



Safety Orders and Intensive Management Plans SO Intensive Management Plans

Custodial Operations Practice Directive

Process Owner: Custodial Operations and Specialist Operations	Security Classification: Official/Public
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Version: 05	Implementation date: 22/02/2024	Review date: 2026
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Scope
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1. Human Rights

It is unlawful for corrective services officers and QCS staff to act or make decisions in a way that is not compatible with human rights, or in making a decision, fail to give proper consideration to a human right relevant to the decision.

Giving proper consideration to human rights entails identifying human rights which may be relevant to a decision and considering whether the decision would be compatible with human rights. A decision will be compatible with human rights when it does not limit a human right, or only limits a right to the extent that is reasonable and demonstrably justifiable.

Human rights which may be relevant include:

- a) the right to freedom of thought, conscience, religion and belief;
- b) the right to freedom of expression;
- c) the right to privacy and reputation;
- d) cultural rights – generally and for Aboriginal and Torres Strait Islander peoples;
- e) the right to liberty and security;
- f) the right to humane treatment when deprived of liberty;
- g) the right to education; and
- h) the right to health services.

2. Limitation of Human Rights

Prisoners are required to be managed in the least restrictive environment necessary to ensure safety and security for themselves, other prisoners, staff and visitors. A person's human rights should only be limited to the extent that is reasonable and demonstrably justified.

In determining whether a limitation may be reasonable and demonstrably justifiable, officers should consider:

- a) The nature of the human right – this involves looking at the purpose and underlying value of the human right. For example, the right to humane treatment when deprived of liberty means a prisoner must be treated with humanity and respect for the inherent dignity of the human person.
- b) The nature of the purpose of the limitation – this involves considering the actual purpose or legitimate aim/reason for limiting the human right. For example, Intensive Management Plans (IMPs) are developed for prisoners identified as requiring a higher level of supervision, case management intervention strategies, for the safety of the individual or others, which may limit one or more of the human rights of the prisoner.
- c) The relationship between the limitation and its purpose – this involves considering the rational connection between the limitation of the right, and whether this will actually help to achieve said purpose or legitimate aim. For example, a prisoner may have a restriction placed on their out of cell time as a method of behaviour management for the purpose of ensuring the safety of the individual or others.
- d) Whether there are any less restrictive and reasonable ways to achieve the purpose – this involves a 'necessity analysis' where it is necessary to consider the purpose of the limitation and if it can be achieved in any other way. For example, when considering the requirements stated as part of an IMP, are there any less restrictive options that can reasonably be applied?



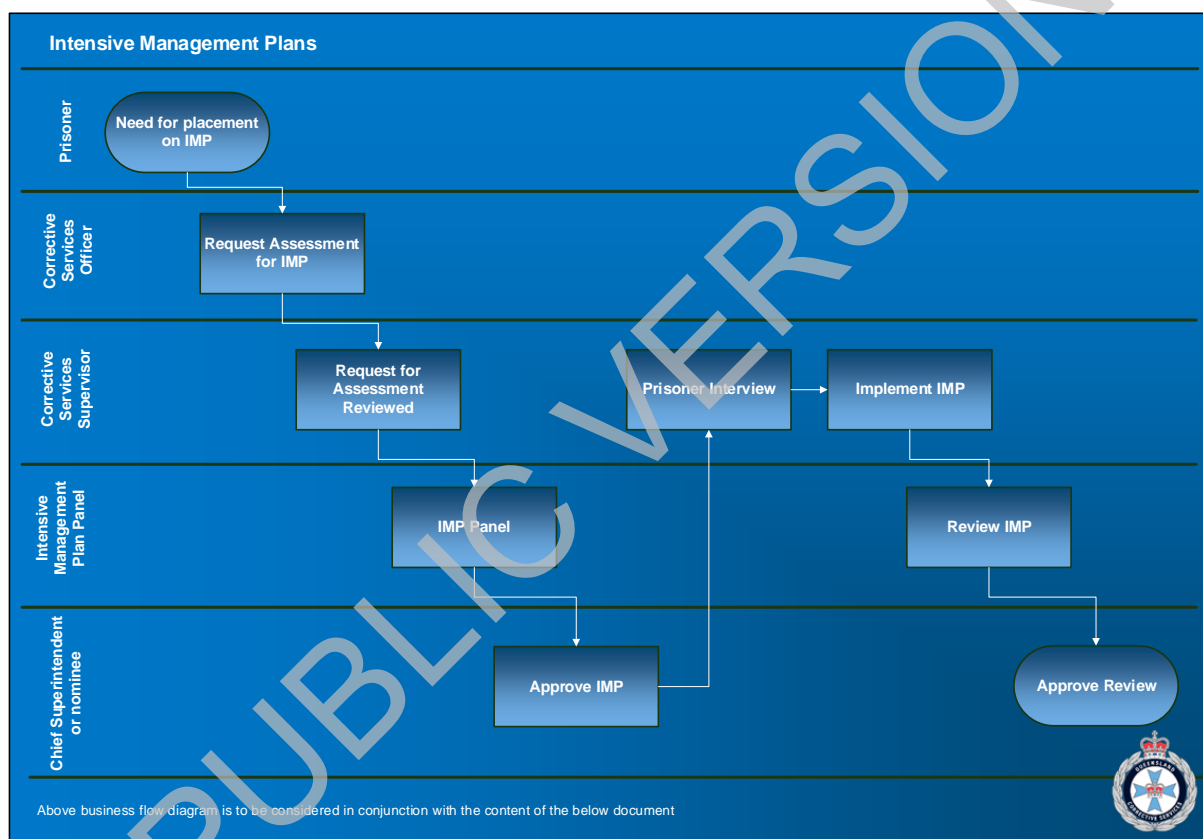
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- e) The importance between the purpose for the limitation and preserving the human right – this involves a balancing exercise of the benefits obtained by the limitation vs the harm caused to the human right. The greater the limitation of the right, the more important the purpose will need to be to justify the limitation. For example, considering how a stipulation of restricted out of cell time will meet the needs of the prisoner's behavioural management requirements to ensure the safety of the individual and/or others, compared to the level of limitation imposed to the prisoner's human rights.

3. Intensive Management Plans



An Intensive Management Plan (IMP) is multipurpose and implemented for prisoners who have been identified as requiring a higher level of supervision and/or case management and/or intervention strategies.

Correctional Officers are responsible for providing appropriate referrals to supervisors for prisoners identified with a need for an IMP.

Correctional Supervisors are responsible for assessing the referrals for IMPs and forwarding to the IMP panel. They are also responsible for the implementation of the IMP and communication to the prisoner.

The IMP panel is responsible for identifying and developing the IMP conditions.





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4. Identify Need for Placement on Intensive Management Plan

Examples of situations where an IMP may be required for a prisoner include, but are not limited to:

Cognitive impairment or intellectual disability	Assessed as having a specific need such as those relating to a cognitive impairment or intellectual disability that impact on their staff and peer interactions and/or ability to undertake daily living activities.
Physical impairment	Assessed as having a specific need such as those relating to a physical impairment or significant medical issue that impact on their staff and peer interactions and/or ability to undertake daily living activities.
Reintegration purposes	Subject to a maximum-security order and is to be re-integrated into the general prisoner population (refer to the Custodial Operations Practice Directive (COPD) Sentence Management: MSO Management). Subject to a Safety Order for an extended period and is to be re-integrated into the general prisoner population.
Behaviour management	Identified to have a pattern of problematic behaviour, through behavioural case reports and/or intelligence reports for example: a) observed to bully; and b) intimidate or victimise other prisoners; or actively engaged in substance abuse and other drug related behaviours.
Staff assault/s	Identified as being directly involved in an incident that has resulted in a staff assault.

An IMP must not be used in conjunction with an At-Risk Management Plan (ARMP), or a Maximum Security Unit (MSU) Management Plan (for prisoners who are accommodated in the MSU).

If an IMP is used for a prisoner who is also subject to an Elevated Base Line Risk (EBLR) plan, the IMP should provide specific behaviour management or supervision requirements to address any identified problematic behaviours. The clinical needs relating to the prisoner's chronic risk of self-harm/suicide, should be addressed through the prisoners EBLR Plan. The EBLR plan should be considered in the development of the IMP. Refer to the COPD At-Risk Management: Elevated Baseline Risk.

An IMP may be used to authorise a restriction of out of cell access time for a prisoner placed in an accommodation unit. However, an IMP cannot be used to significantly restrict a prisoner's out of cell time, nor be used as a means of separate confinement.

A prisoner must not be subject to a significant restriction in relation to their out of cell hours or their ability to interact with other prisoners unless the prisoner is the subject of a Maximum Security Order, a Safety Order or a Separate Confinement Order for a breach of discipline.





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4.1 Prisoners with at-risk presentation

If any staff member becomes aware that the prisoner may be at-risk of suicide or self-harm or has concern for a prisoner's safety and welfare, refer to the At Risk section of the COPD At Risk Management: At Risk.

Refer to the Administrative Form 63 At-Risk Management Plan.

When a prisoner is removed from at-risk management (suicide/self-harm) observations consideration must be given by the At Risk Management Panel in relation to whether the prisoner should be subject to an IMP for behavioural management purposes to address any identified problematic behaviours (for example, a prisoner's engagement in violent/threatening behaviour).

A prisoner who is considered to be at risk of suicide or self-harm must only be managed on an ARMP. An IMP must not be used in conjunction with an ARMP. If a prisoner subject to an IMP is placed under at-risk observations, the conditions of the IMP must be ceased immediately. The Risk Assessment Team (RAT) must consider the IMP in the development of the ARMP. When a prisoners' ARMP is terminated, the RAT should consider whether the prisoner warrants placement on an IMP.

4.2 Case conferencing

Where a staff member considers that a prisoner may be vulnerable in relation to a mental health condition, cognitive impairment/intellectual disability or physical impairment, a case conference must be organised with the prisoner as soon as possible. The case conference members should include:

- a) a Correctional Manager;
- b) a Correctional Supervisor;
- c) a Psychologist and/or Counsellor;
- d) a Cultural Liaison Officer (where appropriate); and
- e) a Disability Support Officer (where available).

The case conference must assess the individual risk and need of the vulnerable prisoner and determine if an IMP needs to be developed that incorporates strategies to address the specific needs of the prisoner.

5. Assessment for an Intensive Management Plan

Any staff member that reasonably believes that a prisoner requires an IMP can request through their relevant supervisor that the prisoner be assessed by an IMP panel.

The supervisor will review the assessment request and ensure that a case note is entered in IOMS detailing the outcome of the IMP request.





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6. Intensive Management Plan Panel

The IMP panel should be representative of all staff relevant to the supervision, case management and intervention of the prisoner. The Chief Superintendent of the corrective services facility or nominee will determine the representatives to be in attendance, which may include:

- a) Correctional Manager;
- b) Correctional Supervisor;
- c) Nurse Unit Manager;
- d) Intelligence Analyst;
- e) Safety and Compliance Advisor;
- f) Occupational Health, Safety and Environment Coordinator;
- g) Psychologist; and
- h) Cultural Liaison Officer (if applicable).

The IMP panel for a prisoner who has been involved in an incident that has resulted in a staff assault will include a Safety and Compliance Advisor and/or an Occupational Health, Safety and Environment Coordinator. In these types of incidents, any staff member directly involved in the incident should not be a member of the IMP panel.

At a reasonably appropriate time, the prisoner must be provided an opportunity to participate in the development process, and to acknowledge the purpose and contents of the IMP prior to implementation. A case note should be entered on IOMS of the prisoner's participation in the development of the IMP.

Where relevant health and medical information needs to be obtained from Queensland Health, refer to - Offender Health Services - Forms - Release of a Prisoner's Confidential and Relevant Health Information to Queensland Corrective Services.

If prisoner consent is provided and relevant information exists, a Queensland Health representative including Prison Mental Health Services, if applicable, should be invited to participate in the development and implementation of the IMP.

6.1 Prisoners with specific needs

If specific needs have been identified such as cultural or language barriers, cognitive impairments or intellectual disability, or low literacy levels that may impact on the prisoner's ability to contribute to the development of prisoner goals or understanding of the purpose and content of the IMP, an appropriate internal/external service provider/s should be engaged.

For example, if the prisoner has been identified as having a language barrier it would be appropriate for an interpreter to be involved in the development of prisoner goals and implementation of an IMP.

Other relevant services providers may include an appointed adult guardian, Cultural Liaison Officer, chaplains or a transitional service provider such as Bridging the Gap or Disability Support Services.

The identification of any specific needs and engagement of any service providers must be clearly recorded in the relevant sections of the IMP and in IOMS as a case note. This record should include specialised interventions and/or external agency services.





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A sentence management officer must also ensure that any identified specific needs are considered in the prisoner's current Progression Plan (PP).

7. Write the Intensive Management Plan

The IMP must be written in a manner that can be easily read and understood by the prisoner and include:

- a) purpose of the IMP;
- b) identified target behaviours;
- c) behavioural objectives;
- d) prisoner goals;
- e) supervision, case management and intervention risk mitigation strategies;
- f) summary of a prisoner's progress, if applicable;
- g) review date/s;
- h) panel members' recommendations;
- i) where relevant – any out of cell time restrictions;
- j) Chief Superintendent of a corrective services facility or nominee's comments and approval; and
- k) the prisoner's acknowledgement.

Refer to the Administrative Form 72 Intensive Management Plan and the Appendix SO2 Intensive Management Plans Considerations.

8. Approve Intensive Management Plan

IMPs must be approved by the Chief Superintendent of the corrective services facility or nominee prior to implementation.

9. Interview the Prisoner

Prior to implementing the approved IMP, the prisoner must be interviewed by a correctional supervisor.

During the interview, the purpose and content of the IMP must be explained to the prisoner and the prisoner must sign the IMP acknowledging that they understand the purpose and content of the IMP. Where a prisoner refuses to sign the IMP, the date and time that the interview with the prisoner was convened must be recorded on the IMP. A copy of the IMP must be given to the prisoner.

A case note must then be completed to record that the prisoner has been provided with an opportunity to acknowledge the purpose and content of the IMP, whether the prisoner signed or refused to sign the IMP, and that a copy of the IMP has been given to the prisoner.

10. Implement Intensive Management Plan

The correctional supervisor and/or psychologist must also brief staff responsible for the supervision, case management and intervention in relation to the contents and purpose of the IMP.

An IMP does not replace the need for a sentenced prisoner to undergo assessment and planning and any PP recommendations should be considered in the development of the IMP.





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Refer to the COPD Sentence Management: Admission and Induction, the COPD Sentence Management: Assessment and Planning and the COPD Prisoner Development: Programs and Interventions.

The IMP must be electronically saved attached to IOMS – Offender Attachments as Intensive Management Plan ID.dd.mm.yy and placed on the Offender File.

11. Review Intensive Management Plan

An IMP must be reviewed by an IMP panel at intervals not exceeding three months but may be reviewed earlier if otherwise determined by the IMP panel. For prisoners reintegrating from a maximum-security unit, refer to the COPD Prisoner Accommodation Management: Maximum Security Unit.

At the request of the IMP panel, an Event Based Review may be conducted for prisoners who have been subject to an IMP in excess of six months and take into consideration the prisoner's current classification, placement and planning.

At a reasonably appropriate time, the prisoner must be provided an opportunity to participate in the development process, and to acknowledge the purpose and contents of the reviewed IMP prior to implementation. A case note should be entered on IOMS of the prisoner's participation in the development of the IMP.

The relevant supervisor must also provide a summary of the information as it relates to the prisoner's progress in relation to the behavioural objectives and response to the supervision and case management strategies, and/or intervention strategies during the review period.

A summary of the reviewed information must be provided in the IMP section, summary of a prisoner's progress.

12. Approve Review

The reviewed IMP must be approved by the Chief Superintendent of a corrective services facility or nominee prior to implementation.

The reviewed IMP must be placed on the Offender File and electronically saved attached to IOMS – Offender Attachments as Intensive Management Plan ID.dd.mm.yy

