Director of Forensic Disability
POLICY

Title: Clinical Risk Assessment and Management

1. Policy Statement

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.

Standardised, evidence-based clinical risk assessments play an important role in identifying client need and in highlighting the circumstances under which offending or behaviours of concern are likely to occur. Baseline assessment data should inform the development of evidence-based and effective clinical risk management strategies that are least restrictive. Assessment should involve a dual focus on understanding risk and the clinical needs of the client. Regular dynamic risk assessment should be undertaken to identify and monitor change and subsequently inform risk management strategies. As clients successfully progress through their treatment at FDS, risk management should become less restrictive and evidence of client improvement documented to support their safe transition to community.

A clinical risk framework has been issued to provide understanding, and drive best practice, in relation to risk at the FDS (refer to *Director of Forensic Disability – Clinical Risk Framework*).

In the event that staff are uncertain as to how to proceed in relation to a client, staff should consult the Senior Practitioner and/or Principal Clinician.

2. Purpose

The purpose of this policy is to:

- ensure evidence based risk assessments are administered for all clients of the FDS to inform the client's Individual Development Plan (IDP) and risk management plans; and
- ensure the safety of clients, staff and the community.

3. Scope

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

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

4. Authorising Legislation

Section 91 of the Act.

5. Policy

5.1 Clinical Risk Assessment

On admission, a client's relevant historical assessments and assessments conducted through the referral process should be considered, and further evidence based assessments should be undertaken where deemed necessary. This will ensure that areas of risk are identified and inform the client's IDP, including rehabilitation and habilitation programs, support approaches, goals and management plans.

Risk assessments administered will depend on the individual criminogenic needs of each client, however, should include both static and dynamic risk assessments:

- Static risk assessments should be conducted to identify baseline risk of re-offending which will be used to inform the intensity of treatment and supervision.
- Dynamic risk assessments should be regularly conducted to provide an assessment of current dynamic risk factors related to reoffending which will inform risk management, rehabilitation, habilitation and Individual Development Plans (IDP).

Functional behaviour assessment may also be undertaken to understand more about the function of the offending behaviour and of other behaviours of concern. Identifying the function of behaviour will assist in understanding and managing risk. Considering all behaviour that may put the client or others at risk of harm is important in managing risk (refer to *Director of Forensic Disability Policy – Positive Behaviour Support*). Assessment should consider the risk of harm to other clients or staff and the environment in which the client interacts.

5.2 Risk Management

Risk management should be informed by contemporary risk assessment and should consider the client's progress in rehabilitation and habilitation programs and demonstrated pro-social behaviour. Outcomes of risk assessment should guide the approach to supporting the client and the development of risk management strategies.

A risk management plan must be completed and incorporated within each client's IDP (refer to *Director of Forensic Disability Policy – Individual Development Plans*). Strategies outlined in the risk management plan should be comprehensive, fit within the parameters of the conditions of the client's Forensic Order, and support a least restrictive approach. Risk management plans must be based on the individual needs and risk profile of each client.

When managing clients for whom the offence leading to the Forensic Order is a prescribed offence, the Senior Practitioner and supporting staff must take into consideration the serious nature of the prescribed offence, the need for a high level of oversight and the need to protect the community (refer to *Director of Forensic Disability Policy – Clients for whom the offence leading to the Forensic Order is a Prescribed Offence)*.

Risk management plans should include individualised proactive and reactive strategies to manage risk and support behaviour. Staff should use trauma informed care (refer to *Director of Forensic Disability Policy - Trauma Informed Care*) and positive behaviour support (refer to *Director of Forensic Disability* Policy - *Positive Behaviour Support*) approaches in their care and support of clients. For some clients, the Senior Practitioner may decide there is a need to develop a formal positive behaviour support plan.

Risk management plans should be reviewed at least three-monthly as part of the scheduled IDP review process, and otherwise as required by the Senior Practitioner. For example, the Senior Practitioner may deem that significant changes have occurred for the client (or within the environment) between scheduled IDP reviews that warrant an extra review of the risk management plan to ensure the safety of the client and others. Where appropriate, less restrictive approaches to managing risk should be implemented, or where risk is not effectively being managed, new risk management strategies should be considered.

The FDS should support clients to work towards rehabilitative and habilitative goals and promote independence and quality of life through a planned approach to the client's LCT (refer to *Director of Forensic Disability Policy – Community Treatment and Other Leave).* This includes a carefully assessed, graduated approach to leave from the service, based on progress in programs, risk assessment and successful periods of leave under staff supervision. As clients progress through treatment, care and support at the FDS, risk will likely become gradually reduced, and therefore activities (e.g., LCT) will become less restrictive and provide evidence for the client to transfer to community.

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