

<b>Sunbeam House Services Policy Document</b>	<b>Title: Positive Interventions Policy</b>
	<b>Effective Date: 01 September 2014</b>



## Document Control

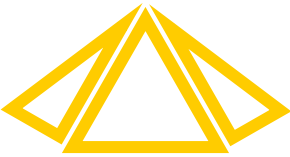
Policy Title	Positive Interventions Policy
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## Version Control

Version Number	Owner	Description	Circulation
1.0	Quality, Compliance & Training Manager	Review	SMT

Policy No. 033	Revision: 1.0
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Full Policy ID Number : 012.033.1.0	

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**1.0 POLICY:**

Sunbeam House Services (SHS) supports the view that positive interventions are the best methodology for resolving issues that arise for people who experience challenges in their lives. The organisation prefers positive interventions to reactive strategies such as physical restraint and psycho-active medications, though it understands that the latter may be necessary in emergency situations where the client or staff may be in danger.

Our values promote the importance of establishing positive respectful relationships with the people we support; when a person is experiencing challenge in their lives we will provide a range of alternatives and supportive options to help the person and their supporters in gaining an understanding of the reasons for certain behaviours.

Some of the options that may be used to support people during times of crisis include

- A review of the person’s environment
- A review of the persons support arrangements
- A review of the person’s health & well being
- Ongoing engagement with the person’s circle of support
- Professional consultation and assessment
- A [Positive Behavior support plan](#)

**2.0 SCOPE:**

This policy applies to all staff employed in Sunbeam House Services. This policy should be read in conjunction with SHS [Restrictive Practice Policy](#).

**General Principles**

Sunbeam House has developed a Positive Behaviour Support Plan which will act as a guide to clients, frontline staff, Client Service Managers and other advocates to enable them to design an adequate response to challenges when they arise for the person, and more importantly to support the kind of interventions for the person that will alleviate the necessity for challenges to occur in the first place.

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**Implementation**

All staff will receive training in non-violent crisis intervention, it is recommended that staff attend refresher at least every two years.

All staff that support people who may require a positive behaviour support plan will be given internal training and support to complete a positive behaviour support plan. This will be delivered at Protection & Safeguarding Training and is mandatory; all staff must complete this training

Any incidents of abuse, neglect or poor practice will be reported in line with procedures for the [Abuse/Injury – Action/Reporting Policy](#).

All emergency restrictive reactive strategies will be notified to the Social Services Inspectorate as defined by the Regulatory Authority.

**3.0 ROLES & RESPONSIBILITIES:**

**Guidelines for putting a plan in place are as follows:-**

The Client Service Manager (day location Manager for day service clients, residential location Manager for residential clients) is to co-ordinate the date for the meeting etc. Keyworkers from all areas are to gather information on the Client and have same ready for the meeting. The sections in the plan can be used to help gather information.

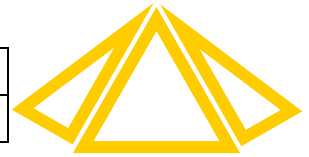
**Who attends the meeting:-**

- Each Client Service Manager who is involved with the Client;
- Each Keyworker who is involved with the Client;
- Family member or other advocates if appropriate.

**After the meeting:**

- Each Client Service Manager **must** make sure that they have a signed copy of the plan and that they discuss it as soon as possible with **all** their staff.
- The Client Service Manager must A copy of the plan should be given to all relevant staff: this will ensure consistency of approach.
- The client should be fully informed of the process and any decisions made. Consideration should be given as to who, when and how will the client be informed
- Also speak to relevant drivers and escorts.

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For a client who comes in from home, the Location Manager of the centre which the client attends most frequently is responsible for the arrangement of the meeting

**Who should have a Positive Behaviour Support Plan?**

1. Clients who are prescribed Psychotropic Medication for a clearly diagnosed mental illness do not need a Positive Behaviour Support Plan unless they are behaving in a disturbed manner resulting in them being a danger to themselves or others.
2. Clients who are written up for PRN psychotropic medication for behaviour issues should have a [Positive Behaviour Support Plan](#). As long as the PRN psychotropic medication remains written up, they should have a Positive Behaviour Support Plan (if the behaviour has stopped, then the PRN meds should be discontinued).
3. Clients who are not diagnosed with mental illness but present with ineffective/unwanted behaviour resulting in the use of psychotropic medications should have a Positive Behaviour Support Plan.
4. “Tegretol”, for example, is used to treat Epilepsy and can also be used to control behaviour. If it is prescribed for Epilepsy only, then no Positive Behaviour Support Plan is required but if it is used control behaviour, a Positive Behaviour Support Plan is needed.
5. A [rights restriction form](#) must be completed for every Client who is taking psychotropic medication, unless the medication is prescribed for Mental Health issues.
6. Positive Behaviour Support Plans can also be very effective with Clients who lack communication skills causing them frustration. (This can be either with or without prescribed psychotropic medication).

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