

NDIS Evidence Advisory Committee Consultations March 2026 - Positive behaviour support for older children and adults

Prepared by Cerebral Palsy Alliance

For the NDIA Evidence Advisory Committee

*Submitted Friday 29th March 2026
via email: disabilityevidence@health.gov.au*

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Positive Behaviour Support (PBS) for older children and adults

– CPA response to NDIS EAC consultation

About Cerebral Palsy Alliance

Cerebral Palsy Alliance (CPA) has evolved to become a global leader in cerebral palsy (CP), bringing together leading services, research, advocacy and technology to improve the lives of people with CP and their families at every stage of life. CPA's dedicated Research Institute is instrumental in privately funding research into CP, leading to reduced rates and severity of the condition in Australia.

Founded in 1945, CPA delivers life-changing services to thousands of children and adults across New South Wales and the Australian Capital Territory, employing more than 225 allied health professionals in a staff cohort of over 2500.

CPA's service model integrates clinical expertise with research translation through the Cerebral Palsy Alliance Research Institute, a global leader in neurorehabilitation and early intervention research. CPA's affiliation with research institutions such as the University of Sydney enables real-world implementation of best practice.

Under CPA's Strategy 2030 framework, our mission is to maximise functional independence, participation, and lifelong health for people with cerebral palsy and similar conditions. It is also under our framework to share and integrate the evidence base for CP into everyday therapeutic practice. Positive Behaviour Support (PBS) forms a cornerstone of this mission—by promoting a healthy and rich quality of life for all clients through the delivery of PBS across all our client services, while reducing the need for specialist behaviour support and the use of regulated restrictive practices.

CPA supports a diverse cohort of participants, including many individuals with intellectual disability, developmental disability and autism who present with complex behaviours of concern, particularly within supported accommodation settings. This is supported by strong clinical leadership in PBS, a dedicated practice excellence function, and established governance systems including workforce training, policy frameworks and quality and safeguarding oversight.

Executive Summary

Cerebral Palsy Alliance (CPA) welcomes the opportunity to respond to the NDIS Evidence Advisory Committee consultation on Positive Behaviour Support (PBS) for older children and adults.

PBS is an evidence-based, person-centred framework that seeks to improve quality of life and reduce behaviours of concern by understanding their underlying causes and responding through skill development, environmental adjustment, and consistent support. When required, this approach is formalised through a Comprehensive Behaviour Support Plan informed by a functional behaviour assessment.

There is a strong and well-established body of evidence demonstrating that PBS is effective in reducing behaviours of concern and improving quality of life when implemented with fidelity (Carr et al., 2002; Gore et al., 2013). Research over several decades shows that approaches grounded in functional behaviour assessment consistently outperform non-functional approaches, with reductions in behaviours of concern observed in the majority of cases when implemented effectively (Yu et al, 2020; Harvey et al., 2009). Importantly, improvements in quality of life often occur even where reductions in behaviour are modest, reinforcing that PBS should be evaluated on broader outcomes such as participation and wellbeing (Carr et al., 2002).

PBS is not a single intervention but a framework that requires assessment, planning, implementation and ongoing review. It is most effective when embedded within a coordinated, multidisciplinary system of support, rather than delivered as an episodic or stand-alone service. The effectiveness of PBS is closely linked to implementation quality. Outcomes are strongest when interventions are delivered by trained practitioners, informed by functional behaviour assessment, and supported by consistent implementation in daily environments. This requires staff training, supervision, and coordination across multidisciplinary teams, including communication supports, to ensure behaviour support plans are effective in practice. (Gore et al., 2013, NDIS Quality and Safeguards Commission, 2024; Hassiotis et al., 2018).

CPA supports PBS as a core, evidence-based support within the NDIS and is fully integrated into our Model of Care. However, current funding and implementation arrangements create challenges to continuity, safety and effectiveness. Addressing these structural issues is essential to ensure PBS delivers its intended outcomes.

1. Positive Behaviour Support in Context

Positive Behaviour Support is grounded in the understanding that behaviour is meaningful and often reflects unmet needs, communication difficulties, or environmental mismatch. Rather than focusing solely on reducing behaviours of concern, PBS aims to improve the person's overall quality of life by addressing the underlying causes of behaviour and building skills that enable more effective participation in everyday life (Carr & Durand, 1985; Gore et al., 2013).

This includes developing communication strategies, modifying environments, and supporting individuals to engage in meaningful activities aligned with their preferences and goals. In this way, PBS represents a shift from reactive behaviour management to proactive, preventative support.

PBS is informed by applied behaviour analysis, person-centred practice, and human rights frameworks, including the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006). It is widely recognised internationally as best practice in supporting people with intellectual and developmental disabilities who present with behaviours of concern.

2. Who Uses Positive Behaviour Support and Why

Within CPA, PBS is most commonly provided to individuals with neurodevelopmental conditions, including intellectual disability and autism spectrum disorder. Many individuals have complex support needs, including co-occurring mental health conditions, trauma histories, and communication difficulties.

PBS is typically introduced when behaviours of concern pose a risk to the individual or others, or when these behaviours significantly impact participation and quality of life. However, the principles of PBS extend beyond those requiring specialist intervention. In practice, PBS provides a foundation for all support interactions, promoting consistency, predictability and positive engagement across care settings.

The purpose of PBS is not simply to reduce behaviour, but to enable individuals to participate more fully in their daily lives, develop meaningful relationships, and experience greater independence and wellbeing.

3. Evidence of Effectiveness

PBS has one of the most established evidence bases within disability support. Research spanning more than three decades consistently demonstrates that interventions based on functional behaviour assessment produce significantly better outcomes than those that do not consider the function of behaviour (Iwata et al., 1994; Carr et al., 2002).

Meta-analyses and controlled studies indicate that multi-component PBS interventions can reduce behaviours of concern in a large proportion of cases when implemented with fidelity (Harvey et al., 2009). These interventions are most effective when they address multiple elements simultaneously, including environmental factors, skill development, and reinforcement strategies.

A central component of PBS is Functional Communication Training, which supports individuals to replace behaviours of concern with effective communication strategies

and has demonstrated strong outcomes across populations (Tiger et al., 2008; Durand, 2001).

Importantly, the evidence also highlights that improvements in quality of life often occur even where reductions in behaviour are modest (Carr et al., 2002). This reinforces that PBS should be evaluated on broader outcomes, including participation, autonomy and wellbeing.

There is also growing evidence that PBS contributes to reductions in restrictive practices over time, particularly when implemented within structured governance frameworks (Allen, 2009; Chan et al., 2011).

4. Safety and Safeguards

PBS is inherently a safety-focused approach. By understanding behaviour and addressing its underlying causes, PBS reduces the likelihood of harm to individuals, support workers, and others.

However, the safety benefits of PBS depend heavily on the quality of implementation. Poorly implemented PBS can result in increased reliance on restrictive practices, inconsistent support approaches, and unmet needs. There is strong evidence that restrictive practices used as behaviour management strategies have no therapeutic benefit and may result in harm, including trauma and injury (Sailas & Fenton, 2000; Nunno et al., 2006).

CPA applies a continuous improvement approach to improve the quality of life for participants and to reduce the number of regulated restrictive practice. CPA is also monitoring the use of non-regulated Restrictive Practices (i.e. specific exceptions relating to restrictive practices authorisation, as outlined in the NSW RPA Policy (Department of Communities and Justice, 2019)).

The Quality & Safeguarding Team within CPA is responsible for coordination and management of Restrictive Practices Authorisation Panels, Client Incident Management, Complex Case Reviews and Internal Case Conferences. These processes play integral parts of addressing risks associated with behaviours of concern quickly and effectively.

CPA also tracks behavioural data through ongoing behavioural data collected by implementing sites through QR coded forms. This allows for improved monitoring in the implementation of the behaviour support plan and promotes responsiveness from behaviour support practitioners where issues are identified.

CPA has also implemented a comprehensive governance framework to ensure safe and effective delivery of PBS. This includes mandatory training for all client facing staff,

structured supervision of behaviour support practitioners, and systems for monitoring incidents and restrictive practices (NDIS Quality and Safeguards Commission, 2024).

These safeguards are essential to ensuring that PBS achieves its intended outcomes and aligns with the principles of dignity, rights and least restrictive practice.

5. Implementation and Workforce Considerations

PBS is not a one-off intervention, but an ongoing process that requires continuous assessment, implementation and review. Effective PBS depends on the coordinated efforts of trained practitioners, support workers, families and multidisciplinary teams.

Internationally, PBS is typically embedded within service systems and supported by workforce capability frameworks such as the UK Positive Behavioural Support Competence Framework (BILD, 2015). In contrast, within the NDIS, PBS is delivered as an individually funded support, which can result in variability in access, timing and implementation. This individualised funding approach can also lead to inconsistency in access to PBS, depending on factors such as plan development, timing of funding allocation, and understanding of behaviour support needs. In practice, this can result in delays in accessing support, particularly where behaviour support is not included in an initial plan and requires a change in circumstances, limiting timely response and increasing risk for participants and their support networks.

CPA notes that while behaviour support practitioners operate within the NDIS PBS Capability Framework, there are currently limited minimum qualification requirements, which can contribute to variability in service quality (Fisher et al., 2024).

Effective PBS requires not only technical expertise, but also ongoing coaching and support for those implementing plans in everyday environments.

At CPA, PBS is embedded across all services through a structured, evidence-based model. Disability support workers receive foundational PBS training, complemented by Person-Centred Active Support approaches. Specialist behaviour support is delivered by NDIS-registered practitioners under senior clinical supervision, with strong governance, data monitoring, and alignment to the NDIS PBS Capability Framework to ensure safe and consistent implementation.

6. Value for Money

PBS represents strong value for money within the NDIS by addressing behaviours of concern proactively and reducing the need for high-cost, reactive supports.

Effective PBS reduces the likelihood of crisis incidents, hospitalisation, breakdown of placements, and reliance on restrictive practices. It supports individuals to maintain stable living arrangements, participate in community life, and reduce dependence on intensive support models. These outcomes deliver both improved quality of life and more efficient use of scheme resources.

Importantly, the absence or disruption of PBS services carries significant cost. Delays in assessment, gaps in implementation, or expiry of behaviour support plans can lead to increased risk, escalation of behaviours of concern, greater use of restrictive practices, and higher demand for emergency or intensive supports. These system-level impacts are both financially and clinically significant.

PBS should therefore be understood not only as a therapeutic support, but as a preventative and stabilising intervention that reduces downstream costs across the NDIS and broader service system.

7. Challenges in the Current NDIS Model

While PBS is a well-established and effective approach, CPA has identified several challenges in the current NDIS model that limit its effectiveness.

A key issue is the misalignment between funding structures and PBS delivery. Behaviour support requires periods of intensive input, particularly during assessment and plan development, followed by monitoring and review. However, funding is often distributed evenly across a plan period and released in stages (e.g. monthly or quarterly), which does not reflect how PBS is delivered in practice.

This can create barriers to timely service delivery, particularly during the early phases when more intensive input is required. It may also require providers to seek early release of funding or delay key components of assessment and planning, impacting the responsiveness and effectiveness of support. In addition, where behaviour support is not included in an initial plan, accessing funding through a change of circumstances can take time, leaving participants and their support networks without access to appropriate support during periods of increased risk.

This can result in delays, expired behaviour support plans, gaps in supporting workers to implement the plan, and increased safety risks. Expired plans and gaps in training in the Behaviour Support Plan also create compliance risks for providers under the NDIS regulatory framework, particularly where restrictive practices are involved.

Variability in practitioner capability and service availability further impacts the consistency and quality of PBS delivery across the scheme.

8. System-Level Insights

Across Australia and internationally, PBS is most effective when embedded within systems of care rather than delivered episodically. These models emphasise continuity, workforce capability, and integrated support.

The NDIS model introduces fragmentation through funding structures that do not align with how PBS is most effectively delivered.

9. Recommendations

CPA recommends that the NDIS:

- Recognise PBS as a core, evidence-based support within the NDIS
- Ensure funding supports continuous (not episodic) delivery and is reflective of legislative requirements as regulated by the NDIS Quality and Safeguarding Commission
- Ensure timeliness of responses to plan, review and uphold continuity of care
- Strengthen and specify workforce capability requirements
- Invest in further research on long-term outcomes and cost-effectiveness

10. Conclusion

PBS is a well-established, evidence-based approach that improves quality of life and reduces behaviours of concern for people with disability.

Its effectiveness depends on how it is implemented. Ensuring that PBS is supported by sufficient and timely funding, workforce capability and robust quality and safeguarding governance structures is essential to achieving safe, consistent and meaningful outcomes.

Current systemic barriers to delivering PBS in line with evidence-based frameworks is resulting in increased risks, greater use of restrictive practices and higher demand for emergency or intensive supports. The NDIS must address these barriers to reduce the significant financial and clinical impacts, and to ensure the rights and quality of life for scheme participants and safety for participant support networks.

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