

# Survey structure overview

This document contains the full set of survey questions for the NDIS Evidence Advisory Committee consultation running from late November 2025 to January 2026.

The questions shown in the survey sometimes depend on how people answer the previous question. No one would be expected to answer all the questions. Easy Reads versions are provided as separate documents from the main page.

The survey contains the following:

- Privacy and consent information – this is provided in a separate [document](#).
- A demographic question for everyone completing the survey, and a follow-up question which depends on the answer to the first question. (1-2 questions)
- A question about which supports people want to comment on. This is used to choose which blocks of questions to show, as questions are customised for each support item. People can choose to comment on as many of the supports as they like. (1 question)
- There is then a heading for each support item that the respondent said they would like to comment on.
  - For each support item there are 4 questions on scope. The form of these is the same but the details about the support, disability group/population, outcomes and comparator will be customised to be relevant for each support item (4 questions).
  - There is a branching question about whether people use the support, use something else, provide the support etc. (1 question).
  - People will then be asked additional questions relevant to that role. For most roles there are 6-7 questions.
- Please use the bookmark headings to navigate this document.

Please also read the [Frequently Asked Questions](#) document.

## Demographics.

### Question 1 – everyone gets this question

First, we would like to hear about you. Please select all that apply

I am a:

- person with a disability who is an NDIS participant
- person with a disability who is not an NDIS participant
- family member or informal carer of a person with disability

- carer (support worker) or a provider of services, items and equipment funded by the NDIS
- clinician or allied health professional who works in disability
- researcher in disability
- member of the public not in the groups listed above.

**Question 2 – shown if people tick either of the options to say they have a disability**

How do you describe your disability? Please choose all that apply

- Acquired brain injury (ABI)
- Amputation
- Arthritis
- Autism
- Cerebral palsy
- Dementia
- Developmental delay
- Down syndrome
- Epilepsy
- Hearing loss (Deaf or Hard of Hearing)
- Intellectual disability
- Language disorder
- Multiple sclerosis
- Psychosocial disability
- Spinal cord injury
- Stroke
- Blind/low vision
- Another disability (please specify)

**Question 2 – shown if people tick they are a family member of someone with a disability**

How do you describe your family member's disability? Please choose all that apply

- Acquired brain injury (ABI)
- Amputation
- Arthritis
- Autism
- Cerebral palsy
- Dementia

- Developmental delay
- Down syndrome
- Epilepsy
- Hearing loss (Deaf or Hard of Hearing)
- Intellectual disability
- Language disorder
- Multiple sclerosis
- Psychosocial disability
- Spinal cord injury
- Stroke
- Blind/low vision
- Another disability (please specify)

## Support block selection.

Below is a list of items under review by the NDIS Evidence Advisory Committee that you can comment on. You can comment on as many as you like.

You will be asked similar questions about each item you choose to comment on. There are between 6 and 14 questions for each item depending on whether you answer as a member of the public, a person with a disability, a family member or carer, or a provider. You can choose different roles for different items.

Your responses will save when you complete a question, so you can close the survey and complete it later, as long as you use the same device and web-browser.

Please choose which items you would like to comment on:

- Early intensive behavioural interventions
- Positive behaviour support for older children and adults
- Robot-assisted gait training
- Social skills training as a disability support for children and young people

To read a summary about each item please see this [pdf file](#).

# Early Intensive Behavioural Interventions

Scope questions - shown to everyone

## Question 1 – Support

This assessment will consider Early Intensive Behavioural Interventions as a support for younger children (aged 0-8 years).

Early Intensive Behavioural Interventions are programs that aim to help young children develop a range of skills including communication, social skills, and daily living skills.

There are many types of Early Intensive Behavioural Interventions. For this assessment, we plan to include interventions that focus on more than one outcome. These include:

- Behavioural interventions, such as intensive Applied Behavioural Analysis (ABA) and variants, Early Intensive Behavioural Treatment, and Murdoch Early Intervention Program (MEIP).
- Naturalistic developmental behavioural interventions (NDBIs), such as Early Start Denver Model (ESDM), Pivotal Response Treatment (PRT), and Learning Experiences Alternative Program (LEAP).
- Developmental interventions, such as Developmental Individual-Difference Relationship-Based (DIR)/Floortime.
- Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH).

The assessment will not include sensory, animal-assisted, cognitive behavioural therapy, or technology-based interventions.

For this assessment we plan to look at Early Intensive Behavioural Interventions that are delivered:

- In a one-to-one format, or small group setting
- In a clinic, childcare, school or in a home environment
- Intensively (for example, up to 40 hours per week)

Does the description above accurately describe what Early Intensive Behavioural Interventions are and how they are used? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

## Question 2 – Disability group/population

We know some children aged 9 and over may also use Early Intensive Behavioural Interventions. However, this assessment will focus on evidence that includes children aged 0-8 years. Children aged 9 and over may be considered in future.

Based on what we know so far, we think the children aged 0-8 years who might use Early Intensive Behavioural Interventions are children who:

- are Autistic
- have a developmental delay
- were born with a chromosomal disorder, such as Down syndrome.

Do these groups cover the children aged 0-8 years who may use Early Intensive Behavioural Interventions? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

## Question 3 – Outcomes

Supports are used to achieve certain outcomes. These intended outcomes can be to improve people's life (provide benefit) or to reduce harm. There is not always agreement about whether specific outcomes are desirable or which outcomes should be prioritised. We want to make sure the assessment examines intended outcomes that are important to the people that use the support.

Unintended outcomes are addressed in a later question about safety and harm.

Based on what we know so far, we think Early Intensive Behavioural Interventions aim to help with the following outcomes:

Child learning, participation and wellbeing

- Communication (such as language, social communication)
- Sensory experience (reducing overload, processing sensory stimuli)
- Cognitive development (such as learning, problem solving)
- Social-emotional development and wellbeing
- Motor development (such as walking and running)
- Daily activities and participation (such as dressing or attending school)
- Academic skills (such as school/learning readiness, writing, phonological awareness)

Family wellbeing

- Parent/caregiver social and emotional wellbeing

- Caregiver satisfaction
- Caregiver communication strategies

#### Body function

- Diagnostic characteristics (features of the disability)
- Restrictive and repetitive behaviours (such as rocking, flapping hands)
- Language and/or speech delay and/or disorder

Are these the most important outcomes for the people using this support? (please choose one)

- Yes (text box - provide additional comments if you want to, such as if some outcomes are more important to you)
- No, I want to change or add to the list (add something or remove something) (text box - please tell us what you want to change and why)

#### Question 4 - Comparator

The assessment will need to compare how effective Early Intensive Behavioural Interventions are at achieving their goals compared to other supports which aim to help with the same, or similar things.

Depending on the goal, we think the most relevant supports to compare to Early Intensive Behavioural Interventions could be:

- different approaches to delivering the support (such as training delivered by a therapist alone, or with involvement of other people in a person's life, such as teachers, parents/carers)
- individual therapies not delivered as part of a program (such as speech pathology focussed on speech delay)
- combinations of therapies to target similar outcomes (such as occupational therapy, speech and language therapy, and behavioural interventions)
- delayed intervention or 'waitlist control' ('waitlist control' is when some people in a study don't get the support immediately so they can be compared to the people who do get the support immediately).

Comparing Early Intensive Behavioural Interventions at different intensities (number of hours per week or overall length of time) is also an important question to research for this support.

If you have used something other than Early Intensive Behavioural Interventions to achieve similar outcomes and it is not included in this list, please add it below.

Are these the best supports to compare Early Intensive Behavioural Interventions to?  
(please choose one)

- Yes
- No, I want to change or add something (please say what you want to change and why) (text box)

**Use questions – the first question will be a branching question**

### **Branching question**

Do you use Early Intensive Behavioural Interventions or provide it to someone else/assist someone else with it? (choose the most relevant)

- I have used the support, but I don't use it any more
- I did not use the support, but I used something else to achieve the same goals
- I am family member of someone who uses or has used the support
- I am family member of someone who uses or has used something else to achieve the same goals
- I care for someone who uses or has used the support
- I care for someone who uses or has used something else to achieve the same goals
- I provide or have provided the support to someone else
- I am a clinician or researcher who works with or studies the support or a different support to achieve the same goals
- None of the above

### **Personal Role – these questions are shown if people answer “I have used the support” (7 questions)**

#### *Question 1 – length of use*

How long did you use the support? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

#### *Question 2 – why stopped*

Why did you stop using the support? (please provide details) (free text)

#### *Question 3 - safety*

Have you had any problems, safety issues or experienced harm because of using the support? These could be short-term problems or long-term problems.

- No

- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

*Question 4 – type EIBI*

There are many examples of Early Intensive Behavioural Interventions including:

- Intensive Applied Behavioural Analysis (ABA)
- Early Start Denver Model (ESDM)
- Pivotal Response Treatment (PRT)
- Developmental Individual-Difference Relationship-Based (DIR)/Floortime
- Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH).

Do you know what type of Early Intensive Behavioural Interventions you have used?

(please provide details) (free text)

*Question 5 – how often*

How often did you use Early Intensive Behavioural Interventions and for how long each time, on average? (please choose one)

I used Early Intensive Behavioural Interventions

- Daily
- Weekly
- Other (please give details) (free text)

And on a weekly basis I used them for

- Less than 5 hours
- Between 5 – 10 hours
- Between 10 – 20 hours
- Between 20- 30 hours
- Between 30 – 40 hours
- More than 40 hours
- Other amount (free text)

*Question 6 – who provides*

Where did you receive Early Intensive Behavioural Interventions? (please choose all that apply)

- In a clinic
- At a childcare centre
- In a school

- At home
- Other (please specify)

Who provided the Early Intensive Behavioural Interventions? (choose all that apply)

- Psychologist
- Allied health professional such as an occupational therapist (please specify)(free text)
- Allied health assistant or therapy assistant
- Paid carer or support worker
- Teacher
- Childcare educator or worker
- Parent or caregiver
- Informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

*Question 7 – trained to assist*

Was someone else trained to help you use the skills developed in Early Intensive Behavioural Intervention (for example, a parent trained to use Early Intensive Behavioural Intervention skills at home, or a teacher trained to use them in a school)

- No
- I don't know
- Yes (please provide details). (free text)

*Question 8 – what used now*

What support do you use now to achieve the same aims as Early Intensive Behavioural Interventions? (please provide details) (free text)

*Question 9 - General context question (free text)*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support? (free text)

This could include things like

- access to Early Intensive Behavioural Interventions
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a school, community or at home)
- how they fit into a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors

- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

**Personal Role/Carer role – these questions are shown if people answer “I do not use the support but I use something else to achieve the same goals” OR the family/carer equivalents (2 questions)**

*Question 1 – what support instead*

Early Intensive Behavioural Interventions aim to improve communication, social skills, and daily living skills. What did you or your family member or person you care for use to achieve these goals, and why?

(please provide details) (free text)

*Question 2 – safety*

Are you aware of any problems, safety issues or harm experienced by people because of Early Intensive Behavioural Interventions? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

*Question 3 - General context question (free text)*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support? (free text)

This could include things like

- access to Early Intensive Behavioural Interventions
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a school, community or at home)
- how they fit into a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

**Carer/supporter Role – these questions are shown if people answer that they care for someone who uses the support**

*Question 1 – length of use*

Please select how long the person you care for has used (or did use) the support?  
(please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

*Question 2 – continued use*

Is your family member or the person you care for still using the support?

- Yes
- No
- Don't know

[Display if Yes

Do you think they will keep using the support?

- Yes
- No
- Don't know]

Please describe the reasons for your answer above.

You could include things like:

- how well it works for them
- other supports tried
- cost, availability
- how long the support is expected to last.

*Question 3 - safety*

Has the family member or person you care for had any problems, safety issues or experienced harm because of using the support? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

*Question 4 – type EIBI*

There are many examples of Early Intensive Behavioural Interventions including:

- Intensive Applied Behavioural Analysis (ABA)
- Early Start Denver Model (ESDM)
- Pivotal Response Treatment (PRT)
- Developmental Individual-Difference Relationship-Based (DIR)/Floortime
- Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH).

Do you know what type of Early Intensive Behavioural Interventions your family member or the person you care for uses or has used?

(please provide details) (free text)

*Question 5 – how often*

How often does your family member or the person you care for use Early Intensive Behavioural Interventions, and for how many hours at a time? Or how often did your family member use it? (please choose one)

They use or used Early Intensive Behavioural Interventions

- Daily
- Weekly
- Other (please give details) (free text)

And on a weekly basis they use or used them for:

- Less than 5 hours
- Between 5 – 10 hours
- Between 10 – 20 hours
- Between 20-30 hours
- Between 30 – 40 hours
- More than 40 hours
- Other amount (free text)

*Question 6 – who provides/assistant*

Where does or did your family member or the person you care for use Early Intensive Behavioural Interventions? (please choose all that apply)

- In a clinic

- At a childcare centre
- In a school
- At home
- Other (please specify)

Who provides your family member or the person you care for the Early Intensive Behavioural Interventions? (choose any that apply)

- Psychologist
- Allied health professional such as an occupational therapist (please specify)(free text)
- Allied health assistant or therapy assistant
- Paid carer or support worker
- Teacher
- Childcare educator or worker
- Parent or caregiver
- Informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

*Question 7 – training question*

Were you or someone else trained to help your family member or the person you care for to use the skills developed in Early Intensive Behavioural Intervention (for example, a parent trained to use Early Intensive Behavioural Intervention skills at home, or a teacher trained to use them in a school)?

- No
- I don't know
- Yes (please provide details). (free text)

*Question 8 - General context question (free text)*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support? (free text)

This could include things like

- access to Early Intensive Behavioural Interventions
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a school, community or at home)
- how they fit into a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors

- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

**Provider/clinician/researcher Role – these questions are shown if people answer that they provide the support, or are a clinician or researcher in the area of the support**

*Question 1 – not recommend (only for providers/clinicians/researchers)*

In what circumstances would you **not recommend** the support and why?

*Question 2 – recommend (only for providers/clinicians/researchers).*

In what circumstances would you **recommend** the support and why? (free text)

*Question 3 -safety*

Are there any problems, safety issues, harms or adverse events related to using the support that you have observed or know about? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page.

*Question 4 – alternative supports*

What other supports would you recommend instead of Early Intensive Behavioural Interventions, or if Early Intensive Behavioural Interventions were unavailable or unsuitable? (please provide details) (free text)

*[Text item before the next questions]*

The following questions relate to how a support is used, in cases when it would be recommended for at least some participants. Please skip any questions that are not relevant.

*Question 5 – length of use*

How long should the support be used for? (please choose all that apply)

- Less than 3 months
- 3-12 months
- More than 12 months
- Until a specific outcome is achieved please specify) (text box)

*Question 6 – how often*

How often should Early Intensive Behavioural Interventions be used and for how many hours at a time for optimum results? (please choose one) (free text)

- Daily
- Weekly
- Other (please give details) (free text)

And on a weekly basis they should be used for:

- Less than 5 hours
- Between 5 – 10 hours
- Between 10 – 20 hours
- Between 20-30 hours
- Between 30 – 40 hours
- More than 40 hours
- Other amount (free text)

*Question 7 – who should provide*

Where should Early Intensive Behavioural Interventions be provided? (choose all that apply)

- In a clinic
- At a childcare centre
- In a school
- At home
- Other (please specify)

Who should provide Early Intensive Behavioural Interventions? (choose any that apply)

- Psychologist
- Allied health professional such as an occupational therapist (please specify)(free text)
- Allied health assistant or therapy assistant
- Paid carer or support worker
- Teacher
- Childcare educator or worker
- Parent or caregiver
- Informal carer such as family or friends

- I don't know
- Other (please specify) (free text)

Are there qualifications or regulations that should apply to people providing the support? (free text)

*Question 8 - General context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support? (free text)

This could include things like

- access to Early Intensive Behavioural Interventions
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a school, community or at home)
- how they fit into a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

*Question 9 – for providers/clinicians and researchers only, grey lit question*

A systematic review will be conducted to inform the Evidence Advisory Committee's work. It will include peer-reviewed research as well as key sources of grey literature. Are there other sources of evidence in your area, such as professional journals or conferences that we should be checking for evidence on Early Intensive Behavioural Interventions?

Please provide details below if they are publicly available. If you have specific articles or papers that you think the Evidence Advisory Committee should be aware of, you may also send them via email to [disabilityevidence@health.gov.au](mailto:disabilityevidence@health.gov.au).

- professional journals (free text for titles etc.)
- conference publications (free text)
- technical documents (free text)
- policy or guidelines documents (free text)
- other relevant documents (free text)

Other Role – these questions are shown if people answer “none of the above”

*Question 1 - General context question (free text)*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support? (free text)

This could include things like

- access to Early Intensive Behavioural Interventions
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a school, community or at home)
- how they fit into a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

# Positive behaviour support for older children and adults

## Scope questions - shown to everyone

### Question 1 – Support

#### What:

This assessment will consider positive behaviour support for older children (9 years and above) and adults.

The NDIS Quality and Safeguards Commission describes positive behaviour support as a human rights and values led approach which:

- includes an ongoing process of assessment, intervention and data-based decision making.
- focuses on skill building, creating supportive environments, and reducing the likelihood and impact of behaviours of concern.
- relies on person-centred, proactive and evidence informed strategies that are respectful of a person's dignity and aim to enhance the person's quality of life.

Positive behaviour support is a collaborative approach, designed and delivered 'with' the person and their support system. It is not something done 'to' or 'for them'.

The NDIS Commission has rules about how positive behaviour support can be delivered through the NDIS. This includes who can deliver this support and what they must do.

This assessment is not limited to how positive behaviour support currently operates in the NDIS but considers the application of positive behaviour support in other sectors, across Australia and also overseas. We understand that some elements of the support as described may fall outside of the current legislated requirements as described in the NDIS Act and associated rules and in State and Territory legislation and policy.

For this assessment, 'positive behaviour support' refers to an approach for some people with disability that aims to:

- help improve quality of life
- make it easier to participate in valued daily activities.

Positive behaviour support can be used to achieve these aims by seeking to reduce the negative impact of 'behaviours of concern' by some people with a disability. A 'behaviour of concern' could be considered a response by a person to their environment or an action that communicates a need, that may lead to harm to themselves or others.

Positive behaviour support works alongside other supports that recognise a person's strengths, needs, and ways of being. Positive behaviour support focuses on:

- understanding behaviour
- building helpful skills
- shaping supportive environments.

**Where:**

Positive behaviour support is used wherever a person spends time and where behaviours of concern may occur. It requires coordination across different environments and contexts (for example, home and school).

**How long:**

Positive behaviour support is usually provided over months to years. Regular behaviour support plan reviews occur at least every 12 months or earlier if needed in response to the person's needs.

**Who provides:**

Positive behaviour support is usually provided by 'behaviour support practitioners', who are typically professionals with relevant education or experience. Behaviour support practitioners undertake behaviour support assessments (including functional behaviour assessment), develop plans, provide training and support to implement the plan, monitor progress, evaluate outcomes and make plan modifications. These plans are usually called a 'behaviour support plan'. Implementing these plans might involve other people, such as support workers, family members, carers, teachers, or other staff who work closely with the person.

Does the description above accurately describe what positive behaviour support is and how it is used? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

**Question 2 – Disability group/population**

We know children under 9 years can use positive behaviour support. For this assessment, we intend to focus on evidence about children aged 9 years and above and adults. Children under 9 years may be considered in future assessments.

Based on what we know so far, we think the people who might use positive behaviour support include people with:

- Intellectual disability
- Autism

- Psychosocial disability
- Down syndrome
- Acquired brain injury
- Other neurodevelopmental conditions (e.g. Foetal Alcohol Spectrum Disorder)

Do these groups cover the people who may use positive behaviour support? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

### Question 3 – Outcomes

Supports are used to achieve certain outcomes. These intended outcomes can be to improve people's life (provide benefit) or to reduce harm. There is not always agreement about whether specific outcomes are desirable or which outcomes should be prioritised. We want to make sure the assessment examines intended outcomes that are important to the people that use the support.

Unintended outcomes are addressed in a later question about safety and harm.

Based on what we know so far, we think positive behaviour support aims to help with the following outcomes:

- Quality of life
- Behaviour change and safety
- Reduction and elimination of restrictive practices
- Functional capacity (for example, increased independence)
- Community participation
- Skill development
- Family and carer wellbeing

Are these the most important outcomes for the people using positive behaviour support? (please choose one)

- Yes (you can provide additional comments if you want to, such as if some outcomes are more important to you) (text box)
- No, I want to change the list (please tell us what you want to change and why, you could add something or remove something). (text box)

## Question 4 - Comparator

The assessment will need to compare how effective positive behaviour supports are at achieving their goals compared to some other supports which might aim to help with the same, or similar things.

For example, people with disability who do not have a behaviour support plan might use a range of supports or approaches that seek to reduce the negative impact of behaviours of concern. Some examples could be:

- Therapy (for example, psychology or occupational therapy) without a specialised positive behaviour support focus
- Adjustments to space, setting or surroundings (for example, wearing headphones to reduce noise)
- Communication supports which address unmet communication needs (for example, using pictures to communicate)
- Assistive technology (for example, sensory supports, prompting apps)
- Relational and peer support models (for example, a buddy program)
- Taking medication

We acknowledge that each of the above examples could also be used as part of a behaviour support plan.

If you have used or suggested something other than positive behaviour support that seeks to reduce the negative impact of behaviours of concern, please add it below.

Are these the best supports to compare positive behaviour support to? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

## Use questions – the first question will be a branching question

### Branching question

Do you use positive behaviour supports or provide it to someone else/assist someone else with it? (choose the most relevant)

- I use the support
- I have used the support, but I don't use it any more
- I don't use the support, but I use or have used something else to achieve the same goals
- I am a family member of someone who uses or has used the support
- I am a family member of someone who uses or has used something else to achieve the same goals

- I care for someone who uses or has used the support
- I care for someone who uses or has used something else to achieve the same goals
- I provide or have provided the support to someone else
- I am a clinician or researcher who works with or studies the support or a different support to achieve the same goals
- None of the above

**Personal Role branch – these questions are shown if people answer “I use the support myself” (6 questions)**

*Question 1 – length of use*

How long have you been using the support? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

*Question 2 – continued use*

Do you think you will continue using the support? (please choose one)

- Yes
- No
- Don't know

Please provide details of why. You could include things like:

- how well it works for you
  - other supports you have tried
  - cost and availability
  - how long the support is expected to last.
- (text box)

*Question 3 -safety*

Have you had any problems, safety issues or experienced harm because of using the support? This could include negative outcomes, challenges or harm caused by parts of your plan or strategies used. These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

*Question 4 – how often*

How often do you receive support from your behaviour support practitioner and for how long each time on average?

You could include things like:

- How much support you receive (for example, how many hours)
- How often you receive support (for example, daily, weekly or monthly)
- If the amount of support has changed over time

Please provide details. (free text)

*Question 5 – who provides*

Who is responsible for developing your behaviour support plan, providing ongoing supervision and plan modifications? (choose all that apply)

- Behaviour support practitioner
- Social worker
- Developmental educator
- Psychologist
- Different allied health professional (please specify)
- I don't know
- Other (please specify) (free text)

Who implements the strategies and behaviour support plan? (choose all that apply)

- Behaviour support practitioner
- Paid carer or support worker
- Teacher
- School personnel (for example, wellbeing staff, counsellors, teachers aids)
- Registered nurse
- Social worker
- Occupational therapist
- Psychologist
- Different allied health professional (please specify)
- Parent or caregiver
- Informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

**Question 6 - General context question (free text)**

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to positive behaviour support
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a school, community or at home)
- how they fit into a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

**Personal Role – these questions are shown if people answer “I have used the support” (7 questions)**

**Question 1 – length of use**

How long did you use the support? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

**Question 2 – why stopped**

Why did you stop using the support? (please provide details) (free text)

**Question 3 - safety**

Did you have any problems, safety issues or experience harm because of using the support? This could include negative outcomes, challenges or harm caused by parts of your plan or strategies used. These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

*Question 4 – how often*

How often did you receive support from your behaviour support practitioner and for how long each time on average?

You could include things like:

- How much support you received (for example, how many hours)
- How often you received support (for example, daily, weekly or monthly)
- If the amount of support changed over time

Please provide details. (free text)

*Question 5 – who provides*

Who was responsible for developing your behaviour support plan, providing ongoing supervision and plan modifications? (choose all that apply)

- Behaviour support practitioner
- Social worker
- Developmental educator
- Psychologist
- Different allied health professional (please specify)
- I don't know
- Other (please specify) (free text)

Who implemented the strategies and behaviour support plan? (choose all that apply)

- Behaviour support practitioner
- Paid carer or support worker
- Teacher
- School personnel (for example, wellbeing staff, counsellors, teachers aids)
- Registered nurse
- Social worker
- Occupational therapist
- Psychologist
- Different allied health professional (please specify)
- Parent or caregiver
- Informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

*Question 6 – what used now*

What support do you use now to achieve the same aims as positive behaviour support? (please provide details) (free text)

*Question 7 - General context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to positive behaviour support
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a school, community or at home)
- how they fit into a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

**Personal Role/Carer Role – these questions are shown if people answer “I don't use the support but I use something else to achieve the same goals” OR the family/carer equivalents (3 questions)**

*Question 1 – what support instead*

Positive behaviour support aims to reduce the negative impact of behaviours of concern in persons with disability to facilitate improved quality of life and participation in valued daily activities.

What did or do you or your family member or person you care for use to achieve these goals, and why?

(please provide details) (free text)

*Question 2 – safety*

Are you aware of any problems, safety issues or harm experienced by people because of positive behaviour support? This could include negative outcomes, challenges or harm caused by parts of the plan or strategies used. These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

*Question 3 – general context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to positive behaviour support
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a school, community or at home)
- how they fit into a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

**Carer/supporter Role – these questions are shown if people answer that they care for someone who uses or has used the support**

*Question 1 – length of use*

Please select how long the person you care for has used (or did use) the support?  
(please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

*Question 2 – continued use*

Is your family member or the person you care for still using the support?

- Yes
- No
- Don't know

[Display if Yes]

Do you think they will keep using the support?

- Yes
- No

- Don't know]

Please describe the reasons for your answer above.

You could include things like:

- how well it works for them
- other supports tried
- cost, availability
- how long the support is expected to last.

#### *Question 3 - safety*

Has your family member or the person you care for had any problems, safety issues or experienced harm because of using the support? This could include negative outcomes, challenges or harm caused by parts of their plan or strategies used. These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

#### *Question 4– how often*

How often does your family member or the person you care for receive support from their behaviour support practitioner and for how long each time on average? Or how often did your family member receive support?

You could include things like:

- How much support they receive (for example, how many hours)
- How often they receive support (for example, daily, weekly or monthly)
- If the amount of support has changed over time

Please provide details. (free text)

#### *Question 5 – who provides/assists*

Who was responsible for developing the behaviour support plan, providing ongoing supervision and plan modifications for your family member or the person you care for? (choose all that apply)

- Behaviour support practitioner
- Social worker
- Developmental educator
- Psychologist

- Different allied health professional (please specify)
- I don't know
- Other (please specify) (free text)

Who implemented the strategies and behaviour support plan for your family member or the person you care for? (choose all that apply)

- Behaviour support practitioner
- Paid carer or support worker
- Teacher
- School personnel (for example, wellbeing staff, counsellors, teachers aids)
- Registered nurse
- Social worker
- Occupational therapist
- Psychologist
- Different allied health professional (please specify)
- Parent or caregiver
- Informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

*Question 6 – general context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to positive behaviour support
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a school, community or at home)
- how they fit into a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

**Provider/clinician/researcher Role – these questions are shown if people answer that they provide the support, or are a clinician or researcher in the area of the support**

*Question 1 – not recommend (only for providers/clinicians/researchers)*

In what circumstances would you **not recommend** the support and why?

*Question 2 – recommend (only for providers/clinicians/researchers).*

In what circumstances would you **recommend** the support and why? (free text)

*Question 3 -safety*

Are there any problems, safety issues, harms or adverse events related to using the support that you have observed or know about? This could include negative outcomes, challenges or harm caused by parts of the plan or strategies used. These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page.

*Question 4 – alternative supports*

What other supports would you recommend instead of positive behaviour support, or if positive behaviour support were unavailable or unsuitable? (please provide details) (free text)

*[Text item before the next questions]*

The following questions relate to how a support is used, in cases when it would be recommended for at least some participants. Please skip any questions that are not relevant.

*Question 5 – length of use*

How long should the support be used for? (please choose all that apply)

- Less than 3 months
- 3-12 months
- More than 12 months
- Until a specific outcome is achieved please specify) (text box)

*Question 6– how often*

How often should someone receive support from their behaviour support practitioner and for how many hours at a time for optimum results? (please provide details) (free text)

You could include things like:

- How much support people should receive (for example, how many hours)
- How often people should receive support (for example, daily, weekly or monthly)
- If the amount of support should change over time

*Question 7 – who should provide/assist*

Who should be responsible for developing the behaviour support plan, providing ongoing supervision and plan modifications? (choose all that apply)

- Behaviour support practitioner
- Social worker
- Developmental educator
- Psychologist
- Different allied health professional (please specify)
- I don't know
- Other (please specify) (free text)

What is the expected time needed to develop a behaviour support plan? This may be provided as a range. (free text)

Who should implement the strategies and behaviour support plan? (choose all that apply)

- Behaviour support practitioner
- Paid carer or support worker
- Teacher
- School personnel (for example, wellbeing staff, counsellors, teachers aids)
- Registered nurse
- Social worker
- Occupational therapist
- Psychologist
- Different allied health professional (please specify)
- Parent or caregiver
- Informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

Are there qualifications or regulations that should apply to people providing or assisting with the support? (free text)

*Question 8 – general context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to positive behaviour support
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a school, community or at home)
- how they fit into a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

*Question 9 – for providers/clinicians and researchers only, grey lit question*

A systematic review will be conducted to inform the Evidence Advisory Committee's work. It will include peer reviewed research as well as key sources of grey literature. Are there other sources of evidence in your area, such as professional journals or conferences, that we should be checking for evidence on positive behaviour support?

Please provide details below if they are publicly available. If you have specific articles or papers that you think the Evidence Advisory Committee should be aware of, you may also send them via email to [disabilityevidence@health.gov.au](mailto:disabilityevidence@health.gov.au).

- professional journals (free text for titles etc.)
- conference publications (free text)
- technical documents (free text)
- policy or guidelines documents (free text)
- other relevant documents (free text)

Other Role – these questions are shown if people answer “none of the above”

*Question 1 – general context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to positive behaviour support
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a school, community or at home)
- how they fit into a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

# Robot-assisted gait training

## Scope questions - shown to everyone

### Question 1 – Support

This assessment will consider Robot-assisted gait training.

Robot-assisted gait training uses robotic devices to help people walk and do other activities or exercises. Use of the robotic device aims to help relearn how to walk or to get health benefits through movement.

Robot-assisted gait training is usually performed:

- in a harness over a treadmill, with the person strapped into the robotic device;  
or
- overground using a robotic gait trainer such as an exoskeleton to assist with a walking motion.

Does the description above accurately describe Robot-assisted gait training? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

### Question 2 – Disability group/population

Based on what we know so far, we think the people who might use Robot-assisted gait training are people:

- who have had a stroke
- with a spinal cord injury
- with cerebral palsy
- with a traumatic or acquired brain injury
- with Parkinson's disease
- with multiple sclerosis
- with poor muscle control
- with Guillain-Barre syndrome
- with mixed or other neurological disorders

Do these groups cover the people who may use Robot-assisted gait training? (please choose one)

- Yes

- No, I want to change something (please say what you want to change and why) (text box)

### Question 3 – Outcomes

Supports are used to achieve certain outcomes. These outcomes can be to improve people's life (provide benefit) or to reduce harm. We want to make sure the assessment examines outcomes that are important to people.

Based on what we know so far, we think Robot-assisted gait training aims to help with the following outcomes:

- Walking ability including speed, cadence, rhythm and endurance
- Balance and stability
- Posture and trunk movement and control
- Falls risk
- Community participation
- Health and fitness
- Health related-quality of life and wellbeing

Are these the most important outcomes for the people using this support? (please choose one)

- Yes (you can provide additional comments if you want to, such as if some outcomes are more important to you) (text box)
- No, I want to change the list (please tell us what you want to change and why, you could add something or remove something). (text box)

### Question 4 - Comparator

The assessment will need to compare how effective Robot-assisted gait training is at achieving its goals, compared to other supports which might help with the same, or similar things.

Depending on the goal, we think the most relevant supports to compare Robot-assisted gait training to are:

- Body-weight supported treadmill training (without a robot-assisted gait trainer)
- Gait practice on a treadmill or overground without using the assistance of a robot-assisted gait trainer. This could include walking practice or the use of walking devices or parallel bars
- Over-ground movement exercises and therapies

If you have used or suggested something other than Robot-assisted gait training to achieve similar outcomes, that is not included in this list, please add it below.

Are these the best supports to compare Robot-assisted gait training to? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

**Use questions – the first question will be a branching question**

### **Branching question**

Do you use Robot-assisted gait training or provide it to someone else/assist someone else with it? (choose the most relevant)

- I use the support
- I have used the support, but I don't use it any more
- I don't use the support, but I use something else to achieve the same goals
- I have a family member who uses or has used the support
- I care for someone who uses or has used the support
- I provide or have provided the support to someone else or assist them to use it
- I am a clinician or researcher who works with or studies the support
- None of the above

### **Personal Role branch – these questions are shown if people answer “I use the support myself” (6 questions)**

#### *Question 1 – length of use*

How long have you been using the support? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

#### *Question 2 – continued use*

Do you think you will continue using the support? (please choose one)

- Yes
- No
- Don't know

Please provide details of why. You could include things like:

- how well it works for you

- other supports you have tried
  - cost and availability
  - how long the support is expected to last.
- (text box)

*Question 3 -safety*

Have you had any problems, safety issues or experienced harm because of using the support? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

*Question 4 – how often*

How often do you undertake Robot-assisted gait training and for how long each time on average? (please provide details)

- Daily
- Weekly
- Other (please give details) (free text)

And each time I undertake it for

- Less than 1 hour
- Between 1 and 2 hours
- More than 2 hours
- Other amount (free text)

*Question 5 – who provides*

How do you use Robot-assisted gait training?

I use Robot-assisted gait training:

- At a clinic
- At home or outside
- In another location (please specify)

Does anyone assist you to use Robot-assisted gait training? (choose all that apply)

- I undertake Robot-assisted gait training myself
- An allied health professional such as a physiotherapist (please specify)
- A paid carer or support worker
- An informal carer such as family or friends

- I don't know
- Other (please specify) (free text)

*Question 6 - General context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like:

- access to Robot-assisted gait training
- circumstances where Robot-assisted gait training is not suitable for people
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or lease arrangements)
- where it is used (such as a clinic, gym or at home)
- how it fits into a therapy or exercise plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

You can tell us anything else you think the Evidence Advisory Committee should know for them to understand how you use this support? (free text)

**Personal Role – these questions are shown if people answer “I have used the support” (7 questions)**

*Question 1 – length of use*

How long did you use the support? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

*Question 2 – why stopped*

Why did you stop using the support? (please provide details) (free text)

*Question 3 - safety*

Did you have any problems, safety issues or experience harm because of using the support? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

*Question 4 – how often*

How often did you undertake Robot-assisted gait training and for how long each time, on average? (please provide details) (free text)

- Daily
- Weekly
- Other (please give details) (free text)

And each time I undertook it for

- Less than 1 hour
- Between 1 and 2 hours
- More than 2 hours
- Other amount (free text)

*Question 5 – who provides*

How did you use Robot-assisted gait training?

I used Robot-assisted gait training

- At a clinic
- At home or outside
- In another location (please specify)

Did anyone assist you with Robot-assisted gait training? (choose all that apply)

- I undertook Robot-assisted gait training myself
- An allied health professional such as a physiotherapist (please specify)
- A paid carer or support worker
- An informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

*Question 6 – what used now*

What support do you use now to achieve the same aims as Robot-assisted gait training? (please provide details) (free text)

*Question 7 - General context question (free text)*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to Robot-assisted gait training
- circumstances where Robot-assisted gait training is not suitable for people
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or lease arrangements)
- where it is used (such as a clinic, gym or at home)
- how it fits into a therapy or exercise plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

**Personal Role – these questions are shown if people answer “I don't use the support but I use something else to achieve the same goals” (2 questions)**

*Question 1 – what support instead*

Robot-assisted gait training aims to improve walking ability and health. What do you use to achieve these goals, and why?

(please provide details) (free text)

*Question 2 – safety*

Are you aware of any problems, safety issues or harm experienced by people because of robot-assisted gait training? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

*Question 3 – general context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to Robot-assisted gait training
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or lease arrangements)
- where it is used (such as a clinic, gym or at home)
- how it fits into a therapy or exercise plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

You can tell us anything else you think the Evidence Advisory Committee should know for them to understand how you use this support? (free text)

**Carer/supporter Role – these questions are shown if people answer that they care for someone who uses or has used the support**

*Question 1 – length of use*

Please select how long the person you care for has used (or did use) the support? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

*Question 2 – continued use*

Is your family member or the person you care for still using the support?

- Yes
- No
- Don't know

[Display if Yes

Do you think they will keep using the support?

- Yes
- No
- Don't know]

Please describe the reasons for your answer above.

You could include things like:

- how well it works for them
- other supports tried
- cost, availability
- how long the support is expected to last.

*Question 3 - safety*

Have you had any problems, safety issues or experienced harm because of using the support? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

*Question 4- how often*

How often does your family member or the person you care for undertake Robot-assisted gait training and for how many hours at a time? (please provide details) (free text)

They use Robot-assisted gait training

- Daily
- Weekly
- Other (please give details) (free text)

And each time they undertook it for

- Less than 1 hour
- Between 1 and 2 hours
- More than 2 hours
- Other amount (free text)

*Question 5- who provides/assistant*

How did your family member or the person you care for use Robot-assisted gait training?

They used Robot-assisted gait training

- At a clinic
- At home or outside

- In another location (please specify)

Did anyone assist your family member or person that you care for with Robot-assisted gait training? (choose all that apply)

- They undertook Robot-assisted gait training themself
- An allied health professional such as a physiotherapist (please specify)
- A paid carer or support worker
- An informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

*Question 6 – general context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to Robot-assisted gait training
- circumstances where Robot-assisted gait training is not suitable for people
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or lease arrangements)
- where it is used (such as a clinic, gym or at home)
- how it fits into a therapy or exercise plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

You can tell us anything else you think the Evidence Advisory Committee should know for them to understand how you use this support? (free text)

**Provider/clinician/researcher Role – these questions are shown if people answer that they provide the support, or are a clinician or researcher in the area of the support**

*Question 1 – not recommend (only for providers/clinicians/researchers)*

In what circumstances would you **not recommend** the support and why?

*Question 2 – recommend (only for providers/clinicians/researchers).*

In what circumstances would you **recommend** the support and why? (free text)

*Question 3-safety*

Are there any problems, safety issues, harms or adverse events related to using the support that you have observed or know about? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page.

*Question 4 – alternative supports*

What other supports would you recommend instead of Robot-assisted gait training or if Robot-assisted gait training was unavailable or unsuitable? (please provide details) (free text)

*[Text item before the next questions]*

The following questions relate to how a support is used, in cases when it would be recommended for at least some participants. Please skip any questions that are not relevant.

*Question 5 – length of use*

How long should the support be used for? (please choose all that apply)

- Less than 3 months
- 3-12 months
- More than 12 months
- Until a specific outcome is achieved (please specify) (text box)

*Question 6– how often*

How often should Robot-assisted gait training be undertaken and for how many hours at a time for optimum results? (please provide details) (free text)

People should use Robot-assisted gait training

- Daily
- Weekly
- Monthly
- Other (please give details) (free text)

And per session it should be used for

- Less than 1 hour

- Between 1 and 2 hours
- More than 2 hours
- Other amount (free text)

*Question 7 – who should provide/assist*

Who should provide Robot-assisted gait training

- The person should undertake Robot-assisted gait training themselves in their home or a community setting if they are able to
- A clinic or specialist provider should provide Robot-assisted gait training (please specify)
- Other (please specify) (free text)

Who should assist with Robot-assisted gait training if assistance is needed? (choose all that apply)

- An allied health professional such as a physiotherapist (please specify) (free text)
- A paid carer or support worker (free text)
- An informal carer such as family or friends (free text)
- Other (please specify) (free text)

Are there qualifications or regulations that should apply to people providing or assisting with the support? (free text)

*Question 8 – general context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to Robot-assisted gait training
- circumstances where Robot-assisted gait training is not suitable for people
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or lease arrangements)
- where it is used (such as a clinic, gym or at home)
- how it fits into a therapy or exercise plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

You can tell us anything else you think the NDIS Evidence Advisory Committee should know for them to understand how you use this support? (free text)

*Question 9 – for providers/clinicians and researchers only, grey lit question*

A systematic review will be conducted to inform the Evidence Advisory Committee's work. It will include peer reviewed research as well as key sources of grey literature. Are there other sources of evidence in your area, such as professional journals or conferences, that we should be checking for evidence on Robot-assisted gait training?

Please provide details below if they are publicly available. If you have specific articles or papers that you think the Evidence Advisory Committee should be aware of, you may also send them via email to [disabilityevidence@health.gov.au](mailto:disabilityevidence@health.gov.au).

- professional journals (free text for titles etc.)
- conference publications (free text)
- technical documents (free text)
- policy or guidelines documents (free text)
- other relevant documents (free text)

**Other Role – these questions are shown if people answer “none of the above”**

*Question 1 – general context*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to Robot-assisted gait training
- circumstances where Robot-assisted gait training is not suitable for people
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors (such as purchase or lease arrangements)
- where it is used (such as a clinic, gym or at home)
- how it fits into a therapy or exercise plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

You can tell us anything you think is relevant for the Evidence Advisory Committee to understand the support. (free text)

# Social skills training as a disability support for children and young people

Scope/DSCO questions - shown to everyone

## Question 1 – Support

### What:

Social skills training aims to develop social interactions with family, peers and members of the wider community.

Social skills training can be delivered as a standalone intervention or included in broader packages of supports.

Social skills training may be delivered in a one-to-one format but is usually delivered in groups.

### Where:

Social skills training may be provided across different settings, such as clinical, school, childcare, community or home.

### Who provides:

Social skills training may involve participation of allied health professionals, educators, parents, carers and/or peers.

Does the description above accurately describe what social skills training as a disability support for children and young people is and how it is used? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why)  
(text box)

## Question 2 – Disability group/population

We know children under 8 years can use social skills training as a disability support. For this assessment, we intend to focus on evidence about children and young people aged 8 years and above. Children under 8 years may be considered in future assessments.

This assessment will consider social skills training as a disability support for children and young people aged 8-21 years.

Based on what we know so far, we think the people who might use social skills training include people with:

- Autism
- Intellectual disability
- Cerebral palsy
- Down syndrome
- Stroke
- Hearing impairment
- Acquired brain injury (ABI)
- Visual, sensory and other physical impairment
- Psychosocial disability

Do these groups cover the people who may use social skills training as a disability support for children and young people? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why)  
(text box)

### Question 3 – Outcomes

Supports are used to achieve certain outcomes. These intended outcomes can be to improve people's life (provide benefit) or to reduce harm. There is not always agreement about whether specific outcomes are desirable, or which outcomes should be prioritised. We want to make sure the assessment examines intended outcomes that are important to the people that use the support.

Unintended outcomes are addressed in a later question about safety and harm.

Based on what we know so far, we think social skills training as a disability support for children and young people aims to help with the following outcomes:

- Activities and Participation
- Communication (core social communication skills)
- Daily living and community participation (e.g., cooperative play, group activities, classroom integration, imitation)
- Friendship skills (e.g., initiating play, maintaining peer relationships)
- Problem-solving and conflict resolution in social settings
- Gross motor skills
- Socially interactive movements (moving towards people, personal space)
- Mobility for interaction (activities that involve social engagement such as dancing, interactive play)
- Behavioural and emotional adjustment
- Social difficulties
- Wellbeing of others (e.g., family/carers, peers, educators)
- Inclusion

Are these the most important outcomes for the people using this support? (please choose one)

- Yes (you can provide additional comments if you want to, such as if some outcomes are more important to you) (text box)
- No, I want to change the list (please tell us what you want to change and why, you could add something or remove something). (text box)

#### Question 4 - Comparator

The assessment will need to compare how effective social skills training as a disability support for children and young people is at achieving its goals, compared to other supports which might help with the same, or similar things.

Depending on the goal, we think the most relevant supports to compare social skills training for children and young people to are:

- Different settings (e.g., social skills training provided in a clinic compared to in a school setting)
- Different approaches to delivering the support (e.g., training delivered by itself, or with involvement of other people in a person's life, such as clinicians, teachers, parents/carers, peers or other support people)
- Different methods (e.g., training based in a digital/virtual environment or other technology compared to face-to-face training).
- Delayed training or 'waitlist control' ('waitlist control' is when some people in a study don't get the support immediately so they can be compared to the people who do get the support immediately).

If you have used or suggested something other than social skills training as a disability support to achieve similar outcomes, that is not included in this list, please add it below.

Are these the best supports to compare social skills training as a disability support for children and young people to? (please choose one)

- Yes
- No, I want to change something (please say what you want to change and why) (text box)

## Use questions – the first question will be a branching question

### Branching question

Do you use social skills training as a disability support or provide it to someone else/assist someone else with it? (choose the most relevant)

- I use the support
- I have used the support, but I don't use it any more
- I don't use the support, but I use or have used something else to achieve the same goals
- I am a family member of someone who uses or has used the support
- I am a family member of someone who uses or has used something else to achieve the same goals
- I care for someone who uses or has used the support
- I care for someone who uses or has used something else to achieve the same goals
- I provide or have provided the support to someone else
- I am a clinician or researcher who works with or studies the support or a different support to achieve the same goals
- None of the above

### Personal Role branch – these questions are shown if people answer “I use the support myself” (7 questions)

#### *Question 1 – length of use*

How long have you been using the support? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

#### *Question 2 – continued use*

Do you think you will continue using the support? (please choose one)

- Yes
- No
- Don't know

Please provide details of why. You could include things like:

- how well it works for you
  - other supports you have tried
  - cost and availability
  - how long the support is expected to last.
- (text box)

*Question 3 -safety*

Have you had any problems, safety issues or experienced harm because of using the support? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

*Question 4– how often*

How often do you participate in social skills training and for how long each time on average? (please provide details)

You could include things like:

- How much training you receive (for example, how many hours)
- How often you receive training (for example, daily, weekly or monthly)
- If the amount of training has changed over time

*Question 5 – who provides*

Who provides or delivers social skills training to you? (choose all that apply)

- Clinician or other allied health professional (please specify)
- Teacher
- Childcare educator or worker
- Paid carer or support worker
- Parent or caregiver
- Informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

*Question 6 – trained to assist*

Was someone else trained to help you use the social skills you learned through this support (for example, a parent trained to use social skills training at home, or a teacher trained to use it in a school)

- No
- I don't know
- Yes (please provide details). (free text)

*Question 7 - General context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to social skills training
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a clinic, school, other community setting or at home)
- how they fit with other parts of a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

**Personal Role – these questions are shown if people answer “I have used the support” (7 questions)**

*Question 1 – length of use*

How long did you use the support? (please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

*Question 2 – why stopped*

Why did you stop using the support? (please provide details) (free text)

*Question 3 - safety*

Did you have any problems or safety issues, or experience harm because of using the support? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

*Question 4 – how often*

How often did you participate in social skills training as a disability support and for how long each time, on average?

You could include things like:

- How much training you received (for example, how many hours)
- How often you received training (for example, daily, weekly or monthly)
- If the amount of training changed over time

Please provide details (free text)

*Question 5 – who provides*

Who provided or delivered social skills training to you? (choose all that apply)

- Clinician or other allied health professional (please specify)
- Teacher
- Childcare educator or worker
- Paid carer or support worker
- Parent or caregiver
- Informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

*Question 6 – trained to assist*

Was someone else trained to help you use the social skills you learned through this support (for example, a parent trained to use social skills training at home, or a teacher trained to use it in a school)

- No
- I don't know
- Yes (please provide details). (free text)

*Question 7 – what used now*

What support do you use now to achieve the same aims as social skills training?  
(please provide details) (free text)

*Question 8 - General context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to social skills training
- access to supports that aim to achieve similar goals
- access to allied health or other professionals

- cost factors
- where they are used (such as a clinic, school, other community setting or at home)
- how they fit with other parts of a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

**Personal Role/Carer role – these questions are shown if people answer**

“I don't use the support but I use something else to achieve the same goals” OR the family/carer equivalents **(2 questions)**

*Question 1 – what support instead*

Social skills training as a disability support aims to develop different functional and communication skills.

What did or do you, your family member or person you care for use to achieve these goals, and why?

(please provide details) (free text)

*Question 2 – safety*

Are you aware of any problems, safety issues or harm experienced by people because of social skills training? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

*Question 3 – general context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to social skills training
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors

- where they are used (such as a clinic, school, other community setting or at home)
- how they fit with other parts of a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

**Carer/supporter Role – these questions are shown if people answer that they care for someone who uses or has used the support**

*Question 1 – length of use*

Please select how long the person you care for has used (or did use) the support?  
(please choose one)

- Less than 3 months
- 3-12 months
- More than 12 months

*Question 2 – continued use*

Is your family member or the person you care for still using the support?

- Yes
- No
- Don't know

[Display if Yes]

Do you think they will keep using the support?

- Yes
- No
- Don't know]

Please describe the reasons for your answer above.

You could include things like:

- how well it works for them
- other supports tried
- cost, availability
- how long the support is expected to last.

*Question 3 - safety*

Has your family member or the person you care for had any problems, safety issues or experienced harm because of using the support? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page. If you have pain or ongoing problems that need medical attention, please seek medical advice.

*Question 4 – how often*

How often does your family member or the person you care for participate in social skills training and for how many hours at a time?

You could include things like:

- How much training your family member received (for example, how many hours)
- How often your family member received training (for example, daily, weekly or monthly)
- If the amount of training changed over time

Please provide details (free text)

*Question 5 – who provides/assists*

Who provided social skills training to your family member or the person you care for? (choose all that apply)

- Clinician or other allied health professional (please specify)
- Teacher
- Childcare educator or worker
- Paid carer or support worker
- Parent or caregiver
- Informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

*Question 6 – trained to assist*

Were you or someone else trained to help your family member or the person you care for use the social skills they learned through this support (for example, a parent trained to use social skills training at home, or a teacher trained to use it in a school)?

- No
- I don't know

- Yes (please provide details). (free text)

*Question 7 – general context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to social skills training
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a clinic, school, other community setting or at home)
- how they fit with other parts of a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

**Provider/clinician/researcher Role – these questions are shown if people answer that they provide the support, or are a clinician or researcher in the area of the support**

*Question 1 – not recommend (only for providers/clinicians/researchers)*

In what circumstances would you **not recommend** the support and why?

*Question 2 – recommend (only for providers/clinicians/researchers).*

In what circumstances would you **recommend** the support and why? (free text)

*Question 3 -safety*

Are there any problems, safety issues, harms or adverse events related to using the support that you have observed or know about? These could be short-term problems or long-term problems.

- No
- Yes (please provide details). (free text)

If this question has raised concerns please see the list of help lines and services on the last page.

***Question 4 – alternative supports***

What other supports would you recommend instead of social skills training as a disability support, or if social skills training was unavailable or unsuitable? (please provide details) (free text)

***[Text item before the next questions]***

The following questions relate to how a support is used, in cases when it would be recommended for at least some participants. Please skip any questions that are not relevant.

***Question 5 – length of use***

How long should the support be used for? (please choose all that apply)

- Less than 3 months
- 3-12 months
- More than 12 months
- Until a specific outcome is achieved please specify) (text box)

***Question 6 – how often***

How often should social skills training be used and for how many hours at a time for optimum results? (please provide details) (free text)

You could include things like:

- How much training should people receive (for example, how many hours)
- How often should people receive training (for example, daily, weekly or monthly)
- If the amount of training changed over time

***Question 7 – who should provide/assist***

Who should provide or deliver social skills training as a disability support for children and young people? (choose all that apply)

- Clinician or other allied health professional (please specify)
- Teacher
- Childcare educator or worker
- Paid carer or support worker
- Parent or caregiver
- Informal carer such as family or friends
- I don't know
- Other (please specify) (free text)

Are there qualifications or regulations that should apply to people providing or assisting with the support? (free text)

*Question 8 – general context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to social skills training
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a clinic, school, other community setting or at home)
- how they fit with other parts of a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

*Question 9 – for providers/clinicians and researchers only, grey lit question*

A systematic review will be conducted to inform the Evidence Advisory Committee's work. It will include peer reviewed research as well as key sources of grey literature. Are there other sources of evidence in your area, such as professional journals or conferences, that we should be checking for evidence on social skills training as a disability support?

Please provide details below if they are publicly available. If you have specific articles or papers that you think the Evidence Advisory Committee should be aware of, you may also send them via email to [disabilityevidence@health.gov.au](mailto:disabilityevidence@health.gov.au).

- professional journals (free text for titles etc.)
- conference publications (free text)
- technical documents (free text)
- policy or guidelines documents (free text)
- other relevant documents (free text)

Other Role – these questions are shown if people answer “none of the above”

*Question 1 – general context question*

Is there anything else you think the Evidence Advisory Committee should know for them to understand this support?

This could include things like

- access to social skills training
- access to supports that aim to achieve similar goals
- access to allied health or other professionals
- cost factors
- where they are used (such as a clinic, school, other community setting or at home)
- how they fit with other parts of a therapy plan, supervised or unsupervised
- age, gender, ethnicity or cultural factors
- who someone lives with or where they live, such as in a city or a remote area
- comments or concerns about the support

(free text)

## End page – this comes at the end of all versions of the survey

Thank you for your input! We value your ongoing contributions.

If these questions have raised any concerns or uncomfortable feelings for you or someone you are helping, you can seek support from free services such as:

- Lifeline [online](#) or by calling 13 11 14
- Beyond Blue [online](#) or by calling 1300 22 4636
- Kids helpline [online](#) or by calling 1800 55 1800

To report abuse or neglect contact the free National Disability Abuse and Neglect Hotline:

- Call 1800 880 052 and speak with an experienced Hotline staff member
- Email [hotline@workfocus.com](mailto:hotline@workfocus.com)

If you have a concern about the quality or safety of NDIS supports or services, you can contact the NDIS Quality and Safeguards Commission on their [website](#) or 1800 035 544.

Callers who are deaf or have a hearing or speech impairment can contact the [National Relay Service \(NRS\)](#) by calling 133 677 then asking for the phone number you need help with.

Callers from a non-English speaking background can use the [Translating and Interpreting Service \(TIS\)](#) by calling 13 14 50

If you have ongoing medical concerns, please speak to your GP or attend a walk-in clinic. If it is an emergency, please call 000.

If you have any concerns about this consultation, please contact the Disability Evidence Branch:

**Email:** [disabilityevidence@health.gov.au](mailto:disabilityevidence@health.gov.au)

Your responses to the survey may be combined with others and given to the NDIS Evidence Advisory Committee (EAC) as a consultation summary. The EAC will use the consultation summary to help give advice to Government about the safety, suitability, and cost-effectiveness of various disability supports.