

# POLICY STATEMENT

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**Title:** Positive Behaviour Support  
**Policy No.** CPD604-2

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## Policy Statement:

The Department of Communities (Child Safety Services) promotes the use of positive behaviour responses to all children and young people in out-of-home care, in accordance with the legislated standards of care, sections 74 and 122 of the *Child Protection Act 1999* and the Charter of Rights for a child in care which is set out in Schedule 1 of the *Child Protection Act 1999*.

Positive behaviour support is defined as responses that assist a child to learn acceptable behaviours through positive strategies such as role-modelling, positive reinforcement, skill development and collaborative and inclusive approaches. In the context of out-of-home care, responses are targeted to address the developmental needs of children and young people who have been exposed to abuse and neglect, many of whom have experienced trauma and cumulative harm. Positive behaviour support strategies will promote positive connections with carers and significant others to assist in ameliorating the effects of these experiences and to minimise the possibility of re-traumatisation.

Positive behaviour responses are informed by:

- attachment, trauma and child development theories and research
- an understanding that behaviours are a response to experience and environment and that behavioural change is an outcome of secure attachment and positive responses based on the developmental and chronological age of the child
- an understanding that there are multiple causes and functions of problematic behaviour including factors in the child's immediate environment as well as the child's neurobiological development
- the child's individual abuse and trauma history, their culture, age, disability and developmental needs including any diagnosed mental health condition.

Case planning and review processes will identify children and young people displaying behaviours or at risk of displaying behaviours, which may have a negative consequence for the child or young person and/or others. Where a child or young person is assessed as having significant needs in the behaviour and/or emotional stability domains, as an outcome of the Child Strengths and Needs tool, a behaviour support plan will be developed as part of the case plan. This may require referral to specialist services such as Evolve Interagency Services and Disability Services Queensland to assist in developing a comprehensive behaviour support plan.

Casework support to the carer and direct care staff will include assisting them to plan and implement strategies to de-escalate negative behaviours through positive responses such as re-direction, changing the environment and removal of privileges or attention for a period of time, and where required, organising referrals to therapeutic services.

At times, children and young people may display behaviour of such intensity, frequency and duration that the behaviour places their safety and/or the safety of others at risk. In such

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circumstances, it may be necessary for carers and direct care staff to respond quickly or take emergency actions. This may involve the use of reactive responses, particularly for children and young people whose actions include self-harming, violence towards others, sexualised behaviours, offending behaviours, running away and substance misuse.

### **Reactive responses**

When responding to unsafe behaviour of children and young people, carers and direct care staff may be required to intervene with reasonable force to protect the child, themselves and others. Reasonable force is defined as the minimum force necessary to protect the child, oneself and others from injury or harm.

Where reasonable force is used, this must only be in conjunction with the use of a reactive response, and not a prohibited practice.

**Reactive responses** are defined as immediate responses where reasonable force is necessary to respond to a child or young person's behaviour to ensure the safety of those involved while avoiding potential escalation of the behaviour. Reactive responses may include:

- Temporary physical restraint of a child or young person to prevent an injury or accident. This involves restricting the child or young person's freedom of physical movement to ensure their immediate safety or the safety of others. Physical restraint is the holding of any body part and should only continue so long as it is necessary for the child or young person to no longer be at risk of significant immediate harm to themselves or others.
- Removal of illegal or harmful objects that may be used to harm self or others.
- Relocation of a child or young person to another area that provides safety.

Reactive responses may only be used where there is a high risk of **immediate** harm to the child or others should intervention be withheld. Where reactive responses are used, paramount consideration must be given to the best interests of the child or young person.

The use of reactive responses and details of the circumstances in which it occurred must be reported by the carer or direct care staff member to the Child Safety Service Centre or Child Safety After Hours Service Centre within 24 hours of the incident occurring. Multiple instances of the use of reactive responses within a 24 hour period may be included in a single report.

An exception to this would be incidents where there may be a breach of the standards of care or actions that may have resulted in harm to a child. This includes the use of a reactive response or the event leading up to the use of a reactive response.

In all such cases, reporting must be immediate and must occur in accordance with Section 122 and that information will be assessed in accordance with *Policy 326-6, Assessing and responding to matters of concern*.

In addition, information about the use of a reactive response, or the event leading up to its use that may constitute a possible criminal offence must be immediately notified to the Queensland Police Service by the department.

In all other reported instances of the use of reactive responses, the information is to be recorded on the child's file and consideration must be given to a review of the child or young person's case plan, including the need to seek specialist advice in relation to the effectiveness of the existing behaviour support plan.

The requirement to report reactive responses does not include actions taken by carers and direct care staff in the context of age and developmentally appropriate parenting such as removing a pair of scissors from a toddler, placing an unwilling mobile infant in her cot when the carer is of the view that her behaviour reflects tiredness or holding a struggling child to safely cross the road.

Where carer and direct care staff learning and support needs are identified through case planning or reporting of the use of reactive responses, these needs will be responded to and recorded in the foster carer agreement for foster carers, in the placement agreement for kinship carers, or as required by the licensed care service's policy for direct care staff.

### **Prohibited practices**

Prohibited practices are responses to the behaviour of a child or young person which interfere with basic human rights. Unlawful and unethical practices are prohibited practices, as are practices which cause a high level of discomfort and trauma. Any action which is contrary to section 122 of the *Child Protection Act 1999* because it frightens, threatens or humiliates a child or young person is a prohibited practice. Prohibited practices must not be used in responding to the behaviour of children or young people who are placed in out-of-home care under section 82 (1) of the *Child Protection Act 1999*.

The following is a non-exhaustive list of prohibited practices:

- **Confinement:** Containment or seclusion where a child or young person is detained or forced to remain in a room or place they cannot leave. It does not include steps taken by a carer or member of direct care staff in a parenting role to discipline and respond to a child, which are reasonable in all the circumstances surrounding the child's behaviour, and which do not frighten, threaten or humiliate the child. For example, the use of short periods of "time out" type strategies consistent with accepted parenting practices (such as the Triple P program) is permitted, as is the normal use of age and developmentally appropriate items such as cots, play pens and rockers.
- **Aversives:** The application of painful or noxious conditions (eg. unwanted cold or hot bath, application of chilli powder on food or body parts, unwanted squirting of liquid) on a child's face or body parts.
- **Mechanical restraint:** The use of devices to intentionally restrict a child's movement. It does not include age and developmentally appropriate functional devices used to assist and support involuntary movement such as a wheel chair or age and developmentally appropriate aids and support devices used to prevent injury, such as a high chair, cot, harness or car seat. However, such devices are prohibited where they are used as a punishment, for a lengthy period or where developmentally inappropriate.
- **Chemical restraint:** The intentional use of medication, without the prescription of a registered medical practitioner, to control behaviour, sedate for convenience sake or disciplinary purposes. It also includes the misuse of medication prescribed by a registered medical practitioner, where it is used contrary to the instructions.
- **Corporal punishment:** Corporal or physical punishment is the use of physical force intended to cause some degree of pain or discomfort for discipline, correction, control, changing behaviour or in the belief of educating the child. For example, hitting, slapping, whipping, caning, kicking, pinching, punching, pushing or shoving.
- **Unethical practices:** For example, rewarding children or young people with cigarettes, using family contact as a reward or the withdrawal of family contact as a punishment or deprivation of meals, sleep, clothes, shelter, personal hygiene and medical care.

Any incident of the use of prohibited practices in relation to a child in out-of-home care must be immediately reported by the carer or direct care staff member to the Child Safety Service Centre or

Child Safety After Hours Service Centre. This will be responded to according to Policy 326-6, Assessing and responding to matters of concern.

Information received by the Department in relation to the use of prohibited practices that may constitute a possible criminal offence must be immediately notified to the Queensland Police Service.

### **Principles:**

- The safety and wellbeing of a child or young person is paramount and all interaction with a child or young person will be respectful.
- Children and young people who have experienced or are experiencing trauma, loss, grief or poor attachments have the right to receive appropriate behavioural support to meet their individual needs.
- Placement and support responses should take into account the age and developmental level of the young person and their cultural needs.
- Children and young people will be provided with the opportunity to consent, participate and have their views taken into account in positive behaviour support planning processes to the full extent possible, having regard to their age and ability to understand.

### **Objectives:**

The objective of the policy is to ensure that children and young people who have experienced or are experiencing trauma, loss, grief or poor attachments receive appropriate behavioural support to meet their individual needs.

### **Scope:**

This policy applies to:

- children and young people subject to a care agreement, an assessment order, or a child protection order granting custody or guardianship to the chief executive and placed in an out-of-home care placement under section 82 (1) of the *Child Protection Act 1999* and
- approved foster carers, kinship carers and staff employed by the Department and non-government organisations to provide direct care to a child or young person placed under the authority of section 82 (1) of the *Child Protection Act 1999*.

### **Roles and Responsibilities:**

- behaviour support planning will occur through genuine consultation and participation with the child, the child's parents (where appropriate), carers or direct care staff, the departmental worker and other specialist staff and professionals such as Evolve Interagency Services, Child and Youth Mental Health Services, private therapeutic and behaviour support service providers, sexual abuse services and disability services
- behaviour support planning will seek to maintain family relationships and be supportive of individual rights and ethnic, religious and cultural identity or values
- departmental officers will work in partnership with approved carers and direct care staff to provide quality care in a safe and stable living environment to meet children and young people's needs, in accordance with the statement of standards and the Charter of Rights established in the *Child Protection Act 1999*
- the recognised Aboriginal and Torres Strait Islander entity will be given an opportunity to participate in the decision-making processes under the *Child Protection Act 1999* about an Aboriginal or Torres Strait Islander child or young person
- the department and licensed care services will work in partnership to provide training and

professional supervision and support to assist carers and direct care staff to provide positive behaviour support to all children and young people in out-of-home care

- departmental staff will inform approved carers, direct care staff and all relevant service providers of this policy. The Department of Communities (Child Safety Services) recognises its responsibility to monitor through licensing and quality assurance processes that the policies of licensed care services are consistent with this policy, and that incidents of the use of reactive responses and prohibited practices are recorded and reported as required by this policy. Procedural details to give effect to this policy are set out in the Child Safety Practice Manual.

**Authority:**

*Child Protection Act 1999, Sections 5, 6, 7, 51V (3), 74, 82 (1), 122*

*Child Protection Regulation 2000, Section 4*

*Children Services Tribunal Act 2000*

*Commission for Children and Young people and Child Guardian Act 2000*

**Delegations:**

Deputy Director-General, Communities, Child Safety Youth and Families

Regional Executive Director, Regional Service Delivery Operations

Regional Director, Child safety, Youth and Families

Manager, Child Safety Service Centre

Manager, Child Safety After Hours Service Centre

Team Leader, Child Safety Service Centre

Team Leader, Child Safety After Hours Service Centre

Child Safety Officer, Child Safety Service Centre

Child Safety officer, Child Safety After Hours Service Centre

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**Office:** Communities, Child Safety, Youth and Families  
**Help Contact:** Child Protection Development – 3235 9411

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**Links:**

**Procedures**

Child Safety Practice Manual: Chapter 5 Children in out-of-home care

Evolve Interagency Services Manual

Therapeutic residential

Out-of-home care as part of an integrated child protection response

**Related departmental policy:**

Placement of children subject to a care agreement, or an order granting custody or guardianship to the chief executive, with departmental employees (36)

High Support Needs Allowance (296)

Complex Support Needs Allowance (612)

Assessing and responding to matters of concern (326)

Critical incident reporting (391)

**Related legislation or standards:**

*Child Protection Act 1999*

*Child Protection Regulation 2000*

**Related Government guidelines:**

*Children Services Tribunal Act 2000*

*Commission for Children and Young people and Child Guardian Act 2000*

**Rescinded policies:**

604-1 Positive behaviour support

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