

# Child Safety POLICY

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**Title:** Positive Behaviour Support  
**Policy No:** 604-5

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## Policy Statement:

All children and young people need to be supported to grow, develop skills and to participate in their social, school and community life. For children in care arrangements, carers often provide the majority of that support, which should be strengths-based, modelled on positive behaviours and which should incorporate appropriate discipline within a safe and caring relationship.

A child or young person's behaviour may be developmentally appropriate and seen in children of a similar age. Other times, the behaviour may be impacted by factors such as trauma, disability, mental health, drugs and alcohol, or the environmental context.

When supporting children and young people who engage in at-risk or challenging behaviour, it is important to understand why they need to engage in the behaviour. Effective strategies can then be developed to reduce this need. Without effective strategies, the child or young person is at risk of being supported in ways that are restrictive, or result in their exclusion from everyday activities.

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 undertaking positive behaviour support with 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 and make decisions 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 *Managing high risk behaviour* (646) 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 and high risk 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:

- are supported to build and develop skills to maintain relationships and develop positive behaviours
- are supported in environments that meet their needs and reduce the need for the child or young person to use challenging or at-risk behaviour
- have access to appropriate specialist supports to assist with supporting their behaviour when they present with more complex or high risk behaviours
- keep themselves and others safe with trauma-informed strategies.

### **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 or at-risk behaviour is understood to be behaviour that:

- 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

Positive Behaviour Support (PBS) is an evidence-based approach to supporting children and young people who engage in at-risk or challenging behaviour in a range of settings. PBS:

- recognises that at-risk or challenging behaviour is often related to environmental factors, such as interpersonal relationships, physical environment, responses from others and the way in which services are delivered
- is a holistic approach with a focus on understanding the purpose of the behaviour and increasing positive behaviours through skill development rather than punishing negative behaviours
- uses proactive rather than reactive or crisis driven strategies. The focus is on skill development and modifying the environment or context to better support the child or young person and reduce the need for them to engage in at risk or challenging behaviour.

PBS is a framework which aims to:

- develop an understanding of why the child or young person displays the at-risk or challenging behaviour based on an assessment of the social and physical environment and broader context within which it occurs. It also considers individual factors such as trauma, intellectual disability, general health and mental health that may contribute to at risk behaviours
- involve all stakeholders in the assessment process to develop an understanding of the behaviour and identify appropriate strategies
- use the understanding to develop, implement and evaluate the effectiveness of a PBS Plan
- provide supports to enhance the quality of life for both the child or young person and those that support them.

## Positive Behaviour Support Plans

Within a PBS plan, there are multi-element approaches to support the child or young person and their behaviour, including:

- Primary preventative strategies that aim to change the environment and improve quality of life to reduce the need for the child or young person to engage in at-risk or challenging behaviour. These strategies include building strong relationships, recognising positive behaviours rather than negative ones, focussing on strengths, clear and consistent boundaries and assisting with problem solving.
- Secondary strategies that aim to alleviate the situation when behaviours are low risk and to prevent the behaviour from escalating. They are used when there are early warning signs of at-risk or challenging behaviour.
- Non-aversive reactive strategies that aim to bring about resolution and return to safety including de-escalation strategies.

Case planning and review processes will identify children and young people displaying at-risk behaviours, or who are at risk of displaying such behaviours, and the negative consequence for the child or young person and/or others. Where the child or young person is assessed as having

significant needs in the behaviour and/or emotional stability domains, as an outcome of the Structured Decision Making (SDM) Child Strengths and Needs Assessment, a PBS plan will be developed as part of the case plan.

The child or young person is to be involved through the assessment and development of any PBS Plan to the best extent possible taking into account their age and level of understanding. Reflecting on behaviour after it occurs provides a learning opportunity for children and young people to identify triggers, thoughts and feelings. This is only to occur once the child or young person has returned to a regulated state.

When children and young people engage in behaviour of such intensity, frequency and duration that it presents immediate, foreseeable risk of harm to themselves or others, please refer to the *Managing high risk behaviour* (646) policy.

### **The use of psychotropic medication for mental health**

Children and young people exposed to trauma and neglect are at risk of developing mental health issues. These children may require the prescription of medication to support their mental health. Where a doctor is prescribing a psychotropic medication:

- information should be sought from the prescribing doctor to clarify the purpose of the medication and ensure it is being prescribed for a mental health diagnosis
- consent should be obtained from the child or young person's guardian
- a PBS plan should be developed and the child or young person should be supported to access appropriate mental health services to reduce the use of psychotropic medication where possible
- children should be supported to have six monthly reviews by medical professionals to determine if the medication is still required.

The use of any medication to manage the behaviour of a child or young person in the absence of a diagnosed health or mental health condition is not supported by the department. This is considered chemical restraint. Please see the prohibited practices section and the *Managing high risk behaviour* (646) policy.

### **Safe transport**

Drivers are responsible for ensuring that all passengers are safely restrained in cars and should follow the relevant guidance around types of child restraints. The following types of devices required to support safe transport are appropriate and are not considered restrictive practices under the *Managing high risk behaviour* (646) policy:

- use of a device or harness to support the safe transport of a child with a physical disability. These should be prescribed by an appropriate professional and adhere to the appropriate legal requirements.
- the use of standard safety features within cars including the 'child lock' option on a door or the 'window lock' option.

## The National Disability Insurance Scheme

For children and young people with a disability who engage in at-risk or challenging behaviour, their National Disability Insurance Scheme (NDIS) plan should include funding for:

- the development of a PBS Plan and staff training to implement the plan
- funding for other allied health funding as required to support the assessment and development of a PBS Plan and skill development e.g. occupational therapy, speech therapy.

Carers and direct care staff should discuss any concerns about a child or young person's behaviour during the NDIS planning or review meeting.

NDIS registered behaviour support practitioners and NDIS registered providers must be familiar with this policy and the *Managing high risk behaviour* (646) policy and work with Child Safety to develop and implement their PBS Plans in a way that aligns with these policies. NDIS behaviour support practitioners and NDIS registered providers have requirements to maintain registration and to meet the requirements outlined in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*. Child Safety works with the NDIS Quality and Safeguards Commission in these matters.

**For information regarding the NDIS Commission requirements on behaviour support see <https://www.ndiscommission.gov.au/providers/behaviour-support>.**

### Prohibited practices:

Prohibited practices are unlawful and unethical practices which present a high risk of causing high level 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.

Prohibited practices include:

- corporal punishment
- unethical practices to modify a child or young person's behaviour
- planned use of physical restraint
- planned use of restriction of access to items (environmental restraint)
- containment (environmental restraint)
- seclusion
- chemical restraint
- mechanical restraint
- aversive strategies

Please refer to the *Managing high risk behaviour* (646) policy for further information about these practices including the reporting and recording of prohibited practices.

## 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 and prohibited practices are reported. This will be done through the licensing and quality assurance process.

## 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 for delegations relevant to positive behaviour support.

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

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<b>Office:</b>	Office of the Chief Practitioner
<b>Help Contact:</b>	Child Protection Practice

## Links:

### Procedures

## Child Safety Practice Manual

### **Related Policies**

- Complex Support Needs Allowance (612)
- Critical Incident reporting
- High Support Needs Allowance (296)
- Managing high risk behaviour (646)
- Placement of children in care (578)
- Placement of children with Child Safety employees (36)
- Residential care
- Responding to concerns about the standards of Care (326)
- Therapeutic Residential Care (577)

### **Related Legislation or Standard**

- Human Rights Act 2019*
- National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*
- Queensland Civil and Administrative Tribunal Act 2009*

### **Rescinded Policies**

- Positive Behaviour Support (604-4)

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