Positive Behaviour Support | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/pbs-landing/

Details:

Positive behaviour support is an ongoing process of listening, observing and learning. It asks what is happening, why it may be happening, and what needs to change — without blame or judgement.

The goal is not to fix the person. It is to improve quality of life, build capability, and make the support around someone work better. That distinction matters, because a strategy aimed at stopping a behaviour without understanding it tends to produce a different behaviour instead. To discuss a referral, call 1300 771 465 or email hello@bloom-healthcare.com.au .

Behaviour has meaning

Behaviour that other people find difficult is usually doing something for the person. The functions an assessment commonly 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 strategies are not transferable between people . The same behaviour can serve completely different functions for two people, so a strategy that helps one can make things worse for another. Strategies are written for a specific person in a specific context after an assessment, which is why you will not find a list of techniques to try at home on this page.

What a functional assessment involves

A behaviour support practitioner gathers information from the person, their family, their support workers and any other professionals involved, with consent. That typically includes:

What happens before the behaviour — the setting, the time of day, who is present, what was asked

What the behaviour actually looks like , described concretely rather than labelled

What happens afterwards , including how people respond

Health, pain, sleep, medication and sensory factors , because a behaviour change often has a physical cause

Communication — what the person can express, how, and what they cannot

What the person wants , which is frequently the part that has never been asked

The output is a behaviour support plan: a shared understanding of what is happening and why, and a set of proactive strategies aimed at changing the circumstances rather than only responding to the behaviour.

Proactive beats reactive

Most of a good plan is proactive. Changing a routine that reliably produces distress, teaching a communication method that replaces a behaviour, adjusting an environment that is overwhelming, or building a skill that removes the need for the behaviour all address the cause.

Reactive strategies — what people do in the moment — are part of a plan, but a plan that is mostly reactive has usually not finished the assessment.

Restrictive practices and why they are regulated

Where a support involves a regulated restrictive practice, additional obligations apply, and registration is mandatory for specialist behaviour support and for any service involving regulated restrictive practices . Bloom Healthcare is a registered NDIS provider (Registration no 4-JR6F5KX, Provider no 4050148863).

The regulatory framework exists because restrictive practices limit a person's rights. The direction of a good plan is always towards reducing and eliminating them, and a plan that normalises a restriction without a reduction strategy is not doing its job.

Who it is for

Positive behaviour support is used with children, young people and adults. For children, it is frequently about communication, sensory needs, transitions and school participation. For adults, it is often about environment, choice, routine, and support arrangements that have stopped fitting.

Where behaviours of concern affect safety or participation, PBS can be arranged alongside other services: occupational therapy for sensory and daily living needs, speech pathology for communication, psychology and counselling for mental health, and paediatric therapy for children. Raise them together so the plan is coherent.

See positive behaviour support for the full service page, and what is positive behaviour support and how to tell if someone might benefit for more detail.

Working with the team around the person

A behaviour support plan that only the practitioner understands will not survive contact with a Tuesday. The people who implement it are family members, support workers, teachers and day program staff, and they need to understand not just what to do but why.

That is why training and coaching the support team is part of the work rather than an optional extra, and why plans are written to be usable rather than to be technically complete.

How long it takes, and what progress looks like

Behaviour support is not quick, and a practitioner who promises a fast resolution is overselling. Assessment alone takes time, because the information has to come from several people and across different settings, and a plan built on one person's account is usually wrong.

Progress is also not measured by the absence of a behaviour. More useful measures are whether the person is doing more of what they want to do, whether the people around them understand what is happening, whether restrictive practices have reduced, and whether the environment and routines have genuinely changed rather than just the responses to incidents.

Expect the plan to be revised. A first plan is a hypothesis about function, and the implementation tests it. Where a strategy is not working, that is information rather than failure, and it usually means the function was misread.

What families often find hardest

Two things come up repeatedly. The first is the shift from asking "how do we stop this" to asking "what is this doing for them" — which can feel like excusing something difficult, and is not. The second is consistency: a strategy that works needs everyone to use it, and the person who is most tired or most alone with it is usually the one who cannot.

Both are addressed by building the plan around what the family can actually sustain, rather than around what would be ideal. A strategy nobody can keep up is not a strategy.

Funding

NDIS. Behaviour support is funded through the NDIS, and specialist behaviour support requires a registered provider. See the NDIS page .

Private. Where there is no plan, a privately funded arrangement is available. See pricing .

Where sessions happen

Behaviour support is delivered where the behaviour actually occurs, because context is most of the information. That means home, school or early learning, day programs, supported accommodation and community settings, with telehealth used for planning conversations, team coaching and review rather than for the observational parts of an assessment.

School or day program sessions need the service's agreement and the family's consent, arranged in advance. Say at the referral stage which settings are involved, because a plan built from one setting rarely transfers cleanly to another.

Consent, rights and the person's own voice

The person the plan is about has a right to be part of making it, whatever their communication method. Where someone needs support to make or communicate a decision, supported decision-making explains how that is provided in a way that builds capacity rather than replacing their voice.

Consent is confirmed at intake rather than assumed, including what information will be shared, with whom, and through which pathway. Where a lawful decision-making arrangement is in place, that is part of what is confirmed.

If something goes wrong, the feedback page explains how to raise it, the advocacy policy covers the right to an advocate, and the incident management policy sets out how incidents are recorded and reported to the Commission where required.

How to start

Describe what is happening rather than naming a service. When it happens, how often, what seems to set it off, what has been tried, who else is involved, and what the person themselves says about it are all more useful than a label.

Anyone can refer: the person, a family member or carer, a support coordinator, a plan manager, a school, a SIL provider or another professional.

How to start

Call 1300 771 465 , email hello@bloom-healthcare.com.au , or use the referrals page . Anyone can refer: the person themselves, a parent or carer, a GP or paediatrician, a support coordinator, a plan manager, a school, a SIL provider, another health professional, or a nominee or guardian.

Useful information to include is the person's age, the main concerns, any existing reports or assessments, relevant history, the goals that matter to the family, and the best contact details.

A member of the team will be in contact within 24 hours of receiving a referral. The referral is then triaged and matched to a clinician on capacity, location, skill set and the specific need. A welcome pack and intake form follow, and nothing is scheduled until the intake form is completed and returned. Bloom aims to schedule the initial meeting within 5 business days where possible. Rates, hours, travel and reporting are set out in a service agreement that is discussed and signed before service delivery and billing begin.

If something is not working once services start, the feedback page explains how to raise it, the advocacy policy covers your right to an advocate, and the incident management policy sets out how incidents are handled and reported.

What is Positive Behaviour Support (PBS) according to Bloom Healthcare?

Positive Behaviour Support (PBS) is a person-centred, evidence-based therapeutic approach that helps improve the lives of people with disabilities and developmental conditions by understanding why challenging behaviours happen, finding ways to support the person without relying on restrictive practices, and building new skills and capacity so individuals can navigate challenges independently.

What does Bloom Healthcare's PBS approach focus on?

Bloom Healthcare's PBS approach focuses on understanding and addressing the root causes of behaviours of concern in order to improve quality of life and reduce the need for restrictive practices, through a collaborative process involving the individual, their family, support workers, and other professionals.

What is a Functional Behaviour Assessment (FBA) and why is it important in PBS?

A Functional Behaviour Assessment (FBA) is the foundation of effective PBS; it systematically determines the underlying purpose and function behind behaviours of concern. By identifying the motivations and triggers associated with problematic behaviours, Bloom Healthcare's practitioners can develop targeted interventions rather than addressing only surface-level symptoms.

What is a Behaviour Support Plan (BSP)?

A Behaviour Support Plan (BSP) is a detailed strategy document developed by Bloom Healthcare's behaviour support practitioners based on the findings of a Functional Behaviour Assessment, used to guide support for the individual.

What funding do I need in my plan to access behaviour support?

Improved Relationships funding, which sits under Capacity Building. Without it, the funding for assessment, plan development and practitioner time is not available. It is a separate line from Improved Daily Living, so ask for it by name at a planning meeting or reassessment, with supporting evidence.

How long before I get a behaviour support plan?

An interim behaviour support plan must be developed within 1 month of the provider being engaged, and a comprehensive plan within 6 months. The interim plan keeps someone safe while the full

functional behaviour assessment is completed. Engagement runs from the date of the service agreement, or from a date named in it for when plan development starts.

Who is allowed to write my behaviour support plan?

An NDIS behaviour support practitioner, meaning someone the NDIS Commissioner considers suitable to carry out behaviour support assessments and develop plans. The provider must be registered with the NDIS Commission under registration group 0110, Specialist positive behaviour support.

What are the five regulated restrictive practices?

Seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint. Each has a specific legal definition, and each is monitored by the NDIS Quality and Safeguards Commission.

What counts as an unauthorised restrictive practice, and what happens then?

Any restrictive practice that does not follow the person's behaviour support plan, or that has not been authorised by the state or territory. Every instance is a reportable incident: the NDIS Commission must be notified within 24 hours if harm resulted, and within 5 business days if it did not.

Can we use behaviour support if there are no behaviours of concern?

Yes. Behaviour support builds coping strategies, communication tools and participation skills, and it can be used proactively rather than only in response to incidents. The funding still has to be in your plan.

How can someone contact Bloom Healthcare for more information?

Bloom Healthcare can be contacted by phone at 1300 771 465 or by email at hello@bloom-healthcare.com.au.

What type of organisation is Bloom Healthcare?

Bloom Healthcare is a boutique disability and aged care allied health provider that focuses on evidence-based practice and client-centred care, delivered by highly qualified health practitioners across Australia.