



Director of Forensic Disability

PROCEDURE

Title: Individual Development Plans

Purpose

This procedure is issued by the Director of Forensic Disability in accordance with the *Forensic Disability Act 2011* (the Act) and sets out practice requirements the Forensic Disability Service (FDS) must follow when developing an Individual Development Plan (IDP).

This procedure must be read in conjunction with the *Director of Forensic Disability Policy – Individual Development Plans*.

The Individual Development Plan (IDP) is designed to:

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

The IDP must contain content as specified in section 15 of the Act.

Procedure

1. Multidisciplinary assessment

Upon admission to the FDS, the Senior Practitioner and a practitioner of a different discipline must review any client assessment reports that have been completed, or undertake or commission, the administration of assessment where there are gaps in information.

Assessments should inform the FDS about the client's forensic and disability support needs prior to individual development planning occurring. Relevant assessments may include:

- Formal IQ assessment;
- Adaptive functioning assessment and/or occupational therapy assessment to identify habilitative needs, e.g. Vineland Adaptive Behaviour Scale – third edition (Vineland-3), Adaptive Behaviour Assessment System – third edition (ABAS -3);
- Assessments that may assist in identifying responsivity barriers to interventions, support and care, such as cultural needs, social communication/social interaction difficulties, personality traits/disorders, attitudes, behaviours and motivation issues;
- Static, evidence-based risk assessment related to offending behaviour, risk of self-harm and/or harm to others e.g. HCR-20, Static 99R, VRAG, SVR-20;

- Dynamic risk assessment identifying specific offence related needs (rehabilitative) e.g. ARMIDILO-S/G, STABLE 2007;
- Assessments that assist in identifying specific treatment need e.g. Questionnaire on Attitudes Consistent with Sex Offending (QACSO), Assessment of Sexual Knowledge (ASK), Novaco Anger Scale and Provocation Inventory (NAS-PI);
- Functional Behaviour Assessments;
- Speech and language assessment to identify communication needs;
- Psychiatrist report/mental health assessment; and
- Culturally relevant assessments.

The focus of assessment should be to assist the FDS to understand the client's risk factors, determine rehabilitation and habilitation intervention needs, identify the most effective approach to delivering interventions and to provide for the care, support and protection of the client. The multidisciplinary assessment is critical in informing the client's IDP.

A multidisciplinary assessment should be updated on an annual basis, at minimum, and inform the client's annual IDP. Multidisciplinary assessments should ensure that assessments informing the IDP are relevant, and capture contemporary and key areas of client development including rehabilitation, adaptive functioning, health and wellbeing and risk. Updated assessment information should be integrated into the IDP, including the client's risk management plan and as it relates to goals.

2. Preparation of the Individual Development Plan

2.1 Timeframe for completion

The IDP must be completed within 21 days of the client being admitted to the FDS.

2.2 Responsibility for developing the IDP

The Senior Practitioner is responsible for the development and completion of a forensic disability client's IDP.

2.3 Consultation requirements and other considerations

The Senior Practitioner should work in collaboration with the client, their allied person, guardian (where applicable) and any other relevant stakeholders to develop the client's IDP.

The Senior Practitioner must meet with the client and explain the purpose of the IDP. The client should be supported to understand how the FDS can assist them to address their rehabilitation and habilitation needs and support them to achieve their goals. Communication with the client should be adapted to meet the client's needs to maximise their input into the development of the plan.

The IDP must take into account the client's cultural background when considering how programs and services will be delivered. This may require the Senior Practitioner obtaining advice from an appropriate cultural advisor regarding the suitability and/or delivery of specific rehabilitative or habilitative interventions.

The IDP must take into account any relevant plans, including any Positive Behaviour Support Plans or advance health directives for the client.

3. Developing the Individual Development Plan

3.1 Developing Goals

The IDP should include goals that have been informed by the multidisciplinary assessment, jointly developed with the client, FDS staff and relevant stakeholders (e.g. guardian, allied person). Goals must take into account the conditions of the client's Forensic Order.

There must be a focus on rehabilitative and habilitative goals, as well as those related to the client's reintegration into the community, including maintenance of established community supports and engagement. Goals should take into account a client's responsivity issues and any factors that may influence what is likely to be attainable and realistic for a client. Timeframes for achievement of goals should be established.

The planning process must promote opportunities for the client to make informed decisions and choices in their day to day life and balance community safety, duty of care, the least restrictive approach and person-centred planning.

Rehabilitation and habilitation goals and interventions should focus on:

- reducing risk of offending;
- reducing the intensity, frequency and duration of a client's behaviour that places the client's health or safety of others at risk;
- promoting client development (including skills and knowledge) and quality of life;
- supporting the client's reintegration, participation and inclusion in the community; and
- supporting the client's cultural self-expression.

Goals should follow the SMART principle and be:

- specific;
- measurable;
- attainable;
- realistic; and
- timely.

The IDP should also outline specific measures to be used and/or milestones to be achieved in order to track progress toward long term goals.

3.2 Identifying interventions and supports

The IDP will outline interventions or supports that target each client's assessed need and relate to identified goals.

Interventions and supports may include:

- preparatory programs/support – this will focus on preparing the client to participate in groups or individualised treatment programs;
- specific offending related treatment programs – group or individualised;
- habilitative skill development programs (these may focus on areas such as adaptive behaviours, hobbies and recreation, knowledge and learning);
- positive behaviour support approaches;
- assistance with health related matters;

- educational programs and vocational training / experiences;
- culturally appropriate activities and support; and
- limited community treatment.

Interventions must take into account responsivity factors. Where possible, the IDP should indicate how interventions/supports will be delivered, who will do this, and any specific responsibilities the client will have in relation to the interventions.

The IDP should outline the timeframes for the intervention/support to be delivered and how progress will be measured.

3.3 Regular assessment

Measuring client progress and outcomes is critical in informing the client's next IDP, including the goals and interventions that the client may still require and in planning the next steps towards the client's transition to the community. This information will also be important to report at the client's six monthly Mental Health Review Tribunal (MHRT) hearing.

Regular assessment will be undertaken by the Senior Practitioner to assess efficacy of interventions and provide a platform for monitoring, informing and adapting the approach to interventions if required. Relevant assessments may relate to rehabilitation (e.g. understanding and measuring changes regarding client's risk and need) or habilitation (e.g. identifying areas for development and measuring change regarding adaptive skills, health and wellbeing, community participation). Assessments may also be undertaken to better understand client's specific strengths and deficits and how support and programs may need to be adapted for the client to benefit.

Intervals for regular assessment should be clearly stipulated in each client's IDP, administered as planned and assessment outcomes used to inform new goals, intervention and reintegration planning.

3.4 Risk management plan

Contemporary risk assessment and information should inform a current risk management plan which should also be contained within the IDP (refer to the *Director of Forensic Disability Policy and Procedure – Clinical Risk Assessment and Management*). The risk management plan should include strategies pertaining to offence related risk factors and behaviours of concern.

3.5 Limited Community Treatment (LCT)

If the MHRT orders LCT for a forensic disability client, the Administrator must ensure the Senior Practitioner changes the client's IDP to give effect to the order (refer to *Director of Forensic Disability Policy and Procedure – Community Treatment and Other Leave*).

In addition to the conditions of the most current MHRT order, the client's IDP must also reflect any subsequent conditions placed by the Senior Practitioner for the client's access to LCT. These must be updated following each MHRT hearing, and as necessary to reflect:

- any periods, whether or not continuous, of the LCT; and
- any other conditions required to manage a client's care and support and maintain the health and safety of the client and that of the community.

It is expected that where the MHRT approves LCT, the FDS actively identifies opportunities for the client to safely access the community as a part of their rehabilitation and habilitation. Therefore, the IDP should be updated to include the Senior Practitioner's approach to how LCT will be used over the IDP plan period (e.g. the types of activities the client will engage in and supports required to fulfil these activities), and how this LCT will support the client's longer term goals. LCT is critical to supporting a client's capacity to reintegrate into the community and therefore the IDP should outline the approach that will be taken to increase opportunities for client independence (within the parameters of the forensic order conditions) and to ultimately support the client's transfer from the FDS to the community.

3.6 Transition planning

The Senior Practitioner will ensure that as soon as the client enters the FDS they consider how supports and services will work towards the client's reintegration and transition to the community, and any goals that must be achieved. The IDP must therefore include the arrangements for the provision of programs and services that will target risk and focus on increasing skills to support the client's transition from the FDS to the community.

Supports, services and tasks associated with a client's transition into the community may include, but are not limited to:

- program delivery;
- skill development interventions;
- LCT planning and support;
- identifying client support needs for living in the community;
- ensuring NDIS planning is undertaken;
- liaising with relevant stakeholders involved with the client and in the region to which they are transferring;
- risk assessment and risk management planning; and
- supporting the client to ensure they are prepared, supported and confident at the time of exit from the FDS.

The Administrator should ensure links are made with the NDIA so that NDIS planning can occur to support the client's transition to the community and ultimate transfer from the FDS. Activities related to developing and/or implementing an NDIS plan should be reflected in the client's IDP.

3.7 Medication

The IDP must include the details of any medication prescribed for the client by a doctor and the purpose of the medication.

The Senior Practitioner must ensure a doctor regularly reviews the appropriateness of any medication prescribed and used by the client. The review must be carried out at least every three months. The doctor must record details of the review in the client's medical file.

Behaviour control medication

If there is any use of behaviour control medication the IDP must detail strategies for avoiding, reducing and eliminating any further use of behaviour control.

The Senior Practitioner must ensure a psychiatrist regularly reviews the appropriateness of behaviour control medication prescribed for the client. The review must be carried out at least every three months. The psychiatrist must record the details of the review in the client's medical file.

3.8 Regulated behaviour control strategies

The IDP must outline programs or services that will support the reduction of intensity, frequency and duration of the client's behaviour that places themselves or others at risk. The use of regulated behaviour control may be a necessary risk management strategy to ensure the safety of the client and others. The IDP must outline the strategies to avoid, reduce and eliminate the use of these regulated behaviour controls (refer to *Director of Forensic Disability Policy – Regulated Behaviour Control*). Progress in relation to the effectiveness of strategies to avoid, reduce and eliminate should be included in updated IDPs and where relevant new/modified strategies.

3.9 Copy of IDP to be given to client and relevant stakeholders

The Senior Practitioner must provide a copy of the IDP to the client in a format adapted to meet their individual learning/communication style. The Senior Practitioner must also provide the client's allied person/guardian with a copy of the IDP.

4. Implementing the IDP

All FDS staff involved in supporting a client at the FDS must ensure they have a thorough understanding of the information and strategies contained within the client's IDP. Staff are expected to understand what is trying to be achieved with the client during the IDP period, and ensure they work with them in a manner that promotes these goals.

Staff should support clients to achieve goals identified in their IDP by implementing the range of strategies and approaches outlined in their plan. Staff should also proactively support the client to engage in the programs and activities outlined in their IDP and encourage the client to develop independence and responsibility for their own progress and development. Staff may demonstrate initiative in the ways they work with the client, but should always be sure their approach aligns with the overall clinical strategies endorsed in the IDP. Where staff have any concerns about the strategies within the IDP they should advise the Senior Practitioner.

The Senior Practitioner will consider the ability and capacity of FDS staff to provide the programs, supports or services outlined in the IDP. Where staff skill development is required, the Senior Practitioner should ensure training, supervision or mentoring is provided to ensure the IDP can be implemented.

In the event that staff are uncertain as to how to proceed in relation to the care and support of a client, staff must seek guidance from the Senior Practitioner. The Senior Practitioner is responsible for the preparation of all IDPs, including the provision of programs and services, and individualised strategies that promote the care and rehabilitation of each individual client.

5. Regular review of the IDP

The IDP is to be reviewed, at a minimum, every three months. The IDP review meeting should involve the client, the Senior Practitioner, other relevant FDS staff and a representative from the Director of Forensic Disability. Other stakeholders should be invited including, the client's allied person, guardian or informal decision-maker (where applicable). The FDS may decide in collaboration with

the client and their allied person whether other relevant stakeholders should also be invited (e.g. community service provider, mental health service provider) where appropriate. The involvement of key stakeholders may be important when a client is preparing to transfer from the FDS, to ensure that those involved in post FDS care and support are informed of the client's ongoing progress and any possible issues (e.g. Mental Health, NDIS supports coordinator, Positive Behaviour Support and Restrictive Practices team or external disability service providers).

FDS staff who provide day to day support to the client should be involved in contributing to the IDP review by ensuring information about the client's behaviour, their engagement and progress in programs and LCT is accurately recorded within FDAIS. Staff may be asked to provide feedback in relation to progress of client goals, the effectiveness of strategies and any new suggestions that may: promote the client's development, habilitation, rehabilitation, quality of life; reduce behaviours of concern; and/or support the client's reintegration into the community.

The Senior Practitioner should ensure that clients are supported to be involved in review meetings by providing them with an opportunity prior to the meeting to contribute to the agenda, and to discuss and prepare for items to be raised. Clients should also be supported to raise issues and to understand issues discussed during meetings by using individualised communication strategies.

The review should consider whether goals are still current and relevant, and what progress has been made toward these goals. The review will identify any barriers to rehabilitation, habilitation and community participation and the approaches necessary to overcome these barriers. Progress towards reintegration into the community must be reviewed and inform new goals and approaches to the client's support and care to further progress the client's transition.

The efficacy of risk management plans should be reviewed, and where risk is deemed to have decreased, less restrictive approaches to managing risk should be identified. The risk management plan within the IDP should be updated to ensure it reflects current risk and provides a holistic representation of client's risk in terms of behaviours of concern and forensic risk. Where risk management has not been effective and risk remains high, additional risk management strategies should be developed. If regulated behaviour control is used during a review period, these incidents must be recorded and an analysis provided to inform an alternative (least restrictive) approach aimed at eliminating the ongoing use of regulated behaviour control.

The client's LCT must be reviewed including progress made and challenges encountered during LCT. This should inform future LCT planning, including how it will be expanded and milestones to be achieved for progression. This will inform recommendations to the MHRT regarding conditions and future management.

Changes to the IDP should be made as soon as practicable after the review meeting.

6. Individual development planning with Aboriginal and Torres Strait Islander people and people from diverse cultural backgrounds

It is important for all staff working with clients from diverse cultural backgrounds to recognise that all people are unique, and clients should not be stereotyped or assumptions made about them based on ethnicity, religion, culture or language.

Cultural sensitivity requires:

- sensitivity to the diverse cultural beliefs and practices of others;
- knowledge and understanding about the person's specific culture;
- being aware of views towards people with a disability that may be held by people from different cultures;
- awareness that values and beliefs may be based on culture;
- awareness that western beliefs and values (such as being individualistic, task oriented, time oriented) are not universal and not embraced by all cultures;
- recognition that families' perception of the client, expectations of the service and visions for the clients future can be very different based on culture; and
- awareness of one's own values, beliefs, attitudes, and prejudices which impact on the way we view others.

7. Recording and documentation

IDPs contain sensitive information about a client and must be written in a way that respects the dignity of the person. Information contained in the IDP should be based on contemporary assessment and reports. Furthermore, any information contained in the IDP should be factual and/or based on clinical assessment and judgement.

The Senior Practitioner must ensure changes made to the IDP are recorded and each updated version of a client's IDP plan is signed and dated. Where separate plans have been created for the support and care of a client, in addition to the IDP, these plans should be referenced within the IDP.

Records from the individual development planning process must be placed in the client file. This includes the following:

- information provided by stakeholders in relation to IDP planning (e.g. family members, non-government service providers);
- any IDP review minutes/documentation;
- any client related profiles i.e. communication profile, health profile; and
- other plans referenced in the IDP (e.g. Positive Behaviour Support Plan, LCT Plan, Risk Management Plan, Transfer Plan).

7.1 Confidentiality

The Administrator of the FDS must ensure that any FDS staff member who gains confidential information through the staff member's involvement in the IDP process manages that information in accordance with the confidentiality of information provisions contained in section 122 of the Act.

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