WyreForestSchool

Communication Specialist

Russell House

Care of Pupil Policy

Date of last review:	2026	**Review period:**	2 Years
Date of next review:	2028	**Written by:**	Carla Mole
Type of policy:	Statutory	**Committee:**	FGB
Signature:			

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1. Our Vision, Our Values

“Our Vision is to be not just outstanding but extraordinary!”

We Foster Success by providing a safe, happy environment in which all pupils can develop and achieve!

Our Values at Wyre Forest School are:

Enthusiasm

Resilience

Honesty

Teamwork and

Trust

2. Boarding Pupils Charter Statement:

When I am at Russell House, 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 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

3. Summary of Pupil's Rights

When I am at Russell House, 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 "*Searching, Screening and Confiscating Policy*"**)
- 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 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 my basic physical and/or psychological needs, likely to result in the serious impairment of my 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 Wyre Forest 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

Staff Support

All pupils are given an allocated staff member for each morning and evening at Russell House, this staff member is not necessarily assigned to just one pupil but may have more than one pupil to monitor or supervise given the level of support needs of that pupil. Where ever possible, pupils are given choices or are permitted to seek another staff member to assist them with their personal support needs. For example, a male pupil may prefer a male member of staff to assist them with personal care or conversely, may prefer a female and it is fine for pupils to ask for this (where appropriate).

4. Summary of Adult Responsibilities (in relation to Pupil's Rights)

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

Teamwork and consistency are paramount when working with pupils at Russell House. Weekly team meetings and briefings take place in order that best practice and consistency can be shared. There is a close relationship between Russell House and the main school, and the Head of Care and key-workers liaise with class teachers twice daily during handovers attend TAC meetings twice yearly.

Every person employed at Russell House, 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 (e.g. as SLD/MLD/Autistic/PMLD/etc.), 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 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
- ensuring access to communication equipment at all times, listening to and hearing pupils 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 and or participate in activities of their choice/interest.

Keeping pupils safe means:

(See "*Safeguarding Policy"* and "*Behaviour Policy"*)

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

physical abuse includes any physical punishment or unnecessary rough handling (e.g. 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 (e.g. 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 (e.g. disputes between staff or between departments)
- letting pupils know that they have all these rights, all of the time they are at Wyre Forest School, and that these rights can only be denied with good cause (i.e. 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

5. Pre-admission Assessment (Early Help)

(see *Russell House Admissions Policy*)

Referrals and admissions to Russell House can occur throughout the academic year although it is preferred that pupils will be admitted at the start of a full term or ideally the academic year. Parents may show interest in this provision where there is a need, and liaise with the school. Individual visits to Russell House are welcomed should parents have any questions. Pre-arranged individual visits would include; a chance for parents, families, professionals alike to meet a variety of staff within the school and have a tour of the residential facility and school as required.

Admission to Russell House is based upon the child being a pupil of Wyre Forest School, and there being an appropriate vacancy within the boarding facility.

Pre-admission Assessments take into consideration a wide range of reports and existing assessments which may include:

- Assessment documentation from Children's Services (if applicable).
- Annual Reports/Care Reports from current and/or previous schools.
- Medical Records: Health Plans, Care Plans.
- Risk Assessments, Behaviour Development Plans, etc.
- Therapeutic Assessments/Reports: SaLT, OT, etc.

Further Early Help Assessment takes place with the Head Teacher, Family Support and the Head of Care including:

- An initial meeting with parents/existing carers at either the family home or school to clarify and gather further information regarding the child's care needs.
- Consideration for admission document completed
- An observation of the child (where possible) in the class/school setting.
- A discussion with existing teaching staff.
- Six week review to take place following admission.

It is vital to ensure that prior to admission, the needs of the child/young person, as identified during the assessment, can be met. Likewise, any effects that the child/young person may have on the existing group of children/young people in both the class and Russell House are fully considered. In light of this, Russell House does not take unplanned or emergency placements.

Based on the outcomes of the initial pre-admission assessment and provisional risk assessments, the Head Teacher, Local Authority and Head of Care will make the final decision on any offers of a boarding placement. The pattern of individual admissions and transitions may vary, based on the needs of the individual child or young person.

6. Admission, Care Planning and Review

Residential Placement Plans and admission documentation must be agreed and signed prior to admission in all cases, in order that all staff are prepared and can meet the needs of the individual.

From the initial assessments, all the relevant information is recorded in detail and transferred to a Residential Placement Plan. This document is agreed by parents/guardians, the Head of Care and other lead professionals as required in each case. This Residential Placement Plan is reviewed at each review.

Bespoke transition plans can be agreed prior to admission, for example: it may be agreed for a child to come for a few visits to Russell House and increase to a few over-night stays before settling in as a full-time boarding pupil. This may help alleviate some of the anxieties that children and young people often experience when spending time away from home for the first time. Likewise, where possible, staff from Russell House may spend time with the child in the classroom, current care setting, etc. in order that both the child and the staff gain confidence and build an initial relationship. Throughout assessment and transition, open communication is encouraged to ensure that parents, staff, other professionals, etc. are well informed of how things are going. It may be necessary to change the agreed transition arrangements during the transition should the child either require a longer period of visits or settle more quickly than planned.

Initial, six weeks and Review Cycle

Within six weeks of a pupil starting at Russell House, a review meeting between care staff, parents/guardians and other professionals will take place, where progress on the placement can be discussed and any initial changes to the Residential Placement Plan can be agreed as well as any concerns or problems discussed. Following this meeting, further meetings can be set as the lead-professionals and parents/guardians agree to review matters prior to the next annual review.

7. Guidelines for Leisure and Activity Planning

Each child/young person within Russell House will have an Individual Leisure Plan (*see example below*). The Leisure Plan incorporates the individual interests of each child. In some cases, this will be reflected in their “choice” time, in other instances, it may be reflected directly on their Leisure Plan.

Example Leisure Plan:

Leisure Plan

Review Date:

Name:
DOB:

	Monday	Tuesday	Wednesday	Thursday
15.00 - 15.30	Unpack suitcase Snack and Drink	Snack and drink	Snack and drink	Snack and drink
15.30 - 18.00	Youth Club Offsite activity On house activity	Walk and talk with Molly Swimming Offsite activity On house activity	Cricket Offsite activity On house activity	Sycamore Centre Offsite activity On house activity
18.00 - 19.00	Teatime Jobs	Teatime Jobs	Teatime Jobs	Teatime Jobs
19.00 - 19.30	Hygiene routine	Hygiene routine	Hygiene routine	Hygiene routine
19.30 - 20.30	Choice time	Choice time	Choice time	Choice Time
20.30	Bedtime routine	Bedtime routine	Bedtime routine	Bedtime routine

Where possible, children/young people who share similar interests, are encouraged to participate in these interests together. This promotes social development skills and can often increase confidence in social settings as well as promote friendships within the residential facility.

The Leisure Plan may also incorporate regular parental contact and certain chores such as helping prepare supper, etc. Risk Assessments are completed associated to any activities that require such (**see WFS "*Health and Safety Policy*"**).

8. Student Voice

Student Forums and Let's Talk Sessions

Where possible, dependent on the individuals' needs, children/young people are encouraged to participate in student forums. This is an opportunity for all the boarding children/young people to have their say and discuss any preferences or changes to activities.

In addition to these meetings, pupil well-being are held in school groups where communication is encouraged. An open relationship between staff and boarding pupils is essential whereby children/young people are given the opportunity to bring ideas, suggestions and share concerns.

Students that are able and encouraged to place any suggestions, worries or concerns that they have in the box provided in communication area. These are checked daily by the Head of Care. Suggestions can then be discussed in forthcoming student meetings and staff meetings/briefings. Concerns that require further action are dealt with appropriately.

Student Voice

Every term, an external visiting advocate visits with two consulters from “Our Way”, a local independent advocacy service. The advocate and the consulters spend time with boarding pupils within Russell House and any common or appropriate themes, issues, problems and feedback is then passed on to the Head of Care to ensure appropriate actions are taken or feedback is given. The visiting advocate can also be called upon to support the child/young persons’ views within review meetings, etc. to ensure that their voice is heard and needs/preference are clearly communicated and considered.

9. Guidelines for Consent to Medical Examination and/or Treatment

(see WFS “*Supporting Pupils with Medical Needs Policy”*)

These guidelines apply to all pupils who come to the Wyre Forest School, and may be relevant for approaches to postural management (jackets, splints, seats, lying boards); assistive devices of any sort (e.g. 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 are directly involved with the pupils, and likely to be carrying through treatment procedures. The following suggestions aim to combine the legal guidance with practical common-sense, and to give a clear structure for staff to work within and clarify/support the content of the WFS ***“Supporting Pupils with Medical Needs Policy”.***

Who gives consent?

The pupil, if the pupil is of sufficient understanding, can give consent, although usually this would be with the involvement of his or her parents/carers. 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" or "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 'Cbeebies' "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.

The Wyre Forest School acknowledges the documents adapted for The Vale of Evesham School, and originally produced by Chailey Heritage, North Chailey, East Sussex, and has agreed to adopt some of their Policy content to produce the Wyre Forest School "Care of Pupils Policy"