INREACH
S u p p o r t s

Functional Requirements

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INREACH Supports

Purpose

This document sets out the functional requirements for a frontline response guide derived from a Positive Behaviour Support Plan (PBSP). Its purpose is to ensure that guidance provided to frontline support workers is usable, role-appropriate, safe, and consistent with sector best practice.

The approach reflected in this document is informed by the NDIS Practice Standards and Quality Indicators (November 2021, Version 4), the Positive Behaviour Support Capability Framework (Version 4.0, December 2024), and NDIS Commission-funded NDS sector resources on plain language in behaviour support planning.[1]

This document does not replace the PBSP. It defines the characteristics that a frontline response guide must meet so that it supports effective day-to-day responses without transferring clinical, interpretive, or legal decision-making to frontline roles.

Both the frontline response guide and the team leader walkthrough are deliverables produced by the behaviour support practitioner, consistent with the PBS Capability Framework's requirement to provide individually tailored training to those carrying out the plan, in conjunction with stand-alone materials that are directly usable by each role.[5]

1. Core Design Principles

All frontline response guidance must adhere to the following principles.

1.1 Role Fit

Guidance must align with the frontline role, which is limited to:

- Observing behaviour
- Responding using defined protocols
- Recording objective information (e.g. ABC chart)
- Escalating or handing over when defined thresholds are met

Guidance must not require frontline workers to exercise clinical judgement, therapeutic facilitation, or legal interpretation. The NDIS Practice Standards' Core Module requires providers to ensure workers are "appropriately trained and understand the participant's needs and preferences" where a participant has specific needs requiring daily support.[2] This obligation is met through role-appropriate guidance, not through exposure to the full clinical document.

1.2 Usability

Guidance must be:

- Easy to reference in real-time
- Clear under conditions of stress or urgency
- Written in plain, unambiguous language

If guidance cannot be followed without interpretation, it is not functionally usable at the frontline level. The NDS Behaviour Support Practitioner Webinar Series, funded by the NDIS Quality and Safeguards Commission, emphasises that behaviour support plans and resources must be written so they "can be understood and used" by their intended audience, and recommends the use of plain language, short sections, checklists, and step-by-step procedures for frontline materials.[3]

1.3 Proportionality

Frontline guidance must be proportionate to the role and context. It should enable safe and consistent responses without requiring exposure to the full complexity of the PBSP.

The PBS Capability Framework requires practitioners to "develop a behaviour support plan according to the literacy and communication needs of the target audience" and to ensure plans are "compatible with the ability and resources of the implementers."[4]

2. Content Requirements

The frontline response guide must meet all of the following requirements.

2.1 Observable Behaviours Only

Guidance must describe:

- What can be seen, heard, or directly observed

It must avoid:

- Inferred intent
- Assumptions about meaning
- Interpretation of emotional or psychological states

2.2 Objective Triggers

Guidance must use:

- Clear, objective triggers (e.g. specific actions, statements, or observable behaviours)

It must avoid:

- Subjective thresholds such as "if appropriate," "if worried," or "if distressed" without observable definitions

2.3 Clear Response Actions

For each trigger, guidance must specify:

- What action the worker should take
- What the worker should avoid

Actions must be concrete and procedural, not reflective or therapeutic.

2.4 Defined Escalation and Handover Points

Guidance must clearly state:

- When a situation has moved outside the scope of frontline response
- When escalation to a team leader or on-call manager is required
- When escalation to emergency services (000) is required

Frontline workers must not be expected to decide whether to continue applying strategies in high-risk or ambiguous situations. Escalation points must use concrete, observable criteria rather than subjective assessments.

2.5 Alignment with ABC Documentation

Guidance must support recording using ABC (Antecedent–Behaviour–Consequence) or equivalent objective formats.

It must not require:

- Outcome scoring
- Clinical assessment
- Evaluation of therapeutic effectiveness

3. Content Outside the Scope of the Frontline Response Guide

The following elements require clinical judgement, therapeutic facilitation, contextual interpretation, or regulatory decision-making that is beyond the scope of the frontline role. They should remain within the full PBSP or be addressed through separate role-appropriate training and guidance.

- Facilitation of emotional regulation or FERB processes
- Instructions to lead reflective or exploratory discussions
- Guidance requiring interpretation of truthfulness, intent, or perception
- Legal qualifiers relating to restrictive practice thresholds
- Decision-making about whether actions constitute restrictive practices
- Strategy adaptation or modification based on perceived function
- Clinical assessment or outcome scoring on recording sheets

4. Contextualisation Requirements

Where participant presentation involves overlapping or evolving complexity (e.g. medical uncertainty, safeguarding concerns, relational stressors), the frontline response guide must:

- Clearly define the contexts in which each response action applies
- Identify indicators that a situation has moved outside routine response
- Specify when escalation or handover must occur rather than continued strategy application

Contextualisation must reduce reliance on interpretation and support consistent responses across staff.

Frontline guidance must account for the range of contexts in which strategies may be applied, including situations involving:

- Unverified participant information: where escalation is required rather than continued strategy application
- Unconfirmed health presentations: where clarification or handover is required rather than behavioural response
- Safety or role-limit prioritisation: where frontline staff are required to escalate rather than continue ongoing strategy use

In these contexts, the frontline response guide must clearly state when a response action applies, when it must cease, and when escalation is the required response.

5. Relationship to the PBSP

PBSP (Authoritative Document)	Frontline Response Guide (Derivative Artefact)

PBSP (Authoritative Document)	Frontline Response Guide (Derivative Artefact)
Contains functional assessment, hypothesis, clinical rationale	Contains observable triggers, response actions, escalation points
Includes FERB processes, clinical recording tools	Aligned with ABC documentation only
Audience: practitioners, team leaders, management	Audience: frontline support workers
Retained by provider as reference document	Carried and used by workers in the field

The PBSP remains the authoritative clinical document. The frontline response guide is a derivative artefact, not a summary of the full plan. Content that is not suitable for frontline use should remain in the PBSP or be addressed through separate role-appropriate guidance.

6. Review and Alignment

The frontline response guide should be reviewed against these functional requirements prior to use with frontline staff.

Confirmation of alignment is intended to:

- Support fidelity in carrying out the PBSP
- Avoid unnecessary iteration or rework
- Ensure guidance is safe, role-appropriate, and fit for purpose

References

[1] This document draws on: (a) NDIS Practice Standards and Quality Indicators, November 2021, Version 4 — Core Module: Human Resource Management (p.10), Responsive Support Provision (p.14), Support Planning (p.13); (b) Positive Behaviour Support Capability Framework, Version 4.0, December 2024, Domains 3 and 4; (c) NDS Behaviour Support Practitioner Webinar Series (2021), funded by a two-year grant from the NDIS Quality and Safeguards Commission.

[2] NDIS Practice Standards and Quality Indicators, Version 4, Core Module: Responsive Support Provision (p.14): "Where a participant has specific needs which require monitoring and/or daily support, workers are appropriately trained and understand the participant's needs and preferences." Core Module: Human Resource Management (p.10): "A system to identify, plan, facilitate, record and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each participant."

[3] NDS Behaviour Support Practitioner Webinar Series, Webinar 2: "Writing positive behaviour support plans using Plain Language," delivered by Sarah Nicoll, NDS National Practice Lead — Zero Tolerance Initiative. Slide deck: nds.org.au/images/resources/BSPWorkshop2PlainLanguge_SlideDeck.pdf. Webinar hub: nds.org.au/resources/all-resources/behaviour-support-practitioner-recorded-webinars. The NDS webinar page states: "NDS would like to acknowledge the two-year grant funding from the NDIS Quality and Safeguards Commission which allowed these webinars to be developed."

[4] PBS Capability Framework (v4.0, December 2024), Domain 3: Planning — Core Practitioner Skills (pp.30-31): "Write a behaviour support plan so it is easy to understand by those implementing it"; "Develop data collection systems that are objective, understandable and useable by the key people." Proficient or Above Skills (pp.31-32): "Develop a behaviour support plan according to the literacy and communication needs of the target audience"; "Develop a behaviour support plan that is compatible with the ability and resources of the implementers."

[5] PBS Capability Framework (v4.0, December 2024), Domain 4: Implementation — Core Practitioner Skills (p.33): "Provide individually tailored education and training to those who are implementing a behaviour support plan." Also (p.22): "The providers' considerations across the PBS Capability Framework are taken from existing NDIS practice standards and quality indicators; they are not additional requirements."

Source Documents

NDIS Practice Standards and Quality Indicators (November 2021, Version 4)

ndiscommission.gov.au/sites/default/files/2024-10/ndis-practice-standards-and-quality-indicators.pdf

Positive Behaviour Support Capability Framework (Version 4.0, December 2024)

ndiscommission.gov.au/rules-and-standards/behaviour-support-and-restrictive-practices/positive-behaviour-support

NDS Behaviour Support Practitioner Recorded Webinars (2021)

nds.org.au/resources/all-resources/behaviour-support-practitioner-recorded-webinars