

## Exemplar staff survey

### Research title

Staff confidence in providing personal/medical care with appropriate privacy and dignity

### Aim

The aim of the survey was to better inform the school leadership team about the range of personal/medical care carried out by class staff, and their level of confidence in performing these tasks, in order to further develop support and training.

### Context

The context for the research was a large specialist school providing for a wide range of pupils with PMLD/SLD/CLDD. The school is judged as outstanding in all areas of its work, but is always seeking to improve the daily experience of pupils.

### Methodology

A questionnaire was distributed to all education staff working in class. Staff were asked to identify:

- Role (teacher, teaching assistant)
- Age range of pupils they supported
- Gender

The following questions were asked:

1. *Care Tasks (please tick any personal care tasks in which you support pupils and indicate frequency)*

<i>Toileting</i>	<i>Daily, Weekly, Occasionally, Never</i>
<i>Dressing/changing</i>	<i>Daily, Weekly, Occasionally, Never</i>
<i>Feeding</i>	<i>Daily, Weekly, Occasionally, Never</i>
<i>Puberty issues</i>	<i>Daily, Weekly, Occasionally, Never</i>
<i>Medical (fits, medication, oxygen)</i>	<i>Daily, Weekly, Occasionally, Never</i>
<i>Other (please specify)</i>	<i>Daily, Weekly, Occasionally, Never</i>

2. *Are you confident in helping pupils with the personal care that you undertake regularly?*

YES                      NO                      Comments

3. *Are you confident that you can ensure the privacy and dignity of pupils during their personal care?*

YES                      NO                      Comments

4. *Do any areas of personal care make you anxious? (if yes please explain why)*

YES                      NO                      Comments

5. *Do you need further training in any areas of providing personal care?*

YES                      NO                      Comments

6. *Any other comments?*

A survey was chosen as it allowed a response from all members of staff and was not reliant on those prepared to contribute or share anxieties at meetings. It also allowed for analyses of the needs of different groups of staff if significant differences emerged.

**Summary results**

Surveys were completed by 20 teaching assistants and 8 teachers. These were representative across the school but the number could have been increased if timescale and distribution had been planned slightly differently.

**Table 1a. Survey outcomes: question 4**

<b>Q4: Do any areas of personal care make you anxious?</b>		
	Teaching assistants	Teachers
<b>YES</b>	2	2
<b>NO</b>	18	6
<b>Anxieties</b>	Seizures	Feeding Boys' puberty

**Table 1b. Survey outcomes: question 5**

<b>Q5: Do you need further training in any areas of providing personal care?</b>		
	Teaching assistants	Teachers
<b>YES</b>	3	2
<b>NO</b>	17	6
<b>Areas of training</b>	Managing puberty New students	Managing puberty Medical management

Several staff felt that training needed to be on-going to ensure best practice		

Almost all staff had some involvement with all the activities. All TAs undertook toileting on a daily basis. It is evident that teachers are as engaged in care tasks as TAs. Some staff were not involved with puberty issues because they worked with younger pupils. Teachers generally had less regular involvement with eating. The overwhelming majority of TAs and teachers undertook medical as well as personal care.

All respondents were confident in the tasks that they regularly undertook and most were happy that they could ensure privacy and dignity in providing care. The issue of challenging behaviour sometimes compromising privacy and dignity was raised. Reminders to other staff to use blinds and arrangements for some PE changing were also mentioned.

Two staff in each group raised specific anxieties. These included management of seizures, feeding issues, boys' puberty issues. Additional training was requested in medical management, puberty and in planning for new pupils. Several staff noted the importance of on-going training in all aspects of personal/medical care in order to ensure good practice.

There was no evidence of a different response related to the gendered of staff involved.

### Conclusions

- The level of confidence in undertaking personal/medical care in the school is very reassuring.
- Staff value the level of training that they are currently given and recognise that it needs to be on-going.
- Because all staff engage in supporting personal/medical care, training needs to be provided for teaching and support staff.
- Medical issues and the management of puberty would appear to be priorities for training.
- Two issues for further discussion and development are the impact of challenging behaviour on privacy and dignity and the assessment/induction of new pupils in relation to their personal medical care.