NDIS Positive Behaviour Support Benefits | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/how-to-tell-if-your-child-or-client-might-benefit-from-positive-behaviour-support/

Details:

Positive behaviour support (PBS) is usually the right referral when behaviour is getting in the way of safety, learning or taking part in everyday life, and when the people around the person need a consistent plan they can all follow. It is funded through the NDIS for participants of all ages when it relates to disability support needs, behaviours of concern, emotional regulation, safety, participation goals, or reducing restrictive practices. You do not need a formal referral or a diagnosis letter to ask about it. You can call Bloom Healthcare on 1300 771 465 , email hello@bloom-healthcare.com.au, or use the referral form , and Bloom aims to respond within 24 hours.

This page adds the detail the article above does not cover: the funding category, the assessment that sits underneath a plan, the timeframes the NDIS Commission sets, what documentation you get, and how behaviour support differs from psychology and occupational therapy.

Who positive behaviour support is for

Behaviour support is available to NDIS participants of all ages. Children, teenagers and adults are all supported, and the same principles apply across each age group even though the strategies look very different.

There is no separate diagnosis test for behaviour support. What matters is whether the support relates to your disability support needs and whether it is written into your plan. In practice, people come to behaviour support when one or more of these is true:

Behaviour is putting the person or someone else at risk of harm.

Behaviour is limiting participation at home, at school, at work or in the community.

Communication barriers are causing repeated frustration and distress.

Restrictive practices are being used, or someone has raised the idea of using them.

The family, school or support team needs one shared plan instead of several different responses.

Nothing on this page is a test you can score. Behaviour support is a service, not a diagnosis, and deciding whether it fits is a conversation with a qualified practitioner who can look at the whole situation. If you are unsure, the conversation itself costs nothing.

Which NDIS funding pays for it

Positive behaviour support is claimed from Improved Relationships funding in an NDIS plan. This sits in the capacity building part of a plan, which means it is funded to build skills and supports rather than to pay for day to day assistance.

Improved Relationships funding may be included when the support relates to:

disability related support needs

behaviours of concern

emotional regulation

safety concerns

participation goals

reducing or eliminating restrictive practices

If your plan does not currently have Improved Relationships funding, that is a conversation for your planner, your support coordinator or your NDIS plan reassessment. Whether funding is approved, and how many hours are approved, depends on your individual plan and the NDIA's reasonable and necessary criteria. Bloom cannot tell you in advance what the NDIA will approve. For plan questions the NDIA contact line is 1800 800 110 .

Bloom is a registered NDIS provider (registration 4-JR6F5KX, provider number 4050148863), so behaviour support can be delivered to NDIA managed, plan managed and self managed participants. Costs and payment terms are set out in your service agreement before anything starts. Ask for them in writing on 1300 771 465 rather than relying on any figure you read online.

Behaviour is communication, and the assessment is where that gets worked out

The single most useful idea in behaviour support is that all behaviour happens for a reason, including behaviour that looks risky or disruptive. It is usually the person's best available strategy for coping, communicating, or having some control over what happens to them.

The formal way of working out that reason is a functional behaviour assessment (FBA) . It asks why the behaviour occurs and what need it meets, rather than only describing what it looks like. An FBA involves:

Information gathering. Interviews with family, teachers, support workers and other therapists, plus a review of earlier reports and incident records.

Observation. Watching in the real settings where the behaviour happens, at home, at school and in the community, because context changes everything.

ABC analysis. Recording the Antecedent (what happened before), the Behaviour itself, and the Consequence (what followed).

Hypothesis development. Forming an evidence informed explanation of why the behaviour is occurring.

Reporting. A written report that summarises the findings and becomes the basis of the behaviour support plan.

Common functions the assessment uncovers include escaping something overwhelming, seeking attention or connection, getting access to a preferred item or activity, or meeting a sensory or emotional need.

This is also why we do not publish behaviour strategies here for you to try at home. A strategy that helps one person can make things worse for another, because the same behaviour can serve completely different functions. Strategies are written for a specific person after the assessment, and the practitioner then trains the people around them to use them consistently.

What a behaviour support service includes

Functional behaviour assessment to identify what is driving behaviours of concern.

A tailored behaviour support plan written with the person, their family and their support network, designed to be updated as things change.

Skill building focused on communication, emotional regulation and daily living skills, so the person has safer and more effective ways to get their needs met.

Environmental and routine changes that reduce triggers before distress builds, rather than waiting to respond after it does.

Family and support worker training and coaching , so strategies are used the same way at home, at school and in the community.

Crisis prevention and safety planning , including recognising early warning signs and agreeing safer responses.

Collaboration with the wider team , including psychologists, occupational therapists and speech pathologists, plus support coordinators and schools.

Progress monitoring , with data reviewed regularly and the plan adjusted when it is not working.

Restrictive practice reduction , working towards using fewer restrictions and eventually none.

What it is not: behaviour support is not a punishment system, not a compliance program, and not a way of making a person less autistic or less ADHD. Autism and ADHD are differences in how a person experiences and responds to the world. The goal is to change the environment and the supports around the person so that their needs are met, not to change who they are.

How it works, step by step

Contact. Phone 1300 771 465, email hello@bloom-healthcare.com.au, or submit the online referral form. Parents, carers, GPs, paediatricians, child and family health nurses, early childhood educators, schools, plan managers and support coordinators can all refer. Bloom aims to respond to referrals within 24 hours.

Information. Send whatever you already have. Age, the main concerns, reports from childcare, school or previous therapy, relevant medical history, the family's priorities and goals, and the best way to contact you.

Service agreement. This sets out what will be delivered and the commercial terms. Read it before you sign and ask questions on 1300 771 465.

Assessment. The functional behaviour assessment, across the settings that matter.

Plan. An interim plan first if one is needed, then a comprehensive plan built on the assessment findings.

Implementation and training. Coaching for the family and support team so the plan is actually used, not filed.

Review. Data is collected, progress is measured against the starting point, and the plan is changed when the evidence says it should be.

The timeframes the NDIS Commission sets

Where a behaviour support plan contains regulated restrictive practices, the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 set firm deadlines for specialist behaviour support providers:

An interim behaviour support plan within one month of engagement.

A comprehensive behaviour support plan within six months of engagement, including the functional behavioural assessment.

Review of a comprehensive plan at least every 12 months , or sooner if the person's situation changes.

Engagement is dated from the service agreement, or from a start date named in that agreement. These deadlines formally apply to plans containing regulated restrictive practices, but the NDIS Commission recommends them as best practice for all behaviour support plans, consistent with the NDIS Practice Standards and the NDIS Code of Conduct. The Commission can take regulatory action against a registered provider that does not follow the rules.

Restrictive practices

If a restrictive practice is being used, it must sit inside a behaviour support plan written by a qualified practitioner. The rules require that any regulated restrictive practice is clearly written and stated, authorised by the relevant state or territory body, used only as a last resort, used for the shortest time possible, proportionate to the risk of harm, and the least restrictive option available.

Behaviour support is not there to make restrictive practices tidy. It is there to make them unnecessary. Reducing and eventually eliminating them is one of the stated purposes of the service.

Evidence and documentation you receive

Behaviour support generates written evidence that has a second life at your plan reassessment.

The behaviour support plan itself, which documents the assessment findings and the agreed strategies, and is reviewed on the cycle above.

Progress reports covering outcomes achieved, progress towards goals, changes in behaviour patterns, and how well the strategies are working.

The NDIA asks that reports for a plan reassessment explain the therapy approach and provide evidence of outcomes achieved and progress towards goals. Reports that do this well share some features: they set a measurable starting point at the first assessment, they measure against it over time, and they link the support back to the participant's own NDIS goals rather than to therapy jargon. That is what lets you show the support is producing results and remains reasonable and necessary.

Whether the outcome is continued funding, more funding or less, is the NDIA's decision. Good documentation gives that decision something real to work with.

How behaviour support differs from psychology and occupational therapy

Psychology and counselling work with a person's inner world through therapeutic conversation. Anxiety, depression, trauma, self esteem, relationships and life transitions, building insight and coping strategies.

Behaviour support works with what is happening in daily life and in the environment around the person. It uses observation, planning and coaching across multiple settings, and it involves the whole support team rather than only the person.

Occupational therapy focuses on the person's functioning in the activities they need or want to do. Daily living skills such as dressing and eating, fine and gross motor skills, sensory processing, and independence in the community.

These overlap and they work well together. An occupational therapist might address sensory sensitivity while a behaviour support practitioner builds a plan for the situations where sensory overload leads to distress. A speech pathologist might introduce a communication system while the behaviour support practitioner makes sure everyone around the person responds to it consistently. Bloom's practitioners work as one team across these disciplines, so you are not repeating your story to five separate services.

Access

Delivery settings. The main model is community based: in the person's home, at school, and in community settings including day programs. Clinic based sessions can be arranged case by case on request.

Telehealth. Available, and particularly useful for people in regional or remote areas, or with limited mobility. It covers virtual sessions, remote progress monitoring and written home programs.

Coverage. New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT, across metropolitan and regional hubs. Telehealth covers people outside those hubs.

Hours. Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, Saturday by appointment.

Practitioners. Bloom's behaviour support practitioners are registered with the NDIS Quality and Safeguards Commission, and many hold advanced training in behaviour analysis.

Start here. Behaviour support services , book an appointment , make a referral , or contact the team .

Common questions about positive behaviour support

Do I need a diagnosis before asking about behaviour support?

No. Behaviour support is funded through your NDIS plan based on your disability support needs and goals, not on a particular diagnosis. If you are unsure whether it fits, phone 1300 771 465 and describe what is happening.

Do I need a referral?

No formal referral is required. You can contact a provider directly. Referrals are also accepted from parents, carers, GPs, paediatricians, child and family health nurses, early childhood educators, schools, plan managers and support coordinators.

What funding category covers behaviour support?

Improved Relationships funding within an NDIS plan. If it is not in your current plan, raise it with your planner, your support coordinator, or at your next plan reassessment. The NDIA line is 1800 800 110.

How long until we have a plan?

Where regulated restrictive practices are involved, the rules require an interim plan within one month of engagement and a comprehensive plan within six months. The Commission recommends those timeframes as good practice for all plans. Your own timeline depends on how many settings need observing and how many people need to be involved.

Is behaviour support only for children?

No. It is available to NDIS participants of all ages, including adults living at home, in supported accommodation, or working. The article above uses school examples, but the same framework applies to adult settings.

Will behaviour support try to stop my child being autistic or having ADHD?

No. Autism and ADHD are differences in how a person processes the world, not problems to be cured. Behaviour support looks at what a person is communicating and what needs are not being met, then changes the environment and the supports so those needs are met safely. The plan should make life easier for the person, not ask them to mask who they are.

Can you give me strategies to use at home right now?

Not in an article. The right strategy depends on what the behaviour is doing for that particular person, which is what the functional behaviour assessment works out. Applying a strategy aimed at the wrong function can make distress worse. What we can do quickly is talk with you about what you are seeing.

What happens if restrictive practices are already being used?

They must be part of a behaviour support plan written by a qualified practitioner, authorised by your state or territory authorisation body, used as a last resort and for the shortest time possible, and be the least restrictive option. A behaviour support practitioner works towards reducing and removing them.

What will it cost?

Fees and payment terms are set out in your service agreement before services begin. Do not rely on any price you find online. Ask for the current terms on 1300 771 465.

Can we get behaviour support and other therapies at the same time?

Yes, and it often works better that way. Bloom's behaviour support practitioners work alongside psychologists , occupational therapists and speech pathologists . Funding for each comes from the relevant part of your plan, so check what your plan holds.

We live in a regional area. Can we still access this?

Yes, through telehealth, which includes virtual sessions, remote progress monitoring and written home programs. Bloom also has hubs across seven states and territories. Call 1300 771 465 to check what is available near you.

What if I am not sure anything is wrong, but something feels off?

You do not have to wait for a crisis to ask a question. Development and behaviour vary enormously between people, and a conversation with a practitioner is the way to find out whether support would help. Call 1300 771 465 or email hello@bloom-healthcare.com.au.

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