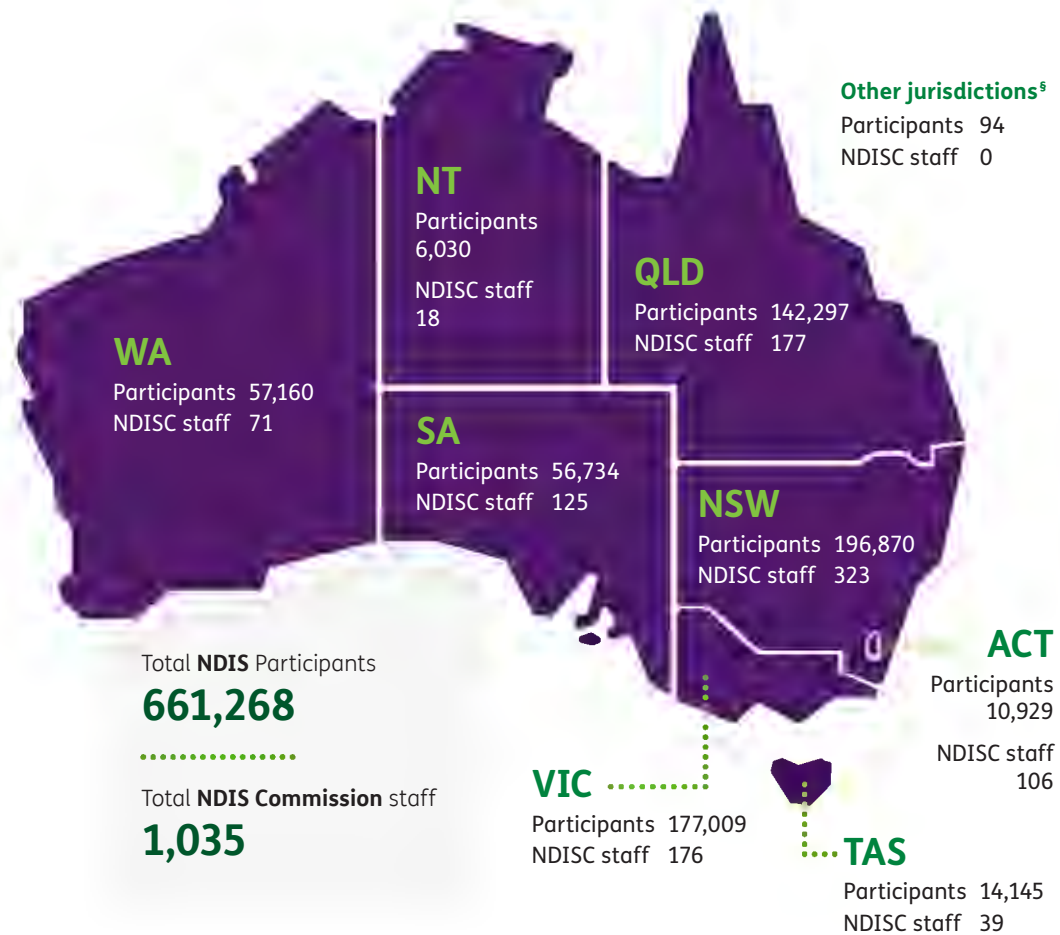
The Chief Information Officer partners with NDIS Commission personnel and executives, NDIS providers, disability workers and government agencies to deliver value-added, effective and efficient information technology (IT) systems and processes in support of the NDIS Commission's overall purpose. The right advice is provided at the right time and the Chief Information Officer is the preferred supplier to implement the right technology choices to address business outcomes.

# Where we are located

The NDIS Commission operates nationally, with offices in the capital cities of all states and territories. Our office information is available on the ‘[Your state/territory](#)’ page on our website.

As at 30 June 2024, we have a total of 1,035 staff<sup>†</sup> working with NDIS participants and their informal supports, providers, and workers to improve the quality and safety of NDIS supports and services.

Below is a breakdown of the NDIS Commission staff in each state and territory, along with the number of active NDIS participants in that state or territory, as at 30 June 2024.<sup>‡</sup>



\* [ndiscommission.gov.au/providers/your-stateterritory](https://ndiscommission.gov.au/providers/your-stateterritory)

† The NDIS Commission staff includes staff engaged under the Public Service Act 1999 and contractors, excluding auditors and consultants.

‡ The NDIA provides the data on participant numbers. Further details are available on its website: [Quarterly Reports](https://www.ndia.gov.au/about-us/publications/quarterly-reports) [[ndia.gov.au/about-us/publications/quarterly-reports](https://www.ndia.gov.au/about-us/publications/quarterly-reports)]

§ As at 30 June 2024, there were 26 active participants with missing state or territory information and 68 active participants residing in other territories including Norfolk Island, Christmas Island and the Cocos (Keeling) Islands.

# Leadership

## Accountable Authority

The NDIS Quality and Safeguards Commissioner (NDIS Commissioner) is the Accountable Authority for the NDIS Commission. The following individuals were the Accountable Authority between 1 July 2023 to 30 June 2024:

- ◆ **Tracy Mackey**, NDIS Commissioner, from 1 July 2023 to 12 March 2024
- ◆ **Michael Phelan**, Acting NDIS Commissioner, from 12 March 2024 to 21 March 2024
- ◆ **Sian Leathem**, Acting NDIS Commissioner, from 22 March 2024 to 29 March 2024
- ◆ **Michael Phelan**, Acting NDIS Commissioner, from 1 April 2024 to 30 June 2024

## Tracy Mackey

### NDIS Quality and Safeguards Commissioner

from 10 January 2022 to 12 March 2024

Ms Tracy Mackey was the NDIS Quality and Safeguards Commissioner from January 2022 to 12 March 2024.

Ms Mackey has extensive professional experience in policy, programs and regulation across several portfolios, including town planning, housing, environment and social services. She has significant experience working in government, having spent time in all three tiers, and joined the NDIS Commission from the New South Wales public sector.

Previously, Ms Mackey was the Chief Executive Officer (CEO) at the Environment Protection Authority, and led the organisation through a period of transformation. During her time with the Australian Government, she held senior executive positions in immigration, health and ageing, community and emergency services.

Ms Mackey also spent time at the executive level at a large not-for-profit provider, at a multi-national consulting firm and leading her own consulting practice.

Complementing her executive roles, Ms Mackey brought experience as a non-executive director on several boards.







## Michael Phelan APM

### Acting NDIS Quality and Safeguards Commissioner

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from 12 March 2024 to 30 September 2024

Mr Phelan has had an extensive career in law enforcement, beginning in 1985 when he was first appointed to the Australian Federal Police (AFP).

In 1998, Mr Phelan was appointed CEO of the AFP Association for two years, before taking up a position as the AFP's Senior Liaison Officer in Manila, Philippines.

In September 2007, Mr Phelan was appointed the Chief Police Officer for the Australian Capital Territory (ACT) where he was responsible for delivering all policing services to the ACT.

Mr Phelan was appointed CEO of the Australian Criminal Intelligence Commission (ACIC) and Director of the Australian Institute of Criminology (AIC) in November 2017. As CEO of ACIC, he was responsible for the management and administration of Australia's national criminal intelligence agency overseeing intelligence operations and specialist capabilities, and for ensuring the delivery of national policing information systems and services to partners. As Director of the AIC, Mr Phelan led Australia's national research and knowledge centre on crime and justice.

He has previously held positions on the boards of the Australian Crime Commission, CrimTrac, and the Australian and New Zealand Police Advisory Agency. Mr Phelan also served as a member of the ACT Law Reform Advisory Council and the Australian National Advisory Council on Alcohol and Drugs (ANACAD).

In 2008, Mr Phelan was awarded the Australian Police Medal.



## Executive Leadership Team



### Rod Carracher

#### Acting Deputy Commissioner, Practice Quality Division

Mr Rod Carracher is Acting Deputy Commissioner, Practice Quality Division. Mr Carracher joined the NDIS Quality and Safeguards Commission in September 2023. He has supported the division through a restructure and changes in leadership and business priorities.

Mr Carracher is committed to safeguarding the rights of people with disability and ensuring their supports and services are of the highest quality. Through the lens of human rights, he is focused on driving improvements in behaviour support practice and providing leadership to reduce and eliminate restrictive practices.

Prior to joining the NDIS Commission, Mr Carracher was the Chief Practitioner for a large disability service provider for seven years. He has extensive senior executive leadership experience in the human services sector and in direct disability service delivery across state government departments and not-for profit organisations. He brings to the NDIS Commission experience in practice quality leadership and management of large disability and human support services, and behaviour support and clinical practitioners. He worked as a senior executive in the former Victorian Department of Health and Human Services in areas of disability services, youth justice and social housing, and led disability services through the transition into the NDIS. He was the Acting Victorian Senior Practitioner for an extended period and has been a sitting member of Victoria's Youth Parole Board.

Mr Carracher holds an Executive Master of Public Administration and is a Graduate of the Australian Institute of Company directors.



## Alisa Chambers

### Deputy Commissioner, Regulatory Policy, Insights and Review

Ms Alisa Chambers is the Deputy Commissioner, Regulatory Policy, Insights and Review. Ms Chambers joined the NDIS Commission in February 2022. In her role, she supports the NDIS Commissioner in upholding the rights of NDIS participants by providing high-quality evidence, analysis and policy advice on the regulation of the NDIS market.

Throughout her career, Ms Chambers has worked in areas that deal with highly sensitive and complex social issues, such as aged care, disability and policy reform, child protection services, early childhood education and environmental regulation. She is committed to improving communities, particularly for the most vulnerable among us.

Ms Chambers has designed and delivered major reform and cultural change programs on behalf of governments and organisations. She has an inclusive leadership approach, coupled with qualifications in change leadership, which allow her to skilfully manage diverse stakeholder priorities to deliver optimal outcomes.



## Sian Leathem

### Deputy Commissioner, Complaints and Engagement

Ms Sian Leathem commenced as the Deputy Commissioner, Complaints and Engagement in January 2022. She has two decades of senior executive experience in Australian and state government agencies across a range of dispute resolution and regulatory areas. Before joining the NDIS Commission, she served as the Registrar and CEO of the Administrative Appeals Tribunal (AAT). The AAT is responsible for conducting independent merit reviews of administrative decisions made under Australian Government laws, including decisions relevant to the NDIS.

Ms Leathem led the project team responsible for merging 22 existing tribunals into the New South Wales Civil and Administrative Tribunal (NCAT) and performed the role of Principal Registrar of that amalgamated tribunal.

Prior to her role at NCAT, Ms Leathem was the Registrar of the Workers Compensation Commission of NSW. She also has a wealth of legal policy experience gained through various roles in the NSW Attorney General's Department and the Department of Prime Minister and Cabinet.

Ms Leathem has received an Excellence in Government Legal Service Award from the Law Society of New South Wales and an Excellence in Leadership Award from the NSW Department of Justice. In 2011, she received the Young Public Sector Leader Award from the Institute of Public Administration Australia.



## Catherine Myers

### Deputy Commissioner, Regulatory Operations (Registrar)

Ms Catherine Myers joined the NDIS Commission in July 2022 and has led the NDIS Commission's shift from a state-based operation to a national organisation. Ms Myers is focused on building a strong organisational culture and inspiring teams to deliver outstanding results.

With over 12 years of senior leadership experience in the Victorian Government and nine years in the private sector, Ms Myers has led transformation projects and overseen the design of risk-based regulatory tools. She has implemented significant change programs resulting in improved capability, service delivery and regulatory outcomes. Ms Myers leverages her experience in change management and communication to deliver practice improvements in regulation and lift capability across her teams.

Prior to joining the NDIS Commission, Ms Myers was the CEO of the Victorian Commission for Gambling and Liquor Regulation. In 2019, the Institute of Public Administration Australia (IPAA), which recognises women for their leadership inspiration and accomplishment, listed Ms Myers as one of the Top 50 Public Sector Women (Victoria). Additionally, her organisation was awarded the IPAA (Vic) Innovative Regulation Award for the development of a new digital risk assessment tool.

Ms Myers holds a Bachelor of Education and a Master of Business Administration, and is a Graduate of the Australian Institute of Company Directors.



## Lisa Pulko

### Chief Operating Officer

Ms Lisa Pulko started with the NDIS Commission in April 2022. She previously held various roles across the Department of Defence, the Department of Home Affairs and the National Capital Authority.

Ms Pulko has been responsible for improving financial systems, policies and processes, designing prioritisation frameworks that take into account risk and posture to inform investment decisions, and designing business improvement approaches across a range of functional areas.

She has previously delivered the Federal Budget for the Department of Home Affairs, negotiated large contracts and worked on multiagency taskforces. She has extensive experience in delivering high-quality and timely advice to support sound government decision-making.

Ms Pulko also delivered the 2023–24 Budget for the NDIS Commission, which resulted in a significant uplift of our workforce and capabilities.



## Pier Robinson-Tafft

### Assistant Commissioner, Planning, Performance and Delivery

Ms Pier Robinson-Tafft is the Assistant Commissioner, Planning, Performance and Delivery, and joined the NDIS Commission in March 2022. She leads initiatives on an enterprise level that support the enablement of the NDIS Commission's regulatory approach.

Ms Robinson-Tafft has extensive experience in human services, and has held senior roles in Australian and state government human services portfolios and in the non-government sector. She has been involved in significant whole-of-government policy reforms, including the transition from NSW disability services to the NDIS.

Ms Robinson-Tafft is committed to delivering outcomes for people through the development of innovative strategy, policy and stakeholder engagement.



## Kenneth Teoh

### General Counsel and Assistant Commissioner, Legal and Internal Integrity

Mr Kenneth Teoh is the General Counsel and Assistant Commissioner, Legal and Internal Integrity. He joined the NDIS Commission in November 2022 and is responsible for providing legal advice to the NDIS Quality and Safeguards Commissioner, and the full range of legal services across the NDIS Commission. He also oversees the NDIS Commission's accountability and integrity functions, such as the handling of complaints about the NDIS Commission, investigations into workplace conduct, requests under the *Freedom of Information Act 1982*, disclosures under the *Public Interest Disclosure Act 2013*, and the review of NDIS Commission decisions.

Mr Teoh has over 20 years' experience working in legal roles with Australian Government regulators and has also spent time in regulatory and enforcement roles. Prior to that, he was a solicitor at the Australian Government Solicitor, specialising in administrative and government law litigation.

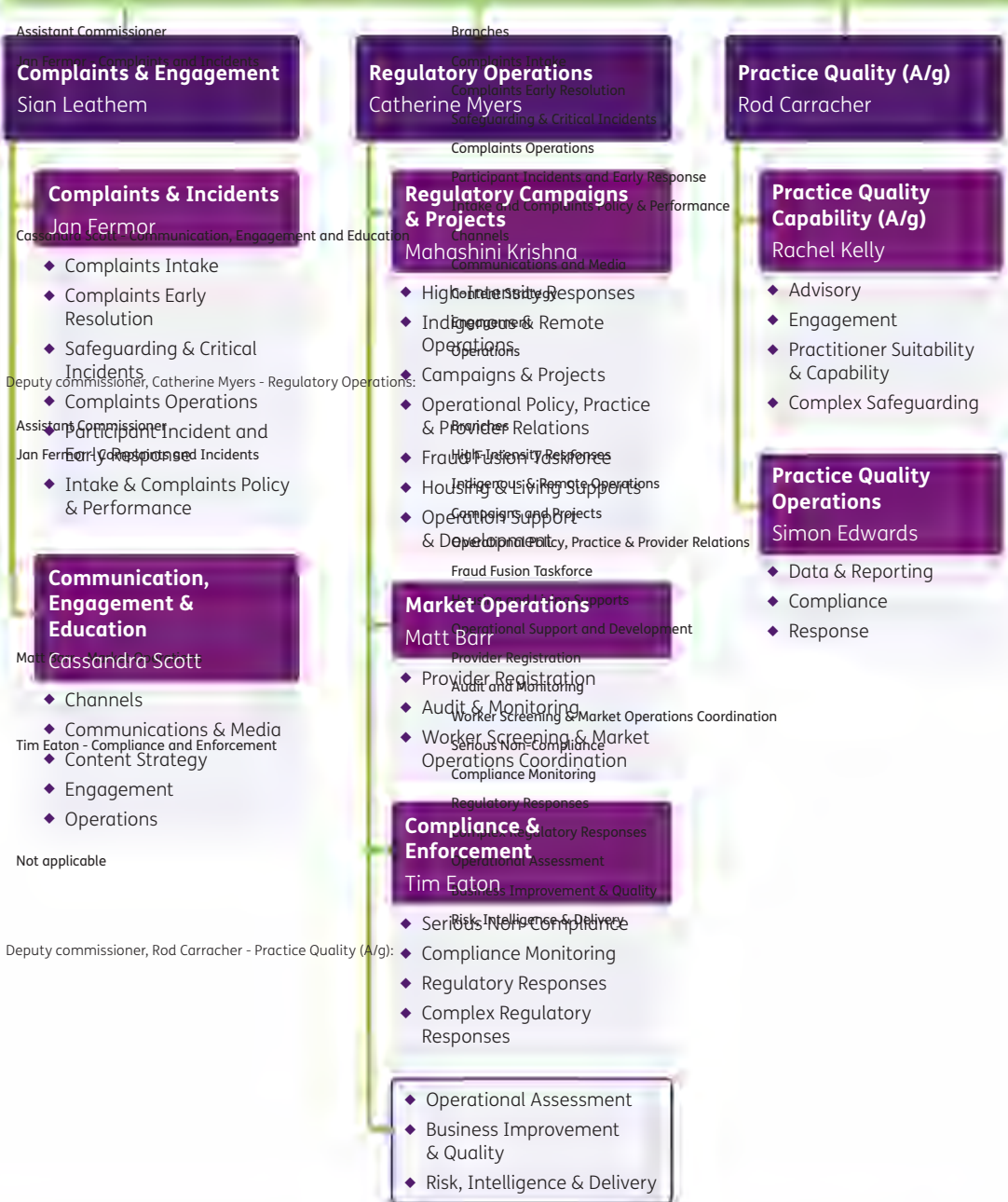
# Organisational structure

Flow chart

First level:

Acting NDIS Commissioner, Michael Phelan.

Second level:  
 Deputy Commissioner, Sian Leathern - Complaints and Engagement:



Assistant Commissioner

Rachel Kelly - Practice Quality Capability (A/g)

Branches

Advisory

Engagement

Practitioner Suitability & Capability

Complex Safeguarding

Policy & Reporting

Compliance

Response

**Regulatory Policy, Insights & Review**

Alisa Chambers

**Chief Operating Officer**

Lisa Pulko

**General Counsel  
Legal Services & Internal Integrity**

Kenneth Teoh

**Planning, Performance & Delivery**

Pier Robinson-Taftt

Deputy commissioner, Alisa Chambers - Regulatory Policy, Insights and review:

**Regulatory Insights**

Nicole Mahar

- ◆ Markets & Framework
- ◆ Intergovernmental & Regulatory Policy
- ◆ Regulatory Improvement Initiatives
- ◆ Disability Specialist Policy Advice

**Chief Information Officer**

**Chief Information Security Officer**

Michael Kardaris

- ◆ IT Operations
- ◆ IT Governance and Assurance

**Assistant Commissioner, Finance & People**

**Chief People Officer**

**Chief Financial Officer**

Anne Fleischer

- ◆ Finance
- ◆ Procurement
- ◆ People Services
- ◆ People Strategy
- ◆ People Initiatives

Branches

Markets and Framework

Intergovernmental & Regulatory Policy

Regulatory Improvement Initiatives

Disability Specialist Policy Advice

Data & Insights

Strategic Policy Regulation & Business Improvement

Strategic Programs & Advice

Research & Evaluation

External Budget Policy

Internal Integrity Unit

Branches

Operations

IT Governance and Assurance

Finance

Procurement

People Services

People Strategy

People Initiatives

Workplace Safety

Audit, Fraud and Risk

Security and Workplace Services

Assistant Commissioner

- ◆ Michael Kardaris - Chief Information Officer, Security Officer
- ◆ Strategic Policy
- ◆ Coordination Assistant Commissioner, Chief People Officer; Chief Financial Officer & Business Improvement
- ◆ Strategic Programs
- ◆ Research & Evaluation
- ◆ External Budget Policy

Reporting directly to the Acting Commissioner:

Assistant Commissioner

Kenneth Teoh - General Counsel; Legal services and Internal Integrity

Pier Robinson-Taftt - Planning, Performance and Delivery

**Workplace Safety**

**Audit, Fraud & Risk**

**Security & Workplace Services**

Branches

Legislation and Regulatory Framework

Litigation and Dispute Resolution

Compliance and Enforcement

Regulatory Strategy & Advice

Internal Integrity Unit

Planning, Performance & Governance

Delivery & Strategy

Office of the Commissioner

Parliamentary Services

**Key:**

**Deputy Commissioner**

**Assistant Commissioner**



# Our achievements during this year

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## Key activities status update

The NDIS Corporate Plan is the NDIS Commission's primary planning document. It outlines how the NDIS Commission will undertake its key activities and measure performance to achieve our purpose.

The Corporate Plan spans a four-year period, from 2023–24 to 2026–27, and the key activities set each year will drive the NDIS Commission's maturity into a contemporary, purpose-centred regulator. During the 2023–24 performance cycle, we identified 15 key activities that will contribute to our impact areas.

The annual report reflects on the key activities set in the Corporate Plan, to assess and review how we are progressing in achieving our purpose of upholding the rights of NDIS participants, elevating quality and safety and enabling consumer independence.



Key activity	Co-designing consumer information	Status	Supported decision-making
Advisory Groups		In progress	
Co-designing consumer information		In progress	
Supported decision-making		Completed	
Regulatory Capability Framework		In progress	
Compliance priorities and campaigns		In progress	
Enforcement activity		In progress	
Key activity	Compliance priorities and campaigns	Ongoing	Enforcement activity
Lifting quality practice		Ongoing	
Quality investment		In progress	
Responding to the findings of reviews		In progress	
Uplifting the workforce		Completed	
Workforce plan implementation		In progress	
Ensuring staff safety and wellbeing		Ongoing	
Key activity	Quality investment	In progress	Responding to the findings of reviews
The Data and Regulatory Transformation (DART) Program		In progress	
Improving internal ICT capability		In progress	
Continuous business improvements		In progress	

Uplifting the workforce	Workforce plan implementation	Ensuring staff safety and wellbeing
The Data and Regulatory Transformation (DART) program	Improving internal ICT capability	Continuous business improvements

**Key:** Completed Ongoing In progress

# Year in Numbers July 2023 to June 2024

## Campaigns



Shepparton, Victoria



Rockhampton, Queensland



Albany and Bunbury,  
Western Australia



Top End, Northern Territory



APY Lands

## Grants



**15** active grants  
in the 2023–24  
period



**07** grants concluded  
their activities  
during this period

## Aged matters:

The NDIS Commission has finalised:



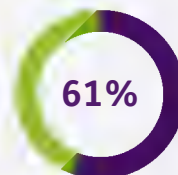
of aged registration matters



of aged compliance matters



of aged reportable incidents



of aged complaints

## Fraud against the NDIS

As at 30 June 2024,  
the Fraud Fusion Taskforce has:



Executed  
**109**  
compliance actions



Opened  
**58**  
investigations  
relating to 230 providers



Commenced  
**5**  
strategic prevention  
initiatives

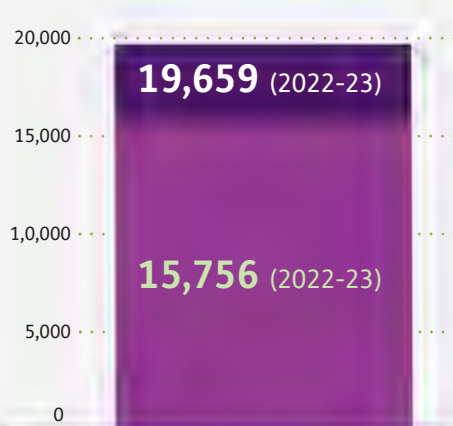
## Our people



**38** activities  
were commenced  
to improve the work  
health and safety  
(WHS) system

**20** activities  
were completed

## Behaviour support



19,659 BSPs were lodged in 2023-24, up  
from 15,756 in 2022-23



**8,477**  
behaviour support  
practitioners are  
considered suitable  
as at 30 June 2024



**04**  
guidance materials  
were published

## Our priorities

During 2023–24, the NDIS Commission received a budget uplift to strengthen and expand our activities to achieve our purpose, as outlined in the Message from the NDIS Commissioner. It expresses its commitment to regulatory excellence through its priorities. Each priority contains several initiatives that are directly linked to progressing our influence as a regulator.

### Amplifying participant voices

#### Human Rights Guidance

Throughout 2023, the NDIS Commission worked with the Australian Human Rights Commission (AHRC) to consider how it could further enhance its human rights approach as a regulator. This was an important step in realising the NDIS Commission's Strategic Plan 2022–2027, and having an impact on the rights of people with disability. In December 2023, the NDIS Commission published a [Human Rights Guidance paper](#)<sup>7</sup> to support the enhancement of organisational culture and amplification of human rights in administrative practice and policy development.

Our work was informed by the:

- ◆ FREDA principles – Fairness, Respect, Equality, Dignity and Autonomy<sup>†</sup>
- ◆ PANEL principles – Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality<sup>‡</sup>
- ◆ United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD).

In early 2024, the NDIS Commission adopted a set of duties and action statements, outlined in the [Human Rights Guidance poster](#)<sup>§</sup>, as part of its operational and strategic plans.

These duties include the following:

- ◆ **A Positive Duty:** We consider human rights in all our decisions.
- ◆ **A Participation Duty:** We include impacted groups and individuals in decision-making.
- ◆ **A Duty of Candour:** We are open and transparent with people who receive services from the NDIS Commission.



The NDIS Commission is continuing to work on the adoption of these duties as a commitment to continuous improvement and upholding the rights of people with disability.

\* [ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-reports-and-reviews#paragraph-id-7426](https://ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-reports-and-reviews#paragraph-id-7426)

† The FREDA principles were developed in the United Kingdom to support a human rights based approach to care.

‡ The PANEL principles were developed by the Scottish Human Rights Commission.

§ [ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-reports-and-reviews#paragraph-id-7427](https://ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-reports-and-reviews#paragraph-id-7427)

## Case study: Tony\*

Between May 2022 and January 2024, a set of parents made 41 complaints to the NDIS Commission about the quality and safety of NDIS supports and services provided by an NDIS provider to their son, Tony.

The parents raised multiple concerns about the provider and the safety of the SIL environment where Tony resided; staff conduct and suitability concerns; conflict of interest; data and information integrity; rostering of staff in the SIL house; food-handling and safety concerns; failure to work collaboratively with Tony's clinicians and external teams; and Tony's limited access to community. Numerous other issues were also raised.

The NDIS Commission made multiple written and phone enquiries, spoke with the provider's CEO, Tony's Behaviour Support Practitioner and Support Coordinator, and had the provider undertake remedial actions to resolve some of the issues raised.

After a review of over 400 files of supporting information and evidence and a review of

all 41 complaints, it was determined that the provider had failed to appropriately demonstrate that it had met its obligations under the NDIS Practice Standards and the Code of Conduct. The NDIS Commission's Serious Non-Compliance has taken further actions to address the issues.

This matter contributed to the issuing of a compliance notice in April 2023 and a notice of breach of compliance notice in November 2023. The NDIS Commission is now considering civil penalty proceedings and a possible banning order preventing the provider from onboarding any more complex child participants until it meets its provider registration obligations and demonstrates adherence to the Act.

As a result of the stakeholder interactions, the NDIS Commission facilitated Tony's successful exit from the provider in early 2024 and transitioned him to SIL supports with another provider. Tony is reported to be 'living his best life' with no further complaints received at NDIS Commission regarding his supports and no reportable incidents received.

\* Name changed for privacy

### Quality and Consumer Information

From July to October 2023, the NDIS Commission consulted with 557 people on quality and consumer information. It undertook this consultation to understand the views of NDIS participants and their supports, NDIS providers and workers about what makes a service or support safe and good quality. We were interested in learning how useful the current information the NDIS Commission or other organisations provide is, as well as what might

be missing. We wanted to understand what information participants already use, as well as what new information they would like to access. Finally, we wanted to understand how we can increase participant awareness of their rights and how we can make it easier for them to raise concerns with their provider or the NDIS Commission.

Consultations revealed that delivering quality support is complex and influenced by a few related factors. In February 2024, the



NDIS Commission published the **Quality and Consumer Information – Insights reports**<sup>\*</sup>. Six key themes emerged from the consultation.

- ◆ Quality workers: Quality workforces are about the right attitudes, training and reflective practice.
- ◆ Quality providers: Provider quality is about a culture of continuous improvement and values.
- ◆ Safety and engaging services: Safety is about knowing and upholding human rights.
- ◆ Safety and the complaints process: Knowing how to navigate the system makes me feel safer.
- ◆ Consumer information: The more I know, the more empowered I am.
- ◆ Consumer information: Exercising choice is important to me.

The findings of these consultations have been used to inform a range of NDIS Commission activities to uplift sector capability and to improve the experience of people with disability in accessing supports and services. Some of these activities include:

- ◆ informing research aimed at the identification and implementation of best practice to measure participants' quality of life and wellbeing
- ◆ informing the design of a new participant website with resources
- ◆ contributing to the updates in the NDIS Workforce Capability Framework and the creation of additional resources and information
- ◆ information and resources for participants and providers about fair pricing and price differentiation.

<sup>\*</sup> [ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-reports-and-reviews/quality-and-consumer](https://www.ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-reports-and-reviews/quality-and-consumer)

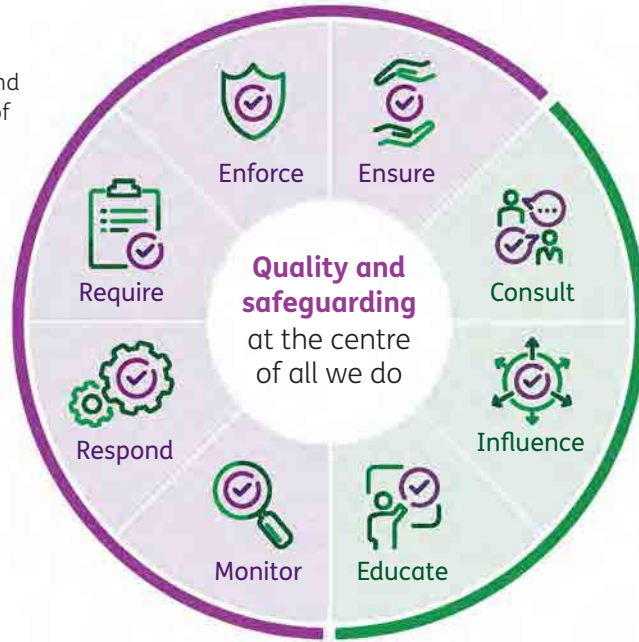
## Accelerating regulatory impact

Our regulatory approach defines how we use our regulatory authority to uphold the rights of people with disability. It explains the regulatory levers we use to communicate with the sector and the circumstances in which they are typically applied. Below are some examples that demonstrate how we use our regulatory levers.

### Regulatory levers and tools

#### Reactive Levers

Levers to identify and respond to drivers of risk and anticipated or actual harm



**Proactive Levers**  
Levers to promote quality and participant safety

### Proactive action

#### Campaigns team

Through the realignment of the Regulatory Operations Division in 2023, the NDIS Commission identified an opportunity to establish a Regulatory Campaigns and Projects Branch. The branch was established to plan, deliver and evaluate targeted regulatory compliance campaigns. These campaigns are a key regulatory intervention to influence provider behaviour at scale. Using multiple regulatory tools, targeted campaigns address known or emerging systemic issues in the sector and influence provider behaviour

at scale, using all regulatory powers. Regulatory campaigns are intended to be used where they can have a greater impact relative to the level of effort invested.

Multiple campaigns were run in 2023–24, including:

- ◆ issues-based campaigns aligned with compliance and regulatory priorities to address risks and non-compliance in specific segments of the NDIS sector. Thematic campaigns provide deep insight into provider practices and participant



experiences, and support information sharing across internal and external stakeholders and regulatory partners to improve the quality of NDIS services and supports.

- ◆ place-based campaigns in non-remote areas involving engagement with participants and providers in geographic areas. These campaigns provide an avenue for participants to raise issues directly with the NDIS Commission and develop the NDIS Commission's understanding of the market and participant experiences with the NDIS in particular areas. Regulatory forums and visits with providers ensure their compliance with obligations under the NDIS Act.
- ◆ place-based campaigns in remote areas during which a dedicated team deliver culturally appropriate engagement activities with participants and providers in the Top End (the northernmost part of the Northern Territory) and the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands (in north-west South Australia). Remote place-based campaigns include:
  - » drop-in sessions and provider forums that raise awareness of the NDIS Commission, participant rights, provider expectations and how participants can make a complaint.
  - » stakeholder engagement and compliance monitoring via site visits.

Campaigns were run throughout Shepparton (Victoria), Rockhampton (Queensland) and Albany and Bunbury (Western Australia), delivering:

- ◆ four information sessions to around 100 participants and their supports, providing information on their rights as NDIS participants and the obligations of registered and unregistered NDIS providers. These sessions allowed for individual and personalised engagement with representatives from the NDIS Commission as well as the NDIA, enabling participants

to share their experiences of services and supports across the locations.

- ◆ six regulatory compliance forums with over 300 provider attendees, providing guidance and support to ensure their compliance with obligations under the NDIS Act. The NDIS Commission followed this up with announced compliance visits to 23 providers across multiple sites to assess their approaches and practices.

### Indigenous and Remote Operations

The Indigenous and Remote Operations (IRO) team focuses on raising awareness of the NDIS Commission's role among NDIS participants, their families and members of remote communities, and monitoring NDIS provider and worker compliance in Northern Australia and the APY Lands.

The primary focus of IRO activities is to use proactive and targeted approaches to support people with disability, NDIS participants and the broader community to be informed consumers and active advocates and to encourage NDIS providers and workers to identify and understand their obligations and improve their practice. Engagement also enables the NDIS Commission to build trust and rapport with remote communities so that community members feel safe and empowered to raise concerns about NDIS providers and workers. Where available intelligence raises concerns about provider behaviour in remote communities, compliance officers and IRO staff undertake site visits. This includes SIL operated by both registered and unregistered providers.

### Regulatory Learning and Development Program

Through the Regulatory Capability Framework, a Regulatory Learning and Development Program is underway. Broadly, the intent of the program is to:

- ◆ design and develop a regulatory learning and development program (including regulatory eLearning modules, to enable self-paced learning internally, and

- workshops to embed and extend learning from the eLearning modules)
- ◆ provide all NDIS Commission staff with formal regulatory learning as required to undertake core roles
- ◆ ensure identified investigation staff hold or are enrolled to obtain certification by way of Certificate IV in Government Investigations (Regulatory Compliance)
- ◆ be delivered iteratively and to be fully implemented by June 2025.

#### Current status and next steps

- ◆ The design and development of eLearning modules and workshops is continuing with the first two eLearning modules now published on LearnHub.
- ◆ The final round of enrolments in the ANZSOG Professional Regulatory Program has been completed. There were 410 staff enrolled during 2023–24 and 125 staff have completed the program.
- ◆ The first cohort of staff commenced Certificate IV in Government Investigations this week. Two further groups are finalising their enrolment.

#### Operational Policy and Practice Optimisation Project

The Operational Policy and Practice Optimisation (OPPO) Project supported the NDIS Commission's transition to a centralised national operating model by establishing an Operational Policy Framework with fit-for-purpose policies, procedures and supporting documents, and staff who are empowered and capable of performing their roles.

The OPPO Project aligns with a one-Commission approach to our regulatory activity and operations.

#### The purpose

- ◆ Ensure enterprise-wide consistent, best-practice policy development, approval, implementation, evaluation, maintenance and governance.

- ◆ Facilitate compliance with relevant legislative and regulatory requirements and overarching organisational strategy.
- ◆ Empower NDIS staff, participants, providers and their workers to make efficient and effective decisions in accordance with NDIS Commission policies.

#### Guiding principles

Six guiding principles underpin the Operational Policy Framework. All existing and new NDIS Commission policies, procedures and supporting documents must meet these general principles.

**Principle 1:** Policies are in accordance with relevant laws and regulations

**Principle 2:** Policies align with the vision and purpose of the NDIS Commission

**Principle 3:** Policies are evidence-based and developed in accordance with best practice

**Principle 4:** Policies and associated documents are concise, nationally consistent, and accessible for users of all abilities and backgrounds

**Principle 5:** Policies have appropriate approval and governance arrangements

**Principle 6:** Policies are appropriately recorded and stored, are easily retrievable by NDIS Commission staff and, where appropriate, other stakeholders and the broader public

OPPO developed a single, cohesive and accessible operational policy and practice framework that streamlined, harmonised and simplified the operational guidance material for the NDIS Commission.

## Reactive action

### Investigations Improvement Project

The Investigations Improvement Project was established in October 2023 to implement the recommendations from the Norton Rose Fullbright Case Learnings Report, following a review of practice and outcomes investigations into alleged contraventions of civil penalty provisions under the NDIS Act. The project involved the design and development of an investigations process that supported staff in:

- ◆ effectively conducting investigations into alleged contraventions of civil penalty provisions under the NDIS Act
- ◆ identifying and addressing systemic non-compliance by NDIS providers.

The project developed a suite of resources:

- ◆ procedure and guideline – investigating civil penalty contraventions
- ◆ several quick reference guides, including an elements table, for NDIS Act civil penalty provisions
- ◆ a range of templates including an investigation plan, evidence mapping, and gathering spreadsheet and investigation report.

The project working group used a collaborative process to design and develop the resources, seeking feedback from various subject matter experts across the NDIS Commission. It held a workshop with several staff from Regulatory Operations to test the resources against a case study. This workshop produced valuable feedback on the content and format of the resources which was incorporated into the final versions produced.

Staff were trained in the new investigations process before the suite of resources was published for use on the NDIS Commission Regulatory Resource Library on 1 July 2024. They were provided with additional advisory support during a four-week pilot in July 2024.

### Fraud Fusion Taskforce

The NDIS Commission works with taskforce partner agencies to address fraud risks in the NDIS and other government payment programs. This is done through taking direct compliance action as well as participating in several strategic prevention initiatives. In 2023–24, the Fraud Fusion Taskforce:

- ◆ undertook a few high-value and complex operations in conjunction with Taskforce partners, working collaboratively to take decisive and immediate action to reduce risks while broader investigations continue. The NDIS Commission has executed and assisted in several warrant activities with partner agencies
- ◆ advanced our intelligence analysis capabilities to continue supporting strategic and tactical requirements
- ◆ confirmed our involvement in five significant strategic prevention initiatives with taskforce partners, which aim to improve suitability assessments, data sharing and publication, and proof of identity. Examples of this work include:
  - » assessing how suitability assessments interact to prevent phoenixing and program hopping
  - » aligning suitability minimum requirements and standards
  - » improving systems so that proof of identity can be confirmed when providers contact agencies
  - » identifying opportunities to improve registration processes to exclude straw (or ‘dummy’) directors
  - » standardising how non-compliance outcomes are published across agencies.

- ◆ procured an investigation management system for use in the team, with all configuration and testing completed during 2023–24 and implementation due to occur in 2024–25
- ◆ designed and delivered communications and engagement activities to inform providers and participants about fraud.

## Case study: Taking strong action to address the risk of fraud

As a partner in the Fraud Fusion Taskforce, the NDIS Commission works with the NDIA and other government agencies to identify and address fraud in the NDIS and other government payment programs. All NDIS providers and their workers are required to comply with the NDIS Code of Conduct, which sets out expectations for safe and ethical service delivery in the NDIS. This includes the requirement to act with integrity, honesty and transparency.

The NDIS Commission takes swift action when providers do not meet their obligations, such as in Operation Ivory, which was a significant Fraud Fusion Taskforce operation conducted throughout 2023–24.

In the early stages of Operation Ivory, a monitoring warrant was executed and a few other compliance actions were taken against several entities to mitigate risks against participants. In October 2023, banning orders were made against two individuals and four entities.

One of the individuals was arrested, charged with four criminal offences and initially refused bail, and is currently awaiting trial.

It is alleged that the individual:

- ◆ used others' details to register private companies and create bank accounts
- ◆ submitted false claims for products and services that were not delivered to NDIS participants
- ◆ intentionally submitted fraudulent payment requests against a large number of participants' plans, allegedly obtaining over \$2 million
- ◆ used the proceeds, which were allegedly obtained fraudulently, for personal gains.

The Fraud Fusion Taskforce is increasing its efforts and growing its capability to identify and respond to fraud in the NDIS.

Anyone can contact the NDIS Commission if they are concerned about how NDIS supports and services are provided, by phoning 1800 035 544 or TTY 133 677 or visiting the [website](#)<sup>\*</sup>.

Further information on the Fraud Fusion Taskforce and how the NDIS Commission can respond to fraud in the NDIS is available [online](#)<sup>†</sup>.

\* [ndiscommission.gov.au/contact-us/makeacomplaint](https://ndiscommission.gov.au/contact-us/makeacomplaint)

† [ndiscommission.gov.au/participants/fraud-against-ndis](https://ndiscommission.gov.au/participants/fraud-against-ndis)

## Fair pricing campaign

The NDIS Commission has been working with the DSS, the ACCC, the NDIA and Treasury to develop legislative responses and an education and awareness campaign regarding price differentiation practices within the NDIS.

In April 2024, Minister Shorten wrote a letter to 660,000 participants informing them of their rights regarding fair pricing. The NDIS Commission managed all responses to this.

The NDIS Commission developed and published material for the fair pricing campaign on its website about fair pricing, consumer rights and provider obligations.

In addition, the NDIS Commission launched several recent initiatives to address pricing concerns:

- ◆ a new rule that specifically includes price differentiation on goods as a breach of the NDIS Code of Conduct
- ◆ updates to the **NDIS Code of Conduct Provider and Worker Guidance (Guidance)**<sup>\*</sup> to specify that NDIS workers must not participate in or promote sharp practices
- ◆ guidance for participants on price differentiation and **fair pricing**<sup>†</sup>.

The NDIS Commission established a dedicated email address for participants and their support networks to contact us about pricing matters at [pricehelp@ndiscommission.gov.au](mailto:pricehelp@ndiscommission.gov.au) and, as a result, received multiple complaints about unfair pricing that have been actioned by the NDIS Commission.

This was an important project to uphold participants' rights and to ensure they are aware of fair pricing and how to speak up if they are being charged unfair prices.



“Charging you more just because you are simply an NDIS participant is wrong and it is a breach of federal law. We have upgraded the NDIS rules to make it clear overcharging is prohibited and we have further legal changes coming to more strongly prohibit and punish such practices<sup>‡</sup>.”

\* [ndiscommission.gov.au/fair-pricing#:~:text=The%20NDIS%20Code%20of%20Conduct%2C%20Guidance%20for%20NDIS%20Workers](https://ndiscommission.gov.au/fair-pricing#:~:text=The%20NDIS%20Code%20of%20Conduct%2C%20Guidance%20for%20NDIS%20Workers)

† [ndiscommission.gov.au/fair-pricing#:~:text=Price%20Differentiation%20Guide%20for%20Participants](https://ndiscommission.gov.au/fair-pricing#:~:text=Price%20Differentiation%20Guide%20for%20Participants)

‡ The Hon Bill Shorten MP. [Cracking down on overcharging of NDIS participants](https://ministers.dss.gov.au/media-releases/14236). March 2024. [[ministers.dss.gov.au/media-releases/14236](https://ministers.dss.gov.au/media-releases/14236)]

## Improving quality

### Grants

The Support for NDIS Providers Grants Program funds activities that support NDIS providers in increasing quality and safeguarding in the NDIS. There was no expenditure of grant funds throughout 2023–24. There were, however, several active grants in this period, including seven that commenced activities in early July. These projects focused on creating a positive complaints culture for and among priority cohorts, engaging participants in the development of their BSPs and the design and testing of a digital complaints management system to improve early resolution pathways between participants and providers.

The NDIS Commission also established a community of practice for active grantees to facilitate connection, collaboration, support and learning. Early outcomes indicate that the community of practice is enabling grantees to cross-collaborate when developing resources, overcoming common barriers, testing ideas and sharing learnings for better outcomes across all projects.

More detailed information regarding grants can be found in [“Part 3 - Annual Performance Statements” on page 69](#).

### Case study: Grants

In 2022, the NDIS Commission awarded grants to two organisations to develop training and resources for Aboriginal and Torres Strait Islander providers and workers delivering supports to participants in rural and remote communities. Keogh Bay People and Deaf Indigenous Community Consultancy were awarded the grants to deliver projects that demonstrated community connections and a person-centred approach to improving the quality and safety of NDIS supports and services. Completed in 2024, both organisations designed training and resources for providers and workers to build their skillsets in supporting people with disability within their communities.

‘Working and Walking Together: NDIS Learning Place’ was developed by Keogh Bay in consultation and codesign with First Nations participants and providers in rural and remote communities. Keogh Bay collaborated with First Nations people with disability, trainers, artists and organisations to create the NDIS Learning Place. The NDIS Learning Place aspires to increase the capacity, availability and choice of culturally secure, quality and safe services for First Nations participants in rural and remote areas.

The accessible resources are developed with Aboriginal voices to support providers, managers and workers in understanding their NDIS requirements through a culturally competent approach. The resources include a website with modules, videos and storyboards for training to be delivered online and in person. The storyboards present the training in a printable, visual format to support remote Aboriginal workers when it is not culturally accessible to deliver online training.



“You have created a very useful resource and so well presented. Thank you so much for sharing.”

“I had a look at the videos and they are great. I really like how relatable they are. Well done.”

- Provider feedback

‘Bina Gurri’ was developed by Deaf Indigenous Community Consultancy in collaboration with Aboriginal and Torres Strait Islander people who are deaf and hard of hearing, providers and workers in rural and remote communities to build their capacity through communication and cultural awareness training. The project involved interviews with people with disability and service providers in a rich, cultural and linguistic setting, with as many as 11 sign language systems and seven spoken languages used to support participant inclusion throughout resource development.

‘Bina Gurri’ supports providers and workers to build a greater understanding of communication diversity and the use of Aboriginal sign language and spoken language systems by Deaf and Hard of Hearing participants. The resources increase bi-cultural understanding and culturally safe services and supports for First Nations people who are Deaf or Hard of Hearing. Through the training, providers and workers are invited on a journey to learn ways to communicate with participants who are deaf and hard of hearing, the role of visual communication and the cultural importance of First Nations sign languages.

\* [keoghbay.com.au/ndisworkerstraining/](http://keoghbay.com.au/ndisworkerstraining/)

† [binagurri.deaficc.com.au](http://binagurri.deaficc.com.au)

‡ [ndiscommission.gov.au/grants](http://ndiscommission.gov.au/grants)



““I will be able to tailor my communications skills to be more considerate, use more images and refer back to this resource.”

“[I can] share with other disability support workers and integrate into support plans for First Nations people I support who are Deaf or Hard of Hearing.”

- Provider feedback

The Keogh Bay People ‘Working and Walking Together: NDIS Learning Place’ is free and available on the [NDIS Workers Training website](#)<sup>\*</sup>.

Deaf Indigenous Consultancy Community ‘Bina Gurri’ is free and available on the [Bina Gurri website](#)<sup>†</sup>.

The NDIS website provides more information about other funded grant projects and the [Grants program](#)<sup>‡</sup>.

## Reduce and eliminate restrictive practices

In 2023–2024 the NDIS Commission implemented multiple initiatives to lift the capability and practice quality of behaviour support providers and practitioners to reduce and eliminate restrictive practices.

To address the high number of reports about restricted practice use, the NDIS Commission undertook an intensive compliance campaign targeting specialist behaviour support providers and implementing providers using restrictive practices. A range of regulatory actions were implemented, including education letters, warning letters, compliance notices and infringement notices. This work supported the shift of the NDIS Commission's regulatory posture in relation to restrictive practice use by NDIS providers to ensure that providers in the sector take committed action to support reductions in restrictive practice use.

In response to low-quality behaviour support, the Commission assessed a random sample of BSPs for quality and compliance. The review resulted in 32 providers receiving individual feedback, 20 notices requesting additional information under section 56 of the NDIS Act, three corrective action requests and three warning letters. The quality issues identified and addressed with providers related to consultation with the participant in the development of the plan, participant community participation and skills development, and ensuring that restrictive practices are only used as a last resort.

The 'Promoting Positive Behaviour Support Practice' grant was launched in February 2024. It includes an educational web-based tool providers can access and that gives feedback on the quality of a BSP. This grant was to support improvement in plan quality across the sector.

We published a position statement on practices that place participants at high risk of harm and are associated with adverse and catastrophic outcomes. This is to support the sector in understanding and being aware of high-risk practice use.

The NDIS Commission completed four publications: Evidence-Informed Practice Guide, Policy Guidance: Developing Behaviour Support Plans, Policy Guidance: The safe reduction and elimination of restrictive practices, and Policy Guidance: Working within your knowledge, skills, and experience. These resources support providers and practitioners in developing high-quality BSPs to comply with their obligations under the NDIS legislation.

We published two BSP checklists for practitioners. These outline good practice and the legislative requirements that apply when developing interim and comprehensive BSPs. The checklists support self-regulation by practitioners and providers in developing high-quality plans.

The NDIS Commission reviewed and updated the BSP templates in consultation with participants and other stakeholders. This was undertaken to improve national consistency in the quality of BSPs and to improve provider resources.

Flinders University launched a supported decision-making toolkit and educational resources with the help of an NDIS Commission grant. The toolkit empowers NDIS participants to have more say, choice and control in the development of their BSPs.

The NDIS Commission has continued critical work with state and territory governments on national minimum standards for restrictive practices.



## Case study: Behaviour support

In early 2024 the NDIS Commission received an NDIA alert about the services provided to a young boy in regional Australia. The NDIA raised concerns about the quality and safety of respite services provided by an unregistered provider.

The NDIA had identified the possible use of high-risk and potentially prohibited restrictive practices with the boy, including the use of bear hugs to restrain him. Bear hugs put participants at risk of physical harm and even death due to the pressure exerted on the chest and other organs and joints. They also put participants at risk of psychological distress.

The NDIS Commission immediately contacted the provider to discuss the concerns, highlight the risks and recommend immediately stopping the high-risk practices and replacing them with positive behaviour support strategies. The team noted that the boy's BSP included positive strategies but also needed to be reviewed as it contained some inappropriate strategies. The respite provider indicated it did not have a copy of the boy's BSP.

The NDIS Commission contacted the boy's behaviour support provider to discuss its obligations, which include consultation with the participant, their family and any provider that needs to implement a regulated restrictive practice. The NDIS Commission requested the behaviour support provider undertake an urgent review of the positive behaviour support strategies with the provider, participant and family to ensure the safe support of the boy.

The behaviour support provider engaged a senior practitioner to review the BSP with the family and provider. The practitioner produced a BSP that included more evidence-based, proactive and preventative positive behaviour support strategies to ensure staff can support the young boy's long-term skills development and sense of safety. It was agreed by all that a few regulated restrictive practices would need to remain in place to prevent the boy from accessing objects and areas with which and where he previously harmed himself.

The behaviour support provider also reviewed its procedures to ensure all BSPs with a regulated restrictive practice were reviewed by a supervisor and that participants, families and implementing providers were consulted.

The NDIS Commission supported the unregistered respite provider in understanding its options if it chose to continue supporting participants needing regulated restrictive practices. The options included registering with the NDIS Commission if continuing to support participants who may need a regulated restrictive practice or supporting the safe transition of all participants needing these practices to a registered provider. The provider is pursuing registration and is training support staff in new policies regarding regulated restrictive practices and positive behaviour support.

## Research and new practice guidance

The NDIS Commission is committed to developing and promoting a high-quality, innovative and contemporary evidence base to inform decision-making and the design and implementation of effective programs and policies. Research, along with evaluation and data analysis, is fundamental to building an effective evidence base and to the continuous improvement of the NDIS. The NDIS Commission's research priorities for 2023–24 fell under three major categories.

- ◆ **Empowering NDIS participants.** Research in this space has resulted in best practice guidance aimed at improving the uptake of [Active supports and person-centred planning by disability support providers](#)<sup>\*</sup>.
- ◆ **Reducing risks to participants.** Research in this space has resulted in:
  - » international best evidence on the effectiveness and harms of using psychotropics to manage behaviour in people with autism
  - » national data on the prescribing of psychotropics to people with disability
  - » risk factors for potentially avoidable deaths and poor health in people with disability ([Potentially avoidable deaths of people with disability in Australia 2013-2018](#))<sup>†</sup>
  - » evidence-based best practice to reduce the use of psychotropics and other restrictive practices ([Medicines for health, not control](#))<sup>‡</sup>.
- ◆ **Supporting participants' quality of life and well-being.** Research in this space is aimed at identifying and implementing best practice to measure NDIA participants' quality of life and wellbeing ([New book highlights the importance of quality of life, rights and lived experience in disability service design and delivery](#))<sup>§</sup>.

## Own Motion Inquiry into aspects of supported accommodation

In January 2023, the NDIS Commission released its report into its first [Own Motion Inquiry into aspects of supported accommodation in the NDIS](#)<sup>¶</sup>. The inquiry examined reportable incidents and complaints filed with the NDIS Commission in connection with group homes. It thoroughly examined 7,000 reportable incidents and complaints in group homes associated with seven large SIL providers in Australia. The inquiry also conducted extensive research on models of best practice for delivering supported accommodation to help the NDIS Commission in its efforts to build providers' capacity.

In 2023–24, the NDIS Commission has progressed several actions to uplift sector capability and to improve the experience of people with disability accessing supported accommodation. This includes launching a new participant website with resources. The NDIS Workforce Capability Framework was updated with additional resources and information on practice standards work underway. The NDIS Commission published its compliance priorities for SIL and restrictive practices, as well as a compliance campaign targeting SIL services, SDA providers and BSP quality. A Home and Living team has been established, focusing on participants receiving 24/7 living supports in shared accommodation. A targeted communication and education program for NDIS participants living in shared and group settings is also underway.

\* [ndiscommission.gov.au/sites/default/files/2023-01/Attachment%20B%20Group%20Home%20Best%20Practice%20Research%20Final%20October%202022%20PDF.pdf](https://ndiscommission.gov.au/sites/default/files/2023-01/Attachment%20B%20Group%20Home%20Best%20Practice%20Research%20Final%20October%202022%20PDF.pdf)

† [apo.org.au/node/325933](https://apo.org.au/node/325933)

‡ [ndiscommission.gov.au/medicinesforhealth](https://ndiscommission.gov.au/medicinesforhealth)

§ [ndiscommission.gov.au/media-centre/new-book-highlights-importance-quality-life-rights-and-lived-experience-disability](https://ndiscommission.gov.au/media-centre/new-book-highlights-importance-quality-life-rights-and-lived-experience-disability)

¶ [ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-and-reviews/own-motion-inquiry-aspects](https://ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-and-reviews/own-motion-inquiry-aspects)

## Case study: Jake and Mark\*

Jake and Mark live in SIL accommodation in the eastern suburbs of Melbourne. Although their issues were different, the underlying causes were the same — a lack of quality support and not having choice and control. For Jake, it was about a lack of responsive support provision. For Mark, it was about not being respected in deciding who would be rostered to provide him with personal care. These matters were easily resolved under the new communication protocols.

In an online meeting with the SIL provider regarding this site, we were advised that 14 tenants with mostly acquired brain injuries lived in this old and dilapidated property.

A site visit was arranged to speak with the participants and view the property. This was an eye-opener as the property was indeed old, dilapidated and dirty. Subsequent discussions with the provider's management brought to light that support quality had been affected particularly by changes to management, resulting in less supervision of staff on the ground. This was rectified.

During a subsequent follow-up site visit with the new house manager and state manager, we discussed the need for maintenance

and improvements. We considered what improvements were needed and agreed that re-establishing a vegetable garden, cleaning windows and pathways, repairing garden furniture and repurposing a large storage room into a social activities room would be great steps forward. Mark suggested forming a working group consisting of residents to lead the project around the garden and social activities room. He felt this would reflect an all-inclusive approach from management. His suggestion was accepted.

We are now advised that substantial maintenance has been undertaken on the grounds, there is a thriving vegetable garden being cared for by residents and the social room recently opened with a resident's birthday celebration. The state manager invited the NDIS Commission to return to the site to catch up with the residents and view the improvements that have been made. This is further evidence of the collaborative and respectful relationship the NDIS Commission has built with the provider. It also supports that site visits are an excellent way to improve the quality of life, and not just the quality of supports, of the participants we serve.

\* Names changed for privacy

## Own Motion Inquiry into platform providers

In September 2023, the NDIS Commission released an [Insights Report](#)<sup>†</sup> with data and informational supplements from its OMI into platform providers. The OMI into platform providers aimed to better understand the experience of participants who engage NDIS services and supports via paid online platform providers. More than 1,470 NDIS participants, workers, providers and members of the disability community engaged directly with

the inquiry. The insights helped inform a range of NDIS Commission activities, including ways to strengthen its monitoring, compliance and enforcement activities, uplift sector capability and improve the experience of people with disability. This includes working with other agencies to develop resources focused on identifying and mitigating risks in disability support work and support environments.

<sup>†</sup> [ndiscommission.gov.au/sites/default/files/2023-09/Own%20Motion%20Inquiry%20into%20Platform%20Providers%20-%20Insights%20Report.pdf](https://ndiscommission.gov.au/sites/default/files/2023-09/Own%20Motion%20Inquiry%20into%20Platform%20Providers%20-%20Insights%20Report.pdf)

## Own Motion Inquiry into support coordination and plan management

The NDIS Commission published Part 1 of the [Own Motion Inquiry into support coordination and plan management](#)\* in August 2023, which identified serious quality, safeguarding and integrity risks.

- ◆ **Part 1** examined relevant complaints and incidents reported to the NDIS Commission in relation to support coordination and plan management. Part 1's findings are consistent with the DRC, NDIS Review, and government and independent reviews, which have called for intermediary supports to have stronger standards and independence to increase quality, reduce conflicts of interest and ensure participants can exercise genuine choice and control.
- ◆ **Part 2** required the NDIS Commission to consider the progression, while the government considered its response to the DRC and NDIS Review. Part 2 will examine if changes should be made to the regulation of support coordination and plan management to address quality and safeguarding concerns and support the positive contributions made by good support coordination and plan management identified in Part 1 of the inquiry. Part 2 will be an action plan outlining steps that aim to improve the quality and integrity of support coordination and plan management.

\* [ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-reports-and-reviews/own-motion-inquiry-support](https://ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-reports-and-reviews/own-motion-inquiry-support)



## Case study: Raymond\*

A worker from an unrelated NDIS provider became aware of concerns relating to Raymond's wellbeing after he was found in a very poor state during a routine home inspection in December 2022. It was alleged that because the provider failed to implement NDIS services for Raymond, he was left isolated and unsupported, without an adequate supply of food or personal care for over 12 months. He was found emaciated, living in squalor, with poor hygiene and wounds around his mouth.

Furthermore, it is alleged that the housing manager attempted to contact Raymond's support coordinator to discuss the safety concerns and the issue of no NDIS services being implemented for him. They were unable to reach her and left multiple messages, but requests were left unanswered. When the complainant spoke to Raymond, he didn't understand why he didn't have services, as they just stopped coming.

The NDIS Commission directed the provider under section 20 of the Complaint Rules to investigate the issues raised and report back to the NDIS Commission with its findings, along with additional information that supported the provider's view.

As a result of the direction, advice and education given to the provider, several outcomes were achieved, including the following.

- ◆ We completed a full review of the complaint and identified multiple areas for improvement and reviewed its current standard practice for these issues.
- ◆ The NDIS Commission adopted a co-design approach to establishing supports with our customers to ensure they are at the centre of decision-making every step of the way.
- ◆ All support coordinators received additional education to ensure they understood the different consent options available to participants and the level of authority given to the provider once a participant agrees to the terms of the Client Service Agreement.
- ◆ We developed an automated reminder that populates monthly for all participants. This reminder is used to prompt support coordinators to stay connected with participants at least monthly.
- ◆ The NDIS Commission introduced a Support Coordinator Quality Assurance Program, which reviews several participant accounts each month for quality and training purposes. Funding utilisation is one area that is measured.
- ◆ We improved its onboarding of new participants, which includes an initial call conducted by the Support Coordination Operations Manager.

Despite the positive changes made because of the complaint, the NDIS Commission identified conduct that was non-compliant with the Rules. As a result, a warning letter was issued on 18 August 2023.

The NDIS Commission escalated the concerns regarding Raymond's continuity of support and complex support needs with the NDIA. As a result, the NDIA decided to link Raymond with a new support coordinator and, in turn, connect him with appropriate supports that assisted in providing options of maintaining his tenancy or moving to a new more suitable accommodation and linkages with food, medical and mental health supports.

\* Name changed for privacy



## Our people

### Staff voice and engagement

The NDIS Commission's Corporate Plan 2023–2024 highlights the work we will do in the short term, under our Workforce Plan 2022–2027, which supports and guides continuous improvement. Under our Workforce Plan, we continue to engage with employees to seek feedback and gather workforce insights. The release of the NDIS Commission's 2023 Census results in mid-August 2023 resulted in the formation of an employee-led working group in December 2023, which designed several initiatives and led the implementation.

The following short-term goals have been delivered or are in progress:

- ◆ wellbeing survey (part of the end-of-year check-in survey), but the People at Work Survey and Workload Reviews also sought information regarding wellbeing
- ◆ employee diversity networks
- ◆ visible celebration of successes, noting that this is done at the Staff Festival, and in teams on a more immediate basis
- ◆ people managers at all levels attend the Fundamentals of Leadership and Supervision course
- ◆ greater recognition of the importance of employee representatives
- ◆ quarterly all-staff forums have been held, and opportunities for ongoing visible two-way communication have continued.

Long-term initiatives with meaningful progress are:

- ◆ active consideration of the accessibility of our locations, to inform property holdings into the future
- ◆ a shift from a 'management' to a 'coaching' mindset
- ◆ visible leader participation in lifecycle events, such as induction and training.

### Employee Network Groups

As set out in the NDIS Commission's Workforce Plan 2022–2027, a key element of the Diversity, Inclusion and Wellbeing pillar of that plan was to establish workforce-led networks, with SES sponsors to champion, promote and lead the direction of these networks. The NDIS Commission established five employee-led network groups:

- ◆ the Rainbow Network (LGBTQIA+)
- ◆ the Enable Network (Disability and Carers)
- ◆ the First Nations Network
- ◆ the Young Professionals Network (under 35)
- ◆ the Culturally and Linguistically Diverse (CALD) Network.

The networks meet regularly and have champions who drive initiatives cohesively.

## Integrated capability

### Telephony system upgrade

In April 2024, the NDIS Commission transitioned to a new telephony platform, which resulted in increased call handling and a much better customer experience.

Some highlights from the Contact Centre include the following.

- ◆ Between 75% and 80% of callers had their calls answered. This is a significant increase from the previous average of 40%. This percentage continues to increase.
- ◆ We received 26,652 calls in May 2024 — a 50% increase from the previous year-to-date average of 15,000 calls per month.
- ◆ The introduction of webchat has opened a new channel for people to contact the NDIS Commission, with over 1,700 queries answered per month.



“We must ensure the NDIS Commission has the right tools to reduce any risk to participant wellbeing. It is critical anyone needing assistance gets through to the right people in the NDIS Commission straight away.”\*

\* The Hon Bill Shorten MP. (May 2024). New multi-million dollar technology protecting the NDIS [Media Release]. (New multi-million dollar technology protecting the NDIS | Department of Social Services Ministers (dss.gov.au)) [ministers.dss.gov.au/media-releases/14806]



## Website information architecture project

This project addresses usability, accessibility and technical issues with the NDIS Commission website. These include:

- ◆ an ageing content management system platform (Drupal 9)
- ◆ meeting Web Content Accessibility Guidelines (WCAG), particularly readability benchmarks
- ◆ addressing navigation pathways
- ◆ ensuring accurate and up-to-date public-facing content.

This project was guided by evidence-based decision-making, which included data analysis and usability testing to better understand user needs and behaviours.

The following actions have been taken:

- ◆ an upgrade of the content management system to Drupal 10
- ◆ completion of a content audit and gap analysis to eliminate duplication and remove any outdated public-facing content
- ◆ implementation of a new information architecture and navigation, which achieved a 277% improvement in success rates for the findability of content. This was tested with people with disability, providers, workers and the general public
- ◆ updated content that applies best practices, such as plain English, to significantly improve readability
- ◆ targeted user experience and design enhancements based on user behaviour analysis.

## DART Program

The NDIS Commission received a historic IT budget allocation of \$160 million over four years, starting from 2023–24, for the DART Program to ensure the NDIS Commission has the critical technology systems required to gather intelligence and collect and analyse data to protect both participants and the scheme itself. The DART program will improve the NDIS Commission's systems, allowing us to more effectively and proactively safeguard participants, elevate provider quality, ease sector burdens and respond swiftly to environment shifts. It will introduce user-centric digital tools for providers and internal staff to access information easily. Increased data integration will also enable sophisticated analytics to identify incidence patterns early.

The scope of the project can be described as the implementation of:

- ◆ a commercial off-the-shelf Case/Workflow Customer Relationship Management, including internal- and external-facing portals
- ◆ security, including identity and access management and cyber security
- ◆ a Cloud-native data solution, including a data warehouse, open architecture and application programming interface
- ◆ an NDIS Commission IT environment
- ◆ consolidated audit logging capability
- ◆ analytics and reporting, including predictive analytics and self-service
- ◆ a built-in intelligence capability
- ◆ external integrations to enable and expand the data exchange between Agencies, for example the NDIA, Australian Securities and Investments Commission (ASIC), Australian Taxation Office (ATO) and Australian Charities and Not-for-profits Commission (ACNC).



## Data capability uplift

Uplifting the NDIS Commission's data maturity will enable us to meet our commitments and obligations under the Data and Digital Government Strategy and the Regulatory Policy, Practice and Performance Framework. These changes will support the optimisation of our businesses using a data-driven approach, provide large productivity gains and enable new types of analysis that will improve our understanding of risk within the NDIS system. The NDIS Commission has implemented initiatives that are key enablers to the DART Program, including the implementation of a common desktop using M365 and Intune for corporate mobile phones; a cyber capability uplift to Essential 8 Maturity Level 1; eSIM on corporate mobile phones for executive staff as a business continuity activity; and increased capability and capacity within the ICT team.

The NDIS Commission significantly improved its data capabilities in 2023–24. Our uplift has primarily focused on data governance, and we have established a new data governance team, developed an overarching Data Governance Framework and established a data catalogue. This catalogue includes a data inventory, data dictionaries and data lineage. This is foundational work that allows us to define and evolve our data architecture and effectively manage our data assets through their full lifecycle. Our work in 2023–24 also included defining the requirements of a data platform and considering specific technology options. This work provides a solid basis for further improvement of our data capabilities under the DART Program.

## Key compliance matters

### LiveBetter Services

In April 2024, the Federal Court delivered judgment in favour of the NDIS Commission in the matter of Commissioner of the NDIS Quality and Safeguards Commission v LiveBetter Services Ltd [2024] FCA 374.

LiveBetter Services Limited (LiveBetter) was ordered to pay a penalty of \$1.8 million (together with the NDIS Commission's legal costs) in relation to the death of an Aboriginal woman, Ms Kyah Lucas, who died in February 2022 from complications associated with burns she sustained while receiving personal care supports from support workers employed by LiveBetter in her home in Orange, NSW.

Acting Commissioner Michael Phelan said the tragic death of Ms Lucas should have been avoided and noted that the Court's decision sent a warning to other NDIS providers:



“The findings from this proceeding put all NDIS providers on notice that they need to pick up their game and ensure their staff are properly trained and highly competent.”

The proceeding, which commenced in March 2023, was only the second civil penalty proceeding commenced by the NDIS Commission. The penalty ordered by the Court was significantly greater than the penalty awarded (in June 2023) in the NDIS Commission's first civil penalty proceeding in Commissioner of the NDIS Quality and Safeguards Commission v Australian Foundation for Disability [2023] FCA 629.

## Oak Tasmania

The NDIS Commission commenced civil penalty proceedings in the Federal Court of Australia against Oak Tasmania Pty Ltd for contraventions of the NDIS Act.

An extensive investigation by the NDIS Commission found that Oak failed to comply with the NDIS Code of Conduct in providing supports and services in a safe and competent manner to certain participants in their care. It is also alleged that Oak Tasmania failed to comply with its conditions of registration in relation to risk management and ensuring that staff held the relevant expertise and experience in undertaking their work.

It is also alleged that Oak Tasmania failed on more than 600 occasions to report within required timeframes to the NDIS Commission whether particular incidents had occurred, such as whether persons with a disability had either suffered a serious injury or neglect.

The matter sends a strong message to NDIS providers that they must comply with participants' BSPs and care plans, and ensure their safety at all times.

The action also highlights NDIS providers' obligations to report incidents within the required statutory timeframes to ensure the NDIS Commission can effectively regulate the sector and ensure providers are taking appropriate actions to safeguard participants.



“Providers must ensure their staff are properly trained and that any injuries or harm suffered by participants are promptly reported to the NDIS Commission as required under the NDIS Rules. The NDIS Commission will hold accountable any provider that does not comply with the law.”

- Acting Commissioner  
Michael Phelan APM

## Aurora Community Care

The NDIS Commission has commenced civil penalty proceedings in the Federal Court against Aurora Community Care Pty Ltd (Aurora) in relation to the death of an NDIS participant.

Civil penalty proceedings have been commenced against Aurora following the death of a 38-year-old man with an intellectual disability who was an NDIS participant.

The NDIS participant left his SIL home in Queensland without the knowledge of his support workers despite Aurora being responsible for the provision of 2:1 support.

At the time of the NDIS participant leaving his home, it is alleged he was not being monitored or supervised, with one support worker asleep and the other in an adjacent room. The NDIS participant was struck by a car after leaving his home.

It is alleged that Aurora failed to provide supports and services in a safe and competent manner with due care and skill, resulting in harm causing death.

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## Case study: Compliance and enforcement

The NDIS Commission administers legislation that enables it to take high-impact legal action with a relatively low burden on proof. Occasionally, the NDIS Commission can intervene to protect people with disability when a court cannot reach the ‘beyond reasonable doubt’ test that applies to criminal proceedings. In one recent scenario, the NDIS Commission imposed a very lengthy ban on an individual who had been charged and acquitted on multiple counts of indecent assault on a person with a disability. Despite acquittal on the criminal charges, the NDIS Commission reviewed the evidence provided by the police and the employer as well as the comments made by the magistrate. This enabled the NDIS Commissioner’s delegate to form a ‘reasonable belief’ that the individual was unsuitable to provide services to people with disability. A ban was issued even though criminal charges were unsuccessful. This ensured some level of justice for the victim and that no other participants were put at risk.

People with disability often face a significant disadvantage in courts that require them to prove ‘beyond reasonable doubt’ they were harmed. The NDIS legislation recognises this inherent disadvantage and empowers the NDIS Commission to apply measured but impactful sanctions with a lower burden of proof.

### **\$1.1 million issued in fines to improve provider responses to the use of restrictive practices**

Despite significant education and guidance, the NDIS Commission identified that the desired reductions in restrictive practices were not realised. This means the human rights of NDIS participants continue to be impacted, and participants are placed at risk. An intensive compliance and enforcement campaign was implemented in 2023–24 to address this. The campaign focused on the use of unauthorised restrictive practices, completion of BSPs within legislated timeframes, and compliance with legislative requirements for the inclusion of restrictive practices in BSPs. The campaign identified six providers that did not report unauthorised use of restrictive practices or failed to obtain authorisation. Twenty-two infringement notices were issued, totalling \$399,480. Once engaged, specialist behaviour support providers are required to develop a BSP within legislated timeframes, lodge that plan with the NDIS Commission and ensure the restrictive practice in the plan is only used as a last resort. The campaign also targeted specialist behaviour support providers. As a result, 11 providers were issued four compliance notices and 40 infringement notices, totalling \$778,800. The NDIS Commission will continue to take strong compliance action to support the reduction and elimination of restrictive practices.

## Registration integrity

The NDIS Commission has commenced regulatory action to address integrity risks related to applicant registration. These activities include the engagement of consultants to act on behalf of applicants through the registration application process, including the provision of information to the NDIS Commission regarding applicants' knowledge and application of relevant NDIS Practice Standards.

In 2023–24, the NDIS Commission escalated its regulatory response to such matters, including through:

- ◆ an increase in registration application refusals (2,483 in 2022–23 compared to 10,514 in 2023–24), including where applicants had failed to engage an auditor to assess them against the relevant NDIS Practice Standards
- ◆ referrals to the ACCC for potential breaches of Australian Consumer Law, which included the identification of potential breaches of Australian Consumer Law by consultancies making false and misleading claims about NDIS provider registration and audit outcomes. A review of over 1,500 audit reports showed suspicious identical responses in around 1,000 applications, suggesting integrity issues. Further investigation of 130 consultancy websites highlighted problematic claims of guaranteed registration and audit success, posing risks to the NDIS. Following these findings, the NDIS Commission referred the matter to the ACCC and is collaborating with the ACCC, the NDIS Taskforce and JASANZ to address these integrity and fraud concerns.

## Case study: Registration Story

The NDIS Commission regulates registered NDIS providers' compliance with registration conditions, including quality audit obligations. These obligations are critical to ensuring that registered NDIS providers are assessed cyclically against quality standards that apply to them, depending on the nature of the supports and services they are registered to provide.

The NDIS Commission further imposes quality audit obligations as additional conditions of registration to mitigate certain risks. This includes where new applicants for registration have not yet been assessed against quality standards through witnessing support or service delivery.

The NDIS Commission engaged with over 7,800 registered NDIS providers to influence compliance with quality audit obligations. This included registered NDIS providers that had transitioned to the NDIS Commission and were assessed for the first time against applicable quality standards, registered NDIS providers providing higher-risk supports and services, and new registered NDIS providers that the NDIS Commission had imposed an additional quality audit obligation on as a risk mitigation activity.

Through this engagement, of the 7,800 registered NDIS providers, the NDIS Commission:

- ◆ supported 70% to achieve compliance with their quality audit obligations
- ◆ took regulatory action against the 30% for failure to comply with quality audit obligations, including registration application refusals and revocations of registration.

# Key moments 2023-24

## August 2023

### Regulatory Practice Maturity Survey

The NDIS Commission conducted the Regulatory Practice Maturity Survey, which captured staff perceptions of the NDIS Commission's regulatory practice and maturity.

### Own Motion Inquiry into support coordination and plan management

Part 1 published after examining relevant complaints and incidents reported to the NDIS Commission.

## September 2023

### Own Motion Inquiry into platform providers operating in the NDIS market

The Own Motion Inquiry into platform providers operating in the NDIS market commenced in February 2023 and the final *Insights Report*<sup>\*</sup> was published in September 2023.

### Established the Risk, Intelligence and Delivery team

The NDIS Commission established the Risk, Intelligence and Delivery team to discreetly and holistically analyse providers operating in the market to support regulatory operations.

\* [ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-reports-and-reviews/own-motion-inquiry-platform](https://ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-reports-and-reviews/own-motion-inquiry-platform)

## December 2023

### BSP Template review

The NDIS Commission published findings of the co-designed BSP template review and new interim and comprehensive BSP templates to reflect contemporary evidence-informed practice and to lift capacity and practice quality. Preliminary data suggests the new templates contributed to higher-quality plans.

### Crack-down on unfair NDIS participant pricing

The NDIS Commission has been working with the ACCC and the NDIA to address unfair participant pricing and to take compliance action when unfair pricing practices by NDIS providers are identified. Amendments were made to the NDIS Code of Conduct to help address NDIS price differentiation.

### NDIS Review

The NDIS Review's Report, *Working to Deliver the NDIS*, includes 26 recommendations and 139 actions.

## July 2023

### Behaviour Support Plan Checklist

The NDIS Commission published the BSP checklists, which outline good practice and the registration conditions that apply to specialist behaviour support providers when developing interim and comprehensive BSPs.

### 'Deciding with support' toolkit

The NDIS Commission launched 'Deciding with support' — a toolkit of resources about supported decision-making in behaviour support. It was funded by the NDIS Commission and developed by Flinders University in conjunction with the University of New South Wales and the Council for Intellectual Disability.

## October 2023

### Improvement of Provider Registration and Worker Screening

Committed to continuous improvement, the NDIS Commission reviewed the practices and processes of the Provider Registration and Worker Screening functions to ensure an achievable future state. Early successes included a streamlined assessment process pilot and the development of a risk model to inform proportionate and risk-informed registration activities.

### Regulated Restrictive Practice Summary and Protocols

The NDIS Commission published regulated restrictive practice protocols to improve practice and support compliance with sections 20 and 21 of the National Disability Insurance Scheme Restrictive Practices and Behaviour Support Rules 2018 and to promote the reduction and elimination of restrictive practices.

### Disability Advocacy Forum

The annual NDIS Commission Disability Advocacy Forum was held from 9 to 10 October, focusing on the theme of empowering participants through rights-based regulation.

### Ministerial Direction

In October, the Minister gave a direction to the NDIS Quality and Safeguards Commissioner under section 181K of the *National Disability Insurance Scheme Act 2023 – No. 1/2023*<sup>\*</sup>.

\* [legislation.gov.au/F2023L01383/latest/text](https://legislation.gov.au/F2023L01383/latest/text)



## June 2024

### Stakeholder engagement

The NDIS Commission conducted a comprehensive sentiment survey in June 2024 with responses sought from key stakeholders. The survey was redesigned this year to seek evidence-based insights into the value of the NDIS Commission's work and to assess the extent to which it delivers on its commitments.

## April 2024

### Contact Centre

The NDIS Commission upgraded and implemented an \$11.9 million telephony system. This has resulted in a doubling of call-handling rates and much better customer experiences.

### Work health and safety plan

To address various recommendations from the Provisional Improvement Notice issued by Comcare (the Australian Government regulator for work health and safety) in April 2023, the NDIS Commission has launched a WHS action plan to improve our WHS systems and culture.

## February 2024

### Promoting Positive Behaviour Support Practice grant

A resources website was launched to improve behaviour support practice. The resources were developed by the University of Melbourne, the University of Queensland and Flinders University through an administered grant that included an AI educational tool to review BSP quality and link users to relevant information.

### Quality Roadmap

The [Quality Roadmap](#) published in February 2024, enhances the quality and safety of NDIS services and supports by providing guidance to participants, workers and providers.

\* [ndiscommission.gov.au/about/quality-roadmap](https://ndiscommission.gov.au/about/quality-roadmap)

## May 2024

### Civil litigation

A \$1.8 million civil penalty was awarded by the Federal Court against LiveBetter Services Limited – the highest figure to date.

### BSP Quality and Compliance Project

The NDIS Commission randomly sampled 12% of comprehensive BSPs lodged in February 2024 to review the quality of the plans. The quality check showed that 58% of BSPs had evidence of consultation with the participant — a significant increase from 40% in 2023 and 32% in 2022.

## March 2024

### Planning and Performance framework

The NDIS Commission developed a Planning and Performance Framework to strengthen our planning and reporting activities in alignment with the Commonwealth Performance Framework.

## January 2024

### Work health and safety

The NDIS Commission worked with SafeWork NSW to develop resources directly related to the Own Motion Inquiry into platform providers. The resources were published in January 2024 and focus on the risks disability support workers face and how providers can identify and mitigate risks in disability support work and environments.

### Human Rights Guidance

The NDIS Commission adopted a set of duties and action statements, which are incorporated into our operational and strategic plans and operationalised in our day-to-day work.

### Quality and Consumer Information Insights Reports

The NDIS Commission published the Quality and Consumer Information Insights Reports in January 2024. The findings of these consultations have been used to inform a range of NDIS Commission activities to uplift sector capability and to improve the experience of people with disability in accessing supports and services.

# 2024 ▶▶▶

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# Part 3

## Annual Performance Statements

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# Statement of preparation

I, Michael Phelan, as the Accountable Authority for the NDIS Quality and Safeguards Commission (NDIS Commission), present the 2023-24 Annual Performance Statements for the NDIS Commission on behalf of the former Accountable Authority for the NDIS Commission in 2023-24, as required under paragraph 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

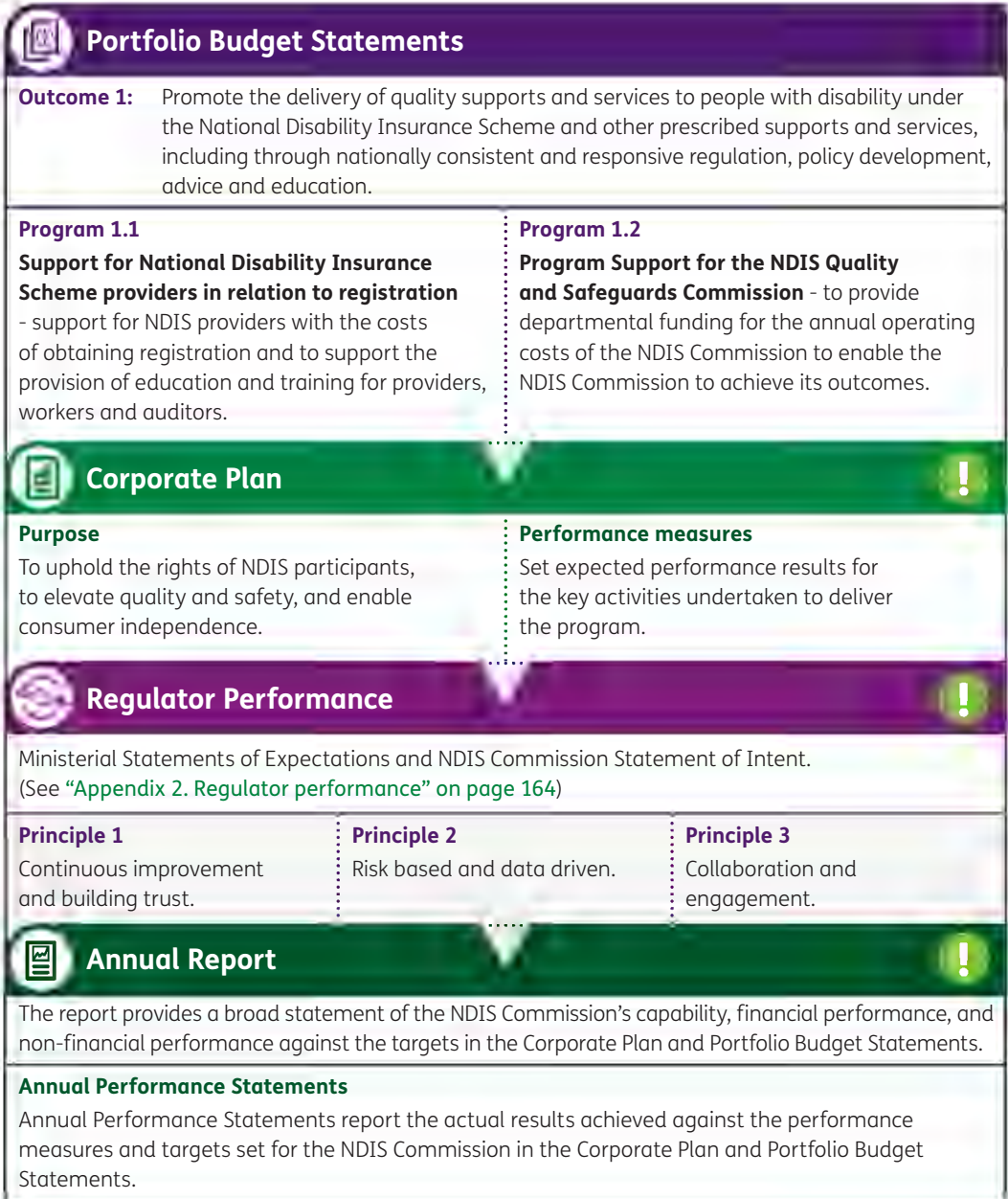
In my opinion, these performance statements accurately present the NDIS Commission's performance for the year ended 30 June 2024 and comply with subsection 39(2) of the PGPA Act (section 16F of the PGPA Rule).



**Michael Phelan APM**

Acting NDIS Quality and Safeguards Commissioner  
30 September 2024

# NDIS Commission Planning and Performance Framework



Risk Management

# Summary of results

Performance Measure (PM)

1

## Impact area

The NDIS Commission amplifies and promotes the rights of people with disability by creating and enabling access to and delivery of quality services and supports.



### PM 1.1

Outcome: Partially achieved

People with disability know their rights and trust us to support them and their carers and advocates to make complaints, and report violence, abuse, neglect and risk of harm

#### Target

- 1.1.1 80% of respondents said they trust the NDIS Commission.
- 1.1.2 70% of complaints resolved in 90 days.
- 1.1.3 Qualitative analysis of NDIS Commission communication and education campaigns promoting consumer independence and the rights of people with disability.

### PM 1.2

Outcome: Not met

The use of restrictive practices is reduced or eliminated through increased quality of behaviour support plans, and NDIS Commission programs contribute to increased lodgement of behaviour support plans and a reduction in unauthorised restrictive practices (URPs)

#### Target

- 1.2.1 Increase in lodgement of BSPs, and quality of BSPs.


### PM 1.3

Outcome: Achieved


Providers and workers have an increased understanding of what quality and safety means to NDIS participants, and understand the rights of people with disability as consumers

#### Target

- 1.3.1 Number/type of NDIS Commission resources, activities and engagements.
- 1.3.2 90% of providers surveyed said training had increased their understanding of what quality and safety means to NDIS participants.

<p><b>3.1.2</b> Changes from Qualitative analysis.</p>	
<p><b>3.1.1</b> # of registration revocations # of registrations refused # banning orders</p>	
<p><b>Target</b></p>	
<p>Quality and safety risks are reduced through the use of regulatory levers to exit unscrupulous and ineffective operators and workers from the market</p>	
<p><b>PM 3.1</b></p>	
<p><b>Outcome: Achieved</b></p>	
<p><b>Impact area</b></p> <p>The NDIS Commission will enable consumer independence for NDIS participants by using regulatory frameworks to promote, and remove barriers to, quality and safety.</p> 	<p><b>3</b></p> <p>Performance Measure (PM)</p>

<p><b>2.3.1</b> Mix of statement of FY grant spend and qualitative reporting.</p>	
<p><b>Target</b></p>	
<p>The NDIS Commission Grants Program creates resources and opportunities that enhance providers, workers' and auditors' registration and training capability</p>	
<p><b>PM 2.3</b></p>	
<p><b>Outcome: Partially achieved</b></p>	

<p><b>2.2.1</b> Uptake of the Workforce Capability Framework, building a skilled workforce.</p>	
<p><b>Target</b></p>	
<p>NDIS participants have greater access to, and choice of, skilled workers</p>	
<p><b>PM 2.2</b></p>	
<p><b>Outcome: Achieved</b></p>	
<p><b>Impact area</b></p> <p>Every NDIS participant has safeguards in place and access to quality services delivered by skilled workers.</p> 	<p><b>2</b></p> <p>Performance Measure (PM)</p>

# Changes to performance measures from our Corporate Plan 2023–24

We continued reviewing and improving our performance measures to reflect the breadth of activities undertaken to achieve our purpose. We built on what we learnt from internal improvement processes.

The NDIS Commission will not reconcile the performance information for the below performance measures and targets in the annual performance statement for the 2023–24 performance cycle.

<b>PM 1.3</b>	
Providers and workers have an increased understanding of what quality and safety means to NDIS participants, and understand the rights of people with disability as consumers	
<b>Target</b>	
<b>1.3.3</b>	> % of NDIS participants surveyed report they have had a positive experience with their providers.
<b>1.3.4</b>	> % of NDIS participants surveyed say they feel they have a voice in improving the safety and quality of provider systems.

<b>PM 2.1</b>	
The quality of NDIS provider and worker provision increases over time	
<b>Target</b>	
<b>2.1.1</b>	> % Participants say the quality of their supports has increased.

## Justification

Previous stakeholder surveys were confined to complainants and did not seek information relevant to this performance measure. It would also be challenging to gather accurate data on this measure as participants are often supported by multiple providers and may have variable levels of satisfaction with different providers.

Since publication of the NDIS Commission’s 2023–24 Corporate Plan, we have amended our research methodology to more accurately capture the experiences of both participants and providers, and measure the awareness levels of the NDIS Commission and the quality of engagement. The new approach has involved restructuring questions in the 2023–24 Stakeholders Sentiment Survey and distributing the survey more widely.

This will enable us to:

- ◆ gather more extensive data from a wider stakeholder group, which now includes providers, support workers, people with disability (including NDIS participants) and the broader public
- ◆ report on more meaningful performance results in the next annual report
- ◆ use the feedback and insights from the survey to more deeply understand our target audience and how best to communicate with them
- ◆ establish broader community benchmarking of the trust levels and awareness of the NDIS Commission and our functions
- ◆ sharpen our communication, education and operational focus to improve service delivery.

# Summary of Annual Performance Statements

The 2023–24 Annual Performance Statements detail how the NDIS Commission has delivered against its purpose to uphold the rights of NDIS participants, to elevate quality and safety and enable consumer independence. Our Commitment to promoting the rights of people with disability, ensuring access to quality services and supports, and promotion of a thriving and diverse market is demonstrated through the suite of performance measures we use to measure our progress. The measures are reflective of our core regulatory functions and our growing maturity in regulating and safeguarding.

The results from the 2023–24 reporting period were overall positive and reflect the major initiatives undertaken across the NDIS Commission. Significant adjustments to the way we manage complaints and an adjustment


to our posture on enforcement has notably improved our performance overall, as many of the performance measures are interrelated.

Our ability to meet our targets effectively is evidenced in our achievements against each of the performance measures published in the NDIS Commission’s Corporate Plan 2023–24. Three of the six measures that we reported against were achieved, noting significant improvement in the areas that were partially achieved and not met when compared to the previous year.

These Annual Performance Statements provide an accurate assessment of the NDIS Commission’s delivery against the measures established in the Corporate Plan 2023–24 and the supporting mechanisms enabling achievement of the NDIS Commission’s overall purpose.



# Detailed performance results

 <b>Performance Measure (PM)</b> <b>1.1</b>	<b>Linked PBS program</b>	<b>Program 1.2 – Program Support for the NDIS Quality and Safeguards Commission</b> – To provide departmental funding for the annual operating costs of the NDIS Commission to enable the NDIS Commission to achieve its outcomes.
	<b>Key Activities</b>	Complaints and reportable incidents management, communications and engagement with stakeholders, behaviour support leadership, registration of NDIS service providers, management of worker screening processes, compliance operations, intra-agency operational, legal, policy and administrative support.
	<b>Measure type</b>	Output, efficiency, and effectiveness
<b>People with disability know their rights and trust us to support them and their carers and advocates to make complaints, and report violence, abuse, neglect and risk of harm</b>		
<b>Targets</b>	<b>Results</b>	
<b>1.1.1:</b> 80% of respondents said they trust the NDIS Commission	<b>83%</b>	
<b>1.1.2:</b> 70% of complaints resolved in 90 days	<b>58%</b>	
<b>1.1.3:</b> Qualitative analysis of NDIS Commission communication and education campaigns promoting consumer independence and the rights of people with disability	<b>Analysed</b>	

## Analysis of results

The NDIS Commission partially achieved this performance measure by meeting two of the three targets for 2023–24.

### Results for Target 1:

83% of respondents said they trusted the NDIS Commission.

During June and July 2024, the NDIS Commission engaged a research firm, ORIMA Research to conduct a stakeholder survey of people with disability, including NDIS participants and their supporters, providers, workers and the general public. We reflected on the survey method used for the 2022–23 performance cycle and broadened the target audience and the breadth of the questions for this reporting period. The survey results allowed us to report directly on stakeholder views on the NDIS Commission's profile and performance.

The survey was designed to directly address questions and seek information about people's trust in the NDIS Commission, including the factors that underpin their perceptions. Further analysis will be conducted in this financial year to ensure we can address the needs of stakeholders and the factors underpinning perceptions of mistrust.

The trust rating of 83% was an average across all stakeholder groups and included those who indicated that they trusted the NDIS Commission a lot or completely, moderately or a little.

## Results for Target 2:

58% of complaints were resolved in 90 days. This fell short of our target of 70% but was an improvement of 10 percentage points compared to the 48% achieved in 2022–23.

The NDIS Commission reviewed the complaints management process and performance during the reporting year. The following factors affected our timeliness result:

- ◆ The NDIS Commission received almost 80% more complaints compared to the previous year. This influx in new complaints required us to divert staff from managing and finalising complaints to intake and triage, to ensure we could identify and action urgent safeguarding and other high-risk matters without delay.
- ◆ The NDIS Commission reviewed and expanded our definition of what is considered ‘in scope’ as a complaint, which resulted in a further increase in volumes received.
- ◆ The NDIS Commission established a dedicated safeguarding team whose focus is to ensure any immediate risks to people with disability are actioned within 48 hours.
- ◆ The NDIS Commission continued to dedicate effort to finalising ‘aged complaints’. The finalisation of high numbers of these older complaints has adversely impacted the median timeframe for resolution.

In addition to increasing the number of complaints finalised in 90 days by 10% compared to 2022–23, we also finalised 23% more complaints and actioned more than 1,300 safeguarding matters within 48 hours of receipt.

## Results for Target 3:

In 2023–24, the NDIS Commission continued to promote consumer independence and the rights of people with disability through various communication methods and educational campaigns.

- ◆ Targeted participant and provider activities were used as an important tool to inform participants and increase their knowledge about their rights and how to speak up.
- ◆ Focussed activities and resources to educate providers and workers on what quality services and supports look and feel like for participants.

NDIS Commission reached participants through a range of engagement forums between August and September 2023. The NDIS Commission facilitated a series of six forums with participants who had expressed interest in being a member of the NDIS Commission’s Consultative Committee, to better understand how the NDIS Commission can bring the voice of people with disability directly into our work. We gathered valuable insights through the forums and will use them to inform our Engagement Principles and future co-design and consultative activities.

NDIS Commission representatives actively engaged with multiple stakeholders in over 500 activities. They gathered feedback and insights to help inform regulatory activities including, but not limited to, communications campaigns and the development of engagement principles and the NDIS Commission’s [Regulatory Priorities 2024–25](#)<sup>†</sup>.

Some of the major forums in which we engaged and gathered insights were:

- ◆ engagement principles workshops, where participants provided feedback on how they would like the NDIS Commission to engage with them


\* An aged complaint is a complaint that has been open for more than 6 months without resolution.

† [ndiscommission.gov.au/regulatory-priorities-2024-25](https://ndiscommission.gov.au/regulatory-priorities-2024-25)



- ◆ the annual Disability Advocacy Forum, which provides opportunities to collaborate with and gain feedback from advocates on issues within the sector, and improves relationships between advocates and stakeholders
- ◆ NDIS Commission overview presentations (education sessions) for community groups, participants and providers, staged in collaboration with the NDIA.

These events and forums provided great opportunities for the NDIS Commission to work directly with participants and their representatives to better understand their rights.

 <p><b>Performance Measure (PM)</b></p> <p><b>1.2</b></p> <p>The use of restrictive practices is reduced or eliminated through increased quality of behaviour support plans, and NDIS Commission programs contribute to increased lodgement of behaviour support plans and a reduction in unauthorised restrictive practices (URPs)</p>	<p><b>Linked PBS program</b></p> <p><b>Program 1.2 – Program Support for the NDIS Quality and Safeguards Commission</b> – To provide departmental funding for the annual operating costs of the NDIS Commission to enable the NDIS Commission to achieve its outcomes.</p>
	<p><b>Key Activities</b></p> <p>Complaints and reportable incidents management, communications and engagement with stakeholders, behaviour support leadership, registration of NDIS service providers, management of worker screening processes, compliance operations, intra-agency operational, legal, policy and administrative support.</p>
<p><b>Measure type</b> Effectiveness</p>	
<p><b>Target</b></p> <p><b>1.2.1:</b> Increase in lodgement of BSPs, and quality of BSPs</p>	<p><b>Results</b></p> <p>3,903 more BSPs were lodged this financial year The quality of BSPs has remained stable</p>

## Analysis of results

The NDIS Commission has not achieved our target.

We achieved the increase in the number of BSPs lodged. This increase is a result of 2,246 more participants having a BSP compared to 2022–23. Despite overall growth of total participants in the NDIS, the increase in the number of participants with BSPs is greater than the increase in participants subject to unauthorised restrictive practices. This means the needs of more participants requiring behaviour support are being met, and the use of restrictive practices is better safeguarded. It also means there are more opportunities to reduce or eliminate restrictive practice.

We did not achieve the desired increase in the quality of BSPs. Sample reviews showed the quality remained relatively stable compared with 2023–24. Importantly, it was evident that participant consultation informed the development of a greater number of plans that in previous years.

The NDIS Commission implemented an intensive compliance campaign in 2023–24. The campaign targeted provider obligations in relation to the use of unauthorised restrictive practices, and

requirements for specialist behaviour support providers to develop BSPs within legislated timeframes. Additionally, a number of initiatives were implemented to increase the quality of BSPs, including publishing BSP quality checklists, updating BSP templates, providing policy and clinical guidance, and giving direct feedback to providers that were subject to quality reviews. Further work is needed to lift the quality of BSPs that can improve participants' quality of life and reduce use of restrictive practices.

**Table 1.** Number of participants with behaviour support plans who were subject to unauthorised restrictive practices, and the number behaviour support practitioners, 2022–23 and 2023–24

Result	2022-23 (baseline data)	2023-24	Percentage of NDIS participants 2023–24	Change from 2022–23
<b>Number of BSPs lodged</b>	15,756	19,659	2.18%	0.19% increase
<b>Number of participants with lodged BSPs</b>	12,144	14,390		
<b>Number of participants subject to unauthorised restrictive practices</b>	9,747	11,347	1.72%	0.12% increase
<b>Number of behaviour support practitioners considered suitable (cumulative)</b>	5,863	8,477	-	0.45% increase

The quality of BSPs appears to have remained relatively stable compared to 2022–23, although overall quality remains higher than in 2021–22. The entrance of high numbers of new behaviour support practitioners into the market (2,615 new entrants were deemed suitable in 2023–24) presents ongoing challenges to quality, given it takes time for them to develop capabilities and the quality of their services.

As in previous years, NDIS Commission undertook a quality evaluation of a randomly selected sample of all BSPs lodged with the NDIS Commission in the month of February 2024 was undertaken by NDIS Commission staff trained in the use of a validated quality assessment tool, the BSP-QEII\*. The sample comprised 117 plans, and the assessment produced the following results.


- ◆ The mean score across all assessed plans was 14.39 out of a possible score of 24. This was similar to the 2022–23 mean score of 14.75, and higher than the 2021–22 score of 12.5.
- ◆ The median score was 14 (minimum 2, maximum 24). This was slightly lower than the median score for the 100 plans assessed in 2022–23 sample, at 15, but higher than the score of 12 in 2021–22.
- ◆ 58% had evidence of consultation with the participant. This is an improvement on the 2022–23 result of 40%, and the 2021–22 result of 32%.

The NDIS Commission implemented a range of initiatives to improve the quality of BSPs in 2023–24,

\* 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 (0, 1 or 2) for each of 12 categories, 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).

including:

- ◆ publishing two BSP checklists outlining good practice and the conditions of registration that apply to specialist behaviour support providers when developing interim and comprehensive BSPs
- ◆ reviewing and updating BSP templates in consultation with participants and other stakeholders
- ◆ providing new policy guidance and resources to support the development of BSPs and the safe reduction and elimination of restrictive practices
- ◆ publishing policy guidance outlining expectations of specialist behaviour support providers and NDIS behaviour support practitioners when developing BSPs that reference regulated restrictive practices
- ◆ publishing policy guidance outlining expectations of NDIS providers to reduce and eliminate restrictive practices in a safe and competent manner with care and skill.

 <p><b>Performance Measure (PM)</b></p> <p><b>1.3</b></p> <p>Providers and workers have an increased understanding of what quality and safety means to NDIS participants, and understand the rights of people with disability as consumers</p>	<p><b>Linked PBS program</b></p> <p><b>Program 1.2</b> – Program Support for the NDIS Quality and Safeguards Commission – To provide departmental funding for the annual operating costs of the NDIS Commission to enable the NDIS Commission to achieve its outcomes.</p>
	<p><b>Key Activities</b></p> <p>Complaints and reportable incidents management, communications and engagement with stakeholders, behaviour support leadership, registration of NDIS service providers, management of worker screening processes, compliance operations, intra-agency operational, legal, policy and administrative support.</p>
	<p><b>Measure type</b> Effectiveness</p>
<p><b>Targets</b></p> <p><b>1.3.1:</b> Number/type of NDIS Commission resources, activities and engagements</p> <hr/> <p><b>1.3.2:</b> 90% of providers surveyed said training had increased their understanding of what quality and safety means to NDIS participants</p>	<p><b>Results</b></p> <p><b>68 major events and 525 engagement activities</b></p> <hr/> <p><b>96%</b></p>

## Analysis of results

The NDIS Commission achieved this performance measure by meeting all the targets.

### Results for Target 1:

In 2023–24, the NDIS Commission hosted or participated in 68 major external events and attended approximately 525 engagement activities with our stakeholders, in person or virtually. The NDIS Commission has invested effort in building our social media profile and sharing information with key stakeholders through these channels. At 1 July 2024, the NDIS Commission had more than 61,000 followers on LinkedIn and over 15,000 on Facebook.

The NDIS Commission is committed to engaging with our stakeholders and providing education and resources to providers and workers to improve outcomes for participants and increase the safety and quality of services provided to people with disability.

While much of the focus of our educational activities has been on registered providers, in 2023–24 we increased our emphasis on promoting the importance of the Code of Conduct for all providers, including unregistered providers and their workers. We worked with our partners in DSS, the NDIA and the ACCC to raise awareness of consumer rights and the safety and quality of supports and services to the community.

The NDIS Commission is involved in a range of engagement activities, and education and information campaigns.

The NDIS Commission issued four provider newsletters and one provider alert informing the sector about significant operational and regulatory changes, including changes to:

- ◆ legislation
- ◆ policies
- ◆ the NDIS Commission's operations and practices.

We developed new resources for providers, workers and participants, to increase their understanding of the rights of people with disability. These included:

- ◆ a poster and fact sheet with general guidance on the Code of Conduct
- ◆ a two-page flyer with guidance on the Code of Conduct in hospital settings, developed for the healthcare sector.

We produced participant and provider packs that can be requested via the NDIS Commission website. We distributed 22,210 hard copies of the packs during the reporting period, and 56,216 digital copies were downloaded from the website.

## Results for Target 2:

96% of providers said training had increased their understanding of what quality and safety means to NDIS participants.

In 2023, the NDIS Commission launched the Workforce Capability Framework, which describes the attitudes, skills and knowledge expected of all workers providing services funded under the NDIS. It gives clear, practical examples and establishes a shared language of 'what good looks like' for participants when they receive NDIS supports and services.


The NDIS Commission continues to regularly publish practical resources, including eLearning worker training modules, to educate providers and workers and increase their capability in providing quality supports and services to participants. These include:

- ◆ Worker Orientation Module
- ◆ Supporting Effective Communication
- ◆ Supporting Safe and Enjoyable Meals
- ◆ New Worker NDIS Induction Module.

The NDIS Commission's eLearning modules are designed to help NDIS workers better support people with disability and understand their obligations under the NDIS Code of Conduct. These modules are also available in Auslan and screen reader-friendly versions.

In June and July 2024, ORIMA research surveyed workers and providers who had completed the eLearning modules, to gain feedback on the effectiveness of the modules. In total, 547 responses were received. Around 96% of providers and 92% of workers who responded to the survey indicated that the modules had increased their understanding of what quality and safety means for NDIS participants.

The NDIS Commission will continue to review existing training resources, develop new training resources, and actively promote them in our engagement activities to help support workers and providers better understand NDIS participants' rights as consumers.

 <b>Performance Measure (PM)</b> <span style="font-size: 2em; color: #008000;">2.2</span>	<b>Linked PBS program</b> Program 1.2 – Program Support for the NDIS Quality and Safeguards Commission – To provide departmental funding for the annual operating costs of the NDIS Commission to enable the NDIS Commission to achieve its outcomes.
	<b>Key Activities</b> Provide support to providers, workers and auditors in relation to the registration process, via administration of the NDIS Commission grants program and management of its deliverables.
NDIS participants have greater access to, and choice of, skilled workers	<b>Measure type</b> Effectiveness
<b>Target</b> 2.2.1: Uptake of the Workforce Capability Framework, building a skilled workforce	<b>Results</b> 15% increase in the use of the Workforce Capability Framework

## Analysis of results

The NDIS Commission achieved this performance measure by meeting the target.

In 2023–24, there was a 17% increase in the use of the **Workforce Capability Framework (WCF)**<sup>\*</sup>.

The NDIS Commission first launched the Workforce Capability Framework (WCF) in July 2022 for testing, and it was fully launched on 30 June 2023. The WCF describes the attitudes, skills and knowledge expected of all workers in services funded under the NDIS. It incorporates interactive tools and resources to support workforce management and planning, recruitment, supervision, training, guidance for participants, and career guidance for workers.

**Table 2.** Use of the Workforce Capability Framework in 2023–24 compared to 2022–23

Result	2022–23 (baseline data)	2023–24	Variance from 2022–23
<b>Number of users</b>	40,798	47,895	17.4% increase
<b>Average daily number of users</b>	111.76	131.22	17.4% increase
<b>Number of resources downloads</b>	15,399	17,557	14.0% increase


\* [workforcecapability.ndiscommission.gov.au/](https://workforcecapability.ndiscommission.gov.au/)

To give participants greater access to, and choice of, skilled workers, the WCF provides tailored resources for participants, providers and workers. The resources are designed to improve participants' knowledge in directly engaging with NDIS providers and workers, including:

- ◆ what to look for in an NDIS provider
- ◆ how to find a registered NDIS provider and an NDIS behaviour support practitioner
- ◆ how to self-manage an NDIS plan and manage supports
- ◆ to describe support needs, and recruit and select suitable workers
- ◆ to check if a worker has submitted to an NDIS Worker Screening Check
- ◆ how to make a complaint.

Some resources are available in Easy Read format, Auslan and community languages other than English. We also developed resources to improve participants' cultural awareness when engaging Aboriginal and Torres Strait Islander workers.

The NDIS Commission recognises the limitations of resources in the disability sector and continues to work with stakeholders on the co-design of material to meet identified needs.

 <b>Performance Measure (PM)</b> <span style="font-size: 2em; color: green;">2.3</span>	<b>Linked PBS program</b>	<b>Program 1.1 – Support for National Disability Insurance Scheme providers in relation to registration – Support for NDIS providers with the costs of obtaining registration and to support the provision of education and training for providers, workers and auditors.</b>
	<b>Key Activities</b>	Complaints and reportable incidents management, communications and engagement with stakeholders, behaviour support leadership, registration of NDIS service providers, management of worker screening processes, compliance operations, intra-agency operational, legal, policy and administrative support.
<b>Measure type</b>	Output	
<b>Target</b>	<b>Results</b>	
<b>2.3.1:</b> Mix of statement of FY grant spend and qualitative reporting	<b>No expenditure of grant funds</b>	

## Analysis of results

The NDIS Commission partially achieved this performance measure. There was no expenditure of grant funds in 2023–24. The qualitative reporting described below is evidence that the grants program created resources and opportunities that enhanced providers', workers' and auditors' registration and training capability.

During 2023–24, we had a few active grants, including seven that commenced activities in early July 2023. The focus of these projects was to:

- ◆ create a positive complaints culture for and among priority cohorts
- ◆ engage participants in the development of their BSPs
- ◆ design and test a digital complaints management system to improve early resolution pathways between participants and providers.

In February 2024, the NDIS Commission established a community of practice for active grantees, to facilitate connection, collaboration, support and learning. The community of practice creates opportunities for grantees to build relationships between one another as they co-design and co-create solutions with people with disability. Early outcomes indicate that grantees are collaborating in developing resources, overcoming common barriers, testing ideas, and sharing learnings for better outcomes across all projects.

Activities facilitated under seven grants concluded during the reporting period, with one grant being finalised early and another soon to formally conclude. In this reporting period, we are unable to share the outcome of the grant that was finalised early, due to confidential sensitivities. The following resources were developed through the six concluded grant projects and are now available for use by participants, providers, workers and others in the sector.

- ◆ Flinders University developed the [Deciding with Support](#)<sup>\*</sup> website for people with disability and the people who support them. The website includes a range of Easy Read and other resources to help people make decisions about their BSPs.
- ◆ Keogh Bay People Pty Ltd released the [Working and Walking Together NDIS Learning Place](#)<sup>†</sup>. The learning place supports workers and providers to improve their understanding of NDIS service delivery to Aboriginal people in rural and remote communities.
- ◆ Deaf Indigenous Community Consultancy produced the [Bina Gurri](#)<sup>‡</sup> website, which provides free online training for providers and workers who support Aboriginal and Torres Strait Islander participants who are Deaf or hard of hearing.
- ◆ Kaleidoscope Focus developed the [Resources for NDIS Emergency and Disaster Management \(R4NED\)](#) website, which supports participants and providers to manage their NDIS supports and services, and get ready for, manage and recover from emergencies and disasters. This resource has now been included on the ABC Emergency website.
- ◆ Inclusion Australia completed the national rollout of [Your Service, Your Rights](#)<sup>§</sup> project workshops and accompanying resource materials. The project assisted people with intellectual disability to build their capacity to be change-makers and increase the quality of the supports they receive.
- ◆ Allied Health Professions Australia reviewed and updated the [Allied Health NDIS Registration Support](#)<sup>¶</sup> website to reflect updates to the NDIS Practice Standards.

The grant activities delivered throughout the year supported people with disability to exercise their rights when accessing NDIS supports and services, and providers and workers to uphold the rights of people with disability through the delivery of safe and quality NDIS supports and services.

\* [decidingwithsupport.flinders.edu.au](http://decidingwithsupport.flinders.edu.au)

† [learningplace.s3.ap-southeast-1.amazonaws.com/content/index.html#](https://learningplace.s3.ap-southeast-1.amazonaws.com/content/index.html#/)


‡ [binagurri.deaficc.com.au](http://binagurri.deaficc.com.au)

§ [inclusionaustralia.org.au/project/your-service-your-rights/](http://inclusionaustralia.org.au/project/your-service-your-rights/)

¶ [ndisregistrationsupport.ahpa.com.au](http://ndisregistrationsupport.ahpa.com.au)

Findings from grant activities have been considered in reforming the Grants Program to better align with the future state of the NDIS, Commonwealth Grants Rules and Principles 2024, and best practice grants management approaches. Further detail can be found in the recently released [Program guidelines](#).

\* [ndiscommission.gov.au/grants#paragraph-id-7648](https://ndiscommission.gov.au/grants#paragraph-id-7648)

 <p><b>Performance Measure (PM)</b> <b>3.1</b></p> <p>Quality and safety risks are reduced through the use of regulatory levers to exit unscrupulous and ineffective operators and workers from the market</p>	<p><b>Linked PBS program</b></p> <p><b>Program 1.2 – Program Support for the NDIS Quality and Safeguards Commission – To provide departmental funding for the annual operating costs of the NDIS Commission to enable the NDIS Commission to achieve its outcomes.</b></p>
	<p><b>Key Activities</b></p> <p>Complaints and reportable incidents management, communications and engagement with stakeholders, behaviour support leadership, registration of NDIS service providers, management of worker screening processes, compliance operations, intra-agency operational, legal, policy and administrative support.</p>
<p><b>Measure type</b> Output and Effectiveness</p>	
<p><b>Targets</b></p> <p><b>3.1.1:</b> # of registration revocations # of registrations applications refused # banning orders</p> <p><b>3.1.2:</b> Qualitative analysis</p>	<p><b>Results</b></p> <p><b>187 registration revocations</b> <b>10, 546 registrations applications refused</b> <b>124 banning orders</b></p> <p><b>Analysed</b></p>

## Analysis of results

We achieved this performance measure by meeting all the targets.

**Table 3.** Comparison of compliance results between 2022–23 and 2023–24

Result	2022–23 (baseline data)	2023–24	Change from 2022–23
<b>Registration revocations</b>	104	187	79.8% increase
<b>Registration applications refused</b>	2,483	10,546	324.7% increase
<b>Banning orders</b>	92	124	34.7% increase

As a result of the 2023–24 budget uplift, the NDIS Commission increased the number of employees across functions. These additional resources significantly increased the number of provider registration applications processed compared to 2022–23, and more non-compliance matters were investigated



and determined. The extra funding also supported the roll-out of the Regulatory Learning and Development Program, which continues to support staff to grow their regulatory capability.

The NDIS Commission has used the full range of compliance and enforcement levers available to increase the quality and safeguarding of NDIS supports and services. The NDIS Commissioner used statutory coercive notices and warrants to obtain information that informed our regulatory actions.

The NDIS Commission has also increased the use of regulatory interventions such as imposing registration conditions, and revoking, suspending or varying registrations in conjunction with compliance and enforcement actions to get timely and risk-responsive outcomes for NDIS participants.

Throughout the year, we delivered a Regulatory Learning and Development Program to increase our workforce capability. With additional investment in staff and a continued focus on regulatory capability, there has been a marked increase in the use of statutory compliance and enforcement tools within the NDIS Commission.

Banning orders were also issued by the Practice Quality Division, which monitors compliance against NDIS Restrictive Practices and Behaviour Support Rules.

Since the establishment of the Fraud Fusion Taskforce in November 2022, the NDIS Commission continues to steadily increase its investigative tools and its resources and capacity to pursue current and historical matters. At 30 June 2024, the NDIS Commission had executed 181 compliance actions against providers suspected of fraud or sharp practices since the establishment of the Fraud Fusion Taskforce in November 2022, with 59 of these in 2023–24.

The compliance outcome comparison shown in [Table 4](#) demonstrates the NDIS Commission's evolving maturity through its use of statutory tools, serving as general and specific deterrence for providers who put participants at risk.

**Table 4.** Compliance outcomes, 2022–23 and 2023–24

Action	2022–23	2023–24
<b>Banning order</b>	92	124
<b>Banning order variation</b>	12	6
<b>Civil penalty proceedings</b>	1	3
<b>Compliance notice</b>	16	42
<b>Corrective action request</b>	608	251
<b>Education</b>	6,228	20,732
<b>Enforceable undertaking</b>	0	5
<b>Infringement notice</b>	11	147
<b>Revocation of registration</b>	104	187
<b>Warning letter</b>	48	3,558

This shows a significant increase in the number of infringement notices issued to providers, from 11 in 2022–23 to 147 in 2023–24. Similarly, there was a 156% increase in the number of compliance notices issued and a 34.8% increase in the use of banning orders compared to 2022–23.

The NDIS Commission is focused on maintaining the integrity and quality of service providers in the NDIS market.

The number of registration applications refused, and the significant number of revocations highlight the NDIS Commission's proactive stance on maintaining service quality and protecting participants in the market.

The data will be used to further refine and improve the vetting process to ensure providers continue to be educated and we can develop more sophisticated monitoring tools.

The NDIS Commission continues to provide regulatory education and guidance to internal and external stakeholders, mainly through its Market Operations team. In deciding to exit a provider from the NDIS market, we consider the impact it will have on the availability of supports and services to people with disability. We work closely with the NDIA to minimise impacts as participants are transitioned to alternative providers.



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# Part 4

## Financial reporting

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# Reporting financial performance

## Departmental Activities

In 2023-24, the NDIS Commission was provided a budget uplift which increased departmental operating resourcing by \$69.9 million and department capital budget by \$1.5 million that effectively enabled the doubling of the workforce requiring recruitment of more than 500 roles. As at 30 June 2024, the NDIS Commission had a total workforce of 1,036, which included 938 APS staff and 97 labour hire resources.

The NDIS Commission was provided with \$11 million for the Second Pass Business Case, including Quick Wins such as the replacement of the NDIS Commission's telephony system and establishing a data governance process and data architecture plan to support the creation of a data lake.

The NDIS Commission received additional funding at the Mid Year Economic and Fiscal Outlook (MYEFO) that provided an additional 35 staff to strengthen Housing and Living Supports.

The Second Pass Business Case was provided to Government and resulted in agreement at the 2024-25 Budget to fund the Data and Regulatory Transformation (DART) Program.

The successful replacement of the telephony system, sharing technology with the NDIA on the Amazon Web Services platform, was stood up in April 2024.

The funding envelope assumed that additional staff would commence on 1 July 2023, which was not achievable; however, it provided opportunities to fast-track some activities. The final result for the financial year 2023-24 was a comprehensive surplus of \$11.5 million. This outcome is due to the employment market conditions, the size of the workforce uplift required and was exacerbated by the additional appropriations received at MYEFO that were

also linked to workforce growth. It has been necessary for the NDIS Commission to carefully manage workforce size towards the end of the 2023-24 year in order to ensure affordability in the 2024-25 year. This result is not expected to have any impact on future financial results.

There are sufficient unspent appropriations for the NDIS Commission to continue operations and pay liabilities as and when they become due. Departmental Appropriations of \$44.4 million (yet to be drawn down) represent an asset on the balance sheet and current liabilities are \$17.5 million. This includes year-end accruals of \$5.6 million and employee liabilities (salaries, superannuation, annual leave) of \$10.2 million, with other creditors and payables making up the balance.

Compared to the previous year, the NDIS Commission has spent \$38.1 million more on its workforce, \$9.2 million more on contractual services and suppliers and \$2 million more on service delivery from Services Australia and the Department of Social Services. The increases in costs are aligned with the increased staff footprint, as shared services costs, are, to a great extent, driven by staffing numbers.

## Administered Activities

The increase in regulatory work across the NDIS Commission resulted in \$2.1 million in infringement notices, which is returned to government as administered revenue. Additionally, a successful court case resulted in \$1.8 million being awarded. The NDIS Commission also recovered money of \$2.4 million from a previously issued grant where the acquittal process showed that deliverables were not as expected from this grant.

These administered receipts totalled \$6.3 million.

**Table 5.** Entity Resource Statement and expenses for outcomes

	Current available appropriation (a)	Payments made (b)	Balance remaining (a)-(b)
	\$'000	\$'000	\$'000
<b>Departmental</b>			
Annual appropriations - ordinary annual services <sup>1,2</sup>	151,280	105,384	45,896
Prior year appropriations available - ordinary annual services <sup>3</sup>	21,662	21,662	-
Annual appropriations - other services - non-operating <sup>4,5</sup>	4,719	3,071	1,648
Prior year appropriations available - other services - non-operating <sup>6</sup>	617	617	-
s74 External Revenue <sup>7</sup>	4,875	4,875	-
<b>Total departmental annual appropriations (c)</b>	<b>183,153</b>	<b>135,609</b>	<b>47,544</b>
<b>Total departmental special appropriations (d)</b>	<b>-</b>	<b>-</b>	<b>-</b>
Opening balance - special accounts	-	-	-
Special account receipts	-	-	-
<b>Total special accounts (e)</b>	<b>-</b>	<b>-</b>	<b>-</b>
less departmental appropriations drawn from annual/special appropriations and credited to special accounts (f)	-	-	-
<b>Total departmental resourcing (c+d+e-f)</b>	<b>183,153</b>	<b>135,609</b>	<b>47,544</b>
<b>Administered</b>			
Annual appropriations - ordinary annual services	4,804	-	4,804
Prior year appropriations available - ordinary annual services	191	-	191
Annual appropriations - other services - non-operating	-	-	-
Prior year appropriations available - other services - non-operating	-	-	-
Annual appropriations - other services - specific payments to States, ACT, NT and local government	-	-	-
Prior year appropriations available other services - specific payments to States, ACT, NT and local government	-	-	-
Annual appropriations - other services - new administered expenses	-	-	-
Prior year appropriations available - other services - new administered expenses	-	-	-
<b>Total administered annual appropriations (g)</b>	<b>4,995</b>	<b>-</b>	<b>4,995</b>

	Current available appropriation <b>(a)</b>	Payments made <b>(b)</b>	Balance remaining <b>(a)-(b)</b>
	\$'000	\$'000	\$'000
Total administered special appropriations <b>(h)</b>	5	5	-
Opening balance – special accounts	-	-	-
Special account receipts	-	-	-
Total special accounts receipts <b>(i)</b>	-	-	-
less administered appropriations drawn from annual/ special appropriations and credited to special accounts <b>(j)</b>	-	-	-
less payments to corporate entities from annual/special appropriations <b>(k)</b>	-	-	-
<b>Total administered resourcing (g+h+i-j-k)</b>	<b>5,000</b>	<b>5</b>	<b>4,995</b>
<b>Total resourcing and payments for NDIS Quality and Safeguards Commission</b>	<b>188,153</b>	<b>135,614</b>	<b>52,539</b>

1. Appropriation Act (No.1, 3) 2023-24.
2. The Section 51 application to withhold Appropriation Act (No.1) 2023-24 (\$1.5M) was approved on 26 June 2024. The amount is being quarantined by Department of Finance for administrative purposes.
3. Supply Act (No. 1, 3) 2022-23, and Appropriation Act (No. 1) 2022-23.
4. Appropriation Act (No. 1, 3) 2023-24 DCB.
5. Departmental capital budgets (DCB) are not separately identified in Appropriation Act (No.1, 3, 5) and form part of ordinary annual services items. For accounting purposes, this amount has been designated as a 'contribution by owner'.
6. Appropriation Act (No. 1) 2022-23 DCB.
7. External Revenue receipts under section 74 of the PGPA Act 2013.

**Table 6.** Expenses for outcomes

Promote the delivery of quality supports and services to people with disability under the National Disability Insurance Scheme and other prescribed supports and services, including through nationally consistent and responsive regulation, policy development, advice and education	Budget* 2023–24 \$'000 (a)	Actual expenses 2023–24 \$'000 (b)	Variation 2023–24 \$'000 (a) - (b)
<b>Program 1.1 – Support for National Disability Insurance Scheme providers in relation to registration</b>			
<b>Administered expenses</b>			
Ordinary annual services (Appropriation Act No. 1)	4,804	-	4,804
Other services (Appropriation Act Nos. 2, 4 and 6)	-	-	-
s74 External Revenue <sup>1</sup>	-	-	-
Special appropriations	5	5	-
Special accounts	-	-	-
Payments to corporate entities	-	-	-
Expenses not requiring appropriation in the Budget year <sup>2</sup>	-	-	-
<b>Administered total</b>	<b>4,809</b>	<b>5</b>	<b>4,804</b>
<b>Total expenses for Program 1.1</b>	<b>4,809</b>	<b>5</b>	<b>4,804</b>
<b>Program 1.2 – Program Support for the NDIS Quality and Safeguards Commission</b>			
<b>Departmental expenses</b>			
Ordinary annual services (Appropriation Act Nos. 1, 3 and 5)	151,280	131,935	19,345
Other services (Appropriation Act Nos. 2, 4 and 6)	-	-	-
s74 External Revenue <sup>1</sup>	-	4,875	(4,875)
Special appropriations	-	-	-
Special accounts	-	-	-
Payments to corporate entities	-	-	-
Expenses not requiring appropriation in the Budget year <sup>2</sup>	2,264	3,632	(1,368)
<b>Departmental total</b>	<b>153,544</b>	<b>140,442</b>	<b>13,102</b>
<b>Total expenses for Program 1.2</b>	<b>153,544</b>	<b>140,442</b>	<b>13,102</b>

\* Full-year budget, including any subsequent adjustment made to the 2023–24 budget at Additional Estimates.

<sup>1</sup> Estimated expenses incurred in relation to receipts retained under section 74 of the PGPA Act 2013.

<sup>2</sup> Expenses not requiring appropriation in the Budget year are made up of depreciation expenses, amortisation expenses, make good expenses, audit fees.



# NDIS Quality and Safeguards Commission

## Financial statements

for the year ended 30 June 2024

# NDIS Quality and Safeguards Commission

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Current year: 2024  
Comparator year: 2023

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## NDIS Quality and Safeguards Commission

### STATEMENT BY THE NDIS COMMISSIONER AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2024 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

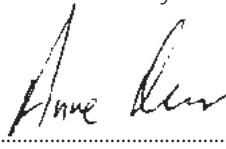
In our opinion, at the date of this statement, there are reasonable grounds to believe that the NDIS Quality and Safeguards Commission will be able to pay its debts as and when they fall due.

Signed 

**Michael Phelan APM**

Acting NDIS Quality and Safeguards Commissioner

30 September 2024

Signed 

**Anne Fleischer**

Chief Financial Officer

30 September 2024

## NDIS Quality and Safeguards Commission



### INDEPENDENT AUDITOR'S REPORT

#### To the Minister for the National Disability Insurance Scheme

#### Opinion

In my opinion, the financial statements of the NDIS Quality and Safeguards Commission (the Entity) for the year ended 30 June 2024:

- (a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2024 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2024 and for the year then ended:

- Statement by the NDIS Commissioner and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to and forming part of the financial statements, comprising material accounting policy information and other explanatory information.

#### Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and their delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

#### Other information

The Commissioner is responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2024 but does not include the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

GPO Box 707, Canberra ACT 2601  
38 Sydney Avenue, Forrest ACT 2603  
Phone (02) 6203 7300

## NDIS Quality and Safeguards Commission

In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

### **Accountable Authority's responsibility for the financial statements**

As the Accountable Authority of the Entity, the Commissioner is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The Commissioner is also responsible for such internal control as the Commissioner determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Commissioner is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Commissioner is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the assessment indicates that it is not appropriate.

### **Auditor's responsibilities for the audit of the financial statements**

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and

## NDIS Quality and Safeguards Commission

- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Peter Kerr  
Executive Director  
Delegate of the Auditor-General  
Canberra  
30 September 2024

**NDIS Quality and Safeguards Commission**  
**Statement of Comprehensive Income**  
for the year ended 30 June 2024

	Notes	2024 \$'000	2023 \$'000	Original Budget \$'000
<b>NET COST OF SERVICES</b>				
<b>Expenses</b>				
Employee benefits	1.1A	<b>92,310</b>	53,558	78,397
Suppliers	1.1B	<b>32,778</b>	23,610	58,316
Depreciation and amortisation	3.2A	<b>8,244</b>	7,585	6,054
Finance costs	1.1C	<b>171</b>	159	118
Payments for service delivery	1.1D	<b>6,672</b>	4,691	5,459
Write-down and impairment of other assets		-	2	-
<b>Total expenses</b>		<b>140,175</b>	89,605	148,344
<b>Own-Source Income</b>				
<b>Own-source revenue</b>				
Other revenue	1.2A	<b>2,326</b>	798	-
<b>Total own-source revenue</b>		<b>2,326</b>	798	-
<b>Total own-source income</b>		<b>2,326</b>	798	-
<b>Net cost of services</b>		<b>(137,849)</b>	(88,807)	(148,344)
Revenue from Government	1.2B	<b>149,780</b>	80,162	146,080
<b>Surplus/(Deficit)</b>		<b>11,931</b>	(8,645)	(2,264)
<b>OTHER COMPREHENSIVE INCOME</b>				
<b>Items not subject to subsequent reclassification to net cost of services</b>				
Changes in asset revaluation reserve		<b>(478)</b>	30	-
<b>Total other comprehensive income/(loss)</b>		<b>(478)</b>	30	-
<b>Total comprehensive Income/(loss)</b>		<b>11,453</b>	(8,615)	(2,264)

The above statement should be read in conjunction with the accompanying notes.  
Refer to Note 8.2A for explanations of major variances to the Original Budget.

# NDIS Quality and Safeguards Commission

## Statement of Financial Position

as at 30 June 2024

	Notes	2024 \$'000	2023 \$'000	Original Budget \$'000
<b>ASSETS</b>				
<b>Financial Assets</b>				
Cash and cash equivalents	3.1A	1,734	1,077	1,002
Trade and other receivables	3.1B	45,488	17,266	11,775
<b>Total financial assets</b>		<b>47,222</b>	<b>18,343</b>	<b>12,777</b>
<b>Non-Financial Assets<sup>1</sup></b>				
Leasehold improvements	3.2A	8,323	11,355	10,984
Buildings	3.2A	9,610	13,267	10,120
Plant and equipment	3.2A	2,869	1,596	4,212
Intangibles	3.2A	1,698	-	-
Other non-financial assets		412	65	-
<b>Total non-financial assets</b>		<b>22,912</b>	<b>26,283</b>	<b>25,316</b>
<b>Total assets</b>		<b>70,134</b>	<b>44,626</b>	<b>38,093</b>
<b>LIABILITIES</b>				
<b>Payables</b>				
Suppliers	3.3A	7,334	2,764	5,498
Other payables	3.3B	3,313	1,868	929
<b>Total payables</b>		<b>10,647</b>	<b>4,632</b>	<b>6,427</b>
<b>Interest Bearing Liabilities</b>				
Leases	3.4A	11,963	15,881	12,400
<b>Total interest bearing liabilities</b>		<b>11,963</b>	<b>15,881</b>	<b>12,400</b>
<b>Provisions</b>				
Employee provisions	6.1A	15,184	8,467	7,072
Other provisions	3.5A	1,747	1,225	1,245
<b>Total provisions</b>		<b>16,931</b>	<b>9,692</b>	<b>8,317</b>
<b>Total liabilities</b>		<b>39,541</b>	<b>30,205</b>	<b>27,144</b>
<b>Net assets</b>		<b>30,593</b>	<b>14,421</b>	<b>10,949</b>
<b>EQUITY</b>				
Contributed equity		18,792	14,073	21,623
Asset revaluation reserve		1,228	1,706	1,676
Retained surplus/(Accumulated deficit)		10,573	(1,358)	(12,350)
<b>Total equity</b>		<b>30,593</b>	<b>14,421</b>	<b>10,949</b>

The above statement should be read in conjunction with the accompanying notes.

1. Property lease right of use (ROU) assets are included in Buildings. Motor vehicle lease ROU assets are included in Plant and equipment.

Refer to Note 8.2A for explanations of major variances to the Original Budget.



# NDIS Quality and Safeguards Commission

## Statement of Changes in Equity

for the year ended 30 June 2024

	2024 \$'000	2023 \$'000	Original Budget \$'000
<b>CONTRIBUTED EQUITY</b>			
Opening balance as at 1 July	14,073	16,561	18,404
<b>Transactions with owners</b>			
<b>Contributions by owners</b>			
Departmental capital budget	4,719	1,841	3,219
Section 51 Withholding <sup>1</sup>	-	(4,329)	-
<b>Total transactions with owners</b>	<u>4,719</u>	<u>(2,488)</u>	<u>3,219</u>
<b>Closing balance as at 30 June</b>	<u>18,792</u>	<u>14,073</u>	<u>21,623</u>
<b>RETAINED EARNINGS</b>			
Opening balance	(1,358)	7,287	(10,086)
<b>Comprehensive income/(loss)</b>			
Surplus/(Deficit) for the period	11,931	(8,645)	(2,264)
<b>Total comprehensive income/(loss)</b>	<u>11,931</u>	<u>(8,645)</u>	<u>(2,264)</u>
<b>Closing balance as at 30 June</b>	<u>10,573</u>	<u>(1,358)</u>	<u>(12,350)</u>
<b>ASSET REVALUATION RESERVE</b>			
Opening balance	1,706	1,676	1,676
<b>Comprehensive income/(loss)</b>			
Other comprehensive income/(loss)	(478)	30	-
<b>Total comprehensive income/(loss)</b>	<u>(478)</u>	<u>30</u>	<u>-</u>
<b>Closing balance as at 30 June</b>	<u>1,228</u>	<u>1,706</u>	<u>1,676</u>
<b>TOTAL EQUITY</b>			
Opening balance	14,421	25,524	9,994
<b>Comprehensive income</b>			
Surplus/(Deficit) for the period	11,931	(8,645)	(2,264)
Other comprehensive income/(loss)	(478)	30	-
<b>Total comprehensive Income/(loss)</b>	<u>11,453</u>	<u>(8,615)</u>	<u>(2,264)</u>
<b>Transactions with owners</b>			
<b>Contributions by owners</b>			
Departmental capital budget	4,719	1,841	3,219
Section 51 Withholding	-	(4,329)	-
<b>Total transactions with owners</b>	<u>4,719</u>	<u>(2,488)</u>	<u>3,219</u>
<b>Closing balance as at 30 June</b>	<u>30,593</u>	<u>14,421</u>	<u>10,949</u>

The above statement should be read in conjunction with the accompanying notes.

Refer to Note 8.2A for explanations of major variances to the Original Budget.

- Section 51 withholding of \$4.32M was confirmed on 29 June 2023. The amount had previously been quarantined in 2021-22 by Department of Finance for administrative purposes.

### Accounting Policy

#### Equity injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and Departmental Capital Budgets (DCBs) are recognised directly in contributed equity in that year.

# NDIS Quality and Safeguards Commission

## Cash Flow Statement

for the year ended 30 June 2024

	Notes	2024 \$'000	2023 \$'000	Original Budget \$'000
<b>OPERATING ACTIVITIES</b>				
<b>Cash received</b>				
Appropriations		123,372	85,142	146,080
GST received		3,350	2,784	-
Section 74 cash received		4,875	2,442	-
<b>Total cash received</b>		<b>131,597</b>	<b>90,368</b>	<b>146,080</b>
<b>Cash used</b>				
Employees		84,148	52,055	78,397
Suppliers		37,411	31,710	63,775
Interest payments on lease liabilities		125	147	118
Section 74 receipts transferred to OPA		4,875	2,442	-
<b>Total cash used</b>		<b>126,559</b>	<b>86,354</b>	<b>142,290</b>
<b>Net cash from operating activities</b>		<b>5,038</b>	<b>4,014</b>	<b>3,790</b>
<b>INVESTING ACTIVITIES</b>				
<b>Cash used</b>				
Purchase of leasehold improvements		79	483	-
Purchase of property, plant and equipment		2,250	741	3,219
Purchase of intangibles		1,359	-	-
<b>Total cash used</b>		<b>3,688</b>	<b>1,224</b>	<b>3,219</b>
<b>Net cash used by investing activities</b>		<b>(3,688)</b>	<b>(1,224)</b>	<b>(3,219)</b>
<b>FINANCING ACTIVITIES</b>				
<b>Cash received</b>				
Contributed equity		3,688	1,224	3,219
<b>Total cash received</b>		<b>3,688</b>	<b>1,224</b>	<b>3,219</b>
<b>Cash used</b>				
Principal payments of lease liabilities		4,381	3,939	3,790
<b>Total cash used</b>		<b>4,381</b>	<b>3,939</b>	<b>3,790</b>
<b>Net cash used by financing activities</b>		<b>(693)</b>	<b>(2,715)</b>	<b>(571)</b>
<b>Net increase in cash held</b>		<b>657</b>	<b>75</b>	<b>-</b>
Cash and cash equivalents at the beginning of the reporting period		1,077	1,002	1,002
<b>Cash and cash equivalents at the end of the reporting period</b>	3.1A	<b>1,734</b>	<b>1,077</b>	<b>1,002</b>

The above statement should be read in conjunction with the accompanying notes.  
Refer to Note 8.2A for explanations of major variances to the Original Budget.

## NDIS Quality and Safeguards Commission

### Administered Schedule of Comprehensive Income

for the year ended 30 June 2024

	Notes	2024 \$'000	2023 \$'000	Original Budget \$'000
<b>NET COST OF SERVICES</b>				
<b>Expenses</b>				
Grants	2.1A	-	4,398	4,804
Refund of infringements		4	-	-
<b>Total expenses</b>		<b>4</b>	<b>4,398</b>	<b>4,804</b>
<b>Income</b>				
Fines and penalties	2.2A	3,924	542	-
Grant recoveries	2.2B	2,401	-	-
<b>Total Income</b>		<b>6,325</b>	<b>542</b>	<b>-</b>
<b>Net (cost of) / contribution by services</b>		<b>6,321</b>	<b>(3,856)</b>	<b>(4,804)</b>
<b>Surplus / (Deficit)</b>		<b>6,321</b>	<b>(3,856)</b>	<b>(4,804)</b>
<b>Total comprehensive Income / (loss)</b>		<b>6,321</b>	<b>(3,856)</b>	<b>(4,804)</b>

The above statement should be read in conjunction with the accompanying notes.  
Refer to Note 8.2B for explanations of major variances to the Original Budget.

## NDIS Quality and Safeguards Commission

### Administered Schedule of Assets and Liabilities

as at 30 June 2024

	Notes	2024 \$'000	2023 \$'000	Original Budget \$'000
<b>Assets</b>				
<b>Financial assets</b>				
Trade and other receivables	4.1A	-	440	1,100
<b>Total financial assets</b>		-	440	1,100
<b>Total assets administered on behalf of government</b>		-	440	1,100
<b>Liabilities</b>				
<b>Total liabilities administered on behalf of government</b>		-	-	-
<b>Net Assets</b>		-	440	1,100

The above statement should be read in conjunction with the accompanying notes.  
Refer to Note 8.2B for explanations of major variances to the Original Budget

## NDIS Quality and Safeguards Commission

### Administered Reconciliation Schedule

for the year ended 30 June 2024

	Notes	2024 \$'000	2023 \$'000
<b>Opening assets less liabilities as at 1 July</b>		<u>440</u>	<u>1,100</u>
<b>Adjusted opening assets less liabilities</b>		<u>440</u>	<u>1,100</u>
<b>Net cost of services</b>			
Income		6,325	542
Expenses		(4)	(4,398)
<b>Transfers (to)/from the Australian Government</b>			
Appropriation transfers from the Official Public Account			
Payments to entities other than corporate Commonwealth entities		-	4,838
Special appropriations			
Payments to entities other than corporate Commonwealth entities	5.1C	5	-
Appropriation transfers to the Official Public Account			
GST receipts transferred to the Official Public Account		(200)	(440)
Administered receipts transferred to the Official Public Account		<u>(6,566)</u>	<u>(1,202)</u>
<b>Closing assets less liabilities as at 30 June</b>		<u>-</u>	<u>440</u>

The above statement should be read in conjunction with the accompanying notes.

#### Accounting Policy

##### Administered cash transfers to and from the Official Public Account

Revenue collected by the entity for use by the Government rather than the entity is administered revenue. Collections are transferred to the Official Public Account (OPA) maintained by the Department of Finance. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by the entity on behalf of the Government and reported as such in the schedule of administered cash flows and in the administered reconciliation schedule.

## NDIS Quality and Safeguards Commission

### Administered Cash Flow Statement

for the year ended 30 June 2024

	Notes	2024 \$'000	2023 \$'000	Original Budget \$'000
<b>OPERATING ACTIVITIES</b>				
<b>Cash received</b>				
GST Received		200	440	-
Grant recoveries		2,641	660	-
Fines and penalties		3,925	542	-
<b>Total cash received</b>		<b>6,766</b>	<b>1,642</b>	<b>-</b>
<b>Cash used</b>				
Grants		-	4,838	4,804
Other		5	-	-
<b>Total cash used</b>		<b>5</b>	<b>4,838</b>	<b>4,804</b>
<b>Net cash from / (used by) operating activities</b>		<b>6,761</b>	<b>(3,196)</b>	<b>(4,804)</b>
<b>Net increase/(decrease) in cash held</b>		<b>6,761</b>	<b>(3,196)</b>	<b>(4,804)</b>
Cash and cash equivalents at the beginning of the reporting period		-	-	-
<b>Cash from Official Public Account</b>				
Appropriations		5	4,838	4,804
<b>Total cash from Official Public Account</b>		<b>5</b>	<b>4,838</b>	<b>4,804</b>
<b>Cash to the Official Public Account for</b>				
Appropriations		6,766	1,642	-
<b>Total cash to official public account</b>		<b>6,766</b>	<b>1,642</b>	<b>-</b>
<b>Cash and cash equivalents at the end of the reporting period</b>		<b>-</b>	<b>-</b>	<b>-</b>

The above statement should be read in conjunction with the accompanying notes.  
Refer to Note 8.2B for explanations of major variances to the Original Budget.

# NDIS Quality and Safeguards Commission

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### Overview

#### Objectives of the NDIS Quality and Safeguards Commission

The NDIS Quality and Safeguards Commission (the entity) is an Australian Government controlled entity. It is a not-for-profit entity. The objective of the entity is to promote the delivery of quality supports and services to people with disability under the National Disability Insurance Scheme and other prescribed supports and services, including through nationally consistent and responsive regulation, policy development, advice and education.

Administered activities support National Disability Insurance Scheme providers in relation to registration by providing grants that support the provision of guidance, education and training for providers, workers and auditors.

The continued existence of the entity in its present form and with its present programs is dependent on Government policy and on continuing funding by Parliament for the entity's administration and programs.

#### The basis of preparation

The financial statements are general purpose financial statements as required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The financial statements have been prepared in accordance with:

- a) *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR)*; and
- b) Australian Accounting Standards and Interpretations – including simplified disclosures for Tier 2 Entities under AASB 1060 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities which are recorded at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars and values are rounded to the nearest thousand dollars, unless otherwise specified. New accounting standards

No new /or amending accounting standards were adopted for the 2023-24 reporting period.

Net cash appropriations comparatives were updated as required.

#### Taxation

The entity is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

#### Reporting of administered activities

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the administered schedules and related notes.

Except where otherwise stated, administered items are accounted for on the same basis and using the same policies as for departmental items, including the application of Australian Accounting Standards.

#### Events after the reporting period

There are no known events occurring after the reporting period that could have a material impact on the departmental or the administered financial statements.

# NDIS Quality and Safeguards Commission

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### 1. Financial Performance

This section analyses the financial performance of the entity for the period ended 30 June 2024.

#### 1.1 Expenses

	2024 \$'000	2023 \$'000
<b>Note 1.1A: Employee Benefits</b>		
Wages and salaries	66,580	38,836
Superannuation		
Defined contribution plans	9,680	5,751
Defined benefit plans	1,903	1,269
Leave and other entitlements	13,819	7,629
Separation and redundancies	328	73
<b>Total employee benefits</b>	<b>92,310</b>	<b>53,558</b>

#### Accounting Policy

Accounting policies for employee related expenses are contained in Note 6, People and Relationships.

#### Note 1.1B: Suppliers

##### Goods and services supplied or rendered

Contractors	10,253	12,477
IT services	4,374	512
Contractual services	4,223	3,978
Travel	3,138	1,252
Legal fees	2,455	543
Consultants	2,292	995
Property	1,391	1,120
Training	1,282	487
Other	1,199	982
Police and Security Clearances	485	177
Printing & publications	325	339
Workplace Health and Safety Costs	248	61
Audit fees	125	119
Communications	30	253
Stakeholder engagement	21	31
<b>Total goods and services supplied or rendered</b>	<b>31,841</b>	<b>23,326</b>

Goods supplied	648	616
Services rendered	31,193	22,710
<b>Total goods and services supplied or rendered</b>	<b>31,841</b>	<b>23,326</b>

##### Other suppliers

Workers compensation expenses	718	214
Short-term leases	219	70
<b>Total other suppliers</b>	<b>937</b>	<b>284</b>
<b>Total suppliers</b>	<b>32,778</b>	<b>23,610</b>

The entity has contractual commitments for short-term leases for its temporary office locations. The short-term lease commitment as at 30 June 2024 was \$0.11M (2023: \$0.06M). The above lease disclosures should be read in conjunction with the accompanying notes 1.1C, 3.2A and 3.4A.



## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

#### Accounting Policy

##### Short-term leases and leases of low-value assets

The entity has elected not to recognise right-of-use assets and lease liabilities for short-term leases of assets that have a lease term of 12 months or less and leases of low value assets (less than \$10,000 per asset). The entity recognises the lease payments associated with short-term leases as an expense on a straight-line basis over the lease term. The entity had 4 (2023: 3) short term leases during the year.

	2024 \$'000	2023 \$'000
<b>Note 1.1C: Finance Costs</b>		
Interest on lease liabilities	127	149
Unwinding of discount	44	10
<b>Total finance costs</b>	<u>171</u>	<u>159</u>

#### Accounting Policy

All borrowing costs are expensed as incurred.

##### Note 1.1D: Payment for Service Delivery

Payment for service delivery	<u>6,672</u>	<u>4,691</u>
<b>Total payment for service delivery</b>	<u>6,672</u>	<u>4,691</u>

The above payment relates to the provision of corporate services and systems by Department of Social Services and the ICT services delivered by Services Australia.

#### Accounting Policy

Payments for services delivered by other government entities are recognised when services have been delivered.

# NDIS Quality and Safeguards Commission

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### 1.2 Own-Source Revenue and Gains

	2024 \$'000	2023 \$'000
<b>Note 1.2A: Other Revenue</b>		
Resources received free of charge		
Remuneration of auditors	125	119
Other <sup>1</sup>	2,201	679
<b>Total other revenue</b>	<u>2,326</u>	<u>798</u>

1. The entity received \$2.00M (2023: \$0.60M) from the Department of Social Services (DSS) for the behaviour support training program and \$0.20M (2023: \$0.10M) from other government entities.

#### Accounting Policy

##### Resources Received Free of Charge

Resources received free of charge are recognised in revenue when, and only when, a fair value can be reliably determined, and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense. Resources received free of charge are recorded as either revenue or gains depending on their nature.

##### Other Revenue

Other revenue is recognised in revenue when, and only when, a fair value can be reliably determined.

#### Note 1.2B: Revenue from Government

Appropriations		
Departmental appropriations	149,780	80,162
<b>Total revenue from Government</b>	<u>149,780</u>	<u>80,162</u>

#### Accounting Policy

##### Revenue from Government

Amounts appropriated for departmental appropriations for the year (adjusted for any formal additions and reductions) are recognised as revenue from Government when the entity gains control of the appropriation, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned. Appropriation receivables are recognised at their nominal amounts.

# NDIS Quality and Safeguards Commission

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### 2. Income and Expenses Administered on Behalf of Government

This section analyses the activities that the entity does not control but administers on behalf of the Government. Unless otherwise noted, the accounting policies adopted are consistent with those applied for departmental reporting.

#### 2.1 Administered – Expenses

	2024 \$'000	2023 \$'000
<b>Note 2.1A: Grants</b>		
External parties	-	497
Not-for-profit organisations	-	3,901
<b>Total grants</b>	-	4,398

#### Accounting Policy

The entity administers a number of grants on behalf of the Government. Grant liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. When the Government enters into an agreement to make these grants and services, but services have not been performed or criteria satisfied, this is considered a commitment.

#### 2.2 Administered – Income

#### Note 2.2A: Fines and penalties

Fines and penalties	3,924	542
<b>Total fines and penalties</b>	3,924	542

#### Accounting Policy

The NDIS Commission can issue fines and penalty orders pursuant to the section 103 of the Regulatory Powers (Standard Provisions) Act 2014 on any contravention of the National Disability Insurance Scheme Act 2013. Fines and penalties are recognised as income when the cash is received.

#### Note 2.2B: Other Revenue

Grant recoveries	2,401	-
<b>Total other revenue</b>	2,401	-

#### Accounting Policy

Grants recoverable are recognised when the services have not been performed or criteria satisfied and the grantee has agreed to return the payments

## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

#### 3. Financial Position

This section analyses the entity's assets used to conduct its operations and the operating liabilities incurred as a result. Employee related information is disclosed in Note 6, People and Relationships.

##### 3.1 Financial Assets

	2024 \$'000	2023 \$'000
<b>Note 3.1A: Cash and Cash Equivalents</b>		
Cash on hand	1,734	1,077
<b>Total cash and cash equivalents</b>	<b>1,734</b>	<b>1,077</b>

##### Accounting Policy

Cash is recognised at its nominal amount. Cash and cash equivalents includes cash on hand.

##### Note 3.1B: Trade and Other Receivables

###### Appropriations receivables

Appropriations receivables	44,312	16,873
<b>Total appropriations receivables</b>	<b>44,312</b>	<b>16,873</b>

###### Other receivables

GST receivable from the Australian Taxation Office	512	220
Employee benefits receivable	574	143
Other	90	30
<b>Total other receivables</b>	<b>1,176</b>	<b>393</b>
<b>Total trade and other receivables (gross)</b>	<b>45,488</b>	<b>17,266</b>

Less expected credit loss allowance	-	-
<b>Total trade and other receivables (net)</b>	<b>45,488</b>	<b>17,266</b>

Credit terms for goods and services were within 30 days (2022-23: 30 days).

##### Accounting Policy

###### Financial Assets

Trade receivables and other receivables that are held for the purpose of collecting the contractual cash flows where the cash flows are solely payments of principal and interest that are not provided at below-market interest rates are subsequently measured at amortised cost using the effective interest method adjusted for any loss allowance.

## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

#### 3.2 Non-Financial Assets

##### Note 3.2A: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment and Intangibles

	Leasehold improvements \$'000	Buildings \$'000	Plant and Equipment \$'000	Intangibles \$'000	Total \$'000
<b>As at 1 July 2023</b>					
Gross book value	14,577	23,050	2,372	-	39,999
Accumulated depreciation, amortisation and impairment	(3,222)	(9,783)	(776)	-	(13,781)
<b>Total as at 1 July 2023</b>	<b>11,355</b>	<b>13,267</b>	<b>1,596</b>	<b>-</b>	<b>26,218</b>
Additions					
Purchase	79	-	2,250	1,734	4,063
Right-of-use assets	-	280	190	-	470
Remeasurement of right of use asset	-	(7)	-	-	(7)
Depreciation	(3,111)	-	(1,112)	(36)	(4,259)
Depreciation on right of use assets	-	(3,930)	(55)	-	(3,985)
<b>Total as at 30 June 2024</b>	<b>8,323</b>	<b>9,610</b>	<b>2,869</b>	<b>1,698</b>	<b>22,500</b>
<b>Total as at 30 June 2024 represented by</b>					
Gross book value	14,656	23,323	4,810	1,734	44,523
Accumulated depreciation, impairment, and amortisation	(6,333)	(13,713)	(1,941)	(36)	(22,023)
<b>Total as at 30 June 2024</b>	<b>8,323</b>	<b>9,610</b>	<b>2,869</b>	<b>1,698</b>	<b>22,500</b>
<b>Carrying amount of right of use assets</b>	<b>-</b>	<b>9,610</b>	<b>135</b>	<b>-</b>	<b>9,745</b>

There were no material indicators of impairment found for property, plant and equipment during the 2023-24 year.

#### Revaluations of non-financial assets

There was a full revaluation of non-financial assets during the 2021-22 year. The asset revaluation in that year was conducted in accordance with the revaluation policy stated in the Accounting Policy below. It is not anticipated that any property, plant and equipment will be sold or disposed of within the next 12 months.

#### Contractual commitments inclusive of GST for the acquisition of leasehold improvements

The entity does not have any contractual commitments for the acquisition of leasehold improvements as at 30 June 2024 (2023: Nil).

#### Accounting Policy

Assets are recorded at cost of acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially

recognised as contributions by owners at the amounts at which they were recognised in the transferor's accounts immediately prior to the restructuring.

#### Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the statement of financial position, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'make good' provisions in office accommodation leases taken up by the entity where there exists an obligation to restore the office to its original condition. These costs are included in the value of the entity's leasehold improvements with a corresponding provision for the 'make good' recognised. Leasehold improvement assets have a recognition threshold of \$10,000.

Intangible assets comprise purchased and internally developed software for internal use. Intangibles are capitalised when their gross values are greater than \$50,000 for externally acquired software and \$200,000 for internally developed software. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

#### Lease Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received.

These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

Following initial application of AASB 16, an impairment review undertaken for any right of use lease asset that shows indicators of impairment and an impairment loss was recognised against any right of use lease asset that was impaired. Leased ROU assets continue to be measured at cost after initial recognition in the entity's financial statements.

#### Revaluations

Following initial recognition at cost, property, plant and equipment (excluding right of use assets) are carried at fair value. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets did not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reversed a previous revaluation decrement of the same asset class that was previously

recognised in the surplus/deficit. Revaluation decrements for a class of assets are recognised directly in the surplus/deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

#### Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the entity using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current or future reporting periods, as appropriate.

Depreciation rates applying to each class of depreciable asset are based on the following useful lives.

Asset class	Useful life
Plant and equipment	3-10 years
Intangibles	5 years
Leasehold improvements	Lesser of 10 years or the lease term

The depreciation rates for right of use assets are based on the commencement date to the earlier of the end of the useful life of the right of use asset or the end of the lease term.

#### Impairment

All assets were assessed for impairment at 30 June 2024. Where indications of impairment exist, the asset's recoverable amount is estimated, and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs of disposal and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the entity were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

#### Derecognition

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

#### 3.3 Payables

	2024 \$'000	2023 \$'000
<b>Note 3.3A: Suppliers</b>		
Trade creditors and accruals	6,614	2,431
Other suppliers	720	333
<b>Total suppliers</b>	<u>7,334</u>	<u>2,764</u>

Settlement is usually made within 5 days for e-Invoices and 20 days for all other supplier invoices (2022-23: 20 days).

#### **Note 3.3B: Other Payables**

Salaries and wages	2,356	1,268
Leave transfers	538	383
Superannuation	394	213
Other	25	4
<b>Total other payables</b>	<u>3,313</u>	<u>1,868</u>

#### **Accounting Policy**

Suppliers and other payables are recognised at amortised costs. Liabilities are recognised to the extent that the goods or services have been received.

## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

#### 3.4 Interest Bearing Liabilities

	2024 \$'000	2023 \$'000
<b>Note 3.4A: Leases</b>		
Buildings	11,827	15,881
Plant and equipment	136	-
<b>Total leases</b>	<b>11,963</b>	<b>15,881</b>

Total cash outflow for leases for the year ended 30 June 2024 was \$4.73M (2023: \$4.20M) which includes principal, interest and short-term lease payments.

#### **Note 3.4A: Leases - Maturity**

##### **Maturity analysis - contractual undiscounted cash flows**

Within 1 year	4,102	4,039
Between 1 to 5 years	8,099	12,209
<b>Total leases</b>	<b>12,201</b>	<b>16,248</b>

The above lease disclosures should be read in conjunction with the accompanying notes 1.1B, 1.1C and 3.2.

#### **Accounting Policy**

For all new contracts entered into, the entity considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the department's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.



## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

#### 3.5 Provisions

##### Note 3.5A: Other provisions

	Make Good Provisions \$'000
<b>As at 1 July 2023</b>	<b>1,225</b>
Additional provisions made (in the comprehensive income)	478
Unwinding of discount	44
<b>Total as at 30 June 2024</b>	<b>1,747</b>

##### **Accounting Judgement and Estimates**

###### Make good provision

The fair value of make good for leasehold improvements is based on estimated costs per square metre on a site-by-site basis and is included as a provision for make good. The value of the provision for each property will depend on the rate and assessed cost of the make good obligation applied to the premises in the lease. The entity's management have determined that not all properties have a make good obligation.

## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

#### 4. Assets and Liabilities Administered on Behalf of Government

This section analyses assets used to conduct operations and the operating liabilities incurred as a result that the entity does not control but administers on behalf of the Government. Unless otherwise noted, the accounting policies adopted are consistent with those applied for departmental reporting.

##### 4.1 Administered – Financial Assets

	2024 \$'000	2023 \$'000
<b>Note 4.1A: Trade and Other Receivables</b>		
GST receivable from the Australian Taxation Office	-	440
<b>Total other receivables</b>	-	440
<b>Total trade and other receivables</b>	-	440

Credit terms for goods and services were within 30 days (2022-23: 30 days).

# NDIS Quality and Safeguards Commission

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### 5. Funding

#### 5.1 Appropriations

##### Note 5.1A: Annual and Unspent Appropriations ('Recoverable GST exclusive')

	2024 \$'000	2023 \$'000
<b>Departmental</b>		
Annual Appropriation		
Ordinary annual service	151,280	80,162
Departmental Capital Budget (DCB) <sup>1</sup>	4,719	1,841
PGPA Act		
Section 74 receipts <sup>2</sup>	4,875	2,442
<b>Total annual appropriation</b>	<b>160,874</b>	<b>84,445</b>
Appropriation applied (current and prior years) <sup>3</sup>	<b>131,280</b>	<b>88,733</b>
<b>Variance</b>	<b>29,594</b>	<b>(4,288)</b>
Opening unspent appropriation balance	22,279	26,567
Appropriations repealed		
Appropriation Act (No.1) 2021-22 <sup>4</sup>	(4,329)	-
<b>Closing unspent appropriation balance</b>	<b>47,544</b>	<b>22,279</b>
<b>Balance comprises appropriations as follows:</b>		
Appropriation Act (No.1) 2021-22 <sup>4</sup>	-	4,329
Cash (Appropriation Act (No.1) 2022-23)	-	1,077
Supply Act (No.1) 2022-23	-	187
Supply Act (No.3) 2022-23	-	16,069
Appropriation Act (No.1) 2022-23 DCB	-	617
Cash (Appropriation Act (No.1) 2023-24)	1,732	-
Appropriation Act (No.1) 2023-24 <sup>5</sup>	1,500	-
Appropriation Act (No.1) 2023-24	36,765	-
Appropriation Act (No. 3) 2023-24	5,899	-
Appropriation Act (No.1) 2023-24 DCB	148	-
Appropriation Act (No.3) 2023-24 DCB	1,500	-
<b>Total unspent appropriation - Ordinary annual services</b>	<b>47,544</b>	<b>22,279</b>

1. Departmental Capital Budgets are appropriated through Appropriation Acts (No.1, 3, 5). They form part of ordinary annual services and are not separately identified in the Appropriation Acts.
2. The departmental appropriation section 74 receipts are largely receipts from Department of Social Services and employee leave transfers.
3. The Department of Social Services draws down money from the Consolidated Revenue Fund (CRF) in order to make payments on behalf of the entity under a shared service arrangement.
4. Section 51 withholding of \$4.32M was confirmed on 29 June 2023 and was repealed on 1 July 2024. The amount had previously been quarantined in 2021-22 by Department of Finance for administrative purposes.
5. The Section 51 application to withhold Appropriation Act (No.1) 2023-24 (\$1.50M) was approved on 26 June 2024. The amount is being quarantined by Department of Finance for administrative purposes.

## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

#### **Note 5.1B: Annual and Unspent Appropriations ('Recoverable GST exclusive')**

	2024 \$'000	2023 \$'000
<b>Administered</b>		
<b>Annual appropriation</b>		
Ordinary annual services	4,804	4,589
<b>Total annual appropriation</b>	<u>4,804</u>	<u>4,589</u>
Appropriation applied (current and prior years) <sup>1</sup>	-	4,398
<b>Variance<sup>2</sup></b>	<u>4,804</u>	191
Opening unspent appropriation balance	1,038	1,644
Appropriations repealed	-	-
<i>Appropriation Act (No.1) 2020-21</i>	(821)	(791)
<i>Supply Act (No.1) 2020-21</i>	(26)	-
<i>Supply Act (No.1) 2019-20</i>	-	(6)
<b>Closing unspent appropriation balance</b>	<u>4,995</u>	<u>1,038</u>
<b>Balance comprises appropriations as follows:</b>		
<i>Appropriation Act (No.1) 2020-21</i>	-	821
<i>Supply Act (No.1) 2020-21</i>	-	26
<i>Supply Act (No.3) 2022-23</i>	191	191
<i>Appropriation Act (No.1) 2023-24</i>	4,804	-
<b>Total unspent appropriation - Ordinary annual services</b>	<u>4,804</u>	<u>1,038</u>

1. The Department of Social Services draws down money from the Consolidated Revenue Fund (CRF) in order to make payments on behalf of the NDIS Quality and Safeguards Commission under a shared service arrangement.
2. Appropriations applied were lower due to a delay in establishing education and training resources for providers.

#### **Note 5.1C: Special Appropriations applied ('Recoverable GST exclusive')**

	2024 \$'000	2023 \$'000
<b>Authority</b>		
<i>Public Governance, Performance and Accountability Act 2013 Section 77<sup>1</sup></i>	5	-
<b>Total special appropriations applied</b>	<u>5</u>	<u>-</u>

1. Refund appropriation to enable repayment of funds to third parties for incorrect payments that were previously received and sent to the OPA as an administered receipt.

## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

#### 5.2 Net Cash Appropriations Arrangements

	2024 \$'000	2023 \$'000
<b>Total comprehensive income/(loss) - as per the Statement of Comprehensive Income</b>	<b>11,453</b>	<b>(8,615)</b>
Plus: depreciation/amortisation of assets funded through appropriations (departmental capital budget funding and/or equity injections) <sup>1</sup>	<b>4,259</b>	3,850
Plus: depreciation of right-of-use assets <sup>2</sup>	<b>3,985</b>	3,735
Less: lease principal repayments <sup>2</sup>	<b>(4,381)</b>	(3,939)
<b>Net Cash Operating Surplus/(Deficit)</b>	<b>15,316</b>	<b>(4,969)</b>
Changes in asset revaluation reserve	<b>478</b>	(30)
<b>Surplus/(Deficit) attributable to NDIS Quality and Safeguards Commission</b>	<b>15,794</b>	<b>(4,999)</b>

- From 2010-11, the Government introduced net cash appropriation arrangements where revenue appropriations for depreciation/amortisation expenses of non-corporate Commonwealth entities and selected corporate Commonwealth entities were replaced with a separate capital budget provided through equity injections. Capital budgets are to be appropriated in the period when cash payment for capital expenditure is required.
- The inclusion of depreciation/amortisation expenses relating to ROU leased assets and the lease liability principal repayment amount reflect the impact of adopting AASB 16 in 2019-20 and does not directly reflect a change in appropriation arrangements.

# NDIS Quality and Safeguards Commission

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### 6. People and Relationships

This section describes a range of employment and post-employment benefits provided to our employees and our relationships with other key people.

#### 6.1 Employee Provisions

	2024 \$'000	2023 \$'000
<b>Note 6.1A: Employee Provisions</b>		
Leave	15,184	8,467
<b>Total employee provisions</b>	<b>15,184</b>	<b>8,467</b>

#### Accounting Policy

Liabilities for short-term employee benefits and termination benefits expected within twelve months of the end of reporting period are measured at their nominal amounts.

Long-term employee benefits are measured as net total of the present value of the defined benefit obligation at the end of the reporting period minus the fair value at the end of the reporting period of plan assets (if any) out of which the obligations are to be settled directly.

#### Leave

The liability for employee benefits includes provision for annual leave and long service leave. The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including the entity's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination. The liability for long service leave has been determined using the shorthand method (as per the *Commonwealth Entities Financial Statements Guide*) and the *Standard Parameters for use in Financial Statements*. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

#### Superannuation

The entity's staff are members of the *Commonwealth Superannuation Scheme (CSS)*, the *Public Sector Superannuation Scheme (PSS)*, or the *PSS accumulation plan (PSSap)*, or other superannuation funds held outside the Australian Government.

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported in the Department of Finance's administered schedules and notes. The entity makes employer contributions to the employees' defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. The entity accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions.

## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

#### 6.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) and the Portfolio Minister of that entity. The entity has determined the Commissioner, Deputy Commissioner (Complaints and Engagement), Deputy Commissioner (Regulatory Operations), Deputy Commissioner (Practice Quality), Chief Operating Officer and Deputy Commissioner (Regulatory Policy, Insights and Review) as key management personnel for financial year 2023-24.

Key management personnel remuneration is reported in the table below:

	2024 \$'000	2023 \$'000
Short-term employee benefits	2,233	1,897
Post-employment benefits	277	238
Other long-term employee benefits	34	32
Termination benefits	149	-
<b>Total key management personnel remuneration expenses<sup>1</sup></b>	<b>2,693</b>	<b>2,167</b>

The total number of key management personnel that are included in the above table are ten (2023: six), being four substantive officers who held the position for the full year, three substantive officers who held the position for part of the year and three officers acting in a KMP position for part of the year.

1. The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio and Cabinet Ministers. The Portfolio and Cabinet Ministers' remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the entity.

#### 6.3 Related Party Disclosures

##### Related party relationships:

The entity is an Australian Government controlled entity. Related parties to this entity are key management personnel including the Portfolio and Cabinet Ministers.

##### Transactions with related parties:

Given the breadth of Government activities, related parties may transact with the Government sector in the same capacity as ordinary citizens. These transactions have not been separately disclosed in this note.

The following transactions with related entities occurred during the financial year:

- The entity received ICT services delivered by Services Australia amounting to \$5.39M (2023: \$3.70M)
- The entity received business services delivered by Department of Social Services (DSS) amounting to \$1.47M (2023: \$1.00M).
- The entity received business services delivered by Digital Transformation Agency (DTA) amounting to \$0.39M (2023: \$0.01M).
- The entity provided business services for the behaviour support training program to DSS amounting \$2.00M (2023: Nil) under a Memorandum of Understanding (MOU). The entity did not provide any business services to DSS in implementation of NDIS Workforce Capability Framework this year (2023: \$0.60M).

## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

#### 7. Managing Uncertainties

This section analyses how the entity manages financial risks within its operating environment.

##### 7.1 Contingent Assets and Liabilities

As at 30 June 2024, the entity did not have any material contingent assets or contingent liabilities (2023: nil).

##### Accounting Policy

Contingent liabilities and contingent assets are not recognised in the statement of financial position but are reported in the notes. They may arise from uncertainty as to the existence of a liability or asset or represent an asset or liability in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

##### 7.2 Financial Instruments

	2024 \$'000	2023 \$'000
<b>Note 7.2A: Categories of Financial Instruments</b>		
<b>Financial Assets</b>		
<b>Financial assets at amortised cost</b>		
Cash	1,734	1,077
Other	90	30
<b>Total financial assets at amortised cost</b>	<b>1,824</b>	<b>1,107</b>
<b>Total financial assets</b>	<b>1,824</b>	<b>1,107</b>
<b>Financial Liabilities</b>		
<b>Financial liabilities measured at amortised cost</b>		
Suppliers	7,334	2,764
<b>Total financial liabilities measured at amortised cost</b>	<b>7,334</b>	<b>2,764</b>
<b>Total financial liabilities</b>	<b>7,334</b>	<b>2,764</b>



## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

#### Accounting Policy

##### Financial assets

In accordance with AASB 9 Financial Instruments, the entity classifies its financial assets at amortised cost.

The classification depends on both the entity's business model for managing the financial assets and contractual cash flow characteristics at the time of initial recognition. Financial assets are recognised when the entity becomes a party to the contract and, as a consequence, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

##### Financial Assets at Amortised Cost

Financial assets included in this category need to meet two criteria:

1. the financial asset is held in order to collect the contractual cash flows; and
2. the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.

##### Impairment of financial assets

Financial assets are assessed for impairment at the end of each reporting period based on expected credit losses, using the general approach which measures the loss allowance based on an amount equal to *lifetime expected credit losses* where risk has significantly increased or an amount equal to *12-month expected credit losses* if risk not increased.

##### Financial liabilities

Financial liabilities are classified as other financial liabilities. Financial liabilities are recognised and derecognised upon 'trade date'.

##### Financial liabilities at amortised cost

Financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs. These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective interest basis.

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

# NDIS Quality and Safeguards Commission

## NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

### 8. Other information

#### 8.1 Current/non-current distinction for assets and liabilities

	2024 \$'000	2023 \$'000
<b>Note 8.1A: Current/non-current distinction for assets and liabilities</b>		
<b>Assets expected to be recovered in:</b>		
<b>No more than 12 months</b>		
Cash and cash equivalents	1,734	1,077
Trade and other receivables	45,488	17,266
Prepayments	412	65
<b>Total no more than 12 months</b>	<b>47,634</b>	<b>18,408</b>
<b>More than 12 months</b>		
Leasehold improvements	8,323	11,355
Buildings	9,610	13,267
Plant and equipment	2,869	1,596
Other intangibles	1,698	-
<b>Total more than 12 months</b>	<b>22,500</b>	<b>26,218</b>
<b>Total assets</b>	<b>70,134</b>	<b>44,626</b>
<b>Liabilities expected to be settled in:</b>		
<b>No more than 12 months</b>		
Suppliers	7,334	2,764
Other payables	3,313	1,868
Leases	3,959	3,870
Employee provisions	8,078	4,407
<b>Total no more than 12 months</b>	<b>22,684</b>	<b>12,909</b>
<b>More than 12 months</b>		
Leases	8,004	12,011
Employee provisions	7,106	4,060
Other provisions	1,747	1,225
<b>Total more than 12 months</b>	<b>16,857</b>	<b>17,296</b>
<b>Total liabilities</b>	<b>39,541</b>	<b>30,205</b>

## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2024 \$'000	2023 \$'000
<b><u>Note 8.1B: Administered - Current/non-current distinction for assets and liabilities</u></b>		
<b>Assets expected to be recovered in:</b>		
<b>No more than 12 months</b>		
Trade and other receivables	-	440
<b>Total no more than 12 months</b>	-	440
<b>Total assets</b>	-	440
<b>Total liabilities</b>	-	-

## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

#### 8.2 Explanation of Major Variances to Budget

##### **Note 8.2A: Departmental Major Budget Variances for 2024**

The following major variance explanations between the Original Budget as presented in the 2023-24 Portfolio Budget Statements and the 2023-2024 financial statements are presented in accordance with Australian Accounting Standards.

The variances are included in the statement of comprehensive income, statement of financial position, statement of changes in equity and the cashflow statement. Major variances are those greater than 10% of the original budget. Variances below this threshold are not included unless considered significant by their nature. The major variances below are in relation to the management of resources that ensured the delivery of NDIS Commission objectives during the year.

##### **General Commentary**

Reliance on labour hire, contracts for services and consultants was reduced during the year with a decision to transition this work to staff in the NDIS Commission. This saw a large drop in supplier expenses that was partially offset by an increase in employee benefits, payments for service delivery, purchases of equipment and depreciation.

Explanations of major variances in relation to management of resources	Affected line items
<p>Total net cost of services was \$10.50 million lower than budgeted with Expenses being \$8.17 million lower and Other Revenue being \$2.33 million higher. This was primarily due to:</p> <ul style="list-style-type: none"> <li>◆ \$25.54 million reduction in suppliers, including a reduction in labour hire, contracts for services and consultants due to better value for money through the use of APS employees.</li> <li>◆ This was partially offset by the increase in employee benefits which were \$13.91 million higher than budget.</li> <li>◆ The increase in employees resulted in additional services of \$1.21 million under the MoU for corporate shared services provided by Services Australia which is based on headcount.</li> <li>◆ Additional ICT equipment, increased office spaces, and replacement of end-of life equipment. In addition, thirteen fleet cars were leased which increased assets and resulted in increased depreciation of \$2.19 million.</li> <li>◆ Own-source income totalling \$2.33 million was earned, mainly due to the \$2.00 million provided for the behavior support training program from Department of Social Services which was not budgeted.</li> </ul> <p>The entity surplus of \$11.93 million was \$14.19 million higher than budget. This was the result of the increase in Revenue from Government of \$3.70 million provided through Portfolio Additional Estimates and the \$10.49 million lower cost of services outlined above.</p>	<p>Suppliers</p> <p>Employee benefits</p> <p>Payments for service delivery</p> <p>Depreciation and amortisation</p> <p>Own source income</p> <p>Revenue from Government and Entity Surplus</p>

## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Explanations of major variances in relation to management of resources	Affected line items
<p>Total assets were \$32.04 million higher than the budget as a result of:</p> <ul style="list-style-type: none"> <li>◆ Cash and cash equivalents increased by \$0.73 million.</li> <li>◆ Trade and other receivables increasing by \$33.71 million primarily due to the unspent appropriations being higher in 2022-23 than originally budgeted, which accounted for \$5.49 million; an increase in the unspent appropriations in 2023-24 of \$11.93 million and an increase in provisions of \$12.40 million.</li> <li>◆ Non-financial assets being lower by \$2.40 million due to higher accumulated depreciation.</li> </ul>	<p>Cash and cash equivalents Trade and other receivables  Non-financial assets</p>
<p>Total liabilities were \$12.40 million higher than the budget as a result of:</p> <ul style="list-style-type: none"> <li>◆ Payables being higher by \$4.22 million with an increased level of procurement activity and related accruals and an increase to salary and superannuation accruals.</li> <li>◆ Employee provision is \$8.11 million higher due to the increase in staff and new employees transferring leave balances in.</li> <li>◆ Make good provisions have increased by \$0.50 million due to higher cost of building materials.</li> </ul>	<p>Payables  Employee Provisions Make Good Provisions</p>
<p>Total equity was \$19.64 million higher than the budget as a result of:</p> <ul style="list-style-type: none"> <li>◆ The comprehensive surplus in the current year being \$14.29 million higher than the budgeted amount as the surplus was initially forecast to be much lower.</li> <li>◆ An increase in transactions with owners with a reclassification of \$1.50 million from departmental to capital.</li> <li>◆ The prior year \$4.33 million section 51 which was quarantined by Department of Finance.</li> <li>◆ This was all offset by the \$0.48 million reduction in the asset revaluation reserve.</li> </ul>	<p>Equity Comprehensive surplus  DCB reclassification Prior year Section 51 Asset Revaluation Reserve</p>
<p>Total Net Cash from Operating Activities was \$1.25 million higher than budgeted as the result of:</p> <ul style="list-style-type: none"> <li>◆ Lower appropriations by \$22.71 million drawn down.</li> <li>◆ Lower than budgeted supplier expenses by \$26.36 million offset by the increase in employee benefits paid of \$5.75 million.</li> <li>◆ Net GST received \$3.35 million higher.</li> </ul>	<p>Appropriations Suppliers and employee benefits GST</p>
<p>Total Net Cash used in investing activities was \$0.46 million higher than budgeted primarily as the result of:</p> <ul style="list-style-type: none"> <li>◆ A lower investment in property, plant and equipment of \$0.97 million.</li> <li>◆ Increase in the purchases of new SaaS platform (\$0.64 million) and telephony system (\$0.72 million) totalling \$1.36 million.</li> </ul>	<p>Purchases of asset</p>
<p>Total Net Cash used in financing activities did not have a material variance</p> <ul style="list-style-type: none"> <li>◆ Payments of lease liabilities did not have a material variance.</li> </ul>	<p>Lease liabilities</p>

## NDIS Quality and Safeguards Commission

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

#### **Note 8.2B: Administered Major Budget Variances for 2024**

Explanations of major variances in relation to management of resources	Affected line items
<p>Total administered income was \$6.32 million more than the Budget due to:</p> <ul style="list-style-type: none"> <li>◆ fines and penalties of \$3.92 million were not budgeted.</li> <li>◆ grant recoveries of \$2.40 million were not budgeted.</li> <li>◆ the additional resourcing in 2023-24 enabled the NDIS Commission to enhance its legal team that increased its capability in issuing fines and penalties.</li> </ul> <p>Total administered expense was \$4.80 million less than the Budget as the grants could not be disbursed due to delay in legislative and policy approvals.</p> <p>Net Assets were lower than the Budget by \$1.10 million due to:</p> <ul style="list-style-type: none"> <li>◆ budgeted grants not being disbursed in June, so there was no GST receivable.</li> </ul>	<p>Fines and penalties</p> <p>Grant recoveries</p> <p>Grants</p> <p>Trade and other receivables</p>

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## Part 5

# Management and accountability

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# Corporate governance

The NDIS Commission's corporate structure is in accordance with normal practices for non corporate Commonwealth entities. The NDIS Commissioner is the Accountable Authority of the NDIS Commission for the purposes of the PGPA Act. They are the sole statutory officer overseeing all functions of the NDIS Commission and the sole officer of the NDIS Commission in which the NDIS Act and Rules confer powers and functions. The NDIS Commissioner delegates powers and functions through instruments of delegation, including for:

- ◆ financial governance, including powers under the PGPA Act and its associated Rule
- ◆ human resources – related matters, including powers under the *Public Service Act 1999* and other relevant legislation
- ◆ the NDIS Commissioner's functions and powers under the *National Disability Insurance Scheme Act 2013* (NDIS Act) and related Rules
- ◆ matters relating to functions and powers under the *Freedom of Information Act 1982* (FOI Act)
- ◆ matters relating to functions and powers under the *Public Interest Disclosure Act 2013*.

The NDIS Commissioner gives relevant instructions under the PGPA Act on the use of those powers through a set of Accountable Authority Instructions supported by a variety of policies and practices.

## Committees

Key committees providing governance for the NDIS Commission include the following:

- ◆ Executive Leadership Team (ELT) focuses on strategic organisational decisions

- ◆ Reconciliation Action Plan Committee supports the establishment and implementation of the NDIS Commission's Reconciliation Action Plan
- ◆ Regulatory Coordination Committee provides oversight and overarching strategic guidance on regulatory matters across the NDIS Commission
- ◆ Regulatory Tasking and Allocation Committee – provides operational guidance and direction, and promotes a whole-of-Commission approach to the allocation and tasking of compliance monitoring and investigation and enforcement activities
- ◆ Strategic Investment Committee – provides strategic direction and oversight for business improvement initiatives and projects across the NDIS Commission, to realise the greatest value and align outcomes with organisational strategy. The committee commenced operating on 25 June 2024
- ◆ Work Health and Safety Committee – provides advice to the NDIS Commissioner and ELT on health and safety issues relevant to the workplace
- ◆ Workplace Consultative Committee – focuses on consulting with employees and their representatives about workplace issues, policies and changes
- ◆ Audit and Risk Committee – provides independent assurance and advice to the NDIS Commissioner and ELT on the NDIS Commission's financial and performance reporting responsibilities, risk oversight and management, and system of internal control
- ◆ Research Steering Committee – provides the NDIS Commission with expert advice and stakeholder input to guide the content and prioritisation of research activities and support the conduct of high-quality, collaborative, participant-focused research

- ◆ Consultative Committee – provides an engagement opportunity for the NDIS Commission to receive feedback and advice directly from stakeholders including participants, their representatives, advocates, providers and workers, and peak organisations
- ◆ provider advisory group – provides advice to the NDIS Commission from the perspective of providers, and opportunities to consult with them
- ◆ Complaints Function Advisory Committee – provides feedback to the Deputy Commissioner, Complaints and Engagement on all aspects of the Complaints function and act as an advisory group of the Consultative Committee.

## Significant non-compliance issues with finance law

No significant issues relating to non-compliance with the Finance law were reported to the Minister under paragraph 19(1)(e) of the PGPA Act in 2023–24.

## Audit and Risk Committee

The Audit and Risk Committee (ARC) plays an important role in providing oversight of the NDIS Commission governance, risk management, compliance and control practices. ARC also serves to provide confidence in the integrity of practices to enable achievement of the NDIS Commission's strategic objectives. The **Audit and Risk Committee Charter**\* provides a framework for ARC committee activities.

Further details on each member of the ARC committee during 2023–24, including name, qualifications, attendance and remuneration, are available in “**Table 22. Audit and Risk Committee**” on page 156.

\* <https://www.ndiscommission.gov.au/about/corporate-documents/audit-and-risk-committee-charter>

## Fraud control

The NDIS Commission is committed to preventing, detecting and responding to the risk of fraud. Throughout 2023–24, our Fraud Control Policy and Fraud Control Plan guided us in preventing, detecting, deterring and dealing with fraud in accordance with the requirements of section 10 of the PGPA Rule. They include a:

- ◆ statement of the NDIS Commission's policy on, and approach to, fraud risks
- ◆ description of our fraud control responsibilities and strategies
- ◆ direction for fraud control, fraud response and fraud awareness
- ◆ description of fraud reporting obligations within the NDIS Commission.

From 1 July 2024, the National Anti-Corruption Commission's requirements come into effect. They include the enforcement of the amendments to Fraud Rule 10 under the Public Governance Performance and Accountability Rule 2014. To encompass the changes, the NDIS Commission has reviewed and updated our Fraud and Corruption Control Framework to include an updated Fraud Control Policy, Fraud Control Plan and enterprise-level fraud risk reviews to consider corruption risk in the context of the legislative amendments.

The NDIS Commission's fraud and corruption control strategy encompasses staff training to identify, address and report risks from an operational, internal and external threat context. Fraud awareness, integrity, public interest disclosures, information management and security training are mandatory for all NDIS Commission staff. This supports the NDIS Commission's commitment to prevent, detect and respond to fraud.

# External scrutiny

The operations of the NDIS Commission are scrutinised by external entities, which can include the courts, the Administrative Appeals Tribunal, committees of the Australian Parliament and the Commonwealth Ombudsman.

## Judicial decisions

During 2023–24, there were no judicial decisions that had a significant effect on the NDIS Commission's operations.

## Merits review decisions (administrative tribunals and the Australian Information Commissioner)

During 2023–24, there were no decisions made by the Administrative Appeals Tribunal that had a significant effect on the NDIS Commission's operations.

## Commonwealth Ombudsman

During 2023–24, there were no reports from the Ombudsman about the NDIS Commission's operations.

## National Anti-Corruption Commission

During 2023–24, there were no reports from the National Anti-Corruption Commission about the NDIS Commission's operations.

## Parliamentary Joint Standing Committee

The Parliamentary Joint Standing Committee on the NDIS is tasked with inquiring into the following:

- ◆ the implementation, performance and governance of the NDIS
- ◆ the administration and expenditure of the NDIS
- ◆ such other matters in relation to the NDIS as may be referred to it by either House of Parliament.

After 30 June each year, the Parliamentary Joint Standing Committee is required to present an annual progress report to Parliament on the activities of the Committee during the year, in addition to other reports on any other matters it considers relevant.

On 16 November 2023, the committee tabled its final report on the Capability and Culture of the National Disability Insurance Agency inquiry. Even though the Terms of Reference of this inquiry did not directly relate to the NDIS Commission and its core functions, the committee received submissions and evidence through its public hearings relating to the operations of the NDIS Commission. NDIS Commission representatives appeared before the committee on 28 August 2023 in relation to this inquiry. The government response to the Capability and Culture of the NDIA inquiry was tabled 30 March 2024.

The final report of this inquiry included a recommendation for the NDIS Commission relating to the Fraud Fusion Taskforce (FFT). The recommendation was supported, noting the NDIS Commission is already a key contributor to the FFT, being a permanent member on all related governance committees and driving the strategic direction of the FFT.

On 27 March 2024, the Senate referred the provisions of the National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024 to the Community Affairs Legislation Committee for inquiry and report by 20 June 2024. The NDIS Commission was called to give evidence on 21 May and 14 June.

## Annual fraud census survey

The NDIS Commission completed the Commonwealth annual fraud census survey, initiated by the Australian Institute of Criminology (AIC) on 31 July 2023 regarding the 2022–23 financial year. It is a requirement of the

Commonwealth Fraud Control Framework 2017 for all non-corporate Commonwealth entities to collect data on fraud within their organisation and to report information annually to the AIC.

The AIC conducts this census each year to gather information on Commonwealth entities' experiences of fraud in the previous financial year. The findings are presented to the government in a report that is publicly available on the [AIC's website](#)<sup>\*</sup>.

### Disability Royal Commission

The final report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (DRC) was tabled and published on 29 September 2023. Since its establishment in April 2019, the NDIS Commission has made a significant contribution to the Disability Royal Commission's work, including:

- ◆ 13 detailed primary witness statements
- ◆ five supplementary witness statements
- ◆ nine oral appearances at public hearings.

The final [report](#)<sup>†</sup> contained 222 recommendations, a few of which are directed at the NDIS Commission.

Some of these recommend that the NDIS Commission take further actions to build providers' capacity to prevent and respond to violence, abuse, neglect and exploitation, including by amending NDIS Practice Standards and Quality Indicators and providing additional guidance and training.

Some of the recommendations are directed at the NDIS Commission's own performance. They focus on strengthening complaints handling and reportable incidents oversight; increasing compliance and enforcement activities; improving data, intelligence and information sharing; and improving access to behaviour

support practitioners.

Since April 2023, the NDIS Commission has taken action to improve complaints responses and prioritisation of matters relating to people with disability through its new national complaints handling model. This includes the introduction of a new Contact and Early Resolution system, the introduction of a Complex Safeguarding team, and a Safeguarding Complaints team. Additionally, the NDIS Commission is establishing an NDIS Commission-wide prioritisation model to ensure NDIS participants at the highest risk of abuse and neglect are the focus of all NDIS Commission regulatory activity. The NDIS Commission is also developing new compliance and enforcement priorities for 2024–25.

### NDIS Review

The Minister for the National Disability Insurance Scheme, the Hon Bill Shorten MP, announced a review of the National Disability Insurance Scheme (NDIS) in October 2022.

The NDIS Review would look at the design, operations and sustainability of the NDIS and ways to make the market and workforce more responsive, supportive and sustainable.

Minister Shorten appointed Professor Bruce Bonyhady AM and Ms Lisa Paul AO PSM as co-chairs of the Independent Review Panel.

The NDIS Review's Report, [Working to Deliver the NDIS](#)<sup>‡</sup>, was released on 7 December 2023. The Report contains 26 recommendations with 139 actions.

Some of the actions relate directly to the NDIS Commission. These include the expansion of the role of the NDIS Commission; the development and implementation of a new risk-proportionate regulatory model; the expansion of coverage of worker screening requirements; and strengthening of compliance activities.

\* [aic.gov.au](http://aic.gov.au)

† The Government's response to report was published on 30 July 2024. [dss.gov.au/disability-and-carers-australian-government-response-to-the-disability-royal-commission/australian-government-response-to-the-disability-royal-commission-and-supporting-documents](https://dss.gov.au/disability-and-carers-australian-government-response-to-the-disability-royal-commission/australian-government-response-to-the-disability-royal-commission-and-supporting-documents)

‡ [ndisreview.gov.au/resources/reports/working-together-deliver-ndis](https://ndisreview.gov.au/resources/reports/working-together-deliver-ndis)

## NDIS Provider and Worker Registration Taskforce

The NDIS Provider and Worker Registration Taskforce\* was established in February 2024 to provide advice on the design and implementation of a new regulatory model proposed in Recommendation 17 of the [NDIS Review](#)†.

Recommendation 17 called for the development and delivery of a risk-proportionate model to ensure the visibility and regulation of all providers and workers. It included Action 12.3: design, test and implement an approach to measure and publish metrics of registered provider performance.

The NDIS Commission contributed to elements of the NDIS Review recommendations – for example, the development of a proposed package of legislative reforms in partnership with DSS and the NDIA.

Several defined policy and design activities will also be undertaken in relation to NDIS Review recommendations, such as the review of Practice Standards, and preparatory design work on regulatory intersections with the navigator's function. The NDIS Commission also commenced scoping transition planning for the NDIS sector, applying the graduated risk-proportionate registration approach.

## Capability review

### Review into services provided by Irabina Autism Services

On 27 September 2023, the NDIS Commissioner determined that an independent review should be conducted in relation to Irabina Autism Services (Irabina) and the handling of matters relating to reportable incidents, complaints, and restrictive and prohibited practices that have come to the attention of the NDIS Commission since 1 July 2019.

The independent review was conducted by former judge, the Hon Jennifer Boland AM (Boland Review).

The NDIS Commission released a 9-page [Overview Report](#)‡ from the Boland Review on 10 April 2024. The full Boland Report was not publicly released as it contains protected information, the disclosure of which is a criminal offence under provisions of the NDIS Act.

The NDIS Commission accepted the findings of the Independent Report and acknowledge that its handling of matters did not always meet community expectations. Its immature system, processes and under-resourcing during its establishment years led to a fragmented approach to regulating providers that adversely impacted people with disability, their families and their carers who accessed NDIS-funded services through Irabina from 2019 to 2022.

\* The final advice was published on 2 August 2024.

† [dss.gov.au/disability-and-carers-standards-and-quality-assurance/ndis-provider-and-worker-registration-taskforce](https://dss.gov.au/disability-and-carers-standards-and-quality-assurance/ndis-provider-and-worker-registration-taskforce)

‡ [ndiscommission.gov.au/review-services-provided-irabina-autism-services](https://ndiscommission.gov.au/review-services-provided-irabina-autism-services)

# Procurement

## Purchasing

During 2023–24, the NDIS Commission's approach to procuring goods and services, including consultancies, was consistent with the Commonwealth Resource Management Framework, including the *Public Governance, Performance and Accountability Act 2013* and the Commonwealth Procurement Rules.

The NDIS Commission applied the framework by mandating a purchase order for all procurements valued at more than \$10,000. This process allows the NDIS Commission to track commitments, fulfil reporting obligations and other accountability requirements.

The central Procurement team oversees the creation of purchase orders, ensuring compliance with the framework.

## Consultancy and non-consultancy contract expenditure reporting

During the financial year 2023–24, 14 new reportable consultancy contracts were entered into involving total actual expenditure of \$2,258,270. There was one ongoing consultancy contracts from previous financial years

Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the [AusTender website](#)\*

Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the [AusTender website](#)\*

**Table 7.** Expenditure on Reportable Consultancy Contracts (2023–24)

	Number	Expenditure \$'000 (GST inc.)
<b>New contracts entered into during the reporting period</b>	14	2,349
<b>Ongoing contracts entered into during a previous reporting period</b>	1	173
<b>Total</b>	<b>15</b>	<b>2,521</b>

\* [tenders.gov.au](https://tenders.gov.au)

**Table 8.** Organisations Receiving a Share of Reportable Consultancy Contract Expenditure (2023-24)

Name of organisation	Organisation ABN	Expenditure \$'000 (GST inc.)	Proportion of 2023-24 total spend (%)
<b>Proximity Advisory Services Pty Ltd</b>	92 147 937 844	781	2.31
<b>Ernst &amp; Young</b>	75 288 172 749	482	1.42
<b>La Trobe University</b>	64 804 735 113	469	1.39
<b>Nous Group Pty Ltd</b>	66 086 210 344	318	0.94
<b>The Quantum Group Pty Ltd</b>	45 102 444 253	298	0.88
<b>Total of the Largest Shares</b>		<b>2,348</b>	<b>6.96</b>

**Table 9.** Expenditure on Reportable Non-Consultancy Contracts (2023-24)

	Number	Expenditure \$'000 (GST inc.)
<b>New contracts entered into during the reporting period</b>	186	12,834
<b>Ongoing contracts entered into during a previous reporting period</b>	226	18,373
<b>Total</b>	<b>412</b>	<b>31,207</b>

### Top Organisations Receiving a Share of Reportable Non-Consultancy Contract Expenditure (2023-24)

**Table 10.** Expenditure on Reportable Consultancy Contracts (2023-24)

Name of organisation	Organisation ABN	Expenditure \$'000 (GST inc.)	Proportion of 2023-24 total spend (%)
<b>Reason Group Pty Ltd</b>	34 128 711 348	4,371	14.35
<b>Dell Australia Pty Limited</b>	46 003 855 561	3,000	9.85
<b>Hays Specialist Recruitment (Australia)</b>	47 001 407 281	2,971	9.82
<b>DFP Recruitment Services</b>	66 394 749 447	2,291	7.52
<b>Randstad Pty Ltd</b>	28 080 275 378	1,715	5.91
<b>Total of Largest Shares</b>		<b>15,902</b>	<b>47.45</b>

## Australian National Audit Office access clauses

The NDIS Commission has no contracts over \$100,000 that do not include a clause that provides Auditor-General access to the contractor's premises. Of the NDIS Commission's procurements over \$100,000, only five were not through a standing offer or coordinated procurement. All five of the procurements used a Commonwealth Contracting Suite contract, which included the clause. All other procurements over \$100,000 were through standing offers or procurements coordinated by the Department of Finance.

## Exempt contracts

During 2023–24, no contracts of \$10,000 or more (inclusive of GST) or standing offers were exempted by the NDIS Commissioner from being published on AusTender on the basis that it would disclose exempt matters under the *Freedom of Information Act 1982*.

## Small business

The NDIS Commission supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website.

NDIS Commission supported small and medium enterprises through the following initiatives or practices:

- ◆ when an SME is included on a panel, ensuring at least one SME is included in the approach to market;

- ◆ utilising the Commonwealth Contracting Suite for low-risk procurements valued under \$200,000;
- ◆ electronic systems or other processes used to facilitate on-time payment performance, including the use of payment cards.

The NDIS Commission recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury's website.

## Legal Services Expenditure Reporting

Commonwealth agencies are required to report to the Office of Legal Services Coordination about their legal services expenditure within 60 days after the end of the financial year. The NDIS Commission's Legal Services Expenditure Reports including for the period from 1 July 2023 to 30 June 2024 are available on the NDIS Commission's [website](#)<sup>\*</sup>.

## Advertising and market research

The NDIS Commission did not conduct any advertising campaigns during 2023–24.

## Grants

As the NDIS sector prepares for significant reform, no new grants were awarded in 2023–24. Information on grants awarded by the NDIS Commission in previous reporting periods is available on the NDIS Commission's [website](#)<sup>†</sup>.

\* [ndiscommission.gov.au/about/corporate-documents](https://ndiscommission.gov.au/about/corporate-documents)

† [ndiscommission.gov.au/grants](https://ndiscommission.gov.au/grants)



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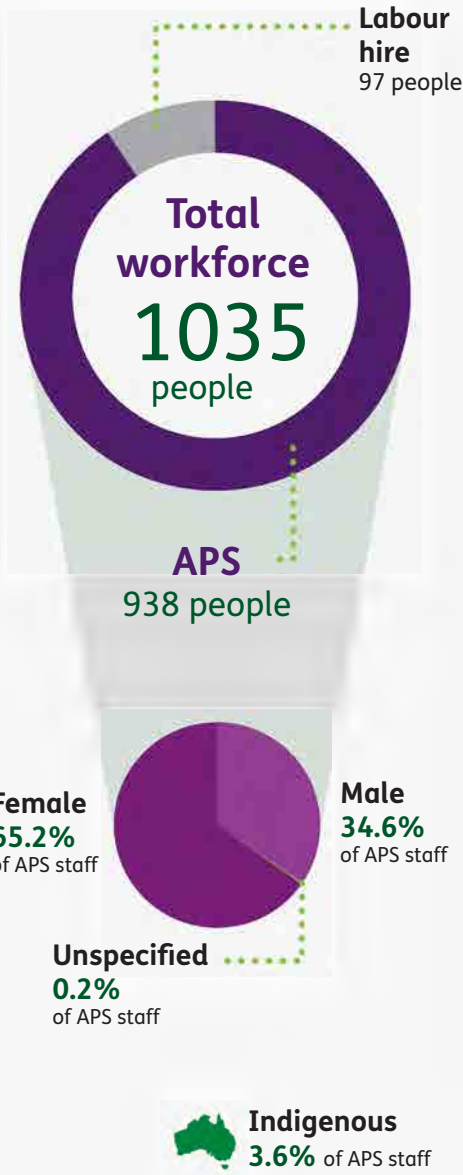
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# Part 6

## Our people

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According to 2024 APS Census\*



**16%**  
of staff have self-reported of having a disability



**45%**  
of staff are self-reported as having caring responsibilities



**13%**  
have self-identified as LGBTQIA+



**22%**  
are from culturally and linguistically diverse background (CALD)

\* 2024 APS Employee Census for 2024 includes both APS employees and labour hire resources

# Management of human resources

The NDIS Commission delivered a significant workforce uplift throughout 2023–24. This influx of new staff created an opportunity to improve management practices and increase development opportunities. The NDIS Commission has continued to implement and make progress on its Workforce Plan 2023–28, with a range of actions completed.

The NDIS Commission has invested heavily in leadership programs to uplift manager capability, drive performance and deliver better outcomes for the community. The leadership program, designed specifically for the NDIS Commission, is available for staff at all managing levels. In addition, the NDIS Commission has continued work on a set of wellbeing learning opportunities, which supports our response to the Comcare Improvement Notice.

In 2023–24, each staff member had a budgeted spending allocation for personal learning, which aligned with their delivery and development objectives. This drove the personalisation of learning opportunities, which were closely linked with a staff member's Performance Development Agreement.

## Work health and safety

In consultation with staff and Comcare, the NDIS Commission made significant efforts in 2023–24 to strengthen its Work Health and Safety Management System (WHSMS). The 2023–24 period also saw the implementation of a combination of mandatory and optional initiatives to ensure management and staff felt confident and empowered to protect their health and wellbeing at work. These included the following.

### Employee Assistance Program

The NDIS Commission staff and their immediate families continued to have access to free and confidential counselling support services via our Employee Assistance Program. Our service partner continues to deliver counselling support and a suite of mental health services to supplement the NDIS Commission's focus on reducing the impact of psychosocial hazards on our staff. Additional services are available, including manager supports, reflective supervision and team dynamic assessments. The embedding of these services into the operational environment creates a mechanism for staff to discuss issues, problems and new ways of thinking in a safe and supportive environment.

### Influenza and COVID-19 vaccination program

The NDIS Commission has expanded its important annual influenza vaccination program to include COVID-19 vaccinations for interested staff. Arranged through a central provider and delivered locally, the vaccination program provided 272 influenza vaccinations and 169 COVID-19 vaccinations across the workforce.

### Continuation of early intervention

Recognising the importance of early intervention in reducing the impact of psychosocial hazards, we implemented work across all aspects of WHS hazard and risk management. Our approach has made our staff aware of hazards beyond 'slips, trips and falls' to include psychosocial hazards. The work completed included the following.

## Prevention and detection

- ◆ Delivery of WHS Roles and Responsibility training to staff.
- ◆ Conduct of a psychosocial risk survey, incorporating results into the WHS Risk Register.
- ◆ Extended the number of Health and Safety Representatives (HSRs).
- ◆ Reflective Supervision approaches.
- ◆ Review and updating of the Health and Safety Committee (HSC) Terms of Reference and WHS Policies.
- ◆ Quarterly WHS reporting, including data from quarterly workplace inspections (geographical) and Environmental Scans (psychosocial hazard indicators identifiable by supervisors and managers).

## Response

- ◆ Increased first aid officer support
- ◆ Introduced ‘Compassionate Foundations’ e-learning for empathy training
- ◆ Reviewed emergency evacuation signage.

## Management:

- ◆ Included intervention metrics for managers to report on a quarterly basis
- ◆ Increased injury management intervention to build management capability in this important area
- ◆ Increased WHS and injury management team resourcing.

## Health and safety outcomes

The structured quarterly WHS reporting implemented in previous years continued and matured in 2023–24. This reporting includes lag/lead data to measure initiatives’ effectiveness. The NDIS Commission’s HSC will govern this performance data and report to the NDIS Commission’s leadership quarterly.

## Notifiable incidents

Nil workplace incidents occurred that required notification to Comcare as the WHS regulator.

## Investigation conducted

The NDIS Commission worked closely with Comcare over the reporting period, seeking their support and assistance in developing a compliant WHSMS. The NDIS Commission will continue to do everything it needs to meet Comcare’s requirements.

Notices issued to the NDIS Commission are as follows:

- ◆ Inspector Notices
  - » MC0031458 – Inspection notice – Brisbane HSR election – closed 6 October 2023
  - » MC00031917 – Inspection Notice – HSR/deputy HSR elections – closed 31 October 2023
  - » MC00031923 – Proactive inspection – Canberra – closed 25 June 2024.
- ◆ Improvement Notice
  - » MC00020714-VR03-NT01 – Worker Consultation Mechanisms – ongoing
  - » MC00028634 -NT03 – Improvement Notice – ongoing.

## Improvement notice

In response to a Comcare Performance Improvement Notice, the NDIS Commission submitted a response on 28 June 2024 detailing the significant work that has been completed, commenced or planned to address psychosocial risks in the workplace. In response to the Improvement Notice, we developed a WHS Action Plan to address the various recommendations and improve WHS systems and culture across the NDIS Commission, with an overall aim of working towards PIN closure.

We:

- ◆ committed to 38 activities
- ◆ completed 20 activities
- ◆ are continuing work on 18 activities throughout 2024–25

Completed actions to address WHSMS risks, and particularly psychosocial risks, include the following.

- ◆ Conducted focus groups to analyse and dig into the People at Work outcomes
- ◆ Undertook a workload review across the NDIS Commission workforce to further understand pressures and concerns
- ◆ Compiled an NDIS Commission- wide psychosocial hazard assessment to inform a psychosocial risk register, and developed a template risk assessment.
- ◆ Delivered tailored training on newly approved WHS Hazard Identification and Risk Management Procedure (which included psychosocial hazard identification).
- ◆ Finalised and published a Mental Health and Wellbeing Plan for all NDIS Commission staff.
- ◆ Reviewed and updated the NDIS Commission's incident and hazard reporting form, and improved the incident response process.
- ◆ Arranged for WHS to become a standing agenda item at key governance and leadership meetings.
- ◆ Reviewed WHS Policy, WHS Hazard Identification and Risk Management Procedure (WHSIRMP) and Issue Resolution Procedure to ensure the following elements are included:
  - » roles and responsibilities for all persons under the WHS Act
  - » consultation mechanisms and pathways
  - » standardised WHS reporting, including a defined menu of lead and lag indicators
  - » causal factors and control mechanisms for fatigue (for example, mechanisms for workload reviews, regular breaks and rotation of emotionally demanding work)
  - » issue resolution pathways and contacts
  - » hazard identification and risk management processes
- ◆ Revised and agreed on updated Terms of Reference for both the HSC and the Workplace Consultative Committee.



# Employee statistics

As at 30 June 2024, the NDIS Commission has a total workforce of 1,035; this includes 938 Australian Public Service (APS) staff and 97 labour hire resources. The tables below provide a breakdown of our APS staff by engagement type, location, gender and classification. Following the breakdown, are tables to provide the remuneration details for our key management personnel, senior executives, and the Audit and Risk Committee members during 2023–24. The NDIS Commission does not have any other highly paid staff in 2023–24. No staff received performance pay in 2023–24.

**Table 11.** All ongoing employees (2023–24)

	Men			Women			Non-binary			Prefers not to answer			Uses a different term			Total
	Full Time	Part Time	Total	Full Time	Part Time	Total	Full Time	Part Time	Total	Full Time	Part Time	Total	Full Time	Part Time	Total	
<b>NSW</b>	73	2	75	155	21	176	0	0	0	0	0	0	0	0	0	<b>251</b>
<b>Qld</b>	48	0	48	86	7	93	0	0	0	0	0	0	0	0	0	<b>141</b>
<b>SA</b>	29	0	29	68	6	74	0	0	0	0	0	0	0	1	1	<b>104</b>
<b>Tas</b>	14	1	15	14	4	18	0	0	0	0	0	0	0	0	0	<b>33</b>
<b>Vic</b>	47	1	48	69	5	74	0	0	0	0	0	0	1	0	1	<b>123</b>
<b>WA</b>	14	1	15	40	7	47	0	0	0	0	0	0	0	0	0	<b>62</b>
<b>ACT</b>	38	0	38	39	5	44	0	0	0	0	0	0	0	0	0	<b>82</b>
<b>NT</b>	6	0	6	7	0	7	0	0	0	0	0	0	0	0	0	<b>13</b>
<b>External territories</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Overseas</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>269</b>	<b>5</b>	<b>274</b>	<b>478</b>	<b>55</b>	<b>533</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>809</b>

**Table 12.** All non-ongoing employees (2023-24)

	Men			Women			Non-binary			Prefers not to answer			Uses a different term			Total
	Full Time	Part Time	Total	Full Time	Part Time	Total	Full Time	Part Time	Total	Full Time	Part Time	Total	Full Time	Part Time	Total	
<b>NSW</b>	11	2	13	24	7	31	0	0	0	0	0	0	0	0	0	<b>44</b>
<b>Qld</b>	9	1	10	6	3	9	0	0	0	0	0	0	0	0	0	<b>19</b>
<b>SA</b>	7	0	7	8	1	9	0	0	0	0	0	0	0	0	0	<b>16</b>
<b>Tas</b>	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0	<b>2</b>
<b>Vic</b>	13	1	14	11	3	14	0	0	0	0	0	0	0	0	0	<b>28</b>
<b>WA</b>	1	0	1	2	0	2	0	0	0	0	0	0	0	0	0	<b>3</b>
<b>ACT</b>	3	1	4	10	0	10	0	0	0	0	0	0	0	0	0	<b>14</b>
<b>NT</b>	1	0	1	2	0	2	0	0	0	0	0	0	0	0	0	<b>3</b>
<b>External territories</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Overseas</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>45</b>	<b>5</b>	<b>50</b>	<b>65</b>	<b>14</b>	<b>79</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>129</b>



## APS employee statistics

**Table 13.** Australian Public Service Act ongoing employees (2023–24)

	Men			Women			Non-binary			Prefers not to answer			Uses a different term			Total
	Full Time	Part Time	Total	Full Time	Part Time	Total	Full Time	Part Time	Total	Full Time	Part Time	Total	Full Time	Part Time	Total	
<b>SES 3</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>SES 2</b>	1	0	1	4	0	4	0	0	0	0	0	0	0	0	0	<b>5</b>
<b>SES 1</b>	5	0	5	8	0	8	0	0	0	0	0	0	0	0	0	<b>13</b>
<b>EL 2</b>	27	0	27	41	3	44	0	0	0	0	0	0	1	0	1	<b>72</b>
<b>EL 1</b>	55	0	55	123	10	133	0	0	0	0	0	0	0	0	0	<b>188</b>
<b>APS 6</b>	76	2	78	142	21	163	0	0	0	0	0	0	0	0	0	<b>241</b>
<b>APS 5</b>	73	2	75	114	17	131	0	0	0	0	0	0	0	0	0	<b>206</b>
<b>APS 4</b>	24	1	25	36	3	39	0	0	0	0	0	0	0	1	1	<b>65</b>
<b>APS 3</b>	8	0	8	10	1	11	0	0	0	0	0	0	0	0	0	<b>19</b>
<b>APS 2</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>APS 1</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Other</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>269</b>	<b>5</b>	<b>274</b>	<b>478</b>	<b>55</b>	<b>533</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>809</b>

**Table 14.** Australian Public Service Act non-ongoing employees (2023–24)

	Men			Women			Non-binary			Prefers not to answer			Uses a different term			Total
	Full Time	Part Time	Total	Full Time	Part Time	Total	Full Time	Part Time	Total	Full Time	Part Time	Total	Full Time	Part Time	Total	
<b>SES 3</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>SES 2</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>SES 1</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>EL 2</b>	5	0	5	3	1	4	0	0	0	0	0	0	0	0	0	<b>9</b>
<b>EL 1</b>	8	4	12	15	4	19	0	0	0	0	0	0	0	0	0	<b>31</b>
<b>APS 6</b>	13	0	13	16	1	17	0	0	0	0	0	0	0	0	0	<b>30</b>
<b>APS 5</b>	15	0	15	23	3	26	0	0	0	0	0	0	0	0	0	<b>41</b>
<b>APS 4</b>	3	1	4	7	0	7	0	0	0	0	0	0	0	0	0	<b>11</b>
<b>APS 3</b>	1	0	1	1	5	6	0	0	0	0	0	0	0	0	0	<b>7</b>
<b>APS 2</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>APS 1</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Other</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>45</b>	<b>5</b>	<b>50</b>	<b>65</b>	<b>14</b>	<b>79</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>129</b>

**Table 15.** Australian Public Service Act employees by full-time and part-time status (2023–24)

	Ongoing			Non-Ongoing			Total
	Full Time	Part Time	Total ongoing	Full Time	Part Time	Total non-ongoing	
<b>SES 3</b>	0	0	0	0	0	0	<b>0</b>
<b>SES 2</b>	5	0	5	0	0	0	<b>5</b>
<b>SES 1</b>	13	0	13	0	0	0	<b>13</b>
<b>EL 2</b>	69	3	72	8	1	9	<b>81</b>
<b>EL 1</b>	178	10	188	23	8	31	<b>219</b>
<b>APS 6</b>	218	23	241	29	1	30	<b>271</b>
<b>APS 5</b>	187	9	196	38	3	41	<b>247</b>
<b>APS 4</b>	60	5	65	10	1	11	<b>76</b>
<b>APS 3</b>	18	1	19	2	5	7	<b>26</b>
<b>APS 2</b>	0	0	0	0	0	0	<b>0</b>
<b>APS 1</b>	0	0	0	0	0	0	<b>0</b>
<b>Other</b>	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>748</b>	<b>61</b>	<b>809</b>	<b>110</b>	<b>19</b>	<b>129</b>	<b>938</b>

**Table 16.** Australian Public Service Act Employment type by location (2023–24)

	Ongoing	Non-Ongoing	Total
<b>NSW</b>	251	44	<b>295</b>
<b>Qld</b>	141	19	<b>160</b>
<b>SA</b>	104	16	<b>120</b>
<b>Tas</b>	33	2	<b>35</b>
<b>Vic</b>	128	28	<b>151</b>
<b>WA</b>	62	3	<b>65</b>
<b>ACT</b>	82	14	<b>96</b>
<b>NT</b>	13	3	<b>16</b>
<b>External territories</b>	0	0	<b>0</b>
<b>Overseas</b>	0	0	<b>0</b>
<b>Total</b>	<b>809</b>	<b>129</b>	<b>938</b>

**Table 17.** Australian Public Service Act Indigenous employment (2023–24)

	Total
Ongoing	29
Non-Ongoing	5
<b>Total</b>	<b>34</b>

## Workplace agreements

**Table 18.** Australian Public Service Act employment arrangements (2023–24)

	SES	Non-SES	Total
2019-22 Enterprise Agreement*	0	920	920
2024-27 Enterprise Agreement (as of April 2024)			
Determinations under Section 24(1) of the Public Service Act	18	0	18
<b>Total</b>	<b>18</b>	<b>920</b>	<b>938</b>

**Table 19.** Australian Public Service Act employment salary ranges by classification level (minimum/maximum) (2023–24)

	Minimum salary	Maximum salary
SES 3	0	0
SES 2	\$252,000	\$360,772
SES 1	\$161,064	\$252,000
EL 2	\$115,903	\$195,000
EL 1	\$97,288	\$155,000
APS 6	\$83,121	\$120,000
APS 5	\$74,059	\$90,696
APS 4	\$77,331	\$83,121
APS 3	\$68,256	\$74,059
APS 2	0	0
APS 1	0	0
Other	0	0
<b>Minimum/maximum range</b>	<b>\$68,256</b>	<b>\$360,772</b>

\* The 2023-24 financial year was covered off by the 2019-22 and 2024-27 Enterprise Agreements.

# Remuneration

Table 20. Information about remuneration for key management personnel

Name	Position Title	Short-term benefits	Post-employment benefits	Other long-term benefits	Termination benefits	Total remuneration			
		Base salary	Bonuses	Other benefits and allowances	Superannuation contributions	Long service leave	Other long-term benefits	Termination benefits	Total remuneration
<b>Alisa Bianca Chambers</b>	Deputy Commissioner (Regulatory Policy, Insights and Review)	\$268,247	0	\$2,914	\$39,671	\$3,182	0	0	\$338,014
<b>Catherine Anne Myers</b>	Deputy Commissioner (Regulatory Operations)	\$259,007	0	\$2,879	\$39,846	\$3,196	0	0	\$327,928
<b>Jeffrey Beng-Choon Chan</b>	Deputy Commissioner (Practice Quality)	\$117,693	0	\$1,605	\$20,683	\$1,348	0	\$149,009	\$302,338
<b>Kenneth Teoh</b>	A/g Deputy Commissioner (Practice Quality)	\$86,143	0	\$9,004	\$12,861	\$2,244	0	0	\$110,252
<b>Lisa Claire Pulkio</b>	Chief Operating Officer	\$270,948	0	\$26,913	\$50,284	\$7,548	0	0	\$355,729
<b>Michael Phelan</b>	A/g Commissioner	\$139,627	0	0	\$12,551	\$1,194	0	0	\$153,372
<b>Rodney Paul Carracher</b>	Deputy Commissioner (Practice Quality)	\$102,400	0	\$18,328	\$14,616	\$928	0	0	\$128,272
<b>Sian Mary Leatham</b>	Deputy Commissioner (Complaints and Engagement)	\$368,499	0	0	\$65,223	\$10,112	0	0	\$443,834
<b>Tracy Anne Mackey</b>	Commissioner	\$462,126	0	0	\$21,754	\$4,491	0	0	\$488,371
<b>Simon Edwards*</b>	A/g Chief Operating Officer	\$45,649	0	0	0	0	0	0	\$45,649
<b>Total</b>		\$2,120,375	0	\$112,643	\$277,487	\$34,244	0	\$149,009	\$2,693,759

\* Secondment arrangement with another agency and therefore reimbursement was through invoice.



## Other highly paid staff

The NDIS Commission does not have any other highly paid staff in 2023-24

## Performance pay

No staff received performance pay in 2023-24

**Table 22.** Audit and Risk Committee

Member name	Qualifications, knowledge, skills or experience
<b>Ms Carolyn Walsh</b>	<ul style="list-style-type: none"> <li>◆ Bachelor of Economics</li> <li>◆ Graduate – Australian Institute of Company Directors</li> <li>◆ Chair or Member of State and Commonwealth boards, statutory bodies, and audit committees</li> </ul>
<b>Ms Helen Vickers</b>	<ul style="list-style-type: none"> <li>◆ Bachelor of Arts</li> <li>◆ Bachelor of Laws</li> <li>◆ Graduate Diploma in Legal Practice</li> <li>◆ Member of the Australian Institute of Company Directors</li> <li>◆ Member of the Law Society of New South Wales</li> <li>◆ Member of Audit &amp; Risk Management Committee for e-Health (NSW)</li> <li>◆ Lawyer for over 30 years and adviser to Government agencies, specialising in public sector law, governance and risk</li> <li>◆ Former Chair of Twilight Aged Care</li> </ul>
<b>Ms Donna Rygate</b>	<ul style="list-style-type: none"> <li>◆ Bachelor of Economics</li> <li>◆ Master of Planning</li> <li>◆ Graduate – Australian Institute of Company Directors course</li> <li>◆ Diploma of Governance</li> <li>◆ Juris Doctor</li> <li>◆ Fellow – Institute of Public Administration Australia</li> <li>◆ Chair or member of boards, statutory bodies, planning panels, audit and risk committees, and experienced State and Local Government Chief Executive</li> </ul>
<b>Mr Michael Manthorpe</b>	<ul style="list-style-type: none"> <li>◆ Bachelor of Arts</li> <li>◆ Fellow – Institute of Public Administration Australia</li> <li>◆ Commonwealth Ombudsman from 2017-2021, and extensive senior executive experience in the Commonwealth public service</li> <li>◆ Advisor to multiple Commonwealth Public Service entities and academia</li> </ul>
<b>Ms Maria Storti</b>	<ul style="list-style-type: none"> <li>◆ Bachelor of Economics</li> <li>◆ Master of Business Administration</li> <li>◆ Chair or Member of various Commonwealth audit committees</li> <li>◆ Fellow – Institute of Chartered Accountants</li> <li>◆ Fellow – Institute of Company Directors</li> <li>◆ Member – Institute of Internal Auditors</li> <li>◆ Specialist in corporate governance, financial reporting, Commonwealth performance reporting, audit and risk management</li> </ul>

Meetings attended	Total meetings held	Remuneration (GST inc.)	Other information
4	4	\$15,840	◆ Chair
3	4	\$7,425	◆ Member ◆ Commenced on 01 December 2023.
4	4	\$9,350	◆ Member
1	4	\$3,058	◆ Member ◆ Commenced on 04 March 2024.
1	4	\$3,300	◆ Member ◆ Finished on 30 September 2023.



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## Part 7

# Information required by other legislation

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## Information required by other legislation

### Freedom of information

The NDIS Commission provides access to information as required by the Freedom of Information Act 1982 (FOI Act). During 2023–24, we received 134 FOI requests, a 152% increase from the previous financial year. Many applicants requested documents relating to incidents and complaints reported to the NDIS Commission, which are documents we hold as part of our regulatory functions.

We also saw an increase in requests from affected individuals for documents that the NDIS Commission relies on in issuing regulatory action notices. We increased efforts to streamline processes for information requests where appropriate. Requests for information that could be resolved informally (for example, by administrative release outside the FOI process) or under the Privacy Act 1988 have been actioned promptly.

Subject to the FOI Act, the NDIS Commission is required to publish information to the public as part of the Information Publication Scheme (IPS). We have information on our website relating to the IPS. This includes the NDIS Commission's [IPS plan](#)<sup>\*</sup>, outlining the information we publish in accordance with IPS requirements. Documents released under the FOI Act are listed publicly on the FOI Disclosure Log on our website, excluding those exempt from this requirement.

### Disability reporting mechanism

Australia's Disability Strategy 2021-2031 (the Strategy) is the overarching framework for inclusive policies, programs and infrastructure that will support people with disability to participate in all areas of Australian life. The Strategy sets out where practical changes will be made to improve the lives of people with disability in Australia. It acts to ensure the

principles underpinning the United Nations Convention on the Rights of Persons with Disabilities are incorporated into Australia's policies and programs that affect people with disability, their families and carers. All levels of government have committed to deliver more comprehensive and visible reporting under the Strategy. A range of reports on progress of the Strategy's actions and outcome areas will be published and available [online](#)<sup>†</sup>.

Disability reporting is included the Australian Public Service Commission's State of the Service reports and the APS Statistical Bulletin. These reports are available [online](#)<sup>‡</sup>.

### Emission reporting

#### Climate Action in Government Operations

APS Net Zero 2030 is the Government's policy for the Australian Public Service (APS) to reduce its greenhouse gas emissions to net zero by 2030, and transparently report on its emissions. As part of the [Net Zero in Government Operations Strategy](#)<sup>§</sup>, non-corporate Commonwealth entities, corporate Commonwealth entities and Commonwealth companies are required to report on their operational greenhouse gas emissions.

The Greenhouse Gas Emissions Inventory presents greenhouse gas emissions over the 2023–24 period. Results are presented on the basis of Carbon Dioxide Equivalent (CO<sub>2</sub>-e) emissions. Greenhouse gas emissions have been calculated in line with the Australian Public Service Emissions Reporting Framework, consistent with the Whole-of-Australian Government approach as part of the APS Net Zero 2030 policy. Not all data sources were available at the time of the report and amendments to data may be required in future reports.

\* [ndiscommission.gov.au/information-publication-scheme-agency-plan](https://ndiscommission.gov.au/information-publication-scheme-agency-plan)

† [disabilitygateway.gov.au/ads](https://disabilitygateway.gov.au/ads)

‡ [apsc.gov.au](https://apsc.gov.au)

§ [finance.gov.au/sites/default/files/2023-11/Net\\_Zero\\_Government\\_Operations\\_Strategy.pdf](https://finance.gov.au/sites/default/files/2023-11/Net_Zero_Government_Operations_Strategy.pdf)

**Table 23.** Greenhouse gas emissions inventory – location-based method, 2023–24

Emission Source	Scope 1 t CO <sub>2</sub> -e	Scope 2 t CO <sub>2</sub> -e	Scope 3 t CO <sub>2</sub> -e	Total t CO <sub>2</sub> -e
<b>Electricity (Location-Based Approach)</b>	n/a	183.787	19.696	203.483
<b>Natural Gas</b>	0.000	n/a	0.000	0.000
<b>Solid Waste*</b>	n/a	n/a	1.386	1.386
<b>Refrigerants*†</b>	0.000	n/a	n/a	0.000
<b>Fleet and Other Vehicles</b>	3.990	n/a	1.015	5.005
<b>Domestic Commercial Flights</b>	n/a	n/a	651.000	651.000
<b>Domestic Hire Car*</b>	n/a	n/a	6.906	6.906
<b>Domestic Travel Accommodation*</b>	n/a	n/a	217.959	217.959
<b>Other Energy</b>	0.000	n/a	0.000	0.000
<b>Total t CO<sub>2</sub>-e</b>	<b>3.990</b>	<b>183.787</b>	<b>897.962</b>	<b>1,085.739</b>

**Note:** The table above presents emissions related to electricity usage using the location-based accounting method. CO<sub>2</sub>-e = Carbon Dioxide Equivalent.

\* indicates emission sources collected for the first time in 2023-24. The quality of data is expected to improve over time as emissions reporting matures.

† indicates optional emission source for 2023-24 emissions reporting.

**Table 24.** 2023–24 Electricity greenhouse gas emissions

	Scope 2 t CO <sub>2</sub> -e	Scope 3 t CO <sub>2</sub> -e	Total t CO <sub>2</sub> -e	Percentage of electricity use
<b>Location-based electricity emissions</b>	183.787	19.696	203.483	100%
<b>Market-based electricity emissions</b>	48.378	5.973	54.351	20.93%
<b>Total renewable electricity</b>	—	—	—	79.07%
<b>Mandatory renewables<sup>(1)</sup></b>	—	—	—	18.72%
<b>Voluntary renewables<sup>(2)</sup></b>	—	—	—	60.35%

**Note:** The table above presents emissions related to electricity usage using both the location-based and the market-based accounting methods. CO<sub>2</sub>-e = Carbon Dioxide Equivalent.

- (1) Mandatory renewables are the portion of electricity consumed from the grid that is generated by renewable sources. This includes the renewable power percentage.
- (2) Voluntary renewables reflect the eligible carbon credit units surrendered by the entity. This may include purchased large-scale generation certificates, power purchasing agreements, GreenPower and the jurisdictional renewable power percentage (ACT only).

## Commonwealth Electoral Act 1918

The NDIS Commission did not conduct any advertising campaigns during 2023–24.

## Carer Recognition Act 2010

The NDIS Commission acknowledges the Statement for Australia's Carers and reflects this in human resources policies, such as for:

- ◆ leave
- ◆ reasonable adjustments
- ◆ flexible work arrangements

All policies were developed by consulting with employees who have caring responsibilities. Their inputs ensure our policies support and honour those who dedicate their time and energy to supporting their loved ones.

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# Appendices

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# 1. NDIS Commissioner's core functions

The NDIS Commissioner's core legislative functions under the NDIS Act are to:

- ◆ uphold the rights of, and promote the health, safety and wellbeing of, people with disability receiving supports or services, including those received under the National Disability Insurance Scheme
- ◆ develop a nationally consistent approach to managing quality and safeguards for people with disability receiving supports or services, including those received under the National Disability Insurance Scheme
- ◆ promote the provision of advice, information, education and training to NDIS providers and people with disability
- ◆ secure compliance with relevant legislation through effective compliance and enforcement arrangements, including through the monitoring and investigation functions conferred on the NDIS Commissioner by legislation
- ◆ promote continuous improvement amongst NDIS providers and the delivery of progressively higher standards of supports and services to people with disability
- ◆ develop and oversee the broad policy design for a nationally consistent framework relating to the screening of workers involved in the provision of supports and services to people with disability
- ◆ provide advice or recommendations to the NDIA or the Board in relation to the performance of the NDIA's function
- ◆ engage in, promote and coordinate the sharing of information to achieve the objects of the relevant legislation, and
- ◆ provide NDIS market oversight, including:
  - » by monitoring changes in the NDIS market which may indicate emerging risk; and
  - » by monitoring and mitigating the risks of unplanned service withdrawal.

## 2. Regulator performance



**Minister's statement of expectations – December 2022**  
[ndiscommission.gov.au/ministerstatementofexpectations](https://ndiscommission.gov.au/ministerstatementofexpectations)



**NDIS Commission's statement of intent – March 2023**  
[ndiscommission.gov.au/statementofintent](https://ndiscommission.gov.au/statementofintent)



**Direction to the NDIS Quality and Safeguards Commissioner under section 181K of the National Disability Insurance Scheme Act 2023 – No. 1/2023 – October 2023**  
[legislation.gov.au/F2023L01383/latest/text](https://legislation.gov.au/F2023L01383/latest/text)

## 3. Glossary

Term	Definition
<b>the Agency</b>	National Disability Insurance Agency (NDIA)
<b>behaviour support plan (BSP)</b>	<p>A document providing evidence-based strategies to help improve the wellbeing of the person with disability who has "complex behaviours of concern".</p> <p>It should be prepared in consultation with the person, their supporters and others who may assist to address their needs. (<a href="#">NDIS Review Final Report, 2023</a>)<sup>*</sup></p>
<b>NDIS Commissioner</b>	NDIS Quality and Safeguards Commissioner
<b>Department of Social Services (DSS)</b>	<p>The Department Social Services (DSS) is the Australian Government's main source of advice on social policy and manages about one fifth of the federal budget.</p> <p>DSS works in partnership with other government and non-government organisations managing a diverse range of programs and services designed to support and improve the lives of Australians.</p> <p>DSS's mission is to improve the economic and social wellbeing of individuals, families and vulnerable members of Australian communities.</p>
<b>the government</b>	Australian Government ( <a href="#">Style Manual, 2024</a> ) <sup>†</sup>
<b>NDIS Act</b>	National Disability Insurance Scheme Act 2013
<b>NDIS Commission</b>	NDIS Quality and Safeguards Commission
<b>NDIS Provider Register</b>	The register maintained under section 73ZS of the NDIS Act NDIS Worker Screening Check.
<b>NDIS Worker Screening Check</b>	The NDIS Worker Screening Check is an assessment that determines whether a person who works, or seeks to work, with people with disability poses a risk to them. Workers are either cleared or excluded from working in certain roles with people with disability. Worker screening units conduct the checks under state/territory law. The units are contained within state or territory government departments/authorities.
<b>NDIS Worker Screening Database</b>	A register of NDIS workers from all states and territories who have undertaken the NDIS Worker Screening Check: it shows their cleared or excluded status
<b>Own Motion Inquiry (OMI)</b>	An investigation that is initiated by a regulatory body, often in response to serious or systemic issues identified in one or more complaints or reportable incidents.
<b>Parliament</b>	Parliament of Australia ( <a href="#">Parliament of Australia, 2024</a> ) <sup>‡</sup>
<b>Participant or NDIS participant</b>	A person who is a participant in the NDIS, as defined in the NDIS Act, section 28-30
<b>PGPA Act</b>	<i>Public Governance, Performance and Accountability Act 2013</i>

\* [ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf](https://ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf)

† [stylemanual.gov.au/grammar-punctuation-and-conventions/names-and-terms/government-terms](https://stylemanual.gov.au/grammar-punctuation-and-conventions/names-and-terms/government-terms)

‡ [aph.gov.au](https://aph.gov.au)



Term	Definition
<b>Provider or NDIS provider</b>	A person or legal entity who is a NDIS provider as defined in section 9 of the NDIS Act
<b>Registered NDIS provider</b>	A person or entity who is registered with the NDIS Quality and Safeguards Commission under section 73E of the NDIS Act.
<b>Regulator Performance</b>	Regulators are required to report against three principles of regulator best practice through their corporate plans and annual reports.
<b>Reportable incidents</b>	Serious, or alleged, incidents which result in harm to an NDIS participant and have occurred in connection with NDIS supports and services.
<b>Restrictive practices</b>	Practices that have the effect of restricting rights or freedom of movement of a person with disability. There are five categories of regulated restrictive practices the NDIS Commission monitors – chemical, environmental, mechanical, physical and seclusion.
<b>Supports and services</b>	A range of products and services which may include education, employment, social participation, independence, living arrangements, and health and wellbeing.
<b>Worker or NDIS worker</b>	A person employed or engaged by an NDIS provider.

## 4. Abbreviations and Acronyms

Term	Definition
<b>AAT</b>	Administrative Appeals Tribunal
<b>ACCC</b>	Australian Competition and Consumer Commission
<b>ACIC</b>	Australian Criminal Intelligence Commission
<b>ACNC</b>	Australian Charities and Not-for-profits Commission
<b>AFP</b>	Australian Federal Police
<b>AHRC</b>	Australian Human Rights Commission
<b>AIC</b>	Australian Institute of Criminology
<b>ANACAD</b>	Australian National Advisory Council on Alcohol and Drugs
<b>APY</b>	Anangu Pitjantjatjara Yankunytjatjara
<b>ARC</b>	Audit and Risk Committee
<b>ASIC</b>	Australian Securities and Investments Commission
<b>ATO</b>	Australian Tax Office
<b>BSP</b>	behaviour support plan
<b>CALD</b>	Culturally and Linguistically Diverse
<b>CEO</b>	Chief Executive Officer
<b>CPR</b>	Commonwealth Procurements Rules
<b>DART</b>	Data and Regulatory Transformation Program
<b>DRC</b>	Disability Royal Commission
<b>DSS</b>	Department of Social Services
<b>ELT</b>	Executive Leadership Team
<b>the Entity</b>	NDIS Quality and Safeguards Commission (for financial statements only)
<b>FFT</b>	Fraud Fusion Taskforce

Term	Definition
<b>FOI</b>	Freedom Of Information
<b>IA</b>	Information Architecture
<b>ICT</b>	Information and Communications technology
<b>IPS</b>	Information Publication Scheme
<b>IRO</b>	Indigenous and Remote Operations
<b>IPAA</b>	Institute of Public Administration Australia
<b>LGBTQIA+</b>	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and Others
<b>NCAT</b>	New South Wales Civil and Administrative Tribunal
<b>NDIA</b>	National Disability Insurance Agency
<b>NDIS Commissioner</b>	NDIS Quality and Safeguards Commissioner
<b>NDIS</b>	National Disability Insurance Scheme
<b>OMI</b>	Own Motion Inquiry
<b>OPPO</b>	Operational Policy and Practice Optimisation Project
<b>PBS</b>	Portfolio Budget Statement
<b>PGPA</b>	Public Governance, Performance and Accountability
<b>SDA</b>	Specialist Disability Accommodation
<b>SIL</b>	Supported Independent Living
<b>SME</b>	Small and Medium Enterprise
<b>TTY</b>	Teletypewriter
<b>WHS</b>	Work Health and Safety
<b>WHSIRMP</b>	WHS Hazard Identification and Risk Management Procedure

## 5. List of requirements

Below is the table set out in Schedule 2 of the PGPA Rule. Section 17AJ(d) requires this table be included in entities' annual reports as an aid of access.

PGPA Rule Reference	Part of Report	Description	Requirement
<b>17AD(g) Letter of transmittal</b>			
17AI	Page 5	A copy of the letter of transmittal signed and dated by Accountable Authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory
<b>17AD(h) Aids to access</b>			
17AJ(a)	Page 7	Table of contents (print only).	Mandatory
17AJ(b)	Page 176	Alphabetical index (print only).	Mandatory
17AJ(c)	Page 167	Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)	Page 169	List of requirements.	Mandatory
17AJ(e)	Page 6	Details of contact officer.	Mandatory
17AJ(f)	Page 6	Entity's website address.	Mandatory
17AJ(g)	Page 6	Electronic address of report.	Mandatory
<b>17AD(a) Review by Accountable Authority</b>			
17AD(a)	Page 10	A review by the Accountable Authority of the entity.	Mandatory
<b>17AD(b) Overview of the entity</b>			
17AE(1)(a)(i)	Page 18, 22	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	Page 22-27, 36, 37	A description of the organisational structure of the entity.	Mandatory
17AE(1)(a)(iii)	Page 42	A description of the outcomes and programmes administered by the entity.	Mandatory
17AE(1)(a)(iv)	Page 22, 71	A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE(1)(aa)(i)	Page 29, 30	Name of the Accountable Authority or each member of the Accountable Authority	Mandatory
17AE(1)(aa)(ii)	Page 29, 30	Position title of the Accountable Authority or each member of the Accountable Authority	Mandatory
17AE(1)(aa)(iii)	Page 29	Period as the Accountable Authority or member of the Accountable Authority within the reporting period	Mandatory
17AE(1)(b)	Not Applicable	An outline of the structure of the portfolio of the entity.	Portfolio departments mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AE(2)	Not Applicable	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory
<b>17AD(c)</b>		<b>Report on the Performance of the entity</b>	
<b>Annual performance Statements</b>			
17AD(c)(i); 16F	Page 75	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory
<b>17AD(c)(ii)</b>		<b>Report on Financial Performance</b>	
17AF(1)(a)	Page 90-131	A discussion and analysis of the entity's financial performance.	Mandatory
17AF(1)(b)	Page 91	A table summarising the total resources and total payments of the entity.	Mandatory
17AF(2)	Not Applicable	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory.
<b>17AD(d)</b>		<b>Management and Accountability</b>	
<b>Corporate Governance</b>			
17AG(2)(a)	Page 135	Information on compliance with section 10 (fraud systems)	Mandatory
17AG(2)(b)(i)	Page 5	A certification by Accountable Authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory
17AG(2)(b)(ii)	Page 5	A certification by Accountable Authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory
17AG(2)(b)(iii)	Page 5	A certification by Accountable Authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory
17AG(2)(c)	Page 134	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory
17AG(2)(d) – (e)	Page 135	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non compliance with Finance law and action taken to remedy non compliance.	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
<b>Audit Committee</b>			
17AG(2A)(a)	Page 135	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory
17AG(2A)(b)	Page 156, 157	The name of each member of the entity's audit committee.	Mandatory
17AG(2A)(c)	Page 156, 157	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory
17AG(2A)(d)	Page 156, 157	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory
17AG(2A)(e)	Page 156, 157	The remuneration of each member of the entity's audit committee.	Mandatory
<b>External Scrutiny</b>			
17AG(3)	Page 136-138	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	Page 136	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, Mandatory
17AG(3)(b)	Not Applicable	Information on any reports on operations of the entity by the Auditor General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, Mandatory
17AG(3)(c)	Page 137	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory
<b>Management of Human Resources</b>			
17AG(4)(a)	Page 145-147	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(aa)	Page 148, 149	Statistics on the entity's employees on an ongoing and non ongoing basis, including the following: <ul style="list-style-type: none"> <li>a) statistics on full-time employees</li> <li>b) statistics on part-time employees</li> <li>c) statistics on gender</li> <li>d) statistics on staff location.</li> </ul>	Mandatory
17AG(4)(b)	Page 150-153	Statistics on the entity's APS employees on an ongoing and non ongoing basis; including the following: <ul style="list-style-type: none"> <li>a) Statistics on staffing classification level</li> <li>b) Statistics on full-time employees</li> <li>c) Statistics on part-time employees</li> <li>d) Statistics on gender</li> <li>e) Statistics on staff location</li> <li>f) Statistics on employees who identify as Indigenous.</li> </ul>	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(4)(c)	Page 153	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory
17AG(4)(c)(i)	Page 153-155	Information on the number of SES and non SES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory
17AG(4)(c)(ii)	Page 153	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	Page 154-155	A description of non salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	Page 156	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory
17AG(4)(d)(ii)	Not Applicable	Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory
17AG(4)(d)(iii)	Not Applicable	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, Mandatory
17AG(4)(d)(iv)	Not Applicable	Information on aggregate amount of performance payments.	If applicable, Mandatory
<b>Assets Management</b>			
17AG(5)	Not Applicable	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities	If applicable, mandatory
<b>Purchasing</b>			
17AG(6)	Page 139	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	Mandatory
<b>Reportable consultancy contracts</b>			
17AG(7)(a)	Page 139	A summary statement detailing the number of new reportable consultancy contracts entered into during the period; the total actual expenditure on all such contracts (inclusive of GST); the number of ongoing reportable consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory
17AG(7)(b)	Page 139	A statement that “ <i>During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]</i> ”.	Mandatory
17AG(7)(c)	Page 139	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(7)(d)	Page 139	A statement that “Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website.”	Mandatory
<b>Reportable non-consultancy contracts</b>			
17AG(7A)(a)	Page 139	A summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory
17AG(7A)(b)	Page 139	A statement that “Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website.”	Mandatory
<b>17AD(daa)</b>		<b>Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts</b>	
17AGA	Page 139-140	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	Mandatory
<b>Australian National Audit Office access clauses</b>			
17AG(8)	Page 141	If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor General with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, Mandatory
<b>Exempt contracts</b>			
17AG(9)	Page 141	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, Mandatory
<b>Small business</b>			
17AG(10)(a)	Page 141	A statement that “[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance’s website.”	Mandatory



PGPA Rule Reference	Part of Report	Description	Requirement
17AG(10)(b)	Page 141	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory
17AG(10)(c)	Page 141	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that “[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury’s website.”	If applicable, Mandatory
<b>Financial Statements</b>			
17AD(e)	Page 95-131	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
<b>Executive Remuneration</b>			
17AD(da)	Page 154-155	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule.	Mandatory
<b>17AD(f) Other Mandatory Information</b>			
17AH(1)(a)(i)	Not Applicable	If the entity conducted advertising campaigns, a statement that “During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity’s website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.”	If applicable, Mandatory
17AH(1)(a)(ii)	Page 161	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(b)	Page 141	A statement that “Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity’s website].”	If applicable, Mandatory
17AH(1)(c)	Page 160	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)	Page 160	Website reference to where the entity’s Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory
17AH(1)(e)	Not Applicable	Correction of material errors in previous annual report	If applicable, mandatory
17AH(2)	Page 160-161	Information required by other legislation	Mandatory

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**NDIS Quality  
and Safeguards  
Commission**

**For more information about this report, please contact**

NDIS Quality and Safeguards Commission

Telephone: 1800 035 544

For people with hearing or speech loss TTY: 133 677

Speak and Listen: 1800 555 727

For people who need help in English TIS: 131 450



NDIS Quality  
and Safeguards  
Commission

## Participant fact sheet 1

# What is positive behaviour support

This fact sheet explains what positive behaviour support is and how it can help you.

## What is positive behaviour support?

Positive behaviour support:

- helps you have a good quality of life
- is a proven way of understanding and changing behaviour
- focuses on you and the people around you
- values and protects your rights
- guides people about how to best support you
- makes changes to the environment so that it meets your needs
- helps to put in place the right supports at the right times and places
- does not use punishment or strategies that can hurt you.

## How can behaviour support help you?

Positive behaviour support aims to make things better so you can:

- have a good quality of life
- get support that meets your needs and helps you achieve your goals
- be supported by people who are well trained and know the best ways to help you
- get along with others and build strong, long lasting relationships

- have choice and control in your life
- learn new skills and ways to cope when things are hard
- try new things and be a part of your community
- be safe and have your needs and behaviour better understood by others
- have less or no **restrictive practices** in your life. [See below for more information.](#)

## What is involved?

You can get positive behaviour support from a specialist behaviour support provider. For help finding a provider in your area see [Participant fact sheet 3: Choosing a specialist behaviour support provider.](#)

Specialist behaviour support providers will work closely with you and the people around you to:

- write a behaviour support plan
- put the behaviour support plan into action
- check to make sure that things are getting better over time.

See [Participant fact sheet 4: What to expect from your specialist behaviour support provider.](#)

## What is a behaviour support plan?

There are two types of behaviour support plans:

1. An **Interim Behaviour Support Plan**. It focuses on safety in the short term while an assessment is completed and a Comprehensive Behaviour Support Plan is developed with you.
2. A **Comprehensive Behaviour Support Plan**. It is based on assessment and an understanding of what is happening and why. It uses proactive strategies to meet your needs, teach skills and make lasting positive change.

### Behaviour support plans:

- are written with you and other people who support you
- include ways to help you, meet your needs and change things for the better
- describe any **behaviours of concern**. Behaviours of concern are actions that might not be safe for you or other people. For example, hitting yourself or others or breaking things
- help people understand the reasons for your behaviour
- teach you and the people who support you, new skills and how to do things differently
- help you have a good life
- have steps to follow to keep you and other people safe
- sometimes include the use of **restrictive practices**.

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## What is a restrictive practice?

- Restrictive practices are sometimes used to help keep you and other people safe. They should only be used as the last option and for the shortest time possible.
- For example, if you were banging your head, a helmet may be used to stop you from hurting yourself. Or sharp objects may be locked away to stop you from hurting yourself or others.
- Restrictive practices are used to help stop or change your behaviour. They can stop you from going places and doing what you want. They can, and do, take away your human rights.
- There are rules about the use of restrictive practices. Providers must follow these rules. These rules are set in law. More information about restrictive practices can be found on our website. See the links to the Easy Read Practice Guides below.
- Positive behaviour support aims to help lessen and remove the use of restrictive practices.

## More information

- [Regulated Restrictive Practice Guide - Easy Read](#)
- [Regulated Restrictive Practices with Children and Young People - Easy Read](#)
- [Participant fact sheet 2: Understanding your rights fact sheet](#)
- [Participant fact sheet 3: Choosing a specialist behaviour support provider](#)
- [Participant fact sheet 4: What to expect from your specialist behaviour support provider](#)

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## General enquiries

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## Participant fact sheet 2

# Understanding your rights

This fact sheet explains some of your rights when receiving specialist behaviour support services. Specialist behaviour support, is the name given to providers who do positive behaviour support in the NDIS.

## What are rights?

Rights are things that everyone should have. They include how people should be treated and what they should be able to do. People with disability have the same rights as everyone else.

For example, you have the right to:

- be safe
- be treated fairly
- be respected for who you are
- make choices and
- be part of your community.

## How are your rights protected?

- Laws protect your rights. Laws are rules about how people should behave.
- There are laws to protect your rights and freedoms as an NDIS participant. These are written in the NDIS Act 2013 and other laws.
- The NDIS Act protects your rights as an NDIS participant and puts into action the Convention on the Rights of Persons with Disabilities (CRPD).
- NDIS providers must follow these laws when they support you.

## Positive behaviour support and your rights

Positive behaviour support protects your rights. It helps you have a good life. It does not use punishment or strategies that hurt you.

When you get specialist behaviour support services, you have a right to:

- be heard and have a say in the things that matter to you
- feel safe to ask questions and be respected
- be a part of developing your behaviour support plan
- have any restrictive practices which will be used explained to you
- overtime have fewer or no restrictive practices used
- be supported by people who are trained and know how to help you
- choose what a good life looks like to you
- make a complaint if you are not happy with the support you receive.

## Restrictive practices and your rights

- Sometimes a behaviour support plan may include a restrictive practice to keep you and other people safe.
- For example, if you were banging your head, a helmet may be used to stop you from hurting yourself. Or sharp objects may be locked away to stop you from hurting yourself or others.
- Restrictive practices are used to help stop or change your behaviour. Restrictive practices can stop you from going places and doing what you want. They can, and do, take away your human rights.
- There are rules about the use of restrictive practices. NDIS providers must follow these Rules. These Rules are set in law.
- For example, restrictive practices should only be used as the last option and for the shortest time possible. Your NDIS provider must talk to you about this.

## How does the NDIS Quality and Safeguards Commission protect your rights?

- The NDIS Quality and Safeguards Commission's (NDIS Commission) role is to make sure NDIS providers are doing a good job. We check things are safe. We make sure your rights are being protected.
- You can tell the NDIS Commission if your NDIS provider is not treating you fairly. Information about how to make a complaint and what the NDIS Commission will do can be found on our website. See the link below.



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## More information

- [Easy Read UN Convention on Human Rights \(publishing.service.gov.uk\) \(PDF, 2.1 MB\)](#)
- [Participant fact sheet 4: What to Expect from your specialist behaviour support provider](#)
- [Regulated Restrictive Practices Guide – Easy Read | NDIS Quality and Safeguards Commission](#)
- [For Participants - Make a Complaint | NDIS Quality and Safeguards Commission](#)
- [Participant fact sheet 5: What to do if you are not happy with your behaviour support provider](#)

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## Participant fact sheet 3

# Choosing a specialist behaviour support provider

This fact sheet explains how you can find a specialist behaviour support provider and choose the one that's right for you.

## Step 1: Check your NDIS plan

- Your NDIS plan will say what funding for specialist behaviour support you have. Funding is money from the government that pays for supports and services.
- Look for 'Improved Relationships' under Capacity Building supports. This funding can be used to pay for a behaviour support plan and training of the people who support you.
- Talk to your [early childhood partner](#), [local area coordinator](#) or NDIA planner if you do not have any funding under 'Improved Relationships'. If needed, they can help to request a plan review. You can also contact the National Disability Insurance Agency (NDIA) on 1800 800 110.

## Step 2: Learn about the available options

There are rules about who can provide specialist behaviour support.

- These rules help to make sure the behaviour support provided is good and safe.
- All specialist behaviour support providers must be registered with the NDIS Quality and Safeguards Commission (NDIS Commission). This means they have been checked.
- Everyone must use a registered specialist behaviour support provider. You cannot use an unregistered provider; even if your funds are self-managed or plan-managed.

To look for registered specialist behaviour support providers in your area you can:

- contact your [early childhood partner](#), [local area coordinator](#), [support coordinator](#) or [recovery coach](#) if you have one

- look on the internet and read reviews
- talk to your family, friends or other people you trust
- use the [NDIS Provider Finder](#)
  - enter your postcode and select your suburb
  - choose behaviour support under the ‘registration group’.

### Step 3: Speak to different providers

You can ask:

- if they are registered to provide specialist behaviour support to NDIS participants
- what is involved and how they provide their services
- about their experience so you can both check if it is a good fit with your needs
- any other questions you may have.

### Step 4: Choose the specialist behaviour support provider who best meets your needs

Contact your chosen provider. They will develop a service agreement with you.

The service agreement should include:

- what supports will be provided to you
- the cost of the supports
- what you and the provider are responsible for
- how long the agreement goes for
- how it can be changed or ended
- what to do if there is a disagreement.

The provider will also ask for your written permission to talk to other people supporting you.

### More information

- [Using the NDIS provider finder | NDIS](#)
- [Registration requirements for the use of regulated restrictive practices](#)
- [Booklet 3 – Using your NDIS Plan | NDIS](#)
- [Making a service agreement | NDIS](#)

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- [Participant fact sheet 4: What to expect from your specialist behaviour support provider](#)
  - [Participant fact sheet 5: What to do if you are not happy with your specialist behaviour support provider](#)
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## Participant fact sheet 4

# What to expect from your specialist behaviour support provider

This fact sheet explains the top ten things to expect from good quality specialist behaviour support.

### **Number 1: The specialist behaviour support provider is registered and uses NDIS behaviour support practitioners**

- Registered providers have been checked by the NDIS Quality and Safeguards Commission (NDIS Commission). They have Rules they must follow.
- NDIS behaviour support practitioners have been considered suitable by the NDIS Commissioner. They have learned about behaviour support and know how to provide it.

### **Number 2: A written service agreement is developed**

- The provider talks with you about your behaviour support needs and how they can help.
- A service agreement is written to say what you and the provider have agreed to.
- The provider gets your permission to talk to other people supporting you.

### **Number 3: Your voice is heard and everyone works together**

- You are involved and at the centre of everything. The provider meets with you.
- You feel safe to ask questions and have a say in the things that matter to you.
- With your permission the provider also meets with other people who support you.

- Everyone works together to make things better and help you live your best life.

## **Number 4: The specialist behaviour support provider follows the Rules and uses best practice**

- There are Rules about how specialist behaviour support is provided. These include the [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018](#) and the [NDIS \(Provider Registration and Practice Standards\) Rules 2018](#).
- The provider follows these Rules. This helps them to provide good and safe services.
- They do things that are proven to work and get results.
- The provider understands your needs and the importance of your culture. They take action early and build on your strengths. This can be seen in the way your behaviour support plan is written.

## **Number 5: An Interim Behaviour Support Plan is developed within one month**

- The provider writes this plan with you and other people who support you.
- Your interim behaviour support plan describes behaviours of concern.
- It includes ways to keep you and those around you safe and manage risks.
- If the plan includes restrictive practices, see point number 8 below.

## **Number 6: The provider does a functional behaviour assessment**

- The provider spends more time getting to know you and talks to other people in your life.
- They read reports, look at data and the environment around you.
- They try to better understand your behaviour, what is happening and why.

## **Number 7: A Comprehensive Behaviour Support Plan is developed within six months, based on assessment**

- The provider writes this plan with you and other people who support you. Everyone works together to find ways to make things better.
- The plan helps people to understand you better and meet your needs. It makes changes to the environment such as to your home, school or workplace. It helps you learn new skills.
- It uses proactive strategies to help make lasting positive change in your life. It focuses on the reasons for the behaviours of concern and ways to help when they happen.

## Number 8: The provider helps to stop, or use, any restrictive practices less

- Sometimes a behaviour support plan may include a restrictive practice to keep you and other people safe. Your NDIS provider must talk to you about this.
- For example, if you were banging your head, a helmet may be used to stop you from hurting yourself. Or sharp objects may be locked away to stop you from hurting yourself or others.
- Restrictive practices are used to help stop or change your behaviour. Restrictive practices stop you from going places and doing what you want. They can, and do, take away your human rights.
- There are rules about the use of restrictive practices. Providers must follow these rules. These rules are set in law.
- For example, restrictive practices must only be used as the last option and for the shortest time possible. They must be included in a behaviour support plan and a copy given to the NDIS Commission. Authorisation or approval may also be needed to use the restrictive practice. This happens in different ways in each state or territory.

## Number 9: Training and support is provided to put the plan into action

- The provider talks to you and others in your life about what changes are needed and why.
- You may choose to be involved in training others in how best to support you. Training may be done in person or by using other technology such as video.
- The behaviour support practitioner teaches everyone to use the plan. This includes when and how to use any restrictive practices.
- Changes are made to the environment so it meets your needs.
- Everyone understands their role and what they need to do.
- The provider checks that the plan is being used. They look at what is working well for you and what isn't. They help when there are obstacles.

## Number 10: The behaviour support plan is reviewed every 12 months or earlier if needed

- Things change over time. The provider talks to you about this and with your permission, with other people in your life too. They ask what is working well, what isn't working and about things that may have changed.
- Feedback is shared and everyone checks that things are getting better.
- The behaviour support plan is reviewed and updated with you to make sure it meets your needs.
- Where possible any restrictive practices are stopped or used less.

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## More information

- [Regulated Restrictive Practice Guide - Easy Read](#)
- [Regulated Restrictive Practices with Children and Young People - Easy Read](#)
- [Participant fact sheet 1: What is positive behaviour support](#)
- [Participant fact sheet 2: Understanding your rights](#)
- [Participant fact sheet 3: Choosing your NDIS behaviour support provider](#)
- [Participant fact sheet 5: What to do if you are not happy with your NDIS behaviour support provider](#)

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## Participant fact sheet 5

# What to do if you are not happy with your specialist behaviour support provider

This fact sheet explains what to do if you are not happy with the supports and services received from your specialist behaviour support provider.

**Talk to someone you trust. They can help you decide what steps to take next.**

**Talk to your specialist behaviour support provider if you feel safe doing so**

- Talk to the NDIS provider about your concerns. Try to fix these concerns together.
- If you are not happy with their response, you can make a complaint or choose to end the service.

**If you want to, make a complaint to the NDIS Commission**

- You can phone from 9am to 5pm, Monday to Friday.
- 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged
- [National Relay Service](#) and ask for 1800 035 544.
- Complaints can also be made by completing an online [Complaint contact form](#).

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## If you want to, end the service or change your specialist behaviour support provider

- Your service agreement will say what you need to do. There may be a separate document called a cancellation policy.
- Look at [Participant fact sheet 3: Choosing a specialist behaviour support provider for information about how to find another provider](#).
- You can choose what information you want shared with the new provider.

## More information

- [For Participants - Make a Complaint | NDIS Quality and Safeguards Commission](#)

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## 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](#).



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## 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](#).



## 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<sup>1</sup>.

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.

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<sup>1</sup> 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](#).

## 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 are 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
<p><b>Basket hold</b></p> <p>Subduing a person by wrapping your arm/s around their upper and/ or lower body.</p>	<ul style="list-style-type: none"> <li>• A support worker hugs a participant from behind, wrapping their arms around the participant, to prevent the participant from engaging in self-harm.</li> <li>• 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.</li> </ul>	<p>Physical harm including risk of asphyxiation, injury or death.</p> <p>Psychological and/or emotional harm.</p>
<p><b>Prone restraint</b></p> <p>Subduing a person by forcing them into a face-down position.</p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p>Physical harm including risk of asphyxiation, injury or death.</p> <p>Psychological and/or emotional harm.</p>
<p><b>Supine restraint</b></p> <p>Subduing a person by forcing them into a face-up position.</p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p>Physical harm including risk of asphyxiation, injury or death.</p> <p>Psychological and/or emotional harm.</p>

Physical restraints that present a high risk of harm	Example	Associated risks
<p><b>Pin downs</b></p> <p>Subduing a person by holding down their limbs or any part of the body, such as their arms or legs.</p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p>Physical harm including risk of injury.</p> <p>Psychological and/or emotional harm.</p>
<p><b>Takedown techniques</b></p> <p>Subduing a person by forcing them to free-fall to the floor or by forcing them to fall to the floor with support.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• To prevent a participant from running into a shop, they are tripped causing them to fall to the ground.</li> </ul>	<p>Physical harm including risk of asphyxiation, injury or death.</p> <p>Psychological and/or emotional harm.</p>
<p><b>Any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning.</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• A support worker puts their hands on a participant's neck to pressure them to release from biting something.</li> </ul>	<p>Physical harm including risk of asphyxiation, injury or death.</p> <p>Psychological and/or emotional harm.</p>
<p><b>Any physical restraint that has the effect of pushing the person's head forward onto their chest.</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p>Physical harm including risk of asphyxiation, injury or death.</p> <p>Psychological and/or emotional harm.</p>

Physical restraints that present a high risk of harm	Example	Associated risks
<p><b>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.</b></p>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<p>Physical harm including risk of injury.</p> <p>Psychological and/or emotional harm.</p>

## 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
<p><b>Aversive practices</b></p> <p>Any practice which might be experienced by a person as noxious or unpleasant and potentially painful.</p>	<ul style="list-style-type: none"> <li>A support worker applies chilli powder to a participant's nails so that the participant will stop biting their nails.</li> <li>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.</li> <li>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.</li> <li>A provider uses high pitched alarms or noises to prevent a participant from doing something, or to make them do something.</li> </ul>	<p>Psychological and/or emotional harm</p>

Punitive approaches that present a high risk of harm	Example	Associated risks
<p><b>Response Cost</b></p> <p>A punishment of a person who forgoes a positive item or activity because of the person's behaviour.</p>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<p>Psychological, emotional and/or social harm</p>
<p><b>Practices that limit or deny access to culture.</b></p> <p>Actions that limit participation opportunities or access to community, culture and language, including the denial of access to interpreters.</p>	<ul style="list-style-type: none"> <li>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.</li> <li>A participant is prevented from going to a place of religious worship because their support worker does not believe in the religion.</li> </ul>	<p>Psychological, emotional, and/or social harm</p>
<p><b>Overcorrection</b></p> <p>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.</p>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<p>Psychological, and/or emotional harm</p>

Punitive approaches that present a high risk of harm	Example	Associated risks
<p><b>Denial of key needs</b></p> <p>Withholding supports such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Support workers repeatedly fail to ensure that a participant has adequate access to sanitary items.</li> </ul>	<p>Physical harm or injury.</p> <p>Psychological, emotional, and/or social harm.</p>
<p><b>Practices related to degradation or vilification.</b></p> <p>Practices that are degrading or demeaning to the person; may be perceived by the person or their guardian as harassment are unethical.</p>	<ul style="list-style-type: none"> <li>• A participant refuses to take their medication. In response, a support worker swears at the participant and calls them derogatory names.</li> <li>• Support workers force a participant to dress up in a costume and dance around in the backyard, as the support workers consider this entertaining.</li> </ul>	<p>Psychological, emotional, and/or social harm</p>

## 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](http://www.ndiscommission.gov.au/providers/behaviour-support)

Phone: [1800 035 544](tel:1800035544) (Monday to Friday)

Email: [BehaviourSupport@ndiscommission.gov.au](mailto:BehaviourSupport@ndiscommission.gov.au)

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NDIS Quality  
and Safeguards  
Commission

# Positive Behaviour Support Capability Framework

For NDIS providers and behaviour  
support practitioners

Version 4.0 (December 2024)



**NDIS Quality  
and Safeguards  
Commission**

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The Positive Behaviour Support Capability Framework was developed in consultation with people with a lived experience of cognitive impairment and representatives from peak bodies including Inclusion Australia, New South Wales Council for Intellectual Disability (NSW CID) (VALID), and the Community Living Association. An international and national reference group of subject matter experts (listed below) were also involved in the development of this framework.

Feedback from consultations and focus groups held in March 2019 was incorporated into the Positive Behaviour Support Capability Framework. It included input from representatives of the States and Territories' Behaviour Support Working Group, Senior Practitioners Leadership Group, Australian Government Department of Social Services Policy Branch, National Disability Services (NDS) service provider members from all states and territories, and Allied Health Professions Australia (AHPA).

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# 1. Definitions and Key Words

The meaning of key terms and abbreviations in this framework are set out in the table below.

**Table 1 – Definitions, key terms and abbreviations used in this document**

Term or Abbreviation	Description
Behaviour support plan	A behaviour support plan ( <b>BSP</b> ) is a document prepared in consultation with the person with disability, their family, carers, and other support people. The BSP contains person-centred, proactive, and evidence-informed strategies to enhance the person's quality of life. It addresses the needs of the person and reduces the likelihood and impact of behaviours of concern. There are two types of BSPs, interim and comprehensive.
Behaviour Support Rules	Refers to the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 pursuant to the <i>National Disability Insurance Scheme Act 2013</i> (NDIS Act).
BIP QEII	Behaviour Intervention Plan Quality Evaluation, Version II tool, also known as the <b>BIP QEII</b> .
Comprehensive behaviour support plan	<p>A comprehensive behaviour support plan (<b>Comprehensive BSP</b>) is a holistic document based on a behaviour support assessment, including a functional behavioural assessment (s5 Behaviour Support Rules). It contains proactive and evidence-informed strategies to improve a person's quality of life and support their progress towards positive change. It addresses the underlying function(s) of the person's behaviour of concern and where appropriate, identifies functionally equivalent replacement behaviours.</p> <p>A Comprehensive BSP outlines any environmental changes required, provides skill development opportunities, and includes response strategies to be followed when the behaviour(s) of concern occurs. The plan also identifies if, when and how any regulated restrictive practices are to be applied and includes fade out strategies to promote their reduction and elimination over time.</p>
Continuing Professional Development (CPD)	Continuing Professional Development ( <b>CPD</b> ) is a commitment to maintaining, improving, and broadening personal and professional knowledge, expertise, and competence, and to ensure that practitioners understand their scope of practice. Practitioners are

required to work within their knowledge, skills, experience, qualifications, and their role, to ensure that the supports and services provided are safe, lawful, and effective.

Engaged	<p>A specialist behaviour support provider can be considered to be 'engaged' to develop a participant's interim and/or comprehensive behaviour support plan from either:</p> <ul style="list-style-type: none"> <li>• the date of the service agreement, or</li> <li>• the date specified in the service agreement (i.e. where a date is specified in the agreement by which the specialist behaviour support provider is to commence developing the plan).</li> </ul>
Functional Behavioural Assessment	<p>The process for determining and understanding the function or purpose behind a person's behaviour, and may involve the collection of data, observations, and information to develop an understanding of the relationship of events and circumstances that trigger and maintain the behaviour.</p>
Guidelines	<p>Refers to the National Disability Insurance Scheme (NDIS Behaviour Support Practitioner Application) Guidelines 2020 (<b>Guidelines</b>) that describe the process that is used by the NDIS Commissioner to assess whether an applicant is suitable or not suitable to be an 'NDIS behaviour support practitioner'.</p>
Interim behaviour support plan	<p>An interim behaviour support plan (<b>Interim BSP</b>) 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 BSP is developed with the person with disability.</p>
NDIS Act	<p><a href="#"><u>National Disability Insurance Scheme Act 2013</u></a></p>
NDIS Behaviour Support Practitioner	<p>A person who is considered suitable by the NDIS Commissioner following an assessment undertaken pursuant to section 181D (2) of the NDIS Act to undertake behaviour support assessments (including functional behaviour assessments) and to develop behaviour support plans for NDIS participants that may contain regulated restrictive practices. A NDIS behaviour support practitioner is also a NDIS worker.</p>

NDIS Commission	The National Disability Insurance Scheme Quality and Safeguards Commission is a federal government agency established by section 181A of the NDIS Act to improve the quality and safety of supports and services delivered to people with disability.
NDIS Commissioner	NDIS Commissioner means the Commissioner of the NDIS Quality and Safeguards Commission as referred to in section 181C of the NDIS Act.
New entry level behaviour support practitioner pathway (also known as the alternative assessment pathway)	NDIS workers applying to be considered suitable as a NDIS practitioner through the New entry-level behaviour support practitioner pathway, may have limited portfolio evidence. Ongoing professional development is required to ensure progression towards meeting all Core practitioner level capabilities. New entry-level behaviour support practitioners considered suitable will have their suitability reconsidered at least 12 months after their suitability outcome.
PBS Capability Framework	The Positive Behaviour Support Capability Framework ( <b>PBS Capability Framework</b> ) outlines the capabilities required of individuals providing specialist behaviour support under the National Disability Insurance Scheme ( <b>NDIS</b> ).
Positive Behaviour Support (PBS)	<p>Positive Behaviour Support (<b>PBS</b>), also referred to as Behaviour Support, is a human rights and values led approach. It includes an ongoing process of assessment, intervention and data-based decision making.</p> <p>PBS focuses on skill building, creating supportive contexts through ecological and systemic change and reducing the likelihood and impact of behaviours of concern. It relies on person-centred, proactive and evidence informed strategies that are respectful of a person's dignity and aim to enhance the person's quality of life.</p> <p>PBS draws primarily from behavioural, educational, and social sciences, although other evidence-based strategies may be incorporated. It can be applied within a multi-tiered framework at the level of the individual and at the level of larger systems. (Adapted from Kincaid et al. 2016 and Leif et al. 2023).</p>
Practice Standards Rules	Refers to the National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 that specify the quality standards to be met by registered NDIS providers to provide supports and services to NDIS participants.

Regulated restrictive practice	A restrictive practice is a regulated restrictive practice if it is or involves any of the five types of restrictive practices that are subject to regulation and oversight by the NDIS Commission: (1) seclusion; (2) chemical restraint, (3) mechanical restraint, (4) physical restraint, and (5) environmental restraint (s6 Behaviour Support Rules)
Self-Assessment Resource Guide	A tool or resource that compliments the PBS Capability Framework to provide guidance on assessing capabilities against the PBS Capability Framework.
Supervisor	The supervisor of a NDIS behaviour support practitioner under a Supervision Agreement.
Unauthorised restrictive practice	Where a regulated restrictive practice is used without authorisation by the relevant State or Territory (however described) or is not used in accordance with a behaviour support plan for the person with disability.
UNCRPD	The United Nations Conventions on the Rights of People with Disabilities ( <b>UNCRPD</b> ) is an international human rights convention which sets out the fundamental human rights of people with disability.

## 2. Overview of the Positive Behaviour Support Capability Framework

### Context

The National Disability Insurance Scheme Quality and Safeguards Commission (NDIS Commission) is committed to developing and implementing a Positive Behaviour Support Capability Framework (PBS Capability Framework) that is consistent with its behaviour support function under the *National Disability Insurance Scheme Act 2013* (Cth) (NDIS Act). The PBS Capability Framework guides the NDIS Commission's work on behaviour support capability and is used to consider the suitability of behaviour support practitioners to deliver specialist behaviour support services. Section 5 of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (Behaviour Support Rules) define an 'NDIS behaviour support practitioner' as 'a person the NDIS Commissioner considers suitable to undertake behaviour support assessments (including functional behavioural assessments) and to develop behaviour support plans that may contain the use of restrictive practices.'

The PBS Capability Framework is aligned with section 181H of the NDIS Act, which states that:

The NDIS Commissioner's behaviour support function is to provide leadership in relation to behaviour support, and in the reduction and elimination of the use of restrictive practices, by NDIS providers, including by:

- (a) building capability in the development of behaviour support through:
  - i. developing and implementing a competency framework for registered NDIS providers whose registration includes the provision of behaviour support assessments and developing behaviour support plans
  - ii. assessing the skills and experience of such providers against the competency framework.

The *National Disability Insurance Scheme (NDIS Behaviour Support Practitioner Application) Guidelines 2020 (Guidelines)* describe the process that is used by the NDIS Commissioner to assess whether an applicant is suitable or not suitable to be an 'NDIS behaviour support practitioner' as defined by the Behaviour Support Rules. There are two pathways for assessment:

1. the Self-Assessment pathway (supported via the Self-Assessment Resource Guide) consists of applicant self-assessment and supervisor endorsement.
2. the new entry level behaviour support practitioner pathway (also known as the alternative assessment pathway).

The PBS Capability Framework sets out the NDIS Commission's policy position with respect to the operationalisation of the Behaviour Support Rules and the Guidelines.

### 3. Introduction

The PBS Capability Framework is a key policy document for both the behaviour support sector and the NDIS Commission. It is foundational in relation to the NDIS Commission's behaviour support function and forms the basis for consideration of suitability of behaviour support practitioners to deliver services under the NDIS.

The PBS Capability Framework outlines the capabilities required of individuals providing behaviour support under the NDIS. The PBS Capability Framework has been produced by the NDIS Commission using best practice positive behaviour support (PBS) as its guidance. The PBS Capability Framework is complemented by the Self-Assessment Resource Guide (2021).

The broad purpose of the Self-Assessment Resource Guide is to provide guidance to behaviour support practitioners (whether they are registered providers or employed or otherwise engaged by registered providers) on how they can assess their own capabilities against the PBS Capability Framework. The PBS Capability Framework forms the basis for determining an individual practitioner's suitability. Practitioners and specialist behaviour support providers can and should continue to develop their capabilities in behaviour support and can progress through the levels of capability in the PBS Capability Framework, except in instances of entering via the alternative entry pathway (new behaviour support practitioner pathway).

For the purposes of this document, PBS will be defined using the definition adopted from Kincaid et al. 2016:

Positive Behaviour Support (PBS) also known as Behaviour Support, is a human rights and values led approach. It includes an ongoing process of assessment, intervention, and data-based decision making. PBS focuses on skill building, creating supportive contexts through ecological and systemic change and minimising behaviours that present a risk of harm to the person or others. It relies on person-centred, proactive and evidence informed strategies that are respectful of a person's dignity and aim to enhance the person's quality of life. PBS draws primarily from behavioural, educational, and social sciences, although other evidence-based strategies may be incorporated. It may be applied within a multi-tiered framework at the level of the individual and at the level of larger systems (Adapted from Kincaid et al. 2016 and Leif et al. 2023)

Using the above definition of PBS, the PBS Capability Framework aims to establish expectations of best practice behaviour support, inclusive of appropriate safeguards, for NDIS participants, practitioners, and all relevant stakeholders. The PBS Capability Framework outlines the values, capabilities, knowledge, and skills required to deliver effective positive behaviour support. The PBS Capability Framework describes and supports professional progression through four practitioner capability levels. It is acknowledged that the NDIS has led to unprecedented sector change, which has impacted significantly on the behaviour support workforce across Australia. In response to these challenges, the NDIS Commission aims to strengthen the workforce and support its growth and capacity by articulating the capabilities to provide PBS under the NDIS.

Currently, the PBS Capability Framework does not outline minimum years of practice, qualifications, training, or professional development required to be a behaviour support practitioner; nor does it provide guidance as to how practitioners can maintain registration with their professional accreditation body, if applicable. Rather, the PBS Capability Framework is designed to raise the

standard of practice for the delivery of behaviour support services and encourage NDIS providers to work incrementally towards excellence.

The PBS Capability Framework acknowledges the complexity of providing high-quality PBS and this is reflected in a tiered approach for practitioner capability, to capture the breadth and depth of practitioner skills and knowledge. The tiered approach (also known as practitioner capability levels), consists of four behaviour support practitioner capability levels being:

- 1) Core practitioner capabilities
- 2) Proficient practitioner capabilities
- 3) Advanced practitioner capabilities
- 4) Specialist practitioner capabilities

The PBS Capability Framework is designed to support providers, practitioners, and organisations to acquire capabilities at incremental levels. The goal of the PBS Capability Framework is to build a highly skilled and capable workforce that focuses on improving the wellbeing and quality of life of people with disability who require behaviour support services.

## Acknowledgements (2019)

The development of the PBS Capability Framework was informed by considering information from a range of sources. This included a review of previous work completed on a draft competency framework (Birgden, 2018) and literature review; consultation with the States and Territories' Behaviour Support Working Group (2018a, 2018b); and feedback from peak disability organisations in 2017-18.

Additional consultation occurred with key stakeholders including subject matter expertise, peak bodies, and people with lived experience of cognitive impairment as identified by the NDIS Commission in 2019. The NDIS Commission thanks key stakeholders who participated in the consultations for this framework. The consultations provided consensus for the guiding principles and values on which the PBS Capability Framework has been built. The views of people with lived experience and peak bodies also highlighted the need for practitioners to demonstrate these principles and values that can be reflected by utilising effective interpersonal skills and valuing the voices of people with disability.

The NDIS Commission also recognises the following significant documents that were used in the conceptualisation and development of the PBS Capability Framework:

- *National framework for reducing and eliminating the use of restrictive practices in the disability services sector* (Australian Government, 2014)
- *Service standards 2016/2017. Supplementary module 2 — Behaviour support* [Unpublished] (Nankervis, Lambrick, & Koelink, 2017)
- *National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018* (Practice Standards Rules)
- *National Disability Insurance Scheme (Quality Indicators) Guidelines 2018* (Quality Indicators Guidelines)

- *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (Behaviour Support Rules)
- *Challenging behaviour and learning disabilities: Prevention and interventions for people with learning disabilities whose behaviour challenges* (National Institute for Health and Care Excellence, 2015)
- *Positive Behaviour Support: A scoping review of best practice frameworks* (NDIS Quality and Safeguards Commission, 2018)
- *Positive Behavioural Support: A competence framework* (Positive Behavioural Support Coalition UK, 2015).

## Revisions of the PBS Capability Framework (2021 and 2024)

The NDIS Commission updated the PBS Capability Framework (Version 1) in 2021 following the publication of the Guidelines and the Self-Assessment Resource Guide for the PBS Capability Framework (May 2021) and an internal review, to ensure the framework, guidelines, and self-assessment tools were consistent with the intent of the NDIS Act. The PBS Capability Framework Version 2 was amended in June 2024 to align with the NDIS Commission's Operational Policy Framework and reflects the following documents:

- National Disability Insurance Scheme (NDIS Behaviour Support Practitioner Application) Guidelines 2020
- Fact Sheet - New behaviour support practitioners: Applying for suitability (2022)

Version 3 (June 2024) of the PBS Capability Framework also included a definition section, provided clarity concerning the two application pathways, and progression through the practitioner capability levels. The PBS Capability Framework Version 3 was reviewed, and this current version now includes additional definitions and further information on the new entry level behaviour support practitioner pathway.

## Purpose

The purpose of the PBS Capability Framework is to:

- Define the principles and values base of positive behaviour support (PBS).
- Define the key capability domains of best practice PBS in the NDIS context that is person-centred and rights-based.
- Outline the capabilities required of individuals providing behaviour support under the National Disability Insurance Scheme (NDIS).
- Embed a clear commitment to the reduction and elimination of restrictive practices and a focus on proactive practice.
- Maintain and develop the existing workforce by providing a framework for reviewing and developing capabilities for behaviour support practitioners that is utilised in conjunction with the Self-Assessment Resource Guide.



- Outline expectations for supervision and continuing professional development within the behaviour support context.
- Support the operation of the Behaviour Support Rules (in particular, section 5) and the Guidelines, in conjunction with the Self-Assessment Resource Guide for the PBS Capability Framework (V2.0, 2021) with respect to the assessment, consideration and revocation of practitioner suitability.

## Legislative Context

The PBS Capability Framework is consistent with section 181H of the NDIS Act, which sets out the NDIS Commissioner's role in building capability in the development of behaviour support, including by developing and implementing a competency framework for registered NDIS providers whose registration includes the provision of behaviour support assessments and developing behaviour supports plans. The PBS Capability Framework forms part of the competency framework against which NDIS behaviour support practitioners (who are engaged by NDIS providers of specialist behaviour support) self-assess as part of the behaviour support practitioner application process.

Section 5 of the Behaviour Support Rules gives the NDIS Commissioner the power to decide on the suitability of a NDIS behaviour support practitioner. The Guidelines outline the requirements for making an application for behaviour support practitioner suitability and the process and considerations for determining suitability. The Guidelines also include provisions for reconsideration of suitability and the revocation of a finding of suitability.

The PBS Capability Framework is underpinned by the NDIS Act, which supports the United Nations Convention on the Rights of Persons with Disabilities (2006) (UNCRPD) (Chan, French, & Webber, 2011). It is expected that all behaviour support practitioners will be familiar with the Convention's general obligations (Articles 3 to 9) and particularly mindful of their professional obligations under Articles 12, 13, 14, 16, 19, 21 and 26.

**Article 12:** Equal recognition as a person before the law. This article provides that safeguards and supports should be implemented to ensure people with disability are protected from abuse, able to exercise choice and control, and may enjoy financial rights and interests free of coercion.

**Article 13:** The right to justice.

**Article 14:** The right to liberty and security. This article recognises the importance of protection against the removal of liberty illegally and without reason, and to protections under the law if liberty is taken away.

**Article 16:** Freedom from exploitation, violence, and abuse. This article is the most direct link with the Australian Government's (2014) commitment to the reduction and elimination of restrictive practices, and is supported by a Zero Tolerance Framework (National Disability Services, 2016; 2018).

**Article 19:** Living independently and being included in the community. This article covers people making choices about where they live, who they live with, and the supports they seek to be part of the community.

**Article 21:** Freedom of expression and opinion, and access to information. This article is about the right to say what one thinks through the type of communication that a person chooses.

**Article 26:** Habilitation and rehabilitation. This article promotes the enjoyment of people with disability to maximum independence, full ability, and to be involved in all aspects of life.

In addition to the UNCRPD, it is expected that NDIS behaviour support practitioners will have a thorough understanding of:

- the *NDIS (Provider Registration and Practice Standards) Rules 2018* (Cth) (Practice Standards Rules), the Behaviour Support Rules, the Guidelines, the NDIS Act, and other relevant national laws; and
- relevant state and territory laws and policies.

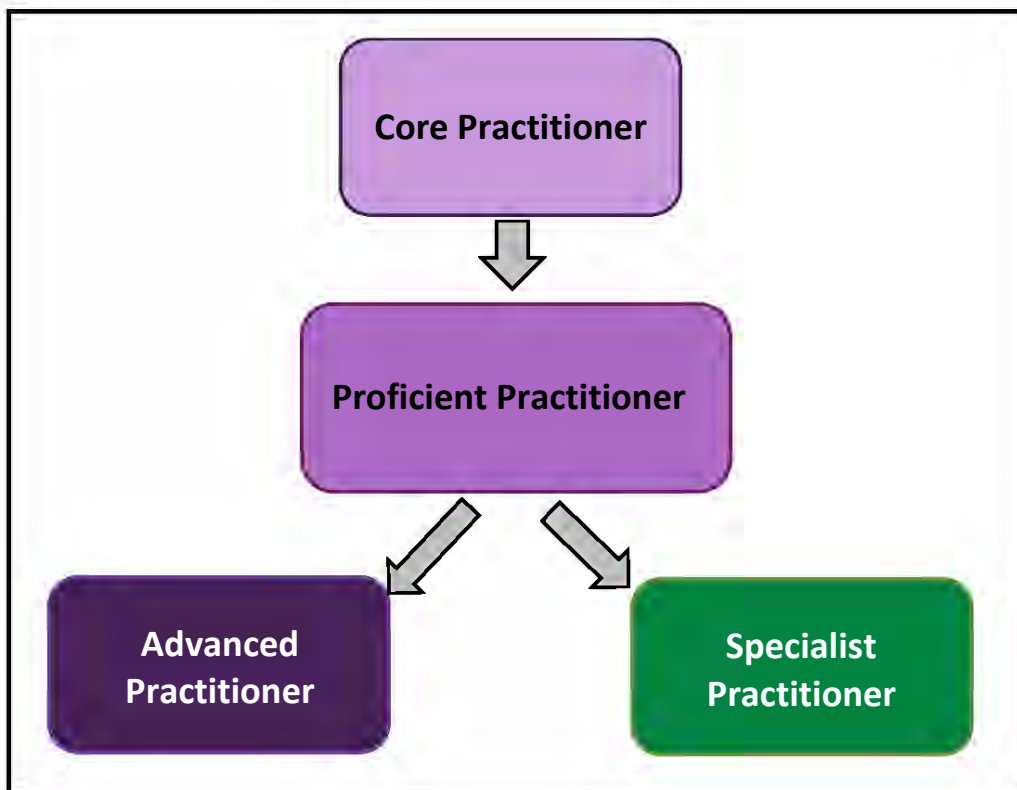
As the PBS Capability Framework is a national document, practitioners are expected to apply the capabilities outlined below, in addition to any requirements set out by state or territory legislation and applicable policies. A behaviour support plan for a person with disability that contains a regulated restrictive practice must be developed in accordance with any authorisation process (however described) in the State or Territory in which the regulated restrictive practice is or is proposed to be used.

## 4. Who Is the PBS Capability Framework For?

The PBS Capability Framework is for behaviour support practitioners who intend to register in their own right as sole practitioners under registration group 0110 (specialist behaviour support), or behaviour support practitioners who will be working for, or be engaged by, a registered 0110 service provider. These practitioners need to be considered suitable by the NDIS Commission to deliver specialist positive behaviour support as a NDIS behaviour support practitioner (Guidelines, 2021). According to the NDIS Rules, a NDIS behaviour support practitioner can “undertake behaviour support assessments (including functional behaviour assessments) and develop behaviour support plans that may contain the use of restrictive practices” (see section 5 of the Behaviour Support Rules).

There are four levels of capabilities described within the PBS Capability Framework. These levels articulate the capabilities of a core practitioner through to recognising the expertise of highly experienced and specialist practitioners. Applicants applying for practitioner suitability and practitioners already deemed suitable under the NDIS Commissioner, need be aware of and work within their scope of practice knowledge, skills, experience, qualifications, and their role, to ensure that the supports and services provided are safe, lawful, and effective.

*Figure 1 reflects the four capability levels described within the framework.*



## Behaviour Support Practitioner Levels

Practitioner levels within this framework are defined as follows.

1. **Core:** This level describes the expectations of an entry-level behaviour support practitioner. A core practitioner is expected to:
  - Recall, understand and apply concepts relating to disability and PBS in general circumstances
  - Have a core understanding of other models of practice which are complementary to PBS (e.g., environmental enrichment, person-centred active support)
  - Access and actively participate in supervision and supervised practice (a core practitioner works under the supervision of practitioner rated as proficient or above).

Note: Independently recommending restrictive practices is outside of the scope of a core practitioner and should be done under supervision (see the PBS Capability Framework).
2. **Proficient:** In addition to meeting the core capabilities, a proficient practitioner is expected to:
  - Analyse and evaluate information
  - Evaluate the quality of behaviour support plans
  - Constructively promote PBS across the organisation
  - Access and actively participate in supervision to build on behaviour support knowledge and skills (from an advanced or specialist practitioner)
  - Provide and participate in peer supervision with another proficient practitioner (if relevant to their supervision schedule)
  - Supervise a core practitioner (if the proficient practitioner has the skills and knowledge base to do so).
3. **Advanced:** An advanced practitioner has advanced skills across all levels of the PBS Capability Framework. An advanced practitioner is expected to:
  - Synthesise and integrate information from a range of sources
  - Demonstrate high-level critical thinking and analytical skills to make effective decisions in complex situations
  - Demonstrate high-level knowledge of and skills in areas covered by the PBS Capability Framework and in fields that complement the PBS approach
  - Shape strategic thinking in PBS
  - Achieve results in system change that enhances the rights of persons with disability
  - Provide practice leadership across settings and interactions with stakeholders

- Use knowledge and practical skills gained through further study and/or extensive practical experience to provide specialist behaviour support as part of an interdisciplinary team working in complex contexts
  - Access and participate in supervision as the supervisee (including peer supervision with another advanced practitioner)
  - Supervise other practitioners at all levels
  - Have the skills to perform in a managerial or practice leadership position.
- 4. Specialist:** A specialist practitioner is recognised for their area of specialisation in or relevant to PBS, in addition to a level of proficiency. Areas of specialisation may include, but are not limited to:
- A practice speciality (e.g., forensic, trauma-informed practice, augmentative and alternative communication)
  - Dual diagnosis (e.g., intellectual disability and mental health)
  - A specific population or cultural group
  - A specific age group or transition point

In addition to their area of specialisation, a specialist practitioner is expected to:

- Have the skills and ability to provide supervision and support to other behaviour support practitioners in their area of expertise
- Access and participate in supervision as the supervisee (including peer supervision with another specialist practitioner)

## Positive Behaviour Support in a Team

Behaviour support practitioners will work in a range of settings, team structures and geographical locations. If the behaviour support needs of a participant are not complex, then a positive behaviour support plan may be implemented by a sole practitioner who leads and coordinates a team that includes the person with disability and their key support people.

If the behaviour support needs of a participant are complex, then a positive behaviour support plan may be implemented by an interdisciplinary team of professionals, the person with disability and their support network. Additionally, some behaviour support practitioners may work in situations where PBS is implemented across an organisation, or where there are different capability levels of practitioners who are involved at different stages depending on the complexity of the issues. Regardless of the context, it is fundamentally important that a behaviour support practitioner has a clear understanding of the functions and responsibilities of their role and has the supports in place to provide safe, high-quality, and accountable service delivery.

## Other Stakeholders

The PBS Capability Framework recognises that there are numerous stakeholders who are key contacts for the behaviour support practitioner and central to effective positive behaviour support. The PBS Capability Framework is not designed to articulate the roles and expectations of these team members specifically, but will refer to these stakeholders when engagement with them is a skill required of behaviour support practitioners. These stakeholders include:

- **The person:** In the PBS Capability Framework, this term is used to refer to the person with disability (participant) who is the recipient of the specialist behaviour support services.
- **Implementer:** This term is inclusive of anyone who would be involved in the implementation and monitoring of a behaviour support plan, including disability support workers, family, and carers. This role may at times extend to other roles, such as teachers or volunteers.
- **Service providers:** These are organisations registered to provide services under the NDIS.
- **Others:** These may be co-residents or other people with whom the person and their support networks may be in contact.
- **Professionals:** This may include a range of disability and mainstream specialists who support the person with disability who has complex needs. They may include professionals with backgrounds in medicine, psychiatry, education, allied health, or justice.

While family members are included as implementers, a person's family member(s) take on a range of roles when providing behaviour support. The nuances of family implemented positive behaviour support, including the use of regulated restrictive practices (where this is included in a person's behaviour support plan) does not perfectly align with the expectations of an implementer as outlined in the PBS Capability Framework. It is expected that behaviour support practitioners work with family members in line with the practitioner capabilities to promote best practice positive behaviour support, whilst acknowledging that families are not regulated under NDIS legislation.

## 5. Progression through the Practitioner Capability Levels

Practitioners and specialist behaviour support providers can and should continue to develop their capabilities in behaviour support. Practitioners can progress through the capability levels of the PBS Capability Framework with the support of their supervisor and through continuing professional development.

Whilst the PBS Capability Framework forms the basis for determining an individual practitioner's suitability, the practitioner capability levels do not form part of the legal requirement to be considered suitable as a NDIS behaviour support practitioner. The NDIS Commission implements the Guidelines to consider practitioners' applications for suitability and provides one of three outcomes of *suitable*, *not suitable*, or *unable to make a decision* based on submitted information from applicants. The NDIS Commission does not endorse practitioner capability levels through this process.

### Who can progress through the capability levels?

1. Progression only applies to practitioners who have had their suitability determined through the self-assessment pathway.

If a practitioner has been considered suitable as a NDIS behaviour support practitioner through the self-assessment pathway, they can continue to progress through the practitioner capability levels through professional and clinical supervision arrangements, without needing to submit a progression application to the NDIS Commission. Any feedback provided by the NDIS Commission is for educative purposes only.

2. Progression does not apply to New Entry Level behaviour support practitioners.

If a practitioner has been considered suitable through the new entry level behaviour support practitioner pathway, they will have their suitability re-considered by the NDIS Commission at least 12 months after receiving their suitability outcome.

## 6. The Capability Domains

The PBS Capability Framework describes seven key domains, all of which draw from a central core of principles and values. The domains are:

1. Interim Response
2. Functional Assessment
3. Planning
4. Implementation
5. Know it Works
6. Reduce and Eliminate Restrictive Practice
7. Continuing Professional Development and Supervision.

**Figure 2: The PBS Capability Framework**





## Principles and Values

Central to the PBS Capability Framework are its values and principles.

### Values

- Respect, protect and fulfil human rights, through meeting obligations under the United Nations' Convention on the Rights of Persons with Disabilities (UNCRPD)
- Person-centred approaches
- Strengths-based approaches to increase capacity of individuals, families, and carers
- A holistic approach (recognising the connections between a person's physical, emotional, spiritual, and family wellbeing)
- Recognise the importance of mainstream (e.g., medical, justice and education systems) and specialist disability services, and their roles in the team supporting with the person
- Respect for the person's 'voice'
- Full participation of people with disability as citizens in their communities
- Collaboration as recognition of the value of teamwork
- Transparency and openness

### Principles

- Legally and ethically sound practice
- Culturally competent practice
- Reflective practice
- Evidence-based practice and data-driven decision-making
- Recognition that behaviours of concern are often the result of interactions between the person and their environment, and may be affected by multiple factors
- Acknowledgement of a lifespan perspective and that as people grow and develop, they face different challenges
- Commitment to the principles of supported decision-making.

## 7. The PBS Capability Framework

The person with disability who is receiving positive behaviour support remains at the centre for every part of the PBS Capability Framework. The values and principles above underpin the entire PBS Capability Framework and show how positive behaviour support is practised.

There is a brief explanation or definition for each capability domain as well as a framework structured into three main areas: behaviour support practitioner knowledge, behaviour support practitioner skills, and service provider and implementing provider considerations. Provider considerations refer to capabilities that ensure behaviour support plans are effectively implemented.

Service provider and implementing provider considerations are not exhaustive but rather guide behaviour support practitioners as to what should be in place to support them in their role. The providers' considerations across the PBS Capability Framework are taken from existing NDIS practice standards and quality indicators; they are not additional requirements [see the Practice Standards Rules; the Behaviour Support Rules and the Quality Indicators Guidelines].

The knowledge and skills in each domain are divided into two sections. The first section includes the skills and knowledge capabilities that are considered core to being a behaviour support practitioner. The second section includes capabilities that would be expected of a practitioner rated as proficient or above.

## 7.1 Capability Domain 1: Interim Response

Under the Behaviour Support Rules, any person with an immediate need for a behaviour support plan receives an interim behaviour support plan that minimises the risk of harm. An interim behaviour support plan that includes provision for the use of a regulated restrictive practice must be developed within one month of the specialist behaviour support provider being engaged (see section 19 of the Behaviour Support Rules).

People with behaviours of concern may experience periods where their behaviours place them or others at risk of harm. It is important for behaviour support practitioners to be aware of this. Practitioners need to focus on protecting the person and others, with the aim of minimising and eliminating the risk of harm. When an interim behaviour support plan being developed contains regulated restrictive practices, a comprehensive behaviour support plan must be developed within six months of the specialist behaviour support provider being engaged to develop the plan (see section 19 of the Behaviour Support Rules).

If a behaviour support practitioner is working with a new person where an interim response is the first need, they should have the skills and knowledge to provide this support. If these skills fall outside of their scope of practice, then a practitioner rated as proficient or above should provide supervision (see the capability domain, continuing professional development and supervision).

### Core Behaviour Support Practitioner

<b>Knowledge: Interim Response</b>	<b>Skills: Interim Response</b>	<b>Service Provider and Implementing Provider Considerations across all Practitioner Levels</b>
<ul style="list-style-type: none"> <li>• Understand that behaviours may occur that cause immediate risk of harm to the person or others</li> <li>• Know high-risk behaviours need to be managed safely and effectively using the least restrictive options</li> <li>• Know high-risk situations and environments can be identified (including antecedents, triggers)</li> <li>• Know how and why interim responses will be unique to the person</li> <li>• Be aware that interim risk management may include restrictive practices</li> <li>• Understand the consequences of unauthorised use of restrictive practices</li> <li>• Understand legal and ethical expectations</li> </ul>	<ul style="list-style-type: none"> <li>• Gather and document appropriate authorisation and consents where required by state or territory laws and policies</li> <li>• Evaluate the risk posed by the behaviour to the person and others</li> <li>• Consult with the person, their family, carers, guardian, or other relevant person</li> <li>• Communicate clearly and effectively with relevant parties to gather information and provide direction</li> <li>• Collaborate with team members</li> <li>• Record and report accurately</li> <li>• Identify any existing data that might provide insight into the situation</li> <li>• Provide guidance on protective actions related to environment, setting and circumstances</li> <li>• Coach those implementing a behaviour support plan with the assistance of a supervisor</li> <li>• Seek professional support from a supervisor</li> </ul>	<ul style="list-style-type: none"> <li>• Recruit and retain appropriately skilled behaviour support practitioners and implementers</li> <li>• Ensure all staff have the skills to provide effective supports for people with complex needs and behaviours of concern</li> <li>• Review procedures and policies using interim behaviour support plans to reduce the immediate risk and likelihood of crisis incidents</li> <li>• Help the behaviour support practitioner to conduct an initial risk assessment</li> <li>• Provide support for immediate review by a medical professional if required</li> <li>• Ensure that all staff understand restrictive practices and the consequences of unauthorised use</li> <li>• Ensure staff are released to attend training in the implementation of an interim behaviour support plan</li> <li>• Have a mechanism in place to record and review incident reports and collect other initial data as necessary</li> </ul>

**Proficient or Above Behaviour Support Practitioner**

<b>Knowledge: Interim Response</b>	<b>Skills: Interim Response</b>	<b>Service Provider and Implementing Provider Considerations across all Practitioner Levels</b>
<ul style="list-style-type: none"> <li>• Know a range of de-escalation techniques</li> <li>• Be aware of the implications of using restrictive practices as a response</li> <li>• Have a working knowledge of authorisation and reporting requirements for restrictive practices relevant to state or territory laws and policies</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an individualised immediate response plan</li> <li>• Use a range of strategies that can be safely adjusted once full assessment and planning concludes</li> <li>• Document and implement ethical reactive strategies</li> <li>• Seek professional support as required</li> <li>• Work collaboratively with the relevant stakeholders (including emergency services when required)</li> <li>• Train those implementing a behaviour support plan in its effective implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate debriefing for involved parties (if a critical or serious incident has occurred)</li> <li>• Ensure inclusion of key parties (including the person) in post-incident reviews</li> </ul>

See:

- Practice Standards Rules: Schedule 1; Schedule 3, clause 9; Schedule 4, clause10
- Behaviour Support Rules: Sections 11, 12, 13 and 19
- *NDIS (Quality Indicators) Guidelines 2018*: Sections 44 and 54

## 7.2 Capability Domain 2: Functional Assessment

A behaviour support assessment, including a functional behaviour assessment, must be undertaken before a comprehensive behaviour support plan is developed for a NDIS participant, whether or not restrictive practices are included in the plan (see section 20 of the Behaviour Support Rules).

A functional behaviour assessment informs function-based interventions (Gore, et al., 2013). It should result in a common understanding of the person, their support needs, and the function of the behaviour. To commence, there is a period of pre-assessment that involves gathering data and clarifying presenting information.

The functional behaviour assessment should always identify the strengths of the person, their will and preference for important elements of their life, and the person's environmental context (e.g., physical, interpersonal, internal). Consent or consultation (as required by relevant state or territory laws and policies) must be obtained before the assessment begins, and the person must remain at the centre of the assessment. When the presenting behaviours are complex, the functional behaviour assessment should be interdisciplinary to allow for an integrated formulation as to why the behaviours of concern are occurring.

### Core Behaviour Support Practitioner

<b>Knowledge: Functional Assessment</b>	<b>Skills: Functional Assessment</b>	<b>Service provider and Implementing provider Considerations across all Practitioner Levels</b>
<ul style="list-style-type: none"> <li>• Understand the values, policy, and legislative context in which positive behaviour support occurs</li> <li>• Understand that behaviours happen for a reason and serve a purpose</li> <li>• Know the common functions of behaviours</li> <li>• Understand the difference between what the behaviour looks like and its function</li> </ul>	<ul style="list-style-type: none"> <li>• Place the person at the centre of the functional assessment and establish support to keep them there</li> <li>• Conduct a respectful and responsive assessment that considers the diversity of a person's culture</li> <li>• Involve the person, their family members, carers, guardian, and other relevant people in the assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Support the person to contribute to the assessment</li> <li>• Facilitate and enable the practitioner (and team where relevant) to conduct information-gathering for the assessment</li> <li>• Identify key stakeholders for the practitioner</li> <li>• Support the practitioner to conduct an initial risk assessment</li> </ul>

<b>Knowledge: Functional Assessment</b>	<b>Skills: Functional Assessment</b>	<b>Service provider and Implementing provider Considerations across all Practitioner Levels</b>
<ul style="list-style-type: none"> <li>• Understand that assessment is focused initially on improving quality of life and secondly on reducing behaviours of concern</li> <li>• Understand the importance of obtaining baseline measures of: <ul style="list-style-type: none"> <li>– Current behaviour(s) of concern (including frequency and intensity)</li> <li>– Quality of life</li> <li>– Current use of restrictive practices</li> </ul> </li> <li>• Value the role of the service, staff, family members or carers in developing or maintaining behaviours</li> <li>• Understand that the complexity and duration of the functional assessment is dependent on the severity, impact, frequency, and duration of the behaviour</li> <li>• Understand the importance of data-driven decision-making</li> <li>• Understand life-course events (that is, the connection between a person’s history and events during their life that may have had an impact on them)</li> </ul>	<ul style="list-style-type: none"> <li>• Use communication and active listening skills to develop rapport with the person and their team</li> <li>• Adapt assessment terminology and systems to the needs of the target audience</li> <li>• Assess the person’s abilities and needs</li> <li>• Use observation skills</li> <li>• Use effective systems to collect data from a variety of sources</li> <li>• Identify antecedents (setting events and triggers) to behaviours of concern and factors that support quality of life</li> <li>• Identify consequences that maintain a behaviour</li> <li>• Identify and describe the behaviour in a way that is observable and measurable</li> <li>• Analyse the relationship between the person and their environment</li> <li>• Produce an assessment report</li> <li>• Seek professional support as required</li> </ul>	<ul style="list-style-type: none"> <li>• Support the person to contribute to the assessment</li> <li>• Facilitate and enable the practitioner (and team where relevant) to conduct information-gathering for the assessment</li> <li>• Identify key stakeholders for the practitioner</li> <li>• Support the practitioner to conduct an initial risk assessment</li> <li>• Ensure staff have the training and skills to effectively participate in data collection</li> <li>• Ensure staff are supported to collect data and contribute to the development of a functional assessment</li> <li>• Arrange medical reviews as required</li> </ul>

**Proficient or above Behaviour Support Practitioner**

<b>Knowledge: Functional Assessment</b>	<b>Skills: Functional Assessment</b>	<b>Service Provider and Implementing Provider Considerations across all Practitioner Levels</b>
<ul style="list-style-type: none"> <li>• Recognise assessment is a flexible and continuing process – factors that trigger and maintain behaviour may change over time</li> <li>• Know the importance of assessments being regularly reviewed</li> <li>• Understand the impact of behaviours on the person and their support networks</li> <li>• Be conversant with a range of functional assessment tools</li> <li>• Understand the strengths and weaknesses of various data collection methods and importance of selecting the appropriate method for the behaviour in question</li> <li>• Understand the cultural context to determine who to involve and the most appropriate mechanism for assessment</li> <li>• Understand the impact of monetary and physical resources</li> </ul> <p>Note: See the capability domain, Restrictive Practices, if a behaviour support plan includes the use of regulated restrictive practices.</p>	<ul style="list-style-type: none"> <li>• Establish a developmental history</li> <li>• Analyse any current or previous interventions including reactive strategies</li> <li>• Consider physical or mental health problems, including the effect of medications and sleep</li> <li>• Analyse other considerations such as a history of trauma, sensory processing, social and interpersonal history</li> <li>• Analyse the relationship between the person and their environment</li> <li>• Identify enablers and barriers to quality of life, including understanding the protective value of friendships and family, and their contribution to safety</li> <li>• Identify barriers to intervention</li> <li>• Lead an interdisciplinary assessment of complex behaviour</li> <li>• Construct a model of understanding that explains the functions of behaviours</li> <li>• Refer on when the requirements fall outside of the scope of behaviour support</li> </ul>	



Knowledge: Functional Assessment	Skills: Functional Assessment	Service Provider and Implementing Provider Considerations across all Practitioner Levels
	<ul style="list-style-type: none"> <li>• Collaborate with non-disability specific or mainstream services as required (including medical professionals)</li> <li>• Assess and regularly review areas of risk to the person or others</li> <li>• Identify the use of restrictive practices</li> <li>• Conduct a comprehensive functional assessment and produce an assessment report that includes recommended actions and strategies</li> <li>• Undertake an assessment review if there is a significant change in behaviour</li> </ul>	

See:

- Behaviour Support Rules: Schedule 1; Schedule 3, clause 3; Schedule 4, clause 5
- Practice Standards Rules: Sections 20 and 22
- Quality Indicators Guidelines: Sections 40 and 49

### 7.3 Capability Domain 3: Planning

In the PBS Capability Framework, planning refers to the development of a person-centred, evidence-informed positive behaviour support plan that is based on a shared understanding of the function of behaviours.

A comprehensive plan must be proactive, reflect the person's individual needs, improve their quality of life, and support their progress towards positive change. There are some skills that are included in the core section of the capability domain that will be demonstrated through supervision, depending on the skill level of the core practitioner.

#### Core Behaviour Support Practitioner

<b>Knowledge: Planning</b>	<b>Skills: Planning</b>	<b>Service Provider and Implementing Provider Considerations across all Practitioner Levels</b>
<ul style="list-style-type: none"> <li>• Understand that a behaviour support plan is based on knowledge from the functional assessment</li> <li>• Identify who will read and use a behaviour support plan</li> <li>• Understand that a behaviour support plan must be written so it suits its intended audience</li> <li>• Understand that a behaviour support plan must have both proactive and reactive components</li> </ul>	<ul style="list-style-type: none"> <li>• Use data to inform a theoretical and ethically sound behaviour support plan</li> <li>• Identify those responsible for implementing a behaviour support plan</li> <li>• Identify barriers to implementation</li> <li>• Collaborate and consult as required to develop strategies</li> <li>• Develop proactive strategies to improve the person's quality of life</li> <li>• Develop strategies that aim to increase the person's skills, including communication, and the interaction skills of communication partners</li> </ul>	<ul style="list-style-type: none"> <li>• Enable systems and procedures that provide a safe, predictable, and stable environment</li> <li>• Be aware of environmental aspects that may pose risk factors</li> <li>• Provide supervision and support to those responsible for implementing and monitoring a behaviour support plan, including clarifying anything not understood</li> <li>• Provide time and resources for staff to read and absorb each person's behaviour support plan</li> <li>• Provide staff with reasonable supports and adaptations to understand a behaviour support plan and follow it correctly</li> </ul>

Knowledge: Planning	Skills: Planning	Service Provider and Implementing Provider Considerations across all Practitioner Levels
	<ul style="list-style-type: none"> <li>• Develop necessary adaptations to a person’s environment and routine</li> <li>• Write a behaviour support plan so it is easy to understand by those implementing it</li> <li>• Include an escalation mechanism (under supervision as required)</li> <li>• Develop data collection systems that are objective, understandable and useable by the key people</li> <li>• Include a continuous cycle of monitoring</li> </ul>	

#### Proficient or above Behaviour Support Practitioner

Knowledge: Planning	Skills: Planning	Service Provider and Implementing Provider Considerations across all Practitioner Levels
<ul style="list-style-type: none"> <li>• Understand the importance of risk management</li> </ul>	<ul style="list-style-type: none"> <li>• Include strategies that remove conditions likely to promote behaviours of concern including: <ul style="list-style-type: none"> <li>– Environmental modifications</li> <li>– Active engagement through structured and meaningful daily activities</li> </ul> </li> <li>• Include strategies for replacement behaviours</li> </ul>	

Knowledge: Planning	Skills: Planning	Service Provider and Implementing Provider Considerations across all Practitioner Levels
	<ul style="list-style-type: none"> <li>• Include preventative strategies such as relaxation, distraction, and diversion</li> <li>• Include reactive strategies when behaviours are not preventable</li> <li>• Minimise or eliminate the use of restrictive practices</li> <li>• Develop a behaviour support plan according to the literacy and communication needs of the target audience</li> <li>• Develop a behaviour support plan that is compatible with the ability and resources of the implementers</li> <li>• Develop a behaviour support plan that is supported by data that measures how accurately it is implemented</li> <li>• Clearly articulate responsibilities and timeframes</li> </ul>	

See:

- Practice Standards Rules: Schedule 1; Schedule 3, clause 5; and Schedule 4, clause 5
- Behaviour Support Rules: Sections 18 to 24
- Quality Indicators Guidelines: Sections 40 and 49

## 7.4 Capability Domain 4: Implementation

Implementation is about putting a behaviour support plan into action. It involves providing tailored support and training, so a plan is implemented effectively.

Implementers include anyone who may be involved in the implementation and monitoring of a plan, such as disability support workers, family, and carers. This role may at times extend to other roles, such as teachers or volunteers. Implementation should be approached in partnership with the person, their support network, and other relevant professionals. As part of implementation, provisions must be made to increase the capacity of the person and improve their quality of life.

### Core Behaviour Support Practitioner

<b>Knowledge: Implementation</b>	<b>Skills: Implementation</b>	<b>Service Provider and Implementing Provider Considerations across all Practitioner Levels</b>
<ul style="list-style-type: none"> <li>• Understand the importance of individualised implementation of a behaviour support plan</li> <li>• Understand how implementation approaches can vary for a person across different stages of life</li> <li>• Consider the people to include in implementation</li> <li>• Understand that functioning and resilient teams are likely to increase the consistency of implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Provide individually tailored education and training to those who are implementing a behaviour support plan</li> <li>• Consider the capacity of the person at the centre of a behaviour support plan and their role in implementation</li> <li>• Support implementers to incorporate strategies into daily support plans and other relevant support documents</li> <li>• Support implementation across different environments and contexts</li> <li>• Provide feedback to implementers on implementation and model alternatives</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure staff supporting the person have good links with community</li> <li>• Provide clear expectations of staff that a key component of their role is to identify and develop meaningful activities for each person throughout the day</li> <li>• Lead and monitor the implementation of a behaviour support plan</li> <li>• Provide resources to support implementation</li> <li>• Provide staff with ongoing training, supervision, and support in the implementation of a behaviour support plan</li> </ul>

Knowledge: Implementation	Skills: Implementation	Service Provider and Implementing Provider Considerations across all Practitioner Levels
	<ul style="list-style-type: none"> <li>• Support those implementing a behaviour support plan to use the recommended data collection systems</li> <li>• Promote least restrictive practices</li> </ul>	<ul style="list-style-type: none"> <li>• Use performance management systems to ensure staff are using strategies outlined in a behaviour support plan</li> <li>• Provide critical incident debriefing for all involved parties when necessary</li> </ul>

### Proficient or above Behaviour Support Practitioner

Knowledge: Implementation	Skills: Implementation	Service provider and Implementing Provider Considerations across all Practitioner Levels
<ul style="list-style-type: none"> <li>• Understand the critical people to include in implementation across diverse cultural contexts</li> <li>• Know different methods of giving feedback</li> <li>• Be aware of complex team dynamics and know strategies to manage these effectively</li> <li>• Understand the importance of incident debriefing practice</li> </ul>	<ul style="list-style-type: none"> <li>• Provide education and training to an interdisciplinary team</li> <li>• Address barriers to implementation of a behaviour support plan</li> <li>• Identify the resilience, capacity and sustainability of implementers and make appropriate plan adjustments to take these into consideration</li> <li>• Provide implementers with information on ethical reactive strategies</li> </ul>	

Knowledge: Implementation	Skills: Implementation	Service provider and Implementing Provider Considerations across all Practitioner Levels
	<ul style="list-style-type: none"> <li>• Provide implementers with information on risks and consequences of non-compliance with implementation</li> <li>• Train implementers in escalation mechanism and emergency response plans</li> <li>• Identify appropriate methods of feedback for those implementing a behaviour support plan</li> <li>• Facilitate team building to enable successful implementation of a behaviour support plan</li> <li>• Adjust a behaviour support plan as required</li> <li>• Identify incident debriefing supports available to implementers</li> <li>• Provide training on facilitating critical incident debriefing to appropriate members of the implementing team if required</li> </ul>	

See:

- Practice Standards Rules: Schedule 1; Schedule 3, clause 6; and Schedule 4, clause6
- Behaviour Support Rules: Section 21
- Quality Indicators Guidelines: Part 2, Sections 41 and 50

## 7.5 Capability Domain 5: Know it Works

An important part of evidence-based practice is systematic monitoring and evaluation. This ensures ethical and accountable practice that meets the needs of the person. Effective monitoring and evaluation includes the capacity to distinguish between the effectiveness of a behaviour support plan and the effectiveness of its implementation. A behaviour support plan is a live document where results are incorporated, reviewed, and updated.

### Core Behaviour Support Practitioner

Knowledge: Know it Works	Skills: Know it Works	Service Provider and Implementing Provider Considerations across all Practitioner Levels
<ul style="list-style-type: none"> <li>• Understand the rationale of a behaviour support plan and its uses</li> <li>• Understand the importance of continuous review and methods to conduct reviews</li> <li>• Maintain professional learning to keep abreast of current knowledge of best practice</li> <li>• Know the indicators to include and how and when to check the effectiveness of a behaviour support plan</li> </ul>	<ul style="list-style-type: none"> <li>• Re-assess the situation (that is, any changes to context where behaviours of concern occur, or the participant’s environments)</li> <li>• Review adherence to implementation (that is, are those supporting the participant implementing the strategies in the way they were trained?)</li> <li>• Use data collected by implementers to monitor the implementation of a behaviour support plan (compared to baseline) in a whole-of-life context, and provide feedback to implementers</li> <li>• Reflect on external factors that may impact on the efficacy of positive behaviour support</li> <li>• Build and utilise collaborative partnerships to evaluate a behaviour support plan</li> <li>• Coordinate a formal review meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Support staff to collect ongoing data to evaluate the effectiveness of a behaviour support plan</li> <li>• Provide information on how consistently staff are implementing a behaviour support plan that may be affecting evaluative data</li> <li>• Support the person and other key people to contribute to a behaviour support plan’s evaluation and review meetings</li> <li>• Use the person’s outcomes as performance indicators</li> <li>• Ensure mechanisms are in place to collect and report on incident report data</li> </ul>



Knowledge: Know it Works	Skills: Know it Works	Service Provider and Implementing Provider Considerations across all Practitioner Levels
	<ul style="list-style-type: none"> <li>• Inform changes to a behaviour support plan as required</li> <li>• Track progress of a behaviour support plan using the indicators of effectiveness</li> </ul>	

### Proficient or above Behaviour Support Practitioner

Knowledge: Know it Works	Skills: Know it Works	Service Provider and Implementing provider Considerations across all Practitioner Levels
<ul style="list-style-type: none"> <li>• Possess a depth of understanding about systematic monitoring and evaluation</li> <li>• Identify the reasoning behind what is and what is not working in a behaviour support plan</li> </ul>	<ul style="list-style-type: none"> <li>• Have robust and effective ways to measure and evaluate the outcomes of agreed goals</li> <li>• Review the resilience, capacity, and sustainability of those implementing a behaviour support plan</li> <li>• Coordinate team participation in review if appropriate</li> <li>• Identify sources of information to verify a behaviour support plan's effectiveness within the cultural context</li> <li>• Use data to formulate ideas about the reason(s) behind a behaviour support plan's effectiveness</li> </ul>	

Knowledge: Know it Works	Skills: Know it Works	Service Provider and Implementing provider Considerations across all Practitioner Levels
	<ul style="list-style-type: none"> <li>• Use an evidence-based tool to evaluate the quality of a behaviour support plan, such as the BIP-QEII</li> <li>• Apply and interpret measures that capture an increase in behaviours or use of restrictive practice, or decrease in quality of life</li> <li>• Implement a range of strategies that address any efficacy limitations of implementation</li> </ul>	

\* BIP-QEII (formerly known as BSP-QEII; see McVilly, Webber, Paris & Sharp, 2012).

See:

- Practice Standards Rules: Schedule 1; Schedule 3, clause 7; and Schedule 4, clauses 7 and 8
- Behaviour Support Rules: Part 3, Division 2, section 21
- Quality Indicators Guidelines: Part 2; and sections 42, 51 and 52

## 7.6 Capability Domain 6: Restrictive Practice

A restrictive practice is defined as “any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability” (s9 NDIS Act). A restrictive practice is a regulated restrictive practice if it is or involves any of the following: seclusion, chemical restraint, mechanical restraint, physical restraint, and environmental restraint (s6 Behaviour Support Rules).

NDIS behaviour support practitioners may encounter existing restrictive practices being used with a person with disability or may be required to recommend a time-limited restrictive practice (with fade-out strategies) as an option of last resort in an interim or Comprehensive BSP. This section details the knowledge and skills in the use of restrictive practices that a NDIS behaviour support practitioner must demonstrate to comply with the NDIS Act.

Note: It is expected that a core behaviour support practitioner would have a depth of knowledge regarding restrictive practice; however, the inclusion of regulated restrictive practices in a person’s behaviour support plan is a skill set associated with a behaviour support practitioner who is rated proficient or above.

### Core Behaviour Support Practitioner

Knowledge: Restrictive Practice	Skills: Restrictive Practice	Service Provider and Implementing Provider Considerations across all Practitioner Levels
<ul style="list-style-type: none"> <li>• Understand that the use of a restrictive practice must be authorised according to relevant state or territory laws and policies</li> <li>• Understand that regulated restrictive practices include seclusion and chemical, mechanical, physical and environment restraints</li> <li>• Understand that use of restrictive practices can represent serious human rights violations</li> </ul>	<ul style="list-style-type: none"> <li>• Consult with the person and/or obtain consent (as required by relevant state or territory laws and policies)</li> <li>• Prescribe restrictive practices under the direct supervision of a person at a practitioner level of proficient or above</li> </ul>	<ul style="list-style-type: none"> <li>• Report any emergency unauthorised restrictive practices to the NDIS Commission and undertake a review of the incident</li> <li>• Ensure appropriate policies and procedures are in place</li> </ul>

Knowledge: Restrictive Practice	Skills: Restrictive Practice	Service Provider and Implementing Provider Considerations across all Practitioner Levels
<ul style="list-style-type: none"> <li>• Understand the <a href="#">National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector   Department of Social Services, Australian Government</a> (Australian Government, 2014)</li> <li>• Understand that a restrictive practice is a last resort, occurs in limited circumstances, should be used for the shortest period of time and is the least restrictive.</li> <li>• Understand that a restrictive practice must only be used in accordance with a behaviour support plan</li> <li>• Understand relevant state or territory laws and policies regarding authorisation and consent to the use of regulated restricted practices</li> <li>• Understand that some restrictive practices are prohibited in some states and territories</li> <li>• Understand that a restrictive practice can only be in response to a risk of harm to the person or others</li> <li>• Understand that behaviour support plans which include restrictive practices must be lodged with the NDIS Commission</li> </ul>		<ul style="list-style-type: none"> <li>• Ensure a restrictive practice is only used as part of a behaviour support plan developed by, or under the direct supervision of, a behaviour support practitioner who is rated proficient or above</li> <li>• Check that any restrictive practice used is the least restrictive response possible in the circumstances, that it reduces the risk of harm to the person or others, and is used for the shortest possible time to ensure the safety of the person or others</li> <li>• Follow state or territory laws and policies for obtaining the authorisation of use of a restrictive practice.</li> <li>• Lodge a behaviour support plan and the authorisation evidence for the regulated restrictive practice with the NDIS Commission, and comply with monthly reporting requirements</li> </ul>

Knowledge: Restrictive Practice	Skills: Restrictive Practice	Service Provider and Implementing Provider Considerations across all Practitioner Levels
<ul style="list-style-type: none"> <li>Understand the <a href="#">Zero Tolerance</a> (National Disability Services, 2018) and associated resources</li> </ul>		

### Proficient or above Behaviour Support Practitioner

Knowledge: Restrictive Practice	Skills: Restrictive Practice	Service Provider and Implementing Provider Considerations across all Practitioner Levels
<ul style="list-style-type: none"> <li>Understand that restrictive practices must be in proportion to the potential consequences or the risk of harm</li> </ul>	<ul style="list-style-type: none"> <li>Work with the person, their informal supports and service provider to develop a behaviour support plan that is based on a functional behaviour assessment</li> <li>Provide a statement of intent to include a restrictive practice in a behaviour support plan, where required, in accordance with subsection 20(4) of the Behaviour Support Rules.</li> <li>Ensure a behaviour support plan contains strategies that are proactive, outcomes-focused, person-centred, and that address the person's needs and behaviours of concern</li> <li>Design a staged plan of fading strategies to reduce or eliminate the use of restrictive practices with the person over time</li> </ul>	

<b>Knowledge: Restrictive Practice</b>	<b>Skills: Restrictive Practice</b>	<b>Service Provider and Implementing Provider Considerations across all Practitioner Levels</b>
	<ul style="list-style-type: none"> <li>• Lodge a behaviour support plan with restrictive practices with the NDIS Commission for practices to be monitored</li> <li>• Supervise a core practitioner</li> <li>• Implement strategies that can be removed through shaping, fading and other mechanisms</li> </ul>	

See:

- Practice Standards Rules: Schedule 1; Schedule 3, clauses 4 and 8; and Schedule 4, clauses 4, and 7 to 9
- Behaviour Support Rules: Sections 8 to 15, and 18 to 24
- Quality Indicators Guidelines: Part 2; and Sections 39, 43, 48, 51 and 53

## 7.7 Capability Domain 7: Continuing Professional Development and Supervision (CPD)

Continuing Professional Development (CPD) is a commitment to maintaining, improving, and broadening personal and professional knowledge, expertise, and competence and to ensure that practitioners understand their scope of practice. Practitioners are required to work within their knowledge, skills, experience, qualifications, and their role to ensure that the supports and services provided are safe, lawful, and effective. These expectations are consistent with good practice and the legislated requirements as set out in the NDIS Act 2013, associated Rules and Guidelines.

Ongoing CPD is key for behaviour support practitioners to ensure their practice reflects current best practice.

In addition to CPD, the NDIS Commission recognises supervision as a fundamental mechanism for strengthening practice and building capability of the behaviour support workforce. Under the PBS Capability Framework, it is expected that behaviour support practitioners at all levels receive supervision. Supervision is a term used differently across the range of settings in which behaviour support practitioners will be working and thus may be provided in a mix of modalities.

Supervision is used to develop a behaviour support practitioner's knowledge, skills, confidence, competence, and professionalism. A behaviour support practitioner should be able to show that they have received supervision. Depending on the level of the behaviour support practitioner, supervision may be:

- Direct professional supervision provided by a behaviour support practitioner with a higher level of skill and knowledge
- Peer supervision focused on reflective practice
- Managerial supervision
- Supervision that is mandated or recommended by professional registration bodies.

### Core Behaviour Support Practitioner

Knowledge: CPD and Supervision	Skills: CPD and Supervision	Service Provider and Implementing Provider Considerations across all Practitioner Levels
<ul style="list-style-type: none"> <li>• Understand the importance of self-directed, lifelong learning, including a commitment to ongoing professional development</li> <li>• Understand the importance of behaviour skills training</li> <li>• Understand the importance of incorporating learning from supervision into practice</li> </ul>	<ul style="list-style-type: none"> <li>• Set professional development goals</li> <li>• Implement an annual professional development plan that is regularly reviewed and updated (which includes goals related to skills and knowledge within this framework)</li> <li>• Participate in supervision to identify personal and professional goals and take steps to achieve them</li> <li>• Prioritise, prepare for, and engage actively in supervision</li> <li>• Openly express and discuss expectations and needs related to supervision</li> <li>• Openly identify and discuss practice issues which are challenging, and skills and knowledge that need developing</li> <li>• Work to develop trust in the supervision relationship</li> <li>• Take responsibility for seeking help when required</li> <li>• Regularly review the supervision relationship and provide honest feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage a culture of continuous improvement of the workforce, including supervision and professional development planning</li> <li>• Create policies and procedures which establish aims, structures, and processes for supervision</li> <li>• Provide access to (internal or external) staff who can provide high-quality behaviour support supervision</li> <li>• Allow staff time to engage in supervision</li> <li>• Clearly articulate the modalities of supervision available to staff (including any compulsory components)</li> <li>• Provide clear information about professional development opportunities for staff, including compulsory training, time allowances to attend professional development and any budgetary considerations</li> </ul>



**Proficient or above Behaviour Support Practitioner**

<b>Knowledge: CPD and Supervision</b>	<b>Skills: CPD and Supervision</b>	<b>Service Provider and Implementing Provider Considerations across all Practitioner Levels</b>
<ul style="list-style-type: none"> <li>• Thoroughly understand the relevant skills to receive or provide supervision</li> <li>• Maintain up-to-date knowledge of the regulatory context and evidence-based practice</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in or facilitate a culturally safe and respectful environment</li> <li>• Establish joint expectations within a supervision relationship</li> <li>• Allow time to develop trust and rapport within a supervision relationship</li> <li>• Use a supervision contract</li> <li>• Maintain supervision documentation</li> <li>• Participate in or provide supervision in the agreed format</li> <li>• Seek or be available to provide support between formal supervision sessions, especially for newer behaviour support practitioners</li> <li>• Seek or provide feedback (timely, specific, and constructive) as part of the supervision relationship</li> <li>• Participate in or conduct an evaluation of the effectiveness of supervision</li> </ul>	

<b>Knowledge: CPD and Supervision</b>	<b>Skills: CPD and Supervision</b>	<b>Service Provider and Implementing Provider Considerations across all Practitioner Levels</b>
	<ul style="list-style-type: none"> <li>• Participate in or facilitate reflective practice</li> <li>• Utilise supervision sessions for the purpose of debriefing when required</li> <li>• Discuss or share knowledge of the regulatory context and evidence-based practice</li> </ul>	

See: Quality Indicators Guidelines: Part 2; Part 4, section 38; and Part 5, sections 47 and 50

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NDIS Quality  
and Safeguards  
Commission



# Quality support for children in the NDIS

A resource for parents and carers



This booklet covers:

- what quality supports for your child look like
- what providers should and cannot do
- the rules providers must follow
- questions you can ask when choosing providers.

# Welcome

This booklet is for families and carers of children who are NDIS participants. If your child has NDIS funding for early childhood intervention, therapy supports or behaviour support, this booklet will help you understand whether your provider uses quality practices.

This means understanding if your provider:

- puts the safety and wellbeing of your child at the centre of what they do
- offers quality services that represent best practice
- focuses on positive outcomes for your child and family.

Providers should work closely with you to make sure their support:

- meets your needs and expectations
- promotes inclusion and social participation
- improves quality of life for your child and family.

We detail what to expect from an early childhood intervention or therapy provider, or a specialist behaviour support provider. We explain what quality practice does and doesn't look like, as well as what is never allowed.

We also have questions to help you ask your provider about quality supports.

Finally, we have links to more information about quality support, plus who to contact with questions or to make a complaint.

The National Disability Insurance Agency (NDIA) and the NDIS Quality and Safeguards Commission have prepared this resource.

For more information about this resource, you can visit:

- [the NDIS website](#)
- [the NDIS Quality and Safeguards Commission website.](#)



# Providers

## About providers

An NDIS provider is a business that delivers an NDIS-funded support or service to an NDIS participant. It may be:

- an individual (sometimes called a sole trader)
- an organisation.

NDIS providers can apply to be registered with the [NDIS Quality and Safeguards Commission](#) (NDIS Commission).

Not all NDIS providers must be registered with the NDIS Commission. But they must be registered to provide certain types of NDIS services including:

- developing behaviour support plans
- implementing regulated restrictive practices.

They must also be registered to provide services for participants with a plan the NDIA manages.

## Provider requirements

### Working with Children Check

Providers caring for children must have a Working with Children Check under state and territory laws. This helps protect children from sexual and physical harm.

### NDIS Worker Screening Check

Workers in some roles also need an NDIS Worker Screening Check when working for a registered NDIS provider.

This assesses if someone may be a risk to people with disability when working with them or seeking to.

Any individual provider or worker can apply for an [NDIS Worker Screening Check](#), whether or not they are a registered NDIS provider.

### Professional registration

Providers or their staff may also need to register with a relevant professional body to practice in Australia.

Examples include:

- A psychologist or physiotherapist must be registered with the Australian Health Practitioner Regulation Agency (AHPRA).
- A speech pathologist must be a certified practising member with Speech Pathology Australia.
- An early childhood teacher must be registered with the relevant body in their state or territory where this applies.
- A music therapist must be registered with the Australian Music Therapy Association (AMTA).

## Provider obligations

### About the NDIS Code of Conduct

The [NDIS Code of Conduct](#) details how providers and workers must act when delivering NDIS services to an NDIS participant. They must all abide by this code.

Understanding the code helps you clearly explain to your provider your expectations of them. It doesn't matter if they are registered with the NDIS Commission or not.

### What the code says

Under the code, all providers and their workers must do the following:

- Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with relevant laws and conventions.
- Respect the privacy of people with disability.
- Provide supports and services in a safe, competent manner with care and skill. This means they must be suitably trained, qualified and safe to practice.
- Act with integrity, honesty and transparency.
- Promptly raise and act on concerns about matters that may impact the quality and safety of supports provided to people with disability.
- Take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect and abuse of people with disability.

- Take all reasonable steps to prevent and respond to sexual misconduct.
- Not advertise or charge higher prices for NDIS participants than for non-participants, without a valid reason.

You can find more information about the NDIS Code in the [NDIS Code of Conduct Guidelines](#).

### NDIS Practice Standards

The [NDIS Practice Standards](#) provide more guidance on what safe and quality services from providers should look like. It details other standards providers must meet when they are registered with the NDIS Commission.

Some of the NDIS Practice Standards apply to all registered NDIS providers. Others apply only to providers registered for certain types of support.

NDIS Practice Standards for specific types of support relevant to many children and families include:

- Early Childhood Support - for providers delivering early childhood intervention supports
- Specialist Behaviour Support - for providers who develop behaviour support plans.

There are also NDIS Practice Standards for providers who implement regulated restrictive practice as part of a behaviour support plan, and for providers of certain high intensity disability related health supports.



## Using registered NDIS providers

There are several benefits to using [registered NDIS providers](#):

- They must comply with the NDIS Practice Standards relevant to the supports they provide, in addition to the NDIS Code of Conduct.
- This includes the NDIS Practice Standards that ensures workers are:
  - suitably trained, qualified and safe to practice
  - have a current NDIS Worker Screening Check
  - deemed suitable by the NDIS Commission to provide specialist behaviour support under a provider's registration if they are behaviour support practitioners.

They undergo regular independent audits against the NDIS Practice Standards under their conditions of registration with the NDIS Commission.

## Finding registered NDIS providers

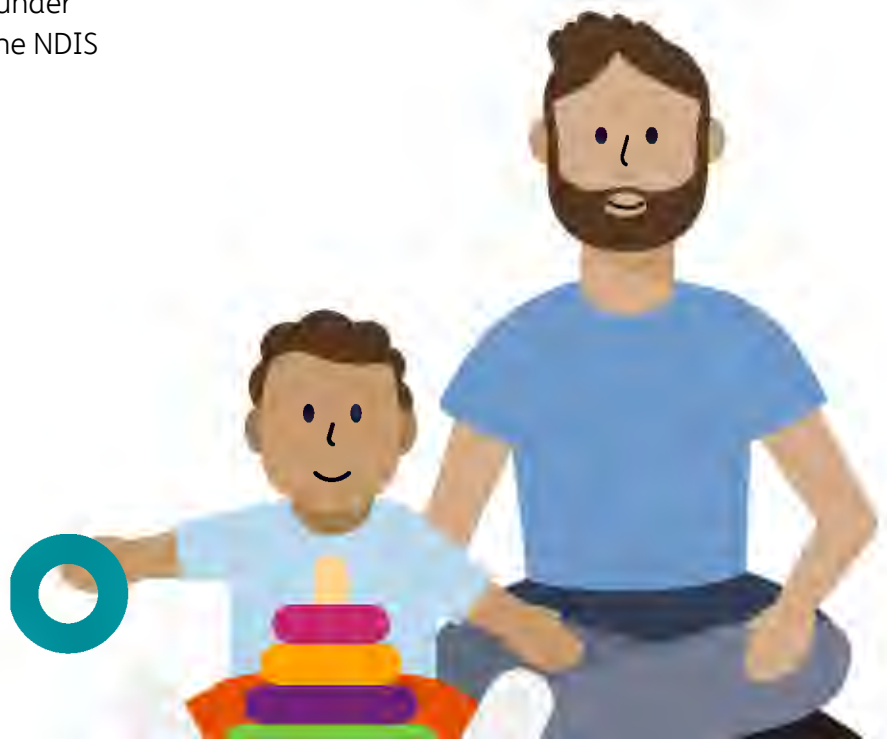
You can find a registered NDIS provider:

- on the [Find a registered provider](#) page of the NDIS website
- by speaking with your my NDIS contact detailed on your child's NDIS plan.

The NDIS Commission publishes information about registered NDIS providers. This includes the types of support they are registered to provide.

The NDIS Commission also publishes compliance and enforcement action taken against providers, both registered and unregistered, as well as other individuals.

Find this information on the [NDIS Provider Register](#).



# Decision-making

Providers must respect your child's rights to freedom of expression, self-determination and decision-making.

The following are examples of what quality practices do and don't look like in early childhood intervention or therapy, along with questions you can ask your provider.



## Quality practices do look like

- Communicating in your child's preference, like:
  - using assistive technology
  - augmented and alternative communication
  - key word signs, Auslan or visual supports
- Using a 'first ... then ...' strategy to help them move through activities.
- Asking your child if they want to do an activity, like offering 2 items to support decision-making.
- Using developmentally appropriate acknowledgement, praise or rewards.
- Helping your child with strategies that support them to be calm or feel safe. Providers may call this regulation.
- Recognising that your child's behaviour is a form of communication.
- Helping understand the right to speak up when you or your child feels unhappy, uncomfortable or unsafe.





## Quality practices don't look like

- Using words that are hard to understand and not explaining things clearly.
- Telling your child what to do rather than giving options.
- Not respecting your child's decision if they say 'no'.
- Not letting your child move to another activity or area freely accessible to other children until they follow an instruction.
- Not reading or responding appropriately to your child's cues when they are upset.
- Providers are never allowed to force your child to do something they don't want to.
- Providers are never allowed to isolate your child from other children for punishment.



## Questions you can ask your provider

- How will you help my child show preferences and make choices with what they do?
- Do you use rewards and consequences? How will this help my child learn?
- How will you help my child if they do not want to take part in an activity?
- What do you do if my child displays behaviours of concern?
- How will you help me and other people in my child's life learn about how my child communicates? How can we support my child to make decisions?

# Privacy and dignity

Providers must respect your child's right to privacy and protect their dignity.

The following are examples of what quality practices do and don't look like in early childhood intervention or therapy, along with questions you can ask your provider.



## Quality practices do look like

- Spaces that are well set up and safe for children to play and move in.
- Conversations in suitable spaces that offer privacy for you and your child.
- Information about the provider's confidentiality process is in their service agreement.
- Preparing your child for changes to routines or staff.
- Asking permission of you and your child before physically touching or moving your child. For example:
  - saying your child's name and using simple language to ask if they can touch your child's hip or spine as part of an assessment.
  - supporting a child who is a wheelchair user by asking if it's ok to move them and also letting them know where they are going.
- Minimising the number of staff assisting your child with personal care needs (like changing a nappy) to increase your child's safety, privacy and dignity.
- Asking your consent and your child's permission to share information with others.
- Providing personal care to your child in an appropriately private environment.



## Quality practices don't look like

- Identifying to others that your child has behaviours of concern, like your child is the only one allowed to use calming toys or the quiet area.
- Using a seating system with a lap belt so that your child cannot leave at mealtime.
- Entering your child's room or touching them without asking first.
- Sharing personal information without consent.
- Asking your child to keep something secret.
- Talking to you about your child with them present, without acknowledging them or being respectful.
- Talking about your child with other staff or in public spaces without considering who can hear.
- Not having practices in place to ensure privacy and safety. For example, you can see other people in the background if you have a virtual meeting.
- A provider is never allowed to share information about your child with others without your consent.



## Questions you can ask your provider

- How will you support my child's privacy with self-care tasks like toileting and dressing? Do you have guidelines on which staff can assist with this?
- Where do you keep my child's records and who has access to them?
- If my child needs support not within your scope of practice, what would you do?

# Safety checks

Providers must offer services to NDIS participants in a safe manner with care and skill.

Across Australia, people who work or volunteer with children must be screened for suitability through a Working with Children Check.

This includes checking the person's police information including:

- criminal charges, offences or findings of guilt
- professional conduct reports across the person's lifetime.

A suitable person has a valid Working with Children Check for the state or territory they work or volunteer in.

People who work with NDIS participants can also undergo an NDIS Worker Screening Check; some workers must have a valid NDIS Worker Screening Check clearance to work with participants. An NDIS Worker Screening Check clearance is valid nationally.

The following are examples of what quality practices do and don't look like in early childhood intervention or therapy, along with questions you can ask your provider.



## Quality practices do look like

- Individuals have an NDIS Worker Screening Check clearance. This is mandatory for the workers of registered NDIS providers.
- A provider is a registered NDIS provider if providing specialist behaviour supports. These supports include undertaking a behaviour support assessment or developing a behaviour support plan. Registration with the NDIS Commission is mandatory for providers of these supports.
- A provider is a registered NDIS provider if they use or implement regulated restrictive practices as part of a participant's behaviour support plan. Registration with the NDIS Commission is mandatory for providers to use or implement regulated restrictive practice.
- The provider supports training and supervision of staff, such as cardio-pulmonary resuscitation (CPR), first aid, emergency planning, and training for any individualised supports your child may need.
- Asking about creating a safety plan for your child when there is a history of suicidal ideation and suicide risk.
- Policies and procedures about safety, worker screening and incident management are available for you to see.
- A process is in place for ensuring any visitor to the provider has the necessary safety checks to work with or around children.



## Quality practices don't look like

- Using restrictive practices if they are not a registered NDIS provider.
- Using high risk practices that may cause harm to your child. These include specific forms of physical restraint and punitive approaches.
- A provider is never allowed to provide services without:
  - Working with Children Check when working or volunteering with children.
  - Having professional liability insurance.
  - Meeting the work health and safety laws in their state or territory.



## Questions you can ask your provider

- Do you and your workers have a valid Working with Children Check?
- Do you and your workers have an NDIS Worker Screening Check clearance?
- Are you a registered NDIS provider and, if so, for which supports?
- Do you have professional liability insurance?
- Do you have a child safety and wellbeing policy, code of conduct, or rules of behaviour for staff, volunteers and children?
- How do I give feedback or raise concerns if I have them?



# Competent and professional services

Providers must provide supports and services to NDIS participants in a competent manner with care and skill. This means that they must be suitably trained, qualified and safe to practice.

The following are examples of what quality practices do and don't look like in early childhood intervention or therapy, along with questions you can ask your provider.



## Quality practices do look like

- Staff are registered or hold membership with relevant professional bodies for the supports they provide.
- A provider is a registered NDIS provider if offering specialist behaviour supports such as doing a behaviour support assessment or developing a behaviour support plan. Registration with the NDIS Commission is mandatory for providers of specialist behaviour support in the NDIS.
- A provider is a registered NDIS provider if using regulated restrictive practices as part of a participant's behaviour support plan. Registration with the NDIS Commission is mandatory for providers to use or implement regulated restrictive practice.
- Using information gathered from you and your child, the best available research, and their professional expertise to best support your child and family. This is called evidence informed practice.
- Clearly explaining supports that are and aren't provided based on their qualifications and experiences.
- Helping you find other services when what you require is outside their qualifications and experience.
- With your consent, working with others in your child's team, within their organisation, or with other organisations.
- Providing staff with supervision and training such as through senior therapists and professional development courses.
- Providing accurate information about themselves, what they are qualified and experienced to provide, and the costs.
- Informing you and your child about your rights and their complaints process.





## Quality practices don't look like

- Working outside their qualifications or expertise. For example, an occupational therapist advising on strategies that a speech pathologist provides.
- Working in isolation from the rest of your child's team.
- Providers are never allowed to provide services without having the right qualifications and experience to provide supports.
- Providers are never allowed to use a professional title if they are not registered with the relevant professional body.
- Providers are never allowed to make unreasonable claims about the benefits of their supports.



## Questions you can ask your provider

- Are you a registered NDIS provider and, if so, for which supports?
- What qualifications, training and experience do you have relevant to the supports my child needs?
- Do you work alone or within a team?
- What types of professionals do you have on your team? Are they registered or members with Australian professional bodies, or are they supervised by someone who is?
- What supervision do your workers receive?
- Can you support our child and family progress towards the goals in my child's NDIS plan?
- Are there other providers who may be better suited to our child and family's needs?
- How do I give feedback or raise concerns?
- What are the costs of your services? Are they aligned with the NDIS Price Guide?
- How long do you think we will need your service?
- How long have you been providing this service?

# Early childhood supports

Providers must offer high quality and safe supports and services to NDIS participants.

They must provide early childhood supports that:

- promote and respect a child's rights
- help develop their functional skills
- enable meaningful participation and inclusion in everyday activities with their peers.

Below are examples of what quality practices do and don't look like in early childhood intervention.



## Quality practices do look like

- Providing support to you and your child at home in the community and education setting.
- Asking about your child's goals and strengths, and your family's culture, language, values and beliefs.
- Setting goals with you and your child, and providing you a clear timeline of when and how these will be reviewed.
- Working with you to develop strategies that support your child to take part in play, daily activities and routines.
- Asking which other professionals are involved in supporting your child and if they can be contacted so that your child's team are working together.
- Identifying who needs support, coaching or supervision to use strategies with your child such as your family, your child's educators and support workers. They then take the lead to put this in place.
- Using evidence-based assessment tools and regularly measuring progress towards your child's goals and making changes as needed.





## Quality practices don't look like

- Recommending hours of therapy that do not balance time to play, rest and do things with family and friends.
- A provider should not use, or give advice to use, a restrictive practice unless they are a registered NDIS provider who may provide this type of service.



## Questions you can ask your provider

- How will you respect my family's culture, language, values and beliefs?
- How will you involve me as an important part of my child's team?
- How will you learn about my goals for my child? Will you let me decide what goals to focus on?
- How will you help my child learn about and take part in play, daily activities and routines?
- Can you work in places where my child spends most of their time?
- Will you be able to attend meetings with important people in my child's life like other therapists, educators or teachers with a reasonable notice period?
- How will you share research or recommended strategies with me? This may include if interventions in peer-reviewed journals are effective.
- How will you measure progress of my child's goals over time?

# Specialist behaviour support

To provide quality services, providers must offer positive behaviour support appropriate to a child's needs, use evidence-informed practices and follow state and territory laws.

You will need specialist behaviour supports funded in your child's NDIS plan if they need help for any behaviours of concern that include the use of, or need for, regulated restrictive practices.

Positive behaviour support aims to improve your child's quality of life. It also intends to reduce or eliminate the use of restrictive practices.

You must use a [registered NDIS provider for specialist behaviour support](#) if your child has funding for this in their plan. Specialist behaviour supports can only be delivered by behaviour support practitioners under the conditions of registration of these providers.

The NDIS Commissioner considers NDIS behaviour support practitioners suitable if they:

- have learned about behaviour support
- know how to provide it.

Providers of any supports through the NDIS must also be registered with the NDIS Commission to implement regulated restrictive practice as part of a behaviour support plan.

Below are examples of what quality practices do and don't look like in the development and implementation of a behaviour support plan.



## Quality practices do look like

- Working with you and your child to understand your child's needs and why behaviour is occurring.
- Developing a behaviour support plan that includes strategies to meet your child's needs and reduce the likelihood of behaviours occurring.
- Working with you and your child to make decisions about the strategies in a behaviour support plan.
- Using a behaviour support plan to outline ways to develop your child's skills and respond to behaviours of concern.
- Having a plan to reduce and eliminate any restrictive practices.
- Working with you when checking on progress and reviewing strategies and goals.
- Understanding and responding to your family's needs and priorities.
- Asking your child if they would like to take part in an activity and respecting their choices.
- Prepares your child for changes to staff or routines.



## Quality practices don't look like

- Refusing or ignoring your child's choices.
- Treating your child differently to other children, like using an unfriendly manner.
- Not allowing your child move to another activity until they follow an instruction or finish something.
- Advising use of a restrictive practice when they are not registered for specialist behaviour supports.
- Using restrictive practices that are not included in a behaviour support plan.
- A provider is never allowed to:
  - Force your child to do something they don't want to.
  - Isolate your child from other children for punishment.
  - Use force to take down, hold down or pin down your child, such as bear hugs and basket holds.
  - Not let your child do a desired activity because they refused to do something.
  - Yell at your child.
  - Stop your child from using a body part by restricting it with a strap or garment to develop another body part or skills when no progress is being made.



## Questions you can ask your provider

- Are you registered with the NDIS Commission for specialist behaviour support?
- Are you registered with the NDIS Commission to use restrictive practice as part of a behaviour support plan?
- How will you include me and my child in decisions about behaviour supports?
- Will you train other important people in my child's life in using behaviour supports?

# Integrity, honesty and transparency

Providers must act with honesty and transparency, and do the right thing.

Below are examples of what quality practices do and don't look like in early childhood intervention or therapy.



## Quality practices do look like

- Being clear about work and what you can expect. This should be explained in the provider's service agreement.
- Clearly explaining the service that can be provided and the skills and experience of staff.
- Agreeing with you on the service that will be provided and when.
- Following through on agreed actions in a timely manner and keeping you informed.
- Agreeing with you on the timing and location of appointments including in exceptions when you are not with your child for an appointment, for example a school visit.
- Providing you with a copy of all written reports so you can refer to them and share them with others, such as school or other providers.
- Providing important information like the cost of services and consent forms in a way that is easy to understand.
- Clearly letting you know when they shouldn't provide a support. For example, they may not be qualified or there is a conflict of interest.
- Honestly and respectfully discussing with you why a support is unlikely to be funded by the NDIS and helping you find other ways a need can be met. For example, through mainstream or community services.
- Providing information about how you can raise concerns if you have them.
- Marketing and promoting their services accurately and honestly.



## Quality practices don't look like

- Not providing easy to understand information like cost, likely effectiveness of supports, and the risks and benefits of service options.
- Exaggerating positive results about the service.
- Using inappropriate ways to influence your decisions. This could include creating fear of missing out on a place, or saying if you don't do more therapy your child will not catch up.
- Advertising or charging a higher price for NDIS participants than for children who are not NDIS participants, without a valid reason.
- A provider is never allowed to provide inaccurate information about their qualifications and expertise.



## Questions you can ask your provider

- How will we communicate?
- How do you resolve conflict?
- How will you ensure service is maintained if a staff member leaves your service?

# Who to contact if you have questions, concerns or to make a complaint

Most NDIS providers do their best to provide quality supports and services to people with disability, but issues can occur.

You have the right to:

- ask questions
- seek explanations
- make a complaint.

Speaking up can help improve services for your child and other people.

If you have questions or concerns about your child's current NDIS support, you can talk to any of the following.

## Your provider

Sometimes talking to your provider can resolve your questions or concerns.

If you don't get your desired response or things go wrong, you can also make a complaint directly with them.

It is their responsibility to help you feel safe to ask questions or make a complaint without fear of retribution or loss of services.



## The NDIS Quality and Safeguards Commission (NDIS Commission)

The NDIS Commission is an independent Commonwealth agency established to improve the quality and safety of NDIS supports and services. They can take complaints or questions from anyone about:

- NDIS services or supports not provided in a safe and respectful way
- NDIS services and supports not delivered to an appropriate standard
- how an NDIS provider has managed a complaint about service provided to an NDIS participant.

You can make a complaint to the NDIS Commission or ask questions by:

- completing a [complaint contact form](#)
- calling 1800 035 544.

For more information, visit the [NDIS Commission website](#).



## The Australian Health Practitioner Regulation Agency (AHPRA)

AHPRA ensures Australia's registered health practitioners are suitably trained, qualified and safe to practice.

They can look into safety concerns raised about registered health professionals, students and unregistered people claiming to be health professionals.

You can contact AHPRA by:

- calling 1300 419 495
- submitting an [online enquiry](#)

For more information, visit [AHPRA website](#).

## Your my NDIS contact

These contact details can be found on your child's NDIS plan.

## An advocate

Advocacy support is for people with disability who face complex challenges.

Family members or carers acting on behalf of people with disability may be able to seek disability advocacy support, as long as there is no conflict of interest.

If you are unable to act, speak or write about a difficult situation on your own, or don't have a support network to help you, then disability advocacy may be an option.

Find an advocate in your area by:

- visiting the [Disability Advocacy Finder](#)
- contacting the [Disability Gateway](#) on 1800 643 787
- searching 'advocates' at the Disability Gateway.

## Further assistance

If you need information in a language other than English, contact the Translating and Interpreting Service:

- on the [TIS National](#) website
- by phone for free on 131 450.
- If you are deaf or hard of hearing, contact:
  - TTY on 1800 555 677
  - National Relay Service on 1800 555 727.

## Who to contact if there is a risk of immediate or significant harm

Contact the police on 000 for immediate assistance if you are concerned that you, your child or another person is at risk of immediate harm, or someone has been harmed.

# Useful links

## Decision-making

- [Deciding With Support – Holistic supported decision-making toolkit designed for people with disability, supporters, practitioners and service providers \(flinders.edu.au\)](http://flinders.edu.au)
- [Engaging children with disability in supported decision making | Australian Institute of Family Studies \(aifs.gov.au\)](http://aifs.gov.au)
- [Supporting your child with decision-making \(acd.org.au\)](http://acd.org.au)
- [Supporting Autistic Children Guideline | Autism CRC \(autismcrc.com.au\)](http://autismcrc.com.au)

## Safety checks

- [Pre-employment and volunteer screening checks | Australian Institute of Family Studies \(aifs.gov.au\)](http://aifs.gov.au)
- [Worker Screening | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](http://ndiscommission.gov.au)

## Competent and professional services

- [List of registered providers | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](http://ndiscommission.gov.au)
- [Australian Health Practitioner Regulation Agency - Register of practitioners \(ahpra.gov.au\)](http://ahpra.gov.au)
- [Allied health professions - Allied Health Professions Australia \(ahpa.com.au\)](http://ahpa.com.au)
- [Find a Speech Pathologist \(speechpathologyaustralia.org.au\)](http://speechpathologyaustralia.org.au)
- [Parents & carers | Child Safe Organisations \(humanrights.gov.au\)](http://humanrights.gov.au)
- [NDIS Commission Evidence Informed Practice Guide \(ndiscommission.gov.au\)](http://ndiscommission.gov.au)

## Early childhood supports


- [NDIS Practice Standards \(ndiscommission.gov.au\)](http://ndiscommission.gov.au)
- [Parents & carers | Child Safe Organisations \(humanrights.gov.au\)](http://humanrights.gov.au)
- [Keeping Our Kids Safe | National Office for Child Safety \(childsafety.gov.au\)](http://childsafety.gov.au)


## Specialist behaviour support


- [NDIS Practice Standards  
\(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au/ndis-practice-standards)
- [Understanding behaviour support and  
restrictive practices - for providers  
\(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au/understanding-behaviour-support-and-restrictive-practices-for-providers)
- [Regulated restrictive practices with children  
and young people – Easy Read guide  
\(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au/regulated-restrictive-practices-with-children-and-young-people-easy-read-guide)
- [Position Statement – Practices that present  
high risk of harm to NDIS participants  
\(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au/position-statement-practices-that-present-high-risk-of-harm-to-ndis-participants)
- [Participant Fact Sheets for behaviour support  
\(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au/participant-fact-sheets-for-behaviour-support)



**National Disability Insurance Scheme**

 Website: [ndis.gov.au](https://www.ndis.gov.au)

 Telephone: 1800 800 110

 Webchat: [ndis.gov.au](https://www.ndis.gov.au)

**Follow us on our social channels**



**For people who need help with English**

 TIS: 131 450

**For people who are deaf or hard of hearing**

 TTY: 1800 555 677

 Voice relay: 1800 555 727

 National Relay Service: [accesshub.gov.au](https://www.accesshub.gov.au)



# 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 RRP.)

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

## 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

<b>Description of RRP</b>	<i>(Describe the regulated restrictive practice here. What does it involve?)</i>
<b>Rationale</b>	<i>(Outline here why the RRP is needed. What behaviour of concern does it aim to decrease or stop? Demonstrate how it is <b>proportionate</b> and the <b>least restrictive</b> way of <b>reducing risk of harm</b>. How is it used as a <b>last resort</b> and for the <b>shortest possible time</b>?)</i>
<b>Circumstances to be used</b>	<i>(State here whether the use is <b>Routine</b> (i.e., in constant or daily use) OR <b>PRN</b> (i.e., used as needed in response to a specific risk or behaviour of concern). Provide any additional information here as required.)</i>
<b>Strategies to be used first</b>	<i>(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.)</i>
<b>Procedure</b>	<i>(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.)</i>
<b>Impacts and Safeguards</b>	<i>(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.)</i>
<b>Training, monitoring and review</b>	<i>(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?)</i>
<b>Plan to reduce and eliminate RRP</b>	<i>(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.)</i>

## 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.

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

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## 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

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NDIS Quality  
and Safeguards  
Commission

# Restrictive Practice Guide

## Safe Transportation

February 2023

Version 2



**NDIS Quality  
and Safeguards  
Commission**

## Acknowledgements

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  - Community Services Directorate, Australian Capital Territory
  - Department of Communities and Justice, New South Wales
  - Department of Health, Northern Territory
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  - Department of Human Services, South Australia
  - Department of Communities, Tasmania
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## Background

The NDIS Quality and Safeguards Commission (NDIS Commission) is an independent agency that was established to develop a nationally consistent approach to quality and safeguarding for people with disability receiving supports and services under the National Disability Insurance Scheme (NDIS). In fulfilling this role, the NDIS Commission is committed to promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by people with disability and promoting respect for their inherent dignity (United Nations, 2006). This includes providing leadership in behaviour support, monitoring the use of regulated restrictive practices and promoting their reduction and elimination.

Regulated restrictive practices include seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint. These practices or interventions have “the effect of restricting the rights or freedom of movement of a person with disability” (Australian Government, 2013). The use of regulated restrictive practices by registered NDIS providers is subject to conditions outlined under the [National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018](#).

## Purpose of the guide

The purpose of this guide is to:

- promote the rights and inherent dignity of people with disability,
- assist in identifying the use of regulated restrictive practice when transporting people with disability,
- highlight the special considerations and safeguards relevant to the use of transportation for people with disability,
- provide practice advice consistent with a positive behaviour support framework, contemporary evidence informed practice and the intent to reduce and eliminate the use of restrictive practices, and
- assist registered NDIS providers and NDIS behaviour support practitioners to meet their obligations under the [National Disability Insurance Scheme Act 2013 \(NDIS Act 2013\)](#) and relevant Rules.

## Scope

This guide was developed for registered NDIS providers and NDIS behaviour support practitioners supporting NDIS participants, but it may also be of interest to anyone who supports a person with disability. It provides guidance on the use of restrictive practices in transportation. This guide should be read in conjunction with the [Regulated Restrictive Practice Guide](#).

## Legislative context

This guide furthers some of the NDIS Quality and Safeguards Commissioner's behaviour support function as set out in section 181H of the [NDIS Act 2013](#) relevantly:

“The Commissioner's behaviour support function is to provide leadership in relation to behaviour support, and in the reduction and elimination of the use of restrictive practices, by NDIS providers, including by:

...

- (b) developing policy and guidance materials in relation to behaviour supports and the reduction and elimination of the use of restrictive practices;
- (c) providing education, training and advice on the use of behaviour supports and the reduction and elimination of the use of restrictive practices;

...

- (e) undertaking and publishing research to inform the development and evaluation of the use of behaviour supports and to develop strategies to encourage the reduction and elimination of restrictive practices by NDIS providers.”

The NDIS Act 2013 gives effect to Australia's obligations under the [Convention on the Rights of Persons with Disabilities](#) (CRPD). The CRPD is the first binding international human rights treaty to recognise the rights of all people with disability. Australia signed the CRPD in 2008.

## Key points

- In Australia, everyone in a vehicle is required to wear an approved seat belt, child restraint or use a booster seat. However, special rules and considerations apply to people with disabilities or medical conditions when they travel in a vehicle.
- Ensuring the safety of the person with disability and others during transportation is crucial.
- Transportation should be provided in the least restrictive and least intrusive manner possible, giving due regard to the support needs and safety of the person being transported, the safety of others, and available resources.
- A risk assessment determining risk of harm to the person and others during transportation may be necessary.
- If a person with disability displays behaviours of concern, a restrictive practice might be needed to support safe transportation if positive strategies alone are not sufficient to keep the person and others safe from harm.
- The use of regulated restrictive practices by NDIS providers on NDIS participants is subject to regulation, monitoring and oversight by the NDIS Commission.
- Regulated restrictive practices should only be used as a last resort to reduce risk of harm to the person or others, after exploring and applying evidence-based, person-centred and proactive strategies. They must be the least restrictive response possible, proportionate to the risk of harm and used for the shortest time possible.
- In some circumstances restrictive practices used in a vehicle may be mechanical restraint or environmental restraint depending on the manner and context the device is applied.
- All providers should work in the best interests of people with disability to provide safe transportation, and have processes in place to promote wellbeing and reduce the likelihood of harm.
- The [\*NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018\*](#) outline registered NDIS providers' obligations in relation to behaviour support plans and the use, monitoring and reporting of regulated restrictive practices.
- Each state and territory has legislation, policy and procedures that also need to be adhered to. Some state and territory authorisation bodies may also want oversight over certain devices used in transportation.

## Reducing and eliminating restrictive practices

Consistent with a positive behaviour support framework and the NDIS Act 2013, regulated restrictive practices should only be used as a last resort in response to risk of harm and for the shortest time possible. There should be a clear plan to reduce and eliminate the use of regulated restrictive practices over time, where the restrictive practices are replaced with proactive and less restrictive alternatives that are based on an understanding of the person's needs and the function of the behaviour.

Australia is committed to the reduction and elimination of restrictive practices. The *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector* identified the following six core strategies for reducing and eliminating restrictive practices:

1. Person-centred focus
2. Leadership towards organisational change
3. Use of data to inform practice
4. Workforce development
5. Use of restraint and seclusion reduction tools (including evidence-based assessment, prevention approaches, emergency management plans, environmental changes and meaningful activities integrated into the individual's support plan)
6. Debriefing and practice review

The primary goal of positive behaviour support is to improve quality of life. Reduction of behaviours of concern is the secondary goal. Reducing and eliminating restrictive practices upholds the rights of people with disability, and is a critical part of promoting quality of life.

## Legislation and Safe Transportation

Safe transportation for people with a disability is important to enable full participation in the community. It allows for social and economic engagement, fosters independence and choice and control. The Convention on the Rights of Persons with Disabilities (CRPD) supports the right of people with disabilities to access transportation on an equal basis with others. It acknowledges the importance of transport for people with disabilities to access a range of services including homes, schools, healthcare facilities, workplace and leisure [CRPD Article 9].

There are a range of disabilities and medical conditions that may impact on a person's safe restraint in a motor vehicle. For example, people with a disability that affects their posture, movement and positioning (e.g., cerebral palsy, neuromuscular conditions, spina bifida) often require more supportive vehicle seating options.

Special consideration are often needed for children with autism, intellectual disability, attention deficit hyperactivity disorder and those who engage in behaviours of concern to be able to travel safely in a vehicle. Research has found that 74 percent of children with autism attempt to remove their seat belt, and more than 20 percent of parents' report that their child engages in aggressive or self-injurious behaviour during travel, impacting on their safety and others (Yonkman, et al., 2013).

People with a disability, the driver, passengers and others have the right to travel safely in a vehicle. Contravening this could result in a breach of provider requirements under the NDIS Code of Conduct. Compliance with the NDIS Code of Conduct is a condition of registration for NDIS registered providers under section 73F(2)(b) of the NDIS Act.

The laws of each Australian state and territory have specific rules in relation to the use of seatbelts, child restraints, booster seats and other transport safety measures. These rules are in place to keep people safe. These rules vary depending on the age of the person travelling in a vehicle and whether the person has a disability or medical condition. It is important to be familiar with the state or territory road rules relating to how a person with disability or medical condition can travel including applicable restraint options. See [Appendix A](#) for links to Australian Standards for child restraints, road rules relevant to each state and territory, and relevant policies. Complying with all applicable requirements imposed by a law of the state or territory is a condition of registration for NDIS providers under section 73F(2)(a) of the NDIS Act.



## What is a restrictive practice?

Section 9 of 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’. Under the [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018](#), there are five restrictive practices that are subject to regulation and oversight by the NDIS Commission. These are chemical restraint, mechanical restraint, physical restraint, environmental restraint and seclusion. For definitions of each regulated restrictive practice refer to [Appendix B](#).

## Do restrictive practices apply to transportation?

When applying regulated restrictive practice definitions to safe transportation there are a number of laws and other factors that need to be considered, these are outlined below.

## Devices that are not a regulated restrictive practice during the course of transportation

It is the NDIS Commission’s position that the following devices used in a vehicle when transporting a person with disability are not considered regulated restrictive practices irrespective of whether or not the person is also engaging in a behaviour of concern. This applies to the use of these devices **only** during the course of transportation (i.e., taking a person from one place to another):

- Child and window locks on vehicles
- Seat belt guards
- A dividing screen between the driver and the back seat
- A harness prescribed for postural/ therapeutic support when travelling in a vehicle

These devices are not considered a restrictive practice on the basis that:

- (i) under s73F(2) of the NDIS Act, a registered provider must comply with all applicable requirements imposed by a law of the Commonwealth or a law of the State or Territory in which it operates, and
- (ii) the wearing of a seat belt while travelling is mandatory under state and territory laws; and
- (iii) the use of a seat belt on a person with disability in the course of transportation is not considered a restrictive practice; and

- (iv) the use of a seat belt guard in the course of transportation is used to ensure compliance with the legal requirement to have all passengers wear a seat belt; and
- (v) the use of a seat belt guard does not restrict the free movement of a person with disability in a vehicle during transportation, beyond the restriction on the person's movement imposed by the wearing of the seat belt; and
- (vi) the use of locked doors and windows in the course of transportation is used to ensure compliance with the legal requirement that a person must not travel in or on a motor vehicle with any part of the person's body outside a window or door of the vehicle unless the person is the driver of the vehicle and is giving a hand signal; and
- (vii) the use of interior partitions/ divider screens in a vehicle can be used in accordance with the requirements outlined in the [Australian Light Vehicle Standards Rules 2015 \(pcc.gov.au\) \(PDF, 1.4 MB\)](https://www.pcc.gov.au/standards-rules-2015).

## Devices that are a restrictive practice in transportation

In some circumstances restrictive practices used in a vehicle may fall under mechanical restraint, or environmental restraint depending on the manner and context the device is applied. If the devices outlined on page 9 are used in any other circumstances to manage behaviours of concern then this would constitute a regulated restrictive practice.

For example:

- Using a seatbelt guard while the vehicle is not in transit to keep a person with disability in their seat because they are agitated is a **mechanical restraint**.
- Using a harness on a person to manage a behaviour of concern in a vehicle who does not require it for postural/ therapeutic support is a **mechanical restraint**.

More examples of when devices are, and are not, a regulated restrictive practice are provided in **Table 1**.

**Table 1: Devices that are, and are not, a regulated restrictive practice in transportation**

Device	Regulated Restrictive Practice	Not a regulated restrictive Practice
Harness	The use a harness to stop a person from hitting others in a vehicle who does not require it for postural/ therapeutic support is a <b>mechanical restraint</b> .	The use of a harness that is part of an appropriate child restraint or seat (depending on the child's size and age) that is in line with state or territory road safety rules is not a mechanical restraint, for example, a 3 point booster seat.  A harness prescribed by an occupational therapist for postural support for a person with a disability when travelling in a vehicle.
Lap belt	The use of a lap belt when not in transit to stop a person from getting out of their wheelchair and wandering in a vehicle is a <b>mechanical restraint</b> .	The use of a lap belt on a wheelchair for postural/therapeutic support is not a mechanical restraint.
Child lock	Using a child lock when not in transit to prevent a person from exiting the vehicle when agitated is an <b>environmental restraint</b> .	The use of the child lock on a vehicle in transit is not a mechanical restraint.
Dividing screen	N/A	A dividing screen between the driver and the back seat is not a mechanical restraint.
Seat belt guard	Using a seat belt guard when not in transit to prevent a person from getting out of their seat in a vehicle when agitated is a <b>mechanical restraint</b> .	Using a seat belt guard in a vehicle to ensure the seat belt remains fastened in transit is not a mechanical restraint.

## Requirements for the use of devices that are not a regulated restrictive practice in transportation.

While devices that are not a regulated restrictive practice do not require reporting to the NDIS Commission, it may be in the best interest of the person and those supporting them to better understand why these practices are in place and what the person's needs are using an evidence based positive behaviour support approach. The use of these devices for transportation may be documented in various ways, including:

- Reports from a health practitioner qualified to prescribe therapeutic devices
- Risk assessments for safe transportation
- Participant files
- Other materials to support safe and effective implementation
- A behaviour support plan

Each state and territory has legislation, policy and procedures that also need to be adhered to for safe transportation. Some state and territory authorisation bodies may also want oversight over certain devices used in transportation. This means that while there are no reporting obligations to the NDIS Commission for these devices, NDIS providers would need to ensure that they are complying with any authorisation requirements (however described) in the relevant state or territory. Refer to [Appendix A](#) and [Appendix C](#) for links to Australian standards and road rules, and state and territory authorisation frameworks.

## Requirements when using a regulated restrictive practice in transportation

The use of a device for behavioural purposes to enable safe transportation may constitute mechanical restraint or environmental restraint (depending on the context), and these are regulated restrictive practices. The following legislative instruments outline the reporting requirements and the conditions under which regulated restrictive practices can be used:

- [National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018](#)
- [National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#)
- [National Disability Insurance Scheme \(Incident Management and Reportable Incidents\) Rules 2018](#)

Some of these conditions include that the use of a regulated restrictive practice must:

- a) be clearly identified in the behaviour support plan
- b) if the state or territory in which the regulated restrictive practice is to be used has an authorisation process (however described) in relation to that practice, be authorised in accordance with that process
- c) be used only as a last resort in response to risk of harm to the person with disability or others, and after the provider has explored and applied evidence-based, person-centred and proactive strategies
- d) be the least restrictive response possible in the circumstances to ensure the safety of the person or others
- e) reduce the risk of harm to the person with disability or others
- f) be in proportion to the potential negative consequence or risk of harm
- g) be used for the shortest possible time to ensure the safety of the person with disability or others.

## Considerations when using devices in transportation

- Transport should be provided in the least restrictive and least intrusive manner possible, giving due regard to the support needs and safety of the person being transported, the safety of others, and the available resources.
- Consideration of the expressed wishes of the person and/or their family or carer.
- Involving the person with disability about decisions regarding their transport and care.
- Consultation with a physiotherapist or occupational therapist as appropriate.
- A comprehensive assessment of risk should also include the person's level of distress, agitation or aggression prior to transport and the potential for associated risks in transit.
- A comprehensive health assessment should be undertaken when there are changes in a person's behaviour, as these may be explained by conditions such as an ear infection, dizziness, travel sickness, pain or discomfort.
- If substantial modifications are required in a vehicle, it may be advisable to consult an engineering firm with expertise in this area. Consultation with fire services may also be advisable as there could be issues regarding the safe removal of a restraint in the event of an accident.
- Restraint options for children under the age of 16 years should be used in accordance with AS/NZS 4370:2013.

## Assessing behaviours of concern during transportation

A person with disability may exhibit behaviours of concern when travelling. This can put the person and others at risk. It is important to assess the underlying reason for the behaviour by completing a functional behaviour assessment within a positive behaviour support framework. Examples of behaviours of concern that can occur while being transported in a vehicle include:

- Hitting the windows/ seat/ others
- Trying to unlock the doors and attempting to get out whilst being driven
- Signs of protesting (trying to get out of their seats, rapid movement such as significant rocking)
- Screaming, yelling

## Things to consider when a person displays behaviours of concern during transportation

- What has previously worked and not worked in the past?
- A risk assessment determining risk of harm to the person and others during transportation, include various modes of transport available to the person, and the relative risks and benefits of each
- Distance to be travelled.
- What need is the person trying to communicate?
- Is this a new behaviour or is there a history?
- Have there been changes to transport, that is, the route of travel, the distance, a change in routine, frequency, or mode of transport?
- Do they experience car sickness?
- Is the behaviour only observed when being transported or is it also observed in other parts of the person's environment?
- Is the person showing signs of distress, pain or discomfort?
- Is the person over stimulated? (Department of Health and Human Services, 2016)
- Do they have difficulty with transitioning, for example, transitioning in and out of the vehicle or between activities, not knowing where they are going and how long it will take (Department of Health and Human Services, 2019).
- Are there identifiable triggers to the behaviour?
- Are they experiencing sensory or physical discomfort?

## Examples of non-restrictive strategies during transportation

- Distraction, engaging the person in self-directed activities, that is, listening to relaxing music, sensory items, iPad, books, audiobooks, video players, playing games like “I spy”.
- Reducing potential triggers, for example, checking temperature, noise, less crowding or people in the vehicle.
- Pre-planning before travel, communicating where they will be going, how long they will be in the vehicle for, where they are going.
- Shortening travel routes where possible.
- Using social stories and visual aids to teach about safe traveling in a vehicle.
- Using de-escalation techniques, and where possible having a person they have a positive relationship with accompany them in transit, can help keep them calm.
- Check if environmental factors or sensory factors are negatively affecting the person. Strategies to lessen these factors could include noise (headphones, earmuffs), light (sunglasses, sunshades), weather (temperature control of vehicle) (Department of Health and Human Services, 2016).
- Schedule sufficient breaks, including opportunities to get out of the car, toileting breaks, planning stops on the way.
- Monitoring emotions and behaviour, and looking for early warning signs of distress and agitation.
- Developing the person’s travel training skills. This might include 'desensitisation' that is, moving from sitting in a parked vehicle through short trips to locations valued by person, to longer trips to valued locations.



## Further information or support

Contact the NDIS Quality and Safeguards Commission

Website: [www.ndiscommission.gov.au/providers/behaviour-support](http://www.ndiscommission.gov.au/providers/behaviour-support)

Phone: [1800 035 544](tel:1800035544) (Mon-Fri)

Email: [BehaviourSupport@ndiscommission.gov.au](mailto:BehaviourSupport@ndiscommission.gov.au)

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- Department of Health and Human Services (2019) Recognising and Reducing Mechanical Restraint Practice guide. State of Victoria.
- Department of Health and Human Services (2016) Transportation of children with disabilities who display behaviours of concern. Clinical reasoning guide for occupational therapists. Victoria State Government.
- United Nations (2006). [United Nations Convention on the Rights of Persons with Disability](#).
- Yonkman J, Lawler B, Talty J, O'Neil J, and Marilyn B (2013). *Safely transporting children with autism spectrum disorder: evaluation and intervention*. American Journal of Occupational Therapy, 67 (6): 711–716.

# Appendix A: Australian Standards and relevant road rules

## Australian Standards

Australian Standards provide guidelines for good practice. Australian Standards are documents that set out specifications and guidelines for products, services and systems to be safe, reliable and consistent in their function (REF). Australian Standards are not legal documents, unless mandated by government.

Australian Standards relevant to child vehicle restraints include:

- **AS/NZS 1754** Child restraints systems for use in motor vehicles
- **AS/NZS 8005** Accessories for child restraints for use in motor vehicles
- **AS/NZS 4370** Restraint of children with disabilities, or medical conditions, in motor vehicles.

## Relevant Road Rules Links

### The National Transportation Commission

[National Transport Commission](#)

#### ACT

[Road Transport \(Safety and Traffic Management\) Booster Seat, Child Restraint and Child Safety Harness Approval 2020\(No 1\)](#)

#### NSW

[Vehicle Standards Information VSI.49 | Rev 1 | 1 November 2007 \(PDF, 596 KB\)](#)

#### South Australia

[Road Traffic \(Miscellaneous\) Regulations 2014 \(legislation.sa.gov.au\) \(PDF, 1.2 MB\)](#)

#### Tasmania

[Road Amendment Rules 2016](#)

## **Victoria**

Children with additional needs: VicRoads

Queensland

Transport Operations (Road Use Management—Road Rules) Regulation 2009

## **Western Australia**

Seats and seat belts

Child safety on WA roads

## **Northern Territory**

<https://legislation.nt.gov.au/Legislation/TRAFFIC-REGULATIONS-1999>

## Appendix B: Regulated Restrictive Practice Definitions

### Seclusion

Section 6(a) of the [\*NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018\*](#) defines seclusion as:

“the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted”.

### Chemical Restraint

Section 6(b) of the [\*NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018\*](#) defines chemical restraint as:

“the use of medication or chemical substance for the primary purpose of influencing a person’s behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition”.

### Mechanical Restraint

Section 6(c) of the [\*NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018\*](#) defines mechanical restraint as:

“the use of a device to prevent, restrict, or subdue a person’s movement for the primary purpose of influencing a person’s behaviour but does not include the use of devices for therapeutic or non-behavioural purposes”.

### Physical Restraint

Section 6(d) of the [\*NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018\*](#) defines physical restraint as:

“the use or action of physical force to prevent, restrict or subdue movement of a person’s body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person”.

### Environmental Restraint

Section 6(e) of the [\*NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018\*](#) defines environmental restraint as practices:

“which restricts a person’s free access to all parts of their environment, including items or activities”.

## Appendix C: State/Territory Authorisation Frameworks

State/ Territory	Legislation, policy or procedure	For more information about authorisation, consent and reporting requirements
<b>ACT</b>	Senior Practitioner Act 2018	See: <a href="#">ACT Senior Practitioner website</a>
<b>NSW</b>	RPA Policy and Procedural Guide Draft Persons with Disability (Regulation of Restrictive Practices) Bill 2021	See: <a href="#">NSW Restrictive Practices Authorisation Portal</a>
<b>NT</b>	National Disability Insurance Scheme (Authorisations) Act 2019	See: <a href="#">NT Department of Health website</a>
<b>QLD</b>	The Disability Services Act 2006	<a href="#">See: Queensland Legislation - Queensland Government</a>
<b>SA</b>	<p>South Australia's Restrictive Practices Authorisation scheme commenced on Monday 30 May 2022. The SA legislation provides for the Restrictive Practices Authorisation scheme under:</p> <ul style="list-style-type: none"> <li>• Part 6A (Restrictive practices) of the Disability Inclusion Act 2018;</li> <li>• Disability Inclusion (Restrictive Practices – NDIS) Regulations 2021; and</li> <li>• Restrictive Practices Guidelines (made under Part 6A of the Disability Inclusion Act 2018).</li> </ul> <p>Part 6A (Restrictive practices) of the Disability Inclusion Act 2018 sets out the roles, processes, and criteria for the authorisation of restrictive practices by registered NDIS providers for NDIS participants in SA.</p>	See: <a href="mailto:DHSRestrictivePracticesUnit@sa.gov.au">DHSRestrictivePracticesUnit@sa.gov.au</a> .
<b>TAS</b>	Disability Services Act 2011	See: <a href="#">Office of the Senior Practitioner</a>
<b>VIC</b>	Disability Act 2006, Disability Amendment Act 2012, Disability (National Disability Insurance Scheme Transition) Amendment Act 2019	See: <a href="#">VIC Authorisation process for the use of regulated restrictive practices</a> and / or the <a href="#">DHHS website</a>
<b>WA</b>	Authorisation of Restrictive Practices in Funded Disability Services Policy 2020	See: <a href="#">WA Authorisation of Restrictive Practices web page</a> and / or contact the Authorisation of Restrictive Practices email: <a href="mailto:ARP@communities.wa.gov.au">ARP@communities.wa.gov.au</a>



# Evidence Matters: Developing Quality Behaviour Support Plans

*Prepared for the NDIS Quality and Safeguards Commission*

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## About this Evidence Matters Summary

This Evidence Matters Summary has been developed in partnership with the NDIS Commission in line with the Commissioner's core functions ([NDIS Act \(2013\)](#)), in particular:

- To uphold the rights of, and promote the health, safety and wellbeing of, people with disability receiving supports or services, including those received under the National Disability Insurance Scheme
- To promote the provision of advice, information, education and training to NDIS providers and people with a disability.
- To promote continuous improvement amongst NDIS providers and the delivery of progressively higher standards of supports and services to people with disability.

This Evidence Matter Summary has also been developed in line with the Commissioner's behaviour support function ([NDIS Act \(2013\)](#)), particular:

- Developing policy and guidance materials in relation to behaviour supports and the reduction and elimination of the use of restrictive practices by NDIS providers.
- Providing education, training and advice on the use of behaviour supports and the reduction and elimination of restrictive practices.

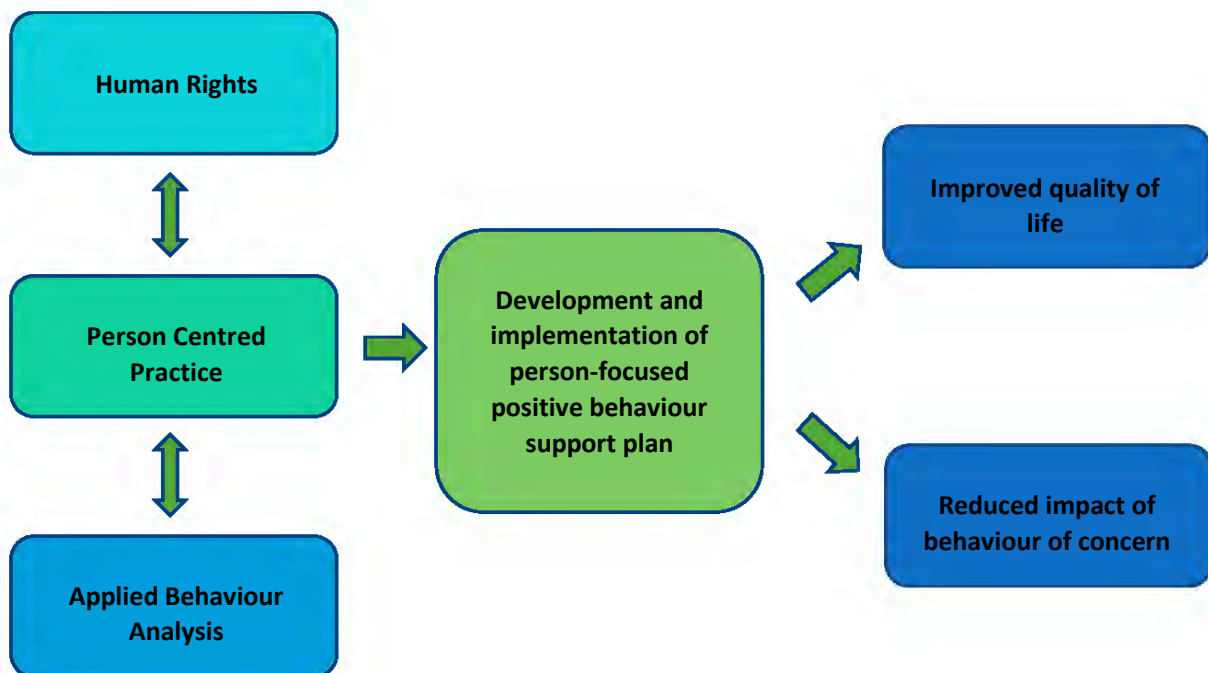
This summary has been developed through research and in collaboration with experienced behaviour support practitioners. It is intended to provide behaviour support practitioners with evidence-based advice to support the development of quality behaviour support plans. This guide is **not** intended to outline/explain in depth the concepts and practices relevant to behaviour support plan development; in line with the NDIS Commission's *Positive Behaviour Support Capability Framework*, a core level of knowledge of positive behaviour support is assumed on the part of the reader.

## Introduction

Positive behaviour (or behavioural) support (PBS) was first proposed by Horner et al. [1] and has been established as an evidence-based, effective therapeutic approach for individuals who are at risk of, or are engaging in, behaviours of concern<sup>1</sup> [2-5] that limit their life opportunities, impact on others and/or are a risk of harm.

Accepted definitions of PBS from the literature [6-11] highlight a common understanding of the approach (as depicted in Figure 1): that PBS involves the **intersection** of the theories and principles of applied behaviour analysis (ABA), human rights and person-centred practice (PCP) to first and foremost enhance a person's quality of life, and second, reduce behaviours of concern.

Figure 1. The Foundations of PBS [12]



In the PBS approach, functional behavioural assessment, the development of a behaviour support plan (BSP) and its implementation are the mechanisms used to effect positive quality of life and behavioural change [2, 5]. BSPs describe a person's behaviours of concern that are the focus of the plan in observable and measurable terms, outline the assessments carried out to understand the context and contributing factors to a person's behaviour and provide an analysis of the hypothesised

<sup>1</sup> In Australia and internationally, various terms are used to refer to the behaviours that are typically the focus of behaviour support plans, including behaviour of concern, challenging behaviour, behaviour of harm, and problem behaviour. To align with the language used by NDIS Quality and Safeguards Commission, the term 'behaviour of concern' is used throughout this guide.



reasons behind why the person may be engaging in these behaviours. Based on this behavioural analysis, the BSP outlines a set of interventions or strategies to implement to affect positive change to the person's quality of life and behaviour of concern. This may include changes to the person's immediate environment, specific support strategies or the teaching of new skills or alternative or functionally equivalent replacement behaviours.

In Australia, a BSP must be in place for a person with disability (referred to as the *person of focus* or *focus person* from here on in) who is a NDIS participant and subject to the use of restrictive practices for the purposes of responding to behaviours of harm to the person and/or others, in order to keep people safe. For information regarding regulated restrictive practices and authorisation, please refer to the NDIS Quality and Safeguards Commission website<sup>2</sup>

Only behaviour support practitioners considered suitable by the Commission can provide NDIS-funded behaviour support services (including the development and implementation of a BSP). For information about suitability assessments and the Positive Behaviour Support Capability Framework, please refer to the NDIS Quality and Safeguards Commission website<sup>3</sup>. While the use of restrictive practices is required to be documented in a BSP, restrictive practices are **not** a positive behaviour support.

In a report released by the NDIS Quality and Safeguards Commission in August 2022 [13], an audit of the quality of 2,744 BSPs submitted to the Commission using the Behaviour Support Plan Quality Evaluation, Version 2 [14] found that 80% of the BSPs evaluated were categorised as **weak** or **underdeveloped**. Areas of improvement were noted such as the identification of alternative or functionally equivalent replacement behaviours, teaching plans for such behaviours and skill development, and plans to support the processes related to implementation (e.g., team communication and coordination). Furthermore, the Commission noted that only 32% of BSPs audited consulted the person of focus.

Given the audit findings, the NDIS Quality and Safeguards Commission is investing in the development of resources to assist registered behaviour support practitioners to develop quality BSPs, including this guide.

This guide contains the following:

- A brief evidence review that outlines a suite of evidence-based markers of BSP quality.
- A description of the relevant sections of a BSP, including the evidence-based markers that demonstrate quality within each section.
- A *BSP quality tip sheet* – a summary of the advice provided in this guide – is also included that can be used as a quick reference by behaviour support practitioners to assist with BSP development (See Appendix A).

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<sup>2</sup> Direct weblink: <https://www.ndiscommission.gov.au/participants/incidents-and-behaviour-support/understanding-behaviour-support-and-restrictive-0>

<sup>3</sup> Direct weblink: <https://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers/positive-behaviour>

- A list of relevant publicly available online resources to support behaviour support practitioners with BSP development (see Appendix B).

## Literature Summary on Behaviour Support Plan Quality

In 2022, the authors conducted a systematic literature review to collate all relevant research literature on BSP quality. Table 1 summarises the quality markers extracted from the 90 sources of evidence collated. The quality markers could be categorised into three overarching themes – *behavioural assessment*, *technical compliance with behavioural principles*, and *plan implementation*.

**Table 1. The BSP Quality Markers Extracted from the Systematic Literature Review**

Behavioural Assessment
<ul style="list-style-type: none"> <li>• <b>Person-centred approach to assessment and plan development</b> - Collaborating with the person of focus and their families, paid support staff and any other relevant stakeholders to gather behavioural and other relevant information [15-24]</li> <li>• <b>Direct observation</b> of the focus person's behaviour of concern in the relevant environments (e.g., home, school, employment setting) using data collection methods like ABC note cards, scatterplots, etc. [17, 25-30]</li> <li>• The use of <b>indirect data collection methods</b> such as interviews and standardised measures including the <i>Functional Assessment Interview</i>, <i>Functional Assessment Screening Tool</i>, <i>Motivation Assessment Scale</i> and <i>Questions About Behaviour Function Scale</i> [25, 27-29, 31-32]</li> <li>• <b>Other sources of information</b> consulted to understand the person of focus (e.g., reports from health professionals, case notes, person-centred support plans, funding plans, etc.) [16, 33-36]</li> </ul>
Technical Compliance with Behavioural Principles
<ul style="list-style-type: none"> <li>• Clear <b>description</b> of the focus person's <b>behaviour(s) of concern</b> including information their frequency, duration, and intensity/severity [14, 23, 29, 31, 35, 37-41]</li> <li>• An analysis of the <b>antecedents/triggers, setting events and consequences</b> of the focus person's behaviour(s) [14, 16, 28-29, 33-35, 41-43]</li> <li>• Proposed <b>function(s)</b> of the focus person's behaviour(s) and the identification of <b>functionally equivalent replacement behaviour(s)</b> [14-15, 23-24, 28-29, 33-36, 43-51]</li> <li>• Person-centred <b>goals</b> – Measurable and achievable goals around behaviour change <u>and</u> quality of life [14, 17, 24, 26, 29, 36, 46, 50-51]</li> </ul>

- Person-centred **environmental change strategies** linked to setting events and antecedents (triggers) to reduce behaviour of concern and enhance quality of life [14, 16, 25, 29, 34-35, 45, 49, 52-56]
- **Skill development strategies** to teach the person of focus alternative or functionally equivalent replacement behaviours and other relevant skills [14, 24, 28-29, 32, 36-37, 41, 45, 49-50, 53, 57-58]
- Person-centred **reinforcement strategies** to support the teaching of alternative/replacement behaviours and other relevant skills [14, 19, 24, 28-29, 31, 34, 45, 50, 58]
- **Other strategies** related to meeting the physical, health, and social needs of the person of focus that impact their behaviour including sleep interventions, specific medical treatments, activity scheduling, etc. [25-26, 34, 40, 46, 59-60]
- **Reactive strategies** to deal with behaviour(s) of concern if they reoccur including strategies to maintain the safety of the person and others, prompting desired behaviours, re-direction or distraction, debriefing, etc. [14, 16, 23, 25, 29, 35, 41, 45, 58, 61]
- A plan to **fade-out the use of restrictive interventions/practices** as soon as possible with the effective implementation of PBS strategies [19, 24-25, 44-45, 51, 61-62]

### Plan Implementation

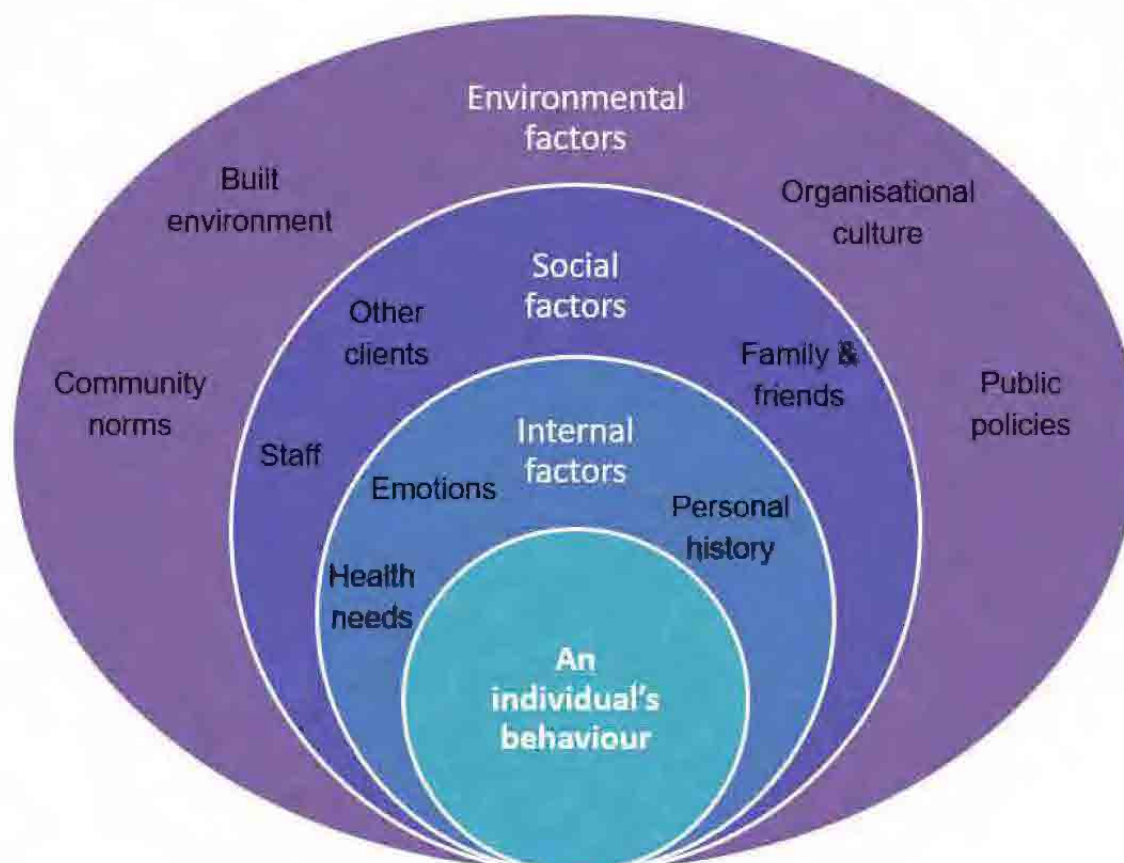
- **Social validity** - Acceptance of the proposed strategies by the person of focus, paid support staff and family members tasked with implementing the BSP or have an interest in the wellbeing of the person of focus [33-34, 46, 49, 63]
- **Training** – Paid support staff and family members provided with training in how to implement the proposed strategies, which may include role playing, coaching, feedback and mentoring [29, 31, 34, 37, 39, 64-66]
- Regular and planned **communication** between plan implementers to review and troubleshoot implementation issues on-the-go [15-16, 27, 34, 50-51, 58-59, 67-68]
- **Outcome measurement** – A planned process to collect person-centred outcome data to assess the effectiveness of the BSP to achieve the proposed goal(s) [17, 26, 33-34, 45, 59, 69-72]
- **Implementation fidelity** (also known as treatment fidelity) – A planned process to measure if the strategies is being implemented as intended [48-49, 54, 57, 73-74]
- **Plan review** – A planned process to review the BSP on a regular basis to check its effectiveness in achieving the proposed goal(s) [23, 33]
- **Readability** – Concise plans that use plain, easy to read and understand language (e.g., secondary school reading level or below) [50, 58, 68-69, 75]

## Elements of a Quality Behaviour Support Plan

### Identify the need for a behaviour support plan

A person's behaviours are influenced by factors that span the person themselves (internal factors) as well as their social and environmental contexts. Situating behaviours of concern within a social-ecological model of behaviour (see Figure 2) recognises that the behaviour is influenced by factors at multiple levels, across the individual, interpersonal, organisational, community and social contexts. It also recognises the importance of interventions/strategies that address social or environmental factors instead of, or in conjunction with, planned positive behaviour supports.

Figure 2. A social-ecological model of behaviour [76]



Example *internal factors* include:

- Where the person has communication difficulties and the behaviour of concern is a way to communicate their needs and preferences, their frustration, distress or protest.



- Where the person's skills are not sufficient for them to be able to meet their needs, in a way of their preference.
- Where the person has a physical condition, especially where the person is experiencing pain and is unable to communicate this.
- Where the person is experiencing symptoms associated with mental health conditions, such as depression or schizophrenia, or side-effects of medication.
- Current experience or background of trauma, abuse, or neglect.

Example *social factors* include:

- Living with co-tenants who are incompatible, or of whom the person is fearful, or not those the person chooses to live with.
- Being supported by staff and other caregivers where interactions are marked by disrespect for the person, bullying or poor communications.
- Support staff who do not have the skills, knowledge, or resources to best support the person. This includes the ability of staff to understand how the person communicates and their ability to communicate using methods other than spoken English (such as manual signing, communication devices or gestures and facial expressions).
- Being socially isolated or excluded from family or friends.
- Having a lack of access to community-based resources, activities, and opportunities.

Example *environmental factors* include:

- Environments that are barren, developmentally, or otherwise, inappropriate or environments that are abusive or restrictive, or overwhelming.
- Being subject to poverty and/or stigma or discrimination.
- Not having access to resources, medical care, or opportunities such as education and employment.

Interventions and strategies that are solely focused on supporting behaviour change at the level of the individual may not address contributing or causal social and environmental factors. Without addressing the multiple factors that influence a person's behaviour(s) of concern, planned positive behaviour supports may not be sufficient to bring about sustained behaviour change.

Further, the development of a BSP will not always be the intervention of best fit for a person's behaviour(s) of concern; there may well be situations where the person's behaviours will be better managed and perhaps eliminated completely if there is a sole focus on interventions/strategies that target social and environmental factors, such as remedying inappropriate accommodation arrangements, ensuring that staff teams and organisations are best suited to provide supports for the person, or ensuring the provision of appropriate medical treatment.





Following the **completion of a functional behavioural assessment** (to be discussed later in more detail), if it is evident that further behaviour change planning/action should solely focus on social and/or environmental factors, the behaviour support practitioner should either:

- Work in collaboration with all relevant stakeholders to support the implementation of strategies appropriate to the social or environment contributors to the person's behaviour(s) of concern. The focus person's behaviour(s) of concern and quality of life should be monitored throughout the response to ensure positive outcomes and if indicated, revisit the need for a PBS response if no behavioural change is noticed.
- If a BSP is required for regulatory purposes (e.g., restrictive practice authorisation and oversight), then the BSP needs to clearly outline all planned interventions/strategies to be implemented that address the social and environmental factors contributing to the behaviour(s) of concern and how these interventions/strategies will address their causal contribution to the behaviours of concern.
- If working off a BSP template, only complete the **relevant sections and those sections required in order to adhere to legislation**. In situations like those outlined above, BSP template sections like functionally equivalent replacement behaviours, teaching strategies and reinforcement will not be relevant.

### Psychosocial disability – A special case

Psychosocial rehabilitation aims to support people with psychosocial disability to develop their cognitive, emotional and social skills to achieve goals such as employment, independent living, and interpersonal relationships. PBS is not intended to **replace** the best evidence-based therapeutic interventions for mental health conditions such as schizophrenia and psychosis, substance abuse/misuse, suicidal ideation, and bipolar disorder. However, PBS can be an important **adjunct** to these other therapeutic treatments and supports. Where it has been identified that PBS and the development of a BSP would be of benefit for the person with psychosocial disability, the BSP should reference other treatment plans (such as mental health treatment plans) and how PBS will be used alongside these other therapeutic approaches to enhance the person's quality of life, and positively impact behaviours of concern.

### The introductory pages

It is important that the introductory pages of a BSP provides relevant demographic information regarding: (1) the person who is the focus of the BSP, (2) the behaviour support practitioner who developed the BSP, (3) key contacts for the person of focus including family members/guardians, (4) the service providers who will be implementing the BSP, and (5) the BSP's valid timeframe and proposed review date. Collating this information at the start of the BSP allows the reader to have all relevant information about key stakeholders and the BSP's time validity in the one accessible place.



Using the NDIS Quality and Safeguards Commission's *Behaviour Support Plan – Comprehensive*<sup>4</sup> template and other available templates as a guide, the following information should be provided in as a minimum:

- Person of focus:
  - Name and contact information (address, phone number and email address).
  - birthdate, identified gender, language, country of birth, cultural background.
  - If relevant, any informal decision-making support or formal guardianship arrangements.
- Behaviour support practitioner:
  - Name and contact details (name of specialist behaviour support provider if not a sole practitioner, address, phone number and email address).
  - Qualifications, NDIS practitioner number including level of registration against the *Positive Behaviour Support Capability Framework* (e.g., core, advanced), and any other relevant registrations (e.g., registration with the Australian Health Practitioner Regulation Agency).
  - Training and expertise in PBS.
- Key contacts
  - Name and contact information for each contact (address, phone number and email address).
  - Contact's relationship to the person of focus (e.g., parent, family member, guardian, doctor).
- Implementing service providers
  - Service name, location/outlet and contact information (contact person, address, phone number and email address).
  - The service(s) provided to the person of focus (e.g., accommodation, community access, in-home support).
- BPS timeframe and review
  - Start and end date for the BSP. The end date is typically 12 months following the start date.
  - A proposed date for the BSP to be reviewed. BSP reviews should be completed and endorsed by the proposed end date.

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<sup>4</sup> Direct weblink: <https://www.ndiscommission.gov.au/sites/default/files/2022-02/comprehensive-behaviour-support-plan-template-final-june-2019.docx>



## Understanding the person of focus and their context

Following the introductory pages of a BSP, it is important to provide the reader with **summary information** about the person who is the focus of the BSP. This section tells the reader who the person is, as a person, and enables an understanding of how the strategies outlined in the BSP are person focused. The information should also be limited to information that is of **direct relevance** to the person's behaviour and the strategies included in the BSP. This information should provide the reader with enough information to understand the person and their context without being overly detailed. The information summarised and reported in this section is typically gathered during a functional behavioural assessment (discussed later).

Example information to include (but not limited to):

- Name, basic demographics such as age and identified gender.
- Place of residence and who they live with.
- A typical day in the life of (e.g., employment, education, relevant routines, etc).
- Formal and informal supports they access and relevant support strategies that set the person up for success.
- Relevant personal history (e.g., diagnosed disabilities, cultural background, the person's family and their level of contact with them).
- Relevant health information (e.g., medical conditions, routine medication and health interventions in place).
- Relevant information regarding how the person communicates (e.g., verbal, non-verbal, sign language, communication aids used).
- Likes and dislikes including sensory experiences they seek out or avoid.
- Aspirations and goals.

## Identify and describe the target behaviour(s) of concern that are the focus of the behaviour support plan

BSPs should clearly identify the behaviour(s) of concern that are the focus of the BSP. These are the **target behaviours**. Target behaviours can be grouped in a BSP if appropriate, for example, if they align to known categories or topographies of behaviour (e.g., physically aggressive behaviours, as characterised by ...) or the same function (e.g., behaviours that allow the person to avoid social interactions such as...).

There are three rules to follow to clearly identify target behaviours. These are:

1. The behaviour must be observable.
  - a. Observable means that you can see when the behaviour is and isn't occurring.



- b. A good rule of thumb is to describe the behaviour in enough detail to allow another person to act out the behaviour based on the description.
  - c. Internal states like anger and sadness are not behaviours and should not be used as a description of behaviour. The behaviours that demonstrate that the person of focus may be angry need be described instead (e.g., shouting in a loud voice).
2. The behaviour must be measurable, to allow a person to collect behavioural data related to when the behaviour happens, how often it occurs and what happens as a result of the behaviour occurring in the environment.
3. There is agreement among all relevant stakeholders on what the behaviour of concern is and how it is described.

**Note:** BSPs that attempt to do **too much** are less likely to be implemented due to their complexity. Given this, it is recommended that BSPs focus on no more than **three** individual target behaviours or groupings of target behaviours. BSPs are typically valid for a timeframe of 12 months and taking into consideration the long-term nature of behavioural change, focusing on a small number of target behaviours will maximise the likelihood of the BSP being effectively implemented, thus achieving positive quality of life and behavioural change for the person of focus.

Once the target behaviour(s) have been identified, grouped (if relevant), described and have been agreed upon, these will be the focus of the functional behavioural assessment (see next section). The following information derived from the functional behavioural assessment should be included in this section of the BSP alongside the description of the target behaviour(s):

- Any early warning signs that the behaviour(s) of concern may occur (e.g., specific mannerism the person may exhibit like creating fists with their hands).
- The frequency (how often), duration (how long) and intensity (how severe) of the behaviour(s) of concern.
- A summary of patterns derived from behavioural data, e.g., do behaviours tend to occur at a certain time in the day? Or in the presence of a certain person?
- The setting events and antecedents/triggers for the target behaviour(s).  
Antecedents/triggers are the events that happen immediately before the behaviour of concern. Setting events occur in the hours (or days) before the behaviour of concern occurs but plays a role in the behaviour occurring in the first place. These may be related to (but not limited to):
  - Specific activities and events, or lack of activity.
  - The focus person's communication style.
  - The physical environment and/or people present in the physical environment.
  - The focus person's day-to-day routine.
  - Certain times of the day, or certain places the person of focus accesses.



- The maintaining consequences for the target behaviour(s). Consequences happen immediately after a behaviour is exhibited and plays a role in maintaining the behaviour by assisting the person to get a need met (e.g., to gain access to a desired activity, to avoid an activity or situation, etc.).

## Conduct a functional behavioural assessment

Functional behavioural assessment (FBA) is an umbrella term for various direct and indirect assessment methods used to identify the environmental, social and internal factors that contribute to and maintain behaviours of concern. Information gathered through the FBA process helps in gaining an understanding of what the person gains or avoids by engaging in a specific behaviour. It also assists in the identification of strategies to improve the person's quality of life and address any environmental or social contributors to the behaviour (including best ways to support the person). FBA informs the development of function-based strategies to prevent the behaviour of concern, and to teach and reinforce alternative behaviours and skills.

A comprehensive FBA should be undertaken in collaboration with the person who is the focus of the BSP (if they have capacity to participate in the process), their support network (including family members, supports workers and service providers), and any relevant multidisciplinary professionals.

The FBA seeks relevant information about the person of focus (e.g., diagnosed disabilities, health, family contact, preferences etc.) and their context (e.g., participation in activities, living situation, best ways of being supported) that can be used to understand the person's behaviours of concern. In addition, an FBA requires behavioural data from a combination of direct and indirect sources of information. The NDIS Quality and Safeguards Commission's *Compendium of Resources for Positive Behaviour Support*<sup>5</sup> summarises a suite of relevant measures that can be used for the purposes of FBA.

- Direct data collection
  - Observation and recording of incidents of the target behaviour:
    - Can be measures of intensity (how severe is the behaviour?), frequency (how often does the behaviour occur?), duration (how long does the behaviour last?) and/or permanent products of the behaviour, i.e., the end-product of the behaviour (e.g., the number of windows smashed).
  - Mapping of behavioural data using for example, scatterplots, to identify patterns of behaviour and therefore potential function of the behaviour.
  - Collating descriptions of behavioural incidents such as incident reports and ABC notecards.
- Indirect data collection (data collected from an informant)

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<sup>5</sup> Direct weblink: <https://hcpbs.org/wp-content/uploads/2020/04/compendium-resources-positive-behaviour-support.pdf>



- Interviews and consultations with the person of focus, their families, friends, support staff and other relevant stakeholders.
- Guided functional assessment information obtained from the use of standardised instruments such as the Functional Assessment Interview, Contextual Assessment Inventory, and the Individualised Behaviour Rating Scale to name a few.
- Case file notes, reports from other professionals (e.g., medical review, communication assessments, etc.) and any other relevant documentation.

The primary outcomes of an FBA [77-78] are listed below and information regarding each of these should be included in a BSP:

1. A clear description of the target behaviours of concern.
2. A description of the events, times, and situations that predict when the behaviours of concern will and will not occur (immediate antecedents).
3. A description of the general or more distant ecological or setting events that influence the likelihood of the behaviours of concern.
4. A description of the consequences that reinforce/maintain the behaviours of concern and therefore the potential functions that the behaviours might serve for the person.
5. One or more summary statements or hypotheses about the potential functions of the behaviours of concern (e.g., avoiding something, seeking something, etc.).
6. Where relevant, one or more desirable functionally equivalent replacement behaviours or alternative behaviours that the person can use instead of the behaviours of concern.
7. The use of a diagram to summarise the information above (e.g., the *Competing Behaviour Model* diagram).
8. A history of interventions/strategies that have been previously carried out and the success/failure of these (if relevant).
9. A summary table or statement outlining the strategies developed in line with the findings from the FBA.

### **A note about the inclusion of a formulation statement in the BSP**

While there has been little attention paid to the development of formulation statements in BSPs, including a summary of the contextual factors contributing to a focus person's behaviour of concern in a BSP is good practice. A formulation summary is developed after the completion of the FBA and is included in the BSP to summarise the findings of the assessment.

The formulation section of a BSP summarises the person's strengths and needs, their skills and the resources available to them, and the environment, social and personal factors that contribute to the behaviour of concern. The formulation statement also identifies the function of the behaviour of concern and assists in the development of strategies to support the person in terms of enhancing their quality of life and reducing instances of behaviours of concern.



The 5P model of formulation<sup>6</sup> (which contains the well-known 4P formulation domains of predisposing, precipitating, perpetuating and protective factors along with the domain of presenting problem) is commonly used by mental health professionals to understand a person's mental health and can be applied to understanding a person's behaviour of concern also.

The formulation section is critical to assisting the person's support network to understand the rationale underpinning the strategies in the BSP and why these are likely to be the most effective and suited to the individual.

## Identify goals for the person of focus

In collaboration with the person who is the focus of the BSP and their support network (family, support staff, etc.), behaviour support practitioners should gain consensus on a set of goals (for the life of this plan) related to quality of life and the positive strategies outlined in the BSP. Quality of life goals are important and should also be included in a BSP as quality-of-life improvement is related to a decrease in behaviours of concern incidence.

Goals should be person-centred and could be related to the development of alternative behaviours, new skills, and engagement in activities and social interactions. Goals could also centre on services/supports provided to the person (e.g., support workers developing new skills, etc.). It is best to avoid goals that are centred on just reducing instances of behaviour(s) of concern. In line with PBS, all goals should be positive in nature. Goals focused on reducing instances of behaviour of concern are fine to include, as long as other goals related to quality of life and strategies to be implemented are also present.

The SMART approach to goal development is commonly used in behaviour support and other therapeutic domains [79]. SMART goals are **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-bound. Table 2 (on the next page) provides guidance that can assist a behaviour support practitioner to develop SMART goals specifically around functionally equivalent replacement behaviours or alternative behaviour. This approach can be adapted for other types of goals.

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<sup>6</sup> For more information: <https://headspace.org.au/professionals-and-educators/health-professionals/resources/formulation/>

**Table 2. Guidance around goal development for replacement or alternative behaviours.**

By when	Who	Instead of what	Function of behaviour	Will do	Function of behaviour	Conditions	Level of proficiency	Measurement
Specify a time frame for when full mastery of the goal is expected	Name of the person	Specify in observable, measurable terms, what the behaviour of concern looks like	Specify the hypothesised function of behaviour the new skill is for [e.g., access or avoid]	Specify in observable, measurable terms the new skill	Repeat the hypothesised function of behaviour	Specify the conditions when the person would likely use the behaviour of concern	How well will the new skill be performed, with what degree of success	Who will, measure, any considerations and data collection

## Identify a suite of positive strategies to address behaviours of concern

A good BSP will outline a suite of positive strategies to address the focus person's behaviours of concern. Strategies should be person-centred and relevant to their context and environment and based on the information gleaned from the FBA (i.e., related to function of the behaviour including setting events, antecedents, and consequences).

- There are no rules around the number of strategies that should be included in a BSP however behaviour support practitioners need to keep in mind who will be implementing the BSP in practice and their capacity for implementation, and the timeframe for the BSP.
- Practitioners should avoid **strategy overload** as this will negatively impact the overall implementation of the BSP, and in turn, capacity to achieve positive behavioural and quality of life outcomes for the person of focus.
- Strategies should be described in enough detail to allow anyone tasked with BSP implementation (e.g., support staff, parents, etc.) to implement the strategies from the description if needed.

Behaviour support practitioners should make every effort to consult and collaborate with the person who is the focus of the BSP and all relevant stakeholders to:

1. Assist in the development of strategies and to gather information on strategies that are currently successful or have been successful in the past, and
2. Ensure that the strategies outlined in the BSP are acceptable (i.e., socially valid) to the person of focus and the stakeholders who will be implementing the strategies (e.g., support staff, family members, etc.).

Information regarding consultation and social validity should be briefly outlined in the BSP.





The types of strategies that could be included in a BSP are briefly discussed in this section of the practice guide. Behaviour support practitioners should include **prevent** and **other strategies to improve quality of life** as a minimum in any BSP. If the teaching of a functionally equivalent replacement behaviour or new skills is not warranted for the person, then these types of strategies should not be included in the BSP.

This guide will not go into intervention approaches and specific strategies per se – given the person-centred nature of the PBS approach and the development of a BSP, behaviour support practitioners are responsible for ensuring that the strategies they propose within a BSP are evidence-based, with known evidence of efficacy and/or effectiveness.

### Prevent strategies to make the behaviour(s) of concern irrelevant

BSPs should contain **prevent** strategies to address known long-term and short-term triggers for the focus person's behaviours of concern and therefore prevent the occurrence of the behaviour in the first place. Prevent strategies address the **when/where/who/what** triggers of a target behaviour (i.e., setting events and immediate antecedents) and include ways of best support and communicate with the person, the establishment of planned routines, the removal of aversive events, and ensuring choice and access to preferred activities. A prevent strategy is intended to **remove** the trigger.

- **Setting events** are long-term triggers that occur at a distance from the behaviour and are likely to increase the possibility of the person engaging in behaviours of concern (e.g., medication, routines, sleep cycles, diet, staffing patterns, physical health, number of people in the person's space, daily schedule).
- **Antecedents** are the events that occur immediately before the behaviour of concern that directly trigger that behaviour (e.g., being asked to do something difficult or undesired, being told "no" without explanation when a request is made, noise levels).

### Other support strategies that improve quality of life

BSPs should include strategies that aim to maximise opportunities through which the person of focus can improve their quality of life. These strategies can include (but are not limited to) new and improved way to best support the person on a day-to-day basis (e.g., sleep interventions to improve sleep quantity and quality), and how to ensure that the person is engaged in activities that are meaningful to them (e.g., activity scheduling).

### Teach strategies to develop alternative/replacement behaviours and/or new adaptive skills

If relevant, a BSP could contain at least one **teach** strategy that teaches the person of focus: (1) a functionally equivalent replacement behaviour, replacing the function of the behaviour of concern; or (2) an alternative behaviour or skill that address the behaviour of concern but is not necessarily its proposed function. Example skills that could be taught include communication skills, problem solving, coping strategies, independent skills of daily living, and social skills. Behaviour support practitioners should seek the guidance of appropriate and relevant professionals to support the



development of teach strategies, for example, consulting a speech therapist when proposing to teach a new communication strategy.

**Teach** strategies will specify:

- Who will teach the behaviours/skills to the person of focus.
- How (i.e., step by step instructions) and when the person will be taught the behaviours/skills.
- Where they will be taught the behaviours/skills.
- Any required materials to assist in the teaching process.
- When instruction and prompts will be faded out in line with mastery.

### Strategies to reinforce alternative/replacement behaviours and support adaptive skill development

**Reinforce** strategies are required when a teach strategy is proposed. These ensure that the focus person's use of an alternative/replacement behaviour or new skill is maintained in the long term. Reinforce strategies are based on what is reinforcing for the person (i.e., their likes and preferences), and are identified through the FBA. Reinforce strategies tell others supporting the person what to do when the person uses the alternative/replacement behaviour or skill and how to ensure that the person's behaviours of concern are not being unintentionally reinforced. These strategies will specify the **type of reinforcement** to be used, be it a natural reinforcement stemming from the person using a desired positive behaviour (e.g., positive interactions with others) or contrived/artificial reinforcements from an external source (e.g., additional access to a desired item), and how often/when reinforcement will be provided to the person (e.g., each time the behaviour/skill is demonstrated). Lastly, chosen reinforcers should align with what is reinforcing the behaviours of concern (i.e., the consequences that are maintaining the behaviours).

### Non-aversive reactive strategies to de-escalate behaviour(s) of concern

Non-aversive reactive strategies refer to the use of strategies that are **not harmful or detrimental** to the person of focus when behaviours of concern occur. The focus is on de-escalation and ensuring the safety of the person of focus and the people around them and prompting of alternative or functionally equivalent replacement behaviours. Strategies here should be non-aversive (i.e., no punishments), least restrictive, and in the person's best interests. The use of these strategies should take precedence over any use of restrictive practices (discussed more in the next section).

In addition, the proposed strategies should be function-based, that is the strategies replace the function of the behaviour of concern, for example:

- Giving the person what they want or need, including alternative, desired activities, access to social interaction, and the provision of comfort.



- Assisting the person to avoid things they are trying to escape, such as facilitating them to leave an environment/activity, removing unpleasant stimuli or moving away from the person.

This section of the BPS should also specify a de-briefing strategy to be implemented with the person of focus and/or relevant stakeholders when the behaviour of concern has de-escalated (e.g., a one-on-one or group discussions at a suitable time). De-briefing can reduce the possibility of psychological harm for all relevant parties by discussing emotional impact, going over how the situation was managed and identifying areas of improvement when it comes to managing behaviours of concern in future.

- When it comes to de-briefing with the person of focus, behaviour support practitioners should take into consideration the person's **capacity to engage** in a de-briefing process. If the person has an intellectual or cognitive disability, any proposed de-briefing activities should match their speech, language and comprehension abilities.

## A note on the use of restrictive practices

The *NDIS Quality and Safeguards Commission* website provides up to date guidance around the legislative requirements of BSPs that include regulated restrictive practices such as seclusion and restraint, therefore this guide will not focus on providing information on regulated restrictive practices.

However, behaviour support practitioners should be aware that BSPs that propose restrictive interventions for behaviour support purposes should highlight **how** the positive strategies and de-escalation strategies proposed in the BSP should be **attempted and used prior** to using a restrictive intervention as a last resort. This needs to be addressed in the section of the BSP that outlines non-aversive strategies to de-escalate behaviour (see previous section).

In addition, BSPs need to provide guidance around how the use of any restrictive intervention can be **faded out** as positive strategies are implemented to support positive behaviour, and the goals outlined in the BSP are achieved. At a minimum, a fade out plan should:

- Outline what goals need to be achieved before a reduction will be attempted.
- When the goal is achieved, what will be done to implement a gradual reduction and who will support this process (e.g., seek guidance from a medical professional on how to safely reduce the dose of a medication used as a chemical restraint, seek guidance from an occupational therapist on how to safely fade out the use of a mechanical restraint, etc.).
- Outline a plan to monitor outcomes for the person of focus to assess whether gradual reduction has not impacted behaviour or quality of life detrimentally.
  - This could be linked to the monitoring strategies that will be implemented for the BSP in general (to be discussed later in this document).



## Strategies to support behaviour support plan implementation

BSPs will have no impact on a focus person's behaviour of concern and quality of life if the BSP is **not implemented** to its full extent on a consistent basis. Given this, it's important that behaviour support practitioners consider BSP implementation when developing a BSP. At a minimum, the BSP should outline how plan implementers will be **trained** to implement the BSP and how plan implementers will be in **regular contact** to review and troubleshoot BSP implementation issues on-the-go.

- When it comes to training, behaviour support practitioners should plan ahead and include in the BSP how they will train support staff and family members in how to implement the proposed strategies in the BSP, and how often the training will be provided.
  - Example training strategies include role playing, coaching, feedback and mentoring to mention a few. It is also recommended that behaviour support practitioners conduct in-person checks of BSP implementation post-training, where the practitioner can observe implementers in real-life situations and provide feedback and support as needed.
  - It's important that behaviour support practitioners consult with those tasked with BSP implementation to ensure that the proposed training processes suit their capacity and preference.
- Regarding contact, it is important for the behaviour support practitioner to set up mechanisms in advance to allow BSP implementers to have regular and planned communication to review and troubleshoot implementation issues on-the-go.
  - Some example communication strategies include weekly phone or video conferencing meetings between implementers to check in and a communication diary allowing implementers to make notes to each other.
  - Again, it's important for the behaviour support practitioner to consult with those tasked with BSP implementation to ensure that the communication strategy is accessible to all, time-effective and can be incorporated into the implementer's other commitments.

## Strategies for monitoring and reviewing the behaviour support plan

It is important to monitor outcomes stemming from the implementation of a BSP and to review BSPs on a regular basis. By monitoring outcomes, behaviour support practitioners can check if:

1. Progress is being made towards achieving the focus person's goals outlined in the BSP, and
2. The strategies proposed in the BSP are being implemented as intended by the stakeholders responsible for implementation (implementation fidelity).

Outcome measurement can take many different forms and is highly dependent on the goals proposed for the person of focus. The BSP should clearly outline:



- What outcome data will be collected,
- Who is responsible for collecting this data and how often, and
- Who is responsible for collating and reporting this data, how often this will occur and who will receive this information.

To monitor **goals related to the proposed strategies in the BSP**, it is recommended that the methods used to collect behavioural data (e.g., scatterplots, standardised measures) for the purposes of FBA be maintained when the BSP is being implemented.

- By doing this, the behaviour support practitioner can track change in behaviour frequency, duration and intensity as strategies are being implemented, and compare it to pre-BSP implementation levels to assess for behavioural change.

To monitor **goals related to quality of life**, it is recommended that behaviour support practitioners source established measures of the quality-of-life indicators specifically proposed in the person's goals.

- The NDIS Quality and Safeguards Commission's *Compendium of Resources for Positive Behaviour Support*<sup>7</sup> offers a good starting point to source relevant measures used for BSP development and implementation. The compendium includes information on general quality of life measures, and specific measures for outcomes like pain, adaptive behaviour, and mental health symptoms like depression and anxiety.
- If needed, the behaviour support practitioner could devise their own measure of a quality-of-life indicator of interest. For example, if a goal is proposed around increasing the number of times a person goes swimming as this positively impacts their behaviour, a specific data collection form can be created to monitor the dates the person goes swimming over a specific period.

To monitor **implementation fidelity**, it is recommended that behaviour support practitioners develop a self-monitoring checklist for BSP implementers that breakdown the steps associated with the strategies proposed for implementation. The checklist is then completed by the relevant BSP implementers on a regular basis. Collating and analysing this sort of data can allow the behaviour support practitioner to get a sense of the extent to which the proposed strategies are being implemented and if this is impacting the achievement of the goals outlined in the BSP.

Behaviour support practitioners should clearly outline a plan for **reviewing** the BSP on a **regular basis**. This should include:

- A timeframe for regular review meetings (e.g., monthly, quarterly, etc.).
- How will these review meeting be conducted (e.g., in person meeting, video conference, etc.).
- Who will attend these review meetings.

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<sup>7</sup> Direct weblink: <https://hcpbs.org/wp-content/uploads/2020/04/compendium-resources-positive-behaviour-support.pdf>



- A typical agenda for the meeting (e.g., to review outcome data, troubleshoot implementation issues, modify the proposed strategies as needed).

## Write the behaviour support plan

BSPs need to be accessible to the target audience; for BSPs, this would be the stakeholders responsible for implementing the BSP such as direct support workers, other professionals and family members. Behaviour support practitioners need to keep in mind that these stakeholders may have limited, or no knowledge of PBS and the sometimes-complex language associated with the PBS approach. Given this, BSPs need to contain language that is **accessible** and **understandable** to the relevant stakeholder group. Also, providing care and support to people with behaviours of concern can be time intensive. Given this, document length needs to be taken into consideration, with **short and concise documents** preferred.

When writing a BSP, the following should be taken into consideration:

- Limiting the length of the document as much as possible, and only including relevant information that will help the implementer understand the person's behaviour and the strategies that can be put in place to promote positive behaviour and quality of life.
  - There is no guidance available around the ideal length of a BSP given the individualised nature of behaviour support. Given this, behaviour support practitioners will need to make a judgement call regarding BSP length on a case-by-case basis.
- Checking the language accessibility of the BSP document. *Microsoft Word*<sup>8</sup> has functions embedded into the program that can provide the user with document readability statistics. Two statistics are provided:
  - Flesch Reading Ease: A 100-point scale that assesses average sentence length and average syllables per word. The higher the score, the easier it is to understand the content in the document.
    - Scores **greater than 60** are ideal.
  - Flesch-Kincaid Grade Level: A grade-level assessment of readability which is again based on average sentence length and average syllables per word. For example, a score of 8.0 implies that someone in the eighth grade would be able to understand the document.
    - Behaviour support practitioners should aim for BSP documents at a **grade level between 7.0 and 12.0**, meaning that the content in the BSP would be accessible to people who have completed secondary school.

<sup>8</sup> Instructions on how to generate readability statistics in Word: <https://support.microsoft.com/en-us/office/get-your-document-s-readability-and-level-statistics-85b4969e-e80a-4777-8dd3-f7fc3c8b3fd2>



- Behaviour support practitioners should also assess the accessibility of their BSPs by providing draft BSPs to potential implementers and seeking feedback on the accessibility of the language used and the length of the document.



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## Appendix A: Tips for Developing a Quality Behaviour Support Plan

*This tip sheet lists the key quality markers outlined in this guide and can be used as a quick and easy to access reference to support the development of quality behaviour support plans (BSPs).*

- Only develop a BSP if positive behaviour support and the implementation of a BSP is **warranted** to enhance the quality of life of the person with disability (referred to as the *person of focus* or *focus person* from here on in) and reduce instances of their behaviour(s) of concern. This decision should be informed by the functional behavioural assessment.
- Ensure that the BSP outlines all efforts made to include, consult and/or collaborate with the person who is the focus of the BSP and their support network to assist with the development of the BSP. If this was not possible, the BSP should outline why.
- If the focus person has **psychosocial disability**, the BSP references other treatment plans (e.g., mental health treatment plans) and how positive behaviour support will be used alongside these approaches to enhance the person's quality of life, and positively impact behaviours of concern.
- The length of the BSP has been minimised as much as possible, and the readability of the BSP has been assessed.
- Regarding the **introductory pages** of the BSP, ensure that:
  - Relevant demographic information about the person of focus and the behaviour support practitioner who developed the BSP is provided.
  - Key contacts for the person of focus are provided along with their contact information, including all implementing service providers.
  - A timeframe for the BSP is provided, along with specified review date(s).
- The BSP should include a short section (no more than two pages) that provides **information about the person of focus** of direct relevant to the person's behaviour(s) of concern.
- Regarding the **target behaviours of concern**, ensure that:
  - The BSP focuses on no more than three individual target behaviours or groups of target behaviours based on function or topography. Early warning signs for all target behaviours have been identified and described also.
  - All target behaviours are described in observable and measurable terms, with information regarding frequency, duration and intensity/severity provided also, and relevant observable behavioural patterns.
  - Setting events, antecedents and consequences for all target behaviours have been identified and described.



- Regarding **functional behavioural assessment**, ensure that:
  - Direct data collection methods (e.g., direct observation using scatterplots) were used to gather information alongside indirect data collection methods (e.g., interviews).
  - A summary statement outlining a functional hypothesis is provided that describes the interconnection between identified setting events, antecedents, target behaviour(s) of concern and consequences, and the proposed function of the behaviour. You could also consider a formulation statement using the 5P approach to formulation.
  - If relevant, a description of one or more functionally equivalent replacement or alternative behaviours is provided.
- Ensure that the BSP includes at least one SMART goal related to enhancing the focus person's quality of life, and one SMART goal related to the strategies outlined in the BSP.
- Regarding **positive strategies to address behaviours of concern**, please ensure that:
  - All strategies are described in enough detail to allow one to implement the strategies from the description only if needed. In addition, avoid strategy overload as this will likely impact plan implementation.
  - As a minimum, prevent strategies focused on addressing the identified setting events and antecedents, and other strategies to maximise the focus person's quality of life are included in the BSP.
  - If teach strategies have been included in the BSP (i.e., to teach the focus person a new behaviour or skill), information is provided regarding who will teach the new behaviour or skill, how, when and where they will be taught, the materials needed to support teaching, and how instruction/prompts will be faded with time.
  - If reinforce strategies have been included in the BSP, all reinforcements are described and information around how and when each reinforcement will be used is provided.
  - Outline information that demonstrates the acceptability (social validity) of the strategies included in the BSP. Socially valid strategies are more likely to be implemented.
- Regarding **non-aversive reactive strategies**, ensure that all strategies proposed are not harmful or detrimental to the person of focus, and the following is provided:
  - A strategy to maintain the focus person's safety and the safety of others (while also meeting the person's needs).
  - A strategy to prompt functionally equivalent replacement/alternative behaviours (if relevant).



- A debriefing strategy to review and discuss instances of behaviour of concern with the person of focus and/or relevant stakeholders.
- If **restrictive practices** are included in the BSP, ensure that:
  - Information is provided detailing how the positive strategies and non-aversive reactive strategies outlined in the BSP should be implemented prior to the use of any restrictive intervention.
  - A fade out plan is provided for each restrictive intervention, which should be linked to the achievement of the goals outlined in the BSP.
- Regarding **BSP implementation**, ensure that the BSP outlines:
  - A training plan indicating how and when BSP implementers will be trained in implementing the strategies.
  - A communication plan indicating how and when BSP implementers will communicate with one another to discuss their progress with implementation and to troubleshoot issues.
- Regarding **BSP monitoring and review**, ensure that the BSP outlines:
  - What outcome data will be collected, who will collect it, who will collate it, how often they will collate the data, and who they will report the collated data to.
  - A timeframe for regular review meetings (e.g., monthly), who will attend these meetings, how these meeting will be conducted (e.g., in person), and a typical meeting agenda.





## Appendix B: List of Available Online Resources to Support Behaviour Support Plan Development

### *NDIS Quality and Safeguards Commission Website*

<https://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers>

This website provides behaviour support practitioners working in Australia with relevant information about providing behaviour support to NDIS participants, including practitioner registration, BSP development and submission to the Commission (including BSP templates), and information regarding regulated restrictive practices and legislative requirements around their use.

### *Australian Capital Territory Office of the Senior Practitioner - Positive Behaviour Support Plan Guidelines*

[https://www.communityservices.act.gov.au/\\_data/assets/pdf\\_file/0006/1460058/Positive-Behaviour-Support-Plan-Guidelines.pdf](https://www.communityservices.act.gov.au/_data/assets/pdf_file/0006/1460058/Positive-Behaviour-Support-Plan-Guidelines.pdf)

This guide is specific to Australian Capital Territory disability service providers, however the elements of what is required for a good quality behaviour support plan included in this guide are universal.

### *Victorian Department of Health and Human Services – Information for Behaviour Support Practitioners Website*

<https://www.dffh.vic.gov.au/information-behaviour-support-practitioners>

This site has several resources for behaviour support practitioners, with the following resources of particular interest:

- **Behaviour support plan toolkit** – This toolkit is specific to Victorian disability service providers, however the elements of what is required for a good quality behaviour support plan included in this toolkit are universal.
- **Positive Practice Framework: A guide for behaviour support practitioners** – A comprehensive resource for behaviour support practitioners that brings together research, knowledge and practice in positive behaviour supports.

### *Queensland Department of Communities, Disability Services and Seniors – Preparing a positive behaviour support plan: Guidelines and model plan*

<https://www.dsdsatsip.qld.gov.au/resources/dsdsatsip/disability/service-providers/centre-excellence/positive-behaviour-support-plan.pdf>

These guidelines assist practitioners to develop an effective behaviour support plan and also meet the requirements of the *Queensland Disability Services Act* (2006).

### *British Institute for Learning Disability (BILD) Website*

<https://www.bild.org.uk/positive-behaviour-support-pbs/>

This website has a range of resources about positive behaviour support. The video introducing positive behaviour support is useful for families and staff supporting the participant.

### *The Challenging Behaviour Foundation Website*

<https://www.challengingbehaviour.org.uk/>

A UK based charity that focuses on the needs of people with severe learning (intellectual) disabilities who show challenging behaviour (behaviours of concern). This website provides advice and resources for families and professionals.



***Flinders University – Positive Behaviour Support following Brain Injury: A Family Education Workbook***

<https://www.flinders.edu.au/content/dam/documents/research/research-studies/pbs-education-workbook.pdf>

The purpose of this workbook is to provide families with information regarding common behaviour changes following brain injury, and to introduce basic principles of positive behaviour support that can be utilised within community settings.