SIGMA Therapies

Registered NDIS Provider

Positive Behaviour Support

Referrer Guide

For Support Coordinators, Allied Health Professionals & Other Referrers

Everything you need to know to make confident, effective Positive Behaviour Support referrals

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SIGMA Therapies

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DISCLAIMER; This guide is provided for informational purposes for health and support professionals. It does not constitute legal advice. For specific legal questions regarding restrictive practice authorisation or NDIS compliance, consult a qualified legal practitioner or the NDIS Commission.

1. About This Guide

This guide is written for Support Coordinators, allied health professionals, and all other practitioners who refer NDIS participants to **Positive Behaviour Support** services. Whether you're making your first PBS referral or you're experienced in the area and looking for a sharper clinical reference, this document covers everything you need.

We've structured it to be both a learning resource and a working reference, something you can read from cover to cover, or turn to specific chapters when a particular question comes up.

What You'll Find Inside

- A plain-language explanation of PBS, its evidence base, and how it fits within the NDIS.
- A practical breakdown of the NDIS PBS Capability Framework.
- Clinical criteria to help you identify when PBS is appropriate to ensure the appropriate level of support a participant needs.
- A detailed compliance guide for situations involving restrictive practices (one of the most misunderstood areas for referrers).
- A step-by-step referral framework with a complete checklist.
- Guidance on PBS across different ages, diagnoses, and settings.
- Quality indicators so you can evaluate PBS providers confidently.

Important Note:
This guide reflects the NDIS Commission Positive Behaviour Support Capability Framework Version 4.0 (December 2024) and current NDIS Commission requirements. Please always check the NDIS Commission website for the most recent regulatory updates.

2. What Is Positive Behaviour Support?

Definition and Core Principles

Positive Behaviour Support (PBS) is an evidence-based framework for understanding and responding to behaviours of concern. It is grounded in applied behaviour analysis, person-centred values, and a commitment to human rights. It is the approach mandated by the NDIS for registered behaviour support providers working with participants subject to regulated restrictive practices.

PBS operates from **a foundational premise**: behaviour is functional. Behaviours of concern (aggression, self-injury, property destruction, withdrawal, elopement) occur because they serve a purpose for the person displaying them. Understanding that function is the first step in developing support that works.

The PBS Evidence Base

PBS has a substantial international evidence base, developed over more than three decades across settings including disability services, education, aged care, and mental health.

Key evidence includes:

- Randomised controlled trials demonstrating a reduction in behaviours of concern across autism, intellectual disability, and acquired brain injury populations.
- Longitudinal studies showing sustained behaviour change when PBS is implemented with fidelity and embedded in the environment.
- Systematic reviews confirming the effectiveness of functional behaviour assessment as the foundation of behaviour support planning.
- Evidence for proactive, antecedent-based strategies outperforming reactive and consequence-based approaches in long-term outcomes.

How PBS Differs From Other Behaviour Approaches

Dimension	Traditional Behaviour Management	Positive Behaviour Support
Primary focus	Reducing or stopping the behaviour	Understanding the function; building skills and environments
Method	Consequences, often reactive	Proactive strategies, environmental modification, skills teaching
View of the person	Deficit-focused	Strengths-based; behaviour as communication
Role of family/carers	Implementing instructions	Active partners in assessment and plan development
Restrictive practices	May be a routine response	Last resort; actively reduced and eliminated over time
Sustainability	Depends on consequence delivery	Embedded in environment; generalises across settings

Positive Behaviour Support and Human Rights

PBS is explicitly rights-based. The NDIS PBS Capability Framework grounds the approach in the UN Convention on the Rights of Persons with Disabilities (UNCRPD), with particular reference to:

- Article 12 — Equal recognition before the law and the right to legal capacity
- Article 16 — Freedom from exploitation, violence, and abuse
- Article 17 — Protecting the integrity of the person
- Article 19 — Living independently and being included in the community
- Article 26 — Habilitation and rehabilitation

For referrers, this means PBS is not merely a clinical tool; it is a mechanism for upholding participants' rights within support services.
A well-implemented PBS plan should actively increase a participant's autonomy, choice, and community participation.

3. PBS and the NDIS: Funding & Registration

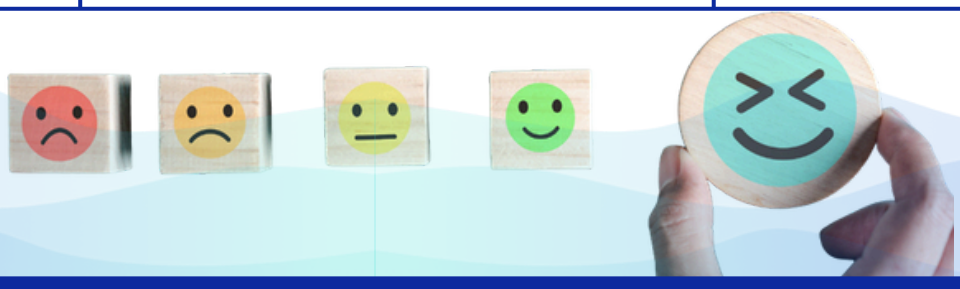
Where PBS Sits in an NDIS Plan

Behaviour support is funded under **Capacity Building — Improved Relationships (CB Relationships)**. This budget category is designed to build participants' capacity to manage their own behaviour, develop social and emotional skills, and reduce the need for ongoing intensive support.

Funding Allocation Note
CB Relationships funding covers the time of behaviour support practitioners, including assessment, plan development, implementation support, carer coaching, monitoring, and plan review. It does not cover the costs of support workers implementing the plan; those costs are funded through Core Supports.

Plan Managed vs Agency Managed Funding

Plan Management Type	What This Means for PBS	Referral Implications
Agency Managed	Provider must be registered as a specialist behaviour support provider.	Sigma Therapies is NDIS registered — referral can proceed.
Plan Managed	Provider must be registered as a specialist behaviour support provider for behaviour support assessment, FBA and behaviour support plan development.	Confirm registration status before referral.
Self Managed	The same registration requirement applies where the service includes behaviour support assessment, FBA or behaviour support plan development.	For restrictive practice cases, NDIS registration is still required by law.



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When PBS Funding Needs to Be in the Plan

Participants do not always arrive with CB Relationships funding already allocated. As a Support Coordinator, you may need to make the case for inclusion of PBS funding at planning or review. Evidence that supports this includes:

- Documented behaviours of concern that affect daily living, participation, or safety
- Current or historical use of restrictive practices by support workers or in services
- Previous behaviour support plans – even if expired – demonstrating ongoing need
- Reports from allied health professionals (OT, psychologist, speech pathologist) identifying behaviour support needs
- School reports or incident logs documenting behaviour patterns
- Participant or family statements describing impact on daily life

Registration Requirements

Under NDIS Commission rules:

- registered NDIS providers who develop behaviour support plans are specialist behaviour support providers;
- registered NDIS providers who use regulated restrictive practices are implementing providers.

These are distinct roles and, in some cases, the same organisation may hold both responsibilities. This requirement exists regardless of how the participant's plan is managed.

Sigma Therapies is a registered NDIS provider for behaviour support. Our practitioners hold the qualifications and competencies required under the NDIS PBS Capability Framework. We accept self-managed, agency-managed and plan-managed funding.

4. The Seven Capability Domains Explained

Why Domains Matter for Referrers

The NDIS PBS Capability Framework organises practitioner competencies across seven domains. These represent the full arc of PBS practice: from initial safety planning through to long-term quality improvement. When evaluating a PBS provider or reviewing a plan, these domains provide a structured lens for assessing quality and comprehensiveness.

Domain 1: Interim Response

Immediate safety planning for participants while a comprehensive assessment is underway.

What to look for as a referrer
Does the provider develop an interim plan promptly after intake? Is it practical for carers and support workers to implement? Does it address the most significant safety risks without introducing new restrictive practices unnecessarily?

Key point:Key point: For plans that include regulated restrictive practices, an interim behaviour support plan must be developed within 1 month of engagement and a comprehensive behaviour support plan within 6 months. Comprehensive plans that include regulated restrictive practices must be reviewed at least every 12 months, or sooner if circumstances change. For plans without regulated restrictive practices, these timeframes remain good practice.

Domain 2: Functional Behaviour Assessment (FBA)

Systematic investigation of the antecedents, setting events, functions, and maintaining factors of behaviours of concern

What to look for as a referrer
Is the FBA based on direct observation as well as indirect data? Does it identify the communicative function of behaviours? Does it consider sensory, medical, trauma, and environmental factors?

Key point: Comprehensive, multi-informant FBA forms the basis of any comprehensive behaviour support plan.

Domain 3: Behaviour Support Planning

Development of a collaborative, rights-based plan addressing the FBA findings with proactive, reactive, and restrictive practice components.

What to look for as a referrer
Is the plan co-developed with the participant and support network? Does it include proactive strategies to address underlying needs? Are reactive strategies proportionate?

Key point: For plans that include regulated restrictive practices, an interim behaviour support plan must be developed within 1 month of engagement and a comprehensive behaviour support plan within 6 months. Comprehensive plans that include regulated restrictive practices must be reviewed at least every 12 months, or sooner if circumstances change. For plans without regulated restrictive practices, these timeframes remain good practice.

Domain 4: Implementation

Coaching, training, and support for the people responsible for delivering the plan: carers, support workers, educators, and others.

What to look for as a referrer
Does the practitioner provide hands-on coaching in the participant's natural environment? Is training delivered to all relevant people? Are strategies adapted across settings?

Key point: Ongoing implementation support is a core function, not a one-off activity.

Domain 5: Know It Works

Data collection, monitoring, and plan review to evaluate whether the plan is achieving its goals.

What to look for as a referrer
Does the provider establish workable data collection systems for carers and support workers? Are reviews scheduled and completed? Is data used to inform plan updates?

Key point: Absence of monitoring is a red flag — plans cannot be evaluated without data.

Domain 6: Reduce and Eliminate Restrictive Practices

Active, documented work to reduce and, where clinically appropriate, eliminate the use of regulated restrictive practices.

What to look for as a referrer
Does the plan include specific, time-bound reduction goals? Are factors maintaining the need for restrictive practices being actively addressed? Is the provider compliant with NDIS Commission reporting?

Key point: Reduction must be active and documented — maintaining the status quo is not compliant.

Domain 7: Continuing Professional Development & Supervision

Ongoing learning, clinical supervision, and professional development to maintain and grow practitioner capability.

What to look for as a referrer
Is supervision documented and appropriate to practitioner level? Is CPD relevant to the populations served? Can the provider demonstrate currency with evidence-based practice?

Key point: Supervision structures should be visible in the provider's quality systems.

5. Criteria for Positive Behaviour Support Referral

When to Refer to Positive Behaviour Support

Not every participant who presents with challenging behaviour requires Positive Behaviour Support. Understanding the appropriate clinical threshold helps you match participants to the right level of support and use NDIS funding effectively

Primary Indicators for PBS Referral

- Behaviours of concern occurring with sufficient frequency, intensity, or duration to affect participation, safety, or quality of life
- Behaviours placing the participant or others at risk of injury
- Current use of regulated restrictive practices (this makes PBS a legislative requirement)
- Risk of restrictive practices being introduced without a support plan
- Participant or family distress related to current behaviour patterns
- Behaviour patterns significantly impacting family functioning or carer capacity
- Behaviours limiting access to employment, education, or community participation
- Transition periods where behaviour support can reduce risk

6. Restrictive Practices: A Compliance Guide for Referrers

Why This Matters for You as a Referrer

Restrictive practices are one of the most legally and clinically significant areas in NDIS behaviour support. As a Support Coordinator or referring professional, you have both ethical and in some cases legal responsibilities in this area. This chapter gives you a working understanding of the key concepts, requirements, and red flags.

What Are Regulated Restrictive Practices?

Under the NDIS Rules, a regulated restrictive practice is any practice that restricts the rights or freedom of movement of a person with disability. The five categories are:

Category	Definition	Common Examples
Physical restraint	The use of physical force to restrict movement	Holding, escorting against will, blocking exits
Chemical restraint	Use of medication primarily to control behaviour (not for a therapeutic purpose)	PRN medications used primarily for sedation
Mechanical restraint	Use of a device to restrict movement	Splints, belts, weighted items used behaviourally
Seclusion	Placing a person alone in a space they cannot leave	Locked rooms, time-out spaces that cannot be exited voluntarily
Environmental restraint	Restricting access to parts of the environment	Locked doors, restricted access to areas

The Authorisation Process

In Western Australia, proposed regulated restrictive practices are considered under the Department of Communities Authorisation of Restrictive Practices in Funded Disability Services Policy and Procedure Guidelines. The authorisation process includes a Quality Assurance Panel, which makes authorisation decisions. Implementing providers must ensure authorisation is obtained where required, evidence is retained, and NDIS Commission reporting obligations are met. The process involves:

- Notification to the NDIS Commission: providers must report regulated restrictive practice use.
- Development of a behaviour support plan by a registered behaviour support provider.
- The plan must include the restrictive practice with clinical justification, strategies to address underlying needs, and a documented reduction plan
- Where required by state law, additional authorisation (e.g., through a guardian or tribunal) may be needed.
- Comprehensive plans that include regulated restrictive practices must be reviewed at least every 12 months, or sooner if circumstances change. For plans without regulated restrictive practices, this timeframe remains good practice..

Red Flags for Referrers

Compliance Alert

The following situations require urgent referral to a registered PBS provider and may indicate compliance issues:

- Restrictive practices in use without any behaviour support plan
- Behaviour support plan exists but developed by an unregistered provider
- Restrictive practices not reported to the NDIS Commission
- Plan is more than 12 months old with no review
- Support workers using restrictive practices not documented in any plan
- Participant or family unaware that practices constitute regulated restrictive practices

7. How to Write an Effective PBS Referral

Why Referral Quality Matters

The quality of your referral directly affects the speed and quality of the PBS response. A comprehensive referral allows the practitioner to prepare appropriately and begin with a useful context. An incomplete referral creates lag, missed context, and sometimes a mismatch between participant need and practitioner capability.

Information to Include in Every PBS Referral

Participant Information

- Full name, date of birth, gender and preferred pronouns
- NDIS number and plan dates
- Primary diagnosis and any confirmed comorbidities
- Communication level and preferred communication methods
- Language background and interpreter requirements
- Cultural considerations relevant to service delivery

Current Supports

- Support workers: hours, agencies, consistency of staffing
- Day programs, school, or employment settings
- Other allied health professionals currently involved (OT, speech, psychology)
- Family or informal support network: capacity and involvement
- Previous PBS history: provider names, plan dates, known outcomes

Information to Include in Every PBS Referral

Behaviour Information

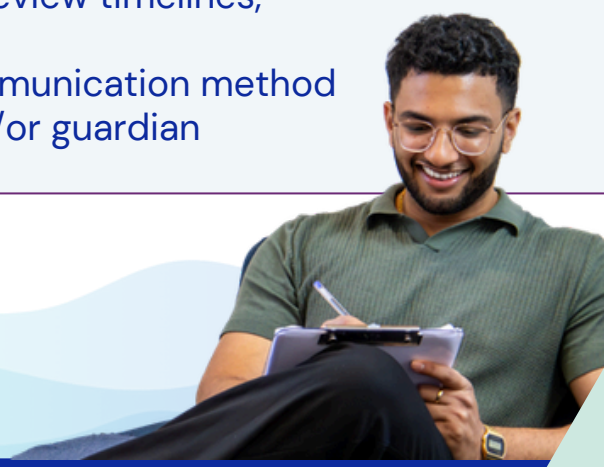
- Description of behaviours of concern: topography, frequency, intensity, duration
- Settings where behaviours occur most and least frequently
- Known triggers or antecedents (if identified)
- Current strategies in use: what is helping, what is not
- Any incident reports or written documentation of behaviours

Restrictive Practices

- Whether any regulated restrictive practices are currently in use
- If yes, which categories, by whom, in which settings
- Whether the NDIS Commission notification has occurred
- Whether there is an existing behaviour support plan (provide if available)
- Authorisation status: Has the restrictive practice gone through the WA QA Panel process? Is the signed Outcome Summary Report available? Is any guardian/administrator or other decision-maker involved where relevant?

Referral Context

- Reason for referral at this time
- Specific goals or outcomes the participant and family want to work toward
- Any urgency factors: safety risks, plan review timelines, compliance deadlines
- Your contact details and preferred communication method
- Consent obtained from participant and/or guardian



8. What to Expect After Referral

The PBS Process from Referral to Ongoing Review

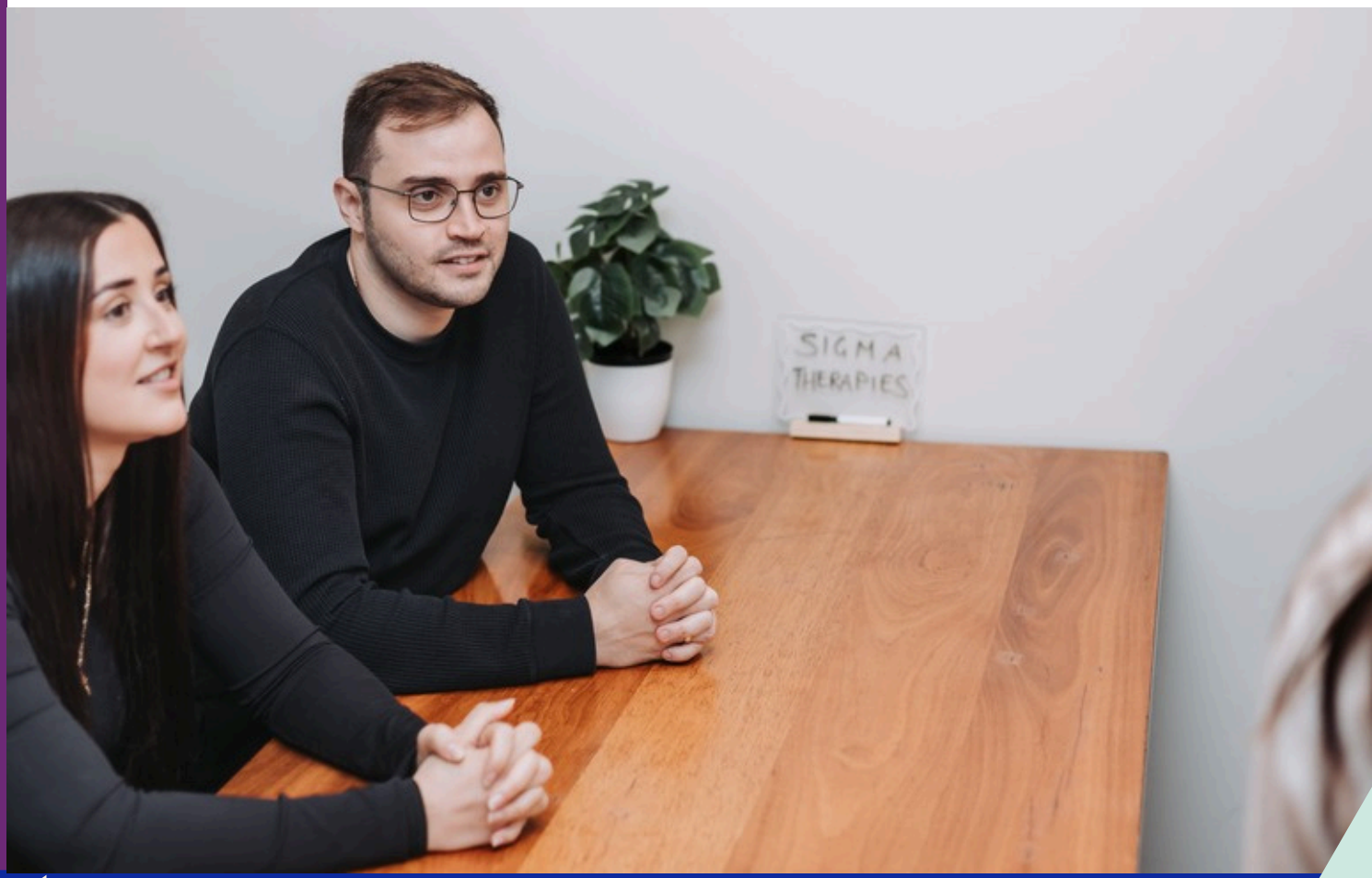
Understanding the typical Positive Behaviour Support process helps you set accurate expectations with participants and families and identify whether a provider's timeline or approach is out of step with good practice.

Week 1–2	Intake and initial contact	Provider reviews referral, confirms funding, contacts participant / family / coordinator.
Weeks 2–4	Interim plan development	For participants with current restrictive practices or immediate safety concerns, an interim behaviour support plan should be in place before comprehensive assessment is completed.
Weeks 2–8	Functional Behaviour Assessment	Observations in key settings, interviews with participant, family, and support workers, review of records. Timeline varies with case complexity.
Weeks 6–12	Comprehensive Plan Development	Plan developed collaboratively. Includes proactive strategies, reactive strategies, restrictive practice documentation and reduction plan, implementation guidance.
Ongoing	Implementation Support & Review	Coaching and capacity building for carers and support workers. Data collection and monitoring. Plan review at minimum annually and following any significant change.

Your Role During the PBS Process

As a Support Coordinator, your ongoing involvement adds significant value to the PBS process. The most effective support coordinators:

- Stay informed about assessment timelines and flag delays to the provider
- Facilitate communication between the PBS practitioner and other allied health professionals
- Support the participant and family in understanding the process and their rights
- Escalate compliance concerns if restrictive practices are in use without appropriate plans
- Support plan reviews and ensure funding is available for ongoing implementation
- Attend key meetings when the participant or family would benefit from your support



9. Positive Behaviour Support Across the Lifespan

Positive Behaviour Support is Not Just for Children

A common misconception is that PBS is primarily a childhood intervention. In practice, PBS is implemented effectively across the full lifespan — from early childhood through to older adults. The settings, goals, and specific strategies differ by life stage, but the principles are consistent.

Early Childhood / Younger Children*

PBS Approach Considerations:	Common Referral Contexts:
• Family-centred approach: parents and carers as primary implementation agents • Natural environment settings: home, childcare, early intervention • Focus on communication development as a behaviour support strategy • Collaboration with early childhood educators	• Early diagnosis of autism or developmental delay • Behaviours emerging in childcare or family settings • Transition to school support

School Age (8–17 years)

PBS Approach Considerations:	Common Referral Contexts:
• School-based consultation and educator coaching • Cross-setting consistency: home, school, and after-school activities • Peer and social context as behaviour influences • Increasing participant voice in plan development	• Increasing behaviour complexity as academic demands increase • Social inclusion and peer relationships • Puberty and emotional regulation

*The NDIS early childhood approach applies to children younger than 9.

Young Adults (18–25 years)

PBS Approach Considerations:	Common Referral Contexts:
• School-to-post-school transition planning • Employment and vocational settings • Increasing independence and community participation goals • Reduction of family dependency where appropriate	• Transition from school to adult services • NDIS transition for young people turning 18 • First-time employment

Adults (26–64 years)

PBS Approach Considerations:	Common Referral Contexts:
• Work, community, and relationship contexts as primary settings • Independence and self-determination as core goals • Review of long-standing restrictive practices • Mental health comorbidities as significant influencing factors	• New or changing behaviours following life events • Review of longstanding restrictive practices • Support following major transition

Older Adults (65+)

PBS Approach Considerations:	Common Referral Contexts:
• Interface with aged care — NDIS vs aged care funding • Cognitive change and dementia as additional complexity • Environmental modification for safety and independence	• Ageing with disability entering aged care settings • Behavioural change associated with health decline • Transition to aged care

10. PBS and Co-occurring Conditions

Why Co-occurring Conditions Matter in Positive Behaviour Support

Most participants referred for PBS have more than one diagnosis or contributing condition. Understanding how co-occurring conditions interact with behaviour is essential for accurate functional assessment and effective plan development.

Autism Spectrum Disorder (ASD)

Sensory processing differences, communication variability, demand avoidance profiles, and rigid routines are all significant behavioural influences in ASD. Positive Behaviour Support in this context must address sensory needs, communication support, and environmental predictability as primary strategies.

Referrer note
Look for practitioners with specific ASD experience and familiarity with AAC (augmentative and alternative communication).

Intellectual Disability

Communication limitations mean behaviour often serves as the primary communication channel. Functional communication training is a cornerstone of PBS for people with intellectual disabilities. Plans must account for cognitive capacity in strategy design.

Referrer note
Ensure FBA includes communication assessment. Consider speech pathology as a parallel referral.

Acquired Brain Injury (ABI)

Impulse control, emotional regulation, and executive function deficits in ABI create specific behaviour profiles. Fatigue, pain, and neurological factors must be assessed as antecedents. The ABI context requires familiarity with rehabilitation frameworks.

Referrer note
Ensure practitioner has ABI-specific experience. Medical team liaison may be necessary.

Mental Health Conditions

Anxiety, depression, PTSD, and psychosis all significantly influence behaviour patterns. PBS must coordinate with psychiatric and psychological treatment. Behaviour plans developed without mental health integration often fail.

Referrer note
Joint planning between PBS practitioner and treating psychologist or psychiatrist is best practice.

Trauma History

Trauma history can significantly affect arousal, trust, perceived safety, responses to demand, and behaviour patterns. PBS should be trauma-informed, avoid coercive responses, identify potential trauma triggers, and prioritise predictability, choice, regulation and relational safety. Coordination with treating mental health professionals may also be important.

Referrer note
Confirm that the practitioner has trauma-informed practice training.

Limited Functional Communication

For participants with limited functional communication, every behaviour of concern should be considered a communication act until proven otherwise. AAC assessment is often the single most effective behaviour support strategy available.

Referrer note
Consider referring to speech pathology concurrently — speech and PBS in parallel is best practice for this population.

11. Quality Indicators: What Good PBS Looks Like

Evaluating PBS Provider Quality

As a referrer, you are in a position to evaluate the quality of PBS services, both before you refer and through ongoing engagement with providers. These quality indicators give you a practical framework.

Assessment Quality

Good	Functional Behaviour Assessment includes direct observation in multiple settings, not just interview data
Good	Assessment information is comprehensive: it includes participant, family, and support workers
Good	Assessment is completed in a timely manner relative to case complexity
Flag	Plan developed without any documented assessment process
Flag	Assessment based entirely on secondhand information without direct observation

Plan Quality

Good	Plan is written in plain language accessible to carers and support workers
Good	Proactive strategies significantly outnumber reactive strategies
Good	Restrictive practices documented with authorisation details and reduction plan
Flag	Plan consists primarily of reactive/consequence-based strategies
Flag	Restrictive practices listed without authorisation details or reduction pathway

Implementation Support

Good	Practitioner delivers in-person coaching in the participant's actual environment
Good	All key people, not just primary carer, receive training and support
Flag	Plan delivered and then practitioner becomes largely inaccessible
Flag	Implementation support limited to written documentation only

Monitoring and Review

Good	Clear data collection system established and manageable for carers
Good	Regular review meetings scheduled and completed
Good	Plan updated in response to data and life changes
Flag	No data collection system; plan effectiveness is unmeasurable
Flag	Plans unchanged for 12+ months despite circumstances changing

12. Referral Checklist

Use this checklist when preparing a Positive Behaviour Support referral to Sigma Therapies.

Participant Basics

☐	Full name and date of birth
☐	NDIS number
☐	Primary diagnosis and comorbidities
☐	Communication level and methods
☐	Cultural background and language

NDIS Plan Details

☐	CB Relationships funding confirmed
☐	Plan managed / agency managed / self managed
☐	Plan review date
☐	Support Coordinator contact details

Current Support Context

☐	Support workers: hours, consistency, agencies
☐	School / day program / employment settings
☐	Other allied health currently engaged
☐	Family/informal support — availability and capacity

Behaviour Information

☐	Description of behaviours of concern
☐	Settings and frequency
☐	Known triggers if identified
☐	Current strategies and what is/isn't working
☐	Any written incident reports or documentation

Restrictive Practices

☐	Any regulated restrictive practices currently in use? Yes / No
☐	If yes — categories and settings
☐	NDIS Commission notified? Yes / No / Unknown
☐	Existing behaviour support plan? Yes / No
☐	Guardian or legal authority involved? Yes / No

Referral Context

☐	Reason for referral now
☐	Specific goals or outcomes sought
☐	Urgency factors
☐	Preferred contact method and availability

About Sigma Therapies

Who We Are

Sigma Therapies is a Perth-based allied health and NDIS service provider specialising in Psychology, Positive Behaviour Support and Occupational Therapy. We work with children, adolescents, and adults across the lifespan, supporting NDIS participants and their families to live well in their communities.

Our PBS practitioners hold qualifications across the NDIS PBS Capability Framework, ensuring that we can appropriately match practitioner capability to case complexity. We are a registered NDIS provider for behaviour support and accept self-managed, agency-managed and plan-managed funding.

Our Approach

- **Participant-centred**: the person receiving support, and their goals, are at the centre of everything we do
- **Rights-based**: we are committed to reducing and eliminating restrictive practices and upholding participants' rights to dignity and freedom
- **Evidence-based**: our assessments and plans are grounded in peer-reviewed evidence and NDIS Commission best practice guidance
- **Collaborative**: we work in genuine partnership with families, support workers, educators, and other allied health professionals
- **Transparent**: we communicate clearly throughout the process and keep referrers informed

SIGMA Therapies

Registered NDIS Provider

How To Refer To Sigma Therapies

How to Refer

1	Complete the referral form available at sigmatherapies.com.au or by contacting our intake coordinator directly.
2	We review and confirm: we'll review the referral within 2 business days, confirm funding, and advise on the appropriate practitioner for your case.
3	Intake contact: our practitioner contacts the participant and/or family to schedule an intake meeting.
4	Assessment and plan development: we begin assessment promptly, with an interim plan developed for urgent cases.
5	Ongoing communication: we keep you informed at key milestones and welcome your involvement throughout the process.

GET STARTED →

(08) 6170 5125

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