



Director of Forensic Disability PROCEDURE

Title: Community Treatment and Other Leave

Purpose

This procedure is issued by the Director of Forensic Disability in accordance with section 91 of the *Forensic Disability Act 2011* (the Act) and has been developed to assist staff of the Forensic Disability Service (FDS) in relation to a forensic disability client's access to treatment in the community and other temporary leave of absence. This procedure must be read in conjunction with the *Director of Forensic Disability Policy – Community Treatment and Other Leave*.

The purpose of this procedure is to:

- ensure the requirements of the Act are met in relation to Limited Community Treatment (LCT) and temporary leave;
- ensure client leave is used appropriately;
- promote practice that supports the safety and security of clients and escort staff accessing LCT; and
- ensure decisions to authorise LCT have regard for the safety and wellbeing of the community.

Two types of leave can be accessed by forensic disability clients on a forensic order (disability):

- LCT – treatment in the community.
- Temporary Absence – temporary leave approval for a forensic disability client granted under section 32A of the Act.

Procedure

1. Limited Community Treatment

LCT should have a rehabilitative, habilitative, quality of life or community participation focus that is clearly documented in the client's Individual Development Plan (IDP). The purpose of LCT is to support the client's rehabilitation by transitioning the client to living in the community with appropriate care and support. The use of LCT and the client's response to LCT events is an integral component in assessing a client's progress whilst at the FDS. A client's access to LCT will vary depending on their level of assessed risk. When a client is first admitted to the FDS, the Senior Practitioner will undertake a thorough risk assessment to determine the type of supports and risk management strategies required to ensure client, community and FDS staff safety prior to authorising LCT. A period of observation and client engagement may be required and while the client should not be precluded from community access, consideration should be given to the nature of the LCT (e.g. essential medical or legal appointments, dentist etc) in order to ensure all risk mitigation strategies

are in place for a client. Within the first month of admission, the rehabilitative and habilitative goals for LCT should be clearly defined and recorded in the client's IDP.

Generally, as clients progress through the FDS and engage in or complete programs, the clinical application of LCT should increase commensurately. However, LCT progression will differ for clients and should reflect their individual skills and abilities and be directly linked to their assessed risk, needs and goals. As the client progresses closer toward transition from the FDS, LCT should increase as they demonstrate the prosocial behaviours required for full time community access. Ideally, immediately prior to a client's transfer from the FDS to the community, the client should be maximising LCT including multiple overnight stays in the environment to which they are transitioning (where practicable).

1.1 Authorising LCT

A client's LCT is ordered or approved by the Mental Health Court (MHC) or the Mental Health Review Tribunal (MHRT). The level of LCT approved by the MHC or the MHRT will be outlined in the conditions attached to the client's forensic order. The conditions will outline the maximum level of LCT that can be accessed by the client. Once approved by the MHC or MHRT, a client's LCT can then be *authorised* by a Senior Practitioner when deemed appropriate. The Senior Practitioner may include additional conditions they consider necessary for managing the client's care and support and protecting the client's health or safety, or the safety of others while undertaking LCT. Conditions approved by the MHC/MHRT in addition to conditions set by the Senior Practitioner must be documented in the client's IDP and the client's file.

Where a forensic disability client is authorised to access LCT, the Senior Practitioner must ensure the IDP, Forensic Disability Act Information System (FDAIS) records and client records include:

- the length of time and frequency authorised for LCT, and whether or not the LCT periods can be continuous;
- the purpose of the LCT;
- the nature and number of escorts or supervision required; and
- the conditions required to manage a client's care and support and protect their health or safety or the safety of others during the LCT. This may include limits to accessing areas within the community or types of activities in the community or may stipulate the required level of observation.

In making the decision to authorise LCT, the Senior Practitioner must ensure a robust clinical risk assessment and management process has been applied (refer to *Director Forensic Disability – Clinical Risk Assessment and Management Policy and Framework*).

Prior to authorising LCT and determining appropriate conditions that need to be in place to ensure client, staff and community safety, a Senior Practitioner **must** consider:

- the client's mental state;
- the client's habilitative and rehabilitative needs;
- compliance with treatment, programs and supervision;
- previous episodes of LCT;
- offences leading to the making of the forensic order;
- previous episodes of absence without permission;

- current risk assessment and management plans;
- other significant issues, such as the needs and safety of children the client will be spending time with whilst on LCT;
- client, staff and community safety; and
- any victim or community concerns.

The Senior Practitioner should have undertaken regular reviews of the client as per the Act, and therefore have a good understanding of the client's current presentation to inform the appropriateness of LCT. The Senior Practitioner may request specific additional information or updates from FDS staff to ensure their decision making is informed by contemporary evidence. Staff should have a thorough understanding of clients' current presentation, and it is incumbent on staff to provide relevant information and update the senior practitioner as requested.

1.2 LCT Event Plans

LCT opportunities should be identified by staff or a client when an interest is observed or expressed or possibilities raised that align with the client's current goals and needs as outlined in their IDP. LCT can have different and multiple intentions including rehabilitative, habilitative, quality of life and community or cultural participation focus.

Where an LCT activity has been identified as suitable to occur within the client's conditions and aligned to a client's IDP goals, an LCT event plan must be developed to progress the activity. The goals in an LCT event plan should reflect the client's current IDP goals.

The client should be involved and supported to participate in the planning of the LCT event and be apprised of the progress and barriers to the event occurring. Staff involved in developing the LCT event plans should involve the client in an appropriate manner so the client is aware of the purpose and nature of the LCT as well as the likely requirements for the activity to go ahead.

1.3 Content of an LCT Event Plan

The LCT event plan must be specific to a particular LCT event, up to date, and be completed by an FDS staff member. The LCT event plan must be reviewed and authorised by a Senior Practitioner in advance of the event providing time for staff to effectively prepare and plan with the client. The event plan must outline:

- purpose of the LCT;
- time frames, events, activities and venues to be accessed;
- how rehabilitative, habilitative, quality of life or community inclusion goals are to be targeted when the client accesses the community;
- a risk management plan that is informed by the client's risk assessment and management plan in their IDP, a primary venue risk assessment for the activity, recent behaviour incidents and previous LCT events;
- how the identified risk is likely to present for the client in the community environment, and individualised strategies to most effectively de-escalate or safely manage the risk;
- any conditions ordered or approved by the MHC/MHRT or considered necessary by the Senior Practitioner such as, the number and type of escorts required to support LCT and type of observation required; and
- what is to be done if the client breaches conditions of their LCT.

Staff should seek direction and guidance from a Senior Practitioner where staff are uncertain about any aspects of developing an LCT Event Plan.

1.4 Preparation prior to the LCT event

As part of the preparation for the LCT event, the FDS must ensure there is capacity for the LCT to be undertaken and to ensure the event is clearly documented in schedules.

The client should be a part of the LCT planning process and understand the purpose of the event and how it links to their IDP goals. The client will also be supported to understand appropriate behaviour expected while in the community, including how they can be supported to practise or develop specific skills.

The escorting staff should have a comprehensive understanding of the LCT event plan. Escorting staff must be clear on the rehabilitative or habilitative purpose of the LCT, conditions of the LCT, and possible risks and risk management strategies. The escorting staff member should have opportunity to liaise with the Senior Practitioner, Operational Team Leaders or senior management prior to the LCT if they have concerns about the LCT going ahead.

Planning arrangements that should be undertaken with the client. This includes:

- ensuring the client is aware of the LCT event, escort staff, and purpose of the LCT event;
- outlining the conditions of the LCT event (expected timeframes, conditions, or restrictions etc.) to the client;
- making sure the client is ready to leave on time;
- supporting the client to dress appropriately for the activity; and
- ensuring the client has everything they may require for the LCT event (e.g. money, shopping list etc.)

Where the client has any concerns or questions about the LCT event, staff should ensure these concerns are alleviated prior to the event through spending time and discussing what the LCT event will involve, and any approaches for the client to manage their concerns. Where staff have continued concerns about the client's presentation or omissions, they should provide this information and their recommendations for progressing the LCT event to the Senior Practitioner.

1.5 Proceeding with LCT

Immediately prior to the client commencing the LCT event, a staff member must complete a dynamic risk assessment and complete the LCT 'Client Risk Assessment' on FDAIS. The assessment must consider all sources of information available about the client's recent presentation and immediate risk. This will include consideration of the client's immediate presentation and information from the past 48 hours (2 days) including:

- Individualised, dynamic risk assessment (e.g. the DRAMS assessment);
- Records of Outcome from recent LCT; and
- Behaviour and Incident Reports (BIRs).

In consideration of the pre-LCT risk assessment, the staff member may recommend that the authorised LCT event proceed, or where there are concerns about risks or changes in the client's presentation, refer the decision to a Senior Practitioner.

Where a matter is referred to a Senior Practitioner, the Senior Practitioner must make a decision and have regard to the relevant matters pertaining to a client accessing LCT (as outlined in paragraph 1.1 of this policy). The Senior Practitioner may authorise LCT, determine whether modifications to the plan are required, or decide that the LCT event should not proceed. If an LCT event does not occur, the reason why it did not occur must be recorded on FDAIS (through upload of finalised LCT plan including 'Record of outcome' section).

While events should be conducted in accordance with the LCT event plan, some flexibility remains for escorting staff to make appropriate decisions and respond to risk as it presents itself in the community. The escorting staff member may be required to independently make this decision, or may contact the FDS to seek advice regarding their proposed change in plan. Any decision to change the manner in which the LCT event occurs should be based on a proactive management of risk where the variation is in the best interest of the client and community safety.

Where a client refuses to engage in the LCT or disagrees with the manner in which the LCT is being proposed, the Senior Practitioner should be notified and caution applied in progressing the LCT. If the planned LCT does not go ahead for these reasons this should be accurately recorded within FDAIS.

1.6 Concluding an LCT Event

At the conclusion of an LCT event, staff must:

- Ensure the client is returned safely to the FDS and the client's return from LCT is recorded within FDAIS;
- Immediately report any concerns to a Senior Practitioner;
- Complete client clinical notes recording LCT observations including: client behaviour, client presentation, positive or negative outcomes, achievement or challenges to planned rehabilitative or habilitative community intervention, and any recommendations for future LCT;
- As soon as practical, complete the 'Record of Outcome' within the LCT plan to ensure that positive aspects or concerns regarding supporting the client while on LCT are accurately captured; and
- Follow FDS processes to ensure that the completed LCT event plan is uploaded to FDAIS.

1.7 Overnight and long distance LCT

Clients may be supported to participate in extended LCT where considered appropriate. There may be a range of reasons that a client requires extended or long distance LCT including but not limited to family contact, important family gatherings (e.g funerals), or as a part of their transition planning from the FDS. Additional planning and safeguards are required when the FDS is planning to undertake LCT with a client for extended periods of time. For example, the Senior Practitioner should ensure there are necessary safeguards in place for the safety of escort staff, the client and the community. This includes ensuring that all client conditions are stringently adhered to, risk assessment and management is collaborative and comprehensive, and the client is thoroughly

prepared to undertake the LCT event. Escort staff must be those with demonstrated skills to support the client and adequately manage risk in both a planned and *impromptu* manner.

For overnight and long distance LCT, staff tasked with planning the trip should make contact with the local AMHS to advise them of the details of the client (including information about the client's forensic order). FDS staff should advise the AMHS of the dates the client will be in the region, and document the protocols and actions required to engage the AMHS in an emergency.

Letters should be prepared by the Administrator and provided to escort staff outlining the powers and provisions under the Act that allow police to assist FDS staff to undertake their functions as an escorting officer.

The LCT event plans should contain, but is not limited to, the following information:

- Contact details of allied person, local hospital, local AMHS and local police;
- An itinerary of the planned events and activities on the trip; and
- Any specific responsibilities allocated to specific staff members.

1.8 Extended LCT for Transition

As a part of a client's transition from the FDS, they may be granted by the MHRT access to extended periods of LCT as part of a graduated plan to community living. The MHRT will approve this through conditions within the client's forensic order (e.g up to 7 nights overnight leave). However, whilst the category of the client's forensic order remains as inpatient, the FDS retains responsibility for the client, and the Senior Practitioner retains clinical management of the client's care. In addition to the considerations that must be taken into account when deciding whether to authorise LCT (paragraph 1.1 of this policy) the Senior Practitioner, when deciding whether or not to authorise supported extended LCT and/or renew the LCT for a further period (e.g. up to a further 7 nights overnight leave), should:

- Have confidence in community-based support teams undertaking supervision and support roles for the client;
- Ensure community-based support teams have the necessary training and skills to manage the client;
- Stipulate the timeframes under which a client is permitted to remain in the community under LCT (not exceeding the conditions of the forensic order);
- Stipulate the location/residence where the client must stay;
- Ensure a thorough LCT plan which outlines how to manage the client's risk (including a risk management plan);
- Facilitate a review of the client as required and (at minimum) following the conclusion of each LCT event period;
- After the review of a client, authorise the proceeding LCT event period noting any changes to conditions and that this is a fresh decision. Alternatively, where concerns are noted during the Senior Practitioner's review, revoke the LCT until these can be adequately addressed; and
- Ensure FDAIS is adequately updated to reflect extended LCT event periods, conditions and Senior Practitioner review requirements.

2. Review of LCT

The escort staff should spend time with the client upon return to the FDS to reflect on the LCT event including: what went well, what may have been challenging, what the client learnt, whether the client or support staff could do anything differently in the future (including other potential events that may facilitate their goals), and how progress has been made or supported in regard to IDP goals. This conversation and outcomes of the LCT event should be accurately captured to inform future LCT for the client.

If an LCT event occurred where the client, staff or others were at high risk of, or experienced an adverse outcome during the LCT, a review of the risk assessment, and risk management strategies should be led by the Senior Practitioner to guide future risk management for the client.

3. Temporary absence

If a temporary absence is sought in non-urgent circumstances, the Administrator will seek written approval from the Director of Forensic Disability.

Temporary leave approval can be given by the Director of Forensic Disability to access medical, dental or optical treatment or to appear before a court, tribunal or other body; or for another purpose (such as family illness or death or cultural practices) or other reasons the Director considers appropriate, such as compassionate grounds.

Where the Director of Forensic Disability approves a temporary absence, the Director must give approval via written notice and may attach conditions to the approval, such as the client must be in the care of a stated person for the period of absence. The written notice will state the approved period of absence.

In the event of an *urgent* medical situation where contact cannot be established with the Director of Forensic Disability for the purpose of obtaining temporary leave approval, it is reasonable and expected that the Administrator or Senior Practitioner will facilitate an urgent temporary absence in order to obtain any necessary medical treatment with due consideration given to the client's risk, and subject to any conditions the Administrator or Senior Practitioner deem necessary such escort and supervision.

However, the Director of Forensic Disability must be notified as soon as practicable and will provide *post-approval* noting the client's need for urgent medical assistance must not be delayed.

4. Recording LCT and temporary absences

LCT and Temporary Absences approved and undertaken must be recorded within FDAIS. Where paper-based forms are used to capture planning and recording of the LCT event (i.e. 'LCT event plans') these should be uploaded and attached to FDAIS.

The Senior Practitioner must ensure each client has an active FDAIS profile, including a current LCT episode. The LCT episode should contain the most current LCT conditions (MHRT and any additional conditions required by the Senior Practitioner) and risk assessment guidance. The LCT episode may require updating following any change in order or additional considerations (e.g. following MHRT).

FDAIS provides the platform for all staff to document, detail and review each instance of LCT for a client. The Senior Practitioner must ensure that the appropriate staff accurately record information prior to LCT occurring/client leaving the FDS including:

- time anticipated for departure and return of the client on LCT;
- FDS escort or 'other' escort (where appropriate);
- the name of the Authorised Practitioner;
- destination;
- clothing description;
- reason for the LCT, including links to goals of their IDP;
- transportation details;
- risk assessment and risk considerations; and
- if required, any further authorisation from a Senior Practitioner.

At the conclusion of LCT, the following must be documented in FDAIS and the LCT Event Plan.

- confirmation and time of return to FDS;
- reason if time of return is different to what was initially anticipated;
- client achievements on LCT including link to IDP or goals;
- any concerning behaviour displayed and how this was managed; and
- any recommendations regarding future LCT.

The LCT Event Plan and completed Venue Risk Assessments will be uploaded to FDAIS when they have been completed. Where the LCT did not proceed, the reason why it did not occur must be documented on FDAIS appropriately.

5. Additional requirements for LCT for clients whose index offence is a prescribed offence under the *Mental Health Act 2016*

The index offence/s associated with a client's forensic order may be a 'prescribed offence' as defined in the *Mental Health Act (2016)*, Prescribed offences are considered serious offences. Where the index offence/s of a client's forensic order is a prescribed offence/s the Senior Practitioner must be cognisant of additional assessment and monitoring requirements (refer to *Director of Forensic Disability Policy – Clients for whom the Offence Leading to the Forensic Order is a Prescribed Offence*).

Where the index offence/s of a client's forensic order is a prescribed offence/s, the Senior Practitioner must notify the Director of Forensic Disability of any significant changes to the client's IDP such as any increase or decrease in the level of LCT or failure to comply with LCT conditions (refer to *Director of Forensic Disability – Notification of Incidents to Director of Forensic Disability Policy and Clients for whom the Offence Leading to the Forensic Order is a Prescribed Offence Policy and Procedure*).

Date of approval: 09 January 2023

Date of operation: 21 October 2024 (Version 1.1)

Date to be reviewed: 01 February 2026

Designation: Director of Forensic Disability

Help Contact: directorforensicdisability@dcssds.qld.gov.au

Elizabeth Lane
Director of Forensic Disability