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Procedure Managing High Risk Behaviour and Emergency Use of Restrictive Practice

Service Stream	Families and Young People Services	Category	Residential Care and Transition Services
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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 reinforce the safety of the child/young person, others or self. In the context of the risk presented interventions using reasonable, proportionate and necessary force may be required. This may include the use of physical and environmental restrictive practice.

The use of restrictive practice must be seen within a Human Rights framework by which 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. Human Rights must be properly considered in the assessment and decision-making processes involved when intervening with emergency use of restrictive practice.

It is strongly emphasised that the emergency use of restrictive practice intervention should not to 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 Residential Care and Transition Services (RCaTS) programs across Mercy Community (MC) – Families and Young People Services (FYPS).

Procedure

1. Managing High-Risk Behaviours

- 1.1 At times, children and young people may engage in high-risk behaviours that impact the safety of themselves and others. In managing these high-risk behaviours, consideration may be given to the use of restrictive practice as a last resort to ensure that safety is paramount and to reduce the likelihood of foreseeable risk or actual harm occurring.
- 1.2 Restrictive practices impinge on a person's human rights; and it is important to note that restrictive practice does not support long-term behaviour change. Restrictive practice must not be relied upon to manage the child or young person's behaviour. Consideration must also be given to the risk that can present for children and young people when using restrictive practice, for example; injury or further traumatisation.
- 1.3 All children and young people who engage in high-risk behaviour must have a proactive plan that provides interventions to manage these using positive behaviour support interventions and practice. Each child and young person should have *FS PP RCaTS Proactive Strategies*, CTARS Positive Behaviour Support Plan and *FS FORM RCaTS Safety Plan* in place (see *FS PROC RCaTS Behaviour Support and Case Management*).
- 1.4 The assessment of use of restrictive practice must be underpinned by a Human Rights Framework and align with the *Human Rights Act 2019*.

Approved By: Regional Director, Residential Care and Transition Services

Approval Date	18 Feb 2022	Implementation Date	21 Feb 2022	Review Date	01 Jul 2024
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Procedure

- 1.5 MC, as a Public Entity, 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.
- 1.6 All components of intervention plans are consistent with standards set out in the *Child Protection Act 1999*, Department of Child Safety, Seniors, and Disability Services (the Department) Behaviour Support Policy and the Managing High Risk Behaviour Policy. In alignment with this Policy, the *FS FORM RCaTS Positive Behaviour Support Plan* and *FS FORM RCaTS Safety Plan* must not include prohibited practices.
- 1.7 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.
- 1.8 Where restrictive practices have occurred, they must be reported in line with *GOV SOP Incident Management*, *FS IP RCaTS Incident Category Definitions*, and the Department's reporting requirements.

2. Restrictive Practice

- 2.1 It may be identified that the use of Restrictive Practice is occurring in response to high-risk behaviours in case of emergency. This is often through a dynamic risk assessment and the need to intervene in an emergency to reduce immediate risk of harm to self or others (refer to *GOV SOP Incident Management* and *FS IP RCaTS Incident Category Definitions* to maintain reporting requirements).
- 2.2 The Department's **Positive Behaviour Support and Managing High Risk Behaviour Practice Paper** states:
The current evidence base identifies that restrictive practices should:
 - *only be used as a last resort when other less restrictive ways to support the child or young have been unsuccessful*
 - *be the least restrictive option available*
 - *only be used for its intended purpose*
 - *be used for the shortest period necessary with the minimum level of force to effectively manage high risk behaviour*
 - *be proportionate to the risk of harm presented by the behaviour.*
- 2.3 In situations where Emergency Use of Restrictive Practice has occurred, the Care Team Leader (CTL) should review the incident and assess the frequency, intensity and duration of these behaviours occurring. The CTL must ensure that the incident review includes proactive and positive behaviour support strategies that may have been used to reduce the need of Restrictive Practice occurring in future.

3. Planned Restrictive Practice

- 3.1 Where the high-risk behaviours present a known foreseeable risk and Restrictive Practice is being used frequently to manage challenging high-risk behaviour, the Department may request a safety and support network meeting, including a

Approved By: Regional Director, Residential Care and Transition Services

Approval Date	18 Feb 2022	Implementation Date	21 Feb 2022	Review Date	01 Jul 2024
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Procedure Managing High Risk Behaviour and Emergency Use of Restrictive Practice

Procedure						
<p>Departmental Specialist Service Clinician, to discuss the use of planned Restrictive Practice.</p> <p>3.2 Through the safety and support network meeting process, collaboration will occur to complete a risk assessment to determine the level of risk the behaviour has to the safety of the person we support, and/or others, and what strategies can be used to mitigate the risk, including safety planning.</p> <p>3.3 The Department's Behavioural Risk Assessment Tool (see below) will be used by the Safety and Support Network to support any discussions around the need for planned use of restrictive practice. In completing the risk assessment, the CTL will collate and review data from CTARS Incident Logs and Low Risk Behaviour Logs.</p>						
		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
		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
		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	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
		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

Approved By: Regional Director, Residential Care and Transition Services					
Approval Date	18 Feb 2022	Implementation Date	21 Feb 2022	Review Date	01 Jul 2024

Procedure Managing High Risk Behaviour and Emergency Use of Restrictive Practice

Procedure

- 3.4 In other circumstances, children and young people may have access to an NDIS Plan; in which an NDIS funded Clinician has completed a risk assessment and Restrictive Practice has been recommended and included through the NDIS Behaviour Support Plan.
- 3.5 In both situations, the involvement of a Departmental Safety and Support Network and Specialist Service Clinician is required to support the plan around managing high-risk behaviour and the planned use of emergency Restrictive Practice.
- 3.6 Through the risk assessment process involving the Safety and Support Network; the Department and/or NDIS Behaviour Support Plan may request or recommend the planned use of Restrictive Practice to support providing safety in managing high-risk behaviours. Where this has occurred, the CTL will liaise with Team Teach trainer to map recommended Restrictive Practice strategies out against the Team Teach Interventions. Consultation with external Team Teach trainers can also occur to support developing the plan.
- 3.7 The CTL must complete *FS FORM RCaTS Emergency Use of Restrictive Practice*. Including the Risk Assessment and the documentation of environmental and physical Restrictive Practices that may be required. Where there is an NDIS Behaviour Support Plan including a completed risk assessment, this can be referenced in the *FS FORM RCaTS Emergency Use of Restrictive Practice*.
- 3.8 The completed *FS FORM RCaTS Emergency Use of Restrictive Practice* will be provided to Senior Program Manager (SPM) to send to relevant Regional Director (RD) and General Manager (GM) for approval to send to Child Safety. The Chief Executive Officer (CEO) will be informed at the discretion of the GM.
- 3.9 Upon receiving GM approval, the completed *FS FORM RCaTS Emergency Use of Restrictive Practice*, this will be sent to the child/young person's DCYJMA Child Safety Officer (CSO), Team Leader, Senior Practitioner and Child Safety Service Centre Manager by email requesting Director General notation of the use of Restrictive Practice.
- 3.10 The notation of the planned use of Restrictive Practice by Director General must be received prior to implementation of the plan.

4. Training Requirement

- 4.1 On the occasion the use of Restrictive Practice is noted by the Department's Director General, training with the team of Residential Care Workers (RCWs) should occur.
- 4.2 Initial Team Teach training should occur over a one-to-two-day period of time, dependant on the extent of the strategies being used.
- 4.3 Reflective practice and role plays will occur fortnightly in team meetings to support practicing Team Teach interventions.
- 4.4 As part of the implementation of planned Restrictive Practice, the person we support is to be involved in the plan. The person we support should be informed about the planned use of Restrictive Practice and be shown what these interventions will look like and informed of the need to maintain safety of self and others.
- 4.5 If an NDIS Behaviour Support Plan is in place, the CTL is to liaise with the NDIS Clinician to provide training to the team in the implementation of the plan.

5. Review

Approved By: Regional Director, Residential Care and Transition Services

Approval Date	18 Feb 2022	Implementation Date	21 Feb 2022	Review Date	01 Jul 2024
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Procedure Managing High Risk Behaviour and Emergency Use of Restrictive Practice

Procedure

- 5.1 Any person we support who has a *FS FORM RCaTS Emergency Use of Restrictive Practice* completed must have a regular meeting with Safety and Support Network to ensure that these strategies are reviewed regularly. Safety and Support Network must meet to support working toward the reduction and elimination of the planned Restrictive Practice.
- 5.2 Any incident involving the use of Restrictive Practice must be reviewed by the person we support's CTL to support reflective practice occurring with RCWs to support review of proactive strategies and positive behaviour support that may have been used in the early stages of escalation to avoid the Emergency Use of Restrictive Practice.
- 5.3 The *FS FORM RCaTS Emergency Use of Restrictive Practice* is required to be reviewed by the CTL quarterly.
- 5.4 Where possible, and as soon as safe to do so, the reduction of Restrictive Practice is to occur. This should be a collaborative decision-making process based on a risk assessment and in discussion with the child or young person's Safety and Support Network.

6. Reporting

- 6.1 Any use of Restrictive Practice is to be reported as soon as practicably possible in line with Department's Critical Incident Reporting requirement, *GOV SOP Incident Management*, and *FS IP RCaTS Incident Category Definitions*.
- 6.2 If providing NDIS funded services to people we support who have NDIS Behaviour Support Plans, including Restrictive Practices, reporting is to occur as per the *FS PROC RCaTS RES NDIS Funded Support within RCaTS Programs*.

Definitions

Care Team Leader (CTL)

Employee tasked with client care planning and care management oversight with the general MC-FYPS Residential Care programs.

Child Safety Officer (CSO)

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

Case Plans

Statutory documents produced by the Department that govern statutory case management by the DYJMA.

General Manager (GM)

The employee with overall responsibility for Families and Young People Services. The General Manager reports to the MC Chief Executive Officer.

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 Child Protection Act 1999 because it frightens, threatens or humiliates a child or young person is a prohibited practice. Prohibited practices must not be used in responding to the behaviour of children who are placed in care under section 82(1) of the Act.

Approved By: Regional Director, Residential Care and Transition Services

Approval Date	18 Feb 2022	Implementation Date	21 Feb 2022	Review Date	01 Jul 2024
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Procedure Managing High Risk Behaviour and Emergency Use of Restrictive Practice

Definitions

Residential Care Workers (RCW)

Employees tasked with providing daily care for people we support.

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.

Regional Director (RD)

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

Senior Program Manager (SPM)

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

References

Child Protection Act 1999

Department's Positive Behaviour Support Policy

Department's Managing High Risk Behaviour Policy

FS MOP RCaTS RES General Residential Care Model of Practice

FS MOP RCaTS RES Intensive Therapeutic Intervention Service Model of Practice

FS MOP RCaTS RES Pre-Adolescent and Sibling Group Model of Practice

FS MOP RCaTS SILP Supported Independent Living Program

Human Rights Act 2019 (inc. the Human Rights Framework)

Related Documents

CTARS Low Risk Behaviour Log

CTARS Incident Log

FS FORM RCaTS Emergency Use of Restrictive Practice

FS FORM RCaTS Positive Behaviour Support Plan

FS FORM RCaTS Safety Plan

FS PP RCaTS RES Phased Trauma Recovery Model for Out-of-home Care Settings

FS PP RCaTS Proactive Strategies

FS PROC RCaTS Positive Behaviour Support

FS PROC RCaTS Incident Reporting

FS PROC RCaTS RES NDIS Funded Support within RCaTS Programs

FS PROC RCaTS Support and Intervention Planning

Approved By: Regional Director, Residential Care and Transition Services

Approval Date	18 Feb 2022	Implementation Date	21 Feb 2022	Review Date	01 Jul 2024
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