

Administration of psychotropic drugs to children and young people in out-of-home care – caseworker guide

A psychotropic drug is a prescribed medication that affects a person's perception, thinking, mood, level of arousal or behaviour.

From 29 October 2014, administering a psychotropic drug to a child in out-of-home care for the purpose of controlling behaviour is no longer classified as 'special medical treatment'.

Changes to the *Children and Young Person (Care and Protection) Act 1998* mean that decisions about the use of psychotropic medication are made by those who know the child best.

Under the new provisions, when a child is prescribed a psychotropic drug:

- the authorised carer must immediately notify the designated agency with supervisory responsibility for the placement
- the treatment must form part of the child's behaviour support plan
- the behaviour support plan must be developed and approved by the principal officer of the agency with responsibility for the placement.

What is a behaviour support plan?

A behaviour support plan outlines the behaviours of a child or young person that are a concern, and what agreed strategies are to be put into place to manage or prevent the behaviour.

A behaviour support plan should be considered whenever a child or young person's behaviour:

- puts their physical safety or emotional wellbeing at significant risk
- puts those around them at risk
- jeopardises their inclusion at home, school or other services.

A behaviour support plan must be developed by a relevant specialist such as a psychologist, psychiatrist, education or health professional. It should be developed with help from the caseworker and in consultation with the child or young person and their carer.

Where a child is on a psychotropic medication, the plan is required by law. For young people on psychotropic medication, a plan ensures they receive appropriate support in relation to their needs.

Behaviour support plans can be approved for a period of up to three months.

Development and approval of the behaviour support plan

When the child is placed with:

- a non-government agency – the agency will develop the plan and the principal officer will approve it
- the Department of Family and Community Services (FACS) – FACS will develop and approve the plan
- a non-government agency but where FACS retains case management – the agency will develop the plan in consultation with FACS (FACS will be given a copy) and the agency will approve the plan.

Guide for treatment with psychotropic drugs

When concern is first raised

- ✓ Caseworkers should work with an authorised carer when they first raise concerns about the behaviour of a child or young person in their care and develop strategies to manage difficult behaviour.
- ✓ The safety, welfare and wellbeing of children and young people must be of paramount consideration. The human rights of children and young people must be fully respected in behaviour support strategies and plans.
- ✓ The designated agency psychologist can be consulted.

When psychotropic drugs are prescribed

- ✓ The authorised carer can consent to psychotropic medication prescribed by a medical practitioner and use of the medication can commence immediately.
- ✓ The authorised carer must immediately tell their designated agency that psychotropic medication has been prescribed.

When developing the behaviour support plan

- ✓ Children and young people must be given the opportunity to participate in decision making around their behaviour support plan and the chance to express their views on their treatment.
- ✓ The plan should be child-centred, culturally appropriate and delivered in the context of positive behaviour support.
- ✓ The plan should take into account past experiences of the child or young person as the problematic behaviour may be a response to trauma and neglect.
- ✓ The plan must include a report from the prescribing medical practitioner, details of the child or young person's clinical diagnosis (if available), behavioural issues, the type and dosage of psychotropic medication and frequency of reviews, including medical review.
- ✓ The designated agency must keep a record of the administration of the psychotropic medication.
- ✓ The caseworker and carer must liaise so that any changes in the child or young person's behaviour during the course of their treatment can be reported and recorded. This information should be provided to the medical practitioner at the child or young person's medical review.
- ✓ The specialist who develops the plan will determine the review process, including data collection for monitoring and evaluation of the plan.
- ✓ The designated agency is required to record information identified in the plan to assist the review process.
- ✓ All authorised carers in both foster care and residential placements must be adequately trained and supervised to develop and maintain positive behaviour support skills.

Further information

Visit the FACS website: www.facs.nsw.gov.au/safehomeforlife