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Service Stream	Families and Young People Services	Category	Residential Care and Transition Services
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Purpose

The central logic underpinning the intervention framework is that successful intervention in the lives of children and young people with complex and challenging behaviour requires a multifaceted approach. One where the overriding emphasis is identifying and meeting needs and responding sensitively to trauma; of providing safety and nurture within a caring therapeutic milieu; where individual wellbeing and personal strengths are enhanced; and where focused support is provided for changing serious emotional and behavioural problems. It is within this multifaceted therapeutic environment that challenging behaviour can be managed through clearly established strategies and procedures around conflict prevention, emergency management and appropriate corrective guidance and discipline.

The starting point for successful intervention is a thorough assessment of the young person's needs. This includes an examination of their individual wellbeing, strengths, and areas where they require intensive support for identified serious emotional and behavioural problems.

Scope

This procedure applies to all employees, volunteers and contractors engaged within Residential Care and Transition Services (RCaTS) programs across Mercy Community (MC) – Families and Young People Services (FYPS).

Procedure

1. Positive Behaviour Support Planning

- 1.1 Positive Behaviour Support is guided by the RCaTS Models of Practice, which incorporates a multi-faceted approach and is underpinned by trauma-informed theories and approaches; such as Attachment, Regulation and Competency (ARC) Framework, Therapeutic Crisis Intervention (TCI) and Playfulness, Acceptance, Curiosity, and Empathy (PACE) Model, in providing intentional responses to behaviour.
- 1.2 Positive Behaviour Support strategies are developed based on thorough and in-depth assessment of the person we support and impacting factors. The *CTARS Therapeutic Assessment Report (TAR)* holds the overarching assessment of the challenges and strengths of the young person, which provides key information in developing needed Behaviour Support interventions. The TAR is completed within the first month of the young person's placement and provides interventions and recommendations for supporting the young person with personal development, trauma recovery and increased wellbeing.
- 1.3 The way this is implemented is highly dependent upon which phase of the Phased Trauma Recovery Model is being enacted (see *FS PP RCaTS RES Phased Trauma Recovery Model for Out-of-home Care Settings* for more detail).
- 1.4 Positive Behaviour Support is best implemented when interventions are proactive (rather than reactive) and aimed to promote a consistent baseline of desired behaviour and predictable expectations and consequences. The *FS PP Proactive Strategies* holds overarching proactive strategies that align with Positive Behaviour Support and trauma informed care frameworks. The Practice Paper also provides generalised proactive strategies that can be used to support individualised Positive Behaviour Support interventions. These strategies are divided into focuses on the environment, program design, and interaction approaches used to assist the person we support.

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Procedure

- 1.5 Individualised and targeted Positive Behaviour Support interventions are developed within the *FS FORM RCaTS Positive Behaviour Support Plan*. The *FS FORM RCaTS Positive Behaviour Support Plan* provides the Care Team assisting the person we support with clear proactive strategies, behaviour change strategies, scripted response, and reward and consequence actions.
- 1.6 The focus of Positive Behaviour Support is to assist the person we support to develop new behaviours that are adaptive, resilient, and working towards positive outcomes, while helping the person we support to identify current behaviours that are having a negative impact on their wellbeing and future goals. Strategies and information held in the *FS FORM RCaTS Positive Behaviour Support Plan* are focused on prevention and intervention strategies. The *FS FORM RCaTS Positive Behaviour Support Plan* identifies target behaviours to decrease and positive behaviours to increase, and associated interventions and behaviour teaching.

2. Risk Assessment

- 2.1 The *FS FORM RCaTS Positive Behaviour Support Plan* also supports a risk assessment process and analysis of any challenging and unsafe behaviours. This assessment supports outlining the intensity and frequency of behaviours, and the assessment of low, medium, high, and extreme risk behaviours.
- 2.2 Low and medium risk behaviours will be captured in the *FS FORM RCaTS Positive Behaviour Support Plan* and will aid planning to reduce risk and provides interventions to help the person we support to deescalate prior to engaging in any high/extreme risk 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 causes 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 and/or ambulance presence or illegal behaviour.	Medium risk	High risk	High risk	Extreme risk	Extreme risk

- 2.3 Any behaviour assessed as high/extreme risk requiring safety planning is to be held in the *FS FORM RCaTS Safety Plan*, outlined in Section 3 below.

3. High and Extreme Risk Behaviour and Safety Planning

- 3.1 The *FS FORM RCaTS Positive Behaviour Support Plan* and *FS FORM RCaTS Safety Plan* are best implemented when they are working in unison, aiming to reach the same positive behaviour outcome for the person we support.
- 3.2 The intervention planning across these *FS FORM RCaTS Positive Behaviour Support Plan* and *FS FORM RCaTS Safety Plan* align with the TCI Stress Model of Crisis. Whereby strategies are outlined for the person we support, baseline, agitation, escalation, outburst, and recovery.

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- 3.3 Care Team Leaders (CTL) have access to several research-based Practice Papers to respond to more specialised behavioural needs.
- 3.4 Some behaviours can result in problematic situations, which put the person we support, their Care Team, and/or the community at a high or extreme risk of harm. In these situations, the behavioural supports are focused on minimising risk and targeting the unmet need/s of the person we support. Strategies and interventions to address, and reduce, high/extreme risk behaviours can be contained within *FS FORM RCaTS Safety Plan*.
- 3.5 These documents provide the risk assessment and actions relating to risks around Positive Behaviour Support interventions and responses for both the individual and/or the group.
- 3.6 **Safety Plan**
 - 3.6.1 The *FS FORM RCaTS Safety Plan* is designed to hold critical safety planning information for high or extreme risk behaviour pertaining to the individual and/or group/co-tenant dynamics. This form is broad and flexible, however is designed to be no longer than two (2) pages. For additional information, refer to the *FS PP RCaTS CTARS Therapeutic Programming Guide*.
 - 3.6.2 The *FS FORM RCaTS Safety Plan* is not required for every person we support and/or program and, rather, is used when a high or extreme risk behaviour or situation is assessed, and safety planning is required. This could include, but not limited to the following situations:
 - Sexualised behaviours that impact the safety of co-tenants/others in the community;
 - High-risk substance misuse;
 - High-risk behaviours that require multiple services response, such as Police or hospital intervention;
 - High-risk physical aggression/violence
 - Volatile peer/co-tenant dynamics that can result high risk situations;
 - Volatile family dynamics that can put young people, community members, and/or workers at risk; and
 - Absence from placement.

4. Reviews and Records Management

- 4.1 The *FS FORM RCaTS Positive Behaviour Support Plan* and *FS FORM RCaTS Safety Plan* is to be reviewed monthly and sent to the Senior Program Manager (SPM) for endorsement.
- 4.2 Upon endorsing, the SPM will export the Plans as a PDF and save to the person we support's CTARS Client Profile in Documents within the Assessment and Intervention Planning/Plans folder.
- 4.3 The CTL will ensure a copy of the *FS FORM RCaTS Positive Behaviour Support Plan* and *FS FORM RCaTS Safety Plan* are sent to the person we support's Child Safety Officer (CSO) and correspondence saved.
- 4.4 Where there is a new/updated Plan/s in place for a person we support, the Senior Residential Care Worker (SRCW) and Residential Care Workers (RCWs) working with the person we support must sign off on the Plan/s to acknowledge that they have read and understand the contents of the Plan/s.

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- 4.5 Should a new behaviour arise or increase in risk occur, these Plans should be reviewed and updated.
- 4.6 Where a Plan is updated, they must be provided to the CSO as soon as practicable. Where there is a substantial change, the CTL may also wish to telephone the CSO to discuss the changes.

Definitions

Care Team Leader(CTL)

Employee tasked with client care planning and care management oversight within the MC-FYPS Residential Care and Transition Services Programs.

Child Safety Officer (CSO)

An employee of the Department of Child Safety, Seniors, and Disability Services (the Department) and delegate of the Chief Executive tasked with the statutory case management of children and young people subject to a Child Protection Order.

CTARS

CTARS is a cloud-based client management system, designed specifically for disability services, children's services, and aged care. The system will allow MC staff to undertake therapeutic planning and assessment, capture and report on outcomes, and ensure practice complies with legislative requirements through industry best practice frameworks.

Senior Program Manager (SPM)

Employee tasked with day-to-day oversight of MC programs. The Senior Program Manager reports to the Regional Director.

Senior Residential Care Worker (Senior RCW)

Employee tasked with the day-to-day support and coaching of staff and running of an MC Residential Care program site.

Worker

SILP Caseworker/Residential Care Worker tasked with providing daily care for people we support.

References

Departmental Positive Behaviour Support Policy
FS DOC RCaTS Program Overview

Related Documents

CTARS Therapeutic Assessment Report
FS FORM RCaTS Positive Behaviour Support Plan
FS FORM RCaTS Safety Plan
FS PP Proactive Strategies
FS PP RCaTS RES Phased Trauma Recovery Model for Out-of-home Care Settings
FS PROC RCaTS Support and Intervention Planning

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