

Child Safety POLICY

Title: Managing high risk behaviour
Policy No: 646-2

Policy Statement:

At times, children and young people may display behaviour of such intensity, frequency and duration that their safety, or the safety of others is at immediate risk. In such circumstances, it may be necessary for carers to respond quickly to take emergency actions. When responding to this behaviour, carers may be required to intervene with reasonable force to protect the child or young person, themselves and others.

Restrictive practices are 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 do not facilitate long-term behaviour change and must not be the sole method used to manage a child or young person's behaviour. For any restrictive practice there must be a strategy to reduce and minimise its ongoing use.

Restrictive practices can present risk and also contribute to trauma to the child and those using the restrictive practices.

The Department of Child Safety, Youth and Women (Child Safety) is committed to, and promotes, the use of positive behaviour support to all children and young people in care, in accordance with the legislated standards of care outlined in, the *Child Protection Act 1999* (the Act), sections 74 and 122 and the Charter of Rights for a child in care which is set out in Schedule 1 of the Act.

The safe care and connection of Aboriginal and Torres Strait Islander children with family, community, culture and country will be a key consideration when supporting Aboriginal or Torres Strait Islander children and families.

Child Safety is committed to respecting, protecting and promoting human rights. Under the *Human Rights Act 2019*, Child Safety has an obligation to act in a way that is compatible with human rights and when making a decision, to give proper consideration to human rights.

This policy is to be read in conjunction with the *Positive Behaviour Support (604)* policy.

Principles:

- The safety, wellbeing and best interests of the child, both throughout childhood and the rest of the child's life are paramount.
- Child Safety staff will act and make decisions in a way that is compatible with human rights and obligations under the *Human Rights Act 2019*.
- Children and young people, including those with disabilities have the same right to be supported in a way that is in their best interests.
- Children and young people will be supported in a way that takes into account their age,

developmental level and cultural needs.

- Carers have a legal duty of care to take positive steps to protect children when there is foreseeable harm.
- Children and young people have the right to protection from strategies that may constitute abuse, torture or inhumane and degrading treatment or prohibited practices when supporting them to develop positive behaviours.
- The five elements of the child placement principle (prevention, partnership, placement, participation and connection) under section 5C of the Act, apply to processes, decisions and actions taken for an Aboriginal or Torres Strait Islander child.

Objectives:

This policy aims to ensure that children and young people 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. This includes strategies to support carers to appropriately respond to behaviour early in an escalation cycle when there is more likely to be a presentation of lower risk behaviours
- are assisted with trauma-informed strategies
- have carers who themselves are safe in situations where they are expected to manage risk presented by the child or young person's behaviour.

Scope:

This policy refers to:

- children and young people subject to a care agreement, an assessment order, or an order granting custody or guardianship to the chief executive under the Act, including a temporary custody or transition order, and who are placed in a care arrangement under section 82(1) of the Act, and
- approved foster carers, kinship carers and staff employed by Child Safety and non-government organisations to provide direct care to a child or young person placed under the authority of section 82(1) of the Act.

Challenging, at-risk or high risk behaviour is understood to be behaviour that:

- is not typically seen in children or young people of a common age
- is inappropriate to the context in which it occurs
- is of such frequency, intensity and duration that it presents risk or results in harm to the child or young person and/or others
- has a negative impact on the child or young person's quality of life such as, restricting learning opportunities, limiting access to everyday community activities or impacting on relationships.

Managing high risk behaviours and emergency use of restrictive practices

At times, children and young people may engage in behaviours of such intensity, frequency and duration they present immediate risk to themselves and/or others without intervention. In these limited instances, the emergency use of a restrictive practice may be required to manage risk.

Children and young people who engage in at-risk or high risk behaviour will have Positive Behaviour Support (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.

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 or young person 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 to 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 or young person. 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.

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 and young people in care arrangements are not to be physically restrained by staff or carers except in emergency circumstances. In all circumstances where physical restraint is used in an emergency, staff 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 or young person, 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 or young person 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 staff member 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 or young person 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.

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 and young people have the right to access all everyday items and areas in their house. There may be instances where a child or young person 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 or young person'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 Child Safety. 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.

Prohibited practices

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.

Physical restraint

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

- prone restraint – holding the child or young person on their stomach in a face down position
- supine restraint – holding a child or young person on their back in a face-up position
- basket holds – holding a child or young person 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 or young person'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 Child Safety.

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 or member of direct care staff 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.

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 or young person has appropriate independence skills and is able to safely leave the home they should be able to do so freely.

Environmental restraints – ongoing use of restricted access to items

The ongoing use of restricting access to items in a child or young person'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.

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 or young person'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 (PRN) chemical restraint is not supported by Child Safety.

Mechanical restraint

Mechanical restraint is the use of materials or items to manage a child or young person'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.

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.

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.

Unethical practices

Practices that may be considered unethical include:

- 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.

Reporting and recording

The below reporting arrangements are in addition to, and do not replace any reporting requirements for National Disability Insurance Scheme (NDIS) funded providers who are implementing the PBS Plan.

The use of restrictive practices to manage risk behaviour

The use of any strategies to manage risk, including the emergency use of physical restraint, and details of the circumstances in which it occurred must be reported by the carer or direct care staff

member to the Child Safety Service Centre or Child Safety After Hours Service Centre within 24 hours of the incident occurring. Multiple instances of the use of strategies to manage risk within a 24 hour period may be included in a single report.

An exception to this would be incidents where there may be a breach of the standards of care or, actions that may have resulted in harm to the child.

In all cases, reporting must be immediate and must occur in accordance with section 122 of the Act and that information will be assessed in accordance with *Responding to concerns about the standards of care* (326) policy.

In addition, information about the use of the restrictive practice or the event leading up to its use that may constitute a criminal offence must be immediately notified to the Queensland Police Service by Child Safety.

In all reported instances of the use of emergency use of restrictive practices, the information is to be recorded on the child's file and consideration must be given to a review of the child or young person's case plan. Where there is frequent and regular use of the need to use strategies to manage risk, a review of the current PBS Plan must occur.

The requirement to report the emergency use of a restrictive practice does not include actions taken by carers and direct care staff in the context of age and developmentally appropriate parenting, for example removing scissors from a toddler.

Where carer and direct care staff learning and support needs are identified through case planning or reporting of the emergency use of restrictive practices, these needs will be responded to and recorded in the placement agreement for foster and kinship carers, or as required by the licensed care service's policy for direct care staff.

Prohibited practices

Any incident of the use of prohibited practices in relation to a child in a care arrangement must be immediately reported by the carer or direct care staff member to the Child Safety Service Centre or Child Safety After Hours Service Centre. This will be responded to according to the *Responding to concerns about the standards of care* (326) policy.

The use of any practices that may constitute a criminal offence must be immediately notified to the Queensland Police Service.

Roles and Responsibilities:

- Behaviour support planning will occur through genuine consultation and participation with the child or young person, their parents (where appropriate), carers or direct care staff, Child Safety and Specialist Services staff and other specialist providers including Evolve Therapeutic Services, Child and Youth Mental Health Services, NDIS funded service providers and sexual abuse services.
- Behaviour Support planning will seek to maintain family relationships and be supportive of individual rights, and ethnic, religious and cultural identity or values.
- Child Safety staff will work in partnership with approved carers and direct care staff to provide quality care in a safe and stable living environment to meet children and young people's needs, in accordance with the statement of standards and the Charter of Rights established in the Act

- Child Safety and licensed care services will work in partnership to provide training and professional supervision and support to assist carers and direct care staff to provide positive behaviour support to all children and young people in care arrangements.
- Child Safety staff will inform approved carers, direct care staff and all relevant service providers of this policy. Child Safety recognises its responsibility to monitor that the policies of licensed care services are consistent with this policy and that incidents of the use of restrictive practices are reported. This will be done through licensing and quality assurance processes.

Authority:

Child Protection Act 1999, section 5A, Chapter 2A, Chapter 4 and section 122

Child Protection Regulation 2011, Part 7

Delegations:

Refer to instruments of delegation of delegations relevant to positive behaviour support and managing behavioural risk.

Records File No.:	Not applicable
Date of approval:	11 November 2020
Date of operation:	11 November 2020
Date to be reviewed:	11 November 2023

Office:	Office of the Chief Practitioner
Help Contact:	Child Protection Practice

Links:

Procedures

Child Safety Practice Manual

Related Policies

Complex Support Needs Allowance (612)

Critical Incident reporting (391)

High Support Needs Allowance (296)

Placement of children in care (578)

Placement of children with Child Safety employees (36)

Residential care (606)

Responding to concerns about the standards of care (326)

Therapeutic Residential Care (577)

Related Legislation or Standard

National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018

National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018

Human Rights Act 2019

Queensland Civil and Administrative Tribunal Act 2009

Rescinded Policies

Managing High Risk Behaviour (646-1)

Deirdre Mulkerin

Director General