PBS and NDIS Plans | Supporting Growth | Bloom Healthcare

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https://bloom-healthcare.com.au/blog/pbs-isnt-just-for-challenging-behaviour-its-for-building-better-lives/

Details:

Positive behaviour support is funded by the NDIS as a capacity-building support, and that word is the whole point. It is not a service for making behaviour stop. It is a service that changes four things: the environment a person lives in, the way they can communicate, the skills they have available to them, and the knowledge of the people around them. Behaviour changes as a consequence of those four things changing. If a plan only tells staff what to do when something goes wrong, it is not a positive behaviour support plan.

This page explains what is actually being built, how you tell whether it is working, and what rights sit underneath the whole arrangement. To talk about it for a specific person, call Bloom Healthcare on 1300 771 465 or use the referral form on this site.

Behaviour is a message, not a malfunction

The NDIS Quality and Safeguards Commission defines a functional behaviour assessment as the process of determining and understanding the function or purpose behind a person's behaviour. That definition carries an assumption worth stating plainly: behaviour has a purpose. It is doing a job for the person. Someone might be trying to escape a situation that is too loud, ask for something they cannot name, get attention that is otherwise hard to come by, or meet a sensory need.

If you remove the behaviour without replacing the job it was doing, the need is still there. It reappears somewhere else, often in a form that is harder to live with. This is why suppression fails and why skill building does not. The assessment is not there to catalogue what a person does wrong. It is there to work out what the behaviour is achieving, so something better can achieve the same thing.

The four things a plan changes

The environment

Proactive strategies come first because they change the odds before anything happens. This means adjusting routines and building predictability into the day, providing sensory supports, and modifying settings to remove or reduce the things that trigger distress. A sensory-friendly space, a visual schedule so the person knows what comes next, a change to how a shift handover happens so the person is not surprised by a new face. None of this is about the person's behaviour. It is about the conditions the behaviour happens in.

A large share of what a good plan achieves comes from this category, and it is the part families most often say they wish they had known earlier.

Communication

When someone cannot make themselves understood, frustration builds and comes out somewhere. Functional communication training identifies what the behaviour is communicating and teaches a safer, more effective way to communicate the same thing. Instead of aggression to end a task, the person learns to request a break with a card, a sign, a gesture or a device.

Augmentative and alternative communication supports this. It runs from low-tech options such as visual supports and key word sign, through to communication apps and dedicated devices, and multi-modal systems that combine gestures, picture boards and technology. The choice depends on the person, not on which option is most sophisticated.

The part people miss is that communication partners have to be trained too. A device only works if the family, support workers, teachers and peers around the person know how to wait for it, respond to it and model it. Teaching the person and not the people around them is the most common reason a communication system ends up in a cupboard.

Skills that replace the behaviour

Beyond communication, plans teach daily living skills, coping and self-regulation strategies, and the specific replacement behaviours identified by the assessment. The test of a replacement skill is whether it is as easy and as effective as the behaviour it replaces. If pressing a button gets a break more slowly and less reliably than throwing a chair, the button will lose. Good plans make the replacement work better, faster and more consistently than the original.

The knowledge of the people around the person

A plan is implemented by whoever is present, which is almost never the practitioner. Specialist behaviour support providers and implementing providers share the responsibility of ensuring workers get person-focused training so the plan can actually be implemented. Training and supervision of staff is required under the NDIS Practice Standards and Quality Indicators, and every provider must ensure its workforce has the knowledge, skills and competence to deliver safe, quality, person-centred support in line with the NDIS Code of Conduct.

In practice this is the work that decides whether a plan succeeds. A strategy that a family or a support team cannot use on a bad Tuesday is not a strategy.

What a comprehensive plan has to contain

A comprehensive behaviour support plan is built on the functional behaviour assessment and sets out:

what the assessment found, including what is happening and why

clear, achievable goals, which may cover communication, reducing anxiety, or increasing participation in daily activities

proactive strategies that address the environmental and emotional factors that trigger distress

the skills and replacement behaviours to be taught, including functional communication training where communication is part of the picture

evidence-informed interventions, with reinforcement used to build the new behaviour

response strategies for what to do when a behaviour does occur, written so they can be applied consistently by everyone

how progress will be monitored and when the plan will be reviewed

An interim plan is developed within one month of the provider being engaged, and the comprehensive plan within six months. The plan is reviewed if circumstances change, and at least every 12 months where regulated restrictive practices are involved.

How you tell whether it is working

This matters because the honest answer is not simply "fewer incidents". Progress is tracked across several fronts at once.

On behaviour: the frequency, intensity and duration of behaviours of concern, and the growth of the positive behaviours meant to take their place. On regulation: whether the person is better able to manage emotions and respond to triggers. On independence: growth in the person's ability to meet their own needs and say what they want.

On quality of life, which is the outcome the whole approach exists to move: communication and social interaction, the strength of relationships with family, friends and peers, participation in community activity and meaningful roles, and confidence.

And on restrictive practice: whether the use of seclusion, chemical, mechanical, physical or environmental restraint is going down.

The data comes from direct observation and record-keeping, and from the feedback of the person, their family and their support network. All of it feeds the reports that go to a plan reassessment, where progress summaries and evidence of support needs inform decisions about what happens next. If a plan is producing a compliant, quiet person with no more friends and no more choices than before, it is not working, whatever the incident count says.

The rights underneath all of this

The NDIS Code of Conduct binds every provider, worker and key person. Its eight obligations require them to act with respect for individual rights to freedom of expression, self-determination and decision-making; respect privacy; provide supports safely and competently; 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; and not charge higher prices to NDIS participants without reasonable justification. Workers at registered providers complete the mandatory Worker Orientation Module, "Quality, Safety and You", which explains these duties from a participant's point of view.

Two of those rights do particular work in behaviour support.

Choice and control. Participants have the right to make informed choices about their supports and to be involved in decisions about how support is delivered. In a behaviour support plan, that means the person is a participant in the planning, not the subject of it.

Dignity of risk. This is the right to choose to take some risk in engaging in life experiences. Providers must balance safety against autonomy, and risk management must not quietly become a reason to limit a person's life. A plan that removes every risk has usually removed most of the life along with it. Making a choice that carries some risk is something everyone else does daily, and disability does not remove that right.

You can complain to the provider or directly to the NDIS Commission at any time. Registered providers must have a documented complaints system that accepts anonymous complaints, keeps the complainant informed, and applies procedural fairness. It is against the law for a provider to threaten or attempt to stop someone from complaining, directly or indirectly.

When a restrictive practice is in the plan, the plan is the way out

Sometimes a regulated restrictive practice is already being used when a practitioner arrives. Writing it into the plan is not an endorsement. Its presence in a plan is what makes it visible, authorised, time-limited and subject to a reduction strategy.

Any regulated restrictive practice must be clearly written and stated, authorised by the state or territory authorisation body, used as a last resort, used for the shortest possible time, proportionate to the risk of harm, aimed at reducing that harm, and the least restrictive option available. Authorised use is reported monthly to the NDIS Commission.

A restrictive practice is unauthorised if it does not follow the person's behaviour support plan, or if it has not been authorised by the state or territory. Every use of an unauthorised restrictive practice is a reportable incident. The provider must notify the NDIS Commission within 24 hours if it resulted in harm, and within 5 business days if it did not. Missing those timeframes can attract infringement notices and compliance action.

If a restrictive practice is being used on someone you care about and there is no authorisation and no plan behind it, that is not a grey area. Raise it with the provider, and with the NDIS Commission.

You do not need a crisis to use this

Behaviour support is commonly described as if it only starts once something has gone badly wrong. It does not have to. The same assessment and the same plan help someone who wants better coping strategies, a workable communication system, more control over their day, or more confidence in community settings. People access it to build skills and increase participation, not only in response to incidents.

Starting before a crisis is usually easier work. The environment can be changed calmly, skills can be taught without pressure, and nobody is having to unpick a pattern that has been reinforced for years.

How this sits alongside other therapy

Behaviour support practitioners work with speech pathologists on communication assessment and AAC, occupational therapists on sensory and environmental supports and daily living skills, psychologists on emotional regulation and mental health, and physiotherapists where physical factors are part of the picture. Behaviour support is the discipline that holds the whole formulation together and carries the regulatory responsibility for restrictive practices.

The funding sits under Improved Relationships in the capacity-building part of an NDIS plan. If it is not there, or the amount does not match what an assessment shows is needed, that is a plan reassessment conversation, and assessment and reporting can be provided to support it. How much is allocated is a decision for the NDIA. Fees and service terms are set out in the service agreement before work begins.

How to start

Bloom Healthcare delivers positive behaviour support across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory. Practitioners come to the home, school, day program or other community setting, and telehealth is available where travel is impractical. Use the referral form on this site, call 1300 771 465, or email hello@bloom-healthcare.com.au. Participants can refer themselves, and families, support coordinators, plan managers and schools can refer as well.

Common questions about capacity building through PBS

Is positive behaviour support the same as behaviour management?

No. Behaviour management responds to behaviour after it happens. Positive behaviour support changes the environment, teaches communication and skills, and trains the people around the person so the behaviour becomes unnecessary. Response strategies are one part of a plan, not the plan.

What does capacity building actually mean here?

Two things. In funding terms it is the part of an NDIS plan that pays for building skills rather than paying for daily assistance. In practice it means the plan builds ability in the person and in their support network, so that support needs reduce over time rather than becoming permanent.

How will I know if it is working?

You should see change in more than incident numbers. Look for better communication, more emotional regulation, more independence and self-advocacy, stronger relationships, more participation in the community, and less use of restrictive practice. Your practitioner should be tracking all of these and reporting on them.

Can we do this if there are no behaviours of concern?

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

What is dignity of risk and why does it come up?

It is the right to choose to take some risk in engaging in life experiences. It comes up because it is possible to make someone very safe by making their life very small. A plan has to weigh safety against autonomy rather than defaulting to restriction.

Will support workers be trained to use the plan?

They must be. Specialist behaviour support providers and implementing providers share responsibility for ensuring workers get person-focused training so the plan can be implemented, and training and supervision of staff is required under the NDIS Practice Standards.

What counts as an unauthorised restrictive practice?

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: notify the NDIS Commission within 24 hours if harm resulted, within 5 business days if it did not.

Does a communication device replace speech therapy?

No. AAC is usually set up with a speech pathologist, and the behaviour support plan builds it into everyday routines and trains the people who need to respond to it. The two disciplines work together.

Can I complain about how behaviour support is being delivered?

Yes, to the provider or directly to the NDIS Commission, and you can complain anonymously. A registered provider must have a documented complaints system, and it is unlawful for a provider to try to stop you from complaining.

Which part of my plan pays for this?

Improved Relationships, within capacity building. If it is not funded, or is underfunded relative to what an assessment shows, raise it at your plan reassessment.

How long does it take before things change?

That depends on the person, the setting and how consistently the plan can be used. The formal milestones are an interim plan within one month of engagement and a comprehensive plan within six months, with review at least every 12 months where restrictive practices are involved. Discuss expectations for a specific situation on 1300 771 465.

What is the main topic of Bloom Healthcare's blog post on Positive Behaviour Support?

The blog post, titled 'Positive Behaviour Support Plans: Building Better Lives Beyond 'Challenging' Behaviour,' explains that Positive Behaviour Support (PBS) is about empowerment, not just management, and describes how a positive behaviour support plan under the NDIS builds independence and improves long-term quality of life.

Is Positive Behaviour Support only about managing challenging behaviour?

No. According to the page and supporting content, PBS is not about control or correction—it's about empowerment, connection, and helping people live richer, more meaningful lives. The common misconception that PBS only applies to managing 'challenging behaviour' misses its true purpose and potential.

What causes many challenging behaviours according to the article?

Many challenging behaviours actually stem from unmet needs—frustration with communication barriers, sensory overload, anxiety, or environmental triggers. PBS looks beyond the behaviour itself to build skills, reduce distress, and respond to individual needs effectively in daily life.

What does PBS actually encompass in line with the NDIS framework?

In line with the NDIS framework, PBS promotes skill-building and independence, focuses on individual goals and values, supports participation in meaningful activities, and builds emotional well-being and social connection.

Who can benefit from PBS?

PBS can support anyone who wants to develop better coping strategies, communication tools, and social participation—regardless of whether 'challenging behaviours' are present.

How does PBS differ from reactive behaviour strategies?

Unlike reactive behaviour strategies, PBS is grounded in proactive support that aims to teach individuals new skills and coping mechanisms, focusing on preventing distress and creating environments where people feel safe and understood.

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