Functional Behaviour Assessment & BSPs | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/services/pbs/functional-behaviour-assessment/

Details:

A functional behaviour assessment (FBA) works out why a behaviour of concern is happening: what triggers it, what keeps it going, and what need it may be meeting for the person. Its findings become a behaviour support plan , a practical document setting out proactive strategies, skill-building and guidance for everyone who supports the person. Under the NDIS both are usually funded from Capacity Building – Improved Relationships , and they must be delivered by a registered specialist behaviour support provider. To discuss an assessment, a new plan or a review of an existing plan with Bloom Healthcare, call 1300 771 465 or make a referral .

The assessment and the plan are regulated by the NDIS Quality and Safeguards Commission. There are legislated deadlines for writing plans, rules about who can write them, and strict conditions on any restrictive practice. These are set out below so you know what to expect from Bloom and what to ask of any provider.

Who an FBA and behaviour support plan are for

An FBA is worth discussing when behaviour is affecting a person's safety, relationships or ability to take part in everyday life. Typical situations include:

behaviours of concern that put the person or others at risk, such as self-injury, physical aggression or property damage

a risk of exclusion from school, work, housing or community activities

distress that is hard to understand or manage through other means

restrictive practices already in place, with a need for a plan to reduce them

current strategies that are not addressing the person's underlying needs

support workers, family members or educators who need practical, consistent guidance

an interim or comprehensive plan that is required, or an existing plan that needs review

Bloom works with children, teenagers and adults. The presence of a behaviour does not automatically mean specialist behaviour support is the right starting point. Sometimes the right starting point is a medical assessment, communication support, occupational therapy or another allied health service.

How it is funded

NDIS: Capacity Building – Improved Relationships

FBAs, behaviour support plans, practitioner time, training for families and support workers, and work aimed at reducing restrictive practices are funded from Improved Relationships , which sits in the Capacity Building part of an NDIS plan. Check the Capacity Building section of your plan statement before you start. If the funding is not there, it needs to be requested from the NDIA at a planning meeting or plan change, with evidence. The guide to getting NDIS positive behaviour support funding

explains how to build that request.

NDIS hourly rates are capped by the NDIS pricing arrangements. Funding decisions belong to the NDIA. A clinical recommendation from Bloom does not guarantee approval.

How much time to budget

There is no standard number of hours. The time an assessment and plan take depends on the person and the plan: how complex the situation is, how much information gathering and observation is needed, and whether an interim plan, a comprehensive plan or both are required. Bloom confirms the expected time in your service agreement or quote before work begins. Implementation, training and monitoring need hours of their own. A plan is unlikely to work if nobody has the funded time to put it into practice.

Registration is mandatory

Specialist behaviour support is one of the services a provider must be registered with the NDIS Commission to deliver. Specialist behaviour support providers must hold registration group 0110, Specialist positive behaviour support . This applies however the plan is managed, whether NDIA-managed, plan-managed or self-managed. Bloom is a registered NDIS provider and delivers specialist positive behaviour support. You can check any provider on the NDIS Provider Register .

Outside the NDIS

Bloom also offers positive behaviour support on a private, self-funded basis. Published private fees are on the pricing page : $280 for an initial consultation, $240 per telehealth session, $252 per consulting room session, $360 per community session including standard travel, and $240 per hour for other related requests.

What a functional behaviour assessment involves

The NDIS behaviour support rules define a functional behaviour assessment as the process of working out the function or purpose behind a person's behaviour. It involves collecting data, observations and information to understand the relationship between the events and circumstances that trigger a behaviour and those that keep it going. That understanding is then placed in the wider context of the person's life to form a holistic view of why the behaviour occurs.

At Bloom, the practitioner considers communication, health, sensory needs, relationships, environments and any other relevant factors. The work usually runs in these stages.

1. Consent and agreeing the purpose

Before starting, the practitioner gains informed consent and makes sure the person, and their family or support team, understands the process and what the assessment is for. The referral purpose, current supports, location and any safety concerns are clarified at this point.

2. Gathering information

This can include interviews with family members, teachers, support workers or therapists; a review of reports, behaviour incident records and past support plans; and talking with the person themselves in a way that suits how they communicate. With consent, supporters contribute what they know. The person's own voice and preferences stay central.

3. Observation in real settings

The practitioner observes the person in the places where the behaviour happens, such as home, school, a day program or the community, to identify patterns and triggers in real life rather than in a clinic room.

4. ABC analysis

A common tool is the ABC model :

A, antecedent : what happens before the behaviour

B, behaviour : exactly what the behaviour looks like, described in specific, observable terms

C, consequence : what happens afterwards

This helps show whether the behaviour serves a function such as escaping an overwhelming situation, gaining attention or connection, accessing a preferred activity or item, or meeting a sensory or emotional need.

5. A working explanation

From all of that information the practitioner forms a hypothesis: an evidence-informed explanation of why the behaviour occurs.

6. The report

The FBA report summarises the findings, sets out clear recommendations and informs the behaviour support plan. The assessment is not a one-off. It is what the plan is built on, and it is revisited when circumstances change.

Interim and comprehensive behaviour support plans

There are two types of plan.

An interim behaviour support plan gives timely guidance on immediate support and safeguarding needs while fuller assessment continues.

A comprehensive behaviour support plan draws on the full assessment and sets out ongoing strategies and review arrangements. A comprehensive plan must include the functional behaviour assessment.

The deadlines

An interim plan must be developed within 1 month of the specialist behaviour support provider being engaged.

A comprehensive plan must be developed within 6 months of engagement.

A provider is engaged from the date of the service agreement, or from a date set out in the service agreement for when plan development is to begin. At Bloom, the date the service agreement is signed is the formal engagement date, so it matters for these timeframes.

These deadlines are legally binding for plans that contain regulated restrictive practices. For plans without them, the NDIS Commission considers that using the same timeframes as a guide is consistent with provider obligations under the NDIS Practice Standards and the NDIS Code of Conduct. When Bloom accepts a referral, the obligations that apply and the agreed start date are confirmed with you.

What a good plan looks like

A behaviour support plan is written with the person, their family, carers and other key supports. It should explain strategies clearly enough that the people supporting the person can use them the same way at home, at school and in the community. Bloom's plans focus on:

understanding context : when behaviour occurs and the needs it may serve

proactive support : environmental adjustments and teaching useful skills

usable strategies : written for the people who will apply them

meaningful review : quality of life and practical outcomes, not documents alone

Restrictive practices: what a plan can and cannot do

A plan does not authorise a restrictive practice

Writing a practice into a behaviour support plan does not make it lawful to use. A regulated restrictive practice must be authorised by the relevant state or territory body , and registration, practitioner and reporting obligations all apply separately. Before Bloom accepts work involving a regulated restrictive practice, registration, practitioner suitability and the applicable authorisation requirements are confirmed.

The NDIS Commission regulates five categories: seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint . The NDIS positive behaviour support page explains each one.

The conditions that must all hold

Where a plan includes a regulated restrictive practice, the practice must be:

written and stated clearly in the plan

authorised by the state or territory body

used as a last resort

used for the shortest time possible

reducing the risk of harm to the person and others

in proportion to the risk of harm

the least restrictive option

The practitioner must also try to reduce and eliminate the need for the practice, consider previous behaviour support assessments, make changes to the person's environment that may reduce or remove the need for it, consult the person and their family, guardian or other relevant people, and consult the provider who may use it. Details of the practice must be given in a format the person can understand. The NDIS Commission is clear that high risk practices should never be in behaviour support plans.

Reporting

Implementing providers using authorised restrictive practices in line with an approved plan must report to the NDIS Commission monthly .

Use of an unauthorised restrictive practice is a reportable incident . Where it results in harm, the Commission must be notified within 24 hours . Where there is no harm but there is risk, notification is

due within 5 business days , under the NDIS (Incident Management and Reportable Incidents) Rules 2018.

Implementation, training and review

A plan only helps if it is used. Implementation is shared between the specialist behaviour support provider that writes the plan and the implementing providers , meaning the providers whose workers apply the strategies day to day. Providers work together to give workers person-focused training so they can implement the plan properly.

With appropriate consent, Bloom's practitioners work with authorised supporters, including family members, carers, support workers and educators, on consistent use of the agreed strategies. Monitoring involves collecting information on how often a behaviour occurs, how intense it is and how long it lasts, using tools such as ABC charts and scatter plots, and gathering feedback from the people who use the plan.

Review of a comprehensive plan containing regulated restrictive practices must happen at least every 12 months while the plan is in force, and whenever the person's situation changes . Regular checks of whether strategies are working are good practice for every plan. Every participant should have an up to date plan that reflects their needs, improves their quality of life and, where relevant, aims to reduce and eventually eliminate regulated restrictive practices.

Reviewing an existing plan

You can ask Bloom to review a plan written by another provider. Whether Bloom can take it on depends on practitioner suitability, the scope of what is needed, the information available and current availability. Share the existing plan, recent incident data and any agreed observations through the secure referral pathway, not in a general callback enquiry.

What this service is not

It is not an emergency service. If there is immediate danger or a medical emergency, call 000 . Routine assessment and planning do not replace an emergency response.

It is not a substitute for other therapy. If communication is driving the behaviour, speech pathology may matter most. If sensory load or daily routines are the issue, occupational therapy may. Emotional regulation and mental health often call for psychology . Bloom's behaviour support practitioners work alongside these disciplines.

How it works at Bloom, step by step

Referral. You, a family member, support coordinator, GP, allied health professional or support provider contacts Bloom on 1300 771 465 , at hello@bloom-healthcare.com.au or through the referrals page . Describe the referral purpose, current supports, location and any safety concerns.

Contact within 24 hours. A member of the team will be in contact within 24 hours of receiving the referral.

Intake form and risk assessment. An intake form is sent with the welcome email. Nothing further is scheduled until it comes back. Risks are assessed at triage and, where a risk needs managing, a risk management plan is recorded before anyone attends.

Scope check. Bloom confirms clinical scope, practitioner availability, funding and, for any restrictive practice work, the registration, suitability and authorisation requirements.

Service agreement. Scope, fees, delivery setting and timing are agreed and signed before the service begins. The signing date is the engagement date for plan timeframes.

Assessment. Information gathering, interviews and observation in relevant settings, with appropriate consent.

Interim plan where needed , then the comprehensive plan , developed with the person and their supporters.

Implementation and training for family, carers, support workers and implementing providers.

Monitoring and review , looking at outcomes, supporter feedback and changes in the person's needs.

Bloom aims to hold the initial meeting within 5 business days where possible, once the intake form is returned and the service agreement signed.

What you get in writing

a functional behaviour assessment report with findings and recommendations

an interim behaviour support plan , where one is needed

a comprehensive behaviour support plan that includes the functional behaviour assessment

plain English details of any regulated restrictive practice proposed, in a format the person can understand

a service agreement setting out supports, hours, fees, travel, cancellation terms and reporting

Cancellation terms are set out in your service agreement. The general position is 48 hours' notice, and it varies by funding body.

Who does the work

Bloom's behaviour support practitioners are NDIS behaviour support practitioners, assessed by the NDIS Quality and Safeguards Commission as suitable to carry out behaviour support assessments and develop plans, and come from backgrounds including psychology, counselling, social work, occupational therapy and speech pathology. Many hold Master's-level training in behaviour analysis. A behaviour support plan must be developed by an NDIS behaviour support practitioner , meaning a person the NDIS Commission considers suitable to develop functional behaviour assessments and behaviour support plans. This applies to every plan, including plans with no restrictive practices. You can find an NDIS behaviour support practitioner through the Commission.

Where Bloom delivers it

Bloom's primary delivery is in the community: the home, school, day programs and other everyday settings, which is where observation is most useful. Clinic appointments are available case by case. Positive behaviour support is available across Sydney and New South Wales , Brisbane and South East Queensland , Melbourne and Victoria , Perth and Western Australia , Adelaide and South Australia , Tasmania and Canberra . Ask about availability in your area before you book.

Your rights

You have the right to safe and ethical supports and to complain without fear. Raise concerns with Bloom first on 1300 771 465 or through Contact Us . If you are not satisfied, or prefer to go direct, contact the NDIS Quality and Safeguards Commission at ndiscommission.gov.au and select "Report an issue or make a complaint". It is against the law for a provider to threaten you or try to stop you

complaining. See your rights .

Common questions about functional behaviour assessments and behaviour support plans

What is a functional behaviour assessment?

It is the process of working out the function or purpose of a behaviour. The practitioner gathers information through interviews, records, observation and other appropriate measures to understand what triggers a behaviour and what keeps it going. The findings inform person-centred recommendations and the behaviour support plan.

How is an interim plan different from a comprehensive plan?

An interim plan gives timely guidance on immediate support and safeguarding needs while fuller assessment continues. A comprehensive plan draws on the full functional behaviour assessment and sets out ongoing strategies and review arrangements. Where regulated restrictive practices are involved, the interim plan is due within 1 month of engagement and the comprehensive plan within 6 months.

When does the 1 month and 6 month clock start?

From the date the provider is engaged, which is the date of the service agreement or a start date written into it. At Bloom, the service agreement signing date is the formal engagement date. The timeframes are binding for plans with regulated restrictive practices and are treated as good practice for all plans.

Does a behaviour support plan authorise restrictive practices?

No. A regulated restrictive practice must be authorised by the relevant state or territory body, and registration, practitioner and reporting requirements apply separately. The practitioner and the implementing provider must both check those obligations before any practice is used.

What funding do I need for an FBA?

Under the NDIS, Capacity Building – Improved Relationships. Check the Capacity Building section of your plan. If it is not there, ask the NDIA for it at your next planning meeting or plan change, with evidence of how behaviour affects daily life.

How many hours does an FBA and plan take?

It depends on the person and the plan, including how complex the situation is and whether an interim plan, a comprehensive plan or both are needed. Bloom confirms the expected time in your service agreement or quote before work begins. Budget separately for training, implementation and review.

Can family and support staff be involved?

Yes, with appropriate consent. Supporters can contribute information during the assessment and take part in implementation guidance and training, so strategies are used consistently. The person's own

voice and preferences remain central.

Can you review an existing behaviour support plan?

You can ask. Acceptance depends on practitioner suitability, scope, the information available and current availability. Send the current plan and relevant records through the secure referral pathway so the team can check suitability.

Can a self-managed participant use an unregistered provider for an FBA?

No. Specialist behaviour support must be delivered by a provider registered with the NDIS Commission under registration group 0110, however the plan is managed. The plan itself must be developed by an NDIS behaviour support practitioner.

How often is a behaviour support plan reviewed?

A comprehensive plan containing regulated restrictive practices must be reviewed at least every 12 months while it is in force, and whenever the person's situation changes. Regular checks of whether strategies are working are good practice for every plan.

Is this an emergency service?

No. If there is immediate danger or a medical emergency, call 000. Routine assessment and planning do not replace an emergency response.

More on positive behaviour support

NDIS positive behaviour support: eligibility, plans and the rules that govern it

How to get NDIS positive behaviour support funding

What is a functional behaviour assessment?

Psychology and behaviour support: the difference and how they work together

How to refer to Bloom Healthcare

Your rights as a client

What is a functional behaviour assessment according to Bloom Healthcare?

It is the process of working out the function or purpose of a behaviour. The practitioner gathers information through interviews, records, observation and other appropriate measures to understand what triggers a behaviour and what keeps it going. The findings inform person-centred recommendations and the behaviour support plan.

What is the difference between an interim plan and a comprehensive behaviour support plan?

An interim plan gives timely guidance on immediate support and safeguarding needs while fuller assessment continues. A comprehensive plan draws on the full functional behaviour assessment and sets out ongoing strategies and review arrangements. Where regulated restrictive practices are involved, the interim plan is due within 1 month of engagement and the comprehensive plan within 6 months.

When does the 1-month and 6-month deadline clock start for behaviour support plans?

It starts from the date the provider is engaged, which is the date of the service agreement or a start date written into it. At Bloom, the service agreement signing date is the formal engagement date. These timeframes are binding for plans with regulated restrictive practices and treated as good practice for all plans.

Does a behaviour support plan itself authorise the use of restrictive practices?

No. A regulated restrictive practice must be authorised by the relevant state or territory body, and registration, practitioner and reporting requirements apply separately. The practitioner and the implementing provider must both check those obligations before any practice is used.

What NDIS funding category covers a functional behaviour assessment?

Under the NDIS, a functional behaviour assessment is typically funded from Capacity Building – Improved Relationships. You should check the Capacity Building section of your plan, and if it is not there, ask the NDIA for it at your next planning meeting or plan change, with evidence of how behaviour affects daily life.

How long does an FBA and behaviour support plan take to complete?

It depends on the person and the plan, including how complex the situation is and whether an interim plan, a comprehensive plan, or both are needed. Bloom confirms the expected time in the service agreement or quote before work begins, and clients should budget separately for training, implementation and review.

Can family members and support staff be involved in the FBA process?

Yes, with appropriate consent. Supporters can contribute information during the assessment and take part in implementation guidance and training so strategies are used consistently, while the person's own voice and preferences remain central.

Can a self-managed NDIS participant use an unregistered provider for an FBA?

No. Specialist behaviour support must be delivered by a provider registered with the NDIS Commission under registration group 0110, regardless of how the plan is managed, and the plan itself must be developed by an NDIS behaviour support practitioner.

How often must a behaviour support plan be reviewed?

A comprehensive plan containing regulated restrictive practices must be reviewed at least every 12 months while it is in force, and whenever the person's situation changes. Regular checks of whether strategies are working are considered good practice for every plan.

Is this functional behaviour assessment service an emergency response?

No. If there is immediate danger or a medical emergency, call 000, as routine assessment and planning do not replace an emergency response.