COREPBS

PRINT EDITION

So you want to be a *behaviour support* practitioner.

A plain language field guide to positive behaviour support — what the work really involves, the framework that shapes it, and how a psychology student actually gets in.

For psychology students and early career graduates

Written by a practising behaviour support practitioner

Aligned with the NDIS PBS Capability Framework

CorePBS

First edition

START HERE

You have spent years learning why people do what they do. This is the field where that question becomes the whole job.

Most psychology students hear about behaviour support late, and usually second hand: a placement supervisor mentions it, a friend takes a role and can't quite explain what they do all day, or an NDIS job ad floats past with a title nobody defined for you. This guide fixes that. It is written by someone doing the work, for someone deciding whether to.

By the end you will understand what a behaviour support practitioner actually does, the framework every good practitioner is measured against, and the honest path from where you are now to your first role. No jargon left undefined. No pretending the hard parts are easy.

Read it in one sitting. It is meant to give you a clear picture, not to overwhelm you.

A QUICK PROMISE

This is an introduction, not a compliance manual. Where something is governed by rules that change — registration, screening, authorisation — we tell you the shape of it and point you to the source of truth. Always confirm current requirements with the NDIS Quality and Safeguards Commission before you act on them.

CHAPTER ONE

What positive behaviour support actually is

It is not behaviour management with a friendlier name. It is a genuinely different starting question.

Older approaches to challenging behaviour asked, more or less, *how do we stop this?* Positive behaviour support asks something else first: **what is this behaviour doing for this person, and what would make it unnecessary?** That shift sounds small. It changes everything downstream.

Formally, positive behaviour support brings together the values of modern disability practice with the science of applied behaviour analysis. In plain terms: it takes what we know about how behaviour works and puts it entirely in the service of a person's quality of life. The evidence base is real, and the goal is always twofold — increase quality of life, and reduce behaviours of concern. In that order. Quality of life is not the reward for good behaviour; it is the intervention.

> Behaviour that looks like a problem is almost always a solution the person found first.

The idea that unlocks the field

Every behaviour serves a function. A person might use a behaviour to get something (attention, a preferred item, a sense of control), to escape something (a demand, a noise, a room, pain), or to meet a sensory or internal need. The behaviour and its function are two different things. Two people can do the exact same thing for opposite reasons, and two people can do completely different things to meet the same need.

This is why good practitioners are slow to judge and quick to observe. You cannot design a useful response until you understand what the behaviour is *for*. Get the function right and the plan almost writes itself. Guess the function and you can work very hard in exactly the wrong direction.

Where the person sits

In this work the person with disability is not the object of a plan written about them. They are at the centre of a plan built with them. Their voice, their preferences, their history, their culture, and the relationships that keep them safe are treated as clinical information, because they are. A plan that improves compliance but shrinks a person's life has failed, even if the numbers look good.

The values you are signing up to

Human rights first. Person centred and strengths based. Holistic, meaning you consider physical, emotional and relational wellbeing together. Collaborative, because no one changes a life alone. Transparent, evidence based, and driven by data rather than opinion. If those sit well with you, you will be at home here.

CHAPTER TWO

A day in the life

No two days match. But a real one looks something like this.

People imagine this job as either constant crisis or endless paperwork. It is neither, and it is both. Most of the work is quiet, relational and careful. Here is a fairly ordinary Tuesday for a practitioner with a moderate caseload.

8:15

Notes and a plan for the day

Coffee, then twenty minutes reading yesterday's implementation data before anyone needs anything. A support worker has logged that a new morning routine is starting to land for one participant. Small win. It goes in the review pile.

9:00

A functional assessment observation

Ninety minutes in a participant's home, watching, not intervening. You are looking for what happens right before a behaviour and right after — the antecedents and consequences — and for the setting events that shape the whole day: sleep, hunger, sensory load, a change in routine. You say very little and notice a great deal.

11:00

Coaching the people who do the work

The plan only ever works through the people around the person. You sit with two support workers, walk through a proactive strategy, model it, and watch them try it. Good implementation is taught, not emailed.

12:30

Lunch, and a difficult phone call

A family member is worried and frustrated. You listen first. Most of the call is not about strategy at all; it is about being heard. The strategy part takes four minutes at the end.

14:00

Writing

A deep work block. Turning three observation sessions into a functional assessment, or drafting the proactive and reactive strategies for a plan. This is where the clinical thinking becomes a document other people can actually follow.

15:30

Supervision

You bring a case you are unsure about to a more experienced practitioner. You are meant to. Supervision is not a sign you are struggling; it is a core part of the job at every level, for everyone.

16:30

Loose ends

An incident report to review, a review meeting to book, one email to a speech pathologist about a participant's communication system. You close the laptop knowing exactly what tomorrow starts with.

THE HONEST PART

Some days include a genuine crisis, and some plans take months to move a number you hoped would move in weeks. The work asks for patience, careful documentation, and a steady nervous system. In return it offers something rare: you get to watch a person's life get bigger because of choices you helped design.

CHAPTER THREE

The framework you will be measured against

The NDIS Positive Behaviour Support Capability Framework is the map. Learn it early and everything else makes sense.

The NDIS Quality and Safeguards Commission uses one document to describe what a capable behaviour support practitioner knows and does: the PBS Capability Framework. It does not set a minimum degree or a number of hours. It describes capability — the values, knowledge and skills the work requires — and it lets practitioners grow through levels over time. Every part of it holds the person with disability at the centre.

Seven domains, one core

The framework describes seven domains of practice, all drawing from a shared centre of principles and values. Think of these as the arc of a case, from first contact to ongoing growth.

01

Interim Response

When someone is at immediate risk, you act safely and least restrictively while a fuller picture is built. Speed with care.

02

Functional Assessment

You work out why a behaviour is happening — its function — by gathering information from many sources and the person themselves.

03

Planning

You turn that understanding into a plan with proactive strategies that improve life and reactive strategies for when they are needed.

04

Implementation

You teach, coach and support the people around the person so the plan actually happens, consistently, across settings.

05

Know it Works

You monitor and evaluate with data, separating whether the plan is good from whether it is being implemented well.

06

Restrictive Practice

You understand restrictive practices as a last resort, tightly governed, always time limited, always being faded toward zero.

07 · Continuing Professional Development and Supervision

The seventh domain wraps around the other six. Good practitioners never stop learning and are always in supervision — receiving it, and eventually providing it. This is not a nice extra. It is how quality and safety are held in a field where the stakes are people's lives.

Four levels, one direction

The framework recognises that practitioners grow. It describes four levels, and you will start at the first. Importantly, a Core practitioner works under supervision and does not independently recommend restrictive practices — that sits with Proficient and above.

Core	WHERE YOU BEGIN	Entry level. You understand disability and PBS, apply the concepts in everyday situations, and work under the supervision of a more experienced practitioner. This is a real, valued role, not a waiting room.
Proficient	NEXT	You analyse and evaluate information, judge the quality of plans, can recommend restrictive practices within the rules, and begin supervising Core practitioners.
Advanced	LATER	You synthesise complex information, lead interdisciplinary work in difficult cases, shape practice, and supervise across all levels.
Specialist	A DEPTH PATH	Recognised expertise in a specific area — trauma informed practice, a population or age group, dual diagnosis, complex communication — layered on top of proficiency.

WHY THIS MATTERS TO YOU NOW

Employers, supervisors and the Commission all speak this language. If you can walk into an interview able to name the seven domains and place yourself honestly at the Core level, you are already ahead of most applicants. Print this page.

CHAPTER FOUR

How you actually become one

There is no single locked door with one key. There is a path, and it is more open than most people assume.

Here is the part career advisors rarely explain clearly. Behaviour support does not require one specific degree or a fixed number of years. The NDIS Commission assesses whether a practitioner is **suitable** against the Capability Framework you just met. That means your job is to build and evidence capability — and there is more than one honest route to it.

01

Bring a relevant foundation

A psychology background is a strong one, because so much of this work is understanding people, behaviour and evidence. Related fields also lead in — occupational therapy, social work, speech pathology, nursing, education. Your degree is the beginning of the story, not the whole of it.

02

Understand the registration you are working under

Specialist behaviour support sits under NDIS registration group 0110. Most people start by being engaged by a registered provider rather than registering alone. The provider carries the registration; you work within it as you build capability.

03

Get deemed suitable, and get your practitioner ID

You will complete a self assessment against the Capability Framework and be considered suitable to deliver specialist behaviour support, typically entering at the Core level. This is where naming your real capability honestly matters more than overselling.

04

Clear the safeguards

Worker screening and the usual checks come with working alongside people with disability. Treat these as the floor of a safeguarding culture, not a hurdle.

05

Find supervision, and treat it as the real training

As a Core practitioner you work under a Proficient or more experienced practitioner. Good supervision is where your degree becomes practice. When you are weighing up a first role, ask about supervision before you ask about salary.

06

Keep building capability, deliberately

From day one you are on the seventh domain: continuing development. Reading, quality training, reflective practice and the cases themselves move you from Core toward Proficient and beyond.

CHECK THE SOURCE OF TRUTH

Registration, screening and suitability requirements are set by the NDIS Quality and Safeguards Commission and do change. Use this chapter to understand the shape of the path, then confirm the current detail at ndiscommission.gov.au before you act.

CHAPTER FIVE

What world class looks like

Meeting the standard is the beginning. The best practitioners are trained to exceed it.

The NDIS framework tells you what capable practice must include. It is an excellent floor. But a floor is not a ceiling, and the difference between adequate behaviour support and genuinely life changing behaviour support is craft — the kind you learn from people who have thought hard about how the work actually lands.

This is where the international evidence base helps. The United Kingdom has decades of positive behaviour support scholarship and its own competence frameworks through the PBS Academy, alongside well developed multi element models for designing proactive strategy. CorePBS training is built to hold both: fully aligned with the NDIS Capability Framework, and enhanced with the depth and structure of leading UK models.

THE NDIS FLOOR

- The seven capability domains
- Function based, person centred plans
- Restrictive practice governance and reduction
- Supervision at every level
- Data driven review

THE COREPBS ENHANCEMENT

- UK PBS Academy competence depth
- Multi element proactive strategy design
- Trauma informed, neurodivergent affirming practice
- Writing that support workers can actually follow
- Craft: how the work lands, not just what it contains

> The goal was never a compliant plan. It was a bigger life for the person the plan is about.

THE NEXT STEP

Learn this properly. Join the CorePBS waitlist.

CorePBS Training opens in limited intakes so every practitioner gets real depth, not a video library. The next opening is filling now.

JOIN THE WAITLIST ↗

World class positive behaviour support, aligned with the NDIS and enhanced with UK models — taught by practitioners, for practitioners who care how the work actually helps.
