



Director of Forensic Disability PROCEDURE

Title: Clients for whom the offence leading to the Forensic Order is a Prescribed Offence

Purpose

This procedure is issued by the Director of Forensic Disability in accordance with section 91 of the *Forensic Disability Act 2011* (the Act).

This procedure is to be read in conjunction with the *Director of Forensic Disability Policy – Clients for whom the offence leading to the Forensic Order is a prescribed offence*.

For the purpose of this procedure, a ‘client who has committed a prescribed offence’ is a forensic disability client for whom the offence leading to the making of the applicable forensic order is a “prescribed offence” as defined by the *Mental Health Act 2016*.

This procedure:

- outlines the additional tasks required to be completed when a client who has committed a prescribed offence enters the detention and care of the FDS; and
- provides guidance to staff of the Forensic Disability Service (FDS) in relation to the detention, care and support of a client who has committed a prescribed offence.

Procedure

1. Admission

For a client who has committed a prescribed offence, the client’s file and the Forensic Disability Act Information System (FDAIS) must clearly identify that the client has committed a prescribed offence. Where a non-revocation period has been ordered by the Mental Health Court, this must also be noted in the client’s file.

2. Oversight and management

For a client who has committed a prescribed offence:

- the client must be under the direct care and support of the Senior Practitioner;
- the client must have a risk management plan developed by the Senior Practitioner which is included as part of their IDP and reviewed regularly; and
- the Administrator must inform the Director of Forensic Disability of any significant changes in presentation or management of the client that relate directly to the issue of risk.

3. Individual development planning

The Individual Development Plan (IDP) sets out the plan for promoting each client's rehabilitation, habilitation and quality of life, reducing behaviours that place the client and others at risk and, where appropriate, supports the client's reintegration into the community. In developing and reviewing the IDP, the Senior Practitioner must take into account the serious nature of the "prescribed offence." This is important in informing the rehabilitative programs the client requires, the risk management plan and the approach to supporting the client's reintegration into the community.

For a client who has committed a prescribed offence, the Administrator must ensure the Director of Forensic Disability is made aware of any significant events involving the client. The DFD must also be advised of any changes made to the IDP as a consequence of a significant event. Significant events may include, but are not limited to:

- the client re-offends;
- the client engages in behaviour that is indicative of an increase in the client's risk to others;
- the client is non-compliant with the IDP, such as not undertaking their responsibilities to engage in specific therapy, programs or LCT;
- the client requires an admission to an inpatient facility;
- the client fails to comply with conditions attached to their Forensic Order;
- any violent incidents;
- the client is/was absent without permission; and
- use of any regulated behaviour control under Chapter 6 of the Act.

4. Review

For a client who has committed a prescribed offence, the Senior Practitioner must review the client on a regular basis to identify the presence of any risk factors and, where required, amend existing strategies to mitigate risk. As part of the IDP review process, the Senior Practitioner must review the IDP and risk management plan for the client every three months (refer to *Director of Forensic Disability Procedure – Individual Development Plan*). Every review of the client and assessment of the client's current risk must take into consideration the fact that the client is alleged to have committed a serious violent offence and the need to protect the community.

Furthermore, the Senior Practitioner must ensure that the client's risk management plan remains up to date and reflects the current risk factors and strategies in place to reduce risk. Where concerns about a client's risk are raised by FDS staff, the allied person or other support persons and/or recent significant events have occurred, these must be taken into account and inform the current risk management plan.

5. Limited Community Treatment

The Senior Practitioner may authorise Limited Community Treatment (LCT) for a client where it has been approved by the Mental Health Court (MHC) or the Mental Health Review Tribunal (MHRT). When deciding whether or not to authorise LCT, the Senior Practitioner must consider all reasonable risk factors for the client when in the community, the serious nature of the prescribed offence and the need to protect the community.

The Senior Practitioner must ensure that, prior to authorising LCT, a limited community treatment plan is in place that takes into consideration the client's known risks and strategies to mitigate those

risks. The Senior Practitioner must also ensure a dynamic risk assessment of the client is conducted prior to authorising LCT (refer to the *Director of Forensic Disability Procedure - Clinical Risk Assessment and Management*).

The Senior Practitioner may:

- authorise community treatment up to, and including, the maximum level of community treatment approved by the MHC or the MHRT; and
- include additional community treatment conditions necessary for managing the client's care, support and risk.

6. Correspondence and visitors

Clients who have committed prescribed offences should not be permitted to contact victims, including alleged victims of the prescribed offences unless a risk assessment has been undertaken giving due consideration to potential impact on the victim and the appropriateness of the contact. FDS staff must notify the clinical team leader/Senior Practitioner or Administrator of any alleged contact.

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Designation: Director of Forensic Disability

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