Appendix 1: Co-designed Online Survey

Q1 State I am located in:

* Tasmania
* Victoria
* New South Wales
* ACT
* Queensland
* Northern Territory
* Western Australia
* South Australia

Q2 Gender:

* Male
* Female
* Undisclosed

Q3 Year of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q4 Years practicing in the field of Acquired Brain Injury (ABI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q5 Years of experience providing behaviour support to people with ABI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q6 Profession (tick all that apply):

* Neuro/psychologist
* Occupational Therapy
* Speech Pathology
* Social work
* Disability Support Provider or Manager
* Physiotherapy
* Other (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q7 I am a (tick all that apply):

* sole practitioner in my own practice
* the owner/principal of a group practice
* an employee of a group practice
* a subcontractor to one or more organisations
* an employee of a non-government / non-profit organisation
* an employee of a public health network
* an employee of a private health network
* other (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q8 With regard to the NDIS, I have:

* Lots of experience
* Some experience
* A little experience
* No experience

Q9 I am registered as an NDIS Behaviour Support Practitioner:

* Yes
* No

Q10 I am not personally registered but I subcontract to or employed by an organisation that is a registered NDIS provider of Behaviour Support:

* Yes
* No

Q11 Although I am not registered to provide behaviour support, I do provide interventions to NDIS participants via other support categories (e.g. therapy, assistive technology, counselling):

* Yes
* No

Q12 I provide interventions to NDIS participants via other support categories (eg therapy, assistive technology, counselling) as a

* Registered NDIS provider
* Unregistered provider of supports

Q13 Approximate number of NDIS participants I provide services to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q14 My level of understanding of the NDIS Quality and Safeguard Commission rules and policies on Behaviour Support is:

* Comprehensive (you have extensive understanding)
* Average (you have some understanding)
* Limited (you have little understanding)
* Very limited (you have very little or no understanding)

Q15 Below are a list of considerations that have been raised in the NDIS sector. Please mark whether from your perspective each item is an issue or not:

|  |  |  |  |
| --- | --- | --- | --- |
|  | This is an issue from my perspective | This is not an issue from my perspective | This matter is influencing my decision to register - or to stay registered - to provide NDIS supports |
| Cost of the audit (verification or certification) |  |  |  |
| The time it will take to prepare for, and participate in, the audit (verification or certification) |  |  |  |
| Complexity of the rules and processes for delivery of Behaviour Support within the NDIS |  |  |  |
| Uncertainty regarding the difference between those restrictive practices that are regulated ie Regulated Restrictive Practices, and those that are not |  |  |  |
| An insufficient number of hours allocated for Behaviour Support in NDIS plans |  |  |  |
| An insufficient number of hours allocated for other capacity building besides Behaviour Support in NDIS plans |  |  |  |
| Lack of team work with other Health Professionals |  |  |  |
| Various challenges working with disability support workers and organisations who will be implementing the behaviour support plan |  |  |  |
| The length and detail required to complete the NDIS Quality and Safeguards Commission behaviour support plan proformas |  |  |  |
| The requirement for non-prescribing / non-medical practitioners to sign off on chemical restraint in Behaviour Support Plans |  |  |  |
| The range of professional risks and potential liability issues perceived |  |  |  |
| Difficulty obtaining expert supervision for behaviour support |  |  |  |
| General issues with the NDIS (eg issues with portal, conflicting advice, late or no payment for services) |  |  |  |
| The stress and emotional toll that dealing with the NDIS takes |  |  |  |
| There will be a lack of behaviour support providers for NDIS participants with ABI |  |  |  |
| There will be inexperienced behaviour support providers delivering services to NDIS participants with ABI |  |  |  |
| The cost to the provider of travelling to / offering services in regional areas of the state in which you work |  |  |  |
| Other (please list) |  |  |  |

Q16 In the future, I plan to continue as a registered / subcontracting NDIS provider of Behaviour Support:

* Yes
* Maybe
* No

Q17 In the future, I plan to begin or continue to subcontract to or be employed by an organisation registered for Behaviour Support:

* Yes
* Maybe
* No
* Not applicable to me

Q18 The NDIS has identified 4 levels of practitioner capability being core practitioner, proficient practitioner, advanced practitioner and specialist practitioner (for definitions, see figure 1 in the NDIS Quality and Safeguards Commission Positive Behaviour Support Capability Framework via <https://www.ndiscommission.gov.au/sites/default/files/documents/2019-06/ndis-commission-pbs-capability-framework-v4-may-2019-final-june-publication-v50.pdf>).

I expect to be approved as a:

* core practitioner
* proficient practitioner
* advanced practitioner
* specialist practitioner
* not applicable, I do not anticipate registering to become an NDIS behaviour support practitioner

Q19 Do you have any other comments about the provision of behaviour support within the NDIS, including implications for NDIS participants and/or providers?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q20 I would be interested in the opportunity to complete a follow up phone interview with the research group regarding behaviour support within the NDIS, including implications for NDIS participants and/or providers

* Yes
* No

Q21 My name and contact details are:

* First and surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_