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**Personal Needs Plan**

We have included a variety of templates that we feel would support you in managing a child or young person’s (CYP) physical / medical need and represent good practice. Although some of the templates may be optional, we feel it is important that you use the following:

|  |  |
| --- | --- |
| 1. Record of agencies and support services | Recommended |
| 1. Personal Care Management Planning Checklist | Essential |
| 1. Personal Care Record of Discussion with parents | Recommended |
| 1. Record of Personal Care Intervention | Recommended |
| 1. Personal Care Management Plan | Essential |
| 1. Personal Care Contract | Essential – could be adapted for different ages / stages |

1. **Personal Care Plan: Record of Agencies and Support Services**

|  |  |  |  |
| --- | --- | --- | --- |
| **CYP Name** |  | **Date of Birth** |  |

|  |  |  |
| --- | --- | --- |
| **Role** | **Name** | **Contact Details / Telephone / Email** |
| Parent |  |  |
| Community Paediatrician / GP |  |  |
| School Nurse |  |  |
| Community Paediatric Nurse |  |  |
| Community Specialist Nurse |  |  |
| Physiotherapist |  |  |
| Occupational Therapist |  |  |
| Inclusion Support Staff |  |  |
| Educational Psychologist |  |  |
| Social Care Worker |  |  |
| EHCP co-ordination service (0-25) |  |  |
| Health Visitor |  |  |
| School Site Manager |  |  |
| Hospital Consultant |  |  |
| Sensory Support Services |  |  |
| Early Years and Childcare Advisor |  |  |
| Family worker |  |  |
| Other |  |  |

1. **Personal Care Management Planning Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **CYP Name** |  | **Date of Birth** |  |

**Essential checklist**

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Current Provision** | **Action Required** |
| Involvement of CYP and family   * Consult CYP or family (depending on age of child), respect privacy * How does the child/young person communicate needs? * Parent / carer involvement in the management plan * CYP’s involvement in the management plan and in a contract between carer and child (see example) * Any parent / carer / CYP’s preference for gender of carer |  |  |
| Private space for changing to include wash (running water) and toilet facilities |  |  |
| Adaptations required   * Changing mat / table (easy clean surface) * Grab rails * Step * Easy operate locks at suitable height * Accessible locker for supplies * Mirror at suitable height * Hot and cold water * Lever taps * Disposal unit * Moving and handling equipment * Bleeper/emergency help * Specialist bin and disposal arrangements |  |  |
| Supplies provided by family   * Pads * Nappies * Catheters * Wipes * Spare clothes * Other (specify) |  |  |
| Supplies provided by school / setting   * Toilet rolls * Urine bottles * Bowl/bucket * Antiseptic cleanser, cloths and blue roll * Antiseptic hand wash * Milton/sterilising fluid * Paper towels, soap * Disposable gloves/aprons * Yellow sacks/disposal bags * PPE if required |  |  |
| Staff training and communication for and to staff   * Advice sought from medical personnel. * Manual handling adviser? Risk assessment drawn up and agreed if required * Specific training for staff in personal care role, including moving and handling according to specialist advice and risk assessment * Awareness raising for all staff * PE staff |  |  |
| Communication to other children if needed |  |  |
| Curriculum - access to PE considerations   * Discreet clothing required? * Privacy for changing? * Specific advice required for swimming? * OT and physiotherapies and specialist nurse? * Manual handling adviser? |  |  |

**Details of support - essential**

|  |  |  |
| --- | --- | --- |
| Details of support required | | |
|  | | |
| Names of staff | Names of back up staff | Staff training required |
|  |  |  |
| Time plan notes for supporting personal care e.g. staff and resource availability issues | | |
|  | | |

**Intimate care weekly management plan if required**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Timing for support** | **Staffing** | **Facilities and equipment** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

**Additional considerations**

|  |  |  |
| --- | --- | --- |
| Aspect | Current Provision Description | Action Required |
| Curriculum requirements |  |  |
| Transport arrangements |  |  |
| Trips arrangements |  |  |

1. **Personal Care Record of Discussion with parents / carers**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CYP name |  | Date of birth |  | Date of discussion |  |
| Staff present |  | | | | |

|  |  |  |
| --- | --- | --- |
|  | Discussion Points | Actions |
| **Working towards independence:**  Such as taking child/young person to toilet at timed intervals, using sign or symbol, any rewards used |  |  |
| **Supporting Communication:**  If required, ensure that the pupil has easy access to communication boards or similar to support their communication through the Personal Care procedure, particularly to ensure that they can communicate effectively if a change of procedure is required or they feel uncomfortable about something which is happening.  Teaching may be required to ensure this communication board (or similar) can be used effectively and with confidence. |  |  |
| **Arrangements for nappy / pad changing:**  Such as who, where, arrangements for privacy |  |  |
| **Level of assistance needed:**  Such as undressing, dressing, hand washing, talking / signing to CYP |  |  |
| **Infection control:**  Such as wearing disposable gloves, nappy disposal |  |  |
| **Sharing information:**  Such as if the CYP has a nappy rash or any marks, any family customs / cultural practice |  |  |
| **Resources needed:**  Such as special seat, nappies / pull-ups, creams, disposable sacks, change of clothes, toilet step, gloves |  |  |

**Record of Personal Care Intervention**

|  |  |
| --- | --- |
| CYP Name |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Procedure** | **Staff Signature** | **Comments** |
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1. **Personal Care Management Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CYP Name |  | Date of birth |  | Condition / Need |  |

|  |  |
| --- | --- |
| Details of support required | |
|  | |
| Facilities and equipment needed | |
|  | |
| Regular staff names | Time plan for care E.g. Set times of day for medication, treatment etc? |
|  |  |
| Back up staff names | Time plan for care |
|  |  |
| Training needs for staff | |
|  | |
| Curriculum specific needs for CYP | |
|  | |
| Arrangement for transport (if applicable) | |
|  | |
| Arrangements for trips | |
|  | |
| Procedures for monitoring the Personal Needs Plan (to include a member of SLT) | |
|  | |
| Procedure for CYP and parents / carers to raise concerns or complaints regarding the Personal Needs Plan | |
|  | |

This plan has been agreed by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Signature** | **Date** |
|  | CYP |  |  |
|  | Parent / Carer |  |  |
|  | SENCo |  |  |
|  |  |  |  |

1. **Personal Care Contract**

|  |  |  |
| --- | --- | --- |
| Name of CYP |  |  |
| Name of support assistant |  |  |
| Date drawn up |  |  |
| Area of personal assistance required | |

As your assistant you can expect me to:

* Treat you with care and respect at all times
* Check that you’re comfortable and not embarrassed
* Check before I do anything that involves touching you or your clothing
* Use the methods agreed in your personal care plan
* Listen carefully if there is something you would like me to change about the way I help you (you can tell another person about this who will talk to me about it)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (assistant)

As a child or young person who needs help, you can expect me to:

* Try whenever possible to let you know in advance that I will need the toilet so you can be prepared
* Try whenever possible to use the toilet at break or agreed times
* Only use the emergency signal for real emergencies
* Let you know if I want you to stay available whilst I am in the toilet
* Tell you if I am uncomfortable or embarrassed
* Talk to you and let you know if I would like something changed
* Talk to someone else who will let you know if I would like something changed

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child or young person)