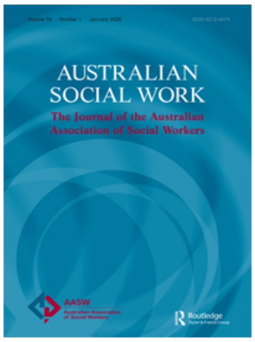

Routledge
Taylor & Francis Group

Australian Social Work

ISSN: 0312-407X (Print) 1447-0748 (Online) Journal homepage: www.tandfonline.com/journals/rasw20

A Decolonising Critical Discourse Analysis Framework for Positive Behaviour Support Plans

Amelia Wheeler, Aniqa Farwa, Jessica Russ-Smith, Larissa Margaret & Scott Wray

To cite this article: Amelia Wheeler, Aniqa Farwa, Jessica Russ-Smith, Larissa Margaret & Scott Wray (2026) A Decolonising Critical Discourse Analysis Framework for Positive Behaviour Support Plans, Australian Social Work, 79:1, 17-31, DOI: 10.1080/0312407X.2025.2468247

To link to this article: https://doi.org/10.1080/0312407X.2025.2468247

AUSTRALIAN SOCIAL WORK
2026, VOL. 79, NO. 1, 17–31
https://doi.org/10.1080/0312407X.2025.2468247

Routledge
Taylor & Francis Group

A Decolonising Critical Discourse Analysis Framework for Positive Behaviour Support Plans

Amelia Wheeler[a], Aniqa Farwa[b], Jessica Russ-Smith[c], Larissa Margaret[c], and Scott Wray[c]

[a]School of Health Sciences, Faculty of Health, Clinical Education and Research Centre, University of Canberra, Canberra, Australian Capital Territory, Australia; [b]School of Allied Health, Faculty of Health Sciences, Australian Catholic University, Strathfield, New South Wales, Australia; [c]School of Allied Health, Faculty of Health Sciences, Australian Catholic University, Canberra, Australian Capital Territory, Australia

ABSTRACT

Positive Behaviour Support Plans (Plans) are documents written by practitioners about and for Service Users who are exhibiting "challenging behaviours", which may risk harm to the self or others. These Service Users are subject to restrictive practices, including physical or environmental restraints, seclusion, and psychotropic medication. This article presents a Decolonising Critical Discourse Analysis (DCDA) Framework for the analysis of Plans and other disability-related texts, iteratively developed through analysis of 16 Plans, conversations with disability stakeholders, reflexive team discussions, and a review of the literature. The aims of the research discussed in this article are to document and analyse discourses evident in the sample Plans and to inform critical and socially just Plan authorship practices. The purpose of this article is to report on the Framework development and offer an analysis of early findings. Plans are viewed as texts that create and maintain a complex interplay between macrolevel forces (discourse and policy) and microlevel practices of plan writing. The DCDA Framework emphasises decolonising language, making Whiteness visible, enacting disability justice and neurodivergent-affirming practice, and upholding a body politic analysis. This methodological Framework is applicable to a range of texts and contexts to explore how language can be utilised to construct Service User identities.

IMPLICATIONS

- A Decolonising Critical Discourse Analysis (DCDA) Framework and method can be applied effectively to analyse Positive Behaviour Support Plans (Plans).
- Recognition is needed that risk–centric language pathologises neurodivergence and frames Service Users as requiring close regulation. Psychotropic medication is a frequently utilised restrictive practice.

ARTICLE HISTORY
Received 4 August 2024
Accepted 13 February 2025

KEYWORDS
Positive Behaviour Support; Disability; Decolonising Practice; Social Work Practice; Neurodivergence; Critical Discourse Analysis (CDA); Restrictive Practices; First Nations; Plan Writing; Social Work Advocacy; Australia

---

CONTACT Amelia Wheeler ✉ amelia.wheeler@canberra.edu.au

This article was originally published with errors, which have now been corrected in the online version. Please see Correction (https://doi.org/10.1080/0312407X.2025.2494338)

- Cultural identity is not well–considered in this sample of Plans.
- Social workers have a responsibility to use their advocacy skills to critically engage with the power of language and to disrupt dominant narratives about disabled Service Users.

Social work's role in the Australian disability sector is longstanding. With the ongoing prominence of neoliberal regulatory policy in the disability sector, including the National Disability Insurance Scheme (NDIS) (Fawcett & Plath, 2014), the unique advocacy practiced by social workers has become more important. Since invasion, the colonial structure in Australia has continuously "contributed to bodily impairments and disabilities" where "the colonial elite has categorised Indigeneity and disablement based on Eurocentric stereotypes of physiological features and lifestyles in comparison to western norms" (Gilroy et al., 2018, p. 1027). This disablement has been perpetrated directly onto bodies and through policy. Colonial welfare state expansion via the creation of the NDIS and its underpinning individualised and neoliberal principles (Cooms, 2023) has led to an expansion of texts written about disabled people, and an increase in the complex discourses that define both disabled identity and access to services (Grue, 2011). Positive Behaviour Support Plans ("Plans") are an example of these texts, that provide a rationale for the use of Restrictive Practices (RPs) and hold significant power to represent Service Users and their behaviours.

Australian research by Spivakovsky and colleagues (2023) found that not only do RPs violate the fundamental human rights of disabled people, but that individual practitioner pathologisation of "challenging behaviours", institutional cultures of risk management, and prevailing ableist social norms create an ecological environment in which RPs are enabled to continue. There is great urgency for decolonising, antioppressive, and Indigenous-informed approaches in the field of disability to uphold Service User rights and social justice (Ward, 2024). This article presents a Decolonising Critical Discourse Analysis (DCDA) Framework for analysing Plans, which also may apply to other texts in human services contexts.

Plans are documents written by practitioners about and for Service Users who are exhibiting "challenging behaviours", defined as behaviours of a frequency, duration, or intensity that risk serious harm to a person or others, or that may result in inaccessibility to community facilities (NDIS Quality and Safeguards Commission, 2019, p. 2). Such behaviours form the basis for the justification of RPs to be implemented as a measure to "avoid imminent harm to the person or others" (Senior Practitioner Act, 2018 [ACT], s. 10). A Plan can contain information about a Service User regarding their diagnoses, support services, needs, and the authorised use of restrictive practices.

Restrictive practices are "used to restrict the rights or freedom of movement of a person for the primary purpose of protecting the person or others from harm" (Senior Practitioner Act [ACT], 2018, s. 7(1)[a]), including physical or environmental restraints, seclusion, psychotropic medication, and verbal directions or gestures of a coercive nature. The Australian Capital Territory's Office of the Senior Practitioner (OSP) is responsible for authorising and regulating all Plans that include restrictive practices and monitoring reports of unauthorised restrictive practices in the education, child welfare, and disability sectors of the Territory (Senior Practitioner Act, 2018). Other States and Territories have similar structures for regulating and authorising restrictive practices.

To date, research about Plans has been explored primarily via qualitative interviews with disability staff (Edwards et al., 2020) and quantitative evaluation tools (McClean & Grey, 2012; Wardale et al., 2018; Webber et al., 2011). A study based in the ACT (Wray, 2022) was the first to apply a Critical Discourse Analysis (CDA) method to analyse Plans, and that study contributed to the development of the DCDA Framework presented in this article. Much existing scholarship in the areas of restrictive practices and Positive Behaviour Support (PBS) came largely from the disciplines of disability, specialist education, and psychiatry (see Butterworth et al., 2022; Younan et al., 2024). Considering social work's focus on macro structures (Australian Association of Social Workers, 2020), research from this disciplinary viewpoint is well suited to investigate how social construction and macro discourses influence the microlevel writing of Plans. This article draws on decolonising knowledges, disability justice practices, and body politic theory to present a Decolonising Critical Discourse Analysis Framework for textual analysis of Plans.

Positionality and Embodying Disability Justice

The research team comprised social workers including a First Nations researcher, a researcher of colour, white-settler researchers, disabled and neurodivergent researchers, and a PBS practitioner. We stand against white supremacy in social work and against how Whiteness is reproduced by and through colonisation, racism, biomedicine, ableism (Russ-Smith et al., 2023), and sanism (Poole et al., 2012). Decolonising research is an action grounded in the deconstruction of dominant western practices to centre Indigenous and nonwestern voices (Gilroy et al., 2018, p. 1028) and this includes an embracing of Indigenous perspectives on disability and care (Cooms, 2023, p. 1). As such, decolonising is core to our approach to this research and to our own representations of disability.

We use the language "disabled people/folk" as identity-first language is the preference of many disabled people inclusive of the authors (see Best et al., 2022) and reflects activist discourse in this space.[1] Not every person who has a Plan is disabled, although many have one or more disabilities and/or mental health diagnoses. Some people who have Plans are neurodivergent, a term created by autistic activist Kassiane Asasumasu that refers broadly to any person whose functioning is labelled as abnormal, wrong, or different to what is seen as the societal "norm" (see Black Spectrum Scholar, 2024). Neurodivergence is not something to be "fixed" or "cured" but at the same time supports and accommodations are essential (Moses, 2024). Additionally, we use the term "Service User" to refer to people that Plans are written about, as this terminology broadly encompasses the diverse Peoples represented.

Critical Discourse Analysis (CDA)

Critical Discourse Analysis (CDA) is a qualitative, social constructivist research method that seeks to uncover the political, cultural, and social relationships and manifestations of power expressed through language (Mullet, 2018; Nunkoosing & Haydon-Laurelut, 2011). Fairclough's (1992) influential three-dimensional framework seeks to interpret interrelationships between macrolevel discourses and microlevel writing, including how the use of language, literary devices, and text structure are influenced by broader social and political discourses. This approach is highly relevant in the context of the

NDIS and broader policy environment that interacts with and indubitably shapes the microlevel practices of Plan writing.

While CDA has been utilised as a method to analyse disability-related texts, such as referral forms for people with learning disabilities (Nunkoosing & Haydon-Laurelut, 2011), Facebook posts by disabled people and their family members (Stamou et al., 2016), and disability policies (Grue, 2009; Hayward et al., 2023), it is not a widely utilised research method for disability-related texts. There are few published works that are written by identified disabled or neurodivergent scholars, or that primarily feature the perspectives and experiences of disabled and/or neurodivergent folk. This article offers an innovative DCDA Framework, developed by neurodivergent and disabled scholars.

Positive Behaviour Support Plans

Plans play a key role in regulating restrictive practices in the Australian context. Despite this, minimal empirical research exists specific to Plans. A recent study by Edwards et al. (2020) identified issues such as variation in Plan quality and implementation being highly dependent on staff skills, along with the sense amongst practitioners that some Plans were created to fulfil legislative requirements rather than to improve a Service User's quality of life. A recent Australian survey by Kelly et al. (2024) found no specific PBS training or qualifications were required for Plan authors. The literature highlighted a stark contrast between the lack of professional regulation and training requirements of Plan authors and the legislative regulation of Plans and Service User behaviours. Current evidence of Plan writing inconsistency and diverse quality highlights a wider issue of the language used within the Plans themselves, emphasising the need for an analysis that considers discursive factors through human rights and decolonising lenses.

Decolonising and Whiteness As *Risk*

Russ-Smith (2023, p. 74) defined decolonising as an ongoing movement of justice that calls for active critique and deconstruction of Whiteness (see also Green, 2022; Tuck & Yang, 2012). Russ-Smith utilises the word decolonising, as opposed to "decolonise", to emphasise this as a current and purposeful action, as opposed to something that has been achieved or completed. Settler colonialism is a "relentless structure (and) multi-frontier project of making the First Peoples of a place extinct" (Arvin et al., 2013, p. 13), characterised by systems of regulation that seek to assimilate cultures and bodies into the settler culture. As Australia is a settler colony and this work is conducted on unceded sovereign First Nations lands, there is an urgent need to undertake decolonising research and practice, especially in the field of disability (Green, 2019; Puszka et al., 2022). This aligns with the purpose of this research to reflect the priorities of disabled and neurodivergent communities. Decolonisation is needed to systemically transform disability services, as opposed to reproducing White systems of care that inevitably fail Service Users (Cooms, 2023; Puszka et al., 2022).

Decolonising research highlights the injustices of White systems of care that dominate disability and other practice spaces. Whiteness theory asserts that western beliefs and ways of seeing the world are the standard to which practice and theory are constructed (Moreton-Robinson, 2015), and the PBS space is not immune to this. Whiteness dominates both social and professional definitions of "normality" and "abnormality" to such an extent that Whiteness is invisibilised and often framed as “neutral” or “objective”, while non-White individuals are framed as raced “others” (Walter & Baltra-Ulloa, 2019). White-settler-colonial deficit approaches dominate disability research, assessment, and care and reassert colonial perspectives (Ward, 2024). Our repositioning of Whiteness *as* risk in disability echoes the findings from Cooms (2023) study, where First Nations Quandamooka Peoples strongly reject White caring practices, prioritising community care cultural protocols to support a collective wellbeing approach (Nahwegiizhic, 2024). Whiteness and its discursive functioning extend beyond the Plans themselves into the wider body politic of helping professions, with broader cultural practices inevitably informing organisational, professional practice, and power relationships (Farwa & Henman, 2023). Thus, a consideration of how Whiteness interacts with other systems of oppression to yield power over Service Users in Plans is vital to explore.

Disability Justice and Neurodivergency

The Australian disability community and their allies are experiencing significant distress following recent changes to NDIS legislation (NDIS Amendment [Getting the NDIS Back on Track No, 1] Bill, 2024), that include changes to how supports that are “reasonable and necessary” will be defined (People With Disability Australia [PWDA], 2024). The ten principles of disability justice (Sins Invalid, 2015) form a liberatory approach to activism that centres leadership of disabled people and the inherent worth and wholeness of individuals outside of capitalist constructions of “productivity”. Disability justice emphasised the intersectional experience of disability, citing ableism, white supremacy, capitalism, and heteropatriarchy[2] as rendering “the vast majority of the world ‘invalid’ or ‘having non-conforming body/minds” (Sins Invalid, 2015). Divestment from state solutions and towards community interdependence and mutual aid practices, collective access, and leaving no body or mind behind are key principles of disability justice. Furthermore, disability justice calls for what Ward (2024) termed Indigenous Critical Disability Theory (ICDT), that resists and decolonises settler-colonial constructions of disability to transform disability theory into practice that includes all, not just white disabled bodies. Neurodivergency-affirming practice and research is “a mindset shift that requires deep inner work to dismantle harmful biases and stereotypes” (Moses, 2024). How neuronormative ways of thinking, being, and doing are present in Plans has yet to be explored in the literature.

The Body Politic

The systematic institutionalisation of disabled people in western and colonised societies from the early nineteenth century has been possible only through an expansion of state power (Grue, 2011) and the exercise of an ableist body politic. Body politic theory argued that power is not only exercised socially in top-down hierarchies but becomes exercised through the social body and bodies in diverse ways (Foucault, 1977). The “body” can refer to the tangible or intangible, the body/mind of an individual person, and the relationship between bodies. Regardless, the body is a site of social and discursive expression.

Foucault (1977) analysed the body politic through examining how disciplinary power functions through institutions and systems, such as prisons, where the structures of the institution regulate individual and social bodies. For example, Foucault's analysis of the panopticon in prisons where the guards did not have to be at the top of the tower holding guns to impact behaviour as the tower itself symbolises surveillance, which is somatically embodied by prisoners. Nunkoosing and Haydon-Laurelut (2011) noted that such surveillance also is evident within social service processes, including texts such as referral forms. Doonan (2021) argued for body politic analysis of disability and its intersections with the political, stating that the dominant body politic frames disability as a sign that something is going wrong, and therefore intervention is required. As Cole (2007, p. 169) asserted, an understanding of the body and specifically impairment "must be understood in social, political, and cultural terms". The body politic as part of the DCDA Framework highlights the connection between bodies and the wider contexts of society, calling for an analysis of regulation as a key characteristic of colonialism and ableism. An understanding of the body politic as an examination of the relationship between knowledge, power, and the body within society offers a deeper analysis to traditional CDA models.

The research questions that informed the project are:

- What discourses are evident in Positive Behaviour Support Plans?
- How are the voices of Service Users (those the Plans are written about and for) considered?

Method

Context of the Decolonising Critical Discourse Analysis Framework

Ultimately the aims of this research were to document and analyse discourses evident in the sample Plans, and to inform critical and socially just Plan authorship practices.

Development of the Decolonising Critical Discourse Analysis Framework

The Framework was developed following an iterative process that occurred in 3 different phases (Figure 1).

Phase One

The first stage comprised coding and analysis of eight plans, which featured Service Users under the age of 18 years, as part of a Social Work Honours research project (Wray, 2022). This initial phase involved a literature review, inductive coding based on the individual plans, followed by reflexive discussions amongst the team members. This step was guided by discussions with stakeholders in the disability space to inform development of the Framework including consultations with OSP staff. The two key components of Whiteness *as* risk (see Russ-Smith et al., 2023) and neurodivergence as a primary discourse emerged out of this first stage.

Phase Two

The second stage included a thorough review of the literature pertaining to Plans, restrictive practices, and intersections with Critical Discourse Analysis (CDA), along with a

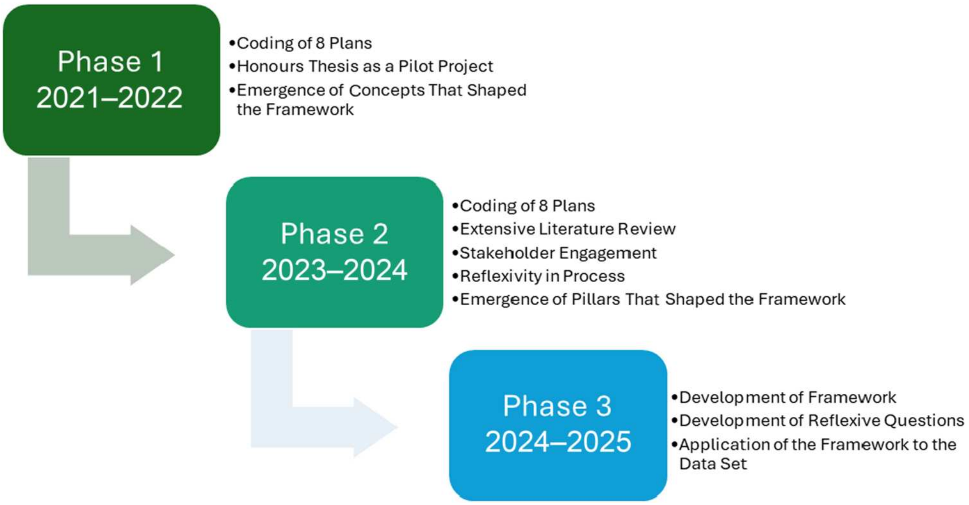

Figure 1 Phases of DCDA Framework Development

review of key literature on each of the three core Pillars of the Decolonising Critical Discourse Analysis Framework as they emerged. The stakeholder engagement in phase two included engagement with experts from the OSP, Plan authors, and persons with lived experience of disability. This phase included the inductive coding of another eight Plans by the research team from 2023 to 2024, selected at random from the data set. Throughout the entirety of phase 2, extensive reflexive conversations between research team members occurred. These discussions occurred prior to, during, and postcoding and involved analysis to address the following:

1. Discuss the emerging concepts.
2. Question inherent researcher bias regarding our positionality.
3. Develop and refine analysis Framework.
4. Record the research process.
5. Address ethical issues.

Phase Three

The third phase included the final development and ongoing application of DCDA Framework. Figure 2 below is a visual representation of the DCDA Framework. The three Pillars of the Framework are represented on the outer most layer of the circle. At the centre of the circle are the Plans. Moving outwards from the Plans, the smallest circle represents what is written and analysed within the Plan itself—including language and tone. The next layer represents a range of key influences on Plan construction: context/place, power, knowledges, identities, ideologies, as well as the invisible, intangible, or unwritten elements of social and discursive practices.

The DCDA Framework was developed in the context of an ongoing research project between the research team and the Australian Capital Territory's Office of the Senior Practitioner (OSP). The OSP is responsible for authorising all Plans that include RPs

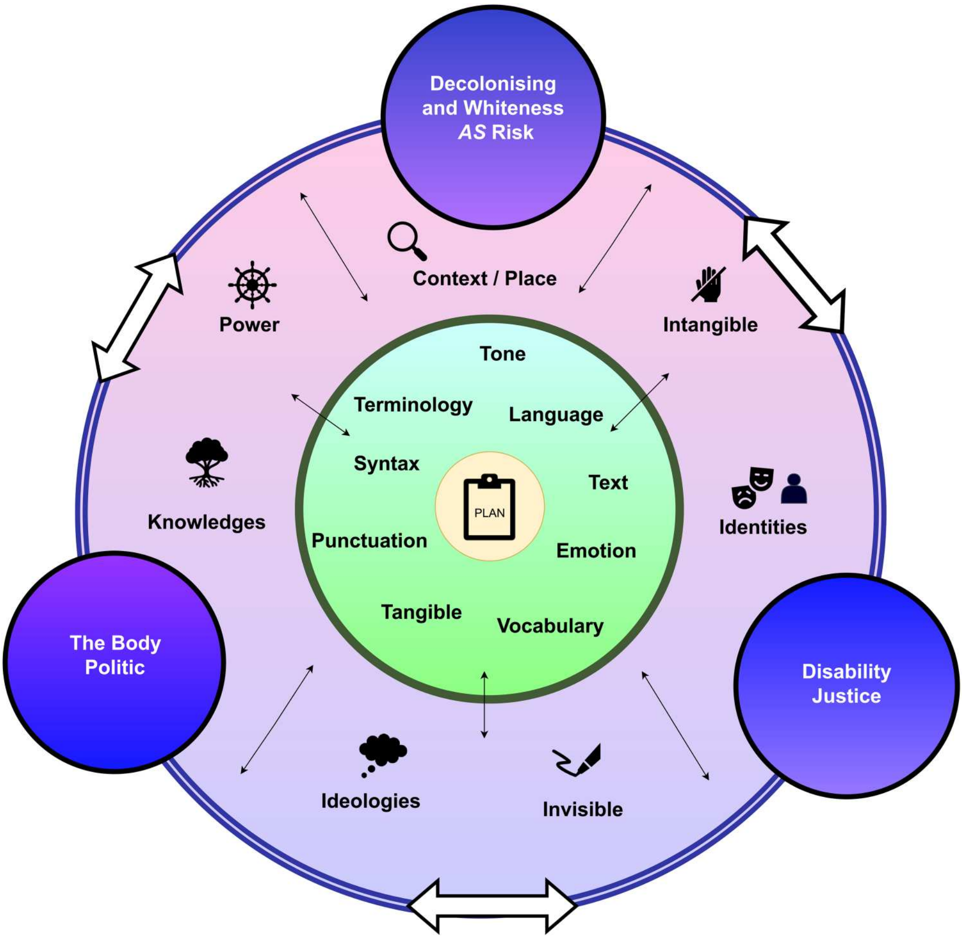

Figure 2 The Decolonising Critical Discourse Analysis (DCDA) Framework

in the Territory. Following ethics approval (granted by the Australian Catholic University Human Research Ethics Committee, 2021-296N), the OSP redacted all identifying information (relating both to Plan authors and Service Users) from 80 Plans registered with their office between 2020 and 2023, prior to sharing them with the researchers. Initial analysis of 16 Plans informed the development of the DCDA Framework. Examples of emerging findings are presented in this article, while a future article will report on findings from the larger data set.

Initial Plan Review

Initial coding of 16 Plans (representing 20% of the total data set) informed development of the DCDA Framework. Service Users featured in the 16 Plans ranged in age from 11 years to 62 years, with an average age of 20.5 years. Six of the Service Users were female and 10 were male. The length of the Plans ranged from 11 to 47 pages. Of the restrictive practices (RPs) featured in the 16 Plans, 15 featured chemical restraints (psychotropic medication), with nine of these containing only chemical restraints and no other types of RPs. All 11 Plans that featured children included chemical restraints. Four Plans featured mechanical restraints (in combination with both environmental and chemical) and four in total featured environmental restraints. The most cited Service User diagnoses included Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Intellectual Disability, and developmental/complex trauma. There were a range of "behaviours causing harm" featured across the Plans including physical and verbal aggression towards others, self-harming behaviours, sexualised behaviours, and elopement.

Findings

A Decolonising Critical Discourse Analysis of Plans

Whiteness as Risk in Plans

Emerging analysis demonstrates Whiteness as a structure of oppression discursively operating through Plans. Whiteness was present by its absence—in 20% of the data set none of the Plan authors identified their own cultural backgrounds. When it came to identifying Service User cultural identities, the following excerpt from Plan 25 was common: "Question: Does the person identify as being from a CALD background? Response: N/A." The response of "N/A" centres White culture as the default, "no culture"—which in turn limits meaningful exploration of how White culture impacts beliefs, behaviours, and practices within the Plan. If White culture is nonexistent, we have no way to examine its power, impact, the structural privileges it bestows, or the historical impacts of colonisation.

Only a single Plan reviewed mentioned cultural identity, describing a Service User as being "of Aboriginal appearance", with no clarity provided around whether they were a First Nations person, or any further mention throughout the Plan of their cultural identity or connections. This denies the importance of culture, and, in particular, a culture that embodies sustainable collective systems of care (Cooms, 2023), positioning the White underpinnings of the Plan as appropriate for someone who may be a First Nations Service User. Whiteness creates significant risk with assumptions that professionals may only have good intentions (Russ-Smith et al., 2023). Both the Service User's cultural identity and the cultural knowledges informing the practices and recommendations within the Plan are invisibilised, with no effort made to design holistic supports from First Nations perspectives or the Service User's community.

Disability Justice and Neurodivergency

Neuronormative and ableist discourses about what it means to live a valuable and meaningful life emerged in the initial analysis. The excerpt below from Plan 3 is a common framing of neurodivergence seen across Plans:

> … Autism is characterised by impairments in social skills, social and emotional communication and repetitive patterns of behaviours, interests or "obsessive like" behaviours. Individuals with autism may also react in unusual ways to what they hear, smell, taste, see and touch, such as avoiding certain sounds and textures, sniffing objects of interest, or

> staring intently at moving objects or lights. They may have an intellectual impairment or learning difficulties.

Such framing, while representative of language used in the Diagnostic and Statistical Manual of Mental Disorders (DSM), disregards the wide range of autistic experience and support needs, takes a deficit lens of the Service User ("impartment", "unusual", "avoiding") and reinforces pathologising constructions of autistic people. Language in other Plans, such as one author's recommendation that an adult Service User's volunteering activities "be morphed into something that provides values to others in the same way it provides value to (Service User)" (Plan 1), emphasise neoliberal and capitalist understandings of "value" as linked to "productivity" in the labour market. Another Plan frames a 14-year-old boy as a "mischievous child" who has an "obsessive interest in music (and) iPad", which instigated a referral to a psychologist (Plan 25). This language constructs the Service User's hobbies and interests as exceptional and atypical to societal standards, framing them as "obsessive" and not belonging to the mainstream. An interest in music is not an example of a "non-conforming body/mind" (Sins Invalid, 2015), yet this Service User's passion is framed through the lens of their diagnosis. Information about the Service User is scrutinised and framed within a diagnostic lens, as "evidence" of a person's disability and the author's interpretation of how they do not conform to neuronormative expectations.

The Body Politic

Regulation, surveillance, and control of Service User bodies were clear themes from the emerging analysis. Professional power was exerted through Plans, where Service User behaviours framed as "challenging" were often those experienced by workers as difficult to manage. Plan 25 featured mechanical restraint as one restrictive practice for a 14-year-old Service User. In the below excerpt, the author describes the reasons for the use of a mobility chair and harness:

> A harness is used so that (Service User) will not impulsively elope from his carer's (sic) and seek to touch/grab at other people … (Service User) can also damage property by grabbing at items on shop shelving. There may be a risk of unwarranted touching/grabbing of other people in the community and possible property damage if (Service User's) mobility chair harness is not engaged while accessing the community.

In this excerpt, the author frames the harness as a kind of public safety measure—with none of the impacts on the child from being subjected to the restraint mentioned. Such an approach to Plan writing further reinforces risk-centred framing and decentres child safety and wellbeing, while stigmatising the Service User's experience and identity. Power exercised in Plans is not limited to control of a Service User's physical body—it extends to behaviours that when exhibited by nondisabled bodies, would not necessarily be framed as problematic. The author of Plan 1 included an Appendix that directed residential care staff to strategies to respond to the adult Service User's "repetitive demands":

> When (Service User) makes demands with her baby voice or whining (the suggested staff response can be): "I don't understand what you are trying to say. Could you please speak

> with your proper voice or use your (Service User's name) voice to enable me to understand you?"

The choice to include the Service User's "baby voice" as a behaviour requiring a professional response can serve to problematise the Service User's emotions and expression. There was an emphasis across the Plans in directing professionals and carers in how to influence Service User behaviours, as in Plan 42:

> The key to learning self-regulation skills is to provide a supportive framework to encourage the behaviour you want to increase; this includes being able to resist emotional reactions to an upsetting situation, calming himself when he gets upset and handling frustration without an outburst.

The focus here on the Service User "resisting emotional reactions" and not having an "outburst" delineates what the staff see as "appropriate" and "inappropriate" behaviours. Here the Plan is functioning discursively through the bodies of professionals to exert power over the Service User's emotional expression in an attempt to prevent a situation that may be challenging for staff. Minimal resources are directed towards professional regulation or capacity-building, with maximal resources directed towards regulating Service User bodies (see Spivakovsky et al., 2023). Where a Service User becomes the subject of a Plan, the Plan author is thereby positioned as "having the authority to seek intervention and therapy to control the person and (their) behaviour" (Nunkoosing & Haydon-Laurelut, 2011, p. 406). The Plans then become a panopticon of sorts, regulating and controlling the "challenging behaviours" even when the Plan author or restrictive practice is not visible.

Discussion

This study set out to explore what discourses were evident in Positive Behaviour Support Plans, and how the voices of Service Users were considered and represented in Plans. As seen in our emerging analysis, Plans contain language that pathologise neurodivergence, invisibilise Whiteness and cultural identities, and scrutinise and overly regulate disabled bodies and experiences. Language is utilised as a powerful tool to, at times, shame and blame disabled bodies, with Plans reinforcing existing dominant discourses and stereotypes of disabled and neurodivergent bodies, acting in conflict with stated intentions to support Service Users.

We recognised the primacy of functional labels in a society where access to support often is not possible without documentation of medically certified disability (see Grue, 2011). In turn, priority access to medical certification is determined by the DSM (*Diagnostic and Statistical Manual*) and other diagnostic assessments, with ever-emerging evidence of racial and gender bias in the assessment process (Garb, 2021). Neurodivergent and disabled people are forced to be hyper-aware of medicalised and ableist discourses that govern their everyday lives, moving between necessary compliance with, and resistance to, these discourses (Stamou et al., 2016). Plans represent but one type of text in a sea of documentation required by the NDIS to access and maintain paid supports, at times rendering the principles of consumer "choice" and "control" both unattainable and meaningless. The Decolonising Critical Discourse Analysis (DCDA) Framework centralises nonconforming body-minds to determine their own realities as well as the transformation of white-centric, medicalised constructions of lived experience and of care (Cooms, 2023; Nahwegiizhic, 2024). The DCDA Framework contributed significant value to the social work field by offering a critical analysis methodology that enables the examination of complex structures and intersecting systems of oppression. The intersection of the three Pillars of the Framework (decolonising, disability justice, and the body politic) creates a multidimensional tool for reflection and analysis, offering a more profound critical lens than any single element might achieve in isolation. By examining the ways in which these Pillars intersect, the Framework exposes the entangled structures of ableism, racism, and other forms of discrimination and bodily regulation situated within discourse and within these Positive Behaviour Support Plans.

Conclusion

The continued growth of the NDIS, along with concerning evidence regarding the experiences of Service Users particularly around restrictive practices, creates a critical call for social workers. The Decolonising Critical Discourse Analysis Framework offers an interrelated analysis of decolonising, disability justice, and the body politic for diverse fields of practice, policy, and research with a lived-experience-led tool to interrogate and disrupt existing oppressive systems and discourse. The Framework challenges the dominant and too often siloed analyses of colonialism and ableism, in turn offering a pivotal contribution during a politically significant period of change in disability policy and the urgent ethical responsibility for social work to decolonise its practices and use of language.

Notes

1. We note it is people, cultures, and groups who determine appropriate language, and that appropriate terminology is contextual and may vary for readers.
2. “The social systems in which heterosexuality and patriarchy are perceived as normal and natural, and in which other configurations are perceived as abnormal, aberrant and abhorrent” (Arvin et al., 2013, p. 13)

Acknowledgements

We pay our respects to the Indigenous, Black, Brown, neurodivergent, disabled, femme, trans, and queer activists who are leading in so many spaces. The authors undertake this research in solidarity with groups such as NDIS participants, disabled and neurodivergent folk, and those subject to restrictive practices. The authors also acknowledge the ACT Office of the Senior Practitioner for their collaboration and ongoing support of this research.

Disclosure Statement

At the time of writing one of the authors (SW) was working as a Positive Behaviour Support Practitioner in the Australian Capital Territory. SW completed their Social Work Honours research project in 2022, analysing 8 Plans from the sample detailed in this article. All Plans included in the full data set are dated prior to SW commencing their PBS practitioner role. Author Jessica Russ-Smith sits on the Board of Directors for the Australian Association of Social Workers.

References

Arvin, M., Tuck, E., & Morrill, A. (2013). Decolonising feminism: Challenging connections between settler colonialism and heteropatriarchy. *Feminist Formations*, *25*(1), 8–34. https://doi.org/10.1353/ff.2013.0006

Australian Association of Social Workers. (2020). *Code of ethics*. Australian Association of Social Workers.

Best, K., Mortenson, B., Lauziere-Fitzgerald, Z., & Smith, E. (2022). Language matters! The long-standing debate between identity-first language and person-first language. *Assistive Technology*, *34*(2), 127–128. https://doi.org/10.1080/10400435.2022.2058315

Black Spectrum Scholar. (2024). Distinctions between neurodiversity and neurodivergent. Instagram Story, 24 July 2024. @blackspectrumscholar.

Butterworth, H., Wood, L., & Rowe, S. (2022). Patients' and staff members' experiences of restrictive practices in acute mental health in-patient settings: Systematic review and thematic synthesis. *BJPsych Open*, *8*(6), e178. https://doi.org/10.1192/bjo.2022.574

Cole, P. (2007). The body politic: Theorising disability and impairment. *Journal of Applied Philosophy*, *24*(2), 169–176. https://doi.org/10.1111/j.1468-5930.2007.00369.x

Cooms, S. (2023). Decolonising disability: Weaving a Quandamooka conceptualisation of disability and care. *Disability & Society*, *40*(2), 235–258. https://doi.org/10.1080/09687599.2023.2287409

Doonan, C. (2021). Disabling the body politic. *Disability Studies Quarterly*, *41*(3). https://doi.org/10.18061/dsq.v41i3.8393

Edwards, N., King, J., Williams, K., & Hair, S. (2020). Chemical restraint of adults with intellectual disability and challenging behaviour in Queensland, Australia: Views of statutory decision makers. *Journal of Intellectual Disabilities*, *24*(2), 194–211. https://doi.org/10.1177/1744629518782064

Fairclough, N. (1992). *Discourse and social change*. Policy Press.

Farwa, A., & Henman, P. (2023). Informal third-party actors in street-level welfare decisions: A case study of Pakistan social assistance. *Journal of Social Policy*. https://doi.org/10.1017/S0047279423000405

Fawcett, B., & Plath, D. (2014). A national disability insurance scheme: What social work has to offer. *British Journal of Social Work*, *44*(3), 747–762. https://doi.org/10.1093/bjsw/bcs141

Foucault, M. (1977). *Discipline and punish*. Vintage.

Garb, H. (2021). Race bias and gender bias in the diagnosis of psychological disorders. *Clinical Psychology Review*, *90*(2021), 102087–9. https://doi.org/10.1016/j.cpr.2021.102087

Gilroy, J., Dew, A., Lincoln, M., Ryall, L., Jensen, H., Taylor, K., Barton, R., McRae, K., & Flood, V. (2018). Indigenous persons with disability in remote Australia. Research methodology and Indigenous community control. *Disability & Society*, *33*(7), 1025–1045. https://doi.org/10.1080/09687599.2018.1478802

Green, A. (2019). Aboriginal people, disability and the National Disability Insurance Scheme. In B. Bennett & S. Green (Eds.), *Our voices: Aboriginal social work* (2nd ed., pp. 227–237). Bloomsbury.

Green, S. (2022). Colonisation, post-colonialism and decolonisation. In R. Hugman (Ed.), *Social work theory and ethics* (pp. 1–20). Springer.

Grue, J. (2009). Critical discourse analysis, topoi and mystification: Disability policy documents from a Norwegian NGO. *Discourse Studies*, *11*(3), 305–328. https://doi.org/10.1177/1461445609102446

Grue, J. (2011). Discourse analysis and disability: Some topics and issues. *Discourse & Society*, *22*(5), 532–546. https://doi.org/10.1177/0957926511405572

Hayward, B., McKay-Brown, L., & Poed, S. (2023). Restrictive practices and the 'need' for positive behaviour support (PBS): A critical discourse examination of disability policy beliefs. *Journal of Intellectual Disabilities*, *27*(1), 170–189. https://doi.org/10.1177/17446295211062383

Kelly, G., Kremer, P., Louise, K., & Fisher, A. (2024). Behaviour support provision in Australia: A cross-sectional survey of practitioners developing behaviour intervention plans. *Australian Journal of Social Issues*, *59*(0), 1050–1069. https://doi.org/10.1002/ajs4.307

McClean, B., & Grey, I. (2012). A component analysis of positive behaviour support plans. *Journal of Intellectual & Developmental Disability*, *37*(3), 221–231. https://doi.org/10.3109/13668250.2012.704981

Moreton-Robinson, A. (2015). *The white possessive: Property, power, and Indigenous sovereignty*. University of Minnesota Press.

Moses, A. (2024). *Neurodiversity affirming practice isn't…* Instagram post, 24 July 2024. @amandamosespsychology.

Mullet, D. (2018). A general critical discourse analysis framework for educational research. *Journal of Advanced Academics*, *29*(2), 116–142. https://doi.org/10.1177/1932202X18758260

Nahwegiizhic, L. G. (2024). Neurodiversity from an Indigenous perspective: Honouring the seven grandfather's teachings. In J. T. Woods (Ed.), *Indigenous disability studies* (pp. 94–103). Routledge. https://doi.org/10.4324/9781032656519

National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Act 2024. Commenced 3 October 2024.

National Disability Insurance Scheme Quality and Safeguards Commission. (2019). *Positive behaviour support capability framework: For NDIS providers and behaviour support practitioners*. Centre for Disability Studies, University of Sydney.

Nunkoosing, K., & Haydon-Laurelut, M. (2011). Intellectual disabilities, challenging behaviour and referral texts: A critical discourse analysis. *Disability & Society*, *26*(4), 405–417. https://doi.org/10.1080/09687599.2011.567791

People With Disability Australia. (2024, August 22). PWDA 'devastated' at the passage of the NDIS Amendment Bill. *Media Release*. https://pwd.org.au/pwda-devastated-at-the-passage-of-the-ndis-amendment-bill/.

Poole, J., Jivraj, T., Arslanian, A., Bellows, K., Chiasson, S., Hakimy, H., Pasini, J., & Reid, J. (2012). Sanism, mental health, and social work/education: A review and call to action. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice*, *1*, 20–36. https://doi.org/10.48336/IJDBHR4913

Puszka, S., Walsh, C., Markham, F., Barney, J., Yap, M., & Dreise, T. (2022). Towards the decolonisation of disability: A systematic review of disability conceptualisations, practices and experiences of First Nations people of Australia. *Social Science & Medicine*, *305*, 115047. https://doi.org/10.1016/j.socscimed.2022.115047

Russ-Smith, J. (2023). Balayanhi Wiradyuri Garingundhi. We are sovereign my granddaughter. Embodying Wiradyuri women's sovereignty through Wiradyuri knowing, being and doing [Doctoral dissertation]. Charles Sturt University.

Russ-Smith, J., Farwa, A., & Wheeler, A. (2023). 'Everything is white': Exposing and deconstructing whiteness as risk in the helping professions. In J. Ravulo, K. Olcon, T. Dune, A. Workman, & P. Liamputtong (Eds.), *Handbook of critical whiteness: Deconstructing dominant discourses across disciplines* (pp. 1–19). Springer.

Senior Practitioner Act 2018 (ACT) (Austl.). https://www.legislation.act.gov.au/a/2018-27/.

Sins Invalid. (2015). *10 principles of disability justice*. Sins Invalid.

Spivakovsky, C., Steele, L., & Wadiwel, D. (2023). *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability - research report: Restrictive practices: A pathway to elimination*. The University of Melbourne, University of Technology Sydney and The University of Sydney.

Stamou, A., Alevriadou, A., & Soufla, F. (2016). Representations of disability from the perspective of people with disabilities and their families: A critical discourse analysis of disability groups on Facebook. *Scandinavian Journal of Disability Research*, *18*(1), 1–16. https://doi.org/10.1080/15017419.2014.962611

Tuck, E., & Yang, K. W. (2012). Decolonization is not a metaphor. *Decolonization: Indigeneity, Education & Society*, *1*(1), 1–40. https://jps.library.utoronto.ca/index.php/des/article/view/18630.

Walter, M., & Baltra-Ulloa, J. (2019). Australian social work is white. In B. Bennett & S. Green (Eds.), *Our voices: Aboriginal social work* (2nd ed., pp. 65–85). Bloomsbury.

Ward, J. T. (2024). Intersectionalities of Indigenous disabilities: Breaking down colonial barriers. In J. T. Woods (Ed.), *Indigenous disability studies* (pp. 267–276). Routledge. https://doi.org/10.4324/9781032656519

Wardale, S., Davis, F., Vassos, M., & Nankervis, K. (2018). The outcome of a statewide audit of the quality of positive behaviour support plans. *Journal of Intellectual & Developmental Disability*, *43*(2), 202–212. https://doi.org/10.3109/13668250.2016.1254736

Webber, L., McVilly, K., Fester, T., & Chan, J. (2011). Factors influencing quality of behaviour support plans and the impact of plan quality on restrictive intervention use. *International Journal of Positive Behavioural Support*, *1*(1), 24–31.

Wray, S. (2022). *Constructions of children and young people in positive behaviour support plans* [Unpublished Honours Thesis]. Australian Catholic University.

Younan, B., Jorgensen, M., Chan, J., Winata, T., & Gillies, D. (2024). Restrictive practice use in people with neurodevelopmental disorders: A systematic review. *Advances in Neurodevelopmental Disorders*, *8*(1), 122–140. https://doi.org/10.1007/s41252-023-00367-w