What is Positive Behaviour Support NDIS | Bloom Healthcare

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Details:

Positive behaviour support (PBS) is a way of working out why a person is behaving the way they are, then changing the things around them so the behaviour is less likely to happen and so they have a safer way to get the same need met. Under the NDIS it is delivered by a behaviour support practitioner who must be considered suitable by the NDIS Quality and Safeguards Commission. It is usually funded from the Capacity Building part of a plan, most often Improved Relationships . It is not a punishment system, and it is not something done to a person. It is planning done with them, their family and the people who support them every day.

This page is written for families, carers and support workers rather than for practitioners. It is general information about how the system works, not clinical advice about any one person.

The idea underneath all of it: behaviour is communication

The single most useful thing to understand about PBS is that behaviour is a message. When someone displays a behaviour of concern, they are usually expressing a need or a level of distress they cannot get across any other way. Treating that behaviour as naughtiness, defiance or a character flaw leads to responses that are reactive, short-lived, and sometimes harmful.

Behaviours of concern usually serve one of a small number of functions. The person is trying to:

escape something overwhelming, such as sensory overload, anxiety or a demand they cannot meet

gain attention or connection from another person

get access to a preferred item or activity

meet a sensory or emotional need , such as regulating themselves when they are flooded

Common things sitting underneath those functions include communication barriers, sensory overload, anxiety, stress, unmet needs, pain or an undiagnosed medical condition, trauma, and difficulty with transitions or decisions.

That last one matters. Pain is a frequent and frequently missed cause. A person who cannot say "my tooth hurts" may show you instead.

Who positive behaviour support is for

PBS is used with people of any age who have a disability and who display behaviours that put them or other people at risk, or that are limiting their life. That includes children, teenagers and adults, and it includes people who live at home with family, in shared accommodation, or independently with support.

It tends to be the right fit when the questions in front of you are practical and external: what sets this off, what does it look like, what happens afterwards, what should the people around this person do differently. If the questions are internal ones about mood, anxiety, trauma processing or thinking patterns, psychology may be the better starting point. The two often run alongside each other, and the section below explains how they differ.

If your instinct tells you that a child or a client is not coping as well as they could, that is worth acting on. You do not have to wait for a crisis to ask for an assessment.

How the NDIS pays for it

Positive behaviour support is generally funded under Capacity Building , most commonly in the Improved Relationships category. Depending on how a planner has written the plan and how the person's needs were documented, it can sometimes sit under Improved Daily Living or another category instead.

To access NDIS-funded PBS through Bloom Healthcare, your plan needs Improved Relationships funding set out in it. If you are not sure what your plan contains, the funding lines can be checked with you before anything starts. What is reasonable and necessary for one person is not automatic for another, so the amount in your plan depends on your own goals and circumstances, not on a standard package. For anything specific to your plan, speak to your planner, your support coordinator, or contact Bloom on 1300 771 465 .

The NDIS also publishes indicative service estimates for behaviour support work. An interim plan is estimated at up to around 10 hours of service delivery per engagement and a comprehensive plan at up to around 20 hours, which gives you a sense of scale when you are looking at your budget. Those are scheme-level estimates, not a quote. Bloom's own fees and terms are set out in your service agreement.

What a behaviour support practitioner actually does

A behaviour support practitioner is a professional the NDIS Commission has assessed as suitable to carry out behaviour support assessments and write behaviour support plans. Their work runs roughly in this order.

1. Functional behaviour assessment. This is the foundation. A functional behaviour assessment (FBA) is a structured, evidence-based process for working out why a behaviour happens rather than just describing it. The practitioner observes the person directly in different settings, gathers information from family, carers and support workers, and identifies the triggers and patterns involved.

The main tool is the ABC model:

A, antecedent — what happened immediately before? Demands, transitions, noise, a particular person, a particular time of day.

B, behaviour — what exactly did the person do, described in observable terms rather than labels like "aggressive".

C, consequence — what happened afterwards? What did the behaviour achieve?

1. Interim behaviour support plan. This is a provisional plan that puts safe strategies in place quickly while the fuller assessment continues.
2. Comprehensive behaviour support plan. This is the full plan, built on the completed FBA. It sets out the causes and triggers, the proactive strategies that reduce the chance of the behaviour occurring, the skills being taught to replace it, what to do if things escalate, and how progress will be reviewed.
3. Training and coaching. A plan that lives in a drawer changes nothing. Practitioners coach families, carers and support workers so the same approach is used at home, at school and in the community.
4. Review and adjustment. Plans are working documents. They are revised as the person's situation, skills and needs change.

The deadlines that apply to your plan

The NDIS Commission sets mandatory timeframes on specialist behaviour support providers. These are worth knowing, because they tell you what you are entitled to expect.

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

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

"Engagement" runs from the date of the service agreement, or a later date named in the agreement as the start of plan development.

Where a comprehensive plan includes regulated restrictive practices, it must be reviewed at least every 12 months while it is in force, and sooner if the person's situation changes.

Even where restrictive practices are not involved, it is good practice to check regularly that the strategies are still working and still suit the person.

Restrictive practices: what is regulated and what has to happen

This is the part of behaviour support that carries the strictest rules, and it is the part families are least often told about clearly.

The NDIS Commission regulates five categories of restrictive practice :

Seclusion — confining a person alone in a room or space where leaving is prevented, not facilitated, or implied to be not allowed, at any hour.

Chemical restraint — using medication or a chemical substance for the primary purpose of influencing behaviour. This does not include medication a doctor has prescribed to treat a diagnosed mental disorder, physical illness or physical condition.

Mechanical restraint — using a device to prevent, restrict or subdue movement for the primary purpose of influencing behaviour. Devices used for therapeutic or non-behavioural reasons are excluded.

Physical restraint — using physical force to prevent, restrict or subdue a person's body or part of it for the primary purpose of influencing behaviour. This does not include reflexive hands-on guidance to move someone away from harm.

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

For any of these to be used lawfully inside a behaviour support plan, it must be written down clearly, authorised by the responsible state or territory body, and it must be:

a last resort , used only when other options have been exhausted

used for the shortest time possible

reducing the risk of harm to the person or others

in proportion to that risk

the least restrictive option available

Providers who implement authorised restrictive practices and are registered with the NDIS must report monthly to the NDIS Commission on their use. If a restrictive practice is used without state or territory authorisation, or outside an approved behaviour support plan, that is a reportable incident. It must be notified to the Commission within 24 hours if a person with disability has been harmed , and within 5 business days if no harm has occurred .

The direction of travel across the whole framework is reduction and eventual elimination of restrictive practices. If a plan proposes one, you are entitled to ask what was tried first, why this is the least restrictive option, and what the plan is for removing it.

What families and support workers can do day to day

Most of the change in PBS happens between appointments, in the hands of the people who are there every day.

Change the environment before you try to change the person. Reduce sensory load where you can, manage lighting and noise, keep routines predictable, give advance warning of transitions, and organise spaces so expectations are obvious.

Give the person a better way to say it. Where communication is limited or non-verbal, frustration turns into behaviour. Augmentative and alternative communication tools, visual supports, communication boards and simple agreed signals reduce that frustration by giving the person a voice.

Teach the replacement skill in calm moments. Nobody learns a new coping strategy mid-crisis. Practise communication, coping and problem-solving skills when things are settled, then reinforce the new behaviour when it appears.

Work forward, not backward. If a young person becomes disruptive every afternoon, the PBS answer may be a movement break earlier in the day rather than a better response at 3pm.

Stay consistent across settings. Share what you are seeing, use the same strategies at home, at school and in the community, and ask the practitioner for coaching where you are unsure. Consistency is usually the single biggest predictor of whether a plan works.

How PBS differs from psychology and counselling

Families often ask which one they need. The short version:

	Psychology and counselling	Positive behaviour support
Main focus	Emotional wellbeing, thinking, mental health	Behaviours of concern and safer alternatives
Looking at	Internal experience such as anxiety, trauma, self-esteem	External behaviour and the environment around it
Main method	Therapeutic conversation and insight	Assessment, practical planning, observation, coaching
Delivered by	Registered psychologists or counsellors	NDIS behaviour support practitioners
Who is in the room	Often the individual	Often the whole support network, across settings

They are not alternatives so much as different jobs, and they are often used together. A child with autism who is having intense outbursts might see a psychologist to work on recognising and managing emotions, while a behaviour support practitioner works with the family and the school on routines, sensory supports and consistent responses.

Your rights, and how to raise a concern

Everyone receiving NDIS supports is covered by the NDIS Code of Conduct . It requires providers and workers to respect your rights to freedom of expression, self-determination and decision-making, respect your privacy, deliver supports safely and competently, act with integrity and honesty, act promptly on concerns, and take all reasonable steps to prevent and respond to violence, exploitation, neglect, abuse and sexual misconduct. It applies to registered and unregistered providers alike.

If something is not right, you can raise it with the provider directly. Providers are required to have a working complaints process, to let you complain anonymously if you prefer, and to keep you informed and involved while it is resolved. Most people making a complaint are after some mix of four things: acknowledgment, answers, action, and an apology.

If you are not satisfied with the provider's response, you can go to the NDIS Quality and Safeguards Commission directly. Participants, family members, carers and workers can all report a suspected breach of the Code of Conduct. A provider who tries to threaten you or stop you complaining, directly or indirectly, is breaking the law.

Getting started with Bloom Healthcare

Bloom Healthcare delivers NDIS positive behaviour support in New South Wales including Sydney and regional NSW, Queensland including Brisbane and South East Queensland, Victoria including Melbourne and regional Victoria, South Australia including Adelaide and regional areas, Western Australia including Perth and regional WA, Tasmania, and the Australian Capital Territory. Supports are delivered in homes and community settings, with telehealth available where that suits better.

To make a referral, call 1300 771 465 or email hello@bloom-healthcare.com.au . Include as much detail as you can and a team member will be in touch within 24 hours. If you are referring on someone else's behalf as a nominee or guardian, say clearly what your role and responsibilities are. You can read more on the positive behaviour support service page .

Common questions about positive behaviour support

Is positive behaviour support the same as discipline?

No. Discipline responds after a behaviour happens. PBS works out what the behaviour is achieving for the person, then changes conditions and teaches skills so the need can be met a safer way. Reducing the behaviour is the by-product, not the method.

Do I need a diagnosis to get behaviour support?

What you need is NDIS funding that covers it, which usually means Improved Relationships funding in your plan. Eligibility for the NDIS itself is a separate question decided by the NDIA. If you are unsure what your plan allows, ask your planner or support coordinator, or call Bloom on 1300 771 465.

How long before I have a plan in place?

An interim behaviour support plan must be developed within 1 month of the provider being engaged, and a comprehensive plan within 6 months. Engagement runs from the service agreement date or a later date named in it.

What is a functional behaviour assessment and why does it take so long?

It is the structured process of working out why a behaviour happens. It involves direct observation in more than one setting and information from everyone around the person, because behaviour that only shows up at school or only at home tells you something important. Rushing it produces a plan that addresses the surface and misses the cause.

Can a behaviour support plan include restraint?

Only under strict conditions. A regulated restrictive practice must be written clearly in the plan, authorised by the relevant state or territory body, used as a last resort for the shortest possible time, proportionate to the risk of harm, and the least restrictive option available. Authorisation processes differ by state and territory.

What happens if a restrictive practice is used without authorisation?

That is a reportable incident. The provider must notify the NDIS Commission within 24 hours if a person with disability has been harmed, or within 5 business days if there has been no harm. Where practices are authorised, registered implementing providers report their use to the Commission monthly.

How often is a behaviour support plan reviewed?

A comprehensive plan that includes regulated restrictive practices must be reviewed at least every 12 months, and sooner if the person's situation changes. Outside that requirement, it is still good practice to check regularly that the strategies are working.

Do the strategies need to be used at school and in the community too?

Yes, as far as possible. Consistency across settings is what makes a plan work. Practitioners provide training and coaching to families, carers and support workers so everyone responds the same way.

Should I get psychology or behaviour support?

If the concern is behaviour that is creating risk or limiting participation, behaviour support is usually the starting point. If the concern is emotional wellbeing, anxiety, trauma or mood, psychology usually is. Many people use both, and they work well together for complex presentations such as a dual diagnosis of intellectual disability and a mental health condition.

What does behaviour support cost?

Fees and terms, including anything about cancellations or travel, are set out in your service agreement before supports start. The NDIS publishes indicative service estimates for interim and comprehensive plans, but what you pay and what your plan covers depend on your own plan. Call 1300 771 465 to talk it through.

Who can I complain to if I am unhappy with a provider?

Raise it with the provider first if you feel able to. If you are not satisfied, contact the NDIS Quality and Safeguards Commission directly. You can complain anonymously, and it is against the law for a provider to threaten you or try to stop you.

Where can I get independent information about the NDIS?

The National Disability Insurance Agency can be reached on 1800 800 110 . For concerns about the quality or safety of supports, the NDIS Quality and Safeguards Commission is the body to contact.

What is Positive Behaviour Support (PBS)?

Positive Behaviour Support (PBS) is an evidence-based approach designed to improve quality of life by addressing and reducing behaviours of concern. It is grounded in the understanding that all behaviour has a purpose and is influenced by environmental, biological, and personal factors, and it seeks to implement strategies that promote positive behaviours while reducing the likelihood of challenging ones.

In what context is Positive Behaviour Support commonly used?

PBS is widely used in settings supporting individuals with disabilities, including those participating in the National Disability Insurance Scheme (NDIS).

What causes challenging behaviour according to the PBS framework?

Challenging behaviour can stem from a variety of factors, including biological factors (such as pain or discomfort), psychological factors (such as anxiety or stress), and social factors (such as a lack of social interaction or communication skills).

How can biological factors lead to challenging behaviour?

Biological factors, such as pain or discomfort, can lead to challenging behaviours—for instance, an individual experiencing physical pain may exhibit behaviours that are out of character as a way to communicate their distress.

What role do psychological factors play in challenging behaviour?

Psychological factors, such as anxiety or stress, play a significant role in challenging behaviour; an individual who feels overwhelmed or anxious may display challenging behaviours as a coping mechanism.

How do social factors contribute to challenging behaviour?

Social factors, such as a lack of social interaction or communication skills, can contribute to challenging behaviours—when individuals struggle to express their needs or interact with others, they may resort to challenging behaviours as a form of communication.

What is a behaviour support plan?

A behaviour support plan is a tailored strategy that focuses on an individual's unique goals and needs, developed based on an understanding of the underlying causes of their challenging behaviour.

Who publishes this article on Positive Behaviour Support and the NDIS?

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

What does the article promise for readers using its guide to positive behaviour support?

The article promises to help readers secure independence with a tailored plan, using the guide to positive behaviour support under NDIS to replace challenging actions with lasting, positive skills.

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