

Behaviour support, explained.

What positive behaviour support is, what it is not, and how it works when it comes through Foundational Minds. Written for the people who are actually there: families, carers, support workers, teachers, and the teams around a person.

Behaviour support is a way of understanding why a behaviour happens, and then changing the situation, the skills, and the responses around the person so that the behaviour is needed less. The person's rights, dignity, and quality of life sit at the centre of it.

What it is not

It is not behaviour therapy: you will not see weekly one on one sessions in a clinic room. It is not discipline, a reward chart, or a list of rules. It is not about compliance, and it is not a document that sits in a drawer. If a plan cannot be followed by the people who are there on an ordinary Tuesday, it is not support.

How it works at Foundational Minds

Most of our behaviour support is consultative. A specialist behaviour support practitioner works with the person, the people who know them best, and a trained implementation team, and the team carries the plan out every day. Our systems mean we can support people and teams without having to be in the room forever.

01 Referral and intake

You send the referral form or an enquiry. The intake team is in contact within 48 hours to discuss it and advise of any current waitlist.

02 Assessment

A functional behaviour assessment: interviews with the person and the people who know them, observation, data, and existing reports, to work out what the behaviour is communicating and what keeps it going.

03 The plan

Written in plain language: what to change in the environment, what skills to build, how to respond to early signs, what to do if things escalate, and how to recover afterwards.

04 Implementation with the team

Training and coaching so the plan is understood, owned, and delivered well by the people doing the work, at home, at school, on shift, or in a placement.

05 Review

Data tells us whether it is working. We adjust when the evidence says so, and we say plainly when something is not working.

What it looks like in practice

It looks different for everyone, and it usually includes meetings with the person, their team, and the other clinicians involved; assessment and data collection; written reports; strategies shared in plain language; training and coaching for the implementation team; and connecting the work across justice systems, schools, and out of home care placements.

Your part

- Tell us what actually happens, including the ordinary days.
- Keep the data going, even when it feels like nothing is changing.
- Say when a strategy is not working for you. That is information, not failure.
- Use the same words with the person that the plan uses.

Our part

- Explain everything in words you can use, and answer your questions.
- Build the plan around the person's strengths and what a good day looks like for them.
- Train and coach the team, and be reachable between visits.
- Report clearly to the people who need to know, and to no one else without consent.

Restrictive practices

Where a restrictive practice is in use or being considered, the plan must name it, justify it, and set out how it will be reduced and eliminated over time. It needs consent and authorisation under the state process, and it is reported to the NDIS Commission. Our focus is always on the least restrictive option and on getting to the point where it is no longer needed.

GETTING STARTED

Make a referral

Download the referral form at foundationalminds.com.au, complete what you can, and send it to intake@foundationalminds.com.au, or call 0402 568 661 to talk it through first. A partial referral is better than a delayed one. Sending a referral does not guarantee immediate service; the intake team will be in contact within 48 hours.