Managing High Risk Behaviour Policy

1. Purpose

Inala Community House (ICH) is committed to and promotes the use of positive behaviour support in accordance with the *Child Protection Act 1999 (Qld),* specifically the standards of care and Charter of Rights for a child in care.

ICH is also committed to respecting, protecting and promoting human rights in accordance with the *Human Rights Act 2019.*

This policy aims to ensure that children who engage in at-risk or high risk behaviours that present risk of harm to themselves or others:

- Have access to appropriate specialist supports to assist with responding to their behaviour, including strategies for the carer to appropriately respond to behaviour early in an escalation cycle when there is likely to be a presentation of lower risk behaviours.
- Are assisted with trauma-informed strategies.
- Have carers that can safely manage risk presented by the child's behaviour.

2. Scope

This policy applies to all people working with Out of Home Care and includes employees, volunteers, students, trainees and contractors. For the purpose of this policy, these persons shall be referred to as workers. This policy also applies to carers.

3. Definitions

Child: A child is an individual under 18 years as per the *Child Protection Act 1999 (Qld).*

Carer: A carer refers to both foster carer and kinship carer.

The Act: The Act refers to the *Child Protection Act 1999 (Qld)*

The Department: The Department refers to the Government department responsible for child safety

Child Safety Practice Manual: The Manual provides the principles, values, procedures, approaches, and systems that inform the delivery of Qld child protection services by the Department.

At-risk or challenging behaviour: It is understood this type of behaviour:

- Is typically not seen in children or young people of a similar age
- Is inappropriate to the context in which it occurs

- Is of such frequency, intensity, and duration that it presents risk to the child or young person or others
- Has a negative influence on the child or young person's quality of life such as restricting learning opportunities, limiting access to everyday community activities or impacting negatively on relationships.

Positive Behaviour Support (PBS): PBS is an evidence-based approach to supporting children who engage in at-risk or challenging behaviour in a range of settings. It recognises that at-risk or challenging behaviour is often related to environmental factors, and also considers other individual factors such as trauma, intellectual disability, general health and mental health. It provides a holistic approach with a focus on understanding the behaviour and increasing positive behaviours through pro-active strategies, skill development, modifying the environment or context rather than punishing negative behaviours or engaging in reactive and crisis driven strategies. The Department is responsible for PBS, which draws together all stakeholders, including ICH carers and caseworkers, to develop an understanding of a child's behaviours and create a PBS plan with appropriate trauma-informed strategies including:

- Primary preventative strategies that aim to change the environment and improve quality of life such as building strong relationships, recognising positive behaviours, focussing on strengths, clear and consistent boundaries, and assisting with problem solving.
- Secondary strategies that aim to alleviate low risk behaviours and prevent escalation to at-risk or challenging behaviour.
- Non-aversive reactive strategies that aim for resolution and return to safety, including de-escalation strategies.

Restricted Practice: Refers to 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.

Prohibited Practice: Refers to unlawful and unethical practices which present a high risk of causing discomfort and trauma. Any action which is contrary to s122 of the Act because it frightens, threatens or humiliates a child is a prohibited practice.

4. Policy

This policy aligns with the Department's polices on Positive Behaviour Support and Managing High Risk Behaviours.

ICH Out of Home Care (OHC) is committed to strengths-based, positive behaviour support. This is fundamental to ensuring that the safety, wellbeing and best interests of the child, both throughout childhood and the rest of the child's life are paramount. ICH works in partnership with the Department to provide training, professional supervision and support to assist carers to provide positive behaviour support to children in their care.

However, at times children may display behaviours of such intensity, frequency and duration that their safety, or the safety of others is at immediate risk. In these instances, it may be

necessary for carers to respond quickly to take emergency actions. Carers may be required to intervene with reasonable force through a restrictive practice to protect the child or young person, themselves and others. This is strictly regulated, and ICH adheres to the legislated reporting and recording requirements.

The safe care and connection of Aboriginal or Torres Strait Islander children with family, community, culture and country will be a key consideration when managing high-risk behaviours. The child placement principle will apply to processes, decisions and actions taken for an Aboriginal or Torres Strait Islander child.

Information about the use of restricted or prohibitive practices must be recorded in accordance with the Record Keeping Guide For Funded Non-Government Organisations.

4.1 The emergency use of restrictive practices

Children who engage in at-risk or high-risk behaviours may have PBS plans that provide strategies to assist with responding to the challenging or at-risk behaviour early in the escalation where behaviours present lower risk. ICH works in partnership with the Department, who are responsible for the development of PBS Plans as part of a child's case planning process. Refer to the ICH OHC Positive Behaviour Support Policy.

ICH workers and carers must adhere to the Department's guidance and policy on restrictive practices.

4.1.1 Guiding principles for the emergency use of restrictive practices:

The situation in which an emergency use of restrictive practices may be appropriate is when:

- The child is behaving in a way that poses immediate foreseeable risk of harm or actual risk of harm to themselves or others.
- The practice is reasonable in all the circumstances of the behaviour.
- Where there is no less restrictive measure available to respond the child or young person's behaviour in the circumstances.
- Paramount consideration must be given to the best interests of the child.

The ongoing reliance on emergency use of restrictive practices in the absence of a PBS Plan is not to be used as a behaviour management technique nor for convenience, as retaliation or to discipline a child. For example, emergency use of restrictive practices is not to be used to respond to a child or young person's refusal to comply with an instruction, unless that instruction creates an imminent risk to their safety, or that of others.

4.1.2 Emergency use of physical restraint

Physical restraint is the sustained or prolonged use or action of physical force 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. It is distinct to a hands-on technique to guide the person away from potential harm or injury

consistent with what would be considered as exercising duty of care towards a child or young person.

Children are not to be physically restrained by ICH workers or carers except in emergency circumstances. In all circumstances where physical restraint is used in an emergency, workers or carers are required to ensure that the physical restraint:

- Is reasonable and necessary to prevent the child from harming themselves or others; and
- Is the least restrictive option, in that it is the minimum level of force which is reasonable and necessary to protect the child or young person against danger; and
- Is applied for the shortest amount of time possible, and is removed as soon as the risk has reduced; and
- Is only used where the risk of not using the restraint outweighs the risk for using the restraint.

There is a serious risk that physical restraint can result in physical and/or emotional harm to the child, the person applying the restraint, and those that witness the restraint. Any emergency use of physical restraint will consider the child or young person's individual needs and circumstances, including:

- The age and size of the child or young person
- Past behaviours
- Any impairment, disability or health condition the child or young person may have for example obesity, epilepsy, medications or the side effects of drug use
- The child's cultural background
- Any history of trauma, including physical and sexual abuse or exposure to domestic and family violence
- The environment in which the physical restraint is taking place.

If the emergency use of physical restraint is required, the child or young person will be carefully and continuously monitored and must never reach the stage where:

- The child subject to the restraint says they cannot breathe, vomits, demonstrates signs of physical or psychological distress, starts to change colour or has a medical emergency such as a seizure; or
- The workers/carer administering the restraint is observed to be injured, unwell or unable to continue to safely monitor the situation.

After any use of emergency physical restraint, the child will be:

- Supported to access any required medical attention
- Provided the opportunity to debrief about the incident once they are calm.

Prohibited physical restraints are listed in the prohibited practices section of this policy and cannot be used under any circumstance. These specific restraints are recognised as high-risk physical restraints.

4.1.3 Emergency removal of an object that may cause harm (environmental restraint)

Environmental restraints restrict a person's free access to all parts of their environment, including objects.

Children have the right to access all everyday items and areas in their house. There may be instances where a child is using an object in a way that creates imminent risk or actual harm to themselves or others. In these situations, an object may need to be removed until the risk reduces or to prevent ongoing actual harm. If there is need to remove an object when there is imminent risk or actual harm:

- It will be removed for the shortest amount of time possible; and
- Will be returned to the child's environment once the risk has reduced
- The removal of the object may be accompanied by the emergency use of physical restraint and the principles related to this will be considered.

The ongoing restriction of access to objects, particularly as the sole behavioural management strategy is not supported by the Department and ICH. Where the child continues to use objects in a way that presents a risk of or actual harm to themselves or others, a PBS Plan will be developed with a focus on reducing the behaviours of harm.

Emergency removal of an object does not include removal:

- Due to the child or young person not having the relevant safety skills, as appropriate to their developmental age for example locking chemicals up when there are young children in the house; or
- Items that may be used for illegal purposes such as weapons; or
- Items that need to be locked away to ensure carers are compliant with relevant licensing requirements.

4.2 Prohibited practices

The use of prohibitive practices must not be used by ICH workers and carers under any circumstance. Children have the right to protection from strategies that may constitute abuse, torture or inhumane and degrading treatment and high risk practices when supporting them to develop positive behaviours.

Prohibited practices are unlawful and unethical practices and practices which cause a high level of discomfort and trauma. Any action which is contrary to section 122 of the Act 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.

ICH workers and carers must adhere to the Department's guidance and policy on restrictive practices.

4.2.1 Physical restraint

Physical restraint can result in injury, trauma and death. The following types of physical restraint are prohibited by ICH as either an emergency, or as a planned response:

- Prone restraint – holding the child on their stomach in a face down position
- Supine restraint – holding a child on their back in a face-up position
- Basket holds – holding a child with the intent to restrict their movement by wrapping your arms around their upper and/or lower body
- Take down techniques – where the child is taken to the floor in either a controlled or uncontrolled manner
- Any restraint which covers the child's mouth or nose or any other way restricts breathing
- Pushing the child's head to their chest or bending the child forwards at the waist
- Restraint involving the hyperextension or hyperflexion of joints
- The application of pain for compliance
- Having a carer sitting or kneeling on the child.
- The planned use of physical restraint is not supported by ICH or the Department.

ICH workers and carers must adhere to the Department's guidance and policy on restrictive practices:

4.2.2 Seclusion

Seclusion is the sole confinement of a child or young person in a room where the child or young person is not able to leave, or believes that they are not able to leave. Rooms or areas designed specifically for the purpose of seclusion or which are used primarily for the purpose of seclusion are not permitted.

This does not include steps taken by a carer in a parenting role to discipline and respond to developmentally appropriate behaviour. For example the short periods of 'time out' type strategies consistent with accepted parenting practices such as those promoted through the Triple P Program. Care will be taken that these strategies do not continue as the child becomes older and that they do not become seclusion.

4.2.3 Containment

Containment is a type of environmental restraint where the child or young person is unable to freely leave the home in order to manage responses to their behaviour which causes harm to themselves or others.

It does not include everyday safety responses such as locking the front door to prevent intruders however if a child has appropriate independence skills and is able to safely leave the home they should be able to do so freely.

4.2.4 Environmental restraints – ongoing use of restricted access to items

The ongoing use of restricting access to items in a child's home is not supported as a strategy to manage behaviour, particularly if it is considered problematic behaviour. For example, restricting access to food or hygiene items like soap to prevent children or young people making a mess.

4.2.5 Chemical restraint

Chemical restraint is the use of medication to manage a person's behaviour where they are prescribed it for the primary purpose of controlling the child's behaviour. This does not include the prescription and application of medication in response to a specific medical/mental condition. For example, Epilim when prescribed for epilepsy manages seizures. This is not considered a chemical restraint. Where Epilim is prescribed in the absence of epilepsy for the purposes of managing behaviour, it would be considered a chemical restraint; and a prohibited practice. The use of routine or as required chemical restraint is not supported by ICH and the Department.

4.2.6 Mechanical restraint

Mechanical restraint is the use of materials or items to manage a child's behaviour such as helmets, clothing, and splints. These aids restrict the free movement of the child or young person with the intent to prevent injury.

Mechanical restraint does not include:

- Therapeutic items that have been prescribed with a therapeutic intent for example, postural support and is used within the parameters of the recommendations of the prescribing therapist.
- Developmentally appropriate aids and support devices for example, a cot.
- The use of devices to facilitate medical treatment for example a wrap around the child's waist to cover a feeding tube to prevent the child pulling it out.

These items will be monitored to ensure that they:

- Do not convert to being used as a mechanical restraint for example, a stroller with straps for postural support that had been prescribed for when a child fatigues in the community starts being used in their home as a way to manage the child's behaviour.
- Are not used in a way to punish a child or used for lengthy periods of time for example placing a child in a cot for lengthy periods as a form of discipline.

4.2.7 Corporal punishment

Corporal or physical punishment is the use of physical force intended to cause some degree or discomfort for discipline, correction, control, changing behaviour or in the belief of educating the child or young person. For example, hitting, slapping, whipping, kicking, pinching, punching, pushing or shoving.

4.2.8 Aversive strategies

The application of painful or noxious conditions on a child's face or body parts. Examples including unwanted cold or hot bath, application of chilli powder on a food or body parts, unwanted squirting of liquid.

4.2.9 Unethical practices

Practices that may be considered unethical include but are not limited to:

- Rewarding children or young people with cigarettes or other substances.
- Using family contact as a reward or the withdrawal of family contact as punishment.
- Deprivation of meals, sleep, clothes, shelter, personal hygiene.
- Restricting access to everyday items for example food, personal hygiene, on an ongoing basis.
- Psychosocial restraint which usually involves 'power-control' strategies.

4.3 Reporting and recording

4.3.1 Restricted Practices

Carers/workers must report the use of any strategies to manage risk, including the emergency use of physical restraint and the details of the circumstances in which it occurred to the Child Safety Service Centre or Child Safety After Hours Service Centre within 24 hours of the incident occurring (or immediately where the use of restrictive practices may be a breach of the standards of care, or actions may have resulted in harm to the child or young person). Multiple instances of the use of strategies within a 24 hour period may be included in a single report.

Information about the use of restricted practices must be recorded in accordance with the Record Keeping Guide For Funded Non-Government Organisations.

Where there is frequent and regular use of the need to use strategies to manage risk, the Department may facilitate the review of the child's PBS Plan.

ICH will work with the Department to provide training and support to carers on the use of restrictive practices as required, which will be documented in the placement agreement for carers.

Note:

- The requirement to report the emergency use of restrictive practices does not include actions taken by carers in the context of age and developmentally appropriate parenting, for example removing scissors from a toddler.
- Incidents where there may be a breach of the standards of care or, actions that may have resulted in harm to the child must be reported in accordance with s122 of the Act. Refer to the Department's policy Responding to concerns about the standards of care policy and ICH OHC Incident Reporting and Management Policy and ICH OHC Identifying and Reporting Harm (Standards of Care) Policy.
- The Department may notify Qld Police Service about the use of the restrictive practice or the event leading up to its use that may constitute a criminal offence.

4.3.2 Prohibited Practices

Carers/workers must report any incident of a prohibited practice to the Child Safety Service Centre or Child Safety After Hours Service Centre within 24 hours of the incident occurring (or immediately where the use of restrictive practices may be a breach of the standards of care, or actions may have resulted in harm to the child or young person). This will be responded to according to the Department's Responding to concerns about standards of care policy.

Information about the use of prohibitive practices must be recorded in accordance with the Record Keeping Guide For Funded Non-Government Organisations.

Incidents where there may be a breach of the standards of care or, actions that may have resulted in harm to the child must be reported in accordance with s122 of the Act. Refer to the Department's policy Responding to concerns about the standards of care policy and ICH OHC Incident Reporting and Management Policy and ICH OHC Identifying and Reporting Harm (Standards of Care) Policy.

The Department may notify Qld Police Service about the use of the any practice that may constitute a criminal offence.

5. Review

This policy shall be reviewed every 2 years.

This policy remains in effect unless otherwise determined by resolution of the Board of Directors.

6. Related Documents

Policies
ICH OHC Philosophy of Care
ICH OHC Supporting Placement Policy
ICH OHC Identifying and Reporting Harm (Standards of Care) Policy
ICH OHC Incident Reporting and Management Policy
ICH OHC Positive Behaviour Support Policy
ICH OHC Supporting Placement Policy
ICH Privacy Policy
ICH Human Rights Policy
ICH Feedback and Complaints Policy
ICH Confidentiality Policy

Other Documents

ICH OHC Caseworker Guide

References

Qld Child Protection Act 1999
Qld Child Protection Regulation 2011
Qld Out-of-Home Care Outcomes Framework: https://www.cyjma.qld.gov.au/resources/campaign/supporting-families/qld-out-of-home-care-outcomes-framework.pdf
Qld Child Safety Practice Manual: https://cspm.csyw.qld.gov.au/
Qld Human Services Quality Framework
Record Keeping Guide for Funded Non-Government Organisations
Child Safety Policies: Positive Behaviour Support (604-5), Managing High Risk Behaviours (646), Responding to concerns about standards of care (326)