



Vale of Evesham School

'a specialist school for cognition and learning - enabling inclusion in the community'

Care of Pupils Policy

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When I am at the Vale of Evesham School, wherever I am, whoever I am with, whatever I am doing, I have these fundamental rights:

to be valued as an individual

to be treated with dignity and respect

to be loved and cared for as a person first

to be safe

to be healthy

to enjoy and achieve

to make a positive contribution

to achieve economic wellbeing

Charter of Pupil's Rights

When I am at the Vale of Evesham School, wherever I am, whoever I am with, whatever I am doing, I have these fundamental rights:

being valued as an individual means:-

- being cared for and treated as unique
- being talked to and about by my preferred name
- being consistently cared for across settings
- being encouraged to be me
- being given enough time to take part, to do things for myself, to understand and be understood

being treated with dignity and respect means:-

- being addressed with respect; never referred to or about as if I am my disability, nor as if I am one of my needs, nor finally as if I am hardly a person at all.
- being involved in conversations; never being talked about as if I am not there
- having my privacy respected at all times and in all places (see Search page 4)
- having all information about me treated carefully, kept safe and shared only with those people who need to know; never discussing me in the presence of another pupil
- being given the best possible care that can be provided
- being involved in decisions that affect me; being actively encouraged to express my views and where these cannot be taken into account, then told why being loved and cared for as a person first means:-
- having the same rights and choices and as far as possible the same kind of life as other people of my age and culture
- consistent care from staff who really care about me and know me well
- being actively supported as part of a family; having my carers/parents fully involved in any planning for me and acknowledged as ultimately responsible for me
- having access to communication equipment at all times, and being listened to and heard when I need to communicate, even if I am not easy to understand
- being given information about what is happening before it **happens**, being given explanations of procedures before they occur
- being given opportunities to play

being safe means:-

- not being exposed to unnecessary risks
- being protected from abuse:

physical abuse includes any physical punishment or unnecessary rough handling

emotional abuse includes malicious teasing and taunting, unjustifiably ignoring me, controlling me through fear, shaming or humiliating me or deliberately misinterpreting my communication

sexual abuse includes any sexual act or contact with me

neglect is the persistent failure to meet a child's basic physical and/or psychological needs,

likely to result in the serious impairment of a child's health or development.

- being part of a school that is integrated; not having to hear things that may undermine my faith in the school as a whole
- knowing that I have all these rights, all of the time I am at the Vale of Evesham School, and that these rights can only be denied with good cause
- knowing that all of the important adults in my life are aware of these basic rights and being clear about what I can do if these rights are infringed or not respected

Search

- children's belongings are only searched by staff where failure to carry out the search might put at risk the welfare of the child or others. All searches are documented in the 'Pupil Search File' and are carried out in the presence of another staff member and where possible in the presence of the child.

Pupils with autism

Pupils with autism may have particular difficulty with expressing their worries and concerns, or realising that they have the opportunity to work out their problems with an adult. Awareness is raised with the pupils of avenues through which they may wish to access help.

- 1 Through the PSHE curriculum in school, which covers areas of concern to do with feelings, emotions, relationship and sex education?
- 2 Through opportunities to use a variety of media to express their concerns, signing, symbols, photographs, pictures, books and the written word.
- 3 Staff are trained in the observation of behaviours (such as withdrawal, or aggression) which may indicate that a student is unhappy or worried, and records are kept of these observations in order to study behaviour patterns. Referrals can be made through school medicals, social services, community nurses etc.

Statement of Adult Responsibilities (in relation to the Charter of Pupil's Rights)

Teamwork

All Staff agree to work as a team to ensure consistency of approach

Every person employed at the Vale of Evesham School, whoever they are with, whatever they are doing, has these fundamental responsibilities in their involvement with the pupils:

valuing pupils as individual's means:-

- caring for and treating every pupil as unique
- talking to and about every pupil by their own preferred name (not always as one of many: the group, the class, the kids, that lot)

treating pupils with dignity and respect means:-

- addressing every pupil with respect; never having a 'favourite'; never referring to **or about** a pupil as if they are their disability (as SLD/MLD/Autistic/PMLD), nor as if they are one of their needs, nor as if they are a piece of equipment, nor finally as if they are hardly a person at all
- involving the pupils in conversations; never talking about them as if they were not there ("has she been to the clinic?" "has he been done?" "does she want a drink?")
- respecting every pupil's privacy at all times and in all places. It is required for all school members to politely 'knock on doors' before entering
- treating all information about pupils carefully, keeping it safe and sharing it only with those people who need to know; never discussing one pupil in the presence of another pupil
- giving the best possible care that can be provided
- involving pupils in decisions that affect them: actively encouraging pupils to express their views and where these cannot be taken into account, then explaining why

caring for pupils as people first means:-

- offering the same rights and choices and as far as possible the same kind of life as other pupils of their age and culture
- providing consistent care from staff who really care about them and know them well
- actively supporting each pupil as part of a family: involving their parents/carers fully in any planning for them and acknowledging their ultimate responsibility for their son/daughter
- actively promoting the presence of the main parent or carer if a family member not well known to the child is visiting. Hovering in the vicinity ready to intervene and support the child is encouraged.
- ensuring access to communication equipment at all times, and listening to and hearing them when they need to communicate, even if it takes a long time and even if they are not easy to understand
- giving the pupils information about what is happening **before it happens** (being moved, being taken somewhere, having something taken out of their bag), giving explanations of procedures before they occur
- giving pupils opportunities and help to play where appropriate

keeping pupils safe means:-

- not exposing pupils to unnecessary risks and protecting them from abuse:

physical abuse includes any physical punishment or unnecessary rough handling (eg smacking, hitting, pinching, hair pulling, punching, kicking, biting and unnecessary rough handling)

emotional abuse includes malicious teasing and taunting, unjustifiably ignoring a pupil, controlling a pupil through fear, shaming or humiliating a pupil or deliberately misinterpreting a

pupil's communication

sexual abuse includes any sexual act or contact with a pupil (eg inappropriate touching, indecently exposing a pupil without due cause, involving a pupil in any interaction for your own sexual gratification or masturbating a pupil)

- being part of a school that is inclusive; not letting pupils hear things that may undermine their faith in the school as a whole (eg disputes between staff or between departments)
- letting pupils know that they have all these rights, all of the time they are at the Vale of Evesham School, and that these rights can only be denied with good cause (ie, if the exercise of the right would be injurious to themselves or other people)
- ensuring that all of the important adults in the pupil's life are aware of these basic rights, and being clear about what you and they can do if these rights are infringed or not respected

GUIDELINES FOR GOOD PRACTICE IN INTIMATE CARE

All of the pupils we work with have the right to be safe and to be treated with dignity and respect, as set out in the Charter of Pupil's Rights. These Guidelines are designed to safeguard both pupils and staff, and apply to every member of staff involved with the intimate care of pupils at the Vale of Evesham School. They aim to support good practice in intimate care.

Pupils with disabilities can be very vulnerable. All staff involved with their intimate care need to be sensitive to the pupil's needs and also aware that some care tasks or treatments could be open to possible misinterpretation. False allegations of sexual abuse are extremely rare, but certain basic guidelines will safeguard both pupils and staff. Everyone is safer if expectations are clear and approaches are consistent as far as possible. If you cannot work within these Guidelines for any reason, please talk with your Assistant Head teacher or the Head of Care.

1 Treat every pupil with dignity and respect and ensure privacy appropriate to the pupil's age and situation

Privacy is an important issue. Much intimate care is carried out by one staff member alone with one pupil. This practice is **actively supported** unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present - quite apart from the practical difficulties. So, staff are supported in carrying out the intimate care of pupils alone unless the task requires the presence of two people.

2 Involve the pupil as far as possible in their own intimate care

Try to avoid doing things for a pupil that he/she can do alone and if a pupil is able to help, ensure he/she is given the chance to do so. Support the pupil in doing all that they can do themselves. If a child is fully dependent on you, talk with him/her about what you are doing and give them choices where possible.

3 Be responsive to a pupil's reactions

Check your practice by asking the pupil, particularly a pupil you have not previously cared for, eg "Is it OK to do it this way?" "Can you wash there?". If a pupil expresses dislike of a certain person carrying out his/her intimate care, try and find out why. If a pupil appears to have a "grudge" against you for some reason ensure your Assistant Head teacher or Head of Care is aware of this.

4 Make sure practice in intimate care is as consistent as possible

The Head of Care and the Assistant Head teacher have responsibility for ensuring their staff has a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches are not markedly different between different staff. For example, do you use a flannel to wash a pupil's private parts rather than bare hands? Do you pull back a pupil's foreskin as part of daily washing? Is care during menstruation consistent across different staff?

5 Never do something unless you know how to do it

If you are not sure how to do something, **ASK**. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations must only be carried out by nursing or medical staff. Other procedures, such as giving rectal Valium, suppositories or intermittent catheterization must only be carried out by staff who have been formally trained and assessed as competent.

6 If you are concerned, report it:

If during the intimate care of a pupil you accidentally hurt them, or he/she seems unusually sore or tender in the genital area, or appears to be sexually aroused by your actions, or misunderstands or misinterprets something, or has a very emotional reaction without apparent cause; report any such incident as soon as possible to another person working with you and make a brief written note of it. Some of these could be cause for concern about the pupil, or alternatively the pupil or another adult might possibly misconstrue something you have done.

7 Encourage the pupil to have a positive image of their own body

Confident, assertive pupils who feel their body belongs to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach you take to a pupil's intimate care can convey lots of messages to him/her about what their body is "worth". Your attitude to the pupil's intimate care is important. Keeping in mind the pupil's age, routine care should be enjoyable, relaxed and fun. Playing games with pupils, tickling and cuddling as part of a pupil's care is encouraged as long as the pupil's right to say no is respected, and as long as it is age appropriate for the pupil.

GUIDELINES FOR WORKING WITH PUPILS OF THE OPPOSITE SEX

These Guidelines are based on the following principles:

- 1 That there is positive value in both male and female staff being involved with the pupils at the Vale of Evesham School

- 2 That ideally, every pupil would be offered the choice of a carer of the same sex for all of their intimate care
- 3 That the individual pupil's safety, dignity, privacy and right to exercise choice are of paramount importance

The practical Guidelines set out below are also written in the light of the following realities:

- 1 The current ratio of female to male staff at the Vale of Evesham School, which means that we are far less likely to be able to offer the choice of same sex carer to boys and young men
- 2 The historical context: although the Vale of Evesham School has not had a written policy on this issue in the past, there are strong unwritten rules which mean that most girls at the Vale of Evesham School have very limited experience of being cared for by male staff
- 3 The wider context: group care in mixed sex groups with mixed staff teams is increasingly the norm in adult residential services and we have a responsibility to prepare young people at the Vale of Evesham School for the future

Therefore these Guidelines must be implemented sensitively and with respect for the feelings of all involved.

GENERAL CARE:

Male and female staff can be involved with pupils of either sex in:

- a the planning and running of services
- b keyworking and liaison with families
- c coordination of and contribution to a pupil's review
- d meeting the developmental, emotional and recreational needs of the pupils
- e escorting the pupils between sites, on outings and to clinics unless intimate care is needed
- f helping pupils with eating, drinking, hair washing and brushing, teeth cleaning etc.
- g dressing and undressing of outer clothing
- h lifting or positioning a pupil who is dressed or in night clothes

INTIMATE CARE:

Wherever possible, boys and young men should be offered the option of a male carer. However, given the current situation this is often not possible, and by necessity female carers must carry out all the care. For girls and young women, male staff can be involved as the second carer wherever the girl or young woman is comfortable with this, eg lifting in and out of bed, on and off the toilet if the girl can be covered or clothed. In specific situations, the intimate caring for a girl can be carried out by a male member of staff in the presence of a female member of staff. This must always be with the advance agreement of the Head of Care or Assistant Headteacher and there needs to be reasons for this (eg the male member of staff's skills/experience/knowledge of the pupil).

Where there is any doubt that a pupil is able to make an informed choice on these issues, the pupil's parents/carers are in the best position to act as advocates.

GUIDELINES for CONSENT to EXAMINATION or TREATMENT

These Guidelines apply to all pupils who come to the Vale of Evesham School, and may be relevant for approaches to postural management (jackets, splints, seats, lying boards); assistive devices of any sort (eg robotic eating aids; breathing equipment; glasses) as well as more 'routine' medical or nursing procedures (examinations; treatments; medicines; suppositories; injections etc.). Therefore these Guidelines on consent are relevant to all staff that is directly involved with the pupils, and likely to be carrying through treatment procedures. The following suggestions aim to combine the legal guidance with practical commonsense, and to give a clear structure for staff to work within.

Who gives consent?

If the pupil is of sufficient understanding, the pupil can give consent, although usually this would be with the involvement of his or her parents/carers (see over). If the pupil does not have sufficient understanding, then the parents/carers must be involved in the initial consent to the treatment. The judgement of whether a pupil is able to give or withhold informed consent is made by the doctor.

Helping pupils make informed decisions

Involving pupils in giving consent means being prepared to live with the pupil's refusal: involving pupils in decision-making and then overriding their views is probably worse than not consulting them at all. Where a pupil is judged competent and involved in a decision about their own treatment, these things might be helpful in assisting the pupil. The aim is not to coerce the pupil but to help him or her reach an informed decision:

Involve those who know the pupil best: parents/keyworker/classroom staff

Offer alternative explanations: "shall I explain it again?" "shall I explain it another way?"
Offer explanation from another person: "shall I ask your parents/carers to explain it to you?"
Offer the chance to meet someone who has had a similar experience: "Joe had this done last year - do you want to ask him about it?"

If a pupil is refusing an agreed treatment

There will be times when a pupil's need for treatment must over-ride their refusal. However, other than in emergency situations no individual member of staff should over-ride a pupil's refusal to treatment without discussion with a third party. Where a pupil is refusing a treatment that has previously been agreed as necessary, these ideas may help:

Find out the pupil's reasons for refusing to consent

Offer options where possible: "will you be happier if so-and-so does it instead of me?" "would you rather wait till after tea?" "shall we try the lying board for just an hour tonight?"

Remind the pupil of the reasons for the treatment (but make sure your information is accurate):

"If you have this done you'll be able to swim again"

"If you don't have this done your hip will get worse"

If a pupil is consistently refusing to cooperate with a specific procedure or treatment, ensure the pupil's doctor is aware of this. In some situations it will be helpful for the team to review the situation, involving the pupil and their parents/carers.

Where it has been agreed to override a pupil's refusal

The procedure should be carried out in the most sensitive way possible, preserving the pupil's dignity and privacy and minimising damage to their self esteem. Even with young or distressed pupils, there are very different ways to make a pupil do something or have something done. The pupil's age and understanding are central, these are ideas only:

Offer encouragement for getting through the procedure:

"If we get this done quickly you'll be in time for 'Neighbours'"

"Let's think of something nice to do afterwards"

Offer reassurance: it doesn't hurt for long; it gets easier

But tell the truth: do not say it won't hurt when it will; do not say it will take 5 minutes when it will take 20

Do not get cross: be firm but stay calm

Acknowledge the pupil's distress: you're really cross/scared/you really don't want this

Do not tease a pupil for crying or being frightened

Remind the pupil why: I'm sorry but we have to do this because...

Be consistent: stick to what has been agreed with your colleagues

If you are concerned about a pupil's reaction to a treatment procedure, you must pass on this concern, to the teacher, parents/carers, or keyworker.

The Legal Context

Within English law, everyone has a fundamental right to grant or withhold consent prior to examination or treatment. This includes children and young people, although often parents or guardians may exercise this right on their behalf. The Children Act places new duties on agencies with regard to involving children in decisions which affect them. These arrangements apply whether or not the child has a disability or special need.

The consent of a person aged 16 or over must be obtained prior to being physically examined or receiving medical, dental or surgical treatment. If he or she is judged not to be competent

to give a valid consent, then the consent of the parent or guardian must be sought.

Children under the age of 16 are usually accompanied by parents or guardians during consultations. Where, exceptionally, they are not, they should be persuaded, if possible, that their parents should be informed (except in circumstances where it is clearly not in the child's best interests to do so). A child under the age of 16 and judged by the doctor to have sufficient understanding of what is proposed may, however, give his or her own consent, but the factors involved in making this judgement must be recorded in writing. Where the child is judged not to have sufficient understanding, parental consent should be obtained except in an emergency.

The ability of children with disabilities to give consent or refusal to any action including examination, assessment or treatment is only limited by the general conditions regarding sufficient understanding which apply to other children under the Children Act. However, sufficient understanding may be misunderstood. Even children with severe learning disabilities or very limited expressive language can communicate preferences if they are asked in the right way by people who understand their needs and have the relevant skills to listen to them.

No assumptions should be made about 'categories' of children with disabilities who cannot share in decision-making or give consent to or refuse examination, assessment or treatment.

In short: children who are judged able to give informed consent cannot be medically examined and treated without their consent. Children of 16 and over give their own consent to medical treatment. Children under 16 may also be able to give or refuse consent depending on their capacity to understand the nature of the treatment; it is for the doctor to decide this.

Guidance extracted from:

The Children Act: An Introductory Guide for the
NHS Do H 1992 (p28)

DoH Children Act Guidance & Regulations V6

Children with Disabilities 1992 (p14)

Dept.of Health circular on Consent to Examination and Treatment HC(90) 22

The Use of Restraint

Guidance for Teaching Staff and Support Staff (See Positive Physical Intervention Policy)