



**NDIS Quality
and Safeguards
Commission**

NDIS Quality and Safeguards Commission

Behaviour Support Competency Framework

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ISBN

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1. Purpose

This document sets out a Competency Framework for National Disability Insurance Scheme (NDIS) behaviour support practitioners. The National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 s 5 defines a behaviour support practitioner as ‘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’.

Behaviour support practitioners will be employed or engaged by an organisation registered with the NDIS Quality and Safeguards Commission (NDIS Commission) for registration group 110 Specialist Behaviour Support, or be sole traders registered as providers for that registration group.

The competence of practitioners against this Competency Framework will be a core consideration by the NDIS Quality and Safeguards Commissioner (the Commissioner) when determining the suitability of practitioners to deliver these supports. Only practitioners who are considered suitable by the Commissioner can deliver these supports.

2. Background

A small proportion of people with disability may need additional supports to address behaviours of concern that are of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or is likely to seriously limit the person’s use of, or access to, services or community facilities. In these circumstances, providers, families, carers, guardian or other relevant person need to understand the underlying functions of the behaviours and implement evidence-based, person-centred and proactive strategies (such as positive behaviour support strategies) to address the person’s needs and improve their quality of life. Often making environmental adjustments (such as reducing loud noises), can make a difference in reducing the incidence of behaviours of concern.

Behaviours of concern can typically be managed by understanding the issues underlying the behaviours and identifying more productive ways for the person to have their needs met. Depending on the needs of the person, a range of supports may be able to improve the person’s quality of life, including an opportunity to build social skills, participate in activities and develop communication skills.

In limited circumstances, and as a last resort, a restrictive practice may be used to address a behaviour that poses a risk of harm to the person or others. A restrictive practice is an intervention which has the effect of restricting the rights or freedom of movement of a person with disability. There may be circumstances in which restrictive practices are put in place to address particular conditions while a longer-term intervention to address these behaviours, focusing on behaviour support interventions, is being implemented.

While in the past restrictive practices may have been used as a first line of response, it is now recognised that restrictive practices can be a serious infringement on the human rights of a person with disability. The United Nations Committee on the Rights of People with Disabilities (UNCRPD) has expressed concern about the unregulated use of restrictive practices and recommended that State parties take immediate steps to end such practices. In response, all Australian governments endorsed the 2014 [National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector \(link is external\) \(National Restrictive Practices Framework\)](#).

The NDIS represents a fundamental change to the way supports and services are delivered to people with disability. The 2016 [National Disability Insurance Scheme \(NDIS\) Quality and Safeguarding Framework](#) (the National Framework) is underpinned by the same high-level guiding principles as the National Restrictive Practices Framework, such as human rights and a person-centred approach. The National Framework outlines the national quality and safeguards arrangements that will support people with disability accessing safe and quality services under the NDIS. One of the key elements of this Framework, which will be delivered by the NDIS Commission, is national oversight of behaviour support and leadership in the reduction and elimination of restrictive practices.

3. Behaviour Support in the NDIS

3.1. Role of the Commission

The behaviour support functions of the NDIS Commission will be led by a national Senior Practitioner responsible for providing leadership in behaviour support, and in the reduction and elimination of the use of restrictive practices by NDIS providers. The Senior Practitioner will be supported by a team of practitioners with relevant training and experience in behaviour support, as well as data analysts and research and education staff. Some of these staff will be based in state offices to provide local oversight and assistance to NDIS providers using behaviour supports.

3.2. Registration

The National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 require that providers delivering specialist behaviour support must be registered for registration group 110 to conduct functional behaviour assessments and develop behaviour support plans. Behaviour support providers registered under 110 will be required to use behaviour support practitioners considered suitable by the Commissioner to undertake these tasks.

In order to be considered suitable to deliver specialist behaviour support, an individual practitioner must demonstrate the ability to meet competency requirements relating to the development, implementation/support, review and monitoring of the behaviour support plan. The behaviour support plan will typically require a broader bio-psycho-social approach to assessment and intervention planning, in addition to a functional behaviour assessment, to understand the diagnostic characteristics influencing the person with a disability's behaviour and identify appropriate interventions.

3.3. Regulated restrictive practices

Under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 there are five *regulated restrictive practices*. These are:

- Seclusion, which is 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, which is 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, which is 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, which is 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, which restrict a person's free access to all parts of their environment, including items or activities.

4. The role of Behaviour Support Practitioners

4.1. Roles and obligations of Behaviour Support Practitioners

- Where a participant is identified as having behaviours of concern that pose a risk of harm to the person or others, the participant's NDIS plan will include funding for specialised behaviour support to be delivered by a registered NDIS provider who is either a sole practitioner or that engages staff, assessed as competent against the behaviour support practitioner competency framework.
- Providers of specialist behaviour support will need a sound understanding of NDIS policies and procedures designed to support participants with complex behavioural needs.
- Providers of specialist behaviour support must comply with the relevant practice standards, specifically [Module 2A Specialist Behaviour Support \(link is external\)](#).
- A behaviour support practitioner will undertake a functional behavioural assessment and work closely with the participant, their family, carers, guardian or other relevant person on the development of the NDIS behaviour support plan.
- Behaviour support practitioners will also need to work closely with provider(s) supporting the participant and implementing the NDIS behaviour support plan.
- Multiple providers may be involved in the delivery of a range of supports under a behaviour support plan, for example assistance with daily living, community participation, and allied health professionals such as speech therapists. Behaviour support practitioners may also need to work alongside staff from other service systems (e.g. the education or health system) supporting the participant.
- If a regulated restrictive practice is included in the NDIS behaviour support plan, only registered providers will be able to deliver the related supports.

- There may be circumstances where an NDIS behaviour support plan is developed before suitable providers to implement the plan are found. In this situation, the plan will need to be reviewed when providers are found.
- Providers and behaviour support practitioners will be responsible for regular monitoring of the NDIS behaviour support plan and its implementation. Reviews are to be conducted at least once every 12 months, or more frequently as required, for example, if there is a change in circumstances that requires review of the behaviour support plan.
- An NDIS behaviour support plan template has been developed that must be used and completed using the Commission's ICT system if a participant's behaviour support plan includes a restrictive practice.
- It will be the responsibility of the behaviour support practitioner to electronically lodge NDIS behaviour support plans containing a restrictive practice with the Commission.
- Authorisation and/or consent may be required under legislative or policy requirements of the relevant state or territory in relation to the use of a regulated restrictive practice. Behaviour support practitioners will need to provide advice and guidance to service providers on the relevant state or territory requirements and process for obtaining authorisation and/or consent for the use of a restrictive practice.
- Note it is the restrictive practice that must be authorised or consented to, not the behaviour support plan itself. However, a state or territory may recommend that certain conditions or limitations be placed around the use of a regulated restrictive practice, and any such conditions must then be incorporated into the participant's behaviour support plan.
- Where a participant changes jurisdiction or service providers, the NDIS behaviour support plan will need to be reviewed and any required authorisation or consent re-obtained (e.g. in the new jurisdiction if a participant has moved to a different state or territory, or a different service provider will be working with the person).
- If authorisation for the use of a restrictive practice is required but not obtained, the behaviour support practitioner will need to review the plan with the provider, participant, their family and carers, and amend accordingly. Any use of a regulated restrictive practice that requires authorisation and consent when such authorisation or consent has not been obtained, constitutes a reportable incident.
- The Commission's Senior Practitioner team can be contacted by the behaviour support practitioner, providers required to implement the plan or family members, for advice and guidance through the course of developing the NDIS behaviour support plan, or to assist with areas of disagreement.
- Behaviour support practitioners will also need to be aware of the Commission's reporting requirements (as set out in the draft NDIS Rules) in relation to the use of restrictive practices. Providers implementing behaviour support plans containing a restrictive practice are required to report monthly on such use.
- Behaviour support practitioners will train registered providers implementing behaviour support plans in the use of evidence-based, person-centred and proactive strategies contained in the participant's behaviour support plan. Where a restrictive practice is required, the practitioner may recommend that a suitable specialist organisation be engaged to train the staff working with the person on the safe use of the restrictive practice, noting that the behaviour support practitioner should retain oversight to ensure that any such training is consistent with the NDIS behaviour support plan.

5. The Competency Framework

5.1. Background

This Competency Framework is designed to ensure that individuals undertaking work as NDIS behaviour support practitioners have the necessary qualifications and/or training and/or experience to support the appropriate development, implementation/support, review and monitoring of behaviour supports as detailed in behaviour support plans. The Competency Framework combines a contemporary evidence-based and human rights approach to behaviours of concern, informed by the UN *Convention on the Rights of Persons with Disabilities 2006* and the *Australian Human Rights Act 1992* in providing behaviour support under the NDIS.

5.2. Principles

Seven principles that assist to deliver positive behaviour support are (Morris & Horner, 2016):

1. **Values-driven:** commence with person-centred values of the person receiving support, their advocates, and those who will deliver support in order to improve the person's quality of life;
2. **Behaviour based:** founded on applied behaviour analysis with a direct connection between the results of a functional behavioural analysis and the behaviour support plan;
3. **Comprehensive in scope:** interventions require multiple elements and outcomes that are comprehensive in scope, format, and function;
4. **Educative:** teach adaptive skills and positive behaviours to replace behaviours of concern and to navigate current and future environments;
5. **Effective environmental design:** focus on systemic change, ecological validity with mediators in all settings over long periods of time and collaborative research between researchers, practitioners, and stakeholders;
6. **Accountability:** an empirical approach relying upon valid and reliable data; and
7. **Safety:** protect the safety of all as part of the behaviour support plan that distinguishes between emergency procedures and proactive programming.

5.3. Matrix

The Competency Framework is based on the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 and the NDIS (Provider Registration and Practice Standards) Rules 2018 regarding specialised behaviour support and complex behaviour support.

The Competency Framework matrix is made up of three elements.

1. Activities
The activities of behaviour support practitioners regarding NDIS behaviour support plans:
 1. Develop behaviour support plans
 2. Implement behaviour support plans
 3. Monitor and review behaviour support plans
 4. Understand behaviour support in the NDIS

2. Outcomes

An outcome for each of the four activities regarding behaviour support plans:

1. Each participant's quality of life is maintained and improved by tailored, evidence-informed behaviour support plans that are responsive to the person's needs;
2. Each participant's behaviour support plan is implemented effectively to meet the person's behaviour support needs;
3. Each participant has a current behaviour support plan that reflects their needs, improves their quality of life and supports their progress towards positive change. The plan progresses towards the reduction and elimination of restrictive practices, where these are in place for the person; and
4. Each participant accesses behaviour support that is appropriate to the person's needs which incorporates evidence-informed practice and complies with relevant legislation and/or policy frameworks.

3. Tasks

Demonstrated skills and knowledge required for each of the activities that are verifiable through qualifications and/or training and/or experience.

Table 1: Competency Framework Based on NDIS (Restrictive Practices and Behaviour Support) Rules 2018

Knowledge and Skills	
Activity 1: Develop behaviour support plans	Functional Behavioural Assessments and Behaviour Support Plans <i>Outcome:</i> Each participant’s quality of life is maintained and improved by tailored, evidence-informed behaviour support plans that are responsive to the person’s needs.
	<p>The behaviour support practitioner demonstrates the knowledge and skills to:</p> <p>1.1 Conduct person-centred behavioural assessments within a comprehensive bio-psycho-social formulation of the participant’s clinical and other support needs. This includes gathering information regarding the history of behaviours of concerns and past interventions, physical and mental health, risk assessment, psychosocial development, cognitive abilities, communication skills, quality of life (including quality of family life), mediator analysis and systems and ecological analysis.</p> <p>1.2 Actively engage input from the participant, their family, carers, guardian or other relevant persons.</p> <p>1.3 Identify all behaviours of concern in observable and measurable terms- frequency, duration, and intensity- so that progress can be measured.</p> <p>1.4 Conduct a functional behavioural assessment to identify unmet needs and hypothesise the functions of the behaviours of concern that considers:</p> <ul style="list-style-type: none"> ▪ Setting events- <i>Where does the interaction happen?</i> ▪ Antecedents - <i>What triggers the behaviour of concern?</i> ▪ Consequences- <i>what happened just after the behaviour?</i> ▪ Protective factors- <i>what are the participant’s strengths?</i> <p>1.5 Identify and develop a timely interim behaviour support plan that provides short-term strategies while a comprehensive assessment of the participant’s needs is being undertaken and a behaviour support plan developed.</p> <p>1.6 Establish behavioural goals and objectives with a clear connection to how the goal achieves similar functional outcomes to</p>

the behaviours of concern under similar conditions:¹

- By when?
- Who?
- Will do, or not, do what?
- Under what conditions/situations?
- At what level of proficiency?
- How measured and by whom?
- How will restrictive practices be reduced or eliminated?

1.7 Develop a multicomponent behaviour support plan, based on the assessments, that contains evidence-based, person-centred and proactive strategies (to support behaviour change) and non-aversive reactive strategies (to manage behaviour) that will reduce behaviours of concern, improve quality of life and eliminate the need for restrictive practices.

1.8 Design function-based antecedent strategies that may include:

- Environmental modification (e.g., meeting sensory or physical needs) and enrichment (e.g., meeting individual preferences)
- Promoting choice and control (i.e., self-determination and self-management strategies)
- Training effective communication partners
- Developing coping strategies (e.g., emotion regulation).
-

1.9 Design consequence-based strategies that promote desired behaviours and reduce behaviours of concern, including:

- Positive reinforcement for desired behaviours, with consideration of the value, contingency and schedule of the reinforcer (reward), accessible within the program
- Extinction strategies (i.e., removing “payoff” for behaviours of concern)
- Differential reinforcement schedules.

1.10 When developing a behaviour support plan, take into consideration diversity, including diversity of race, ethnicity, disability, age, sexuality, gender identity, intersex status and relationship status.

¹ Adapted from: Wright, D. B., Mayer, R. G., & Saren, D. (2013). *Behaviour Intervention Plan Quality Evaluation Scoring Guide III*. The Positive Environments, Network of Trainers Leadership Team.

Activity 2. Implement behaviour support plans	Supporting the Implementation of the Behaviour Support Plan
	<p><i>Outcome:</i> Each participant’s behaviour support plan is implemented effectively to meet the person’s behaviour support needs.</p> <p>The behaviour support practitioner demonstrates the knowledge and skills to:</p> <ol style="list-style-type: none"> 2.1 Oversee and support the implementation of the behaviour support plan consistent with the understanding of the individual’s needs, supports and strategies to address unmet needs, risks and behaviours of concern. 2.2 Provide effective instruction, training and coaching, oversight, advice and feedback to staff and informal supports with responsibility for implementing the strategies contained in a behaviour support plan. 2.3 Implement strategies that are logically related to the hypothesis regarding the function/s of the behaviours to proactively support change. 2.4 Guide and reinforce environmental adaptation and functionally equivalent replacement behaviours to meet needs in socially acceptable ways. 2.5 Support the implementation of function-based antecedent strategies. 2.6 Support the implementation of consequence-based strategies that promote desired behaviours and reduce behaviours of concern. 2.7 Contribute to short-term and long-term planning as part of a whole-team approach. 2.8 Apply Commonwealth and/or state and territory legislation and/or policy requirements regarding restrictive practices to practice delivery, including authorisation and consent requirements (see s 9, NDIS (Restrictive Practices and Behaviour Support) Rules 2018 and other relevant legislation. 2.9 When developing a behaviour support plan, take into consideration diversity, including diversity of race, ethnicity, disability, age, sexuality, gender identity, intersex status and relationship status.

Activity 3. Monitor and review behaviour support plans	<p>Behaviour Support Plan Monitoring and Review</p> <p><i>Outcome:</i> Each participant has a current behaviour support plan that reflects their needs, improves their quality of life and supports their progress towards positive change. The plan progresses towards the reduction and elimination of restrictive practices, where these are in place for the person.</p>
	<p>The behaviour support practitioner demonstrates the knowledge and skills to:</p> <p>3.1 Effectively collate and interpret behavioural information and data to contribute to the NDIS registered provider’s reporting and recording and is able to monitor; provide feedback and guidance; and review and make adjustments to the behaviour support plan in accordance with the most current evidence-based practice.</p> <p>3.2 Advise on what changes the formal and informal networks could make to better meet the participant’s needs.</p> <p>3.3 Monitor progress on behavioural goals and objectives with a clear connection to how the goal achieves similar functional outcomes to the behaviours of concern under similar conditions.</p> <p>3.4 Amend risk assessments to reflect any increase or decrease in risk posed by the behaviours of concern.</p> <p>3.5 Undertake coordination, implementation and monitoring systems and communication amongst the team they are supporting.</p> <p>3.6 Detail progress monitoring during implementation:²</p> <ul style="list-style-type: none"> ▪ Who exchanges data ▪ Reciprocally exchange data ▪ Under what conditions ▪ Manner of data exchange ▪ Content of data exchange ▪ Frequency of data exchange. <p>3.7 Based on implementation data, evaluate the effects of all relevant outcome variables:</p> <ul style="list-style-type: none"> ▪ Improved quality of life ▪ Reduced behaviours of concern

² Wright, D. B., Mayer, R. G., & Saren, D. (2013). *Behaviour Intervention Plan Quality Evaluation Scoring Guide III*. The Positive Environments, Network of Trainers Leadership Team.

	<ul style="list-style-type: none"> ▪ Acquisition of new skills ▪ Participation in activities ▪ Reduced or eliminated application of restrictive practices. <p>3.8 Change or adjust behaviour support plans based on an evaluation of the data gathered and make a clear link between the data collected and future planning.</p> <p>3.9 Provide an Outcomes Report (closure report) based on the following:</p> <ul style="list-style-type: none"> • Were the goals achieved? • What are the results of the positive behaviour support? Has the person’s quality of life improved? • What are the outcomes and impact on the next year’s NDIS plan for the person?
<p>Activity 4: Understand behaviour support in the NDIS</p>	<p>Behaviour Support System</p> <p><i>Outcome:</i> Each participant accesses behaviour support that is appropriate to the person’s needs which incorporates evidence-informed practice and complies with relevant legislation and/or policy frameworks.</p> <p>The behaviour support practitioner demonstrates:</p> <p>4.1 Suitability to facilitate and contribute to a high-quality support environment that is responsive to individual needs.</p> <p>4.2 Understanding of the legislative and/or policy framework, including restrictive practices.</p> <p>4.3 Knowledge of the delivery of positive behaviour support, including assessments and development of behaviour support plans.</p> <p>4.4 Ongoing professional development to remain current with evidence-informed practice and approaches to behaviour support, including positive behaviour support.</p> <p>4.5 Receipt of regular clinical supervision of the behaviour support practitioner.</p> <p>4.6 Commitment to an outcomes-based approach, including reducing and eliminating restrictive practices and improved quality of life.</p>

6. Evidence to support assessment against the Competency Framework

The NDIS Senior Practitioner will determine whether the behaviour support practitioner meets the competencies outlined in Table 1. In making this assessment, a range of factors will be considered, including whether the practitioner has relevant qualifications and/or training and/or experience.

6.1. Qualifications and/or training and/or experience

Qualifications

Some of the qualifications that may be relevant in determining suitability are as follows:

- Australian Health Practitioner Regulation Agency (AHPRA) registered (NDIS mandatory)- Occupational Therapists and Psychologists;
- National Alliance of Self Regulating Health Professions (NASHRP)- Social Workers; or
- Other Health Professionals- examples include Speech Pathologists (NASHRP-registered), Nurses (AHPRA-registered), Developmental Educators (self-regulated) and Teachers (self-regulated through State Based Teacher Registration Boards).

However, a professional qualification or registration alone is not sufficient to undertake behaviour support. In order to be considered competent, the qualification needs to have included a recognised behaviour support component *or* a behavioural component requiring the additional completion of an accredited behaviour support training program.

Training

A practitioner within the NDIS professional registration groups (No. 0110) who does not meet the qualification component above, or a non-registered practitioner, must have completed an accredited behaviour support training program. This can be a certificate in behaviour support and/or substantial in-service training in behaviour support.

Experience

In the event that a behaviour support practitioner does not clearly meet the qualifications and/or training requirements above, at least two years experience in delivering behaviour support to persons with disability under supervision from a supervisor who has at least five years experience in behaviour support to persons with a disability is required in addition to demonstrating that the NDIS Practice Standards can be met through experience.

Note under the NDIS Rules the NDIS Quality and Safeguards Commissioner is able to identify a person as suitable to undertake behaviour support assessments and develop behaviour support plans that may contain the use of a restrictive practice.

6.2. Ongoing development

Once registered as a behaviour support practitioner, registration is maintained through ongoing supervision and professional development that will be reported every two years and confirmed by the supervisor.

Ongoing supervision

Regardless of qualifications, training and experience, all behaviour support practitioners are to demonstrate that they receive regular supervision from a more experienced practitioner in behaviour support, according to their professional registration requirements or workplace requirements.

Professional Development

Regardless of qualifications, training and experience, all behaviour support practitioners are to demonstrate, ongoing professional development in behaviour support.

7. Glossary

Commission	NDIS Quality and Safeguards Commission
DSS	Department of Social Services
NDIS	National Disability Insurance Scheme
Behaviour support	The NDIS Quality and Safeguarding Framework (2016) defines the requirements for the delivery of behaviour support. Note that the term includes positive behaviour support as an evidence-based method of intervention, and that the term “positive behaviour support” is applied on occasions in NDIS policy.
NDIS Participant	A person with a disability who has been assessed by the NDIA as meeting the eligibility criteria to become a participant in the NDIS. Note that NDIS legislation and policy will also describe the participant as a “person” or “person/people with disability”.
Behaviours of concern	Defined as ‘behaviours of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit the use of, or result in, the person being denied access to ordinary community facilities’ (NDIS Quality and Safeguarding Framework, 2016, p. 98). Importantly, these behaviours can be a barrier to the person participating in and contributing to their community, they can undermine directly or indirectly a person’s rights, dignity or quality of life, and can take the form of both active and passive behaviours (McVilly, 2012). Note that NDIS legislation and policy will also describe behaviours of concern as “challenging behaviours”.
Specialist behaviour support provider	A registered NDIS provider (registration group 110) whose registration includes the provision of specialist behaviour support services
Specialist behaviour support practitioner	Either as the provider or engaged by a provider, is 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

	<p>Behaviour support practitioners may be endorsed via the professional registration groups that are made up of allied health professionals with specialist skills in behaviour support, including assessment and the development of a comprehensive behaviour support plan that aims to reduce and manage behaviours of concern, reduce or eliminate the use of restrictive practices and, importantly, promote the health, well-being and quality of life of the participant. Professional registration groups identified by the NDIS specify qualifications and experience as prerequisites to safely providing assessment, intervention and support. Professional registration groups also have experience in professional/clinician supervision and development as defined by the professional registration requirements of their profession.</p>	
Functional behavioural assessment	<p>The process for determining and understanding the function or purpose behind a participant'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. The subsequent behavioural hypotheses can only be confirmed following the implementation of specific strategies and the analysis of data relating to changes in behaviour</p>	
Behaviour support plan	<p>Can be a comprehensive behaviour support plan or an interim behaviour support plan.</p>	
Regulated restrictive practices	<p>A restrictive practice is a regulated restrictive practice if it is or involves any of the following:</p>	
	Seclusion	<p>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.</p>
	Chemical restraint	<p>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.</p>
	Mechanical restraint	<p>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.</p>
	Physical restraint	<p>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</p>

		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	Restricts a person's free access to all parts of their environment, including items or activities.

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8. Attachments

8.1. Extra information

Participants with *extreme* behaviours of concern include forensic disability participants that are subject to orders under the justice system and previous offenders no longer subject to orders (REF). The NDIS (Supports for Participants) Rules 2013, made for the purposes of Sections 33 and 34 of the *National Disability Insurance Scheme Act 2013*, outline that forensic disability services are to be funded and delivered as part of the NDIS. A provider requires extensive knowledge of the legislative environment to deliver services to this participant cohort, who often need intensive supports and services, delivered by very skilled and experienced professionals.

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