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Procedure Managing High Risk Behaviour and Emergency Use of Restrictive Practice

Service Stream	Families and Young People Services	Category	Foster and Kinship Care
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Purpose

Mercy Community (MC) is committed to engaging in proactive positive behaviour support that provides interventions to manage risk regarding behaviour and to support children and young people to develop capacity to manage emotions and learn alternative coping strategies. It is acknowledged, however, that there are times where children and young people can engage in behaviours that have such intensity, frequency, and duration that it places themselves and others at imminent risk of harm. In response to these situations there may be a need to intervene to support the physical and psychological safety of the child/young person, others, or self. The force used in any intervention would need to be reasonable, proportionate, and necessary. This may include the use of physical and environmental restrictive practice.

Human rights must be properly considered in the decision making when intervening with restrictive practice as the child or young person's rights to freedom and movement may be impacted due to the need to maintain safety of the child or young person, self, or others.

Restrictive practice intervention should not be a routine practice to control or manage behaviour. It should only be used where there is no other option maintain the safety of the child/young person or others.

Scope

This procedure applies to all employees, volunteers, and contractors engaged within Foster and Kinship Care (FKC) programs across MC – Families and Young People Services (FYPS).

Procedure

1. Managing high risk behaviours

- 1.1 All children and young people who engage in high-risk behaviour must have a written plan that outlines specific positive behaviour support interventions and under what circumstances these should be used.
- 1.2 In developing a plan that contemplates restrictive practices, consideration must be given to the principles set out in the *Human Rights Act 2019* (Qld) ('the Act').
- 1.3 MC, as a Public Entity under the Act, must ensure that in using restrictive practice consideration is given to:
 - Understanding which human rights may be impacted;
 - Consideration of the impact the that the decision to limit or restrict the human rights may have on the child for young person; and
 - The decision to use limitations are reasonable and justifiable.
- 1.4 All components of intervention plans must be consistent with standards set out in the *Child Protection Act 1999* (Qld), Department of Child Safety, Seniors, and Disability Services (the Department) *Positive Behaviour Support Policy* and *Managing High Risk Behaviour Policy*. In alignment with these policies, any plans developed must not include prohibited practices.
- 1.5 Restrictive practices may only be used where there is a high likelihood of injury to the child or others in the immediate future without intervention. Where restrictive

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practices are used, paramount consideration must be given to the best interests of the child or young person.

2. Risk Assessment

- 2.1 It may be identified that the use of restrictive practice is occurring in response to behaviours that are beginning to emerge where a written plan has not yet been developed.
- 2.2 If this is occurring, the required delegates depending on the program (i.e., Foster and Kinship Care Practitioner (FKCP), Line Manager, Clinician) should review the incident report and assess the frequency, intensity and duration of these behaviours occurring. Where restrictive practice is being used frequently in response to managing high risk behaviours, the Department may request a risk assessment to occur to determine the level of risk the behaviour has to the safety of the child or others and what strategies can be used to mitigate the risk.
- 2.3 The Department's *Behavioural Risk Assessment Tool* (see below) should be included in this risk assessment using all available information about the child and their behaviours.

			FREQUENCY OF THE BEHAVIOUR				
			How often does the behaviour occur? Refer to previous critical incidents/behaviour support plans to determine the frequency of the behaviour				
			RARE May occur in exceptional circumstances. Doesn't happen often	UNLIKELY Unlikely to occur e.g. less than once per month	POSSIBLE Possible to occur in some circumstances e.g. one to three times per month	LIKELY Likely to occur. E.g. one or more times per week	ALMOST CERTAIN Almost certain to occur e.g. daily
INTENSITY OF THE BEHAVIOUR	If the behaviour occurred, what would be the impact?	A behaviour that causes insignificant impact on the safety of the child or others that causes minor disruption and does not lead to injury or physical harm.	Low Risk	Low Risk	Low Risk	Low Risk	Low Risk
		A behaviour that minor impact on the safety of the child or others that requires a response to de-escalate the situation or ensure the safety of the child or others and/or reduce environmental risk.	Low Risk	Low Risk	Medium Risk	Medium Risk	Medium Risk
		A behaviour that causes moderate impact on the safety of the child or others that has the potential to require an immediate response to avert and adverse outcome and reduce the risk to the child or others.	Medium Risk	Medium Risk	Medium Risk	High Risk	High Risk
		A behaviour that causes major impact on the safety of the child or others that has the potential to cause significant injury; or an outcome that requires first aid response/medical treatment	Medium Risk	Medium Risk	High Risk	Extreme Risk	Extreme Risk
		A behaviour that causes serious and critical impact on the safety of the child or others that has the potential to cause serious injury that requires hospitalisation, urgent medical treatment, police	Medium Risk	High Risk	High Risk	Extreme Risk	Extreme Risk

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		and or ambulance presence or illegal behaviour					
2.4	Some children and young people may have access to a NDIS Plan; in which a NDIS funded Clinician has completed a risk assessment and restrictive practice has been included through the <i>NDIS Behaviour Support Plan</i> .						
2.5	The involvement of a Departmental Specialist Service Clinician is required to support the need for a plan around managing high risk behaviour and the need for emergency use of restrictive practice to occur. The relevant MC delegate will liaise with the Department to support participation of the Specialist Services Clinician and contribute to the development of the plan.						
3. Reporting							
3.1	Any use of Restrictive Practice is to be reported as soon as practicably possible in line with the Department's <i>Critical Incident Reporting</i> requirements, <i>GOV SOP Incident Management</i> , and <i>FS IP Incident Category Definitions – Statutory Services</i> .						
4. Review							
4.1	Any child or young person who has restrictive practices forming part of their behaviour plan completed must have regular meetings with stakeholders to ensure that these strategies are reviewed regularly including the MC FKCP responsible for supporting and/or monitoring the plan.						
4.2	Plans involving Restrictive Practice must follow a least intrusive principle and be removed from behaviour plans as soon as it is appropriate to do so.						

Definitions
<p>Child Safety Officer (CSO) An employee of the Department and delegate of the Chief Executive tasked with the statutory case management of young people subject to a Child Protection Order.</p> <p>Foster and Kinship Care Practitioner (FKCP) The employee who has been delegated by the Line Manager to undertake specific case management or placement support tasks.</p> <p>MC delegate Employee tasked with the day-to-day oversight of the case (examples include Clinician, FKCP and Intensive FKCP, and the Line Manager (examples include Team Manager, Program Manager) reports to the Senior Program Manager.</p> <p>Departmental Case Plans Statutory documents produced by the Department that govern statutory case management by the Department.</p> <p>Program Manager/Senior Program Manager (PM/SPM) Employees tasked with day-to-day oversight of MC programs. The Program Manager/Senior Program Manager reports to the Regional Director.</p> <p>Prohibited practices Unlawful and unethical practices which cause a high level of discomfort and trauma; any action which is contrary to section 122 of the <i>Child Protection Act 1999 (Qld)</i> because it frightens, threatens, or humiliates a child or young person is a prohibited practice. Prohibited</p>

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practices must not be used in responding to the behaviour of children who are placed in care under section 82(1) of the Act.

Regional Director

The manager with overall finance and program management responsibilities, who is a member of the leadership team.

Restrictive practices

Any intervention that impacts on the rights or freedom of movement of a person with the primary purpose of protecting the person or other people from harm. Restrictive practices may include:

- Sustained or prolonged physical restraint of a person to prevent or restrict the movement of a person, or any part of their body, for the primary purpose of managing their behaviour that causes risk of or actual harm to themselves or others.
- Removal of illegal or harmful objects that may be used to harm self or others.

Restrictive practices may only be used where there is a high risk of immediate harm to the child or others should intervention be withheld. Where restrictive practices are used, paramount consideration must be given to the best interests of the child or young person.

References

Child Protection Act 1999 (Qld)
Department's Behavioural Risk Assessment Tool
Department's Managing High Risk Behaviour Policy
Department's Positive Behaviour Support Policy
FS IP Incident Category Definitions – Statutory Services
GOV SOP Incident Management
Human Rights Act 2019 (Qld)
NDIS Behaviour Support Plan

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