



Director of Forensic Disability POLICY

Title: Individual Development Plans

1. Policy Statement

The *Forensic Disability Act 2011* (the Act) requires the Director of Forensic Disability to issue policies and procedures in relation to a forensic disability client's Individual Development Plan (IDP) (section 91(2)(a) of the Act).

The Director of Forensic Disability's IDP policy and procedure cover elements related to the development, review and implementation of an IDP. Clients receiving care, support and protection from the Forensic Disability Service (FDS) must have an IDP which is regularly monitored, reviewed and adapted to ensure its continued appropriateness for promoting a client's individual development, quality of life, and supporting their participation and inclusion in the community.

2. Purpose

This policy outlines the relevant provisions of the Act and the Director of Forensic Disability Policy regarding IDPs for forensic disability clients. The Senior Practitioner is responsible for ensuring an IDP is prepared for each and every forensic disability client.

In accordance with this policy:

- all IDPs are to be developed following a multidisciplinary assessment;
- every client is to be provided with individual care and support tailored to promote their individual development, cultural identity, independence, community participation, habilitation, rehabilitation and reintegration to the community;
- the impact of programs and intervention focused on rehabilitation and habilitation should be routinely evaluated as a part of the IDP being regularly reviewed;
- IDP reviews are the mechanism to formally review the progress made in the previous IDP period, inform the goals for the next IDP period and where relevant provide evidence that the client is ready to be transferred from the FDS to the community;
- IDP reviews should reflect the progress the client has made during their time at the FDS and continually inform reintegration planning;
- the client, their allied person, and guardian or informal decision-maker must be involved in the decisions about the care and support of the client; and
- each IDP is to be informed by evidence-based practice and is prepared with regard to current policies and procedures issued by the Director of Forensic Disability.

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 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

An IDP is integral to a forensic disability client's care and support while detained in the FDS.

Chapter 2, Part 1 of the Act sets out the requirements in relation to IDPs. An IDP is a plan that complies with the Act, is developed following a multidisciplinary assessment for a forensic disability client and is required to:

- promote the client's development, rehabilitation and habilitation;
- provide for the client's care and support; and
- when appropriate, support the client's reintegration into the community.

The FDS must develop, review and maintain a written IDP for each client of the FDS in accordance with the Act.

The IDP should be provided to the client in a format that takes into account the individual communication style of each client to ensure understanding and to gain commitment from the client regarding their plan.

5.1 Requirement for multidisciplinary assessment

It is a requirement of the Act that a multidisciplinary assessment is completed prior to the development of the IDP. Section 13 of the Act defines a ***multidisciplinary assessment*** as an assessment by two or more practitioners, of different disciplines, with relevant qualifications and experience appropriate to conduct the assessment of the client.

Upon admission to the FDS, the Senior Practitioner and at least one other practitioner of a different discipline must review assessment reports that have been completed and identify and undertake any further assessments that may be required. This process ensures that the client's forensic and disability support needs have been considered and inform the IDP.

The multidisciplinary assessment approach to informing the client's IDP should be ongoing with involvement of two or more practitioners of different disciplines on at least an annual basis. The IDP should document how the multidisciplinary assessment was undertaken, and who has been involved.

5.2 Consultation requirement

The FDS must ensure clients have direct input into the development of their IDP.

In developing the IDP the following persons **must** be consulted and their views considered:

- the client;
- the client's guardian or informal decision maker (if the client has one);
- the client's allied person; and
- anyone else a Senior Practitioner considers integral to the plan's preparation (e.g. an advocate for the client, a cultural advisor/elder or a family member who is part of the client's support network).

Note: These consultation obligations also apply when making changes to the IDP.

5.3 Preparation and content of the Individual Development Plan

5.3.1 Preparation of the Individual Development Plan

The Senior Practitioner is responsible for ensuring the IDP is prepared for the client in accordance with the requirements of the Act.

In addition to ensuring a multidisciplinary assessment is undertaken and consultation occurs with the client and relevant others, the Senior Practitioner must:

- take into account assessment and plans (including the Admission Plan) completed as part of determining a client's suitability for the FDS prior to the client's admission to the FDS (refer to *Director of Forensic Disability Policy and Procedure – Referral and Admission*);
- take into account any relevant plans or advanced health directive for the client. Relevant plans may include - a positive behaviour support plan or a treatment plan as recorded by an Authorised Mental Health Service (AMHS); and
- have regard to all relevant policies and procedures about the care, support and protection of clients.

5.3.2 Content of the Individual Development Plan

Section 15 of the Act sets out the minimum requirements of a client's IDP. The client's IDP must describe and respond to the client's needs, goals and aspirations.

The IDP will be unique to each individual client and must at a minimum contain the following content:

- The proposed arrangements for the provision of programs and services for:
 - promoting the client's development, rehabilitation, habilitation, and quality of life;
 - reducing the intensity, frequency and duration of the client's behaviour that places the client's health or safety of others at risk; and
 - supporting the client's reintegration into the community when appropriate;
- Supporting and exploring opportunities for the client's cultural self-expression;
- Outline the proposed plan to give effect to Limited Community Treatment (LCT) approved by the Mental Health Court (MHC) or Mental Health Review Tribunal (MHRT) (refer to *Director of Forensic Disability Policy and Procedure - Community Treatment and Other Leave*);
- Include three monthly intervals for review of the IDP to ensure it remains relevant to the client needs with a focus on promoting development, rehabilitation, habilitation and participation in the community;

- Include intervals for regular assessment by the Senior Practitioner to review progress and inform rehabilitation and habilitation needs, and planning (including risk management and reintegration planning). Details of assessments must be recorded in the client's file;
- Include a risk management plan which details the primary risk management strategies considered necessary to safely support the client, and where relevant include links to PBSP
- Include the details of any medication prescribed for the client, the purpose of the medication and the intervals, of not more than three months, for reviewing this medication;
- If considered necessary include details regarding the use of regulated behaviour control; where they have been used previously and strategies for avoiding, reducing and eliminating the use of any regulated behaviour control; and
- Include planning to support the client's transition from the FDS.

The Administrator must ensure a client's IDP is completed by the Senior Practitioner within 21 days of the client's admission to the FDS. The IDP must be provided to the Director of Forensic Disability to ensure the approach to meeting the client's rehabilitative and habilitative needs, transition from the FDS and appropriate management of complex behaviour are established in the initial plan.

5.4 Reviewing and changing the Individual Development Plan

5.4.1 Reviewing the Individual Development Plan

The Senior Practitioner **must** at a minimum review each client's IDP on a three monthly basis, in consultation with the client and key stakeholders. Following review, the IDP must be updated to ensure the plan continues to address the client's current rehabilitative and habilitative needs, reflects best practice, promotes the client's development and independence, and supports the client to participate and be included in the community. The client's IDP must also give effect to the current MHRT or MHC order. Regular Senior Practitioner assessment and contemporary multidisciplinary assessment must inform IDPs.

5.4.2 Changing the Individual Development Plan

When changes are required these must be recorded in the IDP by a Senior Practitioner or a delegated Authorised Practitioner. Written changes include, but are not limited to, changes related to:

- goals pertaining to rehabilitation, habilitation and reintegration;
- care and support approaches;
- rehabilitation and habilitation programs and interventions;
- conditions and plans for LCT (as authorised by the Senior Practitioner and approved by the MHRT);
- use of regulated behavior control;
- strategies to support a client's reintegration to community and transfer from the FDS; and
- medication.

Whenever a change is made to an IDP, the Senior Practitioner, or delegated Authorised Practitioner, must meet with the client, their allied person and/or guardian to discuss the plan and explain the reasons for any changes. Changes must be recorded in the client's IDP.

6. Roles and responsibilities

Senior Practitioner

Individual Development Plan development

The Senior Practitioner must:

- ensure an IDP is prepared for the client in accordance with the requirements of the Act and within 21 days of the client's admission;
- consult with the client in developing the plan;
- consult and consider the views of the client, the client's guardian (if the client has a guardian) (refer *Guardianship and Administration Act (Qld) 2000*) and the allied person, in preparing the plan;
- ensure the IDP reflects other relevant policies and procedures issued by the Director of Forensic Disability;
- ensure the IDP is consistent with, and makes reference to, any other plans relevant to the client (for example, the Admission Plan, Advance Health Directives, Positive Behaviour Support plans and/or, if the client was transferred from an AMHS, any treatment plan under the *Mental Health Act 2016*);
- record details of client's assessment; and
- record authorised LCT for the client, including any periods, whether or not continuous, of the community treatment and the conditions the Senior Practitioner considers necessary.

Changing and updating the Individual Development Plan

- undertake, at a minimum, three monthly reviews of the IDP and ensure it continues to address the client's rehabilitative and habilitative needs;
- consult with the client, the allied person, the guardian (where relevant) and any other relevant stakeholders in the IDP review process;
- carry out regular assessment of the client;
- ensure regular multidisciplinary assessment is undertaken
- change the client's IDP to give effect to a decision or order of the MHRT or MHC;
- change the IDP to include strategies for avoiding, reducing and eliminating any further use of behaviour control, if regulated behaviour control is used on a client;
- authorise LCT and update the client's IDP in relation to the LCT that is currently authorised; and
- specify and record in the IDP any conditions considered necessary to manage the client's care and support and protect the health and safety of the client or the safety of others during LCT.

Administrator

The Administrator must:

- ensure this policy is given effect;
- ensure the IDP is completed by the senior practitioner within 21 days of the client's admission at the FDS;
- ensure the client receives the care, support and protection specified in the client's IDP;

- ensure a Senior Practitioner carries out regular assessments of the client as specified in the client's IDP;
- ensure the Senior Practitioner changes the IDP to give effect to a MHRT or MHC order for LCT and updated according to the LCT authorised by a Senior Practitioner; and
- ensure the Senior Practitioner changes the IDP to include strategies for avoiding, reducing and eliminating any further use of regulated behaviour control.

7. Record Keeping and Confidentiality

IDPs contain sensitive information about a client and must be written in a way that respects the dignity of the person. The Administrator must ensure that confidential information is managed in accordance with the Confidentiality of Information provisions contained in section 122 of the Act.

A client's current IDP must be accessible to FDS staff members through FDAIS and on the client's file. A plain language version IDP should be provided to the client.

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Designation: Director of Forensic Disability

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