

Supporting Children with Physical and Medical Needs in Early Years Settings

Our work with children with SEND is guided by the Code of Practice (2014) and the Equality Act (2010). Inclusive settings put reasonable adjustments into place and adapt their provision to include all children and provide them with experiences which enhance their learning, progress and enjoyment.

Further guidance for children with physical and medical needs can be found in the documents Supporting Children at School with Medical Conditions DfE (2015) and Managing Medicines in Schools and Early Years Settings (2005).

Getting Started

Working with parents is the starting point as parents know their child best and they can provide you with a wealth of information. If parents enquire about a place at your setting arrange a meeting and take time to find out about the child's strengths and needs and what they **can do** as well as what they may need help with. It is important to ask which professionals are working with the child and where they are based so that contact can be made for advice. You could also ask for copies of recent reports and therapy plans so that effective support can be given from the earliest opportunity. A home visit gives parents time to explain about their child's needs and often helps to build up a working relationship.

Training

You may need to undergo some training before the child starts at the setting. Most health care training is provided by the Diana Service. Training courses include:

- Enteral feeding (Gastrostomy and nasogastric feeding)
- Respiratory care (oral suction, inhalers and nebulisers and oxygen)
- Tracheostomy care
- Epilepsy awareness
- Mechanical ventilation
- Oxygen saturation monitoring

<https://www.leicspart.nhs.uk/OurServicesAZ-DianaServiceforFamiliesYoungPeopleandChildren-DianaTraining.aspx> or call 0116 295 5080

Inclusion Funding can be used to pay for 2 staff members to undertake training. Applications can be made to the panels along with details of the training and the child's needs.

Sometimes in-house advice and training can be provided by professionals such as a physiotherapist showing you how to remove and replace splints, how to position a child into

a standing frame or how to help children who are non-ambulant transfer from one place to another.

Some children may have a specialist nurse who will come to the setting to talk about the child's condition and how best to support them at pre-school; for example, diabetes nurses and Macmillan nurses.

Equipment

Children may have equipment which they use daily such as specialist chairs, standing frames, walkers, wedges or benches. It is important that the equipment is set up and adjusted by a professional such as a physiotherapist or occupational therapist. Equipment needs to be stored safely and be easily accessible for children and staff.

Health Care Plans

It is important to have a health care plan in place which has been signed by a health care professional (see appendix 1). All details need to be reviewed regularly and kept up to date (at least annually). The health care plan should be kept in an accessible place so that actions can be followed in case of an emergency. All staff need to be familiar with the health care plan.

Medications

All medicines need to be stored safely in a locked cupboard. Medication needs to be in the correct packaging and have the child's name on, a current date and clear instructions and dosage. Instructions need to be checked. When administering medicines two people need to witness and record amount given, and time administered.

Further advice and guidance can be found in the DFES document Managing Medicines in Schools and Early Years Settings 2005.

Funding at pre-school

Children, who are 3 or 4 and receive Disability Living Allowance and FEEE funding are entitled to Disability Access Funding which is a one off annual payment of £615. Settings apply for this funding through the Parental Statement of Undertaking Form which is submitted along with the Headcount information. This funding can be used in many different ways to support a child's inclusion for example, a large buggy for outdoor trips, blinds to reduce glare, carpets to reduce noise and create listening spaces, sensory areas with lights and toys, large outdoor equipment, double bikes to encourage sharing with friends.

Inclusion Funding can be requested if a child needs extra support to ensure their safety and well-being, inclusion, social interaction, communication and access to learning. Panel dates can be found on the EYSENIT website.

Communication with parents

It is good practice to communicate with parents regularly. A communication book may help you to record events, questions or observations. The book can then be passed between home and the setting.

It is advisable to have regular review meetings once a term to discuss progress, set targets and next steps and to discuss future plans eg a move to a new room, transition to school.

Support from outside agencies for parents and professionals

Leicestershire's local offer has lots of information about services available in Leicestershire for children with SEND.

www.leicestershire.gov.uk/education.../special-educational-needs-and-disability

The following websites can be accessed for information about specific conditions:

Scope (cerebral palsy) www.scope.org.uk/

Headway (hydrocephalus and brain injury) www.headway.org.uk/about-brain-injury/individuals/types-of-brain-injury/hydrocephalus/

Muscular Dystrophy www.muscualrdystrophyuk.org

Diabetes www.diabetes.ork.uk

Epilepsy www.epilepsy.org.uk

Asthma www.asthma.org.uk

For information about less common conditions use www.contact.org.uk

Support from the Early Years SEND Inclusion Team

Advice and support about education and inclusion can be given by the setting's Area SENCO during visits to the setting or through the advice line which is offered every morning from 9-12. The number to call is 0116 305 7136. Information can also be found on the service's website.

Contacting Health Professionals

Every child has a Public Health Nurse who can give advice and support around a child's health needs. Asking for the name of the Public Health Nurse and their contact details should be part of the induction process.

Other community-based health professionals eg physiotherapists and occupational therapists are based in community hospitals or health centres in the locality. If you are unsure where a professional is based it is worth calling the central base for all community health professionals in Leicestershire:

Families Children and Young People Services
Leicestershire Partnership NHS Trust
Bridge Park Plaza
Bridge Park Road
Thurmaston

Leicester LE4 8PQ

Telephone: 0116 295 1350

Email: feedback@leicspart.nhs.uk

You can also contact your local Care Navigator (with parental permission) for information about reports, appointments or other professionals working with the child:

Hinckley and Bosworth and North West Leicestershire – Gemma Cole **07827 449413**

Harborough, Oadby and Wigston and Blaby – Jo Houlston **07900 914728**

Melton and Rutland – Graham Walker **07884 460278**

Charnwood – Lynne Zimija **07827 879700**

Transition to school

Preparing for school entry needs to start as early as possible. Parents should be encouraged to look around the schools to see what the environment is like inside and outside. A school with lots of steps may not be as suitable as a school which is built on one level. If adaptations are needed, an Occupational Therapist may visit the school to look at the classroom, dining area and toilet facilities. Recommendations are then followed up and any changes made to enable the child to access the school environment.

If additional help and support is needed at school, then the child may benefit from having an SEND support plan which will help to bridge the gap between pre-school and school. The SEND support plan may also be used to request Top Up Funding or an Education, Health and Care Plan depending on the child's needs. Help to prepare a SEND support plan can be given by your Area SENCo or by contacting the EYSENIT advice/duty line.

Training, health care plans and reasonable adjustments need to be considered again in the school context to support a smooth transition. Visits to see the child at home and in the setting help the teachers to gain valuable information about the child. Extra supported visits to school give children the opportunity to adapt to their new environment and to feel more positive and excited about starting school.

It is important that parents and setting staff pass on all relevant information to school staff. A transition meeting provides a useful opportunity to discuss what has worked well and what would benefit the child when they move to school. A multi-agency approach means that the child and parents are well supported for the next stage of their child's journey.

Appendix 1

PERSONAL HEALTH CARE PLAN

NAME of child
Pre-school/Nursery
MEDICAL CONDITIONS: (a brief outline) .
MEDICAL HISTORY:
CONTACT INFORMATION: Eg parents/carers and telephone numbers
CONTACT INFORMATION: Professionals involved in care
MEDICATION: Including type and frequency
CARE REQUIRED THROUGHOUT THE SESSION:
FORSEEABLE EMERGENCIES AND ACTION TO TAKE:

Signed by
SENCO/Manager..... **Date**.....
Print Name.....

Signed by

Parent/Carer..... Date.....

Print Name.....

Signed by

Health professional..... Date.....

Print Name.....

Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			