# The Scouts Intimate & Personal Care Policy & Procedures

The Scouts are committed to developing and supporting a diverse organisation and understand our responsibility to ensure that wherever possible anyone wishing to participate or volunteer within Scouts should be able to do so in a safe and supportive environment, where every individual is treated with dignity and respect.

# The Scouts Intimate & Personal Care Policy and Procedures

#### 1. Purpose

The Scouts will make **reasonable adjustments** to ensure full participation for any young person and adult. For some, such reasonable adjustment may be the facilitation of intimate or personal care.

In order to safeguard all young people and adults at risk, care which is described as "personal" or "intimate", must be carried out in line within this policy and procedure. The principles of this policy are based upon our commitment within our <u>Safeguarding Policy</u> to promote and prioritise the safety and wellbeing of children and young people. By following this policy we are able to provide intimate of personal care in clear and transparent way, ensuring we look after the wellbeing of our most vulnerable young people and enable them to take a full and active part in The Scouts.

Support might be temporary such as an illness or accident (for example a young person who has a broken leg) or support might be long-term (for example a developmental disability such as Cerebral Palsy).

Our policy has five clear steps:

- An open discussion with all involved, including the individual volunteer or young person
- Clear and transparent recording on an Individual Support Plan (Young Person) or Personal Care Plan (Adult Volunteers) created from the discussion
- All provision in the Individual Support Plan agreed by the young person, their parents or carers, all individuals involved and the County / Area / Regional Commissioner or their designated representative
- Training and support to ensure all those involved are qualified and able to fully provide the support detailed in the Individual Support Plan
- Regular review of the Individual Support Plan based on any learning that occurs during the provision of intimate or personal care, the developmental needs of the young person and any changes in those individuals supporting the plan

# 2. Principles of Intimate Care when working with young people and adults

The following are the fundamental principles upon which the policy and quidelines are based:

- Everybody has the right to be safe
- Everybody has the right to personal privacy
- Everybody has the right to be valued as an individual
- Everybody has the right to be treated with dignity and respect
- Everybody has the right to be involved and consulted in their own personal and intimate care to the best of their abilities
- Everybody has the right to express their views on their own intimate care and to have such views taken into account
- Everybody has the right to have levels of intimate care that are as consistent as possible

# 3. Definitions within the Intimate and Personal care policy & Procedures.

For the purposes of this policy we will define the different types of care as **personal** or **intimate** care. This is different to **emergency** care.

**Personal care:** The physical care that supports the personal hygiene, toileting or any medical care of an individual. This is non-invasive and does not involve touching intimate areas of the body.

Intimate care: This type of care is usually associated with toileting, personal hygiene with direct contact or exposure to the intimate areas of the body.

**Emergency care:** This policy is not for emergency toileting situations that most groups encounter. When this occurs, leaders should always deal with the young person in pairs and in a respectful manner as detailed within the "Yellow Card".

Reasonable adjustments: Reasonable adjustments mean actions to enable young people and adults with an illness, disability or additional need, to access Scouting and Scouting activities as far as reasonably possible, to the same level as anyone else. This should involve working in partnership with parents/carers, to identify needs and support strategies. (See Rule 3.11b for further guidance around reasonable adjustments).

**Personal Care Plan:** A form completed by an adult volunteer with their volunteer line manager and any other people that support them to ensure care can be provided to enable them to fulfil their duties as a volunteer

Individual Support Plan: A form completed by a volunteer alongside a young person and their family to provide reasonable adjustments and plan a programme of care. This might include intimate or personal care in the planning. Full guidance is provided alongside examples for volunteers of completed Individual Support Plans.

Care Plan: A form completed by the section leader and designated carer to record care and medication given; any changes to the care or support plan; any concerns including any unusual emotional or behavioural responses.

**Assessment:** The process of meeting with parents and a young person to create the plan. For more information see below under section 4.

# 4. People involved in creating an Individual Support Plan - definition of roles

This policy refers to two different categories of carer to support planning and the creation of Individual Support Plans. The first carer recognised is the **Designated Carer**, typically a parent or guardian who provides care for the young person in their day to day life. The second carer recognised is the **Nominated Person**, a volunteer within The Scouts who has professional training or experience to enable them to carry out intimate or personal care.

Individuals are only able to provide care if they are named in the Individual Support Plan which has been agreed and signed by all the individuals involved in the provision of care as indicated on the Individual Support Plan.

#### Designated Carer

As noted above the **Designated Carer** is a person who, outside of The Scouts, provides the care for the individual person. This will most commonly be the young person's parent, foster carer, legal guardian or a care professional; if this is the case they do not need to have another adult present while administering the care.

The Scouts National Vetting Process and an understanding of the Scouts Safeguarding policy and all other aspects of the code of conduct (Yellow Card) will apply. Any professional carer will be subject to the appointments process as outlined in POR to ensure their suitability for the role. This will need to be verified by the County / Area / Regional Commissioner or their nominated representative following the creation of the Individual Support Plan. The Designated Carer should also be named and agreed by all parties, particularly by the young person receiving care.

The role of **Designated Carer** is unique as the purpose of the role is part of a range of reasonable adjustments that would be considered by The Scouts in order to either:

- a. Provide care and support for a young person who has an illness, disability or an additional need so they can participate in scouting activities on the same basis as any other young person; or
- b. Provide care and support for an adult with an illness, disability or an additional need and who, with reasonable adjustments, would have the mental and physical capability to fulfil their role and responsibilities safely and productively.

This is different to the Nominated Person who will facilitate intimate or personal care for **young people** only.

#### Nominated Person

As noted above the Nominated Person is a volunteer who, due to their professional training or experience outside of The Scouts has received appropriate training to complete intimate and personal care. This will need to be verified by the County / Area / Regional Commissioner or their nominated representative following the creation of the Individual Support Plan. The Nominated Person should also be named and agreed by all parties, particularly by the young person receiving care.

As with any volunteer in the movement The Scouts National Vetting Process, an understanding of The Scouts Safeguarding Policy and the code of conduct (Yellow Card) apply to the Nominated Person. In addition to the Nominated Person a second adult volunteer must also be present during the provision of all intimate or personal care.

As noted above the **Nominated Person** will facilitate intimate or personal care for **young people** only.

#### Young Person

It is essential the young person is actively involved in the planning and provision of their care. Wherever possible young people should be offered the choice of the Nominated Person or Designated Carer. Where there is any doubt that a young person is able to make an informed choice on these issues, the young person's parents or carers are usually best placed to act as advocates. It is important never to assume that a young person alone cannot make a choice.

#### Parents & Carers

We recognise that the parents and carers of our young people are the experts in the provision of their care. Alongside the involvement of the young person the parents and carers should be active participants in the creation of the Individual Support Plan. The will have developed effective strategies to support the young person on a daily basis and will offer invaluable guidance. In many circumstances the parents/carers will step into the role of **Designated Carer**.

### Group Scout Leader, District Explorer Scout Commissioner, Network Commissioner

These managers should be aware of that an Individual Support Plan is in place to enable them to enact their roles and support those involved. For Squirrels, Beavers, Cubs and Scouts this will be the Group Scout Leader; this ensures continuity of support as a young person moves between sections. For Explorers and Network the relevant Commissioner should be made aware.

### County / Area / Regional Commissioner and their designated representative

This policy repeatedly refers to the need for a County / Area / Regional Commissioner confirm their agreement with an Individual Support Plan. The County / Area / Regional Commissioner is able to designate a volunteer to act as their representative; this volunteer must have a full and complete understanding of the issues reflected within this policy and should have professional or voluntary experience working with young people with additional needs. It is anticipated this will typically be the Assistant County / Area / Regional Commissioner (Inclusion), the Assistant District Commissioner (Inclusion) or similar role holder who frequently delivers training and support in this area.

#### Other Professionals

Depending on the age and the complexity of needs of the individual the process may also include their parent/carer as well as advice from relevant professionals such as their GP, Paediatrician, Occupational Therapist, Teacher, Teaching Assistant, Social Worker, Psychologist or appropriate external organisations. Parents or Carers should be offered this opportunity during the assessment process. It is recognised that the demands on the time of these professionals is often a constraint to arranging such a meeting, therefore provision should be made to coordinate with other appointments where this input is needed.

#### Additional guidance on Young Carers

A young carer is a young person (under the age of 18 years) who assumes informal caring responsibilities at home or on scouting activities. These can vary significantly from administrating medicine to less formal personal care.

Whilst we recognise the amazing role these young people undertake, we believe that whilst in Scouts we want young people to have the freedom to fully participate in scouting activities. The Scouts will allow a young person to act as carer in a Scouting environment only when no adult alternative can be found and their Parent/Carer are in agreement with this arrangement. It is also important that we have gained the young person's agreement. To act as a young carer in these circumstances the young person must be between the ages of 16-17 years and the care they are giving is only to their parent or sibling. It is also a requirement that the young carer must be a member of The Scouts. It is also essential that due regard is given to ensure that any young carer participates in a quality programme and a range of opportunities afforded to them. Consultation with Children's Social Care or signposting to appropriate support services may be made where appropriate or requested.

#### 5. Creating an Individual Support Plan for young people

The Scouts use a strengths-based approach, when looking at reasonable adjustments. This means that as well as the individual's needs or challenges, we consider their strengths and the support they may have. This should include strategies they are developing to take care of themselves. Full guidance on creating an Individual Support Plan is contained within the 'Individual Support Planning: Making reasonable adjustments in your section' guidance document.

In the first instance, the Section Leader should meet with the young person and their family to establish what reasonable adjustments and care provisions are required. Many Section Leaders may feel comfortable doing this on their own, but dependent on the complexity of care or the support required they may seek advice from the County / Area / Regional Commissioner's or their designated representative, the Scout Information Centre or the National Inclusion Team. A useful framework is contained within the guidance document referenced above. The Individual Support Plan should be reviewed at least once a year, or when there is a change of circumstances. It may be that you decide to review this more frequently based on emerging or developing needs.

#### 6. Creating a Personal Care Plan for Adult Volunteers

Just as we would for our young people we also adopt a strengths-based approach when looking at reasonable adjustments for our Adult Volunteers. This means that as well as the individual's needs or challenges, we consider their strengths and the support they may have. This should include enabling them to be as independent as possible. All the principles are the same, however Adult Volunteers should complete the form in Appendix 3 of this policy, rather than an Individual Support Plan.

Wherever possible, The Scouts will make reasonable adjustments to facilitate participation. However in accordance with our legal responsibilities and our purpose, we will place the needs of young people first. This may mean that The Scouts are unable to make reasonable adjustments as they fail to correspond with our Safeguarding Policy. In these circumstances a decision may be taken that an adult cannot perform certain roles and responsibilities within Scouting. The Personal Care Plan should be reviewed once a year, or when there is a change of circumstances.

#### 7. Intimate & personal care: Support Practices

Everybody has the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard young people and volunteers.

They apply to every volunteer/carer/parent involved with the intimate care of young people within Scouts. Disabled young people and adults can be especially vulnerable. Volunteers involved with their personal or intimate care need to be sensitive to their individual needs.

Volunteers also need to be aware that some individuals may use intimate care, as an opportunity to abuse young people or adults. It is important to remember that some care tasks/treatments can be open to misinterpretation. Adhering to these guidelines of good practice should safeguard young people and volunteers equally.

1. Involve the individual in their intimate or personal care

Encourage a young person or adult's independence, where possible within their intimate or personal care. Where the individual is dependent on a carer for their care provision, the individual must be involved in discussions around this provision, what is required and any choices where possible. Discussions with the young person or adult who receive care should occur regularly to ensure the care provided is satisfactory. This should occur away from the Designated Carer or Nominated Person and within the code of conduct (Yellow Card.

# 2. Ensure consent is given by the young person for every step of the care, every time

Part of ensuring the young person is fully involved in their intimate personal care is ensuring they consent to their care. Just because the Individual Support Plan is written doesn't mean any individual should assume consent to every step, every time. If the young person does not consent the care should stop in accordance with our Safeguarding Policy. This might mean explaining a step in clearer language or giving them time and returning to care later. It should also be recorded and discussed with all those involved. This does not mean anyone has done anything wrong, but might indicate a young person is ready to take more ownership of their own personal care.

## 3. Treat every individual with dignity and respect and ensure privacy appropriate to their age and situation

In all cases where the **Nominated Person** is supplying the care, there must always be two adult volunteers present. The **Nominated Person** should undertake the care, the other adult is present to ensure the safety of the young person. Where the care requires two people for the greater comfort or safety of the individual, this will need to be discussed and wherever possible, accommodated. Intimate or personal care is individually defined and varies according to personal experience, cultural expectations and gender so it is important to explore the individuals expectations at the assessment stage and that of their parent/carer. A **Designated Carer**, such as a parent or professional carer will need to discuss and agree how they provide the appropriate care safely.

#### 4. Be responsive to the individual's reactions

When facilitating care provision check that your practice is appropriate by asking the individual if the care you are providing is suitable. If the individual expresses dislike of the care provided or against the person carrying out their intimate or personal care, where suitable this should be discussed with the individual and if appropriate their parent/carer. This should also be reported to the appropriate volunteer line manager for review and recorded on the care log (appendix 4). All safeguarding concerns should be reported

to the safeguarding team and advice sought regarding informing parents.

### 5. Make sure practice of personal or intimate care is consistent as possible

Effective communication between the individual, parents/carers or agencies involved ensures practice is consistent. Any changes should be recorded on the care log (appendix 4) and when appropriate the Individual Support Plan.

#### 6. Volunteers be aware of their own limitations

Volunteers should only facilitate care that they feel competent and confident to carry out and that they understand. All volunteers carrying out intimate or personal care must have received an external nationally recognised training for the provision of intimate and/or personal care. No volunteer should carry out any care that they are not comfortable with or trained to complete. Care should stop immediately, should the volunteer or person receiving the care feels uncomfortable.

#### 7. Promoting positive self-esteem and body image

Confident, self-assured young people or adults, who feel their body belongs to them, are less vulnerable to sexual abuse. Therefore the approach the Nominated Person or Designated Carer take towards the intimate or personal care can convey positive messages about body worth. All communication should be age appropriate, treat everyone with dignity and respect and use an age appropriate approach, ensuring that the care can be delivered in a relaxed and considerate environment.

#### 8. Any concerns must be reported to the Safeguarding team

If during any care provided a volunteer observes any unusual markings, discolorations or swelling of intimate areas including the genitalia, report immediately to the safeguarding team. If there is an immediate risk to the individual, the Police should be contacted immediately. If during the provision of personal or intimate care the individual is hurt, misunderstands or misinterprets the care provision, reassurance should be offered. Ensure that the individual is safe and report the incident immediately to the volunteer line manager and recorded in the care log. It is important also to report and record any unusual emotional or behavioural response to the care provision. A written record of any concerns must be made and kept in the individual's care log. Contact the safeguarding team if you are unsure on how to proceed with a concern.

#### 9. Ratios

Any adult present to act as a **Designated Carer**, is solely present to attend to the young person or adults needs. They are **NOT** to be included in ratios or to participate in any volunteer roles. For any adult acting as the **Nominated Person** a decision must be made during the assessment period whether their role in facilitating care will prevent them also being included in ratios when acting in this position. Any decision must be recorded on the Individual Support Plan and shared as noted above.

#### 10. Facilities

During the assessment period consideration must be taken in regards to an appropriate location where care can be delivered, if additional equipment is required and how this will be acquired.

# 8. Guidance on who can provide intimate or personal care support

The tables below set out the personal and intimate personal care that individuals are likely to require within The Scouts and what care all adult volunteers, the Nominated Person and Designated Carer may facilitate. For clarity of support common aspects of care are included within the continuum of care; these are not considered intimate or personal care and you will see all adult volunteers are able to offer this support.

A Designated Carer may administer all aspects of personal or intimate care if agreed by the individual receiving care and parent/carer where appropriate.

Guidance on accepted forms of medical training or experience is contained within section 9.

#### 8.1 - Eating and Drinking

Support for eating and drinking can be very straightforward for many young people. It might involve reminders of using a knife and fork or in some circumstances support in other ways. Some young people require complex medical support to support to enable them to digest their food.

|                   |   | Supporter or volunteer following the Individu |  |  |          |  |
|-------------------|---|---|--|--|----------|--|
|                   |   | Support Plan                                  |  |  |          |  |
|                   |   | Adult V                                       | olunteer                                 | Designate                                  | ed Carer |  |
|                   |   | Any<br>volunteer                              | Nominated<br>Person                      | Non-member                                 | Member   |  |
|                   | Verbal support (reminders or instructions)              | Yes   | Yes                                      | Yes  | Yes      |  |
| Eating & Drinking | Physical prompts (e.g. support to hold or use cutlery)  | Yes   | Yes                                      | Yes  | Yes      |  |
|                   | Physical<br>Support<br>(support for<br>feeding)         | -   | With Online<br>Training<br>(webinar)     | If infrequent (i.e. single day activities) | Yes      |  |
|                   | Intimate physical support (i.e. feeding tubes, enteral) | _   | With medical experience or qualification | If infrequent (i.e. single day activities) | Yes      |  |

#### 8.2 - Teeth, Skin, Hair and Nails

Supporting a young person with teeth, skin, hair or nails is often infrequent in The Scouts and even on Nights Away activities may require minimal input. For clarity the typical activities are listed below. For many activities any volunteer can support, and often do, such as reminding a group of young people to brush their teeth in the morning and at the end of the day.

|                            |  | Supporter or volunteer following the Individual Support Plan |                         |  |          |  |
|----------------------------|--|--|-------------------------|--|----------|--|
|                            |  | Adult Vo   | olunteer                | Designate                                  | ed Carer |  |
|                            |  | Any<br>volunteer   | Nominated<br>Person     | Non-member                                 | Member   |  |
| (oral                      | Verbal support (reminders or instructions)                     | Yes  | Yes                     | Yes  | Yes      |  |
| Brushing Teeth<br>hygiene) | Physical prompts (handing toothbrush)                          | Yes  | Yes                     | Yes  | Yes      |  |
| Brushin                    | Physical Support (e.g. support to use brush in mouth)          | -  | With Online<br>Training | If infrequent (i.e. single day activities) | Yes      |  |
| Skin or nails              | Verbal support (i.e. support while young person applies cream) | Yes  | Yes                     | Yes  | Yes      |  |
| Care of S                  | Physical Support (e.g. cutting nails when necessary)           | -  | With Online<br>Training | Yes  | Yes      |  |
| of Hair<br>ng shaving)     | Verbal support (i.e. support while young person shaves)        | Yes  | Yes                     | Yes  | Yes      |  |
| Care of (including         | Physical<br>Support (e.g.<br>shaving when<br>necessary)        | -  | With Online<br>Training | Yes  | Yes      |  |

#### 8.3 - Bathing & Showering

Supporting a young person with their bathing and showering is often infrequent in The Scouts and usually only applies when on Nights Away activities or during Water Activities. For some young people this might simply involve remaining outside the shower cubicle and verbally prompting them through the process of showering. It might involve handing them a towel or giving them soap at the appropriate time. Some young people may require intimate physical support.

|                      |   | Supporter or volunteer following the Individual<br>Support Plan |   |  |          |  |
|----------------------|---|---|---|--|----------|--|
|                      |   | Adult V   | olunteer                                      | Designat   | ed Carer |  |
|                      |   | Any<br>volunteer  | Nominated<br>Person                           | Non-member   | Member   |  |
| Bathing or Showering | Verbal support (reminders or instructions outside cubicle) Physical prompts (e.g. support handing towel / | Yes<br>-  | Yes<br>With Online<br>Training                | Yes - if other young people not present  Yes - if other young people not present | Yes      |  |
|                      | reminders in bathroom) Intimate physical support (i.e. support with washing, drying)                      | _   | With professional experience or qualification | Yes - if<br>other young<br>people not<br>present                                 | Yes      |  |

#### 8.4 - Dressing or Undressing

Supporting a young person with dressing and undressing is common in early childhood, but can be a tricky skill to master. Sometimes reminders are needed to help with sequencing (pants then trousers) but sometimes physical support is needed. On their developmental journey young people should be encouraged to take increasing independence in dressing. By working with parents and carers you will know the different skills they are developing.

|                        |   | Supporter        |                         | following the<br>t Plan                          | Individual       |  |  |
|------------------------|---|------------------|-------------------------|--|------------------|--|--|
|                        |   | Adult Vo         | olunteer                | Designat   | Designated Carer |  |  |
|                        |   | Any<br>volunteer | Nominated<br>Person     | Non-member                                       | Member           |  |  |
| Dressing or Undressing | Verbal support (reminders or instructions outside cubicle)            | Yes              | Yes                     | Yes - if<br>other young<br>people not<br>present | Yes              |  |  |
|                        | Physical prompts (e.g. support handing towel / reminders in bathroom) | _                | With Online<br>Training | Yes - if<br>other young<br>people not<br>present | Yes              |  |  |
|                        | Physical support (i.e. putting on socks, trousers)                    | -                | With Online<br>Training | Yes - if<br>other young<br>people not<br>present | Yes              |  |  |

#### 8.5 - Toileting

Supporting a young person with their toileting needs is a very common occurrence throughout child development. We all need support when we are first born to care for our most basic needs including changing. For some young people their additional needs require this support throughout their development or require specialist medical care such as cleaning and changing of colostomy bags.

|           |  | Supporter or volunteer following the Individual Support Plan |   |  |          |  |  |
|-----------|--|--|---|--|----------|--|--|
|           |  | Adult V  | olunteer                                      | Designat   | ed Carer |  |  |
|           |  | Any<br>volunteer   | Nominated<br>Person                           | Non-member                                       | Member   |  |  |
| Toileting | Verbal support (reminders or instructions outside cubicle) | Yes  | Yes   | Yes - if<br>other young<br>people not<br>present | Yes      |  |  |
|           | Physical prompts (e.g. support undressing)                 | -  | With professional experience or qualification | Yes - if<br>other young<br>people not<br>present | Yes      |  |  |
|           | Physical support (i.e. intimate care, wiping)              | -  | With professional experience or qualification | Yes - if<br>other young<br>people not<br>present | Yes      |  |  |
|           | Specialist physical support (i.e. Stoma Care)              | -  | With medical experience or qualification      | Yes - if<br>other young<br>people not<br>present | Yes      |  |  |

#### 8.6 - Menstrual Care

Providing menstrual care for young people can be a sensitive subject depending on the experience of the volunteer or family member. Some professionals find this area of personal care difficult to support; it's important to follow the same principles above, listening to the individual young person and their family and putting simple routines in place to support them. This might be as simple as having a supply of sanitary products and reminding the young person of sanitary hygiene at certain times each month. However in some circumstances young people require additional support to help them.

|           |   | Supporter        | or volunteer f<br>Support                     |  | Individual                                       |  |
|-----------|---|------------------|---|--|--|--|
|           |   | Adult V          | olunteer                                      | Designated Carer                                 |  |  |
|           |   | Any<br>volunteer | Nominated<br>Person                           | Non-member                                       | Member   |  |
| Care      | Verbal support (reminders or instructions at the time of menstruation, support outside the cubicle) | Yes              | Yes   | Yes - if<br>other young<br>people not<br>present | Yes  |  |
| Menstrual | Physical prompts (e.g. support undressing)  | -                | With professional experience or qualification | Yes - if<br>other young<br>people not<br>present | Yes  |  |
| Ğ         | Physical support (i.e. undressing, placing pad)   | -                | With professional experience or qualification | Yes - if<br>other young<br>people not<br>present | Yes  |  |
|           | Intimate Physical support (i.e. insertion)  | -                | -   | Yes - if<br>other young<br>people not<br>present | Yes - if<br>other young<br>people not<br>present |  |

#### 8.7 - Medication

Giving of medication should only be undertaken under strict instructions and permissions from the parents/guardian of the young person. Different medications require different levels of training, experience and some require professional medical experience to be able to give within The Scouts. Remember for any medication you must record the medication given in the care log - date, time, does given, who gave it and the young person's name.

|                           |  | Supporter of     | or volunteer            |                     | Individual  |
|---------------------------|--|------------------|-------------------------|---------------------|---|
|                           |  |                  | Suppor                  | rt Plan             |   |
|                           |  | Adult Vo         | olunteer                | Designat            | ted Carer   |
|                           |  | Any<br>volunteer | Nominated<br>Person     | Non-member (parent) | Member  |
| Oral<br>medication        | Self-<br>administered<br>or given (i.e.<br>spoon of<br>Calpol)                                 | Yes              | Yes                     | Yes                 | Yes   |
| Injections                | Pre-assembled pens or syringes as pre-prescribed by a medical practitioner e.g. growth hormone | With<br>training | With<br>training        | Yes                 | Yes   |
| Injec                     | Any other injections   | -                | -                       | Yes                 | As prescribed by a medical practitioner if no alternative available |
| medication<br>ppositories | Self- administered (given to young person but adult not present)                               | _                | With online<br>training | Yes                 | Yes   |
| Rectal<br>i.e. Sup        | Any physical administration of this medication   | _                | -                       | Yes                 | As required for pain or emergency intervention                      |
| Catheters                 | Any<br>administration<br>of this<br>support  | _                | -                       | Yes                 | As required for personal care                                       |

#### 9. Guidance for Appointments

The guidance below shows which professionals are **likely to be able to** provide specific areas of more complex care once completing The Scouts Nominated Person training. Some of these roles need confirmation of their experience through the appointments process.

|          |   | Experience, Qualification or Training |                            |                                 |                 |                                     |         |                           |                                 |              |
|----------|---|---------------------------------------|----------------------------|---------------------------------|-----------------|-------------------------------------|---------|---------------------------|---------------------------------|--------------|
|          |   | tra                                   | Medica<br>aining<br>perier | or                              | Educa<br>Trai   | cial<br>ation<br>ning<br>r<br>ience | Traini  | cional<br>ing or<br>ience | rol<br>work                     | dren<br>oung |
|          |   | Doctors                               | Nurses                     | Allied<br>Health<br>Professiona | SEN<br>Teachers | SEN<br>Teaching<br>Assistants       | Teacher | Teaching<br>Assistant     | Protessiona<br>l<br>trainee/stu | Other roles  |
|          | Intimate physical support for eating (i.e. feeding tubes, enteral)          | <b>√</b>                              | <b>√</b>                   | +                               | +               | +                                   | *       | *                         | +                               | *            |
|          | Intimate physical support for bathing (i.e. support with washing, drying)   | ✓                                     | <b>√</b>                   | <b>√</b>                        | <b>√</b>        | ✓                                   | +       | +                         | +                               | +            |
| . care   | Physical prompts for toileting (e.g. support undressing)                    | ✓                                     | <b>√</b>                   | <b>√</b>                        | ✓               | <b>√</b>                            | +       | +                         | +                               | +            |
| personal | Physical support for toileting (i.e. intimate care, wiping)                 | ✓                                     | <b>√</b>                   | <b>√</b>                        | <b>√</b>        | +                                   | +       | +                         | +                               | +            |
| Area of  | Specialist physical support for toileting (i.e. Stoma Care)                 | √                                     | <b>√</b>                   | +                               | +               | +                                   | *       | *                         | +                               | *            |
|          | Physical prompts<br>for menstrual care<br>(e.g. support<br>undressing)      | <b>√</b>                              | <b>√</b>                   | +                               | <b>√</b>        | +                                   | +       | +                         | +                               | *            |
|          | Physical support<br>for menstrual care<br>(i.e. undressing,<br>placing pad) | <b>√</b>                              | <b>√</b>                   | +                               | <b>√</b>        | +                                   | +       | +                         | +                               | *            |

- Is likely to be able to support this area of personal care based on professional experience
- \* May be able to support based on experience

For any of these areas the County / Area / Regional Commissioner (or their designate) must be satisfied that the individual is able to provide this level of care.

#### Guidance for appointing Nominated Persons

As a reminder the Nominated Person is carrying out intimate or personal care of a specific young person within The Scouts as part of their existing volunteer role. In the same way we expect leaders and managers to be competent and able to do their role, we expect the County / Area / Regional Commissioner or their designate to be confident that the volunteer is acting within their experience and is able to keep the young person safe.

#### Guidance for appointing Designated Carers

As a reminder the Designated Person is carrying out intimate or personal care of a specific young person within The Scouts as an extension of their normal professional care or parental care experience. To protect our young people and ensure all individuals supporting in The Scouts act within their skill set we require you to make sure the individual is able to provide the care needed for the young person. Exemplar roles who may have existing experience professionally include medical professionals, education professionals and social care professionals. However, we also recognise individuals may have gained experience in providing care to young people with additional needs in other areas beyond professional qualifications.

#### Further advice and support

If you would like to discuss this form or our process further please feel free to contact The Scout Info Centre.

#### 10. Training & Validation

Some responsibilities will also require training or demonstrations from a parent or the person with parental responsibility or care professional. This should be updated regularly as part of the ongoing review process. Training around personal care which is not medical can be provided by a parent or person with parental responsibility. Medical training will be completed within the Nominated Persons place of work and this will be verified through the appointments committee.

Training is not required if the person supporting the care is the **carer** outside of Scouts and named as the **Designated Carer** on the Individual Support Plan. It is paramount that all adults involved in Scouts are compliant with this policy and follow the agreed Individual Support Plan.

#### Online Training

To support the work of our volunteers Nominated Person training is required for those engaged in this care. This training will cover the different types of care provided, will provide some basic guidance and will also discuss the details and process of this policy.

#### 11. Specific Safeguarding Considerations

Safeguards for young people with a disability or complex/additional needs are essentially the same as other young people. Particular attention should be paid to promoting a high level of awareness of the risks of harm and to high standards of practice and strengthening the ability of young people and families to help themselves.

Volunteer line managers should ensure measures are in place to:

- Make it common practice to enable young people with a disability or complex/additional needs to make their wishes and feelings known in respect of their care and other matters
- Make sure they have access to age appropriate information.
- Make sure that all young people with a disability or any additional/complex needs know how to raise concerns and give them access to an adult with whom they can communicate.
- Recognise and utilise key sources of support including but not exclusively; staff in schools, friends and family members where appropriate;
- Ensure that there is an explicit commitment to and understanding of each young person's safety and welfare and possible signposting opportunities
- Develop a culture of openness and joint working with parents and carers;
- Ensure all volunteers are aware of this policy and understand the requirements of good practice in intimate and personal care and the importance of strong safeguarding practice when working with young people with disabilities or additional needs.

If you have any questions or concerns make contact with the Safeguarding team on the contact details at the end of this policy.

#### 12. Further Resources

- -Reasonable adjustments
- -Working in partnership with Parents and Carers
- -Inclusivity RAG Assessments
- -Inclusion Learning and Training

Supporting those with additional needs and neurodiversity webpage: The webpage offers introductory information on a range of disabilities, additional needs and medical conditions. Guidance has been created in partnership with specialist, external organisations and is designed to give a basic insight in advance of discussions with a young persons' parent/carer to explore how Scouting can meet a young persons' needs and support their full participation.

#### 13. Review

This policy is due for review;

- every 12 months or following any legislative changes, or;
- following any learning by The Scouts, or;
- as required by the Charity Commission, or;
- any change in jurisdictional guidance, whichever comes first.

The policy will be reviewed by the Chief Safeguarding Offer and the Safeguarding Committee and revisions will be recommended to the Board of Trustee

Safeguarding Team Contact Details
Tel Team: 0208 433 7164
Email Team: safeguarding@scouts.org.uk

Emergency Out-Of-Hours: 07977539630

Referral form: <a href="http://scouts.org.uk/media/913739/safeguarding-referral-2018.docx">http://scouts.org.uk/media/913739/safeguarding-referral-2018.docx</a>

Scout Info Centre Contact Details https://www.scouts.org.uk/contact-us Email:

info.centre@scouts.org.uk

Appendix 1 - Checklist for Submission to CC/AC/RC or their Designated Representative

# Individual Support Plan - Checklist



Checklist for Intimate Personal Care Authorisation

| Section | Member    |  |
|---------|-----------|--|
| Leader: | no.:      |  |
| Leader  | Phone     |  |
| Email:  | Phone     |  |
| Group   | District: |  |

| <b>√</b> □ | Checklist  |
|------------|--|
|            | Discussion held with the young person & their parents or |
|            | carers   |
|            | Individual Support Plan created and attached             |
|            | Designated Carer or Nominated Person/s Identified        |

#### Complete one or both of the following boxes as required:

| <b>&gt;</b> □ | Additional Checklist for Design | nated Carer            |  |
|---------------|---------------------------------|------------------------|--|
|               | Discussion about frequency of o | care and membership of |  |
|               | Designated Carer                |                        |  |
|               | Membership Required             |                        |  |
|               | (appointments committee to be   | OH Not Required        |  |
|               | informed)                       |                        |  |

| <b>√</b> □ | Additional Checklist for Nominated Person                      |  |  |  |
|------------|--|--|--|--|
|            | Parents or guardians have discussed process for providing care |  |  |  |
|            | Each Nominated Person has received guidance documentation      |  |  |  |

# 's Individual Support Plan

We are working together to make some reasonable adjustments to help \_\_\_\_\_\_ as a member of

About me My leaders

| Strengths        | Section Leader          |  |
|------------------|-------------------------|--|
| Things I want to | Assistant Section       |  |
| improve          | Leaders                 |  |
| My ambitions     | Helpers & Young Leaders |  |

#### The person I have chosen to support me

| Name of supporter/s   | How I know them                           |                                       |
|---|---|---------------------------------------|
| Role they will have (Select as applications use of these terms) | ble - consult the Individual Support Plar | nning guidance for information on the |
| General Support   | Nominated Person                          | Designated Carer                      |

#### Our plan

| Additional Need | Things that might | What can we do to ensure there are no barriers?         | Are there any events or |
|-----------------|-------------------|---|-------------------------|
| or Individual   | be a barrier to   | Specific reference must be made to the Nominated Person | activities that might   |
| Difference      | access            | or Designated Carer for Intimate or Personal Care       | need further planning?  |
|                 |                   |   |                         |
|                 |                   |   |                         |
|                 |                   |   |                         |
|                 |                   |   |                         |
|                 |                   |   |                         |

| Additional Need or Individual Difference | Things that might be a barrier to access | What can we do to ensure there are no barriers?  Specific reference must be made to the Nominated Person or Designated Carer for Intimate or Personal Care | Are there any events or activities that might need further planning? |
|--|--|--|--|
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#### Our plan was created and agreed by

| Plan created on: |  | Review date: |        |   |                  |  |
|------------------|--|--------------|--------|---|------------------|--|
| Young person     |  | Parent/Carer | Leader |   | SSL (or<br>DESC) |  |
| Signed           |  | Signed       | Signed | S | igned            |  |

Complete 'Additional Authorisations' below where intimate or personal care is detailed above.

# Individual Support Plan for Intimate or Personal Care - Additional authorisations

#### Nominated Person (delete if only Designated Carer)

| NP 1                |                 | Membership No.      |  |
|---------------------|-----------------|---------------------|--|
| Professional Role   |                 | Years of Experience |  |
| Second Nominated Pe | rson (optional) |                     |  |
| NP 2                |                 | Membership No.      |  |
| Professional Role   |                 | Years of Experience |  |

#### Designated Carer (delete if only Nominated Person)

| Name of Designated<br>Carer                               |          |                 | of Designated Parental Cons                            |     | Parental Consent | Yes |     | No* |
|---|----------|-----------------|--|-----|------------------|-----|-----|-----|
| Relationship to Young Person:                             |          |                 | Suitability Checked<br>(only for Care<br>Professional) | n/a | Yes              |     | No* |     |
| Membership Required (only required if regulated activity) | Required | Not<br>required | Membership Complete                                    | n/a | Yes              |     | No* |     |

#### Authorisation for Intimate or Personal Care

| CC/AC/RC or their<br>Designated Representative | Role |  |
|--|------|--|
| Signed   | Date |  |

If 'No' is selected anywhere on this plan it must not be authorised. Once completed the Group Scout Leader (or DESC/Network Commissioner) should be made aware.

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Skills for life Keeping Scouts Safe

#### Appendix 3 - Adult Personal Care Plan

#### Adult Personal Care Plan

Individual Information

Relationship:



Where a volunteer has a disability or additional need (including as the result of injury) that may require support from The Scouts a care plan may be appropriate. This is a collaborative process and designed to enable an open conversation. The aim is to make sure The Scouts have sufficient information to identify whether support or reasonable adjustments may be required in order for the volunteer can participate fully within The Scouts. This plan must be reviewed yearly.

The information will be treated as confidential.

| Name                              | Member no.                              |                  |
|-----------------------------------|---|------------------|
| Role in The                       | Date of Birth                           |                  |
| Scouts                            | Date of Bitth                           |                  |
| Address:                          |   |                  |
| Email                             | Phone                                   |                  |
| Group                             | District                                |                  |
|                                   |   |                  |
| Name of GP                        | Care                                    |                  |
|                                   | Coordinator*                            |                  |
| _                                 | essionals* (e.g. healthcare professiona | ls, OT or social |
| worker) involved in               | your care)                              |                  |
|                                   |   |                  |
|                                   |   |                  |
|                                   |   | *if applicable   |
| Carer or Respons                  | ible Adult Information (1)              | *if applicable   |
| Carer or Respons                  | ible Adult Information (1)  Title       | *if applicable   |
|                                   |   | *if applicable   |
| Name                              | Title                                   | *if applicable   |
| Name<br>Email                     | Title                                   | *if applicable   |
| Name Email Relationship:          | Title                                   | *if applicable   |
| Name Email Relationship: Address: | Title                                   | *if applicable   |
| Name Email Relationship: Address: | Title Phone                             | *if applicable   |

| Medical Information                                 |  |
|---|--|
| Relevant conditions, diagnosis or additional needs: |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Significant past medical history:                   |  |
|   |  |
|   |  |
|   |  |
| Current medication and how administered:            |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Allergies:  |  |
| Allergies.  |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Key Action Points                                   |  |
| Views of individual and/or their carer:             |  |
|   |  |
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|   |  |
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| What care, assistance or reasonable adjustments are required:           |
|---|
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| How the individual would wish for these requirements to be facilitated? |
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| How can this be managed within Scouts?                                  |
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| Are any reasonable adjustments required?                                |
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| Can the reasonable adjustments be met by The Scouts in support of this  |
| volunteer?  |
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| Intimate or Personal Care?                                     |                  |                    |           |          |  |  |  |
|--|------------------|--------------------|-----------|----------|--|--|--|
| Does the care fall under the intimate or personal care policy? |                  |                    |           |          |  |  |  |
| Can the care requested be met within The Scouts :              |                  |                    |           |          |  |  |  |
| Identification of who concern or Family Member)                |                  | care and how (eith | er a Prof | essional |  |  |  |
| Is The Scouts National Carer?                                  | Vetting Procedu  | res required for t | he Design | ated     |  |  |  |
| Details of the specific  | c care plan agre | ed:                |           |          |  |  |  |
| Personal Care Plan agreselect)                                 | eed by all parti | es (please         | Yes       | No       |  |  |  |
| Drugs to be supplied (p  | olease select)   |                    | Yes       | No       |  |  |  |
| Adult Volunteer to supp<br>Assessments                         | oly any Health & | Social Care        | Yes       | No       |  |  |  |
| If No, specify reasons:  | :                |                    |           |          |  |  |  |
|  |                  |                    |           |          |  |  |  |
| Emergency care and trea  | atment discussed | & specify outcome  | :         |          |  |  |  |
|  |                  |                    |           |          |  |  |  |
| Date of Personal Care<br>Plan                                  |                  | Date of Review     |           |          |  |  |  |
|  |                  |                    |           |          |  |  |  |
| Signatories  |                  |                    |           |          |  |  |  |

| Signatories                      |  |      |  |  |  |  |
|----------------------------------|--|------|--|--|--|--|
| Volunteer                        |  | Date |  |  |  |  |
| Designated Carer                 |  | Date |  |  |  |  |
| Carer or Responsible Adult       |  | Date |  |  |  |  |
| GSL/DESC/Network<br>Commissioner |  | Date |  |  |  |  |

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#### Appendix 4 - Care Log

#### Care Log

Where an Individual Support Plan (young people) or Personal Care Plan (adults) is in place, this Care Log must be used to record care and medication give. It should also be recorded to record any changes to the care or support plan. If there are any concerns or observations including around any unusual emotional or behavioural responses, these should also be recorded in the Care Log.

This is part of the collaborative approach and designed to support ongoing open conversations. This log should be shared with parents/carers of the young person or the adult receiving care.

The information will be treated as confidential.

| Name of Person Receiving Care  |  |
|--------------------------------|--|
| Name of Parent/Carer (if young |  |
| person)                        |  |
| Designated Carer               |  |
| Nominated Person               |  |

Complete where appropriate

| Date | Care      | Given | (including | Planned   | or | Notes  | (including | observations | or | Initials |
|------|-----------|-------|------------|-----------|----|--------|------------|--------------|----|----------|
|      | medicatio | n)    |            | unplanned |    | concer | ns)        |              |    |          |
|      |           |       |            |           |    |        |            |              |    |          |
|      |           |       |            |           |    |        |            |              |    |          |
|      |           |       |            |           |    |        |            |              |    |          |
|      |           |       |            |           |    |        |            |              |    |          |
|      |           |       |            |           |    |        |            |              |    |          |
|      |           |       |            |           |    |        |            |              |    |          |
|      |           |       |            |           |    |        |            |              |    |          |
|      |           |       |            |           |    |        |            |              |    |          |
|      |           |       | ·          |           |    |        |            |              |    |          |
|      |           |       |            |           | •  |        |            |              | •  |          |

| Date |            |     | (including |           | or | Notes  | (including | observations | or | Initials |
|------|------------|-----|------------|-----------|----|--------|------------|--------------|----|----------|
|      | medication | on) |            | unplanned |    | concer | ns)        |              |    |          |
|      |            |     |            |           |    |        |            |              |    |          |
|      |            |     |            |           |    |        |            |              |    |          |
|      |            |     |            |           |    |        |            |              |    |          |
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|      |            |     |            |           |    |        |            |              |    |          |
|      |            |     |            |           |    |        |            |              |    |          |
|      |            |     |            |           |    |        |            |              |    |          |
|      |            |     |            |           |    |        |            |              |    |          |
|      |            |     |            |           |    |        |            |              |    |          |

| Any Changes to the Plan (use this section for review)                     |
|---|
| Views of individual and/or their carer:                                   |
|   |
|   |
|   |
|   |
|   |
|   |
| What changes are required:  |
|   |
|   |
|   |
|   |
|   |
| Discussion with parents/carers (if young person) or adult:                |
|   |
|   |
|   |
| Confirmation of agreement from parents/carers (if young person) or adult: |
| Confirmation of agreement from parents/carers (if young person) of addit. |
|   |
|   |
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|   |

| Observations and/or Concerns   | 1                 |                    |                             |  |
|--------------------------------|-------------------|--------------------|-----------------------------|--|
| Discussion with parents/carers | (if young person) | or adult (note any | changes to the Plan above): |  |
|                                |                   |                    |                             |  |
|                                |                   |                    |                             |  |
|                                |                   |                    |                             |  |
|                                |                   |                    |                             |  |
|                                |                   |                    |                             |  |
|                                |                   |                    |                             |  |
|                                |                   |                    |                             |  |

| Signatories                      |  |      |  |  |  |
|----------------------------------|--|------|--|--|--|
| Volunteer                        |  | Date |  |  |  |
| Designated Carer                 |  | Date |  |  |  |
| Carer or Responsible<br>Adult    |  | Date |  |  |  |
| GSL/DESC/Network<br>Commissioner |  | Date |  |  |  |

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