



Director of Forensic Disability

FRAMEWORK

Title: Clinical Risk Framework

The Forensic Disability Service (FDS) provides rehabilitation and habilitation programs and services that aim to reduce the likelihood of future offending behaviour and support clients to be safely transitioned to a less restrictive community environment. Baseline assessment data will inform the development of effective clinical risk management strategies. As clients progress, risk management will continue, but strategies should become less restrictive and modified in a graduated way in order to support a client's transition to community. The overall goal is to reduce client's risk and to support them to develop skills to safely transition to the community. As clients learn skills, it is essential that the FDS adopts effective and positive risk management approaches for the client.

The FDS should embed a comprehensive, integrated approach to risk assessment and management, underpinned by an evidence base, and structured professional judgement, highlighting the circumstances under which risks (e.g., offending or behaviours of concern) are more or less likely to occur.

1. Purpose

The purpose of this framework is to guide practice at the FDS in relation to client risk assessment and management. The framework:

- Provides a conceptual understanding of risk, including the principles underpinning risk management at the FDS;
- Outlines the approach and steps to be undertaken during risk assessment and management;
- Emphasises the importance of understanding risk as a client progresses through the FDS; and
- Promotes the safety of clients, staff and the community.

2. Scope

This framework applies to the FDS. The Administrator, Senior Practitioners, Authorised Practitioners and other persons performing a function or exercising a power under the *Forensic Disability Act (2011)* (the Act) must comply with this framework.

This framework must be implemented in a way that is consistent with the purpose and principles of the Act

3. Authorising Legislation

Section 91 of the Act.

4. Risk assessment and management

The purpose of the *Clinical Risk Framework* is to inform risk assessment and management at the FDS. It involves the identification of risk and protective factors, particularly when dynamic; informs safety planning; and development of sound risk management approaches and strategies documented within the clients Individual Development Plans (IDP). The framework draws from the Queensland Health Violence Risk and Management Framework (2019)¹.

The risk assessment and management process can be described as cyclical, starting with:

- the identification or re-visiting of the potential for risk;
- conducting a comprehensive risk assessment;
- careful consideration of all risk factors;
- summarising risk and developing a thorough risk prevention and management plan, which is incorporated into the overall formulation within IDP;
- implementation of well-informed interventions; and
- evaluating the success of those actions and need for change through continuous monitoring.

4.1.1 Risk assessment

Risk assessment is integral to determining the most appropriate level of management and the right kind of intervention. It requires engagement with the client and where possible their family, carers and support networks. Information gathering is essential and includes a longitudinal history, static and dynamic factors, collateral, and the safety needs of family/others.

Risk assessment should include consideration of risk over time i.e. immediate, short and longer term and within particular contexts.

The assessment of risk requires a comprehensive clinical interview which examines biological, psychological and social factors holistically, and considers these when developing a risk summary, which informs broader formulation and care planning. Risk assessment instruments can be useful in examining critical risk domains and supporting effective and consistent decision making about management. They are used as an adjunct to good clinical practice and not as a stand-alone measure. It is important that any risk assessment is accurate and appropriate for the FDS context as underestimation of risk can lead to harm and a lack of safeguards, and overestimation of risk leads to unnecessary restriction.

4.1.2 Summarising risk

Summarising risk involves understanding and communicating the relationship between static and dynamic risk factors with consideration of: frequency, severity, patterns, imminence, consequences, factors which increase risk, factors which are protective, and the identification of potential victims. Where possible a risk summary should integrate warning signs with specific contexts. These factors should be used to guide the development of a risk management plan.

¹ Queensland Health (2019) violence risk assessment and management framework – mental health services

4.1.3 Risk management

Risk management aims to minimise the likelihood of adverse events within the context of overall management and care planning, to achieve the best possible outcome and deliver safe, appropriate care. Risk management is informed by the risk assessment and summary, and provides a level of response proportionate to the identified risk. Risk management must include safety planning with the client and wherever possible their family, carers, support networks and potential victims.

4.1.4 Risk review

Risk review provides for the ongoing assessment and monitoring of a client's risk profile. Outcomes are evaluated for effectiveness and management plans are reviewed. While remaining flexible, scheduled dates for review are to be included as part of the management plan. Risk reviews are to include the client, allied person and wherever practicable other support networks.

Staff must closely monitor the effectiveness of plans, strategies and interventions, and document accordingly. The plan should be refined and amended as necessary, or a decision made to re-evaluate the entire plan. Review intervals/timeframes will be decided by the Senior Practitioner but should occur at least three-monthly to inform the review of the Individual Development Plan (IDP) or other plans. Where there has been progress, this should be documented in the IDP, communicated with staff and considered when reviewing risk.

5. Best practice risk principles

Risk assessment and management is paramount to the effectiveness of the rehabilitative and habilitative intervention undertaken at the FDS for forensic disability clients. It is essential there is a united approach and philosophy regarding risk management at the FDS. Underpinning principles regarding risk should be embodied service wide – creating a positive risk culture from management teams through to clinical and operational staff.

Accept that risk is always present, and can never be eliminated

Even a comprehensive risk management plan cannot account for all risk factors that arise. Staff should use structured professional judgement, evidence-based assessments and policies and procedures to assess and manage risk, prioritising safety at any point in time.

Adopt a positive approach to risk management

The FDS will make certain decisions that involve risk. These decisions must be informed by risk assessment and consideration of the balance of risk and benefit. It is important to be clear about the potential benefits and risks, and collaborate with the client and their decision makers when these decisions are made.

The FDS must seek to develop plans and actions that support positive outcomes for a client while also minimising the risks. Risk and risk factors should not be the sole focus of planning for a client, but also include an analysis of the protective factors that may provide balance in managing the risk.

A positive approach to risk management includes ensuring that planning occurs with a multidisciplinary approach, input from a range of staff, in a culture that supports open communication, and embraces reflective practice.

Risk management must be individualised

The level of security required for a client should be based on valid, evidence based assessment, with an individualised risk management approach. Risk management cannot be a 'blanket' approach. Each client has a unique set of needs and circumstances that need to be accounted for when managing their individual risk. Risk should be managed for each individual in the least restrictive manner possible.

Relational security is fundamental to effective risk management

Relational security is the knowledge and understanding staff have of a client and of the environment, and the translation of information into appropriate responses and care. Relational security is not simply about having 'a good relationship' with a client. Safe and effective relationships between staff and clients must be professional, therapeutic and purposeful, with understood boundaries. Boundaries enable staff to maintain their professional integrity and say 'no' when limits are being tested.

Relational security is a very important component of risk management, as its focus is on preventing incidents by ensuring teams have thorough knowledge and understanding of clients, and know what actions should be taken to ensure safety and high quality support.

Risk assessment and management is not punishment

All FDS clients have criminogenic needs and behaviours that may challenge staff member's personal beliefs or convictions. However, it is important that the FDS has a culture that accepts the presence of historical behaviours, seeks to work with these behaviours, but does not judge the client because of them. Risk assessment and management does not include coercion, authoritarian or aversive views, approaches or practices.

Contemporary disability and human rights principles apply to risk management decisions

Enacting human rights principles and delivering services according to contemporary disability practices should contribute to reducing risk, including promoting choice and control, community inclusion, least restrictive principles, supporting a developmental model (i.e., where everyone can learn new skills to reduce risk with the right support), client-centred and strength-based practice, positive behaviour support (refer to *Director of Forensic Disability Policy – Positive Behaviour Support*), trauma-informed care (refer to *Director of Forensic Disability Policy – Trauma Informed Care*) and human rights (refer to *Director of Forensic Disability Policy – Human Rights*).

Risk is managed proactively

Risk is managed proactively through individualised risk management plans that outline approaches to avoiding risk, de-escalating emerging risk and managing risk when it presents. IDPs, risk management plans, and positive behaviour support plans (where applicable) will contain information about a client's offending behaviour, behaviours of concern and the situations and context in which the risks may occur. The risk management plan (and positive behaviour support plan where applicable) will include approaches to proactively support clients to avoid risk and actions to be taken by practitioners in response to presenting risk. It is important that staff understand the client's risk management plan (and positive behaviour support plan where applicable) and how it must be implemented.

Rehabilitation and effective treatment is required to decrease recidivism

The FDS provides the opportunity for clients to decrease their individual risk, to engage in activities and programs that will promote their quality of life and an environment to safely support community reintegration. Risk management should be informed by contemporary evidence based risk assessment and take into account the client's progress in rehabilitation and habilitation programs and demonstrated pro-social behaviour.

Skill development and meaningful occupation is supported by research to reduce the likelihood of recidivism. Rehabilitative needs are targeted through a graduated process where a client learns a new skill/s and knowledge within their abilities and at their own pace; they are given opportunity to use, practice and master the learning; given opportunities to generalise the skills to other life situations; and repeat this process learning a range of new skills.

6. The risk continuum at the Forensic Disability Service

The risk management approach for a client will change over their time at the FDS. The vision of the FDS is to support and work with clients who present with a significant risk at the time of their admission, however through targeted and meaningful rehabilitation, it is anticipated that this risk will reduce and they will be able to reintegrate safely to community living. It is accepted that initial risk presentation and management will be higher in the earlier stages of admission to the FDS, and as the client completes their programs, engages in meaningful activity, and understands their offending pathway, the intensity of risk management support will naturally decrease.

The following layers of risk oversight form the key elements of the client's risk management:

The Oversight of a Forensic Order (Disability)

The Mental Health Court (MHC) makes the decision to place a person on a Forensic Order (Disability). The MHC can make recommendations about intervention programs, such as drug and alcohol programs, anger management or counselling. The MHC also determines the category of the order, namely, if the person will be a community or inpatient client. Where the court determines that the risk presented by the individual is such that a medium secure facility is required (and the person does not require treatment and care for any mental illness), the client may be detained in the FDS.

The MHRT will review a client's forensic order on a regular, six monthly basis (refer to *Director of Forensic Disability Policy - Support to the Mental Health Review Tribunal*). Upon reviewing the forensic order, the MHRT considers whether it continues to be necessary to protect the safety of the community, including from the risk of serious harm to other persons or property. The MHRT may consider whether progress has been made in relation to any recommendations set down by the MHC. The MHRT will review and may amend the conditions attached to the forensic order.

At each review of the client's order, the MHRT must be satisfactorily informed of the client's ongoing progress at the FDS, and the manner in which the client's risk is being managed. The FDS must advise the MHRT of the status and planning for a client's transition and transfer to the community in order for the MHRT to consider changing the forensic order to a community category.

Admission to the FDS

Where a client has been determined to require admission to the FDS, there should be clear evidence that the client presents with a significant risk that warrants the medium secure environment.

According to the Royal Australian and New Zealand College of Psychiatrists (RANZCP) (2016) *Principles for the treatment of persons found unfit to stand trial* “**Treatment must be in the least restrictive environment appropriate, consistent with individual circumstances and the safety of the community**” (Principle 4). This principle outlines “Inpatient care should not be mandatory, and if it is deemed necessary, it must not be longer than necessary to assess and treat clinical issues and ensure that risk can be properly managed”.

Individual Development Plan

The IDP is the primary document that provides information about the client including their background, risk, assessed needs and goals, with a particular focus on the client’s development, habilitation and rehabilitation and, when appropriate, supporting the client’s transition to the community (refer to *Director of Forensic Disability Policy and Procedure – Individual Development Plan*). The IDP should include information about relevant risk and protective factors and provide a formulation of risk that describes the specific risk and possible outcomes. A risk management plan must be contained within the client’s IDP (refer to *Director of Forensic Disability Policy and Procedure – Clinical Risk Assessment and Management*).

On admission, initial planning should ensure that the client’s risk can be appropriately managed pending any further assessment and development of the client’s IDP. The Senior Practitioner may add any additional requirements or conditions that they deem necessary to manage the client’s risk within the FDS and in the community. The IDP should also outline the planned programs, supports and LCT that will aim to address a client’s rehabilitative and habilitative needs.

FDS Model of Care (MoC)

As a client progresses at the FDS, targeted, adapted programs will be provided that decrease a client’s risk of recidivism. The FDS MoC highlights the importance of evidence based practice models including Risk, Needs, Responsivity model, the Good Lives model and Positive Behaviour Support.

The risk, needs and responsivity model recognises the importance of targeting criminogenic risk factors and utilising approaches that take into account potential barriers to treatment such as disability and motivation, to reduce the risk of further offending. Programs targeting criminogenic risk at the FDS are described as rehabilitation programs.

The Good Lives Model emphasises the importance of assisting an adult to develop, gain and increase skills to support them to meet their needs in a pro-social way and subsequently increase their quality of life. Increasing quality of life and achieving meaningful needs in a socially valued way may assist in leading to a reduction in future offending. Programs at the FDS that focus on these areas are described as habilitation programs and may include skills development to engage in occupation and work opportunities, leisure activity, increasing social networks, and learning to better manage stressful situations.

A Positive Behaviour Support approach involves ensuring there is individual assessment and planning to provide proactive strategies to assist clients in developing functionally equivalent behaviours to have their needs met and to actively support the client to increase and learn new skills (refer to *Director Forensic Disability Policy – Positive Behaviour Support*).

According to the RANZCP (2016) *Principles for the treatment of persons found unfit to stand trial*, **“rehabilitation and effective treatment is required to decrease recidivism” (principle 6)**. Therefore, the FDS must ensure that clients are actively engaged in programs and can provide the evidence through contemporary assessment that the individual’s risk to themselves and the community is reducing.

Limited Community Treatment (LCT)

Initially, the client will have conditions attached to their forensic order that may limit their access to the community (LCT conditions). It may be the case that the conditions of the forensic order will be more stringent on admission pending any further assessment, client engagement and development of an IDP, and a thorough understanding of the client’s risk. The FDS should be able to better understand client risk and reduce restrictions over time in order to provide evidence to the MHRT that the client can be suitably managed in a less restrictive environment where appropriate.

The client’s LCT should increase over their time at the FDS in a graduated manner based on assessment and understanding of the client. LCT events must be monitored and reviewed to inform future LCT risk management strategies and to apply a least restrictive, evidence based approach to community access.

LCT event plans will provide detailed information regarding the purpose of the LCT strategies to manage care, support and risk each time a client exits the FDS for an activity in the community (refer to *Director of Forensic Disability Procedure - Community Treatment and Other Leave*).

Evidence of Progress

It is important that the FDS documents changes in a client’s dynamic risk and behaviours of concern (refer to *Director of Forensic Disability Policy and Procedure - Clinical Risk Assessment and Management* and *Director of Forensic Disability Policy - Positive Behaviour Support*). Evidence of change and progress will be provided through formal assessments, but also through observations in the day to day interaction and engagement with staff at the FDS.

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