



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.](#)



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.

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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.



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.



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.



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