



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

# Comprehensive Behaviour Support Plan

**CONFIDENTIAL**

## Person details

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

## Plan dates

Comprehensive BSP date:		BSP Review date:	
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## Practitioner and provider details

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

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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.

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## 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](#).

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## 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**

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## 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).

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## 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 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?

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## 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.



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## 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>

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## 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>			



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## 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:**

## 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)