



# NDIS Evidence Advisory Committee Consultation

People who use  
Positive Behaviour Support  
Part 2





**Australian Government**  
**Department of Health,  
Disability and Ageing**

The Australian Government Department of Health Disability and Ageing wrote this.

We say **DHDA** for short.

When you see the word **we** it means DHDA.



We wrote this in an easy to read way.

We use pictures to explain some ideas.

# **Bold**

# **Not bold**

We have some words in **bold**.

This means the letters are thicker and darker.

These are important words.



This is an Easy Read summary of an online **survey**.

Surveys have questions about your ideas.



We can answer any questions by email.

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



You can ask for help to read this document.

You can ask

- A friend
- Family members
- A support person.



We recognise Aboriginal and Torres Strait Islander people as the **Traditional Owners** of the land we live on.



They were the **first people** to live on and use the

- Land
- Waters.

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# Who is this survey for



We made a **survey**.



This survey is **only** for people with disability who



- Use **Positive Behaviour Support**

Positive Behaviour Support **aims** to help people live good lives.

It is called **PBS** for short.

Aims are things you want to do.



- Used PBS but do **not** use it any more



- Families of people who
  - Use
  - Have used

PBS



- Use something else.



You can look at the other surveys on our website.

[consultations.health.gov.au/evidence-advisory-committee-eac/february-2026](https://consultations.health.gov.au/evidence-advisory-committee-eac/february-2026)

It is in Easy Read.



We have **2 parts** to this survey.



You need to do **part 1** first.

This is **part 2**.



You need to send both parts back to us by email.

You need to send it back before

11.59 at night

**Sunday 29 March 2026.**

# What to do



You need to download both parts of the survey.

You can

- Write your answers



- Type your answers.



You need to send your answers back to us by email.

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



Each part will have some

- Information
- Questions.



There are **no** right or wrong answers.

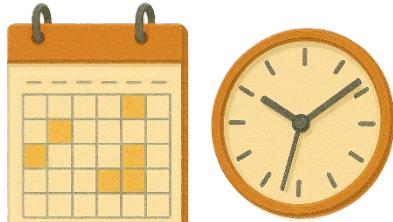
Do your best.



You can choose what questions to answer.

You do **not** have to answer them all.

# Question 1



How long have you been using the support.

Please tick 1 box.



- Less than 3 months

January	February	April
S	S	S
M	M	M
3 4 5 6 1 2	5 6 7 8 9 10	3 4 5 7 8 9
10 11 12 15 15 16	12 13 14 15 16 17	10 11 12 14 15 16
17 18 19 29 22 23	19 20 21 22 23 24	17 18 19 21 22 23
24 25 26 27 28 29	26 27 28	24 25 26 28 29 30

May	June	July
S	S	S
M	M	M
6 7 8 9 10 11	1 2	3 4 5 6 7 8
13 14 15 16 17 18	10 11 12 14 15 16	10 11 12 13 14 15
20 21 22 25 24 25	17 18 19 21 22 23	17 18 19 20 21 22
27 28 29 30	24 25 26 28 29 30	24 25 26 27 28 29

October	November	December
S	S	S
M	M	M
1 2 5	1 2 3 4	1 2
5 6 7 8 9 10 11	5 6 7 8 9 10 11	3 5 6 7 8 9
12 13 14 15 16 17	13 14 15 16 17 18	10 11 12 14 15 16
19 20 21 22 23 24	20 21 22 23 24 25	17 18 19 21 22 23
26 27 28 29 30	27 28 29 30	24 25 26 28 29 30

- 3 months to a year



- More than 1 year.

## Question 2



Do you think you will keep using the support.



Please tick 1 box.

Yes



No



I do **not** know.



Please tell us why you chose that answer.

You could tell us about

- How well it works for you



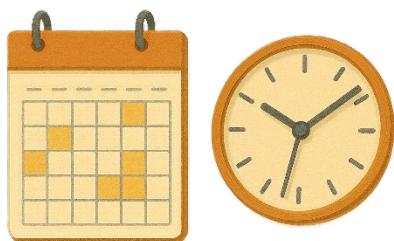
- Other supports you have tried



- How much it costs



- If you can get the support



- How long the support will last.



Please write why in the box.

## Question 3

Have you had any



- Problems
- Safety issues
- Experience **harm**

Using the support.



Harm means that something bad might happen to you.



They could be things that lasted for a

- Short time



- Long time



Please tick 1 box.

No

I have **not** had any problems or safety issues.



Yes

I have had problems or safety issues

Please write what they are in the box.



If this question has made you feel

- Upset
- Worried

We have a list of people you can talk to.



[consultations.health.gov.au/evidence-  
advisory-committee-eac/february-  
2026/supporting\\_documents/help-and-  
support-easy-readpdf](https://consultations.health.gov.au/evidence-advisory-committee-eac/february-2026/supporting_documents/help-and-support-easy-readpdf)

It is in Easy Read.



If you have

- Pain
- Problems that do **not** go away

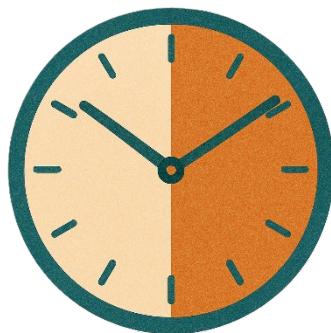
You need to get medical advice.

## Question 4



How often do you see your behaviour support practitioner.

How long do you see them for.



You could say

- How many hours they support you



- When you see them



Like

- Everyday



- 1 time a week



- 1 time a month



- If the amount of support has changed over time.



Please write your answer in the box.

# Question 5



Who made your

- PBS plan
- Supports you with your PBS plan
- Makes any changes to your PBS plan

Please tick all the people who support you.



- Behaviour support practitioner



- **Social worker**

Social worker work with people and communities.

They look for ways to support good changes for people.



- **Developmental educator**

This is someone who helps people

- Learn
- Grow.



- **Psychologist**

Psychologists help people with how they

- Think
- Feel
- Act.



- An allied health worker like an **Occupational Therapist**

Occupational therapist helps people with everyday skills like

- Looking after their body
- Learning
- Social skills.

Please write who in the box.



- I do **not** know



- Someone else.

Please write who in the box.



Who helps do the strategies in your PBS plan.

Please tick all the people who support you.



- Behaviour support practitioner



- A paid carer or support worker



- Teacher



- Someone at school

Like

- Counsellor
- Teachers aid.



- Registered nurse



- Social worker



- Occupational therapist



- Psychologist



- An allied health worker

Please write who in the box.



- Parent or carer



- Family or friends



- I do **not** know



- Someone else.

Please write who in the box.

## Question 6



Please tell us anything else you think we need to know to understand this support.



This could be things like

- Being able to get PBS



- Other supports that have the same goals



- Being able to have allied health workers support you



- If you needed to choose a support because of how much it costs



- Where you use PBS



- How a PBS fits in with other supports you use



- Your age



- Your gender

People say what gender they are.

They might be

- A man
- A woman
- A different gender
- No gender.



- Your **ethnicity**

Ethnicity is a group of people who shares

- Culture
- Language
- History.



- Who you live with



- Where you live

Like

- In the city
- A remote area.



You can share anything you think will help us understand how you use the support.

Please write your answer in the box.



Thank you for doing our survey.



If you printed out the survey you need to

1. Scan it into your computer



2. Send it to us by email.

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



If you wrote your answers on the computer  
you need to

1. Send it to us by email.



You need to send your answers back to us  
before

11.59 at night

**Sunday 29 March 2026.**

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January 2026.