Functional Behaviour Assessment & PBS | Bloom Healthcare

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Details:

A functional behaviour assessment is the process of working out the function or purpose behind a person's behaviour. It brings together data, observation and information to understand the relationship between the events and circumstances that trigger a behaviour and those that maintain it, then sets that understanding in the wider context of the person's life. Under NDIS rules it is not optional: a functional behavioural assessment is a mandatory component of a comprehensive behaviour support plan. This area is regulated by the NDIS Quality and Safeguards Commission, and the requirements below are legal obligations on providers, not preferences.

The article above explains what an FBA is and how the process feels from the inside. This section covers the regulatory layer: who is allowed to do this work, what the deadlines are, what the plan must contain, how restrictive practices are authorised and reported, and what a behaviour support practitioner is not permitted to do.

One clarification first. Functional behaviour assessment processes are used in several settings, including schools. The rules described here are the NDIS ones, which apply to NDIS behaviour support delivered by a specialist behaviour support provider. If your question is about a process run by a school or an education department, ask that body directly, because the requirements are set separately.

Where an FBA sits in the system

The sequence is fixed:

A specialist behaviour support provider is engaged.

An interim behaviour support plan is developed to keep the person safe while the assessment work happens.

A functional behavioural assessment is carried out.

A comprehensive behaviour support plan is developed from the assessment findings.

Implementing providers are trained to deliver the plan, and it is monitored and reviewed.

The FBA is the evidence base. Everything downstream, including any restrictive practice, is meant to trace back to it.

The timeframes that apply

These are set out in the NDIS specialist behaviour support rules and they run from the date the provider is engaged.

Interim behaviour support plan: within 1 month of engagement. This is a preliminary plan that establishes initial strategies before the comprehensive work is finished.

Comprehensive behaviour support plan: within 6 months of engagement. This is the detailed, evidence-based plan that incorporates the functional behavioural assessment.

Review: at least every 12 months , or sooner if the person's situation changes, for comprehensive plans that include regulated restrictive practices.

"Engaged" means the date of the service agreement, or a date named in the service agreement for when the provider is to start developing the plan. That matters, because the clock starts there rather than at the first appointment.

The timeframes are binding where a plan contains regulated restrictive practices. The NDIS Commission treats them as the guide for safe and quality service in all other cases too.

Who is allowed to do this work

An NDIS behaviour support practitioner is a person the NDIS Commission considers suitable to undertake behaviour support assessments, including functional behavioural assessments, and to develop behaviour support plans that may contain restrictive practices.

Two things follow from that definition:

A specialist behaviour support provider must engage an NDIS behaviour support practitioner to develop a behaviour support plan. This applies to every plan, including plans that contain no restrictive practice at all.

Registered providers who use regulated restrictive practices must hold the appropriate registration group for specialist positive behaviour support and comply with the NDIS Practice Standards.

If you are choosing a provider, this is the first question to ask: is the person who will write the plan an NDIS behaviour support practitioner considered suitable by the Commission? The Commission publishes guidance on becoming a practitioner and on what suitability involves. For a specific practitioner's status, ask the provider and check with the Commission.

What a comprehensive behaviour support plan must contain

A comprehensive plan is required to include:

A functional behavioural assessment. Not a summary of incidents, but the process of determining the function of the behaviour, using collected data, observation and information about what triggers and maintains it, formulated against the person's broader life and circumstances.

Specific, detailed strategies and evidence-informed interventions that follow from the assessment findings, designed to reinforce positive behaviours, build supportive environments and improve quality of life.

Any regulated restrictive practices, written and stated clearly , and set out in Plain English so the person can understand them.

A path towards reduction and elimination of any regulated restrictive practices in the plan.

A plan that recommends a restrictive practice without an assessment explaining why the behaviour occurs has skipped the step that makes the practice defensible.

Regulated restrictive practices: what they are

This is the part of the field most tightly regulated, and the part families most need to understand.

A restrictive practice is an intervention used to manage behaviour. Under the NDIS it may be used only when other alternatives have been exhausted, must be proportionate, and must be the least restrictive option available. The goal of the system is not to manage restrictive practices indefinitely; it is to reduce and eventually eliminate them.

The NDIS Commission regulates five types.

Seclusion. The sole confinement of a person with disability in a room or physical space, at any hour, where voluntary exit is prevented or not facilitated, or where it is implied that leaving is not permitted.

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

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

Physical restraint. The use of physical force to prevent, restrict or subdue the movement of a person's body or part of it, for the primary purpose of influencing behaviour. It does not include a hands-on technique used reflexively to guide or redirect someone away from potential harm or injury, consistent with what could reasonably be considered care.

Environmental restraint. Restricting a person's free access to all parts of their environment, including to items or activities.

The distinctions matter in daily life. Medication prescribed for a diagnosed condition is not chemical restraint. A device prescribed for a therapeutic purpose is not mechanical restraint. Reflexively steering someone away from a road is not physical restraint. Whether something is a regulated restrictive practice depends on its primary purpose.

Authorisation and reporting

Authorisation is a state and territory function, not a provider decision. A regulated restrictive practice must be authorised by the relevant state or territory body before it is used, and it must sit inside a behaviour support plan developed by an NDIS behaviour support practitioner. A practitioner cannot authorise a restrictive practice by writing it into a plan.

When a restrictive practice is used, it must be:

a last resort

for the shortest time possible

proportionate to the risk of harm

the least restrictive option available

aimed at reducing risk of harm to the person and to others

Reporting to the NDIS Commission works in two streams:

Authorised practices : the implementing provider reports monthly to the NDIS Commission.

Unauthorised practices : these are reportable incidents. Where an unauthorised restrictive practice has resulted in harm, the notification timeframe is 24 hours . Where there is no immediate harm, it is 5 business days .

The authorisation processes themselves differ between states and territories. If you need to know what applies where you live, ask your provider to explain the process in your jurisdiction and check with the relevant state or territory authorisation body.

What a behaviour support practitioner cannot do

Worth stating plainly, because families are often unsure where the limits sit.

A practitioner cannot include high-risk practices in a behaviour support plan. Practices that present an unacceptable level of harm are prohibited outright and cannot be justified through planning.

A practitioner cannot authorise a restrictive practice . Authorisation comes from the state or territory body.

A practitioner cannot write a plan without consulting the participant and their family, guardian or other relevant people, and the provider who may use the practice.

A practitioner cannot bury a restrictive practice in clinical language . Details must be provided in a format the person can understand, in Plain English.

A practitioner cannot treat a restrictive practice as a permanent solution . Plans must aim to reduce and eventually eliminate them.

Consent, rights and access to your own plan

Participants have the right to access their behaviour support plan, including the information about restrictive practices in it. The NDIS Commission publishes participant-facing material, including a fact sheet on what to expect if a provider uses restrictive practices.

The Practice Standards also carry provisions for supported decision-making, so participants are meant to be actively involved in decisions about their own support rather than informed after the fact. And participants have the right to raise concerns about the quality and safety of their supports through formal complaint processes with the NDIS Commission.

If you have a behaviour support plan and have not seen it, ask for it. If you have seen it and cannot follow what it says, ask for it in a form you can understand. Both are things you are entitled to.

What implementing providers have to do

The specialist behaviour support provider writes the plan. The implementing providers, meaning the services and workers who deliver day-to-day support, have their own obligations:

Work with the specialist provider to give person-focused training to workers so they can implement the plan properly.

Make sure the person has an up-to-date plan that reflects their needs, improves their quality of life, supports positive progress and works towards reducing and eliminating restrictive practices.

Monitor and give feedback so the plan can be adjusted as needs change.

Coordinate with the specialist provider, since responsibility for effective behaviour support is shared between them.

A plan that sits in a folder and is not trained out to the people doing the daily supporting will not work, and the rules recognise that by placing training and monitoring duties on the implementing side.

Funding

Positive behaviour support, including functional behaviour assessment, is typically funded under the Capacity Building - Improved Relationships category of an NDIS plan. To access Bloom's behaviour support services, your plan needs Improved Relationships funding in it.

What that funding is generally used for includes the behaviour assessment itself, the functional behaviour assessment, development of the behaviour support plan, training and coaching for families, carers and support workers, skill-building work with the person, and monitoring and reporting where restrictive practices are involved.

How much of that funding you have, and whether it is enough for a full assessment and plan cycle, depends on your individual plan. Check the balance with your plan manager or support coordinator before you commit, and ask Bloom for a written quote on 1300 771 465 . Fees and service terms are

set out in the service agreement.

If you are not sure whether your plan includes Improved Relationships funding, your plan manager, support coordinator or the NDIA can tell you.

Who this is for, and how to start

Bloom's positive behaviour support is for people with disability who experience behaviours of concern, including physical aggression, property damage, self-injurious behaviour, absconding and sexualised behaviour, where those behaviours affect participation at home, at school, at work or in the community. Services run across the lifespan, with paediatric services organised by age band for children aged 0 to 9 and 10 to 17, and services also available for adults and older adults.

Bloom's practitioners prioritise frequent face-to-face engagement with the person and their support network, direct observation, and hands-on implementation rather than plan writing at a distance. Families and carers get regular consultation, training and workshops, because a plan only works if the people around the person use it consistently across every setting.

Coverage includes New South Wales, Queensland, Victoria, South Australia, Western Australia, Tasmania and the Australian Capital Territory.

To start:

Call 1300 771 465

Email hello@bloom-healthcare.com.au

Read more about Positive Behaviour Support at Bloom Healthcare or book a discussion

Your support coordinator or key worker can also make the referral for you.

Common questions about functional behaviour assessments

Is an FBA compulsory before a behaviour support plan?

A functional behavioural assessment is a mandatory component of a comprehensive behaviour support plan. An interim plan can be put in place first, within one month of engagement, to keep the person safe while the assessment is completed.

How long does the whole process take?

Under the rules, an interim plan is developed within one month of engagement and a comprehensive plan within six months. Where the work is completed inside those windows depends on how complex the situation is, how many settings and people are involved and how quickly information can be gathered. Ask your provider for their expected timeline at the start.

Does my child need a diagnosis to have an FBA?

Behaviour support is about function, not diagnosis. What matters for NDIS-funded support is that you are a participant with the relevant funding in your plan and that behaviours of concern are affecting daily life. Whether a diagnosis is needed for anything else in your situation is a question for your treating professionals.

Who is allowed to write my behaviour support plan?

An NDIS behaviour support practitioner, engaged by a specialist behaviour support provider. This applies whether or not the plan contains a restrictive practice.

What counts as a restrictive practice?

Five types are regulated: seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint. The definitions turn on the primary purpose. Medication prescribed to treat a diagnosed condition is not chemical restraint. A device used for a therapeutic purpose is not mechanical restraint. Guiding someone away from danger reflexively is not physical restraint.

Can a provider just start using a restrictive practice?

No. It must be authorised by the state or territory body, documented clearly in a behaviour support plan written by an NDIS behaviour support practitioner, used as a last resort, and be the least restrictive option for the shortest possible time.

What happens if an unauthorised restrictive practice is used?

It is a reportable incident. Where harm has resulted, notification to the NDIS Commission is required within 24 hours. Where there is no immediate harm, within 5 business days.

How often is my plan reviewed?

A comprehensive plan containing regulated restrictive practices must be reviewed at least every 12 months, and sooner if the person's situation changes.

Can I see my own behaviour support plan?

Yes. Participants have the right to access their plan, including the information about any restrictive practices in it, and the details must be provided in a format you can understand. The NDIS Commission publishes participant fact sheets, including one on what to expect if your provider uses restrictive practices.

What if I disagree with the plan or how it is being used?

Raise it with the provider first. If that does not resolve it, you have the right to complain to the NDIS Quality and Safeguards Commission about the quality and safety of your supports.

Which part of my NDIS plan pays for this?

Positive behaviour support is typically funded under Capacity Building - Improved Relationships. Bloom requires Improved Relationships funding to be in your plan before starting behaviour support services. Whether the amount is sufficient for a full assessment and plan is specific to your plan, so check with your plan manager or support coordinator.

Do the support workers get trained on the plan?

They are meant to. Implementing providers are required to work with the specialist behaviour support provider to give person-focused training to workers so the plan can actually be delivered, and to monitor how it is going. If the people supporting your family member have not been trained on the plan,

that is a reasonable thing to raise with the provider.

Is this the same as an occupational therapy functional capacity assessment?

No. A functional capacity assessment looks at what someone can do across daily living domains and is usually used as evidence for funding and planning. A functional behaviour assessment looks specifically at why a behaviour occurs, and is the required foundation for a behaviour support plan. People sometimes need both, for different reasons.

What is a Functional Behaviour Assessment (FBA)?

A Functional Behaviour Assessment (FBA) is a structured process used to identify the reasons behind challenging or distressing behaviours. It is grounded in the belief that all behaviour—even when risky or disruptive—happens for a reason, and it asks deeper questions such as what the person is trying to communicate, what need they are trying to meet, what's happening before, during and after the behaviour, and how the environment or support could be changed.

What is the purpose of an FBA in relation to Positive Behaviour Support?

An FBA is fundamentally a tool for understanding context, not assigning blame, and it serves as the first step toward developing a Positive Behaviour Support Plan that is respectful, person-centred and sustainable.

Why is a Functional Behaviour Assessment important?

Without understanding why a behaviour occurs, any response is likely to be reactive, short-lived, or even harmful. A Functional Behaviour Assessment helps by reducing the use of restrictive practices, replacing behaviours of concern with safer and more effective approaches, empowering support teams with practical tools and understanding, improving relationships between the person and those around them, and building long-term wellbeing, confidence and inclusion rather than temporary fixes.

When is a Functional Behaviour Assessment typically needed?

FBAs are typically recommended when a person displays behaviours that place themselves or others at risk, is at risk of exclusion from school, work, housing or the community, or uses behaviours that interfere with learning.

What is Bloom Healthcare and what services does it provide?

Bloom Healthcare is a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare. Its healthcare model focuses on evidence-based practice and client centricity, delivered by highly qualified health practitioners across Australia.

How can Bloom Healthcare be contacted?

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

What core idea underlies the FBA approach to understanding behaviour?

The FBA approach is based on the idea of seeing the whole person—not just their behaviour—and ensuring they are supported with dignity and understanding, rather than simply focusing on how to stop the behaviour.

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