PBS Services | NDIS Behaviour Support | Bloom Healthcare

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

Details:

Positive behaviour support, usually shortened to PBS, is a regulated NDIS service. It starts with a functional behaviour assessment to work out why a behaviour is happening, and produces a behaviour support plan with strategies that improve quality of life and reduce the need for restrictive practices. To access it through Bloom Healthcare, your NDIS plan needs Improved Relationships funding. To start, call 1300 771 465 or make a referral .

This is the most tightly regulated service Bloom delivers. The NDIS Quality and Safeguards Commission sets rules about who can write a behaviour support plan, how quickly it must be written, what it must contain, when it must be reviewed, and what has to be reported. This page sets out those rules plainly, because knowing them is how families hold any provider to account.

Who can access NDIS positive behaviour support

The practical eligibility test is simple: your NDIS plan must include Improved Relationships funding . Without it, the funding for behaviour support assessment, plan development and practitioner time is not there.

Improved Relationships sits inside the Capacity Building part of a plan. It covers:

functional behaviour assessments

development of behaviour support plans

behaviour support practitioner time

training for family members, carers and support workers so strategies are applied the same way in every setting

work directed at reducing or eliminating restrictive practices

If you do not have that funding yet

You ask for it at a planning meeting or plan reassessment. What helps:

Name the need. Explain to your planner how behaviour support would help with goals about relationships, social participation, emotional regulation or safety.

Bring evidence. Functional capacity assessments, diagnostic reports, or letters from allied health professionals setting out how behaviour support relates to disability related needs.

Ask for the category by name. Request that funding be allocated under Capacity Building, Improved Relationships . Being specific matters, because the planner is allocating to a category, not to a service name.

Expect a reasonable and necessary test. The planner decides whether the support meets that test. Bloom does not make that decision.

If you are unsure whether your current plan has the right funding, read the Capacity Building section of your plan statement or call 1300 771 465 and we will talk it through with you.

What positive behaviour support actually is

PBS is a person centred approach aimed at improving quality of life. Behaviours of concern are treated as communication about an unmet need rather than as a problem to be suppressed. The practitioner works out the function of the behaviour, then changes the conditions, teaches skills and equips the people around the person, so the behaviour becomes unnecessary.

The NDIS Commission publishes an easy read fact sheet on what positive behaviour support is , and Bloom has its own Easy Read guide to NDIS and PBS .

What it is not

It is not punishment, and it is not a compliance program.

It is not a way to get restrictive practices authorised. The goal of every plan containing a restrictive practice is to reduce and eventually eliminate it.

It is not a substitute for psychology, occupational therapy or speech pathology. It often works alongside them.

The regulatory framework in plain terms

Who is allowed to write a behaviour support plan

A behaviour support plan must be developed by an NDIS behaviour support practitioner , meaning a person the NDIS Commissioner considers suitable to carry out behaviour support assessments, including functional behavioural assessments, and to develop behaviour support plans that may contain restrictive practices.

Specialist behaviour support providers must be registered with the NDIS Commission and hold registration group 0110, Specialist positive behaviour support . Registration verifies that the organisation and its key personnel meet prescribed requirements and have passed suitability assessments. The requirement to engage a suitable practitioner applies to all behaviour support plans, including plans with no restrictive practices in them.

The NDIS Quality and Safeguards Commission sets the competency and suitability requirements for behaviour support practitioners. If you want to check a specific practitioner's or provider's standing, ask the provider directly and check the NDIS Commission's provider register.

The Code of Conduct that binds every worker

Providers, key personnel and workers must:

act with respect for individual rights to freedom of expression, self determination and decision making

respect privacy

deliver supports safely and competently, with care and skill

act with integrity, honesty and transparency

promptly raise and act on concerns about quality and safety

take all reasonable steps to prevent and respond to violence, exploitation, neglect and abuse

take all reasonable steps to prevent and respond to sexual misconduct

not charge unfairly higher prices for NDIS supports without reasonable justification

Step 1: the functional behaviour assessment

A functional behaviour assessment is the process of working out the function or purpose of a 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 functional understanding is then placed in the wider context of the person's life to form a holistic view of why the behaviour occurs.

Every PBS engagement at Bloom starts here. The assessment is not a one-off exercise. It is what the behaviour support plan is built on, and it is revisited as circumstances change.

Step 2: the behaviour support plan

A behaviour support plan is a collaborative document. It is written with the participant, their family, carers and other key supports, and it sets out evidence informed strategies aimed at wellbeing, safety and quality of life.

A comprehensive plan must include the functional behavioural assessment. Where a regulated restrictive practice is used, the plan must state it clearly, and that practice must be authorised by the relevant state or territory body.

Interim and comprehensive plans, and the deadlines that apply

There are two plan types and two mandatory timeframes:

An interim behaviour support plan must be developed within 1 month of the specialist behaviour support provider being engaged. It is the immediate, temporary plan that keeps someone safe while the full assessment is done.

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

A provider is treated as engaged from the date of the service agreement, or from a date specified inside the service agreement for when plan development is to begin.

These timeframes are binding for plans that contain regulated restrictive practices. The NDIS Commission considers that using them as a guide for all plans is consistent with provider obligations under the NDIS Practice Standards and the NDIS Code of Conduct.

If you are more than a month into an engagement with any provider and there is no interim plan and restrictive practices are in use, that is a question worth asking.

Step 3: restrictive practices, and the rules around them

The NDIS Commission regulates five categories of restrictive practice:

Seclusion : sole confinement in a room or space where voluntary exit is prevented, not facilitated, or implied not to be permitted.

Chemical restraint : medication or a chemical substance used for the primary purpose of influencing behaviour. It does not include medication prescribed by a medical practitioner to treat, or to enable treatment of, a diagnosed mental disorder, physical illness or physical condition.

Mechanical restraint : a device used to prevent, restrict or subdue movement for the primary purpose of influencing behaviour. It does not include devices used for therapeutic or non-behavioural purposes.

Physical restraint : physical force used to prevent, restrict or subdue movement for the primary purpose of influencing behaviour. It does not include a reflexive hands-on technique to guide or redirect someone away from harm.

Environmental restraint : restricting free access to parts of the person's environment, including items or activities.

What must be true before a regulated restrictive practice is used

Every one of these has to hold:

it is authorised by the state or territory body before it is used

it is included in an approved behaviour support plan developed by a suitable practitioner

it is a last resort , with all other options exhausted

it is used for the shortest time possible

it is proportionate to the risk of harm

it is the least restrictive option available

it reduces the risk of harm to the person and to others

The practitioner must also consult the participant and their family, guardian or other relevant people, consult the provider who may use the practice, and give details of the practice in a format the person can understand.

Reporting obligations

Authorised restrictive practices used in line with an approved plan are subject to mandatory monthly reporting to the NDIS Commission by the implementing provider.

Unauthorised restrictive practices are reportable incidents . Where harm results, notification must be made within 24 hours . Where there is no harm but there is risk, notification must be made within 5 business days , under the NDIS (Incident Management and Reportable Incidents) Rules 2018.

A restrictive practice is unauthorised when it is used outside an approved behaviour support plan, by an unregistered provider, without state or territory authorisation, or by an implementing provider waiting on a plan to be developed who is not reporting it as a reportable incident.

Reduction and elimination

A behaviour support plan containing a restrictive practice exists in order to make that practice unnecessary. Every participant is entitled to an up to date plan that aims to reduce and eventually eliminate any regulated restrictive practice. Reduction happens through skill building, environmental change, building autonomy and choice, and supporting self advocacy, not by simply keeping the restriction under review.

Step 4: implementation, training and review

A plan that sits in a drawer changes nothing. Implementation is a shared responsibility between the specialist behaviour support provider that writes the plan and the implementing providers , meaning the registered providers whose workers apply the strategies day to day.

Implementing providers are responsible for putting the plan into effect, contributing information about the person's needs during assessment, working with the plan's author for consistency, and formally activating the authorised plan.

Training is what makes it work. Support workers receive person focused training in the specific strategies in the plan. Families and carers receive training too, covering the underlying causes of the behaviour, the strategies in the plan, how to apply them, how to reinforce positive behaviour, and how

to build confidence in doing so. The point of training everyone is consistency: the same approach at home, at school, in the community and in care settings.

Monitoring involves collecting data on how often a behaviour occurs, how intense it is and how long it lasts, using tools such as ABC charts and scatter plots to find patterns, checking whether strategies are working, and identifying anything blocking implementation. Regular progress meetings with families, teachers and other stakeholders feed into this.

Review of a comprehensive plan containing regulated restrictive practices must happen at least every 12 months while the plan is in force, and immediately if the person's situation changes , including changes to circumstances, needs, behaviours or living situation. The Commission treats those timeframes as good practice for all plans.

How PBS differs from psychology, OT and speech pathology

PBS focuses on understanding and addressing the underlying causes of behaviours of concern, to improve quality of life and reduce the need for restrictive practices. The other allied health disciplines focus on specific areas of functioning:

Occupational therapy : sensory processing and daily living

Speech pathology : communication and language

Psychology : psychosocial disability, cognition and emotional regulation

PBS practitioners frequently work alongside these disciplines so that behaviour strategies fit with everything else a person is working on. If communication is the driver of a behaviour, a speech pathologist's input may matter more than any behavioural strategy. If sensory load is the driver, an occupational therapist's may. Bloom's PBS work sits alongside its paediatric services , services for young people aged 10 to 17 and physiotherapy .

Your rights, and what to do if something is wrong

You have the right to safe and ethical supports, and the right to complain without fear. It is against the law for a provider to threaten you or to try to stop you complaining, directly or indirectly, and penalties apply.

All NDIS providers must have effective complaints handling. You can raise a concern with your provider directly, submit it anonymously, and use a method and language that works for you. A provider handling a complaint well will acknowledge it, answer it, act on it, and apologise where an apology is due.

If you are not satisfied with how your provider handled it, or you want to report directly, go to the NDIS Quality and Safeguards Commission at ndiscommission.gov.au and select "Report an issue or make a complaint". The Commission accepts complaints from participants, families and carers, workers and providers, and anyone concerned about the safety or quality of NDIS supports. You can complain about quality and safety, a provider's or worker's conduct, a breach of the Code of Conduct, or behaviour support and restrictive practices that concern you.

The NDIS Act 2013 recognises that people with disability may need independent advocacy, particularly around complaints and incidents. Providers are required to set out their advocacy obligations so you can get support and information to exercise your rights. The Commission also publishes participant fact sheets covering what PBS is, your rights, how to choose a behaviour support provider, what to expect from one, what to do if you are unhappy, and what to expect if your provider uses restrictive practices.

To raise something with Bloom directly, call 1300 771 465 or use Contact Us .

Fees

Bloom's fees, travel and cancellation terms are set out in the service agreement you sign before the service starts, and are explained at the time of booking. NDIS hourly rates are capped by the NDIS Pricing Arrangements and Price Limits. Under the Code of Conduct, providers must not charge unfairly higher prices for NDIS supports without reasonable justification. Ask for terms in writing or call 1300 771 465 .

Where Bloom delivers PBS and how to start

Bloom's primary delivery method is in the community: home, school, day programs and other everyday settings. Clinics are available case by case.

NDIS 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 , including Devonport and Launceston

Canberra

To begin, call 1300 771 465 , use Contact Us , or submit a referral . Have your NDIS plan handy so the team can check whether Improved Relationships funding is in place.

Common questions about NDIS positive behaviour support

What funding do I need in my plan to access PBS?

Improved Relationships funding, which sits under Capacity Building. Without it, the funding for assessment, plan development and practitioner time is not available. 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. A comprehensive plan must be developed within 6 months. Engagement runs from the date of the service agreement, or from a date named in it for when plan development starts.

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

The interim plan is the immediate, temporary plan that keeps someone safe while the full functional behaviour assessment is completed. The comprehensive plan is the full document, built on that assessment, with detailed strategies and, where applicable, any authorised regulated restrictive practices.

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 Commission.

Can a provider use a restrictive practice without authorisation?

No. A regulated restrictive practice must be authorised by the state or territory body, included in an approved behaviour support plan, used as a last resort for the shortest time possible, proportionate to the risk, and the least restrictive option available. Use outside those conditions is unauthorised.

What happens if a restrictive practice is used without authorisation?

It is a reportable incident. If harm results, the NDIS Commission must be notified within 24 hours. If there is no harm but there is risk, notification is required within 5 business days, under the NDIS (Incident Management and Reportable Incidents) Rules 2018.

Does the NDIS Commission get told about authorised restrictive practices too?

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

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 immediately if the person's situation changes. The Commission treats those timeframes as good practice for all plans.

Who trains the support workers who follow the plan?

Implementing providers deliver person focused training to their workers so the plan is applied properly, working with the provider that wrote the plan. Families and carers are trained too, so the same strategies are used at home, at school and in the community.

How is PBS different from seeing a psychologist?

PBS addresses the underlying causes of behaviours of concern and aims to reduce the need for restrictive practices. Psychology focuses on psychosocial disability, cognition and emotional regulation. The two often run together, and a PBS practitioner will work with a psychologist, occupational therapist or speech pathologist where that is what the person needs.

What do I do if I am unhappy with my behaviour support provider?

Raise it with the provider first. All providers must have a complaints process, and you can complain anonymously. If you are not satisfied, go to 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 discourage you from complaining. Independent advocacy support is available to help you.

Do I have to agree to what is in the plan?

The plan is developed with you. Practitioners must consult the participant and their family, guardian or other relevant people, must consult the provider that may use a restrictive practice, and must give details of any regulated restrictive practice in a format the person can understand. If you do not understand something in your plan, ask for it in plain English. You are entitled to that.

More on positive behaviour support

Positive behaviour support: what a behaviour is communicating — how a functional assessment works and why strategies are not transferable between people

What is positive behaviour support

How to tell if someone might benefit

What does Bloom Healthcare's Positive Behaviour Support service include?

According to Bloom Healthcare, the service includes functional behaviour assessment, interim and comprehensive behaviour support plans, capacity building for families and support workers, and the reduction and elimination of restrictive practices, delivered under the NDIS Quality and Safeguards Commission framework.

What area does Bloom Healthcare's PBS service cover?

Bloom Healthcare's Positive Behaviour Support service is delivered across Australia.

What regulatory framework governs Bloom Healthcare's PBS service?

Bloom Healthcare's Positive Behaviour Support service is delivered under the NDIS Quality and Safeguards Commission framework.

What is Bloom Healthcare's contact phone number for its PBS/healthcare services?

The contact telephone number listed for Bloom Healthcare is +61 1300 771 465.

What is Positive Behaviour Support (PBS) as a concept?

Positive Behaviour Support (PBS) is a person-centred, evidence-based approach designed to improve quality of life by understanding and addressing the underlying causes of challenging behaviours, rather than focusing solely on controlling behaviour. It emphasizes building skills, promoting independence, and creating supportive environments.

What core principles underpin Positive Behaviour Support?

PBS is based on several core principles: being person-centred (focused on the individual's strengths, preferences, goals, and cultural context), evidence-based, proactive and preventative, collaborative (involving the individual, families, carers, educators, and multidisciplinary health professionals), empowering, and committed to dignity and respect.

Who can benefit from Positive Behaviour Support?

PBS can support individuals of all ages and abilities, particularly those with autism spectrum disorder, intellectual disabilities, or developmental delays; those experiencing challenging behaviours such as aggression, property damage, self-injurious behaviour, or absconding; those who use non-verbal communication or assistive technologies; and those who struggle with transitions, change, or anxiety.

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